



ASPE

Issue BRIEF

HEALTH INSURANCE MARKETPLACE: MARCH ENROLLMENT REPORT

For the period: **October 1, 2013 – March 1, 2014**

March 11, 2014

This is the fifth in a series of issue briefs highlighting national and state-level enrollment-related information for the Health Insurance Marketplace (Marketplace hereafter).¹ This brief includes data for states that are implementing their own Marketplaces (also known as State-Based Marketplaces or SBMs), and states with Marketplaces that are supported by or fully run by the Department of Health and Human Services (including those run in partnership with states, also known as the Federally-facilitated Marketplace or FFM).

This brief also includes updated data on the characteristics of persons who have selected a Marketplace plan (by gender, age, and financial assistance status) and the plans that they have selected (by metal level); as well as additional data on the characteristics of people who have selected plans in the FFM and the plans they have selected. (Detailed state-level tables can be found in Appendix C, and in the Addendum to the March Marketplace Enrollment Report).²

Cumulative enrollment-related activity during the first five months (*10-1-13 to 3-1-14*) of the initial open enrollment period is reported for several metrics, including: the number of visits to the Marketplace websites, the number of calls to the Marketplace call centers, the number of persons who have been determined or assessed eligible by the Marketplaces for Medicaid or the Children's Health Insurance Program (CHIP),³ and the number of persons who have selected a plan through the Marketplace. This report features cumulative data for the five-month period because some people apply, shop, and select a plan across monthly reporting periods.

¹ The previous Marketplace enrollment reports can be accessed at <http://www.aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>.

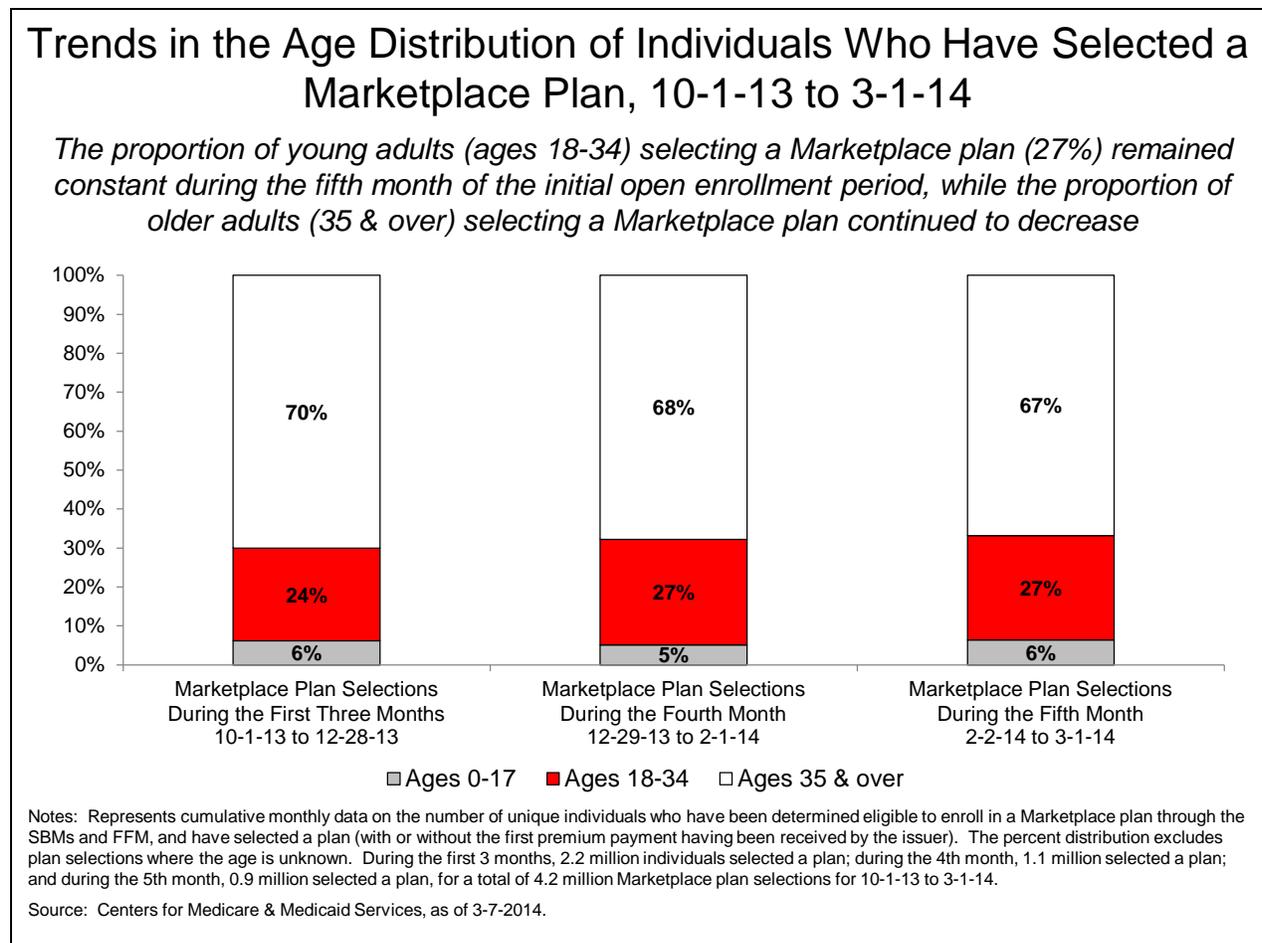
² The Addendum to the March Enrollment Report is available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014Mar_enrollAddendum.pdf.

³ Data related to Medicaid and CHIP eligibility in this report are based on applications submitted through the Marketplaces. October through January data based on applications submitted through state Medicaid/CHIP agencies were released by the Centers for Medicare & Medicaid Services in a separate report, "*Medicaid & CHIP: January 2014 Monthly Applications and Eligibility Determinations Report, February 28, 2014*," which can be accessed at <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/January-2014-Enrollment-Report.pdf>. Comparable February 2014 enrollment data based on applications submitted through state Medicaid/CHIP agencies will be released in a subsequent report.

The cumulative number of individuals that have selected a Marketplace plan between 10-1-13 and 3-1-14 (including those who have paid a premium and those who have not yet paid a premium) is more than 4.2 million.

Figure 1 and Table 1 show that, consistent with expectations,⁴ the proportion of young adults (ages 18 to 34) who have selected a Marketplace plan through the SBMs and FFM has remained strong. Young adults continued to account for 27 percent of the Marketplace plan selections during the fifth month, which was consistent with their share of plan selections during the fourth month (27 percent) and 3 percentage points higher than their share of plan selections during the first three months (24 percent). Meanwhile, the proportion of older adults (ages 35 and over) selecting a Marketplace plan has continued to decrease (from 70 percent during the first three months to 67 percent during the fifth month).

Figure 1



⁴ The general expectation is that people who are older and sicker are more likely to select coverage earlier in the initial enrollment period, while “younger and healthier people will tend to wait until towards the end of the open enrollment period (which concludes March 31, 2014).” “The Numbers Behind “Young Invincibles” and the Affordable Care Act,” Larry Levitt, Gary Claxton and Anthony Damico, Kaiser Family Foundation, December 17, 2013, available at <http://kff.org/health-reform/perspective/the-numbers-behind-young-invincibles-and-the-affordable-care-act/>.

Table 1

Trends in the Distribution of Marketplace Plan Selections By Age Group <i>(based on data reported as of 3-7-14)</i>	Cumulative Total, First Three Months 10-1-13 to 12-28-13		Change, Fourth Month Only 12-29-13 to 2-1-14		Change, Fifth Month Only 2/2/14 to 3-1-14		Cumulative Total, First Five Months 10-1-13 to 3-1-14	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
MARKETPLACE TOTAL								
Ages 0-17	126,735	6%	60,192	5%	64,329	6%	251,256	6%
Ages 18-34	489,460	24%	318,055	27%	268,475	27%	1,075,990	25%
Ages 35 & over	1,442,012	70%	796,138	68%	669,284	67%	2,907,434	69%
<i>Subtotal With Available Data on Age</i>	2,058,207	100%	1,174,385	100%	1,002,088	100%	4,234,680	100%
<i>Unknown Age</i>	95,214	n/a	-28,314	n/a	-59,255	n/a	7,645	n/a
Total, All Ages	2,153,421	n/a	1,146,071	n/a	942,833	n/a	4,242,325	n/a
SBM SUBTOTAL								
Ages 0-17	61,049	7%	21,516	5%	18,287	6%	100,852	6%
Ages 18-34	212,909	25%	114,187	27%	84,549	26%	411,645	25%
Ages 35 & over	595,016	68%	293,725	68%	220,001	68%	1,108,742	68%
<i>Subtotal With Available Data on Age</i>	868,974	100%	429,428	100%	322,837	100%	1,621,239	100%
<i>Unknown Age</i>	88,017	n/a	-26,515	n/a	-61,502	n/a	0	n/a
Total, All Ages	956,991	n/a	402,913	n/a	261,335	n/a	1,621,239	n/a
FFM SUBTOTAL								
Ages 0-17	65,686	6%	38,676	5%	46,042	7%	150,404	6%
Ages 18-34	276,551	23%	203,868	27%	183,926	27%	664,345	25%
Ages 35 & over	846,996	71%	502,413	67%	449,283	66%	1,798,692	69%
<i>Subtotal With Available Data on Age</i>	1,189,233	100%	744,957	100%	679,251	100%	2,613,441	100%
<i>Unknown Age</i>	7,197	n/a	-1,799	n/a	2,247	n/a	7,645	n/a
Total, All Ages	1,196,430	n/a	743,158	n/a	681,498	n/a	2,621,086	n/a

Note: These percentages are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for age. (Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.)

There was a 29 percent increase in the cumulative number of individuals who have selected a Marketplace plan during the month of February.

While the total number of new Marketplace plan selections was slightly lower in February when compared with the previous month of January (942,000 versus 1,146,000, respectively), the rate of Marketplace plan selections is expected to increase as the March 31, 2014 end of the initial open enrollment period approaches.

Anticipated Enrollment Growth in March

Based on the experience of private employers, the Federal Employees Health Benefits Program (FEHBP), Medicare Part D, Massachusetts' Commonwealth Care, and the Children's Health Insurance Program (CHIP), several factors drive enrollment rates, particularly in the early months of program operation,⁵ including:

- “Action-forcing” events — such as the end date of an open enrollment period or the start date for benefits — often result in a spike in enrollment activity.
- The length of a program's pre-benefit period (i.e., the period between sign-up/enrollment and the receipt of benefits) also affects rates of initial enrollment: Shorter pre-benefit periods (e.g., 1 month) tend to generate higher initial enrollment rates than longer pre-benefit periods, during which the consumer may perceive little advantage to signing up or enrolling early.

Medicare Part D, which had a six-month open enrollment period, experienced faster initial rates of enrollment compared to Massachusetts Commonwealth Care, which allowed continuous enrollment throughout the year. However, initial take-up rates were slower for the State Children's Health Insurance Program (CHIP), with only 60 percent of eligible children participating in CHIP in 2003, fully five years after states began implementing their CHIP programs in 1998.

Additionally, Medicare Part D and other programs such as employer sponsored insurance and the Federal Employees Health Benefits Program (FEHBP) have experienced a surge of enrollment as their respective open enrollment periods came to an end. For example, more than 1 million beneficiaries enrolled during the last week of the Medicare Part D initial open enrollment period.⁶ Additionally, data from FEHB show that nearly a quarter (22 percent) of the employees who changed their enrollment during the 2012 open enrollment season made their selection in the last two days before the season's deadline. *Based on this experience, a similar enrollment surge is expected in March as the close of the initial open enrollment period approaches for the Marketplace.*

⁵ For additional information, please refer to Appendix C of the November Marketplace Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2013/MarketPlaceEnrollment/rpt_enrollment.pdf.

⁶ Centers for Medicare & Medicaid Services, “Enrollment Activity on May 15th,” Press Release, May 16, 2006.

February Enrollment Growth

There was continued growth in total Marketplace plan selections in February, compared to the October-January period:

- **Marketplace Total (SBMs and FFM)** – there was a 29 percent increase in plan selections in February
 - the 3,299,500 cumulative number in October-January rose by 942,800 in February to a cumulative five month total of 4,242,300
- **SBMs** – there was a 19 percent increase in plan selections in February
 - the 1,359,900 cumulative number for October-January rose by 261,300 in February to a cumulative five month total of 1,621,200
- **FFM** – there was a 35 percent increase in plan selections in February
 - the 1,939,600 cumulative number in October-January rose by nearly 681,500 in February to a cumulative five month total of nearly 2,621,100

The following are highlights of Marketplace enrollment-related information for the first five months of the initial open enrollment period (see Appendix C and the Addendum to the March Marketplace Enrollment Report for specific state-level data).

Cumulative Highlights for the period: October 1, 2013 – March 1, 2014

Marketplace Eligibility Determinations and Plan Selection

- Number of Eligible Persons who have Selected a Plan through the SBMs and FFM: 4.2 million
- Number of Persons who have had a Medicaid/CHIP Determination or Assessment through the Marketplaces: 4.4 million (does not include individuals applying through State Medicaid/CHIP agencies.)

Marketplace Plan Selection by Gender

- 45 percent⁷ of the persons who have selected a Marketplace plan are male
- 55 percent of the persons who have selected a Marketplace plan are female

Marketplace Plan Selection by Age

- 25 percent of the persons who have selected a Marketplace plan are between the ages of 18 and 34
 - The percent of young adults who selected a Marketplace plan was 3 percentage points higher in January and February than it was from October through December (27 percent versus 24 percent)
- 31 percent of the persons who have selected a Marketplace plan are between the ages of 0 and 34

Marketplace Plan Selection by Metal Level

- 18 percent of the persons who have selected a Marketplace plan have selected a Bronze plan
- 63 percent of the persons who have selected a Marketplace plan have selected a Silver plan
- 11 percent of the persons who have selected a Marketplace plan have selected a Gold plan
- 6 percent of the persons who have selected a Marketplace plan have selected a Platinum plan
- 1 percent of the persons who have selected a Marketplace plan have selected a Catastrophic plan

Marketplace Plan Selection by Financial Assistance

⁷ Based on the total number of plan selections for which the applicable data are available (excluding unknown).

- 83 percent of the persons who have selected a Marketplace plan have selected a Marketplace Plan with Financial Assistance⁸

FFM Marketplace Plan Selection by Gender and Age

- 26 percent of the males who have selected a Marketplace plan through the FFM are between 18 and 34
- 25 percent of the females who have selected a Marketplace plan through the FFM are between 18 and 34

FFM Marketplace Plan Selection by Gender and Metal Level

- 69 percent of the females who have selected a Marketplace plan through the FFM have selected a Silver plan
- 65 percent of the males who have selected a Marketplace plan through the FFM have selected a Silver plan

FFM Marketplace Plan Selection by Financial Assistance Status and Metal Level

- 74 percent of the persons who have selected a Marketplace plan with Financial Assistance through the FFM have selected a Silver plan
- 94 percent of the persons selecting a Silver plan in the FFM will be receiving Federal financial assistance in paying their premiums
- 26 percent of the persons who have selected a Marketplace plan without Financial Assistance through the FFM have selected a Silver plan
- 30 percent of the persons who have selected a Marketplace plan without Financial Assistance through the FFM have selected a Bronze plan

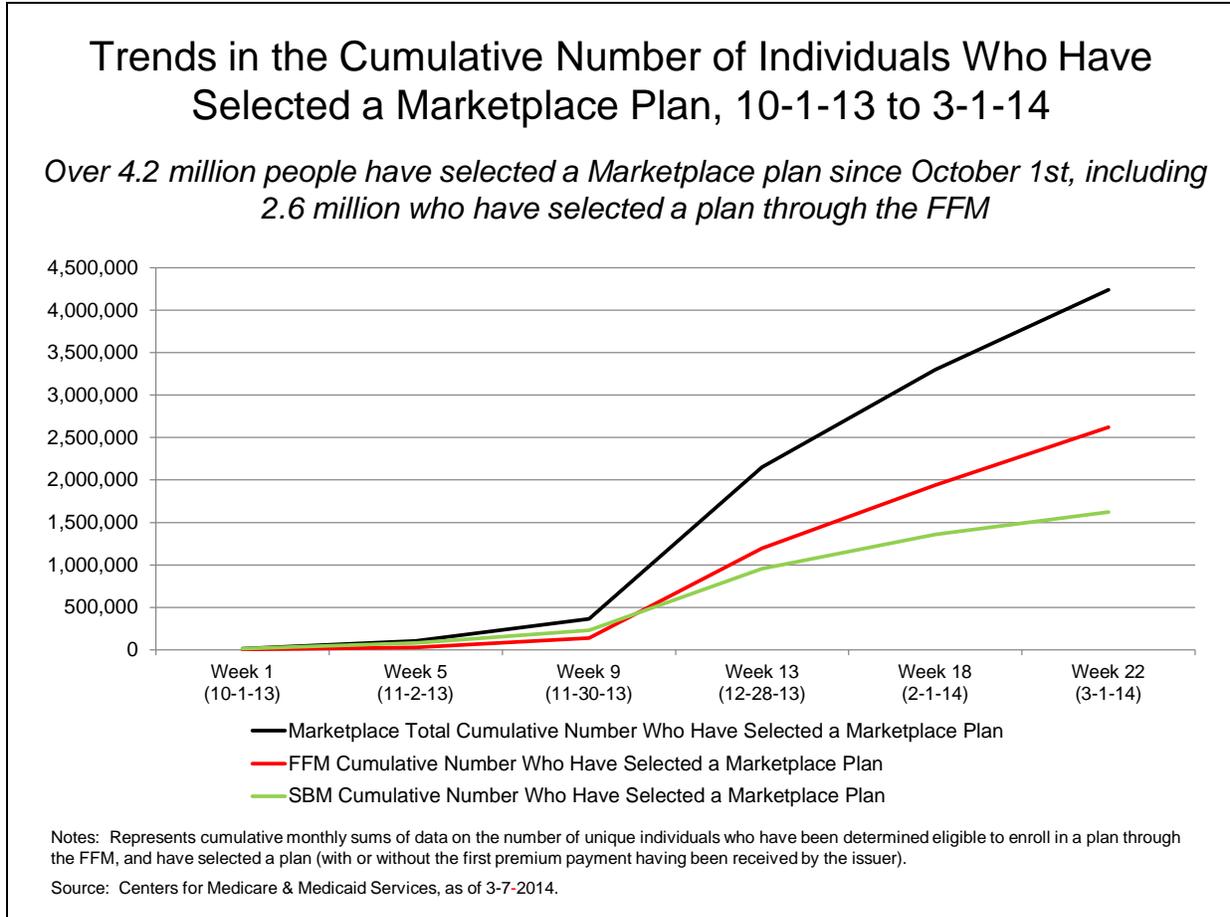
FFM Marketplace Plan Selection by Metal Level and Age

- 66 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Silver plan
- 15 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Bronze plan
- 10 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Gold plan
- 5 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Platinum plan
- 4 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Catastrophic plan
 - Young adults account for 91 percent of all catastrophic plan selections through the FFM

⁸ Represents individuals who have selected a Marketplace plan, and qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR).

Monthly Data on Marketplace Plan Selection – As shown in Figure 2, the cumulative number of persons who have selected a Marketplace plan has increased considerably since the end of the fourth month of the initial open enrollment period.

Figure 2



Additionally, Table 2 shows that the cumulative number of young adults (ages 18 to 34) selecting a Marketplace plan grew faster than for other age groups when the five month period is compared to the four month period. The cumulative number of young adults selecting a Marketplace plan has increased by 33 percent (268,475) since February 1st (from 807,515 to 1,075,990). By comparison, there was a 30 percent increase in Marketplace plan selections for all other age groups during the same time period (from 2.4 million to nearly 3.2 million).

Table 2

Trend In the Cumulative Number of Marketplace Plan Selections By Age Group <i>(based on data reported as of 3-7-14)</i>	Cumulative Total, First Four Months 10-1-13 to 2-1-14	Cumulative Total, First Five Months 10-1-13 to 3-1-14	% Change
MARKETPLACE TOTAL			
Ages 18 to 34	807,515	1,075,990	33%
All Other Age Groups Combined	2,425,077	3,158,690	30%
<i>Subtotal With Available Data on Age</i>	3,232,592	4,234,680	31%
Unknown Age	66,900	7,645	-89%
Marketplace Total	3,299,492	4,242,325	29%
SBM TOTAL			
Ages 18 to 34	327,096	411,645	26%
All Other Age Groups Combined	971,306	1,209,594	25%
<i>Subtotal With Available Data on Age</i>	1,298,402	1,621,239	25%
Unknown Age	61,502	0	-100%
Marketplace Total	1,359,904	1,621,239	19%
FFM TOTAL			
Ages 18 to 34	480,419	664,345	38%
All Other Age Groups Combined	1,453,771	1,949,096	34%
<i>Subtotal With Available Data on Age</i>	1,934,190	2,613,441	35%
Unknown Age	5,398	7,645	42%
Marketplace Total	1,939,588	2,621,086	35%

Notes: These percentages for Ages 18 to 34 and All Other Age Groups Combined are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for age. The number of Marketplace plan selections with unknown age decreased significantly for the SBMs in comparison to the previous reporting period due to an increase in the completeness of data reporting for this metric.

Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.

- **Marketplace Plan Selections by Age** – The proportion of Marketplace plan selections by persons between the ages of 18 and 34 has been increasing. Persons between the ages of 18 and 34 account for nearly a quarter (25 percent) of all Marketplace plan selections (SBMs and FFM) for the first five months of the initial open enrollment period (compared to 24 percent during the first three months of the initial open enrollment, and 27 percent during the months of January and February).
 - SBMs: 25 percent between the ages of 18 and 34 (10-1-13 to 3-1-14).
 - FFM: 25 percent between the ages of 18 and 34 (10-1-13 to 3-1-14).

Table 3 shows the age distribution of the Marketplace plan selections (SBMs and FFM) during the first five months of the initial open enrollment period.

Table 3

Comparison of the Age Distribution of Marketplace Plan Selections (SBM & FFM) For the Five Month period: 10-1-13 to 3-1-14 (based on data reported as of 3-7-14)	Percent of Total Individuals Who Have Selected a Marketplace Plan (1)
Age < 18	6%
Age 18-25	10%
Age 26-34	16%
Age 35-44	16%
Age 45-54	23%
Age 55-64	30%
Age ≥65 ⁹	0%
Total	100%
Ages 18 to 34	25%

(1) These percentages are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for age. Additionally, these percentages have been rounded, and may not add to totals due to rounding errors. (Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.)

Consumer Shopping – Marketplace plan selection is expected to continue to grow. Consumer interest in gaining health coverage continues to be strong among Americans who currently lack insurance – a recent Gallup survey found that 55 percent of uninsured adults say that they are likely to get health insurance in 2014, and the majority of those who intend to get insurance plan to use the Marketplace.¹⁰ Similarly, a recent McKinsey & Company survey found that most (65 percent) of the respondents who said that they intend to enroll in coverage are persons who were previously uninsured.¹¹

Recent national surveys indicate that the number of Americans with health insurance coverage is growing. For example, Gallup has found that the percentage of uninsured Americans has decreased by 1 percentage point during the first quarter of 2014 (16 percent uninsured, compared to 17.1 percent in the fourth quarter of 2013).¹² Similarly, McKinsey & Company’s February survey of consumers eligible to purchase individual coverage during open enrollment (either on or off the Marketplace) found that 27 percent of those surveyed who enrolled in health coverage in 2014 report they were previously uninsured (compared with 11 percent in earlier McKinsey

⁹ There are nearly 400,000 uninsured persons over the age of 65; some persons over 65 have selected Marketplace plans.

¹⁰ “Majority of Uninsured Say They Will Get Insurance,” Frank Newport, Gallup daily tracking poll, March 7, 2014, accessed at http://www.gallup.com/poll/167786/majority-uninsured-say-insurance.aspx?utm_source=alert&utm_medium=email&utm_campaign=syndication&utm_content=morelink&utm_term=Well-Being.

¹¹ McKinsey Center for U.S. Health System Reform, “Individual market enrollment: Updated view,” March 2014, accessed at healthcare.mckinsey.com/reform.

¹² “U.S. Uninsured Rate Drops so Far in First Quarter of 2014,” Jenna Levy, Gallup Gallup-Healthways Well-Being Index survey, February 12, 2014, accessed at <http://www.gallup.com/poll/167393/uninsured-rate-drops-far-first-quarter-2014.aspx>

surveys), and 10 percent of all respondents who self-identified as being previously uninsured said that they had enrolled in a product (compared with 3 percent in January).¹³

Overview of Enrollment-Related Activity to Date

Selected a Marketplace Plan – To date, 4.2 million persons have selected a Marketplace plan during the first five months of the initial open enrollment period, including 1.6 million in SBMs and 2.6 million in the FFM (these numbers include those who have paid a premium and those who have not yet paid a premium, regardless of when their coverage begins).

The following are additional highlights of the preliminary data on the characteristics of Marketplace plan selections during the first five months of the initial open enrollment period (see Appendix A for national-level tables, and see the Addendum to the March Marketplace Enrollment Report for state-level tables).¹⁴

- **Marketplace Plan Selections by Gender** – The gender distribution of Marketplace plan selections has remained constant. More than half of the people who have selected a Marketplace plan through the SBMs and FFM during the first five months of the initial open enrollment period are female (55 percent of the total for the Marketplace as a whole, excluding plan selections where gender is unknown), while the remaining 45 percent are male. The comparable proportions for the first four months of the initial open enrollment period were 55 percent and 45 percent, respectively.
 - SBMs: 54 percent female, 46 percent male (10-1-13 to 3-1-14).
 - FFM: 56 percent female, 44 percent male (10-1-13 to 3-1-14).

By comparison, males account for half (50 percent) of the total non-elderly population in the United States (ages 0 to 64).¹⁵

- **Marketplace Plan Selections by Metal Level** – The proportion of Silver Marketplace plan selections has continued to increase. Silver plans account for nearly two-thirds (63 percent) of the Marketplace plan selections in the SBMs and FFM between 10-1-13 and 3-1-14 (compared with 62 percent during the first four months of the initial enrollment period).
 - SBMs: 58 percent Silver (10-1-13 to 3-1-14).
 - FFM: 67 percent Silver (10-1-13 to 3-1-14).

The metal level distribution of the remaining Marketplace plan selections (SBMs and

¹³ McKinsey Center for U.S. Health System Reform, “Individual market enrollment: Updated view,” March 2014, accessed at healthcare.mckinsey.com/reform.

¹⁴ The percentages cited in this section are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for a given metric (e.g., age, gender, metal level, etc.) Aggregate data on the total number of plan selections with available data for a given metric, and the corresponding number of plan selections with unknown data for a given metric can be found in Appendix Table A1.

¹⁵ ASPE analysis of the 2010-2012 Current Population Survey Annual Social and Economic Supplement (CPS ASEC, covering calendar years 2009-2011), adjusted using ASPE’s TRIM3 microsimulation to include only estimated nonelderly U.S. citizens and others lawfully present.

FFM) are as follows: bronze (18 percent), gold (11 percent), platinum (6 percent), and catastrophic (1 percent).

- ***Marketplace Plan Selections by Financial Assistance Status*** – The proportion of Marketplace plan selections with financial assistance (i.e., Marketplace plan selections by individuals who are eligible to receive financial assistance) has also continued to increase. Based on data for the first five months of the initial open enrollment period, more than eight out of ten (83 percent) of the people who have selected a Marketplace plan through the SBMs and FFM are eligible to receive Federal financial assistance in paying their premiums.¹⁶ The comparable proportion for the first four months of the initial open enrollment period was 82 percent.
 - SBMs: 81 percent in Marketplace plans with financial assistance (10-1-13 to 3-1-14).
 - FFM: 85 percent in Marketplace plans with financial assistance (10-1-13 to 3-1-14).

Tax credits for premium assistance may be available to individuals with family incomes between 100 and 400 percent of the Federal Poverty Level (138 to 400 percent of FPL in states taking the Federally-funded option to expand Medicaid). These percentages are consistent with previous estimates.¹⁷

Additional Characteristics of FFM Marketplace Plan Selections – The following are highlights of preliminary data on additional characteristics of FFM Marketplace plan selections, based on cross-tabulations of the abovementioned metrics (see Appendix B for national-level tables, and see the Addendum to the Marketplace Enrollment Report for state-level tables).

- ***FFM Marketplace Plan Selections by Gender and Age***
 - Young adults (ages 18-34) accounted for 26 percent of all males selecting Marketplace plans through the FFM, compared with 25 percent of all females selecting Marketplace plans through the FFM, and 25 percent of all FFM Marketplace plan selections as a whole.
 - Meanwhile, adding children ages 0 to 17 results in males between the ages of 0 and 34 accounting for nearly a third (33 percent) of all males selecting Marketplace plans through the FFM, compared with 30 percent for females, and 31 percent for all persons who selected a Marketplace plan through the FFM.
- ***FFM Marketplace Plan Selections by Gender and Metal Level***
 - Females were more likely to select Silver plans in the FFM (69 percent versus 65

¹⁶ This includes people who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR).

¹⁷ For example, the Congressional Budget Office (CBO) estimates for CY 2014 were as follows: 6 million subsidized / 7 million total in Marketplace = 86% with financial assistance. (Source: "Effects on Health Insurance and the Federal Budget for the Insurance Coverage Provisions in the Affordable Care Act—May 2013 Baseline," May 14, 2013, accessed at http://www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf.)

- percent for males).
- Males were more likely to select Bronze plans in the FFM (17 percent versus 15 percent for females).
 - ***FFM Marketplace Plan Selections by Financial Assistance Status and Metal Level***
 - Persons selecting a Marketplace plan who are eligible to receive financial assistance were more likely to select Silver plans in the FFM (74 percent versus 26 percent for persons selecting a Silver Marketplace plan without financial assistance).
 - Persons selecting a Marketplace plan without financial assistance were more likely to select Bronze plans in the FFM than other metal levels (30 percent versus 13 percent for persons selecting a Marketplace plan with financial assistance). They were also more likely to select gold, platinum and catastrophic plans than were persons who are eligible to receive financial assistance.
 - More than nine out of ten (93 percent) of the persons selecting a Silver plan in the FFM are eligible to receive Federal financial assistance in paying their premiums.
 - ***FFM Marketplace Plan Selections by Metal Level and Age***
 - Among young adults (ages 18 to 34), 66 percent selected a Silver plan, while 15 percent selected a Bronze plan, 10 percent selected a Gold plan, 5 percent selected a Platinum plan, and 4 percent selected a Catastrophic plan.
 - Nearly one out of three (30 percent) of the nearly 543,270 persons who selected a standalone dental plan through the FFM are young adults (ages 18-34).

Table 4

Cumulative Marketplace Enrollment-Related Information For the Five Month period: 10-1-13 to 3-1-14 (1) <i>(based on data reported as of 3-7-14)</i>	Marketplace Total	SBM Total	FFM Total
Visits on the Marketplace websites (2)	74,625,397	22,563,745	52,061,652
Calls to the Marketplace call centers	19,357,291	6,227,452	13,129,839
Number of individuals who have selected a Marketplace plan	4,242,325	1,621,239	2,621,086
<i>Males who have selected a Marketplace plan (3)</i>	<i>45%</i>	<i>47%</i>	<i>44%</i>
<i>18 to 34 year olds who have selected a Marketplace plan (3)</i>	<i>25%</i>	<i>25%</i>	<i>25%</i>
<i>Individuals who have selected a Silver Marketplace plan (3)</i>	<i>63%</i>	<i>58%</i>	<i>67%</i>
<i>Individuals who have selected a Marketplace plan with financial assistance (3)</i>	<i>83%</i>	<i>81%</i>	<i>85%</i>

(1) The reporting period for the first 5 months is from 10-1-13 to 3-1-14. Any differences in reporting periods among states are noted in footnotes accompanying the tables in the Addendum to the March Marketplace Enrollment Report. See Appendix D for methodological information. Visitors to the Marketplace websites is the sum of monthly data and has been unduplicated to the extent possible; however, we do not believe that all duplication has yet been removed.

(2) While all SBMs have provided updated data on call center activity, not all SBMs have provided updated data on website visits.

(3) Percentages shown in this table are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for a given metric (e.g., age, gender, etc.)

Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.

Web Site and Call Center Volume – Interest in the Marketplaces continues to be high, as measured by visits on the SBM and FFM websites (over 74 million),¹⁸ and calls to the SBM and FFM call centers (over 19 million) through the end of February.).

Methodological Overview

The data reported here have been generated by the information systems of the Centers for Medicare & Medicaid Services (CMS), based on information reported to CMS by SBMs, and information collected by the FFM for states with HHS-supported or fully run Marketplaces (including those run in partnership with states). Data for certain metrics are not yet available for some SBM states due to information system issues. (Please refer to Appendix D for additional methodological information.)

As discussed earlier, this report includes cumulative data for the five-month period (10-1-13 to 3-1-14) because some people apply, shop, and select a plan across more than one monthly reporting period. To the extent possible, these counts seek to avoid potential duplication associated with monthly reporting.

This report also includes preliminary data on the characteristics of persons who have selected a Marketplace plan (by gender, age, metal level, and financial assistance status for the SBMs and FFM; and for the FFM, by gender and age, gender and metal level, financial assistance status and metal level, and metal level and age). In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. Detailed state-level tables can be found in Appendix C, and in the Addendum to the March Marketplace Enrollment Report.¹⁹

We believe that the information contained in this issue brief provides the most systematic “snapshot” of enrollment-related activity in the Marketplaces to date because the data for the various metrics are counted using comparable definitions for data elements across states, and between the SBMs and FFM. **It is important to note that the SBM enrollment-related data that are reported in this issue brief represent state data that have been reported to CMS through March 7, 2014, and may differ from comparable data that have previously been publicly reported on SBM websites or in media reports because that data may be based on different time periods or metric definitions from those used in this report.**

APPENDICES

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¹⁸ While all SBMs have provided updated data on call center activity, not all SBMs have provided updated data on website visits. In addition, duplication has been removed from the data on the cumulative number of website visitors to the extent possible; however, it is possible that not all duplication has been removed.

¹⁹ The Addendum to the March Enrollment Report is available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014Mar_enrollAddendum.pdf.

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Note: The Addendum to the March Enrollment Report is available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014Mar_enrollAddendum.pdf .

**APPENDIX A: CHARACTERISTICS OF MARKETPLACE PLAN SELECTION BY GENDER,
AGE, METAL LEVEL, AND FINANCIAL ASSISTANCE STATUS
10-1-2013 TO 3-1-2014**

APPENDIX TABLE A1

Marketplace Plan Selection by Gender, Age, Metal Level, Financial Assistance Status, and Marketplace Type (1) 10-1-2013 to 3-1-2014						
Description	Marketplace Total (SBMs & FFM)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)
Total Who Have Selected a Marketplace Plan						
Number of Individuals Who Have Selected a Marketplace Plan	4,242,325	n/a	1,621,239	n/a	2,621,086	n/a
By Gender						
Female	2,317,686	55%	844,042	53%	1,473,644	56%
Male	1,882,504	45%	735,368	47%	1,147,136	44%
Subtotal: Plan Selections With Available Data on Gender	4,200,190	100%	1,579,410	100%	2,620,780	100%
Unknown Gender	42,135	n/a	41,829	n/a	306	n/a
By Age						
Age < 18	251,256	6%	100,852	6%	150,404	6%
Age 18-25	411,915	10%	155,405	10%	256,510	10%
Age 26-34	664,075	16%	256,240	16%	407,835	16%
Age 35-44	678,084	16%	260,357	16%	417,727	16%
Age 45-54	957,110	23%	374,358	23%	582,752	22%
Age 55-64	1,254,977	30%	465,591	29%	789,386	30%
Age ≥65	17,263	0%	8,436	1%	8,827	0%
Subtotal: Plan Selections With Available Data on Age	4,234,680	100%	1,621,239	100%	2,613,441	100%
Unknown Age	7,645	n/a	0	n/a	7,645	n/a
Ages 18 to 34	1,075,990	25%	411,645	25%	664,345	25%
Ages 0 to 34	1,327,246	31%	512,497	32%	814,749	31%
By Metal Level						
Bronze	781,703	18%	370,944	23%	410,759	16%
Silver	2,690,598	63%	937,598	58%	1,753,000	67%
Gold	458,757	11%	158,858	10%	299,899	11%
Platinum	272,864	6%	134,148	8%	138,716	5%
Catastrophic	47,030	1%	19,690	1%	27,340	1%

Marketplace Plan Selection by Gender, Age, Metal Level, Financial Assistance Status, and Marketplace Type (1) 10-1-2013 to 3-1-2014						
Description	Marketplace Total (SBMs & FFM)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)
Subtotal: Plan Selections With Available Data on Metal Level (4)	4,242,314	100%	1,621,239	100%	2,621,075	100%
Standalone Dental	544,075	n/a	n/a	n/a	544,075	n/a
Unknown Metal Level	11	n/a	0	n/a	11	n/a
By Financial Assistance Status						
With Financial Assistance	3,468,666	83%	1,238,133	81%	2,230,533	85%
Without Financial Assistance	689,973	17%	299,420	19%	390,553	15%
Subtotal: Plan Selections With Available Data on Financial Assistance	4,158,638	100%	1,537,552	100%	2,621,086	100%
Unknown Financial Assistance Status	83,687	n/a	83,687	n/a	0	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 Marketplace enrollment-related activity for 10-1-13 to 3-1-14. For additional methodological information, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected a plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment.

(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 FFM subtotals for each metal tier type do not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers enrolled in more than one plan type in their state (for example, some consumers may have enrolled in both a health plan and a standalone dental plan). As a result, the corresponding percentages also do not sum to 100 percent. This also affects the data for the Marketplace total. To the extent possible, duplication associated with standalone dental plan selection has been removed from the data shown in this table.

APPENDIX B – SUMMARY OF ADDITIONAL DEMOGRAPHIC CHARACTERISTICS OF FFM MARKETPLACE PLAN SELECTIONS

APPENDIX TABLE B1

FFM Marketplace Plan Selections by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age (1) 10-1-2013 to 3-1-2014									
Description	FFM Total			Females - FFM			Males - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	2,621,086	n/a	n/a	1,473,644	n/a	n/a	1,147,136	n/a	n/a
By Gender and Age	Number	% of Gender Total (4)	% of Age Group Total (5)	Number	% of Gender Total (4)	% of Age Group Total (5)	Number	% of Gender Total (4)	% of Age Group Total (5)
Age < 18	150,404	6%	100%	73,702	5%	49%	76,654	7%	51%
Age 18-25	256,510	10%	100%	139,925	10%	55%	116,567	10%	45%
Age 26-34	407,835	16%	100%	226,380	15%	56%	181,421	16%	44%
Age 35-44	417,727	16%	100%	231,921	16%	56%	185,769	16%	44%
Age 45-54	582,752	22%	100%	331,376	23%	57%	251,316	22%	43%
Age 55-64	789,386	30%	100%	461,827	31%	59%	327,465	29%	41%
Age ≥65	8,827	0%	100%	4,733	0%	54%	4,092	0%	46%
Subtotal: Plan Selections With Available Data on Age	2,613,441	100%	100%	1,469,864	100%	56%	1,143,284	100%	44%
Unknown Age	7,645	n/a	n/a	3,780	n/a	n/a	3,852	n/a	n/a
Ages 18 to 34	664,345	25%	100%	366,305	25%	55%	297,988	26%	45%
Ages 0 to 34	814,749	31%	100%	440,007	30%	54%	374,642	33%	46%
By Gender and Metal Level	Number	% of Gender Total (4)	% of Metal Level Total (5)	Number	% of Gender Total (4)	% of Metal Level Total (5)	Number	% of Gender Total (4)	% of Metal Level Total (5)
Bronze	410,759	16%	100%	218,168	15%	53%	192,549	17%	47%
Silver	1,753,000	67%	100%	1,009,736	69%	58%	743,103	65%	42%
Gold	299,899	11%	100%	162,879	11%	54%	136,972	12%	46%
Platinum	138,716	5%	100%	73,735	5%	53%	64,965	6%	47%
Catastrophic	27,340	1%	100%	14,159	1%	52%	13,172	1%	48%
Subtotal: Plan Selections With Available Data on Metal Level	2,621,075	100%	100%	1,473,644	100%	56%	1,147,136	100%	44%
Standalone Dental	544,075	n/a	n/a	303,859	n/a	n/a	240,203	n/a	n/a
Unknown Metal Level	11	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	FFM Total			With Financial Assistance - FFM			Without Financial Assistance - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	2,621,086	n/a	n/a	2,230,533	n/a	n/a	390,553	n/a	n/a
By Financial Assistance Status and Metal Level (6)	Number	% of Financial Assistance Status Total (4)	% of Metal Level Total (5)	Number	% of Financial Assistance Status Total (4)	% of Metal Level Total (5)	Number	% of Financial Assistance Status Total (4)	% of Metal Level Total (5)
Bronze	410,759	16%	100%	294,897	13%	72%	115,862	30%	28%
Silver	1,753,000	67%	100%	1,653,307	74%	94%	99,693	26%	6%
Gold	299,899	11%	100%	198,359	9%	66%	101,540	26%	34%
Platinum	138,716	5%	100%	89,067	4%	64%	49,649	13%	36%
Catastrophic	27,340	1%	100%	0	0%	0%	27,340	7%	100%
Subtotal: Plan Selections With Available Data on Metal Level	2,621,075	100%	100%	2,230,524	100%	85%	390,551	100%	15%
Standalone Dental	544,075	n/a	n/a	0	n/a	n/a	544,075	n/a	n/a
Unknown Metal Level	11	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	FFM Total			Bronze Plan Selections - FFM			Silver Plan Selections - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	2,621,086	n/a	n/a	410,759	n/a	n/a	1,753,000	n/a	n/a
By Metal Level and Age (6)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)
Age < 18	150,404	6%	100%	30,457	7%	20%	73,810	4%	49%
Age 18-25	256,510	10%	100%	35,727	9%	14%	176,904	10%	69%
Age 26-34	407,835	16%	100%	64,068	16%	16%	264,378	15%	65%
Age 35-44	417,727	16%	100%	61,352	15%	15%	285,055	16%	68%
Age 45-54	582,752	22%	100%	88,706	22%	15%	404,989	23%	69%
Age 55-64	789,386	30%	100%	127,781	31%	16%	538,099	31%	68%
Age ≥65	8,827	0%	100%	1,432	0%	16%	6,334	0%	72%
Subtotal: Plan Selections With Available Data on Age	2,613,441	100%	100%	409,523	100%	16%	1,749,569	100%	67%
Unknown Age	7,645	n/a	n/a	1,236	n/a	n/a	3,431	n/a	n/a
Ages 18 to 34	664,345	25%	100%	99,795	24%	15%	441,282	25%	66%
Ages 0 to 34	814,749	31%	100%	130,252	32%	16%	515,092	29%	63%

Description	Gold Plan Selections - FFM			Platinum Plan Selections - FFM			Catastrophic Plan Selections - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	299,899	n/a	n/a	138,716	n/a	n/a	27,340	n/a	n/a
By Metal Level and Age (6)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)
Age < 18	32,440	11%	22%	13,404	10%	9%	750	3%	0%
Age 18-25	22,449	8%	9%	11,265	8%	4%	10,979	40%	4%
Age 26-34	43,133	14%	11%	23,559	17%	6%	13,743	50%	3%
Age 35-44	46,031	15%	11%	25,751	19%	6%	796	3%	0%
Age 45-54	61,534	21%	11%	29,013	21%	5%	629	2%	0%
Age 55-64	91,694	31%	12%	34,454	25%	4%	361	1%	0%
Age ≥65	677	0%	8%	405	0%	5%	0	0%	0%
Subtotal: Plan Selections With Available Data on Age	297,958	100%	11%	137,851	100%	5%	27,258	100%	1%
Unknown Age	1,941	n/a	n/a	865	n/a	n/a	82	n/a	n/a
Ages 18 to 34	65,582	22%	10%	34,824	25%	5%	24,722	91%	4%
Ages 0 to 34	98,022	33%	12%	48,228	35%	6%	25,472	93%	3%

Description	Standalone Dental Plan Selections - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan			
Number of Individuals Who Have Selected a Marketplace Plan	544,075	n/a	n/a
Number Who Have Selected a Standalone Dental Plan By Metal Level and Age	Number	% of Metal Level Total (4)	% of Age Group Total (5)
Age < 18	26,591	5%	18%
Age 18-25	55,489	10%	22%
Age 26-34	110,100	20%	27%
Age 35-44	102,156	19%	24%
Age 45-54	117,911	22%	20%
Age 55-64	129,386	24%	16%
Age ≥65	1,633	0%	19%
Subtotal: Plan Selections With Available Data on Age	543,266	100%	21%
Unknown Age	809	n/a	n/a
Ages 18 to 34	165,589	30%	25%
Ages 0 to 34	192,180	35%	24%

Notes:

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

(1) Unless otherwise noted, the data in these tables represent cumulative FFM Marketplace enrollment-related activity for 10-1-13 to 3-1-14. For additional methodological information, please refer to Appendix D of this report.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected a plan through the FFM (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment.

(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) Represents the vertical percentage for the data that are being shown based on a given set of metrics. For example, if the rows show Age Groups and the columns show Gender, then this percentage represents the data for a given Age Group / Gender combination as a percentage of the comparable Gender total for all Age Groups (e.g., Persons between the ages of 18 and 34 represent X percent of the all of the Female Marketplace Plan selections).

(5) Represents the horizontal percentage of the data that are being shown based on a given set of metrics. For example, if the rows show Age Groups and the columns show Gender, then this percentage represents the data for a given Age Group / Gender combination as a percentage of the comparable Age Group total for all Genders (e.g., Females represent X percent of the Marketplace Plan selections for persons between the ages of 18 and 34).

(6) The FFM subtotals for each metal tier type do not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers enrolled in more than one plan type in their state (for example, some consumers may have enrolled in both a health plan and a standalone dental plan). As a result, the corresponding percentages also do not sum to 100 percent. This also affects the data for the Marketplace total. To the extent possible, duplication associated with standalone dental plan selection has been removed from the data shown in this table.

APPENDIX C

TOTAL MARKETPLACE ELIGIBILITY DETERMINATIONS, AND MARKETPLACE PLAN SELECTIONS BY MARKETPLACE TYPE AND STATE, 10-1-2013 TO 3-1-2014

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections By Marketplace Type and State (1) (2) 10-1-2013 to 3-1-2014				
State Name	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (5)	Number of Individuals Who Have Selected a Marketplace Plan (6)
	Total Eligible to Enroll in a Marketplace Plan (3)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (4)		
	Number	Number	Number	Number
States Implementing Their Own Marketplaces (SBMs)				
California (7)	1,190,260	897,256	1,136,000	868,936
Colorado (8)	145,877	57,605	135,560	83,469
Connecticut	85,804	59,638	73,842	57,465
District of Columbia	10,515	2,271	10,877	6,249
Hawaii (9)	10,968	2,628	N/A	4,661
Kentucky	165,684	67,323	222,448	54,945
Maryland	50,900	42,786	103,670	38,070
Massachusetts (10)	5,943	N/A	N/A	12,965
Minnesota (11)	95,862	33,929	77,647	32,030
Nevada	94,926	61,008	125,272	28,535
New York	533,948	258,556	310,645	244,618
Oregon (12)	76,223	60,142	104,715	38,806
Rhode Island	30,158	22,155	45,226	18,902
Vermont	64,645	20,823	24,266	24,326
Washington (13)	197,220	117,751	628,893	107,262
SBM Subtotal	2,758,933	1,703,871	2,999,061	1,621,239
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)				
Idaho (14)	74,085	54,624	9,443	43,861
New Mexico (14)	35,416	22,203	20,620	15,012
Alabama	134,329	67,379	17,980	55,034
Alaska	13,893	8,872	2,901	6,666
Arizona	137,069	84,008	66,991	57,611
Arkansas	58,173	38,500	57,455	27,395
Delaware	15,085	9,023	7,663	6,538
Florida	990,455	621,139	124,363	442,087
Georgia	341,650	181,790	62,162	139,371
Illinois	246,188	151,238	131,995	113,733
Indiana	145,189	93,720	65,846	64,972
Iowa	40,113	24,467	28,981	15,346
Kansas	65,057	36,083	10,344	29,309
Louisiana	107,480	59,896	9,105	45,561

**Total Marketplace Eligibility Determinations, and
Marketplace Plan Selections By Marketplace Type and State (1) (2)**

10-1-2013 to 3-1-2014

State Name	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (5)	Number of Individuals Who Have Selected a Marketplace Plan (6)
	Total Eligible to Enroll in a Marketplace Plan (3)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (4)		
	Number	Number	Number	Number
Maine	47,444	31,634	5,494	25,412
Michigan	313,644	187,057	40,347	144,587
Mississippi	68,562	36,687	8,753	25,554
Missouri	170,180	96,985	32,890	74,469
Montana	39,917	27,192	3,643	22,542
Nebraska	54,311	35,213	10,557	25,582
New Hampshire	43,256	24,326	5,409	21,578
New Jersey	187,231	110,509	123,092	74,370
North Carolina	390,925	251,953	55,691	200,546
North Dakota	10,394	7,032	4,812	5,238
Ohio	193,152	115,611	97,477	78,925
Oklahoma	78,444	41,964	11,709	32,882
Pennsylvania	349,151	195,218	32,793	159,821
South Carolina	136,414	77,173	19,747	55,830
South Dakota	16,047	9,884	2,862	6,765
Tennessee	204,075	105,003	55,672	77,867
Texas	758,344	414,272	94,954	295,025
Utah	78,258	55,994	36,353	39,902
Virginia	251,566	133,492	33,897	102,815
West Virginia	25,133	15,965	16,569	10,599
Wisconsin	158,048	107,157	68,655	71,443
Wyoming	14,296	9,507	1,646	6,838
FFM Subtotal	5,992,974	3,542,770	1,378,871	2,621,086
MARKETPLACE TOTAL, All States	8,751,907	5,246,641	4,377,932	4,242,325

Notes:

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

(1) Unless otherwise noted, the data in these tables represent cumulative FFM Marketplace enrollment-related activity for 10-1-13 to 3-1-14. For additional methodological information, please refer to Appendix D of this report.

(2) We are no longer showing data on the total number of completed applications and total number of individuals applying for coverage in completed applications in this table because we believe that there is duplication in these metrics.

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., a Marketplace plan) represents the total number of individuals for whom a Completed Application has been received and who are determined to be eligible for plan enrollment through the Marketplace 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.

(4) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” represents the total number of individuals determined eligible to enroll in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR).

(5) “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 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 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. These data may vary from accounts transferred via ‘flat file’ to states by the FFM. Quality assurance continues on Medicaid assessments and determinations in advance of transfers to states and these figures might alter further based on that review. Note: this data element does not include eligibility determinations made by State Medicaid/CHIP agencies based on applications originally submitted to the State agency or other Medicaid/CHIP assessments or determinations.

(6) “Individuals Who Have Selected a Marketplace plan” represents the total number of “Individuals Determined Eligible to Enroll in a plan Through the Marketplace” who have selected a plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period. This is also known as pre-effectuated enrollment.

(7) California - Number of assessed/determined for Medicaid/CHIP reflects new Medicaid applicants and some ongoing caseload eligibility activity that is conducted via the state’s Marketplace.

(8) Colorado – Colorado’s Marketplace, Connect for Health Colorado, uses real-time online determinations made by the Medicaid agency. Data for “Individuals Assessed Eligible for Medicaid/CHIP” includes individuals determined eligible under the Medicaid expansion and does not include CHP+ clients or those determined eligible who were previously eligible for coverage prior to the expansion of Medicaid.

(9) Hawaii -- Because the Hawaii Marketplace’s eligibility system is not integrated with its state Medicaid department, the data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time. The Marketplace is in the process of receiving data from the state Medicaid department on applicants who have been determined ineligible for Medicaid or CHIP. It is anticipated that the proportion of QHP eligible individuals with Financial Assistance will increase as these applicants are transferred from the Medicaid agency to the Marketplace.

(10) Massachusetts – Data for “Number of Individuals Determined Eligible for Enrollment into a QHP” are as of 11/30/13. Due to Massachusetts’ system constraints, data for “Individuals Determined or Assessed Eligible for Medicaid/CHIP” are not available at this time. Massachusetts’ cumulative data for “Individuals Who Have Selected a Marketplace Plan” does not include 48,000 new applicants above 133 percent FPL who are in Temporary Subsidized Coverage; these individuals will be processed for QHP Eligibility Determination and potential coverage retroactive to the current reporting period. There are also 109,000 persons between 133 and 300 percent FPL currently in extended Commonwealth Care coverage, who were scheduled to transition to QHP coverage following October 1, 2013, but who have not been processed due to systems problems. Another 32,000 persons with income >300% FPL currently in the Commonwealth Choice program are current members who are scheduled to be processed for QHP coverage by March 31, 2014. Without the systems obstacles faced by the Massachusetts Marketplace, the number of individuals enrolled in a QHP with the Massachusetts Health Connector as of 3/1/14 might be as many as 201,000.

(11) Minnesota -- Minnesota’s cumulative data for “Individuals Determined Eligible to Enroll in a Marketplace Plan,” “Individuals Determined Eligible to Enroll in a Marketplace Plan with Financial Assistance,” and “Individuals Who Have Selected a Marketplace Plan” do not include adults between 133% and 200% of the Federal Poverty Level (FPL) because these individuals are enrolled in the MinnesotaCare program. In addition, children up to 275% FPL are covered through the Medicaid program. Hence, when comparing Minnesota’s cumulative data for these indicators with other State-Based Marketplaces, the number of individuals determined eligible for MinnesotaCare and enrolled in MinnesotaCare are worth noting.

(12) Oregon - Oregon - Oregon’s data for QHP eligible individuals broken out by financial assistance are estimates based on analysis of special-purpose enrollment files for the reporting period. “Total Eligible with APTC” is an estimate based on analysis of enrollment files sent to issuers through December 31, 2013. The total rolls up to actual total QHP eligible individuals. Cover Oregon will update with actuals as soon as its electronic reporting application is configured and tested to accurately report determinations.

(13) Washington -- Washington’s cumulative total for “Individuals Assessed Eligible for Medicaid/CHIP” may include some persons whose eligibility is being re-determined rather than newly determined. For example, an application for a family may include parents applying to the Marketplace for initial coverage, while children are already covered. Additionally, the “Number of Individuals Enrolled in a QHP (Plan Selection)” is an undercount, as Washington is only able to report individuals who have both enrolled and paid for coverage.

(14) Idaho and New Mexico are Federally supported SBMs for 2014; they are using the FFM platform for 2014.

Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.

APPENDIX D: METHODOLOGY AND TECHNICAL NOTES

The data that are reported in this issue brief have been generated by the information systems of the Centers for Medicare & Medicaid Services, based on information reported to CMS by SBMs, and information collected by the FFM for states with Marketplaces supported by or fully run by HHS (including those run in partnership with states).

Unless otherwise noted, the data in this issue brief represent cumulative Marketplace enrollment-related activity for the 10-1-13 to 3-1-14 reporting period, with information available as of 3-7-14.

We believe that the information contained in this issue brief provides the most systematic “snapshot” of enrollment-related activity in the Marketplaces to date because the data for the various metrics are counted using comparable definitions for data elements across states, and between the SBMs and FFM (see table below). **It is important to note that the SBM enrollment-related data that are rep3-7-2014, and may differ from comparable data that have previously been publicly reported on SBM websites or in media reports because that data may be based on different time periods or metric definitions from those used in this report.**

While this issue brief includes some data for all states, data for certain metrics are not available for some states due to information system issues. For example, CMS did not receive data on some metrics for certain states, as noted in Appendix C, and in the Addendum to the March Marketplace Enrollment Report (which contains additional state-level tables).²⁰

The following section provides highlights of major methodological changes since the January Marketplace Enrollment Report. For additional technical information about the metrics that are included in this report, please refer to the earlier Marketplace enrollment reports.²¹

Highlights of Major Methodological Changes Since the February Marketplace Enrollment Report

Reporting of Cumulative Five-Month Data - This report includes cumulative data for the five-month period (10-1-13 to 3-1-14) because some people’s process of applying, shopping, and selecting a plan may span across multiple monthly reporting periods (for example, a person may have applied for a Marketplace plan in October and then selected a Marketplace plan in December). We believe that these cumulative data provide the best “snapshot” of Marketplace enrollment-related activity to date. Ongoing efforts are underway to eliminate duplication associated with counting people in more than one month. Additionally, some SBM data systems are still working to eliminate duplication in their cumulative counts, so all duplication has not yet been removed in this report.

Data on Total Number of Completed Applications and Total Individuals Applying for Coverage in Completed Applications – We are no longer showing data on the total number of completed applications and total number of individuals applying for coverage in completed

²⁰ The Addendum to the March Enrollment Report is available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014Mar_enrollAddendum.pdf.

²¹ The previous Marketplace Enrollment Reports can be accessed at <http://www.aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>.

applications in Appendix C and in the main body of this report because we believe that there is duplication in these metrics.

SBM Data – While all SBMs have provided updated data on call center activity, not all SBMs have provided updated data on website visits. For additional state-specific technical notes, please see the footnotes of the tables in Appendix C, and in the Addendum to the March Marketplace Enrollment Report.

Data on Characteristics of Marketplace Plan Selections by Metal Level – The FFM subtotals for each metal tier type do not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers enrolled in more than one plan type in their state (for example, some consumers may have enrolled in both a health plan and a standalone dental plan). As a result, the corresponding percentages also do not sum to 100 percent. This also affects the data for the Marketplace total. For the March enrollment report, to the extent possible, duplication associated with standalone dental plan selection has been removed from the data shown for each metal tier type. Additionally, separate totals for standalone dental plan selections are shown separately where appropriate. Data distributions for States with very small numbers of Marketplace plan selections for a given metal level have been suppressed.

Standalone Dental Plan Selection – For the FFM, total standalone dental plan selections includes data for both the “High” and “Low” standalone dental plan metal tier types. For the SBMs, separate data are not yet available on standalone dental plan selections.

Data on Additional Characteristics of FFM Marketplace Plan Selections – This report also includes preliminary additional data on the characteristics of persons who have selected a Marketplace plan through the FFM (by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age). 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.

APPENDIX TABLE D1

Summary of Marketplace Monthly Enrollment-Related Information By Marketplace Type (10-1-13 to 3-1-14)	Marketplaces Total (SBMs and FFMs)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number	% of Total*	Number	% of Total*	Number	% of Total*
Completed Applications (1)	8,211,932	n/a	3,315,796	n/a	4,896,136	n/a
Number of Individuals Applying for Coverage in Completed Applications (1)	14,594,930	100.0%	7,052,437	100.0%	7,542,493	100.0%
Eligible for Marketplace Plan Enrollment	8,751,907	60.0%	2,758,933	39.1%	5,992,974	79.5%
Eligible for Marketplace Plan with Financial Assistance (non-add)	5,246,641	35.9%	1,703,871	24.2%	3,542,770	47.0%
Other Marketplace Plan-Eligible Individuals (non-add)	3,505,266	24.0%	1,055,062	15.0%	2,450,204	32.5%
Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	4,377,932	30.0%	2,999,061	42.5%	1,378,871	18.3%
Pending/Other	1,629,175	11.2%	1,458,527	20.7%	170,648	2.3%
Total Individuals Eligible to Enroll in a Marketplace Plan	8,751,907	100.0%	2,758,933	100.0%	5,992,974	100.0%
Marketplace Eligible Individuals Who Have Selected a Marketplace Plan	4,242,325	48.5%	1,621,239	58.8%	2,621,086	43.7%

(1) We are no longer showing data on the total number of completed applications and total number of individuals applying for coverage in completed applications in Appendix C and in the main body of this report because we believe that there is duplication in these metrics.

* Percent of total represents the percent of total individuals applying for coverage in completed applications, or the percent of total individuals eligible to enroll in a Marketplace plan who have selected a Marketplace plan.

** Pending/Other does not sum to 100 percent due to differences in process flows and potentially missing data.

*** Total SBM and FFM data on the number of persons with processed eligibility determinations or assessments do not add to the total number of persons applying for coverage in completed applications due to missing data and differences in process flow for Marketplace plan and Medicaid/CHIP eligibility determinations / assessments.

Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.