



ASPE

ISSUE BRIEF

HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT¹

**For the period: November 15, 2014 – February 15, 2015
(Including Additional Special Enrollment Period Activity Reported through 2-22-15)²
March 10, 2015**

The Health Insurance Marketplaces (“the Marketplaces”) play a critical role in achieving one of the Affordable Care Act’s core goals: reducing the number of uninsured Americans by providing affordable, high-quality health insurance. This report provides summary data for enrollment-related activity in the individual market Marketplaces during the 2015 Open Enrollment period for all 50 states and the District of Columbia (11-15-14 to 2-15-15), including data relating to individuals who qualified for an “in-line” or other Special Enrollment Period (SEP). (Unless otherwise noted, the data in this report include SEP activity through 2-22-15).³ It is important to note that this report does not include data on effectuated enrollment (that the number of people who have paid monthly premiums to the insurer). Additionally, this report does not include data relating to any individuals who qualified for an SEP after 2-22-15, including any upcoming SEP for individuals who were unaware of, or did not understand the implications of the fee for not enrolling in health insurance coverage.^{4 5}

¹ As additional data are available from special enrollment periods extending into April, this data will be provided.

² Most of the data in this report are for the 11-15-14 to 2-15-15 reporting period (including additional special enrollment period (SEP) activity reported through Sunday, February 22nd), with the following exceptions: the data for the State-Based Marketplaces (SBMs) that are using their own Marketplace platforms include additional SEP activity through 2-21-15 (with the exception of California, which is reporting data including additional SEP activity through 2-22-15).

³ The SEP for individuals who were “in-line” on 2-15-15 ended on 2-22-15 for the states that are using the HealthCare.gov platform. Most of the SBMs that are using their own Marketplace platforms allowed individuals who started the process before 2-15-15, but could not finish, to complete the application and select a plan by varying dates, mostly within February, with the exception of Colorado, which allowed applicants through March 2 to complete their applications, and Washington, which allowed applicants to enroll through April 17. Vermont has indicated that the state will assist consumers with enrollment if they report a problem trying to enroll, but did not provide for a formal extension period.

⁴ CMS recently announced a special enrollment period (SEP) for tax season. For individuals and families in the HealthCare.gov states who did not have health coverage in 2014 and are subject to the fee or “shared responsibility payment” when they file their 2014 taxes. For those who were unaware or did not understand the implications of the fee for not enrolling in coverage, CMS will provide consumers with an opportunity to purchase health insurance coverage from March 15 to April 30, 2015. (For additional information, see <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-02-20.html>).

⁵ Most of the SBMs that are using their own Marketplace platforms also announced an SEP for individuals and families that were unaware or did not understand the implications of the fee for not enrolling in coverage, but the timeframes for the SEP varied among the states. s -

Section I of the report focuses on the 37 states that are using the HealthCare.gov platform for the 2015 Open Enrollment period (also known as “HealthCare.gov states”) and covers the period 11-15-2014 to 2-15-2015, including activity that was reported through 2-22-15 associated with enrollment through a Special Enrollment Period (SEP). The data on SEP activity include information for those who qualified for an SEP because they were “in line” on 2-15-15, as well as those who qualified for an SEP for other reasons with coverage that was effective on March 1, 2015.⁶

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 2015.⁷ These 37 states account for 76 percent (8.8 million) of the total plan selections through the Marketplaces in this report.

The data available for these states include plan selections through the Marketplaces for new consumers and those that are reenrolling in coverage. The reenrollee data include separate breakouts for consumers who actively reenrolled in coverage through the Marketplaces (i.e., people who returned to the Marketplaces to select a new plan or actively renew their existing plan),⁸ and consumers who were automatically reenrolled into coverage. The report also includes the number of reenrollees who switched plans, as well as updated data on several metrics related to the impact of the advance premium tax credit on net premium costs.⁹

The data included in this report cover the same reporting period as the Week 14 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 data in this report compare with the data in the Week 14 Weekly Enrollment Snapshot).¹⁰ 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 plan selections through the Marketplaces 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 and/or cost-sharing reductions), race/ethnicity, rural status, household income.

⁶ This includes persons who had a qualifying life event that qualifies them for an SEP (such as a change in marital status, a change in dependents, or losing minimum essential health coverage), or a complex situation related to applying for coverage in the Marketplace. Additional information on Marketplace SEPs can be found at <https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/#part=2>.

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

⁸ Active reenrollees includes individuals who actively selected a 2015 plan through the Marketplaces prior to the 12-15-14 deadline for coverage beginning on January 1st, as well as those who returned to the Marketplaces and selected a plan after having initially been automatically reenrolled.

⁹ For additional information about these premium-related metrics, please see “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits through January 30 in 37 States Using the HealthCare.gov Platform,” ASPE Research Brief, U.S. Department of Health and Human Services, February 9, 2015. Available at: http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf.

¹⁰ The Centers for Medicare & Medicaid Services published weekly Open Enrollment snapshots that provided 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>.

Section II of the report focuses on the 14 states (including the District of Columbia) that are operating their own Marketplace platforms for 2015 (see page 20). Most of the 14 states include activity for the period 11-15-2014 to 2-15-2015 (including activity associated with individuals who qualified for a SEP that was reported through 2-21-2015, except for California where data on SEP activity extend through 2-22-2015). These 14 states account for 24 percent (2.8 million) of plan selections through the Marketplaces in this report. The data available for these states include new consumers and reenrollees (please see Appendix Table D2 for additional information on the data on plan selections through the Marketplaces that are available for various states). Data are available for certain states relating to completed applications, eligibility determinations, website visitors, call center activity; and the overall distribution of plan selections through the Marketplaces by gender, age, metal level, financial assistance status, and reenrollment status (See Appendix Table D3 for a summary of which additional metrics are available for each state).

Key Highlights:

National plan selection data show that as of the end of the second Open Enrollment period, nearly 11.7 million¹¹ Americans selected or were automatically reenrolled¹² into a 2015 health insurance plan through the Health Insurance Marketplaces, specifically:

- More than 8.84 million people selected or were automatically reenrolled in 2015 plans through the Marketplaces in the 37 states that are using the HealthCare.gov platform. This includes:
 - More than 4.6 million new consumers, 2.2 million active reenrollees, and nearly 2.0 million automatic reenrollees; and
 - 3.2 million (36 percent) people with plan selections who are under the age of 35.
- Nearly 2.85 million people selected or were automatically reenrolled into 2015 plans through the Marketplaces in the 14 states (including DC) that are using their own Marketplace platforms in 2015.

Additionally, updated premium and tax credit information show that in the 37 States using the HealthCare.gov platform:

- More than 8 in 10 individuals (nearly 7.7 million, or 87 percent) with a 2015 plan selection through the Marketplaces in the HealthCare.gov states qualify for an advance premium tax credit¹³ with an average value of \$263 per person per month (Table 6).
- The average advance premium tax credit covers about 72 percent of the gross premium for individuals who qualify for an advance premium tax credit.
- The average net premium is \$101 per month among individuals with 2015 plan selections through the Marketplaces who qualify for an advance premium tax credit.
- Overall, more than half (55 percent) of the 8.8 million individuals with 2015 plan selections through the Marketplaces in the HealthCare.gov states have 2015 plan selections through the Marketplaces with a monthly premium of \$100 or less after applying the advance premium tax credit; about 8 in 10 had the option of selecting such a plan.

¹¹ It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a 2015 plan through the Marketplaces, 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.

¹² It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-15-15 (including SEP activity through 2-22-15), but who may ultimately decide not to retain Marketplace coverage for the remainder of 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

¹³ For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0.

Table 1

Key Statistics Relating to the Marketplaces	Reporting Period: 11-15-14 to 2-15-15 (including SEP Activity Thru 2-22-15)
Total 2015 Plan Selections in the Marketplaces	11,688,074
2015 Plan Selections in the Marketplaces in States Using the HealthCare.gov Platform (1)	8,838,291
2015 Plan Selections in the Marketplaces in State-Based Marketplaces Using Their Own Marketplace Platforms (2)	2,849,783

Notes:

(1) The data for the States using the HealthCare.gov platform are for 11-15-2014 to 2-15-2015, including SEP activity through 2-22-15.

(2) The data for most of the States using their own Marketplace platforms are for 11-15-2014 to 2-15-2015, including SEP activity through 2-21-15 (however, the data for CA include SEP activity through 2-22-15).

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

- ***More Than 4.6 Million People Who Did Not Have Marketplace Coverage at the Beginning of the 2015 Open Enrollment Period Selected Plans Through the Marketplaces.***

More than 8.84 million individuals have selected or been automatically reenrolled into a 2015 plan through the Marketplaces as of 2-15-15 in HealthCare.gov states (see Table 2). Of that total, 53 percent (more than 4.6 million) are plan selections by new consumers who did not have a plan selection through the Marketplaces as of November 2014,¹⁴ and 47 percent (nearly 4.2 million) are plan selections for consumers who are reenrolling in coverage through the Marketplaces.

- ***Many of the Consumers Who Were Reenrolling in Coverage in the HealthCare.gov States Returned to the Marketplaces and Selected a Plan.***

Within the HealthCare.gov states, in addition to the 4.6 million new consumers who selected 2015 coverage through the Marketplaces, 2.2 million active reenrollees also returned to the Marketplaces and selected a 2015 plan as of 2-15-15 (see Table 2).

¹⁴ The nearly 4.7 million new consumers in HealthCare.gov states includes a small number of individuals who previously had 2014 coverage through the Marketplaces in Nevada and Oregon, which switched from using their own Marketplace platforms for the 2014 coverage year to using the HealthCare.gov Marketplace platform for the 2015 coverage year.

The 2.2 million active reenrollees who shopped for coverage represented more than half (53 percent) of the nearly 4.2 million consumers who had an active plan selection through the Marketplaces as of November 2014 and have been reenrolled in 2015 coverage through the Marketplaces. The remaining 47 percent (nearly 2 million) have been automatically reenrolled (see Table 2).

- ***More Than Half of the Reenrollees Who Shopped for Coverage in the HealthCare.gov States Switched Marketplace Plans.***

More than half (1.2 million or 54 percent) of the 2.2 million active reenrollees who selected 2015 plans through the Marketplaces in the HealthCare.gov states switched plans between the 2014 and 2015 coverage years (see Table 2). The remaining 1.0 million (46 percent) remained in the same Marketplace plan (including those who remained in a similar crosswalked plan).¹⁵

Overall, the 1.2 million active reenrollees, who shopped for coverage and switched plans, represented 29 percent of the nearly 4.2 million consumers who reenrolled in 2015 coverage through the Marketplaces (including the automatic reenrollees). (See Appendix Table B2 for state-level data on active reenrollees who switched Marketplace plans).

The 29 percent of reenrollees who switched plans is higher than that seen in other programs. For example, studies show that approximately 13 percent of Medicare Part D enrollees change plans in a given year;¹⁶ 12 percent of those active employees with Federal Employee Health Benefit Plan coverage switch plans each year,¹⁷ and only about 7.5 percent of those with employer sponsored coverage¹⁸ switch plans for reasons other than a job change during a given year.

¹⁵ Some consumers' 2014 plans were no longer active for 2015 but the insurer offered a plan with similar benefits, known as a "crosswalk plan." For purposes of this report, active reenrollees who selected the crosswalk plan for the 2015 coverage year (identified based on the information provided by the insurance companies) are not included in the total number who switched plans.

¹⁶ Hoadley, J. et. al., "To Switch or Not to Switch: Are Medicare Beneficiaries Switching Drug Plans To Save Money?" Kaiser Family Foundation, October 2013, accessed at <http://kff.org/medicare/issue-brief/to-switch-or-not-to-switch-are-medicare-beneficiaries-switching-drug-plans-to-save-money/>.

¹⁷ Atherley, A. et. al., "Health Plan Switching Among Members of the Federal Employees Health Benefits Program," *Inquiry* 42:255-265 (Fall 2005), Accessed at <http://www.jstor.org/discover/10.2307/29773204?sid=21106062471743&uid=2&uid=3739584&uid=4&uid=3739256>.

¹⁸ Cunningham, P., "Few Americans Switch Employer Health Plans for Better Quality, Lower Costs," NIHCR Research Brief No. 12, January 2013, accessed at <http://www.nihcr.org/Health-Plan-Switching>.

Table 2

2015 Plan Selections Through the Marketplaces in States Using the HealthCare.gov Platform By Enrollment Type	Cumulative 11-15-14 to 2-15-15 (Including SEP Activity thru 2-22-15)			
	Number	Plan Selection Data by Enrollment Type as a % of:		
		Total Plan Selections <i>n=8.84m</i>	All Consumers Reenrolling in Coverage <i>n=4.17m</i>	Active Reenrollees <i>n=2.21m</i>
Total 2015 Plan Selections through the Marketplaces in HealthCare.gov States (1)	8.84 million	100%	N/A	N/A
New Consumers (2)	4.67 million	53%	N/A	N/A
Consumers Reenrolling in 2015 Coverage through the Marketplaces (3)	4.17 million	47%	100%	N/A
Active Reenrollees (4)	2.21 million	25%	53%	100%
<i>Active Reenrollees Who Remained in the Same Marketplace Plan (2)</i>	<i>1.01 million</i>	<i>11%</i>	<i>24%</i>	<i>46%</i>
<i>Active Reenrollees Who Switched Marketplace Plans (3)</i>	<i>1.20 million</i>	<i>14%</i>	<i>29%</i>	<i>54%</i>
Automatic Reenrollees (5)	1.96 million	22%	47%	N/A

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 eligible for a Special Enrollment Period (SEP).

(2) New Consumers includes data on 2015 Marketplace plan selections for individuals who did not have an active Marketplace plan selection in HealthCare.gov as of November 2014. This includes consumers who were entirely new to the Marketplace (e.g., those who had not previously submitted a completed application for 2014 coverage through HealthCare.gov, including some individuals who may have previously had experience with a State-Based Marketplace that was using its own Marketplace platform in 2014); as well as those who had previously submitted a completed application to the Marketplace during the 2014 coverage year (including those whose previous 2014 Marketplace plan selection was cancelled or terminated before November 2014, those who were determined eligible to enroll in a QHP, but did not select a Marketplace plan during the 2014 Coverage Year, and those who submitted a completed application to the Marketplace but were not determined eligible to enroll in a QHP during the 2014 coverage year).

(3) Consumers reenrolling in coverage through the Marketplaces includes data for consumers who had an active Marketplace plan selection in HealthCare.gov as of November 2014 and selected or were automatically reenrolled into a 2015 Marketplace plan (e.g., including data for both active reenrollees and automatic reenrollees). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-15-15 (including SEP activity through 2-22-15), but who may ultimately decide not to retain Marketplace coverage for the remainder of 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(4) Active Reenrollees represents the number of consumers reenrolling in coverage through the Marketplaces who returned to the Marketplace and selected a 2015 plan through the Marketplaces, including some individuals who were initially automatically reenrolled by the Marketplace and subsequently returned to the Marketplaces to select a plan.

(5) Automatic Reenrollees represents the number of consumers reenrolling in coverage through the Marketplaces whose plan selections have a current status of automatically renewed because they have not returned to the Marketplaces to select a plan.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

- ***Nearly 1.7 Million Consumers in the HealthCare.gov States Selected a Marketplace Plan During the Last Month of the 2015 Open Enrollment Period***

The Marketplaces in the HealthCare.gov states experienced additional enrollment as the close of the 2015 Open Enrollment period approached.

Table 3 shows that nearly 1.7 million of the more than 8.8 million plan selections (19 percent) for consumers in the HealthCare.gov states during the 2015 Open Enrollment period occurred during the last month of the Open Enrollment period (between 1-16-15 and 2-15-15, including SEP activity through 2-22-15). By comparison, 51 percent of those who selected a plan in the 2014 Open Enrollment Period in the HealthCare.gov states (nearly 3.0 million out of 5.4 million) did so between 3-2-14 and 3-31-14 (including SEP activity through 4-19-14).¹⁹ Note that in 2014, all consumers were new consumers and there was no renewal process. When looking only at new consumers for the 2015 Open Enrollment Period, a greater proportion waited until the end. Specifically, about 36 percent of the more than 4.6 million new consumers who selected 2015 plans through the Marketplaces in the HealthCare.gov states did so during the last month of the open enrollment period (including SEP activity through 2-22-15).

¹⁹ For more information, please see the 2014 Open Enrollment Period Marketplace Summary Enrollment Report, which can be accessed at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

Table 3

2015 Plan Selections through the Marketplaces in States Using the HealthCare.gov Platform By Plan Selection Date	Total Plan Selections		Plan Selections By New Consumers (1)	
	Number	% of Total	Number	% of Total
Total 2015 Plan Selections through the Marketplaces in HealthCare.gov States, 11-14-14 to 2-15-15 (including SEP activity through 2-22-15) (2) (3)	8.84 million	100%	4.67 million	100%
Number With Plan Selection Dates During the First Two Months of the Open Enrollment Period (11-15-14 to 1-16-15)	7.16 million	81%	3.00 million	64%
Number Who Selected a Plan Through the Marketplaces During the Last Month of the Open Enrollment Period (including SEP activity through 2-22-15)	1.68 million	19%	1.67 million	36%

Notes: Numbers may not add to totals due to rounding

(1) New Consumers includes data on 2015 Marketplace plan selections for individuals who did not have an active Marketplace plan selection in HealthCare.gov as of November 2014. This includes consumers who were entirely new to the Marketplace (e.g., those who had not previously submitted a completed application for 2014 coverage through HealthCare.gov, including some individuals who may have previously had experience with a State-Based Marketplace that was using its own Marketplace platform in 2014); as well as those who had previously submitted a completed application to the Marketplace during the 2014 coverage year (including those whose previous 2014 Marketplace plan selection was cancelled or terminated before November 2014, those who were determined eligible to enroll in a QHP, but did not select a Marketplace plan during the 2014 Coverage Year, and those who submitted a completed application to the Marketplace but were not determined eligible to enroll in a QHP during the 2014 coverage year).

(2) 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 eligible for a Special Enrollment Period (SEP).

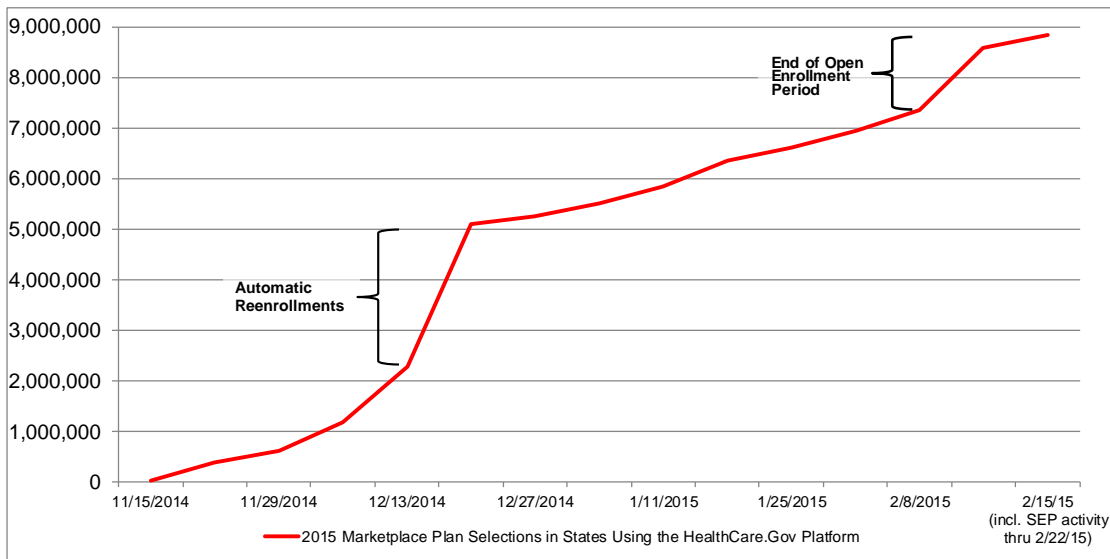
(3) Special Enrollment Period (SEP) activity includes plan selections that were made between 2-16-15 and 2-22-15 by those who qualified for an SEP because they were “in line” on 2-15-15, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace with coverage effective on March 1, 2015.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

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 2-15-15 (including SEP Activity thru 2-22-15)

The number of 2015 Marketplace plan selections increased by 1.7 million between 1-16-15 and 2-15-15, including SEP activity thru 2-22-15 (from more than 7.1 million to 8.8 million)



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 3-6-15

- ***Interest in the Marketplaces in HealthCare.gov States Has Been High.*** – During the 2015 Open Enrollment period:
 - o 35.2 million visitors used the HealthCare.gov and CuidadoDeSalud.gov websites;
 - o 16.8 million calls were made to the Marketplace call center for the HealthCare.gov states;
 - o 9.2 million completed applications for 2015 coverage were submitted; and
 - o 12.4 million individuals were included in these completed applications.²⁰

²⁰ A single completed application form that is submitted to the Marketplace can include multiple individual applicants from the same household.

Characteristics of 2015 Plan Selections Through the Marketplaces in the HealthCare.gov States Compared to 2014 and Characteristics of New Consumers and Reenrollees in 2015

Generally, the demographic characteristics of consumers selecting plans through the Marketplaces in the HealthCare.gov states during the 2014 and 2015 Open Enrollment Periods were quite similar (see Table 4).

There were also some demographic differences between new consumers in 2015 and consumers reenrolling in coverage through the Marketplaces. Most notably, new consumers were more likely to be young adults, less likely to select a silver plan, more likely to be African-American or Latino, and less likely to be White.

As noted in the 2014 summary enrollment report,²¹ the data on race and ethnicity should be interpreted with great caution since more than one-third of enrollees do not provide these data.

²¹ 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 4

Comparison of Selected Characteristics of Plan Selections through the Marketplaces in States Using the HealthCare.gov Platform	2014 Open Enrollment Period (2)	2015 Open Enrollment Period (3)			
	Total Plan Selections	Total Plan Selections	By Reenrollment Status		
			New Consumers	Active Reenrollees	Automatic Reenrollees
Total Number of Individuals Who Have Selected a 2015 Plan Through the Marketplaces in the HealthCare.gov States (1)	5.44 million	8.84 million	4.67 million	2.21 million	1.96 million
<i>Males who have selected a Marketplace plan (5)</i>	45%	46%	47%	43%	46%
<i>Females who have selected a Marketplace plan (5)</i>	55%	54%	53%	57%	54%
<i>0 to 34 year olds who have selected a Marketplace plan (5)</i>	35%	36%	40%	28%	36%
<i>18 to 34 year olds who have selected a Marketplace plan (5)</i>	28%	28%	31%	21%	29%
<i>Individuals who have selected a Silver Marketplace plan (5)</i>	69%	69%	66%	72%	72%
<i>Individuals who have selected a Marketplace plan with Financial Assistance (5)</i>	86%	87%	86%	91%	84%
<i>African-Americans who have selected a Marketplace plan (5)</i>	17%	14%	16%	11%	15%
<i>Latinos who have selected a Marketplace plan (5)</i>	11%	11%	12%	10%	10%
<i>Whites who have selected a Marketplace plan (5)</i>	63%	65%	63%	69%	66%
<i>Individuals in ZIP Codes designated as Rural who have selected a Marketplace Plan (5)</i>	N/A	17%	17%	18%	18%

Notes:

(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 eligible for a Special Enrollment Period (SEP). See Appendix D for additional technical notes.

(2) Data for the 2014 Open Enrollment Period are for the following reporting period: 10-1-13 to 3-31-14 (including SEP activity through 4-19-14). 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) Data for the 2015 Open Enrollment Period are for the following reporting period: 11-15-14 to 2-15-15 (including SEP activity through 2-22-15). 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 2014 Open Enrollment period correspond with the reporting period for the 2015 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 3-6-15.

Distribution of 2015 Plan Selections Through the Marketplaces in the HealthCare.gov States By Household Income

Most (80 percent) of the consumers who selected 2015 plans through the Marketplaces in the HealthCare.gov states during the 2015 Open Enrollment period (11-15-14 to 2-15-15, including SEP activity through 2-22-15) had household incomes that were between 100 percent and 250 percent of the Federal Poverty Level (FPL). However, the observed household income distributions differed between HealthCare.gov states that have and have not expanded Medicaid under the Affordable Care Act (see Table 5).²²

²² As of December 2014, 14 HealthCare.gov states had implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level. Additionally, Pennsylvania implemented the Medicaid expansion on January 1, 2015 and Indiana the implemented Medicaid expansion on February 1, 2015.

Table 5

2015 Plan Selections Through the Marketplaces in States Using the HealthCare.gov Platform by Household Income and Medicaid Expansion Status, 11-15-14 to 2-15-15 (including SEP activity thru 2-22-15)						
Household Income (% of the Federal Poverty Level (FPL))	Total Plan Selections			Plan Selections for Consumers Renewing Coverage		
	All States Using the HealthCare.gov Platform for the 2015 Coverage Year (37 States)	HealthCare.gov States That Have Implemented the Medicaid Expansion (1) (16 States)	HealthCare.gov States That Have Not Implemented the Medicaid Expansion (21 States)	All States Using the HealthCare.gov Platform for the 2015 Coverage Year (37 States)	HealthCare.gov States That Have Implemented the Medicaid Expansion (1) (16 States)	HealthCare.gov States That Have Not Implemented the Medicaid Expansion (21 States)
Total 2015 Plan Selections Through the Marketplaces (2)	8.84 million	2.56 million	6.28 million	4.17 million	1.28 million	2.89 million
Plan Selections With Available Data on Household Income (3)	8.31 million	2.35 million	5.97 million	3.93 million	1.18 million	2.75 million
<i>Plan Selections by Household Income (% of Total with Available Data):</i>						
<100% of FPL	3%	2%	3%	2%	2%	2%
≥100% - ≤150% of FPL	40%	22%	47%	39%	25%	45%
>150% - ≤200% of FPL	25%	32%	23%	26%	31%	24%
>200% - ≤250% of FPL	15%	19%	13%	15%	18%	13%
>250% - ≤300% of FPL	8%	11%	7%	8%	11%	7%
>300% - ≤400% of FPL	8%	11%	6%	7%	10%	6%
> 400% of FPL	2%	3%	2%	2%	3%	2%

Notes:

(1) As of December 2014, 14 HealthCare.gov states had implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level. Additionally, Pennsylvania implemented the Medicaid expansion on January 1, 2015 and Indiana the implemented Medicaid expansion on February 1, 2015. See Appendix D for additional technical notes.

(2) 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 eligible for a Special Enrollment Period (SEP).

(3) Household Income represents the individual's household income as a percentage of the Federal Poverty Level. The 2014 Federal Poverty Guidelines, which are used in determining premium tax credits for 2015 coverage, can be accessed at <http://aspe.hhs.gov/poverty/14poverty.cfm>.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

Impact of the Advance Premium Tax Credit on Monthly Premiums

Under the Affordable Care Act, advance premium tax credits are available to reduce premium costs for qualified individuals.²³

- More than 8 in 10 individuals (nearly 7.7 million, or 87 percent) who selected or were automatically enrolled in a 2015 plan through the Marketplaces in the HealthCare.gov states qualify for an advance premium tax credit²⁴ with an average value of \$263 per person per month²⁵ (Table 6).
- The average advance premium tax credit covers about 72 percent of the gross premium for individuals who qualify for an average advance premium tax credit.
- The average net premium after advance premium tax credit is \$101 per month among individuals with 2015 plan selections through the Marketplaces in the HealthCare.gov states who qualify for an advance premium tax credit.

Table 6

Reduction in Average Monthly Premiums from Advance Premium Tax Credits (APTC) in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)	Percent of Plan Selections with APTC	Average Monthly Premium before APTC	Average Monthly APTC	Average Monthly Premium After APTC	Average Percent Reduction in Premium after APTC
TOTAL – States Using the HealthCare.gov Platform	8.84 million	87%	\$364	\$263	\$101	72%

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov platform as of 2-15-15 (including SEP activity through 2-22-15).

²³ The premium tax credit (“PTC”) is calculated as the difference between the cost of the adjusted monthly premium of the second-lowest cost silver plan with respect to the applicable taxpayer and the applicable contribution percentage that a person is statutorily required to pay determined by household income. An individual may choose to have all or a portion of the PTC paid in advance (advance premium tax credit or “APTC”) to an issuer of a qualified health plan in order to reduce the cost of monthly insurance premiums. APTCs are generally available for individuals with a projected household income between 100 percent (133 percent in states that have chosen to expand their Medicaid programs) and 400 percent of the Federal Poverty Level (FPL). For 2015, the percentage of household income that a qualified individual or family will pay toward a health insurance premium ranges from 2.01 percent of household income at 100 percent of the FPL to 9.56 percent of income at 400 percent of FPL. For more information on the required contribution percentage, see <http://www.irs.gov/pub/irs-drop/rp-14-37.pdf>.

²⁴ For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0.

²⁵ Averages in this brief refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax credits in the 37 HealthCare.gov states. For more information, see the ASPE Issue Brief “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform,” accessed at http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf.

Many Consumers Took Advantage of the Availability of 2015 Plans with Premiums of \$100 or Less Through the Marketplaces in the HealthCare.gov States

- Overall, more than half (55 percent) of the 8.8 million total individuals with 2015 plan selections through the Marketplaces in the HealthCare.gov states have a monthly premium of \$100 or less after applying the advance premium tax credit. About 8 in 10 of these individuals had the option of selecting such a plan (see Table 7).
- Meanwhile, more than 3 in 10 of the 8.8 million total individuals with 2015 plan selections through the Marketplaces in the HealthCare.gov states have a monthly premium of \$50 or less after applying any applicable advance premium tax credit. About 7 in 10 of eligible individuals had the option of selecting such a plan

Table 7

Availability and Selection of Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) through the Marketplaces in States Using the HealthCare.gov Platform (1) <i>11-15-14 to 2-15-15 (including SEP activity through 2-22-15)</i>					
Description	Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)	Availability of Plans With Monthly Premiums of \$100 or Less		Selection of Plans With Monthly Premiums of \$100 or Less	
		Percent Who Could Have Selected a Plan with a Monthly Premium of \$50 or Less after APTC	Percent Who Could Have Selected a Plan with a Monthly Premium of \$100 or Less after APTC	Percent Who Selected or Were Automatically Reenrolled in a Plan With a Monthly Premium of \$50 or Less after APTC	Percent Who Selected or Were Automatically Reenrolled in a Plan With a Monthly Premium of \$100 or Less after APTC
Total Number of Individuals With 2015 Plan Selections Through the Marketplaces	8.84 million	66%	77%	33%	55%
Individuals With 2015 Plan Selections With APTC through the Marketplaces	7.65 million	77%	89%	38%	63%

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov platform as of 2-15-15 (including SEP activity through 2-22-15).

Distribution of 2015 Plan Selections Through the Marketplaces in the HealthCare.gov States by Monthly Premium After Tax Credit and Reenrollment Status

- Consumers who shopped for coverage were more likely to have a 2015 plan selection through the Marketplaces with a monthly premium of \$100 or less after applying the advance premium tax credit – 58 percent for new consumers and 55 percent for reenrollees who returned to the Marketplaces and selected a plan, compared with 46 percent for automatic reenrollees who did not return to the Marketplaces (see Table 8).

Table 8

2015 Plan Selections Through the Marketplaces in States Using the HealthCare.gov Platform By Monthly Premium After Tax Credit	Cumulative 11-15-14 to 2-15-15 (Including SEP Activity thru 2-22-15)			
	Total Individuals With 2015 Marketplace Plan Selections	By Reenrollment Status		
		New Consumers	Active Reenrollees	Automatic Reenrollees
Total 2015 Plan Selections Through the Marketplaces in HealthCare.gov States, 11-14-14 to 2-15-15 (including SEP activity through 2-22-15) (3)	8.84 million	4.67 million	2.21 million	1.96 million
<i>Plan Selections by Monthly Premium After the Advance Premium Tax Credit (APTC):</i>				
Less Than or Equal to \$100	55%	58%	55%	46%
≥\$0 and ≤ \$50	33%	33%	22%	37%
>\$50 and ≤ \$100	22%	21%	22%	24%
Greater Than \$100	45%	42%	45%	54%

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov platform as of 2-15-15 (including SEP activity through 2-22-15).

Table 9

2015 Plan Selections Through the Marketplaces in States Using the HealthCare.gov Platform By Monthly Premium After Tax Credit	Cumulative 11-15-14 to 2-15-15 (Including SEP Activity thru 2-22-15)			
	Total Individuals With 2015 Marketplace Plan Selections With APTC	By Reenrollment Status		
		New Consumers	Active Reenrollees	Automatic Reenrollees
Total 2015 Plan Selections Through the Marketplaces in HealthCare.gov States, 11-14-14 to 2-15-15 (including SEP activity through 2-22-15) (3)	7.65 million	4.01 million	2.01 million	1.63 million
<i>Plan Selections by Monthly Premium After the Advance Premium Tax Credit (APTC):</i>				
Less Than or Equal to \$100	63%	67%	60%	55%
≥\$0 and ≤ \$50	38%	37%	27%	43%
>\$50 and ≤ \$100	25%	24%	23%	28%
Greater Than \$100	37%	33%	40%	45%

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov platform as of 2-15-15 (including SEP activity through 2-22-15).

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 2015 Open Enrollment period, with more than 35 million visitors to the Marketplace websites, 15 million calls to the Marketplace call center, and 9 million completed applications in the HealthCare.gov states as of 2-15-15 (including SEP activity through 2-22-15) (see Table 10).

Table 10

Cumulative Enrollment-Related Information Relating to the Marketplaces in States Using The HealthCare.gov Platform	Reporting Period: 11-15-14 to 2-15-15 (including SEP Activity Thru 2-22-15) (1)
Visitors to the Marketplace Websites (2)	35,175,531
Calls to the Marketplace Call Center (3)	16,806,861
Number of Completed Applications	9,197,913
Number of Individuals Included in Completed Applications	12,410,323
Number of Individuals Determined Eligible to Enroll in a 2015 Plan Through the Marketplaces	10,721,940

Notes:

(1) The data in this table are for the 11-15-14 to 2-15-15 reporting period. See Appendix D for technical notes.

(2) Visitors to the Marketplace Websites includes 33,845,038 unique visitors on HealthCare.gov and 1,330,493 unique visitors on CuidadoDeSalud.gov between 11-15-14 and 2-15-15, including additional SEP activity through 2-22-15. 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 1,471,607 calls with Spanish-speaking representatives and 15,324,491 other calls between 11-15-14 and 2-15-15, including additional SEP activity through 2-22-15.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

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

Nearly 2.85 million individuals have selected 2015 plans through the Marketplaces in the 14 states (including DC) that are using their own Marketplace platforms for the 2015 coverage year as of 2-15-15 (including SEP activity through 2-21-15).²⁶ Several states (Maryland, Massachusetts, and Idaho) are unable to separate out data for new consumers and consumers reenrolling in coverage through the Marketplaces due to system vendor changes or other information technology system issues. This includes:

- 357,764 plan selections through the Marketplaces in 3 states reporting all enrollees as new consumers because of systems issues. (Idaho,²⁷ Maryland, and Massachusetts); and
- 2,492,019 plan selections through the Marketplaces in 11 states reporting data on new consumers, consumers actively reenrolling in Marketplace coverage, and automatic reenrollees (California, Colorado, Connecticut, District of Columbia, Hawaii, Kentucky, Minnesota, New York, Rhode Island, Vermont, and Washington).

Consistent with experience during the 2014 Open Enrollment period, the Marketplaces in the states using their own Marketplace platforms experienced additional plan selections as the close of the 2015 Open Enrollment period approached. Table 11 shows that 16 percent of the nearly 2.85 million plan selections for consumers who selected or were automatically enrolled in Marketplace plans in these states during the 2015 Open Enrollment period (including SEP activity through 2-21-15) occurred during the last month of the Open Enrollment period (between 1-18-15 and 2-15-15, including SEP activity through 2-21-15).

²⁶ Data for California are for 11-15-14 to 2-22-15.

²⁷ 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 11

2015 Plan Selections Through the Marketplaces in States Using Their Own Marketplace Platforms By Plan Selection Date	Total Plan Selections	
	Number	% of Total
Total 2015 Plan Selections Through the Marketplaces in States Using Their Own Marketplace Platforms, 11-14-14 to 2-15-15 (<i>including SEP activity through 2-22-15</i>) (2) (3)	2.85 million	100%
Number With Plan Selection Dates During the First Two Months of the Open Enrollment Period (11-15-14 to 1-17-15)	2.38 million	84%
Number Who Selected a Marketplace Plan During the Last Month of the Open Enrollment Period (<i>including SEP activity through 2-22-15</i>)	0.47 million	16%

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. 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 eligible for a Special Enrollment Period (SEP).

(2) Special Enrollment Period (SEP) activity includes plan selections that were made between 2-15-15 and 2-21-15 by those who qualified for an SEP because they were “in line” on 2-15-15, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace with coverage effective on March 1, 2015.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

This report also includes available data relating to completed applications, eligibility determinations, website visitors, and call center activity (see Table 12); as well as the overall distribution of Marketplace plan selections by gender, age, metal level, and financial assistance status. (See Appendix Table A3 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, C4, and C5 include state-level data for several metrics).

Table 12

Cumulative Enrollment-Related Information on the Marketplaces in States Using Their Own Marketplace Platforms	Reporting Period: 2015 Open Enrollment Period (1)
Visitors to the Marketplace Websites <i>Number of States Reporting: 13</i>	13,011,171
Calls to the Marketplace Call Centers <i>Number of States Reporting: 14</i>	8,110,152
Number of Completed Applications <i>Number of States Reporting: 12</i>	1,886,934
Number of Individuals Included in Completed Applications <i>Number of States Reporting: 12</i>	3,525,757
Number of Individuals Determined Eligible to Enroll in a 2015 Plan through the Marketplaces <i>Number of States Reporting: 14</i>	3,694,776
Number of Individuals Who Have Selected a 2015 Plan through the Marketplaces (2) <i>Number of States Reporting: 14</i>	2,849,783

Notes:

(1) Most of the data in this table are for the 11-15-14 to 2-15-15 (including SEP activity through 2-21-15) reporting period with the following exceptions: data for California are for 11-15-14 to 2-15-15 (including SEP activity through 2-22-15).

(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). Except for three states, the data for total number of plan selections removes cancelations and terminations. Minnesota does not remove either from its total plan selection data, whereas DC removes cancelations and terminations from its automatic reenrollment data and New York removes cancelations and terminations from its active and automatic reenrollee data. These data do not include a count of the number of individuals who have selected a standalone dental plan. They also generally do not include data for individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

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 2015 Open Enrollment period – which generally corresponds with data from 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) for the 37 HealthCare.gov states; and from 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) in states that are using their own Marketplace platforms for the 2015 coverage (see Table 13 below).

Table 13

Marketplace Type	Reporting Period
States Using the HealthCare.gov Marketplace Platform (37 states)	11-15-14 to 2-15-15 (including SEP activity thru 2-22-15)
States Using Their Own Marketplace Platform (14 states)	
California	11-15-14 to 2-15-15 (including SEP activity thru 2-22-15)
Other 13 States (including DC)	11-15-14 to 2-15-15 (including SEP activity thru 2-21-15)

Data for certain metrics are not 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 coverage through the Marketplaces. Please refer to Appendix D for additional technical notes.

This report also includes available data on the characteristics of individuals who have selected a plan through the Marketplaces for the 37 states that are using the HealthCare.gov platform for 2015, 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 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, and Financial Assistance, Marketplaces Total 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) (1)		
Characteristics	Marketplaces Total (States Using the HealthCare.gov Platform and States Using Their Own Marketplace Platforms)	
	Number 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) (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	11,688,074	n/a
By Gender		
Female	6,281,662	54%
Male	5,398,069	46%
Subtotal: Plan Selections With Available Data on Gender	11,679,731	100%
Unknown Gender	8,343	n/a
By Age		
Age < 18	890,017	8%
Age 18-25	1,269,792	11%
Age 26-34	1,982,477	17%
Age 35-44	1,940,164	17%
Age 45-54	2,559,338	22%
Age 55-64	2,947,749	25%
Age ≥65	74,824	1%
Subtotal: Plan Selections With Available Data on Age (2)	11,664,361	100%
Unknown Age	3,001	n/a
Ages 18 to 34	3,252,269	28%
Ages 0 to 34	4,142,286	36%
By Metal Level		
Bronze	2,574,807	22%
Silver	7,801,379	67%

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance, Marketplaces Total <i>11-15-14 to 2-15-15 (including SEP activity through 2-22-15) (1)</i>		
Characteristics	Marketplaces Total <i>(States Using the HealthCare.gov Platform and States Using Their Own Marketplace Platforms)</i>	
	Number 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) (2)	% of Available Data, Excluding Unknown (3)
Gold	794,853	7%
Platinum	381,989	3%
Catastrophic	110,304	1%
Subtotal: Plan Selections With Available Data on Metal Level (4)	11,663,332	100%
Standalone Dental	1,402,616	n/a
Unknown Metal Level	75,060	n/a
By Financial Assistance Status		
With Financial Assistance	9,941,820	86%
Without Financial Assistance	1,682,145	14%
Subtotal: Plan Selections With Available Data on Financial Assistance (2)	11,623,965	100%
Unknown Financial Assistance Status	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 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 eligible for a Special Enrollment Period (SEP). Data for the 37 HealthCare.gov States include SEP activity through 2-22-15; data for the 15 States using their own Marketplace platforms include SEP activity through 2-21-15 (with the exception of CA, which includes SEP activity through 2-22-15). 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 3-6-15.

APPENDIX TABLE A2

Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, and Rural Status in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)		
Characteristics	States Using the HealthCare.gov Platform for the 2015 Coverage Year (37 States)	
	Number 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) (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	8,838,291	n/a
By Gender		
Female	4,798,629	54%
Male	4,034,320	46%
Subtotal: Plan Selections With Available Data on Gender	8,832,949	100%
Unknown Gender	5,342	n/a
By Age		
Age < 18	726,305	8%
Age 18-25	990,751	11%
Age 26-34	1,479,091	17%
Age 35-44	1,474,514	17%
Age 45-54	1,912,050	22%
Age 55-64	2,182,380	25%
Age ≥65	52,488	1%
Subtotal: Plan Selections With Available Data on Age (2)	8,817,579	100%
Unknown Age	n/a	n/a
Ages 18 to 34	2,469,842	28%
Ages 0 to 34	3,196,147	36%
By Metal Level		
Bronze	1,872,457	21%
Silver	6,090,199	69%

Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, and Rural Status in States Using the HealthCare.gov Platform (1) <i>11-15-14 to 2-15-15 (including SEP activity through 2-22-15)</i>		
Characteristics	States Using the HealthCare.gov Platform for the 2015 Coverage Year <i>(37 States)</i>	
	Number 11-15-14 to 2-15-15 <i>(including SEP activity through 2-22-15)</i> (2)	% of Available Data, Excluding Unknown (3)
Gold	573,641	6%
Platinum	225,074	3%
Catastrophic	76,920	1%
Subtotal: Plan Selections With Available Data on Metal Level (4)	8,838,291	100%
Standalone Dental	1,377,874	n/a
Unknown Metal Level	0	n/a
By Financial Assistance Status		
With Financial Assistance	7,690,911	87%
Without Financial Assistance	1,147,380	13%
Subtotal: Plan Selections With Available Data on Financial Assistance (2)	8,838,291	100%
Unknown Financial Assistance Status	n/a	n/a
By Self-Reported Race/Ethnicity		
American Indian / Alaska Native	26,363	0%
Asian	439,692	8%
Native Hawaiian / Pacific Islander	4,874	0%
African-American	790,046	14%
Latino	613,053	11%
White	3,654,165	65%
Multiracial	71,204	1%
Subtotal: Plan Selections With Available Data on Self-Reported Race/Ethnicity	5,599,397	100%
Unknown Race/Ethnicity	3,238,894	n/a
By Rural Status		
In ZIP Codes Designated as Rural	1,542,970	17%
In ZIP Codes Designated as Urban	7,295,321	83%

Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, and Rural Status in States Using the HealthCare.gov Platform (1) <i>11-15-14 to 2-15-15 (including SEP activity through 2-22-15)</i>		
Characteristics	States Using the HealthCare.gov Platform for the 2015 Coverage Year <i>(37 States)</i>	
	Number 11-15-14 to 2-15-15 <i>(including SEP activity through 2-22-15)</i> (2)	% of Available Data, Excluding Unknown (3)
Subtotal: Plan Selections With Available Data on Rural Status	8,838,291	100%
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 eligible for 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 3-6-15.

APPENDIX TABLE A3

Marketplace Plan Selections by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)									
Description	HealthCare.gov States Total			Females – HealthCare.gov States			Males – HealthCare.gov States		
	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	8,838,291	n/a	n/a	4,798,629	n/a	n/a	4,034,320	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	726,305	8%	100%	354,662	7%	49%	371,374	9%	51%
Age 18-25	990,751	11%	100%	528,623	11%	53%	461,501	11%	47%
Age 26-34	1,479,091	17%	100%	787,537	16%	53%	690,799	17%	47%
Age 35-44	1,474,514	17%	100%	791,804	17%	54%	681,786	17%	46%
Age 45-54	1,912,050	22%	100%	1,049,934	22%	55%	860,837	21%	45%
Age 55-64	2,182,380	25%	100%	1,244,747	26%	57%	936,186	23%	43%
Age ≥65	52,488	1%	100%	29,418	1%	56%	23,038	1%	44%
Subtotal: Plan Selections With Available Data on Age	8,817,579	100%	100%	4,786,725	100%	54%	4,025,521	100%	46%
Unknown Age	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ages 18 to 34	2,469,842	28%	100%	1,316,160	27%	53%	1,152,300	29%	47%
Ages 0 to 34	3,196,147	36%	100%	1,670,822	35%	52%	1,523,674	38%	48%
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	1,872,457	21%	100%	950,185	20%	51%	921,300	23%	49%
Silver	6,090,199	69%	100%	3,393,112	71%	56%	2,693,099	67%	44%
Gold	573,641	6%	100%	301,753	6%	53%	271,621	7%	47%
Platinum	225,074	3%	100%	116,818	2%	52%	108,158	3%	48%
Catastrophic	76,920	1%	100%	36,761	1%	48%	40,142	1%	52%
Subtotal: Plan Selections With Available Data on Metal Level	8,838,291	100%	100%	4,798,629	100%	54%	4,034,320	100%	46%
Standalone Dental	1,377,874	n/a	n/a	751,805	n/a	n/a	625,307	n/a	n/a
Unknown Metal Level	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	HealthCare.gov States Total			With Financial Assistance - HealthCare.gov States			Without Financial Assistance - HealthCare.gov States		
	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	8,838,291	n/a	n/a	7,690,911	n/a	n/a	1,147,380	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	1,872,457	21%	100%	1,471,197	19%	79%	401,260	35%	21%
Silver	6,090,199	69%	100%	5,725,012	74%	94%	365,187	32%	6%
Gold	573,641	6%	100%	360,353	5%	63%	213,288	19%	37%
Platinum	225,074	3%	100%	134,354	2%	60%	90,720	8%	40%
Catastrophic	76,920	1%	100%	0	0%	0%	76,920	7%	100%
Subtotal: Plan Selections With Available Data on Metal Level	8,838,291	100%	100%	7,690,911	100%	87%	1,147,380	100%	13%
Standalone Dental	1,377,874	n/a	n/a	0	n/a	n/a	0	n/a	n/a
Unknown Metal Level	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a

Description	HealthCare.gov States Total			Bronze Plan Selections			Silver Plan Selections		
	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	8,838,291	n/a	n/a	1,872,457	n/a	n/a	6,090,199	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	726,305	8%	100%	168,300	9%	23%	429,614	7%	59%
Age 18-25	990,751	11%	100%	194,316	10%	20%	705,264	12%	71%
Age 26-34	1,479,091	17%	100%	316,319	17%	21%	989,441	16%	67%
Age 35-44	1,474,514	17%	100%	288,780	15%	20%	1,044,435	17%	71%
Age 45-54	1,912,050	22%	100%	402,611	22%	21%	1,353,224	22%	71%
Age 55-64	2,182,380	25%	100%	487,546	26%	22%	1,515,303	25%	69%
Age ≥65	52,488	1%	100%	9,540	1%	18%	39,722	1%	76%
Subtotal: Plan Selections With Available Data on Age	8,817,579	100%	100%	1,867,412	100%	21%	6,077,003	100%	69%
Unknown Age	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ages 18 to34	2,469,842	28%	100%	510,635	27%	21%	1,694,705	28%	69%
Ages 0 to 34	3,196,147	36%	100%	678,935	36%	21%	2,124,319	35%	66%

Description	Gold Plan Selections			Platinum Plan Selections			Catastrophic Plan Selections		
	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	573,641	n/a	n/a	225,074	n/a	n/a	76,920	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	89,511	16%	12%	35,230	16%	5%	3,650	5%	1%
Age 18-25	45,992	8%	5%	19,500	9%	2%	25,679	34%	3%
Age 26-34	92,832	16%	6%	42,376	19%	3%	38,123	50%	3%
Age 35-44	93,299	16%	6%	43,676	19%	3%	4,324	6%	0%
Age 45-54	110,297	19%	6%	42,789	19%	2%	3,129	4%	0%
Age 55-64	137,900	24%	6%	39,890	18%	2%	1,741	2%	0%
Age ≥65	2,245	0%	4%	978	0%	2%	3	0%	0%
Subtotal: Plan Selections With Available Data on Age	572,076	100%	6%	224,439	100%	3%	76,649	100%	1%
Unknown Age	1,565	n/a	n/a	n/a	n/a	n/a	267	n/a	n/a
Ages 18 to34	138,824	24%	6%	61,876	28%	3%	63,802	83%	3%
Ages 0 to 34	228,335	40%	7%	97,106	43%	3%	67,452	88%	2%

Description	Standalone Dental Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan			
Number of Individuals Who Have Selected a Marketplace Plan	1,377,874	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	99,744	7%	14%
Age 18-25	159,052	12%	16%
Age 26-34	302,134	22%	20%
Age 35-44	260,498	19%	18%
Age 45-54	277,464	20%	15%
Age 55-64	269,468	20%	12%
Age ≥65	6,391	0%	12%
Subtotal: Plan Selections With Available Data on Age	1,374,751	100%	16%
Unknown Age	n/a	n/a	n/a
Ages 18 to 34	461,186	34%	19%
Ages 0 to 34	560,930	41%	18%

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 eligible for 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) 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 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.

APPENDIX TABLE A4

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1) 11-15-14 to 2-15-15 (including SEP activity through 2-21-15)		
Characteristics	State-Based Marketplaces Using Their Own Marketplace Platforms for the 2015 Coverage Year (14 States)	
	Number 11-15-14 to 2-15-15 (including SEP activity through 2-21-15) (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	2,849,783	100%
By Gender (10 States Reporting)		
Female	1,483,033	52.1%
Male	1,363,749	47.9%
Subtotal: Plan Selections With Available Data on Gender	2,846,782	100%
Unknown Gender	3,001	n/a
By Age (10 States Reporting)		
Age < 18	163,712	5.8%
Age 18-25	279,041	9.8%
Age 26-34	503,386	17.7%
Age 35-44	465,650	16.4%
Age 45-54	647,288	22.7%
Age 55-64	765,369	26.9%
Age ≥65	22,336	0.8%
Subtotal: Plan Selections With Available Data on Age (2)	2,846,782	100%
Unknown Age	3,001	n/a
Ages 18 to 34	782,427	27.5%
Ages 0 to 34	946,139	33.2%

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1) <i>11-15-14 to 2-15-15 (including SEP activity through 2-21-15)</i>		
Characteristics	State-Based Marketplaces Using Their Own Marketplace Platforms for the 2015 Coverage Year <i>(14 States)</i>	
	Number 11-15-14 to 2-15-15 <i>(including SEP activity through 2-21-15)</i> (2)	% of Available Data, Excluding Unknown (3)
By Metal Level (10 States Reporting)		
Bronze	702,350	24.9%
Silver	1,711,180	60.6%
Gold	221,212	7.8%
Platinum	156,915	5.6%
Catastrophic	33,384	1.2%
Subtotal: Plan Selections With Available Data on Metal Level (4)	2,825,041	100%
Standalone Dental	24,742	n/a
Unknown Metal Level	75,060	n/a
By Financial Assistance Status (9 States Reporting)		
With Financial Assistance	2,250,909	80.8%
Without Financial Assistance	534,765	19.2%
Subtotal: Plan Selections With Available Data on Financial Assistance (2)	2,785,674	100%
Unknown Financial Assistance Status	64,109	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 eligible for 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.

All states except DC, Minnesota, New York, and Washington removed cancellations and terminations from all total plan selection data. DC removed cancellations and terminations from its auto reenrollee data. New York removed cancellations and terminations from all of its reenrollee data, active and automatic, but did not remove them from the “new” plan selections. Washington removed terminations from all of their plan selection data. Minnesota did not remove cancellations and terminations from its plan selection data.

(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 3-6-15.

APPENDIX TABLE B1

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2015 (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)					
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (1)	Distribution By Enrollment Type (2)			
		New Consumers (3)	Consumers Reenrolling in Marketplace Coverage (4)		
	Number		% of Total	Total Reenrollees % of Total	Active Reenrollees % of Total
States Using the HealthCare.gov Platform (5)					
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (6)					
Nevada (7)	73,596	100%	0%	0%	0%
New Mexico	52,358	51%	49%	18%	31%
Oregon (7)	112,024	100%	0%	0%	0%
Subtotal - SBMs Using the HealthCare.gov Platform	237,978	89%	11%	4%	7%
Federally-Facilitated Marketplace (FFM) States					
Alabama	171,641	54%	46%	25%	21%
Alaska	21,260	52%	48%	35%	13%
Arizona	205,666	48%	52%	25%	27%
Arkansas	65,684	44%	56%	20%	37%
Delaware	25,036	51%	49%	22%	27%
Florida	1,596,296	55%	45%	30%	15%
Georgia	541,080	55%	45%	21%	23%
Illinois	349,487	50%	50%	21%	29%
Indiana	219,185	50%	50%	26%	25%
Iowa	45,162	53%	47%	28%	19%
Kansas	96,197	52%	48%	24%	24%
Louisiana	186,277	58%	42%	21%	21%
Maine	74,805	47%	53%	34%	19%
Michigan	341,183	42%	58%	24%	34%
Mississippi	104,538	56%	44%	15%	29%
Missouri	253,430	52%	48%	26%	22%
Montana	54,266	41%	59%	29%	30%
Nebraska	74,152	53%	47%	33%	14%
New Hampshire	53,005	40%	60%	31%	29%
New Jersey	254,316	48%	52%	30%	23%
North Carolina	560,357	51%	49%	31%	18%
North Dakota	18,171	45%	55%	33%	23%
Ohio	234,341	47%	53%	25%	28%
Oklahoma	126,115	54%	46%	21%	25%
Pennsylvania	472,697	41%	59%	24%	34%
South Carolina	210,331	58%	42%	19%	23%
South Dakota	21,393	47%	53%	25%	28%
Tennessee	231,440	53%	47%	26%	21%

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2015 (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)					
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (1)	Distribution By Enrollment Type (2)			
		New Consumers (3)	Consumers Reenrolling in Marketplace Coverage (4)		
	Number		% of Total	Total Reenrollees % of Total	Active Reenrollees % of Total
Texas	1,205,174	57%	43%	21%	22%
Utah	140,612	49%	51%	24%	27%
Virginia	385,154	54%	46%	26%	20%
West Virginia	33,421	49%	51%	24%	26%
Wisconsin	207,349	44%	56%	32%	24%
Wyoming	21,092	48%	52%	28%	24%
TOTAL – States Using the HealthCare.gov Platform	8,838,291	53%	47%	25%	22%

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 eligible for 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 coverage through the Marketplaces.

(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 eligible for a Special Enrollment Period (SEP).

(4) “Consumers reenrolling in coverage through the Marketplaces” 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 coverage through the Marketplaces – 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 eligible for 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 coverage through the Marketplaces as of 2-15-15 (including SEP activity through 2-22-15), but who may ultimately decide not to retain Marketplace coverage for the remainder of 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). 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 coverage through the Marketplaces, 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 coverage through the Marketplaces 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 3-6-15.

APPENDIX TABLE B2

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Platform, By State (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)							
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (1)	Total Consumers Reenrolling in Coverage Through the Marketplaces (3)	Total Active Reenrollees	Active Reenrollees Who Switched Plans	Proportion Who Switched Plans:		
	Number	Number	Number	Number	Switchers as a % of Total Plan Selections	Switchers as a % of Total Reenrollees	Switchers as a % of Active Reenrollees
States Using the HealthCare.gov Platform (5)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (6)							
Nevada (7)	73,596	216	216	216	0%	100%	100%
New Mexico	52,358	25,398	9,195	4,542	9%	18%	49%
Oregon (7)	112,024	279	279	278	0%	100%	100%
Subtotal - SBMs Using the HealthCare.gov Platform	237,978	25,893	9,690	5,036	2%	19%	52%
Federally-Facilitated Marketplace (FFM) States							
Alabama	171,641	78,631	43,040	9,535	6%	12%	22%
Alaska	21,260	10,214	7,376	4,422	21%	43%	60%
Arizona	205,666	107,435	51,017	34,965	17%	33%	69%
Arkansas	65,684	37,092	12,986	5,180	8%	14%	40%
Delaware	25,036	12,321	5,526	2,307	9%	19%	42%
Florida	1,596,296	718,276	481,215	294,847	18%	41%	61%
Georgia	541,080	242,228	116,062	62,038	11%	26%	53%
Illinois	349,487	174,463	73,066	32,388	9%	19%	44%
Indiana	219,185	110,569	55,906	37,253	17%	34%	67%
Iowa	45,162	21,152	12,598	9,266	21%	44%	74%
Kansas	96,197	46,393	23,398	13,922	14%	30%	60%
Louisiana	186,277	78,662	39,107	22,649	12%	29%	58%
Maine	74,805	39,765	25,509	7,550	10%	19%	30%
Michigan	341,183	197,398	80,865	41,072	12%	21%	51%
Mississippi	104,538	46,450	16,065	9,715	9%	21%	60%
Missouri	253,430	122,027	66,032	39,066	15%	32%	59%
Montana	54,266	32,054	15,841	8,167	15%	25%	52%
Nebraska	74,152	34,845	24,757	19,741	27%	57%	80%
New Hampshire	53,005	31,805	16,220	10,833	20%	34%	67%
New Jersey	254,316	133,215	75,712	45,197	18%	34%	60%
North Carolina	560,357	274,227	174,352	76,409	14%	28%	44%
North Dakota	18,171	10,080	5,969	3,121	17%	31%	52%
Ohio	234,341	123,258	58,806	35,541	15%	29%	60%
Oklahoma	126,115	57,486	26,378	14,275	11%	25%	54%
Pennsylvania	472,697	276,746	115,773	55,830	12%	20%	48%
South Carolina	210,331	88,749	40,650	22,315	11%	25%	55%
South Dakota	21,393	11,425	5,416	3,612	17%	32%	67%
Tennessee	231,440	108,241	59,091	35,674	15%	33%	60%

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Platform, By State (1)							
11-15-14 to 2-15-15 (including SEP activity through 2-22-15)							
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (1)	Total Consumers Reenrolling in Coverage Through the Marketplaces (3)	Total Active Reenrollees	Active Reenrollees Who Switched Plans	Proportion Who Switched Plans:		
					Switchers as a % of Total Plan Selections	Switchers as a % of Total Reenrollees	Switchers as a % of Active Reenrollees
	Number	Number	Number	Number	%	%	%
Texas	1,205,174	523,653	258,760	133,710	11%	26%	52%
Utah	140,612	71,959	33,840	17,931	13%	25%	53%
Virginia	385,154	176,642	98,822	43,555	11%	25%	44%
West Virginia	33,421	16,981	8,150	3,062	9%	18%	38%
Wisconsin	207,349	115,755	66,759	40,303	19%	35%	60%
Wyoming	21,092	10,964	5,877	3,431	16%	31%	58%
TOTAL – States Using the HealthCare.gov Platform	8,838,291	4,167,054	2,210,631	1,203,918	14%	29%	54%

Notes:

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

APPENDIX TABLE B3

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Platform, By State, 2015 11-15-2014 to 2-15-2015 (including SEP activity through 2-22-15)		
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	82,700	122,001
New Mexico	58,738	79,360
Oregon	175,126	258,030
Subtotal - SBMs Using the HealthCare.gov Platform	316,564	459,391
Federally-Facilitated Marketplace (FFM) States		
Alabama	192,777	244,632
Alaska	22,435	30,969
Arizona	194,343	299,153
Arkansas	88,255	119,770
Delaware	25,913	36,179
Florida	1,619,814	2,061,154
Georgia	549,560	734,954
Illinois	373,220	500,406
Indiana	242,230	322,822
Iowa	56,117	74,220
Kansas	95,844	132,595
Louisiana	206,463	245,015
Maine	68,633	94,722
Michigan	352,323	474,323
Mississippi	121,401	144,733
Missouri	259,690	354,475
Montana	50,771	69,867
Nebraska	66,671	100,254
New Hampshire	53,730	71,101

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Platform, By State, 2015 <i>11-15-2014 to 2-15-2015 (including SEP activity through 2-22-15)</i>		
Description	Total Number of Completed Applications for 2015 Coverage (2)	Total Individuals Applying for 2015 Coverage in Completed Applications (3)
	Number	Number
New Jersey	309,870	423,205
North Carolina	551,595	721,700
North Dakota	15,812	25,199
Ohio	268,617	362,214
Oklahoma	121,751	171,584
Pennsylvania	539,463	671,675
South Carolina	221,364	280,564
South Dakota	21,428	30,705
Tennessee	292,069	390,237
Texas	1,159,040	1,703,147
Utah	107,675	195,563
Virginia	363,579	511,789
West Virginia	37,617	50,452
Wisconsin	211,488	273,135
Wyoming	19,791	28,419
TOTAL – States Using the HealthCare.gov Platform	9,197,913	12,410,323

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 2-15-15 (including SEP activity through 2-22-15). 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 eligible for 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 3-6-15.

APPENDIX TABLE B4

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2015 (1) <i>11-15-2014 to 2-15-2015 (including SEP activity through 2-22-15)</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 Plan Selections Through the Marketplaces (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	90,696	77,228	28,290	73,596
New Mexico	62,905	49,378	15,522	52,358
Oregon	140,994	111,139	61,828	112,024
Subtotal - SBMs Using the HealthCare.gov Platform	294,595	237,745	105,640	237,978
Federally-Facilitated Marketplace (FFM) States				
Alabama	222,610	166,768	10,408	171,641
Alaska	27,056	21,779	3,613	21,260
Arizona	245,307	192,805	49,814	205,666
Arkansas	78,948	65,808	23,006	65,684
Delaware	29,682	23,992	5,985	25,036
Florida	1,909,132	1,632,571	126,181	1,596,296
Georgia	664,646	528,944	63,083	541,080
Illinois	408,019	323,657	86,560	349,487
Indiana	252,834	209,754	66,539	219,185
Iowa	57,110	47,154	15,474	45,162
Kansas	121,007	89,471	10,512	96,197
Louisiana	228,809	180,933	7,915	186,277
Maine	88,598	73,370	5,327	74,805
Michigan	387,618	333,890	82,135	341,183
Mississippi	132,596	106,478	10,699	104,538
Missouri	316,984	248,697	34,679	253,430

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2015 (1) <i>11-15-2014 to 2-15-2015 (including SEP activity through 2-22-15)</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 Plan Selections Through the Marketplaces (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	64,632	52,823	2,683	54,266
Nebraska	90,915	73,371	7,218	74,152
New Hampshire	60,664	44,068	9,294	53,005
New Jersey	307,849	245,148	60,757	254,316
North Carolina	668,702	557,164	47,920	560,357
North Dakota	21,313	18,129	2,013	18,171
Ohio	279,722	229,459	79,963	234,341
Oklahoma	156,795	118,248	12,946	126,115
Pennsylvania	539,023	433,287	126,853	472,697
South Carolina	257,282	205,800	21,106	210,331
South Dakota	27,626	22,496	2,861	21,393
Tennessee	306,785	222,782	40,373	231,440
Texas	1,535,857	1,177,520	146,548	1,205,174
Utah	164,262	141,539	29,017	140,612
Virginia	470,998	355,017	36,569	385,154
West Virginia	40,358	33,409	5,063	33,421
Wisconsin	237,426	205,697	27,628	207,349
Wyoming	26,180	21,633	847	21,092
TOTAL – States Using the HealthCare.gov Platform	10,721,940	8,641,406	1,367,229	8,838,291

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 2-15-15 (including SEP activity through 2-22-15). 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 eligible for 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 December 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 coverage 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. 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 eligible for 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 3-6-15.

APPENDIX TABLE B5

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (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	With APTC (non-add)	With CSR (non-add)
	Number	Number	%	%	%	%
States Using the HealthCare.gov Platform (4)						
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)						
Nevada	73,596	73,596	89%	11%	89%	55%
New Mexico	52,358	52,358	76%	24%	74%	47%
Oregon	112,024	112,024	79%	21%	77%	47%
Subtotal - SBMs Using the HealthCare.gov Platform	237,978	237,978	81%	19%	80%	49%
Federally-Facilitated Marketplace (FFM) States						
Alabama	171,641	171,641	89%	11%	89%	71%
Alaska	21,260	21,260	90%	10%	89%	54%
Arizona	205,666	205,666	76%	24%	75%	54%
Arkansas	65,684	65,684	88%	12%	88%	56%
Delaware	25,036	25,036	84%	16%	83%	45%
Florida	1,596,296	1,596,296	93%	7%	93%	70%
Georgia	541,080	541,080	90%	10%	89%	67%
Illinois	349,487	349,487	78%	22%	78%	46%
Indiana	219,185	219,185	88%	12%	87%	50%
Iowa	45,162	45,162	86%	14%	85%	48%
Kansas	96,197	96,197	80%	20%	80%	55%
Louisiana	186,277	186,277	89%	11%	89%	57%
Maine	74,805	74,805	89%	11%	89%	58%
Michigan	341,183	341,183	88%	12%	88%	55%
Mississippi	104,538	104,538	94%	6%	93%	76%
Missouri	253,430	253,430	88%	12%	88%	58%
Montana	54,266	54,266	85%	15%	84%	51%
Nebraska	74,152	74,152	88%	12%	87%	50%
New Hampshire	53,005	53,005	71%	29%	70%	37%
New Jersey	254,316	254,316	83%	17%	83%	51%
North Carolina	560,357	560,357	92%	8%	92%	65%
North Dakota	18,171	18,171	86%	14%	86%	42%
Ohio	234,341	234,341	84%	16%	84%	44%
Oklahoma	126,115	126,115	81%	19%	79%	59%
Pennsylvania	472,697	472,697	81%	19%	80%	57%
South Carolina	210,331	210,331	88%	12%	88%	63%
South Dakota	21,393	21,393	88%	12%	86%	63%
Tennessee	231,440	231,440	83%	17%	82%	62%
Texas	1,205,174	1,205,174	86%	14%	85%	59%

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) <i>11-15-14 to 2-15-15 (including SEP activity through 2-22-15)</i>						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (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	With APTC <i>(non-add)</i>	With CSR <i>(non-add)</i>
	Number	Number	%	%	%	%
Utah	140,612	140,612	88%	12%	88%	60%
Virginia	385,154	385,154	84%	16%	83%	55%
West Virginia	33,421	33,421	86%	14%	86%	54%
Wisconsin	207,349	207,349	90%	10%	89%	58%
Wyoming	21,092	21,092	91%	9%	91%	52%
TOTAL – States Using the HealthCare.gov Platform	8,838,291	8,838,291	87%	13%	87%	60%

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 eligible for 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 coverage through the Marketplaces, 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 3-6-15.

APPENDIX TABLE B6

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1)
11-15-14 to 2-15-15 (including SEP activity through 2-22-15)

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
		%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Platform (4)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)										
Nevada	73,411	13%	9%	15%	16%	20%	26%	1%	24%	36%
New Mexico	52,216	8%	7%	14%	14%	22%	34%	1%	21%	29%
Oregon	111,743	7%	8%	17%	16%	19%	33%	1%	24%	31%
Subtotal - SBMs Using the HealthCare.gov Platform	237,370	9%	8%	16%	16%	20%	31%	1%	24%	32%
Federally-Facilitated Marketplace (FFM) States										
Alabama	171,371	3%	13%	19%	19%	22%	24%	0%	32%	35%
Alaska	21,198	10%	8%	20%	16%	19%	26%	1%	28%	39%
Arizona	205,063	23%	9%	14%	14%	17%	23%	1%	23%	45%
Arkansas	65,604	7%	9%	16%	16%	21%	30%	1%	25%	32%
Delaware	24,983	13%	8%	15%	15%	22%	26%	1%	23%	36%
Florida	1,592,786	6%	13%	15%	18%	24%	23%	1%	28%	33%
Georgia	540,095	6%	13%	18%	19%	22%	21%	1%	31%	37%
Illinois	348,559	7%	10%	18%	15%	21%	28%	1%	28%	35%
Indiana	218,631	9%	9%	16%	16%	20%	29%	0%	25%	35%
Iowa	45,041	5%	9%	17%	15%	22%	32%	0%	26%	31%
Kansas	95,977	9%	11%	19%	16%	19%	25%	0%	31%	40%
Louisiana	185,924	4%	12%	20%	18%	22%	23%	0%	33%	37%
Maine	74,704	10%	8%	15%	14%	22%	31%	0%	23%	33%
Michigan	340,006	9%	9%	16%	15%	21%	28%	0%	26%	35%
Mississippi	104,354	3%	14%	17%	18%	22%	25%	0%	31%	34%
Missouri	252,945	9%	11%	19%	16%	20%	25%	0%	30%	39%
Montana	54,186	7%	10%	20%	16%	19%	29%	0%	29%	36%
Nebraska	73,982	14%	11%	18%	16%	18%	23%	0%	29%	43%
New Hampshire	52,869	8%	9%	16%	14%	23%	30%	0%	24%	32%
New Jersey	253,197	8%	10%	15%	15%	24%	26%	1%	25%	34%
North Carolina	559,615	8%	11%	17%	18%	22%	23%	0%	28%	37%
North Dakota	18,114	23%	8%	19%	13%	15%	22%	0%	27%	50%
Ohio	233,636	11%	8%	15%	14%	20%	31%	0%	24%	34%
Oklahoma	125,868	10%	11%	18%	17%	20%	24%	0%	29%	39%
Pennsylvania	471,056	6%	10%	18%	16%	22%	29%	0%	28%	34%
South Carolina	210,020	7%	11%	17%	17%	23%	26%	0%	28%	34%
South Dakota	21,320	11%	10%	20%	15%	17%	26%	0%	30%	41%
Tennessee	231,090	6%	10%	18%	17%	22%	27%	0%	28%	34%

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1)
 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)

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	1,202,044	10%	13%	17%	17%	22%	21%	1%	29%	39%
Utah	140,343	22%	11%	21%	16%	14%	16%	0%	33%	54%
Virginia	384,487	11%	12%	18%	17%	20%	22%	1%	30%	40%
West Virginia	33,322	6%	7%	13%	15%	21%	37%	0%	20%	26%
Wisconsin	206,769	6%	9%	17%	15%	21%	32%	0%	26%	32%
Wyoming	21,050	13%	9%	20%	15%	17%	26%	0%	29%	42%
TOTAL – States Using the HealthCare.gov Platform	8,817,579	8%	11%	17%	17%	22%	25%	1%	28%	36%

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 eligible for 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 coverage through the Marketplaces, 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 3-6-15.

APPENDIX TABLE B7

Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)	Percent of Plan Selections with APTC	Average Monthly Premium before APTC	Average Monthly APTC	Average Monthly Premium After APTC	Average Percent Reduction in Premium after APTC
States Using the HealthCare.gov Platform (4)						
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)						
Nevada	73,596	89%	\$361	\$242	\$119	67%
New Mexico	52,358	74%	\$323	\$196	\$127	61%
Oregon	112,024	77%	\$334	\$198	\$136	59%
Subtotal - SBMs Using the HealthCare.gov Platform	237,978	80%	\$341	\$213	\$128	62%
Federally-Facilitated Marketplace (FFM) States						
Alabama	171,641	89%	\$354	\$266	\$88	75%
Alaska	21,260	89%	\$639	\$534	\$105	84%
Arizona	205,666	75%	\$278	\$155	\$123	56%
Arkansas	65,684	88%	\$389	\$280	\$109	72%
Delaware	25,036	83%	\$404	\$264	\$140	65%
Florida	1,596,296	93%	\$376	\$294	\$82	78%
Georgia	541,080	89%	\$346	\$273	\$73	79%
Illinois	349,487	78%	\$336	\$208	\$128	62%
Indiana	219,185	87%	\$438	\$319	\$120	73%
Iowa	45,162	85%	\$371	\$260	\$111	70%
Kansas	96,197	80%	\$301	\$211	\$90	70%
Louisiana	186,277	89%	\$416	\$319	\$97	77%
Maine	74,805	89%	\$425	\$332	\$93	78%
Michigan	341,183	88%	\$366	\$236	\$130	64%
Mississippi	104,538	93%	\$405	\$353	\$52	87%
Missouri	253,430	88%	\$363	\$281	\$82	77%
Montana	54,266	84%	\$346	\$230	\$116	66%
Nebraska	74,152	87%	\$354	\$250	\$104	70%
New Hampshire	53,005	70%	\$385	\$244	\$141	63%
New Jersey	254,316	83%	\$470	\$306	\$164	65%
North Carolina	560,357	92%	\$410	\$315	\$95	77%
North Dakota	18,171	86%	\$369	\$228	\$141	62%
Ohio	234,341	84%	\$389	\$244	\$145	63%
Oklahoma	126,115	79%	\$295	\$206	\$89	70%
Pennsylvania	472,697	80%	\$355	\$226	\$129	64%
South Carolina	210,331	88%	\$365	\$278	\$86	76%
South Dakota	21,393	86%	\$358	\$228	\$130	64%
Tennessee	231,440	82%	\$316	\$213	\$102	68%

Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)	Percent of Plan Selections with APTC	Average Monthly Premium before APTC	Average Monthly APTC	Average Monthly Premium After APTC	Average Percent Reduction in Premium after APTC
Texas	1,205,174	85%	\$328	\$239	\$89	73%
Utah	140,612	88%	\$248	\$159	\$89	64%
Virginia	385,154	83%	\$348	\$259	\$89	74%
West Virginia	33,421	86%	\$448	\$311	\$137	69%
Wisconsin	207,349	89%	\$440	\$315	\$125	72%
Wyoming	21,092	91%	\$550	\$420	\$130	76%
TOTAL – States Using the HealthCare.gov Platform	8,838,291	87%	\$364	\$263	\$101	72%

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov platform as of 2-15-15 (including SEP activity through 2-22-15).

APPENDIX TABLE B8

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2015 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)					
Description	Number of Individuals With 2015 Marketplace Plan Selections with APTC (2)	Data For Individuals Who Have 2015 Marketplace Plan Selections With APTC			
		Availability of Plans With Monthly Premiums of \$100 or Less		Selection of Plans With Monthly Premiums of \$100 or Less	
		Percent Who Could Have Selected a Plan with a Monthly Premium of \$50 or Less after APTC	Percent Who Could Have Selected a Plan with a Monthly Premium of \$100 or Less after APTC	Percent Who Selected a Plan With a Monthly Premium of \$50 or Less after APTC	Percent Who Selected a Plan With a Monthly Premium of \$100 or Less after APTC
States Using the HealthCare.gov Platform (4)					
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)					
Nevada	65,326	100%	100%	19%	53%
New Mexico	38,848	64%	84%	22%	49%
Oregon	86,444	100%	100%	17%	44%
Subtotal - SBMs Using the HealthCare.gov Platform	190,618	93%	97%	19%	48%
Federally-Facilitated Marketplace (FFM) States					
Alabama	152,498	80%	90%	43%	70%
Alaska	18,839	75%	86%	40%	57%
Arizona	153,335	65%	86%	24%	52%
Arkansas	57,797	67%	85%	24%	58%
Delaware	20,876	58%	78%	18%	45%
Florida	1,479,439	84%	93%	51%	72%
Georgia	484,073	83%	92%	51%	74%
Illinois	271,763	63%	83%	21%	49%
Indiana	191,586	71%	85%	26%	53%
Iowa	38,532	68%	85%	27%	56%
Kansas	76,504	72%	87%	40%	67%
Louisiana	165,786	85%	93%	41%	63%
Maine	66,616	71%	85%	40%	65%
Michigan	298,774	70%	87%	21%	48%
Mississippi	97,606	91%	96%	60%	80%
Missouri	222,559	80%	91%	46%	69%
Montana	45,432	60%	78%	26%	54%
Nebraska	64,656	76%	90%	34%	59%
New Hampshire	37,242	66%	82%	21%	43%
New Jersey	211,158	51%	71%	15%	38%
North Carolina	512,975	80%	91%	40%	65%
North Dakota	15,569	58%	80%	17%	42%
Ohio	196,714	62%	82%	16%	41%
Oklahoma	100,039	82%	93%	40%	66%
Pennsylvania	379,607	62%	81%	23%	51%

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2015 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform (1) 11-15-14 to 2-15-15 (including SEP activity through 2-22-15)					
Description	Number of Individuals With 2015 Marketplace Plan Selections with APTC (2)	Data For Individuals Who Have 2015 Marketplace Plan Selections With APTC			
		Availability of Plans With Monthly Premiums of \$100 or Less		Selection of Plans With Monthly Premiums of \$100 or Less	
		Percent Who Could Have Selected a Plan with a Monthly Premium of \$50 or Less after APTC	Percent Who Could Have Selected a Plan with a Monthly Premium of \$100 or Less after APTC	Percent Who Selected a Plan With a Monthly Premium of \$50 or Less after APTC	Percent Who Selected a Plan With a Monthly Premium of \$100 or Less after APTC
South Carolina	185,276	82%	92%	43%	69%
South Dakota	18,503	53%	76%	17%	47%
Tennessee	190,418	81%	92%	32%	60%
Texas	1,030,138	80%	92%	43%	68%
Utah	123,088	69%	90%	33%	67%
Virginia	320,525	80%	91%	42%	68%
West Virginia	28,719	57%	77%	21%	47%
Wisconsin	184,822	68%	83%	26%	50%
Wyoming	19,152	59%	77%	26%	49%
TOTAL – States Using the HealthCare.gov Platform	7,651,234	77%	89%	38%	63%

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov platform as of 2-15-15 (including SEP activity through 2-22-15).

APPENDIX TABLE C1

Marketplace Plan Selection by Enrollment Type in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) 11-15-2014 to 2-15-2015 (including SEP activity through 2-21-15)					
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (1)	Distribution By Enrollment Type (2)			
		New Consumers (3)	Consumers Reenrolling in Marketplace Coverage (4)		
	Number		% of Total	Total Reenrollees % of Total	Active Reenrollees % of Total
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms					
California (5)	1,412,200	35%	65%	37%	28%
Colorado (6)	140,327	28%	72%	34%	38%
Connecticut (7)	109,839	38%	61%	20%	41%
District of Columbia (8)	18,465	26%	74%	15%	60%
Hawaii (9)	12,625	75%	25%	1%	24%
Idaho (16)	97,079	100%	N/A	N/A	N/A
Kentucky (10)	106,330	26%	73%	39%	35%
Maryland (16)	120,145	100%	N/A	N/A	N/A
Massachusetts (16)	140,540	100%	N/A	N/A	N/A
Minnesota (11)	59,704	60%	40%	26%	14%
New York (12)	408,841	35%	66%	N/A	N/A
Rhode Island (13)	31,337	32%	68%	68%	N/A
Vermont (14)	31,619	14%	87%	17%	69%
Washington (15)	160,732	37%	63%	N/A	N/A
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms	2,849,783	43%	57%	24%	20%

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 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. Generally, with exceptions noted above in other tables, 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 eligible for 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 coverage through the Marketplaces.

(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 eligible for a Special Enrollment Period (SEP).

- (4) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection during coverage year 2014, and have either actively submitted a 2015 application and selected a 2015 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). 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 eligible for 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 coverage through the Marketplaces as of 2-15-15 (including SEP activity through 2-21-15), but who may ultimately decide not to retain Marketplace coverage for the remainder of 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP).
- (5) California reports represent data through 2/22/15. California began its automatic renewal process in December 2014 and periodically cancels individuals not paying their premiums during ongoing data cleaning processes. If an individual had effectuated enrollment by 11/12/14 and did not actively re-enroll, he/she was automatically re-enrolled by 12/15/14.
- (6) Colorado automatically renewed eligible individuals December 15, 2014 for coverage beginning January 1, 2015 and periodically cancels individuals not paying their premiums during ongoing data cleaning processes.
- (7) Connecticut automatically renewed eligible individuals during December 2014 for coverage beginning January 1, 2015. Connecticut individuals not paying their premiums are removed from enrollment counts upon receipt of cancellation notice from insurers. If an individual had effectuated coverage as of December 2014, he/she was eligible for automatic re-enrollment.
- (8) DC aligned its automatic renewal process with the Federal 2015 open enrollment process. Individuals automatically renewed needed to effectuate enrollment by December 15, 2014 to be considered enrolled, otherwise DC canceled their coverage. DC removed terminations and cancellations from their data for automatic re-enrollees, but did not remove them for new enrollees or active re-enrollees.
- (9) Hawaii began its automatic renewal process November 15, 2014 and canceled individuals for non-payment by January 31, 2015. If an individual had effectuated enrollment by 11/1/2014, did not actively reenroll, and selected “auto-renewal,” he/she was automatically reenrolled by 12/31/2014 for the 2015 plan year.
- (10) Kentucky notified individuals eligible for automatic renewal November 1, 2014 they would be automatically renewed for coverage effective January 1, 2015. Kentucky periodically cancels individuals not paying their premiums during ongoing data cleaning processes. Any individual who was actively receiving benefits as of 11/14/2014 was considered eligible for automatic re-enrollment and was re-enrolled on 11/15/14. Kentucky’s report of unknown individuals in 2015 plan selection breakouts represents the count of individuals converted from a legacy system (KAMES) to KYHBE.
- (11) Minnesota began its automatic renewal process in January 2015.
- (12) New York’s renewal process began November 15, 2014. New York removed terminations and cancellations from their data for active and automatic re-enrollees, but did not remove them for new enrollees. New York’s re-enrollment data does not distinguish between active and automatic reenrollment. In New York, individuals who were enrolled in October 2014, with an end date of December 31, 2014, were eligible for automatic re-enrollment if their program eligibility stayed the same from 2014 to 2015, and their plan was available in 2015. If an individual’s 2014 coverage was cancelled/terminated after October 2014, they were removed from the 2015 coverage that they were automatically renewed into. Additionally, if individuals voluntarily cancel or terminate their coverage, they are removed from the enrollment count at the time they cancel or terminate their coverage. If an individual’s coverage is cancelled or terminated for non-payment, they are removed from the enrollment count when the issuer transmits that transaction to the Marketplace.
- (13) Rhode Island does not have any automatic re-enrollments for its 2015 plan selection data, as Rhode Island required all individuals to undergo active re-enrollment. Individuals are canceled from the system if they do not make payment on the 23rd day of the month prior to the coverage month.
- (14) Vermont automatically renewed all Marketplace consumers for coverage beginning January 1, 2015, with payment for coverage due 21 days after automatically renewed consumers were sent an invoice.
- (15) Washington reports only individuals who have both enrolled and paid for coverage (effectuated enrollment) for its report of plan selection, thereby undercounting the true total of plan selections in Washington. Washington began its renewal process November 15, 2014, with payment deadlines the 23rd day of the month prior to the coverage month. Washington defines renewals as the number of QHP enrollees with coverage in December 2014 and coverage in 2015 as of February 21, 2015. Washington is not able to provide automatic and active renewal breakouts for 2015 plan selection data due to system issues. Their system counts some re-enrollees as both automatic and active re-enrollees, which may lead to double counting re-enrollee breakouts. Washington removed enrollees who terminated their coverage from their plan selection data for new enrollees and re-enrollees, but retained individuals in the count until issuers confirmed that the coverage was terminated for nonpayment.
- (16) 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.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

APPENDIX TABLE C2

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 2-15-2015 (including SEP activity through 2-21-15)		
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 (4)	N/A	NA
Colorado	94,088	134,931
Connecticut	131,627	226,266
District of Columbia	14,521	19,570
Hawaii	16,159	25,314
Idaho	89,460	203,577
Kentucky (5)	94,447	153,920
Maryland (6)	263,035	N/A
Massachusetts	334,410	522,457
Minnesota	127,978	201,920
New York	N/A	502,616
Rhode Island	71,995	120,771
Vermont (7)	33,155	59,451
Washington	616,059	1,354,964
TOTAL - SBMs Using Their Own Marketplace Platforms	1,886,934	3,525,757

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 2-15-15 (including SEP activity through 2-21-15). 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 eligible for 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) California reports data through 2/22/15. California's system does not specifically track the total number of completed applications or individuals applying for coverage.
- (5) Kentucky data for "completed applications" includes data for the 2014 special enrollment period from 11-15-14 to 12-31-14, 2015 open enrollment, and 2015 SADP enrollment, as its system is not able to differentiate these data at the application level.
- (6) Maryland's system cannot provide the number of individuals applying for coverage through the Marketplace, as records may be removed from this count after eligibility determinations.
- (7) Vermont data for application numbers include withdrawn cases, but do not include test cases.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

APPENDIX TABLE C3

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 2-15-2015 (including SEP activity through 2-21-15)</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 Plan Selections Through the Marketplaces (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) (7)	1,138,456	535,032	1,056,164	1,412,200
Colorado (7) (8)	132,077	N/A	85,432	140,327
Connecticut (9)	167,193	124,803	277,336	109,839
District of Columbia	7,539	1,714	9,355	18,465
Hawaii	24,568	12,306	32,854	12,625
Idaho	215,145	163,829	314,398	97,079
Kentucky	223,335	138,320	152,529	106,330
Maryland	120,632	85,345	154,194	120,145
Massachusetts	246,397	164,849	276,060	140,540
Minnesota (10)	71,451	38,382	106,654	59,704
New York (11)	1,006,505	498,707	357,456	408,841
Rhode Island	44,097	33,604	65,396	31,337
Vermont	57,533	22,660	16,922	31,619
Washington	239,848	176,295	818,697	160,732
TOTAL - SBMs Using Their Own Marketplace Platforms	3,694,776	1,995,846	3,723,447	2,849,783

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 2-15-15 (including SEP activity through 2-22-15). 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 eligible for 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: With the exception of states that treated all of the individuals who selected 2015 coverage through the Marketplaces, 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

(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 December 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)

(6) California reports data through 2/22/15.

(7) Reported Medicaid + CHIP eligibility assessment totals may be underreported, as CA and CO employ processes that do not capture all Medicaid + CHIP eligibility assessments.

(8) Colorado data for individuals applying and those eligible for a QHP does not include individuals automatically reenrolled. Therefore, the number of individuals completing applications, and those eligible for a QHP, is less than the total number of individuals enrolled. Colorado’s Marketplace, Connect for Health Colorado, and the Medicaid Agency, use the Shared Eligibility System to determine eligibility for Medicaid, APTC/CSR, and CHIP. Therefore, the data provided by Colorado for “Individuals Assessed Eligible for Medicaid/CHIP” only include new individual determinations for the Medicaid and CHIP programs processed between 11/15/14 – 2/21/15. These data do not include redeterminations, recertifications, and renewals for Medicaid and CHIP.

(9) Connecticut’s number of individuals assessed eligible for Medicaid/CHIP is greater than the number of individuals applying. This results from Medicaid redeterminations for individuals who already have an initial application with the exchange.

(10) Minnesota data for number of individuals assessed eligible for Medicaid/MinnesotaCare represents data through 2/22/15.

(11) New York eligibility data represent individuals who have an active eligibility determination on or after 11/15/14. The number of individuals applying represents individuals in accounts that were created on or after 11/15/14. This figure does not include renewals, or other eligibility determinations for accounts created before 11/15/14.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

APPENDIX TABLE C4

Marketplace Plan Selections by Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) <i>11-15-2014 to 2-15-2015 (including SEP activity through 2-21-15)</i>				
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (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)	1,412,200	1,407,795	90.3%	9.7%
Colorado	140,327	140,327	54.2%	45.8%
Connecticut	109,839	109,839	77.4%	22.6%
District of Columbia (7)	18,465	18,465	10.8%	89.2%
Hawaii	12,625	12,625	76.7%	23.3%
Idaho (9)	97,079	97,079	84.2%	15.8%
Kentucky	106,330	106,330	69.3%	30.7%
Maryland (9)	120,145	120,145	70.8%	29.2%
Massachusetts (9)	140,540	140,540	65.6%	34.4%
Minnesota (6) (7)	59,704	N/A	N/A	N/A
New York (7)	408,841	408,841	73.5%	26.5%
Rhode Island	31,337	31,337	88.2%	11.8%
Vermont	31,619	31,619	62.2%	37.8%
Washington (7)	160,732	160,732	78.8%	21.2%
TOTAL – SBMs Using Their Own Marketplace Platforms	2,849,783	2,785,674	80.8%	19.2%

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) 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 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 reports represent data through 2/22/15. California’s plan selection breakouts result in roughly 4,000 unknowns due to total plan selection and plan selection breakout reports having been run at different times.

(6) Minnesota tracks plan selection by financial assistance at the household level; it cannot report it at the individual level.

(7) All states except DC, Minnesota, New York, and Washington removed cancellations and terminations from all total plan selection data. DC removed cancellations and terminations from its automatic reenrollee data. New York removed cancellations and terminations from all of its reenrollee data, active and automatic, but did not remove them from the “new” plan selections. Washington removed terminations from all of their plan selection data. Minnesota did not remove cancellations and terminations from its plan selection data.

(8) Washington reports only individuals who have both enrolled and paid for coverage (effectuated enrollment) for its report of plan selection, thereby undercounting the true total number of plan selections in Washington.

(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.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

APPENDIX TABLE C5

Marketplace Plan Selection by Age in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) 11-15-2014 to 2-21-2015										
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)	1,408,352	5.2%	10.8%	16.9%	16.0%	24.2%	26.8%	0.9%	27.5%	32.7%
Colorado	140,327	11.6%	7.6%	18.9%	16.1%	18.9%	26.5%	0.3%	26.6%	38.2%
Connecticut	109,839	7.3%	10.2%	15.4%	13.7%	23.4%	30.0%	1.4%	25.3%	32.5%
District of Columbia (5)	18,465	7.8%	6.1%	37.2%	21.4%	14.5%	13.0%	0.6%	43.1%	50.9%
Hawaii	12,625	14.5%	9.4%	17.3%	16.3%	16.7%	25.8%	1.4%	26.3%	40.6%
Idaho (8)	97,079	12.7%	11.0%	18.1%	16.6%	17.8%	23.8%	0.2%	29.0%	41.7%
Kentucky	106,330	10.6%	7.8%	14.8%	16.1%	21.5%	29.2%	0.5%	22.4%	33.0%
Maryland (8)	120,145	5.7%	10.7%	19.0%	17.6%	22.4%	24.6%	1.7%	29.2%	34.8%
Massachusetts (8)	140,540	5.6%	8.8%	21.8%	17.2%	21.8%	24.8%	1.0%	30.3%	35.8%
Minnesota (5)	59,704	9.0%	7.1%	17.2%	14.9%	19.0%	32.7%	0.5%	24.2%	33.2%
New York (5)	408,841	2.6%	9.2%	20.2%	18.4%	23.5%	25.6%	0.5%	29.4%	32.0%
Rhode Island	31,337	5.0%	10.0%	17.3%	17.5%	22.7%	27.5%	0.9%	27.1%	32.1%
Vermont	31,619	6.4%	9.1%	13.0%	14.2%	22.4%	34.5%	0.5%	22.0%	28.4%
Washington (5)	160,732	3.7%	7.9%	16.5%	16.4%	21.4%	33.9%	0.7%	24.2%	27.9%
TOTAL - SBMs Using Their Own Marketplace Platforms	2,849,783	5.7%	9.8%	17.7%	16.4%	22.7%	26.9%	0.8%	27.5%	33.2%

Notes:

“N/A” means that the data for the respective metric is not 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 eligible for 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) California reports represent data through 2/22/15. California’s plan selection breakouts result in roughly 4,000 unknowns due to total plan selection and plan selection breakout reports run at different times.

(5) All states except DC, Minnesota, New York, and Washington removed cancelations and terminations from all total plan selection data. DC removed cancelations and terminations from its auto reenrollee data. New York removed cancelations and terminations from all of its reenrollee data, active and automatic, but did not remove them from the “new” plan selections. Washington removed terminations from all of their plan selection data. Minnesota did not remove cancelations and terminations from its plan selection data.

(7) Washington reports only individuals who have both enrolled and paid for coverage (effectuated enrollment) for its report of plan selection, thereby undercounting the true total of plan selections in Washington.

(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.

Source: Centers for Medicare & Medicaid Services, as of 3-6-15.

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 during 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 have been included in weekly enrollment updates 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 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 2-15-15 (including SEP activity through 2-22-15) 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 2015 Open Enrollment period – which generally corresponds with data from 11-15-14 to 2-15-15 (including SEP activity through 2-22-15) for the 37 HealthCare.gov states, and from 11-15-14 to 2-15-15 (including SEP activity through 2-21-15) 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	
	2015 March Enrollment Report	Week 14 Weekly Enrollment Snapshot
States Using the HealthCare.gov Marketplace Platform (37 states)	11-15-14 to 2-22-15 (including SEP activity thru 2-22-15)	11-15-14 to 2-22-15 (including SEP activity thru 2-22-15)
States Using Their Own Marketplace Platform (14 states)		
California	11-15-14 to 2-22-15 (including SEP activity thru 2-22-15)	Not Included
Other 13 States (including DC)	11-15-14 to 2-21-15 (including SEP activity thru 2-22-15)	Not Included

2015 Plan Selections Through the Marketplaces (also known as Marketplace Plan Selections)

– Represents cumulative data on the number of unique individuals who have selected a 2015 plan through the Marketplaces 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 eligible for a Special Enrollment Period (SEP).

Additionally, in the data for the HealthCare.gov states, individuals whose Marketplace coverage has been cancelled or terminated are not included in the total number of Marketplace plan selections.²⁸ The data for the HealthCare.gov states also do not include plan selection data for coverage with an effective date beginning after 3-1-15. This table only reflects data for the individual market Marketplaces. Among the SBMs that are using their own Marketplace platforms, except for three states, the data for total number of plan selections removes cancelations and terminations. Minnesota does not remove either from its total plan selection data, whereas DC removes cancelations and terminations from its automatic reenrollment data and New York removes cancelations and terminations from its active and automatic reenrollee data.

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.

This report includes data on SEP activity through 2-22-15. It is important to note that this report does not include data on effectuated enrollment (that the number of people who have paid monthly premiums to the insurer). Additionally, this report does not include data relating to any individuals who enroll through an SEP after 2-22-15, including any upcoming SEP for individuals who were unaware of, or did not understand the implications of the fee for not enrolling in health insurance coverage.

This report does not include data relating to any individuals who enroll through an SEP after 2-22-15, including any upcoming SEP for individuals who were unaware of, or did not understand the implications of the fee for not enrolling in health insurance coverage.

²⁸ For example, coverage has been terminated for approximately 90,000 consumers who had 2014 coverage were not able to continue their Marketplace coverage in 2015 because they did not provide the necessary documentation of their citizenship or immigration status, and these individuals are no longer included in the cumulative total.

In-Line Special Enrollment Period – The SEP for individuals who were “in-line” on 2-15-15 ended on 2-22-15 for the states that are using the HealthCare.gov platform. Most of the SBMs that are using their own Marketplace platforms allowed individuals who started the process before 2-15-15, but could not finish, to complete the application and select a plan by varying dates, mostly within February, with the exception of Colorado, which allowed applicants through March 2 to complete their applications, and Washington, which allowed applicants to enroll through April 17. Vermont has indicated that the state will assist consumers with enrollment if they report a problem trying to enroll, but did not provide for a formal extension period.

Tax Season Special Enrollment Period – CMS recently announced a special enrollment period (SEP) for tax season. For individuals and families in the HealthCare.gov states who did not have health coverage in 2014 and are subject to the fee or “shared responsibility payment” when they file their 2014 taxes. For those who were unaware or did not understand the implications of the fee for not enrolling in coverage, CMS will provide consumers with an opportunity to purchase health insurance coverage from March 15 to April 30, 2015. (For additional information, see <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-02-20.html>). Most of the SBMs that are using their own Marketplace platforms followed the federal guidelines regarding the SEP for tax season.

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 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have an active 2014 Marketplace plan selection as of November 1, 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 eligible for a Special Enrollment Period (SEP);. Additionally, in the data for the HealthCare.gov states and most states using their own platforms, 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 coverage through the Marketplaces”*** 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 coverage through the Marketplaces – 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 eligible for 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 coverage through the Marketplaces 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. A consumer is considered to have actively selected a plan, if they are a consumer with coverage in 2014 who came back, updated their application and selected a plan. The consumer could have actively selected their 2014 plan, decided to choose a new plan from their existing insurer or selected a new plan from a different insurer. A consumer could have actively selected a plan prior to the 12-15-14 deadline or could have come back after being automatically reenrolled and decided to update their information and select a plan; and
- o ***Consumers who have been 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. A consumer was automatically reenrolled into their 2014 plan or a plan with similar benefits from their same issuer²⁹ if they were enrolled in a Marketplace plan in 2014 and did not select a plan ahead of the 12-15-14 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change before 2-15-15, and would at that point be considered as having actively selected a plan.

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

²⁹ Some consumers’ 2014 plans were no longer active for 2015 but the insurer offered a plan with similar benefits. Based on the information provided by the insurance companies, consumers were “crosswalked” and automatically re-enrolled into that similar plan. No consumer was automatically re-enrolled into a plan with a different issuer.

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, HI, KY, MN, NY, 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).

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 coverage through the Marketplaces as of 2-15-15 (including SEP activity through 2-22-15), but who may ultimately decide not to retain Marketplace coverage for the remainder of 2015 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

Definition of Active Reenrollees Who Switched Plans – For purposes of this report, active reenrollees who switched plans are active reenrollees who have not selected the same plan as for the 2014 coverage year, or a similar “crosswalked” plan with similar benefits that is offered by the same issuer as their 2014 plan.³⁰

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

³⁰ Some consumers’ 2014 plans were no longer active for 2015 but the insurer offered a plan with similar benefits, known as a “crosswalk plan.” For purposes of this report, active reenrollees who selected the crosswalk plan for the 2015 coverage year (identified based on the information provided by the insurance companies) are not included in the total number who switched plans.

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 coverage through the Marketplaces 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 Premium Tax Credits – The Affordable Care Act specifies that an individual or family who is eligible for premium tax credits will be required to pay no more than a fixed percentage of their income based on the second-lowest cost silver plan available in the Marketplace in their coverage area. This applicable percentage varies only by household income as a percentage of the Federal Poverty Level (FPL) and does not depend on household members' ages, the number of people within the household covered through the Marketplace, or Marketplace premiums. The applicable percentage is converted into a maximum dollar amount the household is required to pay annually for the benchmark plan, and the premium tax credit is applied to make up the difference between the maximum dollar amount and the actual premium, if any. The exact dollar amount of the premium tax credit depends on the premium of the second-lowest cost silver plan available to the household and the cost of covering the family members who are seeking Marketplace coverage.

For purposes of this report, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0. Averages in this brief refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax credits in the 37 HealthCare.gov states.³¹

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.

³¹ For additional methodological information, see the ASPE Issue Brief “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform,” accessed at http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf.

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,³² but lower than that reported in administrative data sources in the healthcare industry.³³ 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.³⁴

³² 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.)

³³ 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>.

³⁴ 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

- **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 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	12 States – Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Rhode Island, Vermont, Washington
Individuals Applying for Coverage in Completed Applications	12 States – Colorado, 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	14 States – Colorado, 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	13 States – California, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined or	14 States – California, Colorado, Connecticut, DC, Hawaii, Idaho,

Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

Metric	Number of States Reporting Data for this Metric
Assessed Eligible for Medicaid/CHIP by the Marketplace	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	13 States – California, Colorado, Connecticut, DC, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
2015 Marketplace Plan Selections by Age	14 States – California, Colorado, Connecticut, DC, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2015 Marketplace Plan Selections by Gender	14 States – California, Colorado, Connecticut, DC, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2015 Marketplace Plan Selections by Metal Level	14 States – California, Colorado, Connecticut, DC, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, 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.