>> Please stand by for realtime captions.
>> Dr. freely, are you on the phone? Charlie, are you on the phone?
>> Okay, we are going to get started. I am welcoming you to the medical services for today, January 11, 2019. We do have a quorum but we are missing a few folks. Do we have Cecile on the phone? Dr. Fraley, are you on the phone?
>> Yes I am.
>> Charlie?
>> Yes, I am.
>> Roll call?
>> Christie Brinkley?
>> Present.
>> Cecile Fraley?
>> Here. [Indiscernible]. David Potts?
>> Here.
>> Donna Robert.
>> Present.
>> General announcements. Date and location of the next medical services board. The next meeting is scheduled to be held Friday, February 8, 2019 beginning at 9 AM at 303 E. 17th Avenue 11th floor conference room Denver Colorado. It is the policy of the board and the Department of the room [Indiscernible] please silencer cell phones while in the meeting. If you're listening be at the audio stream in this connection please reconnect on the link. The Q&A feature is enabled. Please submit questions and comments for each role in the open for them in the agenda. Please identify yourself in your comments and they are made part of the public record. Their individual testimony sheets for the open forum. If you need help finding a rule in which you are interested please ask the staff for help. Five minute limit for all testimony. I would entertain a motion for approval of the minutes from December 14.
>> Moved.
>> Second.
>> All in favor. [Indiscernible]. So passes. We are to the final consent agenda. Mr. Potts, you offered to read this very lengthy [Indiscernible] we will take a snooze while you are reading this.
>> I would move the final adoption document 01, MSP
>> Revision to the medical assistance rule concerning payments to non-DRG hospitals for inpatient services to include freestanding long-term acute care hospitals and freestanding rehabilitation hospitals, section 8.300.1, 8.300 point five point A, 8.300.5 point C, 8.300.5 point D. Document two. MSB 18   08-24-A, revision to the long-term services and supports each CBS benefit rule concerning children's extensive support waiver to remove behavioral services at section 8.503 point four [Indiscernible] personal care at section 8.503 point 40.8 and service at section eight point by zero 3.40 point 13. Document three. MSB eight team-06-25-A. Revision to the medical assistance rule concerning school health services program claims, submission an interim payment section eight point 290 .6 point D. Document for. Document four. [Indiscernible] revision to the medical assistance rule concerning drug benefits. Section eight dock Mac [Indiscernible]. MSB 18 that [Indiscernible] concerning speech, language pathology. Section 8.200.3. Incorporate

the statements of basis and purpose and specific steps for the authority contained in the rules.
>> All in favor? Opposed or abstained? Dr. Dr. Fraley?
>> Aye . [Indiscernible]. It passes.
>> We are waiting for the initial of agenda and we are going to look at document six. Christina, welcome, good morning. Please tell us who you are and why you were here.
>> Good morning. My name is Christina Gould the pharmacy policy specialist.
>> Jeffrey Taylor and I'm the pharmacist with the department.
>> Nice to meet you.
>> I'm going to begin my presentation [Indiscernible] regarding the coverage of histamines. I consulted with our clinical team and the answer is yes. [Indiscernible-Low Volume]. My presentation of the rule, I have revisions to section eight point hindered [Indiscernible]. I will address each of them separately. The first one overall the section of the rule clarifies existing prior authorization language and defines the prior authorization process for new drugs. The first scenario we have clarified is if a new drug is approved by the FDA and falls into a drug class out is subject to prior authorization the new drug may be subject to prior authorization. The second scenario is if a new drug is approved by the FDA and not fall into a class of drugs subject to prior authorization the new drug may be subject to prior authorization and reviewed by the drug utilization review board within six months.
>> Any questions??
>> Please clarify which shall be within six months? The authorization will be completed within six months or get started within six months for review?
>> Jeffrey Taylor. Basically to answer that question when the new drug comes to market if we decide to place a prior authorization on it, it would be six months from that date.
>> You are only giving yourself six months to make sure it is approved?
>> Jeffrey Taylor. We have six months between the date it is available and replace a prior authorization to take it to the do you are meeting and that meeting occurs quarterly. That in effect gives us two cycles to potentially have that drug reviewed at a public meeting.
>> Do you are, can you give me the acronym?
>>
>> DUR is drug utilization review . That is a quarterly meeting where we review prior authorization criteria for medications.
>> Mr. Potts, does that answer your question?
>> It does.
>> Carry him.
>> The second section overall discussion discusses publishing requirements related to prior authorization criteria in addition to the [Indiscernible] the preferred drug list to address changes. The third change at section overall this section addresses the noticing requirements for preferred drug list updates. The language is being changed to 10 days instead of 30 days. The department aims to provide as much notice as possible however this modification will assist in rare situations where giving 30 days notice is a possible. For example a nude drug comes to market and we want to add if her coverage. The department had no more than 30 days but

after discussion we agreed establishing [Indiscernible] to the public. The last section, overall the processes by which new drugs get on the preferred drug list to create fluidity amongst the rules added in the language where the prior authorization language of the drug is addressed in more detail. Overall clarifying the processes for prior authorizations will mitigate complication and confusion among providers and manufacturers as this articulates our processes. Can answer any questions?
>> Any questions from the committee? Any questions from Dr. Fraley or Dr. Lippolos?

>> No thank you.
>> Seeing none, is there but in the room that would like to testify related to this rule? Seeing none. I will entertain a motion.
>> I would like to move the initial approval of [Indiscernible] revisions to medical assistance rule concerning prior authorization for your drugs. [Indiscernible] incorporating statement of basis purpose and specific steps for authority.
>> I motion.
>> I have a second. Dr. Fraley?
>> Aye.
>> Dr. Lippolos ?
>> Aye.
>> So it passes. We thank you for your time. Never going to go onto document seven. We have Jennifer [Indiscernible].
>> Good morning. You haven't updated print a copy of document seven because we had some changes yesterday. [Indiscernible]
>> Let the record show [Indiscernible] did join us.
>> Good morning that a president and board members. My name is Jennifer Vancleave and I'm the general eligibility policy specialist for the department. And a beard to present a change [Indiscernible] regarding the description of the lawful presence [Indiscernible] there will be no change to eligibility rules or policy regarding citizenship, eligible noncitizen statuses or verification requirements. Rather this is this a change to update the language that describes the process by which this immigration statuses are verified.
>> Madam chair, can I get a point of clarification?
>> Mr. Potts.
>> Is this Colorado state legislation or does this come from the federal government?
>> That comes from the federal government and I'm going to touch a little bit on that.
>> I read this and I'm still trying to get my head wrapped around this.
>> My only clarification is we are not doing legislation, we are doing rules.
>> My question is, where does this come from? Or do we have an opportunity to alter federal legislation and make it more stringent? That is normally what we do when we legislate. We can never make it less restrictive, we can only make it more restrictive. I am trying to understand.
>> You are correct. We can't be less restrictive, we have to be more.
>> [Indiscernible] states immigration status must be verified to electronic federal sources. The federal agency we use is the Department of Homeland Security.

The interface is how our eligibility system connects with the Department of Homeland Security and that is how we talked to each other to verify immigration status. Periodically, DHS and the centers for Medicare and Medicaid provide updated requirements with how we connect to their services to make this verifications. We send and receive the information to verify immigration status. At 8.100.3, we have an outdated description of the DLP interface. The goal of this rule is to more clearly provide policy guidance rather than a description of a systematic process. This is going to help with a better understanding of eligibility criteria and help research cases when there is discrepancies. It also helps the department by removing the need to update the rule every time the interface receives requirement updates because the steps get updated through the Department of Homeland Security. A point to me is ever system is updated periodically with those requirements independent of these rule changes. Also during the public review of this rule the Colorado settle for law and policy identify the need to more clearly indicate eligibility allowed to individuals with eligible immigration statuses. The department used language selections to add greater clarity and citations to reference noncitizen eligibility statuses already listed in our rule. This added language does not change eligibility policy or requirements in the Colorado benefit management system which is our eligibility system is functioning in alignment with federal regulations in terms of verification requirements and eligible immigration statuses. Because there is no changes to eligibility requirements with his languages there was no anticipated cost to the requirement or any other agency and no anticipated effect on state revenue. The department would like to thank see CLP for feedback on the rule change as well as acknowledging the Attorney General for suggestions provided during this rule.
>> Any questions from the committee? Dr. Fraley or Dr. Lippolos, either questions.

>> The thank you.
>> No.
>> Stephanie from CCLP. Those of you that don't remember [Indiscernible]. Good morning. I'm from the Colorado [Indiscernible] and I appreciate the department looking beyond what was originally contemplated for changing the rules to these issues. We have I identified and worked with the department and they have been receptive to issues [Indiscernible] where misunderstanding about eligible noncitizen statuses has led to problems. We are going to continue to do that and work with the department on that and there was a lot planned in that area. I appreciate this changes. We look forward to more changes regarding Social Security number requirements that need to be re-examined to some degree because there are certain eligible noncitizens who cannot have or apply [Indiscernible] and current reading of the rules makes it appears there are no exceptions to that requirement. We are looking forward to working more on that and hope there is something in the next four months maximum where we can address this so we make sure in this climate people court eligible for services can get them. Thank you.
>> This is Jennifer Vancleave. We share the concerns of Bethany and CCLP so we are taking a holistic view of the rules and we will be examining each section to make sure all of the appropriate federal functions and SSN requirements listed and were taking other avenues to communicate those requirements in terms of memos and trainings.

>> Thank you very much. I would entertain a motion.
>> Madam chairman I will make a motion for the initial approval of [Indiscernible] revision to the medical assistance eligibility rules concerning [Indiscernible] and citizenship requirements. Sections [Indiscernible]. Sorry. Incorporating the statement and basis of purpose and specific statutory authority contained in the records.
>> We have a motion and a second. All in favor aye . Dr. Fraley?
>> Aye.
>> Dr. Lippolos?
>> Aye.
>> So it passes. What should we do with the consent agenda? Everybody in agreement.

>> I moved to add documents six and seven.
>> All in favor.
>> Aye.
>> Abstained?
>> Dr. Dr. Fraley [Indiscernible] now I'm looking for closing motion of the rules. This part of the meeting.
>> I move [Indiscernible-Low Volume] which are incorporated by records.
>> Second.
>> All in favor?
>> Aye.
>> Dr. Fraley and Dr. Lippolos ?
>> Aye.
>> We are at open form. Anybody? Anybody in the room want to testify and talk to us? I don't see anybody. Let's go on to department updates. That would be Tom Massey.
>> You're going for the speed record.
>> When Chris and I meet on Wednesday or Thursday morning and go over the agenda I sent myself a timeline goal.
>> Tell me what it is and I will help you.
>> I will be in my car by 1130.
>> Well thank you.
>> We can make that work. Anyway. Happy new year. Thank you for your continued service in this new year. Is most of you are aware we started our legislative session last Friday and we swore in our new governor on Tuesday and interestingly enough, this is the first time we have seen this in my experience where we started the legislative session so early because we were told we have been out of constitutional compliance for all these years with her other swearing this prior so that was the reason we had the governor carry over for a few days of the new legislative session before we swore in the new governor. The session will actually end on May 4 this year. Obviously we have a new governor that has come in in the state of the state is online for anybody who wants to review. I think it is going to be an interesting year is we now have a single party that controls all the houses within the dome. We look at this as being a year where we will see a lot of great ambitious legislation and will have to work through the process to make sure we don't overreach and that will be true for our department and your board because you will probably see and not a lot of new rules and regulations so we would do

what we can with the resources we have and hopefully our economy stays strong. If you read the tea leaves we thought we might be headed to toward a downturn in 2019 so we are preparing for both instances. We will have to tailor our programs and policies and such.
>> I'm going to give you a brief on our legislative agenda for the department this year. Most of you know each department carries legislation. We work on it through the year and we take it through the governor's office as we are the division of the executive for their approval and they have approved our four bills we are putting forward this year in the legislature. The first is to ask and [Indiscernible] program. Interestingly enough, this is one close and dear to our new lieutenant governor as she carried the original piece a few years ago when she was still in the legislature so this is an extension to that program. This provides breast and cervical cancer screening and diagnostic services to low income uninsured and underinsured people in Colorado who cannot qualify for Medicaid. A lot of them do eventually roll into Medicaid, but this provides care for those. It is fully cash funded and comes from the people that purchased the breast and cervical care license plate so we are asking for continuation of that as it is due to sunset this year. The next is the Colorado dental healthcare program for low income seniors. This allows the senior dental advisory committee together with your board the flexibility to set rates for all procedures that will allow the program to serve 500 additional seniors per year. Traditionally this has been housed in the Colorado Department of Public Health and environment and they set rates. The rates we think were little high compared to the rates with our dental program. We will be lowering the rates to serve more Colorado inns. The program is moving to HCPF and we anticipate [Indiscernible] the basic benefits is about $1000 per person which we note doesn't do a lot of remediation but it clearly helps with identification with screening and the like but it will let us see again a number of more seniors that greatly need the surface. The third bill is increased authority for the oversight of individual residential services and support. These are the host homes that gives us the ability to promulgate rules and oversight of the host homes. These allow members with developmental disabilities to live in the community and they are not individually segregated. This allows us to promote host homes settings and rules and oversight maintained by the service agency that employs the host home provider. It allows the division of housing from the division or the Department of local affairs that can provide inspections and process with more oversight in the host home because we had some incidences that we need to make sure we have got better oversight. Expanded access to civil monetary penalty fund. This is the nursing home fund that allows us to provide incentive grants for innovation in nursing homes for better treatment of people under their care. The fund has grown over the years. We are worried if the federal government that does have the ability to fall back on those funds so we want to make sure we get more use of those funds to provide innovation. That is our request at this point. That is our legislative agenda. We are also actively participating in some legislative initiatives brought forth by some of our legislators in the House and Senate. One of the things is something around hospital transparency. That is a key issue for the administration and the governor. Additionally we will see a lot around pharmacy transparency. That will be the big push on how we are able to create a more sustainable program by controlling costs and with our hospital partners as well as with the pharmaceutical industry.

That will be the big push for this year. [Indiscernible] a lot of new players and policy and programs brought forward. Lauren [Indiscernible] will continue to be our executive director moving forward. We anticipate her Senate hearing will probably be within the next two weeks. Once we get her cleared through the process it will be full steam ahead. Lauren has been [Indiscernible] transitioning to our federal rules and policy specialists so she will be attending more of these meetings and helping us make sure we are compliant with federal policy to keep us abreast of changes at the federal level.
>> Any questions for Mr. Massey?
>> I have a question. You brought up a concern when the spermatic [Indiscernible] monitoring paid for through age 21 but at that point in time that is not paid for yet [Indiscernible] has these volatile fluctuations [Indiscernible]. How do you promote that somewhere?
>> Are we talking about a specific population or in general?
>> Donna Roberts. Any individual with type I diabetes.
>> Okay. We are in the process of promulgating rules around emergency care [Indiscernible] to take them out of the ER to traditional settings but I will have to consult with staff to see if there is any discussion on the horizon. Did you make anyone aware of this after the meeting?
>> Donna Roberts. I was indisposed at that moment in time but I knew
>> [Indiscernible] I have brought that forward. We also identified food supplements or there was something regarding food for people with type I diabetes. I don't remember what it was.
>> Let me visit with our staff to see if that actually made it to them and if not we will see where we are at.
>> Great. Any of the questions?
>> More of a comment. And an appreciation for continuing the work around dental care for seniors in particular. I know I personally being a dental provider have seen frequently more and more seniors struggling and transitioning out of Medicaid into Medicare. Not knowing what to do with their dental care and essentially running a community of patients falling into no access to care or no coverage for care. Safety net providers continue to take care of this patient's but they essentially will have no ability to pay for that care. We just make it work but there was only so far our services can actually go. Programs like this make that possible. Finding ways to extend that care further is really powerful. I think leveraging agencies were you were using data to make sure you are paying attention to this population and leveraging the resources I think is crucial so I appreciate you guys and that work.
>> Thank you very much. We are proud of the fact we are one of the few states that has a Medicaid benefit for our population for seniors in particular. One of our concerns as we originally started with the research on this is by lowering rates from the senior dental program where we have providers that said is going below the rate we can live with within our business model and our practices but almost unanimously like you said we are going to continue to treat these folks. The Colorado dental Association strongly supported the legislation as well as our dental providers. We will continue to look for creative ways to make the program as robust as possible within the resources provided. Thank you for what you do with our seniors and our Medicaid population.

>> Mr. Potts?
>> A point of clarification. When a person [Indiscernible] on Medicaid and they turn 65 and they are still Medicaid because they are below the 400% poverty level of the federal government, just because they turn 65 they lose that benefit?
>> [Indiscernible] they would lose that benefit.
>> [Indiscernible] then they go in the senior dental program.
>> If they are eligible for the senior dental benefit they can get on [Indiscernible] not everyone is eligible for this program.
>> We would be more than happy for you to lobby our senior [Indiscernible]
>> I was sit in Washington DC for a while.
>> When you look at the population health dental data, we have made lots of strides to be able to serve the pediatric populations across the country and the biggest gap were we are seeing lots of gaps is the senior population.
>> Madam chair because there are so many of us baby boomers, if I'm understanding what I think I heard, if you are in Medicaid and you are receiving a benefit and then when you go into Medicare, they are not aligned so some people that were receiving benefits under Medicaid will not receive that same benefit in Medicare.
>> Right, there is no dental benefit under Medicare.
>> What is the program?
>> The senior dental Medicaid. This is ended additional benefit that the Colorado HCPF provides but it is not a federal benefit.
>> When you see one Medicaid program you have seen one Medicaid program. They are not the same in any state.
>> I don't know if it is fair to call this a Medicaid program. [Indiscernible].
>> It is a HCPF program . It is not Medicaid.
>> Clarify everything for us.
>> It is not congruent with our program. It is a standalone program we administer.
>> It is more understandable when they turn 65 [Indiscernible]
>> Misuse. [Indiscernible]. We are going to move on to the third-party liability section update and that would be David Smith and that is in response to Mr. Potts's November question. Good morning.
>> Good morning Madame President and members of the board. I'm David Smith and I'm the manager of the third-party liability and recovery section. I'm here to address Mr. Potts's question. There was a little bit of misinformation on his question and I will endeavor to clarify that.
>> You have a handout?
>> I do have a handout and I provided that as a reference point to describe all the wonderful things I do to bring money back to the department enter taxpayers. In deference to you getting out of here in a timely fashion, I'm not going to go over all of these items. But I am available. We have a lot of programs in TPL and this is the most succinct outline I have to describe those programs and in the event you have any questions over any of those programs, I would be happy to answer those questions. I would try to reframe Mr. Potts's question. The question was in the event a Medicaid recipient has some sort of catastrophic medical event, stage IV cancer was one of the examples, does the state go back after the assets of that individual to help recoup its costs? The answer is no, we do not. The rationale for that, and I would you direct us to two legal provisions. The federal anti-lien provision where we cannot impose a lien on the personal assets of the individual

and there is a companion legal provision were if you are a Medicaid recipient and you go to a provider, you can only be out of pocket for the cost-sharing amount, some sort of nominal co-pay Medicaid charges, whether it is a two dollar fee for prescriptions or $10 for hospital per diem be but you can only be as a Medicaid reset and out-of-pocket for that amount. If pursuant to the anti-lien provision, we can't go after your assets. I think perhaps the question was driven by the nine news stories about medical bankruptcy in patients who end up in a hospital are seen by a provider at home and they open the mail and they get this bill for tens of thousands of dollars. In the world of Medicaid, it isn't going to happen for the reasons I described.
>> We do however impose liens in Medicaid, but under very limited circumstances. There is such a thing called the state recovery program. This is very narrow and would not apply to the vast majority of Medicaid recipients. The triggering criteria for the state recovery program is one, you have passed away. For folks who were institutionalized prior to their death or if they are not institutionalized, you are over the age of 55 and only recovered against a limited set of services. One of the last times I was before you, we trimmed that range of services down to the minimum required under federal law. State recovery is a narrow program and wouldn't apply to the vast majority of Medicaid recipients. That being said, I hope that answers your question, Mr. Potts.
>> Madam chair, it does for Medicaid. Once a person hits that 401% of the federal poverty level and they are no longer qualified for Medicaid, that throws them into another different spectrum and I certainly believe in the affordable care act and the application and the benefits and so on. Do they have the same protection above the 400 percent of the federal poverty level of these federal laws of not being able to go back?
>> These provisions I described are specific to Medicaid recipients. If you are a recipient under a commercial health plan or assuming you are uninsured, you cannot avail yourself of those protections. We have the luxury of operating under the medical assistance act as well as federal law which is very robust. Previously I did work for a commercial carrier and studied [Indiscernible] and state insurance laws. Even within that framework, beneficiaries do not have that robust relative to Medicaid protections. I brought up the example of providers, do not have that level of protection.
>> Mr. Massey?
>> David is doing an outstanding job over third-party recoveries. To put it in layman's terms, and particularly, David can speak about the pending legislation we are going to see with regard to out-of-state transfers and the like, we typically don't have any right to state recovery unless they are institutionalized or long-term services and supports which are a much higher level of care. The we do have the right of state recovery which again we never use during the life of the patient, although we are going to see legislation this year, we have heard from down the street that if they move out of state we in essence write it off and that has a significant fiscal impact on the department. Do you want to comment on that?
>> Are you referring to the disability trust legislation?
>> Yes.
>> I would just step back. Trust are an incredibly complex area within law. I will try to make it as simple as I can. There are three forms of trust recognized under

the Medicaid body of law. These are vehicles to help people retain financial eligibility for Medicaid. Income trust which if you are in a nursing facility allows you to be income eligible even though your income exceeds the threshold amount for eligibility. There also resource type trust, [Indiscernible] trust and disability trust. Both of those apply to folks who are disabled according to Social Security criteria. Those trusts allow people to retain assets [Indiscernible] regulations typically allow. The $2000 mark. We saw a bill already introduced this session that would cut me off at the knees to put in layman's terms. Regarding the termination of disability trust's. All of these trust have a common feature and that they are payback trust meaning I received the balances upon termination of this trust. The benefit of the bargain is we allow you to retain Medicaid and we accept this additional income that would otherwise place you over the eligibility threshold but the bargain is in return for that, we retain the balance upon termination of the trust. The legislation Tom is referring to would undercut our rules which allow us to recover disability trust went folks lose eligibility for Medicaid or move out of state and lose their eligibility for that reason. Operationally speaking, it is a very important tool for us and it would really harm my ability to discharge my obligation under the law to taxpayers as well is comply with federal law.
>> Similarly, I want to put in of plug for pooled trust is. Pooled trust apply to disabled individuals that typically involve smaller balances. There call pooled trust because you have a [Indiscernible] organization that is the trustee and retains all of these small balances and wills them to gather. In the next few months I plan on bringing a rule to help clean up some of our rules regarding these trust. I don't think I have done a very good job in terms of my responsibilities to taxpayers in terms of retaining these remainder balances so I plan on verifying that. Warning, this is a highly contentious rule but if I don't bring this rule, I would be performing my obligation to comply with the law as well as bringing these monies back to taxpayers. I think given a lot of the ambitious proposals being floated around the legislature these days, I would be highly remiss if I didn't take a stab at cleaning that up.
>> Mr. Smith, do you happen to know the rule number of the special needs trust that was introduced?
>> House bill 19-1054. I think that is the number.
>> Thank you.
>> It was introduced January 4 by Jeff Bridges.
>> Now I know why. Good. It is confusing when you read here that we have got buy-in and then there is other buy-in's that are completely different. We have several buy-in's in Medicaid and it gets confusing. We could spend the whole day. What Mr. Smith does is not a small task.
>> And it counts for $54 million in recovery last year. Before, 70+ million. We are on track to go back up to 70 million in recoveries. With some of the new reporting I have, I am more closely tracking the cost avoidance piece and that also counts for millions of dollars of savings which don't come in the form of recoveries, but if you don't pay it out in instance, it is a lot more efficient and much more effective.
>> These recoveries [Indiscernible] our third party insurers and the like.
>> Ms. Roberts?

>> I think the reference you made to being cut off at the needs [Indiscernible] or is that floating around the capital?
>> It has been introduced.
>> May have the number?
>> House bill 19-1054.
>> By Jeff Bridges?
>> Yes. My understanding representative ridges is soon to be Senator Bridges I think in two weeks. I don't know who the new house sponsor will be.
>> Ms. Roberts?
>> My concern being in of order town near Nebraska and Kansas that if this were publicized that an individual could max out their benefits in one state and talk to the next, it is frightening.
>> Quite lightning. Frankly we hope the fiscal note we are able to provide will be a deterrent to some of this. We will see.
>> Thank you so much.
>> Thank you, we appreciate your time.
>> Madam chair, Tom, do you remember the percentage of folks in Colorado that are eligible for Medicaid?
>> The percentage of folks?
>> Yeah.
>> About 22 or 23% of the state. Roughly 300,000 individuals.
>> Thank you.
>> Ms. Roberts.
>> Do that decreased after the ACA past? It seems like it did.
>> I can't tell you [Indiscernible] we suddenly cover a lot more people. Our numbers went from 700,000 to 1,000,003 because of the affordable care act. Particularly when we as a state elected to expand our Medicaid. We have been talking about the economic benefits and everything else but I can't tell you just from the affordable care act would change the ratios. We had a number of pulpal people that were eligible but did not enroll. There was suddenly so much outreach of people were aware that the could get on Medicaid although the folks that were originally were eligible [Indiscernible] the new population based on income was at the much higher reimbursement rate. This [Indiscernible] we have all these different segments of our programs that are funded at different levels. It is really interesting.
>> Donna Brooks. I was wondering if they were [Indiscernible] find opportunities other than through HCPF .
>> I didn't understand question.
>> After more people were eligible for insurance, were there opportunities for them to better themselves to the point that they were able to find private insurance or a lesser amount and get off Medicaid?
>> I think we would have to probably get that from the Department of Labor. They would have the statistics on that. With the economy as strong as it is in Colorado, but of course the exchange that is our partner in this whether you are Medicaid eligible or eligible for purchase on the exchange up to an income level, we can get some of those numbers from the exchange and the Department of Labor. I would dig into that.
>> Madam chair, I would be interested in that because I said on several boards that

have employees and the employees focus on this 400% of the federal poverty level and we have had employees that refused raises because they would not be able to, once they bump over that 400%, even with the exchange it would put them in poverty. Whereas they refuse the raise and stay below the 400%, they have got coverage they would not be able to experience if they took the raise. If there is numbers out there, I would like to know.
>> A couple of entities in the state keep track of that.
>> We will try to track that down but I understand the cliff effect we reach the threshold. That doesn't concern me as much that people that are on programs like were a single mother that has kids that are in daycare in the like has to refuse arrays because they lose their funding participation but they are already living at the bare minimum level. There is a lot of these cliff effects that people are worried about reaching a threshold and losing the benefit.
>> Isn't [Indiscernible-Low Volume]
>> Let's come back to this because I think were getting into areas where we don't have the information right now and I think I would rather function on solid ground.

>> There is a differential.
>> Reach out to me off-line and we will provide whatever information.
>> We always promise you a peek into next month and this month is no different. Were going to have [Indiscernible]. Did I say your name correctly? We are going to do formatting is my understanding in you're going to give us some work to read
>>
>> You have less than 30 minutes. I'm joking.
>> Good morning. My name is Alejandra vera and I work with the division of healthcare policy in finance and I've been with the department for nearly 4 years. We think about rules, we think of them as [Indiscernible] at home and work and unspoken rules between friends. Rules are best followed when they are easily understood. I think we can agree rules that are unclear are open to interpretation and are frustrating and confusing because we are unsure what they mean. A poorly written rule perhaps a rule not written to the best of its ability is like a joke that is not told within if active punchline. The person listening to the joke feels like he missed something. [Indiscernible] demonstrating sound stewardship and financial resources. When we pull up our rules of the Secretary of State website, the first image you will see searching for the rules is a drop-down of all the rules we have seen. I have been focusing on a .00 through 90 .2 I believe. When you take a first glance it is the third one down. The description says it entails emergency medical transportation and program integrity. It doesn't cover just that. When you click into that rule, this is the first thing you see. The first thing is general exclusions from eligibility. Before I continue I want to make sure my position is clear. I am not trying to criticize [Indiscernible]. But looks like that is happened is people have commented at different times to add on rules as they needed to be changed. What is happened is there has been a lack of consistency in standardization such then creating confusion for not only providers and members but folks like yourselves or as well as [Indiscernible] who seek to get as much clarification as possible. At first glance, the first page doesn't look to [Indiscernible]. Right away you can see there is some confusion. The first rule [Indiscernible]. By looking at the rule you can see it is the next citation down

from .11. To someone who is untrained and unfamiliar, looking up the rules for the first time, it is not that intuitive. You can perhaps get lost pretty easily. We haven't made any permanent changes to the rules [Indiscernible] to see what you would like to see in the future. This next page modifies those rules slightly. I'm going to toggle back and forth so you can see this changes. We have added to the .12 and prefaced it. We have capitalized the letters at the bottom because that was the format we received your of the document. We want to standardize our rules those [Indiscernible] everybody using them. The next thing was we created a table of contents. When you went on the first page, you are not quite sure what you were going to get an you might spend a few hours and a fair amount of time you wouldn't want to be spending searching through the rules to understand what it is you're looking for. We have created a table of contents for this range to help us understand of the high-level what we are going to be doing. My comments are off to the side. I found some interesting pieces of information. There were about nine different definition sections in two or three definition sections that weren't labeled so imagine how confusing it might be to somebody looking for specific information and perhaps critical information and being frustrated they can't find it as easily as they need to.
>> In addition to that table of contents, I'm also pairing those revisions with the document Chris Sykes provided me with, a guide to Who's Who overseeing particular sections of these rules. That information isn't included but an addendum would help internal stakeholders and perhaps the board to understand where these rules live was promulgated the rules and what questions you can ask to these divisions or sections if you wanted a specific answer.
>> We have been documenting the manner in which we have been going to these rules. I have done this for my own peace of mind. Also because our friends and her sister agencies and in our agency want to pursue a similar effort, we will have the ability to perhaps improve the process. Phase 1 is purely an ascetic change and adjusting the formatting and creating a table of contents and understanding which sections and rules pertaining to which divisions and sections. Phase 2 is a bit more ambitious. Haven't gotten there yet because we are seeking the approval of the board. That would involve taking a deeper dive in understanding how they complement each other and where they may contradict each other. The last thing we want our rules that contradict themselves. One last point is there were four different definitions for what constitutes a provider. They didn't differ in considerable ways but that they differed at all was concerning because they should be standardized throughout. Any questions?
>> Misused and [Indiscernible]
>> First of all, thank you for this. I appreciative you have organized this. You have been doing this for the last four years working on phase 1?
>> No. Phase 1 took me two weeks.
>> I don't remember the board actually approving the phases, is that something that will be brought to us were approval?
>> We haven't brought this to the board before. We are demonstrating what our rules could look like. I hear from the community and the stakeholders that reading these regulations are just nightmares. You can't wind a thing in the end of going to the program contact person to tell me exactly where this is because they just can't [Indiscernible] through all of this. I applaud the effort and look forward to this.

Thank you.
>> So this is like a style manual for rules?
>> A style manual as well as a practical revision. My hope is we could update the rules within a particular format. This format would be run by the state regulations and upcoming bills but could also be a manual for any other interested parties and the analysis we are using.
>> [Indiscernible] so every time a rule comes up [Indiscernible]?
>> We are still in conversation with our legal director. What constitutes a substantive change or a non-substantive change. Does that answer your question?
>> Not sure yet.
>> I have had this question many times and I think it has been brought up [Indiscernible] around the transparency of the rule review and when rules will be reviewed. I wonder if we incorporate it into when we publish this on the website and I think [Indiscernible]. I don't know if that is something we can do.
>> This is Kristi, we have a cyclical plan to look at the rules. Is that published somewhere on the website as the timeline?
>> Chris Sykes, yes, it is published on our website. If you go to the HCPF public website , if you go to the HCPF public website and you click on the for our stakeholders tab, Kelly, would you be able to bring up the public website on the webinar?
>> I think word Alejandra wrote is headed is these sections [Indiscernible] that is why Alejandra is giving you this preview. It is very large. It will be simple because it is not substantive but it would be large. Not rule by rule but section by section.
>> With the focus of formatting and not content.
>> The delicate balance, Alejandra so you are aware, he works with their legal director. Our focus is very much on trying to be client centric. We look at our rules and they are impossible to get through but we have this delicate balance. We have federal requirements on what has to go into the rules so the trick is creating the verbiage that is easily understandable yet federally compliant. This is something we constantly have to deal with.
>> [Indiscernible-Low Volume] in a way people can read them in a very good format. The next step in my mind would be to start taking sections in maybe substantive and I would call them corrections to the rules and rewriting them so they are a little bit more clear. Not changing what they are about making them better. I think Alejandra and I would take a look at some of the rules, if we were to apply our legal minds to them and rewrite them to make them clearer, they would be [Indiscernible] where we have embedded within a paragraph of a rule a definition that should be in the definitions section and we have a standardized definition section, we have the rules. We are hoping to make this a process that is going to go on for quite some time.
>> Mr. Potts?
>> Is there a mechanism for when we get a new rule it could be viewed first and then may be simplified before it gets to us, whether it gets to was and then goes back to you?
>> I think they're going to let us know how that is going to go but Alejandra is going to do bigger chunks.
>> I would say for the new rules if we get this new sort of formatting in place,

when the new rules come before you [Indiscernible-Low Volume] so the new rules are simple. We have got a whole mess of old rules so yes, we would like to simplify new rules and make them clearer and start down that track and clean up afterwards.
>> We are back to Chris Sykes and we have the website up on the webinar it is going to walk us to where you would find that timeline of rule revisions.
>> This is Chris Sykes. The department does undertake a regulatory efficiency review each year. Kristi, you are correct. It is on a five-year cycle. To find out what the cycle is in upcoming rule revisions, if you go to our webpage and go to for our stakeholders. Then if you scroll down and go to explore our regulatory resource Center. If you scroll down to the bottom, you will see regulatory efficiency review. This is where we post what the department is reviewing. You can see the executive order that put this in action. Then we currently still have the 2018. The 2019 plan will be going up shortly. You can see it still has the sections of the rule being reviewed. Then you can go down and see the review schedule. You can see past reviews and expand the schedules to see the rules coming up.
>> So you can get a sense of what you're going to be reading.
>> [Indiscernible]
>> Just so you are aware four 2019 rule efficiency review, it is Sean from our eligibility policy section, her team will be reviewing those rules.
>> Mr. Potts?
>> What happened to the rules that were reviewed?
>> The efficiency review, we can go back, we look at our regulatory agenda which is a legislative report sent to the legislature every year on November 1 that basically says what the department did for our efficiency review. Talks about rules we are thinking of proposing coming forward, but also all the action you guys took. It is a review of our stakeholder engagement. It is a review of all the on goings and regulation on goings you guys did throughout the year.
>> So this is organized in a calendar year and not the state fiscal year?
>> The legislative reports, I can only speak to my legislative report required November 1 on each year. I do know there are alternate dates of legislative reports, I am not familiar with the rules around that are.
>> Any other questions? Alejandra, thank you for this large piece of work and we appreciate your time. Mr. Massey?
>> To answer Jessica's question, these are dig dated [Indiscernible] legislature gives us the time [Indiscernible]
>>
>> With that, I'm going to adjourn us. Look at that.
>> You didn't want the closing motion?
>> We already did it. If you want to read it again, go ahead.
>> Thank you Dr. Fraley and Dr. Lippolos for joining us by phone .
>> Thank you.
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>> [Captioner on stand by]
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