

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	7 - 1 - 0
Yeas:	Cannon, Doherty, Hoyle, Kennemer, Parrish, Weidner, Thompson
Nays:	Greenlick
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	5/16, 5/23

WHAT THE MEASURE DOES: Authorizes Oregon Health Authority (OHA) to approve transfer of 500 or more enrollees from one prepaid managed care health services organization (MCO) to another under certain circumstances. Specifies OHA to obtain federal approval for contract changes. Specifies January 1, 2012 operative date. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Importance of MCOs to maintain network of providers
- Situation where MCO terminates contract and enrollees are forced into another MCO
- Continuity of care issues
- Provider-patient relationships
- Plan choice
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT: Specifies OHA to obtain federal approval for contract changes. Specifies January 1, 2012 operative date.

BACKGROUND: Oregon contracts with managed care health services organizations (MCO) to provide health benefits for the Oregon Health Plan, which provides health care coverage to low-income Oregonians. Currently, Oregon Health Authority (OHA) has authority to transfer large groups of individuals from one MCO to another.

Senate Bill 201-B addresses situations where changes in the provider(s) environment can adversely impact MCO members, such as when a large provider panel changes contractual relationships with a MCOs. Senate Bill 201-B the requirement that the receiving organization be contracted with the enrollees' provider be included in the considerations currently used by OHA.