

50-State Survey Marketplace/Exchanges

State	Governing Entity	Run by	Duties/Activities	User Fee Percentages	Innovations	Medicaid Expansion (as of September 11, 2018)
Alabama	State Agency - Alabama Department of Insurance (received grants to implement) - Health Insurance Reform Information Center	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	2016 was the first year that Alabama participated in the rate review process for ACA-compliant plans (2017). Before that Alabama did not have an effective rate review process so the federal government handled rate review for Alabama. Due to not expanding Medicaid, there's a coverage gap. Act No. 2015-227 provides that insurance executive compensation in Alabama is now kept confidential, and is not subject to open records requests, freedom of information requests, or subpoena (primarily impacts Blue Cross Blue Shield because national carriers have to report executive compensation to the IRS and the SEC). Governor used an executive order to establish the Alabama Health Insurance Exchange Study Commission but bills to establish a state-run exchange failed to pass in both the 2011 and 2012 sessions. Navigators in the state must meet CMS training requirements (30 hours of training and web certification / 5 organizations received navigator grant funds from HHS).	Not Adopted
Alaska	State Agency - Division of Insurance of the Department of Commerce, Community, and Economic Development (has not applied for or accepted any federal funds related to health insurance exchanges)	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	State-run Reinsurance Program established through Section 1332 Waiver - Approved in 2017. Navigators in the state must meet CMS training requirements (30 hours of training and web certification / 2 organizations received navigator grant funds from HHS).	Adopted
Arizona	State Agency - Arizona Department of Insurance (prior to federal default). Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Before 2012, Governor announced Arizona would not establish a state exchange. 2014 ACA insurance reforms are in state law. Navigators in the state must meet CMS training requirements (30 hours of training and web certification / 4 organizations in state received navigator grant funds from HHS)	Adopted

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Arkansas	Quasi-Governmental Organization -- Arkansas Health Insurance Marketplace governed by a 11-person board. (Received grant funds).	State-PP	The Arkansas Health Insurance Marketplace is responsible for setting certification standards for qualified health plans. Arkansas was the first state to announce that it would have a state/federal partnership exchange, with the state running plan management and consumer assistance functions of the exchange. Establishes the Arkansas Health Insurance Marketplace Legislative Oversight Committee. In 2014, the Arkansas Health Insurance Marketplace board voted to delay until plan year 2017 the launch of its own state-run exchange for individual coverage. It is approved to operate a state-run SHOP for 2016.	4-25% (1-25% state + 3% federal)	On June 15, 2015 Arkansas Republican Gov. Asa Hutchinson received the conditional approval from HHS to run the small business marketplace in 2016 and the individual marketplace in 2017. The letters say the approval reflects the expectation that the states' roles in the marketplaces will expand beginning in the 2016 policy year. March 2015, Arkansas enacted SB 343 that prohibits the Governor from establishing a state-run exchange. Navigators in the state must meet CMS training requirements (30 hours of training and web certification / 2 organizations in the state received navigator grants funds from HHS). SB 1189 requires navigators to be licensed and certified by the state. Regulatory Health Link Division at the State Insurance Department established to ensure regulation with federal health programs.	Adopted
California	Quasi-Governmental Organization -- Independent Public Entity within State Government - Covered California governed by a 5-person board. Received grant funds.	State	State carries out all Exchange functions; Uses an "active purchaser" model (i.e. they negotiate directly with carriers to make sure that rates, networks, and benefits are consumer-friendly) and requires all health plans to be standardized within a single metal level. Allows a financial assessment to insurers for exchange support after January 2014. Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc.) or benefit financially from the exchange. SHOP and individual exchange are separate, but board has the authority to reevaluate that in 2018. The exchange selects plans that will participate in the exchange.	Financial assessment on insurers for exchange support after January 2014.	California prevents the sale of short-term health insurance plans as of 2019 and prevents sole proprietors and partners from purchasing association health plans coverage. First state to establish a state-based exchange under the ACA. Exchange is an independent state agency with a five-member governing board. 2010 state law allows the use of navigators and the board is responsible for defining rules on navigator participation. In person assisters in the state need to complete 2 days of training. The state general fund allowed a \$5 million dollar loan to establish the exchange.	Adopted
Colorado	Quasi-Governmental Organization -- Public, Non-Profit Entity - Connect for Health Colorado (C4HCO) governed by a 12-person board. Received grant funds.	State	State carries out all Exchange functions. Allows all qualified health plans to participate in the exchange. Allows a financial assessment to insurers for exchange support after January 2014. Members of the board may not make decisions that benefit them financially. SHOP and individual exchange are 2 separate markets, but the board has the option to review and merge if the board sees fit to do so. Exchange cannot use general funds in establishing or operating the exchange.	Financial assessment on insurers for exchange support after January 2014.	Legislature established the Colorado Health Insurance Exchange Oversight Committee. Navigators must complete training and pass an assessment.	Adopted

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Connecticut	Quasi-Governmental Organization -- Connecticut Health Insurance Exchange or Access Health CT governed by a 14-person board. Received grant funds.	State	State carries out all Exchange functions. The board limits the number of plans an insurer can offer. Allows a financial assessment to insurers for exchange support effective January 2014. Does not allow any representative of the insurance industry or providers as board members. The exchange was required to submit a plan 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.	Financial assessment on insurers for exchange support effective January 2014.	Navigators are required to complete 40 hours of training, a test, and pass a background check as established by the board. 1 of 6 New England states to receive the "Early Innovator" cooperative agreement.	Adopted
Delaware	State Agency - Delaware Department of Insurance. Choose Health Delaware. Received grant funds.	Federal-State	Partnership in which federally-run exchange with varying degrees of input, regulation, and oversight from the Delaware Department of Insurance. State is responsible for plan management and consumer assistance while the federal government handles all other functions. Individuals must use HealthCare.gov to enroll in health coverage annually.	3-50%	Established the Delaware Health Care Commission within the Delaware Health and Human Services to serve as the planning group for the state on Health Insurance Exchanges. Navigators in the state must meet CMS training requirements (30 hours of training and web certification / 1 organization in the state received navigator grant funds from HHS).	Adopted
District of Columbia	Quasi-Governmental Organization -- Independent authority of the District government - District of Columbia Health Benefit Exchange Authority governed by 11-person board	State	DC Health Link is only place to obtain coverage - there's not an option to select off-exchange plans. DC Department of Insurance, Securities, and Banking worked with carriers to ensure that rates are actuarially sound.	Financial assessment on all insurers for exchange support after January 2014. -- 0.9%	Enacted an individual mandate effective 2019. Has a "modified merged risk pool" - the 2 risk pools (individual and small group) are merged for the purpose of setting the index rate but the index rate is adjusted to be specific to each market based on factors that are not uniform across the markets. Medicaid coverage is available to residents with income up to 216 percent of the poverty level. Coverage available under certain programs regardless of immigration status.	Adopted
Florida	State Agency - Agency for Health Care Administration. Did not apply for establishment funds related to health insurance exchanges and returned planning grant funds.	Federal	FHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Navigators in the state must meet CMS training requirements. 8 organizations received HHS navigator grant funds in the state. The state enacted a state law that requires navigators to register with the Department of Financial Services and establishes requirements to act as a navigator in Florida. Allowed renewals in 2014 without compliance. 2014 ACA insurance reforms are not in state law. State has authorized employee choice of insurers in SHOP as of 2015.	Not Adopted

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Georgia	State Agency - Georgia State Office of Planning and Budget. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	In 2014, state 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. HB 943 and HB 990 also prohibit the expansion of the Georgia Medicaid program in relation to the ACA. Navigators in the state must meet CMS training requirements (30 hours of training and web certification), navigators are required to be licensed and certified by the state insurance commissioner.	Not Adopted
Hawaii	Non-Profit Corporation - private, non-profit Hawaii Health Connector governed by 15-person board. Received grant funds.	State-FP	State-based exchange, federally supported using HealthCare.gov since 2015. The board sets policies and determines how to handle conflicts 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).	3%	Navigators are required to be certified by the exchange. The navigators must complete a test and background check.	Adopted
Idaho	Quasi-Governmental Organization -- Independent body corporate and politic - Your Health Idaho governed by 19-person board. Received grant funds.	State	State-run exchange board using federally-supported HealthCare.gov website. 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. The state also working on a transitional plan with the eventual goal of eliminating federal support of the state exchange's operations. For 2015 and 2016 the state is using the federal website and its system for eligibility determination. Leavitt Partners conducted an Idaho Exchange Model Evaluation.	1.50%	On February 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.	Considering Expansion
Illinois	State Agency - Illinois Department of Insurance - Illinois Partnership Marketplace. Received grant funds.	Federal-State	Illinois Partnership Marketplace, a federally-run exchange with varying degrees of input, regulation, and oversight from the Department of Insurance. State is responsible for plan management and consumer assistance while the federal government handles all other functions	3-50%	According to the state's health reform website, additional legislation to establish governance and financing structure of the exchange in Illinois is being assessed in the General Assembly. Navigators in the state must meet CMS training and requirements (30 hours of training and web certification) 11 organizations in the state received navigator grant funds from HHS. Has the Insurance Navigator Licensing Act that provides that any service as a navigator in Illinois must be licensed as a navigator by the Director of Insurance, and includes prohibited activities, applications for licensure, and license renewals.	Adopted

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Indiana	State Agency - Indiana Department of Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification).	Adopted
Iowa	State Agency - Iowa Department of Insurance. Received grant funds.	Federal-State	Partnership in which federally-run exchange with varying degrees of input, regulation, and oversight from the Iowa Department of Insurance. State is responsible for plan management only and the federal government handles all other functions including consumer assistance.	3-50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 3 organizations in the state received navigator grant funds from HHS.	Adopted
Kansas	State Agency - Kansas Department of Insurance. Received grant funds.	Federal	State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange. State sponsored portal at http://insureks.org	3-50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 3 organizations in the state received navigator grant funds from HHS.	Not Adopted
Kentucky	State Agency - Office of the Kentucky Health Benefit Exchange within the Cabinet for Health and Family Services. Received federal grant funds for development and operations.	State-FP	State-Run exchange, using federally supported HealthCare.gov website. Starting with 2017 enrollments, Kentucky has a state-run exchange with enrollment is conducted through HealthCare.gov.	3% -- A SEPARATE BROADER ASSESSMENT ON health insurers and stop loss carriers funds the state agency and other related programs.	Navigators, In Person Assistors, and Certified Application Counselors are required to complete training, a test and get recertified every year. Kynect (state-run exchange) operated from 2014 to 2016 only. As of November 2016, Kentucky is a state-run exchange, using federally-supported HealthCare.gov website.	Adopted

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Louisiana	State Agency - Louisiana Department of Insurance. Returned all grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 4 organizations in the state received navigator grant funds from HHS.	Adopted
Maine	State Agency - Maine Bureau of Insurance, Department of Professional and Financial Regulation. Received planning grant funds but returned all Level One Establishment Grant funds.	Federal	State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange.	3-50%	HHS approved a 1332 waiver to reinstate for five (5) years Maine's state reinsurance program to reduce premiums - Maine Guaranteed Access Reinsurance Association (MGARA). MGARA was a legislatively established private nonprofit organization operating a reinsurance program for the higher-risk segment of Maine's individual health insurance market. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS. Maine was 1 of 6 New England states to receive the "Early Innovator" cooperative agreement funds.	Adopted
Maryland	Quasi-Governmental Organization -- public corporation and independent unit of state government -- Maryland Health Benefit Exchange (MBHE) governed by a 9-person board. Received grant funds.	State	The exchange limits the type or number of plans each insurer can offer in the exchange. 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.	Maryland uses a portion of an existing premium tax to fund the exchange after 2015.	HHS approved a 1332 waiver that created a state reinsurance program to reduce premiums. Navigators are required to complete 120 hours of training, an exam, and recertify annually. In 2012, requires SHOP exchange navigator program. In 2013, established fees for SHOP exchange navigator licensing. Maryland was 1 of 6 New England states to receive the "Early Innovator" cooperative agreement funds.	Adopted

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Massachusetts	Quasi-Governmental Organization -- public entity not subject to the supervision and control of any other executive office - Massachusetts Health Connector governed by 11-person board. Received grant funds.	State	In 2006, Massachusetts passed health reform legislation that established a state initiated exchange. 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. Annual Reports to Legislature are online. A \$25 million appropriation from the state general fund helped start the exchange. State funds are appropriated annually.	State funds are appropriated annually.	Massachusetts was 1 of 6 New England states to receive the "Early Innovator" cooperative agreement funds.	Adopted
Michigan	State Agency - Michigan Department of Insurance and Financial Services. Received grant funds.	Federal-State	Partnership in which federally-run exchange with varying degrees of input, regulation, and oversight from the Department of Insurance. State is responsible for plan management and consumer assistance while the federal government handles all other functions	3.50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 4 organizations in the state received navigator grant funds from HHS.	Adopted

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Minnesota	State Agency (defined as a board or agency within the Executive Branch) -- Minnesota Insurance Marketplace governed by a 7-person board. Received grant funds.	State	MNSure: State-run Exchange established by law: In 2013, the Minnesota legislature passed the Minnesota Insurance Marketplace Act, in HB 5, 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. 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. 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 was to increase to 3.5 percent of total premiums beginning in 2015 as well as annual reports.	3.50% (state)	HHS approved a 1332 waiver that created a state reinsurance program to reduce premiums. The 2013 Legislature (included in HB 5, the Minnesota Insurance Marketplace Act) has designated a navigator program for the first year of MNSure. Final rules regarding the navigator role within MNSure's Consumer Assistance Network are posted online. The MNCAA Program, established by the 2007 MN legislature, seeks to break down barriers to obtaining publically funded health care coverage for eligible Minnesotans. Community organizations partnering DHS and counties to help people enroll in Minnesota Health Care Programs (MHCP). The In-Person Assistants must pass an exam and background check.	Adopted
Mississippi	State Agency -The Risk Pool Association operating the Mississippi Exchange is a non-profit entity regulated by the Insurance Department -- Risk Pool Association governed by 11-person board. Received grant funds.	Federal (state operates small business - SHOP - exchange)	State has a federally facilitated individual exchange. In August 2013, HHS approved a structure variation that allows a state to run a SHOP exchange only, "One, Mississippi" SHOP.	3.50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS. Not all grant funds have been used that were received.	Not Adopted
Missouri	State agency - Missouri Department of Insurance, Financial Institutions and Professional Registration. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3.50%	Attempted Reinsurance Program - Failed. On November 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. Navigators must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS. The MO legislature also requires navigators to be licensed with the state and pay a licensing and renewal fee. This law was halted by a federal court injunction on January 23, 2014.	Not Adopted

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Montana	State agency - Montana Office of the State Auditor - Commissioner of Securities and Insurance. Received grant funds.	Federal	Training and certification requirements on a state level for the Federal Health Insurance Marketplace. State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange.	3-50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 3 organizations in the state received navigator grant funds from HHS. Not all grant funds have been used that were received. 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 initial license, \$50 for biennial renewal license, and \$100 reinstatement).	Adopted
Nebraska	State agency - Nebraska Department of Insurance. Received grant funds.	Federal	State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange.	3-50%	Navigators in state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS. In 2013, the legislature passed LB 568 requiring navigators to meet certain standards and be registered with the state.	Considering Expansion
Nevada	State agency - Silver State Health Insurance Exchange. A state agency that operates Nevada Health Link. 9 board members and 13 staff members. Received grant funds.	State-FP	Exchange voted to contract with Get Insured to build and operate Nevada's own health insurance exchange. Independent newly developed state agency with governing board. Exchange served as a market organizer, where it may limit insurers or the number of plans allowed to participate in the exchange. Board member cannot be a legislator. May 2014, board voted to change from its own website and to use the federal HealthCare.gov site. May 2015, legislature enacted Act 144 of 2015, which removes the requirement that the Exchange be "state based". It expanded the board to 9 voting members and eliminates the prohibition against appointing a person affiliated with a health insurer; also authorizes compensation to board members.	3-15%	In 2020, Nevada plans on switching back to run its own state exchange platform. One (1) million of state funds were allocated for this transition for design development and implementation. Navigators must be certified by the Nevada Department of Insurance. Navigators are required to complete 20 hours of training, pass an examination and background check, and meet certain performance measures.	Adopted

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New Hampshire	State agency - New Hampshire Insurance Department. Received grant funds.	Federal-State	Use federal government's call center and enrollment site. State operates a website Covering New Hampshire. New Hampshire Partnership Marketplace at HealthCare.gov.	3-50%	New Hampshire enacted legislation in 2018 that directs the state to seek federal approval to abandon the PAP system and switch to regular Medicaid managed care instead. New Hampshire submitted a waiver proposal to this effect to CMS in July 2018, and is awaiting federal approval to overhaul Medicaid expansion starting in 2019 (a Medicaid work requirement was already approved by CMS, and will take effect in New Hampshire in January 2019). Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS.	Adopted
New Jersey	State agency - New Jersey Department of Banking and Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	New Jersey will have an individual mandate in 2019. New Jersey has submitted a 1332 waiver proposal, that was approved in August 2018, seeking federal pass-through funding for a reinsurance program for 2019. 1st state to do either of these things. New Jersey Individual Health Coverage Program Board of Directors (state agency that is "in but not of" the Department of Banking and Insurance) will design and adjust the reinsurance program (portion will be funded by an annual appropriation out of the General Fund). Navigators in the state must meet CMS training requirements (30 hours of training and web certification) 5 organizations in the state received navigator grant funds from HHS.	Adopted
New Mexico	Quasi-Governmental Organization -- Non-profit public corporation - Exchange: Be Well New Mexico governed by a 13-person board. Received grant funds.	State-FP (state runs its own small business - SHOP - exchange)	Local control over insurance exchange functions and marketplace oversight, with an outsourcing to the federal government of the information technology (IT). The health insurance exchange's governing board requested federal support to implement the new marketplace. New Mexico announced its board members in April, after authorizing a state-run exchange in March. The exchange's governing board voted to have the state manage the SHOP market but have the federal government run the individual insurance portion of the exchange, postponed from 2014 to 2015.	3% federal rate - However, the insurers are assessed based on the budget for the marketplace/exc change and the insurer's market share by premium. New Mexico pays the federal rate out of the insurer's assessment.	The exchange is authorized to provide certification of navigators. Navigators are required to complete training and a background check.	Adopted

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New York	State Agency - New York Health Benefit Exchange within the Department of Health. Received grant funds.	State	New York State of Health - Facilitate enrollment in health coverage and the purchase and sale of qualified health plans; Enable eligible individuals and small businesses to receive federal tax credits; Convene regional advisory committees to provide advice and make recommendations. New York has implemented various regulations to enhance consumer protections, including allowing a special enrollment period for pregnant women, requiring insurers to remain in the exchange in order to keep their Medicaid/Essential Plan/Child Health Plus contracts, and requiring contraceptive, abortion, and essential health benefits coverage on state-regulated plans. Rate filings for plans are submitted to the New York Department of Financial Services to review and approve.	NONE	Operates a Basic Health Program - 15 insurers offering Essential Plan coverage. New York also requires insurers to spend at least 82 percent of premiums (for individual and small group coverage) on medical costs, which is more stringent than the federal requirement of 80 percent. In 2018, broker commissions on all individual and small group plans capped at no more than 4% of premiums. Allows businesses with 51-100 employees to purchase plans in the small group market (1 of 4 states). Considering single-payer legislation - New York Health Act - that would create a state-sponsored single-payer health program called New York Health to provide coverage to all residents of New York. New York Department of Health conducts navigator training.	Adopted
North Carolina	State Agency - North Carolina Department of Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	In 2013, legislature passed law that specifies the state's intent not to operate a state-run or "partnership" health benefit exchange. Also, provided that future Medicaid eligibility determinations would be made by the state rather than the federally facilitated exchange. It does permit use of federal grants for premium rate review. Navigators in the state must meet CMS training requirements (30 hours of training and web certification) 4 organizations in the state received navigator grant funds.	Not Adopted
North Dakota	State Agency - North Dakota Insurance Department. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	North Dakota Insurance Department will be proposing a state-based reinsurance program for lawmakers in 2019, with the hope of implementing market stabilization provisions in 2020, including the creation of a state-based plan to be sold by insurance companies. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations received navigator grant funds from HHS.	Adopted

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Ohio	State Agency - Ohio Department of Insurance. Received grant funds.	Federal	State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange.	3-50%	In March 2018, submitted a 1332 waiver that would, if federal permission is granted, allow the state to eliminate the ACA's individual mandate as of January 1, 2019 (Federal government has already eliminated the individual mandate penalty but not the mandate itself). HHS deemed the application incomplete and as of October 2018 it has not been revised by Ohio. Plans to also submit 1332 waiver to eliminate the employer mandate but has yet to do so. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 5 organizations in the state received navigator grant funds from HHS. In addition, the legislature required certification of navigators and a navigator fee.	Adopted
Oklahoma	State Agency - Oklahoma Insurance Department. Received grant funds - Returned Early Innovator IT Grant award.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Oklahoma defers to the federal government for review of rate filings for ACA-compliant products. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 5 organizations in the state received navigator grant funds from HHS.	Not Adopted
Oregon	State Agency - Oregon Department of Consumer and Business Services. Received grant funds.	State-PP	March 2012, the governor signed into law the Oregon Health Insurance Exchange Business Plan, an independent, quasi-governmental organization, public corporation of the state with a 9 member 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. In April 2014, the governing board of the state-run exchange voted to terminate the state-created website and move operations to the federal facilitated healthcare.gov after persistent technical problems. Consumers can use OregonHealthcare.gov to learn about the state's exchange-based health plans and eligibility; when they are ready to apply and enroll, they are taken to the federal marketplace website.	3%	Gov. Brown signed OR SB1 into law March 6, 2015, which resulted in the dissolution of Cover Oregon and its board of directors. The remaining responsibilities were transferred to the Oregon Department of Consumer and Business Services. Though the act was effective immediately, the full transfer was not complete until June 2015. Oregon started with 2 co-ops under the ACA. As of 2016, the state has none. Cover Oregon was the initial state based exchange but failed. HHS approved a 1332 waiver that created a state reinsurance program to reduce premiums. Navigators must complete training and receive certification.	Adopted

50-State Survey Marketplace/Exchanges

State	Governing Entity	Run by	Duties/Activities	User Fee Percentages	Innovations	Medicaid Expansion (as of September 11, 2018)
Pennsylvania	State Agency - Pennsylvania Insurance Department. Received grant funds.	Federal	Pennsylvania Insurance Department reviews all proposed health insurance rates and changes to existing rates for plans in the individual and small group markets. HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 5 organizations in the state received navigator grant funds from HHS.	Adopted
Rhode Island	State Agency - Rhode Island Health Benefit Exchange established as a division within the Executive Department - governed by a 13-person board. Received grant funds.	State	HealthSource RI is a state-based health insurance exchange to serve as a health insurance marketplace for individuals and small businesses. Rhode Island Office of the Health Insurance Commissioner reviews rates and filings. The exchange operates within the Executive Department and is governed by a 13-member board. The board is allowed to determine which health plans will be allowed in the exchange. Board members cannot be affiliated with any insurer, agent, broker, or provider. The exchange is allowed to establish advisory committees. The exchange contracts with carriers and determines which insurers are allowed to participate, given they meet the minimum federal requirements.	3.5% - Insurers selling off the exchange spread the assessment across all plans. The General Assembly may appropriate funds in lieu of supplemental or to the fee.	Navigators (assistors) must receive and complete state training, meet criteria, and pass an exam. 1 of 6 New England states to receive the "Early Innovator" cooperative agreement award.	Adopted
South Carolina	State Agency - South Carolina Department of Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	In October 2015, Consumers Choice (an ACA-created co-op) started winding down operations to cease by end of the year due to significant shortfall in risk corridors payments. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 3 organizations in the state received navigator grant funds from HHS.	Not Adopted

50-State Survey Marketplace/Exchanges

State	Governing Entity	Run by	Duties/Activities	User Fee Percentages	Innovations	Medicaid Expansion (as of September 11, 2018)
South Dakota	State Agency - South Dakota Department of Labor and Regulation - Division of Insurance. Received grant funds.	Federal	State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange.	3-50%	Proposed a compromise to cover only residents with incomes below the poverty level, rather than those with incomes up to 138 percent of poverty as called for under the ACA. HHS rejected both waiver proposals. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS.	Not Adopted
Tennessee	State Agency - Tennessee Department of Commerce and Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Tennessee's Benefits Administration and the Department of Finance had the lead on planning for the health insurance exchange but defaulted to a federally run exchange. Allows Farm Bureau to operate outside of the regulatory structure imposed by the state (not considered to be a licensed health insurer). Farm Bureau "traditional" plans are only available to healthy people and are removing healthy people from the ACA-compliant risk pool. State's ACA-created CO-OP wound down end of 2015. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS. The legislature also requires the Insurance Commission must establish certification, training, and rules for navigators (SB 1145).	Not Adopted
Texas	State Agency - Texas Department of Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 8 organizations in the state received navigator grant funds from HHS. The legislature enacted SB 1795 of 2013 that requires the Department of Insurance to create a navigator program and rules to govern it.	Not Adopted

50-State Survey Marketplace/Exchanges

State	Governing Entity	Run by	Duties/Activities	User Fee Percentages	Innovations	Medicaid Expansion (as of September 11, 2018)
Utah	State Agency - Office of Consumer Health Services runs Avenue H - within the Governor's Office of Economic Development -- two advisory boards must give input to Avenue H. Received grant funds.	Federal (state operates small business - SHOP - exchange)	Utah established a small business exchange in 2008 and continues to run its small business exchange while the federal government runs the individual exchange in the state. CMS proposed an amendment 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 federally facilitated marketplace for the individual market for 2014-2015. 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.	3-50%	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. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 4 organizations in the state received navigator grant funds from HHS. In addition, the legislature enacted HB 160 requiring navigators to be licensed in the state.	Considering Expansion
Vermont	State Agency - Vermont Health Insurance Exchange (Vermont Health Connect) is a division within the Department of Vermont Health Access - in consultation with 22-person Medicaid and Exchange Advisory Committee. Received grant funds.	State	The Department of Vermont Health Access established the Vermont health benefit exchange. The exchange sets rates and approves plans.	NONE	Individual mandate in 2020. Navigators must complete training and disclose background information.	Adopted
Virginia	State Agency - Virginia Bureau of Insurance of the State Corporation Commission. Received grant funds.	Federal	State has a marketplace plan management exchange. Their exchanges are federally-run, but the state retains oversight of the plans, and is active in certifying QHPs for sale in the exchange.	3-50%	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS.	Adopted

50-State Survey Marketplace/Exchanges

State	Governing Entity	Run by	Duties/Activities	User Fee Percentages	Innovations	Medicaid Expansion (as of September 11, 2018)
Washington	Quasi-Governmental Organization - self-sustaining public-private partnership separate and distinct from the state - Washington Health Benefit Exchange governed by 11-person board. Received grant funds.	State	Washington Healthplanfinder - subsidies are only available through the exchange. Washington Office of the Insurance Commissioner publishes proposed rate filings and once the review is complete the plans will be certified by the Washington Health Exchange board. Exchange serves as a clearinghouse and allows all insurers to participate. The board members must not benefit financially from serving on the exchange while on the board. The board had to develop an implementation report to present by 2012. The board can decide whether or not to establish a SHOP and individual exchange as one or separately.	Assessed on a Per Member Per Month rate -- \$3.39 for all health plans (which cannot be passed down to consumers)	FAILED - state-based reinsurance program, effective 2019. State-run exchanges has flexibility with open enrollment dates - open enrollment for 2018 coverage extended to January 15, 2018. As of 2020, any insurer that offers coverage to school employees will be required to offer at least one silver and one gold plan in the individual market via Washington Healthplanfinder in any areas where the insurer offers coverage for school employees. If necessary, the legislation would make coverage in the Washington state health insurance pool more affordable for people who live in counties where no insurers offer exchange plans. Navigators are required to complete training and an exam. Navigators are measured by the number of enrollment applications completed.	Adopted
West Virginia	State Agency - West Virginia Department of Health and Human Resources. Received grant funds.	Federal-state partnership	Operates a partnership exchange with the federal government, using Healthcare.gov as West Virginia's portal for residents to select plans. HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3.00%	In late 2017, West Virginia considered the possibility of seeking a waiver from the federal government in order to implement a work requirement for the state's Medicaid expansion population but as of March 2018, West Virginia has not submitted any 1115 waivers with CMS. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS.	Adopted
Wisconsin	State Agency - Office of the Commissioner of Insurance. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources.	3-50%	Wisconsin passed Act 138 in 2018 that provides legislative approval for a state reinsurance program and to allow for submission of a 1332 waiver proposal. Wisconsin has 1 of 4 remaining co-ops in the United States created under the ACA's Consumer Operated and Oriented Plan Program. Wisconsin Medicaid is available to adults with income up to the poverty level so there's no coverage gap even though Wisconsin has not adopted Medicaid Expansion. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 6 organizations in the state received navigator grant funds from HHS. Wisconsin received the "Early Innovator" cooperative agreement, administered by the Wisconsin Department of Health Services but returned the grant award.	Not Adopted

50-State Survey Marketplace/Exchanges

State	Governing Entity	Run by	Duties/Activities	User Fee Percentages	Innovations	Medicaid Expansion (as of September 11, 2018)
Wyoming	State Agency - Wyoming Insurance Department. Received grant funds.	Federal	HHS will carry out all Exchange functions, including consulting with stakeholders and participating in formal consultation with Indian tribes; certifying, recertifying, and decertifying QHPs; determining individuals' eligibility for enrollment in a QHP through the Exchange and for insurance affordability programs; and supporting consumers, issuers, and other stakeholders through technical assistance and enrollment facilitation resources. Wyoming does not have an effective rate review process so the federal government is in charge of reviewing rates.	3-50%	The Wyoming Department of Insurance is working on a 1332 waiver proposal to seek federal funding for a reinsurance program. Lawmakers are expected to consider reinsurance legislation in 2019, as legislative approval is needed before the 1332 waiver can be submitted. Wyoming shares many insurance dynamics with Alaska. Navigators in the state must meet CMS training requirements (30 hours of training and web certification). 2 organizations in the state received navigator grant funds from HHS.	Not Adopted