

Subsidized Marketplace Coverage in the American Community Survey

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Abstract: In 2019, the American Community Survey (ACS) added questions that can be used to produce estimates of the population with subsidized Marketplace health insurance coverage. As the largest federal household survey, the ACS is the principal source of health insurance coverage information for state and sub-state geographies, as well as for smaller populations. This memo (1) provides background on the new question, (2) describes key features of the data universe, (3) summarizes the imputation and logical assignment process for missing, incomplete, and inconsistent information, and (4) presents a selection of estimates. Along with a large sample size, the ACS includes a variety of social, demographic, and housing information. As a result, the new ACS subsidized Marketplace coverage estimates present an opportunity for policymakers and researchers to more fully understand the population.

Background

American Community Survey

The ACS is an annual, nationally representative survey that collects demographic, social, economic, and housing data on the U.S. population. As the largest federal household survey, the ACS is the principal source of health insurance coverage information for state and sub-state geographies (Keisler-Starkey and Bunch, 2020). The ACS began collecting information on health insurance coverage in 2008 (U.S. Census Bureau, 2007). Since then, this information has been used extensively by policymakers and researchers to understand patterns of health insurance coverage, particularly for smaller populations and geographies.

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² This paper is released to inform interested parties of research and evaluation and to encourage discussion. The views expressed on statistical, measurement, or methodological issues are those of the authors and not necessarily those of the U.S. Census Bureau. The U.S. Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release: CBDRB-FY20-POP001-0212.

The ACS health insurance coverage question uses a checklist format. Respondents report whether they currently have any of six types of coverage (employer-sponsored, direct-purchase, Medicare, Medicaid, TRICARE, and VA Care) or Indian Health Service through ‘Yes’-‘No’ responses. Respondents who are not sure how to classify their type of coverage may report an “other” type of coverage through a write-in field, which the Census Bureau uses to help determine their type of comprehensive coverage (if any). Comprehensive health insurance covers basic health care needs. This definition excludes single service plans, such as accident, disability, dental, vision, or prescription medicine plans.

ACS data collection occurs year-round, and respondents are asked to report their coverage at the time of interview. Therefore, the resulting measure of health coverage reflects an annual average of current health insurance coverage status.³

New Premium and Subsidy Content

The Patient Protection and Affordable Care Act (ACA) (United States Congress, 2010) introduced a new way of obtaining coverage, namely purchasing it directly through the Health Insurance Marketplace (Marketplace). People with family incomes within a certain range (100 to 400 percent of the federal poverty level) purchasing Marketplace coverage have been able to receive federal tax subsidies to help pay for their coverage premiums (Department of Health and Human Services, 2020; DeLeire, Chappel, Finegold, and Gee, 2017). Since 2014, millions of people have enrolled in coverage through the Marketplace and have received a premium subsidy (Kaiser Family Foundation, 2020). Premium and subsidy content was added to the 2019 ACS after several years of question development and testing. Using direct-purchase coverage and the premium and subsidy question, the ACS provides an approximation of subsidized Marketplace coverage.

Federal agencies participating in the U.S. Office of Management and Budget Interagency Committee for the ACS proposed this content and potential question wording in early 2013 to address emerging data needs. Interagency meetings, expert input, and three rounds of cognitive testing refined question wording (Stapleton and Steiger, 2015; Steiger, Anderson, Folz, Leonard, and Stapleton, 2015). Two wording options were included in a nationwide field test of ten new or revised questions across the ACS.

This field test, which occurred from February to June 2016, consisted of a nationally representative sample of 70,000 residential addresses in the United States (Berchick, O’Hara,

³ Like all survey data, ACS data are subject to error. More information on confidentiality protection, sampling error, non sampling error, and definitions is available at: www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html.

Heimel, and Sawyer, 2017).⁴ The test was a split-panel experiment, with two groups receiving a different version of the ACS questionnaire using the typical data collection processes. Respondents were also re-interviewed several weeks later to measure response error.

A series of pre-specified metrics, such as response distributions, item missing data rates, and response error were used to evaluate data quality. Across the pre-designated metrics, the two versions of the premium and subsidy question performed comparably well (Berchick, O’Hara, Heimel, and Sawyer, 2017). However, a simultaneously proposed revision to the health insurance coverage question that was paired with the proposed premium and subsidy content did not uniformly improve the accuracy of estimates. Therefore, the version of the premium and subsidy question paired with the existing coverage question in field testing was chosen for implementation in the ACS (See Figures A1 and A2 in the Appendix). This version of the question was also shorter, thus reducing respondent burden.⁵

Interview Mode and Premium/Subsidy Question

Data collection for ACS households follows a sequential mixed-mode design with three modes: Internet, mail, and in-person interviewing. Sampled housing units first receive a mailed request to respond via Internet, followed later by an option to complete a paper questionnaire and return it by mail. If no response is received by mail or Internet, the address may be selected for computer-assisted personal interviewing (CAPI).

Meanwhile, the primary data collection mode for group quarters (GQs) is CAPI. A paper GQ questionnaire is distributed to GQ respondents only when a CAPI interview cannot be conducted. For more information about the ACS, see official documentation (U.S. Census Bureau, 2014).

Health insurance coverage and related content appear in all ACS data collection modes. All persons in sample are asked to respond to the health insurance coverage question. By contrast, the premium and subsidy question has a skip pattern that varies by data collection mode.

- In the paper questionnaire, respondents who reported any coverage are instructed to provide information about premiums.
- In all other interview modes, only people with direct-purchase, Medicaid, or an “other” type of coverage are asked whether they pay a health insurance premium.⁶

⁴ The sample universe did not include group quarters (GQs), housing units in Alaska, Hawaii, or Puerto Rico.

⁵ Results from the 2016 ACS Content Test showed that after testing the ‘control’ version of the Premium and Subsidy question with the preferred version of the Health Insurance Coverage question, which was shorter, resulted in lower respondent burden (Berchick, O’Hara, Heimel, and Sawyer, 2017).

⁶ This skip pattern was built into the Computer-Assisted Interviewing (CAI) and web instrument modes but not the paper forms in order to minimize respondent confusion (Berchick, O’Hara, Heimel, and Sawyer, 2017). Post-collection variable construction restricts paper responses to maintain consistency across interview modes.

Regardless of data collection mode, only persons who report a premium are asked about subsidy receipt.

Data Universe

As the purpose of the two-part premium and subsidy question is to estimate the prevalence of subsidized Marketplace coverage, a new composite variable--called HIMRKS in the microdata--identifies this coverage.⁷ It uses information from both the health insurance coverage question and the premium and subsidy question. This composite variable facilitates data users' analysis and interpretation of the data, reduces incorrect reporting of subsidized Marketplace coverage and emphasizes the intention of the premium and subsidy question. This **concept** has two definitions, one in microdata and one in data products

For official data products, only people with direct-purchase coverage alone are included in published subsidized Marketplace estimates. This limited universe reflects eligibility for Marketplace coverage and/or premium subsidies: individuals with another type of comprehensive coverage (e.g., Medicaid or employment-based insurance) would not be eligible to receive a subsidy (Kaiser Family Foundation, 2020; U.S. Department of Veterans Affairs, 2015).

The microdata file does not make this restriction. In the data, people with other types of health insurance coverage in addition to direct-purchase may have subsidized Marketplace coverage (i.e. HIMRKS = 1). While this coverage pattern is not consistent with eligibility, it shows how some respondents answered the questions. By releasing these apparently inconsistent responses, public use file users may make alternative assumptions when classifying a person's type of health insurance coverage. For example, when respondents indicate that they hold multiple types of coverage, such as direct-purchase and Medicaid, some users might want to reassign Medicaid to direct purchase or vice versa depending on the state's policies concerning cost sharing and their own assumptions about fully subsidized premiums.

In both the microdata and official products, individuals from certain GQ facilities and geographies are excluded from the universe. People who live in certain institutional settings are not eligible to enroll in Marketplace coverage or receive premium subsidies. For example, people who are incarcerated cannot buy health insurance coverage through the Marketplace (U.S. Department of Health and Human Services, 2020). Other GQ types and residents of Puerto Rico are also excluded based on eligibility to participate in the Marketplace and/or receive a premium tax subsidy.

⁷ Responses to the individual subparts of the premium and subsidy question are not contained on the data file.

Construction of Composite Variable HIMRKS in the Microdata

Logical Assignment and Implicit Reports

Although the ACS doesn't allow people to report Marketplace coverage alone, a person can indicate that they have **subsidized** Marketplace coverage in the ACS in a number of ways. Two of the most straightforward include: (1) reporting direct-purchase coverage, a premium, and a subsidy, and (2) reporting direct-purchase coverage alone and no premium. The first case is an explicit report of subsidized Marketplace coverage, and the latter is an implicit report of fully subsidized Marketplace coverage (Berchick, O'Hara, Heimel, and Sawyer, 2017).

Figure 1 below describes the logic used in constructing the subsidized Marketplace variable included in the ACS microdata. It uses respondents' answers to the health insurance coverage question, premium and subsidy question, as well as additional information such as the ratio of a family's income to the federal poverty threshold (income-to-poverty ratio, or IPR), age, and relationship to householder (reference person).

Figure 1: Logic Model for Subsidized Marketplace Coverage in the American Community Survey (ACS)

Coverage Type	Premium	Subsidy	Reference Person, In-Family Adult, Non-Family Adult, Non-Family Child (Age 15 or older)		In-Family Child		Non-Family Child LT 15 (Age less than 15)
			Income-to-Poverty Ratio (IPR)		Income-to-Poverty Ratio (IPR)		Income-to-Poverty Ratio (IPR)
			100<= IPR <=400	<100 or >400	100<= IPR <=400	<100 or >400	Not in poverty universe
Direct Purchase Coverage (HINS2= Yes)	Yes	Yes	HIMRKS=Yes		HIMRKS=Yes		HIMRKS=Yes
		No	HIMRKS=No		HIMRKS=No		HIMRKS=No
		missing	HIMRKS=Hotdeck		HIMRKS=Parent/Hotdeck^		HIMRKS= Hotdeck
	No	Yes*	HIMRKS=Yes		HIMRKS=Yes		HIMRKS=Yes
		No*	HIMRKS=Yes		HIMRKS=Yes		HIMRKS= Hotdeck
		missing	HIMRKS=Hotdeck		HIMRKS=Parent/Hotdeck^		HIMRKS= Hotdeck
	missing	Yes*	HIMRKS=Yes	HIMRKS= Hotdeck	HIMRKS=Yes	HIMRKS=Parent/Hotdeck^	HIMRKS=Yes
		No*	HIMRKS=Hotdeck		HIMRKS=Parent/Hotdeck^		HIMRKS= Hotdeck
		missing	HIMRKS=Hotdeck		HIMRKS=Parent/Hotdeck^		HIMRKS= Hotdeck
Else	(any)	(any)	Not in Universe				

* Some respondents did not follow the skip pattern in the paper questionnaire.

^ Take parent's value if available, else use hotdeck allocation.

Eligibility Criteria

Respondents may report logically inconsistent information, or the imputation of missing data may result in logically inconsistent combinations. For example, a person would be ineligible for subsidized Marketplace coverage if they also had VA Health Care, Medicaid or if their household income was not 100% to 400% of the federal poverty level (FPL).⁸

In general, the Census Bureau preserves these actual responses in the data, allowing data users to make alternative assumptions about which information to prioritize when conducting specialized analyses. One exception involves hotdeck allocation which does not allow respondents that did not answer the premium and subsidy question to be used as donors.

Direct Purchase Alone or in Combination

Previous research has documented that the prevalence of direct-purchase coverage is higher in the ACS than in other surveys. This overestimate is likely driven by the report of direct-purchase coverage in combination with another type of health insurance. Noncomprehensive (supplemental) coverage likely comprises a substantial share of this overreported direct-purchase coverage (Lynch, Kenney, Haley, and Resnick, 2011; Mach and O’Hara, 2011).

The Census Bureau, in the internal and public use microdata, allows variable HIMRKS to take values of “Yes” or “No” in those cases where respondents have direct-purchase in combination with other types of coverage. Data users are able to employ additional information such as age, income, and geography to make alternative assumptions.

Missing Data Imputation

Missing values in the ACS are imputed using hotdeck allocation. This approach uses complete data from other people with similar characteristics to fill in a blank or inconsistent field (U.S. Census Bureau, 2014). Hotdeck imputation matches donors (with observed values) and recipients (with missing values) so that they are comparable on observed demographic and social characteristics. Built into hotdeck imputation is the assumption that data are missing at random (Andridge and Little, 2010).

To identify appropriate donors, the subsidized Marketplace coverage edit divides each household respondent into three groups: adults, in-family child, and non-family child. GQ respondents are divided into two groups which take into account the type of GQ facility and person’s age. Each group has its own set of hotdecks with variables specific to that group.

⁸ The Census Bureau uses unformation about income from the past twelve months and family size at the time of interview to calculate the income-to-poverty ratio. This measure slightly differs from that one used for subsidy determination. Subsidies are based on calendar- (tax-) year income, and the number of people in a family at the time of tax filing.

Variables used for the hotdecks include state of residence, family IPR (when available), age, sex, citizenship status, race, ethnicity and direct purchase coverage alone or in combination with other types of coverage. For GQ's, type of facility was also taken into account. For in-family children, in some cases, parent's HIMRKS value is taken into account to impute HIMRKS for a child (see Figure 1).

The HIMRKS edit uses a tiered hotdeck approach. The first hotdeck used contains the most detail in order to better match imputed cases with reported data. In the first hotdeck, donors and recipients must match on all characteristics in order to receive allocated data. If no donor is found, a second hotdeck with less information is used. With less information to match, the likelihood of finding an exact match increases. This tiered process continues to the last hotdeck, which usually contains only two characteristics for household interviews (state and family IPR, if available) and only one for GQs (GQ type).

Subsidized Marketplace Coverage Estimates

Key Estimates

Table 1 shows subsidized Marketplace coverage estimates for the civilian noninstitutionalized population.⁹ Under the broader microdata definition, about 2.23 percent of the population has subsidized Marketplace coverage. However, some of these respondents also report another type of comprehensive coverage (e.g., employer-sponsored insurance or Medicaid) that would make them ineligible to receive a premium subsidy. With this in mind, the ACS products definition only includes people who have direct-purchase and no other type of coverage. Under this definition, 1.63 percent of people had subsidized marketplace coverage.

Both of these estimates are lower than the Centers for Medicare and Medicaid Services (CMS) estimates of the number of people with an Advance Premium Tax Credit (APTC). The APTC is an advance, and it is based on estimated annual income. The (actual) premium tax credit received is determined after the end of the calendar year (at tax filing) (Centers for Medicare and Medicaid Services, 2020). As a person may expect to no longer qualify for their tax credit at the end of the year or may be unsure how to report it, they may not correctly report their subsidy.

All else equal, we would expect ACS estimates of subsidized Marketplace coverage to be lower than CMS totals. First, the CMS data comes from the 2019 Marketplace Open Enrollment Period Public Use Files. These files indicate the total number of people with the plan and Advanced Premium Tax Credit (APTC). However, the ACS measures coverage at the time of interview. Therefore, if someone disenrolls from their Marketplace coverage (e.g., if they gain employer-

⁹ Persons with subsidized Marketplace coverage are those who have direct-purchase only with a subsidized premium.

sponsored insurance or age into Medicare) or no longer receives a subsidy before the time of ACS interview, then they will be counted in the CMS data, but not in the ACS data.¹⁰

Table 1. Subsidized Marketplace Coverage at the National-Level

	ACS Microdata Definition		ACS Data Products Definition		
	CMS, Number with APTC ¹	Percent (SE)	Number (SE)	Percent (SE)	Number (SE)
United States	9,711,000	2.23 (0.01)	7,211,000 (34,000)	1.63 (0.01)	5,276,000 (31,000)

1. CMS = Centers for Medicare and Medicaid Services; APTC = Advance Premium Tax-Credit

Note: Numbers rounded to thousands

Source: U.S Census Bureau, 2019 American Community Survey (ACS), 1-Year Data; CMS, 2019 Marketplace Open Enrollment Period Public-Use Files

Table A1 in the Appendix shows results for the fifty states and District of Columbia. At the state-level, Florida, Idaho, and Utah had among the highest percentage of people with subsidized marketplace coverage under both the microdata definition (4.24, 3.92, and 3.86 percent) and the official products definition (3.43, 3.25, and 3.36, respectively).¹¹

Consistent with expectations, for 35 states, ACS estimates of coverage using the microdata definition were lower than CMS effectuated counts. ACS estimates of coverage using the official products definition were lower than CMS counts for nearly all states.¹² As expected from the more restrictive definition, these ACS rates used in official products are lower than rates under the ACS microdata definition.¹³

Imputation (Allocation) Rates

The imputation (allocation) rate of variable HIMRKS at the national-level, for the civilian noninstitutionalized population, was 4.38 percent (See Table A2 in the Appendix). It was lower than the allocation rates of the health insurance coverage variables, which ranged from 11.08 percent to 14.45 percent.

¹⁰ Similarly, if a person enrolls due to a qualifying life event after the time of ACS interview, they should also be counted as having subsidized Marketplace coverage in the CMS data, but not in the ACS data.

¹¹ The estimated rates for Florida, Utah, and Idaho are not statistically different from one another.

¹² Using the official products definition, ACS estimates and CMS counts were not statistically different for Minnesota, and the ACS estimates were larger than CMS counts for New York and the District of Columbia.

¹³ The difference was not statistically significant for Alaska or Wyoming.

Allocation rates varied across states (See Table A3 in the Appendix). For example, 2.09 percent of HIMRKS responses in Alaska were imputed, while 6.19 percent were in the District of Columbia.

Estimates by Age

Another key strength of the ACS is that, as the largest federal household survey, its sample size enables estimates of subsidized Marketplace coverage by social, economic, and demographic characteristics. Table 2 shows coverage estimates by selected characteristics.

Table 2. Subsidized Marketplace Coverage by Age

	ACS Microdata		ACS Data Products	
	Definition		Definition	
	Percent (SE)	Number (SE)	Percent (SE)	Number (SE)
Ages 0-18	1.47 (0.02)	1,140,000 (15,000)	1.15 (0.02)	886,000 (14,000)
Ages 19-64	2.66 (0.01)	5,129,000 (28,000)	2.25 (0.01)	4,337,000 (26,000)
Ages 65+	1.78 (0.02)	941,000 (10,000)	0.10 (0.01)	53,000 (3,000)

Note: Numbers rounded to thousands

Source: U.S. Census Bureau, 2019 American Community Survey (ACS), 1-Year Data

From the table, we can see variation in the percent of each group with subsidized Marketplace coverage. Using the ACS data product definition, while 1.63 percent of the U.S. population has this coverage, rates vary by age. For example, 1.15 percent of children under age 18 have subsidized Marketplace coverage, but 2.25 percent of people ages 19 to 64 do.

Conclusion

The 2019 ACS debuted new information about whether people have subsidized Marketplace coverage. This follows nearly a decade of question development and testing. Although additional research is necessary (and is currently underway), the preliminary data evaluation presented here suggests that the question is working as intended. While estimates from the ACS are generally lower than from administrative sources (CMS data), this was expected due to differences in the timing of ACS collection and question wording. The allocation rate—4.38 percent of weighted data—also suggests that respondents are able (and willing) to provide this information.

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Appendix

Figure A1: 2019 ACS Health Insurance Premium and Subsidy Question

17 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

Yes

No → SKIP to question 18a

b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

Yes

No

Figure A2: 2019 ACS Health Insurance Coverage Question

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan – Specify ↴	<input type="checkbox"/>	<input type="checkbox"/>

Table A1. Subsidized Marketplace Coverage at the State-Level

State	CMS, Number with APTC ¹	ACS Microdata Definition ²		ACS Data Products Definition ²	
		Number (SE)	Percent (SE)	Number (SE)	Percent (SE)
Alabama	149,000	115,000 (4,000)	2.38 (0.08)	79,000 (3,000)	1.64 (0.07)
Alaska	15,000	8,000 (1,000)	1.09 (0.16)	6,000(1,000)	0.85 (0.15)
Arizona	130,000	117,000 (5,000)	1.64 (0.07)	79,000 (5,000)	1.10 (0.07)
Arkansas	58,000	49,000 (3,000)	1.65 (0.09)	36,000 (2,000)	1.21 (0.08)
California	1,312,000	871,000 (13,000)	2.23 (0.03)	652,000 (11,000)	1.67 (0.03)
Colorado	133,000	115,000 (4,000)	2.03 (0.08)	91,000 (4,000)	1.60 (0.07)
Connecticut	78,000	71,000 (3,000)	2.01 (0.09)	46,000 (3,000)	1.30 (0.08)
Delaware	19,000	17,000 (2,000)	1.76 (0.18)	10,000 (1,000)	1.09 (0.15)
District of Columbia	1,000	10,000 (1,000)	1.46 (0.19)	5,000 (1,000)	0.74 (0.18)
Florida	1,660,000	898,000 (14,000)	4.24 (0.06)	725,000 (13,000)	3.43 (0.06)
Georgia	402,000	229,000 (7,000)	2.20 (0.06)	167,000 (6,000)	1.60 (0.06)
Hawaii	16,000	20,000 (1,000)	1.44 (0.11)	12,000 (1,000)	0.89 (0.09)
Idaho	79,000	69,000 (4,000)	3.92 (0.24)	57,000 (4,000)	3.25 (0.23)
Illinois	261,000	223,000 (7,000)	1.78 (0.05)	159,000 (6,000)	1.28 (0.05)
Indiana	100,000	121,000 (5,000)	1.83 (0.07)	84,000 (4,000)	1.26 (0.07)
Iowa	44,000	47,000 (2,000)	1.52 (0.06)	27,000 (2,000)	0.86 (0.05)
Kansas	77,000	63,000 (3,000)	2.20 (0.10)	46,000 (3,000)	1.61 (0.09)
Kentucky	67,000	64,000 (3,000)	1.46 (0.06)	41,000 (3,000)	0.94 (0.06)
Louisiana	81,000	76,000 (3,000)	1.66 (0.07)	50,000 (3,000)	1.10 (0.07)
Maine	61,000	45,000 (2,000)	3.39 (0.19)	34,000 (2,000)	2.57 (0.17)
Maryland	125,000	101,000 (4,000)	1.69 (0.07)	71,000 (3,000)	1.19 (0.05)
Massachusetts	242,000	118,000 (5,000)	1.74 (0.07)	75,000 (4,000)	1.10 (0.05)
Michigan	231,000	223,000 (6,000)	2.26 (0.06)	156,000 (5,000)	1.58 (0.05)
Minnesota	65,000	88,000 (3,000)	1.57 (0.06)	61,000 (3,000)	1.10 (0.05)
Mississippi	84,000	47,000 (3,000)	1.62 (0.09)	31,000 (2,000)	1.07 (0.07)
Missouri	186,000	123,000 (4,000)	2.04 (0.07)	91,000 (4,000)	1.51 (0.06)
Montana	38,000	37,000 (2,000)	3.55 (0.23)	28,000 (2,000)	2.65 (0.21)
Nebraska	82,000	57,000 (2,000)	3.00 (0.13)	48,000 (2,000)	2.52 (0.12)
Nevada	70,000	61,000 (3,000)	1.99 (0.11)	41,000 (3,000)	1.36 (0.10)
New Hampshire	32,000	26,000 (2,000)	1.92 (0.14)	21,000 (2,000)	1.57 (0.13)
New Jersey	192,000	173,000 (6,000)	1.97 (0.07)	134,000 (5,000)	1.52 (0.06)
New Mexico	35,000	33,000 (3,000)	1.62 (0.14)	22,000 (2,000)	1.05 (0.11)
New York	158,000	409,000 (9,000)	2.13 (0.04)	251,000 (8,000)	1.31 (0.04)
North Carolina	454,000	320,000 (8,000)	3.11 (0.08)	253,000 (7,000)	2.46 (0.07)
North Dakota	19,000	19,000 (1,000)	2.52 (0.20)	14,000 (1,000)	1.93 (0.18)
Ohio	157,000	160,000 (4,000)	1.39 (0.04)	99,000 (4,000)	0.86 (0.03)
Oklahoma	137,000	93,000 (4,000)	2.40 (0.09)	68,000 (3,000)	1.75 (0.08)
Oregon	110,000	96,000 (4,000)	2.29 (0.09)	68,000 (3,000)	1.62 (0.08)
Pennsylvania	313,000	281,000 (7,000)	2.23 (0.06)	194,000 (6,000)	1.54 (0.05)
Rhode Island	28,000	26,000 (3,000)	2.54 (0.24)	17,000 (2,000)	1.58 (0.18)
South Carolina	195,000	131,000 (5,000)	2.60 (0.09)	100,000 (5,000)	1.98 (0.09)
South Dakota	27,000	26,000 (2,000)	2.96 (0.22)	20,000 (2,000)	2.36 (0.20)
Tennessee	190,000	151,000 (4,000)	2.24 (0.06)	101,000 (4,000)	1.50 (0.06)
Texas	956,000	558,000 (12,000)	1.96 (0.04)	434,000 (11,000)	1.52 (0.04)
Utah	176,000	123,000 (6,000)	3.86 (0.19)	107,000 (6,000)	3.36 (0.18)
Vermont	22,000	15,000 (1,000)	2.48 (0.19)	12,000 (1,000)	1.87 (0.16)
Virginia	278,000	172,000 (5,000)	2.07 (0.06)	124,000 (4,000)	1.50 (0.05)
Washington	143,000	130,000 (4,000)	1.73 (0.06)	96,000 (4,000)	1.28 (0.05)
West Virginia	20,000	29,000 (2,000)	1.63 (0.11)	12,000 (2,000)	0.70 (0.09)
Wisconsin	177,000	144,000 (4,000)	2.51 (0.07)	106,000 (3,000)	1.84 (0.06)
Wyoming	23,000	18,000 (2,000)	3.08 (0.38)	14,000 (2,000)	2.55 (0.34)

1. CMS = Centers for Medicare and Medicaid Services; APTC = Advance Premium Tax-Credit

2. The data products definition includes only those people with direct-purchase coverage that have a subsidized premium. The microdata does not make this restriction. People with other types of health insurance coverage in addition to direct-purchase may have subsidized Marketplace coverage.

Note: Numbers rounded to thousands

Source: U.S Census Bureau, 2019 American Community Survey (ACS), 1-Year Data; CMS, 2019 Marketplace Open Enrollment Period Public-Use Files. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the ACS, see <www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html>

Table A2. Allocation Rate at the National-Level

Health Insurance Coverage	Percent of weighted data allocated (SE)
Employer-based	12.43 (0.05)
Direct-purchase	12.99 (0.06)
Medicare	11.08 (0.05)
Medicaid	14.13 (0.06)
Military/TRICARE	14.45 (0.07)
VA Care	14.33 (0.07)
Subsidized Marketplace	4.38 (0.02)

Source: U.S Census Bureau, 2019 American Community Survey (ACS), 1-Year Data;. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the ACS, see <www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html>

Table A3. Allocation Rate at the State-Level

State	Percent of unweighted data allocated	Percent of weighted data allocated (SE)
Alabama	4.96	4.74 (0.12)
Alaska	1.81	2.09 (0.22)
Arizona	4.52	4.24 (0.09)
Arkansas	4.53	4.30 (0.14)
California	4.48	4.34 (0.04)
Colorado	4.17	4.25 (0.10)
Connecticut	4.39	3.99 (0.14)
Delaware	4.89	4.94 (0.27)
District of Columbia	7.49	6.19 (0.40)
Florida	5.94	6.11 (0.08)
Georgia	4.24	4.12 (0.09)
Hawaii	5.27	5.28 (0.26)
Idaho	4.52	4.58 (0.21)
Illinois	4.05	3.87 (0.07)
Indiana	4.16	3.77 (0.09)
Iowa	4.68	4.50 (0.12)
Kansas	4.70	4.36 (0.15)
Kentucky	3.96	3.88 (0.11)
Louisiana	4.49	4.02 (0.12)
Maine	4.74	4.23 (0.19)
Maryland	3.94	3.89 (0.11)
Massachusetts	5.19	4.90 (0.11)
Michigan	4.02	3.71 (0.07)
Minnesota	4.09	3.68 (0.08)
Mississippi	5.12	4.12 (0.14)
Missouri	4.48	4.27 (0.10)
Montana	5.73	5.92 (0.26)
Nebraska	5.11	4.97 (0.17)
Nevada	4.12	4.35 (0.18)
New Hampshire	3.83	3.54 (0.20)
New Jersey	4.10	3.96 (0.10)
New Mexico	3.41	3.47 (0.17)
New York	5.64	5.52 (0.08)
North Carolina	5.26	4.98 (0.10)
North Dakota	6.35	5.74 (0.24)
Ohio	3.70	3.51 (0.07)
Oklahoma	4.86	4.67 (0.10)
Oregon	4.41	4.38 (0.12)
Pennsylvania	4.85	4.85 (0.07)
Rhode Island	7.46	5.59 (0.31)
South Carolina	4.92	4.61 (0.12)
South Dakota	5.51	4.81 (0.24)
Tennessee	4.67	4.27 (0.09)
Texas	3.99	3.64 (0.05)
Utah	4.09	4.40 (0.18)
Vermont	4.31	4.29 (0.29)
Virginia	4.28	4.25 (0.09)
Washington	3.91	3.69 (0.09)
West Virginia	3.86	3.41 (0.14)
Wisconsin	4.16	3.90 (0.09)
Wyoming	4.15	4.18 (0.31)

Source: U.S Census Bureau, 2019 American Community Survey, 1-Year Data. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the ACS, see <www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html>.