



ASPE

Issue BRIEF

HEALTH INSURANCE MARKETPLACE: JANUARY ENROLLMENT REPORT

For the period: October 1, 2013 – December 28, 2013

January 13, 2014

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

This brief also includes some preliminary data on the characteristics of persons who have selected a Marketplace plan (by gender, age, and financial assistance status), and of the plans that they have selected (by metal level).

Cumulative enrollment-related activity during the first three months (*10-1-13 to 12-28-13*) of the initial open enrollment period is reported for several metrics, including: the number of visits to the Marketplace websites, the number of calls to the Marketplace call centers, the number of completed applications submitted to the Marketplaces, the number of eligibility determinations processed by the Marketplaces for enrollment in a Marketplace plan (used throughout this report to refer to a Qualified Health Plan or QHP), the number of persons who have been determined or assessed eligible by the Marketplaces for Medicaid or the Children's Health Insurance Program (CHIP),¹ and the number of persons who have selected a plan through the Marketplace.

This report features cumulative data for the three-month period because some people apply, shop, and select a plan across monthly reporting periods. We believe that these cumulative data provide the best “snapshot” of Marketplace enrollment-related activity to date. Ongoing efforts are underway to eliminate duplication associated with counting people in more than one month. Future monthly enrollment reports during the initial open enrollment period will continue to provide updated cumulative data.

¹ Data related to Medicaid and CHIP eligibility in this report are based on applications submitted through the Marketplaces. October and November data based on applications submitted through state Medicaid/CHIP agencies were released by the Centers for Medicare & Medicaid Services in a separate report, “*Medicaid & CHIP: November Monthly Applications and Eligibility Determinations Report, December 20, 2013*,” which can be accessed at <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-CHIP-Monthly-Enrollment-Report-Nov-2013.pdf>. Comparable December 2013 enrollment data based on applications submitted through state Medicaid/CHIP agencies will be released in a subsequent report.

The cumulative number of individuals that have selected a Marketplace plan between 10-1-13 and 12-28-13 (including those who have paid a premium and those who have not yet paid a premium) is nearly 2.2 million.

December Enrollment Growth

There was significant growth in Marketplace plan selections in December, compared to the October-November period:

- **SBMs** – there was a more than 3-fold increase in plan selections in December
 - the 227,000 cumulative number for October-November rose by 729,000 in December to a cumulative three month total of 956,000
- **FFM** – there was a more than 7-fold increase in plan selections in December
 - the 137,000 cumulative number in October-November rose by 1,059,000 in December to a cumulative three month total of 1,196,000
- **Marketplace Total (SBMs and FFM)** – there was a nearly 5-fold increase in plan selections in December
 - the 364,000 cumulative number in October-November rose by 1,788,000 in December to a cumulative three month total of 2,153,000

The following are highlights of Marketplace enrollment-related information for the first three months of the initial open enrollment period (see Appendix A and Appendix B for comparable state-level data).

Cumulative Highlights for the period: October 1, 2013 – December 28, 2013

Marketplace Website and Call Center Activity

- Visits to the SBM and FFM websites: 53.2 million
- Calls to the SBM and FFM call centers: 11.3 million

Marketplace Eligibility Determinations and Plan Selection

- Number of Eligible Persons who have Selected a Plan through the SBMs and FFM: nearly 2.2 million
- Number of Persons who have had a Medicaid/CHIP Determination or Assessment through the Marketplaces: 1.6 million (does not include individuals applying through State Medicaid/CHIP agencies.)

Marketplace Plan Selection by Gender

- 46 percent² of the persons who have selected a Marketplace plan are male
- 54 percent of the persons who have selected a Marketplace plan are female

Marketplace Plan Selection by Age

- 24 percent of the persons who have selected a Marketplace plan are between the ages of 18 and 34
- 30 percent of the persons who have selected a Marketplace plan are between the ages of 0 and 34

Marketplace Plan Selection by Metal Level

- 20 percent of the persons who have selected a Marketplace plan have selected a Bronze plan

² Based on the total number of plan selections for which the applicable data are available (excluding unknown).

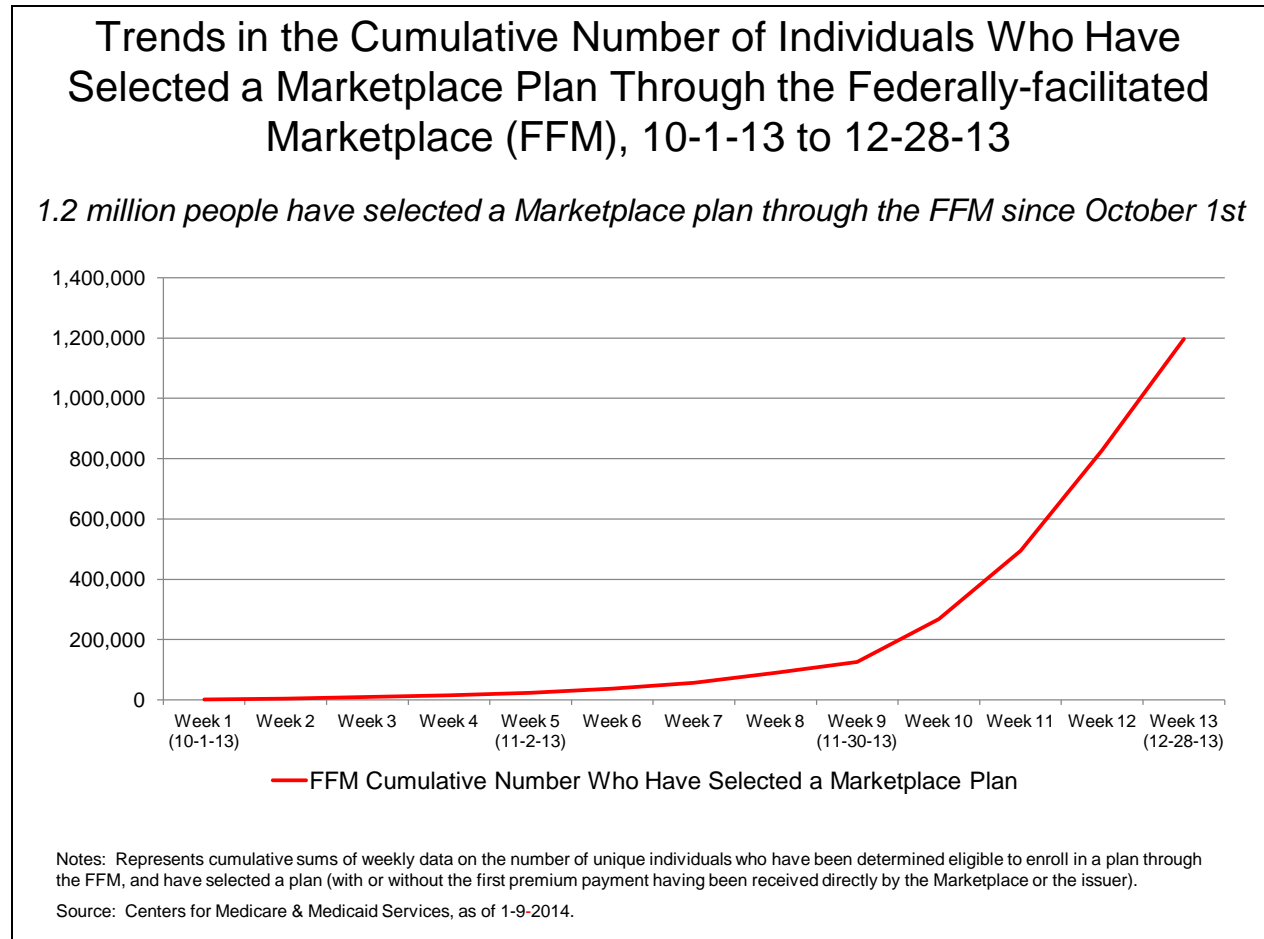
- 60 percent of the persons who have selected a Marketplace plan have selected a Silver plan
- 13 percent of the persons who have selected a Marketplace plan have selected a Gold plan
- 7 percent of the persons who have selected a Marketplace plan have selected a Platinum plan
- 1 percent of the persons who have selected a Marketplace plan have selected a Catastrophic plan

Marketplace Plan Selection by Financial Assistance

- 79 percent of the persons who have selected a Marketplace plan have selected a Marketplace Plan with Financial Assistance

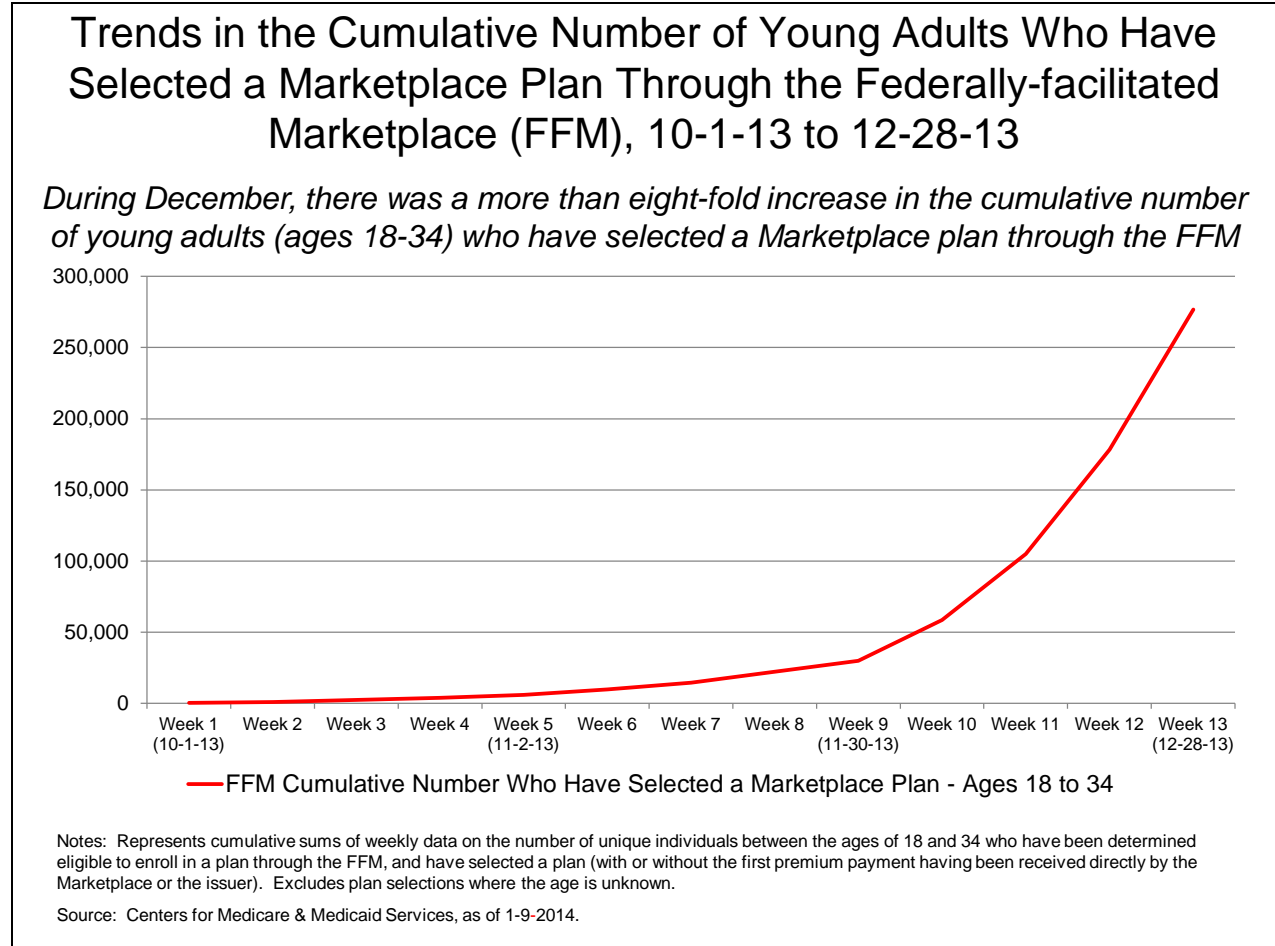
Weekly Data on Marketplace Plan Selection (only available for the FFM) – As shown in Figure 1, the cumulative number of persons who have selected a Marketplace plan through the FFM has increased considerably since the end of the second month of the initial open enrollment period, a reflection of the ongoing progress made in resolving technical issues. FFM weekly plan selection data is highlighted in Figure 1 and Figure 2, comparable weekly data from the SBMs are not available.

Figure 1



Additionally, Figure 2 shows that there was a more than eight-fold increase in the cumulative number of young adults (ages 18-34) who have selected a Marketplace plan through the FFM during the month of December.

Figure 2



Consumer Shopping – Marketplace plan selection is expected to continue to grow. Consumer interest in gaining health coverage continues to be strong among Americans who currently lack insurance—63 percent say they are likely to get health insurance in 2014.³ Additionally, interest in the Marketplace is strong and growing. A majority of adults (63 percent) who are potentially eligible to enroll in coverage through a qualified health plan or Medicaid said they were aware of the Health Insurance Marketplace as a place where they might shop for coverage. Twenty-four percent of those potentially eligible reported that they had visited the Marketplace to shop for a

³ Gallup daily tracking poll, December 3, 2012, accessed at http://www.gallup.com/poll/166115/one-four-uninsured-plan-remain.aspx?utm_source=alert&utm_medium=email&utm_campaign=syndication&utm_content=morelink&utm_term=Well-Being.

plan by December, whether online, by phone, in person, or by mail, up from 17 percent in October.⁴

As noted in the previous Marketplace enrollment report,⁵ the data in this report represent a “snapshot” of Marketplace enrollment-related activity, based on available data, which uses comparable definitions for the data elements across states, and between the SBM and FFM states. However, it is important to note that the SBM enrollment-related data that are reported in this issue brief may differ from comparable data that have previously been publicly reported on SBM websites or in media reports due to differences in time periods and metric definitions. And, as in previous reports, data are reported weekly rather than monthly so information is not through December 31, which was deadline in some states for enrollment for January 1, 2014 coverage.

Overview of Enrollment-Related Activity to Date

Selected a Marketplace Plan – To date, nearly 2.2 million (2,153,421) persons have selected a Marketplace plan during the first three months of the initial open enrollment period, including 956,991 in SBMs and 1,196,430 in the FFM (these numbers include those who have paid a premium and those who have not yet paid a premium — including persons whose coverage begins in January 2014 and persons whose coverage begins in February 2014).

The following are highlights of the preliminary data on the characteristics of Marketplace plan selections during the first three months of the initial open enrollment period (see Appendix A for national and state-level tables).⁶

- **Marketplace Plan Selections by Gender** – More than half of the people who have selected a Marketplace plan through the SBMs and FFM are female (54 percent of the total for the Marketplace as a whole, excluding plan selections where gender is unknown), while the remaining 46 percent are male.
 - SBMs: 53 percent female, 47 percent male.
 - FFM: 55 percent female, 45 percent male.

By comparison, males account for half (50 percent) of the total non-elderly population in the United States (ages 0 to 64).⁷

⁴ Sara R. Collins et. al., *The Commonwealth Fund, Americans’ Experiences in the Health Insurance Marketplaces: Results from the First Three Months, January 2014.*

⁵ U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE), “*Health Insurance Marketplace: December Enrollment Report, For the period: October 1 – November 30, December 11, 2013,*” ASPE Issue Brief, which can be accessed at http://www.aspe.hhs.gov/health/reports/2013/MarketPlaceEnrollment/Dec2013/ib_2013dec_enrollment.pdf.

⁶ The percentages cited in this section are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for a given metric (e.g., age, gender, metal level, etc.) Aggregate data on the total number of plan selections with available data for a given metric, and the corresponding number of plan selections with unknown data for a given metric can be found in Appendix Table C1.

⁷ ASPE analysis of the 2010-2012 Current Population Survey Annual Social and Economic Supplement (CPS ASEC, covering calendar years 2009-2011), adjusted using ASPE’s TRIM3 microsimulation to include only estimated nonelderly U.S. citizens and others lawfully present.

- **Marketplace Plan Selections by Age** – Persons between the ages of 18 and 34 account for nearly a quarter (24 percent) of all Marketplace plan selections (SBMs and FFM).
 - SBMs: 25 percent between the ages of 18 and 34.
 - FFM: 23 percent between the ages of 18 and 34.

There has been considerable interest in encouraging young adults to enroll in Marketplace plans because this age group is most likely to be without health insurance coverage;⁸ enrollment of young adults is also important to help to ensure a favorable risk mix. The percentage of young adults who selected a Marketplace plan during the first three months of the initial open enrollment period is similar to the proportion of young adults between the ages of 18 and 34 in the total non-elderly population (26 percent).⁹ The general expectation is that people who are older and sicker are more likely to select coverage earlier in the initial enrollment period, while “younger and healthier people will tend to wait until towards the end of the open enrollment period (which concludes March 31, 2014).”¹⁰ As can be seen in Figures 1 and 2, growth in enrollment of young adults in the FFM in December, the deadline for January 1 coverage, was much higher than the overall surge: an over eight-fold increase in December compared to October and November for young adults compared to a nearly five-fold increase generally in all Marketplaces.

Table 1 shows the age distribution of the Marketplace plan selections (SBMs and FFM):

Table 1

Comparison of the Age Distribution of Marketplace Plan Selections (SBM & FFM) For the Three Month period: 10-1-13 to 12-28-13 (based on data reported as of 1-9-14)	Percent of Total Individuals Who Have Selected a Marketplace Plan (1)
Age < 18	6%
Age 18-25	9%
Age 26-34	15%
Age 35-44	15%
Age 45-54	22%
Age 55-64	33%
Age ≥65 ¹¹	0%
Total	100%
Ages 18 to 34	24%

(1) These percentages are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for age. (Source: Centers for Medicare & Medicaid Services, as of 1-9-2014.)

⁸ See http://aspe.hhs.gov/health/reports/2013/CPSIssueBrief/ib_cps.cfm.

⁹ ASPE analysis of the 2010-2012 Current Population Survey Annual Social and Economic Supplement (CPS ASEC, covering calendar years 2009-2011), adjusted using ASPE’s TRIM3 microsimulation to include only estimated nonelderly U.S. citizens and others lawfully present.

¹⁰ “The Numbers Behind “Young Invincibles” and the Affordable Care Act,” Larry Levitt, Gary Claxton and Anthony Damico, Kaiser Family Foundation, December 17, 2013, available at <http://kff.org/health-reform/perspective/the-numbers-behind-young-invincibles-and-the-affordable-care-act/>.

¹¹ There are nearly 400,000 uninsured persons over the age of 65; some persons over 65 have selected Marketplace plans.

- **Marketplace Plan Selections by Metal Level** – Silver plans account for more than half (60 percent) of the Marketplace plan selections in the SBMs and FFM.
 - SBMs: 57 percent Silver.
 - FFM: 61 percent Silver.

The metal level distribution of the remaining Marketplace plan selections (SBMs and FFM) are as follows: bronze (20 percent), gold (13 percent), platinum (7 percent), and catastrophic (1 percent).

- **Marketplace Plan Selections by Financial Assistance Status** – More than three-quarters (79 percent) of the people who have selected a Marketplace plan through the SBMs and FFM will be receiving Federal financial assistance in paying their premiums.¹²
 - SBMs: 78 percent in Marketplace plans with financial assistance.
 - FFM: 80 percent in Marketplace plans with financial assistance.

Tax credits for premium assistance may be available to individuals with family incomes between 100 and 400 percent of the Federal Poverty Level (138 to 400 percent of FPL in states taking the Federally-funded option to expand Medicaid). These percentages are consistent with previous estimates.¹³

Table 2

Cumulative Marketplace Enrollment-Related Information For the Three Month period: 10-1-13 to 12-28-13 (1) <i>(based on data reported as of 1-9-14)</i>	Marketplace Total	SBM Total	FFM Total
Visits on the Marketplace websites	53,223,779	15,423,779	37,800,000
Calls to the Marketplace call centers	11,266,221	3,578,955	7,687,266
Completed applications through the Marketplaces	4,348,224	1,646,054	2,702,170
Number of individuals determined eligible to enroll in a Marketplace plan	5,139,798	1,794,708	3,345,090
Number of individuals who have selected a Marketplace plan	2,153,421	956,991	1,196,430
<i>Males who have selected a Marketplace plan (2)</i>	46%	47%	45%
<i>18 to 34 year olds who have selected a Marketplace plan (2)</i>	24%	25%	23%
<i>Individuals who have selected a Silver Marketplace plan (2)</i>	60%	57%	61%
<i>Individuals who have selected a Marketplace plan with financial assistance (2)</i>	79%	78%	80%

(1) The reporting period for the first 3 months is from 10-1-13 to 12-28-13. Any differences in reporting periods among states are noted in footnotes accompanying the Table in Appendix B. See Appendix C for methodological information. Visitors to the Marketplace websites is the sum of monthly data and has been unduplicated to the extent possible; however, we do not believe that all duplication has yet been removed.

¹² This includes people who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR).

¹³ For example, the Congressional Budget Office (CBO) estimates for CY 2014 were as follows: 6 million subsidized / 7 million total in Marketplace = 86% with financial assistance. (Source: "Effects on Health Insurance and the Federal Budget for the Insurance Coverage Provisions in the Affordable Care Act—May 2013 Baseline," May 14, 2013, accessed at http://www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf.)

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

Source: Centers for Medicare & Medicaid Services, as of 1-9-2014.

Web Site and Call Center Volume, and Completed Applications – Interest in the Marketplaces continues to be high, as measured by visits on the SBM and FFM websites (53.2 million),¹⁴ and calls to the SBM and FFM call centers (11.3 million) through the end of December. Based on available data, 4.3 million completed applications were submitted to Marketplaces during the first three months of the initial open enrollment period (10-1-13 to 12-28-13), including applications that were submitted to the SBMs and FFM. (Please see Appendix B for tables containing state-level data, and see Appendix C for methodological information on how these numbers were derived).

Online and Paper Applications – Based on currently available data, electronically submitted (online) applications (including applications submitted through the Marketplace websites, as well as any applications that were submitted online through in-person assisters or the call center) accounted for approximately 89 percent of the completed applications that were submitted to the Marketplaces during the reporting period. The remainder of the completed applications (11 percent) were submitted on paper (including applications that were submitted by mail, as well as any applications through in-person assisters or the call center that were filled out on paper). On average, 87 percent of the completed applications that were submitted to the SBMs and 90 percent of the completed applications that were submitted to the FFM were submitted electronically.

Methodological Overview

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

As discussed earlier, this report includes cumulative data for the three-month period (10-1-13 to 12-28-13) because some people apply, shop, and select a plan across more than one monthly reporting period. To the extent possible, these counts seek to avoid potential duplication associated with monthly reporting. For example, if a person submitted an application in October, and then selected a Marketplace plan in November, this person would only be counted once in the cumulative data. However, as discussed earlier, we are still working to eliminate duplication in cumulative counts, so all duplication has not yet been removed in this report.

This report also includes preliminary data on the characteristics of persons who have selected a Marketplace plan (by gender, age, metal level, and financial assistance status). In some cases, the data for certain characteristics of Marketplace plan selections are not yet available.

¹⁴ Duplication has been removed from the data on the cumulative number of website visitors to the extent possible; however, we do not believe that all duplication has been removed.

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

APPENDICES

- Appendix A: Characteristics of Marketplace Plan Selection by Gender, Age, Metal Level, and Financial Assistance, 10-1-2013 to 12-28-2013
- Appendix B: Total Marketplace Applications, Eligibility Determinations, and Marketplace Plan Selections by Marketplace Type and State, 10-1-2013 to 12-28-2013
- Appendix C: Methodology and Technical Notes

**APPENDIX A: CHARACTERISTICS OF MARKETPLACE PLAN SELECTION BY GENDER,
AGE, METAL LEVEL, AND FINANCIAL ASSISTANCE STATUS
10-1-2013 TO 12-28-2013**

APPENDIX TABLE A1

Marketplace Plan Selection by Gender, Age, Metal Level, Financial Assistance Status, and Marketplace Type (1) 10-1-2013 to 12-28-2013						
Description	Marketplace Total (SBMs & FFM)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)
Total Who Have Selected a Marketplace Plan						
Number of Individuals Who Have Selected a Marketplace Plan	2,153,421	n/a	956,991	n/a	1,196,430	n/a
By Gender						
Female	1,134,070	54%	472,381	53%	661,689	55%
Male	949,741	46%	418,706	47%	531,035	45%
Subtotal: Plan Selections With Available Data on Gender	2,083,811	100%	891,087	100%	1,192,724	100%
Unknown Gender	69,610	n/a	65,904	n/a	3,706	n/a
By Age						
Age < 18	126,735	6%	61,049	7%	65,686	6%
Age 18-25	180,207	9%	80,304	9%	99,903	8%
Age 26-34	309,253	15%	132,605	15%	176,648	15%
Age 35-44	308,250	15%	133,919	15%	174,331	15%
Age 45-54	452,681	22%	197,157	23%	255,524	21%
Age 55-64	674,363	33%	260,453	30%	413,910	35%
Age ≥65	6,718	0%	3,487	0%	3,231	0%
Subtotal: Plan Selections With Available Data on Age	2,058,207	100%	868,974	100%	1,189,233	100%
Unknown Age	95,214	n/a	88,017	n/a	7,197	n/a
Ages 18 to 34	489,460	24%	212,909	25%	276,551	23%
Ages 0 to 34	616,195	30%	273,958	32%	342,237	29%
By Metal Level						
Bronze	378,321	20%	177,592	25%	200,729	17%
Silver	1,136,036	60%	408,674	57%	727,362	61%
Gold	253,901	13%	70,995	10%	182,906	15%
Platinum	132,543	7%	46,198	6%	86,345	7%
Catastrophic	20,224	1%	8,610	1%	11,614	1%

Marketplace Plan Selection by Gender, Age, Metal Level, Financial Assistance Status, and Marketplace Type (1) 10-1-2013 to 12-28-2013						
Description	Marketplace Total (SBMs & FFM)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)	Number (2)	% of Available Data, Excluding Unknown (3)
Subtotal: Plan Selections With Available Data on Metal Level (4)	1,908,499	100%	712,069	100%	1,196,430	100%
Unknown Metal Level	244,922	n/a	244,922	n/a	0	n/a
By Financial Assistance Status						
With Financial Assistance	1,646,237	79%	687,278	78%	958,959	80%
Without Financial Assistance	436,603	21%	199,132	22%	237,471	20%
Subtotal: Plan Selections With Available Data on Financial Assistance	2,082,840	100%	886,410	100%	1,196,430	100%
Unknown Financial Assistance Status	70,581	n/a	70,581	n/a	0	n/a

Notes:

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

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 10/1/13 to 12/28/13. For additional methodological information, please refer to Appendix C of this report.

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

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

(4) The FFM subtotals for each metal tier type do not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers enrolled in more than one plan type in their state (for example, some consumers have enrolled in both a health plan and a standalone dental plan, which may have different metal levels). As a result, the corresponding percentages also do not sum to 100 percent. This also affects the data for the Marketplace total.

APPENDIX TABLE A2

Marketplace Plan Selection by Gender, Marketplace Type and State (1) 10-1-2013 to 12-28-2013				
Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Number of Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
States Implementing Their Own Marketplaces (SBMs)				
California (4)	498,794	498,794	53%	47%
Colorado	50,125	50,125	53%	47%
Connecticut	36,000	36,000	46%	54%
District of Columbia	3,043	2,890	50%	50%
Hawaii (5)	2,192	2,192	49%	51%
Kentucky	33,036	33,036	51%	49%
Maryland	18,272	18,272	55%	45%
Massachusetts	5,428	N/A	N/A	N/A
Minnesota	19,420	N/A	N/A	N/A
Nevada	22,566	N/A	N/A	N/A
New York	156,902	156,902	53%	47%
Oregon	18,337	N/A	N/A	N/A
Rhode Island	9,803	9,803	55%	45%
Vermont	15,015	15,015	53%	47%
Washington	68,058	68,058	55%	45%
SBM Subtotal	956,991	891,087	53%	47%
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)				
Idaho (6)	19,922	19,889	55%	45%
New Mexico (6)	7,688	7,677	55%	45%
Alabama	28,663	28,538	58%	42%
Alaska	3,356	3,350	52%	48%
Arizona	27,943	27,860	53%	47%
Arkansas	12,763	12,716	56%	44%
Delaware	3,273	3,262	57%	43%
Florida	158,030	157,445	55%	45%
Georgia	58,611	58,399	57%	43%
Illinois	61,111	60,916	54%	46%
Indiana	30,443	30,335	56%	44%
Iowa	7,475	7,459	55%	45%
Kansas	14,242	14,191	56%	44%
Louisiana	17,548	17,516	59%	41%

Marketplace Plan Selection by Gender, Marketplace Type and State (1) <i>10-1-2013 to 12-28-2013</i>				
Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Number of Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
			Number	Number
Maine	13,704	13,668	55%	45%
Michigan	75,511	75,310	55%	45%
Mississippi	8,045	8,018	61%	39%
Missouri	33,138	33,038	55%	45%
Montana	13,135	13,094	54%	46%
Nebraska	14,464	14,409	54%	46%
New Hampshire	11,446	11,423	54%	46%
New Jersey	34,751	34,627	54%	46%
North Carolina	107,778	107,491	57%	43%
North Dakota	2,624	2,619	53%	47%
Ohio	39,955	39,843	56%	44%
Oklahoma	14,999	14,935	55%	45%
Pennsylvania	81,320	81,115	56%	44%
South Carolina	24,116	24,026	57%	43%
South Dakota	3,194	3,185	54%	46%
Tennessee	36,250	36,151	55%	45%
Texas	118,532	118,139	55%	45%
Utah	18,633	18,585	53%	47%
Virginia	44,676	44,523	55%	45%
West Virginia	4,889	4,876	57%	43%
Wisconsin	40,752	40,659	56%	44%
Wyoming	3,450	3,437	55%	45%
FFM Subtotal	1,196,430	1,192,724	55%	45%
MARKETPLACE TOTAL, All States	2,153,421	2,083,811	54%	46%

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 Marketplace enrollment-related activity for 10/1/13 to 12/28/13. For additional methodological information, please refer to Appendix C of this report.

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

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

(4) California's enrollment data distributions by gender, age, metal level and financial assistance, are based on cumulative data for the period 10/1/2013 – 12/31/2013. It is assumed that the distributions of these attributes do not differ substantively from the distribution for the data through 12/28/13.

(5) Hawaii's enrollment data distributions by gender, age, and financial assistance are based on an earlier total of 2,209 enrollees rather than the reconciled and verified total of 2,192 enrollees; however, it is assumed that the distributions of these attributes do not differ substantively from the distribution in the earlier total.

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

APPENDIX TABLE A3

Marketplace Plan Selection by Age, Marketplace Type and State (1)
10-1-2013 to 12-28-2013

Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Number of Plan Selections With Available Data on Age (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
			Number	Number	%	%	%	%	%	%t
States Implementing Their Own Marketplaces (SBMs)										
California (4)	498,794	498,794	7%	10%	15%	16%	24%	28%	0%	25%
Colorado	50,125	50,125	13%	7%	15%	14%	19%	32%	0%	22%
Connecticut	36,000	36,000	8%	9%	12%	12%	23%	36%	1%	21%
District of Columbia	3,043	3,043	8%	6%	37%	20%	14%	14%	1%	44%
Hawaii (5)	2,192	2,192	11%	7%	15%	15%	19%	31%	3%	21%
Kentucky	33,036	5,342	11%	8%	17%	17%	22%	24%	0%	25%
Maryland	18,272	18,272	5%	9%	18%	17%	23%	27%	1%	27%
Massachusetts	5,428	5,428	11%	9%	22%	14%	18%	24%	2%	31%
Minnesota	19,420	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	22,566	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	156,902	156,902	4%	9%	18%	16%	23%	30%	0%	27%
Oregon	18,337	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	9,803	9,803	5%	9%	13%	14%	23%	34%	1%	22%
Vermont	15,015	15,015	9%	8%	10%	12%	22%	38%	0%	19%
Washington	68,058	68,058	11%	8%	13%	14%	20%	36%	0%	20%
SBM Subtotal	956,991	868,974	7%	9%	15%	15%	23%	30%	0%	25%
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)										
Idaho (6)	19,922	19,761	12%	8%	16%	15%	17%	31%	0%	24%
New Mexico (6)	7,688	7,658	8%	6%	12%	14%	22%	38%	0%	18%
Alabama	28,663	28,509	2%	9%	17%	16%	22%	34%	0%	26%
Alaska	3,356	3,334	8%	7%	19%	16%	21%	29%	0%	27%
Arizona	27,943	27,673	15%	6%	11%	13%	18%	36%	0%	17%
Arkansas	12,763	12,691	4%	6%	12%	15%	23%	40%	0%	18%
Delaware	3,273	3,250	8%	5%	14%	14%	21%	37%	0%	20%
Florida	158,030	157,075	4%	9%	12%	14%	24%	36%	1%	21%
Georgia	58,611	58,267	4%	10%	16%	18%	23%	29%	0%	26%
Illinois	61,111	60,746	5%	8%	15%	13%	21%	37%	0%	23%
Indiana	30,443	30,248	5%	7%	14%	14%	20%	39%	0%	21%
Iowa	7,475	7,451	3%	7%	15%	15%	21%	38%	0%	22%
Kansas	14,242	14,135	5%	9%	18%	15%	19%	34%	0%	27%
Louisiana	17,548	17,473	3%	9%	18%	15%	22%	32%	0%	27%
Maine	13,704	13,621	7%	6%	11%	12%	21%	43%	0%	18%
Michigan	75,511	75,117	5%	9%	16%	13%	21%	36%	0%	25%
Mississippi	8,045	8,009	2%	9%	14%	16%	22%	36%	0%	24%
Missouri	33,138	32,990	3%	8%	17%	15%	22%	36%	0%	25%
Montana	13,135	13,053	6%	7%	15%	14%	19%	38%	0%	22%

Marketplace Plan Selection by Age, Marketplace Type and State (1)
10-1-2013 to 12-28-2013

Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Number of Plan Selections With Available Data on Age (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
			%	%	%	%	%	%	%t	%
Nebraska	14,464	14,331	9%	9%	17%	15%	19%	32%	0%	26%
New Hampshire	11,446	11,404	4%	7%	15%	13%	23%	38%	0%	22%
New Jersey	34,751	34,518	5%	8%	14%	15%	25%	33%	1%	23%
North Carolina	107,778	107,120	6%	9%	14%	16%	22%	32%	0%	23%
North Dakota	2,624	2,589	17%	7%	17%	12%	16%	30%	0%	24%
Ohio	39,955	39,722	6%	6%	13%	13%	20%	41%	0%	19%
Oklahoma	14,999	14,886	5%	8%	16%	16%	21%	33%	0%	24%
Pennsylvania	81,320	80,998	2%	8%	16%	13%	21%	39%	0%	24%
South Carolina	24,116	23,973	5%	8%	15%	15%	22%	35%	0%	23%
South Dakota	3,194	3,156	7%	7%	20%	13%	17%	35%	0%	27%
Tennessee	36,250	36,077	3%	8%	16%	15%	23%	35%	0%	23%
Texas	118,532	117,671	8%	10%	16%	16%	21%	29%	0%	26%
Utah	18,633	18,415	15%	10%	19%	15%	16%	25%	0%	29%
Virginia	44,676	44,379	7%	9%	18%	16%	21%	29%	0%	27%
West Virginia	4,889	4,872	4%	5%	12%	13%	21%	45%	0%	17%
Wisconsin	40,752	40,640	4%	7%	12%	11%	21%	45%	0%	19%
Wyoming	3,450	3,421	8%	8%	19%	15%	18%	33%	0%	27%
FFM Subtotal	1,196,430	1,189,233	6%	8%	15%	15%	21%	35%	0%	23%
MARKETPLACE TOTAL, All States	2,153,421	2,058,207	6%	9%	15%	15%	22%	33%	0%	24%

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 Marketplace enrollment-related activity for 10/1/13 to 12/28/13. For additional methodological information, please refer to Appendix C of this report.

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

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

(4) California's enrollment data distributions by gender, age, metal level and financial assistance, are based on cumulative data for the period 10/1/2013 – 12/31/2013. It is assumed that the distributions of these attributes do not differ substantively from the distribution for the data through 12/28/13.

(5) Hawaii's enrollment data distributions by gender, age, and financial assistance are based on an earlier total of 2,209 enrollees rather than the reconciled and verified total of 2,192 enrollees; however, it is assumed that the distributions of these attributes do not differ substantively from the distribution in the earlier total.

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

APPENDIX TABLE A4

Marketplace Plan Selection by Metal Level, Marketplace Type and State (1) 10-1-2013 to 12-28-2013							
Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Number of Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
States Implementing Their Own Marketplaces (SBMs)							
California (5)	498,794	498,794	23%	61%	7%	7%	1%
Colorado	50,125	50,125	38%	46%	13%	1%	2%
Connecticut	36,000	36,000	17%	55%	26%	0%	2%
District of Columbia	3,043	3,043	25%	23%	24%	25%	4%
Hawaii	2,192	2,192	42%	20%	16%	21%	1%
Kentucky	33,036	5,339	17%	38%	18%	24%	2%
Maryland	18,272	18,272	27%	43%	17%	11%	1%
Massachusetts	5,428	5,428	20%	35%	24%	20%	2%
Minnesota	19,420	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	22,566	N/A	N/A	N/A	N/A	N/A	N/A
New York	156,902	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	18,337	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	9,803	9,803	22%	57%	20%	0%	1%
Vermont	15,015	15,015	20%	47%	14%	17%	2%
Washington	68,058	68,058	33%	56%	11%	0%	0%
SBM Subtotal	956,991	712,069	25%	57%	10%	6%	1%
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)							
Idaho (6)	19,922	19,922	15%	66%	15%	4%	0%
New Mexico (6)	7,688	7,688	22%	58%	18%	2%	0%
Alabama	28,663	28,663	9%	70%	13%	8%	1%
Alaska	3,356	3,356	26%	62%	13%	N/A	1%
Arizona	27,943	27,943	11%	48%	20%	21%	0%
Arkansas	12,763	12,763	16%	63%	21%	N/A	0%
Delaware	3,273	3,273	13%	49%	26%	11%	1%
Florida	158,030	158,030	16%	57%	11%	17%	1%
Georgia	58,611	58,611	12%	57%	12%	19%	2%
Illinois	61,111	61,111	24%	52%	23%	1%	0%
Indiana	30,443	30,443	23%	67%	10%	N/A	0%
Iowa	7,475	7,475	21%	54%	18%	7%	1%

Marketplace Plan Selection by Metal Level, Marketplace Type and State (1) 10-1-2013 to 12-28-2013							
Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Number of Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
Kansas	14,242	14,242	17%	54%	25%	3%	2%
Louisiana	17,548	17,548	19%	56%	14%	11%	1%
Maine	13,704	13,704	16%	72%	12%	N/A	1%
Michigan	75,511	75,511	12%	70%	14%	3%	1%
Mississippi	8,045	8,045	12%	68%	9%	11%	1%
Missouri	33,138	33,138	19%	58%	23%	N/A	2%
Montana	13,135	13,135	26%	52%	14%	9%	0%
Nebraska	14,464	14,464	22%	56%	13%	9%	1%
New Hampshire	11,446	11,446	22%	57%	21%	N/A	1%
New Jersey	34,751	34,751	12%	64%	19%	5%	1%
North Carolina	107,778	107,778	16%	70%	9%	5%	1%
North Dakota	2,624	2,624	16%	40%	44%	N/A	1%
Ohio	39,955	39,955	20%	56%	20%	3%	1%
Oklahoma	14,999	14,999	22%	61%	15%	2%	1%
Pennsylvania	81,320	81,320	7%	62%	19%	12%	1%
South Carolina	24,116	24,116	17%	64%	19%	0%	1%
South Dakota	3,194	3,194	12%	68%	10%	10%	1%
Tennessee	36,250	36,250	17%	67%	11%	6%	0%
Texas	118,532	118,532	23%	57%	14%	6%	1%
Utah	18,633	18,633	14%	52%	29%	5%	1%
Virginia	44,676	44,676	21%	58%	19%	2%	2%
West Virginia	4,889	4,889	13%	61%	27%	N/A	0%
Wisconsin	40,752	40,752	19%	69%	11%	2%	1%
Wyoming	3,450	3,450	22%	63%	10%	6%	0%
FFM Subtotal	1,196,430	1,196,430	17%	61%	15%	7%	1%
MARKETPLACE TOTAL, All States	2,153,421	1,908,499	20%	60%	13%	7%	1%

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 Marketplace enrollment-related activity for 10/1/13 to 12/28/13. For additional methodological information, please refer to Appendix C of this report.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected a plan (with or without the first premium payment having been received directly by the Marketplace

or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment.

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

(4) The FFM subtotals for each metal tier type do not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers enrolled in more than one plan type in their state (for example, some consumers have enrolled in both a health plan and a standalone dental plan, which may have different metal levels). As a result, the corresponding percentages also do not sum to 100 percent. This also affects the data for the Marketplace total.

(5) California's enrollment data distributions by gender, age, metal level and financial assistance, are based on cumulative data for the period 10/1/2013 – 12/31/2013. It is assumed that the distributions of these attributes do not differ substantively from the distribution for the data through 12/28/13.

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

APPENDIX TABLE A5

Marketplace Plan Selection by Financial Assistance Status, Marketplace Type and State (1) 10-1-2013 to 12-28-2013				
Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (% of Available Data, Excluding Unknown)	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
States Implementing Their Own Marketplaces (SBMs)				
California (4)	498,794	498,794	85%	15%
Colorado	50,125	50,125	51%	49%
Connecticut	36,000	36,000	68%	32%
District of Columbia	3,043	3,043	9%	91%
Hawaii (5)	2,192	2,192	20%	80%
Kentucky	33,036	33,036	68%	32%
Maryland	18,272	N/A	N/A	N/A
Massachusetts	5,428	N/A	N/A	N/A
Minnesota	19,420	N/A	N/A	N/A
Nevada	22,566	N/A	N/A	N/A
New York	156,902	156,902	68%	32%
Oregon	18,337	13,443	100%	N/A
Rhode Island	9,803	9,803	87%	13%
Vermont	15,015	15,014	50%	50%
Washington	68,058	68,058	77%	23%
SBM Subtotal	956,991	886,410	78%	22%
States With Marketplaces that are Supported by or Fully Run by HHS (FFM)				
Idaho (6)	19,922	19,922	89%	11%
New Mexico (6)	7,688	7,688	74%	26%
Alabama	28,663	28,663	83%	17%
Alaska	3,356	3,356	83%	17%
Arizona	27,943	27,943	68%	32%
Arkansas	12,763	12,763	88%	12%
Delaware	3,273	3,273	72%	28%
Florida	158,030	158,030	83%	17%
Georgia	58,611	58,611	78%	22%
Illinois	61,111	61,111	73%	27%
Indiana	30,443	30,443	85%	15%
Iowa	7,475	7,475	81%	19%
Kansas	14,242	14,242	74%	26%
Louisiana	17,548	17,548	82%	18%

Marketplace Plan Selection by Financial Assistance Status, Marketplace Type and State (1) <i>10-1-2013 to 12-28-2013</i>				
Description	Total Number of Individuals Who Have Selected a Marketplace Plan (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status <i>(% of Available Data, Excluding Unknown)</i>	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
Maine	13,704	13,704	87%	13%
Michigan	75,511	75,511	84%	16%
Mississippi	8,045	8,045	87%	13%
Missouri	33,138	33,138	80%	20%
Montana	13,135	13,135	83%	17%
Nebraska	14,464	14,464	84%	16%
New Hampshire	11,446	11,446	72%	28%
New Jersey	34,751	34,751	79%	21%
North Carolina	107,778	107,778	89%	11%
North Dakota	2,624	2,624	82%	18%
Ohio	39,955	39,955	81%	19%
Oklahoma	14,999	14,999	72%	28%
Pennsylvania	81,320	81,320	76%	24%
South Carolina	24,116	24,116	81%	19%
South Dakota	3,194	3,194	86%	14%
Tennessee	36,250	36,250	75%	25%
Texas	118,532	118,532	74%	26%
Utah	18,633	18,633	82%	18%
Virginia	44,676	44,676	74%	26%
West Virginia	4,889	4,889	81%	19%
Wisconsin	40,752	40,752	88%	12%
Wyoming	3,450	3,450	89%	11%
FFM Subtotal	1,196,430	1,196,430	80%	20%
MARKETPLACE TOTAL, All States	2,153,421	2,082,840	79%	21%

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 Marketplace enrollment-related activity for 10/1/13 to 12/28/13. For additional methodological information, please refer to Appendix C of this report.

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

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

(4) California's enrollment data distributions by gender, age, metal level and financial assistance, are based on cumulative data for the period 10/1/2013 – 12/31/2013. It is assumed that the distributions of these attributes do not differ substantively from the distribution for the data through 12/28/13.

(5) Hawaii's enrollment data distributions by gender, age, and financial assistance are based on an earlier total of 2,209 enrollees rather than the reconciled and verified total of 2,192 enrollees; however, it is assumed that the distributions of these attributes do not differ substantively from the distribution in the earlier total.

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

APPENDIX B

**TOTAL MARKETPLACE APPLICATIONS, ELIGIBILITY DETERMINATIONS, AND
MARKETPLACE PLAN SELECTIONS BY MARKETPLACE TYPE AND STATE,
10-1-2013 TO 12-28-2013**

Total Marketplace Applications, Eligibility Determinations, and Marketplace Plan Selections By Marketplace Type and State (1) 10-1-2013 to 12-28-2013							
State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
	Number	Number	Number	Number	Number	Number	Number
States Implementing Their Own Marketplaces (SBMs)							
California (9)	766,682	1,410,359	697,188	529,013	181,817	531,354	498,794
Colorado (10)	61,515	100,028	98,289	31,577	N/A	1,739	50,125
Connecticut	56,654	84,849	56,283	37,438	26,468	2,098	36,000
District of Columbia	9,319	N/A	4,469	846	3,468	N/A	3,043
Hawaii (11)	11,956	17,434	6,556	855	N/A	10,878	2,192
Kentucky	143,304	265,051	158,870	54,912	100,359	5,822	33,036
Maryland	58,422	66,162	23,097	18,732	43,065	0	18,272
Massachusetts (12)	48,316	37,361	5,943	N/A	N/A	31,418	5,428
Minnesota (13)	72,047	125,470	74,456	23,544	33,759	17,255	19,420
Nevada	64,019	160,697	57,750	36,976	68,153	34,794	22,566
New York (14)	N/A	557,213	384,977	172,401	92,737	79,499	156,902
Oregon (15)	56,432	83,669	35,655	26,140	39,711	8,303	18,337
Rhode Island	29,062	44,168	15,816	11,536	17,715	10,637	9,803
Vermont	23,898	44,790	36,858	12,036	11,652	N/A	15,015
Washington (16)	244,428	477,634	138,501	70,747	214,485	124,648	68,058
SBM Subtotal	1,646,054	3,474,885	1,794,708	1,026,753	833,389	858,445	956,991
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)							
Idaho (17)	25,828	48,082	40,205	26,665	5,574	2,303	19,922
New Mexico (17)	21,422	33,258	20,350	11,503	12,327	581	7,688
Alabama	61,749	93,074	79,247	37,275	9,676	4,151	28,663
Alaska	6,386	9,827	8,004	4,637	1,509	314	3,356
Arizona	75,162	123,252	79,870	41,983	40,452	2,930	27,943
Arkansas	45,877	66,693	31,656	19,168	29,775	5,262	12,763
Delaware	9,129	14,088	8,887	4,637	4,640	561	3,273
Florida	361,332	558,099	486,251	247,367	58,392	13,456	158,030
Georgia	140,839	224,302	187,307	83,495	30,983	6,012	58,611
Illinois	158,123	246,993	155,279	85,370	82,286	9,428	61,111
Indiana	79,719	126,217	79,195	48,305	42,898	4,124	30,443

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

10-1-2013 to 12-28-2013

State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
			Number	Number			
Iowa	29,099	44,453	24,975	13,367	17,843	1,635	7,475
Kansas	27,763	45,228	38,179	18,896	5,508	1,541	14,242
Louisiana	43,700	61,396	54,982	26,019	4,850	1,564	17,548
Maine	20,778	32,719	28,787	17,988	3,236	696	13,704
Michigan	136,484	211,793	185,376	101,539	22,221	4,196	75,511
Mississippi	25,140	35,611	31,006	12,881	3,652	953	8,045
Missouri	71,658	112,932	93,583	46,890	15,849	3,500	33,138
Montana	18,010	28,118	25,242	16,153	2,051	825	13,135
Nebraska	24,621	42,578	35,024	20,918	6,873	681	14,464
New Hampshire	19,441	30,204	26,621	13,516	3,112	471	11,446
New Jersey	124,598	195,033	108,126	56,125	71,142	15,765	34,751
North Carolina	175,515	274,163	236,335	140,737	31,279	6,549	107,778
North Dakota	5,342	8,998	5,984	3,638	2,686	328	2,624
Ohio	113,063	175,568	123,668	63,255	48,971	2,929	39,955
Oklahoma	32,908	51,623	44,423	20,032	6,476	724	14,999
Pennsylvania	161,687	234,996	209,003	105,218	17,897	8,096	81,320
South Carolina	57,448	86,371	74,162	35,842	10,793	1,416	24,116
South Dakota	6,643	11,163	9,366	5,073	1,485	312	3,194
Tennessee	87,890	132,965	109,971	52,480	17,066	5,928	36,250
Texas	273,496	457,382	390,658	180,349	47,177	19,547	118,532
Utah	31,952	67,278	43,446	27,966	20,543	3,289	18,633
Virginia	102,282	164,144	142,719	63,705	17,307	4,118	44,676
West Virginia	18,284	26,775	14,171	7,917	10,295	2,309	4,889
Wisconsin	102,755	156,880	104,502	63,901	43,444	8,934	40,752
Wyoming	6,047	9,683	8,530	5,104	852	301	3,450
FFM Subtotal	2,702,170	4,241,939	3,345,090	1,729,914	751,120	145,729	1,196,430
MARKETPLACE TOTAL, All States	4,348,224	7,716,824	5,139,798	2,756,667	1,584,509	1,004,174	2,153,421

Notes:

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

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 10/1/13 to 12/28/13. For additional methodological information, please refer to Appendix C of this report.

(2) “Completed Applications” 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 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the Marketplace during the applicable reference period. This number does not include individuals

applying through the SHOP. Note: SBM data on the number of Individuals Determined Eligible to Enroll in a plan through the Marketplace and the number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace do not add to the total number of persons applying for coverage in completed applications due to missing data and differences in process flows for Marketplace Plans and Medicaid/CHIP eligibility determinations / assessments. Ongoing efforts are underway to eliminate duplication associated with counting people in more than one month.

(4) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., a Marketplace plan) represents the total number of individuals for whom a Completed Application has been received and who are determined to be eligible for plan enrollment through the Marketplace during the reference period, whether or not they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included.

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

(6) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP, based on modified adjusted gross income (MAGI). In some states, Completed Applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination. These data may vary from accounts transferred via ‘flat file’ to states by the FFM. Quality assurance continues on Medicaid assessments and determinations in advance of transfers to states and these figures might alter further based on that review. Note: this data element does not include eligibility determinations made by State Medicaid/CHIP agencies based on applications originally submitted to the State agency or other Medicaid/CHIP assessments or determinations.

(7) “Pending / Other”: A derived estimate for individuals who have a completed and processed application, who either: 1) have a pending eligibility determination or assessment for Marketplace plan or Medicaid/CHIP coverage; 2) have a completed eligibility determination or assessment for Marketplace plan or Medicaid/CHIP coverage that is not captured in the relevant column in this table for a given state due to system issues; or 3) have been deemed ineligible for Marketplace plan coverage. The Pending/Other totals shown in this table represent the sums of the corresponding state-level Pending/Other counts, which may differ slightly from the difference between the total number of individuals applying for coverage in completed applications and the total number of individuals with processed eligibility determinations.

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

(9) California -- California’s data for individuals Determined Eligible for QHP Enrollment with Financial Assistance was estimated based on the distribution in cumulative data for the period 10/1/2013 – 12/31/2013.

(10) Colorado – Because the Colorado Marketplace does not have an integrated eligibility system, application and eligibility data pertain only to QHP assessments, while data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available.

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

(12) Massachusetts – Due to Massachusetts’ system constraints, data for “Individuals Determined or Assessed Eligible for Medicaid/CHIP” are not available at this time. Massachusetts’s “Total Number of Completed Applications” does not include completed paper applications because these data are not yet available.

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

(14) New York – Application data continue not to be available for New York at this time.

(15) Oregon -- Oregon’s data for “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” is an estimate based on percentage of Marketplace plan enrollees with and without Financial Assistance applied to premium from a sample of Marketplace plan enrollees. The total rolls up to actual total number of individuals eligible to enroll in a Marketplace Plan. Cover Oregon will update these figures with actual data as soon as its electronic reporting application is configured and tested to accurately report determinations. Additionally, the Number of Individuals who have Selected a Marketplace Plan is an estimate based on the number of consumers who returned Marketplace plan selections to Cover Oregon. Currently, individuals may return their Marketplace plan selections using a paper plan selection and enrollment form, or using a section of the Cover Oregon website created to collect plan selections while Cover Oregon’s main Web Portal is under completion. Based on a sample of applications, it is assumed there are 1.4 individuals per

Marketplace plan selection returned. Cover Oregon is working on analysis of its electronic enrollment files to produce actuals for this indicator, as well as demographic breakouts, for future reports. Number of QHP eligible individuals who are APTC eligible/ineligible is an estimate based on percentage of QHP enrollees with/without APTC applied to premium from a sample of QHP enrollees. The total rolls up to actual total QHP eligible individuals. Cover Oregon will update with actuals as soon as its electronic reporting application is configured and tested to accurately report determinations.

(16) Washington -- Washington's cumulative total for "Individuals Assessed Eligible for Medicaid/CHIP" may include some persons whose eligibility is being re-determined rather than newly determined. For example, an application for a family may include parents applying to the Marketplace for initial coverage, while children are already covered.

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

Source: Centers for Medicare & Medicaid Services, as of 1-9-2014.

APPENDIX C: METHODOLOGY AND TECHNICAL NOTES

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

Unless otherwise noted, the data in this issue brief represent cumulative Marketplace enrollment-related activity for the 10-1-13 to 12-28-13 reporting period, with information available as of 1-9-14.

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

While this issue brief includes some data for all states, data for certain metrics are not available for some states due to information system issues. For example, CMS did not receive data on some metrics for certain states, as noted in Appendix A and Appendix B.

The following section provides highlights of major methodological changes since the November Marketplace Enrollment Report. For additional technical information about the metrics that are included in this report, please refer to the earlier Marketplace enrollment reports.¹⁵

Highlights of Major Methodological Changes Since the December Marketplace Enrollment Report

Reporting of Cumulative Three-Month Data - This report includes cumulative data for the three-month period (10-1-13 to 12-28-13) because some people’s process of applying, shopping, and selecting a plan may span across multiple monthly reporting periods (for example, a person may have applied for a Marketplace plan in October and then selected a Marketplace plan in December). We believe that these cumulative data provide the best “snapshot” of Marketplace enrollment-related activity to date. Ongoing efforts are underway to eliminate duplication associated with counting people in more than one month. Additionally, some SBM data systems are still working to eliminate duplication in their cumulative counts, so all duplication has not yet been removed in this report.

FFM Percentage of Completed Applications Submitted Electronically – The FFM percentage of completed applications submitted electronically is based on the percentage of completed applications submitted to Healthcare.gov (as opposed to completed applications which are created by the call center personnel (as a PDF file) or received by mail on paper). However, it is important to note that once PDF and paper applications are submitted electronically, they are included in the Healthcare.gov (electronic) total. As a result, the FFM percentage of

¹⁵ The previous Marketplace Enrollment Reports can be accessed at <http://www.aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>.

electronically submitted applications (90.1 percent) is slightly overstated; by comparison, 5.0 percent of the completed applications were submitted through the call center and 4.9 percent were submitted on paper.

SBM Data – Totals for Kentucky and Massachusetts are based on unreconciled cumulative data, so duplicates may not have been completely eliminated. For additional state-specific technical notes, please see the footnotes of the tables in Appendix A and Appendix B.

Data on Characteristics of Marketplace Plan Selections by Age, Gender, Metal Level, and Financial Assistance Status – This report also includes preliminary data on the characteristics of persons who have selected a Marketplace plan (by gender, age, metal level, and financial assistance status). 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.

- **SBM Data on Characteristics of Marketplace Plan Selections** – The SBM subtotals include data for states that reported information for a given metric, and the number and mix of states (large versus small) reporting data varies by metric. For this reason, care should be exercised when analyzing the aggregate SBM totals and comparing them with the FFM total. For a small number of states, an assumption was made that the percent distribution for a given metric based on a slightly different time period was applied to the verified total number of plan selections for the 10-1-13 to 12-28-13 reporting period.
- **FFM Data on Plan Selection by Metal Level by State** – The FFM subtotals for each metal tier type do not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers enrolled in more than one plan type in their state (for example, some consumers have enrolled in both a health plan and a standalone dental plan, which may have different metal levels). As a result, the corresponding percentages also do not sum to 100 percent. This also affects the data for the Marketplace total. For example, the total number of FFM plan selections is 1,196,430; however, the sum of the FFM plan selections by metal level is 1,208,956 (a 1 percent difference), and the sum of the FFM metal level percentages is 101%.

APPENDIX TABLE C1

Summary of Marketplace Monthly Enrollment-Related Information By Marketplace Type (10-1-13 to 12-28-13)	Marketplaces Total (SBMs and FFMs)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number	% of Total*	Number	% of Total*	Number	% of Total*
Completed Applications	4,348,224	n/a	1,646,054	n/a	2,702,170	n/a
Number of Individuals Applying for Coverage in Completed Applications (1)	7,716,824	100.0%	3,474,885	100.0%	4,241,939	100.0%
Eligible for Marketplace Plan Enrollment	5,139,798	66.6%	1,794,708	51.6%	3,345,090	78.9%
Eligible for Marketplace Plan with Financial Assistance (non-add)	2,756,667	35.7%	1,026,753	29.5%	1,729,914	40.8%
Other Marketplace Plan-Eligible Individuals (non-add)	2,383,131	30.9%	767,955	22.1%	1,615,176	38.1%
Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	1,584,509	20.5%	833,389	24.0%	751,120	17.7%
Pending/Other	1,004,174	13.0%	858,445	24.7%	145,729	3.4%
Total Individuals Eligible to Enroll in a Marketplace Plan	5,139,798	100.0%	1,794,708	100.0%	3,345,090	100.0%
Marketplace Eligible Individuals Who Have Selected a Marketplace Plan	2,153,421	41.9%	956,991	53.3%	1,196,430	35.8%

(1) Ongoing efforts are underway to eliminate duplication associated with counting people in more than one month.

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

** Pending/Other does not sum to 100 percent due to differences in process flows and potentially missing data. (Note: The Pending/Other totals shown in this table represent the sums of the corresponding state-level Pending/Other counts in Appendix B, which may differ slightly from the difference between the total number of individuals applying for coverage in completed applications and the total number of individuals with processed eligibility determinations).

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

Source: Centers for Medicare & Medicaid Services, as of 1-9-2014.