House Bill 3229

Sponsored by Representative NATHANSON; Representatives FRAGALA, GAMBA, WALTERS, Senator GELSER BLOUIN (Presession filed.)

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.** The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act makes changes to the OHP provider enrollment process. (Flesch Readability Score: 61.3).

Directs the Oregon Health Authority to expedite the process for enrolling providers in the medical assistance program and study the feasibility of developing and implementing an automated, online tool for provider enrollment applications. Requires a coordinated care organization to render a decision on a provider's request to contract with the coordinated care organization within 30 days and to reimburse a contracted provider retroactively to the date that the provider submitted a complete enrollment application to the authority.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

- 2 Relating to provider enrollment in the medical assistance program; and prescribing an effective date.
 - Be It Enacted by the People of the State of Oregon:
 - **SECTION 1.** (1) As used in this section:
 - (a) "Medical assistance" has the meaning given that term in ORS 414.025.
 - (b) "Provider" means an individual who is licensed, certified or otherwise authorized to provide health care services in this state.
 - (2) The Oregon Health Authority shall expedite the process for enrolling providers in the medical assistance program by utilizing separate workflows to process:
 - (a) Initial applications for enrollment;
 - (b) Administrative changes to a provider's enrollment, including a change in the provider's contact information or employer; and
 - (c) Credentialing changes to a provider's enrollment, including updates to a provider's licensure or certification.
 - (3) If the authority approves an application in error, the authority shall notify both the applicant contact and the applicant's employer of the error.
 - SECTION 2. (1) As used in this section:
 - (a) "Medical assistance" has the meaning given that term in ORS 414.025.
 - (b) "Provider" means an individual who is licensed, certified or otherwise authorized to provide health care services in this state.
 - (2) The Oregon Health Authority shall study the feasibility of developing and implementing an automated, online tool for applications to enroll providers in the medical assistance program that would:
 - (a) Simplify the processes for initial provider enrollment applications and changes to a provider's enrollment;
 - (b) Utilize rule-based programming to ensure that an application includes all required

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information before the application may be submitted; and

- (c) Enable providers and provider organizations to view the status of a pending application.
- (3) The authority shall submit a report on the study conducted under this section, in the manner provided by ORS 192.245, to the interim committees of the Legislative Assembly related to health no later than December 15, 2026, and shall include recommendations about:
- (a) Potential short-term improvements that could be made by modifying existing software or acquiring new tools;
- (b) The availability of federal funding to develop and implement the application tool described in this section; and
- (c) Potential ways that the application tool described in this section could be designed and utilized to expedite the processing of provider enrollment applications.

SECTION 3. Section 2 of this 2025 Act is repealed on January 2, 2027.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the General Fund, the amount of \$______, which may be expended for funding temporary staff positions at the authority to reduce to 14 days the processing time for applications submitted by health care providers seeking to enroll in the medical assistance program.

SECTION 5. (1) As used in this section:

- (a) "Coordinated care organization" and "medical assistance" have the meanings given those terms in ORS 414.025.
- (b) "Provider" means an individual who is licensed, certified or otherwise authorized to provide health care services in this state.
- (2) A coordinated care organization shall review and render a decision on a provider's request to contract with the coordinated care organization as an in-network provider within 30 days after the coordinated care organization receives the request.
- (3) For covered services provided by a contracted provider to a medical assistance recipient, a coordinated care organization shall reimburse the provider retroactively to the date that the provider submitted to the Oregon Health Authority a complete application for enrollment in the medical assistance program if on that date the provider had met all applicable enrollment requirements.
- <u>SECTION 6.</u> Section 5 of this 2025 Act applies to contracts between a coordinated care organization and a provider entered into, amended or renewed on or after the effective date of this 2025 Act.
- <u>SECTION 7.</u> This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.