



Regulatory Affairs

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Reply to:

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Alex Cheng

Senior Policy Analyst

Division of Financial Regulation

Oregon Department of Consumer and Business Services

350 Winter Street NE

Salem, OR 97309

RE: Balance Billing Reimbursement Proposed Rulemaking

Dear Mr. Cheng:

Thank you for the opportunity to provide comments on the proposed rule language to implement SB 1549, the legislation establishing reimbursement rates for out-of-network providers who issue services to health plan members at in-network facilities.

Cambia recommends any geographic adjustments made to the mandated reimbursement rate align with the Oregon market and are based on the Center for Medicare and Medicaid Services' Geographic Price Cost Index (GPCI), which is consistent with our current claims reimbursement policy. Forcing carriers to use the seven geographic rating areas creates an unnecessary burden on insurers to create an entirely separate reimbursement process, thus costing more time and resources on our system and ultimately our membership.

While we appreciate the hard work of the Balance Billing Rulemaking workgroup, Cambia has serious concerns regarding the use of a median rate calculated by the All Payer All Claims (APAC) database. There is no guarantee that all insurer rates are included in each CPT code. The flat median rate is inflationary and ultimately will cost our members more than what we are able to negotiate with provider groups in the commercial market. When the mandated reimbursement rate required by SB 1549 expires in three years, we encourage all stakeholders to reconsider a reimbursement methodology that is reflective of market conditions and simple to administer for insurers, providers and health plan members. Insurers need to be able to accurately predict provider reimbursement levels that ultimately allow us to offer members reasonable premium rates.

Finally, Cambia requests all stakeholders, primarily the Department, consider the lack of any enforcement provisions over provider billing practices. Currently, there are no

consequences for providers who balance bill consumers who receive services at in-network facilities. We strongly encourage the Department to establish enforcement authority over provider billing practices in the near future. As we move forward without any such enforcement authority, it will likely be incumbent upon insurers to work with members to ensure no providers balance bill in bad faith.

Again, thank you for the opportunity to comment on the draft rule language. We look forward to working with the Department in the coming years to modify statutes and rules to the changing needs of the Oregon health care population.

Sincerely,

Jennifer Baker
Regulatory Affairs
Cambia Health Solutions