

## HB 2286 A STAFF MEASURE SUMMARY

### Senate Committee On Health Care

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**Prepared By:** Daniel Dietz, LPRO Analyst

**Meeting Dates:** 5/10

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

Requires Oregon Health Authority (OHA) to maintain process to identify claims eligible for enhanced federal match for services provided by nontribal providers enrolled in the state medical assistance program. Establishes a mechanism to return to portion of enhanced federal match to Indian health care provider that has a written care coordination agreement with the nontribal health care provider to furnish the item or service. Defines "eligible claim" and "enhanced federal match," and "Indian health care provider."

*REVENUE: No revenue impact*

*FISCAL: Has minimal fiscal impact*

House vote: Ayes, 60.

#### **ISSUES DISCUSSED:**

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

No amendment.

#### **BACKGROUND:**

In 2016, the Centers for Medicare and Medicaid Services (CMS) updated its payment policy to allow Indian Health Service (IHS) and tribal facilities to enter into written care coordination agreements with non-IHS/tribal providers to furnish certain services for their patients who are American Indian or Alaska Native (AI/AN) Medicaid beneficiaries ([SHO #16-002](#)). Amounts paid by the state Medicaid program for services provided per those agreements are eligible for federal matching funds at the enhanced federal matching rate (FMAP) of 100 percent. Since 2018, the Oregon Health Authority (OHA) has implemented this guidance with seven of the state's nine Federally recognized tribes through the 100 percent FMAP Tribal Savings and Reinvestment Program.

House Bill 2286 A codifies the 100 percent FMAP Tribal Savings and Reinvestment Program requiring OHA to maintain a process to identify claims eligible for enhanced federal match and return a portion of that enhanced funding to the Indian care provider that has a written care coordination agreement with the nontribal health care provider to furnish the item or service.