

## CHAPTER 303

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**HEALTH CARE POLICY AND FINANCING**

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## SENATE BILL 17-121

BY SENATOR(S) Crowder and Lundberg, Aguilar, Baumgardner, Cooke, Court, Hill, Kefalas, Kerr, Marble, Martinez Humenik, Merrifield, Moreno, Neville T., Smallwood, Tate, Todd, Grantham;  
also REPRESENTATIVE(S) Danielson and Landgraf, Becker K., Buckner, Esgar, Garnett, Ginal, Gray, Hamner, Herod, Hooton, Jackson, Kennedy, Lontine, Michaelson Jenet, Mitsch Bush, Pettersen, Rankin, Rosenthal, Salazar, Valdez, Young.

**AN ACT**

**CONCERNING IMPROVING MEDICAID CLIENT CORRESPONDENCE, AND, IN CONNECTION THEREWITH,  
MAKING AN APPROPRIATION.**

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

**SECTION 1.** In Colorado Revised Statutes, **add** 25.5-4-212 as follows:

**25.5-4-212. Medicaid client correspondence improvement process - legislative declaration - definition.** (1) (a) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(I) ACCURATE, UNDERSTANDABLE, TIMELY, INFORMATIVE, AND CLEAR CORRESPONDENCE FROM THE STATE DEPARTMENT IS CRITICAL TO THE LIFE AND HEALTH OF MEDICAID RECIPIENTS, AND, IN SOME CASES, IS A MATTER OF LIFE AND DEATH FOR OUR MOST VULNERABLE POPULATIONS;

(II) UNCLEAR, CONFUSING, AND LATE CORRESPONDENCE FROM THE STATE DEPARTMENT CAUSES AN INCREASED WORKLOAD FOR THE STATE, COUNTIES ADMINISTERING THE MEDICAID PROGRAM, AND NONPROFIT ADVOCACY GROUPS ASSISTING CLIENTS; AND

(III) GOVERNMENT SHOULD BE A GOOD STEWARD OF TAXPAYERS' MONEY, ENSURING THAT IT IS SPENT IN THE MOST COST-EFFECTIVE MANNER.

(b) THEREFORE, THE GENERAL ASSEMBLY FINDS THAT IMPROVING MEDICAID CLIENT CORRESPONDENCE IS CRITICAL TO THE HEALTH AND SAFETY OF MEDICAID CLIENTS AND WILL REDUCE UNNECESSARY CONFUSION THAT REQUIRES CLIENTS TO

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*Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.*

CALL COUNTIES AND THE STATE DEPARTMENT OR FILE APPEALS.

(2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "CLIENT CORRESPONDENCE" MEANS ANY COMMUNICATION, THE PURPOSE OF WHICH IS TO PROVIDE NOTICE OF AN APPROVAL, DENIAL, TERMINATION, OR CHANGE TO AN INDIVIDUAL'S MEDICAID ELIGIBILITY; TO PROVIDE NOTICE OF THE APPROVAL, DENIAL, REDUCTION, SUSPENSION, OR TERMINATION OF A MEDICAID BENEFIT; OR TO REQUEST ADDITIONAL INFORMATION THAT IS RELEVANT TO DETERMINING AN INDIVIDUAL'S MEDICAID ELIGIBILITY OR BENEFITS. "CLIENT CORRESPONDENCE" DOES NOT INCLUDE COMMUNICATIONS REGARDING THE STATE DEPARTMENT'S REVIEW OF TRUSTS OR REVIEW OF DOCUMENTS OR RECORDS RELATING TO TRUSTS.

(3) THE STATE DEPARTMENT SHALL IMPROVE MEDICAID CLIENT CORRESPONDENCE BY ENSURING THAT CLIENT CORRESPONDENCE REVISED OR CREATED AFTER JANUARY 1, 2018:

- (a) IS WRITTEN USING PERSON-FIRST, PLAIN LANGUAGE;
- (b) IS WRITTEN IN A FORMAT THAT INCLUDES THE DATE OF THE CORRESPONDENCE AND A CLIENT GREETING;
- (c) IS CONSISTENT, USING THE SAME TERMS THROUGHOUT TO THE EXTENT PRACTICABLE INCLUDING COMMONLY USED PROGRAM NAMES;
- (d) IS ACCURATELY TRANSLATED INTO THE SECOND MOST COMMONLY SPOKEN LANGUAGE IN THE STATE IF A CLIENT INDICATES THAT THIS IS THE CLIENT'S WRITTEN LANGUAGE OF PREFERENCE OR AS REQUIRED BY LAW;
- (e) INCLUDES A STATEMENT TRANSLATED INTO THE TOP FIFTEEN LANGUAGES MOST COMMONLY SPOKEN BY INDIVIDUALS IN COLORADO WITH LIMITED ENGLISH PROFICIENCY INFORMING AN APPLICANT OR CLIENT HOW TO SEEK FURTHER ASSISTANCE IN UNDERSTANDING THE CONTENT OF THE CORRESPONDENCE;
- (f) CLEARLY CONVEYS THE PURPOSE OF THE CLIENT CORRESPONDENCE, THE ACTION OR ACTIONS BEING TAKEN BY THE STATE DEPARTMENT OR ITS DESIGNATED ENTITY, IF ANY, AND THE SPECIFIC ACTION OR ACTIONS THAT THE CLIENT MUST OR MAY TAKE IN RESPONSE TO THE CORRESPONDENCE;
- (g) INCLUDES A SPECIFIC DESCRIPTION OF ANY NECESSARY INFORMATION OR DOCUMENTS REQUESTED FROM THE APPLICANT OR CLIENT;
- (h) INCLUDES CONTACT INFORMATION FOR CLIENT QUESTIONS; AND
- (i) INCLUDES A SPECIFIC AND PLAIN LANGUAGE EXPLANATION OF THE BASIS FOR THE DENIAL, REDUCTION, SUSPENSION, OR TERMINATION OF THE BENEFIT IF APPLICABLE.

(4) SUBJECT TO THE AVAILABILITY OF SUFFICIENT APPROPRIATIONS AND RECEIPT OF FEDERAL FINANCIAL PARTICIPATION, ON AND AFTER JULY 1, 2018, THE STATE DEPARTMENT SHALL MAKE ELECTRONICALLY AVAILABLE TO A CLIENT SPECIFIC AND DETAILED INFORMATION CONCERNING THE CLIENT'S HOUSEHOLD COMPOSITION,

ASSETS, INCOME SOURCES, AND INCOME AMOUNTS, IF RELEVANT TO A DETERMINATION FOR WHICH CLIENT CORRESPONDENCE WAS ISSUED. IF IMPLEMENTED, THE STATE DEPARTMENT SHALL NOTIFY CLIENTS IN THE WRITTEN CORRESPONDENCE OF THE OPTION TO ACCESS THIS INFORMATION.

(5) THE STATE DEPARTMENT IS ENCOURAGED TO PROMOTE THE RECEIPT OF CLIENT CORRESPONDENCE ELECTRONICALLY OR THROUGH MOBILE APPLICATIONS FOR CLIENTS WHO CHOOSE THOSE METHODS OF DELIVERY AS ALLOWED BY LAW.

(6) AS PART OF ITS ONGOING PROCESS TO CREATE AND IMPROVE CLIENT CORRESPONDENCE, THE STATE DEPARTMENT MAY ENGAGE WITH EXPERTS IN WRITTEN COMMUNICATION AND PLAIN LANGUAGE TO TEST CLIENT CORRESPONDENCE AGAINST THE CRITERIA SET FORTH IN SUBSECTION (3) OF THIS SECTION WITH A GEOGRAPHICALLY DIVERSE AND REPRESENTATIVE SAMPLE OF MEDICAID CLIENTS RELEVANT TO THE CLIENT CORRESPONDENCE BEING REVISED. THE STATE DEPARTMENT SHALL ALSO DEVELOP A PROCESS TO REVIEW AND CONSIDER FEEDBACK FROM STAKEHOLDERS INCLUDING CLIENT ADVOCATES AND COUNTIES PRIOR TO IMPLEMENTING SIGNIFICANT CHANGES TO CORRESPONDENCE.

(7) THE STATE DEPARTMENT SHALL ENSURE THAT CLIENT CORRESPONDENCE THAT MAY ONLY AFFECT A SMALL NUMBER OF CLIENTS, BUT MAY, NONETHELESS, HAVE A SIGNIFICANT IMPACT ON THE LIVES OF THOSE CLIENTS, IS APPROPRIATELY PRIORITIZED FOR REVISION.

(8) AS PART OF ITS ANNUAL PRESENTATION MADE TO ITS LEGISLATIVE COMMITTEE OF REFERENCE PURSUANT TO SECTION 2-7-203, THE STATE DEPARTMENT SHALL PRESENT INFORMATION CONCERNING:

(a) ITS PROCESS FOR ONGOING IMPROVEMENT OF CLIENT CORRESPONDENCE;

(b) CLIENT CORRESPONDENCE REVISED PURSUANT TO CRITERIA SET FORTH IN SUBSECTION (3) OF THIS SECTION DURING THE PRIOR YEAR AND CLIENT CORRESPONDENCE IMPROVEMENTS THAT ARE PLANNED FOR THE UPCOMING YEAR; AND

(c) A DESCRIPTION OF THE RESULTS OF TESTING OF NEW OR SIGNIFICANTLY REVISED CLIENT CORRESPONDENCE PURSUANT TO SUBSECTION (6) OF THIS SECTION, INCLUDING A DESCRIPTION OF THE STAKEHOLDER FEEDBACK.

**SECTION 2.** In Colorado Revised Statutes, 25.5-4-213, amend as added by **House Bill 17-1143** (1) as follows:

**25.5-4-213. Audit of medicaid client correspondence - definition.** (1) As used in this section, unless the context otherwise requires, "client correspondence" ~~means any communication, the purpose of which is to provide notice of an approval, denial, termination, or change to an individual's medicaid eligibility; to provide notice of the approval, denial, reduction, suspension, or termination of a medicaid benefit; or to request additional information that is relevant to an individual's medicaid eligibility or benefits~~ HAS THE SAME MEANING AS DEFINED IN SECTION 25.5-4-212.

**SECTION 3. Appropriation.** (1) For the 2017-18 state fiscal year, \$141,890 is appropriated to the department of health care policy and financing for use by the executive director's office. Of this appropriation \$95,662 is from the general fund and \$46,228 is from the hospital provider fee cash fund created in section 25.5-4-402.3 (4)(a), C.R.S., and is based on an assumption that the department will require an additional 0.7 FTE. To implement this act, the office may use this appropriation as follows:

(a) \$24,576, which consists of \$16,569 from general fund and \$8,007 from the hospital provider fee cash fund created in section 25.5-4-402.3 (4)(a), C.R.S., for personal services, which amount is based on an assumption that the office will require an additional 0.7 FTE;

(b) \$11,982, which consists of \$8,078 from general fund and \$3,904 from the hospital provider fee cash fund created in section 25.5-4-402.3 (4)(a), C.R.S., for operating expenses;

(c) \$50,000, which consists of \$33,710 from general fund and \$16,290 from the hospital provider fee cash fund created in section 25.5-4-402.3 (4)(a), C.R.S., for general professional services and special projects; and

(d) \$55,332, which consists of \$37,305 from general fund and \$18,027 from the hospital provider fee cash fund created in section 25.5-4-402.3 (4)(a), C.R.S., for medicaid management information system maintenance and projects.

(2) For the 2017-18 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$141,891 in federal funds to implement this act, which amount is included for informational purposes only. 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) \$24,577 for personal services;

(b) \$11,982 for operating expenses;

(c) \$50,000 for general professional services and special projects; and

(d) \$55,332 for medicaid management information system maintenance and projects.

**SECTION 4. Appropriation.** For the 2017-18 state fiscal year, \$8,100 is appropriated to the department of personnel for use by the administrative courts. This appropriation is from the general fund. To implement this act, the administrative courts may use this appropriation for operating expenses.

**SECTION 5. Act subject to petition - effective date.** This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect

unless approved by the people at the general election to be held in November 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: June 2, 2017