

Chartbook Section 5

Public Health Insurance Programs

Section 5: Public Health Insurance Programs

- Medicare
- Medical Assistance (Medicaid)
- MinnesotaCare
- General Assistance Medical Care (GAMC)
- Minnesota Comprehensive Health Association (MCHA)

A summary of the charts and graphs contained within is provided at [Chartbook Summaries - Section 5](#). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-3550 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

MEDICARE

A federal health insurance program for people age 65 or older and people with certain disabilities and end-stage renal disease.

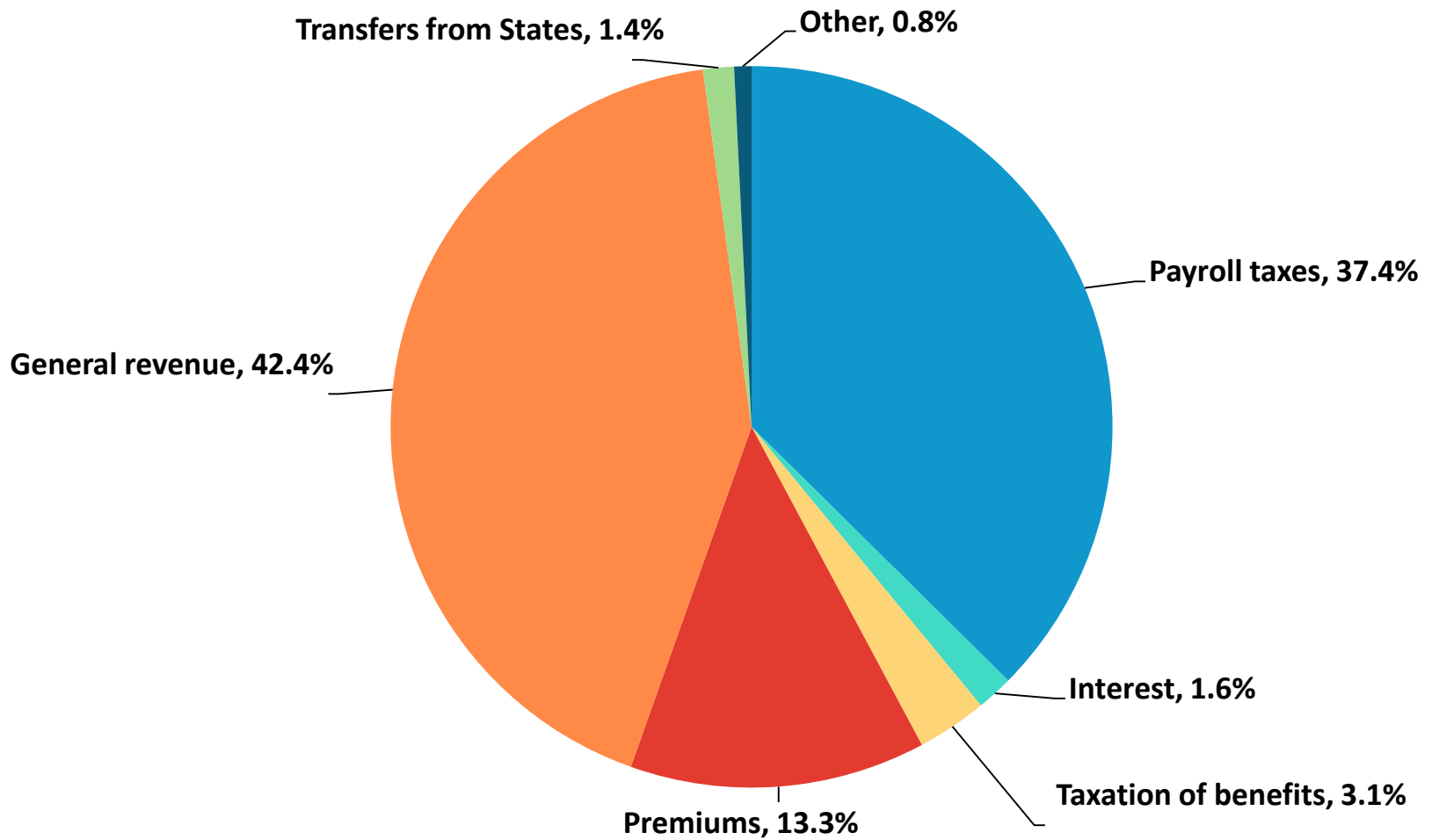
Data presented on a calendar year basis, unless otherwise specified

Medicare Enrollment and Spending, Minnesota and the U.S., 2004 to 2014

Calendar Year	Enrollment		Expenditures (\$ millions)		Spending per Enrollee	
	MN	U.S.	MN	U.S.	MN	U.S.
2004	685,842	40,784,276	\$4,005	\$311,108	\$5,839	\$7,628
2005	697,522	41,535,879	\$4,569	\$339,747	\$6,551	\$8,180
2006	713,242	42,335,590	\$5,438	\$403,675	\$7,624	\$9,535
2007	729,147	43,259,280	\$5,777	\$432,749	\$7,923	\$10,004
2008	749,065	44,384,954	\$6,165	\$466,967	\$8,230	\$10,521
2009	766,806	45,466,997	\$6,564	\$498,842	\$8,560	\$10,972
2010	786,154	47,702,632	\$6,889	\$520,530	\$8,764	\$10,912
2011	805,146	48,944,303	\$7,158	\$546,131	\$8,891	\$11,158
2012	835,756	50,828,094	\$7,684	\$569,177	\$9,194	\$11,198
2013	862,991	52,506,598	\$7,990	\$586,309	\$9,258	\$11,166
2014	888,371	54,095,565	\$8,367	\$618,706	\$9,418	\$11,437

Sources: Enrollment data are from the Medicare and Medicaid Statistical Supplement of the Centers for Medicare and Medicaid Services (CMS) as of July 1st (2004-2009), and changed to calendar year from CMS Enrollment Dashboard (2010-2014); difference between data sources was marginal. U.S. expenditure data are from the Personal Health Care estimates of the National Health Expenditure Accounts (NHEA) for 2004 to 2014. Minnesota expenditure estimates are based on MDH annual spending report data for Medicare – public payer data (updated through 2014). All expenditures exclude out-of-pocket expenditures (including member deductibles and cost-sharing).

Medicare Financing in the U.S., 2015



Sources: 2016 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 2015.

[Summary of graph](#)

Minnesota Medicare Enrollment and Spending Growth, 2004-2014

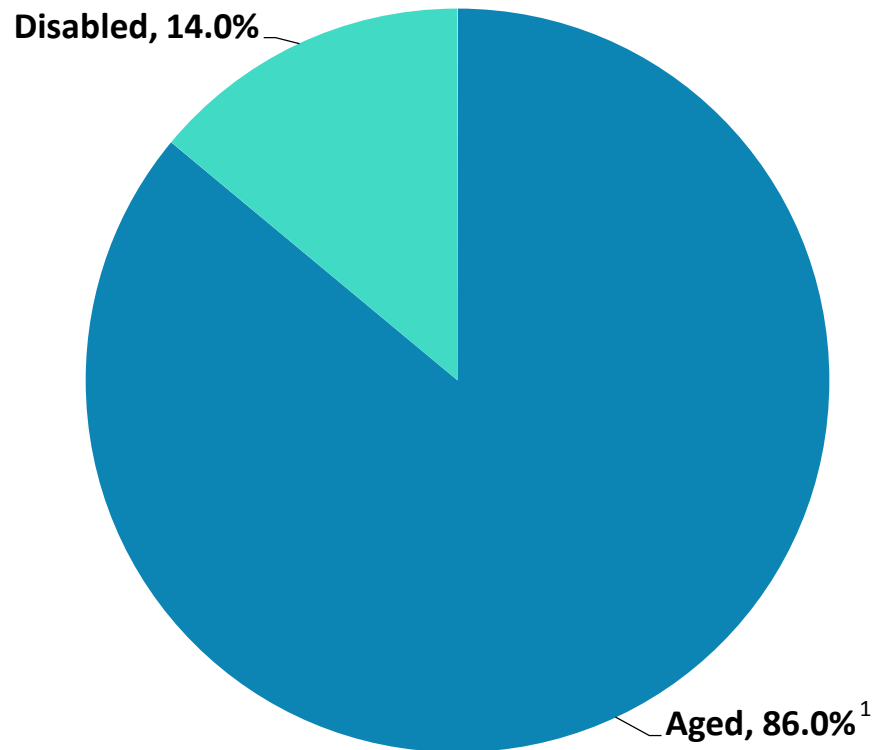


Sources: Enrollment data are from the Medicare and Medicaid Statistical Supplement of the Centers for Medicare and Medicaid Services (CMS) as of July 1st (2004-2009), and changed to calendar year from CMS Enrollment Dashboard (2010-2014); difference between data sources was marginal. Minnesota spending estimates are based on MDH annual spending report data for Medicare – public payer data and exclude out-of-pocket expenditures (updated through 2014).

¹Spending increase between 2005 and 2006 reflects the addition of the Medicare Prescription Drug Benefit (Part D).

[Summary of graph](#)

Minnesota Aged and Disabled Medicare Beneficiaries, 2014

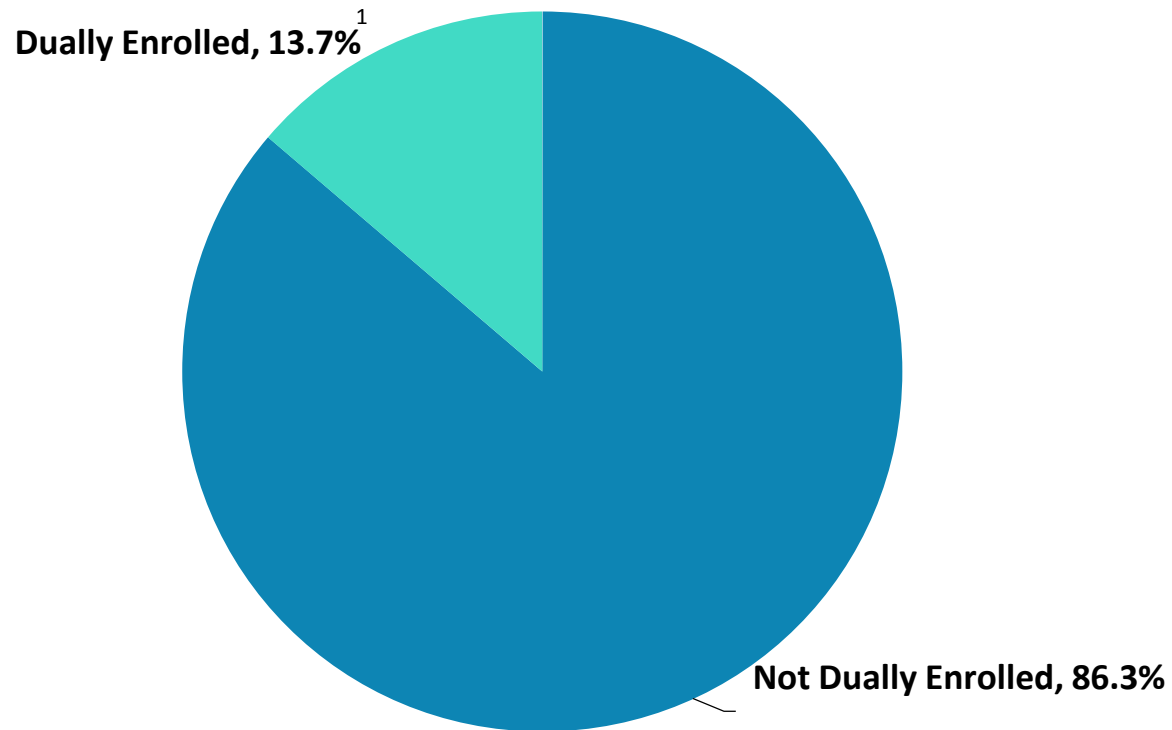


Source: CMS, CMS Chronic Conditions Data Warehouse, Medicare Enrollment – MDCR Enroll AB7, calendar year 2014.

¹Aged beneficiaries are people 65 and older. Disabled beneficiaries includes enrollees with disabilities that are under age 65 and those with End-Stage Renal Disease-only. Categorization and data source changed since 2012 and is not directly comparable.

[Summary of chart](#)

Minnesota Medicare Beneficiaries with Dual Coverage, 2014

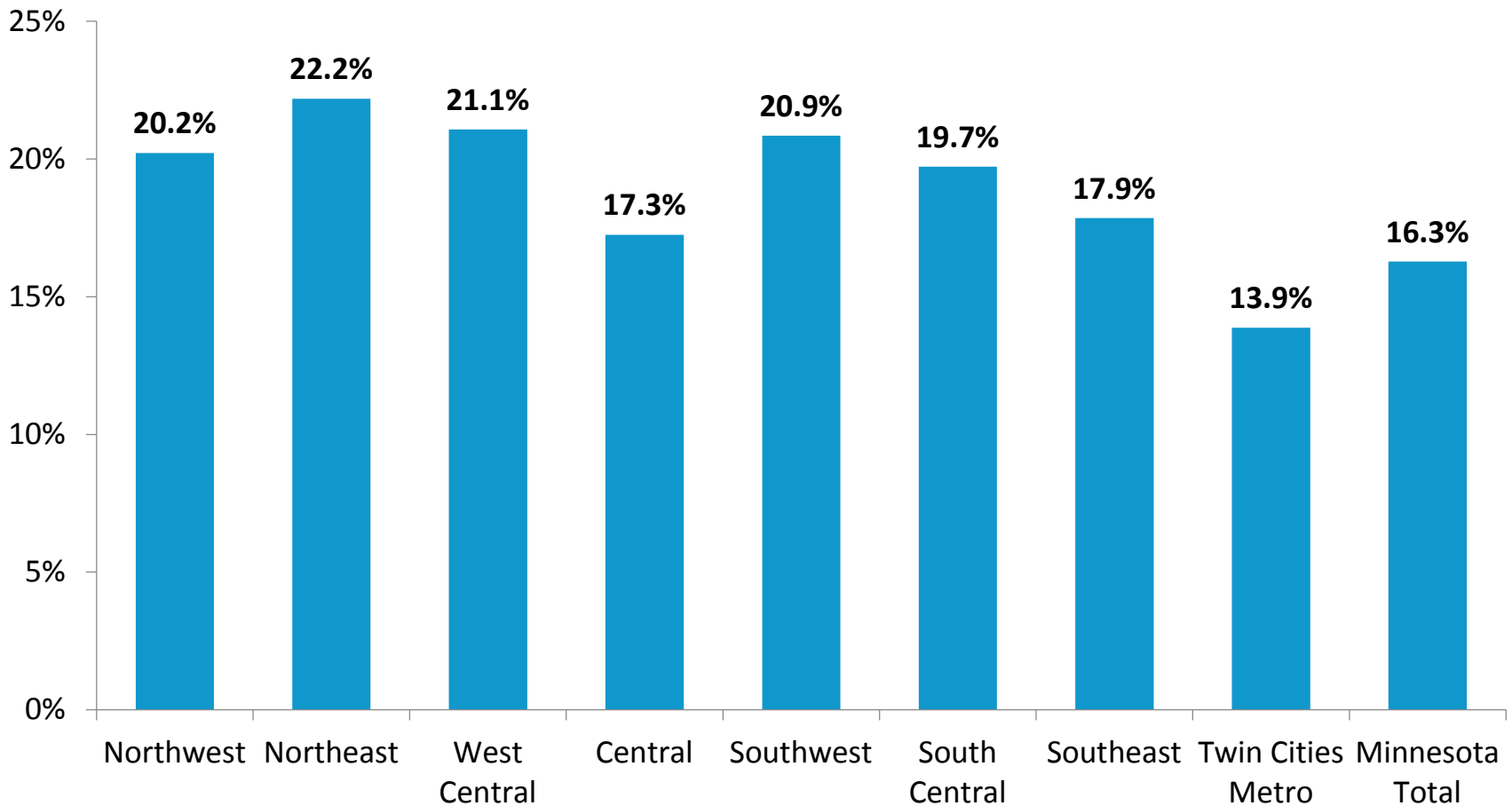


Sources: Enrollment data is from the CMS Enrollment Dashboard; dually enrolled is based on Minnesota Health Care Programs reporting from the Minnesota Department of Human Services, data for calendar year 2014.

¹Dually enrolled Medicare beneficiaries are individuals that qualify for Medicare and Medical Assistance (Medicaid).

[Summary of chart](#)

Minnesota's Medicare Enrollment as Percent of Population, by Region, 2014

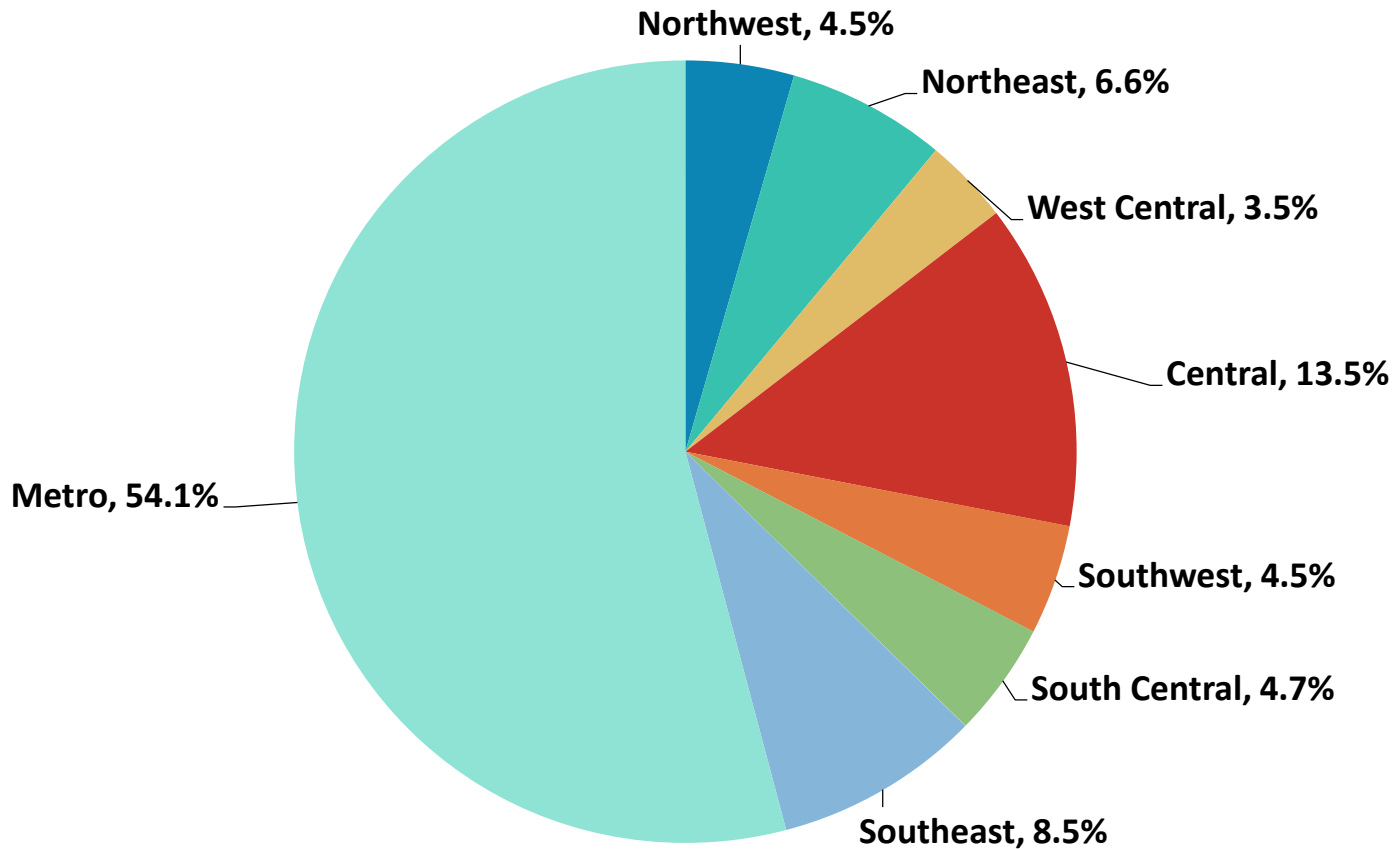


For the regional boundaries, see slide 47 at the end of this chartbook.

Sources: CMS, CMS Enrollment Dashboard 2014, calendar year; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2014.

[Summary of graph](#)

Statewide Distribution of Medicare Enrollees, by Region, 2014

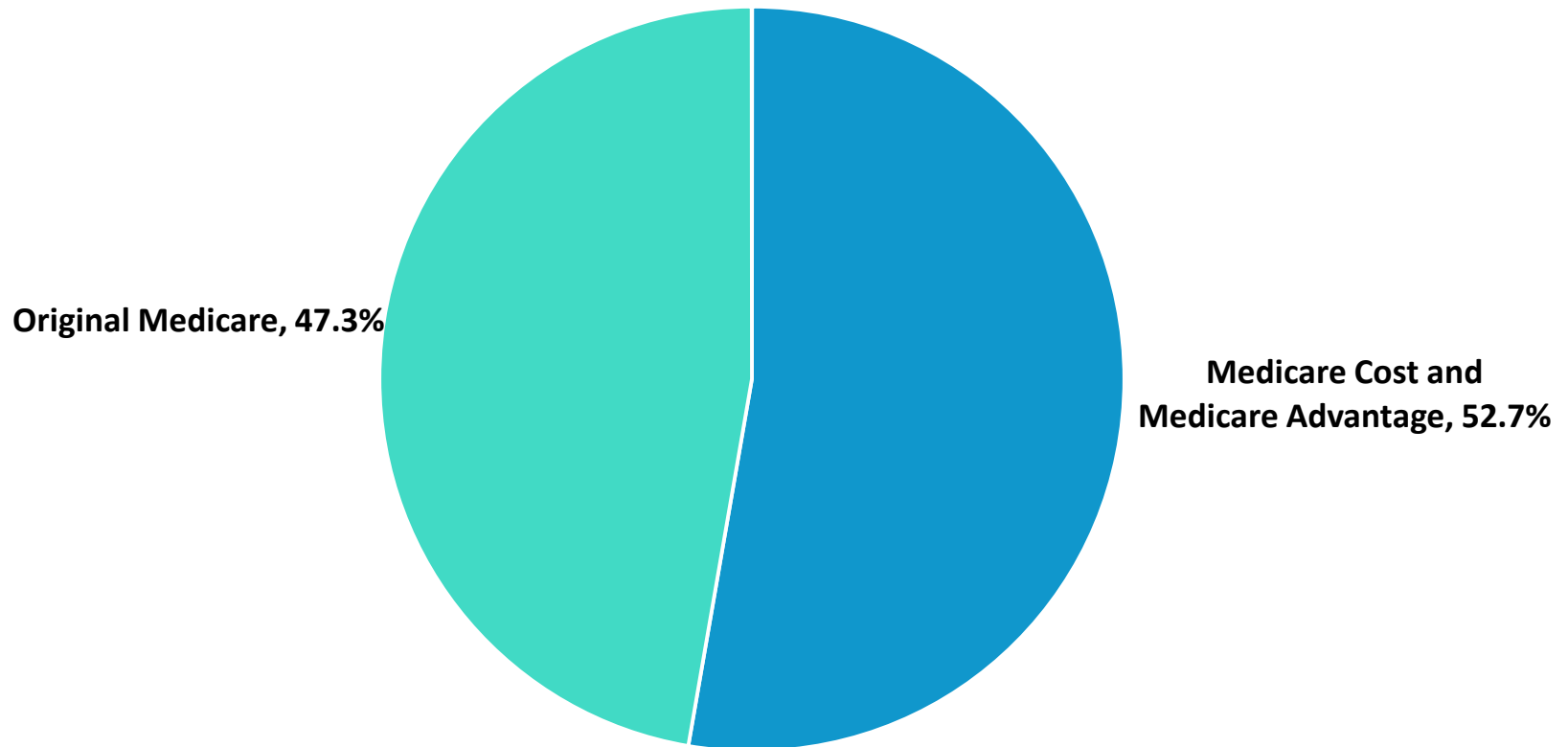


For the regional boundaries, see slide 47 at the end of this chartbook.

Sources: CMS, CMS Enrollment Dashboard 2014, calendar year; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2014.

[Summary of chart](#)

Medicare Enrollment, as of December 2014

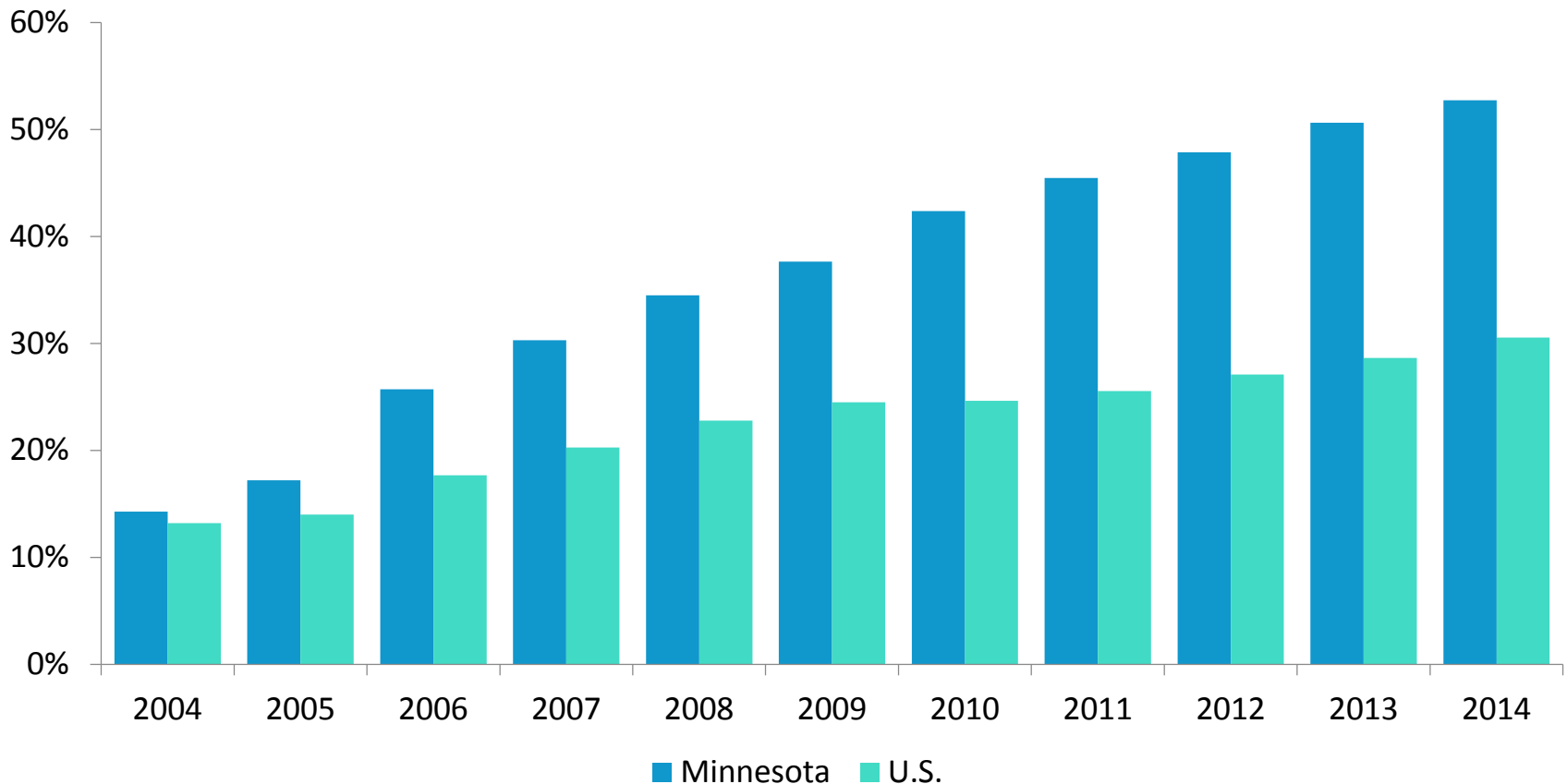


Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December 2014.

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](#)

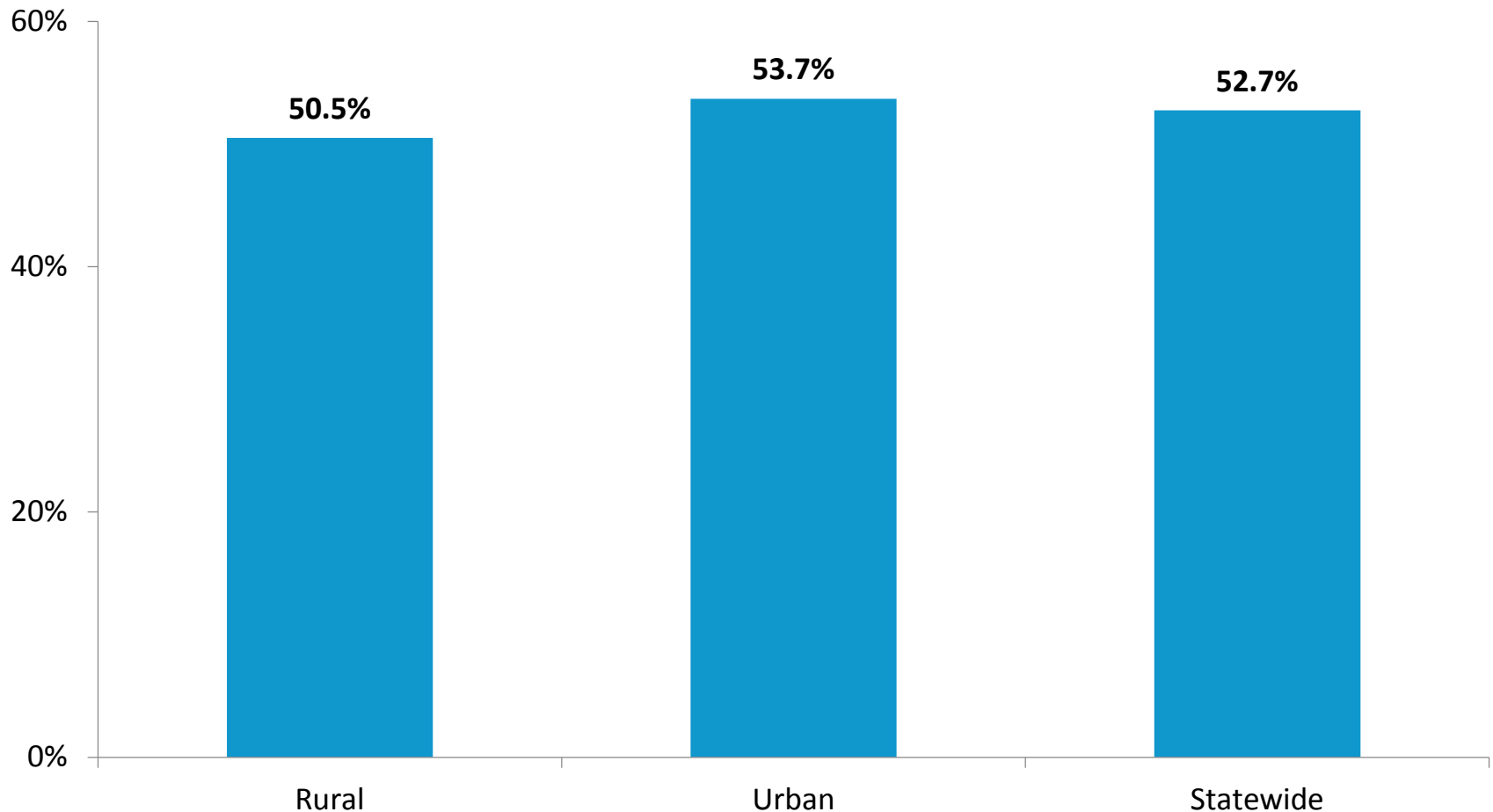
Medicare Private Plan Enrollment Trends, as of December 2004 to 2014



Source: CMS, Medicare and Medicaid Statistical Supplement (2002-2005); CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December (2006-2014). 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](#)

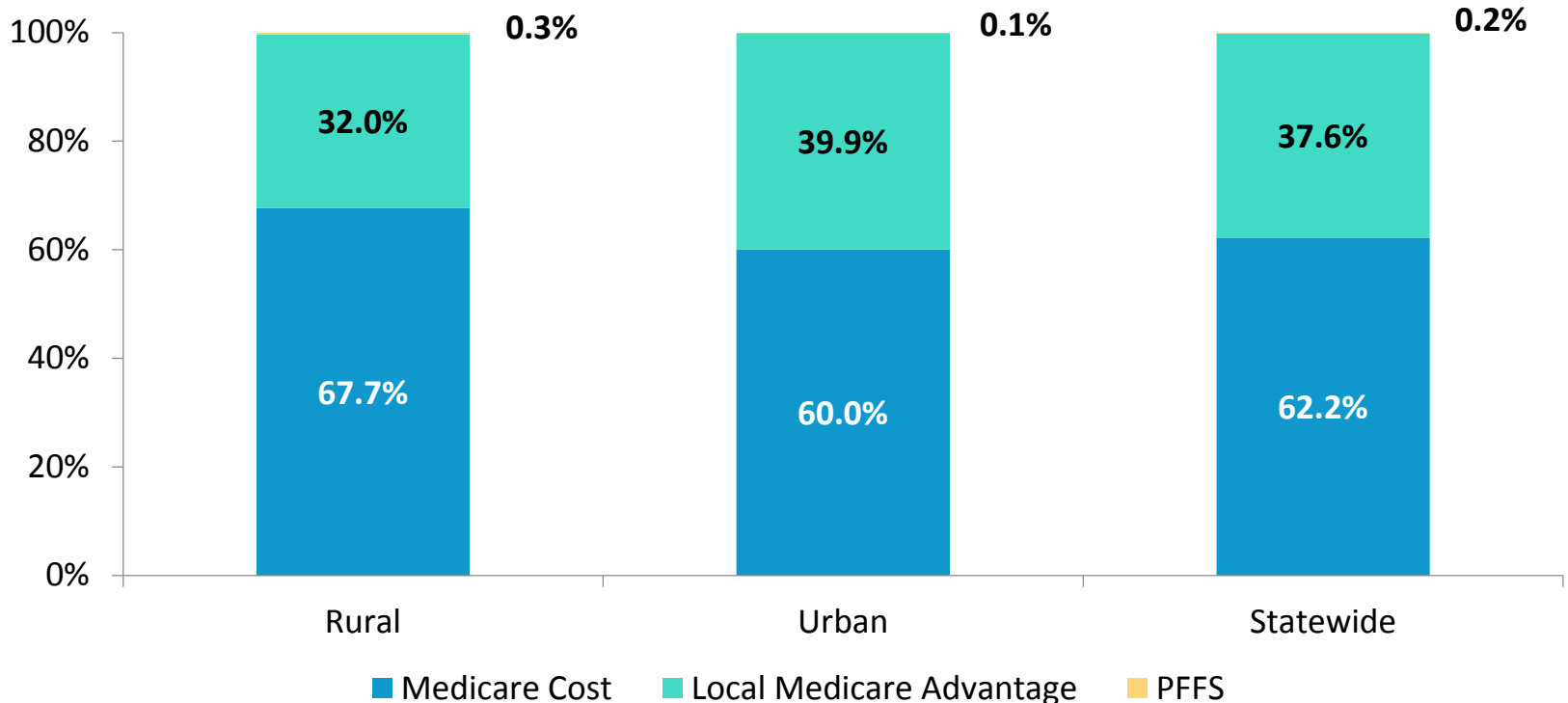
Minnesota Medicare Private Plan Enrollment in Urban and Rural Counties, as of December 2014



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2014. 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](#)

Distribution of Minnesota Medicare Private Plan Enrollees by Region and Type of Plan, as of December 2014

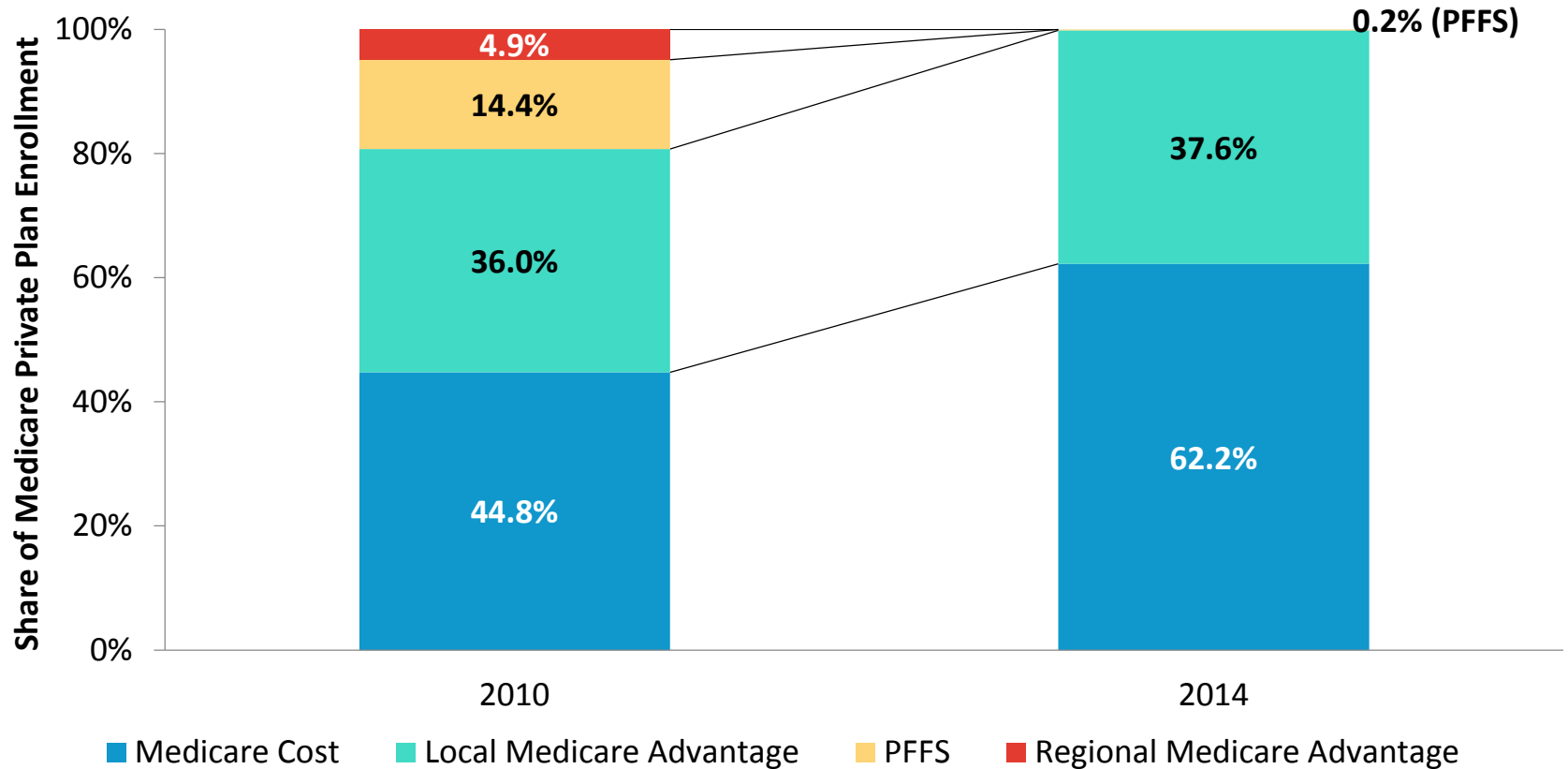


Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2014.

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 local Medicare Advantage plans represented are local Coordinated Care Plans (CCPs); PFFS refers to Private Fee For Service Plans. In 2014 there were no Regional Medicare Advantage CCPs.

[Summary of graph](#)

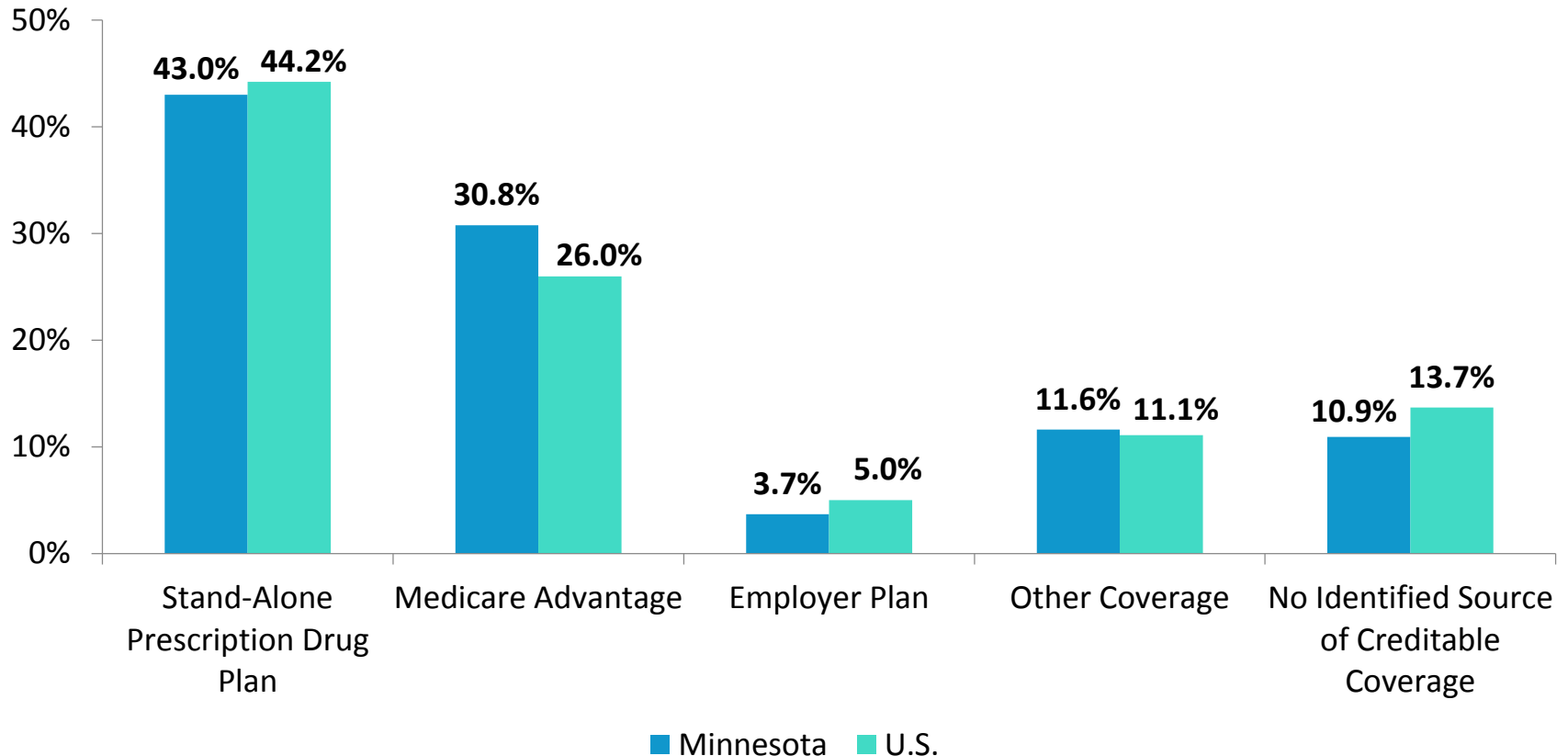
Medicare Private Plan Types in Minnesota, as of December 2010 and 2014



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract, data as of December 2010 and 2014. 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 local Medicare Advantage plans represented are local Coordinated Care Plans (CCPs); PFFS refers to Private Fee For Service Plans. In 2014 there were no Regional Medicare Advantage CCPs.

[Summary of graph](#)

Types of Prescription Drug Coverage for Medicare Enrollees, 2014



Source: CMS, CMS Program Statistics 2014, calendar year. “Employer Plan” is defined as Medicare participants enrolled in a Retiree Drug Subsidy (RDS). “Other Coverage” is defined as Medicare participants without a Part D plan or RDS. “No Identified Source of Creditable Coverage” is defined as Medicare participants without a Part D plan, RDS, or creditable coverage (defined as coverage that meets or exceeds the actuarial value of the standard Medicare Part D benefit).

[Summary of graph](#)

MEDICAL ASSISTANCE (MA)

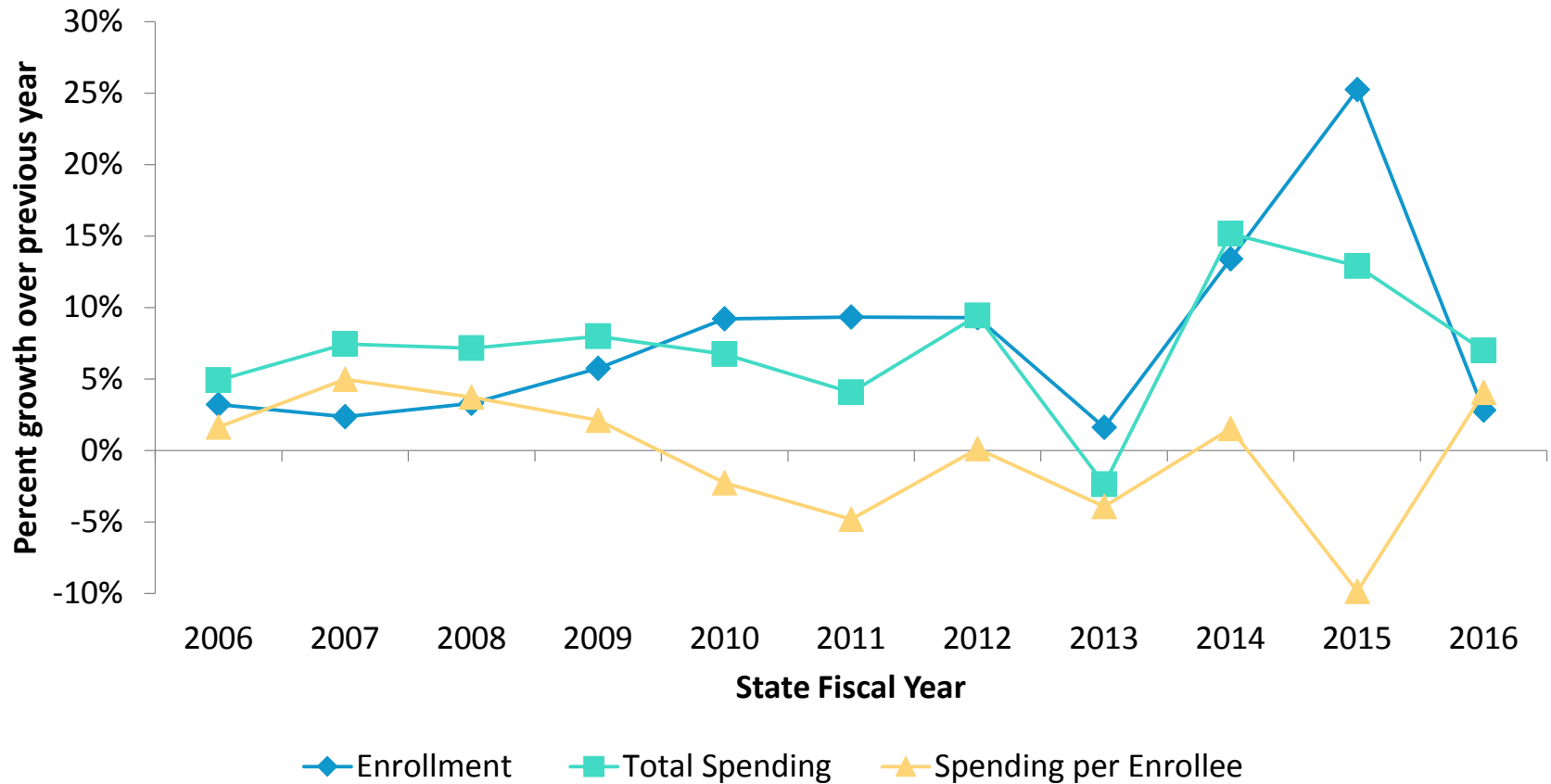
Minnesota's Medicaid program – jointly financed by the state and the federal government – provides health insurance to people with low-incomes and people with disabilities. In 2014, under the Affordable Care Act (ACA), Medical Assistance eligibility was increased to all childless adults, parents and caretakers, and children (aged 19 to 20) with incomes at or below 133 percent of Federal Poverty Guidelines (FPG), and children (aged 2 to 18) with incomes at or below 275 percent of FPG.

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

Medical Assistance Enrollment and Spending, 2006 to 2016

State Fiscal Year	Avg. Monthly Enrollment	Spending (\$ millions)	Avg. Monthly Spending per Enrollee	Growth in:		
				Enrollment	Total Spending	Spending per Enrollee
2006	498,406	\$5,452	\$911	3.2%	4.9%	1.6%
2007	510,155	\$5,858	\$957	2.4%	7.5%	5.0%
2008	527,001	\$6,277	\$993	3.3%	7.2%	3.7%
2009	557,337	\$6,779	\$1,014	5.8%	8.0%	2.1%
2010	608,651	\$7,236	\$991	9.2%	6.7%	-2.3%
2011	665,483	\$7,530	\$943	9.3%	4.1%	-4.8%
2012	727,390	\$8,241	\$944	9.3%	9.4%	0.1%
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	\$10,461	\$830	25.2%	12.9%	-9.8%
2016	1,079,407	\$11,192	\$864	2.8%	7.0%	4.1%

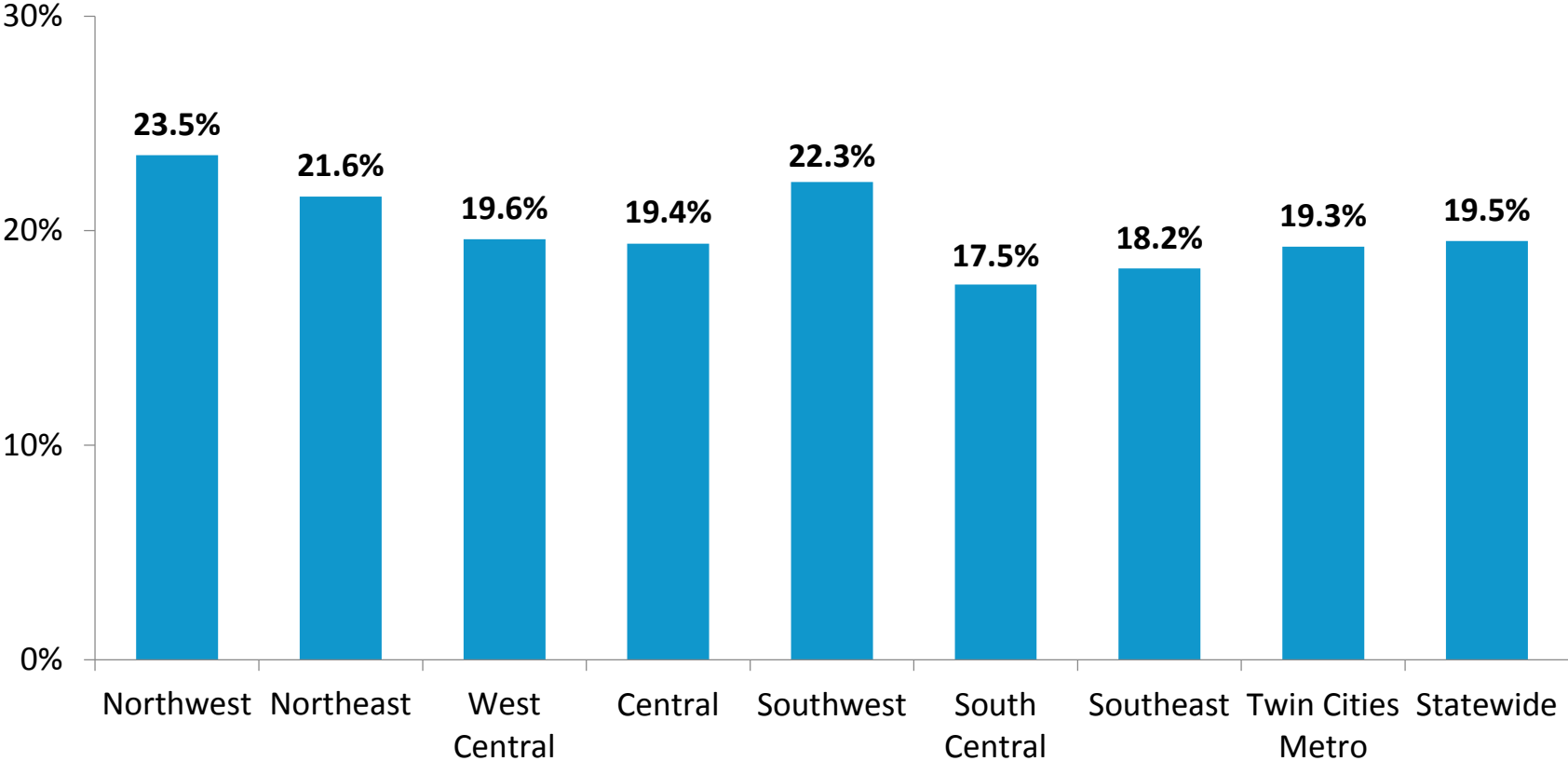
Medical Assistance Enrollment and Spending Growth, 2006 to 2016



Source: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years.

[Summary of graph](#)

Medical Assistance Enrollees as Percent of Population, by Region, Calendar Year 2015

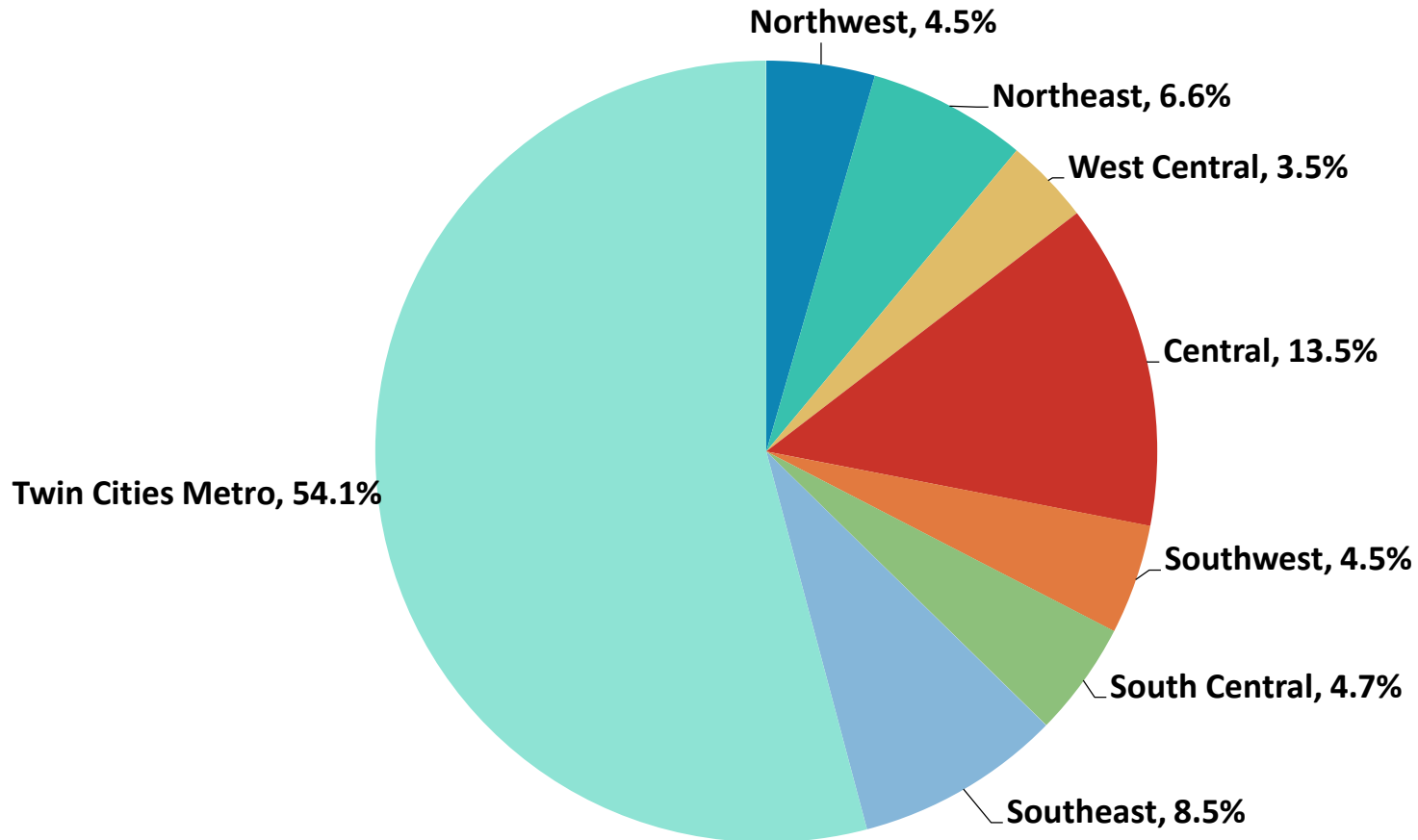


For the regional boundaries, see slide 47 at the end of this chartbook.

Source: Minnesota Department of Human Services, enrollment data for calendar year 2015; U.S. Census Bureau, population estimates of Minnesota counties for July 1, 2015. Enrollment excludes "other" with no known category.

[Summary of graph](#)

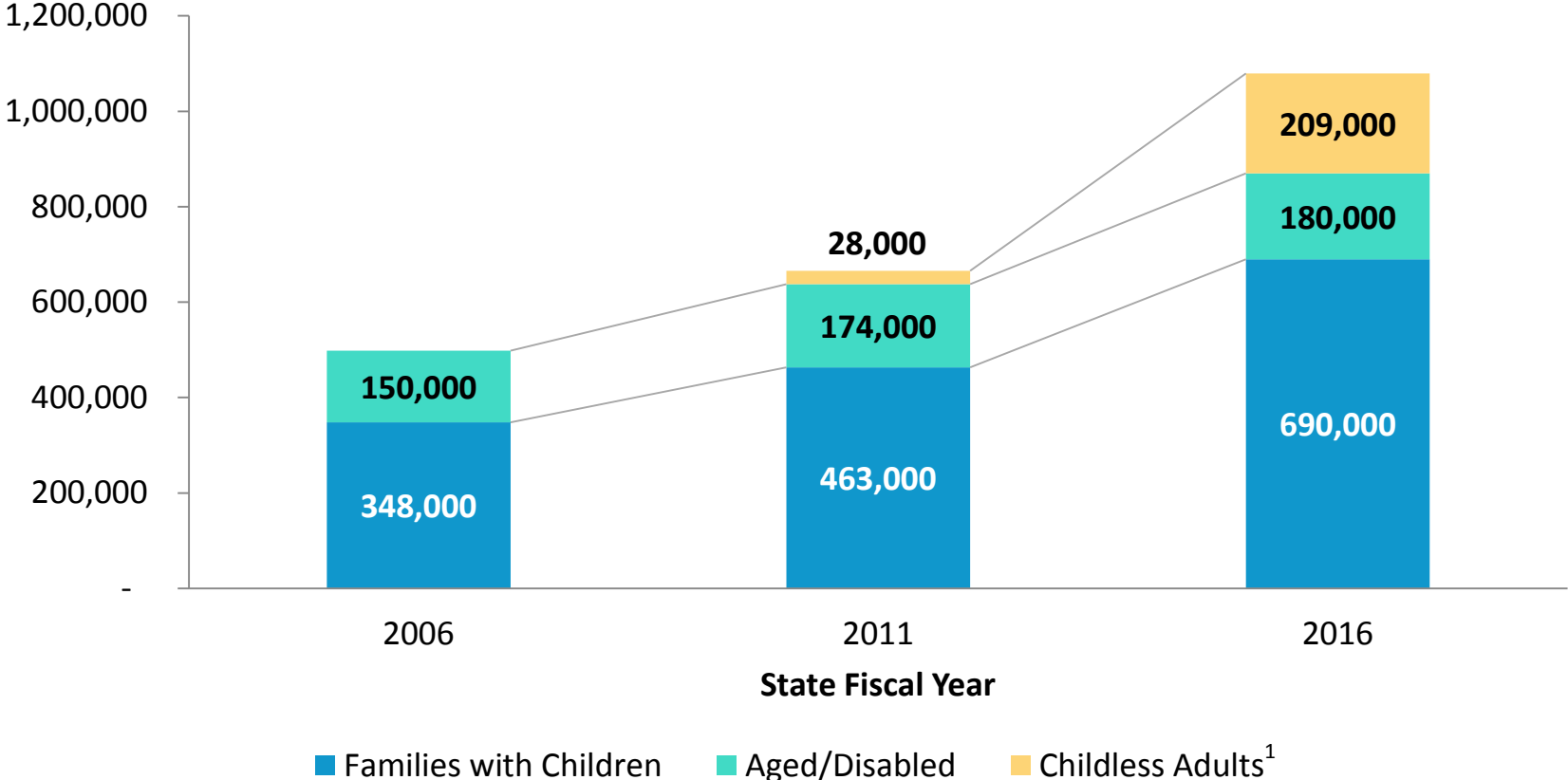
Statewide Distribution of Medical Assistance Enrollees, by Region, Calendar Year 2015



For the regional boundaries, see slide 47 at the end of this chartbook. Source: Minnesota Department of Human Services, enrollment data for calendar year 2015. Enrollment excludes "other" with no known category.

[Summary of chart](#)

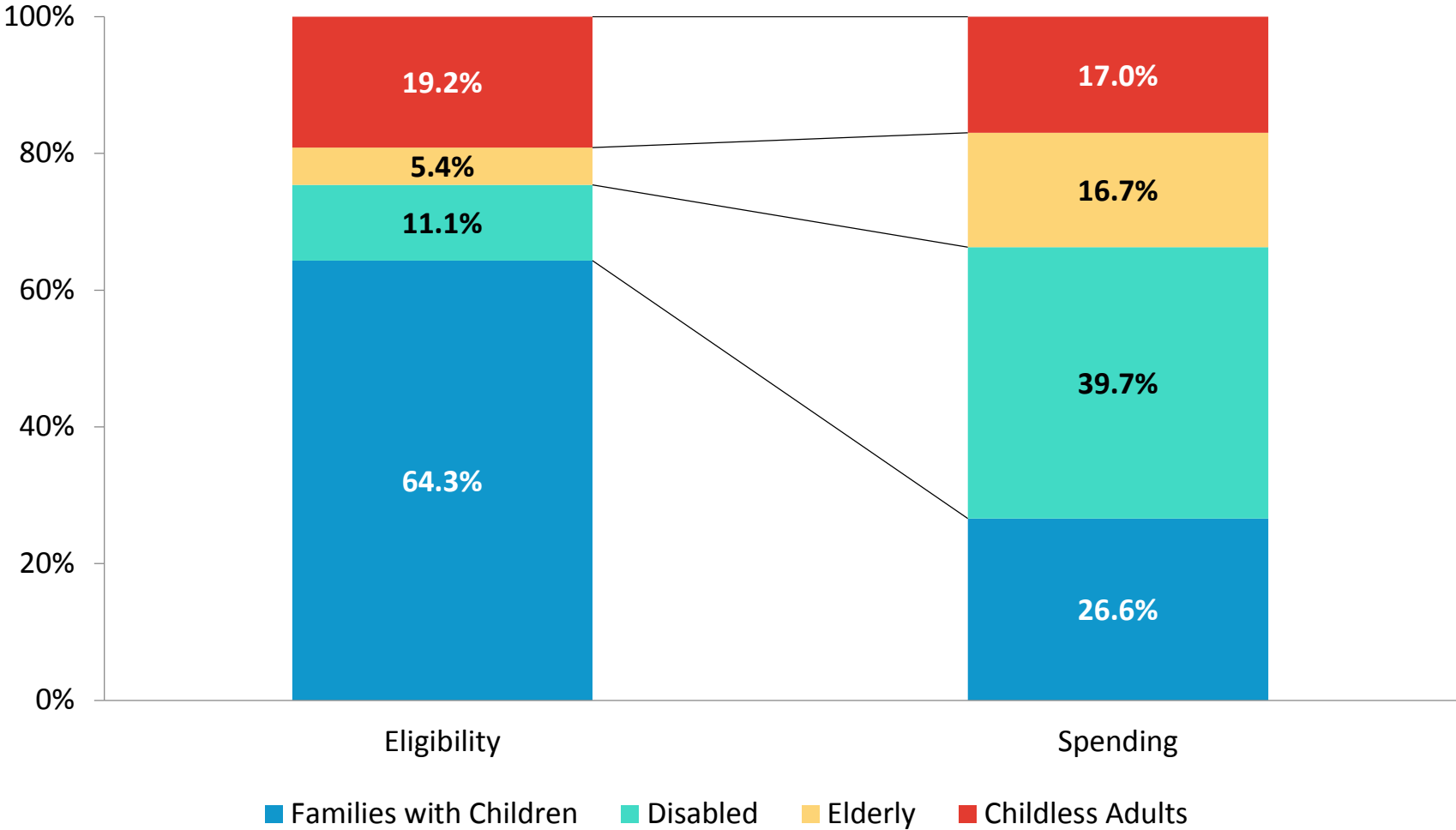
Medical Assistance Enrollment by Eligibility Category, 2006, 2011, and 2016



Source: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years based on similar eligibility categories as of 2016.

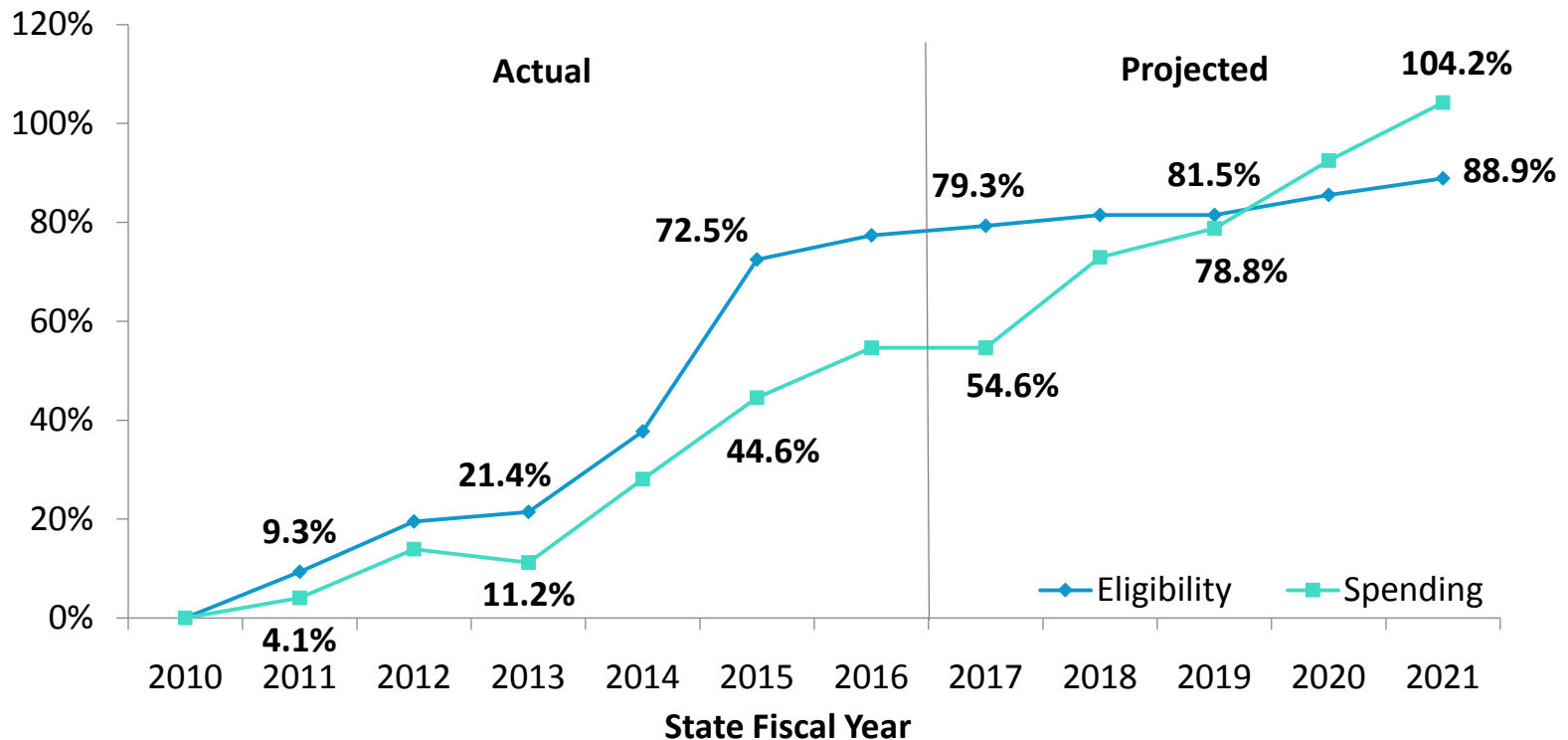
¹Prior to 2011, childless adults who did not have a disability were not eligible for Medical Assistance. In 2011, Medical Assistance was expanded to include childless adults with incomes at or below 75 percent of the Federal Poverty Guidelines (FPG); in 2014, Medical Assistance was expanded to include childless adults, parents and caretakers, and children (aged 19 to 20) with incomes up to 133 percent of the FPG, and children (aged 2 to 18) up to 275 percent of the FPG.

Medical Assistance Spending by Eligibility Category, Calendar Year 2015



Source: Minnesota Department of Human Services, data for calendar year 2015.
[Summary of graph](#)

Actual and Projected Cumulative Changes in Medical Assistance Spending and Eligibility, 2010 - 2021

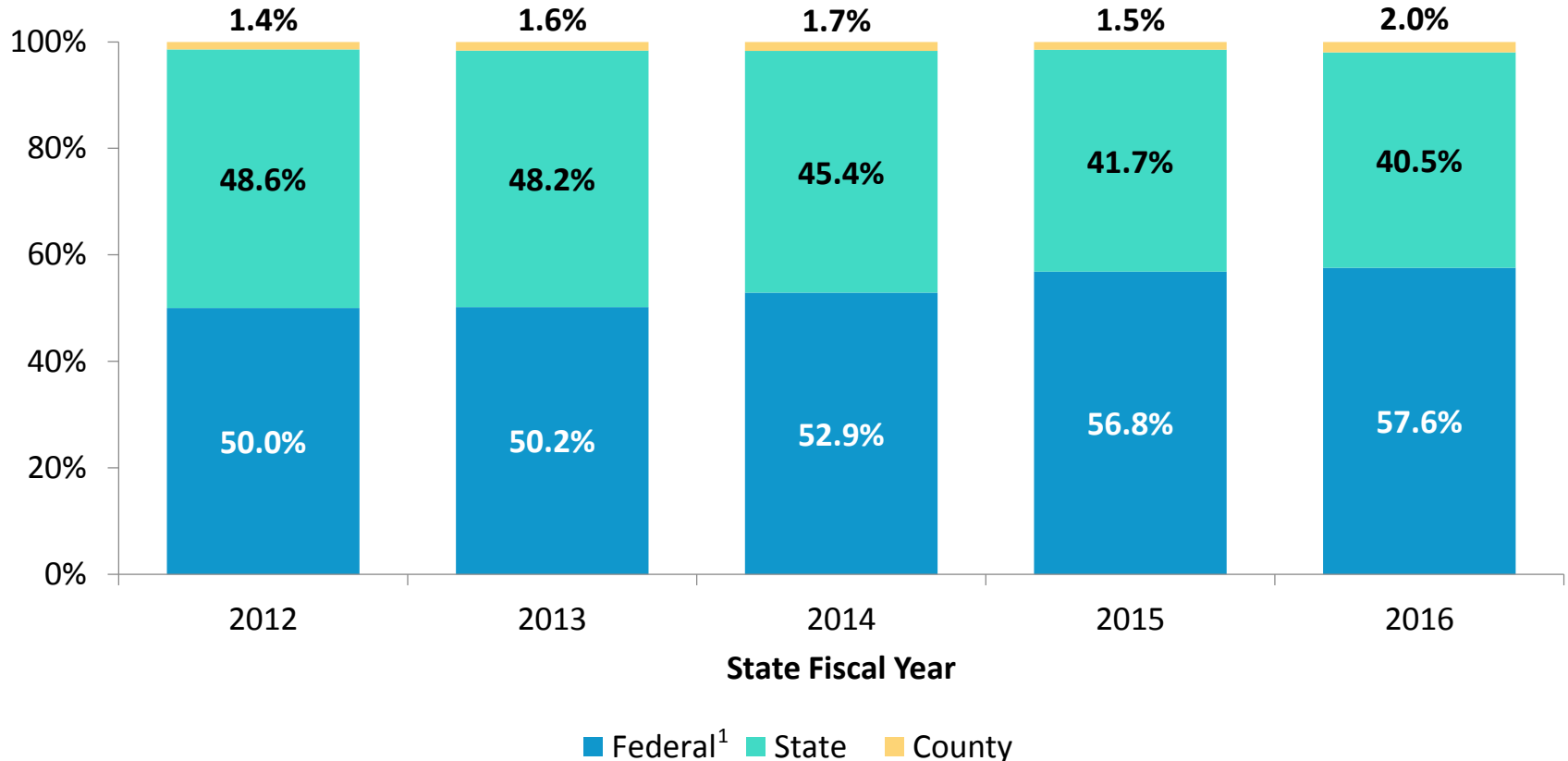


Sources: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years. Actual spending for fiscal years 2010 through 2016. Projected spending for 2017 through 2021.

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

[Summary of graph](#)

Medical Assistance Funding by Source of Funds



Sources: Minnesota Department of Human Services, November 2016 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.

¹Under the Affordable Care Act, the Federal Government will cover 100 percent of the costs of newly eligible enrollees from the Medicaid Expansion for calendar years 2014-2016, and 90 percent after 2016.

[Summary of graph](#)

MINNESOTACARE

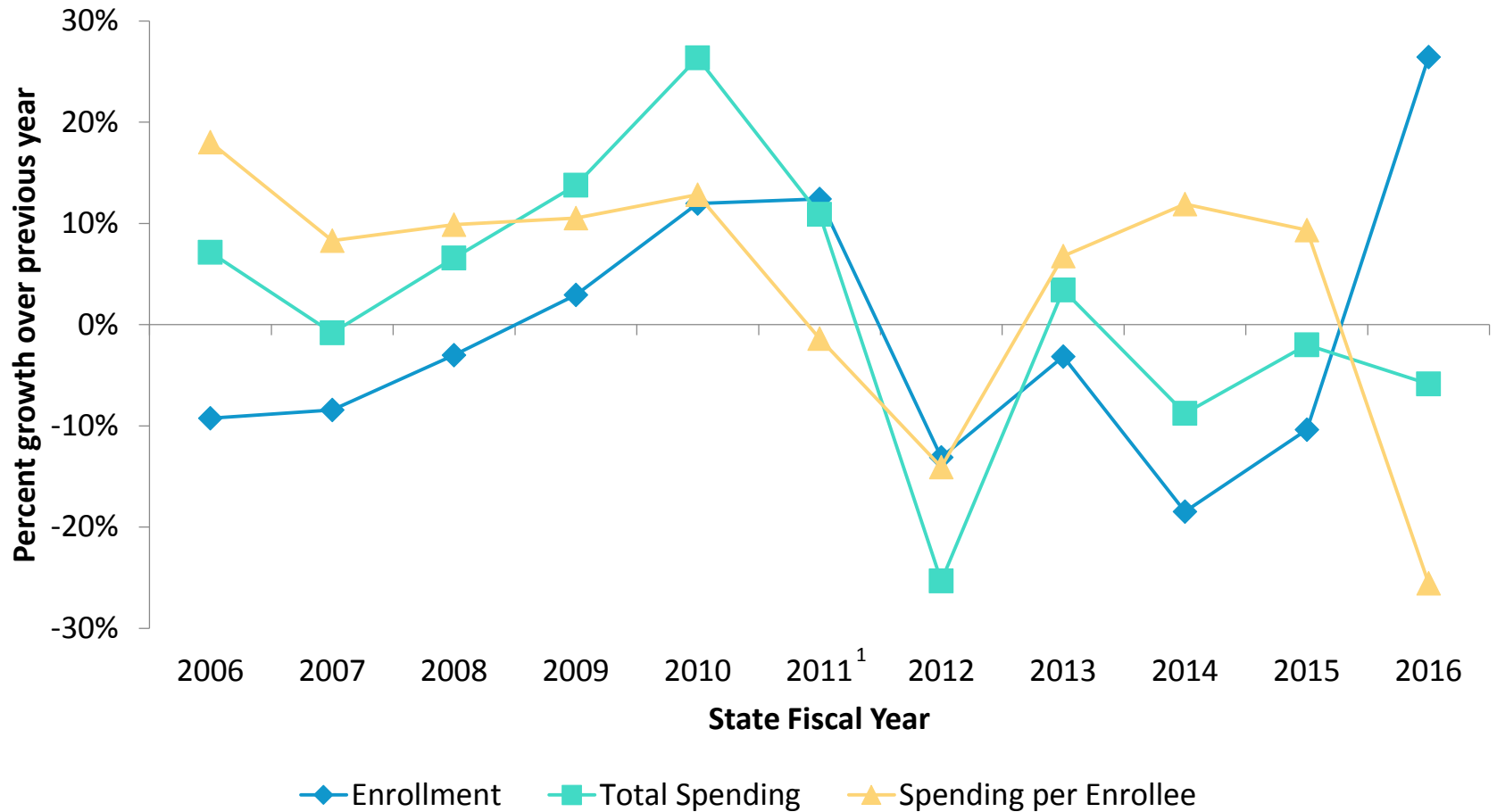
A sliding-fee-scale Minnesota health insurance program - financed by state funds, federal funds, and enrollee premiums - for low income Minnesotans who are not offered insurance through their employer which meets certain criteria. In 2015, MinnesotaCare was converted to a Basic Health Plan (BHP) under the ACA, which expanded benefits and reduced the maximum income requirements to 200 percent of Federal Poverty Guidelines (FPG).

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

MinnesotaCare Enrollment and Spending History, 2006 to 2016

State Fiscal Year	Avg. Monthly Enrollment	Spending (\$ millions)	Avg. Monthly Spending per Enrollee	Growth in:		
				Enrollment	Total Spending	Spending per Enrollee
2006	128,727	\$438	\$283	-9.2%	7.1%	18.0%
2007	117,893	\$434	\$307	-8.4%	-0.8%	8.3%
2008	114,350	\$463	\$337	-3.0%	6.6%	9.9%
2009	117,704	\$527	\$373	2.9%	13.8%	10.5%
2010	131,784	\$665	\$421	12.0%	26.4%	12.9%
2011	148,152	\$738	\$415	12.4%	10.9%	-1.4%
2012	128,729	\$551	\$357	-13.1%	-25.3%	-14.1%
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	115,197	\$480	\$347	26.4%	-5.8%	-25.5%

MinnesotaCare Enrollment and Spending Growth, 2006 to 2016

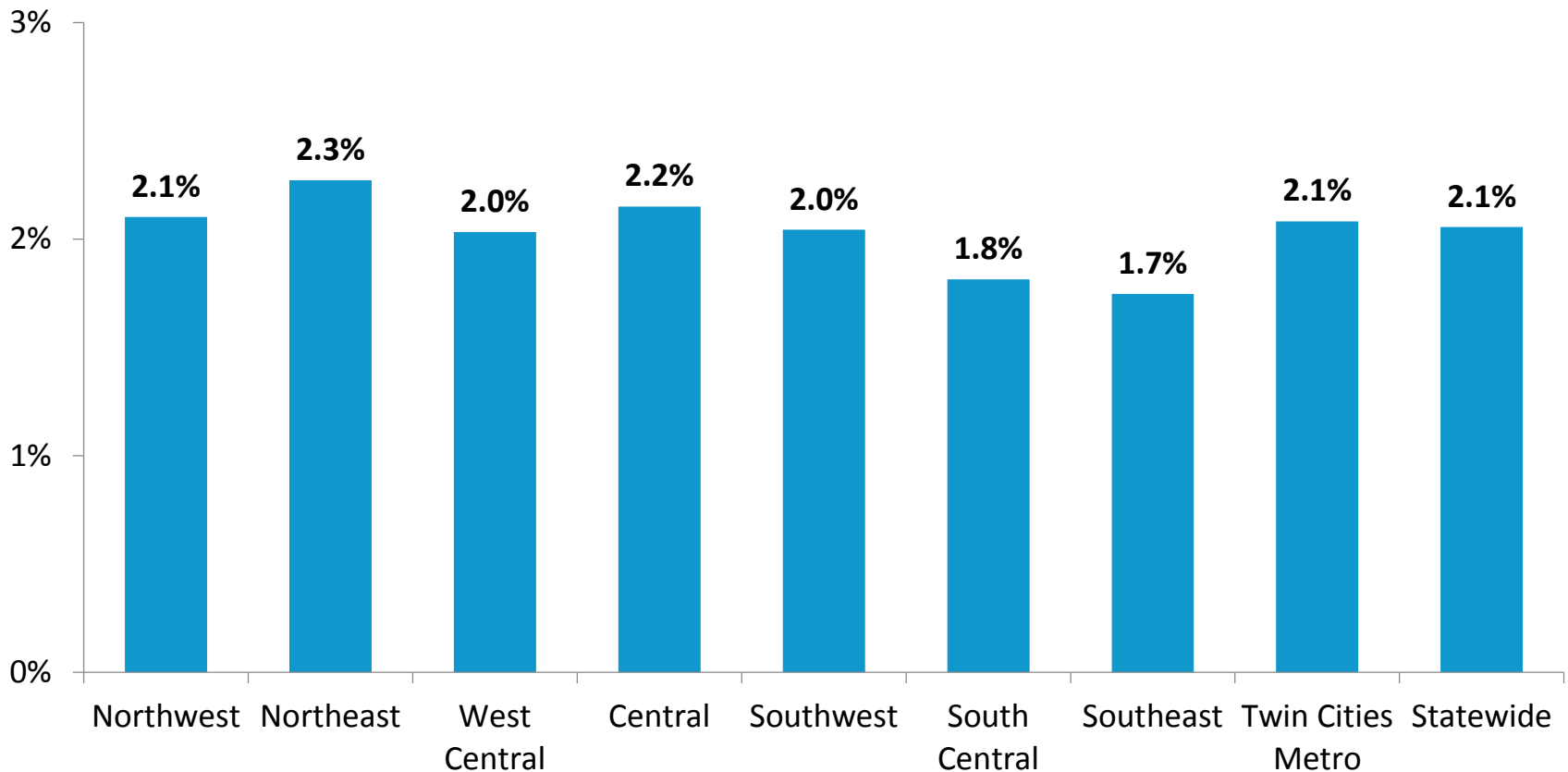


Source: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years.

¹Enrollment 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 percent of the Federal Poverty Guidelines (FPG).

[Summary of graph](#)

MinnesotaCare Enrollees as Percent of Population, by Region, Calendar Year 2015

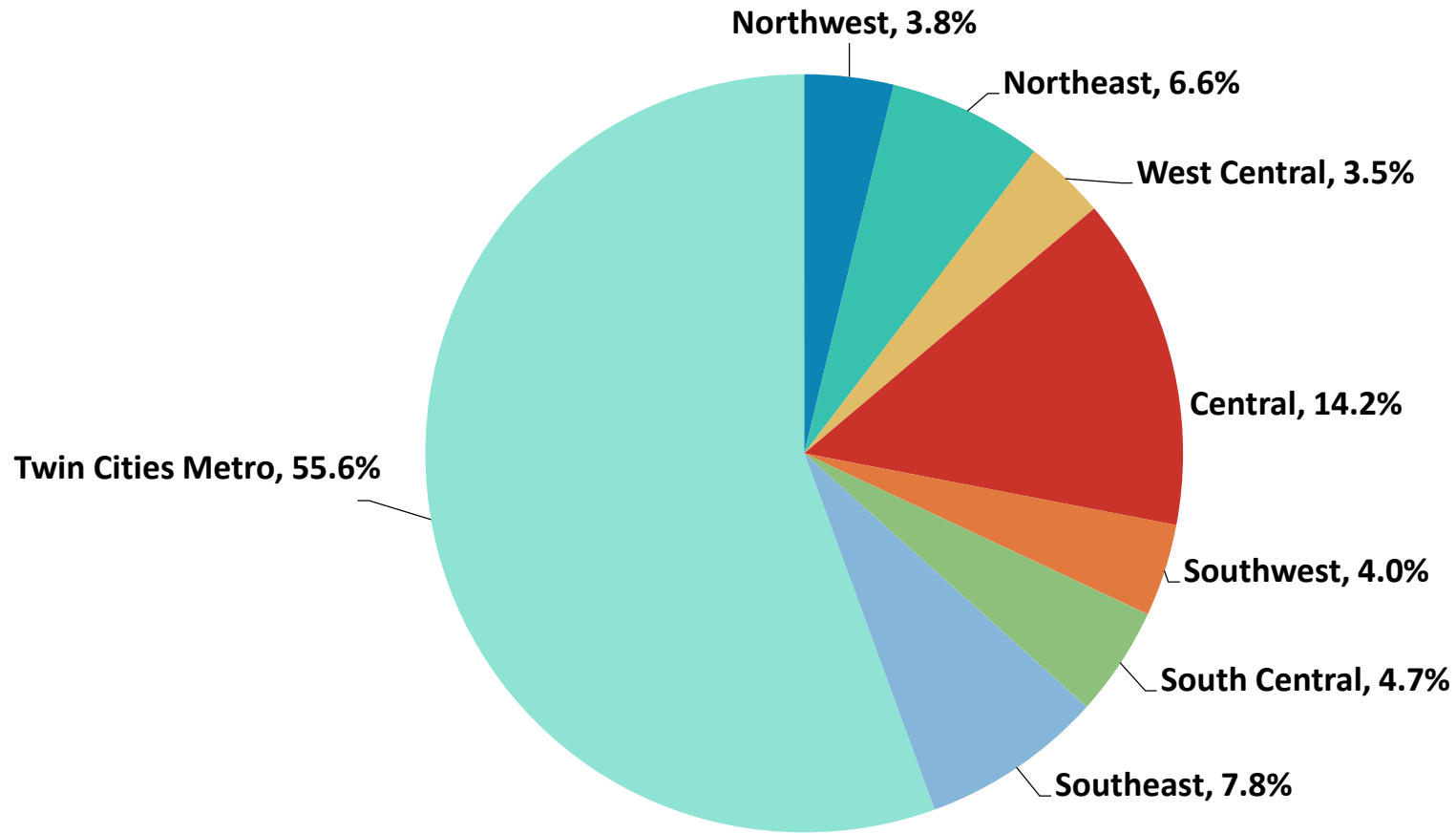


For the regional boundaries, see slide 47 at the end of this chartbook.

Source: Minnesota Department of Human Services, enrollment data for calendar year 2015; U.S. Census Bureau, population estimates of Minnesota counties for July 1, 2015. Enrollment excludes "other" with no known category.

[Summary of graph](#)

Statewide Distribution of MinnesotaCare Enrollees, by Region, Calendar Year 2015



For the regional boundaries, see slide 47 at the end of this chartbook.

Sources: Minnesota Department of Human Services, enrollment data for calendar year 2015. Enrollment excludes "other" with no known category.

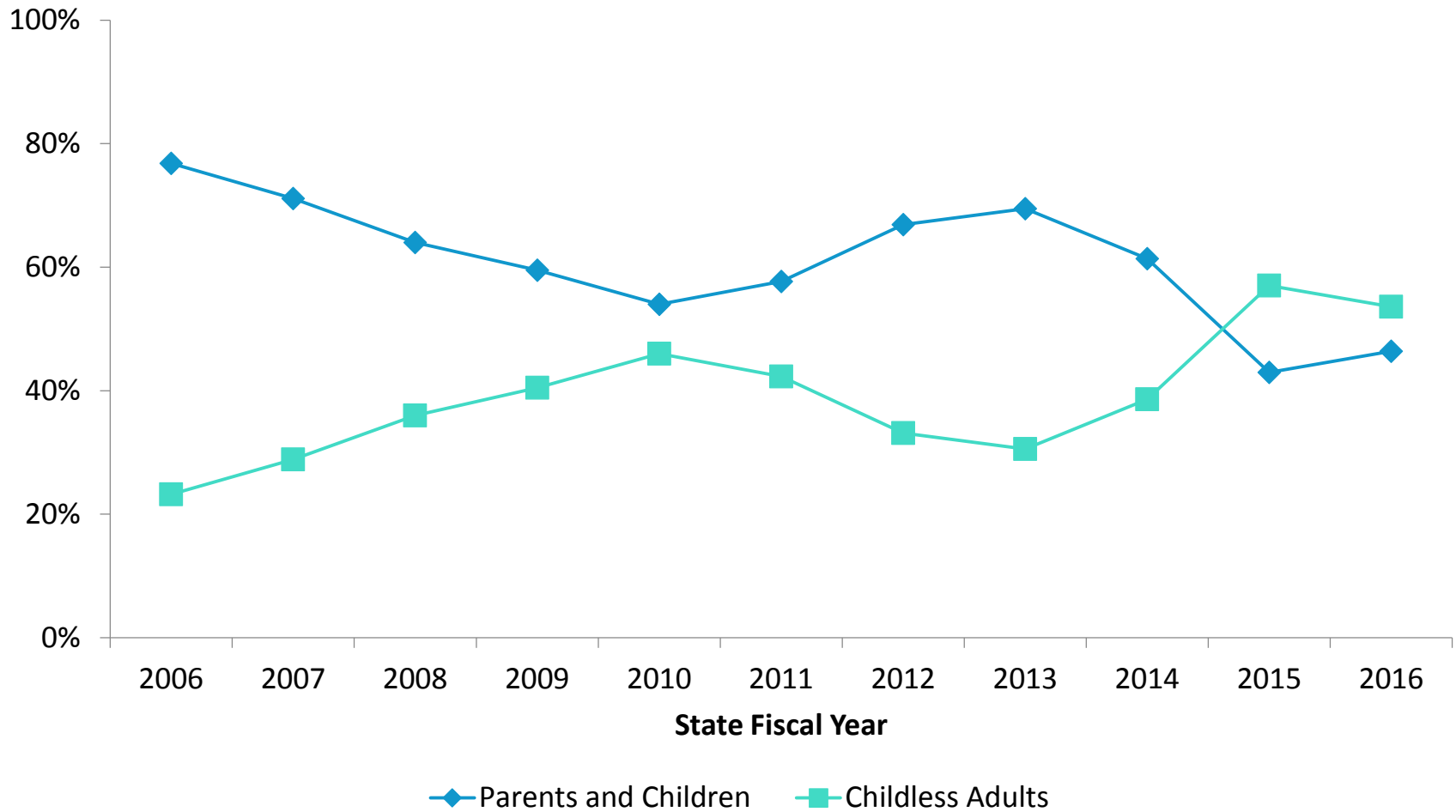
[Summary of chart](#)

MinnesotaCare Enrollment by Eligibility Category, 2006 to 2016

State Fiscal Year	Average Monthly Enrollment	Parents and Children	Childless Adults
2006	128,727	98,858	29,869
2007	117,893	83,876	34,017
2008	114,350	73,211	41,139
2009	117,704	70,051	47,654
2010	131,784	71,165	60,619
2011	148,152	85,486	62,667
2012	128,729	86,106	42,623
2013	124,681	86,604	38,077
2014	101,646	62,398	39,249
2015	91,105	39,135	51,970
2016	115,197	53,456	61,742

Source: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years. Data for legal non-citizens not available prior to 2012 and are included within childless adults.

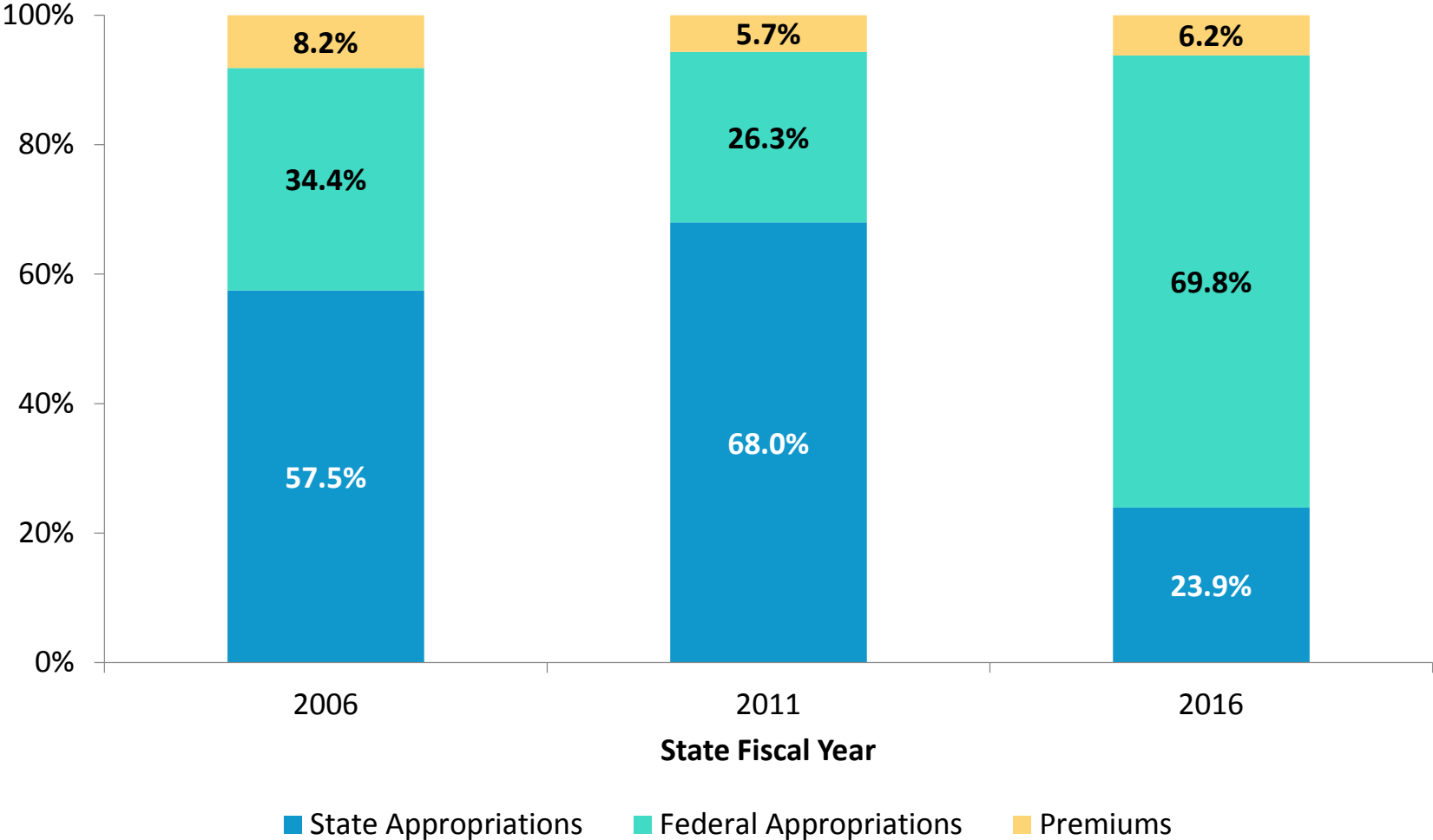
MinnesotaCare Enrollment by Eligibility Category, 2006 to 2016



Source: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years. Data for legal non-citizens not available prior to 2012 and are included within childless adults.

[Summary of graph](#)

MinnesotaCare Funding by Source



Source: Minnesota Department of Human Services, November 2016 Expenditure Forecast, data for state fiscal years. SFY 2016 Federal Appropriations includes Federal Basic Health Program (BHP) Funding.

[Summary of graph](#)

GENERAL ASSISTANCE MEDICAL CARE (GAMC)

A state health insurance program that was for low-income adults, ages 21 to 64, who did not have dependent children under 18 and who did not qualify for other federal health care programs. It was replaced by demonstration projects, a temporary uncompensated care pool, and fully replaced by Medicaid expansion under the ACA in March 2011.

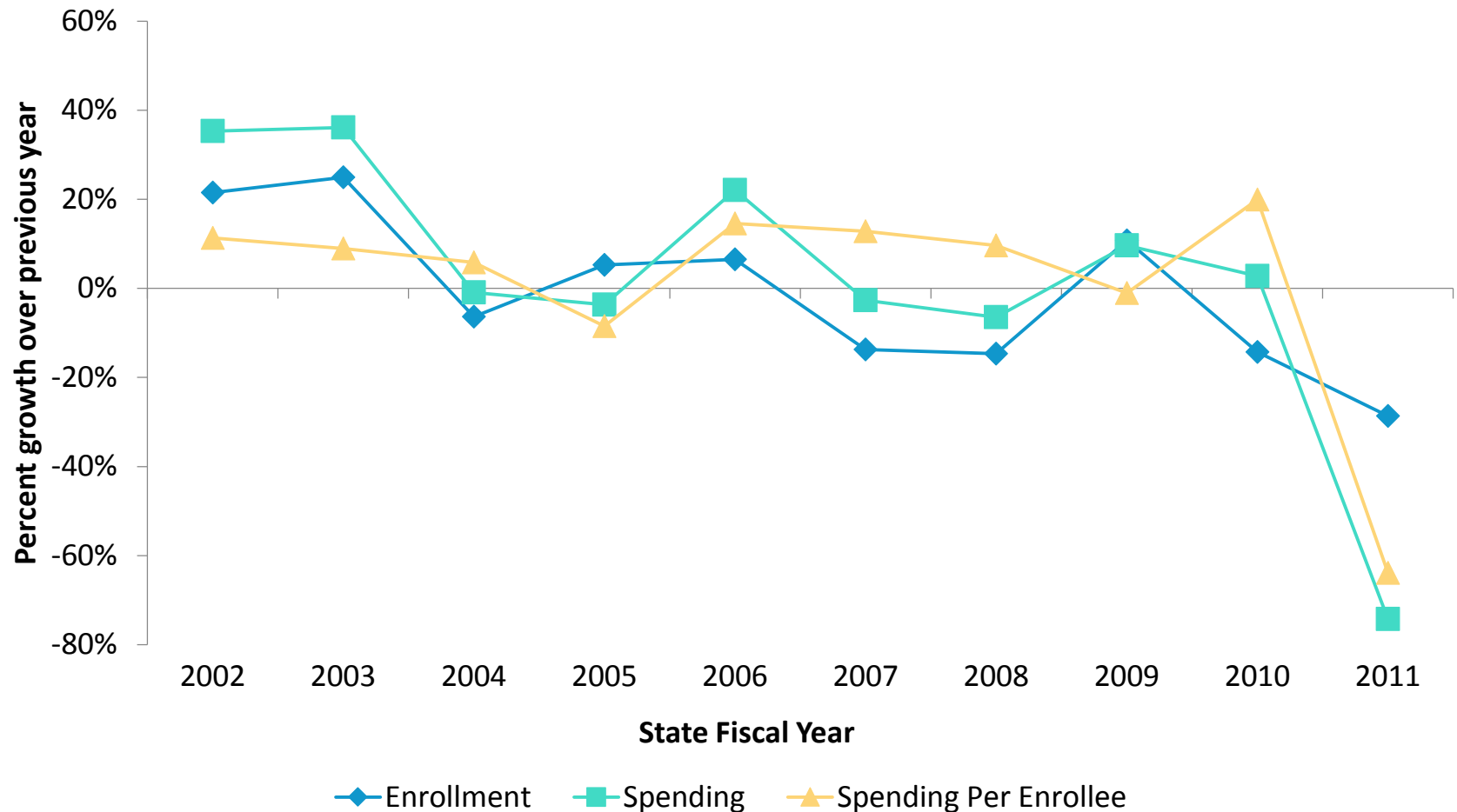
General Assistance Medical Care Enrollment and Spending History, 2002 to 2012

State Fiscal Year ¹	Avg. Monthly Enrollment	Spending (\$ millions)	Avg. Monthly Spending per Enrollee	Growth in:		
				Enrollment	Total Spending	Spending per Enrollee
2002	29,886	\$182	\$508	21.5%	35.3%	11.3%
2003	37,340	\$248	\$553	24.9%	36.1%	8.9%
2004	34,957	\$246	\$586	-6.4%	-1.0%	5.8%
2005	36,797	\$237	\$536	5.3%	-3.7%	-8.5%
2006	39,199	\$289	\$614	6.5%	22.1%	14.6%
2007	33,824	\$281	\$692	-13.7%	-2.7%	12.8%
2008	28,853	\$263	\$759	-14.7%	-6.5%	9.6%
2009	31,964	\$288	\$751	10.8%	9.6%	-1.0%
2010	27,386	\$296	\$901	-14.3%	2.8%	20.0%
2011	19,540	\$76	\$325	-28.6%	-74.2%	-63.9%
2012	0	\$2	--	--	-97.2%	--

Source: Minnesota Department of Human Services, enrollment, 2002-2009 from February 2010 Expenditure Forecast and 2010-2011 from February 2012 Expenditure Forecast, data for state fiscal years.

¹2010 and 2011 spending includes old GAMC program payments, Coordinated Care Delivery System (CCDS) block grants, uncompensated care pool payments, and pharmacy benefit payments. GAMC enrollees eligible for Medical Assistance expansion were converted March 2011. 2012 includes only old GAMC program payments.

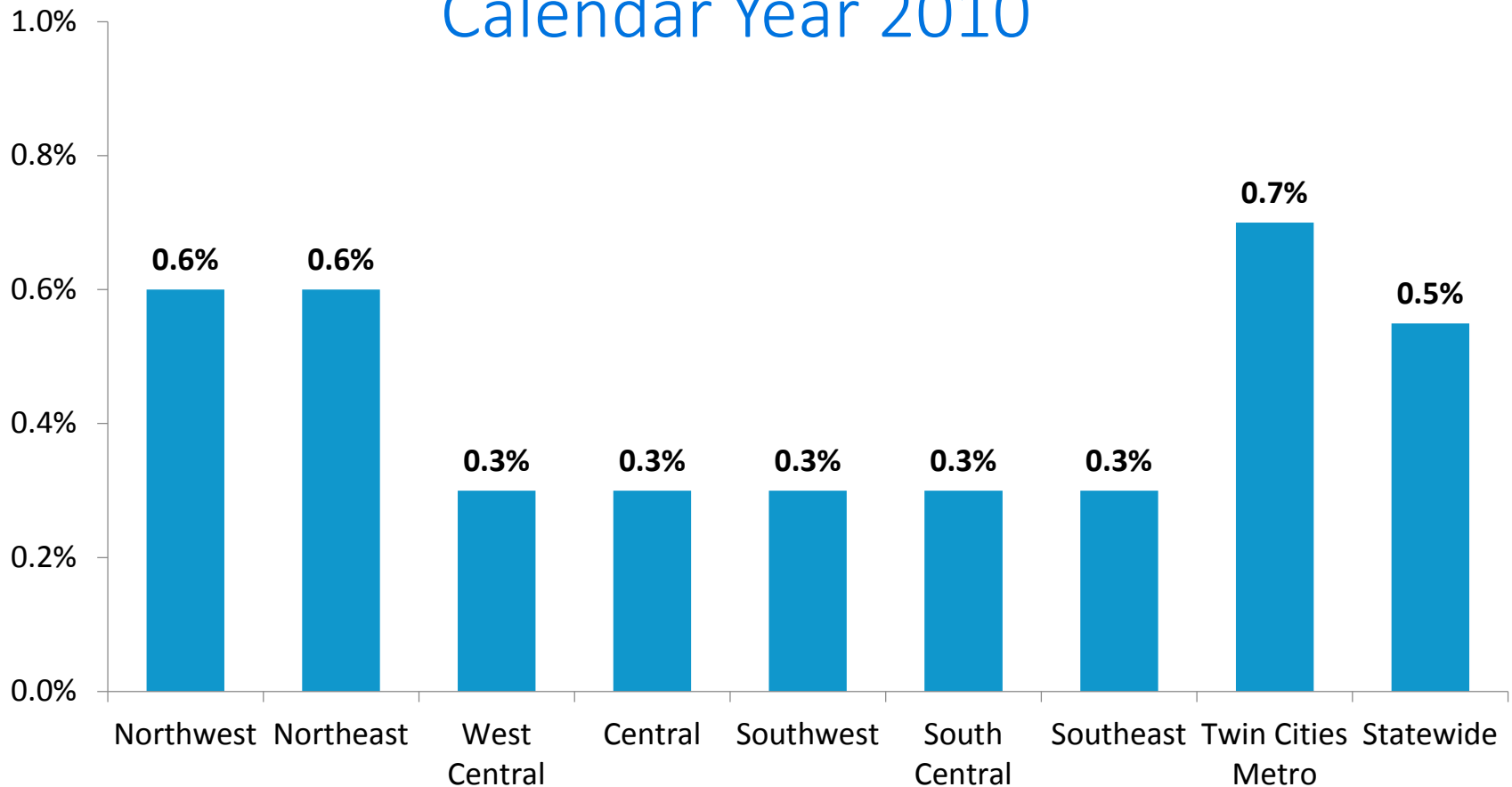
General Assistance Medical Care Enrollment and Spending Growth, 2002 to 2011



Source: Minnesota Department of Human Services, enrollment, 2002-2009 from February 2010 Expenditure Forecast and 2010-2011 from February 2012 Expenditure Forecast, data for state fiscal years.

[Summary of graph](#)

General Assistance Medical Care Enrollees as Percent of Population, by Region, Calendar Year 2010

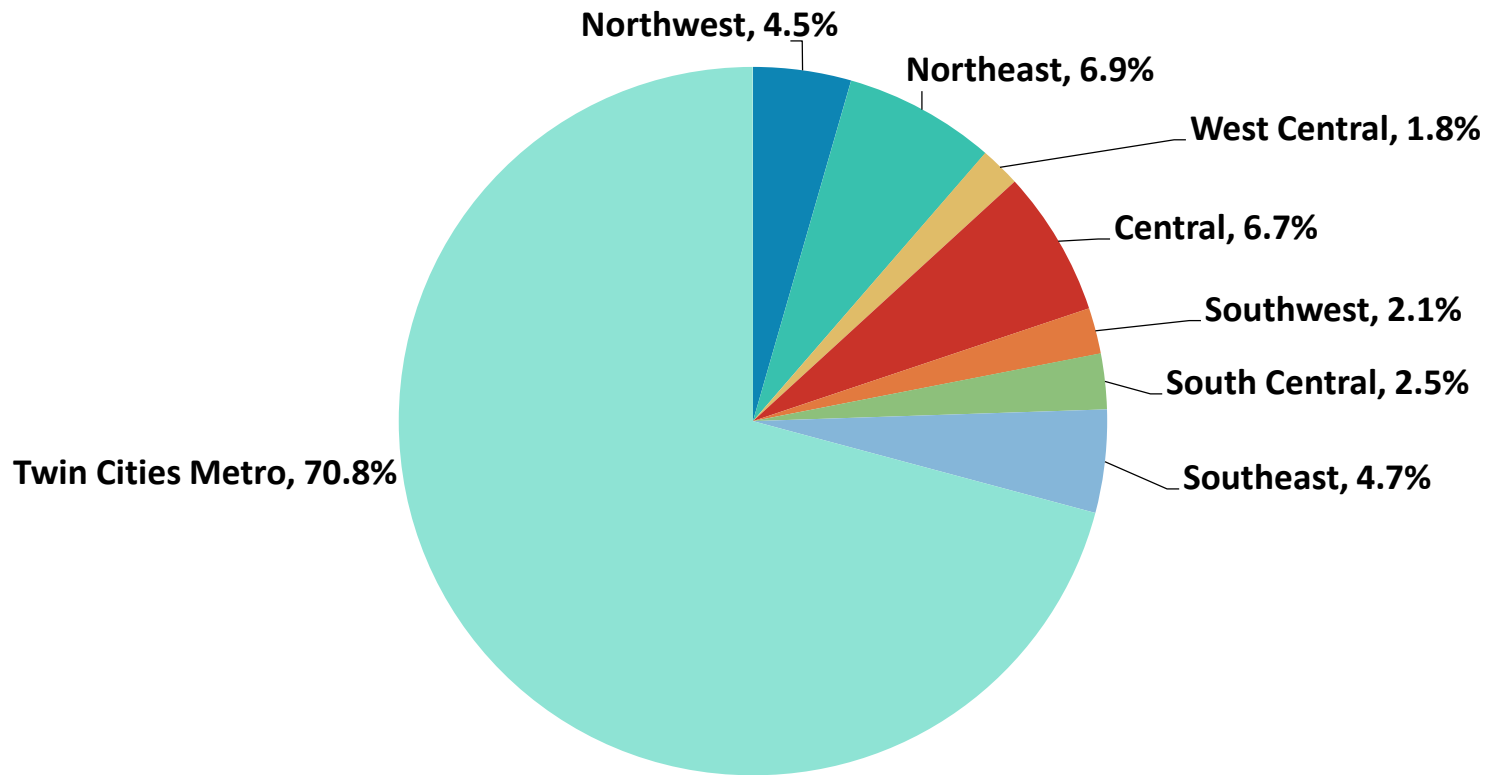


For the regional boundaries, see slide 47 at the end of this chartbook.

Sources: Minnesota Department of Human Services, enrollment data for calendar year 2010; U.S. Census Bureau, population estimates of Minnesota counties for July 1, 2010.

[Summary of graph](#)

Statewide Distribution of General Assistance Medical Care Enrollees, by Region, Calendar Year 2010



For the regional boundaries, see slide 47 at the end of this chartbook.

Sources: Minnesota Department of Human Services, enrollment data for calendar year 2010.

[Summary of chart](#)

MINNESOTA COMPREHENSIVE HEALTH ASSOCIATION (MCHA)

High-risk pool that offers health insurance to Minnesotans who are turned down in the private market due to pre-existing conditions.

In March 2013, the Minnesota Legislature adopted legislation to phase out MCHA and create a state-based health insurance exchange, MNsure. MCHA stopped accepting new enrollees in January 2014. Former MCHA enrollees that do not qualify for Medical Assistance or MinnesotaCare may purchase private insurance on MNsure.

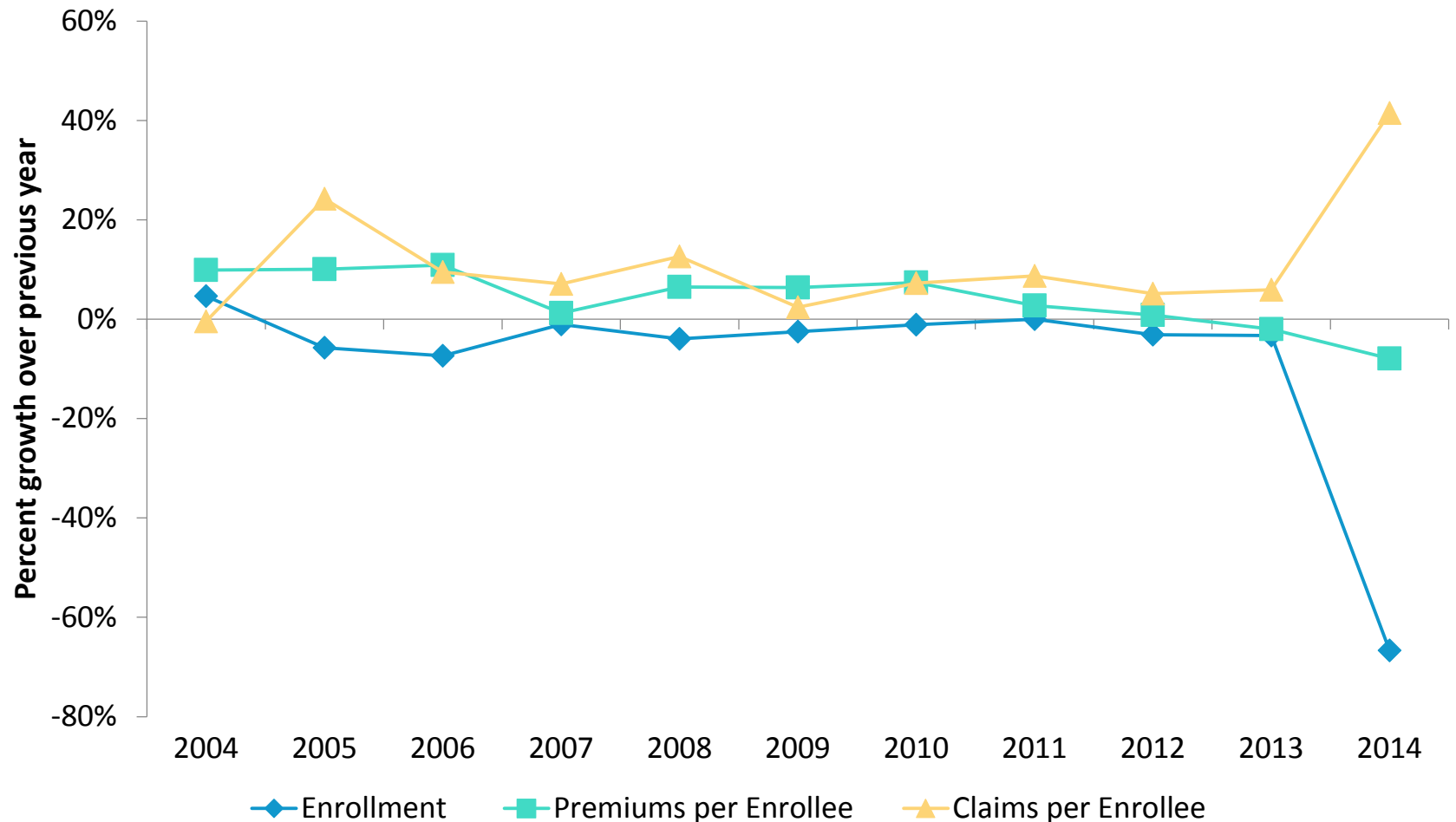
Data presented on a calendar year basis, unless otherwise specified

MCHA Enrollment and Spending History, 2004 to 2014

Calendar Year	Estimated Monthly Enrollment	Avg. Monthly Premiums	Avg. Monthly Claims per Enrollee	Growth in:		
				Enrollment	Premium per Enrollee	Claims per Enrollee
2004	32,959	\$264	\$448	4.6%	9.9%	-0.5%
2005	31,049	\$291	\$557	-5.7%	10.1%	24.2%
2006	29,089	\$322	\$610	-7.4%	10.9%	9.5%
2007	28,859	\$326	\$653	-1.1%	1.2%	7.1%
2008	27,386	\$347	\$735	-4.0%	6.5%	12.6%
2009	27,187	\$370	\$753	-2.5%	6.4%	2.4%
2010	27,073	\$397	\$807	-1.1%	7.3%	7.2%
2011	26,859	\$408	\$878	0.0%	2.7%	8.7%
2012	25,815	\$411	\$923	-3.1%	0.8%	5.2%
2013	24,155	\$403	\$978	-3.3%	-2.0%	5.9%
2014	8,454	\$371	\$1,383	-66.7%	-7.9%	41.5%

Source: Minnesota Comprehensive Health Association. Monthly enrollment estimated by MDH average of end of year enrollment figures for 2004-2013. Enrollment for 2014 is based off of average calendar year member months; claims per enrollee in 2014 may include costs incurred in 2013. 2015 run-out and reversals are not included.

MCHA Enrollment and Spending Growth, Calendar Year 2004 to 2014



Source: Minnesota Comprehensive Health Association. Enrollment for 2014 is based off of average calendar year member months; claims per enrollee in 2014 may include costs incurred in 2013.

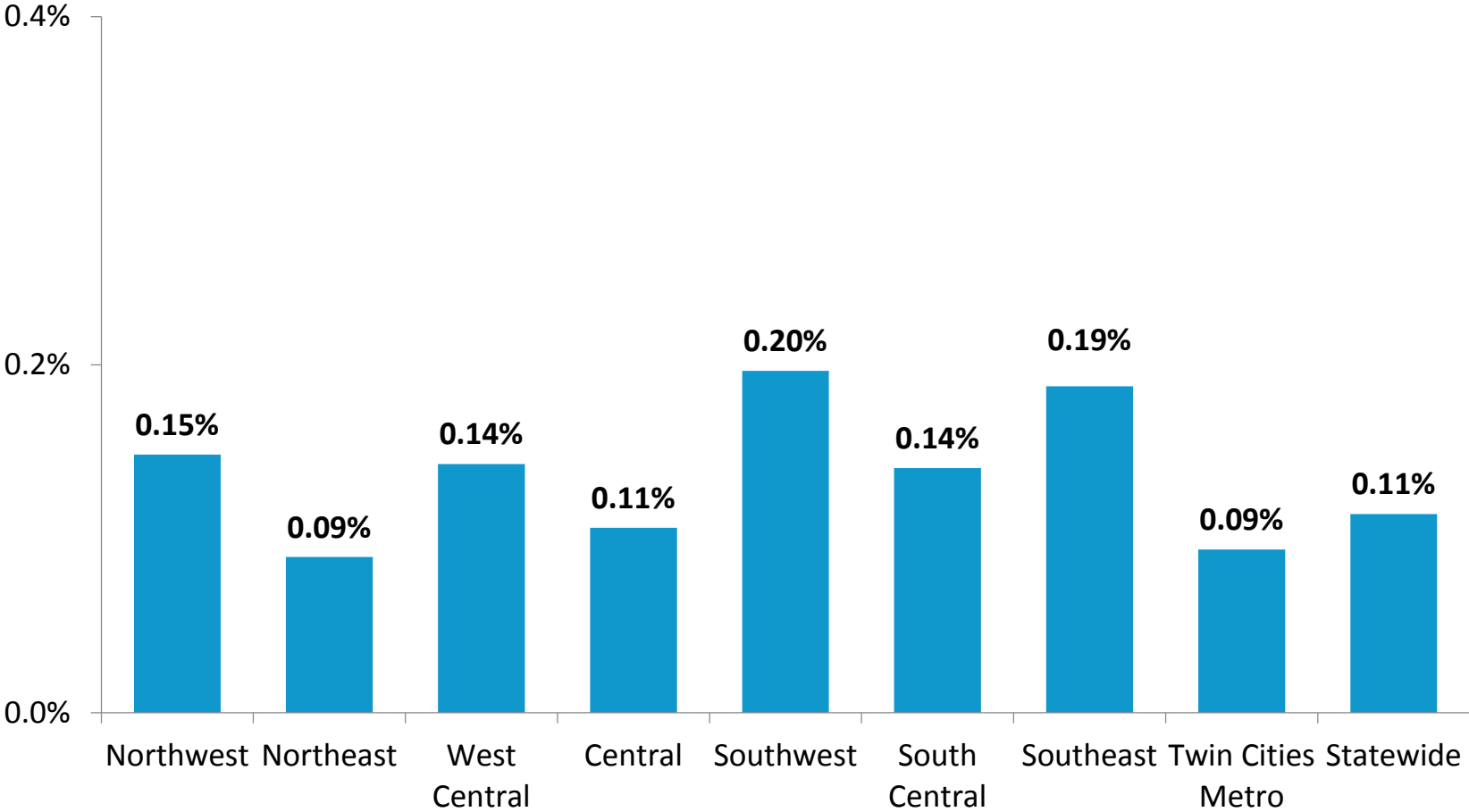
[Summary of graph](#)

MCHA Claims, Premiums, and Losses from Operations, Calendar Year 2004 to 2014

Calendar Year	Claims (\$ millions)	Premiums (\$ millions)	Losses from Operations (\$ millions)	Premiums as % of Claims
2004	\$182	\$107	\$104	58.9%
2005	\$214	\$111	\$110	52.2%
2006	\$217	\$114	\$109	52.9%
2007	\$229	\$115	\$122	50.0%
2008	\$248	\$117	\$139	47.2%
2009	\$248	\$122	\$133	49.1%
2010	\$262	\$129	\$139	49.1%
2011	\$285	\$133	\$159	46.4%
2012	\$291	\$129	\$167	44.5%
2013	\$298	\$122	\$181	41.1%
2014	\$140	\$38	\$104	26.8%

Source: Minnesota Comprehensive Health Association (MCHA). Administration fees, pharmacy rebates, and 2015 run-out and reversals are not included.

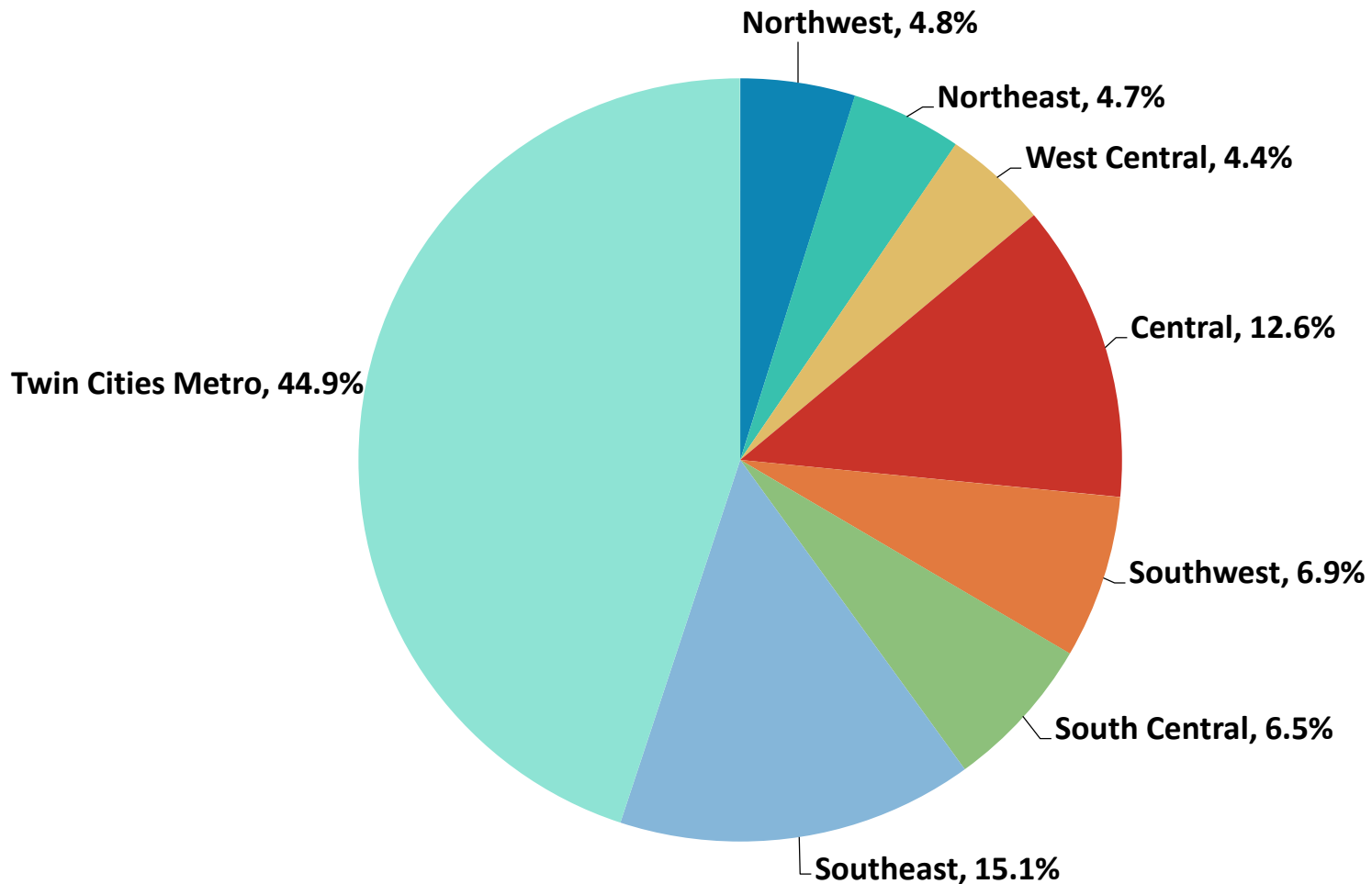
MCHA Enrollees as Percent of Population by Region, as of December 2014



For regional boundaries, please see slide 47 at the end of this chartbook.
Source: Minnesota Comprehensive Health Association (MCHA), enrollment by county as of December 1, 2014; U.S. Census Bureau, population estimates for Minnesota counties as of July 1, 2014.

[Summary of graph](#)

Statewide Distribution of MCHA Enrollees, by Region, as of December 2014

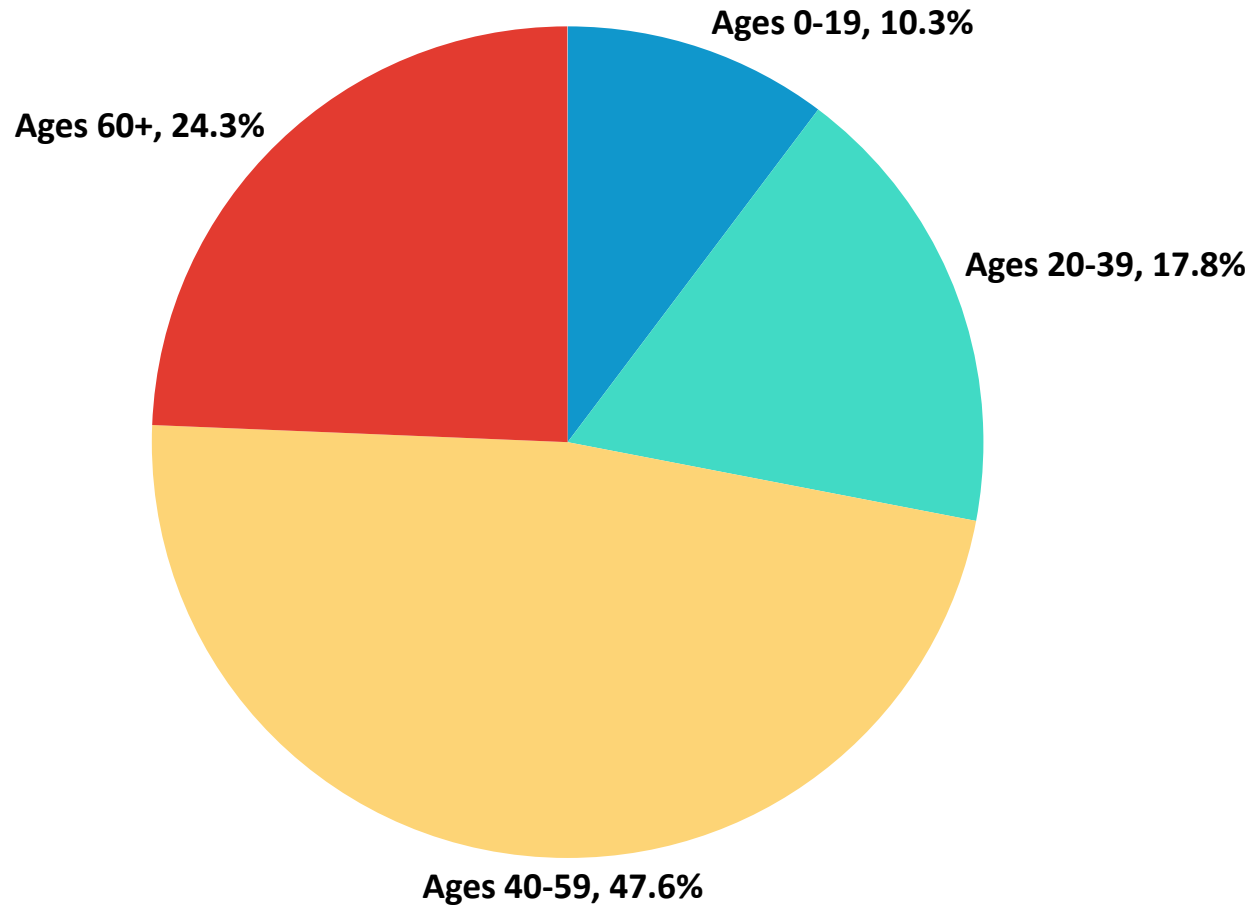


For regional boundaries, please see slide 47 at the end of this chartbook.

Source: Minnesota Comprehensive Health Association (MCHA), enrollment by county as of December 1, 2014.

[Summary of chart](#)

Age Distribution of MCHA Enrollees, as of December 2014



Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page
 - [Health Economics Program Home Page](#)
- Publications
 - [Health Economics Program Publications](#)
- Health Care Market Statistics (Presentation Slide Decks)
 - [Health Economics Program Chartbook Homepage](#)

A summary of the charts and graphs contained within is provided at Chartbook Summaries – Section 5. Direct links are listed on each page. Please contact the Health Economics Program at 651-201-3550 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

