

Covering the Care: Health Insurance Coverage in New Hampshire | 2019 Update

This brief provides updates from the Insurance Coverage and Marketplace “Covering the Care Briefs” that were previously published¹

WHY DOES INSURANCE COVERAGE MATTER?

Individuals risk experiencing unexpected and high medical costs and often forgo necessary care when they lack health insurance. More than 1 in 4 uninsured adults (28%) said they delayed or went without health care because of cost reasons in 2017.²

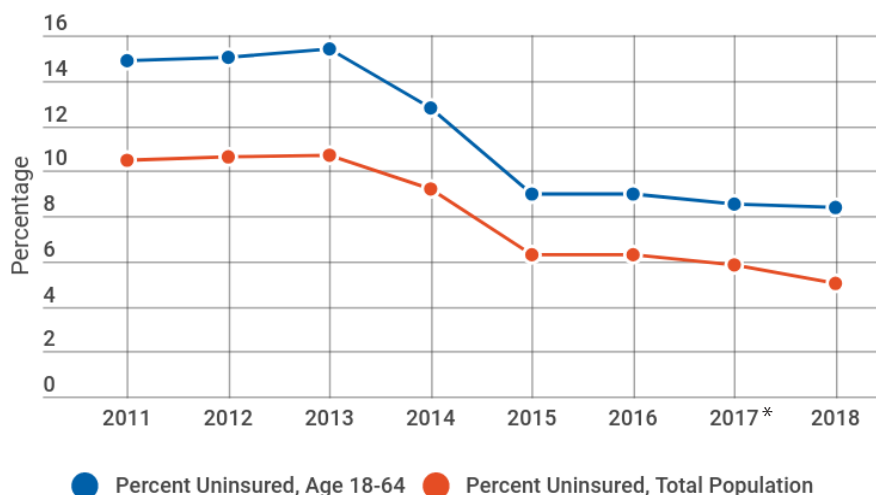
INSURANCE COVERAGE IN NEW HAMPSHIRE

The uninsured rate in NH has been consistent in recent years, at just under 6% from 2015 through 2018, down from almost 11% in 2013. Nationally, the uninsured rate was approximately 9% in 2018. New Hampshire is in the middle range compared to other New England states. Maine’s uninsured rate was 8% and Massachusetts’ uninsured rate was 3% in 2018.³ These rates reflect, in part, different approaches to insurance; Maine did not expand its Medicaid program consistent with the Affordable Care Act until 2019, and Massachusetts requires all residents to have insurance and operates a state-based insurance exchange.

Over the past 5 years, the uninsured rate in NH has decreased by almost 5%. Across the entire NH population, the uninsured rate decreased from 10.7% to 5.7% from 2013 to 2018. The uninsured rate in the non-elderly adult population dropped from 15% in 2013 to 8% in 2018. (NOTE: the age breakouts for these data changed in 2016; starting in 2017, the age group is 19-64.)

UNINSURED RATE AMONG NEW HAMPSHIRE POPULATION, 2011-2018

* 2011-2016: Age Group is 18-64; 2017-2018: Age Group is 19-64



FOCUS ON HEALTH POLICY

IMPACTS OF THE AFFORDABLE CARE ACT

The dramatic increase in the number of individuals in NH with health insurance coincides with a major policy change passed in March 2010, the Affordable Care Act (ACA). Between January 1, 2014 and January 1, 2019, most individuals were required by law to have comprehensive health insurance coverage or risk a penalty. In 2019, however, penalties will no longer apply. The Internal Revenue Service will not assess a penalty if an individual lacks comprehensive health insurance in 2019 even though individuals are still required to be covered. Large employers (50 or more) are still required to provide full-time eligible employees with affordable coverage that meets minimum criteria.

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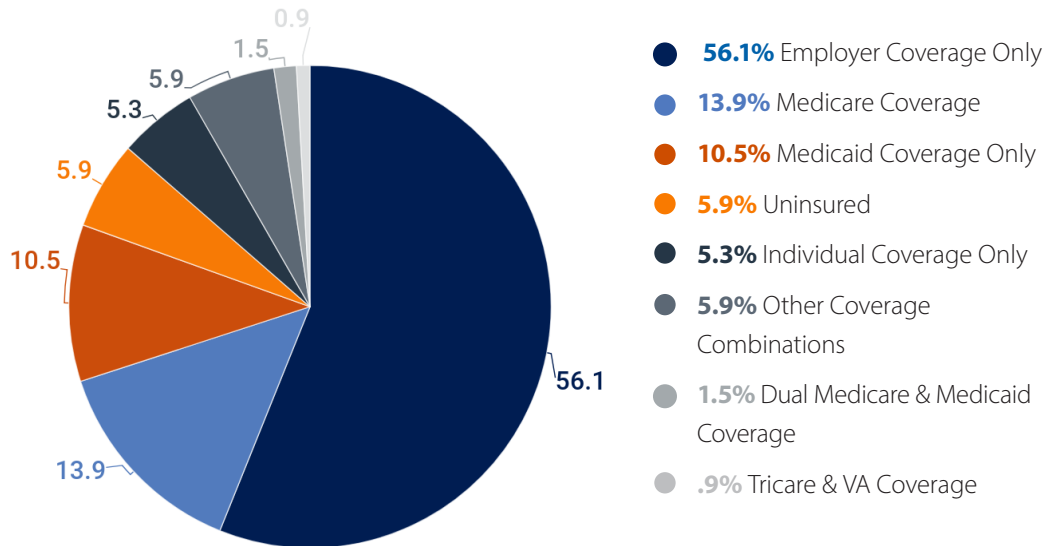
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COVERAGE AND EMPLOYMENT STATUS

In NH, the majority of individuals (56%) have health insurance through their employer.

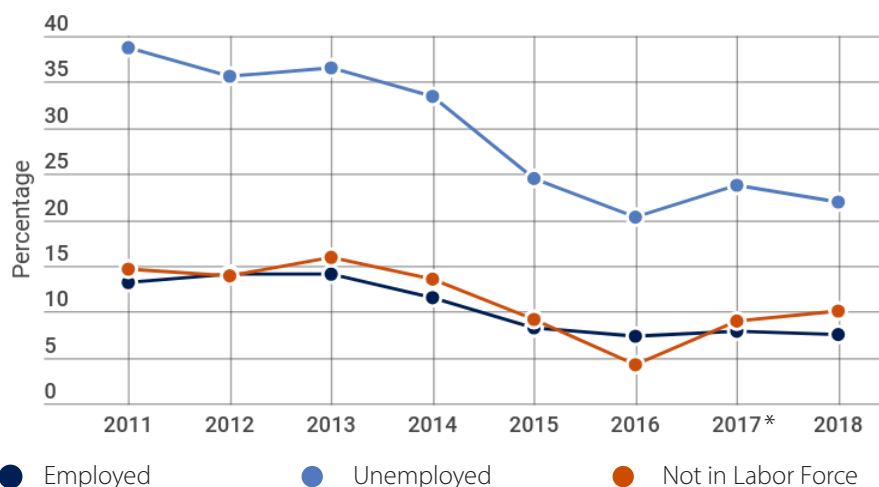
NEW HAMPSHIRE INSURANCE COVERAGE, 2018



Not all people who are employed, however, have health insurance. Focusing on the employed adult population under 65 (i.e., pre-retirement), 14% were uninsured in 2013. In 2018, 8% of the employed population under 65 were uninsured. The largest decrease in the uninsured rate from 2011-2018 in people under 65 was among those who were unemployed. Within that group, the uninsured rate decreased from over 35% to 22% in 2018. (NOTE: the age breakouts for these data changed in 2016; starting in 2017, the age group is 19-64.)

UNINSURED RATE AMONG NEW HAMPSHIRE NON-ELDERLY POPULATION, BY EMPLOYMENT CATEGORY, 2011-2018

* 2011-2016: Age Group is 18-64; 2017-2018: Age Group is 19-64



The US Census and American Community Survey uses the following definitions:

Employed – This category includes all civilians 16 years old and over who either (1) were “at work,” that is, those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were “with a job but not at work,” that is, those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organizations; also excluded are all institutionalized people and people on active duty in the United States Armed Forces.

Unemployed – All civilians 16 years old and over are classified as unemployed if they (1) were neither “at work” nor “with a job but not at work” during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to start a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off and were available for work except for temporary illness.

Examples of job seeking activities are:

- Registering at a public or private employment office
- Meeting with prospective employers
- Investigating possibilities for starting a professional practice or opening a business
- Placing or answering advertisements
- Writing letters of application
- Being on a union or professional register

Not in Labor Force – All people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

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COVERAGE AND AGE

Insurance coverage types vary by age group for several reasons. For example, the eligibility for public insurance programs, like Medicaid and Medicare⁴, is based in part on age.

CHILDREN, UNDER AGE 19

- Children under 19 are, for the most part, insured; less than 3% were uninsured in 2018.
- Employer-based coverage was the most common coverage type for children under 19, at over 62% in 2018.
- Over 27% of children in NH were covered by Medicaid or the Children's Health Insurance Program (CHIP) in 2018.
- Of the other coverage types, 4.3% were individual only; 3.3% were another combination; and Medicare, Tricare/VA, and dual Medicare & Medicaid were less than 1% each.

ADULTS, AGES 19-34

- In 2018, almost 11% of the 19-34 population was uninsured, which was a higher percentage of uninsured than any other age group.
- The majority of the population 19-34 had employer sponsored insurance coverage (66%) in 2018.
- 11.8% of the 19-34 population was covered by Medicaid.
- Of the other coverage types, 7.1% were individual only; 2.1% were another combination; and Medicare, Tricare/VA, and dual Medicare & Medicaid were 1% or less each.

ADULTS, AGES 35-64

- The uninsured rate in the 35-64 population in 2018 was 7.5%.
- In 2018, the 35-64 year-old population had the highest rates of employer sponsored insurance (71%) of any age group.
- 6.3% of the 35-64 population was covered by Medicaid.
- Of the other coverage types, 7.1% were individual only, 2.9% were another combination, 2.5% were Medicare only, and Tricare/VA and dual Medicare & Medicaid were less than 2% each.

ADULTS, AGES 65 AND OLDER

- 3.3% of the over 65 population was covered by employer only.
- Over 70% of the over 65 population (which is the age for eligibility for the majority of Medicare beneficiaries) was covered by Medicare only in 2018. In addition, another 25% of the population was covered by combinations of public insurance, including the combination of Medicaid and Medicare (the population referred to as "Duals").
- Less than 0.5% of the over 65 population was uninsured in 2018.
- All other coverage types were less than 1%.

FOCUS ON HEALTH POLICY

ELIGIBILITY FOR PUBLIC INSURANCE

According to the Centers for Medicaid and Medicare Services (CMS):

"Medicare is insurance for:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

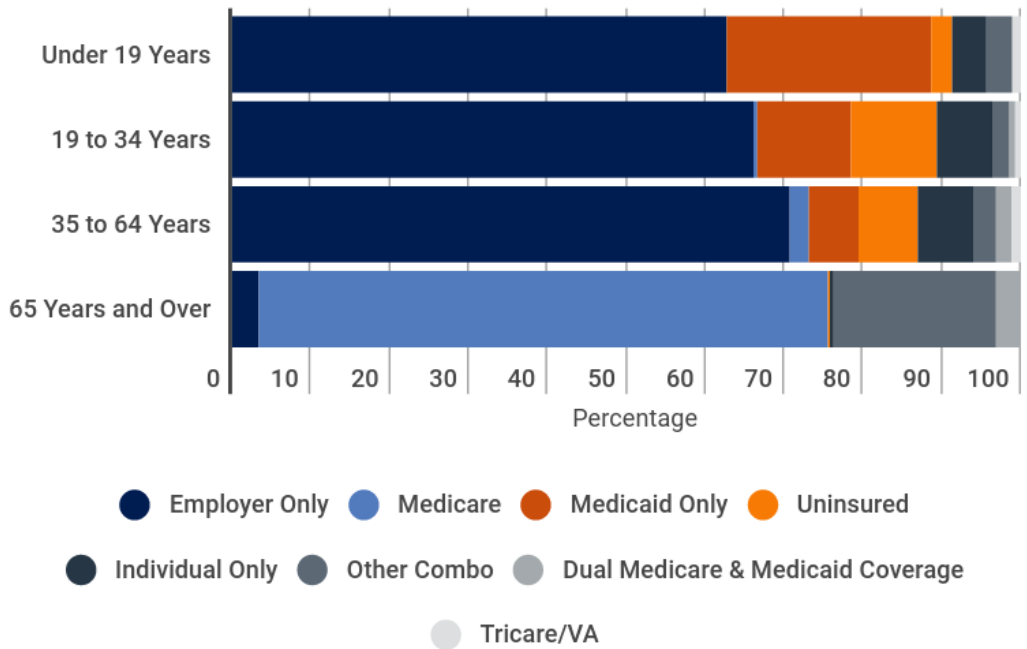
Medicaid eligibility is based on having limited income and any of these:

- 65 or older
- A child under 19
- Pregnant
- Living with a disability
- A parent or adult caring for a child
- An adult without dependent children (in certain states)
- An eligible immigrant"

Precise parameters of Medicaid eligibility varies state-to-state, with each state defining, within federal guidelines, such things as income eligibility for Medicaid coverage.

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COVERAGE BY AGE, 2018



Coverage Type	Under 19 Years	19 to 34 Years	35 to 64 Years	65 Years and Over
● Employer only	62.6%	66.0%	70.6%	3.3%
● Medicare	0.1%	0.7%	2.5%	72.2%
● Medicaid only	26.0%	11.8%	6.3%	0%
● Uninsured	2.6%	10.8%	7.5%	0.4%
● Individual Only	4.3%	7.1%	7.1%	0.4%
● Other Combo	3.3%	2.1%	2.9%	20.5%
● Dual Medicare & Medicaid Coverage	0.2%	0.7%	1.9%	3.2%
● Tricare/VA	0.9%	1.0%	1.2%	0.1%

COVERAGE AND INCOME

In addition to age, income is a major eligibility criteria for public insurance. The chart below shows the distribution of income, based on Federal Poverty Level (FPL)^{5,6}, for Medicaid, Medicare, Employer Sponsored Insurance coverage, and the Uninsured. In 2018:

- 46.8% of people with Medicaid were under 138% FPL.
- 21% of people with Medicaid were over 300% FPL. (Children can be eligible for Medicaid up to 318% FPL.)
- 15% of people with Employer Sponsored Insurance coverage were under 299% FPL, and 80% of people with Employer Sponsored Insurance coverage were over 300% FPL.

FOCUS ON HEALTH POLICY

FEDERAL POVERTY LEVEL DESIGNATIONS 2019

<\$25,750

A family of 4 with an annual household income of \$25,750 or less meets the threshold for Federal Poverty Level (FPL).

\$35,535

In NH, the income eligibility for the New Hampshire Granite Advantage Program is up to 138% FPL (or \$35,535 for a family of 4).

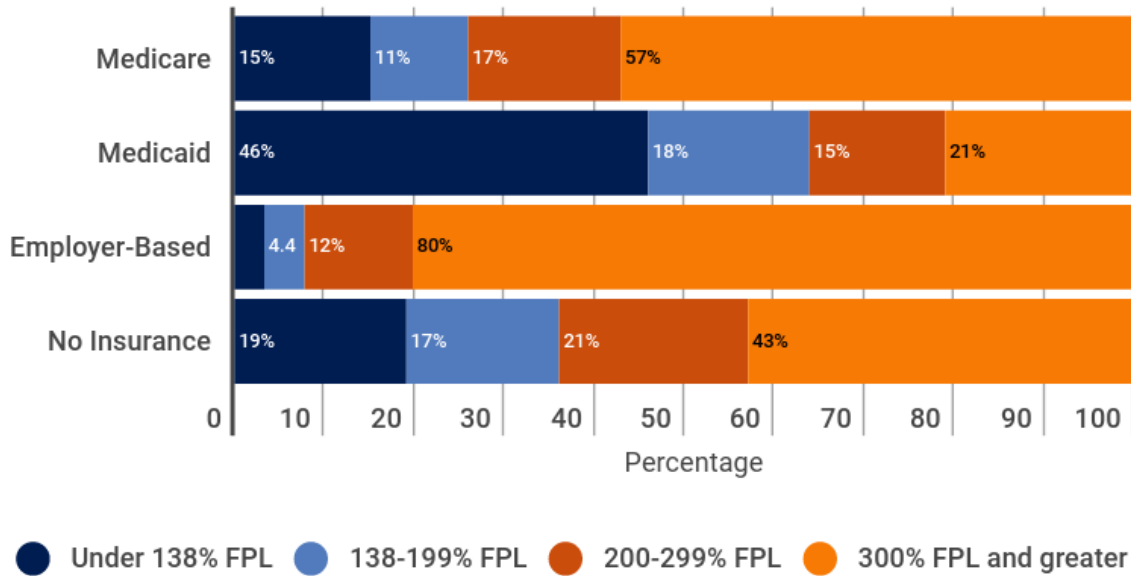
\$64,375

The income eligibility for access to Cost Sharing Reductions as well as Advanced Premium Tax Credits on the NH Marketplace Insurance Exchange (healthcare.gov) is up to 250% FPL (or \$64,375 for a family of 4).

\$103,000

The income eligibility for access to Advanced Premium Tax Credits on the NH Marketplace Insurance Exchange is up to 400% FPL (or \$103,000 for a family of 4).

COVERAGE BY INCOME, 2018



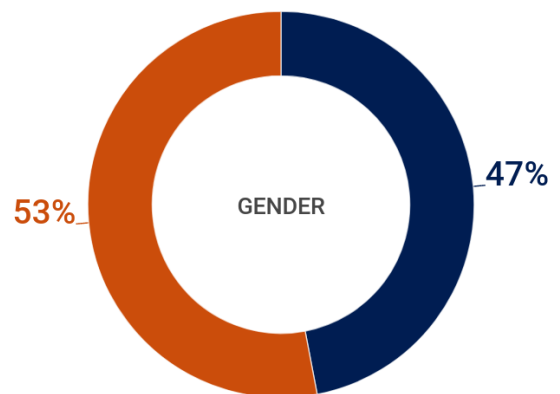
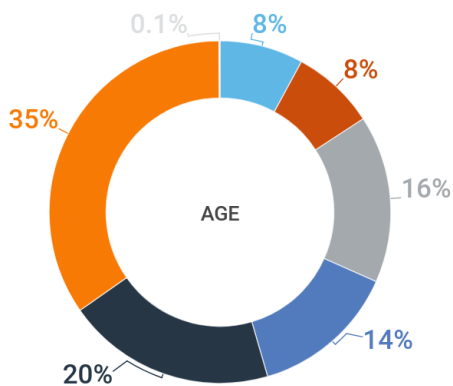
MARKETPLACE EXCHANGE PLAN ENROLLEES IN NEW HAMPSHIRE

For the 2018 Open Enrollment period (November – December 2018), 44,581 people selected a Marketplace plan for the 2019 coverage year in NH through healthcare.gov. That compares to 49,573 in 2018 and 53,024 in 2017.⁷

Of those enrolling for the 2019 coverage year:

- Over one-third were age 55-64.
- 53% were women.
- Enrollees were distributed across the state, in all 10 NH counties.
- Over half of the enrollees chose silver plans.

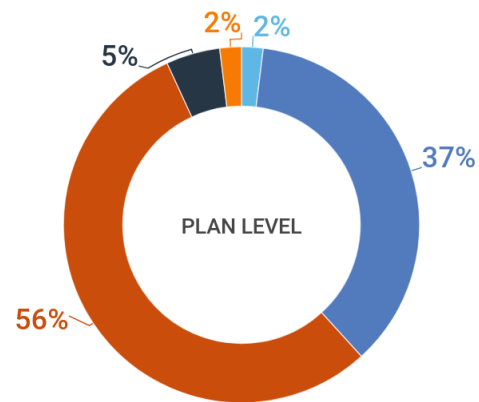
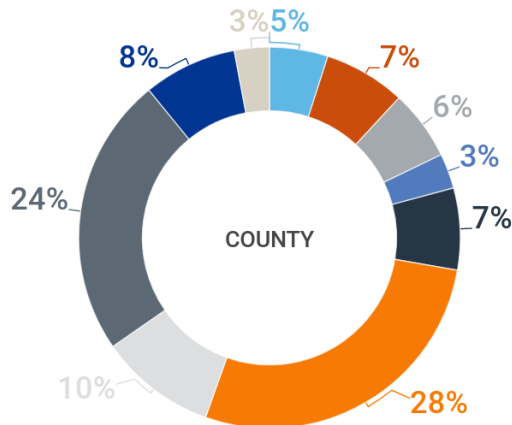
NH MARKETPLACE EXCHANGE PLAN ENROLLMENT, 2019 COVERAGE YEAR



- under 18 years ● 18-25 years ● 26-34 years
- 35-44 years ● 45-54 years ● 55-64 years
- over 65 years

- Male ● Female

NH MARKETPLACE EXCHANGE PLAN ENROLLMENT, 2019 COVERAGE YEAR, CONT.



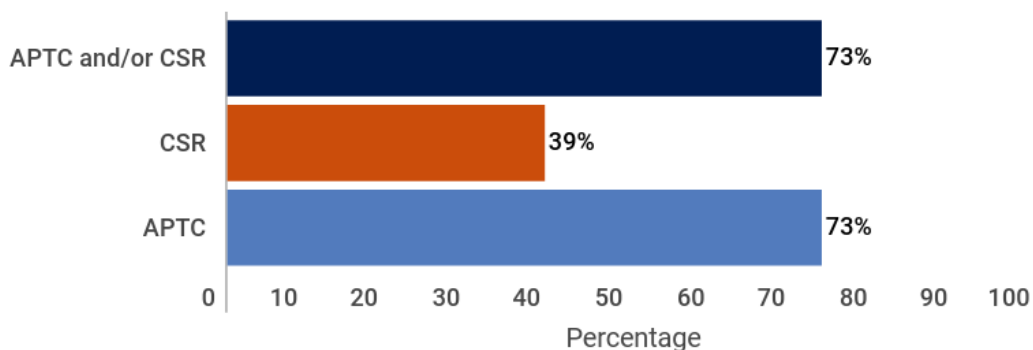
- Belknap (5%) ● Carroll (7%)
- Cheshire (6%) ● Coos (3%) ● Grafton (7%)
- Hillsborough (28%) ● Merrimack (10%)
- Rockingham (24%) ● Strafford (8%)
- Sullivan (3%)

- Catastrophic ● Bronze ● Silver ● Gold
- Platinum

FINANCIAL ASSISTANCE ON THE MARKETPLACE

Among the population enrolled in the Marketplace during Open Enrollment in NH in 2018, 73% applied for the Advance Payment of the Premium Tax Credit (APTC), and 39% applied for the Cost Sharing Reductions (CSR). In total, 73% applied for either method of financial assistance for purchasing health insurance on the Marketplace.

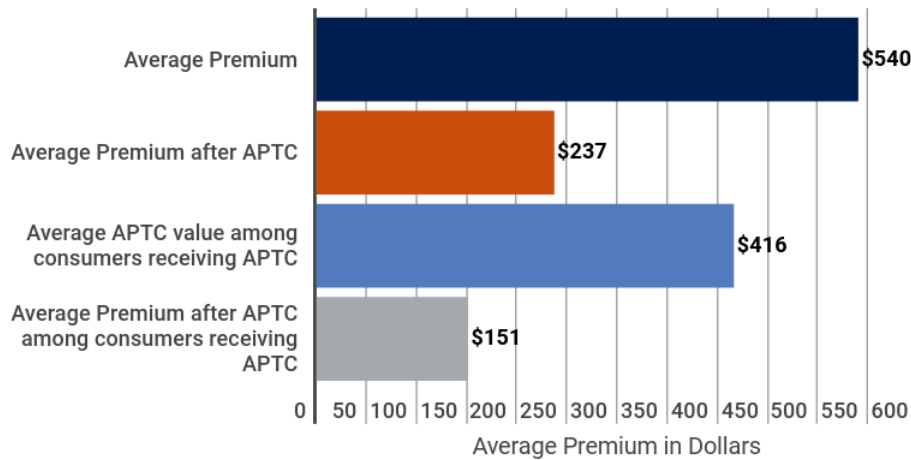
MARKETPLACE FINANCIAL ASSISTANCE, NEW HAMPSHIRE, 2019 COVERAGE YEAR



ADVANCED PREMIUM TAX CREDIT BY VALUE

- In NH, the average premium for a plan on the Marketplace in 2019 is \$540/month.
- The average premium after the APTC is \$237/month, with an average value of the APTC being \$416/month.
- Among people receiving the APTC, the average premium is \$151/month.

ADVANCED PREMIUM TAX CREDIT, NEW HAMPSHIRE, 2019 COVERAGE YEAR



FINANCIAL ASSISTANCE BY COUNTY

- In every county, the majority of people enrolled in an insurance plan through NH's Marketplace Exchange received the APTC and/or CSR.
- The percent receiving APTC and/or CSR ranged from 69% in Rockingham County to 83% in Coos County.

MARKETPLACE EXCHANGE PLAN ASSISTANCE, BY COUNTY, 2019 PLAN YEAR

County	Total Number of Consumers Who Have Selected an Exchange Plan	Consumers with APTC and/or CSRs	% with APTC and/or CSRs	Average Premium after APTC
Belknap County	2,249	1,684	75%	\$228.39
Carroll County	3,330	2,554	77%	\$229.20
Cheshire County	2,482	1,874	76%	\$235.81
Coos County	1,190	985	83%	\$203.13
Grafton County	3,321	2,380	72%	\$240.93
Hillsborough County	12,320	8,977	73%	\$231.67
Merrimack County	4,238	3,185	75%	\$234.92
Rockingham County	10,642	7,383	69%	\$253.75
Strafford County	3,629	2,672	74%	\$230.63
Sullivan County	1,180	883	75%	\$241.42

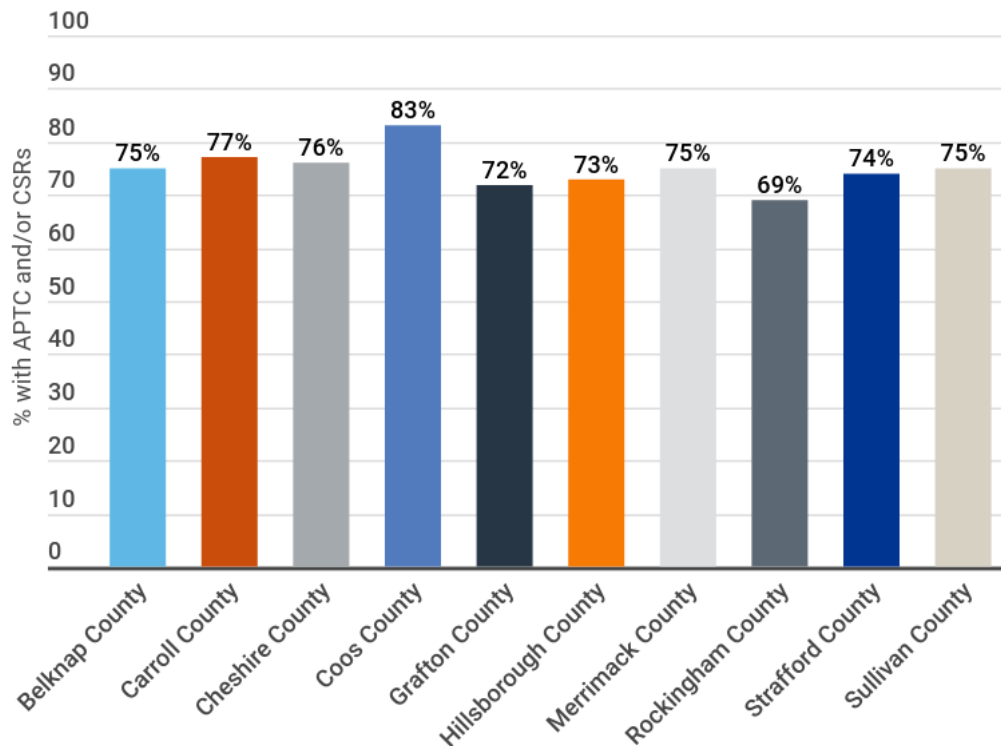
FOCUS ON HEALTH POLICY

SUBSIDIZING HEALTH INSURANCE COSTS

Most individuals are eligible for subsidized health insurance. Individuals with incomes up to 138% of the Federal Poverty Level (FPL) are eligible for New Hampshire's Granite Advantage Medicaid program. Individuals with income up to 400% FPL are eligible for subsidies when enrolling in insurance on the NH Marketplace Exchange in the form of Advanced Premium Tax Credits (APTCs) to offset the cost of premiums. Individuals with incomes up to 250% FPL are eligible for both APTCs and Cost Sharing Reductions (CSRs) which help offset the cost of deductibles, co-pays and co-insurance.

Employees eligible for employer sponsored insurance coverage access tax subsidies because employer-paid premiums for health insurance are exempt from federal income and payroll taxes.

PERCENTAGE WITH ADVANCE PREMIUM TAX CREDIT AND/OR COST SHARING REDUCTIONS, 2019



GRANITE ADVANTAGE PROGRAM

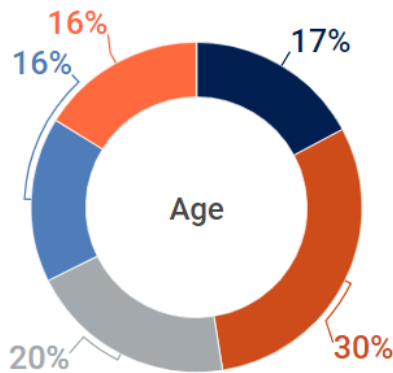
The Granite Advantage Program is New Hampshire's latest 'Medicaid Expansion' program covering adults ages 19-64 with income up to 138% FPL (133% with a 5% income disregard) and not otherwise insured consistent with the Affordable Care Act. This is a change from New Hampshire's previous Medicaid Expansion program, called the NH Health Protection Program (NHHPP) from January 1, 2015 through January 1, 2019. Starting on January 1, 2016, New Hampshire operated a premium assistance program (PAP) as part of NHHPP whereby eligible individuals were enrolled in qualified commercial plans paid for by Medicaid. Until January 1, 2017, the NHHPP and PAP were funded 100% by federal dollars.

On January 1, 2019, as a result of a change in the law and the end of the NHHPP PAP waiver, almost 49,000 Medicaid members transitioned from their commercial Premium Assistance Plans (PAP) into the Medicaid Care Management program. As of September 1, 2019, NH has full-risk capitated contracts with three managed care organizations, AmeriHealth Caritas, NH Healthy Families and Well Sense Health Plan. Due to this transition and the termination of the NHHPP on December 31, 2018, the Marketplace Exchange membership went from over 90,000 in 2018 to under 50,000 in 2019.⁸

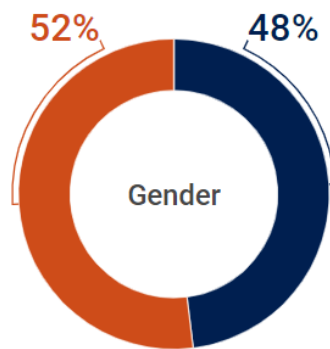
According to the New Hampshire Department of Health and Human Services, there were approximately 48,629 total enrollees in the Medicaid Expansion in October 2019.⁹

- About one third of the enrollees were 25-34 years old.
- Enrollees were distributed across the state, in all 10 NH counties.
- Enrollees were almost equally male and female.

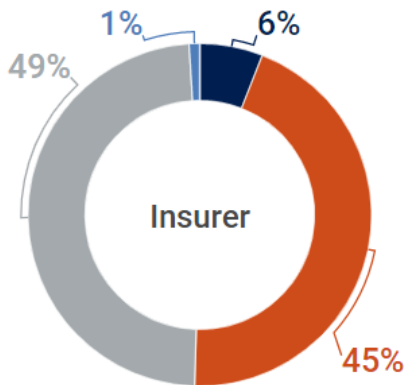
GRANITE ADVANTAGE PROGRAM ENROLLMENT, 2018



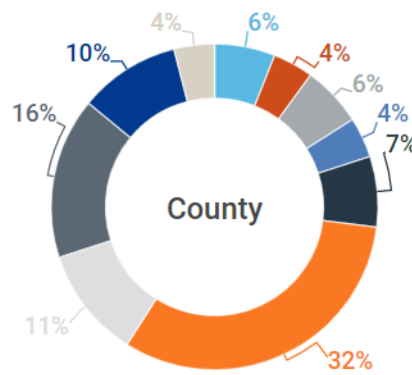
- under 25 years
- 25-34 years
- 35-44 years
- 45-54 years
- over 54 years



- Male
- Female



- AmeriHealth
- NH Healthy Families
- WellSense
- Non-MCM



- Belknap (6%)
- Carroll (4%)
- Cheshire (6%)
- Coos (4%)
- Grafton (7%)
- Hillsborough (32%)
- Merrimack (11%)
- Rockingham (16%)
- Strafford (10%)
- Sullivan (4%)

FOCUS ON HEALTH POLICY

NH'S WORK AND COMMUNITY ENGAGEMENT REQUIREMENT

Starting on March 1, 2019, New Hampshire law required individuals in the Granite Advantage Program to work or engage in a community engagement activity for at least 100 hours a month unless exempt. Some exemptions included when an individual had a disability, was pregnant, was a parent or caretaker for a child under six, was medically frail as certified by a licensed medical professional, or was enrolled in a state-certified drug court program.

On July 29, 2019, the work and community engagement requirement ended because the US District Court for the District of Columbia issued a decision prohibiting New Hampshire from implementing the Work and Community Engagement Requirement. The court decision is currently on appeal.

No individuals were ever terminated from the Granite Advantage Program due to the work requirement and it no longer applies.

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8. Data provided by the NH Department of Health and Human Services, October 2019. Source Medical Management Information System (MMIS) extract.
9. <https://www.nh.gov/insurance/reports/documents/nhid-annual-hearing-final-report-2019.pdf>

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Data Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates; <https://www.census.gov/acs/www/data/data-tables-and-tools/>

The American Community Survey is an annual survey conducted by United States Census Bureau. As with any survey, it allows for estimates, and each estimate has a margin of error. In general, the margin of error decreases as the population sampled increases. Estimates of small samples have larger margins of error.

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