2015 ORS 743B.505[1]

Provider networks

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(1) An insurer offering a health benefit plan in this state that provides coverage to individuals or to small employers, as defined in ORS **743B.005 (Definitions)**, through a specified network of health care providers shall:

(a) Contract with or employ a network of providers that is sufficient in number, geographic distribution and types of providers to ensure that all covered services under the health benefit plan, including mental health and substance abuse treatment, are accessible to enrollees without unreasonable delay.

(b)(A) With respect to health benefit plans offered through the health insurance exchange under ORS **741.310 (Requirements for purchase of insurance through exchange and for participation of insurers in exchange)**, contract with a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of essential community providers for low-income, medically underserved individuals in the plan's service area in accordance with the network adequacy standards established by the Department of Consumer and Business Services;

(B) If the health benefit plan offered through the health insurance exchange offers a majority of the covered services through physicians employed by the insurer or through a single contracted medical group, have a sufficient number and geographic distribution of employed or contracted providers and hospital facilities to ensure reasonable and

timely access for low-income, medically underserved enrollees in the plan's service area, in accordance with network adequacy standards adopted by the Department of Consumer and Business Services; **or**

(C) With respect to health benefit plans offered outside of the health insurance exchange, contract with or employ a network of providers that is sufficient in number, geographic distribution and types of providers to ensure access to care by enrollees who reside in locations within the health benefit plan's service area that are designated by the Health Resources and Services Administration of the United States Department of Health and Human Services as health professional shortage areas or low-income zip codes.

(c) Annually report to the Department of Consumer and Business Services, in the format prescribed by the department, the insurer's plan for ensuring that the network of providers for each health benefit plan meets the requirements of this section.

(2)(a) An insurer may not discriminate with respect to participation under a health benefit plan or coverage under the plan against any health care provider who is acting within the scope of the provider's license or certification in this state.

(b) This subsection does not require an insurer to contract with any health care provider who is willing to abide by the insurer's terms and conditions for participation established by the insurer.

(c) This subsection does not prevent an insurer from establishing varying reimbursement rates based on quality or performance measures.

(d) Rules adopted by the Department of Consumer and Business Services to implement this section shall be consistent with the provisions of 42 U.S.C. 300gg-5 and the rules adopted by the United States Department of Health and

Human Services, the United States Department of the Treasury or the United States Department of Labor to carry out 42 U.S.C. 300gg-5.

(3) The Department of Consumer and Business Services shall use one of the following methods in evaluating whether the network of providers available to enrollees in a health benefit plan meets the requirements of this section:

(a) An approach by which an insurer submits evidence that the insurer is complying with at least one of the factors prescribed by the department by rule from each of the following categories:

(A) Access to care consistent with the needs of the enrollees served by the network;

(B) Consumer satisfaction;

(C) Transparency; **and**

(D) Quality of care and cost containment; **or**

(b)A nationally recognized standard adopted by the department and adjusted, as necessary, to reflect the age demographics of the enrollees in the plan.

(4) This section does not require an insurer to contract with an essential community provider that refuses to accept the insurer's generally applicable payment rates for services covered by the plan.

(5) This section does not require an insurer to submit provider contracts to the department for review. [2015 c.59 §2]

Note: **743B.505 (Provider networks)** becomes operative January 1, 2017. See section 11, chapter 59, Oregon Laws 2015.

Note: **743B.505 (Provider networks)** was added to and made a part of the Insurance Code by legislative action but was not added to ORS chapter 743B or any series therein. See Preface to Oregon Revised Statutes for further explanation.

State of Oregon
Essential Health Benefits (EHBs) Benchmark Plan Comparison
Grouped into the 10 categories of EHBs required by the ACA

Selected Plan *(Does not include required supplements for prescription drug, pediatric dental and vision, and habilitative services coverage)*

		Small Group			State Plans			HMO	Federal Plans			Reference Plans	
	Benefit	**Regence Innova**	**Kaiser Deductible Plan**	**PacificSource Preferred CoDeduct**	**PEBB Providence Statewide**	**OEBB**	**PEBB Providence Choice**	**Kaiser**	**BCBS Plan Standard**	**BCBS Plan Basic**	**GEHA Plan Standard**	**OMIP**	**Individual (Regence)**
1. Ambulatory patient services													
a.	Primary care to treat illness/injury	√	√	√	√	√	√	√	√	√	√	√	√
b.	Specialist visits	√	√	√	√	√	√	√	√	√	√	√	√
c.	Outpatient surgery	√	√	√	√	√	√	√	√	√	√	√	√
d.	Acupuncture	NC (optional rider)	limit 12 visits / yr	NC (optional rider)	limit 60 visits / yr	√ limit $2,000 / yr	limit lesser of 60 visits / yr or $1,000 / yr	limit 12 visits / yr	limit 24 visits / yr	√	limit 20 visits / yr	NC	limit 8 visits / yr
e.	Chiropractic	NC (optional rider)	√	NC (optional rider)				√	limit 12 visits / yr	limit 20 visits / yr	limit 12 visits / yr	NC	
f.	Naturopath	NC (optional rider)	√	NC (optional rider)				√	NC	NC	NC	NC	
g.	Chemotherapy services	√	√	√	√	√ *	√	√	√	√	√	√	√
h.	Radiation therapy	√	√	√	√	√ *	√	√	√	√	√	√	√ *
i.	Infertility treatment services	√ diagnosis only	√ excludes assisted reproductive technology except artificial insemination	NC	√ excludes assisted reproductive technology except artificial insemination	NC	√ excludes assisted reproductive technology except artificial insemination	√ excludes assisted reproductive technology except artificial insemination	√ excludes assisted reproductive technology	√ excludes assisted reproductive technology	√ excludes assisted reproductive technology limit $3,000 / yr	NC	√ diagnosis only
j.	Sterilization	√	√ *	√	√	√	√	√ *	√	√	√	√	√ *
k.	Home health care	√ limit 130 visits / yr	√ limit 130 visits / yr	√	√ limit 180 visits / yr	√ limit 140 visits / yr	√ limit 180 visits / yr	√ limit 130 visits / yr	√ limit 25 visits / yr	√ limit 25 visits / yr	√ limit 50 visits / yr	√ limit 130 visits / yr	√ limit 130 visits / yr
l.	Telemedical services	√	√ *	√	√	√	√	√ *	NC	NC	NC	√	√
m.	Foot care	√ medical conditions only	√ medical conditions only *	√ medical conditions only	√ * medical conditions only	√ medical conditions only	√ * medical conditions only	√ medical conditions only *	√ medical conditions only	√ medical conditions only	√ medical conditions only	√ * medical conditions only	√ medical conditions only
n.	Medical contraceptives	√	√ *	√	√	√	√	√ *	√	√	√	√	√
o.	TMJ services	√	√	NC	√	√	√	√	√	√	√	√	NC
p.	Dental - diagnostic & preventive	NC	NC	NC	NC	NC	NC	NC	√ limit 2 visits / yr limited benefit	√ limit 2 visits / yr	√ limit 2 visits / yr	NC — *	NC
q.	Dental - basic	NC	NC	NC	NC	NC	NC	NC	√ limited benefit	NC	√ limited benefit	NC	NC
r.	Dental - major	NC	NC	NC	NC	NC	NC	NC	NC *	NC *	NC *	NC	NC
2. Emergency services													
a.	Emergency room - facility	√	√	√	√	√	√	√	√	√	√	√	√
b.	Emergency room - physician	√	√	√	√	√	√	√	√	√	√	√	√
c.	Ambulance service - ground and air	√	√	√	√	√	√	√	√	√	√	√	√
3. Hospitalization													
a.	Inpatient medical and surgical care	√	√	√	√	√	√	√	√	√	√	√	√
b.	Organ & tissue transplants	√ limited to organs specified	√ limited to organs specified	√ limited to organs specified $5000 limit for travel expenses	√ limited to organs specified	√ limited to organs specified limit $25,000 for donor costs	√ limited to organs specified	√ limited to organs specified	√ limited to organs specified	√ limited to organs specified	√ limited to organs specified	√ limited to organs specified	√ limited to organs specified
c.	Bariatric surgery	NC	NC	NC	√	NC	√	√	√	√	√	NC	NC
d.	Anesthesia	√	√	√	√	√	√	√	√	√	√	√	√
e.	Breast reconstruction (non-cosmetic)	√	√	√	√	√	√	√	√	√	√	√	√
f.	Blood transfusions	√	√	√	√	√	√	√	√	√	√	√	√
g.	Hospice / respite care	√ respite limit 14 visits / lifetime	√ respite limit 5 consecutive days / 30 days	√	√ respite limit of 120 hrs	√	√ excludes respite care	√ respite limit 5 consecutive days / 30 days	√ respite limit 7 consecutive days every 30 days	√ respite limit 7 consecutive days every 30 days	√ limit $15,000	√ respite limit 14 days / lifetime	√ respite limit 14 days / lifetime
4. Maternity and newborn care													
a.	Pre- & postnatal care	√	√	√	√	√	√	√	√	√	√	√	√
b.	Delivery & inpatient maternity services	√	√	√	√	√	√	√	√	√	√	√	√
c.	Newborn child coverage	√	√	√	√	√	√	√	√	√	√	√	√
d.	Nonprescription elemental enteral formula	√	√	√	√	√	√	√ *	NC *	NC *	NC	√	√ *
5. Mental health and substance use disorder services, including behavioral health treatment													
a.	Inpatient hospital - mental/behavioral health	√ limit 45 days / yr for residential treatment	√ limit 45 days / yr for residential treatment	√ limit 45 days / yr for residential treatment	√	√	√	√	√	√	√	√ limit 45 days / yr for residential treatment	√ limit 6 days / yr
b.	Outpatient hospital - mental/behavioral health	√	√	√	√	√	√	√	√	√	√	√	√ limit 12 visits / yr
c.	Inpatient hospital - chemical dependency	√	√	√	√ limit 180 days / yr for residential treatment	√	√ limit 180 days / yr for residential treatment	√	√	√	√	√	√ limit 10 days / yr alcoholism treatment only
d.	Outpatient hospital - chemical dependency	√	√	√	√	√	√	√	√	√	√	√	√ limit 40 visits / yr alcoholism treatment only
e.	Detoxification	√	√	√ *	√	√	√	√	√	√	√	√ *	√
f.	Counseling or training in connection with family, sexual, marital, or occupational issues	NC	NC *	NC	NC	√	NC	NC	NC	NC	NC	NC	NC
6. Prescription drugs													
a.	Retail	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√	√
b.	Mail order	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√	√
c.	Generic	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√	√
d.	Brand	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√	√
e.	Specialty	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√ *	√ *
f.	Insulin/needles for diabetics	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√	√
g.	Tobacco cessation drugs	√	NC (optional rider)	NC (optional rider)	√	√	√	NC (optional rider)	√	√	√	√	√

√ = Covered benefit, limits noted NC = Not a covered benefit * = Assumed, not specifically stated