

Edited Version
First Three Pages Only

**Minnesota Department of Health Analysis of the Minnesota Health Access
Survey for Department of Human Services**

This paper provides an analysis of the Minnesota Health Access Survey (MNHA) and analyzes key questions of interest to the Minnesota Department of Human Services (DHS). The analysis uses data collected in previous rounds of the survey and new variables and concepts added, in part by request by DHS, to the 2009 data collection. The new questions and concepts are intended to examine emergency room utilization and assess knowledge of public coverage payment policies. More general findings from the MNHA survey are available in an issue brief published by the Health Economics Program in February 2010.¹

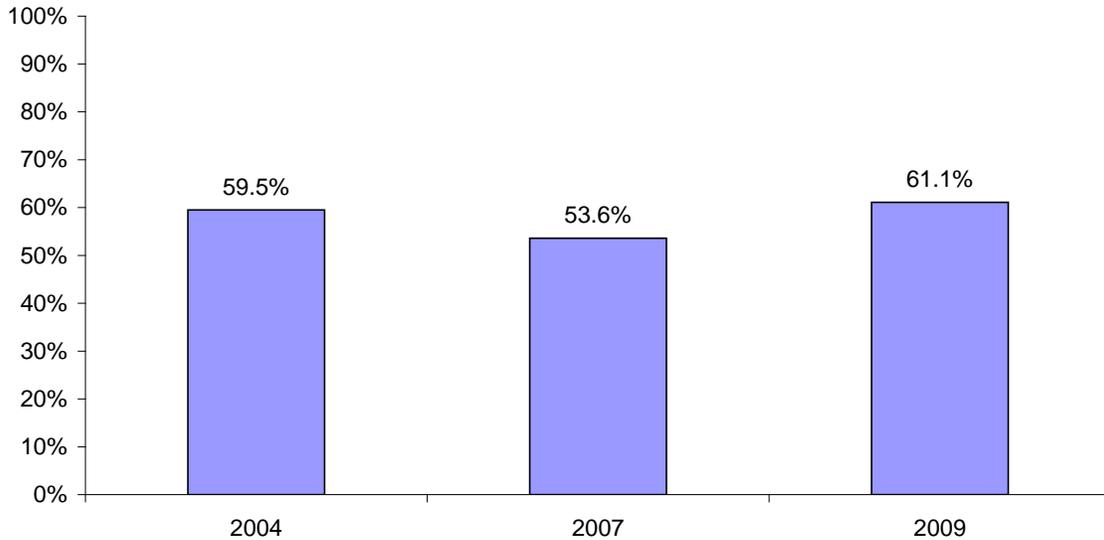
Public Coverage and the Uninsured

In 2009, approximately 480,000 Minnesotans, or 9.1 percent of the state's population, lacked health insurance coverage. This represents a decline in coverage relative to 2007, when the survey was last conducted. Similar to previous years over half of uninsured Minnesotans in 2009 (61 percent) were potentially eligible for public coverage (see

¹ MDH, Health Economics Program, "Health Insurance Coverage in Minnesota, Early Results from the 2009 Minnesota Health Access Survey." Issue Brief, February 2010.

Figure 1).²

Figure 1
Percent of Uninsured who are Potentially Eligible for Minnesota Public Coverage



Differences between estimates over time are not statistically significant.

As shown in Table 1, about one third of these Minnesotans reported that they did not enroll in public coverage because they either did not understand how to apply or believed it took too much effort. Another third reported that they had applied but had not heard if their application had been approved, didn't think they were eligible or applied but were not eligible.³

Almost one in five individuals, who were potentially eligible for public coverage, said they were not enrolled because they thought the cost of public coverage was too high. (The survey does not determine whether this perception is based on respondents having received actual information on public program cost.) A very small portion of the uninsured who were public program eligible felt they did not need coverage (about 9 percent in 2009) or had concerns about receiving any services from government (3.2 percent in 2009).

Table 1

² Public eligibility was estimated based on family structure, income and eligibility for employer based coverage. Eligibility standards are complex for public programs and include a variety of other requirements such as asset limits and residency requirements that were not measured in the Minnesota Health Access Survey.

³ There are two reasons why some individuals reported not being eligible for public programs while our analysis identified them as potentially eligible: First, as described in note 2, MDH's analysis is based on a limited set of variables to determine eligibility, and second, the eligibility determination of some individuals might have used measures of income that differed from the reference period used for the survey.

Reasons why Uninsured Minnesotans who were Potentially Eligible for Public Coverage did not Enroll

Reasons for not Enrolling	2007	2009
Don't know how/too much hassle	34.4%	33.9%
Too expensive	15.3%	18.6%
Applied but not eligible	16.9%	17.7%
Don't think eligible	12.7%	10.5%
Don't need	5.0%	8.7%
Applied and waiting	5.1%	5.9%
Do not want gov. to pay (e.g., privacy or embarrassed)	1.9%	3.2%
Other	8.7%	1.5%*

Source: 2007 & 2009 MNHA

*Indicates statistically significant difference between 2007 and 2009 at the 95% level

As part of the analysis of barriers to public health insurance coverage, the survey tries to determine whether and under what conditions the uninsured might be willing to enroll in public program coverage. Table 2 shows that consistently over half of the uninsured had asked for or been given information about public health insurance programs and that close to 90 percent would enroll if eligible. The estimate of those willing to enroll in public program coverage increases if there is no cost associated with enrolling in public coverage (to about 95 percent).

Given the policy interest in three-share programs and other premium-subsidy initiatives, MDH asked in 2009 whether the uninsured would participate in a premium subsidy program. Most of the uninsured (86 percent) and about as many as said they were willing to enroll in public program coverage if they were eligible, said they would enroll in a premium subsidy program if it were available.

Table 2
Willingness of Uninsured Minnesotans to Enroll in Public Health Insurance Programs

Survey Question	2004	2007	2009
Asked for or been given information about MN public insurance program(s).	53.7%	60.1%	53.3%
Would enroll if eligible	89.5%	89.5%	88.4%
Would enroll if eligible and no cost	94.7%	95.4%	96.1%
Would enroll in a premium subsidy program*	NA	NA	86.1%

*Question was not asked in 2004 or 2007

Source: 2004, 2007 & 2009 MNHA

Differences between estimates over time are not statistically significant.