

### House Health Care Committee

## Written Testimony in Opposition to HB 2118

Chair Greenlick, Vice-Chairs Keny-Guyer and Thompson and members of the committee thank you for allowing us to share our concerns with regard to HB 2118.

If passed, HB 2118 will create unnecessary redundancy and likely confusion between the role of the state's insurance regulator, the Oregon Insurance Division and the public corporation overseeing the state's health insurance exchange, Cover Oregon. Furthermore, we'd like to point out that all health plans in Oregon, intending to sell products through the Exchange, must become accredited by either NCQA or URAC, by March 2014. We assume that many people do not realize how extensive this accreditation process is, thus we'd like to provide a high-level snapshot of what health plans are required to report on in detail, in order to achieve and maintain NCQA accreditation:

### **Quality Management and Improvement**

- Program structure
- Program operations
- Health service contracting
- Available practitioners
- Accessible services
- Member satisfaction
- Complex case management
- Disease management
- Clinical practice guidelines
- Continuity and Coordination of Medical care
- Continuity and coordination between medical and behavioral health care
- Delegation of QI activity

#### **Utilization Management**

- UM structure
- Clinical criteria for UM decisions
- Communication services
- Appropriate professionals
- Timeliness of UM decisions
- Clinical information
- Denial notices
- Policies for appeals

Bend

• Appropriate handling of appeals

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- Evaluation of new technology
- Satisfaction with the UM process
- Procedures for pharmaceutical management
- Triage and referral for behavioral health care
- Delegation of UM

# **Credentialing and Recredentialing**

- Credentialing policies
- Credentialing committee
- Initial credentialing verification
- Application and attestation
- Initial sanction information
- Practitioner office site quality
- Recredentialing verification
- Recredentialing cycle length
- Ongoing monitoring
- Notification to authorities and practitioner appeal rights
- Assessment of organizational providers
- Delegation of credentialing

## **Members Rights and Responsibilities**

- Statement of members rights and responsibilities
- Policies for complaints and appeals
- Subscriber information
- Physician and hospital directories
- Privacy and confidentiality
- Marketing information
- Delegation of member rights and responsibilities

## **Member Connections**

- Health appraisals
- Self-management tools
- Functionality of claims processing
- Pharmacy benefit
- Personalized information on health plan services
- Innovations in member services
- Health information line
- Encouraging wellness and prevention
- Delegation of Member Connections



**HEDIS Measures** (31 for commercial health plans, 24 for Medicare plans and 27 for Medicaid health plans)

NCQA accreditation is a dynamic and on-going process, wherein rules and criteria are re-evaluated and updated regularly and health plans are required to renew accreditation every three years. In short, HB 2118 does not improve upon what is already a rigorous system of regulatory, rate review and quality oversight. We urge the committee to "press pause" on additional requirements that are not specifically tied to requirements under the Affordable Care Act and as such, request that you vote "No" on HB 2118.

Thank you.

