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## HEALTH INSURANCE MARKETPLACES 2017 OPEN ENROLLMENT PERIOD FINAL ENROLLMENT REPORT: NOVEMBER 1, 2016 – JANUARY 31, 2017

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<b>Title</b>	HEALTH INSURANCE MARKETPLACES 2017 OPEN ENROLLMENT PERIOD FINAL ENROLLMENT REPORT: NOVEMBER 1, 2016 – JANUARY 31, 2017
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### HEALTH INSURANCE MARKETPLACES 2017 OPEN ENROLLMENT PERIOD Final enrollment report: November 1, 2016 – January 31, 2017

This report summarizes enrollment activity in the individual Marketplaces<sup>[1]</sup> during the 2017 Open Enrollment Period (2017 OEP) for all 50 states and the District of Columbia. Approximately 12.2 million<sup>[2]</sup> consumers selected or were automatically re-enrolled<sup>[3]</sup> in Marketplace plans during the 2017 OEP. An accompanying public use file includes detailed state-level data on plan selections as well as demographic characteristics of consumers. The methodology for this report and detailed metric definitions are included in the public use file.

The 2017 OEP Report and the accompanying public use file include data for the 39 states that use the HealthCare.gov eligibility and enrollment platform, as well as for the 12 State-Based Marketplaces (SBMs) that use their own eligibility and enrollment platforms.<sup>[4]</sup> Demographic and plan information for consumers with a plan selection provided by all 50 states plus DC include: gender, age, metal level, and whether the consumer had advance payments of the premium tax credit (APTC) or cost sharing reductions (CSR).

For the 39 states that use the HealthCare.gov platform, additional data are available, including self-reported race/ethnicity, rural location, and household income as a percent of the federal poverty level (FPL). Also included are the proportion of returning consumers who switched plans and the average premiums among consumers with APTC.

For HealthCare.gov states, additional data files with information on plan selections and APTC at the county and zip code levels are also provided.

- Approximately 12.2 million consumers selected or were automatically re-enrolled in a Marketplace plan in the 50 states, plus DC. Thirty-one percent of plan selections were new to the Marketplaces.
- Nationally, 83 percent, or nearly 10.1 million consumers, who selected a plan had premiums reduced by advance payments of the premium tax credit (APTC).
- In HealthCare.gov states, 74 percent of consumers in the 2017 OEP selected or were automatically reenrolled in silver plans compared to 71 percent the previous year.

**Consumers Selecting Plans through the Marketplaces: 50 States, plus DC**

Approximately 12.2 million consumers selected or were automatically re-enrolled in a Marketplace plan during the 2017 OEP. This includes more than 9.2 million consumers in the 39 states using the HealthCare.gov platform and 3.0 million consumers in SBMs (see Figure 1).

**Figure 1:** Plan Selections during the 2014 – 2017 Open Enrollment Periods<sup>[5]</sup>

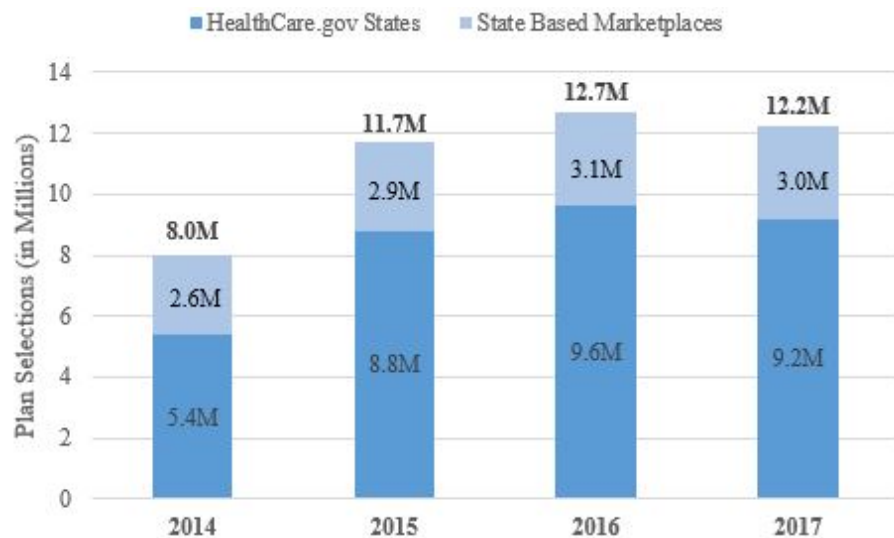


Table 1 shows the summary of enrollment by type for consumers who enrolled during the 2017 OEP. Thirty-one percent of consumers were new to the Marketplace and 43 percent of consumers actively returned to select a plan on the Marketplace.

**Table 1:** Summary of 2017 OEP Plan Selections by Enrollment Type

**Number                      % of Total**

2017 New Consumers	3,822,114	31%
Returning Consumers Re-enrolling in 2017 Coverage	8,393,889	
Active Re-enrollees	5,271,245	43%
Automatic Re-enrollees	2,784,013	23%
Unknown Re-enrollment type	338,631	3%
Total 2017 Plan Selections	12,216,003	100%

Table 2 summarizes selected demographic and plan characteristics for consumers during the 2017 OEP; additional information is contained in the accompanying public use file. Thirty-six percent of all Marketplace consumers were younger than 35 years old and 71 percent of consumers had a silver plan. Nationally, 83 percent of consumers had their premiums reduced by APTC.

**Table 2:** Demographic and Plan Characteristics of Consumers with 2017 OEP Plan Selections

<b>Age</b>	<b>Number[6]</b>	<b>% of Total[7]</b>
0 to 34	4,377,618	36%
35 to 54	4,459,781	37%
55+	3,378,582	28%
<b>Metal Level</b>		
Catastrophic	110,821	1%
Bronze	2,802,676	23%
Silver	8,691,150	71%
Gold	494,969	4%
Platinum	118,534	1%
<b>Financial Assistance</b>		
with APTC	10,100,808	83%
with CSR[8]	7,050,298	58%

### Consumers Selecting Plans through the HealthCare.gov Platform

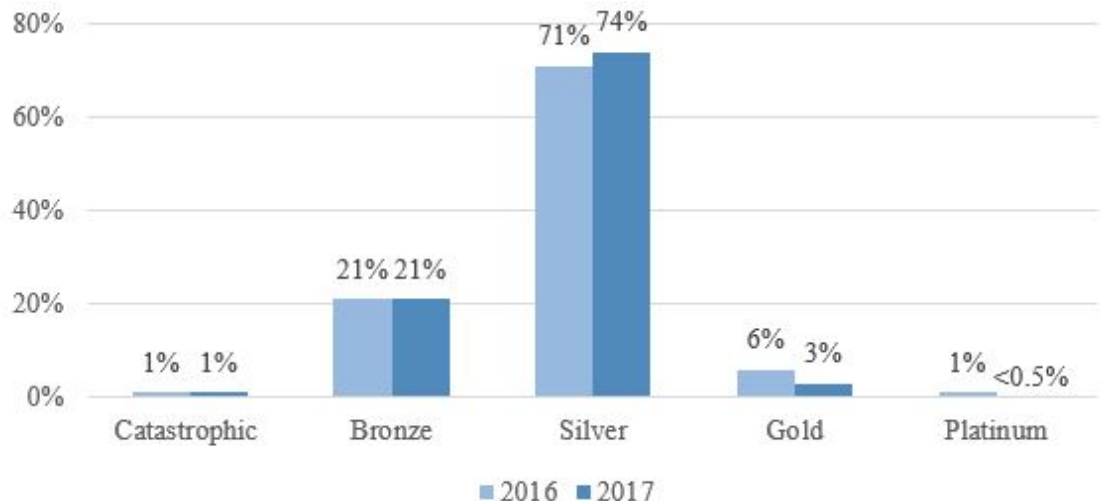
Additional information is available for the 9.2 million consumers in states that use HealthCare.gov. Table 3 shows selected demographic and plan characteristics among consumers who selected plans during the 2017 OEP. One-third of consumers were new to HealthCare.gov and half actively re-enrolled in coverage. Seventy-one percent of consumers reported household incomes between 100% and 250% FPL.[9]

**Table 3:** Demographic and Plan Characteristics of Consumers with 2017 OEP Plan Selections on HealthCare.gov

<b>Consumer Type</b>	<b>Number</b>	<b>% of Total<sup>[10]</sup></b>
New consumers	3,013,107	33%
Returning consumers who actively re-enrolled	4,560,680	50%
Returning consumers automatically re-enrolled	1,628,018	18%
<b>Gender</b>		
Male	4,204,498	46%
Female	4,997,307	54%
<b>Location</b>		
Rural	1,636,711	18%
Non-rural	7,565,094	82%
<b>Race</b>		
Asian	600,313	7%
African-American	660,655	7%
White	4,446,285	48%
Multiracial and Other <sup>[11]</sup>	145,823	2%
Unknown	3,348,731	36%
<b>Ethnicity</b>		
Hispanic/Latino	956,516	10%
Not Hispanic/Latino	8,245,289	90%
<b>Financial Assistance</b>		
With APTC	7,765,735	84%
With CSR	5,513,078	60%
<b>Household Income</b>		
100% - 250% FPL	6,571,317	71%
251%-400%	1,539,081	17%
Other <sup>[12]</sup>	1,091,407	12%

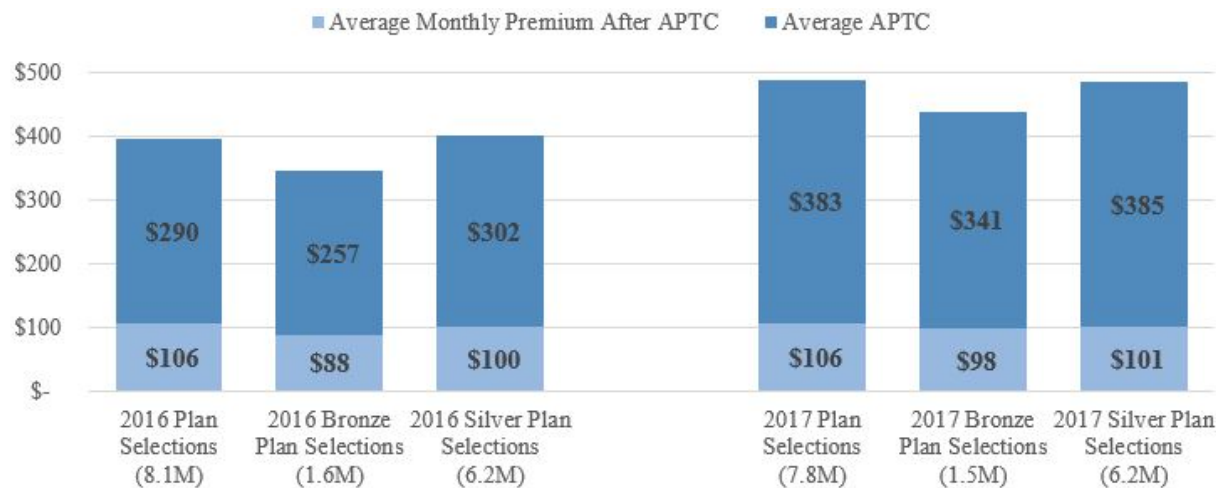
A higher proportion of consumers selected silver plans during the 2017 OEP than in the 2016 OEP (see Figure 2).<sup>[13]</sup> Seventy-four percent of consumers in 2017 selected a silver plan while 71 percent of consumers selected a silver plan in 2016. In both the 2016 OEP and 2017 OEP, 21 percent of consumers selected a bronze plan.

**Figure 2:** Plan Selections by Metal Level among HealthCare.gov Consumers



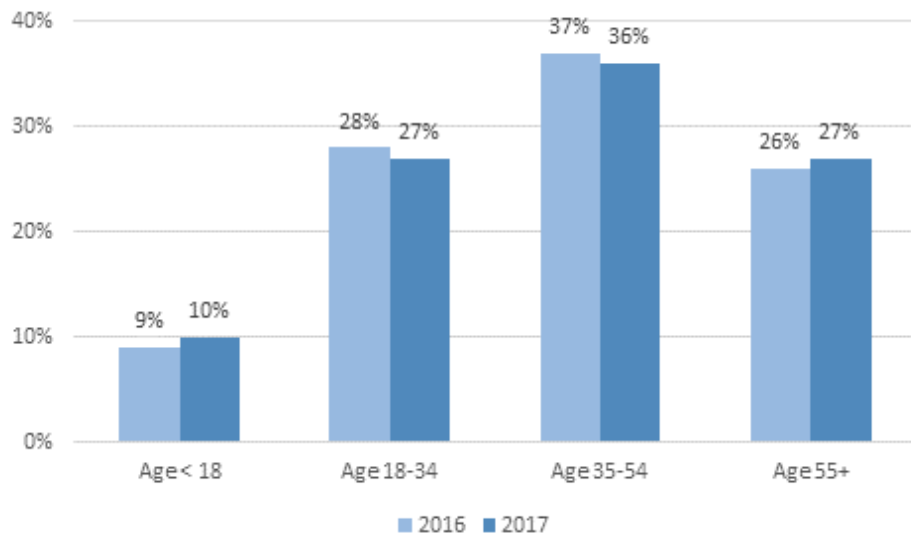
Advance payments of the premium tax credit are available to reduce premiums for eligible consumers. Eighty-four percent of consumers who selected or were automatically re-enrolled in a 2017 plan through HealthCare.gov had APTC, with an average value of \$383 per person per month (see Figure 3).[14] Among consumers with APTC, the average APTC covered about 73 percent of the gross premium, resulting in an average premium after APTC of \$106 per month. For those consumers who selected bronze plans and received APTC, the average premium after APTC was \$88 in 2016 compared to \$98 in 2017. For those consumers who selected silver plans and received APTC, the average premium after APTC was \$100 in 2016 and \$101 in 2017.

**Figure 3:** Average Monthly Premiums after APTC among HealthCare.gov Consumers with APTC



During the 2017 OEP, 10 percent of consumers were younger than 18 compared to nine percent in 2016 (see Figure 4). [15] Twenty-seven percent of consumers were between 18 and 34 years old in 2017 compared to 28 percent in 2016. Twenty-seven percent of 2017 OEP consumers were 55 years or older, while 26 percent of 2016 OEP consumers were 55 years or older.

**Figure 4:** Proportion of Open Enrollment HealthCare.gov Consumers, by Age



### Geographic Variation: Selected Marketplace Metrics

Figure 5 shows the proportion of Marketplace plan selections with financial assistance in the form of advance payments of the premium tax credit, by state. Nationally, about 83 percent of consumers who enrolled in a plan during the 2017 OEP had premiums reduced by APTC. This ranges [16] from 59 percent of consumers in New York, to 91 percent in Nebraska.

**Figure 5:** Percent of 2017 OEP Marketplace Plan Selections with APTC, by State

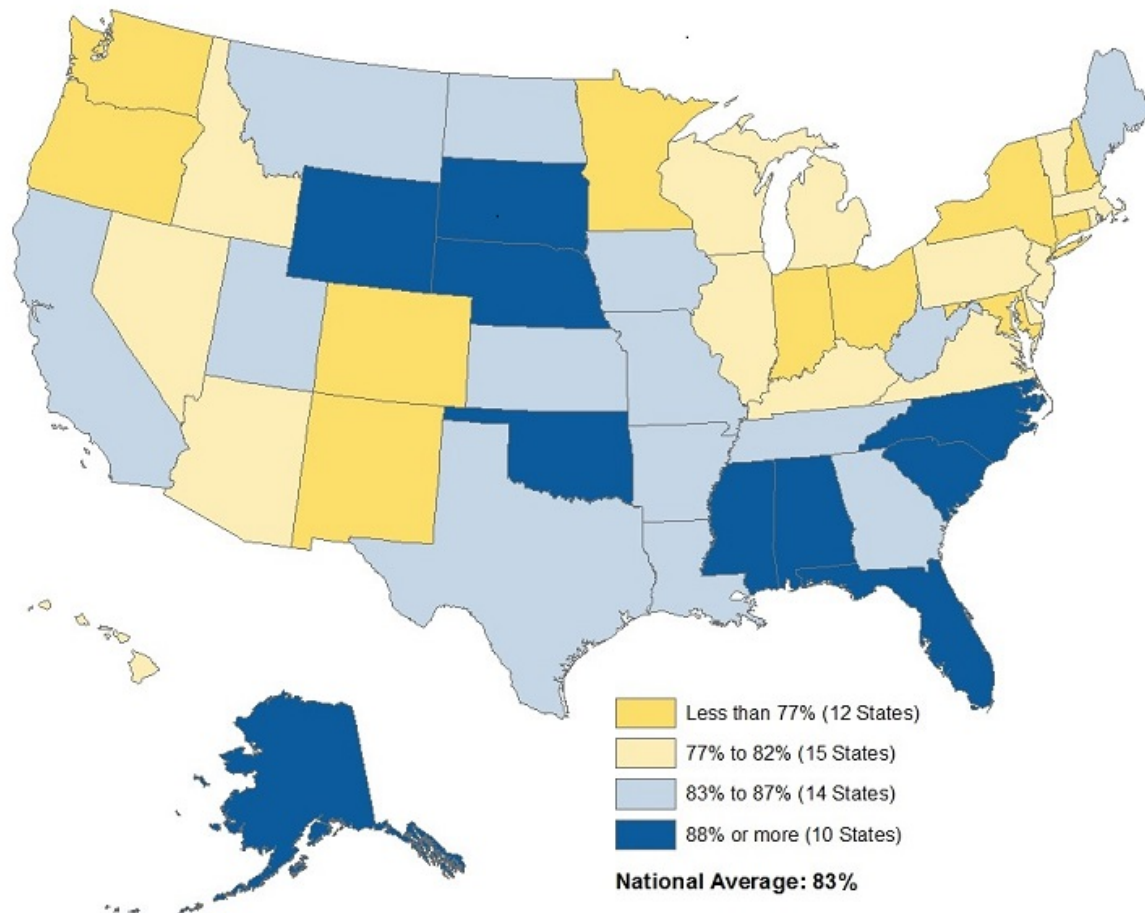
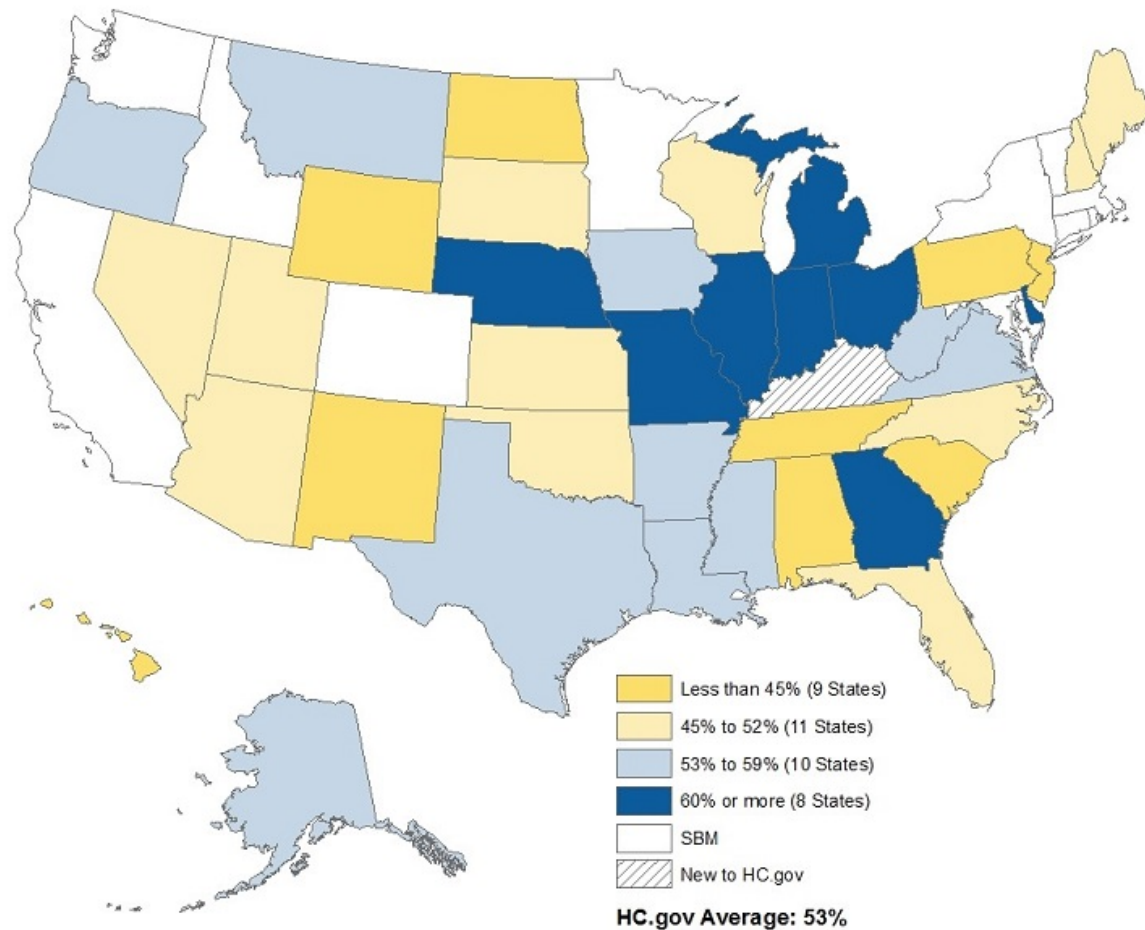


Figure 6 shows the proportion of active re-enrolling consumers who switched to a new plan, by state.<sup>[17]</sup> In the 38 states using HealthCare.gov in both 2016 and 2017, about half of returning consumers switched plans. Alabama had the lowest proportion of active re-enrollees who switched plans at 31 percent, and Indiana had the highest proportion at 71 percent.

**Figure 6:** Percent of 2017 OEP HealthCare.gov Consumers who Switched plans, by State



Note: Data for the 2017 plan year, through 11-1-16 through 1-31-17, can be found at: [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selection\\_ZIP.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html)

[1] This report includes Qualified Health Plan (QHP) plan selections made on the individual Marketplace; an accompanying public use file also includes data on dental plan selections and Basic Health Plan (BHP) enrollments. We do not include data for the Small Business Health Options Program (SHOP).

[2] In addition to the total plan selections in this report are 764,972 individuals in New York and Minnesota signed up for coverage through a BHP. States have the option of establishing BHPs to provide health coverage for low-income residents who would might otherwise be eligible for Marketplace coverage. Without the availability of BHP, many of these consumers might instead be enrolled in a Marketplace plan.



[3] Consumers with 2016 coverage who did not make an active selection were generally automatically re-enrolled for 2017. When consumers had 2017 Marketplace plans available to them from their 2016 issuer, they were automatically re-enrolled into the same plan as 2016 or a different plan from the same issuer; depending on the Marketplace, they could also be automatically re-enrolled into a suggested alternate plan from a different issuer.

[4] SBM data are retrieved from the respective states' information systems and have not been validated by CMS, thus metric calculations for these states may vary. The 12 SBMs are California, Colorado, Connecticut, the District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

[5] The data for the 2014 OEP was from 10/1/2013 to 4/19/2014; the 2015 OEP was from 11/15/2014 to 2/22/2015; the 2016 OEP was from 11/1/2015 to 2/1/2016 (1/31/2016 for some states); the 2017 OEP was from 11/1/2016 to 1/31/2017. Plan selections by Marketplace model for each OEP reflects the status of the state's Marketplace model at the time of that OEP. Caution should be used when comparing plan selections across OEPs since some states have transitioned platforms between years. Additionally, state expansion of Medicaid may affect enrollment figures from year to year; Louisiana expanded Medicaid in July 2016, which may have affected Marketplace enrollments in 2017.

[6] Some SBMs were unable to verify enrollee age and metal level characteristics, therefore those figures do not sum to 12,216,003; more information is available in the public use file.

[7] The figures reported reflect data as a percent of the total. In previous years, these figures were reported as a percent of the known (i.e. excluded "Unknown" consumers from the denominator); therefore, care should be taken when comparing these metrics to last year. Note, totals may not sum to 100% due to rounding error.

[8] Please note, Washington does not report its count of plan selections with CSR.

[9] In 2017, for a family of four, a household income between 100% and 250% of FPL generally corresponds to an annual household income between \$24,300 and \$60,750.

[10] The figures reported reflect data as a percent of the total. In previous years, these figures were reported as a percent of the known (i.e. excluded "Unknown" consumers from the denominator); therefore, care should be taken when comparing these metrics to last year. Note, totals may not sum to 100% due to rounding error.

[11] Other includes American Indian/Alaskan Native and Native Hawaiian/Pacific Islander

[12] Other includes plan selections for which consumers did not provide an income, incomes below 100% FPL and incomes above 400% FPL. Please see the public use file for more information.

[13] Kentucky switched from an SBM in 2016 to a HealthCare.gov state in 2017, thus not included in 2016 figures.

[14] Kentucky switched from an SBM in 2016 to a HealthCare.gov state in 2017, thus not included in 2016 figures.

[15] Kentucky switched from an SBM in 2016 to a HealthCare.gov state in 2017, thus not included in 2016 figures.

[16] Four percent of consumers in the DC Marketplace have APTC. In DC, coverage in the individual and small group markets is only available through the DC Marketplace which effects the mix of consumers able to purchase coverage with or without APTC.

[17] Consumers are counted as switching plans if they picked a plan different from the plan they would have been auto-enrolled into had they taken no action.



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