

1 **50 DEFINITIONS**

2 50.1 “Applicant” shall mean a person applying or re-applying for benefits on behalf of a child and/or
3 themselves.

4 50.2 “CBMS” shall mean Colorado Benefits Management System is the computer system that
5 determines an applicant’s eligibility for public assistance in the state of Colorado.

6 50.3 “Child” means a person who is less than nineteen years of age.

7 50.4 “Cost sharing” shall mean payments, such as copayments ~~or enrollment fees~~ that are due on
8 behalf of the enrollee.

9 50.5 “Department” shall mean the Colorado Department of Health Care Policy and Financing which is
10 responsible for administering the Colorado Medical Assistance Program and Children’s Basic
11 Health Plan as well as other State-funded health care programs.

12 50.6 “Dependent child” shall mean a child who lives with a parent, legal guardian, caretaker relative or
13 foster parent and is under the age of 18, or, is age 18 and a full-time student, and expected to
14 graduate by age 19

15 50.7 “Effective Date” shall mean the first day of eligibility which is the date the application is received
16 and date-stamped by the Eligibility site or the date the application was received and date-
17 stamped by an Application Assistance site or Presumptive Eligibility site. In the absence of a
18 date-stamp, the application date is the date that the application was signed by the client.

19 50.8 “Eligibility Site” shall mean a location outside of the Department that has been deemed by the
20 Department as eligible to accept applications and determine eligibility for applicants.

21 50.9 “Enrollee” shall mean an eligible person who is enrolled in the Children’s Basic Health Plan.

22 50.10 “Essential Community Provider” means a healthcare provider that:

23 A. Has historically served medically needy or medically indigent patients and demonstrates
24 a commitment to serve low-income and medically indigent populations who make up a
25 significant portion of its patient population, or in the case of a sole community provider,
26 serves medically indigent patients within its medical capability; and

27 B. Waives charges or charges for services on a sliding scale based on income and does not
28 restrict access or services because of a client’s financial limitations.

29 50.11 “Evidence of Coverage” or “EOC” shall mean any certificate, agreement, or contract issued to an
30 enrollee from time-to-time by a Managed Care Organization (MCO) setting out the coverage to
31 which the enrollee is or was entitled under the Children’s Basic Health Plan.

32 50.12 “Grievance Committee” shall mean a conference with the Department or its Designee in which a
33 contested decision regarding an applicant or enrollee is reexamined.

34 50.13 “Household” shall be determined by relationships to the tax filer as declared on the Single
35 Streamlined Application and as required in 10 CCR 2505-10-8.100.4.E.

- 1 50.14 "Income" shall be any compensation from participation in a business, including wages, salary,
2 tips, commissions and bonuses. The Modified Adjusted Gross Income is a methodology used to
3 determine eligibility as required in 10 CCR 2505-10-8.100.4.C.
- 4 50.15 "Managed Care Organization" or "MCO" shall mean:
 - 5 A. A carrier which meets the definition in §10-16-102 (8), C.R.S. with which the Department
6 contracts to provide health care or dental services covered by the Children's Basic Health
7 Plan; or,
 - 8 B. Essential community providers and other health care and dental service providers with
9 whom the Department contracted to provide health care services under the Children's
10 Basic Health Plan using a managed care model.
- 11 50.16 "Presumptive Eligibility" shall mean children and pregnant women who have applied and appear
12 to be eligible for the Children's Basic Health Plan shall be presumed eligible and may receive
13 immediate temporary medical coverage.
- 14 50.17 "Unearned Income" shall be the gross amount received in cash or kind that is not earned from
15 employment or self-employment.
- 16 50.18 "Woman" shall mean a female who is 19 years in age or older.

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23 **300 ENROLLMENT FEES AND COPAYMENTS**

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26 ~~310 ANNUAL ENROLLMENT FEES AND DUE DATE~~

27 ~~310.1 For eligible children, the following annual enrollment fees shall be due prior to enrollment in the~~
28 ~~Children's Basic Health Plan:~~

29 ~~A. For families with income, at the time of eligibility determination, less than 151% of the~~
30 ~~Federal Poverty Level, the annual enrollment fee shall be waived.~~

31 ~~B. For families with income, at the time of eligibility determination, between 151% and 205%~~
32 ~~of the Federal Poverty Level (MAGI equivalent), the annual enrollment fee shall be:~~

33 ~~1. \$25.00 for a single eligible child; and~~

1 ~~2. \$35.00 for two or more eligible children.~~

2 ~~3. Waived for families who include an eligible pregnant woman.~~

3 ~~G. For families with income, at the time of eligibility determination, greater than 205% and up~~
4 ~~to 250% of the Federal Poverty Level, the annual enrollment fee shall be:~~

5 ~~1. \$75.00 for a single eligible child; and~~

6 ~~2. \$105.00 for two or more eligible children.~~

7 ~~3. Waived for families who include an eligible pregnant woman~~

8 ~~310.2 If the required enrollment fee is not received with the application for the Children's Basic Health~~
9 ~~Plan, the Department or its designee shall notify the applicant:~~

10 ~~A. That applicable enrollment fees are a requirement for enrollment;~~

11 ~~B. That fees shall be due within thirty (30) days of the date of notification;~~

12 ~~C. Of effective date of enrollment if payment is received; and~~

13 ~~D. That the application shall be denied if payment is not received by the due date indicated.~~

14 ~~310.3 The application shall be denied if payment is not received by the due date indicated on the~~
15 ~~notification.~~

16 ~~310.4 The enrollment fees stated in this section shall apply to applications received on or after January~~
17 ~~1, 2001.~~

18 ~~310.5 Once enrollment has occurred, the annual enrollment fee is non-refundable.~~

19 ~~310.6 Due to the Coronavirus COVID-19 Public Health Emergency, an eligible applicant will be charged~~
20 ~~an enrollment fee. Existing members who are being re-enrolled will not be charged enrollment~~
21 ~~fees until after the Public Health Emergency has ended.~~

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26 **440 DISENROLLMENT**

27 440.1 An enrollee shall be disenrolled from an MCO for the following reasons:

28 A. Administrative error on the part of the Department, the Department's designee, or the
29 MCO, including but not limited to enrollment of a person who does not reside in the
30 MCO's service area; or,

31 B. A change in the enrollee's residence to an area not in the MCO's service area; or,

- 1 C. When an enrollee's coverage is terminated as described in section 440.1A.
- 2 440.2 If an enrollee is disenrolled from an MCO for any of the reasons stated in section 440.1 and there
3 is another participating MCO available in the enrollee's county of residence, the enrollee shall be
4 allowed to select a new MCO.
- 5 440.3 If the enrollee is enrolled in a MCO as defined in section 50.15B and a MCO as defined in section
6 50.15A becomes available in the child's county of residence, the enrollee will be disenrolled from
7 the MCO as defined in section 50.15 B and enrolled in the MCO as defined in section 50.15A.
- 8 440.4 An enrollee may be disenrolled from both an MCO and/or the Children's Basic Health Plan for the
9 following reasons:
- 10 A. Fraud or intentional misconduct, including but not limited to knowing misuse of covered
11 services, knowing misrepresentation of membership status; or,
- 12 B. An enrollee's receipt of other health care coverage; or,
- 13 C. The admission of an enrollee into any federal, state, or county institution for the treatment
14 of mental illness, narcoticism, or alcoholism, or into any correctional facility; or,
- 15 D. Ineligibility for the program, based on the guidelines set forth in the Children's Basic
16 Health Plan eligibility rules; or,
- 17 E. Failure to comply with cost sharing requirements (~~annual enrollment fees and~~
18 copayments) set forth in the Children's Basic Health Plan cost sharing rules; or,
- 19 F. There is not another participating MCO as defined in section 50.14 available in the
20 enrollee's county of residence.
- 21 440.5 If an eligible person or an eligible person's family displays an ongoing pattern of behavior that is
22 abusive to provider(s), staff or other patients; or, disruptive to the extent that the provider's ability
23 to furnish services to the child or other patients is impaired, the eligible person may be disenrolled
24 from his/her managed care organization. If there is another participating MCO available in the
25 eligible person's county of residence, the Department may allow the eligible person to select a
26 new MCO. If there is not another MCO available in the eligible person's county, the eligible
27 person may be disenrolled from the Children's Basic Health Plan.

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