

# 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](mailto: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](#))

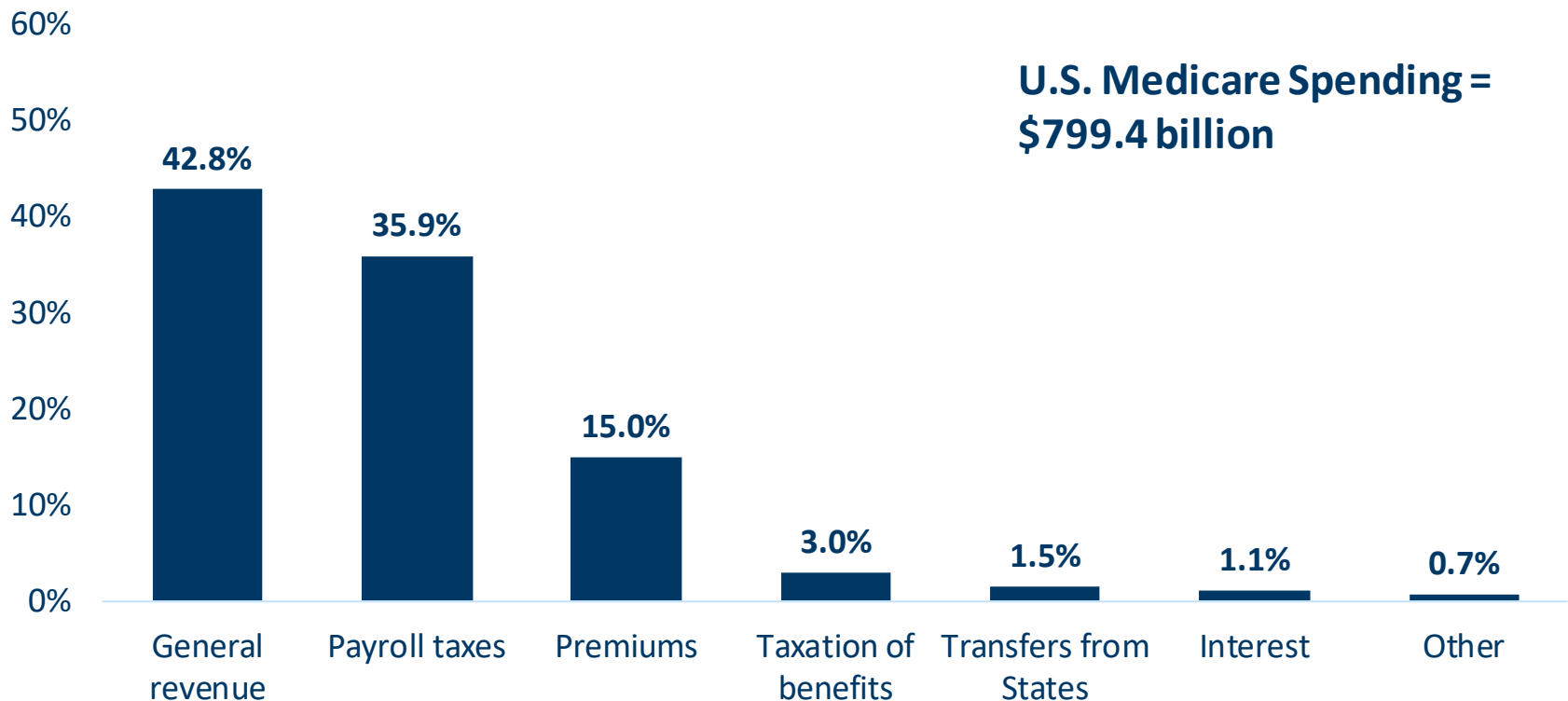
A summary of the charts and graphs contained within is provided on the [MDH website](#). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or [health.hep@state.mn.us](mailto:health.hep@state.mn.us) if additional assistance is needed for accessing this information.

# Medicare

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

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

# Medicare Financing in the U.S., 2019



Sources: 2020 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 2019. U.S. expenditure data is from the Personal Health Care estimates of the National Health Expenditure Accounts (NHEA) for 2019.

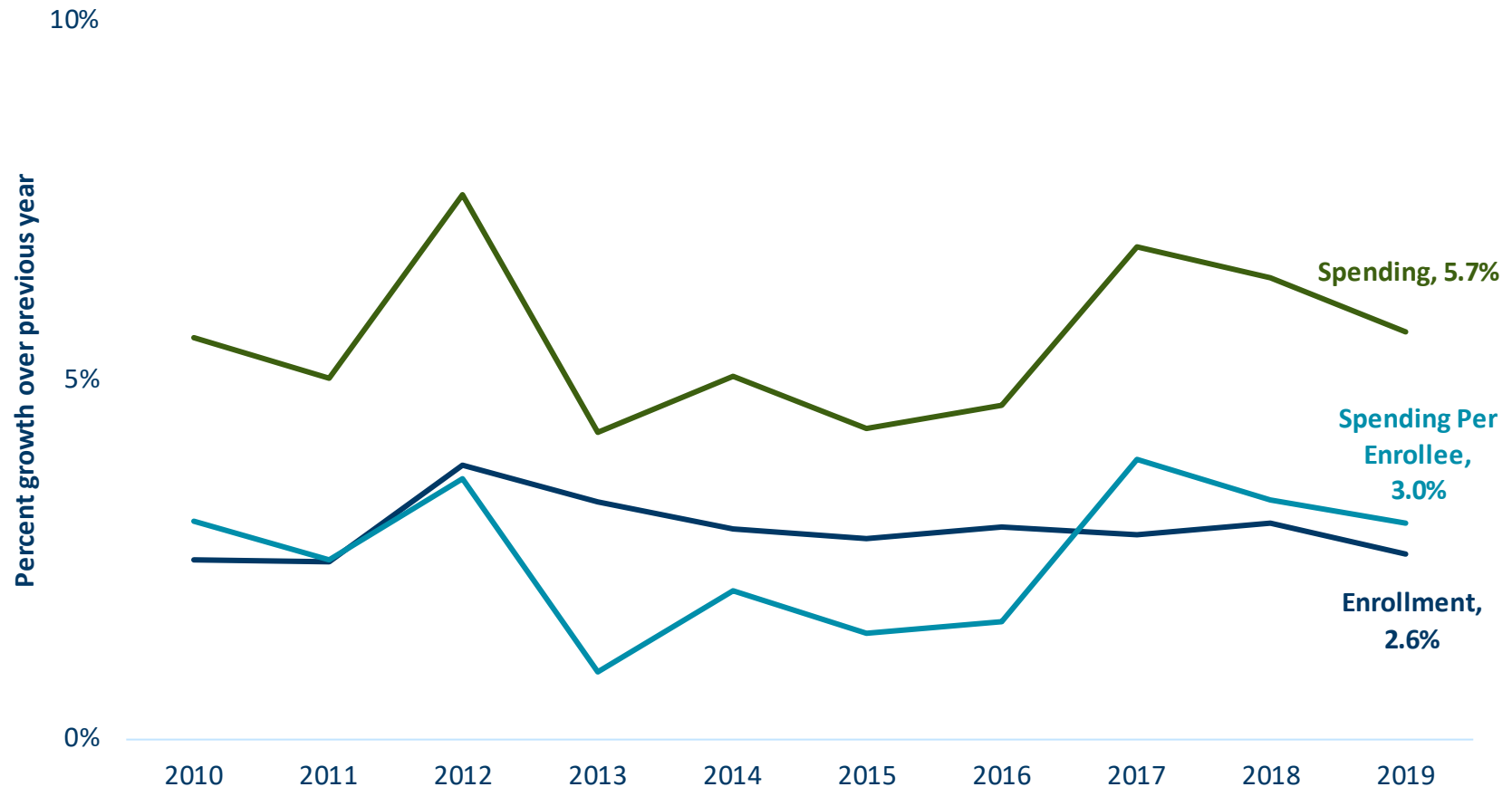
[Summary of graph](#)

# 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.
2010	785,852	47,702,632	\$7,164	\$519,536	\$9,116	\$10,891
2011	805,146	48,944,303	\$7,523	\$544,596	\$9,343	\$11,127
2012	835,756	50,828,094	\$8,092	\$568,368	\$9,682	\$11,182
2013	863,414	52,425,659	\$8,438	\$588,919	\$9,773	\$11,233
2014	888,702	54,013,038	\$8,864	\$617,572	\$9,974	\$11,434
2015	913,586	55,496,222	\$9,246	\$647,835	\$10,121	\$11,673
2016	940,548	56,981,183	\$9,675	\$675,768	\$10,286	\$11,859
2017	967,270	58,457,244	\$10,337	\$704,716	\$10,687	\$12,055
2018	996,224	59,989,883	\$11,001	\$749,140	\$11,043	\$12,488
2019	1,021,819	61,514,510	\$11,623	\$799,356	\$11,375	\$12,995

Sources: Enrollment data are from the Medicare and Medicaid Statistical Supplement of the Centers for Medicare and Medicaid Services (CMS) as of July 1 (2007-2009) and changed to calendar year from CMS Enrollment Dashboard (2010-2019); 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 2010 to 2019. Minnesota expenditure estimates are based on MDH annual spending report data for Medicare – public payer data (updated through 2019). All expenditures exclude out-of-pocket expenditures (including member deductibles and cost-sharing). 2013-2019 enrollment as of January 2021.

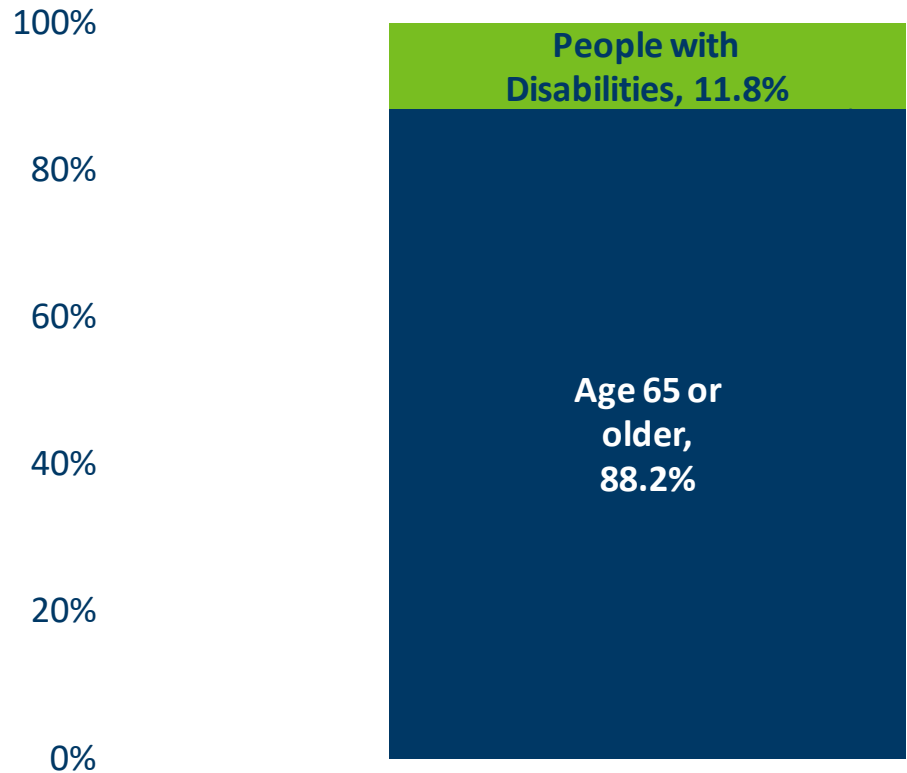
# Trends in Minnesota Medicare Enrollment and Spending



Sources: Enrollment data are from the Medicare and Medicaid Statistical Supplement of the Centers for Medicare and Medicaid Services (CMS) as of July 1 (2008-2009) and changed to calendar year from CMS Enrollment Dashboard (2010-2019); 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 2019). 2013-2019 enrollment as of January 2021.

[Summary of graph](#)

# Distribution of Minnesota Medicare Beneficiaries by Reason for Eligibility, 2019



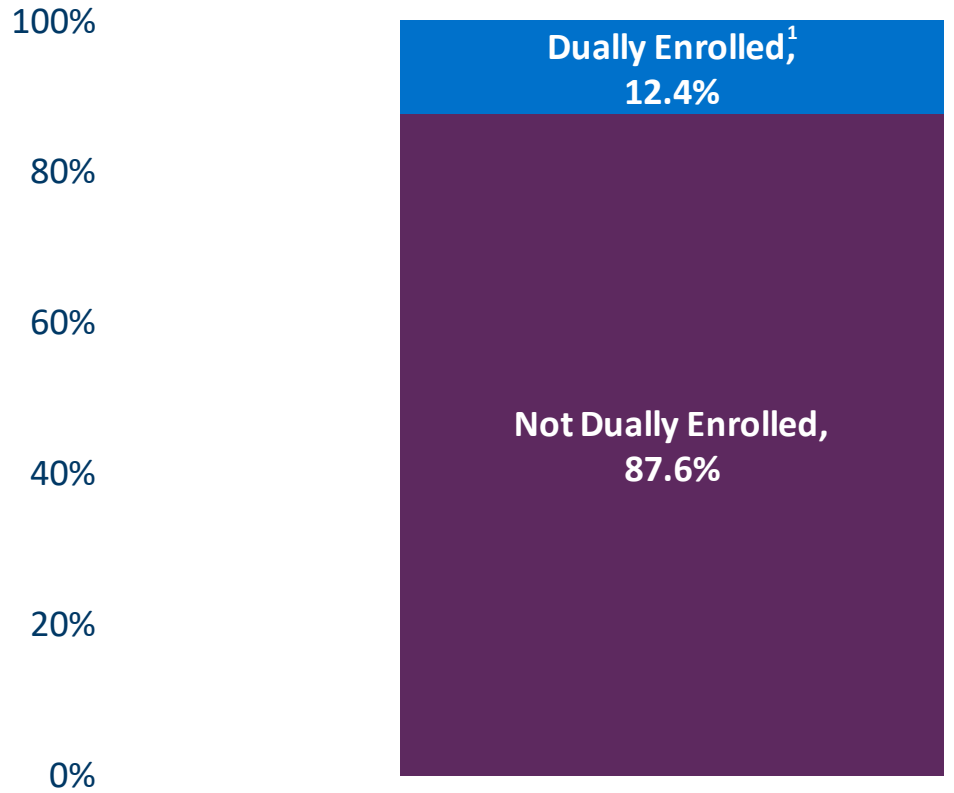
**Medicare enrollment = 1,021,819**

Source: CMS, CMS Chronic Conditions Data Warehouse, Medicare Enrollment – MDCR EnrollAB7, calendar year 2019.

<sup>1</sup>People with disabilities 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](#)

# Distribution of Minnesota Medicare Beneficiaries by Dual-Enrollment Coverage, 2019



**Medicare enrollment = 1,021,819**

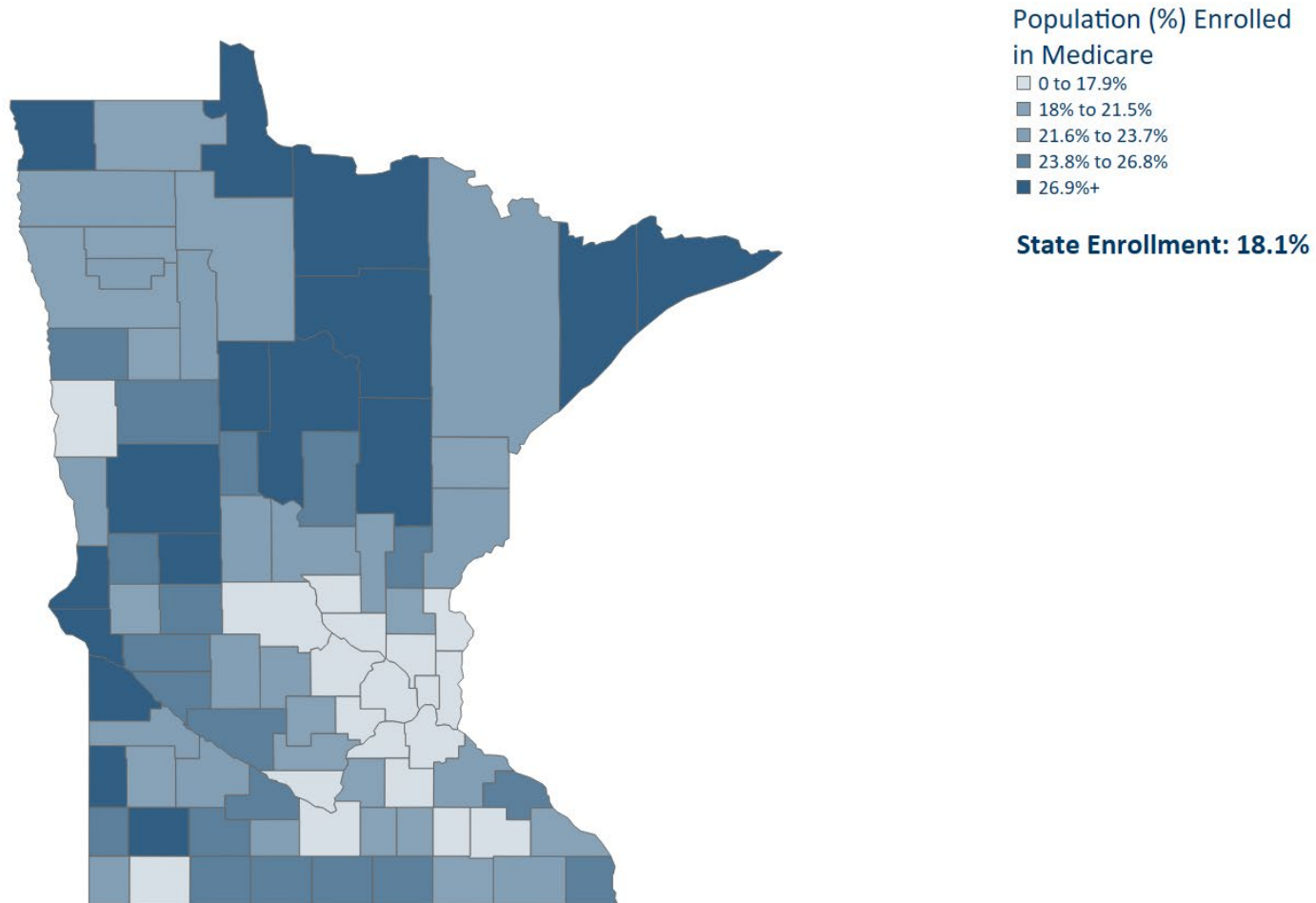
Sources : CMS Chronic Conditions Data Warehouse, Medicare Enrollment – MDCR Enroll AB 42, calendar year 2019.

<sup>1</sup>Dual eligible are full-benefit MMEs (Medicare – Medicaid Enrollees) and Qualified Disabled working individuals.

[Summary of chart](#)



# Minnesota's Medicare Enrollment as Percent of Population, by County, 2019

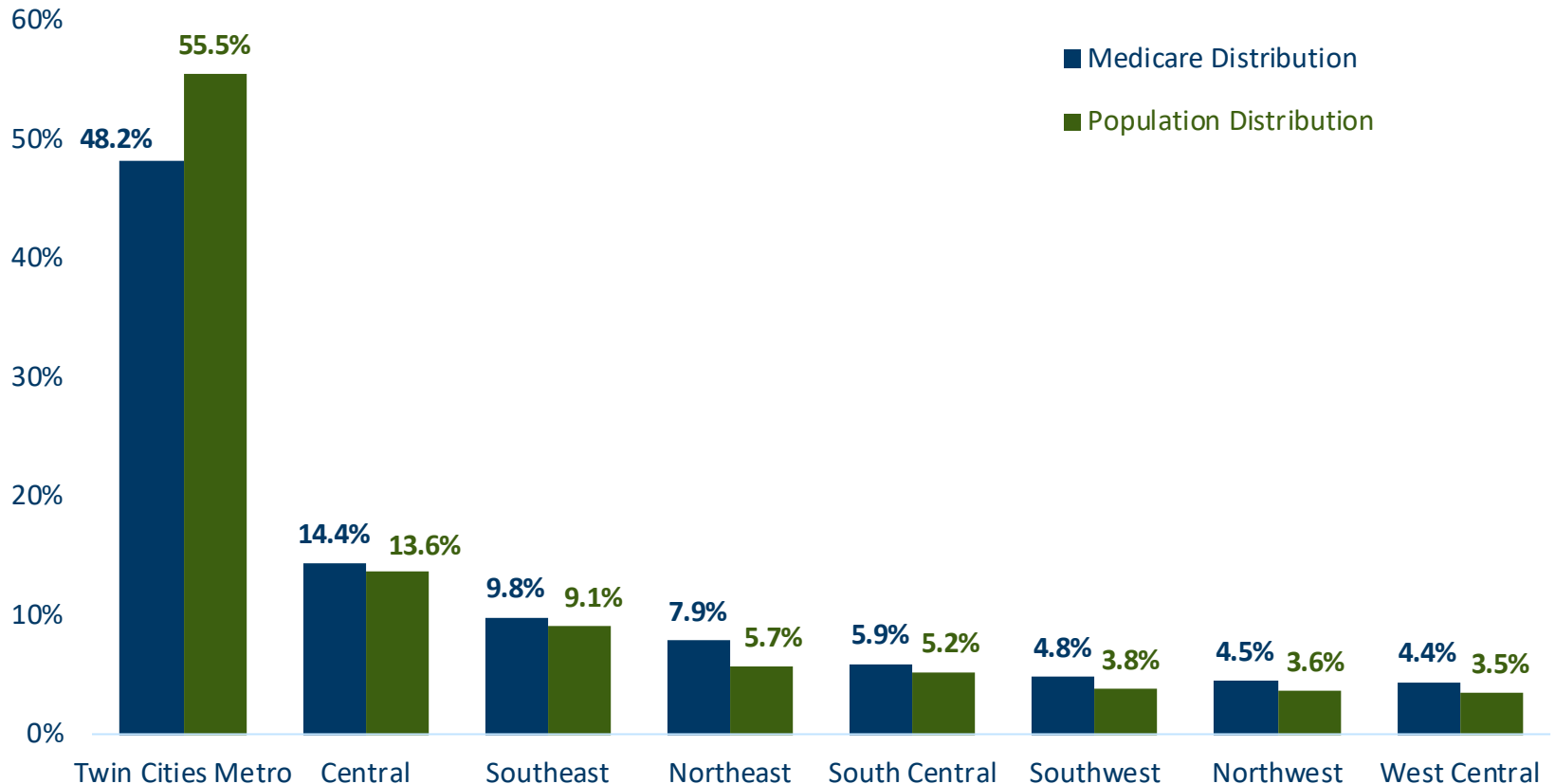


© 2021 Mapbox © OpenStreetMap

Sources: CMS, CMS Enrollment Dashboard 2019, calendar year; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2019; map shapefile from 2021 Mapbox @ OpenStreetMap. Ranges are based on quintiles.

[Summary of graph](#)

# Distribution of Medicare Enrollees and State Population, by Region, 2019



For the regional boundaries, see slide 38 at the end of this chartbook.

Sources: CMS, CMS Enrollment Dashboard 2019, calendar year; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2019. 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:

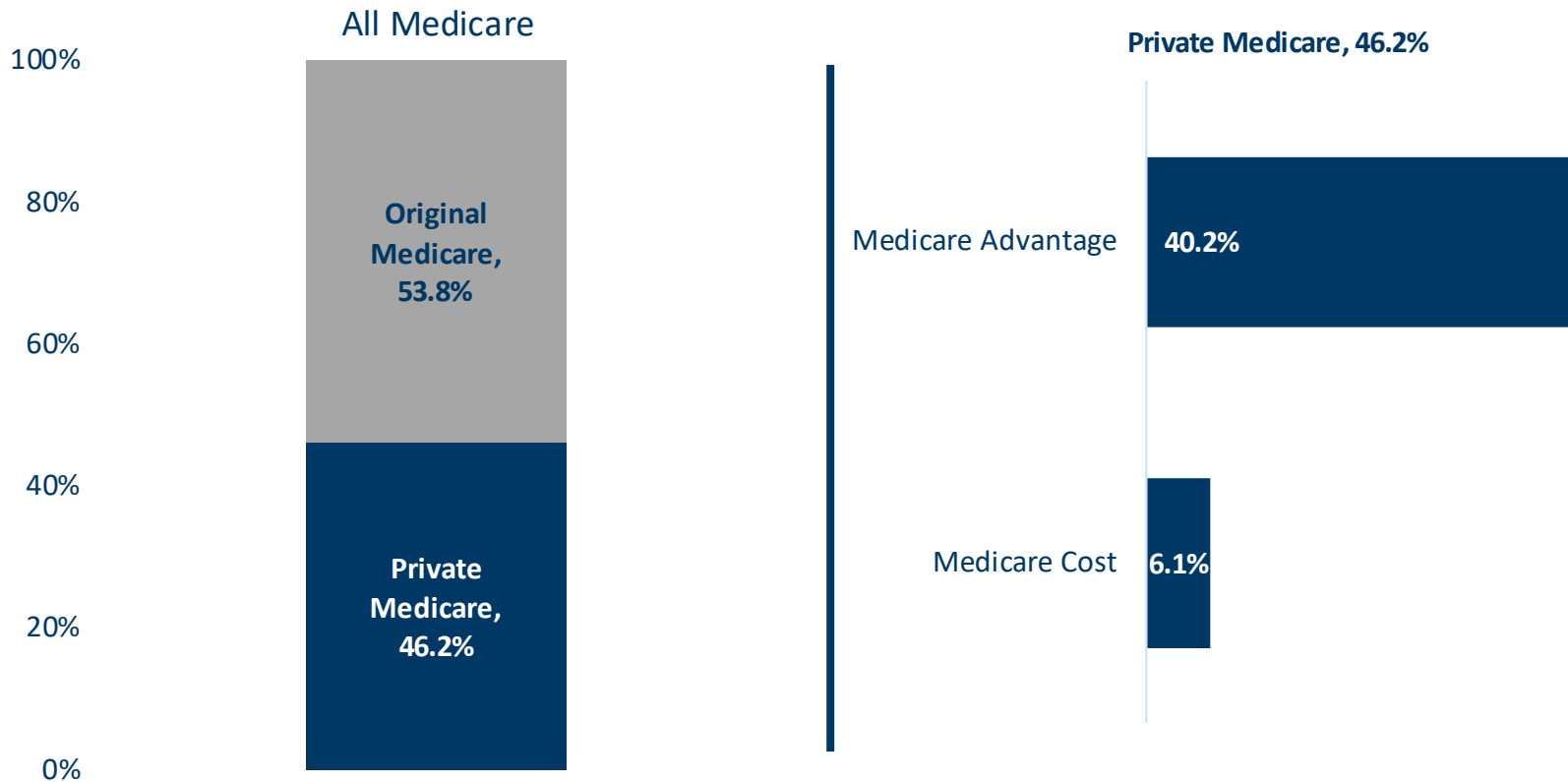
- **Part A:** Hospital insurance (e.g., inpatient hospital, skilled nursing)
- **Part B:** Medical insurance (e.g., physician, lab, outpatient hospital)
- **Part C:** Medicare Advantage Plans (and Other Private Medicare Plans)
- **Part D:** Prescription drug coverage (see slide 18)

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**

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

# Medicare Enrollment, as of December 2019

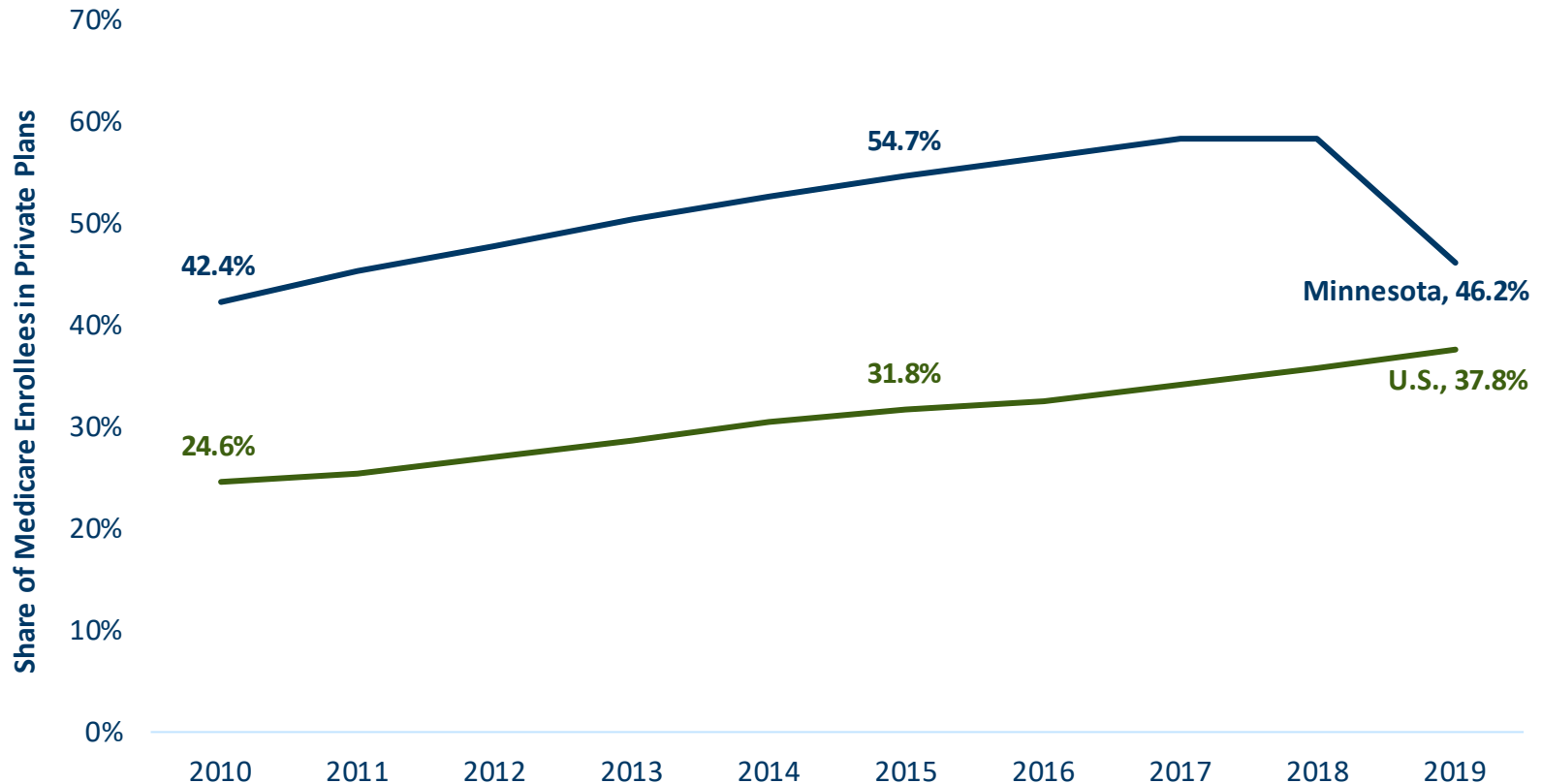


Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December 2019.

Private Medicare is representative of Medicare 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](#)

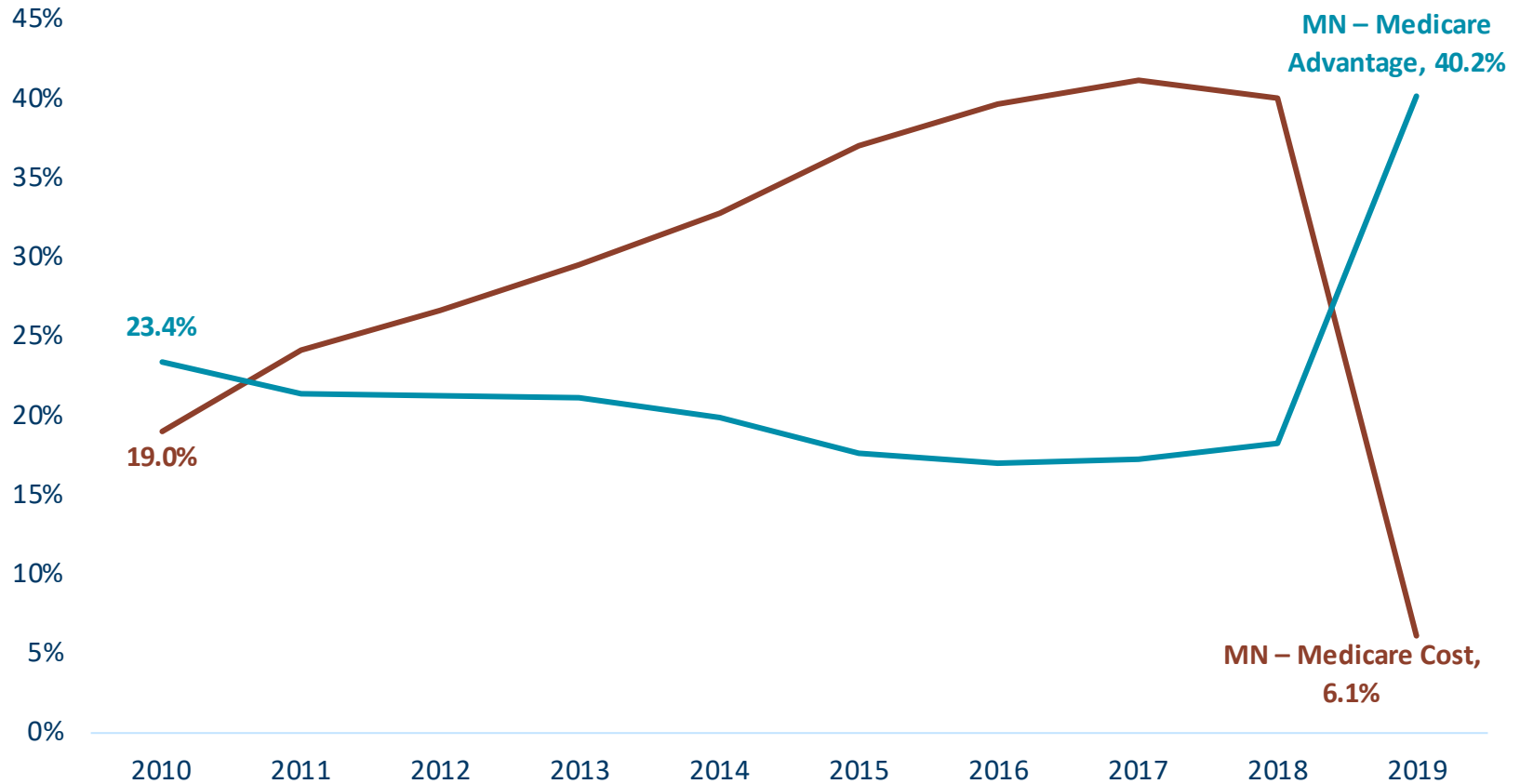
# Medicare Private Plan Enrollment Trends in Minnesota and the United States



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December (2010-2019). 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](#)

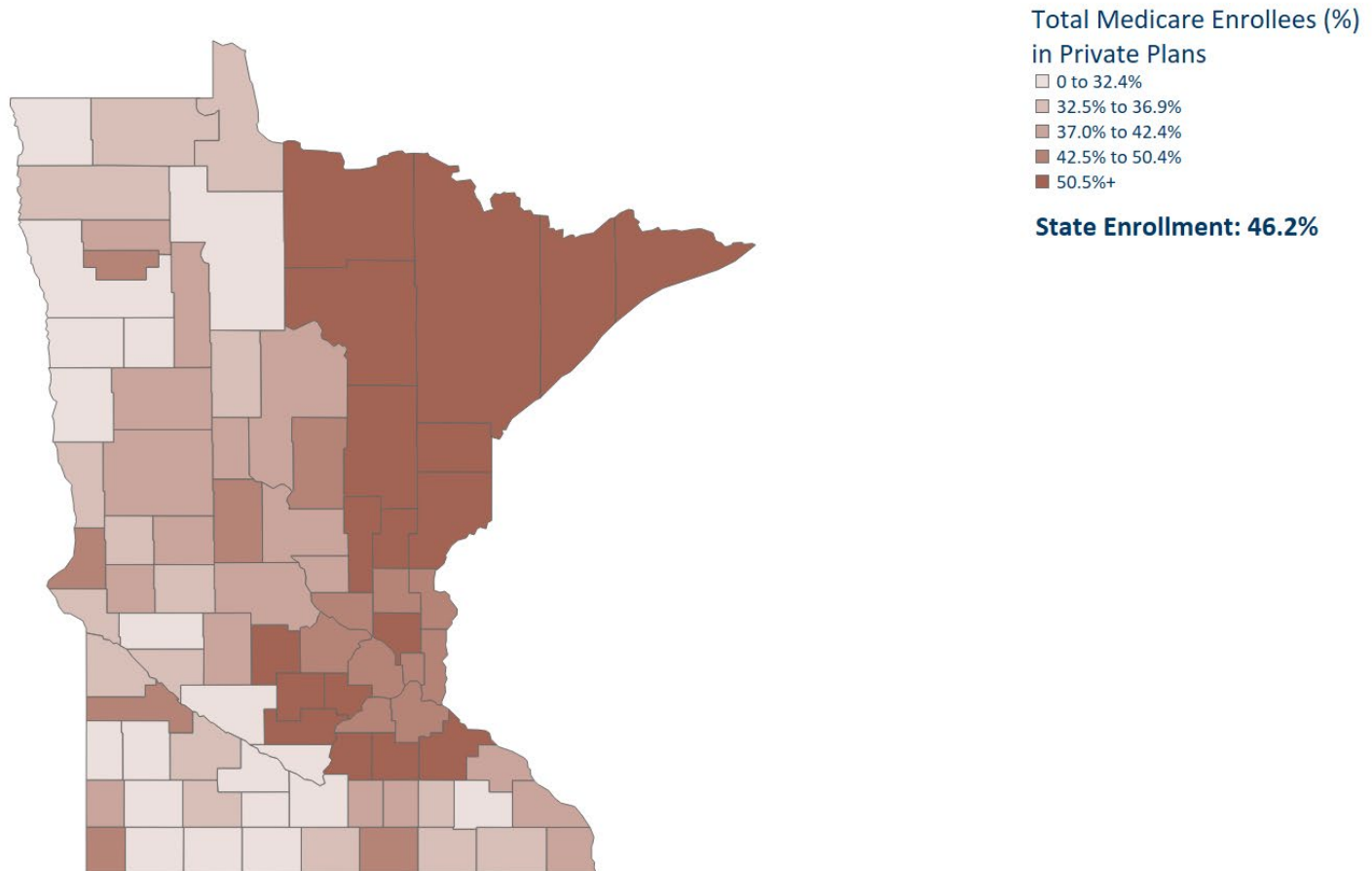
# Medicare Private Plan Enrollment as a Percent of Total Enrollment in Minnesota



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract as of December (2010-2019). 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](#)

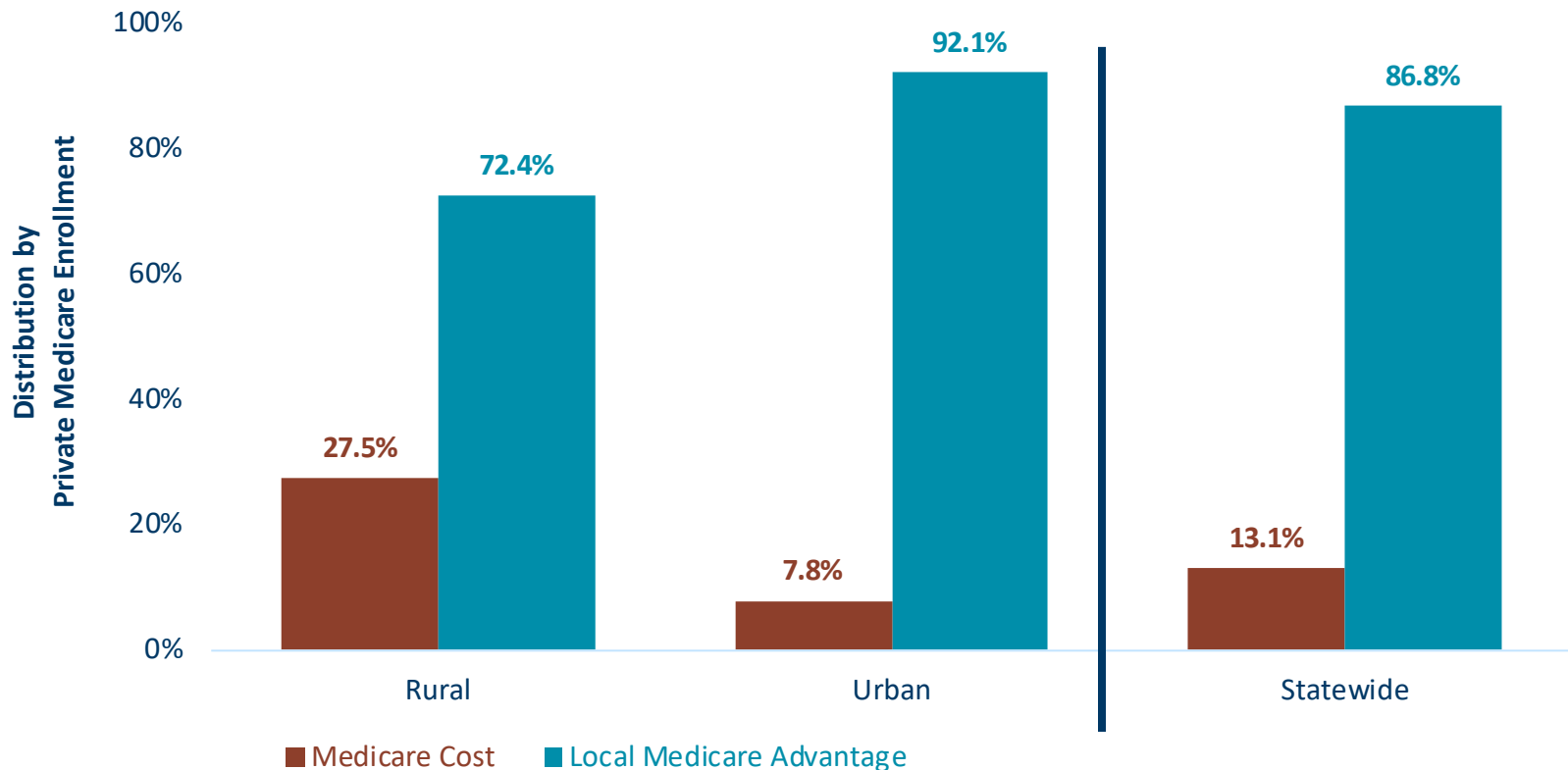
# Distribution of Minnesota Medicare Private Plan Enrollment, by County, as of December 2019



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2019; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2019; map shapefile from 2021 Mapbox @OpenStreetMap. 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 2019



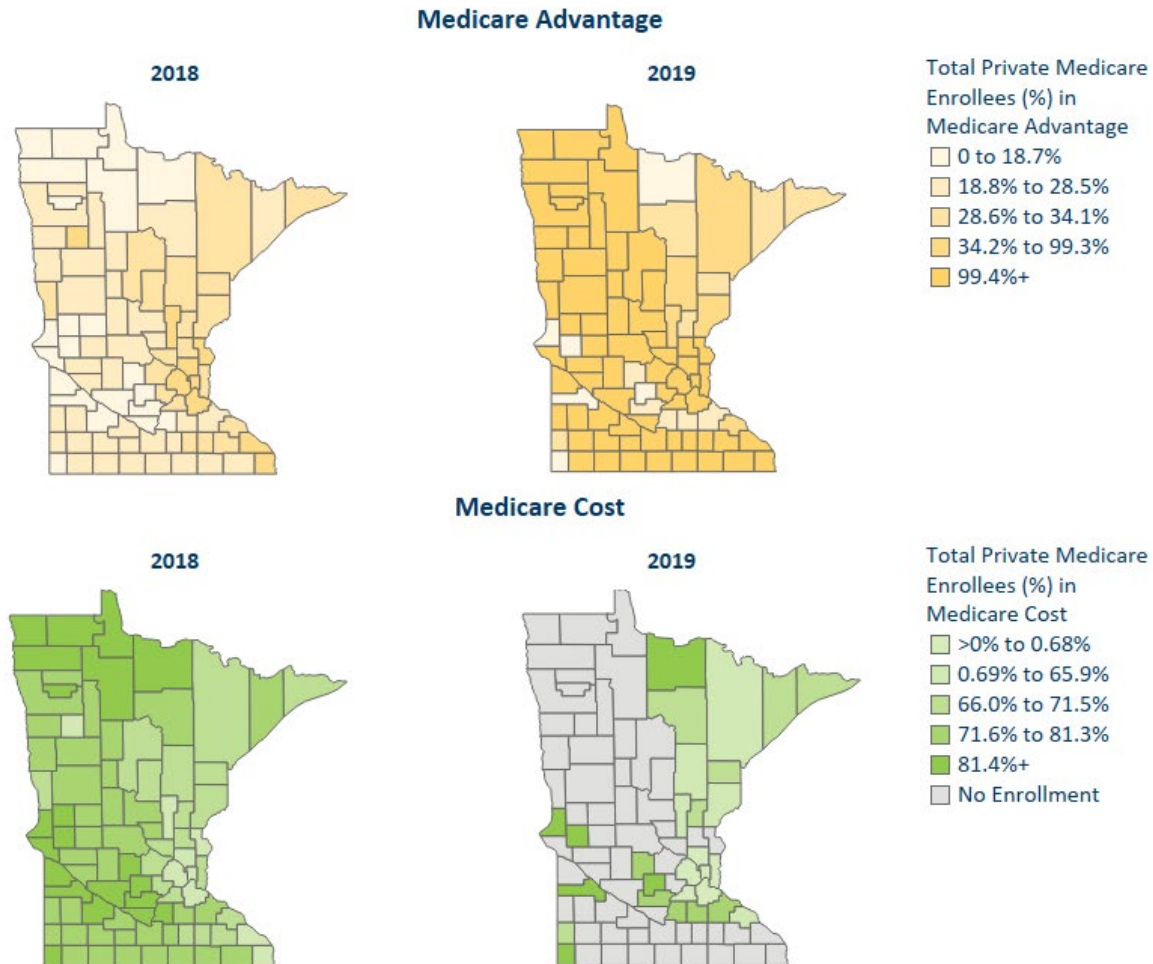
Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2019.

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, of which less than 0.1% of Medicare enrollees are enrolled within. In 2019 there were no Regional Medicare Advantage CCPs.

[Summary of graph](#)



# Distribution of Private Medicare Plan Enrollment, by Type & County, December 2018 and 2019



Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2018 and 2019 for 1876 Cost Plans; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2018 and 2019; map shapefile from 2021 Mapbox @ OpenStreetMap. It does not include stand-alone Medicare Part D (drug) plans, or other Medicare supplement plans. Ranges are based on quintiles for 2019. Distribution is based on Enrollment as percent of total Private Medicare Plan enrollees.

[Summary of graph](#)

# Options for Receiving Medicare Prescription Drug Benefits

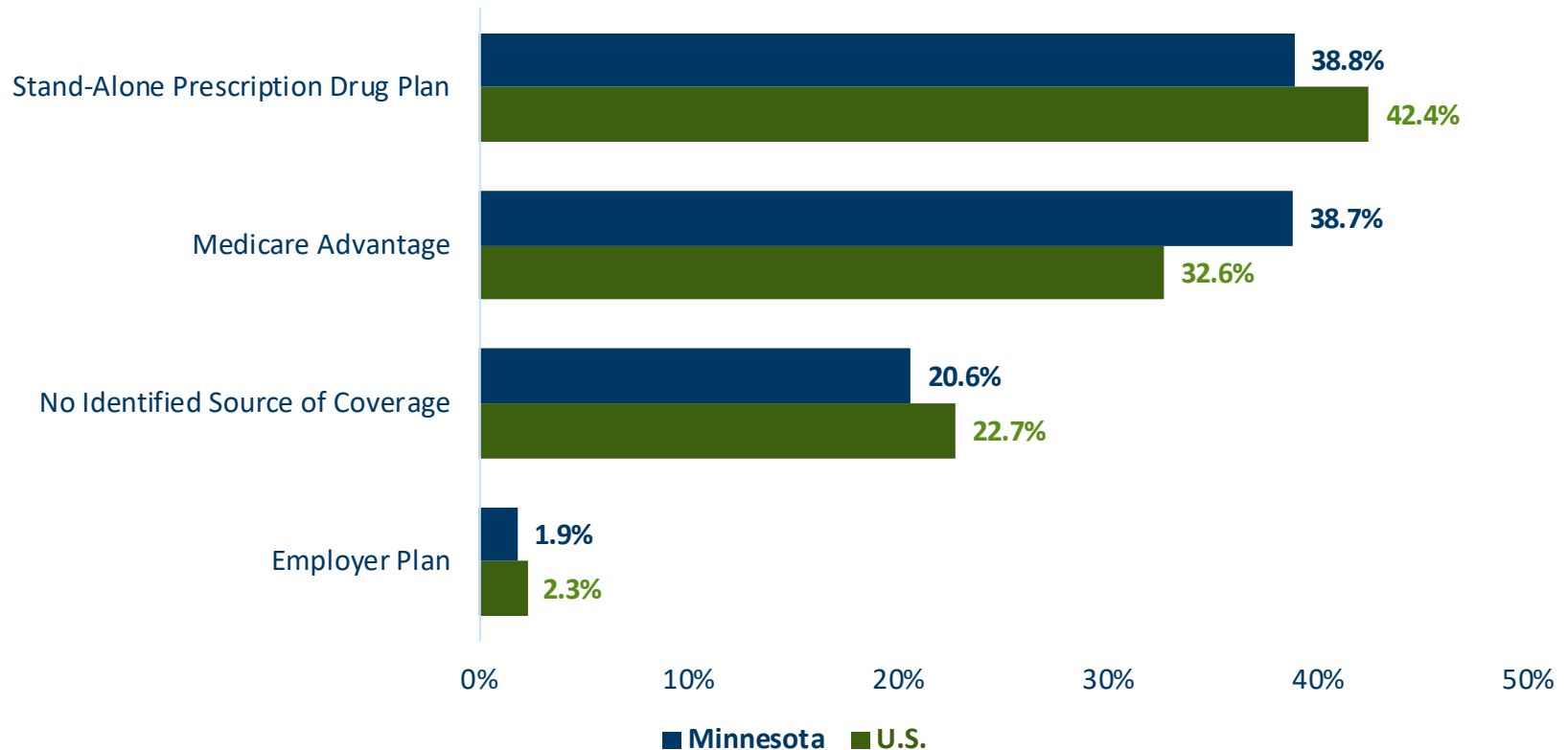
Prescription drug benefits are offered through Medicare Part D plans. Medicare Part D is an optional benefit; Medicare enrollees are not automatically enrolled in these plans.

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 \(http://www.mnhealthcarechoices.com/\)](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, 2019



Source: CMS, CMS Program Statistics 2019, 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.

[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.*

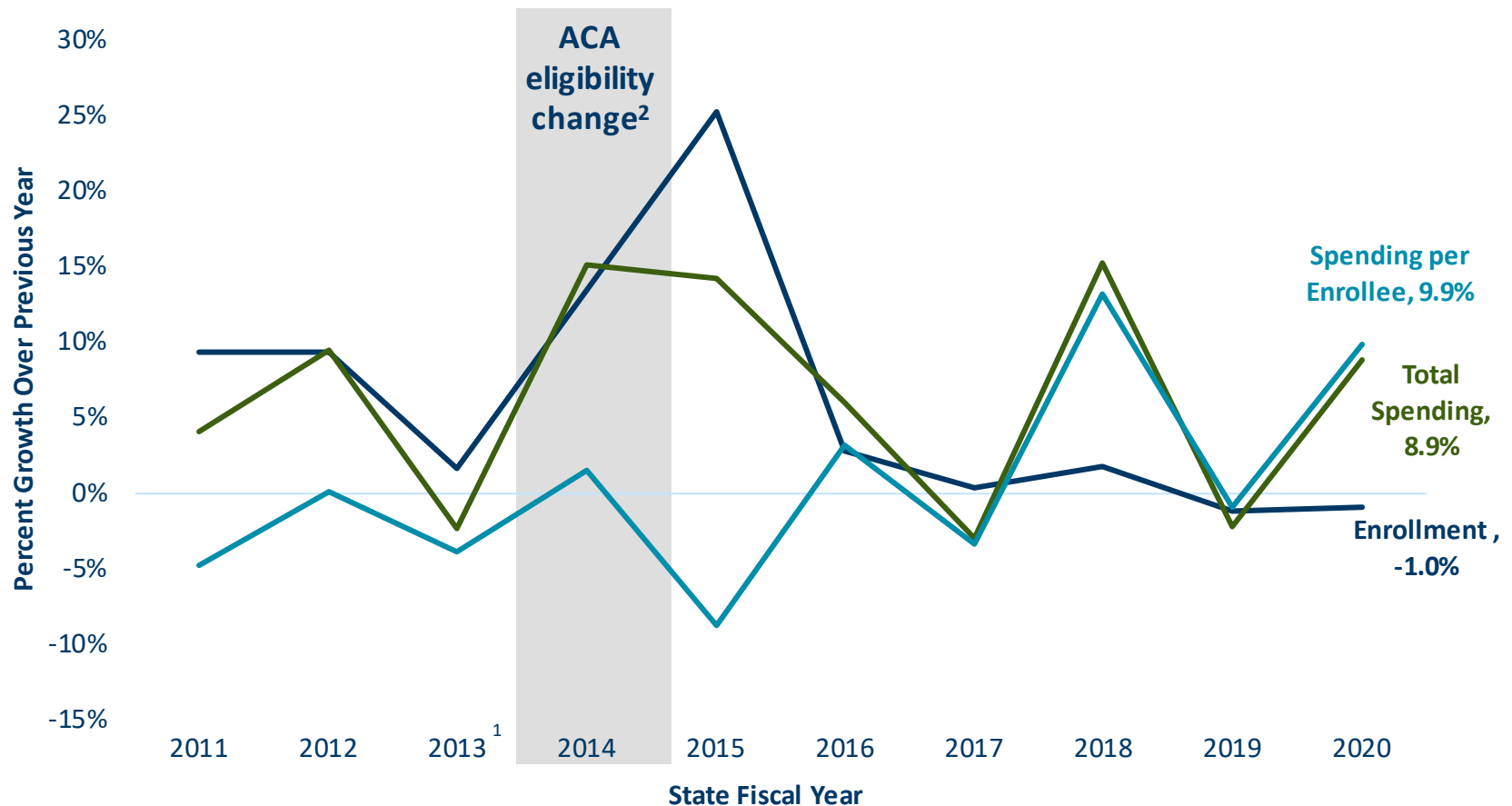
[U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, Poverty Guidelines:   
https://aspe.hhs.gov/2019-poverty-guidelines](https://aspe.hhs.gov/2019-poverty-guidelines)

# 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
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	\$10,585	\$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	1,078,321	\$13,369	\$1,033	-1.0%	8.9%	9.9%

Source: Minnesota Department of Human Services, February 2021 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.

# Trends in Medical Assistance Enrollment and Spending



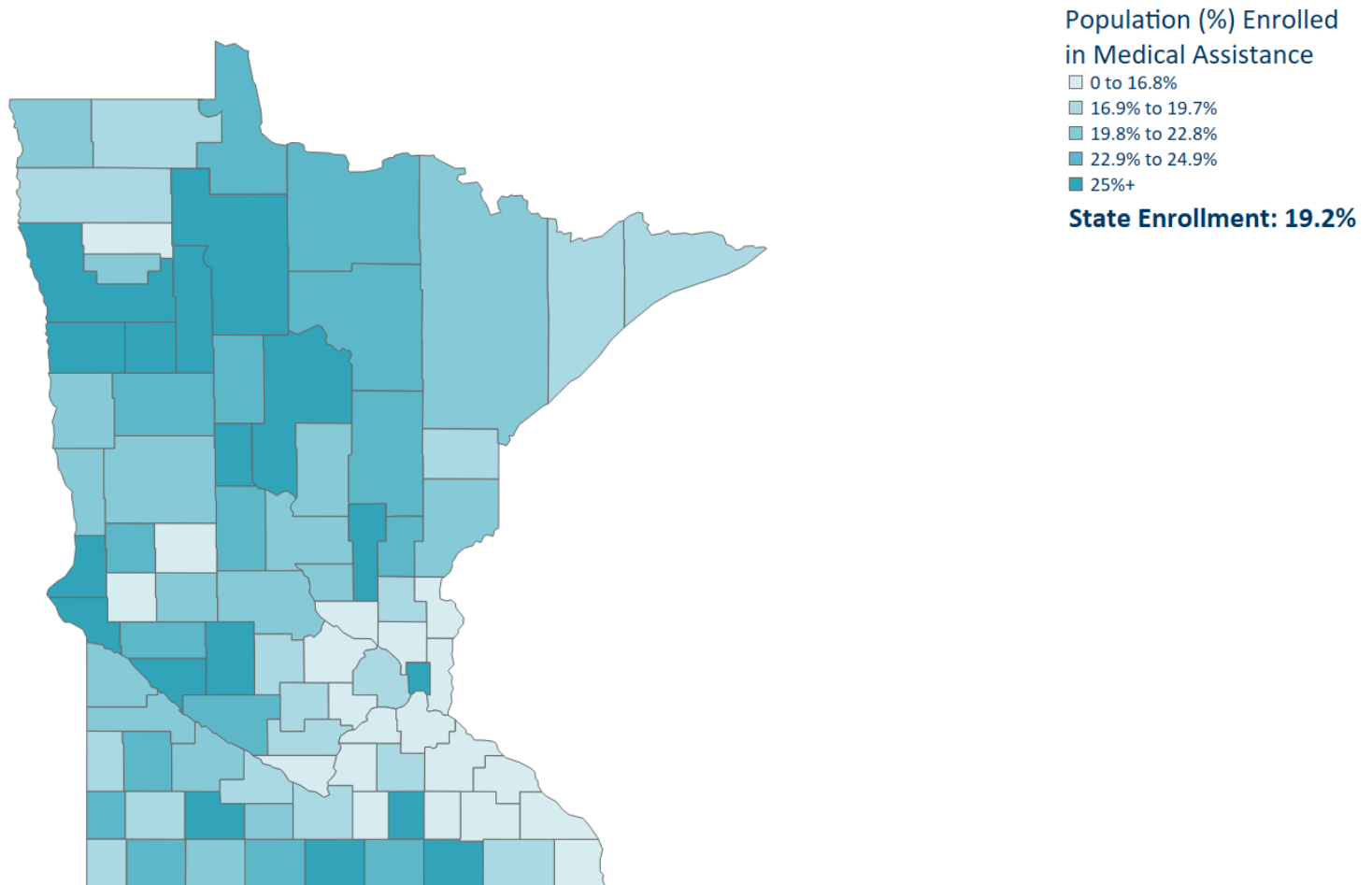
Source: Minnesota Department of Human Services, February 2021 Expenditure Forecast, data for state fiscal years. Lower enrollment in SFY 2020 is a result of lower enrollment for the first three quarters of 2020, making the average monthly enrollment in SFY2020 lower than the average in SFY2019.

<sup>1</sup>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).

<sup>2</sup>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 percent FPG, and children (aged 2 to 18) with incomes at or below 275 percent FPG.

[Summary of graph](#)

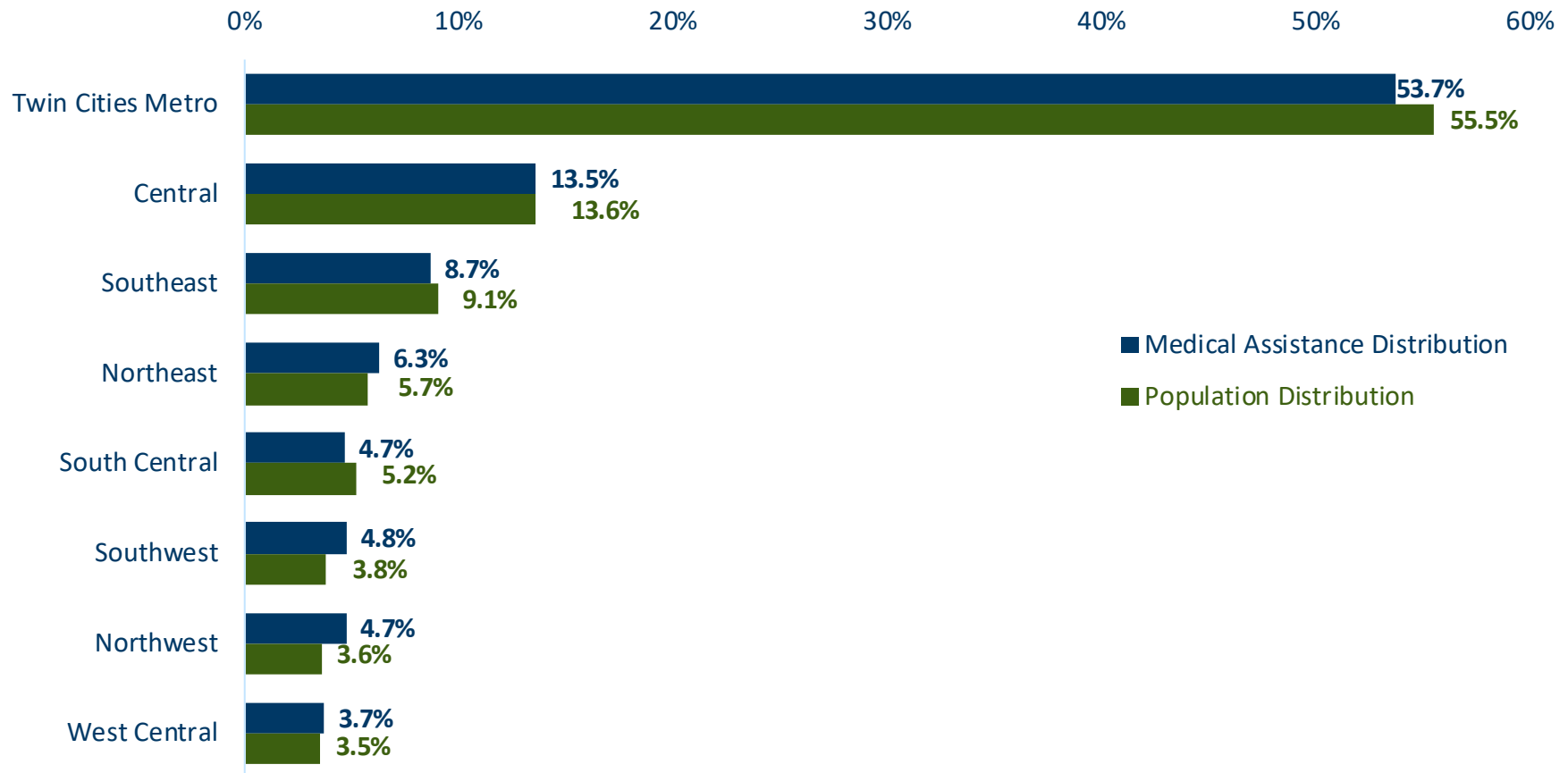
# Distribution of Medical Assistance Enrollees as Percent of Population, by County, Calendar Year 2019



Source: 2021 Mapbox @OpenStreetMap; Minnesota Department of Human Services, enrollment data for calendar year 2019; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2019; map shapefile from 2021 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 Medical Assistance Enrollees and State Population, by Region, Calendar Year 2019



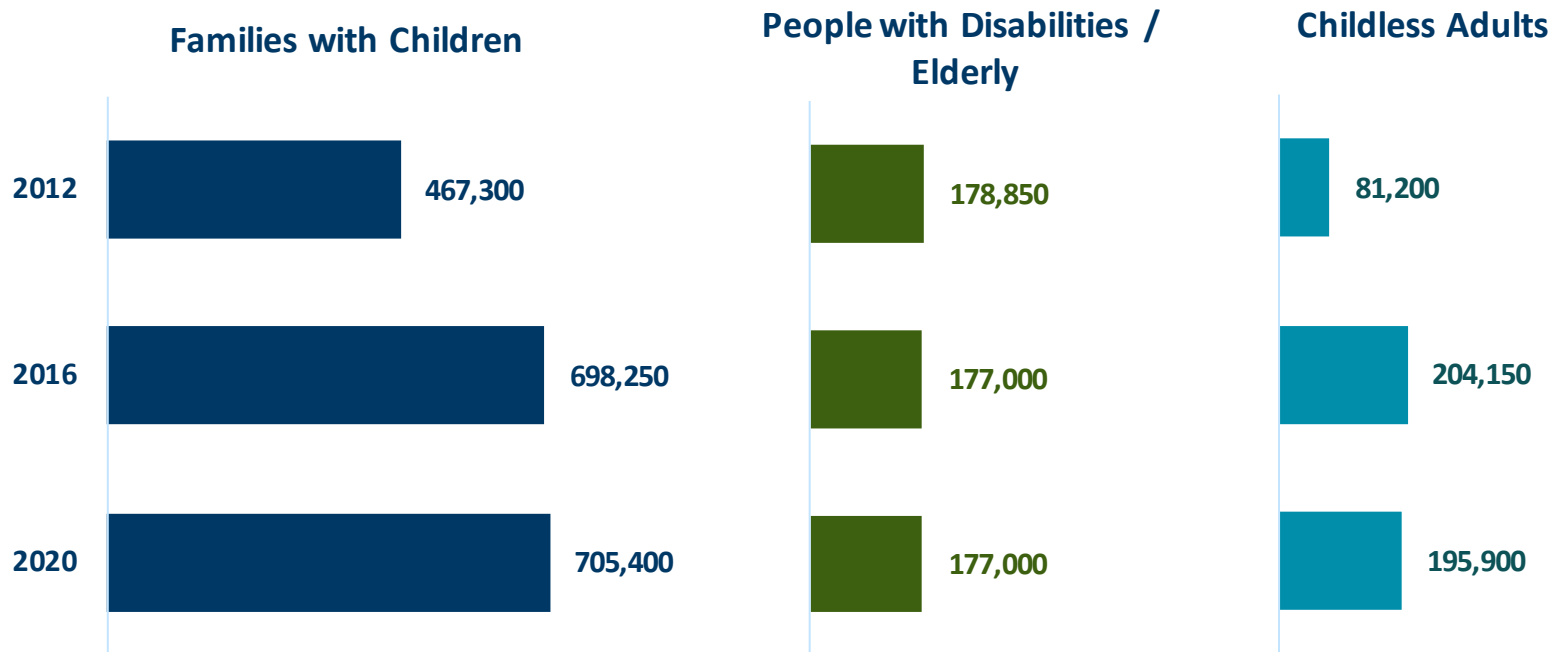
For the regional boundaries, see slide 38 at the end of this chartbook.

Source: Minnesota Department of Human Services, enrollment data for calendar year 2019; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2019. 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, Select Years

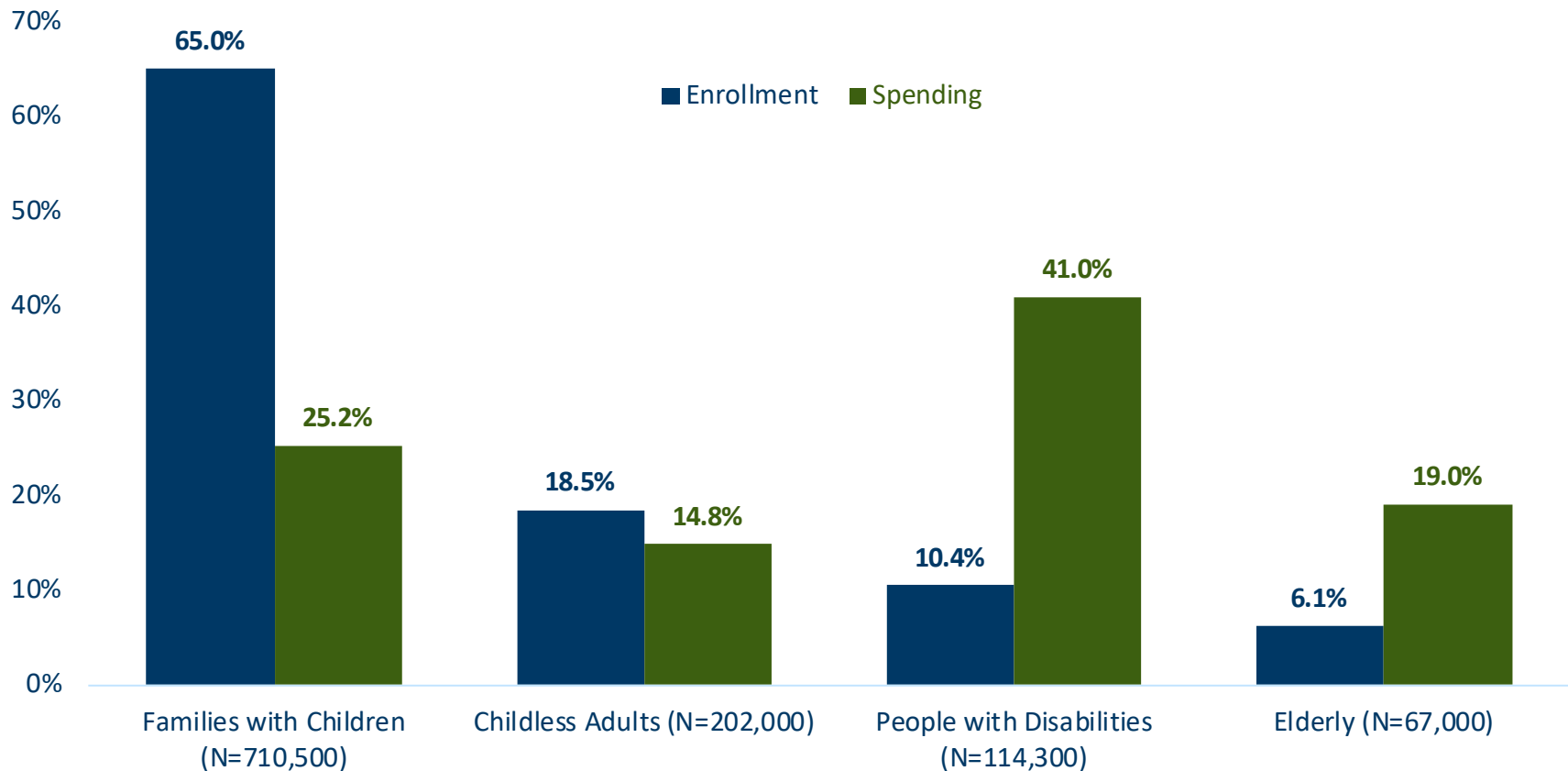


Source: Minnesota Department of Human Services, February 2021 Expenditure Forecast. Data is rounded.

<sup>1</sup>Prior 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.

[Summary of graph](#)

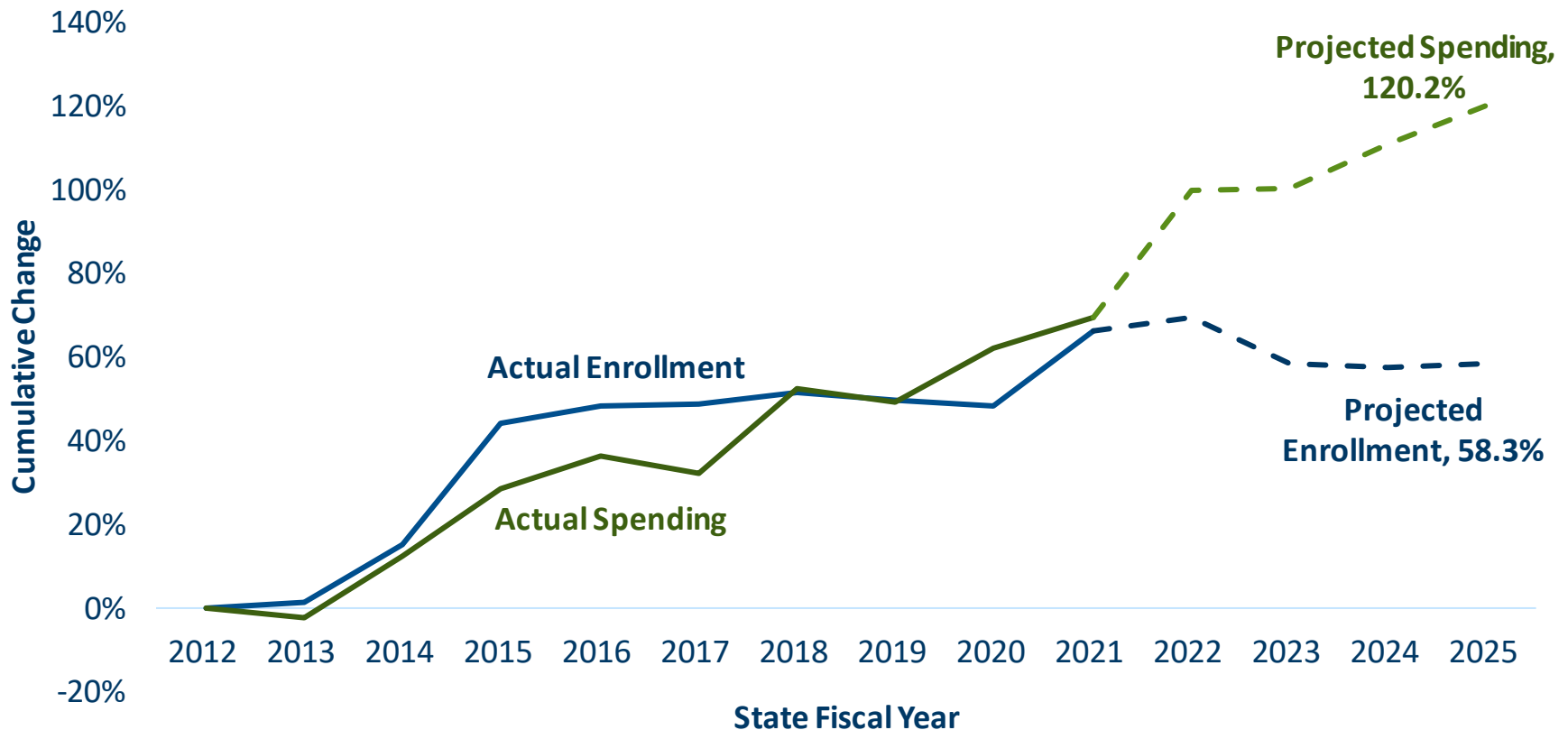
# Distribution of Medical Assistance Enrollment and Spending, by Eligibility Category, Calendar Year 2019



Source: Minnesota Department of Human Services, data for calendar year 2019. Data source is different than prior slide, which data is based on state fiscal years. Enrollment within eligibility labels is rounded.

[Summary of graph](#)

# Actual and Projected Cumulative Changes in Medical Assistance Spending and Enrollment

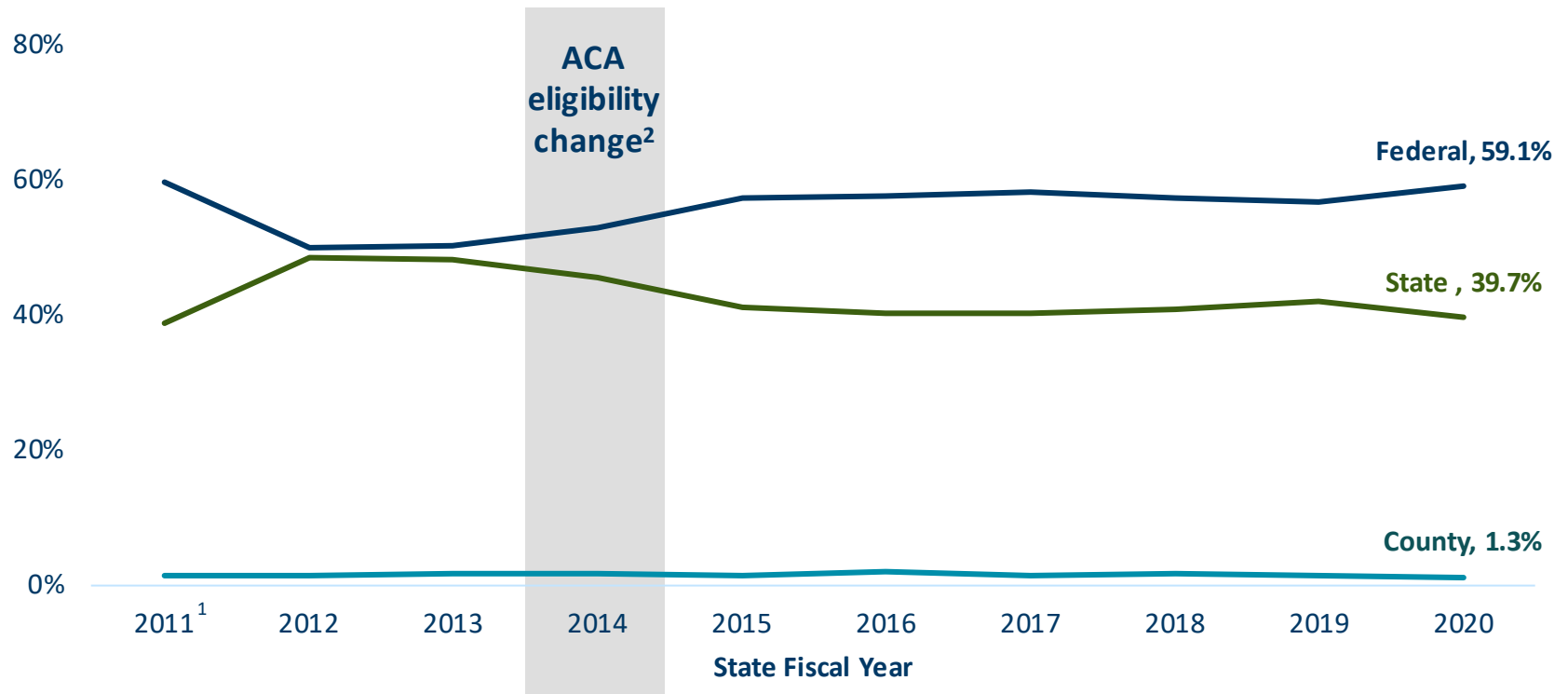


Sources: Minnesota Department of Human Services, February 2021 Expenditure Forecast, data for state fiscal years. Actual spending for fiscal years 2010 through 2020. Projected spending for 2021 through 2025.

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, February 2021 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.

<sup>1</sup>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).

<sup>2</sup>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 percent FPG, and children (aged 2 to 18) with incomes at or below 275 percent FPG. Under 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 resources from the state, federal government, and enrollee premiums - for low and moderate income & moderate income Minnesotans who are not offered insurance that meets through their employer federal guidelines. 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).

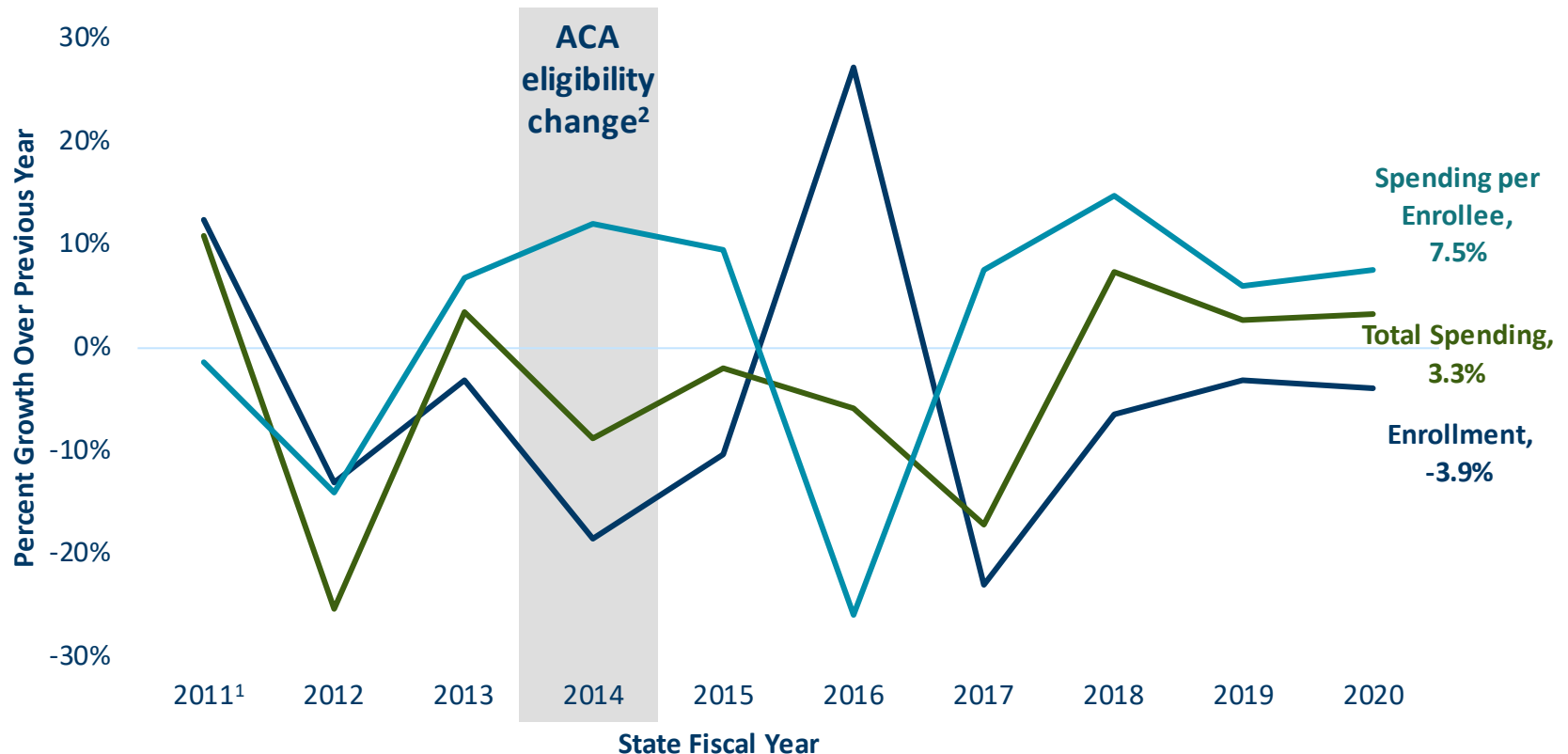
*Data presented on a state fiscal year (SFY) basis, unless otherwise specified.*

# 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
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	115,754	\$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%	2.7%	6.0%
2020	77,594	\$453	\$486	-3.9%	3.3%	7.5%

Source: Minnesota Department of Human Services, February 2021 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.

# Trends in MinnesotaCare Enrollment and Spending



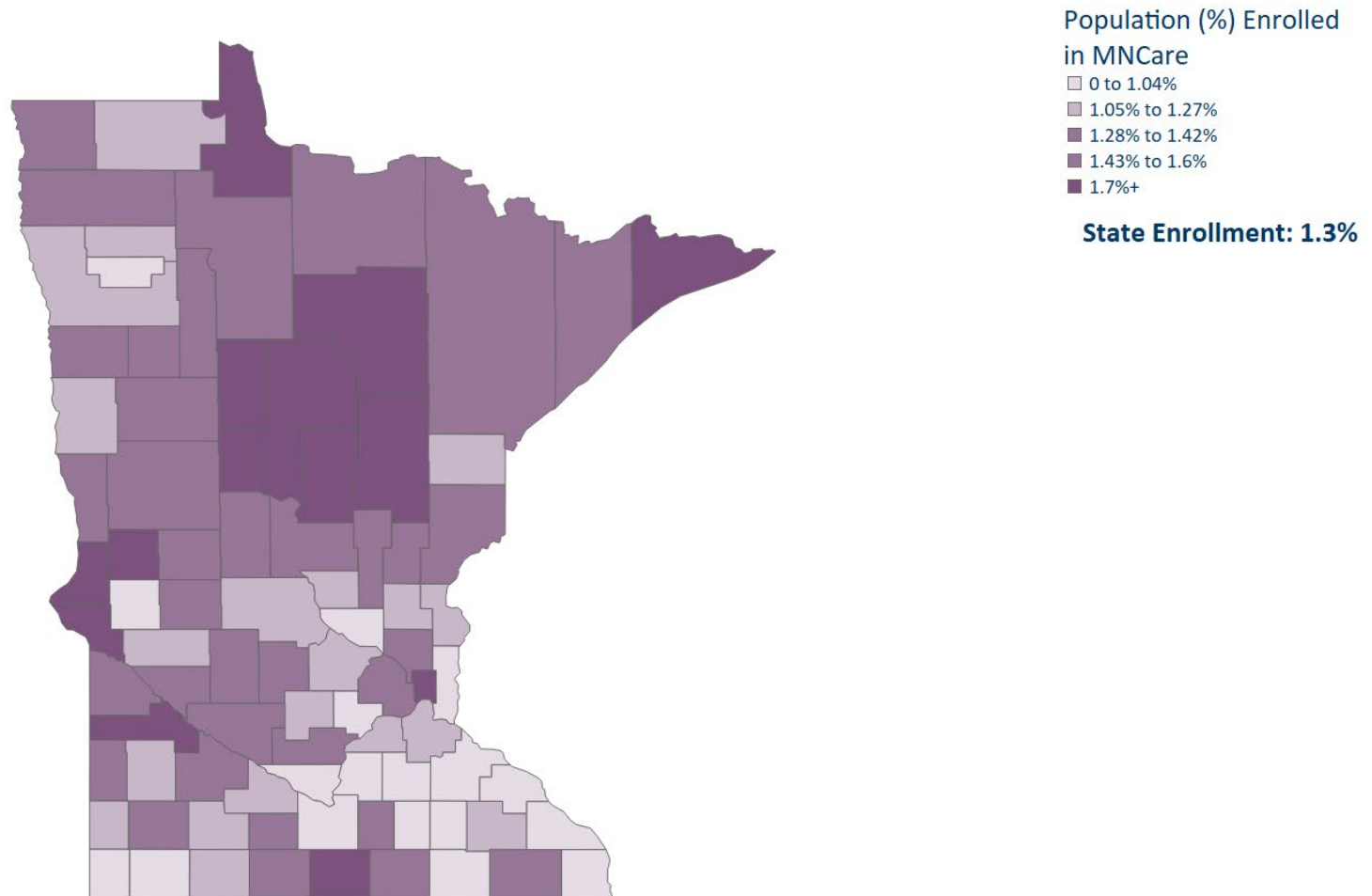
Source: Minnesota Department of Human Services, February 2021 Expenditure Forecast, data for state fiscal years. Lower enrollment in SFY 2020 is a result of lower enrollment for the first three quarters of 2020, making the average monthly enrollment in SFY2020 lower than the average in SFY2019.

<sup>1</sup>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 percent of the Federal Poverty Guidelines (FPG).

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

[Summary of graph](#)

# Distribution of MinnesotaCare Enrollees as Percent of Population, by County, Calendar Year 2019

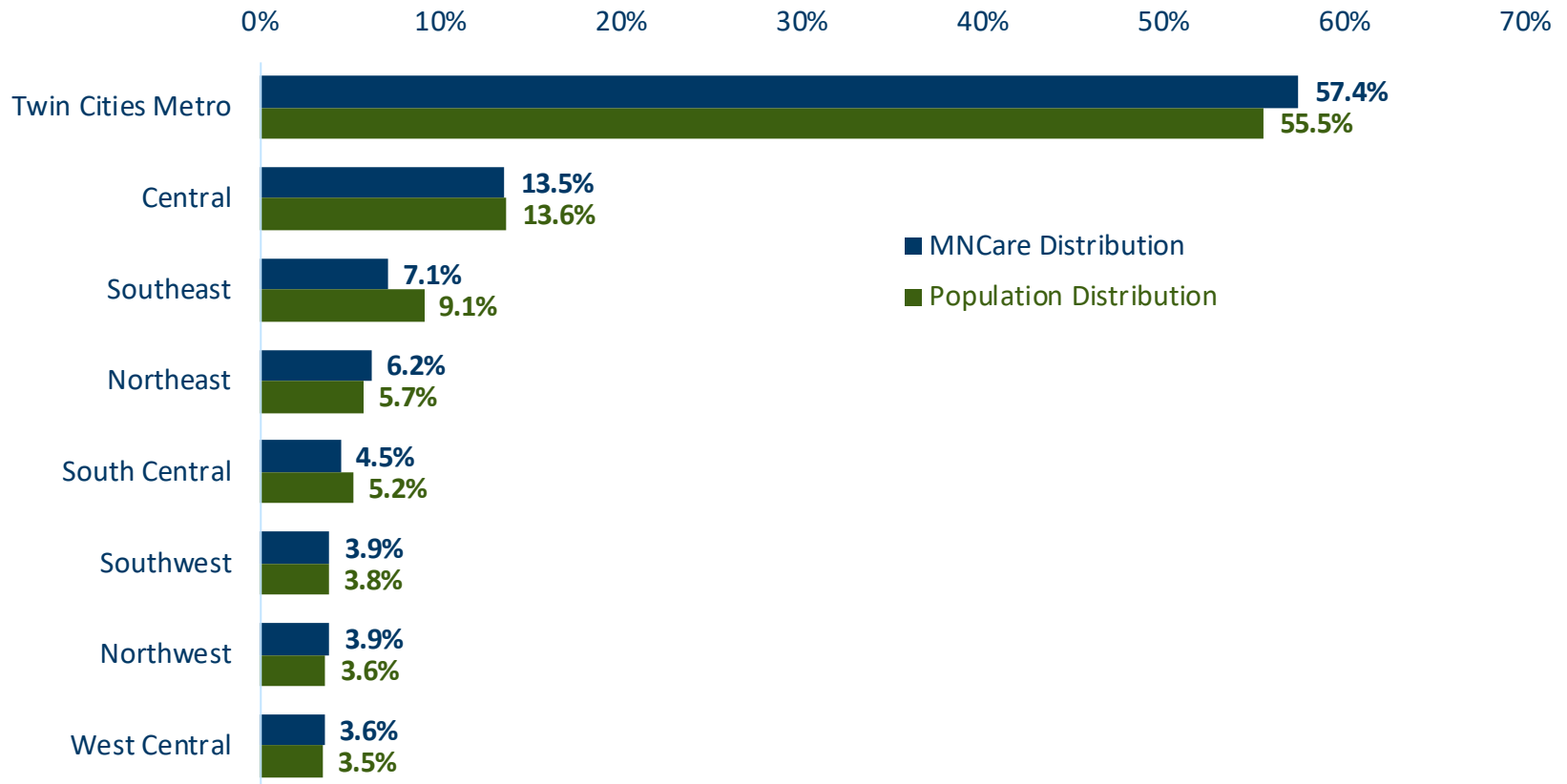


Source: 2021 Mapbox @OpenStreetMap; Minnesota Department of Human Services, enrollment data for calendar year 2019; County Population estimates are from the MN State Demographic Center, Metropolitan Council, and U.S. Census Bureau. Released August 2020, for 2019; map shapefile from 2021 Mapbox @OpenStreetMap. 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 2019



For the regional boundaries, see slide 38 at the end of this chartbook.

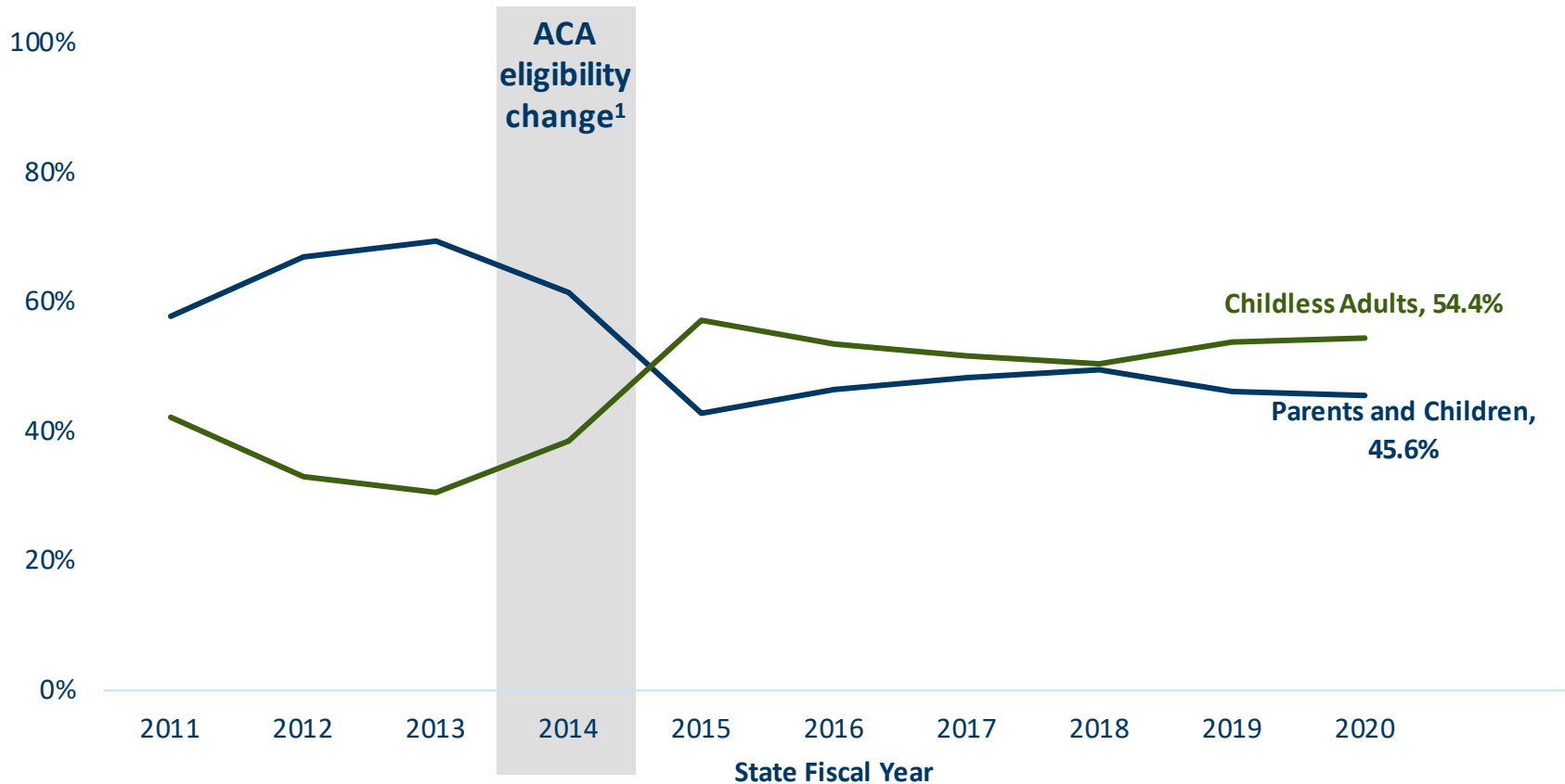
Sources: Minnesota Department of Human Services, enrollment data for calendar year 2019. Enrollment excludes “other” with no known category. Distribution percentages are based on calculating the share of the total Minnesota population in each region and based on the share of the total MinnesotaCare population in each region.

[Summary of chart](#)

# MinnesotaCare Enrollment by Eligibility Category

State Fiscal Year	Average Monthly Enrollment	Parents and Children	Childless Adults
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	39,115	51,990
2016	115,754	53,787	61,967
2017	89,081	43,119	45,962
2018	83,357	41,276	42,081
2019	80,772	37,211	43,561
2020	77,594	35,381	42,214

# Distribution of MinnesotaCare Enrollment, by Eligibility Category

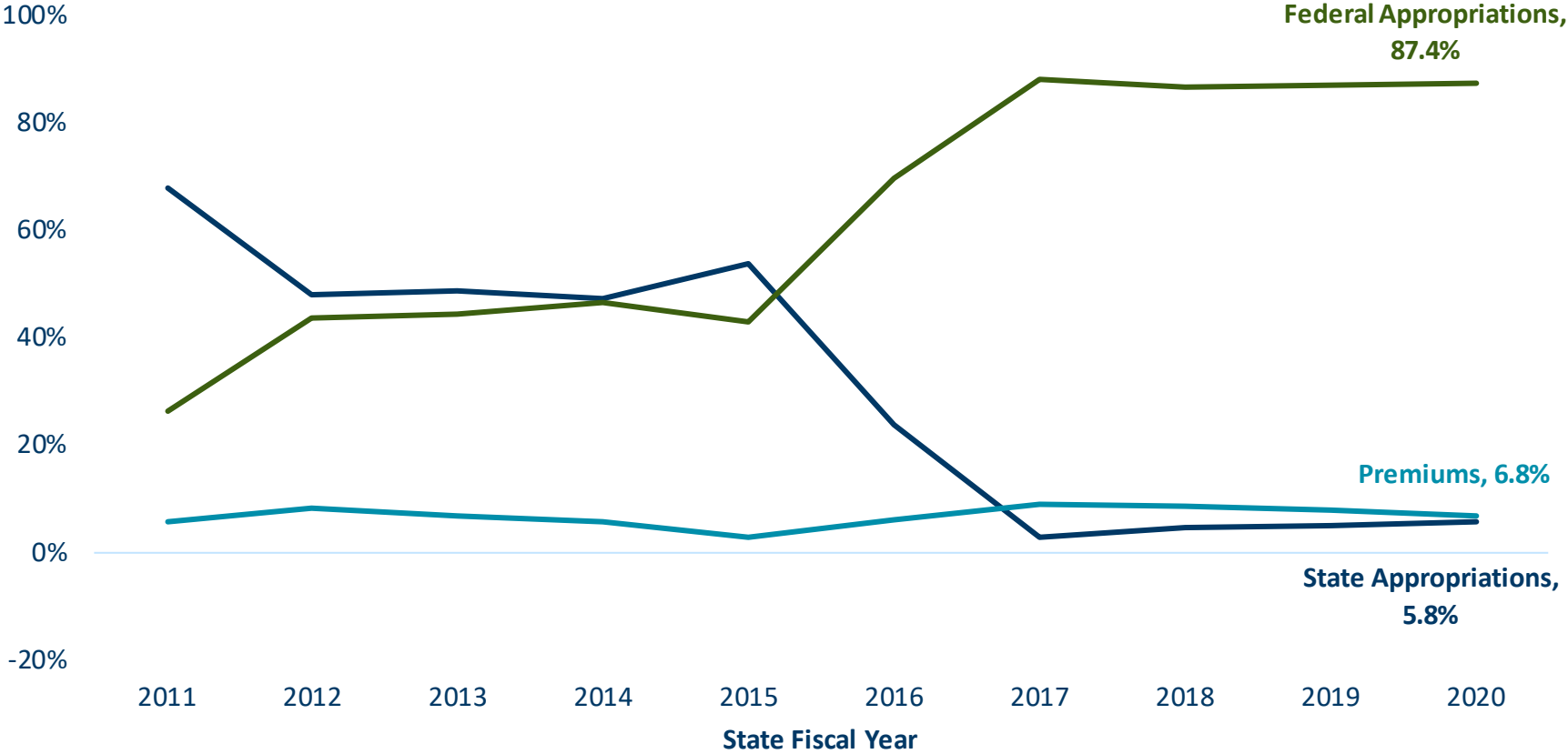


Source: Minnesota Department of Human Services, February 2021 Expenditure Forecast, data for state fiscal years. Childless adults includes elderly and Deferred Action for Childhood Arrivals.

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

[Summary of graph](#)

# MinnesotaCare Funding by Source



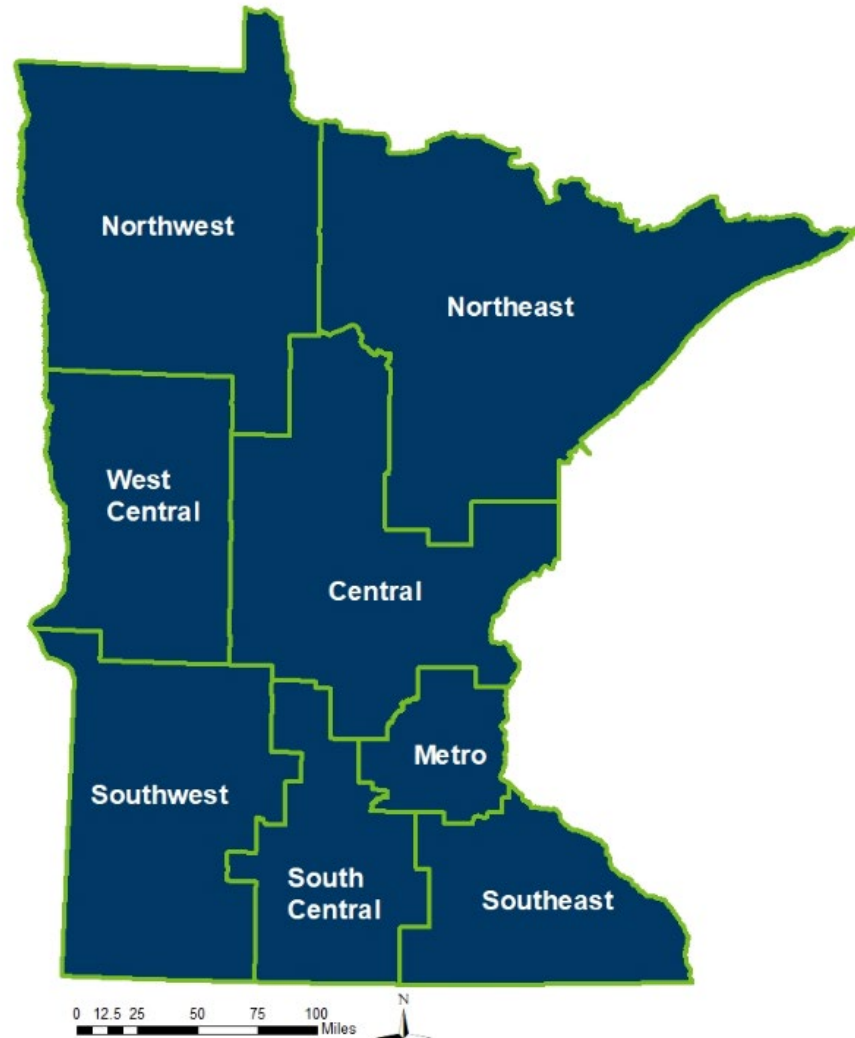
Source: Minnesota Department of Human Services, February 2021 Expenditure Forecast, data for state fiscal years. Federal Appropriations includes Federal Basic Health Program (BHP) Funding. [Summary of graph](#)

# Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page  
(<https://www.health.state.mn.us/data/economics>)
- 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. Spending is based on source of payment, unless otherwise noted. Please contact the Health Economics Program at 651-201-4520 or [health.hep@state.mn.us](mailto: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](#)