



COURT INTERNATIONAL BUILDING  
 2550 UNIVERSITY AVENUE WEST  
 SUITE 255 SOUTH  
 ST. PAUL, MINNESOTA 55114  
 651-645-0099 FAX 651-645-0098

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**Contact:**  
 Eileen Smith  
 smith@mnhealthplans.org

**Nearly 260,000 fewer buy health insurance on their own than expected**  
*Council to study effect of fewer people buying individual and family policies*

It’s halfway through 2016 — the year predictions made back in 2013 for the Affordable Care Act (ACA) come true in Minnesota. Or not.

The Minnesota Council of Health Plans (Council) decided to compare current enrollment to 2016 predictions. Where are the predictions accurate? Where are they off? What can we learn?

Policymakers, state leaders and health insurers made decisions and set policy based on the analysis, *The Impact of the ACA and Exchange on Minnesota: Update Estimates*. This report set expectations for what health insurance would be like for Minnesotans who buy it on their own in 2016.

“What we have in 2016 is vastly different from what was predicted except in one area, the number of people who still need health insurance,” said Jim Schowalter, Council president.

**Number buying insurance on their own, getting help paying premiums far under predictions**

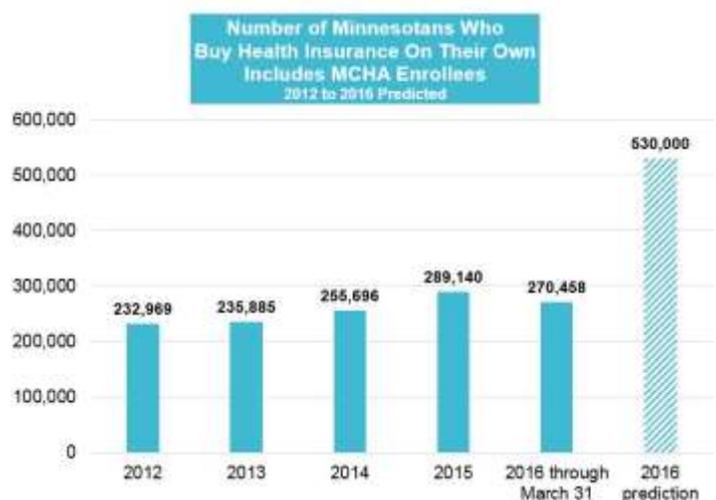
Although it is great news that more Minnesotans have health insurance than ever before, the number buying it on their own is half of what was predicted.

“The fact that people didn’t come is creating a cascade of other problems, including our ability to get premiums to more closely match spending on care. Until we have a match, it is difficult to predict what premiums will be year after year,” Schowalter said.

Minnesotans who	Prediction	2016 Actual
Still don’t have health insurance	201,000	234,000
Buy private insurance on their own through MNSure	452,000	90,696
Buy private insurance on their own, either through MNSure or directly from a health insurer	530,000	270,458
Get help paying premium	217,000	53,765

ABOVE. Sources: Predictions are from February 2013 and April 2012, “The Impact of the ACA and Exchange on Minnesota and Updated Estimates” report. 2016 Actual from MNSure April 17, 2017 report to its board, and Council analysis of health insurance March 2016 data.

BELOW. Sources: Minnesota Comprehensive Healthcare Association (MCHA), Minnesota Department of Health, health insurance company filings. MCHA was the state’s high risk pool. It closed in 2015 and people moved to the overall market. Numbers from 2012 to 2014 include MCHA enrollees



“Stable premiums will help Minnesotans better plan for the care they need.”

Along with lower numbers, fewer Minnesotans are getting the ACA’s financial help to pay part of their premium. Predictions called for nearly half of Minnesotans who buy insurance on their own to get help, but fewer than 1 in 5 Minnesotans actually are.

“The challenge before us all right now is to learn and adapt. We all need to study what we thought was going to happen, what is actually happening and what it means. All these numbers directly inform our community’s current problems of trying to make health insurance more affordable and stable for people who buy it on their own” Schowalter said.

**Current policyholders in balance geographically, but not age**

The Council’s analysis shows people around Minnesota are getting insurance. Enrollment throughout the state’s regions closely match where Minnesotans live.

In addition, people with the most expensive premiums are going through MNsure to get the federal help to pay their monthly health insurance premiums. The data show Minnesotans who live in the places where care is most expensive—the north east and south east parts of the state—and those age 55 to 64 are more likely to use MNsure than other Minnesotans.

One of the dynamics the Council’s experts will study this summer is the effect on premiums of the mix of people who are buying insurance.

Just 22 percent of enrollees fell between the ages 18 and 34. Nationally, 28 percent of people who buy health insurance on their own are between ages 18 and 34. Health policy experts at the Kaiser Family Foundation expected 40 percent of enrollees would be the “Young Invincibles” as they’re called. At the same time, nearly 30 percent of enrollees are between the ages of 55 and 64.

“Our work this summer will be a deep look into the type of care needed by Minnesotans who now buy health insurance on their own. We will study what has happened and what changes would help get us to the steady place that was predicted for 2016,” he said.

People who Buy Health Insurance on Their Own March 2016			
Enrollment by Rating Area	% of All Policyholders*	% of MNsure Enrollees	% of State Population
Area 1, SE	6.3%	8.3%	8.1%
Area 2, NE	3.3%	6.2%	5.9%
Area 3, SC	4.7%	4.9%	4.7%
Area 4, SW	3.4%	2.8%	2.2%
Area 5, WC	5.1%	4.1%	3.8%
Area 6, NE-C	5.2%	4.5%	4.2%
Area 7, C	8.0%	8.8%	7.9%
Area 8 Metro	60.7%	59.0%	61.6%
Area 9, NW	2.0%	1.2%	1.6%

Sources: \* Council analysis of member data, March 31, 2016. MNsure as reported April 2016.

Age group	% of all policyholders*	% enrolled through MNsure**	% getting help paying premium	% MN population
under 18	16.5%	10.0%	7.7%	24%
18 to 25	8.6%	6.0%	6.6%	9%
26 to 34	13.5%	14.0%	9.6%	13.7%
35 to 44	12.8%	13.0%	10.7%	12.5%
45 to 54	18.0%	18.0%	20.6%	14.6%
55 to 64	29.5%	38.0%	44.4%	12.6%
65+	1.0%	1.0%	0.4%	13.6%

Sources: \* Council analysis of member data, March 31, 2016. \*\*As reported by MNsure April 2016.

The Minnesota Council of Health Plans brings our country's top health insurance companies together to solve problems. We work in a space where our insurers put aside competitive concerns to work together with partners across the state to make medical care more effective and less expensive for everyone. Seven local health insurance companies that work with the Council serve local policyholders, not shareholders on Wall Street.