COLORADO
Department of Health Care Policy & Financing
Medical Services Board

NOTICE OF PROPOSED RULES

The Medical Services Board of the Colorado Department of Health Care Policy and Financing will hold a public meeting on Friday, March 13, 2020, beginning at 9:00 a.m., in the eleventh floor conference room at 303 East 17th Avenue, Denver, CO 80203. Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4416 or chris.sykes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

A copy of the full text of these proposed rule changes is available for review from the Medical Services Board Office, 1570 Grant Street, Denver, Colorado 80203, (303) 866-4416, fax (303) 866-4411. Written comments may be submitted to the Medical Services Board Office on or before close of business the Wednesday prior to the meeting. Additionally, the full text of all proposed changes will be available approximately one week prior to the meeting on the Department's website at www.colorado.gov/hcpf/medical-services-board.

This notice is submitted pursuant to § 24-4-103(3)(a) and (11)(a), C.R.S.

MSB 18-01-09-A, Revision to the Medical Assistance Rule concerning Long-Acting Reversible Contraceptives, Section 8.300.5

Medical Assistance. Long-Acting Reversible Contraceptives. Long-acting reversible contraceptives (LARCs) devices, inserted following a delivery or implanted prior to inpatient hospital discharge following a delivery, are being excluded from the Diagnosis Related Group (DRG) bundled payment for deliveries. Instead, LARCs will reimbursed according to the Department of Health Care Policy and Financing fee schedule, separately from the DRG bundled delivery payment.

The authority for this rule is contained in 42 CFR 447.253; Section 25.5-4-402, C.R.S (2019) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 19-02-12-B, Revision to the Medical Assistance Rule concerning Hospital Back Up Level of Care, Section 8.470

Medical Assistance. The purpose of this rule change is to define each existing category with greater clarity and include detailed explanations of the documents necessary for verifying clinical eligibility for the HBU program. The desired outcome of this change would be to reduce delays to Client admission and decrease any financial burdens placed on the State as a result of these delays.

The authority for this rule is contained in Section 1919(e)(5) of the Social Security Act and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 19-09-05-A, Revision to the Medical Assistance Act Rule concerning Outpatient Speech Therapy, Section 8.200.3.D.2

Medical Assistance. The proposed revision to this rule will allow providers appropriate flexibility in selecting a documentation format for recording visit notes under the Outpatient Speech Therapy benefit. As the rule is currently written, providers are restricted to using only the Subjective, Objective, Assessment and Plan (SOAP) tool. With this revision, providers will have discretion to use any tool that includes all of the SOAP elements, which are written into the rule text. The rule revision will remove the administrative burden for providers using documentation formats other than SOAP that are otherwise appropriate and sufficient.

The authority for this rule is contained in 42 CFR § 440.110 and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 19-12-06-B, Revision to the Medical Assistance Act Rule concerning Community Mental Health Centers, Section 8.750.3.B

Medical Assistance. This rule revision removes the fee-for-service thirty-five visit per State fiscal year limit for individual psychotherapy services to align the rule with current policy. There is no visit limitation for individual psychotherapy in a community mental health center.

The authority for this rule is contained in 42 C.F.R. §440.130(d) (2019); Sections 25.5-5-202(1)(g), and 27-66-101(1.5)(b)(2), C.R.S. (2019) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 19-10-30-A, Revision to the Medical Assistance Act Rule concerning Durable Medical Equipment - Oxygen and Oxygen Equipment, Sections 8.580 & 8.585

Medical Assistance. Durable Medical Equipment - Oxygen and Oxygen Equipment. In the 2015 Durable Medical Equipment Oxygen (DME Oxygen) Benefits Collaborative process, a DME Oxygen benefits coverage standard was created in collaboration with stakeholders for the Colorado Medicaid DME Oxygen benefit. The Department is in the process of retiring benefit coverage standards that exist separate from rules. Therefore, the rules implementing the DME Oxygen benefit, at 10 C.C.R. 2505-10, Sections 8.580 and 8.585, are being revised to remove the incorporation of the DME Oxygen benefit coverage standard and to move several requirements from the DME Oxygen benefit coverage standard into rule. The billing guidelines of the benefit coverage standard transferred into rule have been changed to require retention of all oxygen and oxygen equipment orders, prescriptions, or Certificates of Medical Necessity (CMN), rather than just the original and the current order, prescription, or CMN. Moreover, Sections 8.580 and 8.585 are being consolidate and reorganized as a single rule to promote regulatory clarity.

The authority for this rule is contained in 42 C.F.R. 440.70(b)(3) (2019); Section 25.5-5-102(1)(f) (2019) C.R.S. and 25.5-1-301 through 25.5-1-303, C.R.S. (2019).