

House Bill 2950

Sponsored by COMMITTEE ON HEALTH CARE

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires Oregon Health Authority to develop member handbook template, assign single case identification number to households receiving medical assistance, share contact information regarding members of coordinated care organization with organization and monitor hold times for calls made to authority by coordinated care organizations. Requires authority to audit dental care organization no more than once each year and prohibits coordinated care organizations from requiring audit in addition to audit conducted by authority.

Specifies requirements regarding processes for application, renewal and redetermination of medical assistance eligibility.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to medical assistance; creating new provisions; amending ORS 411.400, 411.404, 411.406,
3 414.638 and 414.645; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2015 Act is added to and made a part of ORS chapter 414.**

6 **SECTION 2. (1) The Oregon Health Authority shall create a member handbook template**
7 **that a coordinated care organization may elect to use for its members by supplementing the**
8 **handbook with information specific to the geographic area served by the coordinated care**
9 **organization.**

10 **(2) The authority shall assign a single case identification number to all members of a**
11 **household receiving medical assistance.**

12 **(3) The authority shall establish procedures to share members' electronic mail addresses**
13 **and cellular telephone numbers with the coordinated care organization serving the members**
14 **and to allow coordinated care organizations to collect and periodically update their members'**
15 **contact information.**

16 **(4) The authority shall develop metrics and benchmarks to reduce the time that coordi-**
17 **nated care organization staff who call the authority remain on hold.**

18 **(5) The authority shall conduct an audit of each dental care organization no more than**
19 **once per year. The authority shall share the results of the audits with coordinated care or-**
20 **ganizations that contract with the dental care organization. A coordinated care organization**
21 **may not require a dental care organization to undergo an audit in addition to the audit**
22 **conducted by the authority.**

23 **SECTION 3. ORS 411.400 is amended to read:**

24 411.400. (1) An application for any category of aid shall also constitute an application for med-
25 ical assistance.

26 (2) Except as provided in subsection *[(6)]* (7) of this section, the Department of Human Services
27 and the Oregon Health Authority shall accept an application for medical assistance and any re-

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 quired verification of eligibility from the applicant, an adult who is in the applicant's household or
 2 family, an authorized representative of the applicant or, if the applicant is a minor or incapacitated,
 3 someone acting on behalf of the applicant:

- 4 (a) Over the Internet;
- 5 (b) By telephone;
- 6 (c) By mail;
- 7 (d) In person; and
- 8 (e) Through other commonly available electronic means.

9 (3) The department and the authority may require an applicant or person acting on behalf of
 10 an applicant to provide only the information necessary for the purpose of making an eligibility de-
 11 termination or for a purpose directly connected to the administration of medical assistance or the
 12 health insurance exchange.

13 (4) The department and the authority shall provide application and [*recertification*] **renewal** as-
 14 sistance to individuals with disabilities, individuals with limited English proficiency, individuals
 15 facing physical or geographic barriers and individuals seeking help with the application for medical
 16 assistance or [*recertification*] **renewal** of eligibility for medical assistance:

- 17 (a) Over the Internet;
- 18 (b) By telephone; and
- 19 (c) In person.

20 **(5) The department and the authority shall conduct an ongoing needs assessment of the**
 21 **demand for persons needed to assist applicants and recipients of medical assistance in ap-**
 22 **plying for and renewing medical assistance. The department and the authority shall provide**
 23 **providers and staff of each coordinated care organization the opportunity to be trained and**
 24 **certified to assist members of the organization in renewing eligibility for medical assistance.**

25 [(5)(a)] **(6)(a)** The department and the authority shall promptly transfer information received
 26 under this section to the Oregon Health Insurance Exchange Corporation as necessary for the cor-
 27 poration to determine eligibility for the exchange, premium tax credits or cost-sharing reductions.

28 (b) The department shall promptly transfer information received under this section to the au-
 29 thority for individuals who are eligible for medical assistance because they qualify for public as-
 30 sistance.

31 [(6)] **(7)** The department and the authority shall accept from the corporation an application and
 32 any verification that was submitted to the corporation by an applicant or on behalf of an applicant
 33 for the determination of eligibility for medical assistance.

34 **SECTION 4.** ORS 411.404 is amended to read:

35 411.404. (1) The Department of Human Services or the Oregon Health Authority shall determine
 36 eligibility for medical assistance according to criteria prescribed by rule and in accordance with the
 37 requirements for securing federal financial participation in the costs of administering Titles XIX and
 38 XXI of the Social Security Act.

39 **(2) The department or the authority shall issue a determination on at least 99 percent**
 40 **of all applications for renewal of medical assistance no later than 30 days after the applica-**
 41 **tion is submitted.**

42 [(2)] **(3)** Rules adopted under this section may not require any needy person over 65 years of age,
 43 as a condition of entering or remaining in a hospital, nursing home or other congregate care facility,
 44 to sell any real property normally used as the person's home.

45 **SECTION 5.** ORS 411.406 is amended to read:

1 411.406. (1)(a) A medical assistance recipient shall immediately notify the Department of Human
 2 Services or the Oregon Health Authority, if required, of the receipt or possession of property or
 3 income or other change in circumstances that directly affects the eligibility of the recipient to re-
 4 ceive medical assistance, or that directly affects the amount of medical assistance for which the
 5 recipient is eligible. Failure to give the notice shall entitle the department or the authority to re-
 6 cover from the recipient the amount of assistance improperly disbursed *[by reason thereof]* **resulting**
 7 **from the failure to give notice.**

8 **(b) If the department or the authority receives information about a change in a medical**
 9 **assistance recipient's circumstances that may affect eligibility for medical assistance, the**
 10 **department or the authority shall promptly redetermine eligibility.**

11 (2)(a) The department or the authority shall *[redetermine]* **renew** the eligibility of a medical as-
 12 sistance recipient at intervals specified by federal law.

13 (b) The department *[and]* **or** the authority shall *[redetermine]* **renew** eligibility under this sub-
 14 section on the basis of information available to the department *[and]* **or** the authority and may not
 15 require the recipient to provide information if the department or the authority is able to determine
 16 eligibility based on information in the recipient's record or through other information that is avail-
 17 able to the department or the authority.

18 *[(3) Notwithstanding subsection (2) of this section, if the department or the authority receives in-*
 19 *formation about a change in a medical assistance recipient's circumstances that may affect eligibility*
 20 *for medical assistance, the department or the authority shall promptly redetermine eligibility.]*

21 **(3) The department or the authority shall issue a decision on a redetermination or re-**
 22 **newal of medical assistance in accordance with ORS 411.404.**

23 (4) If the department or the authority determines that a medical assistance recipient no longer
 24 qualifies for *[the]* a medical assistance program *[in which the recipient is enrolled]*, the department
 25 or the authority must determine **the recipient's** eligibility for other medical assistance programs[,] **and**
 26 **and** potential eligibility for the health insurance exchange, premium tax credits *[and]* **or** cost-
 27 sharing reductions before terminating the recipient's medical assistance. If the recipient appears to
 28 qualify for the exchange, premium tax credits or cost-sharing reductions, the department or the au-
 29 thority shall promptly transfer the recipient's record to the exchange to process those benefits.

30 **SECTION 6.** ORS 414.638 is amended to read:

31 414.638. (1) There is created a nine-member metrics and scoring committee appointed by the
 32 Director of the Oregon Health Authority. The members of the committee serve two-year terms and
 33 must include:

- 34 (a) Three members at large;
- 35 (b) Three individuals with expertise in health outcomes measures; and
- 36 (c) Three representatives of coordinated care organizations.

37 (2) The committee shall use a public process to identify objective outcome and quality measures,
 38 including measures of outcome and quality for ambulatory care, inpatient care, chemical dependency
 39 and mental health treatment, oral health care and all other health services provided by coordinated
 40 care organizations. Quality measures adopted by the committee must be consistent with existing
 41 state and national quality measures. The Oregon Health Authority shall incorporate these measures
 42 into coordinated care organization contracts to hold the organizations accountable for performance
 43 and customer satisfaction requirements.

44 (3) The committee must adopt outcome and quality measures *[annually]* and adjust the
 45 measures, **no later than October 1 of each year**, to reflect:

1 (a) The amount of the global budget for a coordinated care organization;

2 (b) Changes in membership of the organization;

3 (c) The organization's costs for implementing outcome and quality measures; and

4 (d) The community health assessment and the costs of the community health assessment con-
5 ducted by the organization under ORS 414.627.

6 (4) The authority shall evaluate on a regular and ongoing basis the outcome and quality meas-
7 ures adopted by the committee under this section for members in each coordinated care organization
8 and for members statewide.

9 (5) The authority shall utilize available data systems for reporting outcome and quality measures
10 adopted by the committee and take actions to eliminate any redundant reporting or reporting of
11 limited value.

12 (6) The authority shall publish the information collected under this section at aggregate levels
13 that do not disclose information otherwise protected by law. The information published must report,
14 by coordinated care organization:

15 (a) Quality measures;

16 (b) Costs;

17 (c) Outcomes; and

18 (d) Other information, as specified by the contract between the coordinated care organization
19 and the authority, that is necessary for the authority, members and the public to evaluate the value
20 of health services delivered by a coordinated care organization.

21 **SECTION 7.** ORS 414.645 is amended to read:

22 414.645. (1) A coordinated care organization that contracts with the Oregon Health Authority
23 must maintain a network of providers sufficient in numbers and areas of practice and geographically
24 distributed in a manner to ensure that the health services provided under the contract are reason-
25 ably accessible to [*enrollees*] **members**.

26 **(2) The authority shall actively monitor and establish procedures to validate the capacity**
27 **of a coordinated care organization to ensure that the requirements of subsection (1) of this**
28 **section are met.**

29 [(2)] **(3) [An enrollee] A member** may transfer from one **coordinated care** organization to an-
30 other **coordinated care** organization no more than once during each enrollment period.

31 **SECTION 8. This 2015 Act being necessary for the immediate preservation of the public**
32 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**
33 **on its passage.**

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