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Issue BRIEF

HEALTH INSURANCE MARKETPLACE: SUMMARY ENROLLMENT REPORT FOR THE INITIAL ANNUAL OPEN ENROLLMENT PERIOD

**For the period: October 1, 2013 – March 31, 2014
(Including Additional Special Enrollment Period Activity Reported through 4-19-14)
May 1, 2014**

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

This brief also includes updated data on the characteristics of persons who have selected a Marketplace plan (by gender, age, and financial assistance status) and the plans that they have selected (by metal level). Additionally, for the first time, Appendix C of this report includes self-reported race/ethnicity data on persons who have selected a Marketplace plan through the FFM. This report also includes data on other characteristics of people who have selected plans in the FFM and the plans they have selected. (Detailed state-level tables can be found in Appendix E, and in the Addendum to the Report).²

Key Marketplace Enrollment Statistics

- **Over 8 million** people have selected a plan through the Health Insurance Marketplace (SBMs and FFM) through March 31st (including additional special enrollment period (SEP) activity reported through Saturday, April 19th).
- **2.2 million (28 percent)** of the people who selected a Marketplace plan during the initial open enrollment period were young adults between the ages of 18 and 34. A total of 2.7 million (34 percent) were between the ages of 0 and 34 (including additional SEP activity reported through Saturday, April 19th).
- **Nearly 3.8 million** people selected a Marketplace plan during the March enrollment surge at the end of the initial open enrollment period, including nearly **1.2 million** young adults (ages 18-34), or 31

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

² The Addendum to the Marketplace Summary Enrollment Report is available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollAddendum.pdf.

percent of the total surge, who selected a Marketplace plan during March (including additional SEP activity reported through Saturday, April 19th).

- **47 percent** of the total number of people who selected a Marketplace plan and **52 percent** of the young adults (ages 18-34) who selected a Marketplace plan did so during the last month of the initial open enrollment period (including additional SEP activity reported through Saturday, April 19th).
- The number of young adults who selected Marketplace plans doubled during the last month of the initial open enrollment period, from nearly 1.1 million (during the first 5 months) to more than 2.2 million (including additional SEP activity reported through Saturday, April 19th).
- Over the course of the initial open enrollment period, consumer interest in the Marketplace was high, as measured by 98 million website visits and 33 million calls to the call centers (FFM and SBMs combined, including additional SEP activity reported through Saturday, April 19th).

This report captures cumulative enrollment-related activity during the initial open enrollment period (10-1-13 to 3-31-14), including activity associated with individuals who qualified for a Special Enrollment Period (SEP) that was reported through 4-19-14. The data on SEP activity include information for those who qualified for an SEP because they were “in line” on 3-31-14,³ as well as those who qualified for an SEP for other reasons.⁵ Several metrics are reported, including: the number of visits to the Marketplace websites, the number of calls to the Marketplace call centers, the number of persons who have been determined or assessed eligible by the Marketplaces for Medicaid or the Children’s Health Insurance Program (CHIP),⁶ and the number of persons who have selected a plan through the Marketplace.

The cumulative number of individuals that have selected a Marketplace plan between 10-1-13 and 3-31-14, including additional SEP activity reported through April 19th is over 8 million (including those who have paid a premium and those who have not yet paid a premium).

³ Those who had started the enrollment process on or before March 31st (i.e., those who were “in line”) were allowed to complete that process, even if their enrollment was not finalized before March 31. This accommodation was made so that people who had demonstrated a good faith effort to enroll during the Open Enrollment Period were not penalized if the Marketplace websites or call centers could not complete their enrollment by March 31st.

⁴ The SEP for individuals who were “in-line” on 3-31-14 ended on 4-15-14 for the FFM. Most SBMs followed the federal guidelines regarding individuals who started the process before 3/31 but could not finish, allowing applicants to complete the application and select a plan by April 15th. Other states, including Colorado, Nevada, Oregon, and Maryland allowed consumers additional time beyond April 15th to complete the enrollment process and obtain coverage in 2014. For example, Maryland’s SEP continued through April 18, 2014, while Oregon established an SEP which continues through April 30. Colorado’s SEP extends through May 30th, and Nevada will offer an SEP from April 1, 2014 – May 30, 2014 to individuals who have either successfully registered or attempted to register for an account on Nevadahealthlink.com prior to March 31, 2014.

⁵ This includes persons who had a qualifying life event that qualifies them for an SEP (such as a change in marital status, a change in dependents, or losing minimum essential health coverage), or a complex situation related to applying for coverage in the Marketplace. Additional information on Marketplace SEPs can be found at <https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/#part=2>.

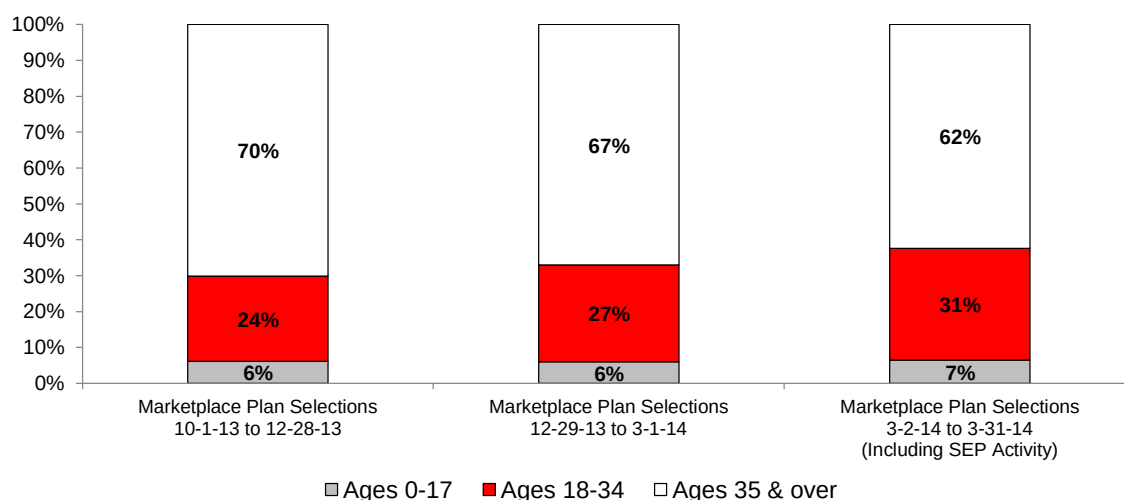
⁶ Data related to Medicaid and CHIP eligibility in this report are based on applications submitted through the Marketplaces. October through March data based on applications submitted through state Medicaid/CHIP agencies were released by the Centers for Medicare & Medicaid Services in a separate report, “Medicaid & CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report,” May 1, 2014, which can be accessed at <http://www.medicare.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/March-2014-Enrollment-Report.pdf>.

Figure 1 and Table 1 show that, consistent with expectations,⁷ the proportion of young adults (ages 18 to 34) who have selected a Marketplace plan through the SBMs and FFM has remained strong. Young adults accounted for 31 percent of the Marketplace plan selections after March 1st, which was 4 percentage points higher than their share of plan selections between 12-29-13 and 3-1-14 (27 percent) and 7 percentage points higher than their share of plan selections between 10-1-13 and 12-28-13 (24 percent). Meanwhile, the proportion of older adults (ages 35 and over) selecting a Marketplace plan has continued to decrease (from 70 percent between 10-1-13 and 12-28-13 to 62 percent after March 1st).

Figure 1

Trends in the Age Distribution of Individuals Who Have Selected a Marketplace Plan, 10-1-13 to 3-31-14 (Including Additional SEP Activity through 4-19-14)

The proportion of young adults (ages 18-34) selecting a Marketplace plan increased by 4 percentage points after March 1st (from 27% to 31%), while the proportion of older adults (35 & over) selecting a plan continued to decrease



Notes: Represents cumulative monthly data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). The percent distribution excludes plan selections where the age is unknown. Between 10-1-13 and 12-28-13, 2.2 million individuals selected a plan; between 12-29-13 and 3-1-14, 2.1 million selected a plan; between 3-2-14 and 3-31-14 (including additional SEP activity through 4-19-14), 3.8 million selected a plan, for a total of 8 million Marketplace plan selections for 10-1-13 to 3-31-14 (including SEP activity through 4-19-14). SEP activity includes plan selections by those who qualified for an SEP because they were "in line" on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace.

Source: Centers for Medicare & Medicaid Services, as of 4-29-14.

⁷ 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." "The Numbers Behind "Young Invincibles" and the Affordable Care Act," Larry Levitt, Gary Claxton and Anthony Damico, Kaiser Family Foundation, December 17, 2013, available at <http://kff.org/health-reform/perspective/the-numbers-behind-young-invincibles-and-the-affordable-care-act/>.

Table 1

Trends in the Distribution of Marketplace Plan Selections By Age Group (based on data reported as of 4-29-14)	Marketplace Plan Selections, 10-1-13 to 12-28-13		Marketplace Plan Selections, 12-29-13 to 3-1-14		Marketplace Plan Selections, 3-2-14 to 3-31-14 (including SEP Activity through 4-19-14)		Cumulative Total, Initial Open Enrollment Period 10-1-13 to 3-31-14 (including SEP Activity through 4-19-14)	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
MARKETPLACE TOTAL								
Ages 0-17	126,735	6%	124,521	6%	246,266	7%	497,522	6%
Ages 18-34	489,460	24%	586,530	27%	1,172,953	31%	2,248,943	28%
Ages 35 & over	1,442,012	70%	1,465,422	67%	2,351,803	62%	5,259,237	66%
Subtotal With Available Data on Age	2,058,207	100%	2,176,473	100%	3,771,022	100%	8,005,702	100%
Unknown Age	95,214	n/a	-87,569	n/a	6,416	n/a	14,061	n/a
Total, All Ages	2,153,421	n/a	2,088,904	n/a	3,777,438	n/a	8,019,763	n/a
SBM SUBTOTAL								
Ages 0-17	61,049	7%	39,803	6%	41,054	4%	141,906	6%
Ages 18-34	212,909	25%	198,736	26%	298,946	32%	710,591	28%
Ages 35 & over	595,016	68%	513,726	68%	598,292	64%	1,707,034	67%
Subtotal With Available Data on Age	868,974	100%	752,265	100%	938,292	100%	2,559,531	100%
Unknown Age	88,017	n/a	-88,017	n/a	14,054	n/a	14,054	n/a
Total, All Ages	956,991	n/a	664,248	n/a	952,346	n/a	2,573,585	n/a
FFM SUBTOTAL								
Ages 0-17	65,686	6%	84,718	7%	205,212	7%	355,616	7%
Ages 18-34	276,551	23%	387,794	27%	874,007	31%	1,538,352	28%
Ages 35 & over	846,996	71%	951,696	66%	1,753,511	62%	3,552,203	65%
Subtotal With Available Data on Age	1,189,233	100%	1,424,208	100%	2,832,730	100%	5,446,171	100%
Unknown Age	7,197	n/a	448	n/a	-7,638	n/a	7	n/a
Total, All Ages	1,196,430	n/a	1,424,656	n/a	2,825,092	n/a	5,446,178	n/a

Notes: Represents cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace.

Percentages 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 age.

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

There was an 89 percent increase in the cumulative number of individuals who selected a Marketplace plan after March 1st (including SEP activity through 4-19-14).

The total number of new Marketplace plan selections was significantly higher after March 1st (including SEP activity through 4-19-14) when compared with comparable data for February (nearly 3.8 million versus 0.9 million, respectively), consistent with expectations that the rate of Marketplace plan selections would increase as the March 31, 2014 end of the initial open enrollment period approached.

Enrollment Growth in March

As expected, an enrollment surge occurred in March as the close of the open enrollment period approached for the Marketplace. This is consistent with the experience of private employers, the Federal Employees Health Benefits Program (FEHBP), and Medicare Part D.⁸

Table 2 shows that approximately 0.9 million (12 percent) of the more than 8 million total Marketplace plan selections during the initial open enrollment period (including SEP activity through 4-19-14) were selected after 3-31-14.⁹

Table 2

Cumulative Number of Marketplace Plan Selections by Plan Selection Date 10-1-2013 to 3-31-2014, Including SEP Activity Through 4-19-14 (based on data reported as of 4-29-14)	Total Number of Individuals Who Have Selected a Marketplace Plan During The Initial Open Enrollment Period (Including SEP Activity Through 4-19-14)	By Plan Selection Date	
		Number Who Selected a Marketplace Plan By 3-31-14	Number Who Selected a Marketplace Plan Between 4-1-14 and 4-19-14
		Number	Number
SBM Subtotal	2,573,585	2,312,058	261,527
FFM Subtotal	5,446,178	4,797,210	648,968
MARKETPLACE TOTAL	8,019,763	7,109,268	910,495

Notes: Represents cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

⁸ For additional information, please refer to the March Marketplace Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014mar_enrollment.pdf; and Appendix C of the November Marketplace Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2013/MarketPlaceEnrollment/rpt_enrollment.pdf.

⁹ The Department estimates that most of these persons qualified for an SEP because they were “in-line” on 3-31-14. As discussed earlier, this number may also include persons who qualified for an SEP due to a change in life circumstances, or a complex situation related to applying for coverage in the Marketplace. The data are not disaggregated based on the reason that a given individual qualified for an SEP.

As discussed earlier, the total number of Marketplace plan selections at the end of the initial open enrollment period was over 8 million (including SEP activity through 4-19-14). We note that the Congressional Budget Office (CBO) Marketplace enrollment projection of 6 million for 2014 is estimated based on average enrollment for the calendar year (full-year equivalents from CMS enrollment data will not be available until sometime in 2015).¹⁰ It is important to note that the Marketplace plan selection data as of the end of the open enrollment period do not represent effectuated enrollment (e.g., those who have paid their premium), and does not include the additional persons who will experience a qualifying life event (also known as a change in life circumstances, such as having a baby, getting married, getting divorced, or losing other coverage) that enables them to qualify for an SEP and enroll in Marketplace coverage for 2014 through the end of the year.¹¹

Effectuated Enrollment

CMS does not yet have comprehensive and accurate data about effectuated enrollment (that is, the number of individuals who have effectuated their enrollment and gained coverage through payment of the first premium). However, some issuers have made public statements indicating that 80 percent to 90 percent of the people who have selected a Marketplace plan have made premium payments.¹² Issuers have the flexibility to determine when premium payments are due.

¹⁰ CBO recently revised its initial CY 2014 Marketplace enrollment projection (to 6 million in the February 2014 baseline from 7 million in earlier baselines). CBO estimates represent averages over the calendar year (i.e., a full-year equivalent or total life years), rather than an estimate for a point in time.) rather than an estimate for a point in time. CBO's "Budget and Economic Outlook: Fiscal Years 2014 to 2024," released Feb. 4, 2014, accessed at http://www.cbo.gov/sites/default/files/cbofiles/attachments/45010-Outlook2014_Feb.pdf.

¹¹ There are nine types of life events that would potentially allow an individual to qualify for an SEP through the Marketplace.: 1) a change in marital status (marriage, divorce); 2) a change in dependents (birth, adoption, or undertaking placement of a child); 3) permanently moving to a state whose health plan options differ from their current choices; 4) gaining new status as a citizen or lawfully present individual in the USA; 5) experiencing a change in income; 6) experiencing an enrollment error on behalf of the Marketplace; 7) losing minimum essential health coverage due to job loss, divorce, loss of Medicaid or CHIP eligibility, expiration of COBRA coverage, or decertification of a health plan; 8) being already enrolled in a Marketplace plan, but experiencing a change in income or household status, affecting tax credit or cost-sharing reduction eligibility; and 9) aging off of their parent's healthcare plan at 26 years of age. Additionally, there are several types of other complicated cases that may qualify for an SEP, relating to: exceptional circumstances, misinformation or misrepresentation, an enrollment error, system errors related to immigration status, display errors on HealthCare.gov, Medicaid/Marketplace transfers, error messages, unresolved casework, victims of domestic abuse, and other system errors.

¹² For example, the Blue Cross Blue Shield Association recently estimated that roughly 80 to 85 percent of the people who had selected one of their plans through the Marketplace went on to pay their first month's premium, based on data for policies that took effect on 2-1-14 or earlier (for more information, see "Blue Cross Says '80-85' Percent of Obamacare Enrollees Are Paying," by Bruce Japsen, *Forbes*, April 2, 2014, accessed at www.forbes.com/sites/brucejapsen/2014/04/02/blue-cross-plans-say-80-to-85-percent-of-obamacare-enrollees-are-paying/). Additionally, Wellpoint recently reported that 90 percent of those who have signed up for their plans through the Marketplace have paid their premiums (for more information, see "WellPoint: Surge in young health exchange customers may ease premium hikes" by Maureen Groppe, *IndyStar*, April 30, 2014, accessed at <http://www.indystar.com/story/news/politics/2014/04/30/wellpoint-surge-young-health-exchange-customers-may-ease-premium-hikes/8530999/>). This is consistent with estimates from Aetna, WellPoint, Health Care Services Corporation, and Blue Shield of California, who recently indicated that between 80 to 85 percent of the people who had selected their plans had paid through February 2014 (for more information, see "Administration: 4.2 million people signed up for Obamacare plans through February" by Kyle Cheney, *Politico*, March 11, 2014, accessed at <http://www.politico.com/story/2014/03/obamacare-affordable-care-act-104540.html>). Similarly, Blue Cross and Blue Shield of Minnesota has stated that 95 percent of the people who signed up for coverage that took effect on 1-1-14 had paid premiums by the deadline of 1-10-14 (for more information, see "One-Fifth of New Enrollees Under Health Care Law Fail to Pay First Premium," Robert Pear, *The New York Times*, February 13, 2014, accessed at http://www.nytimes.com/2014/02/14/us/politics/one-in-5-buyers-of-insurance-under-new-law-did-not-pay-premiums-on-time.html?_r=0).

Increase in Health Insurance Coverage

In addition to the more than 8 million people who have selected plans through the Marketplace during the initial open enrollment period (including SEP activity through 4-19-14), CBO recently estimated that an additional 5 million people have purchased coverage outside of the Marketplace in Affordable Care Act-compliant plans.¹³ Meanwhile, the Blue Cross Blue Shield Association estimates that its plans have enrolled 1.7 million in Affordable Care Act-compliant, off-Marketplace plans.¹⁴ Additionally, E-Health reports that 45 percent of its off-Marketplace enrollees from January through early March of 2014 were ages 18 to 34.¹⁵

Moreover, recent national surveys indicate that the number of Americans with health insurance coverage is growing, and the number of 18 to 64 year olds who are uninsured is declining. For example, Gallup has found a 3 percentage point decrease in the uninsured rate for adults (18 to 64) from the third quarter of 2014 to March 2014 (18 percent versus 15 percent, respectively, corresponding to a 7.26 million decline in the number of uninsured adults).¹⁶ Similarly, the Urban Institute estimates a 2.7 percentage point decrease in the uninsured rate for adults (18 to 64) from October 1, 2013 to March 31, 2014 (corresponding to a 5.4 million decline in the number of uninsured adults).¹⁷ Meanwhile, the RAND Corporation estimates a 4.7 percentage point decrease in the uninsured rate (corresponding to a net decrease of 9.3 million uninsured adults, ages of 18 to 64) from the last week of September 2013 through March 2014.¹⁸

Single Risk Pool in Each State

To increase stability and comparability in health plan rating, the Affordable Care Act requires a single risk pool in each state, encompassing both plans that were purchased *inside* of the Marketplace (“Marketplace plans”) and Affordable Care Act-compliant plans that were purchased *outside* of the Marketplace. Risk-adjustment occurs across all plans in each state’s single risk pool. The Department will have more complete data on the size of the single risk pool in each state as issuers report their enrollment for medical loss ratio, rate review, and risk adjustment purposes over the course of the next year.

¹³ Congressional Budget Office (CBO), “Updated Estimates of the Effects of the Insurance Coverage Provisions of the Affordable Care Act, April 2014,” April 2014, accessed at http://cbo.gov/sites/default/files/cbofiles/attachments/45231-ACA_Estimates.pdf.

¹⁴ Sophie Novack, “The Missing Millions in the Obamacare Enrollment Total,” *National Journal*, April 3, 2014, accessed at <http://www.nationaljournal.com/health-care/the-missing-millions-in-the-obamacare-enrollment-total-20140403>.

¹⁵ Ibid.

¹⁶ Alyssa Brown, “Is the Affordable Care Act Working?,” Gallup Thrive blog post, April 16, 2014. Available at: <http://thrive.gallup.com/2014/04/is-affordable-care-act-working.html>.

¹⁷ Long SK, Kenney GM, Zuckerman S, et al. QuickTake: Number of Uninsured Adults Falls by 5.4 Million since 2013. Washington, DC: Urban Institute; 2014. Accessed at <http://hrms.urban.org/quicktakes/changeInUninsurance.html>.

¹⁸ Katherine Carman and Christine Eibner, “Changes in Health Insurance Enrollment Since 2013: Evidence from the RAND Health Reform Opinion Study,” RAND Corporation, April 2014. Available at: http://www.rand.org/pubs/research_reports/RR656.html.

Enrollment Growth at the End of the Open Enrollment Period

There was continued growth in total Marketplace plan selections after March 1st (including SEP activity through 4-19-14), compared to the October-February period:

- **Marketplace Total (SBMs and FFM)** – there was an 89 percent increase in plan selections after March 1st (including SEP activity through 4-19-14)
 - the 4.2 million cumulative number in October-February rose by nearly 3.8 million after March 1st to a cumulative total of more than 8 million (including SEP activity through 4-19-14)
- **SBMs** – there was a 59 percent increase in plan selections after March 1st (including SEP activity through 4-19-14)
 - the 1.6 million cumulative number for October-February rose by more than 0.9 million after March 1st to a cumulative total of nearly 2.6 million (including SEP activity through 4-19-14)
- **FFM** – there was a 108 percent increase in plan selections after March 1st (including SEP activity through 4-19-14)
 - the 2.6 million cumulative number in October-February rose by 2.8 million after March 1st to a cumulative total of 5.4 million (including SEP activity through 4-19-14)

The following are highlights of Marketplace enrollment-related information for the initial open enrollment period, including additional SEP activity through 4-19-14 (see Appendix E and the Addendum to the Marketplace Summary Enrollment Report for specific state-level data).

Cumulative Highlights for the period: October 1, 2013 – March 31, 2014 (including Additional Special Enrollment Period Activity through 4-19-14)

Marketplace Eligibility Determinations and Plan Selection

- Number of Eligible Persons who have Selected a Plan through the SBMs and FFM: 8 million
- Number of Persons who have had a Medicaid/CHIP Determination or Assessment through the Marketplaces: 6.7 million (does not include individuals applying through State Medicaid/CHIP agencies.)

Marketplace Plan Selection by Gender

- 46 percent¹⁹ 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

- 28 percent of the persons who have selected a Marketplace plan are between the ages of 18 and 34
 - The percentage of young adults among persons who selected a Marketplace plan after March 1st (31 percent) was 4 percentage points higher than it was in January and February, and 7 percentage points higher than it was from October through December (27 percent and 24 percent, respectively)
- 34 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
- 65 percent of the persons who have selected a Marketplace plan have selected a Silver plan

¹⁹ Based on the total number of plan selections for which the applicable data are available (excluding unknown). Some percentages may not add to 100% due to rounding.

- 9 percent of the persons who have selected a Marketplace plan have selected a Gold plan
- 5 percent of the persons who have selected a Marketplace plan have selected a Platinum plan
- 2 percent of the persons who have selected a Marketplace plan have selected a Catastrophic plan

Marketplace Plan Selection by Financial Assistance Status

- 85 percent of the persons who have selected a Marketplace plan have selected a Marketplace Plan with Financial Assistance²⁰

FFM Marketplace Plan Selection by Gender and Age

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

FFM Marketplace Plan Selection by Gender and Metal Level

- 71 percent of the females who have selected a Marketplace plan through the FFM have selected a Silver plan
- 67 percent of the males who have selected a Marketplace plan through the FFM have selected a Silver plan

FFM Marketplace Plan Selection by Financial Assistance Status and Metal Level

- 76 percent of the persons who have selected a Marketplace plan with Financial Assistance through the FFM have selected a Silver plan
- 95 percent of the persons selecting a Silver plan in the FFM will be receiving Federal financial assistance in paying their premiums
- 25 percent of the persons who have selected a Marketplace plan without Financial Assistance through the FFM have selected a Silver plan
- 33 percent of the persons who have selected a Marketplace plan without Financial Assistance through the FFM have selected a Bronze plan

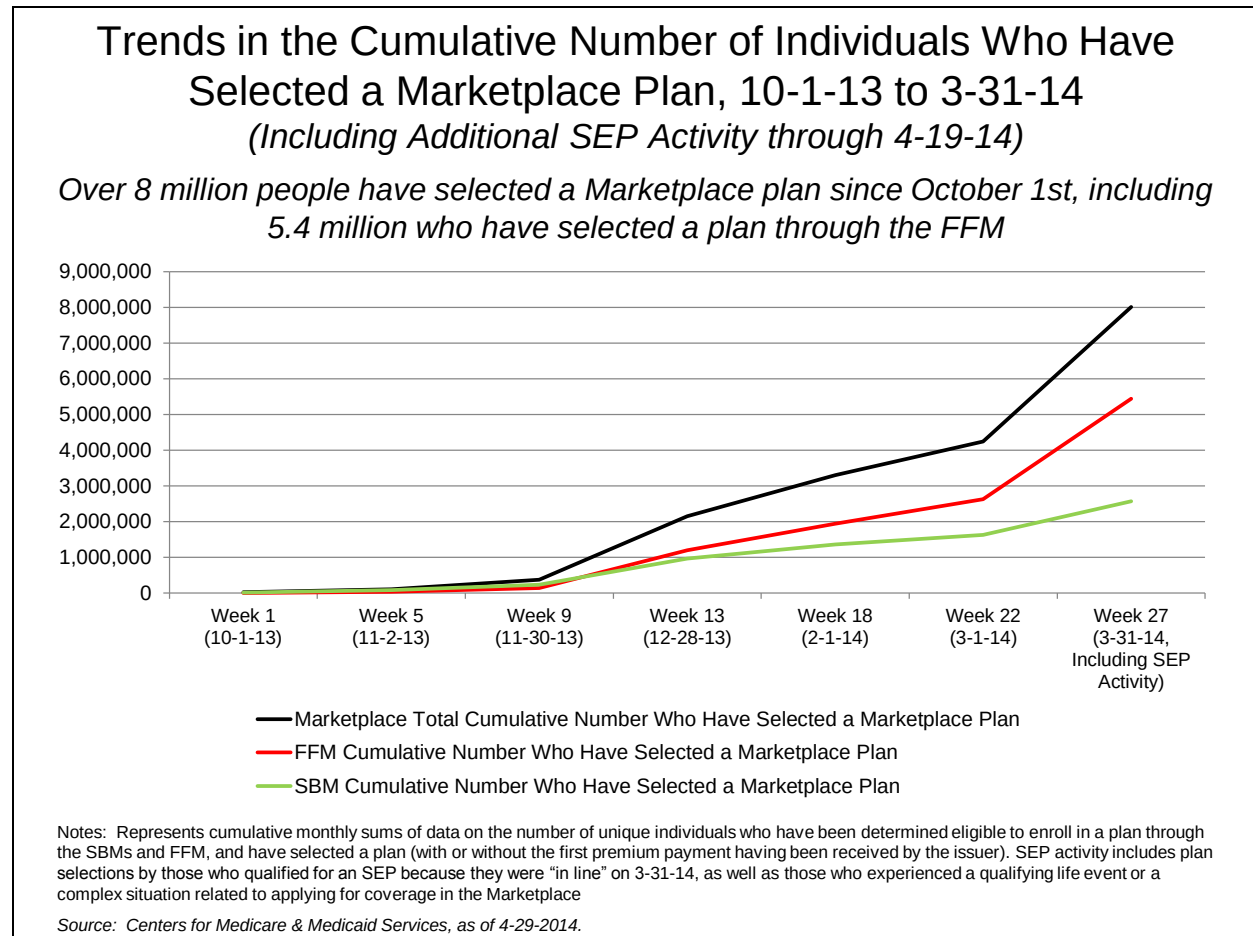
FFM Marketplace Plan Selection by Metal Level and Age

- 68 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Silver plan
- 17 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Bronze plan
- 7 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Gold plan
- 4 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Platinum plan
- 5 percent of the young adults between the ages of 18 and 34 who selected a Marketplace plan through the FFM selected a Catastrophic plan
 - Young adults account for 83 percent of all catastrophic plan selections through the FFM

²⁰ Represents individuals who have selected a Marketplace plan, and qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR).

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

Figure 2



Enrollment Growth by Age - Table 3 shows that the cumulative number of young adults (ages 18 to 34) selecting a Marketplace plan grew faster than for other age groups when the period after March 1st (including SEP activity through 4-19-14) is compared to the five month period. The cumulative number of young adults selecting a Marketplace plan has doubled – increasing by 109 percent (nearly 1.2 million) since March 1st (from nearly 1.1 million to 2.2 million). By comparison, there was an 82 percent increase in Marketplace plan selections for all other age groups during the same time period (from nearly 3.2 million to over 5.7 million).

Table 3

Trend In the Cumulative Number of Marketplace Plan Selections By Age Group (based on data reported as of 4-29-14)	Cumulative Total, First Five Months 10-1-13 to 3-1-14	Cumulative Total, 10-1-13 to 3-31-14 (Including Additional SEP Activity through 4-19-14)	% Change
MARKETPLACE TOTAL			
Ages 18 to 34	1,075,990	2,248,943	109%
All Other Age Groups Combined	3,158,690	5,756,759	82%
Subtotal With Available Data on Age	4,234,680	8,005,702	89%
Unknown Age	7,645	14,061	84%
Marketplace Total	4,242,325	8,019,763	89%
SBM TOTAL			
Ages 18 to 34	411,645	710,591	73%
All Other Age Groups Combined	1,209,594	1,848,940	53%
Subtotal With Available Data on Age	1,621,239	2,559,531	58%
Unknown Age	0	14,054	n/a
Marketplace Total	1,621,239	2,573,585	59%
FFM TOTAL			
Ages 18 to 34	664,345	1,538,352	132%
All Other Age Groups Combined	1,949,096	3,907,819	100%
Subtotal With Available Data on Age	2,613,441	5,446,171	108%
Unknown Age	7,645	n/a*	n/a
Marketplace Total	2,621,086	5,446,178	108%

Notes: Represents cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. The percentages for Ages 18 to 34 and All Other Age Groups Combined are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for age.

* Data for cells with less than ten Marketplace plan selections have been suppressed in this table, but are included in the totals.

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

Marketplace Plan Selections by Age – The proportion of Marketplace plan selections by persons between the ages of 18 and 34 has been increasing (Table 4). Persons between the ages of 18 and 34 account for more than a quarter (28 percent) of all Marketplace plan selections (SBMs and FFM) for the initial open enrollment period, including SEP activity through 4-19-14 (compared to 24 percent during the first three months of the initial open enrollment, and 27 percent during the months of January and February).

- SBMs: 28 percent between the ages of 18 and 34 (10-1-13 to 3-31-14, including SEP activity through 4-19-14).
- FFM: 28 percent between the ages of 18 and 34 (10-1-13 to 3-31-14, including SEP activity through 4-19-14).

Table 4

Comparison of the Age Distribution of Marketplace Plan Selections (SBM & FFM) For the Initial Open Enrollment Period: 10-1-13 to 3-31-14 (Including SEP Activity through 4-19-14) (based on data reported as of 4-29-14)	Percent of Total Individuals Who Have Selected a Marketplace Plan (1)
Age < 18	6%
Age 18-25	11%
Age 26-34	17%
Age 35-44	17%
Age 45-54	23%
Age 55-64	25%
Age ≥65 ²¹	0%
Total	100%
Ages 18 to 34	28%
Ages 0 to 34	34%

(1) Represents the age distribution based on Represents cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. The percentages are based on the total number of plan selections for which the applicable data are available, excluding plan selections with unknown data for age. Additionally, these percentages have been rounded, and may not add to totals due to rounding errors.

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

Overview of Enrollment-Related Activity to Date

Selected a Marketplace Plan – Over 8 million persons selected a Marketplace plan during the initial open enrollment period (including additional SEP activity through 4-19-14), including nearly 2.6 million in SBMs and 5.4 million in the FFM (these numbers include those who have paid a premium and those who have not yet paid a premium, regardless of when their coverage begins).

The following are additional highlights of the data on the characteristics of Marketplace plan selections during the initial open enrollment period, including SEP activity through 4-19-14 (see Appendix A for national-level tables, and see the Addendum to the Marketplace Summary Enrollment Report for state-level tables).²²

²¹ There are nearly 400,000 uninsured persons over the age of 65; some persons over 65 have selected Marketplace plans.

²² 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.)

- **Marketplace Plan Selections by Gender** – The gender distribution of Marketplace plan selections has remained constant. More than half of the people who have selected a Marketplace plan through the SBMs and FFM between 10-1-13 and 3-31-14 (including additional SEP activity through 4-19-14) 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. The comparable proportions for the first five months of the initial open enrollment period were 55 percent and 45 percent, respectively.
 - SBMs: 53 percent female, 47 percent male (10-1-13 to 3-31-14, including SEP activity through 4-19-14).
 - FFM: 55 percent female, 45 percent male (10-1-13 to 3-31-14, including SEP activity through 4-19-14).

By comparison, males account for half (50 percent) of the total non-elderly population in the United States (ages 0 to 64).²³

- **Marketplace Plan Selections by Metal Level** – The proportion of Silver Marketplace plan selections has continued to increase. Silver plans account for nearly two-thirds (65 percent) of the Marketplace plan selections in the SBMs and FFM between 10-1-13 and 3-31-14, including additional SEP activity through 4-19-14 (compared with 63 percent during the first five months of the initial enrollment period).
 - SBMs: 58 percent Silver (10-1-13 to 3-31-14, including SEP activity through 4-19-14).
 - FFM: 69 percent Silver (10-1-13 to 3-31-14, including SEP activity through 4-19-14).

The metal level distribution of the remaining Marketplace plan selections (SBMs and FFM combined) are as follows: bronze (20 percent), gold (9 percent), platinum (5 percent), and catastrophic (2 percent).

- **Marketplace Plan Selections by Financial Assistance Status** – The proportion of Marketplace plan selections with financial assistance (i.e., Marketplace plan selections by individuals who are eligible to receive financial assistance) has also continued to increase. More than eight out of ten (85 percent) of the people who selected a Marketplace plan through the SBMs and FFM between 10-1-13 and 3-31-14 (including additional SEP activity through 4-19-14) are eligible to receive Federal financial assistance in paying their premiums.²⁴ The comparable proportion for the first five months of the initial open enrollment period was 83 percent.

Aggregate data on the total number of plan selections with available data for a given metric, and the corresponding number of plan selections with unknown data for a given metric can be found in Appendix Table A1.

²³ 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.

²⁴ This includes people who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR).

- SBMs: 82 percent in Marketplace plans with financial assistance (10-1-13 to 3-31-14, including SEP activity through 4-19-14).
- FFM: 86 percent in Marketplace plans with financial assistance (10-1-13 to 3-31-14, including SEP activity through 4-19-14).

Tax credits for premium assistance may be available to individuals with family incomes between 100 and 400 percent of the Federal Poverty Level (138 to 400 percent of FPL in states taking the Federally-funded option to expand Medicaid). These percentages are consistent with previous estimates.²⁵ It is also important to note that people who are not eligible for advance premium tax credits may have chosen to enroll in an Affordable Care Act-compliant, off-Marketplace plan instead; including them in the denominator would lower the percentages of people in Affordable Care Act-compliant plans in the individual market who are receiving premium assistance.

Additional Characteristics of FFM Marketplace Plan Selections – The following are highlights of data on additional characteristics of FFM Marketplace plan selections between 10-1-13 and 3-31-14 (including additional SEP activity through 4-19-14), based on cross-tabulations of the above mentioned metrics (see Appendix B for national-level tables, and see the Addendum to the Marketplace Summary Enrollment Report for state-level tables).

- ***FFM Marketplace Plan Selections by Gender and Age***
 - Young adults (ages 18-34) accounted for 29 percent of all males selecting Marketplace plans through the FFM, compared with 28 percent of all females selecting Marketplace plans through the FFM, and 28 percent of all FFM Marketplace plan selections as a whole.
 - Meanwhile, adding children ages 0 to 17 results in males between the ages of 0 and 34 accounting for over a third (36 percent) of all males selecting Marketplace plans through the FFM, compared with 33 percent for females, and 35 percent for all persons who selected a Marketplace plan through the FFM.
- ***FFM Marketplace Plan Selections by Gender and Metal Level***
 - Females were more likely to select Silver plans in the FFM (71 percent versus 67 percent for males).
 - Males were more likely to select Bronze plans in the FFM (19 percent versus 16 percent for females).
- ***FFM Marketplace Plan Selections by Financial Assistance Status and Metal Level***
 - Persons selecting a Marketplace plan who are eligible to receive financial assistance were more likely to select Silver plans in the FFM (76 percent versus 25 percent for persons selecting a Silver Marketplace plan without financial assistance).

²⁵ 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/43900-2014-02-ACAtables.pdf>.)

- Persons selecting a Marketplace plan without financial assistance were more likely to select Bronze plans in the FFM than other metal levels (33 percent versus 15 percent for persons selecting a Marketplace plan with financial assistance). They were also more likely to select gold, platinum and catastrophic plans than were persons who are eligible to receive financial assistance.
- More than nine out of ten (95 percent) of the persons selecting a Silver plan in the FFM are eligible to receive Federal financial assistance in paying their premiums.
- **FFM Marketplace Plan Selections by Metal Level and Age**
 - Among young adults (ages 18 to 34), 68 percent selected a Silver plan, while 17 percent selected a Bronze plan, 7 percent selected a Gold plan, 4 percent selected a Platinum plan, and 5 percent selected a Catastrophic plan.
 - One out of three (34 percent) of the 1.1 million persons who selected a standalone dental plan through the FFM are young adults (ages 18-34).²⁶

Web Site and Call Center Volume – There were 98 million visits to the SBM and FFM websites,²⁷ and 33 million calls to the SBM and FFM call centers between 10-1-13 and 3-31-14 (including additional SEP activity through 4-19-14).

Table 5

Cumulative Marketplace Enrollment-Related Information For the Initial Open Enrollment Period: 10-1-13 to 3-31-14 (Including SEP Activity through 4-19-14) (1) (based on data reported as of 4-29-14)	Marketplace Total	SBM Total	FFM Total
Visits on the Marketplace websites (2)	98,333,355	31,109,693	67,223,662
Calls to the Marketplace call centers	33,303,050	9,592,887	23,710,163
Number of individuals who have selected a Marketplace plan	8,019,763	2,573,585	5,446,178
<i>Males who have selected a Marketplace plan (3)</i>	46%	47%	45%
<i>18 to 34 year olds who have selected a Marketplace plan (3)</i>	28%	28%	28%
<i>Individuals who have selected a Silver Marketplace plan (3)</i>	65%	58%	69%
<i>Individuals who have selected a Marketplace plan with financial assistance (3)</i>	85%	82%	86%

(1) Represents cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. See Appendix F for methodological information. Visitors to the Marketplace websites is the sum of monthly data and has been unduplicated to the extent possible; however, we do not believe that all duplication has yet been removed.

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

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

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

²⁶ It is important to note that the totals for standalone dental plans do not include individuals who are enrolled in Marketplace plans that provide integrated medical and dental coverage.

²⁷ While all SBMs have provided updated data on call center activity, not all SBMs have provided updated data on website visits. In addition, duplication has been removed from the data on the cumulative number of website visitors to the extent possible; however, it is possible that not all duplication has been removed.

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 F for additional methodological information.)

As discussed earlier, this report includes cumulative data for the initial open enrollment period (10-1-13 to 3-31-14), including additional activity associated with individuals who qualified for a Special Enrollment Period (SEP) because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. To the extent possible, these counts seek to avoid potential duplication associated with monthly reporting.

This report also includes data on the characteristics of persons who have selected a Marketplace plan (by gender, age, metal level, and financial assistance status for the SBMs and FFM; and for the FFM, by gender and age, gender and metal level, financial assistance status and metal level, and metal level and age). In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. Detailed state-level tables can be found in Appendix E, and in the Addendum to the Marketplace Summary Enrollment Report.²⁸

Please note that for the first time, the Appendices of this report include FFM data on the race/ethnicity (Appendix C) and health insurance coverage status at the time of application (Appendix D) and of the persons who have selected a Marketplace plan through the FFM. While this information is provided for transparency purposes, its quality is low and its use should be limited.

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 as of April 29, 2014, and may differ from comparable data that have previously been publicly reported on SBM websites or in media reports because that data may be based on different time periods or metric definitions from those used in this report.**

²⁸ The Addendum to the Marketplace Summary Enrollment Report is available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollAddendum.pdf.

APPENDICES

Appendix A:	Characteristics of Marketplace Plan Selection by Gender, Age, Metal Level, and Financial Assistance, 10-1-2013 to 3-31-2014 <i>(including Additional Special Enrollment Period Activity through 4-19-14)</i>	
	• A1 – Summary	Page 18
	• A2 - By Gender and State	Addendum
	• A3 - By Age and State	Addendum
	• A4 - By Metal Level and State	Addendum
	• A5 - By Financial Assistance and State	Addendum
Appendix B:	Summary of Additional Characteristics of FFM Marketplace Plan Selections, 10-1-2013 to 3-31-2014 <i>(including Additional Special Enrollment Period Activity through 4-19-14)</i>	
	• B1 – Summary	Page 20
	• B2 - By Gender and Age and State	Addendum
	• B3 - By Gender and Metal Level and State	Addendum
	• B4 - By Financial Assistance Status and Metal Level and State	Addendum
	• B5 - By Metal Level and Age and State	Addendum
Appendix C	Characteristics of Persons Who Have Selected Marketplace Plans Through the FFM By Race/Ethnicity	Page 24
Appendix D	Characteristics of Persons Who Have Selected Marketplace Plans Through the FFM By Health Insurance Coverage Status At the Time of Application	Page 36
Appendix E:	Total Marketplace Eligibility Determinations, and Marketplace Plan Selections by Marketplace Type and State, 10-1-2013 to 3-31-2014 <i>(including Additional Special Enrollment Period Activity through 4-19-14)</i>	Page 39
Appendix F:	Methodology and Technical Notes	Page 42

Note: The Addendum to the Marketplace Summary Enrollment Report is available at
http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollAddendum.pdf.

**APPENDIX A: CHARACTERISTICS OF MARKETPLACE PLAN SELECTION BY GENDER,
AGE, METAL LEVEL, AND FINANCIAL ASSISTANCE STATUS
10-1-2013 TO 3-31-2014
(INCLUDING ADDITIONAL SEP ACTIVITY THROUGH 4-19-14)**

APPENDIX TABLE A1

Marketplace Plan Selection by Gender, Age, Metal Level, Financial Assistance Status, and Marketplace Type (1) <i>10-1-2013 to 3-31-2014 (Including SEP Activity through 4-19-14)</i>						
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	8,019,763	n/a	2,573,585	n/a	5,446,178	n/a
By Gender						
Female	4,301,656	54%	1,307,667	53%	2,993,989	55%
Male	3,633,920	46%	1,182,944	47%	2,450,976	45%
Subtotal: Plan Selections With Available Data on Gender	7,935,576	100%	2,490,611	100%	5,444,965	100%
Unknown Gender	84,187	n/a	82,974	n/a	1,213	n/a
By Age						
Age < 18	497,522	6%	141,906	6%	355,616	7%
Age 18-25	869,476	11%	264,453	10%	605,023	11%
Age 26-34	1,379,467	17%	446,138	17%	933,329	17%
Age 35-44	1,371,645	17%	431,243	17%	940,402	17%
Age 45-54	1,814,837	23%	595,921	23%	1,218,916	22%
Age 55-64	2,036,251	25%	664,208	26%	1,372,043	25%
Age ≥ 65	36,504	0%	15,662	1%	20,842	0%
Subtotal: Plan Selections With Available Data on Age	8,005,702	100%	2,559,531	100%	5,446,171	100%
Unknown Age	14,063	n/a	14,056	n/a	7	n/a
Ages 18 to 34	2,248,943	28%	710,591	28%	1,538,352	28%
Ages 0 to 34	2,746,465	34%	852,497	33%	1,893,968	35%
By Metal Level						
Bronze	1,585,022	20%	645,827	25%	939,195	17%
Silver	5,238,314	65%	1,482,725	58%	3,755,589	69%
Gold	682,972	9%	218,141	9%	464,831	9%
Platinum	393,164	5%	176,385	7%	216,779	4%
Catastrophic	125,585	2%	36,795	1%	88,790	2%

Marketplace Plan Selection by Gender, Age, Metal Level, Financial Assistance Status, and Marketplace Type (1) <i>10-1-2013 to 3-31-2014 (Including SEP Activity through 4-19-14)</i>						
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)	8,005,697	100%	2,559,529	100%	5,446,168	100%
Standalone Dental	1,129,739	n/a	n/a	n/a	1,129,739	n/a
Unknown Metal Level	14,066	n/a	14,056	n/a	10	n/a
By Financial Assistance Status						
With Financial Assistance	6,670,458	85%	1,987,196	82%	4,683,262	86%
Without Financial Assistance	1,201,105	15%	438,189	18%	762,916	14%
Subtotal: Plan Selections With Available Data on Financial Assistance	7,871,563	100%	2,425,385	100%	5,446,178	100%
Unknown Financial Assistance Status	148,200	n/a	148,200	n/a	0	n/a

Notes:

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

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 through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. For additional methodological information, please refer to Appendix F of this report.

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

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

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

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

**APPENDIX B: SUMMARY OF ADDITIONAL DEMOGRAPHIC CHARACTERISTICS OF FFM
MARKETPLACE PLAN SELECTIONS, 10-1-2013 TO 3-31-2014
(INCLUDING ADDITIONAL SEP ACTIVITY THROUGH 4-19-14)**

APPENDIX TABLE B1

FFM Marketplace Plan Selections by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age (1) 10-1-2013 to 3-31-2014 (Including SEP Activity through 4-19-14)									
Description	FFM Total			Females - FFM			Males - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	5,446,178	n/a	n/a	2,993,989	n/a	n/a	2,450,976	n/a	n/a
By Gender and Age	Number	% of Gender Total (4)	% of Age Group Total (5)	Number	% of Gender Total (4)	% of Age Group Total (5)	Number	% of Gender Total (4)	% of Age Group Total (5)
Age < 18	355,616	7%	100%	173,916	6%	49%	181,588	7%	51%
Age 18-25	605,023	11%	100%	327,513	11%	54%	277,385	11%	46%
Age 26-34	933,329	17%	100%	501,185	17%	54%	431,970	18%	46%
Age 35-44	940,402	17%	100%	510,268	17%	54%	429,925	18%	46%
Age 45-54	1,218,916	22%	100%	679,095	23%	56%	539,538	22%	44%
Age 55-64	1,372,043	25%	100%	790,623	26%	58%	581,120	24%	42%
Age ≥65	20,842	0%	100%	11,386	0%	55%	9,446	0%	45%
Subtotal: Plan Selections With Available Data on Age	5,446,171	100%	100%	2,993,986	100%	55%	2,450,972	100%	45%
Unknown Age	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ages 18 to 34	1,538,352	28%	100%	828,698	28%	54%	709,355	29%	46%
Ages 0 to 34	1,893,968	35%	100%	1,002,614	33%	53%	890,943	36%	47%
Ages 0 to 20	545,186	10%	100%	272,446	9%	50%	272,740	11%	50%
By Gender and Metal Level	Number	% of Gender Total (4)	% of Metal Level Total (5)	Number	% of Gender Total (4)	% of Metal Level Total (5)	Number	% of Gender Total (4)	% of Metal Level Total (5)
Bronze	939,195	17%	100%	481,577	16%	51%	457,410	19%	49%
Silver	3,755,589	69%	100%	2,116,539	71%	56%	1,638,197	67%	44%
Gold	464,831	9%	100%	248,478	8%	53%	216,212	9%	47%
Platinum	216,779	4%	100%	113,606	4%	52%	103,093	4%	48%
Catastrophic	88,790	2%	100%	44,718	1%	50%	44,049	2%	50%
Subtotal: Plan Selections With Available Data on Metal Level	5,446,168	100%	100%	2,993,989	100%	55%	2,450,976	100%	45%
Standalone Dental	1,129,739	n/a	n/a	619,257	n/a	n/a	510,230	n/a	n/a
Unknown Metal Level	10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	FFM Total			With Financial Assistance - FFM			Without Financial Assistance - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	5,446,178	n/a	n/a	4,683,262	n/a	n/a	762,916	n/a	n/a
By Financial Assistance Status and Metal Level (6)	Number	% of Financial Assistance Status Total (4)	% of Metal Level Total (5)	Number	% of Financial Assistance Status Total (4)	% of Metal Level Total (5)	Number	% of Financial Assistance Status Total (4)	% of Metal Level Total (5)
Bronze	939,195	17%	100%	688,280	15%	73%	250,915	33%	27%
Silver	3,755,589	69%	100%	3,566,549	76%	95%	189,040	25%	5%
Gold	464,831	9%	100%	302,373	6%	65%	162,458	21%	35%
Platinum	216,779	4%	100%	137,233	3%	63%	79,546	10%	37%
Catastrophic	88,790	2%	100%	n/a	n/a	n/a	88,789	12%	100%
Subtotal: Plan Selections With Available Data on Metal Level	5,446,168	100%	100%	4,683,254	100%	86%	762,914	100%	14%
Standalone Dental	1,129,739	n/a	n/a	0	n/a	n/a	1,129,739	n/a	n/a
Unknown Metal Level	10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	FFM Total			Bronze Plan Selections - FFM			Silver Plan Selections - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	5,446,178	n/a	n/a	939,195	n/a	n/a	3,755,589	n/a	n/a
By Metal Level and Age (6)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)
Age < 18	355,616	7%	100%	72,978	8%	21%	198,852	5%	56%
Age 18-25	605,023	11%	100%	91,007	10%	15%	426,657	11%	71%
Age 26-34	933,329	17%	100%	163,409	17%	18%	618,914	16%	66%
Age 35-44	940,402	17%	100%	153,586	16%	16%	664,683	18%	71%
Age 45-54	1,218,916	22%	100%	208,191	22%	17%	871,671	23%	72%
Age 55-64	1,372,043	25%	100%	246,558	26%	18%	959,146	26%	70%
Age ≥65	20,842	0%	100%	3,464	0%	17%	15,663	0%	75%
Subtotal: Plan Selections With Available Data on Age	5,446,171	100%	100%	939,193	100%	17%	3,755,586	100%	69%
Unknown Age	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ages 18 to 34	1,538,352	28%	100%	254,416	27%	17%	1,045,571	28%	68%
Ages 0 to 34	1.893.968	35%	100%	327.394	35%	17%	1.244.423	33%	66%

Description	Gold Plan Selections - FFM			Platinum Plan Selections - FFM			Catastrophic Plan Selections - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan									
Number of Individuals Who Have Selected a Marketplace Plan	464,831	n/a	n/a	216,779	n/a	n/a	88,790	n/a	n/a
By Metal Level and Age (6)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)	Number	% of Metal Level Total (4)	% of Age Group Total (5)
Age < 18	58,275	13%	16%	24,332	11%	7%	2,287	3%	1%
Age 18-25	37,767	8%	6%	19,470	9%	3%	32,298	36%	5%
Age 26-34	72,999	16%	8%	39,641	18%	4%	41,124	46%	4%
Age 35-44	76,526	16%	8%	42,333	20%	5%	6,358	7%	1%
Age 45-54	94,783	20%	8%	44,417	20%	4%	4,422	5%	0%
Age 55-64	123,377	27%	9%	45,933	21%	3%	2,294	3%	0%
Age ≥65	1,104	0%	5%	651	0%	3%	n/a	n/a	n/a
Subtotal: Plan Selections With Available Data on Age	464,831	100%	9%	216,777	100%	4%	88,790	100%	2%
Unknown Age	0	n/a	n/a	n/a	n/a	n/a	0	n/a	n/a
Ages 18 to 34	110,766	24%	7%	59,111	27%	4%	73,422	83%	5%
Ages 0 to 34	169,041	36%	9%	83,443	38%	4%	75,709	85%	4%

Description	Standalone Dental Plan Selections - FFM		
	Number (2)	% of Available Data, Excluding Unknown (3)	
Total Who Have Selected a Marketplace Plan			
Number of Individuals Who Have Selected a Marketplace Plan	1,129,739	n/a	n/a
Number Who Have Selected a Standalone Dental Plan By Metal Level and Age		% of Metal Level Total (4)	% of Age Group Total (5)
	Number		
Age < 18	63,448	6%	18%
Age 18-25	132,948	12%	22%
Age 26-34	248,591	22%	27%
Age 35-44	221,772	20%	24%
Age 45-54	238,276	21%	20%
Age 55-64	221,195	20%	16%
Age ≥65	3,505	0%	17%
Subtotal: Plan Selections With Available Data on Age	1,129,735	100%	21%
Unknown Age	n/a	n/a	n/a
Ages 18 to 34	381,539	34%	25%
Ages 0 to 34	444,987	39%	23%

Notes:

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

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. For additional methodological information, please refer to Appendix F of this report.

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

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

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

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

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

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

APPENDIX C: CHARACTERISTICS OF PERSONS WHO HAVE SELECTED MARKETPLACE PLANS THROUGH THE FFM BY RACE / ETHNICITY

The following section describes the race and ethnicity of those who have selected a plan in the Federally-facilitated Marketplace (FFM) through during the period October 1, 2013–March 31, 2014 (including Special Enrollment Period (SEP) activity through April 19, 2014). States with State-based Marketplaces are not required to report race and ethnicity to CMS.

Race and Ethnicity Data Obtained from the FFM Application

The application for coverage through the FFM contains questions on race and on ethnicity, both marked as optional (See Figure C1 below).²⁹ For ethnicity, applicants can choose one or more options describing Latino and Hispanic origin or “Other” ethnicity. The question on race contains several detailed race categories, plus an option for “Other” race.³⁰

Figure C1. Questions on Race and Ethnicity on the Application for Coverage through the FFM.

The screenshot shows a portion of the FFM application form. At the top, there is a row of 12 empty checkboxes. Below this, question 24 asks for ethnicity (optional) and lists several categories with checkboxes: Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and Other. Question 25 asks for race (optional) and lists a grid of categories: White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, and Other. At the bottom of the form, there is a blue button that says "NOW, tell us who else needs health coverage." with a right-pointing arrow.

For our analysis of the characteristics of individuals who selected a Marketplace plan through the FFM by race/ethnicity, we have combined the detailed categories on the Marketplace application into eight basic categories for race/ethnicity: American Indian/Alaska Native, African-American, Asian, Latino, Native Hawaiian/Pacific Islander, White, Multiracial, and Unknown/Other.³¹ For example, the detailed categories Japanese and Chinese are grouped with other detailed races into the broader “Asian” category.

²⁹ Answer options under the race/ethnicity questions on the Marketplace application are based on collection standards under Section 4302 of the Affordable Care Act. For more information, see: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>

³⁰ The optional race question on the Marketplace application is not used for determining eligibility for special health insurance benefits and protections for American Indians and Alaska Natives.

³¹ The race/ethnicity categories used in this analysis correspond to the six minimum categories for the combined format of race/ethnicity reporting according to standards maintained by the U.S. Office of Management and Budget, plus categories for Multiracial and Unknown/Other. For more information, see: http://www.whitehouse.gov/omb/fedreg_1997standards

Our first step in creating mutually exclusive classifications for race/ethnicity was classifying as Latino those who reported any Latino/Hispanic ethnicity. Next, non-Latinos were classified as multiracial if they reported two or more major race categories. The remaining non-Latinos were classified as American Indian/Alaska Native alone, African-American alone, Asian alone, Native Hawaiian/Pacific Islander alone, and White alone. Using these combined racial/ethnic categories, 31.1 percent of persons who selected Marketplace plans through the FFM were classified in the category Unknown/Other.

For the race question alone, 34.8 percent of the total 5.45 million who selected a Marketplace plan through the FFM either did not respond or selected “Other,” which is not distinguishable from nonresponse (“unknown”) in the data available for analysis. For the ethnicity question, 92.6 percent either did not respond or selected “Other.” Overall, we have information on neither race nor ethnicity for 31.1 percent of those who selected a Marketplace plan through the FFM.

Rates of Unknown Race/Ethnicity in Other Data

At 31.1 percent, the share of unknown race/ethnicity in FFM Marketplace plan selection data is higher than in survey data. Federal surveys have lower non-response rates to questions on race and ethnicity: the main Census surveys have missing data on 3 to 5 percent of respondents, and the National Health Interview Survey has missing information for about 5 percent of respondents. The federal statistical agencies generally impute race and ethnicity to fill in these gaps in survey data.³²

However, the proportion of missing race/ethnicity data among those who have selected a Marketplace plan through the FFM is lower than that reported in administrative data sources in the healthcare industry. One study found that one-third to one-half of commercial plans report challenges in collecting data from enrollees due to concerns for privacy, as well as inadequate IT resources, and a lack of race/ethnicity fields on forms.³³ As of 2008, commercial plans that collected race and ethnicity data only had information for about 40 percent of their members.³⁴ The health insurance company Aetna, which began collecting data on race and ethnicity for all its members in 2002 via enrollment forms, currently has information on race/ethnicity for about 35 percent of its membership.³⁵ A study of administrative data from the Department of Veterans Affairs found that race/ethnicity information was missing from files for 36 percent of patients.³⁶ Research shows that administrative data may not accurately reflect applicants’ race and ethnicity, and minority groups may be particularly under-reported. Studies examining sources of administrative data have found that race and ethnicity data does not match self-reported data, or

³² ASPE correspondence with U.S. Census and the National Center for Health Statistics regarding the American Community Survey, the Current Population Survey, and the National Health Interview Survey; February 2014.

³³ José J. Escarce, Rita Carreón, German Veselovskiy, and Elisa H. Lawson, “Collection of race and ethnicity data by health plans has grown substantially, but opportunities remain to expand efforts,” *Health Affairs*, vol. 30, no. 10 (2011).

³⁴ Ibid.

³⁵ Aetna, “Aetna’s Commitment,” accessed April 25, 2014. Available at: <http://www.aetna.com/about-aetna-insurance/initiatives/racial-ethnic-equality/index.html>

³⁶ Nancy R. Kressin, Bei-Hung Chang, Ann Hendricks, and Lewis E. Kazis, “Agreement between administrative data and patients’ self-reports of race/ethnicity,” *American Journal of Public Health*, vol. 93, no. 10 (2003), p. 1734-1739.

other analyses that reclassify race/ethnicity data. For example, numerous studies demonstrate that the Medicare Enrollment Database under-identifies Hispanics, Asians, Pacific Islanders, and American Indians, compared to White and African-American beneficiaries.^{37,38,39,40} Researchers who compared self-reported race against information in the Medicare Enrollment Database found that race information in the database was correct for only 29.5 percent of people who self-reported as Hispanic, 35.7 percent of those who self-reported as of American Indians/Alaska Natives, and 54.7 percent of those who self-reported as of Asians/Pacific Islanders.^{41,42}

Moreover, the racial/ethnic makeup of 31 percent of persons with unknown race and ethnicity who selected a Marketplace plan through the FFM may differ substantially from that among those who reported race and ethnicity. For example, if racial and ethnic minorities are more likely to skip the optional questions, they would be disproportionately under-reported in the overall totals. Moreover, the percentage unknown varies greatly by state. In four states (Arkansas, Montana, North Dakota, and South Dakota), the percentage with unknown race/ethnicity is less than 20 percent, while the rate of unknown race/ethnicity is over 35 percent in Michigan, Louisiana, and Florida. See Appendix Table C2 below for state level numbers of individuals who did and did not report their race and ethnicity.

Research shows that minorities may be concerned, skeptical, or confused about why their race/ethnicity data is being collected, and fear that this data may be used to target them for charging higher premiums or denying care.⁴³ Some people believe that they would receive disparate services based on their answers to questions about race and ethnicity.⁴⁴ Consumers want assurances that their race and ethnicity data will be confidential, and used for purposes of improving quality.⁴⁵

³⁷ Susan L. Arday, David R. Arday, Stephanie Monroe, and Jianyi Zhang, "HCFA's racial and ethnic data: current accuracy and recent improvements," *Healthcare Financing Review*, vol. 21, no. 4 (2000).

³⁸ P.W. Eggers, and L. G. Greenberg, "Racial Differences in Hospitalization Rates among Aged Medicare Beneficiaries," *Health Care Financing Review*, vol. 21, no. 4 (1998), p. 1-15.

³⁹ DR. Waldo, "Accuracy and Bias of Race/Ethnicity Codes in the Medicare Enrollment Database," *Health Care Financing Review*, Winter 2004-2005/Volume 26, Number 2.

⁴⁰ Alan M. Zaslavsky, John Z. Ayanian, and Lawrence B. Zaboriski, "The validity of race and ethnicity in enrollment data for Medicare beneficiaries," *Health services research* 47, no. 3 (2012), p. 1300-1321.

⁴¹ Celia Eicheldinger, and Arthur Bonito, "More accurate racial and ethnic codes for Medicare administrative data," *Health care financing review* 29, no. 3 (2008).

⁴² Arthur Meltzer, Arthur J. Bonito, Celia R. Eicheldinger, and Christian Evensen, "Health Disparities: Measuring Health Care Use and Access for Racial/Ethnic Populations," Centers for Medicare and Medicaid Services and RTI International, 2005.

⁴³ Wynia R. Hasnain, Clark K. Taylor, and Ayodola Anise, "Collecting race, ethnicity, and language data to identify and reduce health disparities: perceptions of health plan enrollees," *Medical Care Research and Review* 68, no. 3 (2011): 367-381.

⁴⁴ "National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice," Office of Minority Health, U.S. Department of Health and Human Services, April 2013.

⁴⁵ Wynia R. Hasnain, Clark K. Taylor, and Ayodola Anise, "Collecting race, ethnicity, and language data to identify and reduce health disparities: perceptions of health plan enrollees," *Medical Care Research and Review* 68, no. 3 (2011): 367-381.

Race/Ethnicity among Persons Who Selected a Marketplace Plan through the FFM

Unknown/Other included: According to self-reported information on race/ethnicity on Marketplace applications, *including those who chose not to report information*, Whites (43.3 percent) account for the largest proportion of Marketplace plan selections through the FFM. The next largest race/ethnicity categories are African-Americans (11.5 percent), Latinos (7.4 percent), and Asians (5.5 percent). Nearly one-third (31.1 percent) of the total 5.4 million individuals who have selected a Marketplace plan through the FFM selected either no choice or “Other” for both ethnicity and race on their application for Marketplace coverage. (See Table C1, column A for details.)

Unknown/Other excluded: Among those individuals who selected a Marketplace plan through the FFM and *reported their race/ethnicity*, Whites represent the largest proportion (62.9 percent), followed by African-Americans (16.7 percent), Latinos (10.7 percent), and Asians (7.9 percent) (see Column B of Table C1 and Figure C3 below for details).

Appendix Table C1.
Distribution of FFM Marketplace Plan Selections by Race and Ethnicity⁴⁶
10-1-2013 to 3-31-2014, Including Additional SEP Activity through 4-19-14

Race/Ethnicity	Total Who Selected a Marketplace Plan Including Unknown/Other (A)		Total Who Selected a Marketplace Plan Where Race/Ethnicity Is Reported, Excluding Unknown/Other (B)	
	Number	%	Number	%
Unknown/Other	1,691,170	31.1%	<i>N/A</i>	<i>N/A</i>
American Indian/ Alaska Native	13,061	0.2%	13,061	0.3%
Asian	298,515	5.5%	298,515	7.9%
Native Hawaiian/ Pacific Islander	3,282	0.1%	3,282	0.1%
African-American	625,934	11.5%	625,934	16.7%
Latino	403,632	7.4%	403,632	10.7%
White	2,360,672	43.3%	2,360,672	62.9%
Multiracial	49,912	0.9%	49,912	1.3%
FFM TOTAL	5,446,178	100.0%	3,755,008	100.0%

⁴⁶ Column A is based on total Marketplace plan selections through the FFM, including those for whom race/ethnicity is unknown. Column B is based on total FFM Marketplace plan selections with known data on race/ethnicity (i.e., excluding those for whom race/ethnicity is unknown).

Comparison to the QHP Eligible Population

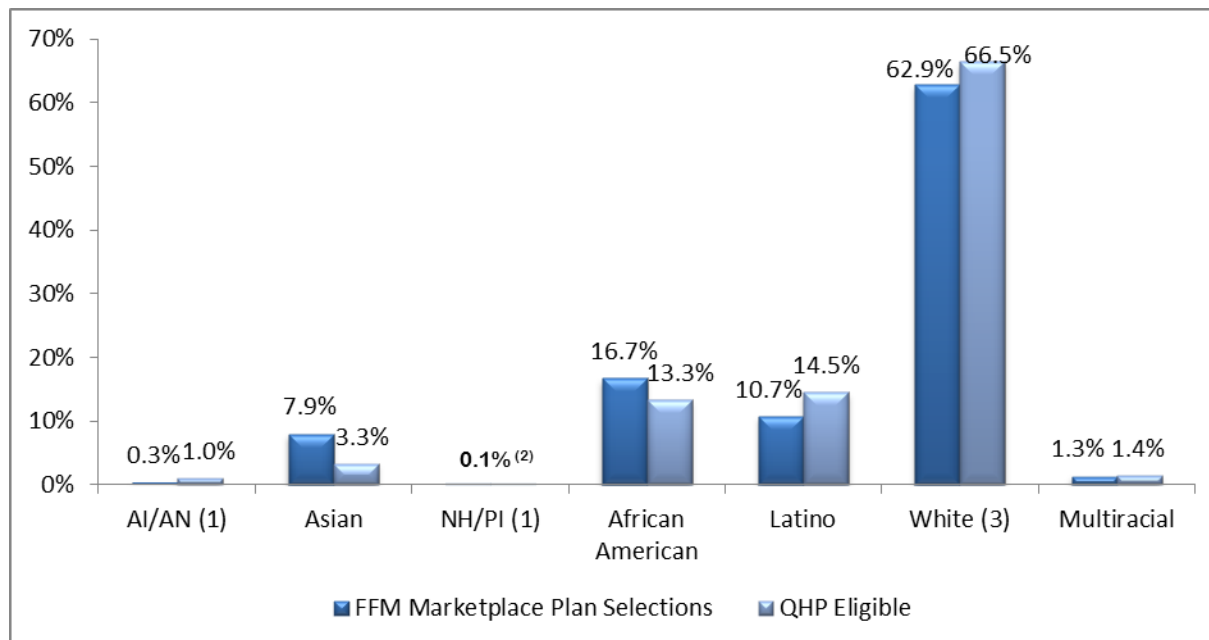
Racial and ethnic minorities make up a disproportionately large share of the nation's uninsured nonelderly U.S. citizens and others lawfully present ("eligible uninsured").⁴⁷ The private plans in the Marketplaces serve eligible individuals who are uninsured, as well as those who may have previously sought coverage through the individual market. For this reason we compare the FFM Marketplace plan selections to the estimated QHP eligible population—individuals potentially eligible for Marketplace coverage but not for Medicaid/CHIP. For purposes of this analysis, our estimate of the "QHP eligible" includes U.S. citizens and others lawfully present who are uninsured or have nongroup health insurance (coverage through the individual market) and who have family incomes that are too high to qualify either for Medicaid or an exemption from the coverage mandate on the basis of financial hardship. Specifically, the QHP eligible include uninsured and nongroup-covered adults in Medicaid expansion states with family incomes above 138 percent of the FPL, adults with incomes above 100 percent of the FPL in non-expansion states, and children (age 0-18) with family incomes above 250 percent of the FPL in both types of states.⁴⁸

Overall, the distribution of FFM Marketplace plan selections by race/ethnicity looks similar to the distribution of the QHP eligible population. However, the proportion of Whites and of Latinos is *lower* among FFM Marketplace plan selections than among the QHP eligible, while the proportion of Asians and African-Americans is *higher* among FFM Marketplace plan selections than the QHP eligible (see Figure C2).

⁴⁷ We use the term "eligible uninsured" to refer to those who are potentially eligible for coverage through the Marketplace and Medicaid/CHIP. For more information about eligibility to purchase coverage in the Marketplace, see <https://www.healthcare.gov/immigration-status-and-the-marketplace/>. The estimates contained in this brief do not take into account certain Marketplace coverage and Medicaid/CHIP eligibility requirements, such as those relating to other minimum essential coverage or tax filing requirements, and thus the populations described in this brief should be construed as "potentially" eligible, subject to these other requirements.

⁴⁸ We make the simplifying assumption in this analysis that all children with incomes below 250 percent of the FPL would be eligible for Medicaid/CHIP rather than the Marketplace. Actual CHIP income thresholds vary by state.

Figure C2. Distribution by Race/Ethnicity of Marketplace Plan Selections and the QHP Eligible Population in the 36 FFM States, Where Race/Ethnicity Is Reported (Unknown/Other Category Is Excluded), 10-1-2013 to 3-31-2014, including Additional SEP Activity through 4-19-14



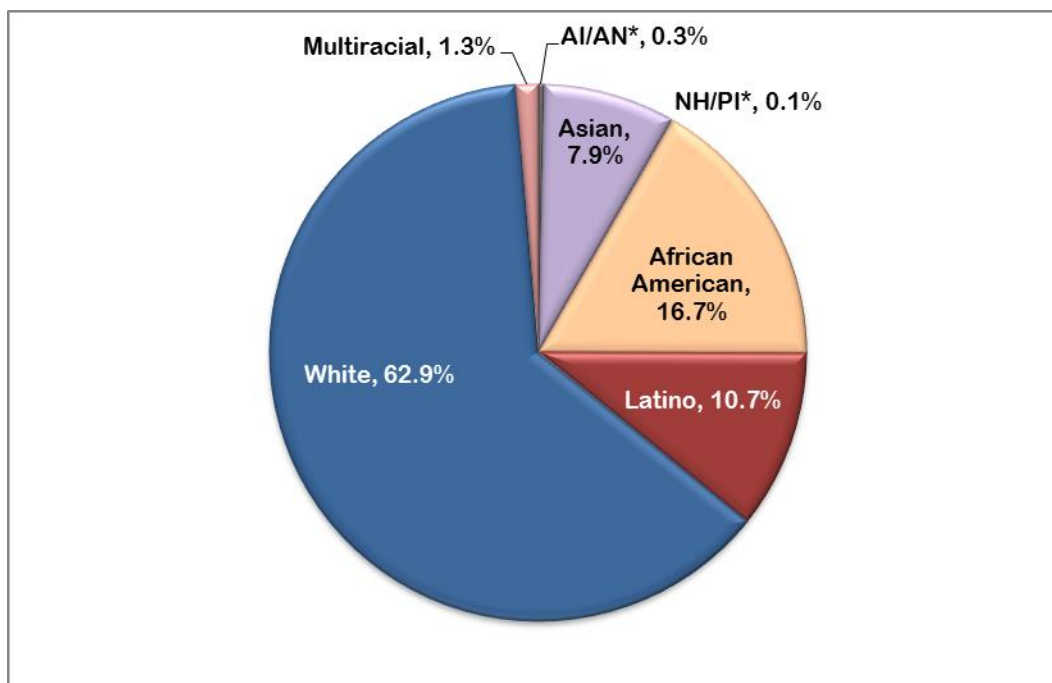
NOTES:

(1) AI/AN represents American Indian/Alaska Native; NH/PI represents Native Hawaiian/Pacific Islander.

(2) Native Hawaiians/Pacific Islanders account for 0.1 percent of FFM Marketplace plan selections and of the QHP eligible.

(3) This table shows the proportion of each race/ethnicity within the two different populations specified. For example, 62.9 percent of all individuals who have selected a Marketplace plan through the FFM are White, while 66.5 percent of all QHP eligible are White. The two percentages are based on different denominators.

Figure C3. Distribution of Marketplace Plan Selections in the FFM by Race/Ethnicity Where Race/Ethnicity Is Reported, (Excluding Unknown/Other), 10-1-2013 to 3-31-14, Including Additional SEP Activity through 4-19-14



NOTES:

Percentages are out of the total 3.8 million persons who selected a plan through the FFM and reported race/ethnicity. Of the total 5.4 million who selected a plan through the FFM, 31.1 percent did not report race or ethnicity.

Special Provisions for American Indians and Alaska Natives

The Affordable Care Act contains special provisions for American Indians and Alaska Natives relating to cost-sharing reductions, a special monthly enrollment period, and cost and eligibility rules for Medicaid/CHIP.⁴⁹ The Marketplace application includes a separate question related to eligibility for these special protections provided to American Indians and Alaska Natives that is asked as part of the financial assistance application process. In response to this question, which is specific to American Indian/Alaska Native status, more than 48,103 persons who have selected a Marketplace plan through the FFM have indicated that they were American Indian or Alaska Native.⁵⁰

Data from the optional race/ethnicity question on the Marketplace application provide an incomplete picture of American Indian and Alaska Native Marketplace plan selections because answering the question is voluntary.⁵¹ The optional race question on the Marketplace application

⁴⁹ Section 1402(d) of the Affordable Care Act.

⁵⁰ This number is for the number of persons who selected Marketplace plans through the FFM for the period October 1, 2013 to April 21, 2014.

⁵¹ Of the total 5.4 million people who selected a plan through the FFM, 34.8 percent did not report race, and 31.1 percent reported neither race nor ethnicity.

is not used for determining whether American Indians and Alaska Natives qualify for benefits such as cost-sharing reductions and other protections.

In addition to special protections in the Marketplace, American Indians and Alaska Natives may be eligible for services through the Indian Health Service, which provides comprehensive primary health care and disease prevention services through a network of hospitals, clinics, and health stations on or near reservations. Indian Health Service facilities are predominately located in rural primary care settings and are managed by Indian Health Service, Tribes and Urban Indian programs. Initial American Indian and Alaska Native enrollment data may be low because of the statutory special monthly enrollment period and potential eligibility for Indian Health Service.

Variation by State

The racial/ethnic distribution of the persons who have selected a Marketplace plan through the FFM differs by state, reflecting variation in underlying state-level demographics.⁵² The following analysis is based on data for Marketplace plan selections *where race/ethnicity is known (unknown/other is excluded)*; see Appendix Table C3 for additional details:

- **Whites:** In nearly all FFM states, Whites represent the largest share of Marketplace plan selections, though their proportion of enrollment ranges from 95.9 percent in Maine to 33.3 percent in Mississippi.
- **Latinos:** Border states have the highest shares of Latinos among Marketplace plan selections, with Texas at 33.6 percent, New Mexico at 31.1 percent, Arizona at 24.2 percent, followed by Florida at 19.2 percent.
- **African-Americans:** The highest concentration of African-American Marketplace plan selections is in Southern states, with Mississippi at 59.5 percent, Georgia at 38.6 percent, Louisiana at 37.9 percent, and Alabama at 29.9 percent.
- **Asians:** The highest concentration of Asians Marketplace plan selections is in Virginia at 17.7 percent, New Jersey at 16.3 percent, and Georgia at 14.8 percent.
- **American Indians and Alaska Natives:** The highest concentration of American Indians and Alaska Natives is in two states: Wyoming at 3.5 percent and Oklahoma at 3.1 percent.
- **Native Hawaiians and Pacific Islanders:** The highest concentration of Native Hawaiians and Pacific Islanders is in Alaska at 0.6 percent and Utah at 0.6 percent.

⁵² This discussion does not include data from the 15 State-Based Marketplaces: California, Colorado, Connecticut, District of Columbia, Hawaii, Kentucky, Massachusetts, Maryland, Minnesota, Nevada, New York, Oregon, Rhode Island, Vermont, and Washington.

SBM States

While this report does not include race and ethnicity data from most of the 15 State-based Marketplace states, California, Washington, and Nevada have publicly reported information on the racial and ethnic makeup of individuals who have selected Marketplace plans during the initial open enrollment period.

- California:** For Covered California, 35 percent of the persons who have selected a Marketplace plan are White; 28 percent are Latino; 21 percent are Asian; 6 percent are of mixed race; 4 percent are of unknown race (non-Latino); 3 percent are African-American; 3 percent are of Other races; and less than 1 percent each are American Indian and Alaska Native, and Native Hawaiian and other Pacific Islander.⁵³ The share of Latino Marketplace plan selections in California increased over the course of the initial open enrollment period: Latinos represented 18 percent of enrollees through December,⁵⁴ and 26 percent of cumulative enrollment through February.⁵⁵
- Washington:** The state of Washington reported that among the 152,753 individuals who selected a Marketplace plan through March 31, 2014, 6.8 percent were of Latino ethnicity, 27.1 percent were non-Latino, and 66 percent did not declare their ethnicity. Race was reported separately from ethnicity, and 21.3 percent of enrollees did not provide their race. The reported race categories were: American Indian (0.6 percent of total), Asian (10.3 percent), African-American (2.4 percent), Other race (3.4 percent), Pacific Islander (1.7 percent), White (60.0 percent), Alaska Native (0.1 percent), and Hawaiian (0.1 percent).⁵⁶
- Nevada:** In Nevada's Health Link, 17.8 percent of private plan enrollees have reported their ethnicity as Hispanic, according to a media report.⁵⁷

Growth in the FFM

Data on race and ethnicity available from mid-February to the end of open enrollment show that enrollment among racial and ethnic minorities grew faster than those who reported themselves as White (see Figure C4).

⁵³ Covered California, "Covered California Enrollment Statistics, April 17, 2014, http://3.bp.blogspot.com/-Ir_3Vrs61_o/U1BpfBRhu2I/AAAAAAAAAZM/QqRUOE0rngg/s1600/Mar-one-sheet-p1.jpg

⁵⁴ Chad Terhune and Soumya Karlamangla, "More Latinos enrolling in Covered California health plans," Los Angeles Times, February 19, 2014. Available at: <http://www.latimes.com/business/la-fi-exchange-enrollment-20140220,0,5079750.story>.

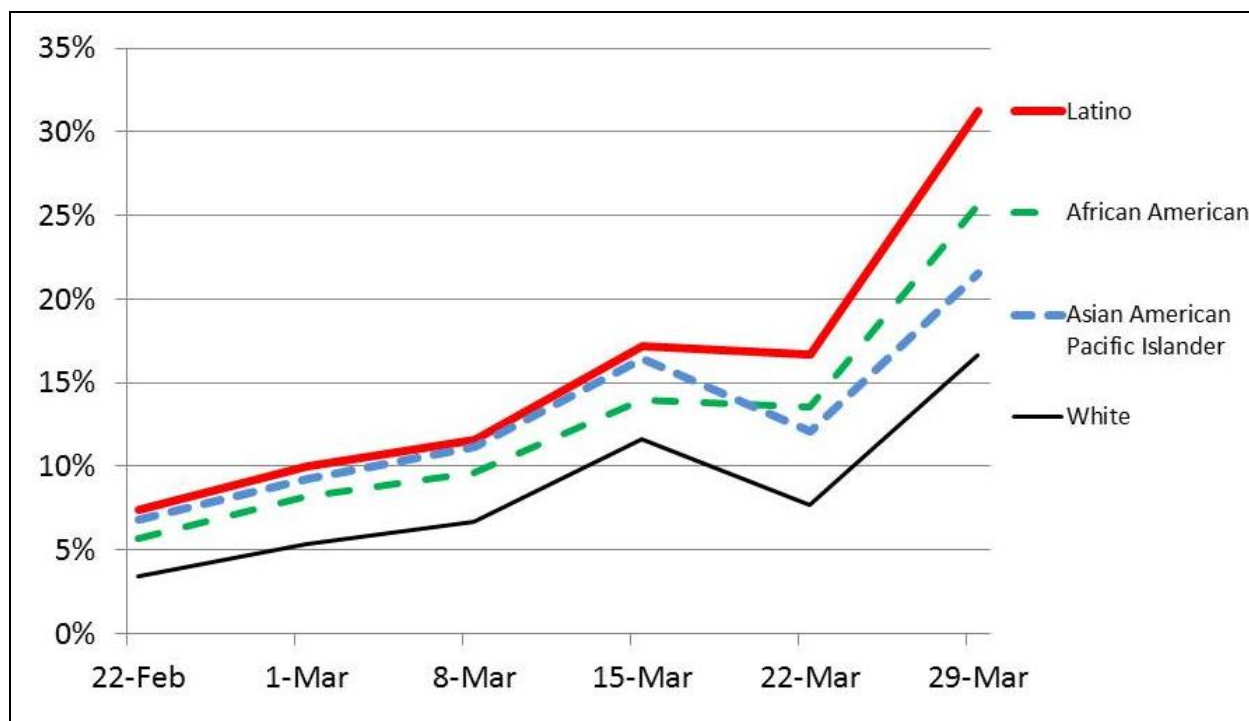
⁵⁵ "Covered California Begins Countdown to Final Days to Enroll in Health Plans," March 13, 2014. Available at: <http://news.coveredca.com/2014/03/covered-california-begins-countdown-to.html>.

⁵⁶ Washington Health Benefit Exchange, "Health Coverage Enrollment Report: October 1, 2013 – March 31, 2014," April 23, 2014. Available at:

http://wahbexchange.org/files/4513/9821/1124/WAHBE_End_of_Open_Enrollment_Data_Report_FINAL.pdf

⁵⁷ Jennifer Robison, "Hispanic enrollment in state health insurance exchange proves disappointing," Las Vegas Review-Journal, April 26, 2014. Available at: <http://www.reviewjournal.com/business/hispanic-enrollment-state-health-insurance-exchange-proves-disappointing>.

**Figure C4. Growth in Marketplace Plan Selections in the FFM
by Race/Ethnicity, 2-22-2014 to 3-29-2014**



Notes: Represents the weekly growth rate (percentage increase) in the number of unique individuals who have been determined eligible to enroll in a plan through the FFM, and have selected a plan (with or without the first premium payment having been received by the issuer) by race/ethnicity.

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014

Conclusion

The Department will continue to develop outreach strategies to reach the eligible uninsured and encourage coverage through the Health Insurance Marketplace, including racial and ethnic minorities who are more likely to be uninsured. As we continue to assess the initial open enrollment period for the Marketplace, we will evaluate the lessons learned to work to improve outreach efforts and coverage rates in the 2014-2015 open enrollment period.

Based on experience with the Children's Health Insurance Program (CHIP), we expect participation in the Marketplace to increase steadily over time across all racial and ethnic groups. The rate of participation among low-income children in CHIP, which was launched in 1997, has steadily increased among eligible children of all racial and ethnic groups over the past 15 years. We expect that concerted outreach efforts and a growing awareness of coverage options will increase the rate of insurance coverage across all populations for the Marketplace as well.

**Appendix Table C2. Number of Individuals Who Selected a Marketplace Plan through the FFM, by State and by Race/Ethnicity (Unknown/Other included)
10-1-2013 to 3-31-14, Including Additional SEP Activity through 4-19-14**

State	Number of Individuals Who Selected a Marketplace Plan through the FFM (Oct. 1, 2013 – March 31, 2014, Including SEP Activity through 4-19-14)								
	TOTAL	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African- American	Latino	White	Multiracial	Unknown / Other
Idaho (1)	76,061	279	1,197	92	276	4,779	47,330	737	21,371
New Mexico (1)	32,062	566	857	16	395	7,146	13,684	349	9,049
Alabama	97,870	269	4,708	40	23,035	1,126	46,927	984	20,781
Alaska	12,890	115	1,011	62	272	393	8,001	290	2,746
Arizona	120,071	514	6,207	135	3,474	21,718	55,979	1,820	30,224
Arkansas	43,446	201	1,160	23	4,453	1,114	27,618	427	8,450
Delaware	14,087	14	859	*	2,204	665	6,688	198	3,453
Florida	983,775	890	34,333	763	109,985	106,647	297,353	5,625	428,179
Georgia	316,543	302	33,184	146	86,631	8,183	93,078	3,041	91,978
Illinois	217,492	217	15,808	91	17,370	15,691	114,356	2,054	51,905
Indiana	132,423	153	4,693	*	9,908	3,185	79,240	1,124	34,081
Iowa	29,163	48	727	*	698	901	19,932	252	6,594
Kansas	57,013	241	2,427	32	2,937	3,148	33,826	966	13,436
Louisiana	101,778	279	4,970	*	24,023	1,415	31,769	820	38,475
Maine	44,258	94	504	*	246	210	32,809	330	10,053
Michigan	272,539	680	8,063	*	22,593	4,256	135,713	2,588	98,587
Mississippi	61,494	40	2,235	*	25,856	535	14,441	315	18,066
Missouri	152,335	340	4,727	95	14,095	2,470	87,426	1,750	41,432
Montana	36,584	521	373	19	80	564	28,125	469	6,433
Nebraska	42,975	167	1,020	19	1,369	1,979	27,578	417	10,426
New Hampshire	40,262	39	1,183	*	330	374	27,465	325	10,537
New Jersey	161,775	124	17,422	124	14,127	7,215	66,632	1,263	54,868
North Carolina	357,584	1,565	12,295	140	58,313	7,563	166,469	3,139	108,100
North Dakota	10,597	82	156	*	120	112	7,950	120	2,054
Ohio	154,668	131	4,544	*	13,142	1,995	92,306	1,688	40,824
Oklahoma	69,221	1,638	3,588	51	4,762	3,952	36,960	1,793	16,477
Pennsylvania	318,077	250	21,353	121	28,965	8,047	172,849	2,977	83,515
South Carolina	118,324	217	4,051	58	24,020	1,653	51,810	959	35,556
South Dakota	13,104	271	153	*	119	172	9,889	154	2,336
Tennessee	151,352	203	5,090	*	21,107	2,320	84,093	1,421	37,073
Texas	733,757	1,287	67,479	447	70,337	171,648	192,990	6,547	223,022
Utah	84,601	307	2,148	342	567	4,100	50,790	941	25,406
Virginia	216,356	294	26,298	145	33,098	4,294	81,568	2,748	67,911
West Virginia	19,856	21	280	*	459	108	14,856	132	3,996
Wisconsin	139,815	393	3,298	*	6,513	3,510	94,340	1,029	30,680
Wyoming	11,970	309	114	*	55	444	7,832	120	3,096
FFM TOTAL	5,446,178	13,061	298,515	3,282	625,934	403,632	2,360,672	49,912	1,691,170

Notes:

* Asterisks denote less than 0.1% or 10 or fewer Marketplace plan selections; however, the data for these states are included in the FFM total. Racial/ethnic categories are mutually exclusive. All individuals reporting Latino or Hispanic ethnicity are counted in the “Latino” column.

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

Appendix Table C3. Distribution of Individuals Who Selected a Marketplace Plan through the FFM, by State and by Race/Ethnicity (Unknown/Other excluded) 10-1-2013 to 3-31-14, Including Additional SEP Activity through 4-19-14

State	Distribution of Individuals Who Selected a Marketplace Plan through the FFM (Oct. 1, 2013 – March 31, 2014, Including SEP Activity through 4-19-14) Excluding Unknown/Other							
	TOTAL Where Race/ Ethnicity is Known	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African- American	Latino	White	Multiracial
Idaho	54,690	0.5%	2.2%	0.2%	0.5%	8.7%	86.5%	1.3%
New Mexico	23,013	2.5%	3.7%	0.1%	1.7%	31.1%	59.5%	1.5%
Alabama	77,089	0.3%	6.1%	0.1%	29.9%	1.5%	60.9%	1.3%
Alaska	10,144	1.1%	10.0%	0.6%	2.7%	3.9%	78.9%	2.9%
Arizona	89,847	0.6%	6.9%	0.2%	3.9%	24.2%	62.3%	2.0%
Arkansas	34,996	0.6%	3.3%	0.1%	12.7%	3.2%	78.9%	1.2%
Delaware	10,634	0.1%	8.1%	*	20.7%	6.3%	62.9%	1.9%
Florida	555,596	0.2%	6.2%	0.1%	19.8%	19.2%	53.5%	1.0%
Georgia	224,565	0.1%	14.8%	0.1%	38.6%	3.6%	41.4%	1.4%
Illinois	165,587	0.1%	9.5%	0.1%	10.5%	9.5%	69.1%	1.2%
Indiana	98,342	0.2%	4.8%	*	10.1%	3.2%	80.6%	1.1%
Iowa	22,569	0.2%	3.2%	*	3.1%	4.0%	88.3%	1.1%
Kansas	43,577	0.6%	5.6%	0.1%	6.7%	7.2%	77.6%	2.2%
Louisiana	63,303	0.4%	7.9%	*	37.9%	2.2%	50.2%	1.3%
Maine	34,205	0.3%	1.5%	*	0.7%	0.6%	95.9%	1.0%
Michigan	173,952	0.4%	4.6%	*	13.0%	2.4%	78.0%	1.5%
Mississippi	43,428	0.1%	5.1%	*	59.5%	1.2%	33.3%	0.7%
Missouri	110,903	0.3%	4.3%	0.1%	12.7%	2.2%	78.8%	1.6%
Montana	30,151	1.7%	1.2%	0.1%	0.3%	1.9%	93.3%	1.6%
Nebraska	32,549	0.5%	3.1%	0.1%	4.2%	6.1%	84.7%	1.3%
New Hampshire	29,725	0.1%	4.0%	*	1.1%	1.3%	92.4%	1.1%
New Jersey	106,907	0.1%	16.3%	0.1%	13.2%	6.7%	62.3%	1.2%
North Carolina	249,484	0.6%	4.9%	0.1%	23.4%	3.0%	66.7%	1.3%
North Dakota	8,543	1.0%	1.8%	*	1.4%	1.3%	93.1%	1.4%
Ohio	113,844	0.1%	4.0%	*	11.5%	1.8%	81.1%	1.5%
Oklahoma	52,744	3.1%	6.8%	0.1%	9.0%	7.5%	70.1%	3.4%
Pennsylvania	234,562	0.1%	9.1%	0.1%	12.3%	3.4%	73.7%	1.3%
South Carolina	82,768	0.3%	4.9%	0.1%	29.0%	2.0%	62.6%	1.2%
South Dakota	10,768	2.5%	1.4%	*	1.1%	1.6%	91.8%	1.4%
Tennessee	114,279	0.2%	4.5%	*	18.5%	2.0%	73.6%	1.2%
Texas	510,735	0.3%	13.2%	0.1%	13.8%	33.6%	37.8%	1.3%
Utah	59,195	0.5%	3.6%	0.6%	1.0%	6.9%	85.8%	1.6%
Virginia	148,445	0.2%	17.7%	0.1%	22.3%	2.9%	54.9%	1.9%
West Virginia	15,860	0.1%	1.8%	*	2.9%	0.7%	93.7%	0.8%
Wisconsin	109,135	0.4%	3.0%	*	6.0%	3.2%	86.4%	0.9%
Wyoming	8,874	3.5%	1.3%	*	0.6%	5.0%	88.3%	1.4%
FFM TOTAL	3,755,008	0.3%	7.9%	0.1%	16.7%	10.7%	62.9%	1.3%

Notes:

* Asterisks denote less than 0.1% or 10 or fewer Marketplace plan selections. Racial/ethnic categories are mutually exclusive. All individuals reporting Latino or Hispanic ethnicity are counted in the “Latino” column.

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

APPENDIX D: CHARACTERISTICS OF PERSONS WHO HAVE SELECTED MARKETPLACE PLANS THROUGH THE FFM – BY HEALTH INSURANCE COVERAGE STATUS AT THE TIME OF APPLICATION

The Centers for Medicare & Medicaid Services (CMS) collects data on health insurance coverage at the time of application only from individuals seeking financial assistance for coverage through the Federally-facilitated Marketplace (FFM). CMS is not currently collecting data on whether individuals who have selected Marketplace plans through the State-based Marketplaces had health coverage at the time of application, although we anticipate that such information may become available in the future.

Only individuals applying for financial assistance are required to report whether they currently have health insurance coverage and the source of that coverage. Information on coverage is necessary to determine eligibility for the advanced premium tax credit, cost-sharing reductions, and Medicaid/CHIP. Individuals who do not apply for financial assistance are not asked about current coverage.

This means that the data collected about health coverage at the time of application does not capture the full population of persons who use the FFM. There are also questions about the appropriate interpretation of the data for those individuals for whom information is available, as described below. The use of this information on health insurance coverage at the time of application should therefore be limited.

Data Limitations

The coverage question on the Marketplace application form is designed to capture whether an individual *currently* has health insurance, and not whether an individual may have been covered *prior* to the time of application. Applicants for financial assistance through the Marketplace are asked: “Are you enrolled in health coverage now from the following?”⁵⁸ Responses to the coverage question do not capture, for example, whether an individual without coverage only very recently became uninsured or whether someone with insurance is applying to the Marketplace to prevent an impending loss of coverage.

As noted above, those who elect not to apply for financial assistance through the Marketplace do not encounter questions about insurance status. We are unable to report the prevalence of health insurance coverage at the time of application among the approximately 5 percent of enrollees who did not apply for financial assistance, as well as among those who enrolled in any off-Marketplace, Affordable Care Act-compliant plans.

⁵⁸ The list of possible answers for the question relating to health insurance coverage at the time of application includes an option marked “Other.” At this time, we are unable to verify whether answers of “Other” are counted toward the number of individuals with health insurance coverage at the time of application in the CMS application data.

Health Insurance Coverage at the Time of Application among FFM Enrollees

Of the 5.45 million people who selected a Marketplace plan through the FFM during the period October 1, 2013–March 31, 2014 (including Special Enrollment Period (SEP) activity through April 19, 2014), 5.18 million (95 percent) *applied* for financial assistance and were required to answer a question about their health insurance coverage.⁵⁹ Of these 5.18 million who applied for financial assistance and selected in a plan, 695,011 (13 percent) indicated that they had coverage at the time of application.

Health Insurance Coverage at the Time of Application among SBM Enrollees

CMS is requesting information from SBMs on coverage at the time of application. These data will be available at a later date. In terms of publicly available information, at least two State-based Marketplaces have publicly released information on previous health insurance coverage at the time of application among persons who selected Marketplace plans. NY State of Health has reported that about 30 percent of its combined 960,000 enrollees in Marketplace plans and in Medicaid/CHIP through April 15, 2014 had insurance coverage at the time of application⁶⁰—twice the level of health insurance coverage at the time of application among persons who applied for financial assistance and selected Marketplace plans through the FFM. Preliminary data from Kynect, Kentucky’s Marketplace, showed that as of March, 25 percent of the persons who selected Marketplace plans had insurance before signing up.⁶¹

Landscape Data on Previously Uninsured

Estimates of the share of previously uninsured vary widely among surveys, and results may be sensitive to the period in which the survey was fielded, as well as the population of individuals included. A Gallup-Healthways Well-Being Index poll of nonelderly adults fielded March 4–April 14, 2014 found that half of those who bought coverage through the Marketplace had health insurance coverage at the time of application.⁶² Gallup reports that 4.2 percent of respondents reported obtaining Marketplace coverage, including 2.1 percent who bought it as a replacement for a previous policy and 1.9 percent who did not previously have a policy. In a separate survey, the RAND Corporation estimated that 2.5 million (61 percent) of the 3.9 million individuals enrolled in the Marketplace in March had previous coverage.⁶³

⁵⁹ Not all those who apply for financial assistance are determined eligible for it.

⁶⁰ NY State of Health, “More Than 960,000 New Yorkers Enrolled on NY State of Health,” press release, April 15, 2014. Available at: <http://www.healthbenefitexchange.ny.gov/news/more-960000-new-yorkers-enrolled-ny-state-health>

⁶¹ “More Than 321,000 Now Enrolled Through Kynect as March 31 Deadline Approaches,” press release from the office of Gov. Steve Beshear, March 21, 2014. Available at: <http://migration.kentucky.gov/newsroom/governor/20140321kynect.htm>

⁶² Gallup presentation, “An Inside Look at Gallup’s Healthcare and ACA Data,” April 16, 2014. Video available at: <http://thrive.gallup.com/2014/04/is-affordable-care-act-working.html>.

⁶³ Katherine Carman and Christine Eibner, “Changes in Health Insurance Enrollment Since 2013: Evidence from the RAND Health Reform Opinion Study,” RAND Corporation, April 2014. Available at: http://www.rand.org/pubs/research_reports/RR656.html.

The management consultancy McKinsey & Company has surveyed individuals who purchased new policies for 2014 through the nongroup market, including plans both in and outside the Marketplace. The coverage status of individuals purchasing plans outside the Marketplace may differ from the coverage status of those purchasing coverage on the Marketplace, so McKinsey's results may not be comparable to the other surveys or to the application data cited above. McKinsey found that 73 percent of respondents in February 2014 who reported purchasing new nongroup coverage had health insurance coverage at the time of application, a change from 89 percent in their previous survey, conducted over the period November 2013 to January 2014.⁶⁴

⁶⁴ Amit Bhardwaj, Erica Coe, Jenny Cordina, and Mahi Rayasam, "Individual Market Enrollment: Updated View," McKinsey Center for U.S. Health System Reform, March 2014. Available at: <http://healthcare.mckinsey.com/individual-market-enrollment-updated-view>.

APPENDIX E

**TOTAL MARKETPLACE ELIGIBILITY DETERMINATIONS, AND MARKETPLACE PLAN
SELECTIONS BY MARKETPLACE TYPE AND STATE,
10-1-2013 TO 3-31-2014
(INCLUDING ADDITIONAL SEP ACTIVITY THROUGH 4-19-14)**

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections By Marketplace Type and State (1) (2) 10-1-2013 to 3-31-2014 (Including SEP Activity through 4-19-14)				
State Name	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (5)	Number of Individuals Who Have Selected a Marketplace Plan (6)
	Total Eligible to Enroll in a Marketplace Plan (3)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (4)		
	Number	Number	Number	Number
States Implementing Their Own Marketplaces (SBMs)				
California (7)	1,886,867	1,458,433	1,700,000	1,405,102
Colorado (8)	205,910	88,208	181,983	125,402
Connecticut	113,390	80,354	138,908	79,192
District of Columbia	15,437	4,033	19,464	10,714
Hawaii (9)	15,694	4,549	N/A	8,592
Kentucky	201,593	91,092	357,990	82,747
Maryland	99,298	84,015	163,602	67,757
Massachusetts (10)	31,695	N/A	N/A	31,695
Minnesota (11)	101,645	36,217	144,481	48,495
Nevada	134,942	89,683	182,946	45,390
New York	707,638	369,380	646,018	370,451
Oregon (12)	124,840	99,902	207,329	68,308
Rhode Island	43,295	32,471	70,243	28,485
Vermont	95,203	28,797	41,704	38,048
Washington (13)	240,880	151,441	909,752	163,207
SBM Subtotal	4,018,327	2,618,575	4,764,420	2,573,585
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)				
Idaho (14)	107,849	83,662	10,709	76,061
New Mexico (14)	58,628	39,543	30,147	32,062
Alabama	195,779	105,059	22,564	97,870
Alaska	21,915	14,898	4,172	12,890
Arizona	216,951	144,376	101,282	120,071
Arkansas	80,709	53,958	73,681	43,446
Delaware	24,721	16,170	11,200	14,087
Florida	1,603,575	1,114,877	180,479	983,775
Georgia	572,025	343,925	91,914	316,543
Illinois	369,696	242,255	181,070	217,492
Indiana	229,815	155,961	94,495	132,423
Iowa	57,184	37,328	36,891	29,163

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections By Marketplace Type and State (1) (2) <i>10-1-2013 to 3-31-2014 (Including SEP Activity through 4-19-14)</i>				
State Name	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (5)	Number of Individuals Who Have Selected a Marketplace Plan (6)
	Total Eligible to Enroll in a Marketplace Plan (3)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (4)		
	Number	Number	Number	Number
Kansas	99,380	59,601	13,961	57,013
Louisiana	184,041	113,337	14,359	101,778
Maine	68,541	48,531	7,103	44,258
Michigan	467,878	297,742	67,217	272,539
Mississippi	117,518	72,219	13,779	61,494
Missouri	268,764	166,440	45,513	152,335
Montana	55,675	39,572	4,638	36,584
Nebraska	74,606	50,382	9,879	42,975
New Hampshire	64,901	39,818	7,235	40,262
New Jersey	301,965	193,286	179,872	161,775
North Carolina	581,173	396,212	73,898	357,584
North Dakota	16,627	11,974	6,843	10,597
Ohio	285,967	185,780	156,899	154,668
Oklahoma	127,915	76,301	17,374	69,221
Pennsylvania	549,205	332,915	42,335	318,077
South Carolina	213,974	134,969	28,359	118,324
South Dakota	24,147	16,243	3,850	13,104
Tennessee	305,628	169,470	83,591	151,352
Texas	1,371,157	835,519	141,494	733,757
Utah	130,945	97,621	50,268	84,601
Virginia	392,340	231,534	48,660	216,356
West Virginia	36,749	24,634	21,019	19,856
Wisconsin	230,516	168,721	81,274	139,815
Wyoming	20,806	14,629	2,216	11,970
FFM Subtotal	9,529,265	6,129,462	1,960,240	5,446,178
MARKETPLACE TOTAL, All States	13,547,592	8,748,037	6,724,660	8,019,763

Notes:

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

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). Special Enrollment Period (SEP) activity includes plan selections that were made between 4-1-14 and 4-19-14 by those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event or a complex situation related to applying for coverage in the Marketplace. For additional methodological information, please refer to Appendix F of this report.

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

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., a Marketplace plan) represents the total number of individuals for whom a Completed Application has been received and who are determined to be eligible for plan enrollment through the Marketplace during the reference period, whether or not they qualify for advance payments of the

premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included.

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

(5) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP, based on their modified adjusted gross income (MAGI). In some states, Completed Applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP 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: Marketplace Medicaid & CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the March 2014 Monthly Applications, Eligibility Determinations, and Enrollment report. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid & CHIP enrollment is reported in the March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of March..

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

(7) California – The Number of assessed/determined for Medicaid/CHIP includes activity only through March 31, 2014. Also, the data reflects new Medicaid applicants and some ongoing caseload eligibility activity that is conducted via the state’s Marketplace.

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

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

(10) Massachusetts – Due to Massachusetts’ system constraints, data for “Individuals Determined or Assessed Eligible for Medicaid/CHIP” are not available at this time. Massachusetts’ cumulative data for “Individuals Who Have Selected a Marketplace Plan” does not include 160,000 new applicants above 133 percent FPL who are in Temporary Subsidized Coverage; these individuals will be processed for QHP Eligibility Determination and potential coverage retroactive to the current reporting period. There are also 112,192 persons between 133 and 300 percent FPL currently extended Commonwealth Care coverage, who were scheduled to transition to QHP coverage following October 1, 2013, but who have not been processed due to systems problems. Without the systems obstacles faced by the Massachusetts Marketplace, the number of individuals enrolled in a QHP with the Massachusetts Health Connector as of 4/15/14 might be as many as 303,000.

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

(12) Oregon - Oregon - Oregon’s data for QHP eligible individuals broken out by financial assistance are estimates based on analysis of special-purpose enrollment files for the reporting period. The total rolls up to actual total QHP eligible individuals.

(13) Washington -- Washington’s cumulative total for “Individuals Assessed Eligible for Medicaid/CHIP” includes some persons whose eligibility is being re-determined rather than newly determined. Additionally, the “Number of Individuals Enrolled in a QHP (Plan Selection)” is an undercount, as Washington is only able to report individuals who have both enrolled and paid for coverage.

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

Source: Centers for Medicare & Medicaid Services, as of 4-29-2014.

APPENDIX F: METHODOLOGY AND TECHNICAL NOTES

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

Unless otherwise noted, the data in this issue brief represent cumulative Marketplace enrollment-related activity for the 10-1-13 to 3-31-14 reporting period (including activity associated with individuals who qualified for a Special Enrollment Period (SEP) through 4-19-14), with information available as of 4-29-14.

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 in this issue brief represent state data that have been reported to CMS as of April 29, 2014, and may differ from comparable data that have previously been publicly reported on SBM websites or in media reports because that data may be based on different time periods or metric definitions from those used in this report.**

While this issue brief includes some data for all states, data for certain metrics are not available for some states due to information system issues.

The following section provides highlights of major methodological changes since the last Marketplace Enrollment Report. For additional technical information about the metrics that are included in this report, please refer to the earlier Marketplace enrollment reports.⁶⁵

Highlights of Major Methodological Changes Since the March Marketplace Enrollment Report

Reporting of Cumulative Data (Including SEP Activity) - This report includes cumulative enrollment-related activity during the initial open enrollment period (10-1-13 to 3-31-14), including activity associated with individuals who qualified for a Special Enrollment Period (SEP) through 4-19-14.

This report includes cumulative data for 10-1-13 to 3-31-14, including SEP Activity through 4-19-14, because some people’s process of applying, shopping, and selecting a plan may span across multiple monthly reporting periods (for example, a person may have applied for a Marketplace plan in October and then selected a Marketplace plan in December). We believe that these cumulative data provide the best “snapshot” of Marketplace enrollment-related activity to date. Ongoing efforts are underway to eliminate duplication associated with counting people in more than one month. Additionally, some SBM data systems are still working to eliminate duplication in their cumulative counts, so all duplication has not yet been removed in this report.

⁶⁵ The previous Marketplace Enrollment Reports can be accessed at <http://www.aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>.

Data on Total Number of Completed Applications and Total Individuals Applying for Coverage in Completed Applications – We are no longer showing data on the total number of completed applications and total number of individuals applying for coverage in completed applications because we believe that there is duplication in these metrics.

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

FFM Data Application and Eligibility Metrics – The cumulative FFM data that are being reported for the eligibility-related metrics reflect additional efforts to eliminate duplication from these data.

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

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

Data on Characteristics of FFM Marketplace Plan Selections By Health Insurance Coverage Status at the Time of Application, and Race / Ethnicity – For the first time, the Appendices of this report include FFM data on the race/ethnicity (Appendix C) and health insurance coverage status at the time of application (Appendix D) and of the persons who have selected a Marketplace plan through the FFM. While this information is provided for transparency purposes, its quality is low and its use should be limited. Please refer to Appendix C and Appendix D for additional information about the limitations of these data.

Data on Additional Characteristics of FFM Marketplace Plan Selections – This report also includes additional data on the characteristics of persons who have selected a Marketplace plan through the FFM (by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age). In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

Data on Enrollment Activity Related to Individuals Who Qualified for a Special Enrollment Period (SEP) – This report includes data on Marketplace plan selections and other enrollment-related activity associated with individuals who qualified for a Special Enrollment Period (SEP) through 4-19-14. The data on SEP activity includes information for those who qualified for an SEP because they were “in line” on 3-31-14, as well as those who experienced a qualifying life event⁶⁶ or a complex situation related to applying for coverage in the Marketplace.⁶⁷ The data are not disaggregated based on the reason that a given individual qualified for an SEP.

Those who had started the enrollment process on or before March 31st (i.e., those who were “in line”) were allowed to complete that process, even if their enrollment was not finalized before March 31. This accommodation was made so that people who had demonstrated a good faith effort to enroll during the Open Enrollment Period were not penalized if the Marketplace websites or call centers could not complete their enrollment by March 31st. The SEP for individuals who were “in-line” on 3-31-14 ended on 4-15-14 for the FFM.

Most SBMs followed the federal guidelines regarding individuals who started the process before 3/31 but could not finish, allowing applicants to complete the application and select a plan by April 15th. Other states, including Colorado, Nevada, Oregon, and Maryland allowed consumers additional time beyond April 15th to complete the enrollment process and obtain coverage in 2014. For example, Maryland’s SEP continued through April 18, 2014, while Oregon established an SEP which continues through April 30. Colorado’s SEP extends through May 30th, and Nevada will offer an SEP from April 1, 2014 – May 30, 2014 to individuals who have either successfully registered or attempted to register for an account on Nevadahealthlink.com prior to March 31, 2014.

Medicaid and CHIP Eligibility Determination and Assessment Data – Marketplace Medicaid & CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the March 2014 Monthly Applications, Eligibility Determinations, and Enrollment report. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid & CHIP enrollment is reported in the March 2014 Monthly

⁶⁶ There are nine types of life events that would potentially allow an individual to qualify for an SEP through the Marketplace.: 1) a change in marital status (marriage, divorce); 2) a change in dependents (birth, adoption, or undertaking placement of a child); 3) permanently moving to a state whose health plan options differ from their current choices; 4) gaining new status as a citizen or lawfully present individual in the USA; 5) experiencing a change in income; 6) experiencing an enrollment error on behalf of the Marketplace; 7) losing minimum essential health coverage due to job loss, divorce, loss of Medicaid or CHIP eligibility, expiration of COBRA coverage, or decertification of a health plan; 8) being already enrolled in a Marketplace plan, but experiencing a change in income or household status, affecting tax credit or cost-sharing reduction eligibility; and 9) aging off of their parent’s healthcare plan at 26 years of age.

⁶⁷ Examples of other complicated cases that could qualify for an SEP relate to: exceptional circumstances, misinformation or misrepresentation, an enrollment error, system errors related to immigration status, display errors on HealthCare.gov, Medicaid/Marketplace transfers, error messages, unresolved casework, victims of domestic abuse, and other system errors. Additional information on Marketplace SEPs can be found at <https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/#part=2>.

Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of March.

State Data Profiles – Key enrollment-related data from this report have been summarized in state-level data profiles, which can be accessed at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/Marketplace_StateSum.cfm.