
**Impacts of the Affordable Care Act
on Health Insurance Coverage in Oregon:
County Results/Statewide Update**

February 2015

Executive Summary

This report presents the first county-level estimates of changes in Oregon’s uninsured rate before and after the Affordable Care Act (ACA)’s measures to expand health insurance coverage went into effect (see page 10 for county data). The primary findings in the report include:

- The 2014 statewide estimate of the uninsured rate, as of July 1, 2014, is revised upward slightly from the September 2014 report¹, by 0.5 points from 5.1 to 5.6 percent. This represents approximately 223,000 individuals. The current estimate is approximately 9 points lower than the 2013 rate of 14.5 percent². Due to the revision (and rounding) it changes the insured percentage to 94 percent.
- As would be expected, the rate change varied across counties. Some counties decreased by as much as 14 points, while others decreased by as few as 4 points.

This report was led by researchers from the Center for Health Systems Effectiveness at Oregon Health & Science University (OHSU) with assistance from Oregon Health Authority staff.

Introduction

The Affordable Care Act (ACA) included a number of measures intended to expand health insurance coverage:

- 1) Carriers are no longer allowed to deny coverage on the basis of pre-existing medical conditions;
- 2) Most individuals are now required by law to have coverage or be subject to a tax penalty;
- 3) The ACA also provided the possibility for states to make Medicaid available to adults with income less than 138 percent of the federal poverty line;
- 4) Subsidies for lower income individuals in the health insurance exchanges.

Oregon was one of 27 states to accept federal funding, expanding access to the Oregon Health Plan (OHP), the state’s Medicaid program. Oregon also received a waiver from the Centers for Medicare and Medicaid Services that allowed for “fast-track” enrollment, through which OHA pre-screened and recruited Medicaid-qualified participants of the Supplemental Nutrition Assistance Program (SNAP) and parents of children enrolled in the OHP. Fast-track enrollment complemented other outreach efforts, and by the second quarter of 2014 OHP enrollment had increased by approximately 360,000 individuals compared to enrollment a year earlier.

Oregon also created Cover Oregon, a public corporation, as the state’s health insurance marketplace. Technical challenges prevented individuals from enrolling online in a single session; however, the use of a manual application process, the availability of agents and community partners, and an extended open enrollment period resulted in nearly 80,000 individuals attaining coverage through the marketplace. Through April 2014, 80 percent of these consumers had received tax credits and cost-sharing subsidies.³ Cover Oregon also enrolled eligible individuals into the Oregon Health Plan.

While increased Medicaid enrollment and marketplace participation suggest growth in coverage among the previously uninsured, information on the uninsured population typically comes from population surveys that will not be available until the latter half of 2015.

To provide a more timely assessment of the impact of the ACA on health insurance coverage (and account for shifts between types of coverage), analysts at the Center for Health Systems Effectiveness at OHSU and the Oregon Health Authority (OHA) collected health insurance enrollment data from commercial and public payers for June 30, 2013, and June 30, 2014. This approach was initially developed by the State Health Access Data Assistance Center (SHADAC) to calculate the number of uninsured in Minnesota. It was modified to accommodate Oregon datasets and used to produce the “Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon” report issued in September 2014. The two points in time capture the impact of the Medicaid expansion, the extended open enrollment period associated with Cover Oregon, and other PPACA and non-PPACA factors that may have influenced access to health insurance.

The current report describes the methodology used to calculate the size of the uninsured population at the state and county levels and shows the changes in enrollment across types of coverage in Oregon. In addition to providing county estimates, it also revises the state uninsured estimate to account for newly available data.

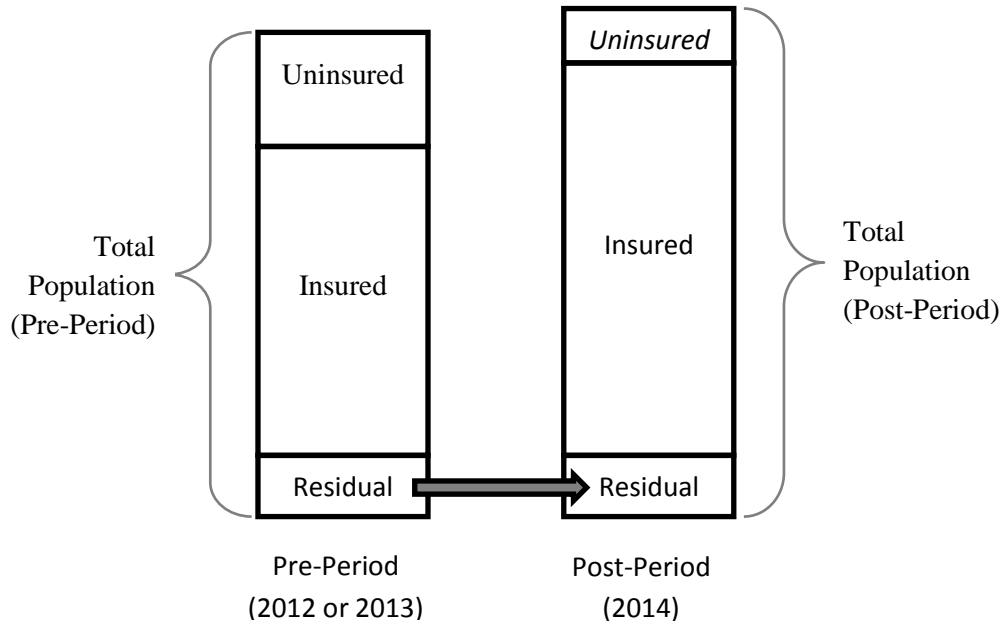
Methodology

Overview

The methodology used for this analysis is adapted from a method developed by SHADAC to estimate the impact of the PPACA on coverage in Minnesota.⁴ This approach accounts for the health insurance coverage status of a population at two points in time. It uses information from private and public payers on the number of residents enrolled in their health plans, survey data on the uninsured, and population estimates to show gains and losses in coverage. The model has been adapted to accommodate data sources in Oregon, which are different from those available in Minnesota.

The basic steps of the methodology are shown visually in the diagram in Figure 1. The residual is calculated in the pre-period as the amount left over from the total population after adding together the insured and uninsured. The residual is therefore a category that is capturing insured individuals not in the data sources and error in the uninsured estimates or the population estimates. The residual is then assumed to remain constant into the post period. Next the number of insured are counted in the post period. The residual and the insured are added together and the amount left over from the total population are the uninsured.

Figure 1. Diagram of Methodology to Estimate Uninsured



Insured populations are broken down into group, non-group, and public insurance types. Group insurance includes: small-group, large-group, self-insured, and associations, trusts and Multiple Employer Welfare Arrangements (MEWAs). Non-group insurance include direct purchase individual plans, Cover Oregon, and portability plans. Public insurance includes OHP and other medical programs and Medicare.

Data Sources

The type of insurance and the source of data (in parentheses) for the numbers used in the analysis are shown in Figure 2.

Figure 2. Types of Insurance and Data Sources

<p>Group Insurance</p> <ul style="list-style-type: none"> - Small Group (<i>DCBS</i>) - Large group (<i>DCBS</i>) - Self-Insured (<i>DCBS & Estimated</i>) - Associations/Trusts & MEWAs (<i>DCBS</i>) 	<p>Non-group Insurance</p> <ul style="list-style-type: none"> - Direct Purchase Individual Plans (<i>DCBS</i>) - Cover Oregon (<i>DCBS</i>) - Portability (<i>DCBS</i>)
<p>Public Insurance</p> <ul style="list-style-type: none"> - Oregon Health Plan and Other Medicaid Programs (<i>OHA</i>) - Medicare (<i>CMS</i>) 	<p>Uninsured</p> <ul style="list-style-type: none"> -State (<i>OHIS</i>) -County (<i>SAHIE</i>)
<p>Note: DCBS=Department of Consumer and Business Services; OHA=Oregon Health Authority; CMS=Center for Medicare and Medicaid Services; SAHIE=Small Area Health Insurance Estimates</p>	

Each of the data sources of health insurance coverage is discussed individually as well as the data source for the total population.

Department of Consumer and Business Services (DCBS)

The primary source of coverage information for commercial carriers comes from the Oregon Department of Consumer and Business Services (DCBS). Insurers, certain Oregon public entities, and licensed third party administrators (TPA) are required to submit information regarding the number of Oregon lives covered by individual or group insurance products on a quarterly basis, information which is then available to the public.⁵ Carriers report enrollment by market segment: large group, small group, associations/trusts and multiple employer welfare arrangements (MEWAs), individual policies (including policies purchased through Cover Oregon after 2014), Tricare, and some self-insured medical plans (specifically, those for which the insurer or TPA provides administrative services).

The DCBS data is available at the ZIP code level. A crosswalk, which calculates the percent of population in each ZIP code from each county, is used to distribute ZIP code data to the county level⁶. Enrollment information for Oregon residents insured as part of an out-of-state group does not have ZIP code data, and DCBS has traditionally assigned these residents to an “unknown” category. This practice was more prevalent in 2012 than in 2014. Therefore, some of the reduction in insured at the county level, but not at the state level, may be due to the inability to assign the enrollment to a county in the pre-period.

The September 2014 report included an adjustment to self-insured coverage from DCBS to account for the possibility that some of the change in enrollment in that category, which increased from 2013 to 2014, was coming from unobserved sources of coverage rather than the uninsured. This edition does not make that adjustment because the primary unknown source of coverage, self-administered self-insured enrollment, can be estimated using the stop-loss-only insurance enrollment figures and can be measured directly⁷. Stop-loss insurance is purchased by most groups that self-administer their self-insured plans to provide protection if an individual or the group has unusually high expenses. While the stop-loss insurance data is not available at the county level, the data show that type of coverage has not changed substantially and thus, the previous correction is not deemed to be warranted.

Medicaid Enrollment System

Beginning in December 2014, the data on enrollment in state Medicaid programs comes from “current” enrollments produced by the Oregon Health Authority (OHA). This represents a modification to the September 2014 report, which relied on the publicly available reports. The public reports are not updated when new information becomes available about enrollment for the time period; however, the current enrollment datasets are up-to-date. Typically, the actual enrollment counts are higher than those reported in the public reports because of retroactive eligibility. We requested data for June 30 of each year, which represents the enrollment on that day.

There are two programs that are part of medical assistance whose enrollment is not included in the analysis. The Citizen-Alien Waived Emergency Medical Program (CAWEM) is excluded because it provides only limited emergency medical service benefits and does not fulfill the definition of the comprehensive medical coverage that is commonly defined as insurance and captured by other sources such as surveys⁸. These sources were included in the September 2014 report, and the change tends to

increase the number of uninsured from the model in 2014 because enrollment in these programs increased in the post-period.

Medicare Enrollment Reports

Medicare information comes from the monthly Medicare Advantage State/County Penetration Reports prepared by the Center for Medicare and Medicaid services (CMS).⁹ Individuals who had dual eligibility for both Medicare and Medicaid programs were excluded from the Medicaid totals (but left in the Medicare totals), to avoid double counting.¹⁰ Medicaid eligibility redetermination may also result in revisions to monthly eligibility totals.¹¹

Uninsured Estimates

The number of uninsured individuals at the county level in Oregon comes from the 2012 Small Area Health Insurance Estimates (SAHIE) program. These estimates are based on detailed survey data from the American Community Survey and use modeling approaches to provide greater precision than is otherwise possible.

The statewide estimate of the number of uninsured comes from the Oregon Health Insurance Survey (OHIS). The estimate is based on responses from more than 9,000 individuals collected between January and May of 2013. Because the SAHIE and OHIS use different control totals for their surveys, the percentage uninsured estimated in each survey is applied to a common total population (described in the next section) to obtain the count of uninsured¹².

Total Population

Total Population estimates for the state and county level come from reports from the Population Center at Portland State University (PSU). These reports provide county-level data historically for 2012 and 2013, and as a preliminary estimate for 2014. Previously, the September 2014 report used a three-year average growth rate of U.S. Census estimates to project 2014 population. The PSU values tend to incorporate more locally collected data and are thus the preferred source for the population estimate. The new totals show larger growth in population between 2013 and 2014 primarily due to a lower 2013 estimate.

Adjustment for Double Coverage

Inaccuracy in the insured counts results if the various sources of insurance double-count the same individual in multiple segments or between plans. In addition, due to the methodology, bias to the uninsured count in 2014 will result if double coverage is not constant over time. Therefore, a multiple coverage adjustment is applied to the insured counts in both periods. To implement the adjustment, an assignment rule is created such that the multiple coverage, estimated using the All Payer All Claims (APAC) database, is subtracted proportionately from each commercial coverage type¹³.

Uncertainty

The approach used to create the estimate uses survey data, administrative data, and methodological assumptions, and it is therefore not possible to provide a typical sampling-based measure of uncertainty. However, one can include the confidence interval from the pre-period SAHIE survey data into estimates, as a reflection of the uncertainty from that source. The confidence interval provides the upper and lower bounds for the 95th percentile level of confidence of the uninsured estimate¹⁴. The error in this data source directly impacts the residual calculated in the pre-period, which is carried over as the residual for the post-period and directly impacts the number of uninsured in the post-period.

County results are suppressed and are simply labeled as “<1%” if the point estimate for the percent uninsured is under 1 percent. These extremely low results are possible if population estimates do not reflect current levels, due to recent changes, or if there are other errors in data that result in more individuals showing coverage than are reported as residing in the county. While these counties could be completely suppressed, the data suggest low rates of uninsured, and a one-sided label is given to indicate a measurably low rate of uninsured.

Limitations

Relative to other states, the DCBS enrollment database is a unique resource for commercial insurance coverage. However, there are two important caveats about these data. First, individual carriers’ submissions are sometimes late. Typically, these data can be imputed using previous reports, but the imputations do not account for changes that may have occurred. Second, all submitted reports are subject to revisions. The data used in this report do have significant changes from the data that were presented in the September 2014 report.¹⁵

The methodology of the estimates partially relies on consistency in the residual, which is the difference between the population and observed sources of coverage and estimates of the uninsured in the pre- and post- time periods. For the statewide estimates, the residual is assumed to be constant over one year, from 2013 to 2014. For the county estimates, the residual is estimated in 2012 and assumed to remain constant for two years, from 2012 to 2014. There is no perfect way to test this assumption. Inconsistencies may arise from unreported coverage, over-estimates in the multiple coverage adjustment, error in the uninsured estimates, or other data issues. As this approach continues to be implemented in the future, the factors affecting the residual may be revealed and allow for corrections or adjustments.

An additional limitation to interpretation of the 2014 statewide uninsured estimate is the fact that the county estimates do not sum to the state estimate. The discrepancy arises because the county analysis uses coverage and uninsured data sources for the 2012 pre-period, whereas the state analysis uses data sources from 2013. We were unable to use 2013 data sources, as these have not yet been released at the county level.

Results

Statewide Revision

The number of uninsured individuals in 2013 was estimated to be 14.5 percent of the total population (Table 2). With the revised data and above-described modifications to the approach to accommodate the data, we estimate that the number of uninsured individuals in Oregon declined to 5.6 percent of the population, or approximately 223,000 people.

Table 2. Health Insurance Coverage Type, 2013-2014

Type of insurance	Number of people				Percent of population	
	June 30, 2013	June 30, 2014	Difference	% Change	June 30, 2013	June 30, 2014
Private						
Group						
<i>Small group</i>	181,765	161,948	-19,817	-10.9%	4.6%	4.1%
<i>Large group</i>	584,677	567,280	-17,397	-3.0%	14.9%	14.3%
<i>Self-insured, DCBS reporters</i>	749,756	777,094	27,338	3.6%	19.1%	19.6%
<i>Stop-Loss, DCBS reporters</i>	153,788	156,927	3,139	2.0%	3.9%	4.0%
<i>Associations & Trusts</i>	139,579	108,872	-30,708	-22.0%	3.6%	2.7%
Total, Group	1,809,566	1,772,121	-37,445	-2.1%	46.2%	44.7%
Nongroup						
<i>Direct purchase</i>	157,287	132,265	-25,022	-15.9%	4.0%	3.3%
<i>Cover Oregon</i>	0	70,492	70,492		0.0%	1.8%
<i>Portability</i>	13,575	0	-13,575	-100.0%	0.3%	0.0%
Total, Nongroup	170,862	202,757	31,894	18.7%	4.4%	5.1%
Total, Private	1,980,428	1,974,877	-5,551	-0.3%	50.5%	49.8%
Public insurance						
OHP and Other Medicaid Programs						
Medicare	585,971	948,391	362,420	61.8%	15.0%	23.9%
Medicaid	684,919	716,178	31,259	4.6%	17.5%	18.1%
Total, Public	1,270,890	1,664,569	393,679	31.0%	32.4%	42.0%
Uninsured						
Uninsured	568,376	223,793	-344,583	-60.6%	14.5%	5.6%
Residual						
Residual	99,326	99,326	0	0%	2.5%	2.5%
Total population	3,919,020	3,962,565	43,545	1.1%		

The previous estimate of 201,000 and 5.1 percent uninsured has increased to 223,000 and 5.6 percent uninsured. The net increase in uninsured of 22,000 can be attributed to the following specific effects:

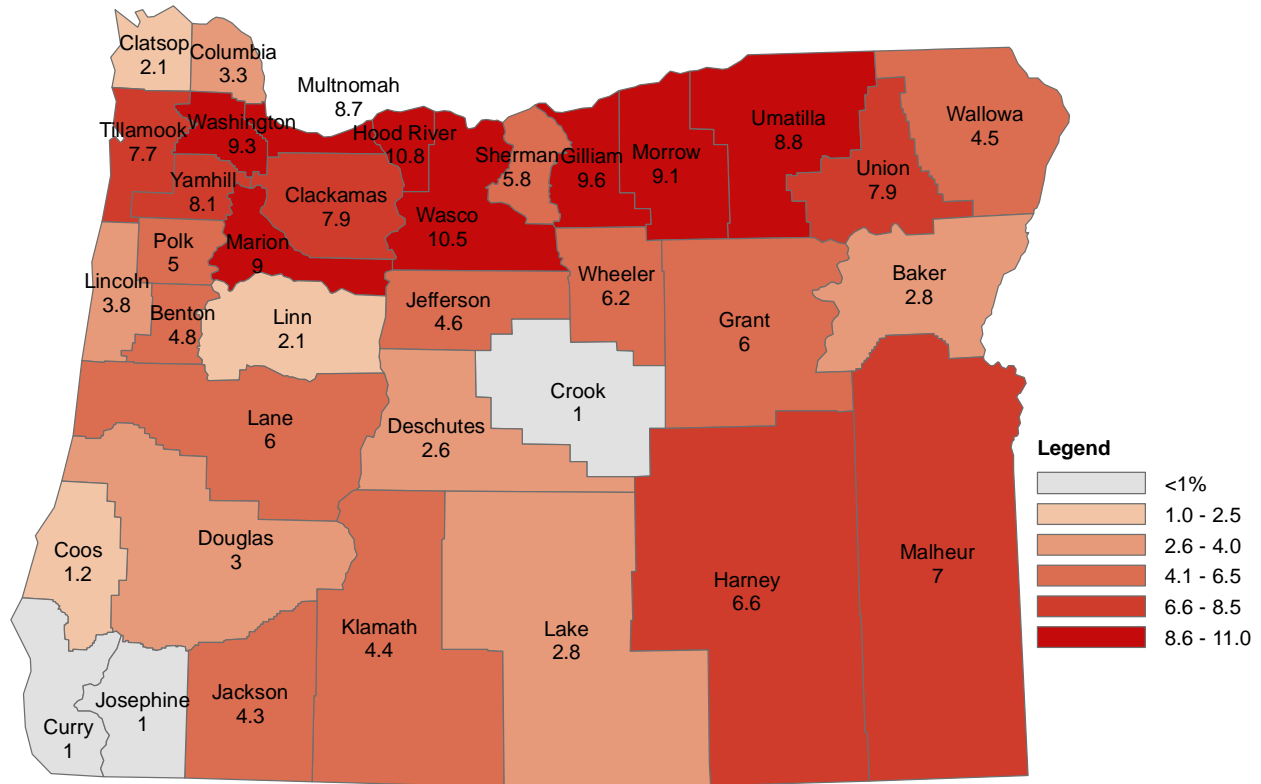
- DCBS revisions;
- Multiple coverage adjustment;
- Adding Tricare to Self-insured;
- Subtracting CAWEM from Medicaid;
- Adding stop-loss coverage as coverage type (available only statewide and not for counties);
- Removing self-administered change assumption;
- Medicaid enrollments from actuals instead of preliminary estimates;
- Population data from PSU instead of Census.

These factors affect the number of uninsured in the post-period in different directions. The largest factors were the revision to DCBS data and the updated multiple coverage adjustment. The other coverage types are also affected by these changes. A complete table comparing the previous results and the current results is shown in the appendix.

County Results

The county-level results are shown graphically in Figure 1 and are detailed in Table 1.

Figure 1. Uninsured Percentage by County, 2014



Note: Crook, Josephine, and Curry counties all obtained rates below 1percent, which are censored at 1 percent.

Table 1 shows the percent and change in percent of those with private insurance, public insurance, and the uninsured. The primary driver of changes in the number of uninsured is the increase in Medicaid enrollment. Private insurance, which includes all types of insurance except Medicare and Medicaid, changed over a more narrow range.

Table 1. Health Insurance Coverage Type Percentages by County, 2012-2014

County	Private			Public			Uninsured		
	2012	2014	Change	2012	2014	Change	2012	2014	Change
Baker	38.0	41.3	3.3	43.3	53.7	10.4	12.9	2.8	-10.1
Benton	60.3	61.6	1.3	22.6	29.9	7.3	12.9	4.8	-8.1
Clackamas	55.8	51.9	-3.9	26.9	34.5	7.7	11.8	7.9	-4.0
Clatsop	45.0	45.7	0.7	35.4	48.2	12.8	15.1	2.1	-13.1
Columbia	51.8	51.2	-0.7	32.5	41.8	9.3	12.4	3.3	-9.1
Coos	37.8	38.2	0.4	45.1	57.6	12.5	14.2	1.2	-13.0
Crook	39.1	47.4	8.3	42.0	55.6	13.6	14.3	<1	NA
Curry	34.8	38.0	3.2	47.0	59.3	12.2	13.1	<1	NA
Deschutes	42.8	47.5	4.7	33.7	46.0	12.3	15.3	2.6	-12.7
Douglas	39.6	39.5	-0.1	43.9	55.0	11.1	13.5	3.0	-10.5
Gilliam	47.4	47.2	-0.2	33.8	40.4	6.6	13.4	9.6	-3.7
Grant	42.6	46.7	4.1	37.9	45.7	7.9	14.1	6.0	-8.1
Harney	40.1	39.9	-0.1	38.0	49.0	11.0	16.6	6.6	-10.0
Hood River	41.9	43.7	1.8	30.1	41.3	11.3	19.1	10.8	-8.3
Jackson	39.3	39.7	0.4	39.4	52.4	13.0	16.0	4.3	-11.7
Jefferson	35.3	36.0	0.6	42.6	57.4	14.7	19.0	4.6	-14.4
Josephine	34.3	35.6	1.4	47.6	61.8	14.2	13.7	<1	NA
Klamath	39.5	40.5	1.1	41.1	52.6	11.5	16.2	4.4	-11.8
Lake	43.1	46.8	3.7	38.3	48.1	9.8	13.7	2.8	-11.0
Lane	47.4	44.8	-2.6	34.0	45.3	11.3	14.6	6.0	-8.6
Lincoln	35.0	37.3	2.3	44.5	56.9	12.4	16.2	3.8	-12.4
Linn	45.4	45.4	0.1	37.8	48.6	10.8	13.9	2.1	-11.8
Malheur	42.1	43.2	1.1	38.6	48.5	9.9	15.2	7.0	-8.2
Marion	44.5	42.3	-2.1	35.3	45.3	10.0	17.4	9.0	-8.4
Morrow	45.2	44.8	-0.4	33.5	43.0	9.6	18.0	9.1	-9.0
Multnomah	51.5	47.8	-3.8	28.3	38.7	10.4	15.3	8.7	-6.6
Polk	51.6	50.1	-1.5	32.1	41.6	9.5	13.0	5.0	-8.0
Sherman	41.2	44.9	3.6	37.4	43.6	6.2	13.1	5.8	-7.2
Tillamook	38.8	38.3	-0.5	39.4	51.0	11.7	17.0	7.7	-9.3
Umatilla	47.4	46.1	-1.3	33.0	42.3	9.3	17.0	8.8	-8.2
Union	44.9	44.4	-0.5	36.2	45.3	9.1	14.0	7.9	-6.0
Wallowa	33.4	38.7	5.2	40.7	54.1	13.4	13.8	4.5	-9.2
Wasco	38.5	37.8	-0.6	38.1	49.5	11.5	19.1	10.5	-8.6
Washington	60.0	56.3	-3.7	22.3	29.7	7.3	13.2	9.3	-3.9
Wheeler	36.0	38.9	3.0	45.8	52.5	6.7	13.9	6.2	-7.7
Yamhill	52.0	47.2	-4.8	30.8	40.1	9.3	13.5	8.1	-5.4

Note: Counties with uninsured estimates below 1 percent are indicated as “<1” in the table. Thus, the percent change is listed as not applicable “NA”.

Detailed estimates, which break out private and public coverage types by county, are found in the appendix.

Discussion

This report provides initial estimates of the county uninsured rate and provides a slightly revised estimate at the state level. These estimates show a significant drop in the number of uninsured individuals in Oregon. This change is driven by the substantial increase in enrollment in the Oregon Health Plan, as well as the increase in private non-group coverage through Cover Oregon. The modest decline in enrollment in private group plans offset these gains.

The insurance numbers in this report are based on a relatively innovative approach using administrative data sources. These sources are updated more quickly than traditional survey methods. Oregon is one of only a few states that collects comprehensive health insurance enrollment information from its insurers and third party administrators (TPAs). These data sources make it possible to implement this approach with a greater degree of confidence than would otherwise be possible.

The aforementioned limitations of the study are perhaps best highlighted by the existence of the statewide revision itself and the sensitivity to changes in data sources or assumptions. Despite the limitations, the data provide solid and increasingly accurate information for those interested in the health insurance coverage profile across the state.¹⁶

Statewide Revision

As described in the initial release of the 2014 uninsured estimates, the increase in insurance represents a dramatic change compared to historical patterns of coverage in Oregon. The state estimates for the number of uninsured in 2014 have risen moderately since the September 2014 report. These changes are due to data and methodology changes that were revealed in creating the county estimates.

County Results

The state estimate has minimal statistical error since it is primarily using counts, and the uninsured estimate in the pre-period is quite precise. In contrast, the county estimates have greater uncertainty, resulting from a less precise pre-period uninsured rate estimate. Additionally, at the state level we can observe stop-loss coverage, which is likely to measure the self-administered self-insured groups in the state. After subtracting the 156,927 from the total residual of 253,114, 99,326 individuals remain not accounted for by the state approach.

As described in the limitations section, the statewide uninsured rate using the county results (6.8 percent) does not match the uninsured rate using state results (5.6 percent) but is within its confidence interval. Rather than adding adjustment factors to make these rates consistent, this report leaves the data as they are.

Acknowledgements

Several people provided valuable assistance with the data and analysis: Elizabeth Klicker at DCBS; Lewis Raynor and Kimberly Yee with the Oregon Health Authority and Satenick Hackenbruck from the Department of Human Services.

¹ Oregon Health & Science University, Oregon Health Authority, State Health Access Data Assistance Center, State Reform Network. "Impacts of the Affordable Care Act on Health Insurance Coverage In Oregon"; September 2014. Available online at: <http://www.ohsu.edu/xd/research/centers-institutes/center-for-health-systems-effectiveness/current-projects/upload/Impacts-of-the-Affordable-Care-Act-on-Health-Insurance-Coverage-in-Oregon.pdf>

² This rate is based on the percentage of people uninsured in the 2013 Oregon Health Insurance Survey. For readers of the September 2014 report, the rate was described as 14.0 percent and based on the count from the survey relative to a total population that did not match the survey sample. The change is described in more detail in the data sources section.

³ Department of Health and Human Services. "Addendum to the Health Insurance Marketplace Summary Enrollment Report for the Initial Annual Open Enrollment Period." Accessed August 28, 2014 at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollAddendum.pdf

⁴ State Health Access Data Assistance Center (SHADAC). "Early Impacts of the Affordable Care Act on Health Insurance Coverage in Minnesota". June, 2014. Available online at <http://www.shadac.org/MinnesotaCoverageReport>

⁵ Department of Consumer and Business Services (DCBS). "Health insurance quarterly enrollment reports". Available online at: <http://www.oregon.gov/DCBS/insurance/insurers/other/Pages/quarterly-enrollment-reports.aspx>

⁶ Because the crosswalk relies on a geographic concept of the ZIP Code, called the ZIP Code Tabulation Area (ZCTA), a crosswalk was used to first assign each ZIP Code to a ZCTA.

⁷ These data were available at the time of the September 2014 report but they had not been considered for this purpose.

⁸ The CAWEM-Plus program that provides full benefits to pregnant individuals is included.

⁹ Centers for Medicare and Medicaid Services (CMS). "Medicare Advantage State/County Penetration Reports". Available online at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/MA-State-County-Penetration.html>

¹⁰ The 2014 number is preliminary estimate of total coverage, reported enrollment is adjusted to account for the anticipated effect of later verification and redetermination processes.

¹¹ As determined by the Forecasting Unit of OHA. In Oregon, individuals must reapply for medical assistance on a yearly basis. Redetermination refers to the process by which each month the eligibility of any number of Medicaid enrollees is reevaluated. Some members may have their coverage ended at that time if they are determined to be no longer eligible, for example because of an increase in income. Others who fail to respond in time also have their benefits terminated. Disqualified individuals may reapply and, if found eligible, their benefits are reinstated. Moreover, those who submit information within 90 days of their closure date may have benefits restored back to the day after closure (ultimately resulting in no break in coverage). In this way monthly enrollment totals are subject to revisions after the fact.

¹² Both surveys used control totals that were smaller than the PSU counts. Therefore, the adjustment tends to increase the number of uninsured in the pre-period because the same percentage is applied to a larger number. This is a change in methodology from the September report which held the count fixed and adjusted the rate.

¹³ Because this adjustment reduces enrollment across all commercial types of insurance, enrollment reported here will be lower than the administrative counts for these types, such as Cover Oregon.

¹⁴ The bounds are calculated using the published margins of error for the survey (at the 90th percent level of a normal distribution). They are converted into margins from 95th percentile of a cumulative binomial distribution

using: the published standard error (based on the effective sample size), a calculation of the simple random sample variance from the published percentage and the count of observations used for the SAHIE model, and the relationship between the actual sample size and the effective sample size.

¹⁵ Specifically, one large carrier had downward revisions of approximately 40k in enrollment due to a reporting error. This has the impact of increasing the post-period uninsured rate.

¹⁶ As more periods of data are collected, the behavior of multiple coverage and the residual can be better understood, allowing for potential adjustments.

Appendix

Table A-1. Statewide Insurance Coverage Estimates: Comparison of Previous and Current Results

Type of insurance	Number of people				Percent of population	
	Pre-period (June 30, 2013)		Post Period (June 30, 2014)		Post Period (June 30, 2014)	
	Previous	Current	Previous	Current	Previous	Current
Private						
Group						
<i>Small group</i>	193,323	181,765	175,410	161,948	4.4%	4.1%
<i>Large group</i>	651,666	584,677	634,872	567,280	16.0%	14.3%
<i>Self-insured, DCBS reporters</i>	740,960	749,756	790,564	777,094	20.0%	19.6%
<i>Self-insured, imputed/Stop-Loss*</i>	162,096	153,788	128,438	156,927	3.2%	4.0%
<i>Associations & Trusts</i>	146,393	139,579	118,135	108,872	3.0%	2.7%
Total, Group	1,894,438	1,809,566	1,847,420	1,772,121	46.6%	44.7%
Nongroup						
<i>Direct purchase</i>	167,308	157,287	140,994	132,265	3.6%	3.3%
<i>Cover Oregon</i>	0	0	76,569	70,492	1.9%	1.8%
<i>Portability</i>	13,575	13,575	0	0	0.0%	0.0%
Total, Nongroup	180,883	170,862	217,563	202,757	5.5%	5.1%
Total, Private	2,075,321	1,980,428	2,064,983	1,974,877	52.1%	49.8%
Public insurance						
OHP and Other Medicaid Programs	613,782	585,971	975,717	948,391	24.6%	23.9%
Medicare	690,962	684,919	718,940	716,178	18.1%	18.1%
Total, Public	1,304,744	1,270,890	1,694,657	1,664,569	42.8%	42.0%
Uninsured						
Uninsured	550,000	568,376	201,874	223,793	5.1%	5.6%
Residual						
Residual*	NA	99,326	NA	99,326	NA	2.5%
Total population	3,930,065	3,919,020	3,961,514	3,962,565	100.0%	100.0%

*In the September 2014 report the residual was assigned as the imputed Self-insured category. With the addition of Stop-loss only coverage, this group is directly measured and the remainder from the total population is listed as the residual.

Table A-2. Insurance Coverage by Source, 2012 Counts

County	Private								Public		Residual	Uninsured			Total Population
	Group					Non-group			OHP and Other Medicaid Programs	Medicare	Residual	Lower 95%	Estimate	Upper 95%	Total Population
Small group	Large group	Self-insured, DCBS reporters	Stop-Loss Only	Associations & Trusts	Direct purchase	Cover Oregon	Portability								
Baker	450	1,151	2,584	0	308	889	0	48	2,814	4,203	1,667	1,905	2,096	2,286	16,210
Benton	3,811	13,143	16,743	0	1,393	3,326	0	294	7,293	12,356	17,223	10,083	11,203	12,330	86,785
Clackamas	24,937	77,827	82,456	0	20,411	18,945	0	2,262	39,733	62,751	7,254	42,352	45,104	48,139	381,680
Clatsop	1,880	2,620	6,471	0	1,303	1,515	0	126	5,522	7,648	4,472	5,120	5,632	6,144	37,190
Columbia	1,990	8,703	8,825	0	3,265	1,376	0	239	7,084	9,061	2,964	5,655	6,172	6,726	49,680
Coos	2,122	5,153	7,348	0	4,493	1,709	0	134	11,735	16,609	4,639	8,174	8,948	9,706	62,890
Crook	518	1,930	2,923	0	515	903	0	53	3,489	5,187	2,186	2,662	2,946	3,213	20,650
Curry	479	1,256	2,459	0	782	1,068	0	74	3,124	7,362	2,776	2,655	2,914	3,182	22,295
Deschutes	8,334	18,728	28,117	0	4,260	12,431	0	635	23,806	30,181	9,124	22,681	24,523	26,451	160,140
Douglas	3,365	11,386	13,986	0	7,634	3,066	0	254	19,623	27,848	6,460	13,378	14,574	15,711	108,195
Gilliam	64	239	473	0	71	98	0	5	204	438	54	229	254	280	1,900
Grant	173	894	1,203	0	499	396	0	8	902	1,919	407	954	1,050	1,146	7,450
Harney	355	767	1,236	0	144	367	0	24	1,095	1,685	428	1,102	1,214	1,324	7,315
Hood River	1,097	2,829	3,204	0	804	1,960	0	79	3,545	3,331	1,653	4,036	4,373	4,731	22,875
Jackson	9,194	21,942	34,637	0	4,845	10,191	0	597	36,486	44,118	9,903	30,405	32,719	35,042	204,630
Jefferson	551	1,931	3,755	0	733	625	0	28	5,191	4,164	783	3,877	4,178	4,503	21,940
Josephine	2,528	9,097	8,536	0	1,820	3,492	0	181	17,156	22,239	6,382	10,419	11,344	12,303	82,775
Klamath	2,616	6,298	10,532	0	1,097	2,013	0	96	13,074	14,377	5,791	10,030	10,845	11,620	66,740
Lake	266	363	1,441	0	572	383	0	8	1,126	1,906	768	982	1,087	1,189	7,920
Lane	17,578	51,955	61,520	0	9,432	13,406	0	903	53,826	66,598	27,277	48,557	51,703	54,929	354,200
Lincoln	1,348	2,743	6,651	0	1,201	1,797	0	189	8,226	12,396	4,251	6,944	7,494	8,078	46,295
Linn	5,540	15,287	19,287	0	3,094	3,135	0	334	21,455	23,161	10,331	15,015	16,410	17,750	118,035
Malheur	557	2,272	3,536	0	277	1,260	0	37	6,611	5,493	6,587	4,348	4,764	5,170	31,395

Marion	12,790	52,169	59,009	0	10,858	8,302	0	964	62,443	50,701	7,648	52,524	55,612	58,927	320,495
Morrow	313	1,136	1,425	0	590	348	0	26	2,044	1,739	1,642	1,863	2,038	2,211	11,300
Multnomah	39,817	146,624	146,530	0	33,630	32,636	0	3,803	111,961	99,742	19,193	108,673	114,509	120,594	748,445
Polk	2,908	13,281	19,093	0	2,591	2,262	0	241	11,179	13,439	1,651	9,094	9,979	10,858	76,625
Sherman	128	211	326	0	29	137	0	9	204	456	34	208	231	254	1,765
Tillamook	942	2,032	3,441	0	1,604	1,117	0	117	3,532	6,434	1,786	3,960	4,299	4,654	25,305
Umatilla	2,767	6,688	11,852	0	1,364	1,931	0	104	13,447	11,965	13,917	12,112	13,086	13,997	77,120
Union	951	2,830	5,324	0	1,455	1,214	0	74	4,194	5,288	1,188	3,304	3,658	4,007	26,175
Unknown	0	2,115	2,655	160,204	0	0	0	0	40	0	0	0	0	0	0
Wallowa	224	716	862	0	171	811	0	37	859	1,996	372	876	966	1,059	7,015
Wasco	833	2,767	4,903	0	720	1,076	0	47	4,473	5,225	583	4,479	4,858	5,216	25,485
Washington	30,057	107,804	142,289	0	18,554	21,528	0	2,626	56,257	65,035	26,931	67,317	71,765	75,944	542,845
Wheeler	22	153	119	0	25	62	0	0	201	452	193	178	198	218	1,425
Yamhill	5,144	16,185	19,336	0	4,968	3,374	0	351	14,788	16,159	6,637	12,567	13,608	14,668	100,550
Oregon	186,650	613,224	745,087	160,204	145,514	159,148	0	15,006	578,742	663,662	215,158	553,623	566,354	579,750	3,883,735

Table A-3. Insurance Coverage by Source, 2012 Percentages

County	Private								Public		Residual	Uninsured			Total Population
	Group					Non-group			OHP and Other Medicaid Programs	Medicare	Residual	Lower 95%	Estimate	Upper 95%	Total Population
Small group	Large group	Self-insured, DCBS reporters	Self-insured, imputed	Associations & Trusts	Direct purchase	Cover Oregon	Portability								
Baker	2.8	7.1	15.9	0.0	1.9	5.5	0.0	0.3	17.4	25.9	10.3	11.8	12.9	14.1	100.0
Benton	4.4	15.1	19.3	0.0	1.6	3.8	0.0	0.3	8.4	14.2	19.8	11.6	12.9	14.2	100.0
Clackamas	6.5	20.4	21.6	0.0	5.3	5.0	0.0	0.6	10.4	16.4	1.9	11.1	11.8	12.6	100.0
Clatsop	5.1	7.0	17.4	0.0	3.5	4.1	0.0	0.3	14.8	20.6	12.0	13.8	15.1	16.5	100.0
Columbia	4.0	17.5	17.8	0.0	6.6	2.8	0.0	0.5	14.3	18.2	6.0	11.4	12.4	13.5	100.0
Coos	3.4	8.2	11.7	0.0	7.1	2.7	0.0	0.2	18.7	26.4	7.4	13.0	14.2	15.4	100.0
Crook	2.5	9.3	14.2	0.0	2.5	4.4	0.0	0.3	16.9	25.1	10.6	12.9	14.3	15.6	100.0
Curry	2.1	5.6	11.0	0.0	3.5	4.8	0.0	0.3	14.0	33.0	12.5	11.9	13.1	14.3	100.0
Deschutes	5.2	11.7	17.6	0.0	2.7	7.8	0.0	0.4	14.9	18.8	5.7	14.2	15.3	16.5	100.0
Douglas	3.1	10.5	12.9	0.0	7.1	2.8	0.0	0.2	18.1	25.7	6.0	12.4	13.5	14.5	100.0
Gilliam	3.4	12.6	24.9	0.0	3.8	5.1	0.0	0.3	10.7	23.1	2.9	12.1	13.4	14.8	100.0
Grant	2.3	12.0	16.1	0.0	6.7	5.3	0.0	0.1	12.1	25.8	5.5	12.8	14.1	15.4	100.0
Harney	4.9	10.5	16.9	0.0	2.0	5.0	0.0	0.3	15.0	23.0	5.9	15.1	16.6	18.1	100.0
Hood River	4.8	12.4	14.0	0.0	3.5	8.6	0.0	0.3	15.5	14.6	7.2	17.6	19.1	20.7	100.0
Jackson	4.5	10.7	16.9	0.0	2.4	5.0	0.0	0.3	17.8	21.6	4.8	14.9	16.0	17.1	100.0
Jefferson	2.5	8.8	17.1	0.0	3.3	2.8	0.0	0.1	23.7	19.0	3.6	17.7	19.0	20.5	100.0
Josephine	3.1	11.0	10.3	0.0	2.2	4.2	0.0	0.2	20.7	26.9	7.7	12.6	13.7	14.9	100.0
Klamath	3.9	9.4	15.8	0.0	1.6	3.0	0.0	0.1	19.6	21.5	8.7	15.0	16.2	17.4	100.0
Lake	3.4	4.6	18.2	0.0	7.2	4.8	0.0	0.1	14.2	24.1	9.7	12.4	13.7	15.0	100.0
Lane	5.0	14.7	17.4	0.0	2.7	3.8	0.0	0.3	15.2	18.8	7.7	13.7	14.6	15.5	100.0
Lincoln	2.9	5.9	14.4	0.0	2.6	3.9	0.0	0.4	17.8	26.8	9.2	15.0	16.2	17.4	100.0
Linn	4.7	13.0	16.3	0.0	2.6	2.7	0.0	0.3	18.2	19.6	8.8	12.7	13.9	15.0	100.0
Malheur	1.8	7.2	11.3	0.0	0.9	4.0	0.0	0.1	21.1	17.5	21.0	13.8	15.2	16.5	100.0

Marion	4.0	16.3	18.4	0.0	3.4	2.6	0.0	0.3	19.5	15.8	2.4	16.4	17.4	18.4	100.0
Morrow	2.8	10.1	12.6	0.0	5.2	3.1	0.0	0.2	18.1	15.4	14.5	16.5	18.0	19.6	100.0
Multnomah	5.3	19.6	19.6	0.0	4.5	4.4	0.0	0.5	15.0	13.3	2.6	14.5	15.3	16.1	100.0
Polk	3.8	17.3	24.9	0.0	3.4	3.0	0.0	0.3	14.6	17.5	2.2	11.9	13.0	14.2	100.0
Sherman	7.2	11.9	18.5	0.0	1.7	7.8	0.0	0.5	11.6	25.8	1.9	11.8	13.1	14.4	100.0
Tillamook	3.7	8.0	13.6	0.0	6.3	4.4	0.0	0.5	14.0	25.4	7.1	15.7	17.0	18.4	100.0
Umatilla	3.6	8.7	15.4	0.0	1.8	2.5	0.0	0.1	17.4	15.5	18.0	15.7	17.0	18.1	100.0
Union	3.6	10.8	20.3	0.0	5.6	4.6	0.0	0.3	16.0	20.2	4.5	12.6	14.0	15.3	100.0
Wallowa	3.2	10.2	12.3	0.0	2.4	11.6	0.0	0.5	12.2	28.5	5.3	12.5	13.8	15.1	100.0
Wasco	3.3	10.9	19.2	0.0	2.8	4.2	0.0	0.2	17.6	20.5	2.3	17.6	19.1	20.5	100.0
Washington	5.5	19.9	26.2	0.0	3.4	4.0	0.0	0.5	10.4	12.0	5.0	12.4	13.2	14.0	100.0
Wheeler	1.6	10.7	8.3	0.0	1.7	4.3	0.0	0.0	14.1	31.7	13.6	12.5	13.9	15.3	100.0
Yamhill	5.1	16.1	19.2	0.0	4.9	3.4	0.0	0.3	14.7	16.1	6.6	12.5	13.5	14.6	100.0
Oregon	4.8	15.8	19.2	4.1	3.7	4.1	0.0	0.4	14.9	17.1	5.5	14.3	14.6	14.9	100.0

Table A-4. Insurance Coverage by Source, 2014 Counts

County	Private						Public			Residual	Uninsured			Total Population	
	Group			Non-group			Direct purchase	Cover Oregon	Portability	OHP and Other Medicaid Programs	Medicare	Residual (from 2012)	Lower 95%	Estimate	Upper 95%
Small group	Large group	Self-insured, DCBS reporters	Stop-Loss Only	Associations & Trusts											
Baker	353	994	2,810	0	247	734	289	0	4,349	4,418	1,667	273	464	654	16,325
Benton	3,242	12,321	19,813	0	893	2,996	1,431	0	13,210	13,366	17,223	3,126	4,246	5,372	88,740
Clackamas	22,469	76,449	80,349	0	15,926	16,835	6,326	0	66,301	68,832	7,254	28,033	30,785	33,820	391,525
Clatsop	1,517	2,421	7,234	0	854	1,293	860	0	9,776	8,286	4,472	270	782	1,293	37,495
Columbia	1,884	8,181	9,842	0	2,828	1,140	666	0	10,941	9,988	2,964	1,123	1,639	2,193	50,075
Coos	1,904	4,880	8,402	0	3,618	1,271	1,195	0	18,724	17,490	4,639	3	777	1,535	62,900
Crook	372	1,743	4,554	0	318	615	426	0	5,882	5,670	2,186	NA	NA	NA	20,780
Curry	425	864	3,015	0	412	825	599	0	5,520	7,730	2,776	NA	NA	NA	22,355
Deschutes	6,475	18,314	32,943	0	3,394	10,341	4,975	0	42,140	34,349	9,124	2,502	4,343	6,271	166,400
Douglas	2,682	10,143	16,065	0	6,697	2,410	1,456	0	30,821	29,352	6,460	2,104	3,300	4,437	109,385
Gilliam	55	207	514	0	46	83	27	0	324	473	54	166	190	217	1,975
Grant	120	790	1,571	0	282	318	99	0	1,394	2,001	407	347	443	540	7,425
Harney	327	699	1,280	0	97	272	126	0	1,790	1,769	428	366	478	588	7,265
Hood River	1,001	2,610	3,465	0	346	1,415	874	0	6,231	3,579	1,653	2,219	2,556	2,914	23,730
Jackson	7,582	16,401	40,075	0	4,055	7,672	4,686	0	61,266	47,821	9,903	6,601	8,915	11,238	208,375
Jefferson	445	1,519	4,281	0	634	501	273	0	8,151	4,591	783	727	1,028	1,353	22,205
Josephine	2,124	7,874	9,910	0	1,231	2,364	1,807	0	27,841	23,443	6,382	NA	NA	NA	82,960
Klamath	1,619	5,643	12,238	0	770	1,739	930	0	20,252	14,973	5,791	2,140	2,955	3,730	66,910
Lake	184	362	1,590	0	580	328	111	0	1,855	1,990	768	116	221	323	7,990
Lane	14,139	44,425	65,185	0	6,884	10,003	6,888	0	90,730	71,840	27,277	18,287	21,434	24,660	358,805
Lincoln	932	2,109	7,605	0	901	1,345	1,266	0	13,460	13,236	4,251	1,236	1,786	2,370	46,890
Linn	4,728	13,696	23,435	0	2,035	3,182	1,692	0	33,501	24,630	10,331	1,079	2,474	3,814	119,705
Malheur	411	1,907	3,752	0	88	905	365	0	9,626	5,633	6,587	1,779	2,195	2,601	31,470

Marion	11,096	50,319	60,900	0	8,027	7,072	4,127	0	93,206	54,446	7,648	26,221	29,310	32,624	326,150
Morrow	359	1,118	1,503	0	421	349	124	0	3,131	1,830	1,642	872	1,047	1,220	11,525
Multnomah	36,960	136,906	144,145	0	23,083	27,229	15,287	0	188,976	107,285	19,193	60,875	66,711	72,796	765,775
Polk	2,556	12,642	19,933	0	1,730	1,972	981	0	17,716	14,650	1,651	3,018	3,903	4,782	77,735
Sherman	101	203	359	0	22	150	32	0	303	476	34	81	104	127	1,785
Tillamook	753	1,949	3,513	0	1,066	895	546	0	6,203	6,801	1,786	1,630	1,968	2,323	25,480
Umatilla	2,238	6,089	12,338	0	1,093	1,773	901	0	20,553	12,562	13,917	5,900	6,874	7,785	78,340
Union	621	1,868	6,070	0	1,128	953	559	0	6,511	5,483	1,188	1,751	2,105	2,454	26,485
Wallowa	187	484	894	0	123	506	356	0	1,715	2,112	372	231	321	414	7,070
Wasco	565	2,550	5,010	0	474	741	517	0	7,375	5,552	583	2,358	2,737	3,095	26,105
Washington	26,746	101,928	144,542	0	14,669	19,062	8,245	0	94,710	71,567	26,931	47,617	52,066	56,245	560,465
Wheeler	35	123	164	0	10	47	23	0	306	450	193	69	89	109	1,440
Yamhill	4,740	16,089	17,400	0	3,886	2,928	1,426	0	23,593	17,504	6,637	7,281	8,322	9,382	102,525
Oregon	161,948	567,280	713,125	156,927	108,872	132,265	70,492	0	948,391	716,178	99,326	175,324	223,793	272,261	3,962,565

Note: Counties with uninsured estimates below 1 percent are indicated simply as "NA" in the table because the counts are not considered reliable.

Table A-5. Insurance Coverage by Source, 2014 Percentages

County	Private					Public			Residual	Uninsured			Total Population		
	Group		Non-group			OHP and Other Medicaid Programs	Medicare	Residual (from 2012)	Lower 95%	Estimate	Upper 95%	Total Population			
Small group	Large group	Self-insured, DCBS reporters	Self-insured, imputed	Associations & Trusts	Direct purchase								Cover Oregon	Portability	
Baker	2.2	6.1	17.2	0.0	1.5	4.5	1.8	0.0	26.6	27.1	10.2	1.7	2.8	4.0	100.0
Benton	3.7	13.9	22.3	0.0	1.0	3.4	1.6	0.0	14.9	15.1	19.4	3.5	4.8	6.1	100.0
Clackamas	5.7	19.5	20.5	0.0	4.1	4.3	1.6	0.0	16.9	17.6	1.9	7.2	7.9	8.6	100.0
Clatsop	4.0	6.5	19.3	0.0	2.3	3.4	2.3	0.0	26.1	22.1	11.9	0.7	2.1	3.4	100.0
Columbia	3.8	16.3	19.7	0.0	5.6	2.3	1.3	0.0	21.8	19.9	5.9	2.2	3.3	4.4	100.0
Coos	3.0	7.8	13.4	0.0	5.8	2.0	1.9	0.0	29.8	27.8	7.4	0.0	1.2	2.4	100.0
Crook	1.8	8.4	21.9	0.0	1.5	3.0	2.1	0.0	28.3	27.3	10.5	NA	<1	NA	100.0
Curry	1.9	3.9	13.5	0.0	1.8	3.7	2.7	0.0	24.7	34.6	12.4	NA	<1	NA	100.0
Deschutes	3.9	11.0	19.8	0.0	2.0	6.2	3.0	0.0	25.3	20.6	5.5	1.5	2.6	3.8	100.0
Douglas	2.5	9.3	14.7	0.0	6.1	2.2	1.3	0.0	28.2	26.8	5.9	1.9	3.0	4.1	100.0
Gilliam	2.8	10.5	26.0	0.0	2.3	4.2	1.4	0.0	16.4	23.9	2.8	8.4	9.6	11.0	100.0
Grant	1.6	10.6	21.2	0.0	3.8	4.3	1.3	0.0	18.8	26.9	5.5	4.7	6.0	7.3	100.0
Harney	4.5	9.6	17.6	0.0	1.3	3.7	1.7	0.0	24.6	24.3	5.9	5.0	6.6	8.1	100.0
Hood River	4.2	11.0	14.6	0.0	1.5	6.0	3.7	0.0	26.3	15.1	7.0	9.4	10.8	12.3	100.0
Jackson	3.6	7.9	19.2	0.0	1.9	3.7	2.2	0.0	29.4	22.9	4.8	3.2	4.3	5.4	100.0
Jefferson	2.0	6.8	19.3	0.0	2.9	2.3	1.2	0.0	36.7	20.7	3.5	3.3	4.6	6.1	100.0
Josephine	2.6	9.5	11.9	0.0	1.5	2.8	2.2	0.0	33.6	28.3	7.7	NA	<1	NA	100.0
Klamath	2.4	8.4	18.3	0.0	1.2	2.6	1.4	0.0	30.3	22.4	8.7	3.2	4.4	5.6	100.0
Lake	2.3	4.5	19.9	0.0	7.3	4.1	1.4	0.0	23.2	24.9	9.6	1.5	2.8	4.0	100.0
Lane	3.9	12.4	18.2	0.0	1.9	2.8	1.9	0.0	25.3	20.0	7.6	5.1	6.0	6.9	100.0
Lincoln	2.0	4.5	16.2	0.0	1.9	2.9	2.7	0.0	28.7	28.2	9.1	2.6	3.8	5.1	100.0
Linn	3.9	11.4	19.6	0.0	1.7	2.7	1.4	0.0	28.0	20.6	8.6	0.9	2.1	3.2	100.0
Malheur	1.3	6.1	11.9	0.0	0.3	2.9	1.2	0.0	30.6	17.9	20.9	5.7	7.0	8.3	100.0

Marion	3.4	15.4	18.7	0.0	2.5	2.2	1.3	0.0	28.6	16.7	2.3	8.0	9.0	10.0	100.0
Morrow	3.1	9.7	13.0	0.0	3.7	3.0	1.1	0.0	27.2	15.9	14.2	7.6	9.1	10.6	100.0
Multnomah	4.8	17.9	18.8	0.0	3.0	3.6	2.0	0.0	24.7	14.0	2.5	7.9	8.7	9.5	100.0
Polk	3.3	16.3	25.6	0.0	2.2	2.5	1.3	0.0	22.8	18.8	2.1	3.9	5.0	6.2	100.0
Sherman	5.6	11.4	20.1	0.0	1.3	8.4	1.8	0.0	17.0	26.7	1.9	4.6	5.8	7.1	100.0
Tillamook	3.0	7.6	13.8	0.0	4.2	3.5	2.1	0.0	24.3	26.7	7.0	6.4	7.7	9.1	100.0
Umatilla	2.9	7.8	15.7	0.0	1.4	2.3	1.2	0.0	26.2	16.0	17.8	7.5	8.8	9.9	100.0
Union	2.3	7.1	22.9	0.0	4.3	3.6	2.1	0.0	24.6	20.7	4.5	6.6	7.9	9.3	100.0
Wallowa	2.6	6.8	12.6	0.0	1.7	7.2	5.0	0.0	24.3	29.9	5.3	3.3	4.5	5.8	100.0
Wasco	2.2	9.8	19.2	0.0	1.8	2.8	2.0	0.0	28.3	21.3	2.2	9.0	10.5	11.9	100.0
Washington	4.8	18.2	25.8	0.0	2.6	3.4	1.5	0.0	16.9	12.8	4.8	8.5	9.3	10.0	100.0
Wheeler	2.4	8.5	11.4	0.0	0.7	3.2	1.6	0.0	21.3	31.3	13.4	4.8	6.2	7.6	100.0
Yamhill	4.6	15.7	17.0	0.0	3.8	2.9	1.4	0.0	23.0	17.1	6.5	7.1	8.1	9.2	100.0
Oregon	4.1	14.3	18.0	4.0	2.7	3.3	1.8	0.0	23.9	18.1	2.5	4.4	5.6	6.9	100.0

Note: Counties with uninsured estimates below 1 percent are indicated as “<1” in the table because the counts are not considered reliable. The confidence intervals are indicated as “NA” for these counties.