

STAFF MEASURE SUMMARY

House Committee On Health Care

Fiscal: Fiscal impact issued

Revenue: No Revenue Impact

Action Date: 02/10/16

Action: Do Pass With Amendments. (Printed A-Eng.)

Meeting Dates: 02/08, 02/10

Vote:

Yeas: 8 - Buehler, Clem, Greenlick, Hayden, Kennemer, Keny-Guyer, Lively, Nosse

Exc: 1 - Weidner

Prepared By: Sandy Thiele-Cirka, Committee Administrator

WHAT THE MEASURE DOES:

Prohibits Oregon Health Authority from retroactively changing terms of contract with coordinated care organization (CCO) unless specified conditions are met. Modifies the Centers for Medicare and Medicaid Services language to broader language “the amendment is necessary to comply with federal law.” Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Provisions of the bill
- CCOs and global payments
- Concerns about retroactivity on contracts
- Importance for consistency and stability for CCOs
- Retroactive payment adjustments
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT:

Modifies the Centers for Medicare and Medicaid Services language to broader language “the amendment is necessary to comply with federal law.”

BACKGROUND:

The coordinated care model was first implemented in coordinated care organizations (CCOs). A coordinated care organization 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. This helps reduce unnecessary emergency room visits and gives people support to be healthy. Currently, there are 16 CCOs operating in communities around Oregon.