HB 2882-2
(LC 3573)
3/7/17 (LHF/ps)

At the request of CareOregon

PROPOSED AMENDMENTS TO HOUSE BILL 2882

1 On page 1 of the printed bill, delete lines 5 through 30 and delete page
2 2.
3 On page 3, delete lines 1 through 39 and insert:
4 **"SECTION 1.** ORS 414.625 is amended to read:
5 "414.625. (1) The Oregon Health Authority shall adopt by rule the quali-
6 fication criteria and requirements for a coordinated care organization and
7 shall integrate the criteria and requirements into each contract with a co-
8 ordinated care organization. Coordinated care organizations may be local,
9 community-based organizations or statewide organizations with community-
10 based participation in governance or any combination of the two. Coordi-
11 nated care organizations may contract with counties or with other public or
12 private entities to provide services to members. The authority may not con-
13 tract with only one statewide organization. A coordinated care organization
14 may be a single corporate structure or a network of providers organized
15 through contractual relationships. The criteria adopted by the authority un-
16 der this section must include, but are not limited to, the coordinated care
17 organization's demonstrated experience and capacity for:
18 "(a) Managing financial risk and establishing financial reserves.
19 "(b) Meeting the following minimum financial requirements:
20 "(A) Maintaining restricted reserves of $250,000 plus an amount equal to
21 50 percent of the coordinated care organization's total actual or projected

liabilities above $250,000.

"(B) Maintaining a net worth in an amount equal to at least five percent of the average combined revenue in the prior two quarters of the participating health care entities.

"(c) Operating within a fixed global budget.

"(d) Developing and implementing alternative payment methodologies that are based on health care quality and improved health outcomes.

"(e) Coordinating the delivery of physical health care, mental health and chemical dependency services, oral health care and covered long-term care services.

"(f) Engaging community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

"(2) In addition to the criteria specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

"(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

"(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

"(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

"(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long

1 term care setting.

2 "(e) Members receive assistance in navigating the health care delivery
3 system and in accessing community and social support services and statewide
4 resources, including through the use of certified health care interpreters, as
5 defined in ORS 413.550, community health workers and personal health
6 navigators who meet competency standards established by the authority un-
7 der ORS 414.665 or who are certified by the Home Care Commission under
8 ORS 410.604.

9 "(f) Services and supports are geographically located as close to where
10 members reside as possible and are, if available, offered in nontraditional
11 settings that are accessible to families, diverse communities and underserved
12 populations.

13 "(g) Each coordinated care organization uses health information technol-
14 ogy to link services and care providers across the continuum of care to the
15 greatest extent practicable and if financially viable.

16 "(h) Each coordinated care organization complies with the safeguards for
17 members described in ORS 414.635.

18 "(i) Each coordinated care organization convenes a community advisory
19 council that meets the criteria specified in ORS 414.627.

20 "(j) Each coordinated care organization prioritizes working with members
21 who have high health care needs, multiple chronic conditions, mental illness
22 or chemical dependency and involves those members in accessing and man-
23 aging appropriate preventive, health, remedial and supportive care and ser-
24 vices to reduce the use of avoidable emergency room visits and hospital
25 admissions.

26 "(k) Members have a choice of providers within the coordinated care
27 organization's network and that providers participating in a coordinated care
28 organization:

29 "(A) Work together to develop best practices for care and service delivery
30 to reduce waste and improve the health and well-being of members.

“(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient’s treatment plan and health history.

“(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

“(D) Are permitted to participate in the networks of multiple coordinated care organizations.

“(E) Include providers of specialty care.

“(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

“(G) Work together to develop best practices for culturally appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

“(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.464 and 442.466.

“(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

“(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

“(o) Each coordinated care organization has a governing body that includes:

“[*(A) Persons that share in the financial risk of the organization who must constitute a majority of the governing body;*]

“(A) At least one active dental care provider or a representative of a dental care organization;

“(B) The major components of the health care delivery system;

“(C) At least two health care providers in active practice, including:

"(i) A physician licensed under ORS chapter 677 or a nurse practitioner certified under ORS 678.375, whose area of practice is primary care; and

"(ii) A mental health or chemical dependency treatment provider;

"(D) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

"(E) At least one member of the community advisory council.

"(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

"(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

"(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

"(a) For members and potential members, optimize access to care and choice of providers;

"(b) For providers, optimize choice in contracting with coordinated care organizations; and

"(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

"(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.".