Second Regular Session Seventy-fourth General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 24-0802.01 Shelby Ross x4510

HOUSE BILL 24-1086

HOUSE SPONSORSHIP

Holtorf and Amabile,

SENATE SPONSORSHIP

(None),

House Committees

Senate Committees

Health & Human Services

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A BILL FOR AN ACT

CONCERNING THE OPERATION OF THE DENVER HEALTH AND HOSPITAL

AUTHORITY.

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.)

Current law requires the department of health care policy and financing (department) to offer to enter into a direct contract with the managed care organization (MCO) operated by or under the control of the Denver health and hospital authority (Denver health) until Denver health ceases to operate a medicaid managed care program or until June 30, 2025. The bill removes the option for the department to enter into a direct

contract until June 30, 2025, and instead requires the department to enter into the contract until Denver health ceases to operate a managed care program.

The bill prohibits the MCO from reimbursing contracted medicaid providers at rates that are higher than the department's medicaid fee for service rates unless the provider enters into a quality incentive agreement with the MCO. The bill requires the MCO's contract to provide physical and behavioral health-care services to the population it serves.

For the 2023-24 state fiscal year, the department distributed money appropriated for a supplemental state payment to Denver health. The bill authorizes the department to continually distribute any money appropriated for payment to Denver health.

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

SECTION 1. Legislative declaration. (1) The general assembly finds that:

- (a) Safety net hospitals are experiencing significant financial hardships due to uncompensated care, increased staffing costs, inflation, and federal money that is no longer available. Hospitals are seeing more uninsured, underinsured, and medicaid patients. Safety net hospitals are caring for patients longer, with less revenue and increased expenses, and they are struggling with how to provide care for their communities. Rural safety net hospitals and Denver health are the mostly heavily burdened by these increasing financial hardships.
- (b) Denver health and hospital authority is the largest safety net hospital in Colorado, serving patients from 63 out of the 64 counties in the state;
- (c) From 2020 to 2023, uncompensated care at Denver health has increased 127% due to underpayment from public insurance companies and increases in uninsured patients, including migrants and people experiencing homelessness;
 - (d) In 2023, Denver health is projected to provide more than \$135

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million in uncompensated care;

- (e) Increased demand for services among uninsured and underinsured patients and increases in the number of homeless patients and those with a mental health diagnosis, together with the increasing expenses and stagnating public funding from federal, state, and local governments, have created an unsustainable financial situation for Denver health;
 - (f) As a safety net hospital on the front line of providing health-care services statewide, it is important for the health of Coloradans that Denver health is financially stable and remains a valuable health-care resource; and
 - (g) As the largest safety net hospital in Colorado, Denver health maintains and invests in administrative infrastructure necessary to carry out the responsibilities of serving a disproportionate share of medicaid members and uninsured individuals. Because of this, Denver health is unable to generate sufficient revenue to fulfill the ongoing investment need.
 - (2) Therefore, the general assembly declares it is important to provide authority to the department of health care policy and financing to assist safety net hospitals, such as Denver health, in becoming financially stable.
- SECTION 2. In Colorado Revised Statutes, 25.5-5-402, amend (7.5)(a) and (7.5)(b)(II) as follows:
 - **25.5-5-402. Statewide managed care system rules definitions repeal.** (7.5) (a) The state department shall offer to enter into a direct contract FOR PHYSICAL HEALTH-CARE SERVICES with the MCO operated by or under the control of Denver health and hospital

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1	authority, created pursuant to article 29 of title 25, until the MCO ceases
2	to operate a medicaid managed care program or until June 30, 2025,
3	unless sooner reprocured FROM JULY 1, 2025, UNTIL JUNE 30, 2032, AS
4	LONG AS THE MCO MEETS ALL MCO CRITERIA REQUIRED BY THE STATE
5	DEPARTMENT. If the state department designates an MCE OTHER THAN
6	THE MCO OPERATED BY OR UNDER THE CONTROL OF DENVER HEALTH
7	AND HOSPITAL AUTHORITY to manage behavioral health HEALTH-CARE
8	services pursuant to this article 5, Denver health and hospital authority,
9	or any subsidiary, thereof, shall collaborate with the MCO MCE during
10	the term of contract.
11	(b) The MCO operated by or under the control of Denver health
12	and hospital authority shall:
13	
14	(II) Accept rates determined by the state department, through
15	standard methodologies, to cover the population it is serving. RATES PAID
16	BY THE MCO TO CONTRACTED PROVIDERS MUST NOT BE HIGHER THAN THE
17	STATE DEPARTMENT'S MEDICAID FEE FOR SERVICE RATES UNLESS THE
18	PROVIDER ENTERS INTO A QUALITY INCENTIVE AGREEMENT WITH THE
19	MCO.
20	
21	SECTION 3. In Colorado Revised Statutes, amend 25.5-4-427
22	as follows:
23	25.5-4-427. State payment to the Denver health and hospital
24	authority. (1) The state department shall distribute money appropriated
25	for a supplemental payment to the Denver health and hospital authority
26	created in section 25-29-103.
27	(2) This section is repealed, effective July 1, 2024.

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SECTION 4. 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; 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 2024 and, in such case, will take effect on the date of the
official declaration of the vote thereon by the governor.

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