

**STATE OF OREGON
DEPARTMENT OF CONSUMER & BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION**

Quarterly Health Enrollment Report Instructions
Revised April 16, 2015

A. HISTORY AND PURPOSE

- Since 1996, the Oregon Department of Consumer and Business Services (Department) has required various entities to submit information regarding the number of Oregon lives covered by individual or group insurance products to assess the effect of health reform bills passed by the Oregon Legislature and to determine the extent of insured and uninsured populations.
- Since 2000, health insurers in this state have reported enrollment to the Department on a quarterly basis, and the Division of Financial Regulation has made this information available on its website.
- With passage of HB 2009 in 2009, licensed Third Party Administrators (TPAs) and certain Oregon public entities also began reporting.

B. AUTHORITY & CURRENT RULES

- ORS 731.296, 743.745 & 743.818
- OAR 836-010-0051, 836-053-1180 and 836-075-0045

C. DUE DATES

- May 1 for 1st Quarter
- August 1 for 2nd Quarter
- November 1 for 3rd Quarter
- February 1 for 4th Quarter

D. ENTITIES REQUIRED TO REPORT

- Carriers authorized to transact health insurance in Oregon
- TPAs licensed under ORS 744.702
- Certain Oregon public entities

E. ROLE OF REPORTING ENTITIES

- Reporting entities are responsible for maintaining the completeness, accuracy and timeliness of their enrollment reports. This includes providing comments in the [iReg](#) online reporting system (iReg) comment box, *prior* to upload of data files, as required by instruction.
- Enrollment reports must be submitted through [iReg](#) via .txt or .dat file in the required format.
- [iReg](#) user accounts and contacts must be maintained and current.
- Questions or concerns regarding submission of this report may be directed to the Market Regulation Coordinator via e-mail: ins.mrktSurv@state.or.us or by telephone: (503) 947-7268.

F. EXEMPTIONS

Reporting is determined by the presence of **Oregon “Covered Lives”** under reportable types of insurance **at the close of a calendar quarter**. Lives are reported regardless of where or when a policy or contract was written or issued. Reportable types of insurance are not limited to “health benefit plans” as defined under ORS 743.730.

- **Covered Lives** include:

- Residents of Oregon enrolled as employees, dependents of employees, or individuals otherwise eligible for group or individual health plans or self-insured medical plans that have enrolled for coverage under the terms of the plan.
- Oregon residents of an employer group covered by a stop loss insurance policy.
- Covered lives may also be referred to as “enrollees.”

Entities exempt from reporting must request a **calendar year exemption** via the Division of Financial Regulation [iReg](#) online reporting system. Exemption requests are due by May 1st and are valid for the calendar year, unless a change in status occurs and an entity then has lives to report. New licensees must file by the due date for the calendar quarter during which their license became active. Exemptions are generally granted for the following reasons:

- No reportable lives at the close of the first calendar quarter for which reporting is due, or;
- Only exempt types of insurance are offered or administered, such as:
 - Medicare Parts A, B & D
 - Fixed Indemnity
 - Disability income or short-term disability coverage only
 - Accident coverage only
 - Automobile insurance
 - Specific disease or condition coverage only
 - Credit coverage only
 - Long-term care coverage only
 - Travel coverage only
 - Prescription Drug or Managed Pharmacy Benefits only
 - Complementary, carve-out or single-service coverage
 - Third party administration of FSA, HSA, dental, vision or other non-medical plans

Non-exempt Circumstances:

- Lives under both reportable and excluded types of insurance do not qualify for an exemption. Submit only the numbers of lives covered by reportable types of insurance.
- Oregon members are reported regardless of where the policy or contract was issued or written. Carriers that do not write or have not issued contracts in Oregon and licensed TPAs with no administrative contracts in Oregon *may not* qualify for an exemption.
- Carriers or TPAs offering limited administrative services, such as claims payment only.

- Companies with no lives to report for a calendar year quarter following a quarter in which lives were reported must file a statewide record for remaining calendar quarters for which they have no reportable lives. See Company Record Layouts.

STRUCTURE OF THE REPORT:

The report, uploaded via data file, is comprised of two pieces: 1. the State record with statewide information (G), and; 2. Zip code records with enrollment by Oregon zip code (H).

G. STATEWIDE INFORMATION:

Carriers, TPAs and certain Oregon public entities that do not request an exemption must submit the State record, even if most fields are blank (See State Record Layout). The first five fields of the statewide record must contain information.

G1. SMALL EMPLOYER GROUP GEOGRAPHIC AVERAGE RATE (GAR) INFORMATION

Insurance carriers provide the number of groups and enrollees in each GAR category shown below for all small employer group policies issued in Oregon, outside of or through the Oregon Health Insurance Marketplace. The GAR does not include premium differences that are due to differences in benefit design or family composition.

- 41% or + above (or below) the GAR
- 21%-40% above (or below) the GAR
- 1%-20% above (or below) the GAR
- 0% variance to the GAR

NOTE: This pertains to all policies in force at the close of the quarter, not new business only. Therefore, this information must be provided as long as a carrier has any insured lives under a small employer group plan at the close of the reported quarter.

Include grandfathered and transitional plan enrollment, groups and premium in GAR calculations.

G2. EMPLOYEE DATA FOR SMALL EMPLOYER GROUPS, AND POLICYHOLDER DATA FOR INDIVIDUAL, MEDICARE SUPPLEMENT, MEDICARE ADVANTAGE AND MEDICARE HMO LINES OF BUSINESS

Carriers provide information on insured employees and policyholders covered by medical policies at the close of the current reporting quarter. Do not include dependents and do not include those whose status is pending. Include existing and new business issued outside of or through the Oregon Health Insurance Marketplace. Include grandfathered and transitional plan information.

- Average small employer group enrolled employee age for **new** small employer groups. For the reporting quarter, provide the average age of all employees enrolled under all small employer group policies issued during the quarter and in force at the close of the quarter. Do not include dependents.
- Average small employer group enrolled employee age for **all** small employer groups. For the reporting quarter, provide the average age of all employees enrolled under all small employer

group policies in force at the close of the quarter. This includes existing and new groups. Do not include dependents.

- % of all small employer group enrolled employees by age band: Carriers provide the percentage of enrolled small group employees at the end of the reporting quarter that fall within the age bands shown below. Include both existing and new groups. Include grandfathered and transitional plans. Do not include dependents.
 - 0-20
 - 21-30
 - 31-40
 - 41-50
 - 51-60
 - 61-64
 - 65-70
 - 71-80
 - 80+

- For existing and new individual medical policyholders: Carriers provide the percentage of lives enrolled at the end of the reporting quarter that fall within the age bands shown below. Include existing and new policyholders in individual, short term medical, Medicare Supplement, Medicare Advantage and Medicare HMO lines of business. Do not include applicants in process. Do not include dependents.
 - 0-20
 - 21-30
 - 31-40
 - 41-50
 - 51-60
 - 61-64
 - 65-70
 - 71-80
 - 80+

NOTE: The percentages recorded within each of the above age bands for each type of coverage for the reporting quarter must total 100%. Do not use more than 2 decimal places.

G3. REINSURED ENROLLEES

Carriers report the total number of reinsurance eligible individuals whose cumulative calendar year claim costs have:

- (a) Met or exceeded the Oregon reinsurance program attachment point;
- (b) Met or exceeded the federal reinsurance program attachment point, and;
- (c) Exceeded the federal reinsurance program reinsurance cap, but have not exceeded the Oregon reinsurance program reinsurance cap.

H. ENROLLMENT BY OREGON ZIP CODE

Report the number of covered lives by the employee or individual policyholder's five digit postal zip code. *Self insured Oregon public entities that self-report, and licensed TPAs will report under category H10 and subcategory H10b only.*

Comment is required: If numbers within a category vary by more or less than (+/-) 10% , or if numbers increase or decrease by 1,000 lives or more from the previous quarter, provide a brief explanation as to why the change occurred in the iReg comment box *prior* to uploading data files. Example: Small group enrollment gain attributed to entrance into Clatsop, Columbia and Hood River counties.

NOTE: Do NOT double count lives in any listed categories. Covered lives counted in one category should not be counted in another *category*. Lives reported in a *subcategory* should also be reported in the *category* total. Lives reported under one *subcategory* may also be reported under a second *subcategory* of the same category (i.e. an insurer may report one covered life under 10a *and* 10b – but that covered life should be included once in the category total.)

REPORTABLE TYPES OF INSURANCE – Health Insurance Marketplace Enrollment

H1. Oregon Health Insurance Marketplace Individual Plan Enrollment

Report the total number of lives at the close of the calendar year quarter in all individual medical plans issued through the Oregon Health Insurance Marketplace. Do not include plans issued outside of the Marketplace or those issued through an Association:

- 1a. Individual Bronze plan
- 1b. Individual Silver plan
- 1c. Individual Gold plan
- 1d. Individual Platinum plan
- 1e. Individual Multistate plan
- 1f. Individual Catastrophic plan

Individual multistate plans are health benefit plans offered under the Multi-State Plan program administered by the United States Office of Personnel Management pursuant to Section 1334 of the Affordable Care Act.

H2. Oregon Health Insurance Marketplace Small Employer Group Plan Enrollment

Report the total number of lives at the close of the calendar year quarter in all small employer group plans certified by the Oregon Health Insurance Marketplace. A small employer group is defined in ORS

743.730. Do not include enrollees of small employer group plans issued outside of the Marketplace or through an association.

- 2a. Small employer group Bronze plan
- 2b. Small employer group Silver plan
- 2c. Small employer group Gold plan
- 2d. Small employer group Platinum plan
- 2e. Small employer group Multistate plan

Small employer group multistate plans are health benefit plans offered under the Multi-State Plan program administered by the United States Office of Personnel Management pursuant to section 1334 of the Affordable Care Act.

H3. Oregon Health Insurance Marketplace Oregon Public Entity Enrollment

Report the total number of Oregon Public Entity lives enrolled in plans issued through the Oregon Health Insurance Marketplace. Exclude those enrolled in plans issued outside of the Marketplace. Enrollment in this category includes local government and state agency employees, spouses and dependents enrolled in plans offered by the Public Employees' Benefit Board or Oregon Education Benefits Board or described in ORS 243.129(3) and ORS 243.867(3) that are offered through the Oregon Health Insurance Marketplace:

- 3a. Oregon public entity Bronze plan
- 3b. Oregon public entity Silver plan
- 3c. Oregon public entity Gold plan
- 3d. Oregon public entity Platinum plan

H4. Oregon Health Insurance Marketplace Dental Plan Enrollment

Report the total number of lives covered by a dental plan issued through the Oregon Health Insurance Marketplace. Include standalone dental plans and riders. Do not include enrollment in medical plans with embedded pediatric dental benefits.

REPORTABLE TYPES OF INSURANCE –Enrollment Outside of the Oregon Health Insurance Marketplace

H5. Individual Health Plan Enrollment

Report the total number of lives at the close of the calendar year quarter in all individual medical plans issued outside of the Oregon Health Insurance Marketplace. Do not include plans issued through the Oregon Health Insurance Marketplace or offered through an Association. *Include transitional plan enrollment in the Individual grandfathered plan subcategory.*

- 5a. Individual Bronze plan
- 5b. Individual Silver plan
- 5c. Individual Gold plan

- 5d. Individual Platinum plan
- 5e. Individual Grandfathered plan

H6. Small Employer Group Enrollment

Report the total number of lives at the close of the calendar year quarter in all small employer group plans issued outside of the Oregon Health Insurance Marketplace. A small employer group is defined in ORS 743.730. Do not include lives covered by small employer group plans issued through the Oregon Health Insurance Marketplace or offered through an association. *Include transitional plan enrollment in the Small Group grandfathered plan subcategory.*

- 6a. Small employer group Bronze plan
- 6b. Small employer group Silver plan
- 6c. Small employer group Gold plan
- 6d. Small employer group Platinum plan
- 6e. Small employer group Grandfathered plan

H7. Associations, Trusts, and MEWAs

Report the number of lives insured in all association, trust and/or fully insured MEWA plans. The count reported here should equal the total of 7.a. through 7.e. Reporting of association enrollment is based on rating method or ERISA Single Group status. Do not report lives covered by exempted types of insurance (see Section F.)

- 7a. Individual association plan
- 7b. Small employer group association plan
- 7c. Large employer group association plan
- 7d. ERISA single group association plan

H8. Large Groups

Report the number of lives under fully insured, alternately funded, and partially self insured groups. These include blanket policies (ORS 743.534), discretionary groups (ORS 743.522(2)) and State programs that are not self insured (i.e., a health plan offered through the Oregon Educators Benefit Board.) Do not include enrollment under exempted types insurance. If a blanket insurance policyholder is located outside of Oregon then use zip code "99999" for reporting, otherwise use the policyholder's zip code.

- 8a. Discretionary Groups

Report the number of lives in a health benefit plan issued to a discretionary group that is exempt from ORS 743.734(1) (e.g., a discretionary group with small employer members).

H9. Student Health Benefit Plans

Report the number of lives covered under student health benefit plans that are subject to rules adopted by the United States Department of Health and Human Services under 42 U.S.C. 18118(c).

These are college students covered by a student health benefit plan offered to an Oregon college or university.

H10. Self Insured – Comment is required, see below

This category pertains to self insured medical plans. Carriers, TPAs and self insured, self-reporting Oregon public entities: Do not report lives covered by self insured dental, vision, or other self insured standalone or carve-out benefits.

Carriers report the number of lives covered by a self insured group medical plan for which administrative services are provided, with or without stop loss coverage. Carriers that provide stop loss coverage but do not also provide administrative services should report under category H10 and not H9. Carriers providing administrative services and stop loss coverage to Oregon Public Entities should report those lives under both subcategories 9a and 9b but should only report Oregon public entity lives **once** under the category 9 total.

Self insured Oregon public entities that self-report should not report plan enrollees under the self insured with stop loss subcategory. Covered lives should be reported under the Self Insured Oregon Public Entity subcategory and under the Self Insured category total only.

Licensed TPAs report the number of Oregon lives covered by a self insured group medical plan for which administrative services are provided. TPAs are not authorized to issue stop loss insurance. Therefore, licensed TPAs should not report covered lives under the Self Insured with Stop Loss subcategory. TPAs that provide administrative services to self insured Oregon public entities should report those covered lives under both the Self Insured Oregon public entity subcategory and under the Self Insured category total.

- 10a. Stop Loss – Reporting in this subcategory is limited to carriers. Stop loss refers to Specific (Individual) or Specific and Aggregate stop loss coverage (ORS 742.065). Report the number of lives covered under a self insured group medical plan for which you provide administrative services and stop loss coverage. If the stop loss policyholder is located outside of Oregon, then use “99999” when zip codes for Oregon lives are unknown. If the policyholder is located in Oregon then use the Oregon stop loss policyholder’s zip code.
- 10b. Oregon Public Entities – Report the number of lives covered under an individual or jointly self insured program described in ORS 731.036(6) or managed by the Public Employees’ Benefit Board.

Comment is required:

- Report total lives where stop loss is provided to a self insured Oregon public entity. Example: Category 10a. Self insured Oregon public entity with stop loss 5,000 lives.
- If administrative services are limited, please note the services provided. A limit to services provided may not represent a valid exemption from reporting.

H11. Stop Loss Only

This category is limited to carriers that provide stop loss coverage, but do not provide administrative services for an underlying self insured medical plan. Carriers that provide stop loss coverage and also

provide administrative services to an underlying medical plan will report under subcategory 10a. Stop loss refers to Specific (Individual) or Specific and Aggregate stop loss coverage provided by a carrier. If zip codes for Oregon members covered by self insured medical plans with stop loss coverage are unknown, and the stop loss group policyholder is located outside of Oregon, use “99999” as the reporting zip code. If the policyholder is located in Oregon then use the zip code of the policyholder when the zip code of the covered Oregon member is unknown.

- 11a. Oregon Public Entities – Report the number of lives covered under an individual or jointly self insured program for which you provide stop loss coverage. Examples are Oregon cities, counties, school districts, community college districts, community college service districts or districts as defined in ORS 198.010 and 198.180. Include self insured State Plans (i.e. a health plan offered through the Public Employees’ Benefit Board (PEBB)).

H12. TRICARE/FEHBP/CHAMPUS

This category is limited to those lives covered under a Federal Employees Health Benefits Program (FEHBP)/TRICARE/Civilian Health or Medical Program of the Uniformed Services (CHAMPUS).

H13. Short Term Medical

Report the number of lives covered by a short term medical plan at the close of the calendar quarter.

H14. Medicare Advantage

Report the number of Medicare Advantage plan enrollees. Do not include Medicare HMO Cost plan enrollees.

H15. Medicare HMO Cost

Report the number of Medicare HMO Cost plan enrollees.

H16. Medicare Supplement

Report the number of all Medicare Supplement (Medigap) plan enrollees.

H17. Medicaid

Report the number of Medicaid enrollees covered. Do not include Medicaid lives covered under subsidiary company Medicaid plans.

H18. Dental – Comment is required, see below

Report the number of lives in **stand-alone policies or riders** that provide dental only coverage. Do not include enrollees of self-funded dental plans and do not include enrollment in medical plans with embedded pediatric dental benefits. The lives reported here could be reported elsewhere within this table.

Comment is required:

- Note if coverage is provided through stand-alone policies, riders or both.

H19. Vision - Comment is required, see below

Report the number of lives in **stand-alone policies or riders** that provide vision only coverage. Do not include enrollees of self-funded vision plans. The lives reported here could be reported elsewhere within this table.

Comment is required:

- Note if coverage is provided through stand-alone policies, riders or both.

H20. Total Medical Enrollees

For each zip code, report the total number of lives covered by medical plans. Do not include dental or vision enrollment in this category.