2018-2024 State-Based Exchange Plan Selections by Issuer: A Methodological Overview

1. Background

As part of efforts to make our health care system more transparent, the Centers for Medicare & Medicaid Services (CMS) has prepared public data sets to provide the enrollment counts by issuer for the State-based Exchanges in the 2018-2024 plan years (January 1 - December 31). These data tables include the annualized effectuated consumer medical plan selections from the Exchanges in those states. A consumer required to pay a monthly premium may not effectuate (*i.e.*, enroll in) coverage until they pay the first month's premium. These tables include issuer and plan variant selection information.

The datasets do not include plan selections from the states that used the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states). Metrics with 10 or fewer annualized enrollees were suppressed, indicated with an asterisk (*), in accordance with the CMS cell suppression policy.[1]

The State-based Exchanges for all years in this data set included California, Colorado, Connecticut, the District of Columbia, Idaho, Massachusetts, Maryland, Minnesota, New York, Rhode Island, Vermont, and Washington, with the addition of Nevada for 2020-2024, New Jersey and Pennsylvania for 2021-2024, Kentucky, Maine, for New Mexico in 2022-2024, and Virginia in 2024.

2. Data Contents

The following variables are included within the datasets:

State: The state where the Exchange plan was purchased.

Issuer ID: The five-digit Health Insurance Oversight System (HIOS) ID that identifies the issuer of the purchased plan.

Plan Variant ID: The 16-character ID that comprises the issuer HIOS ID, the state code, and the variant of the specific plan. The last two characters designate the plan variant, which has six possible values:

- 01: Standard plan variant, which is available to all consumers.
- 02: Zero-cost sharing plan variant, which is available to members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders whose household income is between 100% and 300% of the federal poverty level (FPL) and qualify for premium tax credits.
- 03: Limited cost sharing plan variant, which is available to members of federally recognized tribes and ANCSA Corporation shareholders regardless of income or eligibility for premium tax credits.
- 04: 73% actuarial value (AV) cost-sharing reduction (CSR) variant, which is available to advance premium tax credit (APTC)-eligible consumers selecting silver-level plans with household incomes between 200% and 250% FPL.
- 05: 87% AV CSR variant, which is available to APTC-eligible consumers selecting silver-level plans with household incomes between 150% and 200% FPL.
  06: 94% AV CSR variant, which is available to APTC-eligible consumers selecting silver-level plans with household incomes between 100% and 150% FPL.

[1] https://www.hhs.gov/guidance/document/cms-cell-suppression-policy

Total Annual Member Months: The total number of months of effectuated coverage among all enrollees in a given plan year. Partial months of coverage are prorated.

Average Monthly Enrollment: The average monthly number of enrollees who had effectuated coverage in a given plan year. This metric is calculated by dividing the total annual member months by 12.