

Before the Senate Committee on Health Care and Human Services  
Support of HB 2020–A7: Organizational Provider Assessments

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Thank you for the opportunity to present testimony in support of the –A7 amendments to House Bill 2020 on behalf of Kaiser Permanente’s Northwest Region.

HB 2020A is aimed at streamlining the process for coordinated care organizations (CCO) to assess an organizational provider of mental health or chemical dependency treatment. The organizational assessment is a health plan’s process of ensuring that an organizational provider is in good standing with state and federal law and meets a health plan’s standards for a contracted provider. When an organizational provider is not nationally accredited, an on-site visit is required. The on-site visit is the most burdensome part of the assessment process, both for the provider and health plan. In addition, the state is also conducting on-site quality assessments as part of its licensure or certification requirements. HB 2020A aims to streamline the process, but the current version would conflict with accreditation standards for health plans and CCOs.

With the leadership of Representative Nathanson and help of the Oregon Alliance of Children’s Programs, Oregon Health Authority (OHA), CCOs, and health insurers, we re-crafted this bill over the last couple weeks to resolve stakeholders concerns. The –A7 amendments are the product of that work, and represent a process that is accepted and encouraged by NCQA, a national organization which accredits health plans. The –A7 amendment will:

- Create a process to ensure on-site quality assessments conducted by the state also meet the needs of CCOs and health plans.
- Require CCOs, and optionally allows other insurers, to rely on the state’s on-site assessment in lieu of conducting their own assessment.
- Provide immunity from liability for a CCO or insurer that relies on the state’s assessment.
- Create a committee to advise OHA on rulemaking to ensure the state’s assessments meet accreditation standards and federal requirements for CCOs and health plans.

It is important to note that the bill does not require OHA to conduct on-site visits that it is not already doing as part of existing licensure and certification requirements. Rather, it allows CCOs to use the information from the state’s assessment in lieu of having to conduct their own. The decision whether to contract with a particular organization is still left to the CCO or health plan.

I want to thank Representative Nathanson for her leadership and the willingness of OHA and stakeholders to quickly come together to resolve concerns. The –A7 amendments are a tremendous improvement and will create efficiencies for providers, the state, CCOs and insurers. We recommend you adopt the –A7 amendment and support this bill.

Thank you for your consideration.