

**First Regular Session
Seventy-first General Assembly
STATE OF COLORADO**

ENGROSSED

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

LLS NO. 17-1135.01 Brita Darling x2241

SENATE BILL 17-295

SENATE SPONSORSHIP

Lundberg, Lambert, Moreno

HOUSE SPONSORSHIP

Young, Hamner, Rankin

Senate Committees
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING REVISIONS TO STATE AGENCY REPORTS CONCERNING**
102 **FRAUD IN THE MEDICAID PROGRAM.**

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/>.)

Joint Budget Committee. The bill updates the department of health care policy and financing's (state department) annual reporting on efforts to detect and prosecute medicaid client fraud and the attorney general's annual reporting on medicaid provider fraud. The bill requires the state department to annually submit a single, comprehensive report on client and provider fraud in the medicaid program, including information

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.

SENATE
2nd Reading Unamended
April 28, 2017

received annually from the attorney general.

The bill adds the joint budget committee to the legislative committees receiving the report and requires that the report include additional cost and savings information.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-1-115.5, **amend**
3 (1) introductory portion, (1)(d), and (1)(e); and **add** (1)(f) as follows:

4 **25.5-1-115.5. Medical assistance fraud - report.** (1) On or
5 before ~~January 15, 2013~~ NOVEMBER 1, 2017, and on or before ~~January 15~~
6 NOVEMBER 1 each year thereafter, the state department shall submit a
7 written report to the JOINT BUDGET COMMITTEE; THE judiciary committee
8 and the PUBLIC health CARE and ~~environment~~ HUMAN SERVICES committee
9 of the house of representatives, or their successor committees; and to the
10 judiciary committee and the health and human services committee of the
11 senate, or their successor committees, ~~relating to~~ CONCERNING FRAUD IN
12 THE MEDICAID PROGRAM. THE STATE DEPARTMENT SHALL COMPILE A
13 SINGLE, COMPREHENSIVE REPORT THAT INCLUDES THE INFORMATION
14 DESCRIBED IN THIS SUBSECTION (1), AS WELL AS INFORMATION THAT THE
15 ATTORNEY GENERAL PROVIDES TO THE STATE DEPARTMENT PURSUANT TO
16 SECTION 25.5-4-303.3. THE STATE DEPARTMENT SHALL REPORT TO THE
17 GENERAL ASSEMBLY CONCERNING THE fraudulent receipt of medicaid
18 benefits, including, at a minimum:

19 (d) Recoveries, including fines and penalties, restitution ordered,
20 and restitution collected; **and**

21 (e) Trends in methods used to commit client fraud, excluding law
22 enforcement-sensitive information; **AND**

23 (f) AN ESTIMATE OF THE TOTAL SAVINGS, TOTAL COST, AND NET

1 COST-EFFECTIVENESS OF FRAUD DETECTION AND RECOVERY EFFORTS.

2 **SECTION 2.** In Colorado Revised Statutes, 25.5-4-303.3, **amend**
3 (1) introductory portion, (1)(d), and (1)(e); and **add** (1)(f) as follows:

4 **25.5-4-303.3. Provider fraud - attorney general report.** (1) ~~On~~
5 ~~or before January 15, 2013, and on or before January 15 each year~~
6 ~~thereafter,~~ NO LATER THAN OCTOBER 1, 2017, AND NO LATER THAN
7 OCTOBER 1 EACH YEAR THEREAFTER, the attorney general shall submit a
8 written report to the ~~judiciary committee and the health and environment~~
9 ~~committee of the house of representatives, or their successor committees,~~
10 ~~and to the judiciary committee and the health and human services~~
11 ~~committee of the senate, or their successor committees;~~ STATE
12 DEPARTMENT FOR INCLUSION IN A SINGLE, COMPREHENSIVE REPORT TO
13 THE GENERAL ASSEMBLY CONCERNING MEDICAID FRAUD PURSUANT TO
14 SECTION 25.5-1-115.5. THE ATTORNEY GENERAL SHALL PROVIDE
15 INFORMATION relating to medicaid provider fraud including, at a
16 minimum:

17 (d) Civil claims; ~~and~~

18 (e) Trends in methods used to commit provider fraud, excluding
19 law enforcement-sensitive information; AND

20 (f) AN ESTIMATE OF THE TOTAL SAVINGS, TOTAL COST, AND NET
21 COST-EFFECTIVENESS OF FRAUD DETECTION AND RECOVERY EFFORTS.

22 **SECTION 3. Act subject to petition - effective date.** This act
23 takes effect at 12:01 a.m. on the day following the expiration of the
24 ninety-day period after final adjournment of the general assembly (August
25 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a
26 referendum petition is filed pursuant to section 1 (3) of article V of the
27 state constitution against this act or an item, section, or part of this act

1 within such period, then the act, item, section, or part will not take effect
2 unless approved by the people at the general election to be held in
3 November 2018 and, in such case, will take effect on the date of the
4 official declaration of the vote thereon by the governor.