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, May 8, 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 19-09-04-A, Revision to Medical Assistance Rule Concerning Disability Trusts, Section 8.100.7.E.6.b.

Medical Assistance. The proposed changes to 10 CCR 2505-10, Section 8.100.7.E.6.b. create an exception to the early termination provision for disability trusts, allowing such trusts to continue under certain conditions if the beneficiary is no longer eligible for medical assistance in Colorado but is receiving medical assistance under another State Medicaid plan. The proposed changes also add new requirements to aid in the oversight of disability trusts.

The authority for revisions to this rule is contained in 25.5-6-103, C.R.S. and 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 19-12-05-A, Revision to the Medical Assistance Rule concerning NCCI, Section 8.041

Medical Assistance. SB 18-266 indicates the Department shall utilize the Medicaid Management Information System to ensure that claims are automatically reviewed prior to payment to identify and correct improper coding that leads to inappropriate payment. Therefore, the rules implementing the program, 10 C.C.R. 2505-10, Sections 8.041 are being edited to add additional language.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303, C.R.S. (2019) and SB 18-266.

MSB 19-12-06-A, Revision to the Medical Assistance Rule Concerning Provider Screening, Section 8.125

Medical Assistance. The federal regulation 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers at least every 5 years. Therefore, the rules implementing the program, 10 C.C.R. 2505-10, Section 8.125 are being edited to correct language.

The authority for this rule is contained in 42 CFR 455.414 and 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 20-01-07-A, Revision to the Medical Assistance Rule concerning Maternity Services Episode Based Payments, Section 8.732.7

Medical Assistance. The Department is implementing a voluntary bundled payment program for maternity services. The goal of the program is to improve maternal health. Bundled payments give providers the flexibility to earn more than the fee schedule reimbursement for maternity services by improving care pathways and recommending the appropriate services at the right time. Therefore, a rule is being added to 10 C.C.R 2505-10 Section 8.732.7 for maternity services.

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

MSB 20-02-03-A, Revision to the Medical Assistance Eligibility Rule Concerning Adult MAGI and Medicare Eligibility, Section 8.100.4.G

Medical Assistance. The proposed rule will amend 10 CCR 2505-10 8.100.4.G by outlining existing eligibility requirements for the Adult MAGI program. Members cannot receive Adult MAGI benefits if they are entitled to or are enrolled for Medicare benefits and the purpose of this rule is to highlight how Medicare eligibility may potentially impact Adult MAGI eligibility. 42 C.F.R. §435.119(b)(3) outlines eligibility requirements for the Adult MAGI program and states that any person entitled to or enrolled for Medicare benefits under part A or B of title XVII of the Act are no longer eligible for Adult MAGI. Currently, 10 CCR 2505-10 8.100.1 is the only section of rule that outlines Adult MAGI eligibility requirements. This is problematic because 10 CCR 2505-10 8.100.1 is a list of definitions and the Adult MAGI definition does not have a specific citation. By adding the Adult MAGI definition to 8.100.4.G, we will have clearer rules which will improve accessibility.

The authority for this rule is contained in 42 C.F.R. §435.119(b)(3) and 1902(a)(10)(A)(i)(VIII) of the Act and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 20-02-04-A, Revision to the Medical Assistance Act Rule concerning Federally-Qualified Health Center Alternative Payment Methodologies, Section 8.700.6.D

Medical Assistance. The Department identified technical corrections needed to the Federally-Qualified Health Center (FQHC) alternative payment methodologies. The proposed technical changes include (1) removing specialty behavioral health rates from the alternative payment methodology (APM) rates that are at-risk based on the FQHC's quality modifier, and (2) clarifying how clients are attributed to a FQHC for payment under the second alternative payment methodology (APM 2), which utilizes a per member per month (PMPM) payment methodology. The APM 2 rule language currently includes all attributed members, whereas the proposed payment methodology will only apply to clients attributed through claim, family, or case determination. The change removes the clients that are only attributed through geographical criteria. The APM 2 payment methodology is currently pending federal approval and will not be available until such approval is obtained.

The authority for this rule is contained in Social Security Act Section 1902(bb)(6) (42 USC 1396a(bb)(6)) (2019) and Section 25.5-5-102(1)(m), CRS (2019) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 20-02-05-A, Revision to the Medical Assistance Rule concerning Targeted Case Management, Section 8.761

Medical Assistance. 8.761.2 and 8.761.4 rules have been revised to reflect the change to how the Home and Community Based Services for Persons with Developmental Disabilities waiver (DD), Home and Community Based Services- Supported Living Services waiver (SLS), Home and Community Based Services- Children's Habilitation Residential Program (CHRP) and Home and Community Based Services- Children's Extensive Support waiver (CES) will be reimbursed July 1,

2020. The finalized Targeted Case Management (TCM) Per Member Per Month (PMPM) reimbursement for ongoing case management services differs from the current payment methodology which is a 15-Minute unit with a maximum of 240 total units per member per year. Effective July 1, 2020 TCM activities will be reimbursed as a flat PMPM for active members.

The authority for this rule is contained in 42 CFR § 440.169 (b) and 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 20-03-02-A, Revision to the Medical Assistance Act Rule concerning Inpatient Hospital Services, Sections 8.300.1, 8.300.3.A., and 8.300.4

Medical Assistance. 10 CCR 2505-10, Sections 8.300.1, 8.300.3.A., and 8.300.4, are being revised to make two unrelated changes. The revision will expand access to substance use disorder treatment and withdrawal management services and will update the reimbursement structure for deliveries by separating reimbursement for a mother's hospitalization during and after delivery from reimbursement for a newborn's hospitalization and delivery. The reimbursement change includes updates to defined terms. The expansion of substance use disorder treatment services is in alignment with 25.5-5-325, C.R.S. (2019).

The authority for this rule is contained in Section 25.5-5-325, C.R.S (2019) and 25.5-1-301 through 25.5-1-303, C.R.S. (2019).

MSB 20-03-16-A, Revision to the Medical Assistance Pharmaceutical Rule Concerning Prescription Tracking Requirements, Section 8.800.11.E.1

Medical Assistance. In the event that the Governor declares a public health emergency, the Department will waive the prescription signature requirements in 10 CCR 2505-10, Sections 8.800.11.E.1.a and 8.800.11.E.1.b.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019).