

DRAFT

SUMMARY

Digest: The Act makes changes to a database maintained by OHA. (Flesch Readability Score: 69.7).

Expands a provider credentialing database maintained by the Oregon Health Authority to include audit or other compliance materials that an organizational provider must submit to a coordinated care organization. Establishes the Task Force on Provider Credentialing to make recommendations for expanding and improving the database.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to coordinated care organizations; creating new provisions; amend-
3 ing ORS 430.637; and declaring an emergency.

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

5 **SECTION 1.** ORS 430.637 is amended to read:

6 430.637. (1) As used in this section:

7 (a) “Assessment” means an on-site quality assessment of an organizational
8 provider that is conducted:

9 (A) If the provider has not been accredited by a national organization
10 meeting the quality standards of the Oregon Health Authority;

11 (B) By the Oregon Health Authority, another state agency or a contractor
12 on behalf of the authority or another state agency; and

13 (C) For the purpose of issuing a certificate of approval.

14 (b) “Organizational provider” means an organization that provides mental
15 health treatment or chemical dependency treatment and is not a coordinated
16 care organization.

17 (2) The Oregon Health Authority shall convene a committee, in accord-

1 ance with ORS 183.333, to advise the authority with respect to the adoption,
2 by rule, of criteria for an assessment. The advisory committee shall advise
3 the authority during the development of the criteria. The advisory committee
4 shall be reconvened as needed to advise the authority with respect to up-
5 dating the criteria to conform to changes in national accreditation standards
6 or federal requirements for health plans and to advise the authority on op-
7 portunities to improve the assessment process. The advisory committee shall
8 include, but is not limited to:

9 (a) A representative of each coordinated care organization certified by the
10 authority;

11 (b) Representatives of organizational providers;

12 (c) Representatives of insurers and health care service contractors that
13 have been accredited by the National Committee for Quality Assurance; and

14 (d) Representatives of insurers that offer Medicare Advantage Plans that
15 have been accredited by the National Committee for Quality Assurance.

16 (3) The advisory committee described in subsection (2) of this section
17 shall recommend:

18 (a) Objective criteria for a shared assessment tool that complies with
19 national accreditation standards and federal requirements for health plans;

20 (b) Procedures for conducting an assessment;

21 (c) Procedures to eliminate redundant reporting requirements for organ-
22 izational providers; and

23 (d) A process for addressing concerns that arise between assessments re-
24 garding compliance with quality standards.

25 (4) If another state agency, or a contractor on behalf of the state agency,
26 conducts an assessment that meets the criteria adopted by the authority un-
27 der subsection (2) of this section, the authority may rely on the assessment
28 as evidence that the organizational provider meets the assessment require-
29 ment for receiving a certificate of approval.

30 (5) The authority shall provide a report of an assessment to the organ-
31 izational provider that was assessed and, upon request, to a coordinated care

1 organization, insurer or health care service contractor.

2 (6) If an organizational provider has not been accredited by a national
3 organization that is acceptable to a coordinated care organization, the coordinated care organization shall rely on the assessment conducted in accordance with the criteria adopted under subsection (2) of this section as
4 evidence that the organizational provider meets the assessment requirement.
5

6 (7) This section does not:

7 (a) Prevent a coordinated care organization from requiring its own on-site
8 quality assessment if the authority, another state agency or a contractor on
9 behalf of the authority or another state agency has not conducted an assessment in the preceding 36-month period; or
10

11 (b) Require a coordinated care organization to contract with an organizational provider.
12

13 (8)(a) The authority shall adopt by rule standards for determining whether
14 information requested by a coordinated care organization from an organizational provider is redundant with respect to the reporting requirements for
15 an assessment or if the information is outside of the scope of the assessment
16 criteria.
17

18 (b) A coordinated care organization may request additional information
19 from an organizational provider, in addition to the report of the assessment,
20 if the request:
21

22 (A) Is not redundant and is within the scope of the assessment according
23 to standards adopted by the authority as described in this subsection; and

24 (B) Is necessary to resolve questions about whether an organizational
25 provider meets the coordinated care organization's policies and procedures
26 for credentialing.

27 (c) The authority shall implement a process for resolving a complaint by
28 an organizational provider that a reporting requirement imposed by a coordinated care organization is redundant or outside of the scope of the assessment criteria.
29

30 (9)(a) The authority shall establish and maintain a database containing:
31

1 (A) The documents required by coordinated care organizations for the
2 purpose of credentialing an organizational provider; and

3 (B) **Any required audit or other compliance materials that an or-**
4 **ganizational provider is required to submit to a coordinated care or-**
5 **ganization.**

6 (b) With the advice of the committee described in subsection (2) of this
7 section, the authority shall adopt by rule the content and operational func-
8 tion of the database including, at a minimum:

9 (A) The types of organizational providers for which information is stored
10 in the database;

11 (B) The types and contents of documents that are stored in the database;

12 (C) The frequency by which the documents the authority shall obtain
13 updated documents;

14 (D) The means by which the authority will obtain the documents; and

15 (E) The means by which coordinated care organizations can access the
16 documents in the database.

17 (c) The authority shall provide training to coordinated care organization
18 staff who are responsible for processing credentialing requests on the use of
19 the database.

20 **SECTION 2. (1) As used in this section, “coordinated care organ-**
21 **ization” has the meaning given that term in ORS 414.025.**

22 **(2) The Task Force on Provider Credentialing is established.**

23 **(3) The task force consists of 15 members appointed by the Governor**
24 **as follows:**

25 **(a) Four representatives of coordinated care organizations, includ-**
26 **ing at least two representatives of coordinated care organizations or**
27 **the holding companies of coordinated care organizations that have less**
28 **than 100,000 members;**

29 **(b) Three representatives of mental health treatment providers that**
30 **contract with more than one coordinated care organization;**

31 **(c) Three representatives of chemical dependency providers that**

1 **contract with more than one coordinated care organization;**

2 **(d) Three representatives of other health care providers or entities,**
3 **including dental care organizations or hospitals, that contract with**
4 **more than one coordinated care organization;**

5 **(e) One representative of the Oregon Health Authority who is re-**
6 **sponsible for updating the database described in ORS 430.637; and**

7 **(f) One representative of the authority who is responsible for pro-**
8 **viding training and education to providers and coordinated care or-**
9 **ganizations about the database described in ORS 430.637.**

10 **(4) The task force shall develop recommendations for:**

11 **(a) Expanding the database described in ORS 430.637 to include**
12 **other types of providers;**

13 **(b) Functionally changing the database to make it usable by both**
14 **coordinated care organizations and providers;**

15 **(c) The types of audit or other compliance materials that should**
16 **be included in the database; and**

17 **(d) Requiring the authority to engage with coordinated care organ-**
18 **izations and providers to ensure that the database content and**
19 **functionality remain up-to-date and that the database is accessible and**
20 **meets the needs of the Oregon Integrated and Coordinated Health Care**
21 **Delivery System established by ORS 414.570.**

22 **(5) A majority of the members of the task force constitutes a quo-**
23 **rum for the transaction of business.**

24 **(6) Official action by the task force requires the approval of a ma-**
25 **jority of the members of the task force.**

26 **(7) The task force shall elect one of its members to serve as chair-**
27 **person.**

28 **(8) If there is a vacancy for any cause, the Governor shall make an**
29 **appointment to become immediately effective.**

30 **(9) The task force shall meet at times and places specified by the**
31 **call of the chairperson or of a majority of the members of the task**

1 **force.**

2 **(10) The task force may adopt rules necessary for the operation of**
3 **the task force.**

4 **(11)(a) The task force shall submit an initial report in the manner**
5 **provided in ORS 192.245 to the interim committees of the Legislative**
6 **Assembly related to health no later than December 31, 2025.**

7 **(b) The task force shall submit subsequent reports no later than**
8 **February 1 of each year, beginning in 2026.**

9 **(12) The authority shall provide staff support to the task force.**

10 **(13) Members of the task force are not entitled to compensation or**
11 **reimbursement for expenses and serve as volunteers on the task force.**

12 **(14) All agencies of state government, as defined in ORS 174.111, are**
13 **directed to assist the task force in the performance of the duties of the**
14 **task force and, to the extent permitted by laws relating to**
15 **confidentiality, to furnish information and advice the members of the**
16 **task force consider necessary to perform their duties.**

17 **SECTION 3. Section 2 of this 2025 Act is repealed on January 2, 2029.**

18 **SECTION 4. This 2025 Act being necessary for the immediate pres-**
19 **ervation of the public peace, health and safety, an emergency is de-**
20 **clared to exist, and this 2025 Act takes effect on its passage.**

21
