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3 **DIVISION 100**
4 **[INDIVIDUAL HEALTH INSURANCE]HEALTH INSURANCE REFORM**
5 **Administrative Streamlining and Simplification**

6 **836-100-0100 (New)**

7 **Authority; Purpose; Scope**

8
9 **(1) OAR 836-100-0100 to 836-100-0120 are adopted by the Director of the Department of**
10 **Consumer and Business Services pursuant to section 2, chapter 130, Oregon Laws 2011**
11 **(Enrolled Senate Bill 94). The purpose of OAR 836-100-0100 to 836-100-0120 is to establish**
12 **the uniform administrative standards that health insurers and health care entities are**
13 **required to comply with under section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill**
14 **94). The uniform standards have been developed by the Office for Oregon Health Policy and**
15 **Research in consultation with stakeholders pursuant to section 3, chapter 130, Oregon Laws**
16 **2011 (Enrolled Senate Bill 94).**

17 **(2) The uniform standards adopted under OAR 836-100-0100 to 836-100-0120 apply to all**
18 **health insurers and health care entities in Oregon as specified in each companion guide.**

19
20 **Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill**
21 **94)**

22 **Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)**

23 **Hist.:**

24
25 **836-100-0105 (New)**

26 **Definitions**

27
28 **(1) "Electronic transaction" means to conduct a transaction:**

29 **(a) Through the use of a computer program or an electronic or other automated means**
30 **independently to initiate an action or respond to electronic records or performances in whole**
31 **or in part, without review or action by an individual; or**

32 **(b) Through the use of a web portal or the internet.**

33 **(2) "Health care entity" includes:**

34 **(a) A health care service contractor as required under ORS 750.055;**

35 **(b) A multiple employer welfare arrangement as required under ORS 750.333;**

36 **(c) A prepaid managed care health services organization as defined in ORS 414.736;**

37 **(d) Any entity licensed as a third party administrator under ORS 744.702;**

38 **(e) Any person or public body that either individually or jointly established a self-insurance**
39 **plan, program or contract, including but not limited to persons and public bodies that are**
40 **otherwise exempt from the Insurance Code under ORS 731.036;**

41 **(f) A health care clearinghouse or other entity that processes or facilitates the processing of**
42 **health care financial and administrative transactions from a nonstandard format to a**
43 **standard format; and**

1 (g) Any other person identified by the department that processes health care financial and
2 administrative transactions between a health care provider and an entity described in this
3 subsection.

4 (3) "Health insurer" means any insurer authorized to transact health insurance in Oregon.

5 (4) "Oregon Companion Guide for Health Care Eligibility Benefit Inquiry and Response" means
6 the document of that name posted on the Oregon Insurance Division's website.

7 (5) "Oregon Companion Guide Oversight Committee" means the committee appointed jointly
8 by the Department of Consumer and Business Services and the Oregon Health Authority to
9 carry out the responsibilities under OAR 836-100-0120.

10 (6) "Provider" means a health care provider that provides health care or medical services
11 within Oregon for a fee and is eligible for reimbursement for these services.

12
13 Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill
14 94)

15 Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)

16 Hist.:

17
18 836-100-0110 (New)

19 Adoption of Standards

20
21 (1) All health insurers and health care entities must conduct eligibility benefit inquiry and
22 response transactions with health care providers as electronic transactions that conform to
23 the uniform standards developed by the Office for Oregon Health Policy and Research
24 pursuant to section 3, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94) as set forth in
25 the Oregon Companion Guide for Health Care Eligibility Benefit Inquiry and Response.

26 (2) The requirements of section (1) of this section apply to transactions with health care
27 providers:

28 (a) On January 1, 2012 for those health care providers that submit the inquiry electronically
29 on the effective date of these rules.

30 (b) On October 1, 2012, for all inquiries from all health care providers.

31
32 Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill
33 94)

34 Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)

35 Hist.:

36
37 836-100-0115 (New)

38 Waiver for Hardship

39
40 (1) Until January 1, 2014, the Director of the Department of Consumer and Business Services
41 may grant a waiver to a health insurer or health care entity subject to OAR 836-100-0110 that
42 demonstrates that the health insurer or health care entity is unable to comply with its
43 provisions, or for whom compliance would be an undue hardship. A health insurer or health
44 care entity requesting a waiver must submit a letter of need to the director. If the health

1 insurer or health care entity requires an extension of the waiver, the health insurer or health
2 care entity may apply to the Director of the Department of Consumer and Business Services
3 for a temporary waiver of some or all of the provisions of the applicable Oregon Companion
4 Guide. The waiver request must:

5 (a) Specify the name of the Oregon Companion Guide for which the waiver is requested;

6 (b) Indicate whether the waiver is for the entire Oregon Companion Guide or for specific
7 provisions in the Oregon Companion Guide for which a waiver is requested.

8 (c) Explain the reasons the health insurer or health care entity is unable to comply or for
9 which compliance would cause undue hardship, including systemic or structural
10 impediments, financial hardship, and any other factors the health insurer or health care
11 entity believes pertinent to the request.

12 (d) Specify the period of time for which the waiver is requested. After January 1, 2014, an
13 insurer or health care entity may not request a waiver for a period longer than twelve
14 months. An insurer or entity may request a waiver for an additional twelve months as
15 previous waivers lapse.

16 (e) Include the insurer's or entity's plan for coming into compliance with the provisions of
17 ORAR 836-100-0110 during the time granted by the waiver.

18 (2) (a) After considering a request for a waiver submitted under section (1) of this rule, and at
19 the director's discretion, the director may grant or deny the request.

20 (b) In considering whether to allow a waiver requested pursuant to section (1) of this rule,
21 the director shall consider the efforts of the health insurer or health care entity to comply
22 with federal requirements contained in Section 1104 of the Patient Protection and Affordable
23 Care Act.

24
25 Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill
26 94)

27 Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)

28 Hist.:

29
30 836-100-0120 (New)

31 Review and Update of Standards

32
33 (1) The Department of Consumer and Business Services and the Oregon Health Authority shall
34 jointly appoint an Oregon Companion Guide Oversight Committee. The members appointed
35 to the committee must demonstrate knowledge of the transactions subject to the Oregon
36 Companion Guides, financial knowledge, operational industry or business expertise, or
37 knowledge of the technology necessary to implement the requirements of the companion
38 guides.

39 (2) The Oregon Companion Guide Oversight Committee shall meet as needed to review the
40 implementation of the administrative standards encompassed by the Oregon Companion
41 Guides. The committee shall address issues identified by the Department of Consumer and
42 Business Services and the Oregon Health Authority, including but not limited to:

- 1 **(a) Consider and make recommendations to Oregon Health Authority and Department of**
2 **Consumer and Business Services about needed changes to the guides in order to keep the**
3 **guide up to date with industry and federal government driven changes.**
4 **(b) Provide reports to Department of Consumer and Business Services and Oregon Health**
5 **Authority regarding health insurer and provider participation, successes and areas for**
6 **improvement.**
7 **(c) Review any proposed changes developed by Oregon Health Authority to the standards or**
8 **companion guides.**
9 **(d) Review any proposed changes developed by Department of Consumer and Business**
10 **Services to the rules requiring compliance with the companion guides.**
11
12 **Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill**
13 **94)**
14 **Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)**
15 **Hist.:**