

Enrolled
Senate Bill 523

Sponsored by Senators STEINER HAYWARD, KRUSE; Senators BATES, KNOPP, Representatives BUEHLER, HOLVEY, KENY-GUYER, LIVELY, OLSON, WEIDNER

CHAPTER

AN ACT

Relating to obligations of insurers offering qualified health plans through a health insurance exchange.

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

SECTION 1. Sections 2 and 3 of this 2015 Act are added to and made a part of the Insurance Code.

SECTION 2. (1) As used in sections 2 and 3 of this 2015 Act:

(a) "Enrollee" means a person who is:

- (A) Enrolled in a qualified health plan purchased through the health insurance exchange;
- (B) Responsible for paying the premium on the qualified health plan and has paid at least one premium; and

(C) Receiving an advance payment of the premium tax credit under section 36B of the Internal Revenue Code.

(b) "Grace period" means the period of three consecutive months during which an enrollee's coverage continues under a qualified health plan without the payment of premiums.

(c) "Health insurance exchange" has the meaning given that term in ORS 741.300.

(d) "Qualified health plan" means a plan that is certified as a qualified health plan in accordance with ORS 741.310.

(2) If an enrollee fails to pay a premium for a qualified health plan, the insurer shall notify any health care provider that the enrollee is in a grace period if the provider requests information from the insurer regarding the eligibility, coverage or benefits of the insureds under the enrollee's plan.

(3) If an insurer terminates the coverage of an enrollee based on the nonpayment of premiums during a grace period, the insurer shall pay a claim for reimbursement by a health care provider of a service performed during the grace period if:

(a) The insurer fails to notify the health care provider as required by subsection (2) of this section;

(b) The service is covered by the enrollee's plan; and

(c) The health care provider requests the information described in subsection (2) of this section not more than seven business days before providing the service and the insurer provides the information to the health care provider no later than two business days after the date of the provider's request.

(4) The requirements of this section may not be waived by agreement, and any provision of a contract entered into on or after the effective date of this 2015 Act that purports to waive the requirements of this section or that conflicts with the requirements of this section is null and void.

SECTION 3. Upon receipt of any inquiry from a health care provider regarding the eligibility, coverage or benefits of an insured under an enrollee’s plan, an insurer shall notify the health care provider, in the manner prescribed by the insurer, that the coverage is provided through a qualified health plan.

SECTION 4. The Department of Consumer and Business Services shall produce written materials containing information for consumers about the requirements for paying the premiums for qualified health plans. The department shall distribute the materials to health care providers upon request.

Passed by Senate April 29, 2015

Received by Governor:

Repassed by Senate June 16, 2015

.....M.,....., 2015

Approved:

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Lori L. Brocker, Secretary of Senate

.....M.,....., 2015

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Peter Courtney, President of Senate

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Kate Brown, Governor

Passed by House June 11, 2015

Filed in Office of Secretary of State:

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Tina Kotek, Speaker of House

.....M.,....., 2015

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Jeanne P. Atkins, Secretary of State