

Issue Brief: December 2013 Survey Finds Maine Residents Dissatisfied with Cost of Health Insurance and Health Care Prior to Rollout of Affordable Care Act.

March 2014

In December 2013, as the nation got its initial look at the Affordable Care Act's Health Insurance Marketplace, we surveyed Maine residents to learn about their recent experiences with health care and health insurance and their expectations going forward. This *Issue Brief* describes Maine residents' experiences obtaining and paying for a variety of health services during the preceding year and the satisfaction levels of insured Maine residents with the quality and cost of their health plans. These data show that, at the initial launch of healthcare.gov, many Mainers were struggling to pay for basic health services. Even those with health insurance reported dissatisfaction with the cost and availability of services, and most Maine residents expected 2014 to be more of the same.

ABOUT THE SURVEY

[The Health Reform Monitoring Survey](#) (HRMS) is a quarterly survey of adults ages 18-64 that began in 2013. It is designed to provide timely information on implementation issues under the Affordable Care Act (ACA) and changes in health insurance coverage and related health outcomes. HRMS provides quarterly data on health insurance coverage, access and use of health care, health care affordability, and self-reported health status. The Health Reform Monitoring Survey was developed by the [Urban Institute](#), conducted by [GfK](#) and funded by the [Robert Wood Johnson Foundation](#), the [Ford Foundation](#), and the [Urban Institute](#). The [Maine Health Access Foundation](#) funded this report on key factors about Maine residents, obtained from an expanded, representative sample of 992 Maine residents (HRMS-Maine) conducted in December, 2013. Additional information about the demographics of the Maine sample can be found on pages 10-12.

This Issue Brief is a summary of data extracted from the HRMS Survey in Maine administered in December 2013. In addition to providing a summary of the findings from Maine adult respondents, the report will compare the results to that of a representative adult national sample of 7,904 respondents. We will continue to report annually on survey data through additional issue briefs and future surveys.

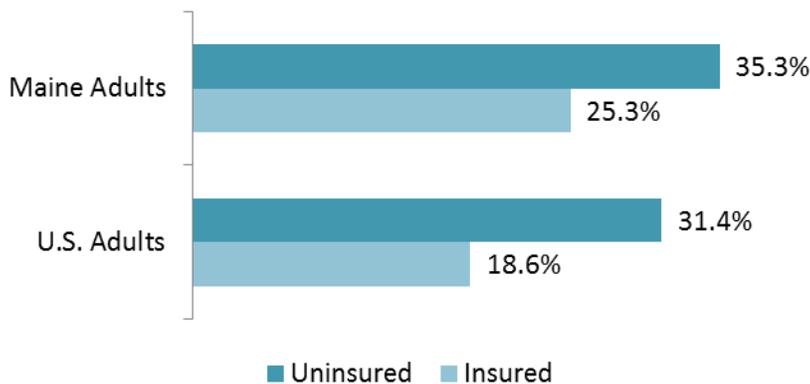
AT A GLANCE

- Those with lowest incomes report the hardest time affording health services, but both insured and uninsured Maine residents had difficulty affording health care prior to rollout of the ACA.
- Maine purchasers in the individual insurance market reported significantly higher rates of dissatisfaction with out-of-pocket expenses than their U.S. counterparts.
- Maine residents with lower incomes delayed dental care more often than any other health services.

AFFORDABILITY OF HEALTH SERVICES PRE-ACA

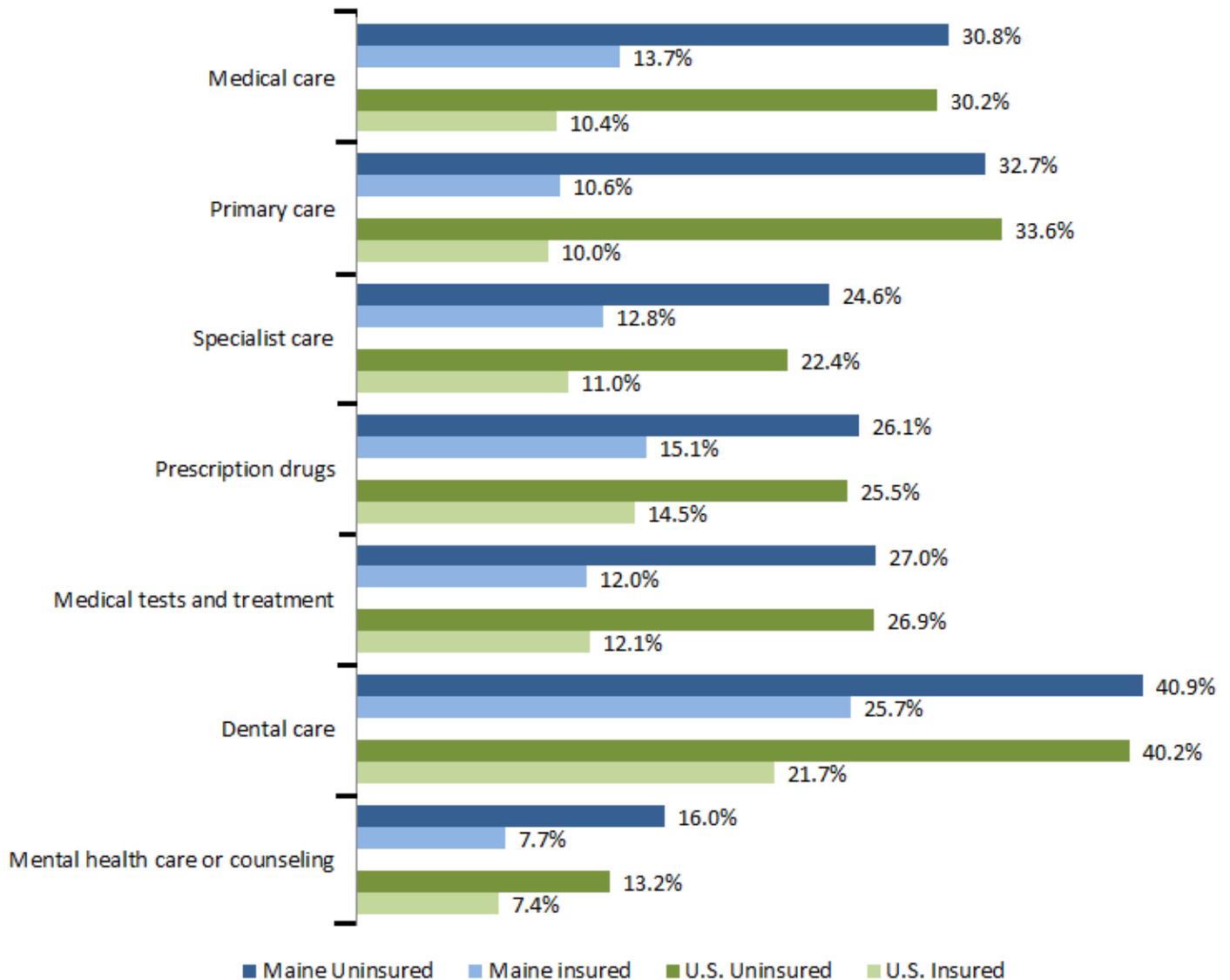
A primary goal of the ACA is to increase access to health care by mandating changes in the health insurance industry aimed at enabling more people to buy comprehensive coverage at affordable prices. The HRMS-Maine data show prior to the opening of the Health Insurance Marketplace, Maine residents needed more affordable care. When insured and uninsured Maine residents were asked about their ability to pay for health services in the preceding year, both groups reported gaps in affordability. Although people without insurance were most often unable to afford services, the data show that those with health insurance also experienced difficulties. The results from Maine residents were reflective of what was seen in the national sample.

Chart 1: In the past 12 months did you or anyone in your family have problems paying or were unable to pay any medical bills?



Over one-third of Maine adults without insurance experienced problems paying medical bills during the preceding year. Perhaps more surprising is that 25% of Maine adults with insurance had trouble paying medical bills. Looking at the nation as a whole, 18.6% of those with insurance had trouble paying medical bills, confirming that affordability was a concern for everyone at the advent of the Health Insurance Marketplace. While all respondents had more trouble paying for dental care than any other service, the Marketplace plans are not required to include coverage for dental care for adults.

Chart 2: Thinking about your health care experiences over the past 12 months, that is, since December 2012, was there any time when you needed any of the following but didn't get it because you couldn't afford it?



The ACA was intended to help families in different income categories obtain affordable comprehensive coverage through different mechanisms. For the lowest income families, those with earnings below [138% of the federal poverty level](#) (family of three with annual income below \$27,000), Medicaid expansion is the mechanism. For families with incomes between 139% and 399% of the federal poverty level (family of three with annual income between \$27,000 and \$78,200), subsidized coverage through the Marketplace is the mechanism. And for the highest income families, the insurance market reforms are the mechanism. The average [Maine household](#) has 2.3 people and median annual income just over \$48,000.

As shown in Chart 3 and Chart 4, families in the low and middle income categories experienced significant problems paying for health care, at rates three or more times higher than those in the highest income category. Families nationwide show the same trend. Those with the lowest income report the hardest time affording health services. For Maine, middle income households more often had difficulty for medical tests and treatment and were equal to low income households for mental health care or counseling. The lowest income Maine residents are unlikely to see significant changes in 2014 because Maine opted not to expand Medicaid.

Chart 3: Thinking about your health care experiences over the past 12 months, that is, since December 2012, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

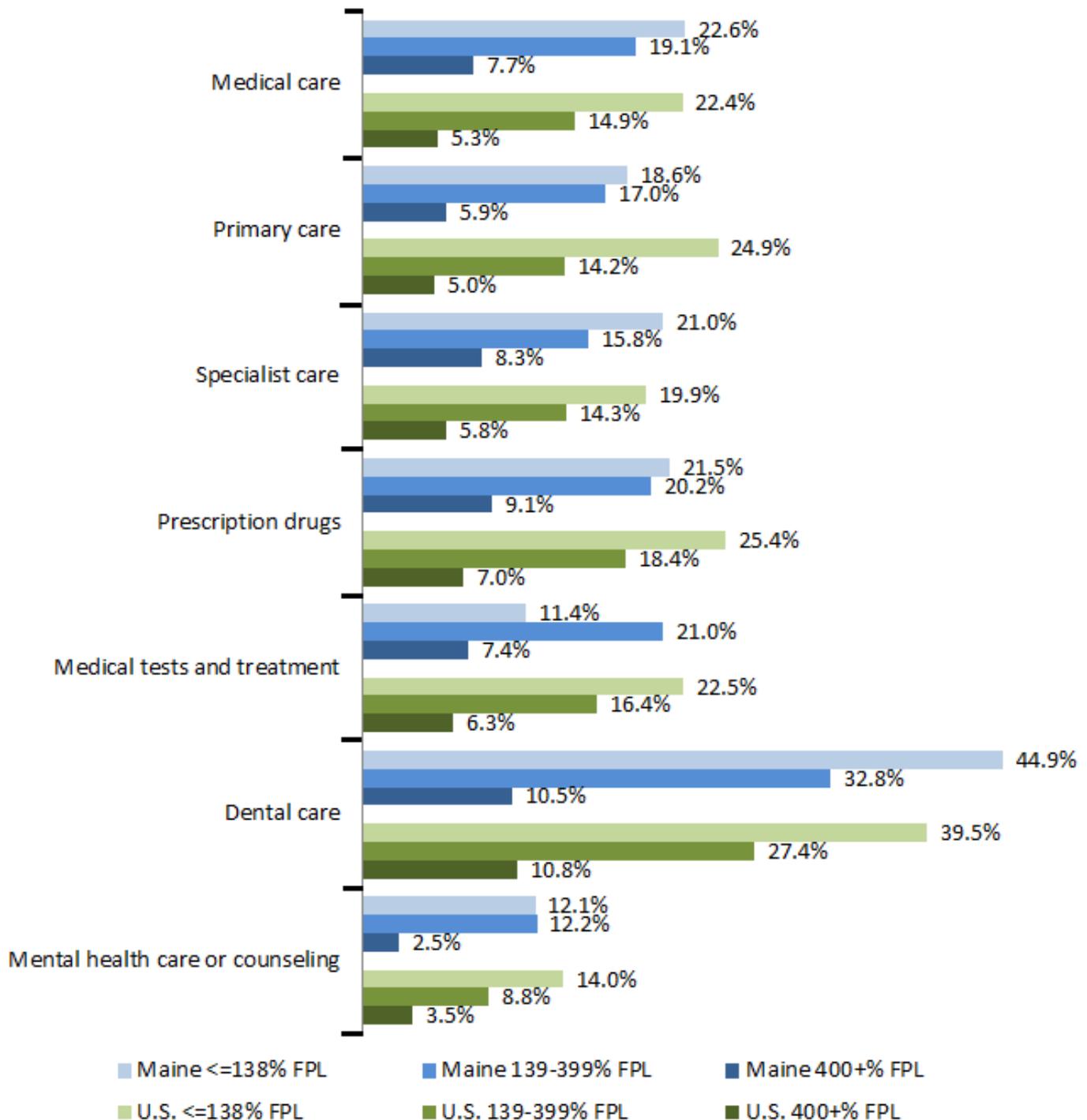
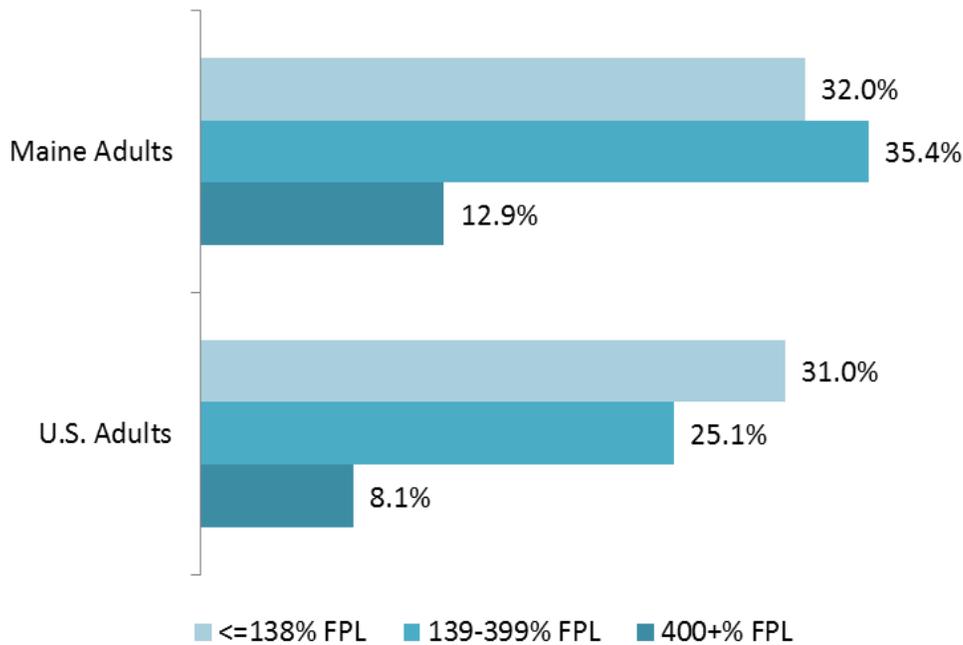


Chart 4: In the past 12 months did you or anyone in your family have problems paying or were unable to pay any medical bills?

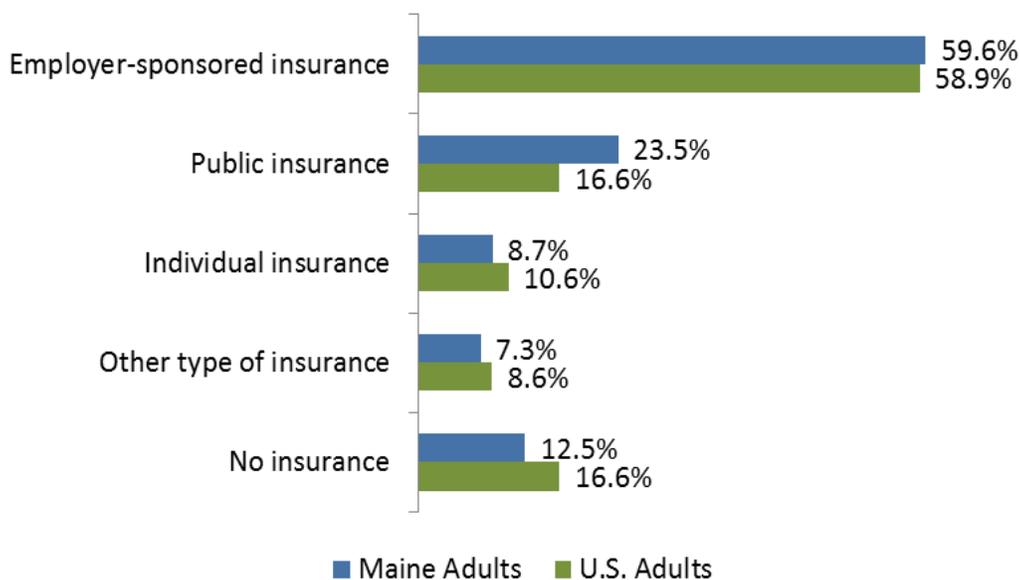


Maine adults in the middle income group report having the most trouble paying medical bills in the previous year. This may be due to those in the middle income group not receiving any government aid and not having sufficient income to purchase a health insurance plan with enough coverage.

INSURED MAINE RESIDENTS’ SATISFACTION WITH HEALTH PLANS PRE-ACA

Of Maine families surveyed, 87.5% had health insurance in September 2013 (note that respondents can be covered by more than one type of insurance). Following national trends, the majority of respondents (59.6%) were covered by employer sponsored insurance, including public and private employers and the military and the VA. Public insurance accounted for 23.5% of those who had insurance coverage (primarily Medicaid or Medicare) and 8.7% had purchased health plans through the individual insurance market. The same trend is seen with the national sample.

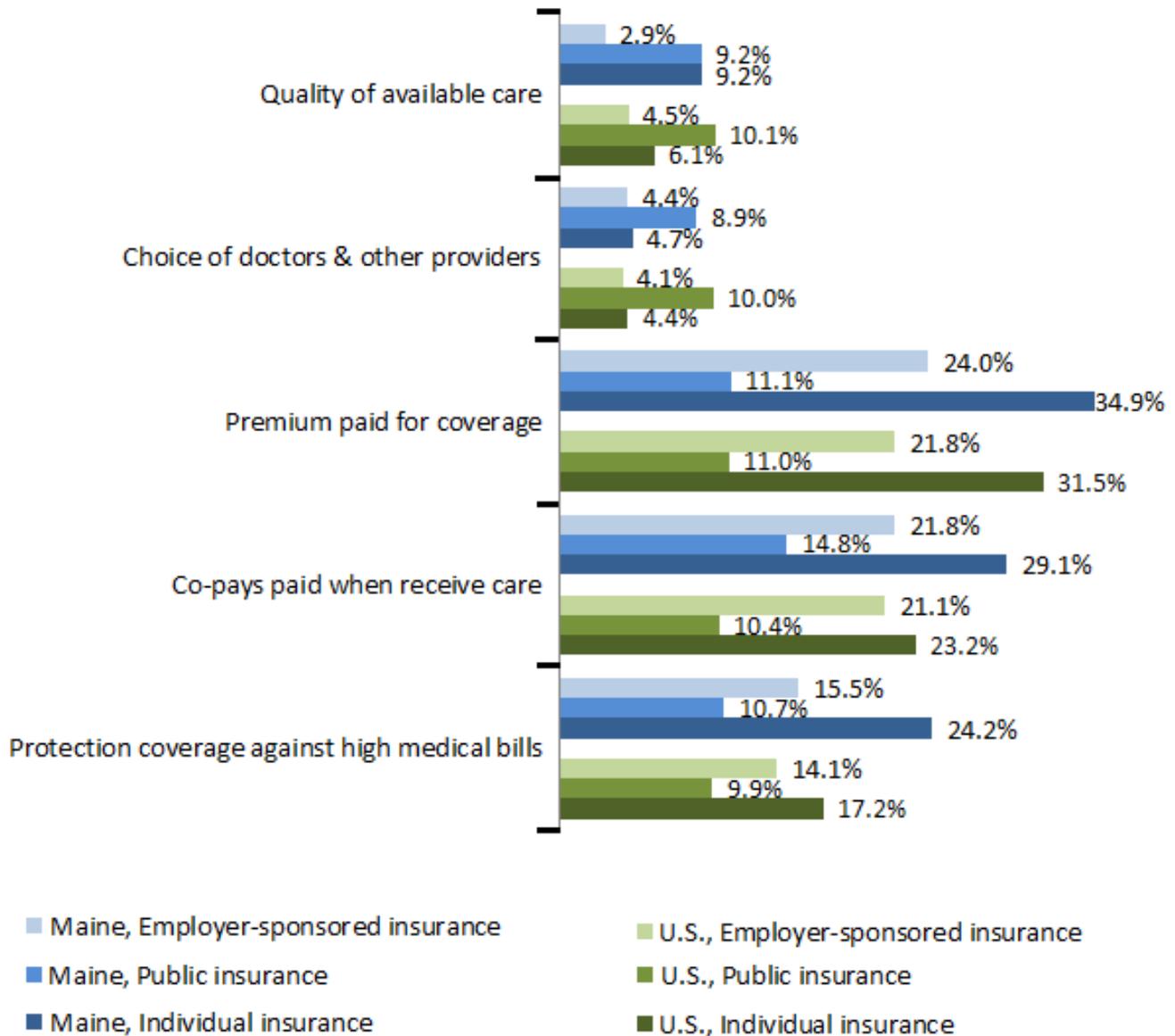
Chart 5: Are you currently covered by any of the following types of health insurance or health coverage plans?



As Chart 6 shows, Mainers and U.S. residents were generally satisfied with the quality of their health plans, but not the cost. Maine residents who purchased individual insurance plans reported the greatest dissatisfaction with their health plans, especially regarding the cost of premiums and co-pays. They also reported the most dissatisfaction of any group with their protection against high medical bills. A goal of the Health Insurance Marketplace is to provide these people with access to the same quality plans as those offered by employers at more affordable prices than were available in the pre-ACA insurance market.

Interestingly, those insured by public insurance plans, such as Medicare and Medicaid, recorded relatively low rates of dissatisfaction with their plans, particularly with respect to cost. However, those with public plans reported the greatest dissatisfaction of all groups with provider choices, which may be a reflection of the fact that some providers will not accept these patients due to lower reimbursement rates than they receive for treating privately insured patients.

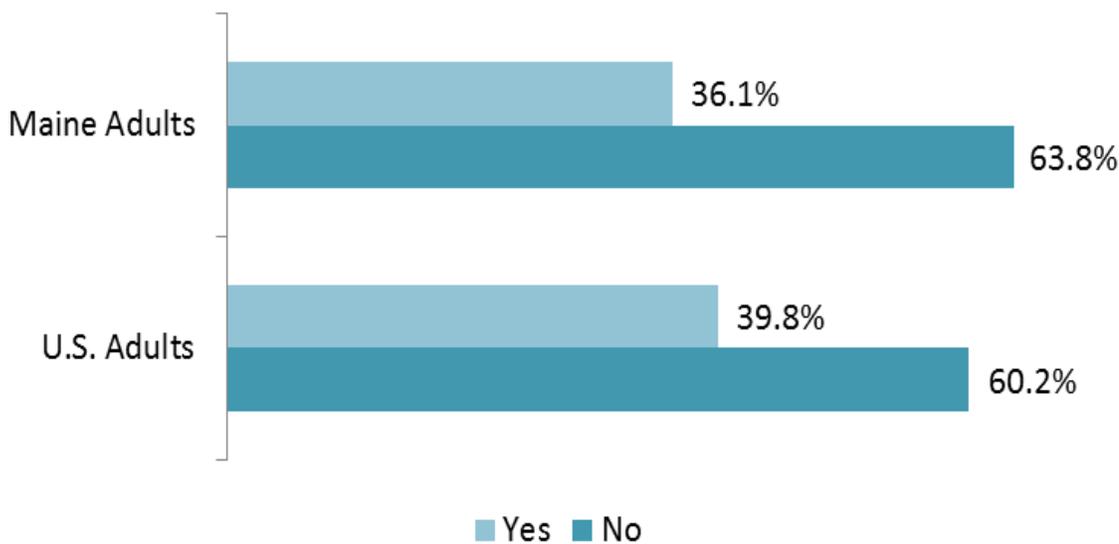
Chart 6: Would you say you are very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, or very dissatisfied with your current health insurance coverage?
Percentage Very and Somewhat Dissatisfied



LOOKING AHEAD TO 2014

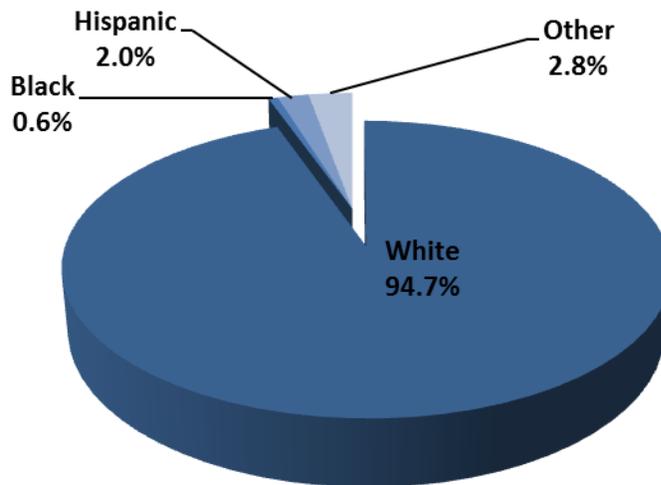
This survey asked Maine respondents about their expectations of the impact of the ACA on their own health care and health insurance going forward. Insured respondents were asked whether they expected changes in their own insurance in 2014. As Chart 7 indicates, just over one-third of insured Mainers expected change in 2014, and the same is true for the national sample. The expectation of change reported by Maine residents is consistent with the uncertainty and anxiety many Americans feel as we embark on a new health insurance system. Through subsequent HRMS-Maine surveys, we will measure and report on the changes as experienced by Maine residents and report the data in future Issue Briefs.

Chart 7: Do you think your health insurance coverage will change in 2014?

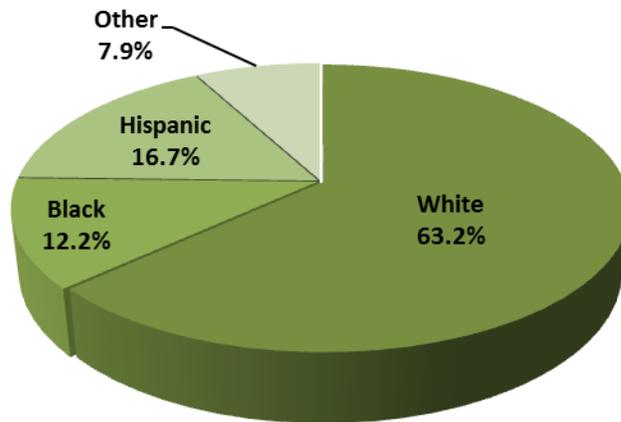


CHARACTERISTICS OF MAINE ADULT SURVEY PARTICIPANTS AND U.S. ADULT SURVEY PARTICIPANTS

Maine: Race/Ethnicity

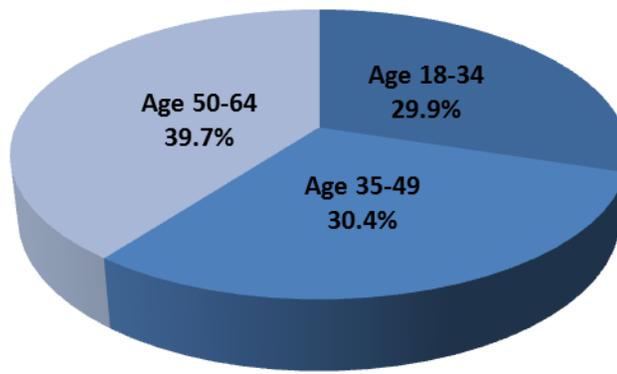


U.S.: Race/Ethnicity

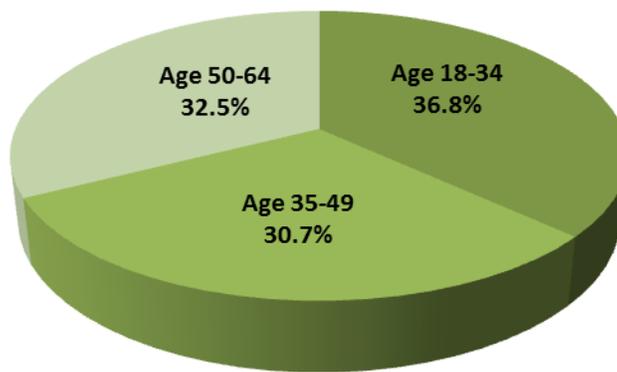


CHARACTERISTICS OF MAINE ADULT SURVEY PARTICIPANTS AND U.S. ADULT SURVEY PARTICIPANTS CONTINUED

Maine: Age

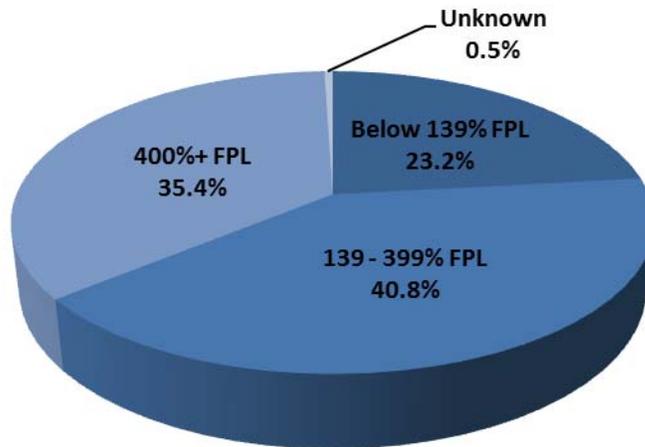


U.S.: Age

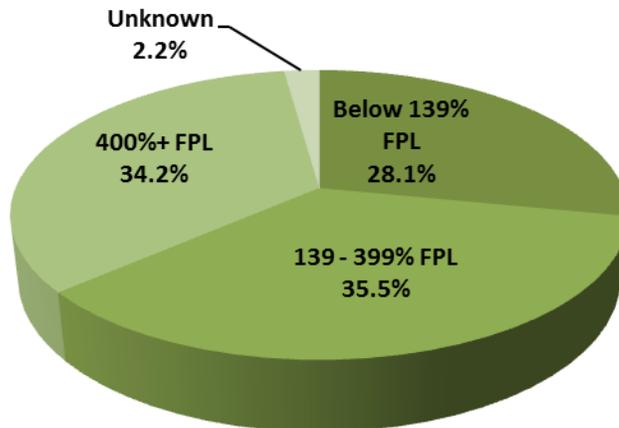


CHARACTERISTICS OF MAINE ADULT SURVEY PARTICIPANTS AND U.S. ADULT SURVEY PARTICIPANTS CONTINUED

Maine: Income



U.S.: Income



METHODOLOGY

Each quarter's HRMS sample of nonelderly adults is drawn from active [KnowledgePanel®](#) members. KnowledgePanel® is the only large-scale online panel based on a representative random sample of the U.S. population. KnowledgePanel® members are randomly recruited through probability-based sampling using address-based sampling methods, which provides greater access to people who only use cellphones. Households that lack Internet access are provided with access to the Internet and hardware if needed. Each panelist receives unique log-in information for accessing surveys online. KnowledgePanel® provides top quality, representative sampling of the U.S. population.

In the first quarter of 2013, the HRMS provides an analysis sample of about 3,000 nonelderly (age 18–64) adults. After that, the HRMS sample was expanded to provide analysis samples of roughly 7,500 nonelderly adults, with oversamples added to better track low-income adults and adults in selected state groups based on (1) the potential for gains in insurance coverage in the state under the ACA (as estimated by the Urban Institute's microsimulation model) and (2) states of specific interest to the HRMS funders.

Although fresh samples are drawn each quarter, the same individuals may be selected for different rounds of the survey. Because each panel member has a unique identifier, it is possible to control for the overlap in samples across quarters.

For surveys based on Internet panels, the overall response rate incorporates the survey completion rate as well as the rates of panel recruitment and panel participation over time. The American Association for Public Opinion Research (AAPOR) cumulative response rate for the HRMS is the product of the panel household recruitment rate, the panel household profile rate, and the HRMS completion rate—roughly 5 percent each quarter.

While low, this response rate does not necessarily imply inaccurate estimates; a survey with a low response rate can still be representative of the sample population, although the risk of nonresponse bias is, of course, higher.

All tabulations from the HRMS are based on weighted estimates. The HRMS weights reflect the probability of sample selection from the KnowledgePanel® and post-stratification to the characteristics of nonelderly adults and children in the United States based on benchmarks from the Current Population Survey and the Pew Hispanic Center Survey. Because the KnowledgePanel® collects in-depth information on panel members, the post-stratification weights can be based on a rich set of measures, including gender, age, race/ethnicity, education, household income, homeownership, Internet access, primary language (English/Spanish), residence in a metropolitan area, and region. Given the many potential sources of bias in survey data in general, and in data from Internet-based surveys in particular, the survey weights for the HRMS likely reduce, but do not eliminate, potential biases.

The December 2013 HRMS has a design effect of 1.51 for nonelderly adults, and a sampling margin of error for a 50 percent statistic with 95 percent confidence of +/- 1.1 for the nonelderly adult sample.

This brief reports on findings from data from a single oversample during the fourth quarter of 2013 using the KnowledgePanel for Maine. The sample size for Maine was 992 respondents with a design effect of 1.96 and a sampling margin of error with 95 percent confidence of +/- 3.1. The Maine Augment Survey, referred to as the HRMS-Maine is planned for annual execution each December.

Disclaimer: The Health Reform Monitoring Survey (HRMS), a quarterly survey designed to support timely monitoring of the Affordable Care Act (ACA) for the nation and selected groups of states, was developed by the Urban Institute (hrms.urban.org), fielded by GfK (www.gfk.com), and jointly funded by the Robert Wood Johnson Foundation (www.rwjf.org), the Ford Foundation (www.fordfound.org), and the Urban Institute (www.urban.org). The Urban Institute has allowed other organizations to fund supplemental surveys with state-specific oversamples based on the HRMS, including the oversample for Maine that is used in this work. The analyses and conclusions based on HRMS-Maine are those of the authors and do not represent the views of the Urban Institute, the Robert Wood Johnson Foundation, or the Ford Foundation.