

## **SB 967 STAFF MEASURE SUMMARY**

### **Senate Committee On Health Care**

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**Prepared By:** Maya Green, LPRO Analyst

**Meeting Dates:** 3/15

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#### **WHAT THE MEASURE DOES:**

Allows the Oregon Health Authority (OHA) to reimburse coordinated care organizations (CCOs) using other payment mechanisms in addition to the global budget. Replaces the Health Plan Quality Metrics Committee (Committee) and the Metrics and Scoring Subcommittee with Health Equity Quality Metrics Committee and modifies its function and composition. Requires OHA to evaluate the quality metrics established by the Committee. Allows Committee members to be compensated and reimbursed for costs incurred. Requires OHA to report the quality metrics established by the Health Equity Quality Metrics Committee and the Behavioral Health Committee to the Oregon Health Policy Board (OHPB) annually. Declares emergency, effective on passage.

#### **ISSUES DISCUSSED:**

#### **EFFECT OF AMENDMENT:**

No amendment.

#### **BACKGROUND:**

In 2012, Oregon's 1115 Medicaid demonstration waiver established an essential role for coordinated care organizations (CCOs) in Oregon's Medicaid delivery system. Across Oregon, there are 16 CCOs responsible for integrating care and delivering physical health, behavioral health, and oral health services to their members. As part of the CCO model outlined in the waiver, OHA employs global budgets for CCOs. By integrating funding streams, the global budget represents the total cost of care for all services for which the CCOs are responsible.

The Health Plan Quality Metrics Committee was established by Senate Bill 440 (2015) to identify health outcome and quality measures for services provided by CCOs or paid for by health benefit plans sold through the health insurance exchange or offered by the Oregon Educators Benefit Board or the Public Employees' Benefit Board. The Metrics and Scoring Subcommittee was established in 2012 by Senate Bill 1580 for the purpose of recommending outcomes and quality measures for CCOs. The nine members are appointed by the Director of OHA and serve two-year terms.

Senate bill 967 allows the Oregon Health Authority to reimburse coordinated care organizations using other payment mechanisms and establishes the Health Equity Quality Metrics Committee in place of the Health Plan Quality Metrics committee and the Metrics and Scoring Subcommittee.