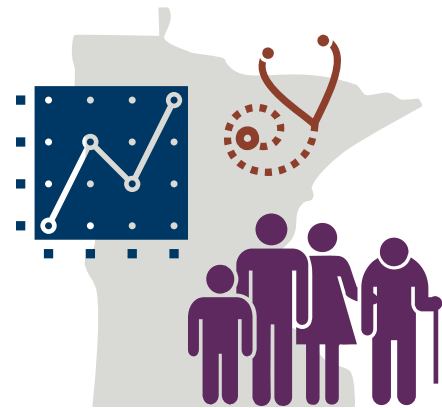


Findings from the 2023 Minnesota Health Access Survey (MNHA)

MARCH 2024



Key Findings

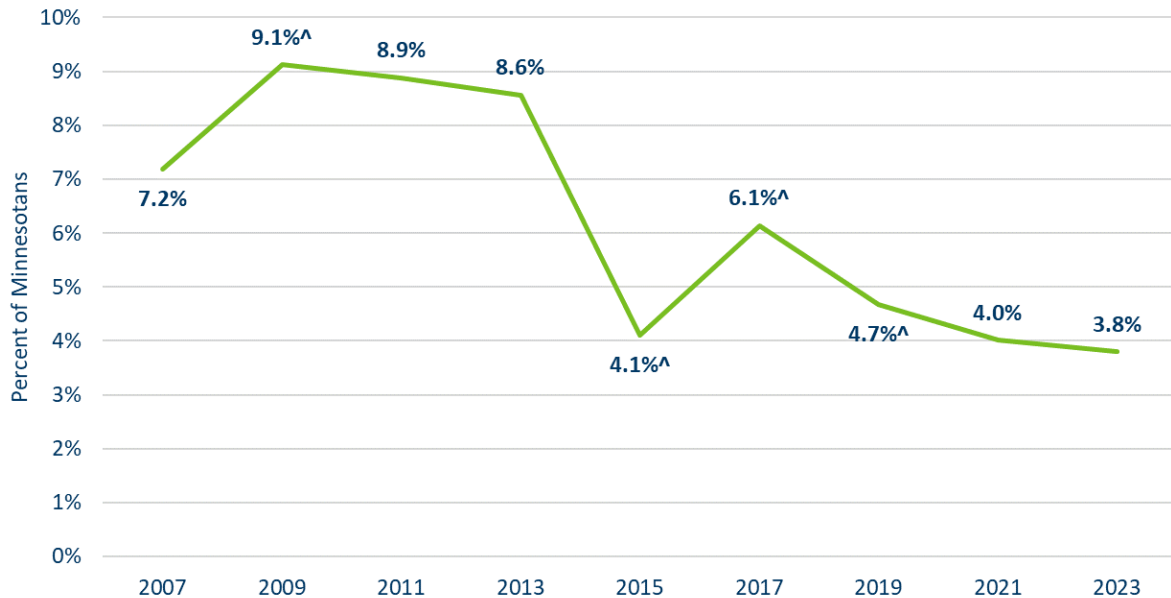
- The percentage of Minnesotans without health insurance in 2023 remained low at 3.8%; about 11,000 fewer Minnesotans were uninsured in 2023, compared to 2021.
- Most Minnesotans without insurance in 2023 were uninsured for the whole year; however, compared to 2021, more experienced shorter gaps of uninsurance.
- While more Minnesotans had employer-sponsored group coverage than public coverage, the percent with public coverage increased, while the percent with group coverage fell.
- One in four Minnesotans went without health care in 2023 due to costs, compared to one in five Minnesotans in 2021.
- Measures of health insurance and health care affordability returned to higher pre-pandemic levels.

Health insurance coverage

The percentage of Minnesotans without health insurance in 2023 remained low at 3.8%; this number was not statistically different from 2021. About 11,000 fewer Minnesotans were uninsured in 2023, compared to 2021 (Figure 1). Following trends from past years, the percent of Minnesotans with public coverage increased from 41.2% in 2021 to 44.1% in 2023, partially due to Minnesotans becoming eligible for Medicare as our population ages. Meanwhile, the percent of Minnesotans with employer-sponsored group coverage decreased from 52.0% to 49.3%.

The decrease in group coverage is likely not related to unemployment as Minnesota has a strong labor market, with unemployment averaging 3.3% in the second half of 2021 and 2.8% in the second half of 2023ⁱ. It is also not an outcome of employers offering coverage at lower rates – the percentage of Minnesotans under age 65 working for an employer that offers insurance has not changed from around 75% for several years. The percentage of those employees who are eligible for employer-sponsored coverage likewise stayed above 95%. However, fewer eligible employees took up the offer of employer-sponsored insurance, decreasing from 88.0% in 2021 to 83.1% in 2023. Reasons for not taking up employer insurance include the costs and eligibility for other coverage.

Figure 1: Percent of Minnesotans without health insurance, 2007-2023



^ Indicates a statistically significant difference from previous year shown at $p < 0.05$.

Source: Minnesota Department of Health/Health Economics Program and University of Minnesota School of Public Health, Minnesota Health Access Survey, 2007-2023.

Uninsurance

COVID-era protections that maintained continuous coverage for Medical Assistance (MA – Minnesota’s name for Medicaid) and MinnesotaCare enrollees ended in early 2023, with MA redeterminations resuming for July 2023 coverage. During the unwinding period (April 2023 through May 2024), eligibility is being reviewed for all enrollees. The state employed strategies and tools to prevent eligible Minnesotans enrolled in those programs from losing coverage and becoming uninsured. Some of the tools used by the Minnesota Department of Human Services (DHS) include using existing data sources to verify income in lieu of filling out renewal paperwork and determining if ineligible MA enrollees are eligible for a different public program or transitioning them to MNsure for a qualified health plan.ⁱⁱ In addition, DHS, health plans, community organizations, counties, and tribal nations conducted outreach to increase awareness. Data from this survey, collected during the early part of Medicaid redeterminations, suggest that these efforts have been largely successful, although continued monitoring is needed to prevent coverage interruptions as the unwinding period concludes.

The majority of uninsured Minnesotans experience long-term uninsurance, lacking insurance coverage for a year or longer. However, in 2023, they accounted for smaller number of the uninsured and a smaller share, falling from 82.7% the year before to 74.5%. In contrast, the number of people with shorter gaps of insurance coverage increased in 2023, impacting approximately 16,000 more Minnesotans. The short-term uninsured accounted for 25.5% of all uninsured in 2023, up from 17.3% in 2021. Half of the people experiencing short-term uninsurance previously had group coverage, while 27.5% had previously had public coverage. This is a stark contrast to 2021 when MA redeterminations were still paused and when 81.3% of those experiencing short-term uninsurance were coming from group coverage.

Among the 56,000 Minnesotans experiencing short-term uninsurance in 2023, the reasons for the loss of coverage ranged from loss of a job that provided group coverage (43.9%), paperwork issues with their public coverage (18.4%), and no longer being eligible for public coverage (12.2%). While this is a small population affected, the increase in prior public program coverage among the short-term uninsured may be an early warning sign that people no longer eligible for public program coverage are not successfully transitioning to other coverage as was hoped for.

Health care use and affordability

Because of the COVID-19 pandemic, 2021 was an unusual year for health care and health insurance metrics. Some COVID-related care was free, certain financial and coverage protections were in place for individuals, stimulus money was provided to state residents, but access to and availability of health care services were constrained. With a new normal emerging and many protections allowed to lapse, 2023 represents a return to pre-pandemic health care usage and cost concerns for many people.

In 2023, 86.3% of Minnesotans received health care in the previous 12 months. This is a slight drop from 2021 (88.1%) but is in line with 2019 (86.6%). It appears that more Minnesotans felt the need for health care in 2021, perhaps related to ongoing COVID-19 illness or to make up for delayed appointments from 2020’s COVID-related closures and access challenges, and this leveled off in 2023. Use of health care by Minnesotans without insurance remained very low; just over 50% reported receiving care before, during, and since the height of the pandemic.

Concerns about the costs of health care and health insurance rose again after a slight COVID-19 lull. The percentage of Minnesotans who went without some type of health care in 2023 due to costs was 24.5%, higher than 2021 (20.2%), but more in line with 2019 (25.0%). Reports of forgone care due to costs between 2021 and 2023 increased for all income, race/ethnicity and insurance groups, even if only reaching significance for some. Forgone care due to costs remained high for people with individual coverage (29.7%), increased for people with public and group coverage, and was highest for Indigenous, Hispanic, and Black Minnesotans, as well as those who were uninsured (52.7%) (Table 1).

Table 1: Percent of Minnesotans forgoing care, 2019-2023

	2019	2021	2023
Statewide	25.0%	20.2%^	24.5%^
Income			
Less than 200% of Federal Poverty Guidelines	33.2%*	26.8%*^	33.6%*^
200%+ of Federal Poverty Guidelines	22.3%*	18.0%*^	21.6%*^
Race/Ethnicity			
White, alone or with any other race/ethnicity	24.7%	19.9%^	23.8%^
Black, alone or with any other race/ethnicity	24.2%	23.4%	30.7%*
Hispanic, alone or with any other race/ethnicity	37.0%*	27.4%*	34.2%*

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	2019	2021	2023
Asian, alone or with any other race/ethnicity	25.4%	14.2%*^	21.5%^
American Indian, alone or with any other race/ethnicity	37.5%*	31.8%*	40.6%*
Insurance Coverage			
Public	27.1%	22.6%*^	25.8%^
Group	21.0%*	16.2%*^	20.9%*^
Individual	26.7%	27.9%*	29.7%
Uninsured	54.6%*	43.2%*	52.7%*

*Indicates a statistically significant difference from the statewide rate at $p < 0.05$

^ Indicates a statistically significant difference from previous year shown at $p < 0.05$.

Source: Minnesota Department of Health/Health Economics Program and University of Minnesota School of Public Health, Minnesota Health Access Survey, 2019-2023.

When asked how confident insured people were in their ability to pay their deductible, 19.7% of Minnesotans with private coverage in 2023 felt not very confident or not at all confident, a level nearly identical to 2019 (19.5%), erasing improvements seen in 2021 when only 14.6% were not confident. Likewise, when asked about their satisfaction in the protection their insurance provided from high medical bills, 24.7% of Minnesotans with insurance were not satisfied in 2023; this percentage is similar to 2019 (23.3%), but higher than 2021 (21.7%).

Conclusions

The percentage of uninsured Minnesotans remained low in late 2023 due to growth in public program enrollment offsetting declines in group coverage. Reasons for a larger publicly covered population include an aging population becoming eligible for Medicare and the state implementing effective tools to retain eligible people within the Minnesota Health Care Programs.

The ongoing concern over the cost of care permeates results from the 2023 survey, and increasingly so, compared to 2021. MDH reports on declining employer coverage, driven in part by concerns over cost and value. MDH finds that concerns over cost of health insurance and health care rebounded from their relative improvement in 2021. And MDH observes that more Minnesotans report being not satisfied by the financial protection their insurance coverage offers.

That one in four Minnesotans are forgoing care due to costs and one in four insured Minnesotans, including people with fairly comprehensive coverage, do not feel adequately shielded against high medical bills indicates Minnesota has an affordability crisis. The role of MDH is both to document these challenges and better understand what is driving this crisis. Through initiatives like the establishment of the Center for Health Care Affordability, MDH can combine work on health care markets, the health insurance system and experiences of Minnesotans captured through the MNHA survey to understand causes and offer solutions. It is through all these efforts that MDH works towards creating a health care system that is more

affordable and ensuring that health insurance coverage meets the health care needs of all Minnesotans.

Methodological Notes

The MNHA surveys are conducted as a partnership between MDH and the University of Minnesota School of Public Health, State Health Access Data Assistance Center. Prior to 2019, surveys used random digit dial telephone sample frames. The 2019 MNHA introduced an address-based sample (ABS) frame in combination with the telephone frame used in all past MNHA surveys. The 2021 and 2023 MNHA moved entirely to an ABS frame. The 2023 survey was fielded between September and December of 2023 and had 15,220 respondents. The margin of sampling error is 1.25%.

As in previous years, statistical weights were used to ensure that survey results are representative of the state's population. The 2023 data were weighted to be representative of the state's population distribution based on age, race/ethnicity, education, region, homeownership, nativity, household size, and internet access.

ⁱ Minnesota Department of Employment and Economic Development (DEED). Labor Market Information. LAUS (local area unemployment statistics) Data. Accessed from <https://apps.deed.state.mn.us/lmi/laus/> on March 11, 2024.

ⁱⁱ Minnesota Department of Human Services (DHS). Background: Resuming public health care program renewals. Accessed from <https://mn.gov/dhs/renewmycoverage/tools-for-partners/background/> on March 12, 2024.

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04/03/24

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