

Title of Rule: Revision to the Medical Assistance Provider Payment Division Rule Concerning the Provider Screening Deadline, Section 8.125.10

Rule Number: MSB 16-2-22-A

Division / Contact / Phone: Health Information Office Provider Operations Division / Micah Jones / 303-866-5185

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 Provider Screening Rule (the Rule) currently places a deadline on providers to revalidate with the Department on or before March 31, 2016. CMS previously required State Medicaid Agencies to revalidate all Medicaid providers by March 24, 2016. CMS has since released new guidance that pushed back the revalidation requirement to September 24, 2016. CMS' March 24 and September 24 deadlines only applied to the Department, not providers. Also, not all providers were revalidated by March 31, 2016. Since the Department has more time to revalidate providers and because the deadline does not apply to providers, the Department believes the best course is to remove the March 31, 2016 deadline from the rule.

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 § 455 (b) and (e)

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2015);

Initial Review

Proposed Effective Date

06/30/2016

Final Adoption

Emergency Adoption

05/13/2016

DOCUMENT #06

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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.

This rule update affects providers that are enrolled in Medicaid.

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 quantitative or qualitative impact on all other providers.

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 rule update will not impose any additional costs to 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.

If the rule is left as is the Department and providers will be out of compliance with the March 31 revalidation deadline set forth in the rule.

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.

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.

1 **8.125 PROVIDER SCREENING**

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7 **8.125.10 RE-VALIDATION**

8 8.125.10.A. ~~Providers were enrolled in Medicaid on or before September 15, 2015, must~~
9 ~~complete all requirements for revalidation on a schedule established by the~~
10 ~~Department. Providers who are enrolled in Medicaid as of July 1, 2015, must re-validate~~
11 ~~before March 31, 2016, and at least every five years thereafter~~ on a schedule as
12 established by the Department. The revalidation schedule is available on the
13 Department's provider webpage under "Revalidation Wave Schedule."

14 8.125.10.B. ~~All Providers who enroll in Medicaid after July 1, 2015, must complete the~~
15 ~~requirements for re-validation at least every five years thereafter~~ from the date of
16 enrollment or last revalidation.

17 8.125.10.C. ~~A provider shall comply with all requirements for Re-validation by the dates in~~
18 ~~Sections 8.125.10.A or 8.125.10.B. If a provider fails to comply with any requirement for~~
19 ~~reRe-validation by the dates specified in Sections sections 8.125.10.A or 8.125.10.B, the~~
20 ~~provider agreement shall be suspended.~~

21 8.125.10.D. ~~If a provider fails to comply with all requirements for reRe-validation within 30~~
22 ~~days of the dates in deadlines established by Sections sections 8.125.10.A or 8.125.10.B,~~
23 ~~the provider agreement may be terminated. In the event that the provider agreement is~~
24 ~~terminated pursuant to this section, any claims submitted after the dates deadlines~~
25 ~~established in Sections sections 8.125.10.A or 8.125.10.B, above, are not reimbursable~~
26 ~~beginning on the day after the date that the provider's revalidation application was due to~~
27 ~~the Department.~~