

**Health Insurance  
Quarterly Enrollment Report Definitions  
Revised April 2012**

**Introduction:**

In 2010, requirements for the Quarterly Health Enrollment Report were changed to include new definitions of reportable lives, more types of insurance that are reported, and more entities that provide enrollment information. All of the information is now reported by five digit postal zip code.

**Reporting Timelines:**

Quarter 1 – by May 1st the number of lives covered at the end of the first quarter

Quarter 2 – by August 1st the number of lives covered at the end of the second quarter

Quarter 3 – by November 1st the number of lives covered at the end of the third quarter

Quarter 4 – by February 1st the number of lives covered at the end of the fourth quarter

**Reporting Entities:**

Insurers: Insurers located both in and outside of Oregon.

Special Districts-**NEW**: Cities, counties and school districts, for example. If the Special District is fully insured, the Insurer will report the District's lives. If the Special District is Self Insured, and administrative services are provided by a TPA, then the TPA will report the District's lives.

TPAs-**NEW**: Third Party Administrators in and outside of Oregon report Self-Insured group members for which they provide administrative services.

Business\_Type: I = Insurer  
S=Special District  
T=TPA or Third Party Administrator

FDA\_Code: D=Domestic, or companies located in Oregon  
F=Foreign, or companies located in a state other than Oregon  
A=Alien, or companies from outside the United States that provide coverage to Oregon residents.

**Postal Zip Code-NEW:**

The five-digit postal zip code where the Oregon Individual policyholder or covered Group employee resides. Covered dependents are reported under the Individual policyholder or Group employee's zip code. Some types of insurance protect the group policyholder and not the employee or covered dependents. For these types of policies, zip code information may not be available. In these cases, all Oregon enrollment is reported under the group policyholder's zip code. If the group policyholder is located outside of Oregon, all Oregon residents are reported under zip code 97710.

**GAR Categories:**

Insurance carriers that offer coverage to Small Employer Groups file **Geographic Average Rates** with the Insurance Division. The Quarterly Health Enrollment Report includes the number of Small

Group policies that were issued in Oregon at the end of the quarter, with rates that fall within specified ranges above or below the Geographic Average provided by the reporting insurance carrier. Lives covered under the Small Group policies are also reported by these ranges. In this case, the total number of lives includes covered dependents.

**Examples:**  $G25\_A\_GAR\_GRP\_41$  = Number of Small Groups (<25 Employees) with rates 41% or more above the filed Geographic Average Rate.

$G50\_B\_GAR\_SUB\_41$  = Number of lives covered under a Small Group (<50 Employees) with rates 41% or more below the filed Geographic Average Rate.

**Age Categories:**

Individual and Small Group insurance carriers also report the average age and the percentage of covered lives that fall within specific age bands at the end of the quarter for Individuals and Small Groups. In this case, only covered employees are considered in calculations for Small Groups, not their eligible dependents.

**Examples:**  $AVG\_SEHI\_NEW$  = Average age of new Small Group employees  
 $SEHI\_40\_49$  = Percent of all new and existing Small Group employees that fall within the specified age band.

**Applications Received (NUM LIVES IHAR):**

The total number of Individual plan applicants for the quarter, including dependents.

**Accepted for New Individual Health Plans (NUM LIVES AA):**

The total number of lives, including dependents, accepted for new health plans as of the end of the quarter.

**Rejection Rates:**

For each quarter, insurance carriers report the total number of applicants, including dependents, that were issued Individual policies, as well as the number declined coverage for health reasons. One reported ratio is the insurance carrier's rejection rate for that reporting period. The rejection rate is equal to the number of lives declined coverage divided by the sum of the total declined plus the total that were accepted.

**Declined for Health Reasons (NUM LIVES DDH):**

The total number of applicants, including dependents, declined for health reasons other than pregnancy, during the quarter.

**Declined for Pregnancy (NUM LIVES DDP):**

The total number of applicants declined during the quarter because of an existing pregnancy.

**Reportable Lives:**

Reportable lives include individual policyholders that are Oregon residents, their covered dependents, and employees of group policyholders that live in Oregon, as well as their eligible dependents. These lives are reported *regardless of where their insurance policy or certificate of coverage was issued* (NEW).

### **Reportable Types of Insurance:**

1. Individual – Individual medical policies, including short term policies, but excluding accident only, credit, disability, hospital income, long term care, and specific disease or condition policies, for example.
2. Portability – Coverage that may be available to Oregon residents who have lost coverage under a group plan. This total includes three sub-categories: prevailing, low cost and all other types of portability plans.
3. Small Employer Groups – Employers with 2-50 employees on average, also captioned SEHI (Small Employer Health Insurance) in data downloads. This category includes a subcategory for members covered by Basic Small Group plans. Basic Small Group plans are offered to improve the availability and affordability of health benefit coverage for small employers per ORS 743.736.
4. Associations/Trusts and Multiple Employer Welfare Arrangements (MEWAs) – including both small and large group health insurance as described in ORS 743.522(1)(b) or (c) or ORS 743.522(2). This category includes two subcategories: One for associations/trusts/MEWAs subject to small employer rating regulations and one for those that are not.
5. Large Employer Groups - (>50 employees on average, captioned Non-SEHI on data downloads). Large Groups also include student health plans and blanket group policies (ORS 743.534). One subcategory is provided for Discretionary groups.
6. Self Insured – Includes large, self-insured group plans for which the insurer or TPA provides administrative services.
7. Stop Loss Only – No administrative services are provided and the employer group is not reported under Self-Insured with Stop Loss (above). This type of insurance limits a group's liability with respect to any one claim or to a cumulative maximum total.
8. TRICARE (NEW) – enrollment under Federal Health Benefits Program (FEHBP)/TRICARE/Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). This does not include TRICARE Supplement enrollment. TRICARE Supplement enrollment is not currently reported.
9. Medicare Advantage – Formerly Medicare + Choice. This category does not include Medicare HMO cost plans.
10. Medicare HMO – HMO cost enrollment
11. Medicare PACE (Program of All Inclusive Care for the Elderly)
12. Medicare Supplement (Medigap)
13. Medicaid
14. Dental Only (NEW) – Standalone policy or rider
15. Vision Only (NEW) – Standalone policy or rider
16. Total Lives – The total of each type of insurance 1-13.