

# State Based Marketplace Data Collection Template: Bi-Annual Reporting

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**Exhibit 1: Cancellations/Terminations**

Indicator	Title	Description
421	<b>Cancelled or Terminated for Non-Payment (gross)</b>	Number of individuals who had their Plan Year (PY) 20XX Marketplace medical plan cancelled or terminated by an issuer (or Marketplace, if applicable) for non-payment of premium. This includes cancellations due to non-payment of the first premium and terminations due to non-payment of the premium after the policy has been effectuated. This is a gross measure. For example, if an individual has a plan selection canceled in January, makes a new plan selection, and then has that plan selection cancelled in March, this measure would be incremented by 2.
422	<b>Cancelled or Terminated for Other Reason (gross)</b>	Number of individuals who had their PY 20XX Marketplace medical plan cancelled or terminated for any reason other than non-payment. This includes cancellations/terminations by the issuer or by the consumer. This is a gross measure. For example, if an individual has a plan selection cancelled in January, makes a new plan selection, and then has that plan selection cancelled in March, this measure would be incremented by 2.

**Exhibit 2: Appeals and Complaints**

Indicator	Title	Description
423	<b>Appeals- Upheld (gross)</b>	Count of appeals that were upheld (i.e. unfavorable outcome for consumer). This is a gross measure. For example, if two appeals are entered on a similar issue and both are upheld, this metric should be incremented by 2.
424	<b>Appeals- Reversed (gross)</b>	Count of appeals that were reversed (i.e. favorable outcome for consumer). This is a gross measure. For example, if two appeals are entered on a similar issue and both are reversed, this metric should be incremented by 2.
425	<b>Appeals- Withdrawn, Dismissed, or Halted (gross)</b>	Count of appeals that were withdrawn, dismissed, or otherwise halted. This is a gross measure. For example, if two appeals are entered on a similar issue and both are withdrawn/dismitted/otherwise halted, this metric should be incremented by 2. If those appeals are re-opened within the same reference period, these appeals should still be counted against withdrawn/dismitted/halted regardless of whether they are also counted against appeals upheld or appeals reversed.
426	<b>Appeals- Unresolved (net)</b>	Count of unique appeals that were unresolved but still active (i.e. not withdrawn or dismissed).

Indicator	Title	Description
427	Median age for completed appeals	Median age (in days) of appeals that were resolved. Only include appeals that were upheld or reversed (no decimals; round to nearest day).
428	Average age for completed appeals	Average age (in days) of appeals that were resolved. Only include appeals that were upheld or reversed.
429	Number of Complaints (gross)	Count of complaints that were received by the Marketplace. This is a gross measure. For example, if a complaint is made, goes unresolved for a few days, and is made again by the same complainant, this metric should be incremented by 2.

**Exhibit 3: Data Matching Issues (DMIs)**

Indicator	Title	Description
430	DMIs Generated - Annual Income (gross)	Count of households that were subjected to a data matching inconsistency (DMI) based on Annual Household Income. This is a gross measure. For example, if a household receives an Annual Income DMI, resolves it, and later receives another Annual Income DMI, this metric should be incremented by 2.
431	DMIs Generated - Citizenship/Immigration Status (gross)	Count of individuals who were subjected to a data matching inconsistency (DMI) based on Citizenship/Immigration status. This is a gross measure. For example, if an individual receives a Citizenship/Immigration status DMI, resolves it, and later receives another Citizenship/Immigration status DMI, this metric should be incremented by 2.
431.1	DMIs Generated - Citizenship (gross)	Count of individuals who were subjected to a data matching inconsistency (DMI) based on Citizenship. This is a gross measure. For example, if an individual receives a Citizenship DMI, resolves it, and later receives another Citizenship DMI, this metric should be incremented by 2.
431.2	DMIs Generated - Immigration Status (gross)	Count of individuals who were subjected to a data matching inconsistency (DMI) based on Immigration status. This is a gross measure. For example, if an individual receives an Immigration status DMI, resolves it, and later receives another Immigration status DMI, this metric should be incremented by 2.
432	DMIs Generated - Incarceration (gross)	Count of individuals who were subjected to a data matching inconsistency (DMI) based on Incarceration. This is a gross measure. For example, if an individual receives an Incarceration DMI, resolves it, and later receives another Incarceration DMI, this metric should be incremented by 2.

Indicator	Title	Description
433	<b>DMIs Generated - American Indian/Alaskan Native (gross)</b>	Count of individuals who were subjected to a data matching inconsistency (DMI) based on American Indian/Alaskan Native status. This is a gross measure. For example, if an individual receives an American Indian/Alaska Native status DMI, resolves it, and later receives another American Indian/Alaska Native status DMI, this metric should be incremented by 2.
434	<b>DMIs Generated - Non-ESC MEC (gross)</b>	Count of individuals who were subjected to a data matching inconsistency (DMI) based on Non-employer Sponsored Minimum Essential Coverage (Non-ESC MEC) status. This is a gross measure. For example, if an individual receives a Non-ESC MEC DMI, resolves it, and later receives another Non-ESC MEC DMI, this metric should be incremented by 2.
435	<b>DMIs Generated - ESC MEC (gross)</b>	Count of individuals who were subjected to a data matching inconsistency (DMI) based on Employer Sponsored Minimum Essential Coverage (ESC MEC) status. This is a gross measure. For example, if an individual receives an ESC MEC DMI, resolves it, and later receives another ESC MEC DMI, this metric should be incremented by 2.
436	<b>DMIs Generated - Total (gross)</b>	Sum of households that were subjected to Annual Household Income data matching inconsistency (DMI) and individuals who were subjected to any data matching inconsistency of all other DMI types. Note this metric should be the sum of the number of Annual Income DMIs at the household level and the number of individuals with DMIs of all other types. This is a gross measure. For example, if an individual receives a DMI, resolves it, and later receives another DMI, this metric should be incremented by 2.
437	<b>DMIs Resolved - Annual Income (gross)</b>	Count of households whose data matching inconsistency (DMI) based on Annual Household Income was resolved. This is a gross measure. For example, if a household receives an Annual Income DMI, resolves it, and later receives another Annual Income DMI and resolves that, this metric should be incremented by 2.
438	<b>DMIs Resolved - Citizenship/Immigration Status (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on Citizenship/Immigration status was resolved. This is a gross measure. For example, if an individual receives a Citizenship/Immigration status DMI, resolves it, and later receives another Citizenship/Immigration status DMI and resolves that, this metric should be incremented by 2.

<b>Indicator</b>	<b>Title</b>	<b>Description</b>
438.1	<b>DMIs Resolved - Citizenship (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on Citizenship was resolved. This is a gross measure. For example, if an individual receives a Citizenship DMI, resolves it, and later receives another Citizenship DMI and resolves that, this metric should be incremented by 2.
438.2	<b>DMIs Resolved - Immigration Status (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on Immigration status was resolved. This is a gross measure. For example, if an individual receives an Immigration status DMI, resolves it, and later receives another Immigration status DMI and resolves that, this metric should be incremented by 2.
439	<b>DMIs Resolved - Incarceration (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on Incarceration was resolved. This is a gross measure. For example, if an individual receives an Incarceration DMI, resolves it, and later receives another Incarceration DMI and resolves that, this metric should be incremented by 2.
440	<b>DMIs Resolved - American Indian/Alaskan Native (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on American Indian/Alaskan Native status was resolved. This is a gross measure. For example, if an individual receives an American Indian/Alaskan Native status DMI, resolves it, and later receives another American Indian/Alaskan Native status DMI and resolves that, this metric should be incremented by 2.
441	<b>DMIs Resolved - Non ESC MEC (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on Non-employer Sponsored Minimum Essential Coverage (Non-ESC MEC) status was resolved. This is a gross measure. For example, if an individual receives a Non-ESC MEC DMI, resolves it, and later receives another Non-ESC MEC DMI and resolves that, this metric should be incremented by 2.
442	<b>DMIs Resolved - ESC MEC (gross)</b>	Count of individuals whose data matching inconsistency (DMI) based on Employer Sponsored Minimum Essential Coverage (ESC MEC) status was resolved. This is a gross measure. For example, if an individual receives a ESC MEC DMI, resolves it, and later receives another ESC MEC DMI and resolves that, this metric should be incremented by 2.

Indicator	Title	Description
443	<b>DMIs Resolved - Total (gross)</b>	Sum of households whose Annual Household Income data matching inconsistencies (DMIs) were resolved and individuals whose data matching inconsistencies of all other DMI types were resolved. Note this metric should be the sum of the number of Annual Household Income DMIs at the household level and the number of individuals with DMIs of all other types that were resolved. This is a gross measure. For example, if an individual receives a DMI, resolves it, and later receives another DMI and resolves that, this metric should be incremented by 2.
444	<b>DMIs Resulted in Change in Coverage/APTC - Annual Income (gross)</b>	Count of households whose APTC was removed or adjusted due to Annual Household Income data matching inconsistency (DMI). This is a gross measure. For example, if a household's APTC is adjusted/removed once for an Annual Income DMI, reinstated, and then adjusted/removed a month later for an Annual Income DMI, this metric should be incremented by 2.
445	<b>DMIs Resulted in Change in Coverage/APTC - Citizenship/Immigration Status (gross)</b>	Count of individuals whose APTC was removed and/or Marketplace medical coverage was terminated due to Citizenship/Immigration status data matching inconsistency (DMI). This is a gross measure. For example, if an individual's APTC is removed and/or Marketplace medical coverage is terminated for a Citizenship/Immigration status DMI, reinstated, and then APTC is removed and/or Marketplace medical coverage is terminated a month later for a Citizenship/Immigration status DMI, this metric should be incremented by 2.
445.1	<b>DMIs Resulted in Change in Coverage/APTC - Citizenship (gross)</b>	Count of individuals whose APTC was removed and/or Marketplace medical coverage was terminated due to Citizenship data matching inconsistency (DMI). This is a gross measure. For example, if an individual's APTC is removed and/or Marketplace medical coverage is terminated for a Citizenship DMI, reinstated, and then APTC is removed and/or Marketplace medical coverage terminated a month later for a Citizenship DMI, this metric should be incremented by 2.
445.2	<b>DMIs Resulted in Change in Coverage/APTC - Immigration Status (gross)</b>	Count of individuals whose APTC was removed and/or Marketplace medical coverage was terminated due to an Immigration status data matching inconsistency (DMI). This is a gross measure. For example, if an individual's APTC is removed and/or Marketplace medical coverage is terminated for an Immigration status DMI, reinstated, and then APTC is removed and/or Marketplace medical coverage is terminated a month later for a Immigration status DMI, this metric should be incremented by 2.

Indicator	Title	Description
446	<b>DMIs Resulted in Change in Coverage/APTC - Incarceration (gross)</b>	Count of individuals whose APTC was removed and/or Marketplace medical coverage was terminated due to Incarceration data matching inconsistency (DMI). This is a gross measure. For example, if an individual's APTC is removed and Marketplace medical coverage terminated for an Incarceration DMI, reinstated, and then APTC is removed and Exchange medical coverage terminated a month later for an Incarceration DMI, this metric should be incremented by 2.
447	<b>DMIs Resulted in Change in Financial Assistance - American Indian/Alaskan Native (gross)</b>	Count of individuals whose financial assistance was removed or adjusted due to American Indian/Alaskan Native status data matching inconsistency (DMI). This is a gross measure. For example, if an individual's financial assistance is adjusted/removed for an American Indian/Alaskan Native DMI, reinstated, and then financial assistance is adjusted/removed a month later for an American Indian/Alaskan Native DMI, this metric should be incremented by 2.
448	<b>DMIs Resulted in Change in Coverage/APTC - Non-ESC MEC (gross)</b>	Count of individuals whose APTC was removed due to a Non-employer Sponsored Minimum Essential Coverage (Non-ESC MEC) status data matching inconsistency (DMI). This is a gross measure. For example, if an individual's APTC is removed for a Non-ESC MEC status DMI, reinstated, and then APTC is removed a month later for a Non-ESC MEC status DMI, this metric should be incremented by 2.
449	<b>DMIs Resulted in Change in Coverage/APTC - ESC MEC (gross)</b>	Count of individuals whose APTC was removed due to an Employer Sponsored Minimum Essential Coverage (ESC MEC) status data matching inconsistency (DMI). This is a gross measure. For example, if an individual's APTC is removed for an ESC MEC status DMI, reinstated, and then APTC is removed a month later for an ESC MEC status DMI, this metric should be incremented by 2.
450	<b>DMIs Resulted in Change in Coverage/APTC - Total (gross)</b>	Sum of households whose APTC was removed or adjusted due to Annual Household Income data matching inconsistency (DMI) and individuals whose APTC was removed/adjusted and/or Marketplace medical coverage was terminated due to any data matching inconsistency of all other DMI types. Note this metric should be the sum of the number of annual income DMIs at the household level and the number of individuals with DMIs of all other types. This is a gross measure. For example, if an individual's APTC is removed for a DMI, reinstated, and then APTC is removed a month later for a DMI, this metric should be incremented by 2.
451	<b>Open DMIs - Annual Income (net)</b>	Count of unique households with at least one unresolved Annual Household Income data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.

<b>Indicator</b>	<b>Title</b>	<b>Description</b>
<b>452</b>	<b>Open DMIs - Citizenship/Immigration Status (net)</b>	Count of unique individuals with at least one unresolved Citizenship/Immigration status data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>452.1</b>	<b>Open DMIs - Citizenship (net)</b>	Count of unique individuals with at least one unresolved Citizenship data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>452.2</b>	<b>Open DMIs - Immigration Status (net)</b>	Count of unique individuals with at least one unresolved Immigration status data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>453</b>	<b>Open DMIs - Incarceration (net)</b>	Count of unique individuals with at least one unresolved Incarceration data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>454</b>	<b>Open DMIs - American Indian/Alaska Native (net)</b>	Count of unique individuals with at least one unresolved American Indian/Alaska Native data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>455</b>	<b>Open DMIs - Non ESC MEC (net)</b>	Count of unique individuals with at least one unresolved Non-Employer Sponsored Minimum Essential Coverage data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>456</b>	<b>Open DMIs - ESC MEC (net)</b>	Count of unique individuals with at least one unresolved Employer Sponsored Minimum Essential Coverage data matching inconsistency (DMI). This count does not include DMIs that have expired or are for canceled or terminated coverage.
<b>457</b>	<b>Open DMIs - Total (net)</b>	Sum of unique households with at least one unresolved annual household income data matching inconsistency (DMI) and unique individuals with at least one unresolved data matching inconsistency of all other DMI types. This count does not include DMIs that have expired or are for canceled or terminated coverage. Note this metric should be the sum of the number of unique annual income DMIs at the household level and the number of unique individuals with DMIs of all other types.

**Exhibit 4: Special Enrollment Periods (SEP) Plan Selection Type**

Indicator	Title	Description
458	<b>SEP Plan Selections - Loss of qualifying health coverage (gross)</b>	The number of individuals with PY 20XX plan selections that were granted a special enrollment period (SEP) based on loss of qualifying health coverage. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year based on loss of qualifying health coverage, this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.
459	<b>SEP Plan Selections - Change in household size (gross)</b>	The number of individuals with PY 20XX plan selections that were granted a special enrollment period (SEP) based on change in household size. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year based on change in household size, this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.
460	<b>SEP Plan Selections - Change in primary place of living (gross)</b>	The number of individuals with PY 20XX plan selections that were granted a special enrollment period (SEP) based on change in primary place of living. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year based on change in primary place of living, this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.
461	<b>SEP Plan Selections - Change in eligibility for Exchange coverage or financial assistance (gross)</b>	The number of individuals with PY 20XX medical plan selections that were granted a special enrollment period (SEP) based on change in eligibility for Exchange medical coverage or financial assistance. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year based on change in eligibility for Exchange coverage or financial assistance, this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.

Indicator	Title	Description
462	<b>SEP Plan Selections - Enrollment or plan error (gross)</b>	The number of individuals with PY 20XX medical plan selections that were granted a special enrollment period (SEP) based on enrollment or plan error. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year based on enrollment or plan error, this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.
463	<b>SEP Plan Selections - Other qualifying changes (gross)</b>	The number of individuals with PY 20XX plan selections that were granted a special enrollment period (SEP) based on other qualifying changes. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year based on other qualifying changes, this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.
464	<b>SEP Plan Selections - Total (gross)</b>	The number of individuals with PY 20XX plan selections that were granted a special enrollment period (SEP) on any basis. This is a gross measure. For example, if an individual makes two PY 20XX SEP plan selections over the course of the plan year on any basis this metric should be incremented by 2. If an individual is being added to an existing plan selection on an SEP basis (e.g. birth or marriage), only count the individuals being added rather than all individuals on that plan selection.

**Exhibit 5: Small Business Health Options (SHOP)**

Indicator	Title	Description`
465	<b>Consumers with a Plan Selection (net)</b>	Count of unique individuals (employees & dependents) who have selected a PY 20XX Marketplace SHOP plan, and who have non-canceled coverage.
466	<b>Active Employers (net)</b>	Count of unique employers who have selected a PY 20XX Marketplace SHOP plan, and who have non-canceled coverage.
467	<b>Active Employees (net)</b>	Count of unique employees active in the SHOP market.
468	<b>Plan Selection by Issuer: Issuer 1</b>	Number of Individuals Selecting a QHP by Issuer.
469	<b>Plan Selection by Issuer: Issuer 2</b>	Number of Individuals Selecting a QHP by Issuer.
470	<b>Plan Selection by Issuer: Issuer 3</b>	Number of Individuals Selecting a QHP by Issuer.
471	<b>Plan Selection by Issuer: Issuer 4</b>	Number of Individuals Selecting a QHP by Issuer.
472	<b>Plan Selection by Issuer: Issuer 5</b>	Number of Individuals Selecting a QHP by Issuer.

<b>Indicator</b>	<b>Title</b>	<b>Description`</b>
473	<b>Plan Selection by Issuer: Issuer 6</b>	Number of Individuals Selecting a QHP by Issuer.
474	<b>Plan Selection by Issuer: Issuer 7</b>	Number of Individuals Selecting a QHP by Issuer.
475	<b>Plan Selection by Issuer: Issuer 8</b>	Number of Individuals Selecting a QHP by Issuer.
476	<b>Plan Selection by Issuer: Issuer 9</b>	Number of Individuals Selecting a QHP by Issuer.
477	<b>Plan Selection by Issuer: Issuer 10</b>	Number of Individuals Selecting a QHP by Issuer.
478	<b>Plan Selection by Issuer: Issuer 11</b>	Number of Individuals Selecting a QHP by Issuer.
479	<b>Plan Selection by Issuer: Issuer 12</b>	Number of Individuals Selecting a QHP by Issuer.
480	<b>Plan Selection by Issuer: Issuer 13</b>	Number of Individuals Selecting a QHP by Issuer.
481	<b>Plan Selection by Issuer: Issuer 14</b>	Number of Individuals Selecting a QHP by Issuer.
482	<b>Plan Selection by Issuer: Issuer 15</b>	Number of Individuals Selecting a QHP by Issuer.
483	<b>Name Issuer 1</b>	Name of Issuer 1.
484	<b>Name Issuer 2</b>	Name of Issuer 2.
485	<b>Name Issuer 3</b>	Name of Issuer 3.
486	<b>Name Issuer 4</b>	Name of Issuer 4.
487	<b>Name Issuer 5</b>	Name of Issuer 5.
488	<b>Name Issuer 6</b>	Name of Issuer 6.
489	<b>Name Issuer 7</b>	Name of Issuer 7.
490	<b>Name Issuer 8</b>	Name of Issuer 8.
491	<b>Name Issuer 9</b>	Name of Issuer 9.
492	<b>Name Issuer 10</b>	Name of Issuer 10.
493	<b>Name Issuer 11</b>	Name of Issuer 11.
494	<b>Name Issuer 12</b>	Name of Issuer 12.
495	<b>Name Issuer 13</b>	Name of Issuer 13.
496	<b>Name Issuer 14</b>	Name of Issuer 14.
497	<b>Name Issuer 15</b>	Name of Issuer 15.

**Exhibit 6: General Enrollment Metrics (Priority/Expanded Metrics)**

Indicator	Title	Description
1	<b>Total Plan Selections (net)</b>	<p>Count of unique individuals who have selected a Plan Year (PY) 20XX Marketplace medical plan. Count includes all new and re-enrolling consumers, regardless of whether the consumer has paid the first month premium. Count does not include plans that were canceled or terminated.</p> <p><i>Same as Indicator 1 in priority and expanded metrics.</i></p>
6	<b>Number of Submitted Applications (gross)</b>	<p>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.</p> <p><i>Same as Indicator 6 in priority and expanded metrics.</i></p>
6.1	<b>Number of Account Transfers (gross)</b>	<p>Total count of account transfers received by the Marketplace from Medicaid/CHIP with at least one applicant determined ineligible for Medicaid or CHIP. This metric only applies to SBEs that operate an account transfer process with the state Medicaid/CHIP agency. An account transfer may also be counted as an application, depending on the Marketplace.</p> <p><i>Same as Indicator 6.1 in priority and expanded metrics.</i></p>
7	<b>Consumers on Applications Submitted (gross)</b>	<p>Total count of individuals requesting coverage on submitted applications. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted.</p> <p><i>Same as Indicator 7 in priority and expanded metrics.</i></p>
7.1	<b>Consumers on Account Transfers (gross)</b>	<p>Total count of individuals on account transfers received by the Marketplace from Medicaid/CHIP who were determined ineligible for Medicaid or CHIP. This metric only applies to Marketplaces that operate an account transfer process with the state Medicaid/CHIP agency.</p> <p><i>Same as Indicator 7.1 in priority and expanded metrics.</i></p>

Indicator	Title	Description
8	<b>Consumers Determined Eligible or Assessed for Medicaid/CHIP (gross)</b>	<p>Count of individuals on submitted applications who are determined or assessed eligible for enrollment in Medicaid or CHIP. This includes 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 non-financial QHP should be counted but should not be counted in Indicator 9.</p> <p><i>Same as Indicator 8 in priority and expanded metrics.</i></p>
9	<b>Consumers Eligible for QHP (gross)</b>	<p>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.</p> <p><i>Same as Indicator 9 in priority and expanded metrics.</i></p>
9.1	<b>Consumers Eligible for QHP, with Financial Assistance (gross)</b>	<p>Count of individuals on submitted applications who were determined eligible for enrollment in a PY 20XX Marketplace medical plan and eligible to receive APTC and/or CSRs. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers Determined Eligible for QHP (Indicator 9).</p> <p><i>Same as Indicator 9.1 in priority and expanded metrics.</i></p>

Indicator	Title	Description
21	<b>Number of Plan Selections with Federal Financial Assistance (net)</b>	<p>Count of unique individuals with a 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 (Indicator 22), consumers with only APTC (Indicator 23), and consumers with only CSRs (Indicator 24).</p> <p><i>Same as Indicator 21 in expanded metrics.</i></p>
22	<b>Number of Plan Selections with both CSR and APTC (net)</b>	<p>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 receives CSR. Count includes consumers with APTC and CSRs. Consumers with only APTC or with only CSRs should not be counted.</p> <p><i>Same as Indicator 22 in expanded metrics.</i></p>
23	<b>Number of Plan Selections with APTC only (net)</b>	<p>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.</p> <p><i>Same as Indicator 23 in expanded metrics.</i></p>
24	<b>Number of Plan Selections with CSR only (net)</b>	<p>Count of unique individuals with a non-canceled PY 20XX Marketplace medical plan selection, where the consumer receives CSR. Consumers with APTC should not be counted. Count may include consumers who are eligible to receive APTC but have elected not to receive APTC.</p> <p><i>Same as Indicator 24 in expanded metrics.</i></p>
24.5	<b>Consumers with CSRs, American Indian/Alaska Native (net)</b>	<p>Count of consumers who selected a non-canceled PY 20XX Marketplace medical plan with CSRs reserved for members of federally recognized tribes and Alaska Native Claims Settlement Act shareholders.</p> <p><i>Same as Indicator 24.5 in expanded metrics.</i></p>

Indicator	Title	Description
25	<b>Number of Plan Selections without Federal Financial Assistance (net)</b>	<p>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 CSR.</p> <p><i>Same as Indicator 25 in expanded metrics.</i></p>
29.1	<b>Number of Plan Selections with Any Financial Assistance (net)</b>	<p>Count of unique individuals with a non-canceled PY 20XX Marketplace medical plan selection, where the consumer has elected to receive federal financial assistance and/or financial assistance from a state premium or cost sharing subsidy program. States with no state subsidy program should mark N/A.</p> <p><i>Same as Indicator 29.1 in expanded metrics.</i></p>
29.5	<b>Number of Plan Selections without Any Financial Assistance (net)</b>	<p>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, does not receive CSRs, and does not receive financial assistance from a state premium or cost sharing subsidy program. States with no state subsidy program should mark N/A.</p> <p><i>Same as Indicator 29.5 in expanded metrics.</i></p>
46	<b>Number of Plan Selections where Metal Level is Platinum (net)</b>	<p>Count of unique individuals who have selected a non-canceled PY 20XX Marketplace medical plan where metal level is Platinum.</p> <p><i>Same as Indicator 46 in expanded metrics.</i></p>
47	<b>Number of Plan Selections where Metal Level is Gold (net)</b>	<p>Count of unique individuals who have selected a non-canceled PY 20XX Marketplace medical plan where metal level is Gold.</p> <p><i>Same as Indicator 47 in expanded metrics.</i></p>
48	<b>Number of Plan Selections where Metal Level is Silver (net)</b>	<p>Count of unique individuals who have selected a non-canceled PY 20XX Marketplace medical plan where metal level is Silver.</p> <p><i>Same as Indicator 48 in expanded metrics.</i></p>

Indicator	Title	Description
49	<b>Number of Plan Selections where Metal Level is Bronze (net)</b>	Count of unique individuals who have selected a non-canceled PY 20XX Marketplace medical plan where metal level is Bronze.  <i>Same as Indicator 49 in expanded metrics.</i>
50	<b>Number of Plan Selections where Metal Level is Catastrophic (net)</b>	Count of unique individuals who have selected a non-canceled PY 20XX Marketplace medical plan where metal level is Catastrophic.  <i>Same as Indicator 50 in expanded metrics.</i>
51	<b>Consumers with a Plan Selection and Income &lt; 100% (net)</b>	Count of unique individuals in households with income less than 100% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.  <i>Same as Indicator 51 in expanded metrics.</i>
52	<b>Consumers with a Plan Selection and Income ≥ 100% FPL and ≤ 150% FPL (net)</b>	Count of unique individuals in households with income greater than or equal to 100% and less than or equal to 150% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.  <i>Same as Indicator 52 in expanded metrics.</i>
52.1	<b>Consumers with a Plan Selection and Income ≥ 100% FPL and ≤ 138% FPL (net)</b>	Count of unique individuals in households with income greater than or equal to 100% and less than or equal to 138% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.  <i>Same as Indicator 52.1 in expanded metrics.</i>
53	<b>Consumers with a Plan Selection and Income &gt; 150% FPL and ≤ 200% FPL (net)</b>	Count of unique individuals in households with income greater than 150% and less than or equal to 200% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.  <i>Same as Indicator 53 in expanded metrics.</i>
54	<b>Consumers with a Plan Selection and Income &gt; 200% FPL and ≤ 250% FPL (net)</b>	Count of unique individuals in households with income greater than 200% and less than or equal to 250% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.  <i>Same as Indicator 54 in expanded metrics.</i>

Indicator	Title	Description
54.1	<b>Consumers with a Plan Selection and Income &gt; 250% FPL and ≤ 300% FPL (net)</b>	<p>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 2020X Marketplace medical plan.</p> <p><i>Same as Indicator 54.1 in expanded metrics.</i></p>
54.2	<b>Consumers with a Plan Selection and Income &gt; 300% FPL and ≤ 350% FPL (net)</b>	<p>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.</p> <p><i>Same as Indicator 54.2 in expanded metrics.</i></p>
54.3	<b>Consumers with a Plan Selections and Income &gt; 350% FPL and ≤ 400% FPL (net)</b>	<p>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.</p> <p><i>Same as Indicator 54.3 in expanded metrics.</i></p>
55	<b>Consumers with a Plan Selections and Income &gt; 400% FPL (net)</b>	<p>Count of unique individuals in households with income greater than 400% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.</p> <p><i>Same as Indicator 55 in expanded metrics.</i></p>
55.1	<b>Consumers with a Plan Selection and Income &gt; 500% FPL (net)</b>	<p>Count of unique individuals in households with income greater than 500% of FPL who have selected a non-canceled PY 20XX Marketplace medical plan.</p> <p><i>Same as Indicator 55.1 in expanded metrics.</i></p>
56	<b>Number of Plan Selections where Income as a Percent of FPL is Unknown (net)</b>	<p>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.</p> <p><i>Same as Indicator 56 in expanded metrics.</i></p>

Indicator	Title	Description
169	Total BHP Enrollees/Other (net)	<p>Count of unique individuals who have enrolled in BHP or other related programs. Count does not include enrollments that were canceled or terminated, or individuals enrolled in Medicaid/CHIP programs that are not BHP.</p> <p>Same as Indicator 169 in BHP priority and expanded metrics.</p>
172	Consumers Eligible for BHP/Other (net)	<p>Count of all individuals determined or assessed eligible for BHP or other related programs. 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.</p> <p>Same as Indicator 172 in BHP priority and expanded metrics.</p>

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (PRA), no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1119. This information collection requires states to report to CMS on Exchange related activities and provide performance monitoring data, pursuant to 42 CFR § 155.1200b. Information provided by States collected through the State Based Marketplace Data Collection Template: Bi-Annual Reporting tool will be used by CMS to determine a state's compliance with federal requirements to operate an SBM or SBM-FP and serves as the basis for HHS/CMS to ensure alignment, transparency initiatives, accountability, and consistency of reporting with Federally Facilitated Marketplace states. The time required to complete this information collection is estimated to average 12.3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection requires states to report to CMS on Exchange-related activities and provide performance monitoring data, pursuant to 42 CFR § 155.1200b and is private/confidential to the extent permitted by law. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

CMS

7500 Security Boulevard

Attn: PRA Reports Clearance Officer

Expiration date: XX/XX/XXXX

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