

# **Risky Business – The Transition of High Risk Pool Enrollees to Other Coverage in 2014**

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thank  
you!

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# 2012 MCHA Survey Objectives

- Provide information to MCHA to help transition enrollees into new ACA coverage options
  - Assess potential eligibility for Medicaid and exchange
  - Gauge enrollee familiarity with ACA changes
  - Collect information to inform outreach and communication strategies
- Gain knowledge of how MCHA enrollees might impact risk pools
  - Collect information on health status, pent-up demand

# Methodology

- Mail survey of 5,200 MCHA enrollees
  - Policy holders enrolled for 12 months
  - Excluded children and those with Ryan White and HCTC eligibility
  - October – December 2012
- \$2 incentive payment with survey mailing
- Oversampling of low-income enrollees (used receipt of low income subsidy as proxy) and those in rural areas
- Survey response rate was 50.2%
- Weighted to be representative of adult MCHA population



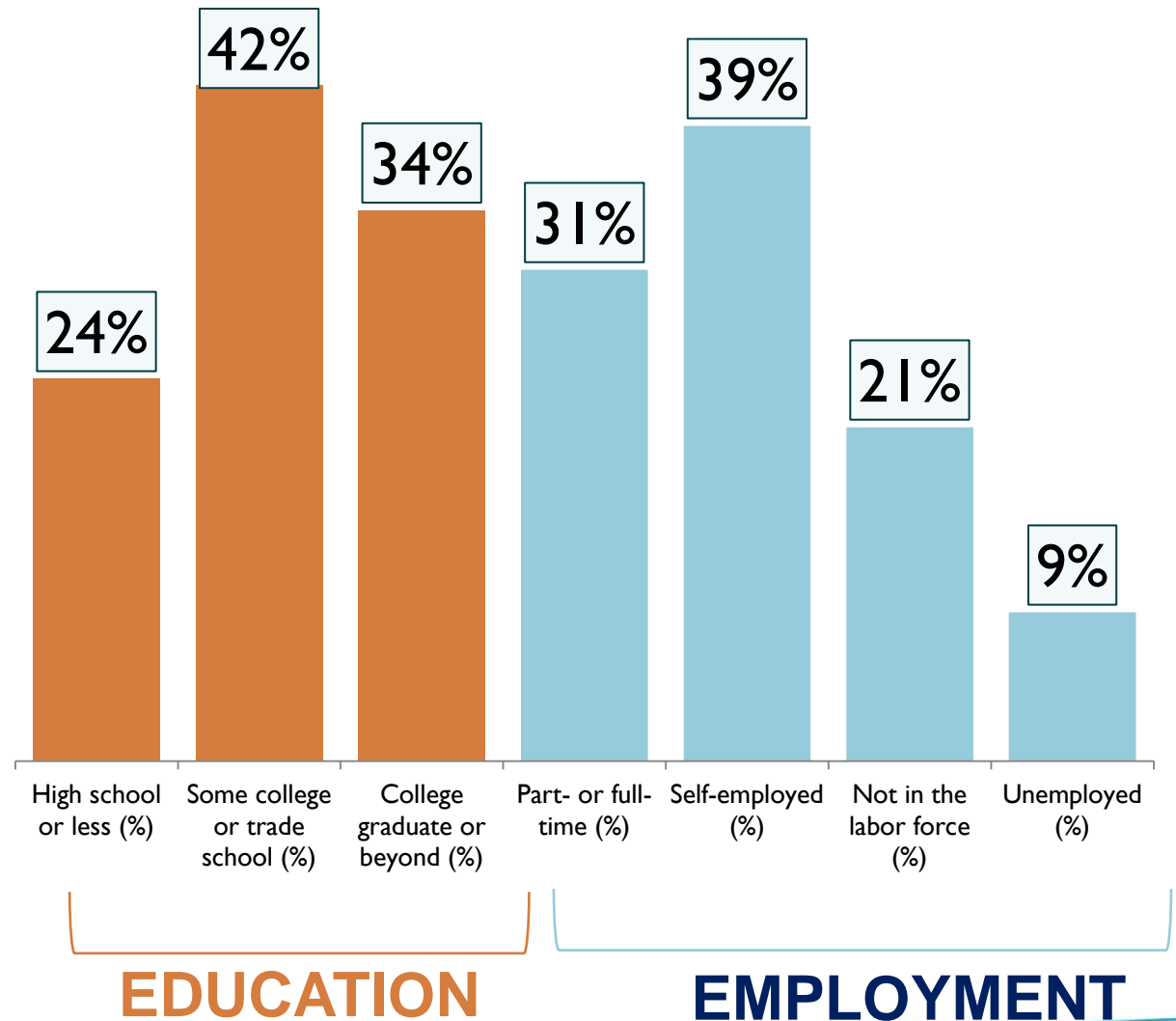
# CHARACTERISTICS OF MCHA ENROLLEES

# Enrollee General Demographics

- Mean age: 52 years
- Slightly more females than males (53%)
- Almost 60% live in an urban area
- 70% are employed or self-employed
- Majority report incomes above 400% FPG
- Most enrollees (82%) have total family assets that exceed \$20,000

# EDUCATION AND EMPLOYMENT

- 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).



# Length of Enrollment and Deductibles

- More than 2/3 have been in MCHA for more than 4 years
- Almost 1/4 have been in MCHA for 10 years or more
- Rural enrollees are more likely to have been on the program for 10 years or more (26% vs. 20%)
- More than 1/3 of enrollees have high deductible plans (\$5,000 and \$10,000)



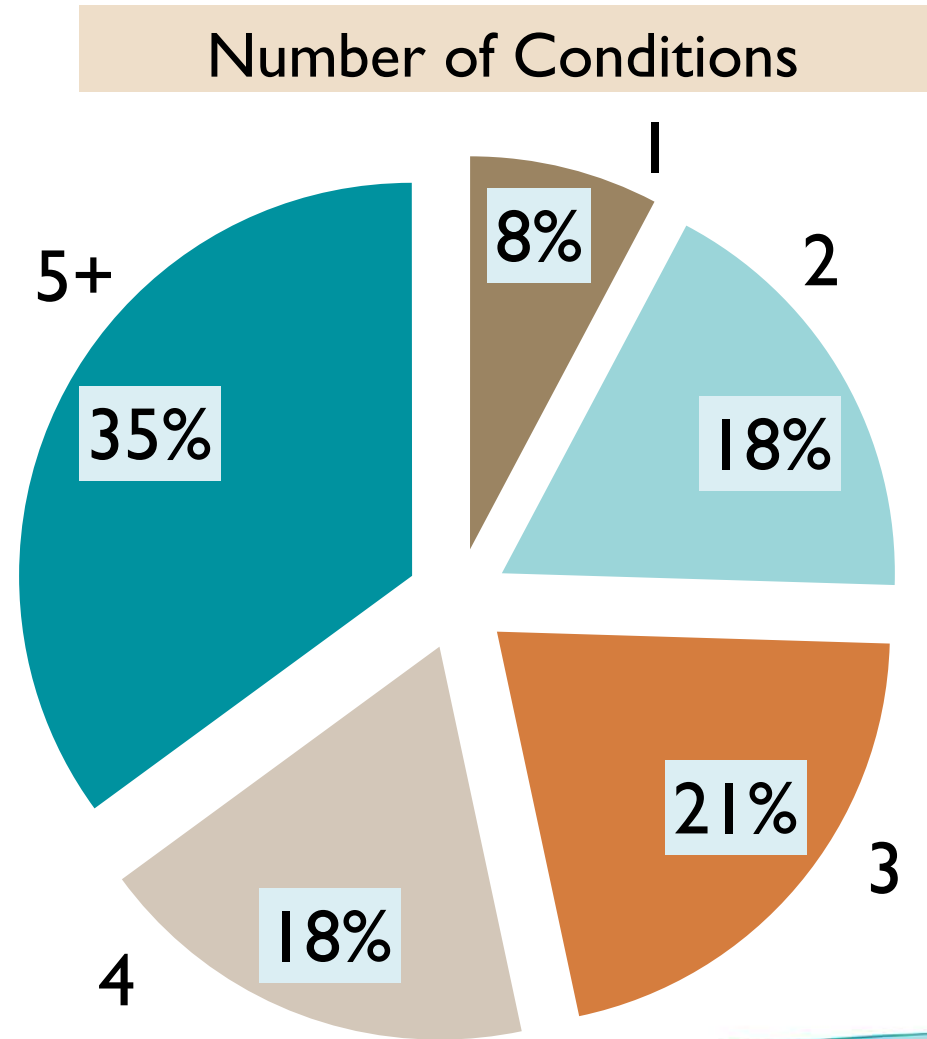
# HEALTH STATUS AND USE

# 75% of Enrollees report good/very good health

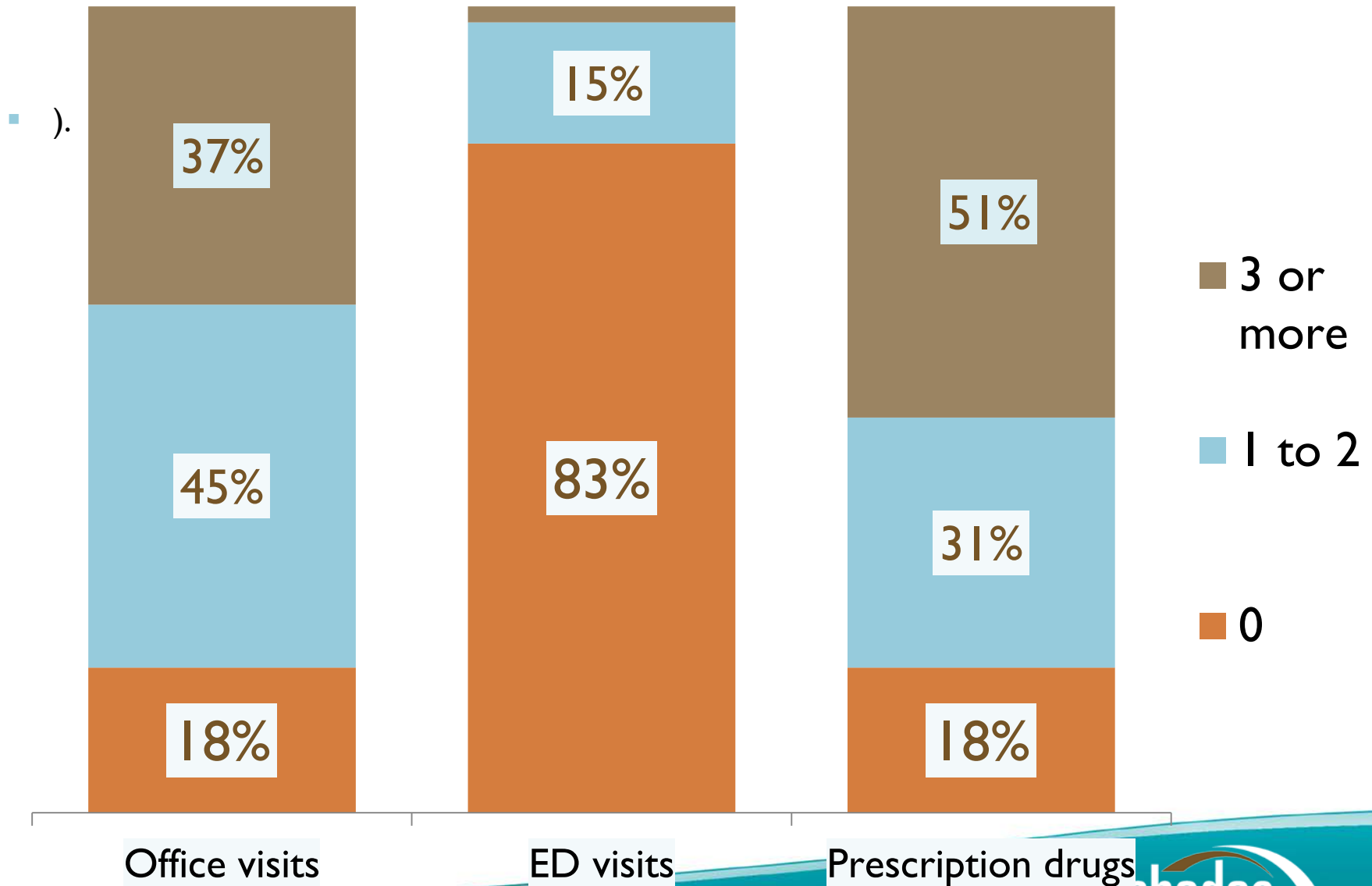


# Yet, they clearly have Chronic Conditions

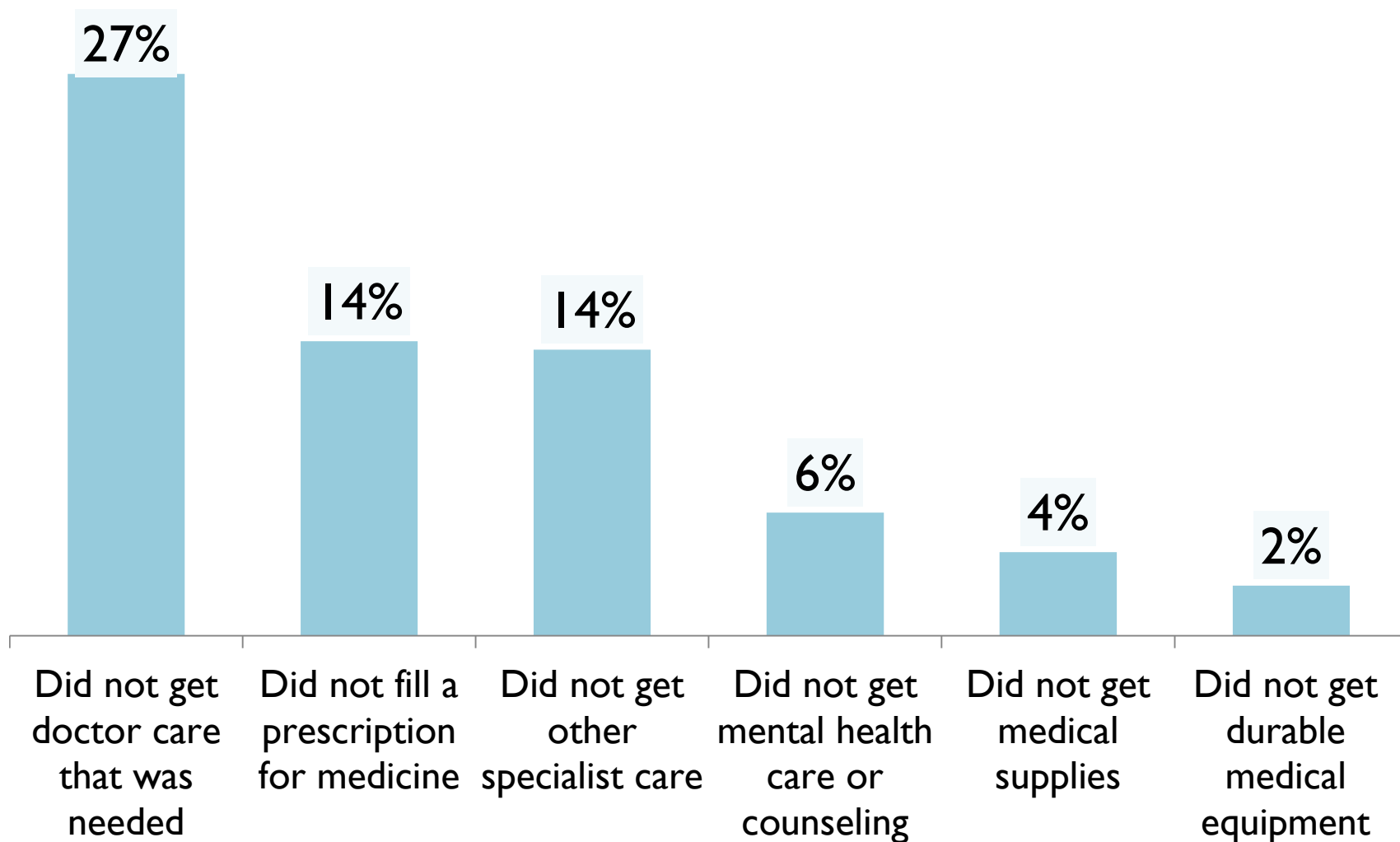
- 92% of enrollees report having at least one chronic condition
- The most common chronic conditions:
  - high blood pressure
  - weight condition
  - high cholesterol
  - allergies
  - arthritis/osteoporosis



# And they certainly use services

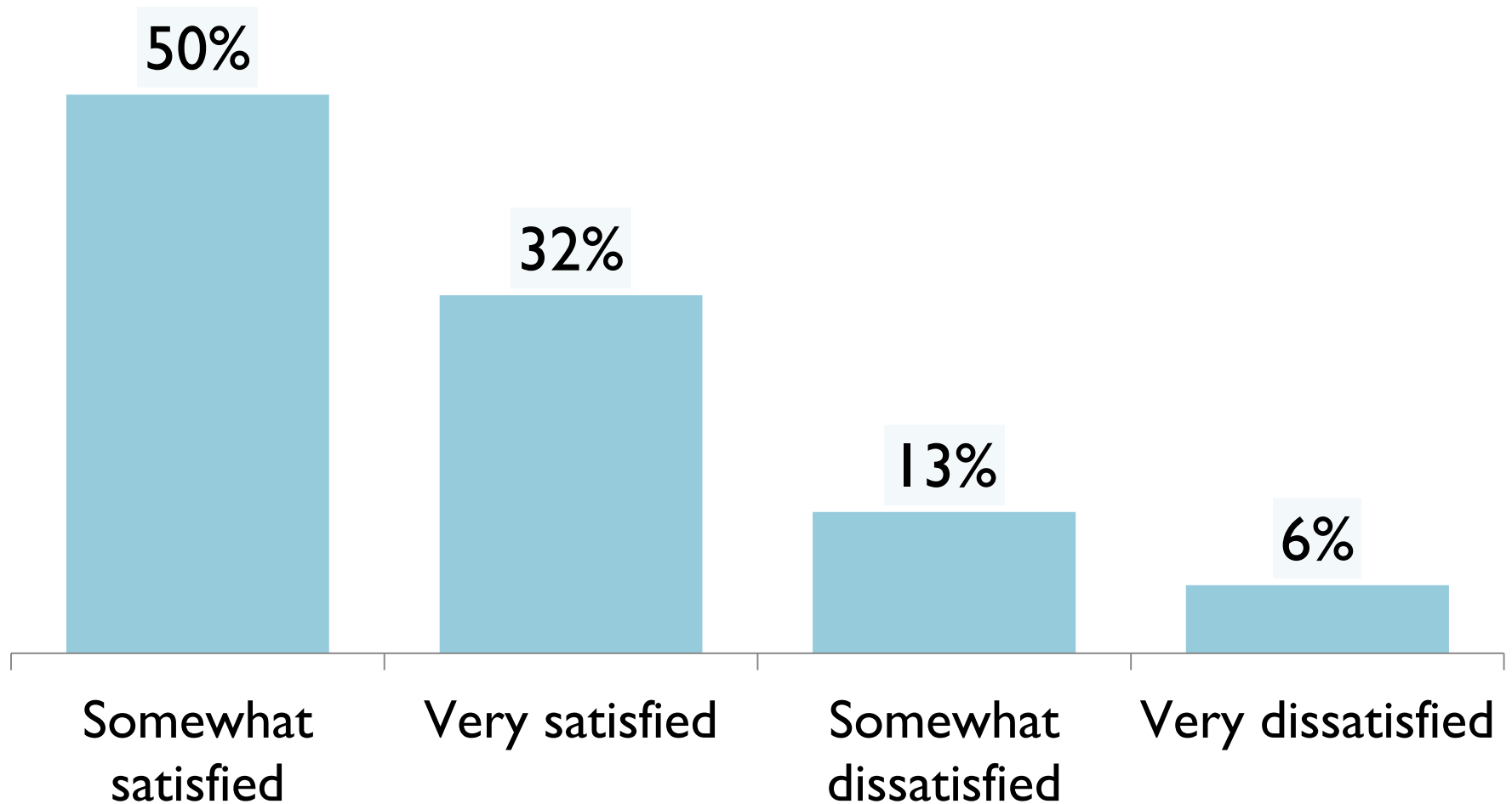


# And many experience barriers to care



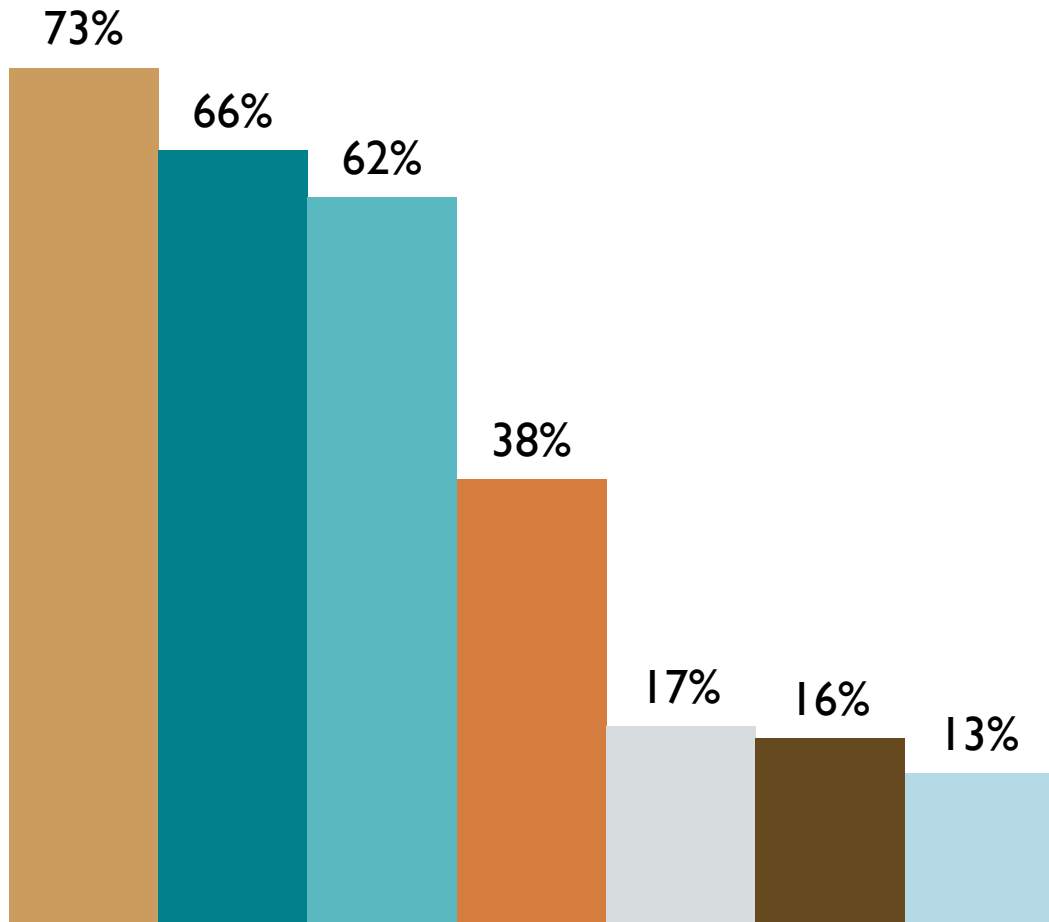
# ENROLLEE EXPERIENCE WITH MCHA

# MCHA Enrollees Are Generally Satisfied with their Coverage



# Features of MCHA Coverage that are Important to Enrollees

- Rx coverage
- Ability to see a specific provider
- Cost of premium
- Ability to go to the Mayo Clinic
- Low income subsidy program
- HSA option
- Coverage for a specific service



Rated "Extremely Important"



# Primary Reasons Enrollees Would Leave MCHA

1. Can no longer afford premium – 27%
2. New job with insurance offer – 23%
3. Nothing would make me leave – 20%
4. My health improves and I can purchase in private market – 10%
5. Turning 65 and Eligible for Medicare – 10%

## Reasons for those who said, “*nothing would make me leave MCHA*”

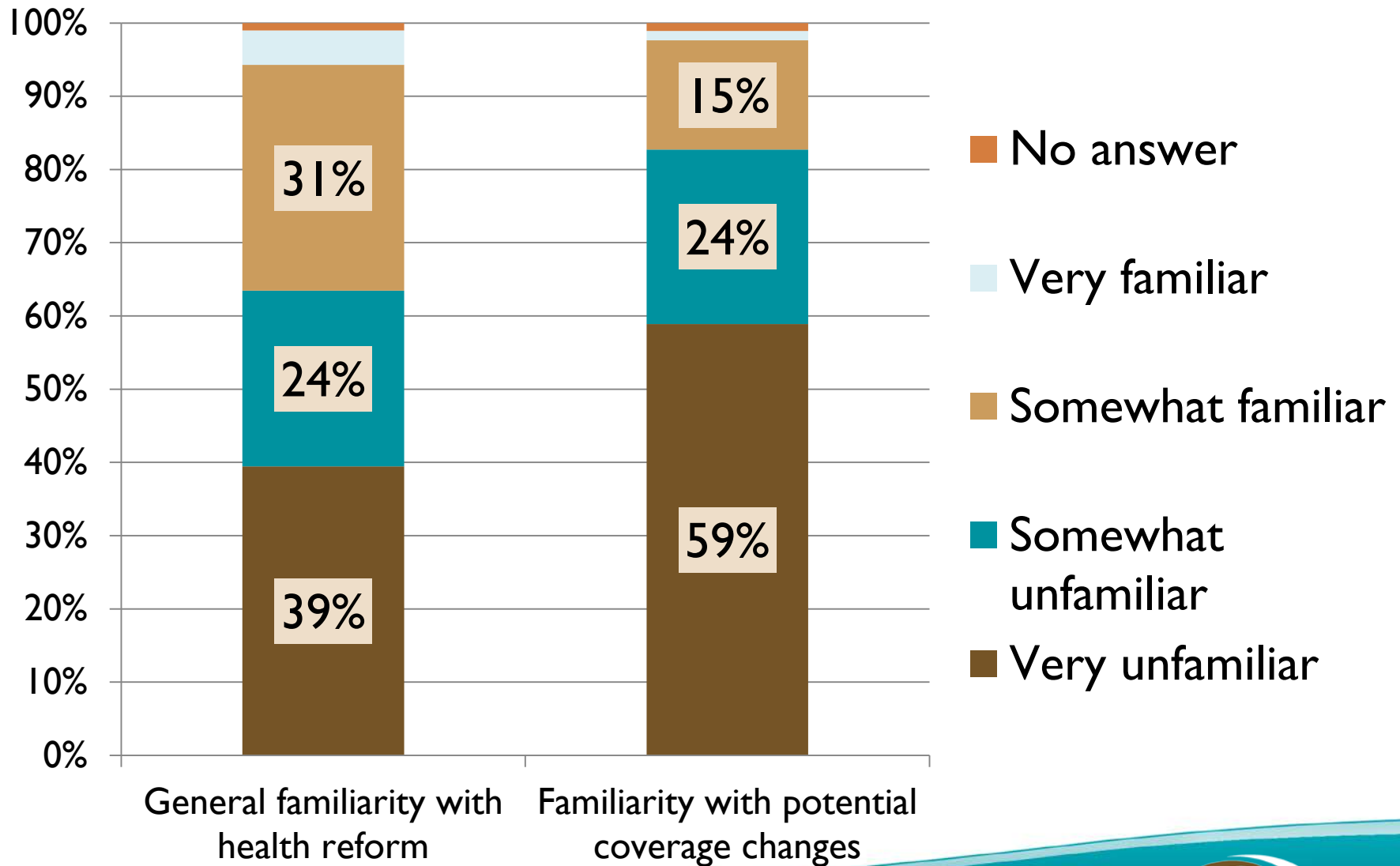
1. Am unaware of other health insurance options – 29%
2. Other companies will not cover me/my family due to preexisting conditions – 19%
3. MCHA is the only coverage that offers Mayo clinic – 14%
4. Other plans will not cover me/my family – 13%

# **MCHA ENROLLEES AND HEALTH REFORM**

# Eligibility for ACA Options

<b>Income as % FPL</b>	<b>% MCHA Enrollees</b>	<b>Eligibility for Financial Support</b>
Less than or equal to 138% FPL	9%	Medicaid
139-400% FPL	37%	Premium and cost-sharing subsidies through the exchange
Above 400% FPL	55%	None

# Enrollee Familiarity with Health Reform

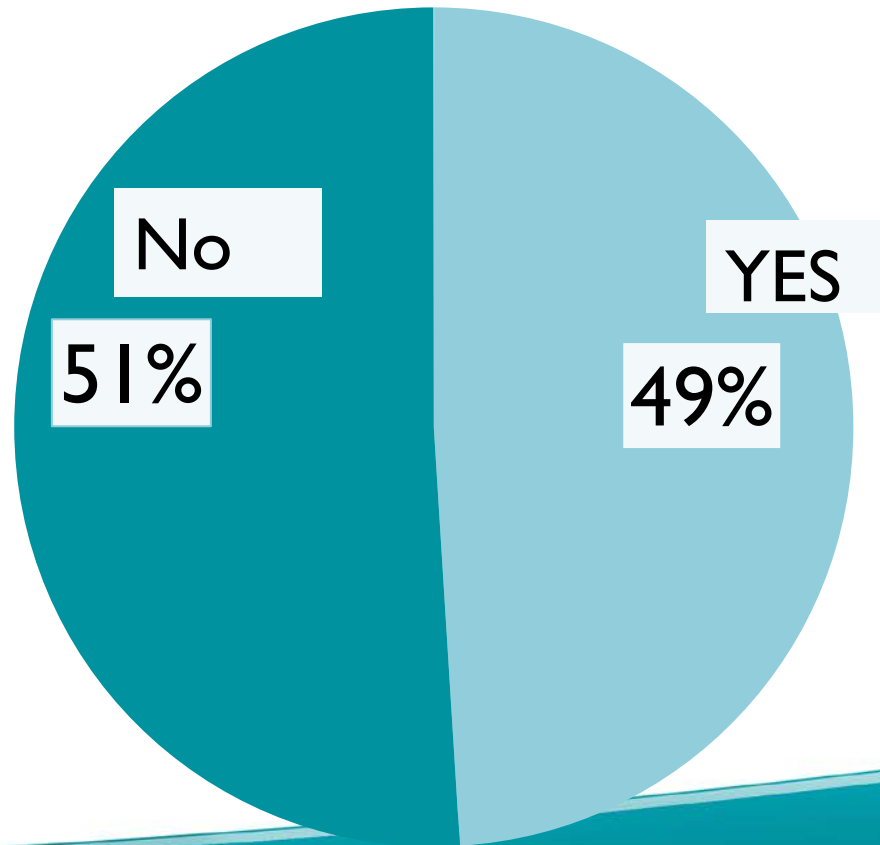


<b>Worried/Very Worried about health reform</b>	<b>% Enrollees</b>
Having to pay more for premiums	92%
Having to pay more for deductibles and coinsurance	91%
Not being able to afford the health care services you think you need	86%
Not being able to afford the prescription drugs you need	79%
The quality of health care services you receive getting worse	74%
Having to change doctors	73%
Not being able to get the health care services you need for reasons other than money	73%
Having to change health plans	69%

# OUTREACH AND ENROLLMENT

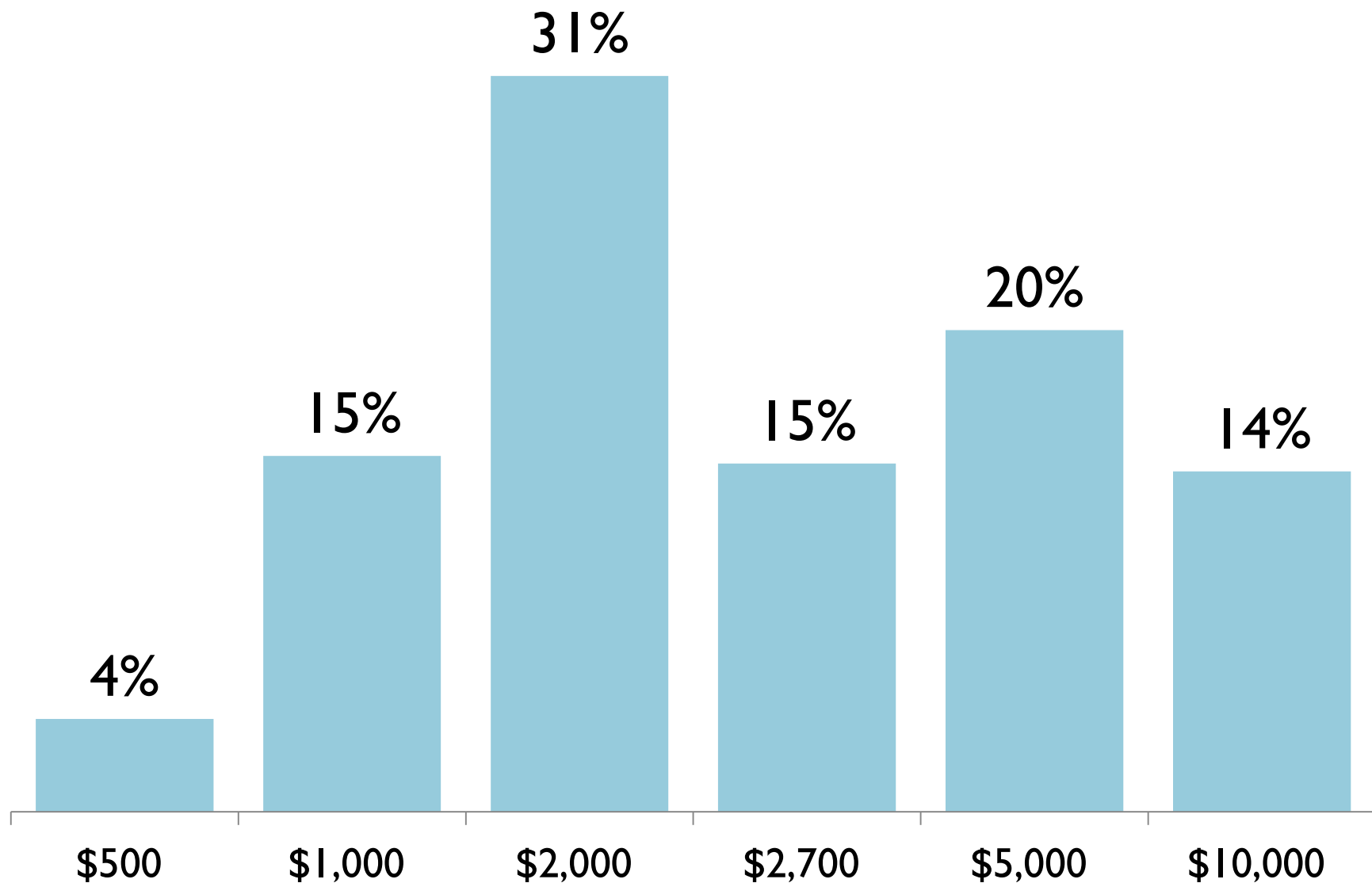
# About half of enrollees do not want to enroll in a public program

*If you learned you were eligible for a public program at no cost, would you enroll?*



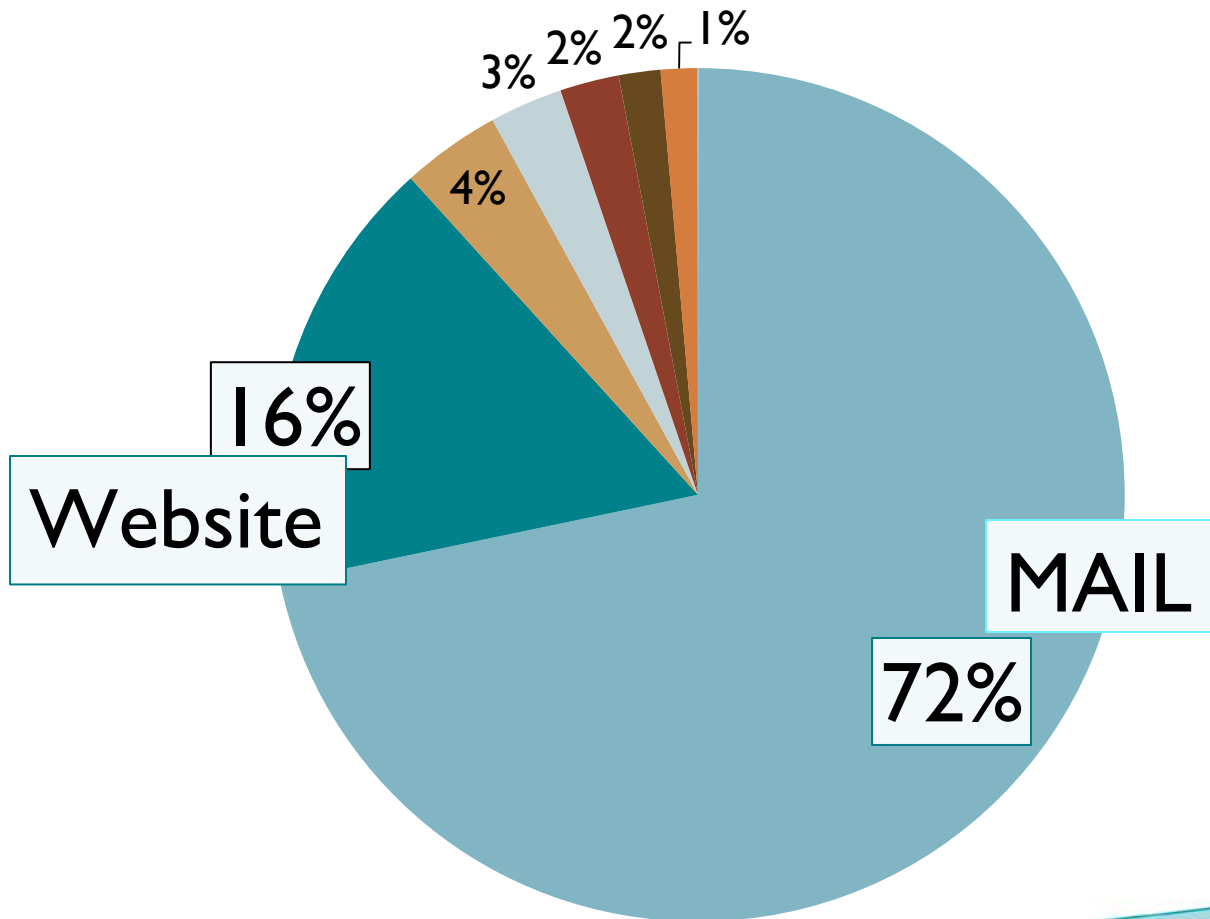


# MCHA PLAN DEDUCTIBLE



# Possible Outreach Methods

**How would you most like to receive information about coverage changes?**



# Implications for Outreach

- Messaging and outreach may need to differ by:
  - Rural vs. urban
  - Eligibility type (Medicaid vs. exchange)
- Outreach will need to address expectations about the cost of new coverage options
- Messaging needs to combat the negative image of “public programs”
- Ideally, assistance should be specialized for this population (e.g., special training for in person assisters)

# Marketing and Outreach

- **Focus on Benefits of Exchange Plans**
  - No exclusion based on pre-existing conditions
  - First dollar coverage for preventive services
  - No lifetime limits
  - Financial support (for those that qualify)
  - Information about finding insurance that covers preferred doctors and Rx
- **Education for those eligible for Medicaid**
  - Medicaid no longer has an asset test
  - Full benefits, limited cost sharing

# Premiums may or may not help

## Premium Range Comparison: MNsure & MCHA

Group	MNsure	MCHA	Additional Information
Age 25	\$90 - \$151	\$111 - \$354	MCHA: Age Range 15-29
Age 40	\$81 - \$192	\$146 - \$465	MCHA: Age Range 40-44
Age 60	\$38 - \$408	\$330- \$1042	MCHA: Age Range 60-64

# Notes of premium slide

## Notes

1. Premium ranges for MNsure are based on individuals, level of plan chosen, yearly income, premium assistance, age, and region of the state.
2. The MNsure comparison group was conducted on Region 8: Anoka, Benton, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington, Wright counties
3. The MCHA comparison was conducted on Non-Tabaco Users
4. MNsure rate premium ranges for families are based on a family of four and the MCHA comparison was also conducted with a family of four consisting of 2 adults and 2 children
5. Please note the differences in age ranges between MNsure and MCHA

# Conclusion

- High risk pools might be considered a minor issue as they are such a small portion of a state's population but...
- Enrollees by definition need and use medical care
- Important to provide enough information to assure a smooth transition
- Thank you for the opportunity to present our research!!

thank  
you!

# Contact Information

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