SBM Open Enrollment Weekly Indicators: Layout for State's Data Submission

This document is a suggested submission format for states with state based marketplaces to submit data to the federal government. This format does not require the submission of individual-level, granular data. The data will be used to assess the Marketplace progress in operational performance, QHP plan premiums and subsidies, and enrollment/eligibility activity for initial years of operations.

QHP Data in this layout are specific to medical QHPs (not dental or vision) and coverage offered through the marketplaces (not Medicaid or CHIP coverage). The one exception is the SHOP-specific data elements which specify if the coverage is medical or dental.

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

Reporting Schedule: Weekly during Open Enrollment; aggregated to 4 weeks of data during other parts of the year. The first scheduled reporting date is October 5, 2013. Additional information about submission of test data and final data will be distributed separately at a later date. Questions should be directed to Christina Daw at Christina.Daw@cms.hhs.gov.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average [Insert Time (hours or minutes)] per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Glossary of Data Breakout Terms for Weekly and other Marketplace Metrics Reported by States

Age	Age of individual as of most recent effective enrollment date: <18 years 18-25 26-34 35-44 45-54 55-64 ≥65
Application Assistance	Describes whether individuals received assistance with either submission of application for QHP enrollment or with selection of a QHP. 1) Any (i.e. at least one type of the assistors list below) 2) None (i.e., no recorded assistance)
FPL	 FPL (Federal Poverty Level) is calculated based on the projected, total, annual modified adjusted gross income (MAGI) for the taxpayer's family. FPL is based on the same MAGI as the SBM uses to determine eligibility of APTC. MAGI includes the sum of the income of the taxpayer and the lawfully present individuals for whom the taxpayer properly claims a deduction for personal exemption for the taxable year. For additional information see Health Insurance Premium Tax Credit, 77 Fed. Reg. 30377 (amending 26 CFR pts. 1 and 602). May 23, 2012. (http://www.gpo.gov/fdsys/pkg/FR-2012-05-23/pdf/2012-12421.pdf). To report FPL, MAGI should be compared to the HHS poverty guidelines (current levels found here http://aspe.hhs.gov/poverty/13poverty.cfm), which is adjusted for the size of the family and state of residence. For the purposes of the SBM Supplemental Data Submission, MAGI may or may not be verified. States should report FPL based on incomes as of the most recent eligibility determination. For individuals that do not request an eligibility determination for financial assistance, MAGI may not be available. If MAGI is unavailable, populate the cell for the number of people with unknown FPL and enter -888 for each FPL category to signal data unavailable. Entering zero would signify no individuals at that income level.
	The breakouts of FPL based on annual household income are: 1) <100%

	2) ≥100 - ≤138%
	3) >138 - ≤150%
	4) >150 - ≤200%
	5) >200 - ≤250%
	6) >250 - ≤300%
	7) >300- ≤400%
	8) >400%
	9) unknown
Metal Tier	Metal tier associated with a health plan:
	Catastrophic
	Bronze
	Silver
	Gold
	Platinum
# Enrollment	Number of enrollment assisters who completed Marketplace training during the reference period.
Assisters	
completing	
Marketplace	
training	
# Enrollment Assisters registered and certified	Number of enrollment assisters who were registered and certified during the reference period.
Total call volume	Number of calls that entered the integrated voice response system during the reference period.
Average call wait time	Average length of time for which a call is connected to automated call distribution system before answered (average time a caller waits in queue before being connected to an agent) during the reference period. Average is for the reporting
(Average speed	time period. Quarterly reporting is a Quarterly average. Reported in timestamp format (mm:ss).
of answer- ASA)	

Center for Consumer Information & Insurance Oversight

Centers for Medicare & Medicaid Services

Department of Health & Human Services

Average call handle time (AHT)	Average amount of time an agent spends on call. Average is for the reporting time period. Quarterly reporting is a Quarterly average. Reported in timestamp format (mm:ss).
Abandonment Rate	Count of total number of calls abandoned (numerator)in the queue (Calls that terminate or drop before reaching an agent or being answered) divided by total call volume (denominator).
Total website page views	Count of page views across the whole Marketplace site during the reference period.
Total website visits	Count of unique visits to the marketplace website during the reference period.
Total website unique visitors	Count of unique visitors to the marketplace website during the reference period.
# of registered users	Count of secure accounts established (registered users) during the reference period.

Category		Indicator for Cell	Format
			Numeric
			unless
			otherwise
			indicated
Initial Applications – Application Level	Number of Electronic Applications Initiated	Init Appl: Total	
	Number of Applications Completed, by Electronic and Paper	Compl Appl: Electronic	
		Compl Appl: Paper	
		Compl Appl: Total	
	Number of Individuals Applying for Coverage through the Marketplace (Individual level)	Individuals Appl: Total	
	Number of Registered User Accounts Established/Created	Registered Accounts: Total	
Determined eligible	Number of Individuals Determined Eligible for Enrollment into a QHP	Eligible: Total	
		Eligible without FA	
		Eligible with FA: APTC Only: FPL 1	
		Eligible with FA: APTC Only: FPL 2	
		Eligible with FA: APTC Only: FPL 3	
		Eligible with FA: APTC Only: FPL 4	
		Eligible with FA: APTC Only: FPL 5	
		Eligible with FA: APTC Only: FPL 6	
		Eligible with FA: APTC Only: FPL 7	
		Eligible with FA: APTC Only: FPL 8	
		Eligible with FA: Total	
		Eligible with FA: APTCs+CSRs: FPL1	
		Eligible with FA: APTCs+CSRs: FPL2	
		Eligible with FA: APTCs+CSRs: FPL3	
		Eligible with FA: APTCs+CSRs: FPL4	
		Eligible with FA: APTCs+CSRs: FPL5	
		Eligible with FA: APTCs+CSRs: FPL6	
		Eligible with FA: APTCs+CSRs: FPL7	

Category		Indicator for Cell	Format Numeric
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			otherwise
			indicated
		Eligible with FA: APTCs+CSRs: FPL8	
		Eligible with FA: APTCs+CSRs: FPL9	
		Eligible with FA: Total	
	Distribution of Eligibility Assessments (by number of	Eligib assessment: Medicaid	
	assessments) by Insurance Affordability Program (Integrated		
	Systems) If able to break out by IAP		
		Eligib assessment: CHIP	
		Eligib assessment: Medicaid + CHIP	
		Eligib assessment: QHP	
	(Non-integrated system): Number of accounts transferred to Medicaid	Accounts trans: Medicaid	
	(Non-integrated system): Number of accounts transferred to CHIP	Accounts trans: CHIP	
	(Non-integrated system): Number of accounts transferred to Medicaid or CHIP	Accounts trans: Medicaid+CHIP	
Enrollment Activity	Number of Individuals enrolled in QHP (whether or not effectuated)	Individuals Enrolled: Total	
	Number of Individuals with Enrollment by APTCs only, and APTCs and CSRs, by FPL	Enrolled without FA: Total	
		Enrolled with FA: APTC Only: FPL 1	
		Enrolled with FA: APTC Only: FPL 2	
		Enrolled with FA: APTC Only: FPL 3	
		Enrolled with FA: APTC Only: FPL 4	
		Enrolled with FA: APTC Only: FPL 5	
		Enrolled with FA: APTC Only: FPL 6	
		Enrolled with FA: APTC Only: FPL 7	
		Enrolled with FA: APTC Only: FPL 8	
		Total Enrolled with FA: APTC only	
		Enrolled with FA: APTCs+CSRs: FPL1	

Category		Indicator for Cell	Format Numeric unless otherwise
			indicated
		Enrolled with FA: APTCs+CSRs: FPL2	
		Enrolled with FA: APTCs+CSRs: FPL3	
		Enrolled with FA: APTCs+CSRs: FPL4	
		Enrolled with FA: APTCs+CSRs: FPL5	
		Enrolled with FA: APTCs+CSRs: FPL6	
		Enrolled with FA: APTCs+CSRs: FPL7	
		Enrolled with FA: APTCs+CSRs: FPL8	
		Enrolled with FA: APTCs+CSRs: FPL9	
		Total Enrolled with FA: APTCs+CSRs	
	Number of Individual Market Enrollments by Age Group	Enrolled by Age: AGE1<18	
		Enrolled by Age: AGE2 18-25	
		Enrolled by Age: AGE3 26-34	
		Enrolled by Age: AGE4 35-44	
		Enrolled by Age: AGE5 45-54	
		Enrolled by Age: AGE6 55-64	
		Enrolled by Age: AGE7 ≥65	
	Number of Individual Market Enrollments by FPL	Enrolled by FPL: FPL1	
		Enrolled by FPL: FPL2	
		Enrolled by FPL: FPL3	
		Enrolled by FPL: FPL4	
		Enrolled by FPL: FPL5	
		Enrolled by FPL: FPL6	
		Enrolled by FPL: FPL7	
		Enrolled by FPL: FPL8	
	Number of Individual Market QHP Enrollment by Metal Level	Enrolled by Level: Catastrophic	
		Enrolled by Level: Bronze	
		Enrolled by Level: Silver	
		Enrolled by Level: Gold	
		Enrolled by Level: Platinum	

Category		Indicator for Cell	Format Numeric unless otherwise indicated
	Number of Individual Market QHP Enrollment by Issuer (Top 3)	Enrolled by Issuer: Issuer 1	
		Enrolled by Issuer: Issuer 2	
		Enrolled by Issuer: Issuer 3	
		Name Issuer 1	Text
		Name Issuer 2	Text
		Name Issuer 3	Text
	Median Individual Premium by Age Group within Metal Level	Median Indiv Age Level: Catastrophic: 18-25	
		Median Indiv Age Level: Catastrophic: 26-34	
		Median Individ Age Level: Bronze: AGE1	
		Median Individ Age Level: Bronze: AGE2	
		Median Individ Age Level: Bronze: AGE3	
		Median Individ Age Level: Bronze: AGE4	
		Median Individ Age Level: Bronze: AGE5	
		Median Individ Age Level: Bronze: AGE6	
		Median Individ Age Level: Bronze: AGE7	
		Median Individ Age Silver: AGE1	
		Median Individ Age Silver: AGE2	
		Median Individ Age Silver: AGE3	
		Median Individ Age Silver: AGE4	
		Median Individ Age Silver: AGE5	
		Median Individ Age Silver: AGE6	
		Median Individ Age Silver: AGE7	
		Median Individ Age Gold: AGE1	
		Median Individ Age Gold: AGE2	
		Median Individ Age Gold: AGE3	
		Median Individ Age Gold: AGE4	
		Median Individ Age Gold: AGE5	
		Median Individ Age Gold: AGE6	
		Median Individ Age Gold: AGE7	

Category		Indicator for Cell	Format Numeric unless otherwise indicated
		Median Individ Age: Platinum:AGE1	
		Median Individ Age: Platinum:AGE2	
		Median Individ Age: Platinum:AGE3	
		Median Individ Age: Platinum:AGE4	
		Median Individ Age: Platinum:AGE5	
		Median Individ Age: Platinum:AGE6	
		Median Individ Age: Platinum:AGE7	
	Median Individual Premium with APTC	Median Indiv Premium: APTC	
	Median Individual Premium without APTC	Median individ Premium: No APTC	
	Average Individual Premium with APTC	Ave Indiv Premium: APTC	
	Average Individual Premium without APTC	Ave Indiv premium: No APTC	
	Average Individual Premium with APTC by Metal Level	Ave Individ Premium: APTC: Catastrophic	
		Ave Individ Premium:APTC: Bronze	
		Ave Individ Premium: APTC: Silver	
		Ave Individ Premium: APTC: Gold	
		Ave Individ Premium: APTC: Platinum	
	Average Individual Premium without APTC by Metal Level	Ave Individ Premium: No APTC:Catastrophic	
		Ave Individ Premium: No APTC:Bronze	
		Ave Individ Premium: No APTC:Silver	
		Ave Individ Premium: No APTC:Gold	
		Ave Individ Premium: No APTC:Platinum	
	Average APTC payment selected, by tax household	Ave APTC Selected	
	Number of enrollments using Assistance (at application level)	Enrollment Using Assistance: Yes	
		Enrollment Using Assistance: No	
Effectuated Enrollment	Number of Individuals with Effectuated Enrollment in QHP	Individ Effect:Total	
	Number of Individuals with Effectuated Enrollment with APTCs only, and APTCs and CSRs, by FPL	Effectuated with FA: APTC Only: FPL 1	
		Effectuated with FA: APTC Only: FPL 2	

Category		Indicator for Cell	Format
			Numeric
			unless
			otherwise
			indicated
		Effectuated with FA: APTC Only: FPL 3	
		Effectuated with FA: APTC Only: FPL 4	
		Effectuated with FA: APTC Only: FPL 5	
		Effectuated with FA: APTC Only: FPL 6	
		Effectuated with FA: APTC Only: FPL 7	
		Effectuated with FA: APTC Only: FPL 8	
		Effectuated with FA: APTC only: Total	
		Effectuated with FA: APTCs+CSRs: FPL1	
		Effectuated with FA: APTCs+CSRs: FPL2	
		Effectuated with FA: APTCs+CSRs: FPL3	
		Effectuated with FA: APTCs+CSRs: FPL4	
		Effectuated with FA: APTCs+CSRs: FPL5	
		Effectuated with FA: APTCs+CSRs: FPL6	
		Effectuated with FA: APTCs+CSRs: FPL7	
		Effectuated with FA: APTCs+CSRs: FPL8	
		Effectuated with FA: APTCs+CSRs: FPL9	
		Effectuated with FA: APTCs+CSRs:Total	
	Effectuated Enrollment: Average APTC payment	Effectuated Average APTC payment	
SHOP	Number of Employers Applied to SHOP	SHOP: Employers Appl: Total	
	Number of SHOP Participating Employers (Effectuated	SHOP: Employers Effect: Total	
	Enrollment)	SUOD: Ave Encolled Encolouses in Encol Cru	
	Average Number of SHOP Employees per Participating	SHOP: Ave Enrolled Employees in Empl Gr: Total	
	Employer (Effectuated Enrollment) Average Employer Premium Contribution Percent (Effectuated	SHOP: Ave Percent Empl Contrib	
	Enrollment)	SHOP: Ave Percent Empi Contrib	
	Number of Employees Covered Through SHOP (Effectuated	SUOD Encolled Employees: Total	
	Enrollment): Total in State	SHOP: Enrolled Employees: Total	
Operations	Call Center Volume	Call Ctr: Total Calls	
Operations		Call Ctr: Ave Wait Time	
	Call Center Wait Time (mm:ss)		<u> </u>

Category		Indicator for Cell	Format
			Numeric
			unless
			otherwise
			indicated
	Call Center Abandonment Rate	Call Ctr: Aband Rate	
	Average Call Handle Time	Call Ctr: Ave Handle Time	
	Number of Mail/Written Correspondence Received	Written+Fax: Total	
	Number of Website Visits	Website: Visits: Total	
	Number of Website Unique Visitors	Website: Visitors: Total	
	Number of Website Page Views	Website: Views:Total	
	Number of Trained/Certified Assistors	Train+Cert Assist: Total	
	Website Time Offline (mm:ss)	Website Offline: Total Time	