STANOTORY MINOR CORRECTION

HMP 4-2017
CHAPTER 945
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
HEALTH INSURANCE MARKETPLACE

FILING CAPTION: Minor correction for rule references in 945-060-0020

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AGENCY ATTESTS THE FOLLOWING CHANGES HAVE BEEN MADE, ACCORDING TO ORS 183.335(7):

Correcting statutory or rule references

AMEND: 945-060-0020

RULE TITLE: Review and, Approval of COFA Premium Assistance Program Application by the Department; Waiting List

RULE SUMMARY: This filing corrects rule references with incorrect divisions in 945-060-0020. When the rules in chapter 945, division 60 were originally adopted, the original intention was to use division 050. There were conflicts with previously repealed rules in division 050, so the division was changed to 060, but some of the references in the draft were not updated to reflect this. This filing will change the OAR references from 945-050 to 945-060.

RULE TEXT:
The department shall:
(1) Review and process applications in the order they are received;
(2) Provide language assistance services for purposes of completing and submitting the application to the department to COFA applicants with limited English proficiency as defined in ORS 413.550.
(3) Within three business days of receipt of an incomplete application:
   (a) Notify the COFA applicant that the application is incomplete;
   (b) Provide instructions to the COFA applicant on how to complete the application; and
   (c) Notify the COFA applicant of the date, consistent with the timeline established in OAR 945-060-0015(2), by which the application must be completed and postmarked, or if not mailed, received by the department.
(4) Waitlist a COFA applicant who submits an application if enrollment in the program reaches a level at which the department reasonably determines that the COFA Premium Assistance Program Fund will be insufficient to pay the premium costs or out-of-pocket costs for the COFA applicant or one or more existing program participants during the entirety of the applicable plan year;
(5) Within five business days of receipt of a complete application:
   (a) Approve or hold the application;
   (b) Notify the COFA applicant of the approval or holding of the application; and
   (c) If the application is held, notify the COFA applicant of the:
      (A) Reason for holding the application; and
      (B) COFA applicant’s appeal rights under OAR 945-060-0040;
(d) Waitlist a COFA applicant if required by paragraph (4) of this rule; or
(e) If a COFA applicant is waitlisted, notify the COFA applicant of the:
   (A) Reason the COFA applicant was waitlisted;
   (B) COFA applicant's position on the waiting list and
   (C) COFA applicant's appeal rights under OAR 945-060-0040.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94
STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94
AMEND: 945-060-0025

RULE TITLE: Requirements for Continued Eligibility for COFA Premium Assistance; Disenrollment from Program

RULE SUMMARY: This filing corrects a rule reference with an incorrect division in 945-060-0025. When the rules in chapter 945, division 60 were adopted, the original intent was to use division 050. There were conflicts with previously repealed rules in division 050, so the division was changed to 060, but some of the references within the text were not updated to reflect this. This filing will change the OAR reference from 945-050 to 945-060.

RULE TEXT:

(1) A COFA program participant shall:

(a) Comply with procedural or documentation requirements established by the department in accordance with Oregon Laws 2016, Chapter 94, Section 3(4)(c);

(b) Satisfy a request from the department within the time established by the department for information necessary to verify the participant’s continued eligibility for the program; and

(c) Notify the department in writing within 15 calendar days of a change:

(A) Of address or telephone number;

(B) In eligibility for:

(i) Coverage under, or eligibility for, the qualified health plan eligible for reimbursement;

(ii) The COFA Premium Assistance Program;

(iii) Minimum essential coverage; or

(iv) Medicaid.

(C) In the monthly premium costs or the payment amount of the advance premium tax credit; or

(D) In the COFA applicant’s household size or income that affects eligibility for the qualified health plan described in OAR 945-060-0005

(2) In addition to the bases for disenrollment set out in Oregon Laws 2016, Chapter 94, Section 3(3), the department may disenroll a participant from the program if the participant fails, without good cause, to satisfy a requirement of paragraph (1) of this rule;

(3) The department:
(a) Shall establish the effective date of disenrollment for a reason specified in paragraph 2 of this rule;
(b) May choose not to pay a program participant’s qualified health plan premium costs or reimburse a program participant’s out-of-pocket costs incurred after the effective date of disenrollment; and
(c) May seek reimbursement of monies expended from the COFA Premium Assistance Program Fund for premium costs or out-of-pocket costs incurred after the effective date described in paragraph (a) of this subsection.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94
STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94
STATUTORY MINOR CORRECTION

HMP 7-2017
CHAPTER 945
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
HEALTH INSURANCE MARKETPLACE

FILING CAPTION: Minor correction to rule references in 945-060-0015

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AGENCY ATTESTS THE FOLLOWING CHANGES HAVE BEEN MADE, ACCORDING TO ORS 183.335(7):
Correcting statutory or rule references

AMEND: 945-060-0015

RULE TITLE: Application for the COFA Premium Assistance Program

RULE SUMMARY: This filing corrects rule references with incorrect divisions in 945-060-0015. When the rules in chapter 945, division 60 were adopted, the original intent was to use division 050. There were conflicts with previously repealed rules in division 050, so the division was changed to 060, but some of the references in the text were not updated to reflect this. This filing will change the OAR references from 945-050 to 945-060.

RULE TEXT:
An individual applying for the COFA premium assistance program shall:
(1) Submit to the department a completed version of the application form set forth on the website for the Department of Consumer and Business Services at www.oregonhealthcare.gov within the timeframe prescribed by the department;
(2) Complete an incomplete application and submit it to the department no later than the fifth business day after the COFA applicant receives the notice described in OAR 945-060-0020(3). There is a rebuttable presumption that a COFA applicant receives a mailed notice on the third business day after mailing; and
(3) Authorize the department to obtain any and all information from a third party, including the individual's health insurer and health care provider, necessary for the department to verify the individual's eligibility for the program, continuing eligibility for the program, eligibility for reimbursement under the program, or premium assistance under the program.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94
STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94
FILING CAPTION: Minor correction to rule reference in 945-060-0040

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AGENCY ATTESTS THE FOLLOWING CHANGES HAVE BEEN MADE, ACCORDING TO ORS 183.335(7):

Correcting statutory or rule references

AMEND: 945-060-0040

RULE TITLE: COFA Premium Assistance Program Participant Appeal Rights

RULE SUMMARY: This filing corrects a rule reference with an incorrect division in 945-060-0040. When the rules in chapter 945, division 60 were adopted, the original intent was to use division 050. There were conflicts with previously repealed rules in division 050, so the division was changed to 060, but some of the references within the text were not updated to reflect this. This filing will change the OAR reference from 945-050 to 945-060.

RULE TEXT:

1) A COFA applicant or program participant may appeal an adverse decision by the department concerning the:
   a) Disenrollment of the participant from the program;
   b) Placement of a COFA applicant on a waiting list pursuant to OAR 945-060-0020(4); or
   c) Payment or reimbursement of qualified health plan premiums or payment or reimbursement of out-of-pocket costs.

2) To appeal a decision described in paragraph (1) of this rule, a COFA applicant or program participant must submit a request in writing for a contested case hearing that explains the matter being appealed and states the bases for appeal.

3) The request for appeal must be postmarked if mailed, or if not mailed, received by the department at the address specified in the notice of appeal, within ten business days of the date of the notice of the right to appeal.

4) A hearing conducted pursuant to this rule, shall be conducted as a contested case as defined in ORS 183.310.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94
STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94