2014 Federally-Facilitated Marketplace: Plan Selections by Issuer:
A Methodological Overview

October2016

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1. Background

As part of the Obama Administration's efforts to make our health care system more transparent, 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 36 states that were served by Marketplaces that used the HealthCare.gov platform for enrollment in individual market Marketplaces in the 2014 benefit year. These data tables include the cumulative consumer health 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 cumulative disenrollment 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 2014 Marketplace plan between January 1, 2014 and December 31, 2014. The datasets do not include plan selections from the District of Columbia and the states that had State-based Marketplaces that did not utilize the HealthCare.gov platform in 2014.

Plan selections for these 36 states were aggregated by county according to the home address provided by each Marketplace applicant. 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 home address provided by the Marketplace applicant. Due to data collection anomalies, a small percentage of consumers do not have valid county information in 2014. These consumers account for around 0.01% of plan selections.

State: The state where the Marketplace plan was purchased

Plan Selections: The total number of unique consumers with a plan selection that was non-canceled during at least one month during the 2014 calendar year for the 36 states that are served by Marketplaces that used the HealthCare.gov platform, including the Federally- facilitated Marketplaces, which include FFMs where States perform plan management functions, and State-based Marketplaces on the Federal platform.

Household Income as a Percentage of the Federal Poverty Level (FPL): A consumer's 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 household income as a percent of Federal Poverty Level based on guidelines from the Census Bureau (https://aspe.hhs.gov/poverty-guidelines).

Age: A consumer's age was calculated as the difference between his/ her birthdate and the policy start date of the consumer's 2014 policy. 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.

Cumulative Disenrollments: The total number of unique consumers who have a canceled plan selection without coverage during the 2014 calendar year for the 36 states that are served by Marketplaces that used the HealthCare.gov during 2014, including the Federally-facilitated Marketplaces, which include FFMs where States perform plan management functions, and State-based Marketplaces on the Federal platform.