

A STUDY OF AFFORDABLE CARE ACT COMPETITIVENESS IN FLORIDA

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Section 1 – State Context

Basic facts about Florida are presented in the table below.^{1,2,3,4,5,6,7,8,9}

Table 1: Basic State Facts

Florida Snapshot	
Type of Exchange	Federally facilitated marketplace
Expansion of Medicaid	No
Number of Rating Areas	67
Number of Insurers in 2017	5
Net Change in Number of Insurers (2014-2017)	-3
Premium Increase (2016, silver plans)	-9 percent (1st best)
State Population and Rank (July 2015)	20,085,300 (3rd)
State Median Household Income and Rank (2015)	\$48,825 (41st)
Salient Health Facts	<ul style="list-style-type: none"> • Florida has had one of the highest uninsured rates in the country. Since the exchange was implemented, Florida’s federally facilitated marketplace has enrolled the highest number of eligible enrollees. The uninsured rate has reportedly dropped from around 20 percent in 2013 to 15.2 percent in 2015. This rate is still higher than the national average.
Salient Health Policy Information	<ul style="list-style-type: none"> • Florida opposed the ACA and refused federal funds for establishing an exchange. • Florida has not expanded Medicaid under the ACA. • Over 90 percent of enrollees in Florida received subsidies in 2016. • In 2013, Florida passed two regulations addressing navigator operations: (1) requiring fingerprinting and background checks for anyone wishing to serve as a navigator and (2) banning navigators from county public health facilities. • In March 2016, Florida enacted a consumer protection measure HB 221, which bans the practice of balance billing in situations where patients use an in-network facility but do not have the ability to choose a participating provider at that facility. • For 2014 and 2015, Florida’s insurance commissioner had no regulatory authority over health insurance premium rates. Regulatory authority was re-established for 2015.

EXCHANGE CHARACTERISTICS

Florida chose not to develop its own marketplace and therefore hosts the federally facilitated marketplace, HealthCare.gov. While the state may have had an opportunity to define rating areas, it defaulted to the county level, which is the level at which agents and carriers are licensed to conduct business. This resulted in 67 rating areas, which is significantly more than most other states. South Carolina has 46 rating areas, and Texas has 26. All other states have fewer than 20.

Rates and rate changes are filed with and reviewed by the Florida Office of Insurance Regulation (FLOIR), which has general authority over the exchange operations.

HEALTH INSURANCE CLIMATE

Individual policies are sold both on and off the state's exchange. Blue Cross and Blue Shield of Florida (BC&BS of Florida/Florida Blue) has been the dominant carrier in Florida's individual health insurance market, with over 5 million members across the state. It was established over 70 years ago and is ranked highest in consumer satisfaction among health insurers across the country.¹⁰ It is the only carrier in Florida that offers plans in all marketplace rating areas.

Table 2: Major Health Insurance Carriers Based on Premiums Written in the Individual Market (on and off exchange), 2013-2015¹¹

Insurance Carrier	2013 Premium	2013 Market Share	2014 Premium	2014 Market Share	2015 Premium	2015 Market Share
All Plans – Top 10						
BC&BS of Florida	1,126,671	60.20	2,103,377	46.84	2,778,693	40.72
Humana Medical Plan	20,624	1.10	573,892	12.78	1,036,825	15.20
Coventry Health Care of Florida	0	0.00	506,374	11.28	706,681	10.36
UnitedHealthcare of Florida	110,498	5.90	104,662	2.33	626,128	9.18
Health Options	22,189	1.19	360,535	8.03	568,121	8.33
Molina Healthcare of Florida	0	0.00	2,780	0.06	403,475	5.91
Preferred Medical Plan	51,536	2.75	290,685	6.47	201,152	2.95
Aetna Health (a FL corp.)	124,653	6.66	86,791	1.93	116,434	1.71
WellCare of Florida	111,636	5.96	110,842	2.47	96,240	1.41
Amerigroup Florida	79,915	4.27	73,418	1.63	60,587	0.89
Other Plans on the Exchange in 2015						
Florida Health Care Plan	8,728	0.47	22,106	0.49	24,997	0.37
Ambetter/Sunshine Health	0	0.00	927	0.02	37,595	0.55
Humana Health of Florida	85,754	4.58	76,365	1.70	56,439	0.83
AvMed	24,869	1.33	29,616	0.66	54,914	0.80

Table 2 shows the total premiums and market share for Florida Blue and the other top 10 insurers for the period 2013-2015. Note that Health Options Inc. is a health maintenance organization (HMO) affiliate of

BC&BS of Florida. Also included in the table are four additional carriers that are known to participate on the exchange but do not make the top 10 for overall business in individual health insurance.

The individual insurance market is highly concentrated, with 83.8 percent of the premiums written by the top five carriers. BC&BS of Florida grew significantly with the implementation of the exchange and remains the major carrier in the individual market, though premium data from 2015 indicates that its competitors may be gaining in market share. Humana’s share of the market has risen from 1.1 percent to over 15 percent from 2013 to 2015.

Three insurance carriers were not operating in the individual market before the exchange: Coventry Health Care (acquired by Aetna in 2013), Molina Healthcare, and Ambetter/Sunshine Health (now Celtic Insurance Co.). These carriers now account for nearly 17 percent of premiums in the individual market. Coventry and Molina have a strong presence on the health insurance exchange but not in every rating area.

BC&BS of Florida is also the largest carrier in the group health insurance market, followed by Sunshine State Health, Health Options, Aetna Health, and Humana Medical Plan. The next two largest carriers in the group market, Neighborhood Health Partnership and Capital Health Plan, do not write individual coverage on or off the exchange.

It is interesting to note that four carriers—Molina, WellCare, Amerigroup, and Coventry—do not sell policies in the group health insurance market. However, these carriers have a significant presence in public health insurance programs (e.g., Medicaid). Table 3 shows the premiums written in Medicaid and Medicare for these carriers and other carriers that make up the top 10 in 2015. It is notable that only three plans listed below are not operating on the exchange, although carriers are affiliated with carriers that do: Florida True Health is an affiliate of Florida Blue and Simply Healthcare Plans is affiliated with Amerigroup. Florida MHS operates as an affiliate of Magellan Healthcare, Inc., which specializes in managed care and pharmacy benefits for patients with mental illnesses or multiple chronic health needs.

Table 3: Premiums Written in Medicaid and Medicare¹²

Insurance Carrier	2013 Medicaid	2014 Medicaid	2015 Medicaid	2013 Medicare	2014 Medicare	2015 Medicare
WellCare of Florida	997,888	1,634,115	2,210,376	963,418	1,068,267	1,249,058
UnitedHealthcare of Florida	514,724	1,453,618	1,827,611	585,869	390,665	364,320
Sunshine State Health Plan	567,861	967,436	1,460,853	141	3,375	7,912
Humana Medical Plan	225,032	708,851	1,194,467	4,240,460	4,517,410	4,928,459
Amerigroup Florida	436,324	697,606	1,051,493	29,788	31,796	43,936
Florida True Health	10,464	9,897	941,971	0	0	0

Carriers with experience in Medicaid may have expertise that enabled their participation in the marketplace. This is discussed further below.

Section 2 – New Developments Entering the Fourth Open Enrollment Period

Several developments affect the exchange in Florida for the 2017 enrollment period. Two major insurers have exited the Florida exchange—UnitedHealthcare and Aetna (Cigna exited after 2015 and planned to re-enter in 2017 but did not). One new insurer, Harken Health, a subsidiary of UnitedHealthcare, was planning to enter the marketplace in south Florida, but withdrew its filing. As a result of these exits, some rating areas are offering plans from only one carrier—Blue Cross and Blue Shield of Florida—for 2017. Seven carriers are participating in Florida’s marketplace for the 2017 plan year. Five are offering products both on and off the exchange while two are participating only in the marketplace. The carriers and total number of exchange products offered for 2017 are shown in Table 4.

Table 4: Participating Carriers and Number of Plans Offered (all metal levels), 2017¹³

Insurance Carriers	On Exchange Only	Off Exchange Only	On and Off Exchange
BC&BS of Florida	0	30	26
Celtic Insurance Co.	0	1	18
Florida Health Care Plan	0	10	33
Health First Commercial Plans	0	0	64
Health Options	0	22	20
Humana Medical Plan	16	0	0
Molina Healthcare of Florida	5	0	0

The Florida Office of Insurance Regulation released the rate filings for carriers operating in the individual market, both on and off the exchange. Increases requested from the seven plans continuing for 2017 are shown in Table 5.

Across all plans, the average percentage change approved was 19.1 percent compared with an average increase of 9.5 percent in 2016.

In March 2016, Florida passed a consumer protection measure HB 221, which became law in April and took effect on July 1. The law has two important effects on the operation of Florida marketplaces. First, it bans the practice of balance billing, where a patient’s ability to select a participating provider is limited. While balance billing had already been banned for enrollees in HMOs, the bill extends this protection to enrollees in preferred provider organization (PPO) and exclusive provider organization (EPO) plans. The bill also requires hospitals to identify providers who are in-network and explain to patients how to ensure their insurance plan will provide coverage.

Table 5: Percentage Changes Requested and Approved for 2017¹⁴

Carrier	Average Percentage Change Requested	Average Percentage Change Approved	Number of rating areas, 2016 (counties)
BC&BS of Florida	14.5	19.0	67
Celtic Insurance Co.	4.3	20.0	9
Florida Health Care Plan	12.3	15.4	4
Health First Commercial Plans	8.4	11.7	4
Health Options	13.8	18.9	45
Humana Medical Plan	43.6	36.8	13
Molina Healthcare of Florida	10.6	17.4	3

Section 3 – Selection of Local Sites

During the period studied for this report, multiple carriers were operating in all rating areas for at least one of the years, but participation varies greatly across the state. Five rating areas were chosen to illustrate the variability of competitiveness and other market characteristics that may factor into the success of the marketplace, such as the income levels and health of the population. For example, Table 6 illustrates how these counties compare on several common health rating measures.

Table 6: Selected Health Measures, by Selected Rating Area¹⁵

Measure	Duval	Gadsden	Hillsborough	Miami-Dade	Orange
Adult smoking	20%	18%	18%	12%	15%
Diabetes prevalence	12%	15%	11%	8%	9%
Uninsured	19%	23%	22%	33%	24%
Children eligible for free lunch	47%	80%	49%	63%	47%
HS graduation	68%	61%	73%	76%	74%

A recent report from the Robert Wood Johnson Foundation said Gadsden County is the least healthy county in Florida (St. Johns County, adjacent to Hillsborough County, is the healthiest). Table 7 below illustrates how premiums for the Florida Blue EPO (for 2016, the Blue Cross & Blue Shield EPO) have varied across these five areas since implementation.

Table 7: Average Premium for Florida Blue/Blue Cross and Blue Shield of Florida: 40-Year-Old Purchasing Silver Plan, by Selected Rating Area, 2014 - 2016¹⁶

Rating Area	2014	2015	2016
Duval	\$314	\$368	\$366
Gadsden	\$351	\$427	\$445
Hillsborough	\$304	\$337	\$352
Miami-Dade	\$379	\$444	\$443
Orange	\$332	\$382	\$398

Below is a brief summary of the characteristics of each rating area.¹⁷

DUVAL COUNTY (JACKSONVILLE)

Duval County is located in the northeast corner of the state. The population is 913,010 (2015) and median household income is \$47,582 (2014).¹⁸ The unemployment rate is 5.4 percent (2015).¹⁹ The largest city in the county is Jacksonville, which is home to several health insurers' headquarters and, most notably, it is the headquarters of Florida Blue. It is the home of the Mayo Clinic of Jacksonville, which employs nearly 500 physicians and operates a hospital with 304 beds. It is also home of Baptist Health, which operates a network of five hospitals and is affiliated with 45 primary care offices in Northeast Florida and Southeast Georgia.

Over the period 2014-2016, between four and five carriers participated in the Duval County market. The average premium in 2016 for a 40-year-old purchasing a silver plan was \$313 compared with \$322 in 2015 and \$301 in 2014. The Blues plans have the largest presence on the exchange. Florida Blue and Florida Blue HMO offered 53 and 24 plans, respectively, in 2014; 18 and 8, respectively, in 2015; and 18 each in 2016. There were no PPOs offered on the exchange in 2015 or 2016 by any carrier. Molina Healthcare has entered the Duval County market for the 2017 plan year.

GADSDEN COUNTY (QUINCY)

Gadsden County is located in the north central portion of the panhandle of Florida. The population is 46,036 (2015) and median household income is \$36,146 (2014).²⁰ The unemployment rate is 6.7 percent (2015).²¹ There are two hospitals in Gadsden County. The Gadsden County hospital was closed from 2005-2010 and then reopened as the Gadsden Memorial Campus of Capital Regional Medical Center. It operates an emergency room, lab services, and radiology and has four beds. The second is the Florida State Hospital, a state psychiatric hospital and mental institution in Chattahoochee. It has 949 beds.

Gadsden County is the only predominantly African-American county in Florida. Medicaid-eligible individuals in this county have the lowest number of standard plan options in Florida's statewide Medicaid managed care program (two compared with 11 in Miami-Dade).²² In October 2016, 12,479 residents (nearly 25 percent of the population) were enrolled in Medicaid.²³

Over the period 2014-2016, only two carriers participated in the Gadsden County market. UnitedHealthcare entered in 2015 and exited at the end of 2016. BC&BS of Florida has operated continuously and will be the only carrier in the Gadsden County market for 2017, offering plans at all metal levels. All plans offered for 2017 are EPOs. The average premium in 2014 for a 40-year-old purchasing a silver plan from Florida Blue was \$351. In 2016, a similar Florida Blue plan cost \$445 on average.

HILLSBOROUGH COUNTY (TAMPA)

Tampa is located in the central part of the state near the Gulf coast. It has a population of 1,349,050 (2015) and median household income of \$50,122 (2014).²⁴ The unemployment rate is 4.8 percent (2015).²⁵ Tampa is home of the University of South Florida, which has received numerous navigator grants. It is also the home of Moffitt Cancer Center, the sixth-ranked cancer hospital in the nation as rated by *U.S. News & World Report*.²⁶

Decisions Resources Group (DRG) recently identified several significant moves toward provider-payer integration in the Tampa area.²⁷ Two major health systems—BayCare and HCA West Florida—have recently built or acquired facilities. The DRG report suggests that BayCare plans to introduce a narrow network plan to commercial enrollees with the goal of expanding to Medicare Advantage and the exchange population in the future. It also indicates that BC&BS of Florida is actively engaging physician groups in accountable care organizations.

Over the period 2014-2016, five or six carriers participated in the Hillsborough County market. The two carriers initially offering PPOs—Aetna and Cigna—have left the market altogether. UnitedHealthcare entered in 2015 and exited at the end of 2016. Molina Healthcare has entered the market for the 2017 plan year. Florida Blue has operated continuously, offering plans at all metal levels. The average (unweighted) premium in 2014 for a 40-year-old purchasing a silver plan was \$305. In 2016, the average was \$316.

MIAMI-DADE COUNTY (MIAMI)

Miami-Dade County is located in the southeast corner of the state. Population in the county is 2,693,117 (2015) and the median household income is \$43,099 (2014).²⁸ The unemployment rate is 6.2 percent (2015).²⁹

The Miami-Dade rating area was chosen because it had early success with enrollment. The population in South Florida is a mix of retirees who may not yet be eligible for Medicare, many hotel and restaurant workers, and immigrants working for small businesses.

In summer 2016, Harken Health announced it was entering the Miami-Dade and Broward markets and then reported it would not be participating.

Over the period 2014-2016, between seven and nine carriers participated in the Miami-Dade County market. As in Hillsborough County, the two carriers initially offering PPOs—Aetna and Cigna—have left the market altogether. UnitedHealthcare entered in 2016 and exited at the end of the year. As in the other rating areas, Florida Blue has operated continuously, offering plans at all metal levels. The average (unweighted) premium in 2014 for a 40-year-old purchasing a silver plan was \$329. In 2016, the average was \$333.

ORANGE COUNTY (ORLANDO)

Orange County is located in the center of the state. It has a population of 1,288,126 (2015) and median household income of \$47,556 (2014).³⁰ The unemployment rate is 5 percent (2015).³¹

The Orange County rating area was heavily targeted by navigators in the 2016 enrollment cycle. A campaign involved the cooperation of hospitals and community organizations to increase awareness and access to health care coverage in central Florida using the Heart of Florida United Way's 2-1-1 Information and Assistance Helpline and a website (signupcentralflorida.com). The website does not currently exist.

Over the period 2014-2016, between four and five carriers participated in the Orange County market. The two carriers initially offering PPOs—Aetna and Cigna—have left the market altogether. UnitedHealthcare entered in 2015 and exited at the end of 2016. As in the other rating areas, Florida Blue has operated continuously, offering plans at all metal levels. The average (unweighted) premium in 2014 for a 40-year-old purchasing a silver plan was \$314. In 2016, the average was \$350.

Section 4 – Methodology

The data for this report come from several sources. Most of the quantitative data for the health insurance exchange were collected through publicly available websites (e.g., the Florida Office of Insurance Regulation). Data on insurance carrier premiums and enrollment were compiled from the health insurer statutory annual statements filed with the National Association of Insurance Commissioners. While these data were only available at the carrier-state level, they facilitate analysis of the overall market for health insurance in the state. (Much of this information was presented in the first section of this report). More detailed information about the operations of markets in the chosen rating areas was collected from the Health Insurance Oversight System (HIOS) for the period 2014-2016. Finally, additional information was gathered through a series of interviews with experts representing the range of health insurance stakeholders in Florida. These experts included two representatives from the FLOIR, two navigators, two independent insurance brokers, one exclusive insurance broker, two physicians, and one hospital representative.

Interviews with the experts ranged from 15 to 90 minutes. Experts were first asked to explain their involvement with the health insurance exchange and describe how their experience had changed since implementation. Tailored questions were directed to certain stakeholder groups. For example, regulators were asked to comment on current and proposed efforts to encourage competition. Navigators and agents were asked to explain how they assist consumers and to identify key successes and challenges in placing consumers on the exchange. All stakeholders were asked opinion-based questions, including their outlook on the viability of the exchange and the potential for a single-payer system. Every expert contacted was willing and enthusiastic to share their experience. Most experts were familiar with operations across the state and, notably, did not perceive large variations across the rating areas that were chosen, with the exception of Gadsden and Miami-Dade counties. Generally, experts felt that the Miami-Dade market and

markets in surrounding areas were competitive due to large populations and large medical communities. The same factors explain why the Gadsden County market is not competitive. The population is small and relatively poor, and many residents qualify for Medicaid.

The initial data collection, including interviews with stakeholders, took place in September 2016. The information in this report was updated through additional data gathering and follow-up phone calls in mid-November, after the beginning of open enrollment and post-election.

Section 5 – Outcomes of Competition and Highlighted Findings for Each Site

This section provides an overview of the findings from interviews with experts. Although experts were asked to comment on experiences in the chosen rating areas, they found it difficult to comment on the specific experience for any one area. Thus, many of the findings below are not unique to a particular rating area, but variations across the five areas are highlighted when relevant. The findings with respect to exchange conditions, generally, are discussed below, followed by more general comments on carrier participation and plan choice.

EXCHANGE CONDITIONS

Table 8 provides a summary of the enrollment experience for the Florida marketplace in 2016. A number of statistics are worth mentioning. First, over 1.75 million Florida residents selected a marketplace plan in the 2016 open enrollment period, of which 58 percent were re-enrollees and 42 percent were new to the exchange. Of the re-enrollees, nearly 75 percent automatically enrolled into their prior year plan. With state population at just over 20 million, over 8 percent of the population is receiving health insurance through the marketplace. A large majority of enrollees live in urban areas and are receiving financial assistance.

The brokers, agents, and navigators provide a perspective that considers primarily consumer access to the marketplace. These stakeholders commented mostly on the ease of enrollment, availability of plans, and access to services.

Registered navigators operate through a variety of organizations across the state. The largest is the University of South Florida, which provides services in cooperation with other entities, including Florida CHAIN (which serves the Gadsden County and Orlando areas, among others), the Family Healthcare Foundation (Tampa area), and Suwannee River Area Health Education Center (operates in nine rating areas). The networks of navigators formed through these partnerships helps to overcome the problem of reaching individuals in the more rural areas in Florida.

Since implementation, new navigator facilities have opened. For example, SRA International, a federal contractor, opened an Orlando Enrollment Assistance Center in 2015. SRA currently has 30 navigators operating across the state. In Jacksonville, the Epilepsy Foundation of Florida provides a free navigation

service that helps people through the process of buying health insurance. The foundation has over 70 navigators throughout the state.

Table 8: Summary of Enrollments, 2016³²

Total Eligible to Enroll in a Marketplace Plan		2,068,686
Eligible to Enroll in a Marketplace Plan with Financial Assistance		1,755,063
Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace		103,869
Number of Individuals Who Have Selected a Marketplace Plan		1,742,819
By Enrollment Type	New Consumers	42%
	Total Re-enrollees	58%
	Active Re-enrollees	43%
	Automatic Re-enrollees	15%
	Unknown Re-enrollment Type	0%
Proportion Who Switched Plans	Switchers as a Percent of Total Plan Selections	22%
	Switchers as a Percent of Total Re-enrollees	38%
	Switchers as a Percent of Active Re-enrollees	51%
By Financial Assistance Status	With Financial Assistance	91%
	Without Financial Assistance	9%
	With APTC (Non-Add)	91%
	With CSR (Non-Add)	71%
By Metal Level	Bronze Plan	15%
	Silver Plan	78%
	Gold Plan	4%
	Platinum Plan	2%
	Catastrophic Plan	1%
By Self-Reported Race/Ethnicity	American Indian/Alaska Native	0%
	Asian	6%
	Native Hawaiian/Pacific Islander	0%
	African-American	14%
	Latino	33%
	White	46%
	Multiracial	1%
By Rural Status	In ZIP codes Designated as Rural	3%
	In ZIP codes Designated as Urban	97%
By Household Income	<100% of FPL	2%
	≥100% - ≤150% of the FPL	55%
	>150% - ≤200% of the FPL	21%

Note: all percentages based on available data, excluding unknown.

Table 9 illustrates a change in the population of navigators assisting Florida residents for the past two years. There are 187 navigators officially registered in the state for the 2017 enrollment period. This is down from the previous year and reflects a net loss of 52 navigators. Although 18 new navigators were registered for 2017, 70 navigators did not register for the 2017 cycle.

Table 9: Number of Registered Navigators³³

Number of navigators registered for 2016	239
Number of navigators registered for 2017	187
Number of navigators registered for both years	169
Number that were registered in 2016, but did not register for 2017	70
New registered navigators for 2017	18

Insurance agents report that the number of agents and brokers assisting individuals with obtaining coverage is declining. Several related factors are driving this trend. First, the marketplace open enrollment period requires agents serving this market to essentially derive most of their income from this activity in just three months. The increased level of activity during open enrollment leaves agents less time to spend with all of their clients. For the marketplace enrollees, this is especially a concern, because this population generally needs more assistance than other clients, who may be more familiar with how insurance works. Second, commissions on coverage have reportedly dropped by as much as 70 percent of earlier levels. A list of all health insurance agents could not be obtained, but a general sense of the workforce in the chosen rating areas can be derived from a search of members of the National Association of Health Underwriters. Table 10 below shows the current number of members listed in the chosen rating areas. While the numbers do not indicate those selling individual policies or, specifically, helping clients with marketplace coverage, the numbers highlight a serious deficiency of expertise in Gadsden County. Individuals in this area often work with agents from Leon County (Tallahassee), an adjacent rating area. Agents indicated that they generally serve customers in their area, but it is common to help individuals in other parts of the state. It is a challenge, however, for someone in an area like Gadsden County to locate an agent who can meet face-to-face.

Navigators and agents in Florida have several common concerns about the marketplace. Initial concerns, back when the marketplace was first implemented, involved accessing information for potential enrollees and general concerns that the system was difficult for enrollees to understand. Both parties agree that Florida’s resistance to expanding Medicaid continues to be a problem, though people who have insurance through the marketplace are benefiting from the coverage. These individuals are obtaining necessary, but often high-cost services, which contribute to the increase in premiums.

Over time, concerns have shifted to the ability of enrollees to maintain their coverage. Problems stem from several factors, mainly related to the increasing cost of coverage. Navigators noted that a large number of individuals will stop paying premiums when they are financially constrained. This voids the insurance policy, and they must wait until the next open enrollment period to regain coverage.

Table 10: Licensed Health Insurance Agents in Selected Rating Areas³⁴

County	Number of NAHU members within 25 miles of rating area central ZIP code
Duval	78
Gadsden	2
Hillsborough	141
Miami-Dade	43
Orange	114

The regulators are concerned that consumers are gaming the system, enrolling in the fall, but then discontinuing coverage later in the year after they have obtained necessary care. Navigators and agents generally felt that the system has improved, but some enrollees still fall through the cracks and miss important deadlines for submitting required paperwork (e.g., to retain the subsidy). Both groups admitted that it has gotten easier to contact someone for answers, but that it is difficult to fix problems, such as reinstating eligibility for a subsidy after it has been automatically removed.

Agents, who can steer clients to products both on and off the exchange, noted that they typically only place clients on the exchange if they qualify for a subsidy. Plans off the exchange are similarly priced, but there are more options, including choices among PPO plans, which are no longer available in the marketplace. The number of off-exchange options are decreasing along with on-exchange options, and the cost of coverage in both realms is increasing. One agent noted that a majority of marketplace enrollees have been dropping down to a lower metal level, thus taking more risk but maintaining coverage. Navigators who were interviewed suggested that the number of options was too high initially and were less concerned than agents that choices have been reduced over time.

In poorer areas, such as Gadsden County, agents are spending a lot of time explaining how insurance works and dispelling the notion that the ACA provides free insurance. Agents noted that consumers who attempt to figure out the marketplace without assistance are making a lot of mistakes. Changes in marketplace options have required agents to reinvent themselves and find new ways to provide value to their clients each year. Agents agreed that the administrative costs associated with the extra time and materials spent on educating clients are a significant factor driving the increase in premiums.

CARRIER PARTICIPATION AND PLAN CHOICE

Table 11 provides a comparison of carrier participation and premiums across the five Florida study areas, for the period 2014-2016. Note that Florida Blue and Florida Blue HMO are counted as two carriers in the following analysis.

In Gadsden County, all 2017 plans are offered by Florida Blue. In Orange County, the 34 plans available for 2017 are offered by Florida Blue and Florida Blue HMO.

The experts in all areas agreed that the history of carrier involvement in the Florida marketplace is a concern. Expectations that carrier participation would increase and eventually stabilize were only partly

realized. In most areas of the state, participation increased from 2014 to 2016, but the exit of three large insurers created significant search costs for consumers who were forced to select new plans. Most stakeholders were especially pessimistic about the decline in carrier participation for 2017, reflecting a concern that the system was collapsing or in a “death spiral.” They were not concerned about the decline in the number of plan choices, generally, as they felt there may have been too many options for consumers to adequately compare. Only navigators were unconcerned about the decline in the number of carriers offering coverage, as their focus was only that there be an adequate product.

Table 11: Number of Plan Selections (and Participating Carriers), by Year³⁵

Rating Area	2014	2015	2016	2017
Duval	89 (4)	39 (4)	51 (5)	57 (4)
Gadsden	27 (1)	17 (2)	17 (2)	13 (1)
Hillsborough	106 (6)	49 (5)	52 (5)	60 (5)
Miami-Dade	141 (9)	82 (7)	60 (7)	61 (5)
Orange	101 (5)	49 (5)	36 (4)	34 (2)

Carriers that continue to participate in the Florida marketplace exhibit two unique advantages. First, the largest insurer in the state—BC&BS of Florida/Florida Blue—has had a strategic advantage in negotiating relationships with health care providers statewide for many years. These relationships were easily leveraged to allow the carrier to operate in all rating areas, using subsets of its network of hospitals and other health care providers who were generally satisfied with their reimbursements. On the other hand, prior to the ACA, several insurers had made a significant step into the Medicaid business. Experience in dealing with the Medicaid population seems to have been easily transferable to dealing with exchange enrollees, especially as some naturally move back and forth between the two insurance programs.

The lack of stability in the market is not only a concern for search costs. Navigators and agents report that a majority of time spent with clients is in evaluating the networks of providers that participate in various plan options. The formation of narrow networks may be leaving some consumers with inadequate options for receiving care.

Three major insurance carriers—Aetna, Cigna, and UnitedHealthcare—have largely left the Florida marketplace, citing an inability to make a profit on marketplace business. Regulators are concerned that this means over 600,000 enrollees will have to look for new coverage for the 2017 plan year. The carriers’ main concern is their inability to underwrite the coverage and the increase in administrative costs. One of their biggest challenges, aside from the constraint on accounting for health risks, is that they are now dealing with lower-income individuals, many of whom never had health insurance. Facing rising costs, the carriers in Florida have cut commissions to agents each year. They have also significantly reduced their workforces, according to one carrier representative who was interviewed.

Table 12 illustrates the underwriting profitability of all Florida health insurers that operated in the individual market in 2015, for the period 2013-2015. For comparison, the table also provides the loss ratios reported

by these carriers for their group health business. Profitability is measured by the loss ratio, calculated by dividing the total amount of services provided by total premiums earned. Smaller loss ratios signify higher profitability. But because premium income must also cover administrative costs, values approaching or exceeding “1” represent underwriting losses. The values shown in the table are not specific to marketplace business, because insurers do not report their marketplace business separately from their other individual (off exchange) plan business. Nonetheless, the figures are instructive for understanding why some major carriers have left the state. For example, Aetna reported a dramatic reduction in profitability between 2014 and 2015 (i.e., the loss ratio increased from 0.757 to 0.990). UnitedHealthcare reported loss ratios above 1 in both 2014 and 2015. Cigna, which exited the marketplace after 2015, was reporting loss ratios above 2.0.

Table 12: Underwriting Profitability of Florida Health Insurers, 2013-2015³⁶

Insurance Carrier	Individual Plans			Group Plans		
	Enrollees 2015	Loss Ratio 2013	Loss Ratio 2014	Loss Ratio 2015	Enrollees 2015	Loss Ratio 2015
Aetna Health (a FL corp.)	38,284	0.804	0.757	0.990	173,718	0.810
Amerigroup Florida	41,563	0.896	0.894	0.877	--	--
AvMed	14,887	0.664	0.730	0.947	78,876	0.820
BC&BS of Florida	484,477	0.805	0.941	0.830	536,276	0.750
Cigna HealthCare of FI Inc.*	12	1.149	2.092	2.561	223	0.784
Coventry Health Care of Florida	235,525	--	0.970	0.913	42,207	0.798
Coventry Health Plan of Florida	3,762	0.763	0.807	0.931	--	--
Florida Health Care Plan	2,911	1.106	0.988	0.782	33,742	0.816
Florida Health Solution HMO	108	--	--	0.800	--	--
Health First Insurance	1,141	0.706	0.885	0.836	765	0.945
Health Options Inc.	87,380	0.881	0.954	0.891	220,040	0.759
Health First Health Plans (Old)	8,538	--	--	0.877	17,278	0.780
HealthCare Services Corp.	491	1.504	1.978	1.415	27,794	0.874
Humana Health of Florida	18,086	0.753	0.771	0.816	2,550	0.582
Humana Medical Plan	264,328	0.528	0.979	0.945	158,740	0.831
Molina Healthcare of Florida	133,199	--	0.814	0.720	--	--
Preferred Medical Plan	47,908	0.785	0.657	0.797	1,280	0.946
Sunshine State Health Plan	14,701	--	0.582	0.674	51,271	0.957
UnitedHealthcare of Florida	135,657	0.972	1.002	1.082	95,077	0.755
WellCare of Florida	55,111	0.898	0.975	0.948	--	--

A clearer understanding of the impact of changes in underwriting profitability on insurers’ decisions to remain in the marketplace and on their pricing strategies would require additional consideration of their operations in other lines of business (e.g., Medicaid and Medicare), the locations where they operate in the state, and their association with a larger group that operates nationally. Sunshine State Health Plan, for example, reported covering 462,000 Medicaid enrollees. Sunshine’s individual loss ratio experience (0.674 in 2015) suggests that its experience with Medicaid enrollees may work as an advantage in covering marketplace enrollees.

PREMIUMS AND OTHER COST FACTORS

Premiums for Florida marketplace plans vary across rating areas. In the areas studied, premiums have risen from 2014 to 2017. The premium for the lowest-cost silver plan offered to a 40-year-old in Miami-Dade County rose by about 15 percent, while the premium for the same enrollee in Gadsden County increased 43 percent. Tables 13 and 14 illustrate the range of premiums for silver plans offered to a 40-year-old. Table 13 shows the price of the lowest-cost silver plan. For comparison, Table 14 shows the price of the second-lowest-cost silver plan. In all five study areas, the carrier offering the lowest-priced plans has changed over time and, in most cases, the carrier with the lowest-priced plan also offers the second-lowest-priced plan. The particularly close ties between carriers in Hillsborough and Miami-Dade in 2015 give some indication of competitiveness going into the second plan year. This pattern is not repeated in 2016, when one carrier dominates in offering the two lowest-priced plans in four of the five study areas.

Table 13: Premiums for Lowest-Cost Silver Plan by County, 2014-2017³⁷

County	2014	2015	2016	2017
Duval	\$227 (Coventry)	\$271 (Coventry)	\$263 (Celtic)	\$293 (Molina)
Gadsden	\$318 (Florida Blue)	\$313 (United HC)	\$347 (United HC)	\$455 (Florida Blue)
Hillsborough	\$231 (Humana)	\$275 (Florida Blue)	\$247 (Celtic)	\$291 (Ambetter)
Miami-Dade	\$247 (Preferred Med)	\$274 (Ambetter)	\$258 (Celtic)	\$283 (Ambetter)
Orange	\$252 (Humana)	\$288 (Humana)	\$302 (Health Options)	\$326 (FL Blue HMO)

Table 14: Premiums for Second-Lowest-Cost Silver Plan by County, 2014-2017³⁷

County	2014	2015	2016	2017
Duval	\$256 (Florida Blue)	\$272 (Coventry)	\$266 (Celtic)	\$297 (Molina)
Gadsden	\$328 (Florida Blue)	\$339 (United HC)	\$350 (United HC)	\$480 (Florida Blue)
Hillsborough	\$243 (Florida Blue)	\$275 (Humana)	\$250 (Celtic)	\$301 (Ambetter)
Miami-Dade	\$269 (Coventry)	\$274 (Molina)	\$261 (Celtic)	\$293 (Ambetter)
Orange	\$275 (Florida Blue)	\$298 (United HC)	\$311 (BC&BS)	\$347 (FL Blue HMO)

Agents and navigators both agreed that enrollees are not selecting plans solely on the price. As noted above, they spend a lot of time evaluating the network of providers offered through various plans. In the Hillsborough County area, individuals are reportedly most concerned that Moffitt Cancer Center, located in Tampa, is a participating provider.

While premiums have been going up, agents note that their commissions have decreased substantially. Health care providers have also become less interested in participating, primarily due to problems with reimbursement. Hospitals across the state have been asked to accept Medicaid rates, which have long been considered inadequate. Further, the 90-day grace period allowed for paying the initial premium poses a challenge for hospitals and other health care providers, as they cannot confirm whether an enrollee has actually paid for coverage. Smaller providers, especially, lack the resources to ensure that

each patient has valid coverage. Many providers are looking for opportunities to join larger practices. Some hospitals are buying provider practices to increase negotiating power.

Hospitals in the Miami-Dade area have kept their rates lower, and there is more competition, due to the number of hospitals in the area. In Tampa, hospitals have seen more of the “bait and switch” tactic from carriers and they have become careful in negotiating with plans.

NETWORKS

Health care providers in Florida concur that the health care environment in the state has changed dramatically. Physicians and hospital representatives note that they were initially very interested in participating with carriers offering coverage on the exchange. In the Miami-Dade area, the size of the medical community made it difficult for some physician practices to obtain agreements, as carriers were selective in their contracting arrangements. Carriers turned to larger medical networks and did not want to negotiate with a multitude of smaller providers. This has encouraged physicians in the urban areas to join larger practices.

Hospitals were also interested, at the outset, in participating with marketplace plans. Many of the hospitals affiliated with the Florida Hospital Association (FHA) partnered with navigators to help reduce the confusion among their patients because they perceived the value in patients having coverage. Hospital representatives confirm that uncompensated care has decreased. However, visits to emergency rooms have not decreased, possibly because enrollees cannot locate a provider and are more familiar with this way of accessing services. Hospitals are generally in favor of establishing network adequacy standards to address this problem.

Hospital experts agree there needs to be more clarity about whether a hospital is in a particular network. They cited at least one instance in which a hospital signed with a plan, but then later learned it was not part of the plan. Other hospitals were later carved out of the network with no notice. In the meantime, care was provided to enrollees, but the carriers did not provide compensation. The provider directory requirement should help as long as the directory is up to date and accurate.

OTHER CONCERNS

Florida insurance regulators suggest that most marketplace business is price driven and that carriers are price competitive. In the first years, the primary concern was whether carriers were going to charge adequate premiums for the coverage. There is little concern about the number of plans offered by the carriers. Regulators suggest there is little difference across plans in terms of coverage (except for the network), given the standards established by the ACA. Companies cannot be forced to participate, and many carriers have been hurt by the risk-adjustment process. In many parts of the state, the marketplace is only working because of Florida Blue’s long-standing good record in the Florida market.

As noted above, carriers that are heavily invested in Medicaid managed care are getting better prices from health care providers and have been able to keep premiums lower as a result compared with carriers that operate mostly in the commercial market.

Insurance carriers have struggled with estimating the extent of adverse selection in the marketplace. That's because the population seeking coverage is a mix of high-risk types who had been denied coverage and high- and low-risk types who had previously remained uninsured for other reasons, such as affordability. Since the allowed underwriting criteria are limited, carriers have limited opportunities (e.g., via deductibles) to steer enrollees into actuarially fair plans based on their risk. Moreover, the operation of the exchange creates additional opportunities for adverse selection (e.g., by taking advantage of special enrollment periods). The experts agreed that more attention should be spent on ways to prevent enrollees from opting in and out of coverage.

Similarly, in the Miami-Dade area, agents and navigators were also concerned that eligibility for special enrollment includes having a baby, but is not triggered by pregnancy. This was especially a problem when the governor urged pregnant women to get tested for the Zika virus, which has been detected in the Miami area. Pregnant women seeking coverage in the marketplace were denied.

Section 6 – Analysis

While the overall experience in the Florida marketplace appears to be a success, analysis across the five study areas suggests there is practically no competition in some areas, such as in Gadsden County, where only one carrier is offering coverage. These areas may not attract a sufficient number of enrollees because the population is already covered by Medicaid. These areas also tend to be more rural, and the ability of plans to create cost-effective networks is limited because of the composition of the market for health care services. Navigator assistance is generally available in all rating areas, due to many partnership arrangements. However, the number of health insurance agents who are serving the individual market appears to be concentrated in the more urban areas.

Over 90 percent of enrollees in Florida are receiving a subsidy to purchase a plan. Cost increases for 2016 were roughly \$2 per month for individuals receiving subsidies. While larger increases are expected for the 2017 plan year, a recent analysis finds that 82 percent of marketplace consumers in Florida would be able to purchase coverage for less than \$75 per month, even if all rates went up 25 percent.³⁸

No new carriers entered the marketplace for the 2017 plan year. Regulators have spoken with all health carriers in the state to encourage participation, but carriers report an inability to turn a profit on exchange business and their opportunities to innovate are limited. Florida Blue experimented with offering a low-cost, highly managed HMO plan, “MyBlue,” but customers complained that they could not find participating doctors. All of the stakeholders expressed concern that the ACA addressed the financing of health care services, but did little to encourage more effective utilization. A representative from one of the accountable care organizations in South Florida expressed some hope that the development of enhanced data systems that track utilization and outcomes across all parts of the health care system will help improve the tailoring of financing arrangements. Many enrollees in the marketplace had pent-up needs for health care services, and perhaps premiums will stabilize when this pent-up demand is met.

LOOKING AHEAD

Among the experts interviewed, navigators and regulators were the most optimistic about the future of the marketplace. These groups cited the marketplace's success in providing coverage for 1.7 million enrollees. Navigators had no suggestions for improving the current situation and expressed faith that participating carriers and available plans will eventually stabilize. The regulators similarly thought that the current death spiral-like conditions were temporary growing pains and that the marketplace will stabilize as insurers get more experience. They were mainly concerned that new regulations (e.g., keeping guaranteed issue but removing the mandate) would be extremely harmful to further development.

The future of the ACA and the state marketplaces became more uncertain after the 2016 election. The Trump administration has not released any plans, nor have there been any specific Republican proposals for repeal or replacement, despite four years of opposition to the ACA. Clearly, a complete repeal has significant consequences, as it would leave many Americans without coverage once again. Florida, with the most successful enrollment experience, would consequently be the hardest hit. Relaxing some of the "details" could also cause more harm than good, especially those that further complicate the adverse selection problems. Rather, focusing on policies that encourage carrier participation, such as allowing for plans with adjusted/modified essential benefits and revisiting rules regarding HSAs, should be considered to improve the stability of the Florida exchange going forward.

Regardless of how health insurance policy shakes out, Florida's marketplace experience offers some lessons going forward. Most importantly, the success of Florida's exchange to date can be traced to (1) a wide network of navigators providing consumer assistance across the state, (2) at least one carrier with a long history of participation across the state, and (3) carriers with experience in Medicaid. The importance of these factors, as discussed in this report, will be especially important when considering future health insurance reforms in the United States.

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