

Final Report

Household Survey and Employer Survey Findings about Health Insurance Coverage in Montana

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Executive Summary

Montana has historically had one of the higher rates of uninsurance in the nation. Depending on the source of data, current estimates of uninsurance in Montana range from 14 percent of the population to 19 percent. This report presents findings from the 2003 Montana Household Survey and the Montana Employer Survey, the largest and most comprehensive surveys on health insurance that have been conducted in Montana to date. Consistent with earlier studies, the Household survey finds a relatively high overall 19 percent of Montana's population without health insurance, a rate representing 173,000 Montanans who were uninsured at the time of the survey.

Because of the way the 2003 Household Survey was designed, the state is able for the first time to make detailed estimates of uninsurance rates for various population groups within the state, such as rates by age, race and ethnicity. Although the overall rate of uninsurance in Montana is high, the survey finds substantial variation in uninsurance rates within various population groups including:

- Young adults, particularly between the ages of 19 and 25, were more than twice as likely to be uninsured than the general population.
- Montana's American Indian populations experience uninsurance at much higher rates, which were two times higher than the statewide average and represented about 24,000 American Indians within the 173,000 Montanans without health insurance.
- Insurance status also varies by income level, with Montanans who have incomes below the federal poverty level being about two times more likely to be uninsured than the statewide average.
- The Children's Health Insurance Program is an important source of healthcare access to 10,700 Montana children, a number that will go up with increased state and federal funding aimed at adding 1,300 more low-income children to the program.

A detailed analysis of the 173,000 uninsured Montanans shows the number of persons in different groups and socio-economic levels representing the state's uninsured population. A profile of Montana's uninsured shows that they:

- Are white (86 percent);
- Are adults over 25 years of age (67 percent);
- Have a high school degree or higher (92 percent);
- Have income levels more than twice the poverty level (45 percent);
- Are employed (77 percent); and,
- Are self-employed or work for firms with 10 or fewer employees (60 percent).

The 2003 Montana Household Survey asked specific questions about other issues of interest to policy makers, such as medical debt, insurance affordability, and individual insurance policies. Findings include:

- Uninsured persons were more than three times as likely to have medical debt (21 percent) compared to those with health insurance (7 percent);
- Average medical debt was \$2,500 or higher and represented as much as 16 percent of household income for persons without health insurance;
- Being uninsured is not voluntary, with 90 percent of the uninsured reporting being unable to buy health insurance after paying for food, clothing, and shelter;
- Uninsured persons can afford to pay low monthly premiums, averaging about \$96 per month;
- Montana's uninsured did have coverage in the past, with only 20 percent reporting no previous health insurance;
- High average deductibles of more than \$3,000 for persons with individual insurance policies; and,
- Individual insurance policies take a big bite of monthly household income ranging from 21 percent for people below twice the poverty level and 8 percent for persons more than two times (200 percent) above the poverty level.

A key objective of the Employer Survey was to fill in gaps in our knowledge about Montana business offering of health insurance to their employees. Major findings from the Montana Employer Survey include:

- Over 40 percent of small firms with 10 or fewer employees offer health insurance;
- One third of small firms offering health insurance offer it to all employees, typically for employees working 30 hours or more per week;
- More than 90 percent of large firms with 100 employees offer health insurance;
- Only half of large firms offering health insurance offer it to all employees;
- For the 81 percent of Montana firms not offering health insurance, high premiums are cited as the major reason why they do not offer insurance;
- When asked why their eligible employees did not use the health insurance coverage offered, 28 percent of the employers responding to this question cited high premium costs and the affordability of insurance as the major reason;
- More than 80 percent of employers cite higher prices for hospital care, prescription drugs, physician care, and malpractice insurance as major reasons for health insurance premium increases;
- Sixty-seven percent of firms not offering insurance thought they would provide insurance under a tax credit policy; and,
- More than 40 percent of firms not offering insurance indicated they would 'absolutely' participate in a small business purchasing pool.

Chapter 1: Introduction

Montana has historically had one of the highest rates of uninsurance in the nation. Depending on the source of data, current estimates of uninsurance in Montana range from 14 percent of the population to 19 percent. In surveys that allow for cross-state and national comparisons of uninsured rates, Montana has always ranked near the bottom in rates of health insurance coverage.

In the summer of 2002, the Montana Department of Public Health and Human Services was awarded a grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services to study the issue of uninsurance in Montana. HRSA's State Planning Grant program exists to provide support to states to conduct research and analysis of insurance coverage issues, and to provide policy options for reducing uninsurance. Montana was one of several states originally awarded grants under this program in the 2002 funding round. Although the state already had some knowledge about its uninsured population from national estimates, the HRSA grant provided an opportunity to fill in gaps in the State's knowledge about the uninsured. In particular, little detail was previously known about disparities in health insurance status by race and ethnicity, and there was little information about how health insurance status varies by age and income.

From Fall 2002 through Summer 2003, the Montana Department of Public Health and Human Services, in collaboration with the University of Montana's Bureau of Business and Economic Research, conducted two surveys, the 2003 Montana Household Survey and the Montana Employer Survey. These surveys were designed to help fill in some major gaps in the state's knowledge about its uninsured population. Together with several other study components, the Household and Employer Surveys have contributed to a deeper understanding of how health insurance coverage varies among different population groups in Montana, what barriers exist that prevent the uninsured from getting coverage, and how this affects their ability to access the health care system.

This report details the findings from the 2003 Montana Household Survey and the Montana Employer Survey. It presents findings on rates of uninsurance in Montana and the characteristics of the uninsured; it also examines variations in uninsurance rates and characteristics of the uninsured by age, race and ethnicity, urban and rural areas, and income level.

Household Survey Methods

The 2003 Montana Household Survey was a stratified random digit dial telephone survey. The data were collected by the Survey Research Center at The University of Montana-Missoula, Bureau of Business and Economic Research from December 2002 to May 2003. One person in each household was randomly selected as a target for the survey; if this person was a child, then an adult was asked to respond on behalf of the child. In order to fulfill the study goals of getting better information on health insurance disparities by race/ethnicity and region, some geographic areas of the state were sampled with higher probability than other areas. In analyzing the data, statistical weights are used in order to generalize the results to the entire population of the state. The appendix to this report contains more detailed information on survey methods and the development of the statistical weights.

A total of 5,074 interviews were completed. The overall response rate to the 2003 Household Survey was 75 percent. The sample size includes all age groups and is much larger than other samples used for estimating the state's uninsured rate such as the Census Population survey (approximately 1,500 households) or the Behavioral Risk Factor Survey (3,100 Montana adults) conducted by the Centers for Disease Control.

Like all surveys, the findings from the 2003 Household Survey have a margin of error associated with them. This margin of error reflects the fact that there is always uncertainty involved in the process of creating statewide estimates from a representative sample of the population. In other words, although estimates from the survey data may appear to be different, the difference sometimes falls within the margin of error for the estimates and therefore cannot be considered to be statistically significant.

Related Projects

While the 2003 household telephone survey has added significantly to the state's knowledge about its uninsured population, it is only one of a number of studies that have been conducted under the HRSA grant. These other studies include:

Employer Survey: Many Montanans get their health insurance through an employer, so the private employment-based health insurance system is of key importance to studies of health insurance coverage. With health insurance premiums rising at or near double-digit rates for the past several years, it is important to monitor the impact that premium increases are having on the availability and affordability of employer-based coverage. With this in mind, a stratified random digit dial telephone survey on a representative sample of 539 Montana employers was conducted. The survey was designed to determine how cost increases have affected private coverage and what other factors affect the offering of health insurance by Montana employers to their workers.

Key Informant Interviews: During the spring and summer of 2003, Daphne Herling, director of community research, from the University of Montana Bureau of Business and Economic Research conducted a series of 30 interviews statewide with "key informants" who were professionals who have contact with many people who are either uninsured or at high risk of becoming uninsured. The key informants included health care providers, clinic and hospital administrators, private businesses, farmers and rancher organizations, insurance companies, community leaders, and advocates.

Focus Groups: Focus groups on health insurance were conducted among four consumer groups and two groups of employers by two professional qualitative data researchers from Montana State University-Billings and the University of Montana-Missoula. One particular goal of the consumer focus groups was to obtain qualitative information about attitudes toward, problems with and knowledge of health insurance that is difficult to obtain in a telephone survey.

The consumer focus groups were geographically representative of rural and urban Montana, with consumer group sessions in Miles City, Billings, Polson, and Havre. Two additional focus groups were conducted with employers in Missoula representing professional services firms such as finance, real estate, health care, consulting, and engineering businesses, and a group of Miles City employers in the hospitality sector composed of motel, casino, gas station, restaurant, and convenience store firms.

The remainder of this report is specifically about the 2003 Montana Household Survey and the Montana Employer Survey. Written reports on key informant and the focus group component of the HRSA State Planning Grant research are available separately. Links to these other reports and other information for the program are available on the DPHHS State Planning Grant Program website: <http://www.dphhs.mt.gov>.

Outline of This Report

This report is divided into several chapters, each focusing on examining variations in uninsurance rates and the characteristics of the uninsured in Montana from a different perspective. The report is organized as follows:

- Chapter 2 provides summary information at a statewide level on uninsurance rates and the characteristics of the uninsured;
 - Chapter 3 describes the cost, sources of coverage, and individual insurance coverage findings from the household survey;
 - Chapter 4 provides information at a statewide level on employers offering of health insurance by firm size, degree of employer coverage, factors affecting employer insurance plans, and business attitudes toward different policy options; and
 - Chapter 5 concludes the report with a summary of survey results and their implications for Montana health policy.
- Finally, Appendix A and Appendix B include more detailed information on survey methodology and the development of statistical weights for analyzing the data, and 2002 federal poverty levels.

Chapter 2

Household Survey: Findings

State Overview

This chapter of the report presents the statewide findings of the 2003 Montana Household Survey and the Employer Survey. First, it examines the overall rate of uninsurance. Next, it presents information describing the characteristics of the uninsured in Montana, and provides an analysis of potential sources of health insurance coverage for the uninsured.

Major findings for Montana reported in this chapter include:

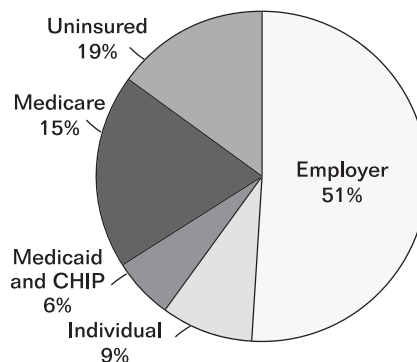
- **High uninsured rates for all Montanans, especially young people between the ages of 19 and 25, for American Indians of all ages, and for persons with poverty level incomes;**
- **Employer based insurance rates below national rates;**
- **High proportion (72 percent) of Montana’s uninsured was not insured for all of the past 12 months;**
- **Large numbers of Montana’s uninsured are employed, in permanent jobs, in firms with 10 or fewer employees and in industries such as agriculture, construction, government, and hospitality and personal services;**
- **Large numbers of Montana’s uninsured have higher incomes and post-high school education levels;**
- **High proportions of public program coverage from Medicare, Medicaid, and the Children’s Health Insurance Program;**
- **The uninsured rate of 17 percent for Montana’s youth is one of the highest uninsured children rates in the U.S.;**
- **Montana’s working poor who are just above the Federal poverty level have uninsured rates of 48 percent.**

Montana’s Uninsured Rates

Overall, 19 percent of Montanans, or approximately 173,000 people, were uninsured at the time of the 2003 survey. These results are illustrated in Figure 2-1.

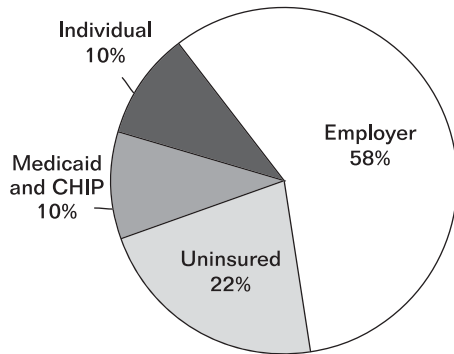
Slightly more than half (51%) of all Montanans had employer-based health insurance. Individual health insurance policies accounted for 9 percent of the state’s population. Medicaid and the Children’s Health Insurance Program (CHIP) accounted for 6 percent, a rate that was lowered somewhat by counting persons who were dual enrolled in Medicare and Medicaid as being Medicare insured. Medicare covered 15 percent of Montana’s population. Uninsured rates for the non-elderly population are a more accurate measure of the health insurance gap in Montana since nearly everyone 65 years of age and older has health insurance through Medicare.

Figure 2-1 Insurance Coverage by Type, Montana, 2003 (n=2,941)



Montana’s uninsured rate is higher when the elderly who are covered by Medicare are taken out of the sample and population numbers (Figure 2-2). Twenty-two percent of Montana’s non-elderly population does not have any kind of health insurance—public or private. Employer-based insurance covers 58 percent of Montanans under 65 years of age compared to a national rate of 67 percent. Individual health insurance coverage is 9 percent in Montana compared to a national rate of 7 percent. Medicaid and CHIP account for 10 percent of the state’s non-elderly health coverage.

Figure 2-2 Insurance Coverage by Type for Non-Elderly (Under 65 Years of Age) Montana, 2003 (n=2,348)



Health insurance rates by age show considerable variation (Figure 2-3). The overall uninsured rate for all ages of 19 percent is significantly exceeded by the 39 percent rate for young people between 19 and 25 years of age. The next age group of 26 to 49 year olds has a rate of 24 percent while older Montanans between 50 and 64 years of age have an uninsured rate of 14 percent. Montana youth 18 years old and younger have an uninsured rate of 17 percent, one of the highest children uninsured rates in the nation.

Sources of insurance vary by age as shown in Figure 2-4. Fifty-seven (57.1) percent of children 18 years of age and under have insurance coverage through employers, primarily based on a parent's employment. About 16 percent of Montana kids 18 and under receive health insurance coverage from Medicaid or CHIP, one of the highest coverage rates of any age group.

Household income levels are a major determinant of health coverage. Lower income households, as shown in Figure 2-5, have higher rates of uninsurance. About 43 percent of persons in households with income below the 2002 federal poverty level of \$18,100 for a family of four (see Appendix A, Table A-4 for federal poverty levels) do not have health insurance coverage. The uninsured rate drops for the next poverty bracket of 101 to 125 percent and then increases and remains high until household income levels are more than 200 percent of the federal poverty level.

Persons living in households with more than two times the poverty level have a relatively low uninsured rate of 13 percent.

Figure 2-3 Montana Uninsured Rate by Age, 2003

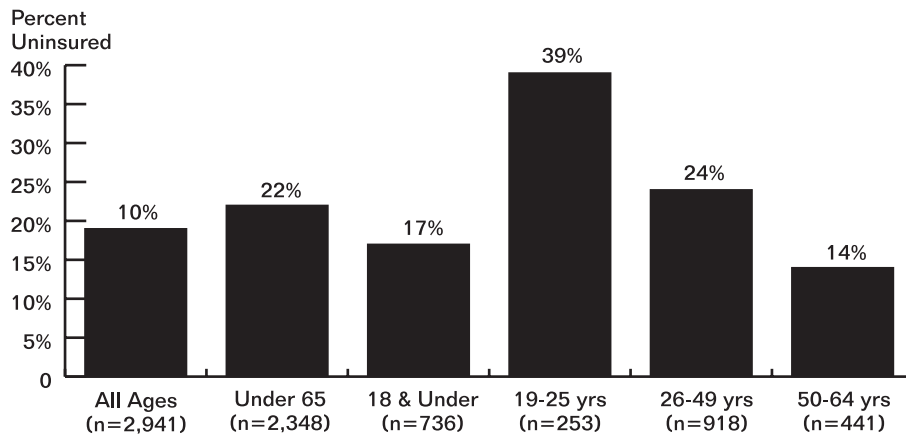


Figure 2-4 Insurance Coverage by Age and Type for Montana Residents Under 65 Years of Age, 2003

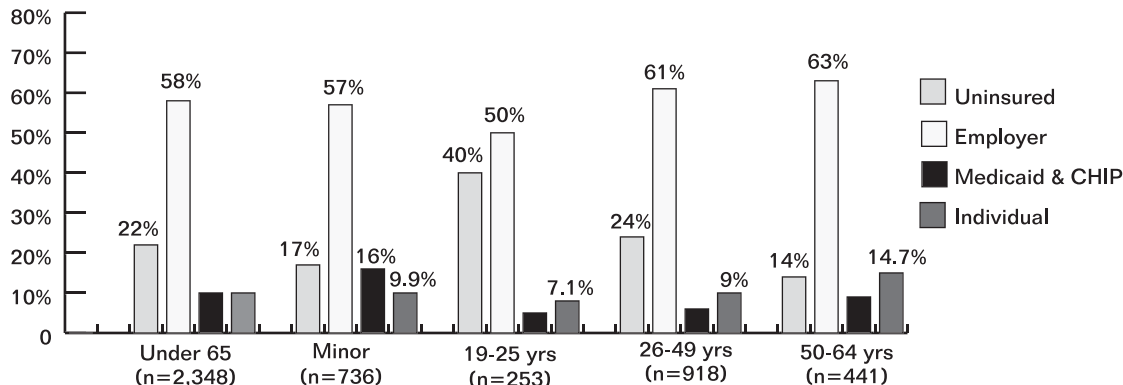
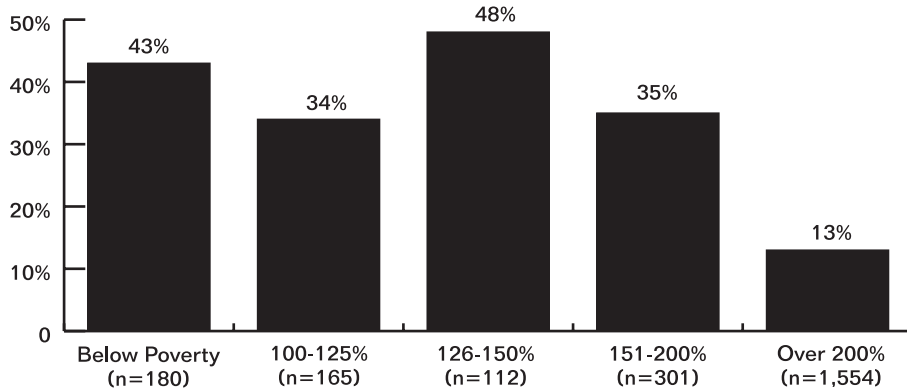
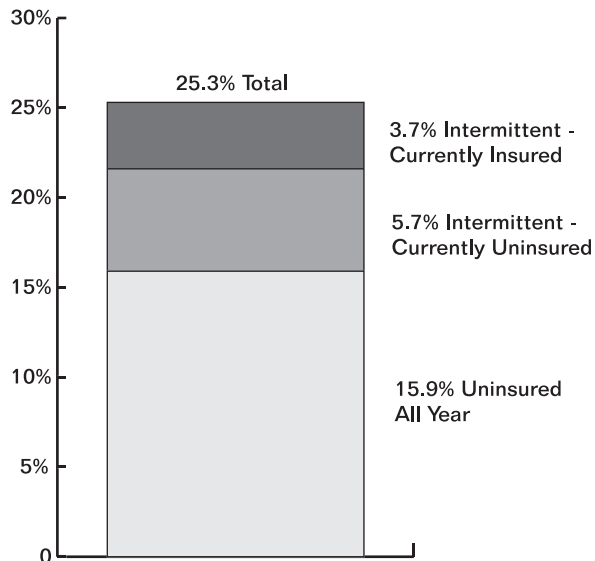


Figure 2-5 Uninsured Rate by Income as a Percent of Poverty, Montana Residents 0-64 Years Old, 2003



Rates of uninsured in this report are point-in-time estimates from telephone calls during the first five months of 2003. Persons reported their insurance status at the time of the phone call, as well as insurance status over the past year. It is possible to estimate transitions between insured and uninsured from this information since it is possible to identify respondents who did not have insurance during the past 12 months, those who were uninsured at the time of the interview but were covered at some point during the past 12 months, and those who were covered but did not have insurance at some point during the past 12 months.

Fig 2-6 Montana Uninsurance Rates in 2003 Using Alternative Definitions [n=2,941]



These different measures for Montana's non-elderly population are shown in Figure 2-6. Almost 16 percent of the 22 percent uninsured rate for non-elderly Montanans represent the long-term uninsured that were not insured all year. Another 5.7 percent were intermittently insured during the past 12 months but not at the time of the interview. Intermittent with current coverage is a third group representing 3.7 percent of the Montana's non-elderly population. The uninsured rate for the long term and the two intermittent categories represent a rate of persons 25.3 percent of non-elderly Montanans who were uninsured at some point in the past year. One in four of every non-elderly Montanan in the state lacked health insurance at some time during the year.

A summary of Montana uninsurance rates along with 95 percent confidence intervals by population group is shown in Table 2-1. Several important rates not previously discussed show racial, geographic, and employment variations in health care coverage.

American Indians under sixty-five years of age had a 38 percent uninsured rate compared to a rate for a combined racial group of non-elderly whites and other races of 20 percent. Following Census Bureau methods, the Indian Health Service was not considered a source of health insurance since it is not available to all Indians or in all areas, and its availability and level of service is contingent on federal government budget decisions.

Montana's uninsured rates of 21 percent in urban areas were slightly lower than the 23 percent rate in rural areas.

Uninsured rates varied over different employment status categories. The uninsured rate for the self-employed was 24 percent compared to a 19 percent rate for employed persons. Unemployed persons had an uninsured rate of 41 percent. Full time students had a 27 percent uninsured rate. Disabled and retired persons had uninsured rates of 12 percent.

Table 2-1
Summary of Montana Uninsurance Rates
by Population Group, 2003

	Uninsurance Rate	95% Confidence Interval
Total population (n=2,941)	19%	17 to 20%
Age		
0-18	17%	14 to 19%
19-25	39%	34 to 45%
26-49	24%	21 to 27%
50-64	13%	10 to 16%
65+	0.5%	0.1 to 0.9%
Population under age 65 (n=2,348)	22%	20 to 23%
Race		
White & other	20%	18 to 22%
American Indian	38%	31 to 45%
Residency		
Urban	21%	18 to 23%
Rural	23%	20 to 26%
Household income as a percent of Federal poverty guidelines		
<100%	43%	35 to 50%
101-125%	34%	26 to 41%
126-150%	48%	38 to 57%
151-200%	35%	29 to 40%
Over 200%	13%	12 to 15%
Employment Status		
Self-employed	24%	20 to 28%
Employed	19%	17 to 21%
Unemployed	41%	33 to 49%
Disabled	12%	4 to 19%
Full-time student	27%	18 to 35%
Retired	12%	4 to 19%

Rates are based on a weighted sample for the state of Montana.

*Upper and lower bounds are for 95% confidence interval.

Socio-Economic Characteristics of Montana's Uninsured

Table 2-2 provides information on the demographic characteristics of Montana's uninsured population in 2003. The uninsured are most likely to:

- Be white (86 percent of the uninsured);
- Be adults over 25 years of age (67 percent between the ages of 26 and 64);
- Have a high school education or higher (92 percent);
- Be single or divorced/separated (31 percent + 15 percent for combined 46 percent);
- Have household incomes more than twice (over 200 percent) of the federal poverty level (45 percent of the uninsured).
- Be self-employed or employed by someone else (77 percent in Table 2-3).

High proportions of Montana's uninsured are educated and older and have income levels above the federal poverty level.

Table 2-2
Demographic Characteristics of Montana's Uninsured
Population Under 65 Years of Age, 2003

Proportion of Uninsured (n = 1,227)	
Gender (n=1,227)	
Male	50%
Female	50%
Residency (n=1,227)	
Urban	43%
Rural	57%
Age (n=1,227)	
18 & under	18%
19-25	15%
26-49	42%
50-64	25%
Household Income as % of Federal Poverty Guidelines (n=1,168)	
< 100%	12%
101-125%	16%
126-150%	10%
151-200%	17%
Over 200%	45%
Household Composition (n=1,153)	
Single	31%
Married	45%
Living with a partner	9%
Divorced/Separated/Widowed	15%
Education of Target or Responsible Adult (n=1,157)	
Less than high school	8%
High school graduate or GED	41%
Some post high school	33%
College graduate	15%
Post graduate	3%
Race (n=1,227)	
White & other	86%
American Indian	14%

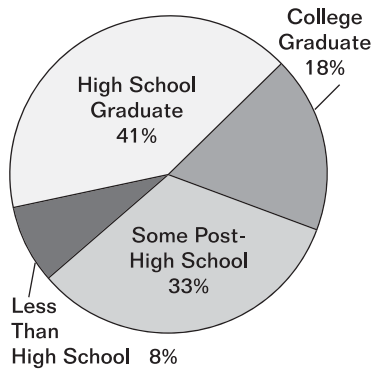
A large majority of uninsured Montanans is employed (Table 2-3 and Figure 2-7). Twenty-six percent of the uninsured were self-employed and 51 percent by someone else (for uninsured children, these statistics refer to the primary wage earner in the family). A high percent of employed Montanans without insurance were in permanent jobs (84 percent) and were employed by small employers of 10 or fewer employees (56 percent). Industries with high proportions of the uninsured included agriculture, construction, government, hospitality services such as motels, casinos, convenience stores, and gas stations, other services such as personal and repair businesses, and retail trade.

Table 2-3
Employment Status of Montana's Uninsured
Population Under 65 Years, 2003

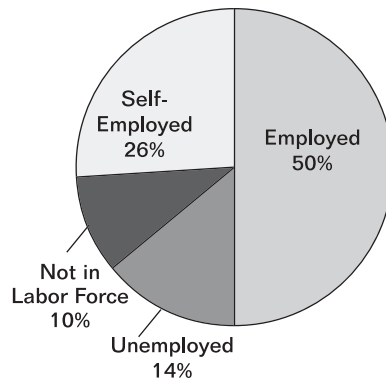
Proportion of Uninsured	
Employment status of target or responsible adult (n=1,167)	
Self-employed	26%
Employed by someone else	51%
Unemployed	14%
Disabled	2%
Full-time student	5%
Retired	2%
Type of employment (n=863)	
Permanent	84%
Temporary	7%
Seasonal	9%
Size of employer (n=839)	
1 employee	20%
2 to 10 employees	36%
11 to 19 employees	9%
20 to 50 employees	12%
51 to 100 employees	6%
101 to 500 employees	5%
More than 500 employees	12%
Industry of employer (n=853)	
Agriculture	9%
Manufacturing	4%
Mining/extraction	2%
Transportation/utilities	3%
Construction	15%
Government	11%
Professional services	6%
Hospitality services	16%
Other services	22%
Trade	12%

Figure 2-7 Who are Montana's Uninsured?

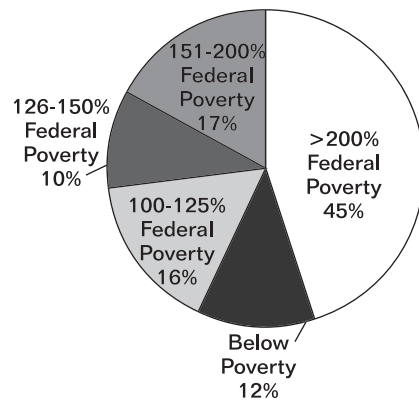
Educational Attainment



Employment Status



Household Income



Chapter 3: Household Costs and Coverage

The high costs of health insurance and healthcare are pervasive themes in many of the responses from the household and employer surveys, key informant interviews, and focus groups. Medical debt is one direct impact of high health insurance and health care costs. The Household Survey questioned respondents on their unpaid medical bills during the past 12 months. Responses to these questions are shown in the following figures.

In addition to collecting information on basic health insurance coverage, the 2003 Montana Household Survey and the Montana Employer Survey asked specific questions about other issues of interest to policy makers, such as medical debt, insurance affordability, and individual insurance policies. Major findings for Montana reported in this chapter include:

- **Uninsured persons were more than 3 times as likely to have medical debt (21 percent) compared to those with health insurance (7 percent);**
- **Average medical debt was \$2,500 or higher and represented as much as 16 percent of household income for persons without health insurance;**
- **Being uninsured is not voluntary with 90 percent of the uninsured reporting being unable to buy health insurance after paying for food, clothing, and shelter;**
- **Uninsured can afford to pay low monthly premiums, averaging about \$96 per month;**
- **Montana's uninsured did have coverage in the past, with only 20 percent reporting no previous health insurance;**
- **High average deductibles of more than \$3,000 for persons with individual insurance policies;**
- **Individual insurance policies take a big bite of monthly household income ranging from 21 percent for people below twice the poverty level and 8 percent for persons more than 2 times (200 percent) above the poverty level;**
- **Households of one person and those with 5 or more people have higher uninsured rates compared to uninsured rates for households with 2 to 4 persons.**

Costs and Affordability for Households

Eleven percent of all non-elderly Montanans had medical debt in the past 12 months. There were differences by insurance status with 7 percent of insured Montanans having medical debt and more than 3 times that percent or 21 percent of uninsured persons with medical debt. Public health insurance coverage did not eliminate the impact of medical debt on low-income households. Fifteen percent of the publicly insured did have medical debt.

Average dollar amounts of medical debt are shown in Figure 3-2. Average debt was high for every insurance coverage category. Montanans with medical debt had, on average, \$2,546 in unpaid medical bills over the past 12 months. Average debt was slightly smaller for persons with health insurance (\$2,506) and increased to a level of \$2,700 for persons without health insurance. Publicly insured individuals had the highest average medical debt with a value of \$2,828.

Figure 3-1 Montana Residents 0-64 Years Old With Medical Debt, 2003 (n=2,251)

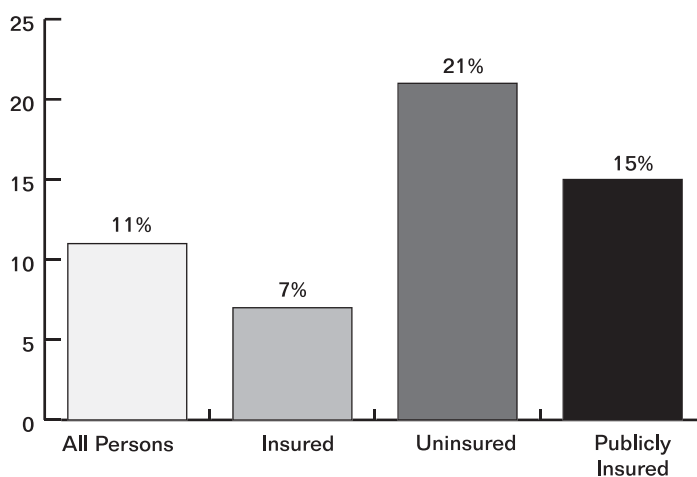
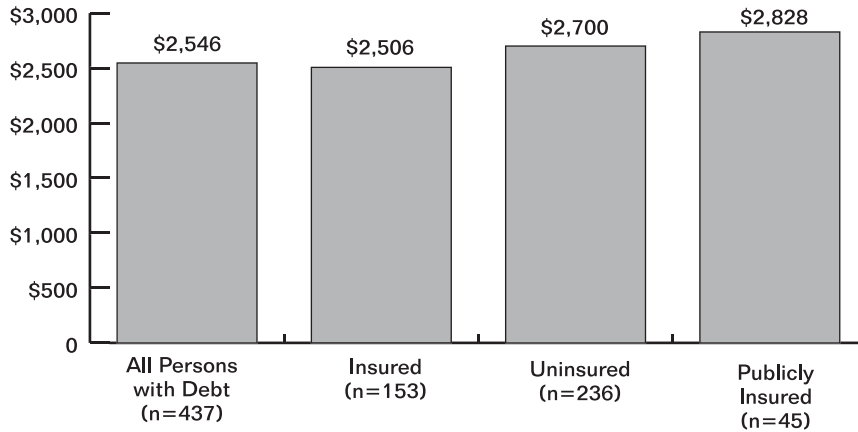


Figure 3-2 Average Medical Debt for Non-Elderly Montanans, 2003

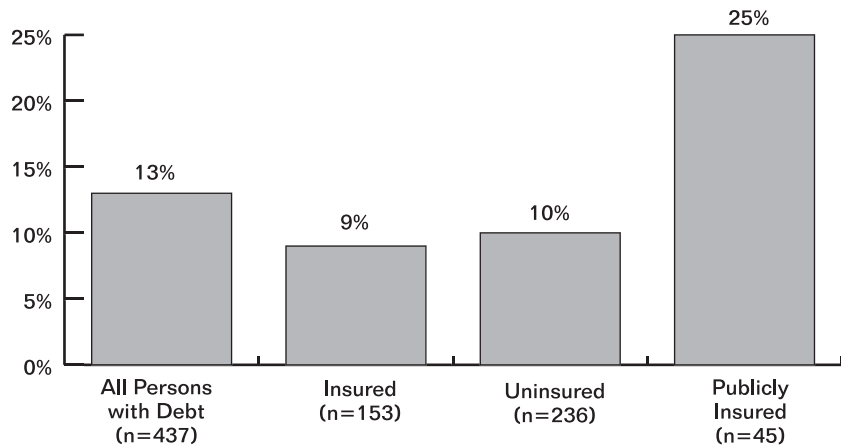


Medical debt due to family out-of-pocket health bills is another important measure of healthcare cost impacts on Montana families. Figure 3-3 shows a significant range of medical debt impacts on household and individual budgets in the state during 2003. Statewide medical debt was 13 percent of household income. The debt-household income ratio dropped to 9 percent for persons with health insurance. The uninsured had medical debt equal to 16 percent of the income of the household in which they resided. Publicly insured individuals had medical debt representing 25 percent of their household income.

Health insurance premium costs can dramatically impact household budgets taking away income/money for other, non-health purchases. How much choice uninsured persons have to buy or not buy health insurance coverage is an important behavioral aspect of the uninsured. The issue of choice is based on whether uninsured persons choose not to spend their income on health insurance or are forced not to buy insurance due to a lack of household income after paying for housing, groceries, and other basic necessities. Some advocates of the choice explanation argue that people would rather spend their money on snowmobiles and other consumer luxuries that preclude buying health insurance.

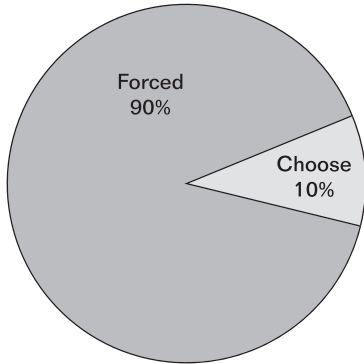
The 'snowmobile' hypothesis of discretionary choice and household spending was examined by asking respondents in the Household Survey which statement best applied to them: a) if they choose not to because they are healthy and would like to spend their money on other things that are not absolutely needed to live or b) if they must use all of the money they have for absolutely necessary things like food, clothing, and housing instead of health insurance.

Figure 3-3 Medical Debt as a Percent of Montana Household Income, 2003



Ninety percent of the uninsured said lack of insurance was forced or due to lack of budget for health insurance after paying for the basic life necessities such as food, clothing, and housing. This response pattern was reinforced by the comments and discussion of focus group participants who cited high monthly premiums as beyond their monthly income (see Focus Group Report).

Figure 3.4 Are Montana's Uninsured Forced Because of Cost or Do They Choose to be Uninsured? 2003 (n=1,1227)



Health insurance cost-impacts on household budgets were explored through several other questions in the Household Survey. Montanans were asked if they could afford a monthly premium and how much could they afford to pay for that monthly premium. As Figure 3.5 shows, 81 percent of the respondents indicated that they could afford a monthly premium. Ninety-six dollars (\$96) was the amount indicated as affordable.

Insurance and health care cost impacts on households are especially burdensome in a low-income state like Montana. The predominance of low income working households makes the availability of public health programs especially important. Qualitative data from focus discussion groups representing individual perceptions supplements some of the quantitative information on Medicaid and CHIP enrollment presented earlier.

Focus group comments on Medicaid included a person with two kids, no insurance, and earning too much money to qualify for Medicaid. Several focus group members experienced applying to the CHIP program but being just above the income eligibility cutoff. Another person worked for a doctor that limited the number of Medicaid patients. One focus group participant thought that CHIP was a great program but was dismayed at yearly cuts in the program. Another consumer had problems with CHIP because certain doctors would not accept it.

The Montana Comprehensive Health Association (MCHA) and COBRA (extension of health insurance benefits after losing a job) are two policy options designed to alleviate a lack of health insurance. Comments on MCHA indicated that it was expensive. The cost of health insurance under COBRA was too high for some people. Some focus group members felt that once a person lost his or her job there should be some way that person could afford to keep their insurance (Focus Group and Key Informant results are available at <http://www.dphhs.mt.gov>).

Figure 3-5 Can Montanans Afford a Monthly Premium? (n=1,227)

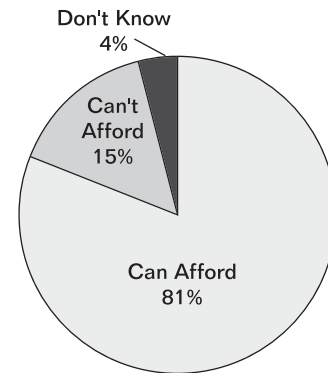
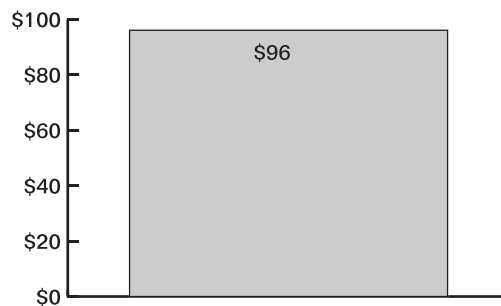


Figure 3-6 How Much Can Montanans Afford to Pay Per Month? (n=1,227)



Sources of Coverage

Health insurance status and sources of health insurance for those who were insured varied over age, race, household income, and other factors. As discussed earlier, American Indians had a 38 percent uninsured rate (Table 2-1) compared to a 20 percent rate for whites and others. American Indians had lower rates of employer-based health insurance (36 percent) compared to whites (Figure 3-7) and other races (61 percent), a 23.4 percent rate of Medicaid and CHIP coverage compared to 8.4 percent for whites and other races, and a very small rate of individual insurance.

Employer based insurance coverage varied by household size (Figure 3-8) and by average income (Figure 3-9). Persons in households of two, three, and four persons were more likely to be covered on the jobs with coverage rates varying from 61.1 percent to 59.7 percent to 64.1 percent. Uninsured rates were 29.5 percent for one-person households and 24.4 percent for households of five or more persons. Medicaid and CHIP coverage rates did not vary significantly by household size. Average household income was higher for persons covered by individual insurance and by employment based insurance. Most uninsured Montanans had

Figure 3-7 Insurance Coverage of Montana Residents by Race, Under 65 Years of Age, 2003 (n=2,348)

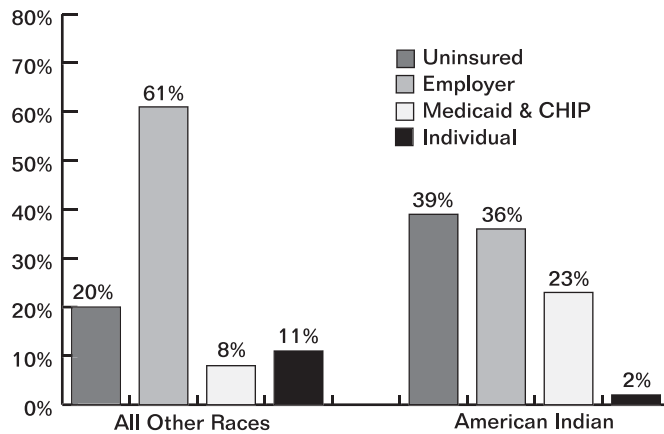
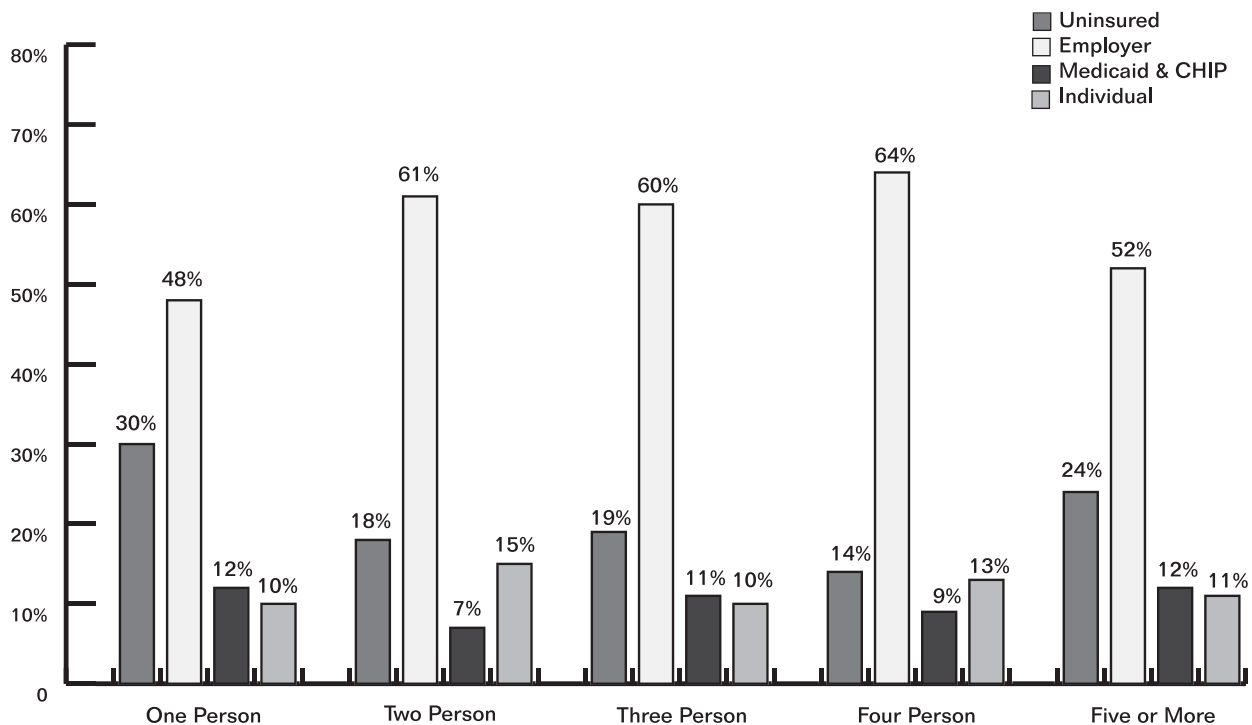


Figure 3-8 Insurance Coverage by Household Size, Under 65 Years of Age, 2003 Montana Residents (n=2,348)



previous insurance coverage (Figure 3-10). More than half, 56 percent, had previously been covered by employers, 12 percent had individual coverage in the past, and another 9 percent had been insured by a public program. Only 20 percent of the uninsured had never had previous health insurance. Focus group comments corroborated some of these patterns—participants indicated they used to have health insurance on the job but it was dropped when coverage became too expensive to their employer. Other participants indicated availability of health insurance on the job when business conditions were better with a subsequent dropping of coverage by their employer when business conditions were bad (see Focus Group Report).

Figure 3-9 Insurance Coverage of Montana Residents by Race, Under 65 Years of Age, 2003 (n=2,348)

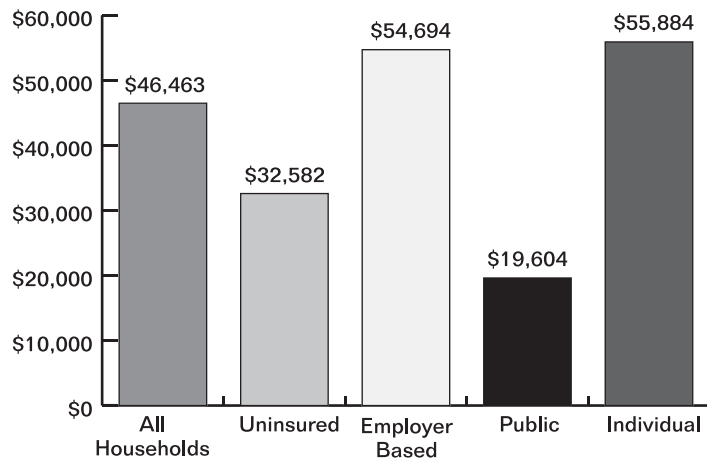
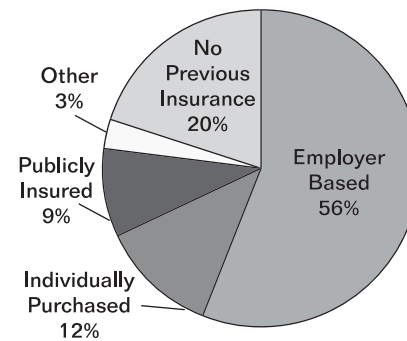


Figure 3-10 Previous Insurance Coverage of Montana's Uninsured (n=1,227)



Individual Health Insurance Coverage

Individual health insurance policies covered 10 percent of non-elderly Montanans in 2003. Figure 3-11 shows the breakdown of this 10 percent. Fifty-seven percent of persons reporting individual policies had them on a family basis. Eighteen percent were policies for the individual only and another 25 percent had individual policies provided by someone outside the immediate household.

Nearly all of the individual insurance policies required a deductible amount (Figure 3-12). Slightly more than 40 percent of individual insurance covered persons had prescription drug benefits. About 10 percent had a dental benefit and 10

Figure 3-11 Individual Insurance Type of Policy for Non-elderly Montanans, 2003 (n=714)

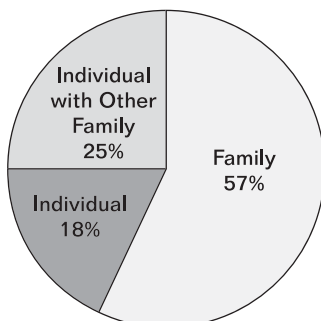


Figure 3-12 Individual Insurance Policy Options for Montana's Non-elderly Residents, 2003 (n=714)

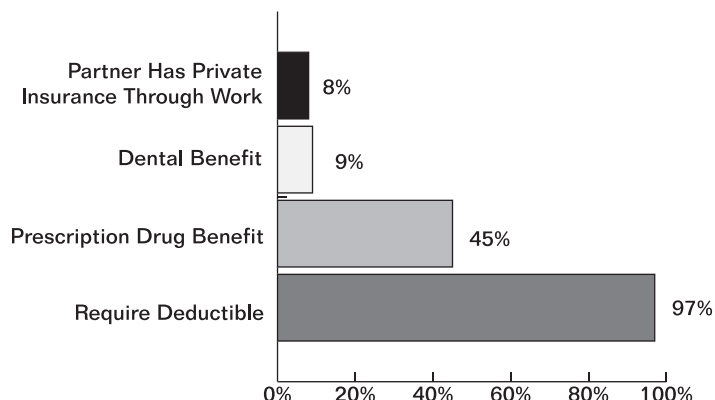


Figure 3-13 Average Individual Insurance Monthly Premiums for Non-elderly Montana Residents, 2003

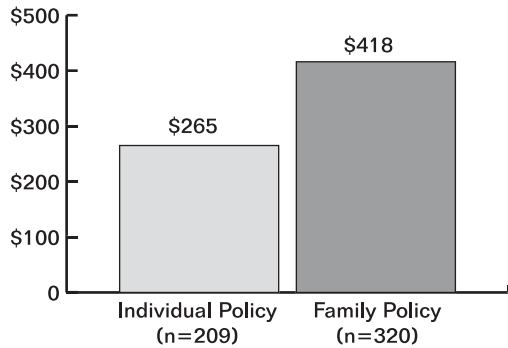


Figure 3-14 Average Individual Insurance Yearly Deductibles for Non-elderly Montana Residents, 2003

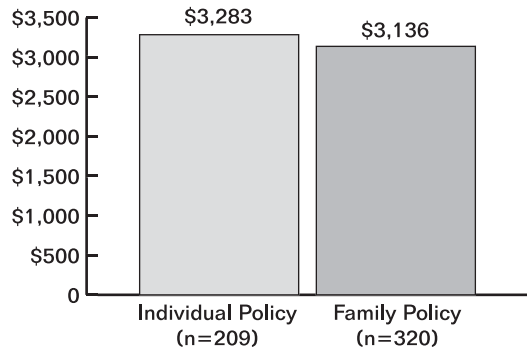
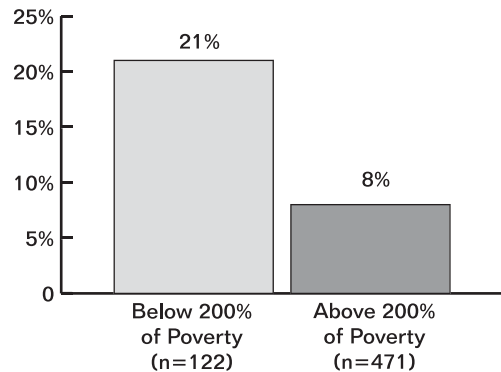


Figure 3-15 Individual Insurance Premiums as a Percent of Monthly Household Income for Montana Residents (less than 65 years old), 2003



percent reported having a partner who got their insurance through work.

Individual health insurance premiums vary between individual and family policies for individual insurance. Figure 3-13 shows an average monthly premium of \$265 for a single individual policy in the individual insurance market. The average for family coverage in the individual insurance market is \$418. Figure 3-14 shows average deductibles of \$3,283 for a single individual policy and a deductible of \$3,136 for a family policy.

The relationship between individual insurance premium costs and income is shown in Figure 3-15 for household income 200 percent or below of the federal poverty level and for household income above 200 percent of poverty (\$36,200 for a family of four in 2002). Individual insurance premiums for lower income households (below 200 percent of poverty) represent, on average, 21 percent of their household income. The budget impact of insurance premiums is considerably lower for higher income households, representing about 8 percent of monthly household income.

Focus group comments (see Focus Group Report) substantiated the high costs of individual insurance premiums. Self-employed persons such as ranchers and small business owners cited high premium costs as a real burden for their individual insurance coverage.

Chapter 4:

Employer Survey

The 2003 Montana Business Insurance Survey was a stratified random telephone survey of businesses located in Montana covered by unemployment insurance. The data were collected by the Survey Research Center at The University of Montana-Missoula, Bureau of Business and Economic research from March 2003 to May 2003.

A key objective of the survey was to fill in gaps in our knowledge about Montana business offering of health insurance to their employees. The survey sampling methodology was designed to obtain a higher number of completed interviews from larger businesses because most Montana businesses have fewer than 10 employees. In order to achieve these goals, the survey was conducted as a stratified random sample, where the strata were business size.

Major findings for Montana reported in this chapter include:

- **Forty percent of small firms with 10 or fewer employees offer health insurance;**
- **One third of small firms offering health insurance offer it to all employees;**
- **More than 90 percent of large firms with 100 employees offer health insurance;**
- **Only half of large firms offering health insurance offer it to all employees;**
- **Eighty one percent of Montana firms not offering health insurance cite high premiums as the major reason why they do not offer insurance;**
- **More than 80 percent of employers cite higher prices for hospital care, prescription drugs, physician care, and malpractice insurance as major reasons for health insurance premium increases;**
- **When asked why their eligible employees did not use the health insurance coverage offered, 28 percent of the employers responding to this question cited high premium costs and the affordability of insurance as the major reason;**
- **67 percent of firms not offering insurance thought they would provide insurance under a tax credit policy;**
- **More than 40 percent of firms not offering insurance indicated they would 'absolutely' participate in a small business purchasing pool;**
- **Average monthly premium for 'employee only' was \$35 for the employee and \$260 for the employer; and,**
- **Average monthly premium for 'employee and family' was \$122 for the employee and \$475 for the employer.**

Major Findings

Firm size by the number of employees was the major determinant for offering of job-based health insurance in Montana. Fifty-nine percent of Montana firms with 10 or fewer employees did not offer health insurance (Figure 4-1 and Table 4-1). There was some difference in insurance offer rates when the small firm cutoff of 10 or fewer employees was subdivided into firms with 1 to 5 employees, 63 percent of whom did not offer insurance, and firms with 6 to 10 employees where 48 percent of the firms in this size group did not offer insurance.

The percent of firms not offering insurance decreased to 29 percent for firms with 11 to 19 employees and continued to drop as firm size increased. More than 95 percent of firms with more than 100 employees offered health insurance, and 100 percent of very large employers of 500 or more workers offered health insurance.

Not all workers in a firm were offered insurance, no matter how large the firm. Small firms offered coverage to a portion of their employees. Large firms offered insurance to a higher proportion of their work force, although not necessarily to their entire work force. The average number of hours worked per week as a requirement for health coverage was 30 hours. The average number of months waiting period before becoming eligible for the employer's health coverage plan was four months.

Thirty percent of firms with 10 or fewer employees offered insurance to all employees, a rate that increased to 53 percent for firms of 11 to 20 employees. The proportion of firms offering insurance to all employees remained at about 50 percent for firms up through those with more than 100 employees. Large firms with 200 or 500 or more employees had a high offer rate approaching 100 percent, but the insurance was not offered to all employees.

Monthly health insurance premiums for employer-based health insurance are made up of the employer's share and the employee's share. These shares in dollar amounts for Montana workers and employers

were measured (Figure 4-2) by insurance premiums for the employee only, for employee and spouse, and for employee and family. Average monthly premiums for employee only coverage were \$35 dollars for the employee with the balance of \$295 representing the average share over employers. Total monthly premiums of \$488 for employee and spouse coverage included an average \$92 premium for the worker. Family coverage was \$597 of which about 21 percent or \$122 was paid by the employee.

Figure 4.1 Montana Employers Offering Insurance by Number of Employees, 2003 (n=520)

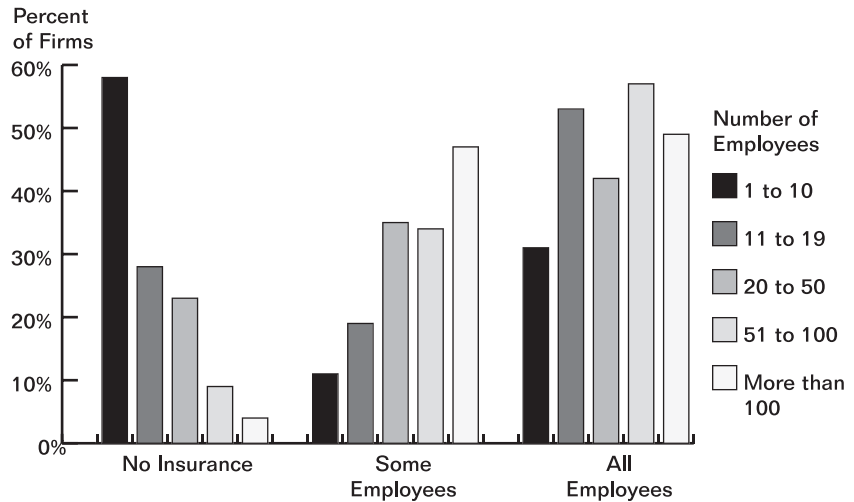
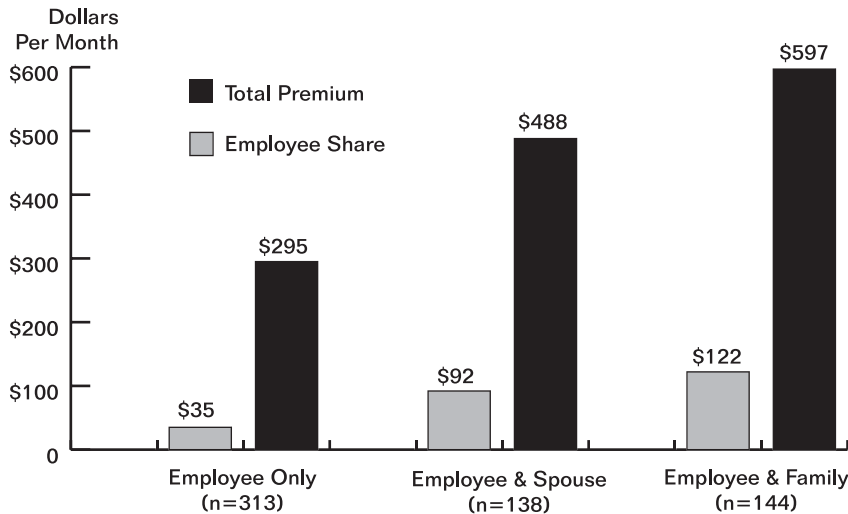


Table 4-1: Montana Firms Offering Health Insurance, 2003, (n=520)

# of Employees	Percent offering Health Insurance		
	No Insurance	Certain Employees	All Employees
1 to 5	63%	9.4%	27.5%
6 to 10	47.7%	15.4%	36.9%
11 to 20	28.1%	18.8%	53.1%
20 to 100	20.1%	34.4%	45.5%
More than 100	3.9%	47.4%	48.7%

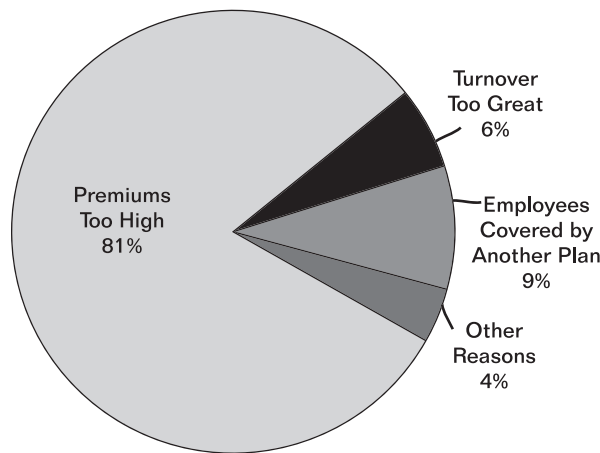
Figure 4-2 Average Monthly Health Insurance Premiums Montana Employers, 2003 (n=218)



Employer costs of health insurance premiums were cited as the major reason that employers identified as to why they either did not offer or thought firms did not offer health insurance (Figure 4-3). Eighty one percent of the firms responding to this question thought premiums were too high and prevented firms from offering insurance (see Key Informant Interview results on website). Six percent thought high turnover was a major determinant of Montana firms not offering health insurance coverage and another 9 percent thought that employees were covered by another plan, perhaps that of their spouse or partner, and therefore did not need to be offered insurance.

Montana employers were asked reasons why their eligible employees did not use the health insurance coverage offered (figure 4-4). Sixty five percent of the employers thought or knew that their employees were covered by another plan. Five percent of the employers said that their employees not using the firm's coverage were employees who thought they did not need insurance. Twenty-eight percent of the employers responding to this question cited high premium costs and the affordability of insurance as the major reason some of their workers did not use the firm's health insurance plan.

Figure 4-3 Why Montana Firms Do Not Offer Health Insurance Coverage, 2003 (n=302)



Employer Views on Costs and Policy Options

Employers' concerns over health insurance premium costs and increased premiums were examined through the views on health insurance premium increases in 2003 (Figure 4-5). Higher prices for basic medical services such as hospital care, prescription drugs, and physician care were the most frequently cited factors for higher premiums in the view of Montana employers. Malpractice insurance costs were another factor thought to be driving higher insurance premiums. Better medical technology, higher insurance company profits and higher health care utilization by consumers were three factors also cited, although with a lower frequency by employers.

Policy options for increasing employer based insurance coverage were examined in the employer survey. Montana employers not offering health insurance (n=302) were asked

about their reaction to tax credits that would offset a portion of the health insurance premiums for their workers. They were also questioned about attitudes and reaction to buy-ins into large, public health insurance plans, like the state employees' plan with eligibility confined to low-income employees. Employers were also asked about purchasing pool policies that would allow small businesses to join together to purchase insurance at rates similar to those found in large group plans. More detailed analysis of policy options will be conducted by the State Health Access Data Assistance Center located in the University of Minnesota School of Public Health (www.shdac.org).

Employer reactions to tax credits for health insurance premiums were qualified by credits with a sunset provision whereby the tax credits would be in effect for five years versus an unlimited time for the credit (no sunset). They were offered several choices for responses as shown in Figure 4-6A. Fifteen percent of the firms not currently offering insurance said they would not offer health insurance even if the tax credit policy option were offered. Eighteen percent said they did not know what their reaction would be to a tax credit. Nineteen percent said they would offer health insurance if the tax credit were 40 percent and another 48 percent said they would at a tax credit rate of 50 percent or higher.

Figure 4-4 Montana's Employers' Views of Why Eligible Employees Do Not Use Firm's Health Insurance Coverage, 2003 (n=347)

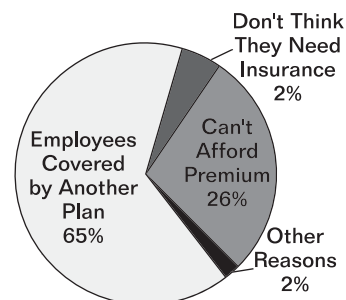


Figure 4-5 Montana Employer Views on Health Insurance Premium Increases in 2003 (n=520)

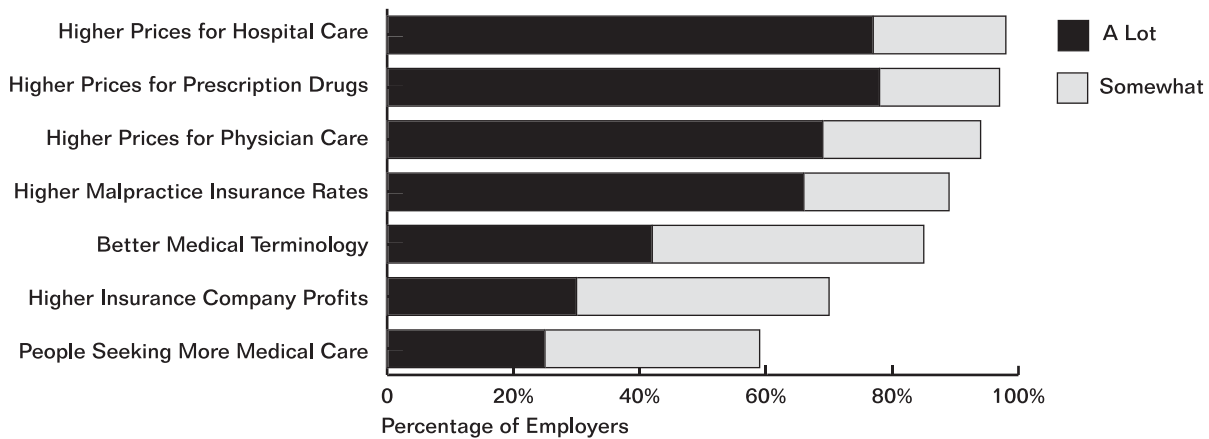
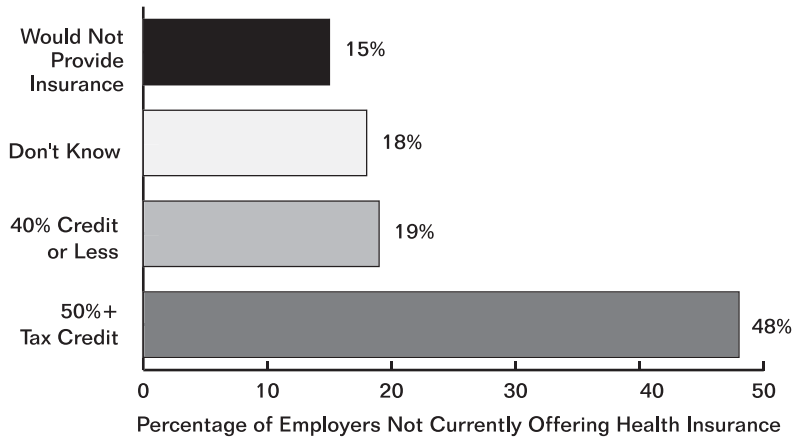
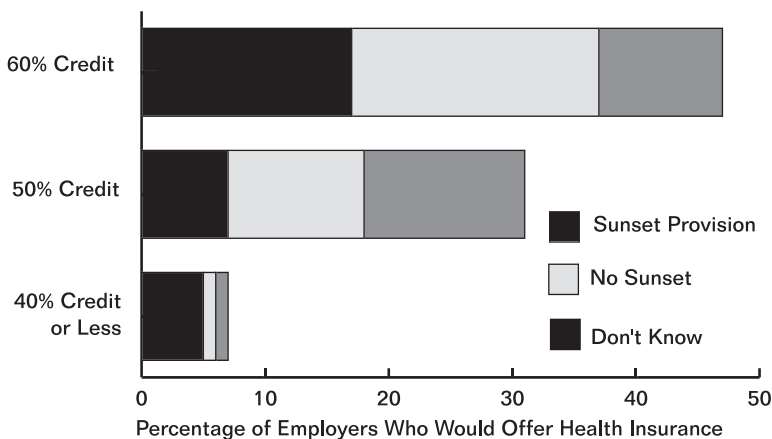


Figure 4-6A Tax Credit Rates Needed by Employers Who Would Offer Health Insurance 2003 (n=202)



Employer reactions to tax credits with choices between the forty to sixty percent are shown in Figure 4-6B. The breakdown of the 67 percent of employers who would offer health insurance (Figure 4-6A) is shown in Figure 4-6B. Twenty-nine percent of the employers who would offer health insurance would need a 40 percent tax credit, another 40 percent of the employers would need a 50 percent credit and 31 percent of them would need a 60 percent credit although there were still some undecided with the choice of a sunset or no sunset provision included.

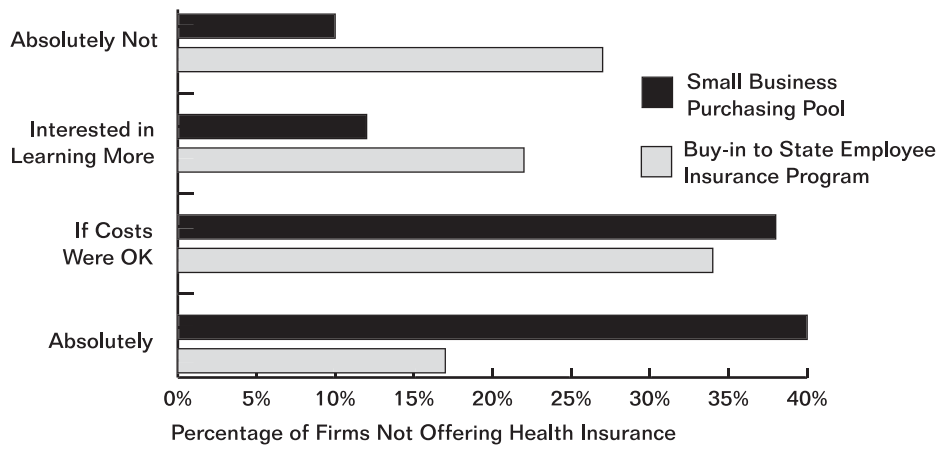
Figure 4-6B Tax Credit Rates Needed by Employers Who Would Offer Health Insurance 2003 (n=202)



Two purchasing pool policy options of small business purchasing pools and buy-in to state employee insurance program were offered to employers during the survey interview session. Reaction to these two policy options was varied (Figure 4-7). A small percentage of firms not offering health insurance would still not offer insurance under either one of the two purchasing alternatives.

Other responses were conditional on learning more about the alternatives and on the cost arrangements of the alternatives. The strongest, unequivocal response of 'absolute' participation was on the small business purchasing pool where 40 percent of the firms not offering insurance said they would participate. A smaller 19 percent expressed willingness to participate with a buy-in to a state employee insurance program.

Figure 4-7 Montana Employer Views on Participating in Insurance Purchasing Alternatives, 2003 (n=170)



Chapter 5:

Summary Observations

There are population groups within the state that experience significantly higher rates of uninsurance than the statewide average. As shown in the preceding chapters, groups that are most likely to be uninsured include young adults, populations of American Indians, and people with lower incomes.

There are many different reasons why a person may lack health insurance. Qualitative research conducted through focus groups and key informant interviews as a complement to the 2003 Montana Household Survey and the Employer Survey identify that some of the main reasons for disparities in health insurance coverage are cost and affordability to consumers and to employers. Many small employers were barely able to afford insurance for themselves and their families. Differential access to employer-based and private health coverage was also a major factor in explaining why some persons had health insurance. Many jobs, especially in small businesses, were with employers that either did not offer health insurance to any workers or to only a select group of their workforce. Therefore, it is likely that no single strategy will succeed in reducing uninsurance rates for all of the population groups that experience higher rates of uninsurance than the statewide average. Instead, strategies will need to be tailored to particular groups of people, taking into consideration the wide variety of reasons for being uninsured.

Strategies for reducing the rate of uninsurance should be evaluated in terms of their potential to reach a large number of uninsured, as well as their potential to reduce disparities in uninsurance rates experienced by different population groups. In addition to the challenges of improving overall rates of insurance coverage and reducing disparities in uninsurance rates, Montana also faces the challenge of increasing insurance coverage in the face of rapidly rising health care costs. Private health insurance premiums having been growing at or near double digit rates in Montana similar to national data showing the same trend.

It is difficult to tell yet how these rapid increases in the price of insurance will affect rates of private health insurance coverage. Anecdotal evidence suggests that while businesses were experiencing strong economic growth and low unemployment, they were reluctant to increase the offering of health insurance to their workers. With a slowdown in the Montana economy and increased unemployment there may be more resistance to employer offering health insurance. If employers discontinue offering health insurance benefits or pass-on a higher share of the premium cost to employees, it is possible that more Montanans (particularly those with low incomes) could lose private health insurance coverage. Further research and monitoring will be needed to determine the impacts of rising health care costs and an economic slowdown on health insurance coverage in Montana.

Appendix A- Household Survey Methodology

The 2003 Montana Household Survey was a stratified random digit dial telephone survey. The data were collected by the Survey Research Center at The University of Montana-Missoula, Bureau of Business and Economic research from December 2002 to May 2003.

A key objective of the survey was to fill in gaps in our knowledge about Montana's uninsured population. The survey sampling methodology was also designed to obtain a higher number of completed interviews among populations of American Indians. In order to achieve these goals, the survey was conducted as a stratified random sample, where the strata were geographic areas. As a way of obtaining sufficient sample sizes in the survey for populations of American Indians, Montana's rural areas were Figure A-1 shows the geographic regions for the sample. Table A-1 shows the sampling distribution of the strata and actual number of respondents from each stratum.

Figure A-1
Montana Rural and Urban Regions

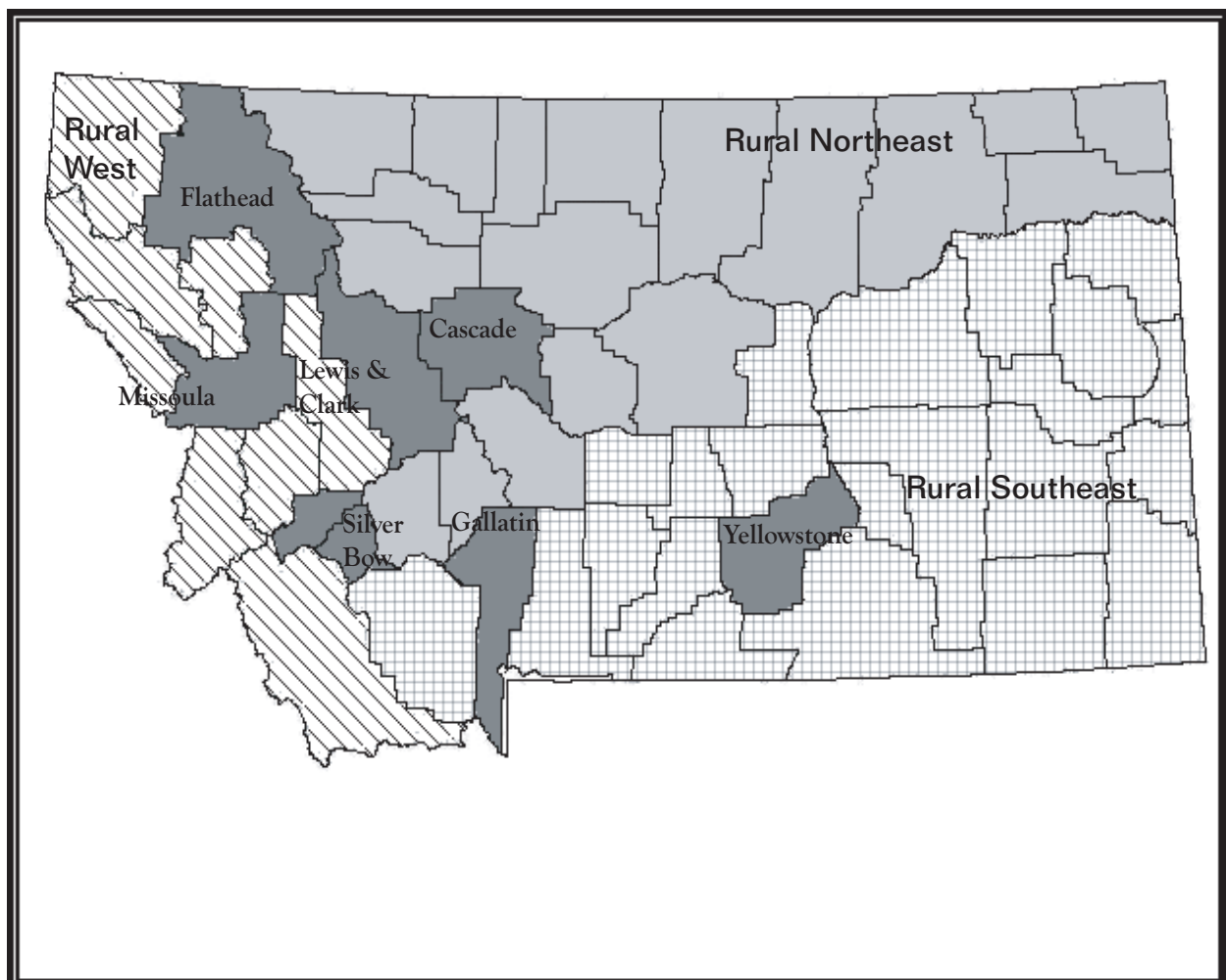


Table A-1
Sampling Strata

	ACTUAL				PROPOSED	
	Cases	Percent	Sample	Percent	Sample	Percent
Montana	5,074	100.0	6,750	100.0	8,800	100.0
West Region	1,743	34.4	2,150	31.8	2,800	31.8
Missoula	378	7.4	460	6.8	600	6.8
Flathead	374	7.4	460	6.8	600	6.8
Butte-Anaconda	311	6.1	460	6.8	600	6.8
Rural west	680	13.4	770	11.4	1,000	11.4
Southeast Region	1,661	32.7	2,300	34.1	3,000	34.1
Yellowstone	341	6.7	460	6.8	600	6.8
Gallatin	327	6.4	460	6.8	600	6.8
Rural	993	19.6	1,380	20.4	1,800	20.4
Northeast Region	1,670	32.9	2,300	34.1	3,000	34.1
Cascade	337	6.6	460	6.8	600	6.8
Lewis & Clark	312	6.1	460	6.8	600	6.8
Rural	1,021	20.1	1,380	20.4	1,800	20.4

The sample for the survey consisted of telephone numbers stratified by groups of telephone exchanges. The strata were created to as closely as possible resemble county and sub-county geography of the areas to be sampled. Within each stratum, each telephone number had an equal probability of selection for the survey. Within each household that participated in the survey, one person was selected at random to be the focus of the survey. The survey also collected information on the health insurance status of each person in the household and some demographic information about the primary wage earner in the household. Some demographic characteristics such as household income are household specific not person specific. If the target was a minor, a knowledgeable adult was asked the questions. The employment questions were directed at the person responsible for the minor child.

Response Rate

A total of 5,074 interviews were completed. The overall response rate to the 2003 Household Survey was 75.2 percent. Table A-2 shows the response rate calculation.

Table A-2
Household Survey Response Rate Calculation

Total household contacts	6,747
Refusals	1,422
Non-interviews	144
Perpetual appointments	107
Completions	5,074
Response Rate	75.2%

Weighting of Survey Responses

Statistical weights for the 2003 Household Survey were constructed to adjust for the fact that not all of the survey respondents were selected with the same probability, and to adjust for different response rates in different groups. Across the different geographic strata, telephone numbers were sampled with different probabilities, in order to achieve the survey objectives of obtaining a certain number of completed interviews in particular geographic areas. Also individuals from younger age groups were more likely to be non-respondents. Weights were also calculated for age and gender.

Households with more than one telephone line had a higher chance of being selected for participation in the survey than households with only one telephone line. Those households who purchased individual insurance policy had a higher incidence of multiple telephones. Those with lower incomes were somewhat more likely to have been without a telephone in the last 12 months. The un-insurance rate is conservative; weighting for telephone availability would increase the rate increase the number of uninsured.

Income Estimates

In household surveys, respondents are often hesitant to report sensitive information such as income. A total of 755 of the respondents to the 2003 Household Survey were not asked the income questions on the survey. Approximately 67 percent of the remaining 4,319 respondents reported their actual income and 19 percent responded to questions that asked whether their income fell within a certain range. This level of non-response to the income questions is slightly less than that found in household surveys conducted nationally. Income was estimated or imputed for 560 of the respondents who did not answer the income questions. There was not enough information to impute the income of the remaining 61 respondents. Table A-3 shows the distribution of household income responses.

Income was estimated for a number of reasons. First, it allows all respondents to be included in calculations involving income such as uninsurance rates by poverty level and eligibility for public programs among the uninsured. Second, it attempts to adjust for non-response bias, since the characteristics of non-responders may vary from those of responders.

Income was estimated using direct substitutions and a hot deck procedure. The statewide median for a given occupation was substituted for the missing data if the occupation was available. With the hot deck procedure, cases with missing income data are compared to similar cases with complete income data. Cases with complete income data were compared to cases with missing income data if they matched on a set of variables related to employment status, occupation, age, education, and household size. An income value selected at random from the similar cases with complete income data was used to impute income for a case with missing income data. Figure A-2 compares survey household income with 2000 Census data for Montana.

Federal poverty levels for 2002 are shown in Table A-4.

Table A-3
Income response and estimates

Total respondents	5,074	
Legitimate skip	755	
Income question asked	4,319	100.0%
Actual income	2,883	66.7%
Categorical income	815	18.9%
Estimated (imputed)	560	13.0%
Not Enough Information	61	1.4%

Figure A-2 Household Income Comparisons
2002 Census and The Montana Household Survey, 2003

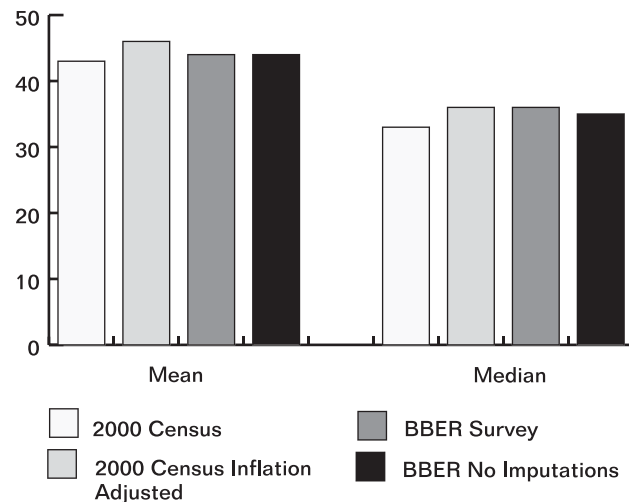


Table A-4: Federal Poverty Levels
2002 Federal Poverty Levels

Family size (# persons)	1	2	3	4	5	6	7
Poverty Level (100%)	\$8,860	\$11,940	\$15,020	\$18,100	\$21,180	\$24,260	\$27,340
125% Poverty Level	\$11,075	\$14,925	\$18,775	\$22,625	\$26,475	\$30,325	\$34,175
150% Poverty Level	\$13,290	\$17,910	\$22,530	\$27,150	\$31,770	\$36,390	\$41,010
200% Poverty Level	\$17,720	\$23,880	\$30,040	\$36,200	\$42,360	\$48,520	\$54,680

Source: U.S. Census Bureau

Appendix B: Employer Survey Methodology

The 2003 Montana Employer Survey was a stratified random telephone survey of businesses located in Montana covered by unemployment insurance. The data were collected by the Survey Research Center at The University of Montana-Missoula, Bureau of Business and Economic Research, from March 200 to May 2003. A key objective of the survey was to fill in gaps in our knowledge about Montana business offering of health insurance to their employees. The survey sampling methodology was designed to obtain a higher number of completed interviews from larger businesses because most Montana businesses have fewer than 10 employees. In order to achieve these goals, the survey was conducted as a stratified random sample, where the strata were business size.

The sample for the survey was drawn from the list of employers covered by unemployment insurance maintained by the Research and Analysis Bureau of the Montana Department of Labor and Industry. It was stratified by establishment size. Once calling began, it became apparent that some establishments were single individuals with no employees at the current time. These firms were dropped from the sample because their insurance coverage information was included in the household survey as self-employed individuals. Many firms in the sample were no longer in business. Table B-1 describes the sample.

Table B-1
Sample Description

	Actual		Located in Montana w/employees		Sample		Population	
	N	%	N	%	N	%	N	%
Total firms	520	100.0	642	100.0	1,150	100.0	37,758	100.0
< 20 employees	235	45.2	288	44.8	700	60.9	34,515	91.4
20-100 employees	209	40.2	249	38.8	300	26.1	2,722	7.2
> 100 employees	76	14.6	105	16.4	150	13.0	521	1.4

The original 1,150 firms were sent a pre-survey notification letter before they were contacted by telephone. The letter explained who and what the survey was about, and that they would be contacted in one to two weeks by telephone interviewers for the Bureau of Business and Economic Research. It is easier to breakthrough gatekeepers with such a letter; Bureau interviewers are not "cold-calling". The letter also identifies firms that may have moved or are no longer in business by using the U.S. Postal Service's forwarding address requested service. Further location techniques such as Yellow Pages and directories established whether the firm was still in business.

Response Rate

A total of 520 interviews were completed. The overall response rate to the 2003 Montana Employer Survey was 81.1 percent. No contact was made with 95 firms during the interview period. Many of these were large out-of-state corporations with Montana offices. Of those firms where contact was made, more than 95 percent answered the questions. Table B-2 shows the response rate calculation.

Table B-2: Business Survey Response Rate Calculation

Total businesses located	642
Unable to contact	95
Contacted	546
Refusals	26
Completions	520
Response rate for contacts	95.2%
Response rate for sample	81.0%

Weighting of Survey Responses

Statistical weights for the 2003 Montana Employer Survey were constructed to adjust for the fact that not all of the firms were selected with the same probability. The weights did not affect the overall proportions so there was no additional gain in information accuracy. The weights did, however, statistically decreased the sample size of larger firms and decreased our ability to analyze the data and make comparisons that can be applied to the universe of Montana employers—small and large. It was therefore determined that weighting would distort the data for these larger firms. Table B-3 shows cell differences between weighted and unweighted data.

Table B-3: Comparison of Weighted and Unweighted Data
Firm Size by Health Insurance Offered as a Benefit
to None, Some, or All Employees

	Unweighted				Weighted			
	None	Some	All	N	None	Some	All	N
All firms	33%	26%	41%	520	51%	14%	36%	520
Less than 20	54%	12%	34%	235	54%	12%	34%	476
20-100	20%	34%	46%	209	21%	34%	45%	38
More than 100	4%	47%	48%	76	50%	50%		6