

**FISCAL IMPACT OF PROPOSED LEGISLATION**

**Measure: HB 2221 - 1 <REVISED>**

79th Oregon Legislative Assembly – 2017 Regular Session  
Legislative Fiscal Office

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

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**Measure Description:**

Requires Oregon Health Authority and Department of Consumer and Business Services to report to Legislative Assembly each calendar quarter on implementation of requirements to reimburse cost of child abuse medical assessments conducted by community assessment centers.

**Government Unit(s) Affected:**

Department of Consumer and Business Services (DCBS), Oregon Health Authority (OHA)

**Analysis:**

**<REVISED TO INCLUDE NEW CLAIMS INFORMATION FROM AGENCY>**

House Bill 2221 with the - 1 amendment requires the Department of Consumer and Business Services (DCBS) and the Oregon Health Authority (OHA) to report to the Legislative Assembly, every six months, on the reimbursement of child abuse medical assessments conducted by community assessment centers. The bill contains an emergency clause and is effective upon passage. Reporting requirements become operative 30 days after the effective date of the bill.

Oregon Health Authority (OHA)

The comprehensive fiscal impact of this bill on OHA is indeterminate because at this time, OHA cannot predict this bill's potential impact on CCO rates and fee-for-service rates.

The bill requires Coordinated Care Organizations (CCOs) to fully reimburse community assessment centers the cost of services (as determined by the community assessment center) for child abuse medical assessments performed on children who are enrolled in CCOs. Claims must be paid no later than 60 days after submission. Based on testimony regarding the gap between the actual cost of these services and the current average reimbursement, OHA anticipates that the average claim would likely increase by approximately \$1,500. At this time, OHA cannot predict the number of claims, but OHA reports that community assessment centers perform roughly 3,026 Medicaid eligible child abuse medical assessments each year. Based on this number and assuming CCO administrative costs are included, the projected biennial cost to Medicaid would be \$10,542,000 Total Funds. Assuming a 64% Federal match, the biennial cost would be \$3,796,000 General Fund and \$6,746,000 Federal Funds.

In addition, mandating cost-based reimbursement could increase the costs in both fee-for-service and CCO rates because it will increase the administrative costs of collecting cost reports and developing a cost-based rate unique to each individual provider. Any CCO contract change OHA makes that requires the CCOs to increase their expenditure for services will require increased funding to the CCOs in the form of increased capitation in the global budgets.

Department of Consumer and Business Services (DCBS)

Passage of the bill is anticipated to have minimal impact on DCBS. The agency will use existing resources to modify data systems to track and collect the data, and compile the reports required by this bill.