



## COLORADO

Department of Health Care  
Policy & Financing

Health Information Office  
1570 Grant Street  
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### Regulatory Efficiency Review Eligibility Rule Review Report

Executive Order D 2012-002 requests that all state agencies undergo a comprehensive review of published rules to ensure that the rules are effective, efficient and essential. Each agency must perform a complete review of its rules every five years, and make changes as necessary. This report will detail the goals of the executive order and report on the Department's Eligibility Policy Section's efforts in this first review.

The Eligibility Policy Section within the Health Information Office, reviewed the Medical Assistance rule sections, 8.100.1 through 8.100.7. The Eligibility Policy Section also reviewed the Children's Basic Health Plan, sections 50, 100, 170, 300, 400 and 600. These rules were subject to a full analysis as delineated in the Department's Regulatory Efficiencies Review Process Guidance (Review Process Guidance).

### **Rule Review Process**

The Eligibility Policy Section designed a process for reviewing its rules by identifying the following main concepts:

1. **Comprehensiveness:** Ensured that every section of the rules were thoroughly reviewed.
2. **Consistency:** Ensured the rules were consistent with state and federal law and consistent throughout all sections.
3. **Clarity:** Reviewed to identify any duplicative, overlapping, inconsistent or outdated rules and rule language.
4. **Utility:** Ensured the rules fulfilled a purpose in alignment with state and federal rules as well as provided proper guidance.



The Eligibility Policy Section developed tools that provided guidance to team members to clearly address the review standard questions for each section. The team identified and documented the appropriate Federal and/or State Authority for each section of the rules in order to ensure consistency and clarity. In addition, the Eligibility Policy team met on a monthly basis to discuss the review standard questions and to discuss any feedback received from the stakeholder meetings. This allowed for the team to ensure consistent criteria and processes were being used.

## **Stakeholder Engagement**

The Eligibility Policy Section developed a robust stakeholder outreach process as part of its regulatory review. This process included efforts to notify stakeholders of the ongoing review process through a county director letter, CBMS communications email, announcement in the Department's *At A Glance* newsletter, and other communication avenues. We also promoted the stakeholder meetings at events where stakeholders were present to ensure that all interested stakeholders had the opportunity to express their opinions on the review of the rules. The Eligibility Policy team held a total of 10 public stakeholder meetings from March 2014 through August 2014 to gather input on the rule review.

In an effort to inform both internal and external stakeholders of the ongoing review process, the Eligibility Policy team posted and updated the schedule of activities, meetings, interim actions and opportunities for stakeholders to the Department website, [Colorado.gov/HCPF](http://Colorado.gov/HCPF). Ample opportunity to fully review the contemplated changes and to participate in the review process was provided to all interested parties.

## **Results from Rule Review**

As a result of this review, the Eligibility Policy Section identified various rule changes to be made. For Medicaid Eligibility rules sections 8.100.1 through 8.100.7, a total of 30 rules were identified as needing to be amended and/or repealed. These findings are characterized and quantified in this



section, and include: ten (10) not in compliance with Federal or State regulations; eight (8) outdated and need to be updated based on policy changes such as income levels, timeframes and dates; four (4) inconsistently applied language; six (6) that need to be repealed as the rules no longer apply; and two (2) formatting changes.

For the Child Health Plan *Plus* (CHP+) rules at sections 50, 100, 170, 300, 400 and 600 a total of 15 rules were identified as needing to be amended and/or repealed. These findings are characterized and quantified in this section, and include: three (3) not in compliance with Federal or State regulations; ten (10) outdated and need to be updated based on policy changes such as income levels, timeframes, and dates; one (1) with inconsistently applied language; and one (1) that needs to be repealed as the rule no longer applies.

With this rule review, the Eligibility Policy team accomplished two goals: (1) identified changes to be made in the Medicaid and CHP+ eligibility rules, and (2) created a viable process for efficiently and effectively completing regulatory reviews.

The Eligibility Policy team will be working on updating the rules outlined above throughout the upcoming year.

