

Senate Bill 917

Sponsored by Senator KRUSE; Representative KENNEMER

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 coordinated care organization to make available to members external review process to contest coordinated care organization decisions regarding care or services.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to appeal procedures available to members of coordinated care organizations; creating new
3 provisions; amending ORS 414.635; and declaring an emergency.

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

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

6 **SECTION 2. (1) A coordinated care organization must have procedures in place for**
7 **members to contest coordinated care decisions regarding care or services through an inter-**
8 **nal review process and an external review process. The external review process may not be**
9 **required before or used as a deterrent to a contested case hearing with the Oregon Health**
10 **Authority in accordance with ORS chapter 183.**

11 **(2) The external review process must:**

12 **(a) Be initiated by the member;**

13 **(b) Be conducted by a review organization that is independent of the coordinated care**
14 **organization and the authority;**

15 **(c) Be offered without cost to the member;**

16 **(d) Conclude with a written decision no later than:**

17 **(A) 30 days from the date the coordinated organization receives the appeal for a standard**
18 **appeal; or**

19 **(B) 72 hours after the coordinated care organization receives an appeal requiring an ex-**
20 **pedited resolution; and**

21 **(e) Not interrupt the member's continuation of benefits pending resolution of the appeal**
22 **if the member filed a timely request for review.**

23 **(3) The authority may enter into an interagency agreement with the Department of**
24 **Consumer and Business Services to make available, as an external review under this section,**
25 **the external review process described in ORS 743B.252 and 743B.253.**

26 **SECTION 3. ORS 414.635 is amended to read:**

27 414.635. (1) The Oregon Health Authority shall adopt by rule safeguards for members enrolled
28 in coordinated care organizations that protect against underutilization of services and inappropriate
29 denials of services. In addition to any other consumer rights and responsibilities established by law,
30 each member:

31 (a) Must be encouraged to be an active partner in directing the member's health care and ser-

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 vices and not a passive recipient of care.

2 (b) Must be educated about the coordinated care approach being used in the community and how
3 to navigate the coordinated health care system.

4 (c) Must have access to advocates, including qualified peer wellness specialists where appropri-
5 ate, personal health navigators, and qualified community health workers who are part of the
6 member's care team to provide assistance that is culturally and linguistically appropriate to the
7 member's need to access appropriate services and participate in processes affecting the member's
8 care and services.

9 (d) Shall be encouraged within all aspects of the integrated and coordinated health care delivery
10 system to use wellness and prevention resources and to make healthy lifestyle choices.

11 (e) Shall be encouraged to work with the member's care team, including providers and commu-
12 nity resources appropriate to the member's needs as a whole person.

13 (2) The authority shall establish and maintain an enrollment process for individuals who are
14 dually eligible for Medicare and Medicaid that promotes continuity of care and that allows the
15 member to disenroll from a coordinated care organization that fails to promptly provide adequate
16 services and:

17 (a) To enroll in another coordinated care organization of the member's choice; or

18 (b) If another organization is not available, to receive Medicare-covered services on a fee-for-
19 service basis.

20 (3) Members and their providers and coordinated care organizations have the right to appeal
21 decisions about care and services:

22 (a) Through the authority in an expedited manner and in accordance with the contested case
23 procedures in ORS chapter 183; or

24 (b) **Using the external review process described in section 2 of this 2017 Act.**

25 (4) A health care entity may not unreasonably refuse to contract with an organization seeking
26 to form a coordinated care organization if the participation of the entity is necessary for the or-
27 ganization to qualify as a coordinated care organization.

28 (5) A health care entity may refuse to contract with a coordinated care organization if the re-
29 imbursement established for a service provided by the entity under the contract is below the rea-
30 sonable cost to the entity for providing the service.

31 (6) A health care entity that unreasonably refuses to contract with a coordinated care organ-
32 ization may not receive fee-for-service reimbursement from the authority for services that are
33 available through a coordinated care organization either directly or by contract.

34 (7)(a) The authority shall adopt by rule a process for resolving disputes involving:

35 (A) A health care entity's refusal to contract with a coordinated care organization under sub-
36 sections (4) and (5) of this section.

37 (B) The termination, extension or renewal of a health care entity's contract with a coordinated
38 care organization.

39 (b) The processes adopted under this subsection must include the use of an independent third
40 party arbitrator.

41 (8) A coordinated care organization may not unreasonably refuse to contract with a licensed
42 health care provider.

43 (9) The authority shall:

44 (a) Monitor and enforce consumer rights and protections within the Oregon Integrated and Co-
45 ordinated Health Care Delivery System and ensure a consistent response to complaints of violations

1 of consumer rights or protections.

2 (b) Monitor and report on the statewide health care expenditures and recommend actions ap-
3 propriate and necessary to contain the growth in health care costs incurred by all sectors of the
4 system.

5 **SECTION 4. This 2017 Act being necessary for the immediate preservation of the public**
6 **peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect**
7 **on its passage.**

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