Division of Financial Regulation

Oregon Reinsurance Program

Health Insurer Cost Sharing Program

Claims Submission Requirements

In Relation to

(OAR-836-150-0010 to 836-150-0060)

June 4th 2019

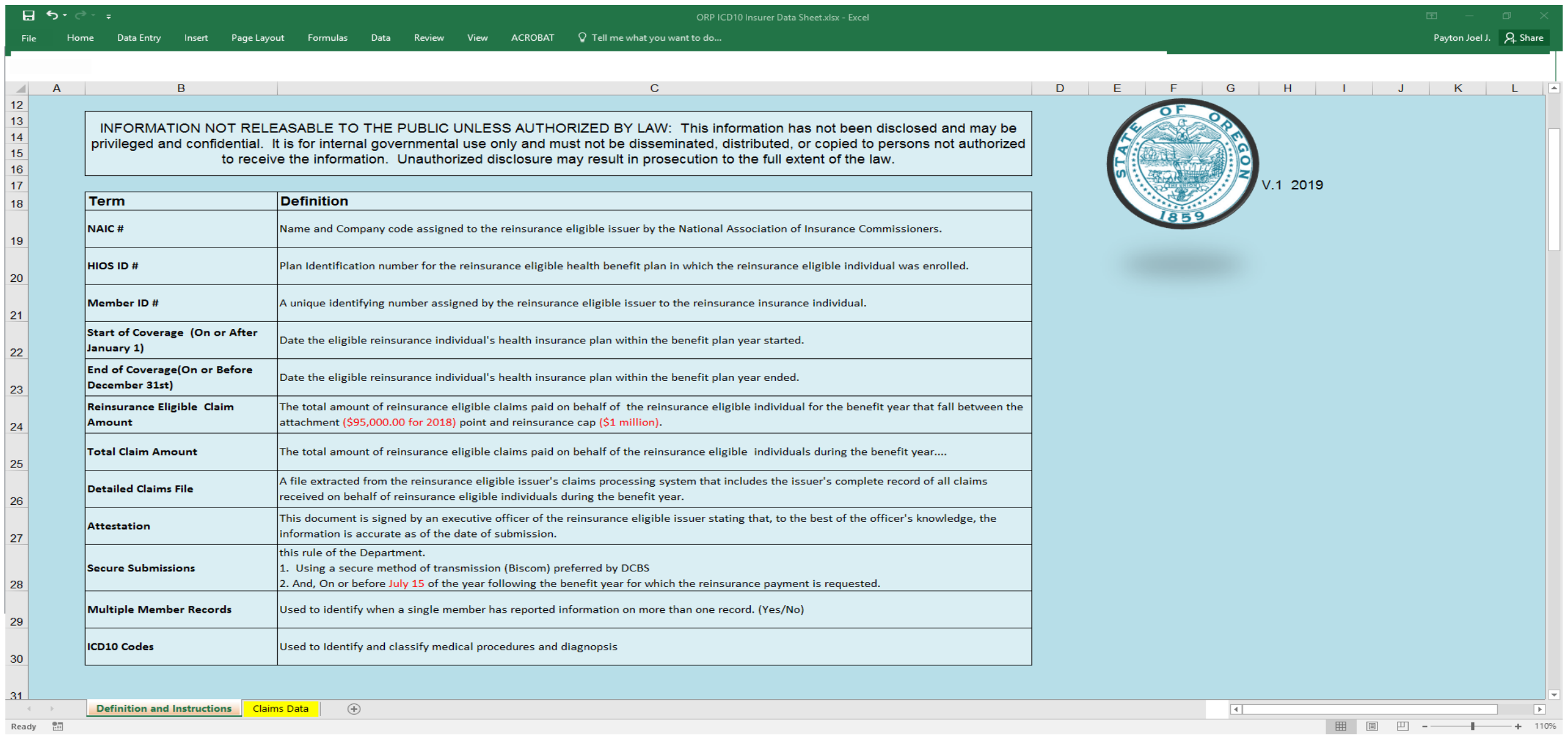
Topics

- **Claims Form Instructions**
- **Proprietary Information**
- **Compliance/Audits/Research**
- **Electronic Funds Transfer- Reimbursement Payments.**
- **Protected Health Information**
- **Aggregate breakout of top 5 Conditions/Cost drivers**

Claims Form Instructions

- Benefit Year coverage- January 1 Thru December, 31.
- All Insurers Claims Paid by June 30
- Submit All Claims for Reimbursement by July 15th
- 2018 Benefit Year Attachment Points $95,000 to $1 million
- Coinsurance Rate 50% (2018 Benefit Year)
- Detail Claims File- Submit all paid claims for each member
- Member Summary File
- Attestation from Authorized officials only (please designate to ORP)
- Multiple Member Records, i.e. payment source for members who have multiple policies during year
- Secure Submission (Biscom)

Claims Data Terms



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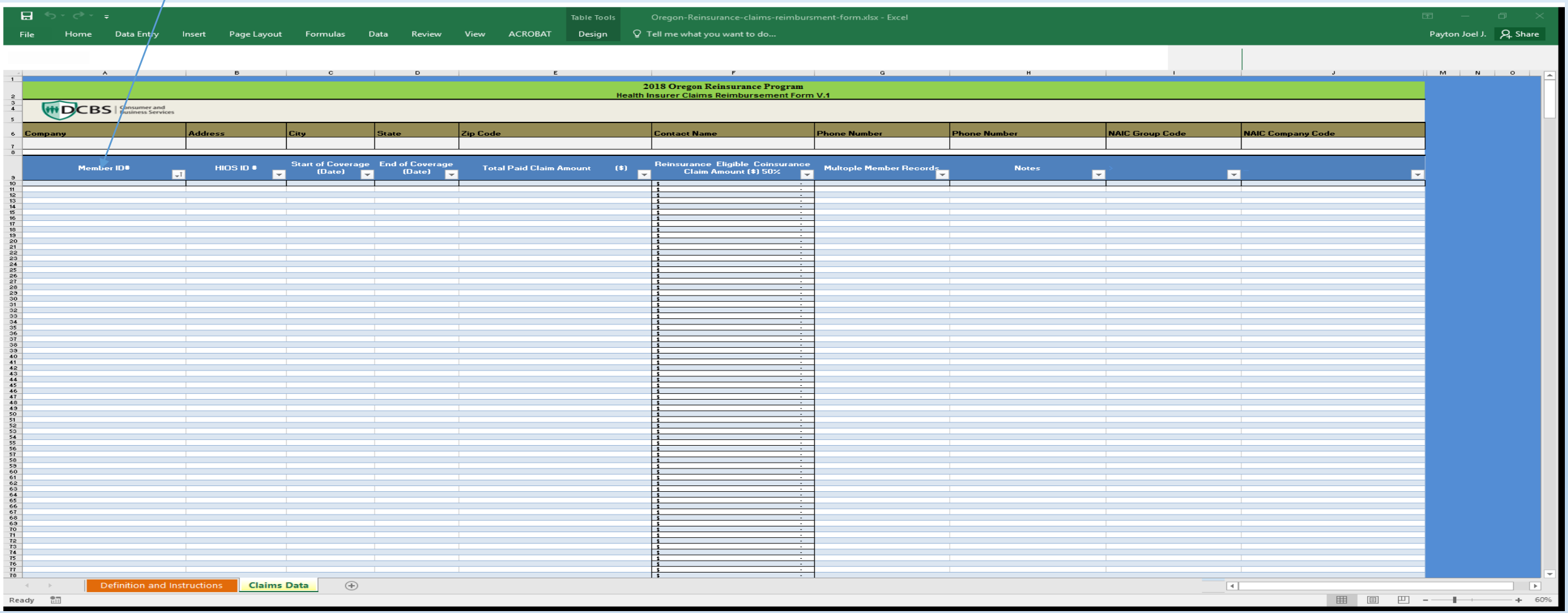
V.1 2019

Term	Definition
NAIC #	Name and Company code assigned to the reinsurance eligible issuer by the National Association of Insurance Commissioners.
HIOS ID #	Plan Identification number for the reinsurance eligible health benefit plan in which the reinsurance eligible individual was enrolled.
Member ID #	A unique identifying number assigned by the reinsurance eligible issuer to the reinsurance insurance individual.
Start of Coverage (On or After January 1)	Date the eligible reinsurance individual's health insurance plan within the benefit plan year started.
End of Coverage(On or Before December 31st)	Date the eligible reinsurance individual's health insurance plan within the benefit plan year ended.
Reinsurance Eligible Claim Amount	The total amount of reinsurance eligible claims paid on behalf of the reinsurance eligible individual for the benefit year that fall between the attachment ($95,000.00 for 2018) point and reinsurance cap ($1 million).
Total Claim Amount	The total amount of reinsurance eligible claims paid on behalf of the reinsurance eligible individuals during the benefit year....
Detailed Claims File	A file extracted from the reinsurance eligible issuer's claims processing system that includes the issuer's complete record of all claims received on behalf of reinsurance eligible individuals during the benefit year.
Attestation	This document is signed by an executive officer of the reinsurance eligible issuer stating that, to the best of the officer's knowledge, the information is accurate as of the date of submission.
Secure Submissions	this rule of the Department. 1. Using a secure method of transmission (Biscom) preferred by DCBS 2. And, On or before July 15 of the year following the benefit year for which the reinsurance payment is requested.
Multiple Member Records	Used to identify when a single member has reported information on more than one record. (Yes/No)
ICD10 Codes	Used to Identify and classify medical procedures and diagnopsis

A Unique ID Member Number Assigned by Insurer

Claims Data Spreadsheet



Oregon-Reinsurance-claims-reimbursment-form.xlsx - Excel

2018 Oregon Reinsurance Program
Health Insurer Claims Reimbursement Form V.1

DCBS | Consumer and Business Services

Company	Address	City	State	Zip Code	Contact Name	Phone Number	Phone Number	NAIC Group Code	NAIC Company Code

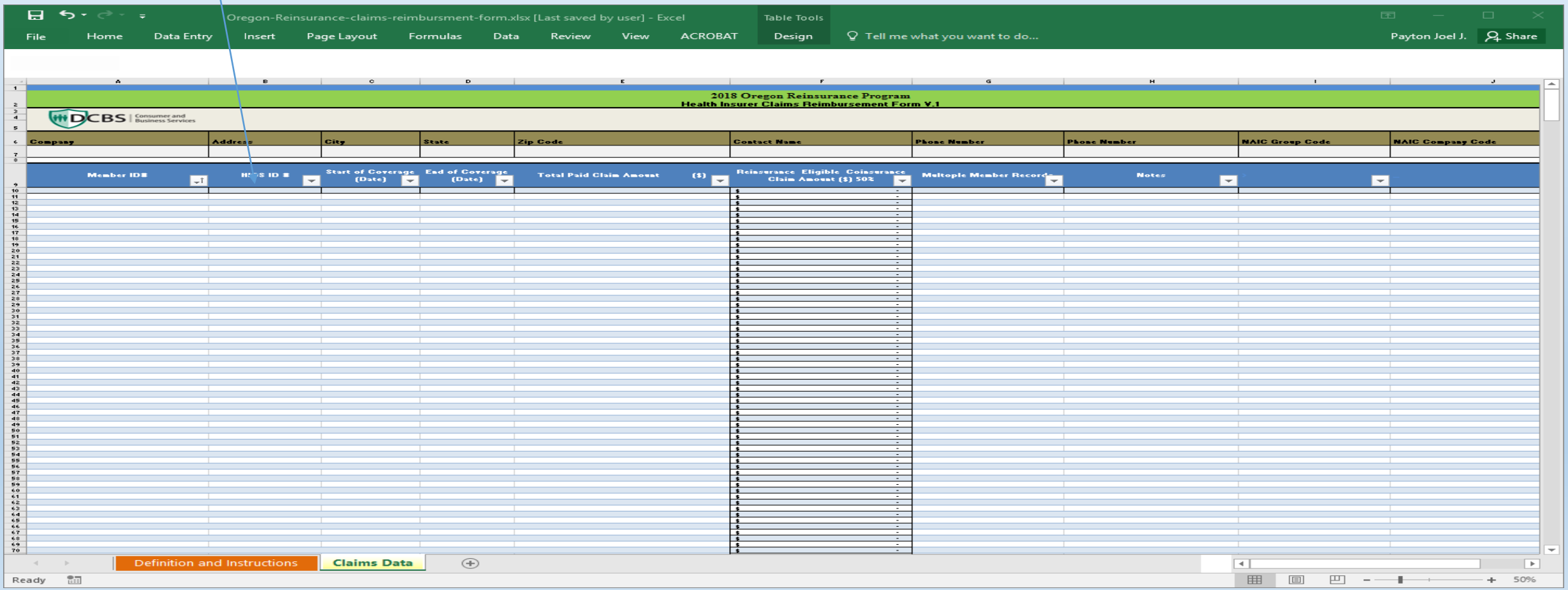
Member ID#	HIOS ID #	Start of Coverage (Date)	End of Coverage (Date)	Total Paid Claim Amount ($)	Reinsurance Eligible Coinsurance Claim Amount ($) 50%	Multople Member Records	Notes		
					$ -				

Definition and Instructions | Claims Data

Ready

ID Number For The Health Benefit Plan Individual was Enrolled

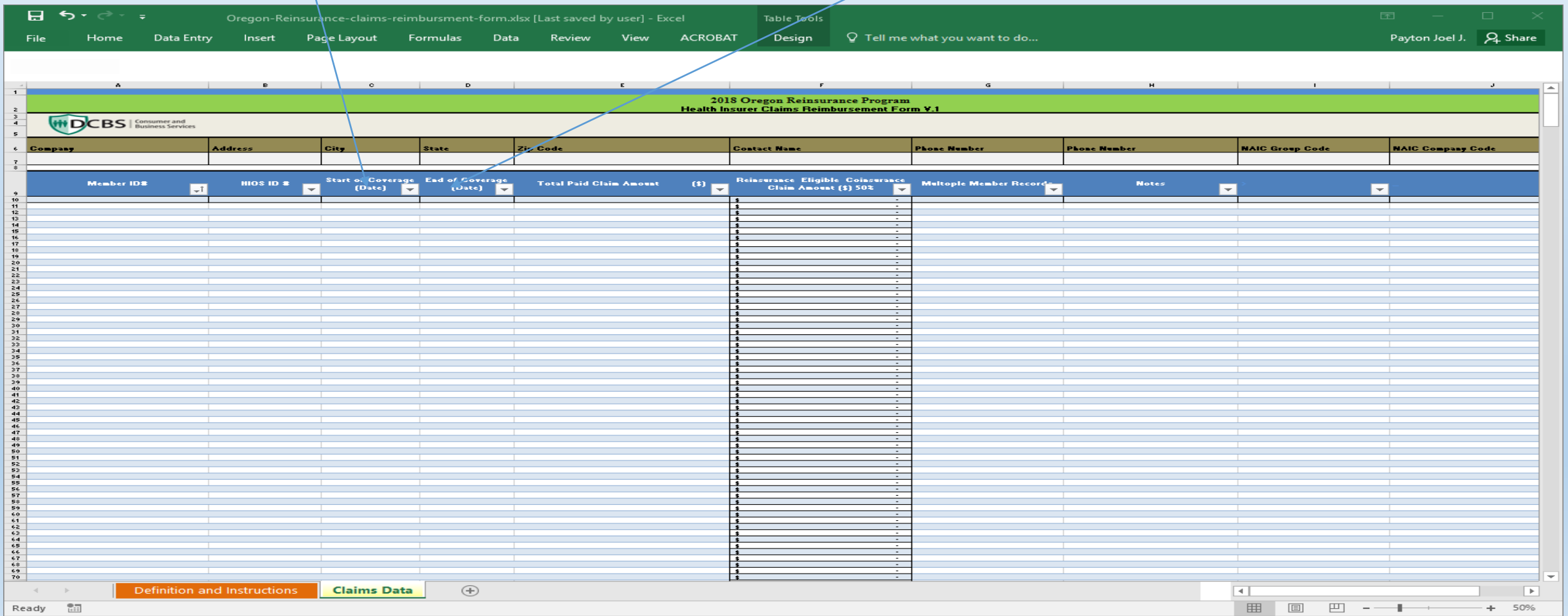
Claims Data Spreadsheet



Claims Data Spreadsheet

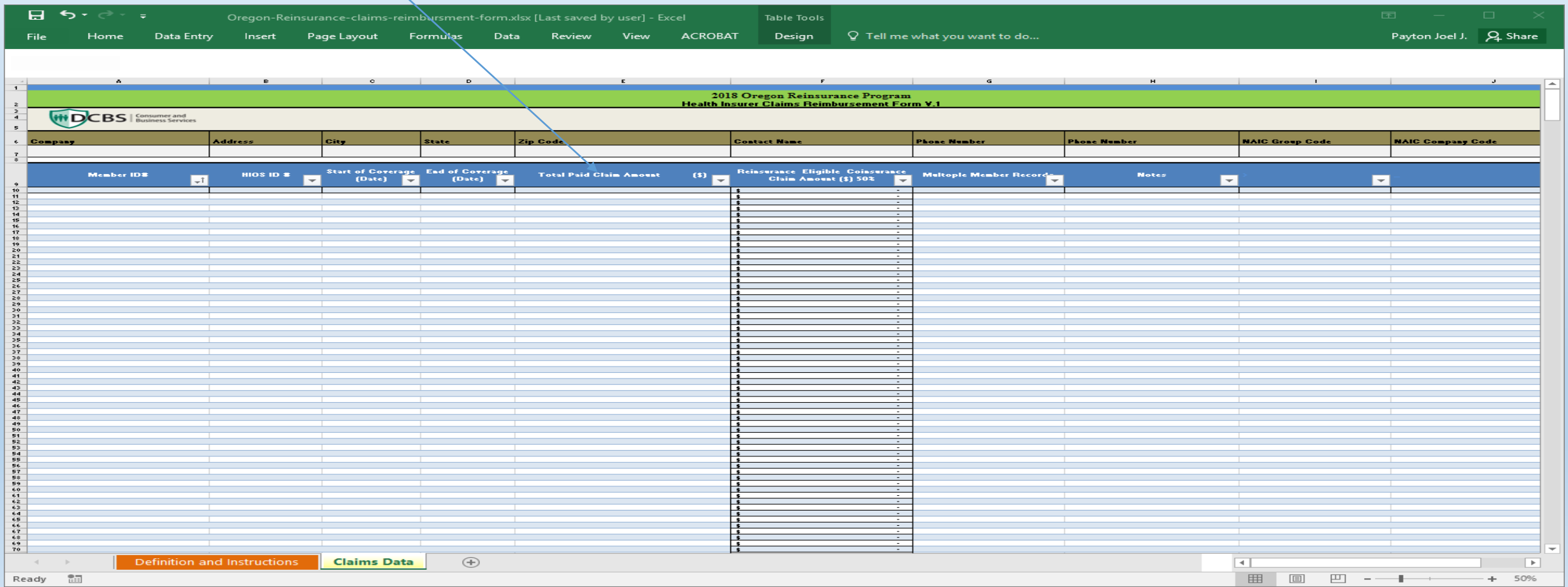
Date Health Insurance Plan within the Benefit year Started

Date Health Insurance Plan within the Benefit year Ends



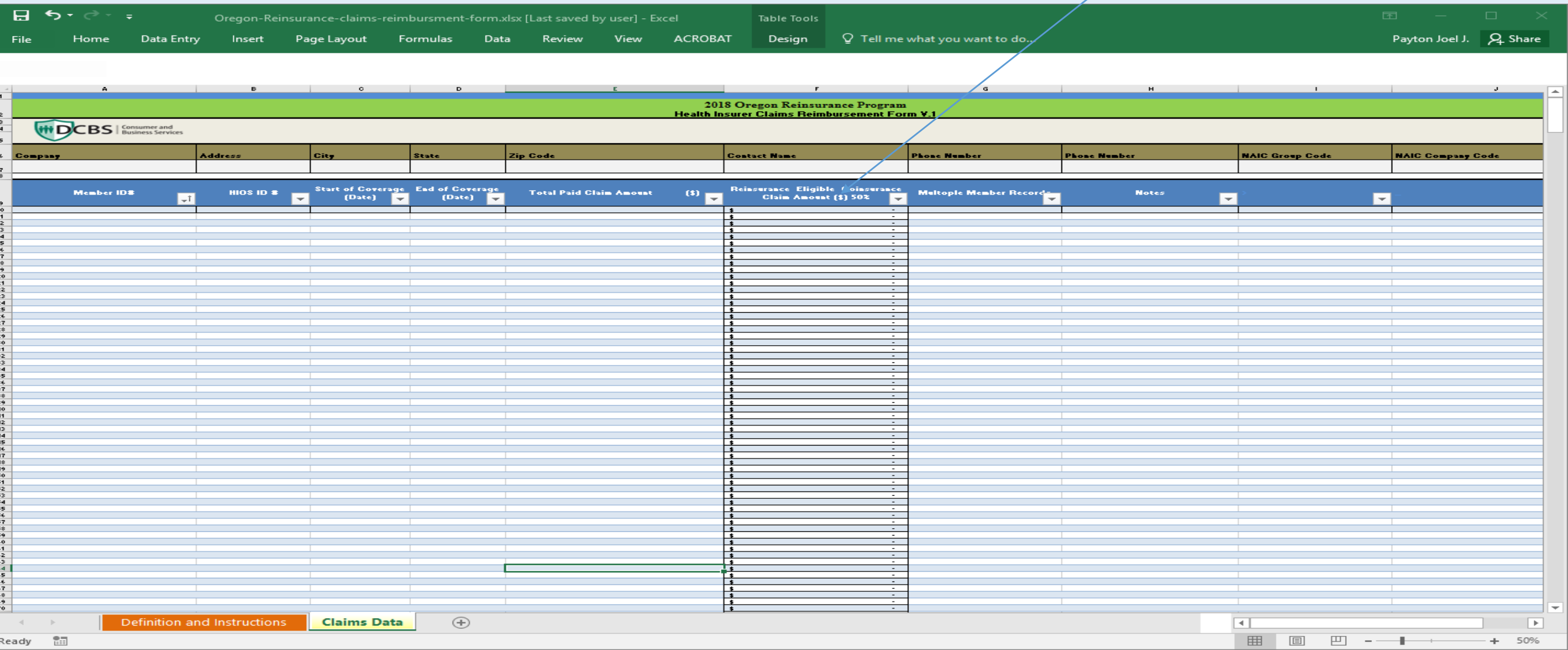
Claims Data Spreadsheet

Total Amount of claims of eligible members ($95,000.00 to $1 Million) Paid by June 30th on behalf of individual for benefit year.



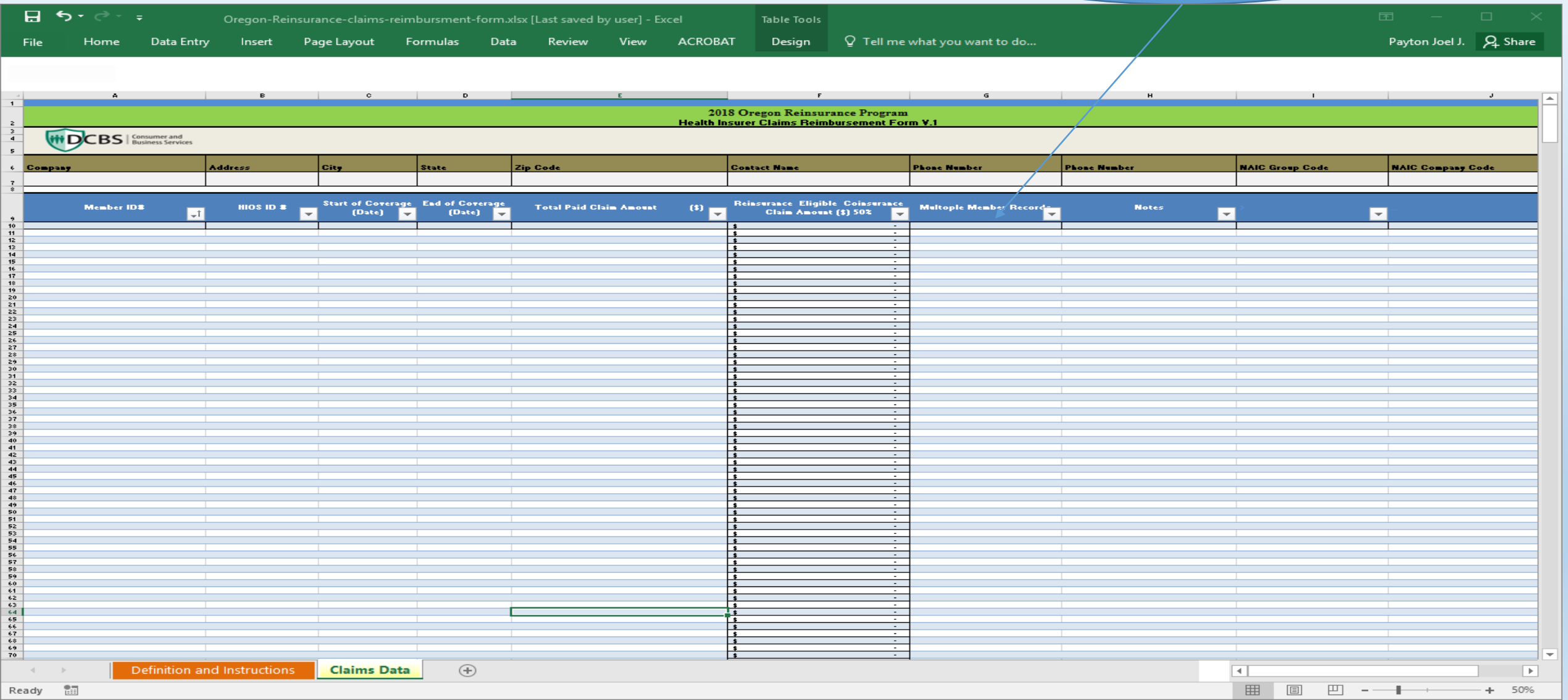
Claims Data Spreadsheet

Preconfigured Column net of total claims amount Coinsurance Rate of 50%



Claims Data Spreadsheet

Used to identify when a single member has reported info on more than one policy-Yes or No



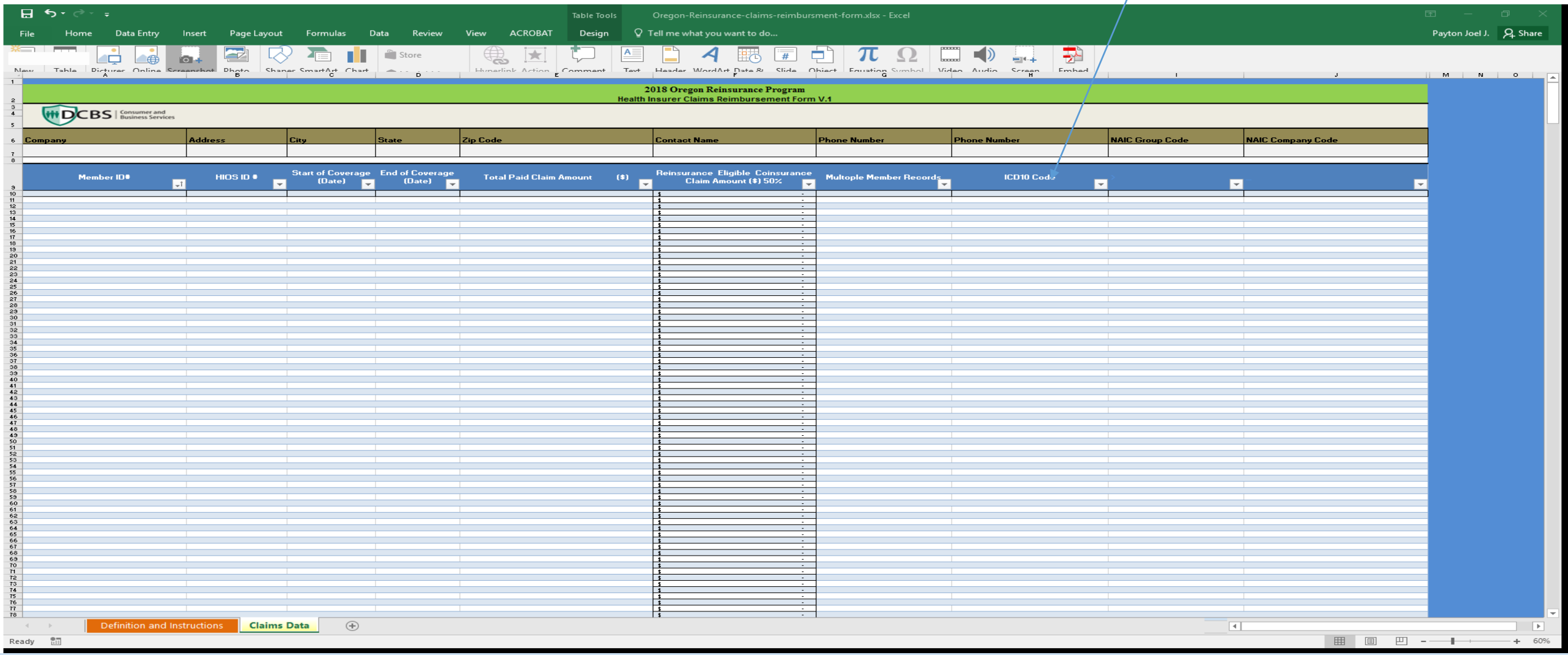
Detail Claims Data

Please Include:

- Raw Data for Each Eligible Claim
- ICD10 Codes
- Submit Key to Explain Headers

Detail Claims Data

Used to Classify Medical Procedures and Diagnosis



2018 Oregon Reinsurance Program
Health Insurer Claims Reimbursement Form V.1

DCBS | Consumer and Business Services

Company	Address	City	State	Zip Code	Contact Name	Phone Number	Phone Number	NAIC Group Code	NAIC Company Code

Member ID#	HIOS ID #	Start of Coverage (Date)	End of Coverage (Date)	Total Paid Claim Amount ($)	Reinsurance Eligible Coinsurance Claim Amount ($) 50%	Multople Member Records	ICD10 Code		
					$ -				

Definition and Instructions | Claims Data

Ready

Member Summary File

Please Include:

- Member ID
- Health Information Oversight System Number
- Dates Policy begin and end
- Total Amount per member

Unique Member ID

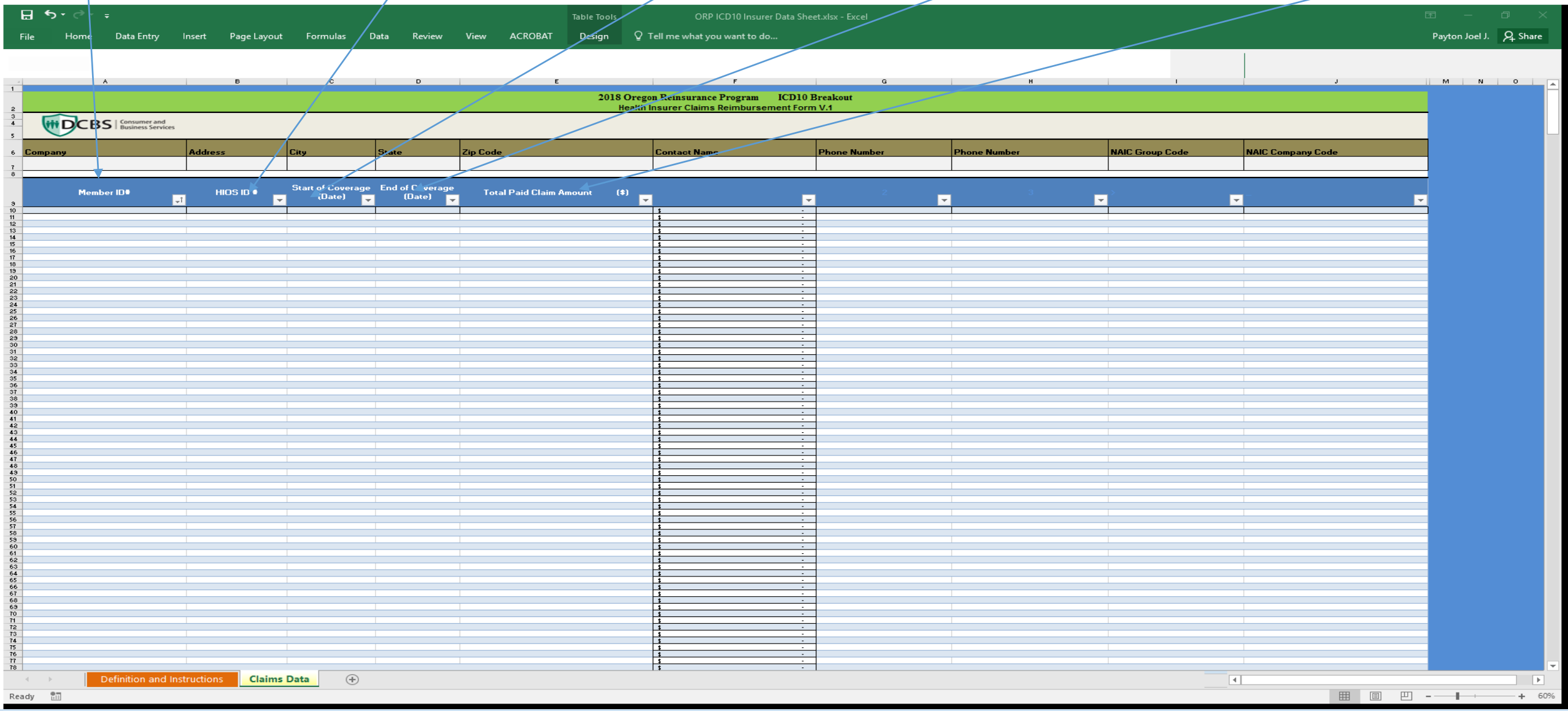
Metal Number

Start Date Plan

Plan End Date

Total Amount Per Member

Member Summary File



Top 5 Conditions

- ***OPTIONAL DETAIL (IF APPLICABLE) REQUESTED BY CENTER FOR MEDICARE AND MEDICAID SERVICES***

- **TOP 5 Cost Drivers**
- **Top 5 Conditions**
- **Claims Breakout at Aggregate level**

PHI/PII

- **All PHI/PII will be returned to Insurer after reimbursement payments are complete**
- **All PHI/PII will be deleted from DCBS servers**
- **Will follow all State and Federal Laws in event of Data Breach.**

Proprietary Information

- **Unique Identifying member number**
- **Do not expose any SSI,DOB**
- **If Compliance needs to investigate- will do onsite exams**

Audits

- **Off-site exams = internal audits, claims processing**
- **Research- On-site audits = threshold for errors exceeded**
- **Federal Compliance and Audits will be investigated through EDGE Sever**

Compliance

- **Incomplete claims form returned to insurer**
- **All data fields completed**
- **2018 Parameters $95,000 to $1 million**
- **Medical Codes must apply to contracted prices**
- **CMS/CCIIO will be alerted to all double Billing errors**

I-REG Electronic Payment Coupons

- **Going Live estimated for Fall of 2019**
- **I-REG will accept Electronic Funds Transfer and Automated Clearing House payment**