

Chartbook Section 4

Individual & Small Group Health Insurance Markets

Section 4: Individual and Small Group Health Insurance Markets

- **Individual market trends**
 - Enrollment
 - Premiums
 - Health plan market shares
 - Benefits
- **Small group market trends**
 - Enrollment
 - Premiums
 - Health plan market shares
 - Benefits

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](#))

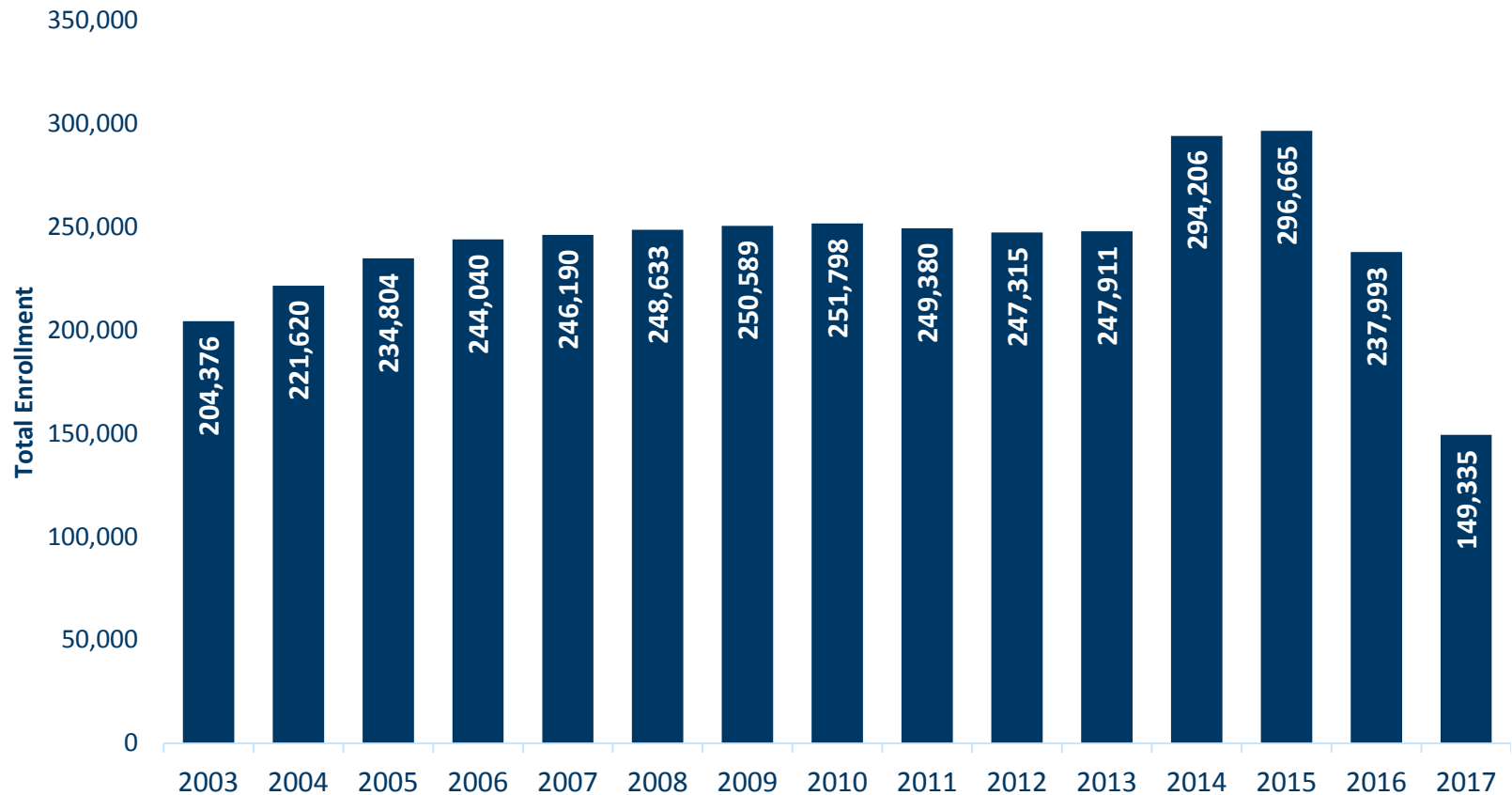
A summary of the charts and graphs contained within is provided on the [MDH website](#). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-3550 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Individual (Non-Group) Market

A health insurance market where individuals purchase health insurance coverage directly; plans can cover one person (single coverage) or dependents (family coverage). Referred to as the individual or non-group market, because plans are purchased by an individual rather than as part of a group.

The Small Group and Individual Market Survey (SGIMS) has data from 2002, 2005, 2007, 2009, 2011, 2013 and 2014

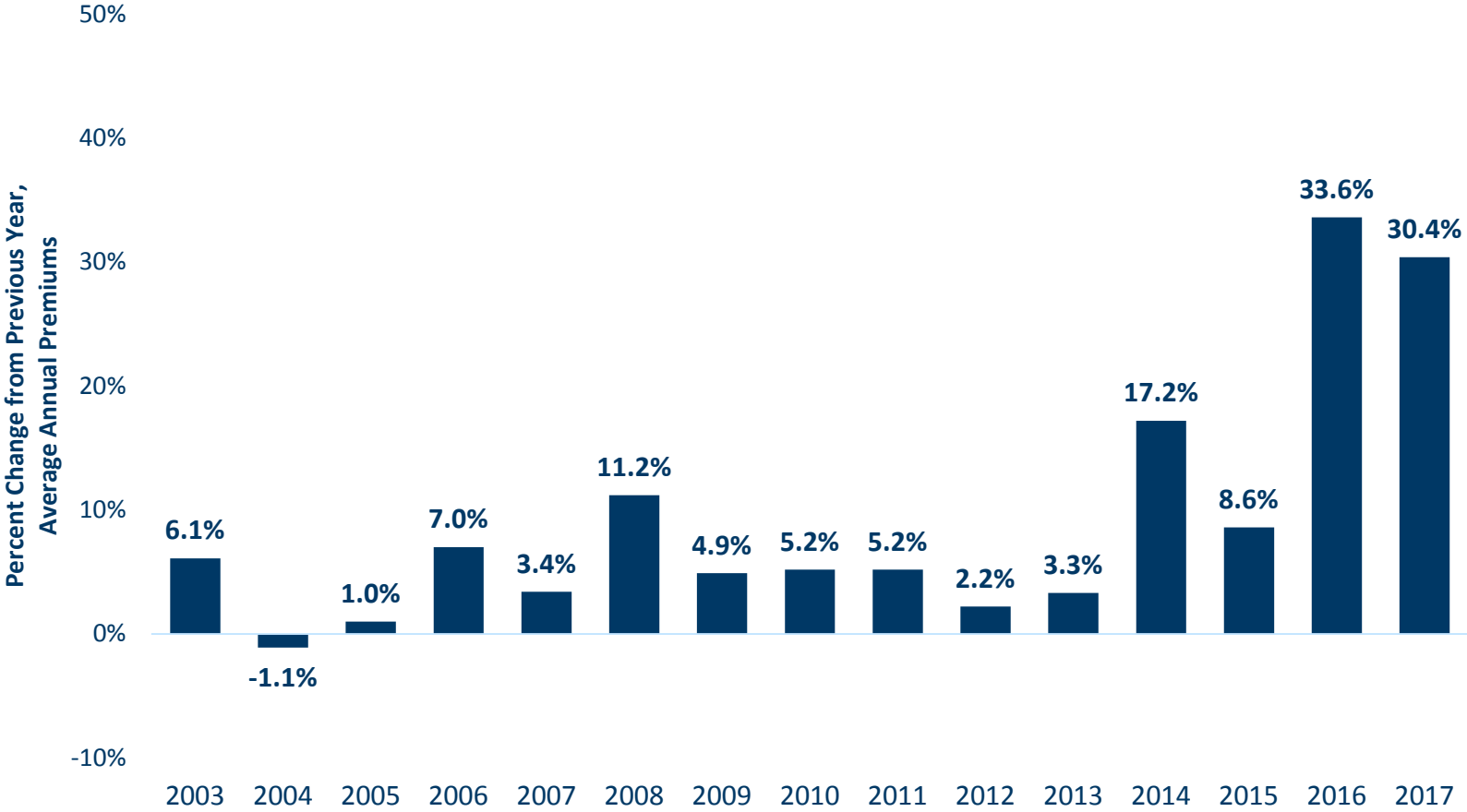
Enrollment Trends in Minnesota's Individual Market, 2003 to 2017



Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2003 to 2017).

[Summary of Graph](#)

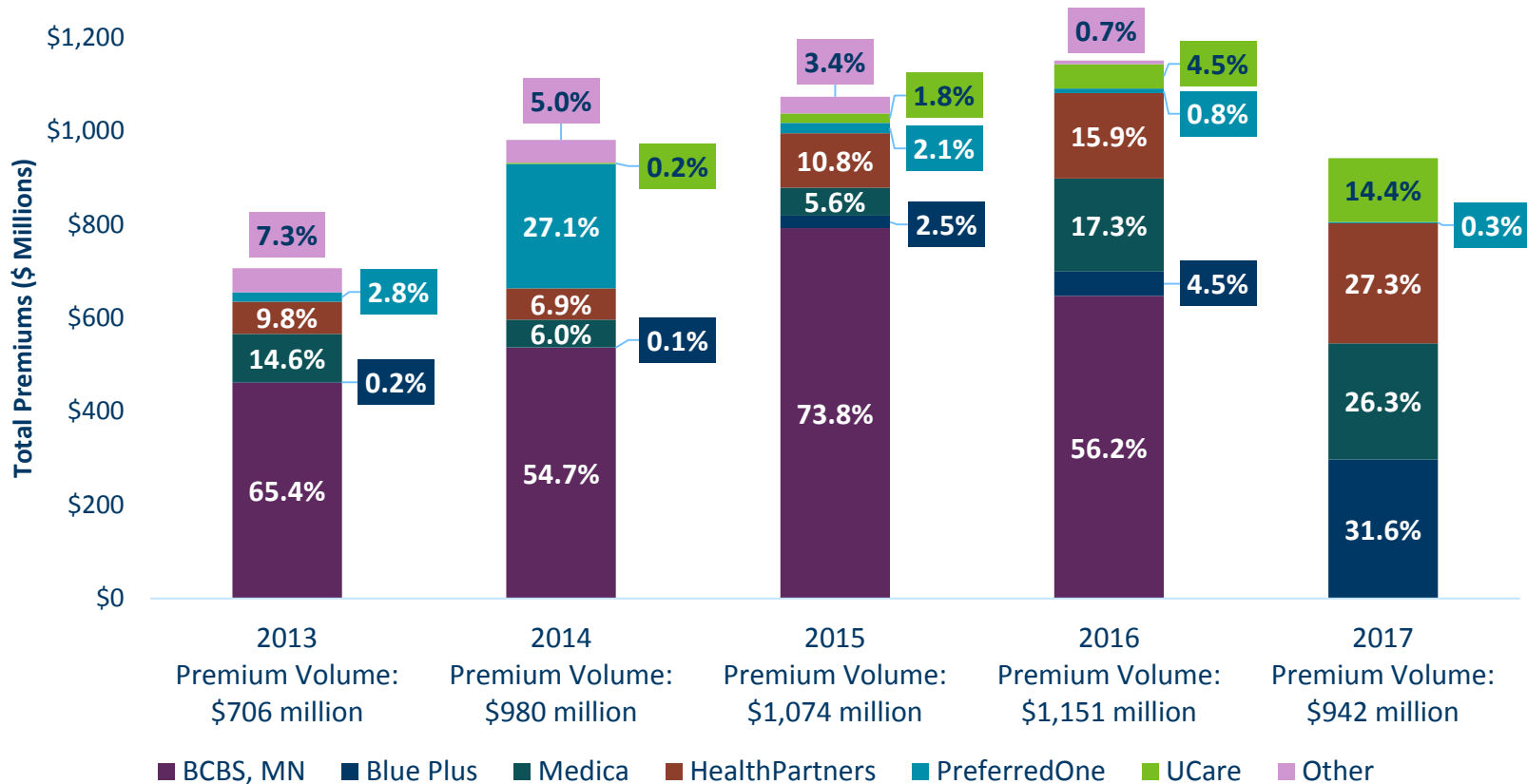
Premium Increases in Minnesota's Individual Market, 2003 to 2017



Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2003 to 2017). Based on total per member per year (PMPY) premiums collected.

[Summary of Graph](#)

Health Plan Market Shares: Individual Market, 2013 to 2017

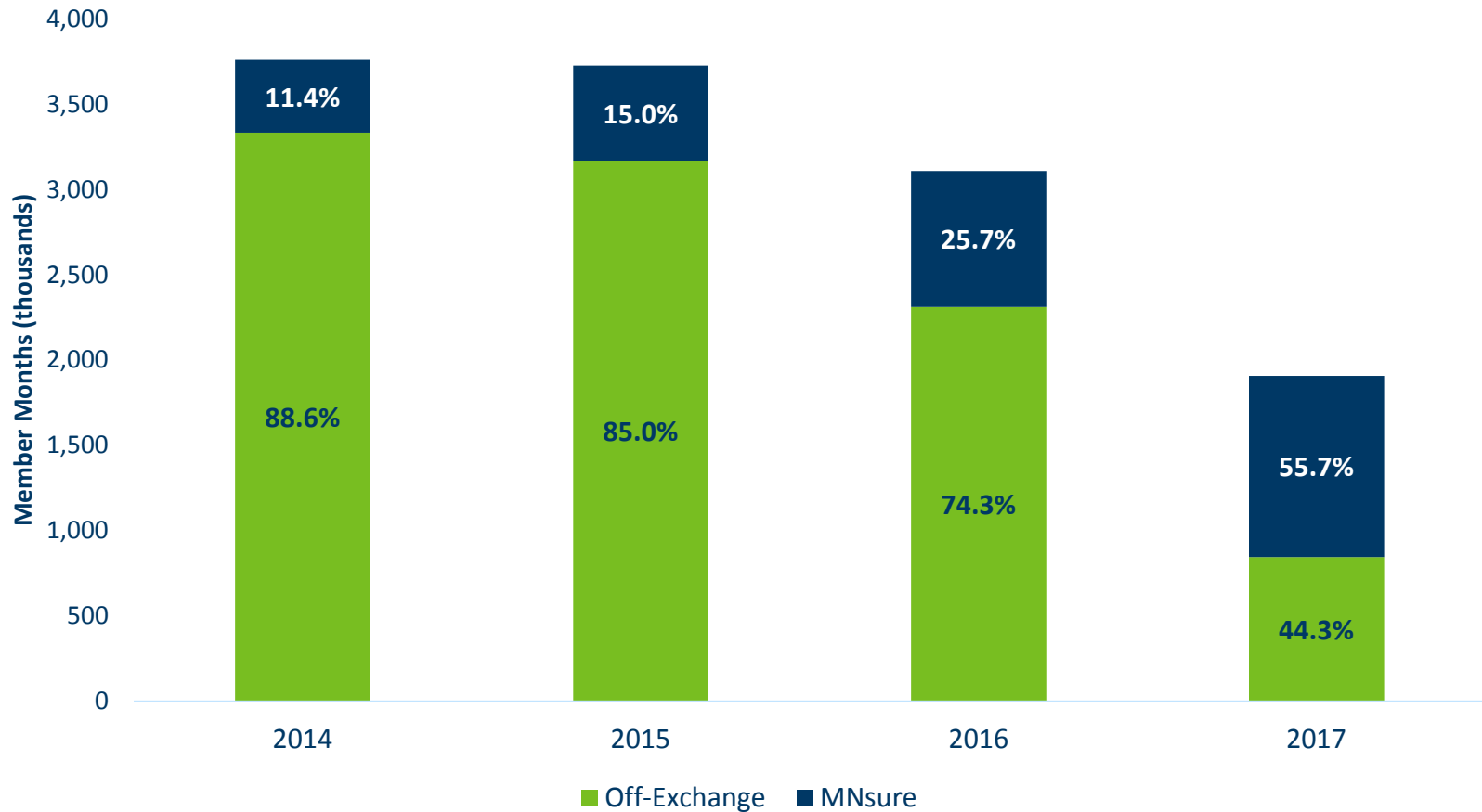


Note: Some companies with common ownership have been combined for purposes of this analysis. BCBS, MN is Blue Cross Blue Shield of Minnesota. If a plan is not shown, its market share was 0 percent.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2013 through 2017).

[Summary of Graph](#)

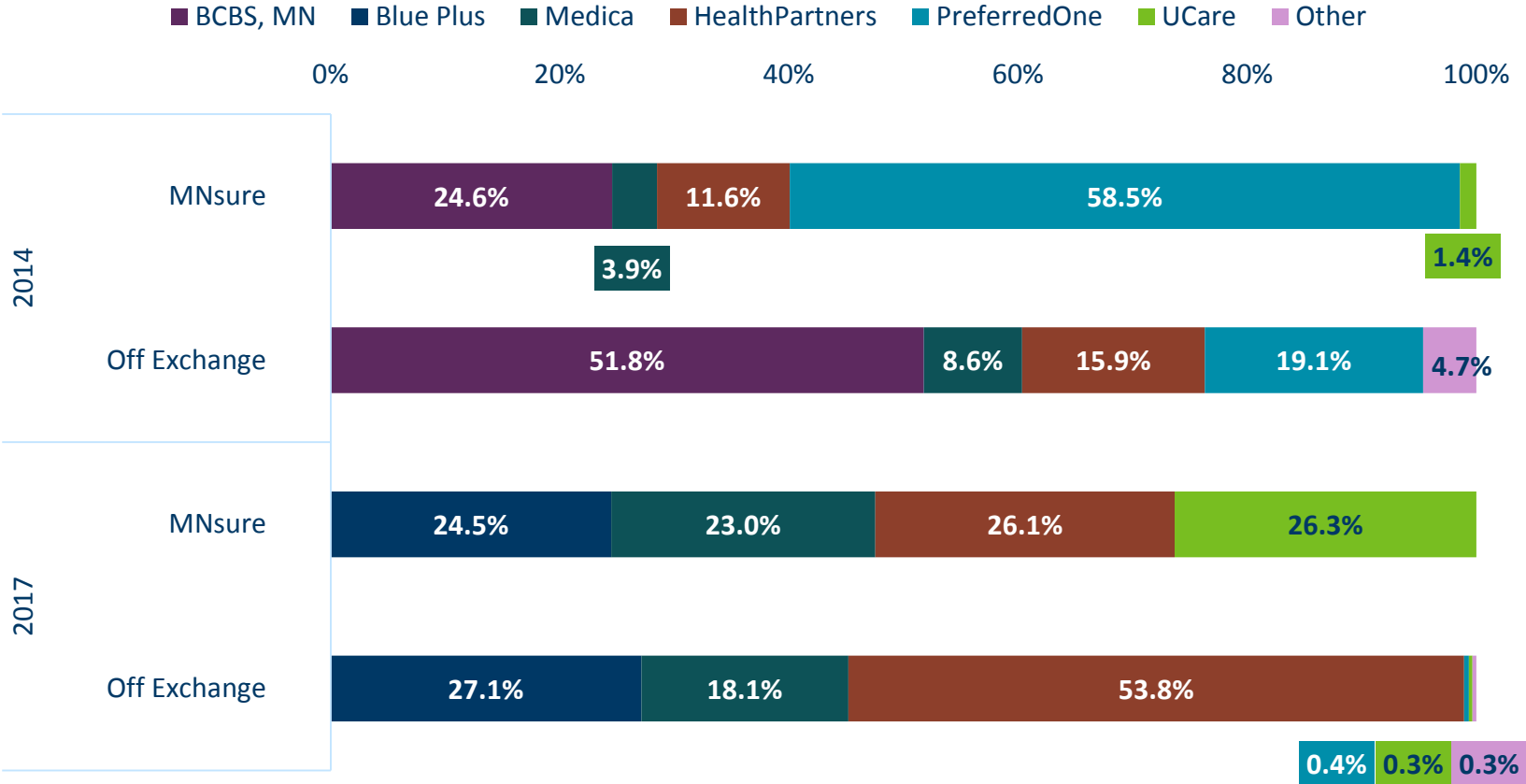
Percent of Market On/Off Minnesota's Health Insurance Exchange, 2014 to 2017



Source: Source: MDH Health Economics Program analysis of member months from National Association of Insurance Commissioners (NAIC) and MNsure, Minnesota's Health Insurance Exchange.

[Summary of Graph](#)

Health Plan Market Share On/Off Minnesota's Health Insurance Exchange, Select Years

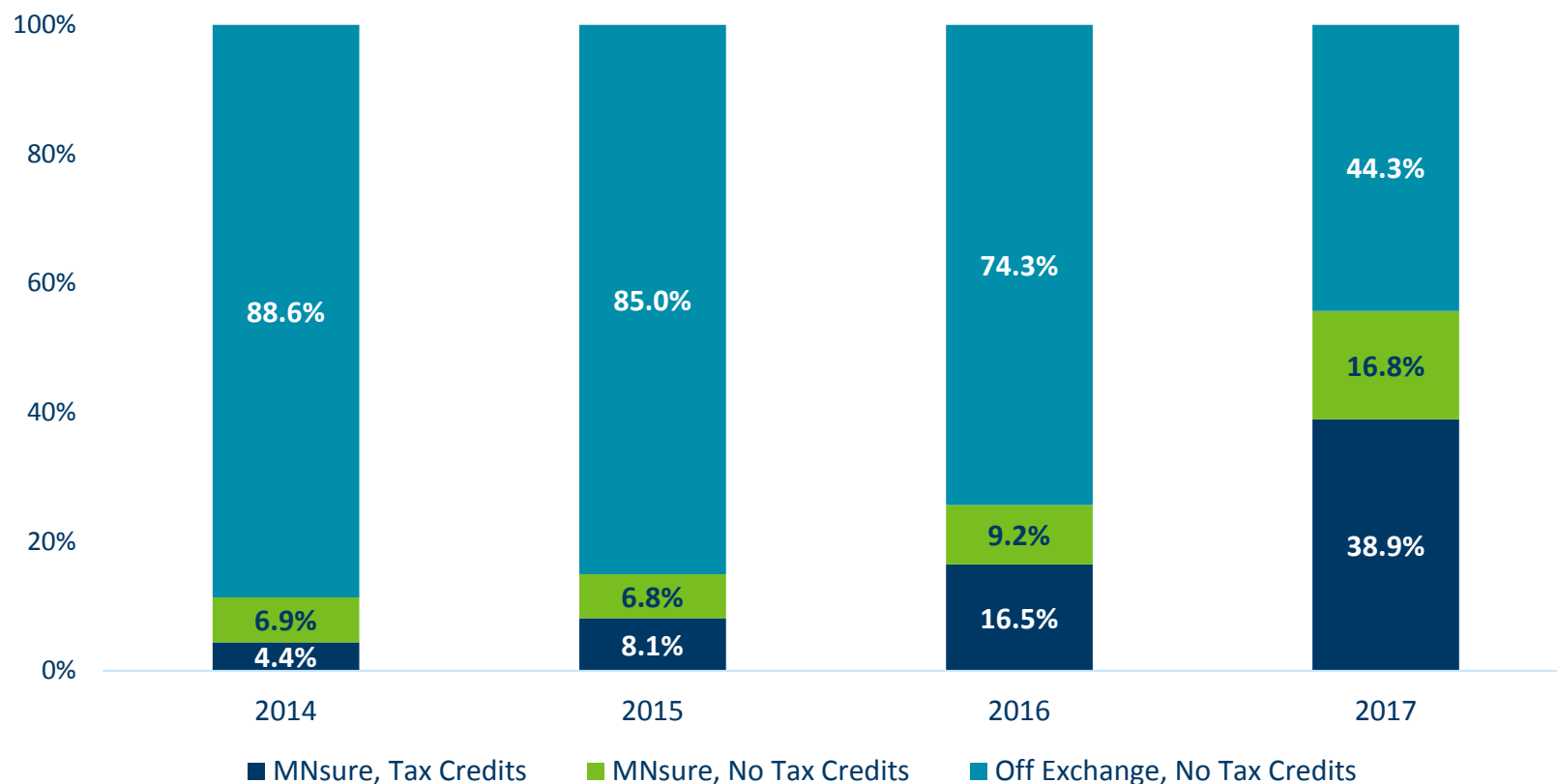


Note: Some companies with common ownership have been combined for purposes of this analysis. Market share is based on percent of member months. BCBS, MN is Blue Cross Blue Shield of Minnesota. If a plan is not shown, its market share was 0 percent.

Source: MDH Health Economics Program Analysis of member months from National Association of Insurance Commissioners (NAIC) and MNsure, Minnesota's Health Insurance Exchange .

[Summary of Graph](#)

Percent of Individual Market Enrollees with Federal Premium Subsidies, 2014 to 2017

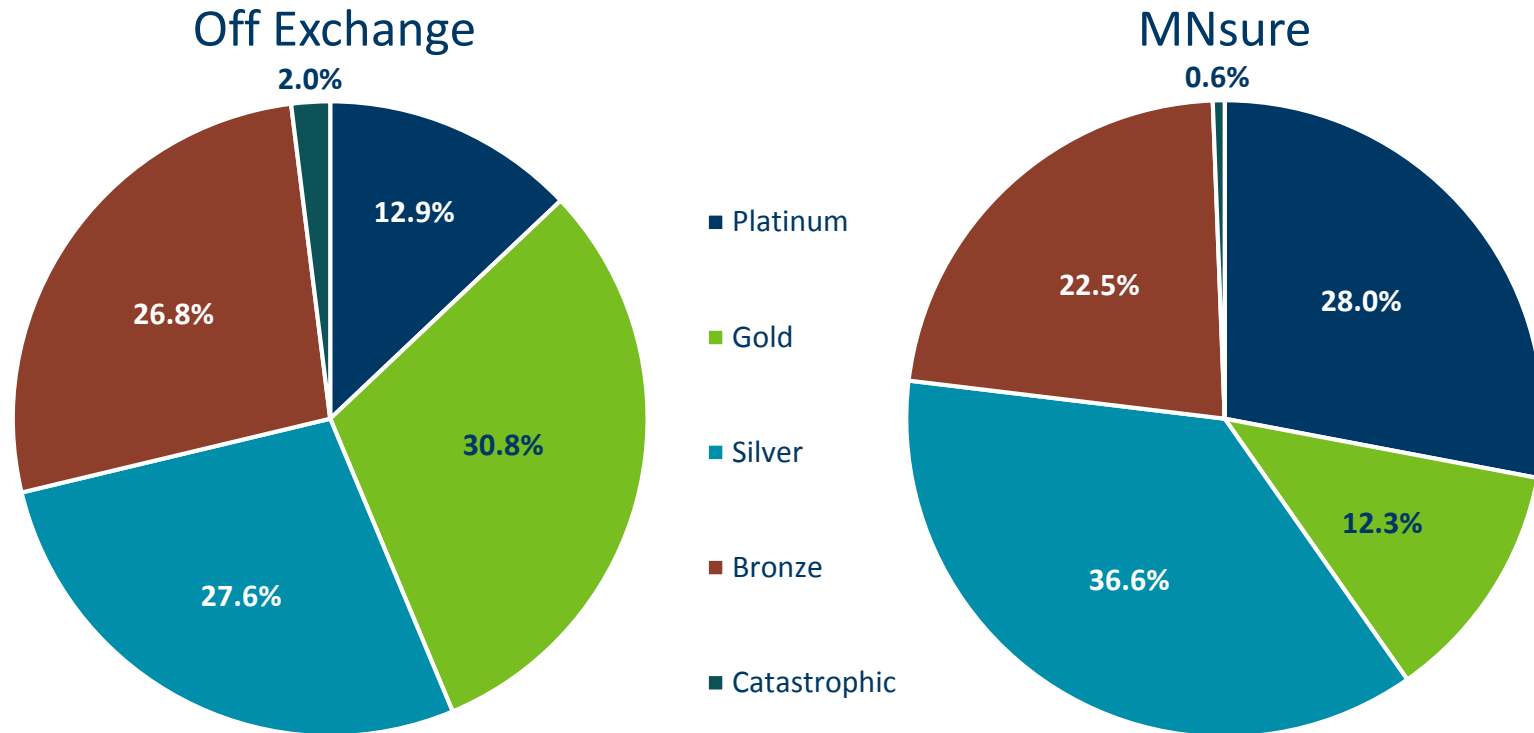


Note: Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC); they are available to those with incomes under 400 percent of the Federal Poverty Guidelines who did not have access to employer-based coverage, enrolled through MNsure, and provided required proof of income. In 2017, the State of Minnesota provided a 25 percent premium rebate to those who did not receive federal tax credits.

Source: MDH Health Economics Program analysis of MNsure data, Minnesota's Health Insurance Exchange.

[Summary of Graph](#)

Individual Market Enrollment by Metal Level On/Off Minnesota's Health Insurance Exchange, 2014

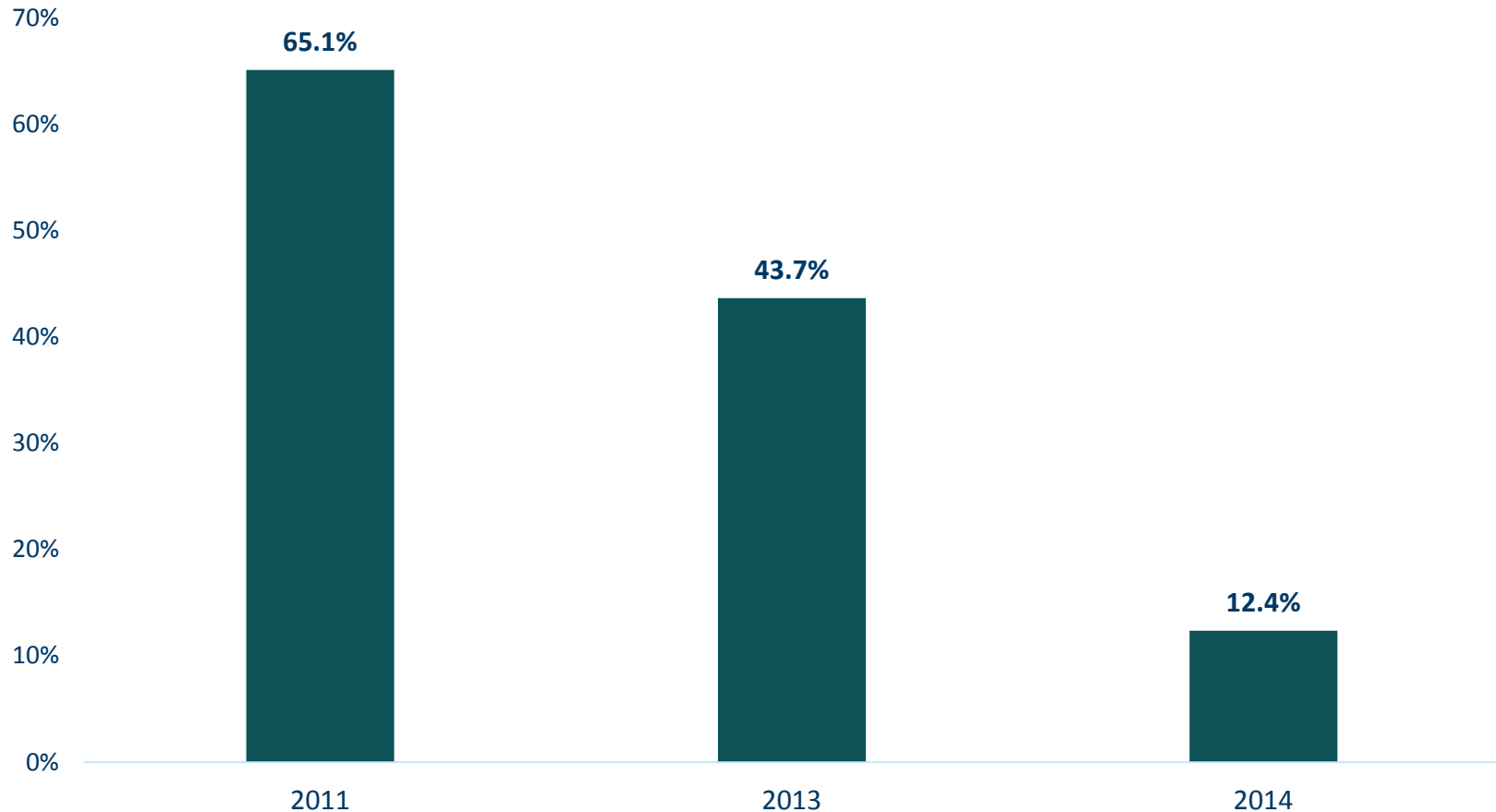


Note: All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will coverage for an average consumer. As of 2014, metal levels were assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Bronze 60%, and Catastrophic <60%. Enrollment by metal level excludes grandfathered plans. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange).

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Grandfathered Status Product Enrollment in the Individual Market, 2011 to 2014

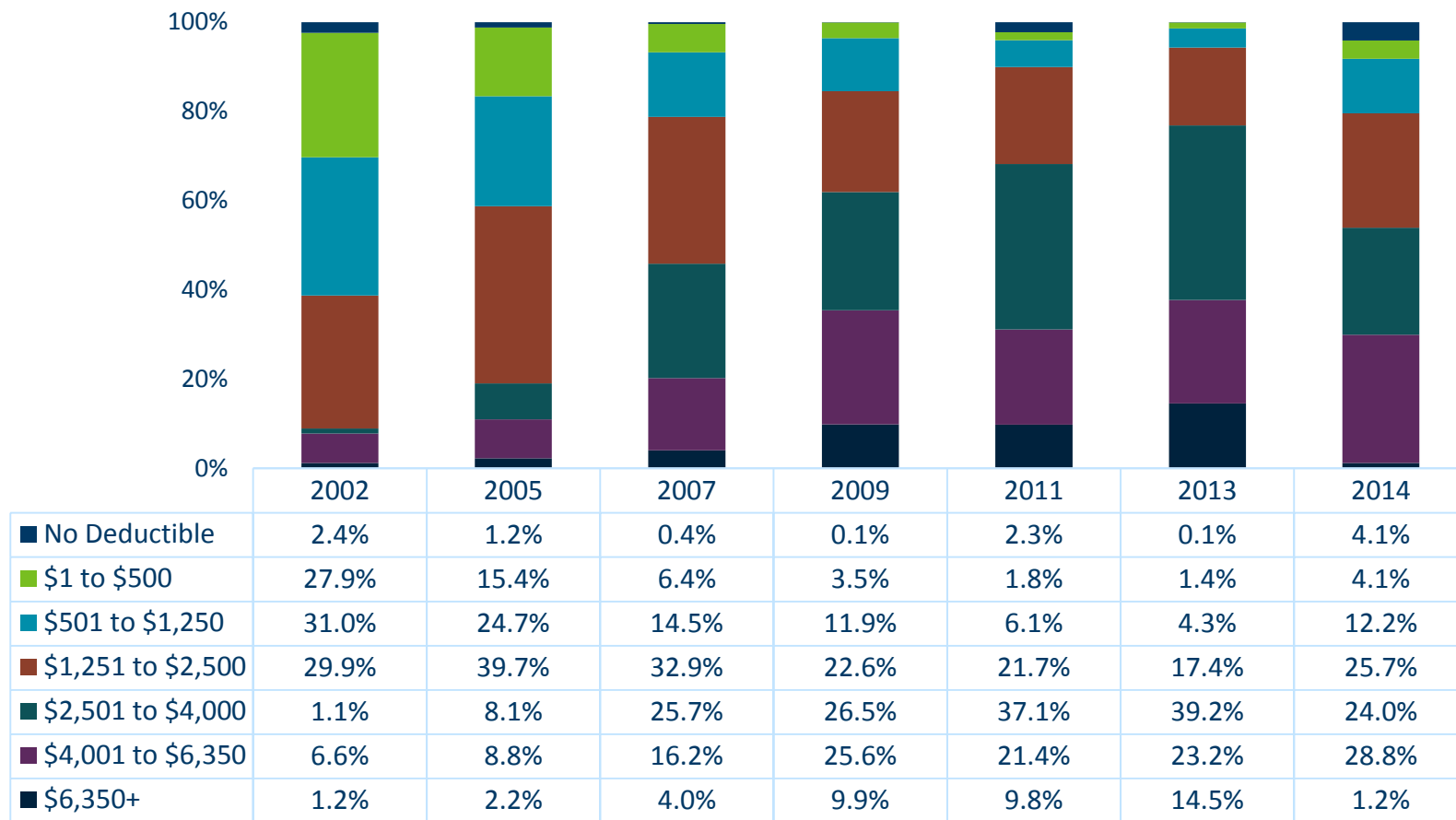


Note: With the exception of slide 10, all slides contain grandfathered plans.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Distribution of Per Person Annual Deductibles in the Individual Market, 2002 to 2014

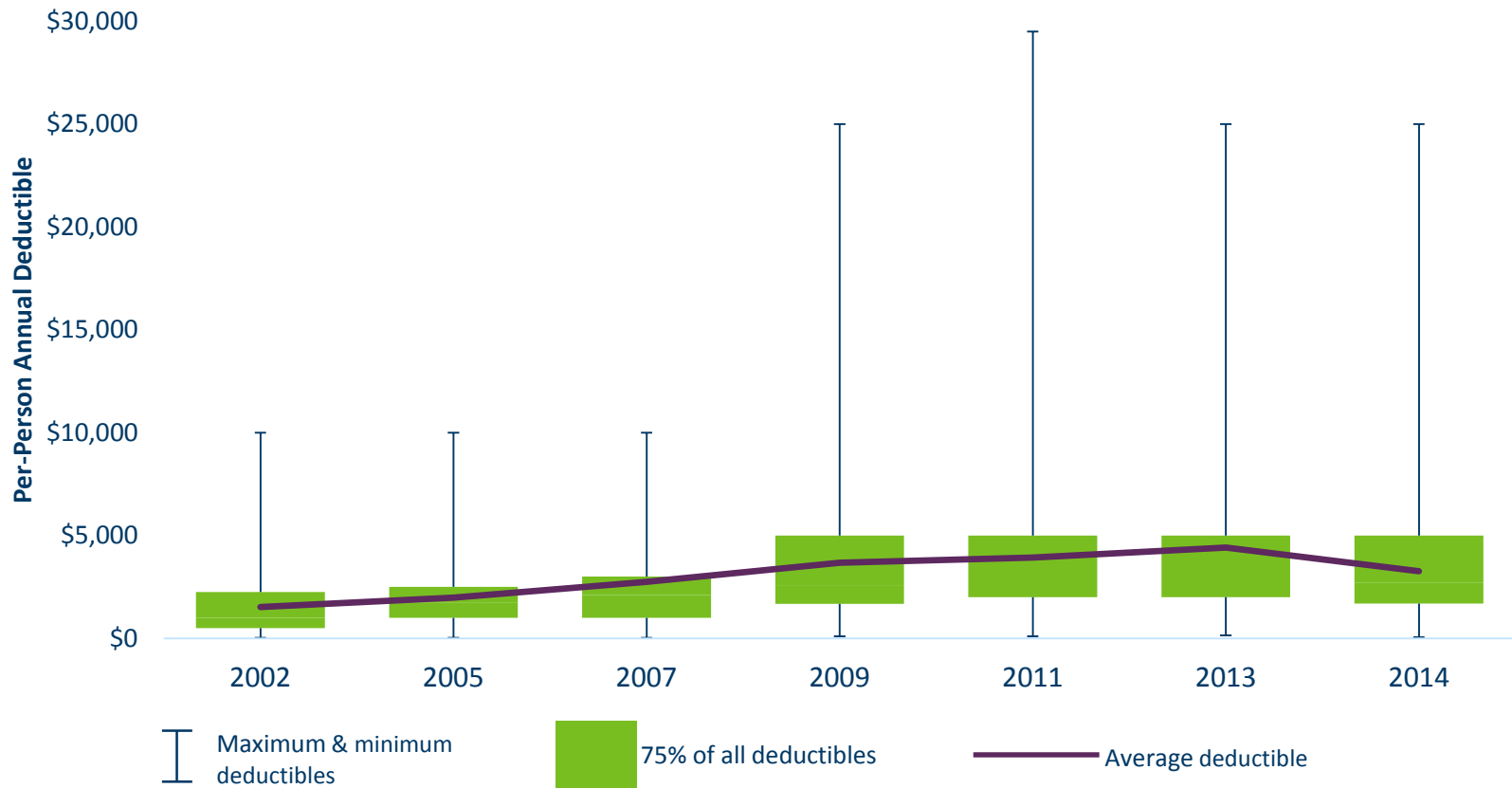


Note: Distributions are by share of total enrollment. Category distribution excludes those in plans that are only available as family-only coverage and those in plans with a “per sickness” deductible, as deductibles in these plans cover more than one person, or are not based on a calendar year.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Average and Range for Per Person Annual Deductibles in the Individual Market, 2002 to 2014

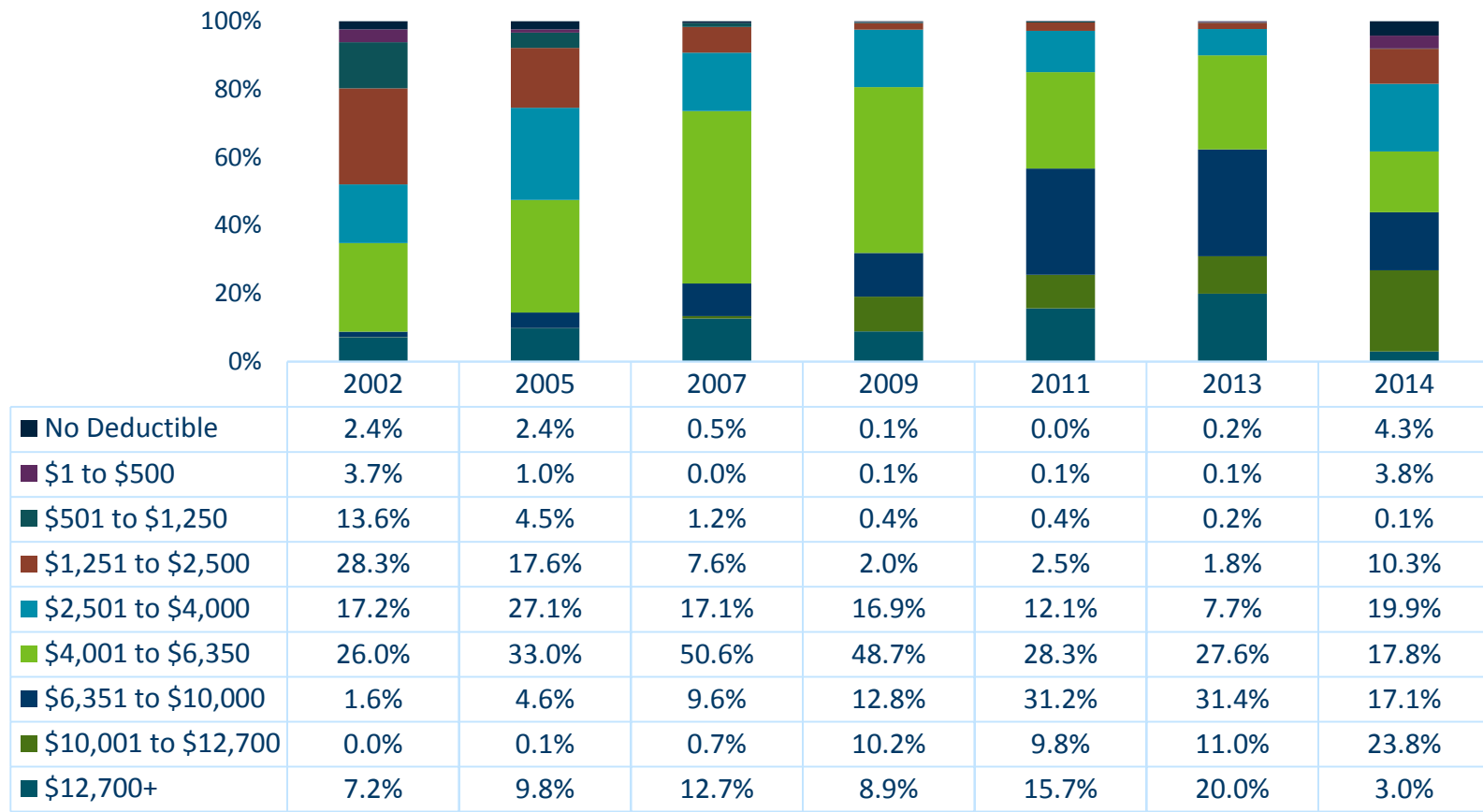


Note: Category distribution excludes those in plans that are only available as family-only coverage and those in plans with a “per sickness” deductible, as deductibles in these plans cover more than one person, or are not based on a calendar year.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Family Level Annual Deductibles in the Individual Market, 2002 to 2014

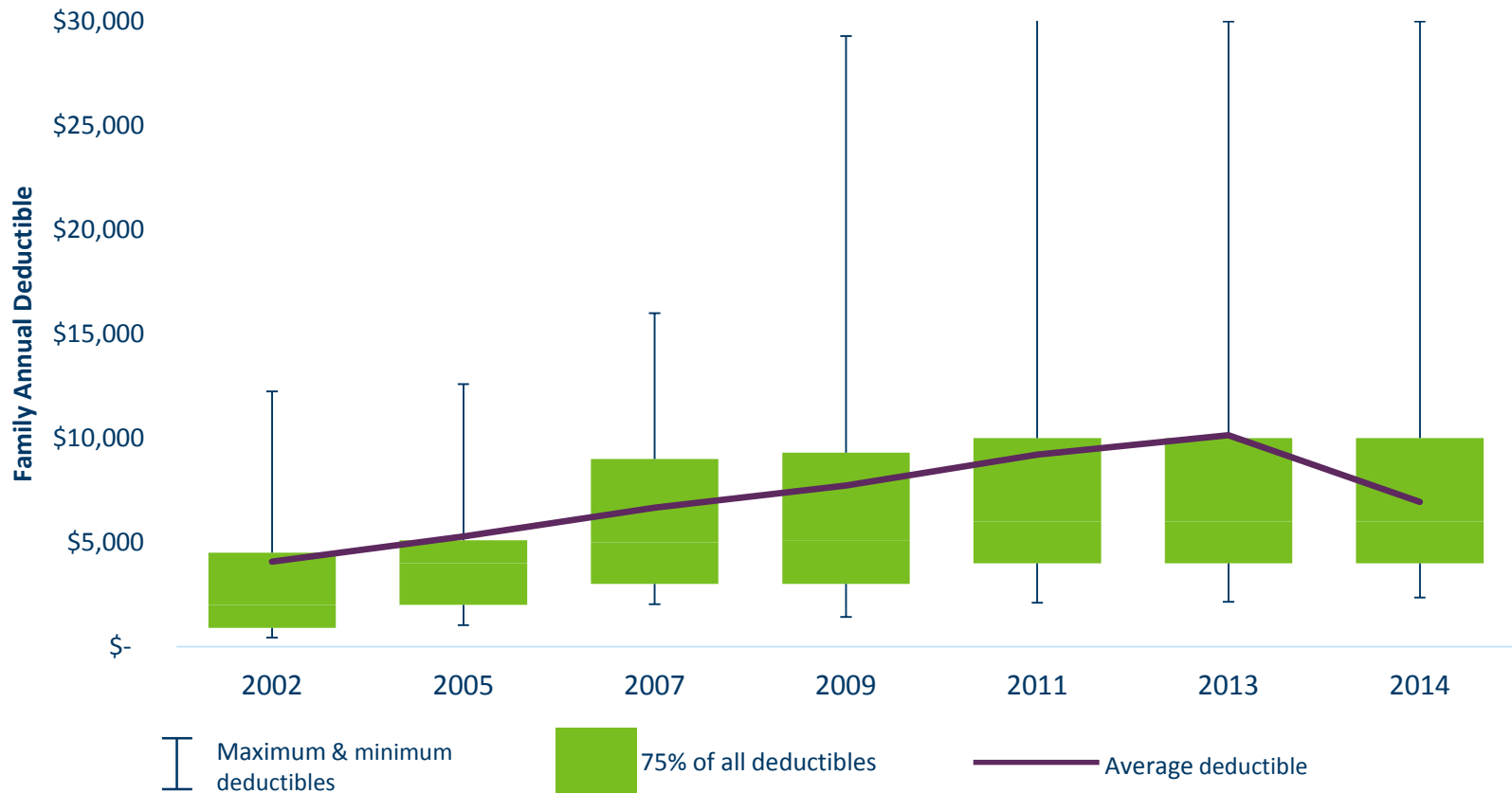


Note: Distributions are by share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Distribution of Family Level Deductibles in the Individual Market, 2002 to 2014

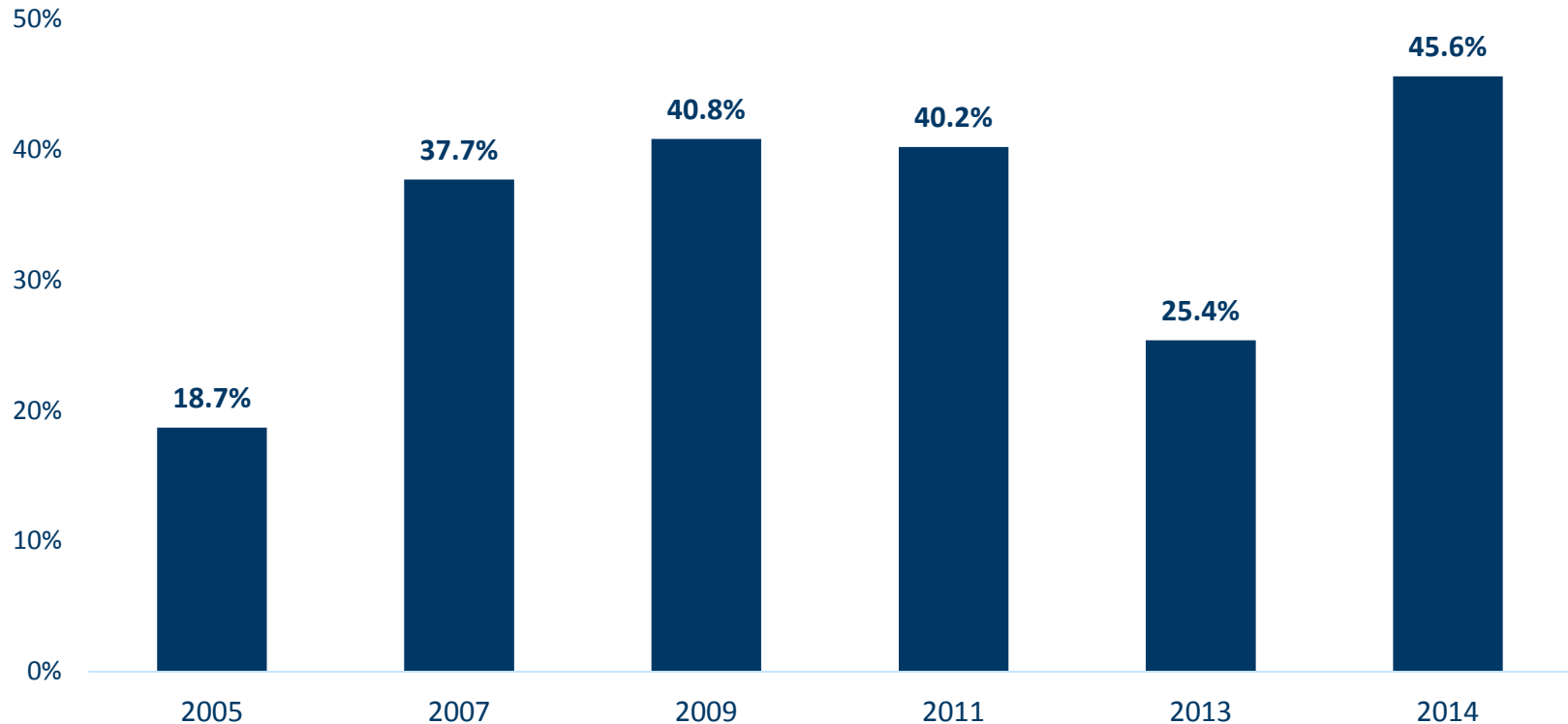


Note: For 2011, the maximum family deductible was \$150,000.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Individual Market Enrollment in High Deductible Health Plans with Health Savings Account Eligibility, 2005 to 2014



Note: This is the percent of plans that are Qualified High Deductible Health Plans (HDHP), as determined by the Internal Revenue Service (for 2014 the minimum deductible is \$1,250), and have the option to be paired with a Health Savings Account (HSA). The proportion of people with an HSA is unknown. In the 2009 survey firms did not reliably report on HSA pairing, therefore the portion of HDHP plans was determined using only the IRS minimum deductible guideline. In 2011, the plans identified whether it was a HDHP plan. This difference in reporting methodology may be reflected in the 2011 total.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Office Visit Cost Sharing Requirements in the Individual Market, 2002 to 2014

	2002	2005	2007	2009	2011	2013	2014
No Additional Cost Sharing Aside from Deductible	25.8%	36.4%	46.8%	60.1%	56.4%	50.0%	56.5%
Copayment	5.5%	0.9%	1.7%	0.0%	7.7%	11.0%	15.8%
Coinsurance	68.3%	62.7%	50.2%	39.8%	30.5%	21.7%	13.9%
Copayment & Coinsurance	0.5%	0.0%	1.3%	0.2%	5.5%	17.3%	13.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment or coinsurance, as well as plans with no deductible or cost sharing are included in No Additional Cost Sharing Aside from Deductible.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

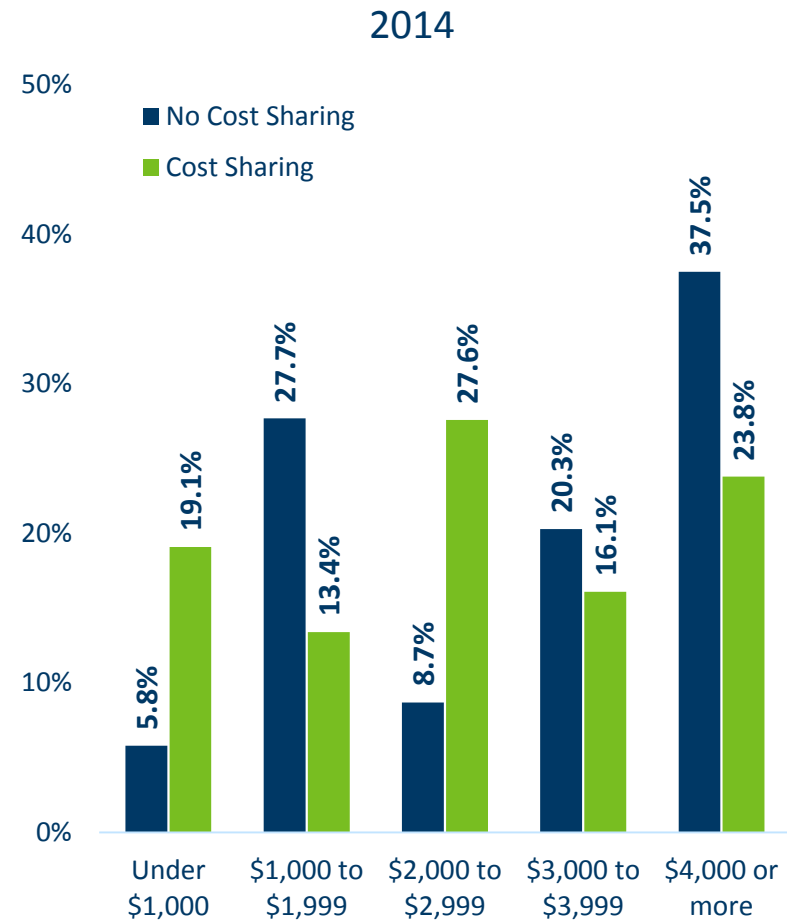
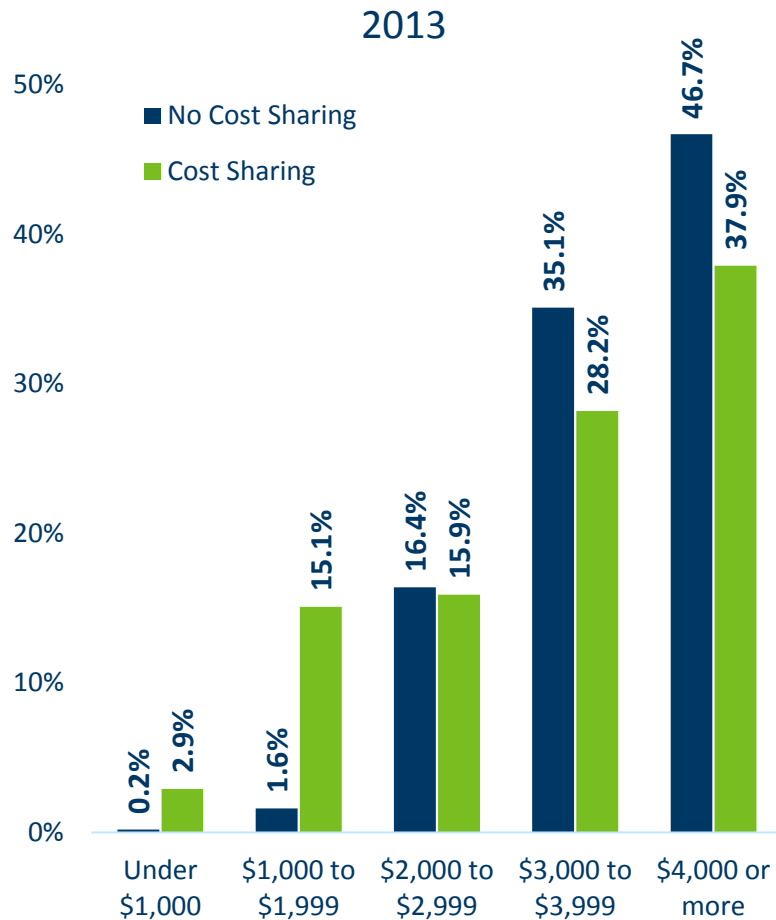
Cost Sharing Requirements for Hospitalization in the Individual Market, 2002 to 2014

	2002	2005	2007	2009	2011	2013	2014
10% Coinsurance	33.0%	41.1%	48.9%	0.0%	0.4%	0.0%	0.9%
20% Coinsurance	64.6%	58.1%	45.7%	35.1%	31.4%	26.1%	14.6%
Greater than 20% Coinsurance	0.8%	0.8%	3.8%	3.2%	3.6%	12.5%	8.2%
Copayment	1.6%	0.0%	0.0%	4.0%	1.2%	0.0%	1.4%
Copayment & Coinsurance	0.0%	0.0%	0.3%	1.6%	0.6%	0.4%	4.0%
No Additional Cost Sharing Aside from Deductible	0.0%	0.0%	1.3%	56.1%	62.9%	61.0%	71.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment or coinsurance, as well as plans with no deductible or cost sharing are included in No Additional Cost Sharing Aside from Deductible.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Deductible Levels and Cost Sharing for Office Visits in the Individual Market

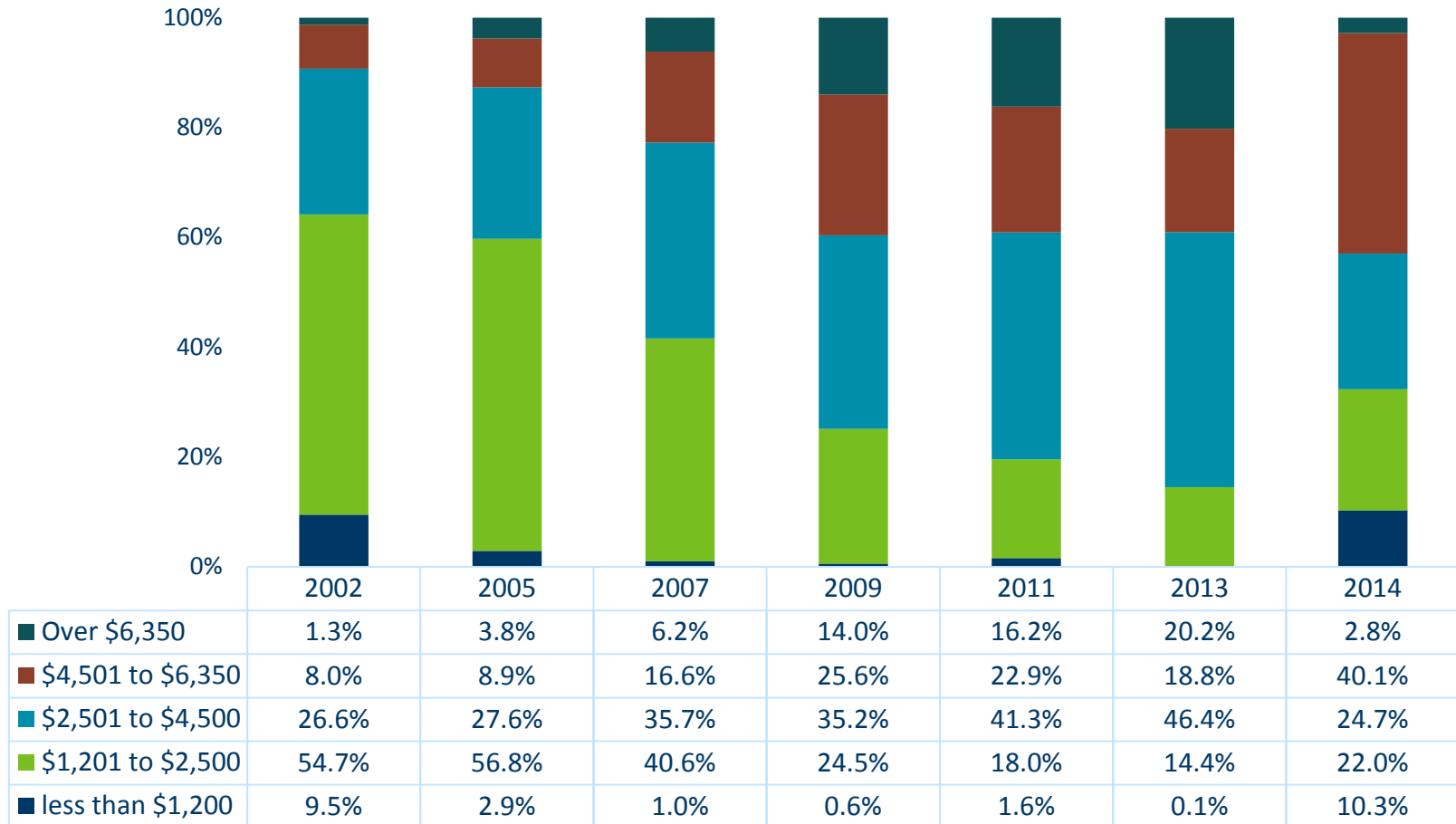


Note: Distributions are by share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Per Person Out-of-Pocket Limits in the Individual Market, 2002 to 2014

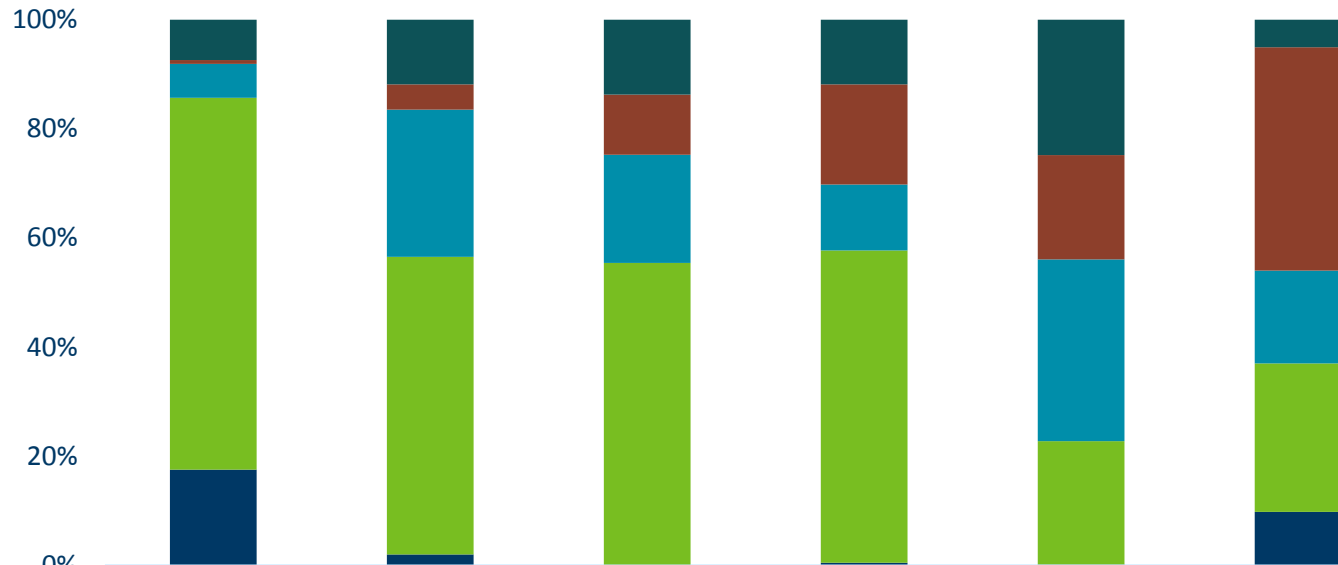


Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services only.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Family Level Out-of-Pocket Limits in the Individual Market, 2002 to 2014



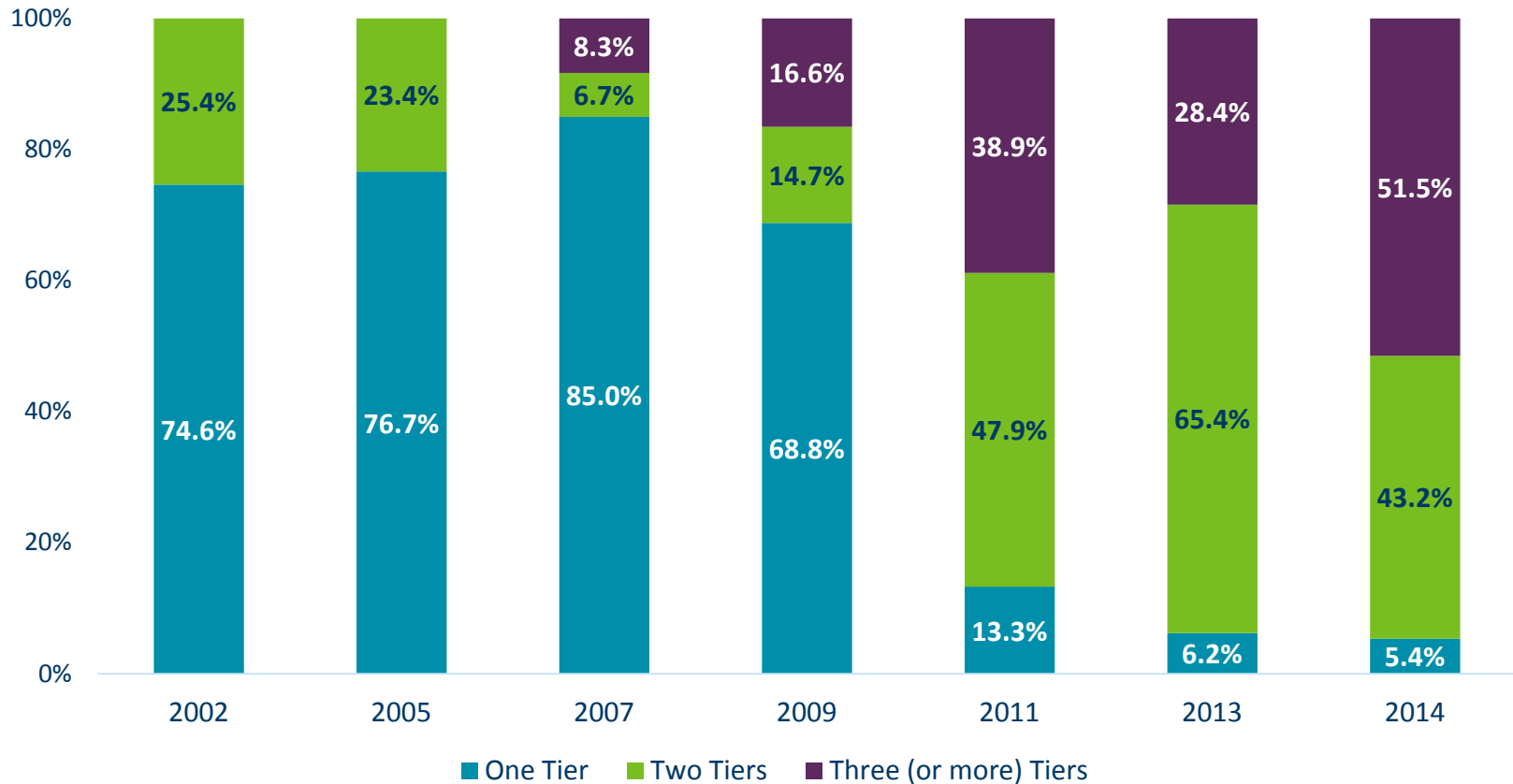
	2002	2005	2007	2009	2013	2014
Over \$12,700	7.4%	11.9%	13.8%	11.9%	24.8%	5.0%
\$9,001 to \$12,700	0.7%	4.6%	11.0%	18.4%	19.1%	40.9%
\$6,001 to \$9,000	6.2%	27.0%	19.8%	12.1%	33.3%	17.0%
\$2,501 to \$6,000	68.1%	54.5%	55.4%	57.2%	22.7%	27.2%
Less than \$2,500	17.6%	2.1%	0.1%	0.5%	0.2%	9.8%

Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services only. Family out-of-pocket maximums were not gathered in the 2011 Small Group and Individual Market Survey.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Number of Tiers for Prescription Drug Benefits in the Individual Market, 2002 to 2014

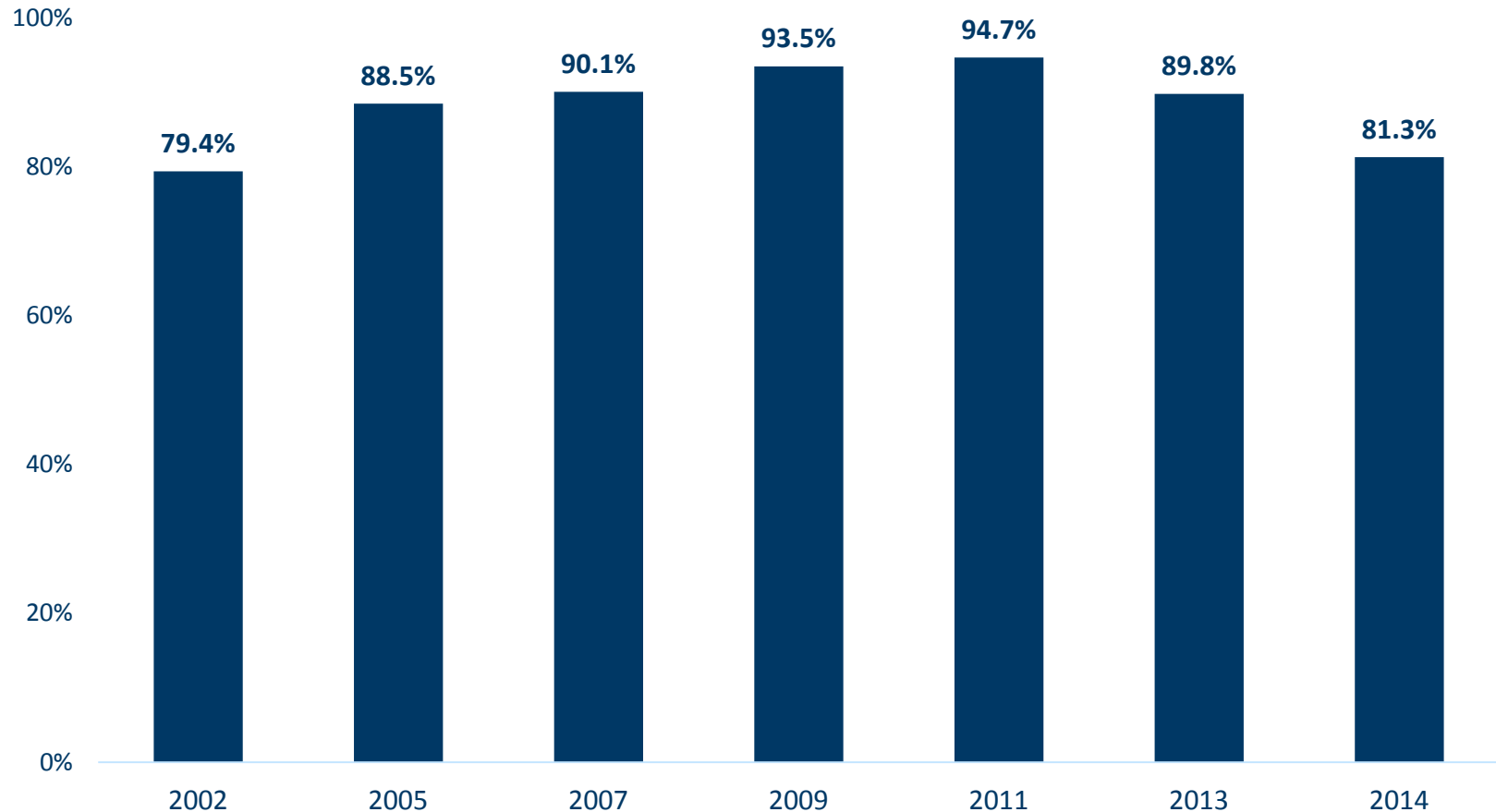


Note: Distributions are by share of total enrollment. Due to changes in regulations, all individual market plans offered prescription drug coverage as of 2013. Prior to 2013, over 95 percent of people were enrolled in plans with some prescription drug coverage.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Individual Market Enrollees with a Separate Prescription Drug Deductible, 2002 to 2014



Note: Separate Prescription Drug Deductible may be \$0.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Out-of-Pocket Limits for Prescription Drugs in the Individual Market, 2002 to 2014

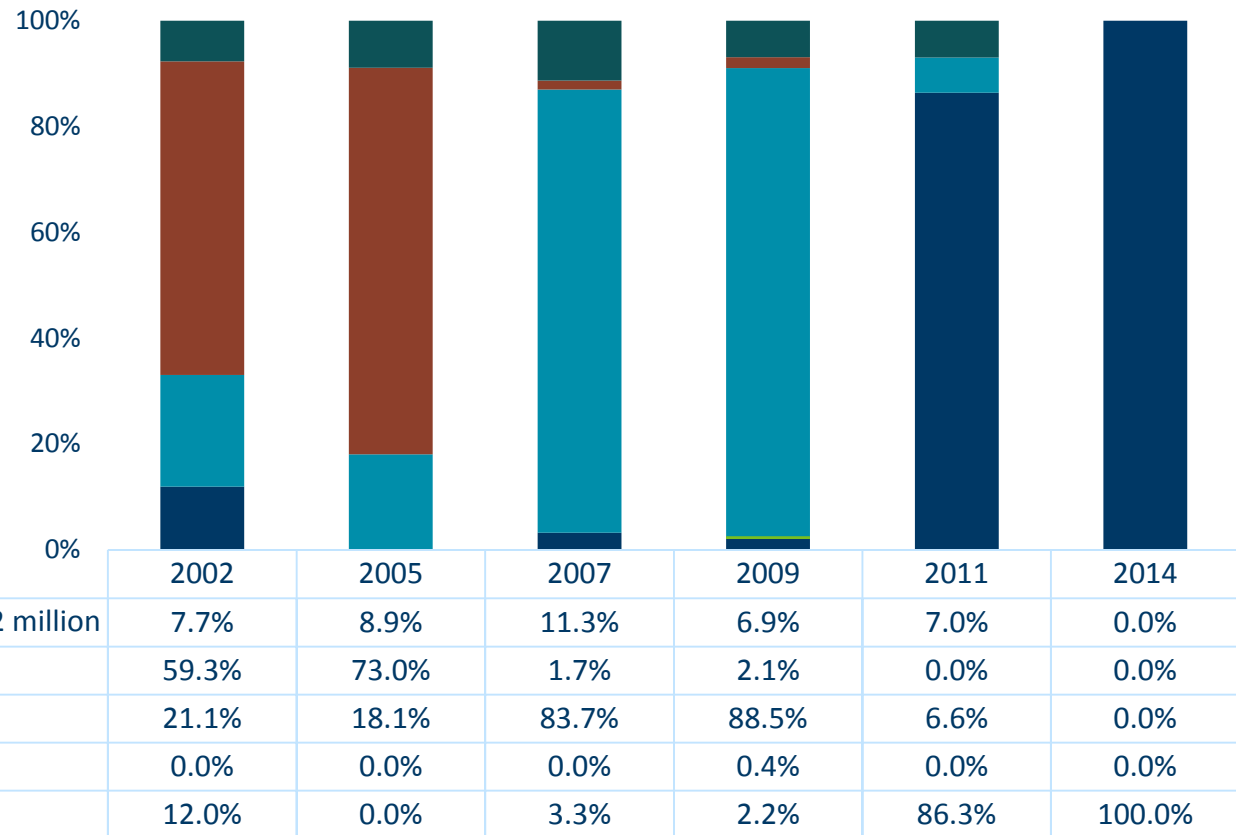
	2002	2005	2007	2009	2011	2013
No Separate Prescription Drug Out-of-Pocket Limit	96.9%	1.0%	96.1%	96.0%	97.6%	98.5%
Separate Prescription Drug Out-of-Pocket Limit¹	3.1%	0.0%	3.9%	4.0%	2.4%	1.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ General health plan out-of-pocket limits apply.

Note: Distributions are by share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Lifetime Limit on Benefits in the Individual Market, 2002 to 2014

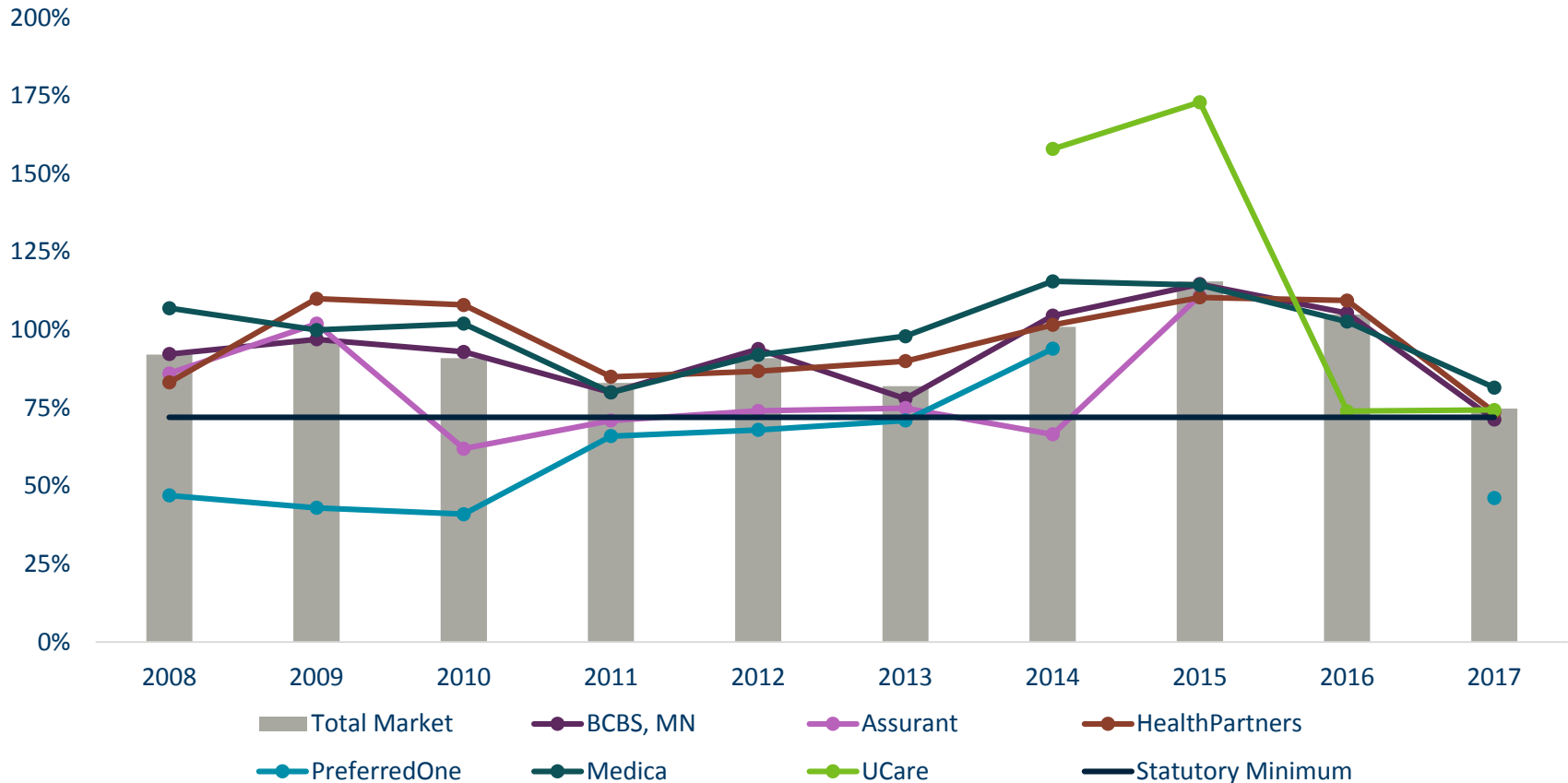


Note: This data was not collected with the most recent survey due to health reform's removal of lifetime and annual benefit limits; therefore, no plans currently have lifetime limits.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Loss Ratio Experience in the Individual Market, 2008 to 2017



Note: Companies with common ownership have been combined for purposes of this analysis. BCBS, MN is Blue Cross Blue Shield of Minnesota. For PreferredOne, data was not available in 2015, and in 2016 the loss ratio was reported at 458 percent. UCare entered the individual market in 2014. Assurant left the individual market after 2015.

Source: Minnesota Department of Commerce, "Report of 2017 Loss Ratio Experience for Health Plan Companies" June 1, 2018. Loss Ratios and statutory minimums presented are State Loss Ratios.

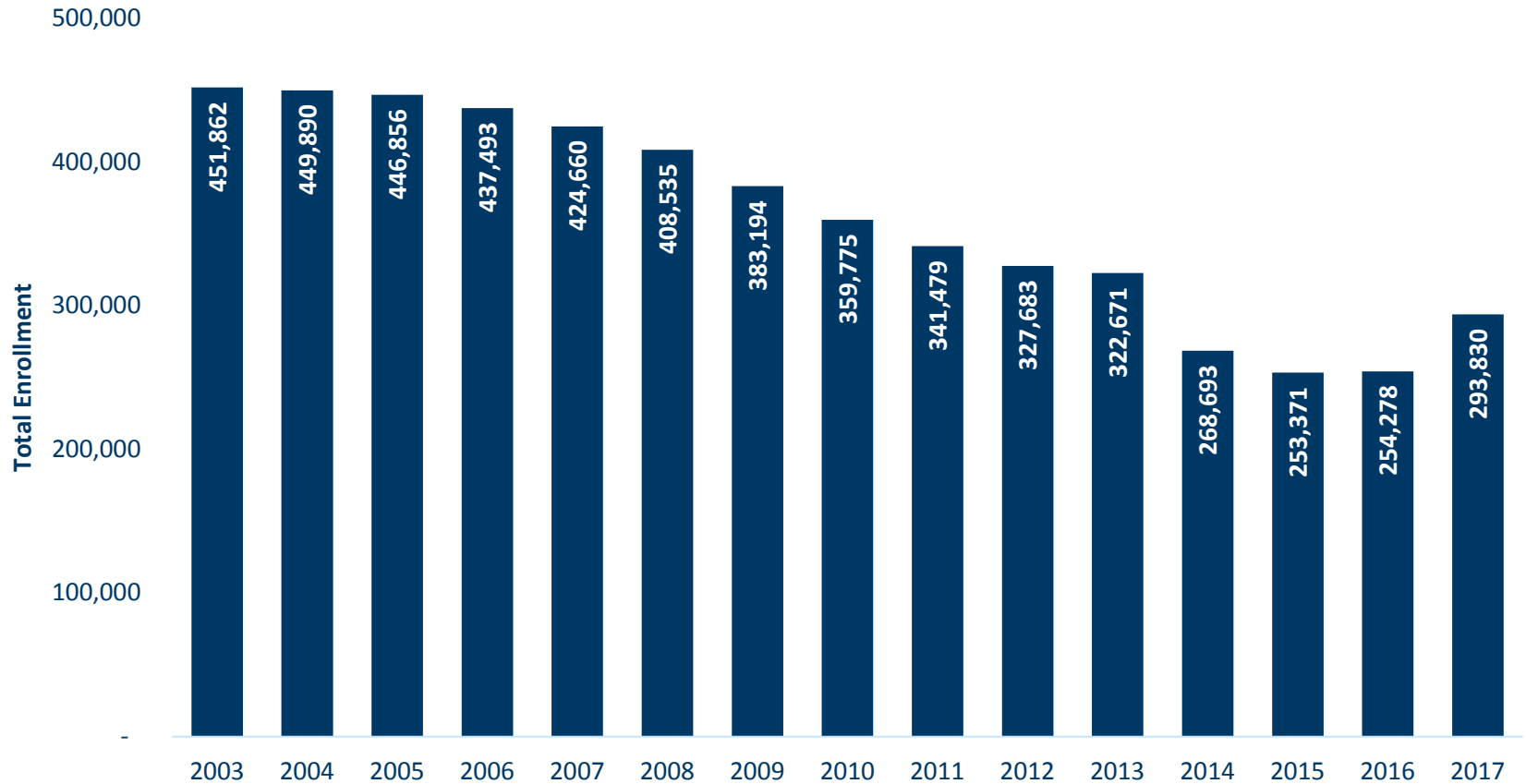
[Summary of Graph](#)

SMALL GROUP MARKET

Health insurance coverage purchased for employees
by employers with 2 to 50 employees.

The Small Group and Individual Market Survey (SGIMS) has data from 2002, 2005, 2007,
2009, 2011, 2013 and 2014

Enrollment Trends in Minnesota's Small Group Health Insurance, 2003 to 2017

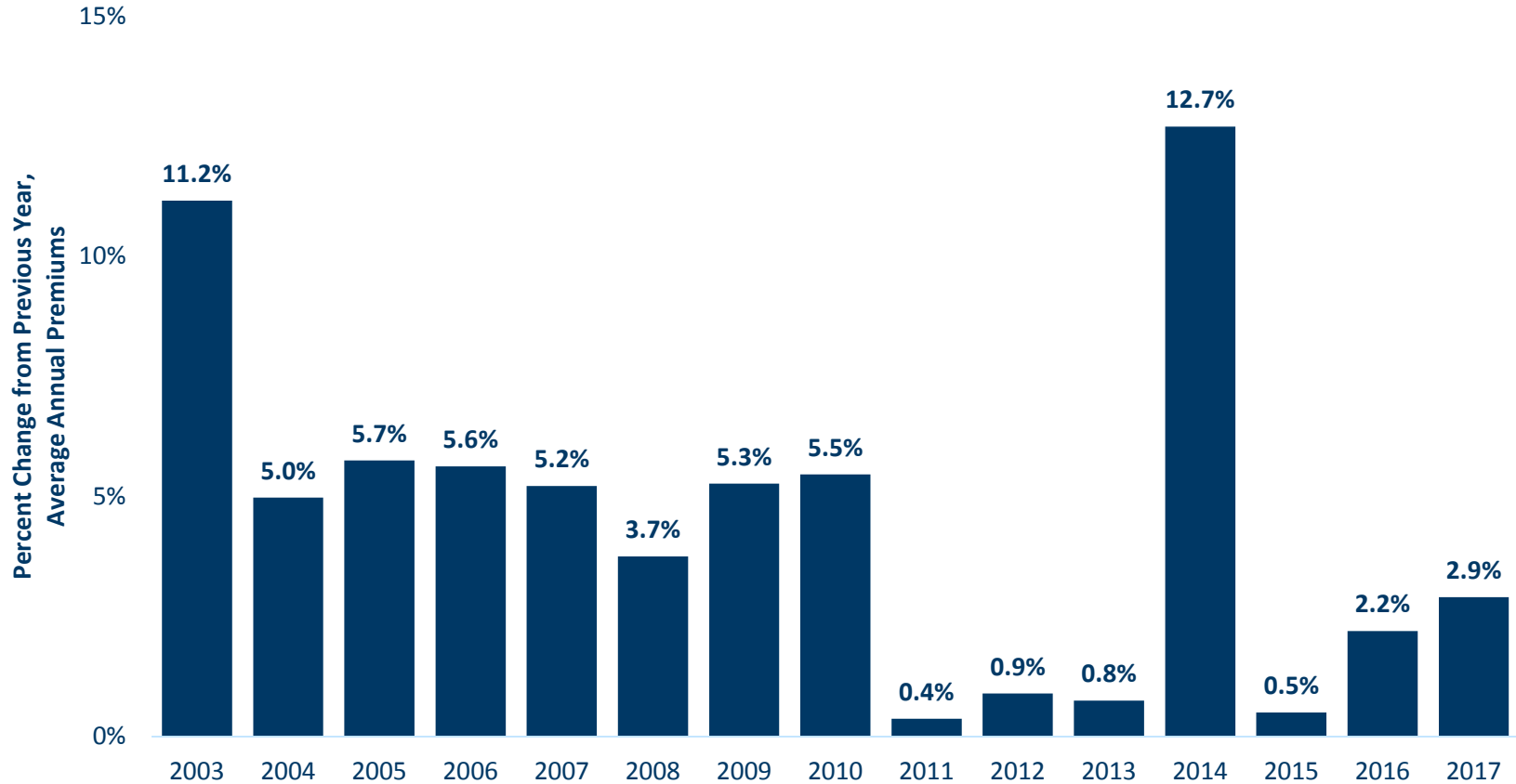


Notes: Fully insured market only.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2003 to 2017).

[Summary of Graph](#)

Percent Change in Premiums Per Member in Minnesota's Small Group Market, 2003 to 2017

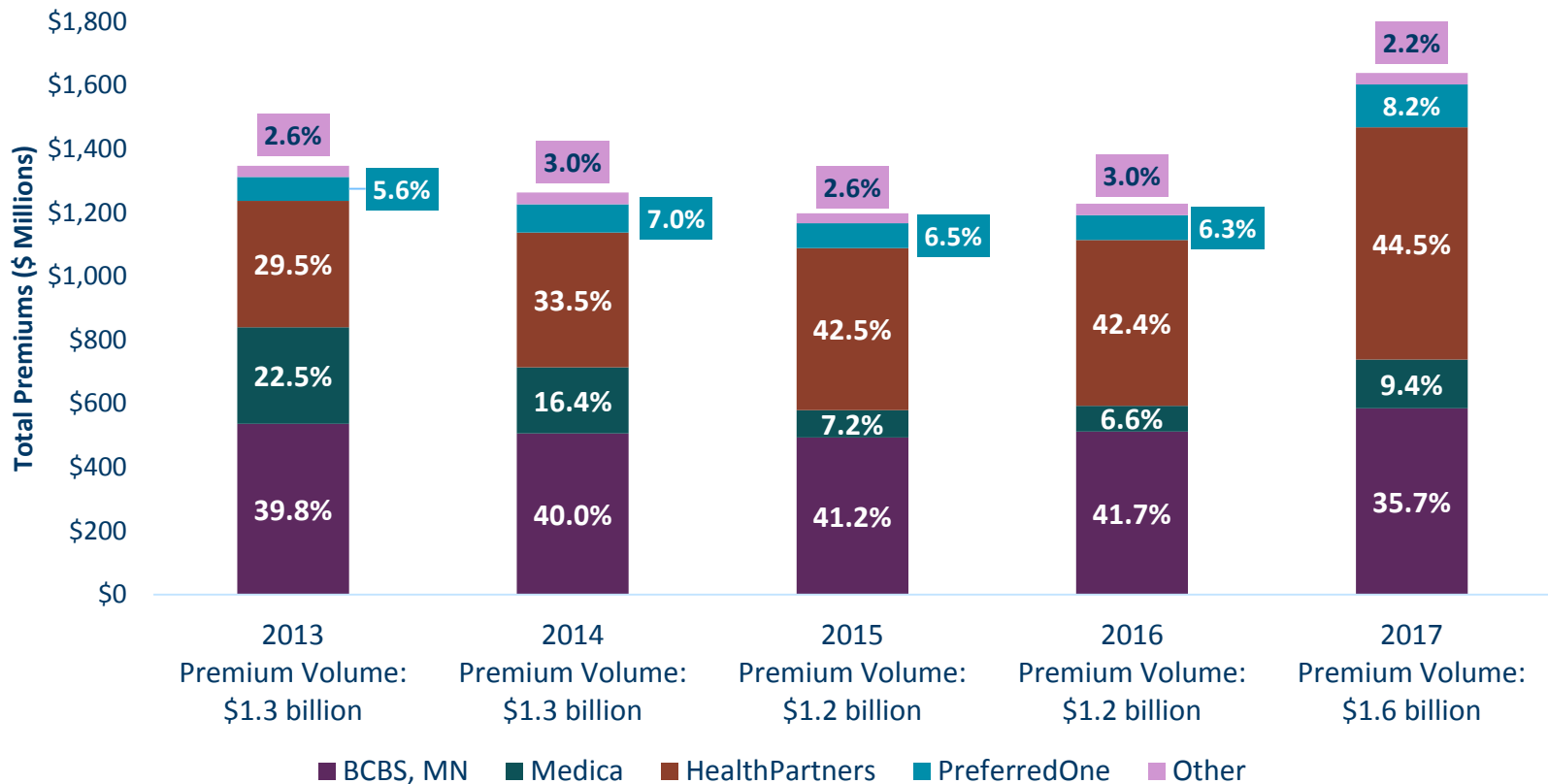


Note: Fully insured market only.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2003 to 2017). Based on total per member per year (PMPY) premiums collected.

[Summary of Graph](#)

Health Plan Market Shares: Small Group Market, 2013 to 2017

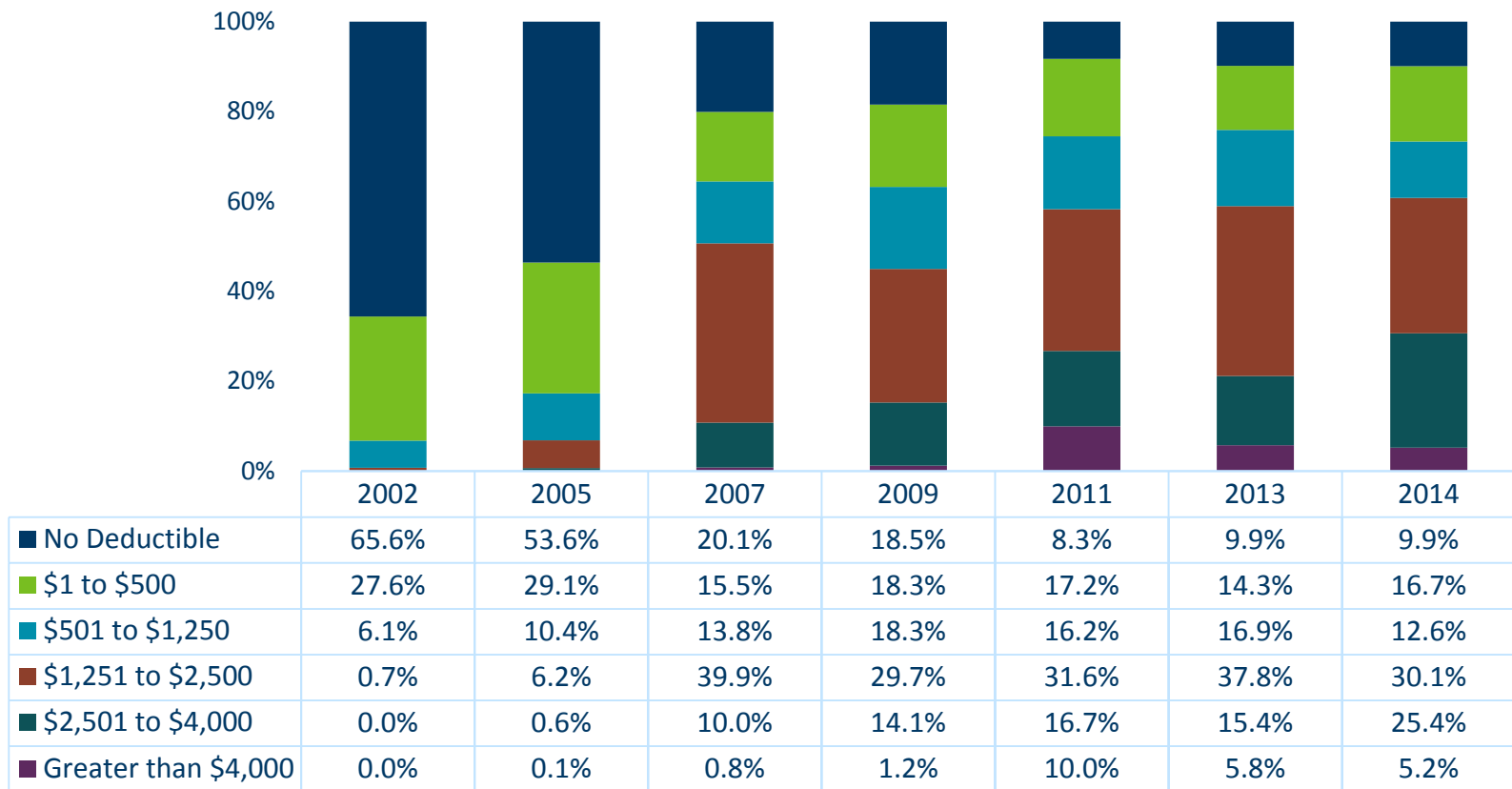


Note: Some companies with common ownership have been combined for purposes of this analysis. BCBS, MN is Blue Cross Blue Shield of Minnesota.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2013 through 2017). Market share is based on percent of total premiums collected.

[Summary of Graph](#)

Distribution of Per Person Deductibles in the Small Group Market, 2002 to 2014

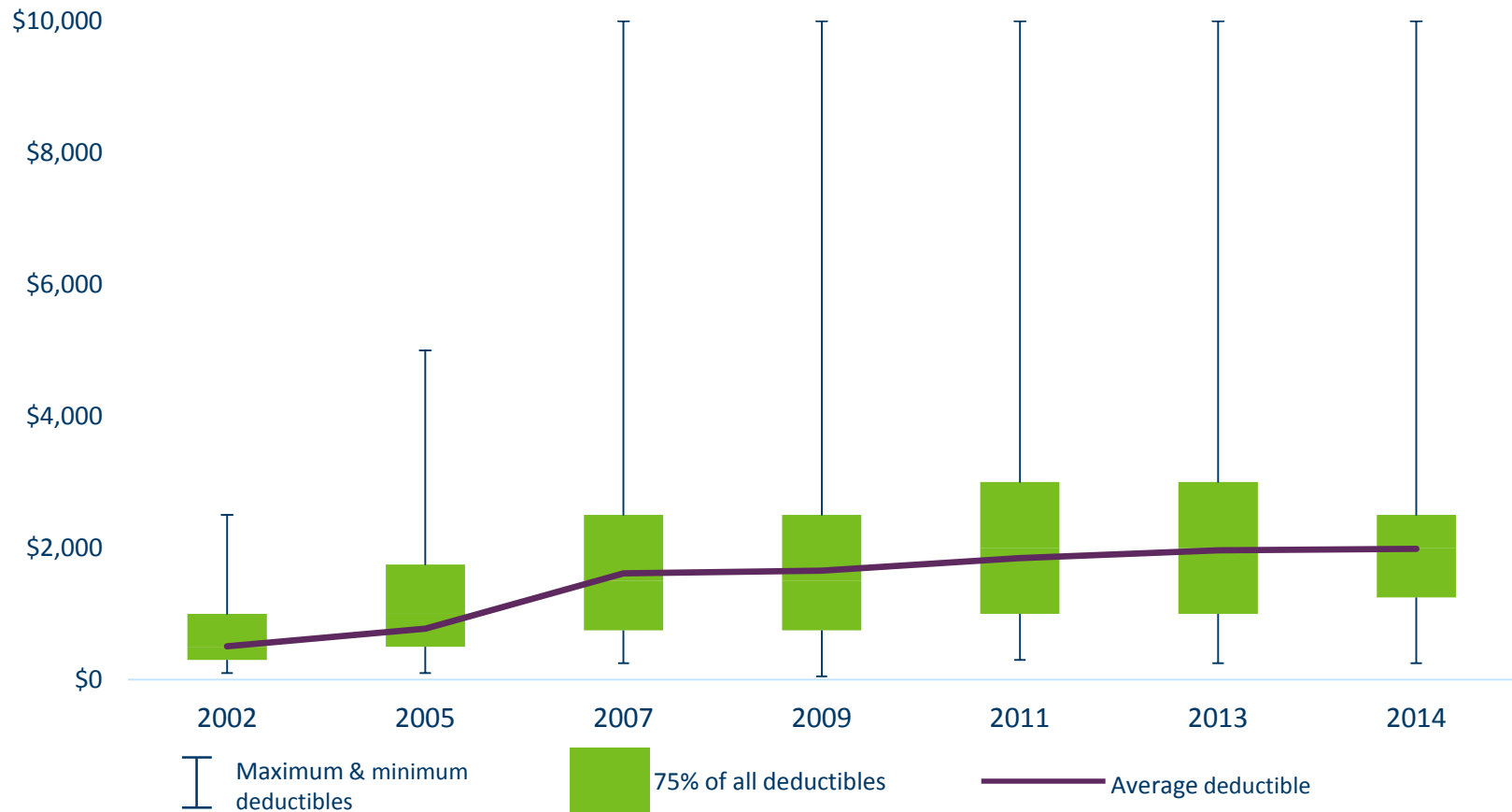


Note: Distributions are by share of total enrollment. In 2013 and 2014, less than 1 percent of enrollees had deductibles above \$6,350, the maximum out-of-pocket under the Affordable Care Act (ACA) compliant plans. Deductible levels are per person.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Average and Range for Per Person Annual Deductibles in the Small Group Market, 2002 to 2014

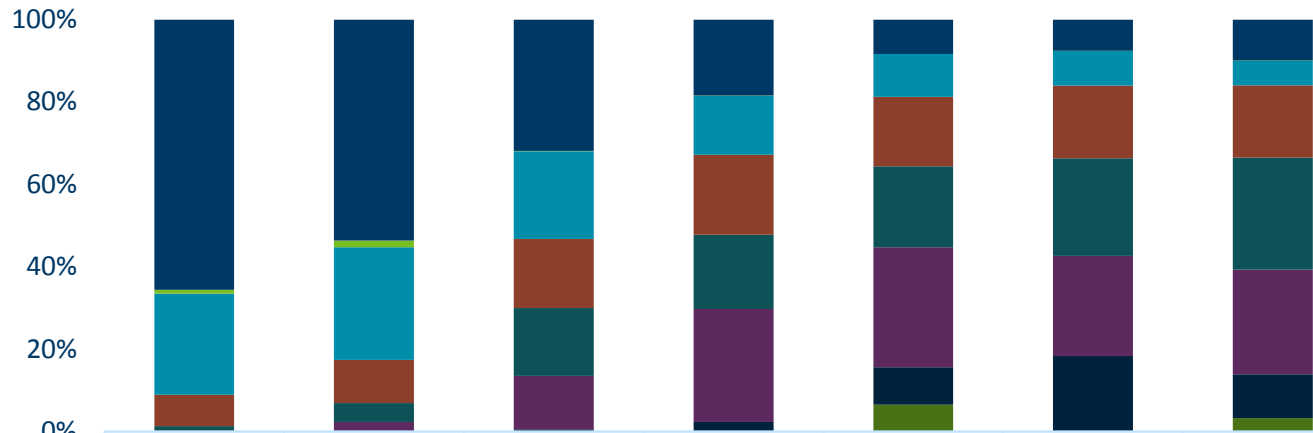


Note: Results exclude plans with a \$0 deductible.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Distribution of Family Level Deductibles in the Small Group Market, 2002 to 2014



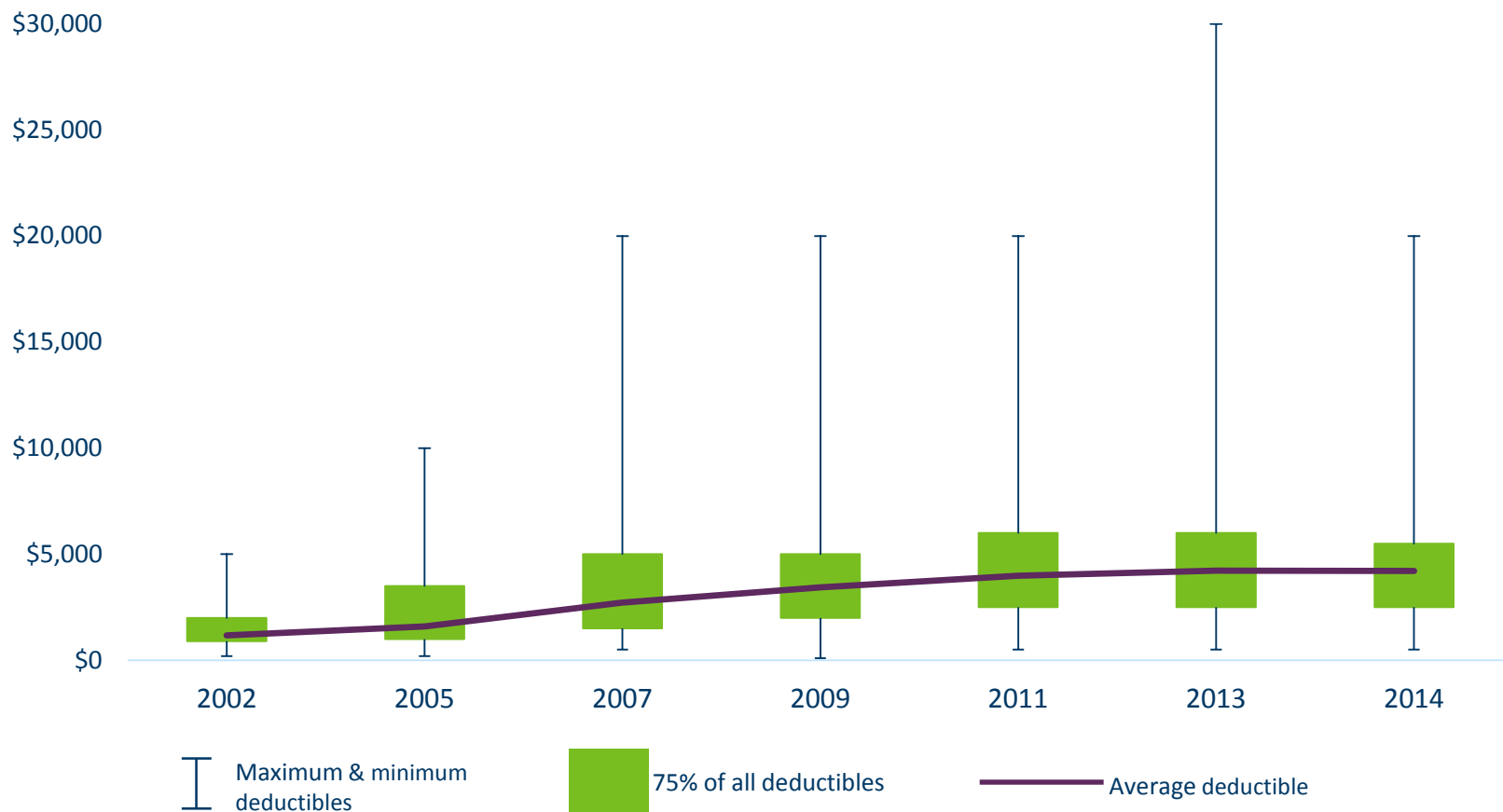
	2002	2005	2007	2009	2011	2013	2014
■ No Deductible	65.6%	53.6%	31.9%	18.5%	8.3%	7.6%	9.9%
■ \$1 to \$500	0.9%	1.7%	0.1%	0.1%	0.0%	0.0%	0.0%
■ \$501 to \$1,250	24.5%	27.3%	21.3%	14.3%	10.4%	8.5%	6.1%
■ \$1,251 to \$2,500	7.6%	10.5%	16.8%	19.4%	16.9%	17.6%	17.5%
■ \$2,501 to \$4,000	1.2%	4.6%	16.5%	18.1%	19.6%	23.7%	27.2%
■ \$4,001 to \$6,350	0.2%	2.3%	13.0%	27.4%	29.1%	24.3%	25.4%
■ \$6,351 to \$12,700	0.0%	0.1%	0.5%	2.3%	9.1%	18.2%	10.7%
■ Greater than \$12,700	0.0%	0.0%	0.0%	0.0%	6.5%	0.2%	3.3%

Note: Distributions are by share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Distribution of Family Level Annual Deductibles in the Small Group Market, 2002 to 2014

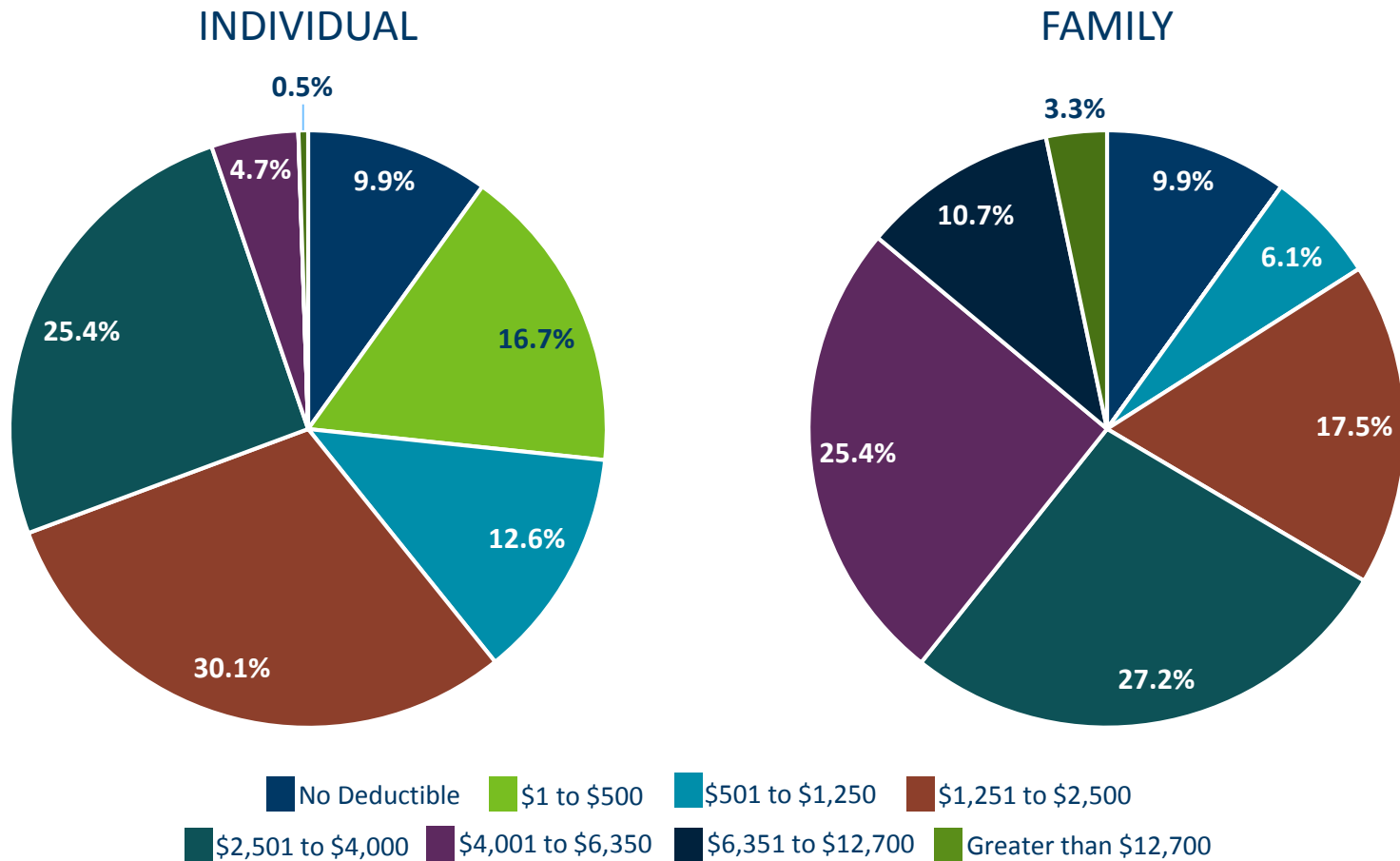


Note: Results exclude plans with a \$0 deductible.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Distribution of Deductibles in the Small Group Market, 2014

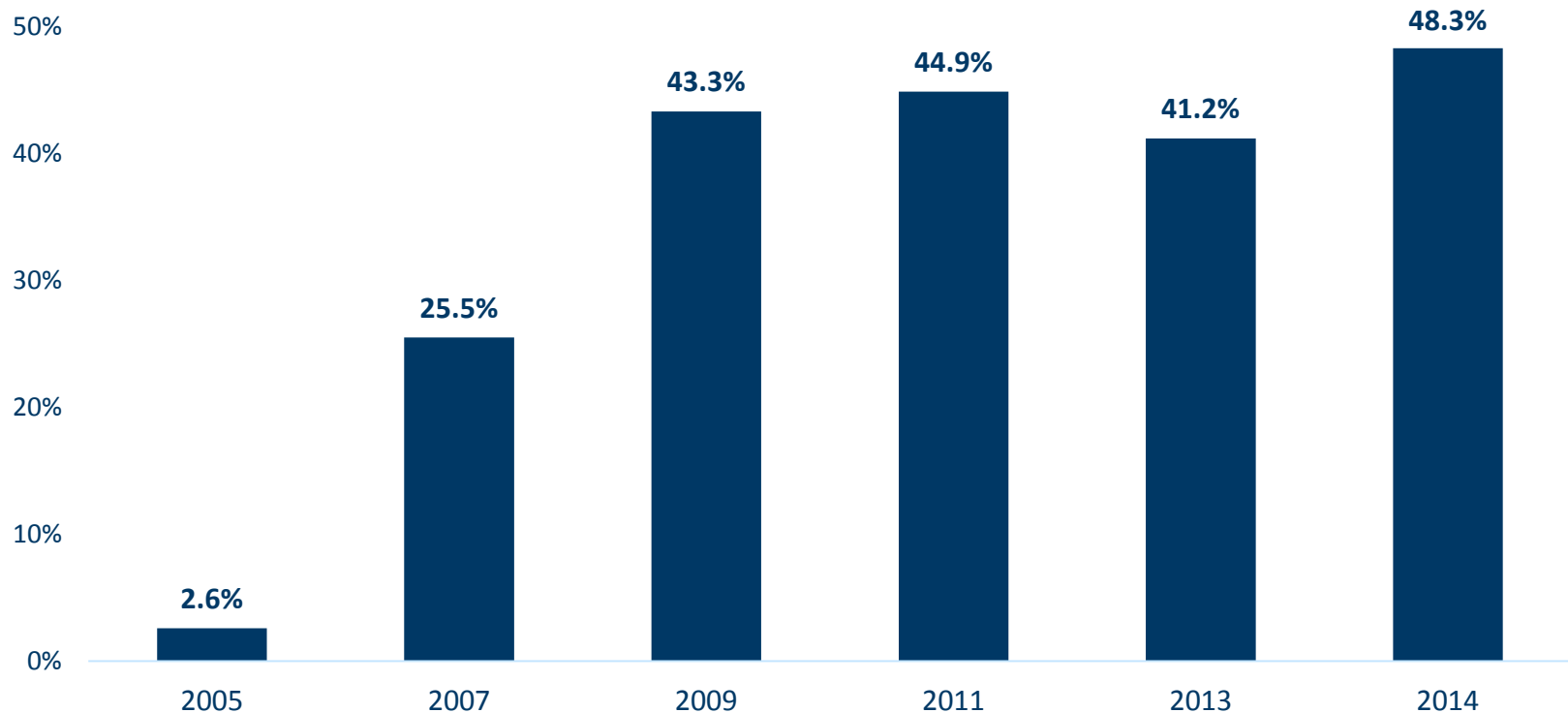


Note: Distributions are by share of total enrollment. No Individual plans had a deductible between \$6,351 and \$12,700; no family plans had a deductible between \$1 and \$500.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Small Group Market Enrollment in High Deductible Health Plans with HSA Eligibility, 2005 to 2014

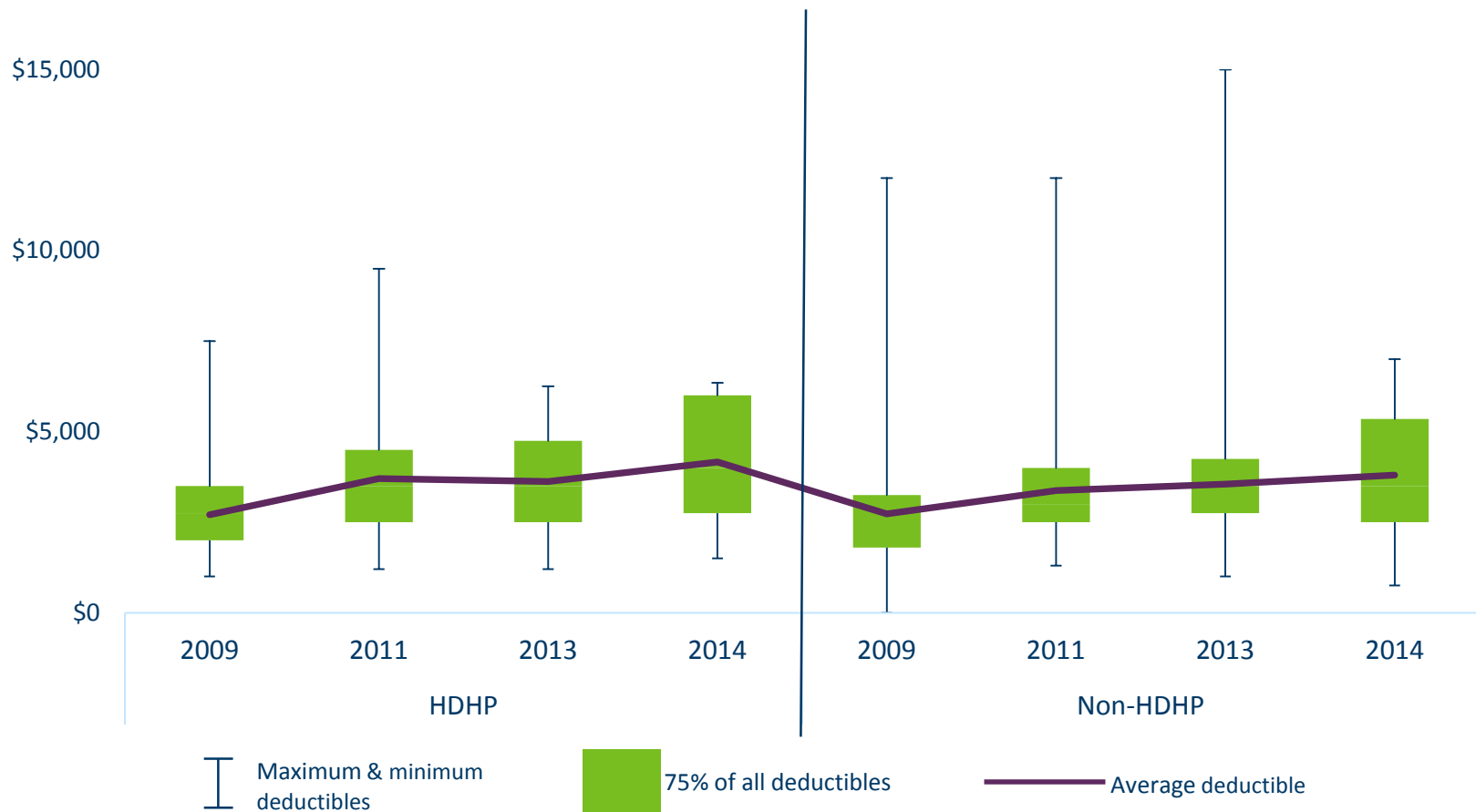


Note: By share of total enrollment. HSA is Health Savings Account. This is the percent of plans that are Qualified High Deductible Health Plans (HDHP), as determined by the Internal Revenue Service (for 2014 the minimum deductible is \$1,250), and have the option to be paired with an HSA. The proportion of people with an HSA is unknown. Prior to 2006, HSAs and similar options were rare. In the 2009 survey firms did not reliably report on HSA pairing, therefore the portion of HDHP plans was determined using only the IRS minimum deductible guideline. In 2011, the plans identified whether it was a HDHP plan. This difference in reporting methodology may be reflected in the 2011 total.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Comparison of Individual Out-of-Pocket Maximums by High Deductible Health Plan Enrollment, Small Group Market, 2009 to 2014



Note: HDHPs include plans with individual deductibles over \$1,250, but they do not necessarily have a Health Savings Account (HSA) option.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

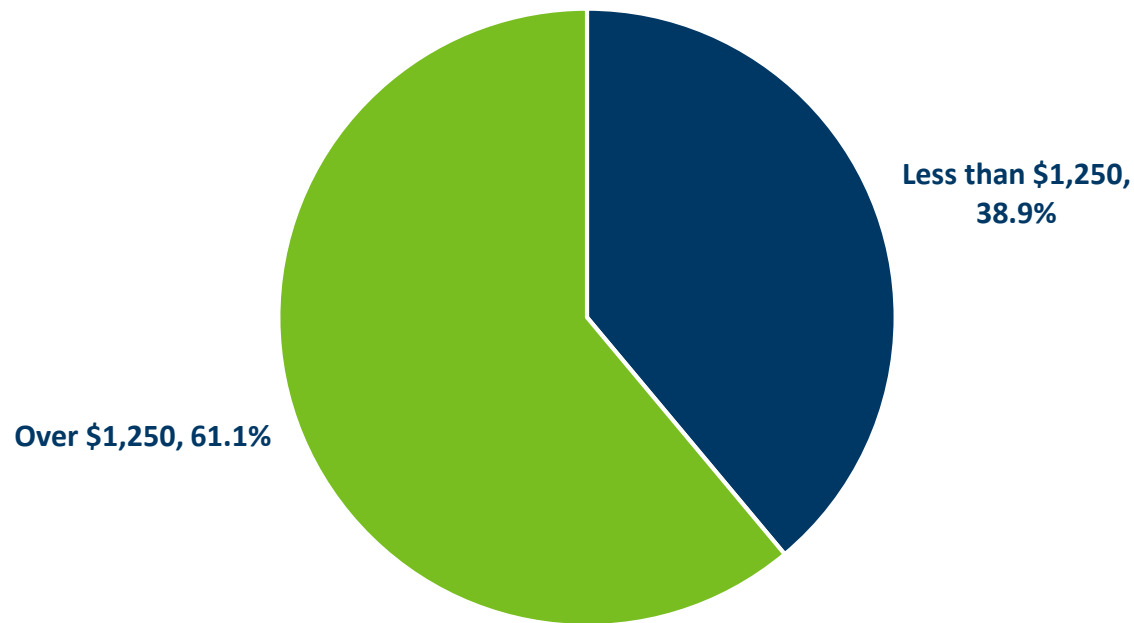
Distribution of Individual Out-of-Pocket Maximums by High Deductible Health Plan Enrollment, Small Group Market, 2011 to 2014

Out-of-Pocket Maximum	2011		2013		2014	
	HDHP	Non-HDHP	HDHP	Non-HDHP	HDHP	Non-HDHP
Less than \$2,000	16.2%	24.9%	20.3%	6.2%	14.7%	1.3%
\$2,000 to \$2,999	32.1%	34.4%	26.1%	29.7%	27.8%	13.7%
\$3,000 to \$3,999	32.1%	30.2%	24.9%	26.8%	34.3%	35.5%
Over \$4,000	19.6%	10.5%	28.8%	37.3%	23.2%	49.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Distributions are by share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Portion of Small Group Market Enrollees with Deductibles over \$1,250 in 2014



Note: The minimum deductible in the IRS definition of High Deductible Health Plan (HDHP) was \$1,250 in 2014 for an individual plan. Not all plans with deductibles over this amount are classified as an HDHP by the IRS because they do not meet other requirements for the HDHP designation. This slide shows all enrollees with a deductible burden that meets the IRS minimum requirement regardless of whether or not they meet other HDHP criteria.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

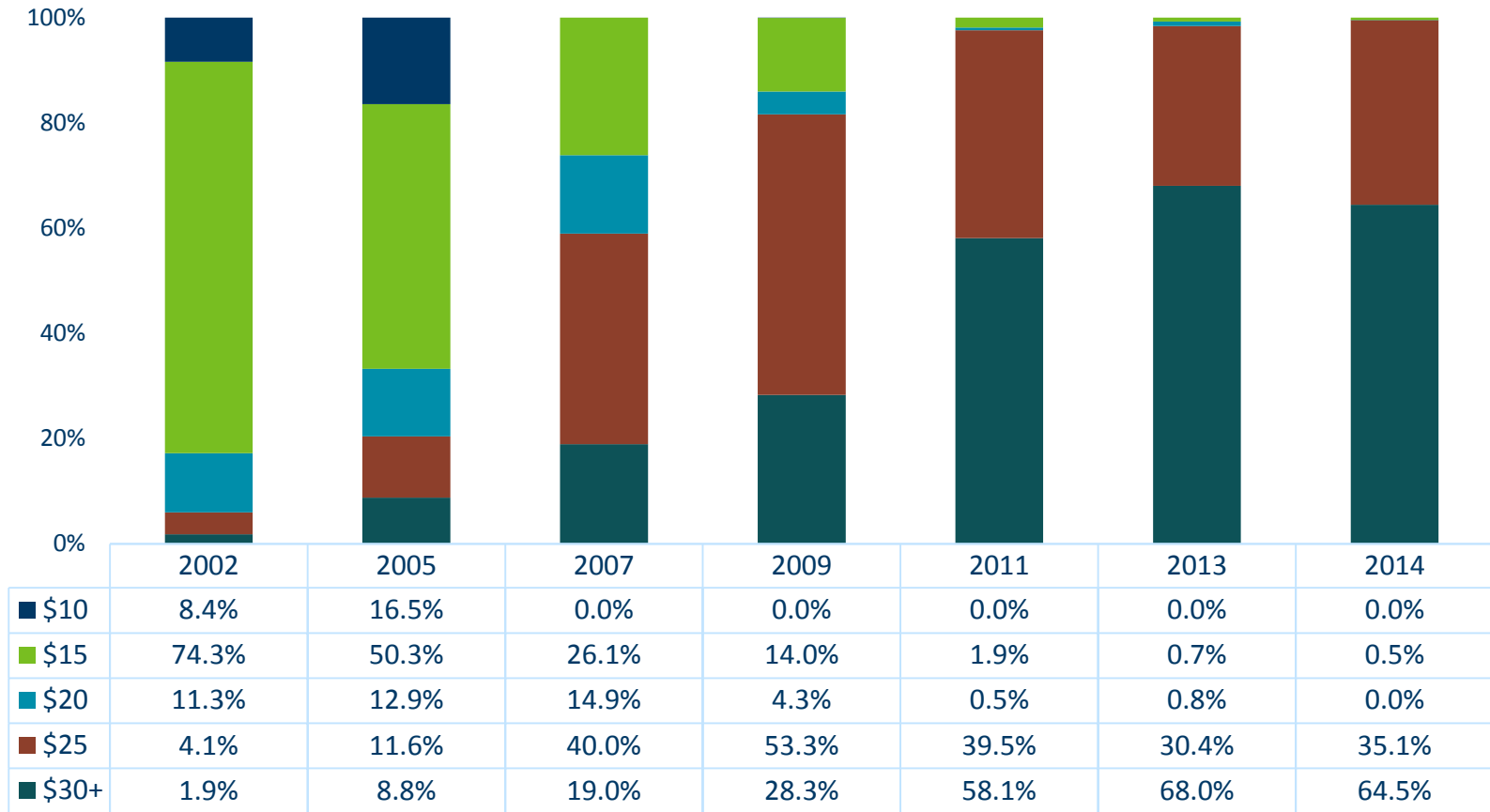
Office Visit Cost Sharing Requirements in the Small Group Market, 2002 to 2014

	2002	2005	2007	2009	2011	2013	2014
No Additional Cost Sharing Aside from Deductible	0.0%	0.0%	20.8%	36.8%	35.9%	33.4%	36.0%
Copayment	70.3%	86.9%	66.2%	36.3%	8.4%	6.8%	0.3%
Coinsurance	27.9%	10.8%	8.9%	12.7%	13.2%	18.9%	20.9%
Copayment & Coinsurance	1.8%	2.4%	4.2%	14.2%	42.5%	40.9%	42.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: By share of total enrollment. If plan had tiered cost sharing, the cost sharing for the lowest tier was used in this analysis. Plans with only a deductible and no copayment or coinsurance, as well as plans with no deductible or cost sharing are included in No Additional Cost Sharing Aside from Deductible.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Distribution of Office Visit Copayments in the Small Group Market, 2002 to 2014

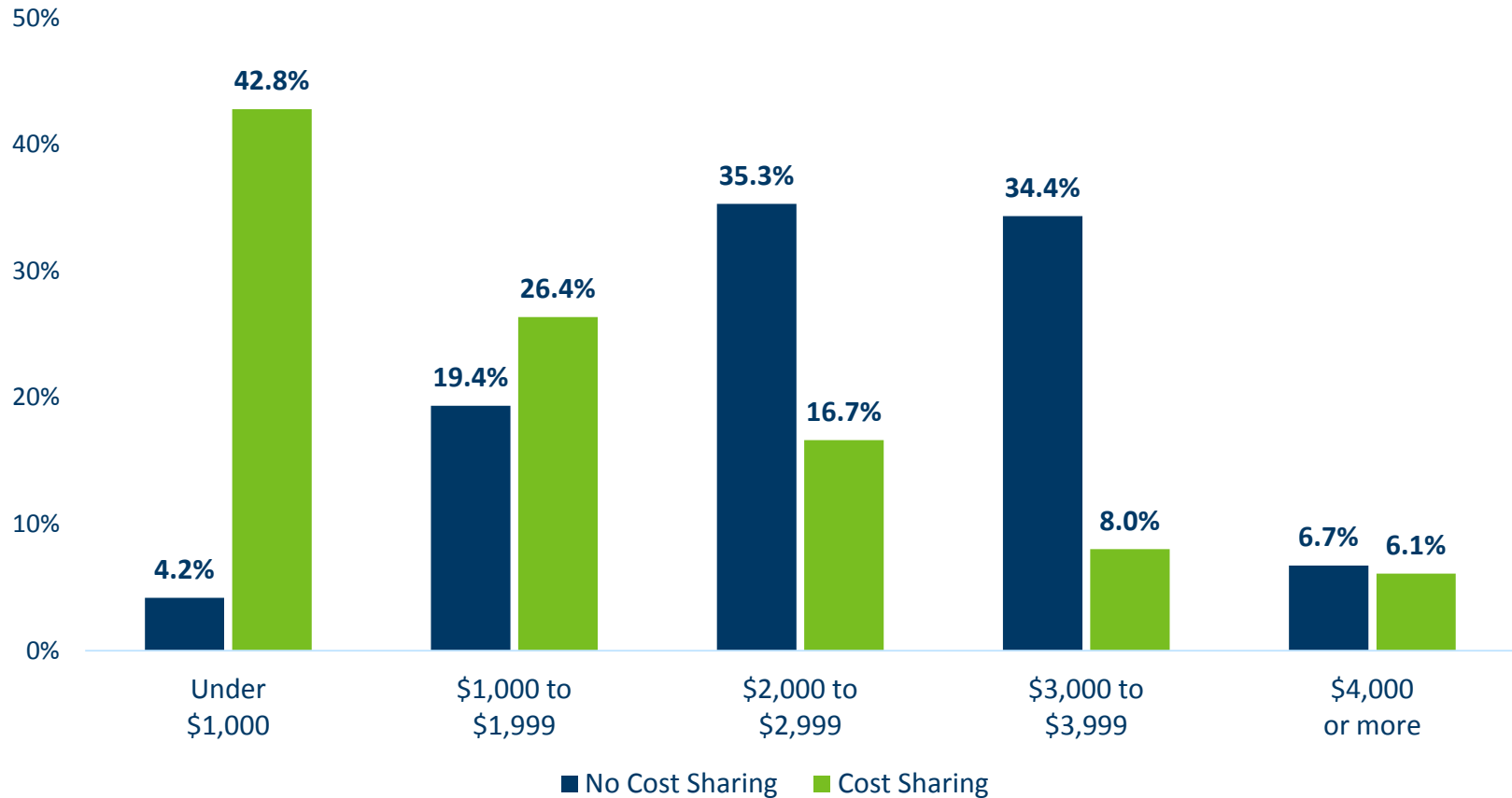


Note: Distributions are by share of total enrollment. Includes only enrollees who have an office visit copayment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Deductibles and Cost Sharing for Office Visits in the Small Group Market, 2014



Note: Distributions are by share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

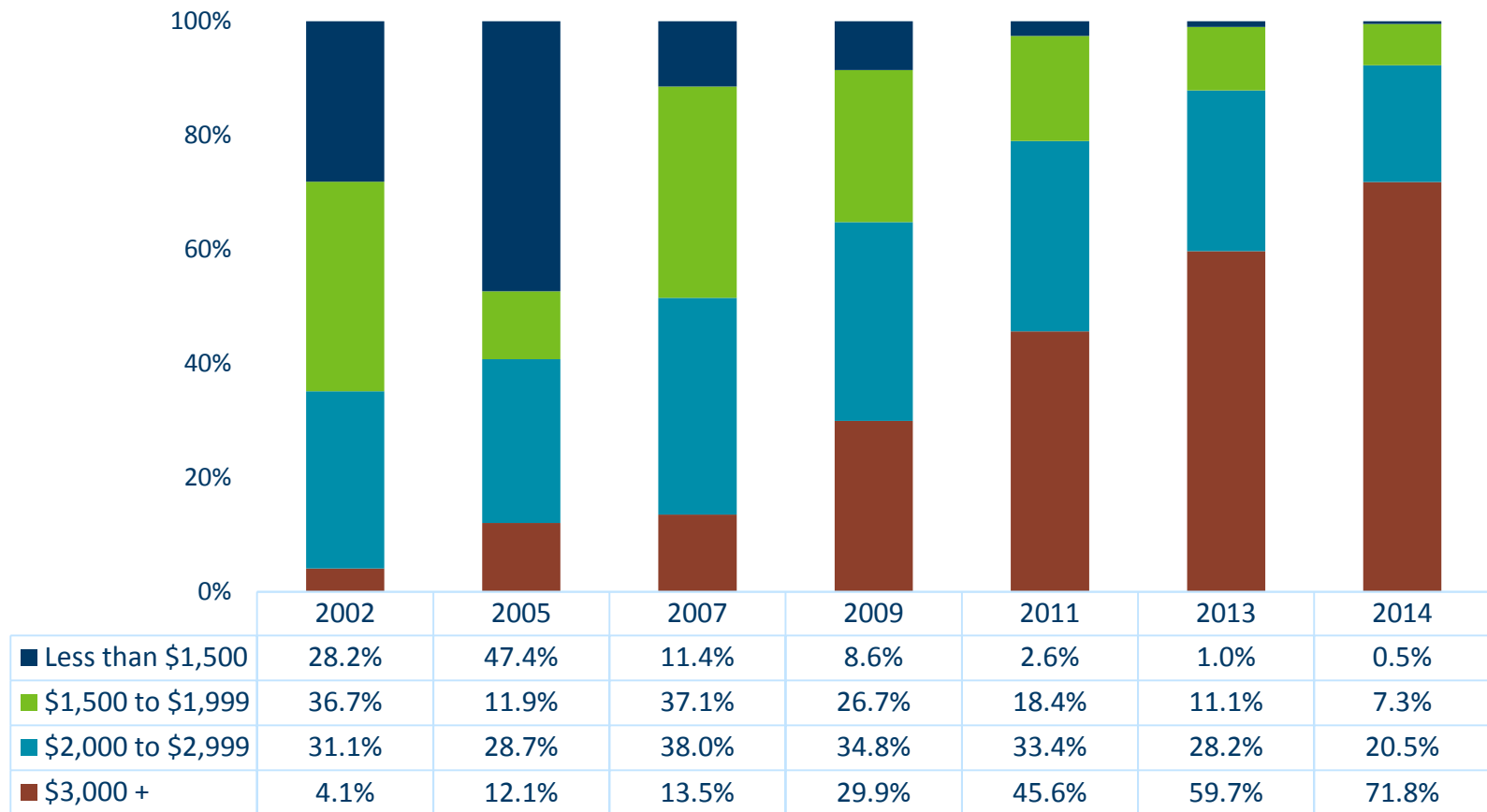
Cost Sharing Requirements for Hospitalizations in the Small Group Market, 2002 to 2014

	2002	2005	2007	2009	2011	2013	2014
Coinsurance of 10% or less	3.7%	4.2%	1.2%	0.1%	0.2%	0.6%	0.4%
11 to 20% Coinsurance	85.0%	92.9%	59.5%	25.5%	11.4%	24.0%	21.2%
Coinsurance of more than 20%	2.3%	2.2%	1.2%	28.0%	44.1%	35.2%	34.1%
Copayment	9.1%	0.8%	0.1%	0.0%	0.0%	0.0%	8.1%
No Additional Cost Sharing Aside from Deductible	0.0%	0.0%	38.0%	46.4%	44.4%	40.2%	36.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment or coinsurance, as well as plans with no deductible or cost sharing are included in No Additional Cost Sharing Aside from Deductible.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Per Person Out-of-Pocket Limits in the Small Group Market, 2002 to 2014

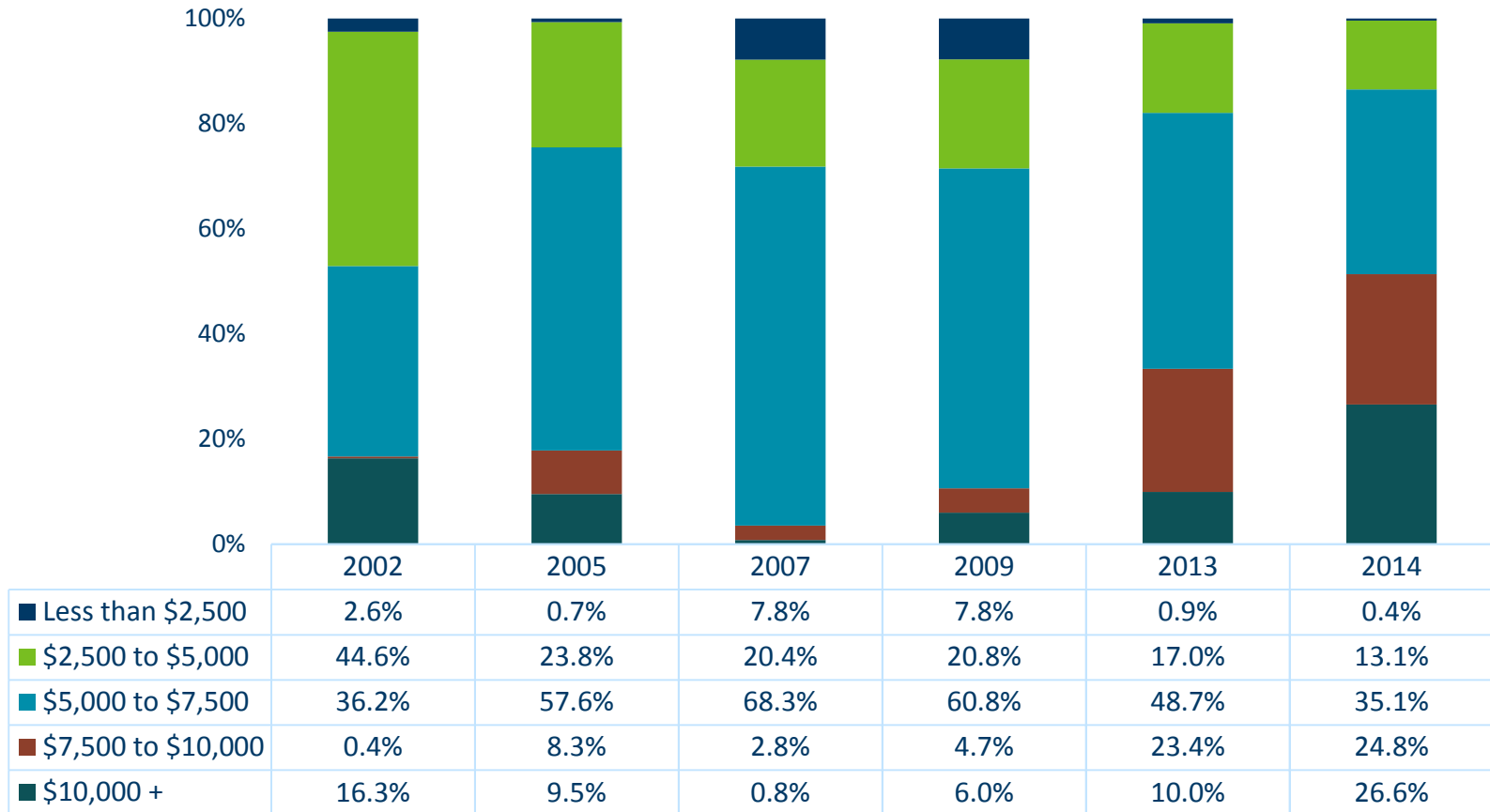


Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services only.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Family Level Out-of-Pocket Limits in the Small Group Market, 2002 to 2014

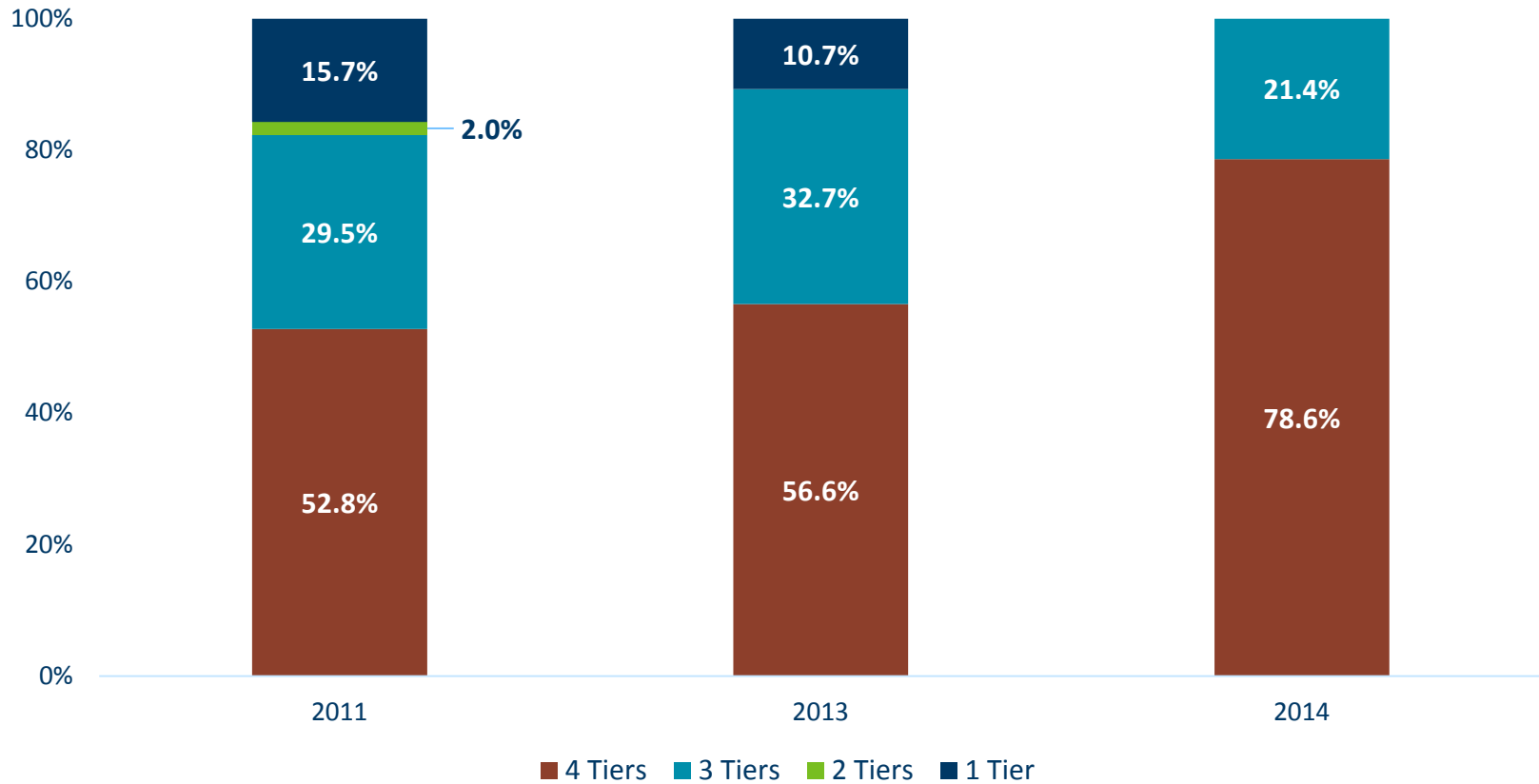


Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services only. This data was not collected in 2011.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Number of Tiers for Prescription Drug Cost Sharing in the Small Group Market, 2011 to 2014



Note: Distributions are by share of total enrollment. If a value is not shown, no plans had that many prescription drug cost sharing tiers. Cost sharing includes copayments and coinsurance only. Number of tiers for prescription drugs was not collected before 2011.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Prescription Drug Out-of-Pocket Limits in the Small Group Market, 2002 to 2014

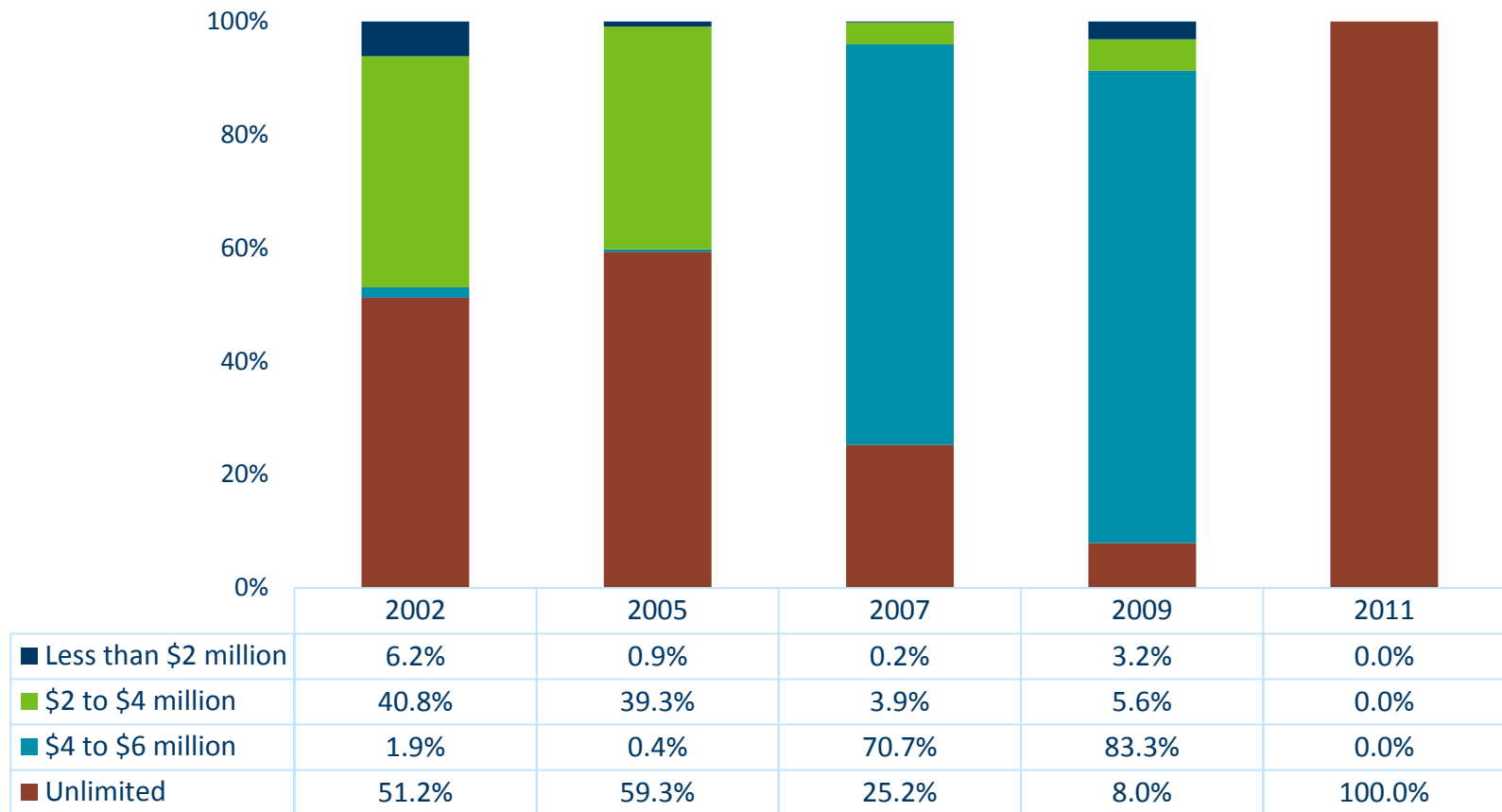
	2002	2005	2007	2009	2011	2013	2014
No Separate Prescription Drug Out-of-Pocket Limit¹	40.7%	62.5%	70.0%	72.3%	79.6%	74.1%	100.0%
Separate Prescription Drug Out-of-Pocket Limit	59.3%	37.5%	30.0%	27.7%	20.4%	25.9%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ General health plan out-of-pocket limits apply.

Note: By share of total enrollment.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Lifetime Limit on Benefits in the Small Group Market, 2002 to 2011

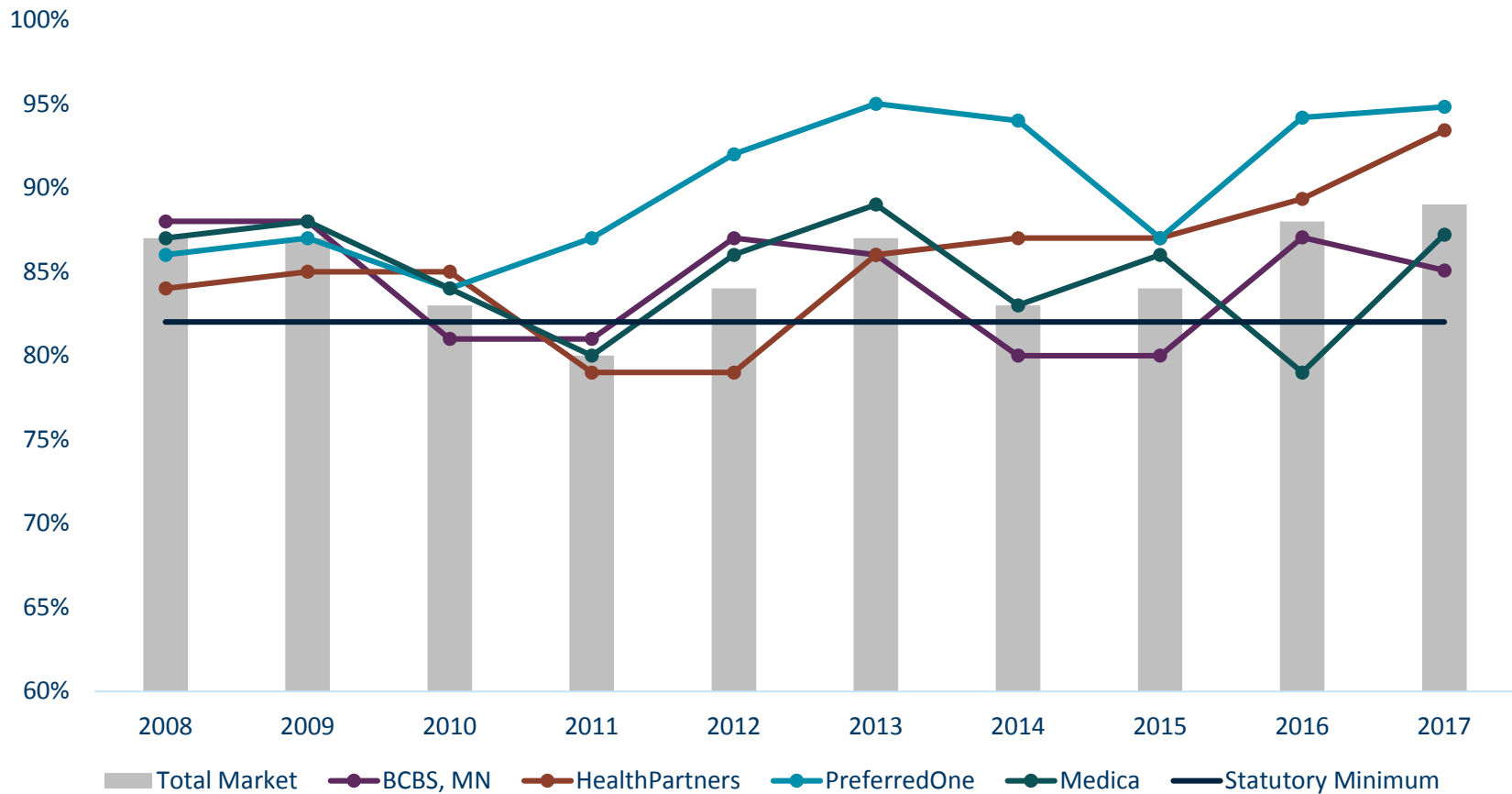


Note: Distributions are by share of total enrollment. After 2011, no plans had a lifetime limit.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

[Summary of Graph](#)

Loss Ratio Experience in the Small Group Market, 2008 to 2017



Note: Companies with common ownership have been combined for purposes of this analysis. BCBS, MN is Blue Cross Blue Shield of Minnesota. Source: Minnesota Department of Commerce, "Report of 2017 Loss Ratio Experience for Health Plan Companies" June 1, 2018. Loss Ratios and statutory minimums presented are State Loss Ratios. Not all companies listed in the loss ratio report are illustrated.

[Summary of Graph](#)

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page
(www.health.state.mn.us/healtheconomics)
- Publications
(<https://apps.health.state.mn.us/hep-publications/home.xhtml>)
- Health Care Market Statistics (Chartbook Updates)
(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 4](#). Direct links are listed on each page. Spending is based on source of payment, unless otherwise noted. 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.