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Report

State of South Dakota, Office of the Governor

**PROVIDE BACKGROUND RESEARCH FOR A STATE BASED
HEALTH INSURANCE EXCHANGE**

2011 South Dakota Health Insurance Survey

Summary Report

September 2011

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Survey Methodology

The results presented in this report are based on self-reported information provided by South Dakota residents during telephone interviews. The results are not based on information collected by the State Medicaid Office, the Department of Labor and Regulation, or the Department of Health.

The Sample

The 2011 South Dakota Health Insurance Survey is based on telephone interviews conducted between May 10, 2011 and June 9, 2011 among 2,530 randomly selected households in South Dakota. The sampling methodology relied on a stratified sampling methodology that included a statewide sample that was supplemented by an over sample of nine counties with a higher proportion of residents that are Native American.

When a working residential number was called, the person most knowledgeable about health insurance coverage and the health care needs of the household was identified and interviewed. The respondent was asked to provide information about all household members. Up to twenty attempts were made to contact and interview each selected household and identified respondent. The survey was administered in full to each respondent.

Among the 2,530 interviews completed during the survey, data were obtained on 6,157 South Dakota residents. Data were obtained on a total of 511 uninsured South Dakota residents.

Sampling Error

The percentages reported for the general population survey are within plus or minus 1.4% of what would be found if all households and residents in South Dakota participated. The margin of error associated with the percentage of residents without health insurance is 1.3%.

Response Rate

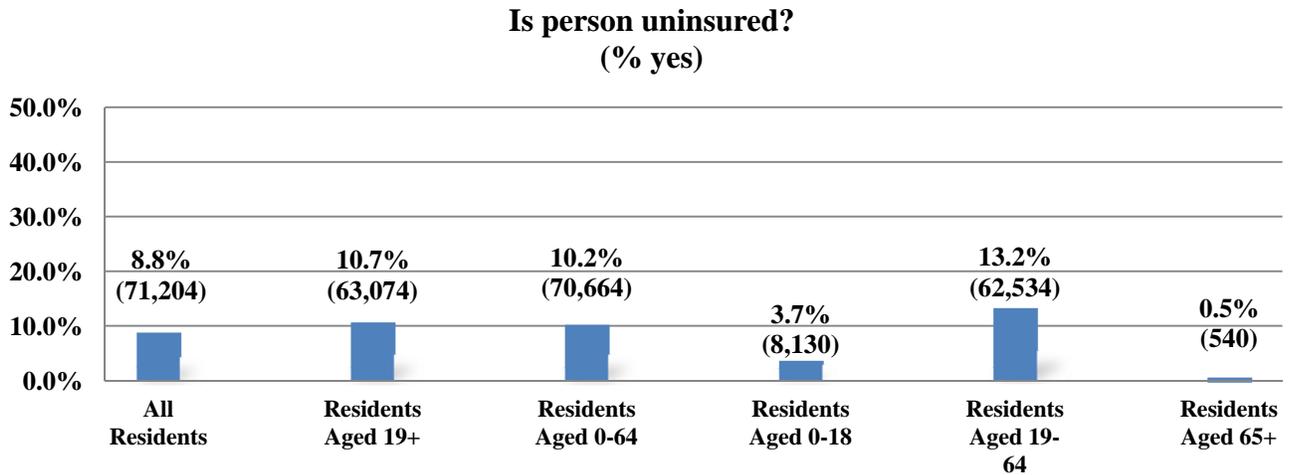
The response rate for the 2011 South Dakota Health Insurance Survey was 53.9% based on the standard formula developed by the American Association for Public Opinion Research (AAPOR3).

Data Weighting

The survey data have been weighted to adjust the data to match the demographic profile of South Dakota residents. The post stratification weighting phase matched the data to the state profile based upon sex, age, race, ethnicity, and area of residence using 2009 US Census Bureau population estimates for South Dakota.

A. The Uninsured

Based on the results of the survey, 8.8% or 71,204 South Dakota residents are uninsured while 10.2% (70,664) of South Dakota residents under age 65 are uninsured. Only 3.7% (8,130) of South Dakota children under age 19 are currently uninsured. Among adults aged 19 and older, 10.7% (63,074) currently lack health insurance and 13.2% (62,534) of adults aged 19 to 64 currently are not covered by any type of health insurance.



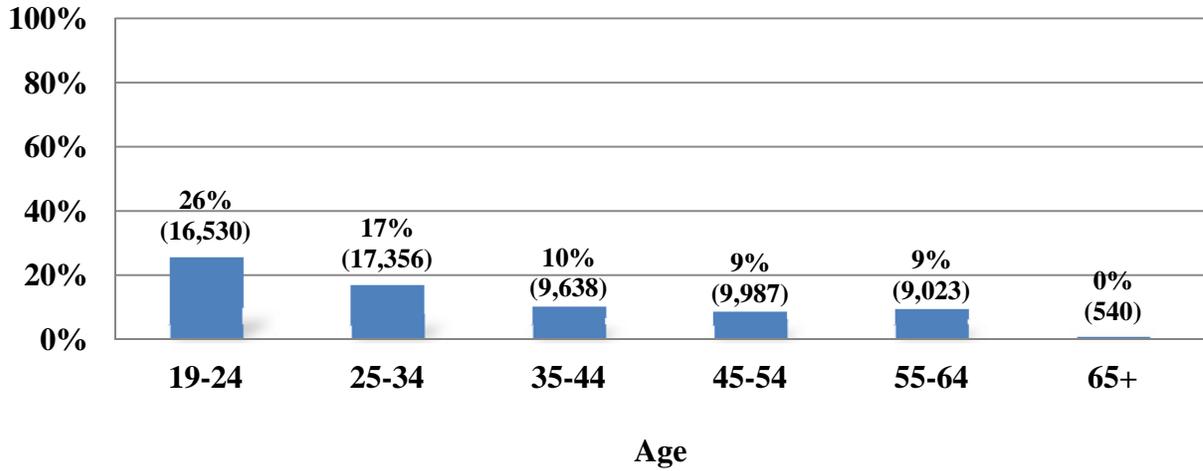
Uninsured Adults Aged 19 and Older

Among adult respondents aged 19 and older, those aged 19 to 24 had the highest percentage (26%) of uninsurance followed by adults aged 25 to 34 (17%).

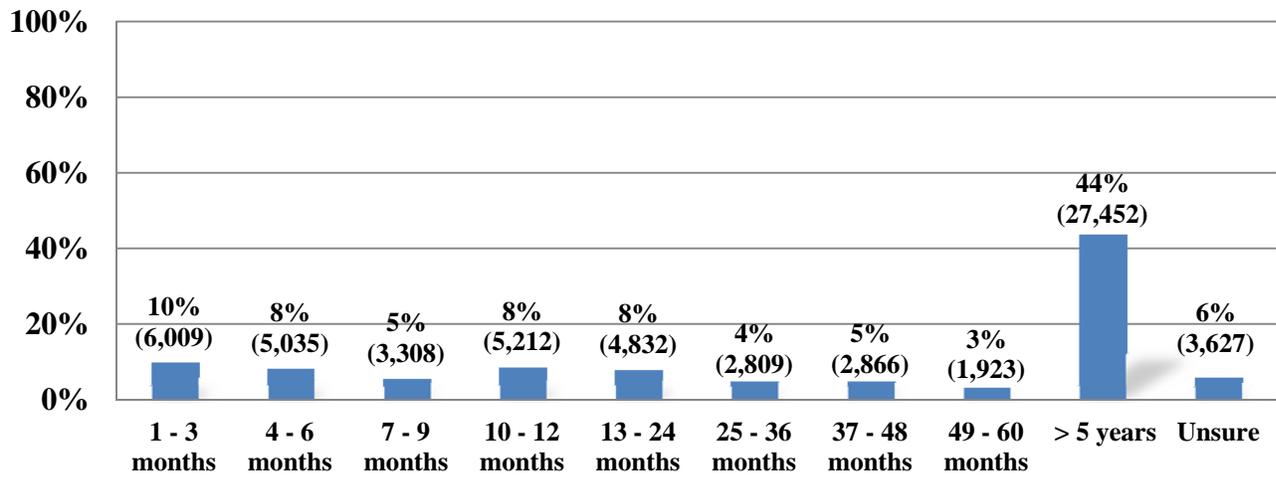
Forty-four percent of uninsured adults aged 19 and older have been without health insurance coverage for more than five years. Thirty-one percent of uninsured adults have been without coverage for a year or less.

Cost was reported as the only reason that 51% of uninsured adult respondents indicate they lack health insurance while for 24%, cost represents a primary reason why they lack health insurance coverage. In addition, 31% indicate that their family could no longer afford the premiums charged for an employer sponsored insurance plan, 25% indicate that a family member lost a job, and 11% indicate that coverage was denied due to a preexisting health condition.

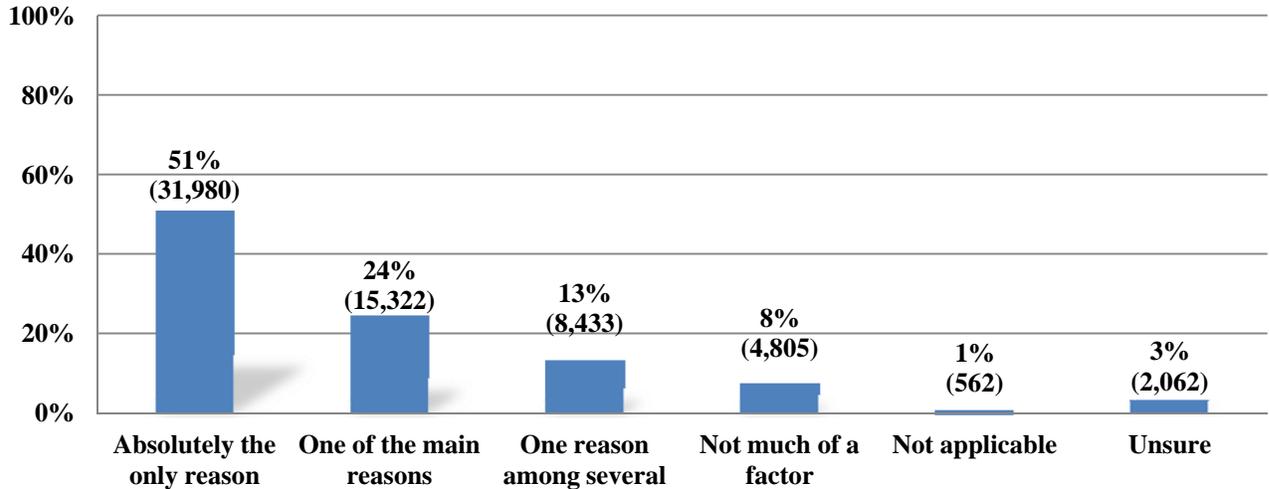
**Is person uninsured?
(Rates by age among adults aged 19 and older)**



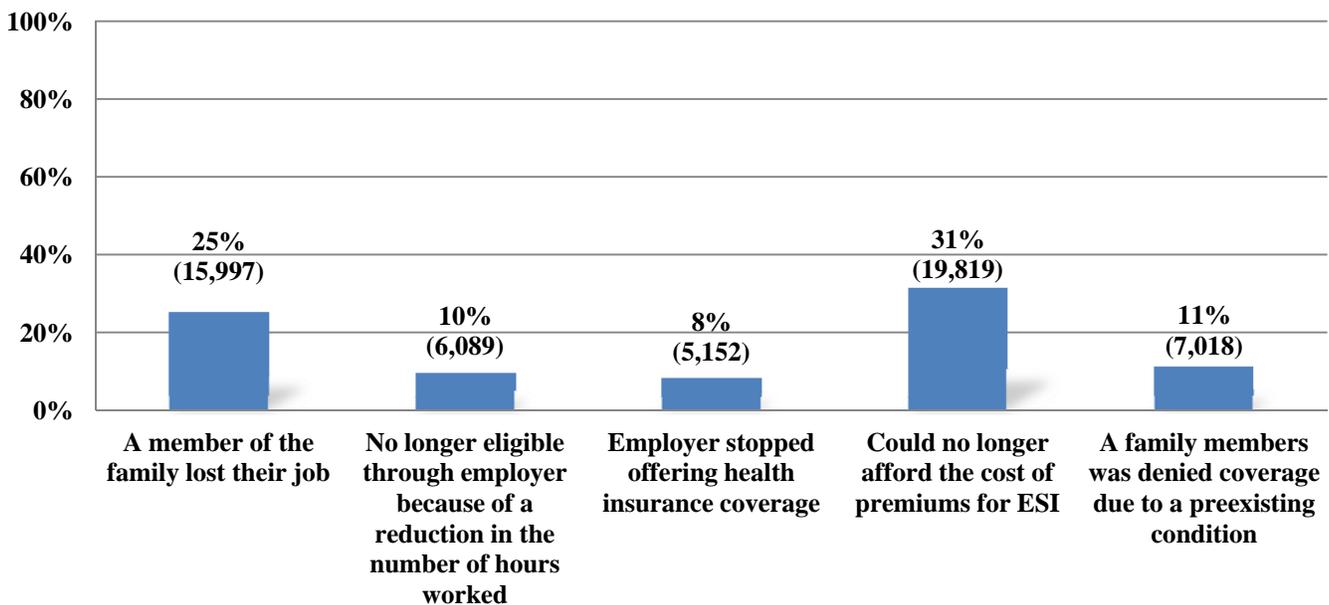
**How long has person been without health insurance coverage?
(% among uninsured adults aged 19 and older)**



How does cost rate as the reason why person is not currently covered by insurance?
 (% among uninsured adults aged 19 and older)



Reasons why person is uninsured
 (% among uninsured adults aged 19 and older indicating reason why uninsured)

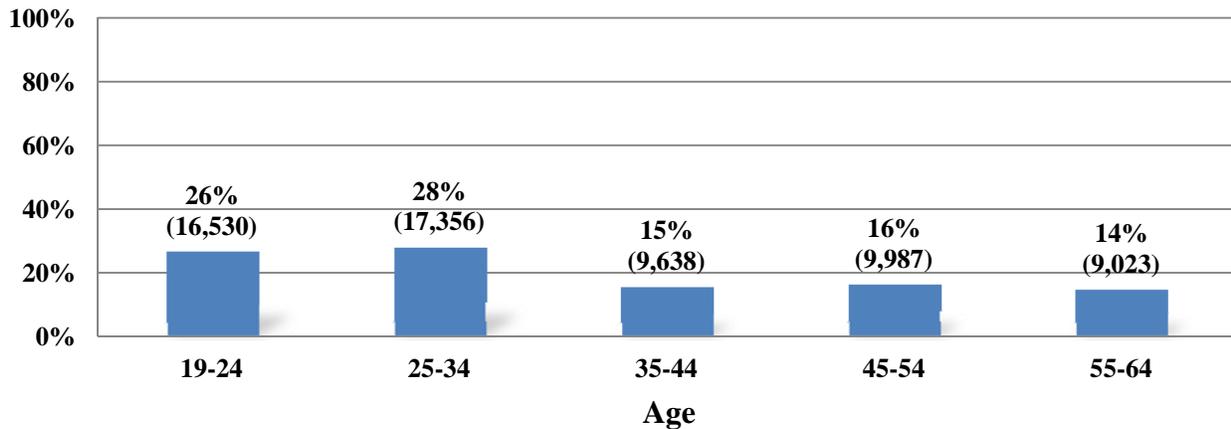


B. Segment Analysis: The Uninsured Population

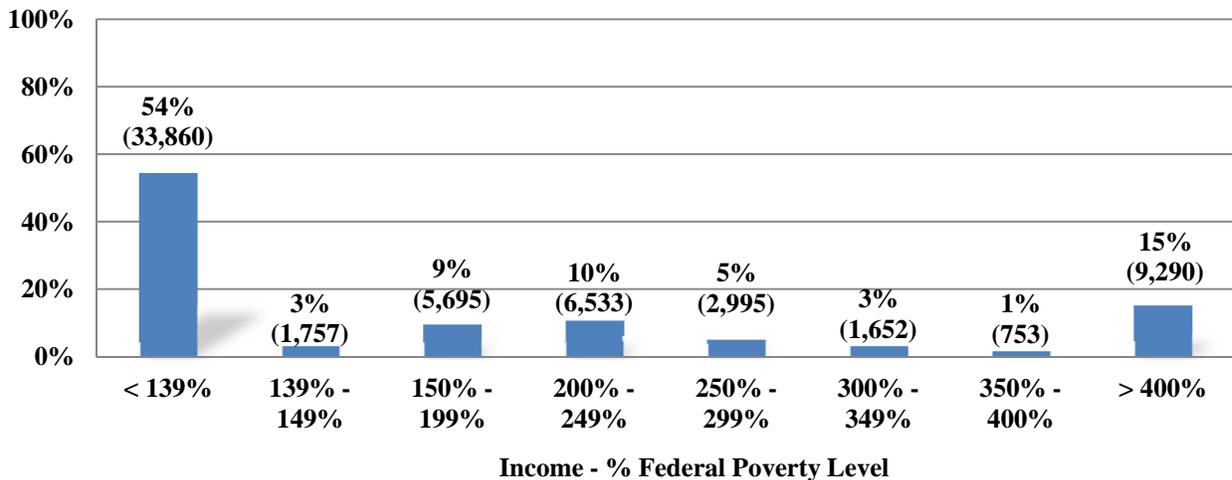
Uninsured Adult Respondents Aged 19 to 64

Over half (54%) of uninsured adult respondents are between the ages of 19 and 34; 26% are between the ages of 19 and 24 and 28% between the ages of 25 and 34. Over half (54%) are male and 70% are white. Fifty-four percent of uninsured adults reside in families whose annual incomes are less than 139% of FPL¹ while 12% live in families with an income between 139% and 199% of FPL.

Distribution of Uninsured Adults Aged 19 to 64 by Age



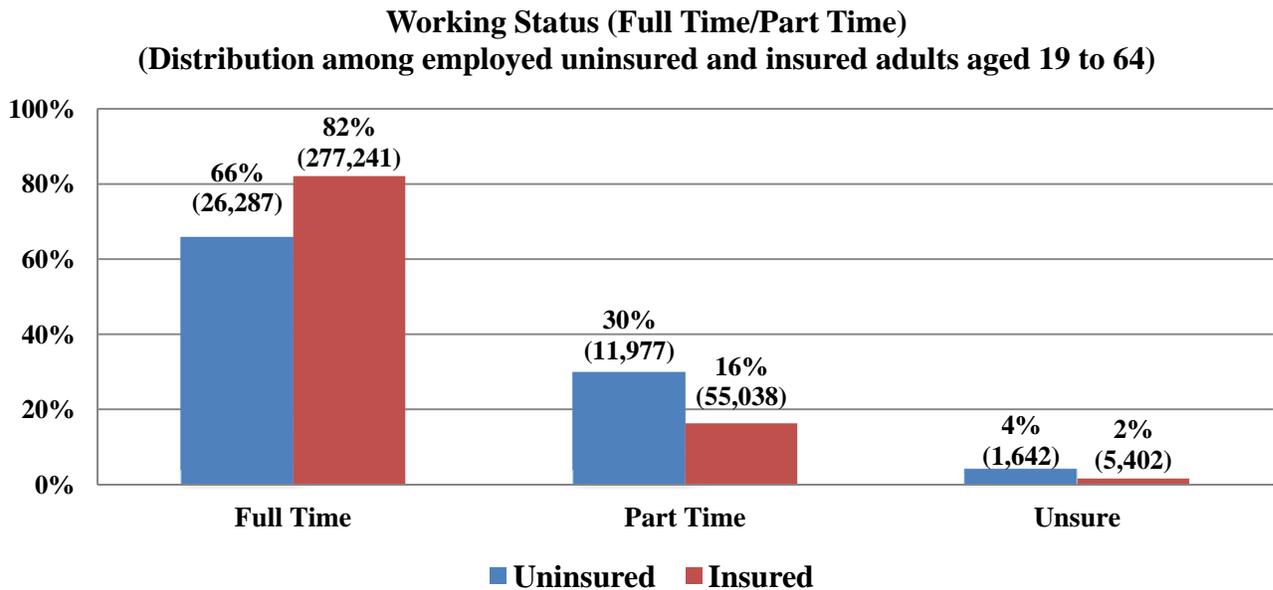
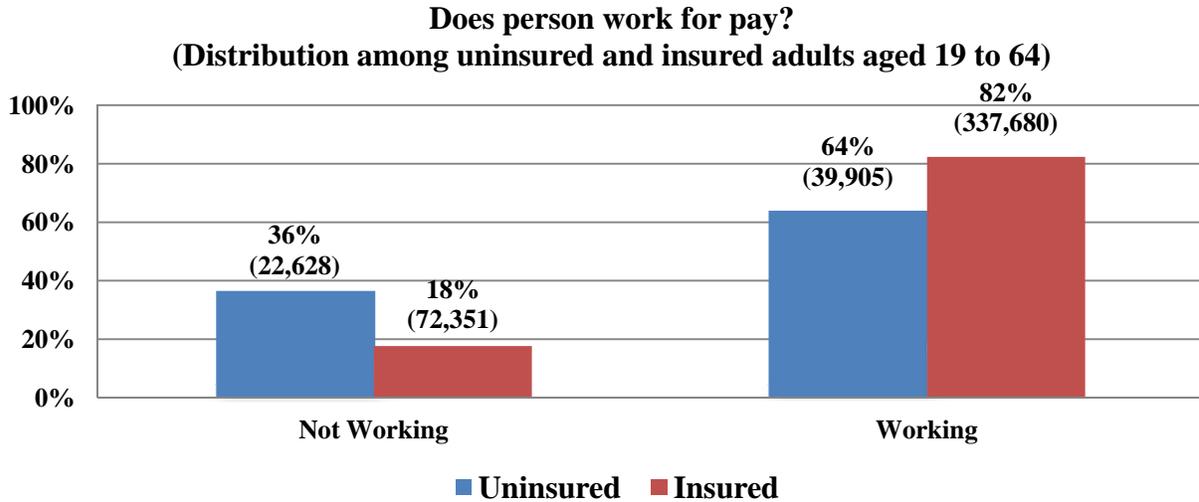
Distribution of Uninsured Adults Aged 19 to 64 by Income (% FPL)



For reference, 100% of Federal Poverty Level is an annual income of \$22,350 for a family of four.

¹ Adults with a family income of less than 139% of Federal Poverty Level are income eligible for Expanded Medicaid.

Sixty-four percent of uninsured adult respondents are employed with two-thirds (66%) working full time. Fifty-nine percent work for a private company while 32% are self employed or work for a family business or farm.



Uninsured adult respondents report that they are less likely than adults with insurance to have seen a doctor or other health care provider during the past 12 months or to receive routine or preventive care. One-third (33%) report they did not see a health care provider while 65% reported they did not see a health care provider for routine or preventive care. Many uninsured adults do not get needed medical care due to cost; 23% report they did not get needed medical care and 30% report they did not get needed dental care during the prior 12 months. Thirteen

percent report they did not get needed prescriptions while 16% report they skipped or took smaller doses of prescribed medications to make them last longer. Just over half (51%) of families with uninsured adults aged 19 to 64 report they had problems paying medical bills and 36% report they were contacted by a collection agency about unpaid medical bills.

**Was there any time person needed _____ but did not get it because they could not afford it?
(% among uninsured and insured adults aged 19 to 64)**

	Rate		Count	
	Uninsured	Insured	Uninsured	Insured
Medical care from a doctor	23%	3%	14,526	12,276
Mental health care or counseling	5%	1%	2,888	5,743
Dental care including checkups	30%	6%	18,494	27,910
A diagnostic test	12%	3%	7,261	11,730
Prescription medicines	13%	5%	8,291	9,655
Was there any time that person skipped doses, took smaller amounts of their prescription to make them last longer?	16%	2%	9,981	20,038

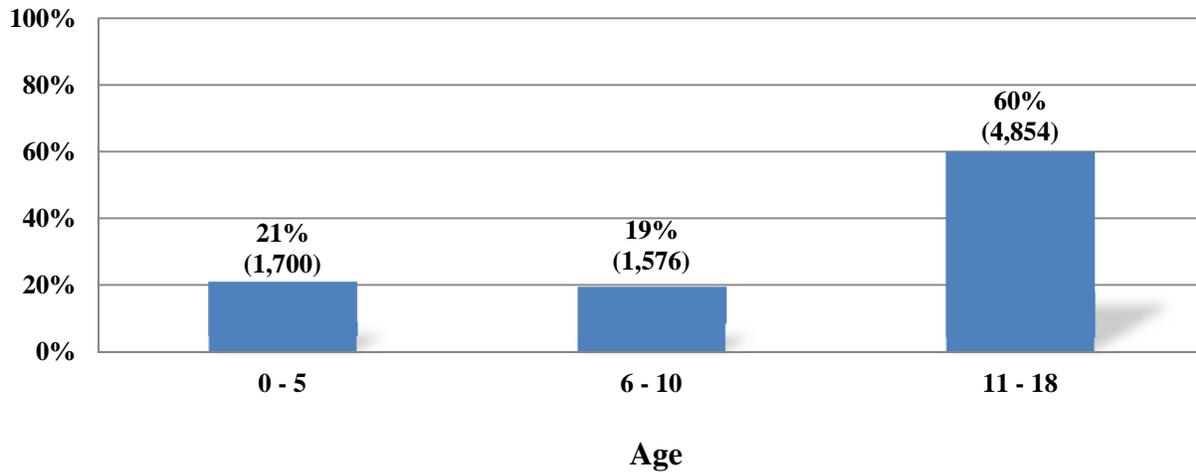
**During the last 12 months...
(% among uninsured and insured adults aged 19 to 64)**

	Rate		Count	
	Uninsured	Insured	Uninsured	Insured
Were there times that there were problems paying for medical bills for anyone in your household?	51%	20%	31,728	80,754
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	36%	13%	22,510	54,098

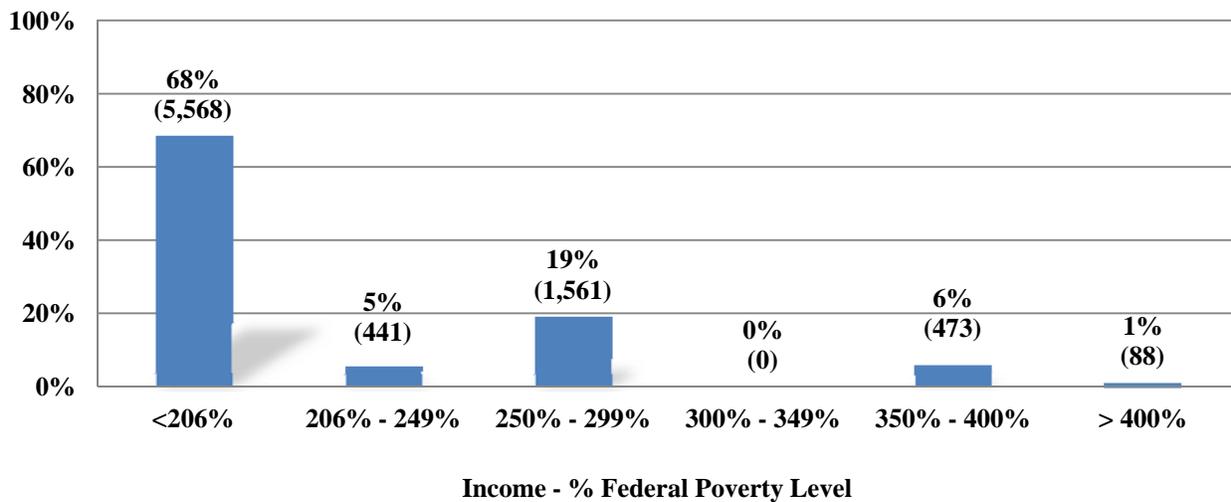
Uninsured Child Respondents Aged 0 to 18

Sixty percent of uninsured child respondents are between the ages of 11 and 18 while 61% are female. Fifty-two percent of uninsured child respondents are Native American. Sixty-eight percent reside in families whose annual incomes are less than 206% of FPL.²

Distribution of Uninsured Children Aged 0 to 18 by Age



Distribution of Uninsured Children Aged 0 to 18 by Income (% FPL)



For reference, 100% of Federal Poverty Level is an annual income of \$22,350 for a family of four.

² Children living in a family with an income of less than 206% of Federal Poverty Level are income eligible for Medicaid.

Respondents indicate that uninsured children are less likely than children with insurance to have seen a doctor or other health care provider during the past 12 months or to receive routine or preventive care. More than one-quarter (26%) report they did not see a health care provider while 53% report they did not see a health care provider for routine or preventive care. Twenty-one percent report they did not get needed dental care during the prior 12 months due to cost. Forty-seven percent of families with uninsured children report they had problems paying medical bills.

**Was there any time person needed _____ but did not get it because they could not afford it?
(% among uninsured and insured children aged 0 to 18)**

	Rate		Count	
	Uninsured	Insured	Uninsured	Insured
Medical care from a doctor	3%	1%	250	1,070
Mental health care or counseling	0%	1%	0	2,653
Dental care including checkups	21%	3%	1,678	5,715
A diagnostic test	2%	0%	174	577
Prescription medicines	3%	1%	255	1,304
Was there any time that person skipped doses, took smaller amounts of their prescription to make them last longer?	2%	0%	124	1,012

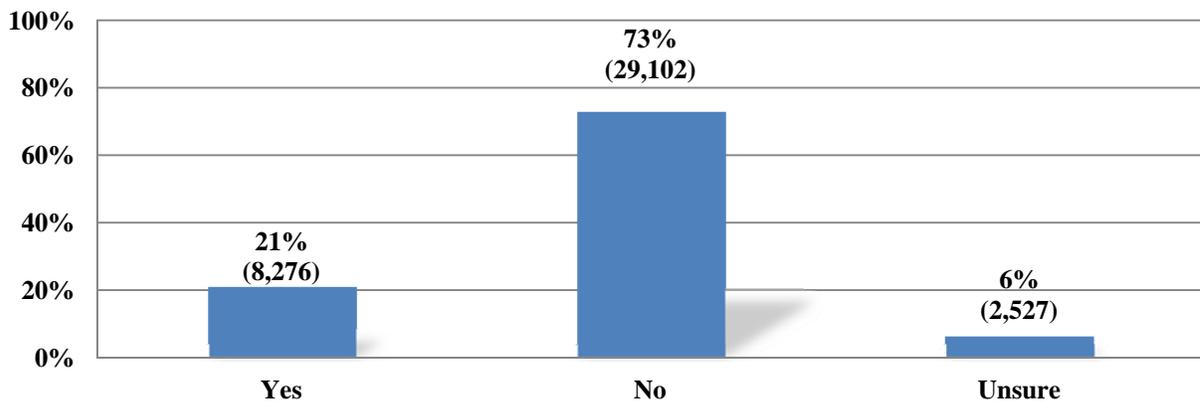
**During the last 12 months...
(% among uninsured and insured children aged 0 to 18)**

	Rate		Count	
	Uninsured	Insured	Uninsured	Insured
Were there times that there were problems paying for medical bills for anyone in your household?	47%	28%	3,834	59,326
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	24%	22%	1,928	47,088

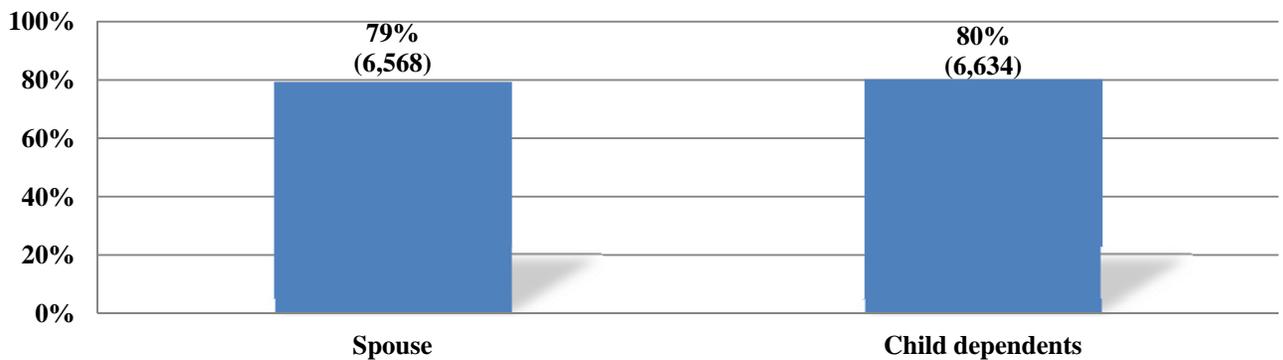
C. Access to Employer Sponsored Insurance among the Uninsured under Age 65

Twenty-one percent of working uninsured respondents aged 19 to 64 had access to employer sponsored insurance (ESI) through their job. Among those with access to ESI, 79% also provide coverage for a spouse and 80% provide coverage for a child. The largest percentage of those with access to ESI (52%) report they did not enroll in their employer's health plan because they perceive it as too expensive, 35% report they were ineligible because they had not worked long enough for their current employer and 19% report they were ineligible because they did not work enough hours per week.

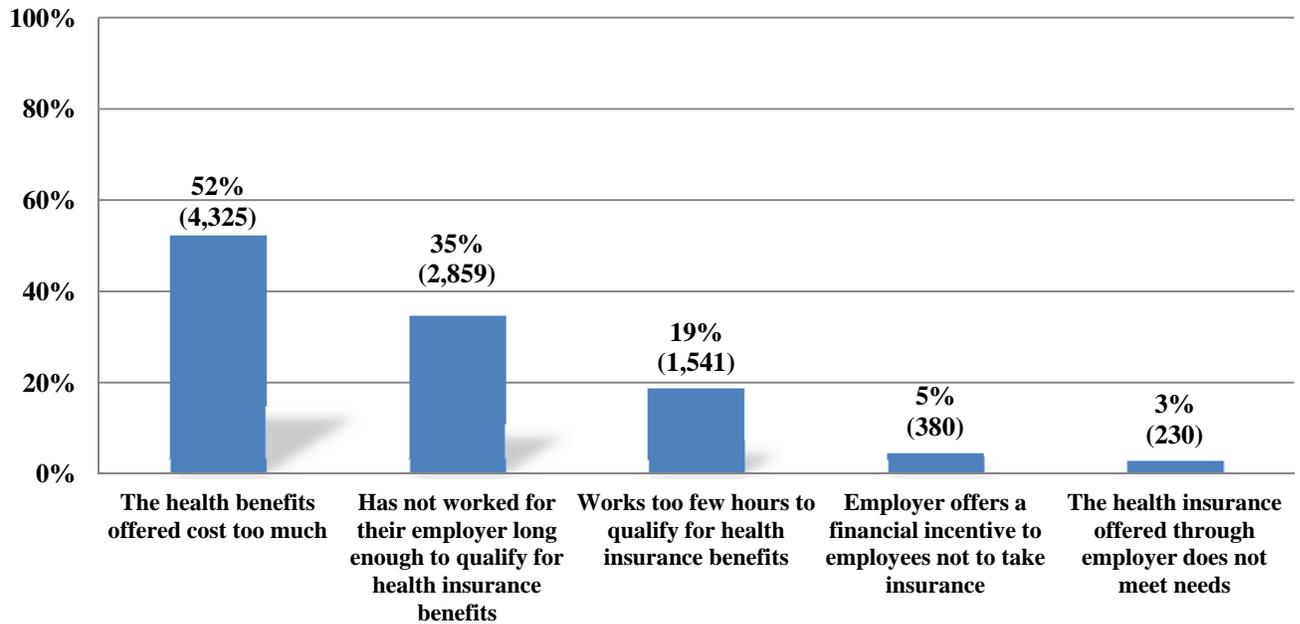
Does person's employer or labor union offer health insurance coverage?
(% among uninsured working adults aged 19 to 64)



Does the health insurance also provide an option to include coverage for...?
(% among uninsured working adults aged 19 to 64 with an employer offering health insurance coverage)



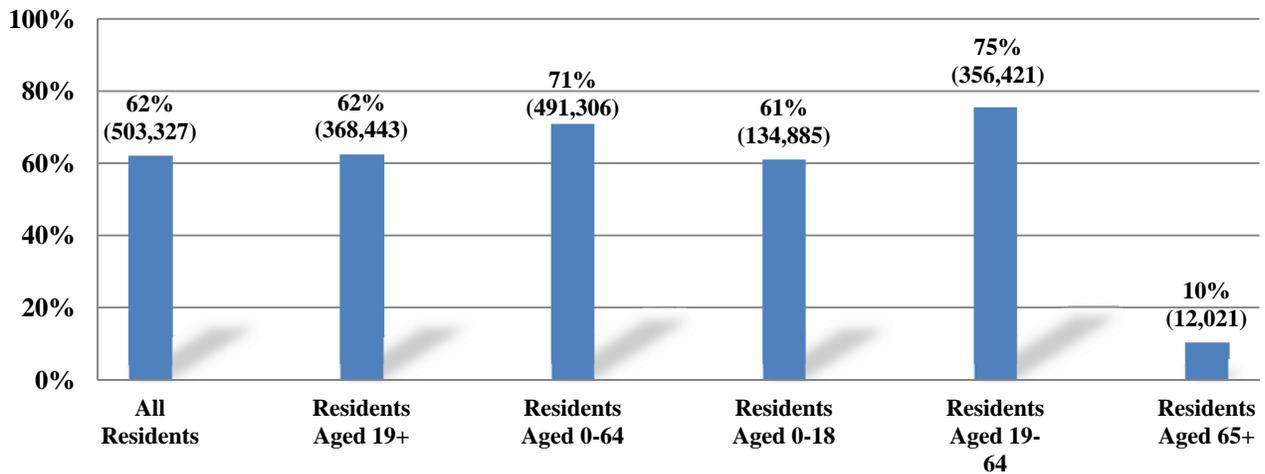
Why was health insurance coverage not taken?
(% yes among uninsured working adults aged 19 to 64 with employers offering health insurance coverage)



D. Private Health Insurance Coverage

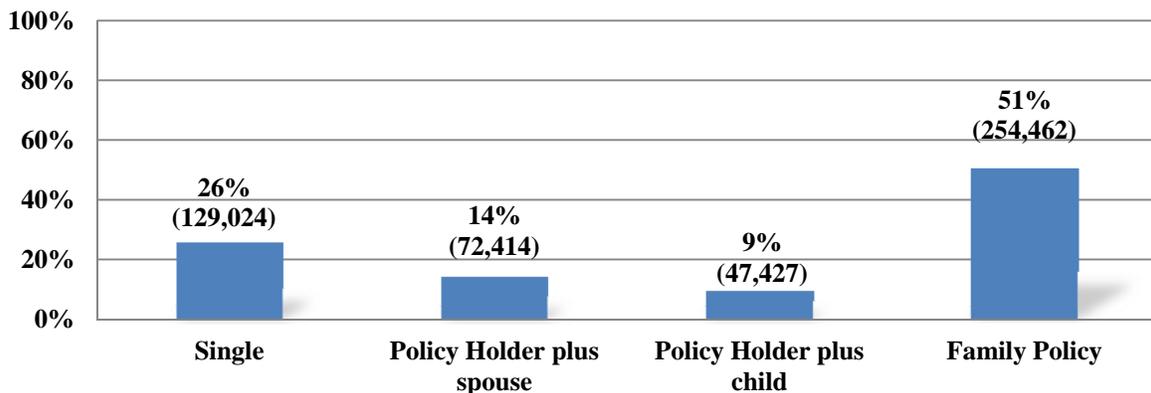
Based on the results of the survey, 62% (503,327) of South Dakota residents have private health insurance (not including supplemental Medicare coverage). The vast majority receive this insurance through an employer (82%) while a small proportion (15%) directly pays for private insurance. Half (51%) of privately insured respondents have family plans while 26% are covered under single person plans and another 23% (119,841) are on health plans that cover the policy holder as well as one other family member (child or spouse).

Is person covered by private health insurance?*
(% yes)



*These percentages do not include those with private Medicare supplemental insurance coverage.

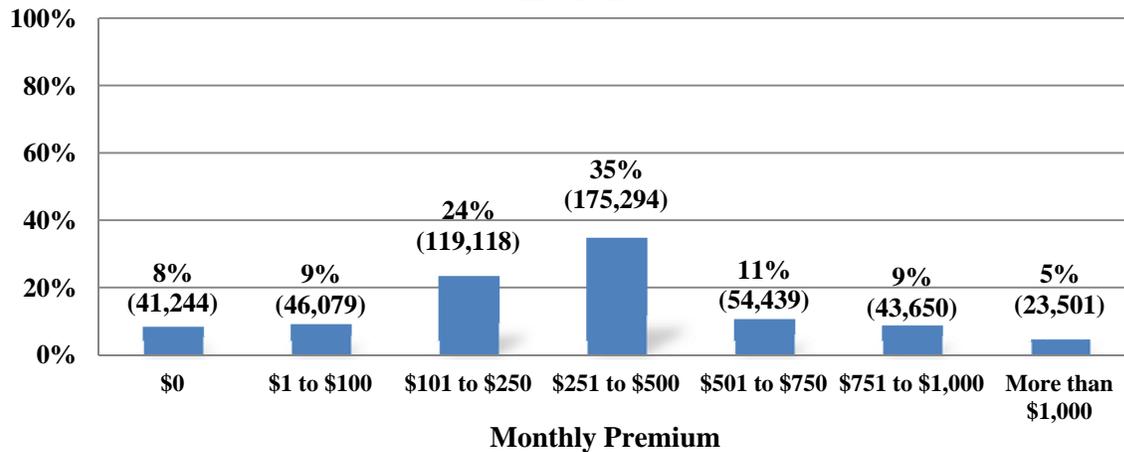
Type of Private Insurance Policy



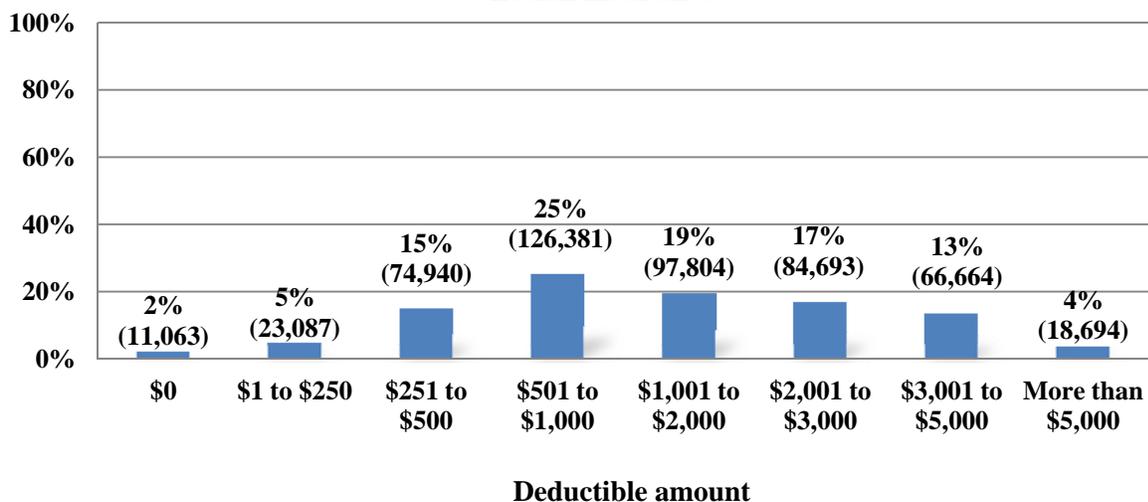
Fifty-nine percent of the privately insured are covered under policies with monthly premiums ranging between \$101 and \$500 while 8% are covered under policies with no monthly premiums. Sixty-one percent of the privately insured are covered under policies with annual deductibles ranging between \$501 and \$3,000.

Among the privately insured, 17% have a health savings account (HSA) and among those with an HSA, most (58%) contributed between \$501 and \$3,000 while 34% also received an HSA contribution from an employer in the previous 12 months.

What is the monthly premium paid for person's health insurance?



How much is the deductible for everyone covered under this health insurance?



E. Segment Analysis: Income Eligible for the Exchange (among those currently privately insured and under age 65)

This section of the report examines a group of respondents currently covered only by private health insurance who would benefit from coverage through expanded Medicaid or the Exchange. That is, they meet income eligibility for insurance coverage through expanded Medicaid or they would pay less in premiums through the Exchange compared to their current health care coverage due to premium subsidies. The premium subsidies are established by the Patient Protection and Affordable Care Act (PPACA) and are based on enrollment in a silver tiered plan under the Exchange. The table below shows the levels of how much a person would pay in premiums before they receive premium subsidies under the Exchange.

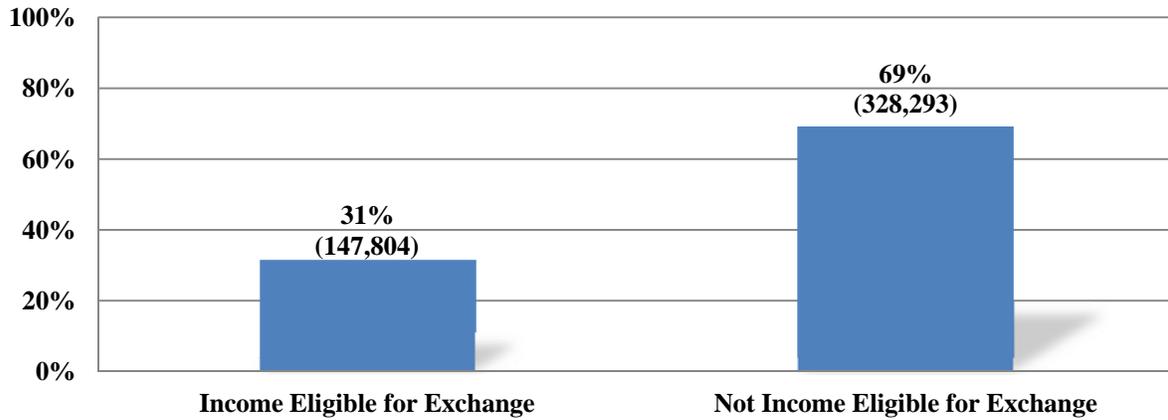
Maximum Out-of-Pocket Premium Payments Under PPACA

Federal Poverty Level	Maximum Premium under PPACA as a % of Income
Under 139%	Eligible for Medicaid
139% - 149%	3%
150% - 199%	4%
200% - 249%	6.3%
250% - 299%	8.05%
300% - 400%	9.5%
401% or more	No Premium Subsidy

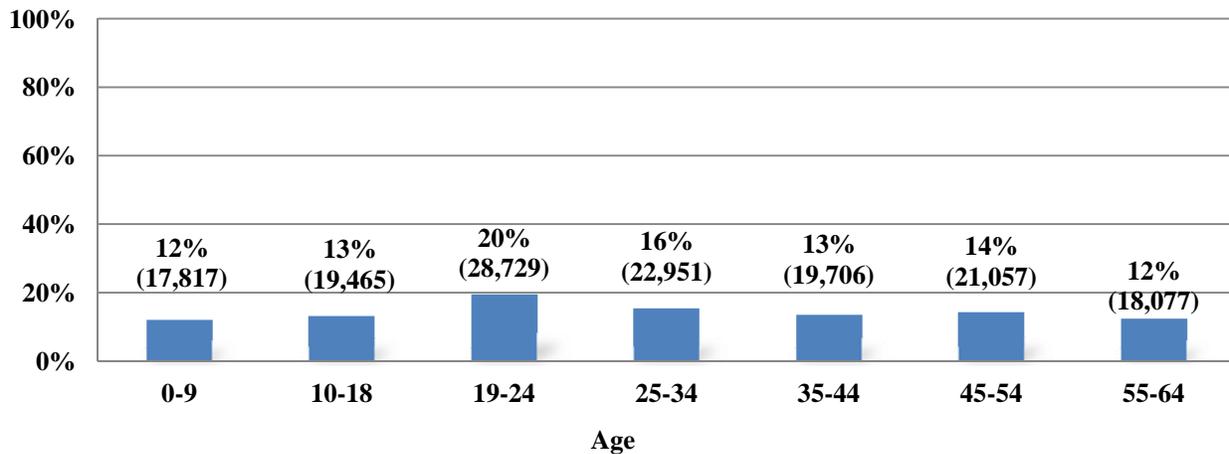
According to the survey, 31% (147,804) of South Dakota residents covered only by private health insurance are income eligible for expanded Medicaid or premium subsidies for coverage under the Exchange³. A third (36%) of income eligible respondents is between the ages of 19 and 34; a quarter (25%) is under the age of 19. Two-thirds of income eligible respondents reside either in the Southeast (48%) or Northeast (22%) regions. Over one-third (38%) of income eligible respondents are in families with incomes of less than 139% FPL, another 17% are in families with incomes between 139% and 199% FPL, about a third (31%) are in families with incomes between 200% and 299% FPL, and 14% are in families with incomes between 300% and 400% FPL.

³ In this report the respondents that, based on their income, would meet the guidelines for expanded Medicaid coverage or would be eligible for subsidies to help them purchase health insurance through the Exchange will be referred to as “income eligible.”

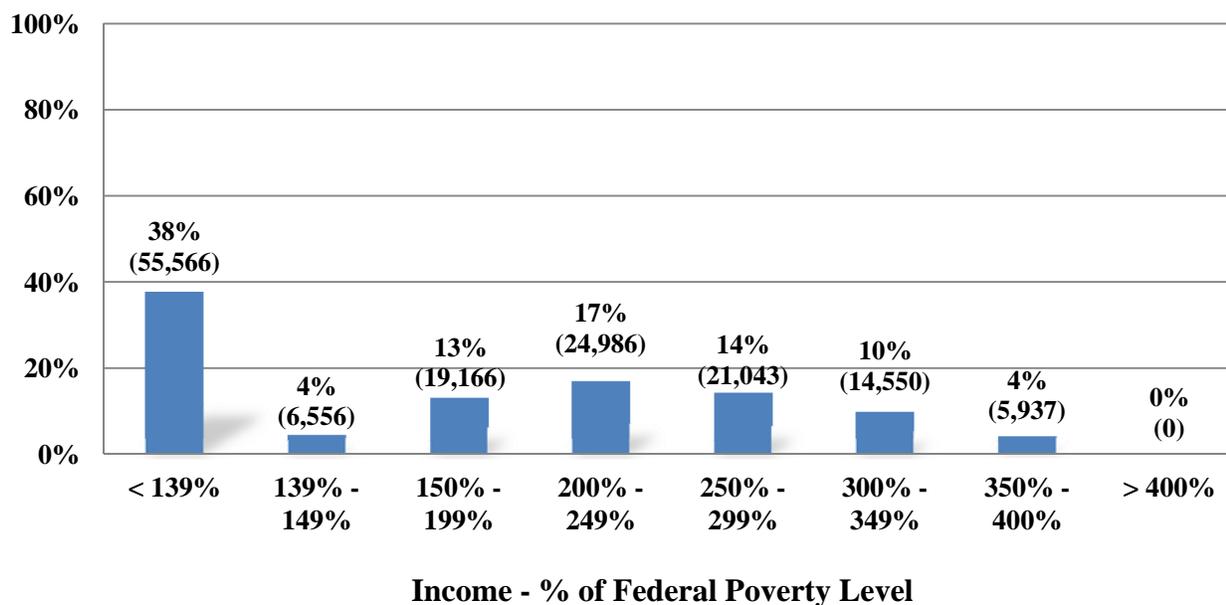
Is person Income Eligible for the Exchange?
 (% among those covered only by private health insurance)



**Distribution of the Privately Insured Income Eligible for the Exchange
 by Age**



Distribution of the Privately Insured Income Eligible by Income (% of Federal Poverty Level)



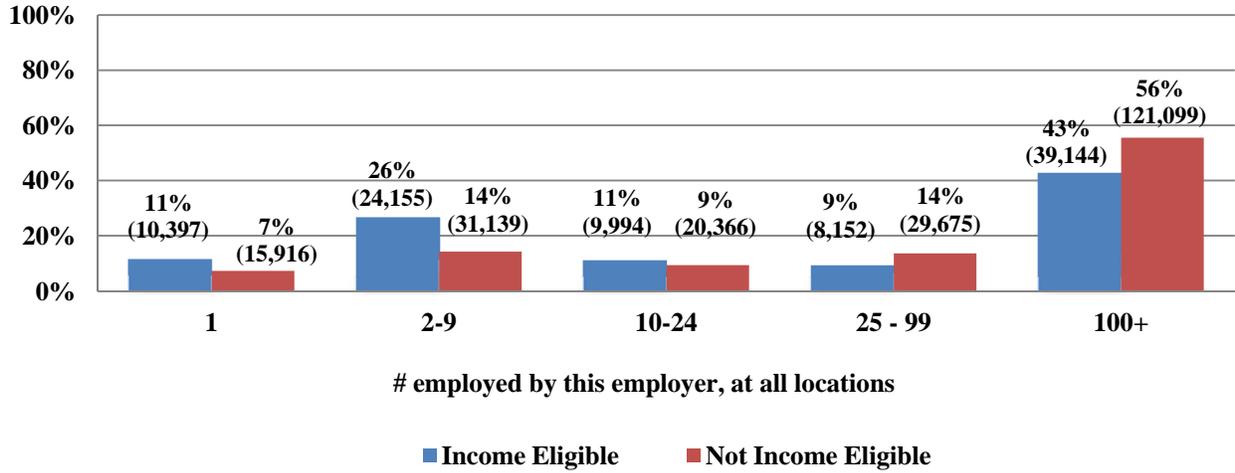
For reference, 100% of Federal Poverty Level is an annual income of \$22,350 for a family of four.

Eighty-three percent of adults who would be income eligible for expanded Medicaid or premium subsidies under the Exchange are employed. Three-quarters (74%) of these employed adults work full time. The proportion of those who would be income eligible compared to those not income eligible is higher among companies with fewer than 25 employees.

Respondents who would be income eligible report that they are less likely than those who would not be income eligible to see a doctor or other health care provider during the past 12 months or to receive routine or preventive care. One-in-five (21%) report they did not see a health care provider in the previous 12 months while 46% report they did not see a health care provider for routine or preventive care.

Those who would be income eligible for expanded Medicaid or premium subsidies under the Exchange report higher out-of-pocket medical costs with 14% who live in families where the out-of-pocket costs for health care was more than \$9,000 in the previous year. Thirty-one percent of residents in families with members who would be income eligible report they had problems paying medical bills and 19% were contacted by a collection agency about unpaid medical bills.

**About how many people are employed by this employer, at all locations?
(Distribution among employed income eligible and not income eligible adults aged
19 to 64)**



How much has your family paid out-of-pocket for all medical expenses?

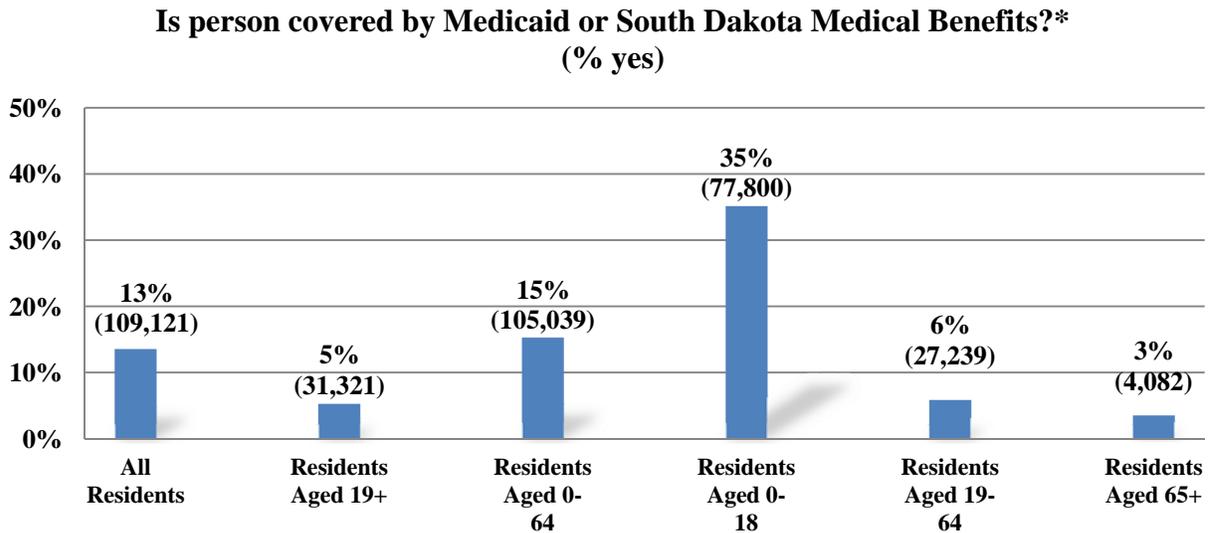
	Rate		Count	
	Income Eligible	Not Income Eligible	Income Eligible	Not Income Eligible
\$0	2%	1%	2,945	4,076
\$1 to \$500	6%	9%	9,403	28,175
\$501 to \$1,000	9%	12%	13,862	40,506
\$1,001 to \$2,500	24%	28%	36,121	92,657
\$2,501 to \$5,000	27%	27%	40,569	88,202
\$5,001 to \$9,000	17%	16%	24,684	50,956
More than \$9,000	14%	7%	20,220	23,721
Total	100%	100%	147,804	328,293

**During the last 12 months...
(% Yes)**

	Rate		Count	
	Income Eligible	Not Income Eligible	Income Eligible	Not Income Eligible
Were there times that there were problems paying for medical bills for anyone in your household?	31%	15%	45,408	48,074
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	19%	9%	27,654	28,140

F. Medicaid and CHIP Coverage

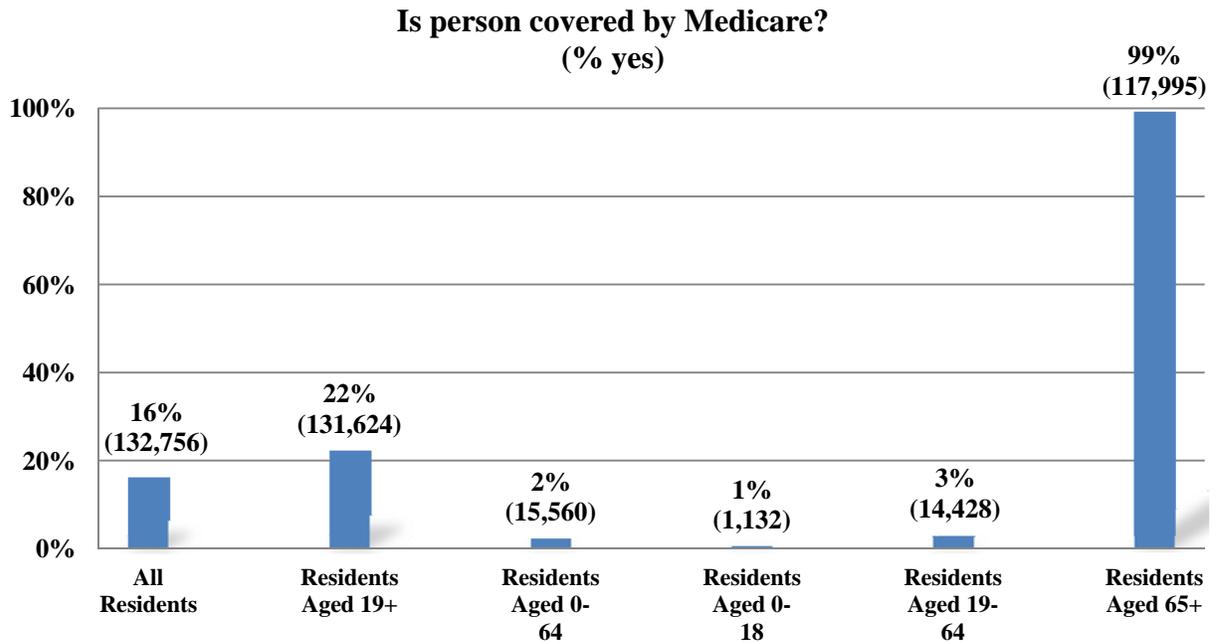
Based on the results of the survey, 13% (109,121) of South Dakota residents have health insurance provided through Medicaid or South Dakota Medical Benefits *excluding the long term care Medicaid population*. This includes 9,854 persons who are also covered by the federal Medicare program, 8,552 who have private coverage in addition to Medicaid, and 1,772 residents with military insurance. Eleven percent of respondents have health insurance provided exclusively by the Medicaid program without any other source of health insurance. More than one-third (35%) of children under the age of 19 are currently covered by Medicaid.



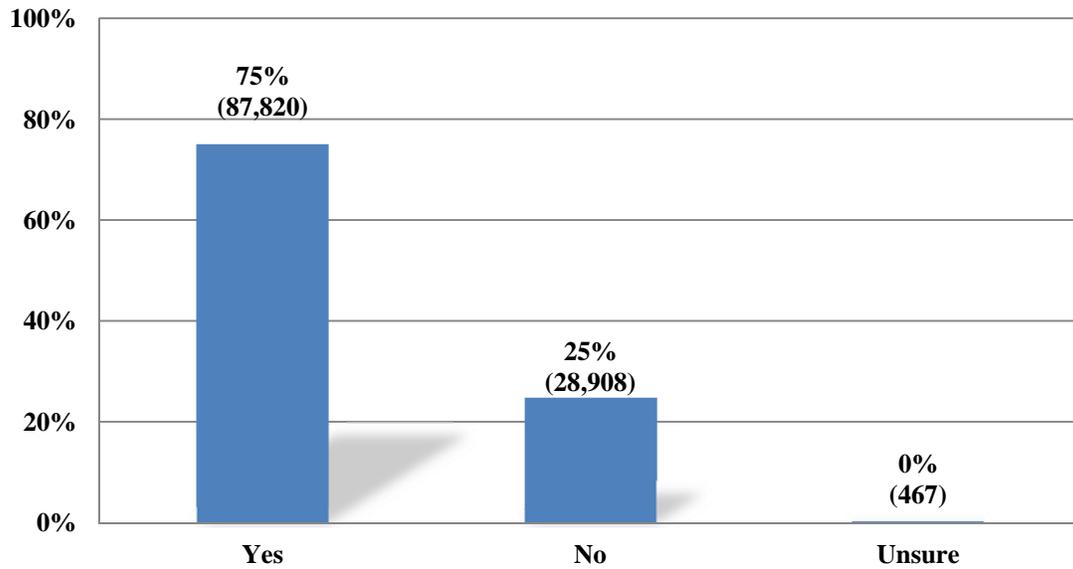
*Percentages reflect the Medicaid population excluding the long term care Medicaid population.

G. Medicare Coverage

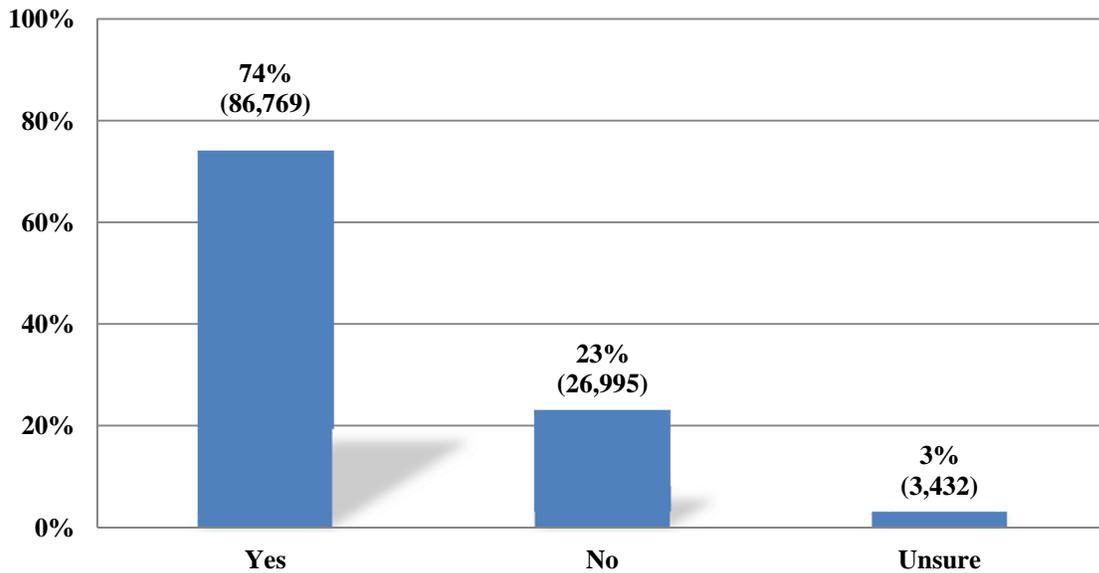
Based on the survey, 16% or 132,756 South Dakota residents are covered by the federal Medicare program, including those with other sources of coverage. Among Medicare enrollees age 65 and older, 75% are enrolled in a Medicare supplement that provides coverage for medical expenses and 74% are enrolled in a Medicare Part D drug coverage plan (those without Part D coverage may have coverage through other sources such as the VA, private health insurance, or advantage plans which is not reflected in this percentage).



**Is person covered by a Medicare Supplement?
(% among residents aged 65 and older with Medicare coverage)**



Is person enrolled in Medicare Part D Rx Drug Coverage Plan?*
(% among residents aged 65 and older with Medicare coverage)

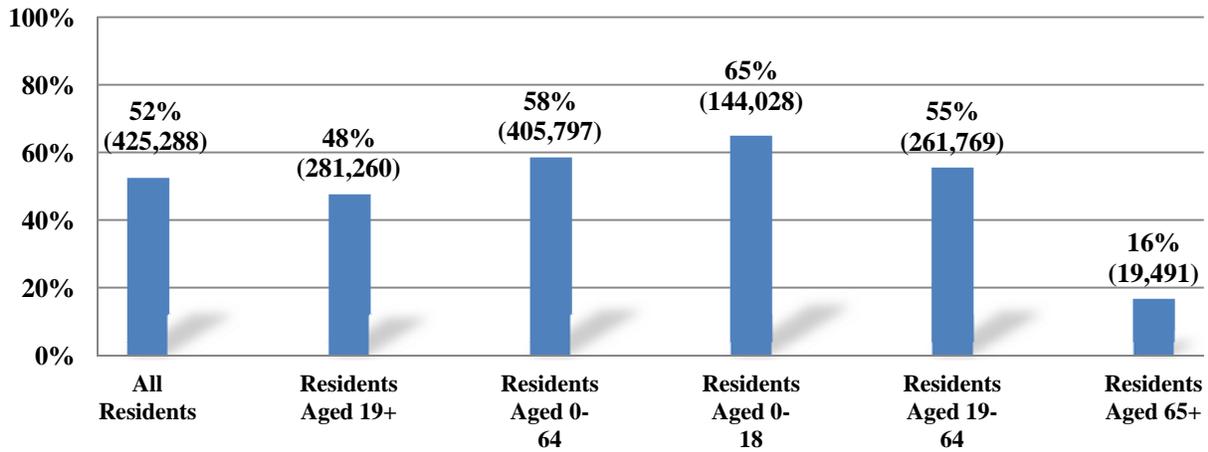


**Those without Part D coverage may have coverage through other sources such as the VA, private health insurance, or advantage plans.*

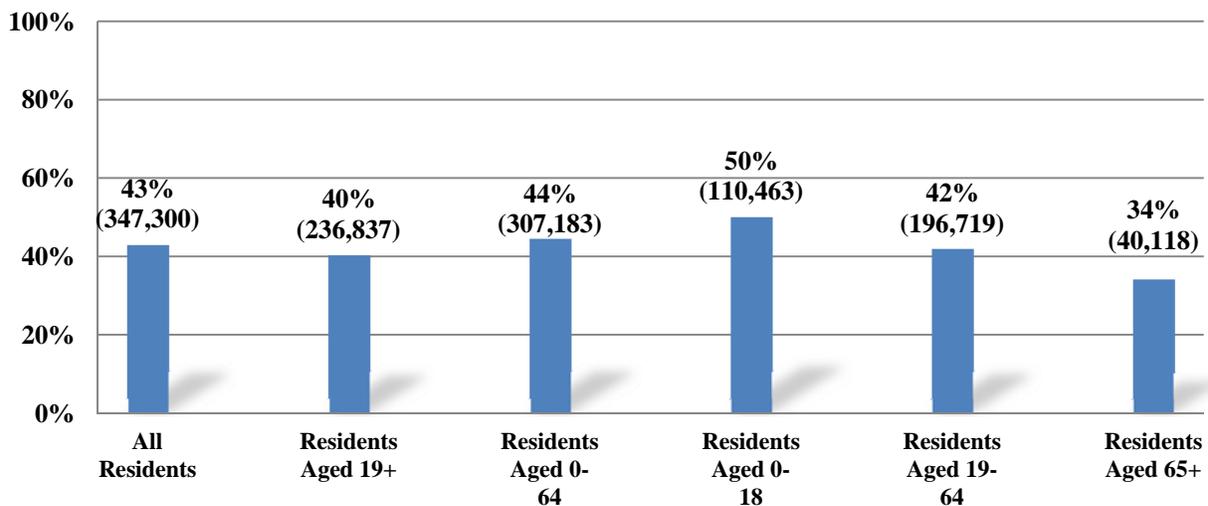
H. Dental and Vision Insurance Coverage

Fifty-two percent of respondents are covered by an insurance plan that pays for routine dental care, such as cleanings and fillings. Forty-three percent are covered by an insurance plan that pays for routine vision care including regular eye exams.

Is person now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?
(% yes)



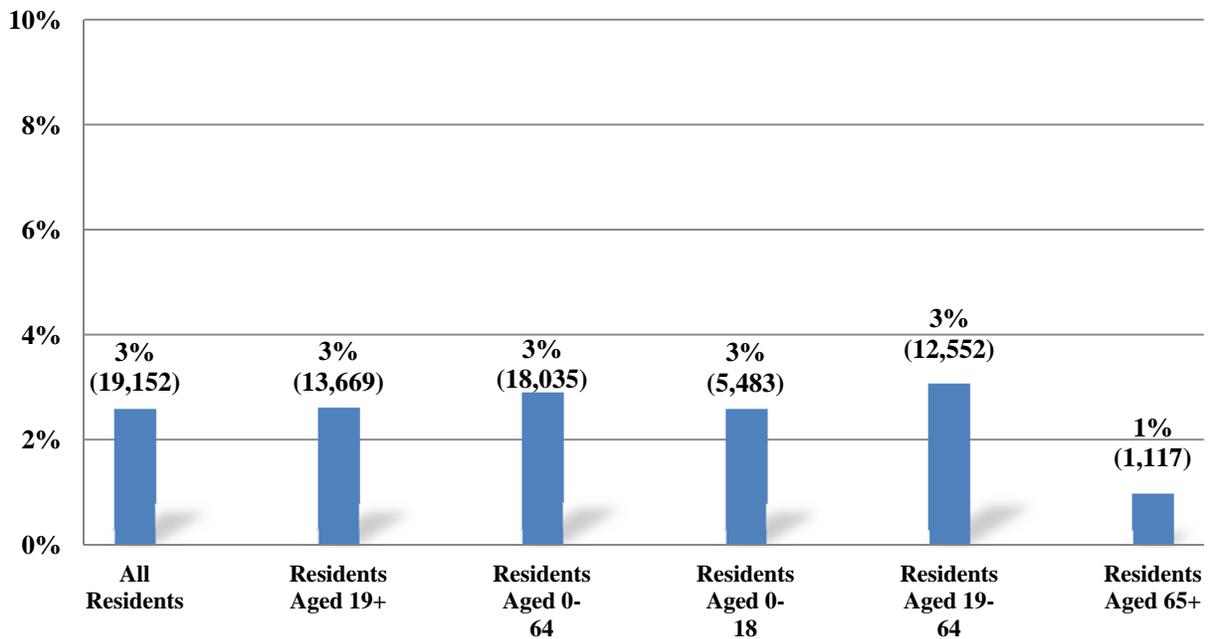
Is person now covered by an insurance plan that pays for routine vision care including regular eye exams?
(% yes)



I. Interruptions in Health Insurance Coverage

Three percent of insured respondents report being without health insurance coverage at some time during the past 12 months. Among those with an interruption in coverage, 40% were without health insurance for one to three months while 46% were without coverage for four to six months. The most commonly cited reasons for a person being without health insurance coverage sometime in the past year are the cost of insurance (22%), that the person with health insurance lost his or her job (16%), or a waiting period for coverage (12%).

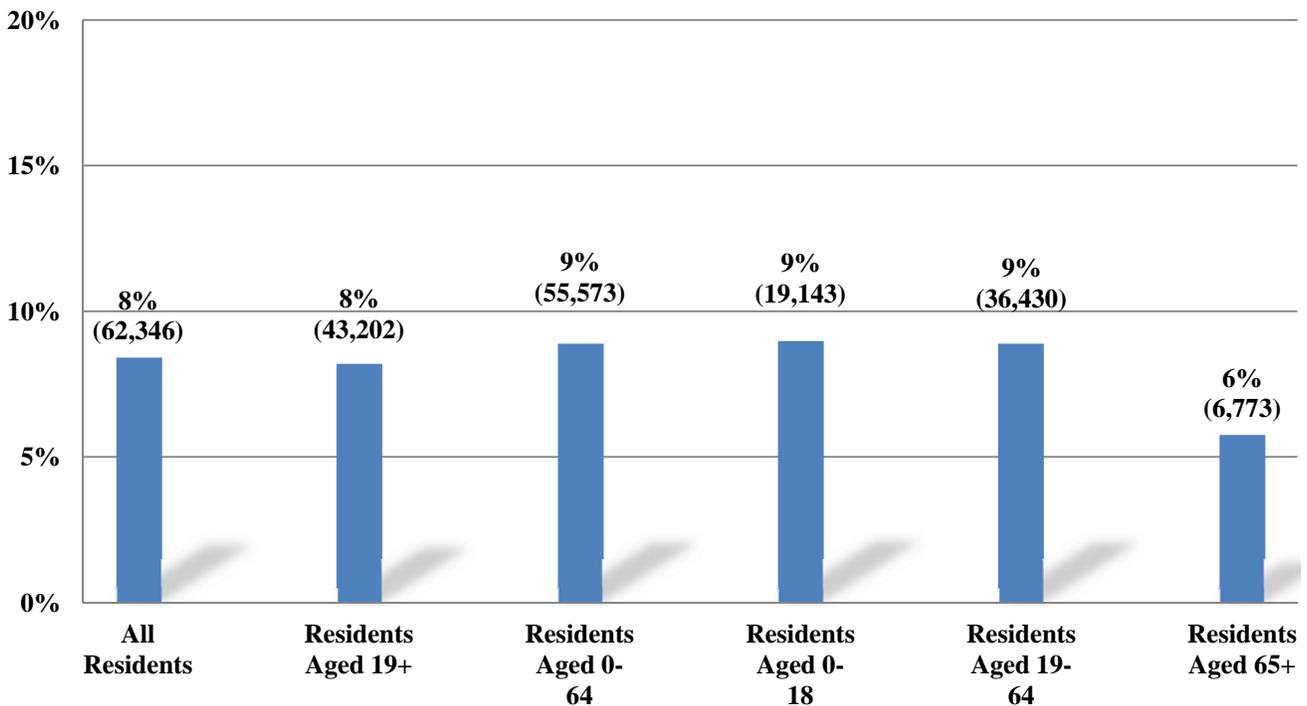
Has person been without health insurance coverage anytime in the last 12 months?
(% yes among insured residents)



J. Concerns about Loss of Health Insurance

Eight percent of insured respondents report being concerned they might lose health insurance coverage sometime during the next 12 months. The most commonly cited reasons for concern about loss of coverage are fear that the health insurance policy-holder could lose his or her job (22%), premium cost increases (18%), and that the respondent will no longer be eligible for Medicaid (18%).

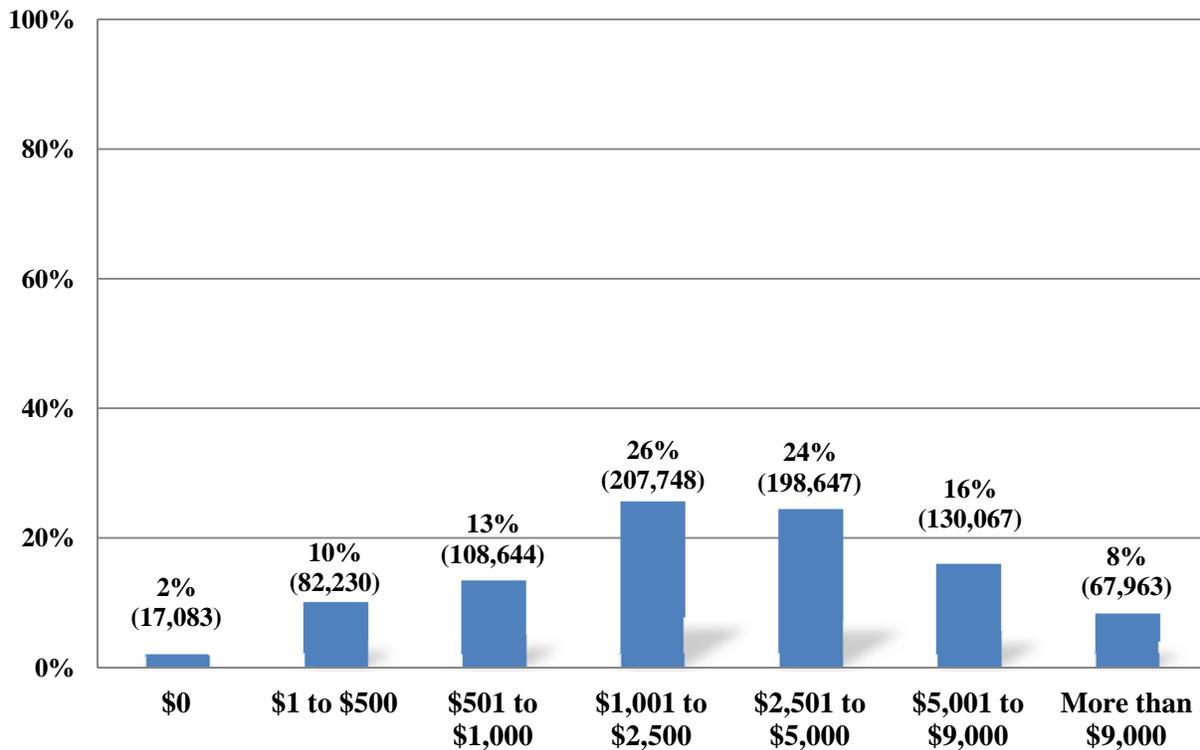
Are you concerned that person may lose health insurance coverage within the next 12 months?
 (% yes among insured residents)



K. Medical, Dental, Vision, and Prescription Drug Expenses

Half (50%) of respondent families indicate they spent between \$1,001 and \$5,000 for out-of-pocket health care costs including prescription medicines, dental and vision care, as well as all other out-of-pocket health care costs. Uninsured respondents tended to report higher out-of-pocket medical costs compared to those who are insured. Groups that report lower out-of-pocket medical costs include those insured through Medicaid, those insured through Military insurance and Native Americans.

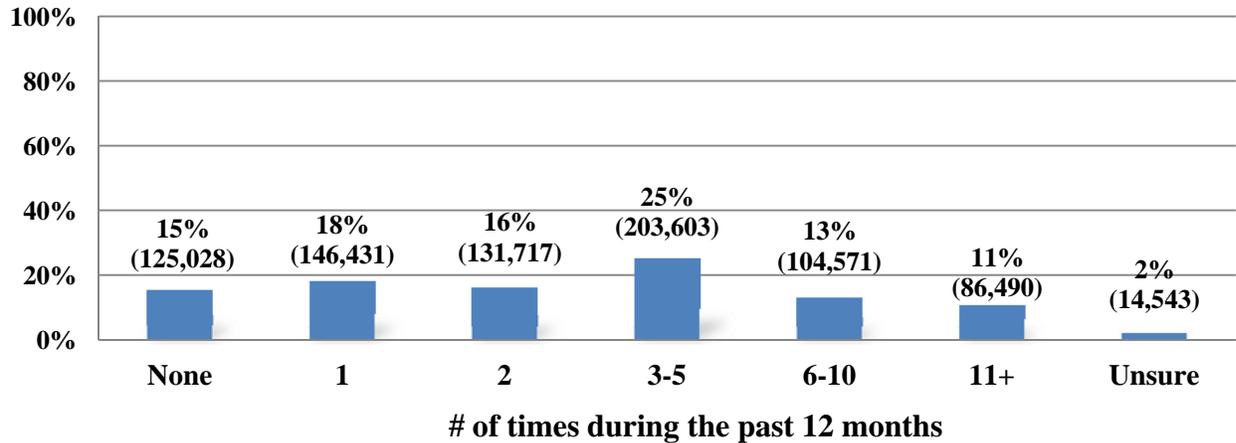
Total out-of-pocket family medical expenses



L. Health Care Utilization

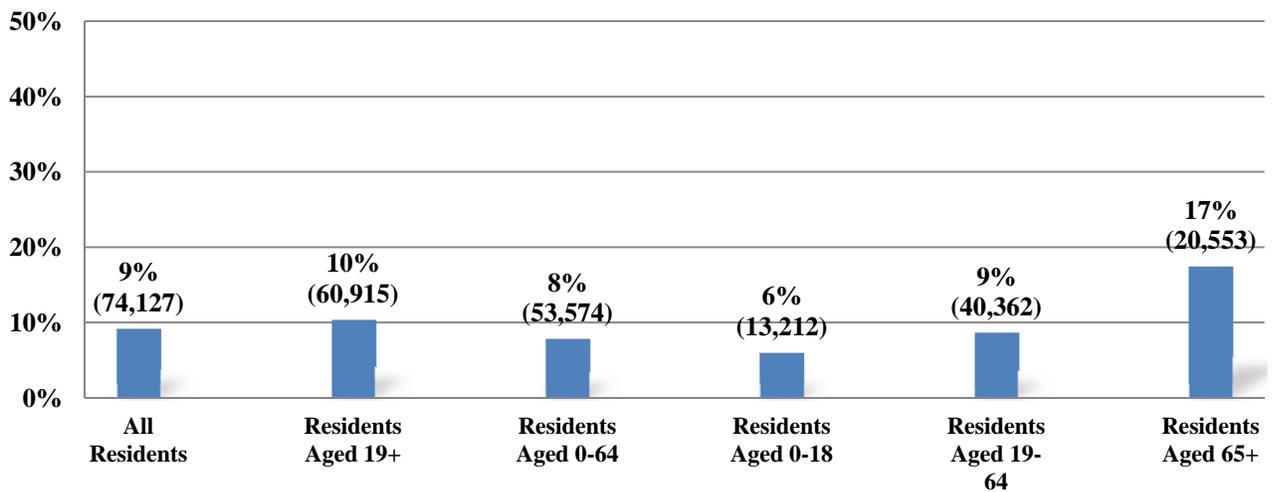
During the previous 12 months, 83% of respondents visited a health care professional at least once when sick or in need of medical care and 62% visited a health care professional at least once for routine and preventive care.

How many times has person seen a doctor or other health care provider during the past 12 months?

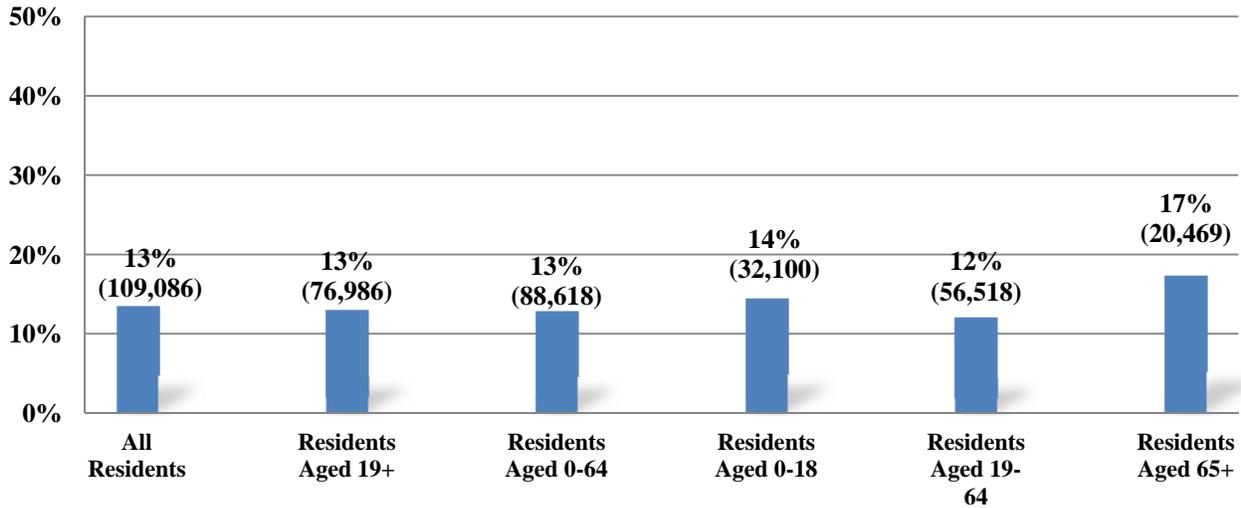


Nine percent of respondents stayed overnight in a hospital at some time during the past 12 months while 13% sought medical care in an emergency room at some time during the past 12 months.

Has person stayed overnight in a hospital in last 12 months? (% yes)

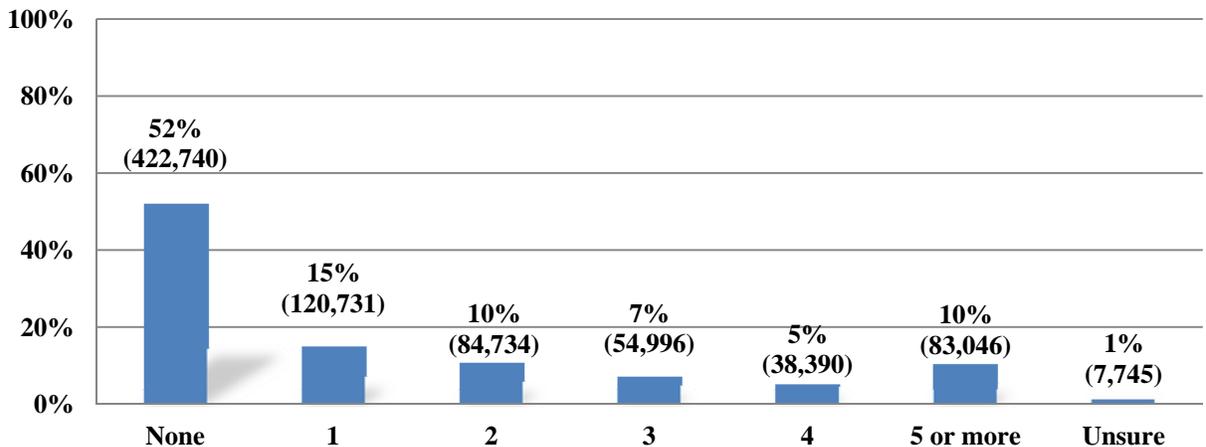


**Has person sought medical care in an ER in last 12 months?
(% yes)**



Almost half (47%) of respondents take at least one prescription drug on a regular basis with one in ten (10%) taking five or more prescription drugs on a regular basis.

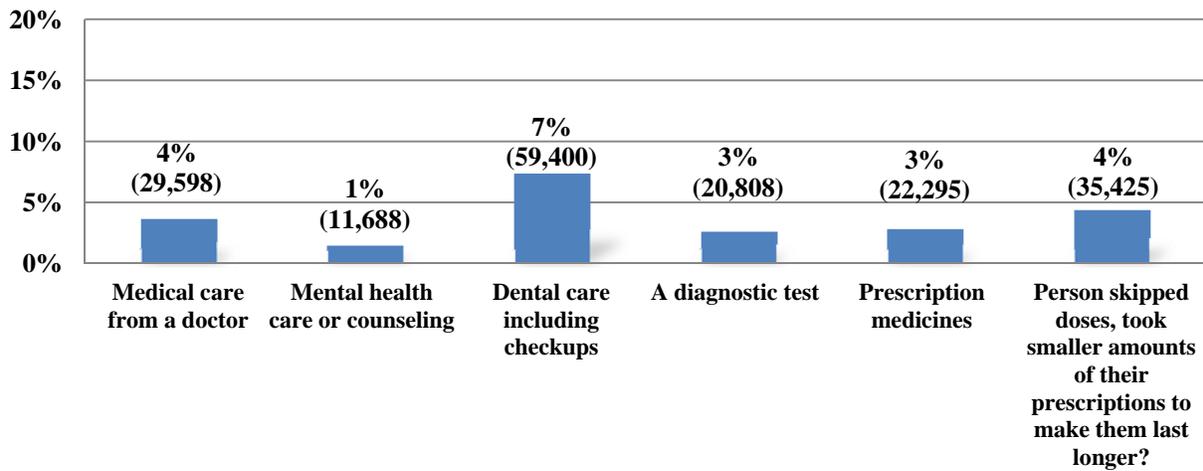
How many different types of prescription drugs does person take on a regular basis?



M. Health Care Barriers

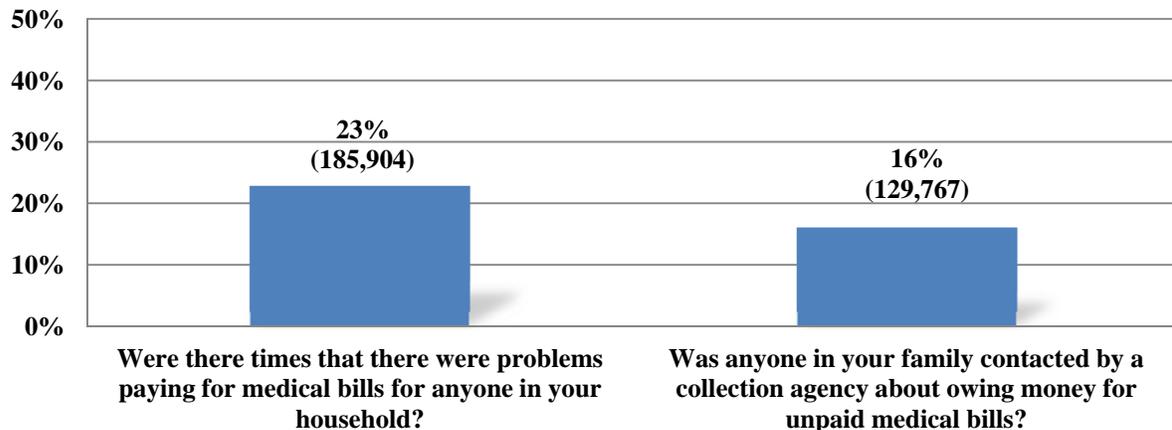
Some respondents indicated they did not access needed health care due to cost with the most significant categories being dental care, as reported by 7%, and medical care from a doctor (4%). Due to their cost, 3% of respondents did not get needed medications and 4% skipped doses or took smaller amounts to make them last longer.

Was there any time person needed ___ but did not get it because they could not afford it?
(% yes)



Twenty-three percent of respondent families indicated they had problems paying for medical bills in 2010 while 16% had been contacted by a collection agency about unpaid medical bills.

During the past 12 months...
(% yes)



N. Eligibility for Expanded Medicaid or Subsidies to Purchase Health Insurance through the Exchange

Introduction

Under the guidelines in the Patient Protection and Affordable Care Act (PPACA), uninsured as well as some privately insured residents may be eligible for coverage under the expanded Medicaid program or eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through the Health Exchange. The new eligibility rules enacted under PPACA extend coverage in Medicaid to most adults with incomes under 139% of FPL (including the 5% income offset). In South Dakota, children in families with incomes of 205% of FPL or less would also potentially be eligible for coverage through the state Medicaid program. For those residents that do not meet the income requirements for Medicaid coverage, the PPACA provides tax credits that reduce premium costs. This includes those in families with incomes up to 400% of FPL.

The amount of the tax credit that a resident can receive will be based on the premium for the second lowest cost silver plan in the Exchange. A silver plan is a plan that provides the essential benefits and has an actuarial value of 70%, that is, the plan pays 70% of the cost of covered benefits. Further, the amount of the tax credit will vary by income. Those with a lower family income that purchase insurance through the Exchange will receive a larger tax credit to offset the cost of the health insurance. The tax credits are designed such that an individual or family will not spend more than a specific percentage of their income on health insurance premiums shown in the table below. The table includes the income thresholds for coverage through the state Medicaid program (for adults) as well as the guidelines for the percent of income that would not be exceeded in purchasing through the Exchange (above which tax credits cover the cost) based on the second lowest cost silver plan.

Maximum Out-of-Pocket Premium Payments Under PPACA

Federal Poverty Level	Maximum Premium under PPACA as a % of Income
Under 139%	Eligible for Medicaid
139% - 149%	3%
150% - 199%	4%
200% - 249%	6.3%
250% - 299%	8.05%
300% - 400%	9.5%
401% or more	No Premium Subsidy

Using these general monthly premium guidelines, survey data were used to model eligibility for Medicaid or purchasing health insurance through the Exchange among the uninsured. The results presented here are based solely on income determinations of eligibility based on self reported family income. Eligibility is analyzed for uninsured children aged 0 to 18 and uninsured adults aged 19 to 64.

Survey data were also used to model potential eligibility among those that are currently covered by private health insurance. The analysis looked at defining the eligibility in terms of potential economic benefit: Would a person or family that is currently covered by private health insurance benefit from purchasing through the Exchange rather than maintaining their current private health insurance plan? The benefit is expressed in terms of whether an individual or family would potentially spend less money on monthly health insurance premium payments (factoring in tax credits) if they were to purchase health insurance through the Exchange. Based on the income thresholds, respondents with only private health insurance were classified as income eligible if their current monthly premium exceeded the premium threshold, that is, the percent of family income spent on premiums above which they would receive tax credits to offset the cost of purchasing the insurance through the Exchange.

As with the uninsured, the analysis of eligibility for the expanded Medicaid coverage or to purchase insurance through the Exchange and receive tax credits is based on income eligibility and does not include other factors that might preclude enrollment in Medicaid or the ability to purchase health insurance through the Exchange.

Based on the survey and the guidelines in the Patient Protection and Affordable Care Act (PPACA), 68% (5,568) of uninsured children under age 19 are income eligible for coverage under the Medicaid program. Another 30% (2,475) are income eligible for some level of premium assistance (tax credits) to assist their family in purchasing health insurance through the Exchange.

**Eligibility for Medicaid or to Purchase Health Insurance through the Exchange
(% among Uninsured Children 0 – 18)**

	Rate	Count	
Eligible for Medicaid	68%	5,568	
Income 206% - 249% FPL	5%	441	Eligible for Subsidies through the Exchange
Income 250% - 299% FPL	19%	1,561	Eligible for Subsidies through the Exchange
Income 300% - 400% FPL	6%	473	Eligible for Subsidies through the Exchange
Income > 400% FPL	1%	88	
Total	100%	8,130	

Based on the survey, 54% or 33,860 uninsured adults aged 19 to 64 are income eligible for coverage under the expanded Medicaid program. Thirty-one percent (19,385) are income eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through the Exchange.

**Eligibility for Expanded Medicaid or to Purchase Health Insurance through the Exchange
(% among Uninsured Adults Aged 19 to 64)**

	Rate	Count	
Eligible for Expanded Medicaid	54%	33,860	
Income 139% - 149% FPL	3%	1,757	Eligible for Subsidies through the Exchange
Income 150% - 199% FPL	9%	5,695	Eligible for Subsidies through the Exchange
Income 200% - 249% FPL	10%	6,533	Eligible for Subsidies through the Exchange
Income 250% - 299% FPL	5%	2,995	Eligible for Subsidies through the Exchange
Income 300% - 400% FPL	4%	2,405	Eligible for Subsidies through the Exchange
Income > 400% FPL	15%	9,290	
Total	100%	62,534	

Twenty-nine percent of children under age 19 that are currently covered only by private health insurance are income eligible for expanded Medicaid or premium subsidies to help their family purchase health insurance through the Exchange.

Based on their income, 50% of children under age 19 that are currently covered by only private health insurance and are classified as income eligible would be eligible for coverage through the state Medicaid program. The remaining 50% of these income eligible children are eligible for some level of tax credits to assist their family in purchasing health insurance coverage through the Exchange. By the definition used, no children in families with incomes over 400% FPL are eligible (they would not receive premium subsidies under an Exchange plan).

**Eligibility for Medicaid or to Purchase Health Insurance through the Exchange
(% among Income Eligible Children Aged 0 – 18 with Private Health Insurance)**

	Rate	Count	
Eligible for Medicaid	50%	18,510	
Income 206% - 249% FPL	17%	6,498	Eligible for Subsidies through the Exchange
Income 250% - 299% FPL	19%	7,173	Eligible for Subsidies through the Exchange
Income 300% - 400% FPL	14%	5,101	Eligible for Subsidies through the Exchange
Income > 400% FPL	0%	0	
Total	100%	37,282	

Thirty-two percent of adults aged 19 to 64 that are currently covered by private health insurance are income eligible for expanded Medicaid or premium subsidies to help purchase health insurance through the Exchange.

Based on their income, 42% of adults respondents aged 19 to 64 that are currently covered by private health insurance and are classified as income eligible are eligible for coverage through expanded Medicaid. The remaining 58% of these income eligible adults are eligible for some level of tax credits to assist in purchasing health insurance coverage through the Exchange.

**Eligibility for Expanded Medicaid or to Purchase Health Insurance through the Exchange
(% among Income Eligible Adults Aged 19-64 with Private Health Insurance)**

	Rate	Count	
Eligible for Expanded Medicaid	42%	45,954	
Income 139% - 149% FPL	4%	4,238	Eligible for Subsidies through the Exchange
Income 150% - 199% FPL	13%	14,296	Eligible for Subsidies through the Exchange
Income 200% - 249% FPL	15%	16,778	Eligible for Subsidies through the Exchange
Income 250% - 299% FPL	13%	13,869	Eligible for Subsidies through the Exchange
Income 300% - 400% FPL	14%	15,386	Eligible for Subsidies through the Exchange
Income > 400% FPL	0%	0	
Total	100%	110,521	

O. Sources of Information about the Health Benefits Exchange

Survey respondents were asked where they might go or would direct someone else to go if they needed information about the Patient Protection and Affordable Care Act (PPACA) or the Health Insurance Exchange. A majority of respondents would be likely to seek information about PPACA and the Exchange from a health care provider (74%), an insurance agent (62%), a web site with information about PPACA and the Exchange (61%), their family (57%), the Office of Family and Community Health Services at the Department of Health (57%), and the Department of Social Services (56%).

**If you or someone you knew were required to buy insurance how likely would you be to use or recommend the following sources for information...?
(% very or somewhat likely)**

	Overall	Uninsured	Underinsured
Indian Health Service (asked only of Native American households)	81%	86%	71%
Your healthcare provider	74%	60%	74%
An insurance company or agent	62%	38%	71%
A website	61%	64%	72%
Your family	57%	48%	59%
The Department of Health/Office of Family and Community Health Services	57%	59%	62%
The Department of Social Services	56%	59%	57%
Tribal government or tribal leaders (asked only of Native American households)	49%	52%	50%
AARP or another similar association	47%	41%	47%
The Veteran's Administration	47%	37%	45%
Your employer's Human Resources or Personnel Office	45%	31%	54%
SHIINE or the South Dakota Senior Health Information and Insurance Education Program	43%	36%	41%
Contact a call center	38%	45%	42%
Other non-profit organizations	34%	43%	32%
Your church	32%	32%	33%
The Department of Labor and Regulations, Division of Insurance	28%	28%	29%
The Governor's Office for information	22%	28%	22%
A kiosk located near where you live	21%	26%	23%
The Bureau of Personnel	13%	17%	11%

Survey respondents were also asked what types of information they would like to receive about PPACA and the Exchange. A majority of respondents would like information about out-of-pocket expenses for office visits, tests, prescriptions, hospital stays (82%), health networks and hospitals that will accept insurance (80%), health care providers that will accept insurance (80%), and the cost of services (79%).

(Besides information on premium costs) What other information do you think should be provided to allow residents to select the health insurance that best meets their needs?

	Overall	Uninsured	Underinsured
Out-of-pocket expenses for office visits, tests, prescriptions, hospital stays	82%	83%	85%
Health networks and hospitals that will accept insurance	80%	86%	83%
Providers that accept insurance	80%	82%	84%
The cost of services	79%	87%	83%
Coverage - what is covered, what is not	6%	5%	7%
Deductibles, co-pays, premiums	3%	2%	3%
Eligibility, requirements, can you be dropped?	1%	1%	1%
Types of plans, comparison of plans, options	1%	2%	1%
Pre-existing conditions	1%	1%	0%
Doctor, insurance ratings and reviews, medical standings	1%	0%	1%
Options on how to pay, payment plans	0%	1%	0%
Any, all information	0%	0%	1%
Information needs to be easy to understand, clear	0%	0%	0%
Be honest and upfront, want to be told the truth	0%	0%	0%
Want someone to talk to, need rep to explain things	0%	0%	0%
Insurance portability - covered when out of state?	0%	0%	0%
None, nothing	2%	3%	1%
Other	2%	1%	2%
Unsure	11%	7%	6%