

FamilyCare Position on HB 4018A - February 26, 2018

HB 4018A misses the mark and fails to make meaningful and necessary reforms to the Oregon Health Plan

- **HB 4018A does not enforce any transparency at the Oregon Health Authority.**
 - Oregon taxpayers still do not know anything about OHA's "proprietary" methodology used to determine how public funds are distributed to Oregon's for-profit and non-profit Coordinated Care Organizations.
 - CCOs' claim of trade secret protections over publically funded data is ludicrous.
 - The true risks of the Medicaid population and health care cost and utilization data are kept under a shroud of secrecy at the OHA.
 - CMS regulations intend that health care data be transparent for independent verification of the methodology employed by states.
 - -A26 amendments would enforce transparency of OHA's rate-setting process.

- **HB 4018A does nothing to ensure adequate funding of behavioral health by CCOs.**
 - CCOs have adequate funding to ensure that behavioral health is no longer a crisis in Oregon.
 - CCOs have chosen to direct spending in ways that do not improve behavioral health quality and access for OHP members.
 - FamilyCare treated behavioral health with parity to primary care with market-competitive reimbursements providing quality and access to individuals in desperate need of mental health treatment.

- **HB 4018A targets reserves, which exist to ensure that CCOs can provide health care to their members in good and bad financial years.**
 - FamilyCare reserves reflect the fact that the company bore direct risk for the health care of its members with no pass through profits.
 - Most CCOs do not bare direct risk and, instead, push the risk down to their contracted related parties.
 - Allowing OHA to direct reserves for spending other than to protect the viability of providing OHP benefits is bad public policy.

- **HB 4018A does nothing to enforce integration of behavioral and physical health care in the CCOs, something that the legislature has talked about for many years.**
 - Many CCOs continue to treat behavioral health in silos separate from physical health with lower reimbursements.
 - FamilyCare had no behavioral health carve-outs and was the first CCO to integrate behavioral and physical health care.
 - FamilyCare established seamless physical and behavioral health services through unified claims, referrals, and authorization processes and one contracting process for behavioral and physical health providers.