

a) Type of entity and description of the program

The Oregon Department of Consumer and Business Services, through its Insurance Division (department), proposes to use the Consumer Assistance Program Grant to enhance its Consumer Advocacy Unit (CAU) as well as to collaborate more effectively with other state agencies and consumer organizations providing health insurance assistance. The CAU is housed within the department, allowing advocacy staff to independently resolve consumer insurance complaints, as well as coordinate with the department's investigative staff for cases involving insurance code violations. The department's regulatory and consumer assistance role complements that of another state agency, the Oregon Health Authority (OHA), whose charge is to bring most health-related programs in the state into a single agency, working to fundamentally improve how health care is delivered and paid for. Together, the department and OHA have been working to implement Oregon's health care reform legislation and will continue coordinating outreach and consumer assistance programs.

The CAU has the ability to advocate freely and vigorously on behalf of consumers. Since its statutory creation in 1988, the CAU has continuously assisted with questions and complaints. DCBS and the Insurance Division are charged with the protection of the insurance-buying public. CAU staff tirelessly work to protect consumer rights as well as educate consumers on their responsibilities. The CAU does not adjudicate appeals.

The department has the authority to ask for and report on any data specific to health benefit plans issued in Oregon. Specifically, the department can compile and report objective data to the Secretary, including data sources that are currently being utilized to collect information on specific consumer complaints, pressing policy issues and large scale investigations. To report on agencies overseeing public health coverage, the department will coordinate with other state agencies, such as the OHA, to efficiently receive data for reports to the Secretary. In addition, DCBS strives to include consumer input

on all levels. If a consumer or consumer organization makes a complaint about our services, we do our best to remedy the situation and will report such information to HHS if so required.

The department ensures long-term funding stability for the CAU by levying fees and assessments on health insurers. Insurers have no authority or influence over CAU advocates and are required by law to answer all questions presented to them within 21 days. Last year the department spent \$577,592 on health advocates and plans to continue funding the CAU through insurer fees and assessments, supplemented by federal grant opportunities for any future enhancements.

b) Scope of program assistance

1) Scope of the current program

CAU staff answer general insurance questions and assist consumers with complaints about insurance companies or insurance agents. Advocates will answer all questions or take complaints on any issue, including underwriting, policyholder services, claims handling, or marketing and sales. Advocates have the ability to mediate misunderstandings and provide information on laws, as well as investigate complaints. If a complaint requires an enforcement action, files are referred to the department's investigation and enforcement unit. While advocates have dealt with countless issues over the years, a majority of questions relate to claims and billing, coverage explanations, access to services and the appeals process, including assignment for external reviews.

While CAU staff have specific authority to assist with questions and complaints related to individual, small group, portability, the Oregon medical high risk pool and the temporary federal high risk pool plans, staff often take questions relating to ERISA, self-insured, Medicaid and CHIP plans. Often our staff start by treating these complaints the same as any other, as the department has general regulatory authority over the insurers who offer these plans and can often mediate conflicts informally. If specific regulatory or jurisdictional issues arise, CAU staff have established partnerships with the U.S. Department of Labor, Centers for Medicare and Medicaid Services, and the Oregon Senior Health

Insurance Benefits Assistance (SHIBA) programs. If a referral is necessary, advocates will directly contact the program on behalf of the consumer to properly transfer complaints and coordinate required information sharing.

2) Proposed enhancements to the current program with grant funding

The CAU offers all Oregonians free health insurance assistance, however there is still work to be done to ensure that Oregonians know the program is available to consumers and to coordinate health advocacy efforts across Oregon, both by governmental and non-governmental entities.

Coordinated Clearinghouse for Health Insurance Information and Advocacy: Oregon currently has numerous state agencies offering health insurance assistance programs, including the department's CAU, SHIBA (Medicare counseling), state high risk pools, and OHA's Oregon Health Plan Ombudsman Office. In addition, there are hundreds of non-profit community organizations who voluntarily promote state programs, as well as their own health advocacy services within individual communities. After numerous conversations with consumer advocacy groups, it is clear that Oregon would benefit from connecting our state health insurance assistance/advocacy programs. The department proposes to enhance CAU services to provide a health advocacy and assistance clearinghouse that can provide information about a variety of health insurance programs and problems and, if necessary, seamlessly transfer consumers to the correct state agency or community organization to help with their individual needs. Through statewide coordination efforts, program divisions will be invisible to the consumer; while promotional efforts will make it clear to Oregonians that any health insurance questions or issue can be served by this new information and assistance clearinghouse.

Grant funds will be used to staff, purchase and create the technical infrastructure to support the new health advocacy clearinghouse. Infrastructure improvements are necessary to employ an efficient consumer call-routing system, a one-stop web portal and other enhanced consumer referral mechanisms to better coordinate existing programs. The system will be deployed by DCBS and serve as an enhanced

consumer assistance tool even though program and direct service delivery will be carried out by the various state, local and non-profit entities. Establishing an integrated entry portal will allow state agencies to connect consumers to proper services, as well as to potentially track and share complaint and enrollment information. By creating the technical infrastructure to connect resources, consumers can efficiently obtain information and access services without getting “bumped” from agency to agency.

Address specific consumer needs: A referral specialist will be hired by the department to act as the main point of contact for the new health advocacy consumer referral mechanism associated with the clearinghouse. The referral specialist will be trained in identifying which state programs meet various individual needs of consumers and will be responsible for connecting consumers with specific health insurance programs housed across many state agencies and community organizations.

Develop resource directories and educational strategies: In order to properly coordinate efforts with state agencies and community organizations, the department will hire an outreach services specialist who will be responsible for creating detailed contact and resource directories to be used when advocates make telephone transfers and referrals to other state and community organizations. Because a coordinated educational effort will be essential to ensure resources are not fragmented, the outreach services specialist will also be tasked with developing an educational outreach plan that works to promote the CAU’s services, including the new clearinghouse contact information, within individual communities and creating new partnerships with community organizations. By engaging community partners as well as state agencies, the department can create a foundation for future health care reform outreach.

Enhance our appeals and enrollment assistance: To enhance the department’s appeals, complaint and enrollment assistance services, the CAU will hire an appeals and enrollment specialist who will support consumers who need additional help when filing an appeal or enrolling in a health plan. This staff person will specialize in assisting consumers who may have disabilities, language

barriers, or literacy challenges and will need individual one-on-one assistance. The appeals and enrollment specialist will not only coach consumers through the process, but when an individual requires extra assistance, this staff person will actually help consumers fill out appeals forms, file complaints with insurance companies, and assist with filling out insurance applications.

Consumer outreach: All remaining grant funds will be used to create new consumer outreach materials in order to communicate to the public, including diverse and hard-to-reach populations, about the existence of state health advocacy services and the new clearinghouse contact information. New materials, radio public services announcements and website updates will also be created to support educational outreach efforts. Materials will be distributed to community organizations throughout the state.

c) Program accomplishments

The CAU currently assists consumers with enrollment by explaining the application process, as well as providing information on consumer rights when applying for health insurance. Staff are able to identify and explain each public and commercial insurance option. However, we have not had enough staff available to assist consumers in filling out applications. As part of the department's proposal for these grant funds, the newly hired appeals and enrollment specialist will assist consumers in filling out enrollment forms.

Each year, CAU staff handle approximately 1,600 complaints and 6,400 phone inquiries. As discussed in Section b), advocates advise and educate consumers regarding the Oregon Insurance Code and the terms of their contract. Advocates also coach consumers through the appeals process, both for internal appeals and external review. As advocates explain the process, they are able to advise a consumer on the kind of documents they may need for internal review. Advocates do not legally represent consumers during the appeals process, but are able to assist from the initial inquiry to the final

resolution, including enforcement action if required. As part of our grant proposal, the appeals and enrollment specialist will assist consumers filling out appeals forms and filing them with insurers.

CAU staff are able to educate consumers on an individual basis. Whether the consumer has a question about their contract, the law or their health insurance premium, advocates are always ready to provide information or track down the answer to any inquiry. The department's consumer liaison and public information officer are charged with providing consumer education to the mass public. Press releases, health insurance tip sheets, and outreach events are continually used and updated to provide consumers with a basic understanding of health insurance in Oregon.

The CAU captures data for every complaint received by the department using Inslic software specifically developed by the department. The CAU software tracks information relating to the insurance company or agent, the type of insurance, the reason for the complaint, the disposition of the complaint and whether the complaint was confirmed. Special codes are used to track specific issues, many of which are also reported to the NAIC. CAU software can be used to generate customized reports that include any combination of codes. Complaint trends can then be used to propose new legislation and rules or help the department identify problem issues that may require further investigation and enforcement.

The department seeks consumer input on policy development through the consumer liaison and direct meetings with consumer advocates. The consumer liaison, working in conjunction with consumer health advocacy groups, advises the insurance administrator and deputy administrator on various regulatory, statutory or administrative policy decisions from a consumer prospective. The consumer liaison facilitates consumer involvement in agency activities, including seeking out interested consumer advocates to provide input to advisory committees. The department also meets monthly with consumer groups to inform them about policy decisions and receive feedback. Consumer advocates are very

active in providing comments on statutory concepts, administrative rule changes, and general department activities, including the planning and implementation of federal grants.

The CAU serves the nearly 4 million residents of Oregon and is always eager to provide services to anyone with an Oregon insurance question or complaint. In 2009, Oregon consumers received \$1,471,857¹ in benefits as a result of the efforts of the CAU. So far this year, the CAU has recovered \$1,480,120 in benefits for consumers. Consumer complaints often lead to department investigations and enforcement actions. In 2009 and 2010, our market surveillance and investigations unit recovered an additional \$2,236,501.50² for Oregonians.

d) Expertise of consumer assistance program personnel

The CAU employs three full-time health advocates, two part-time advocates, the CAU manager and the consumer liaison. Most staff hold undergraduate and graduate degrees, with many holding additional professional designations. Staff have substantial insurance experience, which is critical to understanding how insurance companies operate. The consumer liaison holds a law degree and has extensive advocacy experience. While all CAU staff are capable of handling cases involving private health insurance under both federal and state law, by housing the CAU within the department, advocates are able to reach out to subject matter experts from all department units, including the senior policy team, licensing, market surveillance, investigations and rates and forms units.

A customized training program is developed for each new advocate based on the expertise he or she brings the team. Training includes Oregon statutes and administrative rules, insurance policy analysis, computer systems, customer services, and diversity training. Training is primarily done on a one-on-one basis by a senior staff and other members of the team. Resources used in training and advocacy work include the insurance code, administrative rules, and subject matter experts from other units within the

¹ CAU recovered benefits cover all work provided by the unit, including health, property and casualty, and life insurance.

² The investigative unit's recovered benefits cover health insurance related claims only.

department. All department staff must also take a variety of training programs, including customer assistance, harassment, generational communication and business writing.

CAU staff continually provides assistance that is culturally and linguistically appropriate for each individual consumer. Working in conjunction with our multicultural communications program, staff members strive to offer understandable information that is compatible with cultural norms within a given community. Often we hear that minority communities are fearful of working with government programs, therefore we have done extensive outreach to try and promote our services as a safe place to find health insurance help. Outreach activities include: creating television PSA's and radio advertisements for Spanish-language programs, writing articles about health insurance in various non-English newspapers and producing document translations in Spanish, Vietnamese, and Russian. Spanish-speaking advocates have also made guest appearances on Spanish-language radio stations answering various insurance questions. In looking at the Office of Minority Health's national standards on culturally and linguistically appropriate services, the CAU meets or succeeds the standards based on our current program.

e) Accessibility

The CAU serves anyone with an Oregon insurance question or complaint from 8am to 5pm, Monday – Friday, regardless of where they are located. Our office is centrally located at 350 Winter St. NE, Salem, OR 97309 and accepts walk-ins. Most of our statewide contacts reach us via our consumer hotline, 503-947-7984 or 888-877-4894, or via e-mail: cp.ins@state.or.us. The CAU also provides information via our website www.insurance.oregon.gov. Questions and complaints can also be mailed or faxed to 503-378-4351. All complaint forms are offered in English and Spanish, and the CAU has advocates who fluently speak Spanish. If a person with limited English proficiency requires an interpreter in a language other than Spanish, advocates have access to a language translation service. When working with individuals with disabilities, advocates can utilize various resources, including

using handicap-accessible work spaces and access to sign language interpreters. Resource plans for individual with disabilities are decided on a case-by-case basis.

The department's consumer liaison travels throughout the state providing outreach information to vulnerable communities, especially seniors. These events focus on sharing information and letting consumers know there are people who can assist them in answering health insurance questions. With health care insurance scams on the rise, CAU staff keep informed about insurance scams across the nation and are always eager to assist with complaints in Oregon. Press releases are also developed to warn the general public about any current health care scam. In addition to outreach, the department's consumer liaison also represents vulnerable communities at the policy level.

f) Process for ensuring privacy and security of personally identifiable information

Department data is maintained in an Oracle database with user-level password security employed for direct access. Internal user access is provided through applications constructed in Oracle Forms. The applications utilize user groups to control visibility and the capacity to update data. User logons are aggressively managed using an application access tracking utility. Internal users accessing data systems from outside the firewall do so via CITRIX over SSL. Access to selected data for external users is provided using applications developed in ColdFusion. The ColdFusion environment resides in a DMZ and accesses data through carefully managed security layers. Applications are secured through HTTPS when appropriate. Report access to data is provided through Actuate, which delivers content via the web. The report deployment process includes a security/risk assessment, and reports can be deployed in a manner where they are inaccessible outside the firewall, or require passwords for external access. Data exchanges of sensitive information with external business partners are conducted using SFTP between specific IP addresses. Data stored on laptops is encrypted where appropriate.

The department's network is protected by a layered firewall. The system is capable of transmitting the required reporting data in an encrypted form, as data will be exchanged through SFTP.

Secure E-mail can also be established if needed. When data is accessed, selected data components are journalized for the purpose of providing an audit trail, which is typically done through database triggers. Journalized data includes fiscal data and other data deemed critical. The need for audit trails are assessed at the time systems are built or updated. Some external facing applications record each logon to the system. Database sql update logs are maintained for a limited period as a part of our business continuity strategy.

The department maintains clear policies and guidelines relating to the use and dissemination of data, and staff are required to review those policies on an annual basis. Staff are subject to background checks when hired or changing positions. An executive-level committee exists to provide direction and oversight. Web-based and in-person training is provided on a regular basis. Per department security policies, all staff have recently had information security training, and all new staff are required to undergo this training. Access to data is limited to need and rigorously maintained. Public dissemination is managed through the communications section.

The department maintains a disaster recovery strategy to recover and secure data in the event of an emergency. Where appropriate, data is stored off-site in secure, controlled environments. Data is transported, where appropriate, in a secure manner. A notification plan is in place in the event sensitive data were to be inadvertently compromised. Users are provided access to data through applications and reports. Granted access is recorded and managed in the department access control utility. Access for staff is eliminated immediately upon termination, and only appropriate access is provided for each staff person. Employee external access to internal applications is provided via CITRIX, which allows additional layers of security. Web-based applications not intended for external use do not function outside the department's infrastructure. Staff with higher levels of access to data systems are subject to background checks, professional training and mentoring, and subject to electronic oversight.