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CHAPTER 945
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
HEALTH INSURANCE MARKETPLACE

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FILING CAPTION: Payment of COFA Premium Assistance Program Claims and Establishing Effective Date of COFA Program Membership

EFFECTIVE DATE: 04/30/2018

AGENCY APPROVED DATE: 04/27/2018

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RULES:

945-060-0000, 945-060-0020, 945-060-0030

AMEND: 945-060-0000

REPEAL: Temporary 945-060-0000 from HMP 10-2017

RULE TITLE: Definitions

NOTICE FILED DATE: 03/09/2018

RULE SUMMARY: The amended rule refines an existing definition of a program participant, and adds definition for "explanation of benefits" to rules in 945-060. These changes accompany the amendments to 945-060-0030 that more clearly define the parameters and timelines for payment of reimbursement claims to participants in the COFA Premium Assistance Program.

RULE TEXT:

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) "COFA participant," "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.
- (4) "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.
- (5) "Explanation of benefits" means a written statement from a participant's qualified health plan issuer that lists medical services provided to the participant, benefits paid by the participant's qualified health plan issuer, and out-of-pocket costs owed by the participant.
- (6) "Program" means the COFA Premium Assistance Program established by Oregon Laws 2016, Chapter 94, Section 3.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94

STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94

AMEND: 945-060-0020

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

NOTICE FILED DATE: 03/09/2018

RULE SUMMARY: The amendment to OAR 945-060-0020 establishes the effective date of an eligible COFA applicant's sponsorship in the COFA premium assistance program. In general, under the amended rule, a COFA applicant who submits a complete application an effective COFA program sponsorship date of the first of the month following the submission of the application if the application was received by DCBS by the 15th of the month. If DCBS receives a completed application after the 15th of the month, the member's sponsorship effective date is the first of the second month following receipt of the application.

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.
- (6) Enroll an applicant in the COFA Program effective:
 - (a) On the first of the month following submission of a complete application if the application is received on or before the fifteenth of the month in which the application was submitted; and
 - (b) On the first of the second month following the submission of a complete application if the application is received after the fifteenth of the month in which the application was submitted.
- (7) Notwithstanding Paragraph (6) of this rule, enroll an applicant in the COFA Program effective:
 - (a) On the first of the month following the month of the submission of the application if:
 - (A) The application is complete and is received during the individual's birth month; and
 - (B) The applicant turns 19 years of age after the fifteenth of the month of the submission of the application or the applicant is covered by the Oregon Health Plan after the 15th of the month of the submission of the application; or
 - (C) The applicant is eligible for a special enrollment, but verification of the special enrollment is delayed beyond the fifteenth of the month due to action or inaction by the Centers for Medicare and Medicaid Services.

(b) On the first of the second month following the month of the submission of the application if:

(A) The application is complete and is received by the Marketplace after the fifteenth of the month in which the application was submitted; and

(B) The applicant is eligible for a special enrollment, but verification of the special enrollment is delayed beyond the last day of the month of the submission of the application due to action or inaction by the Centers for Medicare and Medicaid Services.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94

STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94

AMEND: 945-060-0030

REPEAL: Temporary 945-060-0030 from HMP 10-2017

RULE TITLE: Payment of Qualified Health Plan Premiums and Out-of-Pocket Costs

NOTICE FILED DATE: 03/09/2018

RULE SUMMARY: The amendments to 945-060-0030 clarify the process for payment of reimbursement claims made by a participant in the COFA Premium Assistance Program. These include the documentation required for reimbursement approval, conditions for denial of a reimbursement, timeframes for the department to reimburse a participant, and the time limit for submission of reimbursement claims by a participant.

RULE TEXT:

(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 deny 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 945-060-0025(1);

(d) The participant is disenrolled pursuant to OAR 945-060-0025(2);

(e) The participant becomes ineligible for the program;

(f) The participant becomes ineligible for the qualified health plan described in OAR 945-060-0005;

(g) The participant becomes eligible for:

(A) Medicaid; or

(B) Minimum essential coverage; or

(h) The participant fails to submit a valid claim for reimbursement of out-of-pocket costs pursuant to paragraph (3) of this rule.

(3) The department shall reimburse a COFA participant for out-of-pocket costs when a participant requests reimbursement and:

(a) The participant's expenditures for out-of-pocket costs total \$50 or more; or

(b) The participant's expenditures for out-of-pocket costs do not total \$50 or more by the last day of any given month, and

(c) The participant provides to the department no later than April 30 of the year following the year in which the out-of-pocket costs were incurred:

(A) A valid explanation of benefits; and

(B) A valid receipt establishing that the out-of-pocket costs were paid.

(4) If the department reimburses a participant for out-of-pocket costs for a claim that is subsequently denied by a qualified health plan issuer or is invalid for any other reason, 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.

STATUTORY/OTHER AUTHORITY: OL 2016, Ch. 94

STATUTES/OTHER IMPLEMENTED: OL 2016, Ch. 94