



March 2019

PRIVATE HEALTH INSURANCE

Enrollment Remains
Concentrated among
Few Issuers, including
in Exchanges

GAO Highlights

Highlights of [GAO-19-306](#), a report to congressional committees

Why GAO Did This Study

A highly concentrated health insurance market may indicate less competition and could affect consumers' choice of issuers and the premiums they pay. In 2014, PPACA required the establishment of health insurance exchanges—a new type of marketplace where individuals and small groups can compare and select among insurance plans sold by participating issuers—and the introduction of other reforms that could affect market concentration and competition among issuers. GAO previously reported that enrollment through these newly established exchanges was also generally concentrated.

PPACA included a provision for GAO to study market concentration. This report describes changes in the concentration of enrollment among issuers in (1) overall individual, small group, and large group markets, and (2) individual and small group exchanges.

GAO determined market share in the overall markets using enrollment data from 2015 and 2016 that issuers are required to report annually to the Centers for Medicare & Medicaid Services (CMS) and compared that data to 2011 through 2014 enrollment data GAO analyzed in previous reports. GAO determined market share in the exchanges from 2015 through 2017 using other sources of enrollment data from CMS and states. For all data sets, GAO used the most recent data available.

View [GAO-19-306](#). For more information, contact John Dicken at (202) 512-7114 or dickenj@gao.gov.

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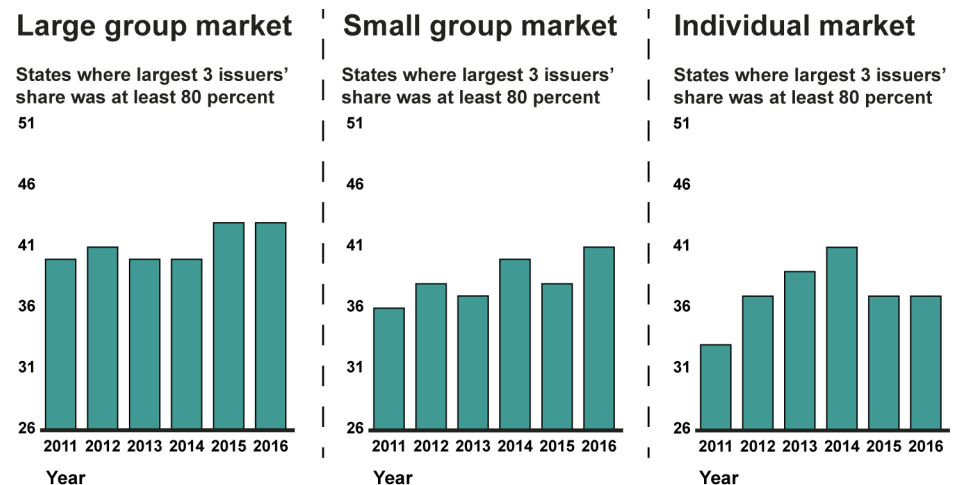
PRIVATE HEALTH INSURANCE

Enrollment Remains Concentrated among Few Issuers, including in Exchanges

What GAO Found

Enrollment in private health insurance plans continued to be concentrated among a small number of issuers in 2015 and 2016. In the overall large group market (coverage offered by large employers), small group market (coverage offered by small employers), and individual market (coverage sold directly to individuals), the three largest issuers held 80 percent of the market or more in at least 37 of 51 states. This is similar to what GAO previously reported for 2011 through 2014.

Number of States Where the Three Largest Issuers Had at Least 80 Percent of Enrollment, by Market, 2011-2016



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

GAO also found that within the overall individual and small group markets in each state, the health insurance exchanges established by the Patient Protection and Affordable Care Act (PPACA) were also concentrated from 2015 to 2017.

- For the individual market exchanges, in each year, three or fewer issuers held 80 percent or more of the market, on average, in at least 46 of the 49 state exchanges for which GAO had data. Further, the largest issuers increased their market share in about two-thirds of exchanges. The number of issuers participating in a market and their market shares can affect concentration, and many individual exchanges generally had a decreasing number of participating issuers over time.
- For the small group market exchanges, in each year, three or fewer issuers held 80 percent or more of the market in at least 42 of the 46 state exchanges for which GAO had data. The small group exchanges also had slight changes in issuer participation and market share over this time period.

GAO received technical comments on a draft of this report from the Department of Health and Human Services and incorporated them as appropriate.

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Abbreviations

CMS	Centers for Medicare & Medicaid Services
CO-OP	Consumer Operated and Oriented Plan
HHS	Department of Health and Human Services
PPACA	Patient Protection and Affordable Care Act
SHOP	Small Business Health Options Program

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March 21, 2019

Congressional Committees

Historically, the market for health insurance sold by private issuers has been highly concentrated—that is, a small number of issuers in the market enrolled most of the people in that market.¹ We previously reported that, from 2010 through 2013, enrollment in most states was concentrated among the largest issuers in each of the three types of health insurance markets: the large group market (coverage offered by large employers), the small group market (coverage offered by small employers), and the individual market (consisting mainly of coverage sold directly to individual consumers who lack access to group coverage).² We also reported that these trends continued in 2014, which was the first year in which a number of provisions from the Patient Protection and Affordable Care Act (PPACA) took effect.³ For example, we found that enrollment was similarly concentrated among a small number of issuers during the first year of operation of the health insurance exchanges that were created under PPACA. Health insurance exchanges are markets that operate within each state’s overall individual and small group market where eligible individuals and small employers can compare and select among qualified insurance plans offered by participating issuers.⁴ A highly

¹We use the term “issuer” when referring to the entities that are licensed by a state to engage in the business of insurance in that specific state.

²GAO, *Private Health Insurance: Concentration of Enrollees among Individual, Small Group, and Large Group Insurers from 2010 through 2013*, [GAO-15-101R](#) (Washington, D.C.: Dec. 1, 2014).

Federal law defines a small employer as having an average of 1 to 50 employees during the preceding calendar year; however, states may apply this definition based on an average of 1 to 100 employees. See 42 U.S.C. §§ 300gg-91(e)(4), 18024(b)(2).

³GAO, *Private Health Insurance: In Most States and New Exchanges Enrollees Continued to be Concentrated among Few Issuers in 2014*, [GAO-16-724](#) (Washington, D.C.: Sept. 6, 2016).

See Pub. L. No. 111-148, 124 Stat. 119 (2010) (hereafter, “PPACA”), as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010). In this report, references to PPACA include any amendments made by the Health Care and Education Reconciliation Act of 2010.

⁴States may establish separate individual and small group exchanges or a single exchange to serve both individuals and small groups. In this report, the term “state” includes the District of Columbia.

concentrated insurance market may indicate less competition and could affect consumers' choice of issuers and the premiums they pay.

PPACA also included a provision for us to conduct a study on competition and concentration in health insurance markets.⁵ For the current study, we describe changes in the concentration of enrollment among issuers in each state's:

1. overall individual health insurance market, including the individual market exchange;
2. overall small group health insurance market, including the small group exchange; and
3. overall large group health insurance market.

To analyze changes in concentration in the overall individual, small group, and large group markets in each state, we analyzed 2015 and 2016 Medical Loss Ratio data that PPACA requires issuers to report annually to the Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS).⁶ Data for 2016 were the most recently available at the time of our analysis. We previously analyzed 2011 through 2014 data from this same source in our prior reports on concentration; we present that information alongside our new analyses in this report.⁷ Within the overall individual, small group, and large group markets for each of the 51 states, we determined the state-level market share for each issuer by calculating the ratio of the total number of

⁵PPACA, § 1322(i), 124 Stat. at 192. PPACA directs us to report to Congress biennially beginning in 2014. See [GAO-15-101R](#) and [GAO-16-724](#) for our prior work in response to this mandate.

⁶PPACA required that all issuers report Medical Loss Ratio data to CMS, which include the percent of premiums the issuers spent on their enrollees' medical claims and quality initiatives, known as their medical loss ratio. These data also include enrollment data that can be used to calculate the market share for fully insured health plans. We did not examine self-funded health plans, where small and large employers set aside funds to pay for employee health care rather than pay premiums to an issuer to do so. The data include state-level enrollment data and are publicly available on the CMS website.

⁷[GAO-16-724](#).

covered life-years for each issuer in a state to the total number of covered life-years in that state.⁸

To analyze changes in concentration in the individual market exchanges, we obtained data from CMS and states for 2015, 2016, and 2017, the most recently available at the time of our analyses.⁹ CMS operated individual market exchanges—referred to as federally facilitated exchanges—in about three-quarters of states.¹⁰ For these states, CMS provided us with data from its data warehouse, the Multidimensional Insurance Data Analytics System, for each enrollee who obtained health insurance coverage through federally facilitated exchanges for 2015, 2016, or 2017.¹¹ These data included, among other information, the enrollees' coverage start and end dates, the issuers from which the enrollees purchased coverage, and the states and rating areas—geographic areas established by states and used, in part, by issuers to set premium rates—in which the enrollees lived.¹² For the remaining states, which operated their own individual market exchanges, each state

⁸One way to measure beneficiary enrollment is by calculating covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. Rather than a point in time measurement, this measure accounts for changes in enrollment that occur throughout the year.

⁹Our CMS and state data sources for measuring individual market exchange enrollment are different from the source we used in [GAO-16-724](#). Our current sources measure exchange enrollment more precisely and are more complete than our prior source. That source not only included enrollment in plans sold on the exchanges, but also included enrollment in those same plans purchased off the exchanges. Therefore, the 2014 exchange enrollment data used in our prior report are not directly equivalent to the exchange enrollment data analyzed in this report.

¹⁰States may choose to operate their own exchanges, or this responsibility can be carried out by CMS; this responsibility can change over time. States that operate their own exchanges can use a federally facilitated exchange for certain functions, such as enrollment. We obtained data from CMS for the 39 states that used the federally facilitated exchanges for 2015, 2016, or 2017.

¹¹We did not report on individual market exchange enrollment for 2014 as CMS officials had concerns with the reliability of the agency's 2014 data.

¹²From our analyses of the CMS individual market exchange enrollment data, we found that a small number of enrollees (0.3 percent of enrollees, associated with 0.2 percent of covered life-years, in the federally facilitated exchanges in 2017) appeared to have coverage from two or more issuers at the same time. Because we could not determine whether this coverage was valid, we retained the coverage in our analyses.

generally provided us with comparable enrollment data by rating area.¹³ We used the CMS and state data to calculate the total number of issuers that participated in each state and rating area, as well as each issuer's market share—measured using covered life-years—within the state and each rating area. Rating areas represent defined localized markets within a state and issuer participation can vary across rating areas. Market concentration can vary by rating area and the largest issuer in the state may not be the largest issuer in every rating area. To account for this variability, for our analyses of the number of issuers and issuer market share in each state's individual market exchange, we calculated averages across rating areas that were weighted for differences in the size of total enrollment in each rating area. For example, to obtain the average market share of the largest issuer in a state's rating areas, we calculated the market share of the largest issuer in each rating area in the state and then calculated the average of those market shares, weighted by the number of covered life-years in each rating area.

To analyze changes in concentration in the small group exchanges—referred to as the Small Business Health Options Program (SHOP)—we obtained data from CMS and states for 2015, 2016, and 2017, the most

¹³We obtained data from 13 of the 14 states that operated their own individual market exchanges and did not use a federally facilitated exchange for 2015, 2016, or 2017. The remaining state, Hawaii, operated its own individual market exchange and did not use a federally facilitated exchange for 2015, but was unable to provide complete data for that year. Hawaii used a federally facilitated exchange for 2016 and 2017, so CMS provided us with data for those years. Minnesota, which operated its own individual market exchange without using a federally facilitated exchange for 2015 through 2017, was also unable to provide complete data for 2015, but provided us with data for 2016 and 2017. Officials from Hawaii and Minnesota told us that they were unable to provide 2015 data because they could not readily access historical data. Because we did not have complete individual market exchange data for 2015 through 2017 for Hawaii and Minnesota, we excluded them from our relevant findings, but provided available data for 2016 and 2017 in appendices I and II.

States generally provided enrollee member months or covered life-years for each issuer that offered plans in their individual market exchanges. Massachusetts, instead, provided the total member count for each issuer; because individuals can enroll with multiple issuers during a given year, these counts may be duplicative across issuers.

recently available at the time of our analyses.¹⁴ CMS provided enrollment data from its SHOP Enrollment Database for states that utilized federally facilitated SHOP exchanges operated by CMS—about two-thirds of states.¹⁵ These data included, among other information, the coverage start and end date for each enrollee and the issuers from which the enrollees purchased coverage. Each of the remaining states operating its own exchange provided us with enrollment data for each exchange issuer.¹⁶ We used the CMS and state data to calculate the number of issuers that participated in each state, as well as the state-level market share of each participating issuer, for each year from 2015 through 2017. SHOP exchange enrollment data at the rating area level were generally not available.

For each state's overall markets and exchanges, we counted issuers as participating in a market if they had enrollment in that market; we did not count issuers as participating if they offered coverage in a market, but did not have any enrollment. Because there can be multiple issuers within a market that share a single parent company, we aggregated such issuers

¹⁴We did not report on SHOP exchange enrollment data for 2014, as CMS officials stated there was no operational online data collection system in 2014. Data for 2018 were not available as the year was not complete at the time of our review. SHOP plans can begin at any time of year and generally continue for 12 months after the start date. Therefore, coverage can cross calendar years. We report SHOP exchange enrollment by calendar year, which could, therefore, include enrollment with an issuer that had exited the SHOP exchange in a given year but is still providing coverage to enrollees whose plans began in the prior calendar year.

Our CMS and state data sources for measuring SHOP exchange enrollment are different from the source we used in [GAO-16-724](#). Our current sources measure exchange enrollment more precisely and are more complete than our prior source.

¹⁵We obtained data from CMS for the 34 states that used the federally facilitated exchanges for 2015, 2016, or 2017.

¹⁶We obtained data from 16 of the 19 states that operated their own small group market exchanges for 2015, 2016, or 2017. Minnesota, which operated its own exchange, was unable to provide data for 2015, but provided us with data for 2016 and 2017. Utah provided issuer participation data, but was unable to provide enrollment data for 2015, 2016, or 2017. Hawaii, Idaho, and Massachusetts were unable to provide data for 2015, 2016, or 2017. Officials from Minnesota, Utah, and Massachusetts told us that they were unable to readily access historical data by issuer. Officials from Hawaii and Idaho told us that for the years in question, SHOP enrollment data was maintained by issuers, not the state. We therefore generally excluded these states from our analyses, but provided available data for these states in appendixes III and IV. States generally provided enrollee member months or covered life-years for each issuer that offered plans in their SHOP exchanges. Oregon and Washington, instead, provided us with the number of covered lives for each issuer.

to the parent company level; if there was no parent company, we analyzed the data by the individual issuers.¹⁷ We did this to more fully account for the portion of the market held by each parent company. We calculated the three-firm concentration ratio—the combined shares of covered life-years for the three largest issuers in that market—and the market share of the single largest issuer in that market. We considered states' overall markets or exchanges to be highly concentrated if three or fewer issuers held at least 80 percent of the market share. Finally, while states may have multiple local markets with differing concentrations of enrollees among health issuers, the data we used to measure concentration were generally limited to enrollment at the state level, with the exception of our individual exchange enrollment data—thus precluding our ability to measure concentration within local markets except for the individual market exchanges.¹⁸ For all other markets, we present state-wide issuer market share, although issuers may not have all participated across the entire state.

We analyzed enrollment data from all of our sources as they were reported by issuers to CMS or states. We did not otherwise independently verify the accuracy or completeness of the information with the issuers. We assessed the reliability of the CMS and state data in several ways, including through discussions with CMS and state officials, reviewing relevant data manuals and other documentation, performing electronic tests of the data to identify any outliers or anomalies, and comparing the data with data from published sources. We determined that the data were sufficiently reliable for the purposes of our reporting objectives.

¹⁷Specifically, we considered issuers to have the same parent company if in their Medical Loss Ratio data they reported having the same National Association of Insurance Commissioners holding group identifier, the same National Association of Insurance Commissioners company identifier, or the same Health Insurance Oversight System company identifier. Because more recent data were not available at the time of our analysis, we relied on data from 2016 to aggregate issuers to the parent company level for 2017. CMS officials told us that the parent company relationships do not change from year to year for the majority of issuers.

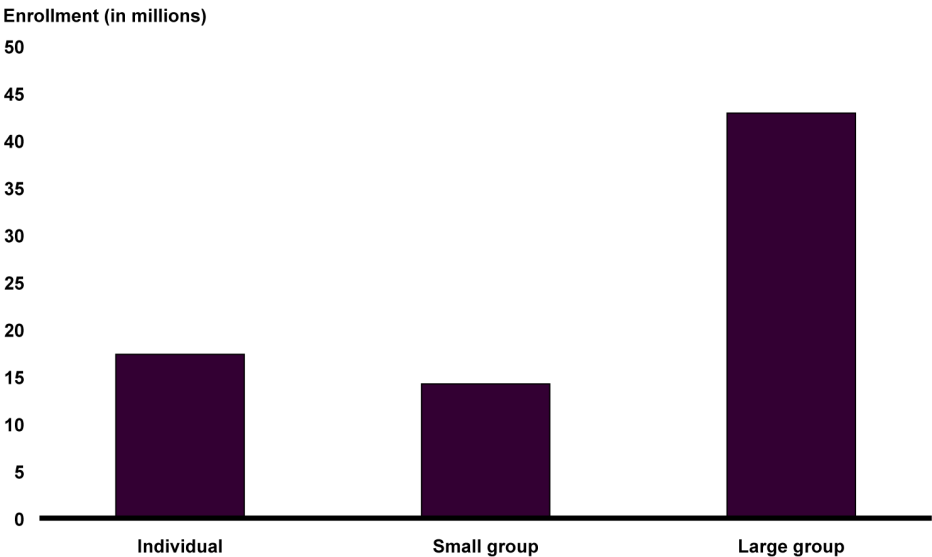
¹⁸While the primary data sources we used in our analysis were available at the state level, we reviewed another recent analysis of concentration and found that in 39 states, the largest issuer in the state overall was also the largest issuer in at least three-quarters of the local markets studied in that state. That analysis used 2016 data on enrollment in fully and self-insured plans by metropolitan statistical areas, which include a county or counties associated with a city or urbanized area that has a population of at least 50,000. See American Medical Association, *Competition in Health Insurance: A Comprehensive Study of U.S. Markets, 2017 Update* (Chicago, IL: 2017).

We conducted this performance audit from November 2017 to March 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Private health insurance is the leading source of health coverage in the United States. Small and large employers may offer fully insured group plans (by purchasing coverage from an issuer) or self-funded group plans (by setting aside funds to pay for employee health care). Most small employers purchase fully insured plans, while most large employers self-fund at least some of their employee health benefits. While the majority of health insurance coverage is provided through the small or large group market, Americans without access to group health coverage, such as those with employers that do not offer health coverage, may choose to purchase it directly from an issuer through the individual market. (See fig. 1 for total covered life-years reported by issuers to CMS in the individual and fully insured small and large group markets.)

Figure 1: Covered Life-Years Reported by Issuers to the Centers for Medicare & Medicaid Services in the Overall Individual, Small Group, and Large Group Health Insurance Markets, 2016



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: We calculated the size of each market using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. This is one of several ways to measure health insurance enrollment, so may differ from other measures of market size. Small and large employers may offer fully insured group plans (by purchasing coverage from an issuer) or self-funded group plans (by setting aside funds to pay for employee health care). Most small employers purchase fully insured plans, while most large employers self-fund at least some of their employee health benefits. For the small group and large group markets, enrollment data is from fully insured plans only.

We previously identified several factors that can affect concentration in health insurance markets.¹⁹ High concentration levels have often been the result of consolidation—mergers and acquisitions—among existing issuers. In addition, concentration can persist because of the difficulty for new issuers to enter the market. For example, new issuers that do not yet have large numbers of enrollees may have greater challenges negotiating discounts with health care providers.

PPACA contains provisions that may affect market concentration and competition among health issuers, such as the establishment of health insurance exchanges within each state's overall individual and small group markets. One goal of the exchanges is for issuers to have an incentive to compete with one another on price and value because consumers can visit a website to compare and select among health plans participating in the exchanges. Issuer participation in the exchanges is a key factor in assuring that consumers have a choice of health plans. While PPACA does not require issuers offering coverage in an overall market to participate in the exchanges, issuers have an incentive to do so in order to access additional consumers. For example, certain consumers earning from 100 to 400 percent of the federal poverty level are eligible to receive premium tax credits that can reduce premium costs, but only for plans purchased through an exchange.²⁰ The federal government and some states have also instituted other provisions to encourage issuers to participate in the exchanges.²¹ For example, PPACA required the

¹⁹In 2009, we conducted a structured literature review that examined the factors that can influence concentration of private health insurance markets. See GAO, *Private Health Insurance: Research on Competition in the Insurance Industry*, [GAO-09-864R](#) (Washington, D.C.: July 31, 2009).

²⁰Certain small employers may also qualify for tax credits to lower the cost of the coverage they purchase on behalf of their employees.

²¹We previously reported that most of the largest issuers in the 2012 individual and small group markets participated in the 2014 exchanges, although most of the numerous smaller issuers in those markets did not. GAO, *Patient Protection and Affordable Care Act: Largest Issuers of Health Coverage Participated in Most Exchanges, and Number of Plans Available Varied*, [GAO-14-657](#) (Washington, D.C.: Aug. 29, 2014).

establishment of the Consumer Oriented and Operated Plan (CO-OP) program, which provided loans to new consumer-governed, nonprofit issuers that are required to offer health plans in the individual and small group exchanges.²² In addition, in Maryland, certain issuers that offered plans outside of the exchange are also required to offer plans through the exchange. PPACA also established other key market reforms that apply both within and outside of the exchanges, such as requiring that issuers offer coverage to all individuals regardless of health status and limiting the ability of issuers to deny coverage or charge higher premiums to individuals and small groups based on health risks or certain other factors. Since the enactment of PPACA in 2010, there have been additional federal policy changes that may influence an issuer's decision about whether to participate in health insurance markets. For example, in 2014, HHS announced that a program that made payments to issuers whose losses exceeded a certain threshold—known as risk corridor payments—would be budget neutral, which resulted in reduced payments for some issuers.²³ One issuer told us that this lower than expected funding was one of multiple factors that contributed to its decision to reduce the number of insurance markets in which it participated.²⁴

²²PPACA, § 1322, 124 Stat. at 187-192 (codified at 42 U.S.C. § 18042). By December 2012, 23 CO-OPs received federal loans to offer coverage through the individual and small group markets and all 23 CO-OPs offered plans in 2014. As of December 2018, 4 CO-OPs were still offering plans.

²³In addition, subsequent to this announcement, legislation was enacted that prohibited CMS from paying out more in risk corridor payments than it collected for fiscal years 2015 through 2017.

²⁴See GAO, *Health Insurance Exchanges: Claims Costs and Federal and State Policies Drove Issuer Participation, Premiums, and Plan Design*, [GAO-19-215](#) (Washington, D.C.: Jan. 28, 2019).

Overall Individual Health Insurance Markets and Exchanges Generally Remained Concentrated in Recent Years, with Increasing Concentration in Many States' Exchanges

States' overall individual health insurance markets were generally concentrated in 2015 and 2016, similar to what we reported for previous years. Individual market exchanges—representing 57 percent of the overall individual market nationally in 2016—were also concentrated in most states and in many cases became more concentrated in recent years.

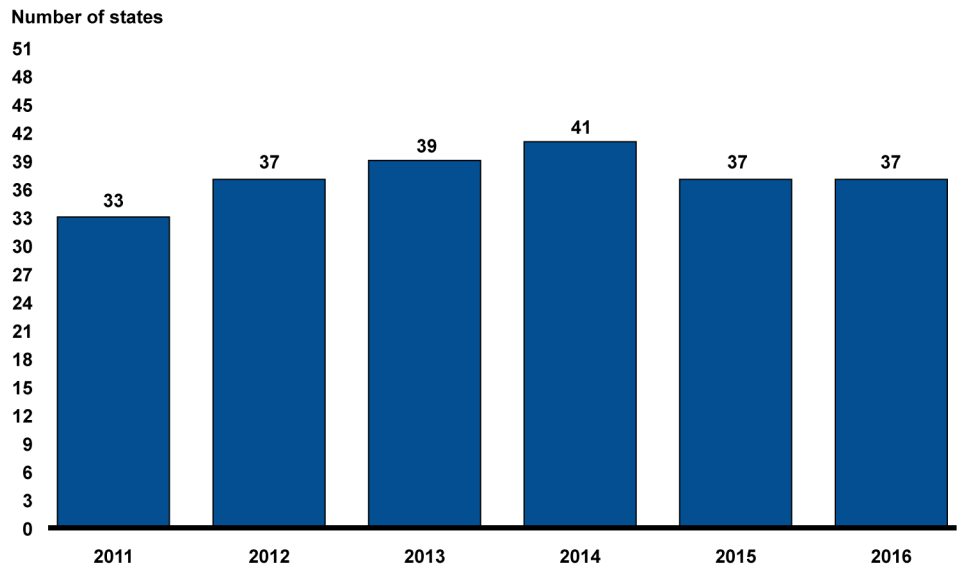
Overall Individual Health Insurance Markets Generally Remained Concentrated in Recent Years

States' overall individual health insurance markets were generally concentrated among a small number of issuers in 2015 and 2016. On average, there were 16 issuers participating in each state in 2016. However, that same year, the 3 largest issuers cumulatively held 80 percent or more of the market—an indicator of high concentration—in 37 of 51 states, generally consistent with what we previously reported for years 2011 through 2014 (see fig. 2).²⁵ The remaining issuers in each state often had significantly smaller market shares—on average, 12 of the 16 issuers in each state held less than 5 percent market share.

²⁵See [GAO-16-724](#). See also appendix V for additional data on the overall individual market from 2011 through 2016.

In the 14 states for which the three largest issuers did not meet the 80 percent threshold, the market share of the three largest issuers varied, ranging from 42 percent in New York to 79 percent in Oregon.

Figure 2: Number of States Where the Market Share of the Three Largest Issuers Was at Least 80 Percent, Overall Individual Market, 2011-2016



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: This figure includes the 50 states and the District of Columbia. All states had more than three issuers in their overall individual markets during this time period. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year.

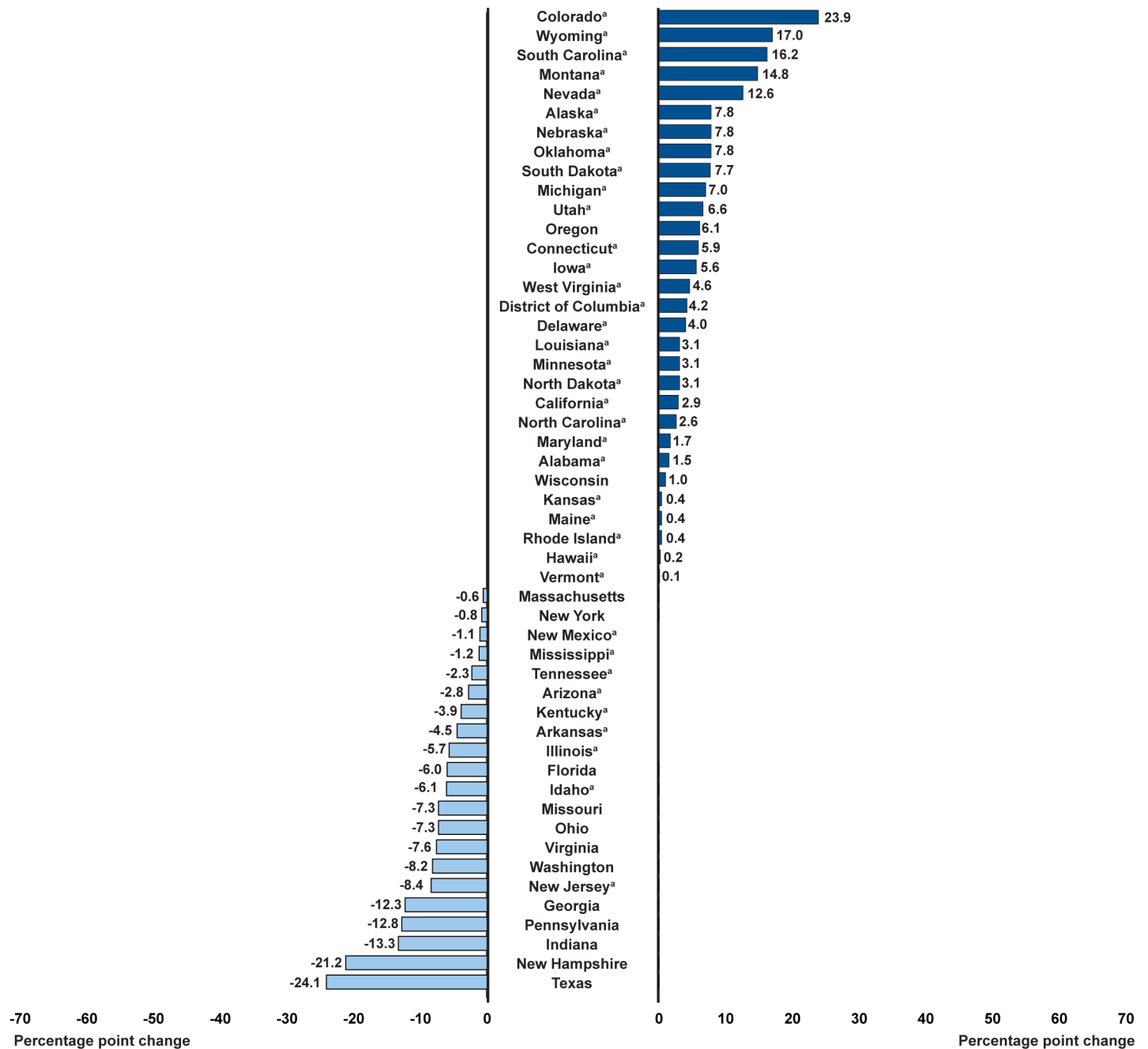
We also found that in over half of states in 2016, a single issuer held at least 50 percent of the market, consistent with prior years. Specifically, a single issuer held at least 50 percent market share in 28 states in 2016. Of these states, a single issuer held between 80 and 90 percent market share in 5 states, and more than 90 percent market share in 2 states. For example, although West Virginia had 15 issuers in 2016, a single issuer, Highmark, held 91 percent market share. This largest issuer position was held by the same company in both 2015 and 2016 in 45 states; in 35 of these states, the largest issuer had been the same since 2011.

While states' overall individual markets generally remained concentrated, they experienced fluctuations in the extent of concentration in recent years. Specifically, from 2014—the last year of data on which we previously reported—to 2016, the market share of the three largest issuers increased in 30 states (with a median increase of 4 percentage points) and decreased in 21 states (with a median decrease of 6 percentage points). (See fig. 3.) However, despite these changes, states

that were highly concentrated in 2014—that is, where the market share of the three largest issuers was at least 80 percent—generally remained highly concentrated in 2016.²⁶

²⁶Of the 41 states that were highly concentrated in 2014, 6 states—Georgia, Indiana, New Hampshire, Pennsylvania, Texas, and Washington—were no longer highly concentrated in 2016. The market share of the three largest issuers in these states in 2016 ranged from 63 percent in Texas to 78 percent in New Hampshire. States that were not highly concentrated in 2014—that is, where the market share of the three largest issuers was less than 80 percent—were generally not highly concentrated in 2016. Of the 10 states that were not highly concentrated in 2014, 2 states—Colorado and Michigan—became highly concentrated in 2016.

Figure 3: Percentage Point Change in Market Share Held by the Three Largest Issuers from 2014 to 2016, by State, Overall Individual Market



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: This figure includes the 50 states and the District of Columbia. All states had more than three issuers in their overall individual markets during this time period. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year.

^aIn 2016, the three largest issuers in this state held 80 percent or more of the overall individual market.

States' Individual Market Exchanges Were Generally Concentrated, and Many Became More Concentrated from 2015 to 2017

Our analyses found that states' individual market exchanges—collectively representing 57 percent of enrollment in the overall individual market nationally in 2016—were generally concentrated among a small number of issuers from 2015 to 2017.²⁷ Each year during this time period, for the 49 states for which we had complete data, on average, between 3 and 5 issuers participated in the individual market exchanges across the states' rating areas.²⁸ Further, each year, the three largest issuers held 80 percent or more of the exchange market, on average, across the states' rating areas, in at least 46 states. For example, in Wisconsin in 2017, the market share of the three largest issuers ranged from 75 percent in 2 of the state's 16 rating areas to 100 percent in 6 rating areas; on average, the three largest issuers held 92 percent market share across the 16 rating areas.

While the number of states meeting this 80 percent average threshold for high concentration remained relatively constant from 2015 through 2017, market share was increasingly concentrated among a smaller number of issuers in many states, as fewer issuers participated in the exchanges by

²⁷ See appendix I for exchange enrollment as a proportion of enrollment in the overall individual market by state.

²⁸ Rating areas are established by states and used, in part, by issuers to set premium rates. Issuer participation and enrollment can vary across rating areas in a state. Therefore, for our analyses of issuer counts and market share within a state's individual exchange, we calculated averages across each state's rating areas and weighted the averages by the number of covered life-years in each rating area to account for variation in rating area enrollment. (For example, to obtain the average market share of the largest issuer in a state's rating areas, we calculated the market share of the largest issuer in each rating area in the state, then calculated the average of those market shares weighted by the number of covered life-years in each rating area.) For the purposes of this report, where we discuss average issuer counts or market share across rating areas, we are referring to these weighted averages. We did not take potential variability in issuer participation and enrollment across rating areas into account in our analyses of the overall individual, small group, or large group markets as these data were not available.

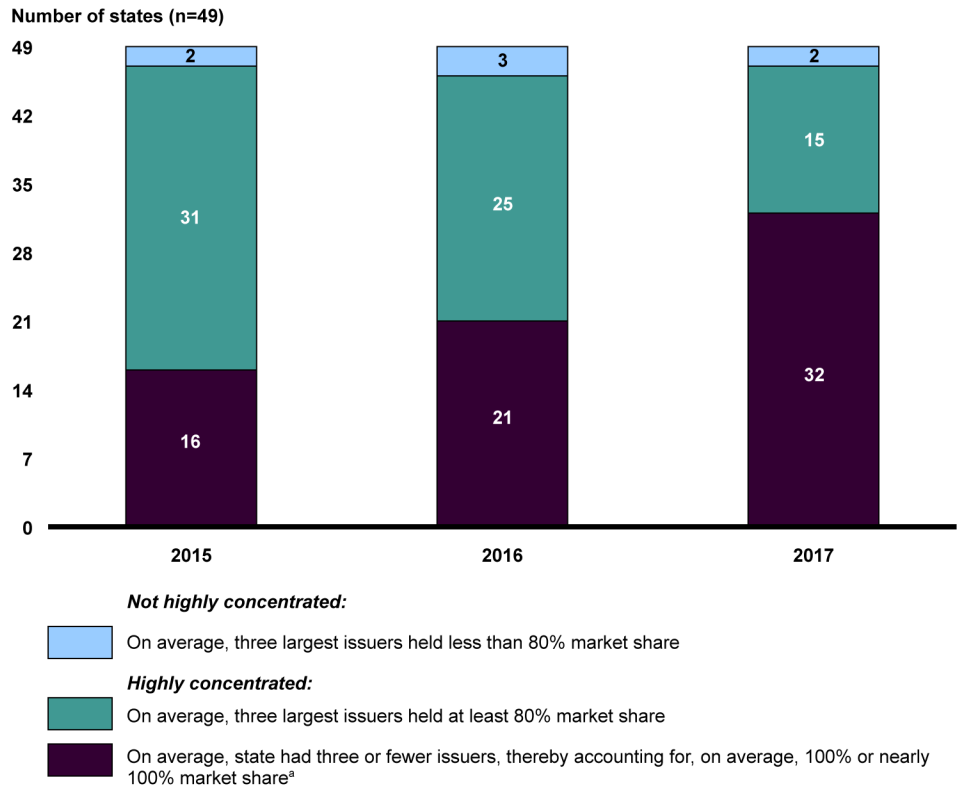
Hawaii and Minnesota are excluded from our individual market exchange analyses because we were unable to obtain data from the states for 2015. However, we present 2016 and 2017 data for these states in appendices I and II.

2017.²⁹ The number of states with three or fewer issuers, on average, in their rating areas—and where the issuers therefore held, on average, 100 percent or nearly 100 percent market share—increased from 16 states in 2015 to 32 states in 2017.³⁰ (See fig. 4.)

²⁹The Kaiser Family Foundation reported in November 2018 that exchange issuer participation decreased each year between 2015 and 2018 and increased for coverage year 2019, although exchanges continued to have lower issuer participation in 2019 than in 2017 and prior years. According to the report, 608 counties nationwide gained at least one participating issuer for 2019, while 5 counties lost an issuer, as compared to 2018. (Multiple counties within a state may constitute a rating area.) Further, for coverage year 2019, fewer enrollees (17 percent of enrollees living in 37 percent of counties) have access to just one exchange issuer, as compared to the proportion of enrollees in 2018 (26 percent of enrollees living in 52 percent of counties). See Kaiser Family Foundation, *Insurer Participation on ACA Marketplaces, 2014-2019*, accessed January 17, 2019, <https://www.kff.org/health-reform/issue-brief/insurer-participation-on-aca-marketplaces-2014-2019/>.

³⁰The average cumulative market share of the largest one, two, or three issuers in states with three or fewer issuers, on average, was not always exactly 100 percent because states may have had more than three issuers in one or more of their rating areas. In 1 state in 2015, 2 states in 2016, and 2 states in 2017—each with three or fewer issuers, on average—the average cumulative market share of the issuers in the states was less than 100 percent, and ranged from 98 to 99 percent.

Figure 4: Extent to Which the Three Largest Individual Market Exchange Issuers Had at Least 80 Percent Market Share, on Average, in 49 States' Rating Areas, 2015-2017



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Notes: We defined “highly” concentrated as three or fewer issuers holding at least 80 percent of the market share. Hawaii and Minnesota are not included in this figure because we were unable to obtain data for all 3 years. The remaining 49 states, including the District of Columbia, are included. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. Market share in this figure refers to the average market share of the three largest issuers across a state’s rating areas, weighted by the number of covered life-years in each rating area. Issuer counts in this figure reflect the number of issuers, on average, across a state’s rating areas, weighted by the number of covered life-years in each rating area.

^aThe average cumulative market share of the largest one, two, or three issuers in states with three or fewer issuers, on average, was not always exactly 100 percent because states may have had more than three issuers in one or more of their rating areas. In 1 state in 2015, 2 states in 2016, and 2 states in 2017—each with three or fewer issuers, on average—the average cumulative market share of the issuers in the states was less than 100 percent, and ranged from 98 to 99 percent.

Further, we found that in at least 35 states each year from 2015 through 2017, the average market share of the largest individual market exchange issuer across the states' rating areas was at least 50 percent.³¹ For example, although Kansas had up to three participating exchange issuers in each of its rating areas in 2017, the largest issuer in each rating area—generally Blue Cross and Blue Shield of Kansas—had at least 88 percent market share.

We also found that many states' individual market exchanges became more concentrated from 2015 to 2017. In 32 of the 49 states, the average market share of the largest exchange issuer across the states' rating areas increased between 2015 and 2017, with a median increase of 13 percentage points. (See fig. 5.) For example:

- In Arizona, the average market share of the largest exchange issuer across the state's rating areas increased by about 60 percentage points, from 39 percent in 2015 to 98 percent in 2017. This increase corresponded with a decrease in issuer participation in the exchange; the state's seven rating areas had between 7 and 12 issuers in 2015, but by 2017 had only 1 or 2 issuers. In 2015, a CO-OP, Compass Cooperative Health Plan, Inc., had 29 percent of the total exchange market share statewide in Arizona and was among the largest issuers in three rating areas, but it exited the exchange after that year.³² Other, smaller issuers also exited the exchange after 2015 and 2016, and, in 2017, Blue Cross Blue Shield of Arizona was left as the only issuer in five of the state's rating areas.
- In South Carolina, the average market share of the largest exchange issuer increased by 41 percentage points, from 59 percent in 2015 to 100 percent in 2017. As in Arizona, the increase corresponded with a decrease in issuer participation in the exchange, from 2 to 4 issuers in the state's 46 rating areas in 2015 to only 1 issuer—BlueCross BlueShield of South Carolina—in each rating area in 2017. In addition, a CO-OP, Consumers' Choice Health Insurance Company, had 43

³¹This analysis includes the states (1 in 2015, 3 in 2016, and 8 in 2017) with an average of one issuer participating in each rating area, and in which the issuers therefore had, on average, 100 percent of the market.

In 29 states, the largest issuer position at the state level was held by the same company from 2015 through 2017. However, this position was not necessarily held by the same company within each of the states' rating areas.

³²See appendix VI for market share from 2015 through 2017 for each of the individual exchange CO-OPs.

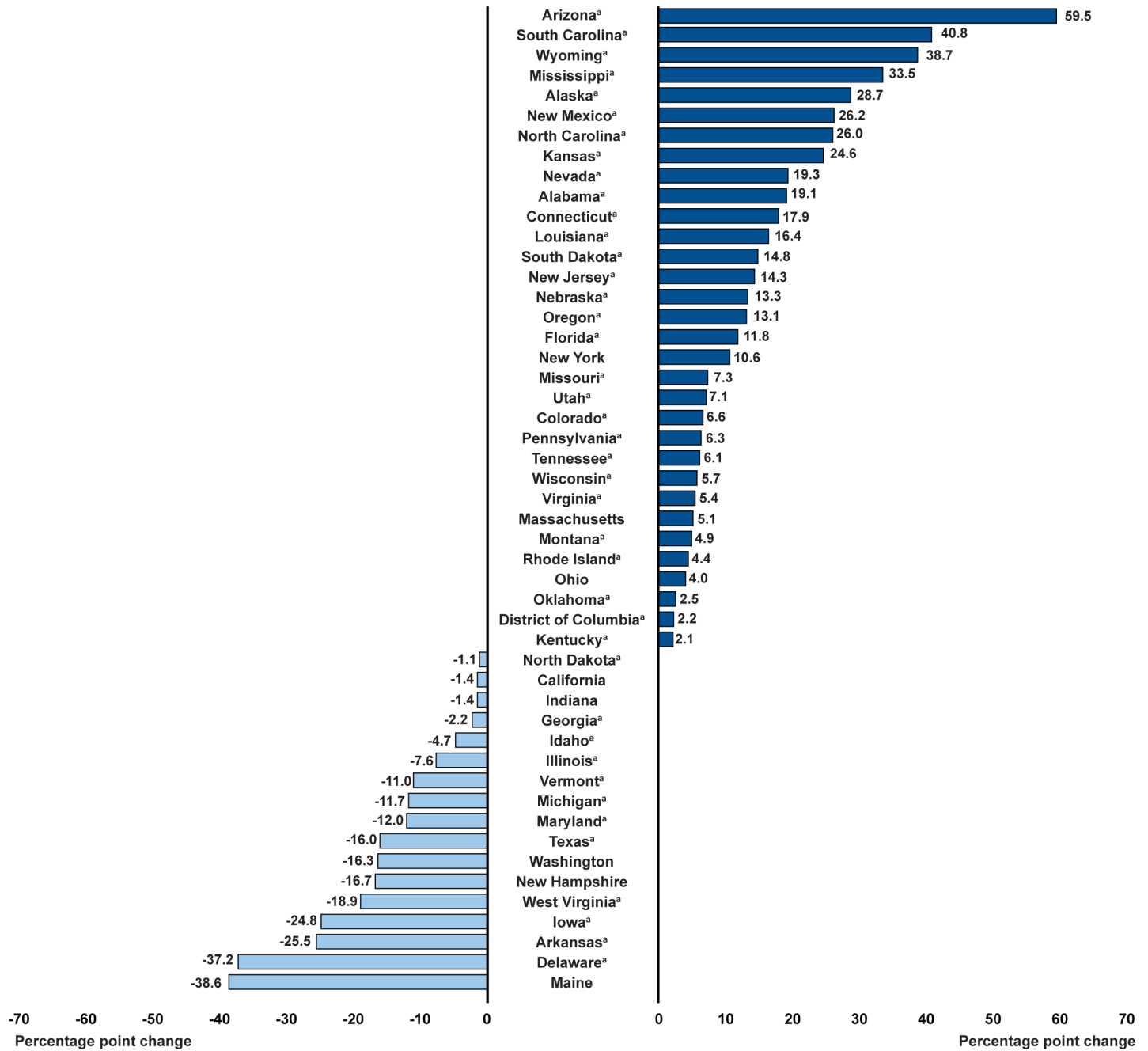
percent of the total exchange market share statewide and was the largest issuer in nearly half of the state's rating areas in 2015, but it exited the exchange after that year. In contrast, BlueCross BlueShield of South Carolina had 42 percent of the total exchange market share statewide and was the largest issuer in about half of the rating areas in 2015, and by 2017 was the only remaining issuer in the state.

In the remaining 17 states, the average market share of the largest exchange issuer across the states' rating areas decreased between 2015 and 2017, with a median decrease of 12 percentage points. For example:

- In Maine, the average market share of the largest exchange issuer decreased by 39 percentage points, from 81 percent in 2015 to 42 percent in 2017. Maine Community Health Options, a CO-OP, remained the largest issuer in each of the state's four rating areas during this period. However, the other two issuers in these rating areas captured more market share. For instance, Harvard Pilgrim Health Care Group had 1 percent or less market share in each rating area in 2015, but as much as 32 percent market share in one of the state's rating areas in 2017.³³
- In Delaware—which only had one rating area—the market share of the largest exchange issuer decreased by 37 percentage points, from 92 percent in 2015 to 55 percent in 2017. Although the state had the same two issuers, Aetna Group and Highmark Group, throughout this time period—and Highmark Group was the largest issuer each year—Aetna Group's market share increased from 8 percent in 2015 to 45 percent in 2017.

³³See appendix II for additional data on issuer participation and market share for the largest issuers in states' exchanges from 2015 through 2017.

Figure 5: Percentage Point Change in Average Market Share of the Largest Individual Market Exchange Issuer across Rating Areas from 2015 to 2017, by State



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and from states. | GAO-19-306

Notes: Hawaii and Minnesota are not included in this figure because we were unable to obtain data for all 3 years. The remaining 49 states, including the District of Columbia, are included. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. Market share refers to the average market share of the largest issuer across a state's rating areas, weighted by the number of covered life-years in each rating area. In some cases, the identity of the largest issuer varied across rating areas in a state, and changed over time.

^aIn 2017, the average market share of the largest issuer across these states' rating areas was 50 percent or more.

Overall Small Group Health Insurance Markets and Exchanges Generally Remained Concentrated in Recent Years

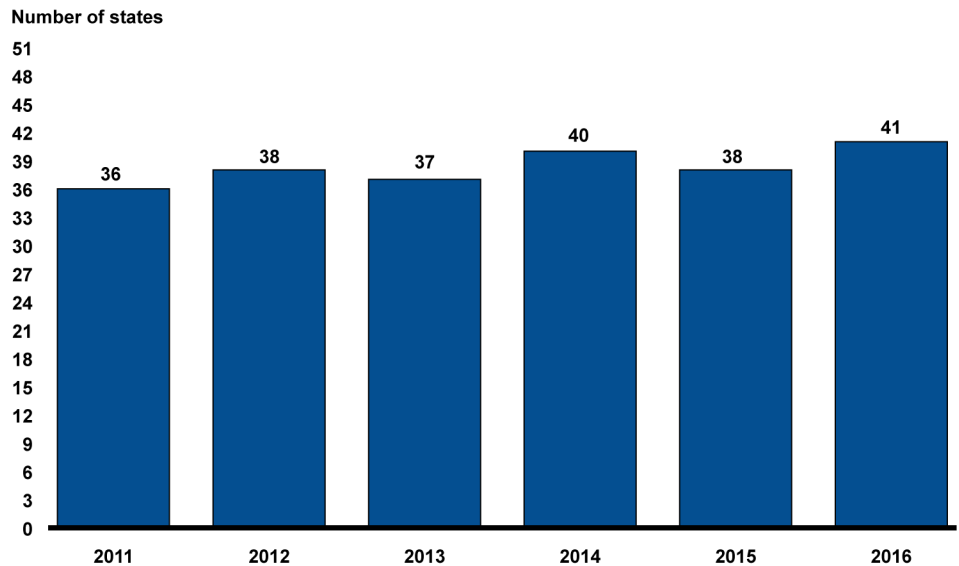
Our analyses found that the overall small group health insurance market remained concentrated in recent years, similar to our prior report. Small group exchanges often had low enrollment—typically less than 1 percent of the overall small group market—and also remained concentrated in recent years.

The Overall Small Group Market Remained Concentrated in Recent Years

State small group health insurance markets were concentrated among a small number of issuers in 2015 and 2016. On average, there were 8 issuers participating in each state in 2016. However, in that same year the 3 largest issuers cumulatively held 80 percent or more of the market—an indicator of high concentration—in about three-quarters of states, generally consistent with what we previously reported for years 2011 through 2014 (see fig. 6).³⁴ The remaining issuers in each state often had significantly smaller market shares—on average, 5 of the 8 issuers in each state held less than 5 percent market share.

³⁴See [GAO-16-724](#). See also appendix VII for additional data on the overall small group market from 2011 through 2016.

Figure 6: Number of States Where the Market Share of the Three Largest Issuers Was at Least 80 Percent, Overall Small Group Market, 2011-2016



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: This figure includes the 50 states and the District of Columbia. Three states had exactly three participating issuers in at least 1 year—Rhode Island in 2013, Delaware in 2016, and Vermont from 2012 through 2016. Therefore, these three issuers held 100 percent of the market share in those years. All other states had more than three issuers during this time period. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year.

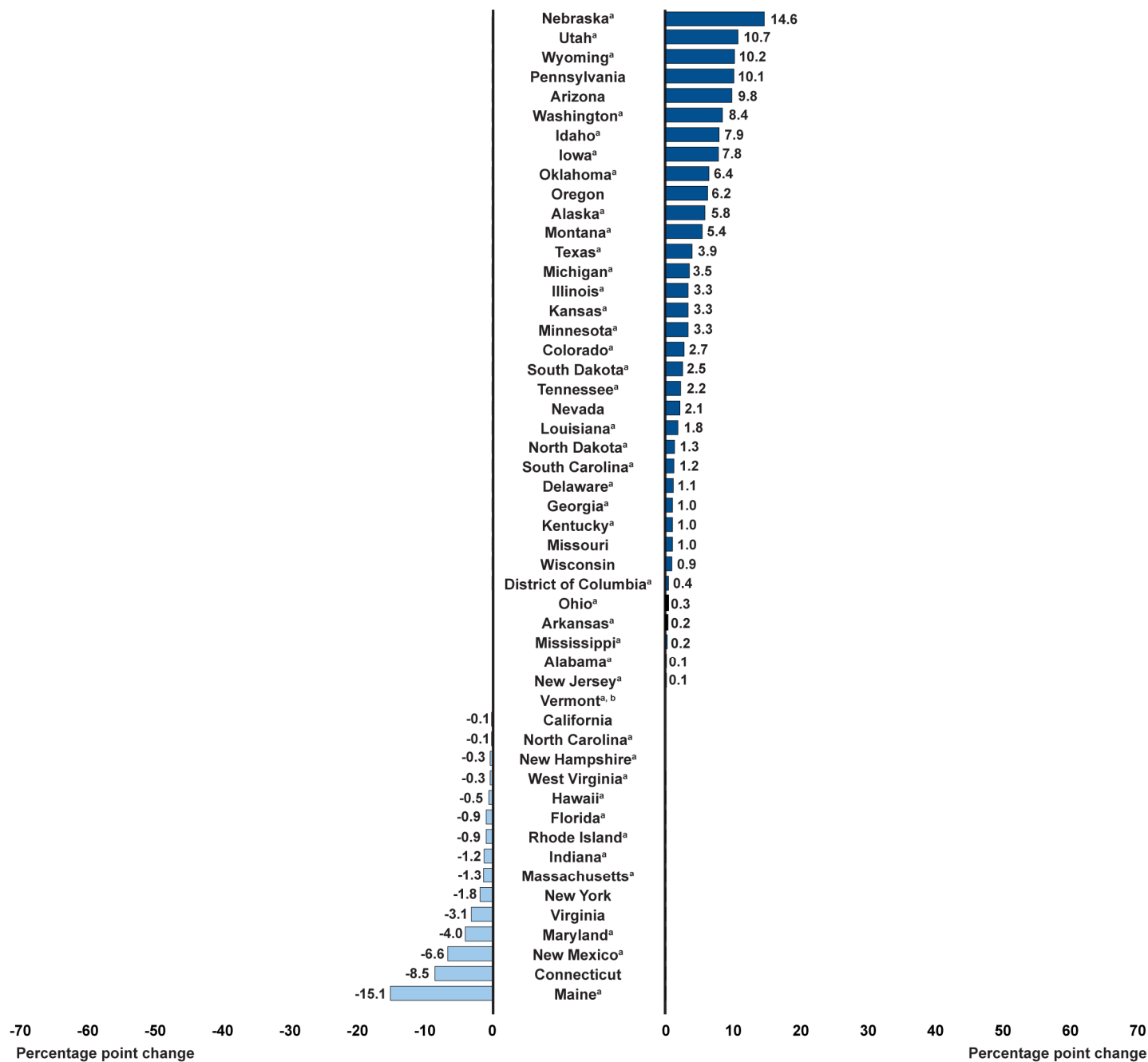
Further, we found that the largest issuers held 50 percent or more of the market in 30 states in 2016. For example, though Louisiana had 6 issuers in 2016, the largest issuer held 76 percent market share. Overall, a single issuer held between 80 and 90 percent market share in 10 states, and more than 90 percent market share in 1 state. This largest issuer position was held by the same company in both 2015 and 2016 in 46 states; in 40 of these states, the largest issuer had been the same since 2011.

While states' overall small group markets remained concentrated, they experienced fluctuations in concentration in recent years. From 2014 through 2016, the market share of the 3 largest issuers increased in 35 states (with a median increase of 3 percentage points), remained the same in 1 state, and decreased in 15 states (with a median decrease of 1 percentage point). (See fig. 7.) However, despite these changes, states that were highly concentrated in 2014—that is, where the market share of

the three largest issuers was at least 80 percent—generally remained highly concentrated in 2016.³⁵

³⁵Of the 40 states that were highly concentrated in 2014, 1 state—Connecticut—was no longer highly concentrated in 2016, where the market share of the three largest issuers was 77 percent. States that were not highly concentrated in 2014—that is, where the market share of the three largest issuers was less than 80 percent—were generally not highly concentrated in 2016. Of the 11 states that were not highly concentrated in 2014, 2 states—Colorado and Washington—became highly concentrated in 2016.

Figure 7: Percentage Point Change in Market Share Held by the Three Largest Issuers from 2014 to 2016, by State, Small Group Market



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Notes: Two states had exactly three participating issuers in at least 1 year—Delaware in 2016 and Vermont from 2014 through 2016. Therefore, these three issuers held 100 percent of the market share in those years. All other states had more than three issuers from 2014 through 2016. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. In some cases, the identity of the largest three issuers changed over time.

^aIn 2016, the three largest issuers in this state held 80 percent or more of the overall small group market.

^bIn Vermont there was no change in the market share held by the three largest issuers between 2014 and 2016.

Small Group Exchanges Were Concentrated in a Few Issuers between 2015 and 2017

Our analyses found that states' SHOP exchanges remained concentrated from 2015 to 2017, with only slight overall changes in issuer participation or market share. Further, as a proportion of the overall small group market, SHOP exchanges in most states had little enrollment. (See sidebar.)

Small Group Health Options Program (SHOP) Enrollment as a Proportion of the Overall Small Group Market

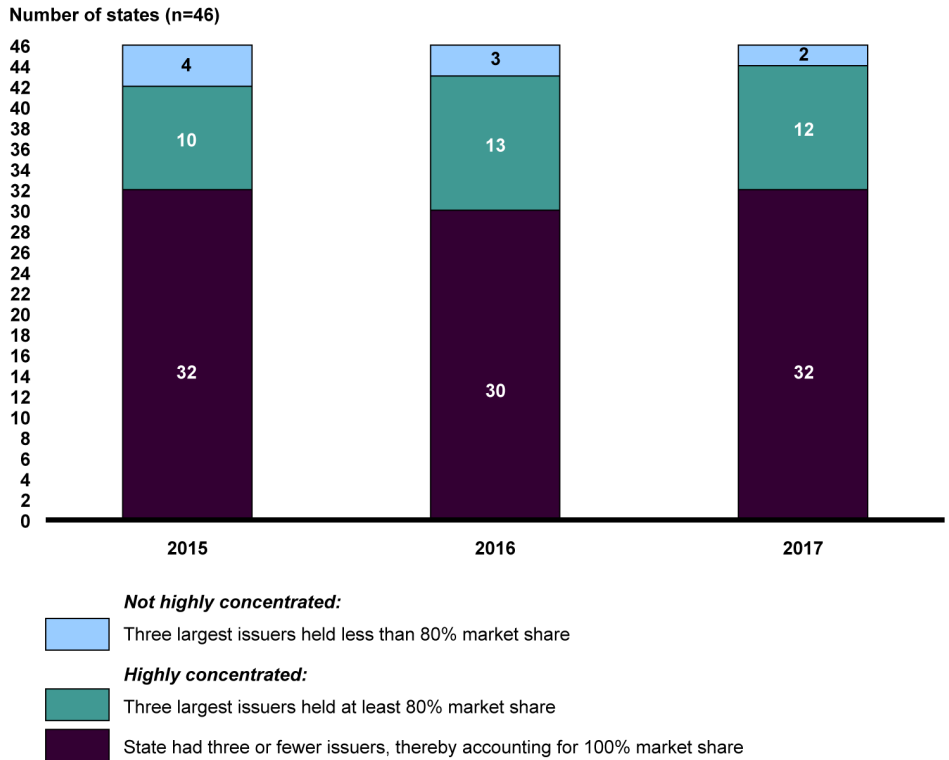
As a proportion of the overall small group market, SHOP exchanges in most states had little enrollment—that is, typically less than 1 percent of the overall small group market. For example, in 2016, Alaska's small group market had 17,257 covered life-years, while its SHOP exchange had 96 covered life-years (0.6 percent). The District of Columbia, Rhode Island, and Vermont were the only states where the SHOP exchange was more than 3 percent of the overall small group market. The District of Columbia and Vermont require all small group plans to be purchased through the state's SHOP exchange. (See app. III.)

Source: GAO. | GAO-19-306

In each year, more than 31 of the 46 states for which we had data had three or fewer issuers in the SHOP exchange; therefore between one and three issuers held 100 percent of the market share for the state.³⁶ Among states with four or more issuers, the market share of the three largest issuers was typically at least 80 percent. For example, California had 6 participating issuers from 2015 through 2017 in the SHOP exchange, and the market share for the three largest issuers in that state ranged from 92 to 93 percent across the 3 years. (See fig. 8.)

³⁶See appendix IV for additional data on issuer participation and market share for the largest issuers in states' exchanges from 2015 through 2017.

Figure 8: Extent to Which the Three Largest Issuers Had at Least 80 Percent Market Share in 46 Small Business Health Options Program Exchanges, 2015-2017



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Notes: We defined “highly” concentrated as three or fewer issuers holding at least 80 percent of the market share. This figure excludes Hawaii, Idaho, Massachusetts, Minnesota, and Utah, as we did not have complete 2015 through 2017 Small Business Health Options Program data for these states. The remaining 46 states, including the District of Columbia, are included. Some states had three or fewer issuers; in these cases, all issuers—that is, one, two, or three issuers—held 100 percent of the market share. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. For all states other than Oregon and Washington, which provided covered lives data, we calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year.

On average, the number of participating issuers in the SHOP exchange decreased slightly from 2015 through 2017. However, in a few states, there were larger changes in issuer participation and concentration. For example, Ohio’s SHOP exchange had 7 participating issuers in 2015, decreasing to 4 issuers in 2017. Across this time period, the market share of the three largest issuers in Ohio’s SHOP exchange increased from 59 percent to 98 percent. Conversely, New York’s SHOP exchange had 10 issuers in 2015, decreasing to 8 issuers in 2017; but the market share of

the three largest issuers decreased by almost 7 percentage points within that time.

Further, we found that in at least 38 of 46 states each year from 2015 through 2017, the largest issuer held at least 50 percent of the SHOP exchange market share. In 23 states, the market share of the largest issuer increased during this period, with a median increase of 11 percentage points, and in 6 additional states the largest issuer was the only issuer in the SHOP exchange and thus held 100 percent market share for all 3 years.³⁷ (See fig. 9.) For example:

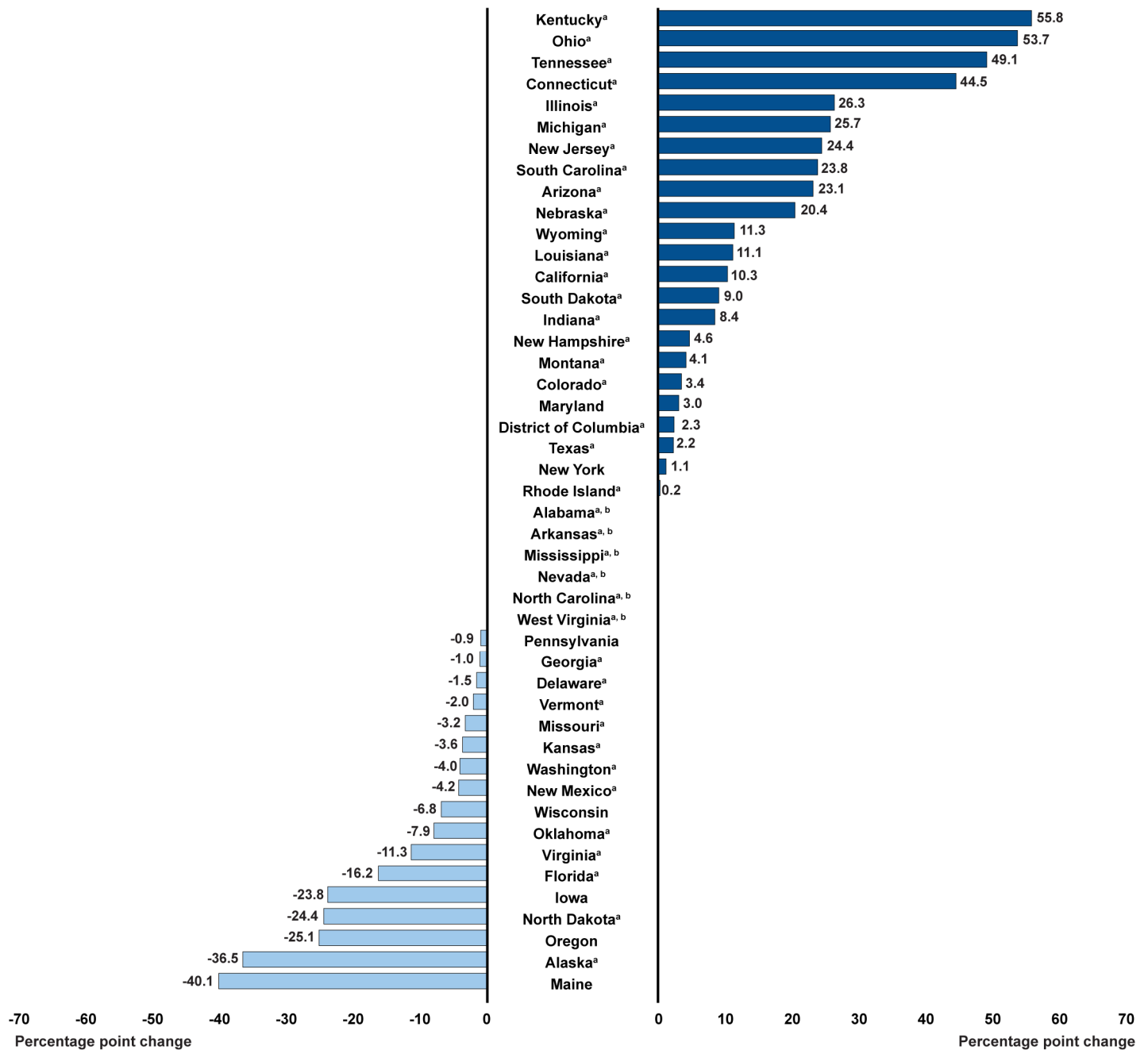
- In Kentucky, the market share of the largest issuer in the SHOP exchange increased by 56 percentage points, from 42 percent in 2015 to 98 percent in 2017. In 2015, the largest issuer was Kentucky Health Cooperative, a CO-OP that exited the SHOP exchange after 2016. The second largest issuer in 2015, Wellpoint Inc. Group, increased market share over this time period, from 33 percent in 2015 to 98 percent in 2017, becoming the largest issuer. The market share of the other remaining issuer in Kentucky's SHOP exchange, Baptist Health Plan, Inc., decreased from 19 percent in 2015 to 1 percent in 2017.
- In Ohio, the market share of the largest issuer in the SHOP exchange increased by 54 percentage points, from 29 percent in 2015 to 83 percent in 2017. Across this time period, the largest issuer changed from Medical Mutual of Ohio (which had 29 percent market share in 2015 and 8 percent in 2017) to Wellpoint Inc. Group (which had 12 percent market share in 2015 and 83 percent in 2017). This increase in the largest issuer's market share corresponded with a decrease in issuer participation. The state had 7 participating issuers in 2015, decreasing to 4 in 2017. The market share of the 3 issuers that left ranged from 9 to 16 percent.

In the remaining 17 states, the market share of the largest issuer decreased between 2015 and 2017, with a median decrease of 7 percentage points. In some states, these decreases were significant. For example, in Maine, the market share of the largest issuer, Maine Community Health Options—a CO-OP—decreased by 40 percentage points, from 89 percent in 2015 to 49 percent in 2017. During this time period, while Maine Community Health Options remained the largest issuer, the other two participating issuers gained additional market share.

³⁷In 33 states, the largest issuer position was held by the same company from 2015 through 2017.

For example, Harvard Pilgrim Health Care Group increased market share from 6 percent in 2015 to 38 percent in 2017.

Figure 9: Percentage Point Change in Market Share of the Largest Small Group Exchange Issuer from 2015 to 2017 across 46 States



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and from states. | GAO-19-306

Note: Hawaii, Idaho, Massachusetts, Minnesota, and Utah are not included in this figure because we were unable to obtain data for all 3 years. The remaining 46 states, including the District of Columbia, are included. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. For all states other than Oregon and Washington, which provided covered lives data, we calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. In some cases, the identity of the largest issuer changed over time.

^aIn 2017, the market share of the largest issuer was 50 percent or more.

^bIn Alabama, Arkansas, Mississippi, Nevada, North Carolina, and West Virginia, the largest issuer was the only issuer in the SHOP exchange and thus held 100 percent market share between 2015 and 2017.

Overall Large Group Health Insurance Markets Remained Concentrated in Recent Years

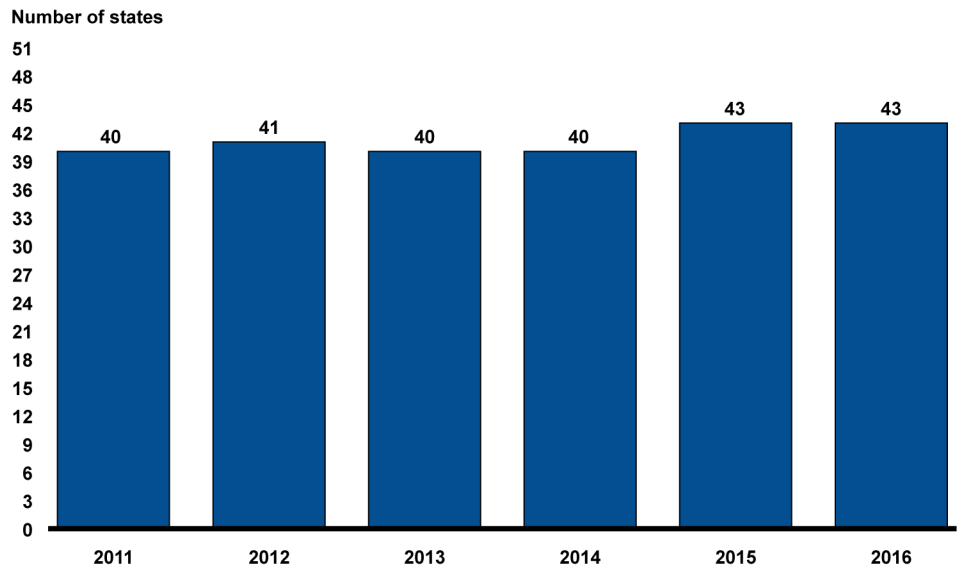
In 2015 and 2016, states' overall large group health insurance markets remained concentrated, as in prior years.³⁸ On average, there were 10 participating issuers in each state in 2016. However, in that same year the 3 largest issuers held at least 80 percent market share in 43 of 51 states, which is generally consistent with prior years.³⁹ (See fig. 10.) In 2016, 3 issuers held 99 or 100 percent of the large group market in 7 states—Alabama, Alaska, Mississippi, Nebraska, North Dakota, South Carolina, and Vermont.⁴⁰ The remaining issuers in each state often had significantly smaller market shares—on average, 6 of the 10 participating issuers in each state held less than 5 percent market share.

³⁸The data source we analyzed for the group market only includes data on fully insured health plans. However, one survey suggests that among employers with 200 or more workers, about 80 percent of covered workers were enrolled in a self-funded plan from 2016 to 2018. (See Kaiser Family Foundation and Health Research & Educational Trust's *Employer Health Benefits Survey* for 2016, 2017, and 2018.) Therefore, the approximately 57 million covered life-years we analyzed in the large and small group markets (representing the average number of lives insured during 2016) do not represent the entire group market. Measuring enrollment another way, an estimated 178 million people had employment-based coverage at some point during 2016. (See Jessica C. Barnett and Edward R. Berchick, *Health Insurance Coverage in the United States: 2016*, Current Population Reports, P60-260, (Washington, D.C.: U.S. Government Printing Office, 2017).)

³⁹Among the 8 states in which the 3 largest issuers held less than 80 percent market share, their combined market share ranged from 44 percent in Wisconsin to 79 percent in Oregon.

⁴⁰For more on issuer participation and the market share of the largest issuers in the large group market, see app. VIII.

Figure 10: Number of States in Which the Three Largest Issuers Held at Least 80 Percent Market Share, Overall Large Group Market, 2011-2016



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: This figure includes the 50 states and the District of Columbia. Vermont had exactly three participating issuers in 2012, 2015, and 2016. Therefore, the three largest issuers were the only three issuers and held 100 percent of the market share in those years. All other states had more than three issuers in each year. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year.

In more than 30 states in 2015 and 2016, market share was not only concentrated among a small number of issuers, but a single issuer held at least 50 percent of the overall large group market, as in prior years. A single issuer held at least 50 percent market share in 33 states in 2016, with significantly higher levels of concentration by the largest issuer in some states. For example, in 2016, a single issuer held at least 90 percent of the market in Alabama and at least 80 percent of the market in 5 other states (Alaska, Mississippi, Montana, South Carolina, and Vermont). Further, this largest issuer position was held by the same company in 2015 and 2016 in 49 states; and, in 47 of those states, the largest issuer position has been held by the same company since 2011.

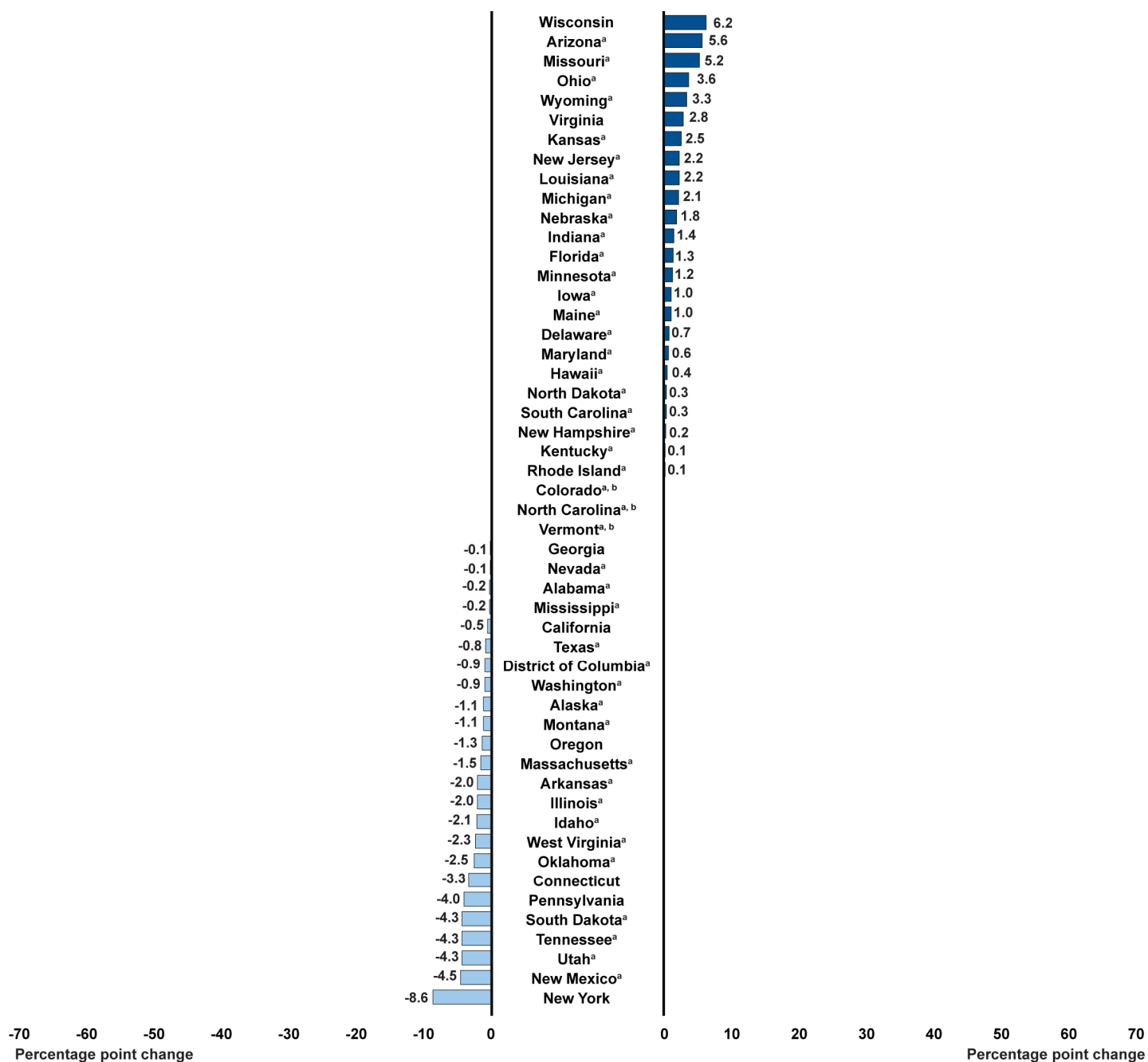
The extent of concentration in the overall large group market remained relatively constant when comparing 2014—the last year of data on which we previously reported—to 2016. The market share of the 3 largest

issuers increased in 24 states and decreased in 24.⁴¹ (See fig. 11.) The largest increase was in Wisconsin, where the market share of the 3 largest issuers increased from 38 percent in 2014 to 44 percent in 2016, and the largest decrease was in New York, where the market share of the 3 largest issuers decreased from 55 percent in 2014 to 47 percent in 2016.⁴²

⁴¹Of the 40 states that were highly concentrated in 2014, 1 state was not highly concentrated in 2016: in Oregon the three largest issuers held 80 percent market share in 2014 and 79 percent market share in 2016. Of the 11 states that were not highly concentrated in 2014, 4 were highly concentrated in 2016: Arizona, Michigan, Missouri and Ohio.

⁴²In accordance with federal law, in 2015, New York (along with California, Colorado, and Vermont) chose to redefine its definition of small employer from 1 to 50 employees to 1 to 100 employees, and thus employers that were previously considered part of the large group market may have instead been considered part of the small group market in 2015 and later years. See 42 U.S.C. §§ 300gg-91(e)(4), 18024(b)(2).

Figure 11: Percentage Point Change in Market Share Held by the Three Largest Issuers from 2014 to 2016, by State, Large Group Market



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Notes: This figure includes the 50 states and the District of Columbia. Vermont had exactly three participating issuers in 2016. Therefore, the three largest issuers were the only three issuers and held 100 percent of the market share in this year. All other states had more than three issuers in each year. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. In some cases, the identity of the largest three issuers changed over time.

^aThree largest issuers in this state held at least 80 percent market share in 2016.

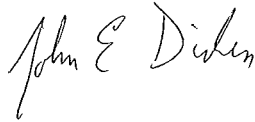
^bIn Colorado, North Carolina, and Vermont there was no change in the market share held by the three largest issuers between 2014 and 2016.

Agency Comments

We provided a draft of this report to HHS for review and comment. The department provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate Congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or dickenj@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IX.



John E. Dicken
Director, Health Care

List of Committees

The Honorable Charles E. Grassley
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House of Representatives

The Honorable Richard Neal
Chairman
The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
House of Representatives

Appendix I: Individual Market Health Insurance Exchange Enrollment as a Proportion of the Overall Market, 2016

This table presents covered life-years in each state's individual market health insurance exchange as a proportion of total covered life-years in each state's overall individual market in 2016.

Table 1: Individual Market Health Insurance Exchange Covered Life-Years as a Proportion of Total Covered Life-Years in the Overall Individual Market, 2016

State	Covered life-years, individual market exchange	Covered life-years, overall individual market	Individual exchange covered life-years as a proportion of overall market (%)
Alabama	144,186	235,313	61.3
Alaska	15,346	21,535	71.3
Arizona	158,395	331,949	47.7
Arkansas	57,533	398,099	14.5
California	1,318,108	2,449,742	53.8
Colorado	134,133	301,117	44.6
Connecticut	85,014	176,249	48.2
Delaware	22,866	35,303	64.8
District of Columbia	17,317	20,904	82.8 ^a
Florida	1,327,805	1,902,723	69.8
Georgia	410,115	594,742	69.0
Hawaii	13,323	41,383	32.2
Idaho	88,710	143,408	61.9
Illinois	300,728	620,757	48.5
Indiana	151,813	234,058	64.9
Iowa	44,554	172,995	25.8
Kansas	81,782	172,003	47.6
Kentucky	63,521	151,139	42.0
Louisiana	152,713	255,920	59.7
Maine	71,478	87,765	81.4
Maryland	136,515	294,636	46.3
Massachusetts ^b	234,077 ^b	312,591 ^b	74.9 ^b
Michigan	280,462	457,560	61.3
Minnesota	65,995	260,562	25.3
Mississippi	64,542	137,801	46.8
Missouri	222,775	374,187	59.5
Montana	46,803	74,953	62.4
Nebraska	73,657	149,820	49.2
Nevada	71,742	139,146	51.6
New Hampshire	45,722	104,328	43.8

**Appendix I: Individual Market Health Insurance
Exchange Enrollment as a Proportion of the
Overall Market, 2016**

State	Covered life-years, individual market exchange	Covered life-years, overall individual market	Individual exchange covered life-years as a proportion of overall market (%)
New Jersey	226,492	343,272	66.0
New Mexico	42,804	71,766	59.6
New York	210,070	445,015	47.2
North Carolina	462,484	694,139	66.6
North Dakota	18,502	51,669	35.8
Ohio	191,890	385,467	49.8
Oklahoma	118,711	188,696	62.9
Oregon	121,246	231,600	52.4
Pennsylvania	370,055	600,748	61.6
Rhode Island	33,214	45,818	72.5
South Carolina	178,123	265,486	67.1
South Dakota	22,898	72,592	31.5
Tennessee	204,411	376,865	54.2
Texas	928,363	1,456,655	63.7
Utah	154,332	252,625	61.1
Vermont	26,552	31,782	83.5
Virginia	341,148	502,891	67.8
Washington	160,774	319,995	50.2
West Virginia	29,747	45,766	65.0
Wisconsin	205,923	292,340	70.4
Wyoming	20,759	31,674	65.5

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: Covered life-years measure the average number of lives insured, including dependents, during the reporting year.

^aAccording to exchange officials the District of Columbia requires all individual market plans to be purchased through the exchange.

^bMassachusetts data reflect the number of covered lives, rather than covered life-years. The overall individual market count is the total number of lives insured as of the last day of the reporting year. The individual exchange count is the count of individuals enrolled in the exchange as of December 2, 2016. Counting enrollment across the year, 310,552 unique individuals were enrolled in the individual exchange in 2016.

Appendix II: Number and Market Share of Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

The four tables below present information on the number of participating issuers and market share of the largest issuers in each state's individual market exchange from 2015 through 2017. Specifically, Table 2 presents the total number of exchange issuers in each state. Table 3 presents the average number of exchange issuers across each state's rating areas. Table 4 presents the names and market shares of the single largest exchange issuer, and market share of the largest three issuers, for each state. Table 5 presents the average market share of the largest issuer across each state's rating areas.

Table 2: Number of Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

State	Number of issuers		
	2015	2016	2017
Alabama	3	3	1
Alaska	2	2	1
Arizona	12	8	2
Arkansas	4	5	4
California	10	12	11
Colorado	10	8	7
Connecticut	4	4	2
Delaware	2	2	2
District of Columbia	3	2	2
Florida	11	7	5
Georgia	9	8	5
Hawaii	^a	2	2
Idaho	5	5	5
Illinois	8	7	5
Indiana	9	8	4
Iowa	4	4	4
Kansas	3	3	3
Kentucky	5	7	3
Louisiana	5	4	3
Maine	3	3	3
Maryland	5	5	3
Massachusetts	10	10	9
Michigan	13	11	9
Minnesota	^a	4	4
Mississippi	3	3	2

Appendix II: Number and Market Share of Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

State	Number of issuers		
	2015	2016	2017
Missouri	6	6	4
Montana	4	3	3
Nebraska	4	4	2
Nevada	5	3	3
New Hampshire	5	5	4
New Jersey	5	5	2
New Mexico	5	4	4
New York	16	15	14
North Carolina	3	3	2
North Dakota	3	3	3
Ohio	16	15	10
Oklahoma	4	2	1
Oregon	10	10	6
Pennsylvania	9	8	5
Rhode Island	3	3	2
South Carolina	4	3	1
South Dakota	3	2	2
Tennessee	5	4	3
Texas	14	16	10
Utah	6	4	3
Vermont	2	2	2
Virginia	7	9	10
Washington	9	10	8
West Virginia	1	2	2
Wisconsin	15	15	14
Wyoming	2	1	1

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level.

^aData were not available from Hawaii or Minnesota for 2015.

Appendix II: Number and Market Share of Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

Table 3: Average Number of Individual Market Health Insurance Exchange Issuers Participating in a State's Rating Areas, by State, 2015-2017

State	Weighted average number of issuers participating in states' rating areas		
	2015	2016	2017
Alabama	2.3	2.4	1.0
Alaska	2.0	2.0	1.0
Arizona	11.0	6.3	1.2
Arkansas	3.7	5.0	3.9
California	4.8	5.3	5.3
Colorado	8.2	6.7	4.9
Connecticut	4.0	4.0	2.0
Delaware	2.0	2.0	2.0
District of Columbia	3.0	2.0	2.0
Florida	6.1	4.4	2.9
Georgia	7.8	6.9	3.9
Hawaii	^a	2.0	2.0
Idaho	5.0	5.0	5.0
Illinois	5.7	5.2	2.6
Indiana	6.9	6.7	3.9
Iowa	2.6	3.4	3.4
Kansas	2.4	2.4	2.4
Kentucky	4.8	6.4	2.3
Louisiana	4.1	3.5	2.5
Maine	3.0	3.0	3.0
Maryland	5.0	5.0	3.0
Massachusetts	9.9	10.0	9.0
Michigan	7.6	6.2	6.2
Minnesota	^a	3.7	3.3
Mississippi	2.9	2.9	1.9
Missouri	3.3	3.7	2.0
Montana	4.0	3.0	3.0
Nebraska	3.9	4.0	2.0
Nevada	4.1	2.9	2.9
New Hampshire	5.0	5.0	4.0
New Jersey	5.0	5.0	2.0
New Mexico	5.0	4.0	4.0
New York	10.0	8.8	8.9

**Appendix II: Number and Market Share of
Issuers in Each State's Individual Market
Health Insurance Exchange, 2015-2017**

State	Weighted average number of issuers participating in states' rating areas		
	2015	2016	2017
North Carolina	2.7	2.7	1.3
North Dakota	3.0	3.0	3.0
Ohio	10.0	9.8	4.9
Oklahoma	3.6	2.0	1.0
Oregon	8.2	7.7	4.6
Pennsylvania	4.9	4.0	2.0
Rhode Island	3.0	3.0	2.0
South Carolina	3.6	1.7	1.0
South Dakota	3.0	2.0	2.0
Tennessee	4.1	3.1	1.5
Texas	7.7	7.3	3.5
Utah	5.3	3.1	2.8
Vermont	2.0	2.0	2.0
Virginia	4.4	5.6	5.4
Washington	7.3	7.7	6.6
West Virginia	1.0	1.3	1.8
Wisconsin	6.3	6.9	5.1
Wyoming	2.0	1.0	1.0

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. Rating areas are established by states and used, in part, by issuers to set premium rates. Issuer participation and enrollment can vary across rating areas in a state. The issuer counts in this table reflect the average number of participating issuers across a state's rating areas, weighted by the number of covered life-years in each rating area.

^aData were not available from Hawaii or Minnesota for 2015.

**Appendix II: Number and Market Share of
Issuers in Each State's Individual Market
Health Insurance Exchange, 2015-2017**

Table 4: Market Share of the Single Largest and Three Largest Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

State	Name	Market share of single largest issuer (%)			Market share of the largest three issuers (%)		
		2015	2016	2017	2015	2016	2017
Alabama	BCBS OF AL GRP	80.9	67.3	100.0	100.0	100.0	100.0
Alaska	OREGON DENTAL GRP	71.3	69.8	—	100.0	100.0	100.0
	PREMERA BLUE CROSS GROUP	—	—	100.0			
Arizona	CENTENE CORP GRP	32.4	—	72.6	80.8	76.3	100.0
	UNITEDHEALTH GRP	—	37.6	—			
Arkansas	ARKANSAS BCBS GRP	94.2	91.9	68.7	100.0	99.2	99.9
California	WELLPOINT INC GRP	27.8	—	—	78.2	78.5	72.4
	BLUE SHIELD OF CALIFORNIA GROUP	—	30.0	—			
	KAISER FOUNDATION GRP	—	—	28.3			
Colorado	COLORADO HEALTH INSURANCE COOPERATIVE, INC.	43.0	—	—	85.6	78.5	89.9
	KAISER FOUNDATION GRP	—	41.6	42.4			
Connecticut	HIP INS GRP	43.1	50.6	63.4	97.8	97.8	100.0
Delaware	HIGHMARK GRP	91.9	90.5	54.7	100.0	100.0	100.0
District of Columbia	CAREFIRST INC GRP	80.8	85.6	83.0	100.0	100.0	100.0
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	26.3	40.1	58.9	66.1	72.5	97.4
Georgia	HUMANA GRP	56.7	32.4	—	84.9	68.9	93.1
	WELLPOINT INC GRP	—	—	48.1			
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	^a	58.6	52.8	^a	100.0	100.0
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	56.7	43.7	—	98.7	91.8	85.8
	IHC INC GRP	—	—	36.1			
Illinois	HCSC GRP	77.4	57.1	66.0	94.4	77.3	90.7
Indiana	WELLPOINT INC GRP	47.0	30.4	—	74.7	66.1	80.3
	CENTENE CORP GRP	—	—	35.6			
Iowa	AETNA GRP	97.4	72.8	67.0	99.9	99.8	99.2
Kansas	AETNA GRP	55.6	—	—	100.0	100.0	100.0
	BCBS OF KS GRP	—	62.2	61.3			
Kentucky	KENTUCKY HEALTH COOPERATIVE	64.3	—	—	93.7	87.5	100.0
	WELLPOINT INC GRP	—	62.7	59.8			
Louisiana	LOUISIANA HLTH SERV GRP	53.3	47.9	68.2	89.1	89.3	100.0

**Appendix II: Number and Market Share of
Issuers in Each State's Individual Market
Health Insurance Exchange, 2015-2017**

State	Name	Market share of single largest issuer (%)			Market share of the largest three issuers (%)		
		2015	2016	2017	2015	2016	2017
Maine	MAINE COMMUNITY HEALTH OPTIONS	81.0	67.5	42.4	100.0	100.0	100.0
Maryland	CAREFIRST INC GRP	77.5	64.6	65.4	96.9	93.2	100.0
Massachusetts	TUFTS HEALTH PLAN	40.6	46.8	47.1	82.5	86.9	90.5
Michigan	BCBS OF MI GRP	67.5	55.5	49.5	88.0	87.8	86.0
Minnesota	BCBS OF MN GRP	^a	27.9	—	^a	78.5	76.8
	HEALTHPARTNERS GRP		—	26.0			
Mississippi	HUMANA GRP	38.2	—	—	100.0	100.0	100.0
	CENTENE CORP GRP	—	50.3	90.4			
Missouri	AETNA GRP	58.3	35.6	—	86.2	71.2	91.9
	WELLPOINT INC GRP	—	—	44.7			
Montana	HCSC GRP	46.1	61.5	43.5	98.2	100.0	100.0
Nebraska	AETNA GRP	60.4	47.8	56.0	96.5	93.9	100.0
Nevada	UNITEDHEALTH GRP	42.5	56.1	56.6	86.9	100.0	100.0
New Hampshire	WELLPOINT INC GRP	60.2	46.0	—	92.7	96.0	99.8
	MINUTEMAN HEALTH, INC	—	—	43.5			
New Jersey	BCBS OF NJ GRP	54.0	60.1	68.3	95.5	89.9	100.0
New Mexico	HCSC GRP	40.3	—	—	89.1	93.4	97.0
	MOLINA HEALTHCARE INC GRP	—	40.0	62.0			
New York	NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	19.5	26.2	32.9	47.3	47.0	55.3
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	67.3	46.5	95.6	100.0	100.0	100.0
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	69.0	54.0	71.1	100.0	100.0	100.0
Ohio	MEDICAL MUTUAL OF OHIO	27.0	—	—	61.3	63.2	74.3
	CARESOURCE MANAGEMENT GROUP	—	28.8	31.7			
Oklahoma	HCSC GRP	97.5	94.9	100.0	99.8	100.0	100.0
Oregon	OREGON DENTAL GRP	41.9	—	—	80.3	82.5	82.0
	PROVIDENCE HEALTH PLAN	—	51.2	50.4			
Pennsylvania	HIGHMARK GRP	46.1	—	—	81.4	67.1	77.3
	INDEPENDENCE HEALTH GROUP, INC.		31.0	39.4			
Rhode Island	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	50.1	—	54.5	100.0	100.0	100.0
	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	—	48.5	—			

**Appendix II: Number and Market Share of
Issuers in Each State's Individual Market
Health Insurance Exchange, 2015-2017**

State	Name	Market share of single largest issuer (%)			Market share of the largest three issuers (%)		
		2015	2016	2017	2015	2016	2017
South Carolina	CONSUMERS' CHOICE HEALTH INSURANCE COMPANY	42.5	—	—	99.7	100.0	100.0
	BCBS OF SC GRP	—	95.5	100.0			
South Dakota	AVERA HEALTH PLANS, INC.	52.9	73.2	75.5	100.0	100.0	100.0
Tennessee	BCBS OF TN INC	77.6	65.6	35.2	99.3	92.3	100.0
Texas	HCSC GRP	64.9	39.6	27.8	84.7	63.5	73.6
Utah	IHC INC GRP	49.1	61.9	55.2	82.7	99.1	100.0
Vermont	BCBS OF VT GRP	91.7	88.0	80.7	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	39.8	38.2	43.6	71.9	67.8	74.3
Washington	PREMERA BLUE CROSS GROUP	48.5	39.1	—	82.7	75.0	68.2
	MOLINA HEALTHCARE INC GRP	—	—	23.4			
West Virginia	HIGHMARK GRP	100.0	95.9	79.4	100.0	100.0	100.0
Wisconsin	COMMON GROUND HEALTHCARE COOPERATIVE	17.1	—	—	46.7	57.6	58.7
	MOLINA HEALTHCARE INC GRP	—	28.4	31.0			
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	58.3	100.0	100.0	100.0	100.0	100.0

Legend: — This symbol indicates that this issuer was not the largest in that year.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We measured issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. Market share in this table represents an issuer's total state-level market share, which does not take into account variations in market share across a state's exchange rating areas. We reprinted issuer names as they were reported in the data from the Centers for Medicare & Medicaid Services.

^aData were not available from Hawaii or Minnesota for 2015.

Appendix II: Number and Market Share of Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

Table 5: Average Market Share of the Largest Issuer across a State's Rating Areas, Individual Market Health Insurance Exchanges, 2015-2017

State	Weighted average market share of the largest issuer across states' rating areas		
	2015	2016	2017
Alabama	80.9	68.0	100.0
Alaska	71.3	69.8	100.0
Arizona	38.8	42.3	98.3
Arkansas	94.2	91.9	68.7
California	43.4	42.9	42.0
Colorado	48.5	54.3	55.1
Connecticut	54.8	62.8	72.7
Delaware	91.9	90.5	54.7
District of Columbia	80.8	85.6	83.0
Florida	58.7	62.0	70.5
Georgia	60.7	38.1	58.5
Hawaii	^a	58.6	52.8
Idaho	60.5	48.8	55.8
Illinois	78.4	61.1	70.9
Indiana	47.8	32.5	46.4
Iowa	97.4	75.5	72.6
Kansas	66.1	82.7	90.7
Kentucky	65.3	63.4	67.4
Louisiana	53.3	49.9	69.7
Maine	81.0	67.5	42.4
Maryland	77.5	64.6	65.4
Massachusetts	42.0	47.1	47.1
Michigan	67.7	57.9	56.0
Minnesota	^a	44.1	51.0
Mississippi	56.9	54.3	90.4
Missouri	66.3	51.9	73.6
Montana	46.8	61.5	51.7
Nebraska	60.4	47.8	73.7
Nevada	47.9	63.4	67.2
New Hampshire	60.2	46.0	43.5
New Jersey	54.0	60.1	68.3
New Mexico	42.6	43.6	68.8
New York	24.8	28.4	35.4

Appendix II: Number and Market Share of Issuers in Each State's Individual Market Health Insurance Exchange, 2015-2017

State	Weighted average market share of the largest issuer across states' rating areas		
	2015	2016	2017
North Carolina	69.6	60.4	95.6
North Dakota	72.2	60.3	71.1
Ohio	41.1	39.2	45.1
Oklahoma	97.5	94.9	100.0
Oregon	41.9	55.6	55.0
Pennsylvania	73.3	64.4	79.6
Rhode Island	50.1	48.5	54.5
South Carolina	59.2	95.5	100.0
South Dakota	60.7	73.2	75.5
Tennessee	77.6	65.6	83.7
Texas	69.4	43.5	53.3
Utah	54.5	61.9	61.6
Vermont	91.7	88.0	80.7
Virginia	51.2	50.7	56.6
Washington	48.5	40.4	32.2
West Virginia	100.0	95.9	81.1
Wisconsin	51.8	54.1	57.5
Wyoming	61.3	100.0	100.0

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. Rating areas are established by states and used, in part, by issuers to set premium rates. Issuer participation and enrollment can vary across rating areas in a state. The market shares in this table reflect the average market share of the largest issuer across a state's rating areas, weighted by the number of covered life-years in each rating area. In some cases, the identity of the largest issuer varied across rating areas in a state and changed over time.

^aData were not available from Hawaii or Minnesota for 2015.

Appendix III: Small Group Health Insurance Exchange Enrollment as a Proportion of the Overall Market, 2016

This table presents covered life-years in each state's Small Business Health Options Program (SHOP) exchange as a proportion of total covered life-years in each state's overall small group market in 2016.

Table 6: Small Business Health Options Program (SHOP) Exchange Covered Life-Years as a Proportion of Total Covered Life-Years in the Overall Small Group Market, 2016

State	Covered life-years, SHOP exchange	Covered life-years overall small group market	SHOP exchange covered life-years as a proportion of overall market (%)
Alabama	673	218,406	0.3
Alaska	96	17,257	0.6
Arizona	968	172,243	0.6
Arkansas	340	100,328	0.3
California	18,863	2,269,783	0.8
Colorado	2,977	240,514	1.2
Connecticut	1,476	166,597	0.9
Delaware	202	31,158	0.7
District of Columbia	26,356	89,280	29.5 ^a
Florida	1,827	610,617	0.3
Georgia	948	253,257	0.4
Illinois	2,502	525,560	0.5
Indiana	264	189,262	0.1
Iowa	70	158,272	0.0
Kansas	1,573	140,187	1.1
Kentucky	258	125,044	0.2
Louisiana	441	193,777	0.2
Maine	718	64,342	1.1
Maryland ^b	397	256,684	0.2
Michigan	1,790	449,905	0.4
Minnesota	1,894	265,555	0.7
Mississippi	213	88,294	0.2
Missouri	791	238,515	0.3
Montana	1,061	46,939	2.3
Nebraska	176	76,140	0.2
Nevada	76	90,111	0.1
New Hampshire	778	70,891	1.1
New Jersey	1,166	449,474	0.3
New Mexico	1,307	51,881	2.5
New York	13,015	1,180,566	1.1

Appendix III: Small Group Health Insurance
Exchange Enrollment as a Proportion of the
Overall Market, 2016

State	Covered life-years, SHOP exchange	Covered life-years overall small group market	SHOP exchange covered life-years as a proportion of overall market (%)
North Carolina	1,356	271,353	0.5
North Dakota	143	59,757	0.2
Ohio	758	676,460	0.1
Oklahoma	1,002	178,940	0.6
Oregon ^c	1,557 ^c	185,676 ^c	0.8 ^c
Pennsylvania	3,592	651,671	0.6
Rhode Island	4,313	57,111	7.6
South Carolina	510	111,083	0.5
South Dakota	125	52,609	0.2
Tennessee	552	286,983	0.2
Texas	4,250	956,157	0.4
Vermont	46,396	46,789	99.2 ^a
Virginia	1,645	355,498	0.5
Washington ^c	1,557 ^c	288,355 ^c	0.5 ^c
West Virginia	436	42,234	1.0
Wisconsin	1,270	277,642	0.5
Wyoming	166	18,675	0.9

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Notes: This table excludes Hawaii, Idaho, Massachusetts, and Utah, as we did not have 2016 SHOP enrollment data for these states. We calculated market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year.

^aThe District of Columbia and Vermont require all small group plans to be purchased through the state's SHOP exchange. According to officials, in July 2016, the District of Columbia began converting all small group plans onto the state's SHOP exchange, and continued this conversion process monthly through June 2017 as plans came up for renewal.

^bAccording to Maryland officials, although partial data from all issuers is included, the 2016 exchange enrollment total may be an undercount because of a transition in the data collection process.

^cData from Oregon and Washington reflect the number of covered lives, rather than covered life-years. The overall small group market count is the total number of lives insured as of the last day of the reporting year.

Appendix IV: Number and Market Share of Issuers in Each State's Small Group Health Insurance Exchange, 2015-2017

The two tables below present information on the participation of issuers in each state's small group health insurance exchange from 2015 to 2017 and the market share of the largest and three largest issuers from 2015 to 2017.

Table 7: Number of Issuers in Each State's Small Group Health Insurance Exchange, 2015-2017

State	Number of issuers		
	2015	2016	2017
Alabama	1	1	1
Alaska	2	2	2
Arizona	5	4	3
Arkansas	1	1	1
California	6	6	6
Colorado	6	4	4
Connecticut	3	3	3
Delaware	2	2	2
District of Columbia	4	4	4
Florida	4	5	5
Georgia	3	4	4
Illinois	3	3	2
Indiana	2	2	1
Iowa	3	3	3
Kansas	2	2	2
Kentucky	4	4	3
Louisiana	3	2	2
Maine	3	3	3
Maryland	5	5	5
Michigan	6	5	4
Minnesota	^a	1	1
Mississippi	1	1	1
Missouri	2	2	2
Montana	3	3	3
Nebraska	2	1	1
Nevada	1	1	1
New Hampshire	4	4	4
New Jersey	2	3	2
New Mexico	3	3	3

Appendix IV: Number and Market Share of Issuers in Each State's Small Group Health Insurance Exchange, 2015-2017

State	Number of issuers		
	2015	2016	2017
New York	10	8	8
North Carolina	1	1	1
North Dakota	3	3	2
Ohio	7	7	4
Oklahoma	3	3	2
Oregon	8	7	5
Pennsylvania	6	7	7
Rhode Island	3	3	3
South Carolina	2	1	1
South Dakota	3	2	2
Tennessee	2	1	1
Texas	3	3	3
Utah	3	3	2
Vermont	2	2	2
Virginia	3	4	4
Washington	3	3	2
West Virginia	1	1	1
Wisconsin	9	9	8
Wyoming	2	1	1

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: This table excludes Hawaii, Idaho, and Massachusetts, as we did not have SHOP data for these states. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level.

^aData were not available from Minnesota for 2015.

**Appendix IV: Number and Market Share of
Issuers in Each State's Small Group Health
Insurance Exchange, 2015-2017**

Table 8: Market Share of the Single Largest and Three Largest Issuers in Each State's Small Group Health Insurance Exchange, 2015-2017

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2015	2016	2017	2015	2016	2017
Alabama	BCBS OF AL GRP	100.0	100.0	100.0	100.0	100.0	100.0
Alaska	OREGON DENTAL GRP	86.7	78.6	50.2	100.0	100.0	100.0
Arizona	CENTENE CORP GRP	64.8	62.3	-	93.3	100.0	100.0
	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	-	-	88.0			
Arkansas	ARKANSAS BCBS GRP	100.0	100.0	100.0	100.0	100.0	100.0
California	KAISER FOUNDATION GRP	58.7	66.0	69.0	93.2	92.2	92.2
Colorado	KAISER FOUNDATION GRP	54.0	62.6	57.4	85.9	98.9	97.7
Connecticut	WELLPOINT INC GRP	52.5	48.0	97.0	100.0	100.0	100.0
Delaware	HIGHMARK GRP	85.7	85.2	84.3	100.0	100.0	100.0
District of Columbia	CAREFIRST INC GRP	78.2	78.4	80.4	95.1	97.1	98.6
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	73.3	52.9	57.2	99.5	94.8	95.1
Georgia	WELLPOINT INC GRP	61.3	-	-	100.0	92.1	97.9
	HUMANA GRP	-	43.4	60.3			
Illinois	HCSC GRP	68.7	88.4	95.0	100.0	100.0	100.0
Indiana	WELLPOINT INC GRP	91.6	99.3	100.0	100.0	100.0	100.0
Iowa	COOPORTUNITY HEALTH	70.5	-	-	100.0	100.0	100.0
	UNITEDHEALTH GRP	-	70.0	-			
	SANFORD HEALTH	-	-	46.7			
	PLAN/SANFORD HEALTH PLAN OF MINNESOTA						
Kansas	BCBS OF KS GRP	98.3	99.0	94.7	100.0	100.0	100.0
Kentucky	KENTUCKY HEALTH COOPERATIVE	42.3	-	-	94.5	98.5	100.0
	WELLPOINT INC GRP	-	65.8	98.1			
Louisiana	LOUISIANA HLTH SERV GRP	80.4	95.2	91.5	100.0	100.0	100.0
Maine	MAINE COMMUNITY HEALTH OPTIONS	89.4	76.6	49.3	100.0	100.0	100.0
Maryland	UNITEDHEALTH GRP	40.7	37.2	43.8	76.3	82.3	92.1
Michigan	BCBS OF MI GRP	58.1	74.6	83.8	86.6	92.4	99.9
Minnesota	BCBS OF MN GRP	^a	100.0	100.0	^a	100.0	100.0
Mississippi	UNITEDHEALTH GRP	100.0	100.0	100.0	100.0	100.0	100.0
Missouri	WELLPOINT INC GRP	90.9	90.3	87.8	100.0	100.0	100.0

**Appendix IV: Number and Market Share of
Issuers in Each State's Small Group Health
Insurance Exchange, 2015-2017**

State	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)		
	Name	2015	2016	2017	2015	2016	2017
Montana	HCSC GRP	55.4	61.8	-	100.0	100.0	100.0
	PACIFICSOURCE HLTH PLAN GRP	-	-	59.6			
Nebraska	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	79.6	100.0	100.0	100.0	100.0	100.0
Nevada	NEVADA HEALTH CO-OP	100.0	-	-	100.0	100.0	100.0
	WELLPOINT INC GRP	-	100.0	100.0			
New Hampshire	MAINE COMMUNITY HEALTH OPTIONS	60.0	55.5	-	99.0	99.7	96.5
	WELLPOINT INC GRP	-	-	64.5			
New Jersey	BCBS OF NJ GRP	62.0	70.3	86.4	100.0	100.0	100.0
New Mexico	NEW MEXICO HEALTH CONNECTIONS	67.4	68.8	63.2	100.0	100.0	100.0
New York	FREELANCERS HEALTH SERVICE CORPORATION	33.0	-	-	73.0	61.8	66.2
	LIFETIME HLTHCARE GRP	-	35.3	34.1			
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	100.0	100.0	100.0	100.0	100.0	100.0
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	80.8	79.2	56.4	100.0	100.0	100.0
Ohio	MEDICAL MUTUAL OF OHIO	29.0	-	-	59.2	71.4	97.9
	WELLPOINT INC GRP	-	46.7	82.7			
Oklahoma	HCSC GRP	84.5	81.5	76.6	100.0	100.0	100.0
Oregon	FREELANCERS CONSUMER OPERATED AND ORIENTED PROGRAM OF OREGON	70.9	-	-	92.5	83.2	93.7
	PACIFICSOURCE HLTH PLAN GRP	-	32.5	-			
	PROVIDENCE HEALTH PLAN	-	-	45.8			
Pennsylvania	HIGHMARK GRP	41.2	40.5	-	88.7	79.6	87.1
	INDEPENDENCE HEALTH GROUP, INC.	-	-	40.3			
Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	83.3	80.1	83.5	100.0	100.0	100.0
South Carolina	BCBS OF SC GRP	76.2	100.0	100.0	100.0	100.0	100.0

**Appendix IV: Number and Market Share of
Issuers in Each State's Small Group Health
Insurance Exchange, 2015-2017**

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2015	2016	2017	2015	2016	2017
South Dakota	AVERA HEALTH PLANS, INC.	68.6	71.8	77.6	100.0	100.0	100.0
Tennessee	BCBS OF TN INC	50.9	100.0	100.0	100.0	100.0	100.0
Texas	HCSC GRP	97.0	95.1	99.2	100.0	100.0	100.0
Vermont	BCBS OF VT GRP	89.8	89.9	87.8	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	70.6	60.9	59.3	100.0	95.3	95.0
Washington	OREGON DENTAL GRP	72.9	-	-	100.0	100.0	100.0
	UNITEDHEALTH GRP	-	49.5	68.9			
West Virginia	HIGHMARK GRP	100.0	100.0	100.0	100.0	100.0	100.0
Wisconsin	COMMON GROUND	28.6	-	-	53.5	55.3	61.0
	HEALTHCARE COOPERATIVE						
	UNIVERSITY HEALTH	-	19.6	-			
	CARE & GUNDERSEN LUTHERAN GROUP						
	WISCONSIN PHYSICIANS SERV INS GRP	-	-	21.8			
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	88.7	100.0	100.0	100.0	100.0	100.0

Legend: — This symbol indicates that this issuer was not the largest in that year.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: This table excludes Hawaii, Idaho, Massachusetts, and Utah, as we did not have SHOP data for these states. Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. We measured market share in Oregon and Washington's SHOP exchange using covered lives, as these states were unable to provide covered life-years data. SHOP plans can begin at any time of year and generally continue for 12 months after the start date. Therefore, coverage can cross calendar years. We report SHOP enrollment by calendar year, which could, therefore, include enrollment with an issuer that had exited the SHOP market in a given year but is still providing coverage to enrollees whose plans began in the prior calendar year. We reprinted issuer names as they were reported in the data from the Centers for Medicare & Medicaid Services.

^aData were not available from Minnesota for 2015.

Appendix V: Number and Market Share of Largest Issuers Participating in Each State's Overall Individual Market

The two tables below present information on the participation of issuers in each state's overall individual health insurance market from 2011 to 2016, and the market share of the largest and three largest issuers from 2014 to 2016.

Table 9: Number of Issuers in Each State's Overall Individual Health Insurance Market, 2011-2016

State	Number of issuers					
	2011	2012	2013	2014	2015	2016
Alabama	27	22	23	17	16	11
Alaska	13	13	14	12	10	7
Arizona	30	26	24	27	23	17
Arkansas	32	26	24	21	19	16
California	45	34	30	33	31	27
Colorado	35	29	25	26	24	19
Connecticut	26	20	19	17	15	11
Delaware	20	17	16	14	13	10
District of Columbia	18	18	18	16	13	10
Florida	40	33	31	28	30	22
Georgia	38	32	31	29	25	18
Hawaii	14	15	12	10	9	7
Idaho	23	22	19	18	17	14
Illinois	42	37	34	30	25	21
Indiana	37	30	28	23	23	19
Iowa	33	27	25	21	19	14
Kansas	35	30	28	24	20	15
Kentucky	27	22	23	21	21	17
Louisiana	34	26	26	24	22	16
Maine	20	18	18	15	12	9
Maryland	27	24	23	19	18	15
Massachusetts	31	29	28	25	25	20
Michigan	41	33	33	31	29	22
Minnesota	36	29	26	25	25	18
Mississippi	30	25	22	21	18	14
Missouri	37	31	31	25	23	18
Montana	25	22	21	20	16	13
Nebraska	31	28	26	25	19	16
Nevada	24	20	21	19	19	15

**Appendix V: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Individual Market**

State	Number of issuers					
	2011	2012	2013	2014	2015	2016
New Hampshire	20	17	15	13	14	9
New Jersey	24	24	20	19	19	16
New Mexico	28	24	22	18	18	14
New York	38	32	28	32	33	27
North Carolina	31	26	25	22	18	15
North Dakota	21	20	19	13	12	10
Ohio	43	36	34	32	29	24
Oklahoma	30	26	25	23	21	16
Oregon	31	28	25	29	25	21
Pennsylvania	38	34	36	33	31	24
Rhode Island	14	12	13	11	9	7
South Carolina	31	24	22	20	17	15
South Dakota	30	26	25	17	14	11
Tennessee	33	29	26	23	20	15
Texas	50	40	36	38	37	32
Utah	24	19	19	19	17	14
Vermont	16	14	12	10	6	5
Virginia	32	29	29	29	26	21
Washington	30	27	25	24	23	19
West Virginia	27	25	24	19	18	15
Wisconsin	42	38	35	35	31	24
Wyoming	25	23	21	16	14	11

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level.

**Appendix V: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Individual Market**

Table 10: Market Share of the Single Largest and Three Largest Issuers in Each State's Overall Individual Health Insurance Market, 2014-2016

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2014	2015	2016	2014	2015	2016
Alabama	BCBS OF AL GRP	90.3	85.7	76.4	98.1	99.3	99.6
Alaska	OREGON DENTAL GRP	—	48.5	54.1	92.0	98.0	99.7
	PREMERA BLUE CROSS GROUP	54.2	—	—			
Arizona	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	41.5	42.2	42.0	82.9	74.8	80.1
Arkansas	ARKANSAS BCBS GRP	79.1	73.6	68.1	94.4	93.5	89.9
California	WELLPOINT INC GRP	35.0	30.9	30.3	82.4	82.3	85.3
Colorado	COLORADO HEALTH INSURANCE COOPERATIVE, INC.	—	23.1	—	56.0	63.5	79.9
	KAISER FOUNDATION GRP	—	—	35.6			
	WELLPOINT INC GRP	23.7	—	—			
Connecticut	HIP INS GRP	—	45.1	53.6	86.2	86.6	92.2
	WELLPOINT INC GRP	36.5	—	—			
Delaware	HIGHMARK GRP	71.7	88.7	89.2	95.5	98.5	99.5
District of Columbia	CAREFIRST INC GRP	76.7	80.8	86.3	94.7	96.5	98.9
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	40.4	33.6	43.6	75.3	65.9	69.3
Georgia	HUMANA GRP	46.9	46.3	31.5	84.6	83.5	72.3
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	52.1	57.1	60.4	99.7	99.8	99.9
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	59.7	60.0	49.4	92.1	89.1	86.0
Illinois	HCSC GRP	77.9	80.6	65.6	88.7	89.5	83.0
Indiana	WELLPOINT INC GRP	59.0	43.9	33.3	81.5	74.9	68.3
Iowa	WELLMARK GROUP	70.5	68.5	66.5	93.2	97.6	98.8
Kansas	AETNA GRP	38.1	—	—	89.3	93.7	89.7
	BCBS OF KS GRP	—	41.9	56.0			
Kentucky	WELLPOINT INC GRP	51.2	52.5	76.3	95.9	94.3	92.0
Louisiana	LOUISIANA HLTH SERV GRP	72.4	64.6	60.8	87.9	86.1	91.0
Maine	MAINE COMMUNITY HEALTH OPTIONS	54.9	70.8	61.8	98.7	99.0	99.1
Maryland	CAREFIRST INC GRP	76.4	86.0	77.2	93.9	97.3	95.6
Massachusetts	BCBS OF MA GRP	30.4	—	—	73.5	72.3	72.9
	TUFTS HEALTH PLAN	—	29.7	36.2			
Michigan	BCBS OF MI GRP	57.9	55.8	52.3	75.0	77.5	81.9
Minnesota	BCBS OF MN GRP	52.1	68.4	44.7	86.4	89.9	89.5

**Appendix V: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Individual Market**

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2014	2015	2016	2014	2015	2016
Mississippi	MISSISSIPPI INS GRP	49.8	44.1	43.5	86.0	85.1	84.8
Missouri	AETNA GRP	32.0	37.8	26.7	77.2	76.8	69.9
Montana	HCSC GRP	56.0	56.8	70.4	84.9	92.1	99.6
Nebraska	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	57.8	49.1	48.5	87.8	91.6	95.6
Nevada	UNITEDHEALTH GRP	46.6	49.9	58.5	80.7	82.9	93.3
New Hampshire	WELLPOINT INC GRP	91.4	64.5	38.7	98.9	89.9	77.7
New Jersey	BCBS OF NJ GRP	55.9	56.3	59.9	95.4	90.7	87.0
New Mexico	HCSC GRP	57.3	43.5	—	95.1	93.4	93.9
	PRESBYTERIAN HLTHCARE SERV GRP	—	—	35.5			
New York	AMERICAN INTL GRP	14.6	—	14.4	42.6	42.6	41.8
	FREELANCERS HEALTH SERVICE CORPORATION	—	19.1	—			
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	84.3	75.3	60.3	96.5	98.0	99.1
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	83.1	77.6	74.5	96.2	95.1	99.3
Ohio	MEDICAL MUTUAL OF OHIO	38.1	36.8	35.0	76.5	66.7	69.2
Oklahoma	HCSC GRP	76.4	87.8	89.6	91.8	96.9	99.6
Oregon	OREGON DENTAL GRP	49.1	40.7	—	73.1	69.7	79.2
	PROVIDENCE HEALTH PLAN	—	—	43.8			
Pennsylvania	HIGHMARK GRP	40.7	45.2	—	81.0	76.8	68.2
	INDEPENDENCE HEALTH GROUP, INC.	—	—	29.0			
Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	94.0	58.5	60.7	99.2	99.5	99.6
South Carolina	BCBS OF SC GRP	48.7	51.3	90.2	83.1	90.3	99.3
South Dakota	WELLMARK GROUP	69.4	61.7	49.2	89.1	93.5	96.8
Tennessee	BCBS OF TN INC	61.6	63.2	58.6	88.6	86.8	86.3
Texas	HCSC GRP	67.6	64.6	44.6	87.5	84.5	63.4
Utah	IHC INC GRP	46.4	50.6	61.0	84.6	80.4	91.2
Vermont	BCBS OF VT GRP	87.5	89.5	87.9	99.9	100.0	100.0
Virginia	WELLPOINT INC GRP	59.5	52.7	45.8	77.4	73.4	69.8
Washington	PREMERA BLUE CROSS GROUP	50.0	48.1	42.4	85.2	78.6	77.0
West Virginia	HIGHMARK GRP	77.8	90.5	90.9	94.2	98.4	98.8
Wisconsin	MOLINA HEALTHCARE INC GRP	—	—	20.2	49.1	42.9	50.0
	WISCONSIN PHYSICIANS SERV INS GRP	20.3	15.0	—			
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	37.0	58.9	94.7	82.2	92.8	99.2

Legend: — This symbol indicates that this issuer was not the largest in that year.

**Appendix V: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Individual Market**

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. We reprinted issuer names as they were reported in the data from the Centers for Medicare & Medicaid Services.

Appendix VI: Market Share for Consumer Operated and Oriented Plans That Participated in the Exchanges

Table 11 provides market share for the 23 consumer operated and oriented plans (CO-OPs) participating in state individual market and Small Business Health Options Program exchanges for 2015 through 2017. CO-OPs are new consumer-governed, nonprofit issuers created under the Patient Protection and Affordable Care Act. Out of the 23 CO-OPs originally operating in 2014, all but four, operating in five states, had ceased operations by the end of 2017.

Table 11: Market Share for Consumer Operated and Oriented Plans (CO-OPs) That Participated in the Individual Market and Small Business Health Options Program (SHOP) Exchanges, 2015-2017

CO-OP	State where CO-OP participated in the exchange	Individual exchange market share (%)			SHOP exchange market share (%)		
		2015	2016	2017	2015	2016	2017
CO-OPs that continued to operate as of December 2018							
MONTANA HEALTH COOPERATIVE	Idaho	18.3	15.7	13.9	a	a	a
MAINE COMMUNITY HEALTH OPTIONS	Maine	81.0	67.5	42.4	89.4	76.6	49.3
MONTANA HEALTH COOPERATIVE	Montana	36.8	27.1	37.7	13.4	3.7	<0.1
NEW MEXICO HEALTH CONNECTIONS	New Mexico	34.8	31.6	23.8	67.4	68.8	63.2
COMMON GROUND HEALTHCARE COOPERATIVE	Wisconsin	17.1	6.7	12.1	28.6	18.1	13.3
CO-OPs that ceased to operate							
COMPASS COOPERATIVE HEALTH PLAN, INC. ^b	Arizona	28.5	*	*	10.0	<0.1	*
COLORADO HEALTH INSURANCE COOPERATIVE, INC.	Colorado	43.0	*	*	15.7	*	*
HEALTHYCT	Connecticut	15.8	10.9	*	34.0	44.0	0.6
LAND OF LINCOLN MUTUAL HEALTH INSURANCE COMPANY	Illinois	11.4	7.2	*	28.9	4.4	*
COOPORTUNITY HEALTH	Iowa	2.1	*	*	70.5	*	*
KENTUCKY HEALTH CARE COOPERATIVE, INC.	Kentucky	64.3	*	*	42.3	1.5	*
LOUISIANA HEALTH COOPERATIVE, INC.	Louisiana	14.0	*	*	10.3	*	*
EVERGREEN HEALTH COOPERATIVE, INC.	Maryland	2.8	6.4	*	16.4	15.8	2.9
MINUTEMAN HEALTH, INC.	Massachusetts	2.7	1.9	1.7	a	a	a

**Appendix VI: Market Share for Consumer
Operated and Oriented Plans That Participated
in the Exchanges**

CO-OP	State where CO-OP participated in the exchange	Individual exchange market share (%)			SHOP exchange market share (%)		
		2015	2016	2017	2015	2016	2017
CO-OPs that ceased to operate							
CONSUMERS MUTUAL INSURANCE OF MICHIGAN	Michigan	1.8	*	*	4.4	*	*
COOPORTUNITY HEALTH	Nebraska	4.6	*	*	20.4	*	*
NEVADA HEALTH COOPERATIVE	Nevada	26.9	*	*	100.0	*	*
MINUTEMAN HEALTH, INC.	New Hampshire	17.2	30.0	43.5	1.0	0.3	3.5
MAINE COMMUNITY HEALTH OPTIONS ^c	New Hampshire	6.7	4.0	*	60.0	55.5	3.8
FREELANCERS CO-OP OF NEW JERSEY	New Jersey	20.6	7.2	*	*	2.6	*
FREELANCERS HEALTH SERVICE CORPORATION	New York	17.7	*	*	33.1	*	*
COORDINATED HEALTH MUTUAL, INC.	Ohio	5.8	2.5	*	15.7	9.0	*
COMMUNITY CARE OF OREGON, INC.	Oregon	7.7	4.1	*	2.5	2.4	*
FREELANCERS CONSUMER OPERATED AND ORIENTED PROGRAM OF OREGON, INC.	Oregon	2.5	*	*	70.9	*	*
CONSUMERS' CHOICE HEALTH INSURANCE COMPANY	South Carolina	42.5	*	*	23.8	*	*
COMMUNITY HEALTH ALLIANCE MUTUAL INSURANCE COMPANY	Tennessee	16.8	*	*	49.1	*	*
ARCHES MUTUAL INSURANCE COMPANY	Utah	23.7	*	*	a	a	a

Legend: * = CO-OP did not have exchange enrollment in this year.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services and states. | GAO-19-306

Note: We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. We measured market share in Oregon's SHOP exchange using covered lives, as the state was unable to provide covered life-years data. SHOP plans can begin at any time of year and generally continue for 12 months after the start date. Therefore, coverage can cross calendar years. We report SHOP enrollment by calendar year, which could, therefore, include enrollment with an issuer that had exited the SHOP market in a given year but is still providing coverage to enrollees whose plans began in the prior calendar year. We reprinted issuer names as they were reported in the data from the Centers for Medicare & Medicaid Services.

^aThis state did not provide us with SHOP data for this year.

^bThe CO-OP in Arizona also offered coverage under another name, Compass Cooperative Mutual Health Network, Inc., which had 1 percent market share in the individual exchange in 2015 before ceasing to operate.

^cCommunity Health Options ceased to operate in New Hampshire beginning in 2017, but continued to operate in Maine.

Appendix VII: Number and Market Share of Largest Issuers Participating in Overall Small Group Health Insurance Market

The two tables below present information on the participation of issuers in each state's overall small group health insurance market from 2011 to 2016 and the market share of the largest and three largest issuers from 2014 to 2016.

Table 12: Number of Issuers in Each State's Overall Small Group Health Insurance Market, 2011-2016

State	Number of issuers					
	2011	2012	2013	2014	2015	2016
Alabama	11	9	8	7	6	5
Alaska	7	6	6	6	5	4
Arizona	14	12	12	13	12	8
Arkansas	13	12	11	11	9	6
California	27	27	22	22	18	15
Colorado	11	11	9	9	10	8
Connecticut	11	8	7	9	9	7
Delaware	9	8	8	6	4	3
District of Columbia	9	7	6	6	7	5
Florida	16	13	14	13	12	9
Georgia	23	22	20	16	14	9
Hawaii	6	6	6	6	5	5
Idaho	11	10	11	10	11	10
Illinois	26	27	21	18	14	13
Indiana	27	26	24	20	18	16
Iowa	17	15	15	15	14	11
Kansas	17	14	13	10	8	6
Kentucky	10	8	9	8	8	5
Louisiana	12	10	11	10	8	6
Maine	8	6	5	5	6	5
Maryland	8	8	8	7	6	5
Massachusetts	13	14	13	13	11	12
Michigan	25	24	24	22	21	16
Minnesota	10	9	9	9	8	8
Mississippi	10	9	8	8	7	5
Missouri	19	19	17	13	11	8
Montana	10	9	8	9	8	6
Nebraska	17	15	12	12	8	7
Nevada	17	16	14	14	12	8

**Appendix VII: Number and Market Share of
Largest Issuers Participating in Overall Small
Group Health Insurance Market**

State	Number of issuers					
	2011	2012	2013	2014	2015	2016
New Hampshire	9	7	6	7	6	6
New Jersey	7	7	6	7	7	7
New Mexico	11	8	7	7	4	4
New York	16	14	14	16	15	16
North Carolina	16	14	13	10	10	5
North Dakota	6	6	6	6	5	5
Ohio	30	29	25	24	22	17
Oklahoma	18	16	15	11	9	8
Oregon	9	8	8	13	14	14
Pennsylvania	21	19	19	16	14	11
Rhode Island	4	4	3	5	4	4
South Carolina	15	13	12	10	8	5
South Dakota	12	11	11	11	8	7
Tennessee	15	14	14	13	11	6
Texas	27	25	23	21	18	16
Utah	12	13	12	11	10	8
Vermont	4	3	3	3	3	3
Virginia	20	15	17	15	12	11
Washington	13	12	13	12	9	8
West Virginia	14	13	12	9	6	5
Wisconsin	27	26	24	24	23	21
Wyoming	9	7	7	7	6	4

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level.

**Appendix VII: Number and Market Share of
Largest Issuers Participating in Overall Small
Group Health Insurance Market**

Table 13: Market Share of the Single Largest and Three Largest Issuers in Each State's Overall Small Group Health Insurance Market, 2014-2016

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2014	2015	2016	2014	2015	2016
Alabama	BCBS OF AL GRP	97.3	97.0	96.8	99.9	99.9	100.0
Alaska	PREMERA BLUE CROSS GROUP	63.3	70.6	60.0	87.2	88.8	93.0
Arizona	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	22.8	25.0	-	66.7	67.4	76.5
	UNITEDHEALTH GRP	-	-	30.7			
Arkansas	ARKANSAS BCBS GRP	65.7	66.8	61.0	97.8	97.9	98.0
California	KAISER FOUNDATION GRP	31.8	34.4	36.2	75.0	73.8	74.9
Colorado	WELLPOINT INC GRP	27.9	28.0	-	78.9	77.3	81.6
	UNITEDHEALTH GRP	-	-	33.4			
Connecticut	WELLPOINT INC GRP	35.6	-	-	85.0	80.2	76.5
	HIP INS GRP	-	37.5	33.4			
Delaware	HIGHMARK GRP	69.5	69.6	74.0	98.9	100.0	100.0
District of Columbia	CAREFIRST INC GRP	81.7	82.9	82.0	96.2	96.6	96.6
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	36.0	35.2	37.0	84.0	81.7	83.1
Georgia	WELLPOINT INC GRP	29.9	29.0	-	80.0	78.4	81.0
	HUMANA GRP	-	-	35.2			
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	55.6	47.3	48.2	88.2	86.3	87.7
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	49.9	53.7	47.7	89.8	95.6	97.7
Illinois	HCSC GRP	61.1	65.0	69.8	86.9	87.7	90.2
Indiana	WELLPOINT INC GRP	57.4	51.9	49.2	84.0	83.5	82.8
Iowa	WELLMARK GROUP	64.6	77.5	82.6	89.0	95.2	96.8
Kansas	BCBS OF KS GRP	61.9	63.8	63.7	82.5	84.0	85.8
Kentucky	WELLPOINT INC GRP	57.1	50.8	49.7	95.3	95.8	96.3
Louisiana	LOUISIANA HLTH SERV GRP	79.0	76.4	76.3	96.3	97.1	98.1
Maine	HARVARD PILGRIM HTH CARE GRP	41.2	43.8	37.3	98.4	93.4	83.3
Maryland	CAREFIRST INC GRP	68.9	67.3	67.5	96.4	90.8	92.4
Massachusetts	BCBS OF MA GRP	45.6	42.5	44.0	80.8	79.3	79.5
Michigan	BCBS OF MI GRP	55.6	52.4	55.2	79.5	78.9	83.0
Minnesota	BCBS OF MN GRP	36.5	-	-	88.7	92.0	92.0
	HEALTHPARTNERS GRP	-	42.7	44.1			
Mississippi	MISSISSIPPI INS GRP	76.7	79.5	82.3	98.8	99.3	99.0

**Appendix VII: Number and Market Share of
Largest Issuers Participating in Overall Small
Group Health Insurance Market**

Market share of the largest single issuer (%)					Market share of the largest three issuers (%)		
State	Name	2014	2015	2016	2014	2015	2016
Missouri	WELLPOINT INC GRP	44.5	41.7	39.5	76.1	76.3	77.1
Montana	HCSC GRP	65.5	70.8	80.1	92.7	94.7	98.1
Nebraska	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	42.5	38.2	50.0	80.4	89.3	95.0
Nevada	UNITEDHEALTH GRP	36.7	49.6	53.0	75.9	76.1	78.0
New Hampshire	WELLPOINT INC GRP	65.9	56.4	-	99.2	99.2	98.9
	HARVARD PILGRIM HTH CARE GRP	-	-	45.8			
New Jersey	BCBS OF NJ GRP	60.1	54.4	53.2	86.9	87.8	87.0
New Mexico	HCSC GRP	46.9	37.9	-	96.5	87.4	89.9
	PRESBYTERIAN HLTHCARE SERV GRP	-	-	31.8			
New York	UNITEDHEALTH GRP	47.6	42.4	46.3	73.3	71.2	71.5
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	64.7	60.0	55.1	96.4	96.4	96.3
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	84.4	82.6	83.5	98.4	99.4	99.7
Ohio	WELLPOINT INC GRP	38.8	37.3	36.2	80.6	80.1	80.9
Oklahoma	HCSC GRP	65.4	71.0	72.9	88.8	92.6	95.2
Oregon	PACIFICSOURCE HLTH PLAN GRP	18.6	-	-	50.4	45.4	56.6
	PROVIDENCE HEALTH PLAN	-	16.1	28.2			
Pennsylvania	INDEPENDENCE HEALTH GROUP, INC.	23.3	26.1	29.5	58.0	65.3	68.1
Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	78.0	78.8	82.4	100.0	99.6	99.0
South Carolina	BCBS OF SC GRP	75.8	80.3	85.8	97.2	97.5	98.4
South Dakota	WELLMARK GROUP	58.9	60.6	67.1	91.9	93.1	94.4
Tennessee	BCBS OF TN INC	69.2	65.4	63.4	96.2	97.1	98.4
Texas	HCSC GRP	57.0	60.0	56.9	87.5	89.7	91.4
Utah	IHC INC GRP	47.9	54.8	61.2	81.0	83.7	91.7
Vermont	BCBS OF VT GRP	82.2	88.7	89.2	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	44.1	44.6	43.9	73.3	72.8	70.2
Washington	PREMERA BLUE CROSS GROUP	45.2	56.3	53.2	77.6	81.7	86.0
West Virginia	HIGHMARK GRP	80.0	80.8	80.8	97.7	98.2	97.4
Wisconsin	UNITEDHEALTH GRP	32.6	33.6	39.4	55.7	56.2	56.6
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	62.4	69.7	85.1	88.9	92.3	99.1

Legend: — This symbol indicates that this issuer was not the largest in that year.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

**Appendix VII: Number and Market Share of
Largest Issuers Participating in Overall Small
Group Health Insurance Market**

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. We reprinted issuer names as they were reported in the data from the Centers for Medicare & Medicaid Services.

Appendix VIII: Number and Market Share of Largest Issuers Participating in Each State's Overall Large Group Health Insurance Market

The two tables below present information on the participation of issuers in each state's overall large group health insurance market from 2011 to 2016 and the market share of the single largest and three largest issuers from 2014 to 2016.

Table 14: Number of Issuers in Each State's Overall Large Group Health Insurance Market, 2011-2016

State	Number of issuers					
	2011	2012	2013	2014	2015	2016
Alabama	7	8	7	7	7	8
Alaska	6	4	5	5	5	4
Arizona	13	13	12	12	12	11
Arkansas	10	10	9	10	10	7
California	32	28	24	25	24	23
Colorado	13	10	10	10	10	9
Connecticut	9	7	5	7	8	8
Delaware	6	6	6	5	4	5
District of Columbia	9	7	6	6	7	7
Florida	14	11	12	11	13	11
Georgia	16	16	16	14	15	13
Hawaii	7	7	7	7	6	6
Idaho	12	9	9	11	12	12
Illinois	20	21	18	18	19	18
Indiana	23	24	19	17	16	15
Iowa	14	14	14	12	13	13
Kansas	14	13	13	11	10	8
Kentucky	11	11	8	9	9	8
Louisiana	9	9	10	10	10	9
Maine	5	5	5	6	6	6
Maryland	9	7	6	6	7	6
Massachusetts	13	12	11	12	13	13
Michigan	24	25	24	25	25	19
Minnesota	14	11	11	9	11	11
Mississippi	9	9	8	9	9	7
Missouri	18	16	15	14	14	11
Montana	8	6	7	8	7	8
Nebraska	10	8	9	10	10	7

**Appendix VIII: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Large Group Health Insurance Market**

State	Number of issuers					
	2011	2012	2013	2014	2015	2016
Nevada	14	13	13	13	13	10
New Hampshire	6	6	6	6	5	8
New Jersey	9	10	8	9	8	8
New Mexico	10	8	7	6	6	6
New York	16	16	15	16	15	16
North Carolina	13	12	11	10	9	8
North Dakota	7	8	8	7	7	6
Ohio	20	21	18	21	21	20
Oklahoma	12	11	12	11	9	10
Oregon	12	12	11	11	15	13
Pennsylvania	17	17	18	17	16	15
Rhode Island	5	5	4	5	5	4
South Carolina	12	10	10	8	8	6
South Dakota	11	11	12	10	7	8
Tennessee	10	9	9	11	12	9
Texas	23	22	22	20	21	21
Utah	12	13	14	13	12	12
Vermont	4	3	4	4	3	3
Virginia	14	13	16	16	14	14
Washington	13	13	12	11	10	10
West Virginia	11	11	11	8	7	7
Wisconsin	28	27	27	26	25	23
Wyoming	6	6	7	7	7	6

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level.

**Appendix VIII: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Large Group Health Insurance Market**

Table 15: Market Share of the Single Largest Issuer and the Three Largest Issuers in Each State's Overall Large Group Health Insurance Market, 2014-2016

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2014	2015	2016	2014	2015	2016
Alabama	BCBS OF AL GRP	92.6	93.6	92.9	100.0	99.9	99.8
Alaska	PREMERA BLUE CROSS GROUP	85.5	84.2	83.9	99.6	97.8	98.5
Arizona	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	37.7	38.8	38.4	79.1	82.4	84.7
Arkansas	ARKANSAS BCBS GRP	79.7	80.6	78.5	99.2	99.0	97.2
California	KAISER FOUNDATION GRP	44.3	45.7	47.9	74.0	74.3	73.6
Colorado	KAISER FOUNDATION GRP	46.8	46.1	48.5	85.0	84.8	85.0
Connecticut	WELLPOINT INC GRP	33.3	31.8	29.8	74.3	69.1	71.0
Delaware	HIGHMARK GRP	70.7	67.0	69.8	96.5	97.6	97.2
District of Columbia	AETNA GRP	39.8	39.6	37.4	82.2	82.6	81.3
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	54.3	53.2	49.4	86.5	87.5	87.8
Georgia	WELLPOINT INC GRP	43.7	46.0	44.1	78.4	80.8	78.3
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	69.2	69.6	68.9	95.6	95.8	96.0
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	68.6	68.1	65.5	96.0	95.1	93.9
Illinois	HCSC GRP	68.3	67.0	66.4	90.8	90.5	88.7
Indiana	WELLPOINT INC GRP	59.4	60.8	61.5	88.7	89.8	90.2
Iowa	WELLMARK GROUP	77.0	77.3	77.7	95.3	96.1	96.3
Kansas	BCBS OF KS GRP	54.4	57.1	51.6	88.7	89.0	91.2
Kentucky	WELLPOINT INC GRP	69.0	70.5	67.4	91.6	92.4	91.7
Louisiana	LOUISIANA HLTH SERV GRP	63.1	63.6	65.0	88.4	87.8	90.6
Maine	WELLPOINT INC GRP	71.9	70.0	70.3	95.1	95.6	96.2
Maryland	CAREFIRST INC GRP	67.9	66.3	65.5	90.5	90.3	91.1
Massachusetts	BCBS OF MA GRP	56.9	57.7	58.1	84.8	83.9	83.3
Michigan	BCBS OF MI GRP	52.7	54.3	54.9	77.9	78.2	80.0
Minnesota	HEALTHPARTNERS GRP	46.4	49.0	45.8	94.8	95.0	96.0
Mississippi	MISSISSIPPI INS GRP	79.9	82.0	82.4	98.7	98.9	98.5
Missouri	WELLPOINT INC GRP	32.7	31.9	-	75.2	78.4	80.4
	BCBS OF KC GRP	-	-	29.2			
Montana	HCSC GRP	83.0	83.0	83.4	99.1	98.3	98.0
Nebraska	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	78.2	79.1	77.1	97.5	98.9	99.3
Nevada	UNITEDHEALTH GRP	66.0	66.5	65.4	88.6	88.0	88.5

**Appendix VIII: Number and Market Share of
Largest Issuers Participating in Each State's
Overall Large Group Health Insurance Market**

State	Name	Market share of the largest single issuer (%)			Market share of the largest three issuers (%)		
		2014	2015	2016	2014	2015	2016
New Hampshire	WELLPOINT INC GRP	55.6	57.5	57.0	98.0	99.3	98.2
New Jersey	BCBS OF NJ GRP	54.3	56.8	54.1	83.3	84.5	85.5
New Mexico	HCSC GRP	63.1	60.5	61.8	99.6	98.4	95.1
New York	HIP INS GRP	26.9	-	-	55.2	47.6	46.5
	LIFETIME HLTHCARE GRP	-	18.2	17.3			
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	74.6	72.2	68.7	96.3	96.1	96.3
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	95.6	73.3	49.7	99.6	99.7	99.9
Ohio	WELLPOINT INC GRP	42.9	43.1	44.3	76.7	77.3	80.3
Oklahoma	HCSC GRP	54.3	54.0	52.5	83.2	82.1	80.6
Oregon	KAISER FOUNDATION GRP	41.8	42.1	41.9	79.9	79.8	78.6
Pennsylvania	HIGHMARK GRP	34.2	35.9	35.1	72.0	72.4	68.0
Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	76.4	77.6	78.0	98.2	98.0	98.3
South Carolina	BCBS OF SC GRP	91.9	91.1	88.6	98.7	98.7	99.0
South Dakota	WELLMARK GROUP	58.8	58.3	55.1	90.0	89.5	85.7
Tennessee	BCBS OF TN INC	78.1	78.4	72.5	94.1	93.9	89.8
Texas	HCSC GRP	49.2	48.4	45.9	84.4	84.6	83.7
Utah	IHC INC GRP	43.1	43.1	42.1	86.2	84.6	81.9
Vermont	BCBS OF VT GRP	80.4	84.9	88.7	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	47.3	61.2	48.3	72.7	81.5	75.5
Washington	GROUP HLTH COOP GRP	31.0	32.1	32.6	86.2	84.8	85.3
West Virginia	HIGHMARK GRP	76.8	77.7	78.3	98.9	98.4	96.6
Wisconsin	DEAN HEALTH GRP	14.2	14.5	-	38.2	39.8	44.4
	WELLPOINT INC GRP	-	-	15.2			
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	71.1	72.5	74.4	92.2	92.9	95.5

Legend: — This symbol indicates that this issuer was not the largest in that year.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-19-306

Note: Where multiple issuers in a state shared a parent company, we aggregated the individual issuers to the parent company level. We calculated issuers' market share using covered life-years, which measure the average number of lives insured, including dependents, during the reporting year. We reprinted issuer names as they were reported in the data from the Centers for Medicare & Medicaid Services.

Appendix IX: GAO Contact and Staff Acknowledgments

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Staff Acknowledgments

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