



Mapping State Health Insurance Markets, 2001: Structure and Change

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About this Monograph

Mapping State Health Insurance Markets, 2001: Structure and Change serves an update to Chollet, D., et al. *Mapping State Health Insurance Markets: Structure and Change in the States' Group and Individual Health Insurance Markets, 1995-1997*. State Coverage Initiatives. Academy for Health Services Research and Health Policy (Academy Health), December 2000. It draws its data from the Health Insurance Database that contains information about every health insurance company that writes at least \$500,000 of major medical coverage in the group or individual market in any state and the District of Columbia. Mathematica Policy Research, Inc. compiled the database in collaboration with the State Coverage Initiatives program. It is available online at www.statecoverage.net/pdf/mapping.pdf.

Please note in this document that all figures are incorporated into the text, but tables can be found separately, beginning on page 11.

Introduction

With growing employment and tight labor markets, employers provided group health insurance coverage to a rising proportion of workers and dependents in the late 1990s. At the same time, the population purchasing individual coverage declined, apparently drawn down by expanding group coverage and rising individual premiums. It seems reasonable to suppose that the supply side of the market during this period changed also, either independent of or in response to changes in demand.

Indeed, this report was prepared in response to many states' perceptions that their health insurance markets have changed significantly in recent years, and perhaps changed relative to other states. It updates 2001 information about state health insurance markets that the State Coverage Initiatives (SCI) program last compiled for 1997.

The data presented in this report are derived from information that all insurers reported to each state and that the National Association of Insurance Commissioners (NAIC) compiles for all states. As of 2001, the largest health insurers reported earned premiums for major medical coverage separately from the many other lines of coverage that are categorized as health insurance, but most states did not also require other insurers to report earned major medical premiums separately.¹ Identifying these insurers' earned premiums for major medical insurance entailed a process of imputation and corroboration by each state's oversight agency; that process is documented in the Appendix (see page 17).

The group health insurance market described in this report includes fully insured large and small group health insurance plans. Typically, these plans are sponsored by employers, but they may also include insured association plans and other groups. Individual health insurance is coverage purchased directly by consumers as individual or family coverage. Our estimates of premium volume exclude both the stop-loss coverage and the administrative services that many insurers sell to self-insured employer plans. Because most large

firms are believed to be self-insured, employees of small and mid-sized firms probably account for most of the group health insurance market described here.

Total premiums are the only measure of size that every insurer is required to report. Thus, our description of markets relies solely on that measure, although it introduces potential ambiguities. For example, insurers that priced to gain market share or marketed high-deductible products may appear smaller, if they had not gained new policyholders in sufficient numbers to raise their total premium volume. Conversely, insurers that raised prices faster than others may have lost covered lives, but may appear to have gained market share if their net premium volume rose.

As a measure of markets, premium volume also has some advantages, however. It implicitly adjusts for changes in product design—for example, the strong growth of high-deductible products observed in some states. It is also a measure salient to insurers themselves, reflecting how they perceive market change and their own position in the market.

The following sections describe the states' group and individual markets, first at the national level and then in some detail by state. We consider the size and distribution of markets among major types of insurers: Blue Cross and Blue Shield (BCBS) plans, commercial insurers, and HMOs. We define all BCBS HMOs as BCBS plans, and we distinguish BCBS plans from commercial plans only on the basis of their having the BCBS designation. Thus, BCBS plans include traditional non-profit organizations as well as the growing number of BCBS plans that have converted to for-profit status. We then consider the size and distribution of markets among types of insurers at the state level, as well as the concentration of markets among a few large carriers in nearly every state. The report concludes with a brief discussion of the implications of change for the states as overseers of their health insurance markets.

National Markets and National Change

Market size and premium levels

In 2001, health insurers in the 50 states and the District of Columbia collectively earned an estimated \$206.8 billion in premiums, including both group and individual premiums.

Nationally, the group health insurance market was nearly 14 times the size of the individual health insurance market (Figure 1). The number of group insurers (counting national insurers by state) outnumbered the number of individual insurers more than three to one.

Between 1997 and 2001, the volume of total group premiums rose 33 percent, equal to an average rate of 7.4 percent per year. This growth reflected changes in the number of insured lives, as well as changes in premiums and covered benefits. Evidence from the Current Population Survey indicates that the number of covered workers and their dependents in private firms declined slightly net of those in self-insured plans between 1997 and 2001. (See Table 1 page 11).

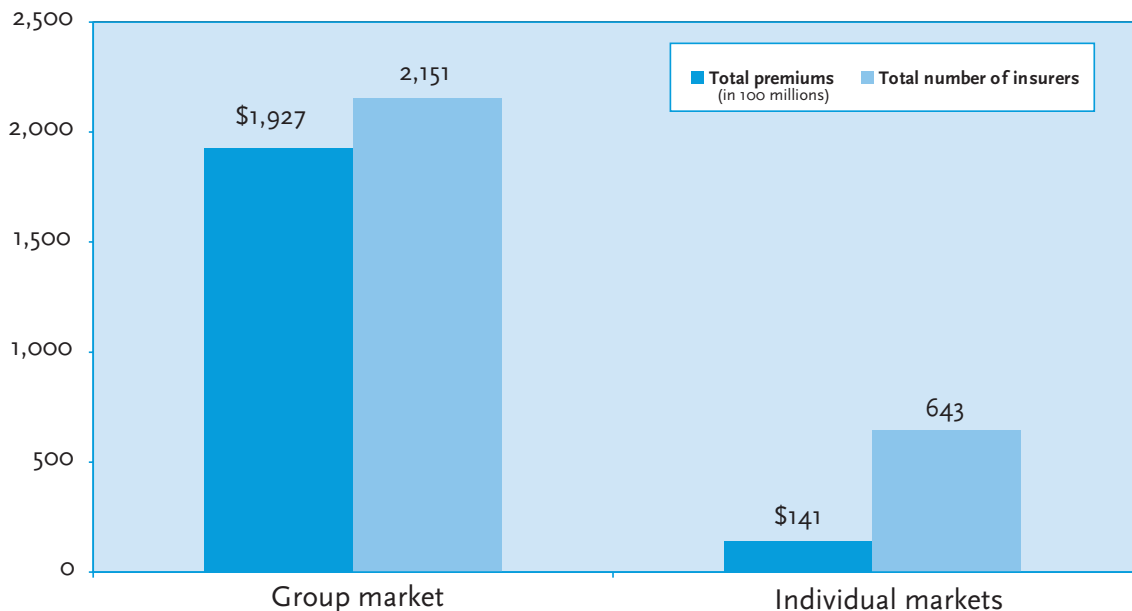
By inference, group premiums per covered life also increased nationally by at least 33 percent, or more than 7 percent per year. From available information, it seems unlikely that changes in health benefits caused much or any of this growth; instead, small group plans may have narrowed benefits during this period.²

Estimated over the same period, individual premiums increased nearly twice as fast as group premiums. Total individual premiums increased 71 percent—an average annual rate of about 14 percent per year—while the number of people reporting individual coverage fell by just more than 1 percent. Net of this small change in covered lives, estimated average premiums (including any changes in covered benefits) grew at least 73 percent in four years—an average rate of nearly 15 percent per year.

Market share by type of insurer

HMOs dominated the group health insurance market nationally in 2001, as they had in 1997,

Figure 1: Total Premium Volume and Number of Insurers: Group and Individual Markets, 2001



Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

but their market share had dwindled. In 2001, HMOs accounted for 42 percent of premiums (Figure 2), compared to 45 percent in 1997 (See Table 2 page 11). In contrast, BCBS plans gained market share between 1997 and 2001, accounting for 39 percent of group premiums in 2001, compared to 36 percent in 1997. Commercial insurers maintained market share over the period, accounting for approximately 19 percent of group premiums in both years.

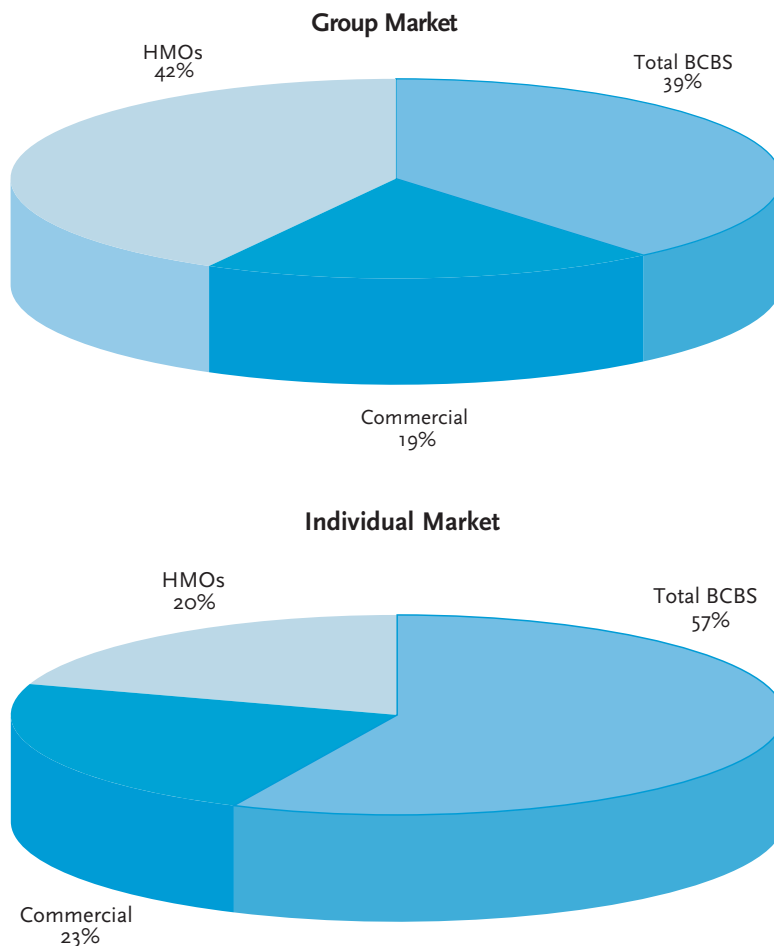
BCBS plans also made gains in the individual market, holding 57 percent of the market in 2001 compared to less than 50 percent in 1997. As in the group market, these gains came at the expense of HMOs: HMOs' share of the individual market dropped from 26 percent in 1997 to 20 percent in 2001. Commercial insurers' 23 percent share of the market remained stable.

Consistent with BCBS plans' gains in market share, BCBS premium volume grew rapidly between 1997 and 2001. BCBS plans' total group premiums increased 43 percent, while their individual premiums nearly doubled (See Table 3 page 11). Reflecting HMOs' loss of market share, HMO premium volume grew relatively slowly: just 23 percent in the group market and 32 percent in the individual market. Commercial insurers' aggregate group premiums grew more slowly than BCBS premiums, but faster than HMOs' premiums—by 36 percent in the group market and 65 percent in the individual market.

Market concentration and insurer size

Both the group and individual insurance markets became more concentrated between 1997 and 2001, as some insurers were acquired, merged, or left the market. However, in both markets, the net change was gradual: the number of insurers writing in the group market declined by 12 percent, and the number writing individual coverage declined just 7 percent. Counting national insurers once per each state in which they earned premiums, 2,151 insurers were writing group coverage in 2001, and 643 insurers were writing individual coverage (See Table 3 page 11).

Figure 2: Market Share by Insurer Type (Total U.S.), 2001

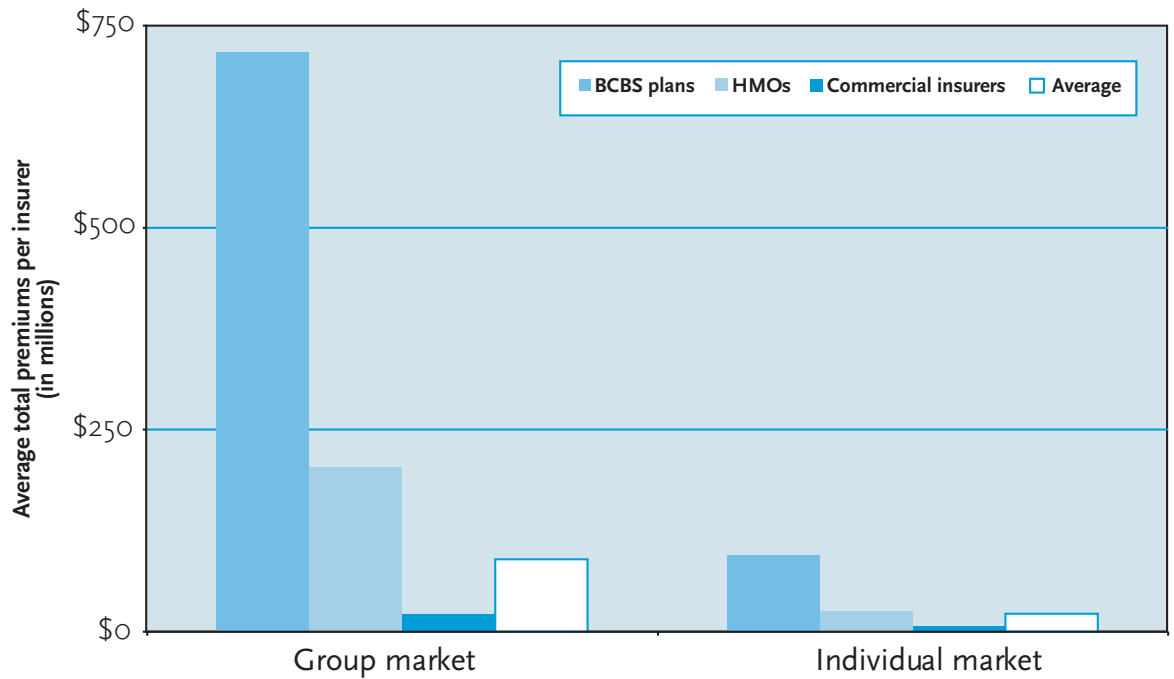


Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

For BCBS plans and HMOs, these changes were more dramatic. Fewer than commercial insurers to begin with, BCBS plans and HMOs accounted for nearly all of the concentration that occurred between 1997 and 2001. In total, the number of BCBS plans writing group coverage declined by 26 percent (to 105 BCBS plans in 2001), as some plans merged, closed their HMOs, or shed their BCBS designation as they converted to for-profit. In the individual market, the number of BCBS plans writing coverage fell by 11 percent (to 84 BCBS plans in 2001).

Net of acquisitions, mergers, entry, and exit, the number of HMOs writing coverage in the group market fell nearly one-third between 1997 and 2001—more than the rate of decline in the number of BCBS plans. In 2001, 394 HMOs

Figure 3: Average Premium Volume Per Insurer by Type of Insurer, 2001



Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

were writing group coverage. In the individual market, where HMO penetration has been lower historically, the number of HMOs dropped 24 percent, to 112.

The concentration of BCBS plans, together with their gain in market share, contributed to very high growth in the average size of BCBS plans. Between 1997 and 2001, average premium volume per BCBS plan jumped 94 percent. In 2001, the average BCBS plan earned \$717 million in group premiums and \$95 million in individual premiums—about three-and-a-half times the earned premium volume of the average HMO in either market (Figure 3). The average BCBS plan also dwarfed most commercial insurers. Compared to the average commercial insurer (the great majority earning very small premium volume in any one state), the average BCBS plan was eight times as large in the group market and nearly 13 times as large in the individual market.

Like BCBS plans, the average HMO was significantly larger than in 1997 (although still much smaller than the average BCBS plan). Between 1997 and 2001, average HMO premium volume rose 84 percent in the group market and 76 percent in the individual market.

In contrast to the concentration of BCBS plans and HMOs in both the group and individual markets, the very large number of commercial insurers writing coverage was remarkably stable between 1997 and 2001, declining just 4 percent, to 1,652 commercial insurers in 2001. The number of commercial insurers in the individual market also remained approximately the same (nearly 450) in 2001 as in 1997. As a result, the average commercial insurers' premium volume grew much more slowly than either BCBS plans or HMOs—at a rate less than half that experienced by BCBS plans in either the group or individual market.

State Markets

Number of insurers

In 2001, the number of insurers writing coverage in either the group or individual health insurance markets varied widely among the states. Not surprisingly, the most populous states (California, Florida, New York, and Texas) had the largest number of insurers, and the least populous states (Rhode Island, South Dakota, and Vermont) were among those with the fewest insurers. However, in general, less populous states had a larger number of insurers per capita than more populous states in both the group and individual market in 2001, as they had in 1997.

With more than 60 insurers, California had the fewest group insurers per capita of any state in 2001 (as it had in 1997), with just more than two insurers per million population (Figure 4). Kentucky, with 10 insurers in the group market, had about the same number of insurers per capita as Florida, New Jersey, New York, North Carolina, and Texas. Delaware and Wyoming, with 29 and 20 group insurers, respectively, had the equivalent of approximately 40 insurers per million population. Alaska, Montana, and New Hampshire also had very high numbers of group insurers per capita relative to other states: more than 20 insurers per million population.

In the individual market, the states typically have fewer insurers in total and also fewer per capita. In 2001, most states had 10 or fewer individual insurers. Again, states with smaller populations typically had relatively few individual insurers, but many more per population than states with greater population size. Three states (Montana, North Dakota, and Wyoming) had 35 or more individual insurers per million population (Figure 5). In contrast, 16 states had two or fewer insurers per million population in the individual market; three states—California, Connecticut, and Kentucky—had fewer than one insurer per million nonelderly population.

Change in the number of insurers

Between 1997 and 2001, the gradual change in number of insurers in the group or individual market nationally masked much greater and offsetting changes in many states. In the group market, the number of insurers declined by one third or more in eight states³ (See Table 4 page 12). In 11 states, the number of group insurers increased, but typically by just a few insurers. In four states, the number of group insurers increased more than 10 percent (Nevada, New Hampshire, Utah, and Wisconsin) and as much as 23 percent (New Hampshire). Relative to population size, the number of group insurers declined in every state (Figure 6).

The number of insurers writing individual coverage was substantially more volatile in many states, reflecting the much lower base of insurers in that market. Between 1997 and 2001, the number of insurers writing individual coverage dropped by one-third or more in 12 states.⁴ However, in six states, the number of insurers writing individual coverage increased from 44 percent (California) to 200 percent (Idaho)⁵ (Figure 7).

Market concentration and change in concentration

In most states, health insurance markets were highly concentrated: one to three large insurers accounted for most of the market, and other insurers (in most states the vast majority of insurers) each held very little market share. In 2001, the largest insurer held at least half of the group market in 12 states;⁶ in four states the largest insurer held more than 75 percent of the group market (Alabama, Alaska, and Hawaii) and as much as 91 percent (North Dakota). In all but nine states, the largest three insurers held more than half of the group market (See Table 5 page 13), while the smallest 50 percent of insurers never held more than 8 percent.

The individual market was yet more concentrated: in 34 states just one large insurer held at least half of the individual market in 2001—and in 10 states, at least 75 percent (See Table 6 page 14). In Alaska,

Arkansas, Kentucky, and Rhode Island, the individual market was in effect a monopoly: in each, the largest insurer held more than 90 percent of the market. In nearly all other states, just one or two large insurers held the balance of the market. Only in Colorado, Florida, Missouri, and Wisconsin did the largest three insurers collectively hold less than two-thirds of the individual market.

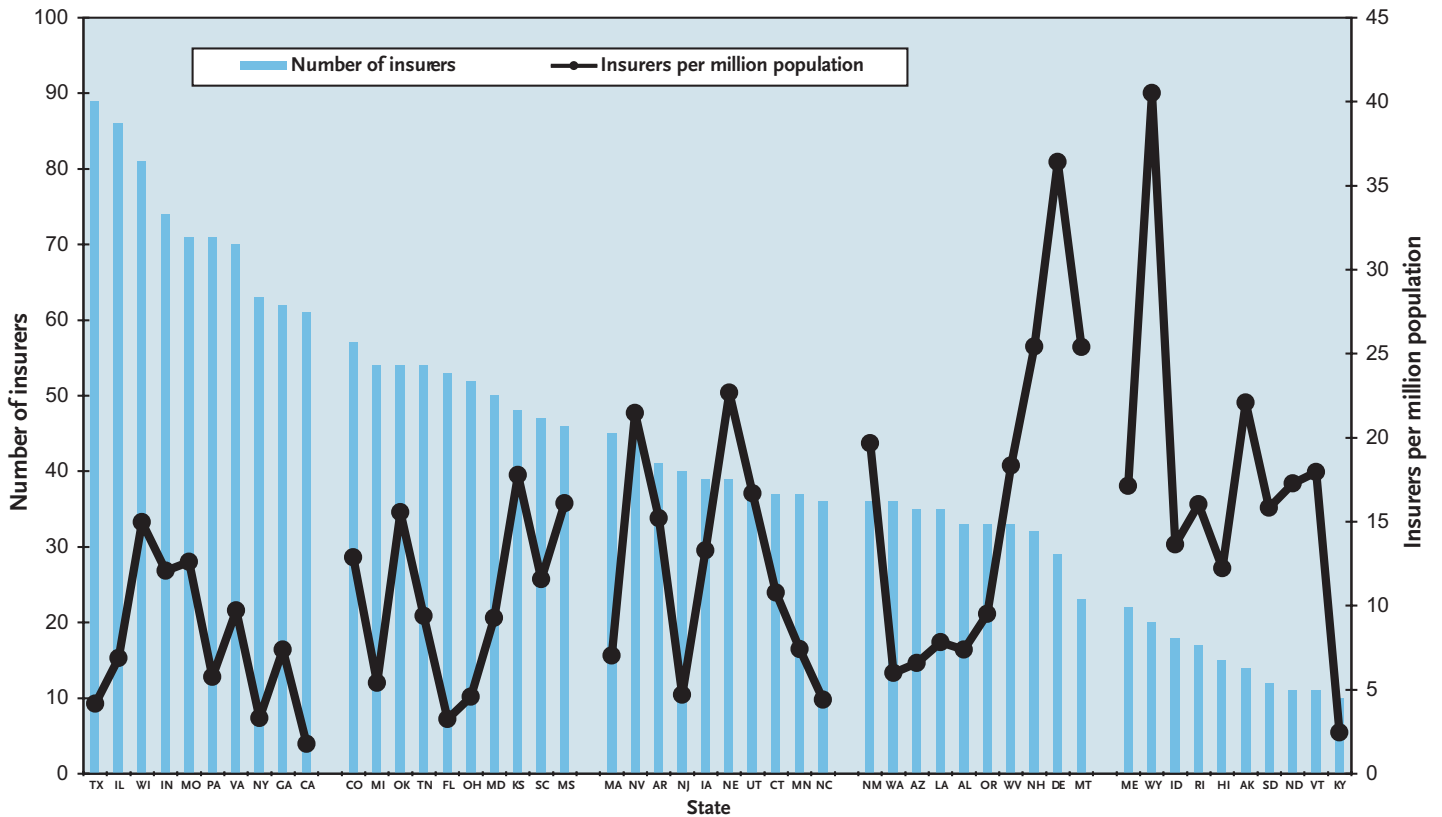
Reflecting the smaller number of insurers in the individual market, the smallest individual insurers may hold a somewhat greater market share than the smallest group insurers do, although their premium volume (collectively and per insurer) is typically very small. Still, in nearly all states, the smallest 50 percent of insurers collectively accounted for less than 10 percent of the market.

In most states, and in both the group and individual market, the largest insurer continued to gain market share between 1997 and 2001. In the group market, these gains were notable in Alaska, Connecticut, and Tennessee (where the largest group insurer gained more than 20 points of mar-

ket share), and in Massachusetts and New Hampshire (where the largest three group insurers collectively gained 24 and 36 percentage points of market share, respectively). Rapid gains in the largest insurer's market share typically reflected a consolidation of BCBS plans together with rapid growth in BCBS premium volume. For example, in 1997, Tennessee had four BCBS plans in the group market; in 2001 just one BCBS plan remained—by far the state's largest insurer. In 16 states, the largest group insurer lost market share between 1997 and 2001, but in only four (Indiana, Maryland, Texas, and Wyoming) was this loss greater than 10 points.

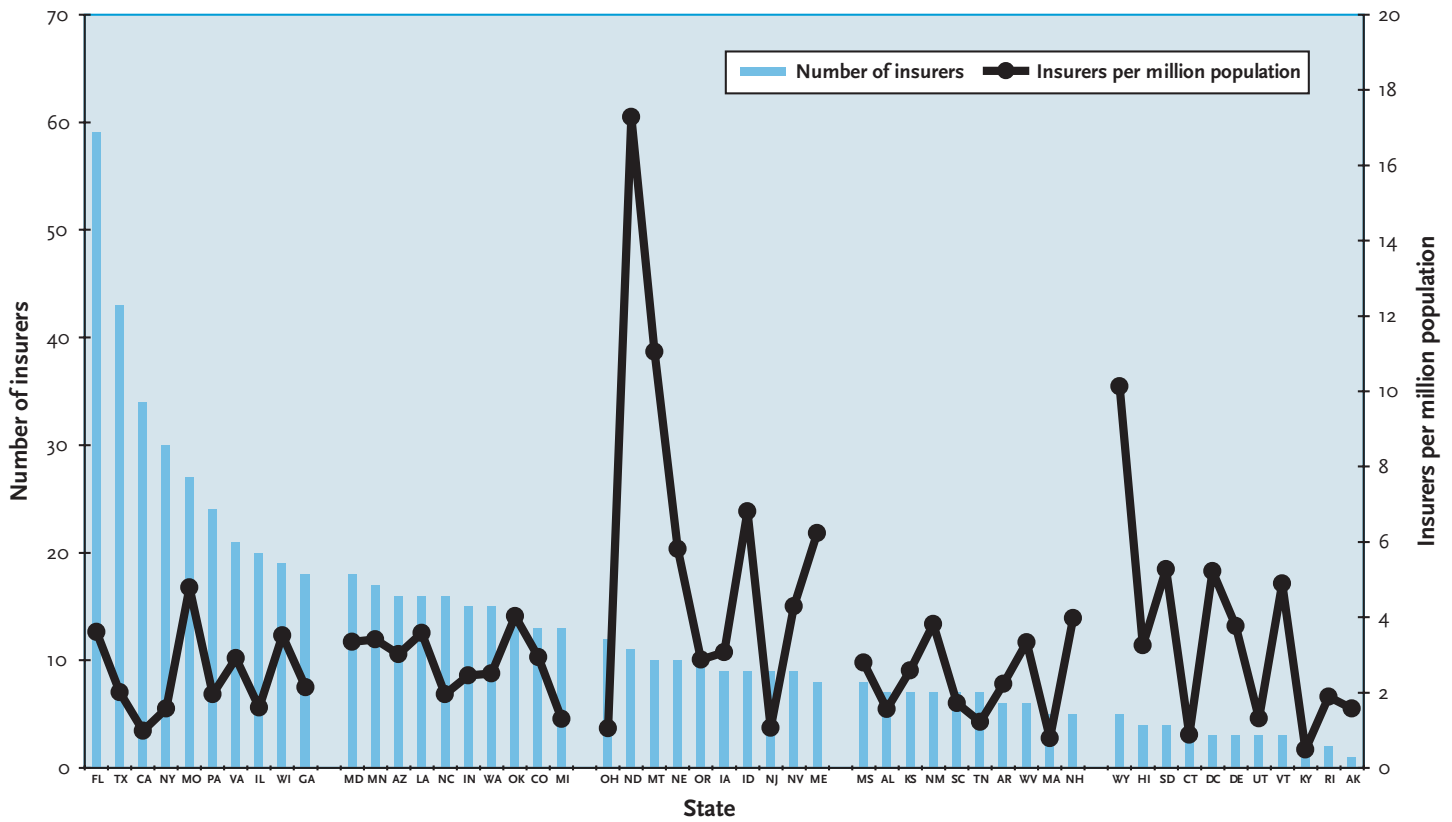
As in the group market, the largest insurer in the individual market typically gained market share between 1997 and 2001, and in all but 10 states the largest three insurers gained market share. In New Hampshire, South Dakota, and West Virginia, the largest individual insurer gained 38 to 52 percentage points of market share. But in California, Delaware, Florida, and Oregon, the largest insurer's estimated market

Figure 4: Number of Insurers and Insurers per Million Population, 2001: Group Market



Source: Mathematica Policy Research and AcademyHealth, Washington, D.C. The District of Columbia is omitted. D.C. had 36 insurers and 93 insurers per million.

Figure 5: Number of Insurers and Insurers per Million Population, 2001: Individual Market



Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

share dropped 24 to 37 percentage points. As in the group market, rapid change in the individual market typically involved a repositioning of the state’s large BCBS plans. For example, Oregon’s largest insurer, a BCBS plan, gained very little premium volume between 1997 and 2001; it remained the largest insurer in 2001, but had lost substantial market share to its two largest competitors—including another BCBS plan.

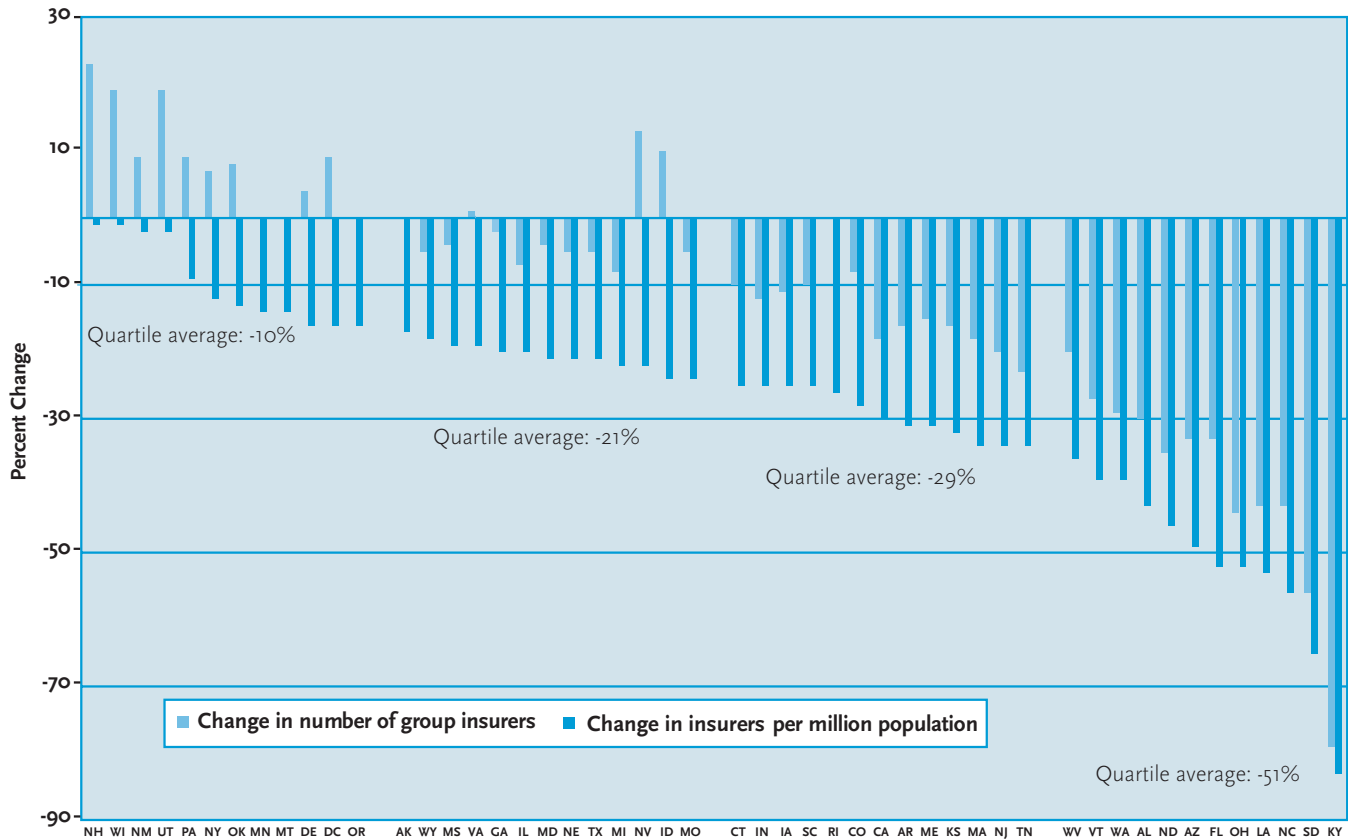
Market share by type of insurer

The states are very different not only in the number of insurers that write coverage in either the group or individual market, but also in the type of insurer that dominates the market. In 20 states, BCBS plans held half or more of the group market in 2001 (See Table 7 page 15); in six of these states,⁷ one or more BCBS plans held more than 75 percent of the group market. In no state did HMOs or commercial insurers dominate the group market so extensively. However, in 14 states, HMOs held at least half of the market, and in four states (Arizona, Colorado, Kentucky, and

New Mexico) they accounted for as much as 63 to 65 percent of the market. Illinois and Wyoming (where commercial insurers held 46 percent and 56 percent of the group market, respectively) were the only states where commercial insurers’ estimated market share exceeded 40 percent.

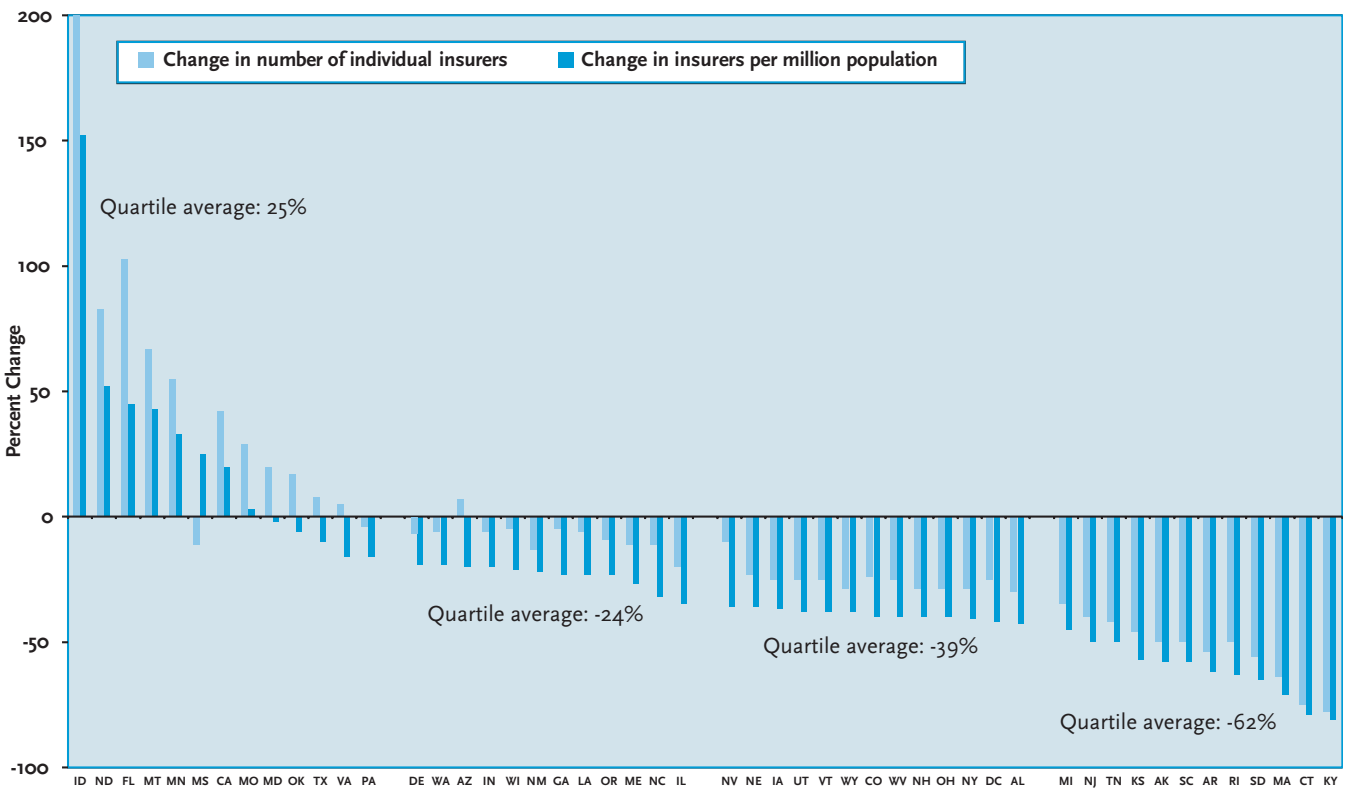
While BCBS plans dominated 20 states’ group markets in 2001, they dominated the individual market in 39 states (See Table 8 page 16). Only in Alabama, Colorado, Florida, and New Hampshire did BCBS plans hold less than an estimated third of the market in 2001. In contrast, HMOs remained relatively small insurers in most states’ individual markets, and did not participate at all in the individual market in 18 states. Only in the District of Columbia and Utah did HMOs hold as much as half of the individual market (51 and 57 percent, respectively) in 2001. Commercial insurers held at least one-third of the individual market in 21 states, but dominated the market in just four states (Alabama, New Hampshire, Montana, and Wisconsin).

Figure 6: Change in Number of Group Insurers and Insurers per Million Population, 2001: Group Market



Source: AcademyHealth, Health Insurer Database. 1997 data are unavailable for Hawaii.
 Note: Absence of bar indicates value equal to zero.

Figure 7: Change in Number of Individual Insurers and Insurers per Million Population, 2001: Individual Market



Source: AcademyHealth, Health Insurer Database. 1997 data are unavailable for Hawaii.

Discussion

The cost of health insurance and the operation of health insurance markets remain as much concerns for the states as ever. The rising cost of health care and health insurance underlies an ongoing restructuring of health insurance markets in many states, as insurers seek to gain premium volume and market share. This drive for growth reflects not only the greater efficiency of size in health insurance markets, but also strong incentives for publicly traded insurers—now including many large BCBS plans—to demonstrate earnings growth.

Nationally, the number of insurers in either the group or individual market dropped moderately between 1997 and 2001. However, the changes in some states were dramatic, with the concentration of insurers increasing in most. Still, clear differences among states in the structure of health insurance markets remain. These include the number of insurers per population, the concentration of their markets, and the share held by different types of insurers.

Available research offers little information about what effect the dominance of fewer, larger insurers may have on health insurance markets; in theory, the impact may be mixed. On the one hand, the presence of fewer, larger insurers may reduce competition and enhance insurers' underwriting gains as they gain monopoly power. On the other hand, fewer insurers may improve economies of scale (enabling quality improvement and disease management initiatives that the states desire), reduce incentives for insurers to segment risk, and make the market less difficult for consumers to compare prices and force relative efficiency. It may also improve the ability of each to negotiate prices with providers effectively, producing lower health

care costs and premiums—although the extreme dominance of a single insurer may galvanize providers to resist price negotiation altogether.

By 2001, a number of states were dealing with markets so concentrated that they were in effect monopolies. Most of these states (though not all) had small population size and yet more insurers per population than larger states with many more insurers. In these small states, policy interventions to encourage new insurers to enter may be unreasonable and ultimately counter-productive. Diffusing small premium volume among the few additional insurers that might enter could fail to offer any of the benefits of true competition. Instead, it could impede each insurer's ability to operate at sufficient scale to gain any advantages of a more concentrated market.

These states, and perhaps a growing number of others, face the problem of understanding and regulating monopoly insurers in the public interest. If history is precedent, in most states BCBS plans will remain the largest carrier, sometimes by orders of magnitude compared to other insurers in the state; many will operate as for-profit companies.

Confronting the need to regulate monopoly insurers, officials in some states have begun to think differently about both the information that they require insurers to report and how they use that information in the public's interest. For these states and others, recognizing market change as a broader phenomenon—not each state's unique experience—is essential to developing state policy to manage concentrated markets effectively.

Endnotes

- 1 Other health lines include disability insurance, hospital and/or surgical insurance, accident insurance, dread disease insurance, long-term care insurance, dental and vision insurance, and other insurance policies with benefits that are triggered by illness or use of health care services. An insurer that sells health policies may file as a health insurer, a life and health insurer, a property and casualty insurer, or a fraternal organization.
- 2 A comparison of small-firm benefits between 1999 and 2001 reported on the Kaiser/HRET Survey of Employer-Sponsored Health Benefits (www.kff.org) suggests that coverage for some services declined in conventional plans, but increased in PPO and/or POS plans. Specifically, coverage for adult physicals and for inpatient and outpatient mental health services declined in conventional plans and HMO plans, although coverage for all three types of services rose in POS plans. In larger firms, at least 98 percent of insured workers had coverage for these services in 1999, and coverage remained high in 2001. Coverage for other types of services—or the cost sharing applied within service category—cannot be compared from published data.
- 3 Arizona, Florida, Kentucky, Louisiana, North Carolina, North Dakota, Ohio, and South Dakota.
- 4 Alaska, Arkansas, Connecticut, Kansas, Kentucky, Massachusetts, New Jersey, Rhode Island, South Carolina, South Dakota, and Tennessee.
- 5 The other four states were California, Florida, Montana, and North Dakota.
- 6 Alabama, Alaska, Hawaii, Iowa, Maine, Mississippi, Montana, North Dakota, Rhode Island, South Dakota, Tennessee, and Vermont.
- 7 Alabama, Alaska, Hawaii, Idaho, North Dakota, and Rhode Island.

Tables

Table 1: Change in Group and Individual Premiums, and Estimated Growth Net of Changes in Coverage, 1997 – 2001

	Change in total premiums	Change in coverage	Estimated total change in premiums net of coverage growth	Estimated average annual change in premiums net of coverage growth
Group coverage	32.9%	-0.2% ^a	33.1%	7.4%
Individual coverage	71.4%	-1.2%	73.5%	14.8%

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C. Coverage estimates are calculated from: Paul Fronstin, *Sources of Health Insurance and Characteristics of the Uninsured, Analysis of the March 1998 Current Population Survey and Analysis of the March 2002 Current Population Survey* (Washington, DC: Employee Benefit Research Institute, 1998 and 2002).

Note: Net premium growth estimates do not reflect part-year coverage and, therefore, are conservative.

^aEstimated as the change in covered employees in private firms with fewer than 100 employees plus half of the change in covered employees in private firms with 100 or more employees.

Table 2: Group and Individual Market Share by Type of Insurer (Total U.S.), 1997 and 2001

Insurer Type	Market Share		
	1997	2001	Percentage point change 1997 – 2001
Group market:			
BCBS	36%	39%	+3
HMOs	45%	42%	-3
Commercial insurers	19%	19%	--
U.S. Total	100%	100%	--
Individual market:			
BCBS	50%	57%	+7
HMOs	26%	20%	-6
Commercial insurers	24%	23%	-1
U.S. Total	100%	100%	--

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

Table 3: Total Premiums, Number of Insurers, and Premiums per Insurer by Type of Insurer, 2001 and Change 1997 – 2001

Insurer Type	Total earned premiums		Number of insurers		Average earned premiums per insurer	
	2001 (in billions)	Percent change 1997 – 2001	2001	Percent change 1997 – 2001	2001 (in millions)	Percent change 1997 – 2001
Group market:						
BCBS ^a	\$75.3	43	105	-26	\$717.2	+94
HMO	\$80.2	23	394	-33	\$203.6	+84
Commercial insurers	\$37.2	36	1,652	-4	\$22.5	+41
U.S. Total	\$192.7	33	2,151	-12	\$89.6	+51
Individual market:						
BCBS ^a	\$8.0	95	84	-11	\$95.3	+119
HMO	\$2.8	32	112	-24	\$25.3	+76
Commercial insurers	\$3.3	65	447	-0.2	\$7.3	+66
U.S. Total	\$14.1	71	643	-7	\$22.0	+85

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

Note: Insurers with earned premiums less than \$500,000 are excluded. Columns may not add to totals due to rounding.

^aIncludes BCBS HMOs.

Table 4: Number of Insurers by State and Change, 1997 – 2001: Group and Individual Markets

State	Group Market		Individual Market	
	Number of insurers	Percent change 1997 – 2001	Number of insurers	Percent change 1997 – 2001
Alabama	33	-30	7	-30
Alaska	14	0	1	-50
Arizona	35	-33	16	7
Arkansas	41	-16	6	-54
California	61	-18	34	42
Colorado	57	-8	13	-24
Connecticut	37	-10	3	-75
Delaware	29	4	3	0
District of Columbia	36	9	3	-25
Florida	53	-33	59	103
Georgia	62	-2	18	-5
Hawaii	15	n/a	4	n/a ^a
Idaho	18	10	9	200
Illinois	86	-7	20	-20
Indiana	74	-12	15	-6
Iowa	39	-11	9	-25
Kansas	48	-16	7	-46
Kentucky	10	-79	2	-78
Louisiana	35	-43	16	-6
Maine	22	-15	8	-11
Maryland	50	-4	18	20
Massachusetts	45	-18	5	-64
Michigan	54	-8	13	-35
Minnesota	37	0	17	55
Mississippi	46	-4	8	-11
Missouri	71	-5	27	29
Montana	23	0	10	67
Nebraska	39	-5	10	-23
Nevada	45	13	9	-10
New Hampshire	32	23	5	-29
New Jersey	40	-20	9	-40
New Mexico	36	9	7	-13
New York	63	7	30	-29
North Carolina	36	-43	16	-11
North Dakota	11	-35	11	83
Ohio	52	-44	12	-29
Oklahoma	54	8	14	17
Oregon	33	0	10	-9
Pennsylvania	71	9	24	-4
Rhode Island	17	0	2	-50
South Carolina	47	-10	7	-50
South Dakota	12	-56	4	-56
Tennessee	54	-23	7	-42
Texas	89	-5	43	8
Utah	38	19	3	-25
Vermont	11	-27	3	-25
Virginia	70	1	21	5
Washington	36	-29	15	-6
West Virginia	33	-20	6	-25
Wisconsin	81	19	19	-5
Wyoming	20	-5	5	-29
U.S. Average	42	-11	13	-9

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

**Table 5: Measures of Market Concentration by State, 2001: Group Market
(States ranked by the percent of market held by the largest insurer)**

State	Percent of market held by:					
	Largest Insurer (%)	Percentage point change 1997 – 2001	Largest three insurers (%)	Percentage point change 1997 – 2001	Smallest 50% of insurers (%)	Percentage point change 1997 – 2001
North Dakota	91	8	96	5	3	0
Alabama	82	-2	92	0	1	0
Hawaii	78	n/a	95	n/a	1	n/a
Alaska	77	23	88	2	4	1
Rhode Island	65	2	96	5	1	0
Iowa	64	13	81	11	3	0
Mississippi	64	11	79	12	3	-3
Montana	62	1	76	-2	3	-1
South Dakota	56	7	83	11	5	-3
Maine	53	4	83	1	2	0
Tennessee	51	31	69	31	3	-3
Vermont	50	-6	89	-1	3	1
Idaho	48	0	91	0	2	0
District of Columbia	47	10	74	2	1	-1
Nebraska	47	5	73	13	3	-1
Michigan	45	-2	70	6	3	2
Kansas	42	6	65	12	4	-1
West Virginia	41	10	71	16	4	-4
Massachusetts	40	18	79	24	1	0
New Hampshire	39	10	85	36	1	-2
Connecticut	38	22	73	27	1	-1
South Carolina	38	4	64	2	4	-1
Arkansas	37	8	70	16	3	-3
Kentucky	36	7	73	15	8	6
Virginia	35	0	47	0	2	-2
Louisiana	34	10	62	13	2	-3
Wyoming	33	-20	71	2	5	-3
Oklahoma	32	7	51	4	4	-1
Washington	31	5	73	18	1	-2
California	31	2	61	3	1	0
New Jersey	31	10	60	11	1	-2
Indiana	31	-17	49	-42	4	2
Utah	30	6	64	-3	2	1
Delaware	30	-4	60	0	5	1
Illinois	29	8	47	11	3	-1
Minnesota	28	-5	73	-5	2	0
Oregon	27	4	56	3	1	0
North Carolina	27	-1	56	7	4	0
Florida	27	10	55	15	2	-1
New Mexico	26	1	64	1	3	0
Maryland	26	-13	53	-5	2	-1
Pennsylvania	26	-6	50	-5	1	0
Nevada	26	-2	43	-4	5	0
Missouri	25	5	52	11	3	0
Ohio	23	-2	59	14	3	0
Georgia	22	1	51	5	3	-2
Colorado	18	-2	43	-3	2	-2
Arizona	16	-6	44	-13	5	2
New York	15	-4	40	1	1	-3
Texas	11	-11	30	-7	4	-1
Wisconsin	11	3	30	7	3	-1
U.S. Average	39	3	66	5	3	-1

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.
1997 data are not available for Hawaii.

**Table 6: Measures of Market Concentration by State, 2001: Individual Market
(States ranked by the percent of market held by the largest insurer)**

State	Percent of market held by:					
	Largest insurer (%)	Percentage point change 1997 – 2001	Largest three insurers (%)	Percentage point change 1997 – 2001	Smallest 50% of insurers (%)	Percentage point change 1997 – 2001
Alaska	100	2	--	--	--	--
Kentucky	98	30	100	5	--	--
Rhode Island	95	16	100	3	--	--
Arkansas	93	30	97	18	3	-7
Hawaii	89	n/a ^a	97	n/a ^a	6	n/a ^a
Maine	84	11	92	5	6	-2
Mississippi	83	24	92	13	6	-5
Ohio	79	22	96	15	1	-2
Connecticut	77	33	100	34	--	--
Iowa	76	13	92	13	5	-2
Vermont	73	20	100	8	--	--
Kansas	73	3	89	6	11	5
Virginia	71	1	86	7	4	-2
South Dakota	70	52	99	49	11	-23
Massachusetts	66	14	97	12	6	1
Wyoming	66	-3	87	-1	24	13
North Dakota	65	-15	80	-12	13	5
New Hampshire	64	39	92	27	15	-12
Georgia	64	4	89	5	3	-1
Oklahoma	64	8	75	1	10	-2
Michigan	62	9	83	1	5	1
South Carolina	60	16	84	19	16	1
West Virginia	60	38	82	31	18	-16
North Carolina	59	7	81	12	4	-3
New Mexico	58	29	83	19	17	-5
Illinois	58	9	77	9	3	-1
Delaware	57	-37	100	0	--	--
Indiana	56	22	77	4	7	-1
Utah	55	-2	100	1	--	--
Louisiana	55	-4	80	2	5	-1
Arizona	54	4	78	1	5	-3
Nebraska	54	20	77	16	11	-2
Minnesota	53	-3	78	2	6	-3
Texas	51	8	69	9	4	-2
District of Columbia	49	-7	100	1	--	--
Montana	49	-7	72	-20	14	7
Idaho	48	-18	92	-8	4	-30
New Jersey	48	-13	82	-6	14	10
Tennessee	45	14	88	19	12	2
Maryland	43	-15	81	5	3	-4
Nevada	42	8	76	11	16	2
New York	38	4	75	21	3	-3
Pennsylvania	37	7	72	17	2	-4
Washington	34	-12	83	1	3	-2
Missouri	33	-3	64	-2	4	-4
Alabama	32	8	68	14	32	5
Oregon	31	-25	72	-7	9	0
Colorado	31	7	62	4	13	5
California	26	-28	67	-20	1	0
Florida	26	-24	40	-32	6	2
Wisconsin	21	-6	52	-5	13	2
U.S. Average	58	6	80	6	8	-2

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.
^a1997 data are unavailable for Hawaii.

Table 7: States Ranked by Market Share by Type of Insurer, 2001: Group Market (percent)

State	BCBS	HMO	Commercial	State	BCBS	HMO	Commercial	State	BCBS	HMO	Commercial
North Dakota	91	3	7	New Mexico	14	65	21	Wyoming	33	10	56
Idaho	86	6	8	Kentucky	36	63	2	Illinois	29	24	46
Alabama	82	10	8	Arizona	16	63	20	Nebraska	48	14	39
Rhode Island	79	18	3	Colorado	14	63	23	Texas	10	52	38
Hawaii	78	13	9	Nevada	9	58	33	Montana	62	0	38
Alaska	77	0	23	California	38	55	7	Oklahoma	37	27	37
Iowa	71	14	15	Utah	23	55	23	Indiana	31	34	35
Mississippi	64	8	28	Massachusetts	40	54	6	Nevada	9	58	33
Montana	62	0	38	Missouri	28	54	18	New York	34	34	33
Michigan	60	31	10	Texas	10	52	38	West Virginia	41	31	29
Washington	60	22	18	Florida	27	51	23	Delaware	30	41	28
Pennsylvania	57	24	19	Maryland	35	51	15	Mississippi	64	8	28
South Dakota	56	27	17	North Carolina	27	51	21	Georgia	41	32	27
Maine	53	40	7	Connecticut	38	50	12	Wisconsin	29	45	26
District of Columbia	51	39	10	Louisiana	39	49	12	Tennessee	51	23	26
Tennessee	51	23	26	Minnesota	33	49	17	Florida	27	51	23
New Hampshire	50	42	8	Ohio	43	46	11	Colorado	14	63	23
South Carolina	50	28	22	New Jersey	36	46	18	Utah	23	55	23
Virginia	50	32	18	Wisconsin	29	45	26	Oregon	38	39	23
Vermont	50	38	11	Arkansas	37	43	20	Alaska	77	0	23
Kansas	49	36	15	New Hampshire	50	42	8	South Carolina	50	28	22
Nebraska	48	14	39	Delaware	30	41	28	New Mexico	14	65	21
Ohio	43	46	11	Maine	53	40	7	North Carolina	27	51	21
Georgia	41	32	27	District of Columbia	51	39	10	Arizona	16	63	20
West Virginia	41	31	29	Oregon	38	39	23	Arkansas	37	43	20
Massachusetts	40	54	6	Vermont	50	38	11	Pennsylvania	57	24	19
Louisiana	39	49	12	Kansas	49	36	15	Missouri	28	54	18
California	38	55	7	New York	34	34	33	New Jersey	36	46	18
Connecticut	38	50	12	Indiana	31	34	35	Virginia	50	32	18
Oregon	38	39	23	Virginia	50	32	18	Washington	60	22	18
Arkansas	37	43	20	Georgia	41	32	27	Minnesota	33	49	17
Oklahoma	37	27	37	Michigan	60	31	10	South Dakota	56	27	17
Kentucky	36	63	2	West Virginia	41	31	29	Maryland	35	51	15
New Jersey	36	46	18	South Carolina	50	28	22	Kansas	49	36	15
Maryland	35	51	15	South Dakota	56	27	17	Iowa	71	14	15
New York	34	34	33	Oklahoma	37	27	37	Connecticut	38	50	12
Minnesota	33	49	17	Pennsylvania	57	24	19	Louisiana	39	49	12
Wyoming	33	10	56	Illinois	29	24	46	Ohio	43	46	11
Indiana	31	34	35	Tennessee	51	23	26	Vermont	50	38	11
Delaware	30	41	28	Washington	60	22	18	District of Columbia	51	39	10
Illinois	29	24	46	Rhode Island	79	18	3	Michigan	60	31	10
Wisconsin	29	45	26	Iowa	71	14	15	Hawaii	78	13	9
Missouri	28	54	18	Nebraska	48	14	39	New Hampshire	50	42	8
North Carolina	27	51	21	Hawaii	78	13	9	Alabama	82	10	8
Florida	27	51	23	Alabama	82	10	8	Idaho	86	6	8
Utah	23	55	23	Wyoming	33	10	56	California	38	55	7
Arizona	16	63	20	Mississippi	64	8	28	Maine	53	40	7
Colorado	14	63	23	Idaho	86	6	8	North Dakota	91	3	7
New Mexico	14	65	21	North Dakota	91	3	7	Massachusetts	40	54	6
Texas	10	52	38	Alaska	77	0	23	Rhode Island	79	18	3
Nevada	9	58	33	Montana	62	0	38	Kentucky	36	63	2

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.
 Note: Columns may not add to totals due to rounding.

Table 8: States Ranked by Market Share by Type of Insurer, 2001: Individual Market (percent)

State	BCBS	HMO	Commercial	State	BCBS	HMO	Commercial	State	BCBS	HMO	Commercial
Alaska	100	0	0	Utah	43	57	0	New Hampshire	21	5	74
Kentucky	98	0	2	District of Columbia	49	51	0	Alabama	13	22	65
Rhode Island	95	5	0	Maryland	52	43	5	Wisconsin	35	10	56
Arkansas	93	0	7	Colorado	32	35	33	Montana	49	0	51
Ohio	91	7	2	New York	48	34	18	Nebraska	54	0	46
Hawaii	89	3	8	Florida	26	33	42	Indiana	56	0	44
Idaho	87	0	13	Arizona	54	32	13	Delaware	57	0	43
Maine	84	3	12	California	55	31	15	Florida	26	33	42
Kansas	83	1	16	Nevada	42	31	27	Illinois	58	0	42
Mississippi	83	0	17	New Jersey	65	31	4	New Mexico	58	0	42
Virginia	80	10	10	Massachusetts	66	29	4	North Carolina	59	0	41
Connecticut	77	0	23	Tennessee	45	29	26	Texas	51	11	38
Iowa	77	0	23	Missouri	51	28	22	Oklahoma	64	0	36
Vermont	73	4	24	Oregon	42	24	34	South Carolina	64	0	36
Louisiana	71	10	20	Alabama	13	22	65	Washington	54	10	36
South Dakota	70	0	30	Georgia	64	19	17	North Dakota	65	2	34
Massachusetts	66	29	4	Minnesota	53	16	31	Oregon	42	24	34
Michigan	66	11	22	Michigan	66	11	22	Wyoming	66	0	34
Wyoming	66	0	34	Texas	51	11	38	Colorado	32	35	33
North Dakota	65	2	34	Louisiana	71	10	20	Pennsylvania	61	6	33
New Jersey	65	31	4	Virginia	80	10	10	West Virginia	60	7	33
Georgia	64	19	17	Washington	54	10	36	Minnesota	53	16	31
Oklahoma	64	0	36	Wisconsin	35	10	56	South Dakota	70	0	30
South Carolina	64	0	36	Ohio	91	7	2	Nevada	42	31	27
Pennsylvania	61	6	33	West Virginia	60	7	33	Tennessee	45	29	26
West Virginia	60	7	33	Pennsylvania	61	6	33	Vermont	73	4	24
North Carolina	59	0	41	New Hampshire	21	5	74	Connecticut	77	0	23
Illinois	58	0	42	Rhode Island	95	5	0	Iowa	77	0	23
New Mexico	58	0	42	Vermont	73	4	24	Michigan	66	11	22
Delaware	57	0	43	Hawaii	89	3	8	Missouri	51	28	22
Indiana	56	0	44	Maine	84	3	12	Louisiana	71	10	20
California	55	31	15	North Dakota	65	2	34	New York	48	34	18
Arizona	54	32	13	Kansas	83	1	16	Georgia	64	19	17
Nebraska	54	0	46	Alaska	100	0	0	Mississippi	83	0	17
Washington	54	10	36	Arkansas	93	0	7	Kansas	83	1	16
Minnesota	53	16	31	Connecticut	77	0	23	California	55	31	15
Maryland	52	43	5	Delaware	57	0	43	Arizona	54	32	13
Missouri	51	28	22	Idaho	87	0	13	Idaho	87	0	13
Texas	51	11	38	Illinois	58	0	42	Maine	84	3	12
District of Columbia	49	51	0	Iowa	77	0	23	Virginia	80	10	10
Montana	49	0	51	Indiana	56	0	44	Hawaii	89	3	8
New York	48	34	18	Kentucky	98	0	2	Arkansas	93	0	7
Tennessee	45	29	26	Mississippi	83	0	17	Maryland	52	43	5
Utah	43	57	0	Montana	49	0	51	Massachusetts	66	29	4
Nevada	42	31	27	North Carolina	59	0	41	New Jersey	65	31	4
Oregon	42	24	34	Nebraska	54	0	46	Kentucky	98	0	2
Wisconsin	35	10	56	New Mexico	58	0	42	Ohio	91	7	2
Colorado	32	35	33	Oklahoma	64	0	36	Alaska	100	0	0
Florida	26	33	42	South Carolina	64	0	36	District of Columbia	49	51	0
New Hampshire	21	5	74	South Dakota	70	0	30	Rhode Island	95	5	0
Alabama	13	22	65	Wyoming	66	0	34	Utah	43	57	0

Source: Mathematica Policy Research and AcademyHealth, Washington, D.C.

Note: Columns may not add to totals due to rounding.

Appendix

The Health Insurer Database

The Health Insurer Database contains information about every health insurance company that earned at least \$500,000 in major medical premiums in 2001 in the individual or group market, in any state or the District of Columbia. Mathematica Policy Research, Inc., compiled the database in collaboration with the State Coverage Initiatives program. Much of the information is publicly available from either the National Association of Insurance Commissioners (NAIC) or each state's department of insurance. However, because some of the data were obtained under the condition of confidentiality, the database is proprietary.

State Data Sources

A number of states provided information about earned major medical premiums for companies in either or both their group and individual health insurance markets. When such data were available, they were incorporated directly into the database. Alaska, Florida, Louisiana, Maryland, Missouri, North Dakota, Vermont, and West Virginia provided data on all companies in both markets. Montana, New Jersey, and Washington state provided data on all companies in the individual market. A number of other states provided earned premium information only for certain companies in their markets.

NAIC Data

NAIC collects annual financial reports from each insurer licensed in each state. Companies selling health insurance can complete any of three alternative sets of forms: as health insurers, as life/health insurers, or as property/casualty insurers.

Companies Filing as Health Insurers

Many of the largest health insurers began filing on the new Health Annual Statement in 2001. The Exhibit of Premiums, Enrollment and Utilization (called the "state page") contains information on premiums earned for comprehensive (hospital and medical) policies in the individual and the group markets, the Federal

Employees Health Benefits Plan (FEHBP), Medicare Supplement policies, and other lines of health insurance. The authors calculated group major premiums earned as the sum of FEHBP and comprehensive group premiums earned. Earned premiums for individual major medical policies were equal to earned premiums for comprehensive individual policies.

Companies Filing as Life/Health or Property/Casualty Insurers

Other companies selling health insurance file as life and health or property and casualty insurers, using NAIC's older annual statement. This statement does not require reporting companies to provide data specifically for major medical policies. Life/health companies report total earned premiums on the Life Insurance state page, in the Accident and Health section. Property/casualty companies report total earned premiums on the Exhibit of Premiums and Losses state page.

We calculated earned group premiums for both types of insurers as the sum of direct premiums earned for group policies, the FEHBP, and collectively renewable policies. Individual premiums earned were calculated as the sum of direct premiums earned on guaranteed renewable policies and policies that were non-renewable for stated reasons only. Four additional adjustments then were made to produce "base premiums" for insurers filing as life/health or property/casualty carriers:

- ◆ The authors identified companies that reported zero-values for direct incurred medical claims at the national level (Schedule H—Accident and Health Exhibit), and excluded them as not writing major medical products in 2001.
- ◆ To parse out earned premiums for Medicare Supplement policies, the authors calculated each insurer's earned premiums for Medicare supplement policies from a separate NAIC product, the Medicare Supplement Insurance Experience Exhibit, and subtracted earned

premiums Medicare supplement policies in force from total earned premiums for individual health insurance products.

- ◆ At the advice of specific states, the authors also included “all other” individual policies for certain Blue Cross Blue Shield (BCBS) companies. For other BCBS companies, they calculated earned major medical premiums (net of Medicare Supplement premiums as the total reported earned premiums) as these companies do not regularly carry lines of business other than major medical and Medicare supplement.

Imputation of Premiums

Life/health and property/casualty insurers that are not BCBS companies potentially aggregate many lines of business besides major medical in reporting premiums. These lines may include hospital and hospital/surgical policies, as well as accident, disability, long-term care, dread disease, dental, and vision policies.

For these companies, we imputed major medical premiums using a sequence of strategies, from most to least preferred, as follows:

1. Some states provided information that allowed the authors to approximate earned premiums directly from each company’s reported aggregate premiums in the same ways that these states would approximate company-specific major medical premiums. Such information included total earned major medical premiums in the group and individual markets (which we allocated among companies by their share of aggregate base premiums) and company-specific major medical written premiums—including companies that wrote no major medical business (which the authors converted to earned premiums using each company’s ratio of aggregate premiums earned to aggregate premiums written).
2. The research team that conducted the earlier study (Chollet, Kirk, and Chow, 2000) fielded a survey of all commercial insurers in the United States to obtain information on 1997 earned premiums for major medical products. They applied the 1997 ratio of earned premiums for major medical products to each company’s base premiums to the 2001 base premiums to produce a 2001 estimate.
3. The authors calculated the ratio of major medical to base premiums across companies for each that provided earned major medical premiums information, and ranked states by how closely the 2001 average ratios and variances in ratios approximated those in 1997. For companies writing coverage in states with the most stable average ratio, they applied each company’s multi-state average ratio of major medical premiums earned to that company’s base premium in other states. For the remaining companies, they multiplied 2001 base premiums by the national average ratio for all companies in 1997.
4. In a few cases, various states identified specific insurers as major medical carriers with significant business, but (a) those companies reported total earned premiums less than \$500,000, (b) the authors had calculated their net earned premiums as less than \$500,000, or (c) they had used imputation methods that set their premiums under \$500,000. For these companies, the authors resorted to various approximations, depending on supplemental information available from the state. These included: (a) apportioning total major medical premiums earned, if available from the state, by the distribution of that company’s enrollees in the group and individual market; (b) dividing the company’s total major medical premiums earned evenly across markets; (c) bottom-coding the company’s premium volume (at \$500,001) when we were told that a company was in the market but the state could provide no premium amount; (d) accepting total major medical premiums written as an approximation of earned premiums; (e) accepting small group premiums earned as an estimate of total group premiums earned; and (f) multiplying a company’s reported number of major medical enrollees by the national average group or individual premium.

Finally, due to special concerns about California insurers’ data, we estimated those insurers’ earned major medical premiums separately. In California, most of the companies that are regulated by the Department of Managed Health Care (including most of the largest health insurers in the state) did not report in 2001, but they did report combined individual and group premiums

for 2002. The authors approximated 2001 premiums by discounting 2002 total premiums by 10 percent and apportioning total discounted premiums to the individual and group markets by the percentage of enrollees in each market. For three of the five largest insurers, California obtained 2001 individual major medical premiums, and the authors calculated these insurers' group premiums as the difference between total earned premiums and individual earned premiums.

California's life/health and property/casualty companies file with the Department of Insurance; from these insurers, the Department had compiled data on the number of covered lives in major medical policies. For companies for which the authors had imputed earned premiums more than \$500,000, they used that imputation. For companies for which they had imputed less than \$500,000 in earned premiums or excluded from the data based on medical losses paid, they multiplied that company's major medical covered lives by the national average earned premium.

State Review

In the process of developing the database, the authors consulted the states' departments of insurance at a number of points. Initial searches of state Web sites and communication with insurance department contacts yielded much of the state information in the database.

The authors sent their initial estimates, including imputed data, to all 51 state insurance departments for review. Including states that had posted or provided clean data, a total of 37 states responded in some way at this stage, providing review and comment on estimates for all or most insurers. In addition to states that provided clean major medical premiums data for either or both markets, seven states (Georgia, Iowa, Minnesota, New Hampshire, North Carolina, Tennessee, and Wyoming) confirmed that the imputed data were reasonable; New Jersey and Washington confirmed that the group

market data were reasonable. Various other states provided useful information on particular companies.

Reliability of the Data

With such a wide range of methods used to obtain premium information, the reliability of the data vary across states and across companies within a state. Measures describing the reliability of the data within and across states are presented in Appendix Tables A-1 and A-2. Where the authors were able to obtain actual values for earned major medical earned premiums, they have identified the data as "known." Known data include supplemental data reported to the states, data from companies that filed as health carriers, and data from BCBS companies. They regard data for other companies as "confirmed" if the state department of insurance reviewed the data and confirmed its reasonableness. For the remaining companies, values were imputed using a range of methods that were deemed more or less reliable.

Calculated as a percentage of total premium volume among insurers with earned premium volume greater than \$500,000 in 2001, known or confirmed premiums represented 74 percent of total earned premiums in the group market and 79 percent of total earned premiums in the individual market across the states. At the state level, known or confirmed group premiums represented at least 90 percent of all group premiums in 28 states, and known or confirmed individual premiums represented at least 90 percent of all individual premiums in 31 states. The authors regard the reliability of the group market data to be relatively poor in three states (California, Illinois, and Texas), where less than 60 percent of aggregate earned premiums were known or confirmed. Using the same measure, they regard the reliability of the individual market data to be relatively poor in eight states (Alabama, California, Delaware, Illinois, Indiana, Nebraska, New Mexico, and Wisconsin).

Table A-1: Earned Premiums Known or Confirmed: Group Market

State	Group Premiums Known (%)	Group Premiums Confirmed (%)	Group Premiums Known or Confirmed (%)
AK	100	0	100
AL	92	0	92
AR	80	0	80
AZ	82	0	82
CA	0	0	0
CO	77	0	77
CT	88	0	88
DC	91	0	91
DE	79	0	79
FL	100	0	100
GA	73	100	100
HI	98	0	98
IA	85	100	100
ID	93	0	93
IL	54	0	54
IN	65	0	65
KS	85	0	85
KY	98	0	98
LA	100	0	100
MA	94	0	94
MD	100	0	100
ME	93	0	93
MI	91	0	91
MN	66	100	100
MO	100	0	100
MS	72	0	72
MT	62	0	62
NC	81	100	100
ND	100	0	100
NE	61	0	61
NH	92	100	100
NJ	98	0	98
NM	79	0	79
NV	70	0	70
NY	92	0	92
OH	89	0	89
OK	63	0	63
OR	96	0	96
PA	87	0	87
RI	97	0	97
SC	78	0	78
SD	83	0	83
TN	74	100	100
TX	52	0	52
UT	78	0	78
VA	85	0	85
VT	100	0	100
WA	96	100	100
WI	76	0	76
WV	100	0	100
WY	44	100	100
U.S. Total	72	11	74

Table A-2: Earned Premiums Known or Confirmed: Individual Market

State	Individual Premiums Known (%)	Individual Premiums Confirmed (%)	Individual Premiums Known or Confirmed (%)
AK	100	0	100
AL	35	0	35
AR	93	0	93
AZ	87	0	87
CA	50	0	50
CO	67	0	67
CT	77	0	77
DC	100	0	100
DE	57	0	57
FL	100	0	100
GA	83	100	100
HI	92	0	92
IA	77	100	100
ID	87	0	87
IL	58	0	58
IN	56	0	56
KS	84	0	84
KY	98	0	98
LA	100	0	100
MA	96	0	96
MD	100	0	100
ME	95	0	95
MI	78	0	78
MN	0	100	100
MO	100	0	100
MS	83	0	83
MT	100	0	100
NC	59	100	100
ND	100	0	100
NE	54	0	54
NH	26	100	100
NJ	100	0	100
NM	58	0	58
NV	73	0	73
NY	93	0	93
OH	98	0	98
OK	64	0	64
OR	92	0	92
PA	95	0	95
RI	100	0	100
SC	64	0	64
SD	70	0	70
TN	74	100	100
TX	62	0	62
UT	100	0	100
VA	91	0	91
VT	100	0	100
WA	100	100	100
WI	44	0	44
WV	100	0	100
WY	66	100	100
U.S. Total	75	14	79



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