Second Regular Session Seventy-first General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 18-0655.01 Christy Chase x2008

HOUSE BILL 18-1282

HOUSE SPONSORSHIP

Lontine and Sias,

SENATE SPONSORSHIP

Smallwood and Kefalas,

House Committees

Health, Insurance, & Environment

Senate Committees

Health & Human Services

A BILL FOR AN ACT

101	CONCERNING A REQUIREMENT THAT A HEALTH CARE PROVIDER
102	INCLUDE CERTAIN IDENTIFYING INFORMATION ON ALL CLAIMS
103	FOR REIMBURSEMENT FOR HEALTH CARE SERVICES.

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.)

Section 2 of the bill requires an off-campus location of a hospital to apply for, obtain, and use on claims for reimbursement for health care services provided at the off-campus location a unique national provider identifier, commonly referred to as "NPI". The off-campus location's NPI must be used on all claims related to health care services provided at that

SENATE rd Reading Unamended

SENATE Amended 2nd Reading April 4, 2018

> HOUSE 3rd Reading Unamended March 26, 2018

HOUSE 2nd Reading Unamended March 23, 2018 location, regardless of whether the claim is filed through the hospital's central billing or claims department or through a health care clearinghouse.

Section 3 requires all medicaid providers that are entities to obtain and use a unique NPI for each site at which they deliver services and for each provider type that the department of health care policy and financing has specified. Entity medicaid providers must use on all claims the unique NPI that identifies both the site where the services were provided and the provider type rendering the services, regardless of whether the claim is filed through the entity's central billing or claims department or through a health care clearinghouse.

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

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

- (a) Health care spending accounts for over 17% of the United States economy;
- (b) Health care costs in Colorado continue to increase, and spending on health care is growing faster than the economy as a whole;
- (c) More accountability for and transparency in health care system costs is needed so that consumers can make better health care decisions and policymakers can find ways to address rising health care costs;
- (d) In Colorado, 39 cents of every dollar spent on health care is for hospital care;
- (e) Hospitals and other organization health care providers have expanded to create a number of off-campus or separate physical locations for delivering health care ("off-campus locations"), which include freestanding emergency departments. In 2014, there were 15 freestanding emergency departments in operation in Colorado, and, as of 2018, there are 50 freestanding emergency departments operating in Colorado.
 - (f) When consumers seek nonemergency care for common

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conditions at freestanding emergency departments, delivery of that level of care in that setting can increase costs in the overall health care system;

- (g) Coloradans deserve to have information about the costs associated with seeking services at off-campus locations, including freestanding emergency departments;
- (h) In many cases, off-campus locations share the same identifier for billing purposes as their affiliated hospital or organization health care provider, and because the costs associated with care delivered at off-campus locations are not transparent, it may be impossible for consumers to understand the basis for charges and for policymakers to evaluate the effects of these costs on overall system costs;
- (i) Under federal regulations, an organization health care provider that has separate physical locations, referred to as "subparts" of the organization provider, may obtain a unique identifier for each subpart, which facilitates identifying the types of health care services and the location where the services are provided; and
- (j) It is therefore the intent of the General Assembly, through the passage of this act, to require each off-campus location of a hospital and each subpart of an organization health care provider to have a unique identification number so that the costs associated with those facilities are transparent and accountable.
- SECTION 2. In Colorado Revised Statutes, add 25-3-118 as follows:

25-3-118. Hospital off-campus location - obtain and use unique NPI - definitions. (1) An off-campus location of a hospital must apply for, obtain, and use on all claims for reimbursement or payment for health care services provided at the off-campus

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1	Location submitted on or after January 1, $\underline{2020}$, a unique NPI
2	THAT IS SEPARATE AND DISTINCT FROM THE HOSPITAL'S NPI. THE
3	OFF-CAMPUS LOCATION'S UNIQUE NPI MUST BE INCLUDED ON ANY CLAIM
4	FOR REIMBURSEMENT OR PAYMENT FOR HEALTH CARE SERVICES PROVIDED
5	AT THE OFF-CAMPUS LOCATION, REGARDLESS OF WHETHER THE CLAIM IS
6	FILED OR SUBMITTED BY OR THROUGH A CENTRAL OFFICE OF THE HOSPITAL
7	OR A HEALTH CARE CLEARINGHOUSE.
8	(2) AS USED IN THIS SECTION:
9	(a) "HEALTH CARE CLEARINGHOUSE" HAS THE SAME MEANING AS
10	SET FORTH IN 45 CFR 160.103.
11	(b) "NPI" OR "NATIONAL PROVIDER IDENTIFIER" MEANS THE
12	STANDARD, UNIQUE HEALTH IDENTIFIER FOR HEALTH CARE PROVIDERS
13	THAT IS ISSUED BY THE NATIONAL PROVIDER SYSTEM IN ACCORDANCE
14	WITH 45 CFR PART 162.
15	(c) "OFF-CAMPUS LOCATION" MEANS A FACILITY:
16	(I) WHOSE OPERATIONS ARE DIRECTLY OR INDIRECTLY OWNED OR
17	CONTROLLED BY, IN WHOLE OR IN PART, OR AFFILIATED WITH A HOSPITAL,
18	REGARDLESS OF WHETHER THE OPERATIONS ARE UNDER THE SAME
19	GOVERNING BODY AS THE HOSPITAL;
20	(II) THAT IS LOCATED MORE THAN TWO HUNDRED FIFTY YARDS
21	FROM THE HOSPITAL'S MAIN CAMPUS;
22	(III) THAT PROVIDES SERVICES THAT ARE ORGANIZATIONALLY AND
23	FUNCTIONALLY INTEGRATED WITH THE HOSPITAL; AND
24	(IV) THAT IS AN OUTPATIENT FACILITY PROVIDING PREVENTIVE,
25	DIAGNOSTIC, TREATMENT, OR EMERGENCY SERVICES.
26	SECTION 3. In Colorado Revised Statutes, add 25.5-4-419 as
27	follows:

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1	25.5-4-419. Providers to obtain unique NPI - service site -
2	provider type - definitions. (1) AS USED IN THIS SECTION:
3	(a) "HEALTH CARE CLEARINGHOUSE" HAS THE SAME MEANING AS
4	SET FORTH IN 45 CFR 160.103.
5	(b) "NPI" OR "NATIONAL PROVIDER IDENTIFIER" MEANS THE
6	STANDARD, UNIQUE HEALTH IDENTIFIER FOR HEALTH CARE PROVIDERS
7	THAT IS ISSUED BY THE NATIONAL PROVIDER SYSTEM IN ACCORDANCE
8	WITH 45 CFR PART 162.
9	(c) "OFF-CAMPUS LOCATION" MEANS A FACILITY:
10	(I) WHOSE OPERATIONS ARE DIRECTLY OR INDIRECTLY OWNED OR
11	CONTROLLED BY, IN WHOLE OR IN PART, OR AFFILIATED WITH A HOSPITAL,
12	REGARDLESS OF WHETHER THE OPERATIONS ARE UNDER THE SAME
13	GOVERNING BODY AS THE HOSPITAL;
14	(II) THAT IS LOCATED MORE THAN TWO HUNDRED FIFTY YARDS
15	FROM THE HOSPITAL'S MAIN CAMPUS;
16	(III) THAT PROVIDES SERVICES THAT ARE ORGANIZATIONALLY AND
17	FUNCTIONALLY INTEGRATED WITH THE HOSPITAL; AND
18	(IV) THAT IS AN OUTPATIENT FACILITY PROVIDING PREVENTIVE,
19	DIAGNOSTIC, TREATMENT, OR EMERGENCY SERVICES.
20	(d) "ORGANIZATION HEALTH CARE PROVIDER" MEANS A PROVIDER
21	THAT IS NOT AN INDIVIDUAL AND INCLUDES A HOSPITAL.
22	(e) "SUBPART" HAS THE SAME MEANING AS THAT TERM IS USED IN
23	45 CFR PART 162 AND MEANS A COMPONENT OR SEPARATE PHYSICAL
24	LOCATION OF AN ORGANIZATION HEALTH CARE PROVIDER THAT MAY BE
25	SEPARATELY LICENSED OR CERTIFIED BY THE STATE.
26	(2) (a) EACH ORGANIZATION HEALTH CARE PROVIDER AND EACH
2.7	SUBPART THAT IS REQUIRED OR ELIGIBLE TO OBTAIN AN NPI PURSUANT TO

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- 45 CFR 162.410 MUST APPLY FOR, OBTAIN, AND USE ON ALL CLAIMS FOR
 PAYMENT FOR MEDICAL CARE, SERVICES, OR GOODS AUTHORIZED UNDER
 THIS ARTICLE 4 AND ARTICLES 5 AND 6 OF THIS TITLE 25.5 A UNIQUE NPI
 FOR EACH SITE AT WHICH THE ORGANIZATION HEALTH CARE PROVIDER OR
 ITS SUBPARTS DELIVER MEDICAL CARE, SERVICES, OR GOODS.
 - (b) EACH ORGANIZATION HEALTH CARE PROVIDER AND EACH SUBPART THAT IS REQUIRED OR ELIGIBLE TO OBTAIN AN NPI PURSUANT TO 45 CFR 162.410 MUST APPLY FOR, OBTAIN, AND USE ON ALL CLAIMS FOR PAYMENT FOR MEDICAL CARE, SERVICES, OR GOODS AUTHORIZED UNDER THIS ARTICLE 4 AND ARTICLES 5 AND 6 OF THIS TITLE 25.5 A UNIQUE NPI FOR EACH PROVIDER TYPE, AS SPECIFIED BY THE STATE DEPARTMENT, UNDER WHICH THE ORGANIZATION HEALTH CARE PROVIDER OR ITS SUBPARTS DELIVER MEDICAL CARE, SERVICES, OR GOODS.
 - (c) An organization health care provider or subpart submitting a claim for payment for medical care, services, or goods rendered under this article 4 or article 5 or 6 of this title 25.5 shall include on the claim the unique NPI that identifies both the site where the medical care, services, or goods were provided and the provider type, as specified by the state department, regardless of whether the claim is filed or submitted by or through a central office of the organization health care provider or a health care clearinghouse.
 - (3) (a) FOR AN ORGANIZATION HEALTH CARE PROVIDER THAT IS A LICENSED OR CERTIFIED HOSPITAL CONTRACTING FOR SERVICES UNDER THIS ARTICLE 4 AND ARTICLES 5 AND 6 OF THIS TITLE 25.5, THE HOSPITAL SHALL OBTAIN AND USE A UNIQUE, SEPARATE, AND DISTINCT NPI FOR:
- 27 (I) ITS MAIN CAMPUS;

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1	(II) EACH OFF-CAMPUS LOCATION OF THE HOSPITAL; AND
2	(III) EACH PROVIDER TYPE, IF SPECIFIED BY THE STATE
3	DEPARTMENT, WHEN THE HOSPITAL DELIVERS MEDICAL CARE, SERVICES
4	OR GOODS AT EITHER THE HOSPITAL'S MAIN CAMPUS OR AT AN
5	OFF-CAMPUS LOCATION.
6	(b) A HOSPITAL SUBMITTING A CLAIM FOR PAYMENT FOR MEDICAL
7	CARE, SERVICES, OR GOODS RENDERED UNDER THIS ARTICLE 4 OR ARTICLE
8	5 OR 6 OF THIS TITLE 25.5 SHALL INCLUDE ON THE CLAIM THE UNIQUE NPI
9	THAT IDENTIFIES BOTH THE SITE WHERE THE MEDICAL CARE, SERVICES, OR
10	GOODS WERE PROVIDED AND THE PROVIDER TYPE, AS SPECIFIED BY THE
11	STATE DEPARTMENT, REGARDLESS OF WHETHER THE CLAIM IS FILED OR
12	SUBMITTED BY OR THROUGH A CENTRAL OFFICE OF THE HOSPITAL OR A
13	HEALTH CARE CLEARINGHOUSE.
14	(4) (a) Starting January 1, $\underline{2020}$, an organization health
15	CARE PROVIDER APPLYING TO ENROLL AS A NEW PROVIDER UNDER THIS
16	ARTICLE 4 AND ARTICLES 5 AND 6 OF THIS TITLE 25.5 SHALL DEMONSTRATE
17	THAT IT HAS OBTAINED ONE OR MORE NPIS AS REQUIRED BY THIS SECTION
18	AND UPON ENROLLMENT, SHALL USE ITS UNIQUE NPI ON EVERY CLAIM FOR
19	PAYMENT IN THE MANNER REQUIRED BY THIS SECTION.
20	(b) Starting January 1, 2021, an organization health care
21	PROVIDER ENROLLED AND APPLYING FOR REVALIDATION AS A PROVIDER
22	UNDER THIS ARTICLE 4 AND ARTICLES 5 AND 6 OF THIS TITLE 25.5 SHALL
23	DEMONSTRATE THAT IT HAS OBTAINED ONE OR MORE NPIS AS REQUIRED
24	BY THIS SECTION AS A CONDITION OF RECEIVING REVALIDATION, AND UPON
25	RECEIVING REVALIDATION AS A PROVIDER, SHALL USE ITS UNIQUE NPI ON
26	EVERY CLAIM FOR PAYMENT IN THE MANNER REQUIRED BY THIS SECTION.
27	SECTION 4. Act subject to petition - effective date. This act

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takes effect at 12:01 a.m. on the day following the expiration of the 1 2 ninety-day period after final adjournment of the general assembly (August 3 8, 2018, if adjournment sine die is on May 9, 2018); except that, if a 4 referendum petition is filed pursuant to section 1 (3) of article V of the 5 state constitution against this act or an item, section, or part of this act 6 within such period, then the act, item, section, or part will not take effect 7 unless approved by the people at the general election to be held in 8 November 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor. 9

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