

Second Regular Session
Seventieth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. R16-1168.01 Kurt Woock x4349

SJR16-029

SENATE SPONSORSHIP

Tate and Kefalas,

HOUSE SPONSORSHIP

Arndt and Nordberg,

Senate Committees

House Committees

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.

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.

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.