

Second Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

LLS NO. 22-0603.01 Brita Darling x2241

**SENATE BILL 22-068**

---

**SENATE SPONSORSHIP**

**Rodriguez and Kolker,**

**HOUSE SPONSORSHIP**

**Lontine and Woog,**

---

**Senate Committees**

Business, Labor, & Technology  
Appropriations

**House Committees**

---

**A BILL FOR AN ACT**

101 **CONCERNING THE CREATION OF A TOOL TO PROVIDE TRANSPARENCY**  
102 **IN HEALTH CLAIMS DATA SUBMITTED TO THE COLORADO**  
103 **ALL-PAYER HEALTH CLAIMS DATABASE, AND, IN CONNECTION**  
104 **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

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

SENATE  
Amended 2nd Reading  
March 11, 2022

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.

---

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

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

4 **25.5-1-204.7. All-payer health claims database - creation of**  
5 **tool for review of data included in the database - definitions - rules.**

6 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
7 REQUIRES:

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

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

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

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

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

1 CONSISTENT AND STANDARDIZED MANNER.

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

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

8 (2) (a) TO FACILITATE THE ACCURATE DETERMINATION OF THE  
9 REIMBURSEMENT RATES PURSUANT TO SECTIONS 10-16-704 (3)(d) AND  
10 (5.5)(b), 12-30-113 (4), AND 25-3-122 (3) AND TO PROVIDE  
11 TRANSPARENCY IN THE PROCESS, SUBJECT TO AVAILABLE  
12 APPROPRIATIONS, THE ADMINISTRATOR SHALL CREATE AND MAINTAIN A  
13 TOOL FOR IMPLEMENTATION BY JANUARY 1, 2023, THAT ENABLES USERS  
14 TO REVIEW CERTAIN HEALTH CLAIMS REIMBURSEMENT DATA INCLUDED IN  
15 THE ALL-PAYER HEALTH CLAIMS DATABASE. THE TOOL MUST INCLUDE  
16 2018 HEALTH CLAIMS REIMBURSEMENT DATA AS THE FIRST YEAR OF DATA.

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

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

23 (II) BE VIEWABLE AND SEARCHABLE BY:

24 (A) YEAR;

25 (B) COUNTY;

26 (C) GEOGRAPHIC RATING AREA AND STATEWIDE;

27 (D) PAYER TYPE, INCLUDING MEDICAID, MEDICARE, AND PRIVATE

1 HEALTH-CARE PAYERS;

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

3 AND

4 (F) SPECIALTY.

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

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

11 **SECTION 2. Appropriation.** For the 2022-23 state fiscal year,  
12 \$155,250 is appropriated to the department of health care policy and  
13 financing for use by the executive director's office. This appropriation is  
14 from the general fund. To implement this act, the department may use this  
15 appropriation for the all-payer claims database.

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