

Chair Monnes Anderson and members of the committee,

With the sincerest hope of ensuring our members can get enrolled and re-enrolled into the Oregon Health Plan, we have worked with many of the CCOs to come up with a plan which, in concept, most, if not all, CCOs will agree to move forward with for HB 2838.

The basics tenets would be:

- 1.) Ask that the OHA get Federal approval for every CCO to help re-enroll their members
- 2.) Allow CCOs to update contact information (address, email, etc...) and the OHA to share emails they have with us
- 3.) Maintain that the OHA has to have an assister per 1000 members
- 4.) Create a workgroup to figure out how to improve enrollment and ensure sideboards are in place so people are being influence to sign up on a specific plan
- 5.) Remove the grant program and assister funds

Suggested amendments would include the following:

1. Delete Grant Program and Assister Funds:

- a. Delete Page 1, line 12-15
- b. Delete Page 1, line 25
- c. Delete Page 2, line 1-17
- d. Delete Page 2 line 32-36

2. Section 5 should read (bold is new):

- (1) The Oregon Health Authority, under the direction of the Oregon Health Policy Board and in collaboration with the Department of Human Services, shall implement a streamlined and simple application and renewal process for the medical assistance and premium assistance programs administered by the Oregon Health Authority. The process must meet the requirements of ORS 411.400, 411.402, 411.404, 411.406, 411.408 and 411.967 and Section 2 of this 2017 Act
- (2) **The Authority shall convene a workgroup, that includes stakeholders, a representative from each CCO interested in participation, and persons not employed by the authority who have experience in serving the vulnerable and hard-to-reach populations, to make legislative recommendations regarding CCO involvement in Oregon Health Plan enrollment, OHP re-enrollment, and OHP beneficiary contact information updates.**
 - (a) **The workgroup will give updates to the Human Services Sub-Committee of Ways and Means during the September legislative days 2017. Formal recommendations from the workgroup will be release no later than [January 15th 2018](#). The workgroup will make a formal presentation of the recommendations to the Human Services Sub-Committee of Ways and Means no later than [February 15th 2018](#).**

3. OHA shall allow **every** CCO to reenroll their members, and may seek any approval required to ensure compliance with federal regulations.

a.) On Page 1 lines 20,21 **delete**: “and who reside in geographic areas served by only one coordinated care organization”

b.) On Page 1 line 19 delete: “applying for or”

c.) On page 1 lines 18,19 delete: “maximum”

4. Maintain that the OHA must have an assistor per 1000 members

a.) Delete Page 1, line 12-15, add: “Ensure there is at least one individual available to provide application assistance for every 1,000 medical assistance recipients and are geographically dispersed across the state.”

5. Allow all CCOs to update contact information (address, email, etc...)

a.) Page 2 line 31 add: “(3) Allow CCOs to update member information in the state database”

While we do have general conceptual consensus amongst the CCO on HB 2838, unfortunately we do not have a finalized amendment. We respectfully ask the Senate Health Care Committee to send the bill to Ways and Means to give us time to draft an amendment and to analyze possible fiscal impact of this bill.

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