

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revisions to the Prescription Drug Information and Technical Assistance Program Rules, Section 8.895

Rule Number: MSB 08-03-06-A

Division / Contact / Phone: Pharmacy Section, Cathy Traugott, X2468

SECRETARY OF STATE
RULES ACTION SUMMARY AND FILING INSTRUCTIONS

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 08-03-06-A, Prescription Drug Information and Technical Assistance Program
3. This action is an adoption of: an amendment
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) 8.895, Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-10).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please replace existing text from **§8.895.3.A. Pharmacists shall:** through the end of **§8.895.3.A.5.d** with the attached new text. This change is effective June 30, 2008.

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Title of Rule: Revisions to the Prescription Drug Information and Technical Assistance Program Rules, Section 8.895

Rule Number: MSB 08-03-06-A

Division / Contact / Phone: Pharmacy Section, Cathy Traugott, X2468

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The purpose of this rule is to allow telephonic consultations, in addition to face-to-face consultations between the pharmacist and client.

2. An emergency rule-making is imperatively necessary

☐ to comply with state or federal regulation and/or

☐ for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2007);
25.5-5-507, C.R.S. (2007)

Initial Review

04/11/2008

Final Adoption

05/09/2008

Proposed Effective Date

07/01/2008

Emergency Adoption

DOCUMENT #02

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revisions to the Prescription Drug Information and Technical Assistance Program Rules, Section 8.895

Rule Number: MSB 08-03-06-A

Division / Contact / Phone: Pharmacy Section, Cathy Traugott, X2468

REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Licensed Colorado pharmacists and clients who choose to voluntarily participate in the Prescription Drug Information and Technical Assistance Program may be affected by the proposed rule.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Pursuant to HB 07-1021 (Section 25.5-5-507, C.R.S. (2007)), the Department is required to contract with licensed pharmacists statewide to provide consultations to Medicaid clients regarding how each client may, with the approval of his/her prescribing provider, avoid dangerous drug interactions and improve patient outcomes, and save the State money for the prescribed drugs. Potential participants will be selected from a pool of Medicaid enrollees who use multiple covered drugs, who are at risk of complications from drug interactions and who otherwise lack access to such consultation. The existing rule limits the consultations to face-to-face consultations. The proposed rule would allow telephonic consultations, as well as face-to-face consultations.

The Department will contract with any pharmacist within the State who is licensed, in good standing, carries liability insurance in an amount as yet undetermined and meets other qualifications set forth in the rule. Clients will be referred to pharmacists based on physical location. The pharmacist will meet with the client to review current drug utilization, and with the approval of the prescribing physician, discuss appropriate use to optimize therapeutic outcomes through improved medication use and reduce the risk of adverse events, including adverse drug interactions. The program will require each pharmacist to report the results of consultations to both the prescribing physician and the Department.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The Department estimates that its total drug reimbursement costs for participating clients would be reduced by approximately 33% per year based on research for similar programs. The Department's cost to contract with pharmacists will be approximately \$17,000. These costs will not be changed by allowing telephonic consultations.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The benefit of the proposed rule is that it will allow more consultations between pharmacists and clients to occur by allowing telephonic, as well as face-to-face consultations.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

N/A

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

N/A

8.895.3.A Pharmacists shall:

1. Schedule a face-to-face meeting with the client within ten days of the referral. If the client is unable or refuses to participate in a face-to-face meeting, the pharmacist may conduct the consultation by telephone.
2. Collect and review client drug histories.
3. Hold face-to-face or telephonic consultations with clients.
4. Notify clients that they will provide clinical recommendations to the client, the prescribing health care provider and the Department.
5. Provide the client with information regarding:
 - a. The prudent use of prescription drugs.
 - b. How to avoid dangerous drug interactions.
 - c. The appropriate use of medication to optimize therapeutic outcomes.
 - d. How to reduce the risk of adverse events, including adverse drug interactions.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Modifying the Colorado Indigent Care Program Emergency Application, Section 8.904.
Rule Number: MSB 08-02-19-A
Division / Contact / Phone: Program Eligibility and Implementation / Cindy Arcuri / X3996

SECRETARY OF STATE RULES ACTION SUMMARY AND FILING INSTRUCTIONS

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 08-02-19-A, Modifying the Colorado Indigent Care Program Emergency Application, Section 8.904.
3. This action is an adoption of: an amendment
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) 8.904.G.2.b., Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-10).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please replace existing text at
§ 8.904 PROVISIONS APPLICABLE TO CLIENTS

G. Application

2. Emergency Application

b.

with the attached new text. This change is effective June 30, 2008.

Title of Rule: Modifying the Colorado Indigent Care Program Emergency Application, Section 8.904.
Rule Number: MSB 08-02-19-A
Division / Contact / Phone: Program Eligibility and Implementation / Cindy Arcuri / X3996

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Currently, the Colorado Indigent Care Program (CICP) restricts the use of an emergency application to services rendered in the emergency room only. However, it is not uncommon for continuing medical care, such as an inpatient hospital stay, to immediately follow an emergency room visit. The proposed rule allows a CICP participating provider to use an emergency application for subsequent services related to the emergency episode.

Furthermore, in instances where continuing medical care is necessary beyond the emergency room visit, the provider is currently required to obtain documentation to support the information given verbally in the emergency application. The proposed rule allows the provider to use the information contained in the emergency application for rating and reimbursement purposes for those clients who do not provide supporting documentation at a later date.

2. An emergency rule-making is imperatively necessary

- ☐ to comply with state or federal regulation and/or
- ☐ for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2007);

Initial Review

04/11/2008

Final Adoption

05/09/2008

Proposed Effective Date

07/01/2008

Emergency Adoption

DOCUMENT #03

Title of Rule: Modifying the Colorado Indigent Care Program Emergency Application, Section 8.904.

Rule Number: MSB 08-02-19-A

Division / Contact / Phone: Program Eligibility and Implementation / Cindy Arcuri / X3996

REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

This rule was developed through the Colorado Indigent Care Program Stakeholders Forum. Clients and providers recommend this change to alleviate problems that arise when it is necessary to extend medical care beyond a visit to the emergency room. CICIP participating providers and clients will benefit from the proposed rule in instances where an emergency application has been completed and medical care is rendered subsequent to an emergency room visit.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

It is not possible to quantify the impact of the rule on providers and clients because the CICIP does not collect information on the number or use of emergency applications.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There are no costs to the Department or any effect on state revenues associated with this change.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Currently, the CICIP restricts its use of the emergency application to services rendered in the emergency room only. An emergency application may be completed verbally in emergency situations. Frequently, clients require subsequent medical care, such as an inpatient hospital stay, following treatment in an emergency room. In order to be reimbursed for the subsequent medical care, providers must require clients to submit documentation to verify the information that was verbally supplied in the emergency application or fill out a regular application with complete information. Many times, clients do not provide further documentation. Probable costs of inaction could include providers who cannot be reimbursed under available funding for the Colorado Indigent Care Program in those instances where clients receive subsequent medical care following treatment in the emergency room, but do not comply with requests to submit proper documentation.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Amending the rule is the most efficient means to address the issue. If the rule were not changed, but providers were given some flexibility in the use of the emergency application for medical care rendered subsequent to treatment in the emergency room, the policy would not be applied consistently.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

No other alternatives were considered.

- b. An emergency application is good for only one ~~date-episode~~ of service in an emergency room and any subsequent service related to the emergency room episode. If the client receives any care other than the emergency room visit, the qualified health care provider must ~~require-request~~ the client to submit documentation to support all figures on the emergency application or complete a new application. If the documentation submitted by the client does not support the earlier, spoken information, the qualified health care provider must obtain a new application ~~to receive-discounted health care services under available CACP funding~~ from the client. If the client does not submit any supporting documentation or complete a new application upon the request of the provider, the provider shall use the information contained in the emergency application.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Modifying the Colorado Indigent Care Program Client "Z" Rating, Section 8.907.

Rule Number: MSB 08-02-19-B

Division / Contact / Phone: Program Eligibility and Implementation / Cindy Arcuri / X3996

SECRETARY OF STATE
RULES ACTION SUMMARY AND FILING INSTRUCTIONS

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 08-02-19-B, Modifying the Colorado Indigent Care Program Client "Z" Rating, Section 8.907.
3. This action is an adoption of: an amendment
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) 8.907.B., Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-10).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please replace existing text at
§ 8.907 CLIENT COPAYMENT

B. Z-Rating
with the attached new text. From §8.907.B Z-Rating through §8.907.B.d. This change is effective June 30, 2008.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Modifying the Colorado Indigent Care Program Client "Z" Rating, Section 8.907.
Rule Number: MSB 08-02-19-B
Division / Contact / Phone: Program Eligibility and Implementation / Cindy Arcuri / X3996

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The proposed rule expands the categories of clients who are exempt from co-payments for discounted health care services received under the CICP. Currently, only homeless clients, who are at or below 40% of the Federal Poverty Level, are exempt from co-payments. However, other types of clients experiencing hardships would also benefit from an exemption from co-payments. The rule adds the following to the list of clients, at or below 40% of the Federal Poverty Level, who will be exempt from co-payments: clients living in transitional housing and participating in programs to promote self-sufficiency, clients temporarily residing with others who have no legal obligation to financially support the client, and clients who are recipients of Colorado's Aid to the Needy Disabled financial assistance program.

2. An emergency rule-making is imperatively necessary

- ☐ to comply with state or federal regulation and/or
- ☐ for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2007);

Initial Review

04/11/2008

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05/09/2008

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07/01/2008

Emergency Adoption

DOCUMENT #04

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Modifying the Colorado Indigent Care Program Client "Z" Rating, Section 8.907.

Rule Number: MSB 08-02-19-B

Division / Contact / Phone: Program Eligibility and Implementation / Cindy Arcuri / X3996

REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

This rule was developed through the CICP Stakeholders Forum. Clients and providers recommend this change to benefit clients experiencing certain hardships. The following classes of clients, under 40% of the Federal Poverty Level, will benefit from the proposed rule: clients living in transitional housing, clients temporarily residing with others who are not legally responsible for the client, and clients who are recipients of Colorado's Aid to the Needy Disabled financial assistance program.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

These clients will no longer be responsible for making co-payments when receiving discounted health care services under the Colorado Indigent Care Program. Similarly, providers will no longer collect co-payments from these clients, and thus, will bear additional uncompensated costs when serving these clients. However, it is not possible to quantify the effect of the proposed rule on clients or providers since the Department does not know who, specifically, the affected clients and providers will be.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There are no costs to the Department or any effect on state revenues associated with this change.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Affected clients will benefit from the co-payment exemption. There will be a loss in patient revenues for affected providers. While this loss cannot be quantified, it is not expected to be significant.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Amending the rule is the most efficient means to address the issue. If the rule were not changed, but providers were given some flexibility in exempting certain clients from co-payments, the policy would not be applied consistently.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

No other alternatives were considered.

B. Z-Rating. These are homeless clients, clients living in transitional housing, clients residing with others, or recipients of Colorado's Aid to the Needy Disabled financial assistance program, who are at or below 40% of the Federal Poverty Level (qualify for an N-Rating). ~~Homeless-These~~ clients are exempt from client copayments and are rated with the Z-rating. ~~Homeless patients are also exempt from the income verification requirement, verification of denied Medicaid benefits requirement and providing proof of residency when completing the CACP application.~~

General Definition:

a. Homeless. A person is considered homeless who lacks a fixed, regular, and adequate night-time residence or has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This does not include an individual imprisoned or otherwise detained pursuant to federal or state law.

In addition, homeless clients are exempt from client copayments, the income verification requirement, and the verification of denied Medicaid benefits requirement and providing proof of residency when completing the CACP application.

b. Transitional Housing. Transitional housing is designed to assist individuals in becoming self-supporting, but not referenced in 8.904.E.2. Clients living in transitional housing must provide a written statement from their counselor or program director asserting that they are participating in a transitional housing program.

In addition, transitional housing clients are exempt from the income verification and verification of denied Medicaid benefits requirements when completing the CACP application.

c. Residing with Others. Clients who have no permanent housing of their own and who are temporarily living with a person who has no legal obligation to financially support the client are considered residing with others. The individual allowing the client to reside with him or her may be asked to provide a written statement confirming that the client is not providing financial assistance to the household and that the living arrangement is not intended to be permanent.

In addition, clients residing with others are exempt from the verification of denied Medicaid benefits requirement when completing the CACP application.

d. Recipient of Colorado's Aid to the Needy Disabled financial assistance program. A client who is eligible and enrolled to receive the monthly grant award from Colorado's Aid to the Needy Disabled financial assistance program.

In addition, recipients of Colorado's Aid to the Needy Disabled financial assistance program are exempt from client copayments, the income

verification requirement and the verification of denied Medicaid benefits requirement when completing the CACP application.