



OREGON
Alliance
of Children's Programs

HB 2231 - SUPPORT

Introduced by Representative Nancy Nathanson

2-13-15

House Health Care Committee

Dear Chair Greenlick and Committee Members,

I am Janet Arenz, Executive Director of the Oregon Alliance of Children's Programs. We are a statewide nonprofit organization representing 45 providers, who deliver \$223 million in services to over 100,000 children each year. Additionally, these providers employ 5500 individuals, with \$152 million in annual payroll.

Here is our intent with HB 2231:

- HB 2020 (2013) eliminates the duplicative credentialing process by each CCO (see HB 2020 Summary by Hopkins, attachment). Providers, who are already certified by OHA as a behavioral health program, are required to submit to multiple CCO processes comparable to each other and to OHA certification.
- The efficiencies and relief being sought through that law are still not achieved, so HB 2231 requesting accountability was written.
- The bill emerged from Legislative Counsel, presenting severe consequences we did not request. What we did intend was for the Oregon Health Authority to hold CCO's accountable for eliminating redundant, duplicative requests for information through evaluation of their performance in existing processes.

Currently...

- Providers have currently felt some relief from the credentialing process, because we are in a lull of contracting cycles and many CCO panels have closed.
- With this lull, new concerns are emerging as priority issues to solve. These issues are primarily the credentialing of individual physical and behavioral health practitioners. We also see it in audits and other reviews.
- There is work being done by OHA to build data bases to eliminate duplicative credentialing processes, but they aren't complete yet. It's also uncertain whether they will meet criteria that will be acceptable for national accreditation. If it is not, CCO's may not use the data banks.

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Our bottom line:

- We are hopeful these efforts will result in eliminating the duplicative requests for information from providers. It would mean more services for children, and less disruption of medicine and treatment. It would mean providers would save significant funds and resources.
- While audits, credentialing and reviews may be necessary, ***it is not necessary to complete them in the manner in which they are being conducted.***

Some of our members are here today with snapshots of what is happening in their organizations -- and the impact on their finances, and on the loss of services and access for children.

We would like to meet with the CCO's and see what can be worked out to reduce this burden on everyone, and ask the Chair to consider requesting such a discussion. Surely there is an efficient middle-ground between what is required and how many times it is required.

Thank you,
Janet Arenz

