



ASPE

ISSUE BRIEF

HEALTH INSURANCE MARKETPLACE 2015 OPEN ENROLLMENT PERIOD: JANUARY ENROLLMENT REPORT

For the period: November 15, 2014 – January 16, 2015¹

January 27, 2015

The Health Insurance Marketplace (“the Marketplace”) plays a critical role in achieving one of the Affordable Care Act’s goals of reducing the number of uninsured Americans by providing affordable, high-quality health insurance for individual and small group consumers. This report provides data for enrollment-related activity in the individual market Marketplace during roughly the first two months of the 2015 Open Enrollment period for all 50 states and the District of Columbia.

Section I of the report focuses on the 37 states that are using the HealthCare.gov platform for 2015 (also known as “HealthCare.gov states”) for the first two months of the 2015 Open Enrollment and covers the period 11-15-2014 to 1-16-2015. The 37 HealthCare.gov states include 35 states that used the HealthCare.gov platform in both 2014 and 2015 and Oregon and Nevada, which are new to the HealthCare.gov platform in 2015.² These 37 states account for 75 percent of total Marketplace plan selections in this report.

The data available for these states include Marketplace plan selections for new consumers and consumers reenrolling in Marketplace coverage. The reenrollee data include both consumers who actively reenrolled in Marketplace coverage (i.e., people who returned to the Marketplace to select a new plan or actively renew their existing plan), and consumers who have been automatically reenrolled into coverage (i.e., people who retained coverage without returning to the Marketplace and selecting a plan, including some who may have subsequently returned to the Marketplace to actively select a plan).

The data included in this report cover the same reporting period as the most recent Weekly Enrollment Snapshot for the 37 HealthCare.gov states, and the metrics that are reported in both places are generally consistent (see Appendix Table D1 for additional information on how the

¹ Most of the data in this report are for the 11-15-14 to 1-16-15 reporting period with the following exceptions: the data for the State-Based Marketplaces that are using their own Marketplace platforms are for 11-15-14 to 1-17-15 (with the exception of California, which is reporting data for 11-15-14 to 1-18-15).

² For more information about data on Marketplace plan selections for the 2014 coverage year, please see the Marketplace Summary Enrollment Report, which can be accessed at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

data in this report compare with the data in the most recent Weekly Enrollment Snapshot).³ This report also includes data relating to completed applications, eligibility determinations, website visitors, and call center activity for the HealthCare.gov states; data on the overall distribution of Marketplace plan selections in these states by gender, age, metal level, financial assistance status (i.e., whether the consumer has been determined eligible for advance premium tax credits or cost-sharing reductions), race/ethnicity, and rural status.

Section II of the report focuses on the 14 states (including the District of Columbia) that are operating their own Marketplace platform for 2015 (see page 9). Most of the 14 states include activity for the period 11-15-2014 to 1-17-2015, but data for California are through 1-18-2015). These 14 states account for 25 percent of Marketplace plan selections in this report. The data available for these states include new consumers and reenrollees (please see Appendix Table D2 for additional information on the Marketplace plan selection data that are available for various states). Additionally, some data are available for certain states relating to completed applications, eligibility determinations, website visitors, call center activity; and the overall distribution of Marketplace plan selections by gender, age, metal level, and financial assistance status. (See Appendix Table D3 for a summary of which additional metrics are available for each state).

³ The Centers for Medicare & Medicaid Services publishes weekly Open Enrollment snapshots that provide preliminary point-in-time estimates for weekly data that could fluctuate based on consumers changing or canceling plans or having a change in status such as a new job or marriage; data revisions may mean that the weekly totals from the snapshots may not sum to the cumulative numbers. The weekly snapshots can be accessed at <http://www.hhs.gov/healthcare/facts/blog/index.html>.

Key Highlights:

National plan selection data available to date show that as of mid-January, more than 9.5 million⁴ Americans had selected or been automatically reenrolled⁵ into a 2015 health insurance plan through the Health Insurance Marketplace, specifically:

- More than 7.1 million people have selected or been automatically reenrolled into 2015 Marketplace plans in the 37 states that are using the HealthCare.gov platform in 2015 as of January 16th, including plan selections for new consumers and reenrollees (including both active reenrollees and automatic reenrollees); and
- Nearly 2.4 million people have selected or been automatically reenrolled into 2015 Marketplace plans in the 14 states (including DC) that are using their own Marketplace platforms in 2015, based on data through January 17th, including plan selections for new consumers and active reenrollees, and in most states, automatic reenrollees.
- Among the plan selections in the 37 states that are using the HealthCare.gov platform in 2015, 87 percent qualify for premium tax credits and/or cost-sharing reductions, and 2.5 million are under the age of 35.

SECTION I. DATA FOR THE 37 STATES USING THE HEALTHCARE.GOV PLATFORM

- ***The Marketplaces in HealthCare.gov States are Continuing to Reach People Who Do Not Currently have Marketplace Coverage.***

More than 7.1 million individuals have selected or been automatically reenrolled into 2015 Marketplace plans as of 1-16-15 in HealthCare.gov states (see Table 1). Of that total, 42 percent (3.0 million) are plan selections by new consumers who did not have a Marketplace plan selection as of November 2014, and 58 percent (nearly 4.2 million) are plan selections for consumers who are reenrolling in Marketplace coverage.

⁴ It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a Marketplace plan, with or without payment of premium. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Data on effectuated enrollment are not yet available.

⁵ It is important to note that the preliminary reenrollment data in this report may include some individuals who were reenrolled in Marketplace coverage before 1-16-15, but who may ultimately decide not to retain Marketplace coverage for 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). We anticipate that to the extent possible, the plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

Table 1

2015 Marketplace Plan Selections in States Using the HealthCare.gov Platform By Enrollment Type	Cumulative 11-15-14 to 1-16-15	
	Number	% of Total
Total 2015 Marketplace Plan Selections in HealthCare.gov States (1)	7.16 million	100%
New Consumers	3.00 million	42%
Consumers Reenrolling in Marketplace Coverage (2)	4.16 million	58%

Notes: Numbers may not add to totals due to rounding

(1) Total 2015 Marketplace Plan Selections represents cumulative data on the number of unique individuals who have selected or been automatically reenrolled into a 2015 Marketplace medical plan for enrollment through the individual market Marketplaces (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP).

(2) Consumers reenrolling in Marketplace coverage includes data for consumers who actively reenrolled in Marketplace coverage, and data for automatic reenrollees. It is important to note that the preliminary reenrollment data in this report may include some individuals who were reenrolled in Marketplace coverage before 1-16-15, but who may ultimately decide not to retain Marketplace coverage for 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). We anticipate that to the extent possible, the plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

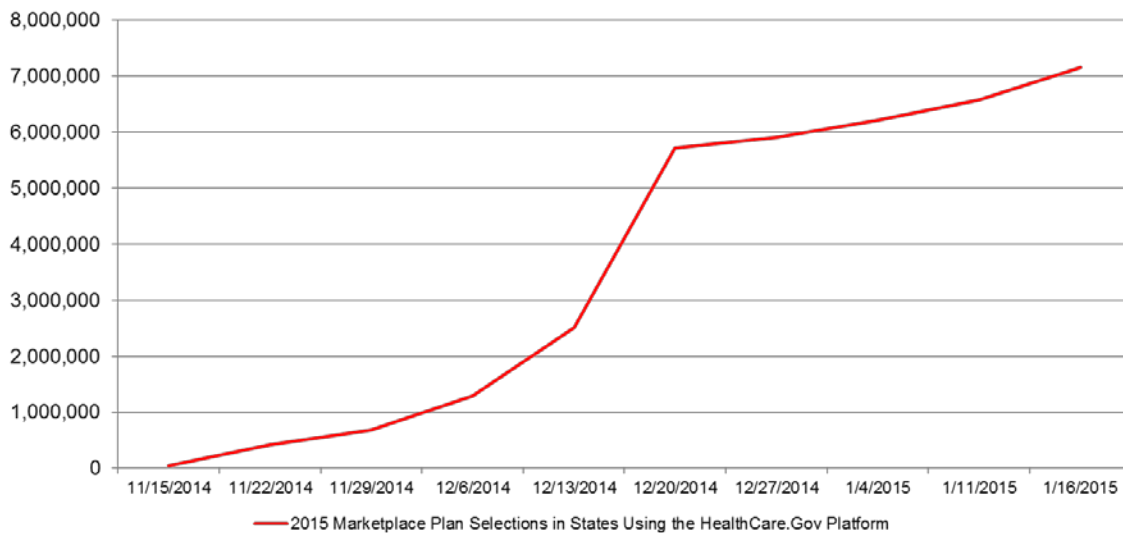
- ***Interest in the Marketplaces in HealthCare.gov States Continues to be High*** – During the first two months of the 2015 Open Enrollment period:
 - o 21.8 million unique visitors used the HealthCare.gov and CuidadoDeSalud.gov websites;
 - o 9.5 million calls were made to the Marketplace call center for the HealthCare.gov states;
 - o 6.9 million completed applications for 2015 coverage were submitted; and
 - o 9.4 million individuals were included in these completed applications.⁶

⁶ A single completed application form that is submitted to the Marketplace can include multiple individual applicants from the same household.

Figure 1

Trends in the Cumulative Number of Individuals Who Selected a Marketplace Plan in States Using the HealthCare.gov Platform, 11-15-14 to 1-16-15

The number of 2015 Marketplace plan selections increased by 3.7 million between 12-15-14 and 1-16-15 (from 3.4 million to more than 7.1 million, including automatic reenrollees)



Notes: Represents cumulative sums of weekly data (Sunday to Saturday) on the number of unique individuals who have been determined eligible to enroll in a plan through the states using the HealthCare.gov platform, and have actively selected a plan (with or without the first premium payment having been received by the issuer). Number of states using the HealthCare.gov platform: 37 states during the 2015 coverage year.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15

Characteristics of 2015 Marketplace Plan Selections Compared to Similar Months of 2014

Generally, the demographic characteristics of consumers selecting plans in comparable periods of 2014 and 2015 are similar with the exception of somewhat higher rates of young adults, silver plans and financial assistance in 2015. We caution that it is premature to evaluate the demographic characteristics of the 2015 enrollment experience at this time, as we expect that some of these characteristics may change by the end of the Open Enrollment Period. For example, there was a surge of young adults at the end of the 2014 Open Enrollment Period, such that 35 percent of enrollees were ages 0-34 by the end of the period (note that Table 2 shows 30 percent in the earlier months of the 2014 Open Enrollment Period). As noted in the 2014 summary enrollment report,⁷ the data on race and ethnicity should be interpreted with great caution since more than one-third of enrollees do not provide this data.

⁷ For more information about data on Marketplace plan selections for the 2014 coverage year, please see the Marketplace Summary Enrollment Report, which can be accessed at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

Table 2

Comparison of Selected Characteristics of Marketplace Plan Selections in States Using the HealthCare.gov Platform	2014 Open Enrollment Period (2) <i>(36 States)</i>	2015 Open Enrollment Period (3) <i>(37 States)</i>
	10-1-13 to 2-1-14 (4)	11-15-14 to 1-16-15
Total Number of Individuals Who Have Selected a Marketplace Plan (1)	1,939,588	7,156,691
<i>Males who have selected a Marketplace plan (5)</i>	44%	45%
<i>Females who have selected a Marketplace plan (5)</i>	56%	55%
<i>0 to 34 year olds who have selected a Marketplace plan (5)</i>	30%	35%
<i>18 to 34 year olds who have selected a Marketplace plan (5)</i>	25%	26%
<i>Individuals who have selected a Silver Marketplace plan (5)</i>	65%	70%
<i>Individuals who have selected a Marketplace plan with Financial Assistance (5)</i>	83%	87%
<i>African-Americans who have selected a Marketplace plan (5)</i>	14%	14%
<i>Latinos who have selected a Marketplace plan (5)</i>	7%	10%
<i>Whites who have selected a Marketplace plan (5)</i>	71%	66%
<i>Individuals in ZIP Codes designated as Rural who have selected a Marketplace Plan (5)</i>	N/A	18%

(1) Represents the cumulative number of unique individuals who have selected or been automatically reenrolled into a 2015 Marketplace medical plan for enrollment through the individual market Marketplaces (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). See Appendix D for additional technical notes.

(2) During the 2014 Marketplace coverage year, there were a total of 36 states using the HealthCare.gov platform, including one state (Idaho) that switched from using the HealthCare.gov platform in 2014 to using its own Marketplace platform in 2015.

(3) During the 2015 Marketplace coverage year, there were a total of 37 states using the HealthCare.gov platform, including 35 states that are states that used the HealthCare.gov platform in both 2014 and 2015, and two states which are new to the HealthCare.gov platform in 2015 (Oregon and Nevada).

(4) The data for the early months of the 2014 Open Enrollment period are for 10-1-13 to 2-1-14. This corresponds with the reporting period for the January Monthly Enrollment Report for the 2014 Open Enrollment Period.

(5) Percentages shown in this table are based on the total number of active Marketplace plan selections for which the applicable data are available, excluding plan selections with unknown data for a given metric (e.g., age, gender, race/ethnicity, etc.) Additional information on the number of plan selections with missing data for each metric can be found in Appendix Table A1. Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

Other Data on Marketplace Enrollment-Related Activity in the HealthCare.gov States

Interest in the Marketplaces in HealthCare.gov states has been high during the first two months of the 2015 Open Enrollment period, with 21.8 million visitors to the Marketplace websites, 9.5 million calls to the Marketplace call center, and 6.9 million completed applications in the HealthCare.gov states (see Table 3).

Table 3

Cumulative Marketplace Enrollment-Related Information in States Using The HealthCare.gov Platform	Reporting Period: First Two Months of the 2015 Open Enrollment Period (1)
Visitors to the Marketplace Websites (2)	21,782,302
Calls to the Marketplace Call Center (3)	10,253,918
Number of Completed Applications	6,879,362
Number of Individuals Included in Completed Applications	9,444,388
Number of Individuals Determined Eligible to Enroll in a 2015 Marketplace Plan	8,377,697

Notes:

(1) The data in this table are for the 11-15-14 to 1-16-15 reporting period. See Appendix D for technical notes.

(2) Visitors to the Marketplace Websites includes 21,007,513 unique visitors on HealthCare.gov and 774,789 unique visitors on CuidadoDeSalud.gov between 11-15-14 and 1-16-15. Visitors to the Marketplace Websites is the sum of monthly data and has been deduplicated to the extent possible.

(3) Total Calls to the Marketplace call centers includes 798,442 calls with Spanish-speaking representatives and 9,455,476 other calls between 11-15-14 and 1-16-15.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

SECTION II. DATA FOR THE 14 STATES USING THEIR OWN MARKETPLACE PLATFORMS

Nearly 2.4 million individuals have selected 2015 Marketplace plans as of 1-17-15 in the 14 states (including DC) that are using their own Marketplace platforms for the 2015 coverage year.⁸ This includes:

- 287,181 Marketplace plan selections in 4 states reporting data on new consumers and consumers actively reenrolling in Marketplace coverage (Hawaii, Idaho,⁹ Maryland, and Massachusetts); and
- 2,095,823 Marketplace plan selections in 10 states reporting data on new consumers, consumers actively reenrolling in Marketplace coverage, and automatic reenrollees (California, Colorado, Connecticut, District of Columbia, Kentucky, Minnesota, New York, Rhode Island, Vermont, and Washington).

A complete breakdown of the 2015 plan selections between new consumers and consumers reenrolling in Marketplace coverage is not yet available for all 14 of these states. This includes several states (Maryland, Massachusetts, and Idaho) that are unable to separate out data for new consumers compared to consumers reenrolling in Marketplace coverage due to system vendor changes or other information technology system issues.

This report also includes available data relating to completed applications, eligibility determinations, website visitors, and call center activity (see Table 4); as well as the overall distribution of Marketplace plan selections by gender, age, metal level, and financial assistance status. (See Appendix Table A2 for a summary of available data on the characteristics of Marketplace plan selections in these states, and Appendix Table D3 for a summary of which data are available for each state. Additionally, Appendix Tables C1, C2, C3, and C4 include state-level data for several metrics).

⁸ Data for California are for 12-15-14 to 1-18-15.

⁹ Data for Idaho include some automatic reenrollees from their previous HealthCare.gov platform (Idaho used the HealthCare.gov platform during the 2014 coverage year); however, Idaho is treating all plan selections as new in 2015.

Table 4

Cumulative Marketplace Enrollment-Related Information in States Using Their Own Marketplace Platforms	Reporting Period: First Two Months of the 2015 Open Enrollment Period (1)
Visitors to the Marketplace Websites <i>Number of States Reporting: 13</i>	8,103,949
Calls to the Marketplace Call Centers <i>Number of States Reporting: 14</i>	4,910,546
Number of Completed Applications <i>Number of States Reporting: 11</i>	1,202,649
Number of Individuals Included in Completed Applications <i>Number of States Reporting: 11</i>	2,260,927
Number of Individuals Determined Eligible to Enroll in a 2015 Marketplace Plan <i>Number of States Reporting: 13</i>	2,612,360
Number of Individuals Who Have Selected a 2015 Marketplace Plan (2) <i>Number of States Reporting: 14</i>	2,383,004

Notes:

(1) Most of the data in this table are for the 11-15-14 to 1-17-15 reporting period with the following exceptions: data for California are for 11-15-14 to 1-18-15.

(2) Total 2015 Marketplace Plan Selections generally represents cumulative data on the number of unique individuals who have selected a 2015 Marketplace medical plan for enrollment through the individual market Marketplaces (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated (however, one state, Washington, has reported data on effectuated enrollment). These data do not include a count of the number of individuals who have selected a standalone dental plan. It also generally does not include data for individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP); however, New York is unable to separate out the SEP data for the period 11/15-14-12-31-14.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

SECTION III. METHODOLOGICAL OVERVIEW

The data reported here have been obtained from the information systems of the Centers for Medicare & Medicaid Services (CMS), based on information collected for 37 states using the HealthCare.gov platform. We also obtained more limited data reported to CMS by the 14 states (including DC) that are using their own Marketplace platforms. Data for the Small Business Health Options Program (SHOP) Marketplaces are not included in this report.

This report includes data that are currently available on enrollment-related activity for the first two months of the open enrollment period – which generally corresponds with data from 11-15-14 to 1-16-15 for the 37 HealthCare.gov states; and from 11-15-14 to 1-17-15 in states that are using their own Marketplace platforms for the 2015 coverage (see Table 5 below).

Table 5

Marketplace Type	Reporting Period
States Using the HealthCare.gov Marketplace Platform (37 states)	11-15-14 to 1-16-15
States Using Their Own Marketplace Platform (14 states)	
California	11-15-14 to 1-18-15
Other 13 States (including DC)	11-15-14 to 1-17-15

Data for certain metrics are not yet available for several of the states that are using their own Marketplace platforms.

It is important to note that some of the 14 states that are using their own Marketplace platforms are not separately reporting data for new consumers and consumers who are reenrolling in Marketplace coverage. Please refer to Appendix D for additional technical notes.

This report also includes available data on the characteristics of individuals who have selected a Marketplace plan for the 37 states that are using the HealthCare.gov platform for 2014, and the 14 states that are using their own Marketplace platforms. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available in selected states.

We believe that the information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces for the first two months of the 2015 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states and Marketplace types.

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APPENDIX TABLE A1

Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, and Rural Status in States Using the HealthCare.gov Platform, 11-15-14 to 1-16-15 (1)		
Characteristics	States Using the HealthCare.gov Platform for the 2015 Coverage Year (37 States)	
	Number 11-15-14 to 1-16-15 (2)	% of Available Data, Excluding Unknown (3)
Total Who Have Selected a Marketplace Plan		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2015 Marketplace Plan	7,156,691	N/A
By Gender		
Female	3,937,197	55%
Male	3,216,694	45%
Subtotal: Plan Selections With Available Data on Gender	7,153,891	100%
Unknown Gender	2,800	N/A
By Age		
Age < 18	611,142	9%
Age 18-25	751,206	10%
Age 26-34	1,143,877	16%
Age 35-44	1,167,728	16%
Age 45-54	1,548,750	22%
Age 55-64	1,889,184	26%
Age ≥65	44,801	1%
Subtotal: Plan Selections With Available Data on Age (2)	7,156,688	100%
Unknown Age	N/A	N/A
Ages 18 to 34	1,895,083	26%
Ages 0 to 34	2,506,225	35%
By Metal Level		
Bronze	1,388,715	19%
Silver	4,992,071	70%
Gold	522,425	7%

Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, and Rural Status in States Using the HealthCare.gov Platform, 11-15-14 to 1-16-15 (1)		
Characteristics	States Using the HealthCare.gov Platform for the 2015 Coverage Year (37 States)	
	Number 11-15-14 to 1-16-15 (2)	% of Available Data, Excluding Unknown (3)
Platinum	203,577	3%
Catastrophic	49,903	1%
Subtotal: Plan Selections With Available Data on Metal Level (4)	7,156,691	100%
Standalone Dental	1,089,834	N/A
Unknown Metal Level	0	N/A
By Financial Assistance Status		
With Financial Assistance	6,210,815	87%
Without Financial Assistance	945,875	13%
Subtotal: Plan Selections With Available Data on Financial Assistance (2)	7,156,690	100%
Unknown Financial Assistance Status	N/A	N/A
By Self-Reported Race/Ethnicity		
American Indian / Alaska Native	21,604	0%
Asian	399,829	8%
Native Hawaiian / Pacific Islander	4,097	0%
African-American	640,233	14%
Latino	471,051	10%
White	3,142,230	66%
Multiracial	62,507	1%
Subtotal: Plan Selections With Available Data on Self-Reported Race/Ethnicity	4,741,551	100%
Unknown Race/Ethnicity	2,415,140	N/A
By Rural Status		
In ZIP Codes Designated as Rural	1,255,383	18%
In ZIP Codes Designated as Urban	5,901,398	82%
Subtotal: Plan Selections With Available Data on Rural Status	7,156,681	100%

Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, and Rural Status in States Using the HealthCare.gov Platform, 11-15-14 to 1-16-15 (1)		
Characteristics	States Using the HealthCare.gov Platform for the 2015 Coverage Year (37 States)	
	Number 11-15-14 to 1-16-15 (2)	% of Available Data, Excluding Unknown (3)
Unknown Rural Status	N/A	N/A

Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). For additional technical notes, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2015 Coverage in Completed Applications” who have selected a 2015 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals (0.1%) who have multiple 2015 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for standalone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE A2

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, 11-15-14 to 1-17-15 (1)		
Characteristics	State-Based Marketplaces Using Their Own Marketplace Platforms for the 2015 Coverage Year (14 States)	
	Number 11-15-14 to 1-17-15 (2)	% of Available Data, Excluding Unknown (3)
Total Who Have Selected a Marketplace Plan (14 States Reporting)		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2015 Marketplace Plan	2,383,004	N/A
By Gender (10 States Reporting)		
Female	546,124	53%
Male	478,065	47%
Subtotal: Plan Selections With Available Data on Gender	1,024,189	100%
Unknown Gender	1,358,815	N/A
By Age (10 States Reporting)		
Age < 18	62,004	6%
Age 18-25	87,079	9%
Age 26-34	174,233	17%
Age 35-44	166,858	16%
Age 45-54	224,645	22%
Age 55-64	296,922	29%
Age ≥65	6,886	1%
Subtotal: Plan Selections With Available Data on Age (2)	1,018,627	100%
Unknown Age	1,364,377	N/A
Ages 18 to 34	261,312	26%
Ages 0 to 34	323,316	32%
By Metal Level (10 States Reporting)		
Bronze	246,660	24%
Silver	587,412	56%
Gold	120,373	12%

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, 11-15-14 to 1-17-15 (1)		
Characteristics	State-Based Marketplaces Using Their Own Marketplace Platforms for the 2015 Coverage Year (14 States)	
	Number 11-15-14 to 1-17-15 (2)	% of Available Data, Excluding Unknown (3)
Platinum	76,070	7%
Catastrophic	13,588	1%
Subtotal: Plan Selections With Available Data on Metal Level (4)	1,043,982	100%
Standalone Dental	59,637	N/A
Unknown Metal Level	1,339,022	N/A
By Financial Assistance Status (9 States Reporting)		
With Financial Assistance	715,214	70%
Without Financial Assistance	301,921	30%
Subtotal: Plan Selections With Available Data on Financial Assistance (2)	1,017,135	100%
Unknown Financial Assistance Status	1,368,002	N/A

Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). These data do not include a count of the number of individuals who have selected a standalone dental plan; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP), however New York was unable to separate out SEP data for the period 11/15-14-12-31-14. For additional technical notes, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2015 Coverage in Completed Applications” who have selected a 2015 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. New York’s data also includes individuals applying for coverage during the SEP for 2014 coverage during the period 11-15-2014 – 12-31-2014.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals (0.1%) who have multiple 2015 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for standalone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE B1

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2015 (1) 11-15-14 to 1-16-15			
Description	Total Number of Individuals Who Have Selected a 2015 Marketplace Plan (1)	Distribution By Enrollment Type (2)	
		New Consumers (3)	Consumers Reenrolling in Marketplace Coverage (4)
	Number	% of Total	% of Total
States Using the HealthCare.gov Platform (5)			
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (6)			
Nevada (7)	52,498	100%	0%
New Mexico	43,054	43%	57%
Oregon (7)	90,345	100%	0%
Subtotal - SBMs Using the HealthCare.gov Platform	185,897	87%	13%
Federally-Facilitated Marketplace (FFM) States			
Alabama	134,205	41%	59%
Alaska	16,724	38%	62%
Arizona	169,178	40%	60%
Arkansas	54,885	35%	65%
Delaware	20,449	39%	61%
Florida	1,270,995	43%	57%
Georgia	425,927	43%	57%
Illinois	286,888	40%	60%
Indiana	185,730	41%	59%
Iowa	36,718	42%	58%
Kansas	80,064	42%	58%
Louisiana	137,142	42%	58%
Maine	61,964	35%	65%
Michigan	299,750	33%	67%
Mississippi	81,251	44%	56%
Missouri	209,336	41%	59%
Montana	47,206	32%	68%
Nebraska	61,474	43%	57%
New Hampshire	46,642	33%	67%
New Jersey	211,788	38%	62%
North Carolina	458,676	40%	60%
North Dakota	15,606	33%	67%
Ohio	196,073	37%	63%
Oklahoma	101,026	44%	56%
Pennsylvania	422,284	34%	66%
South Carolina	161,941	46%	54%
South Dakota	18,040	36%	64%
Tennessee	184,486	41%	59%
Texas	918,890	44%	56%
Utah	116,423	39%	61%

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2015 (1) 11-15-14 to 1-16-15			
Description	Total Number of Individuals Who Have Selected a 2015 Marketplace Plan (1)	Distribution By Enrollment Type (2)	
		New Consumers (3)	Consumers Reenrolling in Marketplace Coverage (4)
	Number	% of Total	% of Total
Virginia	316,584	44%	56%
West Virginia	27,471	38%	62%
Wisconsin	177,157	34%	66%
Wyoming	17,821	37%	63%
TOTAL – States Using the HealthCare.gov Platform	7,156,691	42%	58%

Notes:

“N/A” means that the data for the respective metric are not yet available for a given state.

* Indicates that the data reported for the current month only include new consumers, and exclude reenrollees.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2015 Marketplace medical plan for enrollment through the Marketplaces (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this report.

(2) “Distribution by Enrollment Type” represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in Marketplace coverage.

(3) “New Consumers” are those individuals who selected a 2015 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2014. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP).

(4) “Consumers Reenrolling in Marketplace Coverage” are those individuals who had a Marketplace plan selection as of November 2014, and have either actively submitted a 2015 application and selected a 2015 Marketplace medical plan or have been automatically reenrolled in Marketplace coverage – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in Marketplace coverage as of 1-16-15, but who may ultimately decide not to retain Marketplace coverage for 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). We anticipate that to the extent possible, the plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(5) For the HealthCare.gov states, the data on 2015 Marketplace plan selections includes data for new consumers and consumers who reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in Marketplace coverage, and data for automatic reenrollees).

(6) Nevada, New Mexico, and Oregon are using the HealthCare.gov platform for 2015.

(7) Nevada and Oregon changed Marketplace platforms in 2015. Therefore, their 2015 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2015 plan selections in these states may be classified as consumers reenrolling in Marketplace coverage in cases where an individual who had an active 2014 Marketplace plan selection in a HealthCare.gov state signs up for 2015 coverage in Oregon or Nevada.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE B2

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Platform, By State, 2015 11-15-2014 to 1-16-2015		
Description	Total Number of Completed Applications for 2015 Coverage (2)	Total Individuals Applying for 2015 Coverage in Completed Applications (3)
	Number	Number
States Using the HealthCare.gov Platform		
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (4)		
Nevada	54,860	82,923
New Mexico	43,495	59,218
Oregon	134,555	201,845
Subtotal - SBMs Using the HealthCare.gov Platform	232,910	343,986
Federally-Facilitated Marketplace (FFM) States		
Alabama	140,106	180,883
Alaska	16,068	22,090
Arizona	144,692	223,902
Arkansas	65,266	89,460
Delaware	19,166	27,444
Florida	1,214,156	1,575,147
Georgia	401,958	553,805
Illinois	276,189	377,403
Indiana	183,905	250,170
Iowa	40,434	54,269
Kansas	73,418	102,983
Louisiana	141,424	172,741
Maine	53,325	74,189
Michigan	279,696	381,270
Mississippi	87,747	106,196
Missouri	198,651	274,941
Montana	41,295	57,451
Nebraska	51,176	79,089

**Total Completed Applications and Individuals Who Completed Applications in
States Using the HealthCare.gov Platform, By State, 2015**
11-15-2014 to 1-16-2015

Description	Total Number of Completed Applications for 2015 Coverage (2)	Total Individuals Applying for 2015 Coverage in Completed Applications (3)
	Number	Number
New Hampshire	44,053	58,813
New Jersey	228,340	318,472
North Carolina	421,088	564,794
North Dakota	12,272	19,859
Ohio	198,089	272,902
Oklahoma	90,493	129,658
Pennsylvania	442,066	555,545
South Carolina	158,195	204,698
South Dakota	16,695	24,390
Tennessee	214,928	290,952
Texas	819,324	1,222,969
Utah	82,274	152,929
Virginia	276,893	399,180
West Virginia	27,780	37,658
Wisconsin	169,752	221,783
Wyoming	15,538	22,367
TOTAL – States Using the HealthCare.gov Platform	6,879,362	9,444,388

Notes:

“N/A” means that the data for the respective metric are not yet available for a given state.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-15-14 to 1-16-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this report.

(2) “Completed Applications for 2015 Coverage” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(3) “Individuals Applying for 2015 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

(4) Nevada, New Mexico, and Oregon are using the HealthCare.gov platform for 2015.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE B3

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2015 (1) 11-15-2014 to 1-16-2015				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2015 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Marketplace Plan Selections (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
States Using the HealthCare.gov Platform				
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (6)				
Nevada	63,702	54,985	17,703	52,498
New Mexico	49,743	39,407	9,427	43,054
Oregon	113,617	90,297	46,231	90,345
Subtotal - SBMs Using the HealthCare.gov Platform	227,062	184,689	73,361	185,897
Federally-Facilitated Marketplace (FFM) States				
Alabama	165,748	129,706	7,443	134,205
Alaska	20,013	16,567	1,903	16,724
Arizona	195,370	154,352	27,743	169,178
Arkansas	63,692	54,039	15,244	54,885
Delaware	23,644	19,326	3,594	20,449
Florida	1,476,536	1,288,629	93,736	1,270,995
Georgia	506,084	414,590	45,856	425,927
Illinois	326,048	260,217	49,967	286,888
Indiana	212,194	178,957	36,825	185,730
Iowa	44,323	37,220	9,432	36,718
Kansas	95,196	72,881	7,475	80,064
Louisiana	162,730	131,743	5,765	137,142
Maine	70,423	59,511	3,499	61,964
Michigan	330,388	288,434	50,106	299,750
Mississippi	98,166	82,173	7,635	81,251
Missouri	249,527	202,309	24,735	209,336

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2015 (1) <i>11-15-2014 to 1-16-2015</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2015 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Marketplace Plan Selections (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
Montana	53,621	44,677	2,002	47,206
Nebraska	72,425	60,303	5,405	61,474
New Hampshire	52,233	38,079	6,148	46,642
New Jersey	248,428	200,265	38,010	211,788
North Carolina	527,716	451,665	35,876	458,676
North Dakota	17,680	15,238	1,208	15,606
Ohio	226,085	187,640	47,022	196,073
Oklahoma	120,100	92,794	9,119	101,026
Pennsylvania	470,287	382,891	83,538	422,284
South Carolina	190,462	156,556	13,754	161,941
South Dakota	22,166	18,718	2,148	18,040
Tennessee	235,071	176,141	27,214	184,486
Texas	1,118,105	884,773	99,563	918,890
Utah	132,745	115,595	19,725	116,423
Virginia	371,987	288,434	26,235	316,584
West Virginia	31,842	26,614	2,955	27,471
Wisconsin	198,640	174,217	19,122	177,157
Wyoming	20,960	17,776	1,315	17,821
TOTAL – States Using the HealthCare.gov Platform	8,377,697	6,907,719	904,678	7,156,691

Notes:

“N/A” means that the data for the respective metric are not yet available for a given state.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-15-14 to 1-16-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes information, please refer to Appendix D of this report.

(2) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., enrollment through the Marketplaces for a 2015 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2015 plan year (including any individuals with active 2014 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, whether or not they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2015 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2015 coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2015 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2015 plan year (including any individuals with active 2014 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2015 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2015 coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes reenrollees).

(4) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination, if applicable. These data may vary from accounts transferred via “flat file” to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through November 2014. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(5) “Individuals With 2015 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the marketplace” who have selected a 2015 Marketplace medical plan for enrollment through the Marketplaces or, after December 15, have been automatically reenrolled in Marketplace coverage (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP).

(6) Nevada, New Mexico, and Oregon are using the HealthCare.gov platform for 2015.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE B4

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) 11-15-14 to 1-16-15				
Description	Total Number of Individuals Who Have Selected a 2015 Marketplace Plan (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
States Using the HealthCare.gov Platform (4)				
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)				
Nevada	52,498	52,498	90%	10%
New Mexico	43,054	43,054	76%	24%
Oregon	90,345	90,345	79%	21%
Subtotal - SBMs Using the HealthCare.gov Platform	185,897	185,897	81%	19%
Federally-Facilitated Marketplace (FFM) States				
Alabama	134,205	134,205	89%	11%
Alaska	16,724	16,724	89%	11%
Arizona	169,178	169,178	76%	24%
Arkansas	54,885	54,885	88%	12%
Delaware	20,449	20,449	83%	17%
Florida	1,270,995	1,270,995	93%	7%
Georgia	425,927	425,927	90%	10%
Illinois	286,888	286,888	78%	22%
Indiana	185,730	185,730	88%	12%
Iowa	36,718	36,718	86%	14%
Kansas	80,064	80,064	80%	20%
Louisiana	137,142	137,142	88%	12%
Maine	61,964	61,964	89%	11%
Michigan	299,750	299,750	88%	12%
Mississippi	81,251	81,251	94%	6%
Missouri	209,336	209,336	88%	12%
Montana	47,206	47,206	84%	16%
Nebraska	61,474	61,474	88%	12%
New Hampshire	46,642	46,642	71%	29%
New Jersey	211,788	211,788	83%	17%
North Carolina	458,676	458,676	92%	8%
North Dakota	15,606	15,606	87%	13%
Ohio	196,073	196,073	84%	16%
Oklahoma	101,026	101,026	81%	19%
Pennsylvania	422,284	422,284	81%	19%
South Carolina	161,941	161,941	88%	12%
South Dakota	18,040	18,040	89%	11%
Tennessee	184,486	184,486	83%	17%

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) <i>11-15-14 to 1-16-15</i>				
Description	Total Number of Individuals Who Have Selected a 2015 Marketplace Plan (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) <i>(% of Available Data, Excluding Unknown)</i>	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
Texas	918,890	918,889	86%	14%
Utah	116,423	116,423	88%	12%
Virginia	316,584	316,584	83%	17%
West Virginia	27,471	27,471	86%	14%
Wisconsin	177,157	177,157	90%	10%
Wyoming	17,821	17,821	91%	9%
TOTAL – States Using the HealthCare.gov Platform	7,156,691	7,156,690	87%	13%

Notes:

“N/A” means that the data for the respective metric is not yet available for a given state. Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). These data do not include: Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). For additional technical notes, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2015 Coverage in Completed Applications” who have selected a 2015 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(5) For the HealthCare.gov states, the data on 2015 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in Marketplace coverage, and data for automatic reenrollees).

(6) Nevada, New Mexico, and Oregon are using the HealthCare.gov platform for 2015.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE B5

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1) 11-15-14 to 1-16-15										
Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Platform (4)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)										
Nevada	52,498	13%	8%	14%	15%	20%	29%	1%	21%	34%
New Mexico	43,054	8%	7%	13%	14%	22%	35%	1%	20%	28%
Oregon	90,345	7%	7%	15%	15%	19%	35%	1%	22%	29%
Subtotal - SBMs Using the HealthCare.gov Platform	185,897	9%	7%	14%	15%	20%	34%	1%	21%	30%
Federally-Facilitated Marketplace (FFM) States										
Alabama	134,205	4%	12%	18%	18%	22%	26%	0%	30%	33%
Alaska	16,724	10%	8%	19%	16%	19%	27%	1%	27%	38%
Arizona	169,178	22%	8%	13%	14%	17%	24%	1%	22%	44%
Arkansas	54,885	7%	8%	15%	15%	21%	32%	1%	23%	30%
Delaware	20,449	13%	8%	14%	15%	22%	28%	1%	22%	35%
Florida	1,270,994	6%	12%	14%	17%	25%	25%	1%	26%	32%
Georgia	425,927	7%	12%	17%	19%	23%	22%	1%	29%	36%
Illinois	286,888	8%	9%	17%	15%	21%	30%	1%	26%	34%
Indiana	185,730	9%	9%	16%	15%	20%	30%	0%	25%	34%
Iowa	36,718	6%	8%	16%	15%	21%	33%	0%	24%	30%
Kansas	80,064	10%	11%	19%	15%	19%	26%	0%	29%	39%
Louisiana	137,142	5%	11%	20%	17%	21%	25%	0%	31%	36%
Maine	61,964	10%	7%	14%	14%	21%	33%	0%	21%	32%
Michigan	299,750	9%	9%	16%	15%	21%	29%	0%	25%	34%
Mississippi	81,251	3%	13%	16%	18%	22%	27%	0%	30%	33%
Missouri	209,336	9%	11%	18%	16%	20%	26%	0%	28%	37%
Montana	47,206	7%	9%	19%	16%	18%	30%	0%	28%	35%
Nebraska	61,474	14%	10%	18%	16%	18%	24%	0%	28%	42%
New Hampshire	46,642	8%	8%	15%	14%	22%	32%	0%	23%	32%
New Jersey	211,788	9%	10%	14%	15%	24%	28%	1%	24%	33%
North Carolina	458,676	9%	11%	16%	18%	22%	25%	0%	27%	35%
North Dakota	15,606	23%	8%	18%	13%	14%	24%	0%	26%	49%
Ohio	196,073	11%	8%	15%	14%	20%	32%	0%	23%	34%
Oklahoma	101,026	10%	10%	17%	16%	20%	26%	0%	27%	37%
Pennsylvania	422,283	6%	9%	18%	16%	22%	30%	1%	27%	33%
South Carolina	161,941	7%	10%	16%	16%	22%	28%	0%	26%	33%
South Dakota	18,040	11%	9%	20%	15%	17%	27%	0%	29%	41%
Tennessee	184,486	6%	9%	17%	16%	22%	29%	0%	26%	32%

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1)
11-15-14 to 1-16-15

Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
Texas	918,890	10%	12%	16%	17%	22%	23%	1%	28%	38%
Utah	116,423	22%	11%	21%	16%	13%	16%	0%	31%	54%
Virginia	316,583	11%	11%	17%	16%	20%	23%	1%	28%	40%
West Virginia	27,471	7%	6%	12%	14%	21%	39%	0%	19%	25%
Wisconsin	177,157	6%	8%	16%	15%	21%	34%	0%	24%	30%
Wyoming	17,821	13%	9%	19%	15%	17%	27%	0%	28%	41%
TOTAL – States Using the HealthCare.gov Platform	7,156,688	9%	10%	16%	16%	22%	26%	1%	26%	35%

Notes:

“N/A” means that the data for the respective metric is not yet available for a given state. Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). For additional technical notes, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2015 Coverage in Completed Applications” who have selected a 2015 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2015 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in Marketplace coverage, and data for automatic reenrollees).

(5) Nevada, New Mexico, and Oregon are using the HealthCare.gov platform for 2015.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE C1

Total Completed Applications and Individuals Who Completed Applications in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) 11-15-2014 to 1-17-2015		
Description	Total Number of Completed Applications for 2015 Coverage (2)	Total Individuals Applying for 2015 Coverage in Completed Applications (3)
	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms		
California	N/A	N/A
Colorado	N/A	N/A
Connecticut	76,460	133,395
District of Columbia	8,009	10,335
Hawaii	7,644	11,500
Idaho	75,509	178,382
Kentucky	58,483	98,015
Maryland	166,798	N/A
Massachusetts	243,320	381,018
Minnesota	80,527	128,519
New York	N/A	295,898
Rhode Island	43,865	76,050
Vermont	25,165	45,296
Washington	416,869	902,519
TOTAL - SBMs Using Their Own Marketplace Platforms	1,202,649	2,260,927

Notes:

“N/A” means that the data for the respective metric are not yet available for a given state.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-15-14 to 1-17-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this report.

(2) “Completed Applications for 2015 Coverage” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(3) “Individuals Applying for 2015 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE C2

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) <i>11-15-2014 to 1-17-2015</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2015 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Marketplace Plan Selections (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms				
California (6)	598,783	N/A	660,108	1,200,427
Colorado	N/A	N/A	51,416	122,381
Connecticut	142,287	105,509	162,921	91,139
District of Columbia	4,527	846	N/A	17,485
Hawaii (8) (11)	10,890	3,618	N/A	6,868
Idaho (8) (9)	170,705	126,436	202,126	90,567
Kentucky	197,819	121,450	96,575	93,677
Maryland (8)	92,898	65,890	85,723	92,658
Massachusetts (8)	190,022	N/A	190,996	97,088
Minnesota (7)	48,528	24,127	56,264	43,651
New York (10)	937,235	448,618	213,428	357,241
Rhode Island	35,462	28,476	31,199	26,108
Vermont	44,795	18,252	11,133	26,009
Washington	138,409	105,987	564,235	117,705
TOTAL - SBMs Using Their Own Marketplace Platforms	2,612,360	1,049,209	2,326,124	2,383,004

Notes:

“N/A” means that the data for the respective metric are not yet available for a given state.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-15-14 to 1-16-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes information, please refer to Appendix D of this report.

(2) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., enrollment through the Marketplaces for a 2015 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2015 plan year (including any individuals with active 2014 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the

reference period, whether or not they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2015 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2015 coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2015 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2015 plan year (including any individuals with active 2014 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2015 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2015 coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes reenrollees).

(4) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination, if applicable. These data may vary from accounts transferred via “flat file” to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through November 2014. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(5) “Individuals With 2015 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the marketplace” who have selected a 2015 Marketplace medical plan for enrollment through the Marketplaces or, after December 15, have been automatically reenrolled in Marketplace coverage (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. These data do not include a count of the number of individuals who have selected a standalone dental plan; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP), however New York was unable to separate out SEP data for the period 11/15-14-12-31-14.

(6) California: The data that are being reported for California are for the following reporting period 11-15-14 --1-18-15. As of 1/18/15, plan selections for CA have been processed for 947,000 of 1,120,000 enrollees who entered the renewal process. As of 1-18-14, Of the 947,000, 360,000 actively renewed their plan selections. The remaining 2014 enrollees are being transitioned to the Medicaid program or continue to be processed for renewal.

(7) Minnesota reports total plan selection data and re-enrollment data, but cannot breakout data on new enrollments because of an inability to distinguish new enrollments from reenrollments that were manually processed. As a result, the system also undercounts reenrollments.

(8) Total Marketplace plan selections do not include automatic reenrollees for the following four states: Hawaii, Idaho, Maryland, and Massachusetts.

(9) Idaho is an SBM that changed Marketplace platforms for the 2015 coverage year (Idaho transitioned from using the HealthCare.gov platform to using its own platform). Additionally, Massachusetts and Maryland changed their eligibility and enrollment system vendors for the 2015 coverage year. All of the plan selections for these states are being treated as new consumers for operational enrollment and reporting purposes.

(10) New York is currently unable to distinguish between Marketplace plan selections for the 2014 coverage year and Marketplace plan selections for the 2015 coverage year during the period 11-15-2014-12/31-2014. Therefore, the plan selection data that are reported by New York may include a small number of plan selections from new consumers who were approved for a special enrollment period for 2014 Marketplace coverage between 11-15-14 and 12-31-2014.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE C3

Marketplace Plan Selections by Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) 11-15-2014 to 1-17-2015				
Description	Total Number of Individuals Who Have Selected a 2015 Marketplace Plan (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms				
California (5)	1,200,427	N/A	N/A	N/A
Colorado	122,381	122,381	53%	47%
Connecticut	91,139	91,139	77%	23%
District of Columbia	17,485	N/A	N/A	N/A
Hawaii (7)	6,868	N/A	N/A	N/A
Idaho (8)	90,567	90,567	79%	21%
Kentucky	93,677	93,677	69%	31%
Maryland (7)	92,658	90,525	73%	30%
Massachusetts (7)	97,088	N/A	N/A	N/A
Minnesota (6)	43,651	N/A	N/A	N/A
New York (9)	357,241	357,241	69%	31%
Rhode Island	26,108	26,108	88%	12%
Vermont	26,009	25,659	59%	41%
Washington	117,705	117,705	78%	22%
TOTAL – SBMs Using Their Own Marketplace Platforms	2,383,004	1,015,002	70%	30%

Notes:

“N/A” means that the data for the respective metric is not yet available for a given state. Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). These data do not include a count of the number of individuals who have selected a standalone dental plan; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP), however New York was unable to separate out SEP data for the period 11/15-14-12-31-14. . For additional technical notes, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2015 Coverage in Completed Applications” who have selected a 2015 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(5) California: The data that are being reported for California are for the following reporting period 11-15-14 --1-18-15. As of 1/18/15, plan selections for CA have been processed for 947,000 of 1,120,000 enrollees who entered the renewal process. As of

1-18-14, Of the 947,000, 360,000 actively renewed their plan selections. The remaining 2014 enrollees are being transitioned to the Medicaid program or continue to be processed for renewal.

(6) Minnesota reports total plan selection data and re-enrollment data, but cannot breakout data on new enrollments because of an inability to distinguish new enrollments from reenrollments that were manually processed. As a result, the system also undercounts reenrollments.

(7) Total Marketplace plan selections do not include automatic reenrollees for the following four states: Hawaii, Idaho, Maryland, and Massachusetts.

(8) Idaho is an SBM that changed Marketplace platforms for the 2015 coverage year (Idaho transitioned from using the HealthCare.gov platform to using its own platform). Additionally, Massachusetts and Maryland changed their eligibility and enrollment system vendors for the 2015 coverage year. All of the plan selections for these states are being treated as new consumers for operational enrollment and reporting purposes.

(9) New York is currently unable to distinguish between Marketplace plan selections for the 2014 coverage year and Marketplace plan selections for the 2015 coverage year during the period 11-15-2014-12/31-2014. Therefore, the plan selection data that are reported by New York may include a small number of plan selections from new consumers who were approved for a special enrollment period for 2014 Marketplace coverage between 11-15-14 and 12-31-2014.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX TABLE C4

Marketplace Plan Selection by Age in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) 11-15-2014 to 1-17-2015										
Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms										
California (4)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	91,139	8%	10%	14%	13%	23%	31%	1%	24%	31%
District of Columbia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii (6)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho (6) (7)	90,567	13%	10%	17%	16%	18%	25%	0%	28%	41%
Kentucky	93,677	11%	7%	14%	16%	21%	30%	0%	21%	32%
Maryland (6)	87,146	6%	10%	17%	16%	22%	27%	1%	27%	33%
Massachusetts (6)	97,088	6%	8%	21%	17%	21%	26%	1%	29%	35%
Minnesota (5)	32,351	11%	6%	15%	13%	18%	37%	0%	21%	32%
New York (8)	357,241	3%	9%	19%	18%	24%	27%	1%	28%	31%
Rhode Island	26,108	5%	9%	16%	17%	23%	29%	1%	25%	31%
Vermont	25,605	7%	9%	12%	14%	23%	36%	1%	21%	27%
Washington	117,705	4%	7%	15%	15%	21%	37%	1%	22%	26%
TOTAL - SBMs Using Their Own Marketplace Platforms	1,018,627	6%	9%	17%	16%	22%	29%	1%	26%	32%

Notes:

“N/A” means that the data for the respective metric is not yet available for a given state. Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). These data do not include a count of the number of individuals who have selected a standalone dental plan; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP), however New York was unable to separate out SEP data for the period 11/15-14-12-31-14. For additional technical notes, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2015 Coverage in Completed Applications” who have selected a 2015 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) California: The data that are being reported for California are for the following reporting period 11-15-14 --1-18-15. As of 1/18/15, plan selections for CA have been processed for 947,000 of 1,120,000 enrollees who entered the renewal process. As of 1-18-14, of the

947,000, 360,000 actively renewed their plan selections. The remaining 2014 enrollees are being transitioned to the Medicaid program or continue to be processed for renewal.

(5) Minnesota reports total plan selection data and re-enrollment data, but cannot breakout data on new enrollments because of an inability to distinguish new enrollments from reenrollments that were manually processed. As a result, the system also undercounts reenrollments.

(6) Total Marketplace plan selections do not include automatic reenrollees for the following four states: Hawaii, Idaho, Maryland, and Massachusetts.

(7) Idaho is an SBM that changed Marketplace platforms for the 2015 coverage year (Idaho transitioned from using the HealthCare.gov platform to using its own platform). Additionally, Massachusetts and Maryland changed their eligibility and enrollment system vendors for the 2015 coverage year. All of the plan selections for these states are being treated as new consumers for operational enrollment and reporting purposes.

(8) New York is currently unable to distinguish between Marketplace plan selections for the 2014 coverage year and Marketplace plan selections for the 2015 coverage year during the period 11-15-2014-12/31-2014. Therefore, the plan selection data that are reported by New York may include a small number of plan selections from new consumers who were approved for a special enrollment period for 2014 Marketplace coverage between 11-15-14 and 12-31-2014.

Source: Centers for Medicare & Medicaid Services, as of 1-26-15.

APPENDIX D: TECHNICAL NOTES

We believe that the information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces through the first two months of the 2015 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states, and Marketplace platforms. However, data for certain metrics may not be available (including in states that changed their Marketplace platform between the 2014 and 2015 coverage years) due to information system issues. **It is also important to note that the data that are included in this report may differ slightly from comparable data that are included in the weekly enrollment updates that are published by CMS (also known as the Weekly Enrollment Snapshots) because that data may be based on different time periods and/or reporting dates than those that are used in this report.**

The following section provides additional information about the metrics used in this enrollment report, in addition to the information that is included elsewhere in the footnotes of the tables in this report.

Additional Information About the Metrics Used in this Marketplace Summary Enrollment Report

Reporting of Data on Activity Relating to the 2015 Marketplace Coverage Year – Except where otherwise noted, this report includes enrollment-related data on activity related to the 2015 Marketplace coverage year. The data that are being reported for 11-15-14 to 1-16-15 do not include activity associated with individuals who may have applied for and/or qualified for a Special Enrollment Period for 2014 Marketplace coverage.

Reporting Period – This report includes data that are currently available on enrollment-related activity for the first two months of the 2015 Open Enrollment period – which generally corresponds with data from 11-15-14 to 1-16-15 for the 37 HealthCare.gov states, and from 11-15-14 to 1-17-15 for the states that are using their own Marketplace platforms for the 2015 coverage, except California. The following table shows how the reporting periods for the data in this report compare with those for the most recent Weekly Enrollment Snapshot.

Appendix Table D1

Marketplace Type	Reporting Period	
	December Monthly Enrollment Report	Week 9 Weekly Enrollment Snapshot
States Using the HealthCare.gov Marketplace Platform (37 states)	11-15-14 to 1-16-15	11-15-14 to 1-16-15
States Using Their Own Marketplace Platform (14 states)		
California	11-15-14 to 1-18-15	Not Included
Other 13 States (including DC)	11-15-14 to 1-17-15	Not Included

2015 Marketplace Plan Selections – Represents cumulative data on the number of unique individuals who have selected a 2015 Marketplace plan for enrollment through the Marketplaces (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. These data represent the number of individuals with active plan selections for a Marketplace medical plan as of the reporting date. These data do not include stand-alone dental plan selections. These data also do not include any individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). Additionally, in the data for the HealthCare.gov states, individuals who have cancelled or terminated their Marketplace plans are not included in the total number of Marketplace plan selections. This table only reflects data for the individual market Marketplaces.

We are using the term “active Marketplace plan selections” to signify that the total number of Individuals Who Have Selected a Marketplace Plan that is reported in the monthly Marketplace enrollment reports excludes data for plan selections that have been cancelled or terminated. For example, if an individual selected a Marketplace plan during the first week of the open enrollment period, but selected a different plan during the third week of the open enrollment period, the active plan selections total would only include data for the most recent plan selection. This is consistent with the way that the Marketplace plan selection data were reported in the previous monthly enrollment reports for the 2014 Open Enrollment period.

Definitions of “New” and “Reenrolling” Consumers – The monthly enrollment reports for the 2015 Open Enrollment period distinguish plan selections by new consumers from plan selections by those who are reenrolling in Marketplace coverage:

- **“New Consumers”** are those individuals who selected a 2015 Marketplace plan (with or without the first premium payment having been received directly by the issuer) and did not have a Marketplace plan selection as of November 2014. These data do not include stand-alone dental plan selections. These data also generally do not include any individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP); however, New York; however, New York is unable to separate out the SEP data for the period 11/15-14-12-31-14. Additionally, in the data for the HealthCare.gov states, individuals who have cancelled or terminated their Marketplace plans are not included in the total number of Marketplace plan selections. Additionally, some states are generally classifying all of their plan selections as new consumers for operational enrollment and reporting purposes due to changes in Marketplace platform (e.g., Idaho switched to using its own Marketplace platform in 2015, while Nevada and Oregon switched to using the HealthCare.gov platform in 2015), or changes in system vendors (Maryland and Massachusetts).
- **“Consumers Reenrolling in Marketplace Coverage”** are those individuals who had Marketplace plan selection as of November 2014, and have either actively submitted a 2015 application and selected a 2015 Marketplace medical plan, or have been

automatically reenrolled in Marketplace coverage – with or without the first premium payment having been received directly by the issuer. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This category is consistent with the “consumers renewing coverage” category that is included in the HHS Weekly Enrollment Snapshots. Consumers Reenrolling in Marketplace Coverage includes the following two categories:

- o **Consumers who are Actively Reenrolling in Marketplace Coverage** – People who had a Marketplace plan selection as of November 2014, and return to the Marketplace to select a new plan or actively renew their existing plan; and
- o **Consumers who are being Automatically Reenrolled into Marketplace Coverage (also known as “Automatic Reenrollees”)** – People who had a Marketplace plan selection as of November 2014, and retain coverage without returning to the Marketplace and selecting a plan.

The categories of Marketplace plan selection data for the first two months of the 2015 Open Enrollment period that are included in this report vary by Marketplace type and state:

Appendix Table D2

Enrollment Type	States Using Their Own Marketplace Platforms (14 states including DC)	States Using the HealthCare.gov Platform (37 states)
New Consumers	Included in this report	Included in this report
Consumers Who Are Actively Reenrolling in Marketplace Coverage	Included in this report *	Included in this report**
Consumers Who Are Being Automatically Reenrolled into Marketplace Coverage	Included in this report for the following 10 states: CA,CO,CT,DC , KY, MN***, NY, RI, VT, and WA	Included in this report

* Some states that are using their own Marketplace platforms are generally classifying all of their plan selections as new consumers for operational enrollment and reporting purposes due to changes in Marketplace platform (e.g., ID, which switched to using its own Marketplace platform in 2015), or changes in eligibility and enrollment system vendors (MD and MA).

** Some HealthCare.gov states are generally classifying all of their plan selections as new consumers for operational enrollment and reporting purposes due to changes in Marketplace platform (e.g., NV and OR, which switched to using the HealthCare.gov platform in 2015).

*** Minnesota undercounts its reenrollments because of technical issues with its manual enrollments.

Automatic Reenrollments – In this report, data on automatic reenrollments are included in the overall Marketplace plan selection totals for Consumers Who Are Actively Reenrolling in Marketplace Coverage for the 37 HealthCare.gov states and 10 of the SBMs that are using their own Marketplace platforms for 2015 (see Appendix Table D2 for a list of these states). These

data represent consumers who had a Marketplace plan selection as of November 2014, and retain coverage without returning to the Marketplace and selecting a plan because the applicable Marketplace has passively reenrolled them in 2015 Marketplace coverage. It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in Marketplace coverage before 1-16-15, but who may ultimately decide not to retain Marketplace coverage for 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). We anticipate that to the extent possible, the plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

Categories for Reporting State-Level Marketplace Data – The Health Insurance Marketplace includes the Marketplaces established in each of the states (and the District of Columbia) and run by the state or the federal government. This report addresses the individual market Marketplaces that are using their own Marketplace platforms for the 2015 coverage year, as well as the individual market Marketplaces that are using the HealthCare.gov Marketplace platform for eligibility and enrollment for the 2015 coverage year (data for the small group Marketplace, also known as SHOP, is not included in this report).

Marketplace enrollment-for the 2015 Open Enrollment period, will be reported based on the following two major categories:

- **State-Based Marketplaces (SBMs) Using Their Own Marketplace Platform** – 14 states (including DC):

California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

- **States Using the HealthCare.gov Platform** – 37 states, including:

- ***State-Based Marketplaces Using the HealthCare.gov Platform*** – 3 states

Nevada, New Mexico, and Oregon (*Note: one of these states (New Mexico) also used the HealthCare.Gov platform during the 2014 Open Enrollment period; however, Nevada and Oregon switched to using the HealthCare.gov platform for the 2015 Open Enrollment period.*)

- ***Federally-Facilitated Marketplaces*** – 34 states

Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. (*Note: all of these states also used the HealthCare.Gov platform during the 2014 Open Enrollment period.*)

Notes on Changes in Marketplace Platforms – The following states changed their Marketplace eligibility and enrollment platform between the 2014 and 2015 coverage years:

- Nevada and Oregon switched from using their own Marketplace eligibility and enrollment platforms in 2014 to using the HealthCare.gov platform for eligibility and enrollment for 2015 (as a consequence, people who select 2015 Marketplace plans in Nevada and Oregon are generally treated as new consumers for operational enrollment and reporting purposes because the system cannot identify or automatically reenroll individuals who previously had 2014 Marketplace coverage in these states); and
- Idaho switched from using the HealthCare.gov platform for 2014 to using its own Marketplace platform for 2015.

Additionally, Maryland and Massachusetts are continuing to use their own Marketplace platforms, but have implemented new eligibility and enrollment systems for the 2015 Open Enrollment period, and as a result, the Marketplaces in these states are unable to distinguish between new consumers and consumers reenrolling in Marketplace coverage for plan year 2015. Individuals who have 2014 Marketplace coverage in these states will need to return to the Marketplace to reenroll in coverage for 2015.

Idaho, Nevada, Oregon, Maryland and Massachusetts are generally classifying all of their plan selections as new consumers for operational enrollment and reporting purposes due to their changes in Marketplace platform (e.g., ID, NV and OR) or eligibility and enrollment system vendors (MD and MA).

Data on Total Number of Completed Applications and Total Individuals Applying for Coverage in Completed Applications – We are showing data on the number of completed applications and the total number of individuals applying for coverage in the completed applications in this report.

Data on Marketplace Plan Selections with Financial Assistance – Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing reduction.

Data on Characteristics of Marketplace Plan Selections by Metal Level – The subtotals for each metal tier type do not sum to the total number of Plan Selections with Available Data on Metal Level due to a small number of individuals (0.1%) who have multiple 2015 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for standalone dental plan selections are shown separately.

Standalone Dental Plan Selections – Individuals who are shopping for health insurance coverage in the Marketplace have the choice of selecting:

- A medical Marketplace plan with integrated dental coverage,
- A medical Marketplace plan without integrated dental coverage, or
- A medical Marketplace plan and a separate standalone dental plan (it is not possible to

select a standalone dental plan without also selecting a medical plan).

Individuals who have selected both a medical Marketplace plan and a standalone dental plan are only counted once in the total Marketplace plan selections metric. However, we report data on total standalone dental plan selections separately for the 37 states that are using the HealthCare.gov platform, including combined data for both the “High” and “Low” standalone dental plan types (see Appendix Tables A1 and A2).

Data on Additional Characteristics of Marketplace Plan Selections – This report also includes data on the characteristics of individuals who have selected a Marketplace plan in the 37 states that are using the HealthCare.gov platform by Race/Ethnicity and Rural Status. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

- **Race/Ethnicity** – The application for Marketplace coverage in the states using the HealthCare.gov platform contains questions on race and on ethnicity, which are both marked as optional. The share of unknown race/ethnicity in Marketplace plan selection data for HealthCare.gov states is higher than in federal survey data,¹⁰ but lower than that reported in administrative data sources in the healthcare industry.¹¹ Thus, while this information is provided for transparency purposes, its quality is low and its use should be limited. For example, it is also important to note that the racial/ethnic makeup of the individuals with unknown race and ethnicity who selected a Marketplace plan in the HealthCare.gov states may differ substantially from that among those who reported race and ethnicity. For example, if racial and ethnic minorities are more likely to skip the optional questions, they would be disproportionately under-reported in the overall totals.¹²
- **Rural Status** – The proportion of Marketplace plan selections in rural areas was derived by aggregating data for Marketplace plan selections with valid ZIP Code information based on the HHS Office of Rural Health Policy’s (ORHP) most current list of Rural

¹⁰ The main Census surveys have missing data on 3 to 5 percent of respondents, and the National Health Interview Survey has missing information for about 5 percent of respondents. (Source: ASPE correspondence with U.S. Census and the National Center for Health Statistics regarding the American Community Survey, the Current Population Survey, and the National Health Interview Survey; February 2014.)

¹¹ For example, a study of administrative data from the Department of Veterans Affairs found that race/ethnicity information was missing from files for 36 percent of patients. Additionally, as of 2008, commercial plans that collected race and ethnicity data only had information for about 40 percent of their members. The health insurance company Aetna, which began collecting data on race and ethnicity for all its members in 2002 via enrollment forms, currently has information on race/ethnicity for about 35 percent of its membership. (Sources: Nancy R. Kressin, Bei-Hung Chang, Ann Hendricks, and Lewis E. Kazis, “Agreement between administrative data and patients’ self-reports of race/ethnicity,” *American Journal of Public Health*, vol. 93, no. 10 (2003), p. 1734-1739); José J. Escarce, Rita Carreón, German Veselovskiy, and Elisa H. Lawson, “Collection of race and ethnicity data by health plans has grown substantially, but opportunities remain to expand efforts,” *Health Affairs*, vol. 30, no. 10 (2011); and Aetna, “Aetna’s Commitment,” accessed April 25, 2014. Available at: <http://www.aetna.com/about-aetna-insurance/initiatives/racial-ethnic-equality/index.html>.

¹² For additional information on the methodology that was used to analyze the characteristics of individuals who selected a Marketplace plan in the HealthCare.gov states by race/ethnicity, please refer to Appendix C in the 2014 Marketplace Summary Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

Designated ZIPs, which has been updated using the 2010 Census data.

Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace – Marketplace Medicaid & CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on www.Medicaid.gov), which covers data through October 2014. Some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid & CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

Metrics Reported by SBMs Using Their Own Marketplace Platforms -- It is important to note that some of the 14 states that are using their own Marketplace platforms are not separately reporting data for new consumers and consumers who are reenrolling in Marketplace coverage.

Appendix Table D3

Metric	Number of States Reporting Data for this Metric
Visitors to the Marketplace Websites	13 States – California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Minnesota, New York, Rhode Island, Vermont, Washington
Calls to the Marketplace Call Centers	14 States – California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Completed Applications	11 States – Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Rhode Island, Vermont, Washington
Individuals Applying for Coverage in Completed Applications	11 States – Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan	13 States – California, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan with Financial Assistance	11 States – Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	12 States – California, Colorado, Connecticut, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals with 2015 Marketplace Plan Selections	14 States – California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2015 Marketplace Plan Selections by Financial Assistance Status	9 States – Colorado, Connecticut, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, Washington
2015 Marketplace Plan Selections by Age	10 States – Connecticut, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington

Metric	Number of States Reporting Data for this Metric
2015 Marketplace Plan Selections by Gender	10 States –Connecticut, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2015 Marketplace Plan Selections by Metal Level	10 States –Colorado, Connecticut, Idaho, Kentucky, Maryland, Minnesota, New York, Rhode Island, Vermont, Washington

Effectuated Enrollment – Data on effectuated enrollment for the 2015 Open Enrollment period are not yet available. Therefore, the enrollment data in this report are generally based on pre-effectuated enrollment (plan selections). However, one state, Washington, has reported data on effectuated enrollment.

Additional Data Validation – CMS has been taking steps to enhance the processes for generating and validating Marketplace data. As such, some of the numbers in this report could be updated in future reports.