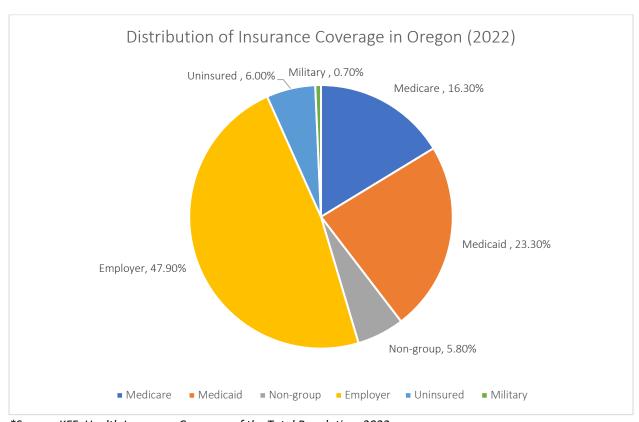
Oregon

Sources of Insurance Coverage



*Source: KFF, Health Insurance Coverage of the Total Population, 2022

Medicare

In Oregon, <u>678,500</u> residents are enrolled in Medicare, <u>16.3%</u> of the population (2022 data). Of those, <u>57%</u> are enrolled in Medicare Advantage. For Oregonians in the traditional Medicare program, the Oregon Division of Financial Regulation regulates Medicare Supplemental insurance policies. The state provides <u>consumer-facing</u> information about plan options.

Medicaid and the Children's Health Insurance Program (CHIP)

In Oregon, approximately <u>967,400</u> people are enrolled in Medicaid or CHIP, 23.3% of the state population. In Oklahoma, the Children's Health Insurance Program and Medicaid are collectively called the <u>Oregon Health Plan</u>. In 2014, Oregon adopted Medicaid expansion under the Affordable Care Act, which covers <u>707,000 low-income adults</u>.

In <u>Oregon</u>, children up to 300% of the federal poverty level (FPL), former foster care youth, pregnant individuals with incomes up to 185% FPL, disabled individuals, adults, with or without

children, up to 138% FPL, and uninsured women up to 250% FPL that need treatment for breast or cervical cancer are eligible to enroll in Medicaid. The Oregon Health Authority oversees the Medicaid Program. In Oregon, most Medicaid enrollees receive benefits via coordinated care organizations (CCOs).

Employer-sponsored Insurance (ESI)

In Oregon, approximately <u>1.99 million</u> people are covered by employer-sponsored insurance (ESI), or 47.9% of Oregon's population. In 2022, approximately <u>53.5%</u> of Oregon's private employers offer ESI. However, offer rates vary significantly by size of firm. In Oregon, 98.6% of large firms (50 or more employees) offer ESI, while only 40.6% of small employers offer ESI.

In Oregon, approximately $\underline{29.1\%}$ of private sector businesses that offer health insurance self-fund at least one health plan. For large private firms (50 or more employees) that offer health insurance, 50.8% self-fund at least one health plan.

Individual Market Insurance

Approximately <u>5.8%</u> of Oregon residents are enrolled in the individual market (2022 data). In 2023, <u>242,400</u> Oregonians selected a plan through the Affordable Care Act Marketplace, which in Oregon is run in partnership with the federal government. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Oregon by the Oregon Division of Financial Regulation, which conducts oversight to ensure compliance with state and federal health insurance laws.

Military Coverage

Some Oregon residents are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 0.7%, or 29,100 residents.

The Uninsured

Approximately <u>6%</u>, or 251,600 Oregon residents are uninsured (2022 data). Oregon has the 28th lowest uninsured rate in the country. Among non-elderly populations, <u>certain populations of color</u> are more likely to be uninsured than White Oregonians. Hispanic Oregonians have the highest uninsured rates (15.4%), followed by American Indian/Alaska Native Oregonians (11.3%). Black Oregonians have an uninsured rate of 4.1%. Lack of insurance is also highly correlated with income. Of the nonelderly population, approximately <u>10.8%</u> of people under 100% FPL are uninsured, while only 3.6% of people at or above 400% is uninsured.

State Regulators: Oregon

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Oregon is based in Seattle, WA. Media inquiries may be submitted here.

Oregon Division of Financial Regulation (DFR)

The Oregon Division of Financial Regulation (DFR) regulates the business of insurance in the state. For health insurance, the DFR is responsible for:

- **Licensure**: Insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must file financial information with the Financial Examinations Unit biennially.
- Form review: DFR reviews health insurers' contracts and covered benefits to ensure
 that they comport with state and federal law, including the Affordable Care Act (ACA),
 Mental Health Parity and Addiction Equity Act (MHPAEA), Health Insurance Portability &
 Accountability Act (HIPAA), No Surprises Act, as well as state benefit mandates and
 network adequacy standards.
- Rate review: Health insurers offering plans to individuals and small employers (with fewer than 50 employees) must submit proposed premium rates to the Division, and the agency has the authority to review and require adjustments before rates can be used. Information about insurers' proposed rates is available here.
- Marketing: DFR is responsible for oversight of insurers' marketing tactics and discouraging unfair or deceptive tactics. The agency also licenses and provides oversight of insurance agents and brokers. Consumers can check a broker or agent's license status here.
- **Enforcement**: The Oregon Division of Financial Regulation has authority to enforce state and federal insurance laws. Enforcement tools can range from requesting a corrective action, issuing a cease-and-desist order, imposing fines, or seeking an injunction. DFR releases periodic statements on market conduct examinations here.
- Appeals: Under the Affordable Care Act, health insurers must provide enrollees with an
 internal review of adverse benefit determination, and enrollees have the right to an
 external and independent appeal. The Oregon Division of Financial Regulation operates
 the state's external review system and provides consumers with information about the
 external review process here.

Oregon Health Authority

Oregon's Health Authority (OHA) runs the state's Medicaid and CHIP programs, and manages the contracts with the coordinated care organizations (CCOs) that deliver Medicaid and CHIP benefits. A map of participating CCOs is available here and Medicaid enrollment reports are available here.

OHA contracts with an external quality review organization (EQRO) to perform quality reviews of CCOs, including assessments of quality, timeliness, and access to care. The results of these reviews are provided in reports published here.

OHA can conduct an enforcement action against a CCO if it fails to meet its contract obligations. Enforcement actions can include requiring the MCO to pay damages or to implement a corrective action plan. The agency can also suspend all or part of new member enrollments or suspend or terminate the CCO's contract.

OHA has also published several reports evaluating plans under Medicaid, including the results of enrollee surveys and assessments of the program's impact on access to services, uncompensated care costs, and health outcomes. These reports can be found here.

Oregon Department of Justice (DOJ)

The Oregon Department of Justice (DOJ) represents the state in court when there is an action against an insurance company, entity, or individuals engaged in potentially fraudulent activity. The DOJ accepts complaints from consumers about deceptive or unlawful business practices. Consumers can file complaints here.

Other Sources of Information

Health Insurance Navigators, Agents and Brokers (collectively, "consumer assisters")

Although Oregon's health insurance Marketplace is run by the federal government, the state provides grants to local organizations called "Navigators" that are tasked with assisting consumers determine eligibility for subsidized coverage programs and helping them with postenrollment questions. Oregon-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through the "Find Local Help" search portal onHealthCare.gov.

