

Terms and Definitions used by States Reporting on Affordable Care Act (ACA) Enrollment



**State Health Reform
Assistance Network**
Charting the Road to Coverage

NATIONAL ACADEMY
for STATE HEALTH POLICY



Robert Wood Johnson Foundation

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This work represents a collaboration between the State Health Access Data Assistance Center (SHADAC) and the State Health Exchange Leadership Network (Network). A primary goal of SHADAC and the Network is to provide technical support to states as they implement the ACA and manage ongoing operations of the exchange. In the course of this work, both organizations recognized the need for direct technical assistance related to data collection, analysis and reporting by state-based exchanges. In response, SHADAC and the Network have collaborated to provide support in this area. This work is supported by the State Health Reform Assistance Network (State Network), the National Academy for State Health Policy (NASHP) and the Robert Wood Johnson Foundation (RWJF).

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Overview and Purpose

During the first open enrollment period under the Affordable Care Act, the federal government and states operating state-based exchanges conducted various types of reporting on key indicators of interest to policymakers and the public. There was variation in the definitions employed by different states, and this is expected to continue into the future. As the second open enrollment period nears, several states have expressed interest in better understanding how their counterparts are defining and using key terms in public reporting. This document is a compendium of those terms and definitions most commonly used in the first open enrollment period; it is hoped that this resource will be useful to states both for planning future reporting and for facilitating cross-state understanding and comparison.

Throughout this document, hyperlinked state abbreviations provide examples of these terms and definitions in use in actual state reports. These examples are not necessarily exhaustive of all states using each approach or definition. Due to the hyperlinked examples, the document is best viewed in electronic format. To view the document online, please visit SHADAC's website at www.shadac.org or visit the NASHP website at www.stateexchangenetwork.org

I. Enrollment Totals

Regularly-updated enrollment figures are in high demand from state leaders, federal agencies, and the public, especially during busy open enrollment periods. It is critical to understand what the reported enrollment figures might – or might not – include. The approaches listed below are common in state and federal reports.

Total Enrollment

Total enrollment in all reports includes Qualified Health Plan (QHP) enrollment (see “QHP enrollment”). It may also include other types of enrollments.

Most reports also include Medicaid enrollment ([NV](#)), though some do not ([RI](#), [HI](#)) (see “Medicaid enrollment”). States may also include Basic Health Plan enrollment ([MN](#)). This is clearly specified in reporting.

Total enrollment may include Small Business Health Opportunity Program (SHOP) enrollment ([DC](#), [UT](#)). In many cases, it is unclear whether SHOP enrollment is included.

Stand-alone dental plan enrollment is not included in the total enrollment figure ([KY](#)), though this can be unclear. In lieu of a “total enrollment” figure, states may report multiple figures for QHP, Medicaid, and dental plan enrollment ([OR](#)). States may also report “**net enrollment**,” which accounts for cancellations and terminations ([OR](#)) or changes compared to previous coverage options ([MA](#)).

QHP Enrollment

Most states and the federal government include people who at least **applied, were found eligible, and selected a QHP** ([CA](#), [ASPE](#)). Several states do not specify which stage of the application and enrollment process constitutes an “enrollment.”

Alternately, states may use a stricter standard for QHP enrollment, reporting only those who applied, were found eligible, selected a QHP, and *paid* ([WA](#), [NV](#)).

Medicaid Enrollment

Medicaid enrollment may include enrollment only from applications for Medicaid submitted through an exchange ([ASPE](#), [DC](#)) or from applications for Medicaid **submitted through either an exchange or the Medicaid agency** ([CA](#), [CT](#)).

The figure may include both **Medicaid and CHIP** (Child Health Insurance Program) enrollment ([ASPE](#)).

States may break out enrollment for people who are **newly eligible** due to the Medicaid expansion ([CO](#)) and/or those who were **already eligible before the expansion** and had not signed up ([WA](#)). The figure may include all Medicaid enrollments ([CMS](#)) regardless of previous eligibility status. Many states do not specify.

Medicaid enrollment may include those who are newly eligible for full Medicaid and were **administratively transitioned to Medicaid** (such as people already enrolled in SNAP being automatically enrolled in Medicaid) ([CA](#)) or those who were already in limited benefit Medicaid programs and were automatically transitioned to full Medicaid ([CA](#), [MD](#)). Alternately, the figure could exclude people who were administratively transitioned ([VT](#)).

II. Stages in the Enrollment Process

In addition to reporting total enrollment, some state-based exchanges and the federal government report figures that reflect applicants' progression through some or all stages of the enrollment process. The stages below are commonly used in state and federal reports.

Applications Started

This figure is considered the start of the enrollment process. The metric may be reported as **Applications Started** ([NV](#)), **Accounts Created** ([CO](#)), **Applications Initiated**, including Medicaid ([CA](#)), or **Conducted Preliminary Screenings** ([KY](#)). The meaning depends on the specific state's process.

Determined or Assessed as Eligible

This is the stage at which an application has been completed and an eligibility decision has been made.

Determined eligible for a QHP. Typically, this figure is a cumulative total of applicants who have been determined eligible for purchasing a QHP through the exchange. The figure includes all applicants eligible to purchase a QHP, regardless of whether they are also eligible for subsidies. Some states provide a sub-category of eligible individuals who qualify for subsidies ([CA](#), [KY](#)).

Determined/assessed as eligible for Medicaid/CHIP. States' Medicaid programs and processes vary, so this figure has different meanings. It may or may not reflect people who have Medicaid coverage effective. In addition to the variations discussed in "Medicaid Enrollment," this figure could include: (1) people who have been determined eligible for Medicaid by the exchange but still need to be verified as eligible by the Medicaid agency ([MD](#)); (2) people who may or may not have selected a plan (in states with Medicaid processes that involve plan selection) ([NV](#)); and (3) people who have been "assessed" as eligible by the Exchange and referred to the state Medicaid agency for an official determination ([ASPE](#) e.g., [AZ](#)).

Completed Enrollments or Fully Enrolled

Generally, the stage at which the health plan is selected is considered the end of the enrollment process and feeds into the "QHP Enrollment Total" figure.

Most states and the federal government consider a completed enrollment to be at the stage of **plan selection** or **pre-effectuated enrollments** (i.e., before a premium payment has been made). Thus, "completed enrollment" numbers indicate a plan has been selected, though payment may or may not have been received ([ASPE](#)).

Some states further break out the number of **paid enrollments** from the total enrollments ([WA](#), [NV](#)). The term **effectuated enrollment** is used by ASPE for those who applied, were found eligible, and paid for their first month's premium ([ASPE](#)).

III. Demographics of Enrollees

The breadth of publically reported demographic information on exchange enrollees varies greatly by state. Almost all states report basic demographic information such as age, but a subset of states provide additional detail on characteristics such as race and ethnicity, poverty, language, and geography. Within demographic categories, there is also variation in how states report this information (particularly for race/ethnicity).

Age

Most states align their reported age categories with the federal government's categories ([CT](#), [MN](#)). These age categories are as follows: 0-17, 18-25, 26-34, 35-44, 45-54, 55-64, 65+ ([ASPE](#)). A few states have slight variations on this reporting structure, including reporting the oldest age group as "55 and older" ([RI](#)) or providing the average age of enrollees ([NV](#)). Similar to the federal enrollment reporting ([ASPE](#)), some states report data specifically for the "**young adult**" category that includes people ages 18-34 ([NV](#), [WA](#)).

Gender

Gender is a required element of the exchange application, and roughly half of the SBMs report this information. Some states provide basic numbers or percentages by gender categories ([MD](#), [MN](#), [OR](#)). Other states provide additional reporting breakouts for gender, such as public vs. private or subsidized vs. unsubsidized coverage. ([WA](#), [NY](#)).

Geographic Area

Several states report enrollment data by **geography**. States vary in the level of geographic detail they report. While some states provide reports at the **region** level ([CA](#)), the majority report information at the **county** level ([CO](#), [MD](#), [KY](#), [NY](#)). Examples of breakouts reported by geographic area include private vs. public enrollment by county ([NY](#)), and age category breakouts by county ([KY](#)). One state reports on enrollment by **QHP service area**¹ ([NV](#)).

Language

A few states report on the language preferences of applicants and enrollees. For some states, this information is collected through the call center (please see Section VI for call center detail), so that the language spoken during the assistance calls is tracked and reported by the SBM ([WA](#)). For states that collect data on language during the enrollment process, some distinguish between the **preferred language** ([NY](#)) and the **spoken language** ([CA](#)).

Poverty Level

For enrollment purposes, the **federal poverty level** (FPL) is used to determine whether an individual is eligible for public programs such as Medicaid or subsidies within the exchange such as **Advance Premium Tax Credits** (APTC) or **Cost Sharing Reductions** (CSR). For example, those up to 400% of the FPL are eligible to receive APTCs, and those up to 250% may receive assistance with out of pocket costs. Some SBMs report information on enrollees' FPL. Those that do report usually provide a breakout of the number or percentage of enrollees by FPL categories that correspond with program or subsidy cut-offs ([NV](#), [NY](#), [WA](#)).

Race and Ethnicity

Race and Ethnicity are defined as self-reported categories that indicate which race(s) and ethnicity the individual most closely identifies with. The federal guidelines for collecting information on race/ethnicity include two categories for **ethnicity** (Hispanic or Latino; Not Hispanic or Latino) and six categories for **race** (American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White). The federal [ASPE](#) reports were consistent with the federal guidelines and included a "multi-race" category for those who selected more than one race. Approximately one-fourth of the state-based exchanges report data on race and/or ethnicity, with the reporting frequency and detail varying across states. State-reported information is sometimes presented in categories that are less detailed than the **federal guidelines** ([NY](#)). However, some states that report

¹A service area is a geographic area where a health insurance plan accepts members, if it limits memberships based on where people live. This is an area where individuals can get routine (non-emergency) services.

race/ethnicity information include additional categories beyond the federal guidelines, such as “mixed race” ([CA](#)) or additional races that represent the demographics in their state ([NV](#), [WA](#)).

Beyond reporting simply on the number or percentage of enrollees by race/ethnicity, some states present other breakouts by race/ethnicity. For example, enrollment in QHPs versus Medicaid by race/ethnicity ([NY](#), [WA](#)), or subsidy eligibility by race/ethnicity ([CA](#), [NY](#)).

Federal guidelines require that questions related to race/ethnicity be optional responses. As such, **applicants may choose not to provide information about their race/ethnicity**. Some states provide data on the number or percentage of applicants/enrollees that did not provide this information ([NY](#), [WA](#)).

IV. System & Process Information

Many states release information describing the traffic and functionality for their exchange systems. These advisories include information about call centers, websites, and in-person consumer assistance.

Call Centers

Call center volume. This figure is the number of telephone calls a state’s call center receives, such as calls from consumers needing assistance and troubleshooting calls from brokers and other consumer assistance providers. Generally, states report the **total number of calls received** by the center, though states vary on the time frames (e.g., daily, monthly, full open enrollment period). For example, some states and the federal government report the total number of calls cumulatively over the entire open enrollment period ([KY](#), [HI](#), [ASPE](#)) while others report a weekly total ([CA](#)). Some states specify that these are the **number of calls answered** ([CT](#), [NY](#), [WA](#)). Some exchanges also report their **peak call volume** statistics; these figures are commonly released when call volume is particularly high, such as during the final days of open enrollment ([DC](#), [NY](#), [MA](#), [HI](#)).

Call center functionality. Since many call centers experienced unexpectedly high volume during the first open enrollment period, some states report on how well the call center is functioning. Several states report on **wait time**. This could be the weekly ([CA](#)), monthly, or cumulative average wait times ([WA](#)). Other frequent statistics include **call abandonment rates** ([MA](#)), **number of calls deferred** ([WA](#)), or the **number of voicemails received** ([CT](#)). Several states’ data incorporates **average call length** ([NY](#), [CA](#)).

Outbound outreach. In addition to incoming calls, some states indicate the number of outbound calls, emails, or letters that call center customer service representatives sent to consumers. States doing this report a daily average ([HI](#)) or a total number ([CO](#)).

Other call center reporting. Some states report other information about their call centers. For example, [WA](#) identifies the **number of Spanish-speaking calls** as well as calls in other languages. [CO](#) reports **consumers’ most frequently asked questions** via phone or chat. [NY](#) breaks out call center calls

into 1) calls to complete an application over the phone with financial assistance 2) calls to complete an application over the phone without financial assistance, and 3) calls for general inquiries.

Exchange Websites

Website volume. This figure represents the traffic of visitors to exchange websites. Commonly reported exchange website statistics include the number of **total web visitors** ([DC](#), [RI](#)), and/or the number of **unique web visitors** ([KY](#), [RI](#)), meaning each computer accessing the website was counted only once, regardless of how many times that computer visited the site. In addition to statistics on the entire website, some states report on **total page views** and **unique page views**, counting each page on the exchange's website that a visitor opened ([WA](#)). Like call center data, some states and the federal government report this cumulatively over the open enrollment period ([ASPE](#)), while others report a daily average, or peak statistics on particular days. [NY](#)'s analysis includes the **number of concurrent visitors** per hour, highlighting times of **peak website interest** compared to the average.

Website functionality. Some states include the **average time for a web page to load** ([NY](#)) or the **percent of web pages serviced within five seconds** ([CO](#)).

Consumer Assistance

Availability of consumer assistance. These figures report on the availability of in-person consumer assistance providers such as brokers, navigators, and In-Person Assisters (IPAs). Several states detail the **type and number of consumer assistance representatives** in their state ([HI](#), [CO](#), [CA](#), and [NY](#)). [CA](#) also shows the number and type of assistance representatives that have certification in progress.

Use of consumer assistance. Some states report on consumers' path to enrollment, such as using a service center representative, a broker, an IPA, or the website to self-enroll ([CA](#), [NY](#), [WA](#)). [NY](#) further breaks out this statistic by the percentage of those people who enroll for Medicaid, a QHP with a subsidy, or a QHP without a subsidy.

Other consumer assistance reporting. [CO](#) reports the **number of consumer assistance events** hosted by the state, the **hours of training for assistance certification** by type of assister, the **number of miles driven** by Connect for Health Colorado to provide outreach across the state, and the **number of languages requested** for translation services, including languages most requested. [NY](#) reports the number of people in the state following the Exchange on Facebook or Twitter, as well as the number of center responses to consumers via social media. [RI](#) also states their total number of walk-in visits to the call center.

V. Characteristics of Selected Plans/Costs

In addition to enrollee demographic and exchange system information, SBMs also publically report on information related to health plans. This varies from information on carriers offering plans through the exchange, to plan metal levels selected, to subsidies to help reduce the cost of plans for eligible applicants. A few states also report on information related to the plan costs to consumers (see below for examples).

Carriers

Most state based exchanges report how many people enrolled with a specific **health plan carrier** (e.g., Blue Cross Blue Shield, United Healthcare). In most cases this is reported as a percentage of enrollees by carrier ([CA](#), [NV](#), [NY](#), [OR](#)), while some states report the actual number of enrollees that chose a carrier ([RI](#), [WA](#)). States do not drill down to the plan selected within a carrier, so the number or percentage of enrollees within a carrier does not suggest that all enrollees have the same type of coverage (e.g., some may be enrolled in a bronze level plan, others with the same carrier may be enrolled in a silver level plan). Some states provided more detailed breakout information by carrier, such as the percentage of enrollees who are eligible for subsidies ([CA](#)). New York provides total number of enrollees and percentage of those enrolled within each county by carrier ([NY](#)).

Metal Levels

Metal levels represent the different levels of benefits offered through the exchange. The metal levels (also known as **metal tiers**) were created to allow consumers to easily compare benefits across plans. From lowest to highest benefits, the metal levels are **bronze**, **silver**, **gold** and **platinum**. **Catastrophic plans** have the lowest benefit levels, and were made available only to those granted hardship exemptions and to those under age 30. Data regarding plan metal level is determined when the consumer is found eligible and then selects a plan.

Metal levels reported. A majority of SBMs report on metal level during open enrollment. Most provide this information as the percentage or number enrolled by metal level ([DC](#), [RI](#), [WA](#)). Some states also report on the number or percent enrolled in catastrophic plans ([MD](#), [MN](#), [NY](#)).

Common breakouts. States often reported the metal levels with cost and subsidy information. For example, breakouts for the level of cost sharing reductions ([NY](#)), the number of people who were eligible for subsidies ([CA](#)), and the average cost of metal levels and catastrophic plans by eligibility for financial assistance ([CO](#)).

Plan Costs

Only a few states report on costs associated with plans offered through the exchange. Washington reports on average tax credit amount and average cost of a plan on the exchange with financial help ([WA](#)). Colorado reports on the average cost of a plan by metal tier level and subsidy status ([CO](#)).

Subsidies

Many of the SBMs report on the number or percentage of enrollees who would receive subsidies to assist with the costs associated with coverage. The most commonly reported where the advanced premium tax credits and cost sharing reductions.

Advanced Premium Tax Credits (APTCs). APTCs are credits that qualified enrollees can use immediately toward the cost of their premiums, thus increasing the affordability of plans offered through the exchange. APTCs are available for enrollees up to 400% of the federal poverty level

(FPL). Approximately half of the SBMs report information on APTCs. Most report basic numbers or percentages of enrollees who were eligible to receive APTCs ([CO](#), [NY](#), [WA](#)). Some states report this information for individuals who have been found eligible for subsidies, but who have not yet selected a plan ([KY](#)).

Cost sharing reductions. Cost sharing reductions (CSR) lowers out-of-pocket amounts for deductibles, coinsurance, and copayments for qualified enrollees who select silver plan (up to 250% FPL). Of the states that report on APTC, a majority also report some level of information on CSR. Most states report on individuals utilizing APTC with CSR ([CO](#), [RI](#)).

VI. Exchange Cost and Budgets

Most information related to Exchange costs and budgets is publically reported through Exchange Board meeting documents, enacted budgets, or presentations to state legislatures. Budget categories can vary significantly between states based on how each state chooses to classify certain Exchange expenditures. Because of this variation, it is not possible to make accurate line-to-line comparisons of spending between states.

Personnel

Almost all states allocate funding for exchange staff and contracted personnel in separate sections of their budgets ([MA](#), [RI](#), [NV](#)).

Information Technology

States have a wide variety of expenditures included in their FY2015 “Information Technology” line item. [RI](#)’s IT budget includes purchased IT services, while [DC](#)’s includes only IT consultants. [HI](#) includes design, development, implementation, and maintenance of effort in this budget line. [MN](#)’s IT budget only covers IT support.

Maintenance and Operation (M&O)

IT Vendors and Consultants. While several states include both their IT vendor and their IT consulting costs in budgeting for maintenance and operations ([CT](#), [DC](#), [VT](#)), other states only include their vendor costs in the M&O line item. For the latter states, consultant costs are covered in a separate area of the budget. In [CO](#), for example, the separate IT consultant expenditures can be found under its customer service “management & consulting” line item.

One state’s budget for M&O ([HI](#)) also contains funding for the maintenance of its contact center.

Contact Center

Vendor Cost, Rent, and Other Expenses. Most states include the cost paid to vendors, rent, and other

related expenses (e.g. hardware, office furniture) in their FY2015 contact center budgets ([CO](#), [WA](#)). [HI](#) has two line items for its contact center, one that covers design, development, and implementation and a second that covers maintenance and operation. [MN](#) has a single line item that covers “customer service operations”.

Marketing and Outreach

Marketing. Several states have a line item for marketing but no specific line item for consumer outreach. ([CT](#), [MN](#)).

Alternate names. [CA](#) has an “Enrollment Activities” line item that includes marketing, outreach and enrollment assistance, agent support, eligibility administration, communications, and public relations. [DC](#) has a budget line item that is for “Consumer Education & Outreach Support Services”.

Allocations To and From Other Agencies

State Medicaid Agency. Federal policy and practice requires that all health coverage programs must contribute to shared costs in instances where Exchange services and functions overlap with the state’s Medicaid and/or the Children’s Health Insurance Program (CHIP). In budgeting for FY2015, the majority of states include projected allocations from its state’s Medicaid agency ([MN](#), [VT](#)). Similarly, many states projected allocations from the Exchange to the state Medicaid agency to cover shared expenses ([HI](#), [WA](#)).



[The State Health Data Assistance Center \(SHADAC\)](#) is a health policy research center within the University of Minnesota's School Of Public Health whose faculty and staff are recognized as national experts on the collection and use of health policy data. SHADAC health economists and policy analysts cover the full range of technical, research and policy expertise involved in using federal and state data to inform health policy, while leveraging hands-on experience working in state government. SHADAC specializes in issues related to health insurance access, use, cost and quality with a particular focus on state implementation of health reform.



[The State Health Exchange Leadership Network \(informally known as "The Network"\)](#) is a community of state officials and health insurance exchange staff. Since its inception in January 2011, the Network has grown to include over 400 members representing all 50 states and the District of Columbia. The project was developed by NASHP and is guided by a Steering Committee of exchange leaders representing a diverse group of 11 states from all exchange models (state-based, partnership, and federally-facilitated).

State Health Reform Assistance Network

Charting the Road to Coverage

[The State Health Reform Assistance Network \(State Network\)](#) is a Robert Wood Johnson Foundation (RWJF) funded program dedicated to providing technical assistance to states in order to maximize coverage expansion under the Affordable Care Act (ACA). The program and the dissemination of models and lessons learned from this work are key elements of RWJF's goal of ensuring that nearly all Americans have health coverage by 2020. The State Network is managed at Princeton University's Woodrow Wilson School of Public and International Affairs with significant support from State Coverage Initiatives (SCI), also an RWJF national program, housed at AcademyHealth.

NATIONAL ACADEMY *for* STATE HEALTH POLICY

[The National Academy for State Health Policy \(NASHP\)](#) is an independent academy of state health policymakers. NASHP is dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health issues.



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