# 2015 MARYLAND HEALTH BENEFIT EXCHANGE Annual Report

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# 2015 Maryland Health Benefit Exchange Annual Report

The Maryland Health Benefit Exchange (MHBE) is responsible for Maryland Health Connection, the state's health insurance marketplace under the Patient Protection and Affordable Care Act of 2010 (ACA). The agency works with the Maryland Department of Health and Mental Hygiene (DHMH), the Maryland Insurance Administration (MIA), the Department of Human Resources (DHR), and stakeholders statewide on the goal of making health coverage affordable and more accessible for Marylanders.

The Maryland Health Benefit Exchange Act of 2011 requires MHBE to forward to the Secretary of the U.S. Department of Health and Human Services (HHS), the Governor, and the Maryland General Assembly an annual report on the activities, expenditures, and receipts of the agency in a standardized format required by the Secretary.[1] Specifically, under state statute, MHBE is to report on health plan participation, consumer choice and participation, financial integrity, and the agency's fraud, waste, and abuse detection and prevention program.[2]

All data in this report is from the Maryland Health Benefit Exchange unless otherwise noted.

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[1] Md. Code Ann., Ins. § 31-119(d).
[2] Md. Code Ann., Ins. § 31-119(d)(2)(ii).

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# 1. Executive Summary

MHBE continued to make strides in its second year in advancing health reform and health coverage for all in Maryland. Through its consumer-facing website MarylandHealthConnection.gov, enrollments in private Qualified Health Plans (QHP) increased by 83 percent in 2015 to roughly 120,000 enrollees. The two-year-old state-based marketplace for health coverage also processed more than 600,000 Medicaid enrollees as the state transferred from a two-decade-old legacy system to a more modern, web-based platform.

The rate of uninsured in Maryland, which hovered around 15 percent of the state's population for most of the 2000s[3], dropped to 7.9 percent[4] in 2014 following the first full year of the state marketplace. Some outlets report a further reduction after the second year, estimating it as low as 4.9 percent.[5]

In 2015, about nine in 10 Marylanders who enrolled through Maryland Health Connection qualified for financial help to help lower or waive the cost of health coverage. Under the Affordable Care Act, Marylanders who are not eligible for qualifying health coverage, such as affordable employer-sponsored coverage or a government program such as Medicaid, may apply for an Advanced Premium Tax Credit, or APTC, to offset the cost of monthly insurance premiums. About 66,000 Maryland households that qualified in 2015 averaged $3,000 in total tax credits — more than $190 million statewide.[6]

For 2016, MarylandHealthConnection.gov improved with a more mobile-friendly site, a more streamlined application, and a star system to rate the quality of plans. The rating system, produced by the Maryland Health Benefit Exchange with the Maryland Health Care Commission, applies only to Maryland plans. In 2016, Marylanders can also enroll online in a dental-only plan or enroll in dental at the same time they enroll in a health plan. Maryland Health Connection offers family and child-only dental plans for 2016 — 18 plans in all from six participating dental insurers. For both the 2015 and 2016 open enrollments, Maryland was among the first states in the nation to roll out "anonymous browsing," a popular feature that allows consumers to shop plans prior to creating an account.

*"When I was 26, I got kicked off of my mom's health coverage plan. I was able to get no-cost coverage that fits my lifestyle and has doctors close by."*

— Nkosi, Bladensburg

[3] Health Insurance Coverage in Maryland Through 2009, Maryland Health Care Commission, Jan. 2011.

[4] Press Release, U.S. Census Bureau, Sep. 16, 2015.

[5] How Obamacare Increased Insurance Coverage in Every State, 24/7 Wall Street, Jul. 31, 2015.

[6] 66,000 Maryland households have received $140 million in tax credits to help them afford health coverage in 2015, Press Release, Maryland Health Benefit Exchange, Sep. 15, 2015.

On July 21, 2015, Maryland Attorney General Brian E. Frosh announced[7] that the prime contractor hired to build Maryland's flawed health exchange website in 2013 will pay $45 million to avoid legal action over its performance. Noridian Healthcare Solutions LLC agreed to pay $20 million upfront, and an additional $25 million in annual installments of $5 million over five years. The payments represent a recovery of 61 percent of the total paid to the company for the failed web site development and launch in 2013. Noridian Healthcare Solutions' parent company has agreed to guarantee at least $40 million of the settlement payment. Investigation of claims against other companies involved in the development and implementation of the Maryland marketplace is continuing.

The recovery and turnaround in the second year from the earlier technical problems were widely recognized by the media and industry organizations:

> *"The second year of Maryland's health insurance marketplace was much more successful than its first."*
> – The Washington Post[8]
>
> *"The turnaround in Maryland since the last time may be even more striking than the improvements to HealthCare.gov."*
> — The Huffington Post[9]
>
> *"Maryland redeemed itself … the 'Comeback Kid.'"*
> – FierceHealthPayer[10]
>
> *"If there was a most-improved public HIX award, Maryland Health Connection certainly would be in the running for such an honor."*
> – Employee Benefit Adviser[11]

The extensive work in rebuilding the system for the 2015 open enrollment included reviewing, updating, validating, and testing more than 2,500 business rules and 675,000 lines of code from the Connecticut system that Maryland adopted. The transition also required configuring the 8001 Medicaid enrollment transaction file and coordinating testing efforts between MHBE and DHMH to validate user enrollment and eligibility information. In recognition of its IT work, MHBE received the Recognition Award for Collaboration Across Boundaries at the IT Solutions Management for Human Services conference in Philadelphia in August 2015. The award was given by the American Public Human Services Association, a bipartisan, non-profit national organization representing chief executives in state and local human service agencies, public child welfare administrators and human service program leaders, and by IT Solutions Management for Human Services, an association of Health and Human Services information technology professionals representing federal, state, and local governments and the private sector.

The marketing campaign that first introduced the marketplace to the public and then worked to regain confidence in the rebuilt system also received regional and national recognition. The "Relaunch of Maryland Health Connection" won a Platinum 2015 MarCom Award, an international creative competition that recognizes outstanding achievement by marketing and communication professionals. Maryland Health Connection and Weber Shandwick, MHBE's marketing firm in 2013-2015, also were named as a finalist for the 2015 SABRE Awards North America (for Superior Achievement in Branding, Reputation & Engagement), one of the public relations industry's largest competitions. The "Launch (and Relaunch) of Maryland Health Connection" was also, at press time for this report, a finalist in the Public Relations Society of America 2015 Best in Maryland Awards program.

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[7] Prime Contractor for Maryland Health Benefit Exchange Web Site to Repay State $45 Million, Press Release, Maryland Attorney General, Jul. 21, 2015.

[8] Maryland health exchange's second year much more successful than first, The Washington Post, Feb. 18, 2015.

[9] Rush Of Obamacare Enrollees Expected Before Sunday Deadline, The Huffington Post, Feb. 12, 2015.

[10] State exchange winners and losers from open enrollment round two, Fierce Health Payer, Apr. 1, 2015.

[11] Maryland HIX enrollment nearly doubles in half the time, Employee Benefit Adviser, Mar. 25, 2015.

*"It's so important to have coverage. I've been spreading the word to help others get covered, too."*

— Diana, Bel Air

## 2. Plan and Partner Management

### A. Plan Participation

In 2015, MHBE renewed its business agreements with its health insurance carrier partners to continue offering QHPs to Marylanders. Carrier Business Agreements are renewed biennially.

For the 2016 plan year, Aetna (SHOP only), CareFirst, CIGNA (individual only), Evergreen Health Cooperative, Kaiser Permanente, and UnitedHealthcare have continued their partnerships with MHBE, providing Marylanders and their families the ability to exercise choice when selecting health coverage. On the individual marketplace, these carriers collectively offer 53 unique plan offerings. The number of plans available to any given consumer varies depending on whether the plan is offered in their county of residence. On the SHOP marketplace, 92 unique plan offerings are available to small business owners and their employees. (Carriers may have multiple licenses participating in either marketplace). In the Stand-Alone Dental Program (SADP), Alpha Dental, CareFirst, Delta Dental, DentaQuest, Dentegra, and Dominion Dental offer 18 unique pediatric-only and family dental plans. DentaQuest and Dominion Dental offer four dental plans on the SHOP marketplace.

### B. Quality Ratings

MHBE, in conjunction with the Maryland Health Care Commission, released its annual *Maryland Health Connection Quality Report 2015* on October 26, 2015. The report summarizes quality and performance information on the QHPs offered on Maryland Health Connection. Each carrier's star-rating score (out of five stars) is displayed to consumers on MarylandHealthConnection.gov during plan shopping. Nearly all carriers participating in the marketplace received a star-rating score. New entrants to the marketplace, All-Savers Insurance Company and Evergreen Health Cooperative, have not been scored by the Maryland Health Care Commission.

In 2016, MHBE will develop metrics that will allow for the measurement of carrier partner performance with respect to: Enrollment, Network Adequacy, Quality Information, and Complaints and Grievances. These measures will then be used to empower consumers to make better informed decisions about the health coverage they choose and help decision makers develop an approach for quality improvement.

### C. Premiums

Each year, health insurance carriers file prospective rates and forms to the MIA for approval. For the 2016 plan year, some rates increased and others decreased. Premiums went up for CareFirst (10 percent to 26

percent), Evergreen (10 percent, for some plans), and Kaiser Permanente (10 percent, for some plans). Premiums decreased for All Savers (-3 percent to -7 percent), Evergreen (-10 percent, for some plans), Kaiser Permanente (-14 percent, for some plans), Cigna (-3 percent), and UnitedHealthcare of the Mid-Atlantic (-1 percent).

Plan pricing has changed from when Maryland Health Connection began offering QHPs in 2014. Carriers that used to offer the most inexpensive plans may now be more expensive, while carriers that offered more cost-prohibitive plans may now be more competitive. For example, the carrier with four of the six least expensive Silver plans in 2014 (Rating Region 1) had none of the six least expensive Silver plans in 2016. Each year, Maryland Health Connection encourages consumers to shop for the plan that best suits their needs and maximizes their financial assistance.

## D. Plans and Benefits

Among several notable trends, Health Savings Account (HSA)-eligible plans now account for more than 30 percent of all plans offered on the state-based marketplace, up from 22 percent in 2015. Such plans typically have higher deductibles (a minimum of $1,250 for an individual and $2,500 for a family) and lower premiums. Consumers' tax-free funds in their HSAs may be used to pay the deductible and other qualified expenses. An indicator has been added to plan shopping on the website to assist consumers in determining which plans are HSA-eligible.

Also, Evergreen and UnitedHealthcare now offer narrow-network HMO plans. For 2016, 17 percent of plans offered on Maryland Health Connection are narrow network HMO plans, up from 10 percent in 2015. Such plans offer reduced choice among providers in-network as a tradeoff for reduced premium costs or increase benefits.

## E. Stand-Alone Dental Plans (SADPs)

The state marketplace added Stand-Alone Dental Plans (SADPs) for 2016. Consumers may enroll in health and dental coverage at the same time. Five dental carriers offer 18 unique pediatric-only and family SADPs. Also, Marylanders seeking dental coverage only may apply with a slimmed-down eligibility application. The only requirement to enroll in a dental plan on Maryland Health Connection is Maryland residency. All QHPs on Maryland Health Connection are required to offer embedded pediatric dental coverage.

## F. Small Business Health Options Program (SHOP)

SHOP is entering its second year open to businesses with 50 or fewer full-time-equivalent employees. The program allows qualifying businesses to access a two-year tax credit from the Internal Revenue Service to help offset costs and provides more coverage options for employees. Three Third-Party Administrators (TPAs) were selected by MHBE in a competitive process to be the conduits for employers seeking to use the program.

| | |
|---|---|
| Number of participating SHOP groups | 110 |
| Number of participating employees | 631 |
| Number of combined employee/ dependent lives | 925 |

Successes include the implementation of the Third-Party Administrators and the Employee Choice Model; a 250-percent increase in participating groups and covered lives and outreach that included presentations at the Maryland Hispanic Business Conference and the Maryland Chamber of Commerce Business Policy Conference in fall 2015.

## G. Advanced Premium Tax Credits (APTCs)

About 66,000 Maryland households received more than $190 million in federal tax credits to help them purchase quality health coverage in 2015 through MarylandHealthConnection.gov. Under the Affordable Care Act, Marylanders who are not eligible for qualifying health coverage, such as affordable employer-sponsored coverage or a government program such as Medicaid, may apply

for an Advanced Premium Tax Credit, or APTC, to offset the cost of monthly insurance premiums. For coverage that begins January 1, 2016, individuals who have an annual income of less than $47,080 or a family of four whose household income is less than $97,000 may qualify for financial assistance.

### 2015 Advanced Premium Tax Credit Totals by Month

| By Month 2015 | APTC Total by Month | Household Count | Member Count | Household Average | Member Average |
|---|---|---|---|---|---|
| January | $9,782,341 | 36,088 | 51,610 | 271 | 189.5 |
| February | $14,539,306 | 43,246 | 61,474 | 336.2 | 236.5 |
| March | $17,042,698 | 55,685 | 77,718 | 306 | 219.3 |
| April | $17,957,328 | 58,371 | 81,046 | 307.6 | 221.6 |
| May | $18,389,618 | 60,702 | 84,180 | 302.9 | 218.5 |
| June | $18,654,113 | 60,476 | 84,113 | 308.5 | 221.8 |
| July | $18,780,558 | 61,356 | 85,429 | 306.1 | 219.8 |
| August | $18,845,563 | 60,205 | 83,991 | 313 | 224.4 |
| September | $18,863,065 | 60,774 | 84,664 | 310.4 | 222.8 |
| October | $19,072,678 | 61,763 | 85,986 | 308.8 | 221.8 |
| November | $18,862,904 | 60,936 | 85,132 | 309.6 | 221.6 |
| **Total** | **$190,790,173** | | | | |

### 2015 Advanced Premium Tax Credit Totals by Jurisdiction
As of Sept. 9, 2015

| Region | Jurisdiction | Households Covered | Tax Credit Total Per Jurisdiction | 2015 Tax Credit Avg. Per Household (1/1/15-9/9/15) |
|---|---|---|---|---|
| Capital | Montgomery | 16,382 | $36,024,395 | $2,199 |
| Capital | Prince George's | 10,063 | $18,342,044 | $1,823 |
| Central | Anne Arundel | 5,132 | $10,881,192 | $2,120 |
| Central | Baltimore City | 5,893 | $10,495,519 | $1,781 |
| Central | Baltimore County | 9,368 | $20,569,422 | $2,196 |
| Western | Allegany | 603 | $1,303,576 | $2,162 |
| Western | Carroll | 1,375 | $3,058,642 | $2,224 |
| Western | Frederick | 2,263 | $4,646,025 | $2,053 |
| Western | Garrett | 455 | $1,042,190 | $2,291 |
| Western | Howard | 3,391 | $8,483,079 | $2,502 |
| Western | Washington | 1,350 | $2,896,675 | $2,146 |
| Upper Eastern | Cecil | 841 | $1,807,659 | $2,149 |
| Upper Eastern | Caroline | 363 | $826,825 | $2,278 |

| Upper Eastern | Dorchester | 333 | $753,611 | $2,263 |
|---|---|---|---|---|
| Upper Eastern | Harford | 2255 | $4,793,934 | $2,126 |
| Upper Eastern | Kent | 224 | $549,691 | $2,454 |
| Upper Eastern | Queen Anne's | 509 | $1,149,607 | $2,259 |
| Upper Eastern | Talbot | 525 | $1,259,863 | $2,400 |
| Lower Shore | Somerset | 224 | $606,289 | $2,707 |
| Lower Shore | Wicomico | 1,110 | $2,520,224 | $2,270 |
| Lower Shore | Worcester | 1,017 | $2,278,950 | $2,241 |
| Southern | Calvert | 670 | $1,330,961 | $1,987 |
| Southern | Charles | 1,143 | $2,340,531 | $2,048 |
| Southern | Saint Mary's | 606 | $1,244,123 | $2,053 |
| **Total** | | **66,095** | **$139,205,027** | **$2,106** |

## H. Tax Penalty

In 2016, the federal tax penalty for lacking coverage is 2.5 percent of gross household income over the federal income tax filing threshold, or $695 per individual — whichever is greater. That is up from the 2015 penalty of 2 percent of gross household income over the tax filing threshold or $325 per individual. Messaging about the penalty will increase during the 2016 enrollment season to aid public awareness. The penalty is designed to prompt healthier people to get coverage to keep premium levels sustainable as insurers are now forbidden from turning away applicants due to existing health problems. More people covered also reduce the shared cost of uncompensated care. The Affordable Care Act provides certain exemptions, including for people below a certain income and those who are without coverage for fewer than three months.

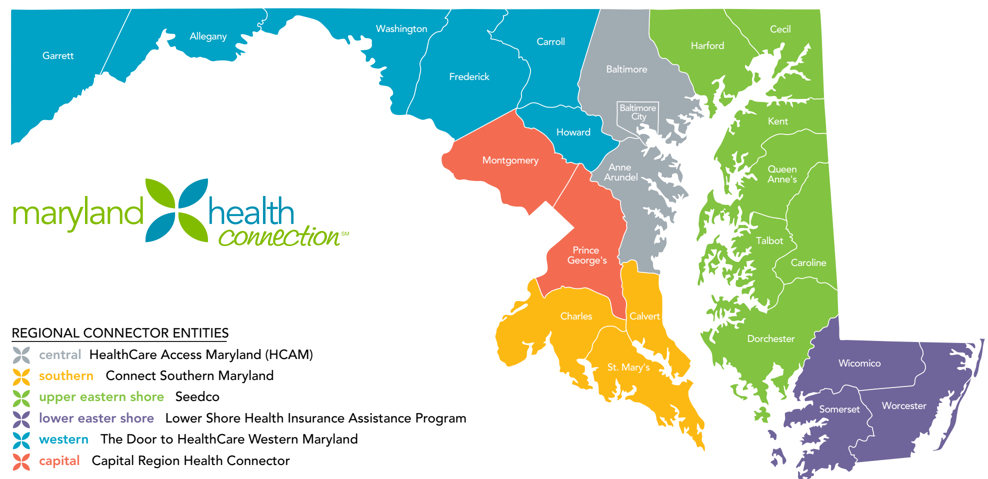
> *"When I left my full-time teaching job and went back to school to study early childhood education, I was able to continue my health plan using COBRA. But the payments were high, especially with a mortgage to pay. My mom told me about Maryland Health Connection. The enrollment process was much easier than I thought it would be."*
>
> — Grace, Brooklyn Park

## 3. Consumer Assistance

More than 1,500 trained experts — navigators, brokers, and consumer assistance workers — provide free, in-person assistance with enrollment.

### A. Connector Entities

The Connector Program was created under the Maryland Health Benefit Exchange Act of 2012. Its primary goal is to enroll all eligible individuals into health coverage, including facilitating enrollment in Medicaid and the Maryland Children's Health Program (MCHP). While the Connector program is available to serve all uninsured individuals, it also must target vulnerable and hard-to-reach populations.




Maryland was divided into six geographic regions to deliver services through the program. MHBE encourages organizations within each region to collaborate to provide a coordinated network of services. Connector entities provide in-person help to Marylanders through the use of certified "Navigators," "Assisters," and non-certified personnel.

The MIA has regulatory oversight over connector entities and certified navigators and assisters. All organizations that partner with the prime connector entity are subject to the same grant agreement terms and conditions as the connector entity and are subject to regulatory oversight by the MIA.

## Certified Staff

| | OE1 (Mar. 2014) | | OE2 (Dec. 2014) | | OE3 (Nov. 2015) | |
|---|---|---|---|---|---|---|
| **Region** | **Assisters** | **Navigators** | **Assisters** | **Navigators** | **Assisters** | **Navigators** |
| Central | 54 | 62 | 36 | 57 | 3 | 43 |
| Capital | 27 | 71 | 5 | 144 | 1 | 40 |
| Southern | 15 | 13 | 6 | 12 | 0 | 12 |
| Western | 84 | 31 | 37 | 29 | 18 | 44 |
| Upper Shore | 11 | 15 | 11 | 16 | 0 | 16 |
| Lower Shore | 5 | 10 | 7 | 10 | 1 | 9 |
| **Total** | **196** | **202** | **102** | **268** | **23** | **164** |

* Increase in Western navigators due to agreements with unfunded partners

## Connector Entity Consumer Visits

| Oct. 1, 2014 to Sept. 30, 2015 | Capital | Central | Western | Southern | Upper Shore | Lower Shore | Total |
|---|---|---|---|---|---|---|---|
| Consumer encounters with Connector staff | 50,363 | 32,048 | 32,443 | 5,896 | 10,985 | 8,837 | **140,572** |
| Encounters where an application was started | 45,175 | 28,269 | 16,020 | 5,234 | 10,456 | 5,441 | **110,595** |
| Encounters where an application was completed / eligibility determined | 20,254 | 25,759 | 15,387 | 5,132 | 9,779 | 5,016 | **81,327** |
| Encounters where an individual chose a QHP *(could include those who started elsewhere)* | 7,080 | 9,318 | 4,609 | 1,485 | 3,167 | 914 | **26,573** |
| Encounters where an individual completed an application and qualified for Medicaid | 18,249 | 15,209 | 10,288 | 3,118 | 6,188 | 3,385 | **56,437** |

## Connector Entity Consumer Visits

Responses to statement: "The overall experience with MHC in-person helper was satisfactory"

| Oct. 1, 2014 to Sept. 30, 2015 | Strongly Agree | Moderately Agree | Neutral | Moderately Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Capital Region Mont DHHS | 915 | 39 | 1 | 0 | 10 |
| Central Region HCAM | 1,343 | 30 | 3 | 1 | 3 |
| Lower Shore Worcester Co | 595 | 8 | 0 | 0 | 0 |
| Southern Calvert HCS | 1,263 | 11 | 1 | 0 | 0 |
| Upper Shore Seedco | 1,293 | 7 | 2 | 1 | 1 |
| Western Howard | 584 | 44 | 2 | 1 | 8 |

## B. Application Counselor Sponsoring Entities (ACSEs)

The Application Counselor Sponsoring Entity (ACSE) program assists consumers with trained counselors who are certified by MHBE and sponsored by community-based organizations, health care providers, units of state or local government, and other entities authorized by MHBE. The program designates ACSEs who agree to employ, retain, and monitor Certified Application Counselors (CAC) to help Marylanders get coverage through Maryland Health Connection. The designations cover a two-year term and may be renewed for an additional two years. The designation of an entity as an ACSE does not entitle it or its counselors to funding from MHBE. The program is vital to helping increase consumer support throughout Maryland.

As of October 31, 2015, 53 ACSEs sponsored 253 CACs throughout Maryland, with 40 in process. That nearly doubled the program from a year earlier when 29 ACSEs sponsored 140 CACs.

## C. Producer Operations

As of September 30, 2015, the MHBE had 1,123 Authorized Producers, or insurance brokers. Of those, 137 were SHOP-only, 236 were individual-only, with the balance of 750 working in both markets. In the individual market, 27,555 people were enrolled in QHPs by a total of 645 producers from January 1, 2015 to September 30, 2015. In other words, nearly 60 percent of Authorized Producers enrolled someone in 2015.

For most Authorized Producers, the ACA and individual health coverage is a minor part of their work. For a relatively small number of producers, individual health coverage is a major focus or even the core of their business. Half of all producer-assisted enrollments were performed by 59 producers and one-quarter of all producer-assisted enrollments were performed by 20 producers.

Producer Operations, coordinating with Training, successfully converted all training offerings for Authorized Producers into self-directed online formats, which provided greater flexibility for training. Producer Operations, coordinating with the Call Center, also successfully reduced hold times and dropped calls on the Producer Support Hotline by dedicating consumer service reps to that line. Producer Operations also collaborated on several changes to the system to aid productivity for Authorized Producers such as adding the option for consumers to designate a producer when they create an account.

For 2016, in a unique program believed to be a first-in-the-nation pilot, select brokers are linked directly to consumers through the Maryland Health Connection call center. The Broker Assistance Transfer (BAT) pilot program is known as the "BATPhone." Brokers are the only consumer assistance workers who can recommend a specific plan to consumers based on individual needs.

## D. Appeals and Grievances

The Appeals and Grievance Unit handles case reviews, formal appeals, and constituent complaints for QHP and Medicaid members. Four appeals and grievance coordinators, one lead, one manager, and an assistant review and investigate thousands of cases each year. Below is a breakdown of cases reviewed between the first and second open enrollments. Of the many cases investigated and handled through an informal resolution process or a formal Office of Administrative Hearing (OAH) appeal, all were successfully resolved with no liability to the agency. Information gathered from the complaints and appeals has been used to improve system functionality and operational processes to eliminate the need for an appeal or complaint in the future as appropriate.

### Appeals and Grievance Cases

| Enrollment Period | Total Constituent Complaints | Total Case Reviews | Total OAH Formal Appeals |
|---|---|---|---|
| Oct. 1, 2013 to Sept. 30, 2014 | 231 | 1,632 | 19 |
| Oct. 1, 2014 to Sept. 30, 2015 | 456 | 1,825 | 211 |

## E. Call Center

The Consolidated Service Center (CSC) in Woodlawn, Baltimore County, averages peak staffing of 275 Consumer Service Representatives (CSR) during open enrollment. In 2015, two call center facilities were fully consolidated to the Woodlawn location with capacity for up to 300 staff. Redundant support was added by opening a location in Glendale, Colorado, to staff up to 60 call center staff including training and management.

The call center vendor launched an upgraded Enterprise Cisco Telephony platform to enhance data capture and reporting; redundancy and robust Interactive Voice Response (IVR) technology. Quality scoring is on the rise, with averages exceeding 90 percent on evaluated call recordings during the current open enrollment period.

All CSRs have access and training on the Medicaid Management Information System (MMIS) application, enabling more efficiency in managing Medicaid coverage inquiries. The Oracle Right Now! Customer Relationship Management (CRM) database was reconfigured for ease of use by CSRs, better data capture and reporting, and greater workflow efficiency.

During the first open enrollment, from October 1, 2013 to March 31, 2014, system issues added pressure on the Consolidated Service Center (CSC). Staffing was increased during OE1 to accommodate the unanticipated increase in calls.

During the second open enrollment, from November 15, 2014 to February 15, 2015, a new system improved functionality. In addition, after OE2 ended, existing Medicaid consumers who were provided enrollment through the state's CARES system were directed to enroll through the Maryland Health Connection for continuation of coverage. As one-sixth of Maryland's population receives Medicaid coverage, this added pressure on the call center resulted in long wait times.

## Call Center Metrics

As of Nov. 10, 2015

| Month | Average Staffing Levels | Calls Offered (Incoming calls includes hang ups and repeat callers) | Calls Handled | Calls Abandoned | Average Speed To Answer (In minutes after call leaves interactive voice response - IVR) | Average Call Handle Time (In minutes) | Average Quality Percent Rating (Based on audit of CSR phone calls) |
|---|---|---|---|---|---|---|---|
| Oct-13 | 98 | 44,333 | 42,581 | 1,752 | 0.22 | 8.52 | 92% |
| Nov-13 | 105 | 40,939 | 30,247 | 10,692 | 3.03 | 12.49 | N/A |
| Dec-13 | 105 | 31,715 | 11,239 | 20,476 | 29.01 | 18.54 | N/A |
| Jan-14 | 225 | 95,627 | 44,230 | 51,015 | 28.30 | 18.38 | N/A |
| Feb-14 | 291 | 81,148 | 61,142 | 19,480 | 7.10 | 17.22 | 75% |
| Mar-14 | 363 | 144,732 | 106,588 | 37,306 | 8.16 | 21.13 | 78% |
| Apr-14 | 327 | 116,194 | 83,108 | 32,459 | 9.27 | 19.44 | 83% |
| May-14 | 155 | 57,155 | 51,084 | 5,872 | 2.34 | 15.58 | 76% |
| Jun-14 | 100 | 47,867 | 38,264 | 9,471 | 6.24 | 18.14 | 79% |
| Jul-14 | 111 | 45,331 | 41,341 | 3,962 | 2.43 | 17.3 | 78% |
| Aug-14 | 116 | 37,189 | 36,347 | 842 | 0.45 | 14.46 | 86% |
| Sep-14 | 115 | 32,424 | 31,480 | 944 | 0.16 | 14.36 | 84% |
| Oct-14 | 73 | 36,455 | 33,816 | 2,639 | 1.15 | 13.53 | 84% |
| Nov-14 | 167 | 70,133 | 51,962 | 18,171 | 4.63 | 14.48 | N/A |
| Dec-14 | 260 | 167,038 | 102,181 | 64,857 | 15.15 | 19.03 | N/A |
| Jan-15 | 270 | 121,531 | 117,371 | 6,405 | 1.48 | 16.1 | 76% |
| Feb-15 | 307 | 191,260 | 108,566 | 84,633 | 17.48 | 19.01 | 79% |
| Mar-15 | 240 | 163,033 | 88,845 | 76,952 | 22.35 | 19.09 | 84% |
| Apr-15 | 187 | 180,581 | 86,733 | 96,675 | 28.98 | 19.45 | 79% |
| May-15 | 173 | 129,962 | 63,672 | 67,482 | 26.27 | 20.47 | 83% |
| Jun-15 | 181 | 149,049 | 63,682 | 85,367 | 30.21 | 21.35 | 90% |
| Jul-15 | 175 | 153,872 | 55,983 | 97,889 | 42.44 | 22.32 | 88% |
| Aug-15 | 186 | 152,846 | 56,793 | 97,222 | 16.80 | 23.14 | 89% |
| Sep-15 | 205 | 161,597 | 56,381 | 106,191 | 16.35 | 22.49 | 89% |
| Oct-15 | 224 | 184,990 | 82,076 | 102,960 | 16.72 | 19.43 | 91% |

## 4. Finance

MHBE has and will continue to use the financial guidelines prescribed by the Maryland Comptroller to ensure its financial integrity. In areas where MHBE has been exempted from various state procedures that affect the finances and/or procurement of the agency, MHBE adheres to policies approved by its MHBE Board of Trustees. MHBE has addressed or is in the process of addressing all recommendations in audits conducted by the Maryland Department of Legislative Services' Office of Legislative Audits (OLA), as well as the Center for Consumer Information and Insurance Oversight, the regulatory arm of the Center for Medicare and Medicaid Services (CMS) that oversees state-based exchanges, and will continue to do so.

### A. Fee Assessments and Funding

The Maryland State Comptroller is responsible for collecting the assessment generated by "the 2-percent premium tax on each authorized insurance company, surplus lines broker, or unauthorized insurance company that sells, or an individual who independently procures, any type of insurance coverage upon a risk that is located in the State."[12] Most revenues from this long-standing assessment go to the state's General Fund, from which MHBE receives an annual appropriation of not less than $35 million.

### B. MHBE Fund Status

The enabling legislation that created MHBE defined a special non-lapsing fund that would consist of user fees or other assessments collected by the exchange, all revenue deposited into the fund derived from the 2-percent tax on premiums, all revenue deposited into the fund from the Maryland Health Insurance Plan Fund, income from investments made on behalf of the fund, interest on deposits or investment of money in the fund, money collected by the Board as a result of a legal or other actions, money donated to the fund, money awarded to the fund through grants, and any other source accepted on behalf of the fund. However, the Maryland Health Progress Act of 2013 reversed prior legislation and required that any funds in the exchange operations account from the premium tax that remain unspent at the end of the state fiscal year shall revert to the state General Fund. In effect, MHBE no longer has a special non-lapsing fund. As such, the special fund has a zero balance at the end of every fiscal year. MHBE was appropriated and spent $12,967,846 in special funds in Fiscal Year 2015. The current special fund appropriation for Fiscal Year 2016 is $34,793,436.

*"I lost my coverage recently. I went to an event, asked questions and got the best coverage for me."*

— Adam, Edgewood

[12] See Maryland Department of Legislative Services Fiscal and Policy Note – HB228, Maryland Health Progress Act of 2013

*"As someone with chronic asthma, having health care is very important. I cannot say thank you enough."*

— Alisa

# 5. Compliance

## A. Fraud, Waste, and Abuse Detection

In compliance with the Maryland Health Benefit Exchange Act of 2012, MHBE established a Fraud, Waste, and Abuse Detection and Prevention Program to ensure its compliance with federal and state laws for the detection and prevention of fraud, waste, and abuse. The Chief Compliance Officer, in collaboration with DHMH's Office of Investigator General, as appropriate, investigates reported or suspected cases, mitigates further risk through the development of corrective action plans and/or disciplinary action, and oversees ongoing implementation of corrective actions to ensure their desired effect.

Of four reported cases in Fiscal Year 2015, investigations found no instance of fraud, waste, or abuse. Three reports were not founded and the fourth was a service-related complaint. The allegations were reported through confidential hotlines, investigations were initiated within the required 10-day timeframe, and no further action was required.

MHBE's Governing Board approved the Compliance and Ethics Plan, which serves as the basis for the agency's oversight and monitoring program. The program includes a Code of Conduct; procedures for identifying, investigating, and resolving potential misconduct; a non-retaliation, non-intimidation policy; management controls to prevent fraud, waste, and abuse; risk management practices; and financial integrity policies and quality controls.

MHBE underwent several retrospective audits by state and federal agencies related to the implementation of the exchange, effectiveness of its functioning, and status of its financial, programmatic, IT and compliance programs dating from the period of inception through the summer of 2014. While corrective actions were recommended as a result of the audits, the agency had already implemented many of the improvements. Examples include development of a new marketplace application, restructure of procurement procedures, compliance with Maryland Open Meeting Act, implementation of an inventory management program, continuous improvement of IT Security functioning, and more comprehensive management and oversight of contractors to promote transparency, consistency, and expected outcomes.

MHBE revised its Non-Exchange Entity Agreement (similar to HIPAA Business Associate Agreement), which includes protections for the personally identifiable information (PII) that consumers provide to the exchange in order to determine their eligibility for assistance

and to enroll in insurance programs through the marketplace. The Non-Exchange Entity Agreements describe IT Security requirements that reduce probability of a privacy incident and include breach notification requirements in the event that one would occur. Additionally, training programs related to prevention of fraud, waste and abuse, privacy, and IT Security were revised to incorporate new regulations and lessons learned to promote understanding of requirements and mitigate risk. MHBE continues to develop and reinforce internal control mechanisms to improve services rendered, ensure consistent application of best practices and promote effective use of its resources.

*"For a long time, I worked a job just to maintain health coverage. I was able to quit that job so I could do what I was passionate about. Because of Maryland Health Connection, my husband and I, who are both self-employed, now have the coverage we need to take care of our family. I know there are other families out there who could benefit from this just like we did."*

— Amanda, Salisbury

# 6. Marketing and Outreach

## A. Marketing

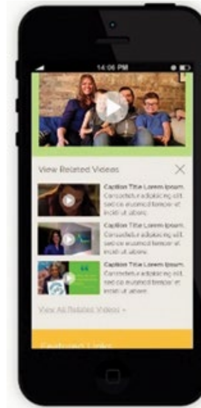
Marketing helped propel a fully functioning Maryland Health Connection in its second open enrollment. Weber Shandwick was MHBE's agency of record in 2013-2015 through the end of its contract period on June 30, 2015. GMMB became MHBE's agency of record on September 17, 2015.

### 2015 highlights included:

- Providing marketing support to help Connector Entities conduct 23 successful enrollment fairs around the state. After some success late in the first open enrollment with enrollment fairs, MHBE asked the Connector Entities to hold at least three events in each of their regions for the second open enrollment at a variety of locations — schools, recreation centers, shopping malls. In all, nearly 1,900 people were enrolled — 60 percent of them in private QHPs — through these events.

Western navigators at enrollment event at TownMall of Westminster, January 2015

MarylandHealthConnection.gov consumer site



MarylandHBE.com stakeholder site

- Both the MarylandHealthConnection.gov consumer-facing website and the MarylandHBE.com stakeholder agency website were improved in 2015. New features included mobile-responsive design and a "toolbox" of stakeholder resources.

- Maryland Health Connection doubled its social media community from 11,000 fans and followers in November 2014 to 22,000 on Facebook, Twitter, and YouTube in November 2015. LinkedIn and Instagram platforms were added for 2016.

- More than 300,000 people signed up to receive email updates from Maryland Health Connection, and nearly 50,000 signed up to receive mobile SMS text messages.

- Digital "retargeting" produced a hundredfold increase in "click-throughs" from digital ads to the enrollment website during the second open enrollment.

- In the final stretch of the second open enrollment, Maryland Health Connection partnered with the Maryland Citizens' Health Initiative Education Fund to launch a series of radio ads with Orioles baseball star, Adam Jones. The campaign generated positive media coverage in The Baltimore Sun, WBAL-TV, WJZ-TV, WMAR-TV, and the Baltimore Business Journal. Visitors to the website during the January 31, 2015 weekend of the Jones ad and press conference increased by 2,000, or 14 percent, over the prior weekend.

MHBE Executive Director Carolyn Quattrocki with Adam Jones; Vincent DeMarco, president of the Maryland Citizens Health Initiative, and Maryland Attorney General Brian E. Frosh at a press conference for Jones' health coverage commercial, January 2015.

- MHBE formed partnerships with sister state agencies, including Maryland Department of Labor, Licensing and Regulation (DLLR), and the Maryland Department of Veterans Affairs, which added a logo and link to the health insurance enrollment website on their websites. Also, the Maryland Department of Commerce (DOC), Maryland Insurance Administration (MIA), the Governor's Office of Minority Affairs (GOMA), and the Health Education and Advocacy Unit (HEAU) of the Maryland Office of the Attorney General (OAG) agreed to circulate Maryland Health Connection brochures at their outreach events.

## B. Outreach

Reaching African-American, Hispanic, and Young Invincible (18-34) populations, groups under-insured for health coverage, were a primary focus of the enrollment outreach. MHBE entered into a partnership with the AFRO American Newspaper, which circulated information to African-American-serving churches, Historically Black Colleges and Universities (HBCUs), NAACP, Baltimore Urban League, and Associated Black Charities. Enrollees who identified as Black or African-American made up 26 percent of total enrollments during the second open enrollment and 18 percent of QHP enrollment.

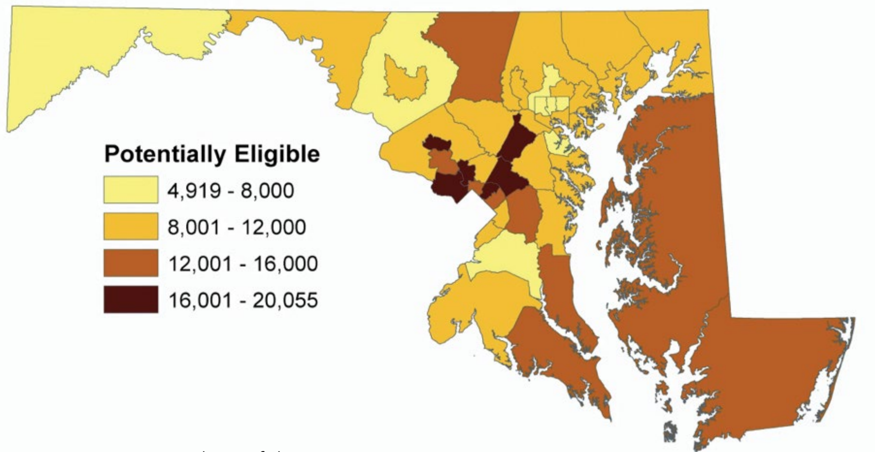
Paid advertising reaching the Latino audience to encourage enrollment and promote events was increased for the second open enrollment, achieving a reach of 87 percent of Spanish-speaking TV households with ads on Entravision and Telemundo. In addition, Spanish-language online advertising and Latino radio stations in the DC metropolitan and Lower Shore regions were employed, as well as Spanish-language newspapers in Baltimore and Washington metro markets. Community outreach efforts included electronic and in-person distribution of Spanish-language enrollment materials to mercados, retailers, and community organizations. Enrollees who identified themselves as Hispanic on an optional question on the application made up 4.9 percent of total enrollments during OE2 and 4.5 percent of QHP enrollment. At the end of OE2, the marketing team added a bilingual Outreach Coordinator and took additional steps to increase marketing to Hispanic consumers and businesses.

## C. Research

Marketing for the second open enrollment was informed by surveys by KRC Research through MHBE's contract with Weber Shandwick in fall 2014, including a telephone survey of 800 Maryland residents and six focus groups. Additional focus groups sponsored by the Maryland Citizens' Health Initiative Education Fund were conducted in fall 2014.

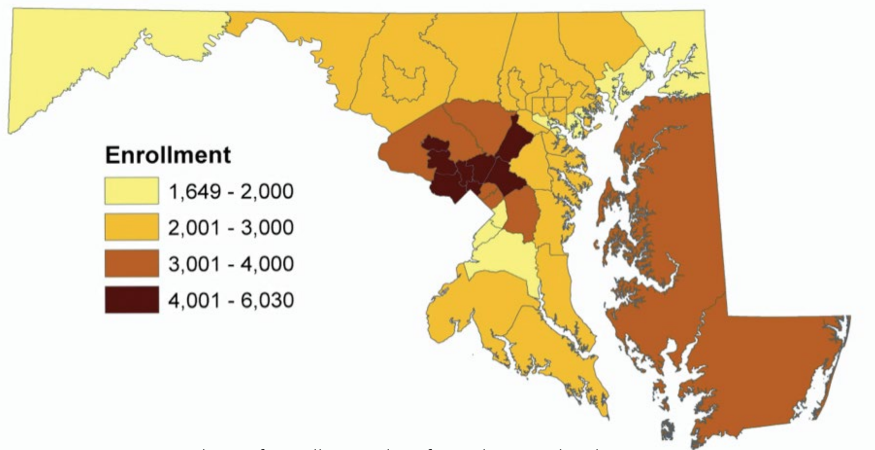
In July 2015, the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota assisted MHBE in analyzing where most remaining uninsured Marylanders live who would be eligible under the Affordable Care Act for enrollment in a private QHP. The primary goal was to assess the geographic concentration of individuals who are likely eligible for coverage through the marketplace, but who had not enrolled. SHADAC combined 2015 enrollment data by ZIP code provided by MHBE with the most recent data available from the U.S. Census Bureau's American Community Survey (ACS). The potentially eligible, or target population, was defined as non-elderly adults between 139 percent and 400 percent of the Federal Poverty Level (FPL), and children above 322 percent of the FPL who are uninsured or have coverage in the non-group market. The analysis was used for strategic and resource planning for outreach and marketing in the open enrollment for 2016 coverage.

## Map 1 – Maryland Health Benefit Exhange: Potentially Eligible, by PUMA, 2013



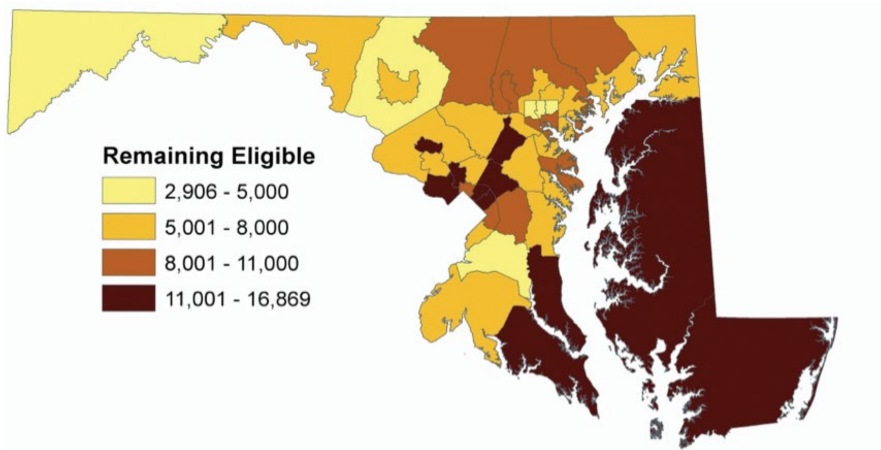

Source: SHADAC analysis of the 2013 American Community Survey.
Note: The potentially eligible include non-elderly adults, above 138% FPG; Children, above 322% FPG

## Map 2 – Maryland Health Benefit Exhange: 2015 Total Enrollment, by PUMA




Source: SHADAC analysis of enrollment data from the Maryland Health Benefit Exchange.

## Map 3 – Maryland Health Benefit Exhange: Remaining Eligible, by PUMA




Source: SHADAC analysis of the 2013 American Community Survey and data from the Maryland Health Benefit Exchange.

# 7. Additional Data

## A. CMS Enrollment Data

The following is data submitted to Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS).

Qualified Health Plan data is specific to medical QHPs and stand-alone dental plans (not Medicaid or CHIP coverage) offered through the marketplace. Certain data (in boxes marked blank) were not available.

## Measurement Data

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Number of Applications Completed, by Electronic and Paper | Completed Applications: Electronic | 230,338 | 602,473 |
| | Completed Application: Paper | 198,811 | 15,359 |
| | Completed Application: Total | 429,149 | 617,832 |
| Number of Individuals Applying for Coverage through the Marketplace (Individual Level) | Individuals Appl: Total | 321,396 | 1,148,248 |
| Number of Individuals Determined Eligible for Enrollment into a QHP (whether or not applying for financial assistance, and whether or not enrolled with financial assistance) by Financial Assistance [FA] (APTC Only, APTC + CSRs) | Eligible: Total | 126,882 | 198,341 |
| | Eligible: Without FA | 26,575 | 105,569 |
| | Eligible with FA: APTC Only | | 67,280 |
| | Eligible with FA: APTC + CSRs | | 25,492 |
| Number of Individuals Determined Eligible for Enrollment into a QHP (Individual Level) by Language Preference | Eligible by Language Preference: No Language Preference | | 127,513 |
| | Eligible by Language Preference: Spanish | | 9,207 |
| | Eligible by Language Preference: Other Language | | 61,621 |
| Number of Individuals Determined Eligible for Enrollment into a QHP by Gender | Eligible by Gender: Male | 57,433 | 91,532 |
| | Eligible by Gender: Female | 69,449 | 106,809 |
| Distribution of Assessed Eligible Individuals by Medicaid and CHIP | Eligible assessment: Medicaid (if breakout possible) | 179,152 | 648,649 |
| | Eligible assessment: CHIP (if breakout possible) | 15,290 | 90,926 |
| | Eligible assessment: Medicaid + CHIP | 194,442 | 739,575 |
| Number of Individuals with QHP Plan Selection: TOTAL Calculate Covered Lives | Individuals Enrolled: Total | 82,535 | 131,974 |
| Number of Individuals with QHP Plan Selection by Language Preference Individual Level | Plan Selection by Language Preference: No Language Preference | | 84,440 |
| | Plan Selection by Language Preference: Language Spanish | | 6,167 |
| | Plan Selection by Language Preference: Other Language | | 41,367 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Number of Individuals Selecting a 2015 QHP Who Were Not Enrolled in a 2014 Marketplace Plan (New Enrollment). Enter Stand Alone Dental Plan new enrollments separately in SADP column. Calculate Covered Lives | Plan Selection for New Enrollees: Total | | 131,974 |
| | Plan Selection for New Enrollees by FA: Enrollment New without FA | 100,307 | 38,524 |
| | Plan Selection for New Enrollees by FA: Enrollment New with FA | 57,433 | 93,450 |
| Number of Individuals Selecting a QHP by FA (No FA, APTC Only, and APTC+CSRs) Calculate Covered Lives | Plan Selection without FA: Total | | 38,524 |
| | Plan Selection by FA: APTC Only | | 28,482 |
| | Plan Selection by FA: APTC + CSRs | | 64,968 |
| Number of Individuals Selecting a QHP by Gender Calculate Covered Lives | Plan Selection by Gender: Male | 37,585 | 59,782 |
| | Plan Selection by Gender: Female | 44,950 | 72,192 |
| Number of Individuals Selecting a QHP by Age Group Calculate Covered Lives | Plan Selection by Age: AGE1<18 | 3,012 | 8,075 |
| | Plan Selection by Age: AGE2 18-25 | 8,024 | 12,807 |
| | Plan Selection by Age: AGE3 26-34 | 15,335 | 24,966 |
| | Plan Selection by Age: AGE4 35-44 | 15,279 | 22,508 |
| | Plan Selection by Age: AGE5 45-54 | 19,454 | 28,137 |
| | Plan Selection by Age: AGE6 55-64 | 20,324 | 32,779 |
| | Plan Selection by Age: AGE7 >=65 | 1,107 | 2,702 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Number of Individuals Selecting a QHP by Gender and Age Group Calculate Covered Lives | Plan Selection by Gender: Male: AGE1<18 | | 4,094 |
| | Plan Selection by Gender and Age: Male: AGE2 18-25 | | 6,000 |
| | Plan Selection by Gender and Age: Male: AGE3 26-34 | | 11,340 |
| | Plan Selection by Gender and Age: Male: AGE4 35-44 | | 10,345 |
| | Plan Selection by Gender and Age: Male: AGE5 45-54 | | 12,649 |
| | Plan Selection by Gender and Age: Male: AGE6 55-64 | | 14,179 |
| | Plan Selection by Gender and Age: Male: AGE7 >=65 | | 1,175 |
| | Plan Selection by Gender and Age: Female: AGE1<18 | | 3,981 |
| | Plan Selection by Gender and Age: Female: AGE2 18-25 | | 6,807 |
| | Plan Selection by Gender and Age: Female: AGE3 26-34 | | 13,626 |
| | Plan Selection by Gender and Age: Female: AGE4 35-44 | | 12,163 |
| | Plan Selection by Gender and Age: Female: AGE5 45-54 | | 15,488 |
| | Plan Selection by Gender and Age: Female: AGE6 55-64 | | 18,600 |
| | Plan Selection by Gender and Age: Female: AGE7 ≥65 | | 1,527 |
| Number of Individuals Selecting a QHP by Metal Level Calculate Covered Lives | Plan Selection by Metal Level: Catastrophic | 519 | 2,664 |
| | Plan Selection by Metal Level: Bronze | 22,563 | 28,905 |
| | Plan Selection by Metal Level: Silver | 44,817 | 82,277 |
| | Plan Selection by Metal Level: Gold | 9,870 | 11,576 |
| | Plan Selection by Metal Level: Platinum | 4,766 | 6,552 |
| Number of Individuals Selecting a QHP by Age and Metal Level Calculate Covered Lives | Plan Selection by Age and Metal Level: AGE1<18: Catastrophic | | 281 |
| | Plan Selection by Age and Metal Level: AGE1<18: Bronze | | 2,650 |
| | Plan Selection by Age and Metal Level: AGE1<18: Silver | | 2,722 |
| | Plan Selection by Age and Metal Level: AGE1<18: Gold | | 1,441 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| | Plan Selection by Age and Metal Level: AGE1<18: Platinum | | 981 |
| | Plan Selection by Age and Metal Level: AGE2 18-25: Catastrophic | | 688 |
| | Plan Selection by Age and Metal Level: AGE2 18-25: Bronze | | 2,363 |
| | Plan Selection by Age and Metal Level: AGE2 18-25: Silver | | 8,431 |
| | Plan Selection by Age and Metal Level: AGE2 18-25: Gold | | 872 |
| | Plan Selection by Age and Metal Level: AGE2 18-25: Platinum | | 453 |
| | Plan Selection by Age and Metal Level: AGE3 26-34: Catastrophic | | 1,660 |
| | Plan Selection by Age and Metal Level: AGE3 26-34: Bronze | | 4,593 |
| | Plan Selection by Age and Metal Level: AGE3 26-34: Silver | | 14,968 |
| | Plan Selection by Age and Metal Level: AGE3 26-34: Gold | | 2,332 |
| | Plan Selection by Age and Metal Level: AGE3 26-34: Platinum | | 1,413 |
| | Plan Selection by Age and Metal Level: AGE4 35-44: Catastrophic | | 18 |
| | Plan Selection by Age and Metal Level: AGE4 35-44: Bronze | | 4,898 |
| | Plan Selection by Age and Metal Level: AGE4 35-44: Silver | | 14,204 |
| | Plan Selection by Age and Metal Level: AGE4 35-44: Gold | | 2,046 |
| | Plan Selection by Age and Metal Level: AGE4 35-44: Platinum | | 1,342 |
| | Plan Selection by Age and Metal Level: AGE5 45-54: Catastrophic | | 15 |
| | Plan Selection by Age and Metal Level: AGE5 45-54: Bronze | | 6,496 |
| | Plan Selection by Age and Metal Level: AGE5 45-54: Silver | | 18,039 |
| | Plan Selection by Age and Metal Level: AGE5 45-54: Gold | | 2,295 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| | Plan Selection by Age and Metal Level: AGE5 45-54: Platinum | | 1,292 |
| | Plan Selection by Age and Metal Level: AGE6 55-64: Catastrophic | | 2 |
| | Plan Selection by Age and Metal Level: AGE6 55-64: Bronze | | 7,602 |
| | Plan Selection by Age and Metal Level: AGE6 55-64: Silver | | 21,657 |
| | Plan Selection by Age and Metal Level: AGE6 55-64: Gold | | 2,489 |
| | Plan Selection by Age and Metal Level: AGE6 55-64: Platinum | | 1,029 |
| | Plan Selection by Age and Metal Level: AGE7 >=65: Catastrophic | | |
| | Plan Selection by Age and Metal Level: AGE7 >=65: Bronze | | 303 |
| | Plan Selection by Age and Metal Level: AGE7 >=65: Silver | | 2,256 |
| | Plan Selection by Age and Metal Level: AGE7 >=65: Gold | | 101 |
| | Plan Selection by Age and Metal Level: AGE7 >=65: Platinum | | 42 |
| Number of Individuals Selecting a QHP by FA (without FA, with FA) and Metal Level Calculate Covered Lives | Plan Selection by FA and Metal Level: Enrolled Without FA: Catastrophic | | 2,656 |
| | Plan Selection by FA and Metal Level: Enrolled without FA: Bronze | | 15,182 |
| | Plan Selection by FA and Metal Level: Enrolled without FA: Silver | | 9,059 |
| | Plan Selection by FA and Metal Level: Enrolled without FA: Gold | | 7,242 |
| | Plan Selection by FA and Metal Level: Enrolled without FA: Platinum | | 4,385 |
| | Plan Selection by FA and Metal Level: Enrolled with FA: Catastrophic | | 8 |
| | Plan Selection by FA and Metal Level: Enrolled with FA: Bronze | | 13,723 |
| | Plan Selection by FA and Metal Level: Enrolled with FA: Silver | | 73,218 |
| | Plan Selection by FA and Metal Level: Enrolled with FA: Gold | | 4,334 |
| | Plan Selection by FA and Metal Level: Enrolled with FA: Platinum | | 2,167 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Number of Individuals with FA Selecting a QHP by FPL (Among Individuals Receiving FA) Calculate Covered Lives | Plan Selection with FA by FPL: FA and FPL1 | | 13,418 |
| | Plan Selection with FA by FPL: FA and FPL2 | | 9,968 |
| | Plan Selection with FA by FPL: FA and FPL3 | | 7,515 |
| | Plan Selection with FA by FPL: FA and FPL4 | | 29,608 |
| | Plan Selection with FA by FPL: FA and FPL5 | | 16,523 |
| | Plan Selection with FA by FPL: FA and FPL6 | | 9,898 |
| | Plan Selection with FA by FPL: FA and FPL7 | | 9,867 |
| | Plan Selection with FA by FPL: FA and FPL8 | | |
| | Plan Selection with FA by FPL: FA and FPL9 (unknown) | | 35,177 |
| Number of Individuals Selecting a QHP by Issuer Calculate Covered Lives | CareFirst | 77,765 | 101,607 |
| | Kaiser Permanente | 3,863 | 21,979 |
| | Evergreen | 563 | 3,840 |
| | UnitedHealthcare | | 4,185 |
| Median Individual-Policy QHP Premium by Age Group | Median Individual Age Level: AGE1<18 | $636 | $118.87 |
| | Median Individual Age Level: AGE2 18-25 | $286 | $177.74 |
| | Median Individual Age Level: AGE3 26-34 | $205 | $202.05 |
| | Median Individual Age Level: AGE4 35-44 | $284 | $234.7 |
| | Median Individual Age Level: AGE5 45-54 | $401 | $317.44 |
| | Median Individual Age Level: AGE6 55-64 | $527 | $486.59 |
| | Median Individual Age Level: AGE7 >=65 | $563 | $551.28 |
| Median Individual-Policy QHP Premium Before APTC ($): (Only individuals who enroll with APTC) Calculate cumulative since November 15, 2014 | Median Individual Premium: Before APTC | | $290.60 |
| Median Individual-Policy QHP Premium After APTC Deducted ($) (Only individuals who enroll with APTC) Calculate cumulative since November 15, 2014 | Median individual Premium: After APTC | | $89.21 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Average Per Person Full Premium for Plans with APTC Individuals Before APTC Applied. [Average Individual Premium Before APTC Deducted ($)] All QHPs | Average individual premium all QHPs: Before APTC | | $302.87 |
| Average Per Person Full premium for Plans With APTC Individuals, After APTC Applied. Average Individual Premium After APTC Deducted ($) All QHPs | Average individual premium all QHPs: After APTC | | $160.96 |
| Average Per Person Full Premium for Plans With APTC Individuals, Before APTC Applied. [Average Individual Premium Before APTC Deducted ($)] | Average Individual Premium: Before APTC | | $321.81 |
| Average Per Person Premium for Plans With APTC Individuals, After APTC Applied. Average Individual Premium After APTC Deducted ($) | Average Individual premium: After APTC | | $108.78 |
| Average Per Person Full Premium Before APTC Deducted by Metal Level ($) | Average Individual Premium: APTC: Catastrophic | $114.04 | $158.77 |
| | Average Individual Premium: APTC: Bronze | $327.47 | $251.27 |
| | Average Individual Premium: APTC: Silver | $466.37 | $322.81 |
| | Average Individual Premium: APTC: Gold | $596.07 | $436.08 |
| | Average Individual Premium: APTC: Platinum | $735.49 | $506.77 |
| Average Per Person Premium Without APTC by Metal Level ($) Calculate cumulative since November 15, 2014 | Average Individual Premium: No APTC: Catastrophic | | $112.84 |
| | Average Individual Premium: No APTC: Bronze | | $204.01 |
| | Average Individual Premium: No APTC: Silver | | $275.34 |
| | Average Individual Premium: No APTC: Gold | | $315.70 |
| | Average Individual Premium: No APTC: Platinum | | $392.44 |
| Average APTC Payment Selected, by tax household ($) See glossary. | Avg APTC Selected | $307.19 | $276.49 |
| Number of Enrollments Using Assistance (at Application Level) | Enrollment Using Assistance: Yes | | 63 |
| | Enrollment Using Assistance: No | | 131,911 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Number of Individuals with Effectuated Enrollment in QHP: TOTAL<br>Calculate Covered Lives | Individ Effect: Total | | 115,454 |
| Number of Individuals with Effectuated Enrollment in QHP by Language Preference<br>Individual Level | Effect by Language Preference: No Language Preference | | 73,286 |
| | Effect by Language Preference: Spanish | | 5,285 |
| | Effect by Language Preference: Other Language | | 36,883 |
| Effectuated Enrollment by New Enrollees: Number of Individuals with Effectuated Enrollment in a 2015 QHP who Were NOT Enrolled in a 2014 Marketplace Plan (New Enrollment)<br>Calculate Covered Lives | Effectuated Enrollment New Enrollee: Total | | 115,454 |
| | Effectuated Enrollment New Enrollee by FA: Effect New without FA | | 32,705 |
| | Effectuated Enrollment New Enrollee by FA: Effect New with FA | | 82,749 |
| Number of Individuals with Effectuated Enrollment in QHP by FA (no FA, APTC Only, and APTC + CSRs)<br>Calculate Covered Lives | Effect without FA: Total | | 32,705 |
| | Effect with FA: APTC Only | | 25,957 |
| | Effect with FA: APTCs+CSRs | | 56,792 |
| Number of Individuals with Effectuated Enrollment in QHP by Gender<br>Calculate Covered Lives | Effect by Gender: Male | | 52,081 |
| | Effect by Gender: Female | | 63,373 |
| Number of Individuals with Effectuated Enrollment in QHP by Age Group<br>Calculate Covered Lives | Effect by Age: AGE1<18 | | 7,039 |
| | Effect by Age: AGE2 18-25 | | 10,724 |
| | Effect by Age: AGE3 26-34 | | 20,508 |
| | Effect by Age: AGE4 35-44 | | 19,113 |
| | Effect by Age: AGE5 45-54 | | 25,101 |
| | Effect by Age: AGE6 55-64 | | 30,529 |
| | Effect by Age: AGE7 >=65 | | 2,440 |
| Number of Individuals with Effectuated Enrollment in QHP by Gender and Age Group<br>Calculate Covered Lives | Effect by Gender: Male: AGE1<18 | | 3,570 |
| | Effect by Gender and Age: Male: AGE2 18-25 | | 5,042 |
| | Effect by Gender and Age: Male: AGE3 26-34 | | 9,279 |
| | Effect by Gender and Age: Male: AGE4 35-44 | | 8,705 |
| | Effect by Gender and Age: Male: AGE5 45-54 | | 11,242 |
| | Effect by Gender and Age: Male: AGE6 55-64 | | 13,190 |
| | Effect by Gender and Age: Male: AGE7 >=65 | | 1,053 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| | Effect by Gender and Age: Female: AGE1<18 | | 3,469 |
| | Effect by Gender and Age: Female: AGE2 18-25 | | 5,682 |
| | Effect by Gender and Age: Female: AGE3 26-34 | | 11,229 |
| | Effect by Gender and Age: Female: AGE4 35-44 | | 10,408 |
| | Effect by Gender and Age: Female: AGE5 45-54 | | 13,859 |
| | Effect by Gender and Age: Female: AGE6 55-64 | | 17,339 |
| | Effect by Gender and Age: Female: AGE7 >=65 | | 1,387 |
| Number of Individuals with Effectuated Enrollment in QHP by Metal Level Calculate Covered Lives | Effect by Level: Catastrophic | | 1,721 |
| | Effect by Level: Bronze | | 25,808 |
| | Effect by Level: Silver | | 71,634 |
| | Effect by Level: Gold | | 10,266 |
| | Effect by Level: Platinum | | 6,025 |
| Number of Individuals with Effectuated Enrollment in a QHP by Age and Metal Level Calculate Covered Lives | Effect by Age and Metal Level: AGE1<18: Catastrophic | | 119 |
| | Effect by Age and Metal Level: AGE1<18: Bronze | | 2,346 |
| | Effect by Age and Metal Level: AGE1<18: Silver | | 2,404 |
| | Effect by Age and Metal Level: AGE1<18: Gold | | 1,262 |
| | Effect by Age and Metal Level: AGE1<18: Platinum | | 908 |
| | Effect by Age and Metal Level: AGE2 18-25: Catastrophic | | 397 |
| | Effect by Age and Metal Level: AGE2 18-25: Bronze | | 2,088 |
| | Effect by Age and Metal Level: AGE2 18-25: Silver | | 7,056 |
| | Effect by Age and Metal Level: AGE2 18-25: Gold | | 764 |
| | Effect by Age and Metal Level: AGE2 18-25: Platinum | | 419 |
| | Effect by Age and Metal Level: AGE3 26-34: Catastrophic | | 1,180 |
| | Effect by Age and Metal Level: AGE3 26-34: Bronze | | 3,921 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| | Effect by Age and Metal Level: AGE3 26-34: Silver | | 12,195 |
| | Effect by Age and Metal Level: AGE3 26-34: Gold | | 1,970 |
| | Effect by Age and Metal Level: AGE3 26-34: Platinum | | 1,242 |
| | Effect by Age and Metal Level: AGE4 35-44: Catastrophic | | 14 |
| | Effect by Age and Metal Level: AGE4 35-44: Bronze | | 4,223 |
| | Effect by Age and Metal Level: AGE4 35-44: Silver | | 11,902 |
| | Effect by Age and Metal Level: AGE4 35-44: Gold | | 1,747 |
| | Effect by Age and Metal Level: AGE4 35-44: Platinum | | 1,227 |
| | Effect by Age and Metal Level: AGE5 45-54: Catastrophic | | 9 |
| | Effect by Age and Metal Level: AGE5 45-54: Bronze | | 5,844 |
| | Effect by Age and Metal Level: AGE5 45-54: Silver | | 15,943 |
| | Effect by Age and Metal Level: AGE5 45-54: Gold | | 2,098 |
| | Effect by Age and Metal Level: AGE5 45-54: Platinum | | 1,207 |
| | Effect by Age and Metal Level: AGE6 55-64: Catastrophic | | 2 |
| | Effect by Age and Metal Level: AGE6 55-64: Bronze | | 7,128 |
| | Effect by Age and Metal Level: AGE6 55-64: Silver | | 20,077 |
| | Effect by Age and Metal Level: AGE6 55-64: Gold | | 2,336 |
| | Effect by Age and Metal Level: AGE6 55-64: Platinum | | 986 |
| | Effect by Age and Metal Level: AGE7 >=65: Catastrophic | | |
| | Effect by Age and Metal Level: AGE7 >=65: Bronze | | 258 |
| | Effect by Age and Metal Level: AGE7 >=65: Silver | | 2,057 |
| | Effect by Age and Metal Level: AGE7 >=65: Gold | | 89 |
| | Effect by Age and Metal Level: AGE7 >=65: Platinum | | 36 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Number of Individuals with Effectuated Enrollment in QHP by FA (Without FA, With FA) by Metal Level Calculate Covered Lives | Effect by FA and Metal Level: Enrolled without FA: Catastrophic | | 1,714 |
| | Effect by FA and Metal Level: Enrolled without FA: Bronze | | 13,137 |
| | Effect by FA and Metal Level: Enrolled without FA: Silver | | 7,623 |
| | Effect by FA and Metal Level: Enrolled without FA: Gold | | 6,224 |
| | Effect by FA and Metal Level: Enrolled without FA: Platinum | | 4,007 |
| | Effect by FA and Metal Level: Enrolled with FA: Catastrophic | | 7 |
| | Effect by FA and Metal Level: Enrolled with FA: Bronze | | 12,671 |
| | Effect by FA and Metal Level: Enrolled with FA: Silver | | 64,011 |
| | Effect by FA and Metal Level: Enrolled with FA: Gold | | 4,042 |
| | Effect by FA and Metal Level: Enrolled with FA: Platinum | | 2,018 |
| Number of Individuals with FA Effect Enrolled in a QHP by FPL (Among Individuals Receiving FA) | Effect with FA by FPL: FA and FPL1 | | 11,790 |
| | Effect with FA by FPL: FA and FPL2 | | 8,531 |
| | Effect with FA and FPL: FA and FPL3 | | 6,558 |
| | Effect with FA by FPL: FA and FPL4 | | 26,218 |
| | Effect with FA by FPL: FA and FPL5 | | 14,454 |
| | Effect with FA by FPL: FA and FPL6 | | 8,801 |
| | Effect with FA by FPL: FA and FPL7 | | 8,951 |
| | Effect with FA by FPL: FA and FPL8 | | |
| | Effect with FA and FPL: FA and FPL9 (unknown) | | 30,151 |
| Number of Employers who completed an application through SHOP | | | 295 |
| Number of SHOP Participating Employers (Effectuated Enrollment) Calculate cumulative since January 1, 2015. | | | 105 |

| Measure | Detail | 2014 Enrollment (Oct. 1, 2013 to Oct. 31, 2014) | 2015 Enrollment (Nov. 15, 2014 to Sept. 19, 2015) |
|---|---|---|---|
| Average Number of SHOP Employees per Participating Employer (Effectuated Enrollment) Calculate cumulative since January 1, 2015. | | | 5.59 |
| Average Employer Premium Contribution Percent (Effectuated Enrollment) Calculate cumulative since January 1, 2015. | | | |
| Number of Employees (covered lives, including dependents) Enrolled through SHOP (Effectuated Enrollment) Calculate cumulative since January 1, 2015. | | | 837 |
| Call Center Volume | Call Ctr: Total Calls | 885,206 | 1,507,351 |
| Call Center Wait Time (in minutes) | Call Ctr: Avg Wait Time | | 22.9 |
| Call Center Abandonment Rate (in percent) | | | 48.28% |
| Average Call Handle Time (in minutes) | | | 19.33 |
| Number of Mail/Written Correspondence Received | | 37,220 | |
| Number of Website Visits | | 3,722,242 | 3,811,377 |
| Number of Website Unique Visitors | | 1,805,163 | 1,657,787 |
| Number of Website Page Views | | 11,336,526 | 114,714,918 |

## B. QHP Enrollment by Jurisdiction

### As of Feb. 28, 2015

| Jurisdiction | APTC | QHP without APTC |
|---|---|---|
| Allegany | 741 | 157 |
| Anne Arundel | 6,659 | 3,357 |
| Baltimore | 12,442 | 4,536 |
| Baltimore City | 6,674 | 2,744 |
| Calvert | 839 | 441 |
| Caroline | 470 | 123 |
| Carroll | 1,984 | 818 |
| Cecil | 1,119 | 517 |
| Charles | 1,472 | 654 |
| Dorchester | 391 | 123 |
| Frederick | 3,061 | 1,575 |
| Garrett | 559 | 130 |
| Harford | 3,039 | 1,160 |
| Howard | 5,176 | 2,321 |
| Kent | 290 | 73 |
| Montgomery | 22,177 | 9,109 |
| Prince George's | 12,992 | 5,807 |
| Queen Anne's | 696 | 302 |
| Saint Mary's | 767 | 373 |
| Somerset | 311 | 50 |
| Talbot | 686 | 155 |
| Washington | 1,706 | 542 |
| Wicomico | 1,389 | 353 |
| Worcester | 1,320 | 307 |
| Out-Of-State | 47 | 44 |
| **Total** | **87,007** | **35,771** |

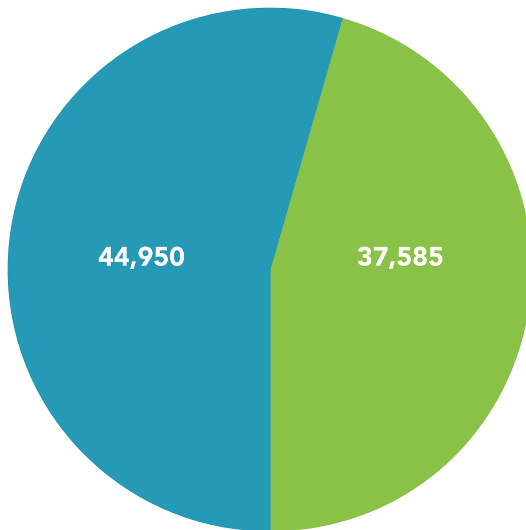
## C. QHP Enrollment by Jurisdiction and Metal Level

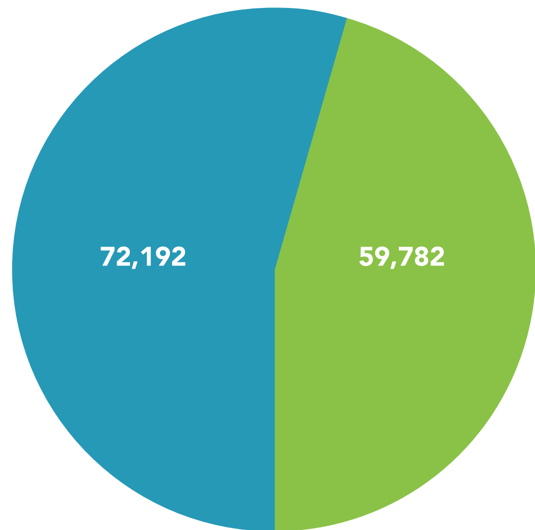
### As of Feb. 28, 2015

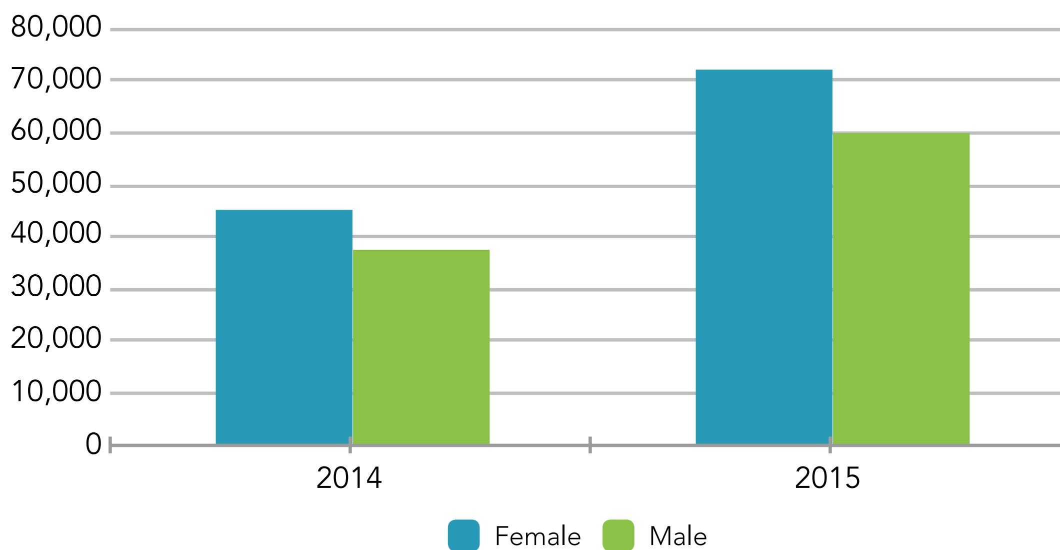
| Jurisdiction | Catastrophic | Bronze | Silver | Gold | Platinum | Total |
|---|---|---|---|---|---|---|
| Allegany | 9 | 174 | 590 | 89 | 36 | **898** |
| Anne Arundel | 208 | 2,595 | 5,761 | 991 | 461 | **10,016** |
| Baltimore | 380 | 4,003 | 10,559 | 1,346 | 690 | **16,978** |
| Baltimore City | 370 | 2,294 | 5,757 | 581 | 416 | **9,418** |
| Calvert | 31 | 348 | 710 | 143 | 48 | **1,280** |
| Caroline | 7 | 108 | 401 | 71 | 6 | **593** |
| Carroll | 41 | 580 | 1,707 | 296 | 178 | **2,802** |
| Cecil | 37 | 402 | 933 | 185 | 79 | **1,636** |
| Charles | 62 | 490 | 1,266 | 207 | 101 | **2,126** |
| Dorchester | 12 | 128 | 310 | 43 | 21 | **514** |
| Frederick | 87 | 1,139 | 2,674 | 505 | 231 | **4,636** |
| Garrett | 4 | 168 | 458 | 40 | 19 | **689** |
| Harford | 82 | 1,081 | 2,502 | 367 | 167 | **4,199** |
| Howard | 146 | 2,198 | 4,263 | 599 | 291 | **7,497** |
| Kent | 3 | 85 | 242 | 23 | 10 | **363** |
| Montgomery | 557 | 6,807 | 19,738 | 2,585 | 1,599 | **31,286** |
| Prince George's | 661 | 4,546 | 11,890 | 1,159 | 543 | **18,799** |
| Queen Anne's | 17 | 226 | 613 | 94 | 48 | **998** |
| Saint Mary's | 21 | 346 | 609 | 110 | 54 | **1,140** |
| Somerset | 6 | 89 | 216 | 45 | 5 | **361** |
| Talbot | 10 | 159 | 578 | 59 | 35 | **841** |
| Washington | 37 | 573 | 1,343 | 194 | 101 | **2,248** |
| Wicomico | 38 | 460 | 1,074 | 120 | 50 | **1,742** |
| Worcester | 25 | 413 | 1,009 | 139 | 41 | **1,627** |
| Out of State | 12 | 23 | 51 | 2 | 3 | **91** |
| **Total** | **2,863** | **29,435** | **75,254** | **9,993** | **5,233** | **122,778** |

## D. Demographic Enrollment Data

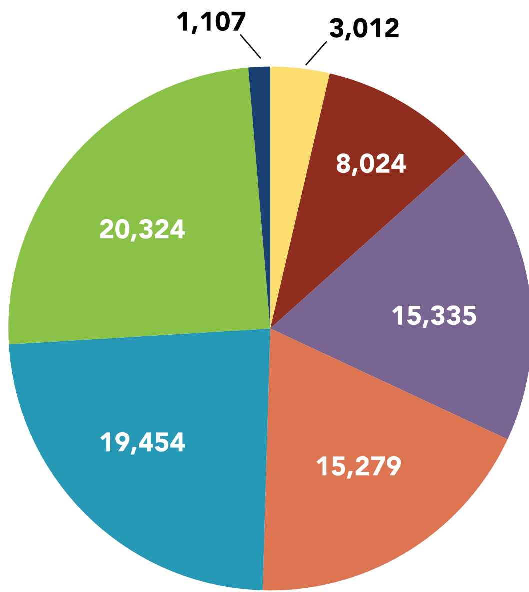
As of Feb. 28, 2015



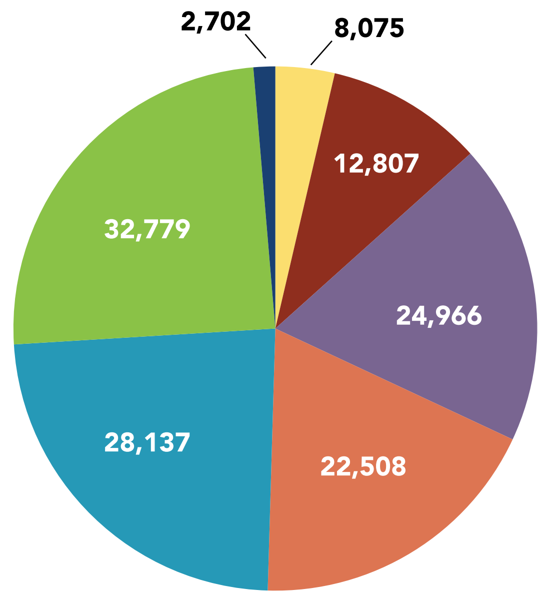



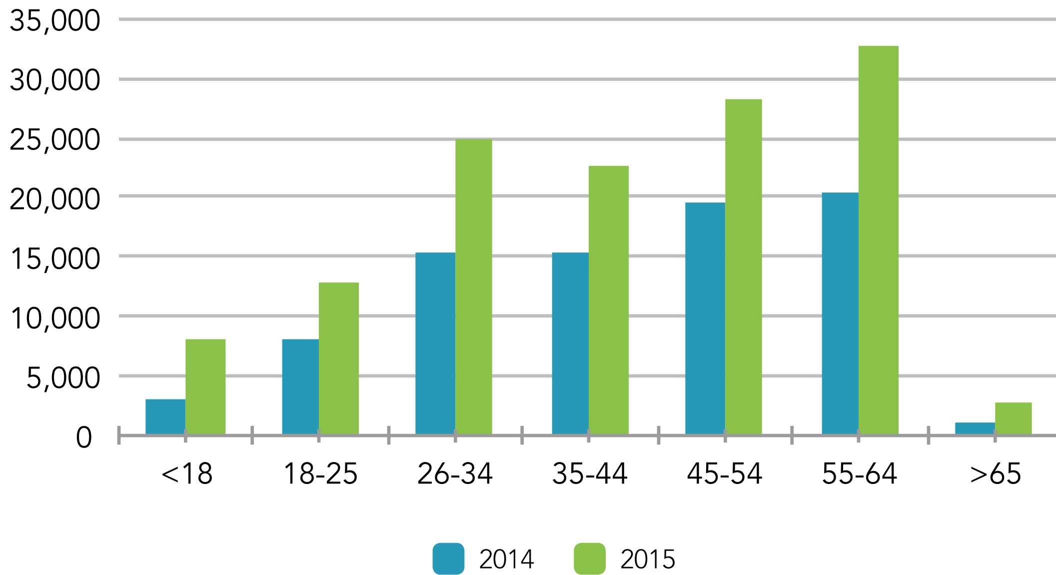
## 2014 QHP Enrollment by Age Groups



## 2015 QHP Enrollment by Age Groups



## QHP Enrollment by Age Group in 2014 & 2015



**Optional field in consumer application.*

| Ethnicity* | Medicaid | QHP | Total |
|---|---|---|---|
| American Indian or Alaska Native | 762 | 312 | **1,074** |
| Asian Indian | 2,283 | 2,688 | **4,971** |
| Black or African American | 53,325 | 22,632 | **75,957** |
| Chinese | 2,389 | 2,459 | **4,848** |
| Filipino | 827 | 892 | **1,719** |
| Guamanian or Chamorro | 29 | 17 | **46** |
| Hispanic | 8,571 | 5,481 | **14,052** |
| Japanese | 105 | 106 | **211** |
| Korean | 2,132 | 3,276 | **5,408** |
| Native Hawaiian | 28 | 18 | **46** |
| Other Asian | 2,488 | 2,132 | **4,620** |
| Other Pacific Islander | 149 | 85 | **234** |
| Samoan | 14 | 6 | **20** |
| Vietnamese | 1,760 | 1,587 | **3,347** |
| White | 49,829 | 44,022 | **93,851** |
| Other | 3,980 | 2,786 | **6,766** |
| Not Given | 37,682 | 34,279 | **71,961** |
| **Total** | **166,353** | **122,778** | **289,131** |

| Disabled Status | Medicaid | QHP | Total |
|---|---|---|---|
| Disabled | 9,915 | 2,346 | **12,261** |
| Not Disabled | 156,438 | 120,432 | **276,870** |

| Single-Parent Home | Medicaid | QHP | Total |
|---|---|---|---|
| | 34,963 | 12,420 | **47,383** |

## E. 2015 Open Enrollment by Day

| Activity Date | Total Applications | Total People Enrolled | Enrolled (APTC) | Enrolled (QHP) | Enrolled (Medicaid) | Phone Calls Received |
|---|---|---|---|---|---|---|
| 11/15/2014 | 121 | 131 | 89 | 8 | 34 | 706 |
| 11/16/2014 | 141 | 142 | 97 | 9 | 36 | 890 |
| 11/17/2014 | 2,749 | 1,700 | 750 | 324 | 626 | 4,903 |
| 11/18/2014 | 5,794 | 3,660 | 1,576 | 610 | 1,474 | 8,345 |
| 11/19/2014 | 12,820 | 9,008 | 3,846 | 1,319 | 3,843 | 13,702 |
| 11/20/2014 | 17,760 | 13,188 | 5,568 | 1,822 | 5,798 | 18,542 |
| 11/21/2014 | 21,468 | 16,417 | 6,897 | 2,157 | 7,363 | 22,837 |
| 11/22/2014 | 23,490 | 18,141 | 7,695 | 2,373 | 8,073 | 24,012 |
| 11/23/2014 | 25,111 | 20,510 | 9,064 | 2,881 | 8,565 | 24,412 |
| 11/24/2014 | 28,909 | 24,035 | 10,599 | 3,243 | 10,193 | 29,549 |
| 11/25/2014 | 32,392 | 27,529 | 12,046 | 3,568 | 11,915 | 34,078 |
| 11/26/2014 | 34,871 | 29,998 | 13,223 | 3,851 | 12,924 | 37,230 |
| 11/27/2014 | 35,635 | 30,606 | 13,494 | 3,949 | 13,163 | 37,230 |
| 11/28/2014 | 37,465 | 32,201 | 14,283 | 4,185 | 13,733 | 39,333 |
| 11/29/2014 | 38,886 | 33,360 | 14,859 | 4,358 | 14,143 | 40,296 |
| 11/30/2014 | 40,458 | 34,846 | 15,550 | 4,625 | 14,671 | 40,772 |
| 12/1/2014 | 44,713 | 39,365 | 17,526 | 5,185 | 16,654 | 47,396 |
| 12/2/2014 | 49,160 | 44,020 | 19,389 | 5,774 | 18,857 | 54,474 |
| 12/3/2014 | 52,005 | 46,849 | 20,876 | 6,018 | 19,955 | 60,663 |
| 12/4/2014 | 56,273 | 51,796 | 22,986 | 6,557 | 22,253 | 66,752 |
| 12/5/2014 | 59,799 | 55,855 | 24,773 | 6,959 | 24,123 | 73,573 |
| 12/6/2014 | 61,927 | 58,236 | 25,918 | 7,390 | 24,928 | 75,469 |
| 12/7/2014 | 63,780 | 60,084 | 26,778 | 7,797 | 25,509 | 76,156 |
| 12/8/2014 | 68,369 | 65,325 | 29,121 | 8,429 | 27,775 | 83,989 |
| 12/9/2014 | 73,177 | 70,952 | 31,523 | 9,117 | 30,312 | 91,666 |
| 12/10/2014 | 77,789 | 76,633 | 34,059 | 9,797 | 33,265 | 98,354 |
| 12/11/2014 | 82,467 | 80,354 | 35,363 | 9,651 | 35,340 | 104,883 |
| 12/12/2014 | 86,765 | 86,069 | 38,049 | 10,375 | 37,645 | 112,191 |
| 12/13/2014 | 89,571 | 89,557 | 39,791 | 10,951 | 38,815 | 114,321 |
| 12/14/2014 | 93,324 | 93,908 | 41,774 | 11,920 | 40,214 | 115,265 |
| 12/15/2014 | 103,206 | 105,902 | 46,775 | 14,256 | 44,871 | 120,693 |
| 12/16/2014 | 109,054 | 113,784 | 50,519 | 15,204 | 48,061 | 131,817 |

| Activity Date | Total Applications | Total People Enrolled | Enrolled (APTC) | Enrolled (QHP) | Enrolled (Medicaid) | Phone Calls Received |
|---|---|---|---|---|---|---|
| 12/17/2014 | 115,871 | 123,438 | 54,828 | 16,557 | 52,053 | 143,496 |
| 12/18/2014 | 124,257 | 136,685 | 61,448 | 18,539 | 56,698 | 156,930 |
| 12/19/2014 | 125,869 | 138,711 | 62,094 | 18,625 | 57,992 | 162,043 |
| 12/20/2014 | 126,412 | 139,261 | 62,311 | 18,690 | 58,260 | 162,737 |
| 12/21/2014 | 126,735 | 139,568 | 62,409 | 18,731 | 58,428 | 162,943 |
| 12/22/2014 | 128,515 | 141,724 | 62,988 | 18,864 | 59,872 | 168,104 |
| 12/23/2014 | 130,040 | 143,568 | 63,515 | 18,937 | 61,116 | 173,099 |
| 12/25/2014 | 130,620 | 144,313 | 63,824 | 18,995 | 61,494 | 175,125 |
| 12/26/2014 | 131,806 | 145,554 | 64,200 | 19,094 | 62,260 | 178,665 |
| 12/27/2014 | 132,249 | 146,095 | 64,405 | 19,125 | 62,565 | 179,534 |
| 12/28/2014 | 132,667 | 146,529 | 64,537 | 19,198 | 62,794 | 179,753 |
| 12/29/2014 | 135,016 | 149,330 | 65,482 | 19,331 | 64,517 | 188,538 |
| 12/30/2014 | 137,283 | 151,888 | 66,151 | 19,507 | 66,230 | 196,771 |
| 1/1/2015 | 138,832 | 153,602 | 66,677 | 19,670 | 67,255 | 200,502 |
| 1/2/2015 | 140,339 | 155,375 | 67,174 | 19,776 | 68,425 | 206,319 |
| 1/3/2015 | 140,836 | 155,880 | 67,336 | 19,810 | 68,734 | 207,163 |
| 1/4/2015 | 141,280 | 156,305 | 67,469 | 19,879 | 68,957 | 207,372 |
| 1/5/2015 | 143,702 | 159,070 | 68,101 | 19,985 | 70,984 | 215,910 |
| 1/6/2015 | 145,611 | 161,343 | 68,678 | 20,065 | 72,600 | 221,942 |
| 1/7/2015 | 147,589 | 163,734 | 69,273 | 20,185 | 74,276 | 227,625 |
| 1/8/2015 | 149,616 | 166,229 | 69,859 | 20,310 | 76,060 | 232,649 |
| 1/9/2015 | 151,386 | 168,371 | 70,329 | 20,391 | 77,651 | 237,295 |
| 1/10/2015 | 151,909 | 168,867 | 70,489 | 20,411 | 77,967 | 237,958 |
| 1/11/2015 | 152,523 | 169,462 | 70,627 | 20,510 | 78,325 | 238,164 |
| 1/12/2015 | 154,933 | 172,207 | 71,281 | 20,699 | 80,227 | 243,887 |
| 1/13/2015 | 157,638 | 175,306 | 72,050 | 20,884 | 82,372 | 249,430 |
| 1/14/2015 | 160,537 | 178,620 | 73,001 | 21,192 | 84,427 | 255,016 |
| 1/15/2015 | 163,942 | 182,723 | 74,318 | 21,566 | 86,839 | 260,926 |
| 1/16/2015 | 165,950 | 185,457 | 75,098 | 21,712 | 88,647 | 265,384 |
| 1/17/2015 | 166,798 | 186,511 | 75,531 | 21,839 | 89,141 | 266,383 |
| 1/18/2015 | 167,658 | 187,619 | 75,992 | 22,054 | 89,573 | 266,715 |
| 1/19/2015 | 168,504 | 188,461 | 76,236 | 22,137 | 90,088 | 268,994 |
| 1/20/2015 | 170,532 | 190,817 | 76,686 | 22,231 | 91,900 | 275,301 |
| 1/21/2015 | 172,442 | 183,289 | 66,232 | 27,226 | 89,831 | 281,280 |
| 1/22/2015 | 174,365 | 185,199 | 66,546 | 27,260 | 91,393 | 286,508 |

| Activity Date | Total Applications | Total People Enrolled | Enrolled (APTC) | Enrolled (QHP) | Enrolled (Medicaid) | Phone Calls Received |
|---|---|---|---|---|---|---|
| 1/23/2015 | 175,983 | 187,950 | 67,699 | 27,517 | 92,734 | 290,790 |
| 1/24/2015 | 176,787 | 188,619 | 67,917 | 27,568 | 93,134 | 291,703 |
| 1/25/2015 | 177,446 | 189,095 | 68,027 | 27,628 | 93,440 | 291,914 |
| 1/26/2015 | 179,938 | 191,300 | 68,354 | 27,721 | 95,225 | 298,165 |
| 1/27/2015 | 182,398 | 193,622 | 68,733 | 27,842 | 97,047 | 304,367 |
| 1/28/2015 | 185,090 | 196,083 | 69,124 | 27,908 | 99,051 | 310,549 |
| 1/29/2015 | 187,612 | 198,721 | 69,638 | 27,966 | 101,117 | 315,921 |
| 1/30/2015 | 189,816 | 200,726 | 69,834 | 28,082 | 102,810 | 321,048 |
| 1/31/2015 | 190,940 | 201,733 | 70,079 | 28,184 | 103,470 | 322,030 |
| 2/1/2015 | 191,665 | 202,265 | 70,218 | 28,247 | 103,800 | 322,365 |
| 2/2/2015 | 194,852 | 205,184 | 70,650 | 28,380 | 106,154 | 329,852 |
| 2/3/2015 | 198,100 | 208,353 | 71,194 | 28,556 | 108,603 | 337,332 |
| 2/4/2015 | 201,353 | 211,430 | 71,762 | 28,785 | 110,883 | 344,019 |
| 2/5/2015 | 204,487 | 213,509 | 71,809 | 28,438 | 113,262 | 350,709 |
| 2/6/2015 | 207,347 | 215,853 | 72,066 | 28,378 | 115,409 | 357,023 |
| 2/7/2015 | 209,382 | 217,361 | 72,432 | 28,290 | 116,639 | 358,529 |
| 2/8/2015 | 211,020 | 218,517 | 72,648 | 28,433 | 117,436 | 359,033 |
| 2/9/2015 | 215,844 | 223,115 | 73,561 | 28,762 | 120,792 | 369,751 |
| 2/10/2015 | 220,996 | 228,270 | 74,630 | 29,180 | 124,460 | 380,351 |
| 2/11/2015 | 226,106 | 233,686 | 75,875 | 29,650 | 128,161 | 390,758 |
| 2/12/2015 | 231,976 | 239,978 | 77,432 | 30,154 | 132,392 | 401,643 |
| 2/13/2015 | 238,412 | 247,472 | 79,426 | 31,184 | 136,862 | 413,296 |
| 2/14/2015 | 243,488 | 253,232 | 81,200 | 32,263 | 139,769 | 418,582 |
| 2/15/2015 | 253,226 | 264,245 | 84,316 | 34,780 | 145,149 | 427,251 |

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