

**Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO**

**REVISED**

LLS NO. R16-1168.01 Kurt Woock x4349

**SJR16-029**

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**SENATE SPONSORSHIP**

**Tate and Kefalas,**

**HOUSE SPONSORSHIP**

**Arndt and Nordberg,**

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**Senate Committees**

**House Committees**

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**SENATE JOINT RESOLUTION 16-029**

101      **CONCERNING THE RECOMMENDATIONS OF THE COLORADO "MEDICAL**  
102              **CLEAN CLAIMS TRANSPARENCY AND UNIFORMITY ACT" TASK**  
103              **FORCE AND, IN CONNECTION THEREWITH, RECOGNIZING ITS**  
104              **WORK.**

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1              WHEREAS, Medical providers deal with thousands of codes used  
2      to bill payers for patient health care services; and

3              WHEREAS, Each payer applies its own set of edits when  
4      processing payments, resulting in tens of thousands of edits a provider's  
5      staff must track and adopt; and

6              WHEREAS, Administering this process costs providers, payers,  
7      and ultimately the people of Colorado hundreds of millions of dollars  
8      annually; and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

HOUSE  
Final Reading  
April 19, 2016

SENATE  
Final Reading  
April 8, 2016

1           WHEREAS, The Colorado general assembly enacted the "Medical  
2   Clean Claims Transparency and Uniformity Act" Task Force (task force)  
3   in 2010 as part of the state's effort to streamline administration within the  
4   health care system; and

5           WHEREAS, The task force's goals were to develop uniform,  
6   standardized payment rules and claim edits and guide the establishment  
7   and operation of a central repository for accessing the edits and rules; and

8           WHEREAS, A group of about 25 experts, including national  
9   representatives from health plans, software vendors, and health care  
10   providers, deliberated in a fully transparent process for five years, sought  
11   input from stakeholders, and worked by consensus to develop a set of  
12   recommendations; and

13          WHEREAS, The task force created four committees to undertake  
14   its work, resulting in recommendations that achieve major  
15   accomplishments for Colorado and that reach consensus on the  
16   descriptions of diverse types of edits and payment; and

17          WHEREAS, The task force has demonstrated that payers and  
18   providers can work together to develop a transparent and collaborative  
19   process to simplify professional edits for medical claims; and

20          WHEREAS, The task force has moved the process as far as a  
21   single state can in light of the limitations imposed by the national  
22   governance of Medicare, Medicaid, and the "Employee Retirement  
23   Income Security Act of 1974" ("ERISA"); and

24          WHEREAS, The task force was able to finalize a document that  
25   describes the governance and dispute resolution process, providing a  
26   detailed description of the transparent and inclusive process for  
27   developing rules to arrive at a final edit set; and

28          WHEREAS, In spite of these accomplishments, the task force hit  
29   several roadblocks, which it could not remove or circumvent; and

30          WHEREAS, The task force was unable to obtain a commercial  
31   edit set for inclusion in the common edit set because no permanent entity  
32   could satisfy intellectual property protection concerns of vendors; and

1           WHEREAS, The task force was unable to find a sustainable  
2 funding source to implement the common edit set once its work was  
3 completed; and

4           WHEREAS, Health plan providers have expressed a strong desire  
5 to create a template that could be implemented at a national level; and

6           WHEREAS, Many national provider organizations are choosing  
7 not to support the task force without the ability to review the full  
8 commercial edit set and without a common solution to be used by all  
9 states; and

10           WHEREAS, The task force was directed to submit a final report  
11 and a set of recommendations to the Colorado general assembly and the  
12 Colorado commissioner of insurance no later than January 31, 2016,  
13 which deadline was met with a written final report delivered to members  
14 of the House Business Affairs and Labor Committee, the Senate  
15 Business, Labor and Technology Committee, and the commissioner of  
16 insurance in early January, 2016; and

17           *Be It Resolved by the Senate of the Seventieth General Assembly*  
18 *of the State of Colorado, the House of Representatives concurring herein:*

19           That we, the members of the Colorado general assembly:

20           (1) Recognize the substantial accomplishments of the task force  
21 and commend its nonprofit and private-sector participants, who donated  
22 thousands of hours of volunteer time over a five-year period;

23           (2) Recommend that the federal department of health and human  
24 services (DHHS) accept the work product of the task force, adopt its rules  
25 as the basis for the development of a common edit set for professional  
26 claims, make this edit set available for adoption in all states, and assume  
27 the oversight and funding of the process for development of a common  
28 set of edits for professional claims;

29           (3) Recommend that, as part of its work, DHHS adopt the  
30 collaborative and transparent process for the identification and challenge  
31 of problematic or clinically incorrect edits as developed by the task force;

32           (4) Recommend that DHHS make available the resulting edit set  
33 or partial set to affected parties in a format that is downloadable and

1       usable in current and common claims edit programs; and

2               (5) Recommend that DHHS, after a state-specific pilot program  
3       or under a national pilot program, support the adoption of the process,  
4       rules, and edits for use in all states.

5               *Be It Further Resolved*, That copies of this Joint Resolution be sent  
6       to: The Honorable Sylvia Mathews Burwell, Secretary of the U.S.  
7       Department of Health and Human Services; Mr. Andy Slavitt, Acting  
8       Administrator, Centers for Medicare and Medicaid Services; Mr. Jeffrey  
9       Hinson, Regional Administrator, Centers for Medicare and Medicaid  
10      Services; Walter Suarez, MD, Chair, Standards Subcommittee, National  
11      Committee on Vital and Health Statistics; The Colorado Congressional  
12      Delegation; Colorado Governor John Hickenlooper; Susan E. Birch,  
13      Executive Director, Health Care Policy and Financing; Marguerite  
14      Salazar, Insurance Commissioner, Colorado Department of Regulatory  
15      Agencies; Alfred Gilchrist, CEO, Colorado Medical Society; Sarah  
16      Guillaume, Director, Grantmaking Operations, The Colorado Health  
17      Foundation; Laurel Petralia, Program Officer, The Colorado Trust; Wade  
18      Buchanan, The Bell Policy Center; Michael Campo, Colorado Medical  
19      Society Foundation; Amy Downs, Sr. Director, Colorado Health Institute;  
20      James Madara, MD, CEO, American Medical Association; Michael  
21      Donofrio, JD, General Counsel, Green Mountain Care Board; CAQH  
22      CORE; and Barry Keene, President of Keene Research and Development.