



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, August 9, 2024, beginning at 9:00 a.m., at 303 E 17th Avenue, 11th Floor Conference Room, 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, 303 E. 17th Ave, Ste 1100, 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 24-06-24-A, Revision to the Medical Assistance Act Rule concerning Healthcare Affordability and Sustainability Provider Fees and Supplemental Payments, Section 8.3000

Medical Assistance. The proposed rule revisions include changes to the Healthcare Affordability and Sustainability (HAS) provider fees assessed upon hospitals and the HAS supplemental payments made to hospitals for federal fiscal year (FFY) 2023-24. The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board approved the calculation of the FFY 2023-24 provider fees and supplemental payments on Monday, June 3, 2024, and recommends the approval of the proposed rule revisions by the MSB.

The provider fees, with federal matching funds, fund the supplemental payments, healthcare coverage to 500,000+ Medicaid & CHP+ expansion members, and related administrative costs. The proposed rule revises the Inpatient per-diem fees (8.3003.B) and Outpatient percentage fees (8.3003.A) such that provider fees with federal matching funds equal the total funding obligation for FFY 2023-24. Also included are revisions to the Disproportionate Share Hospital (DSH) supplemental payment calculation for FFY 2023-24 (8.3004.D), and revisions/additions to the definitions (8.3001).

The authority for this rule is contained in 42 CFR 433.68 and 42 U.S.C. § 1396b(w); 25.5-4-402.4(4)(b), (g), C.R.S. and Sections 25.5-1-301-303 (2024).

MSB 24-06-24-B, Revision to the Medical Assistance Rule concerning Dental Health Care Program for Low-Income Seniors, Procedure Rate Increase on Schedule A for Fiscal Year 2024-25, Section 8.960

Medical Assistance. Current rule states that the maximum amount per program procedure must not be less than the reimbursement schedule for fee-for-service on Medicaid dental rates. Due to the Medicaid dental rates receiving an increase effective July 1, 2024, many procedures will fall below the base Medicaid dental rates. This change is necessary to stay in compliance with statute.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024); and Section 25.5-3-404(4), C.R.S..

MSB 24-03-04-A, Revision to the Medical Assistance Rule concerning Eliminating the Adult Dental Cap, Section 8.201.6

Medical Assistance. This proposed rule is designed to align the Department's regulatory language with the 2023 Long Bill and corresponding changes to the Medicaid State Plan.

The authority for this rule is contained in CO SB 23-214 (2023 Long Bill) and 25.5-1-301-303 (2024).

MSB 24-04-10-A, Revision to the Medical Assistance Rule concerning COVID-19 Vaccine and Monoclonal Antibody and Antiviral Treatment, Section 8.700.6.B.9-11

Medical Assistance. The purpose of this rule is to change Federally Qualified Health Center (FQHC) reimbursement for the COVID-19 Vaccine and Monoclonal Antibody and Antiviral Treatment when administered in an outpatient setting. The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. State Medicaid programs must provide coverage without cost sharing for COVID-19 vaccines, Monoclonal Antibody and Antiviral medication until the last day of the first calendar quarter that begins one year after the last day of the COVID-19 PHE. Therefore, this mandatory coverage will end on September 30, 2024 and the rule revision implementing the FQHC reimbursement of these services at the lower of the submitted charges and the Department fee schedule and the carveout of these services from FQHC encounter rates are being deleted. The reimbursement of these services will be included in the FQHC encounter rate.

The authority for this rule is contained in 1902(bb) of the Social Security Act; State Plan: Attachment 3.1-A 2.c. and Attachment 4.19-B; Colorado Statute: CRS 25.5-5-102(1)(m) and 25.5-1-301-303 (2024).

MSB 23-12-22-A, Revision to the Medical Assistance Act Rule concerning Prenatal Plus Services, Section 8.748

Medical Assistance. The proposed rule removes all gendered language from the rule replacing "woman" with "person" or "pregnant person", and "women" with "pregnant people" or "people". This rule also adds provider eligibility criteria to the Provider Eligibility and Qualifications section of the rule. The current rule uses outdated language and does not reflect provider qualifications that

are aligned with best practices. This rule update reflects current best practices and more inclusive language.

The authority for this rule is contained in 42 CFR 440.60 and 25.5-1-301-303 (2024).