



**ADDENDUM TO THE
HEALTH INSURANCE MARKETPLACES 2016 OPEN ENROLLMENT PERIOD:
JANUARY ENROLLMENT REPORT**

For the period: November 1, 2015 – December 26, 2015¹

January 7, 2016

This Addendum contains detailed State-level tables highlighting cumulative enrollment-related information for the Health Insurance Marketplaces (Marketplaces) during the first part of the 2016 Open Enrollment period for all 50 states and the District of Columbia (11-1-15 to 12-26-15).² These tables include data for the 38 states that are using the HealthCare.gov enrollment and eligibility platform for the 2016 coverage year (HealthCare.gov states), as well as for the 13 State-Based Marketplaces (SBMs) that are using their own Marketplace platforms for the 2016 coverage year.

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¹ Most of the data in this report are for the 11-1-15 to 12-26-15 reporting period (with the exception of California, which is reporting data through 12-27-15).

² The full January Marketplace Enrollment Report for the 2016 Open Enrollment Period can be accessed at <https://aspe.hhs.gov/pdf-report/health-insurance-marketplaces-2016-open-enrollment-period-january-enrollment-report>.

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APPENDIX TABLE B1

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2016 (1) 11-1-15 to 12-26-15					
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Distribution By Enrollment Type (3)			
		New Consumers (4)	Consumers Reenrolling in Marketplace Coverage (5)		
	Number		% of Total	Total Reenrollees (%)	Active Reenrollees (6) (%)
States Using the HealthCare.gov Eligibility and Enrollment Platform (8)					
State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (9)					
Hawaii (10)	11,157	99%	1%	1%	0%
Nevada	75,367	34%	66%	46%	20%
New Mexico	46,816	33%	67%	41%	26%
Oregon	132,393	34%	66%	46%	20%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	36%	64%	43%	20%
Federally-Facilitated Marketplace (FFM) States					
Alabama	174,708	31%	69%	41%	28%
Alaska	21,682	24%	76%	42%	35%
Arizona	169,110	35%	65%	50%	14%
Arkansas	65,451	24%	76%	35%	41%
Delaware	26,370	22%	78%	41%	37%
Florida	1,556,561	29%	71%	45%	26%
Georgia	511,826	32%	68%	38%	30%
Illinois	346,869	28%	72%	42%	30%
Indiana	181,995	23%	77%	40%	38%
Iowa	49,428	29%	71%	41%	30%
Kansas	86,411	30%	70%	55%	15%
Louisiana	185,215	34%	66%	36%	30%
Maine	78,076	20%	80%	48%	32%
Michigan	323,430	22%	78%	42%	36%
Mississippi	93,999	30%	70%	27%	43%
Missouri	257,228	28%	72%	43%	28%
Montana	55,519	24%	76%	40%	36%
Nebraska	78,927	27%	73%	50%	22%
New Hampshire	50,737	22%	78%	41%	38%
New Jersey	258,993	28%	72%	43%	29%
North Carolina	553,729	28%	72%	45%	27%
North Dakota	19,729	25%	75%	42%	33%
Ohio	224,139	25%	75%	41%	34%

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2016 (1) 11-1-15 to 12-26-15						
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Distribution By Enrollment Type (3)				
		New Consumers (4)	Consumers Reenrolling in Marketplace Coverage (5)			
	Total Reenrollees		Active Reenrollees (6)	Automatic Reenrollees (7)		
	Number	% of Total	% of Total	% of Total	% of Total	
Oklahoma	128,758	28%	72%	39%	33%	
Pennsylvania	408,147	27%	73%	47%	26%	
South Carolina	194,982	35%	65%	49%	17%	
South Dakota	22,697	31%	69%	51%	17%	
Tennessee	232,623	36%	64%	43%	21%	
Texas	1,096,868	31%	69%	38%	31%	
Utah	148,814	30%	70%	51%	19%	
Virginia	384,147	26%	74%	43%	31%	
West Virginia	34,450	23%	77%	41%	37%	
Wisconsin	216,877	28%	72%	44%	28%	
Wyoming	20,707	31%	69%	51%	18%	
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	29%	71%	43%	28%	

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) “Distribution by Enrollment Type” represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.

(4) “New Consumers” are those individuals who selected a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2015. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(5) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 12-26-15, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(6) Active Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(7) Automatic Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2015 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-14 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change before 12-26-15, and would at that point be considered as having actively selected a plan.

(8) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(9) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

(10) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, its 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

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

APPENDIX TABLE B2

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Platform, By State (1)							
11-1-15 to 12-26-15							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (1)	Total Consumers Reenrolling in Coverage Through the Marketplaces (2)	Total Active Reenrollees (3)	Active Reenrollees Who Switched Plans (4)	Proportion Who Switched Plans:		
	Number	Number	Number	Number	Switchers as a % of Total Plan Selections	Switchers as a % of Total Reenrollees	Switchers as a % of Active Reenrollees
					%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)							
Hawaii (6)	11,157	69	69	69	1%	100%	100%
Nevada	75,367	49,935	34,835	23,629	31%	47%	68%
New Mexico	46,816	31,331	19,257	15,617	33%	50%	81%
Oregon	132,393	87,610	61,301	36,425	28%	42%	59%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	168,945	115,462	75,740	29%	45%	66%
Federally-Facilitated Marketplace (FFM) States							
Alabama	174,708	120,517	71,496	44,661	26%	37%	62%
Alaska	21,682	16,565	9,054	5,024	23%	30%	55%
Arizona	169,110	109,239	84,861	72,870	43%	67%	86%
Arkansas	65,451	49,534	22,905	9,030	14%	18%	39%
Delaware	26,370	20,576	10,729	5,198	20%	25%	48%
Florida	1,556,561	1,101,995	703,636	344,175	22%	31%	49%
Georgia	511,826	350,409	195,983	125,418	25%	36%	64%
Illinois	346,869	250,373	144,679	110,518	32%	44%	76%
Indiana	181,995	140,788	71,917	48,093	26%	34%	67%
Iowa	49,428	35,028	20,310	9,656	20%	28%	48%
Kansas	86,411	60,345	47,187	35,460	41%	59%	75%
Louisiana	185,215	121,683	66,016	40,038	22%	33%	61%
Maine	78,076	62,337	37,158	10,333	13%	17%	28%
Michigan	323,430	250,843	134,391	75,704	23%	30%	56%
Mississippi	93,999	65,359	25,391	16,541	18%	25%	65%
Missouri	257,228	184,767	111,658	65,939	26%	36%	59%
Montana	55,519	42,024	22,219	11,303	20%	27%	51%
Nebraska	78,927	57,299	39,710	19,353	25%	34%	49%
New Hampshire	50,737	39,713	20,550	10,200	20%	26%	50%
New Jersey	258,993	186,591	111,637	64,941	25%	35%	58%
North Carolina	553,729	401,278	251,243	153,376	28%	38%	61%
North Dakota	19,729	14,823	8,380	3,108	16%	21%	37%
Ohio	224,139	167,019	91,422	49,462	22%	30%	54%
Oklahoma	128,758	92,197	49,939	25,718	20%	28%	51%

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (1)	Total Consumers Reenrolling in Coverage Through the Marketplaces (2)	Total Active Reenrollees (3)	Active Reenrollees Who Switched Plans (4)	Proportion Who Switched Plans:		
					Switchers as a % of Total Plan Selections	Switchers as a % of Total Reenrollees	Switchers as a % of Active Reenrollees
	Number	Number	Number	Number	%	%	%
Pennsylvania	408,147	296,948	190,204	135,056	33%	45%	71%
South Carolina	194,982	127,541	95,174	73,555	38%	58%	77%
South Dakota	22,697	15,561	11,621	7,601	33%	49%	65%
Tennessee	232,623	148,534	99,017	57,313	25%	39%	58%
Texas	1,096,868	755,804	413,514	290,275	26%	38%	70%
Utah	148,814	104,306	75,686	53,171	36%	51%	70%
Virginia	384,147	285,555	164,817	68,092	18%	24%	41%
West Virginia	34,450	26,615	13,982	5,951	17%	22%	43%
Wisconsin	216,877	156,993	96,088	54,406	25%	35%	57%
Wyoming	20,707	14,273	10,490	6,557	32%	46%	63%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	6,042,377	3,638,526	2,183,836	26%	36%	60%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(2) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2016 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 12-26-15, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(3) “Active reenrollees” are individuals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(4) “Active reenrollees who switched plans” are active reenrollees who have not selected the same 2016 Marketplace plan as for the 2015 coverage year, or a “crosswalked” plan that is offered by the same issuer as their 2015 plan.

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- (5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.
- (6) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, its 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.
- Source: Centers for Medicare & Medicaid Services, as of 1-6-16.

APPENDIX TABLE B3

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Platform, By State, 2016 (1) 11-1-15 to 12-26-15		
Description	Total Number of Completed Applications for 2016 Coverage (2)	Total Individuals Applying for 2016 Coverage in Completed Applications (3)
	Number	Number
States Using the HealthCare.gov Eligibility and Enrollment Platform		
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)		
Hawaii	13,012	17,486
Nevada	68,987	101,941
New Mexico	45,362	61,711
Oregon	129,931	180,722
Subtotal - SBMs Using the HealthCare.gov eligibility and enrollment platform	257,292	361,860
Federally-Facilitated Marketplace (FFM) States		
Alabama	170,956	224,122
Alaska	20,856	28,226
Arizona	139,526	224,640
Arkansas	67,269	95,415
Delaware	22,823	32,503
Florida	1,426,392	1,838,609
Georgia	459,308	634,979
Illinois	318,751	444,933
Indiana	162,075	228,739
Iowa	48,725	65,280
Kansas	77,220	113,041
Louisiana	186,555	222,643
Maine	62,378	88,672
Michigan	283,692	396,572

**Total Completed Applications and Individuals Who Completed Applications in
States Using the HealthCare.gov Platform, By State, 2016 (1)**
11-1-15 to 12-26-15

Description	Total Number of Completed Applications for 2016 Coverage (2)	Total Individuals Applying for 2016 Coverage in Completed Applications (3)
	Number	Number
Mississippi	96,898	117,463
Missouri	231,270	315,855
Montana	50,486	70,666
Nebraska	63,633	96,529
New Hampshire	42,801	59,758
New Jersey	241,478	340,580
North Carolina	491,470	651,314
North Dakota	14,405	23,949
Ohio	207,023	291,762
Oklahoma	109,692	158,165
Pennsylvania	381,956	516,832
South Carolina	187,535	242,073
South Dakota	18,837	28,603
Tennessee	240,697	325,650
Texas	934,565	1,407,948
Utah	98,565	186,127
Virginia	311,725	454,755
West Virginia	32,260	43,243
Wisconsin	196,474	259,148
Wyoming	16,804	25,452
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	7,672,392	10,616,106

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 12-26-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(2) “Completed Applications for 2016 Coverage” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(3) “Individuals Applying for 2016 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the individual market Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

(4) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B4

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2016 (1) 11-1-15 to 12-26-15				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
States Using the HealthCare.gov Eligibility and Enrollment Platform				
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)				
Hawaii	12,931	10,474	4,141	11,157
Nevada	85,736	72,174	13,268	75,367
New Mexico	52,935	38,453	8,381	46,816
Oregon	145,123	106,764	34,889	132,393
Subtotal - SBMs Using the HealthCare.gov Platform	296,725	227,865	60,679	265,733
Federally-Facilitated Marketplace (FFM) States				
Alabama	208,280	164,834	6,260	174,708
Alaska	23,240	18,908	2,345	21,682
Arizona	198,784	148,719	24,846	169,110
Arkansas	73,248	60,757	10,718	65,451
Delaware	28,569	22,266	3,721	26,370
Florida	1,746,067	1,500,908	83,652	1,556,561
Georgia	590,009	468,618	42,122	511,826
Illinois	386,219	291,800	56,686	346,869
Indiana	196,610	157,088	31,264	181,995
Iowa	55,455	45,631	8,817	49,428
Kansas	104,823	79,298	7,846	86,411
Louisiana	212,407	170,874	8,680	185,215

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2016 (1) <i>11-1-15 to 12-26-15</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
Maine	84,200	69,722	4,060	78,076
Michigan	346,652	285,121	47,149	323,430
Mississippi	110,141	89,412	6,610	93,999
Missouri	292,224	235,618	22,580	257,228
Montana	58,117	46,200	5,957	55,519
Nebraska	89,520	74,145	5,982	78,927
New Hampshire	53,723	36,183	5,567	50,737
New Jersey	286,435	219,918	25,022	258,993
North Carolina	616,533	513,430	32,708	553,729
North Dakota	21,505	18,118	2,320	19,729
Ohio	251,997	199,407	38,120	224,139
Oklahoma	148,760	117,145	8,727	128,758
Pennsylvania	445,258	338,969	69,735	408,147
South Carolina	227,417	187,011	14,019	194,982
South Dakota	26,387	21,973	2,120	22,697
Tennessee	281,775	214,263	19,939	232,623
Texas	1,305,546	1,006,240	93,399	1,096,868
Utah	164,412	139,345	20,852	148,814
Virginia	428,139	329,484	25,047	384,147
West Virginia	38,117	30,871	2,172	34,450
Wisconsin	237,461	196,172	18,375	216,877

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2016 (1) 11-1-15 to 12-26-15				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
Wyoming	23,843	19,790	523	20,707
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	9,658,598	7,746,103	818,619	8,524,935

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 12-26-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(2) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2016 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes automatic reenrollees).

(4) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination, if applicable. These data may vary from accounts transferred via “flat file” to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in

this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through October 2015. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(5) “Individuals With 2016 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the Marketplace” who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B5

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15						
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)			
			With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
	Number	Number	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)						
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)						
Hawaii	11,157	11,157	83%	17%	82%	59%
Nevada	75,367	75,367	87%	13%	86%	57%
New Mexico	46,816	46,816	69%	31%	67%	41%
Oregon	132,393	132,393	71%	29%	70%	39%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	265,733	76%	24%	75%	45%
Federally-Facilitated Marketplace (FFM) States						
Alabama	174,708	174,708	87%	13%	87%	71%
Alaska	21,682	21,682	85%	15%	83%	43%
Arizona	169,110	169,110	74%	26%	73%	50%
Arkansas	65,451	65,451	86%	14%	86%	54%
Delaware	26,370	26,370	80%	20%	80%	41%
Florida	1,556,561	1,556,561	90%	10%	89%	70%
Georgia	511,826	511,826	85%	15%	85%	64%
Illinois	346,869	346,869	74%	26%	74%	44%
Indiana	181,995	181,995	81%	19%	80%	44%
Iowa	49,428	49,428	85%	15%	84%	50%
Kansas	86,411	86,411	82%	18%	81%	57%
Louisiana	185,215	185,215	87%	13%	86%	59%
Maine	78,076	78,076	85%	15%	85%	54%
Michigan	323,430	323,430	82%	18%	82%	51%
Mississippi	93,999	93,999	88%	12%	88%	71%
Missouri	257,228	257,228	85%	15%	85%	56%
Montana	55,519	55,519	80%	20%	80%	44%
Nebraska	78,927	78,927	87%	13%	87%	50%
New Hampshire	50,737	50,737	65%	35%	64%	33%
New Jersey	258,993	258,993	78%	22%	78%	48%
North Carolina	553,729	553,729	88%	12%	88%	63%
North Dakota	19,729	19,729	85%	15%	84%	44%
Ohio	224,139	224,139	80%	20%	79%	42%
Oklahoma	128,758	128,758	83%	17%	82%	59%
Pennsylvania	408,147	408,147	76%	24%	75%	50%

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15						
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)			
			With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
	Number	Number	%	%	%	%
South Carolina	194,982	194,982	88%	12%	88%	69%
South Dakota	22,697	22,697	88%	12%	87%	59%
Tennessee	232,623	232,623	84%	16%	83%	58%
Texas	1,096,868	1,096,868	82%	18%	82%	55%
Utah	148,814	148,814	86%	14%	85%	62%
Virginia	384,147	384,147	80%	20%	80%	55%
West Virginia	34,450	34,450	84%	16%	83%	50%
Wisconsin	216,877	216,877	83%	17%	83%	53%
Wyoming	20,707	20,707	89%	11%	89%	52%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	8,524,935	83%	17%	83%	57%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B6

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15										
Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
Hawaii	11,157	6%	7%	14%	17%	21%	34%	1%	21%	27%
Nevada	75,367	14%	8%	15%	15%	19%	28%	1%	23%	37%
New Mexico	46,816	9%	7%	14%	14%	21%	35%	1%	20%	29%
Oregon	132,391	9%	7%	16%	16%	19%	33%	1%	23%	32%
Subtotal - SBMs Using the HealthCare.gov Platform	265,731	10%	7%	15%	15%	19%	32%	1%	23%	33%
Federally-Facilitated Marketplace (FFM) States										
Alabama	174,705	4%	12%	18%	18%	21%	26%	0%	30%	34%
Alaska	21,682	12%	7%	19%	15%	19%	27%	1%	27%	38%
Arizona	169,110	23%	8%	13%	13%	17%	26%	0%	20%	44%
Arkansas	65,451	9%	8%	14%	15%	21%	33%	1%	23%	31%
Delaware	26,370	13%	8%	15%	14%	21%	28%	1%	22%	36%
Florida	1,556,549	7%	12%	14%	17%	24%	25%	1%	26%	33%
Georgia	511,823	8%	12%	17%	18%	22%	22%	1%	29%	37%
Illinois	346,867	9%	9%	17%	15%	20%	29%	1%	26%	35%
Indiana	181,993	11%	8%	15%	15%	19%	32%	1%	23%	34%
Iowa	49,428	6%	8%	16%	15%	20%	34%	1%	24%	30%
Kansas	86,411	10%	11%	19%	15%	18%	27%	0%	29%	39%
Louisiana	185,215	5%	11%	19%	17%	21%	25%	1%	31%	36%
Maine	78,076	11%	7%	15%	14%	21%	32%	1%	22%	33%
Michigan	323,428	11%	9%	16%	14%	20%	30%	1%	24%	35%
Mississippi	93,999	4%	13%	16%	17%	22%	28%	1%	29%	33%
Missouri	257,228	9%	11%	18%	16%	20%	26%	0%	29%	38%
Montana	55,518	8%	9%	19%	16%	18%	31%	0%	27%	35%
Nebraska	78,927	15%	11%	18%	16%	17%	24%	0%	28%	43%
New Hampshire	50,737	9%	8%	15%	14%	22%	32%	0%	23%	31%
New Jersey	258,993	9%	10%	15%	15%	23%	28%	1%	25%	34%
North Carolina	553,725	10%	10%	17%	17%	21%	25%	1%	27%	37%
North Dakota	19,729	23%	8%	17%	13%	14%	24%	0%	25%	49%
Ohio	224,138	12%	8%	15%	13%	19%	33%	1%	22%	34%
Oklahoma	128,757	11%	11%	17%	16%	19%	26%	1%	27%	38%
Pennsylvania	408,143	7%	8%	16%	15%	21%	32%	1%	25%	32%
South Carolina	194,981	9%	10%	16%	16%	22%	28%	0%	26%	34%

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1)
11-1-15 to 12-26-15

Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
South Dakota	22,697	13%	10%	19%	15%	16%	27%	0%	29%	42%
Tennessee	232,622	7%	9%	17%	15%	22%	29%	0%	26%	33%
Texas	1,096,862	11%	12%	16%	16%	21%	23%	1%	28%	38%
Utah	148,813	24%	11%	20%	16%	13%	16%	0%	31%	55%
Virginia	384,146	11%	11%	17%	16%	20%	23%	1%	28%	40%
West Virginia	34,450	7%	6%	13%	14%	21%	39%	1%	19%	26%
Wisconsin	216,874	7%	8%	16%	14%	20%	34%	0%	24%	31%
Wyoming	20,707	14%	8%	19%	15%	16%	28%	0%	27%	41%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,885	9%	10%	16%	16%	21%	27%	1%	26%	36%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B7

Marketplace Plan Selection by Gender in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)				
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)				
Hawaii	11,157	11,157	58%	42%
Nevada	75,367	75,367	54%	46%
New Mexico	46,816	46,816	55%	45%
Oregon	132,393	132,393	55%	45%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	265,733	55%	45%
Federally-Facilitated Marketplace (FFM) States				
Alabama	174,708	174,708	58%	42%
Alaska	21,682	21,682	52%	48%
Arizona	169,110	169,110	53%	47%
Arkansas	65,451	65,451	55%	45%
Delaware	26,370	26,370	55%	45%
Florida	1,556,561	1,556,561	54%	46%
Georgia	511,826	511,826	56%	44%
Illinois	346,869	346,869	53%	47%
Indiana	181,995	181,995	54%	46%
Iowa	49,428	49,428	54%	46%
Kansas	86,411	86,411	55%	45%
Louisiana	185,215	185,215	58%	42%
Maine	78,076	78,076	54%	46%
Michigan	323,430	323,430	53%	47%
Mississippi	93,999	93,999	59%	41%
Missouri	257,228	257,228	54%	46%
Montana	55,519	55,519	53%	47%
Nebraska	78,927	78,927	53%	47%
New Hampshire	50,737	50,737	53%	47%
New Jersey	258,993	258,993	53%	47%
North Carolina	553,729	553,729	56%	44%
North Dakota	19,729	19,729	52%	48%
Ohio	224,139	224,139	54%	46%
Oklahoma	128,758	128,758	55%	45%

Marketplace Plan Selection by Gender in States Using the HealthCare.gov Platform, By State (1)
11-1-15 to 12-26-15

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
Pennsylvania	408,147	408,147	53%	47%
South Carolina	194,982	194,982	56%	44%
South Dakota	22,697	22,697	53%	47%
Tennessee	232,623	232,623	54%	46%
Texas	1,096,868	1,096,868	55%	45%
Utah	148,814	148,814	52%	48%
Virginia	384,147	384,147	54%	46%
West Virginia	34,450	34,450	56%	44%
Wisconsin	216,877	216,877	54%	46%
Wyoming	20,707	20,707	54%	46%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	8,524,935	55%	45%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B8

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)							
Hawaii	11,157	11,157	15%	71%	8%	6%	0%
Nevada	75,367	75,367	22%	70%	5%	2%	1%
New Mexico	46,816	46,816	22%	58%	18%	1%	1%
Oregon	132,393	132,393	28%	62%	10%	0%	1%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	265,733	24%	64%	10%	1%	1%
Federally-Facilitated Marketplace (FFM) States							
Alabama	174,708	174,708	8%	86%	5%	0%	1%
Alaska	21,682	21,682	43%	53%	4%	0%	1%
Arizona	169,110	169,110	22%	63%	12%	1%	2%
Arkansas	65,451	65,451	19%	70%	10%	0%	1%
Delaware	26,370	26,370	21%	61%	14%	3%	0%
Florida	1,556,561	1,556,561	15%	78%	4%	2%	1%
Georgia	511,826	511,826	16%	77%	6%	0%	1%
Illinois	346,869	346,869	29%	60%	11%	0%	0%
Indiana	181,995	181,995	35%	60%	5%	0%	0%
Iowa	49,428	49,428	29%	64%	7%	0%	0%
Kansas	86,411	84,948	21%	70%	8%	0%	0%
Louisiana	185,215	184,582	21%	71%	7%	1%	1%
Maine	78,076	80,172	21%	70%	5%	3%	1%
Michigan	323,430	323,430	24%	68%	6%	1%	1%
Mississippi	93,999	93,999	12%	83%	3%	1%	1%
Missouri	257,228	257,228	26%	68%	6%	0%	0%
Montana	55,519	55,519	36%	57%	6%	0%	1%
Nebraska	78,927	78,927	33%	61%	4%	0%	1%
New Hampshire	50,737	50,737	35%	52%	10%	1%	2%
New Jersey	258,993	258,993	15%	73%	9%	2%	1%
North Carolina	553,729	553,729	17%	77%	4%	1%	1%
North Dakota	19,729	19,729	26%	50%	22%	0%	2%
Ohio	224,139	224,139	34%	56%	9%	0%	1%

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Platform, By State (1)
11-1-15 to 12-26-15

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
Oklahoma	128,758	128,758	29%	66%	5%	0%	0%
Pennsylvania	408,147	408,147	15%	72%	11%	2%	1%
South Carolina	194,982	194,982	9%	85%	4%	0%	1%
South Dakota	22,697	22,697	18%	75%	5%	0%	1%
Tennessee	232,623	232,623	25%	70%	4%	1%	1%
Texas	1,096,868	1,096,868	25%	67%	6%	0%	1%
Utah	148,814	148,814	14%	73%	11%	1%	0%
Virginia	384,147	384,147	23%	68%	7%	0%	1%
West Virginia	34,450	34,450	18%	70%	12%	0%	0%
Wisconsin	216,877	216,877	23%	71%	5%	1%	1%
Wyoming	20,707	20,707	28%	68%	4%	0%	1%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	8,524,935	21%	71%	7%	1%	1%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B9

Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15									
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Self-Reported Race/Ethnicity (3)	By Self-Reported Race/Ethnicity (4) (% of Available Data, Excluding Unknown)						
			American Indian / Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African-American	Latino (5)	White	Multi-racial
	Number	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (6)									
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)									
Hawaii	11,157	6,975	0%	32%	18%	1%	4%	37%	8%
Nevada	75,367	48,972	1%	19%	0%	4%	17%	56%	3%
New Mexico	46,816	32,292	2%	4%	0%	1%	34%	57%	1%
Oregon	132,393	89,571	1%	8%	0%	1%	5%	83%	2%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	177,810	1%	11%	1%	2%	14%	69%	2%
Federally-Facilitated Marketplace (FFM) States									
Alabama	174,708	117,003	0%	6%	0%	21%	2%	68%	1%
Alaska	21,682	16,545	5%	10%	0%	2%	6%	75%	3%
Arizona	169,110	120,903	1%	7%	0%	3%	23%	65%	2%
Arkansas	65,451	51,036	1%	4%	0%	8%	4%	82%	1%
Delaware	26,370	19,126	0%	9%	0%	12%	7%	70%	1%
Florida	1,556,561	836,324	0%	6%	0%	14%	33%	46%	1%
Georgia	511,826	326,075	0%	16%	0%	27%	8%	48%	1%
Illinois	346,869	252,801	0%	11%	0%	6%	10%	71%	1%
Indiana	181,995	128,078	0%	5%	0%	5%	4%	85%	1%
Iowa	49,428	34,587	0%	4%	0%	2%	4%	90%	1%
Kansas	86,411	64,691	1%	6%	0%	4%	8%	79%	2%
Louisiana	185,215	96,762	0%	9%	0%	25%	5%	60%	1%
Maine	78,076	59,000	0%	2%	0%	1%	1%	95%	1%
Michigan	323,430	192,029	0%	6%	0%	6%	3%	84%	1%
Mississippi	93,999	54,349	0%	6%	0%	47%	2%	44%	1%
Missouri	257,228	163,861	0%	5%	0%	8%	3%	82%	2%
Montana	55,519	43,187	2%	1%	0%	0%	2%	92%	2%
Nebraska	78,927	54,038	1%	3%	0%	3%	6%	86%	1%
New Hampshire	50,737	35,481	0%	4%	0%	1%	3%	92%	1%
New Jersey	258,993	179,717	0%	16%	0%	7%	16%	60%	1%

**Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Platform,
By State (1)**
11-1-15 to 12-26-15

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Self-Reported Race/Ethnicity (3)	By Self-Reported Race/Ethnicity (4) (% of Available Data, Excluding Unknown)						
			American Indian / Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African-American	Latino (5)	White	Multi-racial
			Number	%	%	%	%	%	%
North Carolina	553,729	352,241	1%	6%	0%	16%	6%	70%	1%
North Dakota	19,729	15,867	6%	2%	0%	2%	2%	86%	2%
Ohio	224,139	153,512	0%	5%	0%	6%	2%	85%	1%
Oklahoma	128,758	87,470	8%	7%	0%	5%	7%	69%	4%
Pennsylvania	408,147	278,758	0%	9%	0%	6%	4%	80%	1%
South Carolina	194,982	118,384	0%	5%	0%	20%	4%	70%	1%
South Dakota	22,697	18,566	3%	2%	0%	1%	2%	91%	1%
Tennessee	232,623	156,293	0%	5%	0%	11%	3%	79%	1%
Texas	1,096,868	723,130	0%	15%	0%	9%	35%	39%	1%
Utah	148,814	102,337	1%	4%	0%	1%	9%	84%	2%
Virginia	384,147	269,119	0%	18%	0%	14%	10%	57%	2%
West Virginia	34,450	25,184	0%	2%	0%	2%	1%	94%	1%
Wisconsin	216,877	154,814	1%	3%	0%	4%	4%	88%	1%
Wyoming	20,707	13,719	1%	2%	0%	0%	5%	90%	1%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	5,492,797	0%	9%	0%	11%	14%	64%	1%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) The data on race/ethnicity of individuals who selected or were automatically reenrolled in 2016 Marketplace plans are self-reported, and should be interpreted with great caution, since more than one-third of Marketplace enrollees do not provide these data.

(5) We have updated the methodology for identifying Latinos in 2016. This has led to an increase in the number of reported Latinos.

(6) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(7) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B10

Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Rural Status (3)	By Rural Status (% of Available Data, Excluding Unknown)	
			In ZIP Codes Designated as Rural	In ZIP Codes Designated as Urban
	Number	Number	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)				
State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (5)				
Hawaii	11,157	11,157	38%	62%
Nevada	75,367	75,367	11%	89%
New Mexico	46,816	46,816	32%	68%
Oregon	132,393	132,393	23%	77%
Subtotal - SBMs Using the HealthCare.gov Platform	265,733	265,733	22%	78%
Federally-Facilitated Marketplace (FFM) States				
Alabama	174,708	174,708	28%	72%
Alaska	21,682	21,682	52%	48%
Arizona	169,110	169,110	10%	90%
Arkansas	65,451	65,451	41%	59%
Delaware	26,370	26,370	22%	78%
Florida	1,556,561	1,556,561	3%	97%
Georgia	511,826	511,826	15%	85%
Illinois	346,869	346,869	12%	88%
Indiana	181,995	181,995	26%	74%
Iowa	49,428	49,428	45%	55%
Kansas	86,411	86,411	35%	65%
Louisiana	185,215	185,215	17%	83%
Maine	78,076	78,076	58%	42%
Michigan	323,430	323,430	24%	76%
Mississippi	93,999	93,999	48%	52%
Missouri	257,228	257,228	28%	72%
Montana	55,519	55,519	73%	27%
Nebraska	78,927	78,927	50%	50%
New Hampshire	50,737	50,737	43%	57%
New Jersey	258,993	258,993	1%	99%
North Carolina	553,729	553,729	26%	74%
North Dakota	19,729	19,729	62%	38%
Ohio	224,139	224,139	22%	78%
Oklahoma	128,758	128,758	37%	63%

Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Platform, By State (1)
11-1-15 to 12-26-15

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Rural Status (3)	By Rural Status (% of Available Data, Excluding Unknown)	
			In ZIP Codes Designated as Rural	In ZIP Codes Designated as Urban
			Number	Number
Pennsylvania	408,147	408,147	12%	88%
South Carolina	194,982	194,982	19%	81%
South Dakota	22,697	22,697	63%	37%
Tennessee	232,623	232,623	27%	73%
Texas	1,096,868	1,096,868	11%	89%
Utah	148,814	148,814	15%	85%
Virginia	384,147	384,147	13%	87%
West Virginia	34,450	34,450	41%	59%
Wisconsin	216,877	216,877	39%	61%
Wyoming	20,707	20,707	79%	21%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,524,935	8,524,935	18%	82%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE B11

Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Platform, By State (1) 11-1-15 to 12-26-15										
Description / Medicaid Expansion Status (2)	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)	Plan Selections With Available Data on Household Income (4)	By Household Income (5) (% of Available Data, Excluding Unknown)							
			<100 % of FPL	≥100% to ≤150% of FPL	>150% to ≤200% of FPL	>200% to- ≤250% of FPL	>250% to ≤300% of FPL	>300% to ≤400% of FPL	> 400% of FPL	
			Number	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)										
Hawaii	Expanding Medicaid	11,157	10,202	26%	14%	26%	14%	9%	8%	2%
Nevada	Expanding Medicaid	75,367	70,309	3%	20%	32%	22%	11%	10%	2%
New Mexico	Expanding Medicaid	46,816	39,085	2%	15%	31%	21%	13%	13%	5%
Oregon	Expanding Medicaid	132,393	112,868	2%	11%	28%	22%	15%	18%	5%
Subtotal - SBMs Using the HealthCare.gov Platform		265,733	232,464	3%	14%	30%	21%	13%	14%	4%
Federally-Facilitated Marketplace (FFM) States										
Alabama	Not Expanding Medicaid	174,708	167,734	4%	48%	22%	12%	6%	6%	1%
Alaska	Expanding Medicaid	21,682	20,303	3%	21%	25%	21%	13%	14%	3%
Arizona	Expanding Medicaid	169,110	144,117	1%	17%	37%	21%	11%	10%	4%
Arkansas	Expanding Medicaid	65,451	61,508	2%	19%	34%	21%	12%	10%	3%
Delaware	Expanding Medicaid	26,370	23,764	2%	15%	26%	21%	14%	16%	5%
Florida	Not Expanding Medicaid	1,556,561	1,485,455	2%	55%	21%	10%	5%	5%	2%
Georgia	Not Expanding Medicaid	511,826	477,748	4%	50%	21%	11%	7%	6%	2%
Illinois	Expanding Medicaid	346,869	301,021	3%	17%	31%	19%	12%	13%	5%
Indiana	Expanding Medicaid	181,995	162,389	2%	22%	28%	18%	14%	14%	4%
Iowa	Expanding Medicaid	49,428	45,697	2%	16%	33%	21%	12%	12%	3%
Kansas	Not Expanding Medicaid	86,411	79,316	4%	35%	24%	15%	10%	9%	3%
Louisiana	Not Expanding Medicaid	185,215	175,382	3%	47%	21%	12%	8%	8%	2%
Maine	Not Expanding Medicaid	78,076	72,773	2%	27%	25%	18%	12%	12%	3%
Michigan	Expanding Medicaid	323,430	296,115	2%	21%	29%	21%	13%	12%	3%
Mississippi	Not Expanding Medicaid	93,999	90,949	3%	58%	20%	9%	5%	3%	1%
Missouri	Not Expanding Medicaid	257,228	240,638	3%	41%	24%	14%	8%	8%	2%
Montana	Expanding Medicaid	55,519	50,844	2%	24%	26%	17%	13%	14%	4%

Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Platform, By State (1)

11-1-15 to 12-26-15

Description / Medicaid Expansion Status (2)		Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)	Plan Selections With Available Data on Household Income (4)	By Household Income (5) (% of Available Data, Excluding Unknown)						
				<100 % of FPL	≥100% to ≤150% of FPL	>150% to ≤200% of FPL	>200% to- ≤250% of FPL	>250% to ≤300% of FPL	>300% to ≤400% of FPL	> 400% of FPL
				%	%	%	%	%	%	%
	<i>Eff. 1-1-16</i>									
Nebraska	<i>Not Expanding Medicaid</i>	78,927	74,181	3%	30%	23%	19%	12%	12%	2%
New Hampshire	<i>Expanding Medicaid</i>	50,737	39,285	2%	16%	26%	19%	13%	17%	7%
New Jersey	<i>Expanding Medicaid</i>	258,993	230,002	3%	17%	29%	19%	12%	14%	5%
North Carolina	<i>Not Expanding Medicaid</i>	553,729	523,707	3%	42%	21%	15%	9%	9%	2%
North Dakota	<i>Expanding Medicaid</i>	19,729	18,314	1%	13%	29%	23%	14%	15%	3%
Ohio	<i>Expanding Medicaid</i>	224,139	200,659	2%	16%	30%	23%	14%	12%	3%
Oklahoma	<i>Not Expanding Medicaid</i>	128,758	117,951	4%	37%	23%	16%	9%	8%	2%
Pennsylvania	<i>Expanding Medicaid</i>	408,147	353,574	2%	21%	30%	18%	11%	13%	4%
South Carolina	<i>Not Expanding Medicaid</i>	194,982	183,469	2%	44%	22%	15%	8%	7%	2%
South Dakota	<i>Not Expanding Medicaid</i>	22,697	21,630	3%	29%	23%	20%	13%	10%	2%
Tennessee	<i>Not Expanding Medicaid</i>	232,623	214,681	4%	39%	24%	14%	9%	8%	2%
Texas	<i>Not Expanding Medicaid</i>	1,096,868	1,007,154	4%	42%	23%	15%	7%	7%	3%
Utah	<i>Not Expanding Medicaid</i>	148,814	137,875	1%	33%	25%	21%	10%	8%	2%
Virginia	<i>Not Expanding Medicaid</i>	384,147	346,856	4%	35%	23%	16%	9%	9%	3%
West Virginia	<i>Expanding Medicaid</i>	34,450	31,557	1%	15%	33%	20%	12%	15%	4%
Wisconsin	<i>Not Expanding Medicaid</i>	216,877	195,754	2%	28%	25%	17%	11%	14%	3%
Wyoming	<i>Not Expanding Medicaid</i>	20,707	19,447	2%	26%	22%	19%	13%	16%	2%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform		8,524,935	7,844,313	3%	37%	24%	15%	9%	9%	3%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not

considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(2) Identifies HealthCare.gov states that have and have not implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) 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.

(5) The observed household income distributions differ between HealthCare.gov states that have and have not implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

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

APPENDIX TABLE C1

Marketplace Plan Selection by Enrollment Type in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 12-26-15							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Enrollment Type(3)	Distribution By Enrollment Type (3)				
			New Consumers (4)	Consumers Reenrolling in Marketplace Coverage (5)			
				Total Reenrollees	Active Reenrollees (6)	Automatic Reenrollees (7)	Unknown Reenrollment Type
Number	Number	% of Total	% of Total	% of Total	% of Total	% of Total	
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (8)							
California	1,411,664	1,411,664	16%	84%	27%	57%	0%
Colorado (9)	121,740	121,740	37%	63%	45%	18%	0%
Connecticut	102,066	102,066	22%	78%	16%	62%	0%
District of Columbia (10)	19,299	19,299	16%	84%	11%	74%	0%
Idaho	96,662	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky (9)	81,121	81,121	13%	87%	59%	28%	0%
Maryland	148,943	148,943	23%	77%	11%	66%	0%
Massachusetts (11)	196,647	196,629	17%	83%	4%	79%	0%
Minnesota (10) (12) (13)	56,135	56,135	41%	59%	N/A	N/A	59%
New York (9) (13) (14)	265,772	265,772	12%	88%	N/A	N/A	88%
Rhode Island	33,896	33,896	11%	89%	14%	75%	0%
Vermont	28,258	28,258	3%	97%	5%	92%	0%
Washington (15)	171,045	171,045	28%	72%	26%	46%	0%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms	2,733,248	2,636,568	18%	82%	22%	50%	10%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not

considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) “Distribution by Enrollment Type” represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.

(4) “New Consumers” are those individuals who selected a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2015. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(5) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 12-26-15, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(6) Active Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(7) Automatic Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2015 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-14 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change before 12-26-15, and would at that point be considered as having actively selected a plan.

(8) All of the SBMs using their own Marketplace platforms have processed automatic re-enrollments, including these individuals in plan selection reports. Additionally, most of the SBMs using their own Marketplace platforms removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees.

(9) Colorado, Kentucky, and New York are actively working to reenroll individuals enrolled in 2015 CO-OP plans that are no longer offering coverage through the Marketplaces in 2016.

(10) DC and Minnesota have not removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic reenrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer.

(11) Massachusetts’ plan selection data is through 12/28/2015 due to system issues. Massachusetts is working to reconcile its reported breakouts with its reported total plan selections.

(12) Minnesota is not able to provide active and automatic re-enrollee breakouts until QA processes on automatic re-enrollees are completed. Similarly, Minnesota expects to update data on new versus re-enrollees after completing QA processes on automatic re-enrollees.

(13) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the “Essential Plan” in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were redetermined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(14) New York is not able to provide active versus automatic reenrollment breakouts due to system limitations.

(15) Washington reports all automatically-renewed enrollees as automatic re-enrollments, regardless of whether they returned to the Marketplace and made an active plan selection different from the plan into which they were automatically renewed.

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

APPENDIX TABLE C2

Total Completed Applications and Individuals Who Completed Applications in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 12-26-15		
Description	Total Number of Completed Applications for 2016 Coverage (2)	Total Individuals Applying for 2016 Coverage in Completed Applications (3)
	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)		
California	1,993,418	3,850,897
Colorado	119,939	236,281
Connecticut (5)	29,655	42,463
District of Columbia (6)	10,115	16,124
Idaho	79,768	182,663
Kentucky	34,280	57,154
Maryland	274,971	578,659
Massachusetts (8)	530,722	891,914
Minnesota	79,259	130,449
New York (9)	N/A	277,741
Rhode Island	36,388	66,381
Vermont (10)	27,858	48,212
Washington	506,165	866,312
TOTAL - SBMs Using Their Own Marketplace Platforms	3,722,538	7,245,250

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 12-26-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(2) "Completed Applications for 2016 Coverage" represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(3) “Individuals Applying for 2016 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the individual market Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

(4) In general, for the SBMs using their own Marketplace platforms, reports for the number of applications submitted and consumers on applications submitted for coverage through the Marketplace include all individuals applying for a QHP and Medicaid/CHIP. For states where the total number of individuals applied is less than individuals assessed eligible, automatic re-enrollees and/or re-enrollees with applications prior to 11/1/15 are not included in application reports but are included in eligibility and plan selection reports. The SBMs using their own Marketplace platforms commonly do not include individuals applying only for Medicaid/CHIP in the eligibility determination metrics.

(5) Connecticut does not include individuals reenrolling for 2016 coverage.

(6) DC is working to build out reporting capabilities in their new application and eligibility system, delaying a full report of these metrics. DC's current report of applications only includes a subset of enrollees applying for a QHP (those with financial assistance and a small number of those without financial assistance) and individuals applying to Medicaid/CHIP.

(7) Kentucky data for completed applications includes data for the November 1, 2015 – December 31, 2015 special enrollment period, 2016 open enrollment period, and SADP enrollments because its system is not able to differentiate these data at the application level. Additionally, Kentucky does not include automatic re-enrollees in their reports of total individuals applying.

(8) Massachusetts' application and QHP eligibility data contains duplicates. Massachusetts believes as much as 5% of its reported application data is duplicate records. Massachusetts is working to develop a process to systematically remove these duplicates.

(9) New York is not able to report the number of applications completed. New York's number of individuals applying for coverage includes individuals applying for all Marketplace programs (QHP, Medicaid/CHIP, and BHP) on or after 11/1/2015, but does not include individuals who renewed their coverage.

(10) Application data for Vermont includes individuals applying for a separate dental plan, as Vermont does not have a separate dental application. Additionally, Vermont includes re-enrollees in reports of application and eligibility data reports. Due to the processes required to renew individuals, Vermont began processing renewals prior to November 1, thereby the cumulative data reported here is for the period 10/20/2015 – 12/26/2015.

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

APPENDIX TABLE C3

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 12-26-15				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms				
California (6) (7)	1,665,119	1,390,471	N/A	1,411,664
Colorado (8) (9)	210,692	83,390	35,419	121,740
Connecticut (10)	126,529	95,571	194,690	102,066
District of Columbia (7) (11)	1,572	618	13,970	19,299
Idaho (8) (12)	180,255	147,144	341,456	96,662
Kentucky (8) (9)	250,194	130,790	388,368	81,121
Maryland (8)	259,273	151,113	188,682	148,943
Massachusetts (7) (13)	535,490	362,183	272,747	196,647
Minnesota (7) (14)	59,516	35,375	48,220	56,135
New York (9) (15) (16)	412,820	149,081	165,341	265,772
Rhode Island (15)	39,794	32,638	21,353	33,896
Vermont (7) (17)	38,545	20,345	6,372	28,258
Washington (18)	211,238	157,210	600,665	171,045
TOTAL - SBMs Using Their Own Marketplace Platforms	3,991,037	2,755,929	2,277,283	2,733,248

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 12-26-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(2) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2016 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes automatic reenrollees).

(4) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination, if applicable. These data may vary from accounts transferred via “flat file” to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through October 2015. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(5) “Individuals With 2016 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the Marketplace” who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees. DC does not remove cancellations and terminations from plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. Plan selection data for all states includes automatic re-enrollees.

(6) California is not able to provide data for individuals assessed eligible for Medicaid/CHIP for this report. California is actively working on an alternate process to provide this data.

(7) California, DC, Massachusetts, Minnesota, and Vermont do not remove cancellations and terminations from their reports of eligibility data.

(8) Colorado, Idaho, Kentucky, and Maryland remove cancellations and terminations from their reports of eligibility data.

(9) Colorado, Kentucky, and New York are actively working to re-enroll individuals previously enrolled in CO-OP plans no longer offering coverage through the Marketplace. These enrollees accounted for a significant number of total enrolled in these states in prior years.

(10) Connecticut only includes individuals with active eligibility determinations, removing individuals with expired coverage and individuals who fail to verify their eligibility.

- (11) For this report, DC is only reporting a subset of new enrollees assessed eligible for a QHP (those with financial assistance and a small number of those eligible without financial assistance) for total eligible for a QHP. DC is working to include all individuals assessed eligible for a QHP in future reports. DC is continuing to perform QA on its enrollment data, causing some delay in processing weekly data. This results in under-reporting of actual plan selections.
- (12) Idaho only reports a weekly total of individuals assessed eligible for Medicaid/CHIP instead of a cumulative total from 11/1/15, as the Department of Health and Welfare's system tracks each assessment instead of each individual with an assessment. Therefore, Idaho's data would potentially include duplicates. Idaho's eligibility data does not include duplications; however, enrollment data may include a small number of duplications. Idaho regularly performs QA processes to remove these duplications.
- (13) Massachusetts' eligibility data includes members re-determined eligible for 2016 coverage as part of their redetermination/renewal process. Massachusetts' application and QHP eligibility data contains duplicates. Massachusetts believes as much as 5% of its reported application data is duplicate records. Massachusetts is working to develop a process to systematically remove these duplicates. Massachusetts' plan selection data is through 12/28/2015 due to system issues.
- (14) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.
- (15) New York and Rhode Island only remove individuals no longer determined eligible after redetermination processes.
- (16) New York's reports of total eligible to enroll in a Marketplace plan for NY data represents only the number of individuals eligible for a QHP, not for all Marketplace programs. New York has begun enrolling eligible Marketplace enrollees in the Basic Health Plan (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. New York eligibility data for Medicaid/CHIP represents individuals receiving the first eligibility determination on or after 11/1/2015. Reported totals do not include renewals or other eligibility determinations before 11/1/2015. New York's total QHP plan selection data represents new and re-enrollee plan selections submitted on or after 11/1/2015. Due to reporting any applications, eligibility determinations, and plan selections since 11/1/2015, New York's 2016 open enrollment data may contain some records for individuals seeking coverage during the 2015 SEP. These records are gradually removed during data cleaning processes.
- (17) Vermont includes reenrollees in reports of application and eligibility data reports. Due to the processes required to renew individuals, Vermont began processing renewals prior to November 1, thereby the cumulative data reported here is for the period 10/20/2015 – 12/26/2015.
- (18) Washington does not remove terminations from its reports of eligibility data. Washington's relatively high number of Medicaid/CHIP assessments is due to the processing of redeterminations and renewals prior to the first data report of open enrollment (renewals/redeterminations occurred 11/1/15). This data is processed the first of each month, and Washington typically has higher Medicaid/CHIP eligibility determinations than most other states.

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

APPENDIX TABLE C4

Marketplace Plan Selections by Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 12-26-15				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (5)				
California	1,411,664	1,411,664	87%	13%
Colorado (7) (8)	121,740	121,685	58%	42%
Connecticut	102,066	102,066	77%	23%
District of Columbia (6)	19,299	19,299	6%	94%
Idaho	96,662	96,662	82%	18%
Kentucky (8) (9)	81,121	81,114	71%	29%
Maryland	148,943	148,943	69%	31%
Massachusetts (10)	196,647	196,647	77%	23%
Minnesota (11) (12)	56,135	N/A	N/A	N/A
New York (8) (12)	265,772	265,772	45%	55%
Rhode Island	33,896	33,896	87%	13%
Vermont	28,258	28,258	64%	36%
Washington (13)	171,045	171,045	71%	29%
TOTAL – SBMs Using Their Own Marketplace Platforms	2,733,248	2,677,051	77%	23%

Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

- (4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.
- (5) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic reenrollments, including these individuals in plan selection reports. The SBMs are unable to report data on CSR Only.
- (6) DC reported only "Total enrolled (plan selection) with financial assistance: APTC+CSR's," and Washington reported only "Total enrolled (plan selection) with financial assistance: APTC Only." These states are not able to differentiate the type of financial assistance an individual receives and so report all individuals in one total.
- (7) Colorado is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.
- (8) Colorado, Kentucky, and New York are actively working to re-enroll individuals enrolled in 2015 CO-OP plans no longer offering coverage through the Marketplaces in 2016.
- (9) Kentucky is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.
- (10) Massachusetts' plan selection data is through 12/28/2015 due to system issues.
- (11) Minnesota reports plan selection by financial assistance data at a household level and is not able to differentiate APTCs from CSRs. Through December 26, Minnesota reported 4,698 households had plan selections with financial assistance.
- (12) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.
- (13) During open enrollment, enrollees can edit their application, potentially changing their financial assistance eligibility. In Washington, when enrollees make a change after the 23rd of the month, the change takes effect the next month of coverage, leaving the enrollee with two different selections during the reporting period. This results in the breakouts summing to a total slightly more than total plan selection for Washington. These records are gradually reconciled during ongoing data cleaning processes.

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

APPENDIX TABLE C5

Marketplace Plan Selection by Age in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 12-26-15										
Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		%	%	%	%	%	%	%	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)										
California	1,410,638	6%	11%	16%	15%	24%	28%	1%	27%	32%
Colorado (5)	121,740	12%	7%	17%	15%	19%	29%	0%	24%	37%
Connecticut	102,066	7%	10%	15%	13%	23%	30%	1%	25%	32%
District of Columbia	19,299	9%	6%	36%	21%	14%	13%	1%	42%	51%
Idaho	96,662	12%	11%	18%	16%	17%	25%	0%	29%	41%
Kentucky (5)	81,121	11%	7%	14%	15%	20%	32%	1%	21%	32%
Maryland	148,943	6%	10%	19%	17%	21%	24%	2%	29%	35%
Massachusetts (6)	196,647	4%	9%	22%	19%	22%	23%	1%	31%	35%
Minnesota (7)	56,135	10%	6%	14%	13%	18%	38%	0%	21%	31%
New York (5)	265,772	4%	8%	19%	17%	23%	29%	1%	27%	30%
Rhode Island	33,896	5%	10%	17%	17%	22%	27%	1%	27%	32%
Vermont	28,257	6%	9%	12%	14%	22%	36%	1%	21%	27%
Washington	171,045	5%	7%	17%	17%	21%	33%	1%	24%	29%
TOTAL - SBMs Using Their Own Marketplace Platforms	2,732,221	6%	10%	17%	16%	22%	28%	1%	27%	33%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(5) Colorado, Kentucky, and New York are actively working to re-enroll individuals enrolled in 2015 CO-OP plans no longer offering coverage through the Marketplaces in 2016.

(6) Massachusetts' plan selection data is through 12/28/2015 due to system issues.

(7) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

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

APPENDIX TABLE C6

Marketplace Plan Selection by Gender in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 12-26-15				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)				
California (4)	1,411,664	1,410,575	52%	48%
Colorado	121,740	121,733	52%	48%
Connecticut	102,066	102,066	53%	47%
District of Columbia (5)	19,299	19,299	52%	48%
Idaho (8)	96,662	96,662	54%	46%
Kentucky	81,121	81,121	54%	46%
Maryland (8)	148,943	148,943	55%	45%
Massachusetts (8)	196,647	196,647	54%	46%
Minnesota (5)	56,135	56,135	52%	48%
New York (5)	265,772	265,772	51%	49%
Rhode Island	33,896	33,896	54%	46%
Vermont	28,258	28,258	52%	48%
Washington (5)	171,045	171,045	54%	46%
TOTAL - SBMs Using Their Own Marketplace Platforms	2,733,248	2,732,152	52%	48%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(5) Colorado, Kentucky, and New York are actively working to re-enroll individuals enrolled in 2015 CO-OP plans no longer offering coverage through the Marketplaces in 2016.

(6) Massachusetts' plan selection data is through 12/28/2015 due to system issues.

(7) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

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

APPENDIX TABLE C7

Marketplace Plan Selection by Metal Level in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1)							
11-1-15 to 12-26-15							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4)				
			(% of Available Data, Excluding Unknown)				
	Number	Number	Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			%	%	%	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms							
California	1,411,664	1,410,740	26%	64%	5%	4%	1%
Colorado (6) (7)	121,740	121,780	45%	45%	7%	1%	2%
Connecticut	102,066	102,066	23%	60%	14%	1%	2%
District of Columbia	19,299	19,299	28%	30%	21%	17%	5%
Idaho	96,662	96,662	22%	69%	8%	0%	1%
Kentucky (7)	81,121	81,121	26%	60%	12%	1%	1%
Maryland	148,943	148,943	23%	63%	10%	2%	2%
Massachusetts (8)	196,647	52,736	16%	53%	18%	12%	2%
Minnesota (9)	56,135	56,135	45%	37%	18%	0%	1%
New York (7) (9)	265,772	265,772	23%	45%	14%	16%	2%
Rhode Island	33,896	33,896	19%	69%	12%	0%	0%
Vermont (10)	28,258	28,303	20%	58%	10%	12%	1%
Washington (11)	171,045	171,063	35%	56%	8%	0%	1%
TOTAL - SBMs Using Their Own Marketplace Platforms	2,733,248	2,588,516	27%	60%	8%	5%	1%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. 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 selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix D of this Addendum.

(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 or been automatically reenrolled into a 2016 Marketplace medical 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, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

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

(4) The subtotals for each metal tier type may not sum to the total number of Plan Selections With Available Data on Metal Level due to instances where consumers selected more than one plan type in their state. As a result, the corresponding percentages also may not sum to 100 percent.

(5) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(6) Colorado is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals. Additionally, Colorado is actively developing SADP data queries.

(7) Colorado, Kentucky, and New York are actively working to re-enroll individuals enrolled in 2015 CO-OP plans no longer offering coverage through the Marketplaces in 2016.

(8) Massachusetts' 143,911 members reported as unknowns are enrolled in their Connector Care program. Connector Care plans are closest to silver tier plans but their "value" is greater than that of a silver tier plan (the standardized benefits provided by Connector Care plans are richer than the benefits available in a standard silver plan). Members do not elect this tier of plan but are determined Connector Care eligible and offered this tier of plan if/when they are determined income eligible. Since the result is not determined by member behavior but by program determination placing enrollees into plans not entirely comparable to the metal level breakouts, Massachusetts reports these individuals as unknown. Massachusetts' plan selection data is through 12/28/2015 due to system issues.

(9) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(10) Vermont is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.

(11) During open enrollment, enrollees can change their plan (and subsequently metal level). In Washington, when enrollees make a change after the 23rd of the month, the change takes effect the next month of coverage, leaving the enrollee with two different selections during the reporting period. This results in the breakouts summing to a total slightly more than total plan selection for Washington. These records are gradually reconciled during ongoing data cleaning processes.

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

APPENDIX D: TECHNICAL NOTES

We believe that the information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces for the first part of the 2016 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states, and Marketplace platforms. However, data for certain metrics may not be available due to information system issues.

The following section provides additional information about the metrics used in this enrollment report, in addition to the information that is included elsewhere in the footnotes of the tables in this report.

Additional Information About the Metrics Used in this Marketplace Enrollment Report

Reporting of Data on Activity Relating to the 2016 Marketplace Coverage Year – Except where otherwise noted, this report includes enrollment-related data on activity related to the 2016 Marketplace coverage year. The data that are being reported for 11-1-15 to 12-26-15 do not include activity associated with individuals who may have applied for and/or qualified for a Special Enrollment Period for 2015 Marketplace coverage.

Reporting Period – This report includes data that are currently available on enrollment-related activity for the first part of the 2016 Open Enrollment period – which generally corresponds with data from 11-1-15 to 12-26-15, except Massachusetts. The following table shows how the reporting periods for the data in this report compare with those for the most recent Weekly Enrollment Snapshot.

Appendix Table D1

Marketplace Type	Reporting Period	
	2016 January Enrollment Report	Week 9 Weekly Enrollment Snapshot
States Using the HealthCare.gov Marketplace eligibility and enrollment platform (37 states)	11-1-15 to 12-26-15	11-1-15 to 1-2-16
States Using Their Own Marketplace Platform (14 states)		
Massachusetts	11-1-15 to 12-28-15	Not Included
Other 13 States (including DC)	11-1-15 to 12-26-15	Not Included

2016 Plan Selections Through the Marketplaces (also known as Marketplace Plan Selections)

– Represents cumulative data on the number of unique individuals who have selected or been automatically enrolled in a 2016 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. These data represent the number of individuals with active plan selections for a Marketplace medical plan as of the reporting date. These data do not

include stand-alone dental plan selections. These data also do not include any individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces.

Additionally, in the data for the HealthCare.gov states, individuals whose Marketplace coverage has been cancelled or terminated are not included in the total number of Marketplace plan selections. Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

For the SBMs that are using their own Marketplace platforms, Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC).

We are using the term “active Marketplace plan selections” to signify that the total number of Individuals Who Have Selected a Marketplace Plan that is reported in the Marketplace enrollment reports excludes data for plan selections that have been cancelled or terminated. For example, if an individual selected a Marketplace plan during the first week of the open enrollment period, but selected a different plan during the third week of the open enrollment period, the active plan selections total would only include data for the most recent plan selection. This is consistent with the way that the Marketplace plan selection data were reported in the previous enrollment reports for the 2014 and 2015 Open Enrollment periods.

Definitions of “New” and “Reenrolling” Consumers – The enrollment report distinguishes plan selections by new consumers from plan selections by those who are reenrolling in Marketplace coverage:

- **“New Consumers”** are those individuals who selected a 2016 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have an active 2015 Marketplace plan selection as of November 1, 2015. These data do not include stand-alone dental plan selections. These data also generally do not include any individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP);. Additionally, in the data for the HealthCare.gov states and most states using their own platforms, individuals who have cancelled or terminated their Marketplace plans are not included in the total number of Marketplace plan selections.

Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore,

their 2015 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

- **“Consumers reenrolling in coverage through the Marketplaces”** are those individuals who had Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan, or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This category is consistent with the “consumers renewing coverage” category that is included in the CMS Weekly Enrollment Snapshots. Consumers reenrolling in coverage through the Marketplaces includes the following two categories:
 - o **Consumers who are Actively Reenrolling in Marketplace Coverage** – People who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan. A consumer is considered to have actively selected a plan, if they are a consumer with coverage in 2015 who came back, updated their application and selected a plan. The consumer could have actively selected their 2016 plan, decided to choose a new plan from their existing insurer or selected a new plan from a different insurer. A consumer could have actively selected a plan prior to the 12-17-15 deadline or could have come back after being automatically reenrolled and decided to update their information and select a plan; and
 - o **Consumers who have been Automatically Reenrolled into Marketplace Coverage (also known as “Automatic Reenrollees”)** – People who had a Marketplace plan selection as of November 2015, and retain coverage without returning to the Marketplace and selecting a plan. In the HealthCare.gov states, a consumer was automatically reenrolled into their 2015 plan or a crosswalked plan from their same issuer if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-15 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change before 12-26-15, and would at that point be considered as having actively selected a plan.

The categories of Marketplace plan selection data for the 2016 Open Enrollment period that are included in this report vary by Marketplace type and state:

Appendix Table D2

Enrollment Type	States Using Their Own Marketplace Platforms (13 states including DC)	States Using the HealthCare.gov Platform (38 states)
New Consumers	Included in this report for the following 12 states: CA, CO, CT, DC, KY, MD, MA, MN, NY, RI, VT, and WA	Included in this report*
Total Consumers Who Are Reenrolling in Marketplace Coverage	Included in this report for the following 12 states: CA, CO, CT, DC, KY, MD, MA, MN, NY, RI, VT, and WA	Included in this report
Consumers Who Are Actively Reenrolling in Marketplace Coverage	Included in this report for the following 10 states: CA, CO, CT, DC, KY, MD, MA, RI, VT, and WA	Included in this report
Consumers Who Are Being Automatically Reenrolled into Marketplace Coverage	Included in this report for the following 10 states: CA, CO, CT, DC, KY, MD, MA, RI, VT, and WA	Included in this report

* Hawaii is generally classifying all of its plan selections as new consumers for operational enrollment and reporting purposes due to a change in Marketplace platform (Hawaii switched to using the HealthCare.gov eligibility and enrollment platform in 2016).

Automatic Reenrollments – In this report, data on automatic reenrollments are included in the overall Marketplace plan selection totals for Consumers Who Are Actively Reenrolling in Marketplace Coverage for the 38 HealthCare.gov states and 10 of the SBMs that are using their own Marketplace platforms for 2016 (see Appendix Table D2 for a list of these states). These data represent consumers who had a Marketplace plan selection as of November 2015, and retain coverage without returning to the Marketplace and selecting a plan because the applicable Marketplace has passively reenrolled them in 2016 Marketplace coverage. It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 12-26-15, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

Definition of Active Reenrollees Who Switched Plans – For purposes of this report, active reenrollees who switched plans are active reenrollees who have not selected the same plan as for the 2016 coverage year, or a “crosswalked” plan that is offered by the same issuer as their 2015 plan.

Categories for Reporting State-Level Marketplace Data – The Health Insurance Marketplace includes the Marketplaces established in each of the states (and the District of Columbia) and run by the state or the federal government. This report addresses the individual market Marketplaces that are using their own Marketplace platforms for the 2016 coverage year, as well as the individual market Marketplaces that are using the HealthCare.gov Marketplace eligibility and enrollment platform for eligibility and enrollment for the 2016 coverage year (data for the small

group Marketplace, also known as SHOP, are not included in this report).

Marketplace enrollment-for the 2016 Open Enrollment period, will be reported based on the following two major categories:

- **State-Based Marketplaces (SBMs) Using Their Own Marketplace Platform** – 13 states (including DC):

California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

- **States Using the HealthCare.gov eligibility and enrollment platform** – 38 states, including:

- o ***State-Based Marketplaces Using the HealthCare.gov eligibility and enrollment platform*** – 4 states

Hawaii, Nevada, New Mexico, and Oregon (*Note: one of these states (New Mexico) also used the HealthCare.Gov eligibility and enrollment platform during the 2014 Open Enrollment period; however, Nevada and Oregon switched to using the HealthCare.gov eligibility and enrollment platform for the 2015 Open Enrollment period, and Hawaii switched to using the HealthCare.gov eligibility and enrollment platform for the 2015 Open Enrollment period.*).

- o ***Federally-Facilitated Marketplaces*** – 34 states

Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. (*Note: all of these states also used the HealthCare.gov eligibility and enrollment platform during the 2014 and Open Enrollment periods.*)

Notes on Changes in Marketplace Platforms – Hawaii switched from using its own Marketplace eligibility and enrollment platform in 2015 to using the HealthCare.gov eligibility and enrollment platform for eligibility and enrollment for 2016 (as a consequence, people who select 2016 Marketplace plans in Nevada and Oregon are generally treated as new consumers for operational enrollment and reporting purposes because the system cannot identify or automatically reenroll individuals who previously had 2015 Marketplace coverage in this state).

Data on Total Number of Completed Applications and Total Individuals Applying for Coverage in Completed Applications – We are showing data on the number of completed applications and the total number of individuals applying for coverage in the completed applications in this report.

This includes a consumer who is on a completed and submitted application or who, through the

automatic re-enrollment process, which occurs at the end of December, had an application submitted to a Marketplace using the HealthCare.gov platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, this figure tallies the total number of people on a submitted application (rather than the total number of submitted applications).

Data on Marketplace Plan Selections with Financial Assistance – Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing reduction.

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

For purposes of this report, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0. Averages in this report refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax credits in the 38 HealthCare.gov states.³

Data on Characteristics of Marketplace Plan Selections by Metal Level – For the SBMs using their own Marketplace platforms, the subtotals for each metal tier type may not sum to the total number of Plan Selections with Available Data on Metal Level due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. For the HealthCare.gov states, in instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication.. Data for standalone dental plan selections are shown separately.

Standalone Dental Plan Selections – Individuals who are shopping for health insurance coverage in the Marketplace have the choice of selecting:

- A medical Marketplace plan with integrated dental coverage,
- A medical Marketplace plan without integrated dental coverage, or
- A medical Marketplace plan and a separate standalone dental plan (it is not possible to

³ For additional methodological information, see the ASPE Issue Brief “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform,” accessed at http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf.

select a standalone dental plan without also selecting a medical plan).

Individuals who have selected both a medical Marketplace plan and a standalone dental plan are only counted once in the total Marketplace plan selections metric. However, we report data on total standalone dental plan selections separately including combined data for both the “High” and “Low” standalone dental plan types (see Appendix Tables A1, A2 and A3).

Data on Additional Characteristics of Marketplace Plan Selections – This report also includes data on the characteristics of individuals who have selected a Marketplace plan in the 38 states that are using the HealthCare.gov eligibility and enrollment platform by Race/Ethnicity, Rural Status and Household Income. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

- **Race/Ethnicity** – The application for Marketplace coverage in the states using the HealthCare.gov eligibility and enrollment platform contains questions on race and on ethnicity, which are both marked as optional. The share of unknown race/ethnicity in Marketplace plan selection data for HealthCare.gov states is higher than in federal survey data,⁴ but lower than that reported in administrative data sources in the healthcare industry.⁵ Thus, while this information is provided for transparency purposes, its quality is low and its use should be limited. For example, it is also important to note that the racial/ethnic makeup of the individuals with unknown race and ethnicity who selected a Marketplace plan in the HealthCare.gov states may differ substantially from that among those who reported race and ethnicity. For example, if racial and ethnic minorities are more likely to skip the optional questions, they would be disproportionately under-reported in the overall totals.⁶ We have updated the methodology for identifying Latinos for the 2016 coverage year; this has led to an increase in the number of reported Latinos.
- **Rural Status** – The proportion of Marketplace plan selections in rural areas was derived by aggregating data for Marketplace plan selections with valid ZIP Code information based on the HHS Office of Rural Health Policy’s (ORHP) most current list of Rural

⁴ The main Census surveys have missing data on 3 to 5 percent of respondents, and the National Health Interview Survey has missing information for about 5 percent of respondents. (Source: ASPE correspondence with U.S. Census and the National Center for Health Statistics regarding the American Community Survey, the Current Population Survey, and the National Health Interview Survey; February 2014.)

⁵ For example, a study of administrative data from the Department of Veterans Affairs found that race/ethnicity information was missing from files for 36 percent of patients. Additionally, as of 2008, commercial plans that collected race and ethnicity data only had information for about 40 percent of their members. The health insurance company Aetna, which began collecting data on race and ethnicity for all its members in 2002 via enrollment forms, currently has information on race/ethnicity for about 35 percent of its membership. (Sources: Nancy R. Kressin, Bei-Hung Chang, Ann Hendricks, and Lewis E. Kazis, “Agreement between administrative data and patients’ self-reports of race/ethnicity,” *American Journal of Public Health*, vol. 93, no. 10 (2003), p. 1734-1739); José J. Escarce, Rita Carreón, German Veselovskiy, and Elisa H. Lawson, “Collection of race and ethnicity data by health plans has grown substantially, but opportunities remain to expand efforts,” *Health Affairs*, vol. 30, no. 10 (2011); and Aetna, “Aetna’s Commitment,” accessed April 25, 2014. Available at: <http://www.aetna.com/about-aetna-insurance/initiatives/racial-ethnic-equality/index.html>.

⁶ For additional information on the methodology that was used to analyze the characteristics of individuals who selected a Marketplace plan in the HealthCare.gov states by race/ethnicity, please refer to Appendix C in the 2014 Marketplace Summary Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

Designated ZIPs, which has been updated using the 2010 Census data.

- **Household Income** – Household Income represents the individual’s household income as a percentage of the Federal Poverty Level. The 2015 Federal Poverty Guidelines, which are used in determining premium tax credits for 2016 coverage, can be accessed at <http://aspe.hhs.gov/poverty/15poverty.cfm>.

Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace – Marketplace Medicaid & CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on www.Medicaid.gov). Some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid & CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

Appendix Table D3

Metric	Number of States Reporting Data for this Metric
Visitors to the Marketplace Websites	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Calls to the Marketplace Call Centers	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Completed Applications	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Individuals Applying for Coverage in Completed Applications	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan with Financial Assistance	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	12 States – Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals with 2016 Marketplace Plan Selections	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Enrollment Type (New Consumers, Total Reenrollees)	12 States – California, Colorado, Connecticut, District of Columbia, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Reenrollment Type (Active Reenrollees,	10 States – California, Colorado, Connecticut, District of Columbia, Kentucky, Maryland, Massachusetts, Rhode Island, Vermont,

Metric	Number of States Reporting Data for this Metric
Automatic Reenrollees)	Washington
2016 Marketplace Plan Selections by Financial Assistance Status	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Age	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Gender	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Metal Level	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington

Impact of Basic Health Plan Enrollment – Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states.

New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

The following is a summary of enrollment data for New York's Essential Plan.

Appendix Table D4

Enrollment Data for New York's Essential Plan	Number 11-1-15 to 12-26-15
Total Enrollees	2,733,248
Female	1,432,299
Male	1,299,853
Age < 18	166,501
Age 18-25	260,263
Age 26-34	466,910
Age 35-44	432,670
Age 45-54	607,937

Enrollment Data for New York's Essential Plan	Number 11-1-15 to 12-26-15
Age 55-64	770,049
Age ≥65	27,891

Effectuated Enrollment – Data on effectuated enrollment for the 2016 Open Enrollment period are not yet available. Therefore, the enrollment data in this report are generally based on pre-effectuated enrollment (plan selections). However, one state, Washington, has reported data on effectuated enrollment.