



Louisiana Health Insurance Survey

2017

Stephen R. Barnes, PhD | Mike Henderson, PhD | Dek Terrell, PhD | Stephanie Virgets, MA



This survey prepared by the
E. J. Ourso College of Business | Economics & Policy Research Group
Manship School of Mass Communication | Public Policy Research Lab

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Executive Summary

The Louisiana Health Insurance Survey (LHIS) has been the primary source of health insurance-related data on Louisiana residents since its inception in 2003 and has helped the state track the effects of economic and policy changes over time as well as identify areas of need to focus new efforts to increase insurance coverage and access to care. Over time, Louisiana has seen a dramatic decrease in the number of uninsured children thanks in part to expansions of Medicaid for children. During that time, however, uninsured rates for adults remained relatively unchanged at about 20 percent. Beginning on July 1, 2016, Louisiana expanded the Medicaid program for adults by making individuals with incomes up to 138 percent of the federal poverty level eligible for the program. The 2017 LHIS provides the first robust estimates of how Louisiana's recent Medicaid expansion has changed insurance coverage in the state. Following this expansion, Louisiana has seen a dramatic decrease in uninsured rates among adults. In addition, this year's survey included several new questions about the adequacy of insurance coverage. Key findings from the 2017 LHIS are as follows:

Insurance Coverage for Children (under 19):

- ▶ Uninsured rates remain very low for children, in line with recent trends
- ▶ An estimated 28,990 children were uninsured in 2017, representing 2.4 percent of children
- ▶ Among Medicaid-eligible children, 2.6 percent remain uninsured
- ▶ The most common type of coverage among children is Medicaid, with 53.9 percent of children covered by the program. The second most common type of coverage is employer, which covers an estimated 39.0 percent of children.

Insurance Coverage for Non-Elderly Adults (19-64):

- ▶ Uninsured rates dropped dramatically following the state's Medicaid expansion
- ▶ An estimated 321,477 adults were uninsured in 2017, representing 11.4 percent of non-elderly adults
- ▶ Uninsured rates in 2017 (11.4 percent among all adults) tend to be about half of what they were in 2015 (22.7 percent among all adults).
- ▶ The most common type of coverage among adults is employer, which covers an estimated 52.6 percent of adults. The second most common type of coverage among adults is Medicaid, which covers an estimated 20.8 percent of adults.

Adequacy of Health Insurance and Access to Medical Care:

- ▶ Among survey respondents, 87 percent indicated they did not delay care at any point in the prior 12 months while 13 percent had delayed care.
- ▶ Costs were the primary reason for delayed care with 47 percent of those delaying care listing it as the main reason for the delay.
- ▶ Difficulty getting an appointment was the second most common reason for delaying care with 28 percent listing it as the main reason for delay.
- ▶ A large majority of respondents with insurance indicated that their plans met their needs with 59 percent reporting their plans always met their needs and 26 percent reporting their plans usually met their needs.
- ▶ Most insured respondents indicated that their plans allowed them to see the health care providers they needed with 65 percent reporting their plans always allowed them to see the providers they needed and 23 percent reporting their plans usually allowed them to see the providers they needed.

Introduction

The Louisiana Health Insurance Survey (LHIS) is a biennial survey designed to assess health insurance coverage in Louisiana. The survey was first conducted in 2003 with the most recent survey designed to measure health insurance coverage in 2017. The LHIS has helped state policy makers track changes in health insurance as the state's economy, health care environment, and public policies have changed. This year's survey is particularly important, as it will be the first to assess coverage after Louisiana's Medicaid expansion in 2016, which is the largest expansion of coverage for adults since the original introduction of the Medicaid program decades ago.

A primary focus of the survey is developing robust estimates of the number of uninsured children and nonelderly adults in the state and within each of the nine Louisiana Department of Health (LDH) regions. However, the data collected through this effort also allows LSU and LDH researchers to assess sources of health insurance for those with coverage, summarize various characteristics of the insured and uninsured populations, as well as evaluate the awareness of and responses to certain changes in the market for health insurance.

On June 1, 2016, LDH began accepting applications for Medicaid coverage beginning July 1, 2016 from adults under 138 percent of the federal poverty level (FPL), also known as the Medicaid expansion population. Previously, low-income adults could only receive Medicaid under certain restrictive conditions, including disability and for parents with dependent children who have income under 19 percent FPL. Consequently, uninsured rates among low-income adults had historically been fairly high. The 2017 LHIS shows a significant decrease in uninsured adults, especially among lower income ranges. If patterns of Medicaid coverage among adults follow the long-run patterns of Medicaid coverage among children in years after program expansion, uninsured rates may drop further in the coming years as awareness of insurance options increases among the general public and the state finds new effective ways to engage eligible but uninsured individuals.

In addition to changes in Medicaid coverage, Louisiana experienced rapidly-changing economic conditions between the 2015 and 2017 surveys. While the slowdown in oil and gas negatively impacted some parts of the state, the large-scale industrial expansion continued to drive up the demand for labor. Previous research has documented that shifts in the demand for labor can lead employers to change employer offers of insurance as well as the generosity of those offers (Barnes and Terrell 2009). The unemployment rate fell in Louisiana from a high rate of 5.8 percent in January 2017 to a low 4.7 percent in December 2017. Over the same period, per capita personal income in Louisiana rose from \$42,257 to \$43,491. These economic changes can be expected to contribute to higher uninsured rates in early 2017, but lower uninsured rates later in the year.

The 2017 LHIS includes responses from 8,557 households with over 22,800 Louisiana residents representing every parish in the state. This large sample size makes it possible to create detailed estimates for each LDH region and various subpopulations, like people in different age groups and income levels. Since 2003, several improvements have been made to the survey through targeting specific groups to improve representativeness of the sample and facilitate methodological improvements in the analysis. The LHIS 2017 uses three different sample groups: landline phones, cell phones, and a sample of residents currently covered by Medicaid (National Center for Health Statistics, 2017, Table 1).

The 2017 LHIS uses a cell phone sample of 73.8 percent, a substantial increase from previous years that aligns the sample more closely with cell phone use in the general population. As of December 2016, over 48 percent of households in Louisiana are cell phone only households and less than 7 percent are landline only. These two groups are likely to have different patterns of health insurance coverage so failing to properly account for these groups (as in a traditional landline-only survey) could lead to biased estimates of coverage.

Prior research has documented that some people with Medicaid coverage may misreport by reporting no coverage, or a different type of coverage (Davern et al. 2007, Goidel et al. 2009). The Medicaid subsample allows estimates of health insurance coverage to be adjusted to account for

the Medicaid undercount present in estimates from other large surveys that collect data on health insurance coverage like the American Community Survey (ACS) and Current Population Survey (CPS). Census surveys like the ACS and CPS consistently report lower rates of Medicaid than administrative data and higher uninsured rates than the LHSIS, at least partly as a result of the number of people on Medicaid or health insurance misreporting coverage status. This misreporting is known as the Medicaid undercount. Some Medicaid enrollees may not realize or remember that they have Medicaid coverage, or a survey respondent may misreport for other members of the household when unsure about coverage of all members of the household. Other reasons a person might misreport their health insurance coverage are question placement, unfamiliar terminology, or intentional misreporting potentially to avoid a negative stigma associated with the programs.

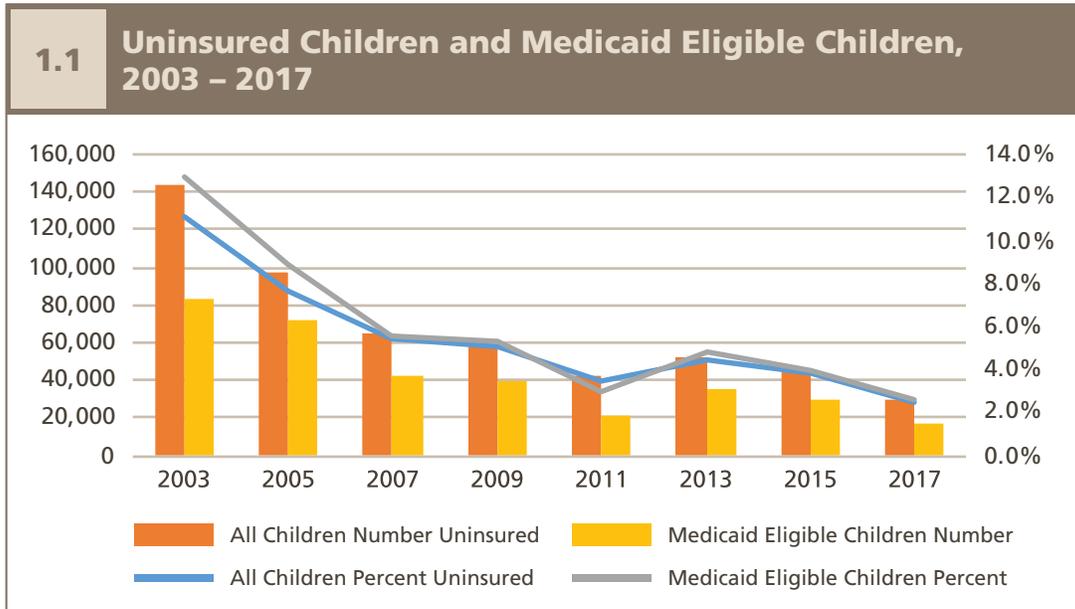
Therefore, the LHSIS uses a Medicaid subsample to ask questions of households known to include Medicaid enrollees and adjusts for the likelihood of misreporting Medicaid coverage on an individual level. This bias correction model uses a multinomial logit to predict misreporting using individual and household characteristics. Separate models for children and adults are estimated using all available years of LHSIS data allowing the probability of reporting an insurance type to vary over time and be influenced by race; income level; respondent characteristics including education, gender, and age; and the overall rate of Medicaid enrollment in the individual's parish. Analysis for this report includes an individual-level bias correction model derived from the probability of misreporting estimated by the multinomial logit. The size of the Medicaid undercount has varied over time and in the 2017 LHSIS accounting for the Medicaid undercount reduces uninsured estimates by approximately 0.7 percent for children and 0.5 percent for adults.

The remainder of this report provides an overview of the major findings from the 2017 LHSIS. First, we present a summary of insurance coverage for children followed by a similar section summarizing results for adults. Section 3 highlights differences in insurance coverage for subgroups of the population, which illustrates correlations between individual and household characteristics and insurance coverage. Finally, Section 4 summarizes the results of several questions that capture changes in the health insurance market.

1 | Uninsured Children

The uninsured rate for children decreased slightly in 2017 to 2.4 percent, keeping the rate 5 percent or less in each LHS since 2009 as shown in Figure 1.1. In terms of direct impact, this represents a drop from 45,000 uninsured children in 2015 to 28,990 in 2017. To help cover uninsured children, the state offers several different Medicaid programs, which have been expanded over time to offer coverage to more children in lower income families, a group that historically faced the greatest challenges in securing insurance through an employer or affording premiums to purchase directly. Of those children who are Medicaid eligible, only 2.6 percent were uninsured in 2017.

The estimated percent and number of uninsured children in each region of the state from 2017 LHS are presented in Table 1.1 along with estimates from the 2013 and 2015 LHS for historical reference. At the regional level, Baton Rouge has the lowest uninsured rate for children. The historical pattern of higher uninsured rates in Central Louisiana continues in 2017. While the Northeastern region of the state has historically had one of the highest uninsured rates, that region shows a reduction in estimated uninsured rates. The reduction in uninsured children is helped by changes in Medicaid enrollment. The Houma-Thibodaux and Acadiana regions have experienced the most challenging economic changes as a result of the downturn in oil and gas; uninsured rates for children have remained relatively flat in those regions. Because Medicaid is so widely available to children, however, rates remain low overall across all regions.



Region	2013		2015		2017	
	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	5.2 %	10,752	2.4 %	4,846	2.2%	4,953
Baton Rouge 2	4.0 %	6,387	3.2 %	5,674	1.3%	2,165
Houma-Thibodaux 3	4.8 %	5,207	3.2 %	3,380	2.6%	2,835
Acadiana 4	4.1 %	6,449	3.8%	5,704	3.2%	5,083
Southwest 5	4.0 %	3,044	3.4%	2,206	1.5%	1,233
Central 6	6.3 %	5,473	4.9%	4,999	6.1%	4,337
Northwest 7	2.8 %	4,085	4.4 %	5,962	3.4%	4,576
Northeast 8	4.1 %	3,518	5.8 %	5,274	1.9%	1,573
Northshore 9	4.6 %	7,071	4.6 %	6,955	1.4%	2,235
Statewide	4.4 %	51,987	3.8 %	45,000	2.4%	28,990

Table 1.2 presents the estimated percent and number of uninsured Medicaid eligible children in each region of the state. Regional patterns of coverage change over time as regions face similar challenges in enrolling 100 percent of eligible children. Overall, rates are very low even among this lower income group, which has limited access to employer-sponsored health insurance and other options.

Region	2013		2015		2017	
	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	6.2 %	8,498	2.1 %	2,543	2.9%	3,591
Baton Rouge 2	4.2 %	3,596	3.6 %	3,816	2.1%	1,715
Houma-Thibodaux 3	6.4 %	4,054	4.3 %	2,614	2.3%	1,296
Acadiana 4	4.4 %	3,962	4.8%	4,086	1.8%	1,505
Southwest 5	2.5 %	1,092	3.0%	1,096	0.5%	219
Central 6	4.8 %	2,830	4.2%	2,759	7.5%	3,319
Northwest 7	2.8 %	2,834	5.2 %	4,957	5.1%	3,972
Northeast 8	4.8 %	3,059	5.1 %	3,511	0.2%	133
Northshore 9	5.9 %	5,434	4.4 %	3,972	1.8%	1,555
Statewide	4.8 %	35,358	4.0 %	29,356	2.6%	17,305

Table 1.3 illustrates the general relationship between a child’s family income as a percent of FPL and insurance status. FPL is an income benchmark issued annually by the U.S. Department of Health and Human Services used to determine eligibility for certain programs and benefits including Medicaid. The specific threshold varies depending on household size, but for a family of four, the 2017 FPL threshold was \$24,600.

In Louisiana, to be eligible for Medicaid or the Louisiana Children’s Health Insurance Program (LaCHIP) as a child under 19 years of age, income must be below 217 percent of FPL. Between 217 percent and 255 percent of FPL, children are eligible for the LaCHIP Affordable Plan, a Medicaid buy-in program that costs \$50 per month per family. In the under 100 percent of FPL category, uninsured rates are slightly higher than at higher income groups. Although all of these children are eligible for Medicaid, their parents may be unaware of their eligibility, uninformed about the Medicaid program, or facing other access problems.

FPL Category	Percent	Number
Under 100% FPL	3.3%	14,249
100-150% FPL	1.2%	1,116
150 - 200% FPL	1.3%	774
200 - 250% FPL	1.7%	3,144
250 - 300% FPL	4.4%	4,158
300-400% FPL	1.4%	1,803
Over 400%	2.0%	3,746

Table 1.4 presents the sources of health insurance coverage for children in 2017. As noted previously, Medicaid is available for a large number of low-income children in Louisiana, so more than one half or 53.9 percent of children in Louisiana are estimated to be on Medicaid according to the 2017 LHS. This is lower than in 2015, when nearly 60 percent of children were estimated to be on Medicaid. Employer-sponsored coverage is the next largest source of coverage for children, with approximately 39.0 percent of children enrolled in an employer sponsored health insurance program. Purchased coverage includes plans bought directly from an insurer as well as plans purchased through the federal Health Insurance Marketplace. In addition, a small percentage of children have health insurance through someone who is not a member of the respondent's household, which is often the result of coverage through a second parent not in the household. Because children can have more than one type of insurance coverage, totals across Table 1.4a and 1.4b may sum to more than 100 percent.

Region	Employer Sponsored		Purchased		Former Employer		Not in Household	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	36.8%	82,679	2.6%	5,825	2.0%	4,504	3.6%	8,095
Baton Rouge 2	48.4%	83,024	3.0%	5,211	0.3%	577	6.2%	10,698
Houma-Thibodaux 3	41.0%	44,761	2.5%	2,776	0.9%	943	5.4%	5,872
Acadiana 4	39.3%	61,916	6.5%	10,218	1.6%	2,593	2.8%	4,487
Southwest 5	42.4%	34,148	3.5%	2,789	3.0%	2,454	4.7%	3,821
Central 6	29.9%	21,379	1.8%	1,320	1.0%	723	4.3%	3,072
Northwest 7	32.8%	44,288	7.2%	9,758	0.6%	813	3.9%	5,216
Northeast 8	31.2%	26,394	4.5%	3,788	0.9%	782	3.3%	2,817
Northshore 9	42.3%	68,273	4.7%	7,538	1.4%	2,197	3.9%	6,367
Statewide	39.0%	466,863	4.1%	49,223	1.3%	15,585	4.2%	50,445

Table 1.4b: Estimated Sources of Coverage for Children

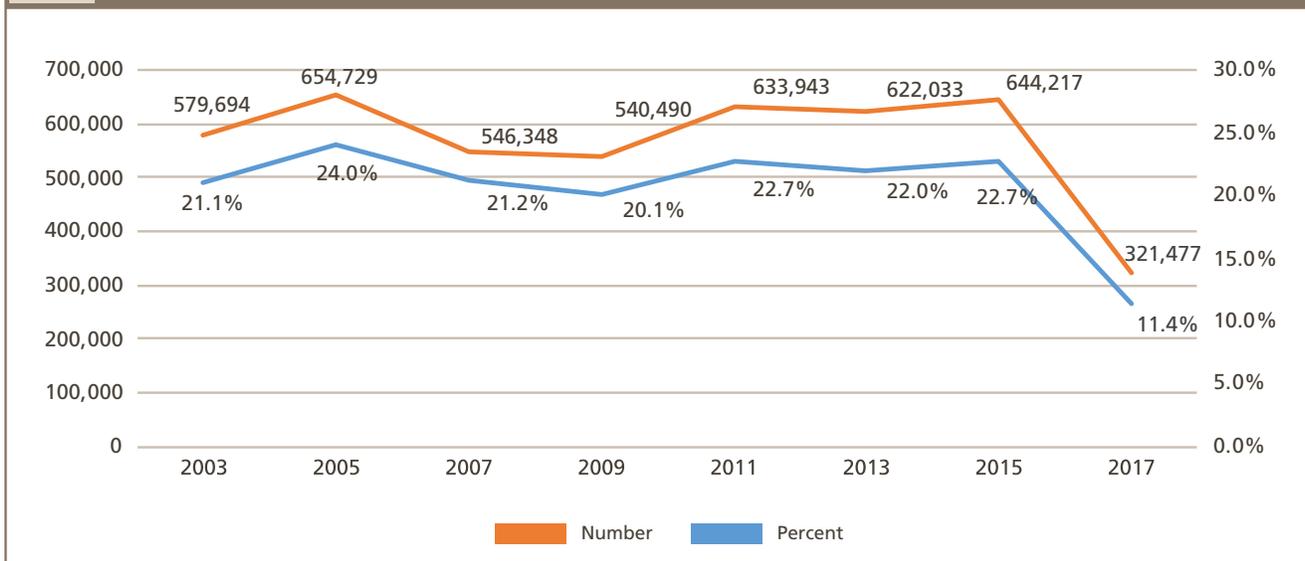
Region	Medicare		Military		Medicaid		Uninsured	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	0.9%	2,131	2.1%	4,701	57.7%	129,654	2.2%	4,953
Baton Rouge 2	0.9%	1,488	1.2%	2,037	47.1%	80,858	1.3%	2,165
Houma-Thibodaux 3	1.5%	1,670	0.6%	666	54.7%	59,674	2.6%	2,835
Acadiana 4	1.4%	2,266	1.5%	2,371	52.2%	82,344	3.2%	5,083
Southwest 5	1.7%	1,407	3.6%	2,872	53.0%	42,728	1.5%	1,233
Central 6	1.2%	879	7.0%	4,988	57.1%	40,855	6.1%	4,337
Northwest 7	0.8%	1,014	7.1%	9,592	52.7%	71,152	3.4%	4,576
Northeast 8	2.4%	2,006	0.5%	413	63.3%	53,639	1.9%	1,573
Northshore 9	1.6%	2,632	2.5%	4,052	51.9%	83,799	1.4%	2,235
Statewide	1.3%	15,493	2.6%	31,693	53.9%	644,703	2.4%	28,990

2 | Uninsured Adults

Medicaid expansion for low-income adults began on July 1, 2016, after the previous installment of the LHIS in 2015. The 2017 survey is the first to capture the dramatic drop in uninsured non-elderly adults in Louisiana, from 644,217 (22.7 percent) in 2015 to 321,477 (11.4 percent) in 2017. This suggests that the number of uninsured adults in Louisiana was cut in half by the policy change, and this number may drop further in future years as residents become more informed of Medicaid options and eligibility. A similar dramatic decrease in uninsured children was seen between 2003 and 2009 with the expansion and marketing of the state's Medicaid program for children in Louisiana.

Table 2.1 displays the percent and number of uninsured adults by region. Houma-Thibodaux has the lowest rates of uninsured, while the Central and Southwest regions have the highest. The low uninsured rates in Houma-Thibodaux are particularly remarkable given the challenging economic conditions facing the region as the oil and gas industry has suffered from low oil prices and unemployment has spiked. The expanded availability of Medicaid as a source of coverage helped offset the deteriorating economic conditions and lowered uninsured rates within the region. The marked regional differences in previous years is much more muted in 2017 as rates in regions of the state that historically had higher uninsured rates have decreased as a result of the Medicaid expansion.

2.1 Estimated Percent and Number of Uninsured Adults, 2003 – 2017



Region	2013		2015		2017	
	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	20.6%	110,908	21.2%	113,666	11.5%	61,436
Baton Rouge 2	18.0%	75,039	18.8%	79,948	10.2%	42,654
Houma-Thibodaux 3	21.2%	52,162	21.9%	54,553	8.5%	20,640
Acadiana 4	20.7%	76,497	22.2%	76,745	10.9%	40,787
Southwest 5	21.4%	38,538	25.6%	37,532	15.2%	26,802
Central 6	21.0%	40,186	23.0%	56,761	14.7%	27,625
Northwest 7	26.9%	88,175	25.8%	86,323	11.3%	37,234
Northeast 8	26.3%	58,301	29.2%	61,360	12.6%	26,985
Northshore 9	24.4%	82,226	22.6%	77,329	11.2%	37,315
Statewide	22.0%	622,033	22.7%	644,217	11.4%	321,477

Table 2.2 shows the decreases in uninsured rates for lower-income adults. Between 2015 and 2017, the percentage of uninsured adults fell from the mid-30s in income categories under 150 percent of FPL to under 20 percent in these same categories, with the most dramatic difference occurring in the 24–100 percent of FPL category. In this category, uninsured rates declined from 38.1 percent to 11.4 percent.

FPL Category	2015		2017	
	Percent	Number	Percent	Number
Under 24% FPL	35.1%	99,559	18.7%	72,631
24 – 100% FPL	38.1%	146,384	11.4%	26,885
100 – 138% FPL	35.5%	81,778	11.2%	10,545
138 – 150% FPL	37.3%	26,888	13.0%	16,638
150 – 200% FPL	27.4%	79,098	17.0%	65,984
200 – 250% FPL	22.7%	52,550	13.4%	50,228
250 – 300% FPL	19.7%	42,159	9.8%	20,921
300 – 400% FPL	13.0%	43,302	7.2%	23,930

Historically, low-income parents had more access to Medicaid than childless adults. The LHIS has tracked the differences between these groups for several years. In 2017, access to Medicaid is equally available to both groups, so it was expected that there might be a closing of the gap between parents and childless adults. While there is evidence of a diminishing gap in 2017, parents are still significantly more likely to have health insurance coverage than their childless peers.

Table 2.3: Uninsured Estimates for Parents and Childless Adults by Region

Region	2015				2017			
	Parents		Childless Adults		Parents		Childless Adults	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	14.1%	21,897	24.1%	93,769	8.7%	12,263	12.4%	49,173
Baton Rouge 2	12.6%	16,907	21.7%	63,041	5.3%	6,385	12.2%	36,269
Houma-Thibodaux 3	18.3%	14,094	23.5%	40,459	5.9%	3,885	9.4%	16,755
Acadiana 4	16.4%	18,877	25.0%	57,868	7.8%	8,739	12.2%	32,047
Southwest 5	19.6%	9,491	28.6%	28,040	6.6%	3,165	18.4%	23,636
Central 6	16.2%	12,825	26.1%	43,935	9.8%	5,160	16.6%	22,465
Northwest 7	20.3%	19,592	28.0%	66,731	6.0%	5,554	13.4%	31,680
Northeast 8	23.7%	14,366	31.5%	46,995	7.6%	4,342	14.5%	22,643
Northshore 9	19.4%	22,470	24.2%	54,859	7.2%	7,831	13.1%	29,485
Statewide	17.1%	150,520	25.2%	493,698	7.2%	57,324	13.1%	264,153

As in the past, the largest source of coverage for adults in 2017 is employer-sponsored health insurance, which covers 52.6 percent of the population. Medicaid is an increasingly important source of coverage since Medicaid expansion, with 20.8 percent of adults now enrolled in the program. There are still 11.4 percent of adults uninsured in Louisiana. Because some adults can have coverage from more than one source, totals across Tables 2.4a and 2.4b may add up to more than 100 percent.

Table 2.4a: Estimated Sources of Coverage for Adults

Region	Employer Sponsored		Purchased		Former Employer		Not in Household	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	51.2%	274,591	9.1%	48,645	3.3%	17,679	2.4%	12,714
Baton Rouge 2	60.0%	250,572	8.4%	35,138	4.3%	17,776	2.6%	10,853
Houma-Thibodaux 3	54.0%	131,454	7.5%	18,155	4.0%	9,693	0.9%	2,311
Acadiana 4	53.1%	198,365	10.7%	39,992	4.3%	16,073	2.1%	7,845
Southwest 5	54.5%	96,084	7.5%	13,175	4.3%	7,645	1.8%	3,139
Central 6	45.7%	85,601	5.3%	10,003	4.2%	7,868	0.5%	868
Northwest 7	49.2%	161,390	9.4%	30,964	4.0%	13,155	3.0%	9,922
Northeast 8	48.9%	104,602	6.9%	14,827	5.9%	12,707	2.0%	4,291
Northshore 9	53.0%	176,567	8.6%	28,607	4.5%	14,993	1.6%	5,239
Statewide	52.6%	1,479,226	8.5%	239,507	4.2%	117,589	2.0%	57,181

Table 2.4b: Estimated Sources of Coverage for Adults

Region	Medicare		Military		Medicaid		Uninsured	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
New Orleans 1	6.5%	35,096	4.1%	21,792	23.3%	124,953	11.5%	61,436
Baton Rouge 2	4.5%	18,974	3.1%	12,769	17.3%	72,375	10.2%	42,654
Houma-Thibodaux 3	10.9%	26,610	1.9%	4,530	24.0%	58,323	8.5%	20,640
Acadiana 4	7.1%	26,563	2.9%	10,943	18.9%	70,774	10.9%	40,787
Southwest 5	7.2%	12,646	3.4%	6,011	16.0%	28,138	15.2%	26,802
Central 6	7.2%	13,425	10.6%	19,782	22.6%	42,399	14.7%	27,625
Northwest 7	7.9%	26,070	7.2%	23,736	20.9%	68,555	11.3%	37,234
Northeast 8	8.1%	17,303	3.9%	8,372	24.4%	52,254	12.6%	26,985
Northshore 9	6.3%	20,951	4.6%	15,225	20.2%	67,139	11.2%	37,315
Statewide	7.0%	197,638	4.4%	123,158	20.8%	584,910	11.4%	321,477

The final two tables of this section display information about the adult population under 138 percent of FPL, the group that is newly eligible for Medicaid. Just over 19 percent of adults under 138 percent of FPL remain on employer sponsored health insurance. A more sizeable 49.7 percent of low-income adults are now enrolled in Medicaid due to the expansion in 2016, up from 23.9 percent in 2015. Table 2.6 shows the uninsured adults under 138 percent of FPL by region. Houma-Thibodaux has the lowest rates of uninsured low-income adults in the state. Considerable improvement in insurance coverage has been made in every region of the state, even in the regions with highest rates.

Table 2.5: Estimated Sources of Coverage for Adults Under 138% of FPL

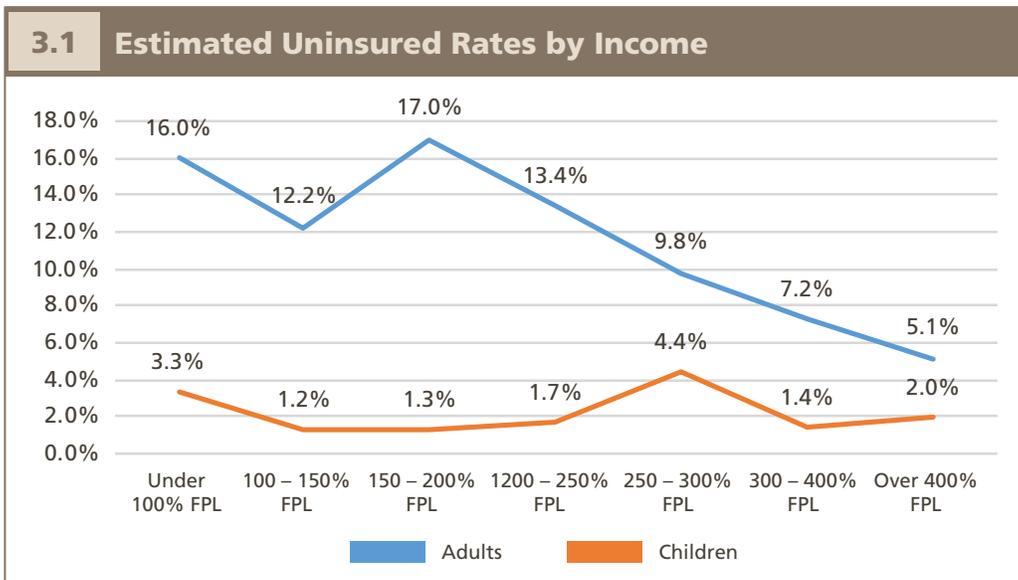
Source	2015		2017	
	Percent	Number	Percent	Number
Employer sponsored	20.1%	180,523	19.6%	140,376
Purchased	6.9%	62,364	7.3%	52,163
Former Employer	5.3%	47,829	3.4%	24,743
Not in Household	2.7%	24,062	2.5%	18,064
Medicare	10.1%	90,606	14.3%	102,936
Military	3.7%	33,221	3.0%	21,849
Medicaid	23.9%	214,738	49.7%	356,430
Uninsured	36.5%	327,720	15.3%	110,061

Table 2.6: Estimated Uninsured Adults Under 138% of FPL, by Region

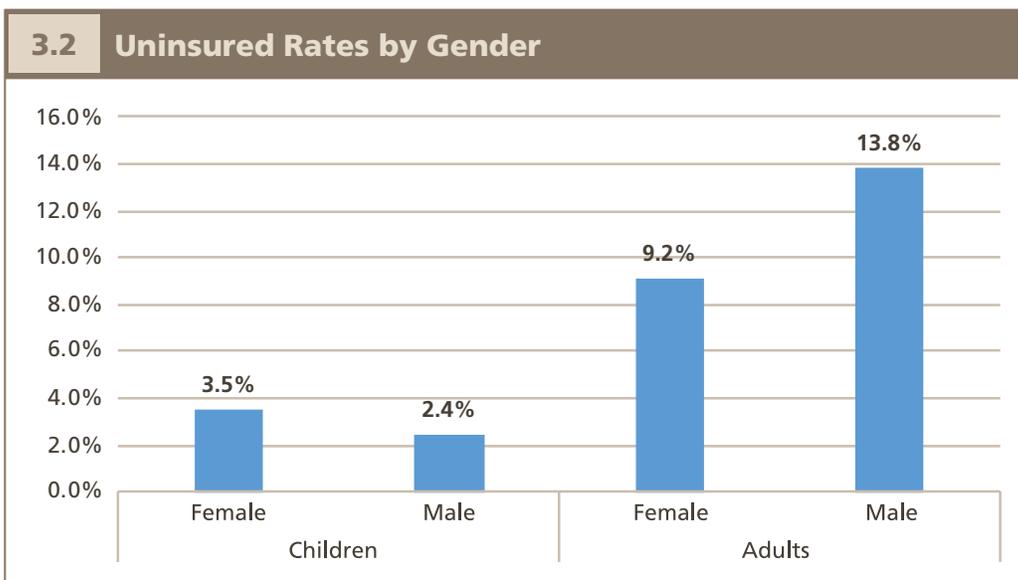
Region	2015		2017	
	Percent	Number	Percent	Number
New Orleans 1	34.9%	52,702	14.3%	19,383
Baton Rouge 2	31.0%	35,412	18.3%	17,256
Houma-Thibodaux 3	37.2%	26,180	10.3%	6,592
Acadiana 4	37.6%	41,620	15.2%	13,721
Southwest 5	44.4%	19,635	19.8%	8,931
Central 6	36.3%	30,428	19.0%	10,110
Northwest 7	36.6%	45,832	15.2%	13,244
Northeast 8	39.5%	35,840	13.3%	8,244
Northshore 9	37.0%	40,070	14.6%	12,581
Statewide	36.5%	327,720	15.3%	110,062

3 | Correlates of Uninsured Status

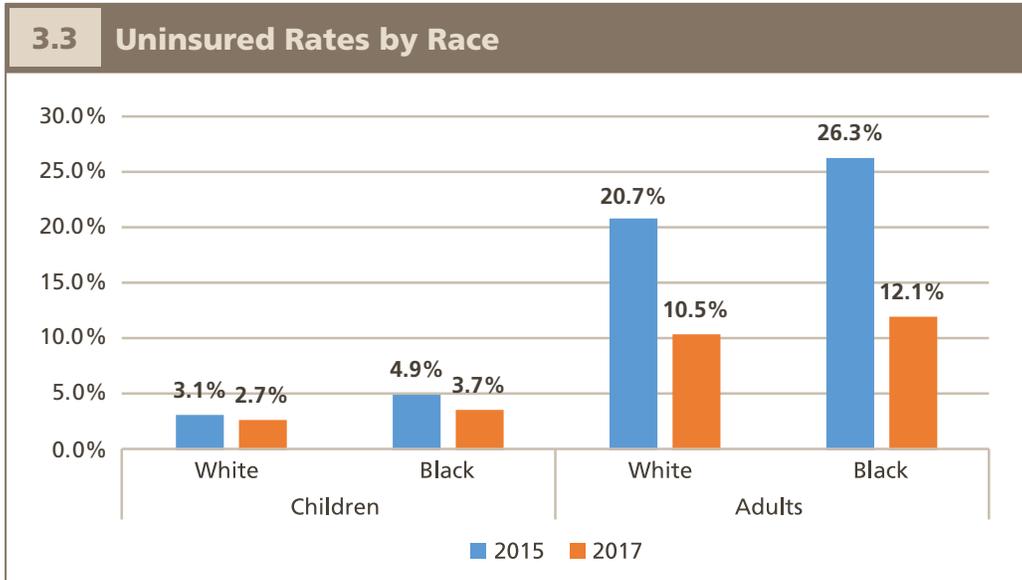
Income is still the most important predictor of uninsured status for adults, as shown in Figure 3.1. Though the number of uninsured adults has gone down across all incomes, higher income adults are still least likely to be uninsured. Children have low uninsured rates across all income levels because of longstanding Medicaid and LaCHIP enrollment programs in schools and other sources.



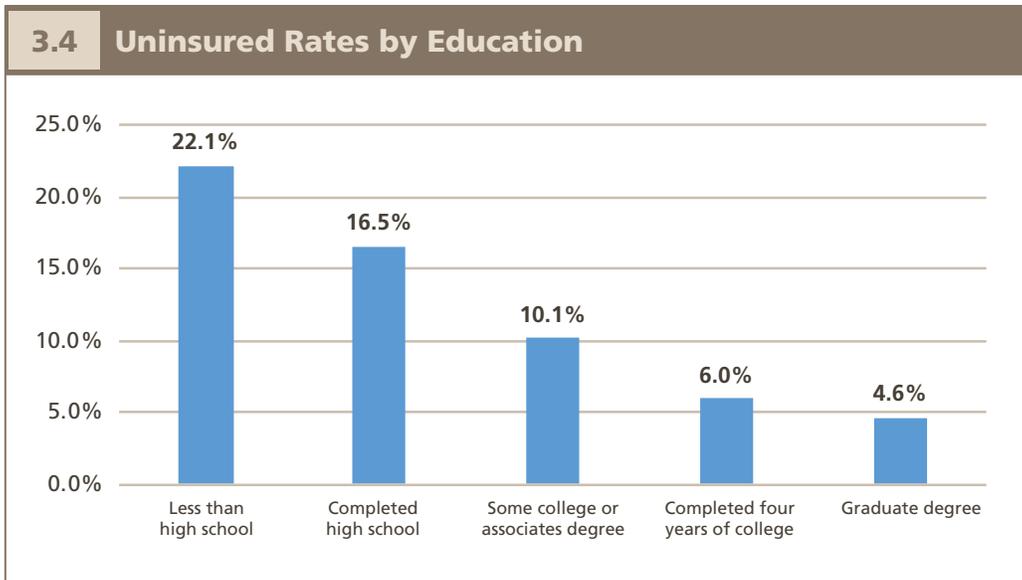
Another factor that identifies significant differences in insurance status, especially for adults, is gender. Adult females are more likely to be insured than males, perhaps due to higher expected utilization among non-elderly adults or lower risk tolerance.



Historically, uninsured rates for black children and adults have been higher than the overall uninsured rates. While this pattern continues to be true in 2017, the overall reduction in uninsured rates among adults following the Medicaid expansion has reduced this disparity, with only 1.6 percent more black adults uninsured than white adults compared to a 5.6 percent differential in 2015.



Education continues to be highly correlated with uninsured status, with less educated adults considerably more likely to be uninsured. Even among the lowest educated adults, however, uninsured rates for each level of education is considerably below 2015 levels.¹



¹ The 2015 LHIS can be downloaded from the following address: http://ldh.la.gov/assets/medicaid/LHIS/2015LHIS/LHIS_2015_Final.pdf

The age groups least likely to be covered by health insurance are young adults, with the highest rates among adults aged 19-26 years and among adults aged 27-44 years. These also tend to be the healthiest age groups and thus, least in need of health services.

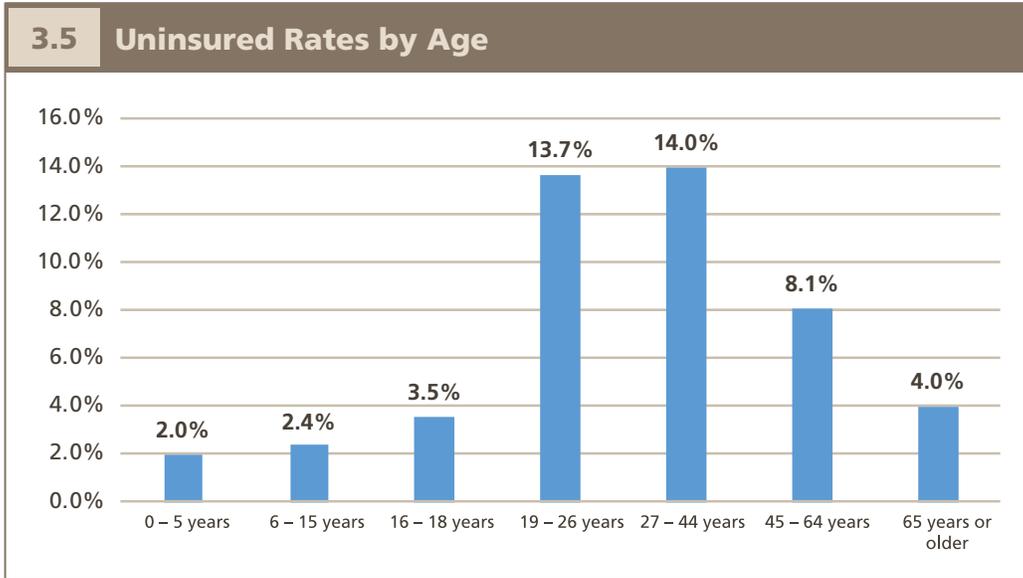
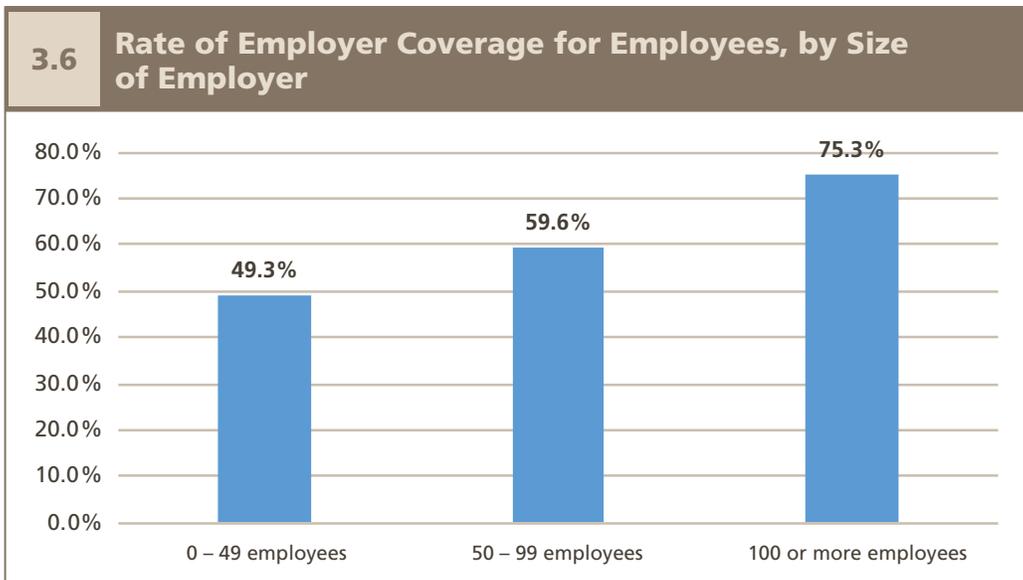
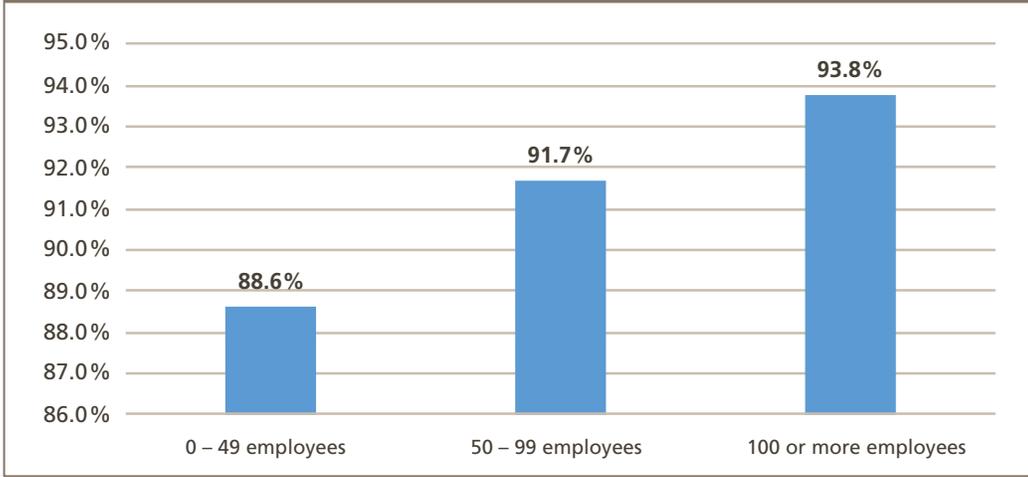


Figure 3.6 displays the rate of employer coverage for respondents and Figure 3.7 shows employer coverage for any employees by employer size. Larger companies are more likely to offer health insurance, but even employees of businesses of fewer than 50 employees report that at least half of these employers offer coverage to all employees, and almost 90 percent of businesses with fewer than 50 employees offer at least some of their employees an insurance option.



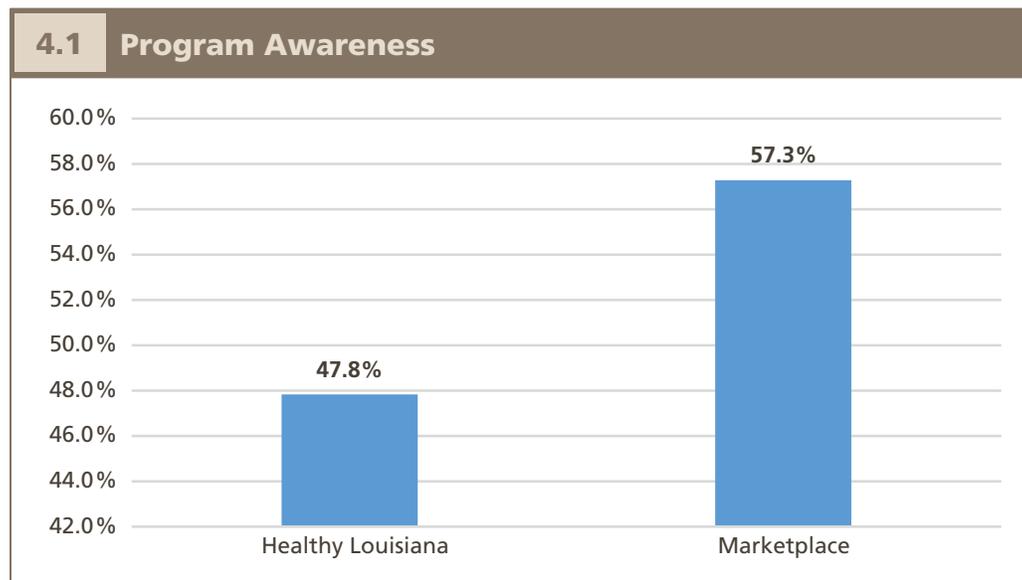
3.7 Employer Insurance Offered to Any Employees, by Size of Employer



4 | Changes in Health Care Insurance Market

This section reports on questions developed for LHIS regarding major changes in the market. These questions were designed to identify some of the perceptions and experiences people have in regard to health insurance, especially about branding of Medicaid, the Health Insurance Exchange/Marketplace, and quality and cost of health services. Some of these questions were asked in previous versions of the survey, and some are new.

Figure 4.1 displays responses from a series of questions about program awareness. Respondents were asked if they had heard of the state's Medicaid program including options for state-specific terminology including LaCHIP, Healthy Louisiana, and Bayou Health. In addition, respondents were asked about awareness of the Health Insurance Exchange/Marketplace. Awareness of the Health Insurance Exchange/Marketplace has grown, but familiarity with Louisiana's Medicaid programs is similar to 2015 when awareness was at 48.0 percent.



While awareness is an important indicator of the success of the Health Insurance Exchange/Marketplace in providing access to health insurance, some individuals lack internet access or may not feel comfortable purchasing insurance online. The 2017 LHIS included a question to assess how comfortable respondents would be purchasing insurance online and a majority of respondents indicated that they would not feel comfortable signing up for a health insurance plan online. Figure 4.2 shows the percent of respondents that would feel comfortable signing up online overall and in three age categories. Less than half of respondents indicated they were comfortable signing up for a health insurance plan online. As might be expected given general trends in online access and shopping, the youngest age group was most likely to indicate they would be comfortable and the oldest group was least likely.

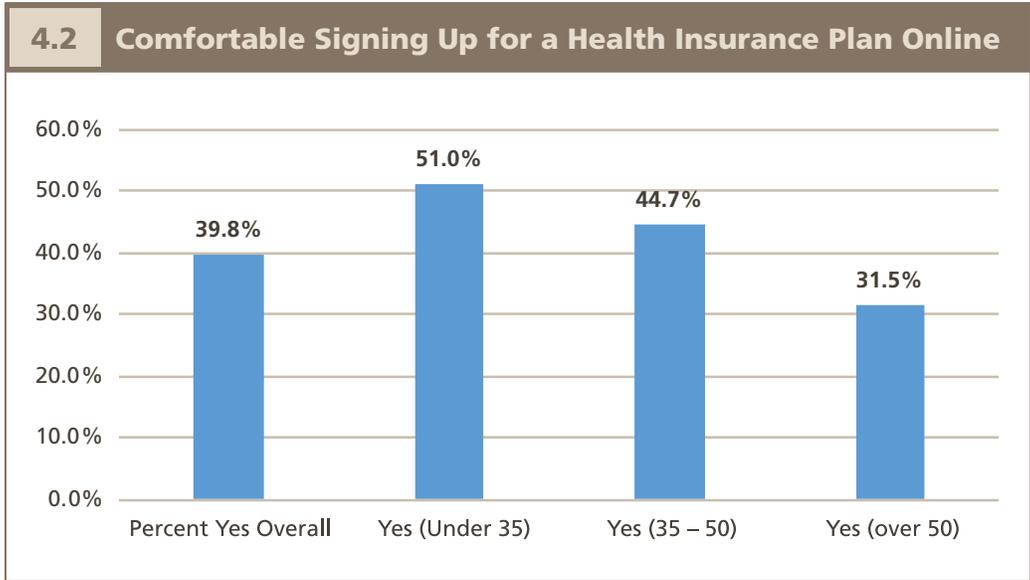
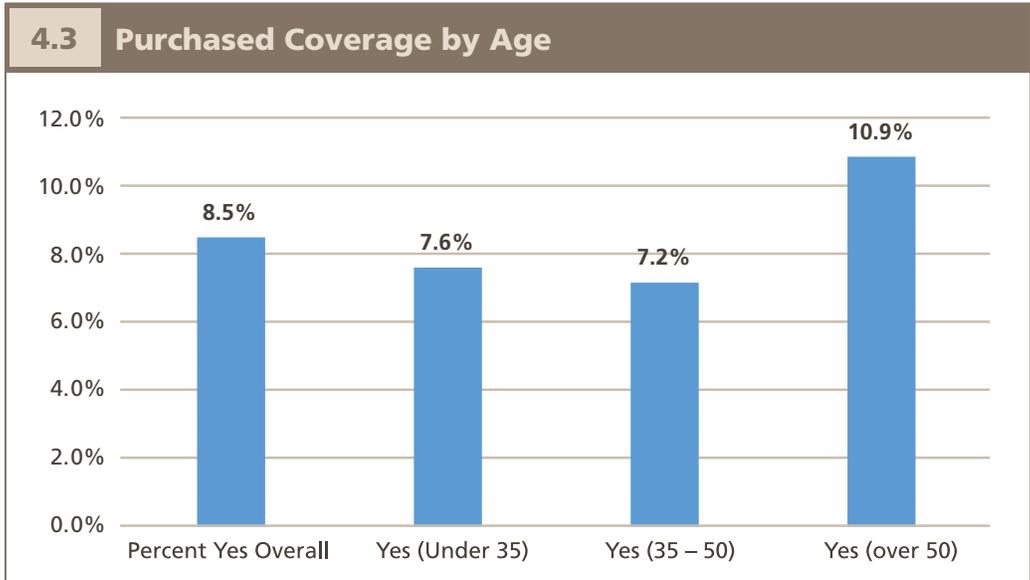
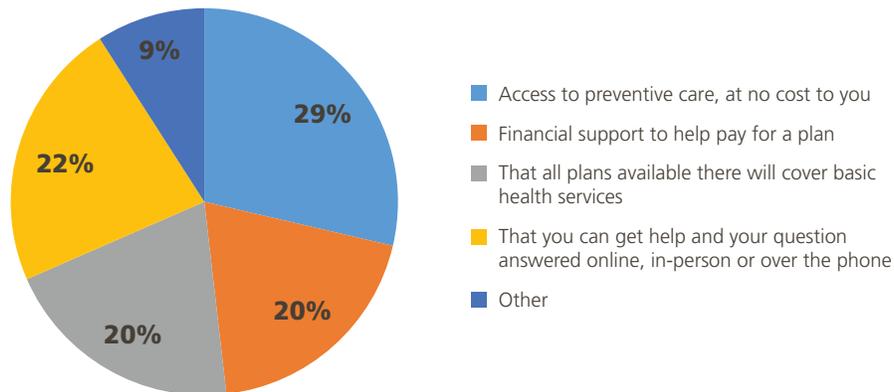


Figure 4.3 shows the percentage of respondents who purchased coverage by age group. Although the over 50 age group indicated they were least comfortable signing up for health insurance online, this was also the age group mostly likely to purchase coverage on their own.



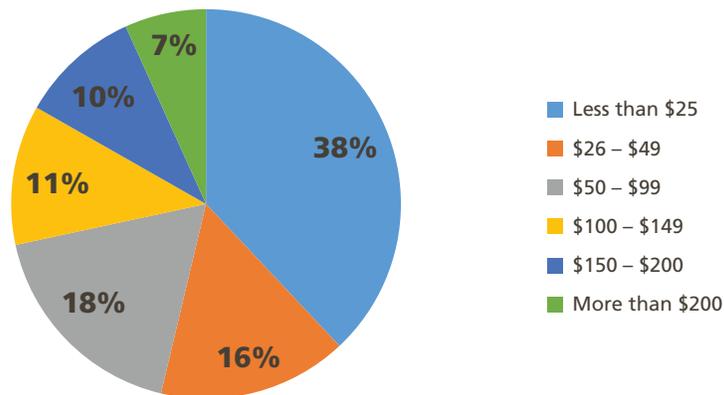
To further assess consumer sentiments about the Health Insurance Exchange/Marketplace, the 2017 LHIS included a question to determine which features of the Marketplace were most important to respondents signing up for a health plan through the Marketplace. Responses to the Marketplace features question are summarized in Figure 4.4. While financial concerns were most important, access to help and answering questions were also common concerns of potential health insurance purchasers.

4.4 Most Important Features of the Marketplace

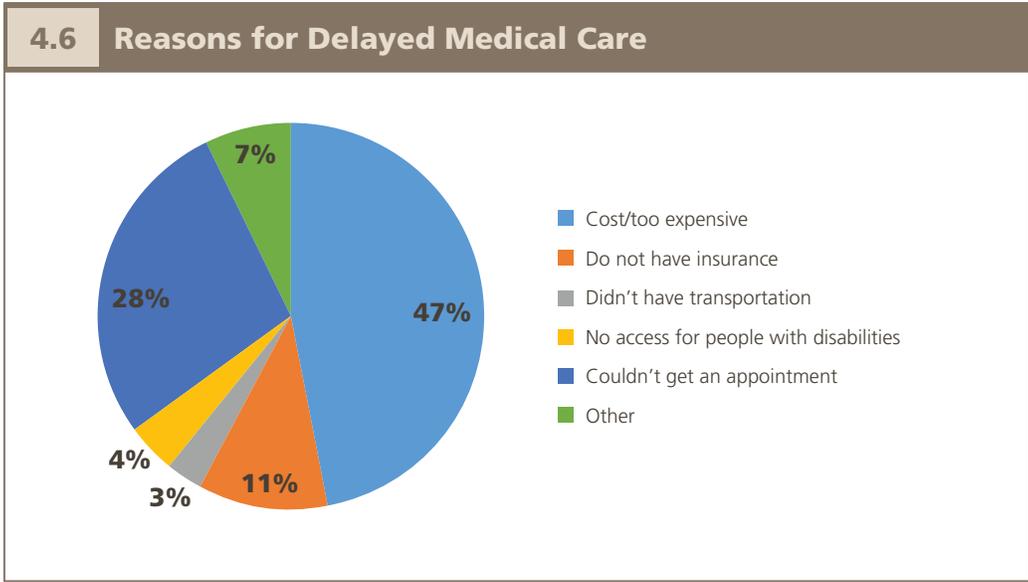


Respondents were asked to estimate how much they would be willing to pay to cover uninsured members of their household. Figure 4.5 displays how willingness to pay varied across respondents. While most indicated lower ranges, more than 25 percent indicated they were willing to pay more than \$100/month and 7 percent more than \$200.

4.5 Monthly Premium Respondents would be Willing to Pay to Cover Uninsured Members of their Household

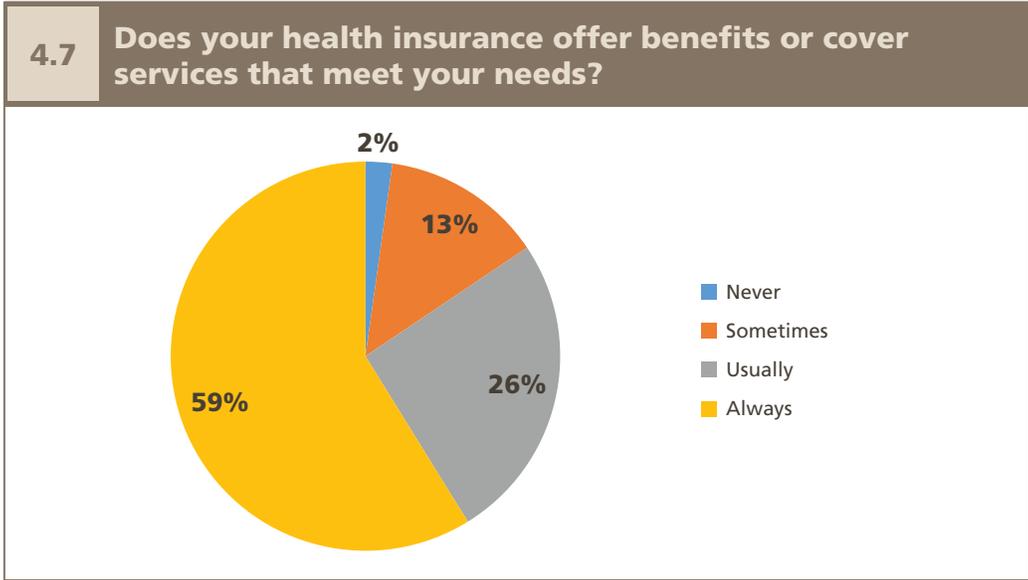


To gauge whether people's health insurance or lack thereof was preventing them from accessing medical care, we asked respondents whether there was any time in the past 12 months in which they needed medical care, but delayed or didn't get it. Approximately 13 percent indicated they had delayed care; the remaining 87 percent said they did not delay care at any point in the past 12 months. Figure 4.6 displays the most often listed reasons for delayed care. Cost and lack of insurance make up more than 50 percent of the reasons for delayed care.

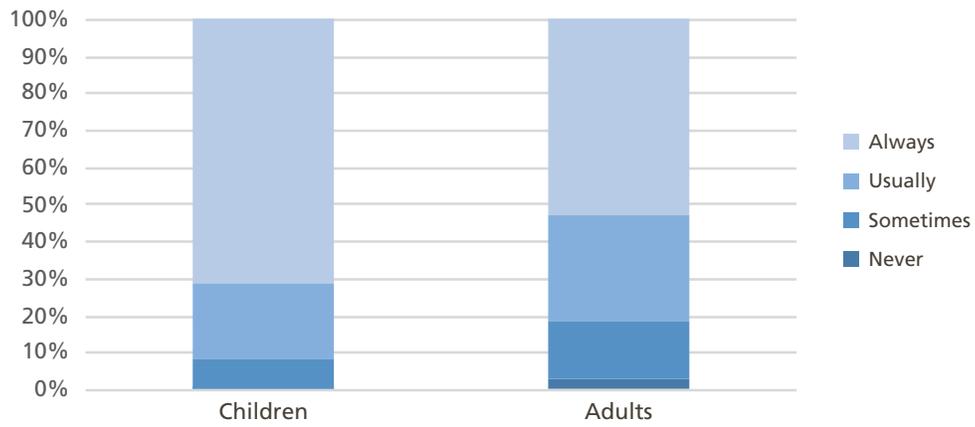


The following figures display results from four new questions added by the Office of Public Health to assess the accessibility and costs of health insurance. The vast majority of people seem to be satisfied that health insurance benefits meet their needs and allow them to see the health care providers they need, and that health care costs aside from monthly insurance premiums are not too costly.

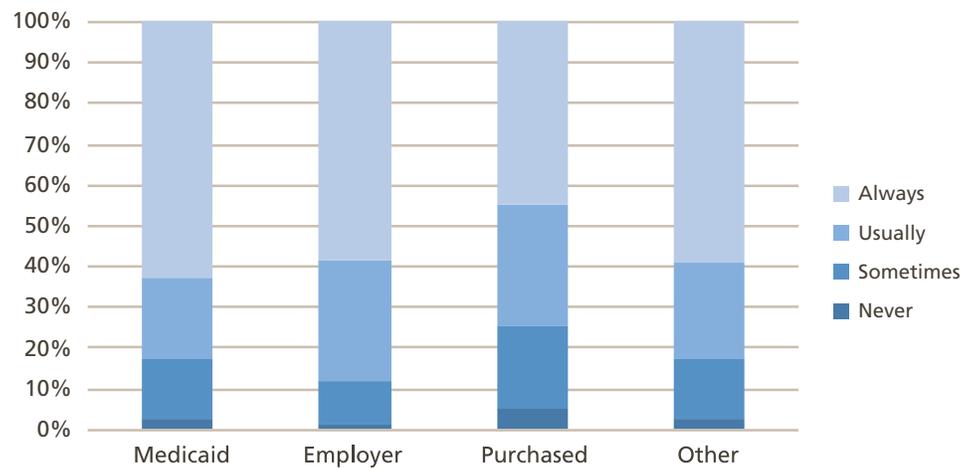
In Figure 4.7, a vast majority of respondents indicated that their health insurance always or usually offered benefits or covered services that met their needs. The following three stacked bar charts break out responses for children and adults (Figure 4.8), insurance type (Figure 4.9), and region (Figure 4.10). Adults and children had a large difference in responses – adults were much less likely to indicate their health insurance always met their needs. Individuals with purchased coverage were least likely among major insurance types to indicate their health insurance always met their needs. There was very little difference in pattern among the nine different regions (region numbering corresponds to the regions used in tables in earlier sections of the report).



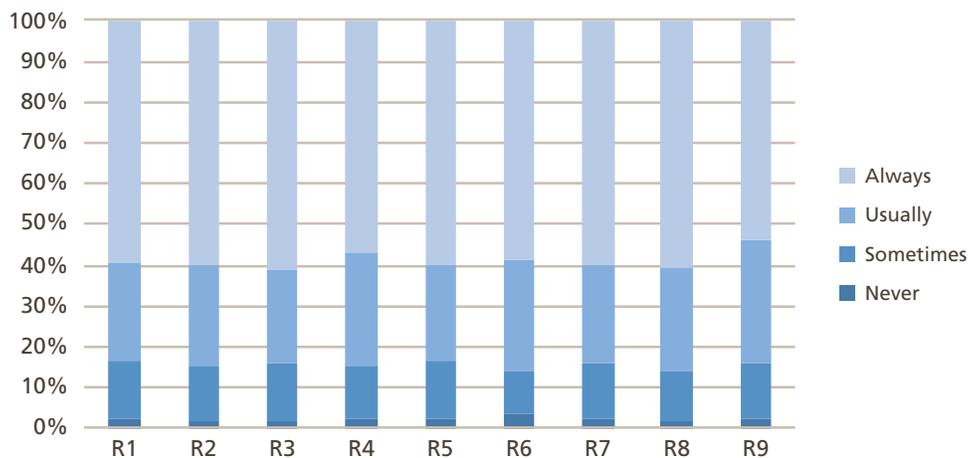
4.8 Insurance Meets Needs, By Children and Adults



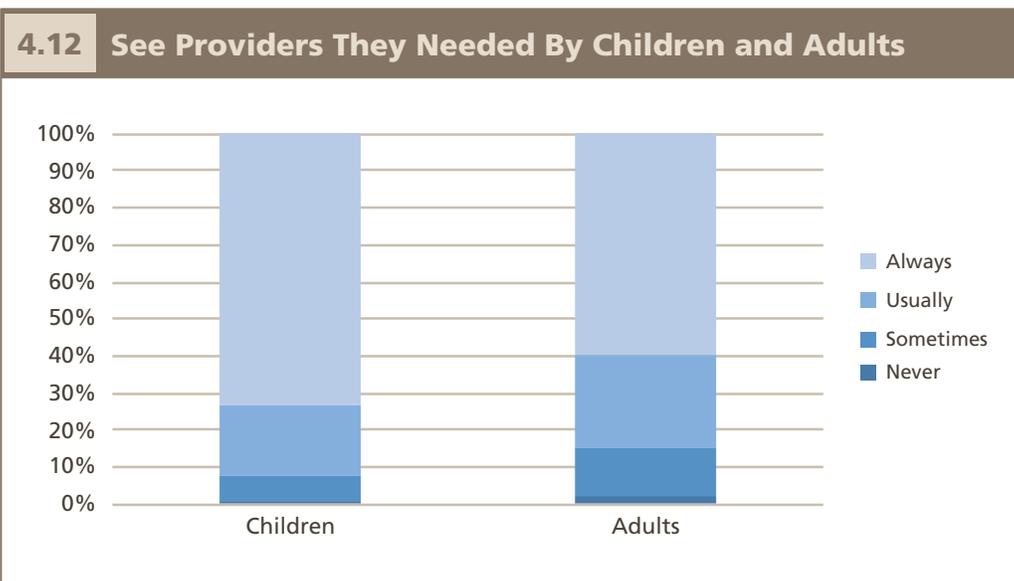
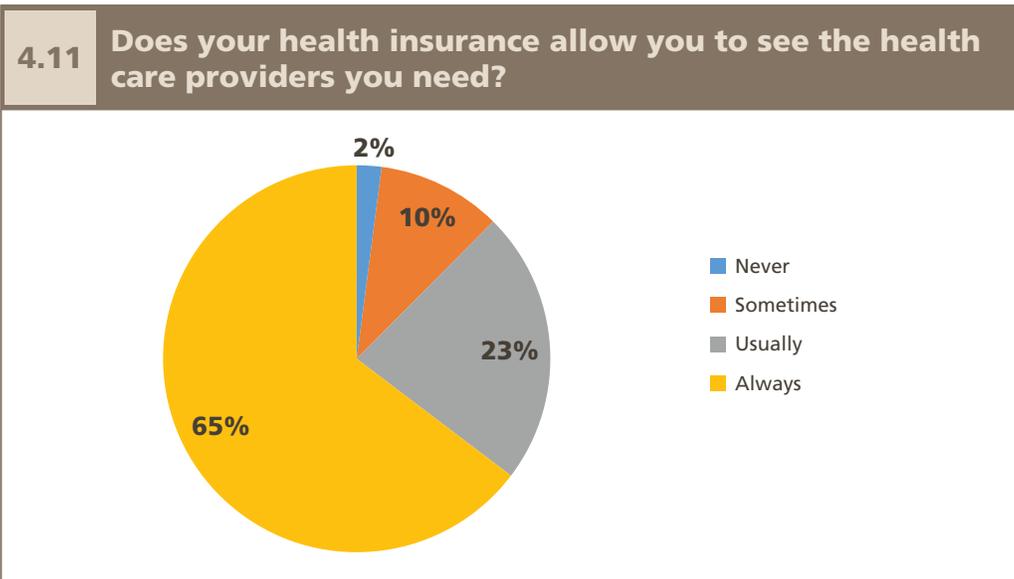
4.9 Insurance Meets Needs, By Insurance Type



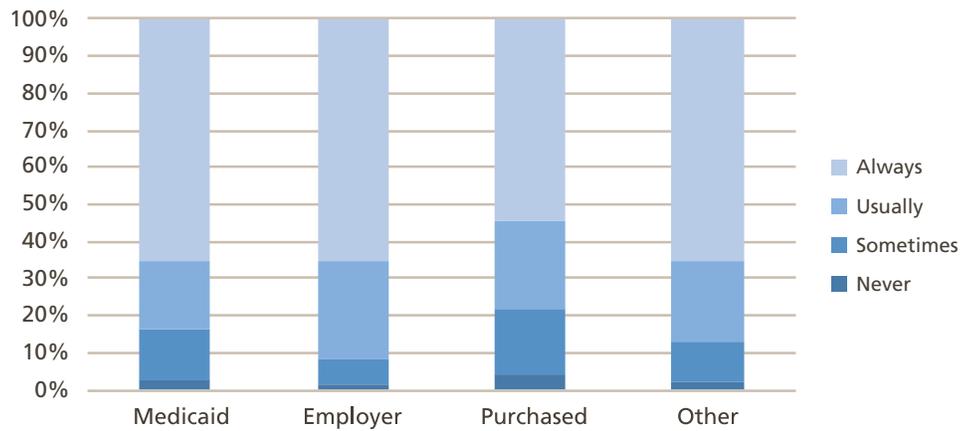
4.10 Insurance Meets Needs, By Region



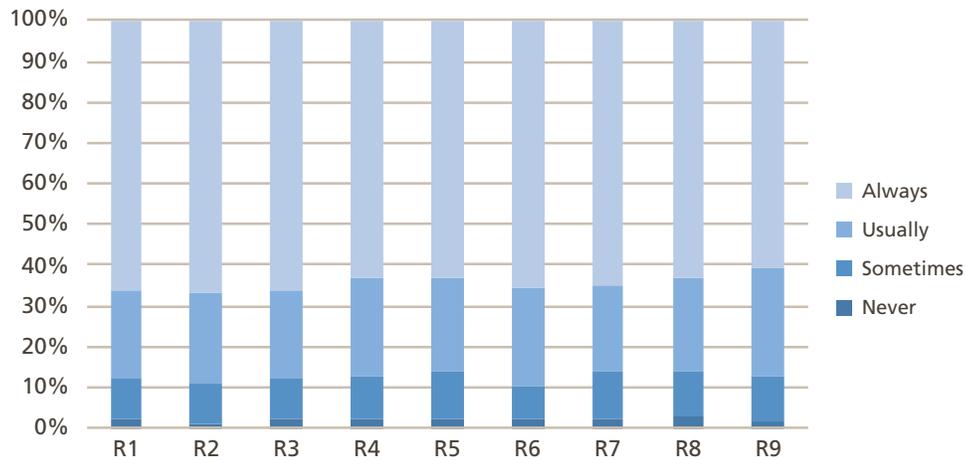
A majority of respondents indicated that their health insurance always or usually allowed them to see the health care providers they needed (Figure 4.11). The following three figures break out responses by children and adults (Figure 4.12), insurance type (Figure 4.13), and region (Figure 4.14). Again, the biggest difference is that adults are more likely to indicate difficulty seeing the providers they need, as are those insured with purchased coverage. Even in these categories, however, approximately 80 percent or more are usually or always satisfied with their ability to see the providers they need.



4.13 See Providers They Needed, By Insurance Type

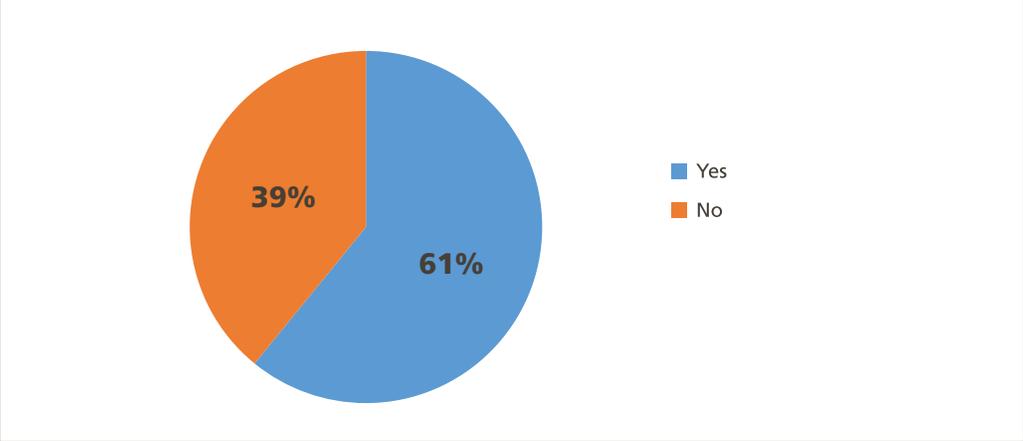


4.14 See Providers They Needed, By Region

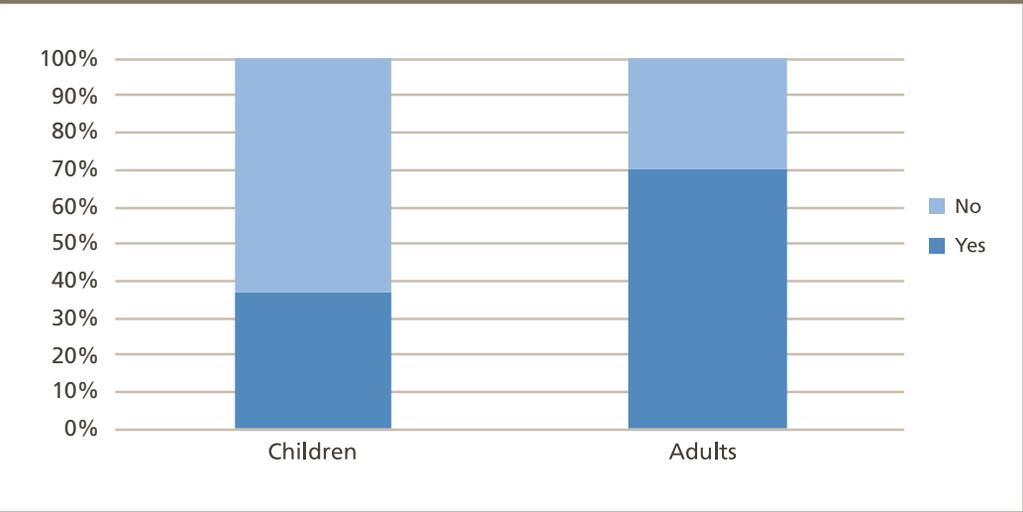


In a question about costs (Figure 4.15), approximately 61 percent of respondents indicated that they did have to pay out-of-pocket expenses beyond health insurance premiums for health care services over the past year. When looking at differences across subsets of the population, adults were more likely to pay out-of-pocket costs than children (Figure 4.16), and the Medicaid insured were least likely to pay out-of-pocket expenses (Figure 4.17). Differences across regions were minimal (Figure 4.18).

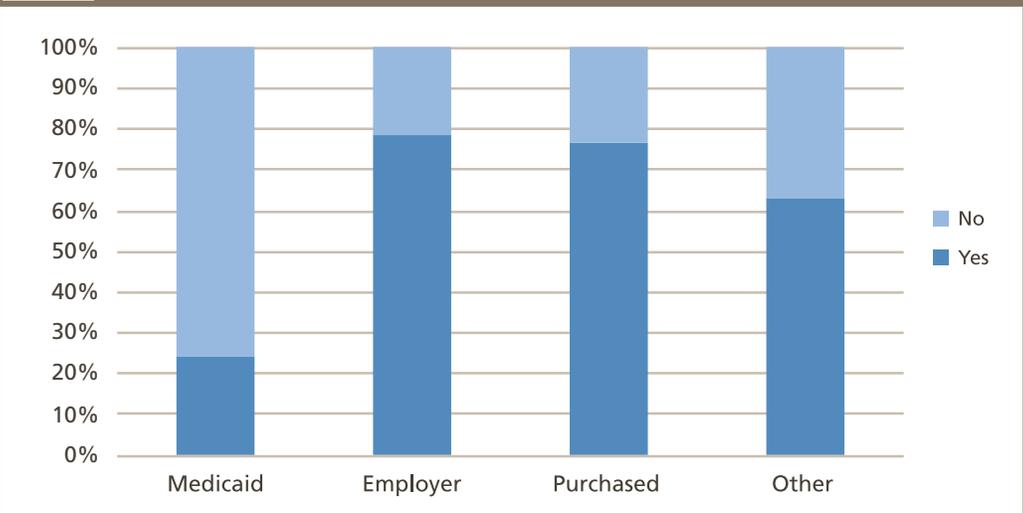
4.15 Not including health insurance premiums or costs that are covered by insurance, do you pay any money for your health care?



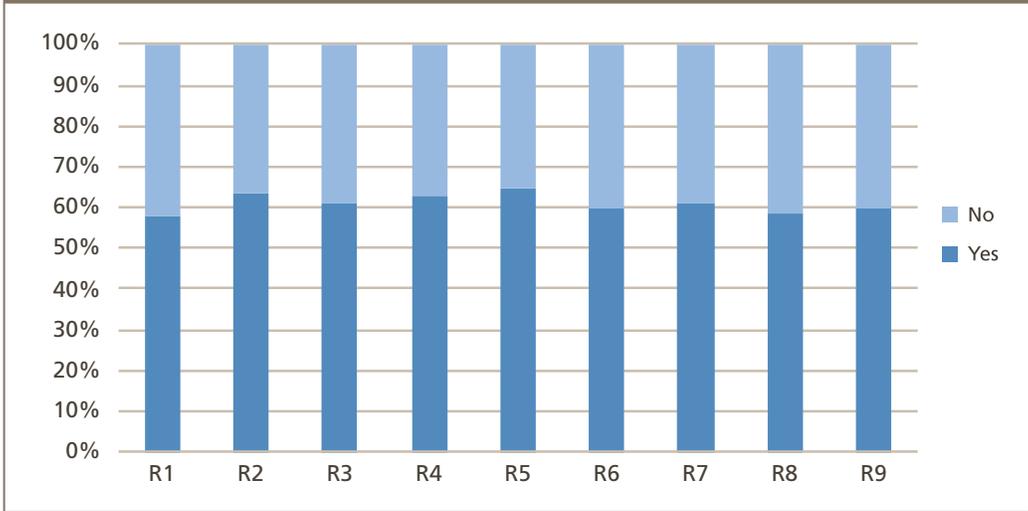
4.16 Out-of-Pocket Expenses, By Children and Adults



4.17 Out-of-Pocket Expenses, By Insurance Type

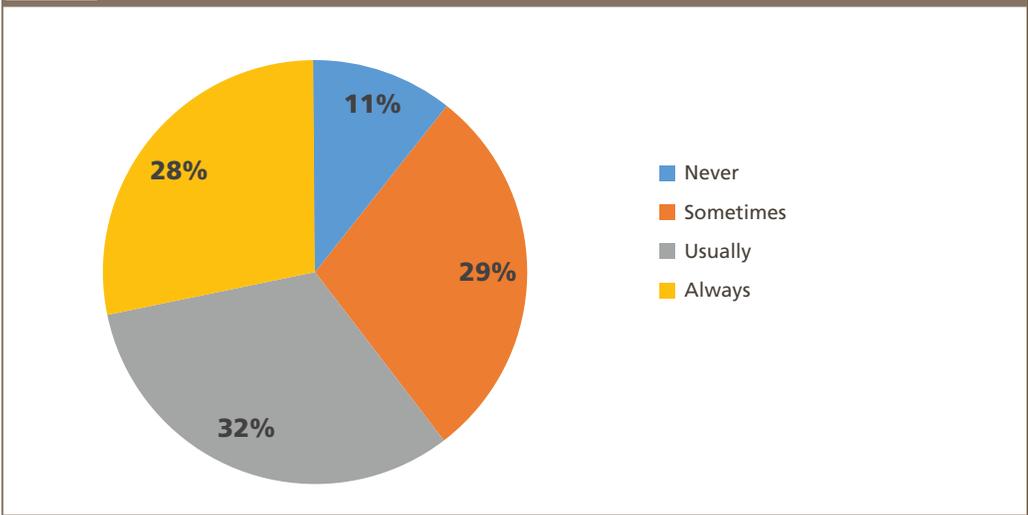


4.18 Out-of-Pocket Expenses, By Region

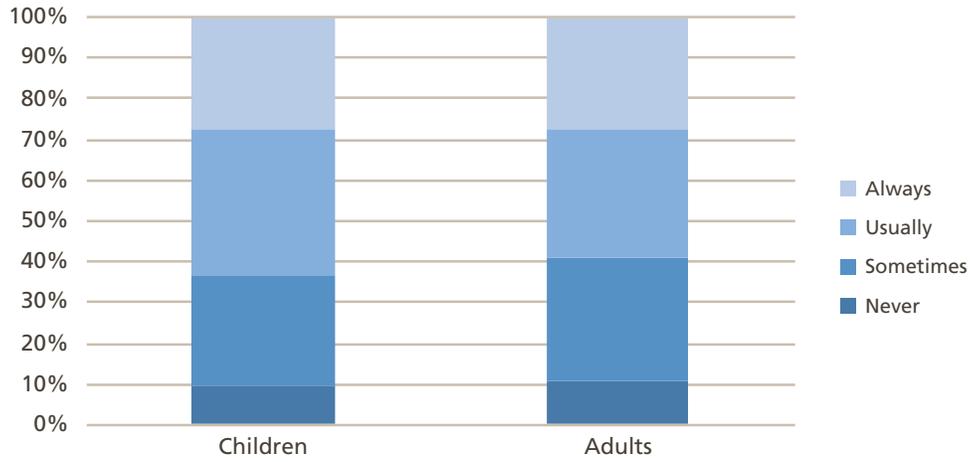


Among those who did see additional out-of-pocket costs, Figure 4.19 describes how often these costs were considered reasonable by respondents. Only a small portion, 11 percent found these costs to never be reasonable and another 28 percent only sometimes reasonable. The majority of respondents seem fairly satisfied by out-of-pocket costs, describing them as always or usually reasonable. Responses broken out by children and adults (Figure 4.20) and by region (Figure 4.22) show little variation from the overall responses, but insurance type (Figure 4.21) did impact the likelihood of finding costs reasonable. Among all insurance types, purchased coverage was least likely to find out-of-pocket costs reasonable.

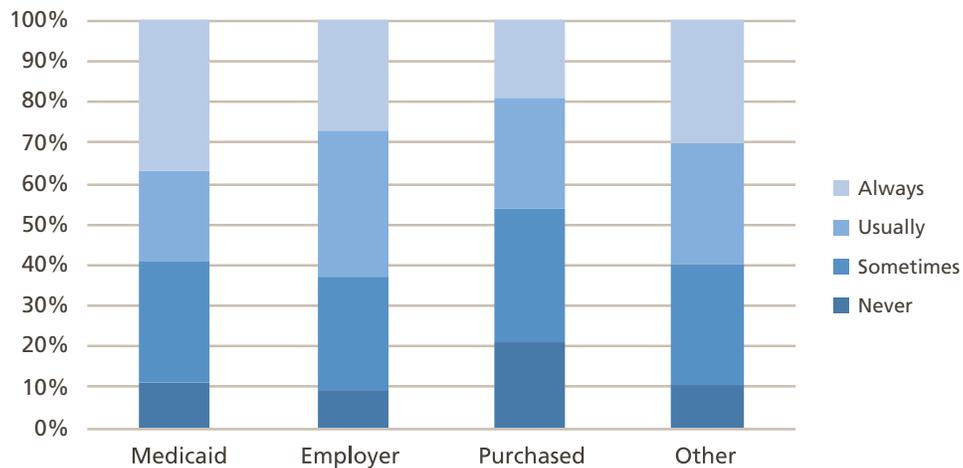
4.19 How often are these costs reasonable?



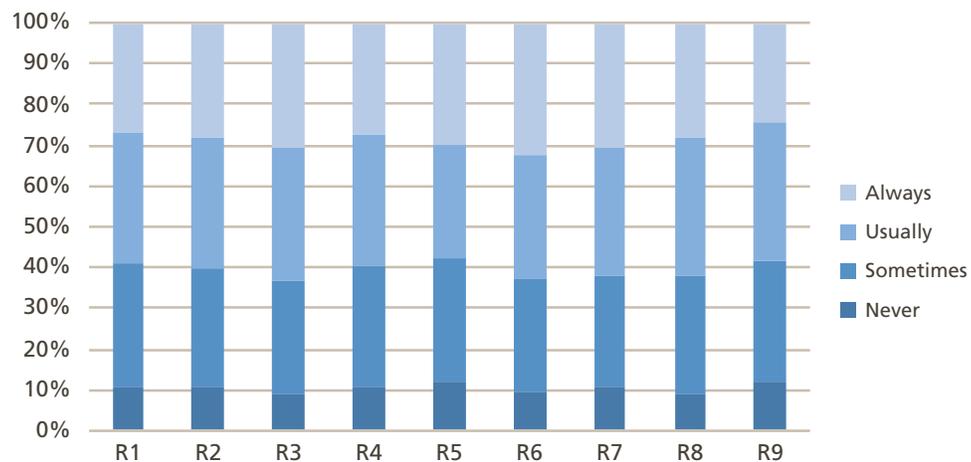
4.20 Costs Reasonable, By Children and Adults



4.21 Costs Reasonable, By Insurance Type



4.22 Costs Reasonable, By Region



5 | Summary and Conclusions

As the first LHS since the state's Medicaid expansion, the 2017 LHS provides the first robust estimates of the impact of this policy change on insurance coverage, which helped bring down uninsured rates among adults from 22.7 percent based on the 2015 LHS to 11.4 percent in the 2017 LHS. The expansion came at an opportune time and helped buffer residents from the economic downturn in oil and gas with some of the most impacted regions still exhibiting the lowest uninsured rates. The survey demonstrated that uninsured rates among children remained very low at 2.4 percent, which is in line with recent uninsured rates in Louisiana over the last several LHS surveys. The most common type of coverage among children is Medicaid, with 53.9 percent of children covered by the program, which has helped keep uninsured rates low despite economic fluctuations over time. While employer coverage continues to be the leading source of coverage among adults, Medicaid is now playing an increasingly important role in providing coverage for adults and is the second most common type of coverage with 20.8 percent of adults covered by the program.

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6 | Appendix

	LHIS Unweighted	LHIS Weighted	ACS 2016
Income			
Less than \$10,000	9.0%	11.9%	11.9%
\$10-15,000	3.6%	4.9%	4.9%
\$15-35,000	14.3%	23.4%	23.4%
\$25-75,000	23.4%	29.9%	29.9%
\$75-150,000	31.7%	21.7%	21.7%
More than \$150,000	17.9%	8.2%	8.2%
Age			
0-5 years	6.8%	7.9%	7.9%
6-15 years	14.0%	13.4%	13.4%
16-18 years	4.8%	4.0%	4.0%
19-26 years	9.6%	11.1%	11.1%
27-45 years	20.8%	23.9%	23.9%
46-65 years	35.8%	25.3%	25.3%
More than 65 years	8.2%	14.4%	14.4%
Race			
White	69.2%	62.0%	62.0%
Black	23.6%	32.4%	32.4%
Other	7.2%	5.7%	5.7%
Gender			
Male	47.7%	49.0%	49.0%
Female	52.3%	51.0%	51.0%
Region			
New Orleans	16.9%	19.2%	19.2%
Baton Rouge	17.2%	14.6%	14.6%
Houma-Thibodaux	8.5%	8.6%	8.6%
Acadiana	12.7%	13.0%	13.0%
Southwest	6.6%	6.4%	6.4%
Central	6.4%	6.5%	6.5%
Northwest	10.9%	11.6%	11.6%
Northeast	6.9%	7.6%	7.6%
Northshore	14.0%	12.4%	12.4%

Household and Individual Counts

Region	Total Households	Total Households With Members Under 19
1	1490	545
2	1476	559
3	711	267
4	1087	409
5	556	207
6	553	198
7	931	356
8	619	228
9	1134	486

Region	Total Individuals	Total Individuals Under 19
1	3851	950
2	3916	986
3	1931	483
4	2909	763
5	1505	398
6	1458	347
7	2495	639
8	1579	407
9	3189	880

