# State Based Marketplace Data Collection Template: Open Enrollment Period Weekly/Expanded Reporting and Monthly Medicaid/CHIP Continuous Coverage Unwinding Reporting

Genera	al	
1	Total Plan Selections (net)*	Count of unique individuals who have selected a Plan Year (PY) 20XX Marketplace medical plan. Count includes all new and re-enrolling consumers (defined in indicators 2 and 3), regardless of whether the consumer has paid the first month premium. Count does not include plans that were canceled or terminated. <b>Instant check:</b> This metric should total the sum of new consumers (2) and total re-enrollees (3).
2	New Consumers (net)	Count of unique individuals who have selected a (PY) 20XX Marketplace medical plan, where the consumer had non- canceled (PY) 20XX Marketplace medical coverage on or after 11/1/20XX. Count includes consumers who either returned to the Marketplace and actively selected a (PY) 20XX Marketplace medical coverage or were automatically enrolled into a (PY) 20XX Marketplace medical coverage. Count does not include plans that were canceled or terminated.
3	Total Re-enrollees (net)	Count of unique individuals who have selected a (PY) 20XX Marketplace medical plan, where the consumer had non- canceled (PY) 20XX Marketplace medical coverage on 11/1/20XX. Count includes consumers who either returned to the Marketplace and actively selected a (PY) 20XX Marketplace medical coverage or were automatically enrolled into a (PY) 20XX Marketplace medical coverage. Count does not include plans that were canceled or terminated. <b>Instant check:</b> This metric should total the sum of active re-enrollees (4) and automatic re-enrollees (5).
4	Active Re-enrollees (net)*	Count of unique individuals who returned to the Marketplace to actively select a (PY) 20XX Marketplace medical plan, where the consumer had non-canceled (PY) 20XX Marketplace medical coverage on or after 11/1/20XX. Count does not include plans that were canceled or terminated.
5	Automatic Re-enrollees (net)*	Count of unique individuals who were automatically re-enrolled into a (PY) 20XX Marketplace medical plan, where the consumer had non-canceled (PY) 20XX Marketplace medical coverage on or after 11/1/20XX. Count does not include plans that were canceled or terminated.

6	Number of Submitted Applications (gross)*	Total count of submitted electronic and paper applications. When a consumer is renewed into a plan, whether automatic or active, that should be counted as an application submission. Updated applications should not be counted as an additional application. *Non-Integrated SBMs include account transfers or incomplete applications.
7	Consumers on Applications Submitted (gross)*	Total count of individuals requesting coverage on submitted applications. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. *Non-Integrated SBMs include account transfers or incomplete applications.
8	Consumers Determined Eligible for Medicaid/CHIP (gross)	Count of individuals on submitted applications who are determined or assessed eligible for enrollment in Medicaid or CHIP. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should be counted, but should not be counted in Indicator 9.
9	Consumers Eligible for QHP (gross)*	Count of individuals on submitted applications who were determined eligible for enrollment in a (PY) 20XX Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.
11	Consumers with a 20XX Plan Selection as of 11/1/20XX (ONE TIME)	Count of unique individuals with non-canceled (PY) 20XX coverage ending on or after November 1, 20XX.
12	New Consumers without a Previous Marketplace Application (net)	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer did not submit a (PY) 20XX Marketplace application.
13	New Consumers with a Prior Application but No Plan Selection (net)	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer submitted a (PY) 20XX Marketplace but did not make a plan selection for (PY) 20XX Marketplace medical coverage.
14	New Consumers with a Prior Plan Selection but No Coverage on November 1, 20XX (net)	Count of unique individual with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer made a (PY) 20XX Marketplace medical plan selection but did not have (PY) 20XX Marketplace medical coverage on or after 11/1/20XX.

20	Cancellations and Terminations (gross)	Count of individuals who have canceled their (PY) 20XX Marketplace medical plan or had their (PY) 20XX Marketplace medical plan terminated by the issuer or Exchange during Open Enrollment. All cancellations and terminations should be counted. For example, if an individual selects a plan in November and immediately cancels it, then selects another plan in December and again immediately cancels it, both cancellations should be counted.
Financ	ial Assistance/Premiums	
21	Number of Plan Selections with Financial Assistance (net)*	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSRs. This count includes consumers with APTC and CSRs (22), consumers with only APTC (23), and consumers with only CSRs (24).
22	Number of Plan Selections with both CSR and APTC (net)	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSRs. Count includes consumers with APTC and CSRs. Consumers with only APTC or with only CSRs should not be counted.
23	Number of Plan Selections with APTC only (net)	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0. Consumers with CSRs should not be counted.
24	Number of Plan Selections with CSR only (net)	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer receives CSR in an amount greater than \$0. Count may include consumers who are eligible to receive APTC but have elected not to receive APTC.
25	Number of Plan Selections without Financial Assistance (net)	Count of unique individuals with a non-canceled (PY) 20XX Marketplace medical plan selection, where the consumer is not eligible to receive APTC, is eligible but elects not to receive APTC, and/or does not receive CSRs.
26	Average Premium for All Consumers with a Plan Selection (net)	The average per person monthly premium for all consumers with a non-canceled (PY) 20XX Marketplace medical plan selection, before the application of any APTC.
27	Average Premium for all Consumers with a Plan Selection after APTC (net)	The average per person monthly premium for all consumers with a non-canceled (PY) 20XX Marketplace medical plan selection, after the application of APTC. That is, where the consumer receives APTC, the policy premium should be reduced by the APTC amount before being included in the numerator. The denominator should be the total covered lives.
28	Average APTC Amount for All Consumers with a Plan Selection Receiving APTC (net)	The average per person monthly APTC for all consumers with a non-canceled (PY) 20XX Marketplace medical plan selection, who have elected to receive an APTC amount greater than \$0.

29	Average Premium after APTC for All Consumers with a Plan Selection	The average per person monthly premium for all consumers with a non-canceled (PY) 20XX Marketplace medical plan selection, who have elected to receive an APTC amount greater than \$0, after the application of APTC.
	Receiving APTC (net)	
Demog	graphics	
30	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who are age of 0 -
	Selections where age is 0 - 17 (net)	17. Age represents the recorded age as of the policy effective coverage date.
31	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who age of 18 - 25.
	Selections where age is 18 - 25 (net)	Age represents the recorded age as of the policy effective coverage date.
31.1	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who are age 26 -
	Selections where age is 26 - 34 (net)	34. Age represents the recorded age as of the policy effective coverage date.
32	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who are age of 35
	Selections where age is 35 - 44 (net)	44. Age represents the recorded age as of the policy effective coverage date.
32.1	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who are age 45 -
	Selections where age is 45 - 54 (net)	54. Age represents the recorded age as of the policy effective coverage date.
33	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who are age of 55
	Selections where age is 55 - 64 (net)	64. Age represents the recorded age as of the policy effective coverage date.
33.1	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who are age $\geq$ 65.
	Selections where age is ≥ 65 (net)	Age represents the recorded age as of the policy effective coverage date.
34	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and whose age is
	Selections where age is	unknown. Age represents the recorded age as of the policy effective coverage date.
	unknown (net)	
35	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and whose gender is
	Selections where gender is Female (net)	Female, according to the selected policy.
36	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and whose gender is
	Selections where	Male, according to the selected policy.
	closure Statement. According to the	Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control

	gender is Male (net)	
37	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and whose gender is
	Selections where	unknown, according to the selected policy.
	gender is Unknown	
	(net)	
38	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who have
	Selections where	indicated they were Mexican, Mexican American or Chicano/a, Puerto Rican, Cuban, or "other ethnicity" on their
	Race/Ethnicity is	application.
	Hispanic or Latino (net)	
39	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who have
	Selections where	indicated they were white on their application.
	Race/Ethnicity is White	
	(net)	
40	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace Medical plan and who have
	Selections where	indicated they were black or African American on their application.
	Race/Ethnicity is	
	African American (net)	
41	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace Medical plan and who have
	Selections where	indicated they were Asian Indian, Chinese, Filipino, Korean, Vietnamese, Japanese, or "other Asian" on their application.
	Race/Ethnicity is Asian	
	(net)	
42	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace Medical plan and who have
	Selections where	indicated they were Guamanian or Chamorro, Native Hawaiian, Samoan, or Other Pacific Islander on their application.
	Race/Ethnicity is Native	
	Hawaiian/Pacific	
	Islander (net)	
43	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace Medical plan and who have
	Selections where	indicated they were American Indian or Alaska Native on their application.
	Race/Ethnicity is	
	American Indian/Alaska	
	Native (net)	
44	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace Medical plan and who have
	Selections where	indicated more than one distinct racial: American Indian / Alaska Native, Asian, Native Hawaiian / Pacific Islander, African-
	Race/Ethnicity is Multi-	American, and White on their application.

	Racial (net)	
45	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace Medical plan and who did not
	Selections where	indicate a race on their application.
	Race/Ethnicity is	
	Unknown (net)	
46	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan where the metal level
	Selections where Metal	is Platinum.
	Level is Platinum (net)	
47	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan where the metal level
	Selections where Metal	is Gold.
	Level is Gold (net)	
48	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan where the metal level
	Selections where Metal	is Silver.
	Level is Silver (net)	
49	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan where the metal level
	Selections where Metal	is Bronze.
	Level is Bronze (net)	
50	Number of Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan where the metal level
	Selections where Metal	is Catastrophic.
	Level is Catastrophic	
	(net)	
51	Consumers with a Plan	Count of unique individuals in households with income less than 100% of FPL who have selected a non-canceled (PY) 20XX
	Selection and Income <	Marketplace medical plan.
	100%	
52	Consumers with a Plan	Count of unique individuals in households with income greater than or equal to 100% and less than or equal to 150% of
	Selection and Income ≥	FPL who have selected a non-canceled (PY) 20XX Marketplace medical plan.
	100% FPL and ≤ 150%	
	FPL (net)	
53	Consumers with a Plan	Count of unique individuals in households with income greater than 150% and less than or equal to 200% of FPL who have
	Selection and Income >	selected a non-canceled (PY) 20XX Marketplace medical plan.
	150% FPL and ≤ 200%	
	FPL (net)	
54	Consumers with a Plan	Count of unique individuals in households with income greater than 200% and less than or equal to 250% of FPL who have
	Selection and Income >	selected a non-canceled (PY) 20XX Marketplace medical plan.

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	200% FPL and ≤ 250% FPL (net)	
54.1	Consumers with a Plan Selection and Income > 250% FPL and ≤ 300% FPL (net)	Count of unique individuals in households with income greater than 250% and less than or equal to 300% of FPL who have selected a non-canceled (PY) 20XX Marketplace medical plan.
54.2	Consumers with a Plan Selection and Income > 300% FPL and ≤ 350% FPL (net)	Count of unique individuals in households with income greater than 300% and less than or equal to 350% of FPL who have selected a non-canceled (PY) 20XX Marketplace medical plan.
54.3	Consumers with a Plan Selection and Income > 350% FPL and ≤ 400% FPL (net)	Count of unique individuals in households with income greater than 350% and less than or equal to 400% of FPL who have selected a non-canceled (PY) 20XX Marketplace medical plan.
55	Consumers with a Plan Selections and Income > 400% FPL (net)	Count of unique individuals in households with income greater than 400% who have selected a non-canceled (PY) 20XX Marketplace medical plan.
56	Number of Plan Selections where Income as a Percent of FPL is Unknown (net)	Count of unique individuals in households with non-reported income and who have selected a non-canceled (PY) 20XX Marketplace medical plan. Count should include individuals who do not report income because they are not requesting financial assistance.
Operat	· · ·	
5759	Call Center Volume	The total number of incoming calls received by the call center. Repeat calls from the same number should be counted separately.
58	Call Center Wait Time (in seconds)	The average wait time, rounded to the nearest second, for each incoming call to the call center.
59	Calls Abandoned	The number of incoming calls terminated while waiting to speak to a call center representative.
60	Average Call Handle Time (in seconds)	The average amount of time, rounded to the nearest second, spent by call center representatives on each individual call.
61	Number of Website Visits	The count of webpage and mobile application visits of each IP address that has not made a webpage or mobile application visit within the last 30 minutes. For example, if IP address 147.194.0.3 requests the webpage at 12:30 PM and 1:01 PM, that gets counted as 2 visits. If IP address 147.194.0.3 requests the webpage at 1:24, 1:54, and 1:56, this counts as 1 visit. At 1:24, there was no previous request within 30 minutes; at 1:54, there was a previous request exactly 30 minutes prior, and at 1:56 there was a previous request at 1:54. A subsequent request by that same IP address at 3:00 PM would be a

		new visit.
62	Number of Website Unique Visitors	The count of the unique IP addresses requesting the webpage or mobile application (e.g. IP 147.194.0.3 requests, gets counted as 1 unique visitor). A single person using dynamic IP address assignment (identified by login to the same Exchange account or some other method) should still be counted as two unique visitors if the IP addresses differ at the time of login.
63	Planned Website Downtime (gross)	The amount of planned downtime for the Exchange website, rounded to the nearest second.
64	Unplanned Website Downtime (gross)	The amount of unplanned downtime for the Exchange website, rounded to the nearest second.
65	Plan Selections with Any Assistance (net)	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who received any form of personal assistance with enrollment. Assistance may have been provided by a navigator, certified application counselor (CAC), the call center, in-person assister, agent, or broker.
66	Plan Selections with Agent/Broker Assistance (net)	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who received personal assistance with enrollment from an agent or broker. This count should only include individuals who received assistance from an agent or broker.
67	Plan Selections with Other Assistance (net)	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who received personal assistance with enrollment from someone other than an agent or broker. This count should only include individuals who received assistance from a source other than an agent or broker. Such assistance may have been provided by a navigator, certified application counselor (CAC), the call center, or in-person assister.
68	Plan Selections with No Assistance (net)	Count of unique individuals who have selected a non-canceled (PY) 20XX Marketplace medical plan and who received no personal assistance with enrollment.
ssuers	1	
69	Plan Selection by Issuer: Issuer 1	
70	Plan Selection by Issuer: Issuer 2	
71	Plan Selection by Issuer: Issuer 3	
72	Plan Selection by Issuer: Issuer 4	
73	Plan Selection by Issuer: Issuer 5	
74	Plan Selection by Issuer: Issuer 6	
75	Plan Selection by Issuer:	
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	Issuer 7	
76	Plan Selection by Issuer:	
	Issuer 8	
77	Plan Selection by Issuer:	
	Issuer 9	
78	Plan Selection by Issuer:	
	Issuer 10	
79	Plan Selection by Issuer: Issuer 11	
80	Plan Selection by Issuer:	
00	Issuer 12	
81	Plan Selection by Issuer:	
	Issuer 13	
82	Plan Selection by Issuer:	
	Issuer 14	
83	Plan Selection by Issuer:	
	Issuer 15	
83.1	Plan Selection by Issuer: Issuer 16	
83.2	Plan Selection by Issuer:	
03.2	Issuer 17	
83.3	Plan Selection by Issuer:	
	Issuer 18	
83.4	Plan Selection by Issuer:	
	Issuer 19	
83.5	Plan Selection by Issuer:	
0.4	Issuer 20 Name Issuer 1	
84		
85	Name Issuer 2	
86	Name Issuer 3	
87	Name Issuer 4	
88	Name Issuer 5	
89	Name Issuer 6	
90	Name Issuer 7	
91	Name Issuer 8	
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92	Name Issuer 9		
93	Name Issuer 10		
94	Name Issuer 11		
95	Name Issuer 12		
96	Name Issuer 13		
97	Name Issuer 14		
98	Name Issuer 15		
98.1	Name Issuer 16		
98.2	Name Issuer 17		
98.3	Name Issuer 18		
98.4	Name Issuer 19		
98.5	Name Issuer 20		
Stand-a	Stand-alone Dental Plans		
99	Total SADP Plan	Count of unique individuals who have selected a (PY) 20XX SADP. Count does not include plans that were canceled or	
	Selections (net)	terminated.	
100	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age 0 - 17. Age represents the	
	Selections where age is	recorded age as of the policy effective coverage date.	
	0 - 17 (net)		
101	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age 18 - 25. Age represents the	
	Selections where age 18	recorded age as of the policy effective coverage date.	
101.1	- 25 (net) Number of SADP Plan	Count of unique individuals who have calculated a new concelled (DV) $2000$ (ADD and who are ass $24 - 24$ . Ass represents the	
101.1	Selections where age is	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age 26 - 34. Age represents the recorded age as of the policy effective coverage date.	
	26 - 34 (net)	recorded age as of the policy effective coverage date.	
102	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age 35 - 44. Age represents the	
	Selections where age 35	recorded age as of the policy effective coverage date.	
	- 44 (net)		
102.1	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age 45 - 54. Age represents the	
	Selections where age is	recorded age as of the policy effective coverage date.	
	45 - 54 (net)		
102.2	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age 55 - 64. Age represents the	
	Selections where age is	recorded age as of the policy effective coverage date.	
PRA Disc	<b>closure Statement:</b> According to the	Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control	

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	55 - 64 (net)	
103	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and who are age ≥65. Age represents the
	Selections where age	recorded age as of the policy effective coverage date.
	≥65 (net)	
104	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and whose age is unknown. Age represents
	Selections where age is	the recorded age as of the policy effective coverage date.
	unknown (net)	
105	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and whose gender is Female, according to
	Selections where	the selected policy.
	gender is Female (net)	
106	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and whose gender is Male, according to the
	Selections where	selected policy.
	gender is Male (net)	
107	Number of SADP Plan	Count of unique individuals who have selected a non-canceled (PY) 20XX SADP and whose gender is unknown, according to
	Selections where	the selected policy.
	gender is unknown	
	(net)	
Metal L	evel by Age and Income	
108	Silver plans selected by	
	consumers age 0 - 17	
	(net)	
109	Silver plans selected by	
	consumers age 18 - 25	
	(net)	
109.1	Silver plans selected by	
	consumers age 26 - 34	
	(net)	
110	Silver plans selected by	
	consumers age 35 - 44	
	(net)	
110.1	Silver plans selected by	
	consumers age 45 - 54	
	(net)	
110.2	Silver plans selected by	

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	consumers age 55 - 64	
	(net)	
111	Silver plans selected by	
	consumers age ≥65	
	(net)	
112	Silver plans selected by	
	consumers age is	
	unknown (net)	
113	Bronze plans selected	
	by consumers age 0 - 17	
	(net)	
114	Bronze plans selected	
	by consumers age 18 -	
	25 (net)	
114.1	Bronze plans selected	
	by consumers age 26 -	
	34 (net)	
115	Bronze plans selected	
	by consumers age 35 - 44 (net)	
115.1	Bronze plans selected	
115.1	by consumers age 45 -	
	54 (net)	
115.2	Bronze plans selected	
115.2	by consumers age 55 -	
	64 (net)	
116	Bronze plans selected	
	by consumers age ≥65	
	(net)	
117	Bronze plans selected	
	by consumers age is	
	unknown (net)	
117.1	Gold Plans selected by	N/A; This metric is optional
	consumers ages 0-17	

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	(net) [Optional]	
117.2	Gold Plans selected by	N/A; This metric is optional
	consumers ages 18-25	
	(net) [Optional]	
117.3	Gold Plans selected by	N/A; This metric is optional
	consumers ages 26-34	
	(net) [Optional]	
117.5	Gold Plans selected by	N/A; This metric is optional
	consumers ages 45-54	
	(net) [Optional]	
117.6	Gold Plans selected by	N/A; This metric is optional
	consumers ages 55-64	
	(net) [Optional]	
117.7	Gold Plans selected by	N/A; This metric is optional
	consumers ages ≥ 65	
	(net) [Optional]	
117.8	Gold Plans selected by	N/A; This metric is optional
	consumers whose age is	
	unknown (net) [Optional]	
118	Silver plans selected by	
110	consumers with income	
	< 100% FPL (net)	
119	Silver plans selected by	
117	consumers with income	
	$\geq$ 100% FPL and $\leq$ 150%	
	FPL (net)	
120	Silver plans selected by	
120	consumers with income	
	> 150% FPL and ≤ 200%	
	FPL (net)	
121	Silver plans selected by	
	consumers with income	
	> 200% FPL and ≤ 250%	
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	FPL (net)	
121.1	Silver plans selected by	
	consumers with income	
	> 250% PL and ≤ 300%	
	FPL (net)	
121.2	Silver plans selected by	
	consumers with income	
	> 300% FPL and ≤ 350%	
	FPL (net)	
121.3	Silver plans selected by	
	consumers with income	
	> 350% FPL and ≤ 400%	
	FPL (net)	
122	Silver plans selected by	
	consumers with income	
	> 400% (net)	
123	Silver plans selected by	
	consumers whose	
	income is unknown	
	(net)	
124	Bronze plans selected	
	by consumers with	
	income < 100% FPL	
	(net)	
125	Bronze plans selected	
	by consumers with	
	income ≥ 100% FPL and	
101	≤ 150% FPL (net)	
126	Bronze plans selected	
	by consumers with	
	income > 150% FPL and	
407	≤ 200% FPL (net)	
127	Bronze plans selected	
	by consumers with	

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	income > 200% FPL and	
	≤ 250% FPL (net)	
127.1	Bronze plans selected	
127.1	by consumers with	
	income > 250% FPL and	
	≤ 300% FPL (net)	
127.2	Bronze plans selected	
127.2	by consumers with	
	income > 300% FPL and	
	≤ 350% FPL (net)	
127.3	Bronze plans selected	
127.0	by consumers with	
	income > 350% FPL and	
	≤ 400% FPL (net)	
128	Bronze plans selected	
	by consumers with	
	, income > 400% (net)	
129	Bronze plans selected	
	by consumers whose	
	income is unknown	
	(net)	
129.1	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	< 100% FPL (net)	
	[Optional]	
129.2	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	≥ 100% FPL and ≤ 150%	
	FPL (net) [Optional]	
129.3	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	> 150% FPL and ≤ 200%	
	FPL (net) [Optional]	
129.4	Gold plans selected by	N/A; This metric is optional.
	Locura Statement: According to the	Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control

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	consumers with income	
	> 200% FPL and ≤ 250%	
	FPL (net) [Optional]	
129.5	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	> 250% FPL and ≤ 300%	
	FPL (net) [Optional]	
129.6	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	> 300% FPL and ≤ 350%	
	FPL (net) [Optional]	
129.7	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	> 350% FPL and ≤ 400%	
	FPL (net) [Optional]	
129.8	Gold plans selected by	N/A; This metric is optional.
	consumers with income	
	> 400% FPL (net)	
	[Optional]	
129.9	Gold plans selected by	N/A; This metric is optional.
	consumers whose	
	income is unknown	
	(net) [Optional]	
Consur	ner Type by Age, Metal Lev	vel, and Income
130	New consumers who	
	are age 0 - 17(net)	
131	Active re-enrollees who	
	are age 0 - 17(net)	
132	Automatic re-enrollees	
	who are age 0 - 17(net)	
133	New consumers who	
	are age 18 - 25 (net)	
134	Active re-enrollees who	
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	are age 18 - 25 (net)	
135	Automatic re-enrollees	
135		
	who are age 18 - 25	
	(net)	
136	New consumers who	
	are age 26 - 34 (net)	
137	Active re-enrollees who	
	are age 26 - 34 (net)	
138	Automatic re-enrollees	
	who are age 26 - 34	
	(net)	
138.1	New consumers who	
	are age 35 - 44 (net)	
138.2	Active re-enrollees who	
	are age 35 - 44 (net)	
138.3	Automatic re-enrollees	
	who are age 35 - 44	
138.4	New consumers who	
	are age 45 - 54 (net)	
138.5	Active re-enrollees who	
	are age 45 - 54 (net)	
138.6	Automatic re-enrollees	
	who are age 45 - 54	
	(net)	
138.7	New consumers who	
	are age 55 - 64 (net)	
138.8	Active re-enrollees who	
	are age 55 - 64 (net)	
138.9	Automatic re-enrollees	
	who are age 55 - 64	
	(net)	
139	New consumers who	
	are age ≥65 (net)	
140	Active re-enrollees who	

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	are age ≥65 (net)	
141	Automatic re-enrollees	
	who are age ≥65(net)	
142	New consumers whose	
	age is unknown (net)	
143	Active re-enrollees	
	whose age is unknown	
	(net)	
144	Automatic re-enrollees	
	whose age is unknown	
	(net)	
145	New consumers who	
	selected a silver plan	
	(net)	
146	Active re-enrollees who	
	selected a silver plan	
	(net)	
147	Automatic re-enrollees	
	who selected a silver	
	plan (net)	
148	New consumers who	
	selected a bronze plan	
	(net)	
149	Active re-enrollees who	
	selected a bronze plan	
170	(net)	
150	Automatic re-enrollees	
	who selected a bronze	
450.4	plan (net)	
150.1	New consumers who	N/A; This metric is optional.
	selected a gold plan	
450.0	(net) [Optional] Active re-enrollees who	
150.2		N/A; This metric is optional.
	selected a gold plan	

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	(net) [Optional]	
150.3	Automatic re-enrollees	N/A; This metric is optional.
	who selected a gold	
	plan (net) [Optional]	
151	New consumers whose	
	income is < 100% FPL	
	(net)	
152	Active re-enrollees	
	whose income is < 100%	
	FPL (net)	
153	Automatic Re-enrollees	
	whose income is < 100%	
	FPL (net)	
154	New consumers whose	
	income is ≥ 100% FPL	
	and ≤ 150% FPL (net)	
155	Active re-enrollees	
	whose income is ≥ 100%	
	FPL and ≤ 150% FPL	
	(net)	
156	Automatic Re-enrollees	
	whose income is ≥ 100%	
	FPL and ≤ 150% FPL	
	(net)	
157	New consumers whose	
	income is > 150% FPL	
170	and ≤ 200% FPL (net)	
158	Active re-enrollees	
	whose income is 150%	
	FPL and $\leq$ 200% FPL	
450	(net)	
159	Automatic Re-enrollees	
	whose income is > 150%	
	FPL and ≤ 200% FPL	

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159.1 N ir a	net) New consumers whose ncome is > 200% FPL	
ir a	ncome is > 200% FPL	
a		
	and ≤ 250% FPL (net)	
	Active re-enrollees	
	whose income is > 200%	
	FPL and $≤ 250\%$ FPL	
	net)	
	Automatic Re-enrollees	
	whose income is > 200%	
	FPL and $\leq$ 250% FPL	
	net)	
	New consumers whose	
	ncome is > 250% FPL	
	and ≤ 300% FPL (net)	
	Active re-enrollees	
	whose income is > 250%	
	FPL and ≤ 300% FPL	
	net)	
	Automatic Re-enrollees	
	whose income is > 250%	
	PL and ≤ 300% FPL	
	net)	
162.1 N	New consumers whose	
ir	ncome is > 300% FPL	
a	and ≤ 350% FPL (net)	
162.2 A	Active re-enrollees	
w	whose income is . 300%	
FI	PL and ≤ 350% FPL	
(r	net)	
162.3 A	Automatic Re-enrollees	
w	whose income is 300%	
FI	PL and ≤ 350% FPL	
(r	net)	

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162.4	New consumers whose	
102.4		
	income is > 350% FPL	
	and ≤ 400% FPL	
162.5	Active re-enrollees	
	whose income is > 350%	
	FPL and ≤ 400% FPL	
	(net)	
162.6	Automatic Re-enrollees	
	whose income is > 350%	
	FPL and ≤ 400% FPL	
	(net)	
163	New consumers whose	
	income is > 400% FPL	
	(net)	
164	Active re-enrollees	
	whose income is > 400%	
	FPL (net)	
165	Automatic Re-enrollees	
	whose income is 400%	
	FPL (net)	
166	New consumers whose	
	income is unknown	
	(net)	
167	Active re-enrollees	
	whose income is	
	unknown (net)	
168	Automatic Re-enrollees	
	whose income is	
	unknown (net)	
Basic H	ealth Plan Program – only	for states with BHP
169	Total BHP Enrollees	Count of individuals who have enrolled in BHP. Count does not include enrollments that were canceled or terminated, or
	(net)*	individuals enrolled in Medicaid/CHIP programs that are not BHP.
170	New BHP Enrollees	Count of unique individuals who have enrolled in BHP who were not enrolled in an exchange-facilitated program (i.e. BHP,
	(New Enrollees) (net)	QHP, or any other integrated programs, like Medicaid) immediately prior to this BHP enrollment.
		Descriver & Deduction Act of 100E, no necessary are virtual to reason to a collection of information unloss it displays a valid OND control number. The valid OND control

171	BHP Re-enrollees (net)	Count of unique individuals who have enrolled in BHP who were enrolled in an exchange-facilitated program (i.e. BHP, QHP, or any other integrated programs, like Medicaid) immediately prior to this BHP enrollment.
172	Consumers Eligible for BHP (gross)*	Count of all individuals determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.
173	Consumers enrolled in BHP as of 11/1/20XX (ONE TIME)	Count of unique individuals with non-canceled BHP coverage ending as of 11/1/20XX .
174	Number of Plan Selections where age is 0 - 17 (net)	Count of unique individuals who have non-canceled BHP coverage and who are age 0 - 17. Age represents the recorded age as of the policy effective coverage date.
175	Number of BHP Enrollees where age 18 - 25 (net)	Count of unique individuals who have non-canceled BHP coverage and who are age 18 - 25. Age represents the recorded age as of the policy effective coverage date.
175.1	Number of BHP Enrollees where age is 26 - 34 (net)	Count of unique individuals who have non-canceled BHP coverage and who are age 26 - 34. Age represents the recorded age as of the policy effective coverage date.
176	Number BHP Enrollees where age 35 - 44 (net)	Count of unique individuals who have non-canceled BHP coverage and who are age 35 - 44. Age represents the recorded age as of the policy effective coverage date.
176.1	Number of BHP Enrollees where age is 45 - 54 (net)	Count of unique individuals who have non-canceled BHP coverage and who are age 45 - 54. Age represents the recorded age as of the policy effective coverage date.
177	Number of BHP Enrollees where age ≥55 (net)	Count of unique individuals who have non-canceled BHP coverage and who are age ≥55. Age represents the recorded age as of the policy effective coverage date.
178	Number of BHP Enrollees where age is unknown (net)	Count of unique individuals who have non-canceled BHP coverage and whose age is unknown. Age represents the recorded age as of the policy effective coverage date.
179	Number of BHP	Count of unique individuals who have non-canceled BHP coverage and whose gender is Female, according to the selected

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	Enrollees where gender is Female (net)	policy.
180	Number of BHP Enrollees where gender is Male (net)	Count of unique individuals who have non-canceled BHP coverage and whose gender is Male, according to the selected policy.
181	Number of BHP Enrollees where gender is unknown (net)	Count of unique individuals who have non-canceled BHP coverage and whose gender is unknown, according to the selected policy.
182	Number of BHP Enrollees where Race/Ethnicity is Hispanic or Latino (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated they are Mexican, Mexican American or Chicano/a, Puerto Rican, Cuban, or "other ethnicity" on their application.
183	Number of Plan Selections where Race/Ethnicity is White (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated they are white on their application.
184	Number of BHP Enrollees where Race/Ethnicity is African American (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated they are black or African American on their application.
185	Number of BHP Enrollees where Race/Ethnicity is Asian (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated they are Asian Indian, Chinese, Filipino, Korean, Vietnamese, Japanese, or "other Asian" on their application.
186	Number of BHP Enrollees where Race/Ethnicity is Native Hawaiian/Pacific Islander (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated they are Guamanian or Chamorro, Native Hawaiian, Samoan, or Other Pacific Islander on their application.
187	Number of BHP Enrollees where Race/Ethnicity is American Indian/Alaska Native (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated they are American Indian or Alaska Native on their application.

188	Number of BHP Enrollees where Race/Ethnicity is Multi- Racial (net)	Count of unique individuals who have non-canceled BHP coverage and who have indicated more than one distinct racial group as defined above: American Indian / Alaska Native, Asian, Native Hawaiian / Pacific Islander, African-American, and White, on their application.
189	Number of BHP Enrollees where Race/Ethnicity is Unknown (net)	Count of unique individuals who have non-canceled BHP coverage and who did not indicate a race on their application.

\* Medicaid/CHIP continuous coverage unwinding reporting metrics from May 2023 through July 2024. The metrics identified should include those applications, consumers, and plan selections received and/or processed due to a Medicaid/CHIP denial or termination.