

# House Bill 2981

Sponsored by COMMITTEE ON HEALTH CARE (at the request of Coalition for a Healthy Oregon (COHO))

## 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**.

Requires Oregon Health Authority to report specified information on quarterly basis about processing of applications for medical assistance and for renewals of medical assistance.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to medical assistance eligibility determinations; and declaring an emergency.

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

### **SECTION 1. (1) As used in this section:**

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5 (a) **"Applicant" means an individual on whose behalf an application for medical assistance**  
6 **has been submitted to the Oregon Health Authority or on whose behalf a request to renew**  
7 **medical assistance has been submitted to the authority.**

8 (b) **"Application" means an application for medical assistance or a request to renew**  
9 **medical assistance.**

10 (c) **"Medical assistance" has the meaning given that term in ORS 414.025.**

11 (2) **Beginning October 1, 2017, and following the end of each calendar quarter thereafter,**  
12 **the Oregon Health Authority shall report to the Legislative Assembly, and certify to be ac-**  
13 **curate, complete and truthful, the information described in subsection (3) of this section**  
14 **broken down by applicants for medical assistance, applicants requesting to renew medical**  
15 **assistance and aggregate demographic information including age, sex, race, ethnicity and**  
16 **county of residence.**

17 (3) **For the most recent 12-month period and for each calendar quarter within the**  
18 **12-month period, the Oregon Health Authority shall report in the manner described in sub-**  
19 **section (2) of this section the following information:**

20 (a) **The number of applications received by the authority and the number of applicants**  
21 **for whom an application was submitted to the authority;**

22 (b) **The number and the percentage of applications and applicants that the authority ap-**  
23 **proved for medical assistance;**

24 (c) **The number and the percentage of applications and applicants that were not approved**  
25 **for medical assistance along with a general explanation of the reasons that medical assist-**  
26 **ance was denied;**

27 (d) **The average number of days, from the date an application was submitted to the au-**  
28 **thority to the date that eligibility was approved or denied, for the authority to determine**  
29 **eligibility for medical assistance;**

30 (e) **The number of applicants whose eligibility for medical assistance was effective prior**  
31 **to the date that the authority determined the applicants to be eligible for medical assistance;**

**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 (f) The number of applications and applicants for which the authority had not determined  
2 eligibility by the date of the report and the average number of days that the applications had  
3 been pending;

4 (g) The number of applications pending for more than 30 days as of the date of the report,  
5 and the number of applicants represented by the applications;

6 (h) The number and the percentage of applicants who applied for medical assistance, were  
7 found eligible for medical assistance and were enrolled in a coordinated care organization  
8 and, with respect to those individuals:

9 (A) The average number of days that elapsed from the date that eligibility for medical  
10 assistance was determined by the authority to the date of enrollment in a coordinated care  
11 organization; and

12 (B) The number of applicants that the authority enrolled in a coordinated care organ-  
13 ization more than 15 days after the date of the eligibility determination;

14 (i) The number and types of corrections that the authority made to eligibility and en-  
15 rollment information after applicants were determined eligible for medical assistance;

16 (j) For applicants requesting renewal of medical assistance:

17 (A) The number and percentage to whom the authority sent a notice to renew coverage;  
18 and

19 (B) The number and percentage who responded to a notice to renew coverage by re-  
20 questing to renew medical assistance; and

21 (k) Information collected by the authority on the customer experience of applicants.

22 SECTION 2. This 2017 Act being necessary for the immediate preservation of the public  
23 peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect  
24 on its passage.

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