

Senate Bill 724

Sponsored by Senator BATES; Representatives CLEM, FREEMAN

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 establish payment methodology to reimburse coordinated care organization's costs in providing innovative, nontraditional health services for which there are no established billing codes.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to payments for health services; creating new provisions; amending ORS 414.065; and de-
3 claring an emergency.

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

5 **SECTION 1.** ORS 414.065, as amended by section 19, chapter 8, Oregon Laws 2012, is amended
6 to read:

7 414.065. (1)(a) With respect to health care and services to be provided in medical assistance
8 during any period, the Oregon Health Authority shall determine, subject to such revisions as it may
9 make from time to time and subject to legislative funding and paragraph (b) of this subsection:

10 (A) The types and extent of health care and services to be provided to each eligible group of
11 recipients of medical assistance.

12 (B) Standards, including outcome and quality measures, to be observed in the provision of health
13 care and services.

14 (C) The number of days of health care and services toward the cost of which public assistance
15 funds will be expended in the care of any person.

16 (D) Reasonable fees, charges, daily rates and global payments for meeting the costs of providing
17 health services to an applicant or recipient.

18 (E) Reasonable fees for professional medical and dental services which may be based on usual
19 and customary fees in the locality for similar services.

20 (F) The amount and application of any copayment or other similar cost-sharing payment that the
21 authority may require a recipient to pay toward the cost of health care or services.

22 (b) The authority shall adopt rules establishing timelines for payment of health services under
23 paragraph (a) of this subsection.

24 (2) The types and extent of health care and services and the amounts to be paid in meeting the
25 costs thereof, as determined and fixed by the authority and within the limits of funds available
26 therefor, shall be the total available for medical assistance and payments for such medical assistance
27 shall be the total amounts from public assistance funds available to providers of health care and
28 services in meeting the costs thereof.

29 (3) Except for payments under a cost-sharing plan, payments made by the authority for medical
30 assistance shall constitute payment in full for all health care and services for which such payments

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 of medical assistance were made.

2 (4) Notwithstanding subsections (1) and (2) of this section, the Department of Human Services
3 shall be responsible for determining the payment for Medicaid-funded long term care services and
4 for contracting with the providers of long term care services.

5 (5) In determining a global budget for a coordinated care organization:

6 (a) The allocation of the payment, the risk and any cost savings shall be determined by the
7 governing body of the organization; and

8 (b) The authority shall consider the community health assessment conducted by the organization
9 and reviewed annually, and the organization's health care costs.

10 (6) Under the supervision of the Governor, the authority may work with the Centers for Medi-
11 care and Medicaid Services to develop, in addition to global budgets, payment streams:

12 (a) To support improved delivery of health care to recipients of medical assistance; and

13 (b) That are funded by coordinated care organizations, counties or other entities other than the
14 state whose contributions qualify for federal matching funds under Title XIX or XXI of the Social
15 Security Act.

16 **(7) In addition to the global payment made by the authority to a coordinated care or-**
17 **ganization, the authority shall establish a payment methodology to reimburse the costs to**
18 **the organization for providing innovative, nontraditional health services for which there are**
19 **no established billing codes.**

20 **SECTION 2. The amendments to ORS 414.065 by section 1 of this 2013 Act become oper-**
21 **ative July 1, 2013.**

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

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