MINNESOTA COMPREHENSIVE HEALTH ASSOCIATION ENROLLEE SURVEY:

ASSESSING THE RESULTS

SUMMARY OF KEY FINDINGS
MCHA ENROLLEE SURVEY 2012

Elizabeth Lukanen, Heather Dahlen, Lynn A. Blewett, and Kathleen T. Call

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shadac
State Health Access Data Assistance Center

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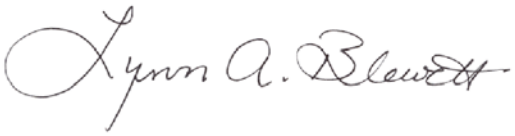
Minnesota Comprehensive Health Association Enrollee Survey: Assessing the Results summarizes in one document the findings of the 2012 survey based on demographics, health characteristics, access and utilization of health coverage, experience with Minnesota Comprehensive Health Association (MCHA), topics in health reform, and potential outreach avenues for program administrators.

The charts in this report are designed to provide snapshots first of the overall MCHA population, and then by more specific subpopulations such as income level, geographic residence, and plan deductible. Results by subpopulation analyses that are statistically significant are either mentioned with the findings for the overall population or, if appropriate, are reported in separate figures. Any results by subpopulation that are not statistically significant are not reported, as these can be interpreted as measures that do not differ from one group to the next (e.g., no difference between urban and rural responses for a particular question). Data come from the 2012 mail survey of 5,200 Minnesota Comprehensive Health Association (MCHA) enrollees, conducted between October and December of 2012, and the survey and resulting analysis was supported by the Robert Wood Johnson Foundation's State Health Reform Assistance Network.

The figures in this report were created to present a more complete picture of the characteristics of the MCHA population and to aid program administrators in outreach efforts as enrollees transition from MCHA and into other insurance vehicles.

Sincerely,



Lynn A. Blewett
State Health Access Data Assistance Center (SHADAC)

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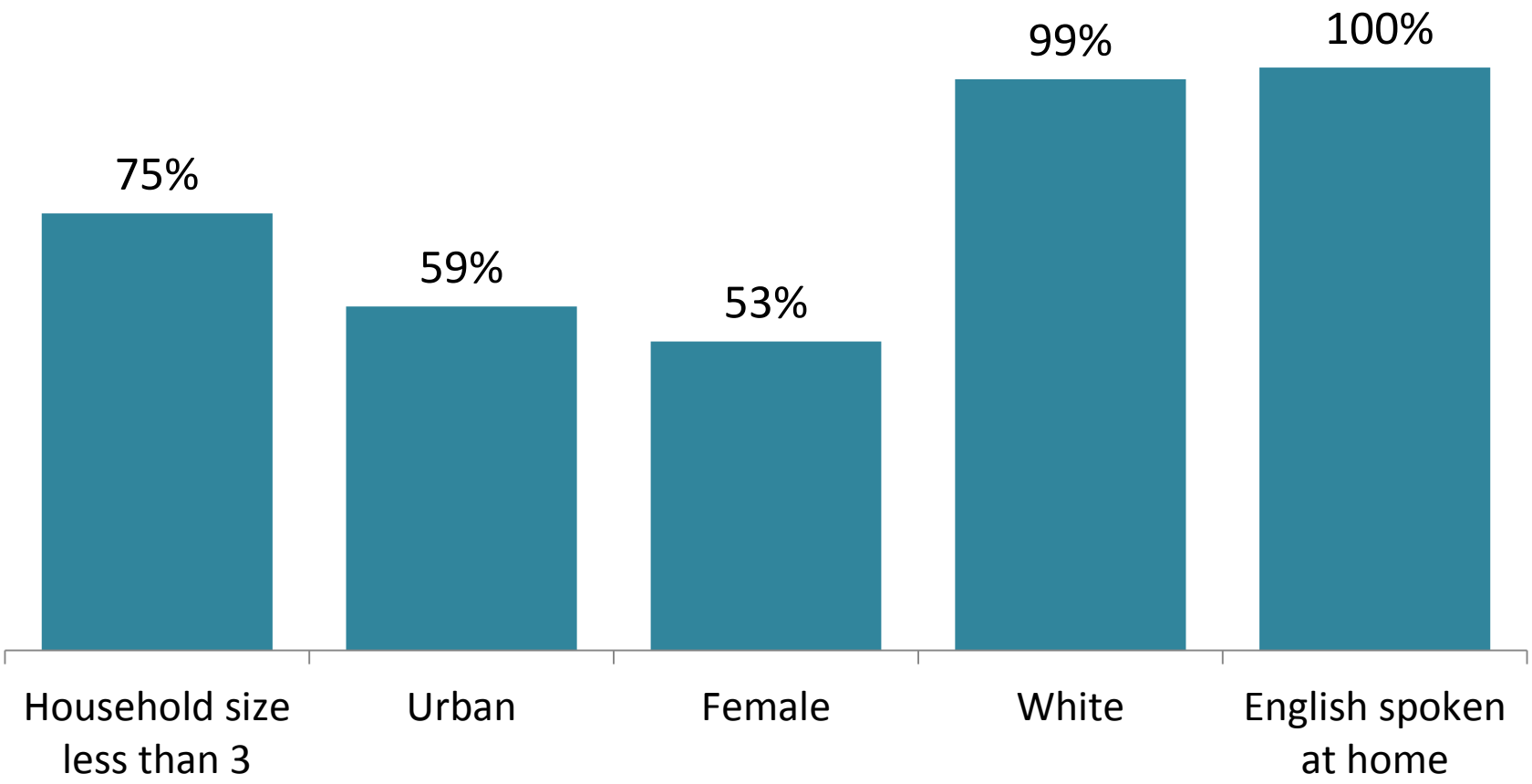
EXECUTIVE SUMMARY OF THE 2012 MCHA SURVEY

- In January 2014, several provisions of the Patient Protection and Affordable Care Act (ACA) will render state and federal high risk pools unnecessary.
- Thousands of individuals will be transferred into Medicaid and newly-established federal and state insurance exchanges.
  - Nearly half of MCHA enrollees will qualify for Medicaid or premium subsidies in the exchange.
  - More than 60% of enrollees are somewhat or very unfamiliar with health care reform and resultant changes to their current plan.
  - Outreach and enrollment activities will require different approaches for those entering public insurance versus those entering private coverage plans.
- The Minnesota Comprehensive Health Association (MCHA) is the nation's oldest and largest state-based high risk pool. Data collected on the MCHA population suggest that enrollees are:
  - Older (average age of 52);
  - Wealthier (55% are above 400% of the Federal Poverty Guideline); and
  - Educated (34% have college degrees).
- Additionally, MCHA enrollees have been with the program for several years (two-thirds have been with MCHA for 4 or more years) and are satisfied with the level of care.

WHAT DOES THE MCHA POPULATION LOOK LIKE?

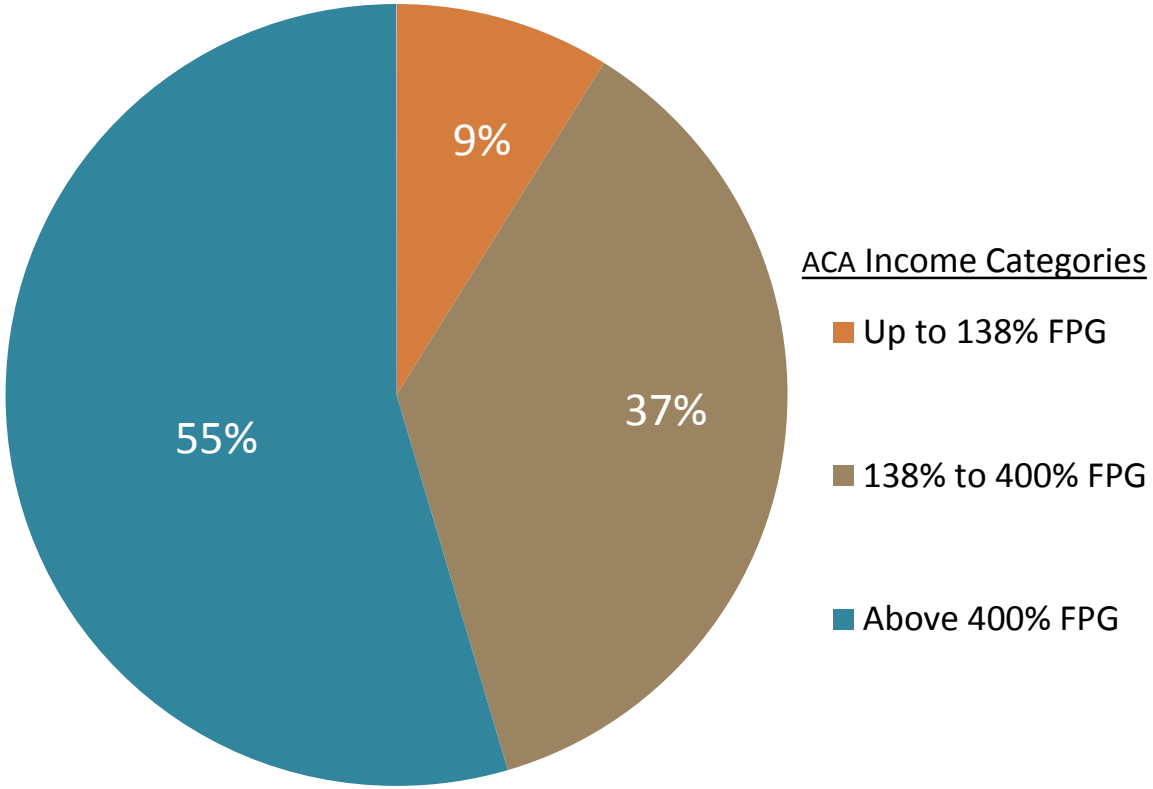
- The average MCHA enrollee is middle-aged (52), educated, employed, and with income exceeding 400% of the federal poverty guideline (FPG).
- Most enrollees live alone or with one other person and reside in an urban setting.
- Slightly more recipients are female, and nearly all are white and speak English at home.
  - Very few (3%) required assistance with the survey, and the majority of these respondents had someone read the question to them or answered the question for them (data not shown).

HOUSEHOLD CHARACTERISTICS



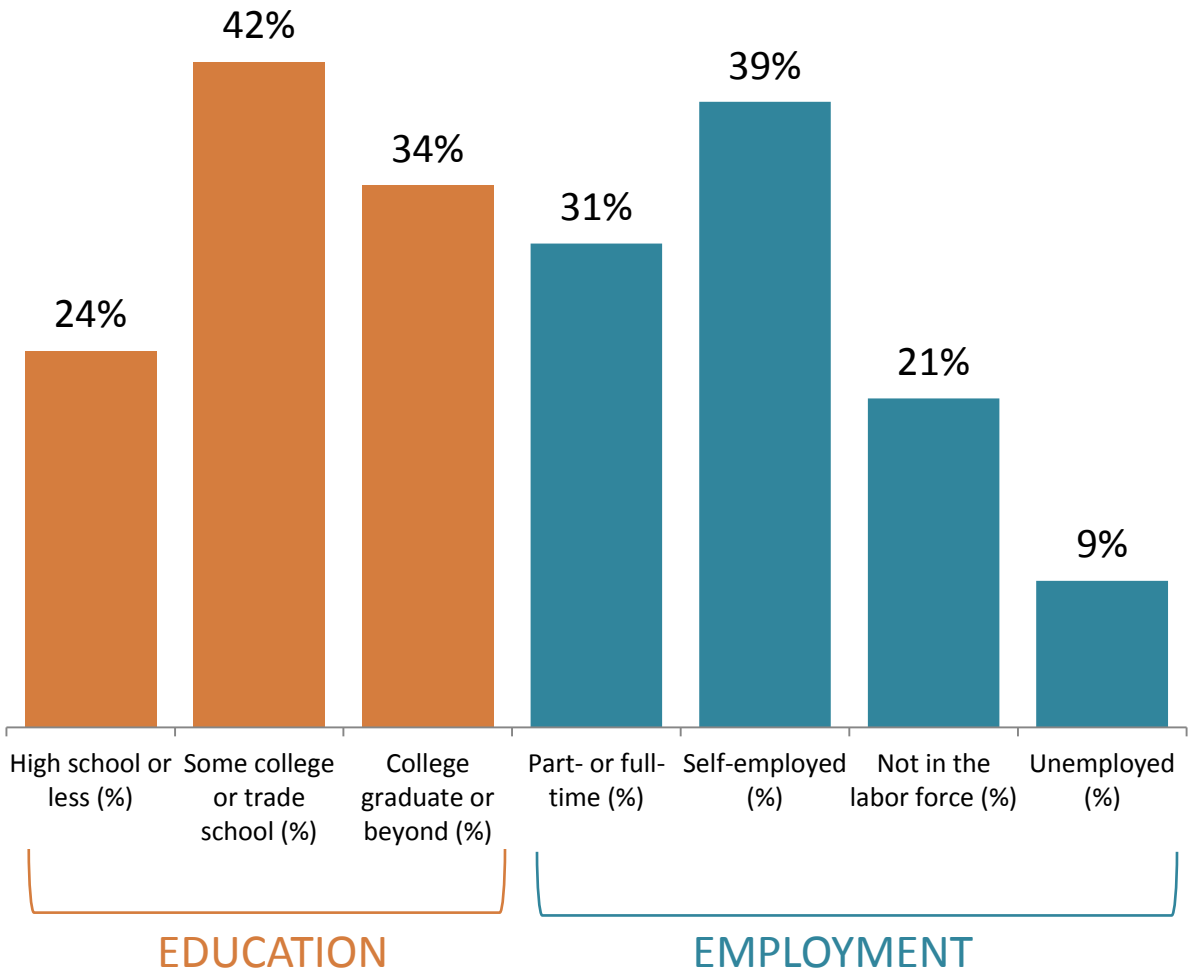
INCOME AND FINANCIAL ASSETS

- Nearly one in ten enrollees have incomes less than 138% of FPG, which will qualify them for Medicaid in 2014, and 37% are eligible to receive coverage through the exchange.
- Most enrollees (82%) have total family assets that exceed $20,000 (data not shown).



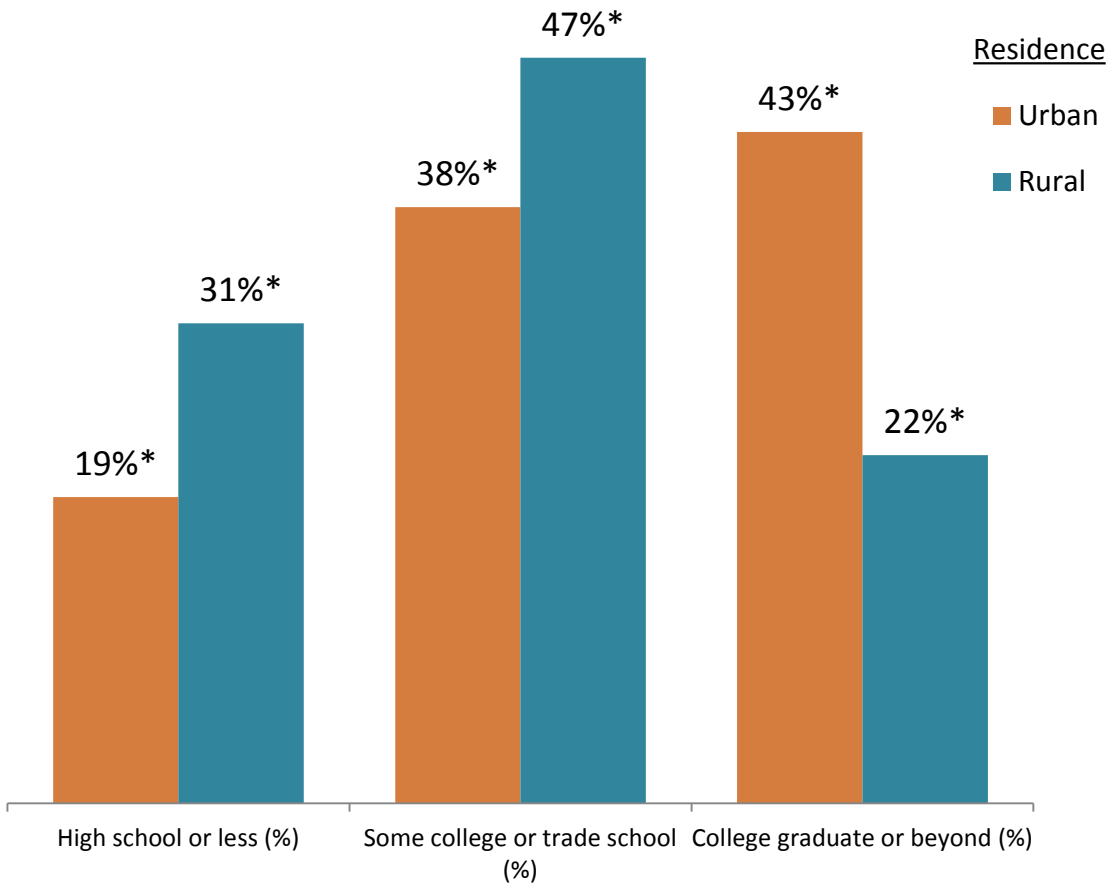
EDUCATION AND EMPLOYMENT

- MCHA enrollees are educated; 76% have completed at least some college or beyond.
- Over half of enrollees that are in the work force are self-employed.
- 82% work at firms with fewer than 26 employees (data not shown).



EDUCATION AND EMPLOYMENT

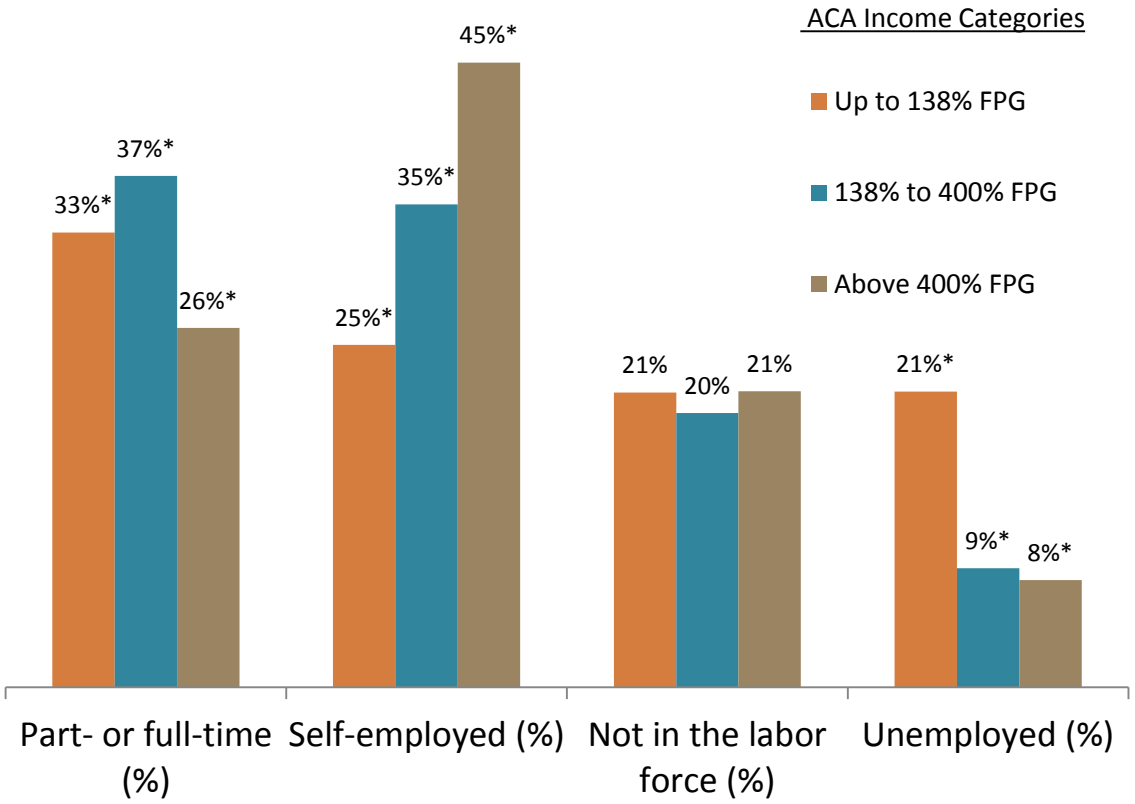
- As shown, urban enrollees are more likely to have completed college or more.
- There were few statistically significant differences in enrollee education levels by income, with the exception that those with college degrees (or more) are more likely to have incomes above 400% of FPG (data not shown).
- Additionally, plan deductible is not a significant predictor of education levels (data not shown).



Note: * indicates a significant difference across geographic categories (p<0.001)

EDUCATION AND EMPLOYMENT

- Lower-income enrollees are less likely to be self-employed and more likely to be unemployed than other enrollees.
- The wealthiest MCHA enrollees are the most likely to be self-employed.
- There are few differences in employment outcomes by geography, with the exception that urban enrollees have higher rates of unemployment than rural enrollees (11% versus 6%, data not shown).



Note: * indicates a significant difference across income categories (p<0.001)

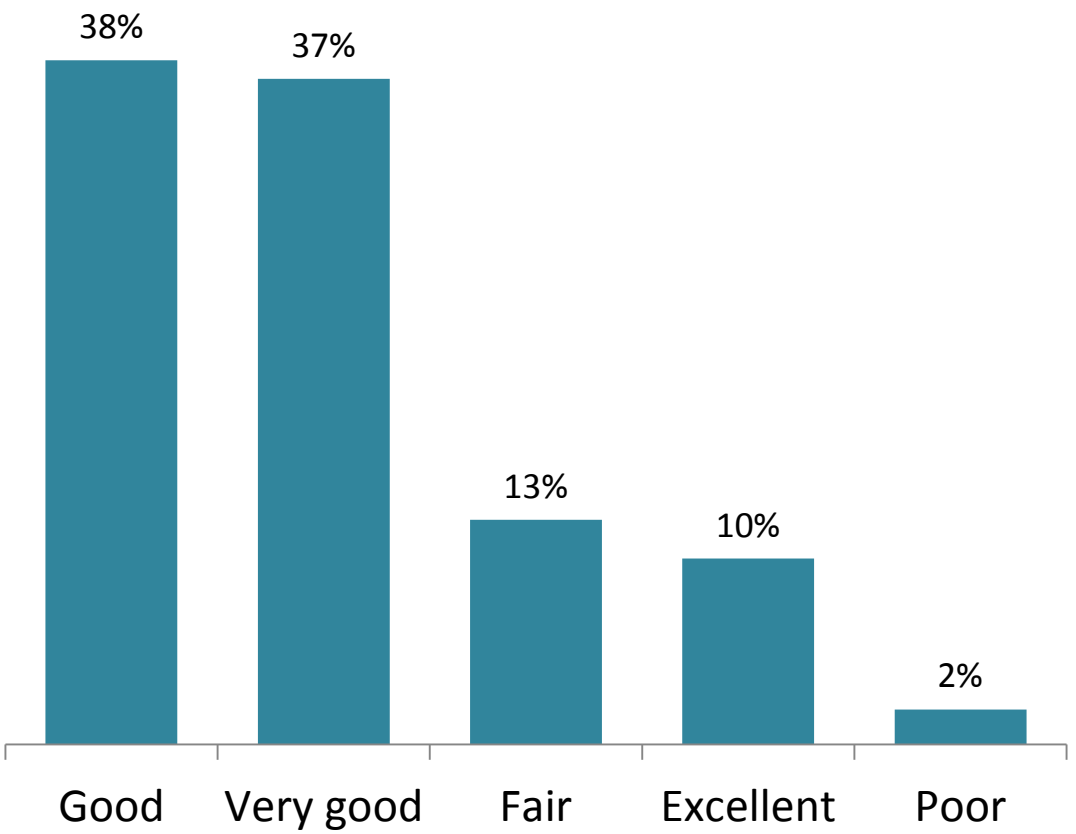
WHAT ARE THE HEALTH CHARACTERISTICS OF THE MCHA POPULATION?

- Members of the MCHA population consider themselves to be healthy, with nearly half reporting that they are in excellent or very good health.

- Most enrollees have a chronic condition, and many report having more than one.

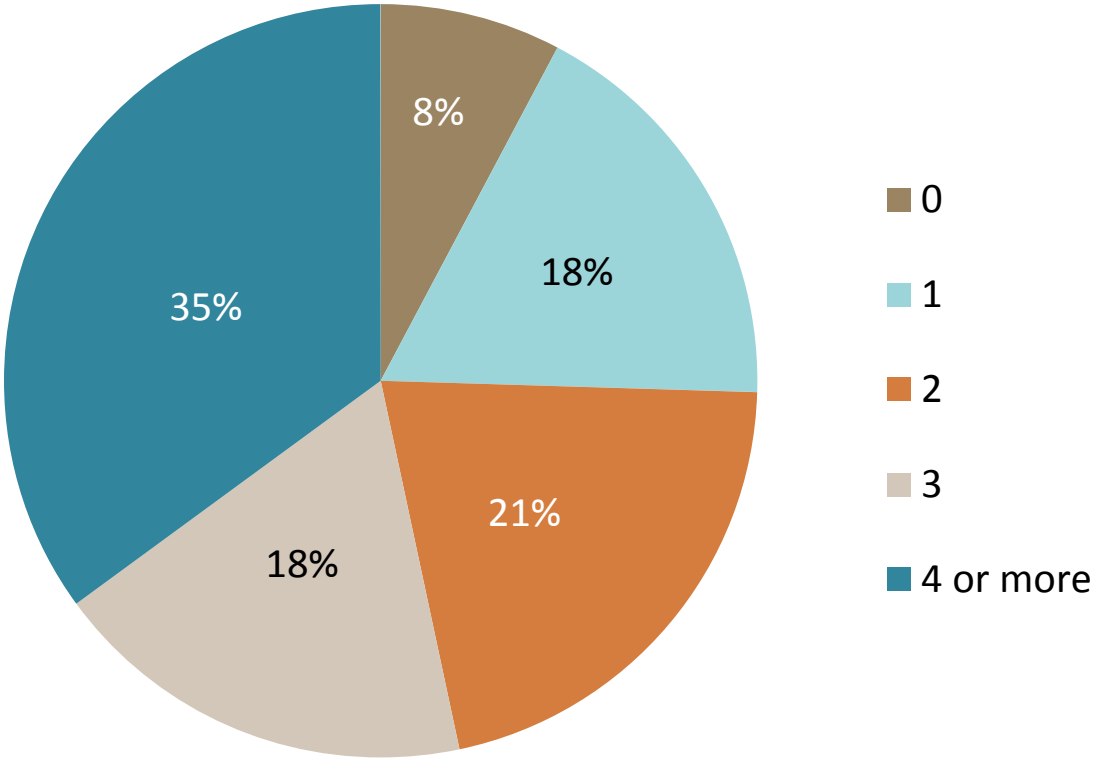
HEALTH CHARACTERISTICS

- MCHA enrollees are healthy, with only 15% reporting fair or poor health.
- Enrollees with higher incomes (above 400% FPG) are more likely to report having excellent or very good health than those with lower or middle income levels (data not shown).
- 12% of enrollees report having a disability, and of this group, 22% receive either Social Security or Medicare for their disability (data not shown).



NUMBER OF CHRONIC CONDITIONS

- 92% of enrollees report having at least one chronic condition.
- The most common chronic conditions among MCHA enrollees are high blood pressure, weight condition, high cholesterol, allergies, and arthritis/osteoporosis (data not shown).
- The number of chronic conditions was not correlated with income (data not shown).

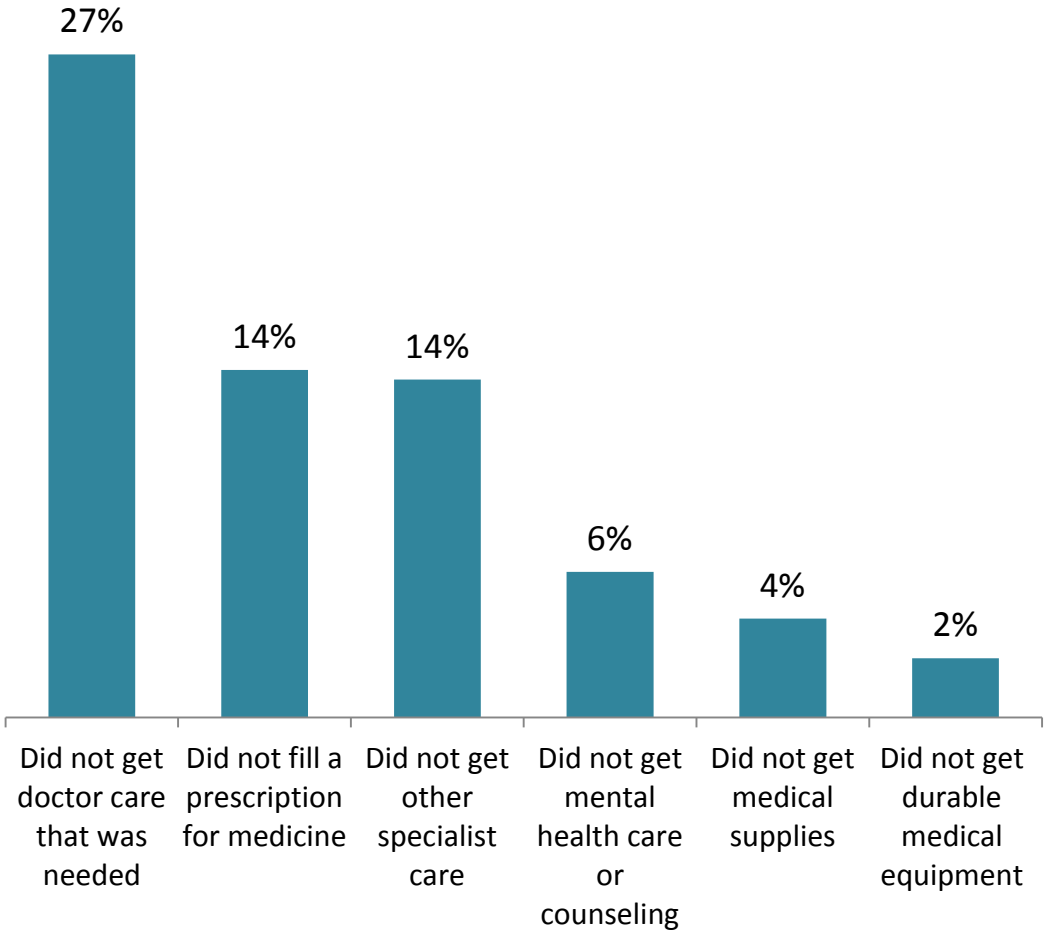


WHAT ARE THE ACCESS BARRIERS FACED BY ENROLLEES?

- Despite having coverage, MCHA enrollees still have unmet health care needs due to cost. Most commonly, respondents delayed visiting a doctor, did not see a specialist when needed, and did not fill prescription medications because of the cost associated with each.
- One in five MCHA enrollees did not have a single doctor visit in 2012.
- More than 80% of enrollees are on a prescription medication.
- Most enrollees did not visit the emergency department (ED) in 2012, and among those with a visit, nearly 60% chose to go to the ED because they needed care after regular clinic hours.

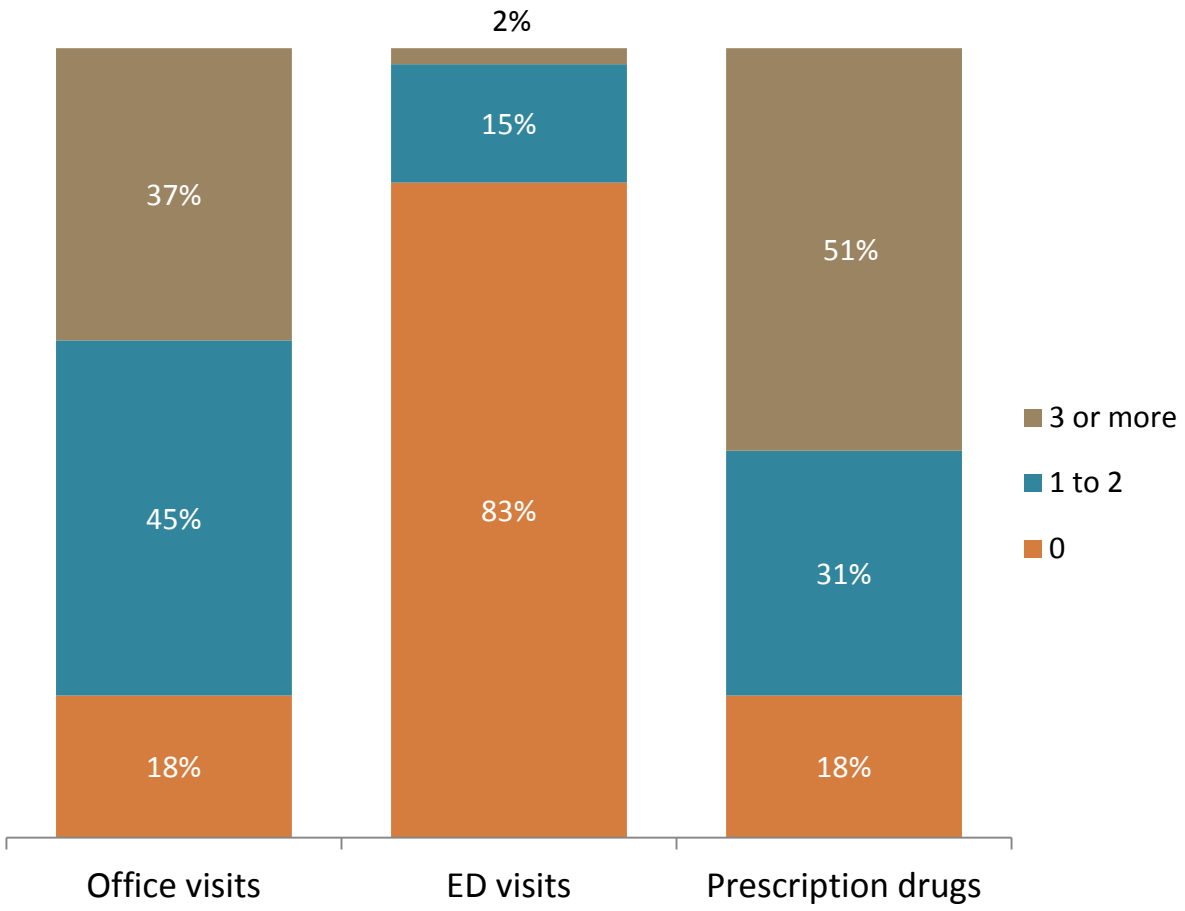
UNMET NEED DUE TO COST

- More than one in four enrollees put off needed doctor care as a result of cost in 2012.
- Lower-income enrollees were more likely to report not receiving doctor care, specialist care, or prescription medications because of cost (data not shown).
- Enrollees with high deductible plans ($10,000) were much more likely to report not getting doctor or specialist care as a result of cost (data not shown).



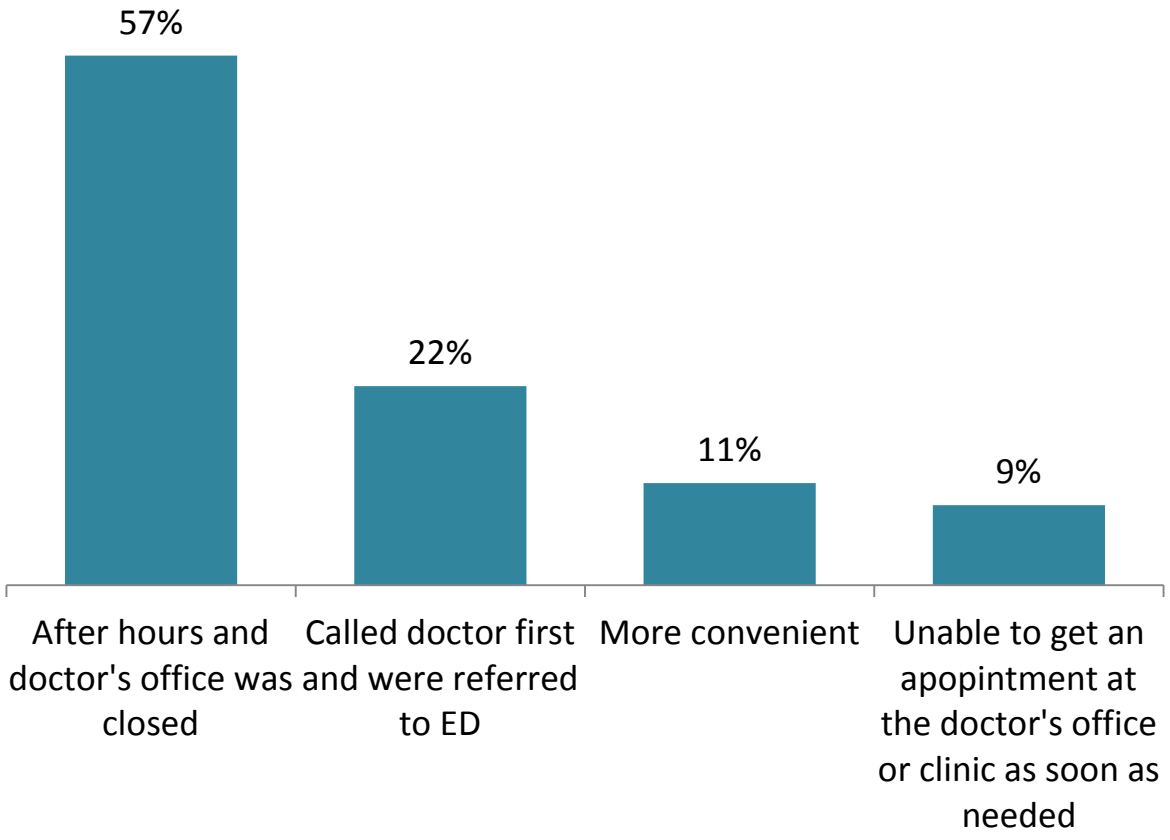
UTILIZATION OF HEALTH CARE SERVICES

- Most enrollees (82%) had at least one visit to a doctor's office in the past year.
- The majority of enrollees had zero emergency department (ED) visits in the past year.
- Eight out of 10 enrollees are on at least one prescription drug.
- Additionally, 11% of MCHA enrollees had at least one hospitalization in the past year (not shown).



REASONS FOR EMERGENCY DEPARTMENT USE

- Among enrollees with at least one ED visit in the past year, the most common reason cited was that a health problem arose after their regular clinic/doctor's office hours.



WHAT IS THE EXPERIENCE ON MCHA LIKE FOR ENROLLEES?

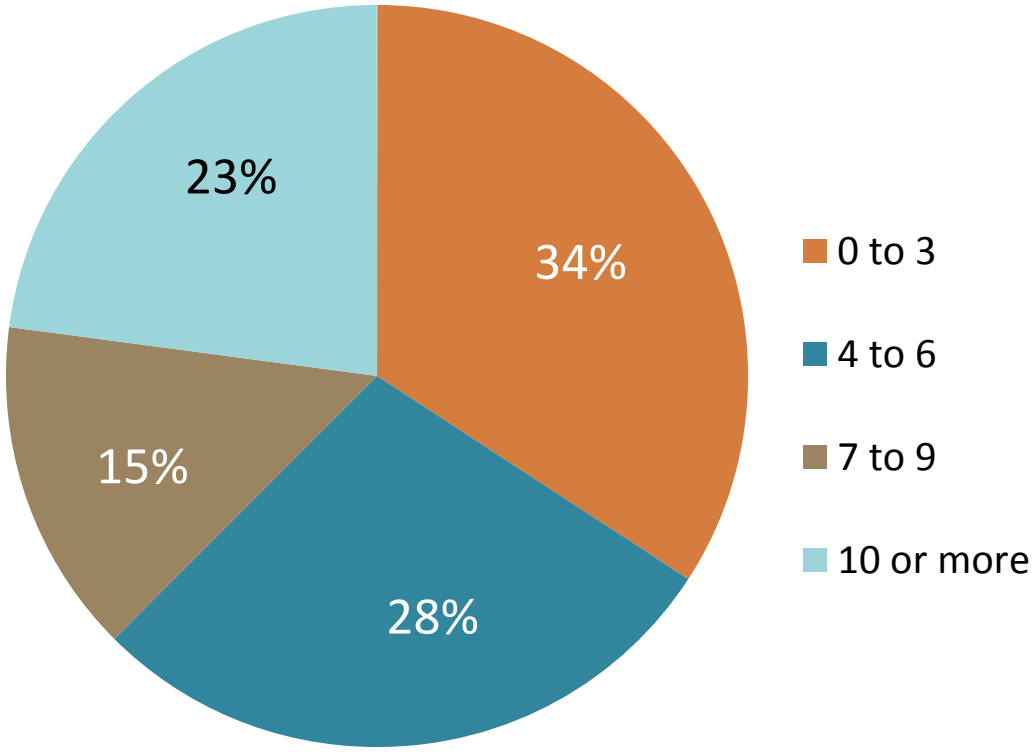
- The MCHA program has been a source of long-term coverage for many of its enrollees. Nearly two-thirds of MCHA members have been on the program for more than three years.

- MCHA provides valuable services to enrollees.
  - Participants enjoy prescription drug access, ability to see specific providers, and premium costs associated with MCHA.
  - Nearly one in five is so happy with his/her coverage that nothing would ever make them leave the program.

- Many enrollees have high deductible coverage plans; only 4% have a $500 deductible (the lowest level offered).

NUMBER OF YEARS ON MCHA PROGRAM

- Nearly one quarter of MCHA enrollees have been on the program for 10 years or more.
- Four in 10 enrollees have had coverage through MCHA for 4-9 years.

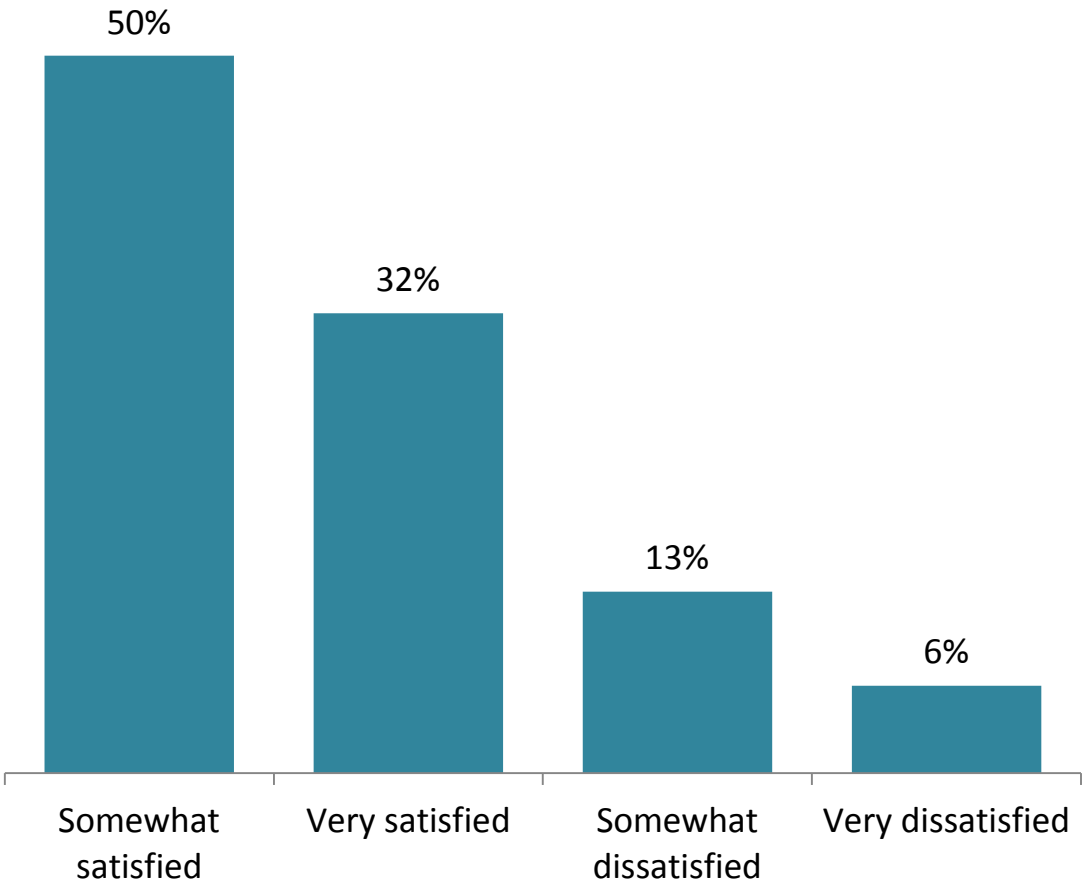


NUMBER OF YEARS ON MCHA PROGRAM

- There were no significant differences across income categories in the number of years enrollees have been on MCHA.
- However, rural enrollees are more likely to have been on the program for 10 years or more (26%) compared to their urban counterparts (20%). A higher share of urban enrollees reports being on MCHA for only 0-3 years (37% versus 29%).
- Enrollees with high deductible plans were less likely to have been on MCHA for long periods of time– in general, the lower the deductible plan, the longer the number of years on MCHA.

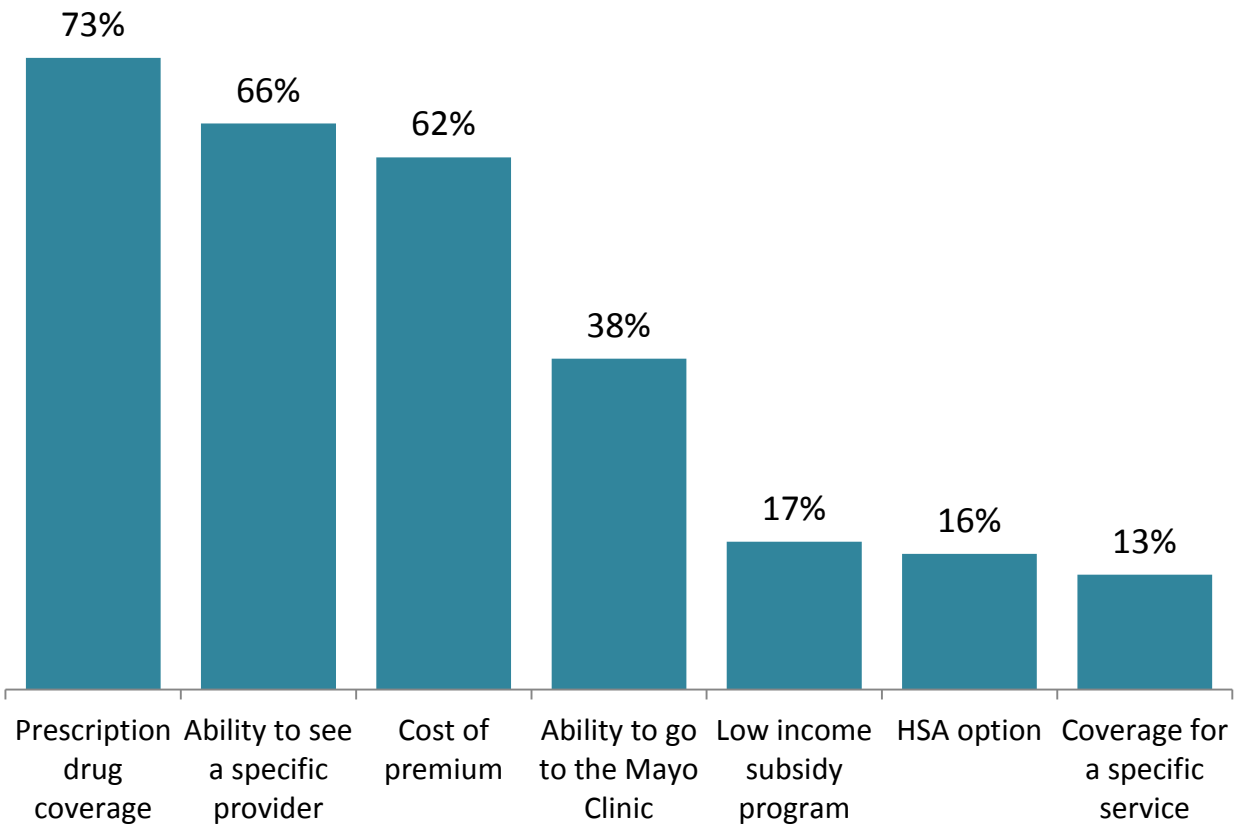
ENROLLEE SATISFACTION

- More than eight in ten MCHA enrollees are somewhat or very satisfied with the program.
- There were no significant differences across income or geographic categories, but in general enrollees with high deductible plans were less likely to be very satisfied and more likely to report being somewhat or very dissatisfied with their coverage (data not shown).



MCHA PROGRAM FEATURES RATED AS EXTREMELY IMPORTANT

- Enrollees find many features of the MCHA program to be extremely important. Topping their lists include prescription drug coverage (73%), ability to see specific providers (66%), and premium costs (62%).



MCHA PROGRAM FEATURES RATED AS EXTREMELY IMPORTANT

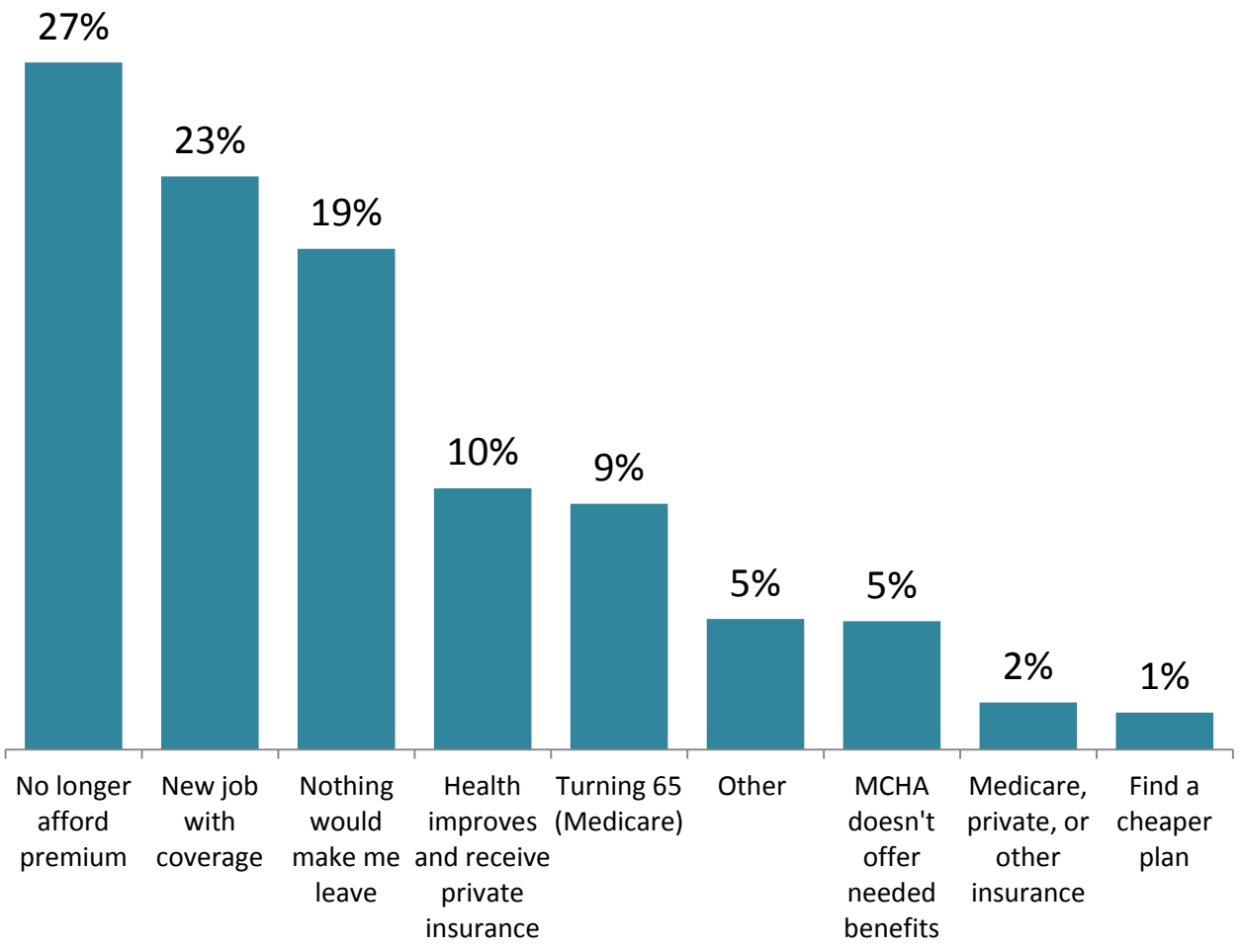
- Across income categories, enrollees with higher-incomes were more likely to rank having a health savings account (HSA) option as extremely important than lower- or middle-income enrollees (18% versus 9% and 14%, respectively).

- Rural enrollees were more likely to rank being able to see a specific provider and go to the Mayo Clinic as extremely important, and they were less likely to cite coverage for a specific service as extremely important.

- Enrollees with high deductible plans ($5,000 or $10,000), when compared to lower deductible plans (ranging from $500 to $2,700), were significantly less likely to rate the following as extremely important: ability to see a specific provider, ability to go to the Mayo Clinic, prescription drug coverage, and coverage for a specific service.

REASONS ENROLLEES WOULD LEAVE MCHA

- MCHA enrollees would leave if they could no longer afford the premium (27%) or were offered a new job with coverage (23%).
- Of the enrollees that responded, "nothing would make me leave," most (29%) are unaware of other health insurance options or are unable to find coverage due to preexisting conditions (19%; (data not shown).



REASONS ENROLLEES WOULD LEAVE MCHA

- Enrollees with the highest income levels were most likely to report potentially leaving MCHA if it no longer offers their benefits, and they were also the most likely to report that nothing would make them leave the program.

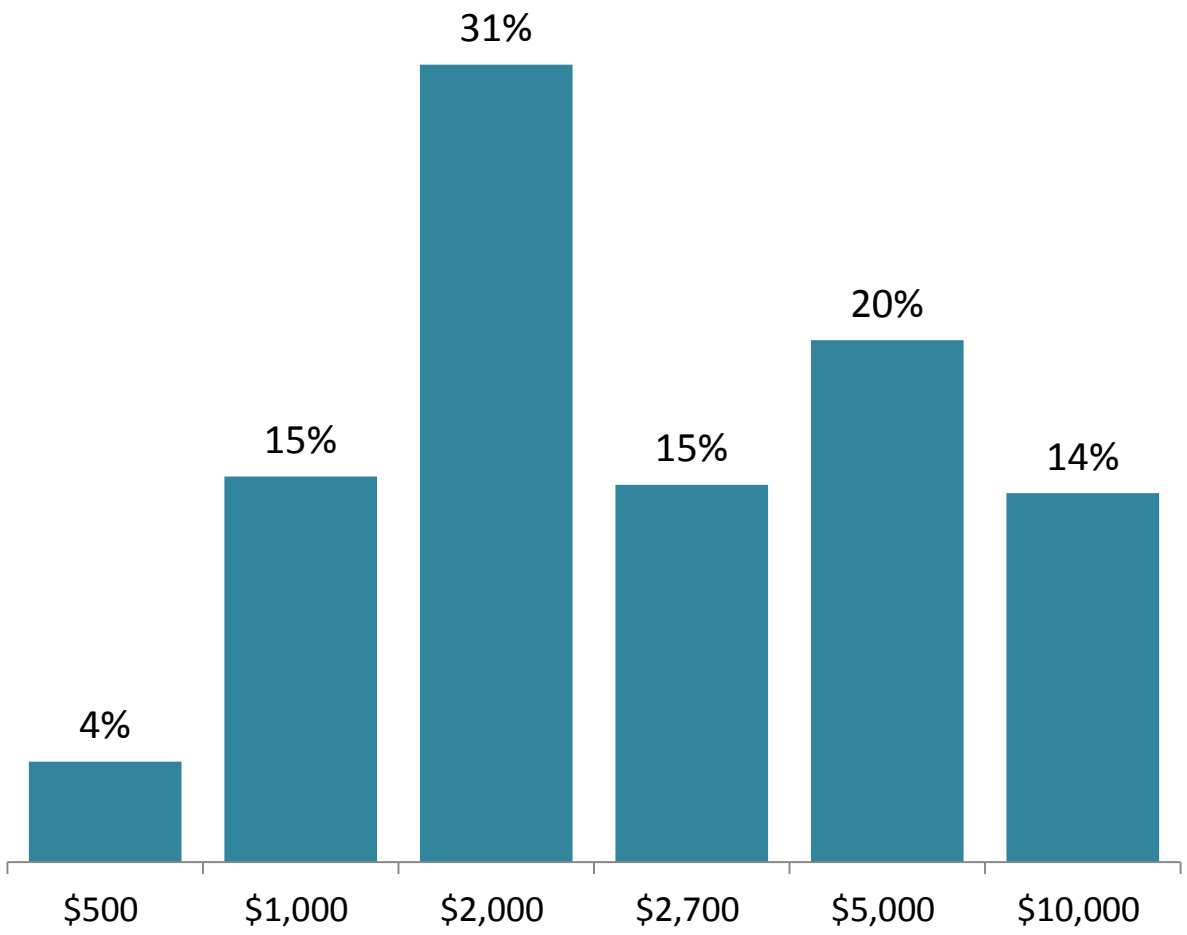
- Middle-income enrollees (138-400% of FPG) were most likely to leave MCHA if it is no longer affordable.

- There were some geographic differences in responses to this question as well. Urban enrollees were more likely to leave if they receive a new job where the employer offers coverage (26% versus 17%) but less likely to leave due to affordability issues (25% versus 31%).

- Plan deductibles were not generally correlated with reasons enrollees would leave MCHA, except that those with higher deductible plans ($5,000 and $10,000) were much more likely to leave MCHA due to becoming eligible for Medicare coverage than those with lower deductible plans (ranging from $500 to $2,700).

MCHA PLAN DEDUCTIBLE

- More than one third of enrollees have high deductible plans ($5,000 and $10,000).
- Deductible choice and income are generally uncorrelated. However, higher- income enrollees are less likely to choose $10,000 deductibles than middle- or lower-income enrollees (data not shown).
- Rural enrollees were more likely to have a $5,000 deductible plan than urban enrollees (18% versus 24%) but less likely to have a $10,000 plan (16% versus 12%, data not shown).



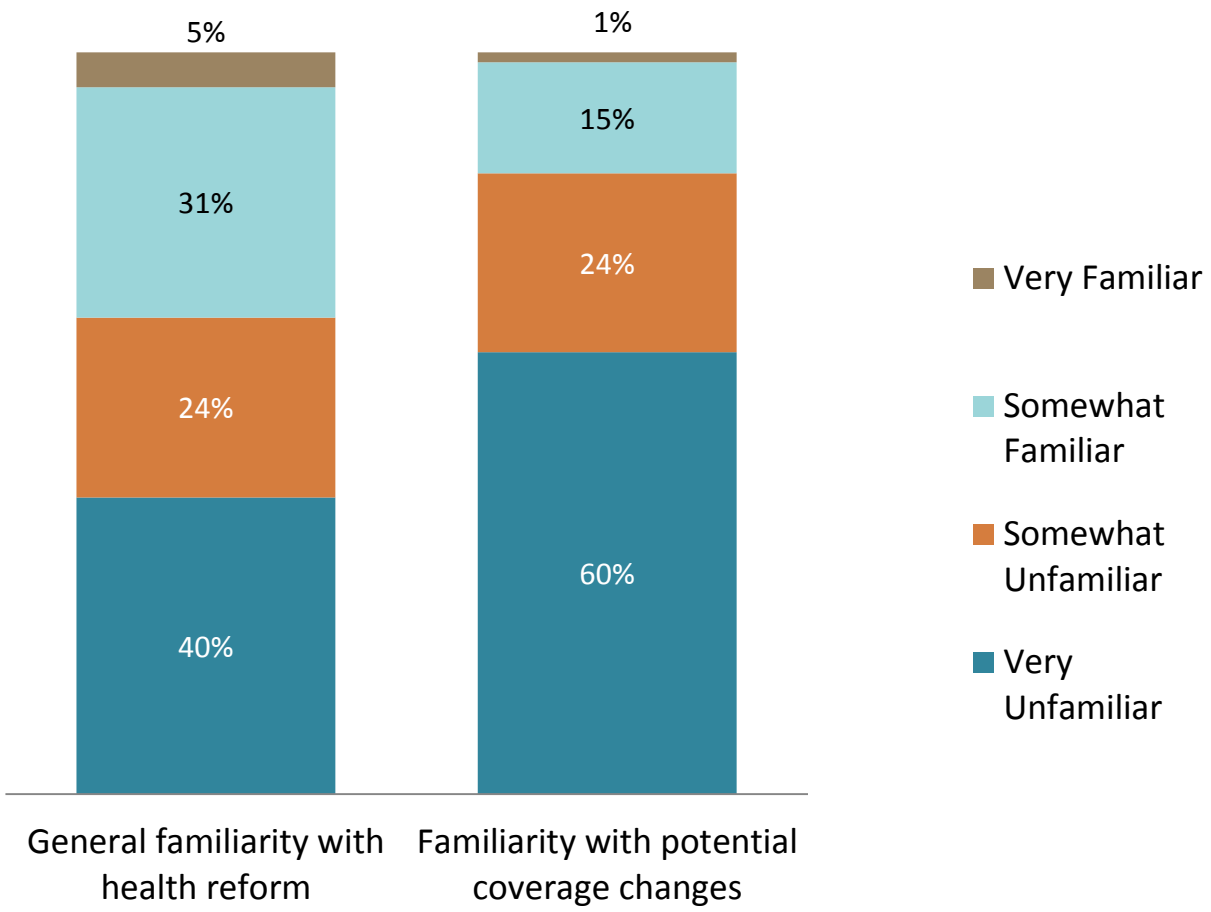
FAMILIARITY WITH HEALTH REFORM

- Enrollees are rather unfamiliar with health reform and how it might change their insurance coverage.

- Many are concerned about how reform will impact them financially; they worry they will no longer be able to afford needed care.

FAMILIARITY WITH HEALTH REFORM

- Two out of three MCHA enrollees are somewhat or very unfamiliar with health reform in general.
- More than 80% of enrollees are unfamiliar with how health reform may impact their coverage.



FAMILIARITY WITH HEALTH REFORM

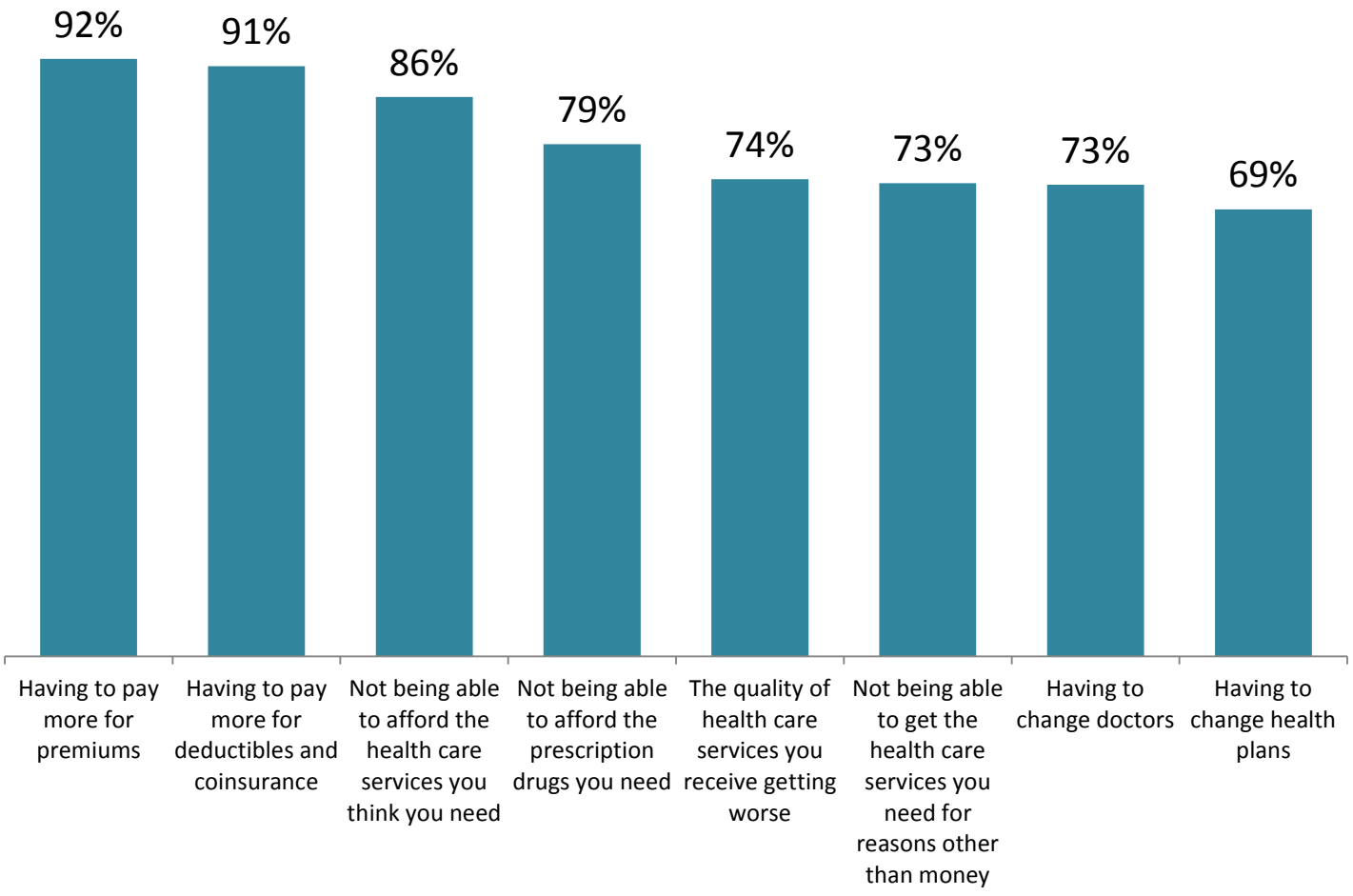
- Across income categories, those with the lowest (up to 138% of FPG) and highest (above 400% of FPG) incomes were more familiar than middle income enrollees (138-400% of FPG) with both health reform in general as well as with potential MCHA coverage changes.

- There were no statistical differences in enrollee familiarity with potential MCHA coverage changes by geography, but urban enrollees were more familiar than rural enrollees with health reform in general (40% versus 30% were somewhat or very familiar).

- Plan deductible was not a predictor of health reform familiarity (no statistically significant differences across deductible amount).

WORRIES SURROUNDING HEALTH REFORM

- Enrollees are mostly worried about the impact health reform will have on cost and affordability.



WORRIES SURROUNDING HEALTH REFORM

- Middle-income enrollees are more worried about not being able to afford needed health care services and prescription drugs than lower- or higher-income individuals; they are also more concerned about having to change health plans (data not shown).

- Rural enrollees are more likely than urban enrollees to be worried about having to pay more for deductibles and coinsurance, having to change health plans, not being able to get needed health care services, and declining quality of services (data not shown).

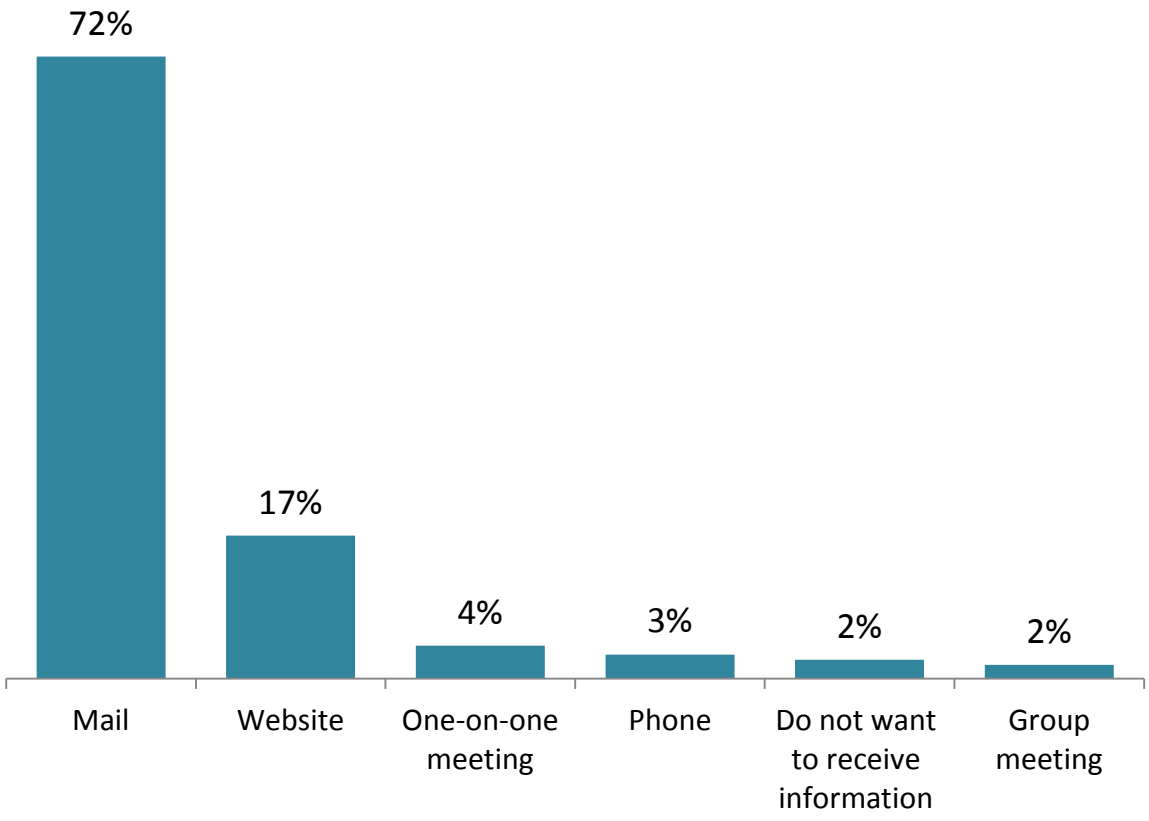
- In general, those with lower-deductible plans are more likely than those with middle- or higher-deductible plans to worry about quality of services, having to change doctors, not being able to receive needed services for reasons other than money, and having to change plans (data not shown).

HOW SHOULD ADMINISTRATORS TARGET OUTREACH EFFORTS?

- Enrollees would like to be contacted about potential coverage changes through the mail.
- There are no differences in preference based on income, but rural residents are statistically less likely to want to receive information through the website (14%) than urban residents (19%) (data not shown).
- In general, those with lower deductibles are less likely to prefer correspondence through the internet (data not shown).

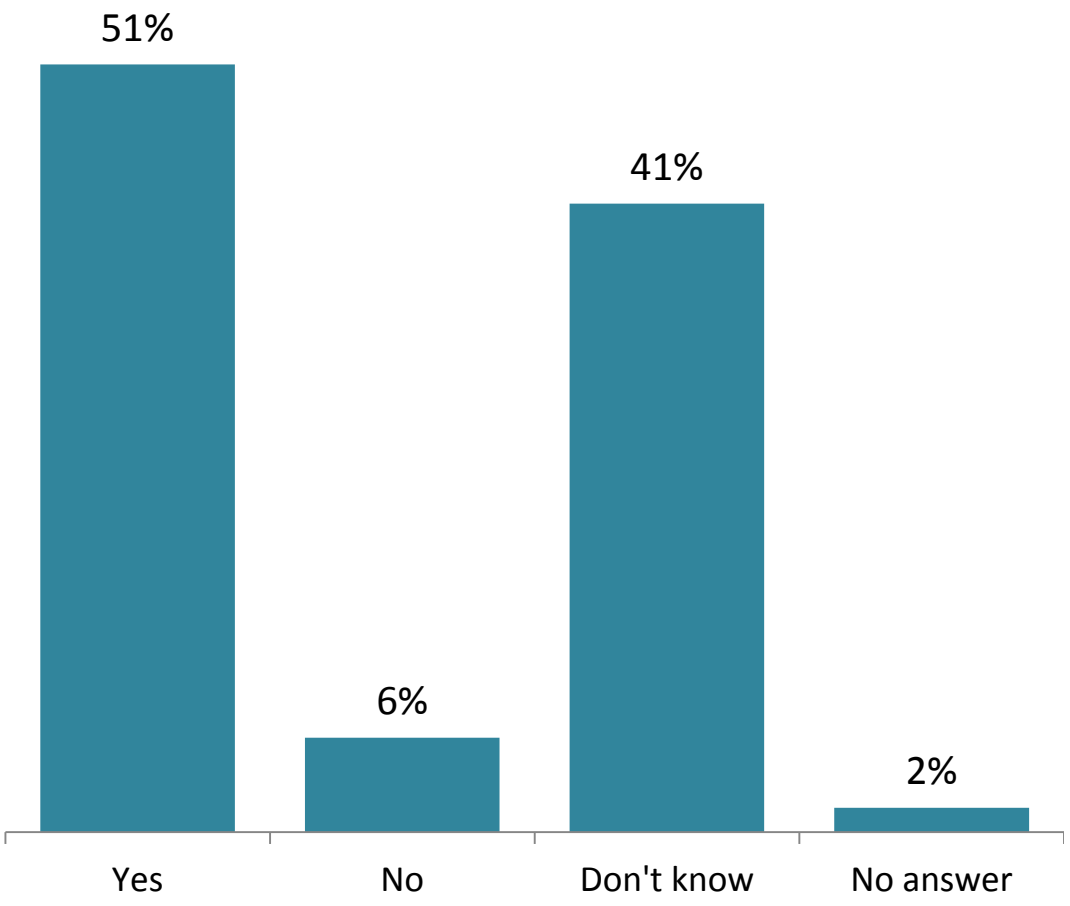
PREFERRED METHOD TO RECEIVE COVERAGE CHANGES INFORMATION

- Enrollees would generally like to be contacted about potential coverage changes through the mail.
- There are no differences in preference based on income, but rural residents are statistically less likely to want to receive information through the website (14%) than urban residents (19%) (data not shown).
- In general, those with lower deductibles are less likely to prefer correspondence through the internet (data not shown).



WILLINGNESS TO ENROLL IN A FREE PUBLIC PROGRAM

- Half of enrollees (51%) would sign up for a public coverage program if they were eligible.
- Lower- and middle-income enrollees are more willing than higher-income enrollees to sign up for such a program (56%, 56%, and 46%, respectively; data not shown).
- There are no discernible differences in willingness based on geography, but those with high deductible plans are more likely to respond affirmatively than those with low deductible plans (data not shown).



Contact Information

Elizabeth Lukanen

Senior Research Fellow
elukanen@umn.edu
612.626.1537

Robert Wood Johnson Foundation

shadac
State Health Access Data Assistance Center

University of Minnesota
School of Public Health