Claim submission requirements for the Oregon Reinsurance Program Date: June 21, 2022

Time: 10:00 am ~11:00 am PST

Session will be Recorded

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



The Department of Consumer and Business Services

Oregon's largest business regulatory and consumer protection agency.

DCBS Divisions:

- Building Codes Division
- Division of Financial Regulation
- Oregon Health Insurance Marketplace

- Oregon OSHA
- Workers' Compensation Board
- Workers' Compensation Division

Topics

- Claims form instructions
- Proprietary information
- Compliance / audits / research
- Electronic funds transfer reimbursement
- Protected health information

Claims form instructions

- Jan. 1 through Dec. 31
- Insurers claims paid by June 30*
- Submit claims by July 15
- 2020 attachment points:
 \$90,000 to \$1 million
- 50% co-insurance rate

- Detail claims file
- Member summary file
- Designate attestation to ORP
- Multiple member records
- Secure submission Biscom

*Incentive payments for providers must have receipt. by June 30.

Claims data terms

NAIC # - Name and company code assigned by NAIC.

Member ID # - Unique number assigned to ID reinsurance-eligible individual.

HIOS Plan ID # - ID number for reinsurance-eligible health benefit plan.

Claim # - ID number for the claim.

Claims data terms for the reimbursement form

Amount paid by insurer - Actual amount paid by insurer for reinsurance-eligible claim.

Date of service - Date services were provided to individual.

Date paid - Date payment was made for the claim.

Start of coverage – Date member's coverage started.

End of coverage – Date member's coverage ended.

Claims data terms for the reimbursement form

Total claims paid for member – Total claims paid on behalf of individual during the benefit year. Equal to the sum of all amounts paid by insurer for the member on the detailed claim report.

Reinsurance portion of total claims paid - Portion of claims paid between the attachment point (\$90,000 for 2019) and reinsurance cap (\$1 million for 2019).

Multiple member records – Identifies when individual was enrolled in more than one plan by the same insurer.

Claims data terms for the reimbursement form

Administrative expenses - Not considered ORP health claim-eligible expenses.*

Note - If an individual has two different member IDs, use a single ID for the member or provide a key identifying which member IDs are the same individual.

*Example - Fee payments made to a network solution company must be subtracted from the total claim amount.

Detail claims data

Include:

- Raw data for each eligible claim
- Submit key to explain headers

2020 Oregon Reinsurance Program Health Ins	urer Detail Claim Reimbursement F	orm					
Company: Address: City: State: Zip code: Contact name: Contact email: Contact phone number: NAIC group code: NAIC company code: Date submitted:					assi org id re	ue ID numb gned by you ganization to entify each einsurance individual	ır
For assistance in completing data entry, please contact Joel Pa	HIOS Plan ID #	Claim Number#	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes

2020 Oregon Reinsurance Program Health In	surer Detail Claim Reimbursement F	orm					
Company: Address: City: State: Zip code: Contact name: Contact email: Contact phone number: NAIC group code: NAIC company code: Date submitted:					healt plan in indiv	nber for the h benefit which the idual was irolled	
For assistance in completing data entry, please contact Joel Member ID#	Payton at 503-302-4795 or email him at: Joel J.P. HIOS Plan ID #	Claim Number #	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes

2020 Oregon Reinsurance Program Health In	surer Detail Claim Reimbursement F	orm					
Company:							
Address: City:					11.0	iau a ID	
State:					Uni	ique ID	
Zip code:					مامورياما	er for the	
Contact name					nume	er for the	
Contact name: Contact email:					claire	accionad	
Contact phone number:					Claim	assigned	
					by tha	company	
NAIC group code:					by the	company	
NAIC company code:							
Date submitted:							
For assistance in completing data entry, please contact Joel F	Payton at 503-302-4795 or email him at: Joel.J.P	ayton@oregon.gov				Multiple	
Member ID#	HIOS Plan ID #	Claim Number #	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes	Notes
						/ no)	
						<i>,</i> •	

Company: Address: City:					Actual amou	unt paid by i	insurer
State: Zip code:					for reinsurar	nce-eligible	claims
Contact name: Contact email: Contact phone number: NAIC group code:					(June <u>Includes</u>	e 30, 2021). all health c	<u>are</u>
NAIC company code: Date submitted:					provider ind	<u>centive with</u>	holds.
For assistance in completing data entry, please contact Joe Member ID#	HIOS Plan ID #	Claim Number #	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes

2020 Oregon Reinsurance Program Health Ins	surer Detail Claim Reimbursement F	orm					
Company: Address: City: State: Zip code: Contact name: Contact email: Contact email: Contact phone number: NAIC group code: NAIC company code: Date submitted: For assistance in completing data entry, please contact Joel Payton at 503-302-4795 or email him at: Joel.J.Payton@oregon.gov					we Jai	re provided from n. 1 to Dec. 31, 2020	
Member ID#	HIOS Plan ID #	Claim Number #	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes
						·	

2020 Oregon Reinsurance Program Health Ins Company: Address: City: State: Zip code: Contact name: Contact email: Contact phone number: NAIC group code: NAIC company code:	surer Detail Claim Reimbursement F	orm		mad an with	te payment de. All claims d incentive nolds must b d by June 30, 2021.	e	
For assistance in completing data entry, please contact Joel Pa	ayton at 503-302-4795 or email him at: Joel.J.P	Claim Number#	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes

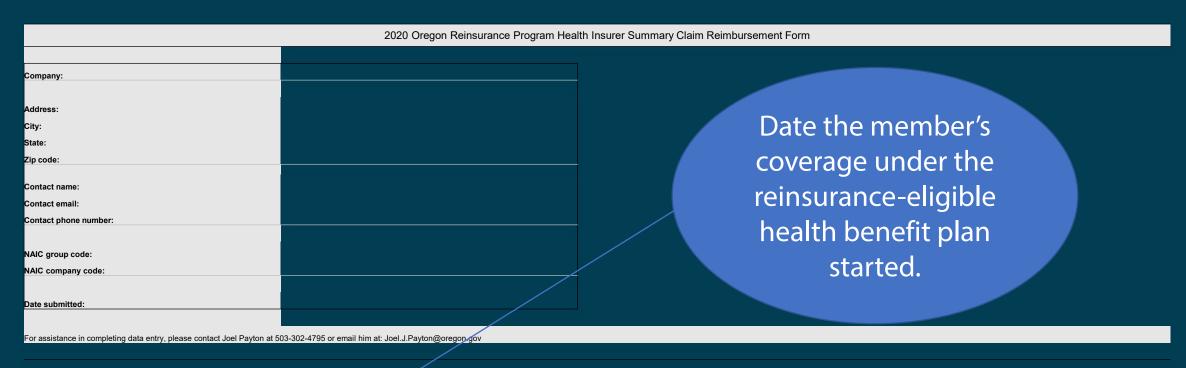
2020 Oregon Reinsurance Program Health Installation Company: Address: City: State: Zip code: Contact name: Contact email: Contact phone number: NAIC group code: NAIC company code:	surer Detail Claim Reimbursement F	orm			reinsu p enroll	sed when a irance-eligiberson was ed in multipens by same	
Date submitted: For assistance in completing data entry, please contact Joel of Member ID#	Payton at 503-302-4795 or email him at: Joel.J.P. HIOS Plan ID #	Claim Number#	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes

2020 Oregon Reinsurance Program Health In	nsurer Detail Claim Reimbursement F	orm					
Company: Address: City: State: Zip code: Contact name: Contact email: Contact phone number: NAIC group code: NAIC company code: Date submitted:		If person has 2 member IDs, either: • Use a single ID# • Provide a key to show which IDs are for same person					
For assistance in completing data entry, please contact Joel Member ID#	Payton at 503-302-4795 or email him at: Joel.J.P	Claim Number #	Amount Paid by Insurer	Date Of Service	Date Paid	Multiple member records (yes / no)	Notes

Member summary file

Include:

- Member ID
- Health information oversight number
- Policy dates
- Total amount per member



Member ID# HIOS Plan

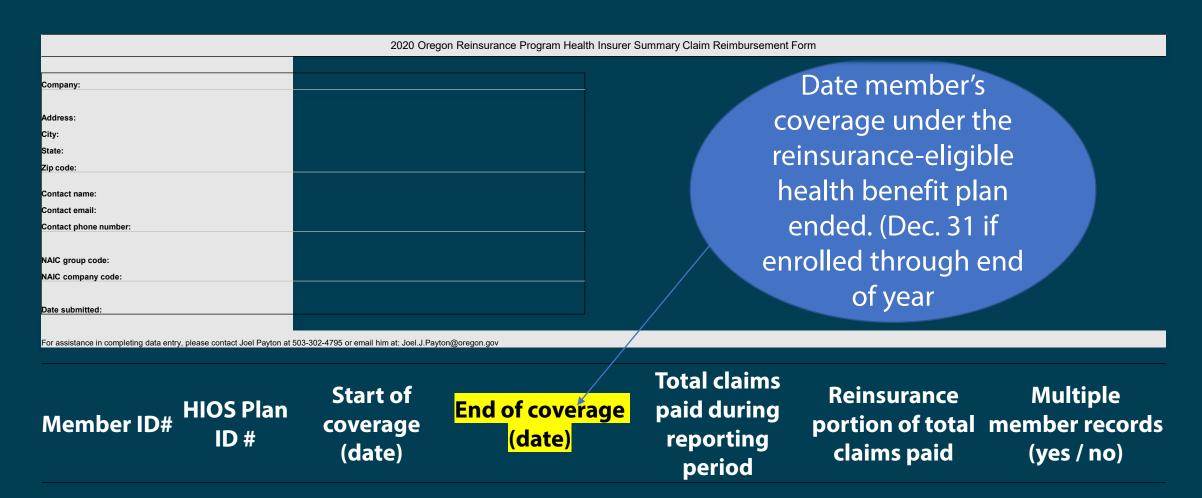


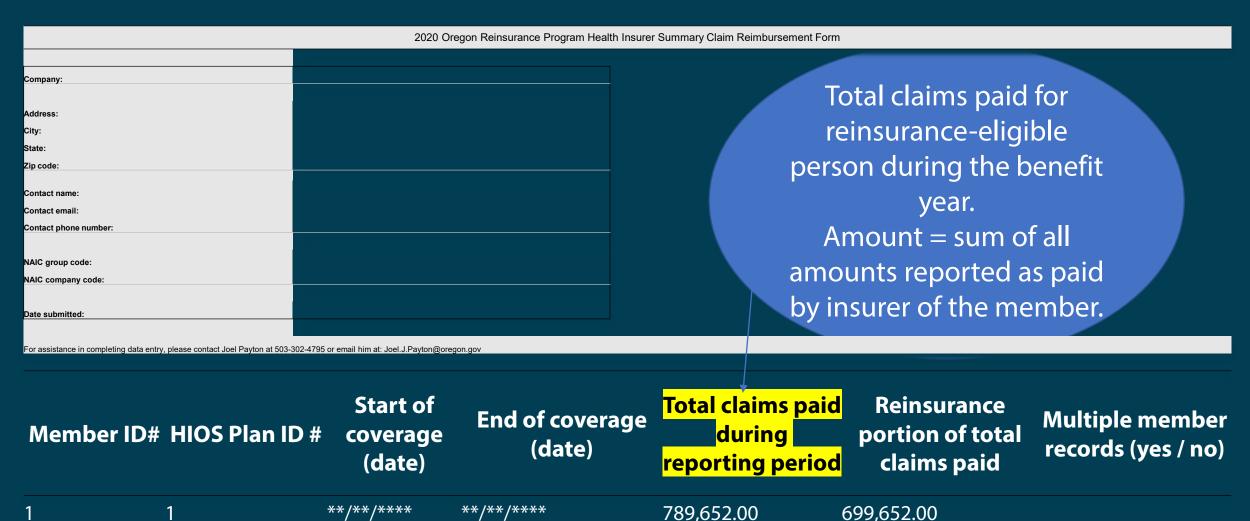
End of coverage (date)

Total claims paid during reporting period

Reinsurance claims paid

Multiple portion of total member records (yes / no)







		2020 O	regon Reinsurance Program Health Insure	r Summary Claim Reimbursement Fo	orm			
Company: Address: City: State: Zip code: Contact name: Contact email: Contact phone number: NAIC group code: NAIC company code: Date submitted:				Identifies when a reinsurance-eligible person was enrolled in more than one plan by the same insurer. Enter "yes" if member had claims under multiple HIOS Plan IDs.				
	ID# HIOS Plan ID #	Start of	End of coverage (date)	Total claims paid during reporting period	Reinsurance portion of total claims paid	Multiple member records (yes / no)		
1	1	**/**/***	**/**/***	789,652.00	699,652.00			

PHI/PI

All PHI/PI will:

- Be returned to insurer after reimbursement payments
- Deleted from DCBS servers
- Follow state and federal laws in event of data breach

Proprietary information

Includes:

- Unique identifying member number
- Do not expose any SSI, DOB
- Full scope exams performed if compliance investigates breach of personal information.

Exam and field audits

Requirements include:

- Notification: Minimum four weeks' notice
- Research: Auditors must have access to all materials requested at time of arrival.
 - ✓ If not, audit will immediately cease.
- Must have paid receipts for all paid claims on for before June 30, 2020.
- Virtual Exams Covid19 Emergency Declaration

ALERT: Administrative expenses, like payments to network solutions groups, are <u>NOT</u> considered claim payments.

Invoice audits

Submitted invoices must:

- Comply with State of Oregon Rules and Accounting Manual, chapter 10.
- Comply with federal rules and regulations (CFDA 93.423) 1332 State Innovation Waivers

Electronic funds transfer

Electronic payments from DCBS go into same account the dept. has on record.

To change account info or get update on an e-pymt not received:

Contact: Lane Foulger, DCBS Accounting Manager
 Lane.h.Foulger@Oregon.gov

Alert: Notify your bank about incoming funds from ORP

Compliance

- Incomplete claims form returned to insurer.
- All data fields completed
- 2021 parameters \$83,000 to \$1 million
- Medical codes must apply to contracted prices
- CMS/CCIIO will be alerted to all double billing errors

2021 budget

Federal funding = \$73,723,375

<u>Oregon funding = \$34,076,625</u>

Total funding = \$107,800,000

Attachment points: \$83,000 to \$1 million

Coinsurance rate: 50 percent

Questions

2021 Annual Pass – Through Funding and PPACA 1332 Extension Forum

July 20, 2021



Contact Information:

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Joel.J.Payton@Oregon.Gov

Https://dfr.Oregon.gov/business/reg/health/Pages/Oregon-reinsurance-program.aspx

