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Title of Rule: Children's Basic Health Plan Rule Change to Allow for Ex Parte Redetermination, Section 140.1 A and B (10 CCR 2505-10-3)

Rule Number: MSB 10-05-20-A

Division / Contact / Phone: Child Health Plan Plus / Annie Lee / 303.866.3663

**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 **Error! Reference source not found., Error! Reference source not found.**
3. This action is an adoption of: new rules
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) Section 140.1 A and B, Colorado Department of Health Care Policy and Financing, Medical Assistance (10 CCR 2505-3).
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*

At §140.1 please add to new paragraphs (§140.1.A and 140.1.B provided to existing text. (Title §140 REDETERMINATION and text at 140.1 Eligibility shall be . . . are provided for instructional purposes only and not intended for publication.)

This change is effective 08/30/2010

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Rule Number: MSB 10-05-20-A

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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).

Please see explanation below.

2. An emergency rule-making is imperatively necessary

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

Explain:

3. Federal authority for the Rule, if any:

42 CFR 457.320

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, CRS (2009)

Initial Review

Final Adoption

07/09/2010

Proposed Effective Date

08/30/2010

Emergency Adoption

DOCUMENT #05

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan Rule Change to Allow for Ex Parte Redetermination, Section 140.1 A and B (10 CCR 2505-10-3)

Rule Number: MSB 10-05-20-A

Division / Contact / Phone: Child Health Plan Plus / Annie Lee / 303.866.3663

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.

CHP+ clients that reside in a county that will participate in telephone or electronic renewals will benefit from this proposed rule, because they will have the opportunity to have their eligibility redetermined without completing additional paperwork (a redetermination packet).

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

The proposed rule will ease the administrative burden of paper redeterminations for eligibility sites and clients. Eligibility sites will have the authority to create a redetermination process in accordance with their eligibility site needs.

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 probable costs associated with the proposed rule.

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

N/A

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

140. REDETERMINATION

140.1 Eligibility shall be redetermined when twelve (12) months have passed since the last eligibility determination.

A. A redetermination form is not required to be sent to the client if all current eligibility requirements can be verified by reviewing information from another assistance program, verification system, and/or CBMS. When applicable, the eligibility site shall redetermine eligibility based solely on information already available. If verification or information is available for any of the three months prior to redetermination month, no request shall be made of the client and a notice of the findings of the review will go to the client. If not all verification or information is available, the eligibility site shall only request the additional minimum verification from the client. This procedure is referenced as Ex Parte Review.

B. The only verification that can be required at redetermination is the minimum verification needed to complete a redetermination of eligibility. If no documentation is required, a written declaration from the client is sufficient verification for redetermination. If the redetermination is performed by phone and no documentation is required, a verbal statement from the client is sufficient verification for redetermination and should be noted in the case record and in CBMS case comments. An eligibility site may redetermine eligibility through telephone, mail, or electronic means. The use of telephone or electronic redeterminations should be noted in the case record and in CBMS case comments.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to Eligibility Rule to Expand Income Eligibility for the Children's Basic Health Plan to 250% of the Federal Poverty Level, Section 110.1D

Rule Number: MSB 10-03-09-A

Division / Contact / Phone: CHP+ / Annie Lee / 303-866-3663

**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 10-03-09-A, Revision to Eligibility Rule to Expand Income Eligibility for the Children's Basic Health Plan to 250% of the Federal Poverty Level, Section 110.1D
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) 110.1D, Colorado Department of Health Care Policy and Financing, Medical Assistance (10 CCR 2505-3).
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 current existing text at §110.1.D with new text provided. Headings at §100, §110 and §110.1 are for the purpose of clarity only. Paragraph D is the only text change to be published.

Effective 06/30/2010

Title of Rule: Revision to Eligibility Rule to Expand Income Eligibility for the Children's Basic Health Plan to 250% of the Federal Poverty Level, Section 110.1D

Rule Number: MSB 10-03-09-A

Division / Contact / Phone: CHP+ / Annie Lee / 303-866-3663

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 rule expands eligibility for the Children's Basic Health Plan (CBHP), from 200% of FPL to 250% of Federal Poverty Level (FPL) by amending the upper income limit from 200% to 250% of FPL. This rule change is necessary to comply with state legislation that mandates this expansion.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or

for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

42 C.F.R. 1397ee(c) allows for states to receive Federal match assistance percentage (FMAP) for state funds expended to cover up to 300% of FPL within the Children's Health Insurance Program.

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, CRS (2009)

Initial Review

Final Adoption

07/09/2010

Proposed Effective Date

08/30/2010

Emergency Adoption

DOCUMENT #08

Title of Rule: Revision to Eligibility Rule to Expand Income Eligibility for the Children's Basic Health Plan to 250% of the Federal Poverty Level, Section 110.1D

Rule Number: MSB 10-03-09-A

Division / Contact / Phone: CHP+ / Annie Lee / 303-866-3663

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.

Children's Basic Health Plan applicants, whose family income falls between 200% and 250% of the Federal Poverty Level (FPL), will be affected by the proposed rule. This rule will allow these applicants to be income eligible for health insurance coverage through CBHP, which will provide access to health care for children up to the age of 19, and adult pregnant women.

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

The classes of persons affected by the rule will have access to health care, which will allow them to have healthier families without the incurring the financial burdens that can result from accessing health care. CBHP offers a wide variety of services including: preventive care and immunizations, other doctor visits, specialty care, hospital services, prescriptions, mental health services, hearing aids, eyeglasses; and dental care for children.

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.

This expansion is funded by funds generated by HB 09-1293, which imposes hospital provider fees to submit for federal matching funds. Please see the table on page 8, which provides a summary of costs.

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

The costs are outlined in table 1, on page 8. The major benefit of the proposed rule is that additional children and pregnant women will be eligible for health care coverage (please see table 1, line 1 for projected caseloads), which is consistent with the Department's mission to improve access to cost-effective, quality health care services for Coloradans

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

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There are no less costly or intrusive methods to expand coverage to this population.

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.

Expanding income eligibility limits to cover additional uninsured children and pregnant women is the central method through which Children's Health Insurance Programs expand

Table 1 CHP+ to 250% FPL - Summary of Costs						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
1.CHP+ Children to 250% Projected Caseload	6,300	14,700	18,900	21,000	21,400	21,800
2.CHP+ Children Medical Per Capita	\$1,929.26	\$2,011.54	\$2,097.33	\$2,186.78	\$2,280.05	\$2,377.29
3.Total Children Medical Cost	\$12,154,338	\$29,569,638	\$39,639,537	\$45,922,380	\$48,793,070	\$51,824,922
4.CHP+ Dental Per Capita	\$161.40	\$168.28	\$175.46	\$182.94	\$190.74	\$198.88
5.Total Dental Cost	\$1,016,820	\$2,473,716	\$3,316,194	\$3,841,740	\$4,081,836	\$4,335,584
6.CHP+ Prenatal to 250% Projected Caseload	750	1,750	2,250	2,500	2,600	2,700
7.CHP+ Prenatal Medical Per Capita	\$10,859.07	\$11,322.21	\$11,805.10	\$12,308.59	\$12,833.55	\$13,380.90
8.Total Prenatal Medical Cost	\$8,144,303	\$19,813,868	\$26,561,475	\$30,771,475	\$33,367,230	\$36,128,430
9.Total CHP+ Premiums Costs	\$20,298,641	\$49,383,506	\$66,201,012	\$76,693,855	\$82,160,300	\$87,953,352
10.Enrollment Fees	\$109,179	\$254,751	\$327,537	\$363,930	\$370,862	\$377,794
11.State Share (Provider Fee)	\$7,066,312	\$17,195,064	\$23,055,716	\$26,715,474	\$28,626,303	\$30,651,445
12.Federal Funds	\$13,123,150	\$31,933,691	\$42,817,759	\$49,614,451	\$53,163,135	\$56,924,113
13.Total CHP+ Dental Benefit Costs	\$1,016,820	\$2,473,716	\$3,316,194	\$3,841,740	\$4,081,836	\$4,335,584
14.State Share (Provider Fee)	\$355,887	\$865,801	\$1,160,668	\$1,344,609	\$1,428,643	\$1,517,454
15.Federal Funds	\$660,933	\$1,607,915	\$2,155,526	\$2,497,131	\$2,653,193	\$2,818,130

eligibility. Therefore, other methods were not considered.

100 ELIGIBILITY

110 INDIVIDUALS ASSISTED UNDER THE PROGRAM

110.1 To be eligible for the Children's Basic Health Plan, an eligible person shall:

- D. Have family income less than or equal to ~~200~~250% of the Federal Poverty Level, adjusted for family size.