



NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

Health Insurance Exchanges or Marketplaces: State Profiles and Actions Includes information for 2015 enrollment

As of April 28, 2015

This report provides the state legislative history for all states, including the 14 states and D.C. that now fully operate state-run Exchange or Marketplaces, the three states with state-run authority while using healthcare.gov, three that run the small-business (SHOP) exchange only, and the state executive and legislative decisions in the 34 states that have State-Federal Partnerships (seven states), transition plans or Federally-Facilitated Marketplaces, including reliance on healthcare.gov. The federal Affordable Care Act (ACA) permits any state to change its structure and administration, by requesting approval from HHS.

State profiles include links and updates to all structures from State-Run to Federally-Facilitated Marketplaces and examples of implementation steps.

This report in table format is a supplement to NCSL's online report,

State Actions to Address Health Insurance Exchanges, (includes 50-state map) at www.ncsl.org/default.aspx?Tabid=21388

2015 Open enrollment for all 50 states and D.C. began Nov. 15, 2014 for three months, ending Feb. 15.

NEW! A special extension period ran from March 15, 2015 through Apr. 30 for anyone who was not fully aware of the penalties for not obtaining health coverage for 2015. See details of consumer plan choices and a new preview "[see plans](#)" feature on Healthcare.gov for [viewing](#) premium prices, subsidies and choices without making a binding selection.

- **Individual consumers** can obtain information and enroll online at: www.healthcare.gov (limited open enrollment extended to Apr. 30, 2015)
- **Small employers** can obtain information and enroll online at <https://www.healthcare.gov/see-plans/small-business/>

DEFINITIONS AND ABBREVIATIONS

ACA = The federal Patient Protection and Affordable Care Act (PPACA), also termed the Affordable Care Act and sometimes referred to as "Obamacare."

APTC = Advance Premium Tax Credit. The premium tax credit is money that the federal government pays directly to an insurance company every month so that enrollees have lower monthly premiums. Each tax credit is based on the income the people in each tax household expect to have during the year.

BCBS = BlueCross/ Blue Shield, a commercial insurer network

CMS = The Centers for Medicare and Medicaid Services, the umbrella federal agency within HHS responsible for oversight and implementation of Marketplaces, insurance reforms and Medicaid changes included in the ACA.

Exchange or Marketplace = The term "Exchange" is defined and used in the federal ACA statute. "Marketplace" is intended and defined in federal regulations to have an identical meaning. The words are used interchangeably in many documents, articles and reports.

HHS = U.S. Department of Health and Human Services.

MSP = Multi-State Plan(s). MSPs are offered through Health Marketplaces/Exchanges alongside state-specific health insurer policies.

QHP = Qualified Health Plan, a health insurance product that meets the requirements of the ACA.

SHOP = Small Business Health Options Program, with insurance available to employers with up to 50 FTEs. See SHOP explanation at HealthCare.gov.


* Individual state information will be added on a regular basis, with date notations where applicable.



Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Alabama</p> <p><u>Federally Facilitated Marketplace in Alabama</u></p>	<p>On Nov. 13, 2012, Governor Robert Bentley <u>announced</u> that the state will not pursue a state exchange.</p> <p>Governor Bentley created <u>Executive Order 17</u> on June 2, 2011 to establish the Alabama Health Insurance Exchange Study Commission. The Commission is to study the establishment of the Alabama Health Benefits Exchange and make recommendations to the Governor and Legislature by Dec. 1, 2011. These recommendations were to include the form, governance, resource allocation, function and potential effects of the Exchange. Legislation in the 2012 Session considered these recommendations with regards an Alabama Exchange, but were not passed.³</p>	<p>2015 premiums, Healthcare.gov</p> <hr/> <p>Enrollment Profile 4/19/14 Alabama</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Five organizations in the state received navigator grant funds from HHS.</p>	<p>\$9,772,451 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,180,312 Planning Grant • \$8,592,139 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • State Allowing Renewals in 2014 w/o ACA Compliance⁷- Governor's Press Release • Dept of Insurance requirements: <ul style="list-style-type: none"> • QHP Issuer must: Be licensed and in good standing with the State; Be accredited by either NCQA or URAC; Cannot employ discriminatory cost-sharing designs. • Must implement and report on quality improvement strategies consistent with section 1311(g) of the ACA. • Must offer (1) at least one QHP in the silver and gold coverage level; (2) a child-only plan at the same level of coverage; and (3) QHPs at the same premium rate when the QHP is offered directly by the issuer or through an agent or broker. • State is not using employee choice of insurers in SHOP for 2015 • AL state attorney general has co-filed an amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 	<p>2015 Insurers: Individual Market</p> <p>Blue Cross and Blue Shield of Alabama (7 plans)</p> <p>Humana, Inc. (4)</p> <p>UnitedHealthcare (10) ⁻²⁰¹⁵</p> <p>Small Group</p> <p>Blue Cross and Blue Shield of Alabama (6)</p>			


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<p>Alaska <u>Federally Facilitated Marketplace in Alaska</u></p>	<p>In July 2012, Governor Sean Parnell <u>announced</u> that Alaska will not create a state-run health insurance exchange under the new federal health care law. His announcement came after the State of Alaska completed a <u>study</u> on health insurance exchange planning.</p>	<p>2015 premiums, Healthcare.gov <u>Enrollment Profile</u> 4/19/14 Alaska</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. <u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>The state has not applied for or accepted any federal funds related to health insurance exchanges.</p>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • Not Allowing Renewals in 2014 w/o Compliance⁷ - Bulletin • 2014 ACA Insurance Reforms are in State Law = Yes⁸ • State is not using <u>employee choice of insurers</u> in SHOP for 2015 	<p>2015 Insurers: Individual Market Moda Health (10 plans) Premera Blue Cross Blue Shield of Alaska (18) MSP (36) Small Group –n/a Moda Health (40) -2014-15 Premera Blue Cross Blue Shield of Alaska (12) -2014-15</p>			


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<p>Arizona</p> <p><u>Federally Facilitated Marketplace in Arizona</u></p>	<p>On November 28, 2012, Governor Jan Brewer <u>announced</u> that the state will not establish a state exchange.</p> <p>Previously, Governor Brewer established the Office of Health Insurance Exchanges to organize the state's implementation efforts and conduct analysis on the establishment of an exchange in the state.</p>	<p>2015 premiums, Healthcare.gov</p> <p>Enrollment Profile 4/19/14 Arizona</p> <p>-----</p> <p>HHS report summarizing 2014 health plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Four</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$30,877,097 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$999,670 Planning Grant \$29,877,427 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> 2014 ACA Insurance Reforms are in State Law = Yes⁸ Not Allowing Renewals in 2014 w/o Compliance⁷ - Release Nov. 2013 State is not using <u>employee choice of insurers</u> in SHOP for 2015 <u>AZ ACA Consumer Information</u> <u>Doctor/hospital and prescriptions covered by 2014 Marketplace-approved plans</u> - AZ Dept. of Insurance [off-line 12/29/13] 		<p>2015 Insurers: Individual Market</p> <p>Aetna Inc.</p> <p>All Savers Insurance Co. ⁻²⁰¹⁵</p> <p>Blue Cross Blue Shield of Arizona, Cigna Corp.</p> <p>Health Choice Insurance Co., Health Net, Inc., Humana, University of Arizona Health Plan.</p> <p>Meritus Health Partners (COOP), Phoenix Health Plans, Inc. ⁻²⁰¹⁵</p> <p>Time Insurance Co./Assurant Health ⁻²⁰¹⁵</p> <p>Small Group</p> <p>Blue Cross Blue Shield of Arizona</p> <p>Health Net of Arizona ²⁰¹⁴</p> <p>Meritus Health Partners ²⁰¹⁴</p>		


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<p>Arkansas</p> <p>Arkansas Health Connector (State-Federal Partnership Exchange)</p> <p>(As of 2016 SHOP will be State-run; in 2017 the Individual market also will be State-run)</p>	<p>Arkansas was the first state to announce that it would have a state/federal partnership exchange. The state will run both the plan management and consumer assistance functions of the exchange.</p> <p>During the 2013 legislative session, Arkansas enacted HB 1508 which establishes the Arkansas Health Insurance Marketplace, a fully state-run exchange, as a non-profit entity in the state, effective July 1, 2015. It is responsible for setting certification standards for qualified health plans. Establishes the Arkansas Health Insurance Marketplace Legislative Oversight Committee.</p> <p>In 2014 the Arkansas health exchange board voted to delay until plan year 2017 the launch of its own state-run exchange for individual coverage. It will operate a state-run SHOP for 2016.</p> <p>#2-2014: Requirements for Assisting Consumers on the Marketplace in Arkansas</p> <p>#1-2014: Requirement to Provide Additional Language to be Included With the Delivery of Their Individual Policies</p>	<p>2015 Health plan premium rates</p> <p>-----</p> <p>2014 Qualified Health Plan Individual Premium Rates for 71 plans.</p> <p>Enrollment Profile 4/19/14</p> <p>Arkansas</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Two organizations in the state received navigator grant funds from HHS.</p> <p>In addition, the state enacted SB 1189 which requires navigators to be licensed and certified by the state. Provides standards and guidelines for licensing and does not allow insurers or insurer affiliates to serve as navigators.</p>	<p>\$57,947,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$200,928 Planning Grant Supplement \$7,665,483 1st Level One Establishment Grant \$18,595,072 2nd Level One Establishment Grant \$16,470,852 3rd Level One Establishment Grant \$10,641,403 4th Level One Establishment Grant, 10/14 \$3,576,093 5th Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - Statement Arkansas Insurance Dept. (AID) Requires: All QHP issuers offering a plan which has pediatric dental imbedded to also offer an identical plan which does not include pediatric dental. In future years, AID may limit the number of plans or benefit designs that may be offered by a carrier per "metal tier" on the Marketplace. Any QHP issuer that fails to achieve at least 10% Essential Community Provider participation will undergo a stricter review of its issuer application. AID will not impose network adequacy standards that exceed federal standards in the first year, but may thereafter at its discretion. Formulary review: issuers must provide prior authorization response within 72 hours, and must provide at least a 72-hr. supply in an emergency situation Tobacco use rating limited to 1.2:1 (vs. the federal 1.5:1) State has authorized employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market</p> <p>Ambetter of Arkansas (Celtic)</p> <p>Arkansas Blue Cross Blue Shield</p> <p>National Blue Cross Blue Shield Multi-state Plan</p> <p>QCA Health Plan, Inc. -²⁰¹⁵</p> <p>QualChoice of Arkansas</p> <p>MSP</p> <p>National Blue Cross Blue Shield Multi-state Plan</p> <p>Small Group Market</p> <p>Arkansas Blue Cross Blue Shield</p>	<p>Official state logo:</p> <p>Arkansas HEALTH CONNECTOR Division</p> <p><small>A Division of the Arkansas Insurance Department</small></p>		

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<p>California</p> <p>Covered California (State-Run Exchange)</p>	<p>2010 SB 900 and AB 1602 California was the first state to establish a state-based exchange under the ACA.</p> <ul style="list-style-type: none"> The exchange is an independent state agency with a five-member governing board. Allows a financial assessment to insurers for exchange support after Jan. 2014. Conflict of Interest: Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc) or benefit financially from the exchange while serving on the board. SHOP and individual exchange are separate, but board has the authority to reevaluate that in 2018. Selection of carriers:⁴ The exchange selects plans that will participate in the exchange. 	<p>2015 California plans and premiums-11/12/2014</p> <p>Click here to see rate filings in California 2014.</p> <p>Enrollment Profile 4/19/14 California</p>	<p>2010 state law allows the use of navigators; the board is responsible for defining rules on navigator participation. In person assisters in the state need to complete two days of training.</p>	<p>\$1,065,686,056 <u>total federal grants</u> related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$39,421,383 1st Level One Establishment Grant \$196,479,629 2nd Level One Establishment Grant \$673,705,358 Level Two Establishment Grant \$155,076,686 Level Two Establishment Grant Supplement, Jan. 2014 <p>The general fund is allowing a \$5 million loan to establish the exchange.</p>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷- Insurance Dept. Statement & Exchange Statement 2014 ACA Insurance Reforms are in State Law = Yes, in part⁸ Covered California Reports –updated regularly (accessed Nov. 2014) California was one of the first states, in Feb. 2015, to extend the open enrollment period for an extra week to assist residents who were not aware of the penalty requirements and deadlines. 	<p>2015 Insurers: Individual Market</p> <p>Anthem Blue Cross of California (Wellpoint) Blue Shield of California Chinese Community Health Plan Health Net Kaiser Permanente L.A. Care Health Plan ²⁰¹⁴ Molina Healthcare²⁰¹⁴ Sharp Health Plan²⁰¹⁴ Valley Health Plan Western Health Advantage²⁰¹⁴</p> <p>Small Group /SHOP – (Plans offered, 10/20/2014) Plan benefits compared. Blue Shield of California Chinese Community Health Plan Health Net Kaiser Permanente Sharp Health Plan Western Health Advantage</p> <p>MSP</p>	<p>Official state logo:</p> 		




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<p>Colorado</p> <p>Connect for Health Colorado (State-Run Exchange)</p>	<p>2011 SB 200, Chapter No. 246 - Bi-Partisan legislation creating a state-run exchange enacted in 2011.</p> <ul style="list-style-type: none"> • Non-profit entity governed by a 12 member board. • Selection of carriers: The Colorado exchange allows all qualified health plans to participate in the exchange.⁴ • Allows a financial assessment to insurers for exchange support after Jan. 2014. • The bill also creates the Legislative Health Benefit Exchange Implementation Review Committee. • Conflict of Interest: Members of the board may not make decisions that benefit them financially. • SHOP and Individual Exchange are two separate markets, but the board has the option to review this and merge them if they see fit. • The exchange cannot use general funds in establishing or operating the exchange. 	<p>2015 Individual plans, average increase = 0.71% Small group plans, average increase = 2.54%</p> <p>2015 Rate analysis (NORC survey)</p> <p>2014: Click here to view Colorado rate filings</p> <p>Enrollment Profile 4/19/14 Colorado</p>	<p>Navigators must complete training and pass an assessment. Click here to see a list of navigator and assistor programs and sites throughout the state.</p>	<p>\$178,931,023 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,247,599 Planning Grant • \$17,951,000 First Level One Establishment Grant • \$43,486,747 Second Level One Establishment Grant • \$116,245,677 Level Two Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • Not Allowing Renewals in 2014 w/o Compliance⁷ - Statement • 2014 ACA Insurance Reforms are in State Law = Yes⁸ • Connect for Health Colorado metrics, updated monthly (150,821 enrollments for 2014 submitted as of Nov, 2014) • Division of Insurance Approves 2015 Health Insurance Rates - 20 Carriers to Offer 1,072 Plans in 2015  agency release 9/22/2014 • Colorado health exchange eyes improvements for SHOP, 10/13/2014 • Colorado CO-OP Built to Shake-up Health Insurance, 11/17/2014 • 13 Colorado walk-in Enrollment Sites now open across the state - state new release, 11/22/2014 • Exchange Audit Plans by Legislature – 12/9/2014 • Connect for Health Colorado Power Point Presentation 4/1/2015 ^{NEW} • Connect for Health Colorado Presentation Materials – 4/1/2015 ^{NEW} 	<p>2015 Insurers:</p> <p>Individual Market</p> <p>List & Rates</p> <p>All Savers Health insurance Cigna Corp. Colorado Choice Health Plans Colorado Health CO-OP Denver Health Medical Plan</p>	<p>HMO Colorado Humana Kaiser Foundation New Health Ventures Rocky Mountain Health Plans (see full list, PDF) MSP</p>	<p>Small Group</p> <p>Colorado Choice Health Plans Colorado Health CO-OP Kaiser Foundation Rocky Mountain Health Plans</p> <p>Official state logo:</p> 	


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<p>Connecticut</p> <p>Access Health CT (State-Run Exchange)</p>	<p><u>2011 SB 921, Public Act 11-53</u> - establishing a state-run exchange</p> <ul style="list-style-type: none"> Quasi-governmental entity governed by 14 member board. Selection of carriers:⁴ Limits the number of plans an insurer can offer. Allows a financial assessment to insurers for exchange support after Jan. 2014. Conflict of Interest: Does not allow any representative of the insurance industry or providers as board members. The Exchange was to submit a plan by Jan. 1, 2012 on whether or not to merge the SHOP and individual exchange, or whether the state should include mandated benefits in addition to the essential health benefits for qualified health plans. 	<p><u>2015 Rate analysis</u> (NORC survey)</p> <p><u>The Connecticut Insurance Dept</u> released 2014 approved rates</p> <p>Enrollment Profile 4/19/14 Connecticut</p>	<p>The board was required to address how they will deal with navigators (brokers/agents).</p> <p>Navigators are required to complete 40 hours of training, a test, and a pass a background check.</p>	<p>\$200,057,795 <u>total federal grants</u> related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$996,850 Planning Grant \$6,687,933 1st Level One Establishment Grant \$2,140,867 2nd Level One Establishment Grant \$20,302,003 3rd level One Establishment Grant \$1,521,500 1st Level One Establishment Grant Supplement \$497,741 2nd Level One Establishment Grant Supplement \$107,358,676 Level Two Establishment Grant \$24,960,892 Level Two Establishment Grant Supplement Connecticut was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement for a total of \$35,591,333.
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - <u>fact sheet & Ins. Dept. Memo</u> <u>CT Exchange Release [PDF]</u>: statistics update, 11/15/2013. 	<p>2015 Insurers: Individual Market</p> <p>Anthem Health Plans (Wellpoint)</p> <p>Aetna Health Plans</p> <p>ConnectiCare Benefits Inc.</p> <p>HealthyCT (COOP)</p> <p>United Health Group²⁰¹⁵</p> <p>Small Group (SHOP)</p> <p>Anthem Health Plans</p> <p>HealthyCT (COOP)</p> <p>United Healthcare</p>	<p>Official state logo:</p> 		


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<p>Delaware</p> <p>Choose Health Delaware (State-Federal Partnership Exchange)</p>	<p>Governor Jack Markell submitted a letter to the U.S. Department of Health and Human Services on November 14, 2012, indicating that the state will pursue a state/federal partnership in regards to exchange establishment in the state. Delaware will run the plan management and consumer assistance functions of the federally facilitated exchange.</p> <p>On December 20, 2012, Delaware received conditional approval from the U.S. Department of Health and Human Services (HHS) to establish a Partnership Marketplace. Letter The Choose Health Delaware Marketplace portal became operational on October 1; consumers may download a paper application from the website but cannot apply for Marketplace or Medicaid coverage directly through Delaware's site. The federal government is operating the online eligibility and enrollment system and consumers must use the federal portal to apply for coverage online.</p> <p>The Delaware Health Care Commission within the Delaware Health and Human Services serves as the planning group for the state on Health Insurance Exchanges.</p>	<p>2015 premiums, Healthcare.gov</p> <hr/> <p>Summary of plan rates and detailed rate tables for the 21 QHP plans.</p> <p>The Sept. 25, 2013 HHS report also includes Delaware.</p> <hr/> <p>Enrollment Profile 4/19/14 Delaware</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>One organizations in the state received navigator grant funds from HHS.</p>	<p>\$21,258,247 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,000,000 Planning Grant • \$3,400,096 1st Level One Establishment Grant • \$8,536,543 2nd Level One Establishment Grant • \$8,321,608 3rd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • Allowing Some Renewals in 2014 w/o Compliance, policies to 3/31/14 - Release • 2014 ACA Insurance Reforms are in State Law = Yes⁸ • State is not using employee choice of insurers in SHOP for 2015. • Commissioner Stewart Announces That Non-Compliant Health Plans Cannot Be Extended in Delaware • CMMI State Innovation Model Design • Delaware's Health Insurance Marketplace: Update on Activity (1/1/2014) 	<p>2015 Insurers: Individual Market Aetna (acquired Coventry Health Care) Highmark Blue Cross Blue Shield of Delaware</p> <p>Small Group Highmark Blue Cross Blue Shield of Delaware</p> <p>MSP</p>			<p>Official State Logo:</p> 

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<p>Florida</p> <p>Federally Facilitated Marketplace in Florida</p>	<p>After the Supreme Court issued the 2012 opinion on the Patient Protection and Affordable Care Act, Governor Rick Scott <u>announced</u> that the state will not implement a state health insurance exchange because of the potential rise in cost for health insurance premiums.</p> <ul style="list-style-type: none"> September 17, 2014 – Florida Health Insurers Selling 2015 PPACA-Compliant Small Group Policies and their SHOP Exchange Status August 4, 2014 – Insurers Release 2015 PPACA Individual Market Health Insurance Plan Rate Data Compliant with Federal Regulations (includes links to examples for a family of four and a single individual) 	<p>2015 premiums, Healthcare.gov</p> <p>HHS released a <u>report</u> on 9/25/2013</p> <p>The Florida Office of Insurance Regulation released monthly insurance premiums .</p> <p>2014 Enrollment Profile 4/19/14 Florida</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Eight</u> organizations in the state received navigator grant funds from HHS.</p> <p>In addition, the state enacted <u>SB 1842</u> requires navigators to register with the Department of Financial Services. The law also sets forth requirements for a navigator.</p>	<p>\$0. The state has not applied for establishment funds related to health insurance exchanges. The state returned planning grant funds.</p>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ – Statement 2014 ACA Insurance Reforms in State Law = No⁸ State has authorized employee choice of insurers in SHOP for 2015 <p>• Prior to filing or signing of the ACA, the state of Florida authorized and enacted its own exchange in 2008-09. It has a website and consumer information, but is not intended to comply with the federal law requirements. See description and link below.</p> <p>Florida Health Choices was created in response to a vastly changing health care environment to help individuals and small business owners in Florida make sense of the complex health insurance system.</p> <p>Our Insurance Marketplace provides easy access to affordable insurance and service options, acting as a "one-stop-shop" for flexible options and products. You can compare multiple products side by side, enroll in the option that best fits your needs, and access important information.</p> <p>If you are not sure where to shop, we can help with that too. This is just one way we are working to advance the health and well-being of Floridians by providing information and access to available options</p> 	<p>2015 Insurers:</p> <p>Individual Market</p> <p>Aetna Insurance Co. Florida Blue Cross Blue Shield Centene (Ambetter / Sunshine State Health Plan) Cigna Health Coventry Health Care of Florida (Aetna) Florida Health Care Plan Inc. Health First Health Plans (in 2 counties) Humana Medical Plan, Inc (in 12 counties)</p>	<p>Molina Healthcare of Florida, Inc. (in 3 counties) Preferred Medical Plan (in 2 counties)</p> <p>Small Group</p> <p>Florida Blue Florida Health Care Plan, Inc. Health First Health Plans, Inc. UnitedHealth Group</p>	<p>Florida, Inc. (in 3 counties) Preferred Medical Plan (in 2 counties)</p> <p>Small Group</p> <p>Florida Blue Florida Health Care Plan, Inc. Health First Health Plans, Inc. UnitedHealth Group</p>	<p>Florida, Inc. (in 3 counties) Preferred Medical Plan (in 2 counties)</p> <p>Small Group</p> <p>Florida Blue Florida Health Care Plan, Inc. Health First Health Plans, Inc. UnitedHealth Group</p>

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Georgia</p> <p><u>Federally Facilitated Marketplace in Georgia</u></p>	<p>2014 Action: <u>HB 943</u> signed 4/15/2014 prohibited the establishment of a state-run or partnership Health Exchange, or the receipt or use of any funds to support an exchange, or the use of any further state role in a navigator health enrollment program operated by the University of Georgia. <u>HB 943</u> and <u>HB 990</u> also prohibit the expansion of the Georgia Medicaid program in relation to the ACA.</p> <p>On Nov. 16, 2012, Governor Nathan Deal <u>notified</u> U.S. Secretary of Health and Human Services Kathleen Sebelius in a <u>letter</u> that Georgia will not set up a state-based health insurance exchange. This means that the state defaulted to a federally-facilitated exchange.</p> <p>2011 Action: Governor Nathan Deal created an <u>Executive Order</u> on June 2, 2011 to establish the Georgia Health Insurance Exchange Advisory Committee. The Committee reported final recommendations Dec., 2011. The Executive Order emphasized a desire to “develop an exchange that reflects a free market, conservative approach to expanding health insurance coverage in Georgia”. The Committee was composed of legislators, the Commissioner of Insurance, the Commissioner of the Department of Community Health, the Chief Operating Officer of the Department of Economic Development, and others.</p>	<p>2015 premiums, <u>Healthcare.gov</u></p> <hr/> <p>2014 Enrollment Profile 4/19/14 <u>Georgia</u></p> <hr/> <p>HHS <u>report</u> summarizing 2014 plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>In addition, <u>HB 198</u> requires navigators to be licensed and certified by the state insurance commissioner.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p> <p>2014 Action: <u>HB 943</u>, signed 4/15/2014 prohibited the use of any further state role in a navigator health enrollment program operated by the University of Georgia.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1 million Planning Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ - <u>Ins. Dept Statement</u> 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted employee choice of insurers in SHOP for 2015. Georgia's state attorney general has co-filed an amicus brief in the U.S. Supreme Court case <u>King v. Burwell</u>, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 	<p>2015 Insurers: Individual Market</p> <p><u>Ambetter from Peach State Health Plan (33 plans)</u></p> <p><u>Assurant Health/Time (6)</u> -2015</p> <p><u>Blue Cross Blue Shield Healthcare Plan of Georgia (3)</u></p> <p><u>Georgia (Anthem) (12)</u></p> <p><u>Cigna Healthcare (6)</u></p> <p><u>Coventry Health Care of Georgia, Inc. (5)</u></p> <p><u>Humana, Inc. (9)</u></p> <p><u>Kaiser Permanente (9)</u></p> <p><u>UnitedHealthcare (9)</u> -2015</p>	<p>Small Group</p> <p><u>Alliant Health Plans</u></p> <p><u>Blue Cross Blue Shield Healthcare Plan of Georgia (3)</u></p> <p><u>Kaiser Permanente (12)</u></p> <p>MSP</p> <p><u>Aetna</u></p> <p><u>Coventry</u></p>		


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Hawaii Hawaii Health Connector (State-Run Exchange)</p>	<p>2011 SB 1348 (Act 205) authorized a state-run exchange</p> <ul style="list-style-type: none"> Private non-profit governed by a 15 member (interim) board. All qualified health plans are allowed to participate in the exchange. Conflict of Interest: The board will set policies and determine how to handle conflict of interest. Interim board provided recommendations regarding a funding plan (not allowed to use state funds), conflict of interest criteria, and board member terms, among other items by the 2012 legislative session. 	<p>Click here to view Hawaii's average rates for 2014.</p> <p>2014 Enrollment Profile 4/19/14 Hawaii</p>	<p>Navigators are required to be certified by the exchange. They must complete a test and background check.</p>	<p>\$205,342,270 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$14,440,144 1st Level One Establishment Grant \$61,815,492 2nd Level One Establishment Grant \$128,086,634 Level Two Establishment Grant- 2/2013
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ - Ins. Dept. Statement 2014 ACA Insurance Reforms in State Law = No⁸ 2014 Connector Annual Report – Jan. 2015 	<p>2015 Insurers: Individual Market Hawaii Medical Service Association Kaiser Permanente Small Group/SHOP Kaiser Permanente ⁻²⁰¹⁵</p>	<p>Official State Logo:</p> 	<p>Official State Logo:</p> 	<p>Official State Logo:</p> 


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Idaho Your Health Idaho (State-Run Exchange Board, using Healthcare.Gov with federal support services)</p>	<p>A state-run health insurance exchange for Idaho was authorized in March 2013 when the legislature passed HB 248. The governor declared the state's intention to run an exchange in December 2012, and the governor and legislative leadership appointed 19 governing board members.</p> <p>In order to meet the exchange enrollment deadline in October 2013, the governing board in Idaho requested that the federal government support certain services, such as determining enrollment eligibility, in the state exchange initially.</p> <p>Although the federal government will be supporting most services in the Idaho exchange in 2014 plan year, Exchange board members Senator Jim Rice (R) and House Minority Leader John Rusche (D) did not expect the federal government to support the state beyond the initial open enrollment period. The state is using the federal system for eligibility determination. The state is also working on a transitional plan with the eventual goal of eliminating federal support of the state exchange's operations.</p>	<p>Click here for a press release from Your Health Idaho on premium ranges.</p> <p>Full Health Plan Guide with rates & benefits for 2014. [193 pp]</p> <p>2014 Enrollment Profile 4/19/14 Idaho</p>	<p>For information regarding Idaho's Consumer Connectors, click here. [March 2014 update]</p>	<p>\$69,395,587 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$20,376,556 1st Level One Establishment Grant \$48,019,031 2nd Level One Establishment Grant <p>On Feb 21, 2014, the Board awarded \$40.8 million in federally funded contracts to 2 companies to run a state exchange website and technology. The exchange is a quasi-governmental agency, not permitted to accept state funding.</p> <p>The state-run exchange is charging a 1.5% premium fee (compared to the 3.5% fee in federally-facilitated marketplaces)</p> <p><i>[updated 3/6/2014]</i></p>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ - n/a -Statement Discontinuation of individual and small group health plans by Idaho carriers explained - 11/5/2013 2014 ACA Insurance Reforms in State Law = No⁸ 2015 Small Group Composite Premium Proposal 6/14/2014 	<p>2015 Insurers: Individual Market</p> <p>Blue Cross of Idaho BridgeSpan Health Company^{-2015, 2014} Mountain Health CO-OP⁻²⁰¹⁵ PacificSource Health Plans SelectHealth, Inc.</p> <p>Small Group</p> <p>Blue Cross of Idaho PacificSource Health Plans SelectHealth, Inc.</p> <p><i>Note: Certification vote taken Sept. 22</i></p>	<p>Official State Logo:</p> 		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Illinois</p> <p>Illinois Partnership Marketplace</p> <p>(State-Federal partnership for 2014-2015)</p> <p>(Plans for State-Run Exchange, online via healthcare.gov)</p>	<p>On Oct. 16, 2012, Illinois announced that it will work with the federal government to run the exchange in the state. The state intends to transition to a fully state operated exchange within a year of partnership operation.</p> <p>In 2011, SB 1555 Public Act 97-0142 intended to establish a state based health insurance exchange. The act created an Illinois Health Benefits Exchange Legislative Study Committee to inquire further into the establishment of the Illinois Health Benefits Exchange.</p> <p>In October 2011, the Legislative Study Committee provided a report titled, Findings of the Illinois Legislative Health Insurance Exchange Study Committee.</p> <p>According to the state's health reform website, "Additional legislation to establish governance and financing structure of the Exchange in Illinois is currently being assessed in the Illinois General Assembly."¹³</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Illinois</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Eleven organizations in the state received navigator grant funds from HHS.</p> <p>In addition, SB 1194 creates the Insurance Navigator Licensing Act; providing that no individual or entity shall perform, offer to perform, or advertise any service as a navigator in the state or receive navigator funding from the State or an exchange unless licensed as a navigator by the Director of Insurance; includes prohibited activities; applications for licensure; licenses renewal.</p>	<p>\$154,813,136 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$5,128,454 1st Level One Establishment Grant \$32,789,377 2nd Level One Establishment Grant \$115,823,521 3rd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ = Yes - Announcement 2014 ACA Insurance Reforms in State Law = In Process⁸ State is not using employee choice of insurers in SHOP for 2015 Ten Issuers Apply to Offer 504 QHP's for 2015  	<p>2015 Insurers: Individual Market</p> <p>Assurant Health (6)</p> <p>Blue Cross Blue Shield of Ill. (20)</p> <p>Coventry Health Care (5)</p> <p>Humana, Inc. (10)</p> <p>IlliniCare Health (66)</p> <p>Land of Lincoln Mutual Health Insurance Company (26)</p> <p>UnitedHealthcare (10)</p> <p>Small Group</p> <p>Blue Cross and Blue Shield of Illinois (17)</p> <p>Land of Lincoln Mutual Health Insurance Co. (26)</p> <p>Health Alliance Medical Plans²⁰¹⁴</p> <p>MSP</p>			

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Indiana Federally Facilitated Marketplace in Indiana</p>	<p>Governor Mike Pence, soon after the November 2012 election, <u>stated</u> that he will not support the creation of state-based or partnership exchange. Former Governor Mitchell Daniels, Jr. created <u>Executive Order 11-01</u> to establish the Indiana Health Benefit Exchange; however the exchange was not implemented and would have required legislative action.</p>	<p>2015 premiums, Healthcare.gov 2014 Enrollment Profile 4/19/14 Indiana HHS report summarizing 2014 plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. <u>Four</u> organizations in the state received navigator grant funds from HHS. In addition, Public Law 278 sets forth regulations and compliances for navigators.</p>	<p>\$7,895,126 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$6,895,126 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷- Insurance Dept. Statement State has permitted employee choice of insurers in SHOP for 2015 Indiana's state attorney general has filed an amicus brief related to the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 	<p>2015 Insurers: Individual Market All Savers ⁻²⁰¹⁵ Anthem BCBS Caresource ⁻²⁰¹⁵ Coordinated Care ⁻²⁰¹⁵ IU Healthplans ⁻²⁰¹⁵ MDwise Marketplace ⁻²⁰¹⁵ Physicians Health Plan of Northern Indiana (regional) Centene Corp. (Ambetter from MHS - regional) Southeastern Indiana Health Organization ⁻²⁰¹⁵ Time/Assurant ⁻²⁰¹⁵ Small Group Anthem Blue Cross and Blue Shield Advantage Health Solutions ⁻²⁰¹⁵ Southeastern Indiana Health Organization ⁻²⁰¹⁵ MSP</p>			


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Iowa</p> <p>State-Federal Partnership Marketplace for Iowa</p>	<p>Iowa Governor Terry Branstad announced in December 2012 that the state would run the plan management piece of the exchange in the state. Iowa is among the seven states that are partnering with the federal government; however, it was the only state that has decided to run only the plan management function and not the other optional consumer assistance function for partnership states.</p> <p>In a previous November 2012 letter to U.S. Secretary of Health and Human Services Kathleen Sebelius, Governor Branstad said that the state will continue to pursue a state-based exchange, despite some questions and concerns about the exchanges. The governor mentioned in the letter that the state may have to default "to some level of a federally-facilitated" exchange if more guidance and additional details are not provided from the federal government.</p> <p>The Department of Health established an Interagency Planning Workgroup to collaborate between the Iowa Department of Public Health, Iowa Department of Human Services (State Medicaid Agency), Iowa Insurance Division, and the Iowa Department of Revenue. The Department will create final recommendations to include: organizational structure for the exchange, implementation plan including policy recommendations and core capabilities, sustainability plan, comprehensive plan for implementation, expansion of stakeholder input, and coordinate planning efforts with existing state and federal programs. They will also assess needed resources and regulations.</p>	<p>2015 premiums, Healthcare.gov</p> <hr/> <p>Click here to see a release of rates from the Iowa Insurance Division for the Marketplace.</p> <p>2014 Enrollment Profile 4/19/14 Iowa</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Three</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$59,683,889 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,000,000 Planning Grant • \$7,753,662 1st Level One Establishment Grant • \$26,623,003 2nd Level One Establishment Grant • \$6,844,913 3rd Level One Establishment Grant • \$17,462,311 4th Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • Allowing Renewals in 2014 w/o Compliance⁷- Iowa Insurance Div. Notice • 2014 ACA Insurance Reforms in State Law = No⁸ • State has permitted employee choice of insurers in SHOP for 2015 • State-based CoOpportunity faces financial difficulty - Iowa Insurance Commissioner took over operations in December, explains it will be difficult to save the CO-OP, which provided health insurance to more than 100,000 people in Iowa and Nebraska, amid a financial crunch. <i>Jan. 7, 2015.</i> • For 2015, Wellmark Blue Cross/Blue Shield has nearly 80% of the private market but does not participate in the Marketplace. 	<p>2015 Insurers: Individual Market</p> <p>Avera Health Plans (regional) CoOpportunity Health (CO-OP; state-wide) – see Implementation news Coventry Health Care of Iowa (state-wide) Gunderson Health Plan (in 5 counties)</p> <p>Small Group <i>Not available, as of 1/7/2015</i></p> <p>Insurance Dept.: http://www.iid.state.ia.us/node/6308681</p>	<p>2015 Insurers: Individual Market</p> <p>Avera Health Plans (regional) CoOpportunity Health (CO-OP; state-wide) – see Implementation news Coventry Health Care of Iowa (state-wide) Gunderson Health Plan (in 5 counties)</p> <p>Small Group <i>Not available, as of 1/7/2015</i></p> <p>Insurance Dept.: http://www.iid.state.ia.us/node/6308681</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Three</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$59,683,889 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,000,000 Planning Grant • \$7,753,662 1st Level One Establishment Grant • \$26,623,003 2nd Level One Establishment Grant • \$6,844,913 3rd Level One Establishment Grant • \$17,462,311 4th Level One Establishment Grant


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Kansas</p> <p>Federally Facilitated Marketplace in Kansas</p> <p>State sponsored portal at http://insureks.org</p>	<p>On Nov. 8, 2012, Governor Sam Brownback announced that the state will not participate in implementing a state or partnership exchange.</p> <p>2011 Action: Insurance Commissioner Sandy Praeger requested a steering committee charter to make recommendations to the Department of Insurance regarding the planning and development of a Kansas Health Benefit Exchange. In addition, eight planning workgroups comprised of citizens across the state report to the steering committees on issues related to their specific workgroup topic. The planning work done by the Department of Insurance is supported by the governor and workgroups continue to meet.</p> <p>The state has an insurance cost calculator.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Kansas</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Three organizations in the state received navigator grant funds from HHS.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷- KS Insurance Dept. Memorandum, 12/19/2013 The state maintains an informational exchange website [2014] State is not using employee choice of insurers in SHOP for 2015 Ins. Commissioner's column on open enrollment, November 2014 		<p>2015 Insurers: Individual Market</p> <p>Blue Cross and Blue Shield of Kansas</p> <p>Blue Cross and Blue Shield of Kansas City (2 counties)</p> <p>Small Group</p> <p>Blue Cross and Blue Shield of Kansas</p> <p>MSP</p>		<p>Official State Logo: (information only; no sales)</p> 

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Kentucky Kynect (State-Run Exchange)</p>	<p>Kentucky Governor Steve Beshear issued an Executive Order establishing the Office of the Kentucky Health Benefit Exchange, which will oversee the implementation and operations of the Exchange. The office will be housed in the Cabinet for Health and Family Services. The governor made his intentions to establish an exchange clear in early May, when he stated that if the court upheld the Patient Protection and Affordable Care Act, he preferred to take the advice of many stakeholders and create an exchange run by the state. The exchange in the state will limit the number of plans that insurers can offer.</p>	<p>Click here to see charts from the governor's media briefing on premiums. 2014 Enrollment Profile 4/19/14 Kentucky</p>	<p>Navigators are required to complete training, a test, meet performance measure and get recertified every year.</p>	<p>\$253,698,351 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$7,670,803 1st Level One Establishment Grant \$57,896,810 2nd Level One Establishment Grant \$4,423,000 3rd Level One Establishment Grant \$182,707,738 Level Two Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ - Governor's Press Release 2014 ACA Insurance Reforms in State Law = No⁸ Kentucky Health Cooperative Claims 75% of enrollment on the State Exchange - new figures from Kynect. 3/5/2014 	<p>2015 Insurers: Individual Market Anthem Health Plans of Kentucky CareSource⁻²⁰¹⁵ Humana Health Plan Kentucky Health Cooperative WellCare of Kentucky⁻²⁰¹⁵</p> <p>Small Group Anthem Health Plans of Kentucky CareSource⁻²⁰¹⁵ Kentucky Health Cooperative United Healthcare WellCare of Kentucky⁻²⁰¹⁵</p> <p>MSP</p>	<p>Official State Logo:</p> 		


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Louisiana</p> <p><u>Federally Facilitated Marketplace in Louisiana</u></p>	<p>In March 2011, Governor Bobby Jindal announced that Louisiana would return planning grant funds and the state will not establish a state exchange.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Louisiana</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/2013</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Four</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$998,416 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$998,416 Planning Grant- All funds returned
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ - Insurance Comm. Bulletin, 11/27/2013 2014 ACA Insurance Reforms in State Law = No⁸ State is not using employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market</p> <p>Blue Cross Blue Shield of Louisiana (19 plans)</p> <p>HMO Louisiana, Inc. (14)</p> <p>Humana, Inc. (10)</p> <p>Louisiana Health Cooperative (CO-OP, 8)</p> <p>UnitedHealthcare (10)</p> <p>Vantage Health Plan (4)</p> <p>Small Group (2015)</p> <p>Blue Cross Blue Shield of Louisiana (2)</p> <p>Louisiana Health Cooperative (8)</p> <p>Vantage Health Plan (4)</p> <p>HHS listed HMO Louisiana, Inc. as also approved for SHOP for 2015, 11/28/2014</p> <p>*MSP</p>	<p>Official State Logo: (information only, no sales)</p> <div data-bbox="690 96 889 485" style="border: 2px solid black; padding: 5px; text-align: center;"> <p>LOUISIANA HEALTH INSURANCE EXCHANGE</p> </div>		


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Maine Federally Facilitated Marketplace in Maine</p>	<p>In a letter to U.S. Secretary of Health and Human Services Kathleen Sebelius on Nov. 16, 2012, Governor Paul LePage wrote that the state will not establish a state-based health insurance exchange. In April 2012, Governor Paul LePage stated that Maine will not use the Level One Establishment grant awarded to the state and that the state will not establish a state-based exchange.</p>	<p>2015 premiums, Healthcare.gov 2014 Enrollment Profile 4/19/14 Maine</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/14</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$6,877,676 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$5,877,676 Level One Establishment Grant (Governor LePage informed HHS that <u>he would not utilize establishment funds</u>) Maine also was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the University of Massachusetts Medical School Award Amount: \$35,591,333
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ - Yes, Insurance Dept. Release, 11/22/2013 2014 ACA Insurance Reforms in State Law = Discretionary authority to enforce⁸ State is not using employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market Anthem Blue Cross and Blue Shield (12 plans) Harvard Pilgrim (4) ⁻²⁰¹⁵ Maine Community Health Options (9)</p> <p>Small Group Anthem Blue Cross and Blue Shield (4 plans) Harvard Pilgrim (4) Maine Community Health Options (8)</p> <p>*MSP</p>			

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Maryland</p> <p>Maryland Health Connection (State-Run Exchange)</p>	<p>State-run Exchange established by law: 2011 SB182 (Chapter 1) & 2011 HB 166 (Chapter 2)</p> <ul style="list-style-type: none"> Quasi-governmental exchange governed by a nine member board. Maryland will use a portion of an existing premium tax to fund the exchange after 2015. The exchange limits the type or number of plans each insurer can offer in the exchange. Conflict of Interest: Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc) or benefit financially from the exchange while serving on the board. In December 2011, the board submitted a letter with structure recommendations to the governor and legislature. 	<p>Click here to view Maryland Health Connections Premiums for 2014.</p> <p>2014 Enrollment Profile 4/19/14 Maryland</p>	<p>Navigators are required to complete 120 hours of training, an exam, and recertify annually.</p> <p>2012 HB 443: Requires a SHOP exchange navigator program.</p> <p>2013 HB 361: Establishes fees for Small Business Health Options Program (SHOP) exchange navigator licensing.</p>	<p>\$171,063,110 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$999,227 Planning Grant \$27,186,749 Level One Establishment Grant \$136,599,681 Level Two Establishment Grant Maryland received the "Early Innovator" cooperative agreement. Award Amount: \$6,227,454
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷- Press Release & Bulletin 2014 ACA Insurance Reforms are in State Law = Yes⁸ The Maryland exchange announced it will launch its SHOP in April 2014 using brokers and agents to enroll members on paper applications. 	<p>2015 Insurers: Individual Market</p> <p>All Savers Insurance (UnitedHealth Group) CareFirst BlueChoice Inc. CareFirst of Maryland Inc. Evergreen Health Cooperative (CO-OP) (GHMSI a CareFirst company) Kaiser Foundation Health Plan of the Mid-Atlantic</p> <p>Small Group Aetna⁻²⁰¹⁵ All Savers Insurance (UHC subsidiary) CareFirst of Maryland Inc. Coventry Health Care of Delaware Inc., Coventry (Aetna). Evergreen Health Cooperative (CO-OP) Kaiser Foundation Health Plan of the Mid-Atlantic MAMSI Life and Health Insurance Co., Optimum Choice⁻²⁰¹⁵ UnitedHealth Care⁻²⁰¹⁵</p> <p>MSP</p>	<p>Official State Logo</p> 		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Massachusetts</p> <p>Massachusetts Health Connector (State-Run Exchange, 2014-2015)</p>	<p>State-run Exchange established by law: Chapter 58 of the Acts of 2006</p> <p>In May, 2014, the Connector board and the governor announced a dual-track total website replacement, using a new commercial contract design, while also preparing to use healthcare.gov as a fall-back for 2015.</p> <p>In 2006, Massachusetts passed health reform legislation that established a state initiated exchange.</p> <ul style="list-style-type: none"> The "Health Connector," launched in 2007, serves multiple functions and managed two health insurance programs: Commonwealth Care, a subsidized program for adults who do not have employer-sponsored insurance and Commonwealth Choice offering commercial insurance plans for individuals ineligible for care as well as small business employers. It uses an "active purchaser" approach to carrier selection.⁴ Annual Reports are provided to the Legislature. Reports to Legislature Archive are available online through the Massachusetts DHHS. A \$25 million appropriation from the state general fund helped start the exchange. State funds are appropriated annually. 	<p>2014 Enrollment 4/19/14 Massachusetts</p>	<p>Navigator training is completed in phases. Operational program currently has a consumer assistance program which will be built to meet all exchange requirements and meet exchange needs.</p>	<p>\$192,953,864 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$11,644,938 1st Level One Establishment Grant \$41,679,505 2nd Level One Establishment Grant \$13,917,409 Level One, awarded 10/14/2014 NEW \$80,225,650 Level Two Establishment Grant Massachusetts was one of 6 New England states to receive the "Early Innovator" cooperative agreement. Administered by the University of Massachusetts Medical School. Award Amount: \$35,591,333
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> As of 4/1/2014 the state has expanded, continuing "special enrollment periods" for residents applying for subsidized coverage up to 300% of federal poverty. Not Allowing Renewals in 2014 w/o Compliance⁷- Ins. Dept. Letter. New Mass. health website estimate to cost \$121 million, 5/8/2014 Gov. Patrick announces remedial actions for website, 2/6/2014 Health Care Site Official requested 6-month extension to continue subsidized care program and stop-gap coverage – 2/12/2014 	<p>2015 Insurers:</p> <p>Individual & Small Group Market</p> <p>Ambetter from CeliCare⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Blue Cross Blue Shield of Massachusetts⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Boston Medical Center HealthNet Plan⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Fallon Community Health Plan⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Harvard Pilgrim Health Care⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Health New England⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>MetLife (small group only)⁻²⁰¹⁵</p> <p>Minuteman Health⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Neighborhood Health Plan⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Network Health⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Tufts Health Plan⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>MS[~]</p>	<p>Official State Logo</p> 		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Michigan</p> <p><u>Federally Facilitated Marketplace in Michigan</u></p> <p>(State-Federal Partnership Exchange is CMS officially approved but not in operation for 2014-15)</p>	<p>In 2012, Governor Rick Snyder <u>announced</u> that the state will pursue a state/federal partnership exchange, unless the legislature approves pending legislation to establish a state exchange or HHS extends the deadlines for the state-run exchanges.</p> <p>On March 5, 2013 HHS <u>conditionally approved</u> the Michigan State Partnership Exchange for 2014.</p> <p>Because the legislature did not enact any measures to address a state or federal partnership, the state has defaulted to a <u>federally facilitated marketplace</u>.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 <u>Michigan</u></p> <p>HHS <u>report</u> summarizing 2014 plan choices and premiums, 9/25/14</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Four</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$41,517,021 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$999,772 Planning Grant \$9,849,305 1st Level One Establishment Grant \$30,667,944 2nd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Statement 2014 ACA Insurance Reforms are in State Law = Yes⁸ State is not using <u>employee choice of insurers</u> in SHOP for 2015 <u>Michigan Health Insurance Marketplace: Overview and Operations</u>- August 2014, by Center for Healthcare Research & Transformation 	<p>2015 Insurers: Individual Market</p> <p>Alliance Health and Life Insurance Co. ⁻²⁰¹⁵</p> <p>Blue Care Network of Michigan</p> <p>BCBS of Michigan</p> <p>Consumers Mutual Insurance of Michigan (CO-OP)</p> <p>Health Alliance Plan (HAP)</p> <p>Humana Medical Plan of Michigan</p> <p>McLaren Health Plan</p> <p>Meridian Health Plan of Michigan (in 3 counties)</p> <p>Molina Healthcare of Michigan (in 3 counties)</p> <p>Priority Health Insurance Company</p> <p>Total Health Care USA (in 4 counties)</p> <p>Small Group</p> <p>Alliance Health and Life Insurance Co. ⁻²⁰¹⁵</p> <p>Blue Care Network of Michigan</p> <p>BCBS of Michigan</p> <p>Consumers Mutual Insurance of Michigan (CO-OP)</p> <p>Health Alliance Plan</p> <p>McLaren Health Plan</p> <p>Physicians Health Plan ²⁰¹⁵</p> <p>Priority Health Insurance Company</p> <p>United Healthcare Life Insurance Company</p> <p>MSP</p>			


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Minnesota</p> <p>MNSure (State-Run Exchange)</p>	<p>State-run Exchange established by law: In 2013, the Minnesota legislature passed the Minnesota Insurance Marketplace Act authorizing the state's work-in-progress health insurance exchange. The administration began work on the exchange in September 2011 by establishing the Health Insurance Exchange Advisory Task Force to provide recommendations on the development and operation of a state-based health insurance exchange. The exchange was branded "MNSure" by the state administration.</p> <p>The law requires the governor, with guidance from policymakers, to appoint governing board members. All qualified health insurers can participate in the exchange in 2014, but the board may set certification standards for insurers starting Jan. 1, 2015. The law also includes details on funding, including that the exchange collected a fee of 1.5 percent of total premiums in 2014 to support the operational expenses. The fee will increase to 3.5 percent of total premiums beginning in 2015. Annual reports to the legislature starting in 2015 are also mandated by the law.</p> <p>In 2011, the Department of Commerce announced the establishment of the Health Insurance Exchange Advisory Task Force to advise on the development and operation of a state-based health insurance exchange.</p>	<p>2015 Rate analysis (NORC survey)</p> <p>2014 Premium Rates for MNSure.</p> <p>2014 Enrollment Profile 4/19/14 Minnesota</p>	<p>The 2013 Legislature (included in HB 5, the Minnesota Insurance Marketplace Act) has designated the Minnesota Community Application Agent Program as the navigator program for the first year of MNSure.</p> <p>Final rules regarding the navigator role within MNSure's Consumer Assistance Network, are posted on the MNSure website. The MNCAA Program, established by the 2007 Minnesota Legislature, seeks to break down barriers to obtaining publicly funded health care coverage for eligible Minnesotans. Community organizations partnering DHS and counties to help people enroll in Minnesota Health Care Programs (MHCP).</p> <p>The In-Person Assistants must pass an exam and background check. Click here for the award recipients for the outreach infrastructure grants in the state.</p>	<p>\$155,020,465 total federal grants related to exchanges awarded to the state. (as of 3/1/14)</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$4,168,071 1st Level One Establishment Grant \$26,148,929 2nd Level One Establishment Grant \$42,525,892 3rd Level One Establishment Grant \$39,326,115 4th Level One Establishment Grant \$41,851,458 Level Two Establishment Grant (10/23/2013)
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - Letter 2014 ACA Insurance Reforms are in State Law = Yes⁸ PreferredOne, the Minnesota insurer with the majority of the market share in the individual marketplace, left the marketplace because of financial losses. (10/2014) 	<p>2015 Insurers: Individual Market</p> <p>Blue Cross Blue Shield of Minnesota</p> <p>BluePlus</p> <p>HealthPartners</p> <p>Medica</p> <p>UCare</p> <p>2015 provider network information spreadsheet (Excel)</p> <p>Not participating: "BluePrint" (BCBS and Allina Health) ²⁰¹⁴</p> <p>Group Health Inc. ²⁰¹⁴</p> <p>PreferredOne ²⁰¹⁴</p> <p>Small Group (SHOP)</p> <p>Blue Cross Blue Shield</p> <p>Medica of Wisconsin</p> <p>PreferredOne</p>	<p>Official State Logo:</p> 		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Mississippi</p> <p><u>Federally Facilitated Marketplace in Mississippi</u></p> <p>State Run SHOP-only Exchange: SHOP: One, Mississippi, opened July 1, 2014</p>	<p>Although the Mississippi Commissioner of Insurance, Mike Chaney <u>submitted</u> the state's intention to establish a state-based exchange to the HHS on November 14, 2012, it was not supported by the legislature or governor and was not conditionally approved. As a result, the state will have a federally facilitated <u>individual</u> exchange.</p> <p>In August 2013, HHS approved a structure variation that allows a state to run a SHOP exchange only. Comm. Cheney's revised SHOP-only proposal was given <u>conditional approval</u> by HHS on Oct. 1, with a start date goal of Jan. 1, 2014, but postponed. The "One, Mississippi" SHOP website is live, and includes <u>Employer FAQs</u> (PDF) <i>[added 1/6/2014]</i></p> <p>Earlier, Mississippi announced that its high-risk pool program, the <u>Mississippi Comprehensive Health Insurance Risk Pool Association</u>, will establish the state's health insurance exchange. The independent, not-for-profit association was created in 1991 to operate the state's high-risk pool. In May 2011 it agreed to do so.</p> <p>In 2011, <u>HB 377</u> extended the operation and reporting deadlines of the Health Insurance Exchange Study Committee, created by law in 2010, allowing continuation until July 1, 2014. The panel was to examine issues related to exchanges including the effects on insurance carriers, populations needing coverage, its ability to reduce the number of uninsured, projected costs, and models from other states.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Mississippi</p> <hr/> <p>HHS <u>report</u> summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$38,039,341 total federal grants related to exchanges awarded to the state. Not all funds have been used.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$20,143,618 1st Level One Establishment Grant \$16,895,723 2nd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance ⁷ - Insurance Dept. Release, 11/14/2013 MS SHOP Fact Sheet – 6/12/2014 A Profile of Health Coverage for Mississippi Adults – April 2014 MS Consider Insurance Needs Carefully During Health Insurance Marketplace Open Enrollment. (11/17/14) 	<p>2015 Insurers: Individual Market</p> <p>Ambetter from Magnolia Health Plan Humana (state-wide) UnitedHealth Group ²⁰¹⁵</p> <p>Small Group UnitedHealth Group ²⁰¹⁵</p> <p>State-run SHOP opened for business on July 1, 2014</p>			<p>Official State SHOP Logo</p> 

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Missouri Federally Facilitated Marketplace in Missouri</p>	<p>On Nov. 6, 2012 voters passed "Proposition E" changing the state law by "Prohibiting a State-Based Health Benefit Exchange" unless it is created by a legislative act, an initiative petition, or referendum, requiring voter approval. The language was enacted by the legislature in S 464; "Proposition E" passed with a 61.8% Yes vote.</p> <p>Missouri did not pass establishment legislation during the 2011 legislative session, however, the Senate established the Senate Interim Committee on Health Insurance Exchanges to study the establishment of a state-based health insurance exchange. In addition to the Senate Interim Committee, the Missouri Health Exchange Coordinating Council (created by the governor), pursued planning efforts. The Missouri Health Insurance Pool is administering the state's level one establishment grant.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Missouri</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Two organizations in the state received navigator grant funds from HHS.</p> <p>In addition, the legislature enacted SB 242, which requires navigators to be licensed with the state and pay a licensing and renewal fee. This law was halted by a federal court injunction, Jan. 23, 2014</p>	<p>\$21,865,716 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$20,865,716 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ = Yes - Bulletin See Insurance Dept. Bulletin 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market Anthem Blue Cross and Blue Shield (12 plans) Cigna Healthcare (8) Coventry Health Care (14) UnitedHealthcare (7) Missouri Community Healthcare Co-Op Inc. [website]²⁰¹⁴</p> <p>Small Group Anthem Blue Cross and Blue Shield Blue Cross and Blue Shield of Kansas City</p> <p>MSP</p>			



Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Montana</p> <p>Federally Facilitated Marketplace in Montana</p>	<p>The state has a federally facilitated exchange.</p> <p><i>Past Action:</i> In 2011, the legislature enacted a joint resolution creating an interim study committee to examine the feasibility and options of establishing a state-based health insurance exchange.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Montana</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13.</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Three</u> organizations in the state received navigator grant funds from HHS.</p> <p>In 2013, the legislature passed HB 250, which requires navigator and insurance producer state certification for health insurance sold in an exchange; provides training requirements for other people who assist those signing up for the health benefit exchange; provides for navigator qualifications, duties and certification fees. Fees are: \$100 for initial license, \$50 for biennial renewal license and \$100 for reinstatement.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance⁷ = Yes, based on federal regulation - Insurance Memo, 11/25/2013 2014 ACA Insurance Reforms in State Law = No⁸ State is not using employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market</p> <p>BlueCross BlueShield of Montana Montana Health CO-OP PacificSource Time/Assurant⁻²⁰¹⁵</p> <p>Small Group Assurant⁻²⁰¹⁵ BlueCross BlueShield of Montana PacificSource Montana Health CO-OP</p> <p>MSP</p>			


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Nebraska Federally Facilitated Marketplace in Nebraska</p>	<p>Governor Dave Heineman announced on Nov. 15, 2012 that the state would have a federally facilitated exchange.</p>	<p>2015 premiums, Healthcare.gov</p> <hr/> <p>2014 Insurance Department information, click here.</p> <p>2014 Enrollment Profile 4/19/14 Nebraska</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Two organizations in the state received navigator grant funds from HHS.</p> <p>In 2013, the legislature passed LB 568 requiring navigators to meet certain standards and be registered with the state.</p>	<p>\$6,481,838 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$5,481,838 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - Insurance Dept. Notice, 11/22/2013 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted employee choice of insurers in SHOP for 2015. Nebraska's state attorney general has co-filed an amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 		<p>2015 Insurers: Individual Market Blue Cross Blue Shield of Nebraska Coventry Health Care (Aetna) CoOpportunity Health Health Alliance Midwest (in 3 counties) Time/Assurant²⁰¹⁵</p> <p>Small Group Blue Cross Blue Shield of Nebraska CoOpportunity</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Nevada</p> <p>Nevada Health Link (State-run exchange; using HealthCare.gov for 2015 plan year)</p>	<p>State-run exchange, established by 2011 SB 440; Nev. Stats., Chapter No. 439.</p> <ul style="list-style-type: none"> Independent newly developed state agency with a 10 member governing board. The exchange will serve as a market organizer, where it may limit insurers or the number of plans allowed to participate in the exchange. Conflict of Interest: Board member cannot be affiliated with insurance carriers or be a legislator. Required to submit annual reports to the Governor and the Legislature. 	<p>2014 Enrollment Profile 4/19/14 Nevada</p>	<p>Navigators must be certified by the department of insurance. They are required to complete 20 hours of training, pass an examination and background check and meet certain performance measures.</p>	<p>\$90,773,768 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$4,045,076 1st Level One Establishment Grant \$15,295,271 2nd Level One Establishment Grant \$4,397,926 3rd Level One Establishment Grant \$9,020,798 4th Level One Establishment Grant \$6,998,685 5th Level One Establishment Grant \$50,016,012 Level Two Establishment Grant \$10,227,300 Supplemental (July 10, 2014)
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - Insurance Dept. Release, 11/27/2013 2014 ACA Insurance Reforms are in State Law = Yes⁸ For 2014 the state has publications for: SHOP Flyer SHOP PowerPoint Presentation Notice on reenrollment: 2014 enrollees in "Nevada Health Link must re-enroll starting November 15, 2014 in order keep their income-based health insurance plan through Nevada Health Link. To ensure your financial assistance continues starting January 1, 2015, you must re-enroll by December 15, 2014. Additionally, if you do NOT take action, you will be auto-renewed into a health insurance plan that is not eligible for financial assistance." 	<p>2015 Insurers: Individual Market</p> <p>Anthem HMO Nevada St. Mary's Healthfirst Nevada Health CO-OP Health Plan of Nevada Time/Assurant²⁰¹⁵</p> <p>Small Group Nevada Health CO-OP</p> <p>MSP</p>			<p>Official State Logo:</p> 

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>New Hampshire</p> <p>New Hampshire Partnership Marketplace</p>	<p>Although New Hampshire's legislature passed HB 1297 in June 2012, addressing the state's role in a federally facilitated exchange while prohibiting the state or anyone in it from creating a state exchange, the political shift that occurred after the Nov. 2012 election, has changed the state's course.</p> <p>The 2013-14 legislature considered legislation repealing the 2012 prohibition. NH has a partnership exchange for 2014-2015.</p>	<p>2015 premiums, Healthcare.gov</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$12,534,078 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant (Returned portion of the grant, kept \$334,000) \$894,406 1st Level One Establishment Grant \$5,372,682 2nd Level One Establishment Grant \$2,048,237 3rd Level One Establishment Grant \$3,218,753 4th Level One Establishment Grant (5/14/2014)
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Release; Bulletin 2014 ACA Insurance Reforms in State Law = No⁸ State is not using employee choice of insurers in SHOP for 2015 		<p>2015 Insurers:</p> <p>Individual Market / Small Group</p> <p>Anthem Blue Cross/Blue Shield of New Hampshire</p> <p>Assurant Health⁻²⁰¹⁵</p> <p>Harvard Pilgrim Health Care of New England⁻²⁰¹⁵</p> <p>Maine Community Health Options CO-OP⁻²⁰¹⁵</p> <p>Minuteman Health (CO-OP)⁻²⁰¹⁵</p> <p>MSP</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>New Jersey</p> <p><u>Federally Facilitated Marketplace in New Jersey</u></p>	<p>On Oct. 18, 2012 the legislature passed the New Jersey Health Benefit Exchange Act (SB 2135), which establishes a health insurance exchange as outlined in the federal health reform legislation. The bill was <u>vetoed</u> by Governor Chris Christie on Dec. 6, 2012.</p> <p>Governor Chris Christie <u>vetoed</u> a previous bill in May 2012, citing the then-pending ruling on PPACA from the Supreme Court.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 New Jersey</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/14</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Five</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$8,897,316 total <u>federal grants</u> related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$223,186 Planning Grant Supplement on 12/2011) \$7,674,130 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Release, 11/26/2013 2014 ACA Insurance Reforms in State Law = No⁸ State is not using employee choice of insurers in SHOP for 2015 		<p>2015 Insurers: Individual Market</p> <p>AmeriHealth New Jersey (13)</p> <p>Health Republic Insurance of New Jersey (16)</p> <p>Horizon Blue Cross Blue Shield of New Jersey (8)</p> <p>UnitedHealthcare (6) -2015</p> <p>Small Group</p> <p>AmeriaHealth New Jersey</p> <p>Health Republic Insurance of New Jersey</p> <p>Horizon Blue Cross Blue Shield</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>New Mexico <u>Federally Facilitated Individual Marketplace</u> (State-Run Individual Exchange by fall 2015)</p> <p><u>New Mexico Health Insurance Exchange</u> (State-Run SHOP Exchange)</p>	<p>In New Mexico, the health insurance exchange's governing board requested federal support to implement the new marketplace. New Mexico announced its board members in April, after <u>authorizing</u> a state-run exchange in March. In New Mexico, the exchange's governing board voted to have the state manage the small business (SHOP) market, but have the federal government run the individual insurance portion of the exchange (a <u>recent option</u> the federal government has offered to states). The governing board postponed the launch of a full state-run exchange from October 2014, to October of 2015.</p> <p>Despite earlier objections to a state-run health insurance exchange, Governor Susana Martinez's administration has moved ahead with exchange planning in the state, using federal funds to contract with vendors and consultants..</p> <p>In 2011, New Mexico's legislature passed a bill that was <u>vetoed</u> by the <u>governor</u>.</p>	<p><u>Click here</u> for an insurance premium chart for 2014.</p> <p>2014 Enrollment Profile 4/19/14 <u>New Mexico</u></p>	<p>The exchange will provide certification. Navigators are required to complete training and a background check.</p>	<p>\$123,281,600 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$34,279,483 1st Level One Establishment Grant \$18,600,000 2nd Level One Establishment Grant \$69,402,117 3rd Level One Establishment Grant
<p>Implementation Facts, Notes and News Not Allowing Renewals in 2014 w/o Compliance⁷ = n/a -</p>	<p>2015 Insurers: Individual Market CHRISTUS Health Plan Health Care Service Corporation (BCBS-NM) Molina Health of NM New Mexico Health Connections (CO-OP) Presbyterian Health Plan</p> <p>Small Group Health Care Service Corporation (BCBS-NM) Lovelace Health System New Mexico Health Connections (CO-OP) Presbyterian Health Plan</p> <p>MSP</p>	<p>2015 Insurers: Individual Market CHRISTUS Health Plan Health Care Service Corporation (BCBS-NM) Molina Health of NM New Mexico Health Connections (CO-OP) Presbyterian Health Plan</p> <p>Small Group Health Care Service Corporation (BCBS-NM) Lovelace Health System New Mexico Health Connections (CO-OP) Presbyterian Health Plan</p> <p>MSP</p>	<p>Official State Logo:</p> 	<p>Official State Logo:</p> 


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>New York New York State of Health (State-Run Exchange)</p>	<p>Governor Andrew Cuomo established the New York Health Benefit Exchange through an Executive Order 42 on April 12, 2012. The executive order requires the exchange to be financially self sustaining by 2015, and take advantage of all federal funds through 2014. The governor's order did not set up a formal governing board. Instead it allows for stakeholder and public comment with regional advisory committees of consumer advocates, small business representatives, health care providers, agents, brokers, insurers, labor organizations and others. These groups will advise the Department of Health and make recommendations on the establishment and operation of the exchange. The Department of Health will house the exchange.</p>	<p>Click here to view approved monthly rates. 2014 Enrollment Profile 4/19/14 New York</p>	<p>New York Department of Health conducts navigator training.</p>	<p>\$451,187,996 <u>total federal grants</u> related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$10,774,898 1st Level One Establishment Grant \$48,474,819 2nd Level One Establishment Grant \$95,496,490 3rd Level One Establishment Grant \$185,822,357 Level Two Establishment Grant \$82,188,253 Supp. 2/2014 Early Innovator IT Grant: \$27,431,432
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷- News Report 230,000 New Yorkers enrolled; beat insurance exchange deadline - The Buffalo News, 12/30/2013 	<p>2015 Insurers: Individual Market</p> <p>Aetna, Affinity Health Plan, Care Connect, CDPHP, Crystal Run Health Plan ²⁰¹⁵</p> <p>Emblem-HIP, Empire BlueCross, BlueShield, Excellus, Fidelis, Freelancers Insurance Company ²⁰¹⁵</p> <p>Health Republic Insurance of New York, Healthfirst, HealthNow New York, Inc. Independent Health MetroPlus Health Plan Montefiore Ins. ²⁰¹⁵ MVP</p> <p>Health Plan, Inc. Oscar Health Insurance Oxford Health Plan United Healthcare Wellcare of NY ²⁰¹⁵</p>	<p>Small Group</p> <p>Aetna, Care Connect, Crystal Run Health Insurance Co. ²⁰¹⁵</p> <p>Crystal Run Health Plan ²⁰¹⁵</p> <p>CDPHP Universal Benefits, Emblem-HIP, Empire HealthChoice Assurance, Empire BlueCross, BlueShield, Excellus, Health Republic Ins. of N.Y. HealthNow, Independent Health Assoc. Independent Health Benefits Corp., MetroPlus Health Plan Montefiore MVP, Oscar, Oxford, UnitedHealth Group.</p>	<p>Official State Logo:</p>  <p>2015 Small Group Insurance Co.</p> <p>*MSP</p>	

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>North Carolina</p> <p>Federally Facilitated Marketplace in North Carolina</p> <p>(Note: a Partnership Exchange is not in operation for 2014-2015)</p>	<p>In March 2013, the legislature enacted SB 4 (Session Law 2013-5) which specifies the state's intent not to operate a state-run or "partnership" health benefit exchange; also providing that future Medicaid eligibility determinations would be made by the state rather than the federally facilitated exchange, also rejecting the Affordable Care Act's optional Medicaid expansion. It does permit use of federal grants for premium rate review.</p> <p>On Nov. 15, 2012, Governor Sonny Perdue announced that the state will have a partnership exchange. It is <u>not</u> operational as of 3/2014.</p> <p>In 2011, the General Assembly's passed a bill stating its intent to develop a Health Benefit Exchange. Section 49 gives the NC Department of Insurance (DOI) and the NC Department of Health and Human Services (DHHS) the authority to contract with experts to develop the IT needed for the ACA.</p> <p>The Department of Insurance continues to plan a state-run exchange. The Department of Insurance identified subcontractors to analyze various exchange implementation scenarios. In addition, the North Carolina Institute of Medicine includes the Health Benefit Exchange and Insurance Oversight Workgroup as part of a health reform oversight committee will provide recommendations to the general assembly and the state departments involved in various functions of the exchange.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment t Profile 4/19/14 North Carolina</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Four</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$87,357,315 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$12,396,019 1st Level One Establishment Grant \$73,961,296 2nd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Advisory Memorandum 2014 ACA Insurance Reforms in State Law = Yes⁸ State is not using employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market</p> <p>Blue Cross Blue Shield of North Carolina CoventryOne Health Care UnitedHealth Group⁻²⁰¹⁵</p> <p>Small Group</p> <p>Blue Cross Blue Shield of North Carolina</p>			



Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>North Dakota</p> <p><u>Federally Facilitated Marketplace in North Dakota</u></p>	<p>The governor has stated in various media outlets that the state will have a federally-facilitated exchange for now.</p> <p>In 2011, the legislature passed HB 112 which requires the exchange to be further examined to determine its establishment no later than Jan. 1, 2013 and operational by Jan. 1, 2014. North Dakota's Insurance Commissioner and the department of human services may adopt rules necessary or desirable to carry out the provisions necessary to establish a health insurance exchange that are stipulated in the law.</p> <p>The commissioner and department of human services were required to provide an update to legislative management about their progress before Oct. 15, 2012. A special legislative session was to consider their recommendations and to take further steps to implement the health benefits exchange.</p> <p>North Dakota introduced HB 1474a during the 2011 Special Session that would establish a state exchange. The special session begin the week of Nov. 7, 2011. The bill did not pass the House during the special session which adjourned on Nov. 10, 2011.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 North Dakota</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant (only accepted \$231,978)
<p>Implementation Facts, Notes and News</p> <p>Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Statement</p> <p>Memo</p> <ul style="list-style-type: none"> 2014 ACA Insurance Reforms in State Law = No⁸ Insurance Dept. extends renewal of cancelled health insurance policies 5/14/2014 State has permitted employee choice of insurers in SHOP for 2015 		<p>2015 Insurers: Individual Market</p> <p>Blue Cross Blue Shield of North Dakota Medica (in 8 counties)</p> <p>Sanford Health Plan</p> <p>Small Group (2015 not yet available)</p> <p>Blue Cross Blue Shield of North Dakota Medica (in 8 counties)</p> <p>Sanford Health Plan</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Ohio</p> <p><u>Federally Facilitated Marketplace in Ohio</u></p>	<p>On Nov. 16, 2012, Governor John Kasich informed the U.S. Department of Health and Human Services that the state will have a federally-facilitated exchange at this time.</p>	<p>2015 premiums, Healthcare.gov</p> <hr/> <p>2014 Enrollment Profile 4/19/14 Ohio</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Five</u> organizations in the state received navigator grant funds from HHS.</p> <p>In addition, the legislature enacted HB 3, which requires certification and sets a fee.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ = Insurance Dept. Bulletin, effective 12/3/2013 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted employee choice of insurers in SHOP for 2015 	<p>2015 Insurers: Individual Market</p> <p>Aetna⁻²⁰¹⁵ (participated as Coventry in 2014), Anthem Blue Cross and Blue Shield AultCare Insurance Company CareSource Centene (Ambetter from Buckeye Comm HP) Community Insurance Co.⁻²⁰¹⁵ Coordinated Health Mutual⁻²⁰¹⁵ HealthAmericaOne (Coventry Health Care) HealthSpan Humana Health Plan of Ohio (in 4 counties) Kaiser Foundation Health Plan of Ohio (regional)</p>	<p>2015 Insurers: Individual Market</p> <p>MedMutual Molina Healthcare of Ohio (regional) Paramount Insurance Company (regional) Premier⁻²⁰¹⁵ SummaCare (regional) Time/Assurant⁻²⁰¹⁵ UnitedHealth Group.</p> <p>Small Group</p> <p>Anthem Blue Cross and Blue Shield AultCare Insurance Company Community Insurance⁻²⁰¹⁵ Coordinated Health Mutual (Anthem)⁻²⁰¹⁵ HealthSpan Kaiser Foundation Health Plan of Ohio MedMutual Paramount⁻²⁰¹⁵ SummaCare</p>	<p>MedMutual Molina Healthcare of Ohio (regional) Paramount Insurance Company (regional) Premier⁻²⁰¹⁵ SummaCare (regional) Time/Assurant⁻²⁰¹⁵ UnitedHealth Group.</p> <p>Small Group</p> <p>Anthem Blue Cross and Blue Shield AultCare Insurance Company Community Insurance⁻²⁰¹⁵ Coordinated Health Mutual (Anthem)⁻²⁰¹⁵ HealthSpan Kaiser Foundation Health Plan of Ohio MedMutual Paramount⁻²⁰¹⁵ SummaCare</p>	

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Oklahoma Federally Facilitated Marketplace in Oklahoma</p>	<p>On Nov. 19, 2012 Governor Mary Fallin sent a letter to U.S. Secretary of Health and Human Services Kathleen Sebelius informing her of the state's exchange decision not to create a state-run health insurance exchange. The state will have a federally-facilitated exchange.</p> <p>In 2011, the Oklahoma Legislature established the Joint Committee on the Federal Health Care Law to examine what options the state has in implementing all or certain parts of the Affordable Care Act. The committee's final recommendations included establishing a non-compliant (does not meet all federal requirements in the law) exchange.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Oklahoma</p> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Five organizations in the state received navigator grant funds from HHS.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant (only \$897,980 was accepted) Early Innovator IT Grant: \$54.6 million (returned).
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - Release 2014 ACA Insurance Reforms in State Law = No⁸ State is not using employee choice of insurers in SHOP for 2015. Oklahoma's state attorney general has led a six-state amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 	<p>2015 Insurers: Individual Market</p> <p>Assurant Health (6) ⁻²⁰¹⁵</p> <p>Blue Cross and Blue Shield of Oklahoma (22)</p> <p>CommunityCare (10)</p> <p>GlobalHealth (12)</p> <p>Aetna ⁻²⁰¹⁴</p> <p>Small Group</p> <p>BCBS of OK</p> <p>CommunityCare HMO</p> <p>GlobalHealth, Inc.</p> <p>MSP</p>			

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Oregon</p> <p>Cover Oregon (State-Run Exchange, using HealthCare.gov in 2015)</p> <p>Oregon will not have a functioning SHOP for 2015. Cover Oregon is facilitating direct enrollment for small employers so they can still take advantage of the tax credit.</p>	<p>2011 SB 99, Chapter 415</p> <p>In March 2012, the governor signed HB 4164 approving the Oregon Health Insurance Exchange Business Plan.</p> <ul style="list-style-type: none"> Independent public corporation of the state with a nine member governing board. The board is required to have a Consumer Advisory Committee and is allowed to establish other types of advisory committees. The exchange is allowed to enter into contracts with certified navigators. <p>On April 24, 2014 the governing board of the state-run exchange voted to <u>terminate the state-created website</u>, and move operations to the federal facilitated healthcare.gov, after persistent technical problems. Oregon is the first state to announce a switch from state to federal web operations. The plan was pending HHS final approval.</p>	<p>Click here for final rates in 2015</p> <p>Click here for rates in 2014.</p> <p>2014 Enrollment Profile 4/19/14 Oregon</p>	<p>Navigators must complete training and receive certification.</p>	<p>\$305,206,587 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$48,096,307 Oregon received an "Early Innovator" cooperative agreement administered by the Oregon Health Authority \$11,820,905 Early Innovator Supplement Award \$8,969,600 1st Level One Establishment Grant \$6,682,701 2nd Level One Establishment Grant \$2,195,000 Establishment Grant Admin. Supplement \$226,442,074 Level Two Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷- Press Release 2014 ACA Insurance Reforms are in State Law = Yes⁸ Annual Report 2013 (PDF) – published May 2014 (83 pp) For 2015, the state website still exists with the description, “stay at CoverOregon.com to find in-person help with the 2015 enrollment process or get information about 2014 coverage.” 	<p>2015 Insurers: Individual Market</p> <p>ATRIO Health Plans BridgeSpan Health Company Health Net Health Plans of Oregon Health Republic Insurance Company Kaiser Foundation Health Plan of the Northwest LifeWise Health Plan of Oregon, Inc. Moda Health Plan, Inc.</p>	<p>Oregon’s Health CO-OP (Community Care of Oregon) PacificSource Health Plans Providence Health Plan Trillium Community Health Plan, Inc.</p> <p>Small Group Oregon will not have a functioning SHOP for 2015. Cover Oregon is facilitating direct enrollment for small employers so they can still take advantage of the tax credit.</p>	<p>2014 for Small Group ATRIO Health Plans, Inc. Health Republic Insurance Company Kaiser Foundation Health Plan of the Northwest Moda Health Plan, Inc. Oregon’s Health CO-OP (incorporated as Community Care of Oregon) PacificSource Health Plans Providence Health Plan</p> <p>MSP</p> <p>Official State Logo:</p> 	

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Pennsylvania Federally Facilitated Marketplace in Pennsylvania</p>	<p>On Dec. 12, 2012, Governor Tom Corbett <u>announced</u> that the state will not pursue a state exchange at this time and will default to a federally facilitated exchange</p>	<p>2015 premiums, Healthcare.gov 2014 Enrollment Profile 4/19/14 Pennsylvania HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS.</p>	<p>\$34,832,212 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$33,832,212 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Release 2014 ACA Insurance Reforms in State Law = No⁸ PA Insurance Commissioner recommendation on SHOP functions for 2015, June 2014. State is not using <u>employee choice of insurers</u> in SHOP for 2015 		<p>2015 Insurers Use HealthCare.gov/See-Plans Aetna (14) Assurant Health (6) Capital BlueCross (11) Coventry (5) Geisinger Choice (2) Geisinger Health Plan (9) Highmark (4) Highmark Health Insurance Company (12) Keystone Health Plan Central, Capital BlueCross (13) Independence Blue Cross (15) UnitedHealthcare (5) Blue Cross of Northeastern Pennsylvania-²⁰¹⁴ HealthAmericaOne-²⁰¹⁴ UPMC Health Plan Inc-²⁰¹⁴</p> <p>Small Group Blue Cross of Northeastern Pennsylvania Capital BlueCross Insurance Geisinger Health Plan Highmark Health Insurance Company Keystone Health Plan Central Independence Blue Cross UPMC Health Plan Inc.</p> <p>MSP</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Rhode Island Health Source RI (State-Run Exchange)</p>	<p>Governor Lincoln Chafee signed Executive Order 2011-09 which establishes the Rhode Island Health Benefits Exchange. The exchange operates within the Executive Department.</p> <ul style="list-style-type: none"> • A 13 member board governs the exchange; the board is allowed to determine which health plans will be allowed in the exchange. • Conflict of Interest: Board members cannot be affiliated with any insurer, agent, broker or provider. • Allows for the establishment of advisory committees. • The exchange contracts with carriers and determines which insurers are allowed to participate, given they meet the minimum federal requirements. 	<p>Click here for more information about approved 2014 rates.</p> <p>2014 Enrollment Profile 4/19/14 Rhode Island</p>	<p>Navigators (assisters) must receive and complete state training, meet criteria and pass an exam.</p>	<p>\$139,106,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,000,000 Planning Grant • \$5,240,668 1st Level One Establishment Grant • \$9,822,646 2nd Level One Establishment Grant • \$15,298,487 3rd Level One Establishment Grant • \$6,176,368 4th Level One Establishment Grant • \$1,300,000 Level One Establishment Grant • Administrative Supplement • \$58,515,871 Level Two Establishment Grant, • \$7,950,989 Supplement. • See online list for details • Rhode Island was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the University of Massachusetts Medical School <p>Award Amount: \$35,591,333</p>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • Not Allowing Renewals in 2014 w/o Compliance⁷ - Insurance Comm. Statement, 11/15/2013 • RI is requiring all 2014 exchange enrollees to re-enroll for 2015 plan year. This is the only state with this structure. Related article: In RI, a Test of Health Consumer Behavior, 1/8/2015 	<p>2015 Insurers: Individual Market Blue Cross Blue Shield of RI Neighborhood Health Plan of RI United Healthcare -2015</p> <p>Small Group Blue Cross Blue Shield of RI Neighborhood Health Plan of RI Tufts Health Plan -2015 United Healthcare Group</p> <p>http://www.governor.ri.gov/healthcare/interest/documents/Plan%20filings%20update_5%2015%2013_FINAL-1.pdf</p>	<p>Official State Logo:</p> 	<p>Official State Logo:</p> 	



Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>South Carolina</p> <p><u>Federally Facilitated Marketplace in South Carolina</u></p>	<p>In July 2012, Governor Nikki Haley issued a letter stating that South Carolina will not create a state exchange or accept establishment grants from the federal government. The letter stated that the decision is based on a study done by the state researching exchanges.</p> <p>In 2011, Governor Nikki Haley established the South Carolina Health Exchange Planning Committee through <u>Executive Order 2011-09</u>. The Committee was an advisory group whose mission is to assist with research as determined necessary by the Director of Insurance and to provide recommendations on the health insurance exchange planning process as described in the Exchange Planning Grant application. If the committee recommends a state-based exchange, it must include detailed recommendations regarding the structure, governance, etc. of the exchange.^{2, 3}</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 South Carolina</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Three</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Press Release 2014 ACA Insurance Reforms in State Law = No⁸ State is not using employee choice of insurers in SHOP for 2015. South Carolina's state attorney general has co-filed an amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 		<p>2015 Insurers: Individual Market</p> <p>BCBS of SC</p> <p>BlueChoice Health Plan</p> <p>Consumers' Choice Health Plan (CO-OP)</p> <p>Coventry Health Care of the Carolinas,</p> <p>Coventry Health Care of the Carolinas (Aetna). Time/Assurant²⁰¹⁵</p> <p>Small Group</p> <p>BCBS of SC</p> <p>BlueChoice HealthPlan</p> <p>Consumers' Choice Health Plan</p> <p>MSP</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>South Dakota Federally Facilitated Marketplace in South Dakota</p>	<p>In September 2012, Governor Dennis Daugaard announced that the state will not develop a state exchange.</p> <p>Prior to this decision, Governor Daugaard elected to develop a large taskforce similar to prior stakeholder groups assembled in South Dakota to address both coverage for the insured and the development of recommendations for the state's long term care delivery system. This task force had several subgroups to focus on areas such as operations and financing an exchange, outreach and communication, and insurance plan and market organization. Lt. Governor Matt Michels served as chairman of the group.</p> <p>Representation was sought and received from small businesses, insurance agents, insurance companies, health care providers, consumer advocates, state agencies, and state legislators.</p>	<p>2015 Average Rates - Individual Average Rates - Small Group Rating Areas 2014 HHS report 9/25/2013 2014 Enrollment Profile 4/19/14 South Dakota</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Two organizations in the state received navigator grant funds from HHS.</p>	<p>\$6,879,569 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$5,879,569 Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Announcement 2014 ACA Insurance Reforms in State Law = Yes, In part⁸ Some in regulation for plan management State is not using employee choice of insurers in SHOP for 2015 South Dakota ACA Rules Package Highlights- Division of Insurance 2015 Insurance plans: online searchable database. 		<p>2015 Insurers: Individual and Small Group Avera Health Plans Inc. Sanford Health Plan South Dakota State Medical Holding Company, Inc. (DAKOTACARE) Dental (Stand-alone) Individual & Small Group Best Life and Health Delta Dental Dentegra</p>		


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Tennessee</p> <p><u>Federally Facilitated Marketplace in Tennessee</u></p>	<p>The state defaulted to a federally run exchange. Tennessee's Benefits Administration and the Department of Finance had the lead on planning for the health insurance exchange in the state. The Department identified subcontractors to work with through March 31, 2013 to analyze various aspects of a state based health insurance exchange.</p> <p>Additionally, the Benefits Administration and the Department of Finance established the <u>Tennessee Planning Initiative for the PPACA Health Insurance Exchange</u>. The goals of the Initiative are to identify key decision points, research policy alternatives and make recommendations on health care. The Initiative is working with a variety of stakeholders and has convened two <u>Technical Assistance Groups (TAGs)</u> to determine whether the state should operate an insurance exchange, and, if so, how it should be structured. Members of the <u>Agent/Broker TAG</u> and <u>Actuary/Underwriter TAG</u> will provide expertise and contribute to the analysis and the planning process.</p>	<p>2015 premiums, Healthcare.gov</p> <p>Tenn. Ins. Div. Health Insurance Policies Rate Changes-2013</p> <p>2014 Enrollment Profile 4/19/14 Tennessee</p> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p> <p>In addition, the legislature enacted <u>SB 1145</u> states that the commissioner must establish certification, training and rules for navigators.</p>	<p>\$9,110,165 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$1,560,220 1st Level One Establishment Grant \$2,249,945 2nd Level One Establishment Grant \$4,300,000 3rd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Gov. Release, 11/19/2013 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted employee choice of insurers in SHOP for 2015 		<p>2015 Insurers – (RA = Rating Areas)</p> <p>Assurant Health ²⁰¹⁵</p> <p>BEST Life and Health Insurance Company ²⁰¹⁵</p> <p>BlueCross BlueShield of Tennessee[~]</p> <p>Cigna Health & Life Insurance Company[~]</p> <p>Community Health Alliance (RA 2, 4, 5, 6, 8)[~]</p> <p>Humana Insurance Company (RA 2, 4, 6)[~]</p> <p>Small Group</p> <p>BEST Life and Health Insurance Company</p> <p>BlueCross BlueShield of Tennessee</p> <p>Community Health Alliance</p> <p>Guardian Life Insurance Company of America</p> <p>MSP</p>		


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Texas</p> <p><u>Federally Facilitated Marketplace in Texas</u></p>	<p>In July 2012, Governor Rick Perry issued a letter to the U.S. Department of Health and Human Services Secretary Kathleen Sebelius stating that Texas will not create a state exchange or implement optional parts of the federal health law.</p> <p>The Texas Department of Insurance (TDI) and the Texas Health and Human Services Commission (HHSC) are coordinating planning efforts.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Texas (TX)</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Eight</u> organizations in the state received navigator grant funds from HHS.</p> <p>The legislature enacted SB 1795 of 2013 which requires the department of insurance to create a navigator program and rules to govern it.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant, returned \$900,000 of the grant in early 2012. Net used by state: <u>\$96,425</u>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Statement 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted employee choice of insurers in SHOP for 2015 	<p>2015 Insurers – Individual Market</p> <p>Aetna (5 plans) Assurant Health (6) Blue Cross and Blue Shield of Texas (17) Cigna Healthcare (9) Molina Marketplace (5) Scott and White Health Plan (12) UnitedHealthcare (10)</p> <p>Ambetter from Superior Health Plan (Centene)⁻²⁰¹⁴ CommunityFirst (in 3 counties)⁻²⁰¹⁴ Community Health Choice (in 9 counties)⁻²⁰¹⁴ Firstcare Health Plans⁻²⁰¹⁴ Humana Health Plans of Texas⁻²⁰¹⁴ Sendero Health Plans⁻²⁰¹⁴</p> <p>Small Group Blue Cross and Blue Shield of Texas (14) UnitedHealthcare (6)</p> <p>*MSP</p>			

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Utah</p> <p>Avenue H - www.avenueh.com (State-Run SHOP Exchange)</p> <p>Federally Facilitated Marketplace for Individuals in Utah</p>	<p>HB 133 of 2008 and HB 188 of 2009, established a small business exchange, prior to enactment of the ACA.</p> <p>State Proposal Letter regarding SHOP exchange</p> <ul style="list-style-type: none"> Utah continues to run its small business exchange, which has been in place since 2008, while the federal government runs the individual exchange in the state. CMS proposed an amendment to its Exchange Final Rule (45 CFR 155) that permits Utah to operate a state-based SHOP-only marketplace starting in 2014, building on the framework of Utah's existing small business exchange, while the federal government operates the federally facilitated marketplace for the individual market for 2014-15. Selection of carriers:⁴ The small business portion operates a "defined contribution market" where an employer offers a pre-determined level of funding and allows the employee to purchase their coverage using the funds the employer provided. Utah has modified the exchange system and expanded its internet portal to meet federal requirements for premium tax subsidies and credits and Medicaid and CHIP eligibility. 	<p>2015 Individual Rates (FFM) as of 10/15/2014</p> <p>2015 SHOP small employer rates (state run)</p> <p>Archive: 2014 premium rates for 2014 state premium rates for individual plans.</p> <p>2014 Enrollment Profile 4/19/14 - Utah</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p>Four organizations in the state received navigator grant funds from HHS.</p> <p>In addition, the legislature enacted HB 160 requiring navigators to be licensed in the state.</p>	<p>\$5,247,987 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 1st Level One Establishment Grant \$3,247,987 2nd Level One Establishment Grant \$1,000,000 Planning Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Bulletin 2014 ACA Insurance Reforms are in State Law = Yes, general conforming legislation⁸ 2015 Utah individual health plans will cost 5.7 percent more; State-run SHOP plans increase only 3.5% [News Report 9/18/2014] 	<p>2015 Insurers: Individual Market (FFM)</p> <p>Altius Health⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Arches Mutual Health Insurance⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>BridgeSpan Health⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Humana Medical Plan of Utah⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>Molina Healthcare of Utah, Inc.⁻²⁰¹⁴⁺²⁰¹⁵</p> <p>SelectHealth Inc.⁻²⁰¹⁴⁺²⁰¹⁵</p> <ul style="list-style-type: none"> 2015 Premium Rate Tables (46 pages) 	<p>Small Group (state-run)</p> <p>Arches Mutual Health Ins. SelectHealth Inc.</p> <p>United Health Care⁺²⁰¹⁵</p> <p>+ 2015 SHOP Premium Rates (33 pages) MSP</p>	<p>Official State Logo:</p> <p>Avenue H Health Insurance Marketplace</p>	<p>Official State Logo:</p> <p>Avenue H Health Insurance Marketplace</p>


Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Vermont</p> <p>VT Health Connect (State-Run Exchange)</p>	<p>Establishment law: 2011 HB 202, Act No. 48</p> <ul style="list-style-type: none"> The Department of Vermont Health Access established the Vermont health benefit exchange. The exchange is a division within the department of Vermont health access and will be headed by a deputy commissioner. Vermont's Rate Review Process. For 2015 The Green Mountain Care Board cut proposed rate increases for BCBSVT plans from an average increase of 9.8 percent to 7.7 percent and MVP plans from 15.3 percent to 10.9 percent. 	<p>Vermont Health Connect final 2015 health insurance plans and rates (effective 11/15/2014).</p> <p>2014 Enrollment Profile 4/19/14 Vermont State Report, 5/19/14</p>	<p>Navigators must complete training and disclose background information.</p>	<p>\$168,124,081 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$18,090,369 1st Level One Establishment Grant \$2,167,747 2nd Level One Establishment Grant \$42,687,000 3rd Level One Establishment Grant \$4,517,000 Level One Establishment Grant Administrative Supplement \$104,178,965 Level Two Establishment Grant Also Vermont was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the U. Massachusetts Medical School Award Amount: \$35,591,333
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ - Order 2014 ACA Insurance Reforms are in State Law = Yes⁸ 2015 small business update: Vermont small businesses and their employees will continue to enroll in Vermont Health Connect Qualified Health Plans directly through Vermont's insurance carriers for the 2014/2015 open enrollment period. – 10/1/2014 	<p>2015 Insurers: Individual & Small Business</p> <p>Blue Cross Blue Shield MVP</p> <p>Insurer Plan designs & Rates - 2015</p>	<p>Official State Logo:</p>  <p>Find the plan that's right for you.</p>	<p>Official State Logo:</p>  <p>Find the plan that's right for you.</p>	

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Virginia</p> <p>Federally Facilitated Marketplace in Virginia</p>	<p>The state has defaulted to a federally run exchange.</p> <p>Past Action: In 2011, the legislature enacted HB 2434: Chapter No. 823 which was intended to establish a state based health insurance exchange. The General Assembly requested that the Governor, through the Secretary of Health and Human Resources and others, make recommendations regarding a health benefits exchange by the 2012 Session. These recommendations will address, among other things, “the make-up of a governing board for the Virginia Exchange”. The recommendations were provided on Nov. 24, 2011.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Virginia</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$6,567,803 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$4,320,401 1st Level One Establishment Grant \$1,247,402 2nd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷- VA Bureau of Insurance News Release, 11/20/2013 2014 ACA Insurance Reforms are in State Law = Yes⁸ State has permitted employee choice of insurers in SHOP for 2015 		<p>2015 Insurers: Individual Market</p> <p>Aetna CareFirst BlueChoice, Inc. Coventry HealthCare of Virginia (Aetna) Group Hospitalization and Medical Services, Inc. (CareFirst), Health Keepers, Inc⁻²⁰¹⁵ Innovation Health Insurance Co., Kaiser Foundation Health Plan, Optima Health Plan, Piedmont Community HealthCare⁻²⁰¹⁵</p> <p>Small Group Anthem Blue Cross and Blue Shield CareFirst BlueChoice Kaiser Foundation Permanente of the Mid-Atlantic Optima Health Plan</p> <p>MSP</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Washington</p> <p>WA Health Plan Finder (State-Run Exchange)</p>	<p>Chapter 317, Laws of 2011 SB 5445</p> <ul style="list-style-type: none"> • Quasi-Governmental Agency governed by an 11 member board. • Exchange serves as a clearinghouse and allows all insurers. • Conflict of Interest: The board members must not benefit financially from serving on the exchange while on the board. • The board has to develop an implementation report to be presented to the legislature by 2012. • The board will decide to whether to establish a SHOP and individual exchange as one or separately. 	<p>Click here for Washington insurance rates.</p> <p>2014 Enrollment Profile 4/19/14 Washington</p>	<p>Requires training and the completion of an exam. Navigators measured by the number of enrollment applications completed.</p>	<p>\$266,026,060 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$996,285 Planning Grant • \$22,942,671 1st Level One Establishment Grant • \$84,633,761 2nd Level One Establishment Grant • \$127,852,056 Level Two Establishment Grant • \$8,403,669 1st Level Two Establishment Grant • Administrative Supplement • \$21,197,618 2nd Level Two Establishment Grant • Administrative Supplement
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> • Not Allowing Renewals in 2014 w/o Compliance⁷ - Ins. Dept. Statement • Washington's exchange was on of the first to announce an extension of 2015 open enrollment, from Feb. 15 to April 17, 2015. NEW 	<p>2015 Insurers: Individual Market</p> <p>Bridgespan (Regence BlueCross BlueShield), Community Health Plan of Washington, Coordinated Care, Group Health CO-OP Health Alliance Northwest Health Plan, Inc.-²⁰¹⁵ Kaiser Foundation Health Plan, Lifewise Health Plan of Washington, Moda Health Plan, Molina Health Care of Washington Columbia United Providers-²⁰¹⁵ UnitedHealth Group-²⁰¹⁵</p> <p>Small Group</p> <p>Kaiser Foundation Plan of the Northwest Moda Health Plan.</p> <p>*MSP</p>	<p>Official State Logo:</p> 		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>West Virginia</p> <p>Federally Facilitated Marketplace in West Virginia</p>	<p>Although West Virginia passed HB 408, Act No. 100 to create a state exchange in 2011 it was not implemented due to financial concerns of establishing a state exchange. As a result, the state did not pursue a state exchange by the Dec. 14, 2012 deadline. The governor announced that the state will likely pursue a state/federal partnership. If the state decides to continue the pursuit of a partner exchange with the federal government it must submit a blueprint (state plan) for approval from HHS.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14</p> <p>West Virginia</p> <hr/> <p>HHS report summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p> <p>CMS Certified Agent List - 12/18/2013</p>	<p>\$20,832,828 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$9,667,694 1st Level One Establishment Grant \$10,165,134 2nd Level One Establishment Grant
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> The state maintains a portal Marketplace webpage at http://bewv.wvinsurance.gov/ [Dec. 2014] Not Allowing Renewals in 2014 w/o Compliance⁷ - WV Insurance Commissioner Release, 11/2013 WV is not using employee choice of insurers in SHOP for 2015 Evaluation of the WV Health Benefit Exchange by U of WV and OIC, 12/2014 Executive Summary West Virginia's state attorney general has co-filed an amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015. 	<p>2015 Insurers – Individual Market</p> <p>Highmark Blue Cross Blue Shield West Virginia (14 plans)</p> <p>Small Group</p> <p>Highmark Blue Cross Blue Shield West Virginia</p> <p>MSP</p>	<p>2015 Insurers – Individual Market</p> <p>Highmark Blue Cross Blue Shield West Virginia (14 plans)</p> <p>Small Group</p> <p>Highmark Blue Cross Blue Shield West Virginia</p> <p>MSP</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p> <p>CMS Certified Agent List - 12/18/2013</p>	<p>State Marketplace web page (information only, no sales)</p> 

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Wisconsin</p> <p><u>Federally Facilitated Marketplace in Wisconsin</u></p>	<p>In reaction to the Supreme Court ruling, Governor Scott Walker issued a <u>statement</u> declaring that he will not implement any part of the federal health law.</p> <p>On January 18, 2012 Governor Scott Walker announced he would return \$37.6 million in Early Innovator Grant program funding to the federal government.</p> <p>In 2011, Governor Walker <u>established</u> the Office of Free Market Health Care which is to be directed by the Department of Health Services and the Office of the Commissioner of Insurance to develop and recommend a plan that encourages competition through the leveraging of a free-market approach based on a set of requirements outlined in the executive order.</p>	<p>2015 premiums, Healthcare.gov</p> <p>2014 Enrollment Profile 4/19/14 Wisconsin.</p> <hr/> <p>HHS <u>report</u> summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Six</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$38,757,139 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$999,873 Planning Grant Wisconsin received the "Early Innovator" cooperative agreement; Administered by the Wisconsin Department of Health Services <p>Award Amount: \$37,757,266 (Grant Returned)</p>
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ - Wisconsin Comm. of Insurance Notice, 11/21/2013 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted <u>employee choice of insurers</u> in SHOP for 2015 	<p>2015 Insurers: Individual Market</p> <p>All Savers Insurance Company (UnitedHealth Group)⁻²⁰¹⁵</p> <p>Arise (WPS Health Plan, Inc.),</p> <p>Common Ground Healthcare Cooperative (CO-OP)</p> <p>Compcare Health Services Insurance Corp.⁻²⁰¹⁵</p> <p>Dean Health Plan, Inc.</p> <p>Group Health Cooperative of South Central Wisc.</p> <p>Gundersen Health Plan, Inc.</p> <p>Health Tradition Health Plan</p> <p>Managed Health Services Insurance Corp.⁻²⁰¹⁵</p> <p>Medica Health Plans of Wisconsin</p> <p>MercyCare HMO, Inc.</p> <p>Molina Healthcare of Wisconsin, Inc.</p> <p>Physicians Plus</p> <p>Security Health Plan of Wisconsin, Inc.</p> <p>Unity Health Plans Insurance Corp.</p>	<p>2015 Insurers: Individual Market</p> <p>All Savers Insurance Co.⁻²⁰¹⁵</p> <p>Arise Health Plan</p> <p>Common Ground Healthcare Cooperative</p> <p>Group Health Cooperative - South Central Wisconsin</p> <p>Gundersen Health Plan, Inc.</p> <p>Health Tradition Health Plan</p> <p>Medica Insurance Company</p> <p>MercyCare Insurance Co.</p> <p>Security Health Plan of Wisconsin Inc.</p> <p>MSP</p>	<p>Small Group</p> <p>All Savers Insurance Co.⁻²⁰¹⁵</p> <p>Arise Health Plan</p> <p>Common Ground Healthcare Cooperative</p> <p>Group Health Cooperative - South Central Wisconsin</p> <p>Gundersen Health Plan, Inc.</p> <p>Health Tradition Health Plan</p> <p>Medica Insurance Company</p> <p>MercyCare Insurance Co.</p> <p>Security Health Plan of Wisconsin Inc.</p> <p>MSP</p>	<p>Small Group</p> <p>All Savers Insurance Co.⁻²⁰¹⁵</p> <p>Arise Health Plan</p> <p>Common Ground Healthcare Cooperative</p> <p>Group Health Cooperative - South Central Wisconsin</p> <p>Gundersen Health Plan, Inc.</p> <p>Health Tradition Health Plan</p> <p>Medica Insurance Company</p> <p>MercyCare Insurance Co.</p> <p>Security Health Plan of Wisconsin Inc.</p> <p>MSP</p>

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) ⁶
<p>Wyoming Federally Facilitated Marketplace in Wyoming</p>	<p>2013 HB 203 Created the Select Committee on Health Insurance Exchanges to “study the operation of the exchange in all its parts and functions in order to determine the processes by which the exchange is operated. The steering committee will also summarize the operation of the exchange and determine if and how the state can pursue the exchange if the federally facilitated exchange is not working in the state or if there is a better alternative.</p> <ul style="list-style-type: none"> The select committee was to make a preliminary report to the governor, the joint appropriations interim committee and the joint labor, health and social services interim committee by Dec. 1, 2013. The report shall make a recommendation as to whether Wyoming should operate or participate in an exchange and, if so, what exchange functions should be conducted by the state, with a summary of the work and conclusions reached on each of the study topics. The report shall make a preliminary assessment as to the availability and desirability of interstate compacts or agreements in operating an exchange in Wyoming. In 2014 the select committee shall continue to study any exchange operated for Wyoming residents pursuant to the ACA. The final report from the committee is to be completed by Oct. 1, 2014. The final report shall include a draft of any suggested legislation for sponsorship by the joint labor, health and social services interim committee and introduction during the 2015 general session. On July 23, 2013 Comm. members <u>urged a delay</u> in any decision until 2014. <p>2011 <u>HB55 Act No. 102</u> Created the <u>Wyoming Health Insurance Exchange Steering Committee</u>. The steering committee will conduct a study of whether to create a Wyoming health insurance exchange or participate in a regional exchange. Committee members include policymakers and stakeholders. The steering committee is authorized to contract with experts and consultants in order to conduct their study. A</p>	<p>2015 premiums, Healthcare.gov</p> <hr/> <p>2014 Enrollment Profile 4/19/14 Wyoming </p> <hr/> <p>HHS <u>report</u> summarizing 2014 plan choices and premiums, 9/25/13</p>	<p>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</p> <p><u>Two</u> organizations in the state received navigator grant funds from HHS.</p>	<p>\$800,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$800,000 Planning Grant

<p>Wyoming – continued, p. 2</p> <ul style="list-style-type: none"> preliminary report was due Oct. 1, 2011. 		
<p>Implementation Facts, Notes and News</p> <ul style="list-style-type: none"> Allowing Renewals in 2014 w/o Compliance = Yes⁷ 2014 ACA Insurance Reforms in State Law = No⁸ State has permitted <u>employee choice of insurers</u> in SHOP for 2015 	<p>2015 Insurers – Individual Market Blue Cross Blue Shield of Wyoming (28 plans) WINhealth Partners (12)</p> <p>Small Group Blue Cross Blue Shield of Wyoming WINhealth Partners</p>	

DISTRICTS, COMMONWEALTH & TERRITORIES

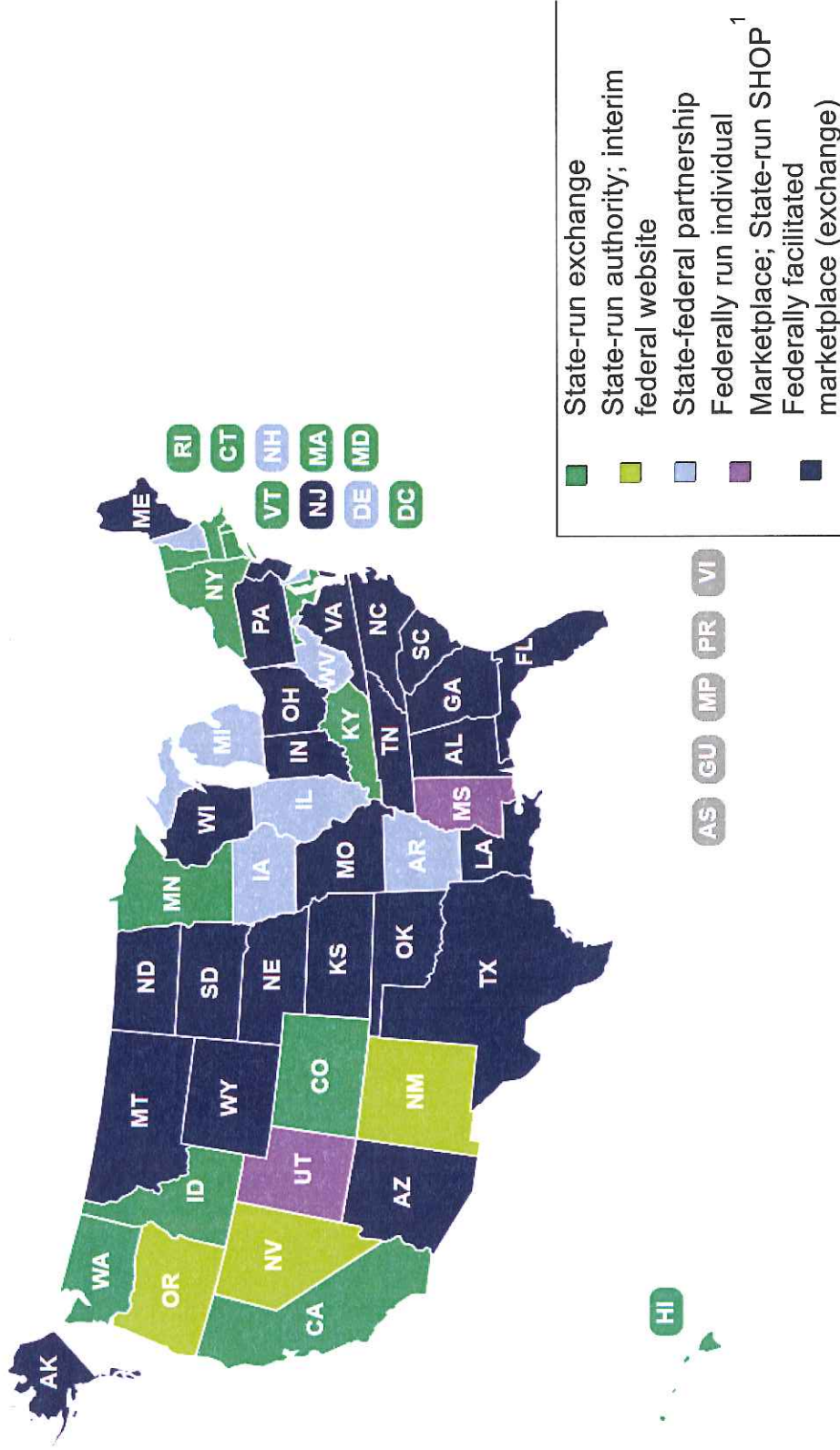
Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister (2013)	Total Federal Funding (2010-2013) ⁶
<p>District of Columbia</p> <p>DC Health Link</p> <p>(State-style District Run Exchange)</p>	<p><u>2012 ACT 19-269</u></p> <ul style="list-style-type: none"> Independent Authority of the District Government with an 11 member governing board. Conflict of Interest: Each member of the executive board shall serve the public interest of the individuals and small businesses seeking health coverage through the exchanges and ensure operational effectiveness and fiscal solvency of the exchange. The executive board may merge the exchanges for individuals and the SHOP exchange, if a merged exchange is in the best interest of the District. The exchange will select entities qualified to serve as navigators. The legislation also allows a nine member advisory board in addition to the executive governing board. 	<p>Click here for a chart of premium rates.</p> <p>Enrollment Profile 4/19/14</p> <p><u>District of Columbia</u></p>	<p>In-person assister program. Assisters must complete training and a competency check.</p>	<p>\$133,573,928 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant \$8,200,716 1st Level One Establishment Grant \$34,418,790 2nd Level One Establishment Grant \$72,985,333 Level Two Establishment Grant \$16,969,089 Level Two Establishment Grant Administrative Supplement
<p>Implementation Updates & Notes</p> <ul style="list-style-type: none"> Not Allowing Renewals in 2014 w/o Compliance⁷ In 2014 the small group market included insurers: Aetna Inc., CareFirst BlueCross BlueShield and Kaiser Permanente 		<p>2015 Insurers: Individual Market</p> <p>Aetna Inc. CareFirst BlueCross BlueShield Kaiser Permanente</p> <p>Small Group UnitedHealth Group</p> <p>MSP</p>		

Exchange Information by State	State Decisions/ Structure/ Background ¹	Premium Information	Addressed Navigator/Assister (2013)	Total Federal Funding (2010-2013) ⁶
<p>American Samoa</p> <p>No exchange established</p>	<p>American Samoa has not created an ACA exchange.</p> <p>Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</p>	<p>n/a</p>	<p>Territories had the option to apply for up to \$1 million in federal funds to study the feasibility or assist with building an exchange.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant and total federal grants related to exchanges awarded to the territory. 	<p>Territories had the option to apply for up to \$1 million in federal funds to study the feasibility or assist with building an exchange.</p> <ul style="list-style-type: none"> \$1,000,000 Planning Grant and total federal grants related to exchanges awarded to the territory.
<p>Implementation Updates & Notes</p>				
<p>Award Date: Planning Grant, March 21, 2011</p> <ul style="list-style-type: none"> Develop an Exchange that will pace new investment and private industry by facilitating the purchase of qualified health plans and development of a Small Business Health Options Program. Design the platform and database structure for health insurance policy program development and ensure it is well-maintained and updated. Create the needed infrastructure for health plan development. Invite, review and secure health insurance plans that meet local needs. Develop a process for health plan development, review and monitoring. Build a secure, comprehensive data structure to support future data collection activities. 				
<p>Guam</p> <p>No exchange established</p>	<p>Guam has not created an ACA exchange.</p> <p>Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</p>	<p>Territories had the option to apply for up to \$1 million in federal funds to study the feasibility or assist with building an exchange.</p>		
<p>Implementation Updates & Notes</p>				
<ul style="list-style-type: none"> Guam Allowing Renewals in 2014 w/o Compliance = Yes⁷ 				
<p>Puerto Rico</p> <p>No exchange established</p>	<p>Puerto Rico has not created an ACA exchange.</p> <p>Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</p>	<p>Territories had the option to apply for up to \$1 million in federal funds to study the feasibility or assist with building an exchange.</p>		
<p>Implementation Updates & Notes</p>				
<ul style="list-style-type: none"> Puerto Rico Allowing Renewals in 2014 w/o Compliance = Yes⁷ 				
<p>Total Federal Funding (2010-2013)⁶</p>				
<ul style="list-style-type: none"> \$917,205 total federal grants related to exchanges awarded to the state. \$917,205 Planning Grant 				

<p>U.S. Virgin Islands</p> <p>No exchange established</p>	<p>U.S. Virgin Islands has not created an ACA exchange.</p> <p>Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</p>		<p>Territories had the option to apply for up to \$1 million in federal funds to study the feasibility or assist with building an exchange.</p>	<p>\$1,000,000 total federal grants related to exchanges awarded to the state.</p> <ul style="list-style-type: none"> • \$1,000,000 Planning Grant
<p>Award Date: Planning Grant, March 21, 2011</p> <ul style="list-style-type: none"> • Examine the feasibility of an Exchange, conduct initial Exchange planning, and work toward the establishment of an Exchange. • Research the Territory's private insurance market, with the goal of increasing participation in the Exchange by individuals and small employers. • Conduct stakeholder interviews and focus groups with individuals and employers, with an emphasis on accessing hard-to-reach uninsured individuals. • Develop a program model for the prospective Exchange and associated subsidies, including an analysis of how best to ensure continuity of coverage. • Explore Exchange governance models, especially the feasibility of a regional Exchange involving one or more States and/or Territories. • Determine the statutory and administrative actions within the Territory that are needed to establish the Exchange. • Conduct a gap analysis to identify needed improvements in information systems in order to implement the Exchange. • Develop a detailed work plan for Exchange planning and implementation activities, as well as an ongoing analysis of Exchange-related staffing and resources needs. • Create a report on the detailed findings concerning the actions needed to implement an Exchange under the Affordable Care Act. 				

State Structures for Health Insurance Marketplaces/Exchanges

(This is a reprint of the NCSL interactive state map, online at <http://www.ncsl.org/default.aspx?tabid=21388> Updated for April 2015



New Mexico has both a federally-assisted individual market site and an state-run SHOP exchange.

Notes for "Health Insurance Exchanges or Marketplaces: State Actions" 50-state table

- ¹ **Declaration** refers to the decision the state made regarding the development of a state based health insurance exchange. This section provides links to the declaration letter and the approval or conditional approval from HHS. [Resource: The Center for Consumer Information and Insurance Oversight, HHS, Oct. 30, 2013.](#)
- ² **Structure within states** refers to where the exchange will be housed in the state. HHS provides an official tally of the 19 "Conditionally-Approved State Exchanges" (includes D.C.) and the seven additional "Conditionally Approved State Partnership Marketplaces:" [State Health Insurance Marketplaces \(List of Conditionally Approved Exchanges\)](#). (CCIIO/HHS, as of October 2013)
- ³ **Governance** refers to the governing board outlined in the state law or regulation.
- ⁴ **Selection of Carriers** describes another option for how a state operates an exchange. States have options to operate their exchange from an "active purchaser" model in which the exchange operates as large employers often do, using market leverage and the tools of managed competition to negotiate product offerings with the exchange. The popular alternative is the "open marketplace" in which the exchange operates as a clearinghouse that is open to all qualified insurers and relies on market forces to generate product offerings as is the case in CO and UT. For these states, this means that any insurer that meets the Qualified Health Plans (QHP) standard can participate in the exchange. On the other hand, a state governing board can participate in selective contracting and pick and choose which insurers are allowed to participate; this is the model used in **California, Connecticut and Massachusetts** in 2014-15.
- ⁵ **Implementation Facts, Notes and News** – This information describes the actual Marketplace operation for each state, beginning Oct. 1, 2013. Statistics include material provided by both state and federal agencies. Dates vary among individual states.
- ⁶ **Federal Grants** are a part of the Affordable Care Act and are available to states to plan and implement exchanges. Some state figures may not total due to funds returned or not appropriated. State exchanges must be self-sufficient by January 2015. [View 50 state grant map & descriptions online](#), accessed 11/9/2014 **NEW**
- ⁷ **Allowing Renewals in 2014 w/o Compliance** with the ACA Essential Health Benefits, and minimum coverage standards, during 2014 only. Federal guidance allowed relaxing this requirement in December 2013, but state insurance laws can require full compliance as of Jan. 1, 2014.
- ⁸ **2014 ACA Insurance Reforms in State Law.** **YES** means state insurance laws are determined to generally include enforcement of ACA health insurance market reforms, per NAIC survey published 12/4/2013

SUPPLEMENTAL INFORMATION – State Marketplace Resources

- **The Affordable Care Act authorized State Planning and Establishment Grants** to help states establish Health Insurance Marketplaces, or Exchanges. This funding gives states the resources to conduct the research and planning needed to build a health insurance marketplace and determine how their marketplace will be operated and governed.

State Funding Opportunity: Exchange Establishment Grants (93 pages, PDF – 457 KB). Visit www.grants.gov and search for CFDA number 93.525. **Closing Dates - States had multiple opportunities to apply for funding in 2014; the final day for submission was Friday, November 14, 2014**

- Level One Exchange Establishment Application Due Dates: [2/14/2014](#); [5/15/2014](#); [8/15/2014](#); [10/15/2014](#); [11/14/2014](#)
- Level Two Exchange Establishment Application Due Dates: [2/14/2014](#); [5/15/2014](#); [8/15/2014](#); [10/15/2014](#); [11/14/2014](#)

- **Additional Resources from CCIIO/CMS – [web links updated December 2014]**

- [Regulations and Guidance](#)
- [Fact Sheets & FAQs](#)
- [Letters and News Releases](#)
- [Other Exchange Resources](#)

- **Blueprint for Approval of Affordable Health Insurance Marketplaces** (Updated for 2014) -CMS/HHS – online at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS1254283.html> [Link updated 1/8/2014]
- **Health Insurance Exchanges Under the Patient Protection and Affordable Care Act (ACA)**. - On August 15, 2012, the *Congressional Research Service (CRS)* published a report that outlines the required minimum functions of the Marketplace, and explains how Marketplaces are expected to be established and administered under the ACA.

HHS 2014 State Profiles are available [here](#).

- Health Insurance Marketplace: Summary Enrollment Report
- Addendum to the Health Insurance Marketplace: Enrollment Report
- Second Addendum to the Health Insurance Marketplace Summary Enrollment Report
- Health Insurance Marketplace: Summary Enrollment Report: Infographic

National Totals	SBM States Totals			FFM States Totals																																															
Alabama (AL)	Alaska (AK)	Arizona	Arkansas (AR)	California (CA)	Colorado (CO)	Connecticut (CT)	Delaware (DE)	District of Columbia	Florida (FL)	Georgia (GA)	Hawaii (HI)	Idaho (ID)	Illinois (IL)	Indiana (IN)	Iowa (IA)	Kansas (KS)	Kentucky (KY)	Louisiana (LA)	Maine (ME)	Maryland (MD)	Massachusetts (MA)	Michigan (MI)	Minnesota (MN)	Mississippi (MS)	Missouri (MO)	Montana (MT)	Nebraska (NE)	Nevada (NV)	New Hampshire (NH)	New Jersey (NJ)	New Mexico (NM)	New York (NY)	North Carolina (NC)	North Dakota (ND)	Ohio (OH)	Oklahoma (OK)	Oregon (OR)	Pennsylvania (PA)	Rhode Island (RI)	South Carolina (SC)	South Dakota (SD)	Tennessee (TN)	Texas (TX)	Utah (UT)	Vermont (VT)	Virginia (VA)	Washington (WA)	West Virginia (WV)	Wisconsin (WI)	Wyoming (WY)	
50-State Profile data (pdf)			50-State Profile data (excel)																																																