

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 22-0603.01 Brita Darling x2241

SENATE BILL 22-068

SENATE SPONSORSHIP

Rodriguez and Kolker, Buckner, Danielson, Donovan, Ginal, Gonzales, Hinrichsen,
Jaquez Lewis, Lee, Moreno, Pettersen, Rankin, Story, Winter

HOUSE SPONSORSHIP

Lontine and Woog,

Senate Committees

Business, Labor, & Technology
Appropriations

House Committees

Health & Insurance
Appropriations

A BILL FOR AN ACT

101 CONCERNING THE CREATION OF A TOOL TO PROVIDE TRANSPARENCY
102 IN HEALTH CLAIMS DATA SUBMITTED TO THE COLORADO
103 ALL-PAYER HEALTH CLAIMS DATABASE, AND, IN CONNECTION
104 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://leg.colorado.gov>.)

The bill requires the administrator (administrator) of the all-payer health claims database (database) to create a tool to facilitate the review of certain health claims reimbursement data that are included in the

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

HOUSE
2nd Reading Unamended
May 4, 2022

SENATE
3rd Reading Unamended
March 14, 2022

SENATE
Amended 2nd Reading
March 11, 2022

all-payer health claims database.

The bill includes minimum requirements for the design of the tool, including how the information will be displayed and searchable by users of the tool.

The bill requires the administrator, subject to available appropriations, to update the tool at least annually.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-1-204.7 as
3 follows:

4 **25.5-1-204.7. All-payer health claims database - creation of**
5 **tool for review of data included in the database - definitions - rules.**

6 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
7 REQUIRES:

8 (a) "ADMINISTRATOR" MEANS THE ADMINISTRATOR OF THE
9 ALL-PAYER HEALTH CLAIMS DATABASE.

10 (b) "ALL-PAYER HEALTH CLAIMS DATABASE" OR "DATABASE"
11 MEANS THE ALL-PAYER HEALTH CLAIMS DATABASE CREATED PURSUANT
12 TO SECTION 25.5-1-204.

13 (c) "CODE" MEANS CPT CODE, HCPCS CODE, OR OTHER
14 PACKAGED SERVICES OR INDUSTRY STANDARD PROCEDURE CODE THAT
15 MAY INCLUDE TIME UNITS, BASE UNIT VALUES, OR MODIFIERS.

16 (d) "CPT CODE" MEANS THE CURRENT PROCEDURAL TERMINOLOGY
17 CODE, OR ITS SUCCESSOR CODE, AS DEVELOPED AND COPYRIGHTED BY THE
18 AMERICAN MEDICAL ASSOCIATION OR ITS SUCCESSOR ENTITY.

19 (e) "HEALTHCARE COMMON PROCEDURE CODING SYSTEM CODE"
20 OR "HCPCS CODE" MEANS THE CODE ESTABLISHED BY THE FEDERAL
21 CENTERS FOR MEDICARE AND MEDICAID SERVICES' ALPHA-NUMERIC
22 EDITORIAL PANEL FOR IDENTIFYING HEALTH-CARE SERVICES IN A

1 CONSISTENT AND STANDARDIZED MANNER.

2 (f) "PRIVATE HEALTH-CARE PAYER" MEANS A CARRIER, AS DEFINED
3 IN SECTION 10-16-102 (8), THAT REPORTS CLAIMS RECEIVED FROM AN
4 OUT-OF-NETWORK PROVIDER PURSUANT TO SECTION 12-30-113 (4).

5 (g) "TOOL" MEANS THE TOOL DEVELOPED BY THE ADMINISTRATOR
6 PURSUANT TO THIS SECTION TO ENABLE USERS TO REVIEW CERTAIN
7 HEALTH CLAIMS REIMBURSEMENT DATA IN THE DATABASE.

8 (2) (a) TO FACILITATE THE ACCURATE DETERMINATION OF THE
9 REIMBURSEMENT RATES PURSUANT TO SECTIONS 10-16-704 (3)(d) AND
10 (5.5)(b), 12-30-113 (4), AND 25-3-122 (3) AND TO PROVIDE
11 TRANSPARENCY IN THE PROCESS, SUBJECT TO AVAILABLE
12 APPROPRIATIONS, THE ADMINISTRATOR SHALL CREATE AND MAINTAIN A
13 TOOL FOR IMPLEMENTATION BY JANUARY 1, 2023, THAT ENABLES USERS
14 TO REVIEW CERTAIN HEALTH CLAIMS REIMBURSEMENT DATA INCLUDED IN
15 THE ALL-PAYER HEALTH CLAIMS DATABASE. THE TOOL MUST INCLUDE
16 2018 HEALTH CLAIMS REIMBURSEMENT DATA AS THE FIRST YEAR OF DATA.

17 (b) TO THE EXTENT PRACTICABLE, THE TOOL MUST, AT A MINIMUM:

18 (I) INCLUDE TWENTY-FIFTH, FIFTIETH, SIXTIETH, AND
19 SEVENTY-FIFTH PERCENTILE OF IN-NETWORK REIMBURSEMENT RATES
20 BASED ON CLAIMS AND THE NUMBER OF CLAIMS SUBMITTED FOR EACH
21 CODE BY PAYER TYPE, FOR ALL CODES WITH SUFFICIENT VOLUME
22 REPORTED TO THE DATABASE, FOR THREE YEARS OF DATA; AND

23 (II) BE VIEWABLE AND SEARCHABLE BY:

24 (A) YEAR;

25 (B) COUNTY;

26 (C) GEOGRAPHIC RATING AREA AND STATEWIDE;

27 (D) PAYER TYPE, INCLUDING MEDICAID, MEDICARE, AND PRIVATE

1 HEALTH-CARE PAYERS;

2 (E) SETTING, INCLUDING IN-PATIENT AND OUTPATIENT SERVICES;

3 AND

4 (F) SPECIALTY.

5 (c) THE ADMINISTRATOR SHALL ENSURE THAT THE VIEWING OR
6 REPORTING OF HEALTH CLAIMS DATA THROUGH THE TOOL COMPLIES WITH
7 ALL STATE AND FEDERAL DATA PRIVACY LAWS AND ANTITRUST LAWS.

8 (3) SUBJECT TO AVAILABLE APPROPRIATIONS, THE ADMINISTRATOR
9 SHALL UPDATE THE TOOL ANNUALLY AND MAY UPDATE THE TOOL MORE
10 FREQUENTLY AS DETERMINED BY THE ADMINISTRATOR.

11 **SECTION 2. Appropriation.** For the 2022-23 state fiscal year,
12 \$155,250 is appropriated to the department of health care policy and
13 financing for use by the executive director's office. This appropriation is
14 from the general fund. To implement this act, the department may use this
15 appropriation for the all-payer claims database.

16 **SECTION 3. Safety clause.** The general assembly hereby finds,
17 determines, and declares that this act is necessary for the immediate
18 preservation of the public peace, health, or safety.