

DIVISION 100  
HEALTH INSURANCE REFORM  
Administrative Streamlining and Simplification

836-100-0105 (Amended)  
Definitions

(1) "Electronic transaction" means to conduct a transaction:

- (a) Through the use of a computer program or an electronic or other automated means independently to initiate an action or respond to electronic records or performances in whole or in part, without review or action by an individual; or
- (b) Through the use of a web portal or the internet.

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

- [(a)] **(A)** A health care service contractor as required under ORS 750.055;
- [(b)] **(B)** A multiple employer welfare arrangement as required under ORS 750.333;
- [(c)] **(C)** A prepaid managed care health services organization as defined in ORS 414.736;
- [(d)] **(D)** Any entity licensed as a third party administrator under ORS 744.702;
- [(e)] **(E)** Any person or public body that either individually or jointly established a self-insurance plan, program or contract, including but not limited to persons and public bodies that are otherwise exempt from the Insurance Code under ORS 731.036;
- [(f)] **(F)** A health care clearinghouse or other entity that processes or facilitates the processing of health care financial and administrative transactions from a nonstandard format to a standard format; and
- [(g)] **(G)** Any other person identified by the department that processes health care financial and administrative transactions between a health care provider and an entity described in this subsection.

**(b) "Health care entity" does not include a pharmacy or a pharmacy benefits manager.**

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

(4) "Oregon Companion Guide [for Health Care Eligibility Benefit Inquiry and Response]" means **one of the [document of that name] compilations of uniform standards adopted by the Department of Consumer and Business Services and posted on the Oregon Insurance Division's website that provide standards for health care financial and administrative transactions. The following Oregon Companion Guides are applicable to respective transactions with health insurers and health care entities in Oregon:**

**(a) Oregon Companion Guide for the Implementation of the ASC X12N/005010X279 Health Care Eligibility Benefit Inquiry and Response (270/271).**

**(b) The Oregon Companion Guide for the Implementation of the EDI Transaction: ASC X12/005010X222 Health Care Claim: Professional (837).**

**(c) The Oregon Companion Guide for the Implementation of the EDI Transaction: ASC X12/005010X223 Health Care Claim: Institutional (837).**

**(d) The Oregon Companion Guide for the Implementation of the EDI Transaction: ASC X12/005010X224 Health Care Claim: Dental (837).**

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

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

6  
7 Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)  
8 Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)  
9 Hist.:

10  
11 836-100-0110 (Amended)  
12 Adoption of Standards

13  
14 (1) All health insurers and health care entities must conduct eligibility benefit inquiry and  
15 response transactions with health care providers as electronic transactions that conform to the  
16 uniform standards developed by the Office for Oregon Health Policy and Research pursuant to  
17 section 3, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94) as set forth in the Oregon  
18 Companion Guide for Health Care Eligibility Benefit Inquiry and Response [.

19 *[(2) The requirements of section (1) of this section apply to transactions with health care  
20 providers] in accordance with the following schedule:*

21 (a) On **and after** January 1, 2012 for those health care providers that submit the inquiry  
22 electronically on the effective date of these rules.

23 (b) On **and after** October 1, 2012, for all inquiries from all health care providers.

24 **(2) All health insurers and health care entities must conduct claims or encounter transactions**  
25 **with health care providers in conformance with the uniform standards developed by the**  
26 **Office for Oregon Health Policy and Research pursuant to section 3, chapter 130, Oregon Laws**  
27 **2011 (Enrolled Senate Bill 94) as set forth in the Oregon Companion Guide for Health Care**  
28 **Claim: Professional, Oregon Companion Guide for Health Care Claim: Institutional and**  
29 **Oregon Companion Guide for Health Care Claim: Dental in accordance with the following**  
30 **schedule:**

31 **(a) On and after October 1, 2012 for those health care providers that conduct claims or**  
32 **encounter transactions electronically on the effective date of these rules.**

33 **(b) On and after January 1, 2013, all claims or encounter transactions with all health care**  
34 **providers must be conducted electronically.**

35  
36 Stat. Auth.: ORS 731.244 and Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)  
37 Stats. Implemented: Section 2, chapter 130, Oregon Laws 2011 (Enrolled Senate Bill 94)  
38 Hist.:

39  
40 836-100-0115 (Amended)  
41 Waiver [*for Hardship*]

42  
43 **(1) If a health insurer or health care entity demonstrates that the insurer or entity is certified**  
44 **by the Council for Affordable Quality Healthcare's (CAQH) Committee on Operating Rules for**

1 **Information Exchange (CORE), the Director of the Department of Consumer and Business**  
2 **Services shall grant a waiver from the requirement to comply with the Oregon Companion**  
3 **Guide. A health insurer or health care entity granted a waiver under this subsection shall be**  
4 **deemed in compliance with the standards of the applicable Oregon Companion Guide.**

5 **(2)** Until January 1, 2014, the Director of the Department of Consumer and Business Services  
6 may grant a waiver to a health insurer or health care entity subject to OAR 836-100-0110 that  
7 demonstrates that the health insurer or health care entity is unable to comply with its  
8 provisions, or for whom compliance would be an undue hardship. A health insurer or health  
9 care entity requesting a waiver must submit a letter of need to the director. If the health  
10 insurer or health care entity requires an extension of the waiver, the health insurer or health  
11 care entity may apply to the Director of the Department of Consumer and Business Services for  
12 a temporary waiver of some or all of the provisions of the applicable Oregon Companion Guide.  
13 The waiver request must:

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

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

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

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

25 (e) Include the insurer's or entity's plan for coming into compliance with the provisions of OAR  
26 836-100-0110 during the time granted by the waiver.

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

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

33 **(3) Information and standards related to CORE certification are located at the CAQH website:**  
34 **<http://www.caqh.org/benefits.php>**

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

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

38 Hist.:

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