

Second Regular Session  
Sixty-seventh General Assembly  
STATE OF COLORADO

**REENGROSSED**

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

LLS NO. 10-0916.01 Thomas Morris

**SENATE BILL 10-178**

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**SENATE SPONSORSHIP**

**Hodge and Mitchell,**

**HOUSE SPONSORSHIP**

**Gerou and Miklosi,**

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**Senate Committees**  
Judiciary

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING FAIRNESS IN WORKERS' COMPENSATION HEALTH CARE**  
102 **PROVIDER REVIEW PROCESSES, AND, IN CONNECTION**  
103 **THEREWITH, REQUIRING               PERFORMANCE PROGRAM**  
104 **PROGRAMS TO BE TRANSPARENT, INCLUDE OBJECTIVE AND**  
105 **STANDARDIZED CRITERIA THAT ARE APPLIED CONSISTENTLY,**  
106 **AND PROVIDE MINIMUM DUE PROCESS TO PROVIDERS.**

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**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://www.leg.state.co.us/billsummaries>.)*

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  
3rd Reading Unamended  
April 20, 2010

SENATE  
Amended 2nd Reading  
April 19, 2010

The bill creates the "Provider Review and Disclosure Act". The act requires workers' compensation insurers to include quality and patient data in performance initiatives. The act also requires such initiatives to be based on objective data that is available to affected providers. The act requires credentialing, quality, and service reviews to be based on objective criteria that are applied consistently. The act provides due process for health care providers, including disclosure of the processes followed, the provider's rights, and an appeal process to challenge results and decisions relating to performance initiatives.

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

2 **SECTION 1.** Article 43 of title 8, Colorado Revised Statutes, is  
3 amended BY THE ADDITION OF A NEW PART to read:

4 **PART 6**

5 **PROVIDER REVIEW AND DISCLOSURE**

6 **8-43-601. Short title.** THIS PART 6 SHALL BE KNOWN AND MAY BE  
7 CITED AS THE "PROVIDER REVIEW AND DISCLOSURE ACT".

8 **8-43-602. Legislative declaration.**      THE GENERAL ASSEMBLY  
9 FINDS, DETERMINES, AND DECLARES THAT INSURER PERFORMANCE  
10 PROGRAMS ARE USED IN MARKETING, SALES, AND OTHER EFFORTS, AND, AS  
11 SUCH, MAY IMPACT AN EMPLOYER'S SELECTION OF AN AUTHORIZED  
12 HEALTH CARE PROVIDER. TO PROTECT PATIENTS, EMPLOYERS, AND  
13 PROVIDERS, AND TO AVOID IMPROPER PROFILING, ALL PERFORMANCE  
14 PROGRAMS MUST BE FAIR, OBJECTIVE, CONSISTENTLY APPLIED, AND  
15 ACCORD PROVIDERS DUE PROCESS. CONSISTENT WITH THESE GOALS,  
16 PERFORMANCE PROGRAMS SHOULD ALIGN INCENTIVES NOT ONLY WITH  
17 EFFICIENT OPERATIONS, BUT ALSO WITH COST-EFFECTIVE, HIGH-QUALITY  
18 CARE. ACCORDINGLY, THE GENERAL ASSEMBLY FINDS THAT REQUIRING  
19 MINIMUM STANDARDS AND FULL DISCLOSURE OF PERFORMANCE PROGRAM  
20 DATA AND METHODOLOGIES WILL HELP IMPROVE THE QUALITY AND

1 EFFICIENCY OF HEALTH CARE DELIVERED TO COLORADO WORKERS.

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3 **8-43-603. Definitions.** AS USED IN THIS PART 6, UNLESS THE  
4 CONTEXT OTHERWISE REQUIRES:

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6 (1) "INSURER" MEANS AN ENTITY THAT PROVIDES WORKERS'  
7 COMPENSATION INSURANCE COVERAGE REQUIRED BY ARTICLE 44 OF THIS  
8 TITLE, INCLUDING ANY THIRD-PARTY INSURER OR SELF-INSURED  
9 EMPLOYER.

10 (2) "METHODOLOGY" MEANS THE METHOD BY WHICH AN  
11 ASSESSMENT OR MEASUREMENT IS DETERMINED, INCLUDING ALGORITHMS  
12 OR STUDIES, EVALUATION OF DATA, APPLICATION OF GUIDELINES, OR  
13 PERFORMANCE MEASURES.

14 (3) "PATIENT" MEANS A PERSON WHO QUALIFIES FOR HEALTH CARE  
15 BENEFITS UNDER ARTICLES 40 TO 47 OF THIS TITLE.

16 (4) "PERFORMANCE PROGRAM" MEANS ANY PROGRAM, SYSTEM, OR  
17 PROCESS THROUGH WHICH AN INSURER RATES OR RECOGNIZES THE COST,  
18 EFFICIENCY, QUALITY, OR OTHER ASSESSMENT OR MEASUREMENT OF A  
19 PROVIDER'S CARE, WHETHER THROUGH AWARDS, PAYMENTS, ASSIGNMENT,  
20 OR CHARACTERIZATION OR REPRESENTATION THAT IS DISCLOSED TO  
21 PATIENTS, OTHER PROVIDERS, EMPLOYERS, OR THE PUBLIC.

22 (5) "PROVIDER" MEANS A PHYSICIAN LICENSED UNDER THE  
23 "COLORADO MEDICAL PRACTICE ACT", ARTICLE 36 OF TITLE 12, C.R.S.,  
24 OR A CLINIC THAT PROVIDES HEALTH CARE PURSUANT TO ARTICLES 40 TO  
25 47 OF THIS TITLE.

26 **8-43-604. Performance programs.** (1) ALL PERFORMANCE  
27 PROGRAMS SHALL INCLUDE, AT A MINIMUM:

1 (a) A QUALITY OF CARE COMPONENT THAT IS SATISFIED BY USING  
2 STANDARD TREATMENT GUIDELINES PROMULGATED BY THE DIRECTOR  
3 PURSUANT TO SECTION 8-42-101 OR EVIDENCED-BASED ADMINISTRATIVE,  
4 OPERATIONAL, OR CLINICAL PERFORMANCE MEASURES THAT IMPROVE  
5 CARE;

6 (b) A CLEAR REPRESENTATION OF THE WEIGHT GIVEN TO THE  
7 QUALITY OF CARE COMPONENT IN COMPARISON WITH OTHER FACTORS,  
8 WHICH WEIGHT SHALL BE EQUAL TO OR GREATER THAN ANY OTHER  
9 FACTOR;

10 (c) IF A PERFORMANCE PROGRAM INCLUDES AN EMPLOYER  
11 SATISFACTION ELEMENT, A PATIENT SATISFACTION ELEMENT, WHICH  
12 SHALL BE WEIGHTED EQUAL TO OR GREATER THAN THE EMPLOYER  
13 SATISFACTION ELEMENT;

14 (d) STATISTICAL ANALYSES THAT ARE OBJECTIVE, ACCURATE,  
15 VALID, RELIABLE, AND VERIFIABLE;

16 (e) A PERIOD OF ASSESSMENT OF DATA, PERTINENT TO THE  
17 PERFORMANCE PROGRAM, WHICH SHALL BE UPDATED AT APPROPRIATE  
18 INTERVALS;

19 (f) IF CLAIMS DATA ARE USED, ACCURATE CLAIMS DATA  
20 APPROPRIATELY ATTRIBUTED TO THE PROVIDER. WHEN REASONABLY  
21 AVAILABLE, THE INSURER SHALL USE AGGREGATED DATA FROM OTHER  
22 INSURERS TO SUPPLEMENT ITS OWN CLAIMS DATA.

23 (g) THE PROVIDER'S RESPONSIBILITY FOR HEALTH CARE DECISIONS  
24 AND THE FINANCIAL CONSEQUENCES OF THOSE DECISIONS, WHICH SHALL  
25 BE FAIRLY AND ACCURATELY ATTRIBUTED TO THE PROVIDER.

26 (2) PERFORMANCE PROGRAM RESULTS SHALL BE REPORTED TO  
27 EACH PROVIDER REVIEWED IN THE PROGRAM AND SHALL INCLUDE

1 COMPARISON OF THE PROVIDER'S RESULTS TO THE RESULTS OF THE  
2 PROVIDER'S PEERS.

3 (3) ANY DISCLOSURE TO PATIENTS, OTHER PROVIDERS,  
4 EMPLOYERS, OR THE PUBLIC OF THE RESULTS OF A PERFORMANCE  
5 PROGRAM SHALL BE ACCOMPANIED BY A CONSPICUOUS DISCLAIMER  
6 WRITTEN IN BOLD-FACED TYPE STATING THAT THE INFORMATION IS  
7 INTENDED ONLY AS A GUIDE, SHOULD NOT BE THE SOLE FACTOR IN  
8 SELECTING A PROVIDER, HAS A RISK OF ERROR, AND SHOULD BE DISCUSSED  
9 WITH THE PROVIDER.

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11 **8-43-605. Due process.** (1) AT LEAST FORTY-FIVE DAYS BEFORE  
12 DISCLOSING THE RESULTS OF A PERFORMANCE PROGRAM, AN INSURER  
13 SHALL GIVE A PROVIDER WRITTEN NOTICE OF THE AVAILABILITY OF THE  
14 PROVIDER'S INDIVIDUAL RESULT, SPECIFIC INSTRUCTIONS ON HOW THE  
15 PROVIDER CAN ACCESS THE RESULT, AND A DESCRIPTION OF THE  
16 IMPLICATIONS TO THE PROVIDER. THE WRITTEN NOTICE SHALL DESCRIBE  
17 THE PROCEDURES BY WHICH THE PROVIDER MAY REQUEST:

18 (a) THE INFORMATION REQUIRED TO BE DISCLOSED UNDER  
19 SUBSECTION (2) OF THIS SECTION; AND

20 (b) AN APPEAL OF THE RESULT PURSUANT TO SUBSECTION (3) OF  
21 THIS SECTION.

22 (2) (a) WITHIN TEN BUSINESS DAYS AFTER RECEIVING A REQUEST  
23 BY OR ON BEHALF OF A PROVIDER, AN INSURER SHALL DISCLOSE, IN A  
24 MANNER THAT IS REASONABLY UNDERSTANDABLE AND THAT ALLOWS THE  
25 PROVIDER TO VERIFY THE DATA AGAINST HIS OR HER RECORDS, THE  
26 METHODOLOGY AND ALL DATA UPON WHICH A PROVIDER'S \_\_\_\_\_  
27 PERFORMANCE PROGRAM RESULT WAS CALCULATED, WITH SUFFICIENT

1     DETAIL TO ALLOW THE PROVIDER TO DETERMINE THE EFFECT OF THE  
2     METHODOLOGY ON THE DATA REVIEWED.

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4             (b) AN INSURER SHALL NOT USE THE "UNIFORM TRADE SECRETS  
5     ACT", ARTICLE 74 OF TITLE 7, C.R.S., TO AVOID COMPLIANCE WITH THIS  
6     SECTION.

7             (3) INSURERS SHALL ESTABLISH PROCEDURES FOR PROVIDERS TO  
8     APPEAL THE RESULTS OF A \_\_\_\_\_ PERFORMANCE PROGRAM. SUCH  
9     PROCEDURES, IN ADDITION TO THE DISCLOSURES AND THE WRITTEN NOTICE  
10    FURNISHED, SHALL PROVIDE:

11            (a) A REASONABLE METHOD BY WHICH THE PROVIDER MAY SUBMIT  
12    NOTICE OF THE DESIRE TO APPEAL;

13            (b) THE NAME, TITLE, QUALIFICATIONS, AND RELATIONSHIP TO THE  
14    INSURER OF ANY PERSON RESPONSIBLE FOR DECIDING THE APPEAL, WHO  
15    SHALL BE AUTHORIZED TO UPHOLD, MODIFY, OR REJECT RESULTS OR  
16    REQUIRE ADDITIONAL ACTION TO ENSURE THAT RESULTS ARE FAIR,  
17    REASONABLE, ACCURATE, AND COMPLY WITH THE REQUIREMENTS OF THIS  
18    PART 6:

19            (c) AN OPPORTUNITY FOR A PROVIDER TO SUBMIT OR HAVE  
20    CONSIDERED CORRECTED DATA OR OTHER INFORMATION RELEVANT TO  
21    THE RESULTS OR THE APPROPRIATENESS OF THE METHODOLOGY USED. IF  
22    REQUESTED, A PROVIDER MAY APPEAR AT A FACE-TO-FACE MEETING WITH  
23    THOSE RESPONSIBLE FOR THE APPEAL DECISION AT A LOCATION  
24    REASONABLY CONVENIENT TO THE PROVIDER OR BY TELECONFERENCE.  
25    THE PROVIDER SHALL SUBMIT IN WRITING ANY CORRECTED DATA OR  
26    INFORMATION IN ADVANCE OF THE MEETING.

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1           (d) THE PROVIDER'S RIGHT TO BE ASSISTED BY A REPRESENTATIVE,  
2 INCLUDING AN ATTORNEY;

3           (e) A DETAILED WRITTEN DECISION REGARDING THE APPEAL THAT  
4 STATES THE REASONS FOR UPHOLDING, MODIFYING, OR REJECTING THE  
5 APPEAL;

6           (f) RESOLUTION OF THE APPEAL WITHIN FORTY-FIVE DAYS AFTER  
7 THE DATE UPON WHICH THE DATA AND METHODOLOGY ARE DISCLOSED  
8 UNLESS OTHERWISE AGREED TO BY THE PARTIES TO THE APPEAL; AND

9           (g) A STAY ON THE IMPLEMENTATION, USE, AND DISCLOSURE OF  
10 AND ACTION UPON THE INDIVIDUAL RESULTS OF THE \_\_\_ PERFORMANCE  
11 PROGRAM UNTIL THE APPEAL, AND ANY SUBSEQUENT HEARING REQUESTED  
12 PURSUANT TO SECTION 8-43-207, HAS BECOME FINAL.

13           **8-43-606. Enforcement.** (1) AN INSURER SHALL NOT LIMIT, BY  
14 CONTRACT OR OTHER MEANS, THE RIGHT OF A PROVIDER TO ENFORCE THIS  
15 PART 6.

16           (2) THIS PART 6 MAY BE ENFORCED THROUGH A HEARING  
17 PURSUANT TO SECTION 8-43-207 OR IN A CIVIL ACTION, AND ANY  
18 REMEDIES AT LAW AND IN EQUITY ARE AVAILABLE.

19           (3) A VIOLATION OF THIS PART 6 CONSTITUTES AN UNFAIR OR  
20 DECEPTIVE ACT OR PRACTICE UNDER PART 11 OF ARTICLE 3 OF TITLE 10,  
21 C.R.S.

22           **8-43-607. Filing with director.** AT LEAST THIRTY DAYS BEFORE  
23 IMPLEMENTING ANY NEW OR AMENDED PERFORMANCE PROGRAM, AN  
24 INSURER SHALL FILE A DETAILED DESCRIPTION OF THE PERFORMANCE  
25 PROGRAM WITH THE DIRECTOR.

26           **SECTION 2.** 10-3-1104 (1), Colorado Revised Statutes, is  
27 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

1            **10-3-1104. Unfair methods of competition and unfair or**  
2 **deceptive acts or practices.** (1) The following are defined as unfair  
3 **methods of competition and unfair or deceptive acts or practices in the**  
4 **business of insurance:**

5            **(hh) VIOLATION OF PART 6 OF ARTICLE 43 OF TITLE 8, C.R.S.**

6            **SECTION 3. Specified effective date - applicability.** This act  
7 shall take effect July 1, 2010, and shall apply to performance programs  
8      conducted on or after said date.

9            **SECTION 4. Safety clause.** The general assembly hereby finds,  
10 determines, and declares that this act is necessary for the immediate  
11 preservation of the public peace, health, and safety.