

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB26-1096 be amended as follows:

1 Amend reengrossed bill, page 4, after line 23 insert:

2 "(5) (a) A DIRECT PRIMARY HEALTH-CARE PROVIDER THAT
3 PROVIDES PRIMARY CARE SERVICES TO A MEMBER EITHER THROUGH THE
4 DIRECT PURCHASE OF PRIMARY CARE SERVICES OR A DIRECT PRIMARY
5 CARE AGREEMENT ENTERED INTO BETWEEN THE DIRECT PRIMARY
6 HEALTH-CARE PROVIDER AND THE MEMBER SHALL, IF THE MEMBER
7 AGREES AND SIGNS MEDICAL RELEASE FORMS, COOPERATE WITH THE
8 MANAGED CARE ENTITY ASSIGNED TO THE MEMBER FOR THE PURPOSE OF
9 FACILITATING CARE PLANNING AND CARE COORDINATION FOR SERVICES
10 NOT PROVIDED BY THE DIRECT PRIMARY HEALTH-CARE PROVIDER.

11 (b) COOPERATION REQUIRED PURSUANT TO SUBSECTION (5)(a) OF
12 THIS SECTION INCLUDES:

13 (I) TIMELY NOTIFICATION TO THE MANAGED CARE ENTITY WHEN
14 THE DIRECT PRIMARY HEALTH-CARE PROVIDER IDENTIFIES, SUSPECTS, OR
15 DIAGNOSES AN ACUTE, CHRONIC, BEHAVIORAL HEALTH, OR COMPLEX
16 CONDITION REQUIRING SERVICES BEYOND THE SCOPE OF THE DIRECT
17 PRIMARY CARE AGREEMENT;

18 (II) RESPONDING TO REQUESTS RECEIVED BY THE MANAGED CARE
19 ENTITY FOR INFORMATION NECESSARY TO SUPPORT CARE PLANNING OR
20 CARE COORDINATION WITHIN A REASONABLE TIME;

21 (III) REFERRING THE MEMBER TO PROVIDERS ENROLLED IN THE
22 COLORADO MEDICAL ASSISTANCE PROGRAM WHEN SERVICES THAT THE
23 MEMBER REQUIRES ARE OUTSIDE THE SCOPE OF THE DIRECT PRIMARY CARE
24 AGREEMENT;

25 (IV) AVOIDING ACTIONS THAT WOULD KNOWINGLY INTERFERE
26 WITH THE MEMBER'S ABILITY TO ACCESS SERVICES COVERED UNDER THE
27 COLORADO MEDICAL ASSISTANCE PROGRAM;

28 (V) PROVIDING THE MEMBER WITH CONTACT INFORMATION FOR
29 THE MEMBER'S ASSIGNED MANAGED CARE ENTITY; AND

30 (VI) REFERRING MEMBERS WHO ARE UNDER TWENTY-ONE YEARS
31 OLD FOR REGULAR SCREENINGS, DIAGNOSTIC SERVICES, AND MEDICALLY
32 NECESSARY TREATMENT COVERED UNDER SECTION 1905(a) OF THE
33 FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1396d(r).

34 (c) THE EXISTENCE OF A DIRECT PRIMARY CARE AGREEMENT
35 BETWEEN A DIRECT PRIMARY HEALTH-CARE PROVIDER AND A MEMBER
36 DOES NOT PRECLUDE A DIRECT PRIMARY HEALTH-CARE PROVIDER FROM
37 TIMELY RESPONDING TO QUALITY OF CARE OVERSIGHT INQUIRIES OR FROM
38 PRODUCING MEDICAL RECORDS UPON REQUEST AS A RESULT OF A FEDERAL
39 OR STATE AUDIT OR RELATED TO PROGRAM INTEGRITY OR QUALITY
40 IMPROVEMENT ACTIVITIES."

41 Renumber succeeding subsections accordingly.

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