

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 COOPERATE WITH THE  
7 MANAGED CARE ENTITY ASSIGNED TO THE MEMBER FOR THE PURPOSE OF  
8 FACILITATING CARE PLANNING AND CARE COORDINATION FOR SERVICES  
9 NOT PROVIDED BY THE DIRECT PRIMARY HEALTH-CARE PROVIDER.

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

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

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

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

24 (IV) TIMELY NOTIFICATION TO THE MANAGED CARE ENTITY IF THE  
25 MEMBER CANCELS OR TERMINATES THE DIRECT PRIMARY CARE  
26 AGREEMENT WITH THE DIRECT PRIMARY HEALTH-CARE PROVIDER;

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

30 (VI) PROVIDING THE MEMBER WITH CONTACT INFORMATION FOR  
31 THE MEMBER'S ASSIGNED MANAGED CARE ENTITY; AND

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

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

43 Renumber succeeding subsections accordingly.

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