

SB267_L.009

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Finance.SB17-267 be amended as follows:

1 Amend printed bill, page 17, after line 17 insert:

2 "SECTION 6. In Colorado Revised Statutes, 25.5-4-301, amend
3 (1)(a)(I) and (1)(a)(II); and add (1)(a)(II.3) as follows:

4 **25.5-4-301. Recoveries - overpayments - penalties - interest -**
5 **adjustments - liens - review or audit procedures.** (1) (a) (I) Except as
6 provided in section 25.5-4-302 and subparagraph (III) of this paragraph
7 ~~(a)~~, no SUBSECTION (1)(a)(III) OF THIS SECTION, A recipient or estate of the
8 recipient shall be IS NOT liable for the cost or the cost remaining after
9 payment by medicaid, medicare, or a private insurer of medical benefits
10 authorized by Title XIX of the social security act, by this title TITLE 25.5,
11 or by rules promulgated by the state board, which FOR benefits are
12 rendered to the recipient by a provider of medical services WHO IS
13 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM AND authorized to
14 render such THE service in the state of Colorado, except FOR those
15 contributions required pursuant to section 25.5-4-209 (1). However, a
16 recipient may enter into a documented agreement with a provider WHO IS
17 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM under which the
18 recipient agrees to pay for items or services that are nonreimbursable
19 under the medical assistance program. Under these circumstances, a
20 recipient is liable for the cost of such THOSE services and items.

21 (II) The provisions of subparagraph ~~(f)~~ of this paragraph ~~(a)~~ shall
22 SUBSECTION (1)(a)(I) OF THIS SECTION apply regardless of whether
23 medicaid has actually reimbursed the provider. and regardless of whether
24 the provider is enrolled in the Colorado medical assistance program.

25 (II.3) IF A PROVIDER WHO IS NOT ENROLLED IN THE MEDICAL
26 ASSISTANCE PROGRAM PROVIDES MEDICAL SERVICES TO A RECIPIENT THAT
27 WOULD BE REIMBURSABLE UNDER THE MEDICAL ASSISTANCE PROGRAM IF
28 THE PROVIDER WERE AN ENROLLED PROVIDER, PRIOR TO PROVIDING
29 MEDICAL SERVICES, THE NONENROLLED PROVIDER SHALL ENTER INTO A
30 WRITTEN AGREEMENT WITH THE RECIPIENT. THE AGREEMENT MUST SET
31 FORTH THE SPECIFIC MEDICAL SERVICES PROVIDED, THE USUAL AND
32 CUSTOMARY COST FOR THE SERVICES, THE COST TO THE RECIPIENT FOR
33 THE SERVICES PROVIDED, AND THE TERMS OF PAYMENT BY THE CLIENT.
34 THE AGREEMENT MUST ALSO INCLUDE THE STATEMENT THAT THE
35 RECIPIENT UNDERSTANDS THAT HE OR SHE WOULD NOT BE LIABLE FOR THE
36 COST OF REIMBURSABLE MEDICAL SERVICES IF THE RECIPIENT OBTAINED
37 THE SERVICES FROM AN ENROLLED PROVIDER. THE AGREEMENT MUST BE



1 SIGNED AND DATED BY BOTH THE RECIPIENT AND THE NONENROLLED
2 PROVIDER. UNDER THESE CIRCUMSTANCES, THE RECIPIENT IS LIABLE FOR
3 THE COST OF THE MEDICAL SERVICES."

4 Renumber succeeding sections accordingly.

5 Page 56, line 18, strike "6 through 15, 17, and 18" and substitute "7
6 through 16, 18, and 19".

7 Page 56, line 20, strike "6 through 15, 17, and 18" and substitute "7
8 through 16, 18, and 19".

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