

# 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



















# 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](mailto: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](mailto: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.

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	

# 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)

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	

# 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](mailto: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

Oregon funding = \$34,076,625

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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503-302-4795

[Joel.J.Payton@Oregon.Gov](mailto:Joel.J.Payton@Oregon.Gov)

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

