A-Engrossed

House Bill 2286

Ordered by the House February 10
Including House Amendments dated February 10

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Oregon Health Authority to maintain process to identify claims eligible for enhanced federal match for services provided to American Indians or Alaska Natives by nontribal providers that have written care coordination agreement with Indian health care provider and, if enhanced federal match is available from Centers for Medicare and Medicaid Services, return to tribe Indian health care provider portion of enhanced federal match.

A BILL FOR AN ACT

Relating to health care services provided to Native Americans.

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

SECTION 1. (1) As used in this section:

(a) “Eligible claim” means a claim for reimbursement of the cost of a health care item or service that is:

(A) Covered by the state medical assistance program; and

(B) Within the scope of a written care coordination agreement between an Indian health care provider and a nontribal health care provider.

(b) “Enhanced federal match” means 100 percent federal matching funds under 42 U.S.C. 1396d(b).

(c) “Indian health care provider” means an:

(A) Urban Indian organization as defined in 25 U.S.C. 1603(29); or

(B) Indian Health Service facility as referenced in 42 U.S.C. 1396d(b).

(2) If enhanced federal match is available to this state under 42 U.S.C. 1396d(b), the Oregon Health Authority shall:

(a) Maintain a process to identify eligible claims for items or services that:

(A) Are furnished by nontribal health care providers that are enrolled in the state medical assistance program; and

(B) Qualify for enhanced federal match under rules or guidance issued by the Centers for Medicare and Medicaid Services; and

(b) Establish a mechanism to return a portion of the enhanced federal match to the Indian health care provider that has a written care coordination agreement with the nontribal health care provider to furnish the item or service.

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted. New sections are in boldfaced type.

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