



**Nebraska Department of Insurance
Affordable Care Act Impact Study**

Prepared for:
Nebraska Department of Insurance

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I. EXECUTIVE SUMMARY

The Nebraska Department of Insurance (NDOI) engaged Milliman, Inc. (Milliman) to update the demographic portion of a past study titled “Health Insurance Exchange Planning Overview and Recommendations”. The past study also included actuarial projections of the insured status of Nebraska’s population.

The current report provides a detailed overview of the 2014 and 2015 health insurance market in Nebraska and the potential impacts that the Federally Facilitated Marketplace (FFM) may have in the years following its introduction. The results shown in this report represent an estimate of the future market projections; and, there is still significant uncertainty surrounding these projections. This uncertainty stems from many sources, including the use of existing data sources with potential imperfections, evolving legislative, regulatory and judicial guidance, changing economic conditions, and unpredictable reactions of the many stakeholders within the health insurance market. One or a combination of any of these factors could result in actual experience differing from our projections.

The current report is subject to the caveats and limitations described in Section III of this report. In addition, readers should not solely rely on the following executive summary, but should instead consider the entirety of the full report prior to drawing any conclusions.

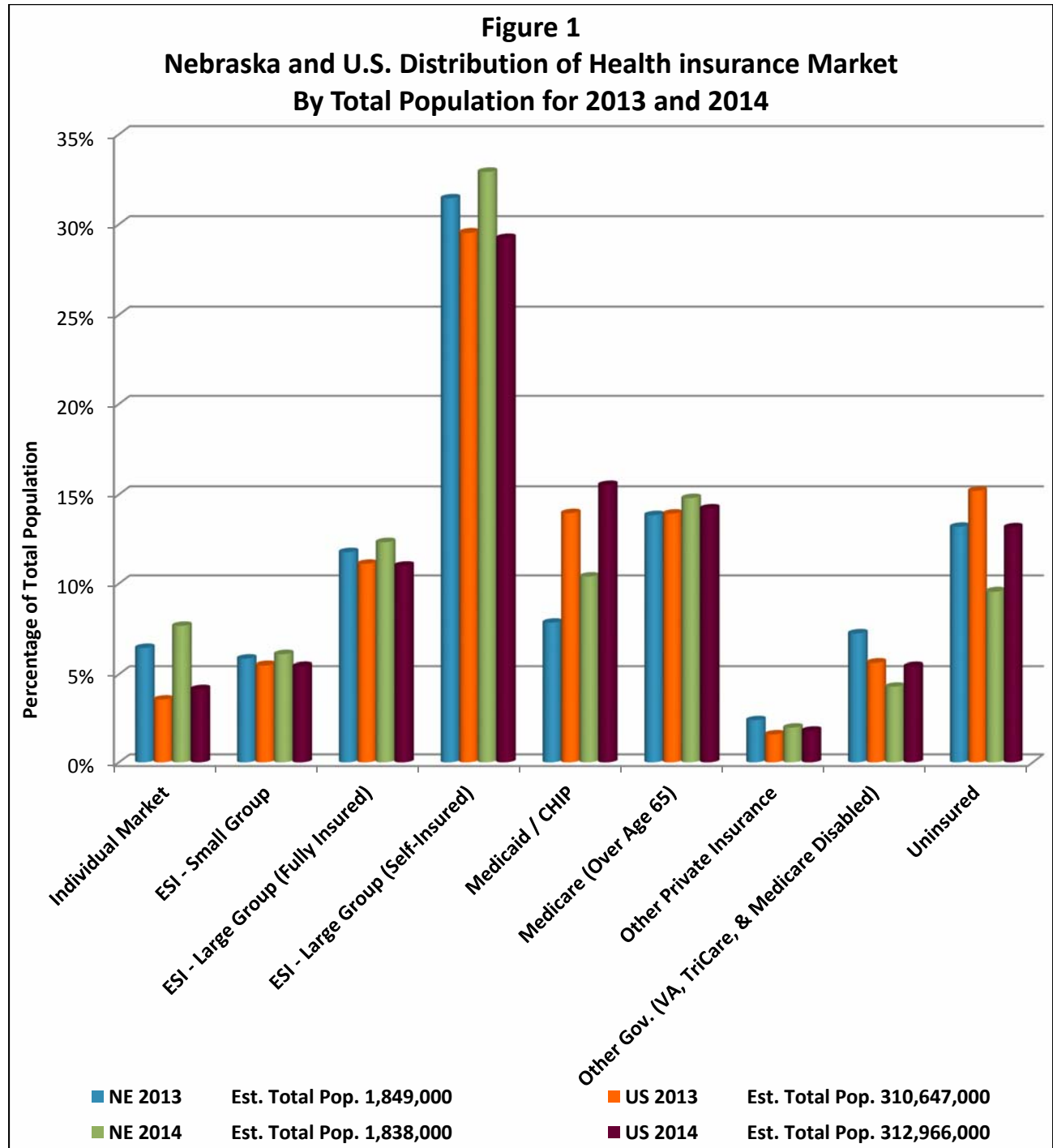
AFFORDABLE CARE ACT (ACA)

The ACA requires health insurance plans both inside and outside the FFM and Federally Facilitated Small-Business Health Options Program (FF-SHOP) to offer health insurance to individuals regardless of health status and to cover a minimal set of services. Health insurance premiums variations are now limited to age, location, family status, and tobacco usage. The ACA also introduced penalties to individuals for not obtaining health insurance coverage and to employers for not covering their full-time employees.

On November 14, 2013 the United State Federal Government announced that it would allow non-ACA compliant plans to continue into 2014 as long as they were purchased prior to January 1, 2014. More recently, this transitional policy was extended to allow these plans to exist until October 1, 2016. Each state was allowed to approve or deny the provision to allow transitional policies in their state. Nebraska has chosen to allow those who purchased and still hold health insurance plans prior to January 1, 2014 to continue to hold these plans until October 1, 2016.

The ACA also includes an option for states to expand their Medicaid programs. The possible expansion includes all U.S. citizens and qualified legal immigrants who are not eligible for Medicare and with household income up to 133% of the federal poverty level (FPL) based on modified adjusted gross income (MAGI), or 138% of FPL including a 5% income disregard. This report acknowledges that Nebraska is one of 19 states that declined to expand Medicaid.

The graph in Figure 1 shows the distribution of the health insurance market of Nebraska and the United States for calendar years 2013 and 2014. The percentage distribution is based on the total population for the particular year.



Source: U.S. Census: Current Population Survey (CPS). <http://www.census.gov/cps/data/cpstablecreator.html>

CHIP (Children’s Health Insurance Program)

VA (U.S. Department of Veterans Affairs)

Note: “Private” refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

KEY OBSERVATIONS

Some key observations regarding Nebraska's sources of health insurance coverage include:

- From 2013 to 2014, U.S. Census Data reported that the number of uninsured dropped by 26.4%. The entirety of this reduction cannot be attributed to the introduction of the FFM nor to the individual mandate, however the influence of the ACA was likely the primary reason for the decline.
- During that same time period, individual coverage for those inside and outside of the FFM increased by 21.4%. Participation in individual coverage increased in all income levels above 100% FPL.
- Premiums in the FFM increased significantly after the first open enrollment in 2014. From early 2014 to early 2015, the average premium offered in the FFM increased from 15% to 34% depending on the rating region.
- The FFM offers a new level of affordability for a subset of the population. In 2015, the average silver-tiered health insurance plan offered in the FFM for someone 40 years of age had a premium ranging from \$331.52 per month to \$369.06, as premiums vary by region within Nebraska. According to the Center for Medicare and Medicaid Services (CMS) Office of The Assistant Secretary for Planning and Evaluation (ASPE) Issue Brief released in March of 2015, of those that enrolled in the FFM 59% paid less than \$100 per month after considering federal premium subsidies, also known as advanced premium tax credits (APTC).¹
- According to U.S. Census Data, enrollment in individual coverage varied greatly by age. Between 2013 and 2014, the number covered by individual coverage between the age of 35 and 64 increased by 51% while enrollment decreased for those under the age of 35.
- Despite the individual mandate, federal subsidies, and the FFM's introduction our projections estimate over 70,000 Nebraskans will remain uninsured by 2025 due to a number of factors. The most prominent of these factors include the presence of undocumented people living in Nebraska, the coverage gap for those under 100% FPL who do not qualify for Medicaid, and the presence of political and/or belief systems that do not permit health insurance coverage.

Implementation of the ACA, has impacted, and will continue to impact, how healthcare is accessed for a large number of Nebraska residents. While the exact impacts of the ACA are not known, this study uses a model developed by Milliman to illustrate the potential landscape of the Nebraska Health Insurance Market once aspects of both the FFM and FF-SHOP are established and enrollment has settled. Our estimates take into account the potential behavior of individuals and employers based on their income level, age, and health status.

¹ Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report
http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf

II. PURPOSE AND SCOPE OF THIS STUDY

While the full impact of the Affordable Care Act (ACA) is still unknown to a great extent, this study uses a model developed by Milliman to illustrate the potential landscape of the health insurance market after full implementation and effects of the ACA are realized. These estimates take into account the potential behavior of individuals and employers based on their income level, age, and health status. Health status is a relative measure that considers illness burden after controlling for other variables, including age/gender distribution, provider reimbursement levels, access to providers, and benefit plan coverage.

III. LIMITATIONS AND DATA RELIANCE FOR THIS STUDY

This report is intended to provide actuarial projections of health insurance coverage in the State of Nebraska in the years following the introduction of the ACA. It is Milliman's understanding that the Nebraska Department of Insurance (NDOI) will use this report to understand the potential impacts of the ACA on certain NDOI programs and the services they provide. The report may not be suitable for other purposes. This report has been prepared solely for the internal use of, and is only to be relied upon by, the NDOI. Although Milliman understands that this report may be distributed to third parties, Milliman does not intend to benefit, or create a legal duty to, any third party recipient of its work. If this report is distributed to third parties, it should be distributed only in its entirety.

The results in this report are technical in nature and dependent upon specific assumptions and methods. No party should rely upon this report without a thorough understanding of those assumptions and methods.

Differences between the projections contained in this analysis and actual future experience depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual experience will deviate from these projections because of a variety of influences, including emerging experience, changes in enrollee and eligible activities, changes in health insurance products and practices, and adjustments to reflect new regulations.

The projections included in this report are based on Milliman's understanding of the ACA and its associated regulations issued to date. Forthcoming ACA-related regulations and additional legislation may materially change the impact of the ACA, necessitating an update to the projections included in this report. For this reason, this report should be considered time-sensitive material, which may change as new information becomes available.

In developing the projections, Milliman relied on data and other information provided by NDOI, Nebraska's health insurance carriers and other public sources of information. Milliman did not audit or verify this data and other information. Milliman performed a limited review of the data used directly in its analysis for reasonableness and consistency. If the underlying data or information is inaccurate or incomplete, the results of the analysis may likewise be inaccurate or incomplete.

Milliman's consultants are not attorneys and are not qualified to give legal advice. Milliman recommends that users of this report consult with their own legal counsel regarding interpretation of legislation and administrative rules, possible implications of specific ACA-required features, or other legal issues related to the implementation of an ACA-compliant entity.

IV. AFFORDABLE CARE ACT (ACA)

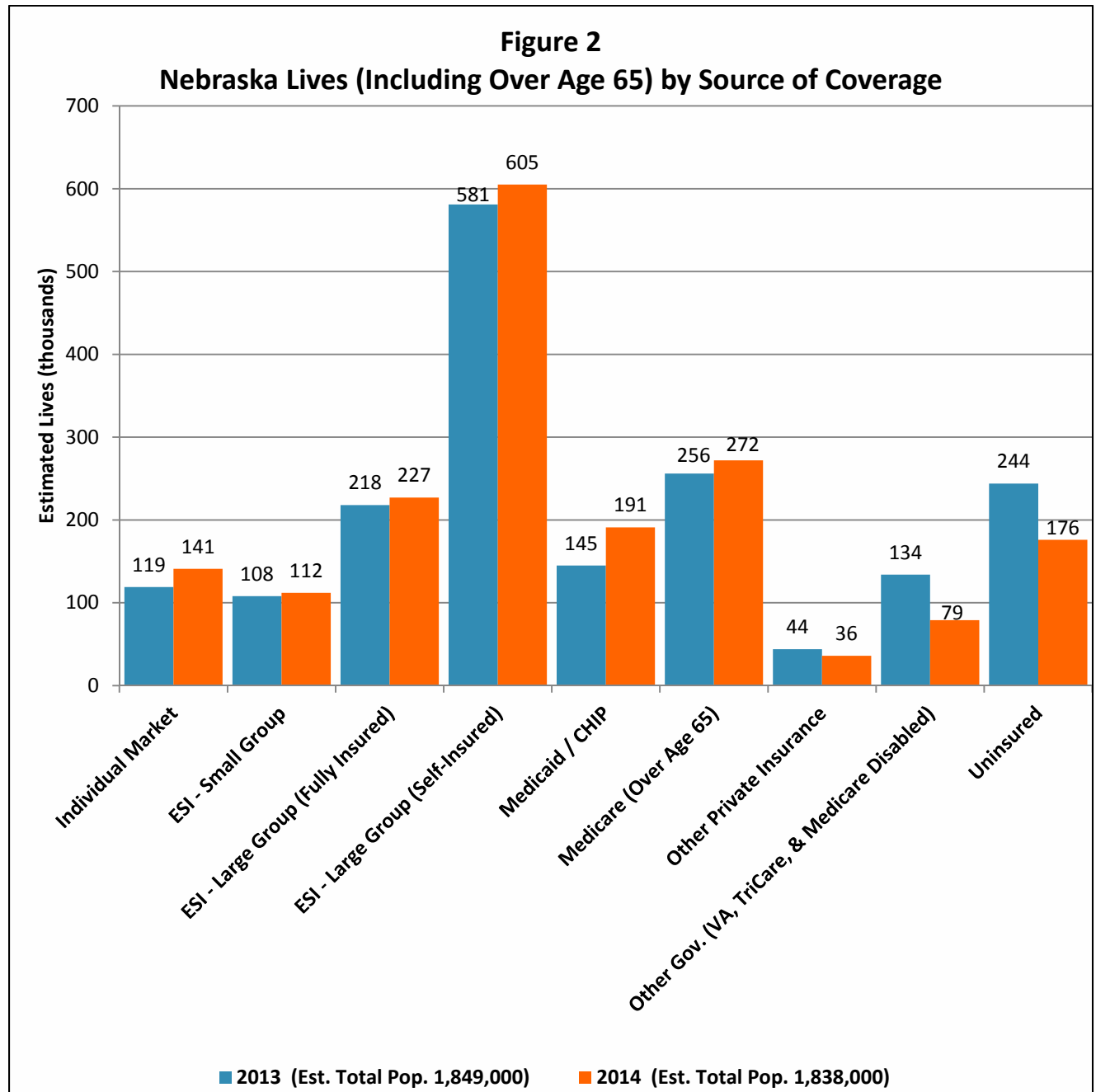
The primary ACA requirements for the commercial employer-sponsored health insurance (ESI) small group and individual health insurance markets, both inside and outside the Federally Facilitated Marketplace (FFM), include:

- Guaranteed issue of health insurance coverage regardless of preexisting medical conditions or health status.
- Adjusted community rating with premium rate variations only for benefit plan design, geographic location, age rating (limited to ratio of 3:1), family status, and tobacco usage (limited to ratio of 1.5:1).
- Premium rate consistency among plans offered inside and outside the FFM.
- Definition and requirements of the Essential Health Benefits (EHB) which are necessary for a plan to be considered qualified health insurance.
- Individual tax penalty if not covered by minimum essential health insurance coverage. The tax penalty is the larger of 1% of household income or \$95 per year for an uninsured adult in 2014, the larger of 2% of household income or \$325 per year for an uninsured adult in 2015. The penalty then increases to the larger of 2.5% of household income or \$695 in 2016 and then remains at that level. Each uninsured child in the household is penalized half as much. **Note a delay has been introduced for this rule allowing health insurance companies to continue plans that do not meet these requirements into 2016 to those that were already enrolled in the plans by January, 2014. The EHBs will be required for all plans renewed on or after October 1, 2016.**
- Employer tax penalty if not offering qualified health insurance coverage (groups under 50 employees are exempt). The employer tax penalty is designed to penalize companies of a particular size for not providing health insurance to its full time workers. The penalty can vary from \$2,000 to \$3,000 for each employee that receives a federal subsidy for coverage per year. **Note the implementation of this penalty was recently delayed until 2015 for large employers. Employers with between 50 and 99 employees are exempt until their plan year starting in 2016.**

V. CURRENT NEBRASKA POPULATION DATA

a. Current Health Insurance Status of Population in Nebraska

Figure 2 depicts the comparison between 2013 (pre-ACA) and 2014 (post-ACA) Nebraska population (including over age 65) by source of health insurance coverage.



Source: U.S. Census: Current Population Survey (CPS). <http://www.census.gov/cps/data/cpstablescreator.html>

CHIP (Children’s Health Insurance Program)

VA (U.S. Department of Veterans Affairs)

Note: “Private” refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

Employer coverage is comprised of small groups under 50 employees and large groups over 50 employees. Large group contains both fully insured and self-insured groups. From the Center for Medicare and Medicaid Services (CMS) Medical Loss Ratio (MLR) data, Milliman derived a ratio to break down the employer category into small group, large group fully insured, and large group self-insured. For the small group, Milliman used the ratio of the total number of covered lives from the MLR small group data set to the total covered by employers. Likewise Milliman derived the ratio for large group fully insured in the same manner. To determine the percentage for large group self-insured, Milliman subtracted both the small group and large group fully insured percentages from the total covered by employers from U.S. Census Data. All three of these ratios have been applied to Figures 1-6 to determine the population in the categories of small group, large group fully insured, and large group self-insured.

Figure 3 provides the total market population and the percentage of the total population for each health insurance market for Nebraska and the United States.

Figure 3								
Nebraska (NE) and United States (US) Population (Including Over Age 65)								
By Market Population and Percentage of Total Population								
Calendar Year 2013 (pre-ACA) & 2014 (post-ACA)								
Market	2013		2013 (%)		2014		2014 (%)	
	NE	US	NE	US	NE	US	NE	US
Individual	118,897	11,079,447	6.4%	3.6%	141,412	13,024,369	7.7%	4.2%
Small Group (0-50)	107,828	17,046,417	5.8%	5.5%	112,270	17,012,181	6.1%	5.4%
Large Group (51+)*								
Fully Insured	218,131	34,484,065	11.8%	11.1%	227,116	34,414,807	12.4%	11.0%
Self-Insured	580,595	91,785,615	31.4%	29.5%	604,512	91,601,272	32.9%	29.3%
Medicaid/CHIP	145,308	43,374,117	7.9%	14.0%	190,827	48,597,331	10.4%	15.5%
Medicare (Aged)	256,341	43,287,435	13.9%	13.9%	271,624	44,507,600	14.8%	14.2%
Private	44,316	4,879,275	2.4%	1.6%	35,895	5,579,654	2.0%	1.8%
Other Government**	133,835	17,474,910	7.2%	5.6%	78,637	17,004,390	4.3%	5.4%
Uninsured	243,552	47,236,398	13.2%	15.2%	176,167	41,223,695	9.6%	13.2%
Total	1,848,803	310,647,679			1,838,460	312,965,299		

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablecreator.html>

* Large Group is broken down into Fully Insured and Self-Insured.

** Includes VA, TriCare, and Medicare Disabled.

Note: "Private" refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

Compared to the national average, Nebraska had a larger percentage of the population attain their insurance coverage through individual coverage, and in 2014 the size of the individual market increased at a higher rate in Nebraska. The uninsured rate in Nebraska decreased by 3.6% from 2013 to 2014 compared to a 2.0% decrease in the national uninsured rate. Future census data will better discern the actual reduction in uninsured rate realized in 2014 from statistical noise.

Figure 4 provides a breakdown on the estimated distribution of Nebraska’s population (including over age 65) across health insurance coverage sources, sorted by FPL) for calendar years 2013 (pre-ACA) and 2014 (post-ACA).

Figure 4												
Nebraska Population (Including Over Age 65)												
By Type of Insurance and FPL Percentage of Yearly Total												
Calendar Year 2013 (pre-ACA) & 2014 (post-ACA)												
Market	Under 100%		100%-199%		200%-299%		300%-399%		400%+		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Individual	7.2%	4.5%	5.9%	6.4%	3.7%	5.6%	5.9%	8.2%	7.9%	10.2%	118,897	141,412
Small Group (0-50)	1.0%	1.4%	3.5%	3.2%	5.7%	6.5%	7.4%	7.1%	7.8%	8.2%	107,828	112,270
Large Group (51+)*												
Fully Insured	2.0%	2.9%	7.0%	6.5%	11.5%	13.1%	15.0%	14.4%	15.7%	16.6%	218,131	227,116
Self-Insured	5.4%	7.6%	18.7%	17.3%	30.7%	34.9%	40.0%	38.4%	41.9%	44.2%	580,595	604,512
Medicaid/CHIP**	29.6%	35.1%	10.8%	21.3%	7.0%	6.8%	2.4%	5.3%	2.3%	2.1%	145,308	190,827
Medicare (Aged)	9.1%	14.3%	16.3%	18.5%	17.3%	17.3%	13.0%	12.3%	13.2%	12.9%	256,341	271,624
Private	5.9%	5.2%	3.8%	4.3%	1.2%	1.8%	1.8%	0.7%	1.4%	0.5%	44,316	35,895
Other Government***	12.7%	8.7%	9.4%	3.7%	7.2%	4.8%	7.3%	4.9%	4.6%	2.6%	133,835	78,637
Uninsured	27.1%	20.3%	24.6%	18.9%	15.7%	9.1%	7.1%	8.6%	5.2%	2.7%	243,552	176,167
Total	226,318	202,324	302,271	306,822	315,019	366,455	304,518	296,776	700,675	666,085	1,848,803	1,838,460

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablecreator.html>

* Large Group is broken down into Fully Insured and Self-Insured.

** Self-reported insurance status from U.S. Census Data includes those who register as Medicaid enrollees and report incomes higher than Medicaid eligibility requirements allow. For this reason, those above 300% FPL in Medicaid should be disregarded.

*** Includes VA, TriCare, and Medicare Disabled.

Note: "Private" refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

Figure 4 shows a decrease in the number of uninsured in Nebraska by over 67,000 (27%) from 2013 to 2014. A number of these people moved to individual and Medicaid coverage as can be seen by the increases of 22,515 (19%) and 45,519 (31%), respectively. Note that not all of the change from 2013 to 2014 should be attributed to the opening of the FFM or the introduction of the individual mandate.

Figure 5 provides a breakdown on the estimated distribution of Nebraska’s population (including over age 65) across health insurance coverage sources, sorted by family size percentage for calendar years 2013 (pre-ACA) and 2014 (post-ACA).

Figure 5														
Nebraska Population (Including Over Age 65)														
By Type of Insurance and Family Size Percentage of Yearly Total														
Calendar Year 2013 (pre-ACA) & 2014 (post-ACA)														
Market	1		2		3		4		5		6+		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Individual	5.8%	4.1%	4.0%	9.9%	6.5%	7.0%	7.1%	11.2%	9.6%	6.3%	9.7%	5.9%	118,897	141,412
Small Group (0-50)	4.3%	4.7%	5.3%	4.7%	6.6%	7.2%	7.5%	7.8%	6.5%	7.5%	5.5%	6.7%	107,828	112,270
Large Group (51+)**														
Fully Insured	8.7%	9.4%	10.7%	9.5%	13.3%	14.5%	15.1%	15.7%	13.2%	15.1%	11.2%	13.5%	218,131	227,116
Self-Insured	23.0%	25.0%	28.4%	25.3%	35.4%	38.5%	40.1%	41.9%	35.0%	40.3%	29.8%	35.8%	580,595	604,512
Medicaid/CHIP	2.1%	3.5%	4.6%	4.4%	12.6%	18.7%	10.8%	11.7%	13.4%	13.8%	8.7%	23.5%	145,308	190,827
Medicare (Aged)	26.5%	23.9%	28.7%	33.3%	3.6%	4.4%	1.2%	2.8%	1.8%	0.3%	0.5%	0.4%	256,341	271,624
Private	8.4%	7.6%	1.2%	0.8%	1.7%	0.7%	0.5%	0*	1.0%	0*	0*	0*	44,316	35,895
Other Gov.***	4.9%	5.1%	6.0%	5.6%	8.0%	1.5%	7.0%	1.6%	11.8%	7.4%	9.5%	3.9%	133,835	78,637
Uninsured	16.3%	16.6%	11.1%	6.3%	12.3%	7.5%	10.8%	7.4%	7.7%	9.2%	25.0%	10.3%	243,552	176,167
Total	352,178	392,667	500,324	466,430	307,514	262,628	320,045	329,611	197,280	230,729	171,462	156,395	1,848,803	1,838,460

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablecreator.html>

* When splitting U.S. Census Data into increasingly smaller/more specific subsets, some zeroes occur. These occurrences should be considered data anomalies and should not influence the reader's conclusions.

** Large Group is broken down into Fully Insured and Self-Insured.

*** Includes VA, TriCare, and Medicare Disabled.

Note: "Private" refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

The number of zeroes in Figure 5 demonstrates the lack of data available for the smallest breakdowns of U.S. Census Data. For this reason, the data presented on the larger families in Figure 5 should be interpreted with caution.

Figure 6 provides a breakdown on the estimated distribution of Nebraska’s population (including over age 65) across health insurance coverage sources, sorted by age range for calendar years 2013 (pre-ACA) and 2014 (post-ACA).

Figure 6																
Nebraska Population (Including Over Age 65)																
By Type of Insurance and Age Range Percentage of Yearly Total																
Calendar Year 2013 (pre-ACA) & 2014 (post-ACA)																
Market	Under 19		19-24		25-34		35-44		45-54		55-64		65+		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Individual	7.6%	7.1%	5.4%	6.1%	7.1%	5.8%	5.3%	9.0%	7.0%	12.3%	11.8%	15.6%	-	-	118,897	141,412
Small Group (0-50)	5.9%	6.7%	5.3%	6.0%	6.8%	7.3%	7.5%	7.6%	8.9%	8.4%	6.9%	7.0%	-	-	107,828	112,270
Large Group (51+)**																
Fully Insured	11.9%	13.6%	10.7%	12.1%	13.9%	14.7%	15.1%	15.4%	17.9%	17.0%	14.0%	14.2%	-	-	218,131	227,116
Self-Insured	31.6%	36.3%	28.5%	32.1%	36.9%	39.2%	40.3%	41.0%	47.7%	45.3%	37.3%	37.7%	-	-	580,595	604,512
Medicaid/CHIP	22.7%	27.7%	3.9%	7.6%	6.2%	7.1%	4.0%	4.8%	0.9%	2.8%	1.6%	5.0%	-	-	145,308	190,827
Medicare (Aged)	-	-	-	-	-	-	-	-	-	-	-	-	100%	100%	256,341	271,624
Private	0.6%	0.1%	19.2%	15.3%	2.2%	3.4%	-	0.8%	0.3%	0.3%	-	0.4%	-	-	44,316	35,895
Other Gov.***	9.7%	3.4%	3.3%	1.1%	6.0%	3.2%	6.6%	6.3%	8.1%	5.4%	14.4%	11.8%	-	-	133,835	78,637
Uninsured	10.1%	5.0%	23.6%	19.7%	20.9%	19.4%	21.2%	15.1%	9.2%	8.5%	14.1%	8.3%	-	-	243,552	176,167
Total	476,648	478,862	183,875	152,105	252,162	261,899	214,444	224,029	238,705	234,335	226,625	215,609	256,341	271,624	1,848,803	1,838,460

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablecreator.html>

* When splitting U.S. Census Data into increasingly smaller/more specific subsets, some zeroes occur. These occurrences should be considered data anomalies and should not influence the reader’s conclusions.

** Large Group is broken down into Fully Insured and Self-Insured.

*** Includes VA, TriCare, and Medicare Disabled.

Note: “Private” refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

From 2013 to 2014, the primary driver of the growing individual market was those between the age of 35 and 65. This is significant for a number of reasons. The cost to insure those signing up for coverage in the FFM may be higher than originally estimated if the newly insured are older than initially anticipated. The Federal Government requires that age rating be limited to a 3 to 1 ratio meaning the oldest in the exchange can only be charged 3 times more than 21 year olds. Without the younger population subsidizing the costs of the older population, the premiums in the FFM would need to increase.

One purpose of the individual mandate is to increase the incentive for younger adults to attain health insurance coverage. As the tax penalties associated with the individual mandate increase, it may drive a more reluctant younger population to the FFM in the next few years. This later migration would have a stabilizing effect on health insurance premiums.

Figure 7 provides a breakdown on the estimated distribution of Nebraska’s population (including over age 65) across health insurance coverage sources, categorized by race/ethnicity for calendar years 2013 (pre-ACA) and 2014 (post-ACA).

Figure 7												
Nebraska Population (Including Over Age 65)												
By Type of Insurance and Race/Ethnicity Percentage of Yearly Total												
Calendar Year 2013 (pre-ACA) & 2014 (post-ACA)												
Market	White		Black/African American		Hispanic		Multiracial, Non-Hispanic		All Other		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Individual	7.5%	8.4%	1.3%	6.4%	2.7%	4.7%	4.2%	3.9%	3.1%	4.9%	118,897	141,412
Small Group (0-50)	6.2%	6.4%	4.4%	4.2%	4.3%	5.3%	2.4%	5.8%	5.5%	4.7%	107,828	112,270
Large Group (51+)**												
Fully Insured	12.6%	12.9%	8.8%	8.6%	8.7%	10.7%	4.9%	11.7%	11.1%	9.5%	218,131	227,116
Self-Insured	33.5%	34.3%	23.5%	22.8%	23.0%	28.6%	13.1%	31.2%	29.6%	25.2%	580,595	604,512
Medicaid/CHIP	5.4%	7.7%	17.8%	28.5%	10.3%	19.3%	63.9%	37.3%	20.4%	15.1%	145,308	190,827
Medicare (Aged)	16.5%	17.0%	8.3%	8.8%	3.6%	5.0%	2.3%	2.0%	4.1%	5.6%	256,341	271,624
Private	2.5%	2.3%	5.0%	0*	1.1%	1.0%	0*	0*	1.7%	0*	44,316	35,895
Other Gov.***	6.6%	3.9%	13.0%	7.5%	12.1%	5.9%	0*	0*	2.6%	5.5%	133,835	78,637
Uninsured	9.3%	7.2%	17.8%	13.2%	34.3%	19.5%	9.2%	8.0%	22.0%	29.5%	243,552	176,167
Total	1,441,835	1,473,353	78,745	65,904	214,592	218,265	20,004	20,388	93,625	60,548	1,848,803	1,838,460

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablescreator.html>

* When splitting U.S. Census Data into increasingly smaller/more specific subsets, some zeroes occur. These occurrences should be considered data anomalies and should not influence the reader’s conclusions.

** Large Group is broken down into Fully Insured and Self-Insured.

*** Includes VA, TriCare, and Medicare Disabled.

Note: “Private” refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

From 2013 to 2014, Figure 7 shows a decrease in the number of uninsured across all defined races. The largest percentage decrease in the uninsured rate occurred in the Black/African American and Hispanic races (26% and 43%, respectively).

Figure 8 provides a breakdown on the estimated distribution of Nebraska’s population (including over age 65) across health insurance coverage sources, categorized by employment status for calendar years 2013 (pre-ACA) and 2014 (post-ACA).

Figure 8								
Nebraska Population (Including Over Age 65)								
By Type of Insurance and Employment Percentage of Yearly Total								
Calendar Year 2013 (pre-ACA) & 2014 (post-ACA)								
Market	Employed		Unemployed		Not in Labor Force		Total	
	2013	2014	2013	2014	2013	2014	2013	2014
Individual	7.4%	9.8%	1.2%	4.9%	5.4%	5.1%	118,897	141,412
Small Group (0-50)	7.4%	7.4%	3.0%	4.8%	4.0%	4.5%	107,828	112,270
Large Group (51+)*								
Fully Insured	15.0%	15.0%	6.1%	9.7%	8.1%	9.2%	218,131	227,116
Self-Insured	39.9%	39.8%	16.2%	25.9%	21.6%	24.5%	580,595	604,512
Medicaid/CHIP	2.5%	3.3%	10.6%	16.7%	14.4%	18.9%	145,308	190,827
Medicare (Aged)	7.4%	7.0%	9.3%	9.9%	22.1%	24.7%	256,341	271,624
Private	2.9%	3.2%	9.9%	2.7%	1.5%	0.4%	44,316	35,895
Other Gov.**	3.5%	2.7%	9.4%	7.4%	11.8%	6.1%	133,835	78,637
Uninsured	14.1%	11.7%	34.3%	18.0%	11.1%	6.5%	243,552	176,167
Total	1,004,064	1,002,185	36,270	36,264	808,470	800,013	1,848,803	1,838,460

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablecreator.html>

* Large Group is broken down into Fully Insured and Self-Insured.

** Includes VA, TriCare, and Medicare Disabled.

Note: "Private" refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

Figure 8 shows a reduction in the uninsured rate regardless of employment status. Interestingly, the population not in the labor force showed a reduction of those covered by individual coverage, though this may be the result of these individuals going back into the labor force.

b. Current Health Status of Population in Nebraska

Figures 9A and 9B provide a breakdown of the estimated health status of Nebraska's population compared to the United States population (including over age 65), across health insurance coverage sources by FPL for calendar years 2013 (pre-ACA) and 2014 (post-ACA).

The U.S. Census Current Population Survey (CPS) classifies an individual's health status as excellent, very good, good, fair, or poor. In a proprietary report, Milliman derived a morbidity ratio based on the U.S. Census's self-reported health status. Milliman used the weighted average of the health status in each category to develop Figures 9A and 9B. This calculation is taking the sum of, the product of the number in each health status category and the corresponding morbidity ratio, then dividing the result by the total in that category. The lower the morbidity factor result, the closer it is to a health status of excellent. As an example from Figure 9A, if we compare the morbidity factor for Nebraska of "Private Market Under 100%" to "Other Gov. Market Under 100%", the result is that individuals in the "Private Market Under 100%" have a lower morbidity rating and an expected lower cost of care. A morbidity factor cannot have a value of zero.

Figure 9A										
Nebraska (NE) and United States (US) Population (Including Over Age 65)										
By Morbidity Ratio and FPL										
Calendar Year 2013 (pre-ACA)										
Market	Under 100%		100%-199%		200%-299%		300%-399%		400%+	
	NE	US	NE	US	NE	US	NE	US	NE	US
Individual	0.837	0.881	0.855	0.859	0.665	0.772	0.545	0.739	0.641	0.740
Employer*	0.708	0.883	0.712	0.803	0.714	0.798	0.820	0.757	0.687	0.690
Medicaid/CHIP**	0.843	1.132	0.806	1.030	0.717	0.985	0.895	1.041	0.884	0.990
Medicare (Aged)	2.223	2.294	1.625	2.048	1.573	1.740	1.567	1.630	1.039	1.289
Private	0.526	0.683	0.662	0.751	0.595	0.744	0.609	0.667	0.468	0.715
Other Gov.	1.445	2.518	1.816	2.373	1.348	1.779	0.890	1.624	0.990	1.243
Uninsured	0.963	1.155	0.902	1.017	0.927	0.941	1.222	0.899	0.785	0.839

Figure 9B										
Nebraska (NE) and United States (US) Population (Including Over Age 65)										
By Morbidity Ratio and FPL										
Calendar Year 2014 (post-ACA)										
Market	Under 100%		100%-199%		200%-299%		300%-399%		400%+	
	NE	US	NE	US	NE	US	NE	US	NE	US
Individual	1.100	0.842	0.835	0.873	0.588	0.791	0.609	0.801	0.759	0.708
Employer*	0.976	0.934	0.693	0.833	0.782	0.786	0.695	0.768	0.660	0.699
Medicaid/CHIP**	1.125	1.178	0.834	0.988	0.921	1.005	0.826	0.955	0.689	1.024
Medicare (Aged)	1.478	2.239	2.070	2.092	1.820	1.755	1.614	1.611	0.954	1.321
Private	0.523	0.734	0.821	0.695	0.664	0.690	0.431	0.682	0.550	0.603
Other Gov.	2.243	2.598	2.104	2.398	1.252	1.708	0.812	1.541	1.515	1.167
Uninsured	1.121	1.178	0.661	0.966	1.257	0.970	0.716	0.875	0.529	0.832

Source: U.S. Census: Current Population Survey. <http://www.census.gov/cps/data/cpstablecreator.html>

* Includes Large and Small Group. Milliman was unable to attain Morbidity Factors for Large and Small Groups separately.

** Self-reported insurance status from U.S. Census Data includes those who register as Medicaid enrollees and report incomes higher than Medicaid eligibility requirements allow. For this reason, those above 300% FPL in Medicaid should be disregarded.

Note: "Private" refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

c. Health insurance Coverage Affordability in Nebraska

Figure 10 compares the premiums offered by metal tier, for an individual age 40, in Nebraska’s rating regions for 2014 and 2015. The following was derived from Healthcare.gov’s database of available health plans in Nebraska’s FFM. For counties and zip codes associated with each rating region, please reference Appendix B.

Figure 10							
Premiums Offered - Individual Adult Age 40							
Rating Region	Metal Tier	Ave. Premium Offered		Min. Premium Offered		Max. Premium Offered	
		2014	2015	2014	2015	2014	2015
1	Bronze	\$245.63	\$275.40	\$197.04	\$202.83	\$283.38	\$328.92
	Silver	\$303.59	\$331.52	\$256.25	\$259.07	\$369.56	\$427.79
	Gold	\$352.52	\$400.85	\$307.07	\$305.76	\$401.96	\$485.00
	Platinum	\$406.08	\$530.17	\$406.08	\$530.17	\$406.08	\$530.17
	Catastrophic	\$190.60	\$188.66	\$138.42	\$188.66	\$233.24	\$188.66
2	Bronze	\$245.26	\$286.30	\$197.04	\$209.23	\$283.38	\$326.30
	Silver	\$289.59	\$351.20	\$234.82	\$267.24	\$354.92	\$427.79
	Gold	\$327.74	\$422.98	\$273.57	\$315.37	\$401.96	\$485.00
	Platinum	\$324.50	\$499.00	\$324.50	\$499.00	\$324.50	\$499.00
	Catastrophic	\$179.59	\$188.66	\$157.08	\$188.66	\$220.94	\$188.66
3	Bronze	\$243.73	\$295.54	\$186.95	\$236.06	\$283.38	\$347.33
	Silver	\$281.35	\$369.06	\$218.83	\$301.54	\$354.90	\$427.79
	Gold	\$317.37	\$444.28	\$254.96	\$355.84	\$401.96	\$489.99
	Platinum	\$302.41	\$559.88	\$302.41	\$559.88	\$302.41	\$559.88
	Catastrophic	\$174.75	\$188.66	\$158.04	\$188.66	\$192.15	\$188.66
4	Bronze	\$244.95	\$285.47	\$186.49	\$242.61	\$283.38	\$326.30
	Silver	\$282.95	\$355.62	\$218.30	\$309.91	\$354.90	\$427.79
	Gold	\$318.65	\$425.36	\$209.96	\$365.71	\$401.96	\$485.00
	Platinum	\$301.66	++	\$301.66	++	\$301.66	++
	Catastrophic	\$175.94	\$188.66	\$162.41	\$188.66	\$192.15	\$188.66

Source: FFM data sets. <https://www.healthcare.gov/health-plan-information/>

++ Plans types not available in all regions.

Figure 11 compares the overall premiums offered for an individual adult age 40, in Nebraska’s Rating Regions for 2014 and 2015. The following was derived from Healthcare.gov’s database of available health plans in Nebraska’s FFM.

Figure 11						
Premiums Offered - Individual Adult Age 40						
Rating Region	Ave. Premium Offered		Min. Premium Offered		Max. Premium Offered	
	2014	2015	2014	2015	2014	2015
1	\$273.76	\$313.89	\$138.42	\$188.66	\$406.08	\$530.17
2	\$263.22	\$329.37	\$157.08	\$188.66	\$401.96	\$499.00
3	\$257.13	\$345.24	\$158.04	\$188.66	\$401.96	\$559.88
4	\$258.44	\$316.37	\$162.41	\$188.66	\$401.96	\$485.00

Source: FFM data sets. <https://www.healthcare.gov/health-plan-information/>

Figure 11 shows that there is little variance in the premium rates offered from region to region. It does however show a significant increase in the premiums from 2014 to 2015. The average premium offered increased from 15% to 34% varying by rating region. Earlier in this report, U.S. Census Data suggested that the majority of those signing up for FFM plans were over 35. An older less healthy population is likely a primary driver of the increased premiums. If the individual mandate performs as intended, it is assumed that the younger population will begin to enroll in FFM plans and slow the rate of premium inflation.

Figure 12 shows the enrollment by metal tier in 2014 and 2015 within the FFM. The following was derived from Healthcare.gov’s database of available health plans in Nebraska’s FFM.

Figure 12				
Metal Tier Enrollment				
Metal Tier	2014 Total	2014 % of Total	2015 Total*	2015 % of Total
Bronze	9,763	22.7%	25,130	33.9%
Silver	26,619	61.9%	43,792	59.1%
Gold	3,361	7.8%	4,444	6.0%
Platinum	2,555	5.9%	177	0.2%
Catastrophic	806	1.9%	611	0.8%
Total	42,975		74,152	

Source: Kaiser Family Foundation (KFF). <http://kff.org/state-category/health-reform/>

*Milliman applied the percentage of plans selected by metal tier, attained from KFF, to healthcare.gov’s total plans selected in Nebraska in 2015.

d. Carrier Market Share by Coverage Type

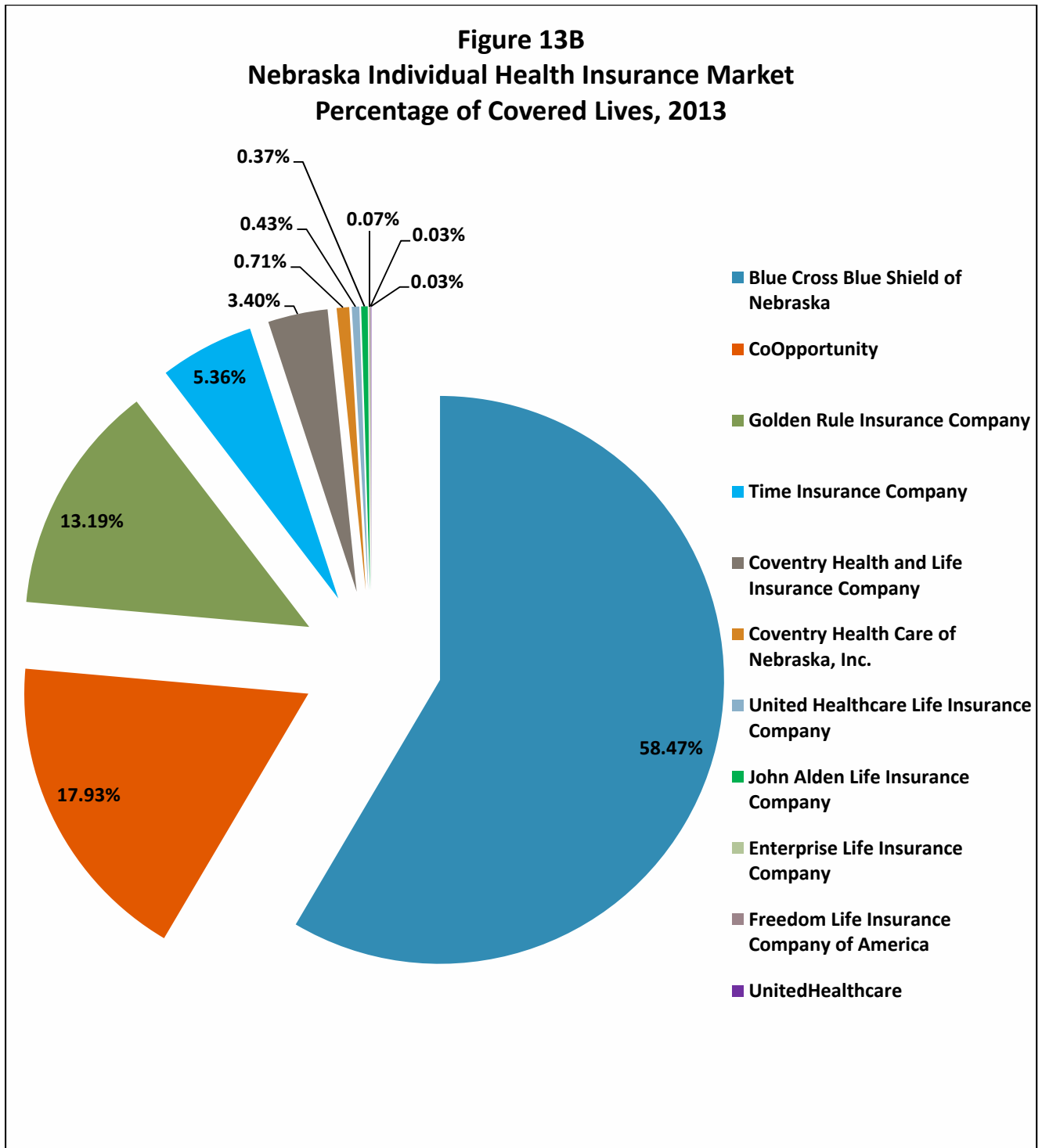
Figure 13A depicts health insurance providers for Nebraska within the individual health insurance market.

Figure 13A		
Individual Comprehensive Health Insurance Market		
Calendar Year 2013		
Carrier Name	Number of Covered Lives	Market Share Based on Covered Lives
Blue Cross & Blue Shield of Nebraska	86,846	58.47%
CoOpportunity	26,633	17.93%
Golden Rule Insurance Company	19,597	13.19%
Time Insurance Company	7,962	5.36%
Coventry Health and Life Insurance Company	5,049	3.40%
Coventry Health Care of Nebraska, Inc.	1,055	0.71%
United Healthcare Life Insurance Company	632	0.43%
John Alden Life Insurance Company	556	0.37%
Enterprise Life Insurance Company	108	0.07%
Freedom Life Insurance Company of America	41	0.03%
UnitedHealthcare	40	0.03%
Health Alliance Midwest, Inc.	0	0.00%
Total	148,519	100%

Source: MLR reporting data by CMS. <http://www.cms.gov/apps/mlr/>

Figure 13A uses the latest available CMS MLR data describing covered lives in calendar year 2013. A number of health insurance companies have merged or discontinued offering plans entirely. Notably, CoOpportunity has become insolvent and left the individual health insurance market, and Time Insurance Company and John Alden Life Insurance Company are entering bankruptcy.

Figure 13B shows the data from Figure 13A in graphical form.



Note: Health Alliance Midwest, Inc. reported '0' covered lives in the Individual Market.

Source: MLR reporting data by CMS. <http://www.cms.gov/apps/mlr/>

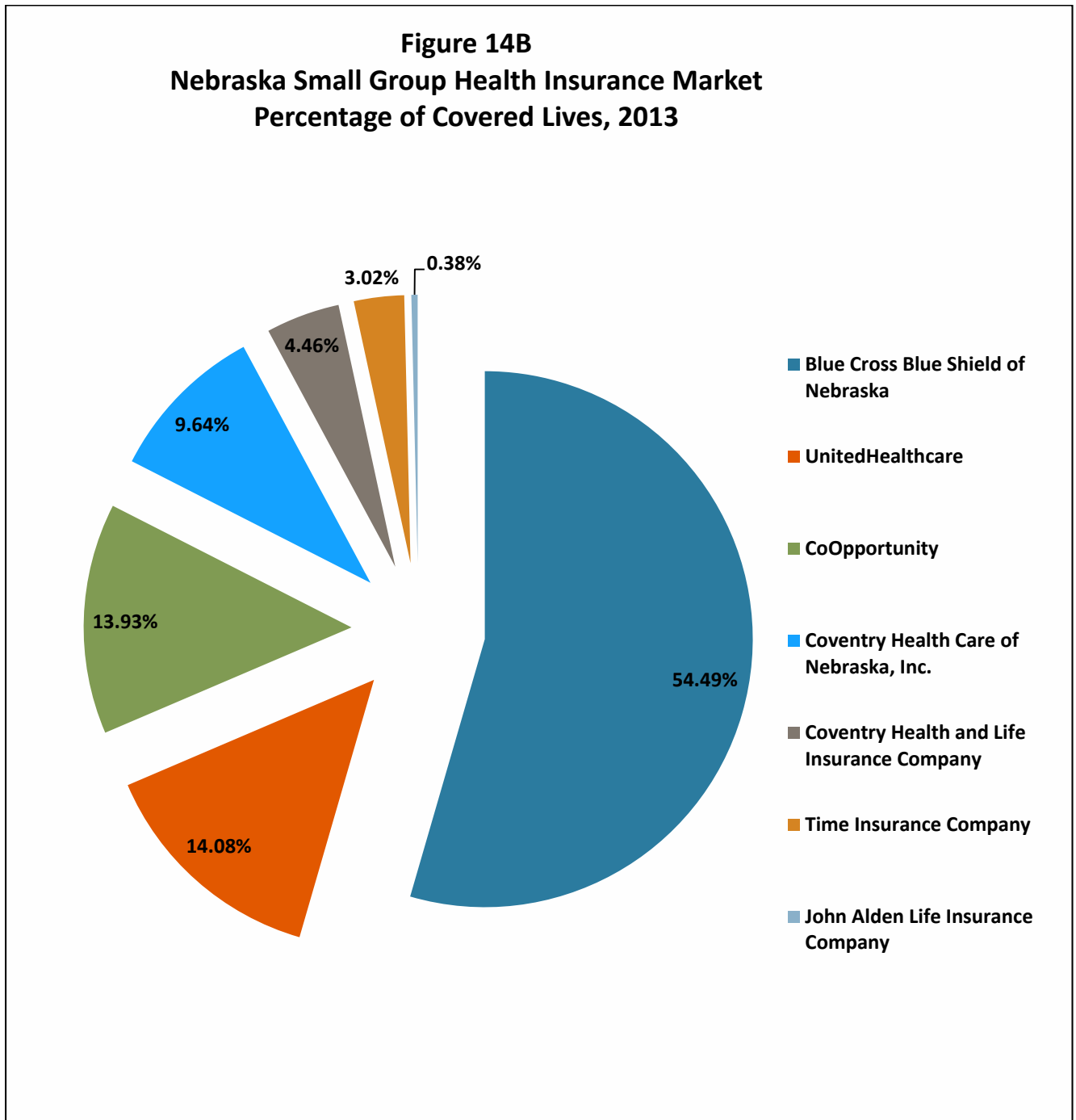
Figure 14A depicts health insurance providers for Nebraska within the small group health insurance market.

Figure 14A		
Small Group Comprehensive Health Insurance Market		
Calendar Year 2013		
Carrier Name	Number of Covered Lives	Market Share Based on Covered Lives
Blue Cross & Blue Shield of Nebraska	57,545	54.49%
UnitedHealthcare	14,869	14.08%
CoOpportunity	14,708	13.93%
Coventry Health Care of Nebraska, Inc.	10,180	9.64%
Coventry Health and Life Insurance Company	4,709	4.46%
Time Insurance Company	3,193	3.02%
John Alden Life Insurance Company	397	0.38%
Freedom Life Insurance Company of America	0	0.00%
Health Alliance Midwest, Inc.	0	0.00%
United Healthcare Life Insurance Company	0	0.00%
Golden Rule Insurance Company	0	0.00%
Enterprise Life Insurance Company	0	0.00%
Total	105,601	100%

Source: MLR reporting data by CMS. http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=NE&reporting_year=2013

Figure 14A uses the latest available CMS MLR data describing covered lives in calendar year 2013. A number of health insurance companies have merged or discontinued offering plans entirely. Notably, CoOpportunity has become insolvent and left the small group health insurance market, and Time Insurance Company and John Alden Life Insurance Company are entering bankruptcy.

Figure 14B shows the data from Figure 14A in graphical form.



Note: Freedom Life Insurance Company of America, Health Alliance Midwest Inc., United Healthcare Life Insurance Company, Golden Rule Insurance Company, and Enterprise Life Insurance Company all reported '0' covered lives in the Small Group Market.

Source: MLR reporting data by CMS. http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=NE&reporting_year=2013

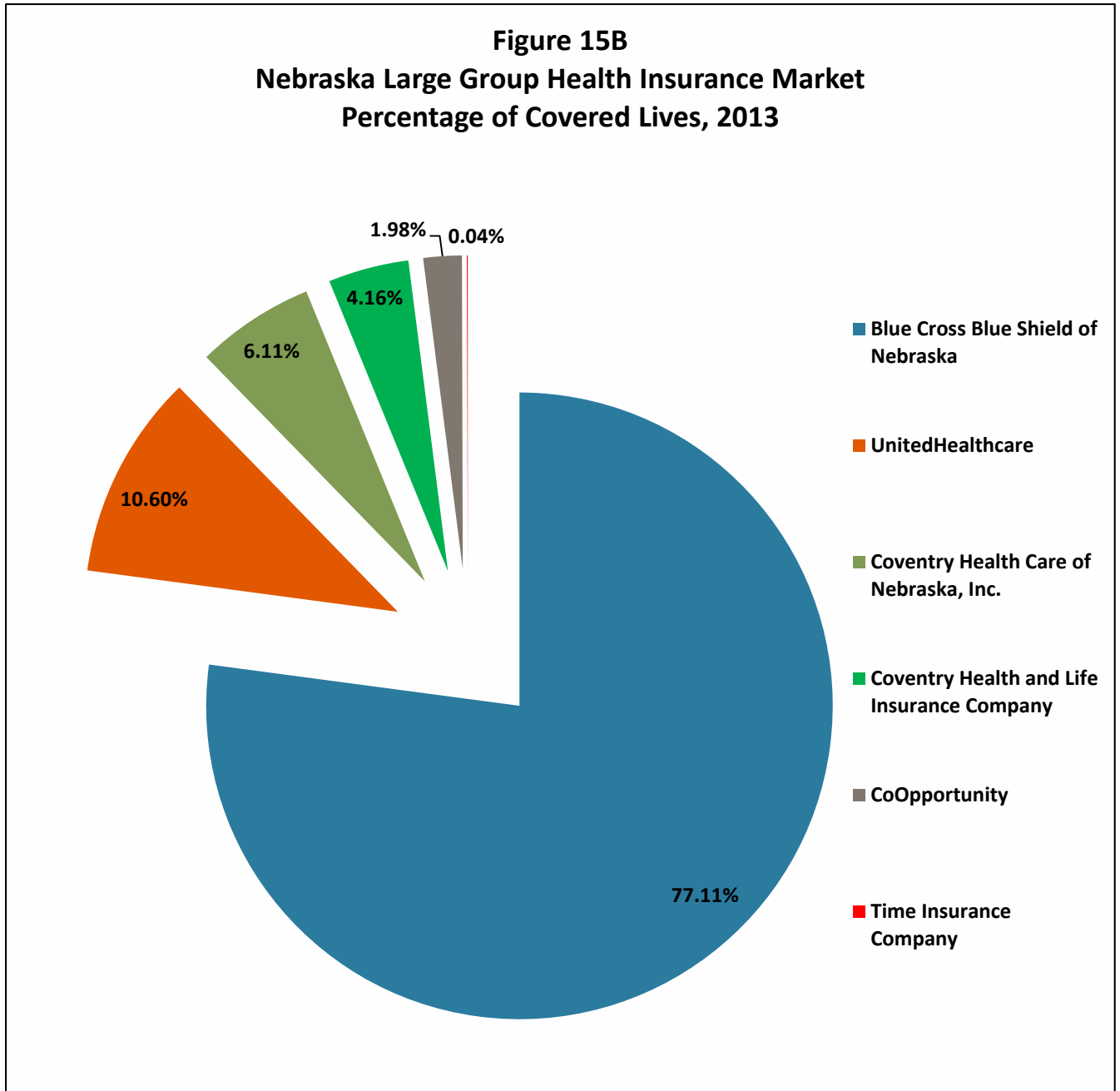
Figure 15 depicts health insurance providers for Nebraska within the large group health insurance market.

Figure 15A		
Large Group Comprehensive Health Insurance Market		
Calendar Year 2013		
Carrier Name	Number of Covered Lives	Market Share Based on Covered Lives
Blue Cross & Blue Shield of Nebraska	172,251	77.11%
UnitedHealthcare	23,679	10.60%
Coventry Health Care of Nebraska, Inc.	13,653	6.11%
Coventry Health and Life Insurance Company	9,295	4.16%
CoOpportunity	4,413	1.98%
Time Insurance Company	100	0.04%
John Alden Life Insurance Company	0	0.00%
Freedom Life Insurance Company of America	0	0.00%
Health Alliance Midwest, Inc.	0	0.00%
United Healthcare Life Insurance Company	0	0.00%
Golden Rule Insurance Company	0	0.00%
Enterprise Life Insurance Company	0	0.00%
Total	223,391	100%

Source: MLR reporting data by CMS. http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=NE&reporting_year=2013

Figure 15A uses the latest available CMS MLR data describing covered lives in calendar year 2013. A number of health insurance companies have merged or discontinued offering plans entirely. Notably, CoOpportunity has become insolvent and left the large group health insurance market, and Time Insurance Company is entering bankruptcy.

Figure 15B shows the data from Figure 15A in graphical form.



Note: John Alden Life Insurance Company, Freedom Life Insurance Company of America, Health Alliance Midwest Inc., United Healthcare Life Insurance Company, Golden Rule Insurance Company, and Enterprise Life Insurance Company all reported '0' covered lives in the Large Group Market.

Source: MLR reporting data by CMS. http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=NE&reporting_year=2013

e. Number Uninsured in Nebraska by Rating Region

Figures 16A and 16B show the total population of Nebraska with and without health insurance coverage by rating region in 2013 and 2014 respectively. The information in Figures 16A and 16B is the result of combining U.S. Census Data by county into each county’s corresponding FFM rating region. A breakdown of rating region by county is displayed in Appendix B.

Figure 16A							
Totals Within Rating Region (2013)							
Rating Region	Number of Counties	Total Pop. Per Rating Region	% Pop. Per Rating Region	Total With Health Ins.	% With Health Ins.	Total Without Health Ins.	% Without Health Ins.
1	8	781,640	43.5%	692,864	88.6%	88,776	11.4%
2	13	403,395	22.4%	363,441	90.1%	39,954	9.9%
3	44	444,053	24.7%	390,041	87.8%	54,012	12.2%
4	28	168,853	9.4%	146,791	86.9%	22,062	13.1%
Total	93	1,797,941	100%	1,593,137	88.6%	204,804	11.4%
Figure 16B							
Totals Within Rating Region (2014)							
Rating Region	Number of Counties	Total Pop. Per Rating Region	% Pop. Per Rating Region	Total With Health Ins.	% With Health Ins.	Total Without Health Ins.	% Without Health Ins.
1	8	792,034	43.7%	702,132	88.6%	89,902	11.4%
2	13	406,730	22.4%	365,144	89.8%	41,586	10.2%
3	44	445,545	24.6%	391,830	87.9%	53,715	12.1%
4	28	168,644	9.3%	146,254	86.7%	22,390	13.3%
Total	93	1,812,953	100%	1,605,360	88.5%	207,593	11.5%

Source: American FactFinder. <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

As Figures 16A and 16B show, the uninsured rate does not vary greatly by rating region. The higher uninsured rate of region 4 could be attributed to the increased variability of a smaller sample size as Region 4 only represents 9% of Nebraska’s population. It should be noted that these totals do not equal the totals presented in earlier figures due to the use of different sources.

f. Barriers to Coverage

The ACA has allowed some of the least healthy of Nebraska’s population to attain coverage by eliminating the underwriting of individual health insurance. In addition, the federal premiums tax credits and out-of-pocket subsidies have allowed individuals with lower incomes to obtain health coverage which was previously unaffordable. Despite these changes, there are still a number of barriers to affordable health services. For example, the ACA requires a minimum level of services be included in all qualified health plans. These benefits, termed essential health benefits, include services such as emergency services, maternity and newborn care, and mental health and substance use disorder services that tend to increase health insurance premiums. Other impediments to easily accessible and affordable health services include narrow networks that have been used by insurers in order to manage cost and the high deductibles and co-pays which, if not offset by federal subsidies, encourage insured individuals to skip needed services until an emergency develops.

Figure 17 shows the data for the most popular Blue Cross & Blue Shield individual FFM plan, by covered lives, for Nebraska in 2014. Data from Figures 17 through 19 was provided by Blue Cross & Blue Shield of Nebraska at the request of Milliman and the NDOI.

Figure 17									
SelectBluePlus Silver (2014)									
Benefit Option	Covered Lives			Premiums Per Member Per Month (PMPM)					
	Single Tier	Family Tier	Total	Single Tier	Family Tier	Total	Single Tier Average	Family Tier Average	Total Average
Option 1 (Ded. \$1500)	2,279	2,030	4,309	\$831,107	\$588,643	\$1,419,750	\$365	\$290	\$329
Option 2 (Ded. \$2000)	698	809	1,507	\$296,279	\$276,576	\$572,856	\$425	\$342	\$380
Total	2,976	2,839	5,816	\$1,127,386	\$865,220	\$1,992,606	\$379	\$305	\$343

Option 1 – SelectBluePlus \$1500 High Deductible Health Plan (HDHP) Silver

Option 2 – SelectBluePlus \$2000 Silver

Figure 18 shows the data for the second most popular Blue Cross & Blue Shield FFM individual plan, by covered lives, for Nebraska in 2014.

Figure 18									
SelectBluePlus Bronze (2014)									
Benefit Option	Covered Lives			Premiums PMPM					
	Single Tier	Family Tier	Total	Single Tier	Family Tier	Total	Single Tier Average	Family Tier Average	Total Average
Option 1 (Ded. \$4750)	913	683	1,597	\$268,751	\$144,198	\$412,949	\$294	\$211	\$259
Option 2 (Ded. \$2750)	313	349	662	\$90,353	\$74,328	\$164,681	\$288	\$213	\$249
Option 3 (Ded. \$4500)	59	98	157	\$21,756	\$24,903	\$46,659	\$368	\$255	\$298
Total	1,286	1,130	2,415	\$380,860	\$243,429	\$624,289	\$296	\$215	\$258

Option 1 – SelectBluePlus \$4750 HDHP Bronze

Option 2 – SelectBluePlus \$2750 HDHP Bronze

Option 3 – SelectBluePlus \$4500 Bronze

Figure 19 shows the data from the third most popular Blue Cross & Blue Shield individual FFM plan, by covered lives, for Nebraska in 2014.

Figure 19									
BlueEssentialsPlus Silver (2014)									
Benefit Option	Covered Lives			Premiums PMPM					
	Single Tier	Family Tier	Total	Single Tier	Family Tier	Total	Single Tier Average	Family Tier Average	Total Average
Option 1 (Ded. \$1900)	434	596	1,030	\$198,246	\$208,754	\$407,000	\$457	\$350	\$395
Option 2 (Ded. \$2500)	201	274	476	\$105,105	\$106,823	\$211,928	\$522	\$390	\$446
Total	635	870	1,506	\$303,351	\$315,577	\$618,928	\$478	\$363	\$411

Option 1 – BlueEssentialsPlus \$1900 HDHP Silver

Option 2 – BlueEssentialsPlus \$2500 Silver

The most popular silver-tier plans in Nebraska have deductibles ranging from \$1500 to \$2500. This is effectively lessened for certain income level families due to federal cost sharing reductions (CSR). CSR is available for those who receive a federal premium subsidy and earn between 100% and 250% FPL. CSR is only available on silver-tier plan designs.

The second most popular Blue Cross & Blue Shield of Nebraska plan is a bronze-tier plan with deductible options ranging from \$2750 to \$4750. These are deemed high deductible health plans, and while the middle to lower income population, 250% to 400% FPL, of Nebraska might appreciate the lower premiums from federal subsidies, many will have an issue with the high deductible as they are not eligible for federal CSR.

Another limiting factor to the effects of the ACA on the number of uninsured is the undocumented population in Nebraska. Those not in the country lawfully are not eligible to use the FFM. This population will likely remain uninsured for the foreseeable future. The number and demographics of the undocumented are displayed in the figures to follow.

Figure 20 shows the estimated undocumented population sorted by insured status for Nebraska in 2014.

Figure 20		
Estimated Undocumented Population 2014		
Insured Status	Total	% of Total
Insured	14,000	38%
Uninsured	23,000	62%
Total	37,000	100%

Source: Department of Homeland Security and other sources.

Figure 21 shows the estimated undocumented population sorted by FPL for Nebraska in 2014.

Figure 21		
Estimated Undocumented Population 2014		
FPL	Total	% of Total
Under 50%	5,000	14%
50%-99%	7,000	19%
100%-149%	7,000	19%
150%-199%	7,000	19%
200%+	11,000	30%
Total	37,000	100%

Source: Department of Homeland Security and other sources.

Figure 22 shows the estimated undocumented population sorted by Age Range for Nebraska in 2014.

Figure 22		
Estimated Undocumented Population 2014		
Age Range	Total	% of Total
Under 16	4,070	11%
16-24	7,030	19%
25-34	12,210	33%
35-44	8,510	23%
45-54	3,700	10%
55+	0	0%
Total	37,000	100%

Source: Department of Homeland Security and other sources.

Figure 23 shows the estimated undocumented population sorted by Gender for Nebraska in 2014.

Figure 23		
Estimated Undocumented Population 2014		
Gender	Total	% of Total
Male	20,000	54%
Female	17,000	46%
Total	37,000	100%

Source: Department of Homeland Security and other sources.

Estimates suggest a large portion of the undocumented population is uninsured and many are in the income levels that would otherwise receive health insurance coverage at a reduced cost. Future year projections of the uninsured, as presented later in this report, show portions of the population are expected to remain uninsured for years to come, despite increased access to

affordable care and the increasing individual mandate penalty. As the undocumented population are not eligible for the subsidized coverage and are not affected by the individual mandate, the undocumented population accounts for a portion of the projected population that remains uninsured.

There are other factors that cause individuals to remain uninsured. These can include a belief system, political view, and/or a perceived lack of necessity despite the individual mandate. The ACA will not greatly influence these populations' choices to attain coverage.

VI. POST-ACA INSURED/UNINSURED POPULATION PROJECTIONS

This section addresses the following topics as they relate to the establishment of the FFM:

- “Best estimate scenario” projections of the health insurance market
- Projected results in a “high take-up” or “low take-up” scenario resulting in higher and lower enrollment shifts to the FFM, respectively
- Data sources and assumptions underlying these projections

“Best Estimate Scenario” Projections of the Health Insurance Market

Figure 24A provides the best estimate of projected population by insured status from 2015 through 2025.

Figure 24A											
Market	Total Projected Population per Year										
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Individual Market	158,470	182,299	200,619	214,963	226,359	235,524	242,978	249,105	254,194	258,470	262,102
ESI - Small Group (0-50)	111,099	112,075	112,710	113,182	113,579	113,948	114,311	114,679	115,058	115,448	115,850
ESI - Large Group (51+)*											
Fully Insured	224,747	224,892	224,895	224,920	225,032	225,252	225,578	226,003	226,513	227,097	227,743
Self-Insured	598,206	593,568	590,052	587,564	585,961	585,099	584,849	585,099	585,756	586,745	588,002
Other Private Insurance	36,041	36,185	36,330	36,475	36,621	36,767	36,914	37,062	37,210	37,359	37,509
Medicaid / CHIP	202,006	204,177	205,982	207,542	208,929	210,192	211,364	212,469	213,522	214,536	215,522
Other Government Programs**	78,953	79,113	79,186	79,301	79,454	79,637	79,846	80,077	80,326	80,589	80,865
Uninsured	163,582	147,219	136,073	128,243	122,623	118,532	115,531	113,324	111,710	110,542	109,716
Total Non-Aged Population	1,573,103	1,579,528	1,585,846	1,592,189	1,598,558	1,604,952	1,611,372	1,617,817	1,624,288	1,630,785	1,637,308

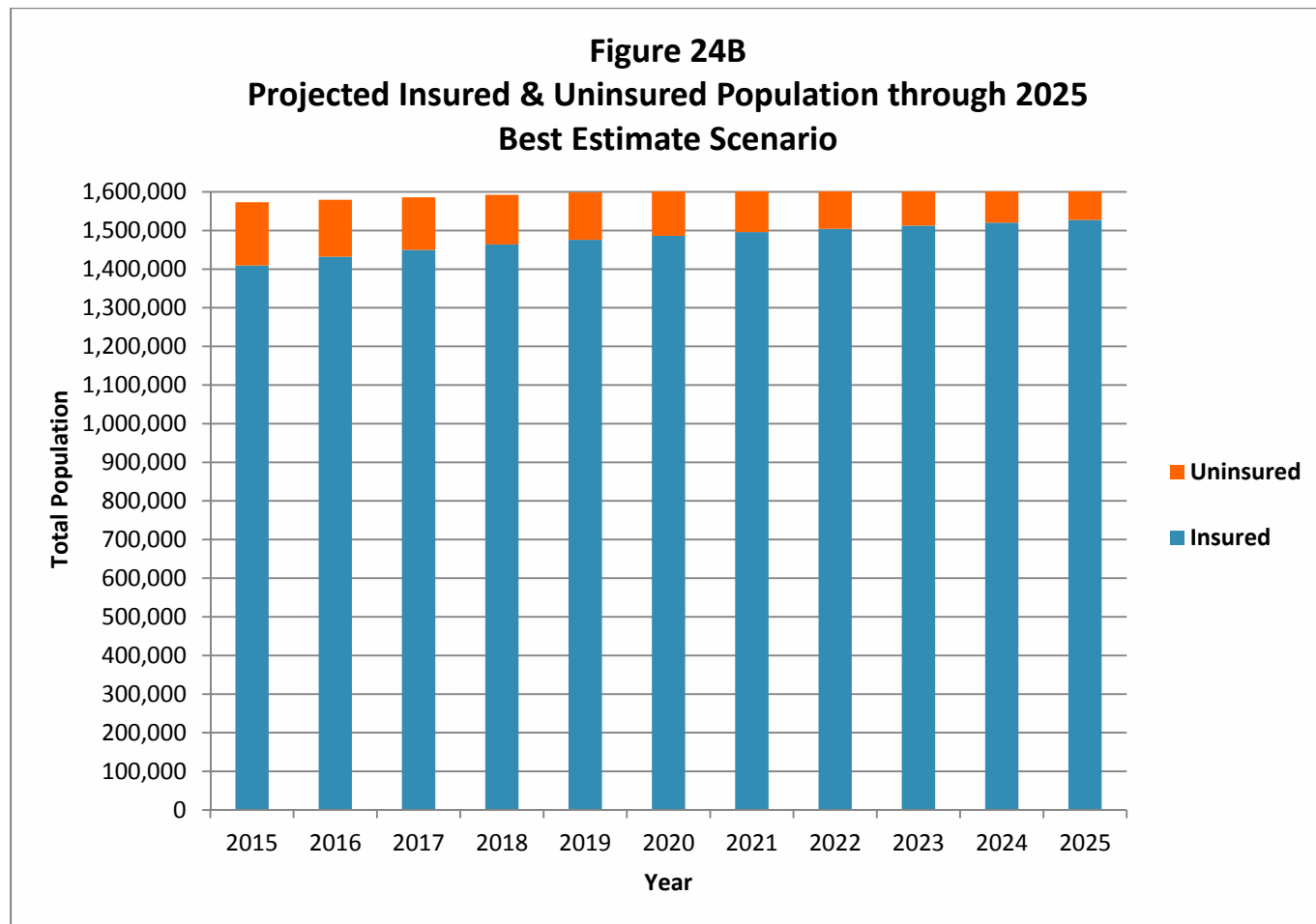
* Large Group is broken down into Fully Insured and Self-Insured.

** Includes VA, TriCare, and Medicare Disabled.

Note: “Private” refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

In 2016, federal regulations will allow states to determine the size of employers that are categorized as small group. While currently companies who employ 50 or less employees are classified small group, Nebraska can decide to increase this limit to 100 employees. As Nebraska’s decision about small group size has not been finalized, this change has not been included in Milliman’s projections.

Figure 24B shows Nebraska’s projected insured and uninsured population through 2025, based on the insured and uninsured projections in Figure 24A.



As the effects of the ACA are fully realized, we anticipate that the uninsured rate will begin to stabilize. Our estimates assume that there is a portion of the population that will remain uninsured despite the individual mandate and the new sources of subsidized coverage. Milliman assumed a majority of those in the coverage gap (under 100% FPL and not eligible for Medicaid) as well as the undocumented uninsured would remain uninsured.

The Federally Facilitated Small-Business Health Options Program (FF-SHOP) exchange has had much less impact on the market as a whole due to a number of factors including a lack of employer penalties pushing these small groups to seek coverage for their employees. While enrollment data is not available, it is widely assumed the FF-SHOP has little to no enrollment in Nebraska.

Projected Results in a “High Take-Up” or “Low Take-Up” Scenario Resulting in Higher and Lower Enrollment Shifts to the FFM, Respectively

The projection of Nebraskan’s insured status into 2015 and beyond is dependent of a number of factors:

For the time period up to the enrollment deadline of February 15, 2015:

- Estimated market breakdowns are consistent across all the scenarios (“best estimate”, “high take-up”, and “low take-up”).
- A portion of the individual market is supported by the Department of Health and Human Services (HHS) FFM enrollment data for the 2013-2014 and 2014-2015 open enrollment periods.

For the time period after February, 2015:

- Estimated market breakdowns will vary by scenario.
- FFM participation is modeled for the 2016 through 2025 enrollment periods.

While the results shown in Figure 24 demonstrate what Milliman believes to be a best estimate of the number of people to enroll through the FFM for individual and small group lines of business, there are several external factors that could result in greater or lesser FFM enrollment in subsequent years. For example, in 2014, complications, delays, and law changes associated with the healthcare reform implementation have led to many people who are eligible for subsidized coverage to remain uninsured. Similarly, the level of marketing associated with the FFM and socioeconomic factors can drastically affect the enrollment through the FFM. Considering these unknowns, Milliman has developed a number of scenarios to better reflect the possible enrollment rates through 2025.

If external factors encourage less participation in the FFM by the uninsured, by 2025 the insurance coverage landscape would be significantly different. To illustrate this scenario Milliman assumed that, compared to the “best estimate”:

- People in the individual market were less likely to enroll through the FFM from 2015 onwards.
- People in the uninsured market were less likely to enroll through the FFM from 2015 onwards.

Figure 26A provides a low FFM enrollment scenario projection by insured status from 2015 through 2025.

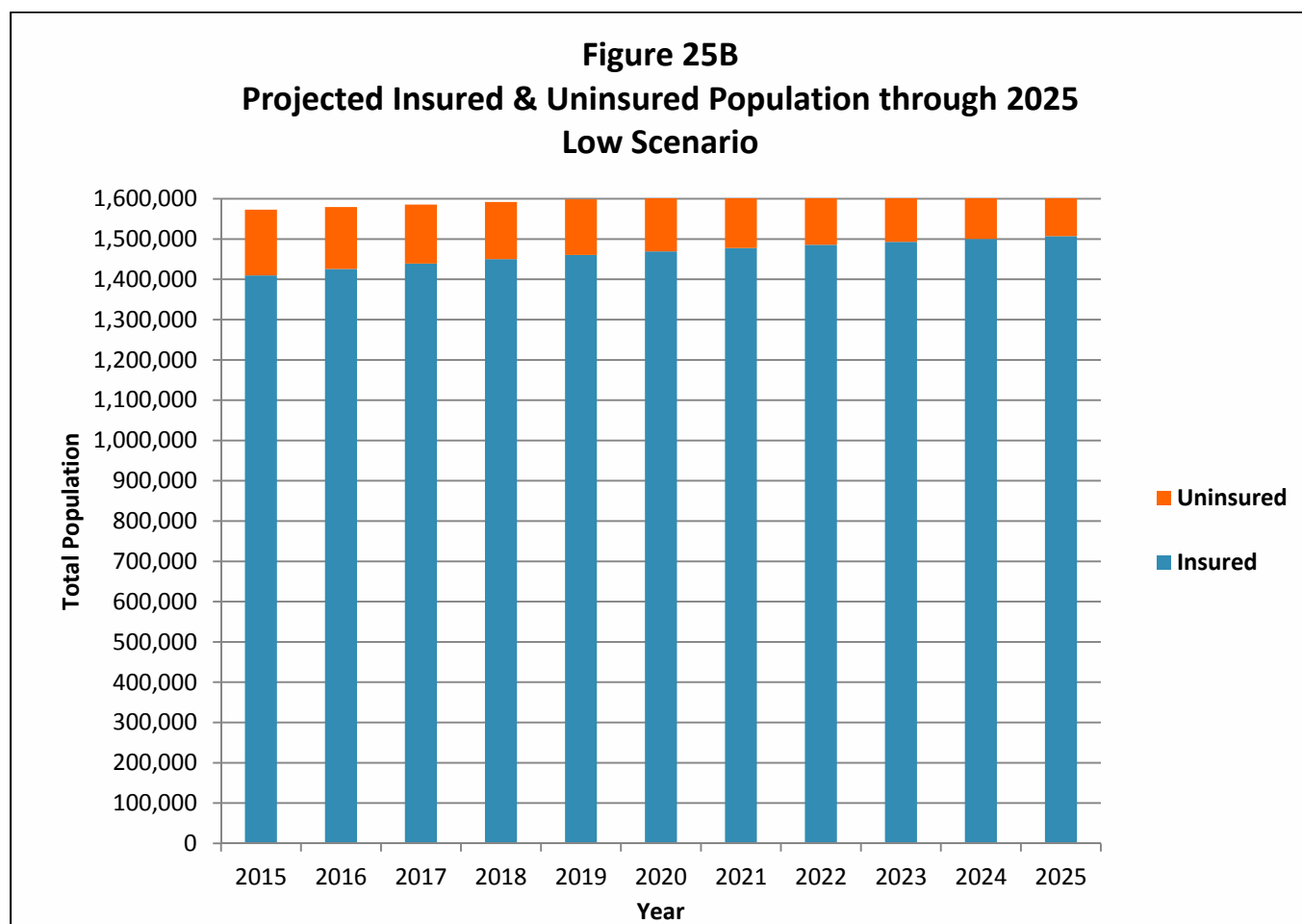
Figure 25A											
Market	Total Projected Population per Year (Low Scenario)										
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Individual Market	158,470	165,721	171,469	176,108	179,909	183,069	185,733	188,009	189,982	191,715	193,260
ESI - Small Group (0-50)	111,099	113,224	114,876	116,213	117,331	118,295	119,147	119,917	120,625	121,286	121,912
ESI - Large Group (51+)*											
Fully Insured	224,747	227,218	229,197	230,866	232,329	233,654	234,883	236,046	237,160	238,240	239,295
Self-Insured	598,206	599,758	601,286	602,883	604,583	606,393	608,309	610,319	612,413	614,578	616,805
Other Private Insurance	36,041	36,185	36,330	36,475	36,621	36,767	36,915	37,062	37,210	37,359	37,509
Medicaid / CHIP	202,006	204,176	206,005	207,593	209,009	210,299	211,494	212,618	213,688	214,716	215,713
Other Government Programs**	78,953	79,421	79,845	80,240	80,616	80,979	81,334	81,682	82,027	82,369	82,709
Uninsured	163,582	153,693	146,706	141,680	138,027	135,362	133,424	132,030	131,049	130,386	129,970
Total Non-Aged Population	1,573,103	1,579,396	1,585,713	1,592,056	1,598,424	1,604,818	1,611,237	1,617,683	1,624,153	1,630,649	1,637,172

* Large Group is broken down into Fully Insured and Self-Insured.

** Includes VA, TriCare, and Medicare Disabled.

Note: "Private" refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

Figure 25B shows Nebraska's projected insured and uninsured population through 2025, based on the insured and uninsured projections in Figure 25A.



If external factors encourage more participation by the uninsured in the FFM, by 2025 the insurance coverage landscape would be significantly different. To illustrate this scenario Milliman assumed that, compared to the “best estimate”,:

- People in the individual market were more likely to enroll through the FFM from 2015 onwards.
- People in the uninsured market were more likely to enroll through the FFM from 2015 onwards.

Figure 26A provides a high FFM enrollment scenario projection by insured status from 2015 through 2025.

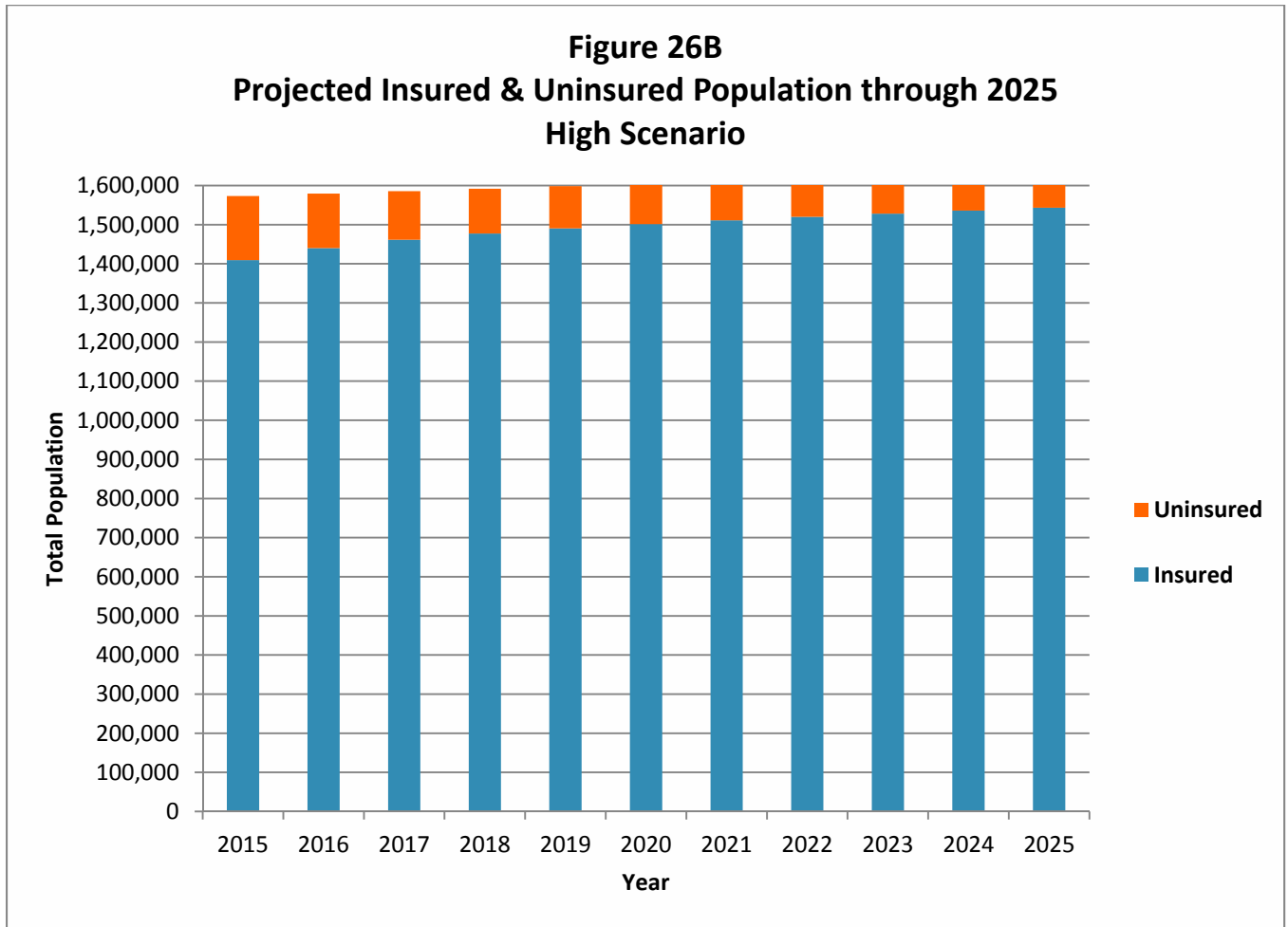
Figure 26A											
Market	Total Projected Population per Year (High Scenario)										
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Individual Market	158,470	195,404	221,990	241,903	257,234	269,282	278,909	286,713	293,124	298,458	302,953
ESI - Small Group (0-50)	111,099	111,477	111,547	111,540	111,547	111,600	111,709	111,873	112,086	112,342	112,634
ESI - Large Group (51+)*											
Fully Insured	224,747	223,683	222,619	221,764	221,167	220,818	220,689	220,746	220,960	221,303	221,752
Self-Insured	598,206	590,349	584,203	579,617	576,348	574,163	572,857	572,259	572,231	572,663	573,464
Other Private Insurance	36,041	36,185	36,330	36,475	36,621	36,767	36,915	37,062	37,210	37,359	37,509
Medicaid / CHIP	202,006	204,177	205,945	207,460	208,806	210,033	211,175	212,255	213,288	214,286	215,258
Other Government Programs**	78,953	78,776	78,692	78,684	78,740	78,846	78,994	79,175	79,383	79,614	79,863
Uninsured	163,582	139,346	124,388	114,613	107,964	103,310	99,992	97,600	95,871	94,626	93,741
Total Non-Aged Population	1,573,103	1,579,396	1,585,713	1,592,057	1,598,425	1,604,818	1,611,238	1,617,683	1,624,153	1,630,650	1,637,172

* Large Group is broken down into Fully Insured and Self-Insured.

** Includes VA, TriCare, and Medicare Disabled.

Note: “Private” refers to those who self-reported private health insurance, but did not specify which type of private health insurance.

Figure 26B shows Nebraska’s projected insured and uninsured population through 2025, based on the insured and uninsured projections in Figure 26A.



VII. QUALIFICATIONS

This report was created by Timothy F. Harris. Mr. Harris is a principal and consulting actuary in the St. Louis office of Milliman and the author of “Health Care Coverage and Financing in the United States.” He is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. As such, he meets the qualification standards for performing the analyses contained in this report.

Appendix A

Technical Details on Population Modeling

This appendix provides information on some of the key data sources, tools, and assumptions used to develop the projections presented in this report.

CURRENT POPULATION SURVEY (CPS) / AMERICAN COMMUNITY SURVEY (ACS) DATA

The initial census data was developed using the CPS. To mitigate the risk of population fluctuation that is due to the relatively small sample size responding to this self-reported survey, Milliman used CPS data for the Nebraska market for both 2013 and 2014. Milliman used the CPS data to determine the composition of the Nebraska population by age, gender, income level, health insurance coverage type (e.g., individual, employer, Medicaid, Medicare disabled), and family status.

While Milliman used 2014 CPS data to determine population distribution by factors such as age, gender, and income level, the small sample size of certain subsections of the population may cause some irregularity in the results.

MEDICAL EXPENDITURE PANEL SURVEY (MEPS) DATA

Milliman used MEPS data to supplement the census data and to distribute the employer health insurance data into small group, large group, self-insured, or fully insured.

UNDOCUMENTED UNINSURED MODELING

Milliman used 2010 ACS data to determine that approximately 18% of the uninsured population under age 65 would be undocumented and then allocated 18% of the uninsured population to an undocumented uninsured bucket. This bucket does not allow for new entry (since Milliman assumes no further net immigration) or exit to other insured markets such as Medicare, Medicaid, or the Federally Facilitated Marketplace (FFM) (as undocumented uninsureds will be ineligible for such movement). However, the standard mortality assumption (described in further detail under the "Births and Mortality" section) is applied to the undocumented uninsureds. Any births to this population are considered documented and will enter other markets as modeled.

BIRTHS AND MORTALITY

Milliman applied a population growth of 0.4% per year after 2015 to reflect a combination of expected births and mortality.

INSURED STATUS CHANGE RATES

Insured status change rates describe the probability of people changing from uninsured to insured, or from one market to another (e.g., from the individual non-FFM market to the FFM). Milliman has conducted research to determine what percentage of people (for each combination of representative age, gender, and health status) will tend to switch markets,

Appendix A

Technical Details on Population Modeling

based on the ACA provisions and the modeled individual's expected healthcare costs, subsidies, and premium rate choices. Using that research, Milliman modeled the projected population's movements between the various health insurance coverage types.

INSURED STATUS CHANGE RATE DISTRIBUTION FOR THE THREE MARKET SCENARIOS (BEST ESTIMATE, HIGH TAKE-UP, AND LOW TAKE-UP)

In order to model the three different scenarios underlying Milliman's Nebraska reform projections (best estimate, high, and low), Milliman estimated insured status change rates for three key market-to-market movements. Using the research Milliman developed to estimate the percentage of people who will move from one market to another based on their demographics, costs, subsidies, etc. (as described above), Milliman modeled a variety of possible movements, including the movement from uninsured to FFM coverage; the movement from uninsured to individual non-FFM coverage; the movement from individual coverage to FFM coverage, etc.

In creating the three scenarios, Milliman was most interested in investigating the affordability of healthcare and, thus, the likelihood that people would need some form of coverage to meet their healthcare needs in the future. The three movements Milliman focused on when creating Milliman's projection scenarios are described in further detail below:

1. The movement from employer coverage (small group and large group) to the FFM in 2016. The high enrollment scenario assumes more people would go to the FFM in these earlier years as they lose coverage in the group market and the low enrollment scenario assumes fewer people go to the FFM in 2016 with the best-estimate scenario approximately in the center.
2. The movement from an uninsured status to employer coverage in 2016 and thereafter. This movement was reflected in years 2016 through 2025 and again the high enrollment scenario shows the largest percentage of people moving to individual coverage in the FFM with the best estimate scenario to follow and the low enrollment rate scenario with the smallest percentage movement. The insured status change rate varied from year to year to reflect the initial wave of enrollees in 2016, but also the effect of the increasing individual mandate tax penalty.
3. The movement from an uninsured status to FFM coverage in 2016 and thereafter. This movement was reflected in years 2016 through 2025 and again the high enrollment scenario shows the largest percentage of people moving to FFM coverage with the best estimate scenario to follow and the low enrollment scenario with the smallest percentage movement. Also, Milliman assumed that the first year of eligibility (2014) resulted in the largest shift in members from the uninsured population, which would then taper off in subsequent years.

Appendix B Rating Region by Counties

MOVEMENT BETWEEN MARKETS THAT IS DUE TO AGING

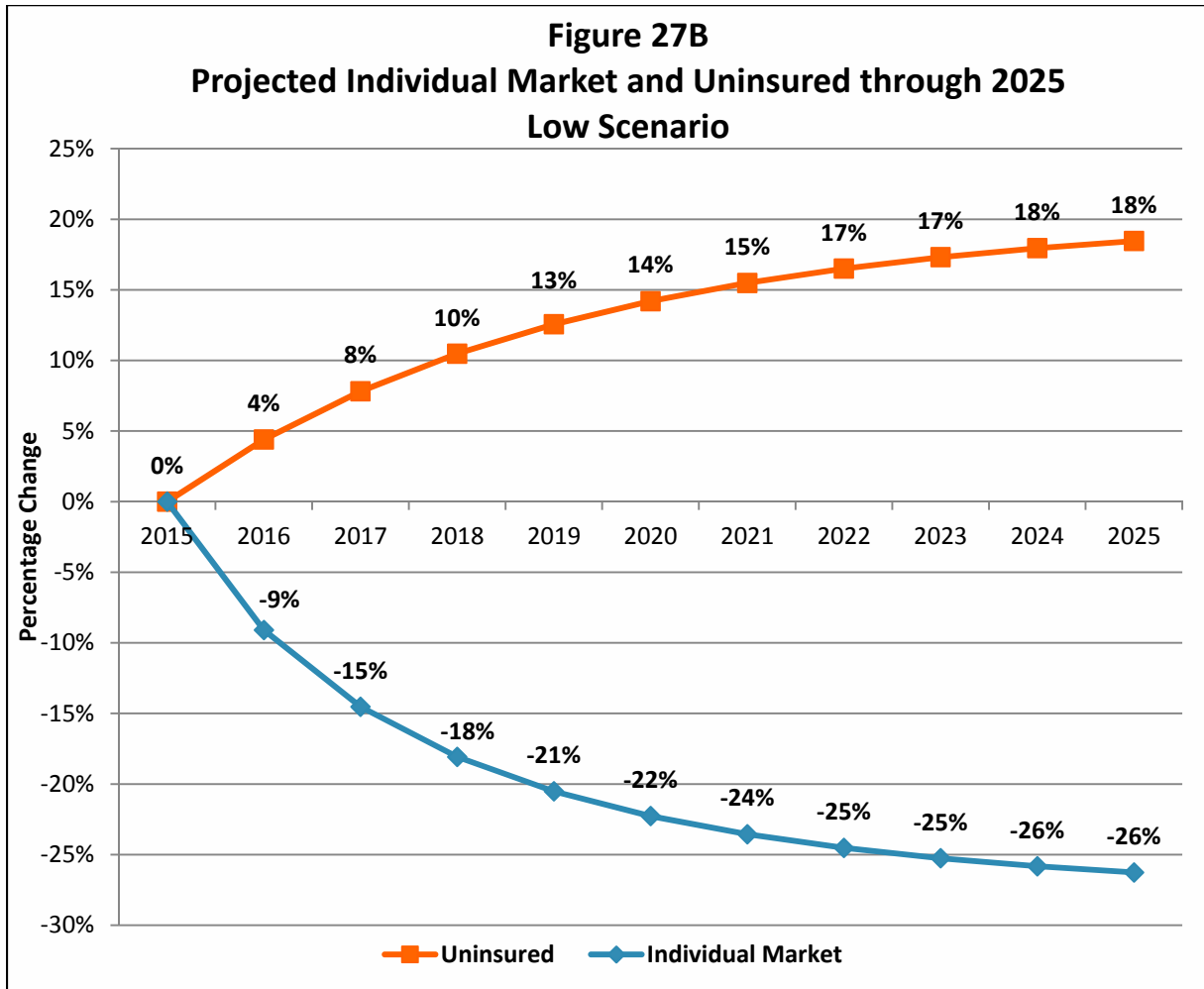
The causes of age-related movements between markets include formerly dependent children who reach an age where they are emancipated to other markets, adults who reach age 65 and join the Medicare market (Milliman assumed 100% of documented individuals who are not already enrolled in the Medicare disabled market join the Medicare market at age 65), and individuals in other markets who lapse to the uninsured market because of premium rate increases.

Figure 27A shows the percentage change from our estimates of low and high compared to the best estimate projection for the individual market and uninsured. The individual market and the uninsured population had the largest percentage change from low and high projections.

Figure 27A												
Market	Percentage Change in Total Projected Population per Year											
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Individual Market	% Change Low	0.0%	-9.1%	-14.5%	-18.1%	-20.5%	-22.3%	-23.6%	-24.5%	-25.3%	-25.8%	-26.3%
	Projected Population	158,470	182,299	200,618	214,961	226,357	235,521	242,975	249,101	254,190	258,465	262,098
	% Change High	0.0%	7.2%	10.7%	12.5%	13.6%	14.3%	14.8%	15.1%	15.3%	15.5%	15.6%
Uninsured	% Change Low	0.0%	4.4%	7.8%	10.5%	12.6%	14.2%	15.5%	16.5%	17.3%	18.0%	18.5%
	Projected Population	163,582	147,219	136,073	128,243	122,623	118,532	115,531	113,324	111,710	110,542	109,716
	% Change High	0.0%	-5.3%	-8.6%	-10.6%	-12.0%	-12.8%	-13.4%	-13.9%	-14.2%	-14.4%	-14.6%

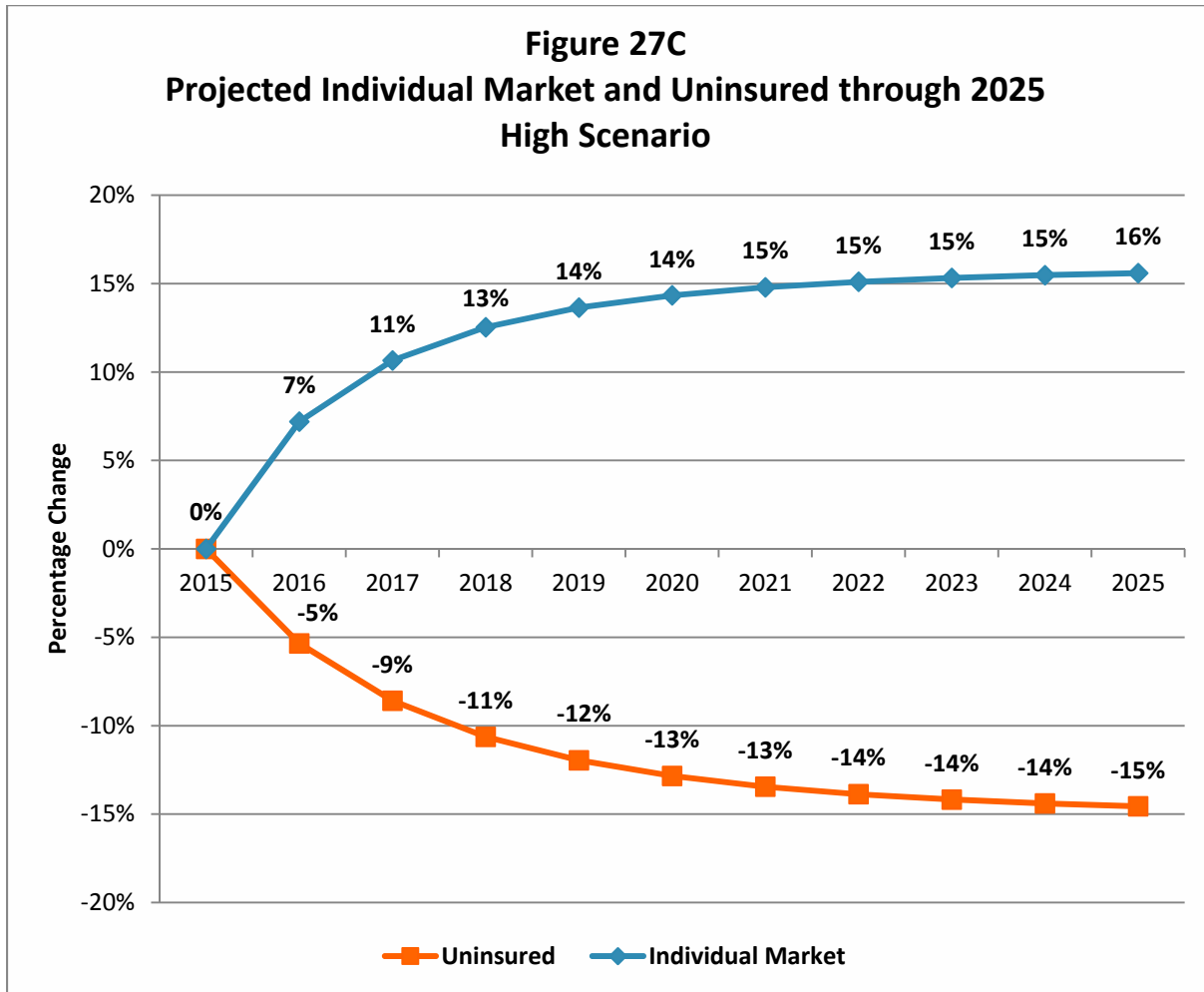
Appendix B Rating Region by Counties

Figure 27B shows the 'low scenario' percentage change from the best-estimate projection for the Individual Market and Uninsured. Figure 27B is a visual representation of the data presented in Figure 27A.



Appendix B Rating Region by Counties

Figure 27C shows the 'high scenario' percentage change from the best-estimate projection for the Individual Market and Uninsured. Figure 27C is a visual representation of the data presented in Figure 27A.



Appendix B Rating Region by Counties

Figures 28A – 28D show the counties in Nebraska by Rating Region.

Figure 28A									
County and Zip Code									
Rating Region 1									
County	Zip Code(s)								
Burt	68038	68045	68061						
Cass	68037	68048							
Dodge	68025	68031	68057						
Douglas	68007	68022	68064	68069	68102	68104	68105	68106	68107
	68108	68110	68111	68112	68114	68116	68117	68118	68122
	68124	68127	68130	68131	68132	68134	68135	68137	68142
	68144	68152	68154	68164					
Sarpy	68005	68028	68046	68059	68123	68128	68133	68136	68138
	68147	68157							
Saunders	68003	68017	68065	68066	68073				
Thurston	68047								
Washington	68002	68008	68023						

Figure 28B									
County and Zip Code									
Rating Region 2									
County	Zip Code(s)								
Fillmore	68351	68361	68436						
Gage	68301	68310	68466						
Jefferson	68352								
Johnson	68450								
Lancaster	68317	68339	68358	68372	68428	68430	68462	68502	68503
	68504	68505	68506	68507	68508	68510	68512	68516	68521
	68522	68523	68524	68526	68528				
Nemaha	68305								
Otoe	68410	68418	68446						
Pawnee	68420								
Richardson	68355	68376							
Saline	68333	68341	68359	68465					
Seward	68405	68434							
Thayer	68335	68340	68370						
York	68371	68467							

Appendix B Rating Region by Counties

Figure 28C							
County and Zip Code							
Rating Region 3							
County	Zip Code(s)						
Adams	68901	68955	68956				
Antelope	68636	68726	68756	68764			
Blaine	68813	68821	68833	69157			
Boone	68620	68652	68660				
Boyd	68777						
Buffalo	68836	68840	68845	68847	68866	68869	68876
Butler	68624	68632					
Cedar	68727	68739	68745	68771			
Clay	68935	68941	68944	68979			
Colfax	68629	68641	68643	68661			
Cuming	68788	68791					
Custer	68814	68822	68825	68874			
Dakota	68731	68776					
Dawson	68850	68863					
Dixon	68770	68784					
Franklin	68939						
Furnas	68922	68967					
Garfield	68823						
Gosper	68937						
Greeley	68665	68842	68875				
Hall	68801	68803	68824	68832	68883		
Hamilton	68818						
Harlan	68920						
Holt	68713	68725	68735	68763	68766	68780	
Howard	68873						
Kearney	68924	68959					
Keya Paha	68753	68759	68778				
Knox	68718	68729	68730	68760	68783	68786	
Loup	68823	68879					
Madison	68701	68715	68748	68758	68781		
Merrick	68663	68826	68864				
Nance	68638	68640					
Nuckolls	68978						
Phelps	68927	68949					
Pierce	68765	68767	68769				
Platte	68601	68642	68644				
Polk	68651						
Rock	68714						
Sherman	68853						
Stanton	68779						
Valley	68815	68862					
Wayne	68740	68787					
Webster	68930	68970					
Wheeler	68622	68636	68637	68735			

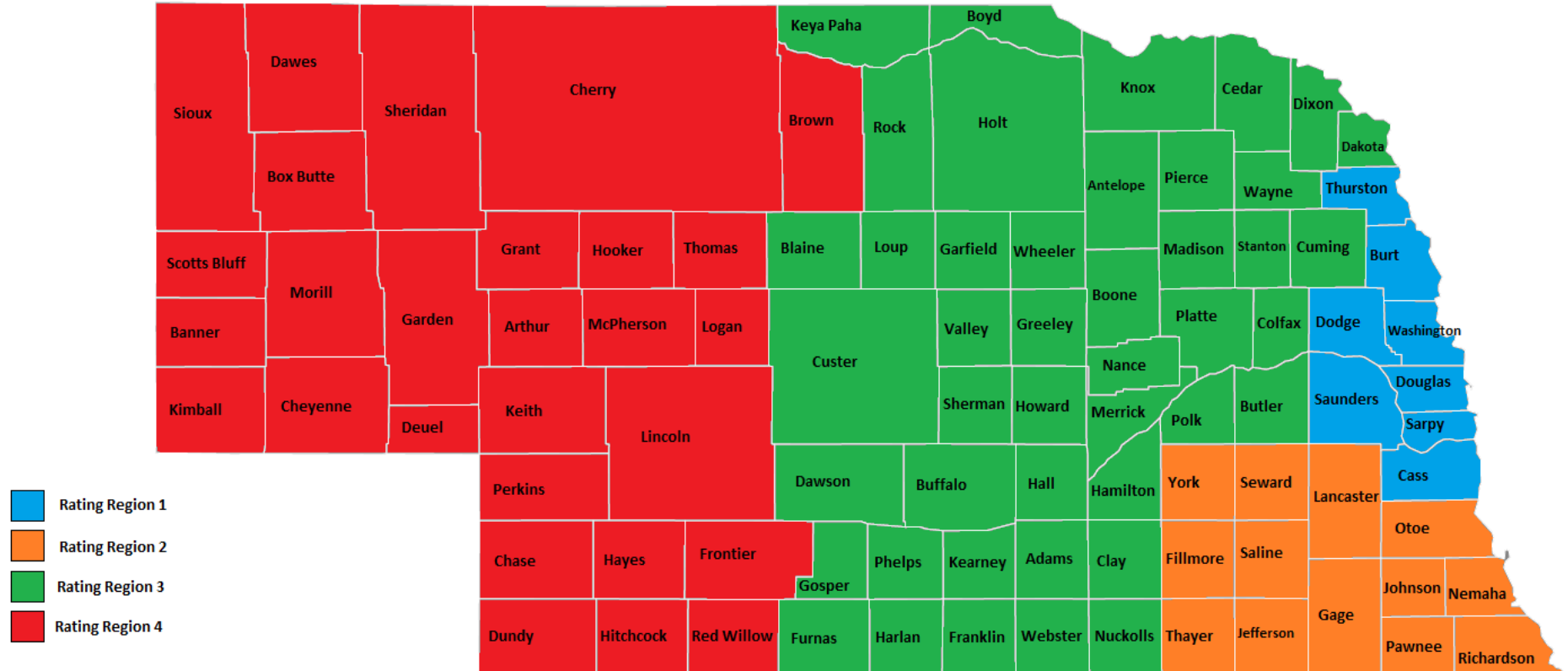
Appendix B Rating Region by Counties

Figure 28D									
County and Zip Code									
Rating Region 4									
County	Zip Code(s)								
Arthur	69121	69146	69165	69350					
Banner	69145	69156	69334	69336	69341	69345			
Box Butte	69301	69348							
Brown	69210	69217							
Chase	69033	69045							
Cherry	69201								
Cheyenne	69162								
Dawes	69337	69339							
Deuel	69129								
Dundy	69021								
Frontier	69001	69022	69025	69028	69029	69034	69038	69039	69042
Garden	69147	69154							
Grant	69350								
Hayes	69024	69032	69038	69040	69045	69134	69169		
Hitchcock	69024	69043							
Hooker	69152								
Keith	69127	69153	69155						
Kimball	69145								
Lincoln	69101	69123	69143	69165					
Logan	69163								
McPherson	69101	69165	69167						
Morrill	69334	69336							
Perkins	69140								
Red Willow	69001								
Scotts Bluff	69341	69352	69356	69357	69358	69361			
Sheridan	69343	69347	69360						
Sioux	69346								
Thomas	69166								

Appendix B Rating Region by Counties

Figure 29 shows the location of the four Rating Regions in Nebraska.

**Figure 29
Nebraska Rating Regions**



Appendix C

Acronyms and Terminology

LIST OF ACRONYMS

ACA – Affordable Care Act
ACS – American Community Survey
APTC – Advanced Premium Tax Credits
ASPE – Office of the Assistant Secretary for Planning and Evaluation
CHIP – Children’s Health Insurance Program
CMS – Center for Medicare and Medicaid Services
CPS – Current Population Survey
CSR – Cost Sharing Reductions
ESI – Employer-Sponsored Health Insurance
EHB – Essential Health Benefits
FFM – Federally Facilitated Marketplace
FF-SHOP – Federally Facilitated Small-Business Health Options Program
FPL – Federal Poverty Level
HHS – Department of Health and Human Services
KFF – Kaiser Family Foundation
MAGI – Modified Adjusted Gross Income
MEPS – Medical Expenditure Panel Survey
MLR – Medical Loss Ratio
NDOI – Nebraska Department of Insurance
VA – U.S. Department of Veterans Affairs

Appendix C Acronyms and Terminology

ADDITIONAL DEFINITIONS

Qualified Health Plan (QHP): A plan that meets the following criteria:

- Has been certified that the plan meets certain criteria issued or recognized by the FFM and state run marketplaces through which the plan is offered
- Provides the “Essential Health Benefits package”
- Is offered by a health insurance issuer that:
 - Is licensed and in good standing to offer health insurance coverage in each state in which the issuer offers health insurance coverage under the ACA
 - Agrees to offer at least one qualified health plan at the silver-tier level, and at least one plan at the gold-tier level
 - Agrees to charge the same premium rate for each qualified health plan of the issuer without regard to whether the plan is offered through an exchange, or whether the plan is offered directly from the issuer, or through an agent
 - Complies with the regulations that apply to exchanges, and any other requirements that an applicable exchange may establish

Essential Health Benefits (EHB): All private health insurance plans offered in the FFM will offer the same set of essential health benefits. These are services that all plans must cover.

The essential health benefits include at least the following items and services:

- Ambulatory patient services (outpatient care received without being admitted to a hospital)
- Emergency services
- Hospitalization (such as surgery)
- Maternity and newborn care (care before and after the baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

Essential health benefits are minimum requirements for all plans in the FFM. Plans may offer additional coverage.

Appendix D

HHS Enrollment Data Summary for Nebraska

PROFILE OF AFFORDABLE CARE ACT COVERAGE EXPANSION ENROLLMENT - NEBRASKA FOR MEDICAID / CHIP AND THE HEALTH INSURANCE MARKETPLACE

10-1-2013 to 3-31-2014

Nebraska

GENERAL INFORMATION

Marketplace Type: FFM - Plan Management
Medicaid Expansion Status: Not Expanding Medicaid

AFFORDABLE CARE ACT ENROLLMENT TOTALS

Marketplace Plan Selections:*
Change in Medicaid / CHIP Enrollment:**

42,975
(9,546)

CHARACTERISTICS OF MARKETPLACE PLAN SELECTIONS

By Gender:	<u>Number</u>	<u>% of Total</u>
Female	23,104	54%
Male	<u>19,863</u>	<u>46%</u>
Subtotal With Known Data	<u>42,967</u>	<u>100</u>
Unknown	N/A	N/A

By Financial Assistance Status	<u>Number</u>	<u>% of Total</u>
With Financial Assistance	37,388	87%
Without Financial Assistance	<u>5,587</u>	<u>13%</u>
Subtotal With Known Data	<u>42,975</u>	<u>100%</u>
Unknown	N/A	N/A

By Age:	<u>Number</u>	<u>% of Total</u>
Age < 18	4,875	11%
Age 18-25	4,589	11%
Age 26-34	8,075	19%
Age 35-44	7,026	16%
Age 45-54	8,150	19%
Age 55-64	10,201	24%
Age ≥ 65	<u>59</u>	<u>0%</u>
Subtotal With Known Data	<u>42,975</u>	<u>100%</u>
Unknown	N/A	N/A
Ages 18-34	12,664	29%
Ages 0-34	17,539	41%

By Metal Level	<u>Number</u>	<u>% of Total</u>
Bronze	9,763	23%
Silver	26,619	62%
Gold	3,361	8%
Platinum	2,555	6%
Catastrophic	<u>806</u>	<u>2%</u>
Subtotal With Known Data	<u>42,975</u>	<u>100%</u>
Standalone Dental	4,157	N/A
Unknown	N/A	N/A

Notes: * Marketplace data represent the cumulative number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected a plan from 10-1-13 to 3-31-14, including Special Enrollment Period-related activity through 4-19-14 (with or without the first premium payment having been received directly by the Marketplace or the issuer), excluding plan selections with unknown data for a given metric.

** Medicaid/CHIP data are state reported and represent the difference between March 2014 enrollment and pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013). Not all changes in enrollment may be related to the Affordable Care Act. Because these data are state-reported, detailed questions about the Medicaid/CHIP data should be directed to the states.

Sources: ASPE Marketplace Summary Enrollment Report and CMS March Medicaid/CHIP Enrollment Report
Actuarial Study

Appendix D
HHS Enrollment Data Summary for Nebraska
PROFILE OF AFFORDABLE CARE ACT COVERAGE EXPANSION ENROLLMENT
FOR MEDICAID / CHIP AND THE HEALTH INSURANCE MARKETPLACE
11-15-2014 to 2-15-2015
NEBRASKA

GENERAL INFORMATION

Marketplace Type:
 Medicaid Expansion Status:

AFFORDABLE CARE ACT ENROLLMENT TOTALS

Marketplace Plan Selections:*	74,152	
New Consumers:	39,301	53%

CHARACTERISTICS OF MARKETPLACE PLAN SELECTIONS

By Gender:	Number	% of Total	By Financial Assistance Status	Number	% of Total
Female	Unknown		With Financial Assistance	65,254	88%
Male	Unknown		Without Financial Assistance	<u>8,898</u>	<u>12%</u>
Subtotal With Known Data			Subtotal With Known Data	<u>74,152</u>	<u>100%</u>
Unknown			Unknown	N/A	N/A

By Age:	Number	% of Total	By Metal Level	Number**	% of Total
Age < 18	10,381	14%	Bronze	25,130	33.9%
Age 18-25	8,157	11%	Silver	43,792	59.1%
Age 26-34	13,347	18%	Gold	4,444	6.0%
Age 35-44	11,864	16%	Platinum	177	0.2%
Age 45-54	13,347	18%	Catastrophic	<u>611</u>	<u>0.8%</u>
Age 55-64	17,055	23%	Subtotal With Known Data	<u>74,152</u>	<u>100%</u>
Age ≥ 65	<u>0</u>	<u>0%</u>	Standalone Dental		
Subtotal With Known Data	<u>74,152</u>	<u>100%</u>	Unknown		
Unknown	N/A	N/A			
Ages 18-34	21,504	29%			
Ages 0-34	31,885	43%			

Notes: * Marketplace data represent the cumulative number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected a plan from 11-15-14 to 2-15-15.

** Applied the KFF percentages to the 2015 total to get the totals for each metal level. The KFF metal total was not the same.

Sources: ASPE Marketplace Summary Enrollment Report and CMS March Medicaid/CHIP Enrollment Report
 Actuarial Study