First Regular Session Seventieth General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House **SENATE BILL 15-228**

LLS NO. 15-0996.01 Jerry Barry x4341

SENATE SPONSORSHIP

Steadman, Grantham, Lambert

HOUSE SPONSORSHIP

Rankin, Hamner, Young

Senate Committees Health & Human Services Appropriations

House Committees Health, Insurance, & Environment Appropriations

A BILL FOR AN ACT

101 **CONCERNING A PROCESS FOR THE PERIODIC REVIEW OF PROVIDER** 102 RATES UNDER THE "COLORADO MEDICAL ASSISTANCE ACT",

103 AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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.)

Joint Budget Committee. The bill establishes a process for the department of health care policy and financing (department) to review provider fee rates. It requires the department to establish a schedule of rates to be reviewed so that every rate is reviewed every 5 years. It authorizes out-of-cycle review of rates at the request of the joint budget Reading Unamended May 1, 2015

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committee (JBC) or the medicaid provider rate review advisory committee (committee) established pursuant to the bill.

In reviewing rates, the department first conducts an analysis of the access, services, quality, and utilization of the service and provides a report to the JBC and the committee. The department then conducts a review of the report, including public meetings, with stakeholders. The department works with the office of state planning and budgeting to develop recommendations within the overall state budget. Finally, the department submits a report to the JBC on the review and its recommendations on or before November 1 of each year.

The bill requires leadership in both houses to appoint members of the committee and establishes duties for the committee.

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** In Colorado Revised Statutes, add 25.5-4-401.5 as 3 follows: 4 25.5-4-401.5. Review of provider rates - advisory committee 5 - recommendations - repeal. (1) (a) ON OR BEFORE SEPTEMBER 1, 2015, 6 THE STATE DEPARTMENT SHALL ESTABLISH A SCHEDULE FOR AN ANNUAL 7 REVIEW OF PROVIDER RATES PAID UNDER THE "COLORADO MEDICAL 8 ASSISTANCE ACT" SO THAT EACH PROVIDER RATE IS REVIEWED AT LEAST 9 EVERY FIVE YEARS AND SHALL PROVIDE THE SCHEDULE TO THE JOINT 10 BUDGET COMMITTEE. IF THE STATE DEPARTMENT RECEIVES ANY PETITIONS 11 OR PROPOSALS FOR PROVIDER RATES TO BE REVIEWED OR ADJUSTED, THE 12 STATE DEPARTMENT MUST FORWARD A COPY OF THE PETITION OR 13 PROPOSAL TO THE ADVISORY COMMITTEE. 14 (b) THE STATE DEPARTMENT SHALL REVIEW EACH OF THE 15 PROVIDER RATES SCHEDULED FOR REVIEW PURSUANT TO THE PROCESS 16 DESCRIBED IN THIS SECTION. ADDITIONALLY, THE ADVISORY COMMITTEE 17 ESTABLISHED PURSUANT TO SUBSECTION (3) OF THIS SECTION, BY A 18 MAJORITY VOTE, OR THE JOINT BUDGET COMMITTEE, BY A MAJORITY VOTE, 19 MAY DIRECT THAT THE STATE DEPARTMENT CONDUCT A REVIEW OF A

1 PROVIDER RATE THAT IS NOT SCHEDULED FOR REVIEW DURING THAT YEAR. 2 THE ADVISORY COMMITTEE OR THE JOINT BUDGET COMMITTEE SHALL 3 NOTIFY THE STATE DEPARTMENT BY DECEMBER 1 OF THE YEAR PRIOR TO 4 THE YEAR IN WHICH THE OUT-OF-CYCLE REVIEW WILL TAKE PLACE OF THE 5 REQUEST FOR AN OUT-OF-CYCLE REVIEW. 6 (c) (I) THE STATE DEPARTMENT MAY PROPOSE TO EXCLUDE RATES 7 FROM THE SCHEDULE ESTABLISHED PURSUANT TO PARAGRAPH (a) OF THIS 8 SUBSECTION (1) IF THOSE RATES ARE ADJUSTED ON A PERIODIC BASIS AS A 9 RESULT OF OTHER STATE STATUTE OR FEDERAL LAW OR REGULATION. THE 10 STATE DEPARTMENT SHALL INCLUDE THE PROPOSED LIST OF EXCLUSIONS 11 WITH THE SCHEDULE ESTABLISHED PURSUANT TO PARAGRAPH (a) OF THIS 12 SUBSECTION (1). 13 (II) THE ADVISORY COMMITTEE OR THE JOINT BUDGET COMMITTEE 14 MAY BY A MAJORITY VOTE DIRECT THE STATE DEPARTMENT TO INCLUDE 15 ANY RATE THAT THE STATE DEPARTMENT HAS PROPOSED TO EXCLUDE 16 FROM THE SCHEDULE. 17 (2) (a) IN THE FIRST PHASE OF THE REVIEW PROCESS, THE STATE 18 DEPARTMENT SHALL CONDUCT AN ANALYSIS OF THE ACCESS, SERVICE, 19 QUALITY, AND UTILIZATION OF EACH SERVICE SUBJECT TO A PROVIDER 20 RATE REVIEW. THE STATE DEPARTMENT SHALL COMPARE THE RATES PAID 21 WITH AVAILABLE BENCHMARKS, INCLUDING MEDICARE RATES AND USUAL 22 AND CUSTOMARY RATES PAID BY PRIVATE PAY PARTIES, AND USE 23 QUALITATIVE TOOLS TO ASSESS WHETHER PAYMENTS ARE SUFFICIENT TO 24 ALLOW FOR PROVIDER RETENTION AND CLIENT ACCESS AND TO SUPPORT 25 APPROPRIATE REIMBURSEMENT OF HIGH-VALUE SERVICES. ON OR BEFORE 26 MAY 1, 2016, AND EACH MAY 1 THEREAFTER, THE STATE DEPARTMENT 27 SHALL PROVIDE A REPORT ON THE ANALYSIS REQUIRED BY THIS

PARAGRAPH (a) TO THE ADVISORY COMMITTEE, THE JOINT BUDGET
 COMMITTEE, AND ANY STAKEHOLDER GROUPS IDENTIFIED BY THE STATE
 DEPARTMENT WHOSE RATES ARE REVIEWED.

4 (b) FOLLOWING THE REPORT REQUIRED BY PARAGRAPH (a) OF THIS
5 SUBSECTION (2), THE STATE DEPARTMENT SHALL WORK WITH THE
6 ADVISORY COMMITTEE AND ANY STAKEHOLDERS IDENTIFIED BY THE STATE
7 DEPARTMENT TO REVIEW THE REPORT AND DEVELOP STRATEGIES FOR
8 RESPONDING TO THE FINDINGS, INCLUDING ANY NONFISCAL APPROACHES
9 OR REBALANCING OF RATES.

10 (c) FOLLOWING THE REVIEW REQUIRED BY PARAGRAPH (b) OF THIS
11 SUBSECTION (2), THE STATE DEPARTMENT SHALL WORK WITH THE OFFICE
12 OF STATE PLANNING AND BUDGETING TO DETERMINE ACHIEVABLE GOALS
13 AND EXECUTIVE BRANCH PRIORITIES WITHIN THE STATEWIDE BUDGET.

14 (d) ON OR BEFORE NOVEMBER 1, 2016, AND EACH NOVEMBER 1 15 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT A WRITTEN REPORT 16 TO THE JOINT BUDGET COMMITTEE AND THE ADVISORY COMMITTEE 17 CONTAINING ITS RECOMMENDATIONS ON ALL OF THE PROVIDER RATES 18 REVIEWED PURSUANT TO THE SECTION AND ALL OF THE DATA RELIED UPON 19 BY THE STATE DEPARTMENT IN MAKING ITS RECOMMENDATIONS. THE 20 JOINT BUDGET COMMITTEE SHALL CONSIDER THE RECOMMENDATIONS IN 21 FORMULATING THE BUDGET FOR THE STATE DEPARTMENT.

(3) (a) THERE IS CREATED IN THE STATE DEPARTMENT THE
MEDICAID PROVIDER RATE REVIEW ADVISORY COMMITTEE, REFERRED TO
IN THIS SECTION AS THE "ADVISORY COMMITTEE", TO ASSIST THE STATE
DEPARTMENT IN THE REVIEW OF THE PROVIDER RATE REIMBURSEMENTS
UNDER THE "COLORADO MEDICAL ASSISTANCE ACT". THE ADVISORY
COMMITTEE SHALL:

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1 (I) REVIEW THE SCHEDULE FOR ANNUAL REVIEW OF PROVIDER 2 RATES ESTABLISHED BY THE STATE DEPARTMENT PURSUANT TO 3 PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION AND RECOMMEND 4 ANY CHANGES TO THE SCHEDULE; 5 (II) REVIEW THE REPORTS PREPARED BY THE STATE DEPARTMENT 6 ON ITS ANALYSIS OF PROVIDER RATES PURSUANT TO PARAGRAPH (a) OF 7 SUBSECTION (2) OF THIS SECTION AND PROVIDE COMMENTS AND FEEDBACK 8 TO THE STATE DEPARTMENT ON THE REPORTS; 9 (III) WITH THE STATE DEPARTMENT, CONDUCT PUBLIC MEETINGS 10 TO ALLOW PROVIDERS, RECIPIENTS, AND OTHER INTERESTED PARTIES AN 11 OPPORTUNITY TO COMMENT ON THE REPORT REQUIRED BY PARAGRAPH (a) 12 OF SUBSECTION (2) OF THIS SECTION; 13 (IV) REVIEW PROPOSALS OR PETITIONS FOR PROVIDER RATES TO BE 14 REVIEWED OR ADJUSTED RECEIVED BY THE ADVISORY COMMITTEE; 15 (V) DETERMINE WHETHER ANY PROVIDER RATES NOT SCHEDULED 16 FOR REVIEW DURING THE NEXT CALENDAR YEAR SHOULD BE REVIEWED 17 DURING THAT CALENDAR YEAR; 18 (VI) RECOMMEND TO THE STATE DEPARTMENT AND TO THE JOINT 19 BUDGET COMMITTEE ANY CHANGES TO THE PROCESS OF REVIEWING 20 PROVIDER RATES, INCLUDING MEASURES TO INCREASE ACCESS TO THE 21 PROCESS SUCH AS BY PROVIDING FOR ELECTRONIC COMMENTS BY 22 PROVIDERS AND THE PUBLIC; AND 23 (VII) PROVIDE OTHER ASSISTANCE TO THE STATE DEPARTMENT AS 24 REQUESTED BY THE STATE DEPARTMENT OR THE JOINT BUDGET 25 COMMITTEE. 26 (b) THE ADVISORY COMMITTEE CONSISTS OF THE FOLLOWING 27 **TWENTY-FOUR MEMBERS:**

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1 (I) THE FOLLOWING MEMBERS APPOINTED BY THE PRESIDENT OF 2 THE SENATE: 3 (A) A RECIPIENT WITH A DISABILITY OR A REPRESENTATIVE OF 4 **RECIPIENTS WITH A DISABILITY;** 5 (B) A REPRESENTATIVE OF HOSPITALS PROVIDING SERVICES TO 6 RECIPIENTS RECOMMENDED BY A STATEWIDE ASSOCIATION OF HOSPITALS; 7 (C) A REPRESENTATIVE OF PROVIDERS OF _____ TRANSPORTATION; 8 (D) A REPRESENTATIVE OF RURAL HEALTH CENTERS; 9 (E) A REPRESENTATIVE OF HOME HEALTH PROVIDERS 10 RECOMMENDED BY A STATEWIDE ORGANIZATION OF HOME HEALTH 11 PROVIDERS; AND 12 (F) A REPRESENTATIVE OF PROVIDERS OF DURABLE MEDICAL 13 EQUIPMENT RECOMMENDED BY A STATEWIDE ASSOCIATION OF DURABLE 14 MEDICAL EQUIPMENT PROVIDERS; 15 (II) THE FOLLOWING MEMBERS APPOINTED BY THE MINORITY 16 LEADER OF THE SENATE: 17 (A) A __REPRESENTATIVE OF PROVIDERS OF BEHAVIORAL HEALTH 18 CARE SERVICES; 19 (B) A REPRESENTATIVE OF PRIMARY CARE PHYSICIANS WHO SEE 20 RECIPIENTS RECOMMENDED BY A STATEWIDE ASSOCIATION OF PRIMARY 21 CARE PHYSICIANS; 22 (C) A REPRESENTATIVE OF DENTISTS PROVIDING SERVICES TO 23 RECIPIENTS RECOMMENDED BY A STATEWIDE ASSOCIATION OF DENTISTS; 24 A REPRESENTATIVE OF FEDERALLY QUALIFIED HEALTH (D) 25 CENTERS; 26 (E) A REPRESENTATIVE OF NONMEDICAL HOME- AND 27 COMMUNITY-BASED SERVICE PROVIDERS; AND

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1	(F) A REPRESENTATIVE OF <u>PROVIDERS SERVING RECIPIENTS WITH</u>
2	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES;
3	(III) THE FOLLOWING MEMBERS APPOINTED BY THE SPEAKER OF
4	THE HOUSE OF REPRESENTATIVES:
5	(A) A REPRESENTATIVE OF <u>CHILD</u> RECIPIENTS WITH A
6	DISABILITY;
7	(B) A REPRESENTATIVE OF SPECIALTY CARE PHYSICIANS <u>NOT</u>
8	EMPLOYED BY A HOSPITAL WHO SEE RECIPIENTS RECOMMENDED BY A
9	STATEWIDE ASSOCIATION WHOSE MEMBERS INCLUDE AT LEAST ONE-THIRD
10	OF THE DOCTORS OF MEDICINE OR OSTEOPATHY LICENSED BY THE STATE;
11	(C) A REPRESENTATIVE OF PROVIDERS OF ALTERNATIVE CARE
12	FACILITIES RECOMMENDED BY A STATEWIDE ASSOCIATION OF
13	<u>ALTERNATIVE CARE FACILITIES;</u>
14	(D) A REPRESENTATIVE OF SINGLE ENTRY POINT AGENCIES;
15	(E) A REPRESENTATIVE OF AMBULATORY SURGICAL CENTERS;
16	(F) A REPRESENTATIVE OF HOSPICE <u>PROVIDERS RECOMMENDED BY</u>
17	A STATEWIDE ASSOCIATION OF HOSPICE AND PALLIATIVE CARE PROVIDERS;
18	AND
19	(IV) The following members appointed by the minority
20	LEADER OF THE HOUSE OF REPRESENTATIVES:
21	(A) A REPRESENTATIVE OF <u>SUBSTANCE USE DISORDER</u>
22	PROVIDERS RECOMMENDED BY A STATEWIDE ASSOCIATION OF SUBSTANCE
23	<u>USE DISORDER PROVIDERS;</u>
24	(B) A REPRESENTATIVE OF <u>FACILITY-BASED PHYSICIANS WHO SEE</u>
25	<u>recipients. For purposes of this sub-subparagraph (B).</u>
26	"FACILITY-BASED PHYSICIANS" INCLUDE ANESTHESIOLOGISTS, EMERGENCY
27	ROOM PHYSICIANS, NEONATOLOGISTS, PATHOLOGISTS, AND RADIOLOGISTS.

1 (C) A REPRESENTATIVE OF PHARMACISTS PROVIDING SERVICES TO 2 RECIPIENTS;

3 (D) A REPRESENTATIVE OF MANAGED CARE HEALTH PLANS; 4 (E) A REPRESENTATIVE OF ADVANCED PRACTICE NURSES 5 RECOMMENDED BY A STATEWIDE ASSOCIATION OF NURSES; AND A REPRESENTATIVE OF PHYSICAL THERAPISTS OR 6 (F) 7 OCCUPATIONAL THERAPISTS RECOMMENDED BY A STATEWIDE 8 ASSOCIATION REPRESENTING OCCUPATIONAL OR PHYSICAL THERAPISTS. 9 (c) THE APPOINTING AUTHORITIES SHALL MAKE THEIR INITIAL 10 APPOINTMENTS TO THE ADVISORY COMMITTEE NO LATER THAN AUGUST 11 1, 2015. IN MAKING APPOINTMENTS TO THE ADVISORY COMMITTEE, THE 12 APPOINTING AUTHORITIES SHALL MAKE A CONCERTED EFFORT TO INCLUDE 13 MEMBERS OF DIVERSE POLITICAL, RACIAL, CULTURAL, INCOME, AND ABILITY GROUPS AND MEMBERS FROM URBAN AND RURAL AREAS. 14

15 (d) EACH MEMBER OF THE ADVISORY COMMITTEE SERVES AT THE
16 PLEASURE OF THE OFFICIAL WHO APPOINTED THE MEMBER. EACH MEMBER
17 OF THE ADVISORY COMMITTEE SERVES A FOUR-YEAR TERM AND MAY BE
18 REAPPOINTED.

(e) THE MEMBERS OF THE ADVISORY COMMITTEE SERVE WITHOUT
 COMPENSATION AND WITHOUT REIMBURSEMENT FOR EXPENSES.

(f) AT THE FIRST MEETING OF THE ADVISORY COMMITTEE, <u>TO BE</u>
<u>HELD ON OR AFTER SEPTEMBER 1, 2015</u>, THE MEMBERS SHALL ELECT A
CHAIR <u>AND VICE-CHAIR</u> FROM AMONG THE MEMBERS.

(g) THE ADVISORY COMMITTEE SHALL MEET AT LEAST ONCE EVERY
QUARTER. THE CHAIR MAY CALL SUCH ADDITIONAL MEETINGS AS MAY BE
NECESSARY FOR THE ADVISORY COMMITTEE TO COMPLETE ITS DUTIES.

27 (h) THE ADVISORY COMMITTEE SHALL DEVELOP BYLAWS AND

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1 PROCEDURES TO GOVERN ITS OPERATIONS.

2 (i) (I) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE SEPTEMBER
3 1, 2025.

4 (II) PRIOR TO REPEAL, THE DEPARTMENT OF REGULATORY
5 AGENCIES SHALL CONDUCT A SUNSET REVIEW OF THE ADVISORY
6 COMMITTEE PURSUANT TO THE PROVISIONS OF SECTION 2-3-1203, C.R.S.
7 SECTION 2. In Colorado Revised Statutes, 2-3-1203, add (3) (11)
8 as follows:

9 2-3-1203. Sunset review of advisory committees. (3) The
10 following dates are the dates on which the statutory authorization for the
11 designated advisory committee is scheduled for repeal:

(11) SEPTEMBER 1, 2025:

12

(I) THE MEDICAID PROVIDER RATE REVIEW ADVISORY COMMITTEE
CREATED IN SECTION 25.5-4-401.5, C.R.S.

SECTION 3. Appropriation. (1) For the 2015-16 state fiscal year, $\underline{\$269,912}$ is appropriated to the department of health care policy and financing. This appropriation is from the general fund and is based on an assumption that the department of health care policy and financing will require an additional <u>4.0 FTE.</u> To implement this act, the department of health care policy and financing may use this appropriation to establish an annual rate review process as follows:

- 22 (a) \$133,606 for personal services;
- 23 (b) \$11,306 for operating expenses; and

24 (c) \$125,000 for general professional services and special
25 projects.

26 (2) For the 2015-16 state fiscal year, the general assembly27 anticipates that the department of health care policy and financing will

receive <u>\$269,911</u> in federal funds for an annual rate review process. The
appropriation in subsection (1) of this section is based on the assumption
that the department will receive this amount of federal funds to be used
as follows:

(a) <u>\$133,605</u> for personal services;
(b) <u>\$11,306</u> for operating expenses; and
(c) \$125,000 for general professional services and special projects.
SECTION 4. 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.