

Health Insurance
Quarterly Enrollment Report Definitions
New for 2014!

Introduction:

Since 2000, insurance companies have reported the number of Oregonians they insure to the Oregon Department of Consumer and Business Services (Department), and these numbers have been available on our website. Over time, the report has changed to reflect changes in the Oregon insurance marketplace. Requirements for 2014 are changing to better reflect the new insurance marketplace brought by health care reform. This report helps us understand the number of Oregonians with health coverage and the ways in which they are covered.

Insurance Marketplaces:

Oregon now has a new insurance marketplace where individuals and small employer groups can shop for insurance coverage. This new marketplace, the Oregon Health Insurance Exchange Corporation, is known as “Cover Oregon.” By enrolling for coverage through Cover Oregon, individuals may be eligible for subsidies to help them pay for the cost of insurance. Small employer groups may be eligible for tax credits to help offset the cost of providing coverage to their employees. Individuals and small employer groups may also apply directly to an insurance company. However, it may not be as easy to compare different plans when shopping, and subsidies and tax credits are not available when applying directly to an insurance company.

The Quarterly Health Enrollment report has been updated to provide the number of Oregonians covered by insurance plans purchased both in and outside of Cover Oregon.

Reporting Timelines:

Quarter 1 – by May 1st the number of lives covered as of March 31st
Quarter 2 – by August 1st the number of lives covered as of June 30th
Quarter 3 – by November 1st the number of lives covered as of September 30th
Quarter 4 – by February 1st the number of lives covered as of December 31st

Reporting Entities:

Insurers: Health insurers located in or outside of Oregon.

Oregon Public Entities: These are entities like cities, counties and school districts that administer their own self insured medical plan.

TPAs: Licensed third party administrators located in or outside of Oregon that provide administrative services, like claim payments, for self insured group medical plans.

Business_Type: I = Insurer
S=Oregon public entity
T=TPA or Third Party Administrator

FDA_Code: D=Domestic insurers - companies headquartered in Oregon
F=Foreign insurers- companies headquartered in a state other than Oregon
A=Alien insurers- companies from outside the United States that provide coverage to Oregon residents.

GAR Categories:

Insurance carriers that offer “health benefit plans” to small employer groups file *geographic average rates* (GAR) with the Department. Health benefit plans are defined in [ORS 743.730](#). The Quarterly Health Enrollment report includes the number of small group policies issued in Oregon and in effect at the end of the quarter. That number is divided into specific categories based on how the rates compare to the Geographic Average provided by the insurer. The number of covered lives, both employees and dependents is also reported for each category. Currently, a small employer group in Oregon has between 1 and 50 employees. In 2016, an employer with 100 employees will also be considered a small employer group.

Examples: $G50_A_GAR_GRP_41$ = Number of small groups with rates 41% or more above the filed GAR.

$G50_B_GAR_En_41$ = Number of lives covered under a small group with rates 41% or more below the filed GAR.

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 individual policyholders and small group employees. In this case, *only covered employees* are considered in calculations for small groups, not their eligible dependents.

Examples: AVG_GRP_NEW = Average age of new small group employees

GRP_40_49 = Percent of all new and existing small group employees that fall within the specified age band.

Reinsured Individuals

Beginning in 2014, insurers may no longer deny insurance coverage to prospective customers because of existing health conditions. As the marketplace adjusts to this change, a temporary “reinsurance” program will spread the cost of insuring individuals previously denied coverage. The program requires that the insurer pay a specific amount of the claims costs. Costs above this amount are covered by federal and state reinsurance programs. These programs are supported by charges to all insurers based on the number of “covered lives” they report.

Covered Lives:

Covered lives include individual policyholders that are Oregon residents, their enrolled dependents, and employees of group policyholders that live in Oregon, as well as their enrolled dependents. Information about lives covered by association, self insured group, federal and Medicare plans is also provided. Lives are reported if they live in Oregon, even if their insurance policy or certificate of coverage was issued in another state. If a group policyholder extends coverage to eligible retirees, those enrolled retirees are counted as well.

Zip Code:

This is 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. “Stop loss” insurance is a little different. For these types of policies, the employee’s zip code may not be readily available. In this case, Oregon enrollment is reported under the employer group’s zip code, when located in Oregon, or the placeholder zip code “99999” when not.

Reportable Types of Insurance:

- Individual – Individual medical policies, excluding accident only, credit insurance only, disability income, hospital income, long term care, and specific disease or condition policies, for example. This category now includes subcategories for members covered by different “metal level” plans, as well as catastrophic plans.
- Individual Multistate – There are currently no multistate plans offered in Oregon.
- Individual Catastrophic – These plans are intended for those under the age of 30 who apply for coverage through Cover Oregon. They are low cost plans with high deductibles and are designed for healthier individuals. For 2014, some individuals who have lost other coverage may enroll in catastrophic plans, even if they are above the age of 30.
- Small Employer Groups – Employers with 1-50 employees on average. This category now includes subcategories for members covered by different metal plans, as well as “grandfathered” plans.
- Small Employer Group Multistate – There are currently no multistate plans offered in Oregon.
- Grandfathered Plans – These are individual and small group plans that were in effect before implementation of the Affordable Care Act in 2010, and have remained materially unchanged since then.
- Metal Level Plans – These are new terms that may apply to individual or small group plans in or outside of Cover Oregon, and the metal assigned refers to the general “richness” of the plan design.
- Oregon Public Entities – As noted previously, these include cities, counties and school districts, for example.
- Associations/Trusts and Multiple Employer Welfare Arrangements (MEWAs) – This category includes individuals or employer groups with a common interest. These groups weren’t formed for the purpose of obtaining insurance, but may provide insurance to their members. Their members are reported based on the way the association, trust or MEWA rates are set.
- Large Groups – These are currently employer groups that employ an average of 51 or more employees, discretionary groups defined in 743.522(2) and blanket group policies defined in ORS 743.534, excluding student health plans. In 2016, a large employer group will be one employing an average of 101 or more employees rather than 51 or more.
- Student Health Benefit Plans – These are plans that meet certain federal requirements and are offered to students through Oregon colleges and universities. Accident-only, and other limited plans, are not included.
- Self Insured – This category includes large, self insured group plans for which an insurer or TPA provides administrative services, such as claims payment. Oregon public entities that administer their own self insured medical plan also report in this category. Sometimes, an insurer provides administrative services *and* “stop loss” insurance to a self insured plan. In these cases, covered lives are also reported under the sub-category Self Insured with Stop Loss.

- Stop Loss Only – For this category, an insurer provides stop loss insurance to a self insured employer group, but does not provide administrative services, such as payment for medical services covered under the employer group’s self insured medical plan. Employer groups purchase stop loss protection to limit the financial effects of a claim that exceeds a certain amount, or when the total of all claims exceed a certain amount. This protection is important to the employer and employees, and helps when planning for the overall cost of coverage from year to year.
- TRICARE– enrollment under Federal Employee 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.
- Short Term Medical – These are policies intended to fill a short term gap in health coverage.
- Medicare Advantage – These are plans, like HMOs and PPOs, that pay Medicare Part A and Part B benefits. Many also provide prescription drug coverage and some provide other benefits as well. Individuals enrolled under a Medicare Advantage Plan who are also eligible for Medicaid are reported only under the Medicare Advantage category so they won’t be counted twice.
- Medicare HMO – These are HMO plans that contract to provide the full Medicare benefit package and are reimbursed at a reasonable cost for providing those benefits.
- Medicare Supplement (Medigap) - These plans pay the deductible and coinsurance amounts that Medicare does not pay towards a covered expense. Medigap plans don’t pay for services that aren’t otherwise covered by Medicare. For example, they won’t pay for vision or dental care.
- Medicaid – These are individuals who receive Medicaid health care coverage from the reporting insurer. Not all companies are required to report their Medicaid members to the Department, and so the total number of Medicaid members reported to the Department will not represent the total enrolled in Oregon’s Medicaid program. Medicaid eligible individuals also enrolled under a Medicare Advantage plan are only reported under the Medicare Advantage Plan category so they won’t be counted twice.
- Dental Only – This category includes enrollees covered by a standalone dental policy or dental rider attached to a medical plan.
- Vision Only – This category includes enrollees covered by a standalone vision policy or a vision rider attached to a medical plan.
- Total Medical Lives – This represents the total number of Oregon members, by zip code, covered under the various types of medical insurance. The total doesn’t include dental or vision to help ensure one person isn’t counted multiple times.