THIS PAGE NOT FOR PUBLICATION

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 10-05-18-A, Revision to the Medical Assistance Rule Concerning Enforcement Remedies, Section 8.435
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) 8.435, 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)? Yes
   If yes, state effective date:
   Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

In §8.435.1 DEFINITIONS please add two new definitions between "Enforcement Action" and "immediate Jeopardy"

In §8.435.2.B GENERAL PROVISIONS please delete "2005" at §8.435.2.B.4. (§8.435.2.B GENERAL PROVISIONS and text at §8.435.2.B is provided for instructional purposes only and not intended for publication)

At §8.435.2.E.5 through §8.435.8.d please amend current text and add new text as provided. (§8.435.2.E. Nursing Home Penalty Cash Fund is provided for instructional purposes only and not intended for publication)

These changes are effective 6/11/2010

*to be completed by MSB Board Coordinator

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Revision to the Medical Assistance Rule Concerning Enforcement Remedies, Section 8.435
Rule Number:	MSB 10-05-18-A
Division / Contact / Phone:	Long Term Benefits / Janice Brenner / 4758

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).

   Enforcement Remedies, Section 8.435, was changed to add authorization to contract with Colorado Health Care Association Education Foundation for the purpose of CHCAEF serving as the agent to disburse to grantees, as recommended by the Nursing Facility Culture Change Accountability Board, a fiscal year 2009-2010 appropriation from the nursing home penalty cash fund of $194,977.00. Also added were requirements for annual reporting and for return and deposit into the Nursing Home Penalty Cash Fund of any funds not expended for the approved purposes.

   The authority for this rule change is contained in 25.5-1-301 through 305, C.R.S. (2009) and 25-1-107.5, C.R.S. (2009).

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:

25-1-107.5, C.R.S (2009) requires a distribution from the nursing home penalty cash fund of $200,000. The Nursing Facility Culture Change Accountability Board has recommended an allocation of funds to different organizations that applied. In order to accomplish the statutorily-required disbursement by June 30, 2010, a contract is required with an organization that will serve as agent, Colorado Health Care Association Education Foundation

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. (2009);
   25-1-107.5, C.R.S (2009).

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Revision to the Medical Assistance Rule Concerning Enforcement Remedies, Section 8.435
Rule Number:	MSB 10-05-18-A
Division / Contact / Phone:	Long Term Benefits / Janice Brenner / 4758

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.

Nursing facility clients should benefit from the disbursement of funds for projects for resident-centered care, including culture change. There are no additional costs to any clients or providers, as the expenditures come from the Nursing Home Penalty Cash Fund.

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

Expenditures for education, training promotion and consultation related to resident-centered care are expected to improve the quality of life of nursing facility residents.

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 identified costs to the Department.

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

   Action is required in order to disburse the statutorily-required funds by 6/30/10.

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

   The Department consulted the Office of the State Controller and determined that this was the best 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.

   No alternative methods were seriously considered.

8.435 ENFORCEMENT REMEDIES

8.435.1 DEFINITIONS

Civil Money Penalty (CMP) means any penalty, fine or other sanction for a specific monetary amount that is assessed or enforced by the Department for a Class I non-State-operated Medicaid-only Nursing Facility or by the Centers for Medicare and Medicaid Services (CMS) for all other Class I nursing facilities.

Deficiency means a nursing facility's failure to meet a participation requirement specified in 42 C.F.R. Part 483 Subpart B. No amendments or later editions are incorporated. Copies are available for inspection from the following person at the following address: Custodian of Records, Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80203-1714. Any material that has been incorporated by reference in this rule may be examined at any state publications repository library.

Enforcement Action means the process of the Department imposing against a Class I non-State operated Medicaid-only nursing facility one (or more) of the remedies for violation of federal requirements for participation as a nursing facility enumerated in the Federal Omnibus Reconciliation Act of 1987, 1989, and 1990, 42 U.S.C. 1396r(h). No amendments or later editions are incorporated. Copies are available for inspection from the following person at the following address: Custodian of Records, Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80203-1714. Any material that has been incorporated by reference in this rule may be examined at any state publications repository library.

Nursing Facility Culture Change Accountability Board means a board authorized by 25-1-107.5 C.R.S. (2009) to distribute funds from the nursing home penalty cash fund for measures that will benefit residents of nursing facilities by improving their quality of life at the facilities.

Grantee means a recipient of funds from the Nursing Home Penalty Cash Fund for measures that will benefit residents of nursing facilities by improving their quality of life as specified in Section 8.435.E.4.b.

Immediate Jeopardy means a situation in which the nursing facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident.

Medicaid-Only Nursing Facility means a nursing facility that is reimbursed by Medicaid, but not Medicare.

Nursing Home Penalty Cash Fund means the account that contains the money collected from CMPs imposed by the Department and also the amount transmitted by CMS from CMPs imposed by CMS. CMS computes the amount to be transmitted, the Medicaid portion, by applying the percentage of Medicaid clients in the nursing facility to the total CMP amount.

8.435.2 GENERAL PROVISIONS

8.435.2.B. The following factors shall be considered by the Department in determining what remedy will be imposed on the Class I non-State-operated Medicaid-only nursing facility:

4. The recommendation of DPHE pursuant to Section 25-1-107.5, C.R.S. ~~(2005)~~.

8.435.2.E. Nursing Home Penalty Cash Fund

5. The Department and DPHE shall consider the recommendations of the Nursing Facility Culture Change Accountability Board regarding the use of the funds available each fiscal year for quality of life improvement purposes specified in Section 8.435.2.E.4.b.

6. For fiscal year 2009-2010 only, the Department shall contract with Colorado Health Care Association Education Foundation (CHCAEF) to serve as the agent to disburse to grantees $194,997.00, the fiscal year 2009-2010 appropriation for measures that will benefit residents of nursing facilities by improving their quality of life.

a. This total amount of $194,997.00 is in accordance with the recommendations of the Nursing Facility Culture Change Accountability Board and approved by the Department and DPHE, with final authority in the Department.

b. This appropriation of $194,997.00 from the Nursing Home Penalty Cash Fund is within the maximum appropriation of $200,000.00 authorized in Section 25-1-107.5, C.R.S. for fiscal year 2009-2010.

c. If any grantee does not accept any portion of its approved disbursement amount, within thirty days of grantee notification to CHCAEF, CHCAEF shall return that portion to the Department to be credited to the Nursing Home Penalty Cash Fund.

7. For fiscal year 2010-2011 and successive fiscal years:

a. If any grantee does not accept any portion of its approved disbursement amount:

i. If funds are disbursed through an agent, the disbursement agent shall return that portion, within thirty days of grantee notification, to the Department to be credited to the Nursing Home Penalty Cash Fund.

ii. If funds are disbursed directly to the grantee, the grantee shall return that portion to the Department, within thirty days of disbursement, to be credited to the Nursing Home Penalty Cash Fund.

8. By October 1, 2010, and by each October 1 thereafter, the Department and DPHE, with the assistance of the Nursing Facility Culture Change Accountability Board, shall jointly submit a report to the governor and the health and human services committees of the senate and house of representatives of the general assembly, or their successor committees, regarding the expenditure of moneys in the Nursing Home Penalty Cash Fund for the purposes described in Section 8.435.E.4.b. The report shall detail the amount of moneys expended for such purposes, the recipients of the funds, the effectiveness of the use of the funds, and any other information deemed pertinent by the Department and DPHE or requested by the governor or the committees.

a. The Nursing Facility Culture Change Accountability Board is responsible for monitoring grantee compliance in expending moneys for the approved measures.

b. If the total amount distributed to the grantee is not expended on the approved measure, the grantee shall return the remaining amount, within thirty days of completion of the measure, to the Department to be credited to the Nursing Home Penalty Cash Fund.

c. If the Department and DPHE, based on the review of the Nursing Facility Culture Change Accountability Board, determine that any portions of the moneys received for the purposes described in Section 8.435.E.4.b was not used appropriately, the grantee shall return that portion of the moneys, within thirty days of Nursing Facility Culture Change Accountability Board notification, to the Department to be credited to the Nursing Home Penalty Cash Fund.

d. Misuse of the funds by a grantee is subject to the false Medicaid claims provisions of Sections 25.5-4-304 through 25.5-4-305, C.R.S.

THIS PAGE NOT FOR PUBLICATION

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 10-06-02-B, Ambulatory Surgery Centers. Section 8.570.6
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) 8.570.6, 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)? Yes
   If yes, state effective date: 7/1/2010
   Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

At §8.570.6.B please change the existing text to the new text provided. (§8.570.6 REIMBURSEMENT is provided for instructional purposes only and not intended for publication)

This change is effective 07/01/2010

*to be completed by MSB Board Coordinator

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Ambulatory Surgery Centers. Section 8.570.6
Rule Number:	MSB 10-06-02-B
Division / Contact / Phone:	Medicaid Program Division / Jeanine Draut / x5942

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 gives the reimbursement rate for ambulatory surgery services. To address the state budget shortfall, the proposed rule change reduces reimbursement rates for these services.

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:

   The state reduced program funds to make adjustments for the state budget shortfall.

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. (2009);
   25.5-4-401, C.R.S (2009)

Initial Review — Final Adoption

Proposed Effective Date **07/01/2010** — Emergency Adoption **06/11/2010**

DOCUMENT #02

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Ambulatory Surgery Centers. Section 8.570.6

Rule Number: MSB 10-06-02-B

Division / Contact / Phone: Medicaid Program Division / Jeanine Draut / x5942

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.

Ambulatory surgical centers will receive a lower reimbursement rate for ambulatory surgery services.

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 savings from this change are part of the estimated $1,681,000 reduction to outpatient hospital services.

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.

   None.

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

   The proposed rule change will help offset the projected state budget shortfall and allow the Department to provide benefits without any significant changes in coverage. The cost of this rule change is that providers will receive a lower reimbursement. If the Department does not make this reduction, the ambulatory surgery benefit, and other Medicaid benefits, may have to be reduced.

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

   A targeted reduction of provider reimbursement is one of the most effective ways to reduce expenditures, given the size of the forecasted state budget shortfall and the urgent need to offset it.

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 is taking steps to make the Medicaid program more efficient and reduce expenditures by clearly defining the amount, scope, and duration or each benefit and by using other targeted provider rate reductions.

8.570.6 REIMBURSEMENT

8.570.6.B Reimbursement for approved surgical procedures shall be allowed only for the primary or most complex procedure. No reimbursement is allowed for multiple or subsequent procedures. Approved surgical procedures identified in one of the nine ASC groupers shall be reimbursed a facility fee at the lower of billed charges or ~~76.45~~75.69% of the 2007 Medicare-assigned rate. No reimbursement shall be allowed for services not included on the Department approved list for covered services.

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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 10-05-25-A, Revision to the Medical Assistance Rule for Outpatient Hospital Reimbursement
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) 8.300.6, 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)? Yes
   If yes, state effective date: 7/1/10
   Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

At §8.300.6.A please add new text provided as unnumbered paragraph 4, immediately following the paragraph that begins with "Effective January 1, 2010 . . ." (Titles as §8.300.6 Payments For Outpatient Hospital Services §8.300.6.A Payments to DRG Hospitals for Outpatient Services 1. Payments to In-Network Colorado DRG Hospitals: are provided in instructional purposes only and not for publication.)

This change is effective 07/01/2010.

*to be completed by MSB Board Coordinator

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Revision to the Medical Assistance Rule for Outpatient Hospital Reimbursement
Rule Number:	MSB 10-05-25-A
Division / Contact / Phone:	Rates / Jeremy Tipton / 5466

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 change will reduce reimbursement to hospitals for outpatient services from 70% of cost to 69.3% of cost.

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:

   House Bill 10-1376, referred to as the Long Bill, includes a 1% across-the-board reduction in reimbursement to Medicaid providers.

3. Federal authority for the Rule, if any:

   Social Security Act, Section 1902(a)(30)(A)

4. State Authority for the Rule:

   25.5-1-301 through 25.5-1-303, C.R.S. (2009);
   24-4-103(6), C.R.S., (2008)
   HB 10-1376

Initial Review — Final Adoption

Proposed Effective Date **07/01/2010** — Emergency Adoption **06/11/2010**

DOCUMENT #03

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Revision to the Medical Assistance Rule for Outpatient Hospital Reimbursement
Rule Number:	MSB 10-05-25-A
Division / Contact / Phone:	Rates / Jeremy Tipton / 5466

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.

   Hospitals in Colorado will receive reduced reimbursement for outpatient hospital services.

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

   Reimbursement to hospitals for outpatient services is estimated to be reduced by $1,681,424 for FY 10-11 as a result of the 1% reduction.

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.

   None

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 revision is a reduction in outpatient hospital expenditures, which will help offset the projected state budget shortfall and allow the Department to provide outpatient hospital benefits without significant changes in coverage. The cost is that hospitals will generally receive less reimbursement for outpatient treatment.

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

   The targeted reduction of provider reimbursement rates, including those for outpatient hospital services, is one of the most effective means to reduce expenditures.

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.

   House Bill 10-1376 signed by the Governor includes a 1%, across-the-board, reduction in reimbursement to Medicaid providers.

8.300.6 Payments For Outpatient Hospital Services

8.300.6.A Payments to DRG Hospitals for Outpatient Services

1. Payments to In-Network Colorado DRG Hospitals

Effective July 1, 2010, Outpatient Hospital Services are reimbursed on an interim basis at actual billed charges times the Medicare cost-to-charge ratio less 30.7 percent (30.7%). When the Department determines that the Medicare cost-to-charge ratio is not representative of a hospital's outpatient costs, the cost-to-charge ratio may be calculated using historical data. A periodic cost audit is done and any necessary retrospective adjustment is made to bring reimbursement to the lower of actual audited cost less 30.7 percent (30.7%) or billed charges less 30.7 percent (30.7%).

THIS PAGE NOT FOR PUBLICATION

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 10-06-02-A, Durable Medical Equipment and Disposable Medical Supplies. Section 8.590
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) 8.590.7,I.2 and 8.590.7.I.3, 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)? Yes
   If yes, state effective date: July 2010
   Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

At §8.590.7.I.2 and 3 please replace current text with new text provided (Title §8.580.7 REIMBURSEMENT and 8.570.7.I Reimbursement rate. . . are provided for instructional purposes only and not intended for publication.)

This change is effective 07/01/2010

*to be completed by MSB Board Coordinator

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Durable Medical Equipment and Disposable Medical Supplies. Section 8.590
Rule Number:	MSB 10-06-02-A
Division / Contact / Phone:	Medicaid Program Division / Jeanine Draut / x5942

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 gives the reimbursement rates for durable medical equipment and supplies. To address the state budget shortfall, the proposed rule change reduces reimbursement rates for durable medical equipment and supplies from the fee schedule, or calculated using invoiced costs or manufacturer suggested retail prices.

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:

   Social Security Act, Section 1902(a)(30)(A)
   42CFR 440.70

4. State Authority for the Rule:

   25.5-1-301 through 25.5-1-303, C.R.S. (2009);
   25.5-5-4-416 C.R.S. (2009)

Initial Review — Final Adoption

Proposed Effective Date **07/01/2010** — Emergency Adoption **06/11/2010**

DOCUMENT #04

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Durable Medical Equipment and Disposable Medical Supplies. Section 8.590
Rule Number:	MSB 10-06-02-A
Division / Contact / Phone:	Medicaid Program Division / Jeanine Draut / x5942

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.

   Durable medical equipment and disposable medical supply providers will receive a lower reimbursement for services provided.

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

   Total fund reduction for durable medical equipment and supplies for FY 2010-11 is $940,735.

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.

   None.

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

   The proposed rule change will help offset the projected state budget shortfall and allow the Department to provide benefits without any significant changes in coverage. The cost of this rule change is that providers will receive a lower reimbursement. If the Department does not make this reduction, the durable medical equipment and supply benefit, and other Medicaid benefits, may have to be reduced.

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

   A targeted reduction of provider reimbursement is one of the most effective ways to reduce expenditures, given the size of the forecasted state budget shortfall and the urgent need to offset it.

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 is taking steps to make the Medicaid program more efficient and reduce expenditures by clearly defining the amount, scope, and duration or each benefit and by using other targeted provider rate reductions.

8.590.7 REIMBURSEMENT

8.590.7.I. Reimbursement rate for a purchased item shall be as follows:

2. Manually priced items that have no maximum allowable reimbursement rate assigned, but have a Manufacture Suggested Retail Price (MSRP) shall be reimbursed the MSRP less ~~21.61~~22.39 percent.

3. Manually priced items that have no maximum allowable reimbursement rate assigned, nor a MSRP shall be reimbursed at the lesser of the submitted charges or the sum of the manufacturers invoice cost, plus ~~14.71~~13.56 percent.

THIS PAGE NOT FOR PUBLICATION

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 10-04-23-A , Revision to the Medical Assistance Rule Concerning Medicaid Redeterminations §8.100.3.Q.
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) 8.100.3.Q., 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)? Yes
   If yes, state effective date: 6/11/10
   Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

At §8.100.3.Q.1 and §8.100.3.Q.4 please add to current text new text provided.

This change is effective 06/11/2010.

*to be completed by MSB Board Coordinator

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Revision to the Medical Assistance Rule Concerning Medicaid Redeterminations §8.100.3.Q.
Rule Number:	MSB 10-04-23-A
Division / Contact / Phone:	CCR / Ann Clemens / 6115

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).

   Telephone and/or electronic renewals are needed to ease the administrative burden of the paper redetermination process for eligibility sites and clients. Eligibility sites will have the authority to create a redetermination process in accordance with their eligibility site needs.

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:

   Telephone and/or electronic renewals are needed to ease the administrative burden of the paper redetermination process for eligibiltiy sites and clients. Eligibility sites will have the authority to create a redetermination process in accordance with their eligibility site needs.

3. Federal authority for the Rule, if any:

   42 CFR Part 435.916

4. State Authority for the Rule:

   25.5-1-301 through 25.5-1-303, C.R.S. (2009);
   25.5-4-205(1)(e)(II)(A)

Initial Review — Final Adoption

Proposed Effective Date **06/11/2010** — Emergency Adoption **06/11/2010**

DOCUMENT #05

THIS PAGE NOT FOR PUBLICATION

Title of Rule:	Revision to the Medical Assistance Rule Concerning Medicaid Redeterminations §8.100.3.Q.
Rule Number:	MSB 10-04-23-A
Division / Contact / Phone:	CCR / Ann Clemens / 6115

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.

   Medicaid 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 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 redeteminations 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

8.100.3.Q. Redetermination of Eligibility

1. A redetermination of eligibility shall mean a case review and necessary verification to determine whether the Medical Assistance Program client continues to be eligible to receive Medical Assistance. Beginning as of the case approval date, a redetermination shall be accomplished each 12 months for Title XIX Medical Assistance only cases. 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.

4. A redetermination form, approved by the Department, shall be mailed to the person at least 30 days prior to the first of the month in which completion of eligibility redetermination is due. The redetermination form shall be used to inform the client of the redetermination and verification needed, but the form itself cannot be required to be returned. 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. The following procedures relate to mail-out redetermination: