Seventy-Eighth Oregon Legislative Assembly - 2015 Regular Session   **MEASURE:**   **SB 679**
STAFF MEASURE SUMMARY
Senate Committee On Health Care

Fiscal:	Fiscal impact issued
Revenue:	No Revenue Impact
Action Date:	04/20/15
Action:	Do Pass And Requesting Referral To Ways And Means.
Meeting Dates:	04/15, 04/20
Vote:	
	Yeas**:** 5 **-** Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward
Prepared By:	Zena Rockowitz, Committee Administrator

WHAT THE MEASURE DOES:
Creates Medicaid Management Information System (MMIS) Oversight Committee to monitor Oregon Health Authority (OHA) progress in implementing improvements to MMIS. Designates members as co-chairpersons of Joint Legislative Committee on Information Management and Technology; three appointments by State Chief Information Officer with expertise in information technology, not affiliated with vendors who have contracts with OHA; Legislative Fiscal Officer or designee; and three individuals representing coordinated care organizations. Designates co-chairs, term expiration and length, vacancies and compensation. Permits Legislative Fiscal Office to furnish personnel and facilities. Permits committee to compel testimony of witnesses and production of documents.

ISSUES DISCUSSED:

- Issues with reimbursement, making eligibility determinations and ensuring continuity of care
- Incorrect coding and hand-checking
- Large, expensive networks to interface with system
- Impact on coordinated care organizations and providers

EFFECT OF COMMITTEE AMENDMENT:
No amendment.

BACKGROUND:
The Medicaid Management Information System (MMIS) is a grant-in-aid medical assistance program financed through joint federal and state funding, and administered by each state according to an approved state plan. MMIS is a mechanized claims-processing and information-retrieval system, which integrates state and federal computer systems. This system is the main point of contact between coordinated care organizations (CCOs) and the Oregon Health Authority. This provides the mechanism for enrolling members in plans and determining enrollee network coverage. CCOs report that the data is difficult to use and often has inaccurate coding, which results in issues with reimbursement and continuity of care.

This summary has not been adopted or officially endorsed by action of the Committee.

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