# First Regular Session Seventy-fifth General Assembly STATE OF COLORADO

### **ENGROSSED**

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

LLS NO. 25-0417.01 Chelsea Princell x4335

**HOUSE BILL 25-1033** 

#### **HOUSE SPONSORSHIP**

Lieder and Garcia Sander,

SENATE SPONSORSHIP

Weissman,

# **House Committees**

**Senate Committees** 

Health & Human Services

#### A BILL FOR AN ACT

101 CONCERNING MEDICAL ASSISTANCE THIRD-PARTY LIABILITY
102 PAYMENTS.

### **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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

The bill requires third-party payers to reimburse the department of health care policy and financing (state department) for health-care items and services rendered to a medicaid member regardless of whether prior authorization was obtained.

The bill requires third-party payers to respond to the state department's inquiry regarding a claim for payment no later than 60 days

after receiving the state department's inquiry. The third party must respond either by paying the claim or issuing a written denial of the claim to the state department.

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** In Colorado Revised Statutes, 25.5-4-209, amend 3 (2)(b)(III), (2)(b)(IV) introductory portion, and (2)(b)(IV)(B); and add 4 (2)(b)(V) as follows: 5 25.5-4-209. Payments by third parties - copayments by 6 members - review - appeal - children's waiting list reduction fund -7 rules. (2) (b) A third party, as a condition of doing business in the state, 8 shall: 9 (III) Respond to any inquiry by the state NO LATER THAN SIXTY 10 DAYS FOLLOWING THE RECEIPT OF AN INQUIRY BY THE STATE DEPARTMENT 11 regarding a claim for payment for any health-care item or service that is 12 submitted not NO later than three years after the date of the provision of 13 the health-care item or service; and SERVICE, RESPOND BY EITHER PAYING 14 THE CLAIM OR ISSUING A WRITTEN DENIAL TO THE STATE DEPARTMENT; 15 Agree not to deny a claim submitted by the state (IV) 16 DEPARTMENT solely on the basis of the date of submission of the claim, 17 the type or format of the claim form, or a failure to present proper 18 documentation at the point of sale that is the basis of the claim, if: 19 (B) Any action by the state DEPARTMENT to enforce its rights with 20 respect to the claim is commenced within six years after the state's STATE 21 DEPARTMENT'S submission of the claim; AND 22 (V) ACCEPT THE STATE DEPARTMENT'S PAYMENT OF A CLAIM FOR 23 A HEALTH-CARE ITEM OR SERVICE TO BE THE EQUIVALENT OF THE 24 HEALTH-CARE PROVIDER OR THE MEMBER HAVING OBTAINED PRIOR

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AUTHORIZATION FOR THE ITEM OR SERVICE FROM THE THIRD PAR'

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institutions.

SECTION 2. Safety clause. The general assembly finds,
determines, and declares that this act is necessary for the immediate
preservation of the public peace, health, or safety or for appropriations for
the support and maintenance of the departments of the state and state

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