House Bill 2286

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 as introduced.

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, secure enhanced federal match from Centers for Medicare and Medicaid Services and return to tribe portion of enhanced federal match.

A BILL FOR AN ACT

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

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

(a) “Claim” means a claim for reimbursement of the cost of a health care item or service provided to a patient that is covered by the state medical assistance program.

(b) “Eligible claim” means a claim for an item or service that is within the scope of a written care coordination agreement between a tribal health care facility and a nontribal health care provider.

(c) “Enhanced federal match” means the 100 percent federal matching funds available for services received through an Indian Health Service facility as provided in 42 U.S.C. 1396d(b)(5).

(d) “Patient” means an American Indian or Alaska Native who is enrolled in the state medical assistance program.

(2) The Oregon Health Authority shall:

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

(A) Are furnished to patients 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;

(b) Secure enhanced federal match for the eligible claims described in paragraph (a) of this subsection; and

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

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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