

# A-Engrossed Senate Bill 1577

Ordered by the Senate February 11  
Including Senate Amendments dated February 11

Sponsored by Senators KNOPP, MONNES ANDERSON, CLOSE, Representatives TOMEI, PARRISH; Senators BAERTSCHIGER JR, FERRIOLI, HANSELL, HASS, KRUSE, ROBLAN, STEINER HAYWARD, THOMSEN, WHITSETT, WINTERS, Representatives GILLIAM, HUFFMAN, MCLANE, OLSON, WHISNANT (Presession filed.)

## 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.

Requires Department of State Police and all sheriffs and municipal police departments to adopt written policies relating to missing vulnerable adults on or before January 1, 2015. Specifies that missing vulnerable adult includes missing adult [*for whom law enforcement official has received signed statement stating that missing adult*] **who** has impaired mental condition, intellectual or developmental disability or brain injury. Requires written policies to specify procedures for investigating reports of missing vulnerable adults. Recommends certain provisions to be included in written policies.

Requires Oregon Health Authority to request specified information from potential contractors and, if certain conditions are met, to request proposals to establish and operate systems and technologies designed to detect and prevent improper payments in state medical assistance program.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to assistance; and declaring an emergency.

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

4 **SECTION 1. The Legislative Assembly finds that:**

5 **(1) The number of people in Oregon with Alzheimer's disease and related dementia is**  
6 **growing. Alzheimer's is a devastating disease that slowly destroys memory and thinking**  
7 **skills and, eventually, even the ability to carry out the simplest tasks of daily living.**

8 **(2) Sixty percent of people with Alzheimer's will wander from their homes. Sixty percent**  
9 **of people with Alzheimer's who wander, if not found within 24 hours, die as a consequence**  
10 **of wandering. Eighty percent die if not found within 72 hours.**

11 **(3) Other adults in Oregon, including those with intellectual or developmental disabilities**  
12 **or other conditions, are vulnerable if they go missing as well.**

13 **(4) Many police departments and sheriff's offices are well trained to respond to reports**  
14 **of missing vulnerable adults. This legislation provides for all law enforcement in Oregon to**  
15 **be fully prepared to assist in protecting the safety of some of our most vulnerable citizens,**  
16 **while providing each police department or sheriff's office with the flexibility to determine**  
17 **what works best in the local jurisdiction.**

18 **SECTION 2. (1) For purposes of this section, a missing vulnerable adult includes, but is**  
19 **not limited to, a missing adult who has:**

20 **(a) An impaired mental condition, such as dementia;**

21 **(b) An intellectual or developmental disability; or**

**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 (c) A brain injury.

2 (2) The Department of State Police and each sheriff's office and municipal police depart-  
3 ment shall adopt written policies relating to missing vulnerable adults that conform to the  
4 requirements of this section.

5 (3)(a) Written policies adopted pursuant to this section shall specify the procedures for  
6 investigating reports of missing vulnerable adults in order to ensure that such cases are in-  
7 vestigated as soon as possible, utilizing all available resources.

8 (b) In adopting written policies under this section, Oregon law enforcement agencies may  
9 consider standards set by the Oregon Accreditation Alliance and adopt policies consistent  
10 with Oregon Accreditation Alliance standards.

11 (4) Policies adopted under this section may include the following:

12 (a) Requirements for accepting reports of missing vulnerable adults;

13 (b) Procedures for alerting local media and using other information outlets to dissem-  
14 inate information when a vulnerable adult is reported missing;

15 (c) Procedures for coordinating with other agencies and organizations in order to locate  
16 a missing vulnerable adult quickly; and

17 (d) Standards and minimum requirements for training law enforcement personnel to  
18 interact appropriately and effectively with individuals with cognitive impairment, including,  
19 but not limited to, dementia, intellectual and developmental disabilities and brain injuries.

20 SECTION 3. The written policies required under section 2 of this 2014 Act must be  
21 adopted on or before January 1, 2015.

22 SECTION 4. Section 1 of this 2014 Act is repealed on January 2, 2019.

23 SECTION 5. The Legislative Assembly intends to:

24 (1) Implement waste, fraud and abuse detection, prevention and recovery solutions to  
25 improve payment integrity for the state medical assistance program and create efficiency  
26 and cost savings through a shift from a retrospective "pay and chase" model to a prospective  
27 prepayment model; and

28 (2) Invest in the most cost-effective technologies and strategies to yield the highest re-  
29 turn on investment.

30 SECTION 6. (1) Not later than September 1, 2014, the Oregon Health Authority shall issue  
31 a request for information seeking input from potential contractors on the capabilities that  
32 the authority lacks, functions the authority is not performing and the costs of implementing:

33 (a) Advanced predictive modeling and analytics technologies integrated into the medical  
34 assistance claims processing system to provide a comprehensive and accurate view across  
35 all providers, recipients and geographic regions within the state medical assistance program  
36 that will enable the authority to:

37 (A) Identify and analyze billing or utilization patterns that represent a high risk of  
38 fraudulent activity before payment is made in order to minimize disruptions in claims pro-  
39 cessing operations and speed the resolution of medical assistance claims;

40 (B) Prioritize transactions identified as likely for potential waste, fraud or abuse to re-  
41 ceive additional review before payment is made;

42 (C) Obtain outcome information from adjudicated claims to allow for refinement and en-  
43 hancement of the predictive analytics technologies based on historical data and algorithms  
44 within the system; and

45 (D) Prevent the payment of claims for reimbursement that have been identified as po-

1 tentially wasteful, fraudulent or abusive until the claims have been automatically verified as  
2 valid.

3 (b) Provider and recipient data verification and screening technologies that use publicly  
4 available records for the purpose of automating reviews and identifying and preventing in-  
5 appropriate payments by:

6 (A) Identifying associations within and between providers and provider groups that indi-  
7 cate potential collusive fraudulent activity;

8 (B) Identifying recipient attributes that indicate potential ineligibility; and

9 (C) Using fraud investigation services that combine retrospective claims analysis and  
10 prospective waste, fraud or abuse detection techniques. These services shall include analysis  
11 of historical claims data, medical records, suspect provider databases and high-risk identifi-  
12 cation lists, as well as direct patient and provider interviews. Emphasis shall be placed on  
13 providing education to providers and ensuring that providers have the opportunity to review  
14 and correct any problems identified prior to adjudication.

15 (2) The authority may use the results of the request for information to create a formal  
16 request for proposals to implement the systems and technologies identified in this section if  
17 the authority determines that:

18 (a) Savings will be generated by preventing fraud, waste and abuse;

19 (b) The systems and technologies can be integrated into the authority's current medical  
20 assistance claims processing operations without incurring additional costs to the state; and

21 (c) The reviews described in subsection (1)(b) of this section are unlikely to delay or im-  
22 properly deny payment of valid claims.

23 **SECTION 7.** The Legislative Assembly intends that the savings achieved through section  
24 6 of this 2014 Act will exceed the costs of implementation and administration. Therefore, to  
25 the extent possible, technology services used in carrying out section 6 of this 2014 Act shall  
26 be secured using the savings generated under section 6 of this 2014 Act, whereby the state's  
27 only direct cost will be funded through the actual savings achieved. Further, to enable this  
28 model, contractor reimbursement may be based on a percentage of the achieved savings, or  
29 on the number of recipients per month, the number of transactions per month, the number  
30 of cases per month or a blend of any of these methodologies. The contractor may be required  
31 to guarantee performance that ensures that the savings identified exceed the costs of im-  
32 plementing section 6 of this 2014 Act.

33 **SECTION 8.** Section 5 of this 2014 Act is repealed on January 2, 2019.

34 **SECTION 9.** This 2014 Act being necessary for the immediate preservation of the public  
35 peace, health and safety, an emergency is declared to exist, and this 2014 Act takes effect  
36 on its passage.

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