

House Bill 2210

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act makes changes to a database maintained by OHA. (Flesch Readability Score: 69.7).

Expands a provider credentialing database maintained by the Oregon Health Authority to include audit or other compliance materials that an organizational provider must submit to a coordinated care organization. Establishes the Task Force on Provider Credentialing to make recommendations for expanding and improving the database.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to coordinated care organizations; creating new provisions; amending ORS 430.637; and
3 declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 430.637 is amended to read:

6 430.637. (1) As used in this section:

7 (a) "Assessment" means an on-site quality assessment of an organizational provider that is con-
8 ducted:

9 (A) If the provider has not been accredited by a national organization meeting the quality
10 standards of the Oregon Health Authority;

11 (B) By the Oregon Health Authority, another state agency or a contractor on behalf of the au-
12 thority or another state agency; and

13 (C) For the purpose of issuing a certificate of approval.

14 (b) "Organizational provider" means an organization that provides mental health treatment or
15 chemical dependency treatment and is not a coordinated care organization.

16 (2) The Oregon Health Authority shall convene a committee, in accordance with ORS 183.333,
17 to advise the authority with respect to the adoption, by rule, of criteria for an assessment. The ad-
18 visory committee shall advise the authority during the development of the criteria. The advisory
19 committee shall be reconvened as needed to advise the authority with respect to updating the cri-
20 teria to conform to changes in national accreditation standards or federal requirements for health
21 plans and to advise the authority on opportunities to improve the assessment process. The advisory
22 committee shall include, but is not limited to:

23 (a) A representative of each coordinated care organization certified by the authority;

24 (b) Representatives of organizational providers;

25 (c) Representatives of insurers and health care service contractors that have been accredited
26 by the National Committee for Quality Assurance; and

27 (d) Representatives of insurers that offer Medicare Advantage Plans that have been accredited

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 by the National Committee for Quality Assurance.

2 (3) The advisory committee described in subsection (2) of this section shall recommend:

3 (a) Objective criteria for a shared assessment tool that complies with national accreditation
4 standards and federal requirements for health plans;

5 (b) Procedures for conducting an assessment;

6 (c) Procedures to eliminate redundant reporting requirements for organizational providers; and

7 (d) A process for addressing concerns that arise between assessments regarding compliance with
8 quality standards.

9 (4) If another state agency, or a contractor on behalf of the state agency, conducts an assess-
10 ment that meets the criteria adopted by the authority under subsection (2) of this section, the au-
11 thority may rely on the assessment as evidence that the organizational provider meets the
12 assessment requirement for receiving a certificate of approval.

13 (5) The authority shall provide a report of an assessment to the organizational provider that
14 was assessed and, upon request, to a coordinated care organization, insurer or health care service
15 contractor.

16 (6) If an organizational provider has not been accredited by a national organization that is ac-
17 ceptable to a coordinated care organization, the coordinated care organization shall rely on the as-
18 sessment conducted in accordance with the criteria adopted under subsection (2) of this section as
19 evidence that the organizational provider meets the assessment requirement.

20 (7) This section does not:

21 (a) Prevent a coordinated care organization from requiring its own on-site quality assessment if
22 the authority, another state agency or a contractor on behalf of the authority or another state
23 agency has not conducted an assessment in the preceding 36-month period; or

24 (b) Require a coordinated care organization to contract with an organizational provider.

25 (8)(a) The authority shall adopt by rule standards for determining whether information requested
26 by a coordinated care organization from an organizational provider is redundant with respect to the
27 reporting requirements for an assessment or if the information is outside of the scope of the as-
28 sessment criteria.

29 (b) A coordinated care organization may request additional information from an organizational
30 provider, in addition to the report of the assessment, if the request:

31 (A) Is not redundant and is within the scope of the assessment according to standards adopted
32 by the authority as described in this subsection; and

33 (B) Is necessary to resolve questions about whether an organizational provider meets the coor-
34 dinated care organization's policies and procedures for credentialing.

35 (c) The authority shall implement a process for resolving a complaint by an organizational pro-
36 vider that a reporting requirement imposed by a coordinated care organization is redundant or
37 outside of the scope of the assessment criteria.

38 (9)(a) The authority shall establish and maintain a database containing:

39 (A) The documents required by coordinated care organizations for the purpose of credentialing
40 an organizational provider; **and**

41 (B) **Any required audit or other compliance materials that an organizational provider is**
42 **required to submit to a coordinated care organization.**

43 (b) With the advice of the committee described in subsection (2) of this section, the authority
44 shall adopt by rule the content and operational function of the database including, at a minimum:

45 (A) The types of organizational providers for which information is stored in the database;

1 (B) The types and contents of documents that are stored in the database;

2 (C) The frequency by which the documents the authority shall obtain updated documents;

3 (D) The means by which the authority will obtain the documents; and

4 (E) The means by which coordinated care organizations can access the documents in the data-
5 base.

6 (c) The authority shall provide training to coordinated care organization staff who are respon-
7 sible for processing credentialing requests on the use of the database.

8 **SECTION 2. (1) As used in this section, “coordinated care organization” has the meaning**
9 **given that term in ORS 414.025.**

10 **(2) The Task Force on Provider Credentialing is established.**

11 **(3) The task force consists of 15 members appointed by the Governor as follows:**

12 **(a) Four representatives of coordinated care organizations, including at least two repre-**
13 **sentatives of coordinated care organizations or the holding companies of coordinated care**
14 **organizations that have less than 100,000 members;**

15 **(b) Three representatives of mental health treatment providers that contract with more**
16 **than one coordinated care organization;**

17 **(c) Three representatives of chemical dependency providers that contract with more than**
18 **one coordinated care organization;**

19 **(d) Three representatives of other health care providers or entities, including dental care**
20 **organizations or hospitals, that contract with more than one coordinated care organization;**

21 **(e) One representative of the Oregon Health Authority who is responsible for updating**
22 **the database described in ORS 430.637; and**

23 **(f) One representative of the authority who is responsible for providing training and ed-**
24 **ucation to providers and coordinated care organizations about the database described in ORS**
25 **430.637.**

26 **(4) The task force shall develop recommendations for:**

27 **(a) Expanding the database described in ORS 430.637 to include other types of providers;**

28 **(b) Functionally changing the database to make it usable by both coordinated care or-**
29 **ganizations and providers;**

30 **(c) The types of audit or other compliance materials that should be included in the da-**
31 **tabase; and**

32 **(d) Requiring the authority to engage with coordinated care organizations and providers**
33 **to ensure that the database content and functionality remain up-to-date and that the data-**
34 **base is accessible and meets the needs of the Oregon Integrated and Coordinated Health Care**
35 **Delivery System established by ORS 414.570.**

36 **(5) A majority of the members of the task force constitutes a quorum for the transaction**
37 **of business.**

38 **(6) Official action by the task force requires the approval of a majority of the members**
39 **of the task force.**

40 **(7) The task force shall elect one of its members to serve as chairperson.**

41 **(8) If there is a vacancy for any cause, the Governor shall make an appointment to be-**
42 **come immediately effective.**

43 **(9) The task force shall meet at times and places specified by the call of the chairperson**
44 **or of a majority of the members of the task force.**

45 **(10) The task force may adopt rules necessary for the operation of the task force.**

1 (11)(a) The task force shall submit an initial report in the manner provided in ORS
2 192.245 to the interim committees of the Legislative Assembly related to health no later than
3 December 31, 2025.

4 (b) The task force shall submit subsequent reports no later than February 1 of each year,
5 beginning in 2026.

6 (12) The authority shall provide staff support to the task force.

7 (13) Members of the task force are not entitled to compensation or reimbursement for
8 expenses and serve as volunteers on the task force.

9 (14) All agencies of state government, as defined in ORS 174.111, are directed to assist
10 the task force in the performance of the duties of the task force and, to the extent permitted
11 by laws relating to confidentiality, to furnish information and advice the members of the task
12 force consider necessary to perform their duties.

13 SECTION 3. Section 2 of this 2025 Act is repealed on January 2, 2029.

14 SECTION 4. This 2025 Act being necessary for the immediate preservation of the public
15 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
16 on its passage.

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