

Coordinated Care Organizations Statement

Oregon enacted two laws to establish Coordinated Care Organizations (CCOs) to provide services to Medicaid recipients. These CCOs replace existing managed care organizations (MCOs), mental health organizations, and dental care organizations that previously provided such services.

The first created the Oregon Integrated and Coordinated Health Care Delivery System to be administered by the Oregon Health Authority (OHA). Under the Act:

- Coordinated Care Organizations (CCOs) are accountable for care management and provision of integrated and coordinated health care, managed within global budgets;
- OHA is required to regularly report to the Oregon Health Policy Board, Governor and Legislative Assembly on progress of payment reform and delivery system change;
- Establishes qualification criteria for CCOs, including governance structure;
- OHA must establish alternative payment methodologies;
- Develop standards at OHA for the utilization of patient centered primary care homes;
- Stipulates the inclusion of individuals who are dually eligible for Medicaid and Medicare;
- OHA must monitor and enforce consumer and provider protections;
- Outcomes, quality measures, and benchmarks to be evaluated and reported upon by OHA;
- OHA must develop CCO qualification criteria, global budgeting process and contract dispute process to be presented to the Legislative Assembly no later than February 1, 2012.
- describes provisions for transition to the System;
- requires the OHA, in consultation with the Department of Consumer and Business Services (DCBS), to propose recommendations regarding financial reporting requirements to the Legislative Assembly;
- requires the OHA to develop recommendations for remedies to contain health care costs that address defensive medicine, overutilization and medical malpractice;
- requires the OHA to apply for waivers necessary to obtain federal participation in System;
- requires the Home Care Commission to recruit, train, certify and refer community health workers and personal health navigators to be used by CCOs;
- describes the relationship between OHA, CCOs and county governments;
- describes contract requirements between OHA and CCOs, and
- specifies who is required to enroll in CCOs.

The next Act provides legislative approval of Oregon Health Authority (OHA) proposals for Coordinated Care Organizations (CCOs). It requires the authority to report quarterly to legislative committees on implementation of CCO model of health care delivery. It authorizes sharing and use of information between the Department of Consumer and Business Services and the authority for specified purposes. It prohibits discrimination against certain types of providers by CCOs and specified managed care organizations.

Submitted as:

Oregon

[HB 3650 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

Oregon

[SB 1580 \(Enrolled version\)](#)

Status: Enacted into law in 2012.