

## 2024 Federally-Facilitated Exchange 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, the Centers for Medicare & Medicaid Services (CMS) has prepared public data sets to provide the enrollment counts by county for the 32 states that used the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states) in the 2024 plan year (January 1 - December 31, 2024). These data tables include the annualized effectuated consumer health and dental plan selections from the Exchanges in those states. A consumer required to pay a monthly premium may not effectuate coverage until they pay the first month's premium. 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, sex, and tobacco status. Plan selections were aggregated by county according to the residency address of the policy's subscriber.

The plan-level enrollment tables also include counts of consumers who disenrolled from coverage as a subset of effectuated enrollment by plan.

The datasets do not include plan selections from the District of Columbia and the 19 states that had State-based Exchanges and did not utilize the HealthCare.gov platform in 2024. Metrics with 10 or fewer annualized enrollees were suppressed, indicated with an asterisk (\*), in accordance with CMS' cell suppression policy<sup>1</sup>.

### 2. 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 Exchange plan was purchased.

**Average Monthly Enrollment:** The average monthly number of enrollees who had effectuated coverage during the 2024 plan year. This metric is calculated by summing the member months of effectuated enrollment and dividing this sum by 12; partial months of coverage are prorated.

**Average Number of Months Enrolled Per Consumer:** The average number of months in which a consumer had effectuated coverage in either the plan or the issuer-county combination.

**Average Monthly Enrollment for Disenrolled Consumers:** The average monthly number of enrollees who both 1) had effectuated coverage during the 2024 plan year, and 2) terminated their coverage in the given plan or issuer-county combination prior to the end of the plan year. This metric is a subset of the Average Monthly Enrollment.

**Average Number of Months Enrolled Per Disenrolled Consumer:** For disenrolled consumers, as defined above, the average number of months for which they had effectuated coverage in either the plan or the issuer-county combination.

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<sup>1</sup> <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>

**Household Income as a Percentage of the Federal Poverty Level (FPL):** A consumer's annual tax household income measured as a percent of the 2023 FPL for the household size (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>). Income information is unavailable for some consumers because consumers who do not request financial assistance on the Exchange application do not provide income information. There are also a small number of consumers who requested financial assistance but may have missing incomes due to data anomalies or a tax filing status that makes them APTC-ineligible (e.g., married filing separately).

**Age:** A consumer's age as of January 1, 2024.

**Sex:** A consumer's sex as attested on the Exchange application.

**Tobacco Use:** A consumer's tobacco use as attested during the Exchange plan selection process. A consumer is not counted as a tobacco user if the plan selected did not rate for tobacco use.

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