

## Maine Residents Report on Health Insurance and Cost of Health Care

### Overview

For the past two years, we have employed the Health Reform Monitoring Survey to learn about Maine residents' experiences with health care, health insurance and their insurance expectations in the future. First in December 2013, prior to the launch of the Affordable Care Act Health Insurance Marketplace (Marketplace), and then in December 2014, at the end of the first year of the Marketplace, we asked Maine residents about their experiences obtaining and paying for a variety of health services in the preceding year, as well as the quality and cost of their health plans. This data brief summarizes the 2013 and 2014 Maine survey results and compares them to results from the broader national survey.

### About the Survey

Launched in 2013, [the Health Reform Monitoring Survey](#) (HRMS) is a quarterly survey of adults (ages 18-64) designed to provide current information on implementation of the Affordable Care Act (ACA) and any observed changes in health insurance coverage and related health outcomes. Specifically, HRMS provides national data on health insurance coverage, access, affordability, use and self-reported health status. The HRMS was developed by the [Urban Institute](#), funded by the [Robert Wood Johnson Foundation](#), the [Ford Foundation](#), and the [Urban Institute](#), and is conducted by [GfK](#). The [Maine Health Access Foundation](#) has funded an expanded, representative Maine sample (HRMS-Maine). Additional demographic information about the annual national and Maine samples is reported on page #10.

In addition to providing a summary of results from the December 2013 (n=992) and December 2014 (n=720) HRMS-Maine adult (age 18-64) survey data, this report compares these results to the national samples for the same survey periods (2013: n= 7,904; 2014: n=7,669). In both surveys, respondents were given multi-item questions regarding their current health insurance coverage. As a result, respondents could indicate that they had multiple types of insurance. For the purposes of this report, respondents were assigned to a primary insurance type based on the following coding scheme (in order): uninsured, VA/TRICARE, Medicare, Medicaid, Indian Health Services, private employer-sponsored, individually obtained, some other type of insurance, and undefined insurance coverage. All subsequent analyses that utilized insurance coverage type were based on this assignment scheme.

#### Data Guide

<a href="#">Chart 1: Overall Insurance Status</a> .....	2
<a href="#">Chart 2: Current Health Insurance Coverage By Plan Type</a> .....	3
<a href="#">Chart 3: Public Insurance Plans By Type</a> .....	3
<a href="#">Table 1: Insurance Coverage By Age</a> .....	4
<a href="#">Table 2: Insurance Coverage By Education</a> .....	4
<a href="#">Table 3: Insurance Coverage By Income</a> .....	4
<a href="#">Table 4: Insurance Coverage Type By Age</a> .....	5
<a href="#">Table 5: Insurance Coverage Type By Education</a> .....	5
<a href="#">Table 6: Insurance Coverage Type By Income</a> .....	5
<a href="#">Chart 4: 2014 Participation in Marketplace Among Insured Americans</a> .....	6
<a href="#">Chart 5: Difficulty Paying Medical Bills Within the Past Year By Insurance Status</a> .....	7
<a href="#">Table 7: Unmet Health Care Needs in the Past Year Due to Affordability Among Insured Respondents</a> .....	7
<a href="#">Chart 6: Difficulty Paying Medical Bills in the Past Year By Income</a> .....	8
<a href="#">Table 8: Dissatisfaction With Insurance Coverage By Attribute</a> .....	8
<a href="#">Demographic Characteristics of ME and U.S. Survey Participants</a> .....	9

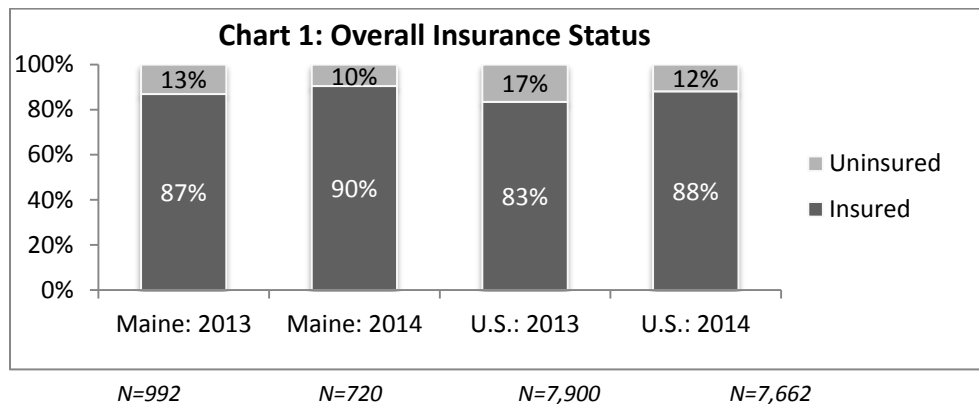
## Health Insurance Activity in Maine

Maine is participating in the ACA as a federally facilitated Marketplace state. In 2013, Anthem and Maine Community Health Options offered insurance plans for the first year of the ACA Marketplace. These insurers were joined in 2014 by Harvard Pilgrim. There was a high rate of participation in the Maine Marketplace during the first open enrollment period (October 1, 2013 – March 31, 2014) with 44,258 residents (or nearly 36% of the estimated 124,000 eligible residents) enrolling in a marketplace plan. These figures increased during the second enrollment period (November 15, 2015 – February 15, 2015) with 68,037 Maine residents (or 55% of the eligible residents) enrolling in and paying an initial premium for a Marketplace plan.<sup>1</sup>

Despite these significant coverage increases among Maine residents, these increases were preceded by declines in MaineCare<sup>2</sup> coverage in the year prior to the launch of the Marketplace. In 2013, the adult enrollment in MaineCare declined among the following groups: Parents of children with incomes of 101% - 150% FPL<sup>3</sup> (from 21,177 to 4,478 enrollees); Parents of children with incomes of 151% - 200% FPL (from 6,711 to 0 enrollees); Childless adults (from 10,378 to 4 enrollees). In 2014, further declines were observed among parents of children with incomes of 101% - 150% FPL (from 4,478 to 62 enrollees as of September 2014) and childless adults (from 4 to 0 enrollees).<sup>4</sup>

## Insurance Coverage in Maine Since 2013

A major motivating factor of the ACA legislation was to expand insurance coverage among Americans. As Table 1 (below) shows, there was overall increase in coverage nationally and there appears to have been an increase within Maine from 2013 to 2014. Maine adults are insured at a similar rate (90%) as the national average (88%), and the increase in insurance coverage among Maine adults (+3 percentage points) was comparable to the increase nationally (+5 percentage points) following the ACA implementation.



Note: Case sizes are weighted.

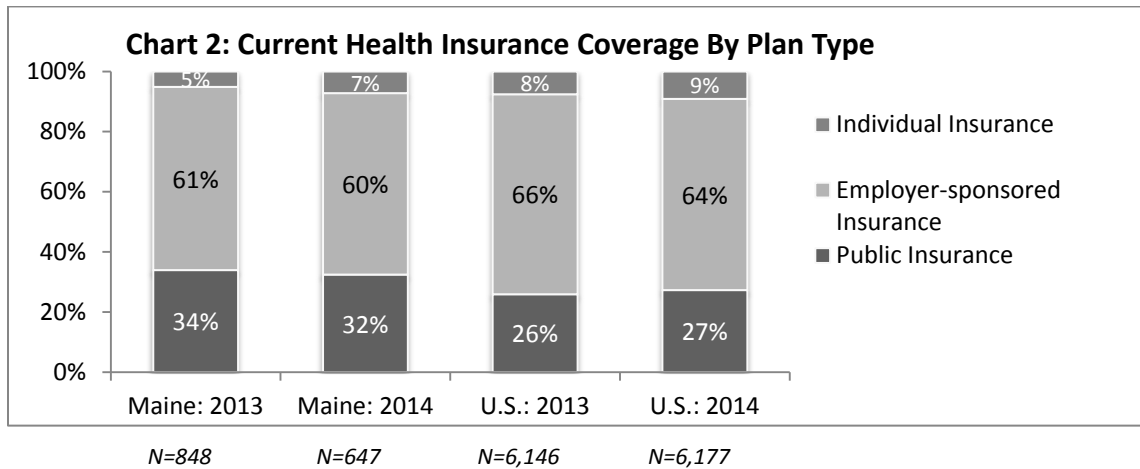
<sup>1</sup> Kaiser Family Foundation, accessed August 31, 2015, derived from CMS, [March 31, 2015 Effectuated Enrollment Snapshot](#), accessed by Kaiser on June 2, 2015.

<sup>2</sup> MaineCare is Maine's Medicaid program.

<sup>3</sup> FPL = Federal Poverty Level; in 2013 this was \$23,550 for a family of four and \$11,490 for an individual. In 2014, FPL was \$23,850 for a family of four and \$11,670 for an individual.

<sup>4</sup> Maine Department of Health and Human Services, MaineCare Caseload, September 2014.

Despite these coverage increases, no substantial changes were found in insurance coverage distributions for Maine adults or Americans overall from 2013 to 2014 (Chart 2). Maine adults held slightly lower rates of employer-sponsored insurance coverage than the national average. Additionally, Maine adults were enrolled in public insurance programs at higher rate than the national average in both 2013 and 2014. Among the factors that may contribute to this difference is Maine’s relatively high rate of disability among adults (13%) and the relatively high proportion of veterans (12%) in the adult population compared to the nation (10% and 9%, respectively).

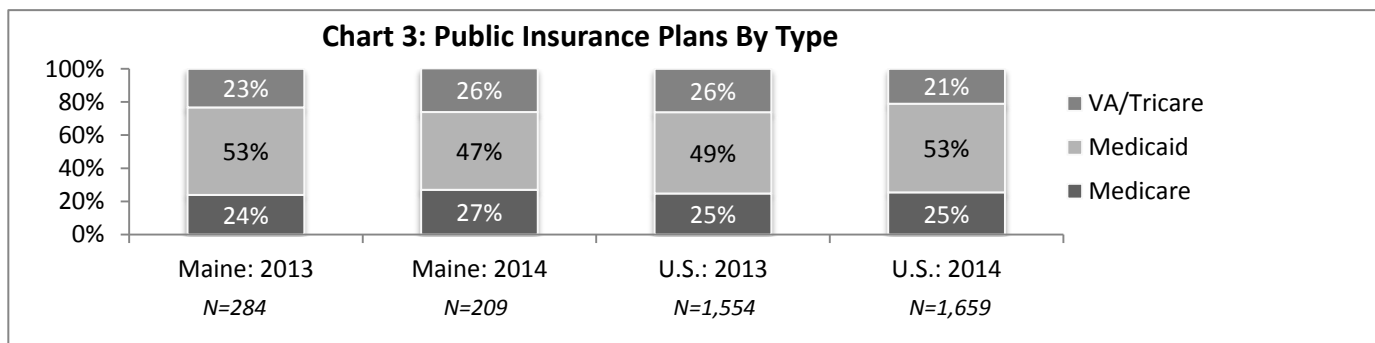


Note: Case sizes are weighted.

Note: Cases reported are for respondents who indicated that they had insurance and whom reported having public insurance, employer-sponsored insurance, or individual insurance. ‘Public insurance’ includes respondents enrolled in Medicare, Medicaid, VA/TRICARE, and Indian Health Services. Respondents indicating that they had ‘Some other type of insurance’ have been omitted due to small case sizes for the 2013 & 2014 ME Data Files.

Note: Disability statistics from American Community Survey 2013, accessed through American Factfinder.

Among the three major public health insurance programs (Medicare, Medicaid, VA/TRICARE), Maine adults maintained similar enrollment levels for Medicare and VA/TRICARE from 2013 to 2014, but saw a substantive decrease in Medicaid enrollment (6 percentage points)<sup>5</sup> over the same year. This decrease in Medicaid enrollment coverage contrasted with a national increase (4 percentage points). Similarly, Maine adults relatively stable VA/TRICARE enrollment levels were a departure from the national enrollment decrease (5 percentage points).



Note: Case sizes are weighted.

Note: Cases reported are for respondents who indicated that they had insurance and whom reported being enrolled in Medicare, Medicaid, or VA/TRICARE. Respondents indicating that they used Indian Health Services were omitted from the analysis due to small case sizes in the 2013 and 2014 Maine Data Files.

<sup>5</sup> Medicaid enrollment is discussed in detail on page 2 of this report.

Tables 1 – 3 depict the demographic composition of insured Maine adults and Americans across the variables of age (Table 1), educational attainment (Table 2), and income (Table 3). In December 2014, the sample size of uninsured Maine adults was insufficient to allow meaningful interpretation of data for this group.

**Table 1: Insurance Coverage By Age**

Age	Uninsured				Insured			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
18-26	23%	9%**	22%	17%	77%	91%	78%	83%
27-39	7%	15%	20%	15%	93%	85%	80%	85%
40-54	15%	9%	13%	10%	85%	91%	87%	90%
55-64	12%	5%**	12%	6%	88%	95%	88%	94%
<b>Total N</b>	129	69	1,037	908	862	650	6,592	6,754

\*\* denotes case size of less than 20.

Note: Case sizes are weighted.

**Table 2: Insurance Coverage By Education**

Education	Uninsured				Insured			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
High School or Less	20%	15%	26%	18%	80%	85%	74%	82%
Some College or Higher	9%	6%	11%	8%	91%	94%	89%	92%
<b>Total N</b>	130	69	1,308	910	863	652	6,592	6,753

Note: Case sizes are weighted.

**Table 3: Insurance Coverage By Income**

Income	Uninsured				Insured			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
=< 138% FPL	19%	15%	37%	27%	81%	82%	63%	73%
> 138% to < 400% FPL	19%	6%	14%	10%	81%	88%	86%	90%
400% FPL or >	2%**	*%	3%	2%	98%	99%	97%	98%
<b>Total N</b>	129	68	1,308	909	862	650	6,391	6,753

\* Not reported due to case size of less than 5

\*\* denotes case size of less than 20.

Note: Case sizes are weighted.

Tables 4 – 6 depict the demographic composition of insured Maine adults and Americans by coverage type (Public and Private) across the variables of age (Table 4), educational attainment (Table 5), and income (Table 6).

**Table 4: Insurance Coverage Type By Age**

Age	Public				Private			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
18-26	68%	49%	30%	30%	32%	51%	70%	70%
27-39	43%	43%	24%	30%	57%	56%	76%	70%
40-54	29%	30%	24%	24%	71%	70%	76%	76%
55-64	19%	20%	28%	28%	81%	80%	72%	72%
<b>Total N</b>	287	210	1,593	1,685	553	426	4,553	4,492

*Note: Case sizes are weighted.*

*Note: 'Public insurance' includes respondents enrolled in Medicare, Medicaid, VA/TRICARE, and Indian Health Services.*

*'Private insurance' includes respondents enrolled in employer-sponsored or individual insurance.*

**Table 5: Insurance Coverage Type By Education**

Education	Public				Private			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
High School or Less	57%	52%	43%	43%	43%	48%	57%	57%
Some College or Higher	21%	20%	17%	18%	79%	80%	83%	82%
<b>Total N</b>	287	210	1,593	1,685	552	427	4,553	4,492

*Note: Case sizes are weighted.*

*Note: 'Public insurance' includes respondents enrolled in Medicare, Medicaid, VA/TRICARE, and Indian Health Services.*

*'Private insurance' includes respondents enrolled in employer-sponsored or individual insurance.*

**Table 6: Insurance Coverage Type By Income**

Income	Public				Private			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
=< 138% FPL	85%	86%	72%	74%	15%	14%	27%	26%
> 138% to < 400% FPL	30%	27%	21%	22%	70%	73%	79%	78%
400% FPL or >	12%	11%	8%	7%	88%	89%	92%	93%
<b>Total N</b>	289	210	1,593	1,684	553	427	4,554	4,492

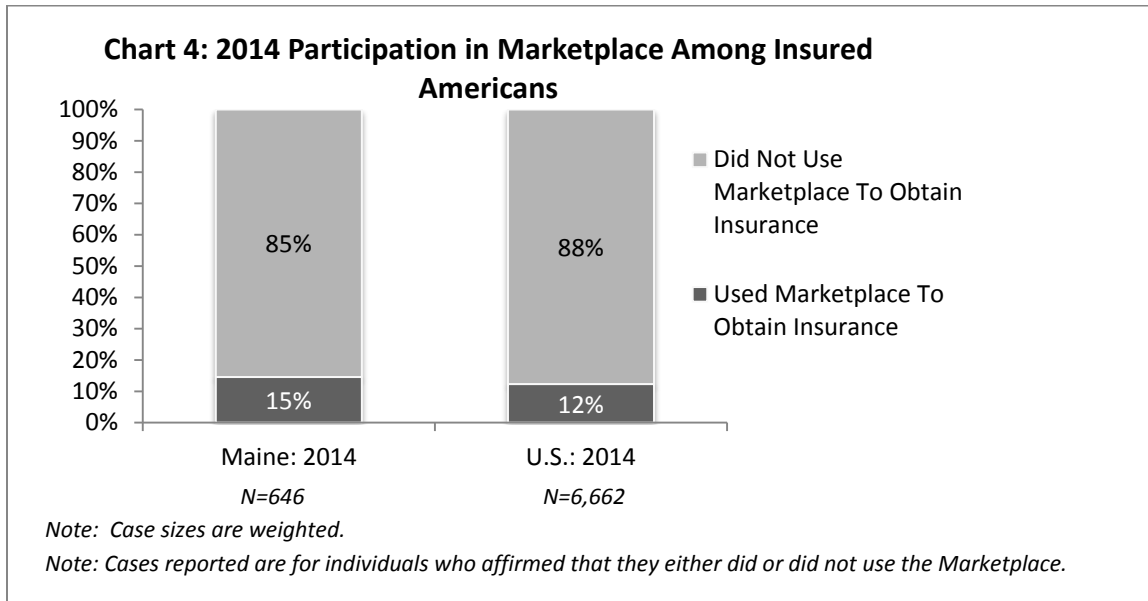
*Note: Case sizes are weighted.*

*Note: 'Public insurance' includes respondents enrolled in Medicare, Medicaid, VA/TRICARE, and Indian Health Services.*

*'Private insurance' includes respondents enrolled in employer-sponsored or individual insurance.*

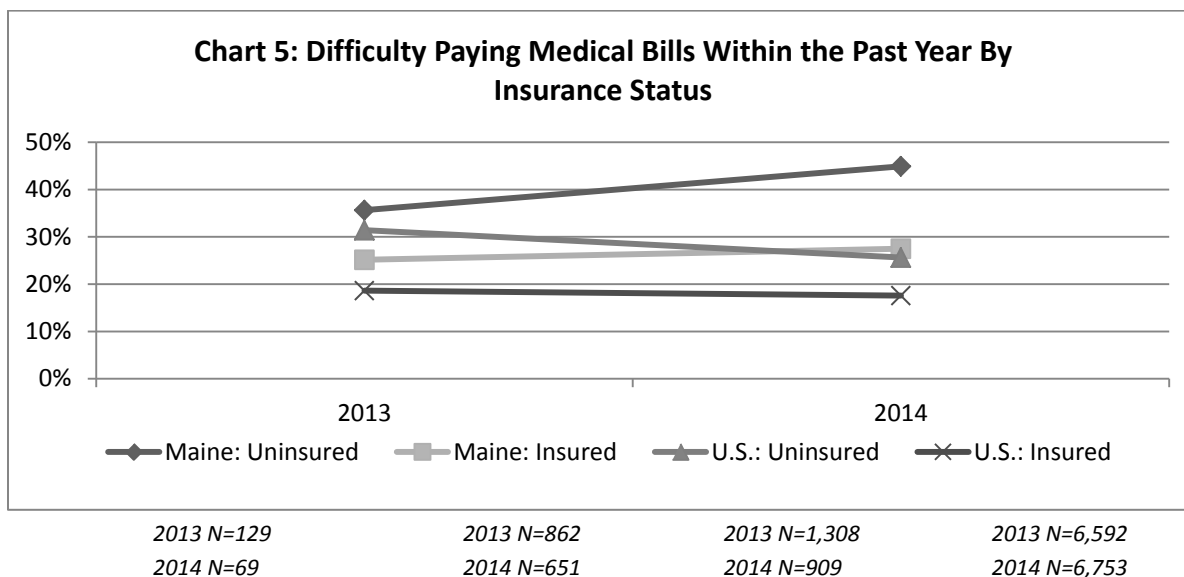
## ACA Marketplace Participation in Maine

While respondents were asked about anticipated participation in the Health Insurance Marketplace in December 2013, the sample size for Maine adults was insufficient to make any meaningful projections. As a result, Chart 4 provides a snapshot of the 2014 rate of Marketplace use among insured Maine adults and Americans.



## Overall Affordability of Health Services in Maine

A primary goal of the ACA was to increase access to health care by enabling more people to buy comprehensive coverage at affordable prices. Despite this goal, the number of insured and uninsured Maine adults experiencing problems paying medical bills appears to have increased over the past year and has remained higher than the national rates.



Note: Case sizes are weighted.

Table 7 depicts the specific health related services that insured Maine adults and Americans reported having to forgo over the past year due to financial difficulties. Maine and national results are similar, with the results for Maine adults indicating that there may be greater barriers to dental care than in the nation as a whole.

Table 7: Unmet Health Care Needs in the Past Year Due to Affordability Among Insured Respondents				
Unmet Need	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
Prescription Drugs	15%	17%	14%	16%
Medical Care	20%	21%	18%	20%
Dental	25%	27%	22%	22%
Mental Health or Counseling	7%	8%	7%	7%
<b>Total N</b>	862	651	6,592	6,573

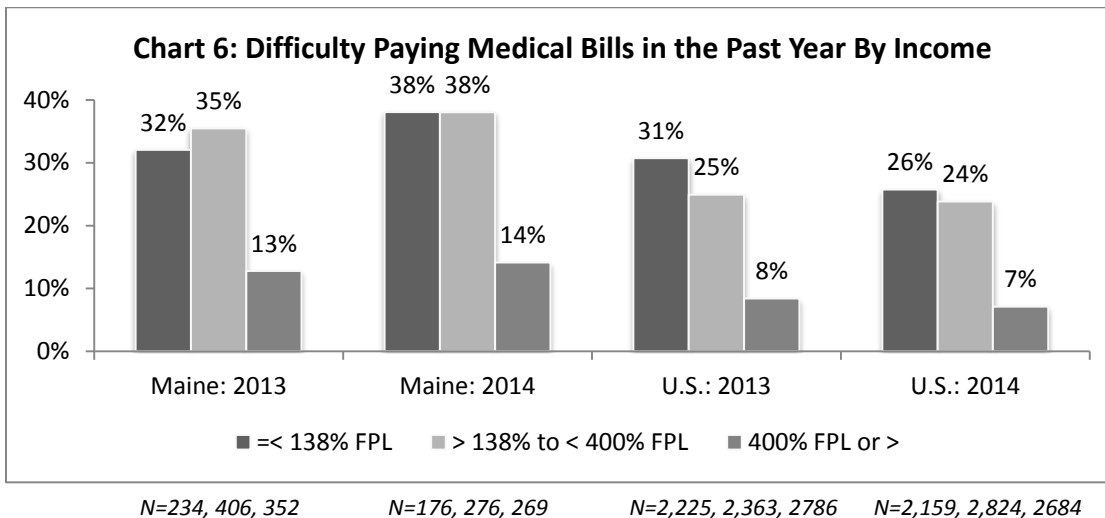
Note: Case sizes are weighted.

Note: Cases reported for 'Medical Care' are for respondents who indicated that they had not obtained needed care for general medical care, care from a primary care doctor, care from a specialist, or medical tests.

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 6, Maine adults in the lower and middle income categories were significantly more likely to have problems paying for health care in the past year than those in the highest income category. This trend was also found at the national level.



Note: Case sizes are weighted.

Note: Percentages include both insured and uninsured respondents.

Table 8 indicates that Maine adults and Americans enrolled in both public and private insurance programs were generally satisfied with their health plans. However, both Maine and national respondents reported dissatisfaction with both protection against high medical bills and quality of care available.

**Table 8: Dissatisfaction With Insurance Coverage By Attribute**

Attribute	Public				Private			
	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014	Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
Premium Paid for Coverage	12%	10%	11%	9%	27%	28%	25%	24%
Co-pays When Receiving Care	12%	11%	10%	8%	25%	22%	23%	21%
Protection Against High Medical Bills	11%	9%	10%	7%	18%	33%	16%	27%
Quality of Care Available	8%	9%	10%	11%	3%**	28%	4%	24%
<b>Total N</b>	199	210	1,594	1,685	199	427	4,554	4,493

\*\* denotes case size of less than 20.

Note: Case sizes are weighted.

Note: Note 'Private insurance enrollees' includes respondents enrolled in either employer-sponsored or individually obtained insurance plans.



## TECHNICAL INFORMATION

### Characteristics of Maine and U.S. Survey Participants – (Weighted)

		Maine: 2013	Maine: 2014	U.S.: 2013	U.S.: 2014
<b>Gender</b>	Male	48%	49%	49%	49%
	Female	52%	51%	51%	51%

<b>Age</b>	18-26	11%	11%	19%	20%
	27-39	28%	29%	27%	27%
	40-54	35%	33%	34%	33%
	55-64	26%	27%	20%	20%

<b>Race/Ethnicity</b>	White, Non-Hispanic	95%	95%	63%	63%
	All Others	5%	5%	37%	37%

<b>Education</b>	Less Than High School	4%	3%	11%	11%
	High School	36%	40%	28%	29%
	Some College	32%	28%	30%	30%
	Bachelor's degree or higher	28%	30%	30%	30%

<b>Income</b>	=< 138% FPL	24%	24%	29%	28%
	> 138% to < 250% FPL	20%	21%	17%	18%
	>= 250% to < 400% FPL	21%	17%	19%	18%
	400% FPL or >	36%	37%	35%	35%

<b>Metro Status</b>	Non-Metro	46%*	50%	15%	15%
	Metro	54%*	50%	85%	85%

<b>Total N</b>	992	720	7,904	7,669
----------------	-----	-----	-------	-------

\* Denotes case size of n=990 because two responses were not able to be coded for metro status.

## 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 provided 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 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 had 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. The December 2014 HRMS had a design effect of 1.42 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 oversamples during the fourth quarter of 2013 and 2014 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 sample size for Maine was 720 respondents with a design effect of 1.51 and a sampling margin of error with 95 percent confidence of +/- 3.7. The Maine Augment Survey, referred to as the HRMS-Maine is planned for annual execution each December.

When reviewing the reported findings, it may be useful to take into consideration the margin of error for the various data points. The margin of error at the 95 percent confidence interval for each survey is provide above, but the margin of error increases among the various subpopulations within each survey. The chart below provides a reference for the estimated margins of error at the 95 percent confidence interval for select sample sizes:

Sample Size	Estimated Margin of Error at 95% level of confidence (+/-)
100	9.80%
200	6.90%
300	5.70%
400	4.90%
500	4.40%
600	4.00%
700	3.70%
800	3.50%
900	3.30%
1,000	3.10%