

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of:

Case No. INS-25-0020

UNITEDHEALTHCARE OF OREGON,
INC.,

ORDER TO CEASE AND DESIST,
ORDER ASSESSING CIVIL
PENALTY, AND CONSENT TO
ENTRY OF ORDER

An Oregon Corporation

Respondent.

The Director of the Department of Consumer and Business Services for the State of Oregon (“Director”), acting in accordance with Oregon Revised Statutes (“ORS”) chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748 and 750 (“Insurance Code”), has conducted an investigation into the insurance related activities of UnitedHealthcare of Oregon, Inc. (“UHCO”).

Respondent submits to the Director’s jurisdiction and agrees to waive its rights to notice and an administrative hearing that arise under ORS 183.415 and wishes to resolve this matter by consenting to entry of this Final Order.

Now, therefore, as evidenced by the authorized signatures subscribed on this document, the Director issues the following Findings of Fact, Conclusions of Law, and Final Orders.

FINDINGS OF FACT

The Director FINDS that:

1. UHCO has been licensed by the Director, by and through the Division of Financial Regulation, previously known as the Insurance Division (collectively the “Division”), as a health care service contractor since January 30, 1987. UHCO’s statutory principal place of business is 4550 Kruse Way, Suite 125, Lake Oswego, OR 97035. UHCO’s mailing address is 9800 Health Care Lane

Division of Financial Regulation
Labor and Industries Building
350 Winter Street NE, Suite 410
Salem, OR 97301-3881
Telephone: (503) 378-4387





Minnetonka, MN 55343 Respondent's National Association of Insurance Commissioners number is 95893.

2021 Prompt Payment Report

2. As an insurer licensed to offer health benefit plans in Oregon, UHCO is required to report data to the Division relating to prompt payment of claims.

3. UHCO filed its Prompt Payment Report for calendar year 2021 ("the 2021 Report") on February 28, 2022.

4. The 2021 Report showed that UHCO received 5,998 clean claims for individual policy holders during calendar year 2021.¹

5. The 2021 Report indicated that UHCO failed to pay 710 clean claims within 30 days of the date that UHCO received the claim, as required under ORS 743B.450(1).

6. Subsequent correspondence between UHCO and Division staff reduced the number of clean claims paid after the 30 days permitted by ORS 743B.450(1) from 710 to 630.

7. UHCO also confirmed that UHCO did not send claim delay notifications to claimants in connection with the 630 clean claims that were not paid within 30 days of UHCO receiving the claim.²

2022 Prompt Payment Report

8. UHCO filed its Prompt Payment Report for calendar year 2022 ("the 2022 Report") on February 24, 2023.

9. The 2022 Report showed that UHCO received 5,440 clean claims for individual policy holders during calendar year 2022.

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¹ Pursuant to OAR 836-080-0080(1)(a), "clean claim" means a claim under a health benefit plan that has no defect, impropriety, lack of any required substantiating documentation or particular circumstance requiring special treatment that prevents timely payment.



10. The 2022 Report indicated that UHCO failed to pay 558 clean claims within 30 days of the date that UHCO received the claim, as required under ORS 743B.450(1).

11. UHCO did not send claim delay notifications to claimants in connection with the 558 clean claims that were not paid within 30 days of UHCO receiving the claim.

CONCLUSIONS OF LAW

The Director CONCLUDES that:

Prompt and Fair Settlements

12. Pursuant to ORS 743B.450(1), when a claim under a health benefit plan is submitted to an insurer by a provider on behalf of an enrollee, the insurer shall pay a clean claim or deny the claim not later than 30 days after the date on which the insurer receives the claim.

13. UHCO violated ORS 743B.450(1) on each of the 630 instances as described in Paragraph 6 above by failing to pay a clean claim not later than 30 days after the date on which UHCO received the claim.

14. UHCO violated ORS 743B.450(1) on each of the 558 instances as described in Paragraph 11 above by failing to pay a clean claim not later than 30 days after the date on which UHCO received the claim.

Claim Delay Notification

15. Pursuant to ORS 743B.450(1) and OAR 836-080-0235(4), if an insurer needs more than 30 days to pay a clean claim, it shall notify the claimant not later than the 30th day after receipt of the proofs of loss, giving the reason more time is needed.

16. UHCO violated ORS 743B.450(1) and OAR 836-080-0235(4) on each of the 630 occasions described in Paragraphs 8 above by failing to provide notification not later than the 30th day after receipt of the proofs of loss that more time was needed and the reason for the delay.

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17. UHCO violated ORS 743B.450(1) and OAR 836-080-0235(4) on each of the 558 occasions described in Paragraphs 12 above by failing to provide notification not later than the 30th day after receipt of the proofs of loss that more time was needed and the reason for the delay.

Cease and Desist Authority

18. Pursuant to ORS 731.252(1), whenever the Director has reason to believe that any person has been engaged or is engaging or is about to engage in any violation of the Insurance Code, the Director may issue an order, directed to such person, to discontinue or desist from such violation or threatened violation.

Civil Penalties

19. Pursuant to ORS 731.988(1), the Director may impose a civil penalty of up to \$10,000 per violation upon any individual who violates a provision of the Insurance Code.

ORDERS

Now therefore, the Director issues the following Orders:

20. As authorized by ORS 731.252(1), the Director ORDERS Respondent to CEASE AND DESIST from violating any provision of the Insurance Code or the administrative rules promulgated thereunder.

Civil Penalties

21. Based upon the foregoing and in accordance with ORS 731.988(1), the Director ORDERS Respondent pay a CIVIL PENALTY of \$100,000 as follows:

- a. \$50,000 for violating ORS 743B.450(1) in 1,188 instances by failing to pay clean claims within 30 days of the receipt of these claims, as described in Paragraphs 6 and 11 above;
- b. \$50,000 for violating ORS 743B.450(1) and OAR 836-080-0235 in 1,188 instances by failing to send claim notification letters providing a reason why clean claims could not be paid within 30 days of the receipt of these claims, as described in Paragraphs 12 and 15 above.



22. The Director SUSPENDS the collection of \$60,000 of the \$100,000 CIVIL PENALTY assessed for violations of ORS 743.450(1) and OAR 836-080-0235 in Paragraph 21 above, so long as Respondent complies with all terms and conditions of this Order and all requirements of the Insurance Code and any administrative rules promulgated thereunder—including but not limited to ORS 743B.450(1) and OAR 836-080-0235.

23. The suspended CIVIL PENALTIES will be waived three years from the effective date of this Order, provided:

- a. Not later than 60 days from the date of execution of this Order, UHCO shall certify to the Division that UHCO has changed its procedures to ensure compliance with ORS 743B.450(1) and OAR 836-080-0235. This certification shall describe the specific actions taken by UHCO to ensure that clean claims are paid within 30 days of the date that UHCO receives these claim and that Claim Delay Notifications are sent when clean claims are not paid within 30 days of receipt.
- b. During the three-year period following the effective date of this Order, UHCO shall maintain compliance with ORS 743B.450(1) and OAR 836-080-0235 by ensuring that clean claims are paid within 30 days of the date that UHCO receives these claim and that Claim Delay Notifications are sent when clean claims are not paid within 30 days of receipt.
- c. UHCO has complied with the Order terms and has not committed any new violations of the Insurance Code.

24. The remaining \$40,000 total CIVIL PENALTY assessed above, as described in Paragraph 21, is not suspended and is due and payable at the time this Order is returned to the Division.

25. The failure of Respondent to fulfill any of the terms of this Order shall render the suspended penalties immediately due and payable.

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1 Final Order

2 26. This Order is a “Final Order” under ORS 183.310(6)(b). Subject to that
3 provision, entry of this Order in no way limits or prevents further remedies, sanctions, or
4 actions which may be available to the Director under Oregon law to enforce this Order, for
5 violations of this Order, for conduct or actions of Respondent that are not covered by this
6 Order, or against any party not covered by this Order.

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8 SO ORDERED this 23rd day of September, 2025.

9 Sean O’Day, Interim Director
10 Department of Consumer and Business Services

11 /s/ Dorothy Bean
12 Dorothy Bean, Chief of Enforcement
13 Division of Financial Regulation

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Division of Financial Regulation
Labor and Industries Building
350 Winter Street NE, Suite 410
Salem, OR 97301-3881
Telephone: (503) 378-4387



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CONSENT TO ENTRY OF ORDER

I, Heather Long, state that I am an officer of UnitedHealthcare of Oregon, Inc. and I am authorized to act on its behalf. I have read the foregoing Order, and I know and fully understand the contents hereof. I have been advised of the right to a hearing and of the right to be represented by counsel in this matter. UnitedHealthcare of Oregon, Inc. voluntarily and without any force or duress consents to the entry of this Order, expressly waiving any right to a hearing in this matter. UnitedHealthcare of Oregon Inc. understands that the Director reserves the right to take further actions to enforce this Order or to take appropriate action upon discovery of other violations of the Insurance Code. UnitedHealthcare of Oregon, Inc. will fully comply with the terms and conditions stated herein.

UnitedHealthcare of Oregon, Inc. understands that this Order is a public document.

/s/ Heather Long

Signature

Heather Long

Printed name

Asst Secretary

Office held

State of Minnesota

County of Hennepin

Signed or attested before me on this 11th day of September, 2025

By Heather Long

/s/ Brenda Louise Ryan

Notary Public

Division of Financial Regulation
Labor and Industries Building
350 Winter Street NE, Suite 410
Salem, OR 97301-3881
Telephone: (503) 378-4387

