Title of Rule:	Revision to the Medical Assistance Managed Care Contracts Division Rule Concerning Billing Procedures for Certified Health Agencies, Section 8.564
Rule Number:	MSB 14-05-06-A
Division / Contact / Phone:	Health Programs / Richard Delaney / 303 866-3436

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).

   This rule is amending the reference to a specific claim form that will no longer be accepted by the Department of Health Care Policy and Financing. The existing form is the Colorado 1500, the new form will be the CMS 1500. The CMS 1500 is the standard form for claim submission.

2. An emergency rule-making is imperatively necessary

   ☐ to comply with state or federal law or federal regulation and/or

   ☐ for the preservation of public health, safety and welfare.

   Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

   25.5-1-301 through 25.5-1-303, C.R.S. (2013);

Initial Review	**10/10/2014**	Final Adoption	**11/14/2014**
Proposed Effective Date	**12/30/2014**	Emergency Adoption	

DOCUMENT #03

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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.

   The change will not affect services or members, the change is specific to the billing requirements for Certified Health Agencies that use paper forms.

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

   No impact is expected. The change is to forms that are standard in the industry.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   There are no costs directly related to this rule change.

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

   Not applicable.

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

   The change of billing forms is appropriate to make claiming easier for providers. If there is any cost, it will be a reduction in costs by the providers by being able to use the industry standard form.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

   The changes are a response to stakeholder suggestions that the Department use the industry standard claim form.

8.564 BILLING PROCEDURES

A. Certified health agencies providing clinic services must bill the Medical Assistance Program directly using the designated billing method and the prescribed procedure codes recognized by the Colorado State Department of Social Services. The amount of the provider's usual and customary charges to the general public will be billed if applicable.

B. Obstetrical services and adjunctive services, except for EPSDT medical screenings, must be billed directly as described in 10 C.C.R. 2505-10, Section 8.040.2~~on the Colorado 1500 Claim Form~~.

C. EPSDT medical screening services must be billed directly on the EPSDT Screening/Claim Form.

DRAFT