



**Oregon Chapter  
American College of  
Emergency Physicians**

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**Reimbursement compromise on balance billing achieved in advance of March 1, 2018 ban.  
*DCBS issues guidance on the new law and reimbursement expectations.***

**Background**

Last session, Oregon passed HB 2339, which bans out-of network (OON) balance billing (known as “surprise billing” or “surprise gap in coverage”) for consumers. A workgroup was established by the Department of Business and Consumer Standards to develop reimbursement recommendations for unexpected OON emergency care in advance of the 2018 short session and the March 1, 2018 ban on balance billing. Consensus was not reached and without legislative action, it looked like providers would have to negotiate OON claims on a case-by-case basis, work it out or go to court. This would give insurers enormous leverage at the contracting table with some insurers using HB 2339 as a mechanism to set or reduce in-network as well as OON rates, forcing providers to accept below-market rates for services and jeopardizing the patient safety net.

OR-ACEP and the Oregon provider coalition were able to reach a deal with insurers on an interim fair payment standard, using SB 1549 as the vehicle for the amendments. The bill passed during the 2018 session and was signed by the Governor: <https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/SB1549/Enrolled>

Here are the core components:

- Insurers will reimburse providers at 100 percent of the median, commercial, in-network, allowed amount, benchmarked to the 2015 All Payers All Claims database and indexed for inflation using CPI-Urban.
- The Department of Consumer and Business Services will report to the Legislature in 2020 on the impact of the ban on patient premium rates, contracted rates for providers and network adequacy.
- The rate will sunset in 2022.

**Next steps:**

The Department of Consumer and Business Services (DCBS) issued guidance on April 9 to educate the public, providers and payers on HB 2339 (2017) and expectations for reimbursement upon passage of SB 1549 (2018). While the rule making process is underway, DCBS expects payers to comply with the agreed upon reimbursement standard outlined in SB 1549. See Oregon Division of Financial Regulation Bulletin [DFR 2018-02 http://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin2018-02.pdf](http://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin2018-02.pdf)

OR-ACEP has requested additional information on the actual dollar amounts of reimbursement for the relevant CPT codes so everyone is clear on what providers will be paid for OON services. DCBS will put together a master list of dollar amounts with CPI adjustments built into the table.

An advisory committee will be convened to develop administrative rules, which will go into effect in January 2019. Dr. Chris Strear, Director of Revenue Cycle Management for Northwest Acute Care Specialists, has agreed to serve on this committee again as the OR-ACEP representative. The next meeting is April 24. Updates will be provided in the chapter newsletters or upon request.

Questions: Contact Katy King, OR-ACEP Government Relations Director, [KatyKing01@gmail.com](mailto:KatyKing01@gmail.com)

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