

CHAPTER 25

HEALTH CARE POLICY AND FINANCING

SENATE BILL 03-187

BY SENATOR(S) Reeves, Owen, and Teck;
also REPRESENTATIVE(S) Plant, Witwer, and Young.

AN ACT

CONCERNING THE ELIMINATION OF SPECIFIED RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING DURING THE MEDICAID ENROLLMENT PROCESS, AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

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

SECTION 1. 26-4-117 (1) (a) (II), Colorado Revised Statutes, is amended to read:

26-4-117. Required features of managed care system. (1) General features. All medicaid managed care programs shall contain the following general features, in addition to others that the state department and the medical services board consider necessary for the effective and cost-efficient operation of those programs:

(a) **Recipient selection of MCOs.** (II) The state department shall inform recipients of the choices available in their area by appropriate sources of information and counseling. This may include an independent, objective facilitator acting under the supervision of the state department. The state department may contract for the facilitator through a competitive bidding process. This function shall ensure that consumers have informed choice among available options to assure the fullest possible voluntary participation in managed care. ~~The state department shall consider, at a minimum, a consumer's usual and historic sources of care, linguistic needs, special medical needs, and transportation needs.~~ The state department, in conjunction with the medical services board, shall adopt ~~regulations~~ RULES setting forth minimum disclosure requirements for all MCOs. Once a recipient is enrolled in an MCO, the recipient may not change to a different MCO for a period of twelve months; except that the recipient may disenroll without good cause during the first ninety days of enrollment or any time thereafter for good cause as determined by the state department. Good cause shall include but need not be limited to administrative

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

error and an MCO's inability to provide its covered services to a recipient after reasonable efforts on the part of the MCO and the recipient, as defined by the medical services board. Based upon its assessment of any special needs of recipients with cognitive disabilities, the medical services board may adopt rules relating to any necessary good cause provisions for recipients with cognitive disabilities who are assigned to a particular MCO pursuant to subparagraph (I) of this paragraph (a).

SECTION 2. Part V (2) and the affected totals of section 2 of chapter 399, Session Laws of Colorado 2002, are amended to read:

Section 2. **Appropriation.**

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

**PART V
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

(2) MEDICAL PROGRAMS ADMINISTRATION^{43, 44}

Personal Services	9,260,099 (147.7 FTE)	4,239,323(M)			71,913 ^a	4,948,863
Operating Expenses	684,213	330,671(M)			250 ^b	353,292
S.B. 01-78 Nursing Home Quality of Care Contract Costs	68,524	34,262(M)				34,262
Alternative Care Facility Cost Reporting System Consulting Services	16,667	8,334(M)				8,333
Medicaid Management Information System Contract	18,324,459	4,418,380(M)			147,191 ^c	13,758,888

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Staffing Costs	298,576 (5.0 FTE)	70,180(M) ^d			6,250 ^e	222,146
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Contract Costs ⁴⁵	11,530,545	2,753,374(M) ^d			180,967 ^e	8,596,204
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Central State Appropriations	2,214,057	520,407(M) ^d			46,351 ^e	1,647,299
Medicaid Authorization Cards	1,323,100	661,550(M)				661,550

Department of Public Health and Environment Facility Survey and Certification	4,081,464	1,124,860(M)		2,956,604
Other Case-Mix Administrative Costs	42,000	12,000(M)		30,000
Contractual Utilization Review	4,557,179	1,157,499(M)	1,093 ^b	3,398,587
Early and Periodic Screening, Diagnosis, and Treatment Program	3,058,718	1,529,359(M)		1,529,359
Nursing Facility Audits	880,650	440,325(M)		440,325
Hospital and Federally Qualified Health Clinic Audits	250,000	125,000(M)		125,000
Nursing Home Preadmission and Resident Assessments	1,240,534	310,134(M)		930,400
Nurse Aide Certification	310,330	142,321(M)	12,844(T) ^f	155,165
Nursing Home Quality Assessments	26,955	6,739(M)		20,216
Estate Recovery	700,000		350,000 ^g	350,000
Single Entry Point Administration	65,900	32,950(M)		32,950
Single Entry Point Audits	35,339	17,669(M)		17,670
Phone Triage/Advice	324,513	81,128(M)		243,385

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
S.B. 97-05 Enrollment						
Broker	1,073,258		536,629(M)			536,629
	818,398		409,199(M)			409,199
Primary Care Physician						
Credentialing	116,788		58,394(M)			58,394
H.B. 01-1271 Medicaid						
Buy-in	<u>327,427</u>					327,427
	60,811,295					
	60,556,435					

^a Of this amount, \$24,907 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S., and \$47,006 shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

^b This amount shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

^c Of this amount, \$146,867(T) shall be from the Old Age Pension Health and Medical Care Fund appropriated in the Department of Human Services and \$324 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

^d Of these amounts, \$3,333,893 is exempt from the statutory limit on state General Fund appropriations pursuant to Section 24-75-201.1 (1) (a) (III) (B), C.R.S.

^e This amount shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

^f This amount shall be from the Department of Regulatory Agencies.

^g This amount shall be from estate recoveries.

TOTALS PART V

**(HEALTH CARE
POLICY AND
FINANCING)^{5,6}**

\$2,714,652,157	\$1,180,936,543^a		\$751,563	\$186,737,806 ^b	\$1,346,226,245
<u>\$2,714,397,297</u>	<u>\$1,180,809,113^a</u>				<u>\$1,346,098,815</u>

^a Of this amount, \$3,355,821 is exempt from the statutory limit on state General Fund appropriations pursuant to Section 24-75-201.1 (1) (a) (III) (B), C.R.S.

^b Of this amount, \$781,748 contains an (L) notation, and \$10,068,871 contains a (T) notation.

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, and safety.

Approved: March 5, 2003