

Overview of State Regulatory Programs

In Oregon, multiple state agencies and programs may review proposed business deals involving health care companies, including the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS). At OHA the programs include the Health Care Market Oversight (HCMO) program, and the Coordinated Care Organization (CCO) Form A program. At DCBS the Domestic Insurer Form A program reviews insurance related transactions. Some transactions are subject to all three reviews. The table below provides a high-level overview of each type of review.

	НСМО	CCO Form A	Domestic Insurer Form A
State agency	ОНА	ОНА	DCBS
Related regulations	ORS 415.501, et seq.; OAR 409- 070-0000 through - 0085	ORS 415.011; OAR 410-141- 5255 through - 5280	ORS 732.517 to 732.547; OAR 836- 027-0100 through - 0130
Who is subject to review?	Providers, insurers, CCOs, and other health care entities	CCOs	Domestic Insurers
Which markets are included?	All markets (commercial, Medicaid, Medicare, and all services)	Medicaid	Commercial and Medicare Advantage

What does the review look at?	Cost, access, equity, quality, market share and competition, alignment with legal requirements	Alignment with CCO requirements, financial condition, leadership, control, competition, disparities and inequities, cost and cost growth, high- quality care	Alignment with legal requirements, financial condition, leadership, control, competition
How long does the review take?	Preliminary review is completed within 30 days. Comprehensive review is completed within 180 days, unless extended.*	No required timeline – the process has been known to take six months or longer. Other deadlines may apply, such as timing for public hearings.	No required timeline – the process has been known to take six months or longer. Other deadlines may apply, such as timing for public hearings.
For more information?	Health Care Market Oversight Program	CCO Form A	Domestic Insurer Form A

^{*}The review period may be extended in accordance with applicable statutes and administrative rules.

When a transaction is also subject to Domestic Insurer Form A review, HCMO makes a recommendation to the Domestic Insurer Form A, rather than issuing a standalone decision. OHA will issue its own decision following the CCO Form A review, though the programs may share information and coordinate review activities. The diagram below shows the relationship between the three types of reviews.

HMCO completes review

HCMO makes recommendation to Domestic Insurer Form A Domestic Insurer Form A completes review and issues decision Approve, approve with conditions, or disapprove

If both agencies approve, transaction can proceed.

CCO Form A completes review

CCO Form A issues decision

Approve, approve with conditions, or disapprove

If either disapproves, transaction cannot proceed as planned.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the CCO Form A program at <a href="https://cco.com/ccc.com/c

Health Policy and Analytics Division CCO Form A 421 SW Oak St, Suite 850 Portland, OR, 97204 503-945-5999 www.oregon.gov/oha/HPA/HP/Pages/CCO-Form-A.aspx

