

#### **Chartbook Section 6**

Uninsurance,
Forgone Care, and
the Safety Net

#### Section 6: Uninsurance, Forgone Care, and the Safety Net

- Statewide measures of uninsurance
- Specific population groups
  - Age, income, race, ethnicity, country of birth, region
- Characteristics of the uninsured in Minnesota
- Potential access to coverage for the uninsured
- Forgone care due to costs in Minnesota
- Health Care safety net: uncompensated care

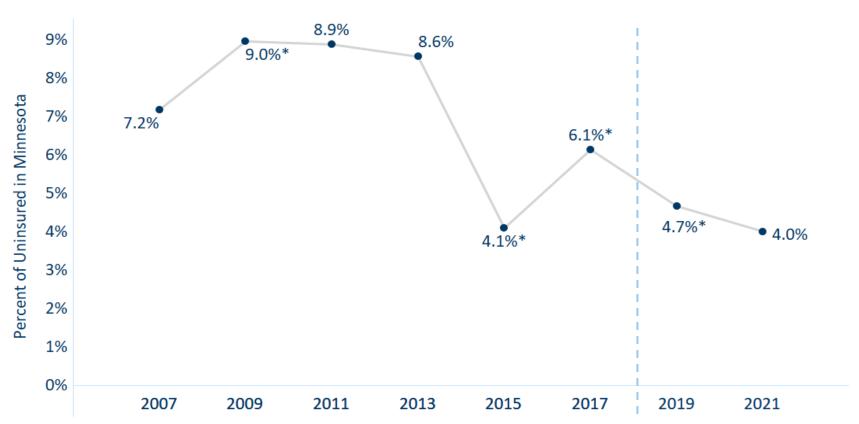
This slide deck is part Minnesota's Health Care Markets Chartbook, an annual review of key metrics in health care access, coverage, market competition and health care costs (MN Statutes, Section 144.70)

A summary of the charts and graphs contained within is provided at <a href="mailto:Chartbook Summaries - Section 6">Chartbook Summaries - Section 6</a>. Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or <a href="mailto:health.hep@state.mn.us">health.hep@state.mn.us</a> if additional assistance is needed for accessing this information.

#### Statewide Measures of Uninsurance



#### Uninsurance Rate Trends in Minnesota

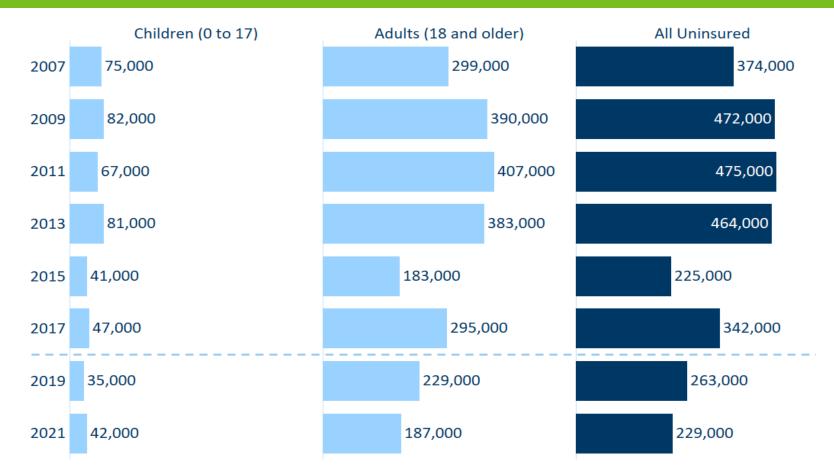


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Estimated Number of Uninsured in Minnesota, 2007 to 2021

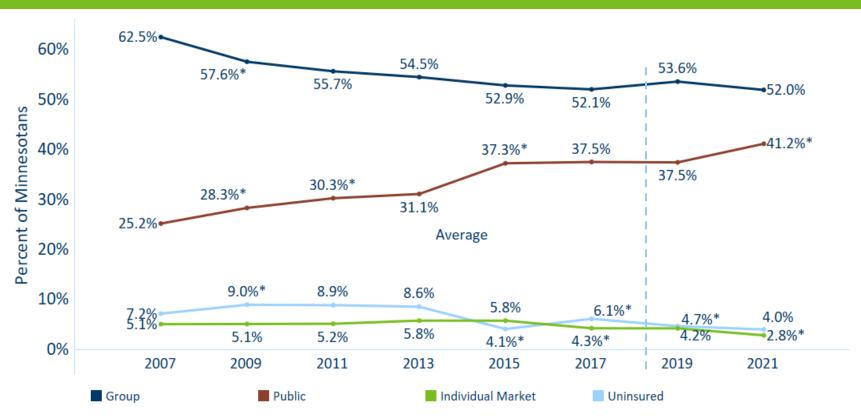


Source: Minnesota Health Access Surveys, 2007 to 2021

Total Minnesota population estimates from U.S. Bureau of the Census.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

#### Sources of Insurance Coverage in Minnesota, 2007 to 2021

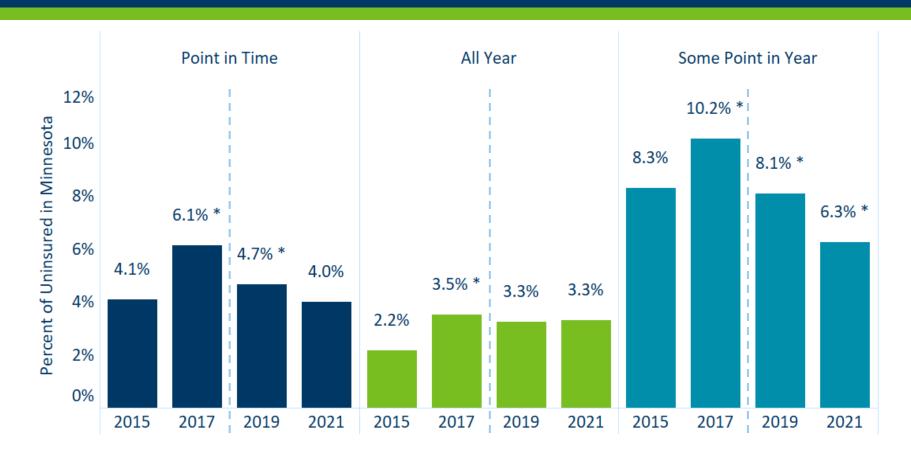


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: Estimates that rely solely on household survey data differ slightly from annual estimates that include both survey and administrative data. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years. Redesign of the 2021 survey produced individual market enrollment estimates that more closely align with administrative data than in previous years. Administrative data estimates about 151,000 Minnesotans had individual coverage in 2019, and 165,000 Minnesotans had individual coverage in 2021.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Measures of Uninsurance in Minnesota, 2015 to 2021



Source: Minnesota Health Access Surveys, 2015 to 2021

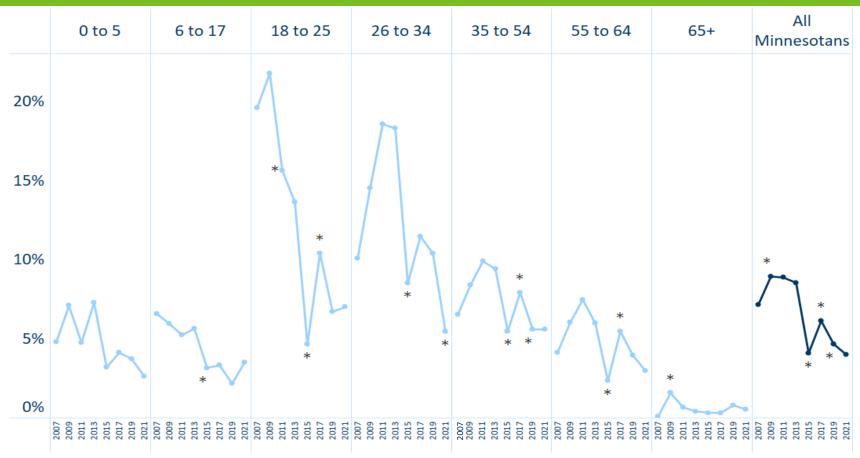
In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown

#### Specific Population Groups



#### Minnesota Uninsurance Rates by Age, 2007 to 2021

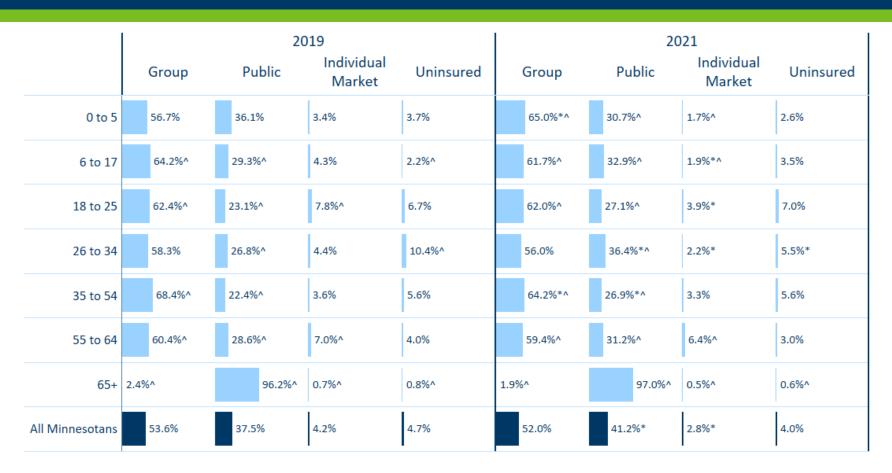


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown

# Sources of Health Insurance Coverage in Minnesota by Age, 2019 to 2021



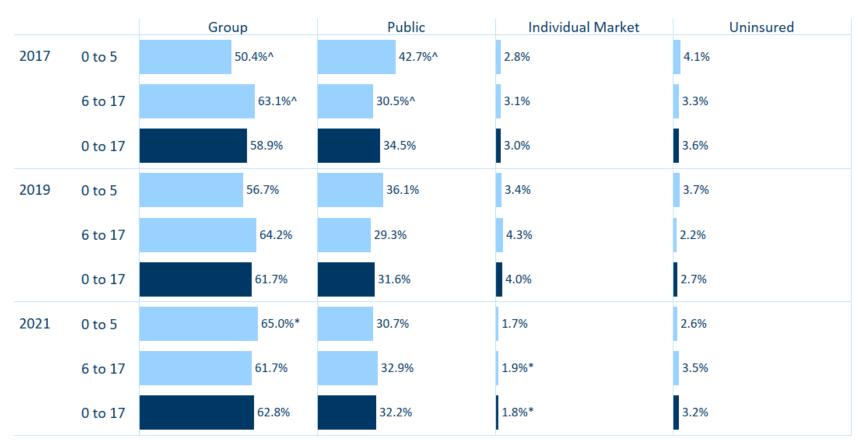
Source: Minnesota Health Access Surveys, 2019 to 2021

Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

### Sources of Children's Health Insurance Coverage in Minnesota by Age, 2017 to 2021



Source: Minnesota Health Access Surveys, 2017 to 2021

Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

Summary of graph. Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown

<sup>^</sup> Indicates statistically significant difference (95%) level from 0 to 17 year olds within year.

#### Minnesota Uninsurance Rates by Income, 2007 to 2021

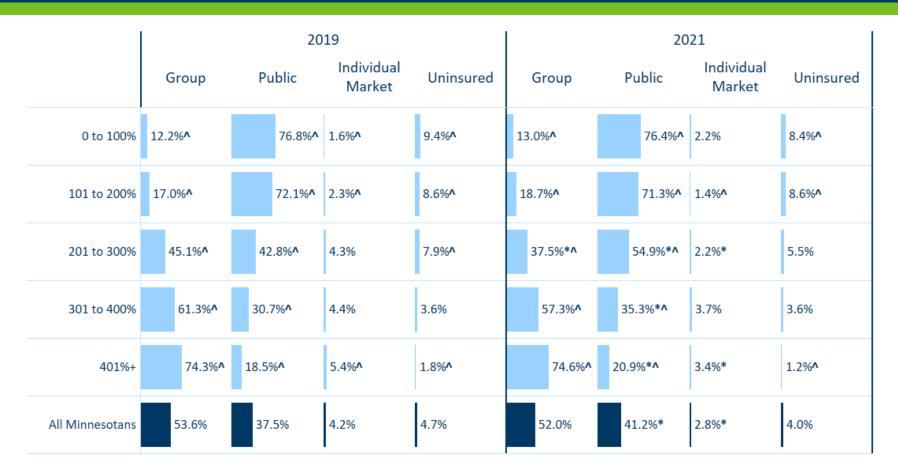


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown

### Sources of Health Insurance Coverage in Minnesota by Income, 2019 to 2021



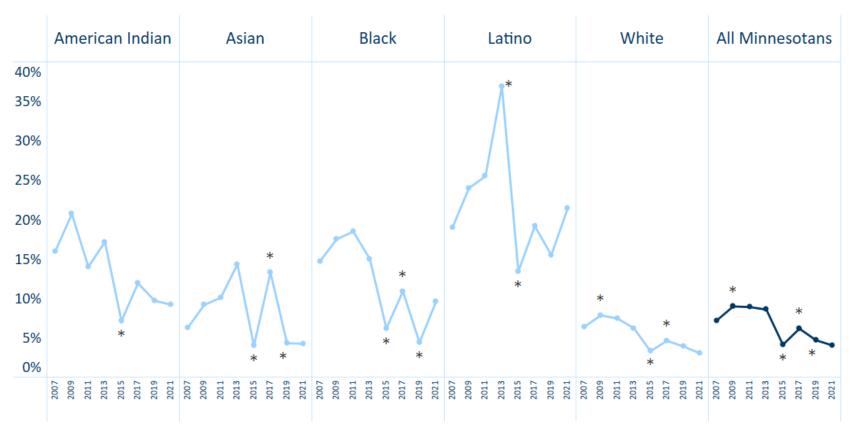
Source: Minnesota Health Access Surveys, 2019 to 2021

Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

# Minnesota Uninsurance Rates by Race and Ethnicity, 2007 to 2021

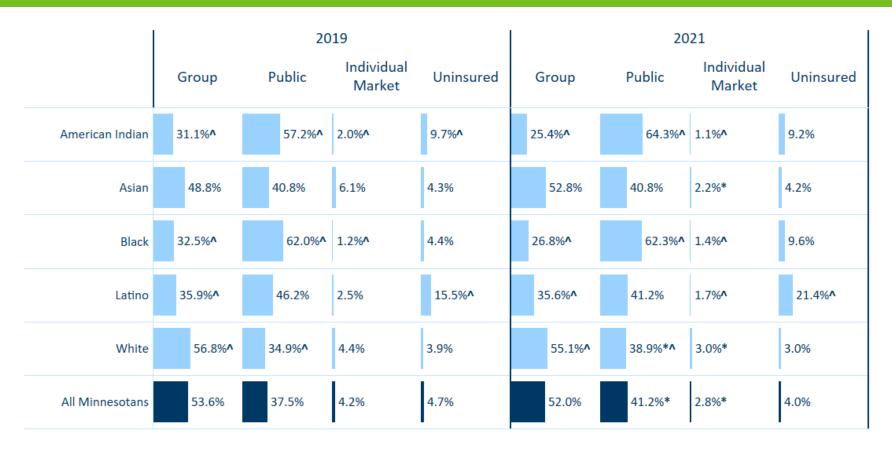


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown

# Sources of Health Insurance Coverage in Minnesota by Race and Ethnicity, 2019 to 2021



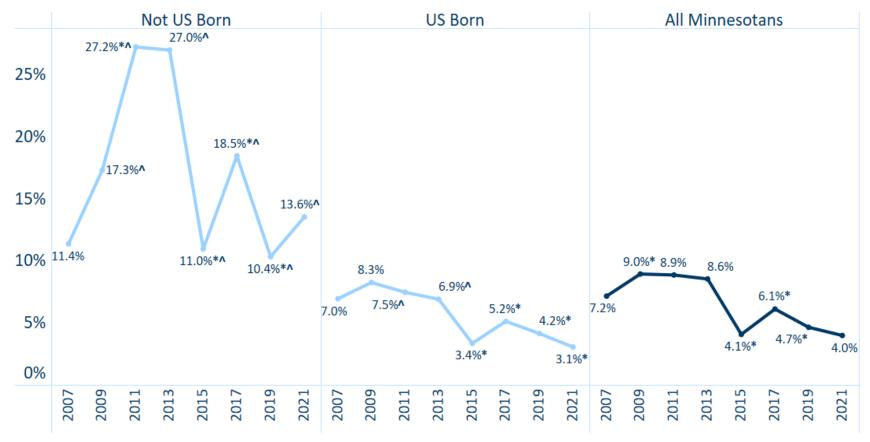
Source: Minnesota Health Access Surveys, 2019 to 2021

Notes: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity. Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Minnesota Uninsurance Rates by Country of Birth, 2007 to 2021



Sources: Minnesota Health Access Surveys, 2007 to 2021

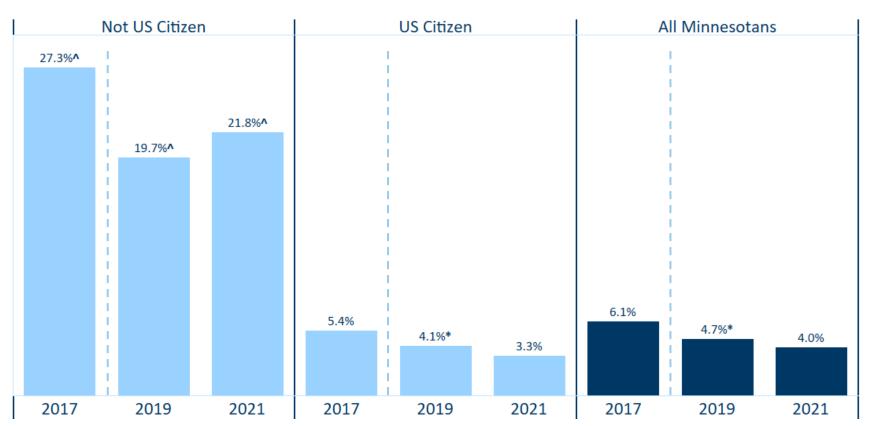
Notes: Does not include Minnesotans under age 3. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

Summary of graph. Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within a year.

#### Uninsurance Rates in Minnesota by Citizenship, 2017 and 2021



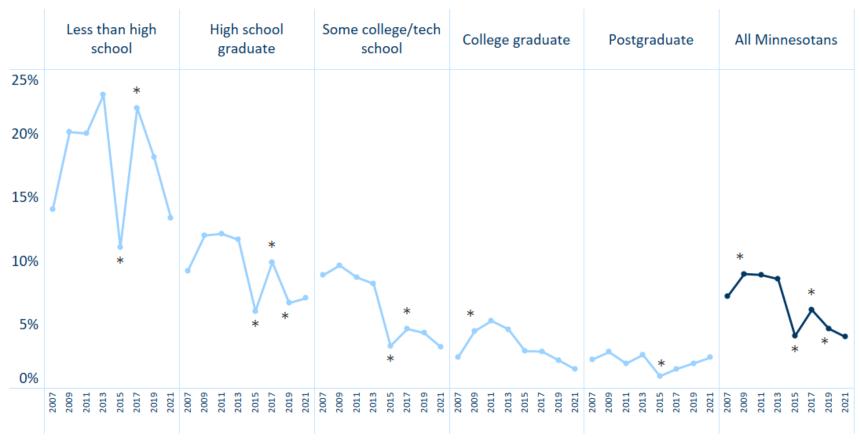
Source: Minnesota Health Access Surveys, 2017 to 2021

Notes: Does not include Minnesotans under age 3. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within a year.

#### Minnesota Uninsurance Rates by Level of Educational Attainment, 2007 to 2021

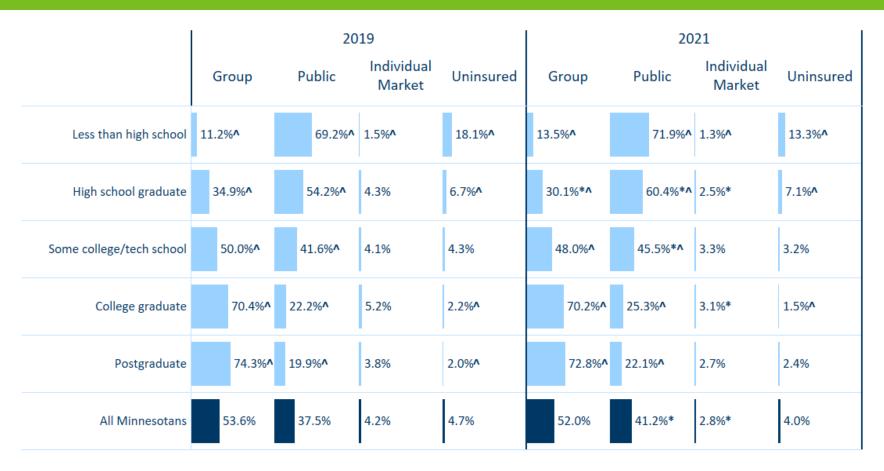


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: For children, education is defined as that of the parent. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

# Sources of Health Insurance Coverage in Minnesota by Level of Educational Attainment, 2019 to 2021



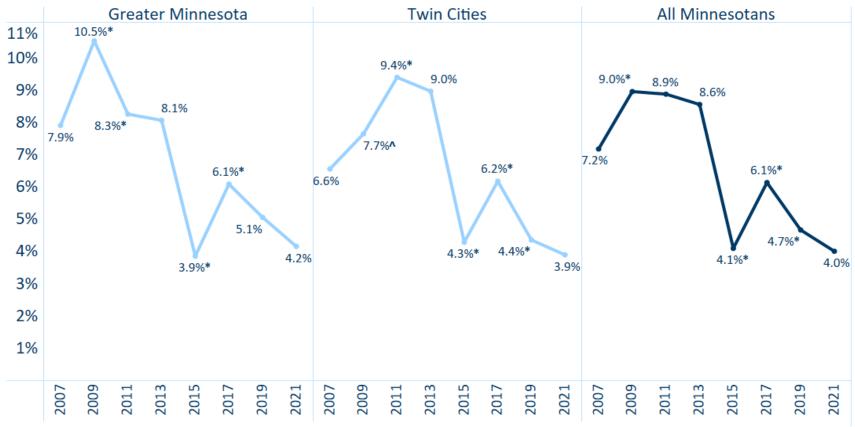
Source: Minnesota Health Access Surveys, 2019 to 2021

For children, education level is defined as that of the parent.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Uninsurance Rates in Twin Cities and Greater Minnesota, 2007 to 2021



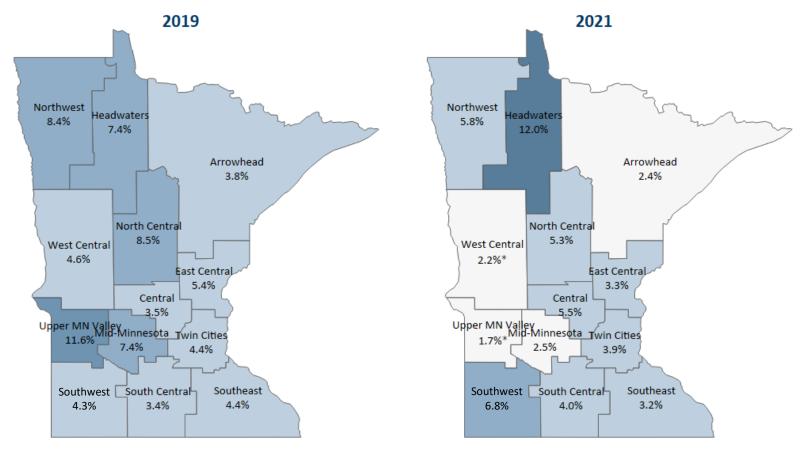
Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

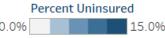
<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Uninsurance Rates by Economic Development Region, 2019 and 2021



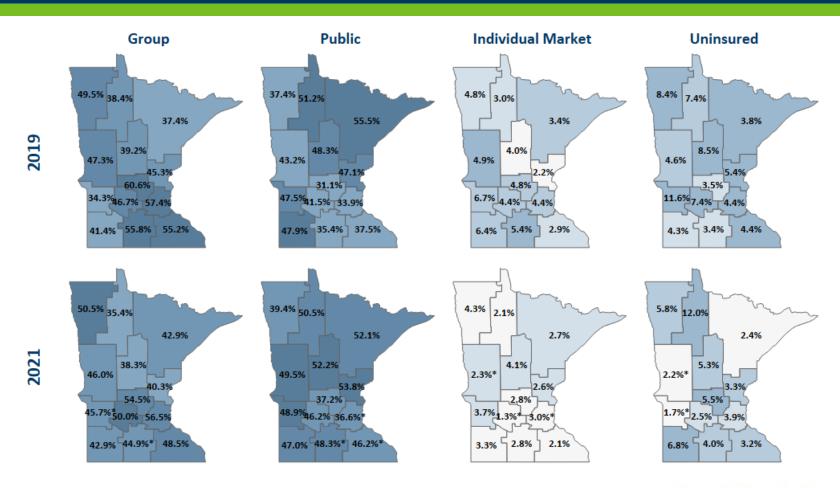
Source: Minnesota Health Access Surveys, 2019 to 2021

Notes: Difference in rates between regions and compared to the statewide rates were not statistically significant.



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

### Sources of Health Insurance Coverage by Region in Minnesota, 2019 and 2021



Source: Minnesota Health Access Surveys, 2019 to 2021

Percent of Population Covered 1.3% 60.6%

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Characteristics of the Uninsured in Minnesota



### Income Distribution of Minnesota's Uninsured Population, 2019 and 2021

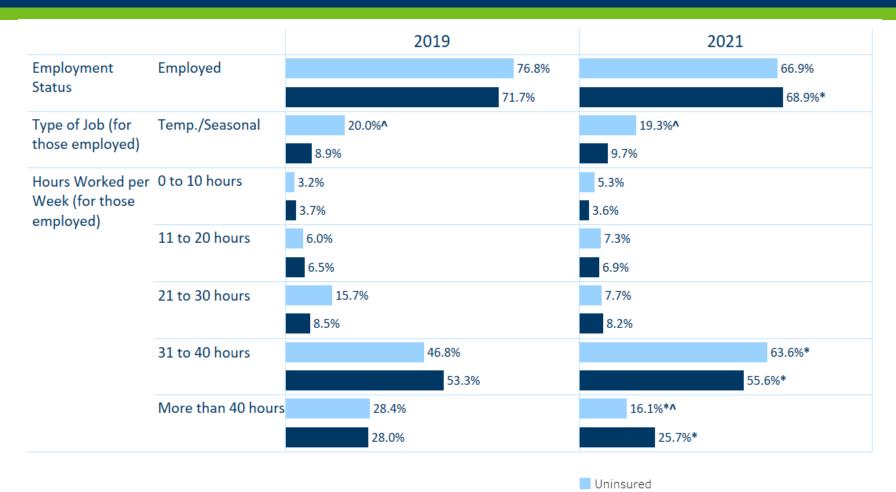


Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

### Employment Characteristics of Minnesota's Uninsured Population, 2019 and 2021



Source: Minnesota Health Access Surveys, 2019 to 2021

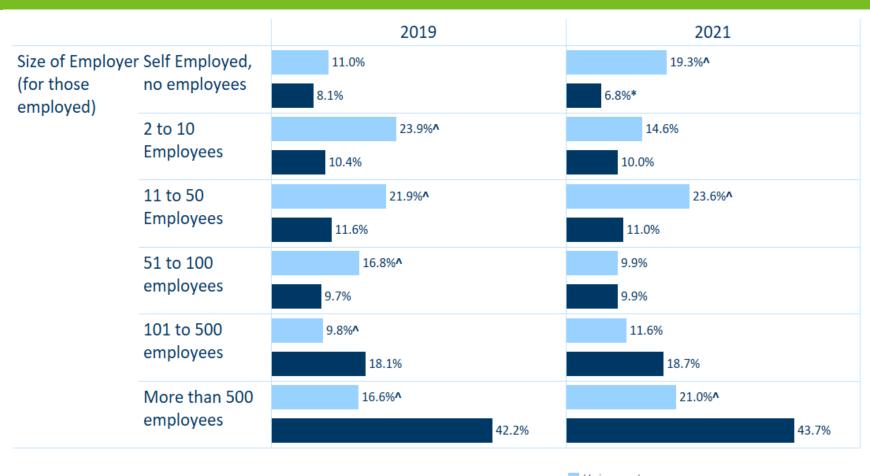
Summary of graph. Data is also available in table format in Chartbook 6 supplement.

All Minnesotans

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

# Employment Characteristics of Minnesota's Uninsured Population, 2019 and 2021: Size of Employer



Source: Minnesota Health Access Surveys, 2019 to 2021

Uninsured

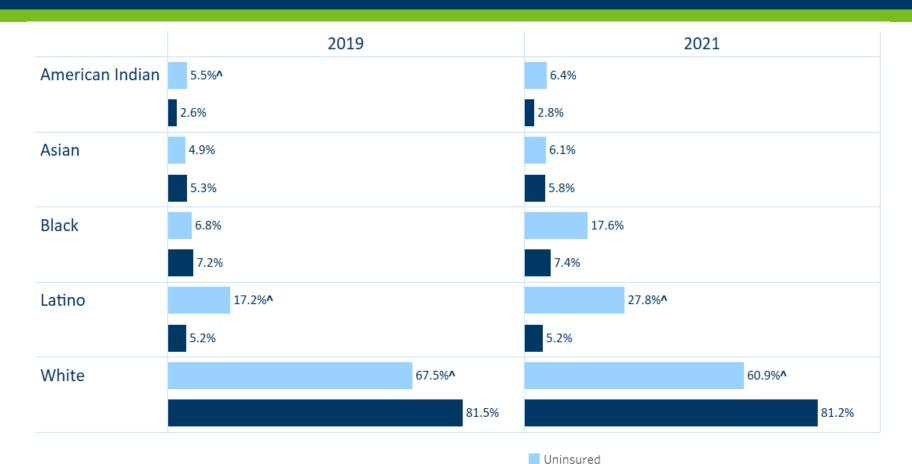
All Minnesotans

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

# Racial and Ethnic Distribution of Minnesota's Uninsured Population, 2019 and 2021

All Minnesotans



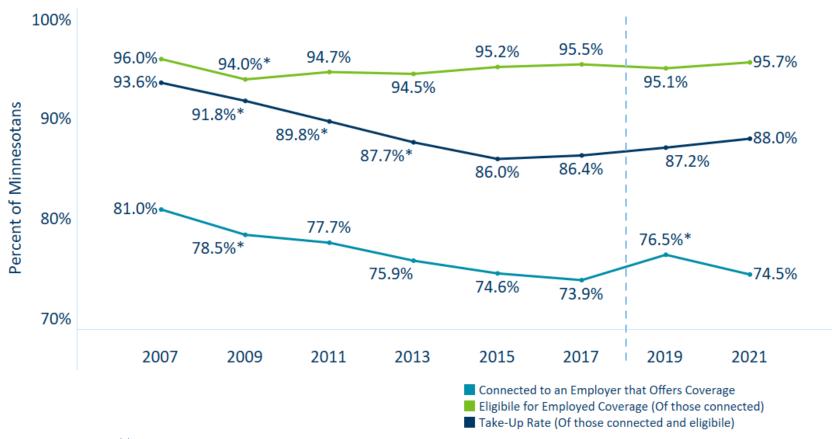
Source: Minnesota Health Access Surveys, 2019 to 2021

Note: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

### Access to Employer Coverage, 2007 to 2021 (Non-elderly population)

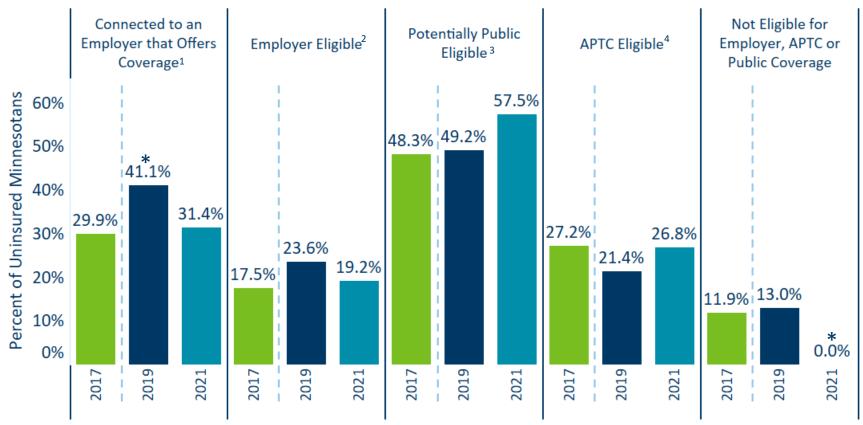


Source: Minnesota Health Access Surveys, 2007 to 2021

Notes: Estimates that rely solely on household survey data differ slightly from annual estimates that include both survey and administrative data. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Potential Access to Coverage for the Uninsured, 2017 to 2021



Source: Minnesota Health Access Surveys, 2017 to 2021

<sup>\*</sup> Indicates statistically different from previous year at 95% level.

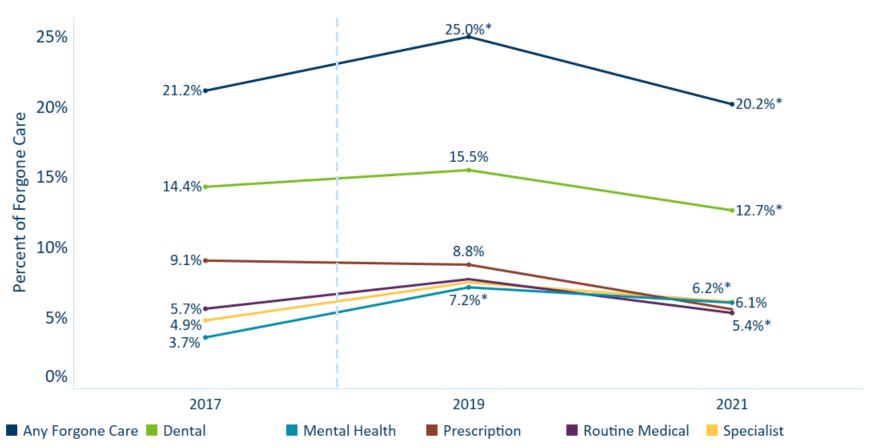
<sup>1</sup> Employer offer: percent of uninsured who work for or have a family member who works for an employer offering coverage. 2 Employer eligible: percent of uninsured who are eligible for coverage through an employer. 3 Potentially public eligible: based on family structure, income, and eligibility for employer coverage. Income limits changed between 2013 and 2014. 4 Advance Premium Tax Credits (APTC). Potential eligibility is based on income and eligibility for employer coverage only and does not consider premiums. In 2021, APTC income limits were removed.

Notes: The employer eligible, potentially public eligible, and not eligible for employer or public coverage categories add to more than 100 percent because some of the uninsured are potentially eligible for both employer or public coverage. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

#### Forgone Care Due to Costs in Minnesota



#### Trends in Forgone Care, 2017 to 2021

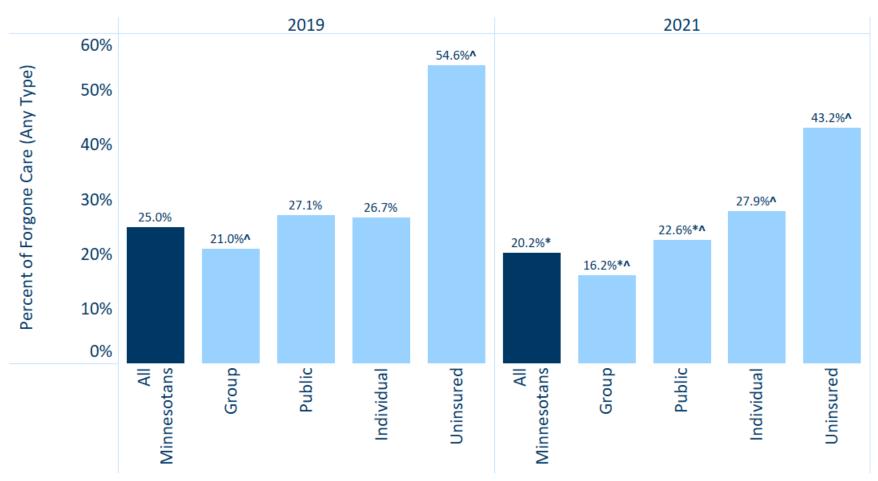


Source: Minnesota Health Access Surveys, 2017 to 2021

Notes: Respondents could report forgone care from more than type of care, therefore the types will sum to more than the total. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Any Forgone Care by Insurance Type, 2019 and 2021

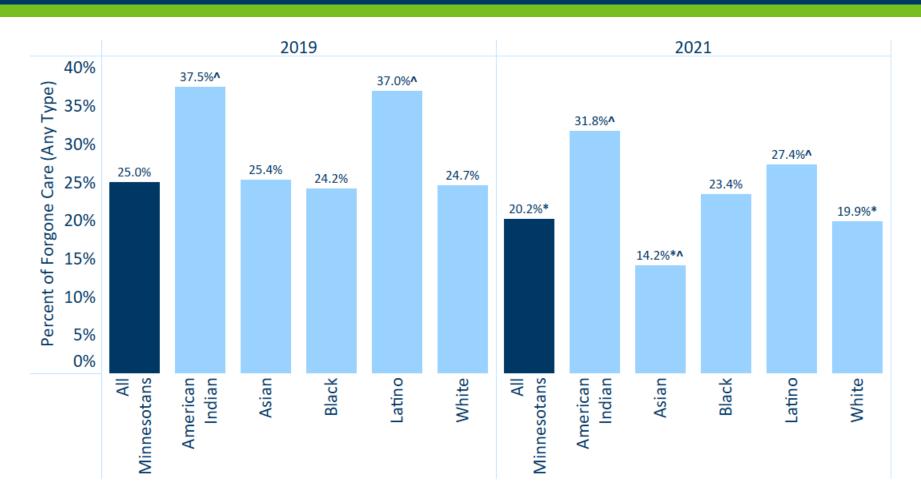


Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Any Forgone Care by Race and Ethnicity, 2019 and 2021

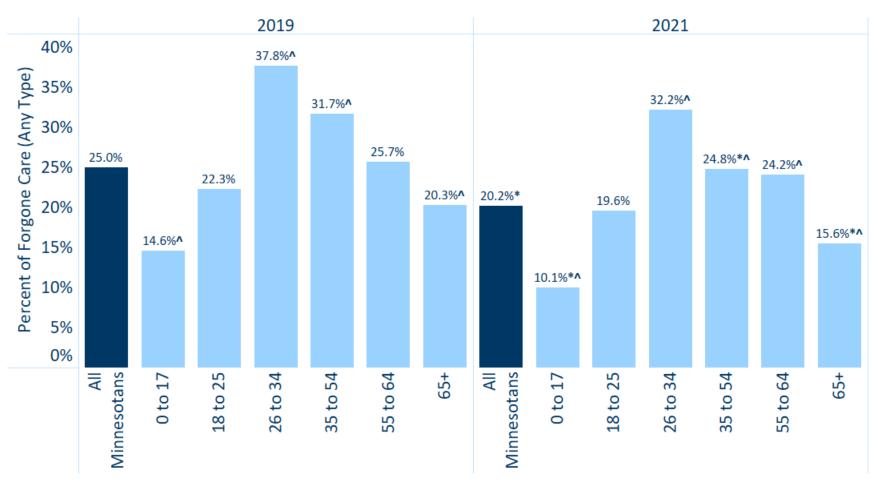


Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Any Forgone Care by Age, 2019 and 2021

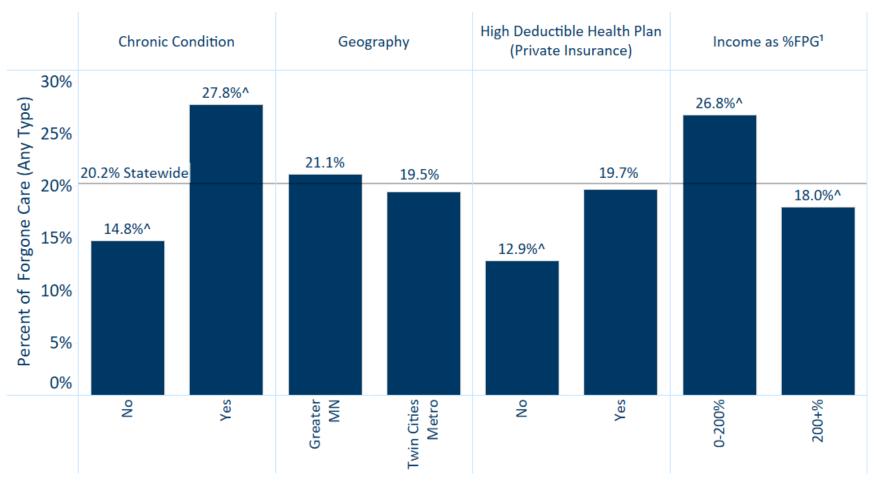


Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

### Any Forgone Care by Chronic Conditions, Geography, High Deductible Health Plan, and Income, 2021

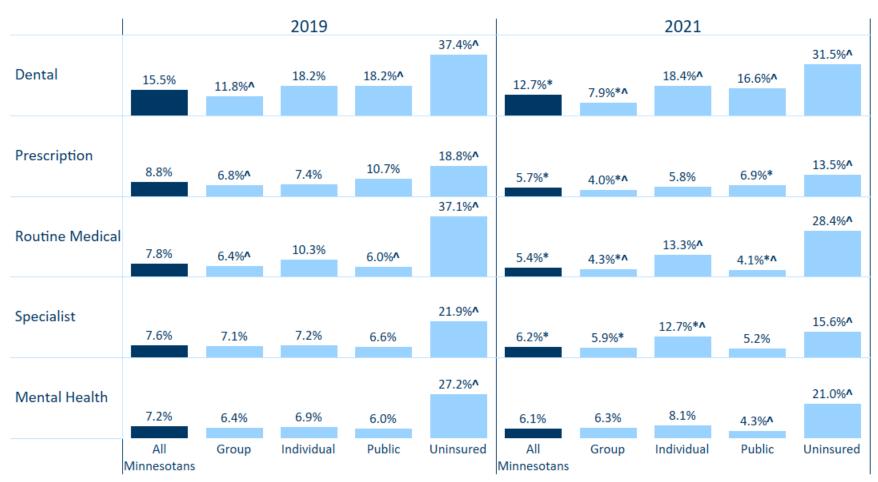


Source: Minnesota Health Access Survey, 2021

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

<sup>&</sup>lt;sup>1</sup> Federal Poverty Guidelines, for more information see <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a> <a href="mailto:Summary of graph">Summary of graph</a>

## Specific Forgone Care by Insurance Type, 2019 and 2021

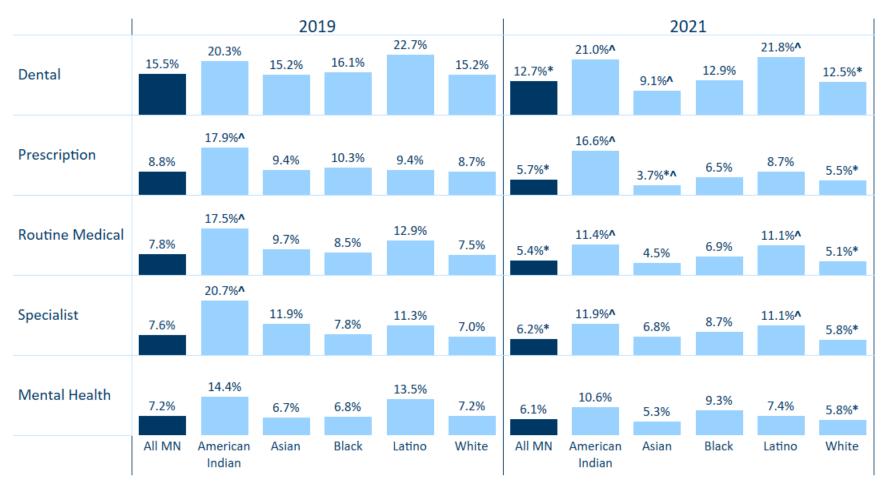


Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Specific Forgone Care by Race and Ethnicity, 2019 and 2021

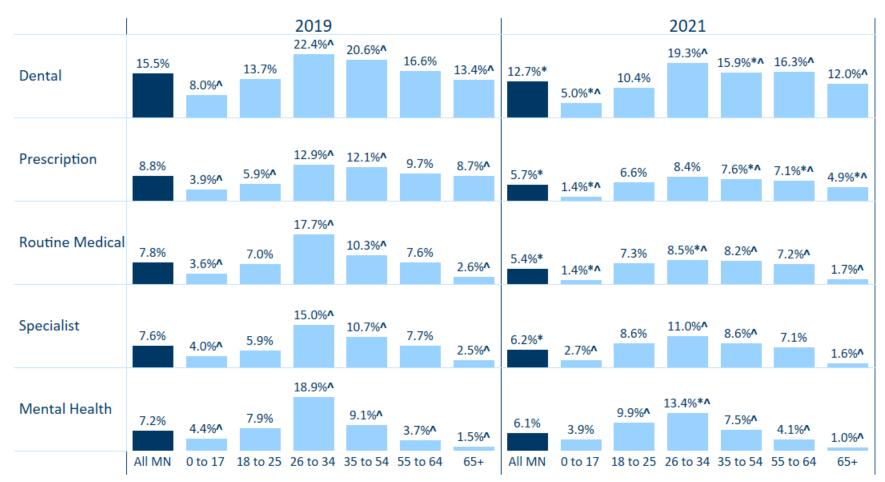


Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

#### Specific Forgone Care by Age, 2019 and 2021



Source: Minnesota Health Access Surveys, 2019 to 2021

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

<sup>^</sup> Indicates statistically significant difference (95%) level from all Minnesotans within year.

# Health Care Safety Net: Uncompensated Care at Minnesota Community Hospitals



### Trends in Uncompensated Care Costs in Minnesota Hospitals



Note: Uncompensated care figures are adjusted to reflect costs of providing services. Source: MDH Health Economics Program analysis of hospital annual reports. Summary of graph

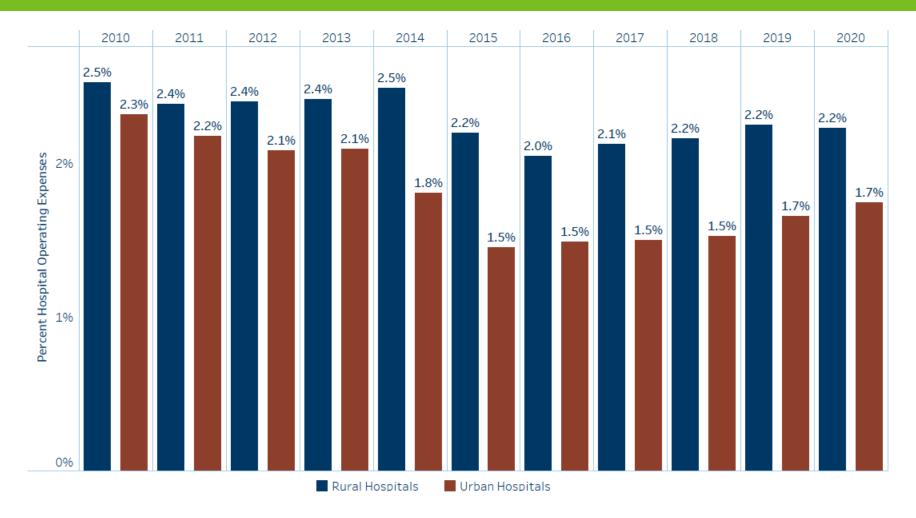
#### Uncompensated Care as a Percentage of Hospital Operating Expenses in Minnesota and the U.S.



Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports; American Hospital Association.

#### Uncompensated Care as a Percentage of Hospital Operating Expenses in Rural and Urban Minnesota Hospitals



Note: Uncompensated care figures are adjusted to reflect costs of providing services.

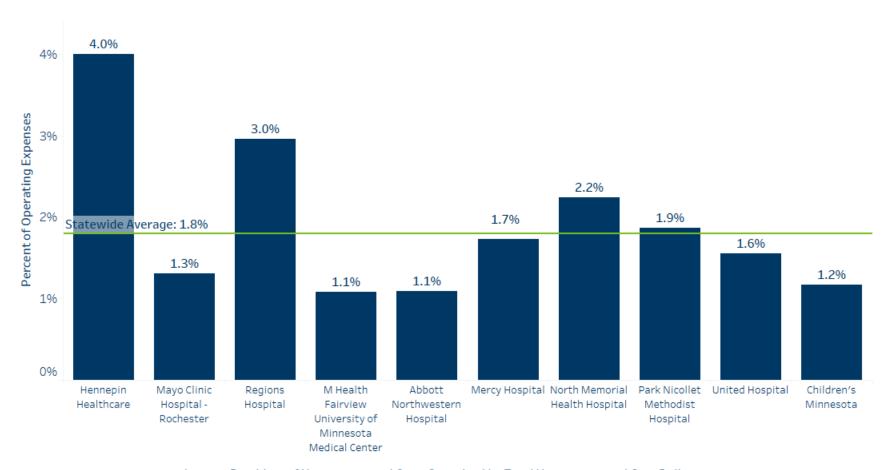
Source: MDH Health Economics Program analysis of hospital annual reports.

### Largest Minnesota Providers of Hospital Uncompensated Care

	2020 Uncompensated Care (\$ millions)	Percent Change from 2019	Percent of Operating Expenses	Percent of Statewide
Hennepin Healthcare	\$40.1	21%	4.0%	11.0%
Mayo Clinic Hospital - Rochester	\$26.6	-6%	1.3%	7.3%
Regions Hospital	\$23.2	2%	3.0%	6.4%
M Health Fairview University of Minnesota Medical Center	\$17.2	15%	1.1%	4.7%
Abbott Northwestern Hospital	\$13.3	-6%	1.1%	3.6%
Mercy Hospital	\$11.9	3%	1.7%	3.3%
North Memorial Health Hospital	\$11.3	13%	2.2%	3.1%
Park Nicollet Methodist Hospital	\$10.5	13%	1.9%	2.9%
United Hospital	\$10.4	4%	1.6%	2.9%
Children's Minnesota	\$9.6	-22%	1.2%	2.6%
Other Hospitals (117 Hospitals) <sup>1</sup>	\$191.3	5%	1.9%	52.3%
All Minnesota Hospitals	\$365.4	5%	1.8%	100.0%

<sup>&</sup>lt;sup>1</sup>Between 2019 and 2020, Mayo Clinic Health System in Springfield closed. Note: Uncompensated care figures are adjusted to reflect costs of providing services. Source: MDH Health Economics Program analysis of hospital annual reports.

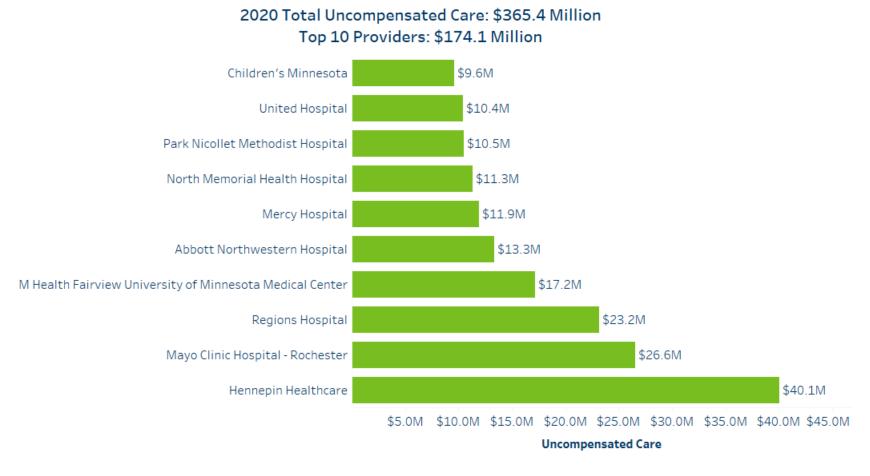
### Largest Minnesota Providers of Hospital Uncompensated Care, 2020



Largest Providers of Uncompensated Care, Organized by Total Uncompensated Care Dollars

Note: Uncompensated care figures are adjusted to reflect costs of providing services. Source: MDH Health Economics Program analysis of hospital annual reports.

#### Distribution of Uncompensated Care by Hospital



Listed are the ten largest providers of hospital uncompensated care in the state. Total uncompensated care of unlisted Minnesota hospitals is \$191.3 million. Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports.

## Components of Minnesota Hospital Uncompensated Care: Charity Care and Bad Debt



Note: Charity care and bad debt figures are adjusted to reflect costs of providing services. Source: MDH Health Economics Program analysis of hospital annual reports. Summary of graph

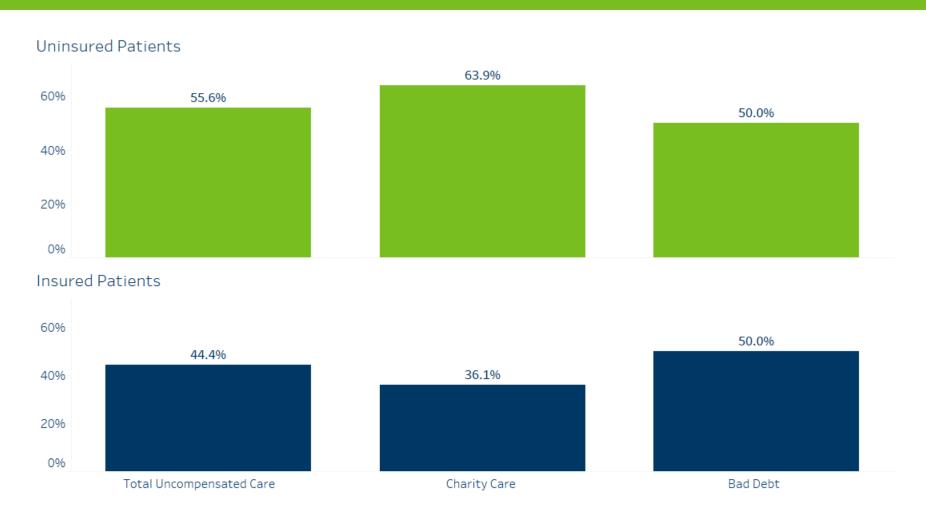
#### Components of Uncompensated Care for Urban and Rural Hospitals, 2015-2020



Note: Charity care and bad debt figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports.

#### Hospital Uncompensated Care and Components by Insurance Status, 2020



Note: Charity care and bad debt figures are adjusted to reflect costs of providing services. Source: MDH Health Economics Program analysis of hospital annual reports. Summary of graph

#### Hospital Uncompensated Care and Components by Insurance Status, 2015-2020



Note: Charity care and bad debt figures are adjusted to reflect costs of providing services. Source: MDH Health Economics Program analysis of hospital annual reports. Summary of graph

#### Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page (www.health.state.mn.us/healtheconomics)
- Publications
   (publications.web.health.state.mn.us/?publisherType=HEP)
- Health Care Market Statistics (Chartbook Updates)

   (www.health.state.mn.us/data/economics/chartbook/index.html)
- Interactive Health Insurance Statistics (mnha.web.health.state.mn.us/Welcome.action)

A summary of the charts and graphs contained within is provided at <u>Chartbook Summaries - Section 6</u>. Data from some slides is available in table form in the <u>Chartbook 6 Supplement</u>. Direct links are listed on each page. Spending is based on source of payment, unless otherwise noted. Please contact the Health Economics Program at 651-201-4520 or <u>health.hep@state.mn.us</u> if additional assistance is needed for accessing this information.