



Oregon Health Insurance Survey

Gaps in Health Insurance Coverage Fact Sheet

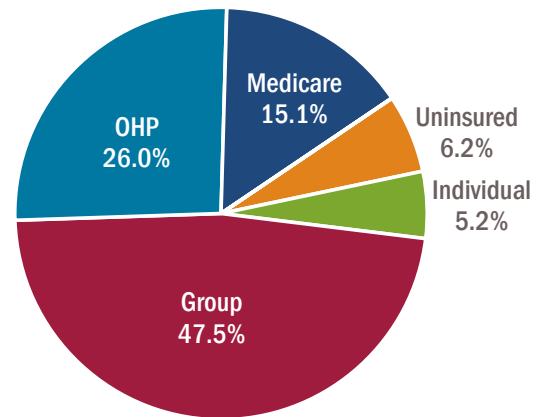
2017

Since Oregon implemented the major provisions of the Affordable Care Act (ACA) in 2014, more than 340,000 Oregonians have gained health insurance. Today, more than 3.7 million Oregonians (nearly 94 percent) are covered by health insurance.¹ The Oregon Health Insurance Survey (OHIS) provides detailed information about many of the impacts of Oregon’s health system reform to achieve better health, better care and lower costs. This fact sheet is part of a series exploring health insurance coverage using data from the 2017 survey and presents information about gaps of time when people did not have health insurance coverage.

INSURANCE COVERAGE IN OREGON

Nearly 94% of Oregonians have health insurance coverage. Figure 1 shows the proportion of Oregonians with different types of health insurance coverage in 2017.² These are point in time estimates, or numbers that represent the insurance status of the person at the time of the survey. This is one type of health insurance measure, but there are additional measures that can add to a broader understanding of health insurance coverage in Oregon. Another measure is the number of people who had insurance coverage for all of the previous 12 months, or conversely, those who had gaps in their coverage.

Figure 1. Point in time insurance coverage rates, 2017.



GAPS IN HEALTH INSURANCE COVERAGE

A coverage gap is defined as any period of time in the previous 12 months when the person was without health insurance coverage, including those who were uninsured at the time of the survey.

Figure 2 shows that 11.1% of all Oregonians were uninsured at some point in the past 12 months.

Figure 2. Proportion of people with a gap in health coverage in the previous 12 months, 2017.



■ Had gap in coverage or uninsured ■ No gap in coverage

COVERAGE GAPS AMONG THE INSURED

Among people who had insurance coverage at the time of the survey, overall, 5.3% had a coverage gap in the previous 12 months.

People who had either individual or OHP coverage at the time of the survey were most likely to have had a gap in coverage in the previous 12 months (14.1% and 8.0%, respectively).

RACE/ETHNICITY AND COVERAGE GAPS

As depicted in Figure 4, Oregonians who listed their race as “other” were least likely to have had an insurance gap (1.8%). Conversely, Native Hawaiian or Pacific Islander Oregonians were most likely to have had a gap at 7.7%.

Figure 3. Percent of insured people with a coverage gap in the past 12 months, by coverage type, 2017.

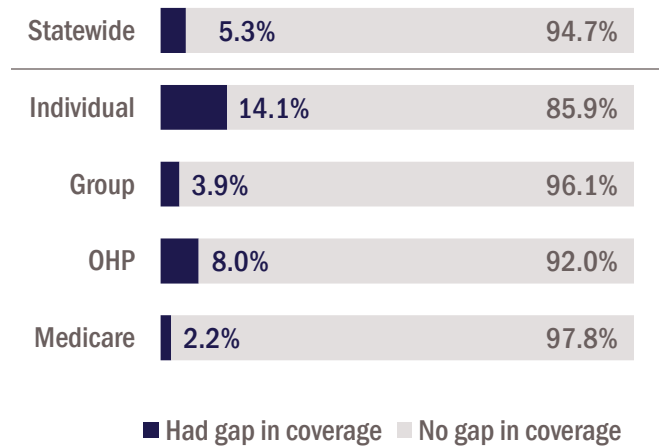
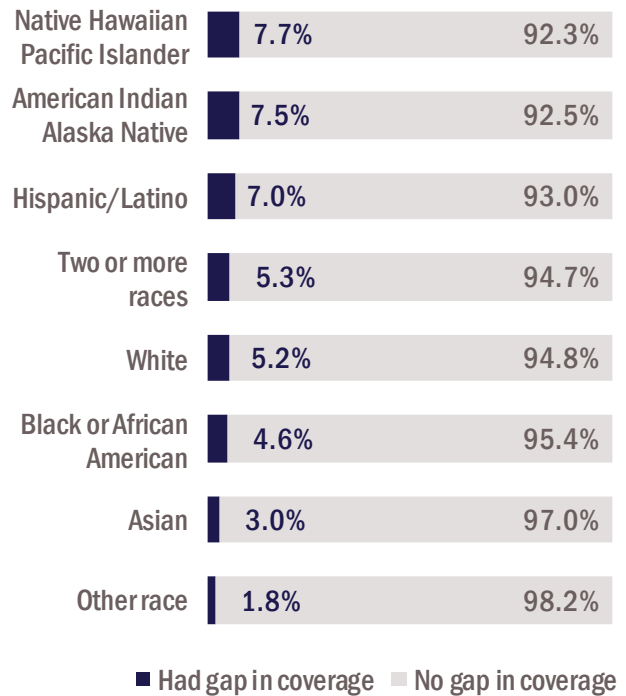


Figure 4. Percent of insured people with a coverage gap in the past 12 months, by race and ethnicity, 2017.

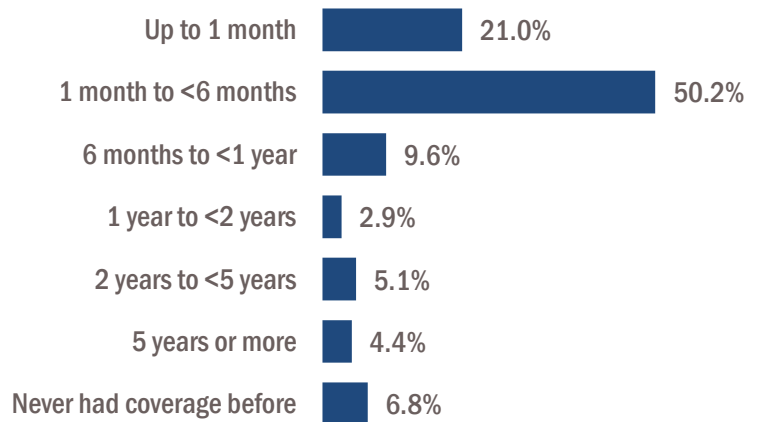


LENGTH OF TIME WITHOUT HEALTH INSURANCE COVERAGE

The length of time people were without coverage ranged from less than one month to over five years. A portion of people had never had health coverage before and were newly insured sometime in the past 12 months (6.8%).

Four out of five people (80.8%) who had gaps in coverage in the past 12 months were uninsured for less than one year.

Figure 5. Length of time person was without health insurance coverage, currently insured, 2017.

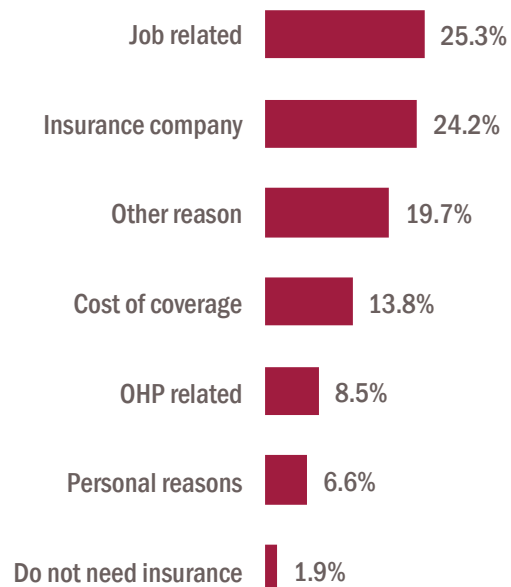


REASONS FOR GAP IN COVERAGE

Insured respondents with coverage gaps were asked why they had a gap in their health insurance coverage in the past 12 months. Over 25 reasons were grouped into the seven themes displayed in Figure 6. See Table 1 on page four for a summary of the reasons in each category.

About half of people with coverage gaps gave reasons related to employment or an insurance company (25.3% and 24.2%). The cost of coverage was the main reason for 13.8% of people. Only 1.9% said they had a gap because they did not need insurance.

Figure 6. Reasons why insured people had a coverage gap in the previous 12 months, 2017.



LENGTH OF TIME UNINSURED AND REASONS FOR GAPS IN COVERAGE

We examined reasons for coverage gaps among people who were uninsured for a short time (less than one month and up to six months) versus a longer time (six months or more).

The cost of coverage was a much more significant reason for people who were uninsured for longer periods of time (26.0% for those uninsured six months or longer, compared with 3.2% for those uninsured less than one month).

Employment and insurance company reasons for coverage gaps were more common among those who were uninsured for a shorter period of time. OHP reasons for coverage gaps were most common for people with gaps of one month to less than six months.

This data shows that some reasons for insurance coverage gaps, such as job related or insurance company, seem to resolve more quickly than other reasons like the cost of coverage and personal reasons.

Figure 7. By length of time without coverage, reasons why the person had a gap in coverage, 2017.

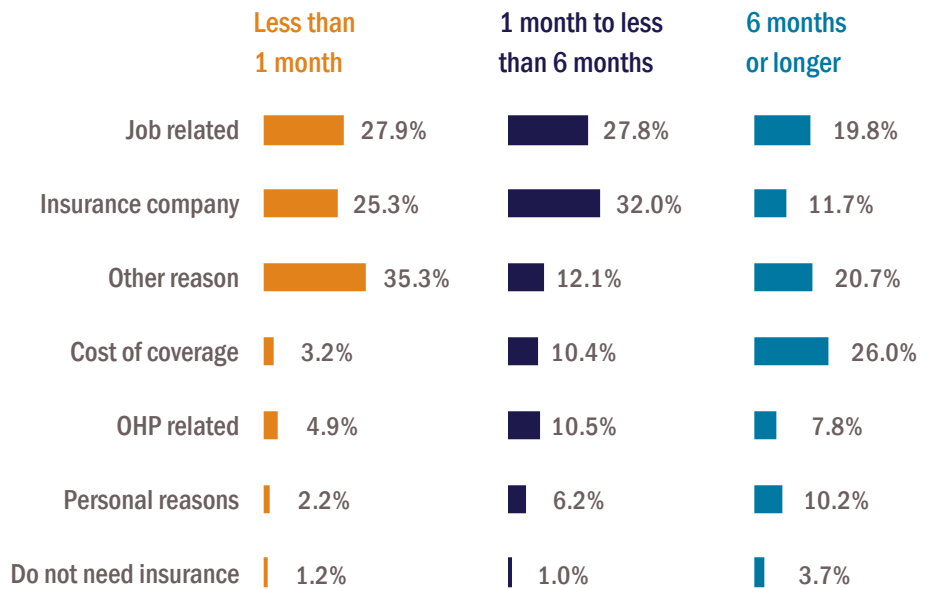


Table 1. Topics in each category of reasons for having a gap in coverage.

Job related	<ul style="list-style-type: none"> • Lost job or hours, quit or changed jobs • Changed employer, not eligible for insurance • Employer does not offer or stopped offering coverage • Employer changed insurance providers
Insurance company	<ul style="list-style-type: none"> • Late application, too much paperwork, trouble applying • In waiting period for coverage • Insurance company refused or terminated coverage • Switched insurance providers or plan type • Insurance company left area or closed • Issues with payment
Other reason	Other reason or no reason in particular
Cost of Coverage	Cost is too high or can't afford premium
OHP related	<ul style="list-style-type: none"> • Not eligible or no longer qualify for OHP • Lost OHP/Medicaid coverage for other reasons
Personal reasons	<ul style="list-style-type: none"> • Life changes, married, moved, had children • Divorce, separation, or death in family • No longer eligible for prior coverage due to age • Qualified for Medicare, retired • Incarceration

REFERENCES

¹ Population estimates based on weighted calculation using US Census Data.

² The coverage types are defined as follows:

- **Individual coverage** is bought directly by the respondent or another person. It includes plans bought on the insurance exchange, through a broker, or directly from an insurance provider.
- **Group coverage** is obtained through someone's work, union, association or trust; Cobra or state continuation; Veteran's Affairs, Military Health, TRICARE or CHAMPUS; or a student health insurance program.
- **OHP/Healthy Kids coverage** is Medicaid coverage in Oregon and includes Medicaid CCO and FFS.
- **Medicare coverage** is for adults aged 65 years and older and for individuals with disabilities. This category is for Medicare medical programs only. The survey does not differentiate between specific types of Medicaid or Medicare programs.

NOTE: Indian Health Services is not considered as health insurance, however, there were only 33 individuals in the survey that had only IHS for health coverage. These 33 are counted as uninsured. People with IHS and another type of coverage are counted in the other type of coverage.

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ABOUT THIS REPORT

The Oregon Health Insurance Survey (OHIS) collects information about health insurance coverage, access to care, and utilization in Oregon. The survey is fielded every two years. More than 9,000 Oregonian households completed the survey between March and August of 2017. The survey used landline and cell phone numbers in Oregon, and was distributed across the state by region, race and ethnicity, and age. Some methodology changes in 2017 around sampling, questionnaire design and structure, breadth of the data, and weighting create slightly different results than previous years. While the data is still comparable and valid for trend analysis, some variance is attributable to methodological differences in the 2017 OHIS. For more information about OHIS methods and results, go to: <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Insurance-Data.aspx>

This fact sheet was prepared by the Oregon Health Authority's Office of Health Analytics. The Office of Health Analytics collects and analyzes data to inform policy, monitor progress toward transformation goals, and evaluate programs. The Office supports OHA efforts to further the triple aim goals of better health, better care, and lower costs.

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