



COLORADO

Department of Health Care
Policy & Financing

REGULATORY EFFICIENCIES REVIEW PLAN – 2016

Regulatory priorities for 2016

Pursuant to Executive Order, D 2012-002, later codified at Section 24.4.103.3 C.R.S., relating to the mandatory review of rules “Regulatory Efficiencies Reviews”, the Colorado Department of Health Care Policy and Financing (Department) has determined that the following regulatory efficiencies reviews shall be the Department’s regulatory priorities for the year 2016:

Scope of the regulatory review process for 10 CCR 2505-10:

- Section 8.011 General Exclusions from Coverage
- Section 8.012 Providers Prohibited From Collecting Payment from Recipients
- Section 8.013 Out-Of-State Medical Care
- Section 8.014 Non Emergent Medical Transportation
- Section 8.015 Electronic Health Record Incentive Payment Program
- Section 8.016 Alternative Benefit Plan
- Section 8.017 Habilitative Services
- Section 8.018 Emergency Medical Transportation
- Section 8.040 Recoveries from Providers
- Section 8.041 Claims Reimbursement and Status for National Correct Coding
- Section 8.042 Utilization of a Cash System of Accounting
- Section 8.043 Timely Filing Requirements
- Section 8.045 Prohibition against Provider Reassignment
- Section 8.049 Reconsideration/Appeal of Adverse Administrative Action
- Section 8.050 Provider Appeals
- Section 8.050.6 Informal Reconsiderations and Appeals of Overpayments Resulting from Review or Audit Findings
- Section 8.057 Recipient Appeals
- Section 8.058 Request for Prior Authorization
- Section 8.061 Use of Other Resources in the Provision of Medical Assistance Benefits
- Section 8.062 Social Security Medicare Benefits
- Section 8.063 Medical Assistance Estate Recovery
- Section 8.064 Data Provision and Claims Requirements
- Section 8.065 Recovery of Medical Assistance Overpayments
- Section 8.066 Health Insurance Buy-In
- Section 8.070 Misutilization, Fraud, or Abuse
- Section 8.075 Client Overutilization Program
- Section 8.076 Program Integrity
- Section 8.079 Quality Improvement
- Section 8.080 Medicaid Eligibility Quality Control



Section 8.090 Medicaid Claims Processing and Third Party Liability Quality
Section 8.500 Home and Community Based Services for the Developmentally Disabled Waiver (HCB-DD)
Section 8.500.90 Supported Living Services Waiver
Section 8.503 Children’s Extensive Support Waiver Program (CES)
Section 8.504 Home and Community Based Services for Children with Life Limiting Illness Waiver
Section 8.506 Children’s Home and Community Based Services Waiver
Section 8.508 Children’s Habilitation Residential Program
Section 8.509 Home and Community Based Services for Community Mental Health
Section 8.510 Consumer Directed Attendant Support Services
Section 8.515 Home and Community Based Services for Persons with Brain Injury (HCBS-BI)
Section 8.517 Home and Community Based Services for Persons with Spinal Cord Injury Waiver
Section 8.518 Consumer Directed Care for the Elderly
Section 8.519 Home and Community Based Services for Children with Autism
Section 8.520 Home Health Services
Section 8.535 Pediatric Personal Care Services
Section 8.540 Private Duty Nursing Services
Section 8.550 Hospice Benefit
Section 8.552 In Home Support Services
Section 8.553 Community Transition Services
Section 8.555 Colorado Choice Transitions (CCT), A Money Follows the Person Demonstration
Section 8.560 Clinic Services-Certified Health Agencies
Section 8.570 Ambulatory Surgery Centers
Section 8.571 Clinic Services – Ambulatory Surgery Center, Physician Prior Authorization
Section 8.580 Oxygen and Oxygen Equipment
Section 8.590 Durable Medical Equipment and Disposable Medical Supplies
Section 8.700 Federally Qualified Health Centers
Section 8.715 Breast and Cervical Cancer Program
Section 8.726 Teen Pregnancy Prevention Pilot Program
Section 8.730 Family Planning Services
Section 8.731 Women’s Health Services
Section 8.732 Maternity Services
Section 8.740 Rural Health Clinics
Section 8.745 Special Connections
Section 8.746 Outpatient Substance Abuse Treatment
Section 8.747 Screening, Brief Intervention and Referral to Treatment Services



- Section 8.748 Prenatal Plus Program
- Section 8.749 Nurse Home Visitor Program
- Section 8.750 Community Mental Health Centers/Clinics
- Section 8.8.754 Client Co-Payment
- Section 8.760 Targeted Case Management Services
- Section 8.761 Targeted Case Management Services for Persons with Developmental Disabilities
- Section 8.765 Services for Clients in Psychiatric Residential Treatment Facilities or Residing in Residential Child Care Facilities as Defined Below
- Section 8.770 Abortion Services

Designated Department staff who are assigned to the program areas on this schedule will review the sections of rule identified below. These rules will be subject to a full analysis as delineated in the Department's Regulatory Efficiencies Review Process Guidance (Review Process Guidance). The final report of the review will be available November 1, 2016, the end of the review cycle.

Proposed schedule of activities, meetings and interim actions, including any internal, statutory or judicial deadlines;

In an effort to inform both internal and external stakeholders of the ongoing review process the Department will update the schedule of activities, meetings and interim actions and will post all opportunities for stakeholder participation to the Department web site. Ample opportunity to fully review the contemplated changes and to participate will be provided to all interested parties.

Principal staff assignments including name, address and contact information the public can contact;

TBA

Status of the Regulatory Plan;

The review is in process.

For more information about the Regulatory Efficiencies Reviews Plan contact:

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