

RECEIVERSHIP

What is receivership?

Receivership is a court ordered proceeding to protect the interests of the policyholders of an insurance company as well as creditors and the general public. On July 11, 2016, the Circuit Court in Marion County, Oregon ordered Oregon's Health CO-OP (or "OHC") into receivership due to its financial condition. The Oregon Department of Consumer and Business Services was appointed as the Receiver and is working to gather the remaining assets and pay the remaining claims against Oregon's Health CO-OP.

Coverage under all of Oregon's Health CO-OP insurance plans ended July 31, 2016.

Why is Oregon's Health CO-OP closing?

Oregon's Health CO-OP experienced significantly higher than expected medical claims which resulted in a loss of \$18.4 million in 2015. That trend continued through June of 2016 and the Company determined that it had insufficient assets to continue operations.

How many people does this affect?

As of July 31, 2016, Oregon's Health CO-OP had approximately 22,000 health insurance policyholders in Oregon: 12,000 in the individual market and 10,000 in the small and large group markets. Most of those members were in the Portland area.

CLAIM PROCESSING/PAYMENT - PROVIDERS

What is the deadline to submit claims for services to OHC?

The receivership order (State v. OHC; Case number 16CV22052) signed by a Marion County Circuit Court judge states that all claims must be submitted for payment no later than October 31, 2016. Claims submitted after that date will be accepted, however they may be assigned a lower priority for payment.

Where do I send my claims?

Claims can continue to be submitted electronically or paper.

The CO-OP highly encourages providers to submit all claims electronically.

For information on submitting claims electronically, contact Change Healthcare (formerly Emdeon) toll-free at 1-877-363-3666 for EDI medical claims. Or visit www.changehealthcare.com. To submit claims electronically, use EDI Payer ID 45332.

To initiate electronic submission of claims, the ERA and EFT forms may be found at:

<http://www.ohcoop.org/forms/>

Paper claims should be mailed to:

Oregon's Health CO-OP
PO Box 3948
Corpus Christi, TX 78463 – 3948

What is the claims payment schedule?

Claims with Dates of Service from July 11–31 will be paid at 100 percent of contracted rates.

Payments for those claims are expected to be mailed starting December 30, 2016.

For claims with Dates of Service of July 10 and earlier, the Receiver intends to make an initial payment starting in January 2017. Additional payments on these claims will be made if assets are available. Please refer to section II part D 16 of the order for more information.

Why am I receiving only 10 percentage of the amount owed to me?

At this time, the receiver can only provide sufficient funds to pay 10 percent of all consumer and provider claims with service dates before July 11, 2016. Initial payments of 10 percent of the amounts due for these claims will be issued beginning December 30, 2016. It is too early to determine if additional payments will be possible. Consumer and provider claims are the first priority of the receiver. OHC will contact you as soon as more information about payments is available. More information may be available on the OHC website at:

When can I expect more payments?

It is too early to determine when or if more payments will be possible. OHC will contact you as soon as more information about payments is available. More information may be available on the OHC website at: <http://www.ohcoop.org/>

Can providers bill patients if they don't get paid by OHC?

No. Please note that paragraph 7 of the court's order dated July 11, 2016, prohibits providers from billing members for payments that OHC is not able to pay due to being in receivership. Should you attempt to bill a member for any amount owed by OHC or balance bill, it is a violation of the court order, and providers will be referred to the Oregon Department of Justice for follow-up. This applies to all providers of care, including (but not limited to) physicians and hospitals. On the EOB, members are informed of this and directed to contact the Oregon Division of Financial Regulation's Consumer Advocacy Unit to report it.

Will interest be paid on delayed claim payments?

In accordance with the court's order of November 3, 2016, the Receiver will defer the payment of interest under ORS 743B.452 on any claims paid outside the timelines established in ORS 743B.450 until after all claims provided for under ORS 734.360(6) have been paid in full.

If we do not agree with how a claim was processed should we file a claim reconsideration or an appeal?

Providers may complete and submit a **Claim Reconsideration Form** as the first step in asking for review of how your claim was processed. If your claim reconsideration is denied, the second step is to submit a **Post Service Claim Appeal Form**.

Members may complete and submit a **Post Service Claim Appeal Form**.

Information about claim reconsideration and appeal rights are on the front page of your EOP and EOB and can also be found on our website <http://www.ohcoop.org/>

CLAIM PROCESSING/PAYMENT - MEMBERS

Will members be responsible for their medical bills?

You are still responsible for any co-payments or co-insurance incurred throughout the month of July. However, Oregon law prohibits providers from billing patients for the insurance company's portion of the cost of medical care.

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Can providers bill patients if they don't get paid by OHC?

No. **Please note that paragraph 7 of the court's order dated July 11, 2016, prohibits providers from billing members for payments that OHC is not able to pay due to being in receivership.** This applies to all providers of care, including (but not limited to) physicians and hospitals. If you are being asked to pay in excess of your patient responsibility, please contact the Oregon Division of Financial Regulation's Advocacy Unit at 888-877-4894.

If I do not agree with how a claim was processed should I file a claim reconsideration or an appeal?

Members may complete and submit a **Post Service Claim Appeal Form**.

Information about claim reconsideration and appeal rights are on the front page of Explanation of Benefits (EOB) and can also be found on our website <http://www.ohcoop.org/>

POLICYHOLDER OUT-OF-POCKET CONTRIBUTIONS

What does receivership mean for Oregon's Health CO-OP member accumulators for 2016?

Members who bought their own insurance rather than getting it through their employer will not lose the credit for the amounts they already have paid into their OHC plan toward yearly out-of-pocket maximums. Your new insurer will apply the amount previously paid to your new plan.

How will the out-of-pocket contributions be applied to my new health insurance plan?

Note: The following is only an example.

Your OHC plan

\$5,000 - Yearly out-of-pocket maximum

\$0 - Deductible

Amount you already spent toward your out-of-pocket maximum and will be transferred to your new health insurance plan - \$3,000

Your new health insurance plan

\$6,000 - Yearly out-of-pocket maximum

\$3,000 - Deductible

Result: Your deductible is met and you have \$3,000 more to go before the yearly out-of-pocket maximum is met.

I already met my deductible/yearly out-of-pocket maximum. What am I supposed to do?

Members who bought their own insurance rather than getting it through their employer will not lose credit for the amounts they already have paid into their OHC plan toward yearly out-of-pocket maximums. Your new insurer will apply the amounts previously paid to your new plan. Visit OregonHealthCare.gov to get help from a local expert finding and enrolling in a new plan. You can also email info.marketplace@oregon.gov or call 1-855-268-3767 (toll-free) for help 8 a.m. to 7 p.m. weekdays and 8 a.m. to 5 p.m. on weekends.

POLICYHOLDER LOSS OF COVERAGE NOTICE

When can I expect to get my Loss of Coverage and Proof of Creditable Coverage letters?

Letters were mailed in late July. If you did not get a letter or can't find your letter, email info.marketplace@oregon.gov or call 1-855-268-3767 (toll-free). [The Loss of Coverage letter is also available to download here.](#)

PREMIUM PAYMENTS

My Oregon Health CO-OP premium is automatically withdrawn from my bank account. What should I do?

OHC has stopped the automatic withdrawal of all recurring payments. If you have a premium payment scheduled with your financial institution you will need to contact them directly to cancel the automatic deduction. August premiums that were paid to Oregon's Health CO-OP were fully refunded. All refunds were mailed out beginning in August. If you believe that you have an August premium refund that you have not received, please contact customer service at 1-844-509-4676.

I prepaid my premium beyond August, what should I do?

If you made premium payments beyond August they were refunded in full. Refunds were mailed out beginning in August. If you believe that you have a payment beyond August refund that you have not received, please contact customer service at 1-844-509-4676.

I have a credit balance with Oregon's Health CO-OP for premiums, or refunds unrelated to August or beyond premiums. When can I expect to get those refunds?

Partial payment of these refunds are intended to be made prior to December 31, 2016. It is unknown if additional payment will be made.

BROKER INFORMATION

When am I going to get paid for my July commissions?

Medical claims are the first priority for payment. After payment of those claims the Receiver will determine which other types of claims can be paid based upon the amount of the remaining assets.

I got a July statement that looked like a check.

As explained in the 8/9/2016 letter, the July statement was provided to give brokers an opportunity to review OHC's information and compare it to their records, and was not intended to be a payment.

How will the commission claim process work?

Agents and Brokers will be sent a claim form with additional instructions on how to establish a claim for unpaid commissions. Notice of the commission amount owed but unpaid was previously sent to agents and brokers on August 9, 2016. If you do not agree with the amount indicated in the statement that accompanied that notice, you must include any additional supporting documentation you want to have considered along with your claim form. The claim form will include information regarding the deadline to file your claim.