77th OREGON LEGISLATIVE ASSEMBLY – 2013 Regular Session STAFF MEASURE SUMMARY Senate Committee on Health Care & Human Services

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REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued	
Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	3 - 0 - 2
Yeas:	Knopp, Kruse, Monnes Anderson
Nays:	0
Exc.:	Shields, Steiner Hayward
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	4/4, 4/15

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) to develop account method for innovative, nontraditional services by August 1, 2013. Directs OHA or Department of Human Services (DHS) to provide Coordinated Care Organizations (CCOs) statement of their costs when transferring those service responsibilities to CCOs. If CCOs assume cost of service, OHA or DHS shall report to Legislative Assembly no later than February 1 of following year. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Focus of investing in prevention
- Current financing of innovative services
- Need for financial clarity for CCOs
- Non-traditional health services
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT: Directs Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) to develop account method for non-traditional health services for by August 1, 2013. Directs OHA or Department of Human Services (DHS) to provide CCOs statement of their costs when transferring those service responsibilities to CCOs. If CCOs assume the cost of service, OHA or DHS shall report to Legislative Assembly no later than February 1 of following year.

BACKGROUND: Under the current Coordinated Care Organizations (CCOs) model, each CCO is paid a per member lump sum to account for physical and mental health care for Oregon's Medicaid population. The current Centers for Medicare and Medicaid Services (CMS) waiver does not allow moneys to be spent on "non-medical" services or supplies. With this restriction, the CCOs are responsible for paying for flexible services out of their "other funds."

Senate Bill 724-A creates a method to pay CCOs for non-medical, innovative health services that are not currently covered by Medicaid dollars.