

CHAPTER 24

AN ACT

SB 1577

Relating to assistance; and declaring an emergency.
Be It Enacted by the People of the State of Oregon:

SECTION 1. The Legislative Assembly finds that:

(1) The number of people in Oregon with Alzheimer's disease and related dementia is growing. Alzheimer's is a devastating disease that slowly destroys memory and thinking skills and, eventually, even the ability to carry out the simplest tasks of daily living.

(2) Sixty percent of people with Alzheimer's will wander from their homes. Sixty percent of people with Alzheimer's who wander, if not found within 24 hours, die as a consequence of wandering. Eighty percent die if not found within 72 hours.

(3) Other adults in Oregon, including those with intellectual or developmental disabilities or other conditions, are vulnerable if they go missing as well.

(4) Many police departments and sheriff's offices are well trained to respond to reports of missing vulnerable adults. This legislation provides for all law enforcement in Oregon to be fully prepared to assist in protecting the safety of some of our most vulnerable citizens, while providing each police department or sheriff's office with the flexibility to determine what works best in the local jurisdiction.

SECTION 2. (1) For purposes of this section, a missing vulnerable adult includes, but is not limited to, a missing adult who has:

(a) An impaired mental condition, such as dementia;

(b) An intellectual or developmental disability; or

(c) A brain injury.

(2) The Department of State Police and each sheriff's office and municipal police department shall adopt written policies relating to missing vulnerable adults that conform to the requirements of this section.

(3)(a) Written policies adopted pursuant to this section shall specify the procedures for investigating reports of missing vulnerable adults in order to ensure that such cases are investigated as soon as possible, utilizing all available resources.

(b) In adopting written policies under this section, Oregon law enforcement agencies may consider standards set by the Oregon Accreditation Alliance and adopt policies consistent with Oregon Accreditation Alliance standards.

(4) Policies adopted under this section may include the following:

(a) Requirements for accepting reports of missing vulnerable adults;

(b) Procedures for alerting local media and using other information outlets to disseminate information when a vulnerable adult is reported missing;

(c) Procedures for coordinating with other agencies and organizations in order to locate a missing vulnerable adult quickly; and

(d) Standards and minimum requirements for training law enforcement personnel to interact appropriately and effectively with individuals with cognitive impairment, including, but not limited to, dementia, intellectual and developmental disabilities and brain injuries.

SECTION 3. The written policies required under section 2 of this 2014 Act must be adopted on or before January 1, 2015.

SECTION 4. Section 1 of this 2014 Act is repealed on January 2, 2019.

SECTION 5. The Legislative Assembly intends to:

(1) Implement waste, fraud and abuse detection, prevention and recovery solutions to improve payment integrity for the state medical assistance program and create efficiency and cost savings through a shift from a retrospective "pay and chase" model to a prospective prepayment model; and

(2) Invest in the most cost-effective technologies and strategies to yield the highest return on investment.

SECTION 6. (1) Not later than September 1, 2014, the Oregon Health Authority shall issue a request for information seeking input from potential contractors on the capabilities that the authority lacks, functions the authority is not performing and the costs of implementing:

(a) Advanced predictive modeling and analytics technologies integrated into the medical assistance claims processing system to provide a comprehensive and accurate view across all providers, recipients and geographic regions within the state medical assistance program that will enable the authority to:

(A) Identify and analyze billing or utilization patterns that represent a high risk of fraudulent activity before payment is made in order to minimize disruptions in claims processing operations and speed the resolution of medical assistance claims;

(B) Prioritize transactions identified as likely for potential waste, fraud or abuse to receive additional review before payment is made;

(C) Obtain outcome information from adjudicated claims to allow for refinement and enhancement of the predictive analytics technologies based on historical data and algorithms within the system; and

(D) Prevent the payment of claims for reimbursement that have been identified as potentially wasteful, fraudulent or abusive until the claims have been automatically verified as valid.

(b) Provider and recipient data verification and screening technologies that use publicly available records for the purpose of automating reviews and identifying and preventing inappropriate payments by:

(A) Identifying associations within and between providers and provider groups that indicate potential collusive fraudulent activity;

(B) Identifying recipient attributes that indicate potential ineligibility; and

(C) Using fraud investigation services that combine retrospective claims analysis and prospective waste, fraud or abuse detection techniques. These services shall include analysis of historical claims data, medical records, suspect provider databases and high-risk identification lists, as well as direct patient and provider interviews. Emphasis shall be placed on providing education to providers and ensuring that providers have the opportunity to review and correct any problems identified prior to adjudication.

(2) The authority may use the results of the request for information to create a formal request for proposals to implement the systems and technologies identified in this section if the authority determines that:

(a) Savings will be generated by preventing fraud, waste and abuse;

(b) The systems and technologies can be integrated into the authority's current medical

assistance claims processing operations without incurring additional costs to the state; and

(c) The reviews described in subsection (1)(b) of this section are unlikely to delay or improperly deny payment of valid claims.

SECTION 7. The Legislative Assembly intends that the savings achieved through section 6 of this 2014 Act will exceed the costs of implementation and administration. Therefore, to the extent possible, technology services used in carrying out section 6 of this 2014 Act shall be secured using the savings generated under section 6 of this 2014 Act, whereby the state's only direct cost will be funded through the actual savings achieved. Further, to enable this model, contractor reimbursement may be based on a percentage of the achieved savings, or on the number of recipients per month, the number of transactions per month, the number of cases per month or a blend of any of these methodologies. The contractor may be required to guarantee performance that ensures that the savings identified exceed the costs of implementing section 6 of this 2014 Act.

SECTION 8. Section 5 of this 2014 Act is repealed on January 2, 2019.

SECTION 9. This 2014 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2014 Act takes effect on its passage.

Approved by the Governor March 3, 2014

Filed in the office of Secretary of State March 3, 2014

Effective date March 3, 2014