

House Bill 2398

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care for Oregon Law Center)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Prohibits health care provider from billing medical assistance recipient except as provided by Oregon Health Authority by rule. Requires health care provider to wait for payment for 90 days before assigning claim for collection.

Requires authority to accept for processing all claims for services provided in preceding 24-month period. Requires authority to send contested case notice to recipient and provider if claim denied on basis that recipient was not eligible for medical assistance at time service was provided.

A BILL FOR AN ACT

1
2 Relating to medical assistance.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. Section 2 of this 2017 Act is added to and made a part of ORS chapter 414.**

5 **SECTION 2. (1) A health care provider may not bill or solicit payment from a medical**
6 **assistance recipient for services, except for copayments or other charges authorized by the**
7 **Oregon Health Authority by rule.**

8 (2)(a) A health care provider that submits a claim for payment to the authority or a co-
9 ordinated care organization shall wait to receive payment for at least 90 days after submit-
10 ting the claim before assigning the claim to a collection agency or similar entity to recover
11 from the patient.

12 (b) If the claim remains unpaid 90 days after a health care provider submits the claim
13 to the authority or a coordinated care organization, the health care provider shall first
14 contact the authority to inquire about the patient's eligibility for medical assistance.

15 (c) The health care provider may not assign the claim for collection if the authority
16 confirms that the patient was eligible for medical assistance at the time the services were
17 provided.

18 (3) The authority shall accept for processing all claims for payment for services provided
19 by a health care provider to a medical assistance recipient during the preceding 24-month
20 period.

21 (4) If the authority or a coordinated care organization denies payment on a claim based
22 on a finding that the patient was not eligible for medical assistance at the time the services
23 were provided, the authority or coordinated care organization shall send to the patient and
24 to the health care provider a contested case notice in accordance with ORS 183.415.

25 **SECTION 3. Not later than September 15, 2018, the Oregon Health Authority shall report**
26 **to the interim committees of the Legislative Assembly related to health on the extent to**
27 **which the implementation of section 2 of this 2017 Act has reduced or eliminated improper**
28 **billings to or collection of claims from medical assistance recipients.**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **SECTION 4. Section 2 of this 2017 Act applies to claims for payments submitted to the**
2 **Oregon Health Authority on or after the effective date of this 2017 Act.**
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