DEPARTMENT OF HEALTH

Supplement: Data and Methods Update

HEALTH INSURANCE COVERAGE REMAINED STEADY ALMOST A YEAR INTO THE PANDEMIC

Contents

Minnesota Health Access Survey Description and Methods

The Minnesota Health Access Survey (MNHA) is a state-based health insurance survey conducted in Minnesota since 2001 (on a biennial basis since 2007). The goal of the survey is to produce stable estimates of uninsurance for regions of the state and for the most populous demographic groups. The survey provides information on how Minnesotans access health care services, barriers they may experience, and what coverage options might be available to them. Barriers include people who forgo needed health care due to cost, problems with medical bills, problems finding providers, and discrimination based on race or health insurance coverage. Results from the 2017 and 2019 MNHA surveys on some of these barriers are included in the brief.

In 2019, the survey was conducted using two sampling strategies: Address Based Sampling (ABS) (7,860 respondents), and a Random Digit Dial (RDD) telephone sample (3,673 respondents), for a total of 11,533 Minnesotans. Responses in the ABS sample were collected via web survey, telephone, and a paper copy; and responses in the RDD sample were collected via telephone. Response rates were 24.3 percent for ABS and 16.2 percent for RDD. The survey was conducted between September and December 2019; surveys were conducted in English and Spanish.

Prior to 2019, the MNHA was conducted only using the RDD sampling frame. In the RDD frame, cell phones were added to the survey in 2009, with the percent of surveys completed by cell phone increasing each year between 2009 and 2017. Beginning in 2015, prepaid cell phones were oversampled to ensure representation of the Minnesota population.

Consistent with national trends, the MNHA response rates have decreased over time, leading to the decision to transition from the RDD sample frame to the ABS sample frame. The 2019 survey represents a transition year, where both sample frames were used. Many other state health insurance coverage and access surveys, including California, Colorado and Massachusetts, have transitioned from the RDD frame to full or partial ABS frame.

As in previous years, statistical weights were used to ensure that survey results are representative of the state's population. The 2019 data were weighted to be representative of the state's population distribution based on age, race/ethnicity, education, region, home-ownership, nativity, household size, access to the internet, and enrollment in public health insurance programs (including Medicare, Medical Assistance, MinnesotaCare, TRICARE and Veterans' Affairs health services). Additionally, the RDD data were weighted to represent what is known to-date about the prevalence of cell phone households and the distribution of telephone usage by service type (e.g. landline, cell phone and prepaid cell phone). Estimates presented here for previous survey years may differ slightly from previously published results, as historical data may have been reweighted to ensure comparability over time.

Health Insurance Coverage and Minnesotans Without Health Insurance

Minnesotans Without Health Insurance (Uninsured)

The number of Minnesotans without health insurance is based on estimates from the 2019 MNHA. For this issue brief, the percent of Minnesotans without health insurance in 2019 was used to establish the distribution of coverage in October 2019. The percent of Minnesotans without health insurance was multiplied by the total population in October 2019 to calculate the number of Minnesotans without health insurance.

Private Health Insurance Coverage

To estimate the number of Minnesotans who had private health insurance in October 2019, April, July and October 2020, and January 2021, the Minnesota Department of Health (MDH) and the Minnesota Department of Commerce (Commerce) jointly collected enrollment information from the 12 health insurance providers that cover the majority of Minnesotans with private health insurance. Information for October 2019, April and July 2020 was requested in October 2020; information for October 2020 and January 2021 was requested in March 2021.[1]

The number of covered lives at the end of October 2019, April, July and October 2020, and January 2021, was collected for the following types of coverage:

- Fully-insured group enrollment (both large group and small group, excluding people also enrolled in Medicare or retiree plans);
- Fully-insured individual market enrollment (also known as non-group insurance);
- Self-insured third-party administrator arrangements (including Federal Employee Health Benefit Plans); and

[1] Two health plans provided updated numbers for October 2019 and April and July 2020 when they provided new data for October 2020 and January 2021. Estimates were fully updated to reflect these changes.

- Short-term health insurance plans.[2]

Accounting for Missing Enrollment

For fully-insured individual coverage, we assumed we had full enrollment. This coverage is tied to state of residence and all health insurance companies who provide individual market coverage were included.

We were unable to get complete enrollment for fully-insured group coverage and self-insured group coverage for all Minnesotans, due to the large number of health insurance companies that provide coverage to Minnesotans.

- To account for missing fully-insured group coverage, we used data from the 2019 Health Plan Financial and Statistical Report (HPFSR), which MDH collects each year. We took the commercial enrollment numbers from carriers who reported to MDH and Commerce divided by the total commercial enrollment reported to the HPFSR; this indicated the health insurance companies that provided enrollment information accounted for 93.4% of fully-insured group coverage. We divided the reported enrollment for October 2019, April, July and October 2020, and January 2021 by this percentage.
- To account for missing self-insured group coverage, we assumed that the difference between the population in October 2019 and all other coverage types, including uninsured (about 28,000 Minnesotans), had self-insured group coverage. For April, July and October 2020 and January 2021, self-insured group coverage from October 2019 was increased by the growth reported by the 12 health insurance companies. Self-insured coverage is regulated on a federal level under the Employee Retirement Income Security Act (ERISA); while many companies use a third-party administrator to process claims, not all do, making complete reporting difficult. In addition, the largest percentage of Minnesotans get their coverage through their employers' self-insured group coverage. Therefore, we felt comfortable that, after accounting for all other coverage in the state, the remaining Minnesotans had this type of coverage.

Accounting for Multiple Coverage Types (Double Coverage)

Some Minnesotans have more than one type of coverage – for example, some employers may offer a "retiree health plan" to supplement Medicare coverage for their retirees. Most health insurers know if an enrollee has other coverage to ensure the "primary" insurance covers most costs. For this brief, we consider Medicare to be primary.

- We assumed no double coverage for Medicare with fully-insured group coverage (the largest private insurers specifically excluded these enrollees from the numbers provided).

[2] Short-term health plans are not considered comprehensive health insurance coverage. This information was collected because respondents to the Minnesota Health Access Survey may have reported that they were covered if they were enrolled in a short-term health insurance plan.

- We assumed no double coverage for fully-insured individual coverage (again, private insurers would have excluded these enrollees, and Medicare is less expensive than individual market coverage).
- We used the 2019 MNHA to estimate double coverage with Medicare for any self-insured group health insurance.

Public Health Insurance Coverage

There are three primary types of public coverage, Medicare (a federal program run by the Centers for Medicare & Medicaid Services (CMS)); Minnesota Health Care Programs (Medical Assistance and MinnesotaCare), and programs for the military and veterans, including TRICARE and Veterans' Health Administration services (run by the Department of Defense and Department of Veterans' Affairs).

For Medicare enrollment, MDH accessed monthly enrollment files from the CMS; anyone enrolled in at least Medicare Part A was considered a Medicare enrollee. For Minnesota Health Care Programs' enrollment, MDH requested updated monthly enrollment data for Medical Assistance and MinnesotaCare from the Minnesota Department of Human Services (DHS).

To estimate enrollment in TRICARE and Veterans' Affairs (VA) health coverage, MDH used 2020 annual estimates from the Department of Defense and Veterans' Health Administration.

Accounting for Multiple Coverage Types (Double Coverage)

Some Minnesotans have more than one type of coverage – for example, around 15 percent of people enrolled in Medical Assistance also have Medicare Coverage; VA coverage may be linked to specific medical conditions, and veterans often have Medicare coverage.

- Medicare is "primary" insurance – therefore, we did not reduce Medicare enrollment.
- DHS provided an estimate of double coverage for Medical Assistance and MinnesotaCare enrollees who also have Medicare. We reduced enrollment in these programs based on the number also enrolled in Medicare.
- The Department of Defense and Veterans' Health Administration provided double coverage to MDH as part of our annual estimates of health insurance spending and coverage. We reduced enrollment in these programs based on the number also enrolled in other coverages (private health insurance or Medicare).

Minnesota Population

To estimate the Minnesota population in October 2019, April 2020 and July 2020, we took population estimates from the Minnesota Population Center for July 2019 and July 2020. We used these numbers to estimate monthly Minnesota population growth. We calculated monthly population growth between July 2019 and July 2020, which was used to estimate the population October 2019, April 2020, October 2020 and January 2021.

Health Insurance Coverage Calculations

October 2019 Coverage

1. Calculations for the following coverage types in October 2019 were summed:
    a. The number of Minnesotans without health insurance.
    b. The number of enrollees in the following coverage categories, after removing double coverage, were summed (see Table 1 in issue brief):
    c. Fully-insured group coverage
    d. Fully-insured individual coverage
    e. Short -term health insurance plans
    f. Medicare
    g. Minnesota Health Care Programs (Medical Assistance and MinnesotaCare)
    h. Other public programs (TRICARE/VA)
    i. Uninsured
2. We subtracted the total obtained in step 1 from the October 2019 population – the remainder was identified as having self-insured group coverage.

April, July and October 2020 and January 2021 Coverage

1. The number of enrollees in the following coverage categories, after removing double coverage, in April, July and October 2020 and January 2021, were summed (see Table 1 in issue brief):
    a. Fully-insured group coverage
    b. Fully-insured individual coverage
    c. Short-term health insurance plans
    d. Medicare
    e. Minnesota Health Care Programs (Medical Assistance and MinnesotaCare)
    f. Other public programs (TRICARE/VA)
2. Self-insured group coverage from October 2019 was increased by growth reported by the 12 health insurance companies.
3. We summed the total enrollment in steps 1 and 2, and subtracted that total from the total population. This remainder was the number of Minnesotans who were uninsured.

Table 1: Changes in Health Insurance Coverage Between October 2019, July 2020 and January 2021

	Coverage (enrollment)			Change in Enrollment		Percent Distribution			Percent Change	
Calculated Enrollment (minus double coverage)	**October 2019**	**July 2020**	**January 2021**	**October 2019 to July 2020**	**July 2020 to January 2021**	**October 2019**	**July 2020**	**January 2021**	**October 2019 to July 2020**	**July 2020 to January 2021**
Private	3,272,200	3,233,200	3,195,100	(39,000)	(38,100)	**57.8%**	**56.9%**	**56.0%**	-1.2%	-1.2%
Fully-insured Group Coverage	856,500	802,700	763,500	(53,800)	(39,200)	15.1%	14.1%	13.4%	-6.3%	-4.9%
Fully-insured Individual Coverage	147,300	160,200	167,000	12,900	6,800	2.6%	2.8%	2.9%	8.8%	4.2%
Self-Insured Group Coverage	2,261,800	2,265,000	2,259,300	3,200	(5,700)	40.0%	39.8%	39.6%	0.1%	-0.3%
Short Term Health Insurance Plan Coverage	6,600	5,300	5,300	(1,300)		0.1%	0.1%	0.1%	-19.7%	0.0%
Public	2,124,600	2,197,900	2,276,600	73,300	78,700	**37.5%**	**38.6%**	**39.9%**	3.5%	3.6%
Medicare	1,031,100	1,046,500	1,058,700	15,400	12,200	18.2%	18.4%	18.6%	1.5%	1.2%
Minnesota Health Care Programs										
Medical Assistance	949,700	1,000,400	1,058,900	50,700	58,500	16.8%	17.6%	18.6%	5.3%	5.8%
MinnesotaCare	80,400	86,700	93,900	6,300	7,200	1.4%	1.5%	1.6%	7.8%	8.3%
Other Programs: VA/Tricare	63,400	64,300	65,100	900	800	1.1%	1.1%	1.1%	1.4%	1.2%
Uninsured	264,400	256,100	233,000	(8,300)	(23,100)	4.7%	4.5%	4.1%	-3.1%	-9.0%

Source: Minnesota Department of Health, Health Economics Program 2019 Minnesota Health Access Survey and 2020 Health Insurance Enrollment Survey. Two health plans provided updated numbers for October 2019, April 2020 and July 2020 when they provided new data for October 2020 and January 2021. Estimates were fully updated to reflect these changes. Data table for all months available upon request

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5/14/2021

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