SB 833-6 (LC 3383) 6/4/15 (LHF/ps)

PROPOSED AMENDMENTS TO SENATE BILL 833

- Delete lines 5 through 23 of the printed bill and insert:
- **"SECTION 1.** ORS 414.652 is amended to read:
- 3 "414.652. (1) A contract entered into between the Oregon Health Author-
- 4 ity and a coordinated care organization under ORS 414.625 (1):
- 5 "(a) Shall be for a term of five years;

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- 6 "(b) [Except as provided in subsection (3) of this section,] May not be 7 amended more than once in each 12-month period; and
- 8 "(c) May be terminated if a coordinated care organization fails to meet 9 outcome and quality measures specified in the contract or is otherwise in 10 breach of the contract.
 - "(2) [This section] Subsection (1) of this section does not prohibit the authority from allowing a coordinated care organization a reasonable amount of time in which to cure any failure to meet outcome and quality measures specified in the contract prior to the termination of the contract.
- "[(3) A contract entered into between the authority and a coordinated care organization may be amended more than once in each 12-month period if:]
 - "(3) The authority shall submit to the appropriate federal agency for review and approval:
 - "(a) The proposed terms of a new contract with a coordinated care organization not less than 135 days prior to the expiration of an existing contract with the coordinated care organization.
 - "(b) The proposed payment rates for a coordinated care organiza-

tion not less than 90 days prior to the effective date of the proposed rates.

- "(4) The authority shall allow a coordinated care organization a period of at least 60 days in which to review changes resulting from a federal review to negotiated contract terms or to payment rates before agreeing to the changes. If the coordinated care organization is provided less than 60 days to review the changes, the existing contract and rates remain in effect until the authority provides the required period for review.
 - "(5) Subsections (1)(b) and (4) of this section do not apply if:
- "(a) The authority and the coordinated care organization mutually agree to amend the contract; [or]
 - "(b) Amendments are necessitated by changes in federal or state law; or
- "(c) With respect to changes in contract terms or payment rates, the authority has complied with subsection (3) of this section but has not received necessary federal approval.".

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