

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revisions to the Medical Assistance Rule Concerning the Family and Children's Covered Groups, Section 8.100.4.J

Rule Number: MSB 12-11-01-A

Division / Contact / Phone: Eligibility / Alexandra Gates / x3085

**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 12-11-01-A, Revision to the Medical Assistance Rule Concerning Direct Certification for Family and Children's Covered Groups, Section 8.100.4.J
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) 8.100.4.J, 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 add new text provided at §8.100.4.J.2 "Direct Certification" through §8.100.4.J.2.a.vii. All text indicated in blue is for clarification purposes only and any text currently in the CCR that is not included in this filing should not be revised. This change is effective 03/30/2013.

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Title of Rule: Revisions to the Medical Assistance Rule Concerning the Family and Children's Covered Groups, Section 8.100.4.J

Rule Number: MSB 12-11-01-A

Division / Contact / Phone: Eligibility / Alexandra Gates / x3085

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 creates a pathway between Food Stamps, Colorado Works, and Medicaid applications for families applying for Food Stamps or Colorado Works. By implementing this rule, the county worker is granted the authority to ask the Food Stamps or Colorado Works applicant whether they want to be determined for Medicaid eligibility. This will benefit the applicant because it will provide an opportunity for them to receive a larger array of benefits.

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:

Code of Federal Regulations, 42 CFR 435.902 and 435.916 authorized in PL 111-3, Children's Health Insurance Program Reauthorization Act of 2009, Section 203 and Section 212

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2011);

Initial Review

Final Adoption

Proposed Effective Date

Emergency Adoption

DOCUMENT #

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Title of Rule: Revisions to the Medical Assistance Rule Concerning the Family and Children's Covered Groups, Section 8.100.4.J

Rule Number: MSB 12-11-01-A

Division / Contact / Phone: Eligibility / Alexandra Gates / x3085

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.

Those who benefit: Two classes benefit from this rule. 1) Clients applying for Food Stamps or Colorado Works benefits who may be eligible for Medicaid benefits but did not know they were. 2) County workers who only have to process one application for the applicant rather than two separate applications.

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

Applicants: Low income families in Colorado are more likely to receive medical benefits, meaning a larger portion of the population will be insured. By covering a larger portion of the population, hospitals and medical providers in Colorado are more likely to be reimbursed for the services they provide, meaning there will be less cost shifting to other insured populations.

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 proposed rule is not expected to have any fiscal impact as it is a technical change to the Express Lane Eligibility process, which streamlines the eligibility process and reduces administrative burden to eligibility sites and clients.

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.

There are no less costly methods.

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 options, this is the only method to implement the rule.

8.100.4.J Express Lane Eligibility

Express Lane Eligibility will allow for automatic initiation of Medical Assistance enrollment by using

2. Direct Certification

a. Individuals who have submitted a Food Stamps or Colorado Works application –

- i. Families will be given the option to opt into Medical Assistance coverage for their potentially eligible child.
- ii. Children who meet all necessary eligibility requirements as outlined throughout 8.100.4 will be automatically enrolled.
- iii. Children who meet all necessary eligibility requirements except verification of U.S. citizenship and identity will receive 30 days of eligibility while awaiting this verification.
- iv. Any additionally required verification will be requested from the client through CBMS prior to being automatically enrolled.
- v. Eligibility is based on income declared on the Food Stamps or Colorado Works application as well as eligibility requirements outlined throughout this volume.
- vi. If it ~~is~~would be found that a child does not satisfy an eligibility requirement for medical assistance, the child's eligibility will be evaluated using the application for Medical Assistance.
- vii. Individuals whose eligibility is not determined through Express Lane Eligibility can also submit a separate Application for Medical Assistance to determine eligibility..

<u>THIS PAGE NOT FOR PUBLICATION</u>

Title of Rule: Medical Assistance Rule Concerning Colorado Indigent Care Program, Section 8.907

Rule Number: MSB 12-08-06A

Division / Contact / Phone: Finance Office / Karen Talley / 303-866-3170

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 12-08-06A, Medical Assistance Rule Concerning Colorado Indigent Care Program, 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.C., 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 current text at §8.907.C.2 through §8.907.C.4 with revised text provided. All text indicated in blue is for clarification purposes only and should not be revised. This change is effective 03/30/2013.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Medical Assistance Rule Concerning Colorado Indigent Care Program, Section 8.907

Rule Number: MSB 12-08-06A

Division / Contact / Phone: Finance Office / Karen Talley / 303-866-3170

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).

8.907.C. currently states that the "...client annual copayment cap (annual cap) is based on a calendar year (January 1st through December 31st), even if a client's rating is for a different year (i.e., April 1st through March 31st)." The proposed rule will change the annual copayment cap date to the client's application date, which will be administratively simpler for the client and provider.

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:

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2011);
25.5-3-101, et seq.

Initial Review

12/14/2012

Final Adoption

02/08/2013

Proposed Effective Date

03/30/2013

Emergency Adoption

DOCUMENT #02

Title of Rule: Medical Assistance Rule Concerning Colorado Indigent Care Program, Section 8.907

Rule Number: MSB 12-08-06A

Division / Contact / Phone: Finance Office / Karen Talley / 303-866-3170

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.

The classes of persons that will be affected by and benefit from the proposed rule change would include clients that are at or below 250% of the Federal Poverty Level (FPL) and CICIP providers (hospitals and clinics). The proposed rule change will provide better accuracy for determining the CICIP cap date and will be less burdensome for both client and provider to track.

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 probable and expected impact by changing the current copayment cap will facilitate a clearer understanding of when the CICIP copayment cap is met for CICIP clients and providers.

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.

Available funding to all CICIP providers is limited by the available appropriation. There will not be any additional costs to the Department or to any other agency as a result of the implementation and enforcement of the proposed rule change.

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

There are no costs associated with the proposed rule change; however elimination of problematic methodology will benefit both the provider by providing a more accurate process.

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

The proposed rule change will not create any additional cost to the Department and the proposed change will be a less complicated method of calculating the CICIP cap than the current method.

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.

The Department had proposed several other remedies over the last several years; however, the majority of CACP stakeholders favor the proposed rule change.

8.907 CLIENT COPAYMENT

C. Client Annual Copayment Cap

1. For all CICIP Ratings annual copayments for clients shall not exceed 10% of the family's net income and resources.
2. The client annual copayment cap (annual cap) is based on ~~a calendar year~~ the client's date of eligibility. (January 1 through December 31), even if a client's rating is for a different year (i.e., April 1 through March 31). Clients are responsible for any charges incurred prior to receiving their CICIP Rating. Clients shall track their CICIP copayments and inform the provider in writing (including documentation) ~~when they meet within 90 days after meeting~~ their annual cap. However, if a client overpays the annual cap and informs the qualified health care provider of that fact in writing, the qualified health care provider shall reimburse the client for the overpayment.
3. A CICIP client is eligible to ~~recive~~ receive a re-rating if his/her financial or family situation has changed since the initial rating. CICIP copayments made under the prior rating will not count toward a new CICIP rating cap and t~~t~~he client's annual copayment cap ~~can change~~ during the calendar year if the CICIP Rating changes during the year. All copis resets when the client completes a new application. ayments made toward the old annual cap during the calendar year apply to the new cap.
4. An annual cap applies only to charges incurred after a client is eligible to receive discounted health care services, and applies only to discounted services incurred at a qualified CICIP health care provider.

D. Determining Client Copayments

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning Medicaid Express Lane Eligibility §8.100.4.J

Rule Number: MSB 12 - 07 - 27 - A

Division / Contact / Phone: Eligibility / Kathleen Seese / 5941

**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 12 - 07 - 27 - A, Revision to the Medical Assistance Rule Concerning Medicaid Express Lane Eligibility §8.100.4.J
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) 8.100.4.J, 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 current text at §8.100.4.J.1.a.i and §8.100.4.J.1.a.vi with revised text provided and delete text at the unnumbered paragraph following §8.100.4.J.1.a.vi. All text indicated in blue is for clarification purposes only and should not be revised. This change is effective 03/30/2013.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning Medicaid Express Lane Eligibility §8.100.4.J

Rule Number: MSB 12 - 07 - 27 - A

Division / Contact / Phone: Eligibility / Kathleen Seese / 5941

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 Department received clarification from the Centers for Medicare and Medicaid Services (CMS) stating the current methodology for Express Lane Eligibility needs to be changed to an “affirmative consent” in order to determine if a child is eligible for Family Medical Assistance. In order to make this change, language must be modified to allow families to “opt-in” to have their eligibility determined for Medical Assistance instead of “opt-out.”

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:

Section 203 of the Children's Health Insurance program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2011);

Initial Review

12/14/2012

Final Adoption

02/08/2013

Proposed Effective Date

03/03/2013

Emergency Adoption

DOCUMENT #04

Title of Rule: Revision to the Medical Assistance Rule Concerning Medicaid Express Lane Eligibility §8.100.4.J

Rule Number: MSB 12 - 07 - 27 - A

Division / Contact / Phone: Eligibility / Kathleen Seese / 5941

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 will affect children who are receiving Free or Reduced Lunch.

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 clarifies that families “opt-in” to have their eligibility determined for Medical Assistance instead of “opt-out”.

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 proposed rule is not expected to have any fiscal impact as it is a technical change to the Express Lane Eligibility process, which streamlines the eligibility process and reduces administrative burden to eligibility sites and clients.

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.

There are no less costly methods. This is a correction to the rule as required by CMS.

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

8.100.4.J Express Lane Eligibility

Express Lane Eligibility will allow for automatic initiation of Medical Assistance enrollment by using available data and findings from other programs as listed below.

1. Free/Reduced Lunch Program

a. Recipients of the Free/Reduced Lunch Program who have submitted a Free/Reduced Lunch application at a participating school district-

i. Families ~~who are potentially eligible~~ will be given the option to ~~opt-out~~opt into of Medical Assistance coverage for their potentially eligible child.

ii. Children who meet all necessary eligibility requirements as outlined in this volume will be automatically enrolled.

iii. Children who meet all necessary eligibility requirements except verification of U.S. citizenship and identity will receive 30 days of eligibility while awaiting this verification.

iv. Any additionally required verification will be requested from the client through CBMS prior to being automatically enrolled.

v. Eligibility is based on income declared on the Free/Reduced Lunch application as well as eligibility requirements outlined in this volume.

vi. If it is found that a child does not satisfy an eligibility requirement for medical assistance, the child's eligibility will be evaluated using the application for Medical Assistance.

~~Families who are found ineligible for a medical program will receive an Application for Medical Assistance in order to reevaluate eligibility for Medical Assistance.~~

b. Recipients of the Free/Reduced Lunch Program who were not required to submit a Free/Reduced Lunch application at a participating school district-

i. Families who are automatically enrolled Free/Reduced Lunch recipient children will not be forwarded to the Department for Express Lane Eligibility in compliance USDA confidentiality guidelines.

ii. These families must apply for Medical Assistance in order to give consent for request of benefits.