

# Carrier Eligibility

The Rural Medical Practitioners Insurance Subsidy Program was established in 2003 under House Bill 3630 with the intention to provide partial malpractice premium subsidy payments to insurance carriers (“Carriers”) intended to stabilize and support providers in rural and remote Oregon. Insurance carrier eligibility has been outlined in OAR 409-036-0050 and requires the completion of the following steps prior to determining provider eligibility:

1. Submit a copy of the Carriers Certificate of Authority through the Department of Consumer Business Services (DCBS) to the Oregon Health Authority (OHA) Health Care Provider Incentive Program at: [providerincentives@odhsoha.oregon.gov](mailto:providerincentives@odhsoha.oregon.gov)
2. Determine providers that are covered by the Carrier that would qualify for this program. Providers will need to provide a [yearly application](#) through the Oregon Office of Rural Health (ORH) to determine eligibility. Provider eligibility includes:
  - a. Must hold an active Oregon license
  - b. Must pay for and be covered by a malpractice insurance policy (an in-force policy of liability insurance with an authorized insurer participating in the program with minimum limits of coverage of \$1 million per occurrence and \$1 million aggregate to maximum limits of \$1 million per occurrence and \$3 million aggregate) which specifically names the individual practitioner and calculates that practitioner’s premium. If the practitioner’s site covers the policy, or if the practitioner is a member of a group policy, the **preceding criteria must apply, and the practitioner must repay the site** the subsidy amount awarded to the practitioner.
  - c. **Cannot** share limits with a physician (Nurse Practitioners).
  - d. Must practice at least 60 percent of the time in an eligible rural location. **If the site’s location is in Ashland, the practitioner must practice obstetrics.**
3. Submit a copy of the base rates and increased limits factors table for all providers qualifying for this program at time of Carrier approval by OHA, and on a yearly basis.
4. Invoice OHA on a monthly or quarterly basis using the following reimbursement percentages (for policy limits not exceeding \$1 million per occurrence and \$3 million aggregate):
  - a. 80 percent for doctors specializing in obstetrics; and 80 percent for nurse practitioners certified for obstetric care

- b. 60 percent for doctors specializing in family or general practice who provide obstetrical services
- c. Up to 40 percent for doctors and nurse practitioners engaging in one or more of the following practices:
  - i. Anesthesiology
  - ii. Family practice without obstetrics
  - iii. General practice
  - iv. General surgery
  - v. Geriatrics
  - vi. Internal medicine
  - vii. Pediatrics
  - viii. Pulmonary medicine
  - ix. Up to 15 percent for doctors and nurse practitioners other than those included in one of above.