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ISSUE BRIEF

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HealthCare.gov Marketplace Enrollment During the 2021 Special Enrollment Period by Race and Ethnicity

Some Marketplace enrollees do not report their race or ethnicity. Using Census data to address missing information, we find that the 2021 Special Enrollment Period had even higher enrollment by Black and Latino consumers than previously reported.

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KEY POINTS

- In response to the COVID-19 Public Health Emergency, the Centers for Medicare & Medicaid Services (CMS) provided a 2021 Special Enrollment Period (SEP) for consumers in HealthCare.gov states from February 15 to August 15, 2021. The American Rescue Plan (ARP) enhanced and expanded premium tax credits for 2021-2022 coverage, which lowered out-of-pocket premiums for most Marketplace enrollees.
- Meanwhile, racial and ethnic disparities in health coverage have improved under the Affordable Care Act but still persist, and the 2021 SEP may have helped address these disparities. Understanding the sociodemographic composition of Marketplace enrollees allows for better targeted outreach and enrollment assistance to reduce health coverage disparities by race, ethnicity, and other characteristics.
- A large proportion of Marketplace enrollees do not report their racial and/or ethnic identity each year. Approximately 50 percent of enrollees in the 2021 Special Enrollment Period (SEP) did not report race and ethnicity information on their enrollment application.
- Imputation methods estimating race and ethnicity are one way to address this missing information. Using Census information and other methods, we find that consumers who did not report race and ethnicity were more likely to be Black or Latino.
- Overall, after imputation, we find that the 2021 SEP enrollment was 48 percent White, 28 percent Latino, 16 percent Black, 5 percent Asian American, Native Hawaiian, and Pacific Islander (AANHPI), 2 percent Multiracial, and 1 percent American Indian and Alaska Native (AI/AN).
- Among most racial and ethnic groups, silver plans were the most common plan choice, which qualifies lower-income consumers for cost sharing reductions (CSRs). The exception was AI/AN enrollees, who can receive CSRs in any metal level plan and more frequently select bronze plans.
- Latino (56 percent), Black (49 percent), and AANHPI (44 percent) enrollees were more likely to enroll in the most generous silver CSR plans, compared to multiracial (34 percent) and White (30 percent) enrollees.

BACKGROUND

The rapidly changing COVID-19 Public Health Emergency (PHE) impacted millions of people and their ability to access and maintain affordable health coverage. In accordance with the January 28, 2021, Executive Order on *Strengthening Medicaid and the Affordable Care Act (ACA)*,[1] the Centers for Medicare & Medicaid Services (CMS) provided a Special Enrollment Period (SEP) from February 15 through August 15, 2021, for individuals and families to apply and enroll in Marketplace coverage. The SEP was available to consumers in the 36 states that used the HealthCare.gov platform in 2021, and the 15 State-based Marketplaces (SBMs) implemented similar SEPs. Over 2.8 million Americans signed up for new health insurance coverage during the SEP, and 2.1 million of them enrolled from HealthCare.gov states.[2] The passage of the American Rescue Plan (ARP) on March 11, 2021, helped many of these consumers through enhanced premium tax credits that lowered premiums and out-of-pocket costs for eligible enrollees. After implementation of ARP, enrollees with a new or updated plan selection saved an average of 50 percent on their monthly Marketplace premiums and the median deductible for consumers with new plan selections fell by more than 90 percent.[3]

The Executive Order *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* established as an Administration priority to implement actionable policy to lessen inequities experienced by racial and ethnic minorities.[4] As presented in earlier ASPE analyses,[5,6,7,8] progress has been made toward reducing racial and ethnic disparities in coverage and access to care since implementation of the Affordable Care Act (ACA) and gains continued to be made during the 2021 SEP. Of those who signed up for Marketplace coverage during the 2021 SEP and self-reported their race, 15 percent were Black Americans, a 60 percent increase from 2019 SEP enrollment.[9] However, there are significant data gaps regarding racial and ethnic identity in Marketplace enrollment data.[10] The race and ethnicity questions on HealthCare.gov applications are optional; in the 2021 SEP, 53 percent of SEP enrollees through HealthCare.gov did not report race and 40 percent did not report ethnicity.[11] This missing information creates challenges for examining racial and ethnic differences in Marketplace enrollment totals, average premiums, and out-of-pocket expenses. Analyzing this information can inform policy decision-making related to funding, outreach, and enrollment efforts when attempting to reduce disparities in coverage.

To improve our understanding of 2021 SEP Marketplace enrollment demographic data, this report addresses missing racial and ethnic enrollment data by imputing race and ethnicity values using a validated methodology.[12] We then examine the self-reported race and ethnicity data combined with imputed data for missing values to present a more complete assessment of SEP enrollment by race and ethnicity. This brief presents enrollment distributions for plan selections, average monthly premiums, and gender by race and ethnicity. This issue brief is part of a series of forthcoming ASPE products utilizing HealthCare.gov data and race and ethnicity imputation to examine enrollee characteristics to inform policy and outreach efforts with the aim of reducing health care disparities.

DATA SOURCES AND METHODS

We used HealthCare.gov enrollment data from the 2021 SEP provided by CMS' Center for Consumer Information and Insurance Oversight (CCIIO). To impute missing information on race or ethnicity, first we relied on prior Open Enrollment Period data to fill in any missing race and ethnicity information for enrollees that was previously provided. This reduced the share of enrollees with missing race or ethnicity data from 53 percent to 46 percent. Next, we used an imputation method called the modified Bayesian Improved First Name Surname Geocoding (mBIFSG)[13] for imputing the probability of an enrollee's race and ethnicity for any enrollees still missing race or ethnicity information. The mBIFSG uses enrollees' address information from their HealthCare.gov application linked to the smallest Census geographic data possible (usually the Census block group) combined with the enrollees' first and last name. Using these data sources, the imputation method estimates the probabilities of each enrollee reporting each of six race and ethnicity options. The imputation

method assumes that the distributions of race and ethnicity of non-reporters are similar to self-reporters who have the same first and last names within their Census block group.

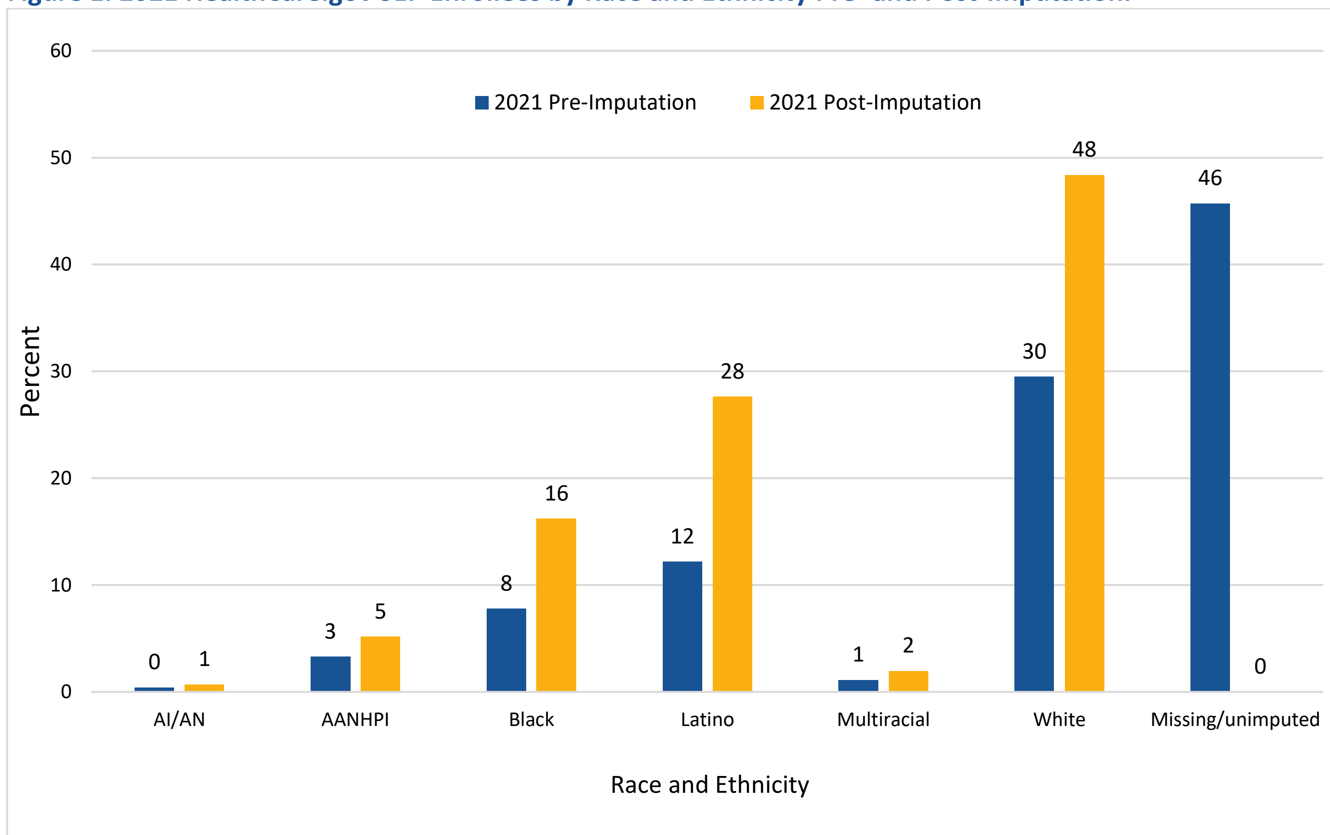
This method does not assign enrollees a definite imputed race or ethnicity; rather, it calculates the probability that a person is in each of the six categories of race and ethnicity described below and uses those probabilities directly to describe the race and ethnicity of Marketplace enrollees. While imputation improves our ability to understand the enrollee population and predicts self-report with a high degree of accuracy, it is does not replace the need for more complete self-reported information, which is the gold standard for accuracy.[14]

Racial and ethnic groups described in the overall pre-and post-imputation racial and ethnic distributions are American Indian/Alaska Native (AI/AN); Asian American/Native Hawaiian/Pacific Islander (AANHPI); Black; Latino; Multiracial; and White. All groups other than Latino were non-Latino, while Latino includes people of all races who report or have imputed Latino ethnicity.

RESULTS

Figure 1 presents 2021 SEP enrollee distribution by race and ethnicity before and after imputation. Forty-six percent of enrollees had missing race or ethnicity data. Imputation results indicate non-reporters of race and ethnicity data were disproportionately Black or Latino, as the estimated share of enrollees in those two groups at least doubled, compared to the non-imputed numbers.

Figure 1. 2021 HealthCare.gov SEP Enrollees by Race and Ethnicity Pre- and Post-Imputation.

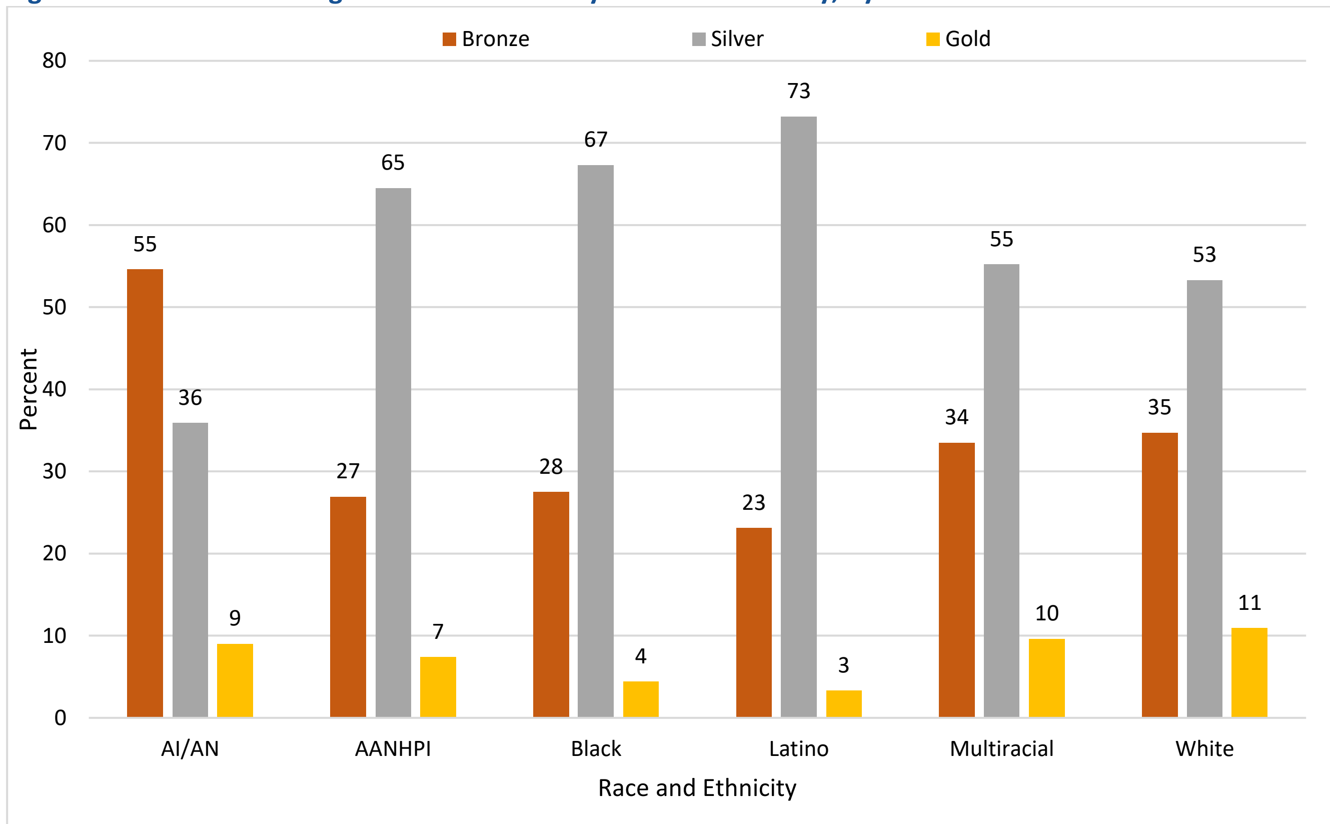


Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2021, for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.
Note: The imputation method was applied after filling in missing information on race and ethnicity with self-reported data obtained through linkage with Open Enrollment Periods 2015-2021. The enrollment distribution for plan selections excludes platinum and catastrophic metal plan tiers due to small enrollment numbers.

We also examined enrollment by metal tier and receipt of cost sharing reductions (CSRs) among 2021 SEP enrollees. Individuals with incomes from 100 to 250 percent of the federal poverty line (FPL) and individuals with income below 100 percent FPL who are denied Medicaid or Children's Health Insurance Program (CHIP) due to their immigration status, and who are eligible for advance payments of the premium tax credit (APTC-eligible) are generally eligible for CSRs. Enrollees eligible for CSRs have the option of enrolling in silver plans that have different levels of actuarial value (AV). A standard silver plan without CSRs has an AV of 70%. CSRs increase this number and therefore cover a higher share of expected medical costs. For example, a CSR-silver plan with 73% AV means that on average, the insurance plan will cover 73% of enrollees' medical costs, after receipt of CSRs.

Figure 2 shows the distribution of plan selections by metal tier, including enrollees with and without CSRs. Most non-AI/AN enrollees were enrolled in silver plans, whereas the majority of AI/AN consumers were enrolled in bronze plans, likely due to their ability to receive CSRs in bronze plans under the ACA. Being eligible for receiving CSRs in non-silver plans is possible when AI/AN enrollees are members of a federally recognized tribe or Alaska Native Claims Settlement Act Corporation shareholder.[15] A higher proportion of White enrollees were in gold plans (11 percent) compared to just 3 and 4 percent among Latino and Black enrollees, respectively.

Figure 2. 2021 HealthCare.gov SEP Enrollment by Race and Ethnicity, by Metal Tier.

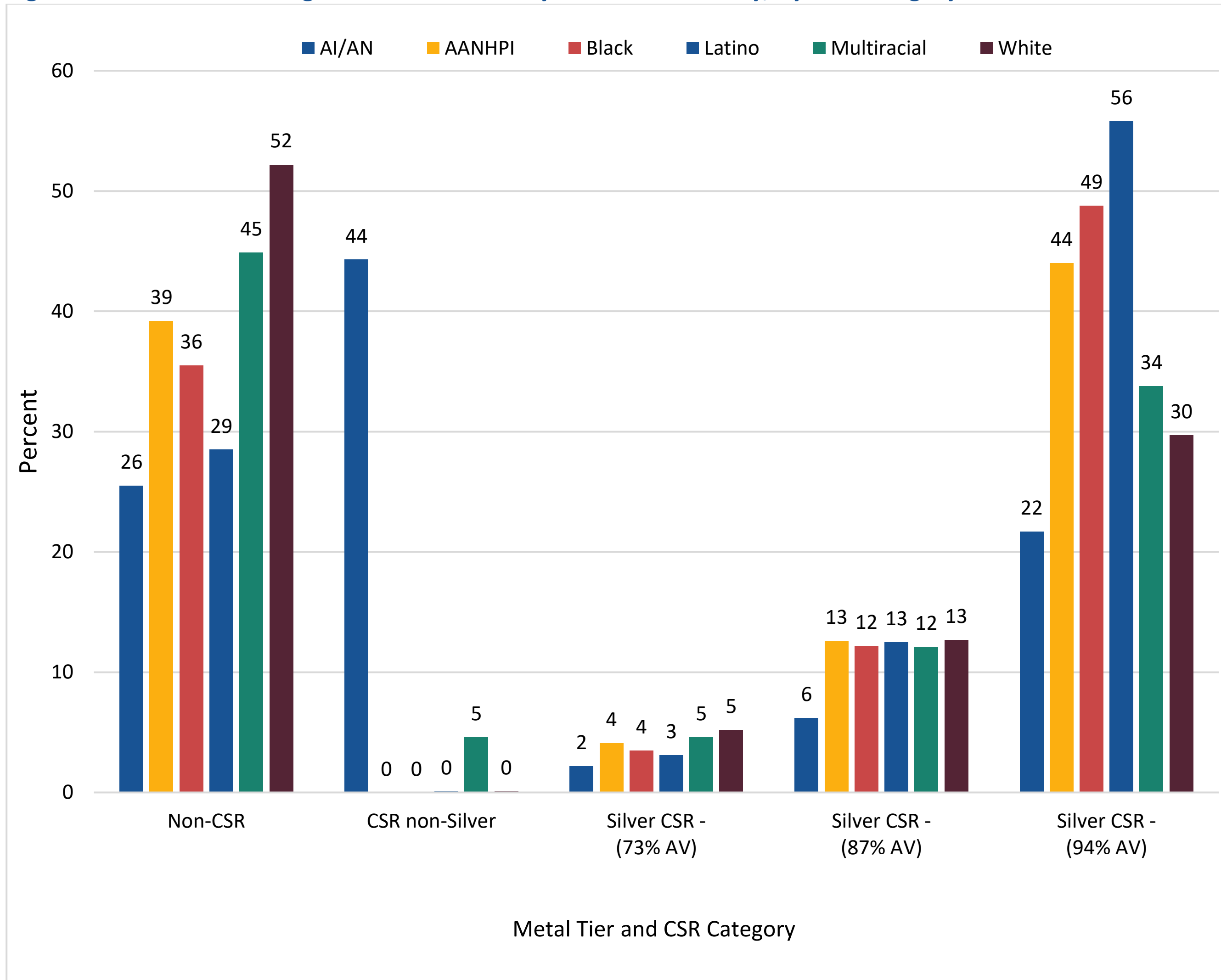


Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2021, for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.
Notes: Catastrophic and Platinum plans were not included due to small enrollment.

When stratifying enrollment by receipt of CSRs, enrollees without CSRs were more likely to have bronze coverage across all racial and ethnic groups (see Appendix Figure A). Meanwhile almost all 2021 SEP enrollees with CSRs enrolled in silver plans (see Appendix Figure B), with the exception of AI/AN enrollees, who in many cases can apply CSRs to any non-catastrophic plan.[16]

Figure 3 presents enrollment in metal tier and CSR categories among SEP enrollees by race and ethnicity. We observe that Latino (56 percent), Black (49 percent), and AANHPI (44 percent) enrollees are enrolled in the highest AV silver CSR variant plans (94% AV) at higher rates than multiracial (34 percent) and White (30 percent) enrollees. Metal level and CSR findings likely reflect income and state Medicaid expansion status and additional state level analysis are needed to further assess if racial and ethnic differences exist taking these factors into account.

Figure 3. 2021 HealthCare.gov SEP Enrollment by Race and Ethnicity, by CSR Category and Metal Tier

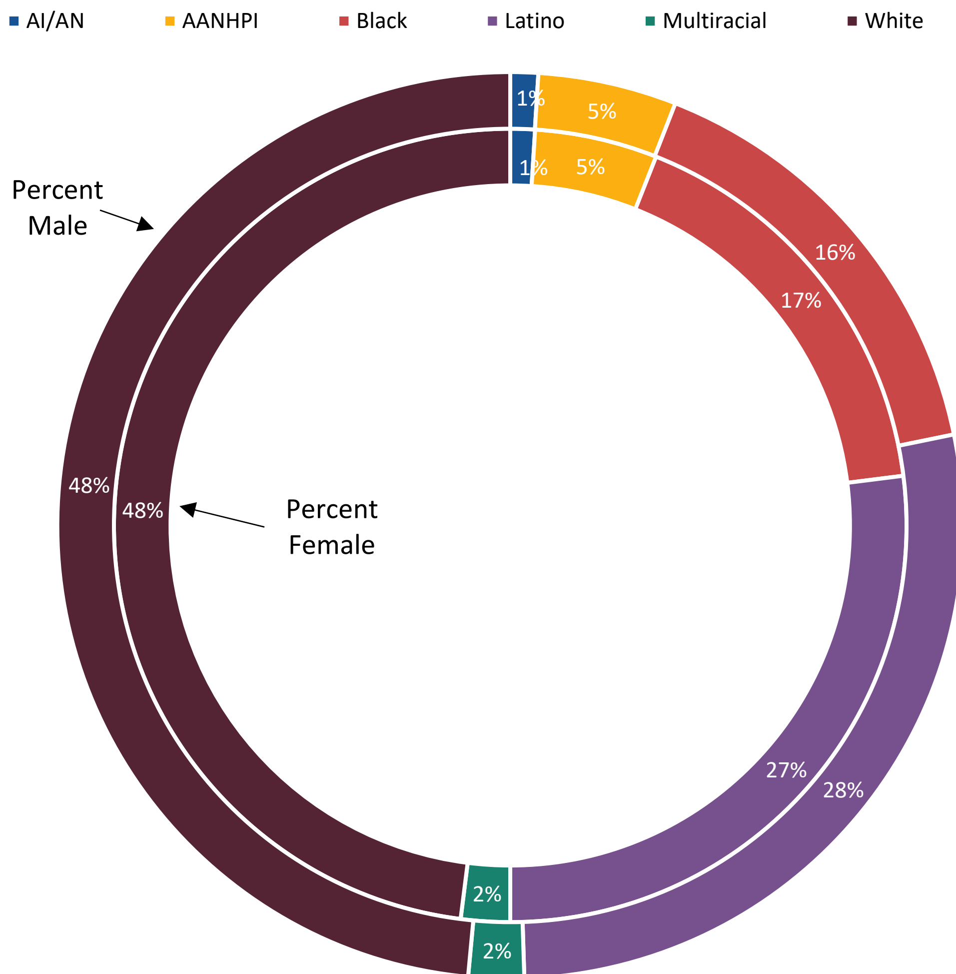


Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2021, for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.
Notes: AV, actuarial value percent that health insurance coverage plan covers for enrollee—for instance, for a Silver CSR plan with 73% AV, 73% of medical costs are covered by the insurance plan on average. The enrollment distribution for plan selections excludes platinum and catastrophic metal plan tiers due to small enrollment numbers.

Appendix Figure C shows the age distribution by race and ethnicity of Marketplace enrollees. Younger enrollees, including children under 18, were disproportionately multiracial, AANHPI, AI/AN, and Latino. Enrollees in the pre-retirement age group (55-64 years of age) were disproportionately White (see Appendix Figure C).

Figure 4 shows the gender distribution among 2021 SEP enrollees by race and ethnicity. We did not observe any racial and/or ethnic distribution differences in 2021 SEP enrollees by gender.

Figure 4. 2021 HealthCare.gov SEP Enrollees by Gender and Race and Ethnicity



Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2021, for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.
Notes: Inner circle represents the proportion of females in the 2021 SEP by race and ethnicity; the outer circle represents the proportion of males in the 2021 SEP by race and ethnicity. The enrollment distribution for plan selections excludes platinum and catastrophic metal plan tiers due to small enrollment numbers.

DISCUSSION

Using imputation to address missing data on race and ethnicity for Marketplace enrollment provides a more complete picture of enrollment and can be used to better inform policy and outreach efforts to close racial and ethnic coverage disparities.

The lack of racial and/or ethnic self-reported identity can lead to a skewed understanding of who is enrolled in the Marketplace and can lead to missed opportunities for targeted outreach efforts. We find that imputation increases the estimated share of HealthCare.gov enrollees who are Black or Latino. This suggests that missing self-reported race and ethnicity can lead to an undercount of Black and Latino enrollees – communities that have historically been uninsured or underinsured at higher rates than the population as a whole.[17] For instance, among SEP enrollees reporting their race and ethnicity, 15 percent were Black, and 19 percent were Latino;[18] after imputation, we estimate these totals rose to 16 percent and 28 percent, respectively.

We also observe several other patterns in enrollment. The receipt of CSRs drove enrollment in silver plans across most groups, with AI/AN enrollees a notable exception since many qualify for CSRs in bronze plans. We found that Latino (56 percent), Black (49 percent), and AANHPI (44 percent) persons disproportionately enrolled in the highest AV silver CSR variant plans (94% AV) compare to multiracial (34 percent) and White (30 percent) enrollees.

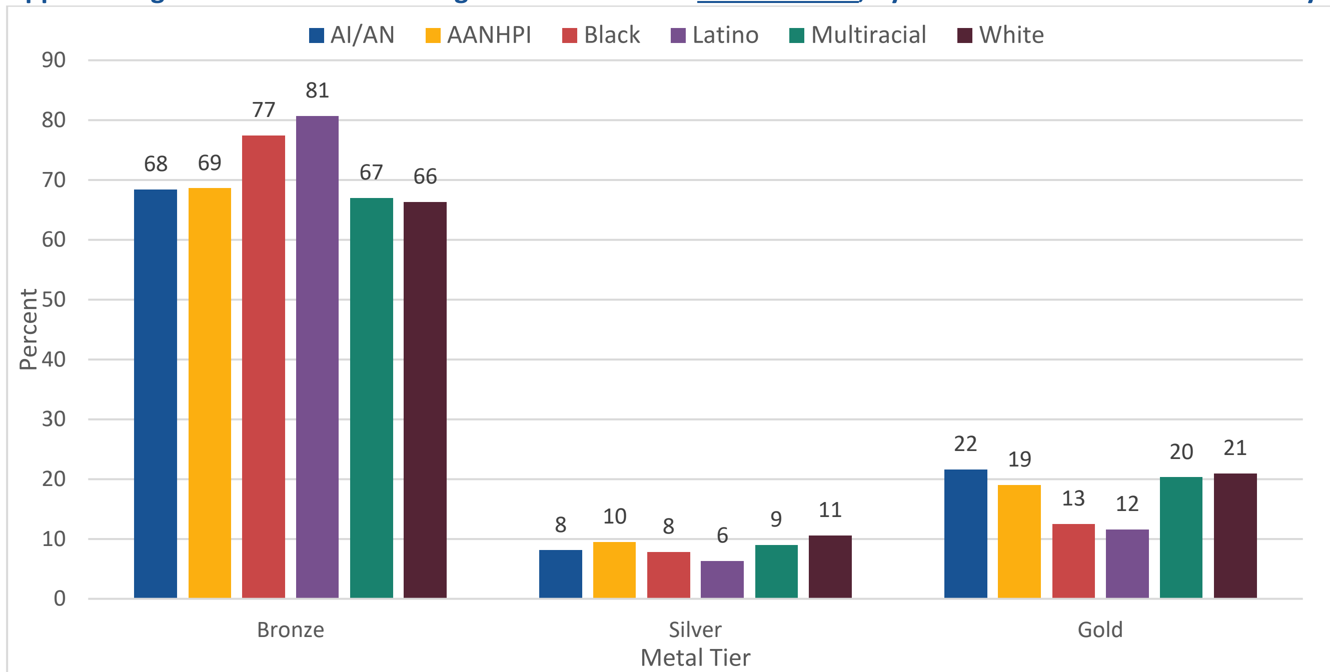
Enrollment by age and race and ethnicity shows that the younger Marketplace enrollees were more likely to be multiracial, followed by AANHPI, AI/AN, and Latino, while adults near retirement age (55-64 years of age) were the largest age group among Whites.

CONCLUSION

Using imputation methods to address gaps in Marketplace enrollment race and ethnicity data can improve our understanding of who is enrolling in Marketplace, how they enroll, and what plans they are selecting. These findings in turn can inform targeted outreach and enrollment assistance efforts to close racial and ethnic coverage disparities. Future reports will examine longer-term trends in enrollment and the results of applying the race and ethnicity imputation methodology to enrollment during the 2022 Open Enrollment Period.

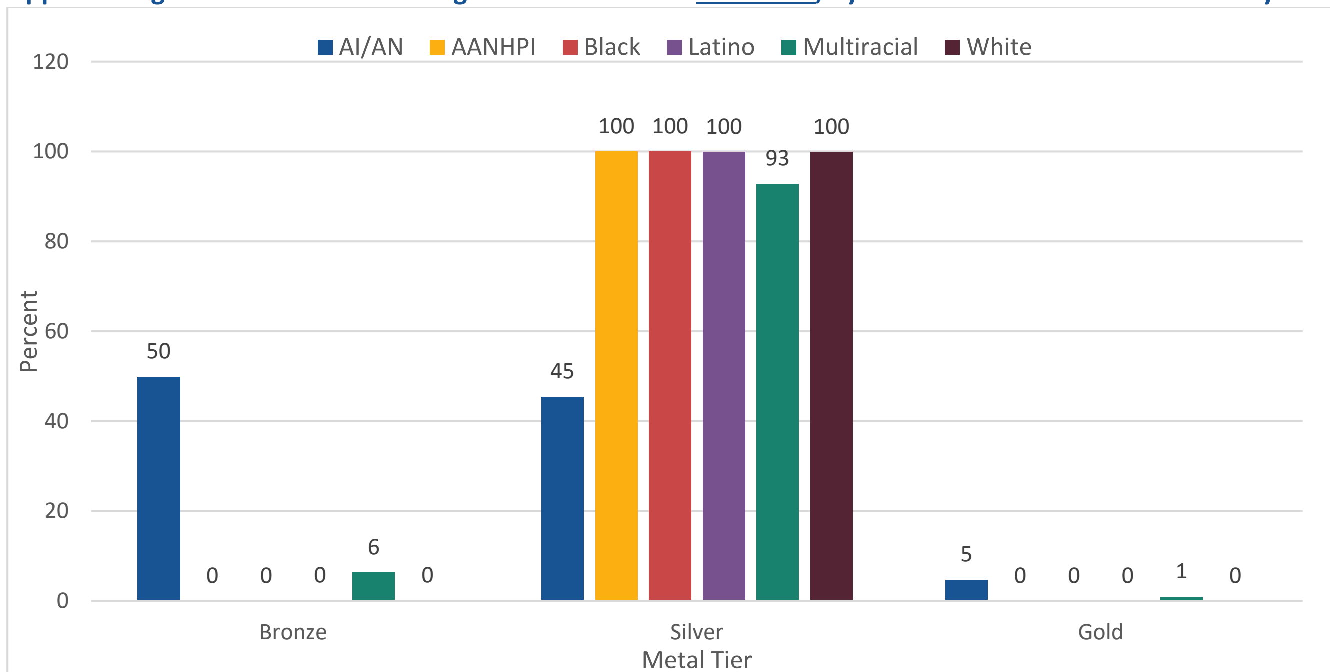
APPENDIX

Appendix Figure A. 2021 HealthCare.gov SEP Enrollment without CSRs, by Metal Tier and Race and Ethnicity



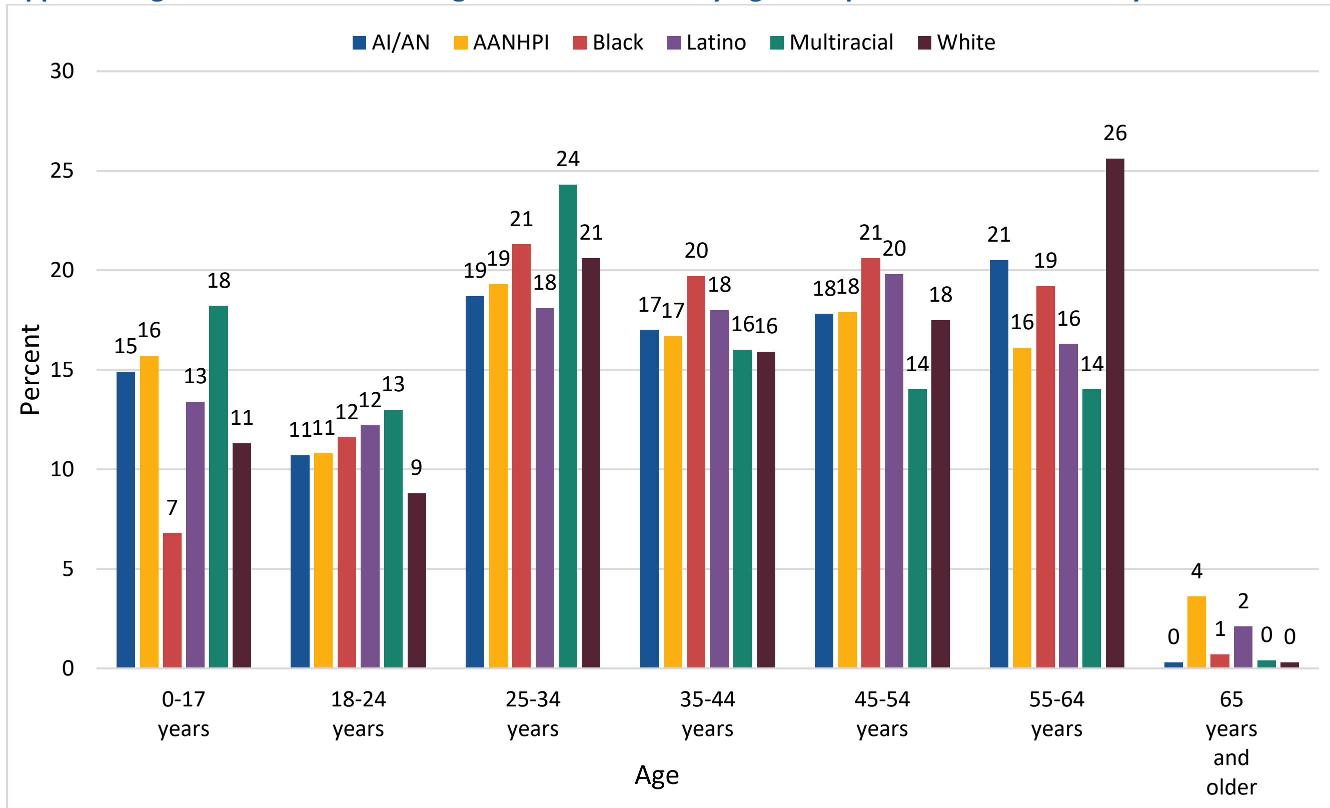
Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2022, for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.

Appendix Figure B. 2021 HealthCare.gov SEP Enrollment with CSRs, by Metal Tier and Race and Ethnicity



Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2022, for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.

Appendix Figure C. 2021 HealthCare.gov SEP Enrollment by Age Group and Race and Ethnicity



Source: ASPE analysis of imputed 2021 SEP enrollment data from February 15 - August 15, 2022 for states using the HealthCare.gov platform from the Centers for Medicare and Medicaid Services' Multidimensional Information and Data Analytics System.

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