A BILL FOR AN ACT

CONCERNING A CORRECTION TO THE RATE OF REIMBURSEMENT THAT AN OUT-OF-NETWORK HEALTH CARE PROVIDER IS ENTITLED TO RECEIVE FROM A HEALTH INSURANCE CARRIER FOR SERVICES PROVIDED TO A COVERED PERSON AT AN IN-NETWORK FACILITY WHEN THE HEALTH CARE PROVIDER SUBMITS A CLAIM TO THE CARRIER WITHIN THE SPECIFIED TIME PERIOD TO CONFORM WITH EXISTING LAW.

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/.)
Statutory Revision Committee. House Bill 19-1174, enacted January 1, 2020, requires a health insurance carrier to reimburse an out-of-network health care provider who provides emergency services or covered nonemergency services to a covered person at an in-network facility the greater of:

- 110% of the carrier's median in-network rate of reimbursement; or
- The sixtieth percentile of the in-network rate of reimbursement for the same service in the same geographic area for the prior year based on claims from the all-payer claims database.

The bill corrects a conforming amendment that was made in House Bill 19-1174 that inaccurately stated the reimbursement rate.

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

SECTION 1. Legislative declaration. The general assembly declares that the purpose of this act is to correct errors in a statutory provision relating to the Colorado division of insurance in the department of regulatory agencies. The general assembly further declares that amending these statutory provisions does not alter the scope or applicability of the remaining statutes.

SECTION 2. In Colorado Revised Statutes, 12-30-113, amend (4)(a) as follows:

12-30-113. Out-of-network health care providers - out-of-network services - billing - payment. (4) (a) An out-of-network health care provider must send a claim for a covered service to the carrier within one hundred eighty days after the receipt of insurance information in order to receive reimbursement as specified in this subsection (4)(a). The reimbursement rate is the greater of:

(1) One hundred five percent of the carrier's median in-network rate of reimbursement for that service provided in the same
geographic area; or

(II) The **median** SIXTIETH PERCENTILE OF THE in-network rate of
reimbursement for the same service in the same geographic area for the
prior year based on claims data from the all-payer health claims database
created DESCRIBED in section 25.5-1-204.

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