

HB 2398 A STAFF MEASURE SUMMARY

Carrier: Rep. Alonso Leon

House Committee On Health Care

Action Date: 04/12/17

Action: Do pass with amendments. (Printed A-Eng.)

Vote: 9-0-0-0

Yeas: 9 - Alonso Leon, Buehler, Greenlick, Hack, Hayden, Kennemer, Keny-Guyer, Malstrom, Nosse

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

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WHAT THE MEASURE DOES:

Prohibits a health care provider from billing medical assistance recipient except as provided by the Oregon Health Authority (OHA) by rule. Requires the health care provider to wait for payment for 90 days before assigning a collection claim. Adds the word "applicant" and changes 24-month processing period to the current federal requirement of 12-month processing deadline. Deletes the requirement that the OHA or the coordinated care organization send notice of a contested case to the patient. Changes "contact the authority" to "recheck eligibility." Directs OHA to convene a stakeholder workgroup before reporting back to the legislative interim committees. Specifies conditions under which the provider can submit a claim for collection. Requires OHA to accept for processing all claims for services provided in the preceding 24-month period. Requires OHA to report to the appropriate interim committee of the Legislative Assembly no later than September 15, 2018.

ISSUES DISCUSSED:

- Current billing issues that Oregon Health Authority is working on
- Ongoing problem for Oregon Health Plan (OHP) clients
- Confusion among OHP clients that receive bills
- Providers unaware that the patient is OHP eligible
- Proposed amendments

EFFECT OF AMENDMENT:

Adds the word "applicant" and changes 24-month period to the current federal requirement of 12-month processing deadline. Deletes the requirement that the OHA or the coordinated care organization send notice of a contested case notice to the patient. Changes "contact the authority" to "recheck eligibility." Directs OHA to convene a stakeholder workgroup before reporting back to the legislative interim committees.

BACKGROUND:

Federal Medicaid law requires that Medicaid providers can only accept the amount paid by the OHA for Medicaid services as "payment in full." Providers cannot charge clients additional amounts for those health care services. Proponents state that Oregon Health Plan (OHP) clients are receiving bills for OHP covered services when they should not be, and due to inadequate safeguards, the current system is not catching these transactions. In addition, when OHP clients receive these bills, they assume that it is a mistake and do not respond, which in turn may cause the bill to be turned over to a collection agency which causes undue stress and time to clear up the matter.