

**FINAL
FISCAL NOTE**

Drafting Number: LLS 13-0748
Prime Sponsor(s): Rep. Stephens
 Sen. Newell

Date: May 29, 2013
Bill Status: Signed into Law
Fiscal Analyst: Kerry White (303-866-3469)

TITLE: CONCERNING REPORTING RELATING TO THE MEDICAID COORDINATED CARE SYSTEM.

Fiscal Impact Summary	FY 2013-2014	FY 2014-2015
State Revenue		
State Expenditures	Minimal workload increase. See State Expenditures section.	
FTE Position Change		
Effective Date: The bill was signed into law by the Governor on May11, 2013, and takes effect August 7, 2013, assuming no referendum petition is filed.		
Appropriation Summary for FY 2013-2014: None required.		
Local Government Impact: None.		

Summary of Legislation

This bill requires the Department of Health Care Policy and Financing (HCPF) to make an annual report to legislative committees of reference about efforts to reduce waste and duplication within the Accountable Care Collaborative (ACC) program of Medicaid. The report is to be made during the department's annual presentation under the State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act and include information about:

- the technology-based efforts to identify and implement cost containment strategies and the outcome of those efforts, including cost savings, if known;
- any statutes or policies that prevent regional collaborative care organizations (RCCOs) from realizing efficiencies;
- the efforts of RCCOs and the department to ensure Medicaid providers are aware of and participate in efforts to reduce waste; and
- the counties served by each RCCO.

The reporting requirement is repealed as of July 15, 2018.

State Expenditures

This bill will increase workload for HCPF by a minimal amount. The department will be required to coordinate with RCCOs and request information from its statewide data analytics contractor to meet the requirements of HB13-1196. However, because much of this information is already a central focus of SMART Act reporting by HCPF, the increased workload is minimal and can be accomplished within existing appropriations.

Departments Contacted

Health Care Policy and Financing