

2020 Federally-Facilitated Marketplace: Plan Selections by Issuer: A Methodological Overview

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1. Background

As part of efforts to make our health care system more transparent for patients, the Centers for Medicare & Medicaid Services (CMS) has prepared public data sets to provide the total number of plan selections by county for the 38 states that used the HealthCare.gov eligibility and enrollment platform for enrollment (HealthCare.gov states) in individual market Marketplaces in the 2020 plan year. These data tables include the cumulative consumer health and dental plan selections from the Marketplaces in those states. These tables include county-level and issuer plan selection information organized by age, household income as a percentage of the Federal Poverty Level (FPL), plan, gender, and tobacco status. The tables also include information on disenrollment counts by issuer.

2. Key Data Sources

Data were obtained from the CMS Multi-Dimensional Insurance Data Analytics System (MIDAS). The data represent the number of unique consumers eligible to enroll in a Qualified Health Plan who selected a 2020 Marketplace plan for coverage between January 1, 2020 and December 31, 2020. The data also represent unique eligible consumer and plan selection information for Stand-alone Dental Plans. The datasets do not include plan selections from the District of Columbia and the 12 states that had State-based Marketplaces that did not utilize the HealthCare.gov platform in 2020.

Plan selections for HealthCare.gov states were aggregated by county according to the residency address of the policy's subscriber. Metrics with 10 or fewer plan selections were suppressed due to privacy concerns.

3. Data Contents

The following variables are included within the datasets:

County: The County FIPS Code for the residency address provided by the policy's subscriber.

State: The state where the Marketplace plan was purchased.

Ever Enrolled: The total number of unique consumers with at least one non-canceled plan selection during the 2020 calendar year for HealthCare.gov states, including the Federally-facilitated Marketplaces (FFMs), which included FFMs where states perform plan management functions, and State-based Marketplaces on the Federal platform. Consumers that had multiple enrollments were counted once. Demographics were based on the most recent plan selection.

Disenrollments: The total number of unique consumers who only have a canceled plan selection(s) without coverage during the 2020 calendar year for HealthCare.gov states. Consumers that had multiple cancelations were counted once. In some plans, there were more disenrollments than ever enrolled plan selections. This occurred when a greater number of consumers selected a plan and never paid for the plan than consumers that effectuated coverage in the plan.

Household Income as a Percentage of the Federal Poverty Level (FPL): A consumer's tax household income as a percent of the FPL was set when a consumer provided his or her tax household income data on the application. Consumers provided tax household income data, along with the number of tax household members. These two factors were used to calculate the tax household income as a percent of FPL based on guidelines from the HHS (<https://aspe.hhs.gov/poverty-guidelines>).

Age: A consumer's age was calculated as the difference between his/her birthdate and January 1, 2020. A consumer was then classified into the various age groups.

Gender: A consumer's gender was measured by the consumer's response on his/ her application.

Tobacco Use: A consumer's tobacco use was measured by the consumer's response on his/her application. A consumer was not counted as a tobacco user if the plan selected did not rate for tobacco use.