Title of Rule: Revision to Child Health Plan Plus Program Concerning Managed Care Enrollment Date, Section 430.4
Rule Number: MSB 17-06-08-A
Division / Contact / Phone: Health Benefits and Operations Division / Russ Zigler / 303-866-5927

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 Child Health Plan Plus (CHP+) rule concerning enrollment date in Managed Care Organizations (MCO) is being changed to align with current business practice. Passive enrollment in a MCO occurs upon eligibility determination. Under the current rule, the enrollment begin date in a MCO is the first day of the month following eligibility determination when such determination occurs on or before the 21st of the month. Under current business practice, the enrollment begin date in a MCO is the first day of the month following eligibility determination when such determination occurs on or before the 16th of the month. For eligibility determinations made after the 16th of the month, the MCO enrollment begins the first day of the second month following eligibility determination. Moving the last day an enrollee may be assigned to an MCO, for assignments beginning the first day of the month following eligibility determination, from the 21st to the 16th, provides enrollees additional time to review and request changes to their MCO assignment. Moreover, aligning the rule with current business practice provides clarity and consistency.

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:

   42 CFR 457.1210

4. State Authority for the Rule:

   25.5-1-301 through 25.5-1-303, C.R.S. (2015);
   25.5-8-104, 107 and 110, C.R.S

Initial Review	**08/11/17**	Final Adoption	**09/08/17**
Proposed Effective Date	**10/30/17**	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.

   Enrollees in the Child's Health Plan Plus program.

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

   Under the current rule, if an applicants eligibility determination is made on or before the 21st of the month the begin date for their managed care organization enrollment is the first day of the following month. Eligibility determinations made after the 21st of the month result in a managed care enrollment date beginning the second month following such determination. Under the proposed rule, which reflects current business practice, if an applicants eligibility determination is made on or before the 16th of the month the begin date for their managed care organization enrollment is the first day of the following month. Eligibility determinations made after the 16th of the month result in a managed care enrollment date beginning the second month following eligibility. The proposed rule provides enrollees additional time to review and request changes to their managed care organization assignment. Moreover, the proposed rule provides clarity and consistency by aligning the rule with the current business practice.

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.

   The proposed rule does not impose additional costs on the Department or any other agency.

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

   No cost is associated with the proposed rule. The benefit of the proposed rule is aligning the rule with current business practice, which provides enrollees with additional time to review and request changes to managed care organization assignment. The cost of inaction is the current rule will continue to not align with current business practice. There are no benefits of inaction.

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 less intrusive methods for achieving the purpose of the proposed rule, which is aligning the rule with current business practice and providing enrollees additional time to review and request changes to managed care organization assignment.

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.

   There are no alternative methods for achieving the purpose of the proposed rule, which is aligning the rule with current business practice and providing enrollees additional time to review and request changes to managed care organization assignment.

1 **430 ENROLLMENT DATE**

2 430.1 Eligibility for the Children's Basic Health Plan shall be effective on the latter of:

3 A. The first day of the month of application for Medical Assistance; or

4 B. The first day of the month the person becomes eligible for the Children's Basic
5 Health Plan program.

6 430.2 Upon being enrolled in the Children's Basic Health Plan, continuous eligibility applies to
7 children under the age of 19, who through an eligibility determination, reassessment or
8 redetermination are found eligible for the Children's Basic Health Plan program. The
9 continuous eligibility period may last for up to 12 months and will begin on the month of
10 application or from the authorization date.

11 a. The continuous eligibility period applies without regard to changes in income or
12 other factors that would otherwise cause the child to be ineligible.

13 i) A 14-day no fault period shall begin on the date the child is determined
14 eligible for Medical Assistance. During the 14-day period, updates or
15 corrections may be made to the child's case. Any changes to the child's
16 case made during the 14-day no fault period may impact his or her
17 eligibility for Medical Assistance.

18 b. A child's continuous eligibility period will end effective the earliest possible
19 month, if any of the following occur:

20 i) Child is deceased

21 ii) Becomes an inmate of a public institution

22 iii) The child states that she/he has moved out of the household
23 permanently

24 iv) Is no longer a Colorado resident

25 v) Three notices have been returned as undeliverable and there is no
26 forwarding address for the child

27 vi) Requests to be withdrawn from continuous eligibility

28 vii) Fails to provide documentation during a reasonable opportunity period as
29 specified in section 8.100.3.H.9

30 viii) Fails to comply in resolving an income discrepancy as outlined in section
31 8.100.4.C.2

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ix) An eligible person shall not be enrolled in other health insurance coverage

430.3. If determined eligible, the enrollment date of a pregnant woman shall be effective as of the first of the month of the date of application or the first day of the month the pregnant woman becomes eligible. The enrollment span shall end at the end of the month following 60 days after the birth of the child or termination of the pregnancy. Once eligibility has been approved, coverage must be provided regardless of changes in the woman's financial circumstances.

430.4 An eligible person's enrollment date in the selected MCO shall be no later than:

A. The first of the month following eligibility determination and MCO selection if eligibility is determined ~~on or~~ before the ~~21st~~17th of the month.

B. The first of the second month following eligibility determination and MCO selection if eligibility is determined on or after the ~~21st~~17th of the month.

430.5 A child born to a mother who is enrolled in the Children's Basic Health Plan at the time of the child's birth is guaranteed coverage for one year.

A. To receive Medical Assistance under the Children's Basic Health Plan, the birth must be reported verbally or in writing to the County Department of Human Services or Eligibility site. Information provided shall include the baby's name, date of birth, and mother's name or Medical Assistance number. A newborn can be reported at any time by any person. Once reported, a newborn meeting the above criteria shall be added to the mother's Medical Assistance case, or his or her own case if the newborn does not reside with the mother, according to timelines defined by the Department. If adopted, the newborn's agent does not need to file an application or provide a Social Security Number or proof of application for a Social Security Number for the newborn.

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