


Claim submission requirements for the Oregon Reinsurance Program

(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

Member summary file

Include:

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

Member Summary Data Spreadsheet

2020 Oregon Reinsurance Program Health Insurer Summary Claim Reimbursement Form

Company:	
Address:	
City:	
State:	
Zip code:	
Contact name:	
Contact email:	
Contact phone number:	
NAIC group code:	
NAIC company code:	
Date submitted:	

Date the member's coverage under the reinsurance-eligible health benefit plan started.

For assistance in completing data entry, please contact Joel Payton at 503-302-4795 or email him at: Joel.J.Payton@oregon.gov

Member ID#	HIOS Plan ID #	Start of coverage (date)	End of coverage (date)	Total claims paid during reporting period	Reinsurance portion of total claims paid	Multiple member records (yes / no)
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Member Summary Data Spreadsheet

2020 Oregon Reinsurance Program Health Insurer Summary Claim Reimbursement Form

Company:	
Address:	
City:	
State:	
Zip code:	
Contact name:	
Contact email:	
Contact phone number:	
NAIC group code:	
NAIC company code:	
Date submitted:	

Date member's coverage under the reinsurance-eligible health benefit plan ended. (Dec. 31 if enrolled through end of year)

For assistance in completing data entry, please contact Joel Payton at 503-302-4795 or email him at: Joel.J.Payton@oregon.gov

Member ID#	HIOS Plan ID #	Start of coverage (date)	End of coverage (date)	Total claims paid during reporting period	Reinsurance portion of total claims paid	Multiple member records (yes / no)
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Member Summary Data Spreadsheet

2020 Oregon Reinsurance Program Health Insurer Summary Claim Reimbursement Form

Company:	
Address:	
City:	
State:	
Zip code:	
Contact name:	
Contact email:	
Contact phone number:	
NAIC group code:	
NAIC company code:	
Date submitted:	

Total claims paid for reinsurance-eligible person during the benefit year.
Amount = sum of all amounts reported as paid by insurer of the member.

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Member ID#	HIOS Plan ID #	Start of coverage (date)	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	

Member Summary Data Spreadsheet

2020 Oregon Reinsurance Program Health Insurer Summary Claim Reimbursement Form

Company:	
Address:	
City:	
State:	
Zip code:	
Contact name:	
Contact email:	
Contact phone number:	
NAIC group code:	
NAIC company code:	
Date submitted:	

Portion of claims paid for reinsurance-eligible person that is between attachment point and cap.
(\$90,000 to \$1 million)

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Member ID#	HIOS Plan ID #	Start of coverage (date)	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	

Member Summary Data Spreadsheet

2020 Oregon Reinsurance Program Health Insurer Summary Claim Reimbursement Form

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.

For assistance in completing data entry, please contact Joel Payton at 503-302-4795 or email him at: Joel.J.Payton@oregon.gov

Member ID#	HIOS Plan ID #	Start of coverage (date)	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 NOT 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
- 2020 parameters \$90,000 to \$1 million
- Medical codes must apply to contracted prices
- CMS/CCIIO will be alerted to all double billing errors

2020 budget

Federal funding = \$54,408,157

Oregon funding = \$47,391,843

Total funding = \$101,800,000

Attachment points:

\$90,000 to \$1 million

Coinsurance rate: 50 percent

Questions

2021 Annual Pass – Through Funding and
PPACA 1332 Extension
Forum

July 20, 2021



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<https://dfr.Oregon.gov/business/reg/health/Pages/Oregon-reinsurance-program.aspx>

