What does state and national data tell us about planning for a small employer health insurance exchange?

Minnesota Health Insurance Exchange
Small Employer Work Group
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Health Economics Program
Data sources

- Medical Expenditure Panel Survey – US Agency for Healthcare Research and Quality
- Minnesota Health Access Survey – Minnesota Department of Health and University of Minnesota
- Minnesota Group Market Health Plan Report – Minnesota Department of Health
Medical Expenditure Panel Survey (MEPS) employer survey data from the US Agency for Healthcare Quality and Research
Percent of Minnesota employees in establishments that offer health insurance, 2000/2001 & 2010/2011

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>All Firms</td>
<td>90.1%</td>
<td>83.9%*</td>
</tr>
<tr>
<td>Less than 10 employees</td>
<td>53.1%^</td>
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<tr>
<td>10 - 24 employees</td>
<td>62.5%^</td>
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<tr>
<td>25 - 99 employees</td>
<td>78.1%</td>
<td>81.3%</td>
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<tr>
<td>100-999 employees</td>
<td>87.2%^</td>
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<tr>
<td>1000 or more employees</td>
<td>100%^99.6%^</td>
<td></td>
</tr>
<tr>
<td>Less than 50</td>
<td>64.9%^</td>
<td></td>
</tr>
<tr>
<td>50 or More</td>
<td>99.2%^</td>
<td>94.4%^</td>
</tr>
</tbody>
</table>

*Indicates a statistically significant difference (95% level) from previous time period estimate.

^Indicates a statistically significant difference (95% level) from average of all firms within time period.

Source: MDH Health Economics Program Analysis of data for private employers from the Medical Expenditure Panel Survey/IC Component.
Percent of Minnesota employees eligible for health insurance in establishments that offer health insurance, 2000/2001 & 2010/2011

*Indicates a statistically significant difference (95% level) from previous time period estimate.
^Indicates a statistically significant difference (95% level) from average of all firms within time period.
Source: MDH Health Economics Program Analysis of data for private employers from the Medical Expenditure Panel Survey/IC Component.
Percent of total Minnesota employees in establishments that offer health insurance that are enrolled, 2000/2001 & 2010/2011

*Indicates a statistically significant difference (95% level) from previous time period estimate.
^Indicates a statistically significant difference (95% level) from average of all firms within time period.

Source: MDH Health Economics Program Analysis of data for private employers from the Medical Expenditure Panel Survey/IC Component.
Minnesota Health Access Survey household survey data from the Minnesota Department of Health and University of Minnesota School of Public Health
Distribution of Minnesota population by primary source of insurance coverage, 2011

Total Population 5.3 Million

- Large Group, 50.1%
- Employer-based (Group), 56.4%
- Small Group, 6.4%
- Individual, 4.7%
- MA & MNCare, 13.8%
- Medicare, 15.4%
- MCHA, 0.5%
- Uninsured, 9.14%
- Total Population 5.3 Million

Source: MDH Health Economics Program analysis of various sources. MCHA is the Minnesota Comprehensive Health Association. MA is Medical Assistance and MNCare is MinnesotaCare. MCHA coverage are assumed to be similar to 2010.
Sources of insurance coverage for the nonelderly by employment groups, 2011

*Indicates statistically significant difference from all nonelderly Minnesotans (95% level).
Small employer population includes employees who work for an employer with 2 to 50 employees.
Source: MDH analysis of the 2011 Minnesota Health Access Survey.
Potential access to coverage for nonelderly uninsured that are employed at small firms, 2011

*Indicates statistically significant difference from all nonelderly uninsured adults that are employed (95% level).

1. Employer offer: percent of uninsured who work for or have a family member who works for an employer offering coverage.
2. Employer eligible: percent of uninsured who are eligible for coverage through an employer.
3. Potentially public eligible: based on family structure, income, and eligibility for employer coverage.

Source: MDH analysis of the 2011 Minnesota Health Access Survey.
Percent of the federal poverty level (FPL) guidelines for nonelderly uninsured that are employed at small firms, 2011

Small employer population includes employees who work for an employer with 2 to 50 employees.

Source: MDH analysis of the 2011 Minnesota Health Access Survey.
Reasons given for all nonelderly uninsured and employed in Minnesota for not having employer-sponsored coverage, 2011

- Not eligible, 51.8%
- Too expensive, 36.2%
- Don’t like benefit package, 5.0%
- Will get coverage soon, 2.8%
- Covered elsewhere, 2.3%
- Don’t need insurance, 1.1%
- Rarely sick, 0.4%
- Too much hassle, 0.4%
- Source: MDH analysis of the 2011 Minnesota Health Access Survey.
Percent of nonelderly employed Minnesotans with unmet health care need related to cost in 2011, by type of coverage

- All nonelderly employed
- All nonelderly employed at small firms

*Indicates statistically significant difference from all nonelderly Minnesotans (95% level).

Small employer population includes employees who work for an employer with 2 to 50 employees.

Source: MDH analysis of the 2011 Minnesota Health Access Survey.
Minnesota Small Group Market Health Plan Report from the Minnesota Department of Health
Distribution of per person deductibles in the small group market, 2011
(by share of total enrollment)

- No deductible, 7.9%
- $1 - $499, 5.1%
- $500 - $999, 12.0%
- $1,000 - $1,999, 24.0%
- $2,000 - $2,999, 24.3%
- $3,000 - $3,999, 17.1%
- $4,000 or more, 9.6%

Small group market includes employees who work for an employer with 2 to 50 employees.
Distribution of family deductibles in the small group market, 2011
(by share of total enrollment)

Small group market includes employees who work for an employer with 2 to 50 employees.
Small Group Market Enrollment in High Deductible Health Plans with Savings Option, 2005 to 2011 (by share of total enrollment)

- 2005: 3.6%
- 2008: 24.4%
- 2009: 43.4%
- 2011: 47.1%

Small group market includes employees who work for an employer with 2 to 50 employees. Qualified High Deductible Health Plan enrollment must meet the minimum deductible guidelines for the calendar year, as determined by the Internal Revenue Service (for 2011 the minimum deductible is $1,200), and be paired with (or have the option to pair with) a Health Savings Account.

Source: MDH analysis of Minnesota Group Market Health Plan Reports.
Summary and policy implications

- Employer offer, eligibility, and take-up
- Size of small group market compared to other forms of coverage
- Potential sources of coverage
- Income level of uninsured and employed at small firms
- Reasons for not taking-up coverage
- Distribution of unmet health needs by types of coverage
- Levels of deductibles for small group market
Additional Information from the Health Economics Program Available Online

Health Economics Program Home Page
www.health.state.mn.us/divs/hpsc/hep/index.html

Publications

Health Care Market Statistics (Presentation Slide Decks)
www.health.state.mn.us/divs/hpsc/hep/chartbook/index.html

Interactive Health Insurance Statistics
https://pqc.health.state.mn.us/mnha/Welcome.action
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