Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 22-0603.01 Brita Darling x2241 **SENATE BILL 22-068**

SENATE SPONSORSHIP

Rodriguez,

HOUSE SPONSORSHIP

Lontine and Woog,

Senate Committees
Business, Labor, & Technology
Appropriations

House Committees

A BILL FOR AN ACT

CONCERNING THE CREATION OF A TOOL TO PROVIDE TRANSPARENCY IN HEALTH CLAIMS DATA SUBMITTED TO THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill requires the administrator (administrator) of the all-payer health claims database (database) to create a tool to facilitate the review of certain health claims reimbursement data that are included in the

all-payer health claims database.

The bill includes minimum requirements for the design of the tool, including how the information will be displayed and searchable by users of the tool.

The bill requires the administrator, subject to available appropriations, to update the tool at least annually.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add** 25.5-1-204.7 as follows:

25.5-1-204.7. All-payer health claims database - creation of tool for review of data included in the database - definitions - rules. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "ADMINISTRATOR" MEANS THE ADMINISTRATOR OF THE ALL-PAYER HEALTH CLAIMS DATABASE.

(b) "ALL-PAYER HEALTH CLAIMS DATABASE" OR "DATABASE" MEANS THE ALL-PAYER HEALTH CLAIMS DATABASE CREATED PURSUANT TO SECTION 25.5-1-204.

(c) "CODE" MEANS CPT CODE, HCPCS CODE, OR OTHER PACKAGED SERVICES OR INDUSTRY STANDARD PROCEDURE CODE THAT MAY INCLUDE TIME UNITS, BASE UNIT VALUES, OR MODIFIERS.

(d) "CPT CODE" MEANS THE CURRENT PROCEDURAL TERMINOLOGY CODE, OR ITS SUCCESSOR CODE, AS DEVELOPED AND COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION OR ITS SUCCESSOR ENTITY.

(e) "HEALTHCARE COMMON PROCEDURE CODING SYSTEM CODE" OR "HCPCS CODE" MEANS THE CODE ESTABLISHED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES' ALPHA-NUMERIC EDITORIAL PANEL FOR IDENTIFYING HEALTH-CARE SERVICES IN A

CONSISTENT AND STANDARDIZED MANNER.

(f) "PRIVATE HEALTH-CARE PAYER" MEANS A CARRIER, AS DEFINED IN SECTION 10-16-102 (8), THAT REPORTS CLAIMS RECEIVED FROM AN OUT-OF-NETWORK PROVIDER PURSUANT TO SECTION 12-30-113 (4).

(g) "TOOL" MEANS THE TOOL DEVELOPED BY THE ADMINISTRATOR PURSUANT TO THIS SECTION TO ENABLE USERS TO REVIEW CERTAIN HEALTH CLAIMS REIMBURSEMENT DATA IN THE DATABASE.

(2) (a) TO FACILITATE THE ACCURATE DETERMINATION OF THE REIMBURSEMENT RATES PURSUANT TO SECTIONS 10-16-704 (3)(d) AND (5.5)(b), 12-30-113 (4), AND 25-3-122 (3) AND TO PROVIDE TRANSPARENCY IN THE PROCESS, SUBJECT TO AVAILABLE APPROPRIATIONS, THE ADMINISTRATOR SHALL CREATE AND MAINTAIN A TOOL FOR IMPLEMENTATION BY JANUARY 1, 2023, THAT ENABLES USERS TO REVIEW CERTAIN HEALTH CLAIMS REIMBURSEMENT DATA INCLUDED IN THE ALL-PAYER HEALTH CLAIMS DATABASE.

(b) TO THE EXTENT PRACTICABLE, THE TOOL MUST, AT A MINIMUM:

(I) INCLUDE TWENTY-FIFTH, FIFTIETH, SIXTIETH, AND SEVENTY-FIFTH PERCENTILE OF IN-NETWORK REIMBURSEMENT RATES BASED ON CLAIMS AND THE NUMBER OF CLAIMS SUBMITTED FOR EACH CODE BY PAYER TYPE, FOR ALL CODES WITH SUFFICIENT VOLUME REPORTED TO THE DATABASE, FOR THREE YEARS OF DATA; AND

(II) BE VIEWABLE AND SEARCHABLE BY:

(A) YEAR;

(B) COUNTY;

(C) GEOGRAPHIC RATING AREA AND STATEWIDE;

(D) PAYER TYPE, INCLUDING MEDICAID, MEDICARE, AND PRIVATE HEALTH-CARE PAYERS;

(E) SETTING, INCLUDING IN-PATIENT AND OUTPATIENT SERVICES; AND

(F) SPECIALTY.

(c) THE ADMINISTRATOR SHALL ENSURE THAT THE VIEWING OR REPORTING OF HEALTH CLAIMS DATA THROUGH THE TOOL COMPLIES WITH ALL STATE AND FEDERAL DATA PRIVACY LAWS AND ANTITRUST LAWS.

(3) SUBJECT TO AVAILABLE APPROPRIATIONS, THE ADMINISTRATOR SHALL UPDATE THE TOOL ANNUALLY AND MAY UPDATE THE TOOL MORE FREQUENTLY AS DETERMINED BY THE ADMINISTRATOR.

SECTION 2. Appropriation. For the 2022-23 state fiscal year, $155,250 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund. To implement this act, the department may use this appropriation for the all-payer claims database.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.