

Division 60 (NEW)

COFA Premium Assistance Program

945-060-0000 Definitions (NEW)

The following definitions apply to Division 50 of this Chapter for purposes of administering the COFA Program:

- (1) “COFA applicant” means an individual submitting a COFA application.
- (2) “COFA application” means the application for the COFA Premium Assistance Program established by Oregon Laws 2016, Chapter 94, Section 3.
- (3) “Coverage provided by the plan” as used in Oregon Laws 2016, Chapter 94, Section 3(2), means, for purposes of a prescription drug, the maximum out-of-pocket costs for a generic form of the drug prescribed when a generic form is available.
- (4) “Participant” or “program participant” means a COFA applicant who has been accepted into the COFA Premium Assistance Program established by Oregon Laws 2016, Chapter 94, Section 3..
- (5) “Program” means the COFA Premium Assistance Program established by Oregon Laws 2016, Chapter 94, Section 3.

945-060-0005 Eligible Qualified Health Plan (NEW)

Pursuant to Oregon Laws 2016, Chapter 94, Section 3(4)(b), a qualified health plan eligible for reimbursement under the program is the standard version of the qualified health plan described in [45 CFR 156.420\(a\)\(1\)](#) offered by each qualified health plan issuer offering qualified health plans in Oregon through the federally facilitated marketplace as set out on the department’s website.

945-060-0010 Enrollment in a Qualified Health Plan (NEW)

A COFA applicant “[e]nrolls in a qualified health plan” as used in Oregon Laws 2016, Chapter 94, Section 3(1)(c) if the applicant:

- (1) Submits a complete application described in [45 CFR 155.405](#) to the relevant federal authority;
- (2) Selects a qualified health plan described in [45 CFR 156.420\(a\)\(1\)](#);
- (3) Is eligible for coverage under the qualified health plan and reasonably expects

to remain eligible for the entirety of the applicable plan year;

(4) Is issued coverage under the qualified health plan; and

(5) Elects to apply the maximum premium assistance amount described in [26 USC 36B\(b\)\(2\)](#) to the qualified health plan monthly premium.

945-060-0015 Application for the COFA Premium Assistance Program (NEW)

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 945-050-0020(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.

945-060-0020 Review and, Approval of COFA Premium Assistance Program Application by the Department; Waiting List (NEW)

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 945-050-0015(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 945-050-0040;

(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 945-050-0040.

945-060-0025 Requirements for Continued Eligibility for COFA Premium Assistance; Disenrollment from Program (NEW)

(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 945-050-0005

(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.

**945-060-0030 Payment of Qualified Health Plan Premiums and Out-of-Pocket Costs
(NEW)**

(1) The department shall pay qualified health plan premium costs only to the issuer of a qualified health plan unless the department determines good cause exists to directly reimburse a program participant for premium costs; and

(2) The department may cease payment of qualified health plan premium costs or payment of, or reimbursement for, out-of-pocket costs incurred after the following:

(a) The COFA Premium Assistance Program Fund becomes insufficient to cover the payment or reimbursement;

(b) The department cannot verify the address or residency of the participant after reasonable attempt;

(c) The participant fails to comply with the requirements of OAR 945-050-0025(1);

(d) The participant is disenrolled pursuant to OAR 945-050-0025(2);;

(e) The participant becomes ineligible for the program;

(f) The participant becomes ineligible for the qualified health plan described in OAR 945-050-0005;

(g) The participant becomes eligible for:

(A) Medicaid; or

(B) Minimum essential coverage.

(3) A COFA participant may request reimbursement for out-of-pocket costs:

(a) When the participant's expenditures total \$50 or more; or

(b) No sooner than the last day of a month in which a participant's out-of-pocket costs do not total \$50 or more,

(4) If the department reimburses a participant for out-of-pocket costs for a claim that is subsequently denied by a qualified health plan, the department may:

(a) Withhold future payments to the participant until such payments equal the amount of the reimbursement; or

(b) Use all legal means available to collect from the participant the amount of the reimbursement if withholdings from future payments do not equal the amount of the reimbursement.

945-060-0035 Streamlined Application for Renewal of Participation in the COFA Premium Assistance Program (NEW)

(1) The department may establish a streamlined application for program participants to reapply for the program in an immediately successive plan year.

(2) If the department establishes the streamlined application described in paragraph (1) of this rule, a participant reapplying for participation in the COFA premium assistance program for an immediate successive plan year shall submit to the department a completed streamlined application in a form, manner, and time prescribed by the department.

(3) Streamlined applications are subject to the standards set out in OAR 945-050-0015(2) and OAR 945-050-0020.

945-060-0040 COFA Premium Assistance Program Participant Appeal Rights (NEW)

(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 945-050-0020(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.