

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form..

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rule(s) adopted on June 26, 2008
by the

DCBS – OMIP		Date prior to or same as filing date 443
Agency and Division		Administrative Rules Chapter Number
Linnea Saris	250 Church Street, Salem, OR 97301	503-378-5672
Rules Coordinator	Address	Telephone

to become effective July 1, 2008 through December 27, 2008.
Date upon filing or later A maximum of 180 days including the effective date.

RULE CAPTION

Updates and amends definition of creditable coverage. Also creates definition of resident and substantially equivalent benefits
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

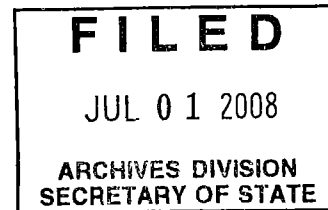
List each rule number separately, 000-000-0000.

Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

ADOPT: N/A

AMEND: 443-002-0010

SUSPEND: N/A



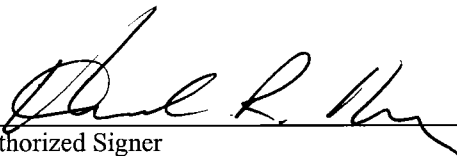
Stat. Auth.: ORS 735.600, 735.605, 735.610, 735.625

Other Auth.: OMIP Board

Stats. Implemented: ORS 735.605

RULE SUMMARY

Updates and amends definition of creditable coverage to be in accordance with federal law. Also creates definition of "resident" and "substantially equivalent benefits or coverage" as referenced in statute.

	Howard "Rocky" King	July 1, 2008
Authorized Signer	Printed name	Date

*With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. ARC 940-2005

OMIP 5-2008(TEMP)

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

DCBS – OMIP

443

Agency and Division

Administrative Rules Chapter Number

In the Matter of: OAR 443-002-0010

Updates and amends the definition of creditable coverage. Also creates definition of resident and substantially equivalent benefits or coverage.

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

Statutory Authority: ORS 735.600, 735.605, 735.610, 735.625

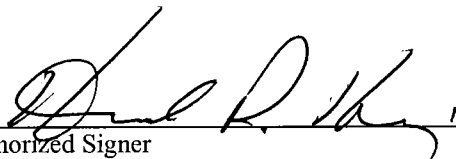
Other Authority: OMIP Board

Stats. Implemented: ORS 735.605

Need for the Temporary Rule(s): Updates and amends the definition of creditable coverage in accordance with federal law. Also creates definition of resident and substantially equivalent benefits or coverage.

Documents Relied Upon, and where they are available: 42 U.S.C. 300gg

Justification of Temporary Rule(s): The current definition of creditable coverage does not read in accordance with federal law. OMIP is adding a definition of resident because it is referred to in statute but not defined, in addition substantially equivalent benefits or coverage is also referred to in statute but is not defined. By establishing a definition in rule supports current administrative procedures.



Howard "Rocky" King

July 1, 2008

Authorized Signer

Printed name

Date

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DIVISION 2

OREGON MEDICAL INSURANCE POOL

443-002-0010

Definitions

(1) "Administering Insurer" means the insurance company or third party administrator selected pursuant to ORS 735.620 to provide administrative services to operate OMIP on behalf of the OMIP Board.

(2) "Appeal" means a request to have an adverse grievance decision reviewed.

(3) "Applicant" means a person who is applying for OMIP coverage.

(4) "Benefit Enrollment Year" means a year beginning on the enrollee's effective date of OMIP coverage.

(5) "Calendar Year" means January 1st through December 31st each year.

(6) "Carrier" means an insurance company, a health maintenance organization or health care service contractor that has a valid certificate of authority from the Director of the Department of Consumer and Business Services that authorizes the transaction of health insurance.

(7) "Certificate of Coverage (COC)" means a certificate that is provided by an insurance carrier as proof of prior insurance coverage.

(8) "Children" means the applicant's natural or legally adopted child, stepchildren living in the home or non-resident stepchildren if there is a qualified medical child support order that requires the applicant to provide health insurance.

(9) "Claim" means a request for payment under the terms of an insurance Contract.

(10) "Creditable Coverage" means prior health care coverage without a break in coverage greater than 63 days, as defined in 42 U.S.C. 300gg as amended and in effect on July 1, 1997.

(11) "Dependent" means the contract holder's enrolled legal spouse, domestic partner, and unmarried children less than 23 years of age.

(12) "Eligibility" means meeting the Oregon residency and medical, portability, or federal Health Coverage Tax Credit (HCTC) requirements to qualify for the OMIP program as established in OAR 443-002-0060.

(13) "Enrollee" means an individual who is enrolled in one of the OMIP medical or portability benefit plans.

(14) "External Review" is a review performed by a state contracted independent review organization when an enrollee has exhausted all internal grievance and appeal procedures and wants the opinion of a medical professional who is separate from the patient's health insurance company. External review applies only to disputes about medical necessity, experimental or investigational treatment, or need for continuity of care.

(15) "Grievance" means a written complaint submitted to OMIP's administering insurer by or on behalf of an enrollee regarding:

(a) Availability, delivery or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review;

(b) Claims payment, handling or reimbursement for health care services; or

(c) Matters pertaining to the contractual relationship between an enrollee and OMIP.

(16) "Health Coverage Tax Credit (HCTC)" means enrollees who are eligible for OMIP coverage because they qualify and are receiving a federal subsidy through the federal Health Coverage Tax Credit.

(17) "Medicaid" means federal medical assistance provided under 42 U.S.C. section 396a administered by the Oregon Department of Human Services.

(18) "OMIP" means the Oregon Medical Insurance Pool.

(19) "Pre-existing Condition" means a condition for which professional medical advice, diagnosis, care, or treatment was recommended or received in the six months before coverage began. For purposes of the six month limitation period, the term pregnancy shall include: pre-and postnatal care, miscarriage, abortion, delivery (vaginal or surgical), and complication of pregnancy. Complication of pregnancy includes but is not limited to: intra-abdominal surgical procedures; placenta abruptio and placenta previa; acute exacerbations or heart conditions and or diabetes; toxemias.

(20) "Resident" means a person who is legally domiciled and maintains a principal place of residence in Oregon. Once a person is enrolled in OMIP coverage, he/she must also reside at this principle place of residence at least 180 days each benefit enrollment year. If you no longer meet OMIP residence requirements, it is important

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that you contact OMIP immediately.

(21) "Substantially Equivalent Health Benefits or Coverage" means health insurance coverage that reimburses for medical and hospital expenses without regards to a specific medical condition or disease and has comparable, similar benefits and payout amounts, to OMIP's health benefit plan.

Stat. Auth.: ORS 735.610(6)

Stats. Implemented: ORS 735.600 - 735.650

Hist.: OMIPB 2-2004, f. 12-30-04, cert. ef. 1-1-05; OMIPB 2-2005, f. 12-30-05, cert. ef. 1-1-06; OMIPB 1-2008, f. & cert. ef. 1-2-08