



ASPE

Issue BRIEF

HEALTH INSURANCE MARKETPLACE: DECEMBER ENROLLMENT REPORT For the period: October 1 – November 30

December 11, 2013

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

Cumulative enrollment-related activity during the first two months of the initial open enrollment period (10-1-13 to 11-30-13) are reported for several metrics, including: the number of unique visitors to the Marketplace websites, the number of calls to the Marketplace call centers, the number of completed applications submitted to the Marketplaces, the number of eligibility determinations processed by the Marketplaces for enrollment in a Marketplace plan (used throughout this report—also known as a Qualified Health Plan or QHP), the number of persons who have been determined or assessed eligible for Medicaid or the Children’s Health Insurance Program (CHIP) by the Marketplaces,¹ and the number of persons who have selected a plan through the Marketplace.

This report features cumulative data for the two month period because some people apply, shop, and select a plan across monthly reporting periods. We believe that this cumulative data provides the best “snapshot” of Marketplace enrollment activity to date. We are working to eliminate “duplication” associated with counting people in more than one month – some SBM data systems are still working to unduplicate counts in their cumulative data, so all duplication has not yet been removed from this report. In the FFM, duplicate counts have been removed, so if a person applied for a Marketplace plan in October, and then selected a Marketplace plan in November, this person would only be counted once in the cumulative data. Future monthly enrollment reports during the initial open enrollment period will continue to provide updated cumulative data. The cumulative October-November number of individuals who have selected a plan of 364,682 less the previously reported number for October enrollment number of 106,185

¹ Data related to Medicaid and CHIP eligibility in this report are based on applications submitted through the Marketplaces. October 2013 data based on applications submitted through state Medicaid/CHIP agencies was released by the Centers for Medicare & Medicaid Services in a separate report, “*Medicaid & CHIP: October Monthly Applications and Eligibility Determinations Report, December 3, 2013*,” which can be accessed at <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-CHIP-Monthly-Enrollment-Report.pdf>. Comparable November 2013 enrollment data based on applications submitted through state Medicaid/CHIP agencies will be released in a subsequent report.

who have selected a plan yields an unduplicated count of 258,497 who have selected a plan for November.

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

Cumulative Highlights for the period: October 1 – November 30

Marketplace Website and Call Center Activity

- Visitors on the SBM and FFM websites: 39.1 million
- Calls to the SBM and FFM call centers: 5.2 million

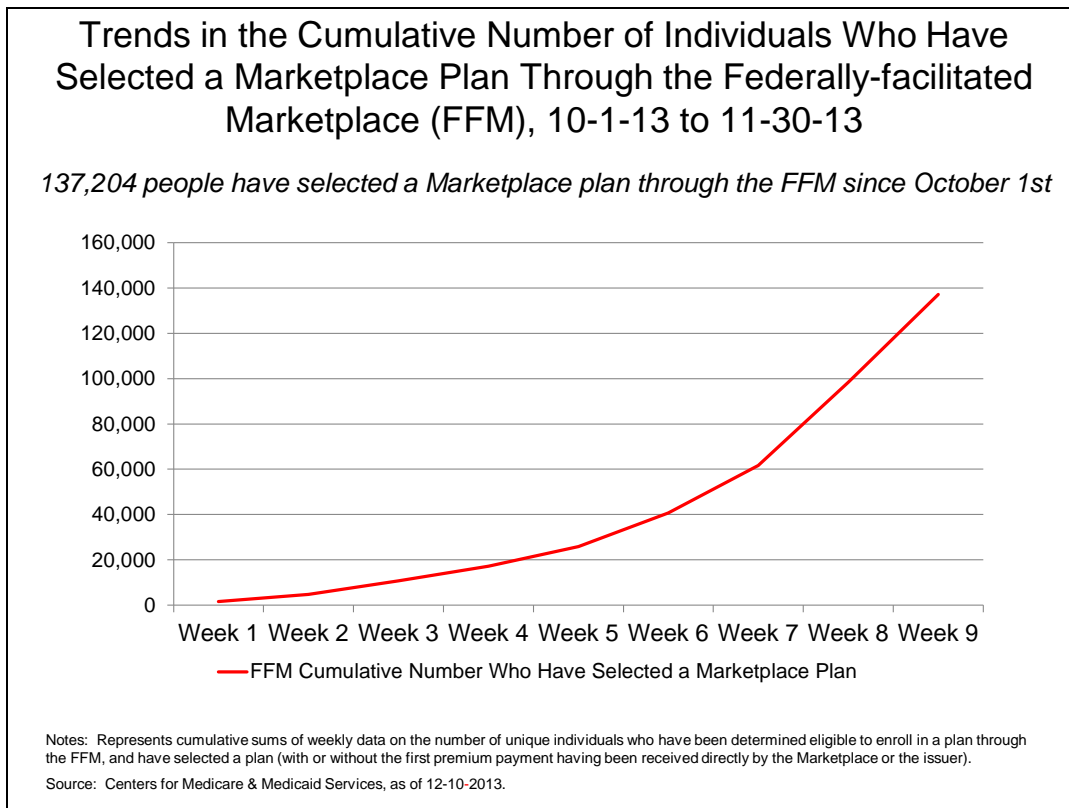
Marketplace Applications and Applicants

- Completed Applications submitted to the SBMs and FFM: 1.8 million
- Total Persons Applying for Coverage in Completed Applications submitted to the SBMs and FFM: 3.7 million

Marketplace Eligibility Determinations and Plan Selection

- Total Persons Determined Eligible to Enroll in a Marketplace plan by the SBMs and FFM: 2.3 million
- Number of Eligible Persons who have Selected a Plan through the SBMs and FFM: nearly 365,000
- Number of Eligible Persons who have Not Yet Selected a Marketplace Plan through the SBMs and FFM: 1.9 million
- Total Persons Determined or Assessed Eligible for Medicaid/CHIP by the SBMs and FFM: over 803,000
- Number of Persons who have Selected a Marketplace Plan or had a Medicaid/CHIP Determination or Assessment: 1.2 million

Figure 1 shows that the cumulative number of persons who have selected a Marketplace plan through the FFM has increased considerably since the end of the first month, as progress has been made in resolving technical issues. In all Marketplaces – SBM and FFM – more than a quarter million enrollees were added in November alone, with FFM plan selection in November outpacing that of October by more than four times.

Figure 1

As noted in the previous Marketplace enrollment report,² the data in this report represent a “snapshot” of Marketplace enrollment-related activity, based on available data, which uses comparable definitions for the data elements across states, and between the SBM and FFM states. However, it is important to note that the SBM enrollment-related data that are reported in this issue brief may differ from comparable data that have previously been publicly reported on SBM websites or in media reports due to differences in time periods and metric definitions.

Overview of Enrollment to Date

Selected a Marketplace Plan – To date, 364,682 persons have selected a Marketplace plan during the first two months of the initial open enrollment period, including 227,478 in SBMs and 137,204 in the FFM (these numbers include those who have paid a premium and those who have not yet paid a premium).

Web Site and Call Center Volume, and Completed Applications – Interest in the Marketplaces continues to be high, as measured by visitors on the SBM and FFM websites (39,091,218), and calls to the SBM and FFM call centers (5,248,043) through the end of November. Based on available data, 1,827,440 completed applications were submitted to Marketplaces during the first two months of the initial open enrollment period (10-1-13 to 11-30-13), including applications

² U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE), “*Health Insurance Marketplace: November Enrollment Report, November 13, 2013*,” ASPE Issue Brief, which can be accessed at http://www.aspe.hhs.gov/health/reports/2013/MarketPlaceEnrollment/rpt_enrollment.pdf.

that were submitted to the SBMs and FFM. These completed applications correspond to 3,692,599 individuals (persons) who have applied for coverage through the Marketplaces during this time period. (Please see Appendix A for tables containing state-level data, and see Appendix B for methodological information on how these numbers were derived).

Eligibility Determinations and Assessments – To date, the Marketplaces have processed eligibility determinations and assessments for 84 percent (3,110,360) of the 3,692,599 persons who have applied for coverage. This number includes:

- 2,307,283 persons (74 percent of the total number of persons with processed eligibility determinations / assessments) who have been determined eligible to enroll in a **Marketplace plan**, (including 944,531 persons who have been determined eligible to enroll in a Marketplace plan with financial assistance).
 - 364,682 (16 percent) of the 2,307,283 total number of persons eligible to enroll in a Marketplace plan have already selected a plan by clicking a button on the website page (or through other means, such as the call center or direct enrollment through an issuer’s website). This number includes all those who have selected a plan, including those who have paid their first month premium and those who have not yet done so.
 - An additional 1,942,601 persons have been determined eligible to enroll in a Marketplace plan, but have not yet selected a plan through the Marketplace.
- 803,077 persons (26 percent of the total number of persons with processed eligibility determinations / assessments) who have been determined or assessed eligible for **Medicaid or CHIP** by the Marketplaces.^{3 4}

An additional 583,473 persons who applied for coverage through the Marketplaces have eligibility determinations that are either pending, not captured in the Marketplace plan and Medicaid/CHIP eligibility counts for a given state, or negative (meaning that they have not been determined eligible to enroll in a Marketplace plan).

³ Most FFMs assess individuals as eligible for Medicaid or CHIP, and the state Medicaid or CHIP agency takes additional steps to finalize an eligibility determination. In states that accept the FFM’s eligibility determination, the state will take steps to effectuate enrollment.

⁴ Accounts of individuals who have been determined or assessed eligible for Medicaid or CHIP are transferred to state Medicaid and CHIP agencies, which then take any action needed to effectuate enrollment. “Assessment” refers to those FFM states where the state has chosen to retain the ability make the final eligibility determination.

Table 1

Cumulative Marketplace Enrollment-Related Information For the Two Month period: 10-1-13 to 11-30-13 (1) <i>(based on data reported as of 12-10-13)</i>	Marketplace Total	SBM Total	FFM Total
Visitors to the Marketplace Websites	39,091,218	10,678,534	28,412,684
Calls to the Marketplace Call Centers	5,248,043	1,752,767	3,495,276
Completed applications through the Marketplaces	1,827,440	675,365	1,152,075
Total number of individuals included in completed Marketplace applications	3,692,599	1,467,355	2,225,244
Total number of individuals with processed eligibility determinations / assessments	3,110,360	1,315,978	1,794,382
Number of individuals determined eligible to enroll in a Marketplace plan	2,307,283	781,875	1,525,408
Number of individuals who have selected a Marketplace plan	364,682	227,478	137,204
Number of eligible individuals who have not yet selected a Marketplace plan	1,942,601	554,397	1,388,204
Number of individuals determined or assessed eligible for Medicaid / CHIP by the Marketplace	803,077	534,103	268,974

(1) The reporting period for the first 2 months is from 10-1-13 to 11-30-13. Any differences in reporting periods among states are noted in footnotes accompanying the Table in Appendix A. See Appendix B 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.

A total of 1,167,759, or 1 in 3 of the 3,110,360 people whose eligibility determinations / assessments have been processed by the Marketplaces, have either been determined or assessed eligible for Medicaid or CHIP, or have selected a plan in the Marketplaces.

Meanwhile, 1,747,608 (56 percent) of the 3,110,360 people whose eligibility determinations / assessments have been processed by the Marketplaces are either eligible for financial assistance through the Marketplaces, or have been determined or assessed eligible for Medicaid or CHIP.

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 B for additional methodological information.)

As discussed earlier, this report includes cumulative data for the two month period (10-1-13 to 11-30-13) because some people apply, shop, and select a plan across monthly reporting periods. These counts seek to avoid potential duplication associated with monthly reporting. For example, if a person submitted an application in October, and then selected a Marketplace plan in November, this person would only be counted once in the cumulative data.

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

Details on Marketplace Enrollment-Related Activity to Date

The following are additional details of enrollment-related activity in the Marketplaces during the first two months (10-1-13 to 11-30-13) of the initial open enrollment period (see Appendix A for state-level data).

Completed Applications – A total of 1,827,440 completed applications were submitted to the Marketplaces during the first two months of the initial open enrollment period (10-1-13 to 11-30-13). This includes 675,365 completed applications (37 percent of the combined SBM-FFM total) that were submitted to the SBMs, and 1,152,075 completed applications (63 percent of the combined SBM-FFM total) that were submitted to the FFM.

Online and Paper Applications -- Based on currently available data, electronically-submitted (online) applications (including applications submitted through the Marketplace websites, as well as any applications that were submitted online through in-person assisters or the call center) accounted for approximately 83 percent of the completed applications that were submitted to the Marketplaces during the reporting period. The remainder of the completed applications (17 percent) were submitted on paper (including applications that were submitted by mail, as well as any applications through in-person assisters or the call center that were filled out on paper). On average, 91 percent of the completed applications that were submitted to the SBMs were submitted electronically, and 80 percent of the completed applications that were submitted to the FFM were submitted electronically.

Number of Persons Applying for Coverage in Completed Applications – The 1,827,440 completed applications correspond to a total of 3,692,599 persons who have applied for coverage through the Marketplaces during the first two months of the initial open enrollment period (10-1-13 to 11-30-13). The total number of persons applying for coverage is higher than the total number of completed applications because each application can potentially include multiple persons (such as spouses or dependents). A total of 1,467,355 persons (40 percent of the combined SBM-FFM total) have applied for coverage through the SBMs, and 2,225,244 persons (60 percent of the combined SBM-FFM total) have applied for coverage through the FFM.

Number of Persons Determined or Assessed Eligible to Enroll in Coverage Through the Marketplace – Overall, the Marketplaces have processed eligibility determinations for 84 percent (3,110,360) of the 3,692,599 total persons who have applied for coverage through the Marketplaces during the first two months of the initial open enrollment period (10-1-13 to 11-30-13). Of these, 2,307,283 persons have been determined eligible to enroll in a plan through the Marketplace, representing 62 percent of the total persons who have applied for coverage through

the Marketplaces as a whole, and 803,077 persons have been determined or assessed eligible for Medicaid or the Children’s Health Insurance Program (CHIP), representing 22 percent of the total persons who have applied for coverage through the Marketplaces as a whole. Additionally, approximately 41 percent of the 2,307,283 total persons who have been determined eligible to enroll in a plan through the Marketplace have also been determined eligible to enroll in a plan with financial assistance (944,531). The remaining 1,362,752 other Marketplace plan-eligible persons includes individuals who: didn’t apply for financial assistance; applied for financial assistance and were found ineligible; applied for financial assistance and their applications are pending.

- **Number of Persons Determined Eligible to Enroll in Coverage by the SBMs** – The SBMs have processed eligibility determinations for 1,315,978 persons who have applied for coverage through the SBMs (representing 90 percent of the 1,467,355 persons who applied for coverage during the first two months of the open enrollment period); however, this percentage varies by state due to differences in processing times. Within the SBMs, 781,875 persons have been determined eligible to enroll in a Marketplace plan, and 534,103 persons have been determined eligible for Medicaid or CHIP using MAGI determination criteria (representing 36 percent of the total persons who have applied for coverage through the SBMs). Additionally, approximately 47 percent (363,973) of the 781,875 total Marketplace plan eligible persons in the SBMs have also been determined eligible to enroll in a plan with financial assistance.⁵
- **Number of Persons Determined or Assessed Eligible to Enroll in Coverage by the FFM** – The FFM has processed eligibility determinations for 81 percent (1,794,382) of the 2,225,244 persons who have applied for coverage through the FFM during the first two months of the open enrollment period. Within the FFM, 1,525,408 persons have been determined eligible to enroll in a Marketplace plan (representing 69 percent of the total persons who have applied for coverage through the FFM), and 268,974 persons have been determined or assessed eligible for Medicaid or CHIP under MAGI determination criteria (representing 17 percent of the total persons who have applied for coverage through the FFM). Additionally, at least 41 percent (580,558) of the 1,525,408 total Marketplace plan eligible persons in the FFM have also been determined eligible to enroll in a plan with financial assistance.⁶

An additional 583,473 persons who applied for coverage through the Marketplaces (including approximately 152,611 in SBMs, and 430,862 in the FFM) have eligibility determinations in the Pending/Other category, including those who: 1) have a pending eligibility determination or assessment for a Marketplace plan or Medicaid/CHIP coverage; 2) have a processed eligibility determination or assessment for a Marketplace plan or Medicaid/CHIP coverage that is not captured in the relevant column in this table for a given state due to system issues; or 3) have been deemed ineligible for Marketplace coverage.

⁵ SBM data on the number of persons with processed eligibility determinations or assessments do not add to the total number of persons applying for coverage in completed applications due to missing data.

⁶ Represents the total number of individuals determined to be eligible for plan enrollment through the Marketplace, who qualify for advance premium tax credits (APTC).

Number of Persons Who Have Selected a Marketplace plan – Overall an estimated 364,682 (16 percent) of the persons who have been determined eligible to enroll in a plan through the Marketplace during the first two months of the initial open enrollment period (10-1-13 to 11-30-13) have already selected a plan (including both those who have paid the first month’s premium and those who have not yet paid the first month’s premium). An additional 1,942,601 persons who have been determined eligible have not yet selected a plan through the Marketplace.

Highlights of Marketplace Customer Service

Customer Service – Based on available data, there have been a total of 39,091,218 visitors on the Marketplace websites, and a total of 5,248,043 calls to the SBM and FFM Marketplace call centers during the first two months of the initial open enrollment period (10-1-13 to 11-30-13). The data on the cumulative number of website visitors have been unduplicated to the extent possible; however, we do not believe that all duplication has been removed.

- **Customer Service (Website and Call Center Utilization) in SBMs** – Based on available data, there have been a total of 10,678,534 visitors on the SBM websites, and a total of 1,752,767 calls to the SBM call centers.
- **Customer Service (Website and Call Center Utilization) in the FFM** – Based on available data, there have been a total of 28,412,684 visitors on the FFM website, and a total of 3,495,276 calls to the FFM call center.

APPENDIX A

**TOTAL MARKETPLACE APPLICATIONS, ELIGIBILITY DETERMINATIONS, AND
MARKETPLACE PLAN SELECTIONS BY MARKETPLACE TYPE AND STATE,
10-1-2013 TO 11-30-2013**

Total Marketplace Applications, Eligibility Determinations, and Marketplace Plan Selections By Marketplace Type and State (1) 10-1-2013 to 11-30-2013							
State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
	Number	Number	Number	Number	Number	Number	Number
States Implementing Their Own Marketplaces (SBMs)							
California (9)	250,838	448,133	225,897	158,435	181,817	40,419	107,087
Colorado (10)	35,214	69,961	60,508	N/A	N/A	9,453	9,980
Connecticut	25,371	38,046	24,838	16,230	12,635	573	11,631
District Of Columbia (11)	4,709	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii (12)	3,661	4,974	2,987	117	N/A	1,987	444
Kentucky	87,640	151,255	75,008	27,003	53,046	23,201	13,145
Maryland	22,878	20,761	7,465	5,861	13,296	0	3,758
Massachusetts (13)	27,184	N/A	N/A	N/A	N/A	N/A	1,138
Minnesota (14)	32,209	68,927	46,153	15,493	20,108	2,666	4,478
Nevada	14,266	68,984	26,131	16,019	28,588	14,265	4,834
New York (15)	N/A	297,331	224,542	80,834	52,888	19,901	45,513
Oregon (16)	20,617	14,116	6,890	5,051	6,461	765	44
Rhode Island	13,082	19,085	6,145	4,130	6,627	6,313	2,669
Vermont	10,240	18,815	15,472	4,348	4,577	N/A	4,987
Washington (17)	127,456	246,967	59,839	30,452	154,060	33,068	17,770
SBM Subtotal	675,365	1,467,355	781,875	363,973	534,103	152,611	227,478
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)							
Idaho (18)	9,505	21,346	15,048	7,133	1,854	4,444	1,730
New Mexico (18)	8,539	16,289	9,058	3,950	4,457	2,774	934
Alabama	25,282	48,916	34,015	12,274	3,074	11,827	3,448
Alaska	2,737	4,919	3,580	1,548	504	835	398
Arizona	36,212	69,810	42,291	16,607	16,680	10,839	3,601
Arkansas	17,983	34,591	13,568	6,070	11,260	9,763	1,404
Delaware	4,185	7,650	4,484	1,669	1,822	1,344	431
Florida	150,142	281,517	209,540	75,480	18,822	53,155	17,908
Georgia	61,443	122,543	87,367	29,366	10,925	24,251	6,859
Illinois	67,036	124,252	73,949	28,689	30,446	19,857	7,043
Indiana	34,702	69,701	38,745	18,021	16,723	14,233	3,492

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

10-1-2013 to 11-30-2013

State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
	Number	Number	Number	Number	Number	Number	Number
Iowa	12,755	25,007	12,613	4,946	7,382	5,012	757
Kansas	12,900	26,617	19,038	7,210	2,353	5,226	1,855
Louisiana	17,662	32,300	23,208	8,214	1,751	7,341	2,193
Maine	8,837	16,325	12,667	5,945	1,079	2,579	1,747
Michigan	52,780	98,235	74,693	29,222	7,363	16,179	6,847
Mississippi	9,992	18,809	13,050	3,974	1,214	4,545	802
Missouri	31,474	62,964	43,661	16,911	6,487	12,816	4,124
Montana	6,737	13,244	9,637	4,778	637	2,970	1,382
Nebraska	11,225	22,895	16,542	7,602	2,679	3,674	1,965
New Hampshire	8,763	17,234	12,768	4,927	1,204	3,262	1,569
New Jersey	51,019	95,800	50,458	19,582	25,286	20,056	3,259
North Carolina	63,568	124,352	89,335	35,589	9,948	25,069	8,970
North Dakota	2,253	4,350	2,637	1,145	1,001	712	265
Ohio	51,511	96,409	72,784	27,439	9,231	14,394	5,672
Oklahoma	14,875	30,786	21,261	5,524	2,747	6,778	1,673
Pennsylvania	74,185	136,606	100,535	39,923	6,792	29,279	11,788
South Carolina	24,768	46,494	33,596	12,242	4,099	8,799	2,761
South Dakota	3,114	6,505	4,636	1,863	540	1,329	372
Tennessee	39,231	73,746	52,987	19,552	5,768	14,991	4,507
Texas	118,577	244,695	177,472	62,321	16,767	50,456	14,038
Utah	13,663	33,015	20,078	9,534	8,062	4,875	1,865
Virginia	45,806	90,050	67,967	22,110	6,202	15,881	4,946
West Virginia	8,570	15,797	7,179	3,140	4,690	3,928	775
Wisconsin	47,173	85,863	50,733	24,140	18,768	16,362	5,303
Wyoming	2,871	5,612	4,228	1,918	357	1,027	521
FFM Subtotal	1,152,075	2,225,244	1,525,408	580,558	268,974	430,862	137,204
MARKETPLACE TOTAL, All States	1,827,440	3,692,599	2,307,283	944,531	803,077	583,473	364,682

Notes:

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

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 10/1/13 to 11/30/13. For additional methodological information, please refer to Appendix B of this report.

(2) “Completed Applications” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

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

applying through the SHOP. Note: SBM data on the number of Individuals Determined Eligible to Enroll in a plan through the Marketplace and the number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace do not add to the total number of persons applying for coverage in completed applications due to missing data and differences in process flows for Marketplace Plans and Medicaid/CHIP eligibility determinations / assessments.

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

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

(6) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP, based on modified adjusted gross income (MAGI). In some states, Completed Applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination. These data may vary slightly from accounts transferred via ‘flat file’ to states by the FFM. The Nov 13 report included data on some applications received in October that had not completed all steps required for a determination or assessment; these numbers have been updated here. Additional quality assurance is taking place on Medicaid assessments and determinations in advance of transfers to states and these figures might alter further based on that review. Note: this data element does not include eligibility determinations made by State Medicaid/CHIP agencies based on applications originally submitted to the State agency or other Medicaid/CHIP assessments or determinations.

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

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

(9) California -- California's cumulative data for "Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace" and “Number of Individuals Who Have Selected a Marketplace Plan” for 10/1/13 through 11/30/13 includes two days of duplicate activity (11/1/13 and 11/2/13) that have not yet been verified by the state and removed from the total.

(10) Colorado -- Colorado’s data for “Eligible to Enroll in a Marketplace Plan with Financial Assistance” is marked as “N/A” because the state is verifying its numbers. Additionally, because the Colorado Marketplace does not have an integrated eligibility system, data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available.

(11) District of Columbia -- Data are currently not available for the District of Columbia on the number of individuals applying for coverage, deemed eligible for or enrolled in Marketplace plan, or or enrolled in Medicaid/CHIP; the District of Columbia’s information systems record data by accounts rather than number of individuals or covered lives. In many instances, the accounts reflect two or more individuals.

(12) Hawaii -- Because the Hawaii Marketplace’s eligibility system is not integrated with its state Medicaid department, the data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time. In addition, the Marketplace is in the process of receiving data from the state Medicaid department on applicants who have been determined ineligible for Medicaid or CHIP. It is anticipated that the proportion of QHP eligible individuals with Financial Assistance will increase as these applicants are transferred from the Medicaid agency to the Marketplace. (13) Massachusetts – Massachusetts’s “Total Number of Completed Applications” does not include completed paper applications. Additionally, due to Massachusetts’s system constraints, cumulative values for several measures are not available at this time.

(14) 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. For example, MNCare’s enrollment of 5,703 during 10/1 – 11/30 might be added to the 4478 Individuals Who Have Selected a Market Plan, for a comparable total of 10,181

(15) New York -- • New York -- New York’s cumulative totals for “Number of Persons Applying for Coverage in Completed Applications” are estimates.

(16) Oregon -- Between 10/01 and 11/02, Oregon had not yet started using its electronic eligibility determination system. In that period, Cover Oregon began receiving and processing paper applications (including applications by postal mail, fax, and fillable PDF). The

“Completed Applications” indicator for this period reflects complete paper applications received. Midway through the time period 11/03 – 11/30, Oregon began using its electronic determination system to process paper applications. The “Completed Applications” indicator in this period reflects all applications that were ready to process for determination in the period.

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

(18) 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 12-10-2013.

APPENDIX B: 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 HHS- supported or fully run Marketplaces (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 11-30-13 reporting period, with information available as of 12-10-13.

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

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

The following section provides highlights of major methodological changes since the November Marketplace Enrollment Report. For additional technical information about the metrics that are included in this report, please refer to the November Marketplace Report.⁷

Highlights of Major Methodological Changes Since the November Marketplace Enrollment Report

Reporting of Cumulative Two-Month Data - This report includes cumulative data for the two month period (10-1-13 to 11-30-13) because some people apply, shop, and select a plan across monthly reporting periods. We believe that this cumulative data provides the best “snapshot” of Marketplace enrollment activity to date. We are working to eliminate “duplication” associated with counting people in more than one month – some SBM data systems are still working to unduplicate counts in their cumulative data, so all duplication has not yet been removed from this report. In the FFM, duplicate counts have been removed, so if a person applied for a Marketplace plan in October, and then selected a Marketplace plan in November, this person would only be counted once in the cumulative data.

FFM Medicaid / CHIP Eligibility Determinations and Assessments – The number of determinations previously reported for October included data on some applications received in October on which the applicant had not completed all steps required for a determination or assessment; these numbers have been updated here. Additionally, in “assessment states” this report now includes accounts where the final determination is pending, because these accounts will be transferred to the state agency to complete the determination. Additional quality

⁷ U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE), “*Health Insurance Marketplace: November Enrollment Report, November 13, 2013*,” ASPE Issue Brief, which can be accessed at http://www.aspe.hhs.gov/health/reports/2013/MarketPlaceEnrollment/rpt_enrollment.pdf.

assurance is taking place on Medicaid assessments and determinations in advance of transfers to states and these figures might alter further based on that review.

Direct Enrollments -- FFM and SBM data on the number of individuals who have selected a Marketplace plan include direct enrollments through issuer websites. It is not possible to differentiate this data by enrollment type at this time.

FFM Weekly Data on the Cumulative Number of Individuals Who Selected a Marketplace Plan – The data shown in Figure 1 represent counts of the cumulative number of individuals who selected a Marketplace plan during a given week. These data are unduplicated. Note: Comparable unduplicated weekly data are not available for the SBMs due to underlying duplication in the SBMs' weekly data.

Website Visitors – The data on the cumulative number of website visitors have been unduplicated to the extent possible; however, we do not believe that all duplication has been removed.

APPENDIX TABLE B

Summary of Marketplace Monthly Enrollment-Related Information By Marketplace Type (10-1-13 to 11-30-13)	Marketplaces Total (SBMs and FFMs)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number	% of Total*	Number	% of Total*	Number	% of Total*
Completed Applications	1,827,440	n/a	675,365	n/a	1,152,075	n/a
Number of Individuals Applying for Coverage in Completed Applications	3,692,599	100.0%	1,467,355	100.0%	2,225,244	100.0%
Number of Individuals With Processed Eligibility Determinations or Assessments	3,110,360	84.2%	1,315,978	89.7%	1,794,382	80.6%
Eligible for Marketplace plan Enrollment	2,307,283	62.5%	781,875	53.3%	1,525,408	68.6%
Eligible for Marketplace plan with APTC (non-add)	944,531	25.6%	363,973	24.8%	580,558	26.1%
Other Marketplace plan-Eligible Individuals (non-add)	1,362,752	36.9%	417,902	28.5%	944,850	42.5%
Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace	803,077	21.7%	534,103	36.4%	268,974	12.1%
Pending / Other	583,473	15.8%	152,611	10.4%	430,862	19.4%
Total Individuals Eligible to Enroll in a Marketplace plan	2,307,283	100.0%	781,875	100.0%	1,525,408	100.0%
Marketplace Eligible Individuals Who Have Selected a Marketplace plan	364,682	15.8%	227,478	29.1%	137,204	9.0%
Marketplace plan Eligible Individuals Who Have Not Yet Selected a Marketplace plan	1,942,601	84.2%	554,397	70.9%	1,388,204	91.0%

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

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

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

for Marketplace plan and Medicaid/CHIP eligibility determinations / assessments.

Source: Centers for Medicare & Medicaid Services, as of 12-10-2013.