



CMS NEWS

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CMS issues updated county by county analysis of current projected issuer participation in Health Insurance Exchanges

Issuer participation in the Exchanges continues to decline

The Centers for Medicare & Medicaid Services (CMS) is releasing an updated [county-level map](#) of projected issuer participation on the Health Insurance Exchanges in 2018 based on the known issuer public announcements through June 27, 2017. This updated map shows that coverage choices on the Exchanges continue to disappear week to week. Plan options are projected to be down from last year and, and in the last two weeks Americans in four additional counties are projected to have no coverage options available to them on the Exchanges.

“We continue to see a decline in issuer participation in the Health Insurance Exchanges leaving consumers with fewer and fewer insurance options,” said CMS Administrator Seema Verma. “I am deeply concerned about the crisis situation facing the individual market in many states across the nation.”

The CMS map displays projected individual market Exchange coverage based on Plan Year 2018 announced issuer exits and entrants. Participation is expected to fluctuate and does not represent actual Exchange application submissions. It currently shows that nationwide issuer participation continues to decline and that 49 counties are projected to have no issuers, meaning that Americans in these counties could be without coverage on the Exchanges for 2018. It’s also projected that as many as 1,300 counties - over 40 percent of counties nationwide – could have only one issuer in 2018. This could represent as many as 2.4 million Exchange participants that won’t have any choice and may not be able to receive the coverage they need. Currently for 2018, at least 36,000 active Exchange participants live in the counties projected to be without coverage in 2018.

CMS continues to work with state departments of insurance and issuers to address bare counties, exploring all options available under current law to provide Americans with access to coverage.

Issuers are still in discussions with their respective State Departments of Insurance to discuss rates, participation, and whether they intend to expand or retract their current county level coverage. The final deadline for issuer changes to

the Qualified Health Plan applications for the Federally-facilitated Exchanges is August 16, 2017. In addition, issuers have until September 27, 2017 to sign their final QHP agreements.

The Department of Health and Human Services (HHS) is committed to doing everything permitted under current law to provide patients with immediate relief from damage the Exchanges has done to the individual and small group health insurance markets. HHS actions are intended to stabilize the markets, increase choices, and lower costs. You can learn more by visiting [hhs.gov/relief](https://www.hhs.gov/relief).

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