



A Comprehensive Evaluation of the ACA Exchanges, Racial-Ethnic Considerations



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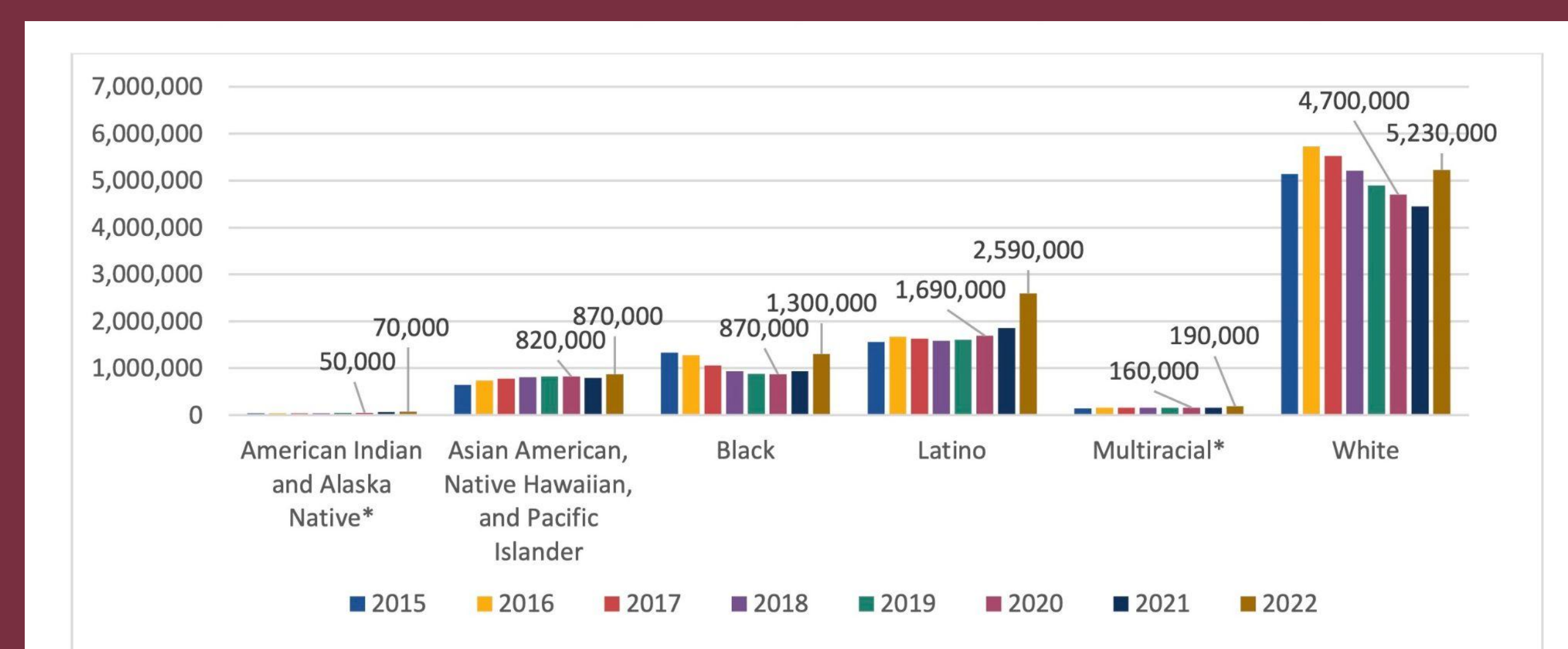
Abstract

The Affordable Care Act established state-level marketplaces in which individuals could obtain health insurance coverage. This project evaluated the performance of these state marketplaces - aka health insurance exchanges - after 10 years of operation. We compared differences across state in various characteristics, such as enrollment and health plan competition, and developed a repository for research literature that addresses various outcomes of these mechanisms. Our main objective was to identify features associated with the success of the marketplaces in providing health insurance and, consequently, necessary health care services, to the population. Tasks included literature reviews, data collection, preparing data visualizations (graphs), and some analysis of the data. Data was analyzed with the applications Excel and Stata. From the data we have collected from the Office of Health Policy analyzing the makeup of enrollees in the federal healthcare.gov marketplace, an overall increase at the national level has been observed in the number of minorities joining the healthcare.gov marketplace. The percentages of racial-ethnic makeup appears to have differences compared to national levels, particularly among Asian American, Native Hawaiian, and Pacific Islander and Multiracial. Through the preliminary data we have collected, we have been able to observe changes from state to state and county to county, but further research must be conducted on possible explanations for these differences such as unemployment rate, income rates, and age makeup.

Methods

1. Gather literature released between 2010 and 2020 about the implications and effects of the Affordable Care Act.
2. Gather population data provided in excel sheets between 2014 and 2021 on the state-level marketplaces (insurance exchanges).
3. Convert the excel files into data files that can be analyzed using the statistical software Stata.
4. Through Stata, we compiled the data down to the county level to prepare it for analysis in the data visualization software Tableau.
5. In Tableau we began to create a heat map measuring participation at the county level across states and time (2014-2021).
6. Use data provided by the Office of Health Policy, analyzing the enrollment by race and ethnicity (2015-2022)
7. Compare enrollment data to national census data to test for representativeness.

Fig 1. Number of HealthCare.gov Marketplace Enrollees by Race and Ethnicity



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2022.
*Estimates for American Indian and Alaska Native and Multiracial categories should be interpreted with caution, as the imputation C-statistic for AI/AN was 0.62 and Multiracial was 0.68 (marginally acceptable). The remaining categories have C-statistics greater than 0.94 (excellent).

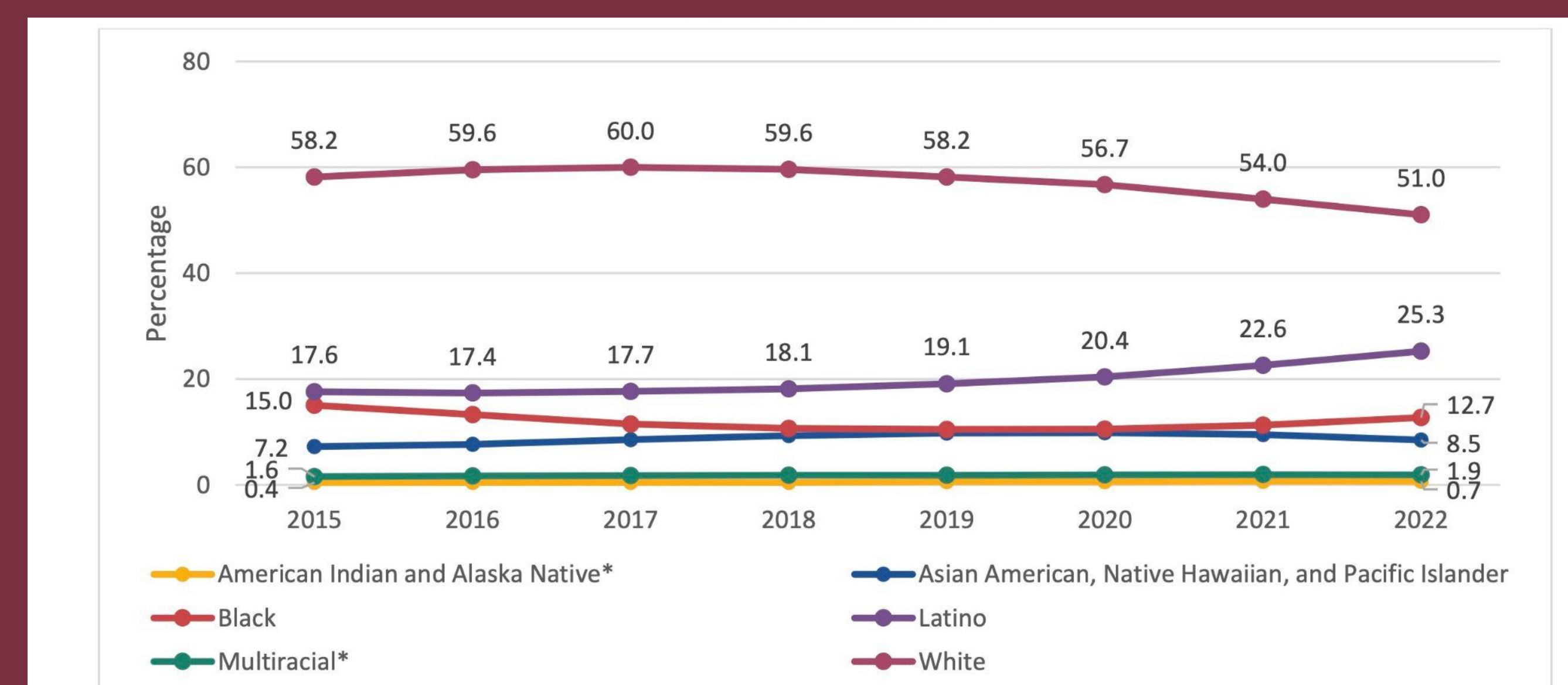
Preliminary Results

From the preliminary results we have obtained, it appears that enrollment at the national level has some discrepancies among racial and ethnic makeup, particularly among Asian American, Native Hawaiian, and Pacific Islander and Multiracial. The most representative race and ethnicities to national data as of this analysis is White and Latino.

Further Research

Further research must be conducted at the local state and county levels to determine what areas of the United States may observe more or less representativeness. We have begun analyzing data at this local scale, but some issues we have run into include some of the data on enrollees does not contain their race and ethnic data, marked as "unknown race" and "unknown ethnicity" respectively. Additionally, some of the data provided at the state and county level in regards to race and ethnicity are not mutually exclusive, creating difficulty in their analysis.

Fig 2. Percentage of HealthCare.gov enrollees by Race and Ethnicity



Notes: Analysis by ASPE and RAND of HealthCare.gov Open Enrollment Period data, 2015-2022.
*Estimates for American Indian and Alaska Native and Multiracial categories should be interpreted with caution, as the imputation C-statistic for AI/AN was 0.62 and Multiracial was 0.68 (marginally acceptable). The remaining categories have C-statistics greater than 0.94 (excellent).

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