

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

REENGROSSED

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

LLS NO. 17-0698.01 Brita Darling x2241

SENATE BILL 17-004

SENATE SPONSORSHIP

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HOUSE SPONSORSHIP

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Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING ACCESS BY MEDICAID RECIPIENTS TO NONENROLLED**
102 **MEDICAL PROVIDERS.**

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>.)

Under current law, recipients of services under the Colorado medical assistance program (medicaid) are not responsible for the cost of services by a medical provider or the cost remaining after payment by medicaid or another private insurer, regardless of whether the medical provider is enrolled in the medicaid program, unless the medical services provided are nonreimbursable by medicaid. The bill amends the statute

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
March 2, 2017

SENATE
2nd Reading Unamended
March 1, 2017

so that the prohibition on charging medicaid recipients for medical services applies only if the medical provider is enrolled in medicaid.

Prior to providing medical services to a medicaid recipient, a nonenrolled provider must enter into a written agreement with the recipient as specified in the bill. If the requirements are met, the medicaid recipient would be responsible for the cost of the medical services.

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

2 **SECTION 1.** 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 (I) of this paragraph (a)~~ shall
22 SUBSECTION (1)(a)(I) OF THIS SECTION apply regardless of whether

1 medicaid has actually reimbursed the provider. ~~and regardless of whether~~
2 ~~the provider is enrolled in the Colorado medical assistance program.~~

3 (II.3) IF A PROVIDER WHO IS NOT ENROLLED IN THE MEDICAL
4 ASSISTANCE PROGRAM PROVIDES MEDICAL SERVICES TO A RECIPIENT THAT
5 WOULD BE REIMBURSABLE UNDER THE MEDICAL ASSISTANCE PROGRAM IF
6 THE PROVIDER WERE AN ENROLLED PROVIDER, PRIOR TO PROVIDING
7 MEDICAL SERVICES, THE NONENROLLED PROVIDER SHALL ENTER INTO A
8 WRITTEN AGREEMENT WITH THE RECIPIENT. THE AGREEMENT MUST SET
9 FORTH THE SPECIFIC MEDICAL SERVICES PROVIDED, THE USUAL AND
10 CUSTOMARY COST FOR THE SERVICES, THE COST TO THE RECIPIENT FOR
11 THE SERVICES PROVIDED, AND THE TERMS OF PAYMENT BY THE CLIENT.
12 THE AGREEMENT MUST ALSO INCLUDE THE STATEMENT THAT THE
13 RECIPIENT UNDERSTANDS THAT HE OR SHE WOULD NOT BE LIABLE FOR THE
14 COST OF REIMBURSABLE MEDICAL SERVICES IF THE RECIPIENT OBTAINED
15 THE SERVICES FROM AN ENROLLED PROVIDER. THE AGREEMENT MUST BE
16 SIGNED AND DATED BY BOTH THE RECIPIENT AND THE NONENROLLED
17 PROVIDER. UNDER THESE CIRCUMSTANCES, THE RECIPIENT IS LIABLE FOR
18 THE COST OF THE MEDICAL SERVICES.

19 **SECTION 2. Act subject to petition - effective date.** This act
20 takes effect at 12:01 a.m. on the day following the expiration of the
21 ninety-day period after final adjournment of the general assembly (August
22 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a
23 referendum petition is filed pursuant to section 1 (3) of article V of the
24 state constitution against this act or an item, section, or part of this act
25 within such period, then the act, item, section, or part will not take effect
26 unless approved by the people at the general election to be held in

- 1 November 2018 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.