

HB 3229 -4 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/4, 4/1

WHAT THE MEASURE DOES:

The measure requires the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to take specified actions aimed at expediting providers to enroll in the Oregon Health Plan.

Detailed Summary:

- Requires OHA to expedite the process for enrolling providers by creating separate workflows to process initial applications, administrative changes, and credentialing changes.
- Requires OHA to notify both the applicant and employer if an application is approved in error.
- Requires OHA to study the feasibility of developing and implementing an automated, online tool for Oregon Health Plan provider enrollment applications and specifies elements of online tool. Requires OHA to submit report to the Legislative Assembly by December 15, 2026 and specifies recommendations to be included in report.
- Appropriates unspecified funds to OHA to for funding temporary staff positions at the authority to reduce to 14 days the processing time for provider enrollment applications.
- Requires CCOs to review and render a decision on a provider's request to contract with the CCO as an in-network provider within 30 days of receipt.
- Requires CCOs to reimburse contracted providers retroactively to the date the provider submitted a complete provider enrollment application to OHA.
- 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:

- Previous effort to establish credentialing database.
- Variation in credentialing process among CCOs.
- Current common delays in credentialing process

EFFECT OF AMENDMENT:

- Clarifies application to behavioral health providers.
- Clarifies elements necessary to require retroactive reimbursement by CCOs to contracted providers.

-4 FISCAL: *Fiscal impact issued*

REVENUE: *No revenue impact*

BACKGROUND:

In order to receive reimbursement for services provided to Medicaid recipients, providers need to be enrolled with their state's Medicaid program. Enrollment allows the Medicaid program to verify the provider's eligibility to receive payment, including the provider's licensure status and National Provider Identifier (NPI), thereby reducing waste, fraud, and abuse in the Medicaid program. Enrollment with CCO is a requirement to join that CCO's provider network - being "in network" often allows a provider to be reimbursed more than they would be in

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

fee-for-service reimbursement.

House Bill 3229 requires the Oregon Health Authority and coordinated care organizations to take specified actions aimed at expediting providers to enroll in the Oregon Health Plan.

PRELIMINARY