



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

November 2, 2020

Members of the Colorado General Assembly
c/o Legislative Council
State Capitol Building
200 E. Colfax Avenue
Denver, CO 80203

Dear Members of the General Assembly:

I am pleased to submit the Department of Health Care Policy and Financing (HCPF)'s 2021 Regulatory Agenda, in compliance with Colo. Rev. Stat. §2-7-203, as amended by House Bill 12-1008. The Department's 2021 Regulatory Agenda has also been submitted to the Colorado Secretary of State for publication in the Colorado Register, and will be posted to our website.

The Department's 2021 Regulatory Agenda Report provides a brief summary of all permanent, temporary and emergency rules reviewed, revised and adopted since the Department's 2020 Departmental Regulatory Agenda was filed on November 1, 2019, as well as the status, comments, and information relative to stakeholder input. Pursuant to Colo. Rev. Stat. § 24-4-103.3(4), the 2021 Regulatory Agenda Report also reflects the results of the Department's mandatory rule review activity over the past year. Effective July 1, 2018, all permanent rules adopted by the Department, as reflected in the 2021 Regulatory Agenda Report, involved early stakeholder engagement, as described by the Department's procedures for public participation in rulemaking (available online at <https://www.colorado.gov/hcpf/regulatory-resource-center>).

Information pertaining to a specific rule can be obtained by contacting Chris Sykes, Chris.Sykes@state.co.us or 303-866-4416.

Pursuant to Colo. Rev. Stat. §2-7-203(2)(a)(II), we will be prepared to discuss our 2021 Regulatory Agenda Report and 2020 Regulatory Agenda with the Department's Joint Committee of Reference during our upcoming SMART Act hearing.



Sincerely,



Kim Bimestefer
Executive Director

Enclosure(s): 2021 HCPF Regulatory Agenda

Cc: **Legislative Council Library**
State Library
John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director,
HCPF Parrish Steinbrecher, Health Information Office Director, HCPF
Anne Saumur, Cost Control and Quality Improvement Division Director, HCPD
Bonnie Silva, Office of Community Living Division Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Chris Sykes, Medical Services Board Coordinator, HCPF



2021

Regulatory Agenda

January 1, 2021 – December 31, 2021



COLORADO
Department of Health Care
Policy & Financing

Overview

The Colorado Department of Health Care Policy and Financing submits the following 2021 Regulatory Agenda in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. §2-7-203(4). Pursuant to state law, annually on November 1 executive-branch agencies must file a Departmental Regulatory Agenda (DRA) containing:

- A list of new rules or amendments that the department or its divisions expect to propose in the next calendar year;
- The statutory or other basis for adoption of the proposed rules;
- The purpose of the proposed rules;
- The contemplated schedule for adoption of the rules;
- An identification and listing of persons or parties that may be affected positively or negatively by the rules; and
- A list and brief summary of all permanent and temporary rules adopted since the previous DRA was filed.

The Regulatory Agenda also includes, pursuant to Colo. Rev. Stat. §24-4-103.3, rules to be reviewed as part of the Department’s “Regulatory Efficiencies Reviews” during 2020 (which are denoted as such in the “purpose” column). The DRA is to be filed with Legislative Council staff for distribution to committee(s) of reference, posted on the department’s web site, and submitted to the Secretary of State for publication in the Colorado Register. Each department must also present its DRA as part of its “SMART Act” hearing and presentation pursuant to Colo. Rev. Stat. §2-7-203(2)(a)(III)(A).

The following constitutes Department of Health Care Policy and Financing’s DRA for 2020-2021 and is provided in accordance with Colo. Rev. Stat. §24-7-203(2)(a)(IV):

Schedule (Month, Year) Anticipated Hearing Date	Rule Number	Rule Title	New rule, revision, or repeal?	Statutory or other basis for adoption of rule	Purpose of Proposed Rule	Stakeholders Consider <i>including high-level outreach bullets</i>
June 2021	10 CCR 2505-10 Section 8.300, 8.400. 8.500, 8.600 & 8.700	Case Management	Revision	25.5-6-105 C.R.S.	Case Management Redesign	Undetermined until stakeholder engagement is completed and rule changes determined

July 2021	10 CCR 2505-10 Section 8.960	Colorado Dental Health Care Program for Low-Income Seniors	Revision	Sections 25.5-3- 404(4), C.R.S.	Update procedure amounts, add procedure, and changes from 2021 code book	Participants in the grant program
April 2021	10 CCR 2505-3 Section 400	Children's Basic Health Plan Rule Concerning Enrollment	Revision	25.5-8-101 through 25.5-8- 113, C.R.S.	eligible members will be enrolled on the day that they are determined eligible	CHP+ members
March 2021	10 CCR 2505-10 Section 8.100	Eligibility Policy	Revision	42 U.S.C. 1396p (c)	clarify language describing the serving of periods of ineligibility, as well as policy clarifications provided to the Department from the Centers for Medicare and Medicaid (CMS) with regards to undue hardship exceptions	Health First Colorado members
December 2020	10 CCR 2505-10 Section 8.491	Home and Community Based Services for Elderly Blind and Disabled Rule Concerning Adult Day	Revision	25.5-6-303, C.R.S. (2015)	Revisions to regulations will allow for the virtual delivery of services and a tiered rate and service delivery structure.	Adult Day providers and members will be affected positively by this change.
December 2020	10 CCR 2505-10 Section 8.610	Facility Based Adult Day Habilitation Services and Supports	Revision	25.5-10-206 C.R.S (2017)	Revisions to regulations will allow for the virtual delivery of services and a tiered rate and service delivery structure. Revise regulations to include updated requirements for monitoring, protocols, diets, supervision, and incident reporting.	Day Habilitation providers and members will be affected positively by this change.

December 2020	10 CCR 2505-10 Section 8.609.9	Individuals with Intellectual and Developmental Disabilities Rule Concerning Day Habilitation Services and Supports	Revision	25.5-10-206 C.R.S (2017)	Revisions to the regulations to align HCBS Waivers; include Final Settings Rule requirements; remove outdated language.	PASAs, stakeholders, CCBs, and members will be positively affected by this change.
October 2021	10 CCR 2505-10 multiple Sections	Individuals with Intellectual and Developmental Disabilities	Revision	25.5-5-320 C.R.S, 25.5-10-206 C.R.S., 25.5-6-303	New regulations will allow for Telehealth use in a specific HCBS. New regulations will include parameters for use, provider qualifications/requirements for use, monitoring, and protocols.	Members and providers will be positively affected by the additional availability of service delivery by Telehealth.
February 2021	10 CCR 2505-10 multiple Sections	HCBS Waivers to add regulations for Telehealth use in HCBS	Revision	pending budget request	New regulations will add Remote Services to HCBS waivers. New regulations will include parameters for use, provider qualifications/ requirements for use, monitoring and protocols for all agencies.	Members and providers will positively be affected by the addition of remote supports as it will offer an additional way for needed support to be provided to members in a more flexible way.
Fall 2021	10 CCR 2505-10 multiple Sections	HCBS Waivers to add regulations for Remote Supports Services in HCBS	Revision	25.5-1-301 through 25.5-1-303, C.R.S. (2018); 25.2-10-303	The purpose of this rule change is to achieve programmatic alignment between rules and guidance issued by the Department in response to stakeholder feedback around the regulatory requirement of only one Family Support Plan (FSP) per family	CCBs, families receiving FSSP funds, providers - positive impact based on feedback received thus far.

December 2020	10 CCR 2505-10 Section 8.613	Family Support Services Program (FSSP)	Revision	(C.R.S. 27-10.5-102 11 (a))	The purpose of this revision is to update regulations to ensure deeper understanding of service expectations, best practices are utilized, and that there is accountability for desired outcomes	Members, Supported Employment providers, case managers, associated partner state departments such as the Department of Vocational Rehabilitation (DVR), etc
Winter 2021	10 CCR 2505-10 Section 8.502	Supported Employment	Revision	25.5-6-303, C.R.S. (2015)	Revisions to regulations will allow for the virtual delivery of services and a tiered rate and service delivery structure.	Adult Day providers and members will be affected positively by this change.
February 2021	10 CCR 2505-10 Section 8.100	Transfers of Assets Without Fair Consideration and Treatment of Certain Assets as Transfers Without Fair Consideration	Revision	1917(c) of the Social Security Act	Clarify that once a Periods of Ineligibility (POI) for LTC/waivered services begins, it must be served without interruption, regardless of the member's eligibility for LTC/HCBS/PACE. Also add clarification received from CMS to Undue Hardship rules: if a member no longer meets the criteria for an Undue Hardship exception, their hardship exception must be terminated with advance notice and they must serve any remaining time left on their POI.	Ensures members serve their POI timely and without interruption.
July 2021	10 CCR 2505-10 Section 8.100	WAWD 65+	Revision	SB 20-033	Allows members eligible or enrolled in WAWD 65+ to remain in WAWD if continue to meet quals	Members eligible or enrolled in WAWD 65+
March 2021	10 CCR 2505-10 Section 8.100	MAGI Tax updates	Revision	42 CFR 435.603 and 457.315; SHO# 19-003	Changes to Modified Adjusted Gross Income (MAGI)-based Income Methodologies	MAGI and Non-Magi populations

March 2021	10 CCR 25-5-10 Section 8.100	ROP for Income Discrepancies	Revision	42 CFR 435.952(c)	Changes to Modified Adjusted Gross Income (MAGI)-based Income Methodologies,	MAGI and Non-Magi populations
April 2021	10 CCR 2505-10 Section 8.100	Work number project	Revision	42 CFR 435.945 and 435.952	Decreasing the ROP period from 90 days to 30 days for income discrepancies	MAGI and Non-Magi populations
June 2021	10 CCR 2505-10 Section 8.100	10 Day Rule	Revision	42 CFR §435.916(c)	Adding two new interfaces to verify earned income	All members and/or applicants
TBD – awaiting SPA pages and additional guidance from CMS	10 CCR 2505-10 Section 8.100	Considerations of Income Deeming Income and Resources of Sponsors to the Sponsored Non-Citizen	Revision	8 U.S.C 1631	Adding the 10 Day Rule, as outlined on current MA applications, into rule.	The change will affect any non-citizen applicant who has been sponsored in order to be a legal permanent resident of the United States
TBD	10 CCR 2505-10, Section 8.310	Dialysis Treatment Centers	Revision	CRS § 25.5-5-301(2)(e)	Technical updates.	N/A – technical updated to rule language.
TBD	10 CCR 2505-10, Section 8.300	Hospital Services	Revision	CRS § 25.5-5-102(1)(a); CRS § 25.5-5-102(1)(b)	Technical updates and clarification of existing policy.	Hospitals, Hospital Associations, Consumers
TBD	10 CCR 2505-10, Section 8.660	Laboratory and X-ray Services	Revision	CRS § 25.5-5-102(1)(c)	Update rule and clarification of existing policy.	Laboratory, Radiology, Hospital, and Physician providers. Consumers.
Running concurrent with CDPHE’s process, anticipated to start April 2021	10 CCR 2505-10, Section 8.320	Community Clinic and Community Clinic and Emergency Center	Revision	CRS § 25.5-5-102(1)(b); C.R.S. § 25-1.5-114	Update rule with new licensure type developed by CDPHE.	Hospitals, CCEC providers.

2020

Regulatory Agenda REPORT

January 1, 2020-December 31, 2020



2020 Regulatory Agenda

Overview

The Colorado Department of Health Care Policy and Financing submits the following 2020 Regulatory Agenda Report in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. §2-7-203(4), detailing the results of the past year's rules review activity.

Hearing or Adoption Date	Rule Number	Rule Title	New Rule, Revision, or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders <i>Consider including high level outreach bullets</i>	Status <i>Adopted/Not Adopted/Withdrawn/Ongoing</i>	Included on FY20 Agenda?
<i>Department may choose to include the originally anticipated hearing or adoption date, in addition to the actual date.</i>			<i>If only a part of a CCR is repealed, it should be classified as "Revise".</i>	<i>Statutory authority.</i>	<i>What is the rule intended to accomplish?</i>	<i>List categories of stakeholders that may be positively or negatively affected not individual stakeholders.</i>	<i>Select one of the following options: (a) adopted (include date of adoption), (b) not adopted, (c) withdrawn or (d) ongoing.</i>	<i>Select one of the following options: (a) Yes, if the rule was published in the FY17 Agenda, and (b) No, if the rule was unplanned or an emergency rule.</i>
January 2020	MSB 19-09-04-B	Revision to the Medical Assistance Act Rule concerning Transgender Services, Section 8.735	Revision	45 CFR Part 92	The proposed revision to this rule will remove the requirement that members seeking a mastectomy first undergo twelve continuous months of hormone therapy. The Department is pursuing this revision in response to stakeholder feedback that the hormone therapy requirement is an unnecessary barrier to mastectomy surgeries.	Health First Colorado members, providers.	A January 2020	B

January 2020	MSB 19-09-18-A	Revision to the Medical Assistance Pharmaceutical Rule Concerning Rx Review, Section 8.800.18.C.1.a	Revision	Section 25.5-5-507, C.R.S. (2019)	This rule change incorporates additional language regarding the Rx Review Program requirements. The proposed rule more concisely mirrors the State Plan and grants members the option to do a Rx Review consultation with a pharmacist over the telephone if they live outside of a reasonable travel distance from the consulting pharmacist.	Health First Colorado members, providers.	A January 2020	B
January 2020	MSB 19-09-17-A	Revision to the Medical Assistance Rule concerning Hospital Community Benefit Accountability, Section 8.5000	New	Section 25.5-1-703, C.R.S. (2019)	The proposed rule provides definitions of key terms and details the meeting and reporting requirements for reporting hospitals. This information will be used by the Department in its annual report to the General Assembly.	Health First Colorado providers.	A January 2020	B
January 2020	MSB 19-10-25-A	Revision to the Medical Assistance Rule concerning In-Home Support Services Definitions, Section 8.552.1	Revision	Section 25.5-6-1201, C.R.S. (2019)	This revision of the IHSS definitions is required per the Office of Legislative Legal Services (OLLS) to ensure the definitions in rule are consistent with those in statute and the rules are compliant with Title 25.5, Article 6, Part 12, C.R.S.	Health First Colorado members, providers.	A January 2020	B

March 2020	MSB 18-01-09-A	Revision to the Medical Assistance Rule concerning Long-Acting Reversible Contraceptives , Section 8.300.5	Revision	42 CFR 447.253; 25.5-4-402, C.R.S.	The proposed rule excludes long-acting reversible contraceptives (LARC) devices, inserted following a delivery or implanted prior to inpatient hospital discharge following a delivery, from the DRG bundled payment. Instead, LARC devices will be paid according to the Department’s fee schedule.	Health First Colorado members, providers.	A March 2020	B
March 2020	MSB 19-09-5-A	Revision to the Medical Assistance Act Rule concerning Outpatient Speech Therapy, Section 8.200.3.D.2	Revision	42 CFR § 440.110	The proposed revision to this rule will allow providers appropriate flexibility in selecting a documentation format for recording visit notes under the Outpatient Speech Therapy benefit.	Health First Colorado members, providers.	A March 2020	B
March 2020	MSB 19-12-06-B	Revision to the Medical Assistance Act Rule concerning Community Mental Health Centers, Section 8.750.3.B	Revision	42 C.F.R. §440.130(d) (2019); Sections 25.5-5-202(1)(g), and 27-66-101(1.5)(b) (2), C.R.S. (2019)	This rule revision removes the fee-for-service thirty-five visit per State fiscal year limit for individual psychotherapy services to align the rule with current policy.	Health First Colorado members, providers.	A March 2020	B

March 2020	MSB 19-10-30-A	Revision to the Medical Assistance Act Rule concerning Durable Medical Equipment - Oxygen and Oxygen Equipment, Sections 8.580 & 8.585	Revision	42 C.F.R. 440.70(b)(3) (2019); Section 25.5-4-416 (2019)	The Department is in the process of retiring benefit coverage standards that exist separate from rules. Therefore, the rules implementing the DME Oxygen benefit, at Sections 8.580 and 8.585, are being revised to remove the incorporation of the DME Oxygen benefit coverage standard and to move several requirements from the DME Oxygen benefit coverage standard into rule.	Health First Colorado members, providers.	A March 2020	B
March 2020	MSB 19-02-12-B	Revision to the Medical Assistance Rule concerning Hospital Back Up Level of Care, Section 8.470	Revision	Section 1919(e)(5) of the Social Security Act	The purpose of this rule change is to define each existing category with greater clarity and include detailed explanations of the documents necessary for verifying clinical eligibility for the HBU program.	Health First Colorado members, providers.	A March 2020	B

March 2020	MSB 20-03-17-A	Revision to the Medical Assistance Rule concerning Telemedicine, Sections 8.520.4.B, 8.700.1, 8.730.3.B, 8.740.1, 8.750.3.B	Revision	42 CFR 410.78 (2020); Section 25.5-5-320, C.R.S. (2019)	This rule revision permits telemedicine for select home health, Federally-Qualified Health Center, Family Planning, Rural Health Clinic, and Community Mental Health Centers/Clinic services using interactive audio, interactive video, or interactive data communication in lieu of face-to-face visits between clients and health professionals. The purpose of the rule revision is to limit face-to-face visits between clients and providers, where appropriate, to help contain the spread of the 2019 Novel Coronavirus Disease (COVID-19). Telemedicine also increases efficiency for providers with a high volume of clients.	Health First Colorado members, providers.	A March 2020	B
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March 2020	MSB 20-03-16-A	Revision to the Medical Assistance Pharmaceutical Rule Concerning Prescription Tracking Requirements, Section 8.800.11.E.1	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019)	The Department is waiving the prescription signature requirements in Sections 8.800.11.E.1.a and 8.800.11.E.1.b only when a public health emergency is declared by the Governor. This will serve as a safety precaution by eliminating the need to touch pens and electronic screens; in addition to eliminating a potential barrier for a member to receive medication when they cannot physically come into the pharmacy	Health First Colorado members, providers.	A March 2020	B
April 2020	MSB 19-03-12-A	Revision to the Medical Assistance Act Rule concerning Family Planning Services, Section 8.730	Revision	42 CFR § 440.210	The purpose of this rule revision is to bring the rule in line with current Department practice regarding contraceptive coverage, remove an obsolete provider type (PT), and make other miscellaneous updates to promote rule clarity.	Health First Colorado members, providers.	A April 2020	B
April 2020	MSB 19-11-21-A	Revision to the Medical Assistance Act Rule concerning the Children's Habilitation Residential Program (CHRP) waiver, Section 8.500	Revision	42 U.S.C. § 1396n (2011); 25.5-5-306, C.R.S. and 25.5-6-903 (2018)	The purpose is to amend the rule to allow for family members who are not parents or legally responsible parties to be reimbursed for certain services as specified in the waiver. Additionally, the revision is to make technical changes including updated regulatory citations and spelling errors.	Health First Colorado members, providers.	A April 2020	B

April 2020	MSB 19-12-16-A	Revision to Medical Assistance Rule Concerning Service Plan Authorization Limit (SPAL) Section 8.500.102.B	Revision	Section 25.5-6-1501, C.R.S. (2019)	The Department is revising this section of the rule to allow for the addition of Waiver Transition Services to the existing list of services which are exempt from the service plan authorization limit (SPAL) for Supported Living Services.	Health First Colorado members, providers.	A April 2020	B
April 2020	MSB 20-01-14-A	Revision to the Medical Assistance Payments for Outpatient Hospital Services Rule Concerning Drug Payment Reweighting, Section 8.300.6	Revision	42 U.S.C. § 1396a(a)(30) (A); 42 C.F.R. § 447.321 and C.R.S. § 25.5-4-401	The rule describes the outpatient hospital payment methodology currently in use. The additional language will modify the methodology such that the allowed payment to Critical Access Hospitals and Medicare Dependent Hospitals for outpatient drugs is increased with a corresponding decrease in allowed payment for outpatient drugs for urban non-independent hospitals.	Health First Colorado members, providers.	A April 2020	B
April 2020	MSB 20-04-17-A	Revision to the Medical Assistance Act Rule concerning Subacute Care, Sections 8.300.3 & 8.300.5	Revision	42 CFR §447, Subpart C (2020) and C.R.S. 25.5-5-102(1)(a) (2019)	This rule revision provides subacute care may be administered by an enrolled hospital in its inpatient hospital or alternate care facilities. Subacute care in a hospital setting shall be equivalent to the level of care administered by a skilled nursing facility for skilled nursing and intermediate care services as defined in Sections 8.406 and 8.409.	Health First Colorado members, providers.	A April 2020	B

April 2020	MSB 20-04-21-A	Revision to the Medical Assistance Act Rule concerning Novel Corona Virus Disease (COVID-19) Rules, Section 8.6000	New	Social Security Act Section 1135, Social Security Act 1115 (Pending), and Social Security Act 1915(c), Appendix K and 25.5 Article 6, C.R.S.	The purpose of this emergency rule is to temporarily change regulatory requirements for Department of Health Care Policy and Financing rules to provide enhanced flexibility, reduction to programmatic limitations, and alignment with existing federal guidance related to processes under the COVID-19 pandemic	Health First Colorado members, providers.	A April 2020	B
May 2020	MSB 19-12-05-A	Revision to the Medical Assistance Rule concerning NCCI, Section 8.041	Revision	Section 25.5-4-422, C.R.S.	SB 18-266 indicates the Department shall utilize the Medicaid Management Information System to ensure that claims are automatically reviewed prior to payment to identify and correct improper coding that leads to inappropriate payment.	Health First Colorado members, providers.	A May 2020	B
May 2020	MSB 19-12-06-A	Revision to the Medical Assistance Rule Concerning Provider Screening, Section 8.125	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019)	The federal regulation 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers at least every 5 years. The rule is being revised to clarify requirements and ease the administrative burden on providers.	Health First Colorado providers.	A May 2020	B

May 2020	MSB 20-02-03-A	Revision to the Medical Assistance Eligibility Rule Concerning Adult MAGI and Medicare Eligibility, Section 8.100.4.G	Revision	42 C.F.R. §435.119(b)(3) and 1902(a)(10)(A)(i)(VIII) of the Act	The proposed rule will amend 8.100.4.G by outlining existing eligibility requirements for the Adult MAGI program. Members cannot receive Adult MAGI benefits if they are entitled to or are enrolled for Medicare benefits and the purpose of this rule is to highlight how Medicare eligibility may potentially impact Adult MAGI eligibility.	Health First Colorado members, providers.	A May 2020	B
May 2020	MSB 20-02-04-A	Revision to the Medical Assistance Act Rule concerning Federally-Qualified Health Center Alternative Payment Methodologies, Section 8.700.6.D	Revision	Social Security Act Section 1902(bb)(6) (42 USC 1396a(bb)(6)) (2019) and Section 25.5-5-102(1)(m), CRS (2019)	The Department identified technical corrections needed to the Federally-Qualified Health Center (FQHC) alternative payment methodologies. The proposed technical changes include (1) removing specialty behavioral health rates from the alternative payment methodology (APM) rates that are at-risk based on the FQHC's quality modifier, and (2) clarifying how clients are attributed to a FQHC for payment under the second Alternative Payment Methodology (APM 2), which utilizes a per member per month (PMPM) payment methodology.	Health First Colorado members, providers.	A May 2020	B

May 2020	MSB 20-02-05-A	Revision to the Medical Assistance Rule concerning Targeted Case Management, Section 8.761	Revision	42 CFR § 440.169 (b)	This rule revises how case management activities for the Home and Community Based Services for Persons with Developmental Disabilities waiver (DD), Home and Community Based Services-Supported Living Services waiver (SLS), Home and Community Based Services-Children’s Habilitation Residential Program (CHRP) and Home and Community Based Services- Children’s Extensive Support waiver (CES) will be reimbursed July 1, 2020.	Health First Colorado members, providers.	A May 2020	B
May 2020	MSB 20-03-16-A	Revision to the Medical Assistance Pharmaceutical Rule Concerning Prescription Tracking Requirements, Section 8.800.11.E.1	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019)	The Department is waiving the prescription signature requirements in Sections 8.800.11.E.1.a and 8.800.11.E.1.b only when a public health emergency is declared by the Governor.	Health First Colorado members, providers.	A May 2020	B

May 2020	MSB 19-09-04-A	Revision to Medical Assistance Rule Concerning Disability Trusts, Section 8.100.7.E.6.b	Revision	Keith v. Rizzuto, 212 F.3d 1190 (10th Cir. 2000); 25.5-6-103, C.R.S. and 15-14-412.8, C.R.S.	The proposed rule change: (1) creates an exception to the early termination requirement for individuals who change their residency; (2) clarifies that the Department may only be entitled to a pro-rata share of the remaining trust balance upon termination if such balance is insufficient to fully reimburse all states that provided medical assistance benefits to the Medicaid client; (3) allows an annuity funding the disability trust to name the trust as remainder beneficiary; (4) adds provisions that will aide in the oversight of disability trusts; and (5) removes references to a funding requirement that no longer exists under Colorado law.	Health First Colorado members, providers.	A May 2020	B
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May 2020	MSB 20-03-02-A	Revision to the Medical Assistance Act Rule concerning Inpatient Hospital Services, Sections 8.300.1, 8.300.3.A., and 8.300.4	Revision	Section 25.5-5-325, C.R.S (2019)	This rule revision will change the reimbursement structure for deliveries at 8.300.3.A.3. Specifically, it will separate reimbursement for a mother's hospitalization during and after delivery from reimbursement for a newborn's hospitalization after delivery. A corresponding change is being made to the definition of Trim Point Day (Outlier Threshold Day) at what would now be 8.300.1.AA.	Health First Colorado members, providers.	A May 2020	B
May 2020	MSB 20-05-01-A	Revision to the Medical Assistance Rule concerning Provider Enrollment, Sections 8.125.11, 8.125.12, 8.125.13	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019)	This rule revision will temporarily remove current requirements for providers to comply with: Fingerprint Criminal Background Checks (10 CCR 2505-10 8.125.12), Site-Visits (10 CCR 2505-10 8.125.11) and payment of Application Fee's (10 CCR 2505-10 8.125.13), during the provider enrollment process. Alleviating these requirements will expedite the processing of provider-enrollment applications.	Health First Colorado providers.	A May 2020	B

May 2020	MSB 20-04-30-A	Revision to the Medical Assistance Act Rule concerning Emergency Medical Transportation, Sections 8.018.1.F. and 8.018.4.D.1.	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019)	This rule revision expands the definition of Facility in the existing EMT rule. The expanded definition will allow for ambulance transports to a wider range of care locations during the COVID-19 public health emergency, including alternative hospital sites and temporary facilities. The rule also allows for transports between facilities without requiring basic or advanced life support services.	Health First Colorado members, providers.	A May 2020	B
May 2020	MSB 20-04-30-B	Revision to the Medical Assistance Act Rule concerning Non-Emergent Medical Transportation, Sections 8.014.1.N, 8.014.3.C.2, 8.014.3.D.1, 8.014.4.A, 8.014.6.A.3	Revision	42 CFR 440.170 (2020) and 25.5-5-324, C.R.S. (2019)	This rule revision permits NEMT services for covered Medicaid services to locations that are not enrolled with the Colorado Medical Assistance Program. The purpose of this rule is to expand the list of allowable NEMT destinations to include alternative care sites (e.g., the Colorado Convention Center) that are not covered places of service.	Health First Colorado members, providers.	A May 2020	B

May 2020	MSB 20-04-29-A	Revision to the Medical Assistance Rule concerning Medical Assistance program rule updates, Sections 8.100.1, 8.100.3, 8.100.4, 8.100.5 and 8.100.6	Revision	Families First Coronavirus Response Act (FFCRA), Public Law No. 116-127 and Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law No. 116-136 and the Affordable Care Act (ACA), which includes the Maintenance of Effort (MOE) provision.	The proposed rule change will amend sections 8.100.1, 8.100.3, 8.100.4, 8.100.5 and 8.100.6 based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (FFCRA) and the Affordable Care Act (ACA), which includes the Maintenance of Effort (MOE) provision.	Health First Colorado members, providers.	A May 2020	B
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May 2020	CHP 20-04-29-B	Revision to the Medical Assistance Rule concerning Child Health Plan Plus program rule updates, Sections 110,140, 310 and 320	Revision	Families First Coronavirus Response Act (FFCRA), Public Law No. 116-127 and Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law No. 116-136. The Affordable Care Act(ACA), which includes the Maintenance of Effort (MOE) provision.	The proposed rule change will amend sections 110,140,310 and 320 based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (FFCRA) and the Affordable Care Act(ACA), which includes the Maintenance of Effort (MOE) provision.	Health First Colorado members, providers.	A May 2020	B
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May 2020	MSB 20-04-27-A	Revision to the Medical Assistance Rule concerning COVID-19 Suspension of Annual Recertification for Long Term Oxygen Certificate of Medical Necessity, Section 8.580.5.C	Revision	Families First Coronavirus Response Act, 416 P.L. 127, § 6008 (2020); 42 C.F.R. 440.70(b)(3) (2020) and Section 25.5-4-416 (2019)	For the duration of the Coronavirus Disease 2019 (COVID-19) public health emergency, the Department is suspending the requirement to recertify the Certificate of Medical Necessity (CMN) for clients receiving long-term oxygen therapy every twelve months.	Health First Colorado members, providers.	A May 2020	B
June 2020	MSB 20-06-10-A	Revision to the Medical Assistance Act Rule concerning Non-Emergent Medical Transportation, Sections 8.014.1.N, 8.014.3.C.2, 8.014.3.D.1, 8.014.4.A, 8.014.6.A.3	Revision	Section 25.5-3-302 (3) C.R.S. (2020)	The Department revises the rule to remove the “face-to-face” requirement therefore allowing telemedicine appointments to be acceptable for the Primary Care Fund grant program.	Health First Colorado members, providers.	A June 2020	B
June 2020	MSB 19-01-03-A	Revision to the Medical Assistance Benefits Rule Concerning Electronic Visit Verification, Section 8.001	New	21st Century Cures Act, P.L. No. 114-255, Section 12006(a)	The Department is implementing this rule to require the use of Electronic Visit Verification (EVV) for Personal Care Services and Home Health Care Services provided in the home or community and Home and Community Based Services that include an element of Personal Care Services.	Health First Colorado members, providers.	A June 2020	B

July 2020	MSB 20-06-29-A	Revisions to Healthcare Affordability and Sustainability fee Collection and Disbursement, Section 8.3000	Revision	42 CFR 433.68 and 42 U.S.C. § 1396b(w) and 25.5-4-402.4(4)(b), (g), C.R.S.	The rule change makes necessary revisions for the federal fiscal year (FFY) 2019-20 Healthcare Affordability and Sustainability (HAS) fee and supplemental payment amounts. Inpatient per-diem fees and Outpatient percentage fees are updated to account for changes to estimated Medicaid expansion costs, estimated administration costs, and HAS supplemental payments. Without the rule change there will not be enough HAS fee to fund Colorado Medicaid and CHP+ expansions and HAS supplemental payments.	Health First Colorado members, providers.	A July 2020	B
July 2020	MSB 20-06-19-A	Revision to Medical Assistance Rule Concerning Nursing Facility Per Diem Rates, Section 8.443	Revision	42 CFR 433.68 and 42 U.S.C. § 1396b(w); Sections 25.5-6-202 & 25.5-6-203, C.R.S	House Bill (H.B.) 20-1362 limits the annual increase in the General Fund share of the per diem rates for nursing homes from 3.00% to 2.00% in SFY 2020-21 and SFY 201-22. The rule change makes necessary revisions to be compliant with state statute.	Health First Colorado members, providers.	A July 2020	B

July 2020	MSB 20-07-01-A	Revision to the Medical Assistance Rule concerning Telemedicine, Sections 8.520.4.B, 8.700.1, 8.730.3.B, 8.740.1, 8.750.3.B	Revision	42 CFR 410.78 (2020) and Section 25.5-5-320, C.R.S. (2019)	This rule revision permits telemedicine for select home health, Federally-Qualified Health Center, Family Planning, Rural Health Clinic, and Community Mental Health Centers/Clinic services using interactive audio, interactive video, or interactive data communication in lieu of face-to-face visits between clients and health professionals.	Health First Colorado members, providers.	A July 2020	B
July 2020	MSB 20-02-04-A	Revision to the Medical Assistance Rule concerning the Primary Care Fund, Section 8.950.2.T	Revision	C.R.S. § 25.5-3-302 (3)(2020)	We are purposing to revise this rule to remove the “face-to-face” requirement therefore allowing telemedicine appointments to be acceptable for the Primary Care Fund grant program.	Health First Colorado members, providers.	A July 2020	B
July 2020	MSB 20-03-11-A	Revision to Medical Assistance Rule concerning School Health Services Program Changes, Section 8.290	Revision	C.R.S. § 25.5-5-318(9) (2019)	Effective October 1, 2020, SPA CO-19-0021, was approved by CMS for the SHS Program expansion to include program covered services to be reimbursable to districts and BOCES for Medicaid enrolled students that have other medical plans of care (outside of IEPs/IFSPs) and where medical necessity has been established. Additionally, three additional job categories were added: Applied Behavior Analyst, Speech Language Pathologist Assistant, and School Psychologist.	Health First Colorado members, providers.	A July 2020	B

July 2020	MSB 20-04-21-B	Revision to the Medical Assistance Rule concerning Rx Review Program, Section 8.800.18	Revision	Section 25.5-5-507, C.R.S. (2018)	This proposed rule will allow the Department to utilize pharmacists, in addition to licensed pharmacy interns under the supervision of licensed pharmacists, to conduct the medication review sessions. The proposed rule will also give the Department the option to contract with an entity to administer the Rx Review program and remove barriers that inhibit pharmacist participation in the program.	Health First Colorado members, providers.	A July 2020	B
August 2020	MSB 20-08-03-A	Revision to the Medical Assistance Rule concerning Provider Enrollment, Sections 8.125.11, 8.125.12, 8.125.13	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020)	This rule revision will temporarily remove current requirements for providers to comply with: Fingerprint Criminal Background Checks (10 CCR 2505-10 8.125.12), Site-Visits (10 CCR 2505-10 8.125.11) and payment of Application Fee's (10 CCR 2505-10 8.125.13), during the provider enrollment process. Alleviating these requirements will expedite the processing of provider-enrollment applications.	Health First Colorado providers.	A August2020	B

August 2020	MSB 20-08-04-A	Revision to the Medical Assistance Act Rule concerning Emergency Medical Transportation, Sections 8.018.1.F. and 8.018.4.D.1	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020)	This rule revision expands the definition of Facility in the existing EMT rule. The expanded definition will allow for ambulance transports to a wider range of care locations during the COVID-19 public health emergency, including alternative hospital sites and temporary facilities. The rule also allows for transports between facilities without requiring basic or advanced life support services.	Health First Colorado members, providers.	A August2020	B
August 2020	MSB 20-08-04-B	Revision to the Medical Assistance Act Rule concerning Non-Emergent Medical Transportation, Sections 8.014.1.N, 8.014.3.C.2, 8.014.3.D.1, 8.014.4.A, 8.014.6.A.3	Revision	42 CFR 440.170 (2020) and 25.5-5-324, C.R.S. (2019)	The purpose of this rule is to expand the list of allowable NEMT destinations to include alternative care sites (e.g., the Colorado Convention Center) that are not covered places of service.	Health First Colorado members, providers.	A August2020	B

<p>August 2020</p>	<p>MSB 20-08-03-B</p>	<p>Revision to the Medical Assistance Act Rule concerning Subacute Care, Sections 8.300.3 & 8.300.5</p>	<p>Revision</p>	<p>42 CFR §447, Subpart C (2020) and C.R.S. 25.5-5-102(1)(a) (2019)</p>	<p>During the Coronavirus Disease 2019 (COVID-19) public health emergency, subacute care may be administered by an enrolled hospital in its inpatient hospital or alternate care facilities. Subacute care in a hospital setting shall be equivalent to the level of care administered by a skilled nursing facility for skilled nursing and intermediate care services as defined in 10 CCR 2505-10, Sections 8.406 and 8.409.</p>	<p>Health First Colorado members, providers.</p>	<p>A August2020</p>	<p>B</p>
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<p>August 2020</p>	<p>MSB 20-08-09-A</p>	<p>Revision to the Medical Assistance Rule concerning Medical Assistance program rule updates, Sections 8.100.1, 8.100.3, 8.100.4, 8.100.5 and 8.100.6</p>	<p>Revision</p>	<p>Families First Coronavirus Response Act (FFCRA), Public Law No. 116-127 and Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law No. 116-136 and the Affordable Care Act (ACA), which includes the Maintenance of Effort (MOE) provision.</p>	<p>The proposed rule change will amend 10 CCR 2505-10 sections 8.100.1, 8.100.3, 8.100.4, 8.100.5 and 8.100.6 based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (FFCRA) and the Affordable Care Act (ACA), which includes the Maintenance of Effort (MOE) provision.</p>	<p>Health First Colorado members, providers.</p>	<p>A August 2020</p>	<p>B</p>
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<p>August 2020</p>	<p>CHP 20-08-09-B</p>	<p>Revision to the Medical Assistance Rule concerning Child Health Plan Plus program rule updates, Sections 110,140, 310 and 320</p>	<p>Revision</p>	<p>Families First Coronavirus Response Act (FFCRA), Public Law No. 116-127 and Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law No. 116-136. The Affordable Care Act(ACA), which includes the Maintenance of Effort (MOE) provision.</p>	<p>The proposed rule change will amend 10 CCR 2505-3 sections 110,140,310 and 320 based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (FFCRA) and the Affordable Care Act(ACA), which includes the Maintenance of Effort (MOE) provision.</p>	<p>Health First Colorado members, providers.</p>	<p>A August2020</p>	<p>B</p>
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August 2020	MSB 20-08-12-A	Revision to the Medical Assistance Act Rule concerning Novel Corona Virus Disease (COVID-19) Rules, Section 8.6000	Revision	Social Security Act Section 1135, Social Security Act 1115 (Pending), and Social Security Act 1915(c), Appendix K and 25.5 Article 6, C.R.S.	The purpose of this emergency rule is to temporarily change regulatory requirements for Department of Health Care Policy and Financing rules to provide enhanced flexibility, reduction to programmatic limitations, and alignment with existing federal guidance related to processes under the COVID-19 pandemic	Health First Colorado members, providers.	A August2020	B
August 2020	MSB 20-05-21-A	Revision to the Medical Assistance Act Rule concerning Telemedicine Extension, Section 8.200.3.B, 8.520.4.B, 8.700.1, 8.730.3.B, 8.740.1, 8.750.3.B	Revision	Section 25.5-5-320, C.R.S. (2019)	This rule revision makes permanent the expanded telemedicine authorized during the Coronavirus Disease 2019 (COVID-19) public health emergency, and as authorized for permanent adoption in Senate Bill 20-212, for select physician services, home health, Federally-Qualified Health Center, Family Planning, Rural Health Clinic, and Community Mental Health Centers/Clinic services.	Health First Colorado members, providers.	A August2020	B

August 2020	MSB 20-04-24-A	Revision to the Medical Assistance Act Rule concerning the Pharmaceutical Rate Methodology, Section(s) 8.800.1 and 8.800.13	Revision	42 USC 1396r-8(e) and FY2020-21 Long Bill	This proposed rule change will update the reimbursement methodology for outpatient pharmacy by incorporating the National Average Drug Acquisition Cost (NADAC) and Maximum Allowable Cost (MAC) rates into the lesser-of calculation.	Health First Colorado members, providers.	A August2020	B
August 2020	MSB 20-08-03-C	Revision to the Medical Assistance Rule concerning COVID-19 Suspension of Annual Recertification for Long Term Oxygen Certificate of Medical Necessity, Section 8.580.5.C	Revision	Families First Coronavirus Response Act, 416 P.L. 127, § 6008 (2020); 42 C.F.R. 440.70(b)(3) (2020) and Section 25.5-4-416 (2019)	For the duration of the Coronavirus Disease 2019 (COVID-19) public health emergency, the Department is suspending the requirement to recertify the Certificate of Medical Necessity (CMN) for clients receiving long-term oxygen therapy every twelve months.	Health First Colorado members, providers.	A August2020	B
September 2020	MSB 20-06-05-A	Revision to the Medical Assistance Act Rule concerning Colorado National Provider Identifier (NPI) Rule, Section 8.126.1	Revision	Section 25.5-4-420, C.R.S. 2020)	This rule revision will update the non-physician practitioner group definition to add 'physical therapists'. Physical therapists typically enroll their business as a Non-physician Practitioner Group so it is important to correct this oversight.	Health First Colorado members, providers.	A September 2020	B

September 2020	MSB 20-01-07-A	Revision to the Medical Assistance Rule concerning Maternity Services Episode Based Payments, Section 8.733	Revision	Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020)	The rule implements a voluntary maternity bundled payment pilot program. The rule is being implemented because improving maternal health is a key goal of the State of Colorado.	Health First Colorado members, providers.	A September 2020	B
October 2020	MSB 20-10-01-A	Revisions to Healthcare Affordability and Sustainability Fee Collection and Disbursement, Section 8.3000	Revision	42 CFR 433.68 and 42 U.S.C. § 1396b(w) and 25.5-4-402.4(4)(b), (g), C.R.S.	The rule change makes necessary revisions for the federal fiscal year (FFY) 2019-20 Healthcare Affordability and Sustainability (HAS) fee and supplemental payment amounts. Inpatient per-diem fees and Outpatient percentage fees are updated to account for changes to estimated Medicaid expansion costs, estimated administration costs, and HAS supplemental payments.	Health First Colorado members, providers.	A October 2020	B
October 2020	MSB 20-10-01-B	Revision to Medical Assistance Rule Concerning Nursing Facility Per Diem Rates, Section 8.443	Revision	42 CFR 433.68 and 42 U.S.C. § 1396b(w) and Sections 25.5-6-202 & 25.5-6-203, C.R.S	House Bill (H.B.) 20-1362 limits the annual increase in the General Fund share of the per diem rates for nursing homes from 3.00% to 2.00% in SFY 2020-21 and SFY 201-22. The rule change makes necessary revisions to be compliant with state statute.	Health First Colorado members, providers.	A October 2020	B

October 2020	MSB 20-06-17-A	Revision to the Medical Assistance Act Rule concerning the Children's Habilitation Residential Program (CHRP) waiver service description and service provider updates, Section 8.500	Revision	42 U.S.C. § 1396n (2020) and 25.5-5-306 and 25.5-6-903, C.R.S (2020).	The purpose is to amend the rule to update the service limitations of Supported Community Connections from an "hour per week" to "hours or units per year." Additionally, the names of two services: Supported Community Connections and In-Home Supports services are being changed. Lastly, Host Homes are being added as a provider for youth ages 18-20.	Health First Colorado members, providers.	A October 2020	B
October 2020	MSB 20-07-06-A	Revision to the Medical Assistance Rule concerning Long Term Oxygen Annual Review, Section 8.580.5.C	Revision	42 C.F.R. 440.70(b)(3)(iii) and Section 25.5-4-416, C.R.S. (2019)	The rule purpose is to permanently include a citation to 42 C.F.R. 440.70(b)(3)(iii) in the long term oxygen rule.	Health First Colorado members, providers.	A October 2020	B
October 2020	MSB 20-08-19-B	Revision to the Medical Assistance Act Rule concerning Non-Emergent Medical Transportation, Sections 8.014.4.A	Revision	42 CFR 440.170 (2020) and 25.5-5-324, C.R.S. (2019)	This rule revision removes the definition of "closest provider" as one within a 25-mile radius of the member's home. This rule is a response to the recent expansion of the NEMT broker model for the entire state. Many members in rural areas do not have a provider within 25 miles of their home. Removing this requirement will eliminate additional paperwork and work for medical providers and members, which will make it easier for members to get rides to their appointments.	Health First Colorado members, providers.	A October 2020	B

2020 Results of Mandatory Review of Rules

CCR and Section Number	Regulation Title	Statutory Basis (Authority)	Month Review was Completed	The Review will Result in a Rule Revision (REV) or Repeal (REP) or Remain As Is (REM)	If Review Results in a Rule REV or REP, Date Rulemaking Action was taken If not completed mark "Pending"	If Rule Remains as is, Provide Explanation
10 CCR 2505-10 Section 8.130	Provider Participation	42 CFR 431.17; 42 CFR 431.107; 42 CFR Part 1002 & 42 CFR 455.100-106	July 2020	REV	Pending	
10 CCR 2505-10 Section 8.170	State Identification Number	No regulatory authority required to assign a unique identifier as a state identification number	August 2020	REM		No changes have been made regarding how a member is assigned a State ID number.
10 CCR 2505-10 Section 8.180	Medical Identification Cards and Duration of Eligibility	Social Security Handbook 2107.2 Social Security Act Section 1902 [42 U.S.C. 1396(a)] (a) (48) Some CFR references to "Medicaid Card": • 42 CFR 435.121 • 42 CFR 460.156	August 2020	REV	Pending	
10 CCR 2505-10 Section 8.190	Acute Medical Benefits Determination	42 CFR 440.230(b) and 42 CFR 441.57	July 2020	REV	Pending	

CCR and Section Number	Regulation Title	Statutory Basis (Authority)	Month Review was Completed	The Review will Result in a Rule Revision (REV) or Repeal (REP) or Remain As Is (REM)	If Review Results in a Rule REV or REP, Date Rulemaking Action was taken If not completed mark "Pending"	If Rule Remains as is, Provide Explanation
10 CCR 2505-10, Section 8.300	Hospital Services	CRS § 25.5-5-102(1)(a); CRS § 25.5-5-102(1)(b)	September 2020	REV	Pending	
10 CCR 2505-10, Section 8.310	Dialysis Treatment Centers	CRS § 25.5-5-301(2)(e)	September 2020	REV	Pending	
10 CCR 2505-10 Section 8.390	Long-Term Care Single Entry Point System	25.5-6-106	August 2020	REV	Pending	
10 CCR 2505-10 Section 8.392	Financing of the Single Entry Point System	25.5-6-107	August 2020	REV	Pending	
10 CCR 2505-10 Section 8.393	Functions of a Single Entry Point System	25.5-6-106 (2)	August 2020	REV	Pending	
10 CCR 2505-10 Section 8.800	Pharmacy	CRS 25.5-5-501 - 507; 42 USC § 1396r-8 and Medicare Part D; 42 USC §1395w; 42 CFR Part 423; 42 CFR 456.700; 42 CFR 447.500 et seq.; 42 CFR 447.332 and 333.	July 2020	REV	Pending	
10 CCR 2505-10 8.900	Colorado Indigent Care Program	Part 1 of article 3 of title 25.5 C.R.S.	August 2020	REV	Pending	

CCR and Section Number	Regulation Title	Statutory Basis (Authority)	Month Review was Completed	The Review will Result in a Rule Revision (REV) or Repeal (REP) or Remain As Is (REM)	If Review Results in a Rule REV or REP, Date Rulemaking Action was taken If not completed mark "Pending"	If Rule Remains as is, Provide Explanation
10 CCR 2505-10 8.940	Old Age Pension Health Care Program	Part 1 of article 2 of title 25.5 C.R.S.	August 2020	REV	Pending	
10 CCR 2505-10 Section 8.950	Primary Care Fund	C.R.S. § 25.5-3-302 (3)(2020) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019)	September 2020	REM		Primary Care Fund rule revision to Section 8.950.2.T regarding restrictions on visit encounters was officially revised through the MSB process on August 30, 2020. Previous rule restricted visit encounters to have a "face-to-face" patient encounter. This was removed from rule to allow for telemedicine. Therefore, the comment made in the review process to allow for telemedicine encounters has been addressed.
10 CCR 2505-10 Section 8.1000	Medicare Modernization Act - Low-Income Subsidy Eligibility	42 CFR 423.772; 42 USC 1396u-5; 42 CFR 423.774(a); 42 CFR 423.904(a); 42 CFR 423.773	August 2020	REV	Pending	

CCR and Section Number	Regulation Title	Statutory Basis (Authority)	Month Review was Completed	The Review will Result in a Rule Revision (REV) or Repeal (REP) or Remain As Is (REM)	If Review Results in a Rule REV or REP, Date Rulemaking Action was taken If not completed mark "Pending"	If Rule Remains as is, Provide Explanation
10 CCR 2505-10 Section 8.3000	Healthcare Affordability and Sustainability Fee	25.5-4-402.4(4)(b), (g), C.R.S.; 42 CFR 433.68 and 42 U.S.C. § 1396b(w)	July 2020	REV	Pending	

<p>10 CCR 2505-10 Section 8.4000</p>	<p>Hospital Expenditure Report Data Collection</p>	<p>HB19-1001 "Hospital Transparency Measures To Analyze Efficacy"</p>	<p>September 2020</p>	<p>REM</p>		<p>For comments asking for an extension from 120 days to 180 days for submission of Audited Financial Statements, in order to ensure timelines for the Hospital Expenditure Report the timeframe will not be increased; however, hospitals may always request an extension under the current rules for specific reasons listed out. For comments requesting the use of DATABANK as an alternative submission source, due to the lack of information in the DATABANK program and with the intention of reducing administrative burden on hospitals being required to submit multiple reports to collect the same information in the Department's template.</p>
<p>10 CCR 2505-10 Section 8.5000</p>	<p>Hospital Community Benefit Accountability</p>	<p>HB19-1320</p>	<p>August 2020</p>	<p>REM</p>		<p>The rule follows what is required by statute. The Department will continue to work with stakeholders to make the process as least burdensome as possible</p>

