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Title of Rule: Children's Basic Health Plan Rule Concerning Presumptive Eligibility, Section 170

Rule Number: MSB 11-11-02-A

Division / Contact / Phone: Medicaid and CHP+ Managed Care & Contracts Div. / Alan Kislowitz / 3646

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 11-11-02-A, Children's Basic Health Plan Rule Concerning Presumptive Eligibility, Section 170
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) 170, 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: 04/01/2012
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please delete text indicated, add new text provided and re-number the current text at §170. This change is effective 04/01/2012.

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Title of Rule: Children's Basic Health Plan Rule Concerning Presumptive Eligibility, Section 170

Rule Number: MSB 11-11-02-A

Division / Contact / Phone: Medicaid and CHP+ Managed Care & Contracts Div. / Alan Kislowitz / 3646

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).

This rule amendment states that inpatient hospital services, including labor and delivery, are not covered for clients during their presumptive eligibility period. This amendment aligns the CHP+ prenatal program benefits with the Medicaid prenatal PE benefit for hospital inpatient care. Per Sec. 1920 (d) of the Social Security Act [42 U.S.C. 1396r-1], Medicaid prenatal PE is only for ambulatory services. This proposed revision was included in the HCPF budget reduction initiative which was approved and passed by the General Assembly through the FY 2011-12 Long Bill, SB 11-209. The rule has also been re-numbered and organized to allow for easier citation.

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 457.355

4. State Authority for the Rule:

25.5-8-109, CRS (2011)

25.5-1-301 through 25.5-1-303, CRS (2011)

Initial Review **01/13/2012**

Final Adoption **02/10/2012**

Proposed Effective Date **04/01/2012**

Emergency Adoption

DOCUMENT #02

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan Rule Concerning Presumptive Eligibility, Section 170

Rule Number: MSB 11-11-02-A

Division / Contact / Phone: Medicaid and CHP+ Managed Care & Contracts Div. / Alan Kislowitz / 3646

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.

Pregnant women who are presumptively eligible for CHP+ are affected by this 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.

Inpatient hospital services will not be covered for presumptively eligible pregnant women as a result of this rule amendment.

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.

Eliminating coverage of inpatient hospital services for pregnant women during their presumptive eligibility period will result in savings to the Department of approximately \$1,000,000 per fiscal year. There are no administrative costs to implement the proposed rule.

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

Without the proposed rule, the State would forgo the opportunity to realize savings of approximately \$333,333 in FY 2011-12 and \$1,000,000 per year in FY 2012-13 forward. The Department would also lose the ability to align state CHP+ reimbursement policy with federal Medicaid law.

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

There are no other alternatives to achieve the purpose of this rule amendment.

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.

There are no alternative methods. This rule amendment aligns the CHP+ reimbursement policy for presumptive eligibility for pregnant women with federal Medicaid regulations.

170 PRESUMPTIVE ELIGIBILITY

170.1 An eligible person may apply for presumptive eligibility for immediate temporary medical services through designated presumptive eligibility sites.

A. To be eligible for presumptive eligibility, an applicant household's declared income shall not exceed 250% of federal poverty level and he/she shall be a United States citizen or a documented immigrant of at least five years.

170.2 Presumptive eligibility sites shall be certified by the Department of Health Care Policy and Financing to make presumptive eligibility determinations. Sites shall be re-certified by the Department of Health Care Policy and Financing every 2 years to remain approved presumptive eligibility sites.

A. The presumptive eligibility sites shall attempt to obtain all necessary documentation to complete the application within ten business days of application.

B. The presumptive eligibility site shall forward the application to the county within five business days of being completed. If the application is not completed within ten business days, on the eleventh business day following application, the presumptive eligibility sites shall forward the application to the appropriate county.

170.3 The presumptive eligibility period will be no less than 45 days. The presumptive eligibility period will end on the last day of the month following the completion of the 45 day presumptive eligibility period. ~~The county or medical assistance (MA) site shall make an eligibility determination within 45 days from the date of application. The effective date of eligibility will be the date of application.~~

~~A presumptive eligible person may not appeal the end of a presumptive eligibility period.~~

170.2-4 The county or medical assistance site shall make an eligibility determination within 45 days from the date of application. The effective date of eligibility will be the date of application.

A. Presumptively eligible clients may appeal the county or medical assistance ~~(MA)~~ site's failure to act on an application within 45 days from date of application or the denial of an application. Appeal procedures are outlined in Section 600.

B. A presumptively eligible client may not appeal the end of a presumptive eligibility period.

170.5 Inpatient hospital care, including labor and delivery, is not a covered benefit for presumptively eligible clients.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Children's Basic Health Plan Rule Concerning Enrollment Date
Rule Number: MSB 11-12-13-A
Division / Contact / Phone: CHP+ / Alan Kislowitz / X3646

**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 11-12-13-A, Revision to the Children's Basic Health Plan Rule Concerning Enrollment Date
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) 3.430, Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-03).
5. Does this action involve any temporary or emergency rule(s)? Yes
If yes, state effective date: 04/01/2012
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please delete text that is indicated at §430.1 and replace with new text provided. Please delete text that is indicated at §430.2.A and §430.2.B and replace with new text provided. All other text is for clarification purposes only. This change is effective 04/01/2012.

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Title of Rule: Revision to the Children's Basic Health Plan Rule Concerning Enrollment Date
Rule Number: MSB 11-12-13-A
Division / Contact / Phone: CHP+ / Alan Kislowitz / X3646

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).

This rule change reverses the rule passed in November 2011, which creates a gap in coverage for newly eligible CHP+ clients who have not yet been enrolled in an HMO. The Department has determined that the November rule as passed will create a barrier to access for these clients, and will not achieve the budget savings that justified the initial rule change in November 2011.

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. Section 457.340(f)

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2010);
25.5-8-104, C.R.S. (2011); 25.5-8-107 (2011)

Initial Review

Final Adoption

02/10/2012

Proposed Effective Date

05/01/2012

Emergency Adoption

DOCUMENT # 03

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Children's Basic Health Plan Rule Concerning Enrollment Date

Rule Number: MSB 11-12-13-A

Division / Contact / Phone: CHP+ / Alan Kislowitz / X3646

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+ children and CHP+ providers will be affected by this change. CHP+ children will benefit by maintaining access to CHP+ health care services in the time period between application submission and HMO enrollment ("pre-HMO period"). CHP+ providers will benefit as they will be assured reimbursement for providing medical care to eligible CHP+ children in the pre HMO period.

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 CHP+ program for children will change from prospective to retrospective enrollment. This means that, once the applicant is authorized for services, their eligibility begins on the date the application was submitted. Because the rule amendment sets the eligibility date back to application submission, members will be able to receive covered CHP+ medical services prior to enrollment in their HMO.

There is usually a gap between the date a child is determined eligible for services and the date a child can be enrolled in an HMO. This rule change allows children to receive care through the State Managed Care Network during that time.

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 is no cost impact associated with this amendment, because the Department is already required to provide CHP+ clients with necessary care from the time they are determined eligible, even if they have not yet been enrolled into an HMO.

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

There is no cost difference between the proposed rule amendment and the current rule. If the Department does not change the rule, it will have to develop a complicated operational plan to assure access to medical care for CHP+ applicants during the "pre-HMO period." This plan cannot be supported by the State's current eligibility and enrollment system and, therefore, would have to be manually managed. Any cost savings that the Department might

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have from leaving the rule as it is would be decreased dramatically due to continuing to pay for services during the pre-HMO period for some children.

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

None

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.

None

430 ENROLLMENT DATE

430.1 If determined eligible, an eligible person's date in the Children's Basic Health Plan shall be the ~~first day of the month following eligibility determination~~received date of an application by a delegated entity.

A. If determined eligible, the enrollment span of a pregnant woman shall begin on the date the application is received by a delegated entity and shall end 60 days after the birth of the child or termination of the pregnancy.

B. If determined presumptively eligible, a pregnant woman's presumptive eligibility enrollment span shall be from the date of presentation at the presumptive eligibility site up to 60 calendar days.

430.2 An eligible person's enrollment date in the selected MCO shall be no later than:

A. The first of the month following eligibility determination and MCO selection if eligibility is determined on or before the ~~25th~~21st of the month.

B. The first of the second month following eligibility determination and MCO selection if eligibility is determined after the ~~25th~~21st of the month.

430.3 Upon birth, a child born to an eligible woman age 19 and older in the Children's Basic Health Plan shall be automatically enrolled for twelve months.