Chartbook Section 5:
Public Health Insurance Programs

Section 5: Public Health Insurance Programs

- Medicare
- Medical Assistance (Medicaid)
- MinnesotaCare

Previous versions of this chartbook included data for General Assistance Medical Care (GAMC, a state-based program) which ended in early 2011, and the Minnesota Comprehensive Health Association (MCHA, the state's high risk pool) which ended in 2014. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us for these data.

This slide deck is part Minnesota's Health Care Markets Chartbook, an annual review of key metrics in health care access, coverage, market competition and health care costs (MN Statutes, Section 144.70).

A summary of the charts and graphs contained within is provided on the MDH website. Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Key Terms

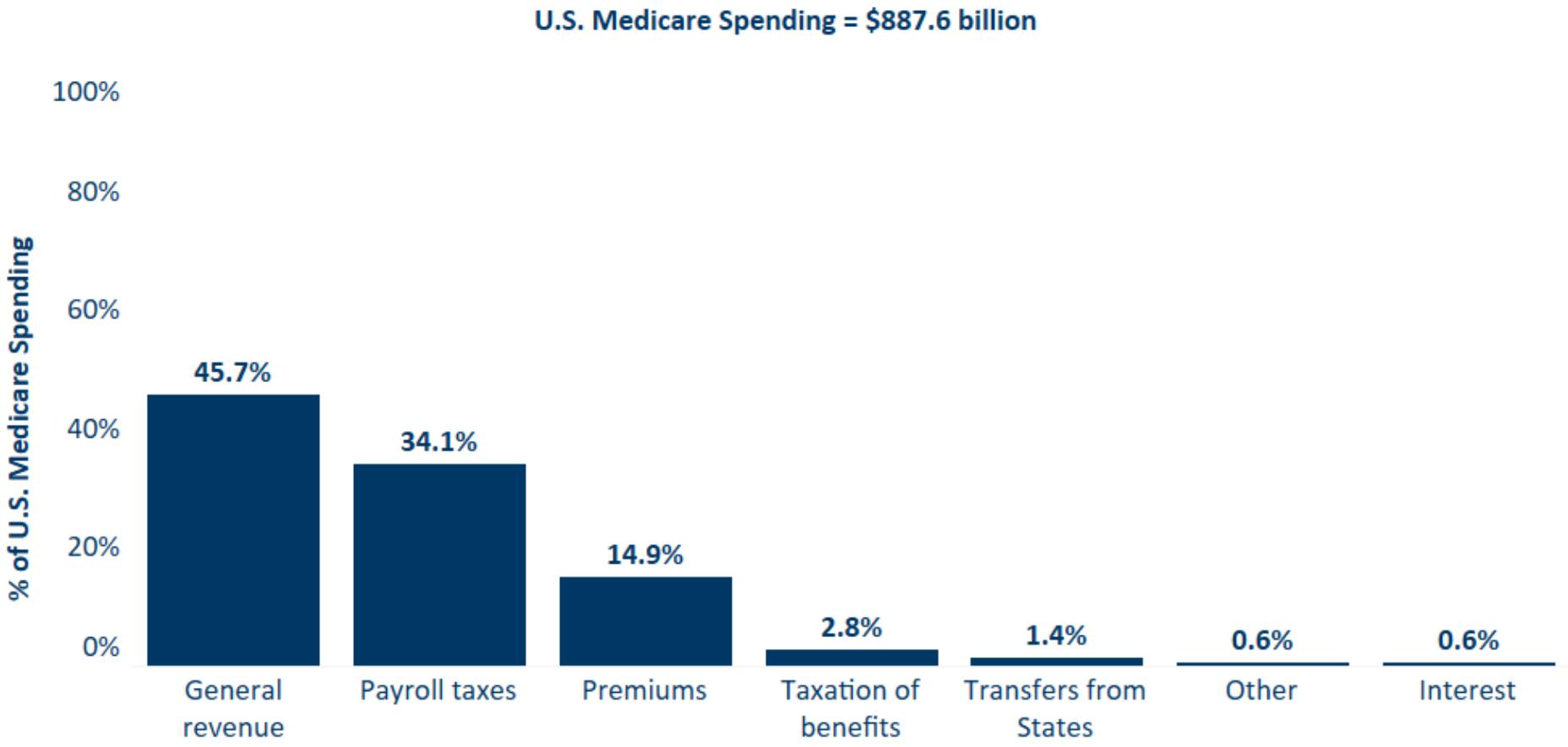
Listed in the order they are used in the chartbook

- **Medicare** – Medicare is focused on covering people aged 65 and older, as well as people with disabilities and end-stage renal disease (kidney disease). Options for receiving Medicare benefits and Medicare Prescription Drug benefits are explained in greater detail later in this chartbook.
    - **Private Medicare** is representative of Medicare Advantage and Medicare Cost Plans; these plans cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D (drug). There are two primary types:
        - **Medicare Advantage Plan (Medicare Part C):** Medicare pays the private insurance company a set amount per month to cover all services regardless of the actual services used (capitation), putting the insurer at risk if costs exceed expectations. The plan has a set provider network, and the enrollee may be responsible for paying for services that are received from providers outside the network.
        - **Medicare Cost Plan:** Medicare pays plan based on actual enrollee costs. While the plan does have a provider network, Medicare-covered services received from providers outside the network are paid by Original Medicare.
    - **Original Medicare** is the traditional fee-for-service Medicare health care system. Enrollees can go to any provider that accepts Medicare. These do not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans.
    - **Dual eligible Medicare enrollees** – full-benefit MMEs (Medicare – Medicaid Enrollees) and Qualified Disabled working individuals.
- **Medical Assistance** – Minnesota's Medicaid program, focused on covering eligible low-income adults, children, pregnant women, elderly adults and people with disabilities; it includes both enrollment and spending.
- **MinnesotaCare** – provides health care coverage for people with low incomes; it has higher income limits than Medical Assistance. It includes both enrollment and spending.
- **Premiums** – the amount paid for health insurance each month.

Medicare

Data presented on a calendar year basis, unless otherwise specified.

Medicare Financing in the U.S., 2021



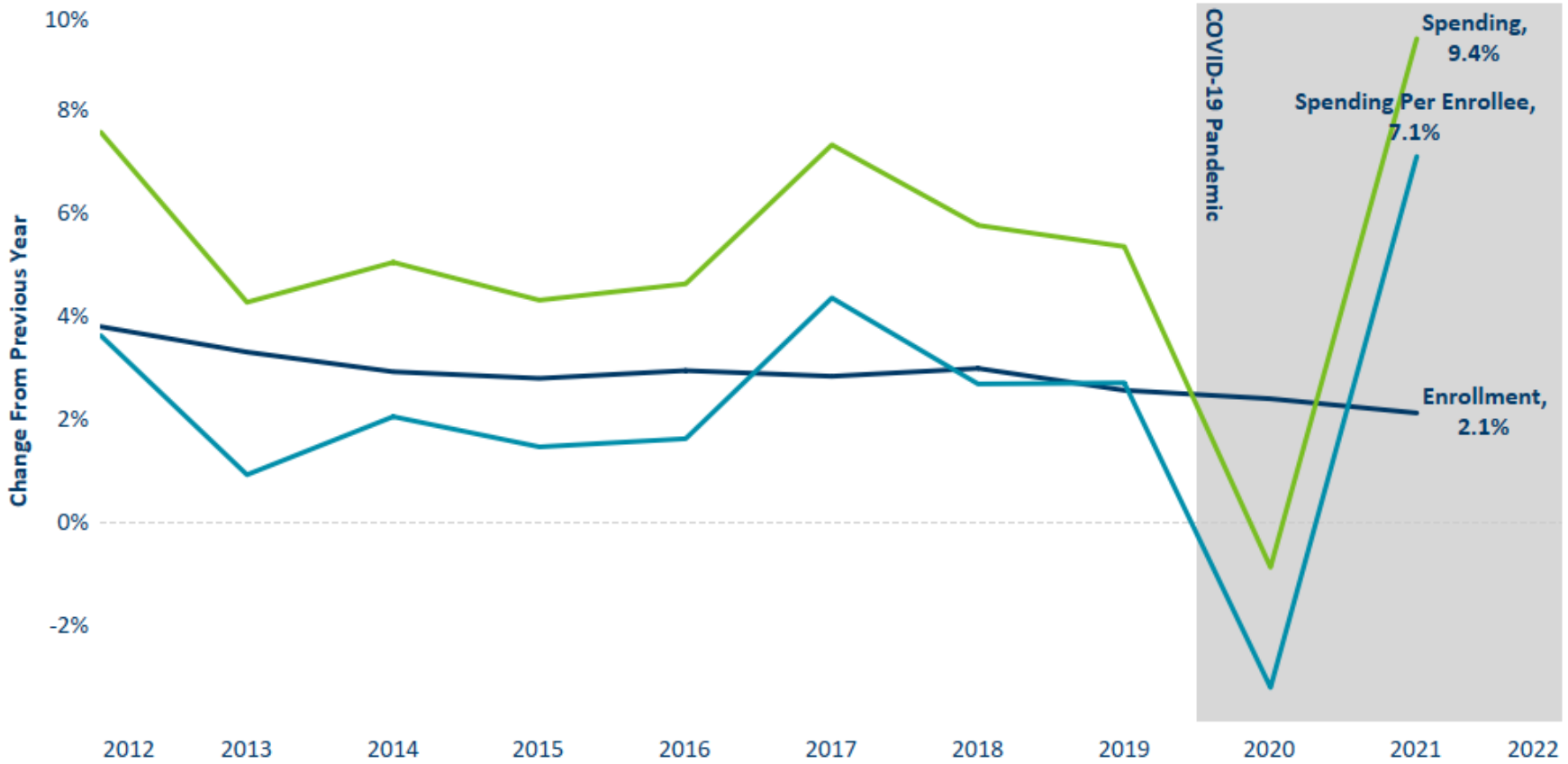
Sources: 2022 Annual Report of The Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, Table II.B1, Medicare data for calendar year 2021.
General revenue refers to government financing authorized by Congress (taxes and nontax sources) and any government borrowing to cover deficits.
Summary of graph

Trends in Medicare Enrollment and Spending, Minnesota and the United States

Calendar Year	Enrollment		Expenditures ($ millions)		Spending per Enrollee	
	MN	U.S.	MN	U.S.	MN	U.S.
2012	835,756	49,682,146	$8,092	$568,310	$9,682	$11,439
2013	863,414	51,323,026	$8,438	$588,856	$9,773	$11,474
2014	888,702	52,882,245	$8,864	$617,327	$9,974	$11,674
2015	913,586	54,296,653	$9,246	$647,873	$10,121	$11,932
2016	940,548	55,758,132	$9,675	$675,878	$10,286	$12,122
2017	967,270	57,223,765	$10,383	$704,913	$10,735	$12,319
2018	996,224	58,741,843	$10,982	$749,553	$11,023	$12,760
2019	1,021,819	60,242,615	$11,570	$801,969	$11,323	$13,312
2020	1,046,400	61,551,947	$11,470	$831,228	$10,962	$13,504
2021	1,068,690	62,590,458	$12,546	$900,787	$11,740	$14,392

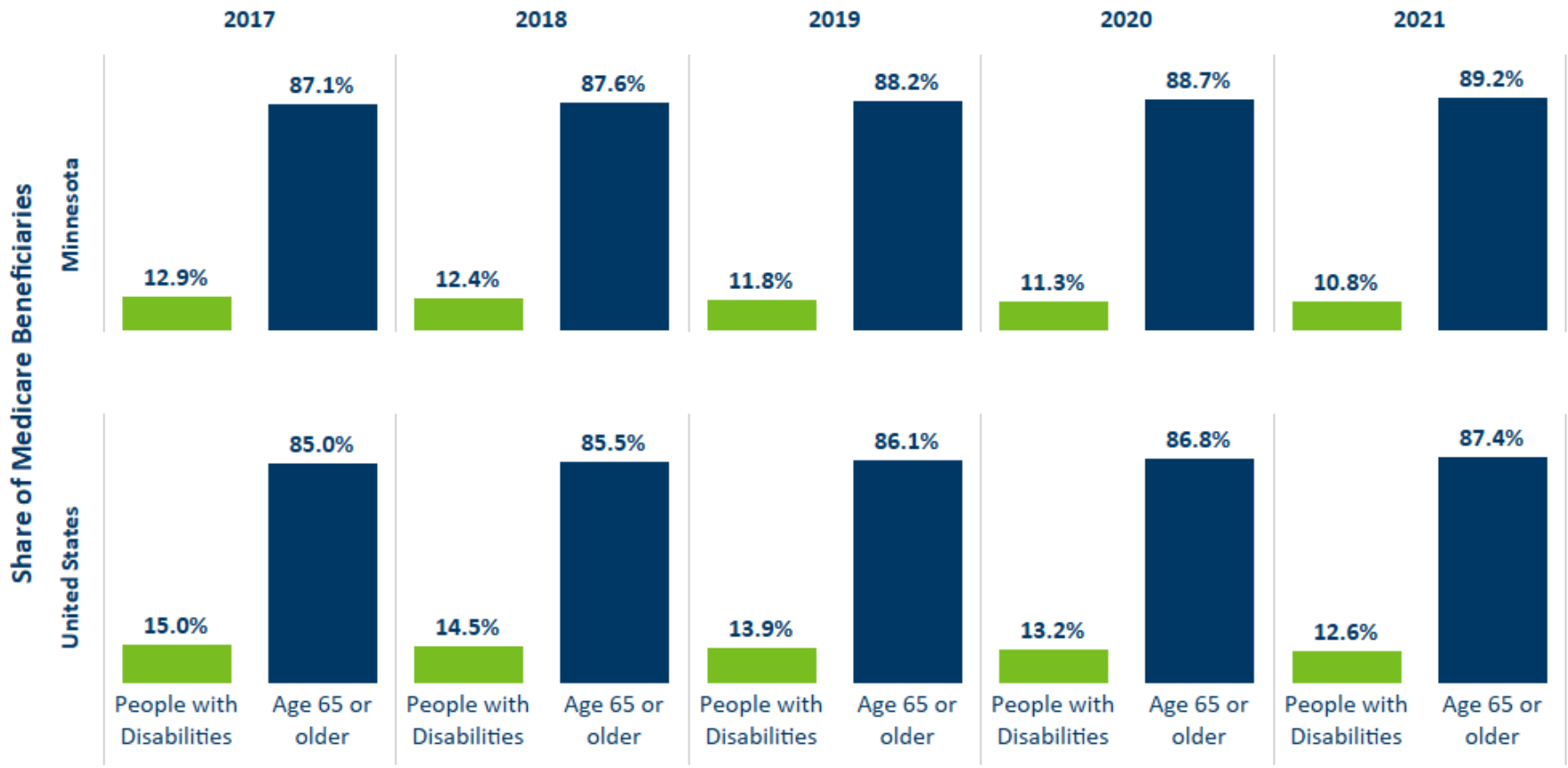
Sources: CMS Program Statistics; downloaded March 2023. U.S. expenditure data are from the Health Consumption Expenditures of the National Health Expenditure Accounts (NHEA) for 2012 to 2021.U.S. population estimates are based on the United States and do not include territories, Puerto Rico, or other/outlying areas. Minnesota expenditure estimates are based on MDH annual spending report data for Medicare – public payer data (updated through 2021). All expenditures exclude out-of-pocket expenditures (including member deductibles and cost-sharing).

Change in Medicare From Previous Year, Enrollment and Spending



Sources: CMS Program Statistics; downloaded March 2023. Minnesota spending estimates are based on MDH annual spending report data for Medicare – public payer data and exclude out-of-pocket expenditures (updated through 2021).
The COVID-19 Pandemic began in late 2019. A Public Health Emergency was declared on January 27, 2020.
Summary of graph

Distribution of Medicare Beneficiaries by Reason for Eligibility[1]

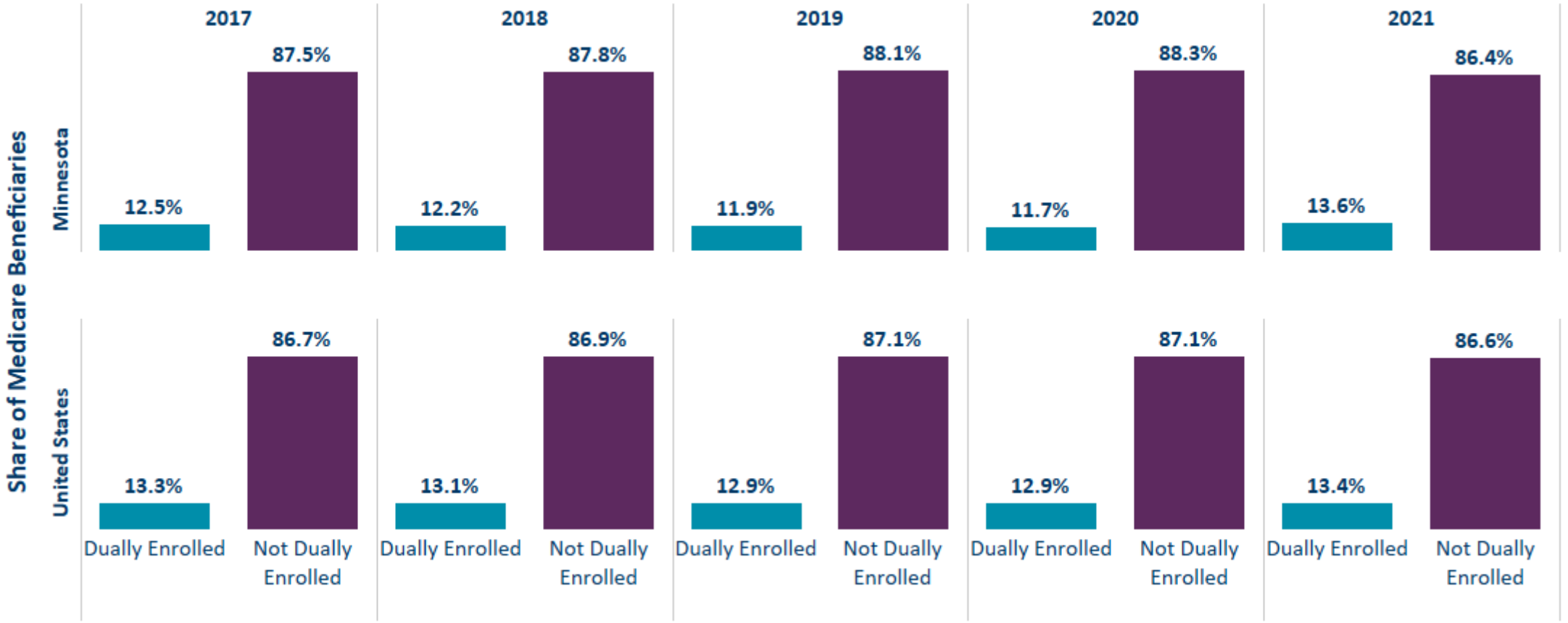


Source: CMS Program Statistics; downloaded March 2023. U.S. expenditure data are from the Health Consumption Expenditures of the National Health Expenditure Accounts (NHEA) for 2012 to 2021. U.S. population estimates are based on the United States and do not include territories, Puerto Rico, or other/outlaying areas.

[1]People with disabilities includes enrollees with disabilities that are ***under*** age 65 and those with End-Stage Renal Disease-only. Those aged 65 or older and with ESRD or disabilities are classified as Age 65 or Older.

Summary of chart

Distribution of Medicare Beneficiaries by Dual-Enrollment Coverage[1]

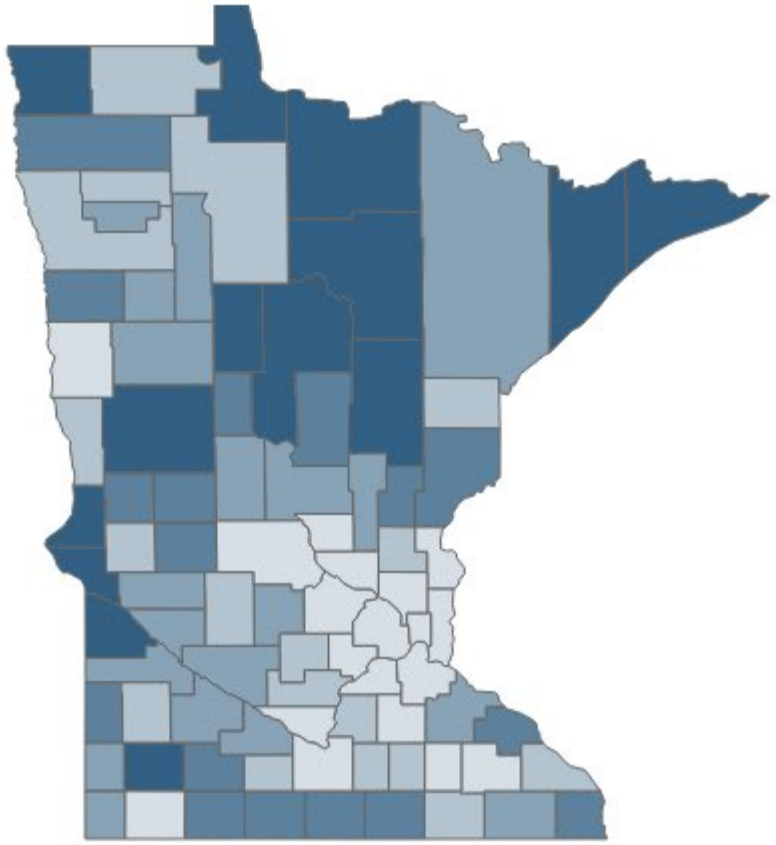


Sources: CMS Beneficiary Characteristics, Medicare-Medicaid Dual Enrollment, MDCR Enroll AB 42, March 2023; years 2017-2021. U.S. population estimates are based on the United States and do not include territories, Puerto Rico, or other/outlaying areas.

[1]Dual eligible are full-benefit MMEs (Medicare – Medicaid Enrollees) and Qualified Disabled working individuals.

Summary of chart

Medicare Enrollment as a Percent of Population, by County, 2021



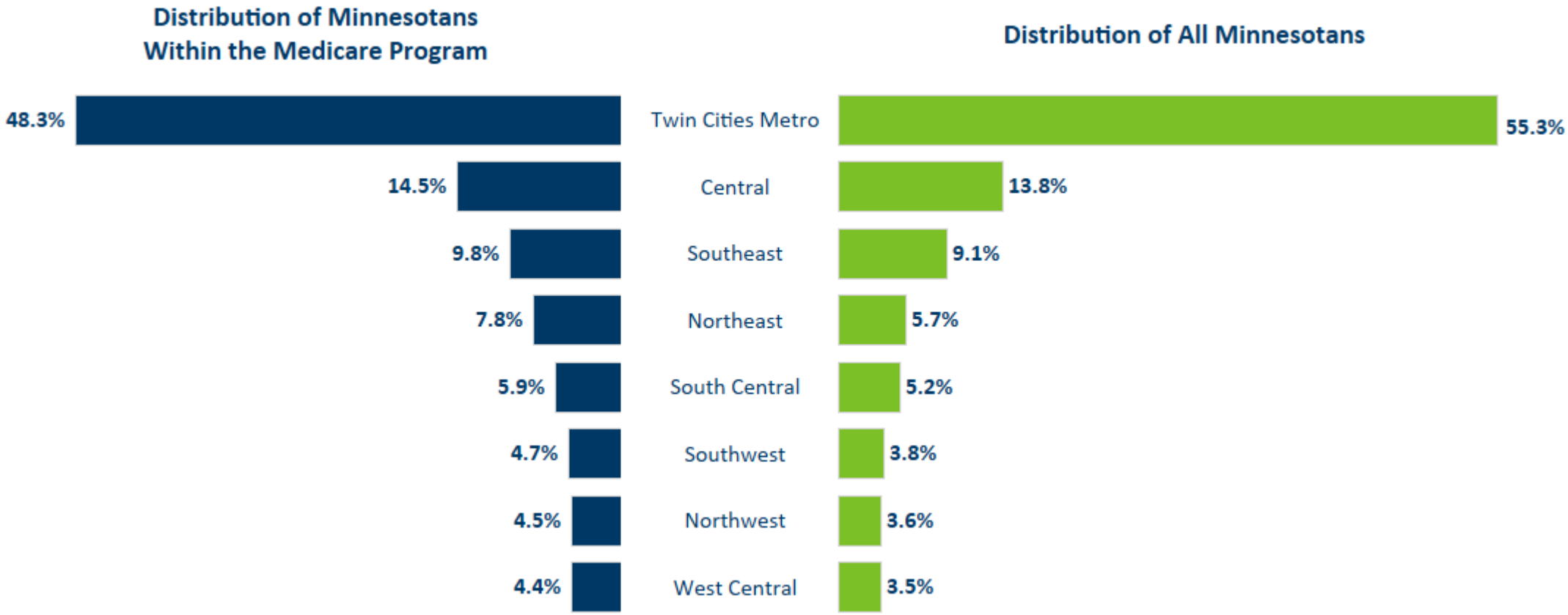
Population (%) Enrolled in Medicare
- 0 to 18.5%
- 18.6% to 22.1%
- 22.2% to 24.2%
- 24.3% to 27.2%
- 27.3%+

State Enrollment: 18.7%

Sources: CMS, CMS Enrollment Dashboard 2021, calendar year; U.S. Census Bureau, Annual Estimates of the Resident Population for Counties in Minnesota: April 1, 2020 to July 1, 2021, (CO-EST2021-POP-27). Map shapefile from 2021 Mapbox @OpenStreetMap. Ranges are based on quintiles.

Summary of graph

Distribution of Medicare Enrollees and State Population Across Regions, 2021



For the regional boundaries, see slide 43 at the end of this chartbook.
Sources: CMS, CMS Enrollment Dashboard 2021, calendar year; U.S. Census Bureau, Annual Estimates of the Resident Population for Counties in Minnesota: April 1, 2020 to July 1, 2021, (CO-EST2021-POP-27). Distribution percentages are based on calculating the share of the total Minnesota population in each region and based on the share of the total Medicare population in each region.
Summary of chart

Options for Receiving Medicare Benefits

Medicare benefits are divided into four groups:

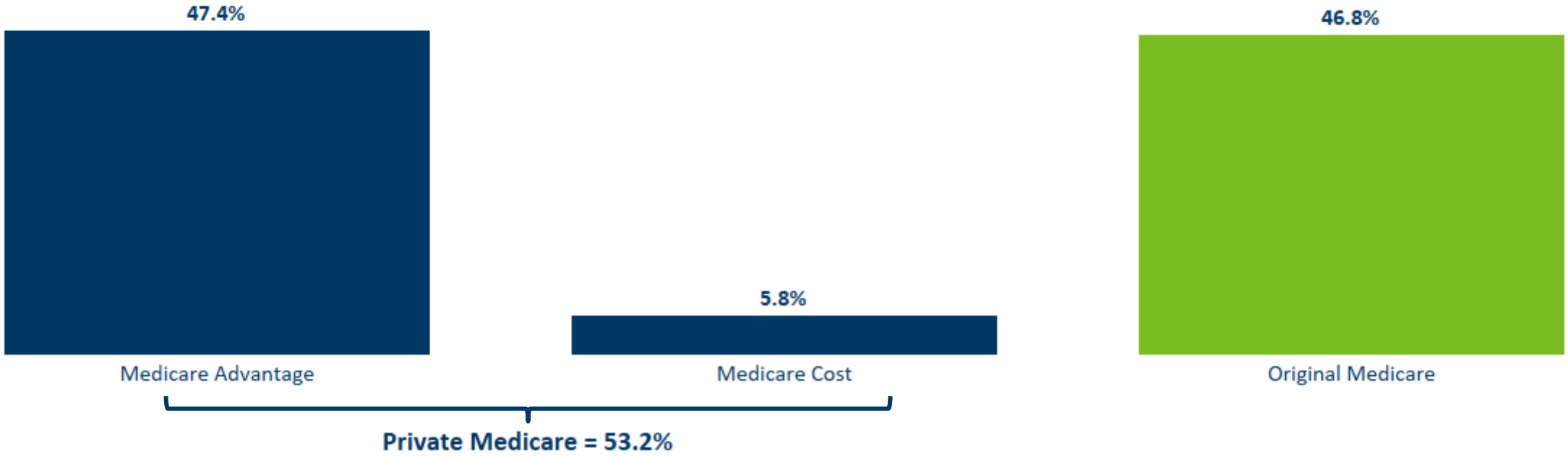
- **Part A:** Hospital insurance (e.g., inpatient hospital, skilled nursing)
- **Part B:** Medical insurance (e.g., physician, lab, outpatient hospital)
- **Part C:** Medicare Advantage Plans (and Other Private Medicare Plans)
- **Part D:** Prescription drug coverage (see slide 20)

Medicare enrollees can receive their benefits for Parts A and B through:

- **"Original Medicare"** – enrollees get covered services at any provider that accepts Medicare, and are responsible for all cost sharing, such as coinsurance and deductibles. Sometimes called "Traditional Medicare."
- **Private Medicare Plan** – enrollees get covered services through a private health insurance plan, and pay premiums to that plan. These plans may include a Medicare Part D (prescription drug) plan. There are two main types of private plans.
    - **Medicare Advantage** (also known as Medicare Part C)
    - **Medicare Cost** - In 2019, due to federal law, Medicare Cost plans were no longer offered for the majority of Minnesota Counties.

For more information, visit Minnesota Health Care Choices (http://www.mnhealthcarechoices.com/). This annual publication provides detail on all plan offerings for Minnesota residents.

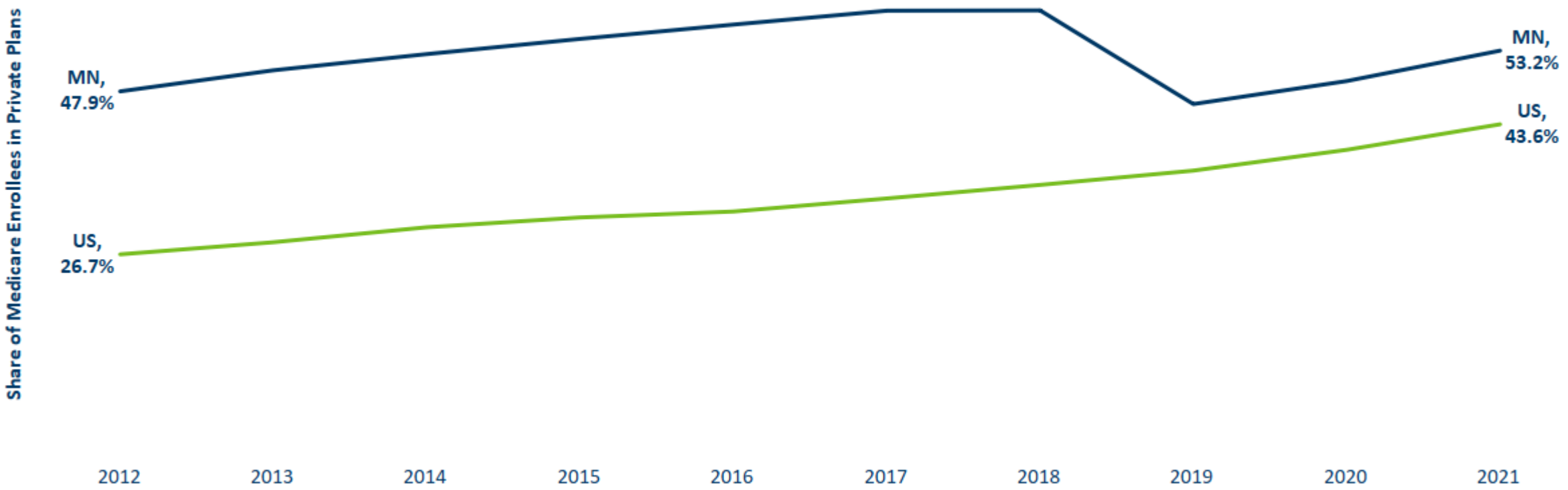
Medicare Enrollment, as of December 2021



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December 2021. Total Medicare enrollment is based off CMS Enrollment Dashboard 2021, calendar year. Private Medicare is representative of Medicare Advantage and Medicare Cost Plans. Medicare Advantage and Medicare Cost Plans cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D (drug). Original Medicare is the traditional fee-for-service Medicare health care system. These do not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans. As this is a point in time estimate, results may differ from data reported on a calendar year basis.

Summary of graph

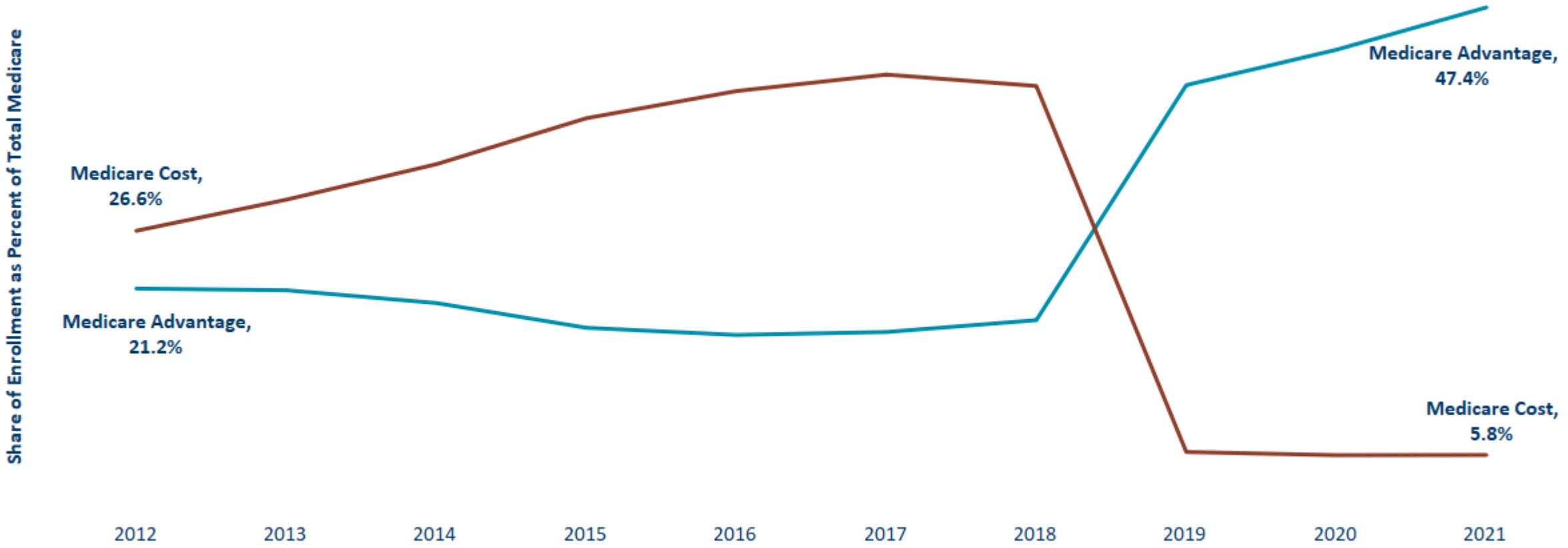
Total Medicare Private Plan Enrollment as a Percent of Population, Minnesota and the United States



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December of each year. Total Medicare enrollment is based off CMS Enrollment Dashboard 2021, calendar year. CMS Medicare private plans include Medicare Advantage and Medicare Cost Plans that cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D (drug). It does not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans. U.S. population estimates are based on the United States and do not include territories, Puerto Rico, or other/outlaying areas.

Summary of graph

Medicare Private Plan Enrollment as a Percent of Total Enrollment in Minnesota



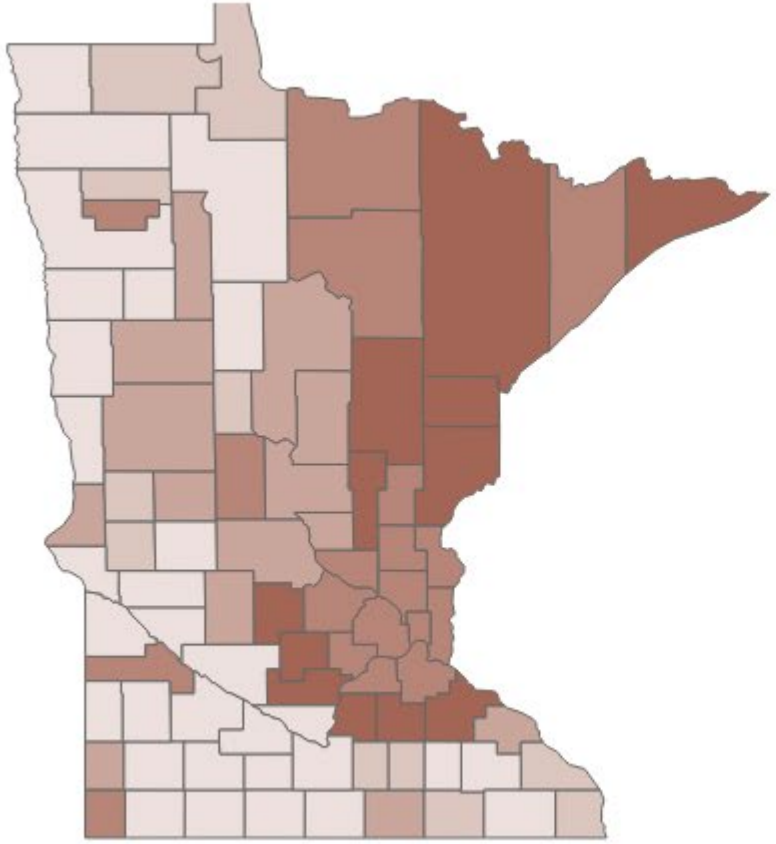
Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December as of each year. Total Medicare enrollment is based off CMS Enrollment Dashboard 2021, calendar year.
Medicare private plans include Medicare Advantage and Medicare Cost Plans that cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D (drug). It does not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans.
Summary of graph

Medicare Enrollment by Plan Type

Calendar Year	Total Medicare Enrollment	Private Medicare	Medicare Cost	Medicare Advantage
2012	835,756	400,062	222,480	177,582
2013	863,414	436,953	254,814	182,139
2014	888,702	468,455	291,571	176,884
2015	913,586	499,614	338,771	160,843
2016	940,548	531,822	372,493	159,329
2017	967,270	564,399	397,900	166,499
2018	996,224	581,673	399,243	182,430
2019	1,021,819	472,275	61,926	410,349
2020	1,046,400	514,914	60,345	454,569
2021	1,068,690	568,091	61,814	506,277

Source: MDH analysis of CMS, Medicare Advantage Monthly Enrollment by State/County/Contract reports as of December as of each year and CCW reporting. Medicare private plans include Medicare Advantage and Medicare Cost Plans that cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D (drug). It does not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans.

Medicare Private Plan Enrollment as a Percent of Population, by County, as of December 2021



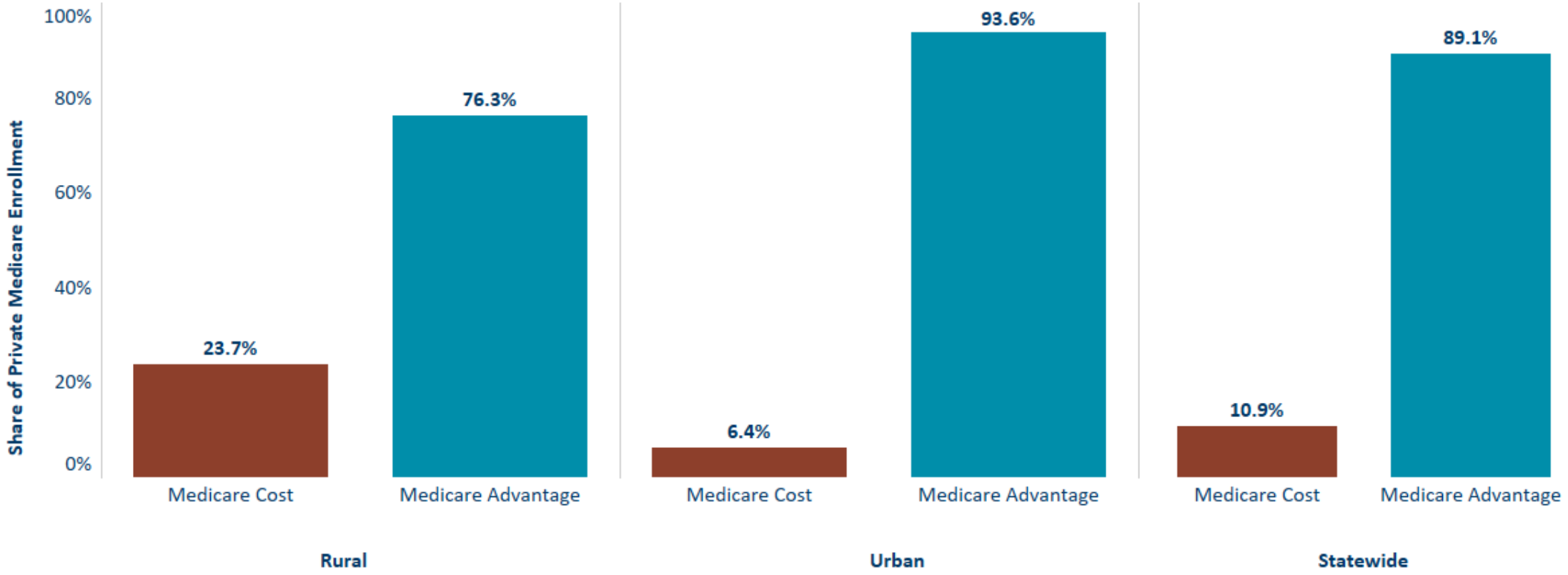
Total Medicare Enrollees
(% in Private Plans)
- 0 to 37.9%
- 38.0% to 43.0%
- 43.1% to 48.9%
- 49.0% to 58.6%
- 58.7%+

State Enrollment: 53.2%

Sources: CMS, CMS Enrollment Dashboard 2021, calendar year; U.S. Census Bureau, Annual Estimates of the Resident Population for Counties in Minnesota: April 1, 2020 to July 1, 2021, (CO-EST2021-POP-27). Map shapefile from 2021 Mapbox @OpenStreetMap. Ranges are based on quintiles. Medicare private plans include Medicare Advantage and Medicare Cost Plans that cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D (drug). It does not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans. Ranges are based on quintiles. Distribution is based on Private Medicare Plan Enrollees as a percent of total Medicare enrollees.

Summary of graph

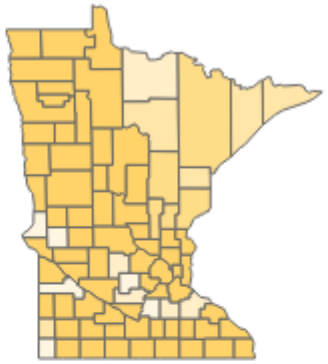
Distribution of Minnesota Medicare Private Plan Enrollees, by Region & Type of Plan, December 2021



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2021.
These plans cover Medicare hospital and provider benefits (Part A and Part B) and may cover Part D benefits (prescription drugs). These do not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans. Medicare Cost plans represented are 1876 Cost Plans, the Medicare Advantage plans represented are local Coordinated Care Plans (CCPs); due to low population we have included PFFS plans (which refer to Private Fee For Service Plans) and Medicare MSA plans within the Medicare Advantage plans, both of which have less than 0.1% of Medicare enrollees enrolled within these plan types. In 2021 there were no Regional Medicare Advantage CCPs.
Summary of graph

Medicare Private Plan Enrollment as a Percent of Medicare Enrollment, by Type & County, December 2021

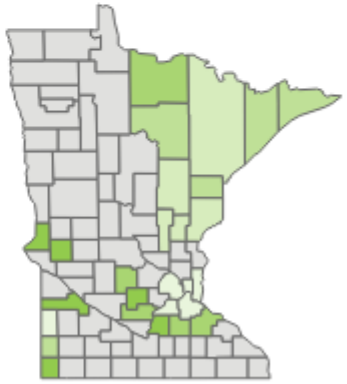
Total Private Medicare Enrollees (%) in Medicare Advantage



- >0% to 25.9%
- 26.0% to 32.7%
- 32.8% to 41.6%
- 41.7% to 87.4%
- 87.5%+

State Enrollment: 89.1%

Total Private Medicare Enrollees (%) in Medicare Cost



- >0% to 12.4%
- 12.5% to 58.2%
- 58.3% to 67.2%
- 67.3% to 73.9%
- 74.0%+
- No Medicare Cost Enrollment

State Enrollment: 10.9%

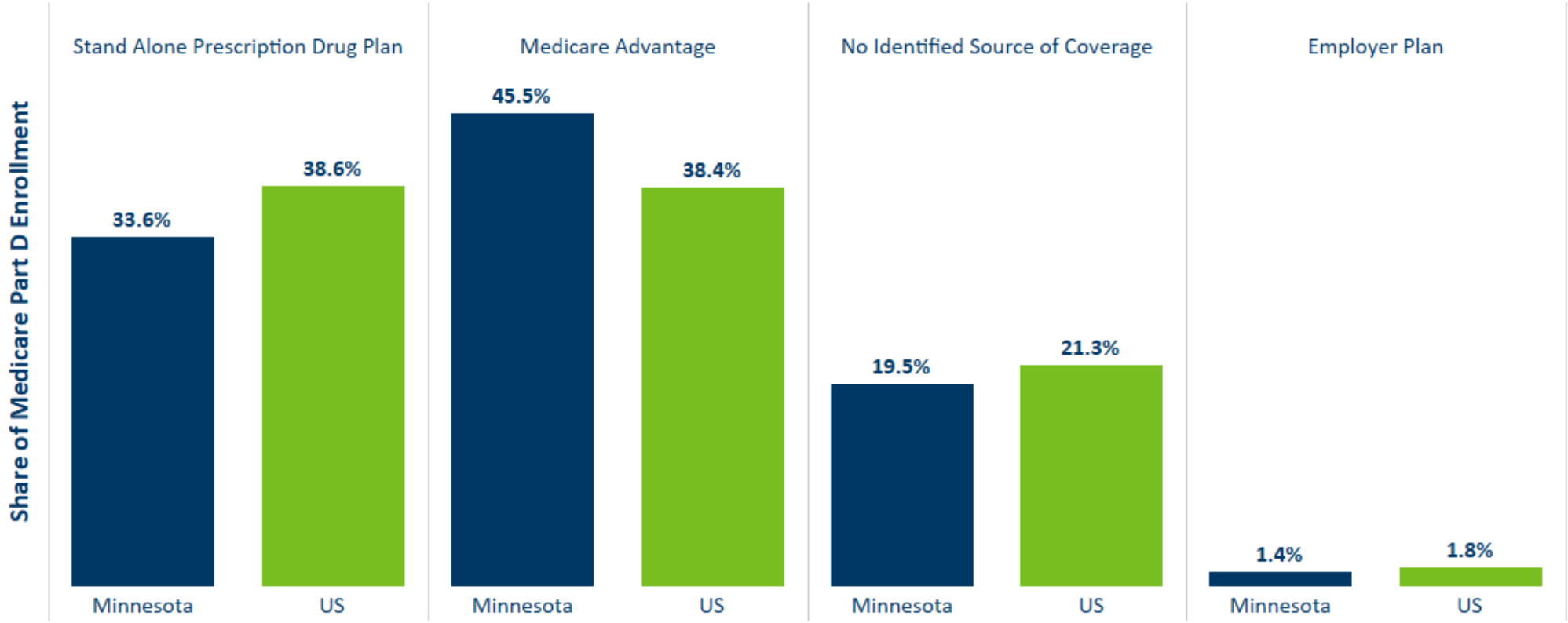
Sources: CMS, CMS Enrollment Dashboard 2021, calendar year; U.S. Census Bureau, Annual Estimates of the Resident Population for Counties in Minnesota: April 1, 2020 to July 1, 2021, (CO-EST2021-POP-27). Map shapefile from 2021 Mapbox @OpenStreetMap. Ranges are based on quintiles. It does not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans. Distribution is based on Enrollment as percent of total Private Medicare Plan enrollees.

Summary of graph

Options for Receiving Medicare Prescription Drug Benefits

- Prescription drug benefits are offered through Medicare Part D plans. Medicare Part D is an optional benefit; Medicare enrollees are not automatically enrolled in these plans.
- There are multiple options for Medicare Part D plans:
  - **Stand-alone Medicare Part D Plan** – Plan covers Medicare Part D benefits only, separate from other Medicare benefits.
  - **Medicare Part D Coverage with Medicare Health Plan** – Medicare Part D benefits are included in a private Medicare plan (Medicare Advantage or Medicare Cost).
  - **Employer Plan** – a health plan sponsor, such as an employer, creates a Medicare Part D Plan for their Medicare-eligible retirees.
- For more information, visit Minnesota Health Care Choices (http://www.mnhealthcarechoices.com/). This annual publication provides detail on all plan offerings for Minnesota residents.

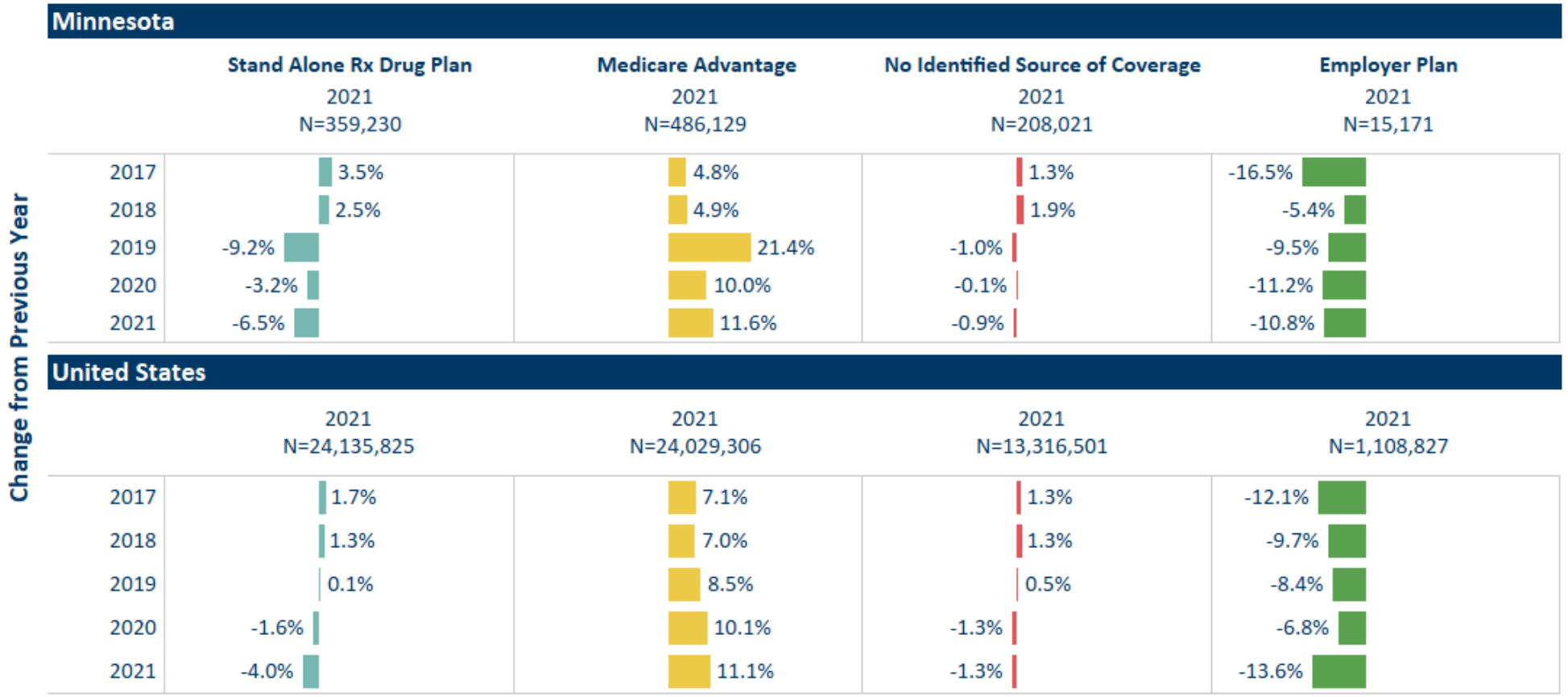
Distribution of Prescription Drug Coverage for Medicare Enrollees, by Type, 2021



Source: CMS, CMS Program Statistics 2021, calendar year. “Employer Plan” is defined as Medicare participants enrolled in a Retiree Drug Subsidy (RDS). “No Identified Source of Coverage” is defined as Medicare participants without a Part D plan, RDS, but may include those who have other prescription drug coverage, including creditable coverage (defined as coverage that meets or exceeds the actuarial value of the standard Medicare Part D benefit). Creditable coverage data is no longer published by CMS. Medicare Advantage CMS definition does not implicitly indicate this includes Medicare Cost plans. U.S. population estimates are based on the United States and do not include territories, Puerto Rico, or other/outlaying areas.

Summary of graph

Change in Annual Prescription Drug Coverage, by Type



Source: CMS, CMS Program Statistics 2017-2021, calendar year. "Employer Plan" is defined as Medicare participants enrolled in a Retiree Drug Subsidy (RDS). "No Identified Source of Coverage" is defined as Medicare participants without a Part D plan, RDS, but may include those who have other prescription drug coverage, including creditable coverage (defined as coverage that meets or exceeds the actuarial value of the standard Medicare Part D benefit). Creditable coverage data is no longer published by CMS. Medicare Advantage CMS definition does not implicitly indicate this includes Medicare Cost plans. U.S. population estimates are based on the United States and do not include territories, Puerto Rico, or other/outlaying areas.

Summary of graph

Medical Assistance

Minnesota's Medicaid program – jointly financed by the state and the federal government – provides health insurance to people with low incomes and people with disabilities. *U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, Poverty Guidelines: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references*

In 2014, under the Affordable Care Act (ACA), Medical Assistance eligibility was increased to all childless adults, parents and caretakers, and children (aged 19 to 20) with incomes at or below 133% of Federal Poverty Guidelines (FPG), and children (aged 2 to 18) with incomes at or below 275% of FPG.

The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023 and after that time, Minnesota will begin to disenroll Minnesotans (either those who are no longer eligible or do not complete the renewal process).

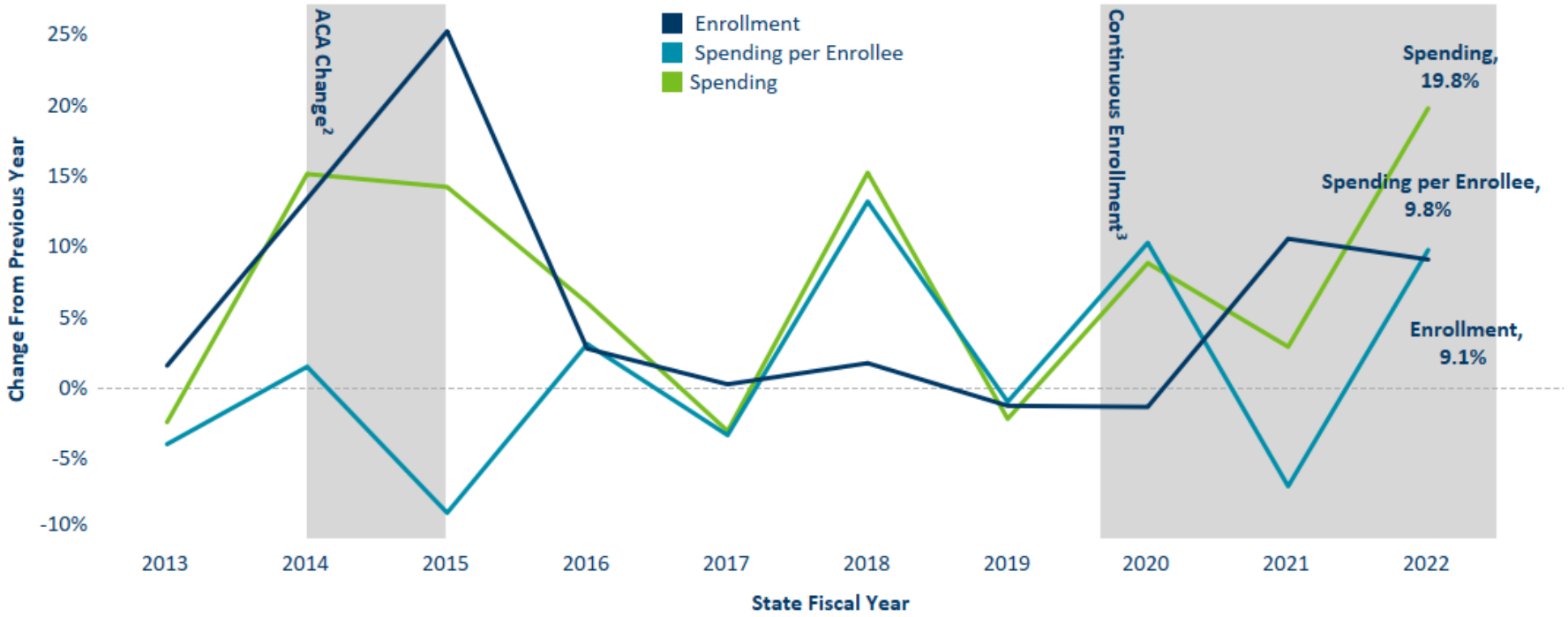
Data presented on a state fiscal year (SFY) basis, unless otherwise specified.

Trends in Medical Assistance Enrollment and Spending

State Fiscal Year	Avg. Monthly Enrollment	Spending ($ millions)	Avg. Monthly Spending per Enrollee	Growth in:		
				Enrollment	Total Spending	Spending per Enrollee
2013	739,158	$8,046	$907	1.6%	-2.4%	-3.9%
2014	838,256	$9,265	$921	13.4%	15.2%	1.5%
2015	1,049,819	$10,585	$840	25.2%	14.2%	-8.8%
2016	1,079,400	$11,225	$867	2.8%	6.1%	3.1%
2017	1,082,654	$10,888	$838	0.3%	-3.0%	-3.3%
2018	1,102,087	$12,549	$949	1.8%	15.2%	13.2%
2019	1,088,692	$12,280	$940	-1.2%	-2.1%	-0.9%
2020	1,074,566	$13,369	$1,037	-1.3%	8.9%	10.3%
2021	1,188,285	$13,763	$965	10.6%	3.0%	-6.9%
2022	1,296,590	$16,488	$1,060	9.1%	19.8%	9.8%

Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Lower enrollment in SFY 2020 is a result of lower enrollment for the first three quarters of 2020, making the average monthly enrollment in SFY2020 lower than the average in SFY2019.

Change in Medical Assistance From Previous Year, Enrollment and Spending[1-3]



Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Lower enrollment in SFY 2020 is a result of lower enrollment for the first three quarters of 2020, making the average monthly enrollment in SFY2020 lower than the average in SFY2019.

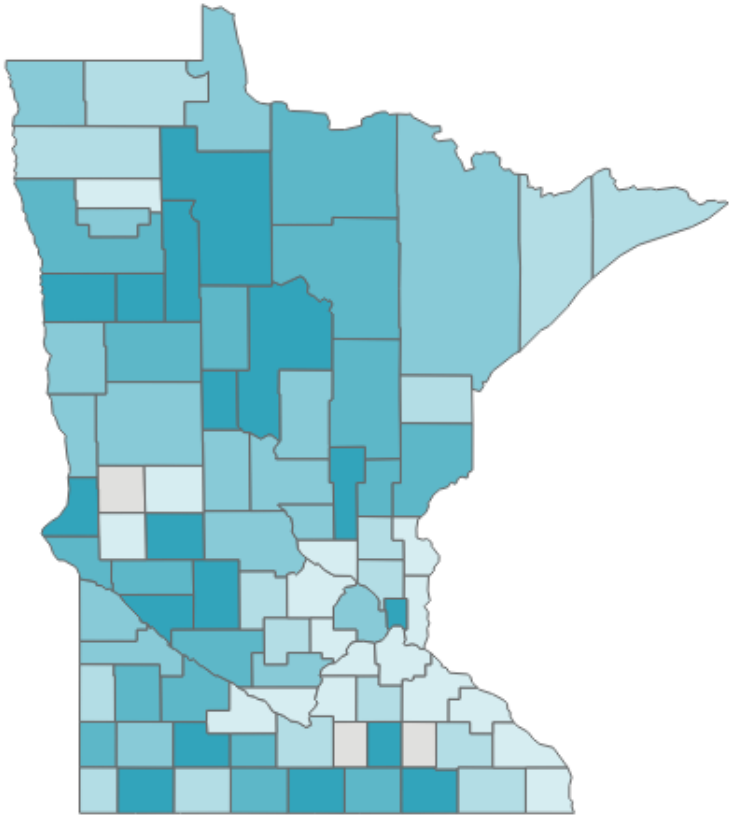
[1]Some MinnesotaCare enrollees qualified for Medical Assistance (MA) following the March 2011 MA eligibility expansion to include childless adults with incomes at or below 75% of the Federal Poverty Guidelines (FPG).

[2]In 2014, under the ACA, eligibility was increased to all childless adults, parents and caretakers, and children (aged 19 to 20) with incomes at or below 133% FPG, and children (aged 2 to 18) with incomes at or below 275% FPG.

[3]The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (ASPE: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed for continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023.

Summary of graph

Medical Assistance Enrollment as a Percent of Population, by County, Calendar Year 2022



State Enrollment: 23.5%

Population (%) Enrolled in Medical Assistance

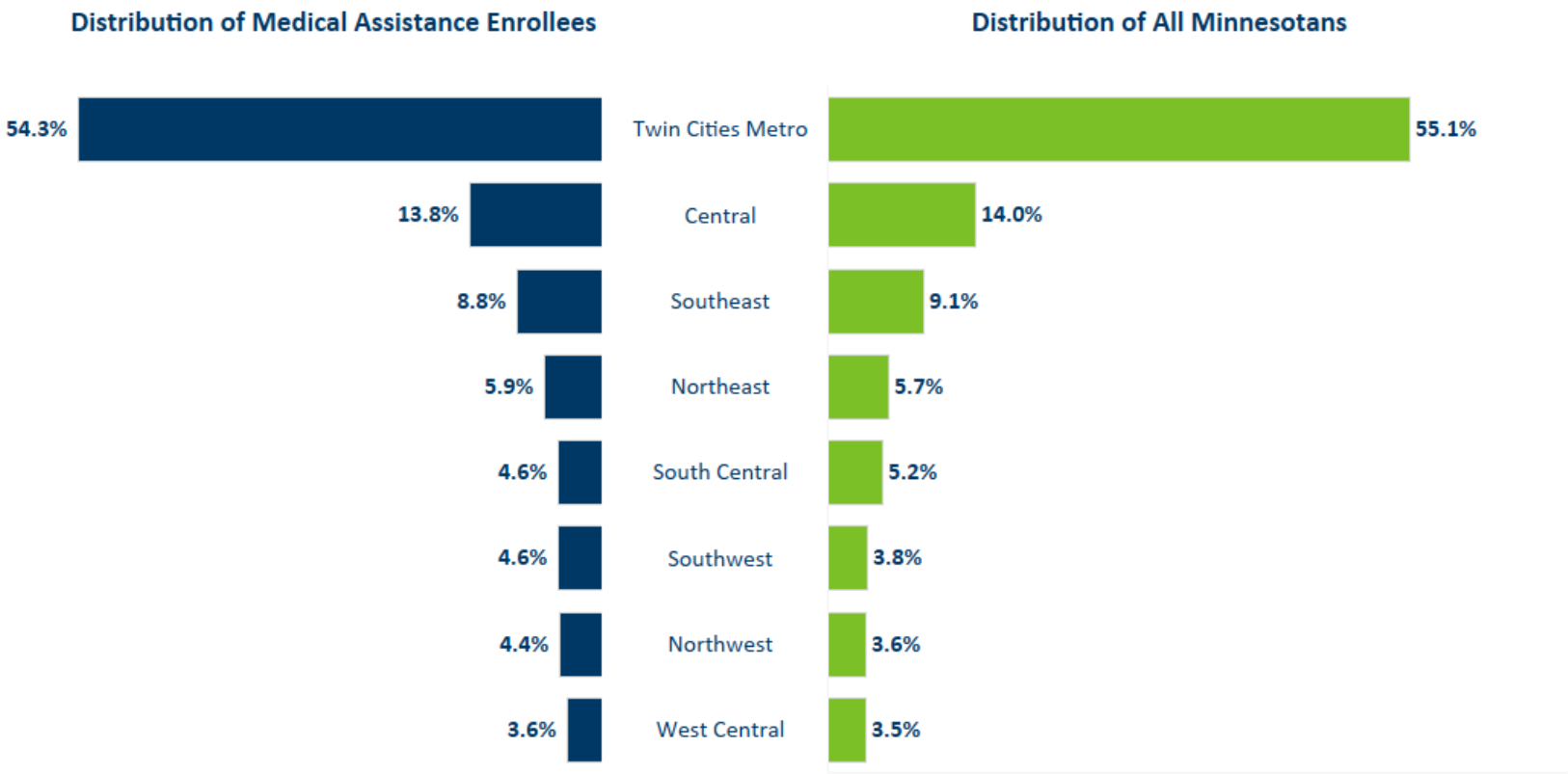
- >0% to 20.6%
- 20.7% to 23.7%
- 23.8% to 26.7%
- 26.8% to 29.7%
- 29.8%+
- Enrollment included in Pope and Steele County[1]

Source: Minnesota Department of Human Services, enrollment data for calendar year 2022; County estimates from U.S. Census Bureau, Annual Estimates of the Resident Population for Counties: April 1, 2021 to July 1, 2022 (CO-EST2022-POP); map shapefile from 2022 Mapbox @OpenStreetMap. Ranges are based on quintiles. Enrollment excludes "other" with no known category. Includes all enrollees, even those with dual-coverage (Medicare or private coverage) during the year.

[1]DHS does not separate out Grant county enrollment and it is instead included in Pope county; Dodge and Waseca counties enrollment is combined into enrollment for Steele county.

Summary of graph

Distribution of Medical Assistance Enrollees and State Population, by Region, Calendar Year 2022

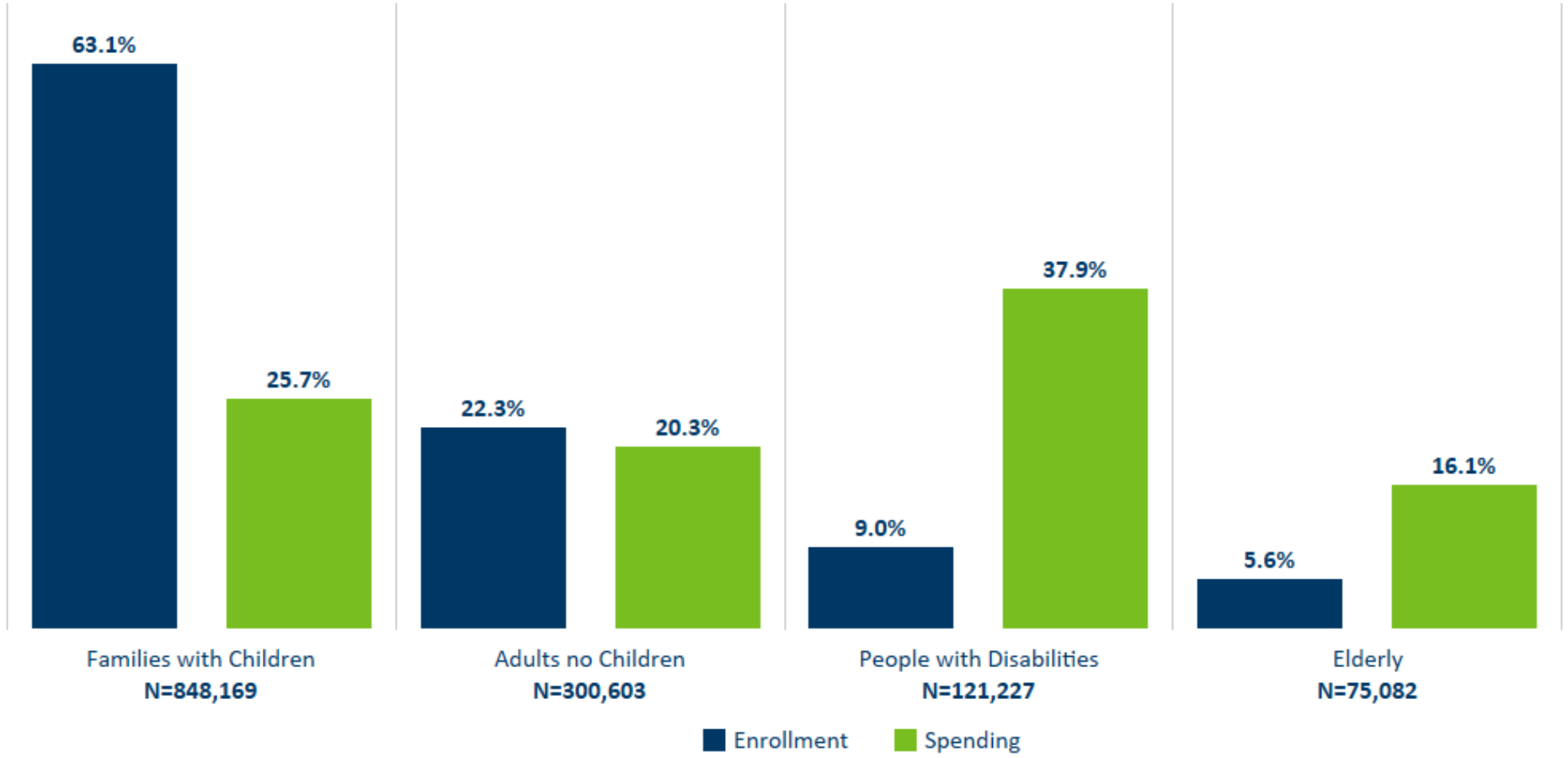


For the regional boundaries, see slide 43 at the end of this chartbook.
Source: Minnesota Department of Human Services, enrollment data for calendar year 2022; County estimates from U.S. Census Bureau, Annual Estimates of the Resident Population for Counties: April 1, 2021 to July 1, 2022 (CO-EST2022-POP). Enrollment excludes "other" with no known category. Distribution percentages are based on calculating the share of the total Minnesota population in each region and based on the share of the total Medical Assistance population in each region.
Summary of chart

Medical Assistance Enrollment, by Eligibility Category

Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast.
Summary of graph

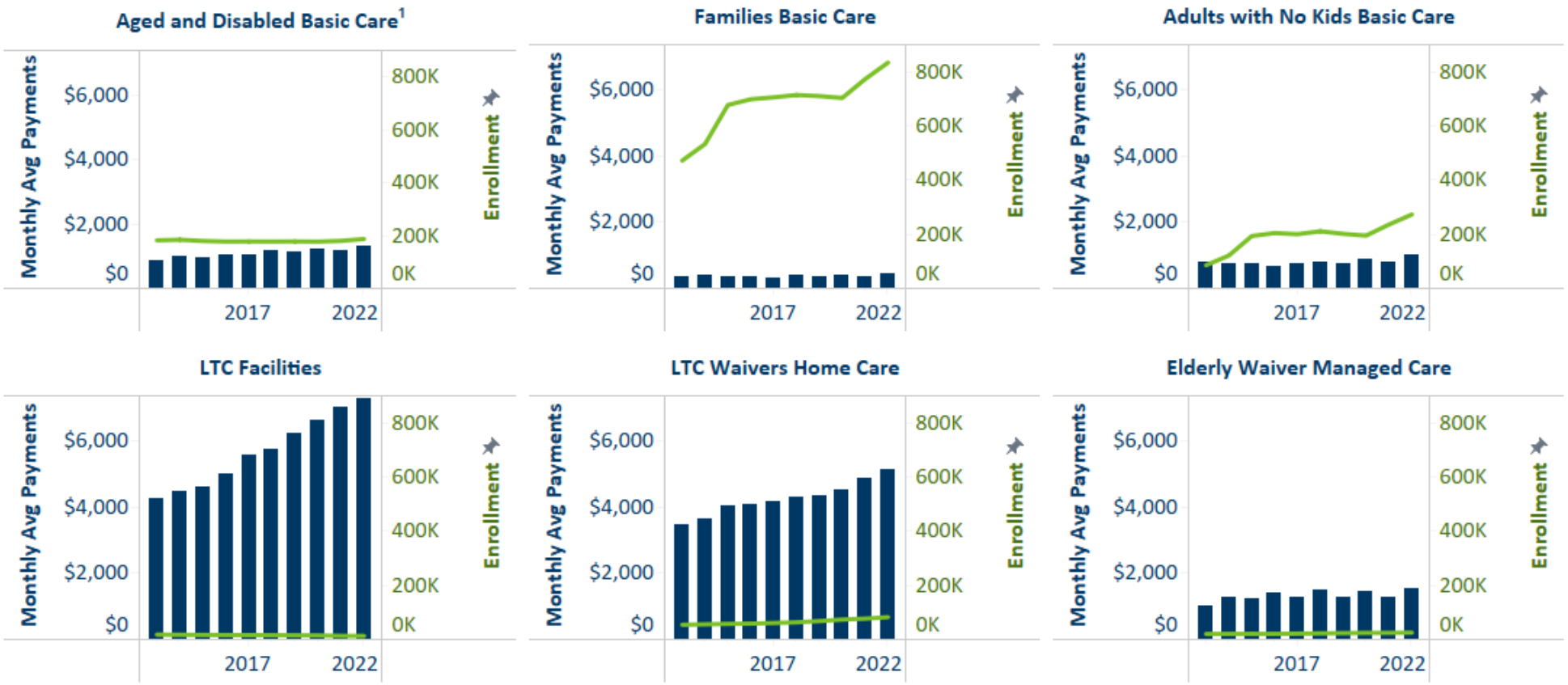
Distribution of Medical Assistance Enrollment and Spending, by Eligibility Category, Calendar Year 2022



Source: Minnesota Department of Human Services, data for calendar year 2022. Data source is different than prior slide, which data is based on state fiscal years. Enrollment within eligibility labels is rounded.

Summary of graph

Medical Assistance Spending, per Recipient
State Fiscal Year

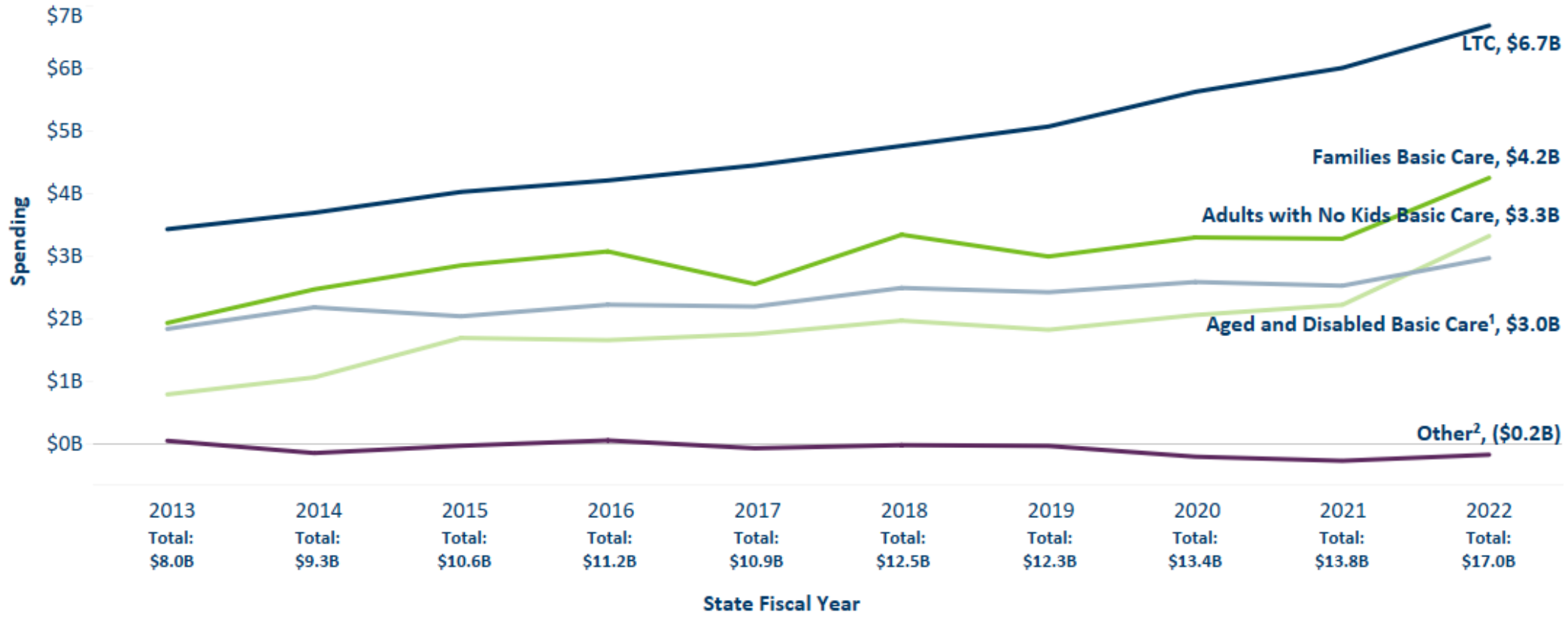


Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast – State Fiscal Years. This excludes several categories of service that do not have "monthly average spending" data within the forecast; these include categories such as: breast and cervical cancer coverage, family planning services, pharmacy rebates, adjustments, and special funding items.

[1]The "Aged and Disabled Basic Care" has had the "Elderly Waiver Managed Care" expenditures removed; instead "Elderly Waiver Managed Care" expenditures are included in its own category and based on taking the total annual payments by the average monthly service recipients by 12 months.

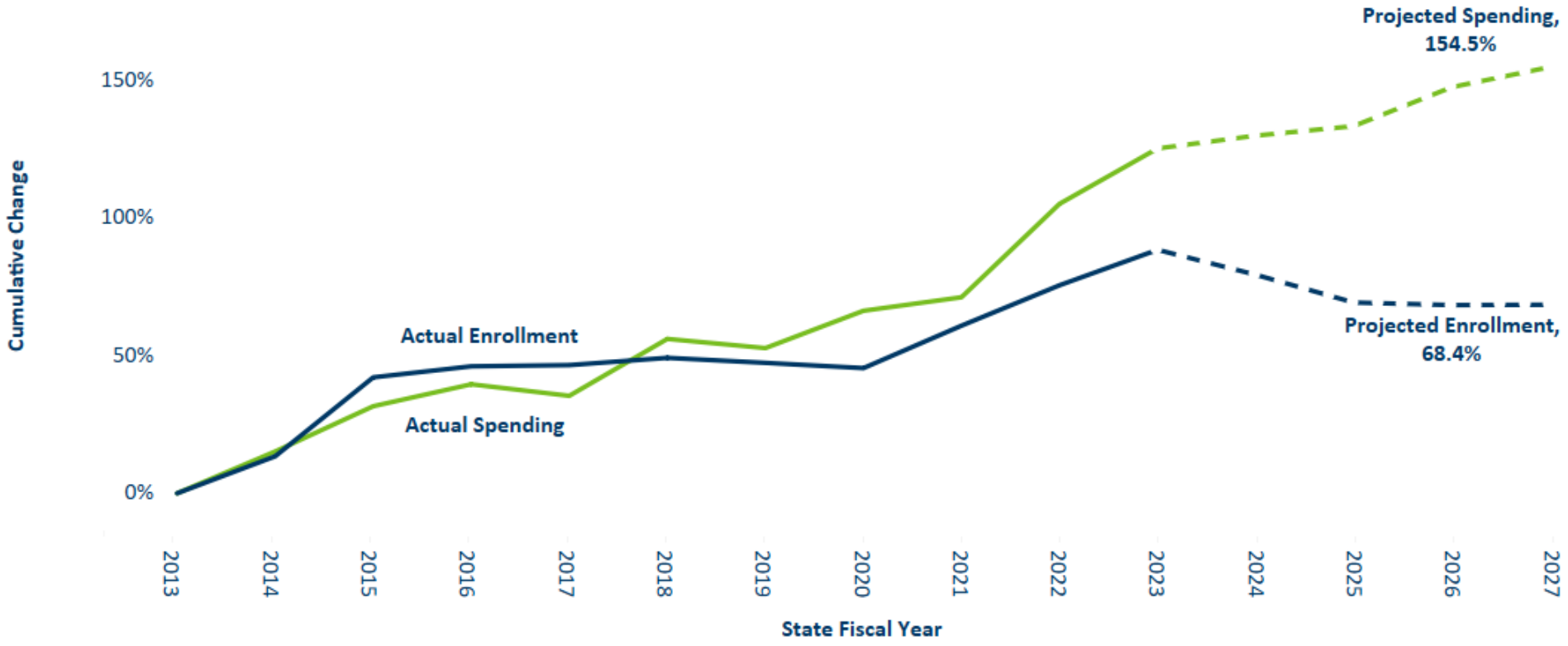
Summary of graph

Medical Assistance Spending, by Eligibility Category



Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast. Data source is different than prior slide, which data is based on calendar years.
[1]The "Aged and Disabled Basic Care" has had the "Elderly Waiver Managed Care" expenditures removed; instead "Elderly Waiver Managed Care" expenditures are included in the LTC category.
[2]Other includes categories of service that include pharmacy rebates and adjustments, resulting in some years having negative values.
Summary of graph

Actual and Projected Cumulative Changes in Medical Assistance Spending and Enrollment[1]



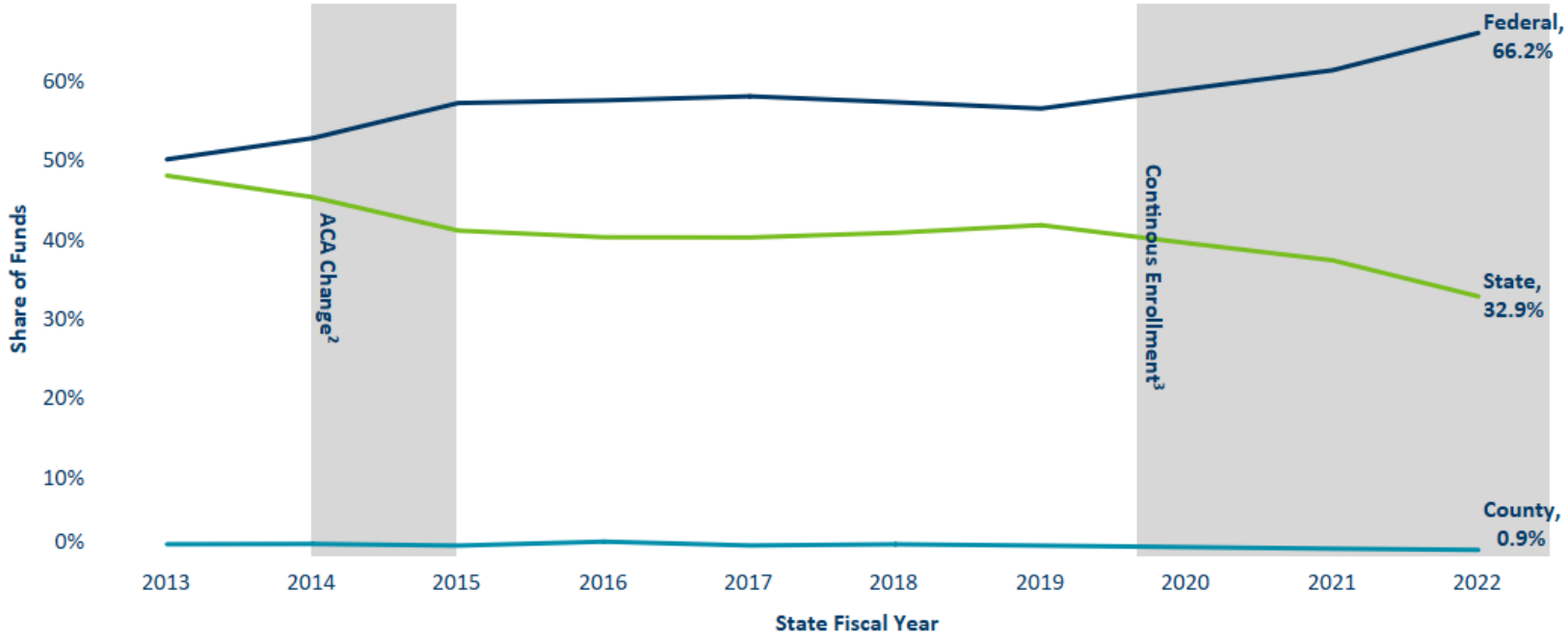
Sources: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Actual spending for fiscal years 2013 through 2022. Projected spending for 2023 through 2027.

In 2014, Medical Assistance was expanded to include childless adults, parents and caretakers, and children (aged 19 to 20) with incomes up to 133% of the Federal Poverty Guidelines (FPG), and children (aged 2 to 18) up to 275% of the FPG, in accordance with the Medicaid Expansion in the Affordable Care Act.

[1]The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (ASPE: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed for continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023.

Summary of graph

Medical Assistance Funding by Source of Funds[1-3]



Sources: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Includes state Chemical Dependency (CD) fund share, state medical education share, state chemical dependency fund, state medical education share, and CHIP enhanced.

[1]Some MinnesotaCare enrollees qualified for Medical Assistance (MA) following the March 2011 MA eligibility expansion to include childless adults with incomes at or below 75% of the Federal Poverty Guidelines (FPG).

[2]In 2014, under the ACA, eligibility was increased to all childless adults, parents and caretakers, and children (aged 19 to 20) with incomes at or below 133% FPG, and children (aged 2 to 18) with incomes at or below 275% FPG. Under the Affordable Care Act, the Federal Government will cover 100% of the costs of newly eligible enrollees from the Medicaid Expansion for calendar years 2014-2016, and 90% after 2016.

[3]The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (ASPE: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed for continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023.

Summary of graph

MinnesotaCare

A sliding-fee-scale Minnesota health insurance program - financed by resources from the state, federal government, and enrollee premiums - for low- and moderate-income Minnesotans who are not offered insurance through their employer that meets federal guidelines. U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, Poverty Guidelines: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references

In 2015, MinnesotaCare was converted to a Basic Health Plan (BHP) under the ACA, which expanded benefits and reduced the maximum income requirements to 200% of Federal Poverty Guidelines (FPG).

The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023 and after that time, Minnesota will begin to disenroll Minnesotans (either those who are no longer eligible or do not complete the renewal process).

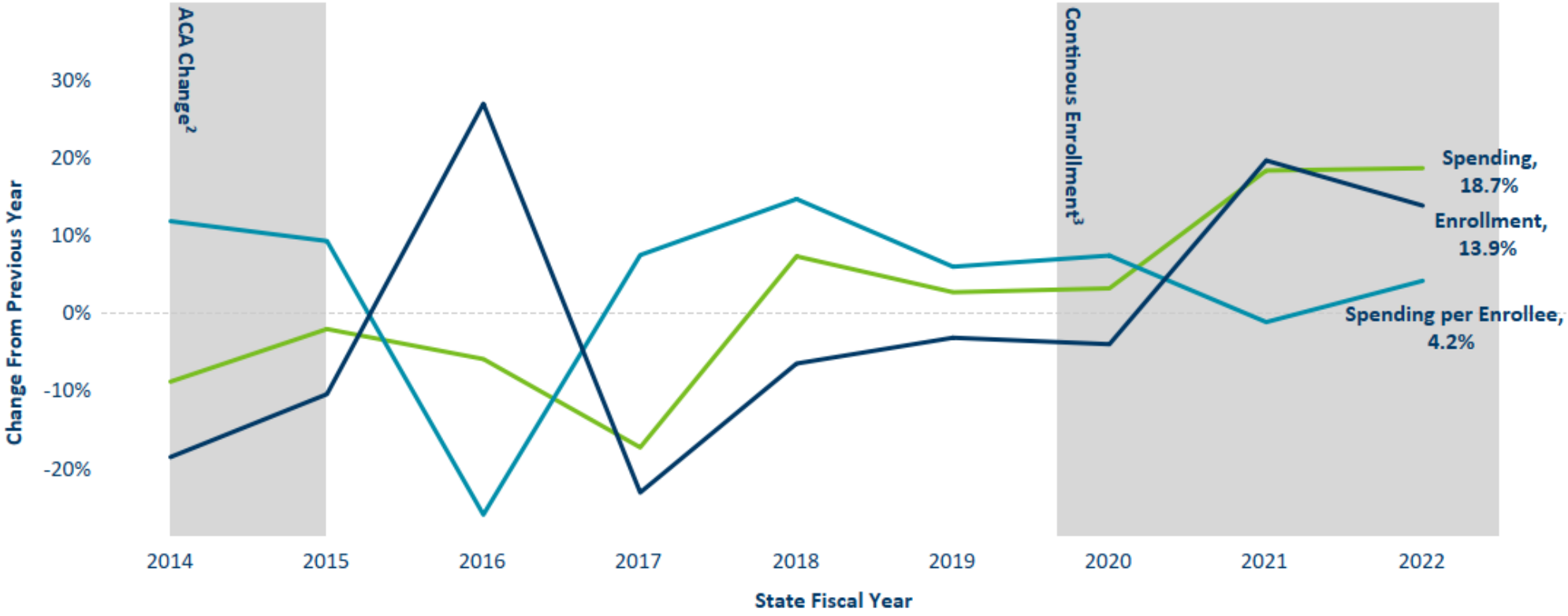
Data presented on a state fiscal year (SFY) basis, unless otherwise specified.

Trends in MinnesotaCare Enrollment and Spending

State Fiscal Year	Avg. Monthly Enrollment	Spending ($ millions)	Avg. Monthly Spending per Enrollee	Growth in:		
				Enrollment	Total Spending	Spending per Enrollee
2013	124,681	$570	$381	-3.1%	3.4%	6.8%
2014	101,646	$520	$426	-18.5%	-8.8%	11.9%
2015	91,105	$510	$466	-10.4%	-2.0%	9.4%
2016	115,754	$480	$345	27.1%	-5.8%	-25.9%
2017	89,081	$397	$372	-23.0%	-17.2%	7.6%
2018	83,357	$427	$426	-6.4%	7.4%	14.8%
2019	80,772	$438	$452	-3.1%	2.8%	6.1%
2020	77,594	$453	$486	-3.9%	3.3%	7.5%
2021	92,912	$536	$481	19.7%	18.4%	-1.1%
2022	105,852	$637	$501	13.9%	18.7%	4.2%

Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Lower enrollment in SFY 2020 is a result of lower enrollment for the first three quarters of 2020, making the average monthly enrollment in SFY2020 lower than the average in SFY2019.

Change in MinnesotaCare From Previous Year, Enrollment and Spending[1-3]



Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Lower enrollment in SFY 2020 is a result of lower enrollment for the first three quarters of 2020, making the average monthly enrollment in SFY2020 lower than the average in SFY2019.

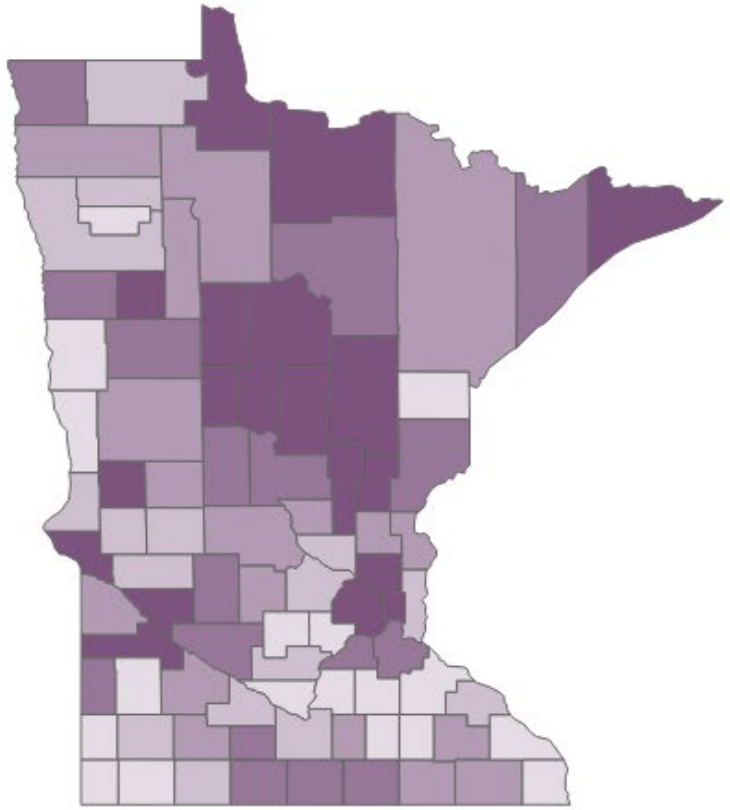
[1]Enrollment and spending declines after 2010 reflect that some MinnesotaCare enrollees qualified for Medical Assistance (MA) following the March 2011 MA eligibility expansion to include childless adults with incomes at or below 75% of the Federal Poverty Guidelines (FPG).

[2]In 2014, under the ACA, Medical Assistance (MA) eligibility expanded and as a result some MinnesotaCare enrollees qualified for MA.

[3]The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (ASPE: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed for continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023.

Summary of graph

MinnesotaCare Enrollment as a Percent of Population, by County, Calendar Year 2022



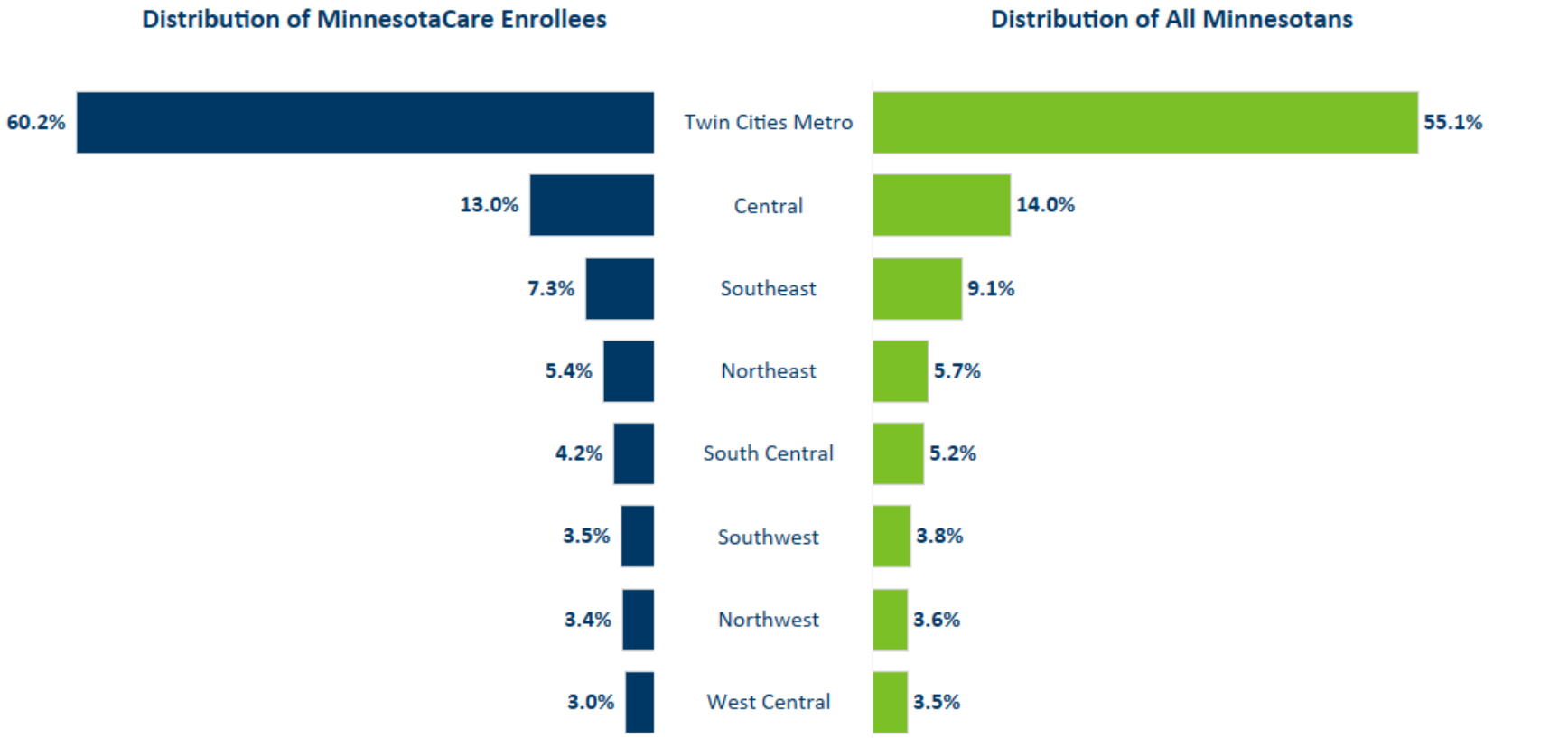
Population (%) Enrolled in MNCare
- >0% to 1.40%
- 1.41% to 1.58%
- 1.59% to 1.71%
- 1.72% to 1.98%
- 1.99%+

State Enrollment: 1.8%

Source: Minnesota Department of Human Services, enrollment data for calendar year 2022; County estimates from U.S. Census Bureau, Annual Estimates of the Resident Population for Counties: April 1, 2021 to July 1, 2022 (CO-EST2022-POP); map shapefile from 2022 Mapbox @OpenStreetMap. Enrollment excludes "other" with no known category. Includes all enrollees, even those with dual-coverage (Medicare or private coverage) during the year. Ranges are based on quintiles.

Summary of graph

Distribution of MinnesotaCare Enrollees and State Population, by Region, Calendar Year 2022



For the regional boundaries, see slide 43 at the end of this chartbook.

Sources: Minnesota Department of Human Services, enrollment data for calendar year 2022; County estimates from U.S. Census Bureau, Annual Estimates of the Resident Population for Counties: April 1, 2021 to July 1, 2022 (CO-EST2022-POP). Enrollment excludes "other" with no known category. Distribution percentages are based on calculating the share of the total Minnesota population in each region and based on the share of the total MinnesotaCare population in each region.

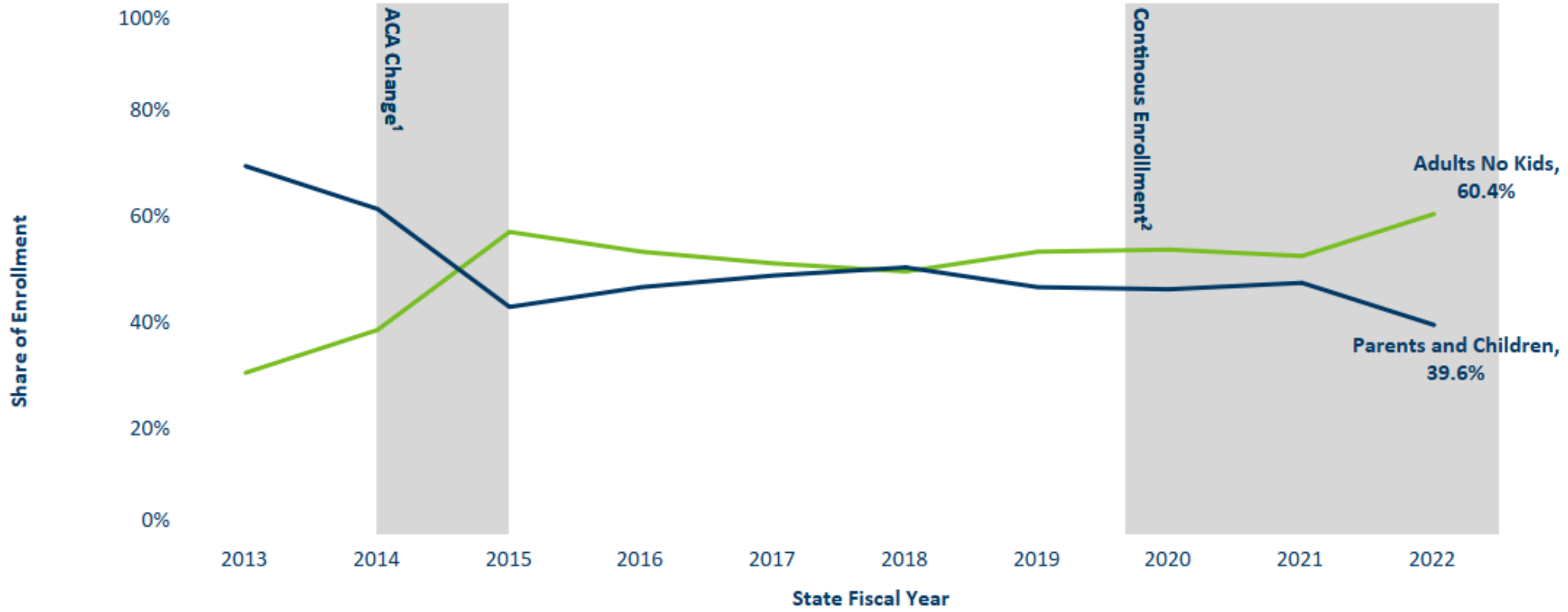
Summary of chart

MinnesotaCare Enrollment by Eligibility Category

State Fiscal Year	Average Monthly Enrollment	Parents and Children	Adults No Kids
2013	124,681	86,604	38,077
2014	101,646	62,398	39,249
2015	91,105	39,115	51,990
2016	115,754	54,012	61,742
2017	89,081	43,526	45,555
2018	83,357	41,998	41,359
2019	80,772	37,688	43,084
2020	77,594	35,899	41,696
2021	92,912	44,110	48,802
2022	105,852	41,867	63,985

Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Adults No Kids and Parents and Children include older adults and Deferred Action for Childhood Arrivals.

Distribution of MinnesotaCare Enrollment, by Eligibility Category



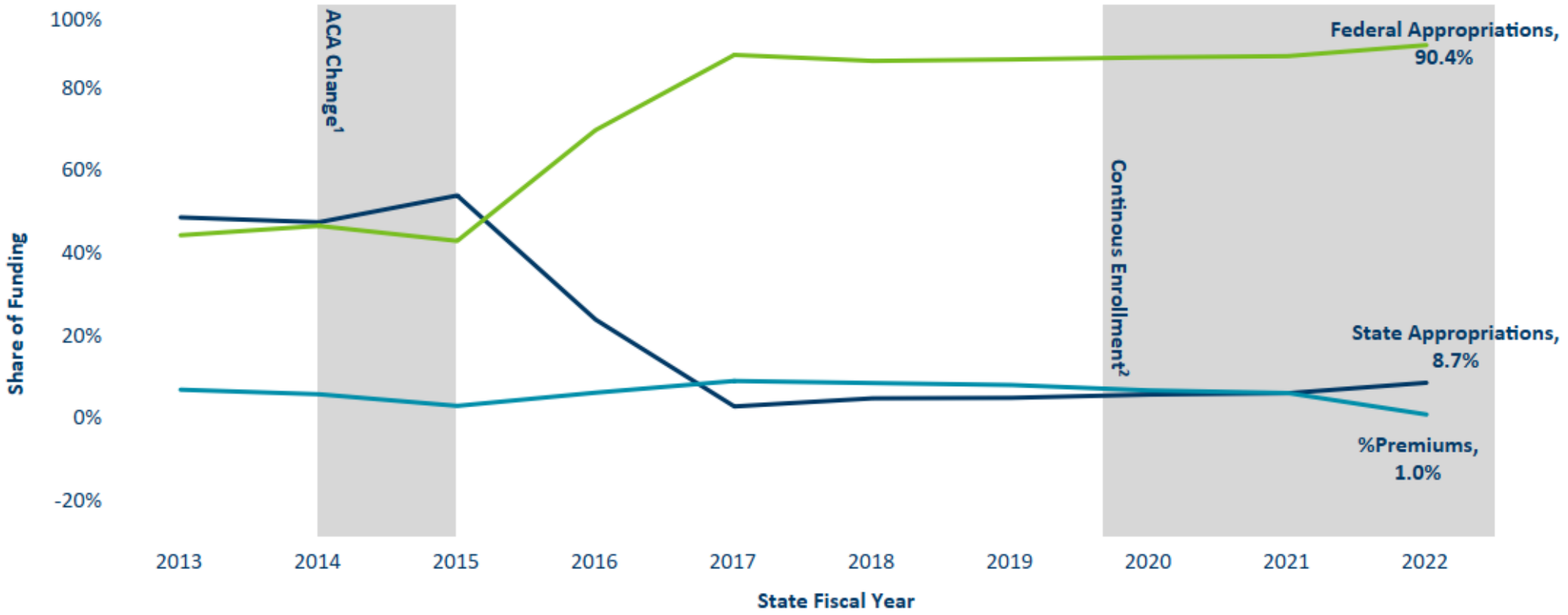
Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Adults No Kids and Parents and Children include older adults and Deferred Action for Childhood Arrivals.

[1]In 2014, under the ACA, Medical Assistance (MA) eligibility expanded and as a result some MinnesotaCare enrollees qualified for MA.

[2]The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (ASPE: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed for continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023.

Summary of graph

MinnesotaCare Funding by Source



Source: Minnesota Department of Human Services, February 2023 Expenditure Forecast, data for state fiscal years. Federal Appropriations includes Federal Basic Health Program (BHP) Funding.

[1]In 2014, under the ACA, Medical Assistance (MA) eligibility expanded and as a result some MinnesotaCare enrollees qualified for MA.

[2]The Public Health Emergency related to the COVID-19 pandemic began on January 27, 2020 (ASPE: https://aspr.hhs.gov/legal/PHE/Pages/2019-nCoV.aspx) and allowed for continuous enrollment for anyone enrolled on or after March 31, 2020. The continuous enrollment provision ended on March 31, 2023.

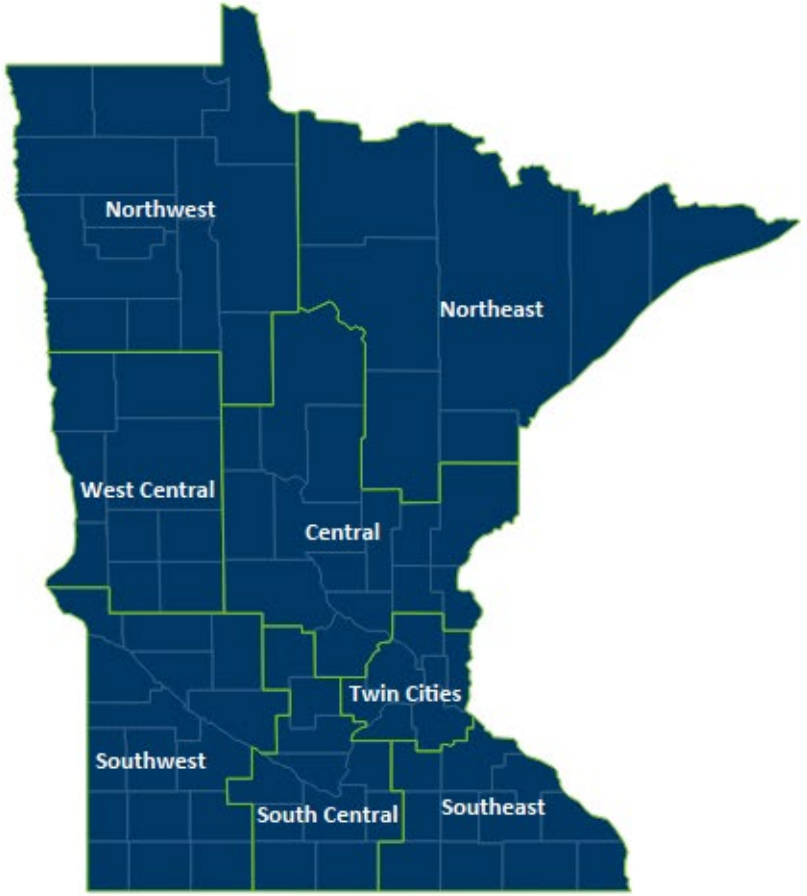
Summary of graph

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page (https://www.health.state.mn.us/healtheconomics)
- Publications (https://heppublications.web.health.state.mn.us/)
- Health Care Market Statistics (Chartbook Updates) (https://www.health.state.mn.us/data/economics/chartbook/index.html)

A summary of the charts and graphs contained within is provided at Chartbook Summaries – Section 5. Direct links are listed on each page. Fully-insured includes MCHA (high-risk pool). Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Appendix: Minnesota Counties and Regions Used in the Geographic Analysis



Source: Minnesota Department of Health, regional map based on State Community Health Services Advisory Committee (SCHSAC) regions.
Summary of image