

Comments for the Task Force on Universal Health Care
from Charlie Swanson (president of Health Care for All-Oregon-Action).

The comments below relate to both the Provider Reimbursement TAG and the Eligibility, Benefits, and Affordability TAG of the Task Force on Universal Health Care. Specifically, they relate to services provided to those who are not eligible for benefits in the state plan – primarily visitors to Oregon.

When a visitor to Oregon gets health care services in Oregon, it seems it may be good to have procedures set up with the following notions in mind:

- Billing for those services should be administratively simple for providers
- Emergency services provided should result in guaranteed payment by the state. The state should have responsibility for getting reimbursed from the patient or their insurer, but the provider should be paid promptly whether or not the state is reimbursed. To the extent that is reasonable, the provider should be responsible for providing appropriate information to the state to facilitate reimbursement.
- For non-emergency services, it may still be useful for the state to be involved in billing and collection of payment from the patient or their insurer. If a provider chooses not to bill the patient/insurer directly, but rather submit the bill to the state, the understanding is that the provider will be reimbursed only if the state is reimbursed, and the state may retain an appropriate processing fee.

Thank you for considering these suggestions.