

# 2015 Minnesota Health Access Survey

## **Presentation to MNsure Board**

**March 9, 2016**

**Stefan Gildemeister  
Alisha Simon**

# Minnesota Health Access Survey

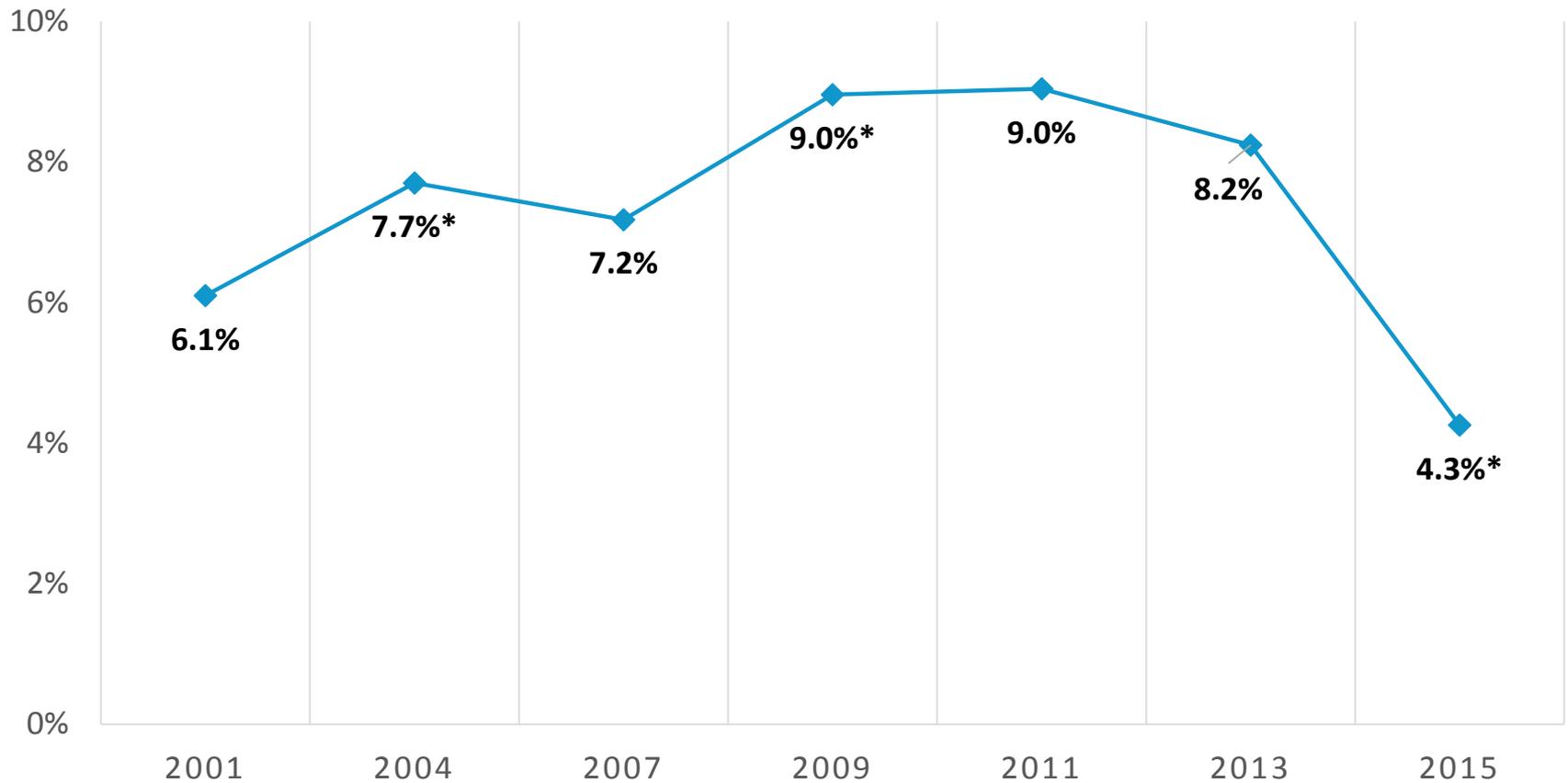
- **General Population Telephone Survey**
  - Sampling designed to results of specific geographic regions, ages, and racial/ethnic groups
  - Sample telephone numbers in landline and cell frame
- **Biennial Survey**
  - Conducted in partnership w/School of Public Health, SHADAC (PI: Dr. Kathleen Call)
  - Customized to address timely and relevant policy questions in MN
  - Revised with input from range of stakeholder groups

# As Reported on February 29, 2016



# Uninsurance in Minnesota – 2001-2015

## Minnesota Health Access Survey



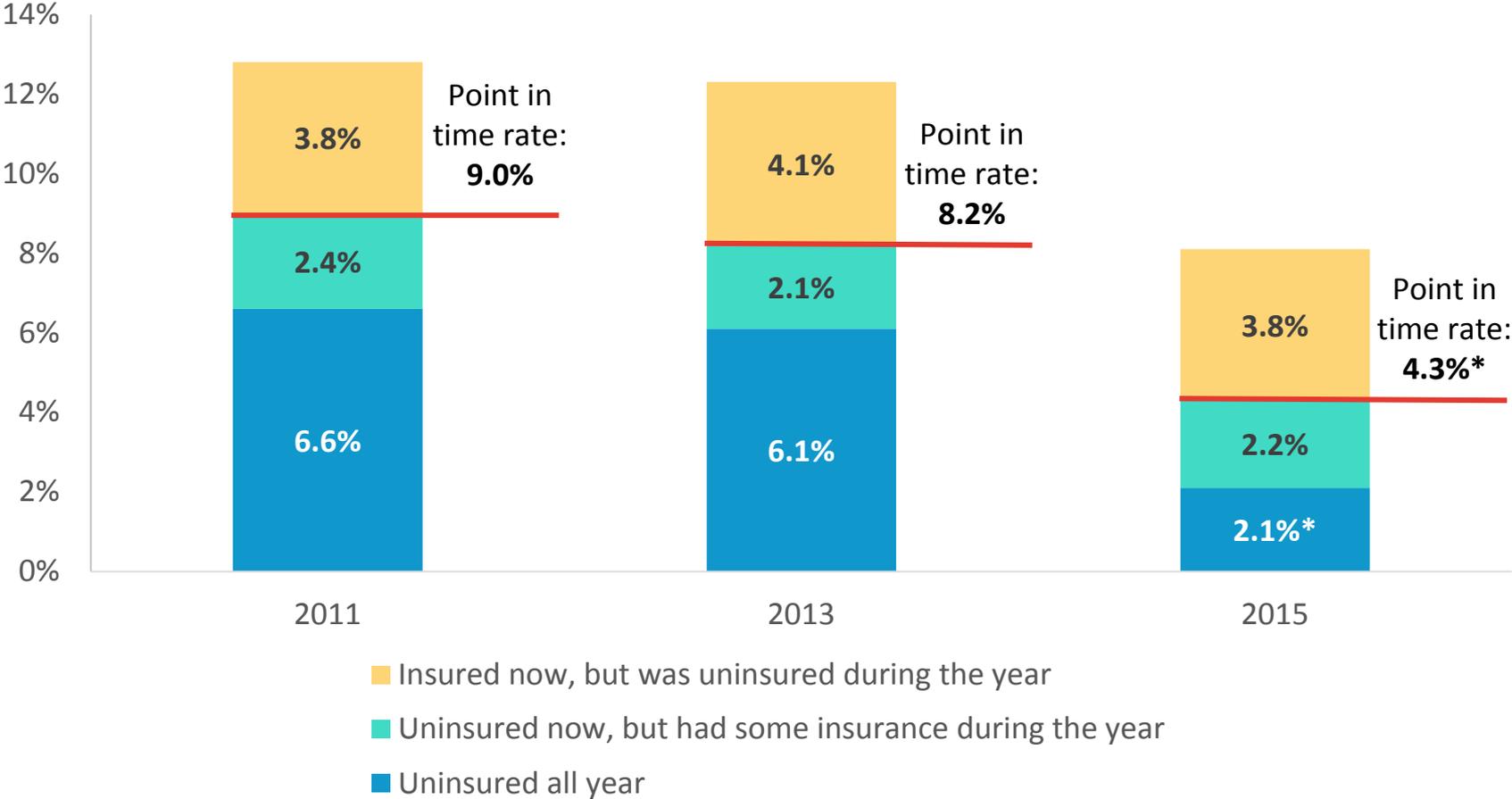
\* Indicates statistically significant difference from previous year shown at the 95% level

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

# Changes in the Number of Uninsured

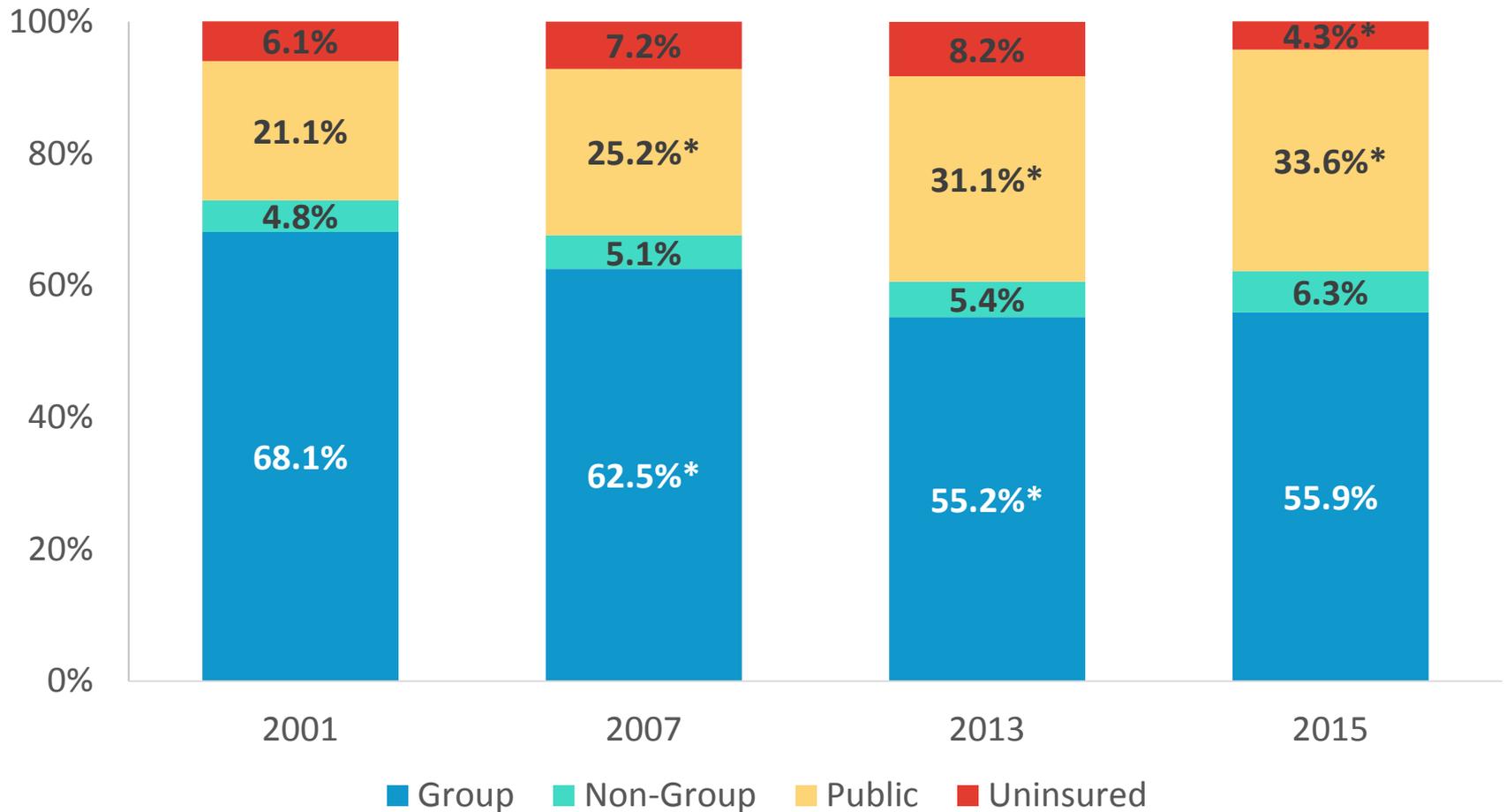
- Compared to 2013, in 2015:
  - About 200,000 more Minnesotans had coverage
  - This includes 35,000 more children
- The decline in the long-term uninsured accounted for nearly all of the decline in the uninsured

# Alternate Measures of Uninsurance



\* Indicates statistically significant difference from previous year shown at the 95% level  
 Source: Minnesota Department of Health, Health Economics Program, 2011, 2013 and 2015 Minnesota Health Access Surveys.

# Sources of Health Insurance Coverage



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

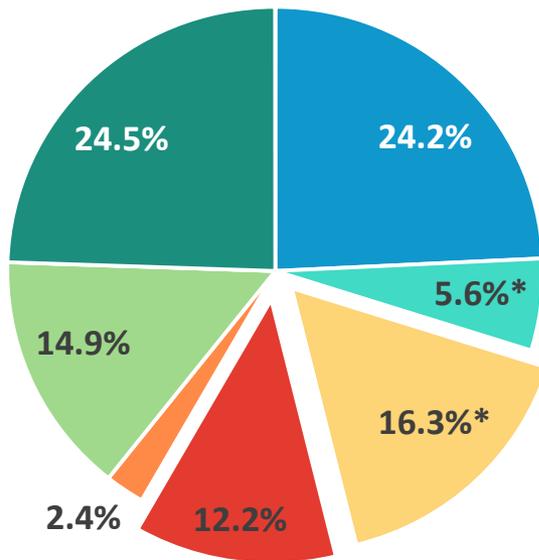
Source: Minnesota Department of Health, Health Economics Program, 2001, 2007, 2013 and 2015 Minnesota Health Access Survey.

# Coverage Gains – A Mixed Story

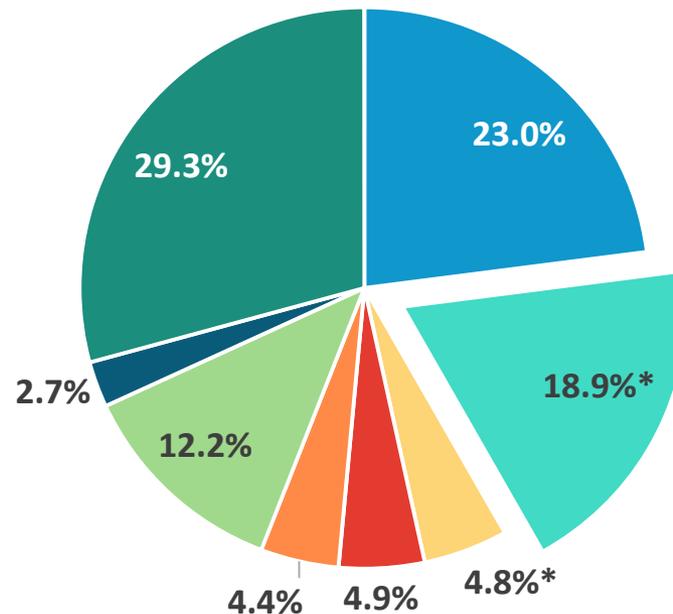
- Highest gain in coverage ever recorded
- Coverage improvements across virtually all demographic groups
- Long-term uninsured see structural barriers fall
- Historical patterns in disparities largely remain. Uninsured are:
  - More likely to have household incomes below 200% FPG
  - More likely to have fair or poor self-reported health
  - More likely to have high school or less education
  - Less likely to be white
  - Less likely to be married

# Reasons For Being Uninsured, 2015

Short Term Uninsured



Long Term Uninsured



- Lost Job/Job doesn't offer coverage
- Cost
- Not eligible/Doesn't think eligible
- Paperwork problems
- Family situation changed
- Didn't like benefits/doesn't want insurance
- Don't know how
- Other/Don't know

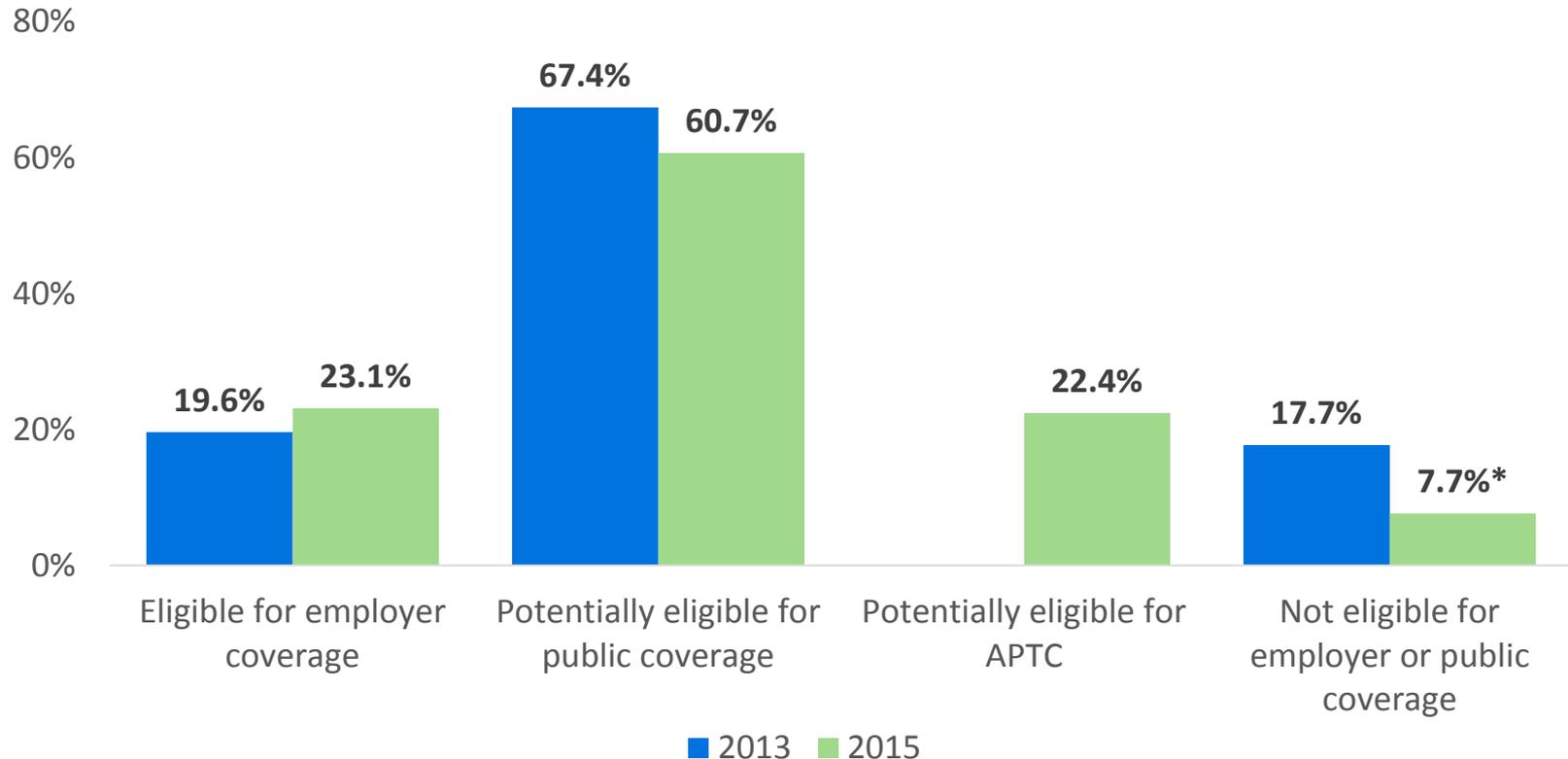
\* Indicates statistically significant difference between short- and long-term uninsured at 95% level

Other/Don't know includes just moved to state, getting coverage soon, immigration issues, IHS, other and don't know

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

# Pathways to Coverage for the Uninsured, 2013 and 2015

## More Than 90 Percent of the Uninsured Have Some Path to Coverage

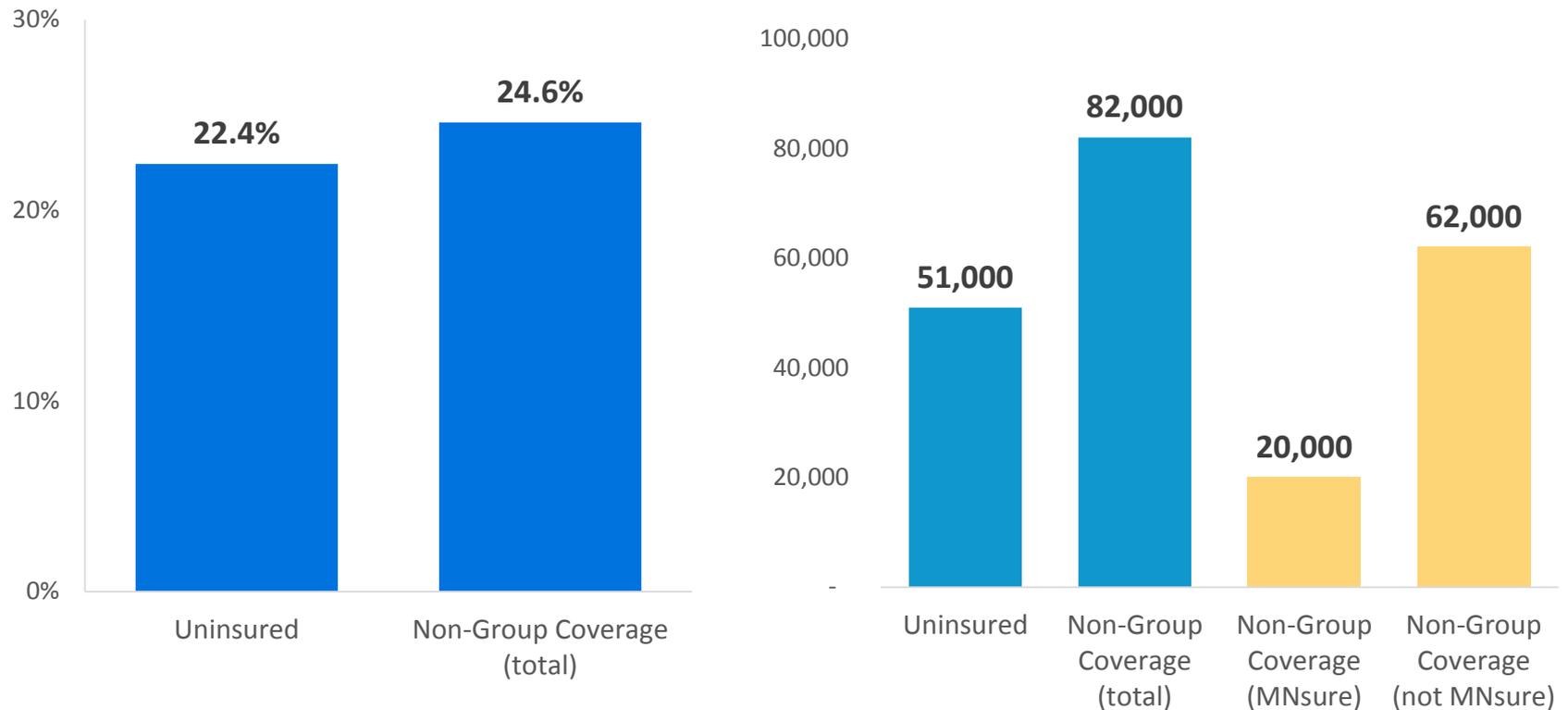


\* Indicates statistically significant difference from previous year shown at 95% level.

Eligibility for public coverage is based on age, family income and eligibility for employer-based coverage (for MinnesotaCare) for 2015. Estimation of access to Advanced Premium Tax Credits (APTC) is based on a combination of family income and eligibility for employer coverage. The data does not allow us to determine if employer coverage is affordable.

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

# Potential Access to Advanced Premium Tax Credits (APTC)

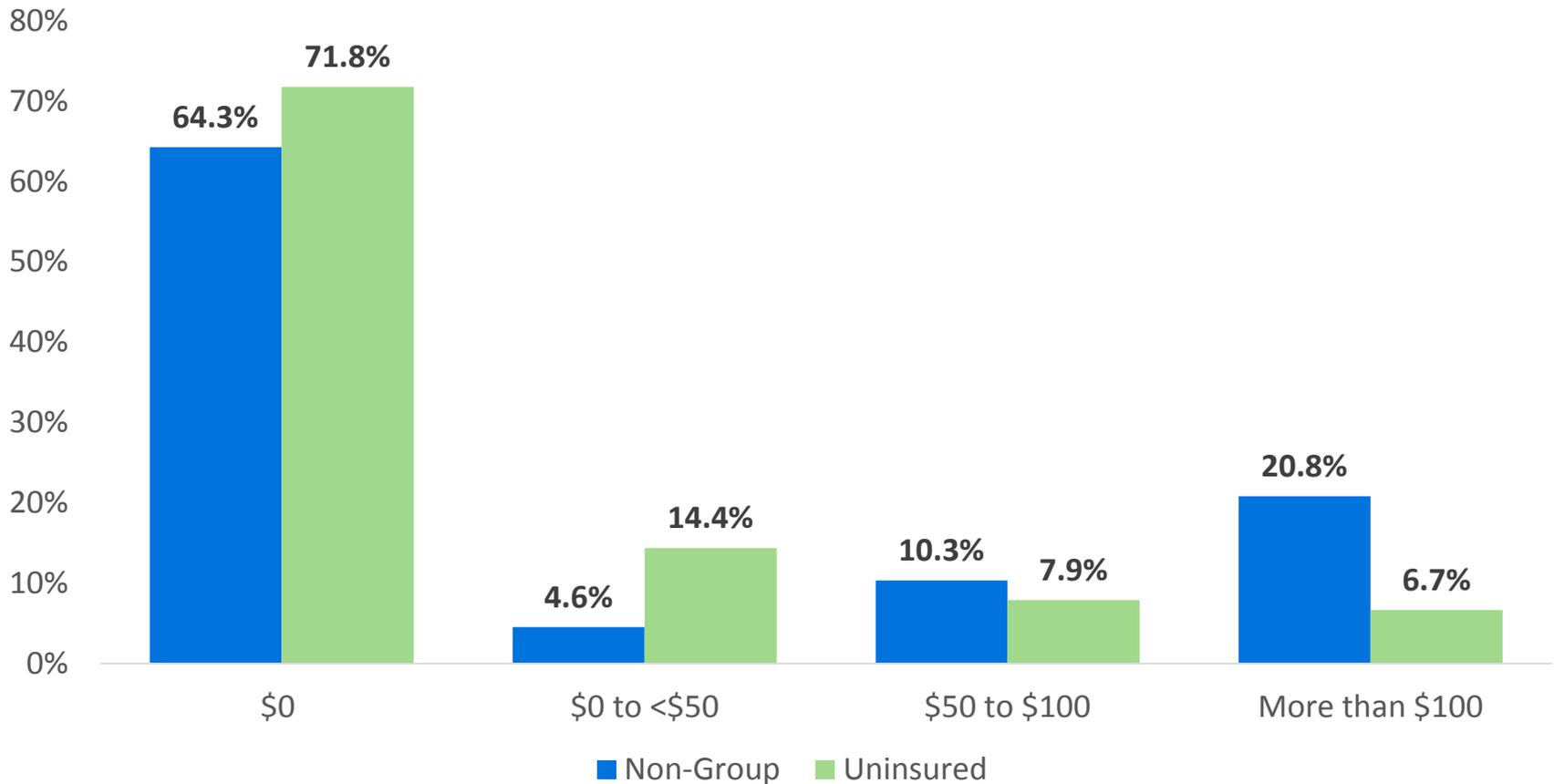


Estimation of access to Advanced Premium Tax Credits (APTC) is based on a combination of family income and eligibility for employer coverage. The data does not allow us to determine if employer coverage is affordable.

Approximately 26,500 MNsure enrollees received APTC in 2015 through October

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

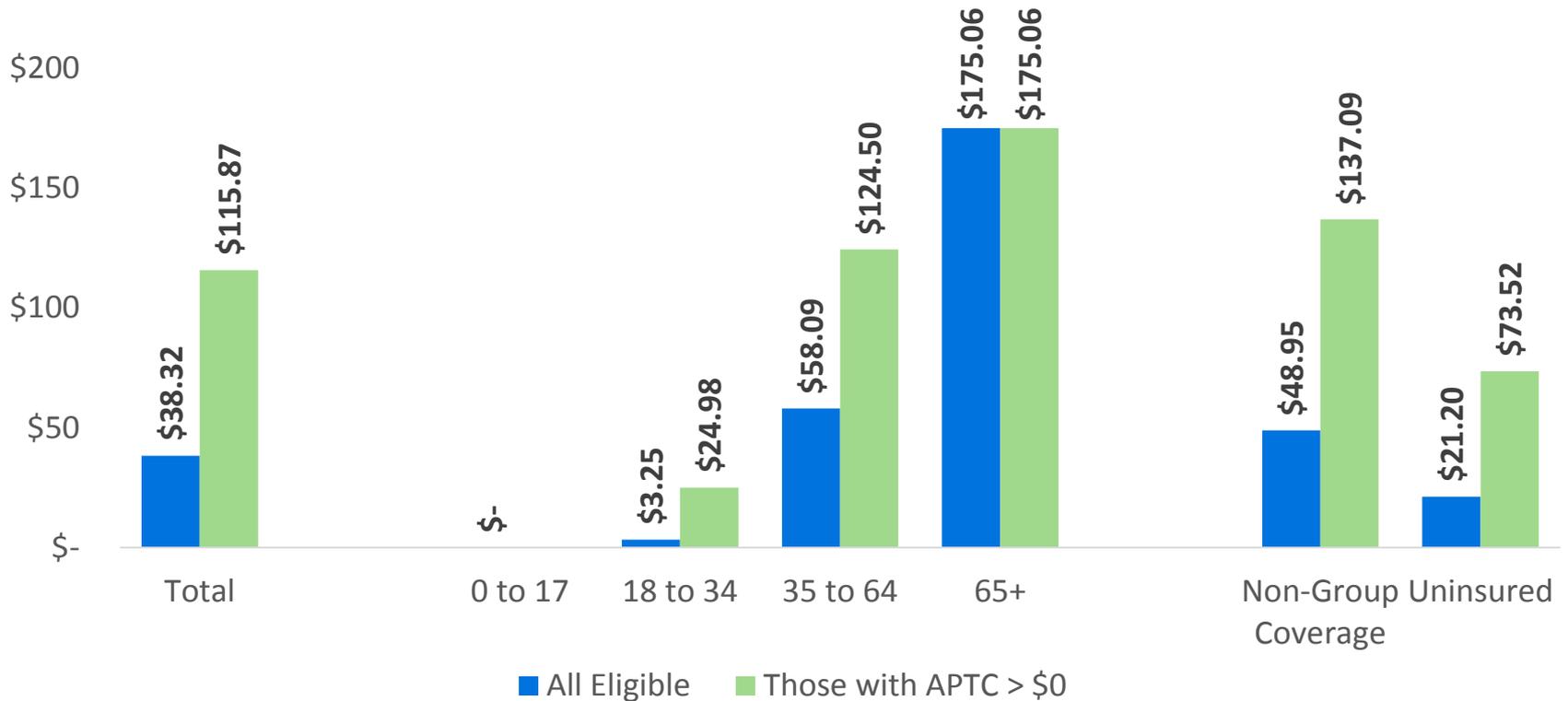
# Estimates of APTC for Potentially Eligible Minnesotans, 2015



Estimates for amount of APTC assume the survey target is the only person in the household who needs non-group coverage and is a non-tobacco user; the amount is based on reported income, 2015 reference premiums by county adjusted by age.

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

# Average Monthly APTC Amount, Select Demographics



Estimates for amount of APTC assume the survey target is the only person in the household who needs non-group coverage and is a non-tobacco user; the amount is based on reported income, 2015 reference premiums by county adjusted by age.

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

# Future Research

- Extend analysis of APTC
  - Awareness of tax credits
- Study resources used to gain coverage
  - Internet, banking, etc.
  - In-person assisters
- Consider impact of health insurance Literacy
- Study access barriers
- Analyze geographic differences
- Study disparities in health access/insurance coverage

# Contact Information

- MDH – Health Economics Program
  - [Health Economics Program Home Page](http://www.health.state.mn.us/health/economics)  
([www.health.state.mn.us/health/economics](http://www.health.state.mn.us/health/economics))
- Specific questions about the Minnesota Health Access Survey
  - [health.mnha@state.mn.us](mailto:health.mnha@state.mn.us)
- Use the Survey Data
  - [Minnesota Health Access Survey Data Tool](https://pqc.health.state.mn.us/mnha/PublicQuery.action)  
(<https://pqc.health.state.mn.us/mnha/PublicQuery.action>)
- Additional Contacts
  - Alisha Simon ([alisha.simon@state.mn.us](mailto:alisha.simon@state.mn.us))/651-201-3557
  - Stefan Gildemeister ([stefan.gildemeister@state.mn.us](mailto:stefan.gildemeister@state.mn.us))/651-201-3554