

1                   **DEPARTMENT OF CONSUMER AND BUSINESS SERVICES**  
2   **INSURANCE DIVISION**

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4   **DIVISION 53**

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6   **HEALTH BENEFIT PLANS**

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8   **Cost Estimates**

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10           **836-053-1401**

11           **Applicability**

12           OAR 836-053-1400 to 836-053-1415 are adopted under the authority of ORS 743.893 to  
13           implement ORS 743.874, 743.876 and 743.878.

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15           Stat. Auth.: ORS 731.244 and 743.893

16           Stats. Implemented: ORS 743.874, 743.876 and 743.878

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18           **836-053-1406**

19           **Definitions**

20           (1) As used in ORS 743.874 and 743.876, “provider” means a person licensed, certified  
21           or otherwise authorized or permitted by laws of this state to administer medical or mental health  
22           services in the practice of a profession.

23           (2) As used in ORS 743.876, for the purpose of an insurer’s procedure for providing an  
24           estimate of an enrollee’s costs for a covered out-of-network procedure or service:

25           (a) The “allowable charge” for a covered procedure or service is the estimated amount  
26           established under the insurance policy, whether expressed as an “allowable charge,” “allowable  
27           expense,” “eligible fee” or other term denoting the amount on which the benefit is calculated.

28           (b) The “billed charge” is the estimated amount charged by a provider for performance of  
29           a procedure or service.

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31           Stat. Auth.: ORS 731.244 and 743.893

32           Stats. Implemented: ORS 743.874 and 743.876

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34           **836-053-1410**

35           **Procedures**

36           (1) An insurer shall allocate covered procedures or services to the categories established  
37           in ORS 743.874(3) and 743.876(3) in a manner that will enable the insurer to provide a  
38           reasonable estimate of an enrollee’s share of costs for a procedure or service. An insurer shall  
39           determine its allocation according to its Oregon block of business at least once every 12 months  
40           to ensure that the procedures and services are currently the most common procedures in the  
41           categories.

42           (2) When an insurer must provide to an enrollee a combined estimate for two or more  
43           procedures or services, the insurer shall apply its standard method of payment to arrive at the  
44           combined estimate or other payment method that will achieve an accurate estimate. The insurer  
45           must disclose to the enrollee, along with an estimate under this section, that the estimate includes  
46           the costs of two or more procedures or services.

1 (3) An insurer shall disclose with an estimate whether the estimate applies only to those  
2 costs specifically relating to the procedure or service, such as is given in commonly used  
3 procedure codes, or applies to an episode of care that includes the procedure or service and its  
4 related costs.

5 (4) An insurer shall file with the Director, as required by the Director, the following  
6 information for the purpose of assessing the effect of the disclosure requirements in ORS  
7 743.874 and 743.876:

8 (a) The number of requests for estimates under ORS 743.874 and 743.876, received by  
9 the insurer in a calendar year; and

10 (b) Of the requests in paragraph (a) of this subsection, the number of requests for in-  
11 network procedures and services and the number of requests for out-of-network procedures.

12  
13 Stat. Auth.: ORS 731.244 and 743.893

14 Stats. Implemented: ORS 743.874, 743.876 and 743.878

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16 **836-053-1415**

17 **Instructions**

18 (1) An insurer shall make available to enrollees, by online access and by telephone,  
19 detailed instructions for obtaining estimates and benefit information under ORS 743.874 and  
20 743.876. The instructions must do at least the following:

21 (a) Specify the information needed by the insurer to provide the estimate, including but  
22 not limited to information for identifying the procedure or service and the provider.

23 (b) Describe how an enrollee may obtain an estimate and find benefit information for an  
24 in network procedure, and inform the enrollee that an estimate is not required by law to be  
25 provided for a procedure or service that is not included in the insurer's categories; and

26 (c) Must provide a general explanation for obtaining an estimate for an out of network  
27 procedure or service and must specify what information is needed for the most accurate  
28 estimates.

29 (2) An insurer may include in the instructions a statement that accuracy of an estimate  
30 depends on the specificity and accuracy of the information provided by the enrollee.

31  
32 Stat. Auth.: ORS 731.244 and 743.893

33 Stats. Implemented: ORS 743.874 and 743.876