Health Insurance Market Trends:

People, Plans, Premiums and Place

EIGHTH MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

November 1, 2017

State Capitol, Room 317 Santa Fe

UNM HEALTH SCIENCES CENTER

Robert Wood Johnson Foundation | Center for Health Policy at the University of New Mexico

UNM

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Contract # 17-440-4000-00015

Health Policy Briefs

1. High Out-of-Pocket Costs Trends by Insurance Status, 2009-2015.
2. Healthcare Coverage Pathways for the Continuously Uninsured in 2013.
3. A Longitudinal Analysis of Demographics, Disease, Utilization, and Expenses.
4. Health, Utilization, and Expense Variance for Individuals Moving into ACA Exchange Plans.
5. Cost Sharing Trends in Medicaid and non-Medicaid Expansion States for Benchmark Silver Plans.
6. Premiums and Networks of Second Lowest Silver Plans.
7. Enrollment by rural counties and Spanish speakers for Medicaid and non-Medicaid expansion states.

PEOPLE

Market Place Enrollees: Demographics, Health Care Utilization, Chronic Conditions, Out-of-Pocket Burden & Financial Assistance

NM Marketplace, Enrollee Characteristics, 2016

Figure 1

Type of Consumer

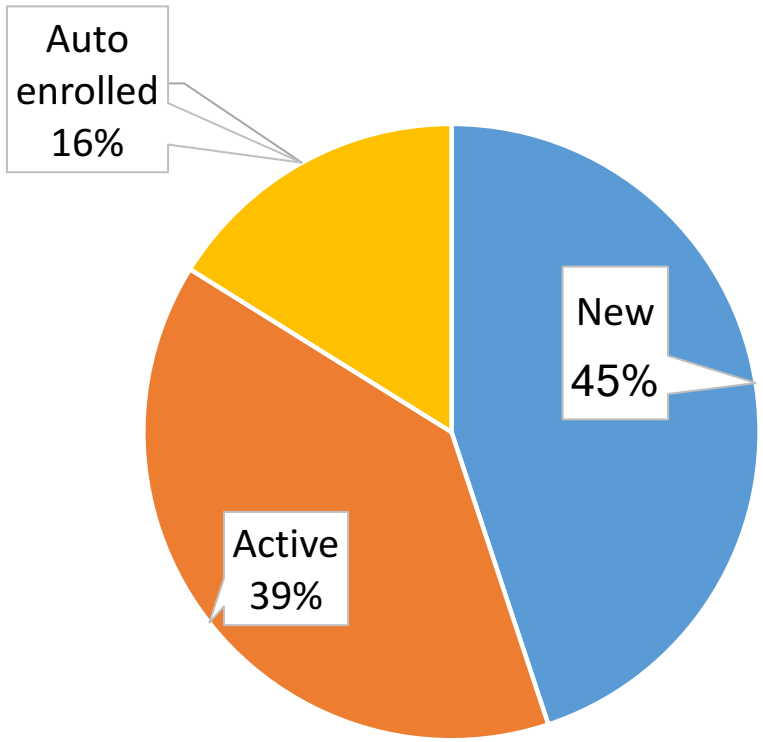
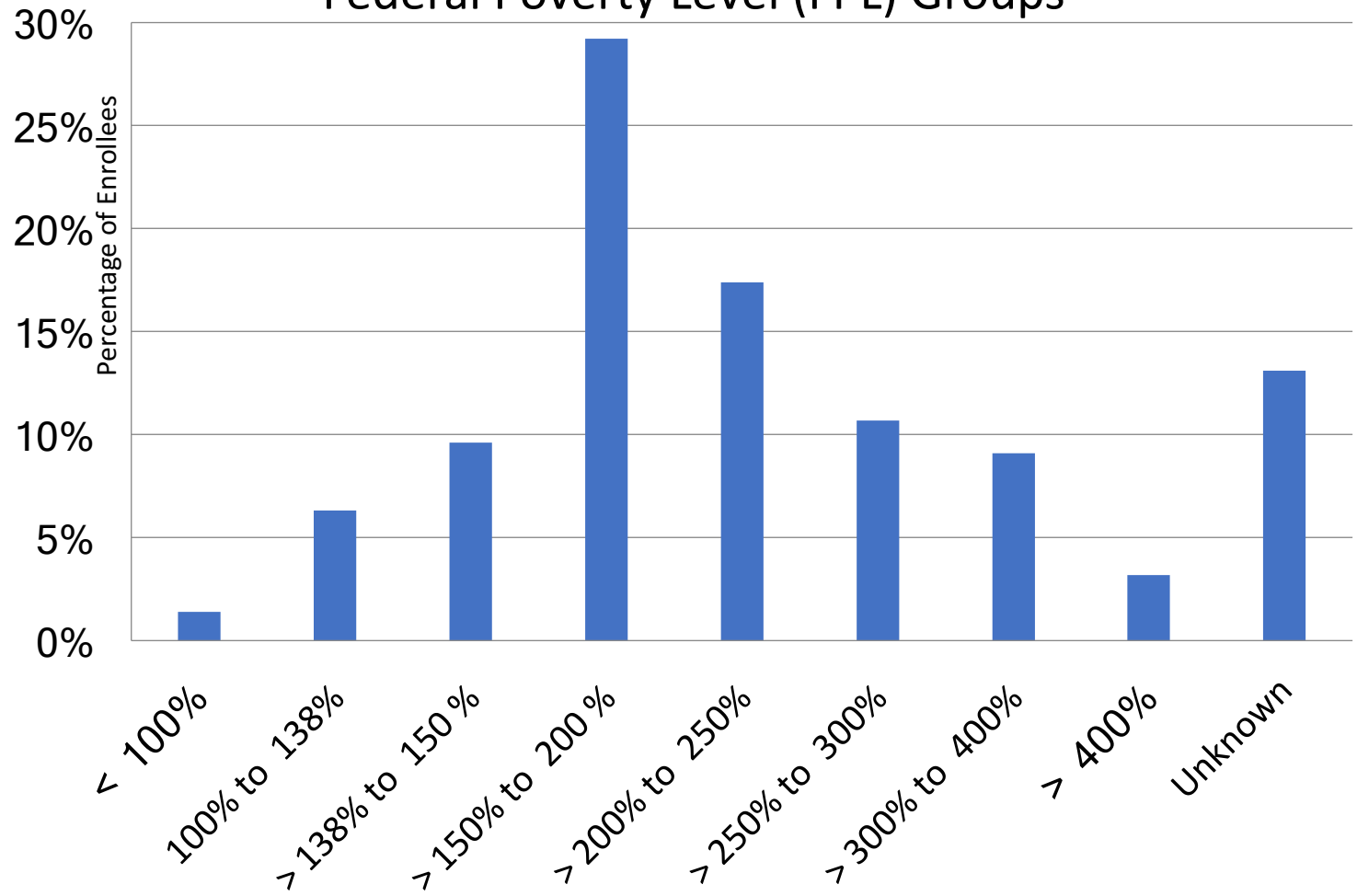


Figure 2

Federal Poverty Level (FPL) Groups



SOURCE: ASPE Final Enrollment Report at https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report

NM Marketplace Enrollee Characteristics, 2016

Figure 3

Age Groups

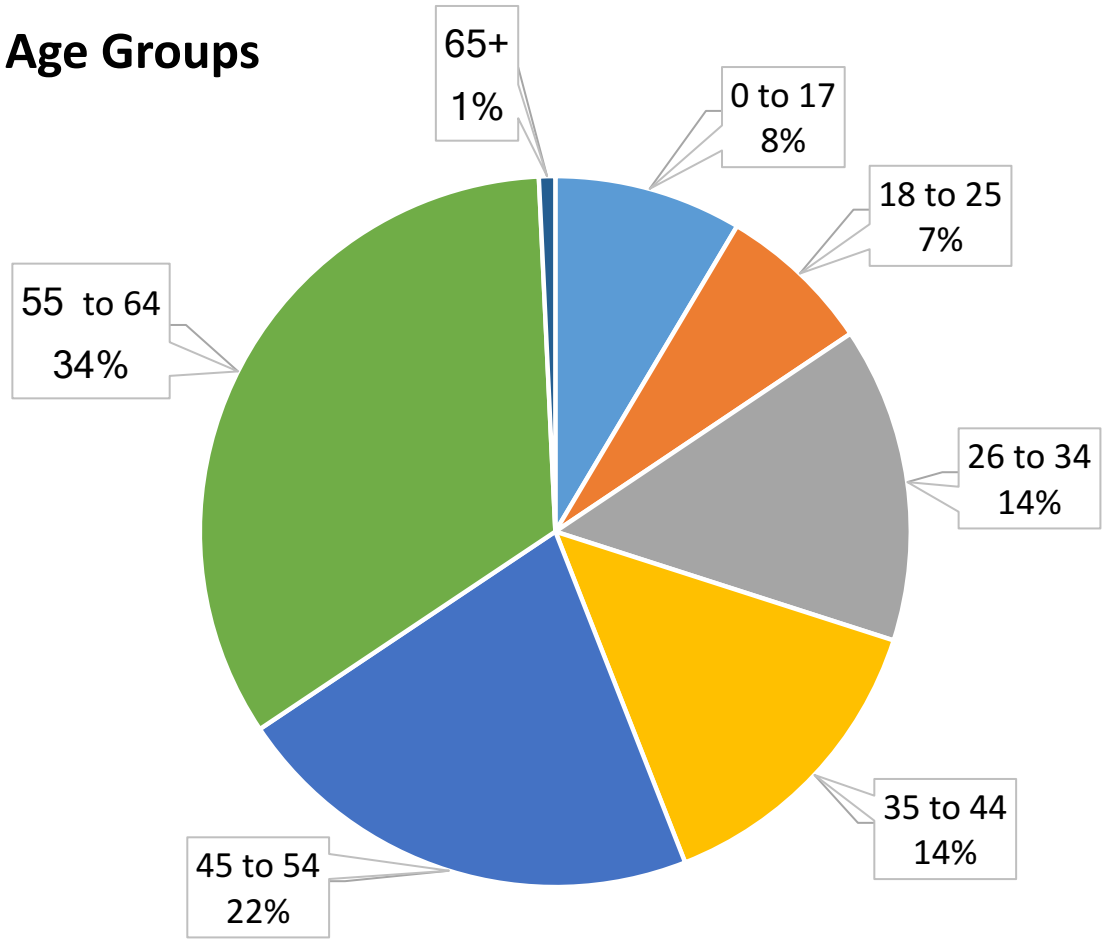
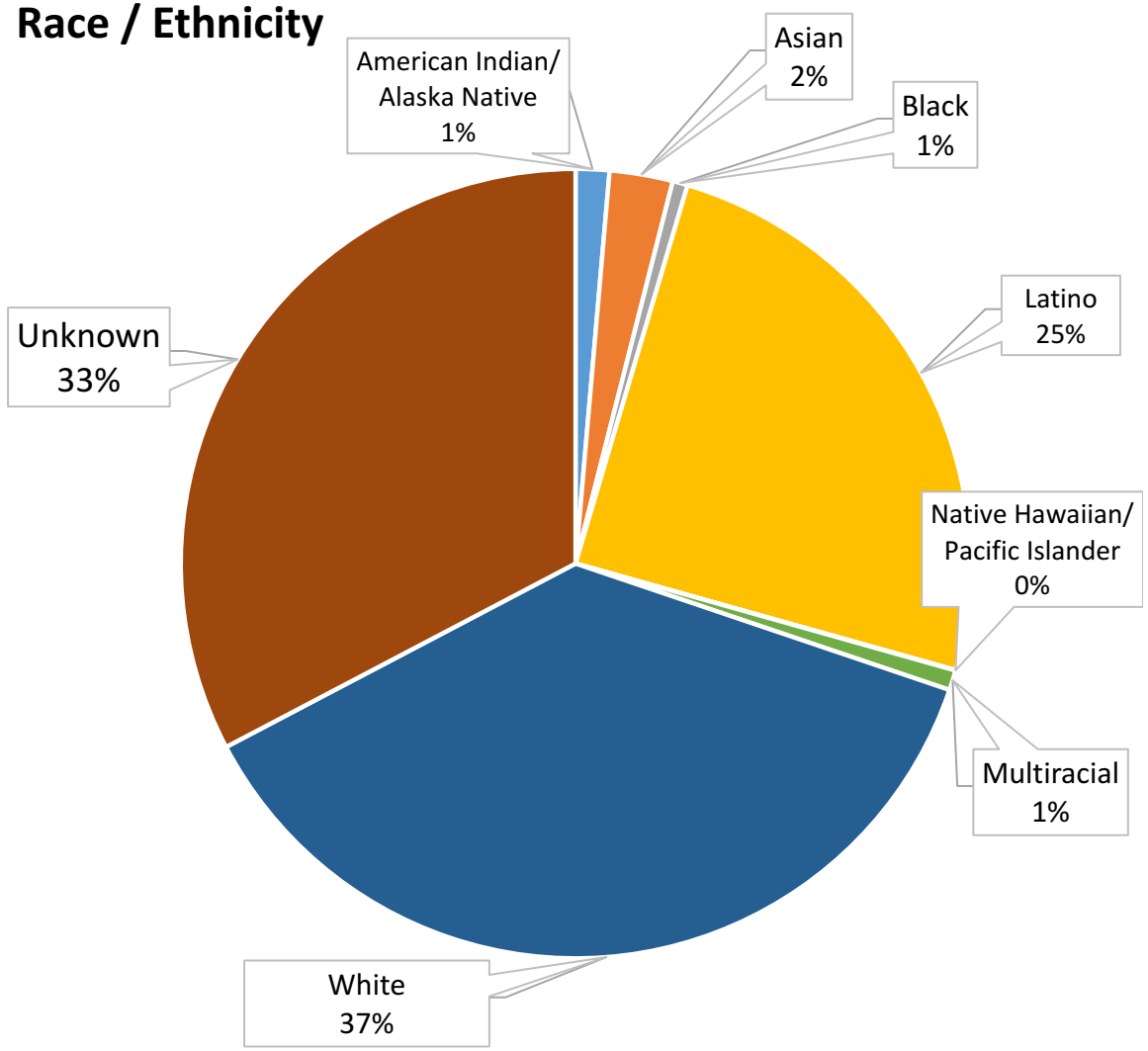


Figure 4

Race / Ethnicity



SOURCE: ASPE Final Enrollment Report at https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report

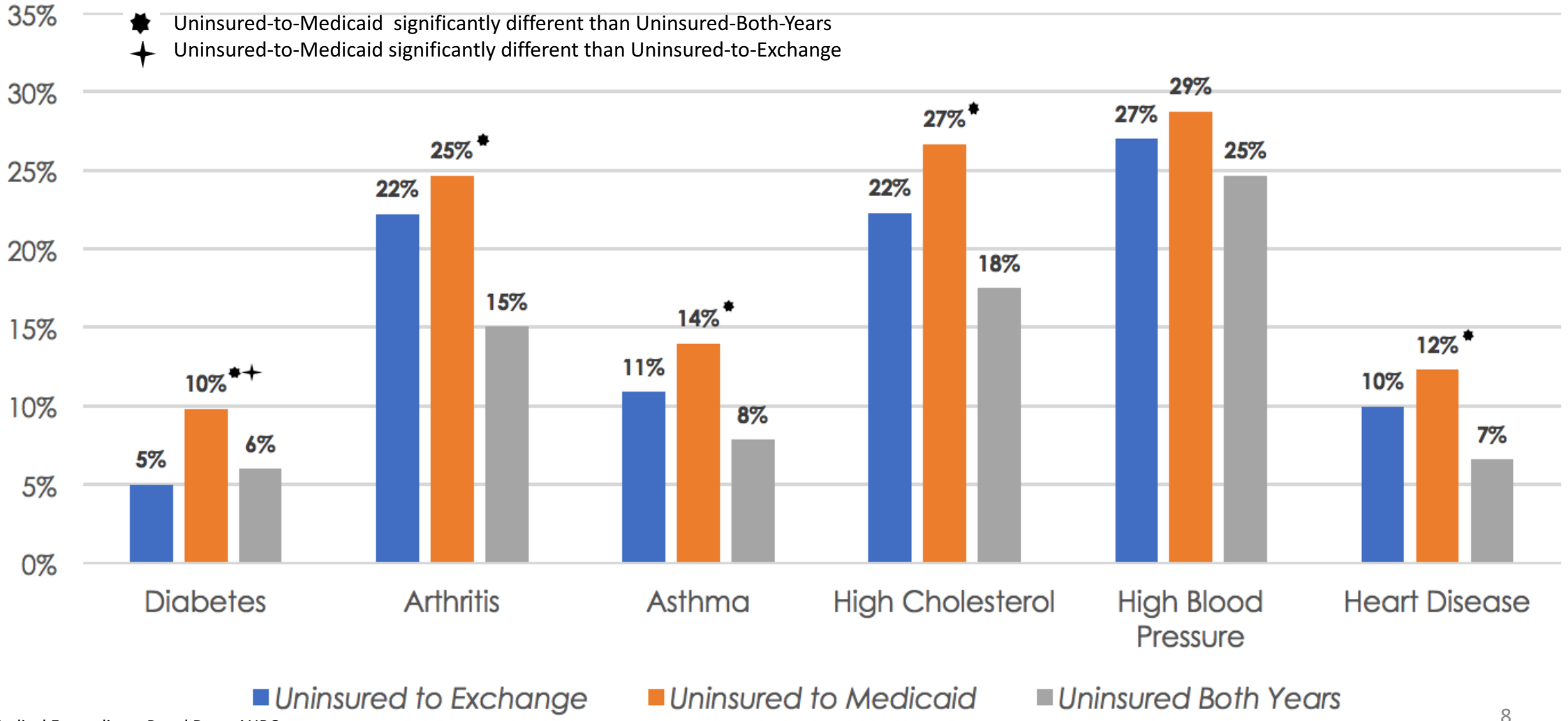
The uninsured who entered the Marketplace were more likely to be women, non-Hispanic whites, older, and have higher incomes than those who remained uninsured both years.

Table 1		Uninsured to Exchange	Uninsured to Medicaid	Uninsured Both Years
Mean Age (SE)		47.8 (1.7)	38.2 (1.0)	39.3 (0.5)
% Female		62.8%	55.6%	41.6%
Mean Family Income (SE)*		$47,208 (1,648)	$35,042 (2,106)	$42,537 (1,859)
Race / Ethnicity	Hispanic	17.8%	27.1%	39.9%
	White	66.0%	48.6%	40.4%
	Black	9.0%	15.8%	13.5%
	Asian	7.2%	4.7%	4.3%
	Other	0.0%	3.8%	1.9%
Region	Northeast	3.7%	13.3%	11.1%
	Midwest	21.0%	22.8%	15.5%
	South	42.9%	28.7%	48.9%
	West	32.5%	35.2%	24.5%

Source: Medical Expenditure Panel Data, AHRQ

The prevalence of chronic conditions was highest among persons Uninsured-to-Medicaid and lowest among those who remained uninsured both years.

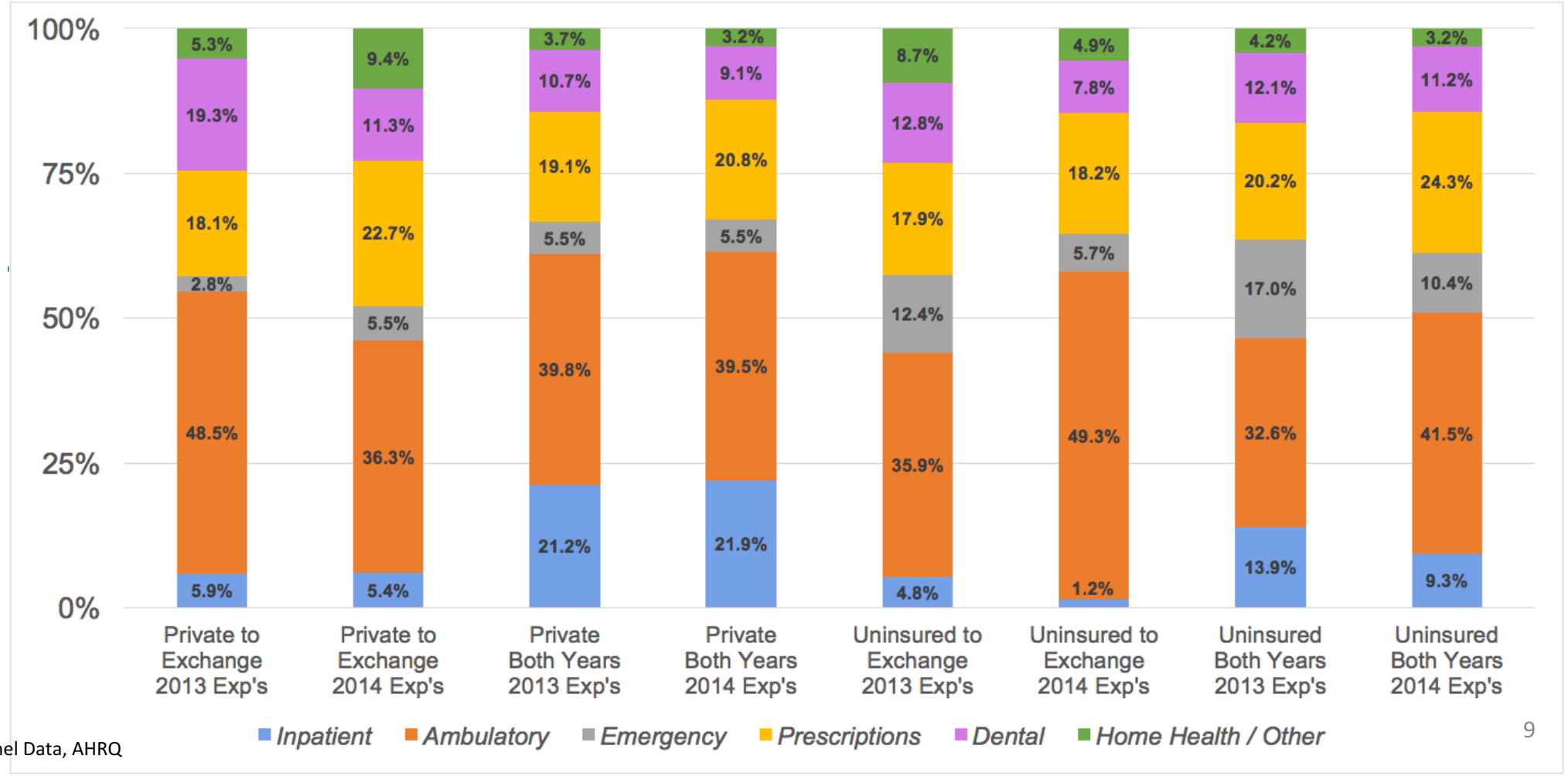
Figure 5



Source: Medical Expenditure Panel Data, AHRQ

Uninsured-to-Exchange individuals appear to consume healthcare more efficiently after obtaining coverage. Private-to-Exchange individuals consume less ambulatory and dental care, but increase prescription usage.

Figure 6



Source: Medical Expenditure Panel Data, AHRQ

Low income people experience the highest rates of high out-of-pocket burden compared to those with incomes above 400% FPL and with private insurance

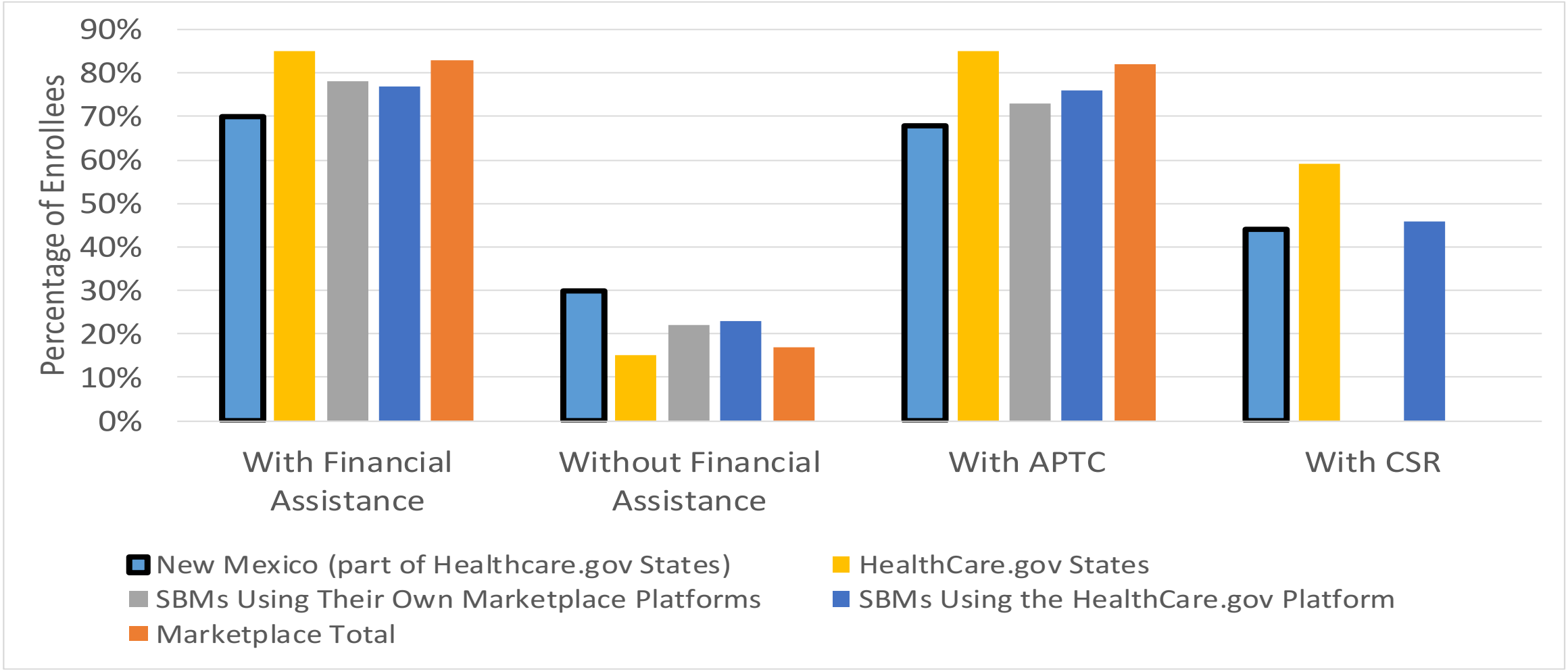
Table 2

Family Income (Percent of Poverty)	Percentage of People with High Family Out-of-pocket Burden			
	All	With Private Insurance	With Public Insurance	Uninsured
2013				
All	11.02%	13.41%	5.95%	5.62%
Up to 138%	18.03%	56.66%	8.02%	12.23%
>138% - 200%	17.31%	35.34%	4.03%	2.43%
>200% - 400%	10.99%	14.55%	3.15%	1.18%
>400%	4.39%	4.68%	1.39%	0.96%
2014				
All	10.54%	12.15%*	6.37%	5.28%
Up to 138%	17.82%	52.08%	8.54%	10.16%
>138% - 200%	16.05%	30.24%	4.23%	2.20%
>200% - 400%	11.85%	15.07%	4.45%	1.72%
>400%	3.15%**	3.14%**	1.61%	2.15%
2015				
All	10.46%	12.44%	6.01%	4.34%
Up to 138%	16.97%	49.98%	8.29%	8.69%
>138% - 200%	16.06%	31.18%	4.04%	2.26%
>200% - 400%	12.36%	15.60%	3.34%	1.69%
>400%	3.40%	3.58%	2.26%	0.83%

Source: Medical Expenditure Panel Data, AHRQ

Financial Assistance for Marketplace Enrollees NM compared to other states, 2016

Figure 7



SOURCE: ASPE Final Enrollment Report at https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report

PREMIUMS, PLANS & PLACE

Medicaid Expansion States, Deductibles, Rurality and Spanish speakers

Medicaid Expansion States & Insurer Participation in Health Insurance Exchanges

Figure 6

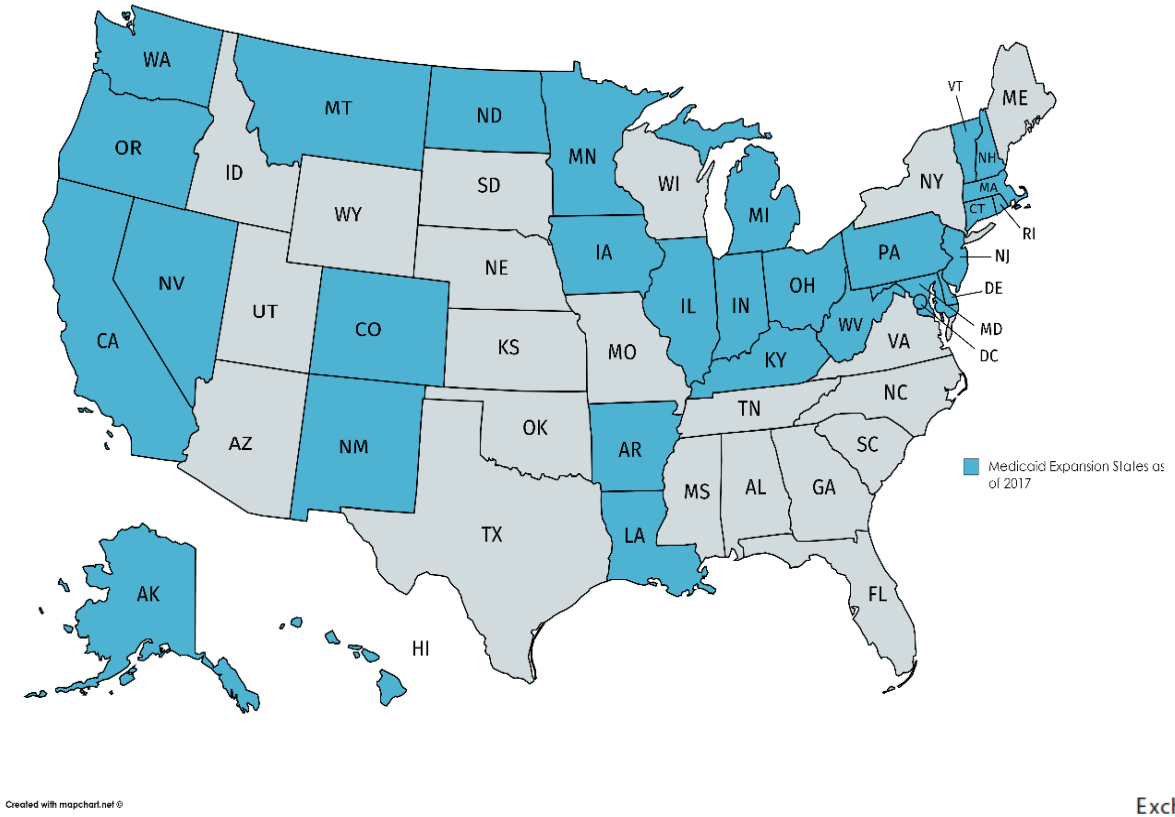
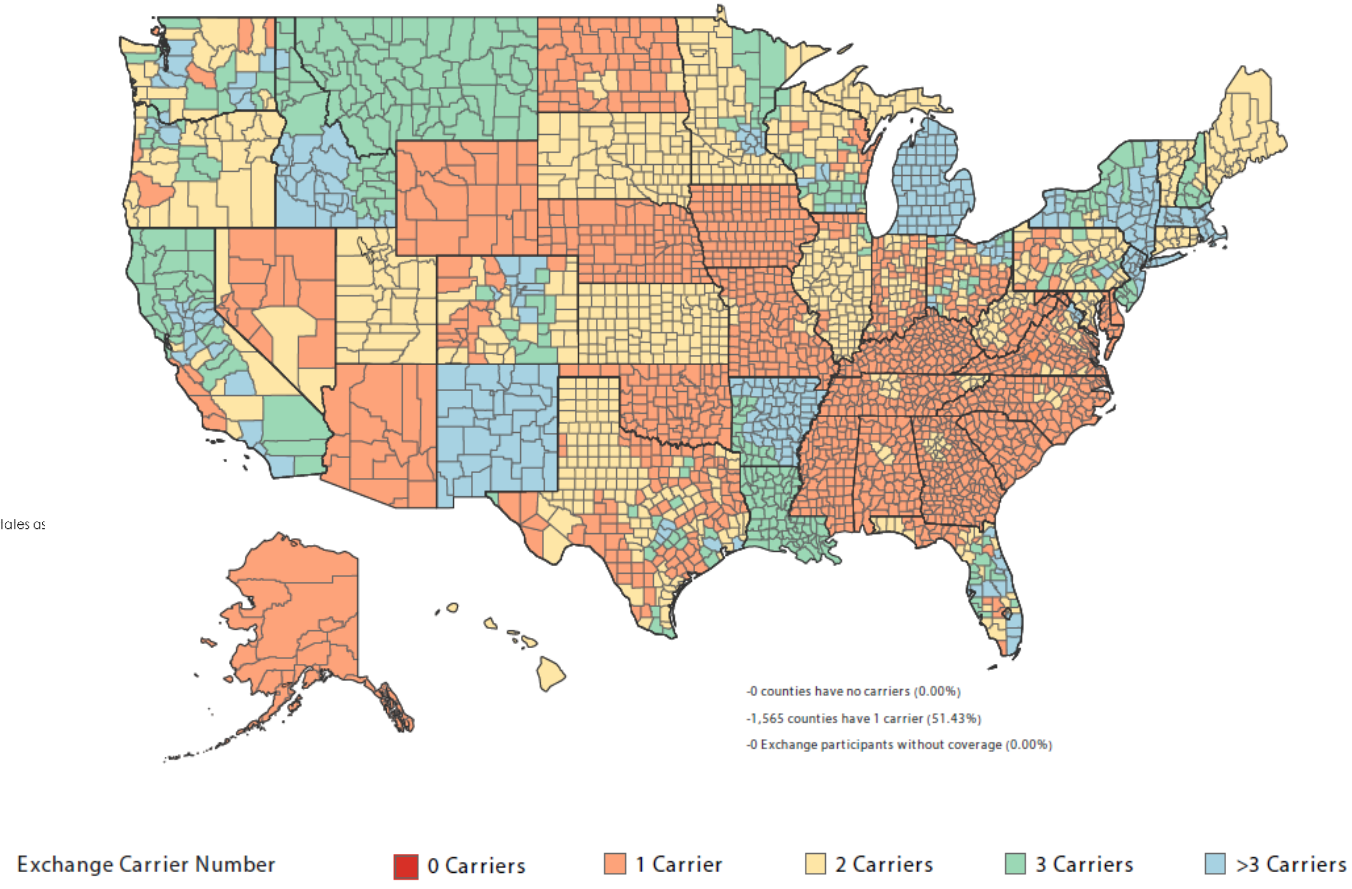


Figure 7

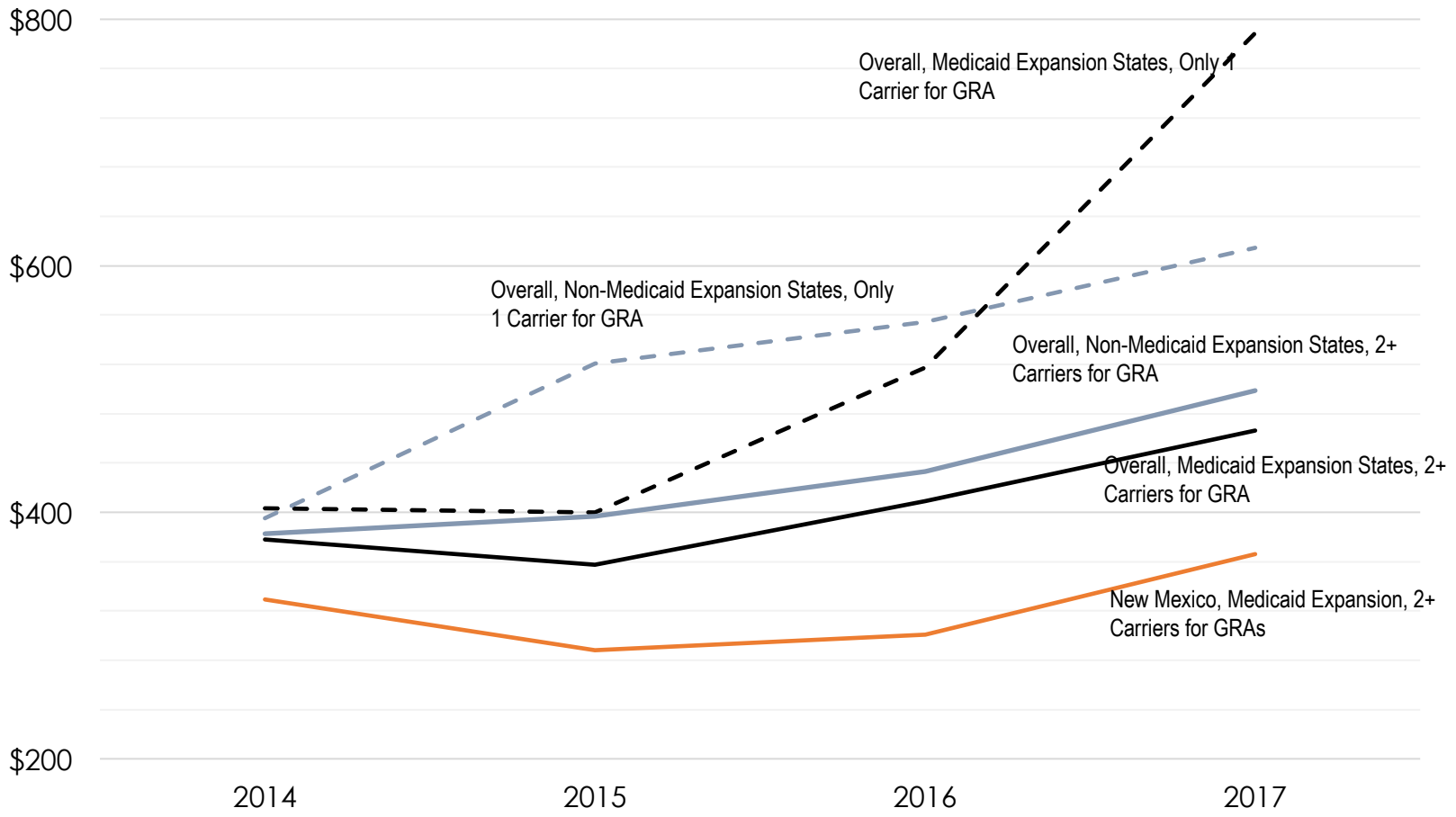


Medicaid Expansion vs Non-Medicaid Expansion States as of 2017
Source: State status information obtained from the HHS Assistant Secretary for Planning and Evaluation (ASPE) website: https://aspe.hhs.gov/sites/default/files/aspe-files/253321/dec2016statebystate.xlsx.

All State Exchange Data is self-reported from the Exchanges to CMS (CA, CO, CT, DC, ID, MA, MD, MN, NY, RI, VT, WA)
Federally-facilitated Exchange data reflected on this map is point in time as of 10/20/2017
Source: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2017-10-20-Issuer-County-Map.pdf

Lower premiums are associated with plans in Medicaid Expansion States and where there is more than one carrier providing insurance coverage in a Geographic Rating Area (GRA)

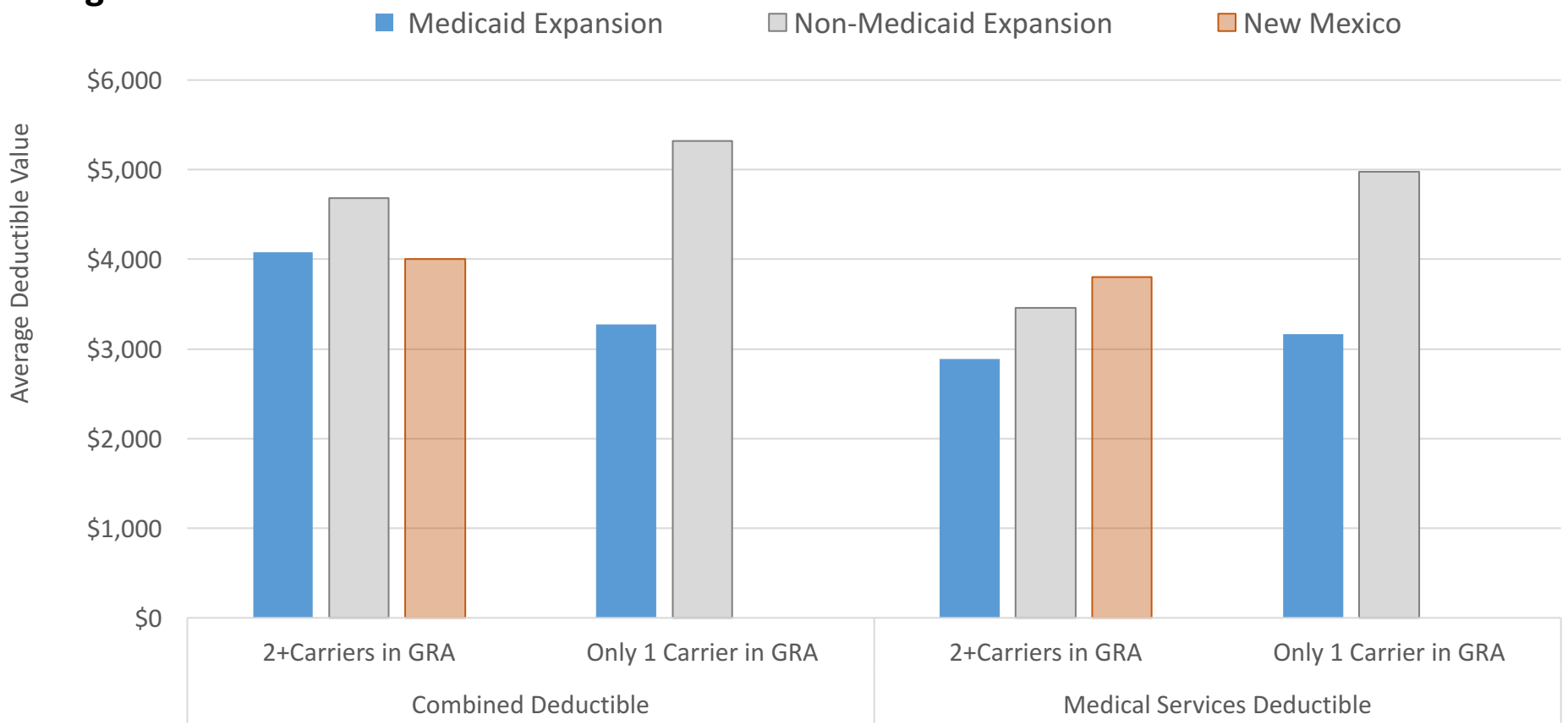
Figure 8



Source: Premium information obtained from HIX Compare Individual Data files for 2014-2017 & GRA information.

Lower deductibles are associated with plans in Medicaid Expansion States and where there is more than one carrier providing insurance coverage in a Geographic Rating Area (GRA)

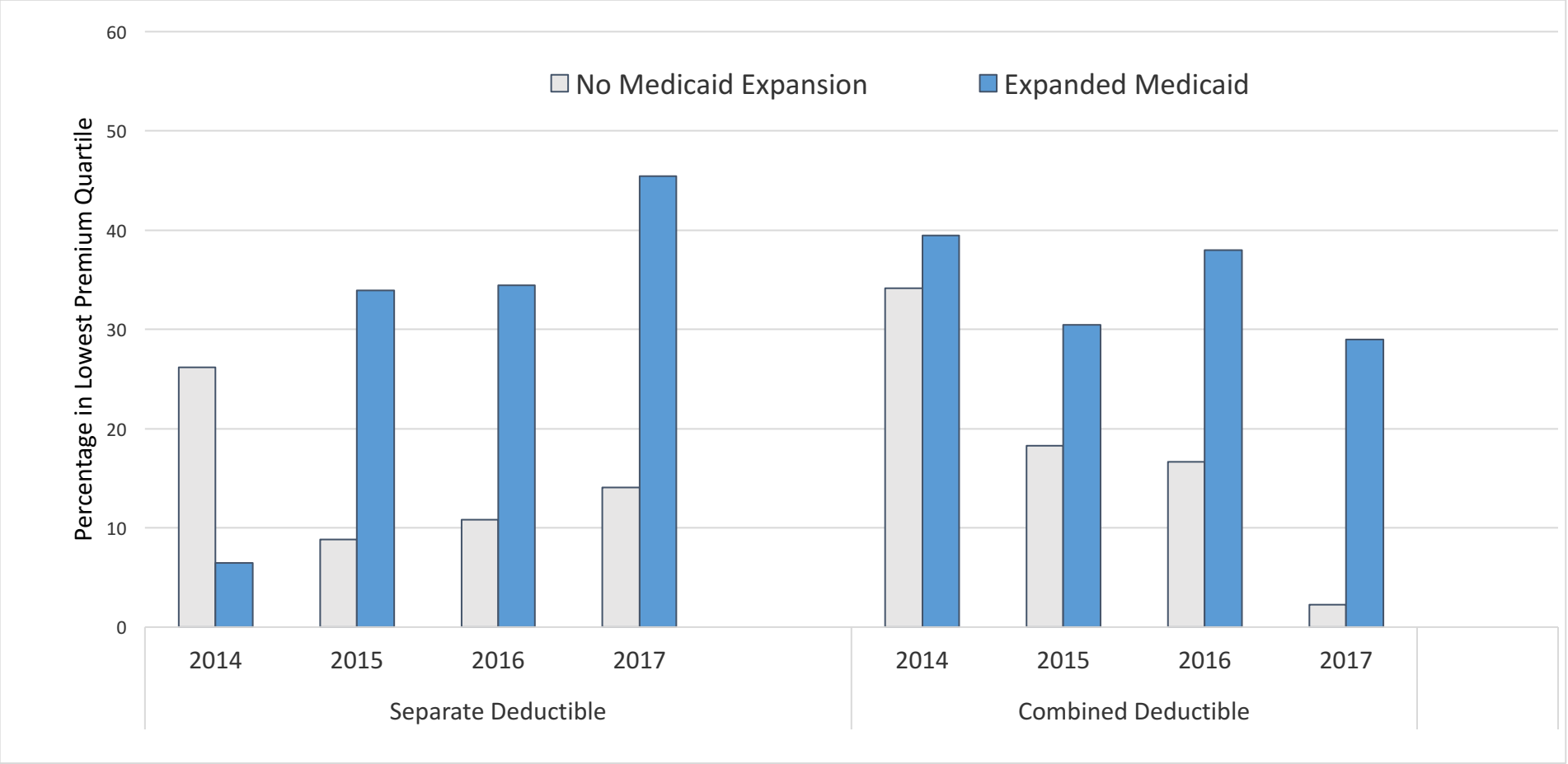
Figure 9



Source: HIX Compare Individual Data files for 2014-2017; National CMS Plan Attribute Public Use Files for ; GRA information, Health Insurance Exchanges 2.0 Dataset.

In Medicaid Expansion states a higher percentage of plans have both a lower premium and lower combined deductible.

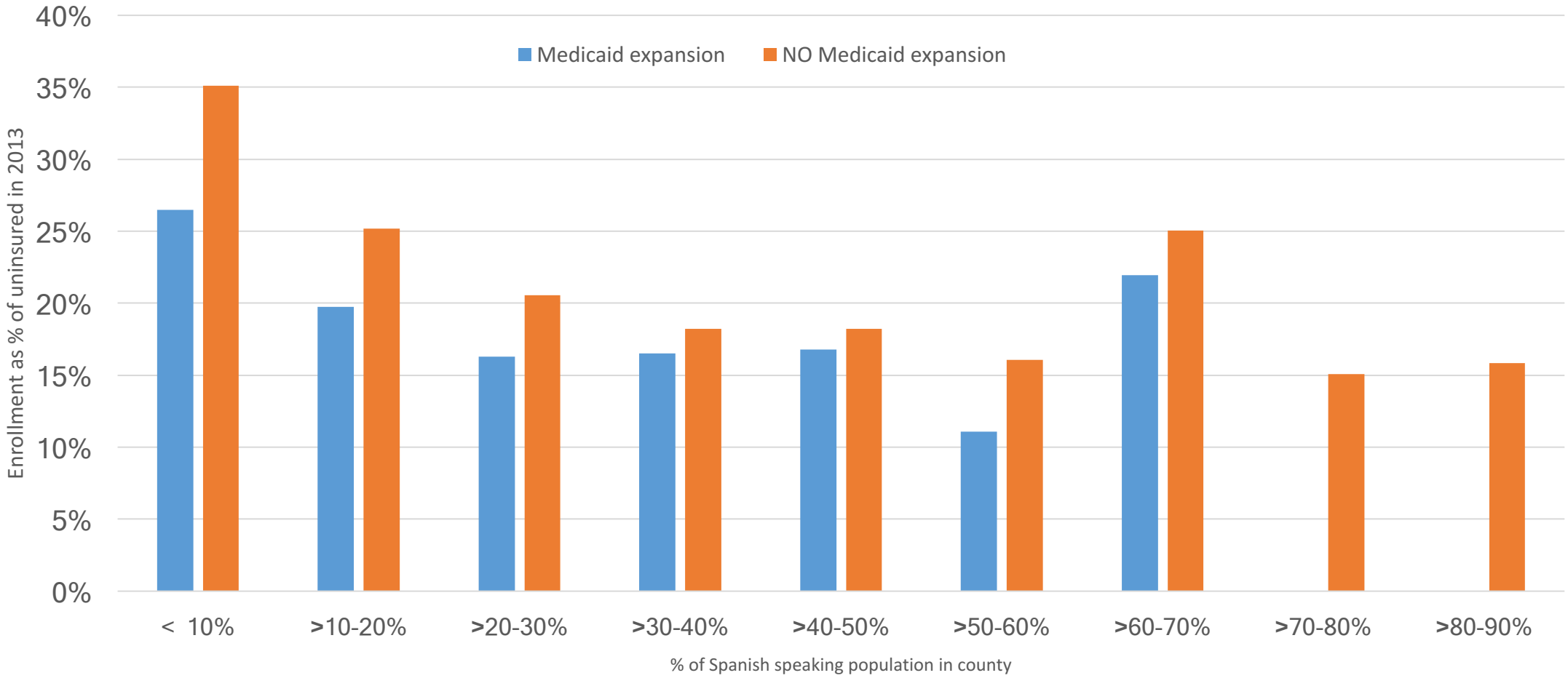
Figure 10



Source: HIX Compare Individual Data files for 2014-2017; National CMS Plan Attribute Public Use Files for 2014-2017; GRA information from Dataset, *Health Insurance Exchanges 2.0 Dataset.*

In non-Medicaid expansion states, counties with a larger percentage of Spanish-speakers had fewer uninsured joining the marketplace.

Figure 3



Source: Centers for Medicare and Medicaid (CMS) Health Insurance Marketplace Public Use Files (Marketplace PUF) for 2015 to 2017. Spanish speaking population statistics are based on the American Community Survey (ACS) 5-year estimates 2009-2013.

Counties with larger rural populations had fewer uninsured joining the marketplace except for counties with >90% rural population.

Figure 4

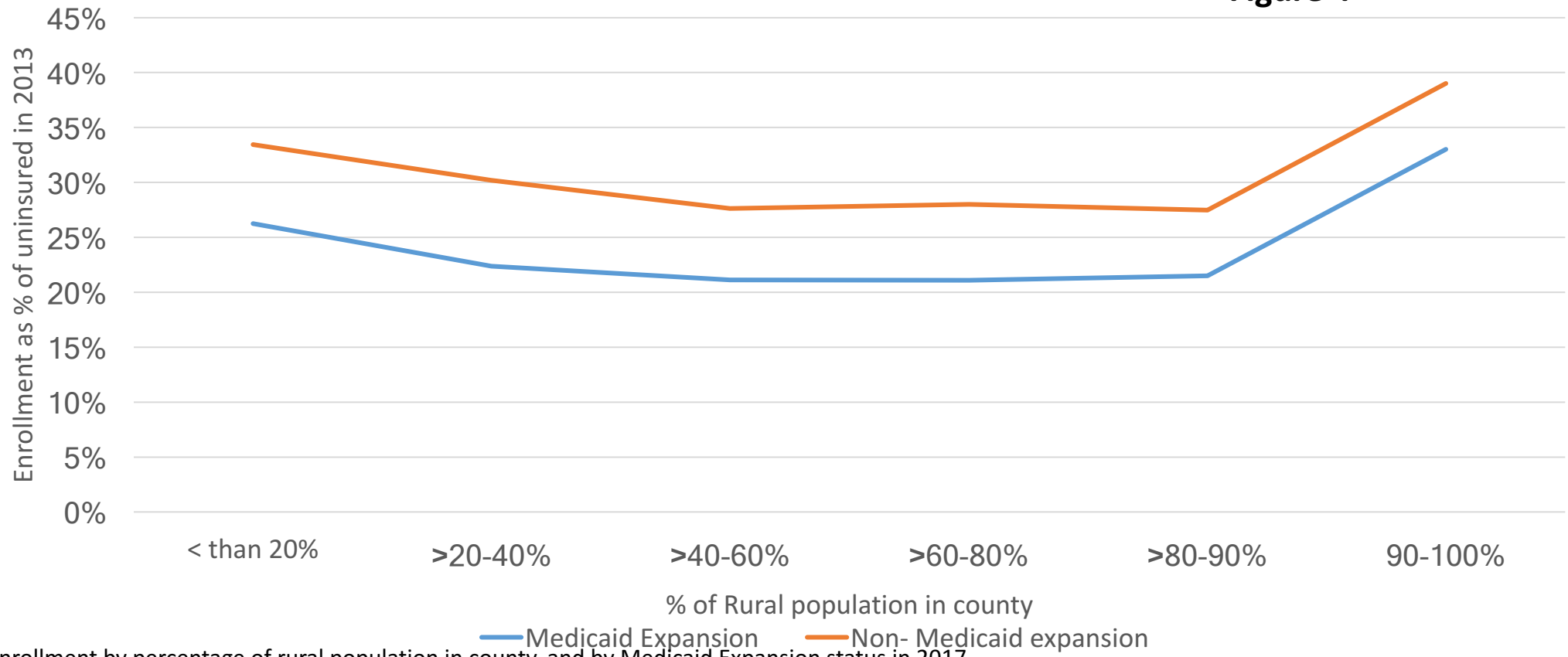
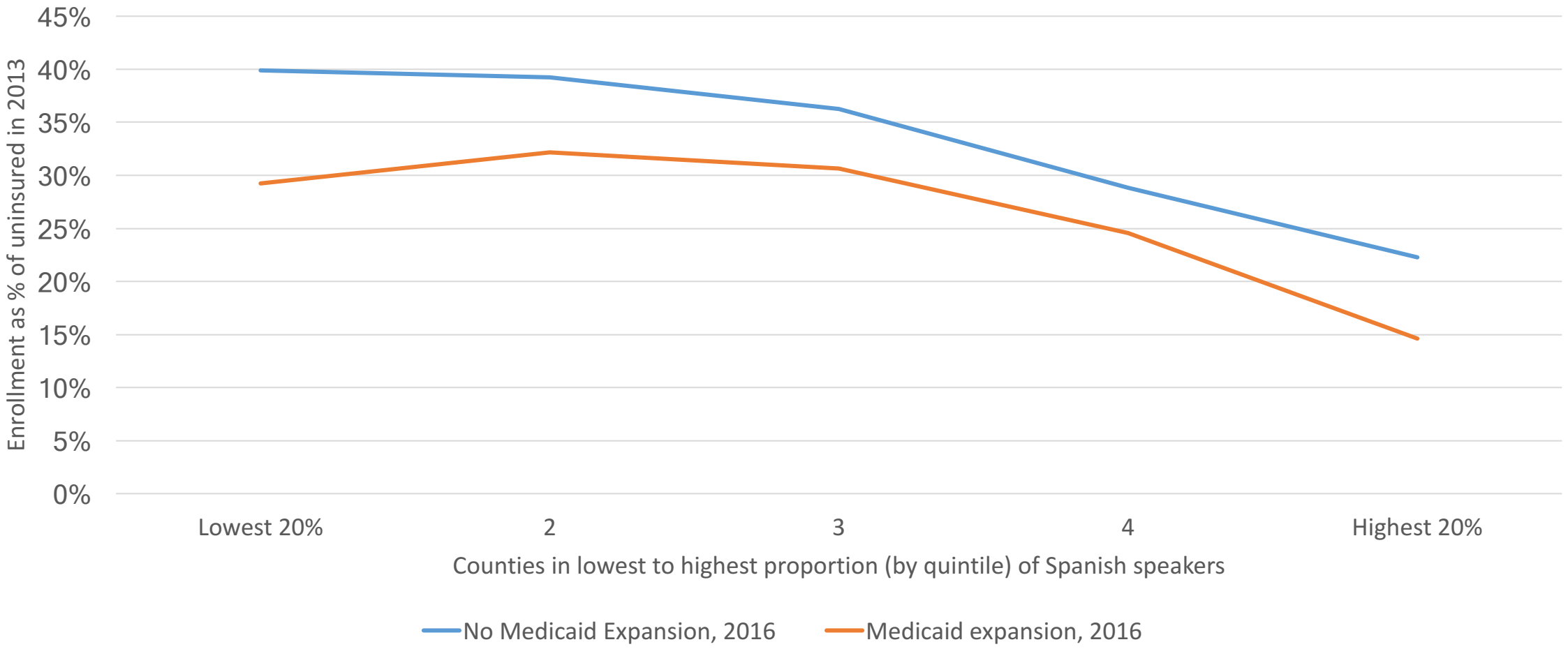


Figure 4: Enrollment by percentage of rural population in county, and by Medicaid Expansion status in 2017
Source: Enrollment rates for states using the federal online platform obtained from Centers for Medicare and Medicaid (CMS) Health Insurance Marketplace Public Use Files (Marketplace PUF) for 2015 to 2017. Spanish speaking population statistics are based on the American Community Survey (ACS) 5-year estimates 2009-2013.

Notes: For nearly 80% of counties the relationship is negative (higher rural population means lower enrollment). In mostly rural counties, outreach may be paying off in the form of higher enrollment rates.

Enrollment in rural counties declines sharply as the % of Spanish speakers increases

Figure 5



Source: Centers for Medicare and Medicaid (CMS) Health Insurance Marketplace Public Use Files 2015-2017. Spanish speaking population, American Community Survey (ACS) 5-year estimates 2009-2013.

Takeaways

- NM being a Medicaid Expansion has acted an important buffer for the private market
  - having competition in GRAs results in lower premiums
- Requirement that every carrier offer at least one plan
  - keeping costs down in the rural market
- Chipping away at Medicaid eligibility and benefits
  - push higher levels of chronic conditions treatment into the individual market, increasing the risk of the associated pool
- Promote utilization of primary and ambulatory care (away from ER services for newly insured populations)
- People with chronic conditions & enrolled are getting care
  - pent-up demand

Takeaways

- Diversify the risk pool in the individual market
- Amp-up linguistically and culturally sensitive outreach services
  - Rural/frontier
- State and feds -increasing competition private insurance market
  - Section 1332 Waivers, reinsurance funding, risk adjustment program
- Increase collaboration between the Human Services Division and the Exchange (no wrong door)
- Need to evaluate:
  - impact of cost-sharing structures of Exchange plans
  - shifts in utilization/provider access issues (Medicaid setting)
  - health service and prescription drug utilization trends
  - incentives for increasing the primary care workforce

Discussion: What's Next?

Market Stabilization

- What actions should the state take to stabilize the market?
- What guardrails should we put on plan affordability and consumer protections in the process of stabilizing the market?

Stakeholder Feedback

- Who should be engaged in efforts to shape health insurance access for the future?

Evidence-based Policy-Making

- How do we make sure that we're making strategic, evidence-based policy-decisions?

Consumer Education and Outreach

- How do we diversify the population of enrollees?
- How do we get the message to Spanish-speaking and rural communities?