

HB 3923 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Meeting Dates: 3/25, 4/3

WHAT THE MEASURE DOES:

The measure removes Oregon Health Authority (OHA) discretion to approve the transfer of 500 or more members of a coordinated care organization (CCO) to another CCO if specified conditions are met and the transfer does not diminish patient care. It requires the transfer of 500 or more members of a dental care organization (DCO) to another DCO under the same conditions as the transfer of CCO members; specifies that transfers between DCOs does not entail a transfer between CCOs. Takes effect on 91st day following adjournment sine die.

FISCAL: May have fiscal impact, but no statement yet issued.

REVENUE: May have revenue impact, but no statement yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

With the passage of House Bill 3650 (2011) and Senate Bill 1580 (2012), the Legislative Assembly established the coordinated care model for delivering care to Medicaid recipients in Oregon. With a focus on primary care and prevention, coordinated care organizations (CCOs) are local networks of providers that have agreed to work together under a budget that combines physical, oral, and behavioral health services. In 2011, the legislature also passed Senate Bill 201, allowing the Oregon Health Authority to approve the transfer of 500 or more enrollees of one prepaid managed care health services organization to another if the enrollees' provider has contracting with the receiving organization and has stopped accepting patient from the transferring organization and enrollees are offered the choice to stay with the transferring organization.

House Bill 3923 removes Oregon Health Authority's discretion for approval transfers of coordinated care organization enrollees if specified conditions are met and expands the transfer requirement to enrollees of dental care organizations.