

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

State Based Marketplace (SBM) Quarterly Data Submission: Data Collection Template for Reporting Outcomes

This document describes all data elements included in the quarterly SBM Data Submission. Additional information about the data elements and submission process can be found in the Submission Guide

Generally, data elements in the SBM Data Submission are specific to the individual marketplace (not SHOP) and to medical qualified health plans (QHPs), not stand-alone dental (SADP) or vision plans. Exceptions to this rule are clearly labeled.

All fields in the SBM Data Submission should be populated (i.e. no null values).

Questions about the data elements should be directed to Carly Rhyne (Carly.Rhyne@cms.hhs.gov), Nick.Sukachevin

(Nickom.Sukachevin@cms.hhs.gov) or Dena Pushkin (Dena.Puskin@cms.hhs.gov) within CCIO's Division of State Policy and Market Analysis.

Metric No.	Tab Name	Description of Tab Contents	Reporting Frequency	# Data Elements in each Report
n/a	Glossary of Breakouts	Glossary with detail about data breakouts	n/a	n/a
1	Current health covg	Current health insurance coverage at time of application (individuals found eligible for financial assistance only)	Quarterly	50
2	MCAID CHIP Elig	Medicaid and CHIP eligibility assessments and determinations by the SBM	Quarterly	6
3	QHP App Elig	QHP Applications and Eligibility	Quarterly	162
4	QHP Enrollment	QHP Enrollment	Quarterly	264
5	SADP	Stand-alone Dental Plans	Quarterly	83
6	QHP eligible-assist	QHP eligible application submissions by type of assistance	Quarterly	91
7	SHOP	SHOP	Quarterly	95
8	Appeals	Efficiency of eligibility appeals	Quarterly	72
9	Complaints	Type and number of complaints submitted	Quarterly	9
10	Exemptions	Exemption applications and granted	Quarterly	2



Total Data Elements in Draft 834

Last revised: January 20, 2015

Glossary of Data Breakout Terms for SBM Data Submission

Glossary of Data Elements for Quarterly and Other Marketplace Metrics Reported by States	
Measure/Indicator	Definition / Clarification
Individual Marketplace Metrics	
New Enrollment/Re-enrollment	<p>New Enrollment. Individuals enrolled in any 2015 Marketplace QHP who were not enrolled in ANY Marketplace QHP at any time during the 2014 coverage year.</p> <p>Re-enrollment. Individuals enrolled in any 2015 Marketplace QHP who were enrolled in a Marketplace QHP at some point during the 2014 coverage year.</p>
QHP Eligibility by Financial Assistance (FA)	<p>No Financial Assistance Unit/population of interest includes all of the following:</p> <ul style="list-style-type: none"> • Individuals determined eligible for QHP coverage, but ineligible for financial assistance (APTC/CSR) • Individuals that were determined eligible for QHP coverage but did not request financial assistance.. • Individuals determined eligible for QHP coverage with financial assistance (APTC and/or CSR) but did not select financial assistance. <p>Individuals that do not fall into "Total Eligible with FA: APTC only" or "Total Eligible with FA: APTCs+CSRs" should be counted in "Eligible without FA"</p> <p>APTC Only. Number of individuals determined eligible for enrollment into a QHP with <i>only</i> APTC.</p> <p>APTC+CSRs. Number of individuals determined eligible for enrollment into a QHP with <i>both</i> APTC and CSR</p>
Effectuated Enrollment	Effectuated enrollment occurs when an individual has submitted an application (or had application submitted on their behalf), was determined QHP Eligible, selected a QHP, and the first premium payment was received (either directly by the SBM or by the issuer).
Metal Tier	<p>Metal tier associated with a health plan:</p> <ul style="list-style-type: none"> - Catastrophic - Bronze - Silver - Gold - Platinum
Age	<p>Age of the individual as of the most recent effective enrollment date:</p> <ul style="list-style-type: none"> <18 years 18-25 26-34 35-44 45-54 55-64 ≥65

Race/Ethnicity	<p>The definitions for classifying persons according to race/ethnicity based on OMB (http://www.whitehouse.gov/omb/fedreg_1997standards):</p> <p>American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>Black or African American. A person having origins in any of the black racial groups of Africa.</p> <p>Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p>Multi-racial. A person reporting more than one of the following racial categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White.</p> <p>Please use the following steps to report SBM data on race/ethnicity (this follows the classification process employed by ASPE to report FFM data: http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf):</p> <ol style="list-style-type: none"> 1) Classify as Latino anyone who reported any Latino/Hispanic ethnicity 2) Non-Latinos are classified as multiracial if they reported two or more major race categories 3) Remaining non-Latinos are classified as American Indian/Alaska Native alone, African-American alone, Asian alone, Native Hawaiian/Pacific Islander alone, White alone, or Multi-racial.
Application Assistance	<p>Describes whether individuals received assistance with either submission of an application for QHP enrollment or with selection of a QHP.</p> <ol style="list-style-type: none"> 1) Any (i.e. at least one type of the assistors list below) 2) None (i.e., no recorded assistance) <p>Detailed assistance data is collected on tab labeled "QHP eligible- assist." CCIIO recognizes that some assistance is provided but not recorded, and therefore cannot be reported. Also, not all states have each of these types of assistors. We are not distinguishing between certified and non-certified assistors; they are considered equivalent for the purposes of this layout. Individuals may have more than one type of assistance.</p> <ul style="list-style-type: none"> - Navigator - In-Person Assistor (IPA) - Certified Application Counselor (CAC) - Broker (includes Agents and Web Brokers) - Authorized Representative - Other (includes Community Health Center and other types of assistance not categorized above)
FPL	<p>FPL (Federal Poverty Level) is calculated based on the projected, total, annual modified adjusted gross income (MAGI) for the taxpayer's family. FPL is based on the same MAGI as the SBM uses to determine eligibility of APTC.</p> <ul style="list-style-type: none"> - MAGI includes the sum of the income of the taxpayer and the lawfully present individuals for whom the taxpayer properly claims a deduction for personal exemption for the taxable year. For additional information see Health Insurance Premium Tax Credit, 77 Fed. Reg. 30377 (amending 26 CFR pts. 1 and 602). May 23, 2012. (http://www.gpo.gov/fdsys/pkg/FR-2012-05-23/pdf/2012-12421.pdf). - To report FPL, MAGI should be compared to the HHS poverty guidelines (current levels found here http://aspe.hhs.gov/poverty/13poverty.cfm), which is adjusted for the size of the family and state of residence. - For the purposes of the SBM Supplemental Data Submission, MAGI may or may not be verified. States should report FPL based on incomes as of the most recent eligibility determination. - For individuals that do not request an eligibility determination for financial assistance, MAGI may not be available. If MAGI is unavailable, populate the cell for the number of people with unknown FPL and enter "-888" for each FPL category to signal data unavailable. Entering zero would signify no individuals at that income level. <p>The breakouts of FPL based on annual household income are:</p> <ol style="list-style-type: none"> 1) <100% 2) ≥100 - ≤138% 3) >138 - ≤150% 4) >150 - ≤200% 5) >200 - ≤250% 6) >250 - ≤300% 7) >300- ≤400% 8) >400% 9) unknown

Language Preference:	<p>No language preference. Person did not indicate a language preference and/or English was chosen as the preferred language.</p> <p>Spanish. Person indicated that Spanish was preferred language.</p> <p>Other. Person indicated that their preference was a language other than English or Spanish.</p>
Rural/Non-Rural	<p>Apply the zip codes designated as Rural by the Office of Rural Health Policy (ORHP). A file with the designated zip codes is included below. Additional information about ORHPs process can be found in the attached MS Word document.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div data-bbox="869 383 1077 524" style="border: 1px solid black; padding: 5px; text-align: center;">  RURAL ZIPS.xlsx </div> <div data-bbox="1404 380 1619 529" style="border: 1px solid black; padding: 5px; text-align: center;">  Document </div> </div>
Policy Structure	<p>Describes the number of individuals enrolled in QHP coverage within a single policy. This demographic variable does not reflect the number of individuals on the initial application or within the residential unit. The breakouts are:</p> <ol style="list-style-type: none"> 1) single (adult policyholder) 2) single (adult policyholder) + 1 spouse/partner 3) single (adult policyholder) + 1 child 3) single (adult policyholder) + 2 or more dependents (spouse/partner or child) 4) child-only <p>- Scenario 1: Household includes two adults and two children (age 15 and 22). Father is covered through one QHP, mother and both children covered through another QHP. this is single + 2 or more dependents</p> <p>- Scenario 2: Mother purchases child-only policy through marketplace for her 5 year old daughter. this is child-only policy</p> <p>- Scenario 3: Mother seeks coverage for herself and daughter through the Marketplace. daughter is eligible for CHIP and enrolls. Mother purchases coverage through a QHP. This is single policy.</p>
Stand-alone Dental Plan (SADP)	A dental plan that is separate from a QHP (does not include dental plans that are integrated with a QHP).
SHOP Marketplace Metrics	
SHOP Employer Group Size	<p>There are two group size breakouts. The "Group Size-Employees on Roster" is the number of employees on the roster/census that the employer submits when applying to the SHOP. The "Group Size - Covered Employees" is the number of employees covered by a SHOP QHP.</p> <p>1 <= Employees <= 9 10 <= Employees <= 24 25 <= Employees <= 50 51 <= Employees < 100 101 <= Employees</p>
Numeric indicators based on the number of employers who have paid a premium for 2015 SHOP coverage	For metrics based on the number of employers who have paid a premium for 2015 SHOP coverage, please report data based on QHPs that begin coverage anytime in the 2015 coverage year (anytime from January 1, 2015 through December 31, 2015).
Number of Employers who completed an application through SHOP	Report the number of employers who completed an application for a SHOP QHP for coverage beginning anytime during the 2015 coverage year.
New Employers: Number of Employers selecting a 2015 QHP/Metal Level through SHOP who were NOT enrolled in a 2014 SHOP QHP (NEW Enrollment)	Depending on the SHOP employee choice model in your state, report the number of employers selecting either a 2015 QHP, Metal Level, OR Issuer through SHOP (Plan Selection). NEW employers to SHOP are employers who were not enrolled in ANY a SHOP QHP at any time during the 2014 coverage year.

<p>Re-Enrolled Employers: Number of Employers selecting a 2015 QHP/Metal Level through SHOP who were enrolled in a 2014 SHOP QHP (RE-Enrollment)</p>	<p>Depending on the SHOP employee choice model in your state, report the number of employers selecting either a 2015 QHP, Metal Level, OR Issuer through SHOP (Plan Selection). RE-enrolling employers to SHOP are employers who were enrolled in a SHOP QHP at any time during the 2014 coverage year.</p>
<p>New Employers: Number of NEW SHOP Enrolled Employers. <u>Calculate the cumulative number of employers who selected a 2015 QHP/Metal Level through SHOP and paid a premium and who did NOT enroll in a 2014 SHOP QHP (NEW Enrollment).</u></p>	<p>Report the number of employers who have selected a 2015 QHP/Metal level through SHOP and have paid a premium for 2015 coverage. For NEW SHOP enrolled employers, report the number of employers who did NOT enroll in a SHOP QHP at any time during the 2014 coverage year.</p>
<p>Re-Enrolled Employers: Number of RE-Enrolled SHOP Employers. <u>Calculate the cumulative number of employers who selected a 2015 QHP/Metal Level through SHOP, who paid a premium and who were also enrolled in a 2014 SHOP QHP [Re-enrollment].</u></p>	<p>Report the number of employers who have selected a 2015 QHP/Metal level through SHOP and have paid a premium for 2015 coverage.. For RE-Enrolled SHOP employers, report the number of employers who also enrolled in SHOP at any time during the 2014 coverage year.</p>
<p>Number of employers offering dependent coverage</p>	<p>Number of employers enrolled in a 2015 SHOP QHP who offer coverage for employees' dependents in their 2015 QHPs.</p>
<p>Number of employers offering employee choice</p>	<p>Number of employers enrolled in a 2015 SHOP WHP who offer employees a choice of QHPs. If employers in your state do not offer employee choice, please enter "-999" to indicate that this metric is not applicable.</p>
<p>Average Employer Premium Contribution Percent. <u>Calculate the average percent that employers enrolled in 2015 SHOP coverage contributed towards their employees' premiums.</u></p>	<p>Calculate the average percent that employers participating in SHOP in 2015 coverage year are contributing to their employees' premiums. Calculate separate amounts for employees enrolled in individual coverage and employees enrolled in family coverage.</p>
<p>Numeric indicators based on the number of employees who have paid a premium for 2015 SHOP coverage</p>	<p>For metrics based on the number of employees who have paid a premium for 2015 SHOP coverage, please report data based on employees enrolled in a SHOP QHPs that begin coverage anytime in the 2015 coverage year (anytime from January 1, 2015 through December 31, 2015).</p>

<p>Number of Employees Enrolled through SHOP. <u>Calculate the cumulative number of employees who selected a SHOP QHP for coverage during the 2015 coverage year and paid a premium.</u></p>	<p>Total number of employees who have selected a SHOP QHP for coverage during the 2015 coverage year and paid a premium.</p>
<p>Number of Total Employees on Employee Roster submitted by Employers</p>	<p>Total number of employees on employee rosters submitted by employers who are enrolled in a 2015 SHOP QHP.</p>
<p>Number of Employees (covered lives, including dependents) Enrolled through SHOP. <u>Calculate cumulative number of employees and their dependents who selected a QHP through SHOP for coverage during the 2015 coverage year and paid a premium.</u></p>	<p>Total number of employees and their dependents (covered lives) who selected a QHP through SHOP for coverage during the 2015 coverage year and paid a premium.</p>

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

Current health insurance coverage at time of application (individuals found eligible for financial assistance only)

Description: Data used to report the health insurance coverage of individuals found eligible for financial assistance with QHP coverage (i.e., APTC/CSR). Insurance coverage is at the time that application is submitted. Individuals may have multiple types of insurance coverage on the application (particularly if submitting a family application) and can be included in multiple insurance categories.

Unit: Number of Individuals (i.e. number of covered lives)

Population Included: Individuals determined eligible for financial assistance during the reference period. Include individuals that have been determined eligible but may not have selected a QHP or paid an initial premium. Include individuals that were given a positive eligibility determination but discrepancies must be resolved (i.e., in an inconsistency period) or individuals that received final eligibility determination. Metric excludes individuals that were not determined eligible for financial assistance (e.g., determined ineligible or no determination took place)

Source for Data Breakouts: Most recent eligibility determination.

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate the data elements are not applicable.

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State
Individual Marketplace (SBM)- Does not include SHOP						
1	Individuals Not Enrolled in Any Coverage When Application Submitted	Among individuals determined eligible for financial assistance with coverage through the SBM, number of individuals that did not have any of the types of coverage listed (i.e., likely uninsured).	FPL	<100%	CURRENTCOV_UNINS_FPL1	Number
2				≥100 - ≤138%	CURRENTCOV_UNINS_FPL2	Number
3				>138 - ≤150%	CURRENTCOV_UNINS_FPL3	Number
4				>150 - ≤200%	CURRENTCOV_UNINS_FPL4	Number
5				>200 - ≤250%	CURRENTCOV_UNINS_FPL5	Number
6				>250 - ≤300%	CURRENTCOV_UNINS_FPL6	Number
7				>300 - ≤400%	CURRENTCOV_UNINS_FPL7	Number
8				>400%		
9				unknown	CURRENTCOV_UNINS_FPL9	Number
10			Total	CURRENTCOV_UNINS_TOTAL	Number	
11	Individuals Enrolled in Employer-Based Coverage When Application Submitted	Among individuals determined eligible for financial assistance with coverage through the SBM, number of individuals enrolled in employer-based coverage (aka employer-sponsored insurance or ESI) at the time the application was submitted.	FPL	<100%	CURRENTCOV_EMP_FPL1	Number
12				≥100 - ≤138%	CURRENTCOV_EMP_FPL2	Number
13				>138 - ≤150%	CURRENTCOV_EMP_FPL3	Number
14				>150 - ≤200%	CURRENTCOV_EMP_FPL4	Number
15				>200 - ≤250%	CURRENTCOV_EMP_FPL5	Number
16				>250 - ≤300%	CURRENTCOV_EMP_FPL6	Number
17				>300 - ≤400%	CURRENTCOV_EMP_FPL7	Number
18				>400%		
19				unknown	CURRENTCOV_EMP_FPL9	Number
20			Total	CURRENTCOV_EMP_TOTAL	Number	

21				<100%	CURRENTCOV_MCAID_FPL1	Number	
22				≥100 - ≤138%	CURRENTCOV_MCAID_FPL2	Number	
23				>138 - ≤150%	CURRENTCOV_MCAID_FPL3	Number	
24				>150 - ≤200%	CURRENTCOV_MCAID_FPL4	Number	
25				>200 - ≤250%	CURRENTCOV_MCAID_FPL5	Number	
26				>250 - ≤300%	CURRENTCOV_MCAID_FPL6	Number	
27				>300- ≤400%	CURRENTCOV_MCAID_FPL7	Number	
28				>400%			
29				unknown	CURRENTCOV_MCAID_FPL9	Number	
30			Total		CURRENTCOV_MCAID_TOTAL	Number	
31				<100%	CURRENTCOV_NONGRP_FPL1	Number	
32				≥100 - ≤138%	CURRENTCOV_NONGRP_FPL2	Number	
33				>138 - ≤150%	CURRENTCOV_NONGRP_FPL3	Number	
34				>150 - ≤200%	CURRENTCOV_NONGRP_FPL4	Number	
35				>200 - ≤250%	CURRENTCOV_NONGRP_FPL5	Number	
36				>250 - ≤300%	CURRENTCOV_NONGRP_FPL6	Number	
37				>300- ≤400%	CURRENTCOV_NONGRP_FPL7	Number	
38				>400%			
39				unknown	CURRENTCOV_NONGRP_FPL9	Number	
40			Total		CURRENTCOV_NONGRP_TOTAL	Number	
41				<100%	CURRENTCOV_NOTPROVIDED_FPL1	Number	
42				≥100 - ≤138%	CURRENTCOV_NOTPROVIDED_FPL2	Number	
43				>138 - ≤150%	CURRENTCOV_NOTPROVIDED_FPL3	Number	
44				>150 - ≤200%	CURRENTCOV_NOTPROVIDED_FPL4	Number	
45				>200 - ≤250%	CURRENTCOV_NOTPROVIDED_FPL5	Number	
46				>250 - ≤300%	CURRENTCOV_NOTPROVIDED_FPL6	Number	
47				>300- ≤400%	CURRENTCOV_NOTPROVIDED_FPL7	Number	
48				>400%			
49				unknown	CURRENTCOV_NOTPROVIDED_FPL9	Number	
50			Total		CURRENTCOV_NOTPROVIDED_TOTAL	Number	

Transfers Between Marketplace and Medicaid/CHIP

Description: Data used to understand the assessments/determinations for Medicaid/CHIP and the transfers between SBM and Medicaid/CHIP. Transfer means moving accounts between the SBM and the Medicaid/CHIP agencies for the purposes of eligibility determination. Transfers do not include movement of accounts after determination for the purposes of enrollment.

Unit: Number of Individuals

Population Included: Individuals with a completed, submitted application

Source for Data Breakouts: N/A

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate the data elements are not applicable. If the SBM cannot distinguish between eligibility and/or assessments for Medicaid and CHIP, provide your total numbers (Medicaid/CHIP) under Medicaid, and enter -888 for CHIP.

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Element Name	Data Type	Data from State
Individual Marketplace (SBM) - Does not include SHOP					
1	Individuals that received eligibility assessment for Medicaid.	Whether SBM is integrated or not, report the number of individuals assessed for Medicaid eligibility during the reference period. This data element includes all Medicaid assessments, whether the individuals are found likely to be eligible or ineligible.			
2	Individuals that received eligibility assessment for CHIP.	Whether SBM is integrated or not, report the number of individuals assessed for Medicaid eligibility during the reference period. This data element includes all CHIP assessments, whether the individuals are found likely to be eligible or ineligible.			
3	Individuals determined eligible for Medicaid - SBMs with integrated Medicaid eligibility systems.	For SBMs with eligibility systems that <u>are integrated</u> with Medicaid eligibility systems, report the number of individuals determined eligible for Medicaid by the SBM during the reference period. For SBMs with eligibility systems that <u>are not integrated</u> with Medicaid eligibility systems, enter -999	DET_MCAID_ELG	Number	
4	Individuals transferred to Medicaid agencies for eligibility determination - SBMs that do not have integrated Medicaid eligibility systems.	For SBMs with eligibility systems that are referred to Medicaid agency for final determination, report the number of individuals referred to Medicaid during the reference period. For SBMs with eligibility systems that <u>are integrated</u> with Medicaid eligibility systems, enter -999.			

5	Individual determined eligible for CHIP - SBMs with integrated CHIP eligibility systems.	<p>For SBMs with eligibility systems that <u>are integrated with CHIP</u> eligibility systems, report the number of individuals determined eligible for CHIP by the SBM during the reference period.</p> <p>For SBMs with eligibility systems that <u>are not integrated</u> with CHIP eligibility systems, enter -999</p>	DET_CHIP_ELG	Number	
6	Individuals transferred to CHIP agencies for eligibility determination - SBMs that do not have integrated CHIP eligibility systems.	<p>For SBMs with eligibility systems that are referred to CHIP agency for final determination, report the number of individuals referred to CHIP during the reference period.</p> <p>For SBMs with eligibility systems that <u>are integrated</u> with Medicaid eligibility systems, enter -999.</p>			

QHP Applications and Eligibility

Description: Data used to measure the number of individuals that applied to the SBM for coverage and were determined eligible or ineligible for QHP coverage with and without financial assistance (APTC/CSR). Do not include information for SADPs.

Unit: Number of Individuals

Population Included: Individuals with a completed, submitted application

Source for Data Breakouts: Most recent eligibility determination.

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate the data elements are not applicable.

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State	
Individual Marketplace (SBM)- Does not include SHOP							
1	Applied for coverage through SBM	Number of individuals that submitted a complete application for coverage to the SBM during the reference period.	Age	<18	QHP_APP_AGE1	Number	
2				18-25	QHP_APP_AGE2	Number	
3				26-34	QHP_APP_AGE3	Number	
4				35-44	QHP_APP_AGE4	Number	
5				45-54	QHP_APP_AGE5	Number	
6				55-64	QHP_APP_AGE6	Number	
7				≥65	QHP_APP_AGE7	Number	
8		A completed application is defined as an application with sufficient information to begin processing eligibility for any type of coverage (QHP or Medicaid/CHIP).	Race/Ethnicity	American Indian/Alaska Native			
9				Black or African American			
10				Asian			
11				Hispanic or Latino			
12				Native Hawaiian/Pacific Islander			
13				White			
14		There are three possible outcomes of completed applications: 1) individual is determined eligible for Medicaid, CHIP or QHP (includes both provisional and final determination) 2) individual is determined ineligible for Medicaid, CHIP, or QHP; or 3) verification and additional documentation is required before eligibility can be determined.	Language Preference	No Language Preference			
15				Spanish			
16				Other			
17		Tribe Members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	Rural/Non-Rural	Rural			
18				Non-Rural			
19				Unknown			
20		Application Assistance	Any	QHP_APP_ANY	Number		
21			None	QHP_APP_NONE	Number		
22		Members of a federally recognized tribe		QHP_APP_TRIBE	Number		
23		Total		QHP_APP_TOTAL	Number		
24							
25							

26	QHP Eligible	Number of individuals determined QHP eligible during the reference period. Include all individuals who requested financial assistance (APTC/CSR) or did not request financial assistance. Include all individuals who were determined eligible or ineligible for financial assistance. Tribe Members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	Age	<18	QHP_ELG_AGE1	Number	
27				18-25	QHP_ELG_AGE2	Number	
28				26-34	QHP_ELG_AGE3	Number	
29				35-44	QHP_ELG_AGE4	Number	
30				45-54	QHP_ELG_AGE5	Number	
31				55-64	QHP_ELG_AGE6	Number	
32				≥65	QHP_ELG_AGE7	Number	
33			Race/Ethnicity	American Indian/Alaska Native			
34				Black or African American			
35				Asian			
36				Hispanic or Latino			
37				Native Hawaiian/Pacific Islander			
38				White			
39				Multi-racial			
40			Unknown/Other				
41			Language Preference	No Language Preference			
42				Spanish			
43				Other			
44			Rural/Non-Rural	Rural			
45				Non-Rural			
46				Unknown			
47			Financial Assistance	Without FA			
48				APTC Only			
49				APTC+CSRs			
50			Application Assistance	Any	QHP_ELG_ANY	Number	
51				None	QHP_ELG_NONE	Number	
52			Members of a federally recognized tribe		QHP_ELG_TRIBE	Number	
53			Total		QHP_ELG_TOTAL	Number	
54	Ineligible for QHP	Number of individuals determined ineligible for QHP coverage during the reference period. Includes both individuals that requested financial assistance (APTC/CSR) and did not request financial assistance.	Age	<18	QHP_INELG_AGE1	Number	
55				18-25	QHP_INELG_AGE2	Number	
56				26-34	QHP_INELG_AGE3	Number	
57				35-44	QHP_INELG_AGE4	Number	
58				45-54	QHP_INELG_AGE5	Number	
59				55-64	QHP_INELG_AGE6	Number	
60				≥65	QHP_INELG_AGE7	Number	
61			Race/Ethnicity	American Indian/Alaska Native			
62				Black or African American			
63				Asian			
64				Hispanic or Latino			
65				Native Hawaiian/Pacific Islander			
66				White			
67				Multi-racial			
68			Unknown/Other				
69			Language Preference	No Language Preference			
70				Spanish			
71				Other			
72			Rural/Non-Rural	Rural			
73				Non-Rural			
74				Unknown			
75			Application Assistance	Any	QHP_INELG_ANY	Number	
76				None	QHP_INELG_NONE	Number	
77			Members of a federally recognized tribe				
78			Total		QHP_INELG_TOTAL	Number	

79	Assessed/determined ineligible for Medicaid/CHIP and determined to be QHP eligible with financial assistance	Number of individuals that were: 1. determined/assessed to be ineligible for Medicaid/CHIP 2. determined QHP eligible 3. determined <i>eligible</i> for financial assistance (APTC/CSR) during the reference period.	FPL	<100%	QHP_INELGMCAID_APTC_FPL1	Number		
80				≥100 - ≤138%	QHP_INELGMCAID_APTC_FPL2	Number		
81				>138 - ≤150%	QHP_INELGMCAID_APTC_FPL3	Number		
82				>150 - ≤200%	QHP_INELGMCAID_APTC_FPL4	Number		
83				>200 - ≤250%	QHP_INELGMCAID_APTC_FPL5	Number		
84				>250 - ≤300%	QHP_INELGMCAID_APTC_FPL6	Number		
85				>300 - ≤400%	QHP_INELGMCAID_APTC_FPL7	Number		
86			>400%					
87			unknown	QHP_INELGMCAID_APTC_FPL9	Number			
88			<18	QHP_INELGMCAID_APTC_AGE1	Number			
89			18-25	QHP_INELGMCAID_APTC_AGE2	Number			
90			26-34	QHP_INELGMCAID_APTC_AGE3	Number			
91			35-44	QHP_INELGMCAID_APTC_AGE4	Number			
92			45-54	QHP_INELGMCAID_APTC_AGE5	Number			
93			55-64	QHP_INELGMCAID_APTC_AGE6	Number			
94			≥65	QHP_INELGMCAID_APTC_AGE7	Number			
95			Race/Ethnicity		American Indian/Alaska Native			
96					Black or African American			
97					Asian			
98					Hispanic or Latino			
99					Native Hawaiian/Pacific Islander			
100					White			
101					Multi-racial			
102			Unknown/Other					
103			Language Preference		No Language Preference			
104	Spanish							
105	Other							
106	Rural/Non-Rural		Rural					
107			Non-Rural					
108			Unknown					
109	Application Assistance		Any	QHP_INELGMCAID_APTC_ANY	Number			
110			None	QHP_INELGMCAID_APTC_NONE	Number			
111	Members of a federally recognized tribe							
112	Total		QHP_INELGMCAID_APTC_TOTAL	Number				
113	Eligible for QHP but did not request financial assistance	Number of individuals that: 1. were determined QHP eligible during the reference period and 2. did not request financial assistance (APTC/CSR).	Age	<18	QHP_NOREQ_AGE1	Number		
114				18-25	QHP_NOREQ_AGE2	Number		
115				26-34	QHP_NOREQ_AGE3	Number		
116				35-44	QHP_NOREQ_AGE4	Number		
117				45-54	QHP_NOREQ_AGE5	Number		
118				55-64	QHP_NOREQ_AGE6	Number		
119				≥65	QHP_NOREQ_AGE7	Number		
120			Race/Ethnicity		American Indian/Alaska Native			
121					Black or African American			
122					Asian			
123					Hispanic or Latino			
124					Native Hawaiian/Pacific Islander			
125					White			
126					Multi-racial			
127			Unknown/Other					
128			Language Preference		No Language Preference			
129					Spanish			
130			Other					
131			Rural/Non-Rural		Rural			
132					Non-Rural			
133					Unknown			
134			Application Assistance		Any	QHP_NOREQ_ANY	Number	
135					None	QHP_NOREQ_NONE	Number	
136			Members of a federally recognized tribe					
137			Total		QHP_NOREQ_TOTAL	Number		

138	Eligible for QHP and requested financial assistance	Number of individuals that: 1. were determined QHP eligible during the reference period and 2. requested financial assistance (APTC/CSR).	Age	<18		
139				18-25		
140				26-34		
141				35-44		
142				45-54		
143				55-64		
144				≥65		
145			Race/Ethnicity	American Indian/Alaska Native		
146				Black or African American		
147				Asian		
148				Hispanic or Latino		
149				Native Hawaiian/Pacific Islander		
150				White		
151				Multi-racial		
152			Unknown/Other			
153			Language Preference	No Language Preference		
154				Spanish		
155				Other		
156			Rural/Non-Rural	Rural		
157				Non-Rural		
158				Unknown		
159			Application Assistance	Any		
160				None		
161			Members of a federally recognized tribe			
162	Total					

QHP Enrollment

Description: Data used to measure the number of individuals were enrolled or cancelled coverage in a QHP during the reference period. Do not include information for SADPs.

Unit: Number of Individuals

Population Included: Individuals determined eligible for QHP coverage

Source for Data Breakouts: Most recent eligibility determination.

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted,

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State
Individual Marketplace (SBM)- Does not include SHOP						
1			New/Re-enrollment	Newly Enrolled		
2				Re-enrolled		
3			FPL	<100%	QHP_EFFECTIVE_APTC_FPL1	Number
4				≥100 - ≤138%	QHP_EFFECTIVE_APTC_FPL2	Number
5				>138 - ≤150%	QHP_EFFECTIVE_APTC_FPL3	Number
6				>150 - ≤200%	QHP_EFFECTIVE_APTC_FPL4	Number
7				>200 - ≤250%	QHP_EFFECTIVE_APTC_FPL5	Number
8				>250 - ≤300%	QHP_EFFECTIVE_APTC_FPL6	Number
9				>300- ≤400%	QHP_EFFECTIVE_APTC_FPL7	Number
10				>400%	QHP_EFFECTIVE_APTC_FPL8	Number
11				unknown		
12			Age	<18	QHP_EFFECTIVE_APTC_AGE1	Number
13				18-25	QHP_EFFECTIVE_APTC_AGE2	Number
14				26-34	QHP_EFFECTIVE_APTC_AGE3	Number
15				35-44	QHP_EFFECTIVE_APTC_AGE4	Number
16				45-54	QHP_EFFECTIVE_APTC_AGE5	Number
17				55-64	QHP_EFFECTIVE_APTC_AGE6	Number
18				≥65	QHP_EFFECTIVE_APTC_AGE7	Number
19			Race/Ethnicity	American Indian/Alaska Native		
20				Black or African American		
21				Asian		
22				Hispanic or Latino		
23				Native Hawaiian/Pacific Islander		
24				White		
25				Multi-racial		
26			Unknown/Other			
27			Language Preference	No Language Preference		
28				Spanish		
29				Other		

30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78

Plan Selection -
Financial Assistance

Number of individuals that selected and were determined eligible for a QHP with financial assistance (APTC/CSR) during the reference period.

Include both individuals that were given a positive eligibility determination but discrepancies must be resolved (i.e., in an inconsistency period) and individuals that received final eligibility determination.

Tribe Members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.

Metal Tier	Bronze			
	Silver			
	Gold			
	Platinum			
FPL by Metal: Bronze	<100%			
	≥100 - ≤138%			
	>138 - ≤150%			
	>150 - ≤200%			
	>200 - ≤250%			
	>250 - ≤300%			
	>300 - ≤400%			
	>400%			
FPL by Metal: Silver	unknown			
	<100%			
	≥100 - ≤138%			
	>138 - ≤150%			
	>150 - ≤200%			
	>200 - ≤250%			
	>250 - ≤300%			
	>300 - ≤400%			
FPL by Metal: Gold	>400%			
	unknown			
	<100%			
	≥100 - ≤138%			
	>138 - ≤150%			
	>150 - ≤200%			
	>200 - ≤250%			
	>250 - ≤300%			
FPL by Metal: Platinum	>300 - ≤400%			
	>400%			
	unknown			
	<100%			
	≥100 - ≤138%			
	>138 - ≤150%			
	>150 - ≤200%			
	>200 - ≤250%			
Financial Assistance	>250 - ≤300%			
	APTC Only			
Application Assistance	APTC+CSRs			
	Any	QHP_EFFECTIVE_APTC_ANY	Number	
Rural/Non-Rural	None	QHP_EFFECTIVE_APTC_NONE	Number	
	Rural			
	Non-Rural			
	unknown			
Members of a federally recognized tribe		QHP_EFFECTIVE_APTC_TRIBE	Number	
Total		QHP_EFFECTIVE_APTC_TOTAL	Number	

79	Plan Selection- NO Financial Assistance	Number of individuals that selected a QHP without financial assistance (APTC/CSR) during the reference period. These individuals were determined QHP eligible without financial assistance; and selected a QHP during the reference period. Include both individuals that were given a positive eligibility determination but discrepancies must be resolved (i.e., in an inconsistency period) and individuals that received final eligibility determination. Includes all of the following: (1) individuals determined eligible for QHP coverage but ineligible for financial assistance; (2) individuals determined eligible for QHP coverage but did not request financial assistance; and (3) individuals determined eligible for QHP coverage with financial assistance and did not select financial assistance.	New/Re-enrollment	Newly Enrolled			
80				Re-enrolled			
81			Age	<18	QHP_EFFECTIVE_NOAPTC_AGE1	Number	
82				18-25	QHP_EFFECTIVE_NOAPTC_AGE2	Number	
83				26-34	QHP_EFFECTIVE_NOAPTC_AGE3	Number	
84				35-44	QHP_EFFECTIVE_NOAPTC_AGE4	Number	
85				45-54	QHP_EFFECTIVE_NOAPTC_AGE5	Number	
86				55-64	QHP_EFFECTIVE_NOAPTC_AGE6	Number	
87				≥65	QHP_EFFECTIVE_NOAPTC_AGE7	Number	
88			Race/Ethnicity	American Indian/Alaska Native			
89				Black or African American			
90				Asian			
91				Hispanic or Latino			
92				Native Hawaiian/Pacific Islander			
93				White			
94				Multi-racial			
95			Unknown/Other				
96			Language Preference	No Language Preference			
97				Spanish			
98				Other			
99			Metal Tier	Catastrophic			
100	Bronze						
101	Silver						
102	Gold						
103	Platinum						
104	Channel	web	QHP_EFFECTIVE_NOAPTC_WEB	Number			
105		phone	QHP_EFFECTIVE_NOAPTC_PHONE	Number			
106		paper	QHP_EFFECTIVE_NOAPTC_PAPER	Number			
107		other/unknown	QHP_EFFECTIVE_NOAPTC_OTHER	Number			
108	Application Assistance	Any	QHP_EFFECTIVE_NOAPTC_ANY	Number			
109		None	QHP_EFFECTIVE_NOAPTC_NONE	Number			
110	Rural/Non-Rural	Rural					
111		Non-Rural					
112		Unknown					
113		Total	QHP_EFFECTIVE_NOAPTC_TOTAL	Number			

114			New/Re-enrollment	Newly Enrolled				
115				Re-enrolled				
116			FPL	<100%	QHP_EFFECTUATED_FIN_FPL1	Number		
117				≥100 - ≤138%	QHP_EFFECTUATED_FIN_FPL2	Number		
118				>138 - ≤150%	QHP_EFFECTUATED_FIN_FPL3	Number		
119				>150 - ≤200%	QHP_EFFECTUATED_FIN_FPL4	Number		
120				>200 - ≤250%	QHP_EFFECTUATED_FIN_FPL5	Number		
121				>250 - ≤300%	QHP_EFFECTUATED_FIN_FPL6	Number		
122				>300- ≤400%	QHP_EFFECTUATED_FIN_FPL7	Number		
123				>400%				
124				unknown	QHP_EFFECTUATED_FIN_FPL9	Number		
125				Age	<18	QHP_EFFECTUATED_FIN_AGE1	Number	
126			18-25		QHP_EFFECTUATED_FIN_AGE2	Number		
127			26-34		QHP_EFFECTUATED_FIN_AGE3	Number		
128			35-44		QHP_EFFECTUATED_FIN_AGE4	Number		
129			45-54		QHP_EFFECTUATED_FIN_AGE5	Number		
130			55-64		QHP_EFFECTUATED_FIN_AGE6	Number		
131			≥65		QHP_EFFECTUATED_FIN_AGE7	Number		
132			Race/Ethnicity	American Indian/Alaska Native				
133				Black or African American				
134				Asian				
135				Hispanic or Latino				
136				Native Hawaiian/Pacific Islander				
137				White				
138				Multi-racial				
139			Unknown/Other					
140			Language Preference	No Language Preference				
141				Spanish				
142				Other				
143			Metal Tier	Bronze				
144				Silver				
145				Gold				
146				Platinum				
147			FPL by Metal: Bronze	<100%				
148				≥100 - ≤138%				
149				>138 - ≤150%				
150				>150 - ≤200%				
151				>200 - ≤250%				
152				>250 - ≤300%				
153				>300- ≤400%				
154			>400%					
155			unknown					
156	Effectuated Enrollment- Financial Assistance	Number of individuals that received effectuated enrollment with financial assistance (APTC/CSR) during the reference period. These individuals were determined QHP eligible with financial assistance, selected a QHP and a financial assistance amount, and the individual made the first premium payment during the reference period. Include both individuals that were given a positive eligibility determination but discrepancies must be resolved (i.e., in an inconsistency period) and individuals that received final eligibility determination. Tribe Members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	FPL by Metal: Silver	<100%				
157					≥100 - ≤138%			
158					>138 - ≤150%			
159					>150 - ≤200%			
160					>200 - ≤250%			
161					>250 - ≤300%			
162					>300- ≤400%			
163				>400%				
164				unknown				

165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196

FPL by Metal: Gold	<100%			
	≥100 - ≤138%			
	>138 - ≤150%			
	>150 - ≤200%			
	>200 - ≤250%			
	>250 - ≤300%			
	>300- ≤400%			
	>400%			
	unknown			
	FPL by Metal: Platinum	<100%		
≥100 - ≤138%				
>138 - ≤150%				
>150 - ≤200%				
>200 - ≤250%				
>250 - ≤300%				
>300- ≤400%				
>400%				
unknown				
Financial Assistance		APTC Only		
	APTC+CSRs			
Application Assistance	Any	QHP_EFFECTUATED_FIN_ANY	Number	
	None	QHP_EFFECTUATED_FIN_NONE	Number	
Policy Structure	Single	QHP_EFFECTUATED_FIN_PS1	Number	
	Single + 1 spouse/partner	QHP_EFFECTUATED_FIN_PS2	Number	
	Single + 1 child	QHP_EFFECTUATED_FIN_PS3	Number	
	Single + 2 or more dependents	QHP_EFFECTUATED_FIN_PS4	Number	
	Child-only	QHP_EFFECTUATED_FIN_PS5	Number	
Rural/Non-Rural	Rural			
	Non-Rural			
	Unknown			
Members of a federally recognized tribe		QHP_EFFECTUATED_FIN_TRIBE	Number	
Total		QHP_EFFECTUATED_FIN_TOTAL	Number	

197	Effectuated Enrollment- NO Financial Assistance	Number of individuals that received effectuated enrollment without financial assistance (APTC/CSR) during the reference period. These individuals were determined QHP eligible without financial assistance, selected a QHP, and the individual made the first premium payment during the reference period. Include both individuals that were given a positive eligibility determination but discrepancies must be resolved (i.e., in an inconsistency period) and individuals that received final eligibility determination. Includes all of the following: (1) individuals determined eligible for QHP coverage but ineligible for financial assistance (APTC/CSR); (2) individuals that were determined eligible for QHP coverage but did not request financial assistance; and (3) individuals determined eligible for QHP coverage with financial assistance and did not select financial assistance.	New/Re-enrollment	Newly Enrolled				
198			Re-enrolled					
199			Age	<18	QHP_EFFECTUATED_NOFIN_AGE1	Number		
200				18-25	QHP_EFFECTUATED_NOFIN_AGE2	Number		
201				26-34	QHP_EFFECTUATED_NOFIN_AGE3	Number		
202				35-44	QHP_EFFECTUATED_NOFIN_AGE4	Number		
203				45-54	QHP_EFFECTUATED_NOFIN_AGE5	Number		
204				55-64	QHP_EFFECTUATED_NOFIN_AGE6	Number		
205				≥65	QHP_EFFECTUATED_NOFIN_AGE7	Number		
206			Race/Ethnicity	American Indian/Alaska Native				
207				Black or African American				
208				Asian				
209				Hispanic or Latino				
210				Native Hawaiian/Pacific Islander				
211				White				
212				Multi-racial				
213			Unknown/Other					
214			Language Preference	No Language Preference				
215				Spanish				
216				Other				
217			Metal Tier	Catastrophic				
218				Bronze				
219				Silver				
220	Gold							
221	Platinum							
222	Application Assistance	Any	QHP_EFFECTUATED_NOFIN_ANY	Number				
223		None	QHP_EFFECTUATED_NOFIN_NONE	Number				
224	Policy Structure	Single	QHP_EFFECTUATED_NOFIN_PS1	Number				
225		Single + 1 spouse/partner	QHP_EFFECTUATED_NOFIN_PS2	Number				
226		Single + 1 child	QHP_EFFECTUATED_NOFIN_PS3	Number				
227		Single + 2 or more dependents	QHP_EFFECTUATED_NOFIN_PS4	Number				
228		Child-only	QHP_EFFECTUATED_NOFIN_PS5	Number				
229	Rural/Non-Rural	Rural						
230		Non-Rural						
231		Unknown						
232		Total	QHP_EFFECTUATED_NOFIN_TOTAL	Number				

233	Cancelled for Non-Payment	Number of individuals who had their enrollment cancelled by a QHP for non-payment during the reference period. These individuals would be determined QHP eligible and selected a QHP but the individual was disenrolled during the reference period due to non-payment of the first premium and before the effective enrollment date (i.e. coverage cancelled). Tribe Members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	FPL	<100%	QHP_NONPYMT_FPL1	Number	
234				≥100 - ≤138%	QHP_NONPYMT_FPL2	Number	
235				>138 - ≤150%	QHP_NONPYMT_FPL3	Number	
236				>150 - ≤200%	QHP_NONPYMT_FPL4	Number	
237				>200 - ≤250%	QHP_NONPYMT_FPL5	Number	
238				>250 - ≤300%	QHP_NONPYMT_FPL6	Number	
239				>300- ≤400%	QHP_NONPYMT_FPL7	Number	
240				>400%	QHP_NONPYMT_FPL8	Number	
241				unknown	QHP_NONPYMT_FPL9	Number	
242			Age	<18	QHP_NONPYMT_AGE1	Number	
243				18-25	QHP_NONPYMT_AGE2	Number	
244				26-34	QHP_NONPYMT_AGE3	Number	
245				35-44	QHP_NONPYMT_AGE4	Number	
246				45-54	QHP_NONPYMT_AGE5	Number	
247			55-64	QHP_NONPYMT_AGE6	Number		
248			≥65	QHP_NONPYMT_AGE7	Number		
249			Financial Assistance	Without FA			
250				APTC Only			
251				APTC+CSRs			
252			Rural/Non-Rural	Rural			
253				Non-Rural			
254	Unknown						
255	Application Assistance	Any	QHP_NONPYMT_ANY	Number			
256		None	QHP_NONPYMT_NONE	Number			
257	Policy Structure	Single	QHP_NONPYMT_PS1	Number			
258		Single + 1 spouse/partner	QHP_NONPYMT_PS2	Number			
259		Single + 1 child	QHP_NONPYMT_PS3	Number			
260		Single + 2 or more dependents	QHP_NONPYMT_PS4	Number			
261		Child-only	QHP_NONPYMT_PS5	Number			
262		Members of a federally recognized tribe	QHP_NONPYMT_TRIBE	Number			
263		Total	QHP_NONPYMT_TOTAL	Number			
264	Cancelled for Other Reason	Number of individuals that cancelled for reasons other than non-payment during the reference period. These individuals would be determined QHP eligible and selected a QHP, the SBM approved QHP selection, but the individual was disenrolled during the reference period and before the effective enrollment date (i.e. coverage cancelled) due for reasons other than non-payment.	Total	QHP_OTHCANCEL_TOTAL	Number		

Stand Alone Dental Plans (SADPs)

Description: Data used to measure the number of applications for SADPs, plan selection for SADPs, and effectuated enrollment in SADPs.

Unit : Varies by data element

Population Included: Varies by data element

Source for Data Breakouts: Most recent eligibility determination

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate the data elements are not applicable.

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State	
Individual Marketplace (SBM)- Does not include SHOP							
1	Applied for coverage through SBM	Number of individuals that submitted a complete application for coverage for a SADP during the reference period. Tribe members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	Age	<18			
2				18-25			
3				26-34			
4				35-44			
5				45-54			
6				55-64			
7				≥65			
8			Race/Ethnicity		American Indian/Alaska Native		
9					Black or African American		
10					Asian		
11					Hispanic or Latino		
12					Native Hawaiian/Pacific Islander		
13					White		
14					Multi-racial		
15			Language Preference		Unknown/Other		
16					No Language Preference		
17					Spanish		
18			Rural/Non-Rural		Other		
19					Rural		
20					Non-Rural		
21			Application Assistance		unknown		
22					Any		
23					None		
24				Members of a federally recognized tribe			

25			Total			
26	Plan Selection	Number of individuals that selected a SADP during the reference period. Tribe members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	New vs. Re-enrollment	New Enrollment:		
27				Re-enrollment		
28			Coverage Level	High		
29				Low		
30			Age	<18		
31				18-25		
32				26-34		
33				35-44		
34				45-54		
35				55-64		
36				≥65		
37			Race/Ethnicity	American Indian/Alaska Native		
38				Black or African American		
39				Asian		
40				Hispanic or Latino		
41				Native Hawaiian/Pacific Islander		
42				White		
43				Multi-racial		
44				Unknown/Other		
45			Language Preference	No Language Preference		
46				Spanish		
47				Other		
48			Rural/Non-Rural	Rural		
49	Non-Rural					
50	unknown					
51	Application Assistance	Any				
52		None				
53		Members of a federally recognized tribe				
54		Total				

55	Effectuated Enrollment	Number of individuals with effectuated enrollment in a SADP during the reference period. Tribe members should be included in each of the categorical breakouts and total metric as well as being reported in the "Members of a federally recognized tribe" category.	New vs. Re-enrollment	New Enrollment:			
56				Re-enrollment			
57			Coverage Level	High			
58				Low			
59			Age	<18			
60				18-25			
61				26-34			
62				35-44			
63				45-54			
64				55-64			
65				≥65			
66			Race/Ethnicity	American Indian/Alaska Native			
67				Black or African American			
68				Asian			
69				Hispanic or Latino			
70				Native Hawaiian/Pacific Islander			
71				White			
72				Multi-racial			
73				Unknown/Other			
74			Language Preference	No Language Preference			
75	Spanish						
76	Other						
77	Rural/Non-Rural	Rural					
78		Non-Rural					
79		unknown					
80	Application Assistance	Any					
81		None					
82		Members of a federally recognized tribe					
83		Total					

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

QHP Eligible Application Submission- By Type of Assistance

Description: Data used to report on QHP eligible (both subsidized and unsubsidized) in the SBM (not SHOP) by type of assistance. Do not include information for SADPs. This metric is intended to capture all recorded types of assistance. Assistance may be provided with submission of application for QHP enrollment or with selection of a QHP. CCIIO recognizes that some assistance is provided but not recorded, and therefore cannot be reported. Also, not all states have each of these types of assistors. CCIIO does not distinguish between certified and non-certified assistors; they are considered equivalent for the purposes of this layout. Individuals may have more than one type of assistance. If so, report all types of assistance for each individual. Additional information about assistance types in the glossary.

QHP Eligible-Any Assistance + QHP Eligible- No Assistance= Together these data elements should describe the universe individuals determined QHP eligible by the SBM during the reference period

Unit: Number of Individuals

Population Included: Both individuals that were given a positive eligibility determination during the reference period but discrepancies must be resolved (i.e., in an inconsistency period) and individuals that received final eligibility determination.

Source for Data Breakouts: Most recent eligibility determination.

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate the data elements are not applicable.

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State	
Individual Marketplace (SBM)- Does not include SHOP							
1	QHP eligible -Any assistance	Number of QHP eligible individuals in the reference period that received <i>any</i> assistance.	FPL	<100%	ASSIST_ANY_FPL1	Number	
2				≥100 - ≤138%	ASSIST_ANY_FPL2	Number	
3				>138 - ≤150%	ASSIST_ANY_FPL3	Number	
4				>150 - ≤200%	ASSIST_ANY_FPL4	Number	
5				>200 - ≤250%	ASSIST_ANY_FPL5	Number	
6				>250 - ≤300%	ASSIST_ANY_FPL6	Number	
7				>300- ≤400%	ASSIST_ANY_FPL7	Number	
8				>400%	ASSIST_ANY_FPL8	Number	
9				unknown	ASSIST_ANY_FPL9	Number	
10			Rural/Non-Rural	Rural			
11				Non-Rural			
12				Unknown			
13				Total		ASSIST_ANY_TOTAL	Number

14	QHP eligible -No assistance	Number of QHP eligible individuals in the reference period that did not receive any assistance.	FPL	<100%	ASSIST_NONE_FPL1	Number	
15				≥100 - ≤138%	ASSIST_NONE_FPL2	Number	
16				>138 - ≤150%	ASSIST_NONE_FPL3	Number	
17				>150 - ≤200%	ASSIST_NONE_FPL4	Number	
18				>200 - ≤250%	ASSIST_NONE_FPL5	Number	
19				>250 - ≤300%	ASSIST_NONE_FPL6	Number	
20				>300 - ≤400%	ASSIST_NONE_FPL7	Number	
21				>400%	ASSIST_NONE_FPL8	Number	
22				unknown	ASSIST_NONE_FPL9	Number	
23			Rural/Non-Rural	Rural			
24	Non-Rural						
25	Unknown						
26	Total			ASSIST_NONE_TOTAL	Number		
27	QHP eligible - Navigator	Number of QHP eligible individuals in the reference period with assistance from a navigator.	FPL	<100%	ASSIST_NAV_FPL1	Number	
28				≥100 - ≤138%	ASSIST_NAV_FPL2	Number	
29				>138 - ≤150%	ASSIST_NAV_FPL3	Number	
30				>150 - ≤200%	ASSIST_NAV_FPL4	Number	
31				>200 - ≤250%	ASSIST_NAV_FPL5	Number	
32				>250 - ≤300%	ASSIST_NAV_FPL6	Number	
33				>300 - ≤400%	ASSIST_NAV_FPL7	Number	
34				>400%	ASSIST_NAV_FPL8	Number	
35				unknown	ASSIST_NAV_FPL9	Number	
36			Rural/Non-Rural	Rural			
37	Non-Rural						
38	Unknown						
39	Total			ASSIST_NAV_TOTAL	Number		
40	QHP eligible-IPA	Number of QHP eligible individuals in the reference period with assistance from an In-Person Assister (IPA).	FPL	<100%	ASSIST_IPA_FPL1	Number	
41				≥100 - ≤138%	ASSIST_IPA_FPL2	Number	
42				>138 - ≤150%	ASSIST_IPA_FPL3	Number	
43				>150 - ≤200%	ASSIST_IPA_FPL4	Number	
44				>200 - ≤250%	ASSIST_IPA_FPL5	Number	
45				>250 - ≤300%	ASSIST_IPA_FPL6	Number	
46				>300 - ≤400%	ASSIST_IPA_FPL7	Number	
47				>400%	ASSIST_IPA_FPL8	Number	
48				unknown	ASSIST_IPA_FPL9	Number	
49			Rural/Non-Rural	Rural			
50	Non-Rural						
51	Unknown						
52	Total			ASSIST_IPA_TOTAL	Number		

53	QHP eligible-CAC	Number of QHP eligible individuals in the reference period with assistance from a Certified Application Counselor (CAC).	FPL	<100%	ASSIST_CAC_FPL1	Number		
54				≥100 - ≤138%	ASSIST_CAC_FPL2	Number		
55				>138 - ≤150%	ASSIST_CAC_FPL3	Number		
56				>150 - ≤200%	ASSIST_CAC_FPL4	Number		
57				>200 - ≤250%	ASSIST_CAC_FPL5	Number		
58				>250 - ≤300%	ASSIST_CAC_FPL6	Number		
59				>300 - ≤400%	ASSIST_CAC_FPL7	Number		
60				>400%	ASSIST_CAC_FPL8	Number		
61				unknown	ASSIST_CAC_FPL9	Number		
62			Rural/Non-Rural	Rural				
63				Non-Rural				
64				Unknown				
65			Total			ASSIST_CAC_TOTAL	Number	
66			QHP eligible-Broker	Number of QHP eligible individuals in the reference period with assistance from an Agent or a Broker (includes web broker).	FPL	<100%	ASSIST_BKR_FPL1	Number
67	≥100 - ≤138%	ASSIST_BKR_FPL2				Number		
68	>138 - ≤150%	ASSIST_BKR_FPL3				Number		
69	>150 - ≤200%	ASSIST_BKR_FPL4				Number		
70	>200 - ≤250%	ASSIST_BKR_FPL5				Number		
71	>250 - ≤300%	ASSIST_BKR_FPL6				Number		
72	>300 - ≤400%	ASSIST_BKR_FPL7				Number		
73	>400%	ASSIST_BKR_FPL8				Number		
74	unknown	ASSIST_BKR_FPL9				Number		
75	Rural/Non-Rural	Rural						
76		Non-Rural						
77		Unknown						
78	Total				ASSIST_BKR_TOTAL	Number		
79	QHP eligible-other assistance	Number of QHP eligible individuals in the reference period with assistance from an entity or person not in the list (e.g., Community Health Centers).			FPL	<100%	ASSIST_OTHER_FPL1	Number
80			≥100 - ≤138%	ASSIST_OTHER_FPL2		Number		
81			>138 - ≤150%	ASSIST_OTHER_FPL3		Number		
82			>150 - ≤200%	ASSIST_OTHER_FPL4		Number		
83			>200 - ≤250%	ASSIST_OTHER_FPL5		Number		
84			>250 - ≤300%	ASSIST_OTHER_FPL6		Number		
85			>300 - ≤400%	ASSIST_OTHER_FPL7		Number		
86			>400%	ASSIST_OTHER_FPL8		Number		
87			unknown	ASSIST_OTHER_FPL9		Number		
88			Rural/Non-Rural	Rural				
89				Non-Rural				
90				Unknown				
91			Total			ASSIST_OTHER_TOTAL	Number	

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

SHOP

Description: Data used to report employer and employee SHOP QHP activity. Do not include information about SADPs except in the ONE cell where it is specifically requested. Data elements about dependents includes both spouse/partner and children (≤25 yrs.). Enrolled means first premium payment by employer and employee submitted.

Unit: Varies by data element

Population Included: Varies by data element

Source for Data Breakouts: Two group size data breakouts, referring to either the number of employees on census/roster submitted by the employer to the SHOP or the number of enrolled employees

First Reference Period: 1/1/2015 - 3/31/2015. For all metrics on SHOP marketplace, please report data based on QHPs that begin sometime in the 2015 coverage year (any time from January 1, 2015 through December 31, 2015).

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are

State	Please select in 'Current Coverage' tab
Reference Period	(Please select from list)

#	Data Element	Data Element Description	Data Breakouts	Data Element Name	Data Type	Data from State
SHOP						
1	Employers	Total number of employers who completed an application through SHOP.	Group Size - All Employees	1<=Employees<=9		
2				10<=Employees<=24		
3				25<=Employees<=50		
4				51<=Employees<=100		
5				Employees>100		
6			Total	SHOP_EMP_APP	Number	
7		New Employers, Plan Selection: Number of employers selecting a 2015 QHP/metal level through SHOP who were not enrolled in a 2014 SHOP QHP	Group Size - All Employees	1<=Employees<=9		
8				10<=Employees<=24		
9				25<=Employees<=50		
10				51<=Employees<=100		
11				Employees>100		
12			Total			
13		Returning Employers, Plan Selection: Number of employers selecting a 2015 QHP/metal level through SHOP who were enrolled in a 2014 SHOP QHP	Group Size - All Employees	1<=Employees<=9		
14				10<=Employees<=24		
15				25<=Employees<=50		
16				51<=Employees<=100		
17				Employees>100		
18			Total			
19		New Employers: Number of enrolled employers during the 2015 coverage year. Calculate the cumulative number of employers who selected a 2015 QHP/metal level through SHOP and paid a premium - employers who were not enrolled in a 2014 SHOP QHP.	Group Size - All Employees	1<=Employees<=9		
20				10<=Employees<=24		
21				25<=Employees<=50		
22				51<=Employees<=100		
23				Employees>100		
24			Total			
25	Returning Employers: Number of enrolled employers during the 2015 coverage year. Calculate the cumulative number of employers who selected a 2015 QHP/metal level through SHOP and paid a premium (employers who were enrolled in a 2014 SHOP QHP).	Group Size - All Employees	1<=Employees<=9			
26			10<=Employees<=24			
27			25<=Employees<=50			
28			51<=Employees<=100			
29			Employees>100			
30		Total				

31	Employee Choice	Total number of employers offering dependent coverage through a SHOP QHP.	Total	SHOP_EMP_DEP	Number	
32		Total number of employers offering Stand-alone Dental Plan (SADP) coverage at some point during the reference period.	Total	SHOP_EMP_DENTAL	Number	
33		Total number of employers offering a single SHOP QHP to employees	Total	SHOP_EMP_CHOICE1	Number	
34		Total number of employers offering two or more SHOP QHPs to employees.	Total	SHOP_EMP_CHOICE2	Number	
35		Total number of employers offering all SHOP QHPs at a single metal level of coverage (states where employers cannot offer more than one QHP should enter -999 for not applicable).	Total	SHOP_EMP_CHOICE3	Number	
36		Total number of employers offering all SHOP QHPs at all metal levels of coverage (states where employers cannot offer more than one QHP should enter -999 for not applicable).	Total	SHOP_EMP_CHOICE4	Number	
37		Total number of employers offering SHOP QHPs from a single insurance carrier across all metal levels of coverage (states where employers cannot offer more than one QHP should enter -999 for not applicable).	Total	SHOP_EMP_CHOICES5	Number	
38		Total number of employers offering SHOP QHPs from all insurance carriers across two contiguous metal levels of coverage (states where employers cannot offer more than one QHP should enter -999 for not applicable).	Total	SHOP_EMP_CHOICE6	Number	
39	Employees	Total number of employees (excluding dependents) enrolled through a SHOP QHP during reference period, by employer size. Calculate the cumulative number of employees who selected a SHOP QHP for coverage during the 2015 coverage year and paid a premium.	Group Size- All Employees	1<=Employees<=9		
40				10<=Employees<=24		
41				25<=Employees<=50		
42				51<=Employees<=100		
43				Employees>100		
44				Total		
45		Total number of employees plus dependents (covered lives) enrolled through a SHOP QHP during reference period, by employer size. Calculate the cumulative number of employees and their dependents who selected a QHP through SHOP for coverage during the 2015 coverage year and paid a premium.	Group Size- All Employees	1<=Employees<=9		
46				10<=Employees<=24		
47				25<=Employees<=50		
48				51<=Employees<=100		
49	Employees>100					
50	Total					
51	Total number of employees on employee <u>roster</u> -submitted by employers.	Group Size- Employees on Roster	1<=Employees<=9			
52			10<=Employees<=24			
53			25<=Employees<=50			
54			51<=Employees<=100			
55			Employees>100			
56			Total	SHOP_EE_ROSTERTOT	Number	

57	Enrollment Assistance to Employers	Total number of agents/brokers registered for SHOP (including web brokers or related organizations such as third party assistors). Some states may not register agents/broker with the SHOP only, but instead register agents/broker with the marketplace (individual and SHOP combined). In that case, please report the number of agents/brokers registered with the marketplace.	Total		SHOP_ASSIST_TOTBKR	Number	
58		Total number of employer applications submitted with agent/broker assistance (including web brokers or related organizations such as third party assistors) as of the last day in the reference period.	Group Size- Enrolled Employees	1 <= Employees <= 9			
59				10 <= Employees <= 25			
60				26 <= Employees <= 50			
61				51 <= Employees <= 74			
62				75 <= Employees <= 100			
63		Employees > 100					
64		Total		SHOP_ASSIST_BKR	Number		
65	Total number of employer applications submitted with Navigator assistance	Total		SHOP_ASSIST_NAV	Number		
66	Total number of employer applications submitted with assistance other than from agent/broker or navigator.	Total		SHOP_ASSIST_OTHER	Number		
67	Total number of employer applications submitted without assistance.	Total		SHOP_ASSIST_NONE	Number		
68	Employer Premium Contribution	Average employer percent contribution to monthly premium for employees with <u>individual</u> coverage through a SHOP QHP. Include only employees with individual, not family, coverage.	Group Size- Enrolled Employees	1 <= Employees <= 9			
69				10 <= Employees <= 24			
70				25 <= Employees <= 50			
71				51 <= Employees <= 100			
72				101 <= Employees			
73			Average across all employers		SHOP_EMP_EMPLOYEE_PREM	Number	
74		Average employer percent contribution to monthly premium for employees with <u>family</u> coverage through a SHOP QHP. Include only employees with family, not individual, coverage.	Group Size- Enrolled Employees	1 <= Employees <= 9			
75	10 <= Employees <= 24						
76	25 <= Employees <= 50						
77	51 <= Employees <= 100						
78	Employees > 100						
79		Average across all employers		SHOP_EMP_FAMILY_PREM	Number		

80	Rates	Lowest individual (employee-only) rate offered in the state for any certified SHOP QHP; the definition for "Individual" for this metric is a 27 year-old.	Bronze	SHOP_LOW_IND_RATE_BRZ	Number	
81			Silver	SHOP_LOW_IND_RATE_SLV	Number	
82			Gold	SHOP_LOW_IND_RATE_GLD	Number	
83			Platinum	SHOP_LOW_IND_RATE_PLT	Number	
84		Highest individual (employee-only) rate offered in the state for any certified SHOP QHP; the definition for "Individual" for this metric is a 27 year-old.	Bronze	SHOP_HIGH_IND_RATE_BRZ	Number	
85			Silver	SHOP_HIGH_IND_RATE_SLV	Number	
86			Gold	SHOP_HIGH_IND_RATE_GLD	Number	
87			Platinum	SHOP_HIGH_IND_RATE_PLT	Number	
88		Lowest family rate offered in the state for any certified SHOP QHP; the definition for "Family" in this metric is a 30 year old employee, 30 year old spouse/partner and 2 children.	Bronze	SHOP_LOW_FAM_RATE_BRZ	Number	
89			Silver	SHOP_LOW_FAM_RATE_SLV	Number	
90			Gold	SHOP_LOW_FAM_RATE_GLD	Number	
91			Platinum	SHOP_LOW_FAM_RATE_PLT	Number	
92		Highest family rate offered in the state for any certified SHOP QHP; the definition for "Family" in this metric is a 30 year old employee, 30 year old spouse/partner and 2 children.	Bronze	SHOP_HIGH_FAM_RATE_BRZ	Number	
93			Silver	SHOP_HIGH_FAM_RATE_SLV	Number	
94			Gold	SHOP_HIGH_FAM_RATE_GLD	Number	
95			Platinum	SHOP_HIGH_FAM_RATE_PLT	Number	

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

Appeals

Description: Data used to understand status of appeals and report mean and median time to resolve appeals. Appeals of all types related to the SBM or SHOP marketplace are included in this metric (e.g., exemption from coverage, eligibility for financial assistance, level of assistance, special enrollment period, small employer eligibility for SHOP, etc.). Include appeals related to Stand-alone Dental Plans (SADPs). Data breakouts are specific to individual-level appeals. SHOP appeals may be included in the total but not in the data breakouts.

Some individuals may contest the marketplace's decision and their appeal would receive a second consideration (for example, by an administrative law judge). In that case, the SBM should consider the contested appeal to be distinct and new submission of an appeal.

Unit: Number of Appeals

Population Included: Appeals submitted within the reference period. If date of submission is unavailable, use date of initiation of appeal. Includes only appeals managed by the state; excludes appeals managed by federal government.

Source for Data Breakouts: Most recent eligibility determination.

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate the data elements are not applicable.

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State	
Combined SBM and SHOP							
1	Appeals- Upheld	Number of appeals that were submitted during the reference period and upheld (unfavorable outcome for consumer).	FPL	<100%	APPEAL_UPHLD_FPL1	Number	
2				≥100 - ≤138%	APPEAL_UPHLD_FPL2	Number	
3				>138 - ≤150%	APPEAL_UPHLD_FPL3	Number	
4				>150 - ≤200%	APPEAL_UPHLD_FPL4	Number	
5				>200 - ≤250%	APPEAL_UPHLD_FPL5	Number	
6				>250 - ≤300%	APPEAL_UPHLD_FPL6	Number	
7				>300 - ≤400%	APPEAL_UPHLD_FPL7	Number	
8				>400%	APPEAL_UPHLD_FPL8	Number	
9				unknown	APPEAL_UPHLD_FPL9	Number	
10			Application Assistance		Any	APPEAL_UPHLD_ANY	Number
11					None	APPEAL_UPHLD_NONE	Number
12					Total	APPEAL_UPHLD_TOTAL	Number

13	Appeals- Reversed	Number of appeals that were submitted during the reference period and <u>reversed (favorable outcome for consumer)</u> .	FPL	<100%	APPEAL_RVSD_FPL1	Number	
14				≥100 - ≤138%	APPEAL_RVSD_FPL2	Number	
15				>138 - ≤150%	APPEAL_RVSD_FPL3	Number	
16				>150 - ≤200%	APPEAL_RVSD_FPL4	Number	
17				>200 - ≤250%	APPEAL_RVSD_FPL5	Number	
18				>250 - ≤300%	APPEAL_RVSD_FPL6	Number	
19				>300 - ≤400%	APPEAL_RVSD_FPL7	Number	
20				>400%	APPEAL_RVSD_FPL8	Number	
21				unknown	APPEAL_RVSD_FPL9	Number	
22			Application Assistance	Any	APPEAL_RVSD_ANY	Number	
23				None	APPEAL_RVSD_NONE	Number	
24		Total	APPEAL_RVSD_TOTAL	Number			
25	Appeals- Withdrawn, Dismissed, or Halted	Number of appeals that were submitted during the reference period and <u>withdrawn, dismissed, or halted</u> .	FPL	<100%	APPEAL_WDH_FPL1	Number	
26				≥100 - ≤138%	APPEAL_WDH_FPL2	Number	
27				>138 - ≤150%	APPEAL_WDH_FPL3	Number	
28				>150 - ≤200%	APPEAL_WDH_FPL4	Number	
29				>200 - ≤250%	APPEAL_WDH_FPL5	Number	
30				>250 - ≤300%	APPEAL_WDH_FPL6	Number	
31				>300 - ≤400%	APPEAL_WDH_FPL7	Number	
32				>400%	APPEAL_WDH_FPL8	Number	
33				unknown	APPEAL_WDH_FPL9	Number	
34			Application Assistance	Any	APPEAL_WDH_ANY	Number	
35				None	APPEAL_WDH_NONE	Number	
36		Total	APPEAL_WDH_TOTAL	Number			
37	Appeals- Unresolved	Number of appeals that were submitted during the reference period and remain <u>unresolved</u> (meaning in progress or pending and not halted).	FPL	<100%	APPEAL_UNRES_FPL1	Number	
38				≥100 - ≤138%	APPEAL_UNRES_FPL2	Number	
39				>138 - ≤150%	APPEAL_UNRES_FPL3	Number	
40				>150 - ≤200%	APPEAL_UNRES_FPL4	Number	
41				>200 - ≤250%	APPEAL_UNRES_FPL5	Number	
42				>250 - ≤300%	APPEAL_UNRES_FPL6	Number	
43				>300 - ≤400%	APPEAL_UNRES_FPL7	Number	
44				>400%	APPEAL_UNRES_FPL8	Number	
45				unknown	APPEAL_UNRES_FPL9	Number	
46			Application Assistance	Any	APPEAL_UNRES_ANY	Number	
47				None	APPEAL_UNRES_NONE	Number	
48		Total	APPEAL_UNRES_TOTAL	Number			

49	Appeals- Median Time	Median number of calendar days to resolve appeals that were submitted during the reference period. Only include appeals that were <u>upheld or reversed</u> (no decimals).	FPL	<100%	APPEAL_MEDIAN_FPL1	Number	
50				≥100 - ≤138%	APPEAL_MEDIAN_FPL2	Number	
51				>138 - ≤150%	APPEAL_MEDIAN_FPL3	Number	
52				>150 - ≤200%	APPEAL_MEDIAN_FPL4	Number	
53				>200 - ≤250%	APPEAL_MEDIAN_FPL5	Number	
54				>250 - ≤300%	APPEAL_MEDIAN_FPL6	Number	
55				>300 - ≤400%	APPEAL_MEDIAN_FPL7	Number	
56				>400%	APPEAL_MEDIAN_FPL8	Number	
57				unknown	APPEAL_MEDIAN_FPL9	Number	
58			Application Assistance	Any	APPEAL_MEDIAN_ANY	Number	
59				None	APPEAL_MEDIAN_NONE	Number	
60				Total		APPEAL_MEDIAN_TOTAL	Number
61	Appeals- Average Time	Average number of calendar days to resolve appeals that were submitted during the reference period. Only include appeals that were <u>upheld or reversed</u> (no decimals).	FPL	<100%		Number	
62				≥100 - ≤138%		Number	
63				>138 - ≤150%		Number	
64				>150 - ≤200%		Number	
65				>200 - ≤250%		Number	
66				>250 - ≤300%		Number	
67				>300 - ≤400%		Number	
68				>400%		Number	
69				unknown		Number	
70			Application Assistance	Any		Number	
71				None		Number	
72				Total			Number

Complaints

Description: Data used to understand number, type, and resolution time of complaints about the marketplace that were submitted during the reference period. Include only complaints that were accepted by

Unit: Varies by data element

Population Included: Includes all complaints associated with either the SBM and the SHOP that were submitted during the reference period and accepted by the SBM. Include complaints related to Stand-alone Dental Plans (SADPs). Counts of complaints includes only complaints submitted during the reference period. Time to resolve complaints includes only complaints that were resolved during the reference period, whether they were submitted during the reference period or in a previous reference period. Exclude complaints that were unresolved as of the last day of the reference period.

Source for Data Breakouts: N/A

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State
Combined SBM and SHOP						
1	Number of Complaints	Number of complaints submitted during the reference period that were resolved or unresolved as of the last day in the reference period.	Complaint Status	Resolved	COMPLAINTS_RESOLVED	Number
2				Unresolved	COMPLAINTS_UNRESOLVED	Number
3			Total Number of Complaints	COMPLAINTS_TOTAL	Number	
4	Time to Resolve Complaints -Average	Average time between the day the complaint was received to the date the complaint was resolved. Report average calendar days (no decimals). Include only complaints that were resolved during the reference period, whether they were submitted during the reference period or in a previous reference period. Exclude complaints that were unresolved as of the last day of the reference period.	Average Number of Days	COMPLAINTS_RESOLVEDTIME	Number	

5	Time to Resolve Complaints - Median	Median time between the day the complaint was received to the date the complaint was resolved. Report average calendar days (no decimals). Include only complaints that were resolved during the reference period, whether they were submitted during the reference period or in a previous reference period. Exclude complaints that were unresolved as of the last day of the reference period.	Median Number of Days			
6	Complaints by Topic	Number of complaints submitted during the reference period and associated with the following topics.	Difficulties with website	COMPLAINTS_WEB	Number	
7			Difficulties with phone contact	COMPLAINTS_PHONE	Number	
8			Problem with plan/benefit	COMPLAINTS_PLAN	Number	
9			Problem with eligibility and/or financial assistance determination			

Exemptions

Description: Data used to understand the number of individuals that applied for an exemption and received an exemption during the reference period.

Unit: Number of individuals

Population Included: Includes all applications for exemptions from coverage that were submitted to the state during the reference period or granted during the reference period

Source for Data Breakouts: N/A

First Reference Period: 11/15/2014 - 3/31/2015

Notes: If no data matches the restrictions of a particular data element, enter "0" (zero). If the data are believed to be reportable in the future, but are not reportable at the time that the data are submitted, enter "-888" to indicate the data are not available. If it is not possible to report a data element because of the way the marketplace is operated, enter "-999" to indicate

State	Please select in 'Current Coverage' tab
Reference Period	Please select in 'Current Coverage' tab.

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Data from State
Individual Marketplace (SBM)- Does not include SHOP						
1	Applications for Exemptions	Number of individuals that submitted an application for exemption during the reference period.	Total	EXEMPTIONS_APPLIED	Number	
2	Exemptions Granted	Number of individuals that received an exemption during the reference period. Includes applications submitted in the previous reference period that were not granted until the current reference period	Total	EXEMPTIONS_GRANTED	Number	

States		
Please select in 'Current Coverage' tab		
California	CA	SBM
Colorado	CO	SBM
Connecticut	CT	SBM
District of Columbia	DC	SBM
Hawaii	HI	SBM
Idaho	ID	SBM
Kentucky	KY	SBM
Maryland	MD	SBM
Massachusetts	MA	SBM
Minnesota	MN	SBM
Mississippi	MS	SHOP only (FFM individual)
New York	NY	SBM
New Mexico	NM	SHOP only (FSSBM individual)
Rhode Island	RI	SBM
Utah	UT	SHOP only (FFM individual)
Vermont	VT	SBM
Washington	WA	SBM

Reporting Dates	Quarter
Please select in 'Current Coverage' tab.	
Nov 15, 2014 - March 31, 2015	Q1
Nov 15, 2014 - June 30, 2015	Q2
Nov 15, 2014 - Sept 30, 2015	Q3
Nov 15, 2014 - Dec 30, 2015	Q4
(TBD, Time Period based on Calendar Year)	

(Please select from list)	
Jan 1, 2015 - March 31, 2015	
Jan 1, 2015 - June 30, 2015	
Jan 1, 2015 - Sept 30, 2015	
Jan 1, 2015 - Dec 30, 2015	
(TBD, Time Period based on Calendar Year)	

State	2015 Operations
CA	SBM
CO	SBM
CT	SBM
DC	SBM
HI	SBM
ID	SBM
KY	SBM
MD	SBM
MA	SBM
MN	SBM
MS	SHOP only (FFM individual)
NV	FSSBM
NM	SHOP only (FSSBM individual)
NY	SBM
OR	FSSBM
RI	SBM
UT	SHOP only (FFM individual)
VT	SBM
WA	SBM