



November 2020

PRIVATE HEALTH INSURANCE

Markets Remained
Concentrated through
2018, with Increases
in the Individual and
Small Group Markets

GAO Highlights

Highlights of [GAO-21-34](#), a report to congressional committees

Why GAO Did This Study

GAO previously reported that, from 2011 through 2016, enrollment in the individual, small group, and large group health insurance markets was concentrated among a few issuers in most states (GAO-19-306). GAO considered states' markets or exchanges to be highly concentrated if three or fewer issuers held at least 80 percent of the market share. GAO also found similar concentration on the health insurance exchanges established in 2014 by PPACA. A highly concentrated health insurance market may indicate less issuer competition and could affect consumers' choice of issuers and the premiums they pay for coverage.

PPACA included a provision for GAO to periodically study market concentration. This report describes changes in the concentration of enrollment among issuers in the overall individual, small group, and large group markets; and individual market federally facilitated exchanges.

GAO determined market share in the overall markets using enrollment data from 2017 and 2018 that issuers are required to report annually to the Centers for Medicare & Medicaid Services (CMS). GAO determined market share in the individual market federally facilitated exchanges in 2018 using enrollment data from CMS. For all analyses, GAO used the latest data available.

View [GAO-21-34](#). For more information, contact John Dicken at (202) 512-7114 or dickenj@gao.gov.

NOVEMBER 2020

PRIVATE HEALTH INSURANCE

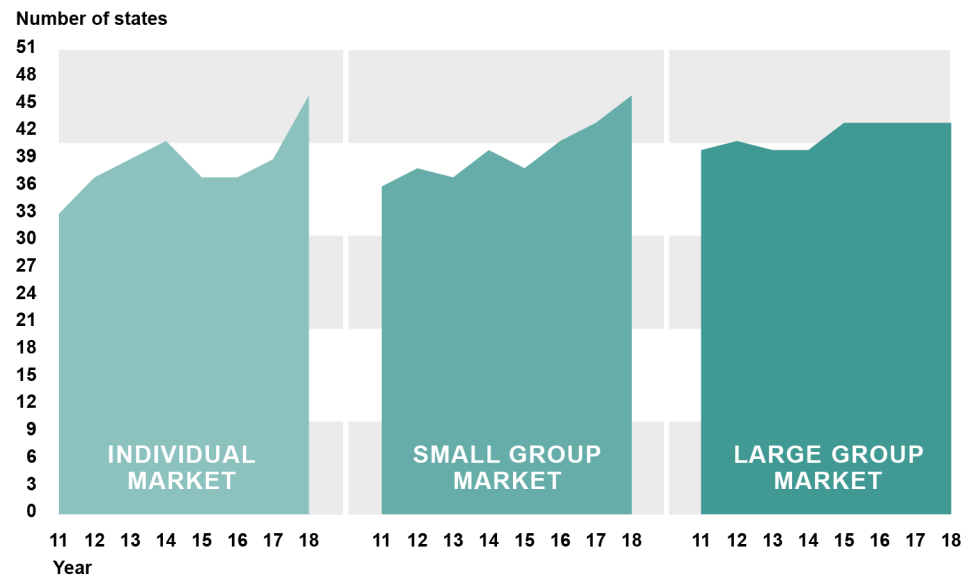
Markets Remained Concentrated through 2018, with Increases in the Individual and Small Group Markets

What GAO Found

Enrollment in private health insurance plans in the individual (coverage sold directly to individuals), small group (coverage offered by small employers), and large group (coverage offered by large employers) markets has historically been highly concentrated among a small number of issuers. GAO found that this pattern continued in 2017 and 2018. For example:

- For each market in 2018, at least 43 states (including the District of Columbia) were highly concentrated.
- Overall individual and small group markets have become more concentrated in recent years. The national median market share of the top three issuers increased by approximately 8 and 5 percentage points, respectively, from 2015 through 2018. With these increases, the median concentration was at least 94 percent in both markets in 2018.

Number of States and District of Columbia Where the Three Largest Issuers Had at Least 80 Percent of Enrollment, by Market, 2011-2018



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

GAO found similar patterns of high concentration across the 39 states in 2018 that used federal infrastructure to operate individual market exchanges—marketplaces where consumers can compare and select among insurance plans sold by participating issuers—established in 2014 by the Patient Protection and Affordable Care Act (PPACA) and known as federally facilitated exchanges. From 2015 through 2018, states that were already highly concentrated became even more concentrated, often because the number of issuers decreased or the existing issuers accrued the entirety of the market share within a state. In 2017 and 2018 all 39 states were highly concentrated.

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

Contents

Letter		1
	Background	5
	The Individual Health Insurance Market, Including Federally Facilitated Exchanges, Became More Concentrated in Recent Years	8
	Concentration in Small Group Health Insurance Markets Increased from 2015 through 2018	17
	Concentration in Large Group Health Insurance Markets Remained Generally Steady from 2011 through 2018	21
	Agency Comments	24
Appendix I	Number and Market Share of Largest Issuers Participating in Each State's Individual Market	26
Appendix II	Federally Facilitated Individual Market Exchange Enrollment Compared to the Individual Market, 2018	31
Appendix III	Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018	33
Appendix IV	Number of Issuers and Market Share of Largest Issuers Participating in Small Group Health Insurance Market	42
Appendix V	Number of Issuers and Market Share of Largest Issuers Participating in Large Group Health Insurance Market	47
Appendix VI	GAO Contact and Staff Acknowledgments	52

Tables

Table 1: Trends in Issuer Participation and Concentration in the Individual Market, 2011 through 2018	10
Table 2: Number of Issuers in Each State’s Individual Health Insurance Market, 2011 through 2018	26
Table 3: Market Share of the Single Largest and Three Largest Issuers in Each State’s Individual Health Insurance Market, 2015 through 2018	28
Table 4: Covered Life-Years in Each State’s Individual Market Federally Facilitated Health Insurance Exchange as a Proportion of Total Covered Life-Years in the Overall Individual Market, 2018	31
Table 5: Number of Issuers in Each State’s Federally Facilitated Individual Market Health Insurance Exchange, 2015 through 2018	33
Table 6: Average Number of Federally Facilitated Individual Market Health Insurance Exchange Issuers Participating in a State’s Rating Areas, by State, 2015 through 2018	35
Table 7: Market Share of the Single Largest and Three Largest Issuers in Each State’s Federally Facilitated Individual Market Health Insurance Exchange, 2015 through 2018	37
Table 8: Average Market Share of the Largest Issuer across a State’s Rating Areas, Federally Facilitated Individual Market Health Insurance Exchanges, 2015 through 2018	40
Table 9: Number of Issuers in Each State’s Small Group Health Insurance Market, 2011 through 2018	42
Table 10: Market Share of the Single Largest and Three Largest Issuers in Each State’s Small Group Health Insurance Market, 2015 through 2018	44
Table 11: Number of Issuers in Each State’s Large Group Health Insurance Market, 2011 through 2018	47
Table 12: Market Share of the Single Largest and Three Largest Issuers in Each State’s Large Group Health Insurance Market, 2015 through 2018	49

Figures

Figure 1: Covered Life-Years Reported by Issuers to CMS in the Individual, Small Group, and Large Group Health Insurance Markets, 2018	6
Figure 2: Number of States Where the Market Share of the Three Largest Issuers in the Individual Market Was at Least 80 Percent, 2011 through 2018	9
Figure 3: Percentage Point Change in Market Share Held by the Three Largest Issuers in the Individual Market from 2017 through 2018, by State	11
Figure 4: Extent to Which the Three Largest Individual Market Exchange Issuers Had at Least 80 Percent Market Share, on Average, in 39 States' Rating Areas, 2015 through 2018	14
Figure 5: Percentage Point Change in Average Market Share of the Largest Individual Market Exchange Issuer across Rating Areas from 2017 through 2018, by State	16
Figure 6: Number of States Where the Market Share of the Three Largest Issuers in the Small Group Market Was at Least 80 Percent, 2011 through 2018	18
Figure 7: Percentage Point Change in Market Share Held by the Three Largest Issuers in the Small Group Market from 2017 through 2018, by State	20
Figure 8: Number of States in Which the Three Largest Issuers in the Large Group Market Held at Least 80 Percent Market Share, 2011 through 2018	22
Figure 9: Percentage Point Change in Market Share Held by the Three Largest Issuers in the Large Group Market from 2017 through 2018, by State	23

Abbreviations

CMS	Centers for Medicare & Medicaid Services
HHS	Department of Health and Human Services
PPACA	Patient Protection and Affordable Care Act

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.



November 13, 2020

Congressional Committees

The market for private health insurance in the United States has historically been highly concentrated, meaning that a majority of people with coverage in a given market are enrolled with a small number of issuers.¹ Over a series of reports, we have found that each of the three types of 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)—is highly concentrated.² Specifically, we found that in each of the three types of markets the three largest issuers held at least 80 percent of the market share in most states from 2010 through 2016.³ In addition, we reported similar patterns in concentration in the individual and small group health insurance exchanges—operated by either the state or the federal government (known as a federally facilitated exchange)—that were required to be established in 2014 in each state by the Patient Protection

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

²Federal 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).

³See GAO, *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); *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); and *Private Health Insurance: Enrollment Remains Concentrated among Few Issuers, including in Exchanges*, [GAO-19-306](#) (Washington, D.C.: Mar. 21, 2019).

and Affordable Care Act (PPACA).⁴ Highly concentrated insurance markets may indicate less competition and could affect consumers' choice of issuers and the premiums they pay.

PPACA included a provision for us to conduct a study on competition and concentration in health insurance markets.⁵ This report describes changes in the concentration of enrollment among issuers in each state's

1. individual health insurance market, as well as in its individual market exchange (for the 39 states with federally facilitated exchanges in 2018);
2. small group health insurance market; and
3. large group health insurance market.

To describe changes in concentration in the individual, small group, and large group markets in each state, we analyzed 2017 and 2018 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 2018 were the most recently available data at the time of our analysis. We previously used this same data source to analyze concentration from 2011 through 2016; where applicable, we present this information alongside our updated analyses in

⁴ Pub. L. No. 111-148, § 1321, 124 Stat. 119, 186 (2010) ("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. States may establish separate individual and small group exchanges or a single exchange to serve both individuals and small groups. States may choose to operate their own exchanges, or this responsibility can be carried out by the federal government; who has this responsibility can change over time. States that operate their own exchanges can use a federally facilitated exchange for certain functions, such as enrollment. For this report, states that use federal infrastructure (i.e., Healthcare.gov) to operate their exchanges, even if the states retain plan management functions, are classified as "federally facilitated exchanges."

⁵PPACA, § 1322(i), 124 Stat. at 192. PPACA directs us to report to Congress biennially beginning in 2014. See [GAO-15-101R](#), [GAO-16-724](#), and [GAO-19-306](#) 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.

this report.⁷ Within the individual, small group, and large group markets in each of the 51 states, we determined the state-level market share for each issuer by calculating the ratio of the total number of 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 on enrollment in the 39 states that used a federally facilitated exchange in 2018, the most recent data available at the time of our analyses.⁹ 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 2018. (We previously used this same data source to analyze concentration from 2015 through 2017; where applicable, we present this information alongside our updated analyses in this report.)¹⁰ These data included, among other information, the enrollees' coverage start and end dates, the issuers from which the

⁷[GAO-16-724](#); [GAO-19-306](#).

⁸In this report, we use "state" to refer to the 50 states and the District of Columbia. One 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.

⁹While 2019 MIDAS enrollment data was available prior to issuance of our report, it was not available in time for us to integrate it into our analysis. States can set up exchanges for the small group market, but we chose to not include an analyses of small group exchanges in this report because officials from CMS told us that enrollment data for the small group exchanges was not comprehensive for 2018. Additionally, we have previously reported that enrollment in the small group exchanges was low—typically less than 1 percent of the overall small group market. For more information about concentration in small group exchanges, see [GAO-19-306](#).

¹⁰We previously reported on concentration across both federally facilitated and state-based exchanges, which involved combining this data source with data collected by states. This report focuses exclusively on the states with federally facilitated exchanges; as a result, any analyses of prior years' data with all states will be updated for this report to include only trends among the 39 states with federally facilitated exchanges in 2018. One state, Kentucky, had a state-based exchange in 2015 and 2016, but a federally facilitated exchange in 2017 and 2018. We previously collected data from Kentucky on its state-based exchange enrollment in 2015 and 2016, which we present alongside federal data from 2017 and 2018 in this report. Trends may be different in the remaining 11 states using state-based exchanges, and we have previously reported higher levels of issuer participation in large state-based exchanges such as in California, New York, and Massachusetts. For more information about concentration in state-based exchanges from 2015 through 2017, see [GAO-19-306](#).

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. We used these 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. To account for the fact that market concentration can vary across rating areas within a state, we weighted each of these estimates by the number of covered life-years held by each issuer in each rating area.¹¹

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

Throughout this report, we counted issuers as participating in a market only if they both offered coverage in a market and had enrollment in that market. We also aggregated all issuers together that shared the same parent company, which we analyzed as a single issuer; if there was no parent company, we analyzed the data by the individual issuers.¹² 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’ 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

¹¹For 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.

¹²Specifically, 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.

individual exchange enrollment data—thus precluding our ability to measure concentration within local markets except for the individual market exchanges.¹³ For all other markets, we present state-wide issuer market share, although issuers may not have all participated across the entire state.

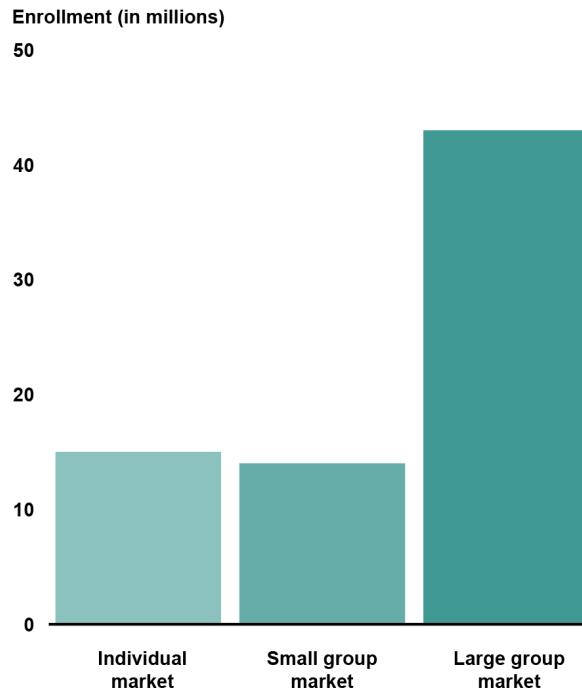
We conducted this performance audit from December 2019 through November 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions 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 most common form of health insurance coverage in the United States, covering over two-thirds of the insured population in 2018, according to the U.S. Census Bureau. The majority of privately insured individuals are covered through group plans, either small group (for small employers) or large group (for large employers). See figure 1 below for total covered life-years reported by issuers to CMS in the individual and fully insured small and large group markets.

¹³ While 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 38 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 2018 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, 2019 Update* (Chicago, IL: 2019).

Figure 1: Covered Life-Years Reported by Issuers to CMS in the Individual, Small Group, and Large Group Health Insurance Markets, 2018



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

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 it 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.

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.¹⁴ Americans without access to group health coverage, such as those with employers that do

¹⁴Approximately 61 percent of covered workers were in a self-funded plan in 2018, with covered workers in larger firms more likely to be enrolled in a self-funded plan; see Kaiser Family Foundation, *2018 Employer Health Benefits Survey* (San Francisco, CA: October 3, 2018). As previously mentioned, the data sources used in this report do not contain information on self-funded group plans. As a result, they are not included in our analyses.

not offer health coverage, may choose to purchase it directly from an issuer or through an exchange as part of the individual market.

Several factors can affect concentration in health insurance markets.¹⁵ High concentration levels have often been the result of consolidation—mergers and acquisitions—among existing issuers. However, concentration can also increase if existing issuers leave the market, thereby reducing the number of issuers from which enrollees can purchase coverage. 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, which may encourage issuers to consolidate in order to attain enough enrollees to gain bargaining power.¹⁶

¹⁵In 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).

¹⁶PPACA contains provisions that may affect market concentration and competition among health issuers, both in the overall market and in the health insurance exchanges initially established in 2014 within each state's individual and small group markets. For example, PPACA required that issuers offer coverage to all individuals regardless of health status, and it limited the ability of issuers to deny coverage or charge higher premiums to individuals and small groups based on health risks or certain other factors.

For additional discussion about industry consolidation, see Leemore S. Dafny, "Evaluating the Impact of Health Insurance Industry Consolidation: Learning from Experience," *Commonwealth Fund Issue Brief* (New York, NY: Commonwealth Fund, 2015).

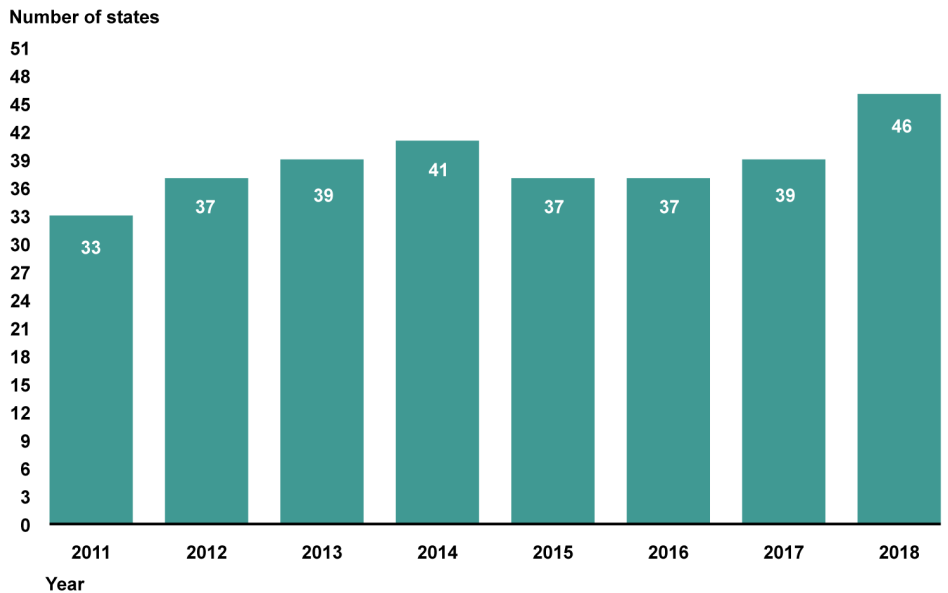
The Individual Health Insurance Market, Including Federally Facilitated Exchanges, Became More Concentrated in Recent Years

The Individual Health Insurance Market Generally Became More Concentrated over Time, with a Larger Increase in 2018

Enrollment in states' individual health insurance markets generally became more concentrated from 2011 through 2018. Despite a temporary decline in the number of states highly concentrated among three or fewer issuers from 2014 through 2016, the number of highly concentrated states increased from 33 states in 2011 to 46 states in 2018. (See fig. 2.) Also, since 2011, the median number of issuers per state decreased from 30 to 12. (See table 1.)¹⁷ We also found that a single issuer held at least 50 percent market share in 31 states in 2018, even in states which still had many issuers participating in the market. For example, although Florida had 17 issuers in 2018, a single issuer, Blue Cross and Blue Shield of Florida, Inc., held around 68 percent of the market share.

¹⁷See appendix I for additional data on the individual market from 2011 through 2018.

Figure 2: Number of States Where the Market Share of the Three Largest Issuers in the Individual Market Was at Least 80 Percent, 2011 through 2018



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: This figure includes the 50 states and the District of Columbia. All states had more than three issuers in their 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.

While concentration generally increased from 2011 through 2018, there was a notable decrease in concentration from 2014 through 2016. Specifically, in 2015 and 2016, the total number of states where the market share of the three largest issuers was at least 80 percent—our measure of high concentration—returned to levels previously seen in 2012. However, other measures during this period suggested that aspects of the individual market were continuing to become more concentrated (as shown in table 1). For example, from 2014 through 2016, the median number of issuers decreased and the median market share of the top three issuers increased.

Table 1: Trends in Issuer Participation and Concentration in the Individual Market, 2011 through 2018

Year	Median number of issuers per state	Median market share of three largest issuers (%)	Number of states where single issuer holds at least 50 percent market share
2011	30	85	30
2012	26	87	29
2013	25	88	31
2014	21	88	33
2015	19	90	31
2016	15	90	28
2017	14	96	28
2018	12	98	31

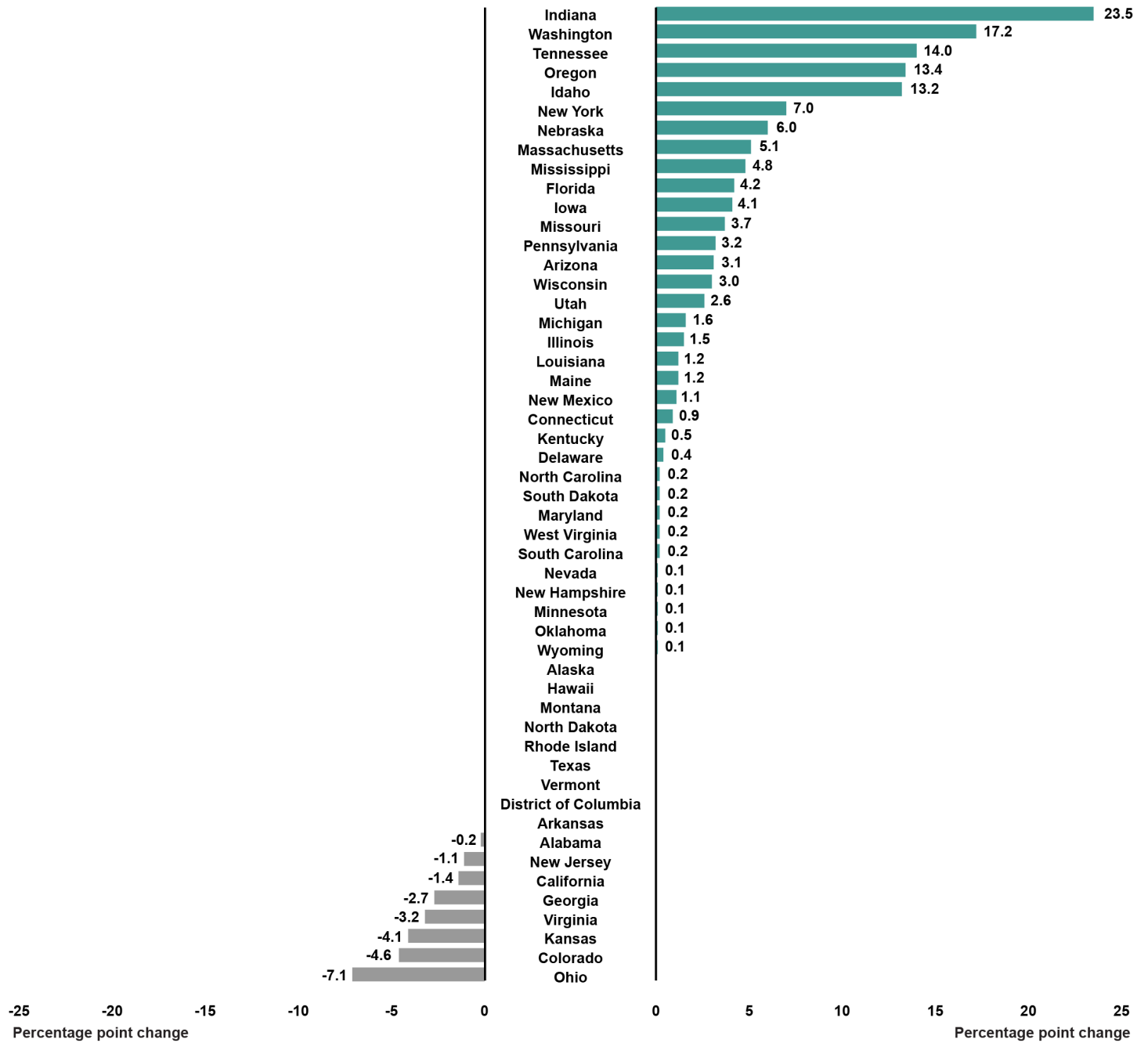
Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: This table includes the 50 states and the District of Columbia. All states had more than three issuers in their 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.

From 2017 through 2018, 34 states experienced increases in concentration among the three largest issuers; nine states remained consistent during this period; and eight states experienced decreases from the prior year. (See fig. 3.)

- Of the 34 states with increases, eight had increases of 5 or more percentage points, with a median increase of 2 percentage points. For example, in Indiana, the state with the largest percentage point increase from 2017 to 2018, two issuers exited the individual market, contributing to more concentration among remaining issuers.
- Of the eight states with decreases, one had a decrease of 5 or more percentage points, with a median decrease of 3 percentage points.

Figure 3: Percentage Point Change in Market Share Held by the Three Largest Issuers in the Individual Market from 2017 through 2018, by State



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: This figure includes the 50 states and the District of Columbia. All states had more than three issuers in their 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.

All Federally Facilitated Individual Market Exchanges Were Highly Concentrated in Both 2017 and 2018, an Increase from Prior Years

The 39 states using the federally facilitated individual market exchanges became more concentrated from 2015 through 2018, with all states being highly concentrated in 2017 and 2018.¹⁸ From 2015 through 2018, states that already had the top three issuers holding at least 80 percent market share became even more concentrated, often either because the number of issuers decreased—such that the state only has three or fewer issuers that hold 100 percent of the market share by default—or the existing issuers accrued the entirety of the market share within a state.¹⁹ For example, the number of states with three or fewer issuers increased from 13 states in 2015 to 32 states in 2018. (See fig. 4.)

Exchange Enrollment Increased as a Proportion of the Overall Individual Market in Federally Facilitated Exchange States from 2015 through 2018

In addition to finding that federally facilitated exchange markets were highly concentrated, we also found that exchange enrollment became a larger proportion of overall individual market enrollment in federally facilitated exchange states from 2015 through 2018. Specifically, we found that exchange enrollment accounted for approximately

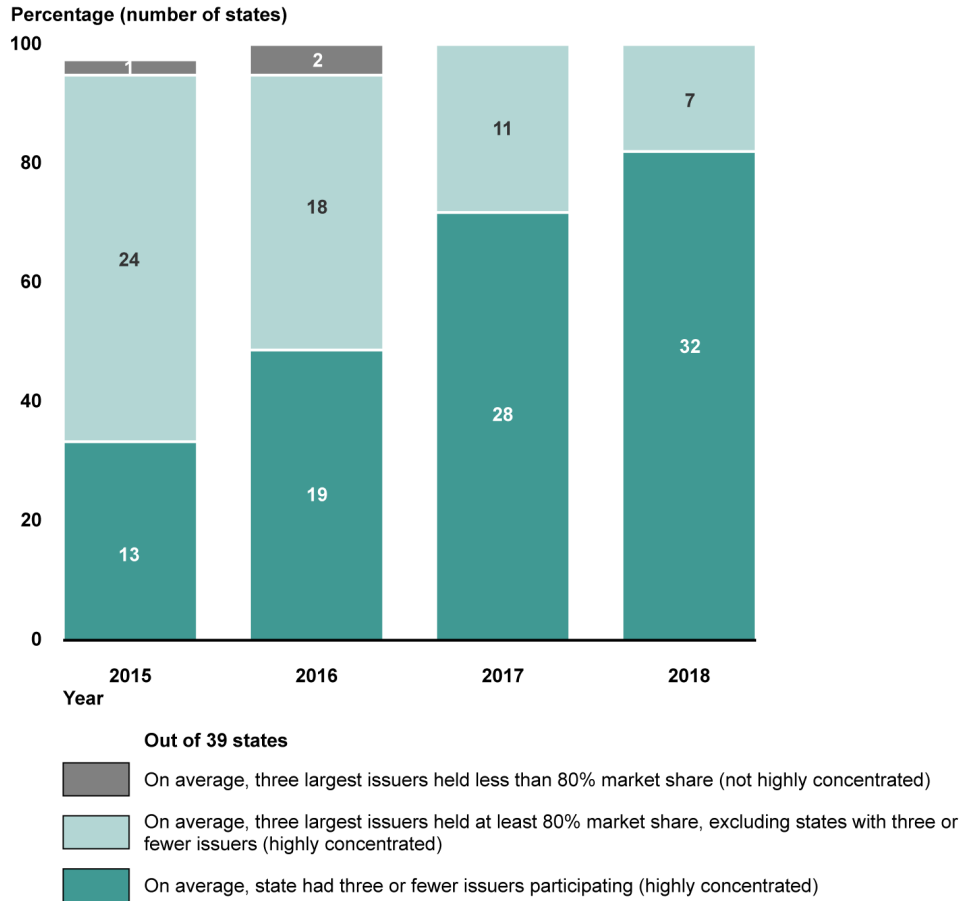
- 54% of the overall individual market in 2015;
- 62% of the overall individual market in 2016;
- 65% of the overall individual market in 2017; and
- 72% of the overall individual market in 2018.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services | GAO-21-34

¹⁸ We present statistics by state in appendix II.

¹⁹ Twelve states were not included in our review of the individual exchanges because they used state-based exchanges in 2018 (California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington). Because we are only reporting on federally facilitated exchanges in this report, we excluded these twelve states from our analysis of 2015 through 2018 data presented in appendix III. Data on federally facilitated and state-based exchange concentration from 2015 through 2017 are presented in [GAO-19-306](#).

Figure 4: Extent to Which the Three Largest Individual Market Exchange Issuers Had at Least 80 Percent Market Share, on Average, in 39 States' Rating Areas, 2015 through 2018



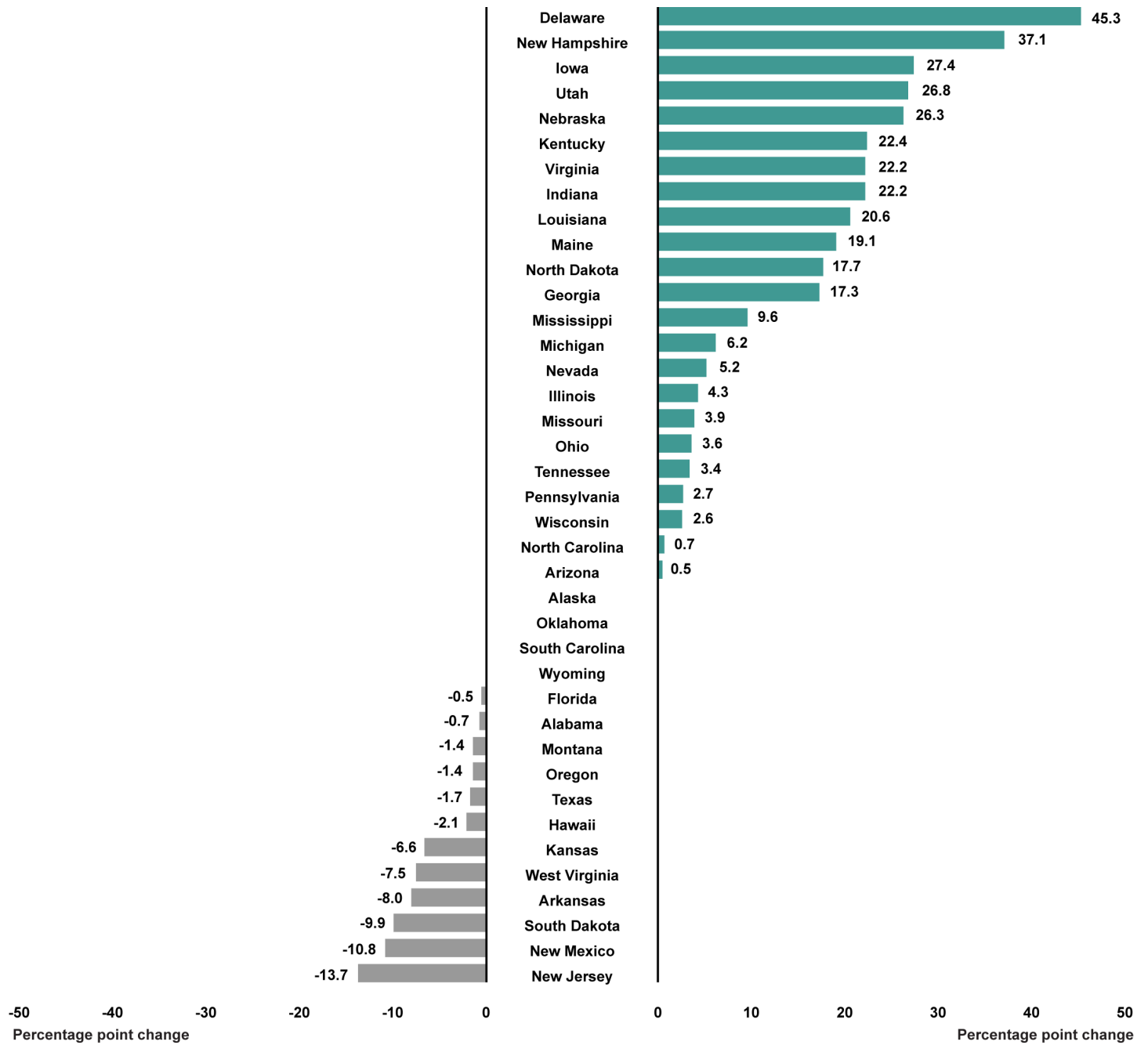
Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Notes: We defined “highly concentrated” as three or fewer issuers holding at least 80 percent of the market share. Twelve states were not included in this figure because they used state-based exchanges in 2018 (California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington). Additionally, Hawaii is not included in this figure for 2015 because we were unable to obtain data for that year. The remaining 38 states, including the District of Columbia, are included in 2015, and Hawaii is included for later years. One state, Kentucky, had a state-based exchange in 2015 and 2016 but a federally facilitated exchange in 2017 and 2018. We previously collected data from Kentucky on its state-based exchange enrollment in 2015 and 2016, which we present alongside federal data from 2017 and 2018 in this report. 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—geographic areas established by states and used, in part, by issuers to set premium rates—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.

We also found that many states' individual market exchanges experienced large increases in the extent of concentration from 2017 through 2018. (See fig. 5.)

- Concentration increased in 23 out of the 39 states, with a median increase of 17 percentage points. In 15 of these 23 states, concentration increased 5 or more percentage points. For example, Delaware, the state with the largest percentage point increase, went from two issuers in 2017 to one issuer participating in 2018.
- The 12 states with decreases had a median decrease of 4 percentage points, and six had decreases of 5 or more percentage points.

Figure 5: Percentage Point Change in Average Market Share of the Largest Individual Market Exchange Issuer across Rating Areas from 2017 through 2018, by State



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Notes: Twelve states were not included in this figure because they used state-based exchanges in 2018 (California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington). Additionally, Hawaii is not included in this figure for 2015 because we were unable to obtain data for that year. The remaining 38 states, including the District of Columbia, are included, and Hawaii is included for later years. 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—geographic areas established by states and used, in part, by issuers to set premium rates—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.

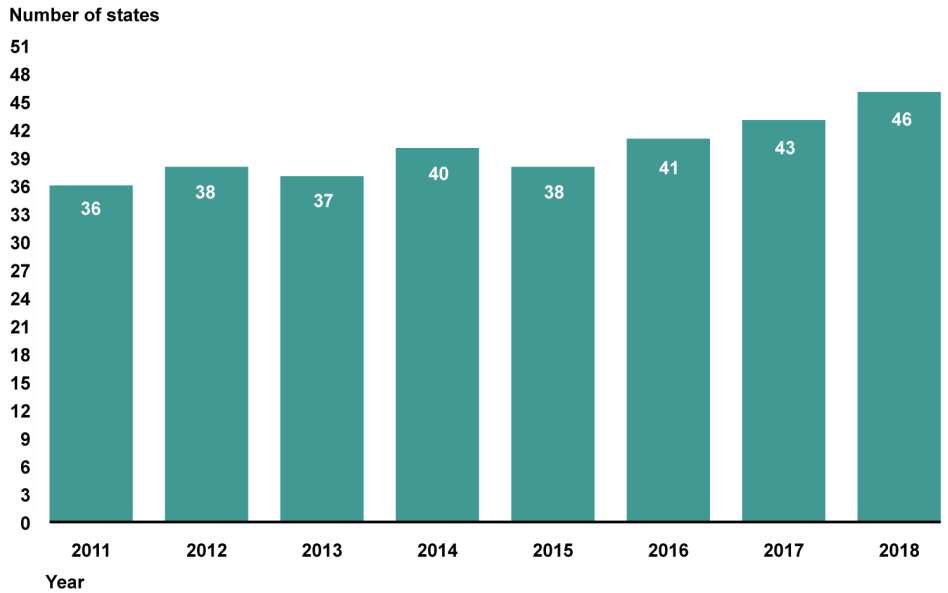
Concentration in Small Group Health Insurance Markets Increased from 2015 through 2018

Enrollment in states' small group health insurance markets generally became more concentrated from 2011 through 2018, but the pattern became more pronounced after 2015.²⁰ From 2011 through 2018, the median number of issuers per state decreased from 13 to 5, and the number of states with high concentration increased from 36 states to 46 states. (See fig. 6.) We also found that a single issuer held at least 50 percent market share in 33 states in 2018, even in states that still had many issuers participating in the market. For example, although Michigan had 13 issuers in 2018, a single issuer, Blue Cross Blue Shield of Michigan, held around 63 percent of the market share.²¹

²⁰See [GAO-19-306](#)

²¹See appendix IV for additional data on the small group market from 2011 through 2018.

Figure 6: Number of States Where the Market Share of the Three Largest Issuers in the Small Group Market Was at Least 80 Percent, 2011 through 2018



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

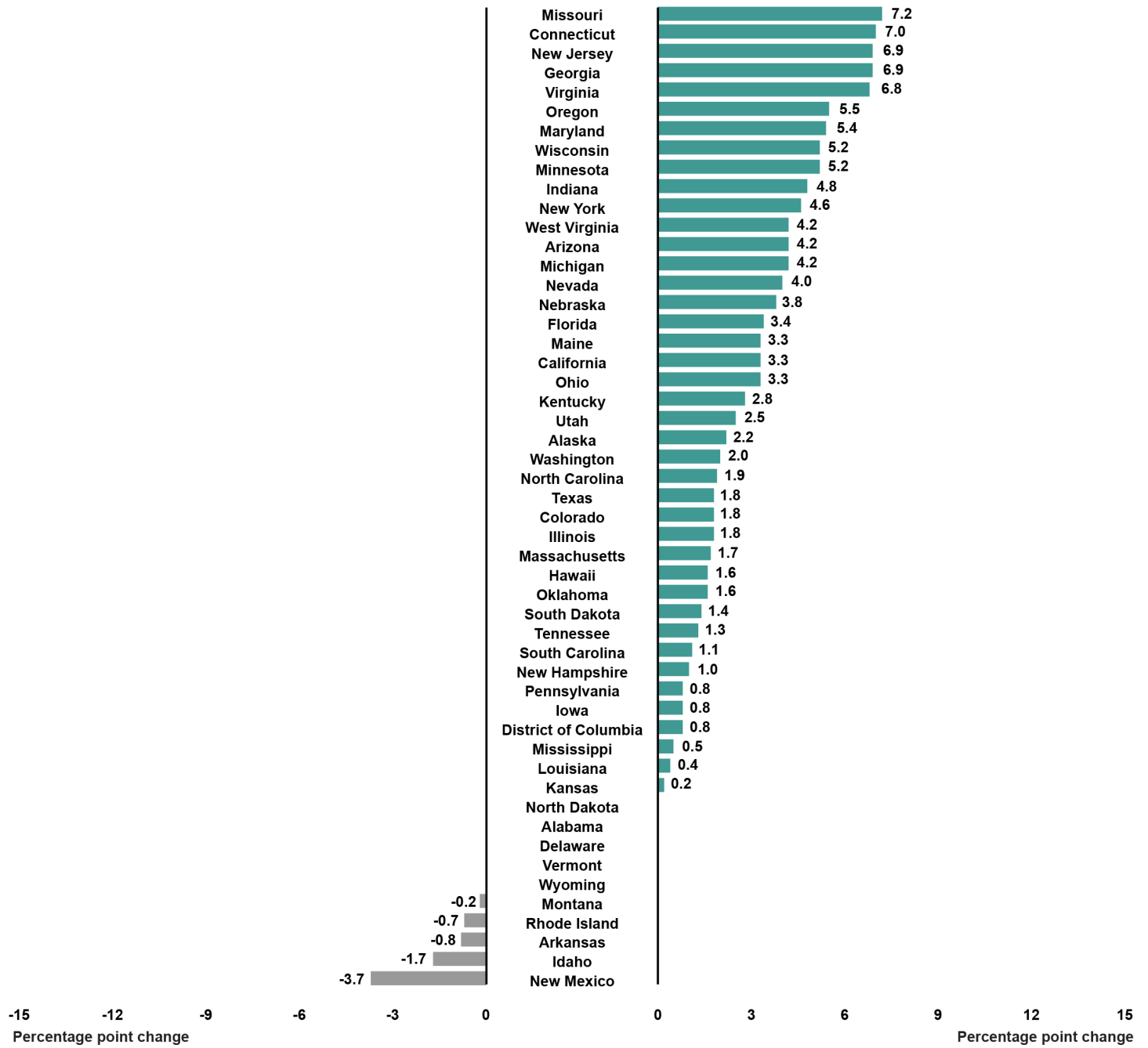
Note: This figure includes the 50 states and the District of Columbia. A number of states had exactly three participating issuers in at least 1 year—Rhode Island in 2013, Delaware from 2016 through 2018, Vermont from 2012 through 2016, Wyoming in 2017, Alabama in 2018, Mississippi in 2018, Nebraska in 2018, and South Carolina in 2018. Therefore, these three issuers held 100 percent of the market share in those years. Two states had less than three participating issuers in at least 1 year – Vermont in 2017 and 2018 and Wyoming in 2018. 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 are from fully insured plans only. 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.

While concentration fluctuated from 2011 through 2014, the market has seen steady increases in concentration each year from 2015 through 2018. From 2015 through 2018, the median number of issuers decreased from nine per state to five per state, and the median market share of the top three issuers has increased by 5 percentage points, from approximately 89 percent to approximately 94 percent. Additionally, a single issuer held at least 80 percent market share in 11 states in 2018, an increase from six in 2015.

From 2017 through 2018, most states also experienced increases in the extent of concentration. (See fig. 7.) Specifically, 41 states experienced increases in concentration among the three largest issuers, five states

remained consistent, and five experienced decreases from the prior year. Of the 41 states with increases from 2017 through 2018, nine had increases of 5 or more percentage points, with a median increase of 3 percentage points. No states had decreases of 5 or more percentage points, with a median decrease of 1 percentage point.

Figure 7: Percentage Point Change in Market Share Held by the Three Largest Issuers in the Small Group Market from 2017 through 2018, by State



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: Five states had exactly three participating issuers in at least 1 year—Wyoming in 2017, Alabama in 2018, Mississippi in 2018, Nebraska in 2018, and South Carolina in 2018. Therefore, these three issuers held 100 percent of the market share in those years. Two states had less than three participating issuers in at least 1 year—Vermont in 2017 and 2018 and Wyoming in 2018. Therefore, these issuers held 100 percent of the market share in those years. All other states had more than three issuers during this time period. 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 are from fully insured plans only. 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.

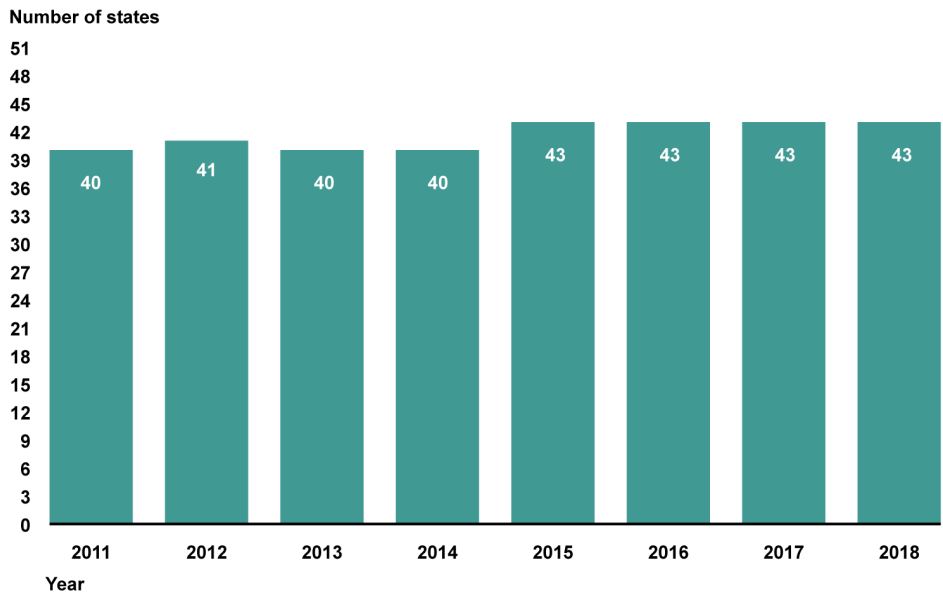
Concentration in Large Group Health Insurance Markets Remained Generally Steady from 2011 through 2018

Concentration in states' large group health insurance markets remained generally steady from 2011 through 2018. The median number of issuers per state decreased from 12 issuers in 2011 to nine issuers in 2018, while the number of states with high concentration increased from 40 states in 2011 to 43 states in 2015 through 2018. (See fig. 8.)²²

- In 2018, a single issuer held at least 80 percent market share in eight states, an increase from seven states in 2015. A single issuer held at least 90 percent of the market share in four states, an increase from two states in 2015.
- We also found that a single issuer held at least 50 percent of the market share in 34 states in 2018, even in states that still had many issuers participating in the market. For example, although Iowa had 13 issuers in 2018, a single issuer, Wellmark Group, held around 79 percent of the market share.

²²See appendix V for additional data on the large group market for 2011 through 2018.

Figure 8: Number of States in Which the Three Largest Issuers in the Large Group Market Held at Least 80 Percent Market Share, 2011 through 2018

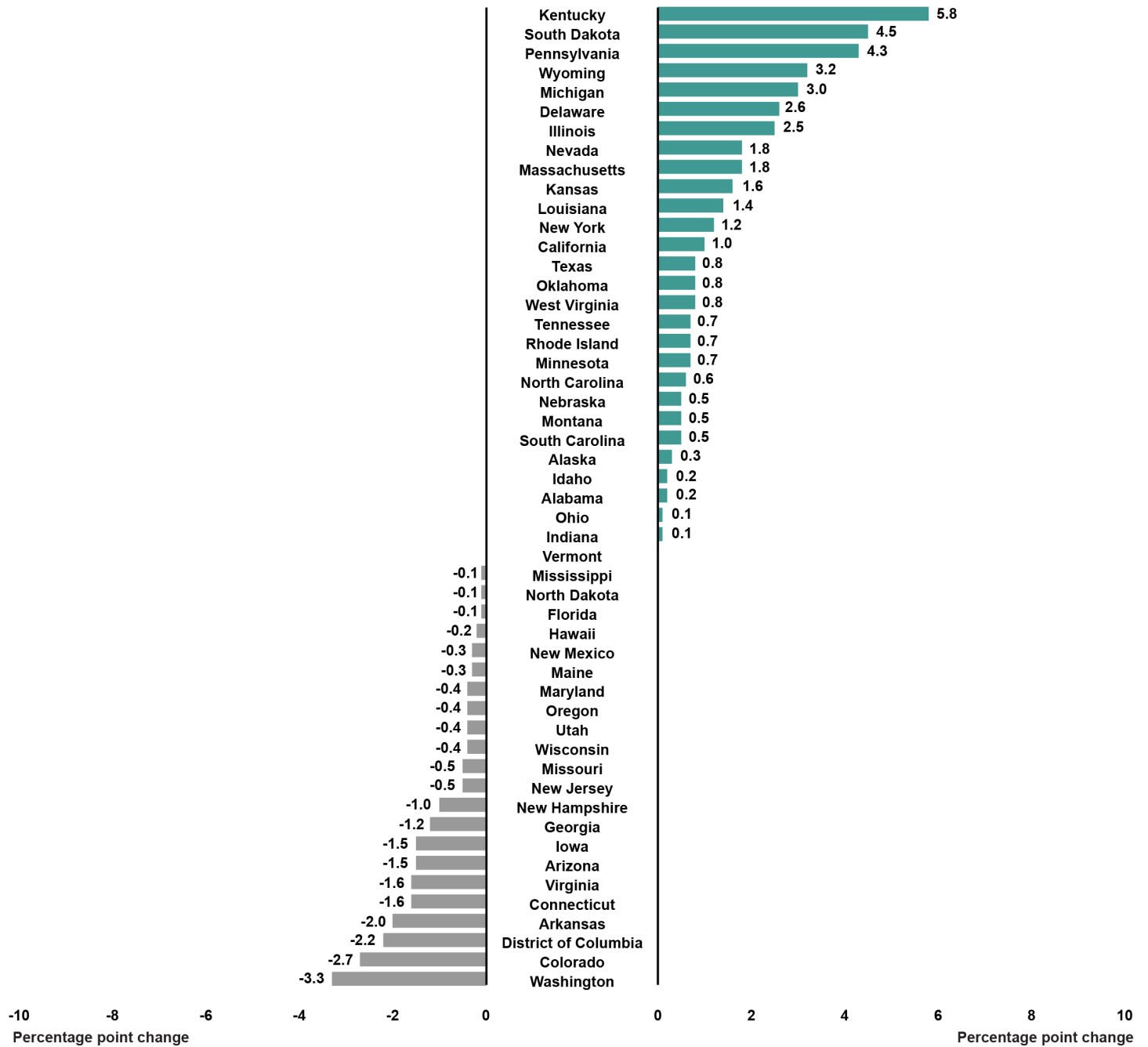


Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Notes: This figure includes the 50 states and the District of Columbia. Vermont had exactly three participating issuers in 2012, 2015, 2016, 2017, and 2018. 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. 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 are from fully insured plans only. 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.

While the large group market remained generally unchanged in recent years, many states experienced fluctuations in the extent of concentration from 2017 through 2018. Specifically, 28 states experienced increases in concentration among the three largest issuers, one state remained consistent, and 22 experienced decreases from the prior year. (See fig. 9.) Of the 28 states with increases, one had an increase of 5 or more percentage points, with a median increase of 1 percentage point. Of the 22 states with decreases, none had a decrease of 5 or more percentage points, with a median decrease of less than 1 percentage point.

Figure 9: Percentage Point Change in Market Share Held by the Three Largest Issuers in the Large Group Market from 2017 through 2018, by State



Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

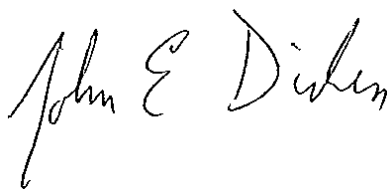
Notes: This figure includes the 50 states and the District of Columbia. Vermont had exactly three participating issuers in 2017 and 2018. Therefore, the three largest issuers were the only three issuers and held 100 percent of the market share in each year. All other states had more than three issuers in each year. 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 are from fully insured plans only. 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.

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 VI.



John E. Dicken
Director, Health Care

List of Committees

The Honorable Charles E. Grassley
Chairman
The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate

The Honorable Lamar Alexander
Chairman
The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Robert C. Scott
Chairman
The Honorable Virginia Foxx
Republican Leader
Committee on Education and Labor
House of Representatives

The Honorable Frank Pallone Jr.
Chairman
The Honorable Greg Walden
Republican Leader
Committee on Energy and Commerce
House of Representatives

The Honorable Richard Neal
Chairman
The Honorable Kevin Brady
Republican Leader
Committee on Ways and Means
House of Representatives

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

The two tables below present information on a) the number of participating issuers in each state's individual health insurance market from 2011 through 2018 and b) the market share of the largest and three largest issuers from 2015 through 2018.

Table 2: Number of Issuers in Each State's Individual Health Insurance Market, 2011 through 2018

State	Number of issuers							
	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	27	22	23	17	16	11	10	10
Alaska	13	13	14	12	10	7	5	5
Arizona	30	26	24	27	23	17	15	11
Arkansas	32	26	24	21	19	16	14	14
California	45	34	30	33	31	27	27	23
Colorado	35	29	25	26	24	19	17	15
Connecticut	26	20	19	17	15	11	9	8
Delaware	20	17	16	14	13	10	8	7
District of Columbia	18	18	18	16	13	10	8	7
Florida	40	33	31	28	30	22	20	17
Georgia	38	32	31	29	25	18	17	15
Hawaii	14	15	12	10	9	7	6	4
Idaho	23	22	19	18	17	14	11	10
Illinois	42	37	34	30	25	21	18	16
Indiana	37	30	28	23	23	19	14	11
Iowa	33	27	25	21	19	14	12	9
Kansas	35	30	28	24	20	15	15	13
Kentucky	27	22	23	21	21	17	15	14
Louisiana	34	26	26	24	22	16	15	14
Maine	20	18	18	15	12	9	8	6
Maryland	27	24	23	19	18	15	13	10
Massachusetts	31	29	28	25	25	20	19	16
Michigan	41	33	33	31	29	22	18	14
Minnesota	36	29	26	25	25	18	15	13
Mississippi	30	25	22	21	18	14	14	12
Missouri	37	31	31	25	23	18	18	15
Montana	25	22	21	20	16	13	11	8
Nebraska	31	28	26	25	19	16	13	11
Nevada	24	20	21	19	19	15	12	10
New Hampshire	20	17	15	13	14	9	7	6

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

State	Number of issuers							
	2011	2012	2013	2014	2015	2016	2017	2018
New Jersey	24	24	20	19	19	16	14	12
New Mexico	28	24	22	18	18	14	13	11
New York	38	32	28	32	33	27	27	23
North Carolina	31	26	25	22	18	15	14	12
North Dakota	21	20	19	13	12	10	7	8
Ohio	43	36	34	32	29	24	20	19
Oklahoma	30	26	25	23	21	16	15	12
Oregon	31	28	25	29	25	21	17	13
Pennsylvania	38	34	36	33	31	24	22	22
Rhode Island	14	12	13	11	9	7	7	6
South Carolina	31	24	22	20	17	15	13	10
South Dakota	30	26	25	17	14	11	9	9
Tennessee	33	29	26	23	20	15	14	13
Texas	50	40	36	38	37	32	30	25
Utah	24	19	19	19	17	14	13	11
Vermont	16	14	12	10	6	5	5	5
Virginia	32	29	29	29	26	21	21	16
Washington	30	27	25	24	23	19	16	14
West Virginia	27	25	24	19	18	15	12	11
Wisconsin	42	38	35	35	31	24	23	18
Wyoming	25	23	21	16	14	11	9	7

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

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

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

Table 3: Market Share of the Single Largest and Three Largest Issuers in Each State's Individual Health Insurance Market, 2015 through 2018

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Alabama	BCBS OF AL GRP	85.7	76.4	97.6	97.3	99.3	99.6	99.9	99.7
Alaska	OREGON DENTAL GRP	48.5	54.1	—	—	98.0	99.7	99.9	100.0
	PREMERA BLUE CROSS GROUP	—	—	99.3	99.3				
Arizona	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	42.2	42.0	—	—	74.8	80.1	95.8	99.0
	CENTENE CORP GRP	—	—	43.8	49.5				
Arkansas	ARKANSAS BCBS GRP	73.6	68.1	63.6	63.3	93.5	89.9	93.5	93.5
California	BLUE SHIELD OF CALIFORNIA GROUP	—	—	30.0	36.9	82.3	85.3	81.5	80.1
	WELLPOINT INC GRP	30.9	30.3	—	—				
Colorado	COLORADO HEALTH INSURANCE COOPERATIVE, INC.	23.1	—	—	—	63.5	79.9	87.8	83.2
	KAISER FOUNDATION GRP	—	35.6	41.1	41.0				
Connecticut	HIP INS GRP	45.1	53.6	61.4	67.7	86.6	92.1	98.4	99.3
Delaware	HIGHMARK GRP	88.7	89.2	62.2	99.1	98.5	99.5	99.5	99.9
District of Columbia	CAREFIRST INC GRP	80.8	86.3	84.6	81.7	96.5	98.9	99.5	99.4
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	33.6	43.6	60.1	68.5	65.9	69.3	88.8	93.0
Georgia	CENTENE CORP GRP	—	—	—	47.4	83.5	72.3	91.3	88.6
	WELLPOINT INC GRP	—	—	55.5	—				
	HUMANA GRP	46.3	31.5	—	—				
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	57.1	60.4	58.7	58.8	99.8	99.9	99.9	99.9
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	60.0	49.4	34.7	50.5	89.1	86.0	78.6	91.8
Illinois	HCSC GRP	80.6	65.6	73.0	76.8	89.5	83.0	89.7	91.1
Indiana	CARESOURCE MANAGEMENT GROUP	—	—	—	46.3	74.9	68.3	72.5	96.1
	WELLPOINT INC GRP	43.9	33.3	28.2	—				
Iowa	WELLMARK GROUP	68.5	66.5	63.5	58.7	97.6	98.8	95.6	99.7
Kansas	BCBS OF KS GRP	41.9	56.0	61.2	67.2	93.7	89.7	97.0	92.9
Kentucky	WELLPOINT INC GRP	52.5	76.3	77.9	55.7	94.3	92.0	99.3	99.8
Louisiana	LOUISIANA HLTH SERV GRP	64.6	60.8	76.1	91.8	86.1	91.0	98.4	99.6
Maine	MAINE COMMUNITY HEALTH OPTIONS	70.8	61.8	40.1	58.6	99.0	99.1	98.6	99.8

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

Maryland	CAREFIRST INC GRP	86.0	77.2	76.5	66.1	97.3	95.6	99.2	99.4
Massachusetts	TUFTS HEALTH PLAN	29.7	36.2	41.4	44.3	72.3	72.9	78.1	83.2
Michigan	BCBS OF MI GRP	55.8	52.3	49.3	58.5	77.5	81.9	81.4	82.9
Minnesota	BCBS OF MN GRP	68.4	44.7	—	—	89.9	89.5	82.9	82.9
	HEALTHPARTNERS GRP	—	—	38.4	39.2				
Mississippi	MISSISSIPPI INS GRP	44.1	43.5	—	—	85.1	84.8	94.6	99.4
	CENTENE CORP GRP	—	—	45.2	55.7				
Missouri	AETNA GRP	37.8	26.7	—	—	76.8	69.9	82.4	86.2
	WELLPOINT INC GRP	—	—	44.7	—				
	CIGNA HLTH GRP	—	—	—	36.7				
Montana	HCSC GRP	56.8	70.4	50.6	—	92.1	99.6	99.7	99.8
	MONTANA HEALTH COOPERATIVE	—	—	—	42.9				
Nebraska	AETNA GRP	—	—	35.6	—	91.6	95.6	93.7	99.7
	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	49.1	48.5	—	—				
	MEDICA GRP	—	—	—	74.5				
Nevada	UNITEDHEALTH GRP	49.9	58.5	58.4	65.1	82.9	93.3	94.0	94.1
New Hampshire	WELLPOINT INC GRP	64.5	38.7	45.7	61.1	89.9	77.7	99.7	99.8
New Jersey	BCBS OF NJ GRP	56.3	59.9	71.6	61.3	90.7	87.0	98.8	97.8
New Mexico	MOLINA HEALTHCARE INC GRP	—	—	40.4	40.6	93.4	93.9	88.8	89.9
	HCSC GRP	43.5	—	—	—				
	PRESBYTERIAN HLTHCARE SERV GRP	—	35.5	—	—				
New York	AMERICAN INTL GRP	—	14.4	—	—	42.6	41.8	45.5	52.5
	FREELANCERS HEALTH SERVICE CORPORATION	19.1	—	—	—				
	NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	—	—	17.4	25.1				
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	75.3	60.3	95.6	96.2	98.0	99.1	99.5	99.7
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	77.6	74.5	82.3	85.7	95.1	99.3	99.7	99.6
Ohio	MEDICAL MUTUAL OF OHIO	36.8	35.0	31.4	35.6	66.7	69.2	77.6	70.5
Oklahoma	HCSC GRP	87.8	89.6	93.8	95.5	96.9	99.6	99.7	99.8
Oregon	OREGON DENTAL GRP	40.7	—	—	—	69.7	79.2	76.7	90.1
	PROVIDENCE HEALTH PLAN	—	43.8	46.0	45.3				
Pennsylvania	HIGHMARK GRP	45.2	—	—	—	76.8	68.2	78.1	81.3
	INDEPENDENCE HEALTH GROUP, INC.	—	29.0	37.9	40.0				

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

Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	58.5	60.7	61.5	—	99.5	99.6	99.7	99.7
	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	—	—	—	52.3				
South Carolina	BCBS OF SC GRP	51.3	90.2	95.7	96.5	90.3	99.3	99.7	99.8
South Dakota	AVERA HEALTH PLANS, INC.	—	—	41.2	—	93.5	96.8	98.2	98.4
	WELLMARK GROUP	61.7	49.2	—	36.4				
Tennessee	BCBS OF TN INC	63.2	58.6	26.8	45.0	86.8	86.3	74.5	88.5
Texas	HCSC GRP	64.6	44.6	39.7	37.1	84.5	63.4	73.4	73.4
Utah	IHC INC GRP	50.6	61.0	60.0	85.2	80.4	91.2	97.2	99.8
Vermont	BCBS OF VT GRP	89.5	87.9	80.1	66.8	100.0	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	52.7	45.8	49.9	—	73.4	69.8	75.6	72.4
	CIGNA HLTH GRP	—	—	—	24.9				
Washington	PREMERA BLUE CROSS GROUP	48.1	42.4	—	—	78.6	77.0	70.9	88.1
	KAISER FOUNDATION GRP	—	—	29.7	47.6				
West Virginia	HIGHMARK GRP	90.5	90.9	78.2	67.6	98.4	98.8	98.3	98.4
Wisconsin	MOLINA HEALTHCARE INC GRP	—	20.2	23.8	—	42.9	50.0	50.4	53.5
	WISCONSIN PHYSICIANS SERV INS GRP	15.0	—	—	—				
	COMMON GROUND HEALTHCARE COOPERATIVE	—	—	—	23.3				
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	58.9	94.7	96.1	96.8	92.8	99.2	99.7	99.7

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-21-34

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 II: Federally Facilitated Individual Market Exchange Enrollment Compared to the Individual Market, 2018

This table presents a) covered life-years in each state's individual market health insurance exchange, b) covered life-years in each state's overall individual market, and c) covered life-years as a proportion of each state's overall individual market for the 39 states using a federally facilitated exchange in 2018.

Table 4: Covered Life-Years in Each State's Individual Market Federally Facilitated Health Insurance Exchange as a Proportion of Total Covered Life-Years in the Overall Individual Market, 2018

State	Covered life-years, individual market federally facilitated exchange	Covered life-years, overall individual market	Individual exchange covered life-years as a proportion of overall market (%)
U.S. Total	7,149,658	9,897,642	72.2
Alabama	144,889	197,891	73.2
Alaska	15,395	19,146	80.4
Arizona	138,395	208,328	66.4
Arkansas	55,389	347,119	16.0
Delaware	19,263	24,075	80.0
Florida	1,446,987	1,817,108	79.6
Georgia	362,858	400,908	90.5
Hawaii	16,050	35,212	45.6
Illinois	276,051	429,326	64.3
Indiana	133,187	150,576	88.5
Iowa	40,193	108,271	37.1
Kansas	79,794	118,601	67.3
Kentucky	73,133	108,589	67.3
Louisiana	82,978	135,770	61.1
Maine	64,089	72,763	88.1
Michigan	242,314	365,906	66.2
Mississippi	65,221	117,224	55.6
Missouri	196,898	264,509	74.4
Montana	40,784	53,969	75.6
Nebraska	76,023	109,258	69.6
Nevada	69,965	107,005	65.4
New Hampshire	38,896	90,823	42.8
New Jersey	220,602	318,410	69.3
New Mexico	40,637	58,479	69.5
North Carolina	427,785	539,601	79.3
North Dakota	19,406	45,819	42.4

**Appendix II: Federally Facilitated Individual
Market Exchange Enrollment Compared to the
Individual Market, 2018**

State	Covered life-years, individual market federally facilitated exchange	Covered life-years, overall individual market	Individual exchange covered life- years as a proportion of overall market (%)
Ohio	185,151	287,684	64.4
Oklahoma	125,294	153,387	81.7
Oregon	127,401	189,859	67.1
Pennsylvania	332,960	471,142	70.7
South Carolina	173,445	234,830	73.9
South Dakota	26,106	57,046	45.8
Tennessee	192,009	255,781	75.1
Texas	888,153	1,122,989	79.1
Utah	167,768	215,713	77.8
Virginia	315,859	378,060	83.5
West Virginia	21,303	27,087	78.6
Wisconsin	185,361	230,940	80.3
Wyoming	21,666	28,438	76.2

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

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 it may differ from other measures of market size.

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

The four tables below present information on the number of participating issuers and the market share of the largest issuers in each state's individual market exchange, from 2015 through 2018, for the 39 states using a federally facilitated exchange in 2018. Specifically: table 5 presents the total number of exchange issuers in each state; table 6 presents the average number of exchange issuers across each state's rating areas; table 7 presents the names and market shares of the single largest exchange issuer and the market share of the largest three issuers, for each state; and table 8 presents the average market share of the largest issuer across each state's rating areas.

Table 5: Number of Issuers in Each State's Federally Facilitated Individual Market Health Insurance Exchange, 2015 through 2018

State	Number of issuers			
	2015	2016	2017	2018
Alabama	3	3	1	2
Alaska	2	2	1	1
Arizona	12	8	2	2
Arkansas	4	5	4	4
Delaware	2	2	2	1
Florida	11	7	5	4
Georgia	9	8	5	4
Hawaii	n/a ^a	2	2	2
Illinois	8	7	5	4
Indiana	9	8	4	2
Iowa	4	4	4	1
Kansas	3	3	3	3
Kentucky	5	7	3	2
Louisiana	5	4	3	2
Maine	3	3	3	2
Michigan	13	11	9	7
Mississippi	3	3	2	1
Missouri	6	6	4	3
Montana	4	3	3	3
Nebraska	4	4	2	1
Nevada	5	3	3	2
New Hampshire	5	5	4	3
New Jersey	5	5	2	3
New Mexico	5	4	4	4

**Appendix III: Number and Market Share of
Issuers in Federally Facilitated Individual
Market Exchanges, 2015-2018**

State	Number of issuers			
	2015	2016	2017	2018
North Carolina	3	3	2	2
North Dakota	3	3	3	2
Ohio	16	15	10	8
Oklahoma	4	2	1	1
Oregon	10	10	6	5
Pennsylvania	9	8	5	6
South Carolina	4	3	1	1
South Dakota	3	2	2	2
Tennessee	5	4	3	3
Texas	14	16	10	8
Utah	6	4	3	2
Virginia	7	9	10	6
West Virginia	1	2	2	2
Wisconsin	15	15	14	11
Wyoming	2	1	1	1

Legend: n/a = not applicable.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: One state, Kentucky, had a state-based exchange in 2015 and 2016 but a federally facilitated exchange in 2017 and 2018. We previously collected data from Kentucky on its state-based exchange enrollment in 2015 and 2016, which we present alongside federal data from 2017 and 2018 in this report. 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 for 2015.

**Appendix III: Number and Market Share of
Issuers in Federally Facilitated Individual
Market Exchanges, 2015-2018**

Table 6: Average Number of Federally Facilitated Individual Market Health Insurance Exchange Issuers Participating in a State's Rating Areas, by State, 2015 through 2018

Weighted average number of issuers participating in states' rating areas				
State	2015	2016	2017	2018
Alabama	2.3	2.4	1.0	1.2
Alaska	2.0	2.0	1.0	1.0
Arizona	11.0	6.3	1.2	1.2
Arkansas	3.7	5.0	3.9	3.9
Delaware	2.0	2.0	2.0	1.0
Florida	6.1	4.4	2.9	2.5
Georgia	7.8	6.9	3.9	2.4
Hawaii	n/a ^a	2.0	2.0	2.0
Illinois	5.7	5.2	2.6	2.4
Indiana	6.9	6.7	3.9	1.9
Iowa	2.6	3.4	3.4	1.0
Kansas	2.4	2.4	2.4	2.3
Kentucky	4.8	6.4	2.3	1.6
Louisiana	4.1	3.5	2.5	2.0
Maine	3.0	3.0	3.0	2.0
Michigan	7.6	6.2	6.2	5.1
Mississippi	2.9	2.9	1.9	1.0
Missouri	3.3	3.7	2.0	1.9
Montana	4.0	3.0	3.0	3.0
Nebraska	3.9	4.0	2.0	1.0
Nevada	4.1	2.9	2.9	1.9
New Hampshire	5.0	5.0	4.0	3.0
New Jersey	5.0	5.0	2.0	3.0
New Mexico	5.0	4.0	4.0	4.0
North Carolina	2.7	2.7	1.3	1.2
North Dakota	3.0	3.0	3.0	1.9
Ohio	10.0	9.8	4.9	4.2
Oklahoma	3.6	2.0	1.0	1.0
Oregon	8.2	7.7	4.6	4.0
Pennsylvania	4.9	4.0	2.0	2.2
South Carolina	3.6	1.7	1.0	1.0
South Dakota	3.0	2.0	2.0	2.0
Tennessee	4.1	3.1	1.5	1.3
Texas	7.7	7.3	3.5	3.6

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

Weighted average number of issuers participating in states' rating areas				
State	2015	2016	2017	2018
Utah	5.3	3.1	2.8	2.0
Virginia	4.4	5.6	5.4	3.3
West Virginia	1.0	1.3	1.8	1.8
Wisconsin	6.3	6.9	5.1	3.7
Wyoming	2.0	1.0	1.0	1.0

Legend: n/a = not applicable.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: One state, Kentucky, had a state-based exchange in 2015 and 2016 but a federally facilitated exchange in 2017 and 2018. We previously collected data from Kentucky on its state-based exchange enrollment in 2015 and 2016, which we present alongside federal data from 2017 and 2018 in this report. 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 for 2015.

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

Table 7: Market Share of the Single Largest and Three Largest Issuers in Each State’s Federally Facilitated Individual Market Health Insurance Exchange, 2015 through 2018

State	Largest issuer name	Market share of single largest issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Alabama	BCBS OF AL GRP	80.9	67.3	100.0	99.3	100.0	100.0	100.0	100.0
Alaska	OREGON DENTAL GRP	71.3	69.8	—	—	100.0	100.0	100.0	100.0
	PREMERA BLUE CROSS GROUP	—	—	100.0	100.0				
Arizona	CENTENE CORP GRP	32.4	—	72.6	74.1	80.8	76.3	100.0	100.0
	UNITEDHEALTH GRP	—	37.6	—	—				
Arkansas	ARKANSAS BCBS GRP	94.2	91.9	68.7	60.7	100.0	99.2	99.9	99.5
Delaware	HIGHMARK GRP	91.9	90.5	54.7	100.0	100.0	100.0	100.0	100.0
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	26.3	40.1	58.9	68.1	66.1	72.5	97.4	100.0
Georgia	HUMANA GRP	56.7	32.4	—	—	84.9	68.9	93.1	100.0
	WELLPOINT INC GRP	—	—	48.1	—				
	CENTENE CORP GRP	—	—	—	52.3				
Hawaii	n/a ^a	n/a ^a	—	—	—	n/a ^a	100.0	100.0	100.0
	HAWAII MEDICAL SERVICE ASSOCIATION	—	58.6	52.8	50.7				
Illinois	HCSC GRP	77.4	57.1	66.0	72.8	94.4	77.3	90.7	100.0
Indiana	WELLPOINT INC GRP	47.0	30.4	—	—	74.7	66.1	80.3	100.0
	CENTENE CORP GRP	—	—	35.6	—				
	CARESOURCE MANAGEMENT GROUP	—	—	—	52.3				
Iowa	AETNA GRP	97.4	72.8	67.0	—	99.9	99.8	99.2	100.0
	MEDICA GRP	—	—	—	100.0				
Kansas	AETNA GRP	55.6	—	—	—	100.0	100.0	100.0	100.0
	BCBS OF KS GRP	—	62.2	61.3	63.0				
Kentucky	KENTUCKY HEALTH COOPERATIVE	64.3	—	—	—	93.7	87.5	100.0	100.0
	WELLPOINT INC GRP	—	62.7	59.8	—				
	CARESOURCE MANAGEMENT GROUP	—	—	—	65.5				
Louisiana	LOUISIANA HLTH SERV GRP	53.3	47.9	68.2	90.2	89.1	89.3	100.0	100.0
Maine	MAINE COMMUNITY HEALTH OPTIONS	81.0	67.5	42.4	60.3	100.0	100.0	100.0	100.0
Michigan	BCBS OF MI GRP	67.5	55.5	49.5	61.9	88.0	87.8	86.0	94.1
Mississippi	HUMANA GRP	38.2	—	—	—	100.0	100.0	100.0	100.0

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

State	Market share of single largest issuer (%)				Market share of the largest three issuers (%)				
	Largest issuer name	2015	2016	2017	2018	2015	2016	2017	2018
Missouri	CENTENE CORP GRP	—	50.3	90.4	100.0				
	AETNA GRP	58.3	35.6	—	—	86.2	71.2	91.9	100.0
	WELLPOINT INC GRP	—	—	44.7	—				
	CIGNA HLTH GRP	—	—	—	48.0				
Montana	HCSC GRP	46.1	61.5	43.5	—	98.2	100.0	100.0	100.0
	MONTANA HEALTH COOPERATIVE	—	—	—	50.3				
Nebraska	AETNA GRP	60.4	47.8	56.0	—	96.5	93.9	100.0	100.0
	MEDICA GRP	—	—	—	100.0				
Nevada	UNITEDHEALTH GRP	42.5	56.1	56.6	63.7	86.9	100.0	100.0	100.0
New Hampshire	WELLPOINT INC GRP	60.2	46.0	—	80.6	92.7	96.0	99.8	100.0
	MINUTEMAN HEALTH, INC	—	—	43.5	—				
New Jersey	BCBS OF NJ GRP	54.0	60.1	68.3	54.6	95.5	89.9	100.0	100.0
New Mexico	HCSC GRP	40.3	—	—	—	89.1	93.4	97.0	98.1
	MOLINA HEALTHCARE INC GRP	—	40.0	62.0	58.0				
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	67.3	46.5	95.6	96.3	100.0	100.0	100.0	100.0
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	69.0	54.0	71.1	80.0	100.0	100.0	100.0	100.0
Ohio	MEDICAL MUTUAL OF OHIO	27.0	—	—	—	61.3	63.2	74.3	89.9
	CARESOURCE MANAGEMENT GROUP	—	28.8	31.7	40.7				
Oklahoma	HCSC GRP	97.5	94.9	100.0	100.0	99.8	100.0	100.0	100.0
Oregon	OREGON DENTAL GRP	41.9	—	—	—	80.3	82.5	82.0	98.3
	PROVIDENCE HEALTH PLAN	—	51.2	50.4	47.8				
Pennsylvania	HIGHMARK GRP	46.1	—	—	—	81.4	67.1	77.3	98.2
	INDEPENDENCE HEALTH GROUP, INC.	—	31.0	39.4	40.6				
South Carolina	CONSUMERS' CHOICE HEALTH INSURANCE COMPANY	42.5	—	—	—	99.7	100.0	100.0	100.0
	BCBS OF SC GRP	—	95.5	100.0	100.0				
South Dakota	AVERA HEALTH PLANS, INC.	52.9	73.2	75.5	50.6	100.0	100.0	100.0	100.0
Tennessee	BCBS OF TN INC	77.6	65.6	35.2	55.0	99.3	92.3	100.0	100.0
Texas	HCSC GRP	64.9	39.6	27.8	27.0	84.7	63.5	73.6	95.4
Utah	IHC INC GRP	49.1	61.9	55.2	88.5	82.7	99.1	100.0	100.0
Virginia	WELLPOINT INC GRP	39.8	38.2	43.6	—	71.9	67.8	74.3	98.9
	CIGNA HLTH GRP	—	—	—	29.3				

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

State	Market share of single largest issuer (%)				Market share of the largest three issuers (%)				
	Largest issuer name	2015	2016	2017	2018	2015	2016	2017	2018
West Virginia	HIGHMARK GRP	100.0	95.9	79.4	67.5	100.0	100.0	100.0	100.0
Wisconsin	COMMON GROUND HEALTHCARE COOPERATIVE	17.1	—	—	27.7	46.7	57.6	58.7	95.8
	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	100.0	100.0

Legend: n/a = not applicable.

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-21-34

Note: One state, Kentucky, had a state-based exchange in 2015 and 2016 but a federally facilitated exchange in 2017 and 2018. We previously collected data from Kentucky on its state-based exchange enrollment in 2015 and 2016, which we present alongside federal data from 2017 and 2018 in this report. 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 for 2015.

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

Table 8: Average Market Share of the Largest Issuer across a State's Rating Areas, Federally Facilitated Individual Market Health Insurance Exchanges, 2015 through 2018

Weighted average market share of the largest issuer across states' rating areas				
State	2015	2016	2017	2018
Alabama	80.9	68.0	100.0	99.3
Alaska	71.3	69.8	100.0	100.0
Arizona	38.8	42.3	98.3	98.8
Arkansas	94.2	91.9	68.7	60.7
Delaware	91.9	90.5	54.7	100.0
Florida	58.7	62.0	70.5	69.9
Georgia	60.7	38.1	58.5	75.7
Hawaii	n/a ^a	58.6	52.8	50.7
Illinois	78.4	61.1	70.9	75.2
Indiana	47.8	32.5	46.4	68.5
Iowa	97.4	75.5	72.6	100.0
Kansas	66.1	82.7	90.7	84.1
Kentucky	65.3	63.4	67.4	89.8
Louisiana	53.3	49.9	69.7	90.2
Maine	81.0	67.5	42.4	61.5
Michigan	67.7	57.9	56.0	62.2
Mississippi	56.9	54.3	90.4	100.0
Missouri	66.3	51.9	73.6	77.5
Montana	46.8	61.5	51.7	50.3
Nebraska	60.4	47.8	73.7	100.0
Nevada	47.9	63.4	67.2	72.4
New Hampshire	60.2	46.0	43.5	80.6
New Jersey	54.0	60.1	68.3	54.6
New Mexico	42.6	43.6	68.8	58.0
North Carolina	69.6	60.4	95.6	96.3
North Dakota	72.2	60.3	71.1	88.8
Ohio	41.1	39.2	45.1	48.6
Oklahoma	97.5	94.9	100.0	100.0
Oregon	41.9	55.6	55.0	53.6
Pennsylvania	73.3	64.4	79.6	82.3
South Carolina	59.2	95.5	100.0	100.0
South Dakota	60.7	73.2	75.5	65.6
Tennessee	77.6	65.6	83.7	87.1
Texas	69.4	43.5	53.3	51.6

Appendix III: Number and Market Share of Issuers in Federally Facilitated Individual Market Exchanges, 2015-2018

Weighted average market share of the largest issuer across states' rating areas				
State	2015	2016	2017	2018
Utah	54.5	61.9	61.6	88.5
Virginia	51.2	50.7	56.6	78.8
West Virginia	100.0	95.9	81.1	73.7
Wisconsin	51.8	54.1	57.5	60.1
Wyoming	61.3	100.0	100.0	100.0

Legend: n/a = not applicable.

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

Note: One state, Kentucky, had a state-based exchange in 2015 and 2016 but a federally facilitated exchange in 2017 and 2018. We previously collected data from Kentucky on its state-based exchange enrollment in 2015 and 2016, which we present alongside federal data from 2017 and 2018 in this report. 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 for 2015.

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

The two tables below present information on a) the participation of issuers in each state's small group health insurance market from 2011 through 2018 and b) the market share of the largest and three largest issuers from 2015 through 2018.

Table 9: Number of Issuers in Each State's Small Group Health Insurance Market, 2011 through 2018

State	Number of Issuers							
	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	11	9	8	7	6	5	4	3
Alaska	7	6	6	6	5	4	4	4
Arizona	14	12	12	13	12	8	7	7
Arkansas	13	12	11	11	9	6	6	4
California	27	27	22	22	18	15	13	14
Colorado	11	11	9	9	10	8	6	6
Connecticut	11	8	7	9	9	7	6	6
Delaware	9	8	8	6	4	3	3	3
District of Columbia	9	7	6	6	7	5	5	5
Florida	16	13	14	13	12	9	8	9
Georgia	23	22	20	16	14	9	9	7
Hawaii	6	6	6	6	5	5	5	5
Idaho	11	10	11	10	11	10	9	9
Illinois	26	27	21	18	14	13	12	9
Indiana	27	26	24	20	18	16	11	9
Iowa	17	15	15	15	14	11	11	9
Kansas	17	14	13	10	8	6	6	5
Kentucky	10	8	9	8	8	5	5	5
Louisiana	12	10	11	10	8	6	5	5
Maine	8	6	5	5	6	5	5	5
Maryland	8	8	8	7	6	5	5	4
Massachusetts	13	14	13	13	11	12	11	9
Michigan	25	24	24	22	21	16	15	13
Minnesota	10	9	9	9	8	8	7	6
Mississippi	10	9	8	8	7	5	4	3
Missouri	19	19	17	13	11	8	8	7
Montana	10	9	8	9	8	6	5	5
Nebraska	17	15	12	12	8	7	4	3
Nevada	17	16	14	14	12	8	8	8
New Hampshire	9	7	6	7	6	6	5	4

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

State	Number of Issuers							
	2011	2012	2013	2014	2015	2016	2017	2018
New Jersey	7	7	6	7	7	7	6	7
New Mexico	11	8	7	7	4	4	4	5
New York	16	14	14	16	15	16	17	16
North Carolina	16	14	13	10	10	5	5	4
North Dakota	6	6	6	6	5	5	4	4
Ohio	30	29	25	24	22	17	13	10
Oklahoma	18	16	15	11	9	8	6	5
Oregon	9	8	8	13	14	14	13	8
Pennsylvania	21	19	19	16	14	11	10	10
Rhode Island	4	4	3	5	4	4	4	4
South Carolina	15	13	12	10	8	5	4	3
South Dakota	12	11	11	11	8	7	6	5
Tennessee	15	14	14	13	11	6	5	4
Texas	27	25	23	21	18	16	14	11
Utah	12	13	12	11	10	8	8	8
Vermont	4	3	3	3	3	3	2	2
Virginia	20	15	17	15	12	11	11	10
Washington	13	12	13	12	9	8	6	7
West Virginia	14	13	12	9	6	5	5	4
Wisconsin	27	26	24	24	23	21	21	18
Wyoming	9	7	7	7	6	4	3	2

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

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

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

Table 10: Market Share of the Single Largest and Three Largest Issuers in Each State’s Small Group Health Insurance Market, 2015 through 2018

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Alabama	BCBS OF AL GRP	97.0	96.8	96.1	96.4	99.9	100.0	100.0	100.0
Alaska	PREMERA BLUE CROSS GROUP	70.6	60.0	70.6	85.3	88.8	93.0	95.4	97.6
Arizona	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	25.0	—	—	—	67.4	76.5	82.7	86.9
	UNITEDHEALTH GRP	—	30.7	42.0	47.6				
Arkansas	ARKANSAS BCBS GRP	66.8	61.0	63.9	62.3	97.9	98.0	98.1	97.3
California	KAISER FOUNDATION GRP	34.4	36.2	37.5	38.9	73.8	74.9	76.0	79.3
Colorado	WELLPOINT INC GRP	28.0	—	—	—	77.3	81.6	92.0	93.8
	UNITEDHEALTH GRP	—	33.4	40.0	46.1				
Connecticut	WELLPOINT INC GRP	—	—	40.3	42.6	80.2	76.5	77.7	84.7
	HIP INS GRP	37.5	33.4	—	—				
Delaware	HIGHMARK GRP	69.6	74.0	74.4	85.5	100.0	100.0	100.0	100.0
District of Columbia	CAREFIRST INC GRP	82.9	82.0	80.4	78.6	96.6	96.6	96.8	97.5
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	35.2	37.0	42.3	39.8	81.7	83.1	81.7	85.1
Georgia	WELLPOINT INC GRP	29.0	—	—	—	78.4	81.0	80.2	87.1
	HUMANA GRP	—	35.2	37.7	39.5				
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	47.3	48.2	48.4	49.1	86.3	87.7	88.1	89.7
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	53.7	47.7	42.0	48.9	95.6	97.7	95.9	94.2
Illinois	HCSC GRP	65.0	69.8	72.9	73.4	87.7	90.2	93.6	95.4
Indiana	WELLPOINT INC GRP	51.9	49.2	52.0	53.3	83.5	82.8	87.2	92.0
Iowa	WELLMARK GROUP	77.5	82.6	84.2	81.9	95.2	96.8	97.3	98.1
Kansas	BCBS OF KS GRP	63.8	63.7	61.3	56.8	84.0	85.8	87.5	87.8
Kentucky	WELLPOINT INC GRP	50.8	49.7	50.2	51.0	95.8	96.3	96.8	99.6
Louisiana	LOUISIANA HLTH SERV GRP	76.4	76.3	81.7	81.5	97.1	98.1	98.9	99.3
Maine	HARVARD PILGRIM HTH CARE GRP	43.8	37.3	37.0	53.0	93.4	83.3	86.7	90.0
Maryland	CAREFIRST INC GRP	67.3	67.5	67.4	69.5	90.8	92.4	93.4	98.8
Massachusetts	BCBS OF MA GRP	42.5	44.0	50.8	53.3	79.3	79.5	80.0	81.6
Michigan	BCBS OF MI GRP	52.4	55.2	56.8	63.3	78.9	83.0	84.3	88.5
Minnesota	HEALTHPARTNERS GRP	42.7	44.1	43.5	43.8	92.0	92.0	87.9	93.1

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

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Mississippi	MISSISSIPPI INS GRP	79.5	82.3	83.8	85.1	99.3	99.0	99.5	100.0
Missouri	WELLPOINT INC GRP	41.7	39.5	38.6	36.5	76.3	77.1	79.1	86.3
Montana	HCSC GRP	70.8	80.1	68.0	55.1	94.7	98.1	99.5	99.3
Nebraska	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	38.2	50.0	62.7	56.9	89.3	95.0	96.2	100.0
Nevada	UNITEDHEALTH GRP	49.6	53.0	57.6	64.8	76.1	78.0	81.0	85.0
New Hampshire	WELLPOINT INC GRP	56.4	—	—	—	99.2	98.9	97.9	98.9
	HARVARD PILGRIM HTH CARE GRP	—	45.8	49.7	43.0				
New Jersey	BCBS OF NJ GRP	54.4	53.2	56.0	63.7	87.8	87.0	88.9	95.8
New Mexico	HCSC GRP	37.9	—	—	—	87.4	89.9	88.6	85.0
	PRESBYTERIAN HLTHCARE SERV GRP	—	31.8	34.5	38.8				
New York	UNITEDHEALTH GRP	42.4	46.3	46.5	51.1	71.2	71.5	70.9	75.5
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	60.0	55.1	46.2	—	96.4	96.3	96.7	98.6
	UNITEDHEALTH GRP	—	—	—	53.5				
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	82.6	83.5	85.1	84.5	99.4	99.7	99.8	99.9
Ohio	WELLPOINT INC GRP	37.3	36.2	36.6	35.4	80.1	80.9	80.3	83.6
Oklahoma	HCSC GRP	71.0	72.9	68.1	68.0	92.6	95.2	96.3	97.9
Oregon	PROVIDENCE HEALTH PLAN	16.1	28.2	37.6	37.9	45.4	56.6	72.8	78.2
Pennsylvania	INDEPENDENCE HEALTH GROUP, INC.	26.1	29.5	31.2	31.3	65.3	68.1	73.1	73.9
Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	78.8	82.4	82.8	81.5	99.6	99.0	98.7	98.0
South Carolina	BCBS OF SC GRP	80.3	85.8	86.0	82.4	97.5	98.4	98.9	100.0
South Dakota	WELLMARK GROUP	60.6	67.1	77.9	75.0	93.1	94.4	94.8	96.2
Tennessee	BCBS OF TN INC	65.4	63.4	63.0	64.6	97.1	98.4	98.5	99.7
Texas	HCSC GRP	60.0	56.9	65.0	69.4	89.7	91.4	92.4	94.2
Utah	IHC INC GRP	54.8	61.2	67.4	71.7	83.7	91.7	91.7	94.2
Vermont	BCBS OF VT GRP	88.7	89.2	86.7	65.7	100.0	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	44.6	43.9	43.2	40.4	72.8	70.2	72.9	79.6
Washington	PREMERA BLUE CROSS GROUP	56.3	53.2	36.0	36.8	81.7	86.0	89.4	91.4
West Virginia	HIGHMARK GRP	80.8	80.8	83.1	81.1	98.2	97.4	95.1	99.3

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

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Wisconsin	UNITEDHEALTH GRP	33.6	39.4	28.9	31.5	56.2	56.6	52.0	57.2
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	69.7	85.1	86.0	85.9	92.3	99.1	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. | GAO-21-34

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 V: Number of Issuers and Market Share of Largest Issuers Participating in Large Group Health Insurance Market

The two tables below present information on a) the participation of issuers in each state's large group health insurance market from 2011 through 2018 and b) the market share of the single largest and three largest issuers from 2015 through 2018.

Table 11: Number of Issuers in Each State's Large Group Health Insurance Market, 2011 through 2018

State	Number of issuers							
	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	7	8	7	7	7	8	6	6
Alaska	6	4	5	5	5	4	4	4
Arizona	13	13	12	12	12	11	9	9
Arkansas	10	10	9	10	10	7	8	8
California	32	28	24	25	24	23	23	25
Colorado	13	10	10	10	10	9	9	9
Connecticut	9	7	5	7	8	8	7	7
Delaware	6	6	6	5	4	5	4	5
District of Columbia	9	7	6	6	7	7	6	7
Florida	14	11	12	11	13	11	10	11
Georgia	16	16	16	14	15	13	11	10
Hawaii	7	7	7	7	6	6	7	6
Idaho	12	9	9	11	12	12	11	11
Illinois	20	21	18	18	19	18	18	17
Indiana	23	24	19	17	16	15	15	14
Iowa	14	14	14	12	13	13	14	13
Kansas	14	13	13	11	10	8	9	8
Kentucky	11	11	8	9	9	8	9	9
Louisiana	9	9	10	10	10	9	8	8
Maine	5	5	5	6	6	6	6	7
Maryland	9	7	6	6	7	6	6	5
Massachusetts	13	12	11	12	13	13	12	11
Michigan	24	25	24	25	25	19	18	17
Minnesota	14	11	11	9	11	11	11	9
Mississippi	9	9	8	9	9	7	7	8
Missouri	18	16	15	14	14	11	10	9
Montana	8	6	7	8	7	8	7	7
Nebraska	10	8	9	10	10	7	8	7
Nevada	14	13	13	13	13	10	12	12
New Hampshire	6	6	6	6	5	8	7	6

Appendix V: Number of Issuers and Market Share of Largest Issuers Participating in Large Group Health Insurance Market

State	Number of issuers							
	2011	2012	2013	2014	2015	2016	2017	2018
New Jersey	9	10	8	9	8	8	8	8
New Mexico	10	8	7	6	6	6	5	6
New York	16	16	15	16	15	16	16	16
North Carolina	13	12	11	10	9	8	7	6
North Dakota	7	8	8	7	7	6	5	7
Ohio	20	21	18	21	21	20	15	14
Oklahoma	12	11	12	11	9	10	8	9
Oregon	12	12	11	11	15	13	13	10
Pennsylvania	17	17	18	17	16	15	17	17
Rhode Island	5	5	4	5	5	4	4	4
South Carolina	12	10	10	8	8	6	7	7
South Dakota	11	11	12	10	7	8	8	8
Tennessee	10	9	9	11	12	9	10	9
Texas	23	22	22	20	21	21	18	16
Utah	12	13	14	13	12	12	12	12
Vermont	4	3	4	4	3	3	3	3
Virginia	14	13	16	16	14	14	13	12
Washington	13	13	12	11	10	10	9	9
West Virginia	11	11	11	8	7	7	5	6
Wisconsin	28	27	27	26	25	23	21	21
Wyoming	6	6	7	7	7	6	4	4

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-21-34

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

Appendix V: Number of Issuers and Market Share of Largest Issuers Participating in Large Group Health Insurance Market

Table 12: Market Share of the Single Largest and Three Largest Issuers in Each State’s Large Group Health Insurance Market, 2015 through 2018

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Alabama	BCBS OF AL GRP	93.6	92.9	93.2	94.1	99.9	99.8	99.7	99.9
Alaska	PREMERA BLUE CROSS GROUP	84.2	83.9	87.9	92.7	97.8	98.5	98.9	99.2
Arizona	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	38.8	38.4	39.6	49.6	82.4	84.7	86.5	85.1
Arkansas	ARKANSAS BCBS GRP	80.6	78.5	77.5	75.5	99.0	97.2	96.4	94.4
California	KAISER FOUNDATION GRP	45.7	47.9	49.9	51.3	74.3	73.6	74.5	75.6
Colorado	KAISER FOUNDATION GRP	46.1	48.5	48.3	48.2	84.8	85.0	87.1	84.5
Connecticut	UNITEDHEALTH GRP	—	—	—	26.8	69.1	71.0	74.6	72.9
	WELLPOINT INC GRP	31.8	29.8	29.4	—				
Delaware	HIGHMARK GRP	67.0	69.8	62.2	68.6	97.6	97.2	94.7	97.4
District of Columbia	AETNA GRP	39.6	37.4	44.5	42.0	82.6	81.3	82.7	80.5
Florida	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	53.2	49.4	46.4	46.6	87.5	87.8	87.8	87.7
Georgia	WELLPOINT INC GRP	46.0	44.1	41.0	36.9	80.8	78.3	76.4	75.1
Hawaii	HAWAII MEDICAL SERVICE ASSOCIATION	69.6	68.9	67.2	66.8	95.8	96.0	95.5	95.4
Idaho	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	68.1	65.5	66.5	67.4	95.1	93.9	93.0	93.2
Illinois	HCSC GRP	67.0	66.4	65.3	68.9	90.5	88.7	88.5	91.0
Indiana	WELLPOINT INC GRP	60.8	61.5	61.8	65.6	89.8	90.2	92.2	92.3
Iowa	WELLMARK GROUP	77.3	77.7	78.0	79.3	96.1	96.3	96.5	95.0
Kansas	BCBS OF KS GRP	57.1	51.6	45.7	46.5	89.0	91.2	89.0	90.5
Kentucky	WELLPOINT INC GRP	70.5	67.4	65.2	67.0	92.4	91.7	92.5	98.3
Louisiana	LOUISIANA HLTH SERV GRP	63.6	65.0	63.9	66.0	87.8	90.6	90.9	92.3
Maine	WELLPOINT INC GRP	70.0	70.3	68.5	68.9	95.6	96.1	94.8	94.5
Maryland	CAREFIRST INC GRP	66.3	65.5	55.1	55.1	90.3	91.1	91.6	91.3
Massachusetts	BCBS OF MA GRP	57.7	58.1	58.2	60.2	83.9	83.3	82.0	83.8
Michigan	BCBS OF MI GRP	54.3	54.9	55.2	57.6	78.2	80.0	80.3	83.4
Minnesota	HEALTHPARTNERS GRP	49.0	45.8	46.1	48.5	95.0	96.0	96.6	97.3
Mississippi	MISSISSIPPI INS GRP	82.0	82.4	82.7	84.3	98.9	98.5	98.5	98.5

Appendix V: Number of Issuers and Market Share of Largest Issuers Participating in Large Group Health Insurance Market

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
Missouri	WELLPOINT INC GRP	31.9	—	36.3	35.9	78.4	80.4	84.8	84.3
	BCBS OF KC GRP	—	29.2	—	—				
Montana	HCSC GRP	83.0	83.4	81.1	82.3	98.3	98.0	97.4	97.9
Nebraska	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	79.1	77.1	73.2	73.5	98.9	99.3	98.3	98.8
Nevada	UNITEDHEALTH GRP	66.5	65.4	65.2	66.4	88.0	88.5	87.4	89.2
New Hampshire	WELLPOINT INC GRP	57.5	57.0	56.0	55.6	99.3	98.2	95.0	94.0
New Jersey	BCBS OF NJ GRP	56.8	54.1	54.1	53.6	84.5	85.5	85.9	85.4
New Mexico	HCSC GRP	60.5	61.8	54.6	55.2	98.4	95.1	93.2	93.0
New York	UNITEDHEALTH GRP	—	—	15.7	16.3	47.6	46.5	45.1	46.3
	LIFETIME HLTHCARE GRP	18.2	17.3	—	—				
North Carolina	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	72.2	68.7	63.1	66.4	96.1	96.3	94.6	95.1
North Dakota	NORIDIAN MUTUAL INSURANCE COMPANY	73.3	49.7	49.0	51.3	99.7	99.9	99.9	99.9
Ohio	WELLPOINT INC GRP	43.1	44.3	44.0	42.2	77.3	80.3	82.8	82.9
Oklahoma	HCSC GRP	54.0	52.5	50.7	54.2	82.1	80.6	79.9	80.7
Oregon	KAISER FOUNDATION GRP	42.1	41.9	42.4	43.6	79.8	78.6	77.4	77.0
Pennsylvania	HIGHMARK GRP	35.9	35.1	35.1	39.3	72.4	68.0	64.0	68.3
Rhode Island	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	77.6	78.0	78.3	77.3	98.0	98.3	98.9	99.6
South Carolina	BCBS OF SC GRP	91.1	88.6	87.7	91.1	98.7	99.0	98.1	98.6
South Dakota	WELLMARK GROUP	58.3	55.1	61.7	64.9	89.5	85.7	90.0	94.4
Tennessee	BCBS OF TN INC	78.4	72.5	70.6	71.8	93.9	89.8	92.0	92.8
Texas	HCSC GRP	48.4	45.9	41.4	43.0	84.6	83.7	84.2	85.0
Utah	IHC INC GRP	43.1	42.1	39.9	41.4	84.6	81.9	83.0	82.6
Vermont	BCBS OF VT GRP	84.9	88.7	92.1	90.6	100.0	100.0	100.0	100.0
Virginia	WELLPOINT INC GRP	61.2	48.3	44.3	41.6	81.5	75.5	70.9	69.3
Washington	GROUP HLTH COOP GRP	32.1	32.6	—	—	84.8	85.3	86.0	82.7
	KAISER FOUNDATION GRP	—	—	34.2	34.1				
West Virginia	HIGHMARK GRP	77.7	78.3	78.1	80.2	98.4	96.6	97.6	98.4
Wisconsin	DEAN HEALTH GRP	14.5	—	—	—	39.8	44.4	51.0	50.6
	WELLPOINT INC GRP	—	15.2	—	—				

Appendix V: Number of Issuers and Market Share of Largest Issuers Participating in Large Group Health Insurance Market

State	Largest issuer name	Market share of the largest single issuer (%)				Market share of the largest three issuers (%)			
		2015	2016	2017	2018	2015	2016	2017	2018
	UNITEDHEALTH GRP	—	—	18.6	—				
	UNIVERSITY HEALTH CARE & GUNDERSEN LUTHERAN GROUP	—	—	—	20.6				
Wyoming	BLUE CROSS BLUE SHIELD OF WYOMING	72.5	74.4	71.2	86.0	92.9	95.5	95.8	99.0

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. | GAO-21-34

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: GAO Contact and Staff Acknowledgments

GAO Contact

John E. Dicken, (202) 512-7114, dickenj@gao.gov

Staff Acknowledgments

In addition to the contact named above, William D. Hadley, Assistant Director; Matthew Green, Analyst-in-Charge; Daniel Emirkhanian; and Giselle Hicks made key contributions to this report. Also contributing were Yesook Merrill; Laurie Pachter; Ethiene Salgado-Rodriguez; Emily Wilson Schwark; and Ravi Sharma.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through our website. Each weekday afternoon, GAO posts on its [website](#) newly released reports, testimony, and correspondence. You can also [subscribe](#) to GAO's email updates to receive notification of newly posted products.

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, <https://www.gao.gov/ordering.htm>.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on [Facebook](#), [Flickr](#), [Twitter](#), and [YouTube](#).
Subscribe to our [RSS Feeds](#) or [Email Updates](#). Listen to our [Podcasts](#).
Visit GAO on the web at <https://www.gao.gov>.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact FraudNet:

Website: <https://www.gao.gov/fraudnet/fraudnet.htm>

Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

Orice Williams Brown, Managing Director, WilliamsO@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

Public Affairs

Chuck Young, Managing Director, youngc1@gao.gov, (202) 512-4800 U.S. Government Accountability Office, 441 G Street NW, Room 7149 Washington, DC 20548

Strategic Planning and External Liaison

Stephen J. Sanford, Acting Managing Director, spel@gao.gov, (202) 512-4707 U.S. Government Accountability Office, 441 G Street NW, Room 7814, Washington, DC 20548

