

HB 2391-7 Section-by-Section Summary

Section	ORS	Summary	Operative Date
Health Insurance Premium and Managed Care Assessment			
1	NEW	Adds sections 2-8 to Insurance Code	91 days after Sine Die
2	NEW	Establishes Health System Fund; funds used by DCBS to: - administer the Oregon Reinsurance Program - transfer to OHA to: (a) provide medical assistance; (b) provide grants to community health centers and safety net clinics; (c) pay assessment refunds to CCOs; and (d) pay OHA administrative costs	91 days after Sine Die
3	NEW	PEBB Assessment - 1.5% on gross amount of premium equivalents associated with claims received during calendar quarter <u>DEFINITIONS</u> - "insured" - "premium equivalent"	
		Incorrect payments; contested case rights	1/1/18
4	NEW	PEBB assessment effective dates - 1/1/18 through 12/31/19	1/1/18
5	NEW	Insurer Assessment - 1.5% of the gross amount of premiums earned by the insurer during the calendar quarter (limited to Oregon plans or Oregon insureds) <u>DEFINITIONS</u> - "gross amount of premiums" - "health benefit plan"	1/1/18
6	NEW	Late assessment payment penalty (up to \$500/day)	1/1/18
7	NEW	Incorrect assessment payments; contested case hearings	1/1/18
8	NEW	(1) Insurer Assessment effective dates - beginning January 1, 2018 for 8 calendar quarters. (2) Insurer premiums - allows insurers to increase premiums by 1.5% on plans subject to assessment	1/1/18
9	NEW	Managed Care Assessment - 1.5% of the gross amount of premium equivalents received during calendar quarter <u>DEFINITIONS</u> - "managed care organization" - "premium equivalent"	1/1/18
10	NEW	Late assessment payment penalty (up to \$500/day)	1/1/18
11	NEW	MCO Assessment payment refunds; contested case hearings	1/1/18
12	NEW	MCO Assessment effective dates - 1/1/18 through 12/31/2019	1/1/18
13	731.292	Assessments and penalties received by DCBS go to Health System Fund, not DCBS Fund	1/1/18
14	731.840	Adds Insurer Assessment to exemptions from retaliatory and corporate excise taxes on foreign or alien insurers	1/1/18
15	291.055	Adds PEBB and Insurer Assessments to exemption from state agency fee approval process (*w/ OMIP pre 7/1)	1/1/18
16	291.055	Adds PEBB and Insurer Assessments to exemption from state agency fee approval process (*post-OMIP sunset 7/1)	1/1/18
Oregon Reinsurance Program			
17	NEW	Adds Sections 18-21 to Insurance Code	91 days after Sine Die
18	NEW	Establishes Oregon Reinsurance Program <u>DEFINITIONS</u> - "attachment point" - "coinsurance rate" - "health benefit plan" - "reinsurance cap" - "reinsurance eligible health benefit plan" - "reinsurance eligible individual"	Later of 1/1/18 OR HHS approval of 1332 Waiver
19	NEW	Authorizes DCBS to set by rule the criteria for qualifying for the Oregon Reinsurance Program; limits DCBS authority to change attachment points, reinsurance caps and coinsurance rates during benefit year	Later of 1/1/18 OR HHS approval of 1332 Waiver
20	NEW	Insurer reporting re: reinsurance eligible individuals	Later of 1/1/18 OR HHS approval of 1332 Waiver
21	NEW	Rate filings - must include impact of reinsurance payments on projected claims costs	Later of 1/1/18 OR HHS approval of 1332 Waiver
22	NEW	Tax exemption for Oregon Reinsurance Program	Later of 1/1/18 OR HHS approval of 1332 Waiver
23	731.509	Allows credits for reinsurance ceded to the Oregon Reinsurance Program	Later of 1/1/18 OR HHS approval of 1332 Waiver

24	§ 2, CH. 26, OR Laws 2016 (HB 4017)	DCBS authority to apply for waiver for Oregon Reinsurance Program	Later of 1/1/18 OR HHS approval of 1332 Waiver
25	731.509	Sunset of credit allowance for reinsurance ceded to the Oregon Reinsurance Program in Section 23	1/2/24
Hospital Assessment			
26	*Amends HB 2747 (2003)	DEFINITIONS - "hospital" - cleans-up definitions; exempts OHSU from the tax	Later of 1/1/18 OR CMS approval date
27	*Amends HB 2747 (2003)	Adds 0.7% assessment on net revenue of hospitals other than type A/B; establishes assessment maximums	91 days after Sine Die
28	*Amends HB 2747 (2003)	Allows OHA Director to impose lower rate for type A/B hospitals based on financial position; changes due date of payments to 45 days after calendar quarter	Later of 1/1/18 OR CMS approval date
29	*Amends HB 2747 (2003)	No change (section to be removed)	7/1/18
30	*Amends HB 2747 (2003)	Sunsets the additional 0.7% assessment	1/1/20
31	*Amends HB 2747 (2003)	Discontinuation of HTPP technical clean up - reduction of assessment rates provision	7/1/18
32	*Amends HB 2747 (2003)	Technical clean up - late payment penalties	91 days after Sine Die
33	*Amends HB 2747 (2003)	Discontinuation of HTPP technical clean up - OHA authority to audit hospital records	7/1/18
34	*Amends HB 2747 (2003)	Technical clean up / conforming amendments	91 days after Sine Die
35	*Amends HB 2747 (2003)	Allows OHA to make enhanced reimbursements to type A/B hospitals as part of rural hospital assessment program	Later of 1/1/18 OR CMS approval date
36	*Amends HB 2747 (2003)	Discontinuation of HTPP - removes authorization for HTPP payments	7/1/18
36a	*Amends HB 2747 (2003)	Conforming amendment	1/1/20
37	*Amends HB 2747 (2003)	Discontinuation of HTPP conforming amendment	7/1/2018 if CMS does not approve rurals/OHSU programs
37a	*Amends HB 2747 (2003)	Extends hospital assessment 2 years (current sunset of Sept. 30, 2019 is extended to Sept 30, 2021)	91 days after Sine Die
38	*Amends HB 2747 (2003)	Discontinuation of HTPP (repeals program); conforming amendment on four year sunset	91 days after Sine Die
39	*Amends HB 2747 (2003)	Conforming amendmetn on four year sunset	91 days after Sine Die
40	*Amends HB 2747 (2003)	Conforming amendmetn on four year sunset	91 days after Sine Die
41	NEW	OHA shall ensure OHSU is reimbursed for at least 84%, but not more than 100%, of costs in providing services paid for, in whole or part, with Medicaid funds. Defines "net reimbursement"	Later of 1/1/18 OR CMS approval date
Funding			
42	NEW	Transfers to Health System Fund: - excess balance of Health Insurance Exchange Fund (amount in excess of six month expenditures) - unexpended balance of Oregon Medical Insurance Pool Account	91 days after Sine Die
Operative Dates, Effective Dates, Repeals and Technical Adjustments			
43	NEW	Health System Fund and PEBB, Insurer and MCO Assessments operative on 1/1/18	
44	NEW	Impact of CMS approval/denial of assessment on type A/B hospitals and OHSU exemption	
45	NEW	Impact of HHS approval of 1332 Waiver for Reinsurance Program	
46	NEW	Sunset of credit allowance for reinsurance ceded to the Oregon Reinsurance Program operative 1/2/24 (Section 25)	
47	NEW	Repeals repeal of HTPP in SB 440 (2015) (conforming amendment)	
48	NEW	Repeals Oregon Reinsurance Program 1/2/24	
49	NEW	DCBS authority to action before operative date	
50	NEW	Unit captions do not become part of statutory law	
51	NEW	Act takes effective on 91st day after sine die	