

Enrolled
House Bill 2122

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care for Capitol Dental Care)

CHAPTER

AN ACT

Relating to the transfer of 500 or more enrollees from one managed care organization to another managed care organization; creating new provisions; amending ORS 414.647; and declaring an emergency.

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

SECTION 1. ORS 414.647 is amended to read:

414.647. (1) The Oregon Health Authority may approve the transfer of 500 or more enrollees from one prepaid managed care health services organization to another prepaid managed care health services organization if:

(a) The enrollees' provider has contracted with the receiving organization and has stopped accepting patients from or has terminated providing services to enrollees in the transferring organization; and

(b) Enrollees are offered the choice of remaining enrolled in the transferring organization.

(2) Enrollees may not be transferred under this section until the authority has evaluated the receiving organization and determined that the organization meets criteria established by the authority by rule, including but not limited to criteria that ensure that the organization meets the requirements of ORS 414.645 (1).

(3) The authority shall provide notice of a transfer under this section to enrollees that will be affected by the transfer at least 90 days before the scheduled date of the transfer.

(4)(a) The authority may not approve the transfer of enrollees under this section if:

(A) The transfer results from the termination of a provider's contract with a prepaid managed care health services organization for just cause; and

(B) The prepaid managed care health services organization has notified the authority that the provider's contract was terminated for just cause.

(b) A provider is entitled to a contested case hearing in accordance with ORS chapter 183, on an expedited basis, to dispute the denial of a transfer of enrollees under this subsection.

(c) As used in this subsection, "just cause" means that the contract was terminated for reasons related to quality of care, competency, fraud or other similar reasons prescribed by the authority by rule.

(5) The provider and the organization shall be the parties to any contested case proceeding to determine whether the provider's contract was terminated for just cause. The authority may award attorney fees and costs to the party prevailing in the proceeding, applying the factors in ORS 20.075.

SECTION 2. The amendments to ORS 414.647 by section 1 of this 2013 Act apply to a request for a transfer of enrollees received by the Oregon Health Authority on or after the effective date of this 2013 Act.

SECTION 3. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Passed by House April 23, 2013

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Ramona J. Line, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate May 21, 2013

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2013

Approved:

.....M.,....., 2013

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John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2013

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Kate Brown, Secretary of State