OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)
Annual Performance Progress Report (APPR) for Fiscal Year 2005-06

2007-09 Budget Form 107BF04c

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Agency Mission

To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

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ABOUT THIS REPORT

Purpose of Report

The purpose of this report is to summarize the agency's performance for the reporting period, how performance data are used and to analyze agency performance for each key performance measure legislatively approved for the 2005-07 biennium. The intended audience includes agency managers, legislators, fiscal and budget analysts and interested citizens.

1. PART I: EXECUTIVE SUMMARY defines the scope of work addressed by this report and summarizes agency progress, challenges and resources used.
2. PART II: USING PERFORMANCE DATA identifies who was included in the agency's performance measure development process and how the agency is managing for results, training staff and communicating performance data.
3. PART III: KEY MEASURE ANALYSIS analyzes agency progress in achieving each performance measure target and any corrective action that will be taken. This section, the bulk of the report, shows performance data in table and chart form.

KPM = Key Performance Measure

The acronym "KPM" is used throughout to indicate **K**ey **P**erformance **M**easures. Key performance measures are those highest-level, most outcome-oriented performance measures that are used to report externally to the legislature and interested citizens. Key performance measures communicate in quantitative terms how well the agency is achieving its mission and goals. Agencies may have additional, more detailed measures for internal management.

Consistency of Measures and Methods

Unless noted otherwise, performance measures and their method of measurement are consistent for all time periods reported.

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

TABLE OF MEASURES

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

2007-09 KPM#	2007-09 Key Performance Measures (KPMs)	Page #
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2	TRAINING SESSIONS HELD – Number of training sessions or presentations made to insurance agents, community partners, and stakeholders.	7
3	STAKEHOLDERS TRAINED– Number of insurance agents, community partners, and stakeholders trained.	9
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9	CHILDREN’S GROUP PLAN – Number of children enrolled in an OPHP Children’s Group Plan	20
10	CUSTOMER SERVICE – Percent of customers rating their overall satisfaction with the agency good or excellent for: Timeliness, accuracy, helpfulness, expertise, and information availability.	22

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

I. EXECUTIVE SUMMARY

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

Contact: Nathan Warren, Budget Analyst	Phone: 503-378-3930
Alternate: Becky Frederick, Fiscal Manager	Phone: 503-378-4679

1. SCOPE OF REPORT

- This report covers the programs of the Office of Private Health Partnerships, including the Information, Education and Outreach program; the Family Health Insurance Assistance Program (FHIAP); and the Small Business Certified Plans program.

2. THE OREGON CONTEXT

After reaching an uninsurance rate of 11 percent in the late 1990s, Oregon's rate rose to 14 percent in 2002 and was 17 percent in 2004. Oregon's recession and slow economic recovery, fewer people served by the Oregon Health Plan, and an overall increase in the cost of health care and premiums (causing employers to drop coverage) have contributed to this increase in uninsurance. The OPHP directly impacts benchmark number 54 by helping people pay for health insurance coverage through the FHIAP subsidy program.

The education and outreach efforts of the agency provide information insurance agents and consumers need to make informed health insurance decisions. Our partners include private-sector employers and insurance plans, insurance producers, our members, and sister agencies from DHS (e.g., CAF, and DMAP).

3. PERFORMANCE SUMMARY

KPM Progress Summary	Key Performance Measures (KPMs) with Page References	# of KPMs
KPMs MAKING PROGRESS at or trending toward target achievement	Agent Referrals (page 5); Training Sessions (page 7); Stakeholders Trained (page 9); FHIAP Enrollments (page 11); FHIAP Eligible Enrollments (page 13); FHIAP Administration Percentage (page 15); Customer Service (page 22)	7
KPMs NOT MAKING PROGRESS not at or trending toward target achievement	Certified Business Plans (page 18); Children's Group Plan (page 20);	2
KPMs - PROGRESS UNCLEAR target not yet set	#7 Customer Satisfaction (page 18) replaced with #10 Customer Service in more detail	1
	Total Number of Key Performance Measures (KPMs)	10

4. CHALLENGES

The agency's primary challenge is funding. There are many low-income Oregonians who do not have access to health insurance through an employer, and cannot afford the cost of health coverage through private insurers. With the focus on employer-sponsored insurance (ESI or Group) for enrollment in the FHIAP program, there remains a large percentage of Oregon's population that have no ability to purchase health care insurance on their own. The agency, because of the ability to provide subsidies to a larger number of people, has been focused on new enrollment in the group market.

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Those who do not have employers who offer insurance, with or without a cost to the employee, are unlikely to be able to purchase coverage through the private health insurance market on their own, and will probably remain uninsured without assistance.

5. RESOURCES USED AND EFFICIENCY

In Fiscal Year 2006, the FHIAP program served over 22,000 Oregon lives, with an annual monthly average of 15,085 lives per month. The agency distributed a total of over $37 million dollars to low-income Oregonians to subsidize private health insurance through their employers or in the private-sector individual market.

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

II. USING PERFORMANCE DATA

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

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The following questions indicate how performance measures and data are used for management and accountability purposes.	
1 INCLUSIVITY Describe the involvement of the following groups in the development of the agency's performance measures.	• Staff: included through staff meetings • Elected Officials: included through legislative budget process • Stakeholders: through input and feedback to staff • Citizens: through customer service survey response
2 MANAGING FOR RESULTS How are performance measures used for management of the agency? What changes have been made in the past year?	• Performance Review and Reporting •
3 STAFF TRAINING What training has staff had in the past year on the practical value and use of performance measures?	• Staff meetings • Staff "Briefings" document discussion
4 COMMUNICATING RESULTS How does the agency communicate performance results to each of the following audiences and for what purpose?	• Staff: Internal weekly "Briefings" document • Elected Officials: Responses to questions and legislative budget process • Stakeholders: through input and feedback to staff and to answer queries • Citizens:

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

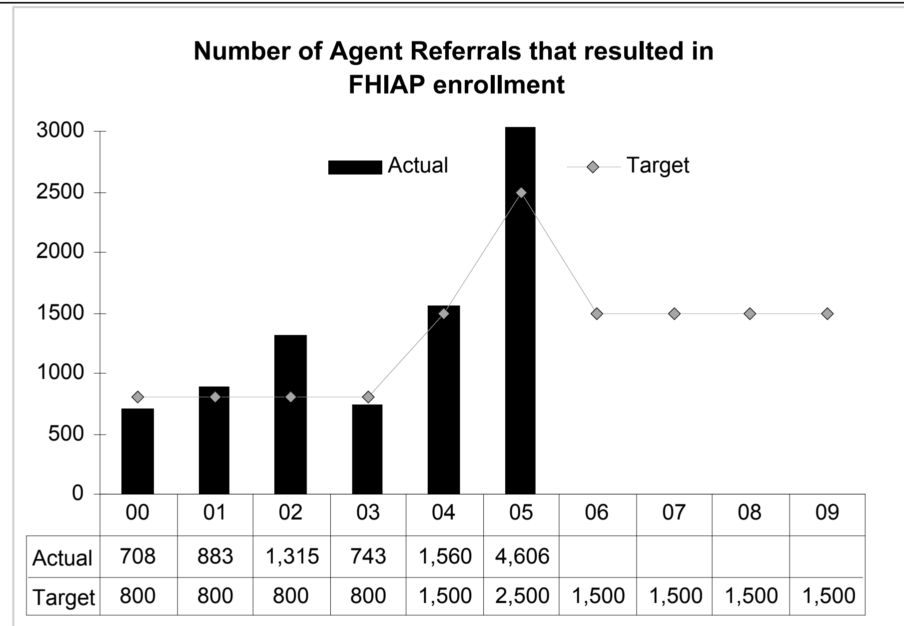
KPM #1	AGENT REFERRALS Number of referrals made to insurance agents involved in the Agent Referral Program.	Measure since: 1999 – Calendar Year
Goal	Provide access to health insurance, thereby reducing the percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	Referral Database	
Owner	Information, Education and Outreach Unit, Mark Jungvirt, Manager, 503-378-5461	

1. **OUR STRATEGY**

We train health insurance producers (formerly referred to as "agents") to help uninsured people and businesses navigate the health insurance system. One barrier to accessing health insurance is the complexity of the system. People and business owners are confused by how to choose a plan and how to fill out applications. The Producer Referral Program matches trained insurance producers with people from their communities who call OPHP for assistance. These producers help find plans that fit consumers' budget and medical needs. Additionally, producers:

- Help clients complete applications, both for health insurance and for FHIAP.
- Make referrals to Oregon Health Plan, including the Children's Health Insurance Program (CHIP).
- Help people who are approved for individual market FHIAP subsidies select insurance from a list of approved plans.
- Help small businesses find plans that meet their needs.

Finally, the producers trained by OPHP become FHIAP liaisons who serve Oregonians throughout the state, greatly increasing the reach of our Salem-based agency.



	00	01	02	03	04	05	06	07	08	09
Actual	708	883	1,315	743	1,560	4,606				
Target	800	800	800	800	1,500	2,500	1,500	1,500	1,500	1,500

2. **ABOUT THE TARGETS**

The spike in referrals in 2005 resulted from a significant expansion of FHIAP for budget reasons as well as the March 2005 launch of two, state-designed health plans for small, uninsured businesses. The FHIAP openings and the new plans resulted in more calls from individuals and business owners seeking help from referral producers. The number of referrals also reflects an aggressive training-marketing campaign that began in 2004, in response to the FHIAP openings. (See Performance Measures 2 and 3). The reduced number of referrals targeted for upcoming years reflects a more typical budget cycle for FHIAP.

3. **HOW WE ARE DOING**

III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

We exceeded expectations in 2005 because the number of referrals is directly tied to the enrollment/budget cycle of FHIAP, and FHIAP's budget increased significantly. Growth in the individual subsidy market generates referrals because people who are approved for the subsidies often seek producer help in selecting a health plan from the dozens of choices that FHIAP offers. However, OPHP also referred many small business owners to producers for help finding a plan that meets FHIAP's minimum standards or to learn more about the two new plans for small, uninsured businesses.

4. **HOW WE COMPARE**
   This is not applicable. FHIAP is a one-of-its-kind referral program in Oregon and referrals are driven by factors unique to the agency, including its program openings.

5. **FACTORS AFFECTING RESULTS**
   The number of referrals is directly tied to FHIAP's enrollment/budget cycle. When FHIAP has openings in the individual market, referrals are up; when FHIAP has a waiting list for individual subsidies, referrals drop.

6. **WHAT NEEDS TO BE DONE**
   Because of turnover in the insurance industry and changes in state programs, the IEO unit will provide ongoing training to its referral producers as well as expand the number of referral producers. The staff will attempt to meet face-to-face with its more than 300 referral producers as staff travel statewide for other training and outreach. Finally, IEO will continue to promote the free referral program to FHIAP applicants because the number of people who complete the FHIAP application process and then enroll in insurance is greater when producers are involved.

7. **ABOUT THE DATA**
   The latest referrals occurred during calendar year 2005. FHIAP makes referrals by telephone and keeps an electronic record of each referral that involves FHIAP members/applicants. A database is maintained of referral producers (who complete training and meet other requirements). Referrals are distributed to the producers based on zip code or town of the person who is seeking producer help.

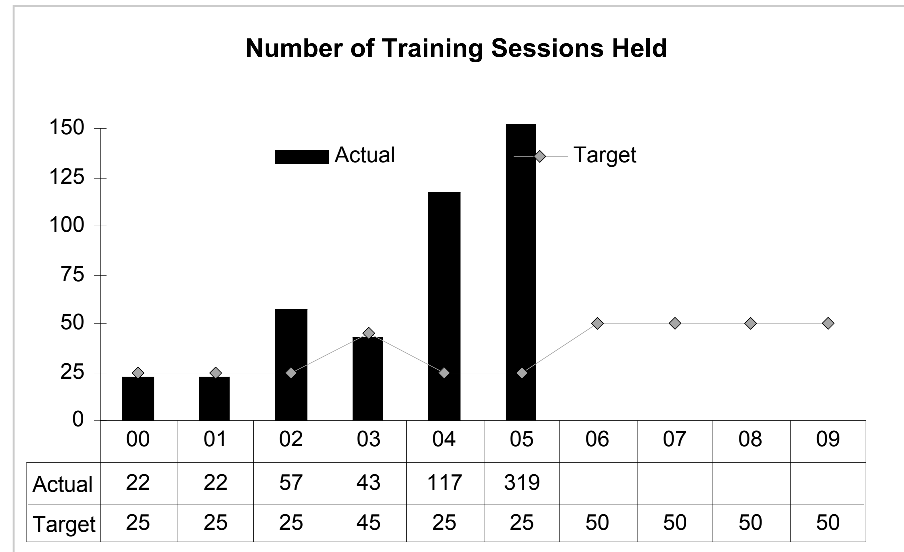
III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

KPM #2	TRAINING SESSIONS HELD Number of training sessions or presentations made to insurance agents, community partners, and stakeholders.	Measure since: 1999 – Calendar Year
Goal	Provide access to health insurance, thereby reducing the percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	Monthly Reporting	
Owner	Information, Education and Outreach Unit, Mark Jungvirt, Manager, 503-378-5461	

8. **OUR STRATEGY**
   The IEO staff train insurance carriers, producers, employer associations, civic organizations and others in the public programs that help Oregonians obtain insurance or access health care. This allows people in the industry and consumers to make informed health insurance decisions. We are particularly concerned with linking lower-income Oregonians to programs such as FHIAP and OHP. FHIAP also provides training on OMIP, the state's high-risk pool for people who are turned down for insurance in the commercial market.

9. **ABOUT THE TARGETS**
   The agency sets training goals based on what is needed to keep insurance producers and carriers updated on changes in agency programs and changes in statutes that affect the health insurance industry. The goals include approximately 20 continuing education classes for newly licensed producers; these are scheduled a year in advance in various locations statewide. Since the agency is Salem-based without field offices, having people who sell health insurance trained in programs that can help Oregonians afford health insurance stretches our staff and helps to lower the uninsured rate.



	00	01	02	03	04	05	06	07	08	09
Actual	22	22	57	43	117	319				
Target	25	25	25	45	25	25	50	50	50	50

10. **HOW WE ARE DOING**
   OPHP exceeded the targeted number of presentations in 2005 because of openings for FHIAP subsidies and the need to educate key partners in those openings and how the program works. Additionally, trainings were conducted to educate producers about the new health plans for uninsured businesses. From January through March of 2006, staff conducted 26 trainings for more than 800 producers and carriers statewide. Additionally, in August 2005, FHIAP staff held 53 training sessions that reached more than 1,200 stakeholders. We visited stakeholders throughout Oregon, from Astoria to Brookings and from

Ontario to Lakeview. The aggressive trainings of 2005 succeeded in boosting FHIAP enrollments and strengthening partnerships with groups statewide that share our concern with reducing the numbers of uninsured.

11. **HOW WE COMPARE**
    No other state agency offers training in health insurance statutes, insurance code changes and state programs that can help people obtain health insurance. IEO's aggressive outreach to all parts of Oregon is well received by insurance industry organizations and producers who often comment on the quality of the training and the opportunity to learn about state programs.

12. **FACTORS AFFECTING RESULTS**
    Although OPHP conducts ongoing training, the spike in presentations in 2005 was driven by the availability of subsidies for uninsured Oregonians and the need to educate producers on the small business health plans.

13. **WHAT NEEDS TO BE DONE**
    The agency will continue to promote continuing education classes for newly licensed health insurance producers so that they understand public programs available to help their clients. As technology and Insurance Division rules change, the agency will make on-line training available for a range of stakeholders, including producers, business owners and uninsured Oregonians.

14. **ABOUT THE DATA**
    FHIAP maintains electronic calendars and sign-in sheets at training sessions. Both are used to track the number of presentations and the number of people who attend. The most recent numbers here are for calendar 2005.

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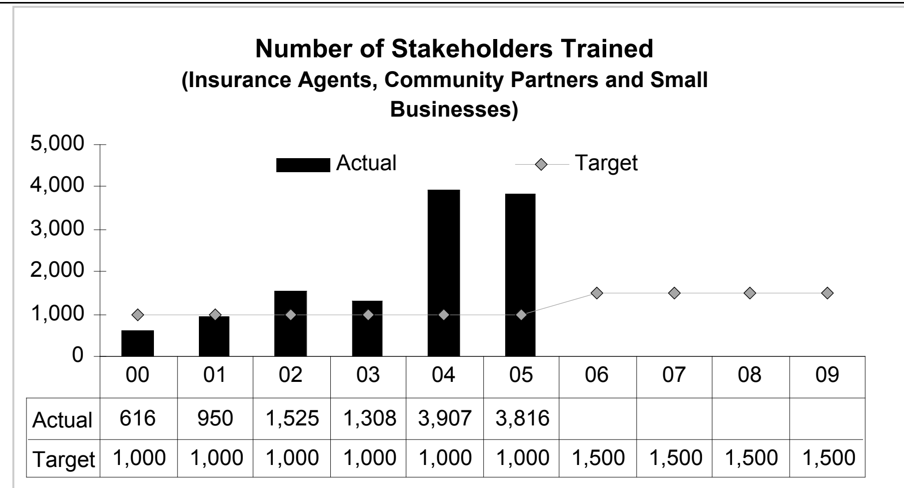
KPM #3	STAKEHOLDERS TRAINED Number of insurance agents, community partners, and stakeholders trained.	Measure since: 1999 – Calendar Year
Goal	Provide access to health insurance, thereby reducing the percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	Monthly Reporting	
Owner	Information, Education and Outreach Unit, Mark Jungvirt, Manager, 503-378-5461	



	00	01	02	03	04	05	06	07	08	09
Actual	616	950	1,525	1,308	3,907	3,816				
Target	1,000	1,000	1,000	1,000	1,000	1,000	1,500	1,500	1,500	1,500

15. **OUR STRATEGY**
    To succeed, IEO must educate the public about OPHP programs and the health insurance system. OPHP believes the best way to do this is through intensive and informative trainings for insurance carriers, producers and other community partners who work with our target audience. These partners, in turn, are better able to link the uninsured with programs that can help them, thus lowering the uninsured rate. In addition to carriers, producers, employers and advocacy groups, a key training target for IEO trainings is Department of Human Services (DHS) staff. FHIAP is an alternative for many Oregonians who qualify for Oregon Health Plan (administered by DHS) but either choose private insurance or can't get into OHP because of budget limits. FHIAP also serves people who are making the transition from public- to private-sector programs. There is a need for ongoing training about how the two programs work together. During stakeholder trainings, IEO also reaches out to county health departments, safety net clinics, medical providers, state employment offices, human resource personnel and advocacy groups that help people with applications.
16. **ABOUT THE TARGETS**
    Constant turnover in public and private organizations and changes in laws affecting state programs and the health insurance industry require OPHP to provide ongoing training to key partners. The extent and frequency of training, however, is dictated in part by program openings, budget and whether programs or statutes change significantly.
17. **HOW WE ARE DOING**
    OPHP historically has been close to reaching its target for training stakeholders. Fluctuations are based largely on whether there are FHIAP openings and the need for statewide producer training based on insurance law changes.

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18. **HOW WE COMPARE**
    There are no relevant comparators.
19. **FACTORS AFFECTING RESULTS**
    The number of stakeholders trained varies somewhat, based on agency budget and the need to explain changes in programs and statutes or new programs and insurance products.
20. **WHAT NEEDS TO BE DONE**
    OPHP will continue to provide free or low-cost education to newly licensed producers as well as key community partners. The agency should explore other ways to deliver training, such as on-line classes.
21. **ABOUT THE DATA**
    OPHP provides signup sheets at all its training. These numbers are for calendar year 2005.

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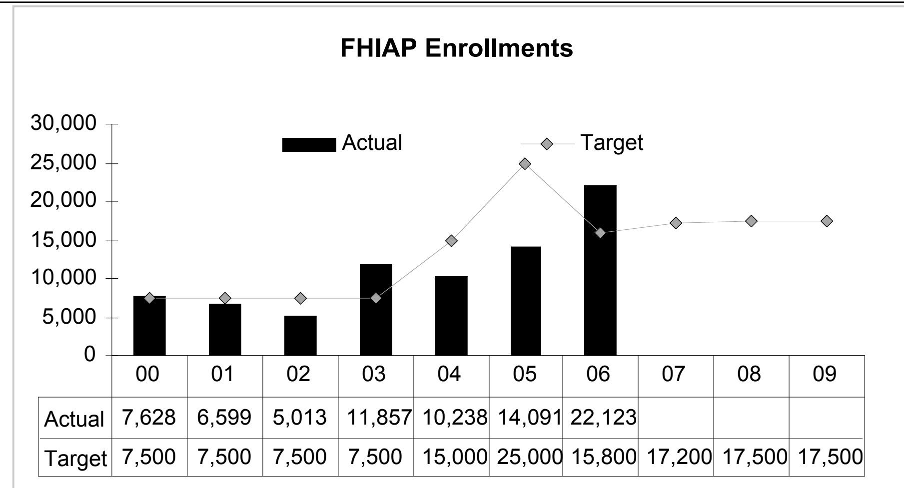
KPM #4	FHIAP ENROLLEES Number of Oregonians enrolled in the Family Health Insurance Assistance Program (FHIAP) for health insurance subsidies.	Measure since: 1999 – Fiscal Year
Goal	Provide access to health insurance, thereby reducing the percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	Family Health Insurance Assistance Program (FHIAP) database	
Owner	FHIAP Manager, Craig Kuhn, 503-378-6032	

22. **OUR STRATEGY**
After reaching an uninsurance rate of 11 percent in the late 1990s, Oregon's rate rose to 14 percent in 2002 and was 17 percent in 2004. Oregon's recession and slow economic recovery, fewer people served by the Oregon Health Plan, and an overall increase in the cost of health care and premiums (causing employers to drop coverage) have contributed to this increase in uninsurance. The OPHP directly impacts this benchmark by paying for health insurance coverage through the FHIAP program. The education and outreach efforts of the agency provide information insurance agents and consumers need to make informed health insurance decisions. Our partners include private-sector employers and insurance plans, insurance producers, our members, and sister agencies from DHS (e.g., CAF, OHP, and OMAP).



	00	01	02	03	04	05	06	07	08	09
Actual	7,628	6,599	5,013	11,857	10,238	14,091	22,123			
Target	7,500	7,500	7,500	7,500	15,000	25,000	15,800	17,200	17,500	17,500

23. **ABOUT THE TARGETS**
FHIAP provides economic assistance towards the purchase of private-sector health insurance plans, and thus has a direct influence on decreasing the percent of uninsured Oregonians. Through our ability to subsidize commercial health insurance plans, we facilitate enrollment in these plans, which thereby result in FHIAP members having access to quality health care via the coverage afforded by the commercial health insurance plan.

24. **HOW WE ARE DOING**
The number of Oregonians that FHIAP can serve is directly related to the program's legislatively approved budget. In 2002, the FHIAP program was approved to receive federal matching dollars through the Centers for Medicare and Medicaid Services (CMS) as part of the Oregon Health Plan waivers. The drop in enrollees in 2004 from that of 2003 is predominantly due to the reduction in "churning". Enrollees in the program stayed in longer, and therefore the budget served fewer people during the year. In 2005, enrollment increased by 37 percent over 2004. The target for 2005 enrollees was inflated, as this target was developed in 2003 when the program was expected to grow at a more rapid rate, be funded at a higher level, and reach a biennial average of 25,000. Since that time, negotiations in the federal waiver agreement and changes in the program reduced forecasts for 2006 and 2007 that more

accurately reflect current enrollment trends. The agency exceeded the 2006 target by 40 percent, serving a total of 22,123 lives during the fiscal year. Enrollment for 2007 is expected to decrease and then balance out near 15,000 per month by the end of the 2007-09 biennium.

25. **HOW WE COMPARE**
While there are a handful of other premium assistance programs in the country, each program is operated under a unique federal waiver (including direct tie-ins to state Medicaid programs) and under different private market conditions, making direct relevant comparisons difficult. However, policy representatives from several states periodically contact staff to discuss how their state may design/implement a similar program to FHIAP because we continue to be successful in reaching our budgeted enrollment goals while also experiencing success in reducing our administrative costs.

26. **FACTORS AFFECTING RESULTS**
The primary factor affecting results is funding. While the ESI/Group market is the most cost effective, efforts to market this population are difficult and time consuming. There is a huge unmet need in the Individual market for those who do not have ESI available to them, however, premium costs continue to climb and state funds are limited. Focusing on the ESI/Group market, we expect to be able to fill the program to capacity within available General Fund appropriation.

27. **WHAT NEEDS TO BE DONE**
OPHP's Outreach unit is continually looking for new and innovative ways to reach the thousands of uninsured Oregonians who could qualify for assistance in the group market. The reservation list was reinstated for the individual market in the Fall 2005, while in 2006 FHIAP enrollments continued to grow beyond projections. The agency anticipates it will continue to allow new enrollments in the group market, as long as budgeted funds are available.

28. **ABOUT THE DATA**
The data reported represents the total number of persons served by the FHIAP program within the state's fiscal year (July 1, 2005 through June 30, 2006). This figure includes all those who were enrolled for any period of time during the reported year. The agency tracks the number of persons who enrolled in health insurance coverage, but is unable to measure health improvement outcomes as a result of enrollment.

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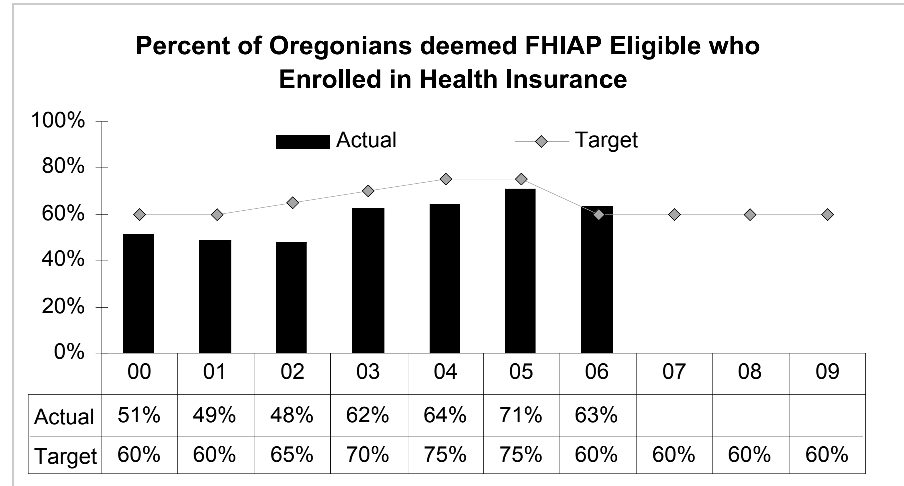
KPM #5	**FHIAP ELIGIBLE** **Percent of Oregonians deemed eligible for FHIAP who enrolled in health insurance.**	**Measure since:** **1999 – Fiscal Year**
Goal	Provide access to health insurance thereby reducing percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	FHIAP database system	
Owner	FHIAP Manager, Craig Kuhn, 503-378-6032	



	00	01	02	03	04	05	06	07	08	09
Actual	51%	49%	48%	62%	64%	71%	63%			
Target	60%	60%	65%	70%	75%	75%	60%	60%	60%	60%

29. **OUR STRATEGY**

FHIAP opened enrollment into the program in November 2002 after receiving approval to use federal matching funds through the Medicaid and SCHIP programs. At the time of the waiver approval, FHIAP had a reservation list (for those waiting to apply) of over 25,000 lives. Many of those who applied had been on the reservation list for up to a year.

Open enrollment for the individual market closed in October 2005, while those with employer sponsored insurance (ESI, or group) insurance were allowed to continue to enroll in FHIAP. This was done in concert with the Governor's office and the legislative direction the agency received in focusing on the ESI (group) market, because premiums are reduced by the employer's contribution, making it a more cost-efficient program to the state.

FHIAP processes a large number of applications for eligibility that do not result in program enrollment. Once an applicant has met eligibility requirements and has been accepted into the FHIAP program, they must then enroll in private-sector insurance either through their employer or in the individual market. Many of our approved applicants end up not following through in the enrollment process, either for financial or other reasons. When the federal waiver was approved to allow federal matching funds for the FHIAP program, only about 50 percent of those who were approved for subsidy actually enrolled into a health insurance plan that was subsidized. This presented an administrative strain on the agency's resources, and the goal is to reduce the number who do not enroll after eligibility is approved.

30. **ABOUT THE TARGETS**

When the federal waiver was approved to allow federal matching funds for the FHIAP program, only about 50 percent of those who were approved for subsidy actually enrolled into a health insurance plan that was subsidized. By increasing the number of approved applicants who enroll in the subsidy program, administrative costs are reduced.

III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

31. **HOW WE ARE DOING**
The percentage of those FHIAP eligible members who subsequently enroll in a health care plan is increasing. This is partly because new enrollment to the individual market were open, and people could get into the subsidy program when there was current interest. As people wait on the reservation list for openings in the program, frustration increases, interest wanes, and/or circumstances change.

32. **HOW WE COMPARE**
While there are a handful of other premium assistance programs in the country, each program is operated under a unique federal waiver (including direct tie-ins to state Medicaid programs) and under different private market conditions, making direct relevant comparisons difficult. However, policy representatives from several states periodically contact staff to discuss how their state may design/implement a similar program to FHIAP because we continue to be successful in reaching our budgeted enrollment goals while also experiencing success in reducing our administrative overhead costs.

33. **FACTORS AFFECTING RESULTS**
The primary factor affecting results is funding. While the ESI/Group market is the most cost effective, efforts to market this population are difficult and time consuming. There is a huge unmet need in the Individual market for those who do not have ESI available to them, however, premium costs continue to climb and state funds are limited. Historically, there is a higher percentage of those with ESI/Group that enroll in the FHIAP subsidy program once they are found eligible.

34. **WHAT NEEDS TO BE DONE**
The agency will continue to follow-up, as staffing allows, on those who are approved but do not subsequently enroll in the subsidy program. This measure has been submitted as a deletion in the 2007-09 Performance Measure process, but the agency will continue to monitor this as an internal measure for administrative accountability.

35. **ABOUT THE DATA**
The data is a calculation of the number of lives that enroll into the FHIAP subsidy program, divided by the number of lives approved for subsidy. For this measure, it includes all approved lives and all enrollments.

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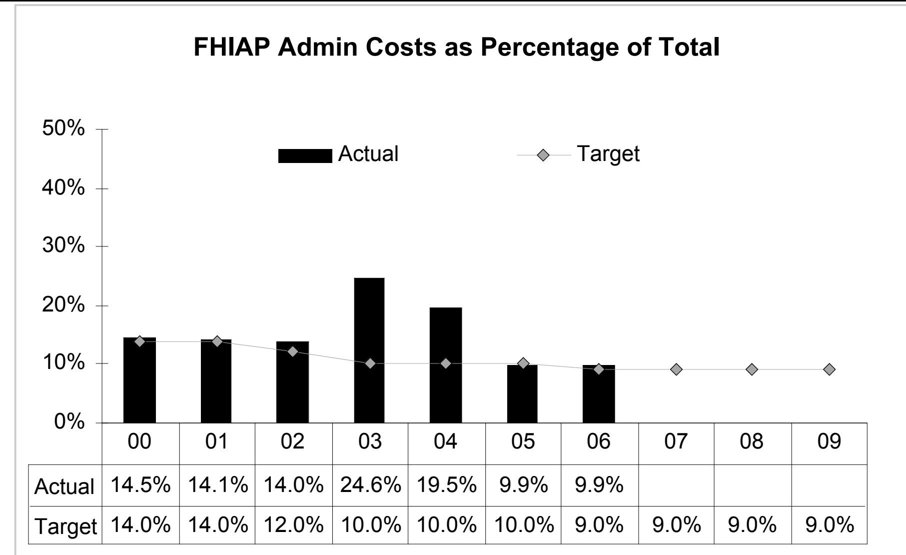
KPM #6	FHIAP ADMINISTRATION PERCENTAGE FHIAP Administrative expenses as a percent of total costs.	Measure since: 1999 – Fiscal Year
Goal	Provide access to health insurance, thereby reducing percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	SFMA Accounting Data	
Owner	Becky Frederick, Fiscal Manager, 503-378-4679	

36. **OUR STRATEGY**
    The agency has made progress in reducing the administrative costs of the FHIAP subsidy program by succeeding in getting enrollment in the program to a level that maximizes the efficiency of staff resources. In 2003 and 2004, during implementation of the agency's approval to gain federal funds through the federal Medicaid and SCHIP programs, administrative costs were high as a percentage of the budget because there were economies of scale that had not been realized.

    In 2005 and 2006, the agency met economies of scale, and was able to bring down administrative costs to reasonable levels.

37. **ABOUT THE TARGETS**
    In 2005, the legislature approved administrative costs of approximately 9.5% of the FHIAP budget. Because there was a subsequent reduction to the subsidy program of $1.1 million dollars General Fund, the actual administrative costs realized are a little higher than anticipated, although no additional dollars have been spent.



	00	01	02	03	04	05	06	07	08	09
Actual	14.5%	14.1%	14.0%	24.6%	19.5%	9.9%	9.9%			
Target	14.0%	14.0%	12.0%	10.0%	10.0%	10.0%	9.0%	9.0%	9.0%	9.0%

38. **HOW WE ARE DOING**
    The agency continues to streamline as many processes as possible to support the program within allowed budgets. We expect to remain on track to meet the projections.

39. **HOW WE COMPARE**
    While there are a handful of other premium assistance programs in the country, each program is operated under a unique federal waiver (including direct tie-ins to state Medicaid programs) and under different private market conditions, making direct relevant comparisons difficult. However, policy representatives from several states periodically contact staff to discuss how their state may design/implement a similar program to FHIAP because we continue to be successful in reaching our budgeted enrollment goals while also experiencing success in reducing our administrative overhead costs

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40. **FACTORS AFFECTING RESULTS**
The biggest factor affecting results is economy of scale. There is an unwritten threshold of service required regardless of the number of lives served in the program, but which remains the same as the enrolled population increases. This measure has been submitted as a deletion in the 2007-09 Performance Measure process, but the agency will continue to monitor this as an internal measure for administrative accountability.

41. **WHAT NEEDS TO BE DONE**
This measure has been submitted as a deletion in the 2007-09 Performance Measure process, but the agency will continue to monitor this as an internal measure for administrative accountability.

42. **ABOUT THE DATA**
The percentage of administration is a calculation of total FHIAP administrative costs compared to the total FHIAP budget. It does not include administration of the Information, Education and Outreach program.

III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

KPM #7	CUSTOMER SATISFACTION Number of OPHP (formerly IPGB) customer survey respondents who rate their experience with the agency at the highest possible rating..	Measure since: 2005 – Fiscal Year
Goal	Provide access to health insurance, thereby reducing percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	FHIAP Customer Survey Database	
Owner	Cindy Bowman, Project Coordinator, 503-378-4674	

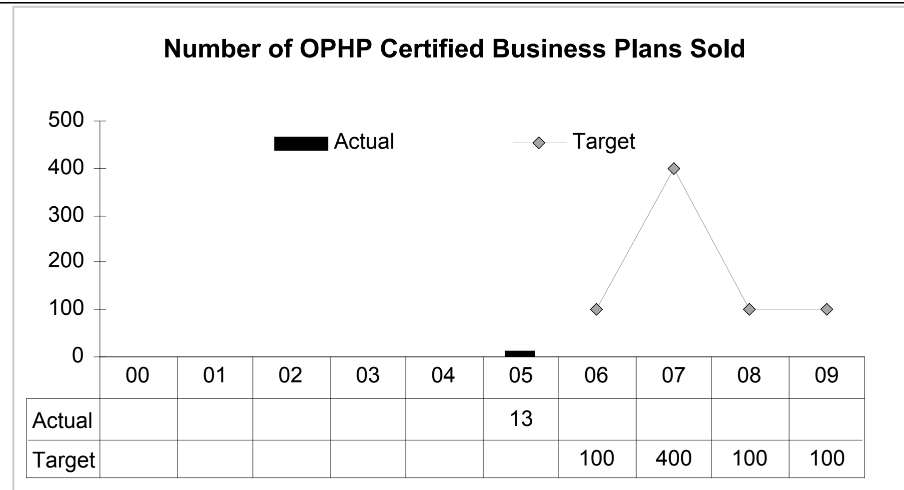
43. **OUR STRATEGY**
    See agency measure #10, which replaces this measure.
44. **ABOUT THE TARGETS**
    See agency measure #10
45. **HOW WE ARE DOING**
    See agency measure #10
46. **HOW WE COMPARE**
    See agency measure #10
47. **FACTORS AFFECTING RESULTS**
    See agency measure #10
48. **WHAT NEEDS TO BE DONE**
    See agency measure #10
49. **ABOUT THE DATA**
    See agency measure #10

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

KPM #8	CERTIFIED BUSINESS PLANS The number of businesses who purchase and OPHP (formerly IPGB) Certified Plan.	Measure since: 2005 – Calendar Year
Goal	Provide access to health insurance, thereby reducing percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	Quarterly reporting by carriers	
Owner	Information, Education and Outreach Unit, Mark Jungvirt, Manager, 503-378-5461	



	00	01	02	03	04	05	06	07	08	09
Actual						13				
Target							100	400	100	100

50. **OUR STRATEGY**
OPHP initially trained and promoted the plans to over 1,000 producers in 22 cities throughout the state. Continued monthly trainings and one-on-one meetings have reached another 500 producers. We have centers and Service Corps of Retired Executives (SCORE) members. There have been nearly 3 months of radio and television advertising throughout the state. We have also promoted the plans through newsletters with the Construction Contractors Board, insurance carriers and have had several articles show up in newspapers throughout the state.

51. **ABOUT THE TARGETS**
Our targets are on the front line in meeting with and relaying important business information to small business owners throughout the state. There is no feasible strategy for direct agency contact with businesses not providing health insurance on or after July 1, 2003. We must rely on targets that can relay the information for us or position us to deliver the information to their members.

52. **HOW WE ARE DOING**
Although the take up in these plans is far from target, we are seeing some ancillary benefit to promoting these plans.
The ancillary benefit is a business owner purchasing a standard market plan as a result of their initial interest in the Certified plans. Each of the approximate 500 quote requests has created an opportunity for consultation between the small business owner and insurance producer. These consultations usually include showing and comparing standard market plans along with the Certified plans. We can confirm standard market plans placed with Regence and/or Health Net as a result of these presentations.

53. **HOW WE COMPARE**
No state program, including the OPHP Certified Plans has had a meaningful impact on providing access for uninsured businesses.

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

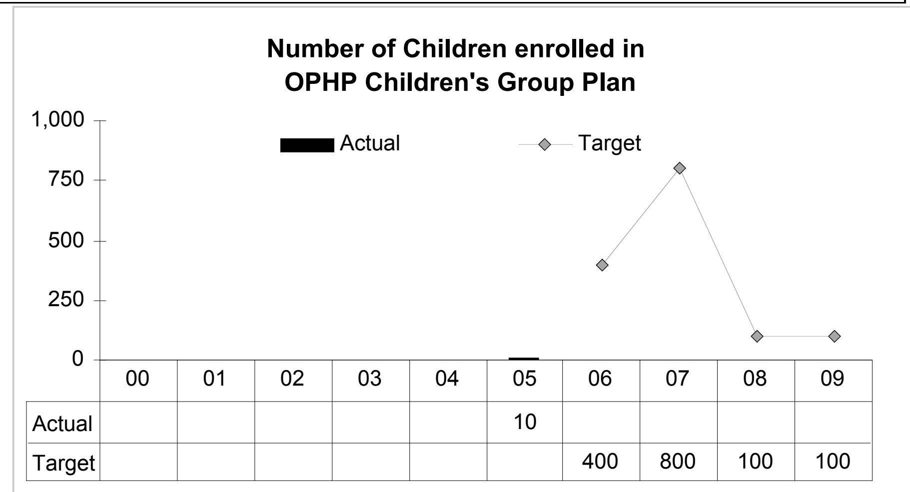
54. **FACTORS AFFECTING RESULTS**
    The low take-up rate appears to be directly tied to affordability. The pricing of the plans is not differentiated enough from standard market small business plans. Although we were hopeful that the carriers would be more aggressive in their renewal pricing, we also realize that an artificial reduction in pricing shouldered by only two carriers in not a viable long-term solution for Oregon's small businesses.

55. **WHAT NEEDS TO BE DONE**
    Create an affordably priced plan. We have heard from many stakeholders that further reductions in benefits to bring down the price is not an attractive alternative. Legislators who offered input leaned toward leaving the plans alone, suggesting that there was little expectation for meaningful enrollment and that OPHP made an excellent attempt. The IPGB board had similar input, feeling that reducing benefits strayed too far from the mission and purpose of the program. Without some form of subsidy, the only logical way to reduce cost is to reduce benefits. The legal basis for these plans is scheduled to sunset on January 2, 2008.

56. **ABOUT THE DATA**
    Data is compiled from reports sent quarterly from each participating carrier.

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

KPM #9	CHILDREN'S GROUP PLAN Number children enrolled in an OPHP (formerly IPGB) Children's Group Plan.	Measure since: 2005 – Calendar Year
Goal	Provide access to health insurance, thereby reducing percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	Quarterly reporting by carriers	
Owner	Information, Education and Outreach Unit, Mark Jungvirt, Manager, 503-378-5461	



	00	01	02	03	04	05	06	07	08	09
Actual						10				
Target							400	800	100	100

57. **OUR STRATEGY**
OPHP initially trained and promoted the plans to over 1,000 producers in 22 cities throughout the state. Continued monthly trainings and one-on-one meetings have reached another 500 producers. We have centers and Service Corps of Retired Executives (SCORE) members. There have been nearly 3 months of radio and television advertising throughout the state. We have also promoted the plans through newsletters with the Construction Contractors Board, insurance carriers and have had several articles show up in newspapers throughout the state.

    A separate health plan for children was developed to offer better benefits and comprehensive coverage to dependent children of employees who worked for employers purchasing the OPHP certified plans. There was general agreement among legislators, stakeholders and staff that placing children in the Alternative Plan (developed for adults) was not a desirable option.

58. **ABOUT THE TARGETS**
Our targets are on the front line in meeting with and relaying important business information to small business owners throughout the state. There is no feasible strategy for direct agency contact with businesses not providing health insurance on or after July 1, 2003. We must rely on targets that can relay the information for us or position us to deliver the information to their members.

59. **HOW WE ARE DOING**
Although the take up in these plans is far from target, we are seeing some ancillary benefit to promoting these plans.
The ancillary benefit is a business owner purchasing a standard market plan as a result of their initial interest in the Certified plans. Each of the approximate 500 quote requests has created an opportunity for consultation between the small business owner and insurance producer. These consultations usually

include showing and comparing standard market plans along with the Certified plans. We can confirm standard market plans placed with Regence and/or Health Net as a result of these presentations.

60. **HOW WE COMPARE**
No state program, including the OPHP Certified Plans has had a meaningful impact on providing access for uninsured businesses.

61. **FACTORS AFFECTING RESULTS**
The low take-up rate appears to be directly tied to affordability. The pricing of the plans is not differentiated enough from standard market small business plans. Although we were hopeful that the carriers would be more aggressive in their renewal pricing, we also realize that an artificial reduction in pricing shouldered by only two carriers in not a viable long-term solution for Oregon's small businesses.

62. **WHAT NEEDS TO BE DONE**
Create an affordably priced plan. We have heard from many stakeholders that further reductions in benefits to bring down the price is not an attractive alternative. Legislators who offered input leaned toward leaving the plans alone, suggesting that there was little expectation for meaningful enrollment and that OPHP made an excellent attempt. The IPGB board had similar input, feeling that reducing benefits strayed too far from the mission and purpose of the program. Without some form of subsidy, the only logical way to reduce cost is to reduce benefits. The legal basis for these plans is scheduled to sunset on January 2, 2008.

63. **ABOUT THE DATA**
Data is compiled from reports sent quarterly from each participating carrier.

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

III. KEY MEASURE ANALYSIS

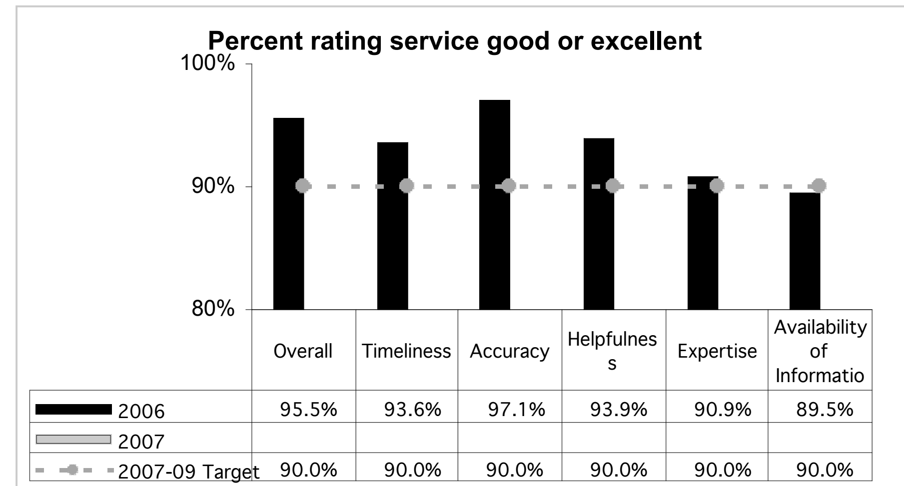
Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

KPM #10	CUSTOMER SERVICE Percent of customers rating their overall satisfaction with the agency good or excellent for: Timeliness, Accuracy, Helpfulness, Expertise, and Information Availability.	Measure since: 2005 – Fiscal Year
Goal	Provide access to health insurance, thereby reducing percent of uninsured Oregonians.	
Oregon Context	54 HEALTH INSURANCE	
Data source	FHIAP Customer Survey Database	
Owner	Cindy Bowman, Project Coordinator, 503-378-4674	

64. **OUR STRATEGY**
The agency surveys active FHIAP members using the statewide customer satisfaction survey created by the Oregon Progress Board and Customer Satisfaction Work Group. Active FHIAP members are surveyed monthly in conjunction with the reapplication process.

65. **ABOUT THE TARGETS**
Targets are expressed as the percent of responses that are good or excellent. The agency has always focused on providing excellent customer service to our members, and we anticipate a high return of Good or Excellent responses.

66. **HOW WE ARE DOING**
FHIAP began surveying in May 2006. Data represents responses received through August 31, 2006 on the prior fiscal year (FY 2006).



	Overall	Timeliness	Accuracy	Helpfulness	Expertise	Availability of Informatio
2006	95.5%	93.6%	97.1%	93.9%	90.9%	89.5%
2007						
2007-09 Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

67. **HOW WE COMPARE**
This was a new Performance Measure required for all state agencies. OPHP began its first survey in May 2006, and it is too early to make comparisons to how we compare with other agencies.

68. **FACTORS AFFECTING RESULTS**
While the agency makes every attempt to assist those who apply to the agency find health insurance options, there will be those who will not meet the qualifications of the program and will be turned down for subsidy.

69. **WHAT NEEDS TO BE DONE**
Until initial data is received, we are unable to determine what, if anything, needs to be done better.

III. KEY MEASURE ANALYSIS

Agency Mission: To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; providing access to health insurance through a program for low-income, uninsured Oregonians; and by developing and certifying health benefit plans for uninsured small businesses.

70. **ABOUT THE DATA**

Survey Name: FHIAP Customer Satisfaction Survey

Surveyor: Agency Staff

Date Conducted: Continuously, beginning 7/15/2006 and monthly thereafter.

Population: Consumers

Sampling Frame: About 50% of all active FHIAP members reapplying for subsidies, since the survey is mailed monthly versus bi-weekly when the redetermination applications are mailed.

Sampling Procedure: Systematic sample

Sample Characteristics: Population =; Sample = ; Responses = ; Response Rate =

Weighting: Single survey. No weighting required.

Survey Questions:

1. How do you rate the timeliness of the services provided by FHIAP employees?
2. How do you rate the ability of FHIAP employees to provide services correctly the first time?
3. How do you rate the helpfulness of FHIAP employees?
4. How do you rate the knowledge and expertise of FHIAP employees?
5. How do you rate the availability of information at FHIAP?
6. How do you rate the overall quality of service provided by FHIAP?