

THIS FILE IS MADE AVAILABLE THROUGH THE DECLASSIFICATION EFFORTS AND RESEARCH OF:

THE BLACK VAULT

THE BLACK VAULT IS THE LARGEST ONLINE FREEDOM OF INFORMATION ACT / GOVERNMENT RECORD CLEARING HOUSE IN THE WORLD. THE RESEARCH EFFORTS HERE ARE RESPONSIBLE FOR THE DECLASSIFICATION OF THOUSANDS OF DOCUMENTS THROUGHOUT THE U.S. GOVERNMENT, AND ALL CAN BE DOWNLOADED BY VISITING:

[HTTP://WWW.BLACKVAULT.COM](http://www.blackvault.com)

YOU ARE ENCOURAGED TO FORWARD THIS DOCUMENT TO YOUR FRIENDS, BUT PLEASE KEEP THIS IDENTIFYING IMAGE AT THE TOP OF THE .PDF SO OTHERS CAN DOWNLOAD MORE!



ASPE

Issue BRIEF

HEALTH INSURANCE MARKETPLACE: NOVEMBER ENROLLMENT REPORT

November 13, 2013

This issue brief highlights national and state-level enrollment-related information for the first month of the Health Insurance Marketplace (Marketplace hereafter) initial open enrollment period that began October 1, 2013 for coverage beginning January 1, 2014 (see Appendix A for state-level data). It also provides an overview of the methodology that was used in compiling these data (see Appendix B), and includes information about strategies to reach consumers.

These data represent a “snapshot” of Marketplace enrollment that uses comparable definitions for the data elements across states, and between states that are implementing their own Marketplaces (also known as State-Based Marketplaces or SBMs) and states with Marketplaces that are supported by or fully-run by the Department of Health and Human Services (including those run in partnership with states, also known as the Federally-facilitated Marketplace or FFM). Data related to Medicaid and Children’s Health Insurance Program (CHIP) eligibility in this report are based on applications submitted through the Marketplaces. Enrollment based on applications submitted through state Medicaid/CHIP agencies will be released in a subsequent report.

It is important to note that the SBM enrollment-related data that are reported in this issue brief may differ from comparable data that have previously been publicly reported on SBM websites or in media reports due to differences in time periods and metric definitions.

The following are highlights of Marketplace enrollment-related information for the first month.

Marketplace Monthly Enrollment-Related Information, 10-1-13 to 11-2-13 (1)	Number
Number of completed applications through the Marketplaces	846,184
Total number of individuals included in completed Marketplace applications	1,509,883
Number of individuals determined eligible to enroll in a Marketplace plan	1,081,592
Number of individuals who have selected a Marketplace plan	106,185

(1) Oct 1- Nov 2 most closely represents the first month of operations since state based Marketplaces generally compile enrollment-related metrics on a weekly basis. Any differences in reporting periods among states are noted in footnotes accompanying the Table in Appendix A.

The first month enrollment experience in the Marketplace exceeds comparable first month enrollment in the Commonwealth Care program in the Massachusetts Health Connector. In Massachusetts, the number of premium-paying enrollees who signed up during the first month of enrollment was 123 or 0.3 percent of the total enrollment of 36,167 at the end of the year.¹

¹ Source: Commonwealth Health Insurance Connector Authority as cited in the The New Republic, Oct. 23, 2013. Available online: <http://www.newrepublic.com/article/115309/obamacare-enrollment-massachusetts-statistics-suggest-it-will-be-slow>

Marketplace plan selection of 106,185 is 1.5 percent of the estimated enrollees at the end of the 2014 open enrollment period (Congressional Budget Office (CBO) estimate, May 2013). (See Appendix C for more information on enrollment experiences in other programs.)

Marketplace Website and Call Center Activity

Unique Visitors on the SBM and FFM websites: 26,876,527

Calls to the SBM and FFM call centers: 3,158,436

Overview of Enrollment to Date

To date, 106,185 persons have enrolled and selected a Marketplace plan—this includes those who have paid a premium and those who have not yet paid a premium.

Based on available data, 846,184 completed applications were submitted to Marketplaces during the first month of the initial open enrollment period (10-1-13 to 11-2-13), including applications that were submitted to the SBMs and FFM. These completed applications correspond to a total of 1,509,883 million individuals (persons) who have applied for coverage through the Marketplaces during this time period. This represents 22 percent of the Congressional Budget Office (CBO) estimated 7 million Marketplace enrollment in 2014.² (Please see Appendix A for corresponding tables containing state-level data, and see Appendix B for methodological information on how these numbers were derived).

The Marketplaces have helped a total of 1,477,853 persons by determining or assessing³ that they are either eligible to enroll in a Marketplace plan (used throughout this report—also known as Qualified Health Plans or QHPs) with or without financial assistance, or in Medicaid or the Children’s Health Insurance Program (CHIP). To date, 106,185 persons have selected a Marketplace plan—this includes 79,391 in SBMs and 26,794 in FFM. An additional 975,407 persons who have been determined eligible have not yet selected a plan through the Marketplace.

To date, the Marketplaces have processed eligibility determinations and assessments for 98 percent (1,477,853) of the 1,509,883 persons who have applied for coverage – including:

- 1,081,592 persons (73 percent of the total number of persons with processed eligibility determinations / assessments) have been determined eligible to enroll in a Marketplace plan, (including 326,130 persons who have been determined eligible to enroll in a Marketplace plan with financial assistance),
 - 106,185 (10 percent) of the 1,081,592 total Marketplace plan eligible persons have already selected a plan by clicking a button on the website page.

² CBO estimates 7 million individuals will enroll in qualified health plans (QHPs) through the Marketplace in 2014.

http://www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf.

³ Accounts of individuals who have been determined or assessed eligible for Medicaid or CHIP are transferred to state Medicaid and CHIP agencies, which then take any action needed to effectuate enrollment. “Assessment” refers to those FFM states where the state has chosen to retain the ability make the final eligibility determination.

Enrollment includes those who have selected a plan including those who have paid their first month premium and those who have not yet done so.

- 396,261 persons (27 percent of the total number of persons with processed eligibility determinations / assessments) who have been determined or assessed eligible for Medicaid or CHIP.⁴

A total of 502,446, or 1 in 3 of the 1,477,853 people whose eligibility determinations / assessments have been processed, have either been determined or assessed eligible for Medicaid or CHIP or have selected a plan in the Marketplaces. Meanwhile, 722,391 (49 percent) of the 1,477,853 whose eligibility determinations / assessments have been processed are either eligible for financial assistance through the Marketplaces, or have been determined or assessed eligible for Medicaid or CHIP.

An additional 201,137 persons who applied for coverage through the Marketplaces have eligibility determinations that are either pending, not captured in the Marketplace plan and Medicaid/CHIP eligibility counts for a given state, or negative (meaning that they have not been determined eligible to enroll in a Marketplace plan).

The available data on completed applications, eligibility determinations and assessments, and Marketplace plan selection represents a subset of the total number of Americans who have begun exploring the coverage options that are available through the new Marketplaces. There is considerable interest in the new Marketplaces as measured by unique visitors on the SBM and FFM websites (26,876,527), and calls to the SBM and FFM call centers (3,158,436).

These early enrollment-related statistics suggest that, in spite of recent information system and website issues, interest in the Marketplaces is high. For example a Commonwealth Fund survey conducted Oct. 9-27⁵ polled adults (ages 19-64) who are uninsured or have individual market coverage and found that most (60 percent) are aware of the Marketplace. Further, the Commonwealth Fund found that 53 percent are aware that financial support is available for Marketplace coverage and 17 percent have visited the Marketplace. Most (58 percent) said they are very likely or somewhat likely to go or go back to visit the Marketplace to enroll in a plan or to apply for the premium tax credit or for Medicaid/CHIP before the open enrollment period ends on March 31, 2014. (See Appendix D for more information).

Marketplace enrollment is expected to increase as technical issues are resolved.

Enrollment Experience in Other Programs

Based on the experience of the Federal Employees Health Benefits Program (FEHBP), Medicare Part D, Massachusetts' Commonwealth Care, and the Children's Health Insurance Program

⁴ Most FFMs assess individuals as eligible for Medicaid or CHIP, and the state Medicaid or CHIP agency takes additional steps to finalize an eligibility determination. In states that accept the FFM's eligibility determination, the state will take steps to effectuate enrollment.

⁵ <http://www.commonwealthfund.org/Publications/Data-Briefs/2013/Nov/Americans-Experiences-Marketplaces.aspx>

(CHIP), several factors drive enrollment rates, particularly in the early months of program operation (See Appendix C):

- “Action-forcing” events — such as the end date of an open enrollment period or the start date for benefits — often result in a spike in enrollment activity.
- The length of a program’s pre-benefit period (i.e., the period between sign-up/enrollment and the receipt of benefits) also affects rates of initial enrollment: Shorter pre-benefit periods (e.g., 1 month) tend to generate higher initial enrollment rates than longer pre-benefit periods, during which the consumer may perceive little advantage to signing up or enrolling early.

Based on this experience, the Department expects Marketplace enrollment will start slowly, with peaks in December (as the January 1 coverage date approaches) and March (as the close of open enrollment approaches).

Based on available data for the first reporting period, the level of early Marketplace enrollment appears to be consistent with expectations based on the Massachusetts Commonwealth Care experience. Many of the SBMs have experienced first-month enrollment-related activity that exceeds comparable Commonwealth Care enrollment for the first month of open enrollment (See Appendix C for more information).⁶

The SBMs’ experience to date regarding the type of eligibility determinations and assessments appear similar to Commonwealth Care’s early months of enrollment as well. There were large differences in initial enrollment rates in Commonwealth Care between persons who qualified for plans not requiring a premium payment and persons who did not qualify. Only about 4,000 individuals signed up in the first couple months of the program for plans requiring a premium payment. *The majority of individuals who enrolled in Commonwealth Care during the first year were in plans that did not require the enrollee to pay a premium.* Many of the SBMs have experienced first-month enrollment-related activity with substantial numbers of Medicaid eligible individuals applying to the Marketplace. Enrollment of individuals anticipating paying a premium for coverage is expected to increase as the start date for benefits, January 1, 2014, approaches.

Methodological Overview

This report summarizes available data on enrollment-related activity during the first month of the initial open enrollment period for the Marketplaces – including the number of completed applications, the number of processed eligibility determinations, and the number of completed Marketplace plan selections. The data that are reported in this issue brief have been generated by the information systems of the Centers for Medicare & Medicaid Services (CMS), based on information reported to CMS by SBMs, and information collected by the FFM for states with HHS- supported or fully run Marketplaces (including those run in partnership with states).

⁶ Massachusetts auto-enrolled a large number of individuals from the state’s uncompensated care pool into Commonwealth Care, a process which began October 1, 2006, before open enrollment became available to the broader Commonwealth Care-eligible population on January 1, 2007. The population that was allowed to enroll starting in January 2007 could qualify for premium subsidies based on income.

Unless otherwise noted, the data in this issue brief represent cumulative Marketplace enrollment-related activity for the 10-1-13 to 11-2-13 reporting period, with information available as of 11-12-13. Data for certain metrics are not yet available for some states due to information system issues. We anticipate that more comprehensive data will be available in future monthly enrollment-related reports as system issues are resolved. (Please see Appendix B for additional methodological information and technical notes, including information about any limitations or clarifications regarding specific data points.)

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

Details on Marketplace Enrollment-Related Activity to Date

The following are highlights of enrollment-related activity in the Marketplaces during the first month of the initial open enrollment period (see Appendix A for state-level data).

Completed Applications – A total of 846,184 completed applications were submitted to the Marketplaces during the first month of the initial open enrollment period (10-1-13 to 11-2-13). This includes 326,623 completed applications (39 percent of the combined SBM-FFM total) that were submitted to the SBMs, and 519,561 completed applications (61 percent of the combined SBM-FFM total) that were submitted to the FFM. In addition to these applications, the FFM also has 259,107 additional paper and call center applications that are not included in this total.

Based on currently available data, electronically-submitted (online) applications (including applications submitted through the Marketplace websites, as well as any applications that were submitted online through in-person assisters or the call center) accounted for approximately 74 percent of the completed applications that were submitted to the Marketplaces during the reporting period. The remainder of the completed applications (26 percent) were submitted on paper (including applications that were submitted by mail, as well as any applications through in-person assisters or the call center that were filled out on paper). On average, approximately 93 percent of the completed applications that were submitted to the SBMs were submitted electronically, and 67 percent of the completed applications that were submitted to the FFM were submitted electronically.

Number of Persons Applying for Coverage in Completed Applications – The 846,184 completed applications correspond to a total of 1,509,883 persons who have applied for coverage through the Marketplaces during this time period. The total number of persons applying for coverage is higher than the total number of completed applications because each application can potentially include multiple persons (such as spouses or dependents). A total of 516,248 persons (34 percent of the combined SBM-FFM total) have applied for coverage through the SBMs, and

993,635 persons (66 percent of the combined SBM-FFM total) have applied for coverage through the FFM.

Number of Persons Determined or Assessed Eligible to Enroll in Coverage Through the Marketplace – Overall, the Marketplaces have processed eligibility determinations for 98 percent (1,477,853) of the 1,509,883 total persons who have applied for coverage through the Marketplaces. Of these, 1,081,592 persons have been determined eligible to enroll in a plan through the Marketplace, representing 72 percent of the total persons who have applied for coverage through the Marketplaces as a whole, and 396,261 persons have been determined or assessed eligible for Medicaid or the Children’s Health Insurance Program (CHIP), representing 26 percent of the total persons who have applied for coverage through the Marketplaces as a whole. Additionally, approximately 30 percent of the 1,081,592 total persons who have been determined eligible to enroll in a plan through the Marketplace have also been determined eligible to enroll in a plan with financial assistance (326,130, representing 22 percent of the total persons who have applied for coverage through the Marketplaces as a whole, and 22 percent of the total eligibility determinations / assessments that have been processed). The remaining 755,462 other Marketplace plan eligible persons includes individuals who: didn’t apply for financial assistance; applied for financial assistance and were found ineligible; applied for financial assistance and their applications are pending.

- ***Number of Persons Determined Eligible to Enroll in Coverage by the SBMs*** – The SBMs have processed eligibility determinations for 591,838 persons who have applied for coverage through the SBMs; however, this percentage varies by state due to differences in processing times. Within the SBMs, 378,973 persons have been determined eligible to enroll in a Marketplace plan, and 212,865 persons have been determined eligible for Medicaid or CHIP using MAGI determination criteria. Additionally, approximately 23 percent (88,953) of the 378,973 total Marketplace plan eligible persons in the SBMs have also been determined eligible to enroll in a plan with financial assistance.⁷
- ***Number of Persons Determined or Assessed Eligible to Enroll in Coverage by the FFM*** – The FFM has processed eligibility determinations for 89 percent (886,015) of the 993,635 persons who have applied for coverage through the FFM. Within the FFM, 702,619 persons have been determined eligible to enroll in a Marketplace plan (representing 71 percent of the total persons who have applied for coverage through the FFM), and 183,396 persons have been determined or assessed eligible for Medicaid or CHIP under MAGI determination criteria (representing 18 percent of the total persons who have applied for coverage through the FFM). Additionally, approximately 34 percent (237,177) of the 702,619 total Marketplace plan eligible persons in the FFM have also been determined eligible to enroll in a plan with financial assistance⁸ (also representing 24 percent of the total persons who have applied for coverage through the

⁷ SBM data on the number of persons with processed eligibility determinations or assessments do not add to the total number of persons applying for coverage in completed applications due to missing data.

⁸ Represents the total number of individuals determined to be eligible for plan enrollment through the Marketplace, who qualify for advance premium tax credits (APTC).

FFM).

An additional 201,137 persons who applied for coverage through the Marketplaces (including approximately 93,245 in SBMs, and 107,892 in the FFM) have eligibility determinations in the Pending/Other category, including those who: 1) have a pending eligibility determination or assessment for a Marketplace plan or Medicaid/CHIP coverage; 2) have a processed eligibility determination or assessment for a Marketplace plan or Medicaid/CHIP coverage that is not captured in the relevant column in this table for a given state due to system issues; or 3) have been deemed ineligible for Marketplace coverage.

Number of Persons Who Have Selected a Marketplace plan – Overall an estimated 106,185 (10 percent) of the persons who have been determined eligible to enroll in a plan through the Marketplace have already selected a plan (including both those who have paid the first month’s premium and those who have not yet paid the first month’s premium). An additional 975,407 persons who have been determined eligible have not yet selected a plan through the Marketplace.

- **Number of Persons Who Have Selected a Marketplace plan in SBMs** – Within the SBMs, 79,391 (21 percent) of the persons who have been determined eligible to enroll in a plan through the Marketplace have already selected a plan through the SBM (including both those who have paid the first month’s premium and those who have not yet paid the first month’s premium).
- **Number of Persons Who Have Selected a Marketplace plan in the FFM** – Within the FFM, overall 26,794 (4 percent) of the persons who have been determined eligible to enroll in a plan through the Marketplace have already selected a plan through the FFM (including both those who have paid the first month’s premium and those who have not yet paid the first month’s premium).

Highlights of Marketplace Customer Service and Outreach

Customer Service – Based on available data, there have been a total of 26,876,527 unique visitors on the Marketplace websites, and a total of 3,158,436 calls to the SBM and FFM Marketplace call centers.

- **Customer Service (Website and Call Center Utilization) in SBMs** – Based on available data, there have been a total of 7,376,527 unique visitors on the SBM websites, and a total of 923,170 calls to the SBM call centers.
- **Customer Service (Website and Call Center Utilization) in the FFM** – Based on available data, there have been a total of approximately 19,500,000 unique visitors on the FFM website, and a total of 2,235,266 calls to the FFM call center.

Outreach Several types of marketplace assisters help people navigate the new system. As of November 1, 2013, over 18,000 assisters have been trained in the states that are a part of the Federally-facilitated Marketplace. These assisters have informally reported that they have conducted over 2,800 education and outreach events that have reached over 450,000 consumers

in their states.

Maximizing Marketplace Enrollment: SBM Experiences

CA: California has conducted extensive public outreach efforts across the state, spending \$94 million dollars to help community groups, local health clinics, and labor unions reach residents and sign them up for coverage. California has used radio and television commercials, highway billboard advertisements, and a number of Twitter and Facebook posts to spread awareness of Covered California throughout the state. To reach its Latino population, California has established partnerships with Univision, Telemundo, La Opinion and impreMedia to implement Spanish-language media campaigns through TV, radio, print, and digital media. Outreach workers who speak Spanish, Tagalog, Cambodian, Mandarin and Cantonese are attending local community events such as county fairs, farmers markets, street festivals and back-to-school nights across the state.

KY: Kentucky reports tens of thousands of enrollees in its Marketplace, with high rates of enrollment by young adults under 35 years old (40 percent) and women (59 percent). The Kentucky Health Benefit Exchange has awarded nearly \$6.5 million in contracts to navigator programs throughout the state to ensure that Kentuckians have assisters to help them determine their health plan needs and assist them in choosing appropriate plans. The state also has 3,400 certified insurance agents trained to explain the multiple offerings available.

NY: New York State of Health (NYSOH) Marketplace officials report that nearly 174,000 New Yorkers had completed the full application process and were determined eligible for coverage as of October 23, 2013. The fast pace of New York's enrollment uptake indicates that many New Yorkers are seeking affordable health coverage. NYSOH's customer service operators have assisted more than 77,000 New Yorkers. Another potential factor in New York's success is the reduced rates in the individual market. NYSOH reports a 53 percent reduction compared to the previous year's rates.

APPENDIX A

**TOTAL MARKETPLACE APPLICATIONS, ELIGIBILITY DETERMINATIONS, AND
MARKETPLACE PLAN SELECTIONS BY MARKETPLACE TYPE AND STATE, 10-1-2013
TO 11-2-2013**

Total Marketplace Applications, Eligibility Determinations, and Marketplace Plan Selections By Marketplace Type and State (1) 10-1-2013 to 11-2-2013							
State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
	Number	Number	Number	Number	Number	Number	Number
States Implementing Their Own Marketplaces (SBMs)							
California (9)	105,782	192,489	93,663	N/A	79,519	19,307	35,364
Colorado (10)	20,492	45,575	36,335	8,742	N/A	9,240	3,736
Connecticut	12,337	18,815	12,325	6,807	6,490	0	4,418
District Of Columbia (11)	2,541	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii (12)	1,754	2,379	1,156	N/A	N/A	1,223	N/A
Kentucky	50,279	76,294	39,207	13,201	28,676	8,411	5,586
Maryland	10,917	N/A	3,498	2,638	5,923	N/A	1,284
Massachusetts (13)	14,413	N/A	N/A	N/A	N/A	N/A	N/A
Minnesota (14)	15,268	31,447	21,532	6,759	9,166	749	1,774
Nevada	9,186	14,819	N/A	N/A	5,710	9,109	1,217
New York	N/A	N/A	134,897	34,267	23,902	N/A	16,404
Oregon (15)	8,752	N/A	190	N/A	425	N/A	N/A
Rhode Island	6,670	9,581	3,326	2,086	3,447	2,808	1,192
Vermont	3,242	5,540	3,341	1,078	1,411	788	1,325
Washington (16)	64,990	119,309	29,503	13,375	48,196	41,610	7,091
SBM Subtotal	326,623	516,248	378,973	88,953	212,865	93,245	79,391
States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)							
Idaho (17)	4,753	10,573	7,733	3,305	1,597	1,243	338
New Mexico (17,18)	4,055	7,529	4,249	1,549	3,552	N/A	172
Alabama	10,573	20,840	14,696	4,910	2,262	3,882	624
Alaska	1,253	2,203	1,606	598	368	229	53
Arizona	17,220	32,897	20,741	7,156	11,339	817	739
Arkansas	7,294	14,059	6,123	2,279	7,430	506	250

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

10-1-2013 to 11-2-2013

State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
	Number	Number	Number	Number	Number	Number	Number
Delaware	1,897	3,491	2,204	674	1,200	87	97
Florida	67,366	123,870	93,456	29,637	12,887	17,527	3,571
Georgia	28,642	56,783	41,426	12,757	7,709	7,648	1,390
Illinois	30,901	56,636	35,802	11,603	19,447	1,387	1,370
Indiana	15,982	31,979	19,093	7,890	11,305	1,581	701
Iowa	5,547	10,884	6,104	2,079	4,490	290	136
Kansas	6,061	12,205	9,087	3,009	1,718	1,400	371
Louisiana	7,702	14,163	10,294	3,277	1,460	2,409	387
Maine	3,550	6,497	5,061	2,116	623	813	271
Michigan	23,987	44,025	34,197	12,468	4,978	4,850	1,329
Mississippi	4,339	8,204	5,822	1,662	925	1,457	148
Missouri	14,131	27,911	20,121	7,111	4,157	3,633	751
Montana	2,683	5,205	3,815	1,711	457	933	212
Nebraska	4,947	9,973	7,453	2,967	2,295	225	338
New Hampshire	4,006	7,817	5,767	2,016	1,643	407	269
New Jersey	23,021	42,372	23,985	8,082	17,460	927	741
North Carolina	29,547	57,653	42,110	15,051	7,404	8,139	1,662
North Dakota	969	1,845	1,180	370	585	80	42
Ohio	24,050	45,128	34,374	11,866	7,535	3,219	1,150
Oklahoma	6,905	14,169	9,952	1,432	2,412	1,805	346
Pennsylvania	31,827	57,674	43,966	15,497	3,788	9,920	2,207
South Carolina	11,249	20,980	15,257	4,973	3,112	2,611	572
South Dakota	1,491	3,081	2,279	822	525	277	58
Tennessee	17,598	33,230	24,334	8,573	4,089	4,807	992
Texas	53,904	108,410	80,960	25,520	11,682	15,768	2,991
Utah	6,186	14,580	9,318	3,883	4,816	446	357
Virginia	21,667	42,341	32,534	9,333	4,088	5,719	1,023
West Virginia	3,807	7,096	3,442	1,268	3,103	551	174
Wisconsin	19,098	34,678	22,038	8,911	10,736	1,904	877
Wyoming	1,353	2,654	2,040	822	219	395	85
FFM Subtotal	519,561	993,635	702,619	237,177	183,396	107,892	26,794

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

10-1-2013 to 11-2-2013

State Name	Total Number of Completed Applications (2)	Total Individuals Applying for Coverage in Completed Applications (3)	Number of Individuals Determined Eligible to Enroll in a Marketplace Plan		Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (6)	Pending/ Other (7)	Number of Individuals Who Have Selected a Marketplace Plan (8)
			Total Eligible to Enroll in a Marketplace Plan (4)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (5)			
	Number	Number	Number	Number	Number	Number	Number
MARKETPLACE TOTAL, All States	846,184	1,509,883	1,081,592	326,130	396,261	201,137	106,185

Notes:

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

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 10/1/13 to 11/2/13.

(2) “Completed Applications” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if the applicant applied for insurance affordability programs, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, as well as to begin eligibility assessments or determinations for Medicaid and CHIP. In the case of Medicaid and CHIP, the Marketplace may perform eligibility assessments instead of determinations, at state option. Additionally, for electronic applications, Completed Applications include only those applications for which the applicant has hit the “submit” button and the application has been accepted for further processing. In addition to these applications, the FFM also has 259,107 additional paper and call center applications that are not included in this total. Note: a single Completed Application may include multiple individuals who are applying for coverage.

(3) “Individuals Applying for Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the Marketplace during the applicable reference period. This number does not include individuals applying through the SHOP. Note: SBM data on the number of Individuals Determined Eligible to Enroll in a plan through the Marketplace and the number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace do not add to the total number of persons applying for coverage in completed applications due to missing data and differences in process flows for Marketplace Plans and Medicaid/CHIP eligibility determinations / assessments.

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

(5) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” represents the total number of individuals determined by the Marketplace to be eligible for enrollment through the Marketplace, who qualify for an advance premium tax credit (APTC). This number includes individuals who were

determined eligible for Marketplace plan enrollment with only an APTC, as well as individuals who were determined eligible for enrollment into a plan with both an APTC and a cost-sharing reduction (CSR).

(6) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP, based on modified adjusted gross income (MAGI). In some states, Completed Applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In other states, the Marketplace has been delegated the final Medicaid/CHIP determination responsibility for these individuals. Thus, this data element includes all Medicaid MAGI assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination. Note: this data element does not include eligibility determinations made by State Medicaid/CHIP agencies based on applications originally submitted to the State agency or other Medicaid/CHIP assessments or determinations. Additionally, this column may vary slightly from accounts transferred to states by the FFM.

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

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

(9) For California, the total includes individuals who have been fully determined as well as those that are “pending” and also those that are “contingent.”

(10) Because the Colorado Marketplace does not have an eligibility system that is integrated with its state Medicaid department, the data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time.

(11) The total of completed applications for the District of Columbia reflects online applications only. Data are currently not available for the District of Columbia on the number of individuals deemed eligible for or enrolled in Marketplace plan, or eligible or enrolled in Medicaid/CHIP because the District of Columbia’s information systems record data by accounts rather than number of individuals or covered lives. In many instances, the accounts reflect two or more individuals. Thus, the District of Columbia has reported that between October 1, 2013 and November 2, 2013, 572 plans were selected, which could represent 1,000 or more individuals selecting a plan.

(12) Because the Hawaii Marketplace does not have an eligibility system that is integrated with its state Medicaid department, the data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time.

(13) Due to Massachusetts’s system constraints, cumulative values for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time. Additionally, data for the total number of applications completed for Massachusetts represents time period 10/01/13 through 11/01/13

(14) Minnesota's cumulative data for “Individuals Determined Eligible to Enroll in a Marketplace plan,” “Individuals Determined Eligible to Enroll in a Marketplace plan with Financial Assistance,” and “Individuals Who Have Selected a Marketplace plan” do not include adults between 133% and 200% of the Federal Poverty Level (FPL) because these individuals are enrolled in the MinnesotaCare program. In addition, children up to 275% FPL are covered through the Medicaid program. Please note that when comparing Minnesota's cumulative data for these indicators with other State-Based Marketplaces, the number of individuals (2,505) determined eligible for MinnesotaCare should be included in the calculation.

(15) Cumulative data for Oregon represents best available data as of 11/04/13.

(16) Cumulative data for Washington represents time period 10/01/13 through 10/31/13. The total Individuals Determined or Assessed Eligible for Medicaid / CHIP may include some persons whose eligibility is being

redetermined rather than newly determined. For example an application for a family may include parents applying to the Marketplace for initial coverage, while children are already covered.

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

(18) New Mexico data on the number of Individuals Determined Eligible to Enroll in a Marketplace plan through the Marketplace and the number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace do not add to the total number of persons applying for coverage in completed applications due to differences in process flow for Marketplace plan and Medicaid/CHIP eligibility determinations / assessments.

Source: Centers for Medicare & Medicaid Services, as of 11-12-2013.

APPENDIX B: METHODOLOGY AND TECHNICAL NOTES

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

Unless otherwise noted, the data in this issue brief represent cumulative Marketplace enrollment-related activity for the 10-1-13 to 11-2-13 reporting period, with information available as of 11-12-13. Data for certain metrics are not yet available for some states due to information system issues. We anticipate that more comprehensive data will be available in future monthly enrollment-related reports as system issues are resolved.

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

Summary of Marketplace Monthly Enrollment-Related Information By Marketplace Type (10-1-13 to 11-2-13)	Marketplaces Total (SBMs and FFMs)		States Implementing Their Own Marketplaces (SBMs)		States With Marketplaces that are Supported by or Fully-Run by HHS (FFM)	
	Number	% of Total*	Number	% of Total*	Number	% of Total*
Completed Applications	846,184	n/a	326,623	n/a	519,561	n/a
Number of Individuals Applying for Coverage in Completed Applications	1,509,883	100.0%	516,248	***	993,635	100.0%
Number of Individuals With Processed Eligibility Determinations or Assessments	1,477,853	97.9%	591,838	***	886,015	89.2%
Eligible for Marketplace plan Enrollment	1,081,592	71.6%	378,973	***	702,619	70.7%
Eligible for Marketplace plan with APTC (<i>non-add</i>)	326,130	21.6%	88,953	***	237,177	23.9%
Other Marketplace plan-Eligible Individuals (<i>non-add</i>)	755,462	50.0%	290,020	***	465,442	46.8%
Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace	396,261	26.2%	212,865	***	183,396	18.5%
Pending / Other	201,137	**	93,245	***	107,892	10.9%
Total Individuals Eligible to Enroll in a Marketplace plan	1,081,592	100.0%	378,973	100.0%	702,619	100.0%
Marketplace Eligible Individuals Who Have Selected a Marketplace plan	106,185	9.8%	79,391	20.9%	26,794	3.8%
Marketplace plan Eligible Individuals Who Have Not Yet Selected a Marketplace plan	975,407	90.2%	299,582	79.1%	675,825	96.2%

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

** Pending/Other does not sum to 100 percent due to missing SBM data.

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

Source: Centers for Medicare & Medicaid Services, as of 11-12-2013.

While this issue brief includes some data for all states, data for certain metrics are not available for certain states. For example, CMS did not receive data on the number of individuals applying for coverage in completed applications, the number of processed eligibility determinations and assessments, or the number of individuals eligible for plan enrollment through the Marketplace who have selected a Marketplace plan from two states (Hawaii and Massachusetts) and the District of Columbia.

In the table in Appendix A, which shows the state-level data, “N/A” means that the data for the respective metric is not yet available for a given state.

Definitions of Enrollment-Related Data Terms

- **Reference Period:** Unless elsewhere noted, the reference period for which data are reported is from 10-1-13 to 11-2-13.

Oct 1- Nov 2 most closely represents the first month of operations since state based Marketplaces generally compile enrollment-related metrics on a weekly basis.

- **Completed Applications:** 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 the applicant applied for insurance affordability programs, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, as well as to begin eligibility assessments or determinations for Medicaid and CHIP. In the case of Medicaid and CHIP, the Marketplace may perform eligibility assessments instead of determinations, at state option. Additionally, for electronic applications, Completed Applications include only those applications for which the applicant has hit the “submit” button and the application has been accepted for further processing. It is important to note that a single Completed Application can include multiple individuals who are applying for coverage.

These data represent completed applications that were reported as submitted across all channels by the SBMs and FFM during the reporting period. Applications can be submitted electronically (online) or on paper, by the applicant or on behalf of the applicant by an assister (navigator, in-person assister, agent/broker), or through the call center. The data on paper applications that are included in this total are likely to be undercounted because of a lag time between mailing and receiving the applications.

Applications submitted through the mail are included in the paper category. Applications submitted through the call center or in-person are included in the electronic or paper

categories, as appropriate.

The FFM data on completed applications does not include paper applications or call center applications. An additional 259,107 applications were filed by paper and through call centers during this Oct. 1- Nov. 2 reporting period that are not included in this total.

- **Individuals Applying for Coverage in Completed Applications:** The total number of individuals included in Completed Applications that were submitted to the Marketplace during the applicable reference period. This number does not include individuals applying through the Small Business Health Options Program (SHOP).

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

- **Individuals Determined Eligible to Enroll in a Plan Through the Marketplace** (i.e., a Marketplace plan): The total number of individuals for whom a Completed Application has been received and who are determined to be eligible for Marketplace plan enrollment through the Marketplace during the reference period, whether or not they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in a plan through the Marketplace by the end of the reference period. Individuals who have been determined or assessed as eligible for Medicaid or CHIP are not included.
- **Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance:** The total number of individuals determined by the Marketplace to be eligible for plan enrollment through the Marketplace, who qualify for advance premium tax credits (APTC). This number includes persons who were determined eligible for plan enrollment with only APTC, as well as persons who were determined eligible for enrollment into a Marketplace plan with both APTC and cost-sharing reductions (CSR).

This number does not include Marketplace plan eligible individuals who: didn't apply for financial assistance; applied for financial assistance and were found ineligible; or applied for financial assistance and their applications are pending.

- **Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace:** The number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP, based on modified adjusted gross income (MAGI) eligibility criteria. 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 other states, the Marketplace has been delegated the final Medicaid/CHIP determination responsibility for these individuals. Thus, this data element includes all

Medicaid/CHIP MAGI assessments by the Marketplace, regardless of the state agency's final eligibility determination. This data element does not include eligibility determinations made by state Medicaid/CHIP agencies based on applications originally submitted to the state agency or other Medicaid/CHIP assessments or determinations. Additionally, this column may vary slightly from accounts transferred to states by the FFM.

- **Pending/Other:** A derived estimate of the total number of individuals for whom a Completed Application has been received, who either: 1) have a pending eligibility determination or assessment for Marketplace plan or Medicaid/CHIP coverage; 2) have a processed eligibility determination or assessment for Marketplace plan or Medicaid/CHIP coverage that is not captured in the relevant column in this table for a given state due to system issues; or 3) have been deemed ineligible for Marketplace plan coverage.

The data represented in the “Pending/Other” column are only an approximation; because they are not strict subsets of one another, the sum of “Individuals Eligible to Enroll in a Marketplace plan”, “Individuals Assessed Eligible for Medicaid/CHIP”, and “Pending/Other” does not necessarily equal the “Total Individuals Applying for Coverage in Completed Applications.” Given process flows, it is sometimes very difficult to separate individuals who are assessed eligible for Medicaid [MAGI] and those determined eligible for Marketplace plans.

Pending/Other does not sum to 100 percent of total Individuals Applying for Coverage in Completed Applications due to missing SBM data.

- **Individuals Who Have Selected a Marketplace plan:** The total number of “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” who have selected a plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, whether or not they are eligible to receive an Advanced Premium Tax Credit or cost-sharing reduction.

Additional Technical Notes for SBM Data

- For California, the total includes individuals who have been fully determined as well as those that are “pending” and also those that are “contingent.”
- Because the Colorado Marketplace does not have an eligibility system that is integrated with its State Medicaid/CHIP agency, data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time.
- The total of completed applications for the District of Columbia reflects online applications only. Data are currently not available for the District of Columbia on the number of individuals deemed eligible for or enrolled in Marketplace plans, or eligible or enrolled in Medicaid/CHIP because the District of Columbia's information systems record data by accounts rather than number of individuals or covered lives. In many instances, the accounts reflect two or more individuals. Thus, the District of Columbia has reported that between October 1, 2013 and November 2, 2013, 572 plans were

selected, which could represent 1,000 or more individuals selecting a plan.

- Because the Hawaii Marketplace does not have an eligibility system that is integrated with its State Medicaid/CHIP agency, data for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time.
- Due to Massachusetts’s system constraints, cumulative values for “Individuals Assessed Eligible for Medicaid/CHIP” are not available at this time; additionally, data for the total number of applications completed for Massachusetts represents time period 10/01/13 through 11/01/13.
- Minnesota's cumulative data for “Individuals Determined Eligible to Enroll in a Marketplace plan,” “Individuals Determined Eligible to Enroll in a Marketplace plan with Financial Assistance,” and “Individuals Who Have Selected a Marketplace plan” do not include adults between 133% and 200% of the Federal Poverty Level (FPL) because these individuals are enrolled in the MinnesotaCare program. In addition, children up to 275% FPL are covered through the Medicaid program. Please note that when comparing Minnesota's cumulative data for these indicators with other State-Based Marketplaces, the number of individuals (2,505) determined eligible for MinnesotaCare should be included in the calculation.
- Cumulative data for Oregon represents best available data as of 11/04/13. The total Individuals Determined or Assessed Eligible for Medicaid / CHIP may include some persons whose eligibility is being redetermined rather than newly determined. For example an application for a family may include parents applying to the Marketplace for initial coverage, while children are already covered.
- Cumulative data for Washington represents time period 10/01/13 through 10/31/13. The total Individuals Determined or Assessed Eligible for Medicaid / CHIP may include some persons whose eligibility is being redetermined rather than newly determined. For example an application for a family may include parents applying to the Marketplace for initial coverage, while children are already covered.

Additional Technical Notes for FFM Data

For the data on eligibility:

- An individual found eligible with an inconsistency counts as an eligible person.
- Counts for potentially eligible for Medicaid/CHIP include FFM Assessments as well as FFM Determinations as directed by the states.
- The business logic for conducting Medicaid and CHIP eligibility assessments and determinations are based on the FFM’s interpretation of each state’s Medicaid and CHIP eligibility rules, and are subject to revision.

For the data on Marketplace plan selection:

- The “Selection of a Marketplace plan” metric reflects unique consumers who have

enrolled in either a Marketplace plan or a Dental Plan. If a consumer selects both a Marketplace plan and a Dental Plan, they are counted as 1 plan selection. If a consumer enrolls in a Marketplace plan only, they are counted as 1 plan selection. If a consumer selects a Dental Plan only, they are counted as 1 plan selection. Any plan selection is counted at the moment the consumer hits the “Submit” button in Plan Compare. These are “active” policies.

- These data were pulled for an “As of” date of 11-2-2013, with the following logic:
 - If a policy is created in October and cancelled in October, that policy, and the individuals on it, are NOT included in October counts.
 - If a policy is created in October and cancelled after November 2, 2013 that policy, and the individuals on it, WOULD be included in October counts.
- During an enrollment-related transaction, if a consumer clicks either the "Enroll" or the "Cancel" button more than once, the system may improperly generate multiple transactions. In addition, duplicate transactions have been sent concerning the same person due to minor name differences. Until these technical issues are corrected, the number of transactions may underestimate or overestimate the number of people who will ultimately be actively enrolled.

New Mexico data on the number of Individuals Determined Eligible to Enroll in a Marketplace plan through the Marketplace and the number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace do not add to the total number of persons applying for coverage in completed applications due to differences in process flow for Marketplace plan and Medicaid/CHIP eligibility determinations / assessments.

APPENDIX C: PAST EXPERIENCES IN HEALTH COVERAGE ENROLLMENT

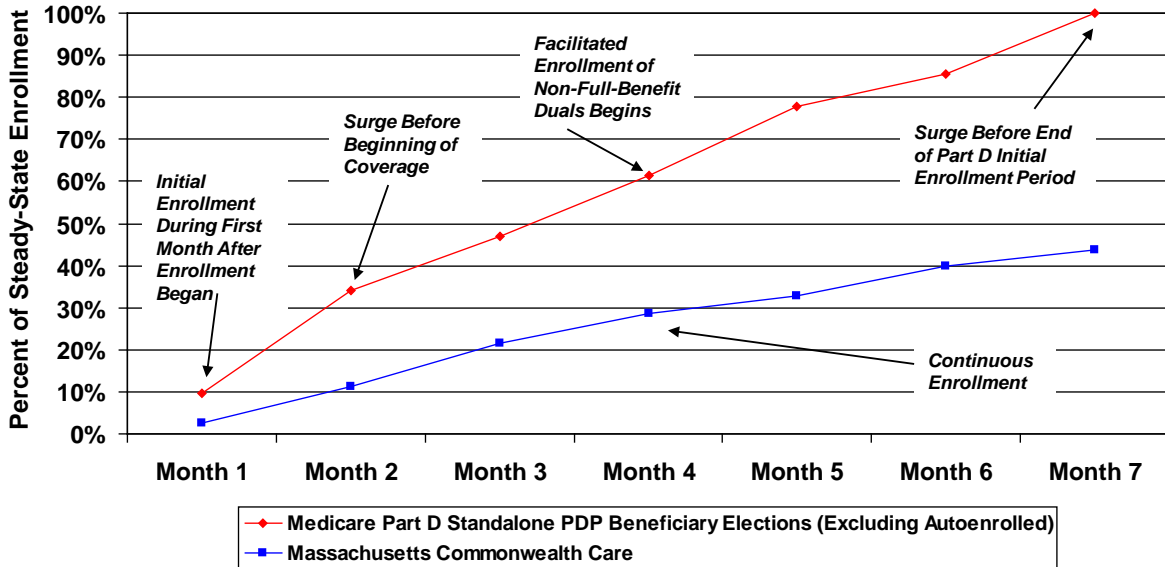
Past enrollment experiences from other health coverage programs inform the Department's expectations for enrollment in the new Marketplace. Based on the experience of the Federal Employees Health Benefits Program (FEHB), Medicare Part D, Massachusetts' Commonwealth Care, and the Children's Health Insurance Program (CHIP), we have learned that several factors drive enrollment rates, particularly in the early months of program operation.

1. "Action-forcing" events — such as the end date of an open enrollment period or the start date for benefits — often result in a spike in enrollment activity.
2. The length of a program's pre-benefit period (i.e., the period between sign-up/enrollment and the receipt of benefits) affects rates of initial enrollment. Shorter pre-benefit periods (e.g., 1 month) tend to generate higher initial enrollment rates than longer pre-benefit periods, during which the consumer may perceive little advantage to signing up or enrolling early.
3. A requirement to pay the initial premium to complete enrollment creates a financial disincentive to enroll early. Consumers are generally required to pay their first month's premium prior to the first day of coverage. This can result in last-minute enrollment activity by consumers to minimize the lag time between payment and access to benefits. Marketplace enrollees must pay premiums by December (even if they enroll in October) for coverage to begin January 1, this fact may affect enrollment in October and November.
4. The use of "auto" or "passive" enrollment, where a group of consumers is enrolled in coverage without any action on the consumers' part, results in higher enrollment rates.
5. Public education campaigns and outreach efforts tied to deadlines that correspond to benefits coverage build consumer awareness and encourage enrollment.

Graphs included in this Appendix illustrate initial enrollment in Medicare Part D, Massachusetts Commonwealth Care, and CHIP, plus enrollment from the FEHB's annual open season for 2012. Each program differs in terms of pre-benefit periods, length of the open enrollment period, and the use of auto-enrollment, which in turn affected enrollment rates during initial months of operation. For example, Medicare Part D experienced faster rates of enrollment compared to Massachusetts Commonwealth Care due to a six-month open enrollment period.

Comparison of Early Part D and Massachusetts Commonwealth Care Enrollment Experience

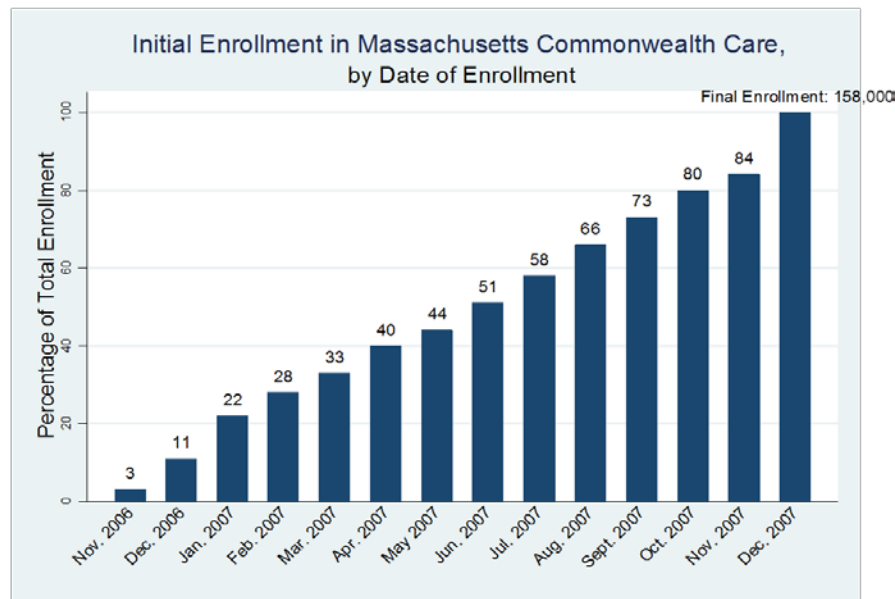
Part D experienced faster rates of enrollment due to a six-month open enrollment period



Notes: Medicare Part D Standalone PDP (Prescription Drug Plan) Beneficiary Elections represents beneficiaries who submitted applications to enroll in a Standalone PDP (excluding Medicare/Medicaid full-benefit dual eligible beneficiaries who were initially autoenrolled into a PDP (including those who subsequently switched plans) and including beneficiaries qualifying for the low income subsidy who received facilitated enrollment); Part D had a 6-month initial open enrollment period. Massachusetts Commonwealth Care represents total enrollees (including auto-enrolled individuals from the state's uncompensated care pool; the program has continuous enrollment, allowing people to sign up at any time during the year.

Source: CMS and HHS Part D Enrollment Press Releases, 12/22/2005 – 6/14/2006; CMS Administrative Data (Facilitated Enrollments). Data on initial Commonwealth Care enrollment, available at <http://www.mass.gov/chia/docs/r/pubs/09/key-indicators-02-09.pdf> and <http://www.mass.gov/bb/h1/fy10h1/exec10/hbudbrief20.htm>

Massachusetts Commonwealth Care. Commonwealth Care is a means-tested subsidized insurance program for uninsured individuals who do not qualify for Medicaid (MassHealth) and is part of the Massachusetts Health Connector. Enrollment and benefits for subsidized coverage in Commonwealth Care began January 1, 2007, although Massachusetts auto-enrolled a large number of individuals from the state’s uncompensated care pool beginning October 1, 2006. Commonwealth Care enrollment appears to have reached a steady state a year after coverage began.⁹ By December 2007, 158,000 people had enrolled in Commonwealth Care.

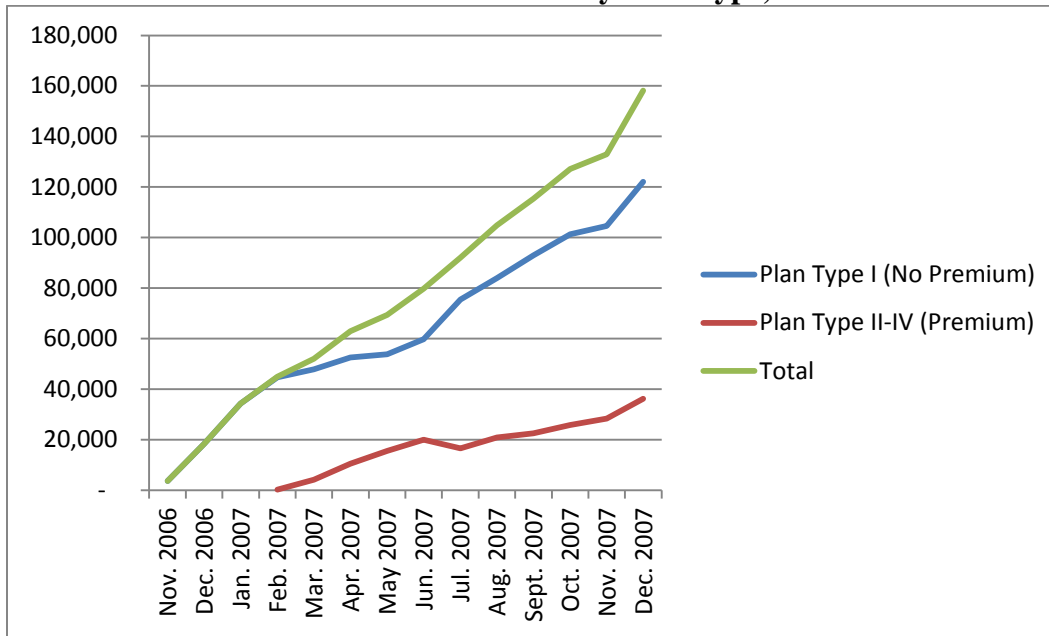


The majority of individuals who enrolled in Commonwealth Care during the first year were in “Type I” plans and not responsible for paying a premium. There were large differences in initial enrollment rates between those who qualified for plans without having to pay a premium and those who were required to pay a premium (see chart below).¹⁰ For the plan types that may require a premium payment (Type II, III and IV), only about 4,000 individuals signed up in the first couple of months of the program.

⁹ For data on initial Commonwealth Care enrollment, see <http://www.mass.gov/chia/docs/r/pubs/09/key-indicators-02-09.pdf> and <http://www.mass.gov/bb/h1/fy10h1/exec10/hbudbrief20.htm>

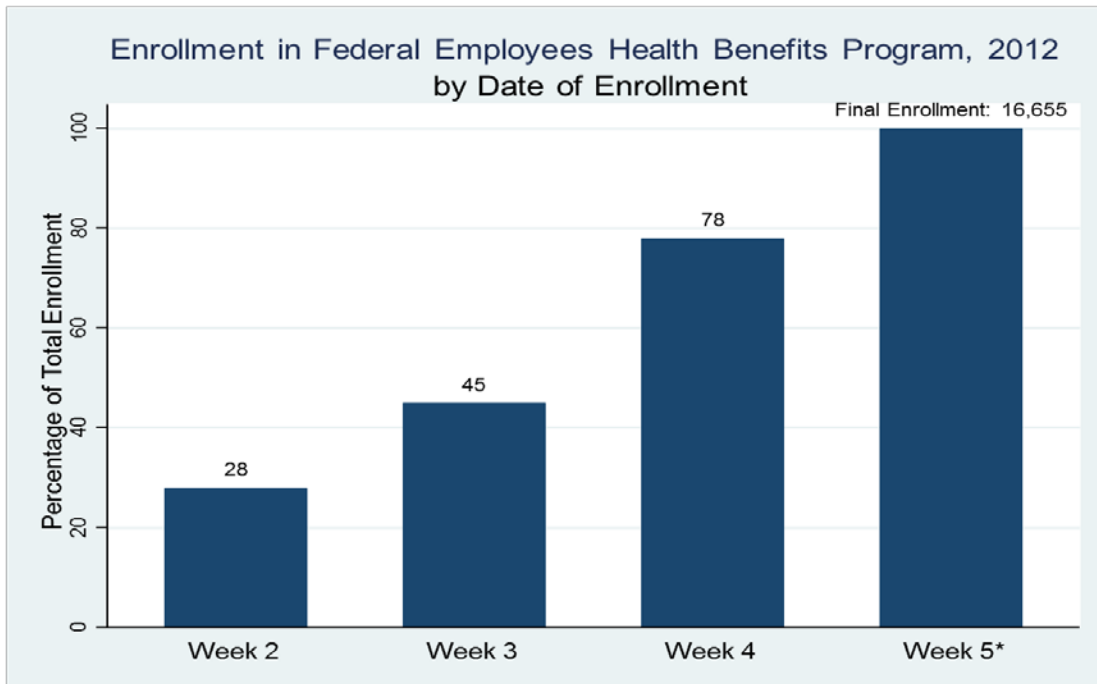
¹⁰ Individuals who have Commonwealth Care Plan Type I (available to those with incomes below 100 percent of the FPL) do not pay premiums for coverage. Individuals who have incomes above 150 percent of the FPL and are enrolled in Plan Type II-IV (available to those with incomes 100.1 to 300 percent of the FPL) pay premiums unless their income is below 150 percent FPL. Data on enrollment by plan type through May 2007 are available here: <https://www.mahealthconnector.info/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/About%252520Us/Publications%252520and%252520Reports/2007/2007-05-10/CommCare%252520Program%252520Update.pdf>

Massachusetts Commonwealth Care Enrollment by Plan Type, 2006-2007



Source: Boston Globe, October 16, 2013:
http://www.boston.com/lifestyle/health/health_stew/2013/10/how_much_aca_enrollment_is_enough.html

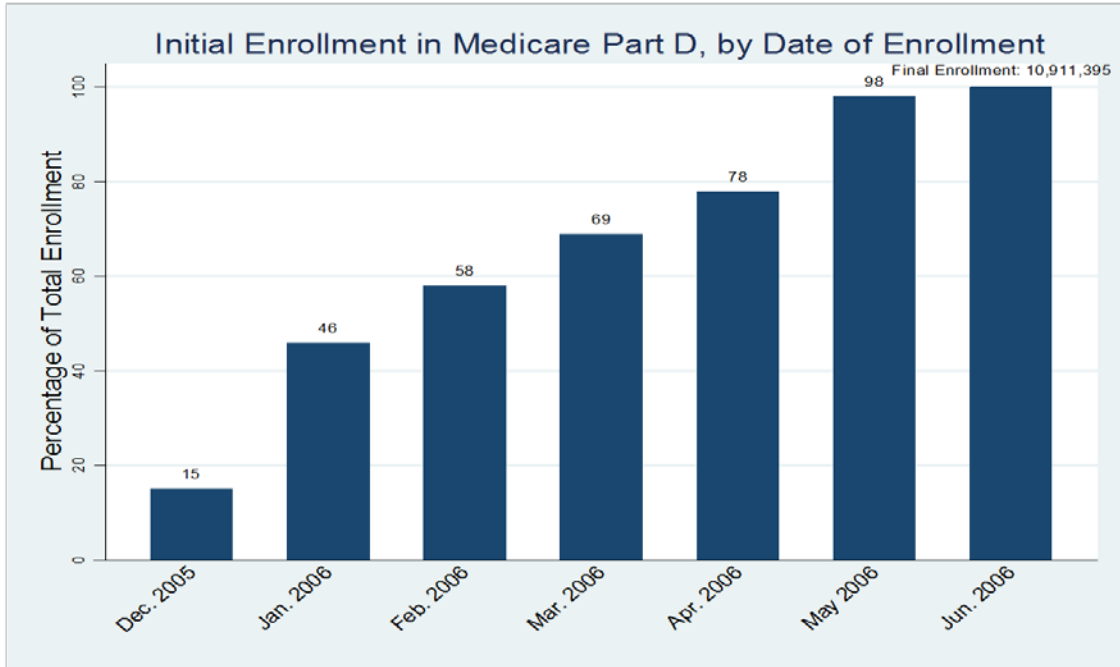
Federal Employees Health Benefits Program. The Office of Personnel Management reports that enrollment spikes in the last few days before the end of the open enrollment period. This is consistent with the experience of private employers as well. The FEHB program has an annual, month-long open season during which employees are allowed to change their insurance coverage status and switch plans. Data from the FEHB’s 2012 open season shows that relatively few employees make changes to their coverage in the first couple weeks of the period. Nearly a quarter (22 percent) of those employees who changed their enrollment during the open season made their selection in the last two days before the season’s deadline. In the table below, Week 5 of 2012 open season consisted of only 2 days.



*Week 5 comprises only 2 days

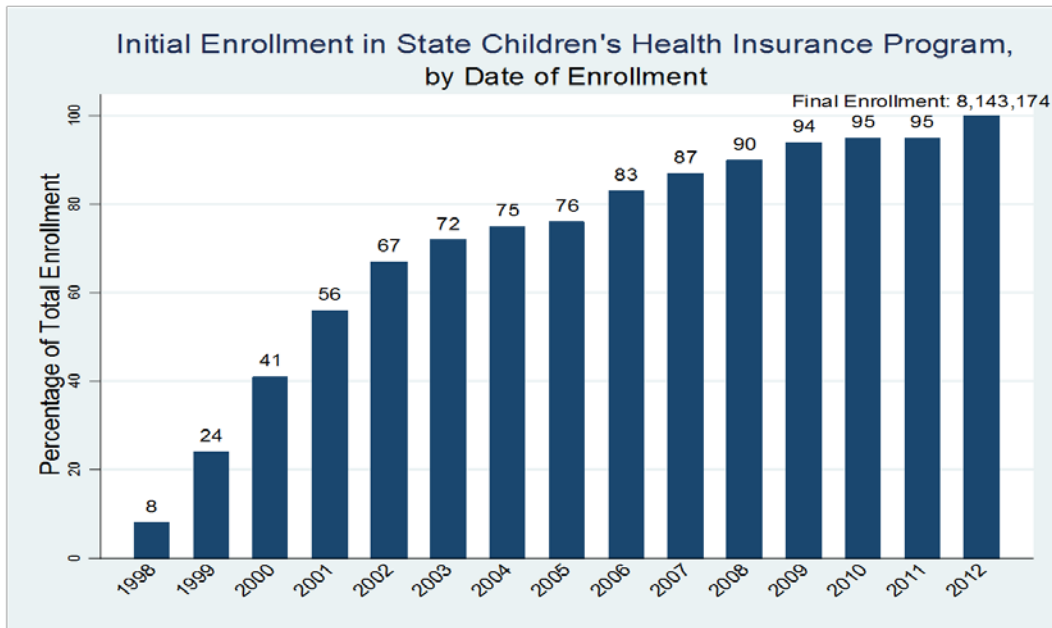
Source: Office of Personnel Management

Medicare Part D. Initial enrollment for Part D opened November 15, 2005 and closed on May 15, 2006. Coverage began January 1, 2006, approximately six weeks after the start of open enrollment. The enrollment rate was 15 percent at the end of December 2005, the end of the “pre-benefit period,” and rose to 98 percent by May 2006, the end of the open enrollment period. *This data (and graph) includes only those who affirmatively enrolled and paid a premium for a standalone Medicare Part D plan.* Medicare Part D had auto-enrollment for Medicare-Medicaid dual eligibles and those in Medicare Advantage plans that added drug coverage, but we do not include those enrollees in the chart below.



Source: Centers for Medicare & Medicaid Services

Children’s Health Insurance Program. CHIP experienced low enrollment rates in the early years of the program. Despite extensive outreach and streamlining of application procedures, only 60 percent of eligible children participated in CHIP fully five years after states began implementing their CHIP programs in 1998. At that point the program reached an enrollment plateau. Currently, CHIP, combined with Medicaid, reaches 86 percent of all eligible children.



Source: Centers for Medicare & Medicaid Services

Expectations for Marketplace Enrollment

Looking forward, the Department expects that Marketplace enrollment will start slowly, with peaks in December 2013 (shortly before benefits begin January 1) and March 2014 (at the end of open enrollment). There is a three-month lag between the beginning of open enrollment on October 1, 2013, and January 1, 2014 when Marketplace benefits begin. As a result, the Department anticipates the enrollment trend will start gradually, with low enrollment in the first two months of open enrollment (October 2013 and November 2013). Enrollment activity is expected to increase in December in anticipation of coverage starting January 1, 2014 and again in March as the March 31, 2014 deadline for open enrollment approaches.

APPENDIX D: CONSUMER AWARENESS OF THE MARKETPLACE

National surveys show that awareness of the Marketplaces increased over the month of October, and nearly one in five Americans who is uninsured or covered by individual market insurance has visited the Marketplace to shop for a plan.

A Commonwealth Fund survey conducted Oct. 9-27¹¹ polled adults (ages 19-64) who are uninsured or have individual coverage and found:

- Most (60 percent) are aware of the Marketplace.
 - 53 percent are aware that financial support is available for Marketplace coverage.
 - 17 percent have visited the Marketplace.
- Most (58 percent) said they are very likely or somewhat likely to go or go back to visit the Marketplace before the end of open enrollment on March 31, 2014 to enroll in a plan or to apply for a premium tax credit or for Medicaid.
- Of those who have visited the Marketplace, 21 percent enrolled in a plan.
 - 47 percent tried to find out if they were eligible for financial assistance (through APTCs or CSRs) or Medicaid.
 - 27 percent rated their Marketplace experience excellent or good, and 70 percent said it was fair or poor.
 - 56 percent said it was difficult, very difficult, or impossible to find a plan with the type of coverage they needed; 38 percent said it was somewhat easy or very easy.
- Of those who did not enroll in October, the most frequently cited reasons were: not being certain they could afford a plan (48 percent), still trying to decide on a plan (46 percent), and thinking deductibles and copayments were too high (42 percent).

The polling firm Gallup found in its October surveys:

- Among all uninsured adults, 18 percent have visited or attempted to visit the online Marketplace. Among uninsured adults who are planning to obtain or who have already obtained coverage through the Marketplace, 22 percent have visited or attempted to visit the online Marketplace.¹²
- The share of the uninsured who consider themselves familiar with the Marketplace was larger at the end of October (27 percent) than at the end of September (25 percent).¹³

According to a national survey by the Pew Research Center, conducted Oct. 9-13,¹⁴ awareness of the Marketplaces is higher in states that are involved in running their Marketplaces:

¹¹ <http://www.commonwealthfund.org/Publications/Data-Briefs/2013/Nov/Americans-Experiences-Marketplaces.aspx>

¹² Poll conducted Oct. 23- Nov. 6. <http://www.gallup.com/poll/165776/uninsured-americans-ignoring-health-exchange-sites.aspx>

¹³ The October poll was conducted Oct. 18-29, 2013. <http://www.gallup.com/poll/165668/uninsured-aware-health-insurance-requirement.aspx>

¹⁴ <http://www.people-press.org/2013/10/21/public-registers-bumpy-launch-of-health-care-exchange-websites/>

- In the 24 states (including D.C.) with State-based Marketplaces or state-federal Partnership Marketplaces, 72 percent are aware that a Marketplace is available.
- In the 27 states that have federally-run Marketplaces, 59 percent are aware that a Marketplace is available in their state.