



**2016 Federally-Facilitated Marketplace Health Plan Selections by County, as of 2/1/2016:
A Methodological Overview**

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Prepared by:
The Centers for Medicare and Medicaid Services,
Office of Enterprise Data and Analytics

1. Background

As part of the Obama Administration's efforts to make our healthcare system more transparent, affordable, and accountable, the Office of Enterprise Data and Analytics, within the Centers for Medicare & Medicaid Services (CMS), has prepared public data sets to provide the total number of health plan selections by county for the 38 states that use the HealthCare.gov platform, including the Federally-facilitated Marketplace, State Partnership Marketplaces, and supported State-based Marketplaces. These data tables include health plan selections from the Marketplace open enrollment period from November 1, 2015 through January 31, 2016, including additional special enrollment period (SEP) activity reported through February 1, 2016. These tables include county-level plan selection information cut by age, race/ethnicity, Federal Poverty Level (FPL), consumer type, metal level, Cost-Sharing Reduction (CSR), and Applied Premium Tax Credit (APTC).

2. Key Data Sources

Data were obtained from the Multi-Dimensional Insurance Data Analytics System (MIDAS), which serves as a central repository for capturing, organizing, aggregating, and analyzing CMS's Marketplace data. The data represent the number of unique individuals who have been determined eligible to enroll in a Qualified Health Plan and have selected a Marketplace plan by January 31, 2016 (including SEP activity through February 1, 2016). The datasets do not include plan selections from the District of Columbia and the 12 states that have State-based Marketplaces.

The 9.63 million plan selections for these 38 states were aggregated by county according to the home address provided by each Marketplace applicant. There are 2,601 counties represented in this dataset. Metrics with 10 or fewer plan selections were suppressed due to privacy concerns.

Counties without any data on total plan selections (i.e., counties with 10 or fewer plan selections in total) accounted for less than 0.1 percent of the total 9.63 million plan selections, although a higher share of plan selections were suppressed for individual metrics. The percentages of total plan selections suppressed for other metrics were: 0.2 percent for plan selections by APTC; less than 0.1 percent for total plan selections by CSR; 0.4 percent for plan selections by metal level; less than 0.1 percent for plan selections by consumer type; 0.3 percent for plan selections by Federal Poverty Level (FPL); 0.3 percent for plan selections by race/ethnicity; and 0.3 percent for plan selections by age category.

The sum of plan selections among counties within a state using these datasets may not be equal to state-level totals provided in the summary enrollment report available at: <https://aspe.hhs.gov/pdf-report/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>. This is because county-level data do not appear for 10 or fewer plan selections, and, as a result, the datasets do not include all plan selections within a state. Additionally, in a small number of cases, the state of Marketplace enrollment may not correspond to the state in the address provided—for example, individuals with a seasonal address.

3. Data Contents

The following variables are included within the datasets:

County: The County FIPS Code for the home address provided by the Marketplace applicant.

State: The state of residence selected by the Marketplace applicant.

Plan Selections: The total number of unique individuals who have a non-canceled plan selection with March 2016 coverage for the 38 states that use the HealthCare.gov platform, including the Federally-facilitated Marketplace, State Partnership Marketplaces and supported State-based Marketplaces. Plan selections occurred during the open enrollment period from November 1, 2015 through January 31, 2016, including additional special enrollment period activity reported through February 1, 2016.

Advanced Premium Tax Credit (APTC): A consumer was defined as having APTC if his or her Policy Applied APTC amount was greater than \$0. Otherwise, a consumer was classified as not having APTC.

Cost-Sharing Reduction (CSR): A consumer was defined as having CSR if his or her CSR variant value was greater than zero.

Metal Level: A consumer's metal level corresponds to the plan policy that he or she selected. Metal level is based on plan level reference data. Metal levels include Platinum, Gold, Silver, Bronze, and Catastrophic plans. Catastrophic plans have the lowest premiums, but the highest deductibles and other out-of-pocket expenses, while Platinum have the highest premiums and lowest deductibles and out-of-pocket costs. A consumer must have the option of selecting at least a gold, silver, or bronze plan.

Type of Consumer: Returning consumers had an active plan selection with 2015 coverage on or after 11/1/2015. Returning consumers were further classified into two sub-types: (i) those who were auto enrolled into the same or similar plan in 2016 and (ii) those who actively selected a new plan for coverage year 2016. Consumers were classified as new if they did not have an active plan selection in 2015 with coverage on or after 11/1/2015.

Federal Poverty Level (FPL): A consumer household income as a percent of the Federal Poverty Level is set when a consumer provides his or her household income data on the application. Consumers provide household income data, along with the number of household member(s). These two factors are used to calculate the Federal Poverty Level based on guidelines from the Census Bureau (<https://aspe.hhs.gov/poverty-guidelines>).

Race: A consumer self-reports race/ ethnicity when selecting a plan. This field is not mandatory. A hierarchy for determining the best race value was applied to the data. If a consumer with a populated ethnicity variable selected his or her ethnicity as "Cuban", "Mexican, Mexican American, or Chicano/a" or "Puerto Rican", or "Other Ethnicity" then the consumer was classified as "Latino". If a consumer was not Latino and selected more than one distinct race type, then he or she was classified as "Multiracial". If a consumer was not Latino and selected only one race type, he or she was classified under that race. Otherwise, a consumer's race/ethnicity was classified as "Unknown".

Age: A consumer's age was calculated as the difference between his/ her birthdate and the policy start date of the consumer's best 2016 policy. A consumer was then classified into the various age groups.