

Covering the Care: Health Insurance Coverage in New Hampshire | 2020 Update

This brief provides updates from the Insurance Coverage and Marketplace “Covering the Care Briefs” that were previously published.^{1,2} This update also includes a special section focused on premiums and deductibles in New Hampshire.

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 3 in 4 uninsured adults said they or their family delayed or went without health care because of cost reasons in 2019.³

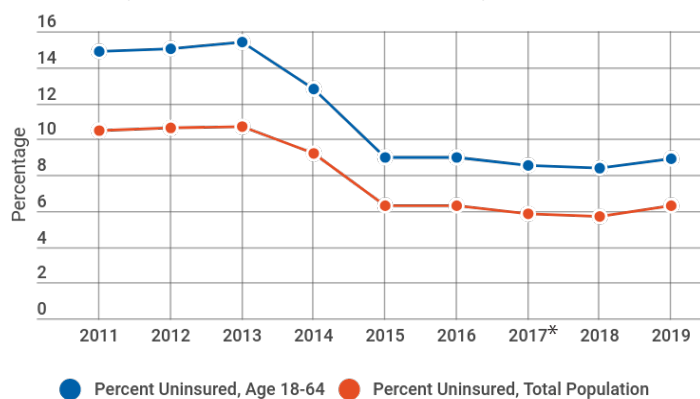
INSURANCE COVERAGE IN NEW HAMPSHIRE

The uninsured rate in NH has been consistent in recent years, approximately 6% from 2015 through 2019, down from almost 11% in 2013.⁴ Nationally, the uninsured rate was approximately 9% in 2019. New Hampshire’s rate of 6.3% in 2019 is higher than its 2018 rate of 5.7%; while these are not significant differences, it will be important to continue to monitor this rate over time to detect larger increases. New Hampshire is in the middle range compared to other New England states. For example, Maine’s uninsured rate was 8% and Massachusetts’ uninsured rate was 3% in 2019.⁵

Since 2011, the uninsured rate in NH has decreased by almost 5%. Across the entire NH population, the uninsured rate decreased from 10.7% to 6.3% from 2013 to 2019. The uninsured rate in the non-elderly adult population dropped from 15% in 2013 to 9% in 2019. There were slight increases of under 1% from 2018 to 2019 in both rates.

UNINSURED RATE AMONG NEW HAMPSHIRE POPULATION, 2011-2019

* 2011-2016: Age Group is 18-64; 2017-2019: Age Group is 19-64



FOCUS ON HEALTH POLICY RISING COSTS AND MARKET INSTABILITY

The cost of health insurance, in terms of premiums and deductibles, increased significantly between 2017 and 2019. This is due in part to the reality that the underlying costs to provide health care are high, and New Hampshire is a small state. The insurance industry attributes rising premiums to many factors, including:

- ongoing uncertainty about the future of the Affordable Care Act;
- the elimination of the individual mandate penalty by Congress in December 2017;
- lack of funding for cost sharing reductions; and
- expanded access to short term and other limited benefit health plans.^{6,7}

Due to rising premiums, New Hampshire passed legislation in 2019 directing the NH Insurance Department to develop a reinsurance program to address instability in the individual insurance markets. (See RSA 420-G:12, RSA 420-N:6-a.) A Section 1332 waiver addressing high-cost and high-risk claims brought more stability to the individual marketplace in 2019 and anticipated lower premiums for the future.

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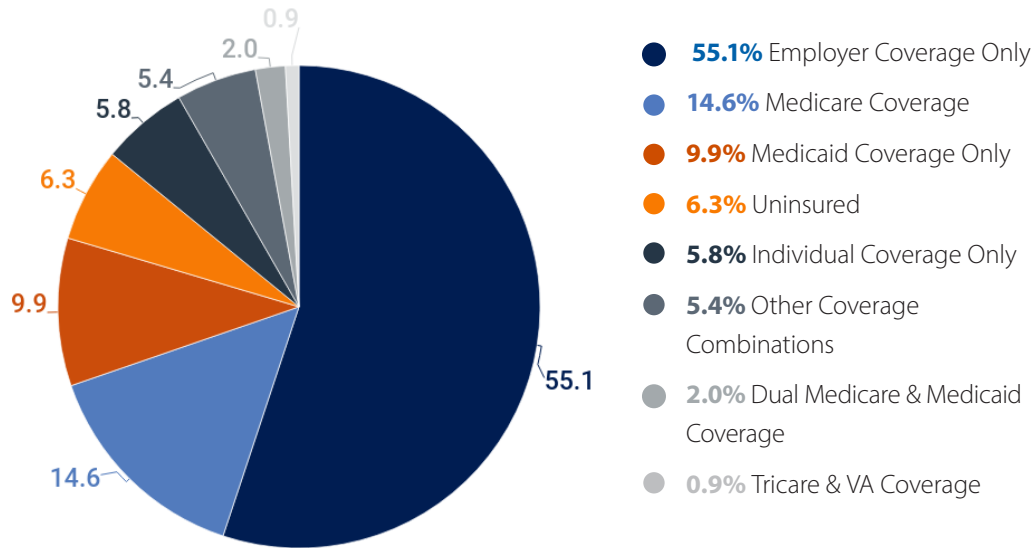
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COVERAGE AND EMPLOYMENT STATUS

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

NEW HAMPSHIRE INSURANCE COVERAGE, 2019



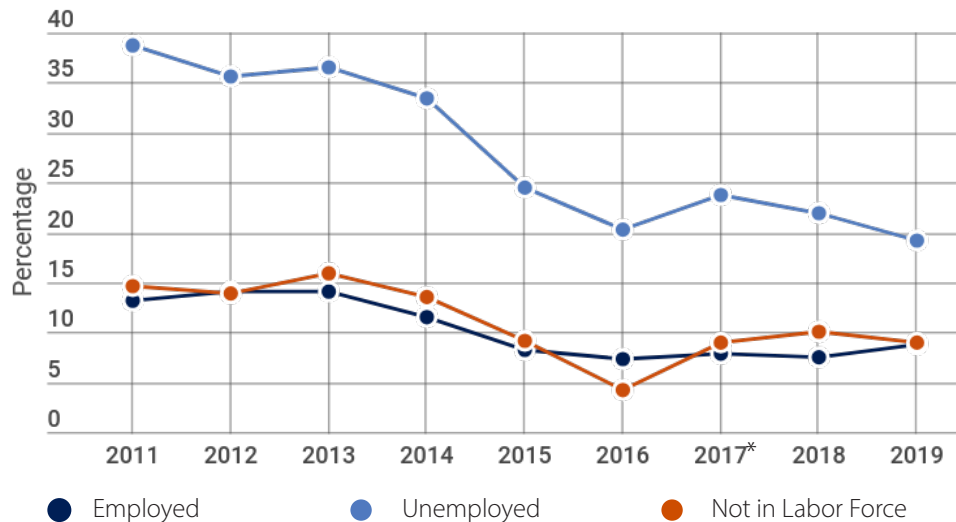
Not all people who are employed, however, have health insurance. Focusing on the employed adult population under 65 (i.e., pre-retirement), 9% were uninsured in 2019. The largest decrease in the uninsured rate from 2011-2019 in people *under 65* was among those who were unemployed. Within that unemployed group, the uninsured rate decreased from over 35% to 19% in 2019. (NOTE: the age breakouts for these data changed in 2016; starting in 2017, the age group is 19-64.)

FOCUS ON HEALTH POLICY ENROLLMENT SHIFTS

The number of people in New Hampshire with private commercial insurance remained at approximately 61% during 2018 and 2019. Between 2015 and 2019, membership in the small group market declined by 12%. Individual Marketplace coverage has also declined significantly since 2015 due to rate increases and the transition of the Medicaid Expansion premium assistance program from Marketplace plans to Medicaid Managed Care beginning in 2020.⁸

UNINSURED RATE AMONG NEW HAMPSHIRE NON-ELDERLY POPULATION, BY EMPLOYMENT CATEGORY, 2011-2019

* 2011-2016: Age Group is 18-64; 2017-2019: Age Group is 19-64



COVERAGE AND AGE

Insurance coverage types vary by age group for several reasons. For example, the eligibility for public insurance programs, like Medicaid and Medicare⁹, is based in part on age.

CHILDREN, UNDER AGE 19 (2019)

- Children under 19 are, for the most part, insured; less than 4% were uninsured.
- Employer-based coverage was the most common coverage type for children under 19, at over 62%.
- 25% of children in NH were covered by Medicaid or the Children's Health Insurance Program (CHIP).
- Of the other coverage types, only 4.7% of children were individual only in other coverage types; 2.9% were another combination; and 1% or fewer children were covered by Medicare, Tricare/VA, or dual Medicare & Medicaid.

ADULTS, AGES 19-34 (2019)

- 12% of the 19-34 population was uninsured, which was a higher percentage of uninsured than any other age group.
- The majority of the 19-34 population had employer sponsored insurance coverage (65%).
- 11% of the 19-34 population was covered by Medicaid.
- Of the other coverage types, 8.1% were individual only; 2.2% were another combination; and Medicare, Tricare/VA, and dual Medicare & Medicaid were 1% or less each.

ADULTS, AGES 35-64 (2019)

- Only 7.4% of the 35-64 population were uninsured.
- The 35-64 population had the highest rates of employer sponsored insurance (70%) of any age group.
- 6.1% of the 35-64 population was covered by Medicaid.
- Of the other coverage types, 7.8% were individual only, 2.4% were another combination, 3.3% were Medicare only, and Tricare/VA and dual Medicare & Medicaid were less than 2% each.

ADULTS, AGES 65 AND OLDER

- 3.1% of the over-65 population was covered by employer only.
- Over 70% of the over-65 population (which is the age of eligibility for the majority of Medicare beneficiaries) was covered by Medicare only.
- Almost 25% of the over-65 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.
- All other coverage types were less than 1% combined.

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:

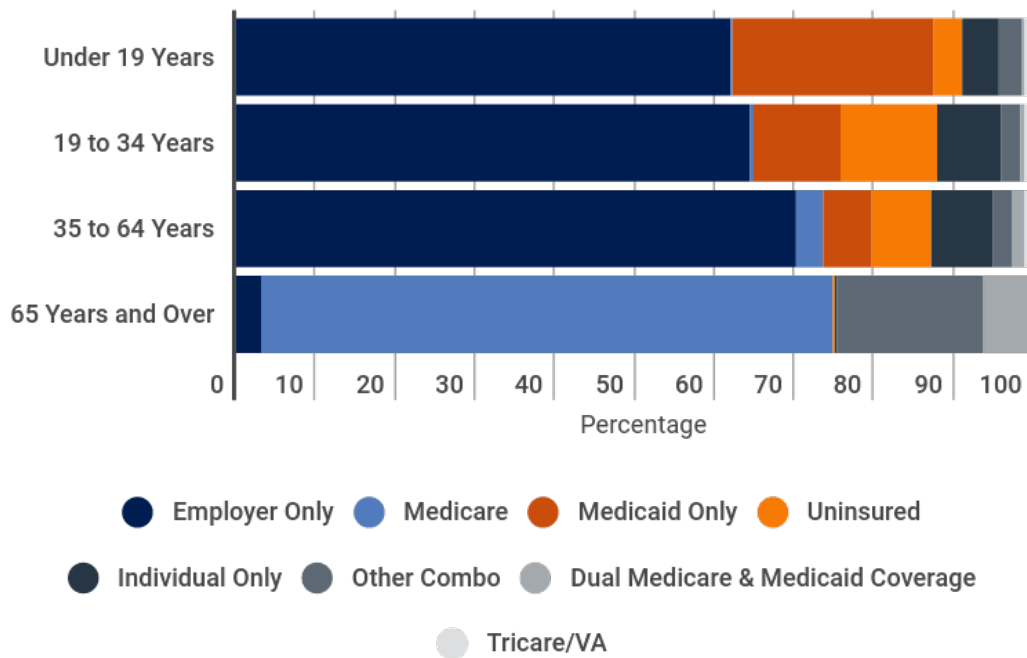
- 65 or older
- A child under 19
- Pregnant
- Living with a disability
- A parent or adult caring for a child
- An adult without dependent children (in certain states)
- An eligible immigrant"

Adults without dependent children are often covered through new eligibility criteria for expanded Medicaid coverage through the ACA.

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, 2019



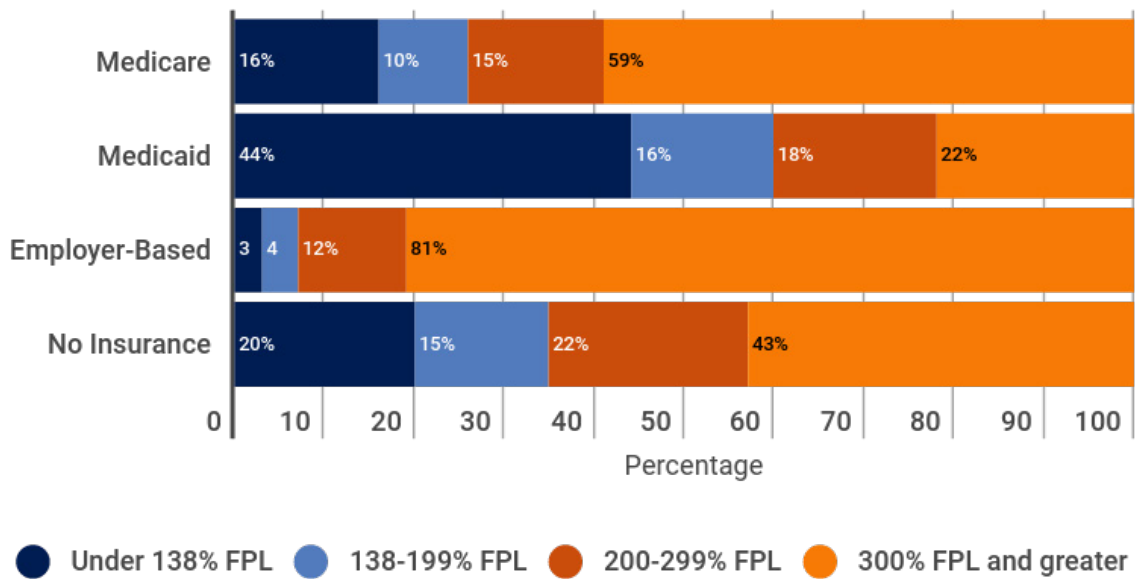
Coverage Type	Under 19 Years	19 to 34 Years	35 to 64 Years	65 Years and Over
● Employer only	62.1%	64.4%	70.3%	3.1%
● Medicare	0.2%	0.6%	3.3%	71.7%
● Medicaid only	25.0%	10.9%	6.1%	0.0%
● Uninsured	3.7%	12.0%	7.4%	0.2%
● Individual Only	4.7%	8.1%	7.8%	0.2%
● Other Combo	2.9%	2.2%	2.4%	18.4%
● Dual Medicare & Medicaid Coverage	0.2%	0.7%	1.5%	6.4%
● Tricare/VA	1.2%	1.0%	1.1%	0.2%

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)^{10,11}, for Medicaid, Medicare, employer sponsored insurance coverage, and the uninsured in NH in 2019. This includes:

- 44% of people with Medicaid were under 138% FPL (\$36,156 for a family of 4).
- 22% of people with Medicaid were over 300% FPL. (Children can be eligible for Medicaid up to 318% FPL.)
- 19% of people with employer sponsored insurance coverage were under 299% FPL, and 81% of people with employer sponsored insurance coverage were over 300% FPL (300% FPL is approximately \$78,600 for a family of 4).

COVERAGE BY INCOME, 2019



MARKETPLACE EXCHANGE PLAN ENROLLEES IN NEW HAMPSHIRE

NH's Federally Facilitated Health Insurance Marketplace is [HealthCare.gov](https://www.healthcare.gov) (the "NH Marketplace") where individuals may enroll in health insurance and, depending upon income levels, qualify for subsidies. The Marketplace health insurance covers pre-existing conditions, preventive care and essential health benefits.

The income eligibility for access to subsidies, both Cost Sharing Reductions and Advanced Premium Tax Credits, on the NH Marketplace is up to 250% FPL (or \$65,500 for a family of 4). The income eligibility for access to only Advanced Premium Tax Credits on the NH Marketplace is up to 400% FPL (or \$104,800 for a family of 4).

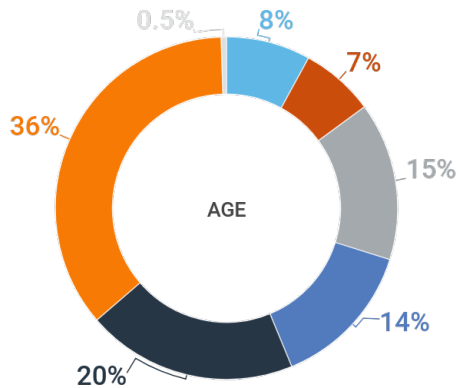
For the 2019 Open Enrollment period (November – December 2019), 44,581 people selected a Marketplace plan for the 2020 coverage year in NH through [HealthCare.gov](https://www.healthcare.gov). That compares to 49,573 in 2018 and 53,024 in 2017.²

Of those enrolling for the 2020 coverage year:

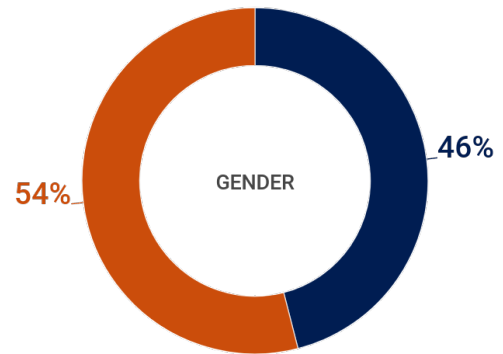
- Over one-third were age 55-64.
- 54% were women.
- Enrollees were distributed across the state, in all 10 NH counties.
- Over half of the enrollees chose silver plans.

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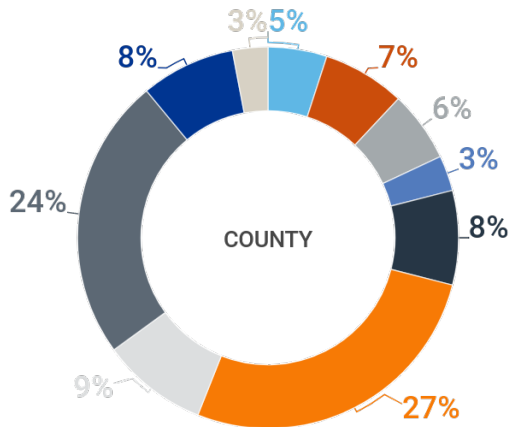
NH MARKETPLACE EXCHANGE PLAN ENROLLMENT, 2020 COVERAGE YEAR



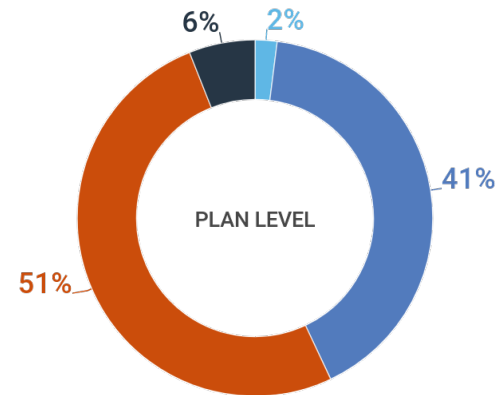
- under 18 years ● 18-25 years ● 26-34 years
- 35-44 years ● 45-54 years ● 55-64 years
- over 65 years



- Male ● Female



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



- Catastrophic ● Bronze ● Silver ● Gold

A SPECIAL FOCUS ON PREMIUMS AND DEDUCTIBLES

PREMIUMS AND DEDUCTIBLES, 2017-2019

Between 2017 and 2019, premiums increased significantly across all types of commercial insurance plans in New Hampshire and across the country.

Individual Health Insurance Marketplace

From 2017-2018, average premiums in the Individual Market in NH increased 45% (compared to average increases across the US of 25%). From 2018-2019, individual premiums decreased by 11% but remained significantly higher than in 2017.

The average deductible for individuals with no cost-sharing subsidies increased 20.9% from 2017-2018, then only 1.1% from 2018-2019.¹³

Employer Groups – Large and Small

Small employer group premiums increased by 7.5% from 2017-2018; from 2018-2019, average premiums increased by 3.4%. For large employer groups, premiums increased from 2017-2018 and decreased slightly from 2018-2019. In 2019, large group employers had the highest premiums among the New England states and were above the national average.

From 2018-2019, the average deductible for an employee in a small group grew substantially and was 38% higher than the national average, remaining the highest in New England. From 2018-2019, deductibles for large groups in New Hampshire also increased slightly to the highest in New England on average and higher than the national average by 18%.¹⁴

FINANCIAL ASSISTANCE ON THE MARKETPLACE

Among the population enrolled in the Marketplace during Open Enrollment in NH in 2019, 71% applied for the Advance Payment of the Premium Tax Credit (APTC), and 36% applied for the Cost Sharing Reductions (CSR). In total, 71% applied for either method of financial assistance for purchasing health insurance on the Marketplace.

FOCUS ON HEALTH POLICY

OPEN ENROLLMENT IN 2020

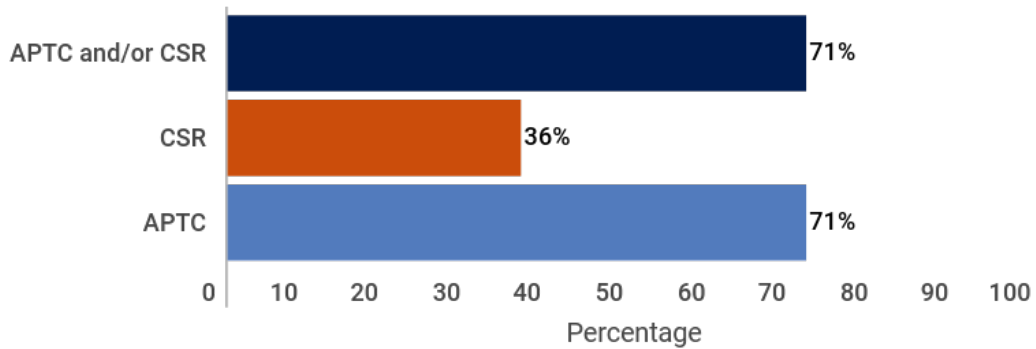
Open enrollment in Marketplace plans for coverage starting January 1, 2021 began in November 1, 2020 and ended December 15, 2020. However, due to COVID 19, there may be special circumstances that allow individuals to access insurance coverage during the federal and state emergencies.

Individuals who lose job-based health coverage qualify for a special enrollment period to enroll in a Marketplace plan and may select a plan within 60 days of losing job-based coverage (either 60 days before or 60 days after).

People whose health insurance is impacted by job loss, furlough or reduced hours may have access to ongoing health insurance coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)), a program that allows employees to elect to continue group health insurance for a period of time between jobs by paying the group premium. Due to the COVID-19 National Emergency, timelines used by group health plans for continuation of health care coverage (COBRA) have been extended — starting on March 1, 2020, until sixty (60) days after the end of the COVID-19 National Emergency.

Individuals can seek coverage from New Hampshire Medicaid at any time based on eligibility but can only switch from one Managed Care plan to another during the open enrollment period.

MARKETPLACE FINANCIAL ASSISTANCE, NEW HAMPSHIRE, 2020 COVERAGE YEAR

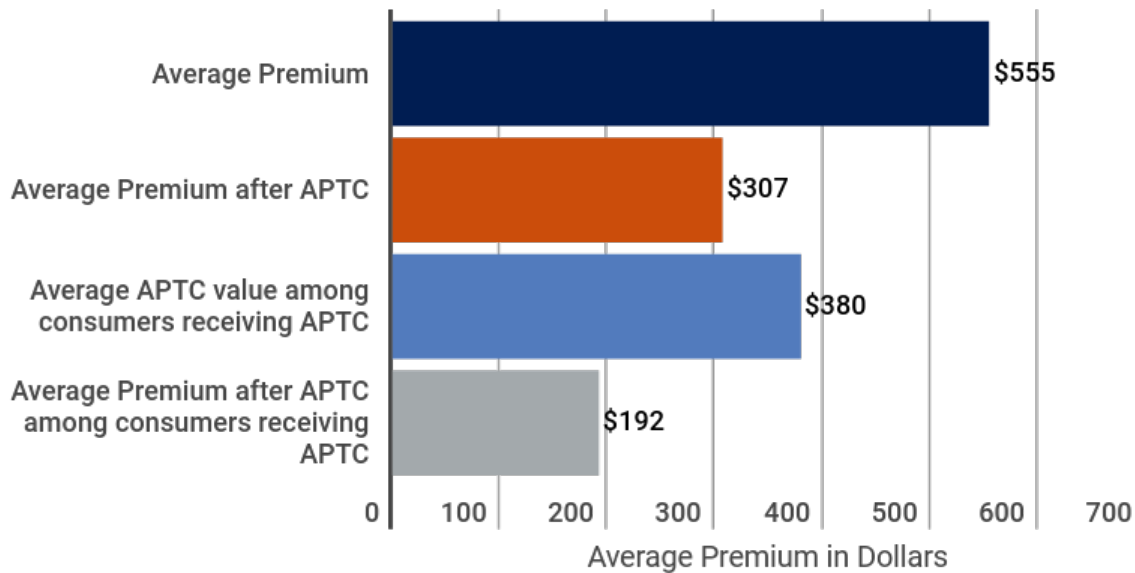


APTC is Advanced Premium Tax Credit and CSR is Cost Sharing Reduction.

ADVANCED PREMIUM TAX CREDIT BY VALUE

- In NH, the average premium for a plan on the Marketplace in 2020 is \$555/month.
- The average premium on the Marketplace after the APTC is \$307/month, with an average value of the APTC being \$380/month.
- Among the people receiving the APTC, the average premium is \$192/month.

ADVANCED PREMIUM TAX CREDIT, NEW HAMPSHIRE, 2020 COVERAGE YEAR



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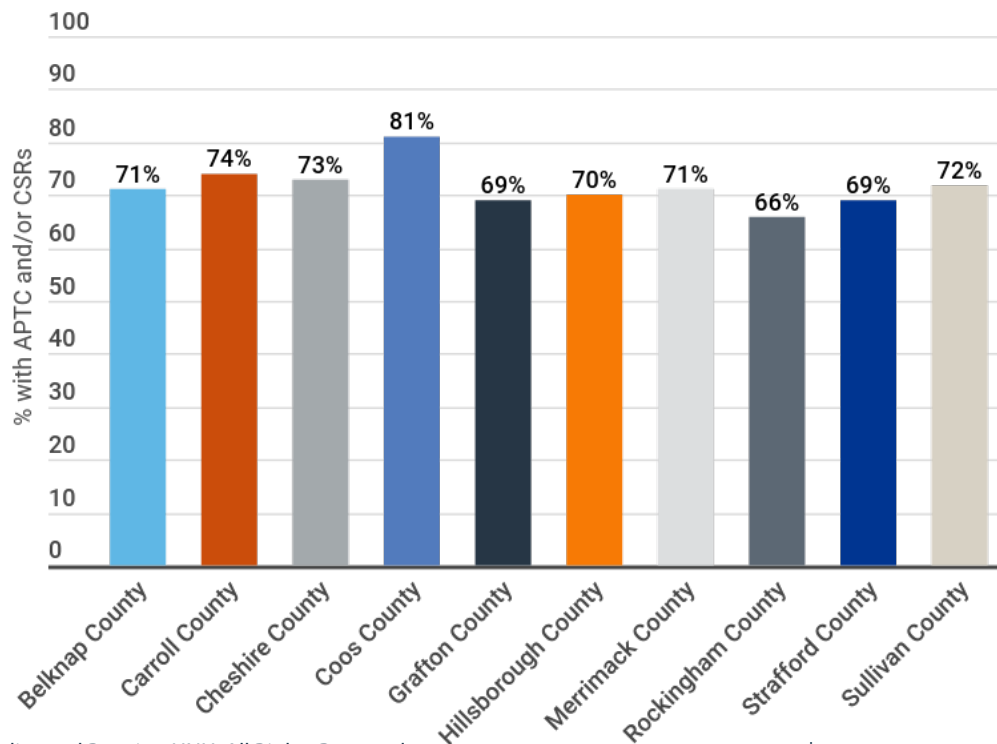
FINANCIAL ASSISTANCE BY COUNTY

- 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 66% in Rockingham County to 81% in Coos County.

MARKETPLACE EXCHANGE PLAN ASSISTANCE, BY COUNTY, 2020 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	2,320	1,641	71%	\$234
Carroll County	3,273	2,437	74%	\$228
Cheshire County	2,466	1,808	73%	\$230
Coos County	1,156	936	81%	\$202
Grafton County	3,357	2,329	69%	\$240
Hillsborough County	12,116	8,461	70%	\$235
Merrimack County	4,225	2,987	71%	\$235
Rockingham County	10,783	7,139	66%	\$253
Strafford County	3,615	2,511	69%	\$232
Sullivan County	1,101	796	72%	\$241

PERCENTAGE WITH ADVANCE PREMIUM TAX CREDIT AND/OR COST SHARING REDUCTIONS, 2020



GRANITE ADVANTAGE PROGRAM

The Granite Advantage Program is New Hampshire's '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. NH has full-risk capitated contracts with three managed care organizations, AmeriHealth Caritas, NH Healthy Families and Well Sense Health Plan, which provide coverage for the majority of these adults. According to the New Hampshire Department of Health and Human Services, there were approximately 64,168 total enrollees in the Medicaid Expansion in October 2020.¹⁵ This enrollment is over 30% higher than October 2019 (when enrollment was 48,629) and 20% higher than February 2020 (when enrollment was 53,510).

Among the enrollees in October 2020:

- About one third of the enrollees were 26-35 years old.
- Enrollees were distributed across the state, in all 10 NH counties.
- Enrollees were almost equally male and female.

FOCUS ON HEALTH POLICY THE AFFORDABLE CARE ACT – ONGOING LEGAL CHALLENGES

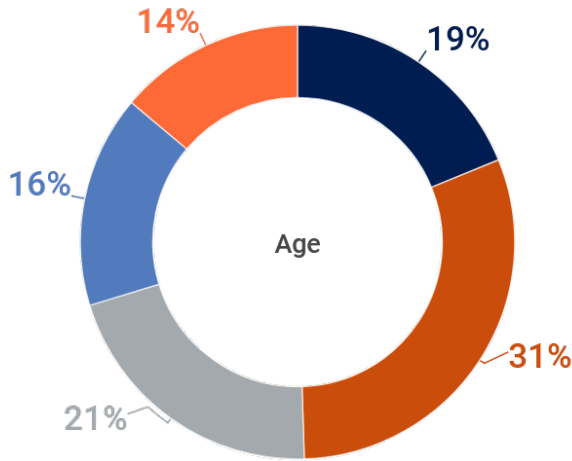
The Affordable Care Act requires most people to have comprehensive health insurance coverage and provides options to choose from, including employer group coverage, individual insurance with the opportunity for subsidies on *healthcare.gov*, Medicaid expansion, Medicare, Tri-Care and more. Congress zeroed out the penalty associated with the 'individual mandate' through the Tax Cut and Jobs Act of 2017, signed into law on December 22, 2017.

When the mandate penalty was eliminated, Texas lead a group of states challenging the constitutionality of the ACA in the case of *Texas v. California*, claiming Congress only had authority to enact the comprehensive insurance requirement under the Tax and Spend clause of the United States Constitution, and without the penalty, that authority was no longer valid.

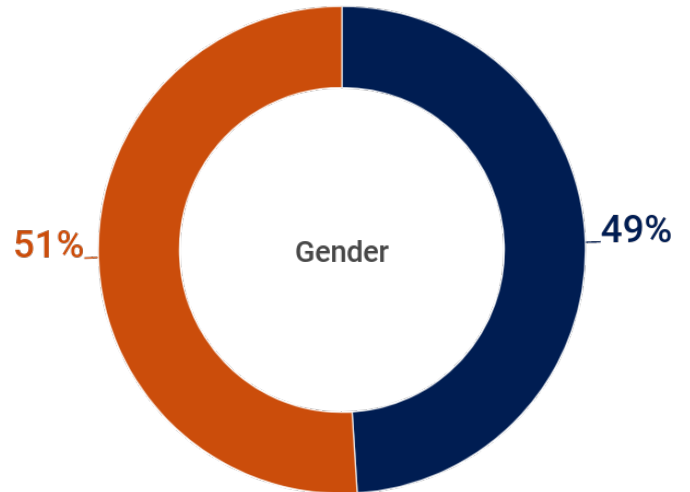
The case is now before the United States Supreme Court. Eliminating the ACA requirements could cause instability in the insurance marketplace. New Hampshire has signed onto a 'friend of the court' brief arguing that eliminating the ACA would have a devastating impact on New Hampshire - "Now as states and our residents face the COVID-19 threat, losing the ACA has become unthinkable."

The case has been argued and will be decided in 2021.^{16, 17}

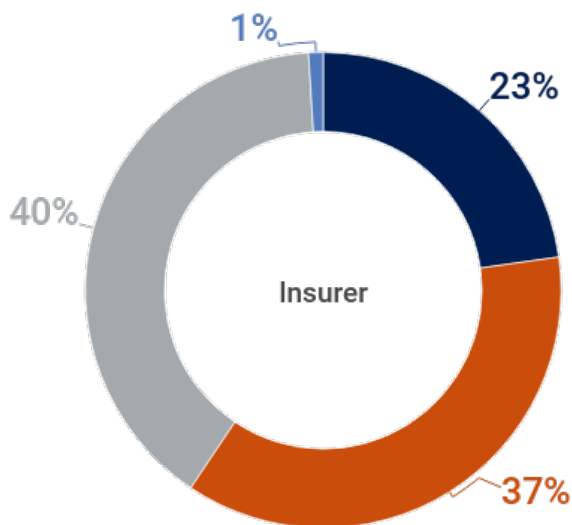
GRANITE ADVANTAGE PROGRAM ENROLLMENT, 2020 PLAN YEAR



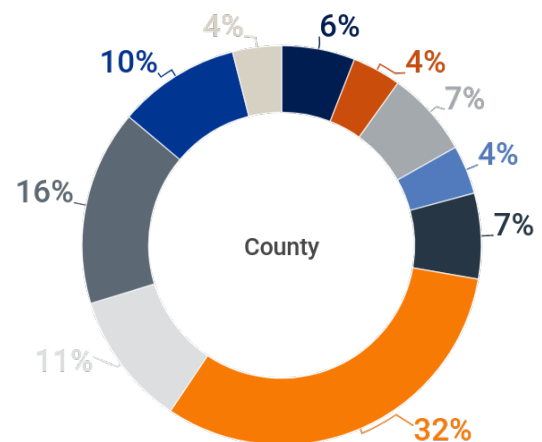
- 19-25 years ● 26-35 years ● 36-45 years
- 46-55 years ● 56-64 years



- Male ● Female



- AmeriHealth ● NH Healthy Families
- WellSense ● Fee-For-Service



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

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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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NOTE ABOUT EMPLOYMENT DEFINITIONS

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 un- employed 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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