



# 2017 Minnesota Health Access Survey

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- Brief overview of the MNHA
- 2017 Results in Context
- Covering the uninsured – 2017 and beyond

# Brief overview of the Minnesota Health Access Survey

- General Population Telephone Survey
- Comparable data back to 2001, conducted biennially since 2007

## 2017 Stats:

- 12,436 completed interviews
- Fielding period: June through early October 2017
- Sample design:
  - 75% cell phone/25% landline
  - Screening for age
  - Oversampled pre-paid cell phones
- Response rate: Overall: 28.8%
- Weighted to MN population using 2016 American Community Survey (ACS)

# Other Uninsurance Estimates

- Much activity in this space:
  - National surveys and polling on national data
  - Some estimates for large states are possible
- For Minnesota, MNHA is the richest source of information
  - Survey specifically aligned to Minnesota (uses Minnesota-specific terms)
  - Asks multiple questions to determine health insurance coverage
  - Sample is designed based on state geography and demographics
  - Timely and can be aligned with changing policy questions



# 2017 Results in Context

# What changed in Minnesota Between 2015 and 2017?

**2015**

Unemployment Rate: 3.8%

Average Weekly Wages

State Economy: \$328.4B

0 to 65 Population Growth

65+ Population Growth

**2017**

Unemployment Rate: 3.6%

Average Weekly Wages

State Economy: \$352.0B

0 to 65 Population Growth

65+ Population Growth

0.2 pp

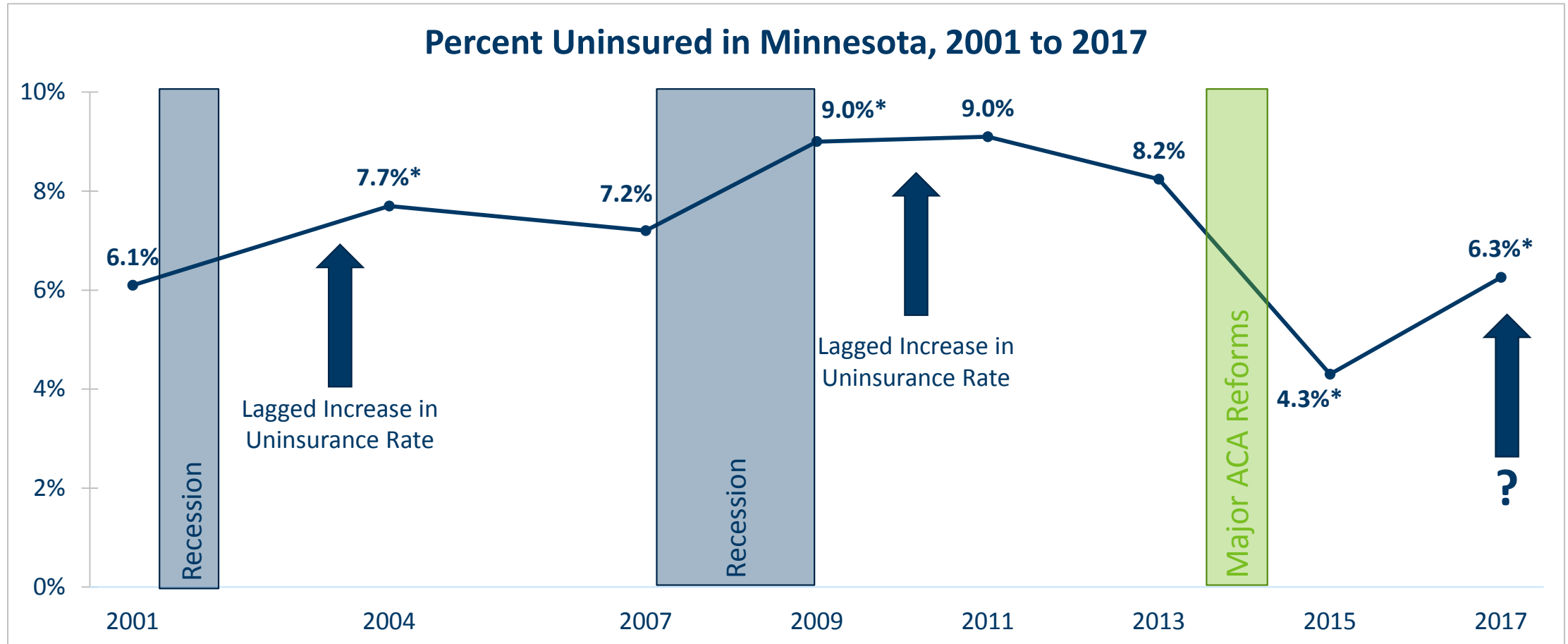
No change

7.2%

1.2%

4.6%

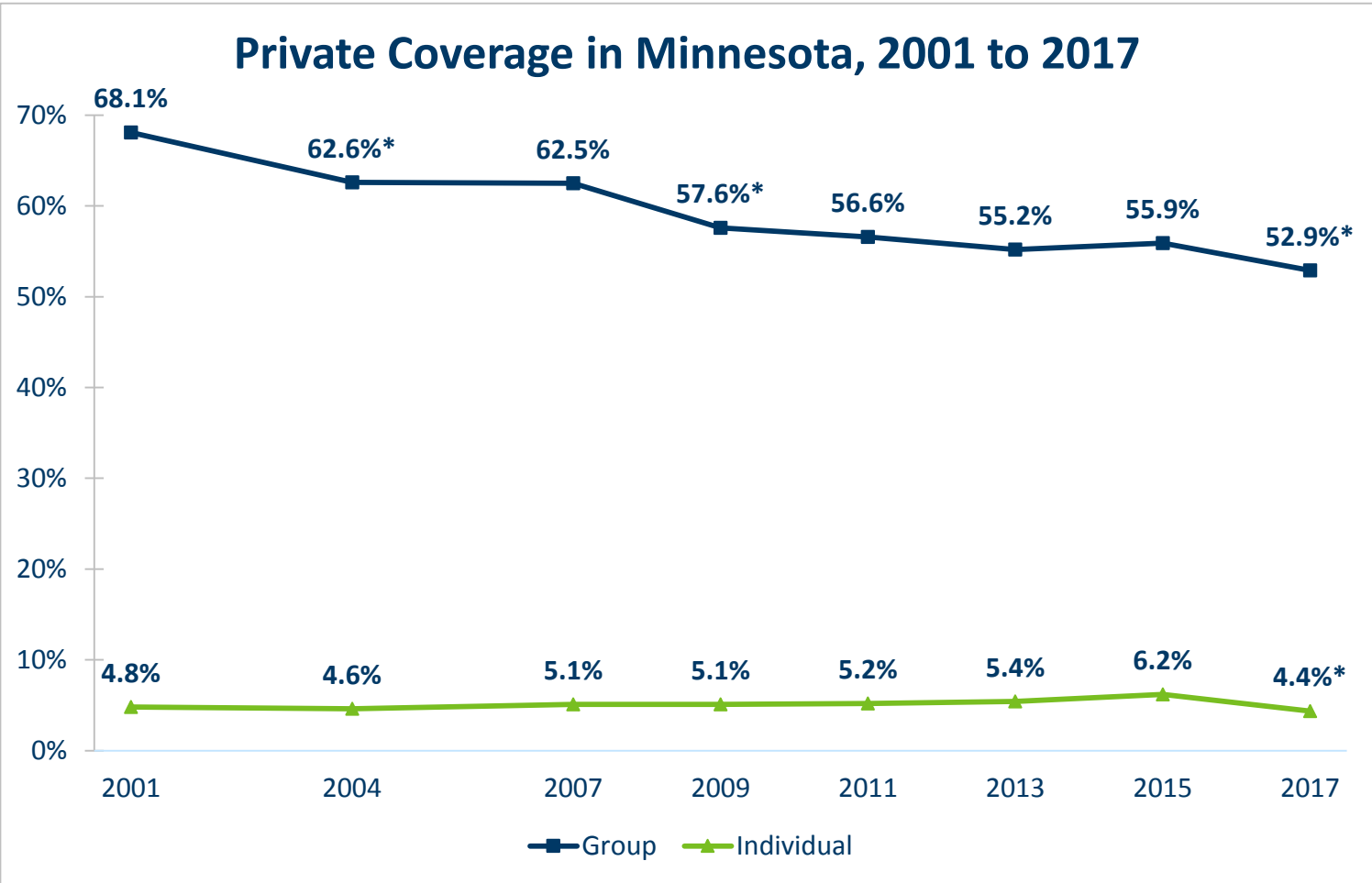
# Minnesota Uninsurance Rate Rose Significantly in 2017



\* Indicates statistically significant difference from previous year shown at the 95% level

Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Coverage Through Individual Market and Employers Fell



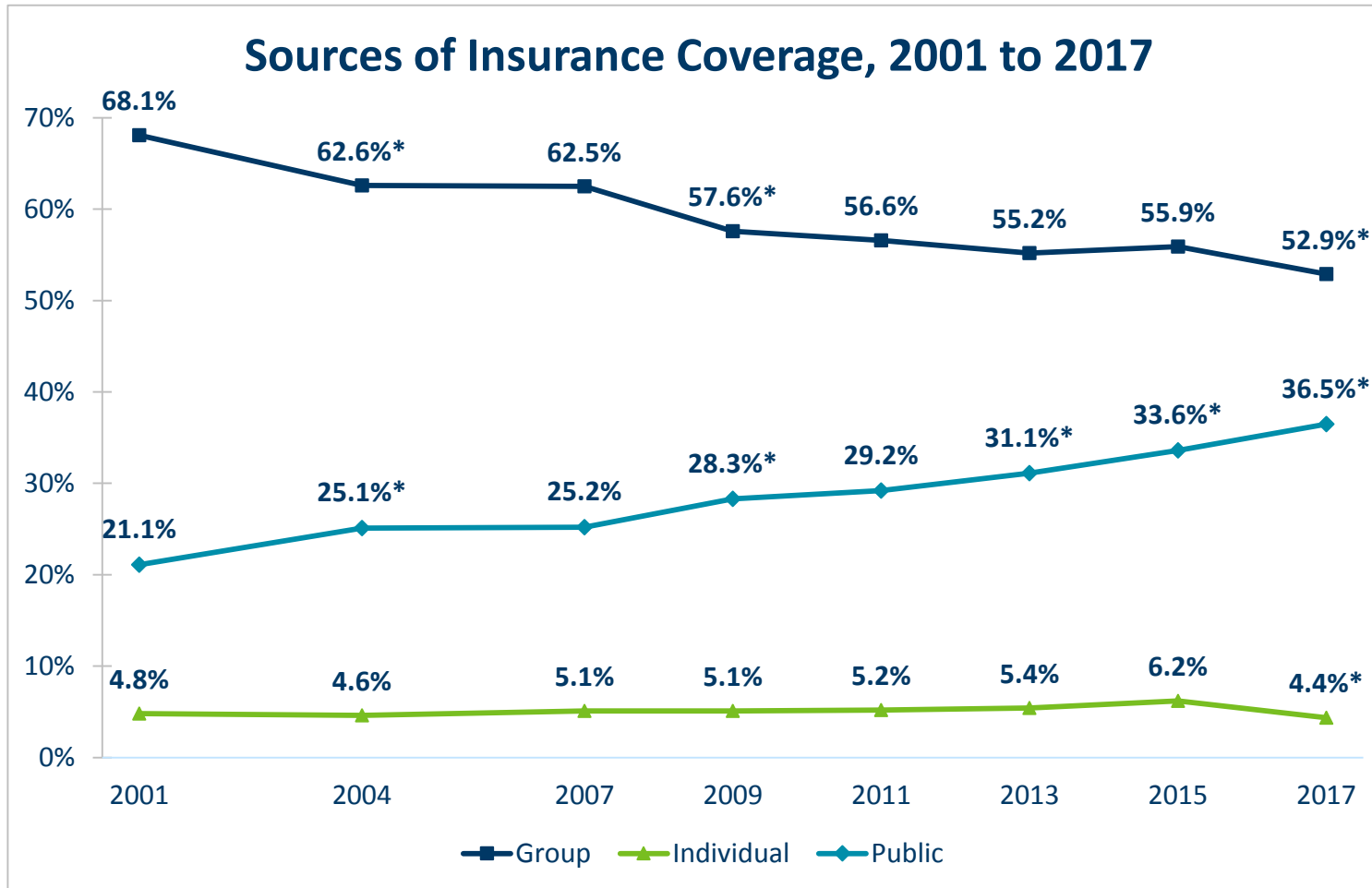
- Fewer people connected to employers offering coverage
- Declining take-up among children
- High costs (both group and individual markets)
- Uncertainty around coverage

\* Indicates statistically significant difference from previous year shown at the 95% level

Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.



# Public Coverage increases did not make up for private coverage decreases



- More people aging into Medicare (responsible for 40% of the increase)
- Fewer people losing public coverage and becoming uninsured
- Eligible people have more options to enroll, better support than in the past and more exposure to the issue

\* Indicates statistically significant difference from previous year shown at the 95% level

Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Volatility and Uncertainty in the Health Policy Space

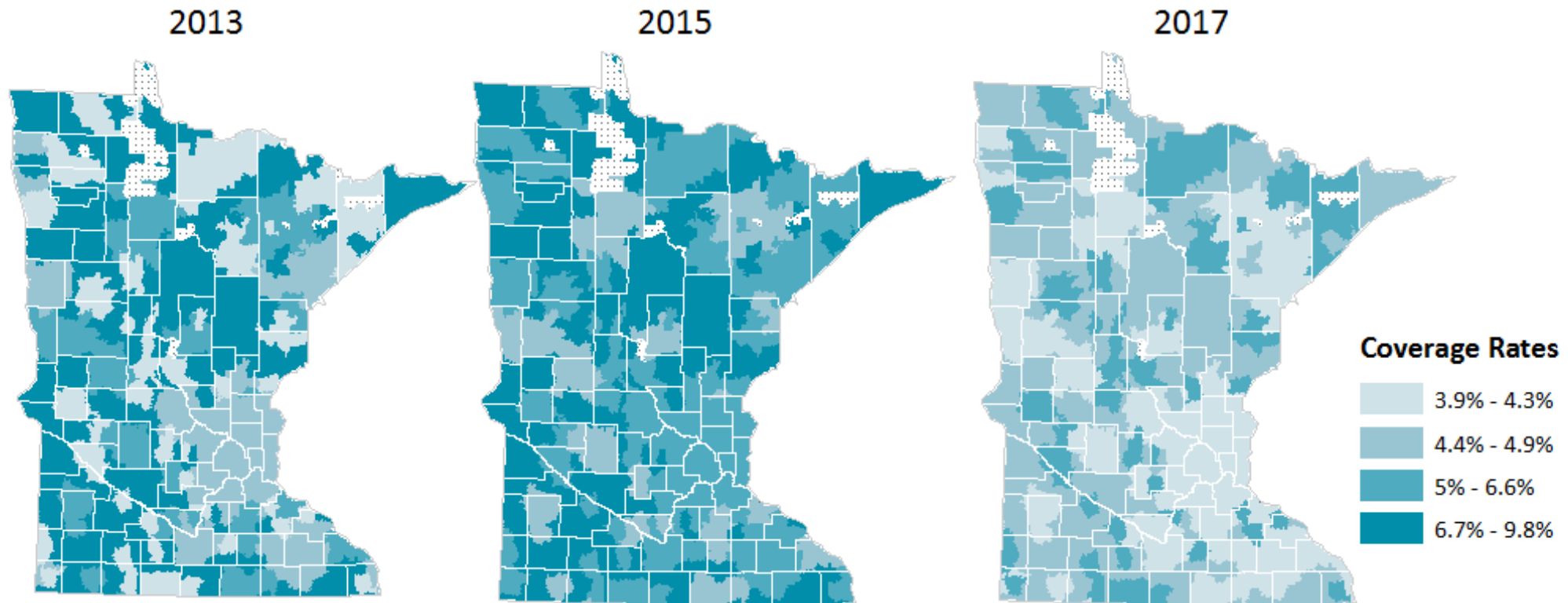
- Uncertainty throughout the year
  - Will the ACA be repealed after election?
  - Wait for state response to high individual market premiums
  - ACA repeal votes in Congress
  - Ending CSR subsidies
  - Individual Mandate penalty set to \$0 for 2019
- Continued increasing health care costs (premiums/cost sharing) for private insurance

# Individual Coverage

- Most sensitive to uncertainty and debate surrounding health insurance
- Significant changes occurred in the market in Minnesota in 2017
- Approximately 2 percent decline in enrollment, which corresponds with a documented enrollee decrease as of June 2017
- Demographic profile of the individual market did not change
  - Over one-fourth are over age 55 (average age is still increasing)
  - Nearly half of all enrollees have incomes over 400 percent FPG
- Of those who lost individual coverage, about 1/3 (36%) became uninsured, while the rest went to other coverage

# Rural Minnesota Saw a Steeper Decline in Individual Coverage from 2013

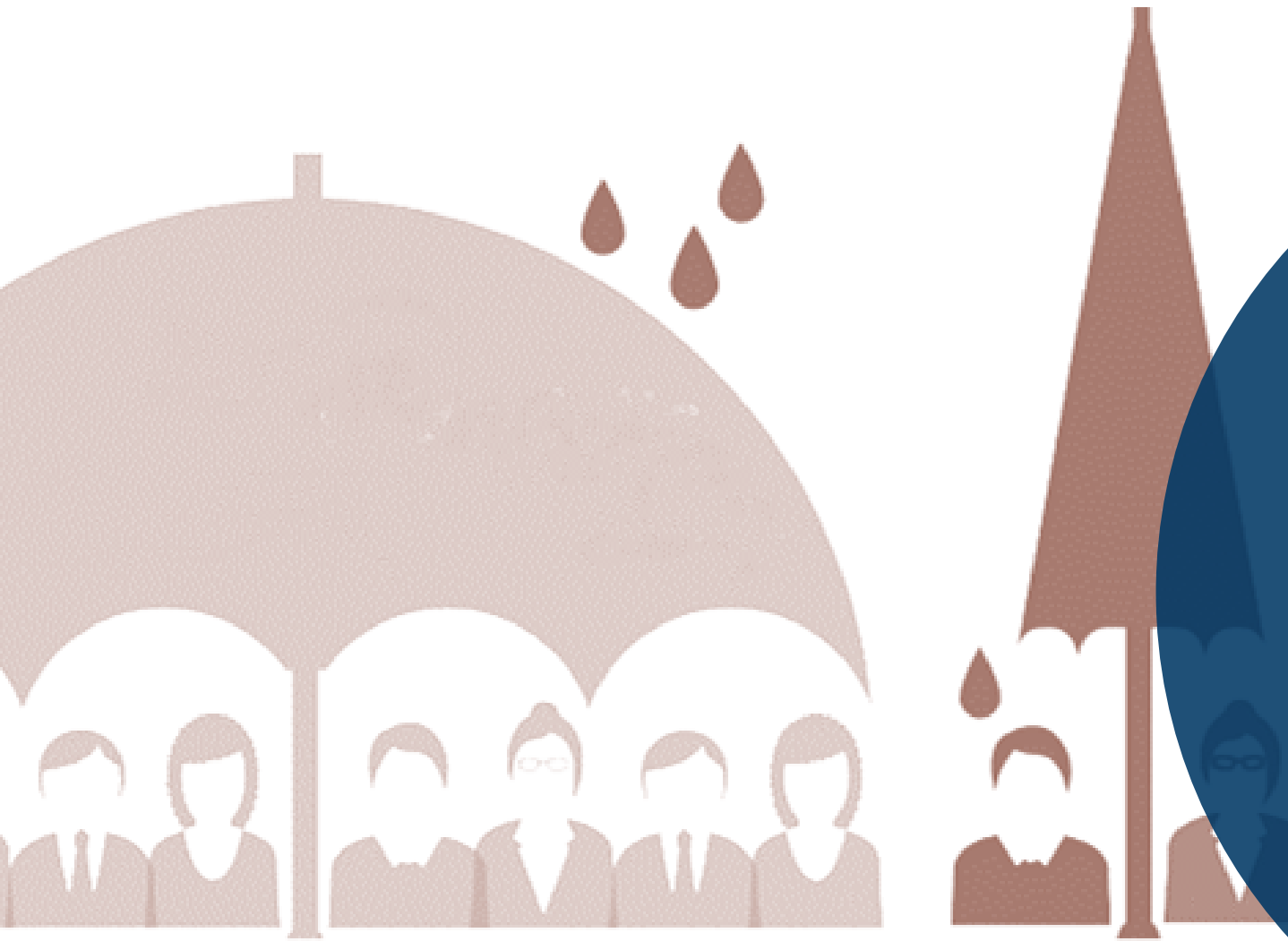
## Individual Market Coverage by Rural-Urban Commuting Area



**Source:** Minnesota Department of Health analysis of Minnesota Health Access Survey from 2013, 2015, and 2017. ZIP codes shown are based on an approximation of Census-tract based rural-urban commuting codes from the WWAMI Rural Health Research Center using 2010 Census work-commuting data, 2012 Census Bureau revised urban area definition based on 2010 Census data, and 2013 ZIP codes. Areas without color are not assigned a ZIP code.

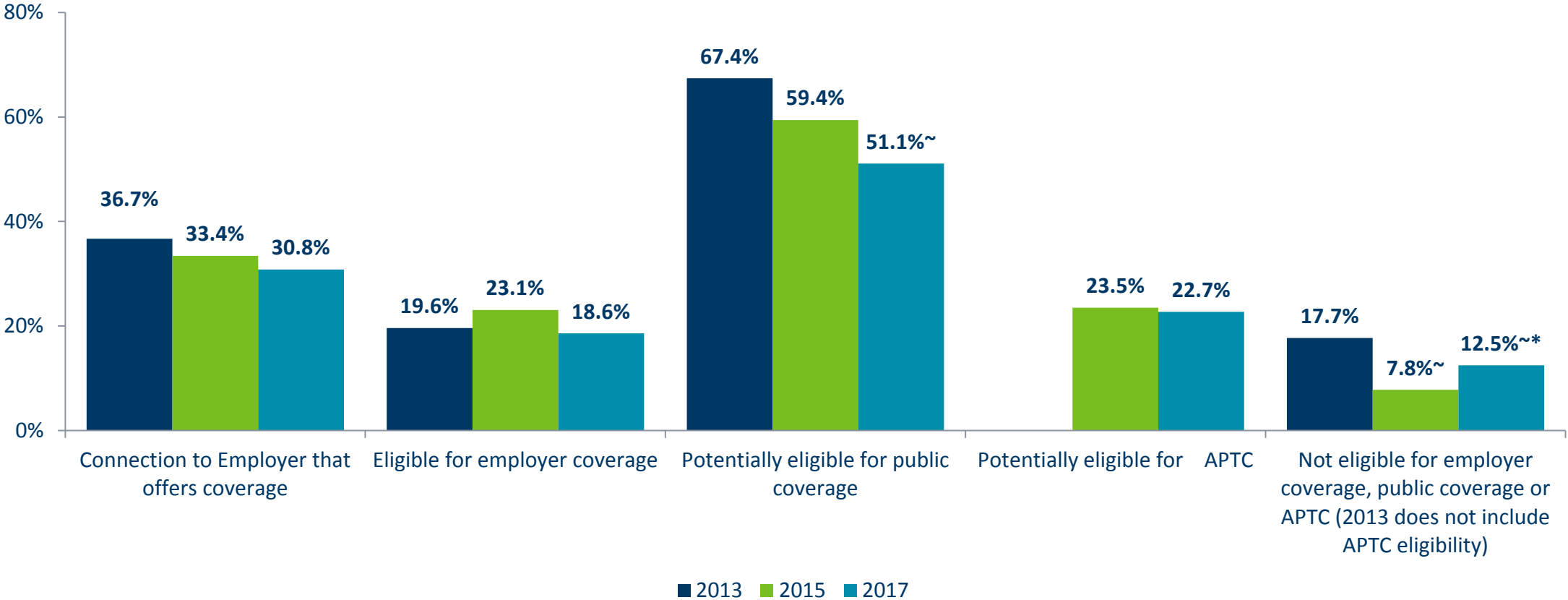
# The MNsure Good News

- Enrollment through MNsure has kept growing, despite the shrinking market
  - Over half of individual market enrollees purchased coverage through MNsure; in 2015, that number was about 16 percent
  - Indirect evidence: greater stability in public program enrollment
- Based on income, most people *enrolled* in individual market coverage who are eligible are getting premium subsidies.
  - There are still 75,000 uninsured Minnesotans who could potentially benefit from premium subsidies
- Other studies tell us access to navigators helps enrollment
  - More Minnesotans are enrolling in and maintaining public program coverage.
  - MNsure provides another option to enroll aside from counties and brokers



# Covering the Uninsured: 2017 and Beyond

# Potential Sources of Coverage for the Uninsured

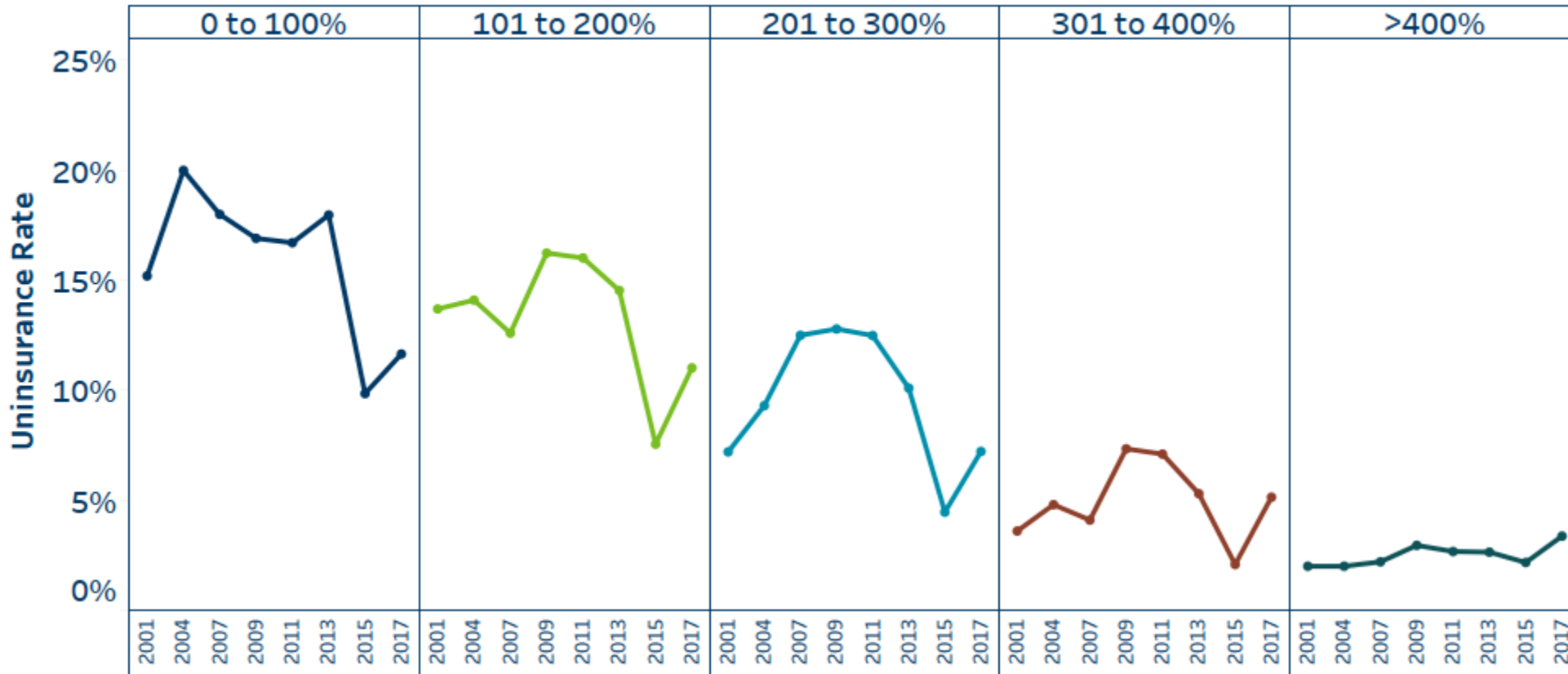


\* Statistically significant difference from 2015 at the 95% level

~ Statistically significant difference from 2013 at the 95% level

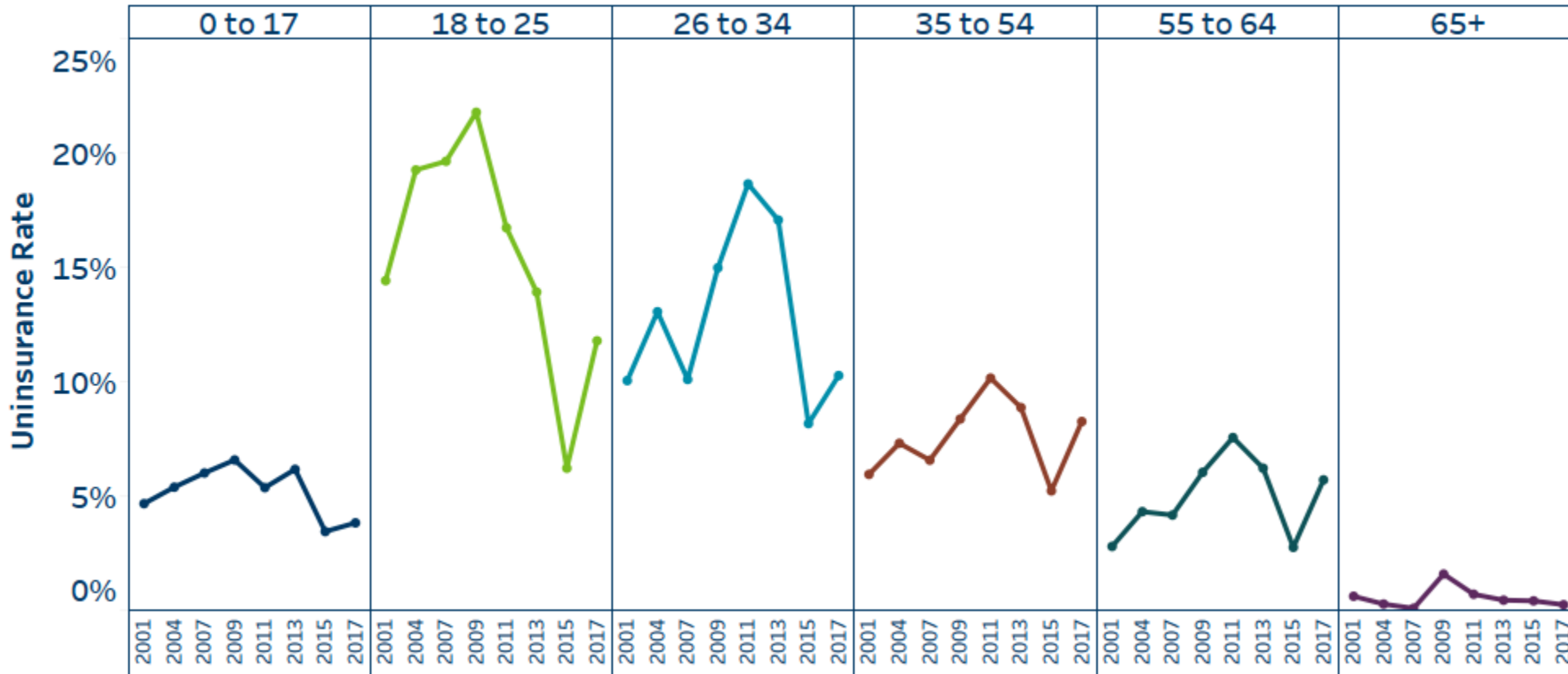
Source: Minnesota Department of Health, Health Economics Program, 2013 , 2015 and 2017 Minnesota Health Access Survey.

# People with the lowest incomes maintained coverage gains





# Most adults saw a return to 2013 coverage levels



Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Individual Market Premiums Have Changed A Lot

## Subsidized Coverage Comparison - Individual Market, 2016 through 2018

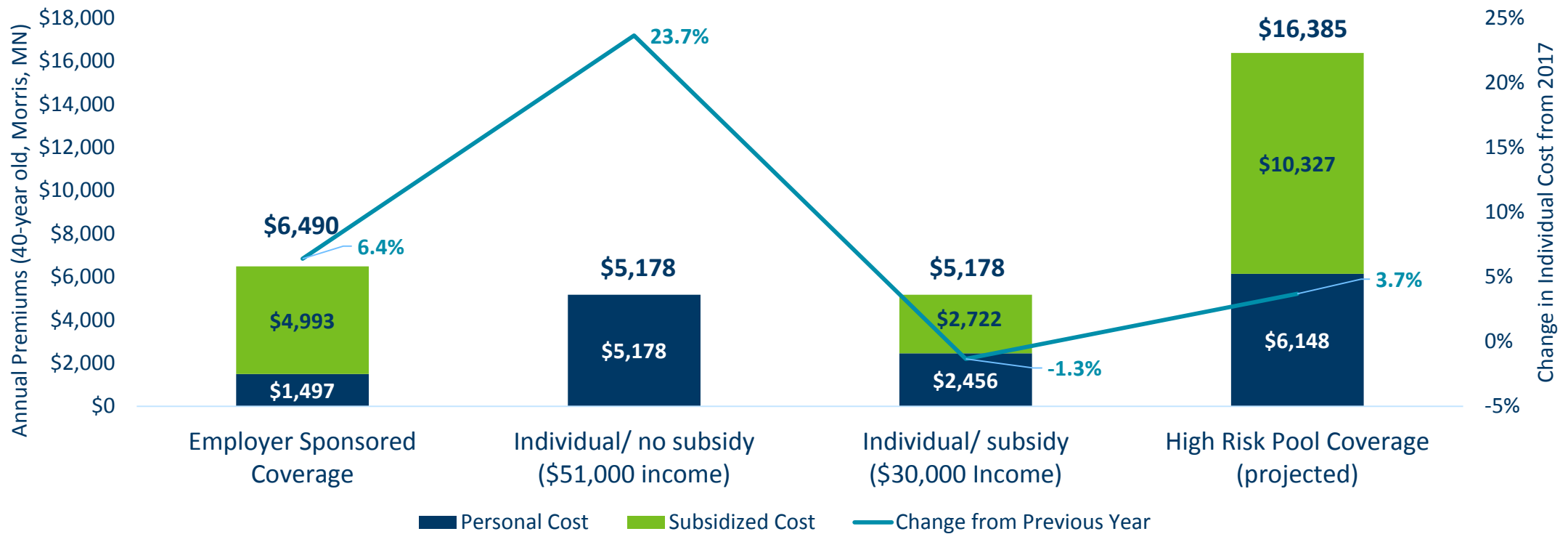


Notes: Premiums are for benchmark silver plan in Morris, MN. In 2017, state premium rebate of 25% is included for individuals over 400% of poverty (\$51,000 income); 2018 premium decreases are due to a new state reinsurance program. Morris, MN was selected because its premiums were close to the statewide average in 2016 and 2017.

Source: Minnesota Department of Health, Health Economics Program Analysis of Individual market premiums.

# But Costs are Going up for Everyone

## Payments Made by Individuals and Sponsors of Coverage (2018)



Notes: Employer sponsored coverage based on average single premiums for Minnesota in 2016; premiums were estimated for 2018 using the average growth between 2014 and 2016. Morris Minnesota was selected as it has premiums close to the state average. High risk pool coverage is estimated by using 2012 monthly premiums and assessment amounts, and then using the average growth from 2011 through 2013 to estimate costs in 2018.

Source: Minnesota Department of Health, Health Economics Program Analysis of Medical Expenditure Panel Survey – Insurance Component results (MEPS-IC), Individual market premiums, and Minnesota Comprehensive Health Association (MCHA, Minnesota’s high risk pool that ended in 2014) Writing Carrier reports.

# Closing Thoughts

- The ongoing decline in employer-sponsored coverage is of concern ... that it happens in strong economic times is even more worrisome
  - Public program coverage is not currently designed to accommodate people without ESI
  - Affordability and stability of individual market coverage is uncertain
- Health care costs are still going up, regardless of how many people have insurance coverage.
- Need a deeper understanding:
  - What drives people to drop, maintain, or enroll in coverage
  - Why public coverage eligible Minnesotans don't enroll

# Questions?

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