

Notice of Determination (NOD) FAQs

Oregon's Health CO-OP (OHC)

Updated February 14, 2018

General Q&A

I received a Notice of Determination (NOD). What is it and what do I have to do?

The purpose of the NOD is to notify you of the priority/class and amount assigned to your claim. The priority/class (also known as preference) of claims is the order in which claims are paid and is set by Oregon Statute 734.360. The amount assigned to your claim is based on the information available at the time your claim was adjudicated.

If you agree with the Receiver's assessment, you don't have to do anything.

If you disagree with the priority/class and/or the amount assigned to your claim, you will need to file an objection with the Court by following the instructions on the NOD.

claims are Class 2. You can also find a copy of Claim Reports that were filed with the court at <https://www.ohcoop.org/court-documents/>.

How do I know what preference/priority has been assigned to my claim(s)?

The preference/priority of claims in the estate of a liquidated insurance company is determined by Oregon Statute 734.360, Preference of Claims. Member claims (including return premium) and medical provider

What if I have another type of claim (not a member or medical provider claim)?

Below is the text of Oregon Statute 734.360, which defines the claim types and the order in which they must be paid:

734.360 Preference of claims. Except as provided in ORS 734.310 for secured claims, the claims to be paid in full in delinquency proceedings prior to the payment of any other claims, and the order of payment, shall be:

- (1) Expenses of administration of the delinquency proceedings and expenses of the Oregon Insurance Guaranty Association or similar organization in another state handling claims in accordance with ORS 734.510 to 734.710;
- (2) All claims under policies, including third party claims and claims under nonassessable policies for unearned premiums, and all claims by the Oregon Insurance Guaranty Association, the Oregon Life and Health Insurance Guaranty Association or any similar organization in another state for payment of covered claims or contractual obligations;
- (3) Claims legally due and owing by the insurer to the United States;
- (4) If the insurer is domiciled in this state, compensation or wages actually owing to salaried employees other than officers of the insurer, for services rendered within three months prior to the commencement of the delinquency proceeding, but not exceeding \$2,000 for each such employee;
- (5) Claims legally due and owing by the insurer to this state; and
- (6) Claims, including special deposit claims, owing to any person, including this state, that by the laws of this state is entitled to priority. [1967 c.359 §290; 1977 c.793 §7; 1983 c.223 §1; 2001 c.974 §3]

Why does my NOD state \$N/A- See Evaluation Reason?

There are insufficient assets available to pay Class 4, 5, and 6, as such the claim was not evaluated and assigned a value. If in the future, assets are available for any of these classes, your claim will be evaluated, and an updated NOD will be mailed allowing another objection period. If you do not agree that your claim falls into one Class 4, 5 or 6 based on Oregon Statute 734.360 you may file an objection.

What if I haven't received a Notice of Determination (NOD)?

Only the claimants whose claims the Receiver has adjudicated and reported to the Court will receive an NOD. The Receiver will be filing multiple reports with the Court, so you may get more than one NOD depending on the timing of the reporting to the Court. Once the claims have been reported to the Court and the Court has issued an Order approving the claims report, the Receiver will mail NODs to the claimants on the report and also post the report at <https://www.ohcoop.org/court-documents/>.

The following is an explanation of an NOD that has totals in both the “Total Due to You from Claim Reports” and “Additional Amount Recommended for Future Distribution”:

OREGON’S HEALTH CO-OP (OHC) PROOF OF CLAIM NOTICE OF DETERMINATION

Class/Priority: 2

Claim Evaluation and Determination:

OHC CLAIM REPORTS FILED WITH THE COURT

(The Claim Reports allow distribution of full or partial payment depending on the date of service, 10% for pre-receivership claims and 100% for post-receivership claims).

Amount Due to you from First Claim Report - May 15, 2017:	\$24.60	a.
Amount Due to you from Second Claim Report - August 15, 2017:	\$0.00	b.
Amount Due to you from December 2017 Pending Claim Report:	\$67.28	c.
Total Due to You from Claim Reports:	*\$91.88	d.

Additional Amount Recommended for Future Distribution: *\$9,010.84 e.

- a. A Notice of Determination (NOD) was sent to you in May 2017. This NOD provided you with detailed claim information and allowed for a payment of either 10% or 100%. You are still owed this money. The objection period has passed.
- b. A NOD was sent to you in August 2017. This NOD provided you with detailed claim information and allowed for a payment of either 10% or 100%. You are still owed this money. The objection period has passed.
- c. A NOD was sent to you in January 2018. This NOD provided you with detailed claim information and allowed for a payment of either 10% or 100%. You have until March 15, 2018 to object to this amount. You are still owed this money.
- d. This is the total due to you from all Three Claim reports. This payment ensures all claimants that filed a timely Proof of Claim form receive a 10% or 100% payment on their claims This allows all claimants in Class/Priority 2 to be treated equally.
- e. Your Proof of Claim form was evaluated and this total represents the remaining amount due to you and does not include totals from the First, Second or December Claim Report. An example of what is included in this amount is the remaining 90% owed to you on claims where you only received 10%. The ultimate amount you will receive on this amount will depend on the assets in the estate of Oregon’s Health CO-OP at the time the payment is made.

Why is there an amount on my NOD that states “Total Due to You from Claim Reports:”?

This amount reflects either a 10% or 100% payment on previously processed claims (10% for claims with date of service prior to July 11, 2016 and 100% for dates of service on or after July 11, 2016.) This amount is still owed to you and is not included in the Additional Amount Recommended for Future Distribution.

What is the amount on the NOD that states “Additional Amount Recommended for Future Distribution”?

This amount is an additional amount owed to you and represent the value of your claim but no the ultimate distribution payment amount. The ultimate amount you will receive will depend on the assets available in Oregon’s Health CO-OP receivership at the time the payment is made.

What if I don't agree with the amount/value assigned to my claim?

You will have until the date specified in the NOD to file an objection to the priority/class. For the Third Claim Report the deadline is March 15, 2018. Instructions on how to file an objection are provided with the NOD. Your objection must include supporting documents in order to be considered and must be received by the deadline date stated on the NOD.

If I object, when will I be contacted by the Receiver?

Objections from the Third Claim Report received by March 15, 2018 will be reviewed and a determination made within 45 days. The Receiver's staff will contact you, if applicable, within that timeframe to discuss your claim.

If I don't object, when can I expect to receive payment?

The ultimate distribution payment for the "Additional Amount Recommended for Future Distribution" will depend on the assets available once all Class/Priority 2 objections are resolved. Therefore, timing of payment is unknown at this time.

What if I have other questions?

For questions not addressed in this FAQ, please send an email to: customerservice@ohcoop.org. **In the subject line please indicate "NOD".**