

# Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 910 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

*Transmitted via e-mail*

March 22, 2016

Secretary Sylvia Mathews Burwell  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

## **Re: Tribal Technical Advisory Group Requests Access to Enrollment Data**

Dear Secretary Burwell:

On behalf of the Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS), we write to you to highlight our pressing need for data on the enrollment of American Indians and Alaska Natives (AI/AN) in the Health Insurance Exchanges. There continue to be a number of outstanding data issues that we feel have not been adequately addressed by CMS and CCIIO in spite of our repeated requests over several years.

According to the February 2015 data released by CMS; the most recent, AI/AN enrollment into Qualified Health Plans (QHP) could be greatly improved. Tribal representatives have requested that CMS/CCIIO make available detailed reports on enrollment of AI/AN in the Marketplace plans. The data requested is more comprehensive than enrollment numbers. There is great interest in accessing data on the enrollment process itself, and have the data provided by States, in order to evaluate various approaches and to identify impediments in order to increase AI/AN enrollment into Marketplace plans. Tribal representatives have provided recommendations to CMS on this issue over the past two years, and Tribal representatives would like to re-state our interest in having updated and expanded enrollment reports. We understand data may ultimately be made available in steps, but we would like to communicate a sense of urgency in accessing what relevant data may be available now, by state, so we can base our efforts on the best available information.

The most recent Federally Facilitated Marketplace (FFM) data that Tribes has is from last year's open enrollment period (November 2014-February 2015). Versions of this data were presented to TTAG in February 2015, April 2015, and November 2015. While the data is informative, TTAG had many follow-up questions about the data since some findings did not align with the AI/AN financial protections in the Affordable Care Act (ACA) (e.g. eligibility for zero or limited cost-sharing plans). These questions were raised with CCIIO, most recently in writing (Attachment 1). To date, the only reply we have received from HHS is that it is difficult to collate the data and that everyone is requesting data, leading to many delays in answering

requests. While we understand the importance of data and everyone's need to have it, the federal government has a special trust obligation to Tribes to provide health care. Access to data is essential to fulfilling that obligation. As a result, we reiterate the following requests:

1. Request AI/AN FFM findings for the most recent enrollment period (November 2015 – January 2016) be provided in the same format as findings from last year (Attachment 2).
2. Request that additional AI/AN FFM enrollment analysis be conducted to provide information for a full 12 months, rather than 3 months, and that expanded analyses be conducted to provide information that may contribute to understanding of the AI/AN FFM enrollment trends that do not appear to align with AI/AN ACA protections. It is important to have that information as soon as possible in order to address issues in a timely manner to ensure AI/AN are fully benefitting from ACA protections.
3. TTAG has made several requests to CCIIO for updated AI/AN FFM information. At the same time ASPE publishes FFM enrollment reports on a regular basis. Although the vast majority of ASPE reports include information only for AI/AN who self-report as AI/AN, would it be possible for ASPE to issue a report on FFM enrollment data for AI/AN who are Tribal members and eligible to use IHS services? Such information will inform TTAG and HHS in its work to evaluate implementation of the ACA AI/AN financial protections. The most recent ASPE enrollment reports include information from 13 state health exchanges (Attachment 3). While we do not want to slow the timeline for obtaining the reports requests above, please include in the reports data from the state health exchanges if possible

We would like to communicate a sense of urgency with resolving the matters described above. The ACA is a substantial benefit to AI/AN but only if it is implemented correctly and efficiently. Granting us access to better data will assist us in helping you improve enrollment and ultimately provide better health care delivery to AI/AN.

Sincerely,



W. Ron Allen  
Tribal Chairman and CEO, Jamestown S'Klallam Tribe  
Chairman, Tribal Technical Advisory Group

Cc: Stacy Ecoffey, Principle Advisor for Tribal Affairs, OIEA  
Kitty Marx, Director, CMS Division of Tribal Affairs

**From:** <[Mark.LeBeau@CRIHB.ORG](mailto:Mark.LeBeau@CRIHB.ORG)>  
**Date:** December 22, 2015 at 3:06:50 AM PST  
**To:** Jim Lyon <[Jim.Lyon@cms.hhs.gov](mailto:Jim.Lyon@cms.hhs.gov)>, "[kitty.marx@cms.hhs.gov](mailto:kitty.marx@cms.hhs.gov)"  
<[kitty.marx@cms.hhs.gov](mailto:kitty.marx@cms.hhs.gov)>  
**Subject:** Email to Michael Cohen

Below is a follow up email to Michael Cohen. Do you want to forward it to him or should I send it directly? Mark

Dear Michael,

Thank you for attending the TTAG Data Subcommittee meeting earlier this month and discussing the existing FFM data for American Indian and Alaska Native (AI/AN) persons. We appreciate your interest in understanding the existing enrollment data, revising the AI/AN FFM report to be more informative, and in conducting more in-depth analyses to understand some of the perplexing findings. The information may be used to guide TTAG and CMS efforts to ensure that AI/AN are able to benefit from the protections guaranteed them by the ACA.

Changes to the AI/AN FFM report discussed during the meeting include:

- 1) Include data for a continuous 12 month period, rather than the last open enrollment (Nov 2014 – Feb 2015, less than 4 months), since AI/AN may enroll throughout the year.
- 2) Make 2 changes to column headings. Change 1: “Eligible for IHS” to be “Eligible for IHS but not a tribal member.” Change 2: Create a new column heading “AI/AN on application for a tribal member but not a tribal member.” Change 1 is requested to identify AI/AN who are eligible for certain ACA protections but who are not tribal members. Change 2 is requested to understand QHP enrollment by household/family members of tribal members. We recognize that there is overlap between these 2 groups of AI/AN.
- 3) Add information about the percent of tribal members who selected a QHP and provided validation of his/her tribal enrollment.

Conducting in-depth analyses to understand AI/AN FFM results that do not appear to align with AI/AN ACA protections:

- 1) Goal: Understand why AI/AN who are tribal members and eligible for a QHP do not enroll in a QHP.

Nearly 42,000 tribal members were found eligible for QHP enrollment.

Only 26,256 selected a QHP. That is only 63% of those eligible did so even though many were eligible for premium tax credits and zero and limited cost-sharing plans. It is important to understand reasons for this. Reasons may include 1) household income as a percent of federal poverty; 2) other tribal member characteristics such as state, household make-up and QHP enrollment by household members who are not tribal members; 3) FFM determined eligibility for zero or limited cost-sharing; and 4) QHP offerings in the geographic area such as cost and availability of a Bronze plan.

# Attachment 1

2) Goal: Understand why AI/AN who are tribal members and eligible for zero or limited cost-sharing QHPs are not eligible (cells C10 and C13) and do not enroll (cells C40 and C43) in zero or limited cost-sharing plans (referred to as CSR categories “02” and “03”).

It is important to understand why 16% of tribal members enrolled in a QHP do not enroll in a zero or limited cost-sharing plan. Reasons may include 1) a glitch in the FFM computer algorithm; 2) tribal member characteristics such as household income as a percent of federal poverty, state, household make-up and QHP enrollment by household members who are not tribal members; and 3) QHP offerings in the geographic area such as cost and availability of a Bronze plan.

3) Goal: Understand why AI/AN who are tribal members and eligible for zero or limited cost-sharing QHPs do not select Bronze QHPs.

35% of tribal members did not select a Bronze plan. With zero and limited cost-sharing, a Bronze QHP provides the best financial value. It is important to understand reasons for such choices. Reasons may include 1) FFM determined eligibility for zero or limited cost-sharing, 2) tribal member characteristics listed above, and 3) QHP offerings in the geographic area.

With representation from tribal leaders from throughout the U.S., TTAG will use the information to improve understanding by tribal organizations, enrollment counselors, and tribal members of their health coverage options via the ACA.

Mark LeBeau, PhD  
TTAG Data Subcommittee Chair

# Attachment 1

**Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Mar**

	Race = AI/AN	Tribal Member	Eligible for IHS
<b>Applications Submitted to the Marketplace</b>			
Total Applications (at least one individual on application meets AI/ AN criteria)	38,129	34,153	64,707
Individuals on Applications Submitted	49,688	43,289	80,951
<b>Determinations made by Marketplace</b>			
Individuals determine QHP Eligible	39,961	41,990	57,139
Individuals determined QHP Eligible without CSR	5,742	364	25,037
Individuals determined QHP eligible with CSR	34,219	41,626	32,102
Individuals determined Medicaid/CHIP Eligible	9,148	962	22,782
Individuals determined Not Eligible for QHP	476	335	870
Unknown			
<b>Qualified Health Plan Selections</b>			
Total Plan Selections	25,632	26,256	39,384
<i>By SEP code</i>			
M-SEP	14,944	24,076	2
All other SEPs	3,262	444	13,513
<i>By Gender</i>			
Female	14,114	14,707	21,444
Male	11,517	11,548	17,939
Unknown	*	*	*
<i>By Age Group</i>			
0-17	3,031	3,552	3,764
18-34	7,498	8,161	13,877
35-64	14,982	14,414	21,649
65+	121	129	94
<i>By Metal Level</i>			
Catastrophic	252	186	789
Bronze	13,221	16,999	8,709
Silver	9,909	6,777	24,938
Gold	1,678	1,837	3,254
Platinum	572	457	1,694
<i>By Cost Sharing Reduction (CSR) Type</i>			
01: No CSR	5,787	3,713	18,331
02: Zero CSR for individuals that are AI/AN	11,613	18,030	*
03: Other CSR for individuals that are AI/AN	2,471	3,916	*
04 - 06: Standard income based CSR	5,761	597	21,040

# Attachment 2

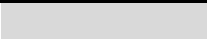
*By State*

AK	678	719	202
AL	453	267	1309
AR	315	398	428
AZ	1073	1287	1105
DE	33	*	117
FL	1364	945	4035
GA	523	343	2172
IA	58	75	149
IL	420	307	1330
IN	245	184	844
KS	425	753	664
LA	407	240	919
ME	167	170	324
MI	825	1071	1488
MO	614	673	1473
MS	75	73	273
MT	1017	1208	411
NC	2310	645	4155
ND	954	1052	107
NE	247	304	254
NH	54	43	237
NJ	222	80	952
NM	1044	1191	309
NV	248	269	284
OH	207	166	1109
OK	4107	6187	1240
OR	485	586	517
PA	357	208	1761
SC	318	198	929
SD	563	798	102
TN	300	295	1101
TX	3131	2987	5815
UT	555	676	459
VA	536	264	1869
WI	817	1024	668
WV	28	*	153
WY	457	540	120

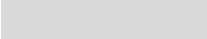
# Attachment 2

ketplace

Fulfills 1+ of 3  
Classifications



98,974  
126,910



101,275  
26,163  
75,112  
24,233  
1,237



71,711

24,078  
16,102

39,353  
32,356  
\*

7,727  
24,249  
39,499  
236

1,129  
27,016  
35,758  
5,453  
2,355

24,611  
18,042  
3,917  
25,141

960  
1744  
893  
2566  
149  
5640  
2904  
245  
1867  
1145  
1501  
1273  
555  
2741  
2366  
394  
1661  
5295  
1162  
591  
312  
1172  
1550  
622  
1422  
7632  
1260  
2202  
1244  
910  
1554  
9881  
1213  
2441  
1785  
186  
673

# Attachment 2





# ASPE

## ISSUE BRIEF

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### HEALTH INSURANCE MARKETPLACES 2016 OPEN ENROLLMENT PERIOD: JANUARY ENROLLMENT REPORT

For the period: November 1 – December 26, 2015<sup>1</sup>

January 7, 2016

During the third open enrollment period, the individual market Health Insurance Marketplaces (“the Marketplaces”) continue to play an important role in fulfilling 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 interim data on enrollment-related activity in the individual market Marketplaces during the first part of the 2016 Open Enrollment Period (OEP) for all 50 states and the District of Columbia (11-1-15 to 12-26-15). The report indicates that nearly 11.3 million individuals selected or were automatically reenrolled in Marketplace plans during the first eight weeks of the 2016 OEP (see Table 1), and includes detailed state-level data on the characteristics of these individuals — including separate breakouts on new consumers and those who are reenrolling in coverage (including consumers who actively reenrolled, and consumers who were automatically reenrolled in Marketplace coverage).<sup>2,3,4,5</sup> The report includes data related to

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<sup>1</sup> Most of the data in this report are for the 11-1-15 to 12-26-15 reporting period with the exception of Massachusetts, which is reporting data through 12-28-15.

<sup>2</sup> The data in this report reflect the total number of plan selections cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time. Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment (the number of people who have paid monthly premiums to the insurer) after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

<sup>3</sup> This report does not include data on effectuated enrollment. The Centers for Medicare & Medicaid Services (CMS) will be publishing data on effectuated enrollment for the 2016 coverage year separately. The most recent CMS quarterly snapshot on effectuated enrollment in the Marketplaces is available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-12-22-2.html>.

<sup>4</sup> The 38 HealthCare.gov states include 37 states that used the HealthCare.gov eligibility and enrollment platform in 2015 and Hawaii, which is new to the HealthCare.gov eligibility and enrollment platform in 2016. For more information about data on plan selections through the Marketplaces for the 2015 coverage year, please see the Health Insurance Marketplaces 2015 Open Enrollment Period March Enrollment Report, which is available at <https://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report>.

completed applications, eligibility determinations, website visitors, and call center activity; data on the overall distribution of plan selections through the Marketplaces by gender, age, metal level, and financial assistance status (i.e., whether the consumer has been determined eligible for advance premium tax credits and/or cost-sharing reductions). These data are available for the HealthCare.gov states as well as for the 13 State-Based Marketplaces (SBMs) that are using their own Marketplace enrollment platforms for the 2016 coverage year.<sup>6</sup>

Additionally, for the HealthCare.gov states, the report includes data on the distribution of plan selections by self-reported race/ethnicity, rural status, and household income; data on the number of reenrollees who actively reenrolled and/or changed plans; and data on the average monthly advance premium tax credit.

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<sup>5</sup> As of publication of this report, there are more than 11.3 million consumers enrolled in a Marketplace plan when including data from week 9 for HealthCare.gov states. The Week 9 snapshot is available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-06.html>.

<sup>6</sup> For the SBMs that are using their own Marketplace platforms, data availability for certain metrics varies by State. See the Addendum for a summary of the metrics that are available for each state. The Addendum of this report also includes some Basic Health Program enrollment data for New York. Under the Affordable Care Act, states have the option of using the Basic Health Program to provide affordable health coverage for low-income residents who would otherwise be eligible to purchase coverage through the Health Insurance Marketplace.

### Key Highlights

Within the Marketplaces as a whole:

- Nearly 11.3 million individuals selected, or were automatically reenrolled, in a 2016 Marketplace plan (including 3.0 million new consumers and 8.2 million reenrollees) as of December 26, 2015.<sup>7</sup>
- Approximately 35 percent of the individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are younger than 35 (3.9 million out of 11.3 million).
- Approximately 26 percent of the individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are ages 18 to 34 (3.0 million out of 11.3 million).
- More than half of the 8.2 million consumers who reenrolled in Marketplace coverage were active reenrollees (4.2 million, or 51 percent).

Within the HealthCare.gov states:

- HealthCare.gov users are actively shopping and saving money. Within the 38 HealthCare.gov states, 3.6 million reenrollees actively selected a plan. Of those active reenrollees, 60 percent switched to a different plan than they had in 2015.
- More than 8 in 10 individuals (nearly 7.1 million, or 83 percent) who selected or were automatically enrolled in a 2016 plan through the Marketplaces in the HealthCare.gov states qualify for an advance premium tax credit<sup>8</sup> with an average value of \$294 per person per month.<sup>9</sup>

<sup>7</sup> This figure includes all individuals associated with these Marketplace plan selections, including subscribers and dependents.

<sup>8</sup> For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any policy with an APTC amount >\$0.

<sup>9</sup> 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 (prior to the addition of Hawaii in 2016). 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,” which is available at [http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib\\_APTC.pdf](http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

**National plan selection data show that as of 12-26-15, nearly 11.3 million<sup>10</sup> Americans selected or were automatically reenrolled<sup>11</sup> into a 2016 Marketplace plan, specifically:**

- More than 8.5 million people selected or were automatically reenrolled in 2016 plans through the Marketplaces in the 38 states that are using the HealthCare.gov eligibility and enrollment platform (see Table 1).<sup>12</sup>
  - During the 2016 OEP, the number of Marketplace plan selections in the HealthCare.gov states has been higher when compared to the 2015 OEP (see Figure 1).
- More than 2.7 million people have selected or been automatically reenrolled into 2016 plans through the Marketplaces in the 13 states (including DC) that are using their own Marketplace platforms in 2016.

**Table 1**

Plan Selections	Reporting Period: 11-1-15 to 12-26-15 (1)	
	Number	% of Total
Total 2016 Plan Selections in the Marketplaces	11,258,183	100%
2016 Plan Selections in the Marketplaces in 38 States Using the HealthCare.gov Eligibility and Enrollment Platform	8,524,935	76%
2016 Plan Selections in the Marketplaces in 13 State-Based Marketplaces Using Their Own Marketplace Platforms	2,733,248	24%

Note: (1) Most of the data in this table are for the 11-1-15 to 12-26-15 reporting period with the following exception: data for Massachusetts are for 11-1-15 to 12-28-15. See Addendum for additional technical notes.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.

<sup>10</sup>As noted earlier in the report, when the most recent week 9 snapshot data are included, the total is more than 11.3. Numbers in the tables of this report do not include data through week 9. It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a 2016 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.

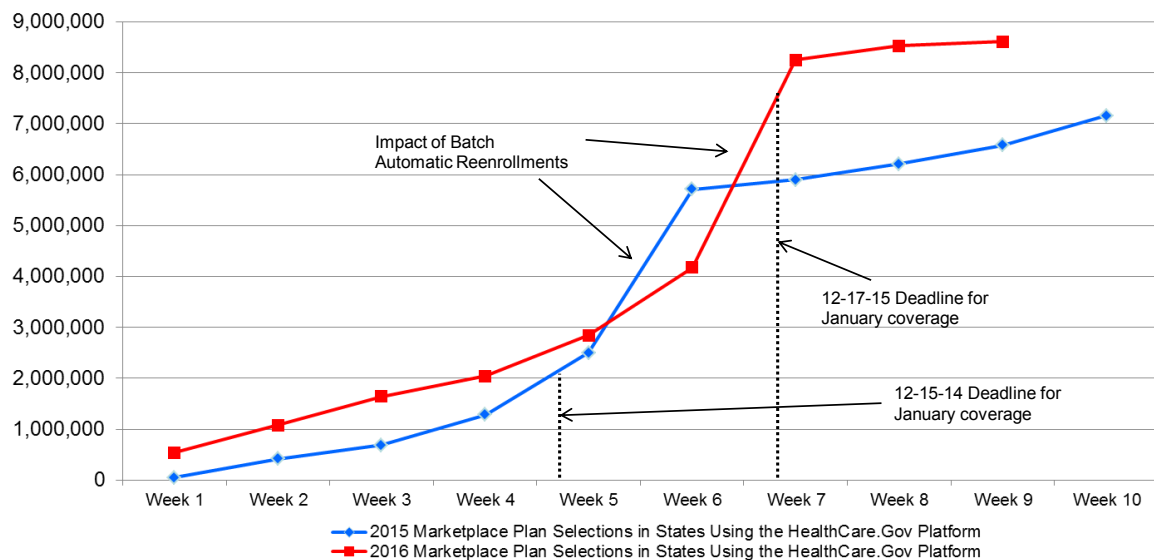
<sup>11</sup>It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 12-26-15, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have 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).

<sup>12</sup>It is important to note that the most recent CMS Health Insurance Marketplace Open Enrollment Snapshot released on 1-6-16 reported that 8.6 million consumers had selected a Marketplace plan the HealthCare.gov states for the period 11-1-15 through 1-2-16, compared with the 8.5 million figure that is cited in this report. The Week 9 Snapshot is available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-06.html>. The increase in plan selections for HealthCare.gov states between the most recent snapshot (Week 9) and the prior snapshot (Week 8) are not accounted for in the total plan selections described by this report.

Figure 1

## Trends in the Cumulative Number of Individuals Who Selected a Marketplace Plan in States Using the HealthCare.gov Platform, 2015 and 2016 Open Enrollment Periods (OEPs)

*During the 2016 OEP, the number of Marketplace plan selections in the HealthCare.gov states has been higher when compared with the 2015 OEP*



Notes: Represents the cumulative 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, and 38 states during the 2016 coverage year.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16

- Within the Marketplaces as a whole:
  - Nearly 3.0 million new consumers and nearly 8.2 million reenrollees (including 4.2 million active reenrollees, and 3.7 million automatic reenrollees)<sup>13</sup> had Marketplace plan selections as of 12-26-15 (see Table 2).
  - More than half of the reenrollees were active reenrollees (51 percent, or 4.2 million out of 8.2 million), meaning that they returned to the Marketplaces and actively selected a 2016 Marketplace plan (see Table 3).

**Table 2**

Plan Selections By Enrollment Type (Reporting Period: 11-1-15 to 12-26-15 (1))	Marketplace Total		38 States Using the HealthCare.gov Eligibility and Enrollment Platform		13 State-Based Marketplaces Using Their Own Marketplace Platforms	
	Number	% of Total	Number	% of Total	Number	% of Total
Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	11,258,183	N/A	8,524,935	N/A	2,733,248	N/A
<i>Number With Known Data on Enrollment Type</i>	11,161,503	100%	8,524,935	100%	2,636,568	100%
New Consumers	2,965,851	27%	2,482,558	29%	483,293	19%
Reenrollees (2)	8,195,652	73%	6,042,377	71%	2,153,275	81%
<i>Active Reenrollees</i>	4,216,836	38%	3,638,526	43%	578,310	21%
<i>Automatic Reenrollees</i>	3,712,907	33%	2,403,851	28%	1,309,056	50%
<i>Unknown Reenrollment Type</i>	265,909	2%	0	0%	265,909	10%

Notes: (1) Most of the data in this table are for the 11-1-15 to 12-26-15 reporting period with the following exception: data for Massachusetts are for 11-1-15 to 12-28-15. See Addendum for additional technical notes. (2) For SBMs using their own Marketplace platforms, the number of active reenrollees and automatic reenrollees does not add to the total number of reenrollees due to some SBM plan selections with missing data.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.

<sup>13</sup> The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data. For more details on reenrollment in the Marketplaces, see the Addendum.

- Within the HealthCare.gov states:
  - There were nearly 2.5 million new consumers in the HealthCare.gov states (see Table 2).
  - More than 6.0 million individuals were actively or automatically reenrolled in coverage through the Marketplaces (see Table 3).
  - Nearly 2.2 million (60 percent of the 3.6 million active reenrollees) switched plans between the 2015 and 2016 coverage years (see Table 3). The remaining 1.5 million active reenrollees (40 percent) remained in the same Marketplace plan (including those who remained in a crosswalked plan).

**Table 3**

2016 Reenrollee Plan Selections Through the Marketplaces By Switching Status	Cumulative (Reporting Period: 11-1-15 to 12-26-15)		
	Number	Plan Selection Data by Enrollment Type as a % of:	
		All Consumers Reenrolling in Coverage	Active Reenrollees
Marketplace Total			
Total Consumers Reenrolling in 2016 Coverage through the Marketplaces (1)	8,195,652	100%	N/A
Active Reenrollees	4,216,836	51%	100%
Automatic Reenrollees	3,712,907	45%	N/A
Unknown Reenrollment Type	265,909	3%	N/A
HealthCare.Gov States			
Total Consumers Reenrolling in 2016 Coverage through the Marketplaces	6,042,377	100%	N/A
Active Reenrollees	3,638,526	60%	100%
Active Reenrollees Who Remained in the Same Marketplace Plan	1,454,690	24%	40%
Active Reenrollees Who Switched Marketplace Plans	2,183,836	36%	60%
Automatic Reenrollees	2,403,851	40%	N/A
Unknown Reenrollment Type	0	0%	N/A
SBMs Using Their Own Marketplace Platforms			
Total Consumers Reenrolling in 2016 Coverage through the Marketplaces (1)	2,153,275	100%	N/A
Active Reenrollees	578,310	27%	100%
Automatic Reenrollees	1,309,056	61%	N/A
Unknown Reenrollment Type	265,909	12%	N/A

Note: (1) For SBMs using their own Marketplace platforms, the number of active reenrollees and automatic reenrollees does not add to the total number of reenrollees due to some SBM plan selections with missing data.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.

### ***Demographic Characteristics of Individuals Selecting Marketplace Plans in the HealthCare.gov States***

Table 4 summarizes the demographic characteristics of consumers selecting plans through the Marketplaces in the HealthCare.gov states during the first part of the 2016 OEP. As noted in the 2014 summary enrollment report,<sup>14</sup> the data on race and ethnicity should be interpreted with great caution since more than one-third of enrollees do not provide these data. It is also important to note that the proportion of 2016 plan selections with unknown data on self-reported race/ethnicity was slightly higher than in prior years (36 percent vs. 34 percent for the comparable period during the 2015 OEP).

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<sup>14</sup> For more information about data on Marketplace plan selections for the 2014 coverage year, please see the Marketplace Summary Enrollment Report, which is available at [http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib\\_2014Apr\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf).



Table 4

Selected Characteristics of Plan Selections through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform (1)	2016 Open Enrollment Period 11-1-15 to 12-26-15			
	Total Plan Selections	By Reenrollment Status		
		New Consumers (%)	Active Reenrollees (%)	Automatic Reenrollees (%)
Total Number of Individuals Who Have Selected a 2016 Plan Through the Marketplaces in the HealthCare.gov States	8.52 million	2.48 million	3.64 million	2.40 million
<i>Males who have selected a Marketplace plan</i>	3.87 million	1.16 million	1.61 million	1.11 million
	45%	47%	44%	46%
<i>Females who have selected a Marketplace plan</i>	4.65 million	1.33 million	2.03 million	1.30 million
	55%	53%	56%	54%
<i>0 to 34 year olds who have selected a Marketplace plan</i>	3.04 million	1.03 million	1.13 million	0.89 million
	36%	41%	31%	37%
<i>18 to 34 year olds who have selected a Marketplace plan</i>	2.25 million	0.77 million	0.80 million	0.68 million
	26%	31%	22%	28%
<i>Individuals who have selected a Silver Marketplace plan</i>	6.06 million	1.72 million	2.67 million	1.67 million
	71%	69%	73%	70%
<i>Individuals who have selected a Marketplace plan with financial assistance</i>	7.12 million	2.05 million	3.24 million	1.82 million
	83%	83%	89%	76%
<i>African-Americans who have selected a Marketplace plan</i>	0.59 million	0.19 million	0.21 million	0.19 million
	11%	14%	8%	13%
<i>Latinos who have selected a Marketplace plan (2)</i>	0.79 million	0.2 million	0.36 million	0.23 million
	14%	15%	14%	15%
<i>Whites who have selected a Marketplace plan</i>	3.52 million	0.81 million	1.78 million	0.93 million
	64%	60%	67%	63%
<i>Individuals in ZIP Codes designated as rural who have selected a Marketplace plan</i>	1.53 million	0.42 million	0.66 million	0.45 million
	18%	17%	18%	19%

Note: (1) For each metric, the percentages represent the percent of plan selections with known data for that category. (2) We have updated the methodology for identifying Latinos in 2016. This has led to an increase in the number of reported Latinos.  
Source: ASPE computation of CMS data for 38 states using the HealthCare.gov Eligibility and Enrollment platform as of 1-6-16.

### ***Advance Premium Tax Credits: Consumers Enrolling through the Marketplaces are Saving Hundreds of Dollars on their Monthly Premiums***<sup>15</sup>

Under the Affordable Care Act, advance premium tax credits are available to reduce premium costs for eligible taxpayers.<sup>16</sup> In the 38 states using the HealthCare.gov eligibility and enrollment platform:

- More than 8 in 10 individuals (nearly 7.1 million, or 83% of 8.5 million) who selected or were automatically enrolled in a 2016 plan through the Marketplaces in the HealthCare.gov states qualify for an advance premium tax credit<sup>17</sup> with an average value of \$294 per person per month (see Table 5).

**Table 5**

<b>Advance Premium Tax Credit (APTC) Eligibility and Average Monthly APTC Amount in States Using the HealthCare.gov Eligibility and Enrollment Platform</b> <i>11-1-15 to 12-26-15</i>				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces	2016 Plan Selections with APTC		Average Monthly APTC
		Number	% of Total	
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	8.52 million	7.08 million	83%	\$294

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 1-6-16.

<sup>15</sup> 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](http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

<sup>16</sup> 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 and family size. 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 eligible 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 2016, the percentage of household income that a qualified individual or family will pay toward a health insurance premium ranges from 2.03 percent of household income at 100 percent of the FPL to 9.66 percent of income at 400 percent of the FPL. For more information on the required contribution percentage, see <http://www.irs.gov/pub/irs-drop/rp-14-62.pdf>.

<sup>17</sup> For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any policy with an APTC amount >\$0.

## SECTION II. 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 38 states using the HealthCare.gov eligibility and enrollment platform. We also obtained more limited data reported to CMS by the 13 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 2016 Open Enrollment period – which generally corresponds with data from 11-1-15 to 12-26-15 for the 38 HealthCare.gov states and for states that are using their own Marketplace platforms for the 2015 coverage.

**Table 9**

Marketplace Type	Reporting Period
States Using the HealthCare.gov Marketplace Platform (38 states)	11-1-15 to 12-26-15
States Using Their Own Marketplace Platform (13 states)	
Massachusetts	11-1-15 to 12-28-15
Other 12 States (including DC)	11-1-15 to 12-26-15

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 13 states that are using their own Marketplace platforms are not reporting data separately for new consumers and consumers who are reenrolling in coverage through the Marketplaces. Please refer to the Addendum 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 38 states that are using the HealthCare.gov eligibility and enrollment platform for 2015, and the 13 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 2016 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, All State Marketplaces 11-1-15 to 12-26-15 (1)		
Characteristics	Marketplaces Total (States Using the HealthCare.gov Eligibility and Enrollment Platform and States Using Their Own Marketplace Platforms)	
	Number 11-1-15 to 12-26-15 (2)	% of Available Data, Excluding Unknown (3)
<b>Total Who Have Selected a Marketplace Plan</b>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	11,258,183	100%
<b>By Enrollment Status</b>		
New Consumers	2,965,851	27%
Total Reenrollees (4)	8,195,652	73%
Active Reenrollees	4,216,836	38%
Automatic Reenrollees	3,712,907	33%
Unknown Reenrollment Type	265,909	2%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	11,161,503	100%
Unknown Enrollment Status	96,680	N/A
<b>By Gender</b>		
Female	6,086,799	54%
Male	5,170,288	46%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	11,257,087	100%
Unknown Gender	1,096	N/A
<b>By Age</b>		
Age < 18	956,894	9%
Age 18-25	1,150,349	10%
Age 26-34	1,828,088	16%
Age 35-44	1,785,398	16%
Age 45-54	2,400,961	21%

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance, All State Marketplaces 11-1-15 to 12-26-15 (1)		
Characteristics	Marketplaces Total (States Using the HealthCare.gov Eligibility and Enrollment Platform and States Using Their Own Marketplace Platforms)	
	Number 11-1-15 to 12-26-15 (2)	% of Available Data, Excluding Unknown (3)
Age 55-64	3,038,556	27%
Age ≥65	96,860	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	11,257,106	100%
Unknown Age	1,077	N/A
Ages 18 to 34	2,978,437	26%
Ages 0 to 34	3,935,331	35%
<b>By Metal Level</b>		
Bronze	2,458,310	22%
Silver	7,599,442	68%
Gold	769,353	7%
Platinum	191,575	2%
Catastrophic	94,771	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (5)</b>	11,113,451	100%
Standalone Dental	1,400,962	N/A
Unknown Metal Level	144,835	N/A
<b>By Financial Assistance Status</b>		
With Financial Assistance	9,169,493	82%
Without Financial Assistance	2,032,493	18%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	11,201,986	100%
Unknown Financial Assistance Status	62	N/A
APTC (With or Without CSR)	9,138,055	82%

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 or been automatically reenrolled into 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 for all but two states (Minnesota and DC). These data also do not include: standalone dental plan selections; or individuals who may have selected a 2016 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP), with the exception of New York (which could not separate out SEP enrollments for 2015 plans that occurred in the period 11-1-15 to 12-26-15. For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 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 number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data.

(5) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for standalone dental plan selections are shown in this section, but are not included in any of the other metrics in this report.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.



APPENDIX TABLE A2

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 12-26-15</i>		
Characteristics	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 12-26-15</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
<b>Total Who Have Selected a Marketplace Plan</b>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	8,524,935	100%
<b>By Enrollment Status</b>		
New Consumers	2,482,558	29%
Total Reenrollees	6,042,377	71%
<i>Active Reenrollees</i>	3,638,526	43%
<i>Automatic Reenrollees</i>	2,403,851	28%
<i>Unknown Reenrollment Type</i>	0	0%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	8,524,935	100%
Unknown Enrollment Status	0	N/A
<b>By Gender</b>		
Female	4,654,500	55%
Male	3,870,435	45%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	8,524,935	100%
Unknown Gender	0	N/A
<b>By Age</b>		
Age < 18	790,393	9%
Age 18-25	890,086	10%
Age 26-34	1,361,178	16%
Age 35-44	1,352,728	16%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 12-26-15</i>		
Characteristics	<b>Marketplaces Total</b> <b>States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number</b> <b>11-1-15 to</b> <b>12-26-15</b> <b>(2)</b>	<b>% of Available Data,</b> <b>Excluding Unknown</b> <b>(3)</b>
Age 45-54	1,793,024	21%
Age 55-64	2,268,507	27%
Age ≥65	68,969	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	8,524,885	100%
Unknown Age	50	N/A
Ages 18 to 34	2,251,264	26%
Ages 0 to 34	3,041,657	36%
<b>By Metal Level</b>		
Bronze	1,770,394	21%
Silver	6,057,978	71%
Gold	558,137	7%
Platinum	72,565	1%
Catastrophic	65,861	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (4)</b>	8,524,935	100%
Standalone Dental	1,190,896	N/A
Unknown Metal Level	0	N/A
<b>By Financial Assistance Status</b>		
With Financial Assistance	7,115,658	83%
Without Financial Assistance	1,409,277	17%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	8,524,935	100%
Unknown Financial Assistance Status	0	N/A
APTC (With or Without CSR)	7,084,220	83%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 12-26-15</i>		
Characteristics	<b>Marketplaces Total</b> <b>States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number</b> <b>11-1-15 to</b> <b>12-26-15</b> <b>(2)</b>	<b>% of Available Data,</b> <b>Excluding Unknown</b> <b>(3)</b>
<b>By Self-Reported Race/Ethnicity</b>		
American Indian / Alaska Native	25,981	0%
Asian	491,134	9%
Native Hawaiian / Pacific Islander	5,613	0%
African-American	591,126	11%
Latino	791,798	14%
White	3,515,187	64%
Multiracial	71,958	1%
<b>Subtotal: Plan Selections With Available Data on Self-Reported Race/Ethnicity</b>	5,492,797	100%
Unknown Race/Ethnicity	3,032,138	N/A
<b>By Rural Status</b>		
In ZIP Codes Designated as Rural	1,530,604	18%
In ZIP Codes Designated as Urban	6,994,331	82%
<b>Subtotal: Plan Selections With Available Data on Rural Status</b>	8,524,935	100%
Unknown Rural Status	0	N/A
<b>By Household Income</b>		
<100% of FPL	225,680	3%
≥100% - ≤150% of FPL	2,923,121	37%
>150% - ≤200% of FPL	1,907,709	24%
>200% - ≤250% of FPL	1,188,359	15%
>250% - ≤300% of FPL	700,716	9%
>300%- ≤400% of FPL	690,907	9%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 12-26-15</i>		
Characteristics	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 12-26-15</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
> 400% of FPL	207,821	3%
<b>Subtotal: Plan Selections With Available Data on Household Income</b>	7,844,313	100%
Unknown Household Income	680,622	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 or been automatically reenrolled into 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 2016 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 the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 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 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for standalone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.

APPENDIX TABLE A3

Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1) <i>11-1-15 to 12-26-15</i>		
Characteristics	Marketplaces Total State-Based Marketplaces Using Their Own Marketplace Platforms for the 2016 Coverage Year <i>(13 States)</i>	
	Number 11-1-15 to 12-26-15 (2)	% of Available Data, Excluding Unknown (3)
<b>Total Who Have Selected a Marketplace Plan</b> <i>(13States Reporting)</i>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	2,733,248	100%
<b>By Enrollment Status</b> <i>(12States Reporting New vs. Reenrollee; 10 States Reporting Active vs. Automatic Reenrollees)</i>		
New Consumers	483,293	18%
Total Reenrollees (4)	2,153,275	82%
<i>Active Reenrollees</i>	<i>578,310</i>	<i>22%</i>
<i>Automatic Reenrollees</i>	<i>1,309,056</i>	<i>50%</i>
<i>Unknown Reenrollment Type</i>	<i>265,909</i>	<i>10%</i>
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	2,636,568	100%
Unknown Enrollment Status	96,680	N/A
<b>By Gender</b> <i>(13States Reporting)</i>		
Female	1,432,299	52%
Male	1,299,853	48%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	2,732,152	100%
Unknown Gender	1,096	N/A
<b>By Age</b> <i>(13States Reporting)</i>		
Age < 18	166,501	6%
Age 18-25	260,263	10%
Age 26-34	466,910	17%
Age 35-44	432,670	16%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1)</b> <i>11-1-15 to 12-26-15</i>		
Characteristics	<b>Marketplaces Total State-Based Marketplaces Using Their Own Marketplace Platforms for the 2016 Coverage Year</b> <i>(13 States)</i>	
	<b>Number 11-1-15 to 12-26-15 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 45-54	607,937	22%
Age 55-64	770,049	28%
Age ≥65	27,891	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	2,732,221	100%
Unknown Age	1,027	N/A
Ages 18 to 34	727,173	27%
Ages 0 to 34	893,674	33%
<b>By Metal Level (13States Reporting)</b>		
Bronze	687,916	27%
Silver	1,541,464	60%
Gold	211,216	8%
Platinum	119,010	5%
Catastrophic	28,910	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (5)</b>	2,588,516	100%
Standalone Dental	210,066	N/A
Unknown Metal Level	144,835	N/A
<b>By Financial Assistance Status (12States Reporting)</b>		
With Financial Assistance	2,053,835	77%
Without Financial Assistance	623,216	23%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	2,677,051	100%
Unknown Financial Assistance Status	62	N/A
APTC (With or Without CSR)	2,053,835	77%

## 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 or been automatically reenrolled into 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 for all but two states (Minnesota and DC). These data also do not include: standalone dental plan selections; or individuals who may have selected a 2016 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP), with the exception of New York (which could not separate out SEP enrollments for 2015 plans that occurred in the period 11-1-15 to 12-26-15. For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 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 number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data.

(5) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for standalone dental plan selections are shown in this section, but are not included in any of the other metrics in this report.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.

APPENDIX TABLE A4

Selected Enrollment-Related Information, 11-1-15 to 12-26-15 (1)			
Description	Marketplace Total, All States	States Using the HealthCare.gov Eligibility and Enrollment Platform (38 States)	State-Based Marketplaces Using Their Own Marketplace Platforms (13 States)
Visitors to the Marketplace Websites	27,181,920	19,545,494	7,636,426
Calls to the Marketplace Call Center	13,760,132	9,400,568	4,359,564
Number of Completed Applications	11,394,930	7,672,392	3,722,538
Number of Individuals Included in Completed Applications	17,861,356	10,616,106	7,245,250
Number of Individuals Determined Eligible to Enroll in a 2016 Plan Through the Marketplaces	13,649,635	9,658,598	3,991,037
Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	11,258,183	8,524,935	2,733,248

## Notes:

(1) Most of the data in this table are for the 11-1-15 to 12-26-15 reporting period with the following exception: data for Massachusetts are for 11-1-15 to 12-28-15. See Addendum for additional technical notes.

(2) Within the HealthCare.gov states, visitors to the Marketplace Websites includes 18,667,432 unique visitors on HealthCare.gov and 878,062 unique visitors on CuidadoDeSalud.gov between 11-1-15 and 12-26-15,

(3) Total Calls to the Marketplace call centers includes 510,910 calls with Spanish-speaking representatives and 8,889,658 other calls between 11-1-15 and 12-26-15.

Source: Centers for Medicare & Medicaid Services, as of 1-6-16.