

Oregon Health Insurance Marketplace

2018 Annual Report

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I. Introduction

In accordance with Oregon Revised Statute 741.222, the Department of Consumer and Business Services (DCBS) developed this 2018 annual report about the Oregon Health Insurance Marketplace for the Legislative Assembly, Gov. Kate Brown, the Oregon Health Authority, and the Oregon Health Policy Board.

This report covers the following:

- 1) The activities and operations of the Marketplace
- 2) Who is covered and recommendations, if any, for additional groups to be eligible to purchase qualified health plans through the exchange under ORS 741.310
- 3) A description of the role of insurance producers in the exchange
- 4) A statement of financial condition, as of Dec. 31 of the previous year, for the Health Insurance Exchange Fund

The year followed a familiar pattern for the Marketplace. The individual market remained stable in Oregon, federal policy changes presented some challenges to enrollment, and the Marketplace outreach team helped thousands of Oregonians get covered, despite the occasional headwinds.

By the time open enrollment closed on Dec. 15, 2018, 148,479 Oregonians had gotten coverage through HealthCare.gov. Although this was about a 5 percent drop from the previous year's enrollment, it remains a substantial community of consumers who needed affordable coverage, and found it through the Marketplace.

The widespread confusion generated earlier by Affordable Care Act repeal activity in Congress has largely subsided, but a few less-publicized policy changes could have weakened demand for Marketplace plans. Beginning with the 2019 plan year, there is no federal penalty for going without insurance, a provision of the recent federal tax law changes.

The federal government in 2018 used regulations to widen consumer access to short-term, limited-duration health plans. These products are riskier for the consumer than plans sold through the Marketplace because they are not required to cover pre-existing conditions, can put dollar caps on how much they will pay out for consumers' claims, and often exclude coverage of many common medical services. At the same time, their lower premiums can be appealing. Oregon law keeps much narrower restrictions on the availability of short-term plans, but the adoption of the federal regulation may have sparked more interest in the products.

These challenges emerged amid several great advantages for the Marketplace going in to the Nov. 1 to Dec. 15, 2018, open enrollment period. Thoughtful work by the Division of Financial Regulation and by the Marketplace's carrier relations staff meant that plans were available on HealthCare.gov in every Oregon county, with an uptick in plan choices in most counties, and an increase in choice of insurance company in two counties.

In addition, the Marketplace's technical structure as a state-based marketplace using the federal platform (SBM-FP) meant the state was not vulnerable to federal decisions to further

curtail advertising for open enrollment, and slash funding to the community groups that help people with their applications. Instead, Oregon stably funds and operates its own outreach, assistance, and advertising programs.

As this report details, DCBS uses its state-based status to run Oregon-centered information campaigns, choose local groups to provide application assistance, send staff and materials to community events, conduct Oregon-specific training for application assisters, and partner with local insurance agents.

These roles all are essential to facilitating coverage for Oregonians, and I thank our partners across state government and in the community for their interest in our work.

Sincerely,

A handwritten signature in black ink that reads "C. Smith". The signature is written in a cursive, slightly slanted style.

Cameron Smith, DCBS Director

II. Marketplace activities and operations

The activities and operations of the department in administering the Marketplace during the previous year

i. The Marketplace's mission and leadership

The Marketplace's mission is to empower Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage. To serve its mission, the division works closely with stakeholders and partners, including insurers, insurance agents, community partners, tribes, small businesses, trade and industry groups, health care providers, advocates, the Legislature, the Governor's Office, the Oregon Division of Financial Regulation (DFR), the Oregon Health Authority (OHA), and the Centers for Medicare and Medicaid Services (CMS).

The Marketplace is a division of the Department of Consumer and Business Services, led by Director Cameron Smith and Administrator Chiqui Flowers.

The Marketplace Advisory Committee continues to provide insights and recommendations to the Marketplace. The 2018 members of the committee were:

- Kraig Anderson, chief actuary, Moda Health, Portland
- Shonna Butler, life and health insurance broker, Tomlin Benefit Planning, Inc., Eugene
- Stephanie Castano, program coordinator, Oregon Primary Care Association, Portland
- Cindy Condon, health plan enrollee, Salem
- Joe Enlet, consul general, Consulate General of the Federated States of Micronesia, Portland
- Dan Field, executive director, Community Benefit and External Affairs, Kaiser Permanente Northwest, Portland
- Jim Houser, owner, Hawthorne Auto Clinic, Portland
- Sean McNulty, consumer advocate, Portland
- Mark Griffith, health care advocate, OSPIRG, Portland
- Ken Provencher, chief executive officer, PacificSource Health Plans, Springfield
- Shanon Saldivar, insurance agent, Revell Coy Insurance, The Dalles
- Jennifer Welander, chief financial officer, St. Charles Health System, Bend
- Cameron Smith, director of DCBS (ex-officio member)
- Jeremy Vandehey, director, Health Policy and Analytics, OHA

ii. The Marketplace's activities and operations

The Marketplace serves Oregonians by providing:

- Access to a range of qualified health plans (QHPs), allowing individuals and families find the right coverage
- Pathways to access subsidies that help pay for premiums and out-of-pocket costs
- Information to help consumers learn about health care coverage
- Consumer assistance through an outreach center, staff in the field, and trained and certified agents and community partner organizations

Detailed examples of this work are highlighted in this section.

The Community Partner Program certifies and supports community groups that educate Oregonians on health plan options and help people in enroll in coverage through HealthCare.gov and other programs.

The program directly funds seven community groups that become experts in HealthCare.gov applications and private-plan enrollment, and assist Oregonians with both Oregon Health Plan and HealthCare.gov enrollment. The grantees also conduct outreach activities to publicize health insurance options. They specialize in reaching underserved populations and limited-English-proficiency Oregonians.

Calendar year 2018 comprised the end of the 2018 grant cycle (September 2017 through August 2018 at \$370,135) and the beginning of the 2019 grant cycle (September 2018 to July 2019 at \$500,000) for the Marketplace's Community Partner Program.

In 2018, the Marketplace's seven community-partner grantees:

- Facilitated 1,830 enrollments in private plans through HealthCare.gov
- Provided assistance, whether or not resulting in an enrollment, 21,883 times*
- In conducting outreach, made contact with Oregonians 1,141,147 times*

Many other community groups serve as community partners supervised by the Oregon Health Authority and mainly assist people eligible for the Oregon Health Plan. The Marketplace provides these organizations with cross-training in HealthCare.gov's eligibility and enrollment processes. The Marketplace's team maintains contact with OHA community partners throughout the year to answer questions, provide updates on any policy changes at HealthCare.gov, and help resolve any difficulties the groups' clients have with HealthCare.gov.

* These measure "times," not people, as the same person may have been assisted or contacted more than once.

The Outreach and Customer Service Program is made up of six Marketplace staff members who publicize Marketplace services at community events, hold in-person information sessions about coverage, and answer phone calls from consumers.

Most outreach team members serve a specific region of the state, frequently traveling to their "territory." One outreach team member is fluent in Spanish and serves the entire state in partnership with each regional outreach staffer, providing bilingual, culturally appropriate outreach. The outreach team also is supported by a Marketplace tribal liaison, who collaborates directly with Oregon's tribes and who advises the outreach team on assisting Native Americans and Alaska Natives in the course of their statewide outreach.

Part of the team's work includes attending OHA-sponsored regional collaborative meetings where OHA-sponsored assisters, other community groups, and Marketplace staff members

share enrollment information, spread best practices, and jointly solve problems involving enrollment or outreach.

In 2018, the outreach and customer service staff:

- Attended 290 regional collaborative meetings, attended by 3,702 people
- Represented the Marketplace at 317 public events, attended by 22,939 people
- Handled 5,612 phone calls from the public

The COFA Premium Assistance Program is operated by the Marketplace. It serves low-income citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who live in Oregon. Under the Compact of Free Association, these citizens are permitted to reside in the United States, but COFA adults are not eligible for full Medicaid (the Oregon Health Plan) under federal law. The COFA Premium Assistance Program pays the enrollees' share of premiums for medical insurance purchased through HealthCare.gov. The program also reimburses enrollees' spending on in-network services that count toward maximum out-of-pocket costs under the plan. The Marketplace's COFA program team oversees outreach and education to the COFA community and processes program applications and reimbursement claims.

For the 2018 plan year:

- 627 applications were received and processed
- 672 people were enrolled in the program

By the end of 2018, 514 people were actively enrolled in the program (there was some attrition during the year).

The Partner Agent Program provides licensed insurance agents with updates and resources from HealthCare.gov, and with timely information about the plans sold in Oregon on HealthCare.gov. When insurance agents and their clients encounter problems or errors with HealthCare.gov that cannot be fixed directly, the Marketplace works with our federal partners to resolve the issue.

The Marketplace also operates a competitive grant program to support agents' capacity to help HealthCare.gov applicants during open enrollment. Agents earning grant funding are evaluated on multiple criteria, including their demonstrated ties to community networks, ability to reach underserved populations, and ability to serve consumers whether they are eligible for HealthCare.gov plans or other programs, such as the Oregon Health Plan or Medicare.

Thirty-three insurance agents, called partner agents, received grants totaling \$321,500 for the period that began in July 2018. More information on the activities of the partner agents is included in Section IV of this report.

iii. **Spotlight on open enrollment for the 2019 plan year**

Calendar year 2018 included the open enrollment period for the 2019 plan year, which ran Nov. 1 to Dec. 15, 2018. For the 2019 plan year, Oregon continued to use HealthCare.gov for individual eligibility and enrollment in QHPs.

In the months leading up to open enrollment, the Marketplace developed a thorough outreach and education campaign plan to provide information, resources, and help to Oregonians seeking health insurance. The goals of the campaign were to:

1. Convey key enrollment information (enrollment deadline, availability of application assistance and financial assistance) to Oregonians likely eligible for subsidies
2. Drive enrollment in Marketplace plans
3. Build trust with customers and stakeholders

In addition to promoting coverage to all Oregonians, the Marketplace targeted some key groups. Analysts at the Urban Institute and the State Health Access Data Assistance Center estimated the number of Oregonians throughout the state who were eligible to enroll through HealthCare.gov and who, based on income, were likely to qualify for financial assistance. Using this information, target populations included:

- Men
- Adults born after 1980, sometimes called “Millennials”
- Latino Oregonians
- People in the following regions
 - Portland-area Clackamas County
 - Yamhill and Polk counties
 - Columbia, Lincoln, Clatsop and Tillamook counties
 - Multnomah County and Portland City east
 - Linn and Benton counties
 - Jackson County
 - Deschutes County
 - Hillsboro

Open enrollment outreach – both general and targeted – was accomplished through multiple methods, including:

- In-the-field outreach and education, including enrollment events and sponsorships of public events
- The Partner Agent program
- The Community Partner program
- Social media
- Consumer and small-business outreach materials
- Information and resources through the state website OregonHealthCare.gov
- Information and resources through Oregon’s call center
- A thorough paid-media campaign

The paid-media campaign included:

- TV ads in English and Spanish the following markets: Portland, Eugene, Bend, Medford-Klamath Falls, Ashland-Grants Pass, and Pendleton-Hermiston
- Radio ads in Spanish in Portland, the Mt. Hood area, the Willamette Valley, Eugene, Bend, and Medford
- Radio ads in Russian on three stations in Portland, and in English on one station in Portland

- Print ads in English in newspapers in Astoria, Beaverton, Cannon Beach, Dallas, Gresham, Lake Oswego, Lincoln City, McMinnville, Newberg, Newport, Oregon City, Sandy, Seaside, Tigard, Tualatin, West Linn, Wilsonville, and Yamhill
- Print ads in Spanish in newspapers in Portland and the Willamette Valley
- Print ads in Russian in newspapers in Portland
- Ads on Google in English and Spanish, served when people searched for health insurance information
- Display (nonmoving) ads in English and Spanish on Facebook and general websites
- Video ads in English and Spanish on Facebook, YouTube, Hulu, and general websites

III. Who is covered

Who enrolled in the Marketplace and recommendations, if any, for additional groups to be eligible to purchase qualified health plans through the exchange under ORS 741.310

Enrollment through the Marketplace for 2019 coverage dipped slightly compared to 2018 coverage. Total enrollment by the end of the open enrollment period was 148,479, a 5 percent drop. After the plan year began, the Marketplace learned that the number of enrollees who paid their first 2019 premium (effectuated their coverage) rose compared to the 2018 plan year. The number who effectuated 2019 coverage was 140,905, compared to 140,176 effectuations for 2018 coverage.

At this time, DCBS does not have any recommendations for additional groups to be eligible to purchase qualified health plans through the exchange.

i. Marketplace enrollment

The following 2019 enrollment data was reported by the Centers for Medicare and Medicaid Services. These data show plan selections during open enrollment.

Total On-Marketplace Enrollment	
By Dec. 15, 2018 (2019 plan year)	By Dec. 15, 2017 (2018 plan year)
148,479	156,105

Applications and Eligibility	
Applications	141,253
Individuals on applications	205,819
Eligible for Marketplace	173,273
Eligible with financial help	123,851
Eligible for Medicaid	31,951

New and Returning Customers	
New enrollees	35,617 (24%)
Returning enrollees	112,563 (76%)

Auto-enrolled returning enrollees	27,512 (19% of all customers)
Active returning enrollees	85,051 (57% of all customers)
Active returning who changed plans	48,875

Customers Receiving Subsidies	
Percent of customers receiving financial help	75%
Percent with APTC*	74%
Percent with cost-sharing reductions	34%
Average APTC among consumers receiving APTC	\$455

*Advance Premium Tax Credit

Enrollment by Gender	
Female	55%
Male	45%

Enrollment by Age*	
Age <18	8%
18-25	7%
26-34	17%
35-44	17%
45-54	18%
55-64	31%
>64	1%

*Percentages do not total 100 due to rounding

Enrollment by Metal Tier	
Bronze	39%
Silver	50%
Gold	10%
Platinum	0%
Catastrophic	<1%

Enrollment by Race/Ethnicity*	
American Indian/Alaskan Native	<1%
Asian	7%
Black	1%
Hawaiian/Pacific Islander	<1%
Latino	6%

Multiracial	3%
White	67%
Unknown/Not reported	20%

*Percentages total more than 100 because people who identify as Latino may be of any race

Enrollment by Income Level	
>150% FPL*	9%
150%-200% FPL	22%
200%-250% FPL	17%
250%-300% FPL	12%
300%-400% FPL	18%
Other income level**	21%

*Federal Poverty Level. FPL for plan year 2019 is \$12,490 per year for an individual and \$25,750 for a household of four.

**Incomes above 400% FPL and unknown incomes

Enrollment by County	
Baker County	604
Benton County	2,576
Clackamas County	15,524
Clatsop County	1,769
Columbia County	1,371
Coos County	2,022
Crook County	851
Curry County	1,060
Deschutes County	11,405
Douglas County	2,674
Gilliam County	75
Grant County	219
Harney County	271
Hood River County	1,354
Jackson County	7,456
Jefferson County	637
Josephine County	2,937
Klamath County	1,785
Lake County	247
Lane County	13,318
Lincoln County	2,145
Linn County	2,989
Malheur County	645
Marion County	8,755
Morrow County	202
Multnomah County	36,533
Polk County	2,120
Sherman County	70
Tillamook County	1,121

Umatilla County	1,459
Union County	975
Wallowa County	461
Wasco County	765
Washington County	18,738
Wheeler County	61
Yamhill County	2,986

ii. **Serving small businesses**

The Marketplace helps small businesses understand health insurance options for their employees.

The Marketplace's small business program does outreach statewide through partnerships with Small Business Development Centers, local Chambers of Commerce, industry organizations, and other organizations that counsel or advocate small businesses. The outreach ranges from large group presentations, resource workshops, and small-business networking events. The program also collaborates with other state agencies engaged with small business owners, including the Secretary of State's small-business ombudsman, the Bureau of Labor and Industries, and Business Oregon.

The Marketplace continues to help qualified employers take advantage of the small business health care tax credit. Any small business in Oregon with one to 50 employees can purchase a certified plan directly from one of the participating insurers or through an insurance agent. If the small business has fewer than 25 full-time employees, it may be eligible for the small business health care tax credit. The insurer can contact the Marketplace to request a letter confirming that the plan purchased is certified, and the employer can use the letter to file for the tax credit from the IRS. This process was first implemented in 2014.

In 2018:

- 122 small businesses used the Marketplace's process
- 900 people were covered on those plans
- The businesses chose plans from among four insurance companies offering Marketplace-certified plans

IV. **Insurance agents**

A description of the role of insurance producers in the exchange

Insurance agents continue to be vital for educating consumers about health plan options and helping them enroll in coverage. The Marketplace's partner agents report that clients value in particular the agents' expertise in provider-network variations across plans and year-to-year changes in out-of-pocket charges required under each plan design.

From Nov. 1 through Dec. 15, 2018, the open enrollment period for the 2019 plan year:

- About 48,949 Oregonians enrolled in HealthCare.gov plans were assisted by an insurance agent
 - 14,700 of those enrollments were facilitated by the Marketplace’s partner agents
 - 4,260 of the partner agents’ enrollments were new clients
 - 10,440 of the partner agents’ enrollments were existing clients

More information on the partner agent program is in Section II, Pages 4-5, which describes the Marketplace’s activities.

V. Financial Condition

A statement of financial condition, as of Dec. 31, 2018, for the Health Insurance Exchange Fund

i. Overview

This section discusses the financial condition of the Health Insurance Exchange Fund as of Dec. 31, 2018. Budget or fiscal activities after that date are not reported here. All amounts discussed below exclude the Compact of Free Association Premium Support Program and the Senior Health Insurance Benefit Assistance Program because those programs are not funded by the Health Insurance Exchange Fund.

The Marketplace is financially stable and self-sufficient for the remaining six months of the 2017-19 biennium. As of Dec. 31, 2018, the Marketplace can fund approximately 11 months of activities with a fund balance of \$6.6 million.

The 2017-19 biennium budget for the Oregon Health Insurance Marketplace is shown here:

2017 - 2019 Legislatively Adopted Marketplace Budget

Section	2017 - 2019 LAB	Positions	FTE
Marketplace	14,917,407	17	17.00
Shared Services	1,012,108		
Total	15,929,515	17	17.00

Through the end of the biennium, the Marketplace is expected to use about 79 percent of its limitation. The Marketplace expects to use a significantly larger portion of its limitation in the 2019-21 biennium due to:

- A \$1 million reduction in its limitation for IT services.
- The purchase of a consumer choice tool that will allow Oregonians to have a more efficient plan choice experience than is currently offered through the federal tool. The Marketplace expects to spend about \$500,000 per biennium on this tool. This is an off-the-shelf product.

Through December 2018, the Marketplace has used 110 percent of the allowed shared service limitation. The Marketplace has discussed this with the Legislative Fiscal Office and is requesting additional shared service limitation to meet the expected biennium cost.

Oregon Health Insurance Exchange 2017 - 2019 LAB and Actuals

Section	2017 - 2019 LAB	Actual Expenditures as of 12/31/2018	Projection 1/2017 - 6/2018	Actual and Projected	Variance Over/(Under)	% Variance ((Actuals + Projected) / LAB)
Marketplace	14,917,407	8,679,684	3,102,319	11,782,003	(3,135,404)	79%
Shared Services	1,012,108	1,113,019	596,981	1,710,000	697,892	169%

The following table shows revenues for the Health Insurance Marketplace during CY 2018.

Oregon Health Insurance Exchange CY 2018 Balances and Revenues

Account Description	2018Q1	2018Q2	2018Q3	2018Q4	Year Total
Beginning Balance	3,535,353	4,129,083	5,625,782	6,858,129	
PMPM Assessment – Medical	2,445,727	2,422,814	1,930,495	2,548,111	9,347,146
PMPM Assessment – Dental	34,954	36,357	38,474	31,695	141,481
Interest and Investments	19,455	25,995	40,747	42,722	128,919
Other Revenue	10,150	577	711	721	12,158
Total	2,510,286	2,485,743	2,010,427	2,623,249	9,629,706

The following table shows CY 2018 Health Insurance Marketplace expenditures.

Oregon Health Insurance Exchange CY 2018 Expenditures and Transfers

Account Description	2018Q1	2018Q2	2018Q3	2018Q4	Year Total
Personal Services	511,226	461,688	519,974	543,740	2,036,627
Services and Supplies					
Travel	16,116	22,712	19,782	26,871	85,481
Employee Training	3,127	1,830	8,490	3,997	17,444
Office Expenses	18,255	4,246	3,106	23,684	49,291
Telecommunications	18,264	17,190	14,856	17,788	68,098
State Government Service Charges	3,430	2,073	43,555	19,994	69,051
Data Processing	12,293	18,920	3,618	6,702	41,533
Publicity and Publications	326,030	140,403	52,718	1,695,322	2,214,473
Professional Services	39,871	-6,165	14,243	89,527	137,476
IT Professional Services	5,068	8,311	23	34,028	47,429
Attorney General Legal Fees	7,426	1,064	5,903	11,885	26,278
Facility Rent and Taxes	-1,322	9,776	3,137	15,687	27,279
Expendable Property	5,618	12,287	360	8,432	26,698
Other Services and Supplies	27,390	3,437	3,123	3,056	37,005
Services and Supplies Total	481,566	236,083	172,913	1,956,974	2,847,536

Distribution to Grantees	252,595	77,710	83,343	191,735	605,383
Capital Outlay	252	190	1,849	0	2,291
Total Expenditures	1,245,639	775,670	778,079	2,692,449	5,491,837
Shared Services	670,917	213,328	0	228,774	1,113,019
Total Expenditures with Shared Services	1,916,556	988,999	778,079	2,921,222	6,604,857
Other transfers	0	46	0	0	46
Ending Fund Balance	4,129,083	5,625,782	6,858,129	6,560,156	

The 2018Q4 growth in publicity and publications over 2018Q3 is a typical expenditure pattern for the Marketplace. It reflects Marketplace outreach efforts at the beginning of open enrollment.

ii. Fund sustainability

Marketplace Per Member Per Month (PMPM) assessment: Oregon's Marketplace is primarily funded through a per member per month fee. These fees apply only to plans purchased through the federal exchange. In 2018, the fee for medical plans was \$6 per member per month and 57 cents per member per month for dental plans. Assessments for the 2019 plan year are the same. The Marketplace anticipates lowering the PMPM assessment to \$5.50 for medical plans and 36 cents for stand-alone dental plans for the 2020 plan year. There have been significant reductions in operating costs over the last several years as the Marketplace continues to adopt cost-saving operational changes.

Federal technology fee: The federal technology charge to insurers was 2 percent of the average premium for plan year 2018. Oregon Revised Statute 741.105(2)(a) limits the Marketplace's assessment to no more than 5 percent of premium. The Marketplace's position is that the Marketplace's per member per month fee plus the federal platform charge should be below 5 percent of premium. The total PMPM plus federal technology fee was 3.1 percent of premium in 2018. The Marketplace expects it to be 4.1 percent for plan year 2018. Please note that the increase from plan year 2018 to 2019 is due to expected cost increases for the federal technology assessment. We expect the federal technology fee to be 2.5 percent for the 2020 plan year.

Enrollments: Medical enrollment for the 2018 plan year was almost 4 percent higher than forecast. The Marketplace expected, on average, about 124,400 medical policies each month. There were actually about 129,100 medical policies each month. Dental enrollment for the 2018 plan year was also almost 18 percent higher than forecast. The Marketplace expected 17,300 monthly dental policies on average. There were actually 20,400 dental policies on average each month during the plan year. The forecast numbers are from April 2017 and represent the data the Marketplace based their 2018 assessment rate decision on. Please note that actual enrollment counts may be updated by insurers until June 2019.

Oregon Health Insurance Exchange CY 2018 Enrollment

Month	Forecast enrollment		Actual enrollment		Absolute forecast error	
	Medical	Dental	Medical	Dental	Medical	Dental
Jan-18	120,782	17,505	140,172	23,244	19,390	5,739
Feb-18	126,443	18,840	138,488	23,537	12,045	4,697
Mar-18	130,311	18,918	136,108	20,587	5,797	1,669
Apr-18	129,213	18,841	133,386	20,328	4,173	1,487
May-18	128,123	18,742	130,723	20,959	2,600	2,217
Jun-18	127,043	18,003	128,840	20,862	1,797	2,859
Jul-18	125,972	17,289	127,306	20,075	1,334	2,786
Aug-18	124,911	16,737	125,610	19,621	699	2,884
Sep-18	123,858	16,643	124,312	19,240	454	2,597
Oct-18	122,814	16,417	122,853	18,801	39	2,384
Nov-18	119,146	14,932	121,667	18,785	2,521	3,853
Dec-18	114,076	14,847	119,943	18,362	5,867	3,515
Average	124,391	17,310	129,117	20,367	4,726	3,057

The pattern in the forecast error is due to changes in the seasonality of medical plan enrollment. This was driven by the open enrollment period being reduced from 90 days to 45 days by the federal government.

The 2018 forecast was based on federal law at the time of the forecast. There continues to be significant policy and legal uncertainty about the Affordable Care Act at the federal level.

Based on the above discussion, DCBS expects the Health Insurance Exchange Fund to remain stable and self-sustaining for the remainder of the 2017-19 biennium. At the end of the biennium, the Marketplace expects to have about 17 months of expenditures in the Marketplace Fund. This fund balance exceeds the statutory limit. Over the 2019-21 biennium, the Marketplace anticipates rebating insurers' assessments to bring the Marketplace's fund balance into compliance with ORS 741.105(3)(b).