

Oregon Health Insurance Marketplace

Report to the Joint Interim Committee on
Ways and Means and Interim Senate and
House Committees on Health Care

November 2015



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Oregon Health Insurance Marketplace Report

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I. Introduction

Introduction from the Director of the Department of Consumer and Business Services

The Department of Consumer and Business Services (DCBS) developed this report to update the Joint Interim Committee on Ways and Means, Interim Senate Committee on Health Care, and Interim House Committee on Health Care about Oregon's health insurance marketplace (Marketplace).

In accordance with Section 21 of Senate Bill 1 (Chapter 003, 2015 Laws), DCBS provides these reports every time the interim committees meet. When DCBS presented its previous report in September 2015, legislators had a lot of great feedback and questions, and this month's report provides additional information for the interim committees about the Marketplace and DCBS's plans.

Since its last report, DCBS has continued gearing up for the 2016 plan year open enrollment period. Between Nov. 1, 2015 and Jan. 31, 2016, Oregonians can sign up, renew, or change health insurance plans. HealthCare.gov allows them to shop and compare plans and see if they qualify for subsidies, which can help make health insurance more affordable. Last year, three out of four Oregonians who applied through HealthCare.gov received subsidies. We know that many others could have qualified but didn't apply, and they are one of our primary target audiences this year for our outreach efforts.

For those who enrolled last year, they will likely be re-enrolled in their plan or a similar plan if they do nothing, but this won't happen for everyone, so we encourage them to go to HealthCare.gov to review their plan and update their information as soon as possible. We suggest they shop again as well. It's always worth seeing if there is a better plan for them and their families.

We will also encourage Oregonians to seek out local help from insurance agents and community organizations, who can help them navigate the process. This year, 10 carriers will offer Oregonians about 111 medical plans. Agents can help narrow down the choices to those plans that best fit the needs of their clients.

In our next report in January 2015, we will provide updates about 2016 plan year enrollment. We look forward to the work ahead of us and ensuring that the Marketplace is a trusted and valuable resource for Oregonians in need of health care coverage.

Sincerely,



Patrick M. Allen, DCBS Director

II. Financial Condition

741.222(1)(a) “The financial condition of the health insurance exchange, including actual and projected revenues and expenses of the administrative operations of the exchange and commissions paid to insurance producers out of fees collected under ORS 741.105 (5)”

As stated in September’s report, Oregon’s marketplace is currently financially self-sustaining, funded through a per member per month fee of \$9.66 for medical plans and \$0.97 for dental plans purchased through the Marketplace. No federal grant funds were transferred to DCBS when it took over management of the Marketplace on July 1, 2015. All federal grants are either closed or in the process of being closed.

The 2015-2017 Legislatively Adopted Budget for the Marketplace is \$30,525,202. DCBS is currently working to finalize its 2015-2017 Legislatively Adopted Budget (LAB) through the Department of Administrative Services audit process.

The chart below details the Marketplace’s current estimate of revenues, expenses, and fund balances:

Oregon Health Insurance Marketplace
Forecast Revenues, Expenses, and Fund Balances
(actual data through September 2015)

Period Ending	Assessment Revenue	OHA Transfer	Total Revenue	Total Expenses	Excess (Deficit)	Ending Fund Balance	Coverage Ratio	Coverage Months
FY 2015	\$0	\$0	\$0	\$0	\$0	\$0	0.00	0.0
09/30/15	2,468,878	-	3,530,500	2,148,729	1,381,772	1,381,772	0.64	1.4
12/31/15	2,606,360	4,875,536	8,953,925	3,964,677	4,989,248	6,371,020	1.61	6.3
03/31/16	1,912,044	3,036,178	4,958,219	2,921,644	2,036,575	8,407,594	2.88	8.3
06/30/16	2,826,418	3,036,178	5,876,672	3,060,697	2,815,974	11,223,569	3.67	11.1
FY 2016	\$9,813,700	\$10,947,892	\$23,319,316	\$12,095,747	\$11,223,569	\$11,223,569	3.67	11.1
09/30/16	2,913,145	1,028,543	3,956,048	2,442,819	1,513,229	12,736,797	5.21	12.6
12/31/16	2,881,650	1,028,543	3,933,309	3,164,798	768,511	13,505,309	4.27	13.4
03/31/17	2,155,257	1,028,543	3,218,513	3,019,308	199,205	13,704,514	4.54	13.6
06/30/17	3,185,667	1,028,543	4,263,051	3,502,415	760,636	14,465,150	4.13	14.3
FY 2017	\$11,135,718	\$4,114,171	\$15,370,922	\$12,129,340	\$3,241,581	\$14,465,150	4.13	14.3
09/30/17	3,283,466	861,575	4,212,981	2,206,446	2,006,535	16,471,685	7.47	18.1
12/31/17	3,247,966	861,575	4,205,152	2,853,856	1,351,295	17,822,981	6.25	19.5
03/31/18	2,874,456	861,575	3,851,764	2,723,393	1,128,371	18,951,352	6.96	20.8
06/30/18	2,874,456	861,575	3,868,869	3,156,603	712,266	19,663,618	6.23	21.6
FY 2018	\$12,280,344	\$3,446,300	\$16,138,766	\$10,940,299	\$5,198,468	\$19,663,618	6.23	21.6
09/30/18	2,874,456	861,575	3,882,166	2,210,139	1,672,027	21,335,645	9.65	23.4
12/31/18	2,874,456	861,575	3,902,084	2,857,549	1,044,535	22,380,180	7.83	24.5
03/31/19	3,150,094	861,575	4,191,118	2,727,086	1,464,032	23,844,212	8.74	26.1
06/30/19	3,150,094	861,575	4,206,149	3,160,296	1,045,852	24,890,064	7.88	27.3
FY 2019	\$12,049,101	\$3,446,300	\$16,181,517	\$10,955,070	\$5,226,447	\$24,890,064	7.88	27.3

Note: The Total Revenue column includes Cover Oregon transfers and investment income that is not shown.

According to Senate Bill 1, Section 18, the maximum amount of excess monies that may be held by DCBS is the anticipated total for the administrative and operational expenses of administering the health insurance exchange anticipated by the department for a six-month period. Based on the information available at the time of this report, DCBS anticipates that the Marketplace fund balance will reach the equivalent of this amount during the second quarter of this biennium. As permitted in the same section of Senate Bill 1, DCBS will hold any available excess monies collected to offset future net losses related to anticipated federal platform fees; providing stability within the per member per month fee.

At this point, the federal government provides its technology platform to Oregon at no charge. DCBS understands that the federal government will begin charging for the platform in 2017. We anticipate federal rules on this topic in November 2015. When more information becomes available about the potential cost and timing, Oregon will need to determine what technology will be the most cost-effective to ensure that the marketplace remains self-sustaining.

Position Management

Transferring the management of the Marketplace from a public corporation to a state agency allowed the state to take advantage of economies of scale and cost savings due to shared central services. DCBS has 25 Marketplace employees as of LAB 2015-17. This includes 12 permanent program staff who handle the core administrative and operational functions and 13 temporary call center representatives. For the sake of comparison, Cover Oregon employed over 100 people in December 2014.

The limited duration call center staff came from Cover Oregon and brought with them a wealth of knowledge and experience regarding the Marketplace. They have been a crucial part of maintaining the stability and integrity of the Marketplace. After the drafting of the September report, three of these individuals have resigned to take other permanent jobs. DCBS has been assessing its ongoing call center needs since the transition and determined the need for six permanent call center positions.

During the transition, DCBS also determined that there was a large amount of work involved in federal reporting and analysis for the Center for Medicaid Services (CMS) and the Internal Revenue Services (IRS). The required reporting entails information security, privacy policies, and practices with a focus on personal identifiable information protection and compliance with IRS rules and federal regulation. There are a total of five reports that must be submitted to our federal partners ranging in size from 18-100 pages. The reports required include:

- CMS Minimum Acceptable Risk Standards Repot (annually)
- CMS Privacy Impact Assessment (annually)
- CMS Plan of Action and Milestones (quarterly)
- IRS Correction Action Plan (two reports annually)
- IRS Safeguard Security Report (annually)

In addition to the reporting, DCBS must conduct annual policy review, compliance inspections, and incident response testing to ensure compliance with federal regulation.

A limited duration position was created during the transition of Cover Oregon to assess the reporting requirements, and DCBS quickly determined that a permanent position would be more appropriate to meet the federal requirements. The position and expertise needed to perform this analysis and complete the required activities does not currently exist at DCBS. The position will require expert knowledge or IRS publication 1075, federal regulations, and the National Institute of Standards and Technology (NIST) 800 Series of policies, procedures, and guidelines.

Further, DCBS has experienced a 93 percent increase of contracting work due to the contracting needs of the Marketplace. DCBS's existing procurement and contracting staff do not have the capacity to perform this additional body of work. DCBS explored working with the Department of Administrative Services and hiring a limited duration position, but neither option would have provided DCBS with enough resources for this ongoing work. To ensure that the agency can meet these substantial, ongoing contracting needs, DCBS determined that a permanent full-time Procurement and Contract Specialist 3 is needed.

DCBS intends to submit a request during 2016 to:

- Add six permanent full-time call center positions.
- Remove 13 limited duration call center positions.
- Add one permanent full-time Information technology services position
- Add one permanent full-time contract specialist

If approved, this request would reduce DCBS's overall limitation for 2015-2017 by \$370,000. The 2017-2019 estimated value of these positions is approximately \$1.5 million; for comparison, the 2015-2017 personal services budget for the call center is approximately \$2.3 million.

In summary, the Marketplace fund is stable, positioning DCBS to execute the operation and management of the Marketplace within its current resources.

III. Technology Development

741.222(1)(b) "The development of the information technology system for the exchange"

Individual Eligibility and Enrollment System

For the 2016 plan year, Oregon will continue to use HealthCare.gov for eligibility and enrollment for individuals.

Over the last few months, DCBS has successfully archived and decommissioned Cover Oregon's supporting systems in coordination with the Oregon Health Authority (OHA). DCBS engaged a quality assurance (QA) vendor to assess the archiving and decommissioning process and ensure work was done in compliance with federal requirements, including those related to data retention schedules and safeguards.

As mentioned in Section II above, DCBS anticipates that the federal government will begin charging for the HealthCare.gov platform in 2017. DCBS has begun the process of collecting information from the federal government, other states, and private vendors about platform

options and costs. DCBS will use that information to compare the cost benefits of the federal platform with other options so that an informed decision can be made about the best direction for Oregon and the impacts for the state and its customers.

Small Business Health Options Program (SHOP) Eligibility and Enrollment System

Please see Section VI below for a description of the progress toward developing and implementing SHOP in Oregon.

IV. Coordination with the Oregon Health Authority

741.222(1)(C) "Efforts made, in collaboration with the Oregon Health Authority, to coordinate eligibility determination and enrollment processes for qualified health plans and the state medical assistance program"

DCBS continues to maintain a close working relationship with OHA, the agency that oversees the Oregon Health Plan (OHP), Oregon's Medicaid program, to ensure cross-agency collaboration between marketplace and Medicaid operations. Some areas of collaboration include:

Operations and Technology:

DCBS and OHA continue to work together on the management of the state's eligibility and enrollment systems, including coordination with HealthCare.gov and other federal systems. The coordination has ensured that there is no wrong door for applicants. Currently, Oregonians can apply for Medicaid either directly through an OHP PDF application or through HealthCare.gov, and those found ineligible for OHP can apply for a special enrollment period to sign up for a qualified health plan through HealthCare.gov.

DCBS is also coordinating with OHA on the implementation of OHA's new Medicaid eligibility and enrollment system, OregONEligibility (ONE), which OHA expects to begin operating this winter.

Outreach and Education:

DCBS and OHA are currently coordinating their outreach and education efforts, focusing on the open enrollment period for the Marketplace and the implementation of the ONE system. This includes but is not limited to:

- Partnering to provide a network of community partner organizations with more than 800 enrollment assisters capable of helping and enrolling both qualified health plan and OHP eligible people;
- Coordinating call center operations and information;
- Using OregonHealthCare.gov as the state's website for information about both the Marketplace and OHP so people seeking information about either have a central resource available;

- Coordinating OHP and Marketplace messaging and materials; and
- Working together on stakeholder engagement, including on reports and recommendations requested by the legislature, such as for the proposed Basic Health Plan (House Bill 2934, 2015 session) and COFA islander premium assistance program (House Bill 2522, 2015 session).

V. Program Integration

741.222(1)(d) “The progress of integrating the duties and functions transferred to the Department of Consumer and Business Services”

The transition of duties and functions from Cover Oregon to DCBS has been completed and went smoothly. In accordance with Senate Bill 1, Cover Oregon closed on June 30, 2015, and the Marketplace has been operating at DCBS since July 1, 2015.

Senate Bill 1 also established a health insurance marketplace committee. The committee will provide guidance and feedback on issues affecting the marketplace such as outreach, customer feedback, and insurance plan affordability. DCBS plans to seek Senate confirmation for members of the committee in November 2015.

VI. Small Business Health Options Program (SHOP)

741.222(1)(e) “The progress in planning for, developing and implementing a Small Business Health Options Program, including the key decision points, timelines and a description of how the department is engaging stakeholders in the design and decision-making process for the SHOP”

Currently Oregon uses a direct enrollment, manual SHOP process. Any small business in Oregon with one to 50 employees can purchase a certified SHOP plan directly from one of the participating insurers. Upon request, the Marketplace will determine whether the small employer meets the requirements to participate in the SHOP program and potentially be eligible for the IRS small business tax credit.

For the last few months, DCBS has been collecting information about options for an automated SHOP process. DCBS has consulted with stakeholders, including but not limited to small businesses, associations, insurers, and agents, to better understand their needs and interest. DCBS has also discussed the capabilities and cost of the federal SHOP platform with the federal government, and in April 2015, DCBS released a request for information (RFI) to learn about private vendor platforms.

DCBS is now in the process of developing a request for proposals (RFP) to seek further information from vendors, including detailed cost estimates. We expect to release the RFP in late 2015. After responses have been received and reviewed, DCBS will initiate a decision-making process that includes stakeholder consultation and a cost-benefit analysis comparing the federal technology with private vendor technology solutions.

Once a solution is selected, DCBS intends to implement the automated SHOP system by January 2017. The system will allow employers to compare and choose different group health insurance plans from the Marketplace's health insurance companies.

To participate, an employer would choose the level of group coverage (bronze, silver, gold, or platinum) it wants to provide and the amount it's willing to contribute toward the cost. Employees would then be able to pick plans from any of the health insurers offering coverage in SHOP. An employee may opt for a higher level of coverage than that selected by the employer but must pay the difference in the cost.

Benefits of SHOP for employers include the following:

- The ability to offer its employees multiple plans from different health insurers, something typically only available to larger employers;
- Receipt of a single bill from the SHOP regardless of whether its employees select plans from different health insurers;
- Online plan selection, account management, and bill payment;
- Online employee enrollment through the SHOP; and
- A federal tax credit for eligible employers.

SHOP is a tool that allows small employers to provide group health coverage to their employees. SHOP does not enable an employer to reimburse an employee on a pre-tax basis for the employee's purchase of individual coverage.

VII. Liabilities

741.222(1)(f) "The outstanding liabilities, if any, carried over from the Oregon Health Insurance Exchange Corporation"

As a function of Senate Bill 1, DCBS took responsibility for the liabilities of Cover Oregon. Cover Oregon's liabilities were factored into the DCBS budget approved by the legislature for the 2015 – 2017 biennium. As of the date of this report, DCBS has:

- Assumed or assigned all Cover Oregon leases;
- Taken over the process of assigning, renegotiating, or terminating all contracts as appropriate;
- Set up a process for handling Cover Oregon accounts payable;
- Developed an agreement with OHA to govern cost allocation for IT services and systems; and
- Continued to cover legal services costs and factor in the associated legal liabilities into its budget planning.

VIII. Federal Agreements

741.222(1)(g) "Any agreements entered into or modification of existing agreements with federal agencies necessitated by the department's assumption of the responsibility for administering the exchange"

DCBS has not entered into any new agreements with federal agencies. As a function of Senate Bill 1, DCBS assumed responsibility for the information exchange agreement (IEA) with the federal government and the management of the federal grants awarded to Cover Oregon. DCBS is currently in the process of closing out the federal grants and completing all required reporting.

IX. Additional Information

741.222(1)(h) "Any other information requested by the leadership of the Legislative Assembly"

i. COFA Islander Premium Assistance Program (House Bill 2522, 2015 session)

House Bill 2522 requires DCBS to "develop recommendations for the creation of a premium assistance program for low-income COFA islanders to enable them to purchase health benefit plans through the health insurance exchange and to pay the out-of-pocket expenses incurred under the plans."

In accordance with House Bill 2522, DCBS has begun the process of developing a report for the Legislative Assembly and the interim committees of the Legislative Assembly related to health regarding the development of a premium assistance program for low-income COFA islanders. The report will provide background information, describe the process DCBS is using to develop its recommendations, and provide DCBS's specific recommendations, including but not limited to eligibility requirements, amount of assistance, how assistance should be distributed, and the cost of financing the program.

While House Bill 2522 requires DCBS to submit its recommendations no later than Sept. 15, 2016, DCBS expects to complete and submit its report prior to the 2016 legislative session.

ii. Eligibility and Enrollment Data

During the September 2015 legislative days, legislators requested current eligibility and enrollment data.

Please see Attachment A at the end of this report. The attachment provides a snapshot of 2015 enrollment numbers as well as estimates of the number of Oregonians who are eligible for Marketplace coverage or subsidies. DCBS has used the sources of this data to help develop its outreach plans for the 2016 plan year open enrollment period.

Most of the summary data included in Attachment A was provided to interim committee members during September 2015 legislative days. Legislators voiced interest in additional data, including estimates of the demographic breakdowns of the total qualified health plan (QHP) eligible population in Oregon by income, race, and age.

Unfortunately, DCBS does not have access to data it considers accurate enough to report reliable estimates for those breakdowns. As a state-based marketplace using HealthCare.gov, DCBS must rely on outside data sources about enrollment and population. Much of the data we

receive is at a summary level and comes from multiple sources that need to be combined and reconciled, which does not give DCBS access to the member data detail necessary to answer some questions. DCBS is currently working with CMS, insurance carriers, and other organizations to obtain more detailed data on a more consistent basis so that we can continue to gain better understanding of the persons who are currently served or could be served by the Marketplace.

By the time our next report to the legislature is due, enrollment numbers for the third quarter of 2015 should be available.

iii. Outreach Campaigns

2015-2017 DCBS Budget Note “The budget for the Department of Consumer and Business services includes funding for marketing and outreach efforts. DCBS is instructed to complete a plan and report on each of the publicity and publication campaigns either upcoming or implemented for the Health Insurance Marketplace Program. The plan and report must be completed and submitted to the Joint Committee on Ways and Means prior to the beginning of the 2016 legislative session. This plan and report must include at a minimum:

A narrative description of each campaign;

- *The total amount of biennial expenditures of each campaign;*
- *The goals and objectives of each campaign;*
- *The expected results of each campaign activity; and*
- *Identification of the quantitative measures that directly demonstrate the effectiveness of the campaign with respect to the goals of the campaign.*

It is the intent of the legislature that the information provided by the plan and report is to be used to formulate potential Key Performance Measures related to the expenditure of funds for the publication, promotion, and outreach efforts undertaken by the agency.”

DCBS will provide the outreach campaign plan and report to the Joint Committee on Ways and Means prior to the beginning of the 2016 legislative session.

All of DCBS’s outreach campaigns will educate Oregonians about health insurance options available through the Marketplace, motivate them to enroll and renew their coverage, inform them of the resources available to help them effectively use their insurance and whom to call when they need advocacy services related to their insurance.

Starting Nov. 1, 2015, DCBS will roll out its outreach and education campaign plan for the 2016 plan year open enrollment period, which ends Jan. 31, 2016. The campaign will:

- a. Educate Oregonians about the benefits of health coverage, how to enroll through the Marketplace, coverage options, tax credits, and subsidies, and

b. Drive enrollment in the Marketplace.

DCBS's 2016 open enrollment outreach campaign will be very targeted. The federal government plans to make a national cable buy that will provide mass messaging, and DCBS will supplement those efforts with targeted outreach to specific audience segments within Oregon, focusing on those eligible for qualified health plans and subsidies. Awareness in Oregon is high, so the campaign will be straight forward and focus on providing actionable information and facts to empower Oregonians to obtain coverage that best fits their needs.

Due to resource limitations, the campaign will use cost-effective and measurable tactics like grass roots outreach, promotional partnerships with businesses and other organizations, and digital paid media, instead of higher cost/harder to measure tactics like television ads. The effectiveness of all campaign elements will be measured and reviewed to allow DCBS to make adjustments both during the campaign and afterward for future campaigns. The total budget for the campaign is \$2,057,000.

The specific goals of the 2016 open enrollment outreach campaign are:

- 1) Maintain the percentage of qualified health plan, subsidy-eligible people who enrolled in insurance through the Marketplace.
 - a. Potential Key Performance Indicators (KPIs) include:
 - i. Are we reaching our audience?
 - ii. Are we providing a way for multicultural communities and non English speaking communities to get information and find assistance/support?
 - iii. Are we driving people to HealthCare.gov?
 - iv. Are we driving enrollment and re-enrollment?
 - v. Are we getting people to inquire and ask for help?
 - b. Potential measurement instruments include:
 - i. Paid and earned media analytics
 - ii. Oregon Insurance Division data calls
 - iii. Analytics from call center, inquiries, website, community partners, and agents
 - iv. Post-campaign consumer survey

- 2) Define the percentage of people who actively reenrolled (vs. passive enrollees) via the Marketplace at the end of the campaign.
 - a. Potential KPIs include:
 - i. Are we reaching our audience?
 - ii. What are enrollment numbers year over year?
 - b. Potential measurement instruments include:
 - i. Paid and earned media analytics
 - ii. Survey
 - iii. Year over year data

- 3) Build a trusted, credible reputation among current and potential customers of the Marketplace and overall positive reputation among key stakeholders.

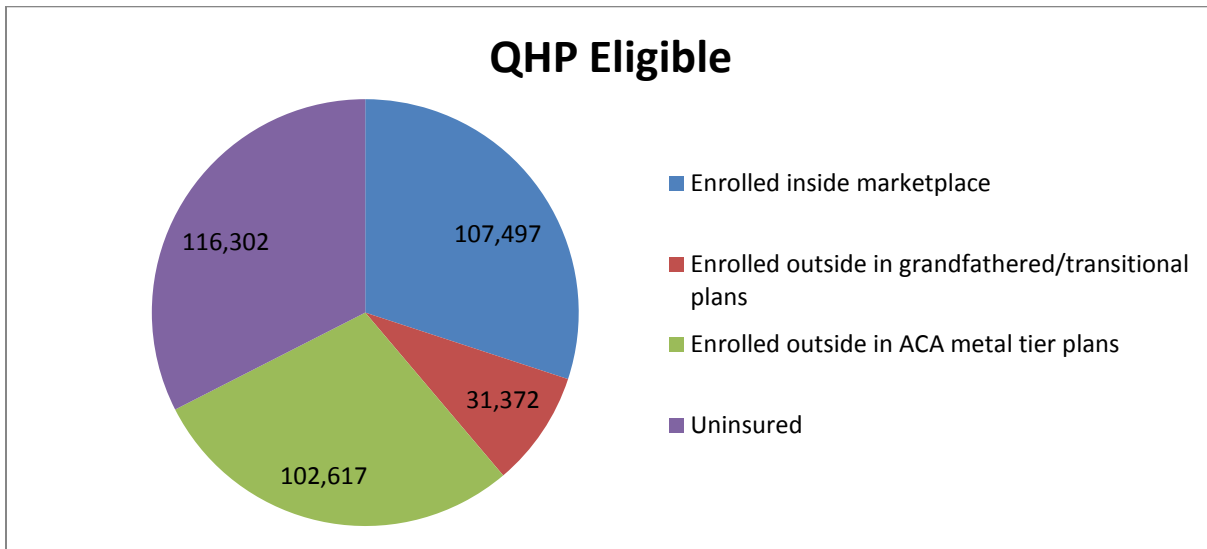
- a. Potential KPIs include:
 - i. Are current/potential customers aware that there are resources available to them?
 - ii. Do they use Healthcare.gov?
 - iii. Do enrollees know that there is localized help?
 - iv. How well did our key messages pull through in our communication, partner communication and media coverage?
- b. Potential measurement instruments include:
 - i. Survey
 - ii. Community partner/agent/statewide partner feedback

X. Closing Summary

Since its inception, the health insurance marketplace in Oregon has helped thousands of Oregonians get health insurance and take advantage of financial assistance to help pay for it. DCBS will ensure that the Marketplace continues to provide tools, resources, and education to help customers make informed decisions about both buying and using health care coverage. DCBS will continually improve the services that the Marketplace provides, using data and metrics to track progress, measure the effectiveness of tactics and strategies, and make decisions, all in an effort to better serve the needs of our customers, the people of Oregon. We look forward to reporting more information about the 2016 plan year open enrollment period in future reports to the legislature.

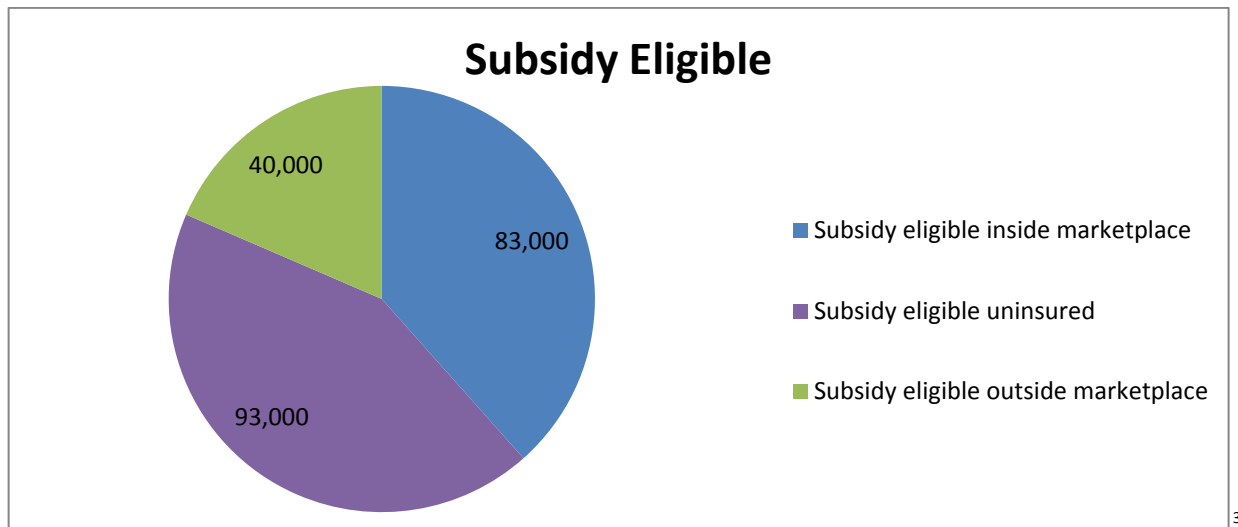
Attachment A: Eligibility and Enrollment Data

Eligibility for Qualified Health Plans (QHPs)^{1*}



***Please Note:** This graph has been corrected since first presented in September 2015. In September, the total enrolled outside in ACA metal tier plans was listed as 107,363 and the total enrolled outside in grandfathered/transitional plans was listed as 26,626. The total enrollment outside the marketplace is still the same (133,989), but the split is actually 102,617 in ACA metal tier plans and 31,372 in grandfathered/transitional plans.

Eligibility for Subsidies²



¹ Best estimates based on demographic and plan selection data on persons who selected a plan at HealthCare.gov, enrollment data reported by carriers to the Oregon Insurance Division, and a U.S. Department of Health and Humans Services (HHS) commissioned analysis of Oregon’s eligible population.

² Best estimates based on demographic and plan selection data on persons who selected a plan at HealthCare.gov, enrollment data reported by carriers to the Oregon Insurance Division, and a U.S. Department of Health and Humans Services (HHS) commissioned analysis of Oregon’s eligible population.

Marketplace Enrollment by Income Level⁴

2015 Enrollment through June 30, 2015	<100% FPL	100-150% FPL	150-200% FPL	200-250% FPL	250-300% FPL	300-400% FPL	>400% FPL	UNKNOWN INCOME - presumably most above subsidy level	Total
Percentage of Total Enrollees	1.70%	11.20%	30%	20%	12.50%	13%	3%	8.60%	100.00%
Number of Persons	1,827	12,040	32,249	21,499	13,437	13,975	3,225	9,245	107,497

Please note: Unfortunately, DCBS does not have access to data it considers accurate enough to report reliable estimates for a breakdown by income level of the total QHP eligible population for comparison.

Marketplace and Off Exchange Enrollment by Carrier⁵⁶

Quarter	Quarter 1			Quarter 2		
	Exchange	Off exchange	Total	Exchange	Off exchange	Total
All Carriers	107,605	132,838	240,443	107,497	133,566	241,063
Atrio Health Plans, Inc.	278	0	278	284	0	284
Bridgespan Health Company	180	0	180	174	0	174
Health Net Health Plan of Oregon, Inc.	0	1,726	1,726	0	1,619	1,619
Health Republic Insurance Company	2,537	1,340	3,877	2,896	1,777	4,673
Kaiser Foundation Health Plan of the Northwest	6,336	11,430	17,766	6,194	11,009	17,203
Lifewise Health Plan of Oregon Inc.	26,385	18,530	44,915	27,128	18,001	45,129

³ The estimated 93,000 subsidy eligible uninsured does not include uninsured who are ineligible to purchase QHPs.

⁴ Estimate of the household incomes of the 107,497 persons who effectuated enrollment through healthcare.gov. The income categories used are those made available by HHS.

⁵ As reported by carriers to DCBS.

⁶ This chart does not include the 423 people in grandfathered plans and plans that may not meet the definition of a health benefit plan but are included in the outside market total in the pie graphs on page 13.

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Moda Health Plan, Inc.	44,229	56,733	100,962		42,633	55,440	98,073
Oregon's Health Co-Op	9,919	0	9,919		10,204	0	10,204
Pacificsource Health Plans	2,188	6,025	8,213		2,164	5,870	8,034
Providence Health Plan	15,553	12,710	28,263		15,820	13,647	29,467
Regence Bluecross Blueshield of Oregon	0	23,834	23,834		0	23,305	23,305
Time Insurance Company	0	510	510		0	2,898	2,898
Trillium Community Health Plan	0	0	0		0	0	0

Marketplace Enrollment by Metal Tier⁷

Marketplace Participating Carriers	2015 Q2 Catastrophic	2015 Q2 Bronze	2015 Q2 Silver	2015 Q2 Gold	2015 Q2 Platinum	2015 Q2 Marketplace Total
Atrio	0	30	220	34	0	284
Bridgespan	1	54	95	24	0	174
HealthNet	0	0	0	0	0	0
Health Republic	305	910	576	206	899	2,896
Kaiser	147	1,108	3,958	981	0	6,194
LifeWise	0	12,521	11,946	2,661	0	27,128
Moda	264	9,628	28,979	3,762	0	42,633
Oregon's Health Co-op	0	3,006	6,506	692	0	10,204
PacificSource	29	395	1,628	112	0	2,164
Providence	6	187	14,805	822	0	15,820
Trillium	0	0	0	0	0	0
Total	752	27,839	68,713	9,294	899	107,497

⁷ As reported by carriers to DCBS

Off Exchange Enrollment

Outside Market - 2015 Q2						
Catastrophic	Bronze	Silver	Gold	Platinum	Grandfathered & Transitional Plans	2015 Q2 Outside Market Total
0	26,852	48,239	24,918	1,570	32,410	133,989

Marketplace Enrollment with Subsidies⁸

Enrolled with Advanced Premium Tax Credits (APTC)	77,153
Enrolled with Cost Share Reductions	45,318
Average APTC	\$196

Marketplace Special Enrollment Period (SEP) Enrollments⁹

SEP	Enrollment
Loss of Coverage	7,224
Denial of Medicaid	1,258
Tax Season	1,481
All Other SEPs	1,852
Total	11,815

Marketplace Enrollment by Other Demographics¹⁰

Race	AI/AN	Asian	Black	Latino	NativeH/PI	Multiracial	White	Unknown
Selected a Plan	377	6,214	708	3,770	124	1,567	60,493	38,769
Estimated Effectuated	362	5,965	680	3,619	119	1,504	58,073	37,218
Percent Total	0.3%	5.5%	0.6%	3.4%	0.1%	1.4%	54.0%	34.6%

⁸ Centers for Medicare and Medicaid Services September 8, 2015 fact sheet *June 30, 2015 Effectuated Enrollment Snapshot*

⁹ Centers for Medicare and Medicaid Services August 13, 2015 *2015 Special Enrollment Period Report – February 23 – June 30, 2015*

¹⁰ Adjusted data based on HHS reports of persons who selected a plan.

Ages	0-17	18-25	26-34	35-44	45-54	55-64	65+	Unknown
Estimated Effectuated	6,853	7,853	18,233	17,186	20,937	34,984	180	1,271
Percent total	6%	7%	17%	16%	19%	33%	0%	1%

Please note: Unfortunately, DCBS does not have access to data it considers accurate enough to report reliable estimates for a breakdown by race and age of the total QHP eligible population for comparison.