Title of Rule:	Revision to the Children's Basic Health Plan Presumptive Eligibility Rule to Expand Eligibility from 200% to 250% of the Federal Poverty Level, Section 170.1
Rule Number:	MSB 10-03-22-B
Division / Contact / Phone:	Child Health Plan Plus / Annie Lee / 303-866-3663

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 amends the presumptive eligibility rule for the Children's Basic Health Plan to include the expansion population, which are families with incomes from 205% of FPL to 250% of FPL. This rule is necessary to allow for full implementation of the expansion, as presumptive eligibility applies to all applicants eligible for Child Health Plan Plus (CHP+).

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:

   HB 09-1293 includes a provision that expands the eligibility for the Children's Basic Health Plan. The rules regarding enrollment fees must correspond with the expansions to allow for full processing of applications from individuals within the expansion population.

3. Federal authority for the Rule, if any:

   42 C.F.R. § 457.355 allows states' Children's Health Insurance Programs to implement a period of presumptive eligibility for its applicants.

4. State Authority for the Rule:

   25.5-1-301 through 25.5-1-303, CRS (2009)
   HB 09-1293

Initial Review		Final Adoption	
Proposed Effective Date	**05/01/2010**	Emergency Adoption	**04/09/2010**

DOCUMENT #07

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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.

Children's Basic Health Plan applicants, seeking health care coverage for children up to the age of 19 and pregnant women aged 19 and older, whose family income falls between 200% and 250% of the Federal Poverty Level (FPL), will be affected by the proposed rule. These applicants will gain access to a period of presumptive eligibility, which allows applicants immediate access to CHP+ health care coverage while the application is processed for eligibility determination.

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 classes of persons affected by the rule will have immediate, same-day access to health care, which will allow them to have healthier families without the incurring the financial burdens that can result from accessing health care. CBHP offers a wide variety of services including: preventive care and immunizations, other doctor visits, specialty care, hospital services, prescriptions, mental health services, hearing aids, eyeglasses; and dental care for children.

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.

This expansion is funded by funds generated by HB 09-1293, which imposes hospital provider fees to submit for federal matching funds. Please see the table on page 7, which provides a summary of costs. The costs of presumptive eligibility are included in these costs.

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

The costs are outlined in table 1, on page 7. The major benefit of the proposed rule is that additional children and pregnant women will be immediately eligible for health care coverage (please see table 1, line 1 for projected caseloads), which is consistent with the Department's mission to improve access to cost-effective, quality health care services for Coloradans.

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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 or intrusive methods to expand coverage to this population.

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.

Expanding income eligibility limits to cover additional uninsured children and pregnant women is the central method through which Children's Health Insurance Programs expand eligibility. Therefore, other methods were not considered.

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Table 1 CHP+ to 250% FPL - Summary of Costs						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
1.CHP+ Children to 250% Projected Caseload	6,300	14,700	18,900	21,000	21,400	21,800
2.CHP+ Children Medical Per Capita	$1,929.26	$2,011.54	$2,097.33	$2,186.78	$2,280.05	$2,377.29
3.Total Children Medical Cost	$12,154,338	$29,569,638	$39,639,537	$45,922,380	$48,793,070	$51,824,922
4.CHP+ Dental Per Capita	$161.40	$168.28	$175.46	$182.94	$190.74	$198.88
5.Total Dental Cost	$1,016,820	$2,473,716	$3,316,194	$3,841,740	$4,081,836	$4,335,584
6.CHP+ Prenatal to 250% Projected Caseload	750	1,750	2,250	2,500	2,600	2,700
7.CHP+ Prenatal Medical Per Capita	$10,859.07	$11,322.21	$11,805.10	$12,308.59	$12,833.55	$13,380.90
8.Total Prenatal Medical Cost	$8,144,303	$19,813,868	$26,561,475	$30,771,475	$33,367,230	$36,128,430
9.Total CHP+ Premiums Costs	$20,298,641	$49,383,506	$66,201,012	$76,693,855	$82,160,300	$87,953,352
10.Enrollment Fees	$109,179	$254,751	$327,537	$363,930	$370,862	$377,794
11.State Share (Provider Fee)	$7,066,312	$17,195,064	$23,055,716	$26,715,474	$28,626,303	$30,651,445
12.Federal Funds	$13,123,150	$31,933,691	$42,817,759	$49,614,451	$53,163,135	$56,924,113
13.Total CHP+ Dental Benefit Costs	$1,016,820	$2,473,716	$3,316,194	$3,841,740	$4,081,836	$4,335,584
14.State Share (Provider Fee)	$355,887	$865,801	$1,160,668	$1,344,609	$1,428,643	$1,517,454
15.Federal Funds	$660,933	$1,607,915	$2,155,526	$2,497,131	$2,653,193	$2,818,130

170 PRESUMPTIVE ELIGIBILITY

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

To be eligible for presumptive eligibility, an applicant household's declared income shall not exceed ~~200~~250% of federal poverty level and he/she shall be a United States citizen or a documented immigrant of at least five years.

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

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

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

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

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

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

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