

Health Insurance Rate Review Grant Program Cycle III, Year 1, Annual Report

Report Date	October 30, 2014
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Organization Information	
State	Oregon
Project Title	Grant # 1PRPPR140056-01-00 Grants to Support States in Health Insurance Rate Review Grant Cycle III
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Cycle III Grant Information	
Date Grant Awarded	9/23/2013
Amount Granted	\$3,594,809
Project Year	10/1/2013- 9/30/2014
Phase	Phase III
Project Reporting Period	10/1/2013- 9/30/2014

Introduction

Significant changes in Oregon laws in 2007 and 2009 gave the Department of Consumer & Business Services (DCBS), Insurance Division the explicit legal authority to conduct rigorous and transparent rate reviews for individual, small group, and portability health insurance plans. Federal reforms became effective six months after Oregon's major rate review reforms were implemented in April 2010.

The purpose of the Health & Human Services (HHS) Rate Review Grant program, Cycle III – to “support states in health insurance rate review processes, including expanding existing processes and enhancing health care pricing data collected, analyzed, and displayed as part of rate review” – meshed well with Oregon's health reforms and provided resources for enhanced scrutiny of rate filings and increased transparency of that process. This annual report summarizes how Oregon is meeting the goals established by HHS for states to conduct effective, transparent rate reviews and to enhance health care pricing data collected.

In Oregon, insurers must submit rate requests for prior approval in the individual and small group markets before the policies are initially introduced and on an annual basis thereafter, even if no increase or decrease is requested. Rates cannot be increased more often than annually for any given policyholder. All rate filings are public and posted on our website, with a 30-day opportunity for public comments, which are also posted. We post a detailed rate filing decision for every filing we review.

In the first year of this grant, DCBS continued its work of enhancing the rate review process and began the work of increasing transparency in health care pricing. DCBS, through its relationships with the Oregon Health Authority (OHA) and the Oregon Health Care Quality Corporation (Q Corp), started work on enhancing the All Payer All Claims database (APAC), improving the transparency and accessibility of health care pricing data, and integrating quality and price information.

DCBS has broad authority to ensure that rates are reasonable and not excessive, inadequate, or unfairly discriminatory. To assist in making this determination, DCBS may consider an insurer's overall profitability rather than just the profitability of a particular line of insurance. Companies must also separately report and justify changes in administrative expenses by line of business and provide detail about salaries, commissions, marketing, advertising, and other administrative expenses.

The Cycle III (CIII) grant will allow DCBS to continue funding additional health actuaries and other staff to ensure complete, accurate rate filings and to improve public communications. The grant supports increases in IT capacity, website development, printing guides and other materials for consumers, and allows us to continue to offer live web-streamed hearings.

The Cycle III grant also allowed DCBS to contract with external organizations, including:

- A consumer advocacy organization, to review and comment on rate filings and elevate the level of consumer participation in the rate review process as well as provide input on

how to provide health care pricing data in a meaningful way to consumers.

- OHA to improve the quality, timeliness, and usefulness of the APAC database, to establish authority for DCBS and Q Corp to use APAC data for rate review and health care price transparency, and to improve technical and organizational infrastructure to collect, manage, validate, analyze, distribute, and communicate data.
- A CMS-qualified data center to provide services centered on collecting health care pricing and quality data.

Annual Program Implementation Status

Annual Accomplishments

1. Increase Rate Scrutiny
 - This work was funded by the Cycle II (CII) rate review grant and is reported in the CII annual report as year 3 of CII overlapped with year 1 of Cycle III. Cycle III will begin funding this activity in Y2.
2. Continued IT activities
 - This work was funded by the CII rate review grant and is reported in the CII annual report as year 3 of CII overlapped with year 1 of CIII. CIII will begin funding this activity in Y2.
3. Consumer Education and Outreach
 - This work was funded by the CII rate review grant and is reported in the CII annual report as year 3 of CII overlapped with year 1 of CIII. CIII will begin funding this activity in Y2.
4. Equipment and IT Advances
 - This work was funded by the CII rate review grant and is reported in the CII annual report as year 3 of CII overlapped with year 1 of CIII. CIII will begin funding this activity in Y2.
5. Increase Transparency in Health Care Pricing and Data Center Enhancement
 - The contract with Q Corp was signed in Y1. Q Corp has conducted a preliminary cost driver analysis that detailed various cost drivers in health care and recommended certain drivers to DCBS that should be further studied. The intergovernmental agreement (IGA) with OHA was also signed in Y1.
 - The Data Use Agreement (DUA) between Q Corp and OHA was signed in Y1, giving Q Corp access to the APAC data it needs to further analyze selected cost drivers and total cost of care and quality.
 - OHA created the APAC technical advisory group (TAG) in Y1, with mandate to enhance APAC by developing additional data to be used in the rate review process; including adding fields to the database, responding to recommendation made by the

Oregon Health Policy Board, and developing data to be shared with consumers to provide them with enhanced transparency of cost and quality of health care. This group is also working toward establishing and implementing data validation methods that are specific to the information needed for each type of analysis.

Challenges, Responses and Variations

- Q Corp's cost driver analysis was based on data that Q Corp already collected from several, but not all of the carriers in Oregon. This preliminary report was a useful tool to begin the conversation around products and services that Q Corp would provide. Q Corp, with access to APAC, is re-running the report with data from all carriers. This updated report will provide us with the finalized list of cost drivers that we will research further with the goal of generating cost and quality related products for consumers.
- Because both agreements with Q Corp and OHA took longer than expected to execute, as well as staffing issues at OHA, the APAC TAG was delayed. DCBS and OHA have been working closely to establish a new timeline for deliverable dates in the IGA.

Significant Activities: Undertaken and Planned

Comprehensive Rate Review

As described in the *Introduction* to this *Annual Report*, Oregon has a robust rate review process. All insurers must receive prior approval from DCBS for new plans or for any rate increases. Rate filings are public documents, posted at our website once they are deemed complete and updated daily with additional communications between the insurer and Insurance Division actuaries. DCBS has broad authority to ensure that rates are reasonable and not excessive, inadequate, or unfairly discriminatory. The Insurance Commissioner may disapprove a rate filing or require revisions to a rate request before approving the new rate.

Much of the continued work done to enhance rate review was funded by CII and is discussed in that annual report. However, under CIII, DCBS has worked closely with OHA and Q Corp to:

- Establish data validation methods to ensure that data submitted through the APAC can be used in the rate review process.
- Develop additional data to be used in the rate review process. This will include the addition of fields to the database as well as providing DCBS with access to the APAC.
- Develop data to be shared with consumers to provide them with enhanced transparency of cost and quality of health care. These reports will also be used to enhance rate review.

Increasing capacity by hiring additional grant-funded DCBS staff will be discussed later in this report in the *Annual Impact* section.

Consumer Organization

DCBS amended its contract with the Oregon State Public Interest Research Group Foundation (OSPIRG) in CIII. In addition to having OSPIRG represent the public by making comments on filings and participating in public hearings; OSPIRG will now provide input on how to provide health care pricing data in a meaningful way to consumers. In CIII, Y1, OSPIRG met with Q Corp to discuss ways in which the rate review website can be improved for consumer usage. OSPIRG's recommendations for the rate review website were included in the final report submitted by Q Corp to DCBS in Q4.

Establish Regular Public Hearings

The Insurance Division continues to hold hearings on most individual and small group rate filings. Our hearings are discussed in more detail in the CII annual report. We intend to continue holding public hearings in CIII, Y2; though we continue to evaluate ways to improve the process and increase consumer participation.

Enhanced Actuarial and Analytical Capacity

The impact of additional actuarial and analytical staff is discussed in detail in the CII annual report. In CIII, Y2 we will continue funding these additional positions as well as filling the vacant Operations and Policy Analyst position. This staff will continue efforts to enhance our rate review program as well as increase transparency efforts in health care pricing.

Operational/Policy Developments/Issues

Rate Review Workload Management

CI and CII grants increased Oregon's capacity to meet the demands of conducting thorough rate reviews that comply with state and federal healthcare reforms. That work is discussed in detail in the CII annual report. In CIII, Y2, we will continue developing and executing strategies to review the large number of filings we receive every spring.

We also hired D'Anne Gilmore as the Operations and Policy Analyst 3 position, effective October 1, 2014. In addition to assisting on our transparency initiative contracts with the Oregon Health Care Quality Corporation and the Oregon Health Authority's All Payer All Claims database, she will help support or take the lead in policy and implementation efforts such as implementing meaningful use of quality metrics in rate review and public information, increasing plan benefits transparency, providing additional policy support to help ensure compliance with ACA requirements in plan and rate review, assisting Oregon's transition to a supported State-based Marketplace and performing the agency's internal self-evaluation of the grant program.

Increase Rate Scrutiny

The CII annual report discusses how the rate review grant program has enabled DCBS to more closely scrutinize each rate filing. In CIII, Y2, we will continue evaluating our rate review program and implementing new strategies to enhance the level of review for each filing. Work done around increasing health care pricing transparency and enhancing the APAC, will

inevitably lead to the development of new tools and resources that will allow for an even more thorough and complete rate filing review.

Policy Development

In Y1, the major policy development issue was the new collaboration with Q Corp and OHA. This is discussed further in the *Collaboration* section of this document.

Public Access Activities

Oregon law requires that most every aspect of rate review be available to the public. As discussed in the Cycle II annual report, DCBS takes many steps to inform and reach out to the public. In addition to those ongoing tasks from CII, DCBS is working toward increasing public access to health care pricing data. This work presents many new challenges for DCBS including:

- Identifying the types of pricing data that will be most useful to consumers and for rate review.
- Getting access to that pricing data.
- Examining our existing rate review website to find ways to improve it as well as accommodate the new pricing products created by Q Corp.

DCBS, in collaboration with OHA and Q Corp, has completed much of the ground work to overcome these new challenges. In Q3, Q Corp provided DCBS with a report detailing recommendations that Q Corp had to improve the navigability, readability, and design of the rate review website. Q Corp also recommended methods for publishing the health care pricing products on that website. DCBS is in the process of implementing many of these recommendations, to be discussed further in future reports.

The work done with OHA and Q Corp to gain access to the APAC database, is discussed further in the *Collaboration* section of this document.

Materials Produced

In addition to the planned website enhancements, Q Corp will begin producing cost and quality reports for DCBS to use in rate review and for public dissemination. However, these materials will not be available until Y2.

Annual Impact

The HHS grants have increased our capacity on every level, including funding for systems programming at DCBS and cooperatively with other states through the NAIC, website development, and other IT improvements. It is likely that the largest effects of CIII grant funding will result from allowing Oregon to:

- Further enhance our rate review process.
- Contract with Q Corp to provide services centered on collecting health care pricing and quality data.
- Enter into an agreement with OHA to improve the quality, timeliness, and usefulness of the APAC database, to establish authority for DCBS and Q Corp to use APAC data for rate review and health care price transparency, and to improve technical and

organizational infrastructure to collect, manage, validate, analyze, distribute, and communicate data.

Enhanced Rate Review

Much of the work done to enhance rate review has been discussed in the CII annual report. However, the CIII work done in Y1, has built a strong foundation that will allow us to further enhance rate review. The work we've begun on APAC enhancement and getting DCBS access to APAC, while not complete, is a strong precursor to eventually allowing DCBS to use APAC in the rate review process. This work will give DCBS access to data and tools that will further increase the scrutiny during the review of a rate filing, and reduce the administrative load on both the insurance company and our staff.

Additionally, the cost and quality reports that Q Corp will produce in Y2 will likely raise questions for DCBS to ask insurance companies during rate review.

The HHS grants will continue to provide essential resources in CIII, Y2 including additional actuarial, analytical, intake and reporting staff; increasing Oregon's capacity to conduct effective, transparent reviews and to report those results. It would have been extremely difficult to implement the increased workload required by Oregon and federal reforms without grant funding.

Web Streamed Public Hearings

Grant support helped to launch a program to routinely hold public hearings on rate filings. Web streamed public hearings are discussed in detail in the CII annual report. We do intend to continue holding live, web streamed public hearings in CIII, Y2.

Consumer Advocacy Organization Contract

Grant support enabled DCBS to contract with OSPIRG in CI and CII. This resulted in unprecedented consumer participation in the rate review process. DCBS and OSPIRG have extended this contract into CIII, Y2.

It is exceedingly unlikely that DCBS would have had the resources to contract with a consumer advocacy organization without the federal grants, which can be credited with helping OSPIRG acquire and demonstrate organizational readiness to attract foundation funding. OSPIRG, in turn, subcontracts with seven other nonprofit organizations, broadening community capacity.

Collaborative Efforts

The Insurance Division continued to collaborate with a number of organizations to advance the goals outlined in the Cycle III grant to meet ACA-related and state health reform requirements.

Oregon Health Insurance Exchange (Cover Oregon)

The collaborative work done with Cover Oregon is covered in detail in the CII annual report. DCBS will continue to collaborate with Cover Oregon in CIII, Y2.

Reinsurance Technical Advisory Group

The *Reinsurance Technical Advisory Group* work is discussed in the CII annual report. DCBS will continue convening this group in CIII, Y2.

Grant Evaluation Program

DCBS is in the process of creating a detailed evaluation plan. Due to delays, we have not yet identified specific measures related to the agreed upon scope of work at this point. These measures might include the number of website visits and consumers making use of the publicly available tools that report on price and performance.

Oregon Health Policy Board

As mentioned in previous reports, the Governor charged the OHPB with recommending to him and the legislature possible statutory and regulatory changes necessary to ensure that Oregon's triple aim goals are met. Oregon's triple aim goals are lower costs, better care and better health across all markets. The OHPB provided its final list of recommended strategies to the Governor in Y1. These recommendations included:

- Measuring the impact of ACA implementation and Oregon's health system reforms.
- Moving the marketplace toward a sustainable and fixed rate of growth.
- Expand and improve primary, preventive and chronic care infrastructure.

DCBS has worked closely with the Oregon Health Authority and the Quality Corporation to begin work on those recommendations that align with CIII activities, discussed in the *Increase Transparency in Health Care Pricing* and *Enhancing Data Center* sections of this document.

Increase Transparency in Health Care Pricing

Both the interagency agreement with OHA and the contract with Q Corp were signed in late Q2. DCBS and Q Corp began meeting in Q3 to discuss the potential products and services that Q Corp could provide to DCBS that would increase transparency in health care pricing and assist in the rate review process. Q Corp provided a cost driver analysis report that detailed various cost drivers in health care and further provided input on DCBS as to which cost drivers should be further studied. Q Corp also used the data that it began collecting from APAC to further enhance the results of this report and narrow down which cost drivers would be researched further. It is expected that we will know for certain which cost drivers will be the most useful for further analysis in early Y2, Q1. The following products and cost drivers will be the focus of CIII activities:

- *Price and Payment Variation Report/Tool*
- *Total Cost of Care + Quality Reports*

Q Corp also conducted a review of our rate review website and provided a list of recommendations to improve the consumer usability of the site. Q Corp and DCBS met to discuss these recommendations and we expect to begin implementing the most feasible and useful recommendations in Y2, Q1.

Enhancing Data Center

DCBS collaborated closely with OHA during Y1 on the process of enhancing data quality in the APAC database. OHA began holding meetings of the APAC technical advisory group (TAG) to advise OHA and DCBS on how to enhance the quality and usefulness of APAC data. Although

TAG met late in Y1, the group began work on identifying additional fields that needed to be submitted in APAC for rate review as well as how to best approach the data validation issue.

DCBS, OHA, and Q Corp continue to work toward establishing data validation methods that are specific to the information needed for each type of analysis. For example, we'll determine exactly which fields need to be validated in order to be able to use the data for disclosure of cost information. Another specific data set would need to be validated if we were to use APAC for evaluation of costs by region. The methods of validation will depend greatly on the usage of that data. OHA and DCBS will also work with the APAC TAG group to identify and decide upon validation methods.

In a further effort to enhance rate review and improve health care price transparency, OHA is establishing authority for both DCBS and Q Corp to use APAC data for those goals. This authority for Q Corp was established late in Y1 when the Data Use Agreement (DUA) was signed by both parties. Q Corp is now using this authority to begin collecting data from APAC for analysis. OHA and DCBS continue to work together to allow DCBS access to APAC. It seems likely that a rule change and amendment to the IGA will be necessary to continue this work. This work has begun in late Y1 and we expect to have both changes completed in Y2, Q1.

The work that is being done to enhance the data center will assist with these projects:

- 1) Developing additional data to be used in the rate review process. This will include the addition of fields to the database as well as providing OID with access to the APAC.
- 2) Respond to recommendations made by the Oregon Health Policy Board.
- 3) Development of data to be shared with consumers to provide them with enhanced transparency of cost and quality of health care.

Annual Lessons Learned

In previous quarterly reports we have noted:

- The difficulty of engaging and tracking public participation in hearings for rate review.
- The value of carefully scrutinizing all submitted data in rate reviews, demonstrated through the example of most companies' not reflecting the savings as a result of the reduction in bad debt in 2015 filings.
- The need to constantly examine our rate review process and find areas that we can improve in future years. This was especially relevant for us following the 2015 filing surge, and in preparation for the 2016 filings.

Looking back at the end of the year, the overarching lesson may be found in the challenges of improving our rate review process while being able to adjust to rapidly changing circumstances. For example, we found great value in updating our product standards and identifying market-wide filing issues early in the rate review process.

HIPR Budget & Expenditure Report		
Section B--All Grant Activity Report Cycle III, Year 1 Report		REGION: X STATE: OREGON NUMBER: 1 PRPPR140056-01-00 BEGINNING DATE: 10/1/2013 ENDING DATE: 9/30/2014
OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE
a. Personnel	60,624	0
b. Fringe Benefits	22,076	0
c. Travel	3,383	0
d. Equipment	2,730	0
e. Supplies	5,320	0
f. Contractual	1,232,207	675,000
g. Construction		
h. Other	19,250	2,369
i. Total Direct Charges	1,345,590	677,369
j. Indirect Charges	15,000	0
k. Totals (sum of i-j)	1,360,590	677,369

Annual Updated Budget

At this time we have no budget changes to report on the SF424A.

Data Collection and Analysis

As we described in Q1, and Q2 quarterly reports, rate change requests were instances of insurers requesting reductions in already approved rates in the small group market. However, in Q's 3 and 4, we experienced an expected surge in filings for plans with a January 1, 2015 effective date as well as transitional and grandfathered plans. The overall trend for these filings was that approved rates were, on average, lower than approved rates from last year.

Updated Evaluation Plan

As described in CII, Y2 reports, Georgetown University, Health Policy Institute, Center on Health Insurance Reform was selected to evaluate the activities and impact of Oregon's grant funded work in CI and CII. After a short delay in getting the contract negotiated and signed, Georgetown has provided DCBS with a work plan, and begun the evaluation process. To date, Georgetown has begun an actuarial analysis of previous rate filings as well as conducting DCBS staff interviews.

Annual Report Summary Statistics

- Total Funds Expended to date: CIII \$677,369
- Total Staff Hired (new this quarter and hired to date with grant funds): New 1 To-date 7
- Total Contracts in Place (new this quarter and established to date): 2/3
- Introduced Legislation: No
- Enhanced IT for Rate Review: Yes
- Submitted Rate Filing Data to HHS: Yes
- Enhanced Consumer Protections: Yes
 - Consumer-Friendly Website: Yes
 - Rate Filings on Website: Yes

Attachments

Rate Review Filing Public Hearings to Date

Rate Review Filing Public Hearings to Date

Rate Adjustments-2014

SERFF Filing #	Company Name	Type of Coverage	Total Amount % Requested	Total Amount % Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
OHCO-129275167	Community Care of Oregon, Inc	Small Group – G	-13.1%	-13.1%	12/12/2013	10
PCSR-129245094	PacificSource Health Plans	Small Group - G	-14%	-14%	12/16/2013	3
SERFF Filing #	Company Name	Type of Coverage	Total Amount % Requested	Total Amount % Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
HNOR-129434411	Health Net Health Plan of Oregon, Inc.	Small Group – G	5.3%	Hearing was held in Q2. Decision will be made in Q3.	3/27/2014	2

Transitional Health Benefit Plans

SERFF Filing #	Company Name	Type of Coverage	Requested % change	Approved % change	Difference Between Requested and Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
HNOR-129548006	Health Net Health Plan of Oregon, Inc.	Small Group - Transitional	7.0%	3.9%	-3.1%	7/11/2014	5
KFNW-129568343	Kaiser Foundation Health Plan of the Northwest	Small Group - transitional	0.0%	-0.5%	-0.5%	7/3/2014	6
KFNW-129529977	Kaiser Foundation Health Plan of the Northwest	Individual - Transitional	3.7%	-14.5%	-18.2%	7/3/2014	6
PBCC-129566608	LifeWise Health Plan of Oregon	Small Group - Transitional	1.2%	-2.0%	-2.8%	7/14/2014	8
PBCC-129548127	LifeWise Health Plan of Oregon	Individual - Transitional	8.4%	9.4%	1.0%	7/14/2014	8
PCSR-129549131	PacificSource Health Plans	Small Group - Transitional	2.3%	0.1%	-2.2%	7/9/2014	6
PROV-129570698	Providence Health Plan	Individual - Transitional	10.0%	7.4%	2.6%	7/14/2014	8
PROV-129569670	Providence Health Plan	Small Group - Transitional	-3.1%	2.3%	5.4%	7/14/2014	8
RGOR-129563255	Regence BlueCross BlueShield of Oregon	Individual - Transitional	9.8%	8.1%	1.7%	7/11/2014	3
UHL-129570766	UnitedHealthcare Insurance Company	Small Group - Transitional	9.4%	6.8%	2.6%	7/9/2014	8

Grandfathered

SERFF Filing #	Company Name	Type of Coverage	Requested % change	Approved % change	Difference Between Requested and Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
KFNW-129529859	Kaiser Foundation Health Plan of the Northwest	Individual - Grandfathered	9.7%	9.7%	0.0%	7/3/2014	6
PBCC-129566621	LifeWise Health Plan of Oregon	Small Group - Grandfathered	1.6%	-0.7%	-2.3%	7/14/2014	8
PBCC-129548148	LifeWise Health Plan of Oregon	Individual - Grandfathered	6.4%	4.8%	1.6%	7/14/2014	8

2015 Non Grandfathered

SERFF Filing #	Company Name	Type of Coverage	Requested % change	Approved % change	Difference Between Requested and Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
ATHP-129572010	ATRIO Health Plans	Small Group - 2015	-4.0%	-5.6%	-1.6%	7/8/2014	0
ATHP-129571917	ATRIO Health Plans	Individual - 2015	-16.1%	-20.6%	-4.5%	7/8/2014	0
RGOR-129550727	BridgeSpan Health Company	Individual - 2015	3.9%	2.3%	-1.6%	7/11/2014	2
OHCO-129529013	Community Care of Oregon, Inc.	Small Group - 2015	-20.0%	-19.1%	0.9%	7/2/2014	7
OHCO-129528995	Community Care of Oregon, Inc.	Individual - 2015	-21.0%	-9.9%	11.1%	7/2/2014	7
HNOR-129547693	Health Net Health Plan of Oregon, Inc.	Small Group - 2015	7.00%	4.9%	-2.1%	7/11/2014	5
HNOR-129547091	Health Net Health Plan of Oregon, Inc.	Individual - 2015	8.3%	5.4%	-2.9%	7/11/2014	5
HRIN-129570674	Health Republic Insurance Company	Small Group - 2015	5.6%	6.7%	1.0%	7/8/2014	6
HRIN-129570570	Health Republic Insurance Company	Individual - 2015	-0.6%	8.0%	8.6%	7/8/2014	6
KFNW-129536712	Kaiser Foundation Health Plan of the Northwest	Small Group - 2015	5.0%	6.3%	1.3%	7/3/2014	6
KFNW-129530066	Kaiser Foundation Health Plan of the Northwest	Individual - 2015	0.0%	-4.1%	-4.3%	7/3/2014	6
PBCC-129568580	LifeWise Health Plan of Oregon	Individual - 2015	-13.8%	-11.3%	2.50%	7/14/2014	8
PBCC-129567735	LifeWise Health Plan of Oregon	Small Group - 2015	3.0%	1.2%	-1.8%	7/14/2014	8
ODSV-129569436	Moda Health Plan, Inc	Small Group - 2015	6.2%	4.1%	-2.1%	6/30/2014	20
ODSV-129567101	Moda Health Plan, Inc	Individual - 2015	12.5%	10.6%	-1.9%	6/30/2014	20
PCSR-129549049	PacificSource Health Plans	Individual - 2015	15.9%	3.9%	-12.0%	7/9/2014	6
PCSR-129521516	PacificSource Health Plans	Small Group - 2015	2.2%	-1.6%	-3.8%	7/9/2014	6
PROV-129567959	Providence Health Plan	Individual - 2015	-16.30	-14.0%	2.3%	7/14/2014	8
PROV-129565608	Providence Health Plan	Small Group - 2015	-16.0%	-9.7%	6.3%	7/14/2014	8
RGOR-129550747	Regence BlueCross BlueShield of Oregon	Small Group - 2015	1.9%	-0.7%	-2.3%	7/11/2014	3
RGOR-129548080	Regence BlueCross BlueShield of Oregon	Individual - 2015	3.2%	1.4%	-1.8%	7/11/2014	3
SAHP-129568009	Samaritan Health Plans, Inc.	Small Group - 2015	0.0%	-2.0%	-2.0%	7/7/2014	3

ASPC-129553166	Time Insurance Company	Individual - 2015	28.0%	6.8%	-17.8%	7/8/2014	6
TCHP-129572678	Trillium Community Health Plan, Inc	Small Group - 2015	-8.4%	-26.0%	-17.6%	7/2/2014	11
TCHP-129572041	Trillium Community Health Plan, Inc	Individual - 2015	3.6%	3.4%	-0.2%	7/2/2014	11
UHLC-129570725	UnitedHealthcare Insurance Company	Small Group - 2015	11.8%	9.9%	-1.9%	7/9/2014	6
UHLC-129572429	UnitedHealthcare of Oregon, Inc.	Small Group - 2015	12.1%	9.9%	-2.2%	7/9/2014	6