Senate Bill 608

Sponsored by Senator ROBLAN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Requires Department of Consumer and Business Services to adopt form and standards for enrollee to claim reimbursement of out-of-network provider charges paid by enrollee. Requires insurer, within 30 days of receipt, to pay claim for covered services made by enrollee on form adopted by department.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to claims for health insurance reimbursement; creating new provisions; amending ORS 743.061; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 743.061 is amended to read:

743.061. (1) The Department of Consumer and Business Services may adopt by rule uniform standards applicable to persons listed in subsection (2) of this section for health care financial and administrative transactions, including uniform standards for:

(a) Eligibility inquiry and response;

(b) Claim submission;

(c) Payment remittance advice;

(d) Claims payment or electronic funds transfer;

(e) Claims status inquiry and response;

(f) Claims attachments;

(g) Prior authorization;

(h) Provider credentialing; or

(i) Health care financial and administrative transactions identified by the stakeholder work group described in ORS 743.062.

(2) Any uniform standards adopted under subsection (1) of this section apply to:

(a) Health insurers.

(b) Prepaid managed care health services organizations as defined in ORS 414.736.

(c) Third party administrators.

(d) Any person or public body that either individually or jointly establishes 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.

(e) Health care clearinghouses or other entities that process or facilitate the processing of health care financial and administrative transactions from a nonstandard format to a standard format.

(f) 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.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

(3) The department shall adopt by rule a form and uniform standards for an enrollee in a health benefit plan to submit a claim to the insurer offering the health benefit plan to request reimbursement for the billed charges of an out-of-network provider that were paid by the enrollee for services covered by the health benefit plan. The form shall require a narrative description of or a recognized standard procedure code for the services.

[*(3)*] **(4)** In developing or updating any uniform standards adopted under [*subsection (1)*] **subsection (1) or (2)** of this section, the department shall consider recommendations from the Oregon Health Authority under ORS 743.062.

SECTION 2. Section 3 of this 2013 Act is added to and made a part of the Insurance Code.

SECTION 3. (1) As used in this section, "health benefit plan" has the meaning given that term in ORS 743.730.

(2) An insurer offering a health benefit plan shall pay a claim for covered services not later than 30 days after the date on which the insurer receives the claim if:

(a) An enrollee submits to the insurer a claim requesting the reimbursement of an out-of-network provider's billed charges that were paid by the enrollee for covered services; and

(b) The claim is submitted on the form and in compliance with the standards adopted by the Department of Consumer and Business Services under ORS 743.061 (3).

(3) An insurer may not prohibit an enrollee in a health benefit plan from submitting a claim directly to the insurer in accordance with this section.

(4) This section does not require an insurer to reimburse an enrollee an amount that exceeds the insurer's allowable charge for the service minus any applicable copayment or coinsurance.

SECTION 4. Section 3 of this 2013 Act applies to policies and certificates issued or renewed on or after the effective date of the rule adopted by the Department of Consumer and Business Services that prescribes the form of a claim under ORS 743.061 (3).

SECTION 5. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.