

MinnesotaCare Disenrollee Survey Report

July 2002




HEALTH ECONOMICS PROGRAM
HEALTH POLICY AND SYSTEMS COMPLIANCE DIVISION
MINNESOTA DEPARTMENT OF HEALTH

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Executive Summary

In order to gain more information about why people leave the MinnesotaCare subsidized health insurance program and their insurance status after leaving the program, the Minnesota Department of Health, in collaboration with the Minnesota Department of Human Services, conducted a mail survey of former MinnesotaCare enrollees. This report presents the findings of the MinnesotaCare Disenrollee Survey.

Some of the survey findings were positive. At the time of the survey, 77% of MinnesotaCare disenrollees had health insurance. In general, the survey respondents indicated that they were in good health, and had positive opinions of the program. Most thought the premium level was reasonable, and the few who thought it was too high were those at higher income levels who are subject to higher premium amounts relative to their income.

Other survey findings, however, suggest potential areas where progress could be made. Most notably, the rate of uninsurance among disenrollees was 23%, which is more than four times the statewide rate. The uninsured were also more likely to indicate both “failure to pay” and “other reasons” as reason for disenrolling, both of which have important implications for increasing the coverage among uninsured disenrollees. On the surface, failure to pay suggests that the household could not afford the premium. However, for the lower income families and adult-only households, it might also suggest that the family could not afford the premium for a specified period of time (perhaps among temporary and seasonal workers), or the failure to pay may simply have been an oversight, due to a move or other circumstances. “Other reasons” for disenrolling suggests general confusion among the disenrollees about their coverage.

The findings of this survey provide an insight into what happens to persons leaving MinnesotaCare, and their views of the program while they were enrolled. This information will serve as another piece of information for policymakers to consider as they examine potential changes to the MinnesotaCare subsidized health insurance program.

Introduction

The MinnesotaCare subsidized health insurance program has been an integral part of Minnesota's strategy to maintain access to insurance coverage for its citizens over the course of the past decade. Since its inception in 1992, MinnesotaCare enrollment has grown to over 151,000 Minnesotans, and now insures nearly 3% of all Minnesotans.¹ However, despite this rapid growth, a significant share of Minnesota's uninsured population are potentially eligible for the program but are not enrolled. It is estimated that 76% of uninsured children and 43% of uninsured non-elderly adults potentially qualify for MinnesotaCare or another public health insurance program.²

It has long been known that there is a substantial amount of "churning" in enrollment in public health insurance programs; that is, some people tend to move in and out of the programs frequently.³ In Minnesota, about one-third of people who enroll in MinnesotaCare leave the program within one year. Of those who leave MinnesotaCare, nearly one-third re-enroll within one year and nearly half re-enroll within two years.⁴

In order to gain more information about why people leave MinnesotaCare and their insurance status after leaving the program, the Minnesota Department of Health, in collaboration with the Minnesota Department of Human Services, conducted a mail survey of former MinnesotaCare enrollees. Strategies for better retaining enrollees who continue to be eligible and lack other coverage options could potentially reduce the rate of uninsurance in Minnesota. This survey was conducted as part of a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), to study and better understand Minnesota's uninsured population. This report presents the findings of the MinnesotaCare Disenrollee Survey. Background on the MinnesotaCare program and the survey questionnaire are provided in appendices.

Objectives

This study was conducted in order to gain reliable and statistically valid information about what happens to people after they leave MinnesotaCare. While some information was available from previous MinnesotaCare enrollees who notified the program administrator about their reasons for discontinuing coverage, information on individuals who lost MinnesotaCare coverage because they stopped paying the required premium is also valuable for policy development. Specifically, it was not known whether these individuals became eligible for employer-subsidized insurance, purchased other insurance, qualified for another public program, or became uninsured.

To address this information gap, the MinnesotaCare Disenrollee Survey was designed with four main objectives:

- To determine the current health insurance status of MinnesotaCare disenrollees;
- To identify why MinnesotaCare enrollees left the program;
- To examine health status of disenrollees; and
- To assess disenrollees' opinions of MinnesotaCare and premium affordability.

Methodology

The survey was mailed to a random sample of individuals who left the MinnesotaCare program 12 and 18 months prior to the survey.⁵ The total sample for the survey was 2,500 individuals, and the sample was stratified by program eligibility type (either families with children or adult-only households) and by date of disenrollment (either 12 months prior to the survey date or 18 months prior). The overall response rate was 31.8%, which was consistent with our expectations from a mail survey of this population. The analysis presented in this report is based on 729 responses. Statistical weights were developed to adjust for different probabilities of being selected for the survey by family type and disenrollment date. The weights also included adjustments for response bias by age, gender, geography, and income level as determined through administrative data. The survey was fielded from May 2001 to July 2001, and was conducted by staff at the Minnesota Department of Health.

Findings

Table 1
Characteristics of MinnesotaCare Disenrollees and Enrollees

Age	Disenrollees*	Enrollees**
0 through 20	49.7%	50.0%
21 through 64	49.8%	49.8%
65+	0.5%	0.2%
Total	100.0%	100.0%
Gender		
Male	45.0%	55.0%
Female	55.0%	45.0%
Total	100.0%	100.0%
Family Type		
Adult-only	17.0%	18.0%
Families with children	83.0%	82.0%
Total	100.0%	100.0%
Geography		
Twin Cities Metro ***	41.4%	35.3%
Greater Minnesota	58.6%	64.7%
Total	100.0%	100.0%
Income as Percent of Federal Poverty Guidelines ****		
Under 100%	25.0%	27.8%
101% to 175%	43.3%	41.9%
176% to 250%	21.2%	21.7%
251%+	10.5%	8.6%
Total	100.0%	100.0%
Length of Most Recent Spell in MinnesotaCare ****		
0-6 months	29.1%	39.4%
7-12 months	36.9%	16.6%
13-18 months	13.1%	25.3%
18+ months	20.9%	18.7%
Total	100.0%	100.0%
Insurance Status at Time of Survey		
Insured	77.0%	N/A
Uninsured	23.0%	N/A
Total	100.0%	N/A

* Survey data weighted to reflect characteristics of the disenrollee population as a whole.
 ** Population enrolled in MinnesotaCare in June 2000 and July 2000 based on Minnesota Department of Human Services administrative data.
 *** Category includes 7 county metro area.
 **** Based on Minnesota Department of Human Services administrative data.

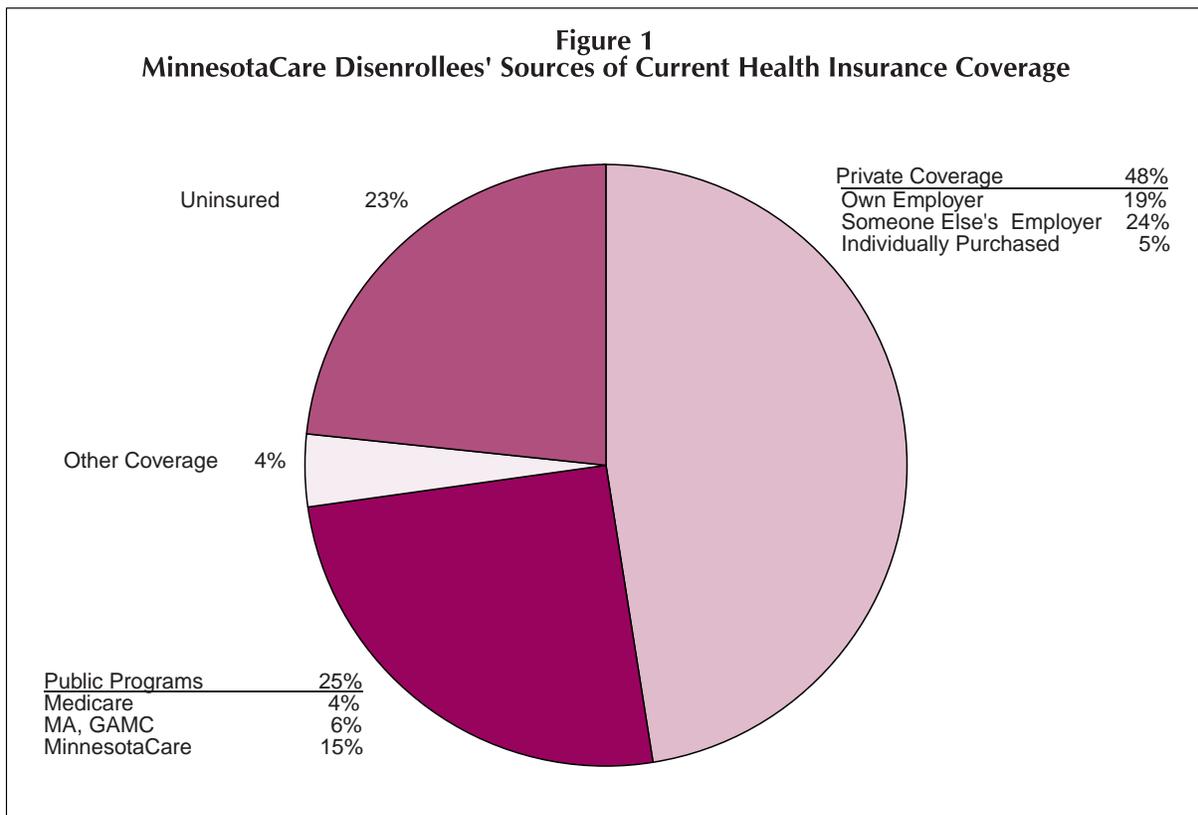
In order to provide a baseline for analysis of the survey data, the characteristics of MinnesotaCare disenrollees are presented in Table 1.⁶ The characteristics of disenrollees are generally similar to those that had remained in the program. The characteristics presented include age, gender, family type, geography, income as a percent of federal poverty guidelines, length of time enrolled in the program, and insurance status at the time of the survey. In addition to the characteristics provided in the table, the median length of time that disenrollees were enrolled in the program was 11 months and the mean was 15. The mean is slightly higher because some individuals were enrolled in the program for a number of years. The remainder of this report is organized by the research questions that drove the study.

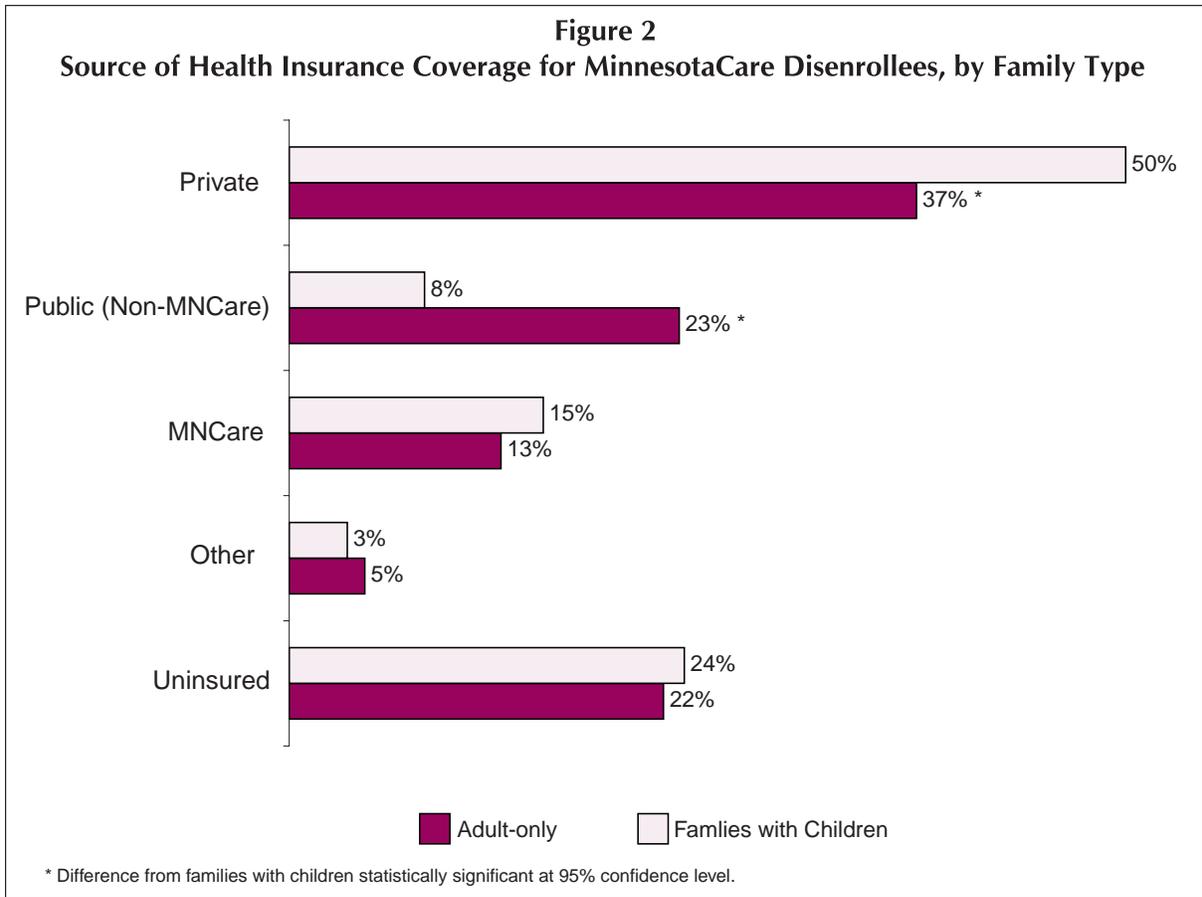
What is the health insurance status of MinnesotaCare disenrollees?

A main objective of this study was to determine whether or not disenrollees from MinnesotaCare had health insurance coverage and, if so, to identify the source of the coverage. A recent national study found that individuals who left public health insurance programs similar to MinnesotaCare did so primarily because they obtained other coverage.⁷ The MinnesotaCare Disenrollee survey indicates that the same is true in Minnesota. About three-fourths (77%) of individuals who left the program had insurance at the time of the survey.

Figure 1 illustrates disenrollees' source of coverage at the time of the survey. Nearly half of disenrollees (48%) had private coverage, through their own or someone else's employer, or purchased individually. An additional 15% had re-enrolled in MinnesotaCare, and 10% had enrolled in other public programs, such as Medicare, Medical Assistance, and General Assistance Medical Care.

The source of coverage varied somewhat by family type, as illustrated in Figure 2. Disenrollees in families with children were significantly more likely to have private coverage than adult-only households (50% compared to 37%). Adult-only households were nearly 3 times more likely to be enrolled in public coverage, other than MinnesotaCare, than families with children. This variation by family type may be explained in part by adults enrolling in Medicare.





Another factor considered was whether insurance status or source of coverage varied by the length of time that had passed since disenrollment from MinnesotaCare (either 12 or 18 months prior to the survey). The length of time following disenrollment was not significantly related to health insurance status or source of coverage. That is, health coverage status or the source of coverage did not vary significantly between those who disenrolled from the program 12 or 18 months prior to the survey.

The percentage of MinnesotaCare disenrollees that were uninsured at the time of the survey was over 4 times higher than the statewide rate (23% compared to 5.4%).⁸ Among the disenrollees those who lacked coverage at the time of the survey, they tended to have been uninsured for long periods of time — 38% had been uninsured for more than 12 months. The length of time uninsured disenrollees had been without insurance is illustrated in Table 2. However, of the disenrollees uninsured at the time of the survey, 57% expected to be enrolled in some type of coverage within the next six months.

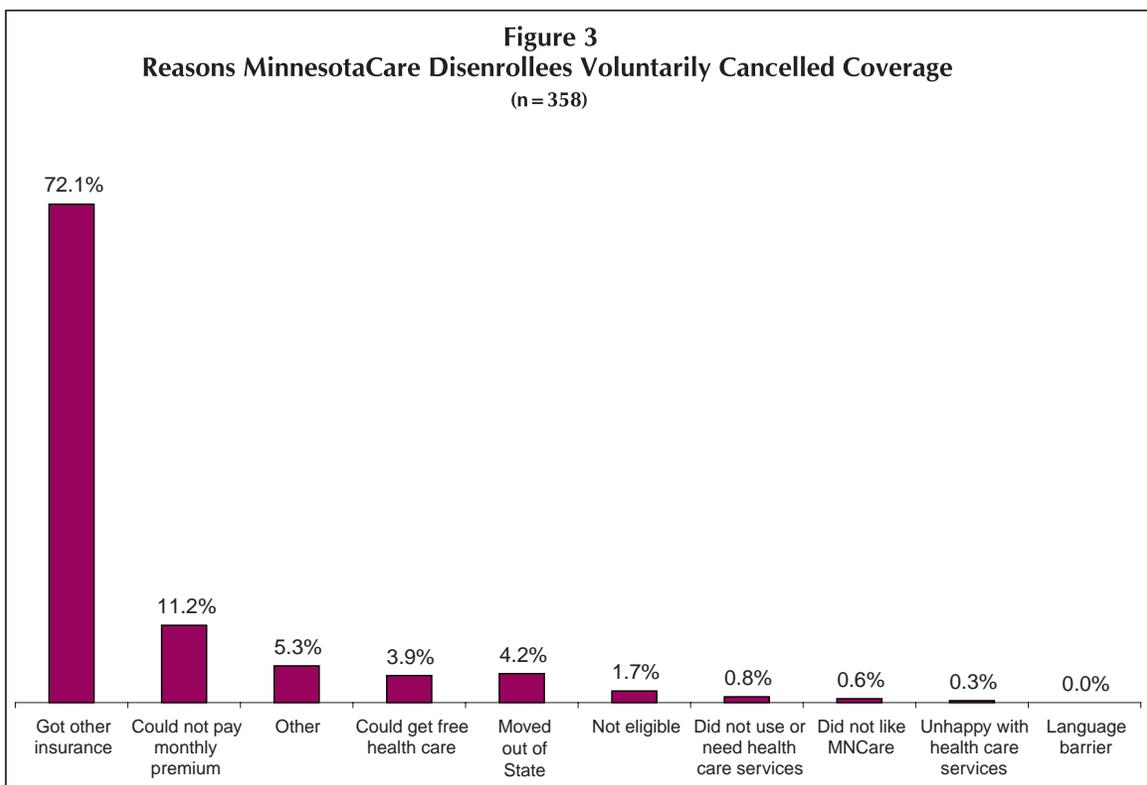
Table 2
Length of Time without Health Insurance Among MinnesotaCare Disenrollees Who Were Uninsured at the Time of the Survey (n = 160)

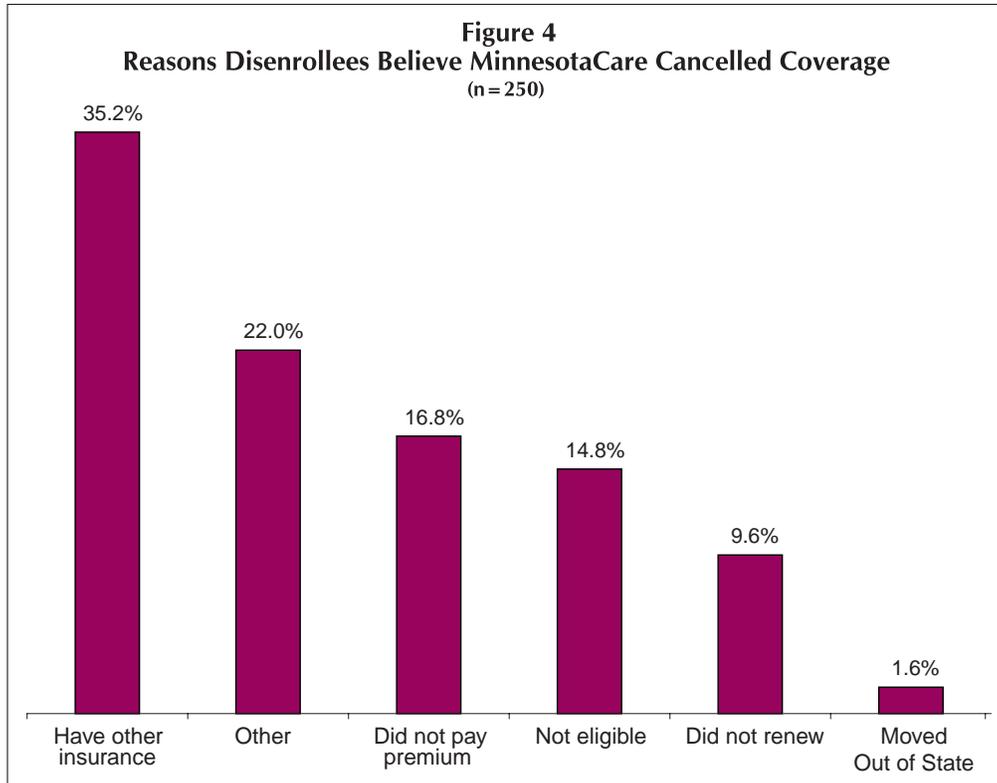
Fewer than 3 months	15.8%
3 to 6 months	12.1%
6 to 9 months	15.5%
9 to 12 months	18.2%
More than 12 months	38.4%

Why did the disenrollees leave MinnesotaCare?

In an attempt to identify why disenrollees left the program, respondents were asked to identify the reasons they terminated their coverage or their beliefs about why the program administrators terminated their coverage. Survey respondents first identified whether they voluntarily terminated their coverage or if the MinnesotaCare administrators terminated their coverage. Fifty-three percent of disenrollees indicated that they terminated their own coverage. Figures 3 and 4 illustrate the reasons coverage was terminated, as reported by the survey respondents. Among those who voluntarily terminated their MinnesotaCare coverage, 72.1% reported that their reason for disenrolling was that they obtained other health insurance coverage, and 11.2% reported having disenrolled because they could not pay the monthly premium.

Figure 3
Reasons MinnesotaCare Disenrollees Voluntarily Cancelled Coverage
(n = 358)



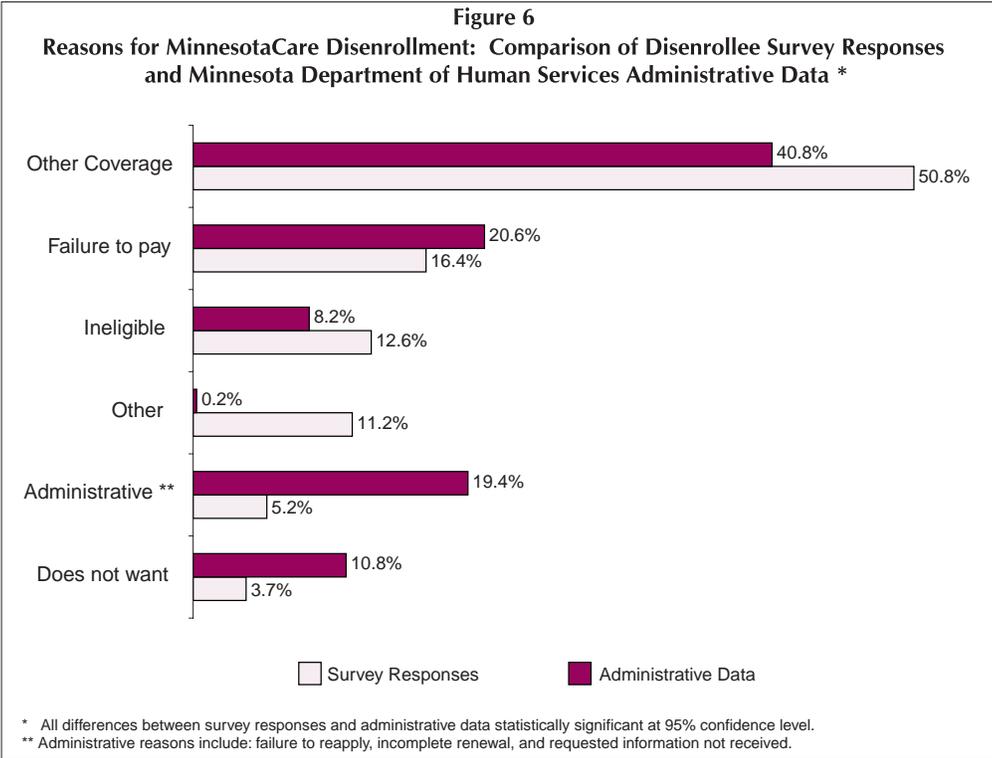
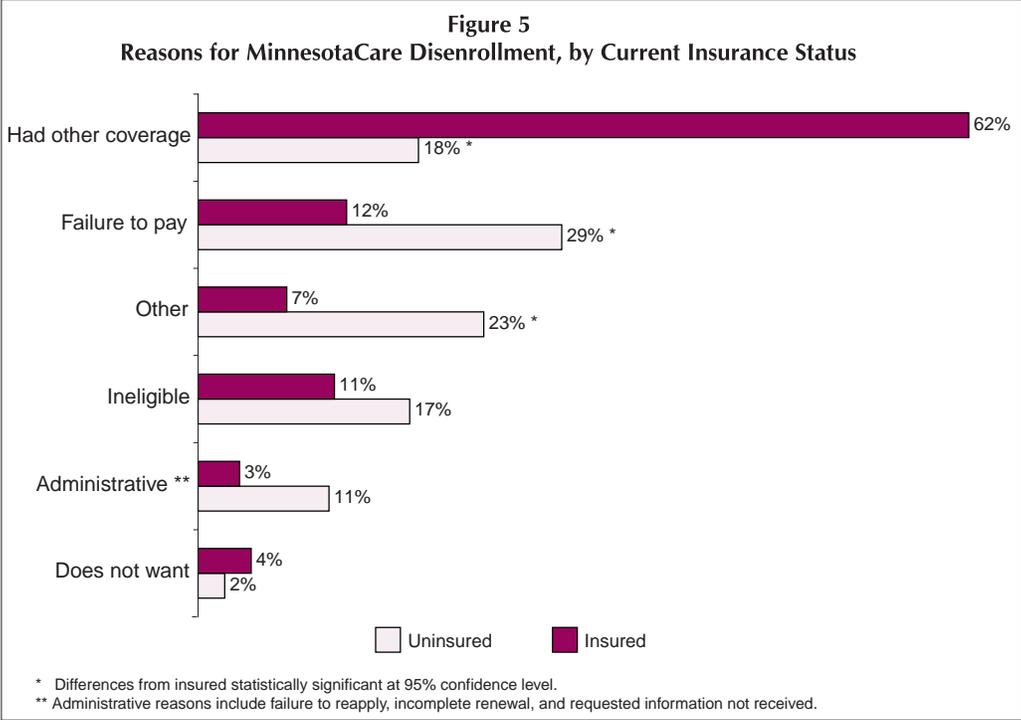


Among disenrollees who were involuntarily terminated from the program, 35.2% believed they were terminated because they had other health insurance coverage, 16.8% because they did not pay the premium, 14.8% because they were no longer eligible, and 22% indicated other unspecified reasons. The high percentage of respondents that chose “other” in response to the question regarding why their coverage was terminated suggests that there may be a fair amount of confusion among disenrollees.⁹

The reasons for disenrollment by current insurance status are presented in Figure 5. In the three instances where the differences were statistically significant, the findings are fairly intuitive. Disenrollees who indicated they left the program because they had obtained other coverage were much more likely to be insured (62%) than uninsured (18%) at the time of the survey. Among those who indicated failure to pay as their reason for disenrolling, 29% were uninsured and 12% were insured. Those who cited “other reasons” for disenrolling were also much more likely to be uninsured (29%) than insured (12%).

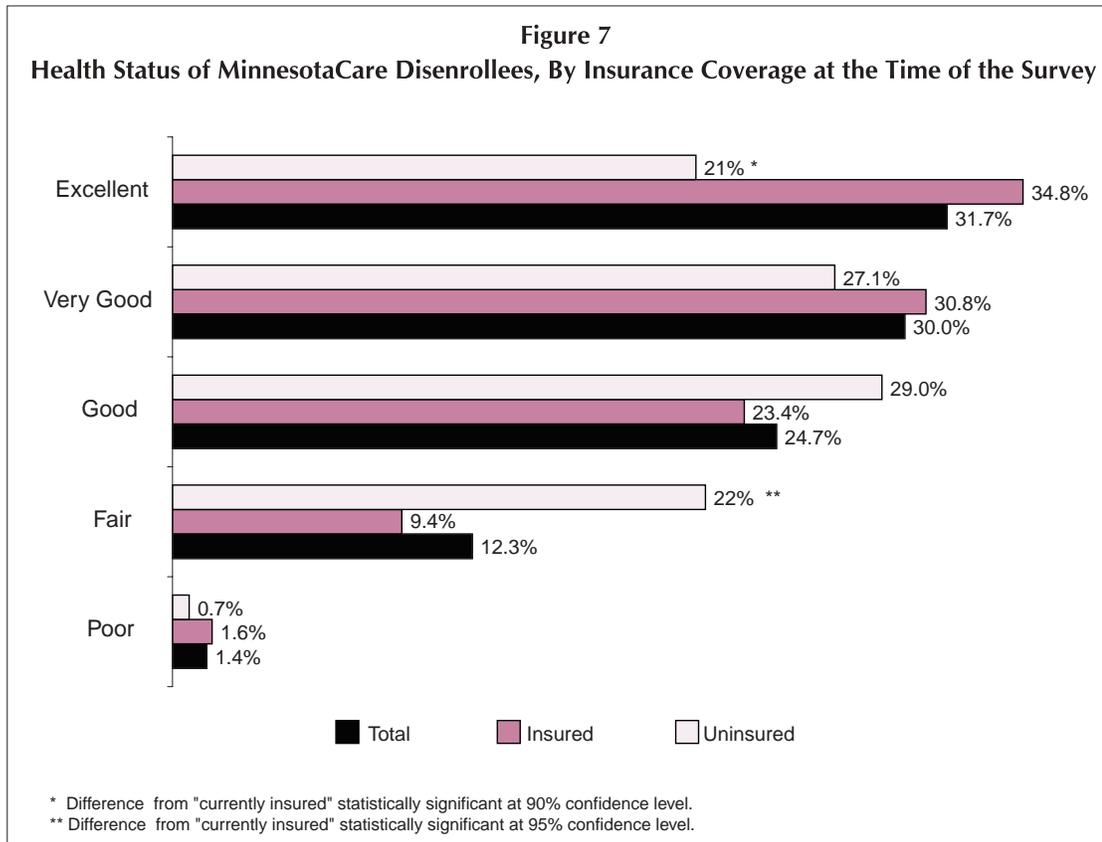
Figure 6 compares the reasons survey respondents gave for termination of enrollment and the reason indicated in Minnesota Department of Human Services administrative data.¹⁰ The differences between the survey and administrative data responses were statistically significant. Some variation was expected because the administrative data only captures the reasons for disenrolling when the disenrollee voluntarily notifies the program administrator about their reason for discontinuing their coverage. The survey findings suggest that failure to complete administrative requirements, failure to pay, and dissatisfaction with the program are less important reasons for disenrollment than administrative data indicate. Administrative reasons include: failure to reapply, incomplete renewal form, and requested information not received. Failure to complete administrative requirements sug-

gests some degree of non-compliance on the part of the disenrollee. Conversely, the survey findings suggest that the reason for non-compliance with administrative requirements is because the individual has obtained coverage elsewhere and is intentionally disenrolling. The survey data also suggests that obtaining other coverage plays a more important role than indicated by the DHS data.

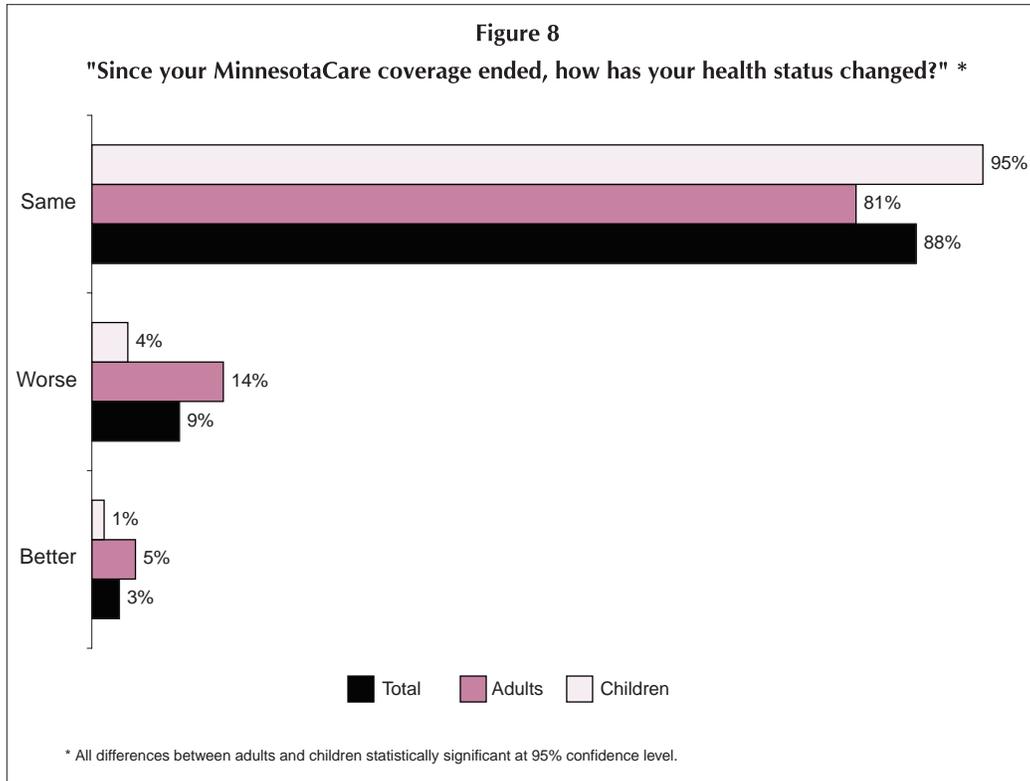


What is the health status of disenrollees?

Survey respondents were asked to describe their health and to indicate how their health changed following disenrollment. The majority of disenrollees (86%) indicated that they are in good to excellent health. Disenrollees' health status did vary somewhat by whether or not they were insured at the time of the survey, as illustrated in Figure 7. The uninsured were less likely to indicate they were in excellent health than those with insurance and more likely to indicate their health status was fair.



Overall, 88% of disenrollees indicated their health status had not changed since their MinnesotaCare coverage ended. Some variation existed between the change in health status of adults and children, as illustrated in Figure 8. Adults were more likely to report being in worse health following disenrollment. At first glance, it might seem that this is due to older adults, who are a sicker population, leaving MinnesotaCare for Medicare. However, the proportion of MinnesotaCare disenrollees age 65 and older is very small and not likely to have a strong influence on the health status of disenrollees overall. Further, adults' responses regarding change in health status did not vary significantly by age.



What did disenrollees think about MinnesotaCare and the level of the premium?

Another objective of this study was to explore whether disenrollees left the program due to dissatisfaction with the program or the amount of the premium. In general, disenrollees' opinions of the MinnesotaCare program were positive. A summary of the responses to 13 questions regarding disenrollees' opinions of MinnesotaCare is presented in Figure 9.

Disenrollees' opinions of the amount of premium are illustrated in Figure 10. More than three-quarters (77%) indicated that the premium amount was "just right" and about one-fifth said the premium was "too high." Table 3 presents the characteristics of the disenrollees by their opinion of the premium. Opinions of premium varied significantly by poverty level and family type, with disenrollees from higher income households and disenrollees from families with children more likely to indicate that the premium was "too high." This likely reflects the fact that families at higher income levels pay a higher percentage of their income as a MinnesotaCare premium. Past research has shown that, as the portion of family income devoted to the premium of a public health insurance program goes above 5%, likelihood of enrollment declines.¹¹

Figure 9
MinnesotaCare Disenrollees' Opinions of MinnesotaCare

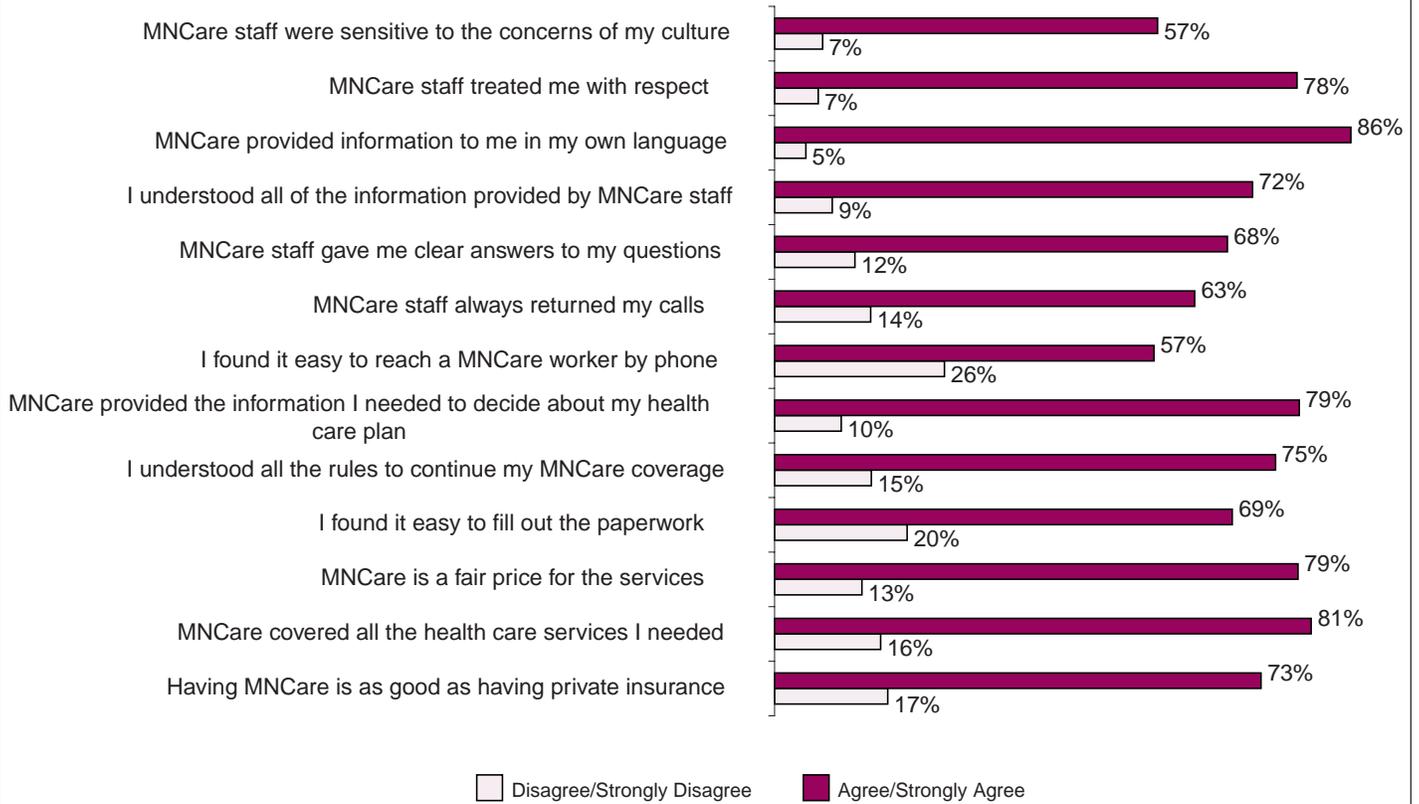


Figure 10
MinnesotaCare Disenrollees' Opinions of Amount of Premium

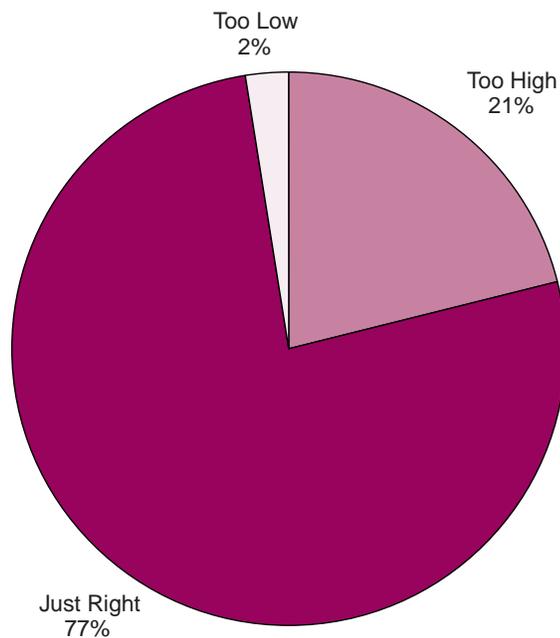


Table 3
Characteristics of Disenrollees By Opinion of MinnesotaCare Premium

	Too High (n=119)	Just Right (n=531)
Income as Percent of Federal Poverty Guidelines		
Under 100%	8%*	30%
101 to 175%	28%*	46%
176 to 250%	38%*	17%
251% +	26%*	7%
	100%	100%
Family Type		
Adult-only	9%*	18%
Families with children	91%*	82%
	100%	100%
Insurance Status at Time of Survey		
Insured	68%**	79%
Uninsured	32%	21%
	100%	100%

* Difference from "just right" statistically significant at 95% confidence level.
 ** Difference from "just right" statistically significant at 90% confidence level.

In addition to inquiring specifically about opinions of premiums, respondents were also asked if they had unpaid health care bills and if they had experienced a change in their health care spending following disenrollment from the program. Overall, 33% of disenrollees reported having unpaid health care bills. Of those who reported having unpaid health care bills, the median amount was \$483. The characteristics of disenrollees with unpaid health care bills are presented in Table 4. The characteristics of this group did not vary significantly from the characteristics of those without unpaid health care bills. Over half (55%) of the disenrollees indicated that they were spending more money on their health care since their MinnesotaCare coverage ended. This could reflect the rising cost of health care in general, the loss of subsidy received through MinnesotaCare, or the possibility that private policies have cost sharing components.

Table 4
Characteristics of MinnesotaCare Disenrollees With Unpaid Health Care Bills

	Unpaid Bills (n=216)
Poverty Category	
Under 100%	23%
101 to 175%	44%
176 to 250%	19%
251% +	14%
	100%
Family Type	
Adult-only	14%
Families with children	86%
	100%
Source of Health Insurance Coverage	
Insured	69%
Uninsured	31%
	100%

Summary and Conclusion

The MinnesotaCare Disenrollee survey was designed to understand the reasons why individuals leave the program and the extent to which individuals who disenroll from MinnesotaCare obtain coverage through other sources.

Some of the survey findings were positive. In general, disenrollees had insurance coverage, were in good health, and had positive opinions of the program. Most thought the premium was reasonable, and the few who thought it was too high were those at higher income levels who are subject to higher premium amounts relative to their incomes.

Other survey findings, however, suggest potential areas where progress could be made. Most notably, the rate of uninsurance among disenrollees was 23%, which is more than 4 times the statewide rate. Another 15% of disenrollees had re-enrolled in MinnesotaCare. The survey also confirmed that the administrative data does not accurately reflect the reasons why people left the program. This is understandable given the fact that disenrollees are not required to notify the administrators of why they are disenrolling. Given that, the findings of the survey suggest that the administrative data should not be used as the only or primary source of reasons for disenrollment.

The uninsured were more likely to indicate both “failure to pay” and “other reasons” as reason for disenrolling, both of which have important implications for increasing the coverage among uninsured disenrollees. On the surface, failure to pay suggests that the household could not afford the premium. However for the lower income families and adult-only households, it might also suggest that the family could not afford the premium for a specified period of time (perhaps among temporary and seasonal workers), or the failure to pay may simply have been an oversight, due to a move or other circumstances. “Other reasons” for disenrolling suggests general confusion among the disenrollees about their coverage. This finding is consistent with the findings of the 2001 Minnesota Health Access Survey Focus groups, and stakeholder interviews, which found that the uninsured lacked understanding of public health insurance programs in general.

The findings of this survey provide an insight into what happens to persons leaving MinnesotaCare, and their views of the program while they were enrolled. This information will serve as another piece of information for policymakers to consider as they examine potential changes to the MinnesotaCare subsidized health insurance program.

Appendix I:

Background on the MinnesotaCare Program

In 1987, with the creation of the Children's Health Plan (CHP), Minnesota became the first state to offer subsidized insurance coverage to low-income uninsured children who were ineligible for Medicaid. Since the passage of the MinnesotaCare Act in 1992, eligibility for this subsidized insurance coverage has been expanded to cover children and their parents with incomes below 275% of Federal Poverty Guidelines (FPG) and adult-only families with incomes below 175% of FPG.

MinnesotaCare is funded through a tax on health care providers and enrollee premiums. Enrollees pay a monthly premium for their health insurance coverage that is based on family size, the number of people covered, and income. In July 1995, MinnesotaCare also began to receive matching funds from the federal government to cover children and pregnant women with incomes at or below 275% of FPG.

In May 2001, when this survey was conducted, 2.3% of Minnesotans were enrolled in MinnesotaCare. Total enrollment was about 134,000. Of those, 49% were children, 33% were parents, and 18% were adults without children.

The Minnesota Department of Human Services administers MinnesotaCare. Additional information about MinnesotaCare is available at <http://www.dhs.state.mn.us/hltcare>. General policy questions should be directed to MinnesotaCare at (651) 296-8517 (metro area) or 1-800-657-3659 (Greater Minnesota). Specific questions about eligibility, enrollment, etc. should be directed to (651) 297-3862 or 1-800-657-3672.

Appendix II:

MinnesotaCare Survey May 2001

MinnesotaCare Survey May 2001

Minnesota is one of a few states looking to make health insurance easier to get and pay for. To do this, the Minnesota Department of Health is surveying people whose MinnesotaCare coverage has ended. By answering this survey you will help to improve the MinnesotaCare program.

This survey will take about 10 minutes to complete. There are no risks to you answering this survey. Your answers will not affect your health insurance or health care in any way. You are not required to answer this survey, but your answers will help us find out how to make MinnesotaCare better.

All of the information you provide will be kept private. Your answers will not be shared with people outside the Minnesota Department of Health. When we release the results of our study to the public, we will only use a summary of all the survey responses so that no person can be identified.

Instructions

Our records show that your MinnesotaCare coverage ended in January 2000/July 2000. We are interested in the time from January 2000/July 2000 to now for the survey.

Clearly mark your answer to each question.

If this survey has been mailed to a child under age 18, a parent or guardian should answer the survey for the child.

When you are done, please mail the survey in the enclosed envelope. You do not need to add postage to this envelope. If the envelope is missing, please mail your survey to:

Minnesota Department of Health
Health Economics Program
121 East Seventh Place, Suite 400
St. Paul, MN 55101

Please return this survey by May 18, 2001.

Please tell us about yourself. Please fill in the circle for your answer to each question.

<p>1. What is your age? _____</p> <p>2. Are you male or female? 1 <input type="radio"/> Male 2 <input type="radio"/> Female</p> <p>3. What is your main language? 1 <input type="radio"/> English 2 <input type="radio"/> Other, please list _____</p> <p>4. What is your race/ethnicity? Mark all that apply. 1 <input type="radio"/> White 2 <input type="radio"/> Black/African American 3 <input type="radio"/> Asian 4 <input type="radio"/> Pacific Islander/Hawaiian Native 5 <input type="radio"/> American Indian/Alaskan Native 6 <input type="radio"/> Hispanic/Latino 7 <input type="radio"/> Other, please list _____</p> <p>5. What is your highest level of education? 1 <input type="radio"/> Less than high school 2 <input type="radio"/> High school graduate 3 <input type="radio"/> Vocational/technical school 4 <input type="radio"/> Some college 5 <input type="radio"/> College graduate 6 <input type="radio"/> Master's degree/doctorate 7 <input type="radio"/> Does not apply, survey sent to a child</p>	<p>6. What is your marital status? 1 <input type="radio"/> Single 2 <input type="radio"/> Married 3 <input type="radio"/> Living with partner 4 <input type="radio"/> Divorced/separated/widowed 5 <input type="radio"/> Does not apply, survey sent to a child</p> <p>7. What type of job do you have? 1 <input type="radio"/> Self-employed/own business 2 <input type="radio"/> Employed by someone else full-time 3 <input type="radio"/> Employed by someone else part-time 4 <input type="radio"/> Unemployed/not working for money 5 <input type="radio"/> Full-time student 6 <input type="radio"/> Retired 7 <input type="radio"/> Does not apply, survey sent to a child</p> <p>8. For the job that you work the most hours, how many hours do you work per week? 1 <input type="radio"/> Does not apply, not now working 2 <input type="radio"/> Does not apply, survey sent to a child 3 <input type="radio"/> Number of hours _____</p> <p> ▶ Does this job offer you health insurance? 1 <input type="radio"/> Yes ▶ How much would this health insurance cost for you and your family per month? \$ _____ 2 <input type="radio"/> No</p>
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Please tell us about your health insurance.

<p>9. Do you have health insurance now?</p> <p>1 <input type="radio"/> Yes →</p> <p>2 <input type="radio"/> No</p> <p>↓</p> <p>If no, how long have you been without health insurance?</p> <p>1 <input type="radio"/> Fewer than 3 months</p> <p>2 <input type="radio"/> 3 to 6 months</p> <p>3 <input type="radio"/> 6 to 9 months</p> <p>4 <input type="radio"/> 9 to 12 months</p> <p>5 <input type="radio"/> More than 12 months</p>	<p>If yes, how did you get this health insurance?</p> <p>1 <input type="radio"/> Through my job</p> <p>2 <input type="radio"/> Through someone else's job</p> <p>3 <input type="radio"/> Bought by me or someone else</p> <p>4 <input type="radio"/> Medicare</p> <p>5 <input type="radio"/> MA, Medicaid, PMAP, GAMC</p> <p>6 <input type="radio"/> MinnesotaCare</p> <p>7 <input type="radio"/> MCHA (MN Comprehensive Health Assoc.)</p> <p>8 <input type="radio"/> Indian Health Service</p> <p>9 <input type="radio"/> Other, please list _____</p> <p>_____</p>
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The following questions ask about the reasons your MinnesotaCare coverage was canceled.

<p>10. Did you end your MinnesotaCare coverage or was your coverage canceled by MinnesotaCare?</p> <p>1 <input type="radio"/> I ended my MinnesotaCare coverage →</p> <p>2 <input type="radio"/> MinnesotaCare canceled my coverage</p> <p>↓</p> <p>Why do you think your coverage was canceled by MinnesotaCare? Mark only one.</p> <p>1 <input type="radio"/> Did not pay the monthly payment</p> <p>2 <input type="radio"/> Did not renew</p> <p>3 <input type="radio"/> Have other insurance</p> <p>4 <input type="radio"/> Did not pay child support</p> <p>5 <input type="radio"/> Other, please explain _____</p> <p>_____</p>	<p>What was your main reason for canceling your MinnesotaCare coverage? Mark only one.</p> <p>1 <input type="radio"/> Got other health insurance</p> <p>2 <input type="radio"/> Could get free health care</p> <p>3 <input type="radio"/> Did not like MinnesotaCare</p> <p>4 <input type="radio"/> Did not use or need health care services</p> <p>5 <input type="radio"/> Unhappy with health care services</p> <p>6 <input type="radio"/> Not understanding English was a problem</p> <p>7 <input type="radio"/> I could not pay the monthly payment</p> <p>8 <input type="radio"/> Other, please explain _____</p> <p>_____</p>
<p>If you have more comments, please use the back page of this survey.</p>	

If MinnesotaCare canceled your coverage, please answer questions 11 and 12 below.

If you ended your MinnesotaCare coverage do not answer questions 11 or 12. Go to question 13.

<p>11. If your coverage was canceled because you did not pay on time, why was that? Mark all that apply.</p> <p>1 <input type="radio"/> Does not apply, not canceled for late payment</p> <p>2 <input type="radio"/> Did not understand payment/due date</p> <p>3 <input type="radio"/> I could not pay the monthly payment</p> <p>4 <input type="radio"/> No longer wanted MinnesotaCare</p> <p>5 <input type="radio"/> Not understanding English was a problem</p> <p>6 <input type="radio"/> Forgot</p> <p>7 <input type="radio"/> Other, please explain _____ _____</p>	<p>12. If your coverage was canceled because you did not send in the renewal form, why was that? Mark all that apply.</p> <p>1 <input type="radio"/> Does not apply, not canceled for failing to renew</p> <p>2 <input type="radio"/> Did not understand forms/instructions</p> <p>3 <input type="radio"/> I could not pay the monthly payment</p> <p>4 <input type="radio"/> No longer wanted MinnesotaCare</p> <p>5 <input type="radio"/> Not understanding English was a problem</p> <p>6 <input type="radio"/> Forgot</p> <p>7 <input type="radio"/> Other, please list _____ _____</p>
<p>If you have more comments, please use the back page of this survey.</p>	

The following questions ask about reapplying to MinnesotaCare.

<p>13. Did you reapply to MinnesotaCare at any time after your coverage ended?</p> <p>1 <input type="radio"/> Yes └─▶ If yes, when did you reapply? month and year _____</p> <p>2 <input type="radio"/> No</p>	<p>14. Was your application approved?</p> <p>1 <input type="radio"/> I have not reapplied to MinnesotaCare</p> <p>2 <input type="radio"/> Yes, my application was approved</p> <p>3 <input type="radio"/> I have not yet heard back</p> <p>4 <input type="radio"/> No, I was not eligible</p> <p>5 <input type="radio"/> No, I did not pay past monthly payments</p> <p>6 <input type="radio"/> No, I did not provide enough information</p> <p>7 <input type="radio"/> Other, please explain _____ _____</p>
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Please tell us about your plans to have health insurance.

<p>15. Do you plan to reapply to MinnesotaCare?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>↓</p> <p>If no, why do you not plan to reapply? Mark all that apply.</p> <p>1 <input type="radio"/> I have other health insurance</p> <p>2 <input type="radio"/> I do not need health insurance</p> <p>3 <input type="radio"/> I can not pay the monthly payments</p> <p>4 <input type="radio"/> I do not like MinnesotaCare</p> <p>5 <input type="radio"/> MinnesotaCare is for people who need welfare</p> <p>6 <input type="radio"/> It is too hard to get enrolled</p> <p>7 <input type="radio"/> I am not eligible</p> <p>8 <input type="radio"/> Other, please explain _____</p> <p>_____</p> <p>_____</p> <p>Please go to question 16</p>	<p>16. Do you expect to have any type of health insurance 6 months from now?</p> <p>1 <input type="radio"/> Yes</p> <p>→ If yes, where do you think this health insurance will come from?</p> <p>1 <input type="radio"/> Through my job</p> <p>2 <input type="radio"/> Through someone else's job</p> <p>3 <input type="radio"/> I will buy insurance myself</p> <p>4 <input type="radio"/> I will be eligible for Medicare soon</p> <p>5 <input type="radio"/> I will apply to MinnesotaCare</p> <p>6 <input type="radio"/> I will apply to MA, Medicaid, PMAP</p> <p>7 <input type="radio"/> Other, please explain _____</p> <p>2 <input type="radio"/> No</p>
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The following questions ask about your medical costs.

<p>17. Have you spent more or less money on your health care since your MinnesotaCare coverage ended?</p> <p>1 <input type="radio"/> I have spent more</p> <p>2 <input type="radio"/> I have spent about the same</p> <p>3 <input type="radio"/> I have spent less</p> <p>18. Do you have any unpaid health care bills?</p> <p>1 <input type="radio"/> Yes</p> <p>→ If yes, how much is your total health care debt? \$ _____</p> <p>2 <input type="radio"/> No</p>	<p>19. How do you plan to pay your unpaid health care bills?</p> <p>1 <input type="radio"/> I do not have unpaid health care bills</p> <p>2 <input type="radio"/> Someone else will pay the bill for me</p> <p>3 <input type="radio"/> I will make monthly payments</p> <p>4 <input type="radio"/> I will borrow money</p> <p>5 <input type="radio"/> I can not pay my bills</p> <p>6 <input type="radio"/> Other, please explain _____</p> <p>_____</p> <p>_____</p>
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Please tell us about your health.

<p>20. How would you describe your health?</p> <p>1 <input type="radio"/> Excellent</p> <p>2 <input type="radio"/> Very good</p> <p>3 <input type="radio"/> Good</p> <p>4 <input type="radio"/> Fair</p> <p>5 <input type="radio"/> Poor</p>	<p>21. Since your MinnesotaCare coverage ended, how has your health changed?</p> <p>1 <input type="radio"/> My health is better</p> <p>2 <input type="radio"/> My health is the same</p> <p>3 <input type="radio"/> My health is worse</p>
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The following questions ask for your household income and for your opinions of the cost of MinnesotaCare.

<p>22. What is your household's yearly income from all sources before taxes?</p> <p>1 <input type="radio"/> Less than \$5,000</p> <p>2 <input type="radio"/> \$5,001 to \$7,500</p> <p>3 <input type="radio"/> \$7,501 to \$10,000</p> <p>4 <input type="radio"/> \$10,001 to \$12,500</p> <p>5 <input type="radio"/> \$12,501 to \$15,000</p> <p>6 <input type="radio"/> \$15,001 to \$20,000</p> <p>7 <input type="radio"/> \$20,001 to \$25,000</p> <p>8 <input type="radio"/> \$25,001 to \$30,000</p> <p>9 <input type="radio"/> \$30,001 to \$35,000</p> <p>10 <input type="radio"/> \$35,001 to \$40,000</p> <p>11 <input type="radio"/> \$40,001 to \$50,000</p> <p>12 <input type="radio"/> \$50,001 to \$60,000</p> <p>13 <input type="radio"/> \$60,001 to \$75,000</p> <p>14 <input type="radio"/> \$75,001 or More</p> <p>23. How many people who live with you depend on your household income</p> <p>Number of people _____</p>	<p>24. How many of these people are under the age of 21?</p> <p>Number of people _____</p> <p>25. What is your opinion of the monthly payment you paid for MinnesotaCare?</p> <p>1 <input type="radio"/> Payment was too high</p> <p>2 <input type="radio"/> Payment was about right</p> <p>3 <input type="radio"/> Payment was too low</p> <p>26. How much money do you pay now for health insurance for you and your family each month?</p> <p>\$ _____</p> <p>27. How much money can you afford to pay for health insurance for you and your family each month? \$ _____</p>
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Please tell us your opinions of the MinnesotaCare Program. Do you strongly disagree, disagree, have no opinion, agree, or strongly agree with the following statements. Please check the box for each question that best describes your opinion.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Does Not Apply
28. Having MinnesotaCare is as good as having private insurance.	1	2	3	4	5	0
29. MinnesotaCare covered all the health care services I needed.	1	2	3	4	5	0
30. MinnesotaCare is a fair price for the services.	1	2	3	4	5	0
31. I found it easy to fill out the paperwork.	1	2	3	4	5	0
32. I understood all the rules to continue my MinnesotaCare coverage.	1	2	3	4	5	0
33. MinnesotaCare provided the information I needed to decide about my health care plan.	1	2	3	4	5	0
34. I found it easy to reach a MinnesotaCare worker by phone.	1	2	3	4	5	0
35. MinnesotaCare staff always returned my calls.	1	2	3	4	5	0
36. MinnesotaCare staff gave me clear answers to my questions.	1	2	3	4	5	0
37. I understood all of the information provided by MinnesotaCare staff.	1	2	3	4	5	0
38. MinnesotaCare provided information to me in my own language.	1	2	3	4	5	0
39. MinnesotaCare staff treated me with respect.	1	2	3	4	5	0
40. MinnesotaCare staff were sensitive to the concerns of my culture.	1	2	3	4	5	0

Do you have any comments to share? If your comments do not fit on this page, please use the back page of this survey.

Thank you for completing this survey.

Endnotes

¹ Enrollment as of May 2002.

² “Minnesota’s Uninsured: Findings from the 2001 Minnesota Health Access Survey,” Health Economics Program, Minnesota Department of Health, April 2002. Eligibility estimates based on income and access to employer coverage.

³ “On and Off Medicaid” Marilyn R. Ellwood, Kimball Lewis, Urban Institute, February 2001.

⁴ Minnesota Department of Human Services, communication with Gestur Davidson, February 9, 2001.

⁵ The survey population consisted of people who disenrolled from MinnesotaCare in December 1999 and June 2000.

⁶ Family income as a percent of federal poverty level was calculated based on Minnesota Department of Human Services administrative data.

⁷ “Why Eligible Children Lose or Leave SCHIP: Findings from a comprehensive study of retention and disenrollment.” National Academy for State Health Policy, February 2002.

⁸ “Minnesota’s Uninsured: Findings from the 2001 Minnesota Health Access Survey,” Health Economics Program, Minnesota Department of Health, April 2002.

⁹ The survey was designed with ample opportunities for write-in responses, which were heavily utilized. In fact, 54.3% of respondents wrote in comments. Where possible these responses were “recoded” into other categories. Even with this recoding, the remaining number of responses of “other” for this question was particularly high.

¹⁰ Figures for survey respondents are the combined reasons of those who indicated that their coverage was voluntarily or involuntarily terminated.

¹¹ “The Use of Sliding Scale Premiums in Subsidized Insurance Programs” Leighton Ku, Teresa A. Coughlin, Urban Institute, March 1997.

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