HB 2221-1 (LC 1710) 2/27/17 (LHF/ps)

Requested by Representative KENY-GUYER

PROPOSED AMENDMENTS TO HOUSE BILL 2221

- On page 1 of the printed bill, line 5, delete "Each calendar quarter" and
- 2 insert "Every six months".
- In line 11, delete "Each calendar quarter" and insert "Every six
- 4 months,".
- 5 Delete lines 15 to 28 and insert:
- **"SECTION 3.** ORS 414.762 is amended to read:
- 7 "414.762. (1) As used in this section:
- 8 "(a) 'Child abuse medical assessment' has the meaning given that term in
- 9 ORS 418.782.
- "(b) 'Community assessment center' has the meaning given that term in
- 11 ORS 418.782.
- "(2) The Oregon Health Authority shall [reimburse] ensure that a com-
- munity assessment center is reimbursed by a coordinated care organiza-
- 14 **tion** for the services the center provides:
- "(a) In conducting a child abuse medical assessment of a child who is
- 16 [eligible for medical assistance] enrolled in the coordinated care organ-
- 17 **ization**; and
- "(b) That are related to the child abuse medical assessment including, but
- 19 not limited to:
- 20 "(A) A forensic interview; and
- 21 "(B) Mental health treatment.

- "[(3) The authority shall adopt billing and payment mechanisms to ensure that the reimbursement is proportionate to the scope and intensity of the services provided by the community assessment center.]
- "(3) A payment to a community assessment center must fully reimburse the cost of the services provided by the community assessment center:
 - "(a) As determined by the community assessment center; or
 - "(b) Using an alternative payment methodology agreed to by the community assessment center.
 - "(4) A claim for reimbursement made by a community assessment center must be paid no later than 60 days after the claim is submitted.
 - "(5) A coordinated care organization shall report to the authority any claims for reimbursement by a community assessment center that have not been paid in accordance with subsection (4) of this section. The authority shall include the information reported by coordinated care organizations under this subsection in the report required by section 1 of this 2017 Act.".

On page 2, delete lines 1 through 4.

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