

STAFF MEASURE SUMMARY

Senate Committee On Health Care

Fiscal: Has minimal fiscal impact

Revenue: No Revenue Impact

Action Date: 06/01/15

Action: Do Pass With Amendments To The A-Eng Bill. (Printed B-Eng.)

Meeting Dates: 05/18, 06/01

Vote:

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

Prepared By: Zena Rockowitz, Committee Administrator

WHAT THE MEASURE DOES:

Requires Oregon Health Authority (OHA) to conduct one external quality review of each coordinated care organization (CCO) annually and permits contracting to conduct review. Requires OHA to compile standard list of documents collected from CCOs and subcontractors. Requires that when requesting information from CCO about subcontractors, CCOs must be informed of documents on standard list collected over the 12-month period. Prohibits requesting duplicative or redundant information. Creates requirements for contracted review organizations. Specifies provisions do not apply to documents requested in audit for or investigation of fraud, waste and abuse among other provisions.

ISSUES DISCUSSED:

- Duplicative and burdensome auditing process
- Staff time and effort resubmitting information
- Administrative complexity

EFFECT OF COMMITTEE AMENDMENT:

Replaces measure.

BACKGROUND:

A coordinated care organization (CCO) is a network of all types of health care providers (physical health care, addictions and mental health care and sometimes dental care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions, like diabetes, which helps reduce unnecessary emergency room visits and gives people support to be healthy. Today, there are 16 CCOs operating in communities around Oregon. The CCOs are local entities that have one budget that grows at a fixed rate for mental, physical and dental care. They are accountable for the health outcomes of their population and are governed by a partnership among health care providers, community members and stakeholders.