

D R A F T

SUMMARY

Requires Oregon Health Authority to develop member handbook template, assign single case identification number to households receiving medical assistance, share contact information regarding members of coordinated care organization with organization and monitor hold times for calls made to authority by coordinated care organizations. Requires authority to audit dental care organization no more than once each year and prohibits coordinated care organizations from requiring audit in addition to audit conducted by authority.

Specifies requirements regarding processes for application, renewal and redetermination of medical assistance eligibility.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to medical assistance; creating new provisions; amending ORS
3 411.400, 411.404, 411.406, 414.638 and 414.645; and declaring an emergency.

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

5 **SECTION 1. Section 2 of this 2015 Act is added to and made a part**
6 **of ORS chapter 414.**

7 **SECTION 2. (1) The Oregon Health Authority shall create a member**
8 **handbook template that a coordinated care organization may elect to**
9 **use for its members by supplementing the handbook with information**
10 **specific to the geographic area served by the coordinated care organ-**
11 **ization.**

12 **(2) The authority shall assign a single case identification number**
13 **to all members of a household receiving medical assistance.**

14 **(3) The authority shall establish procedures to share members'**
15 **electronic mail addresses and cellular telephone numbers with the co-**

1 **ordinated care organization serving the members and to allow coordi-**
2 **ated care organizations to collect and periodically update their**
3 **members' contact information.**

4 **(4) The authority shall develop metrics and benchmarks to reduce**
5 **the time that coordinated care organization staff who call the au-**
6 **thority remain on hold.**

7 **(5) The authority shall conduct an audit of each dental care or-**
8 **ganization no more than once per year. The authority shall share the**
9 **results of the audits with coordinated care organizations that contract**
10 **with the dental care organization. A coordinated care organization**
11 **may not require a dental care organization to undergo an audit in**
12 **addition to the audit conducted by the authority.**

13 **SECTION 3.** ORS 411.400 is amended to read:

14 411.400. (1) An application for any category of aid shall also constitute
15 an application for medical assistance.

16 (2) Except as provided in subsection [(6)] (7) of this section, the Depart-
17 ment of Human Services and the Oregon Health Authority shall accept an
18 application for medical assistance and any required verification of eligibility
19 from the applicant, an adult who is in the applicant's household or family,
20 an authorized representative of the applicant or, if the applicant is a minor
21 or incapacitated, someone acting on behalf of the applicant:

22 (a) Over the Internet;

23 (b) By telephone;

24 (c) By mail;

25 (d) In person; and

26 (e) Through other commonly available electronic means.

27 (3) The department and the authority may require an applicant or person
28 acting on behalf of an applicant to provide only the information necessary
29 for the purpose of making an eligibility determination or for a purpose di-
30 rectly connected to the administration of medical assistance or the health
31 insurance exchange.

1 (4) The department and the authority shall provide application and [*re-*
2 *certification*] **renewal** assistance to individuals with disabilities, individuals
3 with limited English proficiency, individuals facing physical or geographic
4 barriers and individuals seeking help with the application for medical as-
5 sistance or [*recertification*] **renewal** of eligibility for medical assistance:

- 6 (a) Over the Internet;
- 7 (b) By telephone; and
- 8 (c) In person.

9 **(5) The department and the authority shall conduct an ongoing**
10 **needs assessment of the demand for persons needed to assist appli-**
11 **cants and recipients of medical assistance in applying for and renewing**
12 **medical assistance. The department and the authority shall provide**
13 **providers and staff of each coordinated care organization the oppor-**
14 **tunity to be trained and certified to assist members of the organization**
15 **in renewing eligibility for medical assistance.**

16 [(5)(a)] **(6)(a)** The department and the authority shall promptly transfer
17 information received under this section to the Oregon Health Insurance Ex-
18 change Corporation as necessary for the corporation to determine eligibility
19 for the exchange, premium tax credits or cost-sharing reductions.

20 (b) The department shall promptly transfer information received under
21 this section to the authority for individuals who are eligible for medical as-
22 sistance because they qualify for public assistance.

23 [(6)] **(7)** The department and the authority shall accept from the corpo-
24 ration an application and any verification that was submitted to the corpo-
25 ration by an applicant or on behalf of an applicant for the determination of
26 eligibility for medical assistance.

27 **SECTION 4.** ORS 411.404 is amended to read:

28 411.404. (1) The Department of Human Services or the Oregon Health
29 Authority shall determine eligibility for medical assistance according to
30 criteria prescribed by rule and in accordance with the requirements for se-
31 curing federal financial participation in the costs of administering Titles XIX

1 and XXI of the Social Security Act.

2 **(2) The department or the authority shall issue a determination on**
3 **at least 99 percent of all applications for renewal of medical assistance**
4 **no later than 30 days after the application is submitted.**

5 [(2)] **(3)** Rules adopted under this section may not require any needy per-
6 son over 65 years of age, as a condition of entering or remaining in a hos-
7 pital, nursing home or other congregate care facility, to sell any real
8 property normally used as the person's home.

9 **SECTION 5.** ORS 411.406 is amended to read:

10 411.406. (1)(a) A medical assistance recipient shall immediately notify the
11 Department of Human Services or the Oregon Health Authority, if required,
12 of the receipt or possession of property or income or other change in cir-
13 cumstances that directly affects the eligibility of the recipient to receive
14 medical assistance, or that directly affects the amount of medical assistance
15 for which the recipient is eligible. Failure to give the notice shall entitle the
16 department or the authority to recover from the recipient the amount of as-
17 sistance improperly disbursed [*by reason thereof*] **resulting from the failure**
18 **to give notice.**

19 **(b) If the department or the authority receives information about**
20 **a change in a medical assistance recipient's circumstances that may**
21 **affect eligibility for medical assistance, the department or the au-**
22 **thority shall promptly redetermine eligibility.**

23 (2)(a) The department or the authority shall [*redetermine*] **renew** the el-
24 igibility of a medical assistance recipient at intervals specified by federal
25 law.

26 (b) The department [*and*] **or** the authority shall [*redetermine*] **renew** el-
27 igibility under this subsection on the basis of information available to the
28 department [*and*] **or** the authority and may not require the recipient to pro-
29 vide information if the department or the authority is able to determine el-
30 igibility based on information in the recipient's record or through other
31 information that is available to the department or the authority.

1 *[(3) Notwithstanding subsection (2) of this section, if the department or the*
 2 *authority receives information about a change in a medical assistance*
 3 *recipient's circumstances that may affect eligibility for medical assistance, the*
 4 *department or the authority shall promptly redetermine eligibility.]*

5 **(3) The department or the authority shall issue a decision on a re-**
 6 **determination or renewal of medical assistance in accordance with**
 7 **ORS 411.404.**

8 (4) If the department or the authority determines that a medical assist-
 9 ance recipient no longer qualifies for *[the]* a medical assistance program *[in*
 10 *which the recipient is enrolled]*, the department or the authority must deter-
 11 mine **the recipient's** eligibility for other medical assistance programs[,] **and**
 12 potential eligibility for the health insurance exchange, premium tax credits
 13 *[and]* **or** cost-sharing reductions before terminating the recipient's medical
 14 assistance. If the recipient appears to qualify for the exchange, premium tax
 15 credits or cost-sharing reductions, the department or the authority shall
 16 promptly transfer the recipient's record to the exchange to process those
 17 benefits.

18 **SECTION 6.** ORS 414.638 is amended to read:

19 414.638. (1) There is created a nine-member metrics and scoring committee
 20 appointed by the Director of the Oregon Health Authority. The members of
 21 the committee serve two-year terms and must include:

- 22 (a) Three members at large;
- 23 (b) Three individuals with expertise in health outcomes measures; and
- 24 (c) Three representatives of coordinated care organizations.

25 (2) The committee shall use a public process to identify objective outcome
 26 and quality measures, including measures of outcome and quality for
 27 ambulatory care, inpatient care, chemical dependency and mental health
 28 treatment, oral health care and all other health services provided by coor-
 29 dinated care organizations. Quality measures adopted by the committee must
 30 be consistent with existing state and national quality measures. The Oregon
 31 Health Authority shall incorporate these measures into coordinated care or-

1 organization contracts to hold the organizations accountable for performance
2 and customer satisfaction requirements.

3 (3) The committee must adopt outcome and quality measures [*annually*]
4 and adjust the measures, **no later than October 1 of each year**, to reflect:

5 (a) The amount of the global budget for a coordinated care organization;

6 (b) Changes in membership of the organization;

7 (c) The organization's costs for implementing outcome and quality meas-
8 ures; and

9 (d) The community health assessment and the costs of the community
10 health assessment conducted by the organization under ORS 414.627.

11 (4) The authority shall evaluate on a regular and ongoing basis the out-
12 come and quality measures adopted by the committee under this section for
13 members in each coordinated care organization and for members statewide.

14 (5) The authority shall utilize available data systems for reporting out-
15 come and quality measures adopted by the committee and take actions to
16 eliminate any redundant reporting or reporting of limited value.

17 (6) The authority shall publish the information collected under this sec-
18 tion at aggregate levels that do not disclose information otherwise protected
19 by law. The information published must report, by coordinated care organ-
20 ization:

21 (a) Quality measures;

22 (b) Costs;

23 (c) Outcomes; and

24 (d) Other information, as specified by the contract between the coordi-
25 nated care organization and the authority, that is necessary for the author-
26 ity, members and the public to evaluate the value of health services delivered
27 by a coordinated care organization.

28 **SECTION 7.** ORS 414.645 is amended to read:

29 414.645. (1) A coordinated care organization that contracts with the
30 Oregon Health Authority must maintain a network of providers sufficient in
31 numbers and areas of practice and geographically distributed in a manner

1 to ensure that the health services provided under the contract are reasonably
2 accessible to [*enrollees*] **members**.

3 **(2) The authority shall actively monitor and establish procedures**
4 **to validate the capacity of a coordinated care organization to ensure**
5 **that the requirements of subsection (1) of this section are met.**

6 [(2)] **(3) [An enrollee] A member** may transfer from one **coordinated**
7 **care** organization to another **coordinated care** organization no more than
8 once during each enrollment period.

9 **SECTION 8. This 2015 Act being necessary for the immediate pres-**
10 **ervation of the public peace, health and safety, an emergency is de-**
11 **clared to exist, and this 2015 Act takes effect on its passage.**

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