

First Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO

BILL 1

LLS NO. 17-0159.01 Brita Darling x2241

INTERIM COMMITTEE BILL

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**Interim Study Committee on Communication Between the Department  
of Health Care Policy and Financing (HCPF) and Medicaid Clients**

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**A BILL FOR AN ACT**

101 CONCERNING TECHNICAL ISSUES RELATING TO THE FILING OF  
102 MEDICAID APPEALS.

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**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://www.leg.state.co.us/billsummaries>.)*

**Interim Study Committee on Communication Between the Department of Health Care Policy and Financing (HCPF) and Medicaid Clients.** The bill clarifies that a medicaid recipient (recipient) who files an appeal does not need to make an affirmative request to continue medicaid benefits during the appeal. The bill requires the department of health care policy and financing (department) to send the

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

recipient written confirmation of continuing benefits. For a recipient who chooses not to continue receiving benefits during the appeal process, the department shall ensure that the form and electronic filing process for appeals includes a check box or other method to opt out of continuing benefits.

The bill requires the department's form and electronic filing process for appeals to include a check box or other method to request an accommodation to file the appeal or to participate in the hearing and to request the county or service delivery agency dispute resolution process.

Additionally, the electronic appeals filing website must allow the applicant or recipient to attach the number of documents sufficient to support the appeal along with the appeal form.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-4-207, **amend**  
3 (1)(a)(II) and (1)(a)(III) as follows:

4 **25.5-4-207. Appeals - rules.** (1) (a) (II) (A) The applicant or  
5 recipient has sixty days after the date of the notice to file an appeal. If the  
6 recipient files an appeal prior to the effective date of the intended action,  
7 existing medical assistance benefits must automatically continue  
8 unchanged WITHOUT THE NECESSITY OF AN AFFIRMATIVE REQUEST BY THE  
9 RECIPIENT until the appeal process is completed, unless the recipient  
10 requests in writing that medical assistance benefits not continue during  
11 the appeal process; except that, to the extent authorized by federal law,  
12 the state department rules may permit existing medical assistance benefits  
13 to continue until the appeal process is completed even if the recipient's  
14 appeal is filed after the effective date of the intended action. THE STATE  
15 DEPARTMENT SHALL PROVIDE THE RECIPIENT WITH WRITTEN  
16 CONFIRMATION OF HIS OR HER CONTINUING BENEFITS PENDING APPEAL.

17 (B) The state department shall promulgate rules consistent with  
18 federal law that prescribe the circumstances under which the county or  
19 designated service agency may continue benefits if an appeal is filed after

1 the effective date of the intended action. At a minimum, the rules must  
2 allow for continuing benefits when the recipient's health or safety is  
3 impacted, the recipient was not able to timely respond due to the  
4 recipient's disability or employment, the recipient's caregiver was  
5 unavailable due to the caregiver's health or employment, or the recipient  
6 did not receive the county's or designated service agency's notice prior to  
7 the effective date of the intended action.

8 (C) THE STATE DEPARTMENT'S FORM AND ELECTRONIC FILING  
9 PROCESS FOR APPEALS MUST INCLUDE A CHECK BOX OR OTHER METHOD  
10 FOR A RECIPIENT WHO CHOOSES TO DO SO TO MAKE A WRITTEN REQUEST  
11 THAT HIS OR HER MEDICAL ASSISTANCE BENEFITS NOT CONTINUE DURING  
12 THE APPEAL PROCESS.

13 (D) THE STATE DEPARTMENT'S FORM AND ELECTRONIC FILING  
14 PROCESS FOR APPEALS MUST INCLUDE A CHECK BOX OR OTHER METHOD  
15 FOR AN APPLICANT OR RECIPIENT TO MAKE A REQUEST FOR AN  
16 ACCOMMODATION IN ORDER TO SUBMIT THE APPEAL OR TO PARTICIPATE  
17 IN THE HEARING. IF AN APPLICANT OR RECIPIENT REQUESTS A REASONABLE  
18 ACCOMMODATION, THE STATE DEPARTMENT IS RESPONSIBLE FOR  
19 ENSURING THAT THE ACCOMMODATION IS PROVIDED.

20 (E) THE ELECTRONIC APPEALS WEBSITE MUST ALLOW AN  
21 APPLICANT OR RECIPIENT TO ATTACH THE NUMBER OF DOCUMENTS  
22 SUFFICIENT TO SUPPORT HIS OR HER APPLICATION FOR APPEAL ALONG WITH  
23 THE APPEAL FORM.

24 (III) Either prior to appeal or as part of the filing of an appeal, the  
25 applicant or recipient may request the dispute resolution process  
26 described in ~~paragraph (b) of this subsection (1)~~ SUBSECTION (1)(b) OF  
27 THIS SECTION through the county department or service delivery agency.

1 THE STATE DEPARTMENT'S FORM AND ELECTRONIC FILING PROCESS FOR  
2 APPEALS MUST INCLUDE A CHECK BOX OR OTHER METHOD TO REQUEST THE  
3 DISPUTE RESOLUTION PROCESS DESCRIBED IN SUBSECTION (1)(b) OF THIS  
4 SECTION.

5 **SECTION 2. Safety clause.** The general assembly hereby finds,  
6 determines, and declares that this act is necessary for the immediate  
7 preservation of the public peace, health, and safety.