

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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**ADDENDUM TO THE
HEALTH INSURANCE MARKETPLACES 2017 OPEN ENROLLMENT PERIOD:
JANUARY ENROLLMENT REPORT**

For the period: November 1, 2016 – December 24, 2016

January 10, 2017

This Addendum contains detailed State-level tables highlighting cumulative enrollment-related information for the Health Insurance Marketplaces (Marketplaces) during the first part of the 2017 Open Enrollment period for all 50 states and the District of Columbia (11-1-16 to 12-24-16). These tables include data for the 39 states that are using the HealthCare.gov enrollment and eligibility platform for the 2017 coverage year (HealthCare.gov states), as well as for the 12 State-Based Marketplaces (SBMs) that are using their own Marketplace platforms for the 2017 coverage year.

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APPENDIX TABLE B1

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2017 (1) 11-1-16 to 12-24-16					
Description	Total Number of Individuals With 2017 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	
States Using the HealthCare.gov Eligibility and Enrollment Platform (8)					
State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (9)					
Arkansas	66,017	20%	80%	43%	37%
Kentucky	67,915	100%	N/A	N/A	N/A
Nevada	85,640	23%	77%	49%	28%
New Mexico	50,896	23%	77%	48%	29%
Oregon	148,978	24%	76%	53%	23%
Federally-Facilitated Marketplace (FFM) States					
Alabama	166,232	23%	77%	52%	25%
Alaska	18,136	24%	76%	50%	26%
Arizona	183,236	26%	74%	42%	32%
Delaware	26,825	22%	78%	50%	28%
Florida	1,634,614	25%	75%	55%	20%
Georgia	480,162	27%	73%	48%	25%
Hawaii	16,785	29%	71%	42%	28%
Illinois	351,270	25%	75%	47%	28%
Indiana	167,594	23%	77%	49%	28%
Iowa	52,237	23%	77%	46%	30%
Kansas	95,860	24%	76%	53%	23%
Louisiana	152,121	16%	84%	41%	44%
Maine	77,710	17%	83%	56%	27%
Michigan	309,200	20%	80%	51%	29%
Mississippi	78,661	28%	72%	39%	33%
Missouri	248,897	22%	78%	54%	24%
Montana	52,247	21%	79%	51%	28%
Nebraska	85,142	23%	77%	56%	21%
New Hampshire	51,036	19%	81%	50%	31%
New Jersey	272,796	24%	76%	52%	24%
North Carolina	533,252	21%	79%	49%	30%
North Dakota	20,682	20%	80%	50%	30%
Ohio	230,099	25%	75%	47%	28%

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Platform, by State, 2017 (1) 11-1-16 to 12-24-16					
Description	Total Number of Individuals With 2017 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	140,367	22%	78%	45%	33%
Pennsylvania	415,589	21%	79%	50%	29%
South Carolina	211,599	24%	76%	47%	29%
South Dakota	27,861	27%	73%	55%	18%
Tennessee	234,339	24%	76%	47%	29%
Texas	1,115,212	27%	73%	45%	29%
Utah	186,258	23%	77%	56%	21%
Virginia	397,930	22%	78%	52%	26%
West Virginia	32,984	19%	81%	51%	30%
Wisconsin	234,181	20%	80%	55%	25%
Wyoming	23,579	21%	79%	52%	27%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	24%	76%	49%	26%

Notes:

General: “N/A” means that the data for the respective metric are not available for a given state or are suppressed for privacy reasons. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, been automatically reenrolled, or, been placed into a suggested alternate 2017 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 that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.

(4) “New Consumers” are those individuals who selected a 2017 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer), and, as of 12-24-16, did not have a Marketplace plan selection as of November 2016. 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 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).

(5) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who, as of 12-24-16 had a Marketplace plan selection on or after November 1, 2016, and have either actively submitted a 2017 application and selected a 2017

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 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 12-24-16, 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, as of 12-24-16, had a Marketplace plan selection on or after November 1, 2016, and return to the Marketplace to select a new plan or actively renew their existing plan.

(7) Automatic Reenrollees are individuals who, as of 12-24-16, had a Marketplace plan selection on or after November 1, 2016, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2016 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2016 and did not select a plan ahead of the 12-19-16 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 12-24-16, and would at that point be considered as having actively selected a plan. This category includes individuals who did not make an active selection and were placed in a suggested alternate plan because they will not have a Marketplace plan offered by their 2016 issuer available to them for 2017.

(8) For the HealthCare.gov states, the data on 2017 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) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(10) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B2

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Platform, By State (1) 11-1-16 to 12-24-16							
Description	Total Number of Individuals With 2017 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							
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)</i>							
Arkansas	66,017	52,915	28,518	15,252	23%	29%	53%
Kentucky	67,915	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	85,640	65,726	41,903	20,826	24%	32%	50%
New Mexico	50,896	38,961	24,196	10,514	21%	27%	43%
Oregon	148,978	113,199	78,687	44,717	30%	40%	57%
<i>Federally-Facilitated Marketplace (FFM) States</i>							
Alabama	166,232	127,848	86,624	27,123	16%	21%	31%
Alaska	18,136	13,705	9,012	5,399	30%	39%	60%
Arizona	183,236	135,643	76,714	36,117	20%	27%	47%
Delaware	26,825	21,000	13,493	8,922	33%	42%	66%
Florida	1,634,614	1,218,287	892,973	437,804	27%	36%	49%
Georgia	480,162	352,850	230,979	150,231	31%	43%	65%
Hawaii	16,785	11,886	7,126	2,921	17%	25%	41%
Illinois	351,270	264,672	165,731	113,242	32%	43%	68%
Indiana	167,594	128,796	82,016	58,422	35%	46%	71%
Iowa	52,237	40,051	24,170	13,511	26%	34%	56%
Kansas	95,860	72,483	50,690	25,742	27%	36%	51%
Louisiana	152,121	128,209	61,846	35,011	23%	27%	57%
Maine	77,710	64,611	43,638	21,775	28%	34%	50%
Michigan	309,200	248,640	157,627	94,920	31%	38%	60%
Mississippi	78,661	56,262	30,605	16,540	21%	29%	54%
Missouri	248,897	193,975	133,968	92,279	37%	48%	69%
Montana	52,247	41,536	26,706	15,383	29%	37%	58%
Nebraska	85,142	65,221	47,260	29,628	35%	45%	63%
New Hampshire	51,036	41,299	25,572	12,891	25%	31%	50%
New Jersey	272,796	207,316	141,662	53,286	20%	26%	38%
North Carolina	533,252	419,066	259,461	118,129	22%	28%	46%
North Dakota	20,682	16,583	10,284	4,526	22%	27%	44%
Ohio	230,099	172,060	107,627	69,436	30%	40%	65%
Oklahoma	140,367	109,587	63,499	33,153	24%	30%	52%

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Platform, By State (1)							
11-1-16 to 12-24-16							
Description	Total Number of Individuals With 2017 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	415,589	330,124	208,760	85,098	20%	26%	41%
South Carolina	211,599	161,763	99,586	44,283	21%	27%	44%
South Dakota	27,861	20,365	15,349	7,245	26%	36%	47%
Tennessee	234,339	177,664	109,674	48,290	21%	27%	44%
Texas	1,115,212	818,557	499,866	293,434	26%	36%	59%
Utah	186,258	144,254	104,881	53,688	29%	37%	51%
Virginia	397,930	312,097	207,675	113,548	29%	36%	55%
West Virginia	32,984	26,821	16,804	9,245	28%	34%	55%
Wisconsin	234,181	188,233	129,319	67,183	29%	36%	52%
Wyoming	23,579	18,625	12,309	4,160	18%	22%	34%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	6,621,209	4,298,292	2,202,565	26%	35%	53%

Notes:

General: “N/A” means that the data for the respective metric are not available for a given state or are suppressed for privacy reasons. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, as of 12-24-16, had a Marketplace plan selection on or after November 1, 2016, and have either actively submitted a 2017 application and selected a 2017 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). This includes individuals who did not make an active selection and were placed in a suggested alternate plan because they will not have a Marketplace plan offered by their 2016 issuer available to them for 2017. 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 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 12-24-16, 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, as of 12-24-16, had a Marketplace plan selection on or after November 1, 2016, 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 their “crosswalked” plan for 2017. When individuals have 2017 Marketplace plans available to them from their 2016 issuer, the crosswalked plan will either be the same plan as 2016 or a different plan from the same issuer. Otherwise, the crosswalked plan will be a suggested alternate plan from a different issuer.

(5) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment

platform for 2017.

(11) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B3

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Platform, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>		
Description	Total Number of Completed Applications for 2017 Coverage (2)	Total Individuals Applying for 2017 Coverage on Submitted Applications (3)
	Number	Number
States Using the HealthCare.gov Eligibility and Enrollment Platform		
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)</i>		
Arkansas	69,671	95,929
Kentucky	76,921	111,846
Nevada	77,740	112,813
New Mexico	48,198	63,547
Oregon	143,914	197,965
<i>Federally-Facilitated Marketplace (FFM) States</i>		
Alabama	158,288	211,508
Alaska	17,334	24,413
Arizona	160,784	246,942
Delaware	24,545	34,524
Florida	1,476,197	1,902,853
Georgia	433,127	606,246
Hawaii	17,592	22,802
Illinois	342,882	466,208
Indiana	154,091	217,450
Iowa	53,222	71,121
Kansas	85,928	125,079
Louisiana	151,813	190,572
Maine	63,880	89,236
Michigan	272,465	378,829

**Total Completed Applications and Individuals Who Completed Applications in
States Using the HealthCare.gov Platform, By State, 2017 (1)**
11-1-16 to 12-24-16

Description	Total Number of Completed Applications for 2017 Coverage (2)	Total Individuals Applying for 2017 Coverage on Submitted Applications (3)
	Number	Number
Mississippi	80,725	101,821
Missouri	227,619	307,459
Montana	45,836	65,585
Nebraska	66,920	102,714
New Hampshire	45,468	61,520
New Jersey	252,043	352,986
North Carolina	464,327	625,279
North Dakota	15,058	24,541
Ohio	216,882	299,539
Oklahoma	119,188	171,625
Pennsylvania	394,011	518,372
South Carolina	191,691	249,752
South Dakota	22,932	34,766
Tennessee	239,471	323,975
Texas	944,860	1,421,054
Utah	121,168	223,684
Virginia	326,137	471,004
West Virginia	32,846	43,736
Wisconsin	215,452	277,030
Wyoming	18,787	28,545
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	7,870,013	10,874,870

Notes:

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace eligibility- and enrollment-related activity for 11-1-16 to 12-24-16. These data also do not include any eligibility- and enrollment-related activity relating to individuals who may have applied for and/or selected a 2017 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 2017 Coverage” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to perform eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to perform eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP. This includes applications created through the automatic reenrollment process.

(3) “Individuals Applying for 2017 Coverage in Completed Applications” represents the total number of individuals who are requesting coverage on completed applications that were submitted to the individual market Marketplaces during the applicable reference period, including applications created through the automatic reenrollment process.. This number does not include individuals applying through the SHOP.

(4) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B4

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2017 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2017 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				
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</i>				
Arkansas	75,688	60,218	13,453	66,017
Kentucky	86,499	64,615	24,482	67,915
Nevada	85,640	75,834	15,816	85,643
New Mexico	55,717	39,103	7,464	50,896
Oregon	165,915	118,853	30,584	148,978
<i>Federally-Facilitated Marketplace (FFM) States</i>				
Alabama	195,676	153,667	9,817	166,232
Alaska	20,421	16,628	2,673	18,136
Arizona	215,486	153,201	30,319	183,236
Delaware	30,233	22,505	4,057	26,825
Florida	1,814,227	1,536,444	82,458	1,634,614
Georgia	565,519	436,333	38,723	480,162
Hawaii	18,407	14,252	3,841	16,785
Illinois	400,180	293,646	64,005	351,270
Indiana	187,508	134,653	29,161	167,594
Iowa	60,697	47,755	9,729	52,237
Kansas	116,221	85,742	7,968	95,860
Louisiana	164,018	129,006	23,110	152,121

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2017 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2017 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	84,447	68,287	4,358	77,710
Michigan	334,747	265,855	40,308	309,200
Mississippi	95,517	75,255	5,826	78,661
Missouri	285,127	223,122	21,559	248,897
Montana	56,993	44,804	5,890	52,247
Nebraska	96,248	79,575	5,749	85,142
New Hampshire	55,155	35,293	5,983	51,036
New Jersey	303,523	225,232	30,445	272,796
North Carolina	592,830	487,058	30,786	533,252
North Dakota	22,163	18,316	2,180	20,682
Ohio	260,550	190,357	37,344	230,099
Oklahoma	160,322	129,434	10,691	140,367
Pennsylvania	454,573	340,836	62,009	415,589
South Carolina	236,076	192,547	13,176	211,599
South Dakota	31,942	26,584	2,712	27,861
Tennessee	283,335	206,011	26,239	234,339
Texas	1,324,106	999,680	90,851	1,115,212
Utah	200,928	165,882	22,029	186,258
Virginia	443,819	335,664	25,743	397,930
West Virginia	38,344	29,126	3,330	32,984
Wisconsin	254,053	200,213	19,217	234,181

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Platform, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2017 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2017 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	23,579	21,852	1,012	23,585
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	9,910,054	7,743,438	865,097	8,744,148

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace eligibility- and enrollment-related activity for 11-1-16 to 12-24-16. These data also do not include any eligibility- and enrollment-related activity relating to individuals who may have applied for and/or selected a 2016 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 2017 Marketplace plan) represents the total number of individuals for whom a completed application has been received for the 2017 plan year (including any individuals with active 2016 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 includes individuals on applications created through the automatic reenrollment process.

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2017 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 2017 plan year (including any individuals with active 2016 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 includes individuals on applications created through the automatic reenrollment process.

(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, except for cases where there are income or residency inconsistencies in the following states: Alaska, Alabama, Arkansas, Montana, New Jersey, Tennessee, West Virginia, and Wyoming. 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 2016. 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 2017 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the Marketplace” who have selected, or been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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).

(6) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(7) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B5

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) <i>11-1-16 to 12-24-16</i>							
Description	Total Number of Individuals with 2017 Plan Selections Through the Marketplaces (2)	# of Consumers with APTC	Avg APTC amount among consumers receiving APTC	By Financial Assistance Status (3)			
				With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
				#	#	\$	%
States Using the HealthCare.gov Eligibility and Enrollment Platform							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)							
Arkansas	66,017	53,887	\$274.85	82%	18%	82%	54%
Kentucky	67,915	52,367	\$295.66	78%	22%	77%	49%
Nevada	85,640	69,535	\$288.40	82%	18%	81%	54%
New Mexico	50,896	34,632	\$281.53	69%	31%	68%	44%
Oregon	148,978	106,156	\$349.48	72%	28%	71%	37%
Federally-Facilitated Marketplace (FFM) States							
Alabama	166,232	145,659	\$520.19	88%	12%	88%	71%
Alaska	18,136	15,532	\$966.21	86%	14%	86%	39%
Arizona	183,236	140,548	\$526.47	77%	23%	77%	49%
Delaware	26,825	21,214	\$418.68	79%	21%	79%	43%
Florida	1,634,614	1,450,699	\$363.39	89%	11%	89%	71%
Georgia	480,162	402,587	\$357.59	84%	16%	84%	65%
Hawaii	16,785	13,140	\$356.03	79%	21%	78%	55%
Illinois	351,270	266,790	\$366.27	76%	24%	76%	45%
Indiana	167,594	120,553	\$263.76	73%	27%	72%	45%
Iowa	52,237	43,129	\$421.70	83%	17%	83%	50%
Kansas	95,860	77,950	\$379.41	82%	18%	81%	53%
Louisiana	152,121	124,600	\$436.98	82%	18%	82%	53%
Maine	77,710	64,889	\$416.11	84%	16%	84%	51%
Michigan	309,200	246,007	\$267.19	80%	20%	80%	48%
Mississippi	78,661	68,758	\$377.01	88%	12%	87%	74%
Missouri	248,897	207,775	\$397.98	84%	16%	83%	54%
Montana	52,247	42,192	\$477.74	81%	19%	81%	40%
Nebraska	85,142	75,198	\$505.19	88%	12%	88%	52%
New Hampshire	51,036	31,266	\$252.22	62%	38%	61%	34%
New Jersey	272,796	207,584	\$351.49	76%	24%	76%	49%
North Carolina	533,252	468,532	\$593.15	88%	12%	88%	63%
North Dakota	20,682	17,096	\$289.63	83%	17%	83%	46%
Ohio	230,099	168,818	\$267.66	74%	26%	73%	43%
Oklahoma	140,367	120,786	\$552.92	87%	13%	86%	59%
Pennsylvania	415,589	323,524	\$429.27	78%	22%	78%	53%

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Platform, By State (1) 11-1-16 to 12-24-16							
Description	Total Number of Individuals with 2017 Plan Selections Through the Marketplaces (2)	# of Consumers with APTC	Avg APTC amount among consumers receiving APTC	By Financial Assistance Status (3) (% of Available Data, Excluding Unknown)			
				With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
	#	#	\$	%	%	%	%
South Carolina	211,599	183,496	\$421.62	87%	13%	87%	69%
South Dakota	27,861	24,680	\$446.66	89%	11%	89%	57%
Tennessee	234,339	191,772	\$527.93	82%	18%	82%	55%
Texas	1,115,212	906,255	\$330.03	82%	18%	81%	58%
Utah	186,258	156,736	\$234.13	85%	15%	84%	59%
Virginia	397,930	315,210	\$318.10	80%	20%	79%	57%
West Virginia	32,984	26,929	\$562.69	82%	18%	82%	48%
Wisconsin	234,181	187,469	\$402.64	80%	20%	80%	50%
Wyoming	23,579	20,546	\$508.77	88%	12%	87%	53%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	7,194,496	\$386.30	83%	17%	82%	58%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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 eIndividuals Determined ligible to enroll in a plan through the Marketplace who have selected, been automatically reenrolled into, or been placed into a suggested alternate 2017 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) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving an advanced payment of a premium tax credit and/or a cost-sharing reduction.

(4) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(5) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B6

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1) 11-1-16 to 12-24-16										
Description	Total Number of Individuals with 2017 Plan Selections Through the Marketplaces (2)	By Age								
		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										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (3)										
Arkansas	66,017	9%	8%	15%	14%	20%	33%	1%	23%	32%
Kentucky	67,915	11%	7%	14%	15%	19%	33%	0%	21%	32%
Nevada	85,640	15%	8%	15%	15%	19%	27%	2%	24%	38%
New Mexico	50,896	9%	7%	14%	14%	21%	36%	1%	20%	29%
Oregon	148,978	9%	7%	17%	16%	18%	32%	1%	24%	33%
Federally-Facilitated Marketplace (FFM) States										
Alabama	166,232	4%	11%	18%	18%	21%	27%	1%	30%	34%
Alaska	18,136	13%	7%	19%	15%	18%	27%	1%	26%	39%
Arizona	183,236	20%	8%	13%	13%	17%	28%	1%	21%	41%
Delaware	26,825	14%	8%	15%	14%	20%	28%	1%	22%	36%
Florida	1,634,614	7%	12%	14%	16%	23%	25%	1%	26%	33%
Georgia	480,162	8%	12%	17%	17%	22%	23%	1%	29%	37%
Hawaii	16,785	7%	7%	15%	18%	20%	32%	2%	21%	28%
Illinois	351,270	9%	9%	17%	15%	20%	30%	1%	26%	35%
Indiana	167,594	12%	8%	14%	14%	19%	32%	1%	22%	34%
Iowa	52,237	6%	8%	17%	15%	19%	35%	1%	24%	30%
Kansas	95,860	11%	10%	18%	15%	17%	28%	1%	29%	39%
Louisiana	152,121	7%	10%	19%	16%	21%	27%	1%	28%	35%
Maine	77,710	11%	7%	15%	14%	20%	33%	0%	23%	33%
Michigan	309,200	12%	8%	15%	14%	20%	31%	1%	24%	35%
Mississippi	78,661	5%	12%	15%	16%	21%	30%	1%	27%	32%
Missouri	248,897	9%	10%	18%	16%	19%	28%	1%	28%	37%
Montana	52,247	8%	8%	18%	16%	18%	32%	0%	25%	34%
Nebraska	85,142	16%	10%	17%	15%	17%	24%	0%	28%	43%
New Hampshire	51,036	9%	8%	16%	14%	21%	33%	0%	23%	32%
New Jersey	272,796	9%	9%	16%	15%	22%	28%	1%	25%	34%
North Carolina	533,252	10%	10%	17%	17%	21%	25%	1%	27%	37%
North Dakota	20,682	23%	8%	17%	13%	14%	25%	0%	25%	48%
Ohio	230,099	12%	7%	15%	13%	18%	34%	1%	23%	35%
Oklahoma	140,367	11%	11%	17%	16%	19%	26%	1%	27%	38%
Pennsylvania	415,589	7%	8%	17%	15%	20%	33%	1%	25%	32%
South Carolina	211,599	9%	10%	15%	15%	21%	28%	1%	26%	34%

Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1)
11-1-16 to 12-24-16

Description	Total Number of Individuals with 2017 Plan Selections Through the Marketplaces (2)	By Age								
		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	27,861	14%	10%	19%	16%	15%	26%	0%	29%	43%
Tennessee	234,339	7%	9%	18%	15%	21%	30%	1%	26%	33%
Texas	1,115,212	11%	12%	15%	16%	21%	24%	1%	27%	38%
Utah	186,258	25%	12%	19%	16%	12%	15%	0%	31%	56%
Virginia	397,930	12%	11%	17%	16%	19%	24%	1%	28%	40%
West Virginia	32,984	6%	6%	13%	14%	21%	39%	1%	19%	25%
Wisconsin	234,181	7%	8%	16%	14%	19%	35%	0%	24%	31%
Wyoming	23,579	14%	8%	18%	15%	16%	28%	0%	27%	41%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	10%	10%	16%	16%	20%	27%	1%	26%	36%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons.. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(4) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

(1)

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B7

Marketplace Plan Selection by Gender in States Using the HealthCare.gov Platform, By State (1) <i>11-1-16 to 12-24-16</i>				
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender	By Gender	
			Females	Males
	Number	Number	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform				
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)</i>				
Arkansas	66,017	66,017	55%	45%
Kentucky	67,915	67,915	55%	45%
Nevada	85,640	85,640	54%	46%
New Mexico	50,896	50,896	55%	45%
Oregon	148,978	148,978	55%	45%
<i>Federally-Facilitated Marketplace (FFM) States</i>				
Alabama	166,232	166,232	58%	42%
Alaska	18,136	18,136	53%	47%
Arizona	183,236	183,236	53%	47%
Delaware	26,825	26,825	54%	46%
Florida	1,634,614	1,634,614	55%	45%
Georgia	480,162	480,162	56%	44%
Hawaii	16,785	16,785	57%	43%
Illinois	351,270	351,270	53%	47%
Indiana	167,594	167,594	54%	46%
Iowa	52,237	52,237	54%	46%
Kansas	95,860	95,860	54%	46%
Louisiana	152,121	152,121	56%	44%
Maine	77,710	77,710	54%	46%
Michigan	309,200	309,200	53%	47%
Mississippi	78,661	78,661	59%	41%
Missouri	248,897	248,897	54%	46%
Montana	52,247	52,247	52%	48%
Nebraska	85,142	85,142	53%	47%
New Hampshire	51,036	51,036	53%	47%
New Jersey	272,796	272,796	53%	47%
North Carolina	533,252	533,252	56%	44%
North Dakota	20,682	20,682	56%	49%
Ohio	230,099	230,099	54%	46%
Oklahoma	140,367	140,367	55%	45%

Marketplace Plan Selection by Gender in States Using the HealthCare.gov Platform, By State (1)
11-1-16 to 12-24-16

Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender	By Gender	
			Females	Males
	Number	Number	%	%
Pennsylvania	415,589	415,589	53%	47%
South Carolina	211,599	211,599	56%	44%
South Dakota	27,861	27,861	53%	47%
Tennessee	234,339	234,339	54%	46%
Texas	1,115,212	1,115,212	55%	45%
Utah	186,258	186,258	52%	48%
Virginia	397,930	397,930	54%	46%
West Virginia	32,984	32,984	55%	45%
Wisconsin	234,181	234,181	54%	46%
Wyoming	23,579	23,579	54%	46%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	8,744,148	54%	46%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons. 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 new and returning unique individuals who have selected, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, automatically reenrolled into, or been placed into a suggested alternate 2017 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) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(4) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B8

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Platform, By State (1)							
11-1-16 to 12-24-16							
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level	By Metal Level (3)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform							
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)</i>							
Arkansas	66,017	66,017	20%	73%	7%	N/A	1%
Kentucky	67,915	67,915	23%	70%	6%	N/A	1%
Nevada	85,640	85,640	26%	69%	4%	N/A	1%
New Mexico	50,896	50,896	23%	65%	11%	N/A	0%
Oregon	148,978	148,978	34%	60%	6%	N/A	0%
<i>Federally-Facilitated Marketplace (FFM) States</i>							
Alabama	166,232	166,232	8%	87%	3%	N/A	1%
Alaska	18,136	18,136	50%	48%	2%	N/A	N/A
Arizona	183,236	183,236	22%	70%	7%	N/A	1%
Delaware	26,825	26,825	28%	62%	10%	N/A	1%
Florida	1,634,614	1,634,614	17%	80%	2%	1%	0%
Georgia	480,162	480,162	15%	81%	2%	0%	2%
Hawaii	16,785	16,785	18%	70%	7%	4%	0%
Illinois	351,270	351,270	32%	63%	4%	N/A	0%
Indiana	167,594	167,594	26%	69%	4%	N/A	0%
Iowa	52,237	52,237	28%	70%	1%	0%	1%
Kansas	95,860	95,860	25%	66%	8%	N/A	1%
Louisiana	152,121	152,121	22%	73%	4%	1%	0%
Maine	77,710	77,710	27%	69%	3%	N/A	1%
Michigan	309,200	309,200	30%	65%	4%	0%	1%
Mississippi	78,661	78,661	11%	87%	1%	N/A	1%
Missouri	248,897	248,897	29%	68%	2%	N/A	1%
Montana	52,247	52,247	43%	52%	3%	N/A	1%
Nebraska	85,142	85,142	32%	66%	0%	N/A	1%
New Hampshire	51,036	51,036	34%	56%	7%	2%	2%
New Jersey	272,796	272,796	16%	79%	4%	N/A	1%
North Carolina	533,252	533,252	18%	78%	2%	N/A	2%
North Dakota	20,682	20,682	25%	56%	16%	N/A	2%
Ohio	230,099	230,099	30%	63%	6%	N/A	1%

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

11-1-16 to 12-24-16

Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level	By Metal Level (3)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
Oklahoma	140,367	140,367	34%	63%	3%	N/A	0%
Pennsylvania	415,589	415,589	10%	81%	9%	1%	1%
South Carolina	211,599	211,599	8%	88%	3%	N/A	1%
South Dakota	27,861	27,861	24%	73%	2%	N/A	1%
Tennessee	234,339	234,339	26%	71%	2%	N/A	1%
Texas	1,115,212	1,115,212	24%	72%	4%	N/A	0%
Utah	186,258	186,258	24%	73%	3%	N/A	0%
Virginia	397,930	397,930	21%	74%	3%	0%	2%
West Virginia	32,984	32,984	23%	68%	8%	N/A	0%
Wisconsin	234,181	234,181	27%	68%	4%	0%	1%
Wyoming	23,579	23,579	27%	69%	3%	N/A	1%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	8,744,148	21%	74%	4%	0%	1%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons.. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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.

(4) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(5) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B9

Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Platform, By State (1) 11-1-16 to 12-24-16									
Description	Total Number of Individuals With 2017 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	White	Multi-racial
	Number	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform									
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform</i>									
Arkansas	66,017	52,509	1%	4%	0%	6%	4%	65%	1%
Kentucky	67,915	44,708	0%	3%	0%	2%	2%	58%	1%
Nevada	85,640	61,593	0%	14%	0%	3%	13%	39%	2%
New Mexico	50,896	36,773	1%	3%	0%	1%	26%	40%	1%
Oregon	148,978	110,046	0%	6%	0%	1%	4%	60%	2%
<i>Federally-Facilitated Marketplace (FFM) States</i>									
Alabama	166,232	127,591	1%	5%	0%	15%	2%	53%	1%
Alaska	18,136	14,516	3%	9%	0%	1%	4%	60%	3%
Arizona	183,236	139,752	0%	6%	0%	2%	17%	50%	2%
Delaware	26,825	20,685	0%	8%	0%	9%	5%	54%	1%
Florida	1,634,614	937,493	0%	4%	0%	7%	19%	27%	1%
Georgia	480,162	338,725	0%	12%	0%	17%	6%	35%	1%
Hawaii	16,785	11,904	0%	24%	8%	0%	4%	28%	7%
Illinois	351,270	265,581	0%	9%	0%	4%	8%	54%	1%
Indiana	167,594	126,001	0%	4%	0%	4%	3%	64%	1%
Iowa	52,237	39,276	0%	3%	0%	1%	3%	67%	1%
Kansas	95,860	75,592	1%	5%	0%	3%	6%	62%	2%
Louisiana	152,121	94,033	0%	6%	0%	12%	3%	39%	1%
Maine	77,710	60,667	0%	2%	0%	1%	1%	74%	1%
Michigan	309,200	198,455	0%	4%	0%	3%	2%	54%	1%
Mississippi	78,661	51,418	0%	5%	0%	26%	1%	33%	1%
Missouri	248,897	172,138	0%	4%	0%	5%	2%	57%	1%
Montana	52,247	42,004	1%	1%	0%	0%	2%	75%	1%
Nebraska	85,142	63,824	0%	2%	0%	2%	5%	65%	1%
New Hampshire	51,036	37,182	0%	3%	0%	0%	2%	67%	1%
New Jersey	272,796	202,146	0%	13%	0%	5%	12%	44%	1%

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

11-1-16 to 12-24-16

Description	Total Number of Individuals With 2017 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	White	Multi-racial
			%	%	%	%	%	%	%
North Carolina	533,252	372,781	0%	5%	0%	10%	5%	49%	1%
North Dakota	20,682	17,064	3%	2%	0%	2%	2%	72%	1%
Ohio	230,099	166,457	0%	4%	0%	4%	2%	62%	1%
Oklahoma	140,367	98,977	7%	5%	0%	3%	5%	47%	3%
Pennsylvania	415,589	306,509	0%	6%	0%	4%	3%	60%	1%
South Carolina	211,599	138,273	0%	4%	0%	12%	3%	46%	1%
South Dakota	27,861	23,531	2%	2%	0%	1%	2%	76%	2%
Tennessee	234,339	172,985	0%	4%	0%	8%	2%	58%	1%
Texas	1,115,212	792,062	0%	12%	0%	6%	25%	27%	1%
Utah	186,258	129,673	0%	3%	0%	1%	6%	58%	1%
Virginia	397,930	293,733	0%	14%	0%	10%	7%	42%	1%
West Virginia	32,984	25,532	0%	2%	0%	1%	1%	72%	1%
Wisconsin	234,181	176,747	0%	3%	0%	3%	3%	66%	1%
Wyoming	23,579	17,181	1%	2%	0%	0%	4%	65%	1%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	6,056,117	0%	7%	0%	7%	10%	45%	1%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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) As individuals are not required to report race/ethnicity on Marketplace applications, race/ethnicity data is not available for all individuals.

- (4) The data on race/ethnicity of individuals in 2017 Marketplace plans is self-reported, and should be interpreted with great caution, since nearly one-third of Marketplace enrollees do not provide these data. The percentages represent the percent of total individuals with 2017 Marketplace plan selections; this does not include the percent of individuals with data available on race/ethnicity. As a result, the difference between 100% and the sum of the percentages (excluding multi-racial) equals the percent of individuals without data available on race/ethnicity.
- (5) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.
- (6) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B10

Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Platform, By State (1) 11-1-16 to 12-24-16				
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Rural Status	By Rural Status	
			In ZIP Codes Designated as Rural	In ZIP Codes Designated as Urban
	Number	Number	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform				
<i>State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (3)</i>				
Arkansas	66,017	66,017	41%	59%
Kentucky	67,915	67,915	46%	54%
Nevada	85,640	85,643	10%	90%
New Mexico	50,896	50,896	31%	69%
Oregon	148,978	148,978	22%	78%
<i>Federally-Facilitated Marketplace (FFM) States</i>				
Alabama	166,232	166,232	29%	71%
Alaska	18,136	18,136	51%	49%
Arizona	183,236	183,236	10%	90%
Delaware	26,825	26,825	23%	77%
Florida	1,634,614	1,634,614	3%	97%
Georgia	480,162	480,162	15%	85%
Hawaii	16,785	16,785	38%	62%
Illinois	351,270	351,270	13%	87%
Indiana	167,594	167,594	25%	75%
Iowa	52,237	52,237	46%	54%
Kansas	95,860	95,860	35%	65%
Louisiana	152,121	152,121	16%	84%
Maine	77,710	77,710	57%	43%
Michigan	309,200	309,200	24%	76%
Mississippi	78,661	78,661	52%	48%
Missouri	248,897	248,897	28%	72%
Montana	52,247	52,247	74%	26%
Nebraska	85,142	85,142	51%	49%
New Hampshire	51,036	51,036	43%	57%
New Jersey	272,796	272,796	1%	99%
North Carolina	533,252	533,252	25%	75%
North Dakota	20,682	20,682	62%	38%
Ohio	230,099	230,099	23%	77%
Oklahoma	140,367	140,367	37%	63%

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

11-1-16 to 12-24-16

Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Rural Status	By Rural Status	
			In ZIP Codes Designated as Rural	In ZIP Codes Designated as Urban
	Number	Number	%	%
Pennsylvania	415,589	415,589	13%	87%
South Carolina	211,599	211,599	19%	81%
South Dakota	27,861	27,861	64%	36%
Tennessee	234,339	234,339	26%	74%
Texas	1,115,212	1,115,212	12%	88%
Utah	186,258	186,258	15%	85%
Virginia	397,930	397,930	13%	87%
West Virginia	32,984	32,984	41%	59%
Wisconsin	234,181	234,181	37%	63%
Wyoming	23,579	23,585	79%	21%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform	8,744,148	8,744,148	18%	82%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons. 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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 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). 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(4) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE B11

Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Platform, By State (1) <i>11-1-16 to 12-24-16</i>								
Description / Medicaid Expansion Status (2)		Total Number of Individuals with 2017 Plan Selections Through the Marketplaces (3)	By Household Income (4)					Unknown / Other FPL (5)
			<i>Total</i>					
			≥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	
		#	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform								
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)								
Arkansas	<i>Expanding Medicaid</i>	66,017	18%	32%	20%	11%	10%	9%
Kentucky	<i>Expanding Medicaid</i>	67,915	10%	27%	21%	13%	12%	17%
Nevada	<i>Expanding Medicaid</i>	85,640	19%	28%	20%	10%	9%	13%
New Mexico	<i>Expanding Medicaid</i>	50,896	12%	25%	17%	11%	11%	23%
Oregon	<i>Expanding Medicaid</i>	148,978	9%	23%	18%	13%	17%	21%
Federally-Facilitated Marketplace (FFM) States								
Alabama	<i>Not Expanding Medicaid</i>	166,232	43%	22%	12%	7%	7%	8%
Alaska	<i>Expanding Medicaid</i>	18,136	14%	26%	21%	14%	16%	9%
Arizona	<i>Expanding Medicaid</i>	183,236	12%	27%	20%	11%	11%	19%
Delaware	<i>Expanding Medicaid</i>	26,825	13%	24%	19%	13%	15%	16%
Florida	<i>Not Expanding Medicaid</i>	1,634,614	53%	19%	10%	5%	5%	8%
Georgia	<i>Not Expanding Medicaid</i>	480,162	46%	19%	10%	7%	6%	11%
Hawaii	<i>Expanding Medicaid</i>	16,785	13%	24%	15%	9%	8%	30%
Illinois	<i>Expanding Medicaid</i>	351,270	15%	26%	16%	10%	13%	19%
Indiana	<i>Expanding Medicaid</i>	167,594	15%	25%	16%	12%	12%	21%
Iowa	<i>Expanding Medicaid</i>	52,237	14%	30%	20%	12%	13%	12%
Kansas	<i>Not Expanding Medicaid</i>	95,860	31%	21%	15%	10%	10%	13%
Louisiana	<i>Expanding Medicaid</i>	152,121	34%	25%	14%	10%	9%	9%
Maine	<i>Not Expanding Medicaid</i>	77,710	26%	22%	17%	11%	13%	11%
Michigan	<i>Expanding Medicaid</i>	309,200	17%	27%	20%	12%	12%	13%
Mississippi	<i>Not Expanding Medicaid</i>	78,661	54%	20%	10%	5%	4%	8%
Missouri	<i>Not Expanding Medicaid</i>	248,897	38%	21%	13%	8%	9%	12%

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

11-1-16 to 12-24-16

Description / Medicaid Expansion Status (2)		Total Number of Individuals with 2017 Plan Selections Through the Marketplaces (3)	By Household Income (4)					Unknown / Other FPL (5)
			Total					
			≥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	
		#	%	%	%	%	%	%
Montana	<i>Expanding Medicaid</i>	52,247	15%	25%	18%	13%	17%	12%
Nebraska	<i>Not Expanding Medicaid</i>	85,142	28%	20%	19%	12%	13%	8%
New Hampshire	<i>Expanding Medicaid</i>	51,036	11%	21%	16%	10%	13%	29%
New Jersey	<i>Expanding Medicaid</i>	272,796	15%	26%	17%	11%	13%	19%
North Carolina	<i>Not Expanding Medicaid</i>	533,252	39%	20%	15%	9%	9%	8%
North Dakota	<i>Expanding Medicaid</i>	20,682	11%	28%	22%	14%	15%	10%
Ohio	<i>Expanding Medicaid</i>	230,099	12%	25%	20%	12%	11%	18%
Oklahoma	<i>Not Expanding Medicaid</i>	140,367	36%	21%	15%	9%	9%	9%
Pennsylvania	<i>Expanding Medicaid</i>	415,589	17%	27%	17%	11%	13%	16%
South Carolina	<i>Not Expanding Medicaid</i>	211,599	41%	20%	14%	8%	8%	9%
South Dakota	<i>Not Expanding Medicaid</i>	27,861	27%	21%	19%	13%	12%	8%
Tennessee	<i>Not Expanding Medicaid</i>	234,339	33%	21%	13%	9%	9%	14%
Texas	<i>Not Expanding Medicaid</i>	1,115,212	41%	20%	13%	7%	6%	13%
Utah	<i>Not Expanding Medicaid</i>	186,258	31%	22%	19%	9%	8%	11%
Virginia	<i>Not Expanding Medicaid</i>	397,930	33%	20%	15%	8%	8%	16%
West Virginia	<i>Expanding Medicaid</i>	32,984	14%	30%	19%	11%	14%	11%
Wisconsin	<i>Not Expanding Medicaid</i>	234,181	25%	21%	15%	10%	14%	15%
Wyoming	<i>Not Expanding Medicaid</i>	23,579	26%	20%	18%	12%	15%	9%
TOTAL – States Using the HealthCare.gov eligibility and enrollment platform		8,744,148	34%	22%	14%	8%	9%	13%

Notes:

General: “N/A” means that the data for the respective metric are suppressed for privacy reasons. 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, been automatically reenrolled into, or been placed into a suggested alternate a 2017 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 do not include 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). 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, been automatically reenrolled into, or been placed into a suggested alternate 2017 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, including for individuals not seeking financial assistance, income data are not available. The percentages represent the percent of total individuals with 2017 Marketplace plan selections, and not the percent of individuals with income data available.

(5) Arkansas, Kentucky, Nevada, New Mexico, and Oregon are State-Based Marketplaces using the HealthCare.gov eligibility and enrollment platform for 2017.

(6) Consumers in the unknown category include those that did not report an income and those with incomes below 100% FPL or above 400% FPL; CMS does not report incomes below 100% FPL or above 400% FPL for consumer protection.

(7) Total plan selections for Nevada and Wyoming are from the Week 9 Snapshot due to suppression reasons: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-01-04.html>

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C1

Marketplace Plan Selection by Enrollment Type in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>							
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplace s (2)	Plan Selections With Available Data on Enrollment Type	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	1,464,589	1,464,589	16%	84%	28%	56%	0%
Colorado	143,345	143,345	23%	77%	58%	25%	N/A
Connecticut	101,696	101,696	26%	74%	37%	38%	0%
District of Columbia	20,583	20,583	20%	80%	9%	71%	0%
Idaho	95,596	95,596	17%	83%	24%	58%	0%
Maryland	150,385	150,385	31%	69%	9%	61%	0%
Massachusetts	254,239	254,239	17%	83%	22%	61%	0%
Minnesota	99,714	99,714	38%	62%	N/A	N/A	62%
New York	217,995	217,995	16%	84%	N/A	N/A	84%
Rhode Island	29,312	29,312	10%	90%	21%	69%	0%
Vermont	29,021	29,021	2%	98%	21%	86%	N/A
Washington	194,147	194,147	30%	70%	29%	40%	0%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms	2,800,622	2,800,622	19%	81%	25%	48%	8%

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 2017 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). All SBMs, except for the District of Columbia and Minnesota, removed cancellations and terminations from their data reports for plan selections. These data also do not include: 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). 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 2017 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. The sum of new enrollees and re-enrollees in Vermont and Massachusetts did not match the reported total for plan selections due to slight differentials and were adjusted accordingly.

- (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 2017 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 2016.
- (5) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection as of November 2016, and have either actively submitted a 2017 application and selected a 2017 Marketplace medical plan (“Active Reenrollees”) or have been automatically reenrolled in coverage through the Marketplace (“Automatic Reenrollees”). Minnesota and New York are not able to provide active versus automatic reenrollment breakouts due to reporting system limitations. Due to reporting anomalies, Colorado’s and Vermont’s reported subtotals for active and automatic reenrollees sum to a total greater than the total number of reenrollees, and as a result, the corresponding percentages may not sum to the percentage of total enrollees. The reporting discrepancies for Colorado and Vermont are adjusted in the total unknown reenrollment type metric. The calculated percentages for active reenrollees, automatic reenrollees, and unknown reenrollment type are based on the sum of those reported metrics.
- (6) Active Reenrollees are individuals who had a Marketplace plan selection as of November 2016, 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 2016, and retain coverage without returning to the Marketplace and selecting a plan.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C2

Total Completed Applications and Individuals Who Completed Applications in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) 11-1-16 to 12-24-16

Description	Total Number of Completed Applications for 2017 Coverage (2)	Total Individuals Applying for 2017 Coverage in Completed Applications (3)
	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms		
California	2,348,195	4,658,145
Colorado	141,222	287,374
Connecticut	26,037	35,294
District of Columbia	22,949	28,098
Idaho	74,228	163,316
Maryland	244,872	525,514
Massachusetts	48,450	79,418
Minnesota	82,534	148,530
New York	1,945,649	302,414
Rhode Island	38,734	66,058
Vermont	32,991	59,974
Washington	486,484	884,881
TOTAL - SBMs Using Their Own Marketplace Platforms	5,492,345	7,239,016

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 2017 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 2017 Coverage" represents the total number of electronic and paper applications that were submitted to the individual 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. New York's application count includes all instances in which an individual submits and updates their application. Connecticut does not count reenrollees in the number of completed applications or individual applying in completed applications.

(3) "Individuals Applying for 2017 Coverage in Completed Applications" represents the total number of individuals included in completed applications that were submitted to the individual Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP. New York does not include renewals in the number of individuals applying for coverage through the Marketplace but does include renewals in counts for completed applications and individuals eligible for a Marketplace plan. Therefore, New York's number of individuals applying for coverage will be less than the number of unique applications completed and the number of individuals determined eligible for a Marketplace plan.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C3

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2017 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals with 2017 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	1,823,402	1,444,011	N/A	1,464,589
Colorado	269,692	106,412	32,593	143,345
Connecticut	124,822	91,980	213,157	101,696
District of Columbia	21,499	1,253	5,267	20,583
Idaho	160,516	120,255	234,171	95,596
Maryland	244,756	153,740	118,443	150,385
Massachusetts	42,335	21,062	34,435	254,239
Minnesota	66,852	26,227	67,306	99,714
New York (6)	452,433	159,373	N/A	217,995
Rhode Island	39,461	29,017	N/A	29,312
Vermont	58,320	25,499	47,610	29,021
Washington	239,265	158,139	593,178	194,147
TOTAL - SBMs Using Their Own Marketplace Platforms	3,543,353	2,336,968	1,346,160	2,800,622

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 2016 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 2017 Marketplace plan) represents the total number of individuals for whom a completed application has been received for the 2017 plan year (including any individuals with active 2016 Marketplace enrollments who returned to the Marketplaces and updated their information or were auto enrolled), 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. Since Connecticut does not count renewals in completed application or individuals applying for coverage through a completed application, the number of individual determined eligible to enroll in a Marketplace plan will be greater than the application and applicant counts. All SBMs except California, District of Columbia, and Minnesota remove canceled or terminated plan selections from the count of individuals determined eligible for a Marketplace plan.

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2017 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 2017 plan year (including any individuals with active 2016 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.

(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) for a specific point in time during the reference period (i.e., is not cumulative). California, New York, and Rhode Island are not able to report this data. Idaho does not include consumers applying only to Medicaid/CHIP through its Idalink application (through the Department of Health and Welfare) in number of applications submitted. However, Idaho reports these consumers as eligible for Medicaid/CHIP. Since Connecticut does not count renewals in completed application or individuals applying for coverage through a completed application, the number of individual determined eligible for Medicaid/CHIP will be greater than the application and applicant counts. All SBMs except District of Columbia and Minnesota remove canceled or terminated plan selections from the count of individuals determined eligible for Medicaid/CHIP.

(5) “Individuals with 2017 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 2017 individual Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. The sum of new enrollees and re-enrollees in Vermont and Massachusetts did not match the reported total for plan selections due to slight differentials and were adjusted accordingly.

(6) New York’s total Medicaid/CHIP enrollment as of 12/24/2016 is 2,645,671.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C4

Marketplace Plan Selections by Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>				
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status	By Financial Assistance Status (3) <i>(% of Available Data, Excluding Unknown)</i>	
			With Financial Assistance	Without Financial Assistance
	Number	Number	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (5)				
California	1,464,589	1,464,589	85%	15%
Colorado (4)	143,345	143,412	62%	38%
Connecticut	101,696	101,696	76%	24%
District of Columbia	20,583	20,583	3%	97%
Idaho	95,596	95,596	76%	24%
Maryland	150,385	150,385	71%	29%
Massachusetts	254,239	254,239	74%	26%
Minnesota	99,714	99,428	62%	38%
New York	217,995	217,995	56%	44%
Rhode Island	29,312	29,312	78%	22%
Vermont (4)	29,021	29,457	72%	28%
Washington (4)	194,147	194,156	62%	38%
TOTAL – SBMs Using Their Own Marketplace Platforms	2,800,622	2,800,848	76%	24%

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 2017 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. All SBMs except for the District of Columbia and Minnesota removed cancellations and terminations from their data reports for plan selections. These data also do not include: 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). 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 2017 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. The sum of new enrollees and re-enrollees in Vermont and Massachusetts did not match the reported total for plan selections due to slight differentials and were adjusted accordingly.

(3) 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. SBMs are unable to report data on cost sharing reductions only (i.e., separate from advance payments of the premium tax credit).

(4) For Colorado, Vermont, and Washington, the subtotals for plan selections with available data on financial assistance status sum to a total greater than the total number of represented individuals with 2017 plan selections through the Marketplace.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C5

Marketplace Plan Selection by Age in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) 11-1-16 to 12-24-16										
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	%	%	%	%	%	%	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (3)										
California	1,464,584	5.9%	10.1%	16.8%	15.1%	22.9%	28.4%	0.9%	26.9%	32.8%
Colorado	143,345	11.6%	7.5%	17.2%	15.5%	18.5%	29.4%	0.4%	24.7%	36.3%
Connecticut	101,696	7.0%	9.6%	14.8%	13.4%	22.2%	31.6%	1.5%	24.4%	31.4%
District of Columbia	20,583	9.4%	5.5%	34.9%	21.0%	14.8%	13.5%	0.9%	40.4%	49.8%
Idaho	95,596	12.9%	11.1%	17.1%	16.6%	16.6%	25.4%	0.3%	28.2%	41.1%
Maryland	150,385	5.5%	9.9%	19.7%	17.5%	20.6%	24.2%	2.7%	29.6%	35.1%
Massachusetts	253,874	3.8%	9.7%	22.0%	19.0%	21.8%	22.8%	1.0%	31.7%	35.5%
Minnesota	99,714	10.5%	6.8%	14.0%	13.0%	18.1%	36.9%	0.6%	20.8%	31.3%
New York	217,995	4.3%	7.6%	18.1%	16.5%	22.0%	30.6%	0.9%	25.7%	30%
Rhode Island	29,312	5.0%	9.5%	17.4%	16.5%	21.5%	28.3%	1.8%	26.9%	31.9%
Vermont	29,015	4.4%	8.6%	14.2%	15.3%	21.8%	35.1%	0.7%	22.8%	27.2%
Washington	194,147	6.2%	7.7%	17.0%	16.7%	19.8%	31.6%	1.0%	24.7%	30.9%
TOTAL – SBMs Using Their Own Marketplace Platforms	2,800,246	6.3%	9.4%	17.5%	15.8%	21.7%	28.4%	1.0%	26.9%	33.2%

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 2017 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. All SBMs except for the District of Columbia and Minnesota removed cancellations and terminations from their data reports for plan selections. These data also do not include: 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). 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 2017 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.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C6

Marketplace Plan Selection by Gender in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) <i>11-1-16 to 12-24-16</i>				
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender <i>(% of Available Data, Excluding Unknown)</i>	
			Females	Males
	Number	Number	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms				
California	1,464,589	1,464,493	51.6%	48.4%
Colorado	143,345	143,341	52.0%	48.0%
Connecticut	101,696	101,696	53.6%	46.4%
District of Columbia	20,583	20,583	52.2%	47.8%
Idaho	95,596	95,596	54.3%	45.7%
Maryland	150,385	150,385	54.8%	45.2%
Massachusetts	254,239	253,872	54.0%	46.0%
Minnesota	99,714	99,714	52.1%	47.9%
New York	217,995	217,995	51.1%	48.9%
Rhode Island	29,312	29,312	53.0%	47.0%
Vermont (1)	29,021	29,016	52.1%	47.9%
Washington	194,147	194,147	54.5%	45.5%
TOTAL - SBMs Using Their Own Marketplace	2,800,622	2,800,150	52.4%	47.6%

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 2017 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. All SBMs except for the District of Columbia and Minnesota removed cancellations and terminations from their data reports for plan selections. These data also do not include: 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). 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 2017 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. The sum of new enrollees and re-enrollees in Vermont and Massachusetts did not match the reported total for plan selections due to slight differentials and were adjusted accordingly.
- (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.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

APPENDIX TABLE C7

Marketplace Plan Selection by Metal Level in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2017 (1) 11-1-16 to 12-24-16							
Description	Total Number of Individuals With 2017 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms							
California	1,464,589	1,464,588	27.2%	63.5%	4.9%	3.3%	1.0%
Colorado	143,345	143,391	49.2%	43.4%	5.8%	0.0%	1.6%
Connecticut	101,696	101,696	24.3%	64.2%	9.9%	0.0%	1.6%
District of	20,583	20,583	30.6%	31.0%	18.2%	15.3%	4.9%
Idaho	95,596	95,596	24.7%	69.7%	4.8%	0.0%	0.9%
Maryland	150,385	150,385	19.9%	71.9%	4.9%	0.6%	2.6%
Massachusetts	254,239	254,271	2.3%	91.8%	3.9%	1.9%	0.2%
Minnesota	99,714	99,714	55.4%	32.4%	10.8%	0.0%	1.4%
New York	217,995	217,995	28.8%	37.6%	15.3%	15.9%	2.4%
Rhode Island	29,312	29,312	19.4%	68.7%	11.9%	0.0%	0.0%
Vermont	29,021	29,059	18.8%	64.1%	8.5%	8.1%	0.6%
Washington	194,147	194,161	31.5%	59.5%	8.2%	0.0%	0.8%
TOTAL – SBMs Using Their Own Marketplace Platforms	2,800,622	2,800,751	26.8%	62.2%	6.5%	3.4%	1.2%

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 2017 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. All SBMs except for the District of Columbia and Minnesota removed cancellations and terminations from their data reports for plan selections. These data also do not include: 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). 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 2017 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. The sum of new enrollees and re-enrollees in Vermont and Massachusetts did not match the reported total for plan selections due to slight differentials and were adjusted accordingly.

- (3) 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.

Source: Centers for Medicare & Medicaid Services, as of 12-24-16.

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 2017 Open Enrollment period because the data for the various metrics are counted using similar definitions for data elements across states, and Marketplace platforms. However, data for certain metrics may not be available.

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 2017 Marketplace Coverage Year – Except where otherwise noted, this report includes enrollment-related data on activity related to the 2017 Marketplace coverage year. The data that are being reported for 11-1-16 to 12-24-16 do not include activity associated with individuals who may have applied for and/or qualified for a Special Enrollment Period for 2016 Marketplace coverage.

Reporting Period – This report includes data that are currently available on enrollment-related activity for the first part of the 2017 Open Enrollment period – which corresponds with data from 11-1-16 to 12-24-16. The following table shows how the reporting periods for the data in this report compare with those for the most recent Biweekly Enrollment Snapshot.

**Appendix Table
D1**

Marketplace Type	Reporting Period	
	2017 January Enrollment Report	Week 9 Weekly Enrollment Snapshot
States Using the HealthCare.gov Marketplace eligibility and enrollment platform (39 states)	11-1-16 to 12-24-16	11-1-16 to 12-31-16
States Using Their Own Marketplace Platform (12 states)	11-1-16 to 12-24-16	N/A

2017 Plan Selections through the Marketplaces (also known as Marketplace Plan Selections)

Represents cumulative data on the number of unique individuals who have selected, been automatically enrolled into, or been placed into a suggested alternate 2017 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) during the reporting 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 period. These data do not include stand-alone dental plan selections. These data also do not include any 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). These data do not include the Small Business Health Options Program (SHOP).

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 automation in communication with issuers, the number of net plan selections reported at the end of Open Enrollment will account for some issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. However, some difference will continue to exist between the net plan selections at the end of Open Enrollment and subsequent reports on effectuated enrollment 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.

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 2017 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have an active 2016 Marketplace plan selection on or after November 1, 2016. These data do not include stand-alone dental plan selections. These data also generally do not include any 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);. 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.
- ***“Consumers reenrolling in coverage through the Marketplaces”*** are those individuals who had Marketplace plan selection on or after November 1, 2016, and have either actively submitted a 2017 application and selected a 2017 Marketplace medical plan, have been automatically reenrolled in coverage through the Marketplaces, or were signed up for January 1 coverage through a suggested alternate plan– 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). 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 on or after November 1, 2016, 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 2016 who returned to the Marketplace and selected a plan. The consumer could have actively renewed their existing 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 12-19-16 deadline or could have come back after being automatically reenrolled and decided to update their information and select a plan.

- o ***Consumers who have been Automatically Reenrolled into Marketplace Coverage (also known as “Automatic Reenrollees”)*** – People who had a Marketplace plan selection on or after November 1, 2016, and retain coverage without returning to the Marketplace and selecting a plan; or were signed up for January 1 coverage through a suggested alternate plan. In the HealthCare.gov states, a consumer was automatically reenrolled into their 2016 plan or a crosswalked if they had a non-canceled 2016 plan selection on or after November 1, 2016 and did not select a plan ahead of the 12-19-16 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 12-24-16, and would at that point be considered as having actively selected a plan. Individuals who will not have a Marketplace plan offered by their 2016 issuer available to them for 2017 were placed in a suggested alternate plan if they did not make an active selection.

The categories of Marketplace plan selection data for the 2017 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 (12 states including DC)	States Using the HealthCare.gov Platform (39 states)
New Consumers	Included in this report for the following 12 states: CA, CO, CT, DC, ID, 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, ID, 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, ID, 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, ID, MD, MA, RI, VT, and WA	Included in this report

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 39 HealthCare.gov states and 10 of the SBMs that are using their own Marketplace platforms for 2017 (see Appendix Table D2 for a list of these states). These data represent consumers who had a Marketplace plan selection on or after November 1, 2016, and retain coverage without returning to the Marketplace and selecting a plan because the applicable Marketplace has passively reenrolled them in 2017 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 12-24-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2017 (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 are individuals who have not selected their “crosswalked” plan for 2017. When individuals have 2017 Marketplace plans available to them from their 2016 issuer, the crosswalked plan will either be the same plan as 2016 or a different plan from the same issuer. Otherwise, the crosswalked plan will be a suggested alternate plan from a different issuer.

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 2017 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 2017 coverage year (data for the small group Marketplace, also known as SHOP, are not included in this report).

Marketplace enrollment-for the 2017 Open Enrollment period, will be reported based on the

following two major categories:

- **State-Based Marketplaces (SBMs) Using Their Own Marketplace Platform** – 12 states (including DC):

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

- **States Using the HealthCare.gov eligibility and enrollment platform** – 39 states, including:

- o *State-Based Marketplaces Using the HealthCare.gov eligibility and enrollment platform* – 5 states

Arkansas, Kentucky, New Mexico, Nevada, and Oregon.

(Note: Kentucky previously used their own eligibility and enrollment platform, but transitioned to the HealthCare.gov eligibility and enrollment platform for the 2017 plan year).

- o *Federally-Facilitated Marketplaces* – 34 states

Alabama, Alaska, Arizona, , Delaware, Florida, Georgia, Hawaii, 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.

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 applying for coverage who is on a completed and submitted application or who, through the automatic re-enrollment process, which is reported 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 an advanced payment of a premium tax credit and/or a 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 for the second-lowest cost silver plan available to them in the Marketplace. 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 premium of the benchmark plan, if any. The exact dollar amount of the premium tax credit depends on the premium of the benchmark plan, which is the second-lowest cost silver plan available through the Marketplace that applies to the members of a family who are enrolled in coverage through the Marketplace and not eligible for other, non-Marketplace coverage such as government coverage or affordable employer-sponsored coverage.

For purposes of this report, an individual receiving 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 39 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 2017 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 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 39 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 available.

- ***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
- ***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.)

⁵For 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>.

⁶For 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 attested household income as a percentage of the Federal Poverty Level, calculated per the premium tax credit rule at 26 CFR 1.36B. The 2016 Federal Poverty Guidelines, which are used in determining premium tax credits for 2017 coverage, can be accessed at <https://aspe.hhs.gov/poverty-guidelines> .

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	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Calls to the Marketplace Call Centers	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Completed Applications	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Individuals Applying for Coverage in Completed Applications	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan with Financial Assistance	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, 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, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals with 2017 Marketplace Plan Selections	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2017 Marketplace Plan Selections by Enrollment Type (New Consumers, Total Reenrollees)	12 States – California, Colorado, Connecticut, District of Columbia, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2017 Marketplace Plan Selections by Reenrollment Type (Active Reenrollees,	10 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Rhode Island, Vermont, Washington

Metric	Number of States Reporting Data for this Metric
Automatic Reenrollees)	Washington
2017 Marketplace Plan Selections by Financial Assistance Status	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
2017 Marketplace Plan Selections by Age	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2017 Marketplace Plan Selections by Gender	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2017 Marketplace Plan Selections by Metal Level	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington

Impact of Basic Health Program Enrollment – Minnesota and New York have begun enrolling individuals in a Basic Health Program (BHP). These individuals are not included in reports of total QHP plan selections for these states. Enrollment in BHP as of 12/24/16 totals 727,590 (91,681 enrollees in Minnesota and 635,909 enrollees in New York). BHP data include all active, new and renewing BHP enrollees in the Marketplace.

The following is a summary of enrollment data for New York’s Essential Plan, for which data is available.

Appendix Table D4

Enrollment Data for New York’s Basic Health Program (1)	Number As of 12/24/16	%
Total Enrollees	635,909	100%
New Consumers	44,514	16.6%
Reenrollees	591,395	80.8%
Female	346,342	45.5%
Male	289,567	54.5%
Age < 18	0	0%
Age 18-25	92,659	14.6%
Age 26-34	152,083	23.9%
Age 35-44	141,167	22.2%
Age 45-54	136,659	21.5%
Age 55+	113,341	17.8%

(1) New York’s Basic Health Program, known as the “Essential Plan”, provides coverage to individuals under age 65, not eligible for Medicaid or CHIP, without access to affordable Minimum Essential Coverage, and who have

income at or below 200 percent of FPL. BHP enrollees are not included in Marketplace plan selections.

Effectuated Enrollment – Data on effectuated enrollment for the 2017 Open Enrollment period are not yet available. Therefore, the enrollment data in this report are generally based on pre-effectuated enrollment (plan selections).

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