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 651-201-3550 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 651-201-3550 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 Financing in the U.S., 2017

U.S. Medicare Spending = $705.9 billion

Sources: 2018 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 2017. U.S. expenditure data is from the Personal Health Care estimates of the National Health Expenditure Accounts (NHEA) for 2017.

Summary of graph
## Trends in Medicare Enrollment and Spending, Minnesota and the United States

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Enrollment</th>
<th>Expenditures ($ millions)</th>
<th>Spending per Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MN</td>
<td>U.S.</td>
<td>MN</td>
</tr>
<tr>
<td>2008</td>
<td>749,065</td>
<td>44,384,954</td>
<td>$6,527</td>
</tr>
<tr>
<td>2009</td>
<td>766,806</td>
<td>45,466,997</td>
<td>$6,785</td>
</tr>
<tr>
<td>2010</td>
<td>785,852</td>
<td>47,702,632</td>
<td>$7,164</td>
</tr>
<tr>
<td>2011</td>
<td>805,146</td>
<td>48,944,303</td>
<td>$7,524</td>
</tr>
<tr>
<td>2012</td>
<td>835,756</td>
<td>50,828,094</td>
<td>$8,092</td>
</tr>
<tr>
<td>2013</td>
<td>863,414</td>
<td>52,425,659</td>
<td>$8,438</td>
</tr>
<tr>
<td>2014</td>
<td>888,702</td>
<td>54,013,038</td>
<td>$8,864</td>
</tr>
<tr>
<td>2015</td>
<td>913,586</td>
<td>55,496,222</td>
<td>$9,247</td>
</tr>
<tr>
<td>2016</td>
<td>940,548</td>
<td>56,981,183</td>
<td>$9,675</td>
</tr>
<tr>
<td>2017</td>
<td>967,270</td>
<td>58,457,244</td>
<td>$10,383</td>
</tr>
</tbody>
</table>

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 (2010-2017); 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 2008 to 2017. Minnesota expenditure estimates are based on MDH annual spending report data for Medicare – public payer data (updated through 2017). All expenditures exclude out-of-pocket expenditures (including member deductibles and cost-sharing). 2013-2017 enrollment as of March 21, 2019.
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 (2010-2017); 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 2017). 2013-2017 enrollment as of March 21, 2019.

Summary of graph:
- Enrollment: 2.8%
- Spending: 7.3%
- Spending Per Enrollee: 4.3%
Distribution of Minnesota Medicare Beneficiaries by Reason for Eligibility, 2017

Medicare enrollment = 967,270

- Age 65 or older, 87.1%
- People with Disabilities, 12.9%¹

¹People 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, 2017

Medicare enrollment = 967,270

Dually Enrolled, 13.2%¹

Not Dually Enrolled, 86.8%

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 2017. 2017 enrollment as of March 21, 2019.

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 County, 2017

State enrollment: 17.4%

Sources: CMS, CMS Enrollment Dashboard 2017, calendar year; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). Ranges are based on quintiles.

Summary of graph
Distribution of Medicare Enrollees and State Population, by Region, 2017

For the regional boundaries, see slide 38 at the end of this chartbook.
Sources: CMS, CMS Enrollment Dashboard 2017, calendar year; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). 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/). This annual publication provides detail on all plan offerings for Minnesota residents.
Medicare Enrollment, as of December 2017


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 (2008-2017). 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 (2008-2017). 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 2017

Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2017; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). 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 2017

Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2017. 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 2017 there were no Regional Medicare Advantage CCPs.

Summary of graph
Distribution of Private Medicare Plan Enrollment, by Type & County, December 2017

Medicare Advantage

Medicare Cost

Source: CMS, Medicare Advantage Monthly Enrollment by State/County/Contract Report as of December 2017 for 1876 Cost Plans; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). 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 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, 2017

Source: CMS, CMS Program Statistics 2017, 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.

# Trends in Medical Assistance Enrollment and Spending

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Avg. Monthly Enrollment</th>
<th>Spending ($ millions)</th>
<th>Avg. Monthly Spending per Enrollee</th>
<th>Growth in:</th>
<th>Growth in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Enrollment</td>
<td>Total Spending</td>
</tr>
<tr>
<td>2009</td>
<td>557,337</td>
<td>$6,779</td>
<td>$1,014</td>
<td>5.8%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2010</td>
<td>608,651</td>
<td>$7,236</td>
<td>$991</td>
<td>9.2%</td>
<td>6.7%</td>
</tr>
<tr>
<td>2011</td>
<td>665,483</td>
<td>$7,530</td>
<td>$943</td>
<td>9.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2012</td>
<td>727,390</td>
<td>$8,241</td>
<td>$944</td>
<td>9.3%</td>
<td>9.4%</td>
</tr>
<tr>
<td>2013</td>
<td>739,158</td>
<td>$8,046</td>
<td>$907</td>
<td>1.6%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>2014</td>
<td>838,256</td>
<td>$9,265</td>
<td>$921</td>
<td>13.4%</td>
<td>15.2%</td>
</tr>
<tr>
<td>2015</td>
<td>1,049,819</td>
<td>$10,585</td>
<td>$840</td>
<td>25.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>2016</td>
<td>1,079,400</td>
<td>$11,225</td>
<td>$867</td>
<td>2.8%</td>
<td>6.1%</td>
</tr>
<tr>
<td>2017</td>
<td>1,082,654</td>
<td>$10,888</td>
<td>$838</td>
<td>0.3%</td>
<td>-3.0%</td>
</tr>
<tr>
<td>2018</td>
<td>1,102,087</td>
<td>$12,554</td>
<td>$949</td>
<td>1.8%</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Human Services, February 2019 Expenditure Forecast, data for state fiscal years.
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).

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

Source: Minnesota Department of Human Services, February 2019 Expenditure Forecast, data for state fiscal years.

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 percent 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 percent FPG, and children (aged 2 to 18) with incomes at or below 275 percent FPG.
Distribution of Medical Assistance Enrollees as Percent of Population, by County, Calendar Year 2017

State gross enrollment: 20.2%

Source: Minnesota Department of Human Services, enrollment data for calendar year 2017; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). Enrollment excludes “other” with no known category. Ranges are based on quintiles.

Summary of graph
Distribution of Medical Assistance Enrollees and State Population, by Region, Calendar Year 2017

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

Source: Minnesota Department of Human Services, enrollment data for calendar year 2017; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). 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 2019 Expenditure Forecast, data for state fiscal years based on similar eligibility categories as of 2018. Data is rounded.

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.

Summary of graph
Distribution of Medical Assistance Enrollment and Spending, by Eligibility Category, Calendar Year 2017

<table>
<thead>
<tr>
<th>Enrollment by Eligibility Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with Children</td>
<td>64.8%</td>
</tr>
<tr>
<td>Childless Adults</td>
<td>19.4%</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>10.3%</td>
</tr>
<tr>
<td>Elderly</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spending by Eligibility Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with Children</td>
<td>26.9%</td>
</tr>
<tr>
<td>Childless Adults</td>
<td>16.2%</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>40.2%</td>
</tr>
<tr>
<td>Elderly</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Human Services, data for calendar year 2017. Data source is different than prior slide, which data is based on state fiscal years.

Summary of graph
Actual and Projected Cumulative Changes in Medical Assistance Spending and Enrollment

**Actual**

**Projected**

**Enrollment, 82.3%**

**Spending, 122.2%**

**Sources:** Minnesota Department of Human Services, February 2019 Expenditure Forecast, data for state fiscal years. Actual spending for fiscal years 2010 through 2018. Projected spending for 2019 through 2023.

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 2019 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.

1Some 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).

2In 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.

*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*
## Trends in MinnesotaCare Enrollment and Spending

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Enrollment</td>
<td>Total Spending</td>
<td>Spending per Enrollee</td>
</tr>
<tr>
<td>2009</td>
<td>117,704</td>
<td>$527</td>
<td>$373</td>
<td>2.9%</td>
<td>13.8%</td>
<td>10.5%</td>
</tr>
<tr>
<td>2010</td>
<td>131,784</td>
<td>$665</td>
<td>$421</td>
<td>12.0%</td>
<td>26.4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>2011</td>
<td>148,152</td>
<td>$738</td>
<td>$415</td>
<td>12.4%</td>
<td>10.9%</td>
<td>-1.4%</td>
</tr>
<tr>
<td>2012</td>
<td>128,729</td>
<td>$551</td>
<td>$357</td>
<td>-13.1%</td>
<td>-25.3%</td>
<td>-14.1%</td>
</tr>
<tr>
<td>2013</td>
<td>124,681</td>
<td>$570</td>
<td>$381</td>
<td>-3.1%</td>
<td>3.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2014</td>
<td>101,646</td>
<td>$520</td>
<td>$426</td>
<td>-18.5%</td>
<td>-8.8%</td>
<td>11.9%</td>
</tr>
<tr>
<td>2015</td>
<td>91,105</td>
<td>$510</td>
<td>$466</td>
<td>-10.4%</td>
<td>-2.0%</td>
<td>9.4%</td>
</tr>
<tr>
<td>2016</td>
<td>115,754</td>
<td>$480</td>
<td>$345</td>
<td>27.1%</td>
<td>-5.8%</td>
<td>-25.9%</td>
</tr>
<tr>
<td>2017</td>
<td>89,081</td>
<td>$397</td>
<td>$372</td>
<td>-23.0%</td>
<td>-17.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>2018</td>
<td>83,357</td>
<td>$427</td>
<td>$426</td>
<td>-6.4%</td>
<td>7.4%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Human Services, February 2019 Expenditure Forecast, data for state fiscal years.
Trends in MinnesotaCare Enrollment and Spending

Source: Minnesota Department of Human Services, February 2019 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).

2In 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 2017

Source: Minnesota Department of Human Services, enrollment data for calendar year 2017; U.S. Census Bureau, Population Estimates for Minnesota Counties for July 1, 2018 (as of 2017). Enrollment excludes “other” with no known category. Ranges are based on quintiles.
Distribution of MinnesotaCare Enrollees and State Population, by Region, Calendar Year 2017

For the regional boundaries, see slide 38 at the end of this chartbook.
Sources: Minnesota Department of Human Services, enrollment data for calendar year 2017. 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

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Average Monthly Enrollment</th>
<th>Parents and Children</th>
<th>Childless Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>117,704</td>
<td>70,051</td>
<td>47,654</td>
</tr>
<tr>
<td>2010</td>
<td>131,784</td>
<td>71,165</td>
<td>60,619</td>
</tr>
<tr>
<td>2011</td>
<td>148,152</td>
<td>85,486</td>
<td>62,667</td>
</tr>
<tr>
<td>2012</td>
<td>128,729</td>
<td>86,106</td>
<td>42,623</td>
</tr>
<tr>
<td>2013</td>
<td>124,681</td>
<td>86,604</td>
<td>38,077</td>
</tr>
<tr>
<td>2014</td>
<td>101,646</td>
<td>62,398</td>
<td>39,249</td>
</tr>
<tr>
<td>2015</td>
<td>91,105</td>
<td>39,115</td>
<td>51,990</td>
</tr>
<tr>
<td>2016</td>
<td>115,754</td>
<td>53,787</td>
<td>61,967</td>
</tr>
<tr>
<td>2017</td>
<td>89,081</td>
<td>43,119</td>
<td>45,962</td>
</tr>
<tr>
<td>2018</td>
<td>83,357</td>
<td>41,276</td>
<td>42,081</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Human Services, February 2019 Expenditure Forecast, data for state fiscal years.
Distribution of MinnesotaCare Enrollment, by Eligibility Category

Source: Minnesota Department of Human Services, February 2019 Expenditure Forecast, data for state fiscal years. Childless adults includes elderly and Deferred Action for Childhood Arrivals.

1In 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 2019 Expenditure Forecast, data for state fiscal years. SFY 2018 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 651-201-3550 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

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

Summary of image