

JUNE 2024 EMERGENCY JUSTIFICATION FOR MEDICAL ASSISTANCE RULES ADOPTED AT THE JUNE 14, 2024 EMERGENCY MEDICAL SERVICES BOARD MEETING

MSB 24-02-06-A, Revision to the Medical Assistance Act Rule concerning Healthcare Affordability and Sustainability Provider Fees and Supplemental Payments, Section 8.3000

For the preservation of public health, safety and welfare

Emergency rule-making is imperatively necessary. The Colorado Healthcare Affordability and Sustainability Enterprise Act [C.R.S. § 25.5-4-402.4 (2018)] instructs the state to charge provider fees to hospitals, and obtain federal matching funds, to fund supplemental payments to hospitals, healthcare coverage for Medicaid & CHP+ expansion members, and related administrative costs. The proposed emergency rule revisions are necessary to allow for sufficient provider fees to be collected from hospitals over the subsequent months to equal the funding obligation increases for FFY 2023-24. Without emergency approval there is no time to collect the necessary provider fees from hospitals by FFY year-end (September 30, 2024) to fully fund all funding obligations; meaning we will not be compliant with state statute.

The funding obligation for Medicaid & CHP+ expansion members and related administrative costs for FFY 2023-24 have increased \$20 million compared to FFY 2022-23. Since October 2023, a HAS cash fund reserve has covered the increased funding obligations until the CHASE Board can approve the provider fee/supplemental payment calculations and the MSB can approve the proposed rule revisions. The cash fund reserve was not intended to cover such a large funding obligation for so long. Without increased provider fees collected from hospitals, the current available funds will quickly become limited. Resulting in the inability to fully reimburse for services to our Medicaid and CHP+ expansion members funded through this program and is imperatively necessary for the preservation of public health safety, and welfare.



MSB 24-06-04-A, 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

For the preservation of public health, safety and welfare

Emergency rule-making is imperatively necessary. Current rule states that no program max rates will be below 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 and is imperatively necessary for the preservation of public health safety, and welfare.

