HOUSE BILL 17-1143

A BILL FOR AN ACT

CONCERNING AUDITS OF CORRESPONDENCE SENT TO MEDICAID CLIENTS.

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/)

Interim Study Committee on Communication Between the Department of Health Care Policy and Financing (HCPF) and Medicaid Clients. The bill directs the office of the state auditor (OSA) to conduct or cause to be conducted an audit of client communications, including letters and notices, sent to clients or potential clients in medicaid programs. The audits will be conducted in 2020 and 2023 and
thereafter at the discretion of the state auditor.

Among other items set forth in the bill, the performance audits will review client communications for readability, understandability, and accuracy. In addition, the audits will review available county data regarding customer contacts relating to client confusion with client communications.

The OSA will report audit findings, conclusions, and recommendations to the legislative audit committee, the joint budget committee, the public health care and human services committee of the house of representatives, the health and human services committee of the senate, and the joint technology committee, or any successor committees.

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

SECTION 1. In Colorado Revised Statues, add 25.5-4-213 as follows:

25.5-4-213. Audit of medicaid client correspondence - definition. (1) As used in this section, unless the context otherwise requires, "client correspondence" means any communication, the purpose of which is to provide notice of an approval, denial, termination, or change to an individual's medicaid eligibility; to provide notice of the approval, denial, reduction, suspension, or termination of a medicaid benefit; or to request additional information that is relevant to an individual's medicaid eligibility or benefits.

(2) During the 2020 calendar year and the 2023 calendar year, the office of the state auditor shall conduct or cause to be conducted a performance audit of client correspondence. Thereafter, the state auditor, in the exercise of his or her discretion, may conduct or cause to be conducted additional performance audits of client correspondence pursuant to this section. The audit shall include correspondence generated
THROUGH THE COLORADO BENEFITS MANAGEMENT SYSTEM, AS WELL AS correspondence that is not generated through the Colorado benefits management system.

(3) The performance audit conducted pursuant to this section shall include:

(a) A review of available data from counties, the department's customer service contract center, and from assistors within the health benefit exchange, created in article 22 of title 10, regarding customer service contacts that are related to client confusion regarding correspondence received by Medicaid clients or applicants;

(b) A review of the accuracy of client correspondence at the time it is generated;

(c) A review of whether client correspondence satisfies the requirements of any state or federal law, rule, or regulation relating to the sufficiency of any notice;

(d) A review of any client correspondence testing process conducted by the department and whether testing is done prior to implementing new or significantly revised client communications;

(e) A review of the results of any client correspondence testing, including client comprehension of the intended purpose or purposes of the correspondence; and

(f) A review of the accuracy of client income and household composition information that is communicated electronically, if applicable.

(4) If audit findings include findings that information
CONTAINED IN CLIENT CORRESPONDENCE IS INACCURATE AT THE TIME THE
CORRESPONDENCE WAS GENERATED, THE AUDIT SHALL IDENTIFY, IF
POSSIBLE, THE SOURCE OF THE INACCURATE INFORMATION, WHICH MAY
INCLUDE BUT IS NOT LIMITED TO COMPUTER SYSTEM OR INTERFACE ISSUES,
COUNTY INPUT ERROR, OR APPLICANT ERROR.

(5) BASED ON THE FINDINGS AND CONCLUSIONS IDENTIFIED
DURING THE PERFORMANCE AUDIT CONDUCTED PURSUANT TO THIS
SECTION, THE OFFICE OF THE STATE AUDITOR SHALL MAKE
RECOMMENDATIONS TO THE STATE DEPARTMENT FOR IMPROVING CLIENT
CORRESPONDENCE. ON OR BEFORE DECEMBER 30, 2020, DECEMBER 30,
2023, AND DECEMBER 30 IN ANY CALENDAR YEAR IN WHICH AN AUDIT IS
CONDUCTED PURSUANT TO THIS SECTION, THE OFFICE OF THE STATE
AUDITOR SHALL SUBMIT THE FINDINGS, CONCLUSIONS, AND
RECOMMENDATIONS FROM THE PERFORMANCE AUDIT IN THE FORM OF A
WRITTEN REPORT TO THE LEGISLATIVE AUDIT COMMITTEE, WHICH SHALL
HOLD A PUBLIC HEARING FOR THE PURPOSES OF A REVIEW OF THE REPORT.
THE REPORT SHALL ALSO BE SUBMITTED TO THE JOINT BUDGET
COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE
OF THE HOUSE OF REPRESENTATIVES, THE HEALTH AND HUMAN SERVICES
COMMITTEE OF THE SENATE, AND THE JOINT TECHNOLOGY COMMITTEE, OR
ANY SUCCESSOR COMMITTEES.

SECTION 2. Act subject to petition - effective date. This act
takes effect at 12:01 a.m. on the day following the expiration of the
ninety-day period after final adjournment of the general assembly (August
9, 2017, if adjournment sine die is on May 10, 2017); except that, if a
referendum petition is filed pursuant to section 1 (3) of article V of the
state constitution against this act or an item, section, or part of this act
within such period, then the act, item, section, or part will not take effect
unless approved by the people at the general election to be held in
November 2018 and, in such case, will take effect on the date of the
official declaration of the vote thereon by the governor.