A-Engrossed House Bill 2838

Ordered by the House April 19 Including House Amendments dated April 19

Sponsored by COMMITTEE ON HEALTH CARE

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.

Requires Oregon Health Authority to take specific steps to improve assistance provided to individuals applying for or seeking to renew medical assistance eligibility.

Requires authority to update and furnish information monthly to coordinated care or-

ganization about members enrolled in coordinated care organization.

Establishes Oregon Health Authority Assister Fund consisting of contributions from coordinated care organizations and continuously appropriates moneys in fund to Oregon Health Authority to provide grants to independent nonprofit organizations for providing application and renewal assistance.

A BILL FOR AN ACT

- 2 Relating to medical assistance; creating new provisions; and amending ORS 411.400 and 414.041.
 - Be It Enacted by the People of the State of Oregon:
 - SECTION 1. Sections 2 and 3 of this 2017 Act are added to and made a part of ORS chapter 414.
 - SECTION 2. (1) As used in this section, "application assistance" means services provided by an individual employed by an independent nonprofit organization who is trained to assist an applicant for, or a recipient of, medical assistance in completing application and renewal forms and complying with procedures to qualify for the medical assistance program.
 - (2) In order to facilitate the enrollment of eligible individuals in the medical assistance program, the Oregon Health Authority shall:
 - (a) Provide grants, in accordance with subsections (3), (4) and (5) of this section, to independent nonprofit organizations providing application assistance to ensure that there is at least one individual available to provide application assistance for every 1,000 medical assistance recipients;
 - (b) Maintain an easy and efficient procedure for coordinated care organizations to refer members to the authority for assistance with applications and renewals;
 - (c) Allow coordinated care organizations to provide application assistance, to the maximum extent permitted by federal law, to individuals who are applying for or seeking to renew medical assistance and who reside in geographic areas served by only one coordinated care organization; and
 - (d) Ensure that effective procedures are in place to reenroll an individual who was involuntarily disenrolled as a result of incarceration immediately upon the individual's discharge from incarceration.
 - (3) Grants described in subsection (2)(a) of this section shall be paid from the Oregon

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- Health Authority Assister Fund established under section 4 of this 2017 Act. Grant recipients must provide objective, unbiased information to potential enrollees in the selection of a coordinated care organization.
- (4) The authority shall target grants to areas of this state served by coordinated care organizations that contribute to the Oregon Health Authority Assister Fund.
- (5) Coordinated care organizations that contribute to the Oregon Health Authority Assister Fund may recommend, for the receipt of grants, particular independent nonprofit organizations that provide application assistance. The authority shall respond to a recommendation made under this subsection no later than 60 days after the recommendation is submitted. The authority shall approve the recommendation and disburse the grant accordingly if the authority determines that the independent nonprofit organization has the capacity to assist individuals with complex needs and that the organization will not show bias in providing application assistance toward the coordinated care organization that made the recommendation.
- (6) This section does not prevent a local public health authority, as defined in ORS 431.003, from providing application assistance to applicants for and recipients of medical assistance.
- (7) The authority shall request any federal approval that may be required in order to secure federal financial participation in the costs of complying with this section.
- SECTION 3. (1) The Oregon Health Authority shall update at least monthly the information provided to each coordinated care organization about members enrolled in the coordinated care organization. The updated information must include but is not limited to each member's:
 - (a) Address;

- (b) Eligibility category;
- (c) Telephone number;
- (d) Electronic mail address;
- (e) Date of renewal; and
 - (f) Medical assistance termination date.
- (2) The authority shall provide training to employees of coordinated care organizations who are responsible for updating member information in the state databases.
- SECTION 4. The Oregon Health Authority Assister Fund is established in the State Treasury, separate and distinct from the General Fund. The Oregon Health Authority Assister Fund consists of voluntary contributions from coordinated care organizations. Moneys in the fund are continuously appropriated to the Oregon Health Authority to provide grants under section 2 of this 2017 Act.

SECTION 5. ORS 414.041 is amended to read:

- 414.041. (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) [In developing the simplified application process, the authority shall consult with] The authority shall convene an advisory group, that includes stakeholders and persons not employed by the authority who have experience in serving vulnerable and hard-to-reach populations, to de-

velop, implement and continuously improve the application and renewal process for the medical assistance program.

(3) The authority and the department shall facilitate outreach and enrollment efforts to connect eligible individuals with all available publicly funded health programs.

SECTION 6. ORS 411.400 is amended to read:

- 411.400. (1) An application for any category of aid shall also constitute an application for medical assistance.
- (2) Except as provided in subsection (6) of this section, the Department of Human Services and the Oregon Health Authority shall accept an application for medical assistance and any required verification of eligibility from the applicant, an adult who is in the applicant's household or family, an authorized representative of the applicant or, if the applicant is a minor or incapacitated, someone acting on behalf of the applicant:
- (a) Over the Internet;
 - (b) By telephone;
- 15 (c) By mail;

- 16 (d) In person; and
 - (e) Through other commonly available electronic means.
 - (3) The department and the authority may require an applicant or person acting on behalf of an applicant to provide only the information necessary for the purpose of making an eligibility determination or for a purpose directly connected to the administration of medical assistance or the health insurance exchange.
 - (4) The department and the authority shall provide application and [recertification] renewal assistance, in accordance with section 2 of this 2017 Act, to individuals with disabilities, individuals with limited English proficiency, individuals facing physical or geographic barriers and individuals seeking help with the application for medical assistance or recertification of eligibility for medical assistance:
 - (a) Over the Internet;
 - (b) By telephone; and
 - (c) In person.
 - (5)(a) The Department of Human Services and the authority shall promptly transfer information received under this section to the Department of Consumer and Business Services, the United States Department of Health and Human Services or the Internal Revenue Service as necessary for the determination of eligibility for the health insurance exchange, premium tax credits or cost-sharing reductions.
 - (b) The Department of Human Services shall promptly transfer information received under this section to the authority for individuals who are eligible for medical assistance because they qualify for public assistance.
 - (6) The Department of Human Services and the authority shall accept from the Department of Consumer and Business Services an application and any verification that was submitted to the Department of Consumer and Business Services by an applicant or on behalf of an applicant in order for the Department of Human Services or the authority to determine the applicant's eligibility for medical assistance.

SECTION 7. ORS 414.041 is added to and made a part of ORS chapter 414.