



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services

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OREGON INSURANCE DIVISION BULLETIN INS 2005-1

DATE: August 31, 2005
TO: All Insurers Providing Benefits Under a Health Benefit Plan
RE: Prompt Payment of Claims

The purpose of this bulletin is to provide insurers with guidance to enable them to comply with ORS 743.866 and 743.868. ORS 743.866 requires insurers to pay or deny clean claims submitted by providers within 30 days after the date the insurer receives the claim. The Division will consider the check-cut date as prima facie evidence of the payment date and will determine whether a clean claim is paid within 30 days by calculating the number of days between the date the claim was received and the date the check was cut. When reporting the insurer should provide the date the insurer received the claim and the date the check was cut.

If the Insurance Division examines an insurer on this issue, we will review documented procedures of an insurer's mailroom to verify that procedures and guidelines have been established to assure that payments are mailed within 30 days. If the 30th day is on a weekend or a holiday, the Division expects the check to be mailed on the next business day.

This bulletin is dated the 31st day of August 2005, at Salem, Oregon.

(Signed)

Joel Ario, Insurance Administrator