

STAFF MEASURE SUMMARY

Senate Committee On Health Care

**Fiscal:** Has minimal fiscal impact

**Revenue:** No Revenue Impact

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**Action Date:** 05/11/15

**Action:** Do Pass The A-Eng Bill.

**Meeting Dates:** 05/11

**Vote:**

Yeas: 5 - Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward

**Prepared By:** Zena Rockowitz, Committee Administrator

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**WHAT THE MEASURE DOES:**

Directs Oregon Health Authority (OHA) to adopt rule standards for determining whether information requested by a coordinated care organization from an organizational provider is redundant with respect to the reporting requirements for an assessment or if the information is outside the scope of the assessment criteria. Directs OHA to develop and maintain centralized database for the credentialing of behavioral health care organization providers and adopt rules relating to the content and operations of the database. Directs OHA to utilize the current committee (ORS 430.637) to facilitate the rule making process. Specifies criteria for the rules. Directs the committee to report to the Legislative Assembly on the database effectiveness no later than December 31, 2015.

**ISSUES DISCUSSED:**

- Redundant credentialing and re-credentialing takes time away from serving clients
- High volume of requests for information, paperwork and cost of site reviews
- Challenges for larger organizations that must credential all programs
- Length of time to make credentialing determination

**EFFECT OF COMMITTEE AMENDMENT:**

No amendment.

**BACKGROUND:**

The Seventy-Seventh Legislative Assembly enacted House Bill 2020, which requires the coordinated care organizations (CCOs) to accept credentials of mental health and chemical dependency treatment providers that have been conducted by another CCO to meet credentialing requirements and quality standards. The Oregon Health Authority was directed to adopt credentialing standards for these providers to ensure uniformity. It has been reported that multiple CCOs are still requiring separate credentialing and re-credentialing for providers, which places additional demands and costs to the providers. House Bill 2231-A provides a databank to execute the credentialing process.