

Chartbook Section 7

Health Plan Companies

Section 7: Health Plan Companies

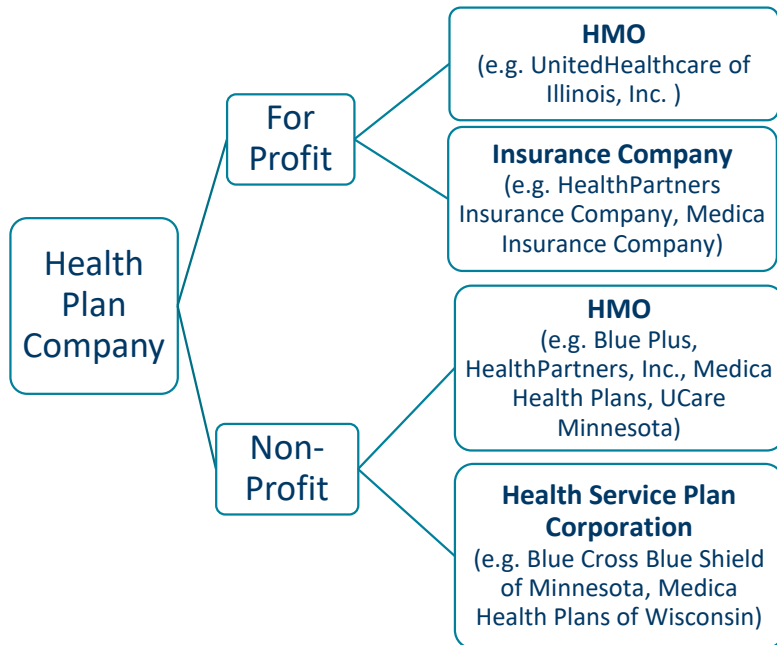
- Private health plan company market shares
- Private health plan company Medical Loss Ratios
- HMO financial statistics
 - Net income & margins
 - Reserves
- HMO enrollment statistics

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](#))

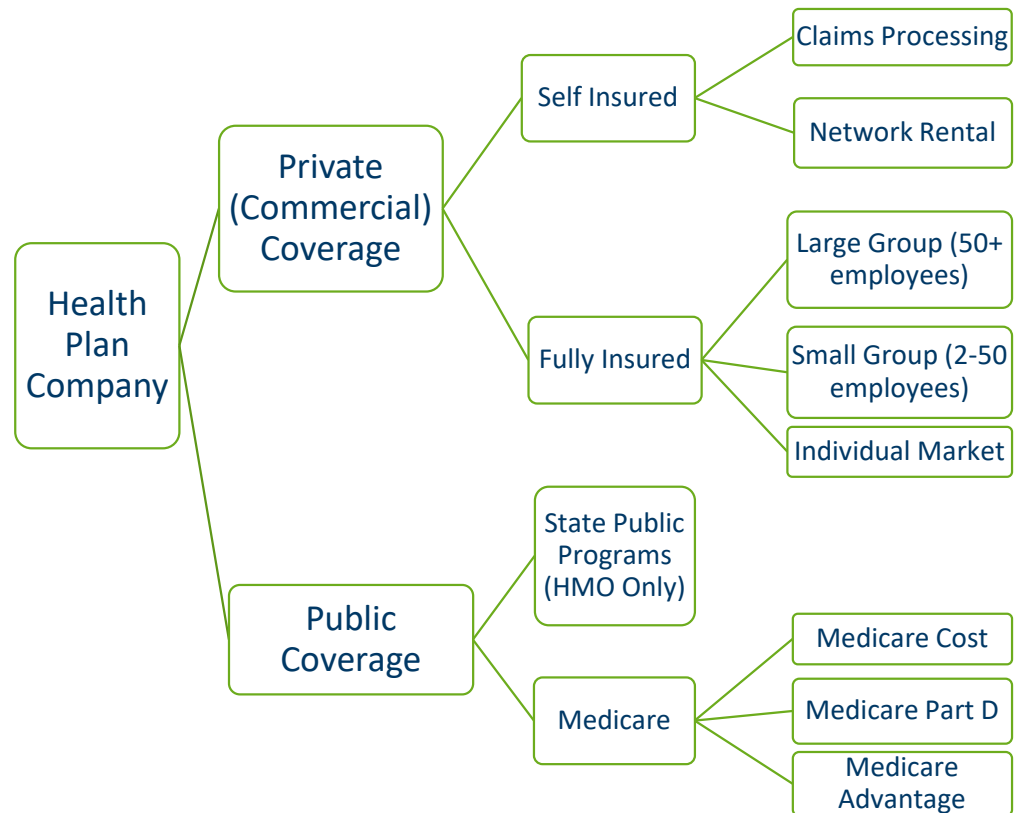
A summary of the charts and graphs contained within is provided on the [MDH website](#). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-3550 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Ways to Describe Health Plan Companies and Coverage Types

Health Plan Company Organization



Types of Coverage Offered



Figures are for illustration purposes only and do not include all health plan companies and all types of public and private coverage. UnitedHealthcare of Illinois, Inc. did not enter the Minnesota marketplace as an HMO until February 2019.

[Summary of Graph](#)

Product Line Definitions

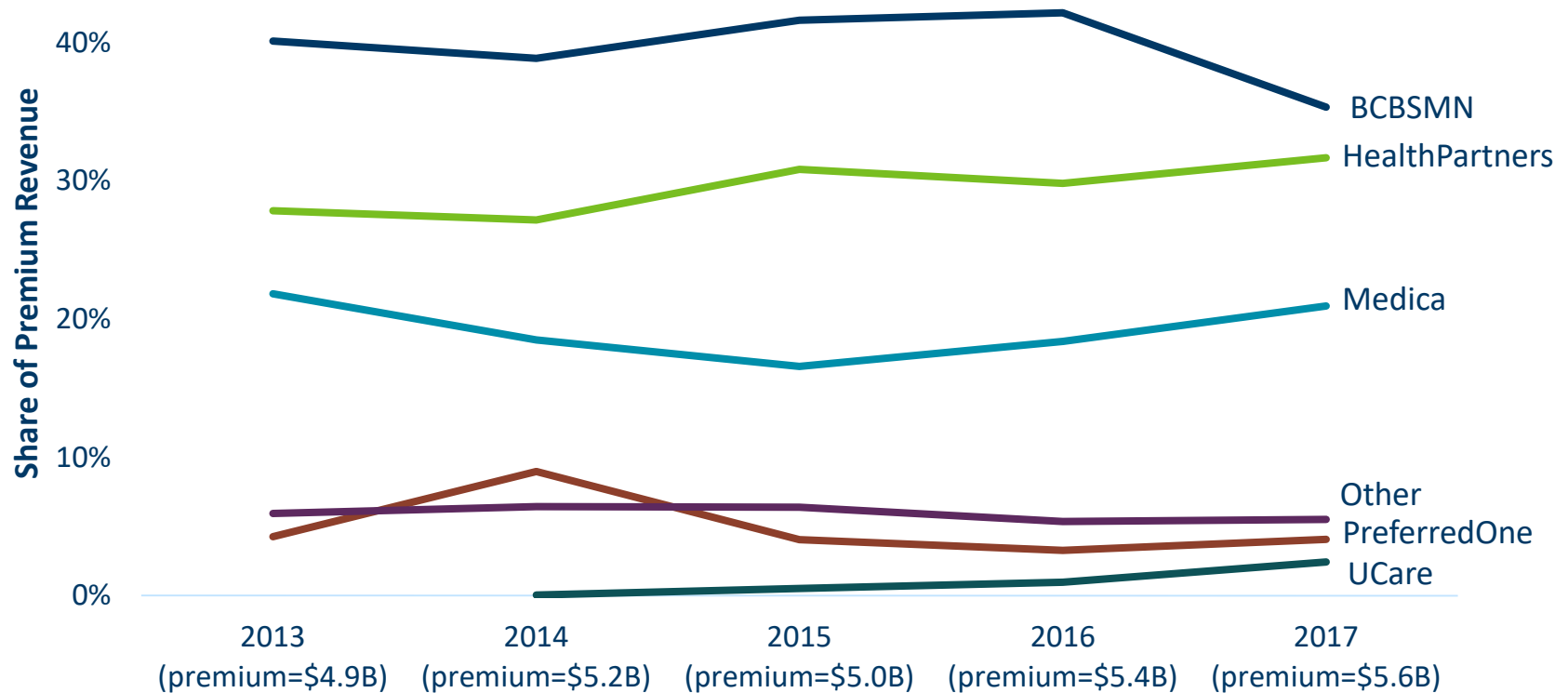
- **PMAP:** Prepaid Medical Assistance Program
- **MSC+:** Minnesota Senior Care Plus
 - MSC+ data prior to 2017 was not consistently broken out by health plan companies prior to 2017 and is included in the MSC+ category, as able.
- **MSHO:** Minnesota Senior Health Options
- **SNBC:** Special Needs Basic Care
- **Medicare:** Medicare Choice, Medicare Cost, and Medicare Advantage plans
- **All Other:** Medicare Supplement and Select products. Net income and profitability also include Dental product financial reporting.

Health Plan Companies: Market Share

(includes HMO and non-HMO health plan companies)

Information contained in this section illustrates the allocation of revenues by source of coverage, health plan company market share, HMO status, and non-profit status. Data is based on the fully insured private (commercial) market.

Health Plan Company Market Shares: Fully Insured Private Market

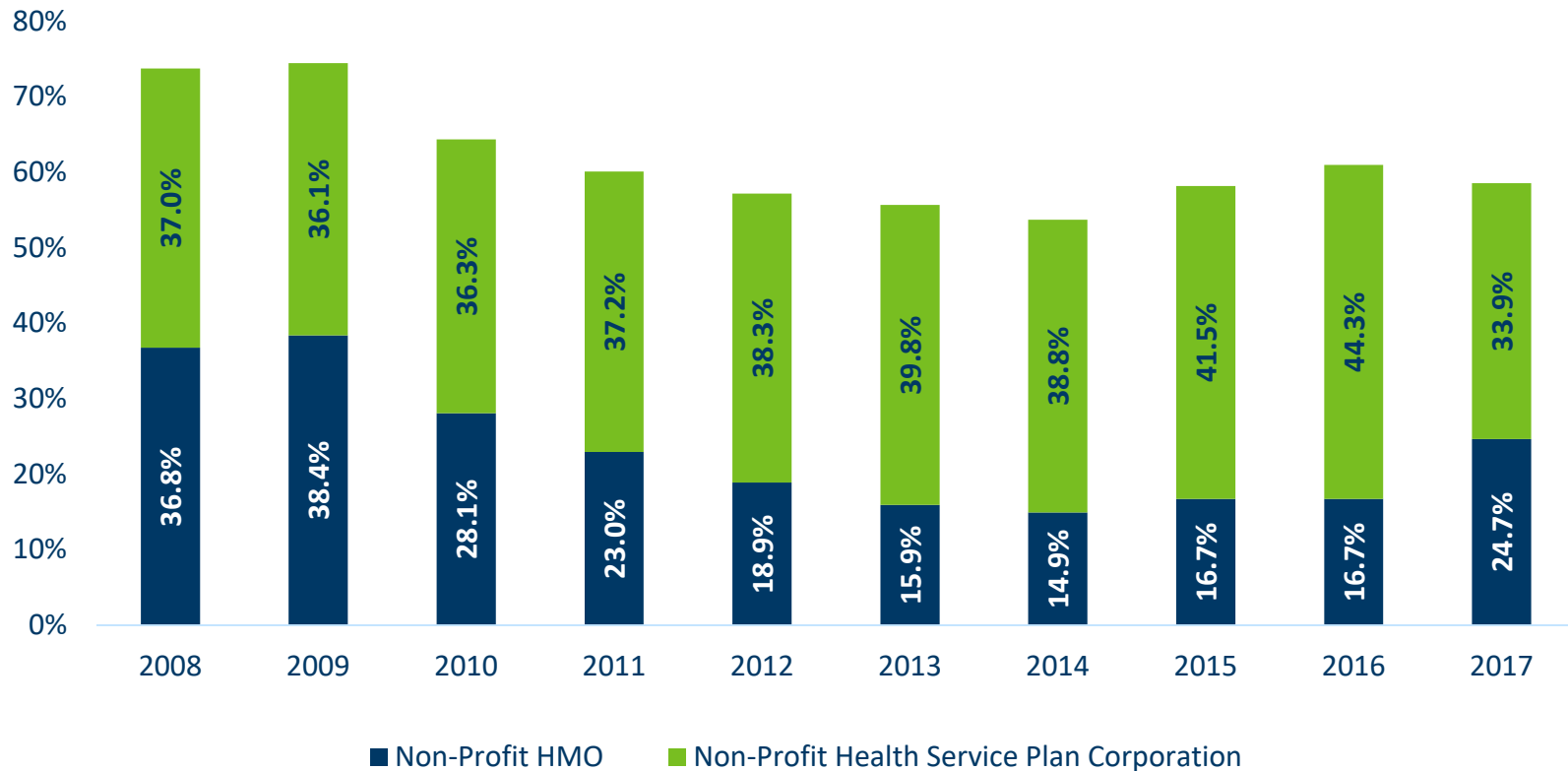


Companies with common ownership were treated as one entity. For example, BCBSMN includes Blue Cross Blue Shield of MN and Blue Plus. Fully insured private (commercial) market only, market share based on premium volume. Market shares for small group and individual markets are available in [Health Care Markets Chartbook Section 4](#). UCare entered the private market in 2014.

Source: MDH Health Economics Program, analysis of Health Plan Financial and Statistical Reports which covers health plan companies with over \$3 million in annual premium revenue, as well as non-profit health plan companies. Data as of July 18, 2018.

[Summary of Graph](#)

Market Share of Minnesota Non-Profit Health Plan Companies and HMOs: Fully Insured Private Market



Fully insured private (commercial) market only, market share based on premium volume. Non-profit health plan companies include both non-profit HMOs and non-profit health service plan companies, which pay a 1 percent premium tax. HMOs are licensed pursuant to Minnesota Statutes, chapter 62D and Minnesota Rules, part 4685.

Source: MDH Health Economics Program, analysis of Health Plan Financial and Statistical Reports which covers health plan companies with over \$3 million in annual premium revenue, as well as non-profit health plan companies. Prior to 2010, one health plan company did not report its non-profit HMO and for-profit insurance company as separate filings. Data as of July 18, 2018.

[Summary of Graph](#)

Health Plan Companies: Medical Loss Ratios

(Fully Insured HMO and Non-HMO health plan companies with \$2 million or more in premium revenue)

A medical loss ratio is the share (percent) of premium revenues spent on medical care.
Medical loss ratios ensure a minimum value of benefit for consumers.

There is variation across government agencies in what is considered “medical” spending (just claims vs. including quality improvement or fraud prevention) and what should be included in premium revenues (inclusion or exclusion of various taxes and fees). There is also variation in the time period considered.

This section includes a *preliminary* Affordable Care Act (ACA) (federal) MLR produced by the National Association of Insurance Commissioners (NAIC).

Medical Loss Ratio in the Individual Market, 2017

(Health plan companies with \$2 million or more in Total Premium Revenue)

	Adjusted Premium Earned ¹ (\$ in thousands)	Claims Expense (\$ in thousands)				Preliminary ACA MLR ²
		Incurred Claims	Quality Improvement	Fraud	Total Claims Expenses	
Blue Plus	\$316,615	\$203,978	\$956	\$19	\$204,953	64.7%
Medica Health Plans of WI	\$216,052	\$182,857	\$947	\$0	\$183,804	85.1%
HealthPartners Insurance Company	\$131,821	\$102,479	\$951	\$0	\$103,430	78.5%
UCare ³	\$129,685	\$104,137	\$1,007	\$0	\$105,144	81.1%
Group Health	\$114,232	\$87,721	\$612	\$0	\$88,332	77.3%
Medica Insurance Company	\$19,113	\$17,705	\$106	\$0	\$17,811	93.2%
PreferredOne Insurance Company	\$6,435	\$2,671	\$13	\$1	\$2,685	41.7%
HealthPartners, Inc.	\$2,875	\$3,016	\$9	\$0	\$3,024	105.2%
Total	\$936,827	\$704,563	\$4,601	\$20	\$709,184	75.7%

¹ Premiums exclude taxes and fees.

² Medical Loss Ratio. Beginning in 2012, federal law requires most health plan companies to issue rebates to consumers for an MLR under 80% in the individual market for the prior year. Further information on federal (ACA) MLR calculations is available at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Medical-Loss-Ratio.html>.

³ Includes both UCare MN and UCare Health Inc. to account for UCare Health Inc. not offering commercial coverage, but handling out-of-network processing on behalf of UCare MN.

Health plan companies are ordered by net premiums in decreasing order.

Source: MDH Health Economics Program analysis of data from National Association of Insurance Commissioners (NAIC), Supplementary Health Care Exhibit—Part 1.

Medical Loss Ratio in the Small Group Market, 2017

(Health plan companies with \$2 million or more in Total Premium Revenue)

	Adjusted Premium Earned ¹ (\$ in thousands)	Claims Expense (\$ in thousands)				Preliminary ACA MLR ²
		Incurred Claims	Quality Improvement	Fraud	Total Claims Expenses	
Blue Cross Blue Shield of MN	\$572,794	\$487,360	\$3,096	\$0	\$490,456	85.6%
HealthPartners, Inc.	\$542,112	\$516,206	\$3,335	\$0	\$519,541	95.8%
Medica Insurance Company	\$149,747	\$133,994	\$629	\$0	\$134,622	89.9%
PreferredOne Insurance Company	\$126,743	\$125,475	\$1,101	\$111	\$126,686	100.0%
HealthPartners Insurance Company	\$46,330	\$42,616	\$232	\$0	\$42,849	92.5%
Federated Mutual Insurance Company	\$32,738	\$27,729	\$0	\$0	\$27,729	84.7%
Blue Plus	\$6,745	\$4,849	\$48	\$1	\$4,898	72.6%
PreferredOne Community Health Plan	\$2,423	\$3,431	\$21	\$0	\$3,452	142.4%
Gundersen Lutheran	\$1,799	\$1,607	\$21	\$0	\$1,628	90.5%
Total	\$1,481,432	\$1,343,267	\$8,483	\$111	\$1,351,861	91.3%

¹ Premiums exclude taxes and fees.

² Medical Loss Ratio. Beginning in 2012, federal law requires most health plan companies to issue rebates to consumers for an MLR under 80% in the small group market for the prior year. Further information on federal (ACA) MLR calculations is available at

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Medical-Loss-Ratio.html>.

Health plan companies are ordered by net premiums in decreasing order.

Source: MDH Health Economics Program analysis of data from National Association of Insurance Commissioners (NAIC), Supplementary Health Care Exhibit—Part 1.

Medical Loss Ratio in the Large Group Market, 2017

(Health plan companies with \$2 million or more in Total Premium Revenue)

	Adjusted Premium Earned ¹ (\$ in thousands)	Claims Expense (\$ in thousands)				Preliminary ACA MLR ²
		Incurred Claims	Quality Improvement	Fraud	Total Claims Expenses	
Blue Cross Blue Shield of MN	\$1,287,248	\$1,174,926	\$7,183	\$0	\$1,182,109	91.8%
Medica Insurance Company	\$736,655	\$649,924	\$3,005	\$0	\$652,929	88.6%
HealthPartners Insurance Company	\$652,067	\$595,665	\$4,081	\$0	\$599,747	92.0%
HealthPartners, Inc.	\$217,081	\$187,616	\$994	\$0	\$188,610	86.9%
PreferredOne Insurance Company	\$82,772	\$71,342	\$764	\$70	\$72,175	87.2%
Federated Mutual Insurance Company	\$15,503	\$15,583	\$0	\$0	\$15,583	100.5%
Blue Plus	\$3,264	\$5,293	\$19	\$0	\$5,313	162.7%
Aetna	\$1,920	\$1,244	\$14	\$0	\$1,258	65.5%
PreferredOne Community Health Plan	\$677	\$551	\$7	\$0	\$559	82.5%
Gundersen Lutheran	\$648	\$600	\$7	\$0	\$607	93.6%
Total	\$2,997,836	\$2,702,743	\$16,076	\$70	\$2,718,889	90.7%

¹ Premiums exclude taxes and fees.

² Medical Loss Ratio. Beginning in 2012, federal law requires most health plan companies to issue rebates to consumers for an MLR under 85% in the large group market for the prior year. Further information on federal (ACA) MLR calculations is available at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Medical-Loss-Ratio.html>.

Health plan companies are ordered by net premiums in decreasing order. Group Health Plan Inc. is excluded due to revisions needed per the Minnesota Department of Commerce 2017 Loss Ratio Experience Report.

Source: MDH Health Economics Program analysis of data from National Association of Insurance Commissioners (NAIC), Supplementary Health Care Exhibit—Part 1.

HMO Financial Statistics

Health Maintenance Organizations (HMO) are non-profit corporations which provide comprehensive health insurance coverage to Minnesotans. HMOs deliver services for a majority of state public programs enrollees through contracts with the Minnesota Department of Human Services, and to Medicare beneficiaries through contracts with the Center for Medicare and Medicaid Services (CMS). Comprehensive financial reporting, summarized in this section and collected pursuant to Minnesota Statutes, chapter 62D and Minnesota Rules, part 4685, provides transparency for state policymakers, regulators and consumers.

Unless stated, information presented in this section does not include County Based Purchasers (CBPs) established under Minnesota Statutes, chapter 256B.292 and data is based on fully insured HMOs. Data includes all product lines unless otherwise noted.

Summary of HMO Financial Trends, Total Business

	2013	2014	2015	2016	2017
Net Income (\$ in millions)	\$226.0	\$300.8	\$216.1	-\$359.3	\$204.8
Total Revenue (\$ in millions)	\$7,746.9	\$8,243.9	\$8,902.2	\$8,582.4	\$9,750.1
Operating Income as % of Revenue	2.2%	2.8%	1.8%	-5.1%	1.2%
Net Income as % of Revenue	2.9%	3.6%	2.4%	-4.2%	2.1%
Net Income per Member Month	\$20.99	\$24.64	\$15.71	-\$25.96	\$13.73

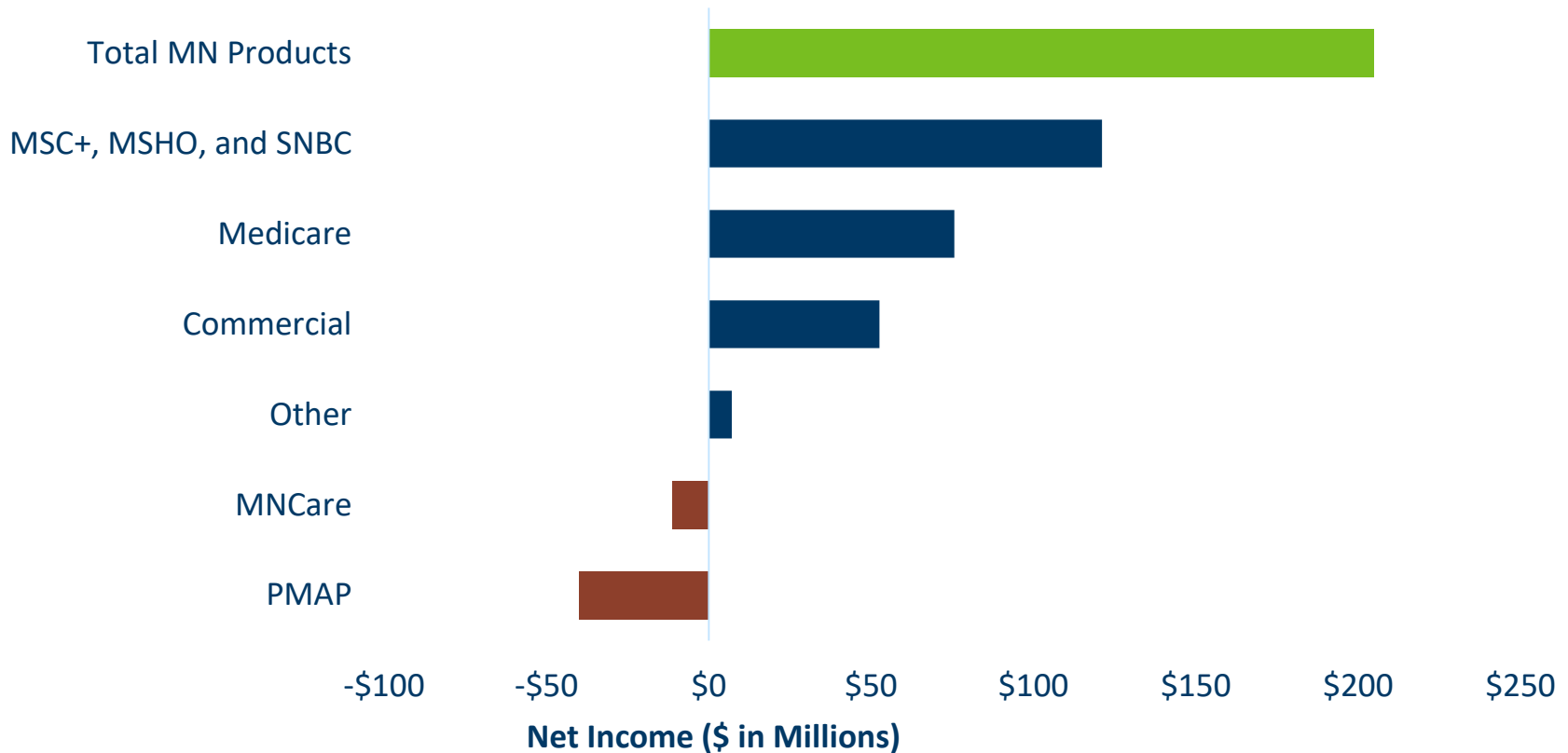
Net Income and Profitability by HMO, 2017

	Net Income (\$ in millions)	Total Revenue (\$ in millions)	Net Income as % of Revenue
Blue Plus	\$32.2	\$2,406.5	1.3%
Group Health	\$27.2	\$1,424.9	1.9%
Gundersen Lutheran	-\$0.1	\$8.1	-1.8%
HealthPartners, Inc.	-\$36.4	\$1,696.6	-2.1%
Hennepin Health	\$4.8	\$231.5	2.1%
Medica Health Plans	\$91.0	\$1,253.1	7.3%
PreferredOne Community Health Plan	-\$0.5	\$3.5	-15.6%
Sanford	-\$0.1	\$1.8	-3.8%
UCare	\$86.7	\$2,724.1	3.2%
All HMOs	\$204.8	\$9,750.1	2.1%

Minnesota products only. Excludes Administrative Services' Net Income and Revenue. Prior to 2016 Hennepin Health was known as Metropolitan Health Plan. Health plan companies are ordered alphabetically.

Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

Minnesota HMO Net Income by Product Line, 2017

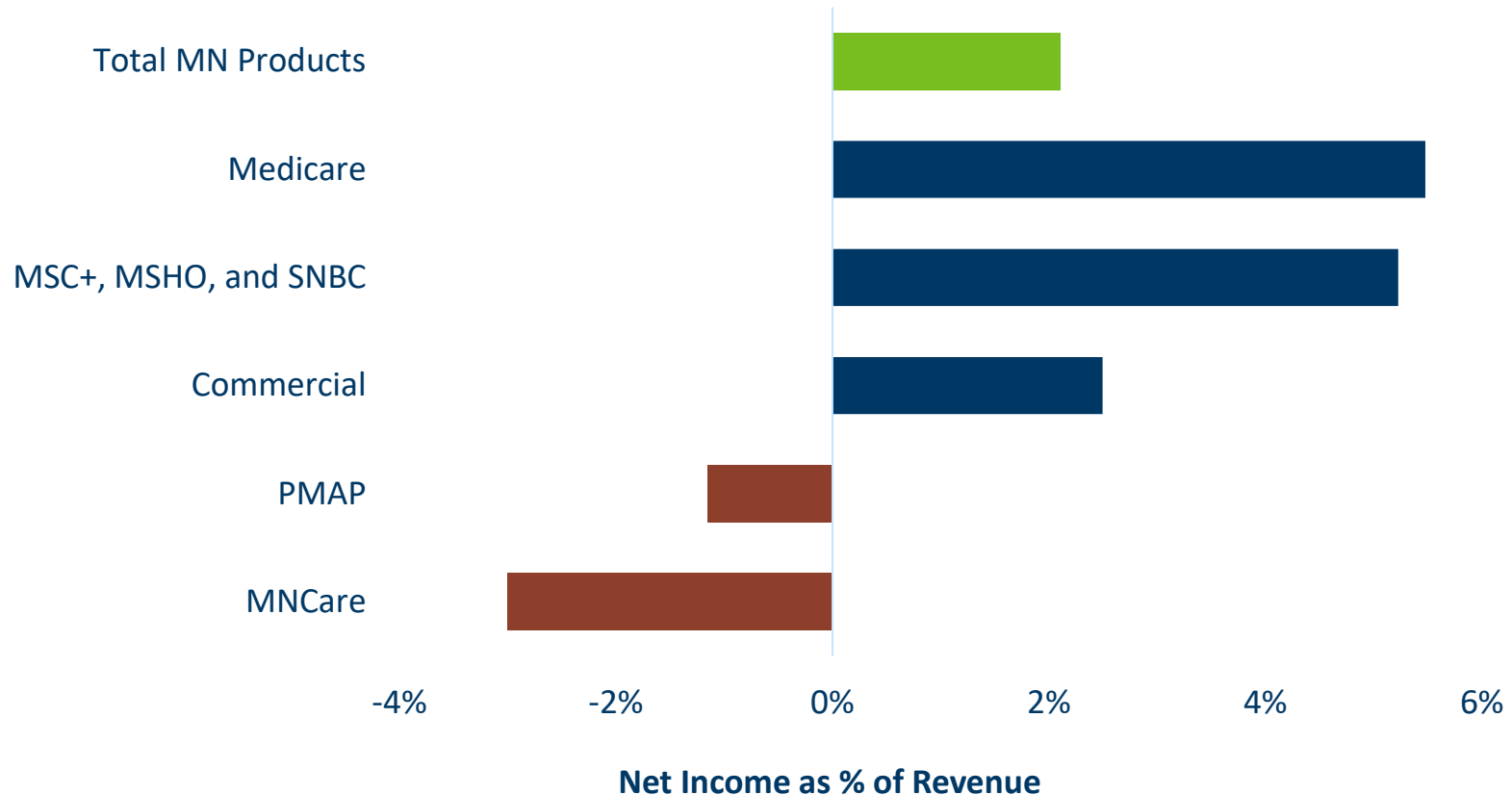


Minnesota products only. Excludes Administrative Services' Net Income and Revenue. "Other" coverage includes Medicare Supplement and Medicare Select. Definitions are included on slide 3. Product lines are in order of net income. More detail can be found in the [Supplemental Information](#).

Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

[Summary of Graph](#)

Minnesota HMO Profitability by Product Line, 2017

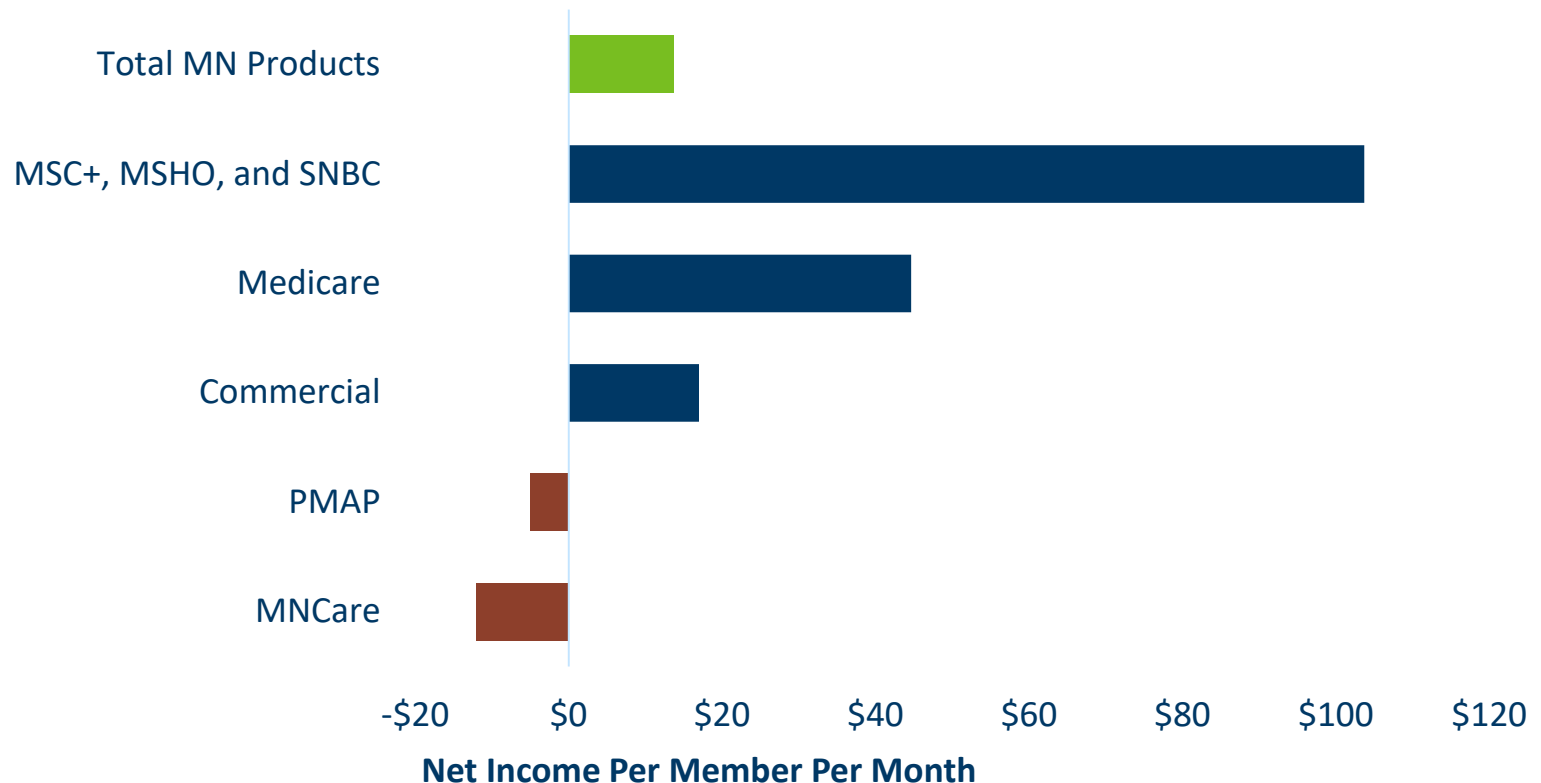


Minnesota products only. Excludes Administrative Services' Net Income and Revenue. The total includes "other" coverage not listed (Medicare Supplement and Medicare Select), and had net income as percent of revenue ranging from -7.5 to 11.3 percent between 2013-2017. MSC+ data prior to 2017 was not consistently broken out by health plan companies and is included in the MSC+ category, as able. Definitions are included on slide 3. Product lines are in order of profitability. More detail can be found in the [Supplemental Information](#).

Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

[Summary of Graph](#)

Minnesota HMO Net Income per Member Month by Product Line, 2017



Minnesota products only. Excludes Administrative Services' Net Income and Revenue. The total includes "other" coverage not listed (Medicare Supplement and Medicare Select), and represented 1.0 to 6.7 percent of aggregate net HMO revenues between 2013-2017. MSC+ data prior to 2017 was not consistently broken out by health plan companies and is included in the MSC+ category, as able. Definitions are included on slide 3. Product lines are in order of net income per member per month. More detail can be found in the [Supplemental Information](#).

Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

[Summary of Graph](#)

Sources of HMO Net Income, 2013 to 2017

	2013	2014	2015	2016	2017
Sources of Net Income (\$ in millions):					
Net underwriting gain/loss	\$172.9	\$231.6	\$158.6	-\$438.9	\$119.1
Investment Income	\$39.4	\$52.4	\$51.0	\$54.9	\$60.1
Other	\$13.7	\$16.8	\$6.5	\$24.7	\$25.6
Net Income	\$226.0	\$300.8	\$216.1	-\$359.3	\$204.8
Investment income as % of net income¹	17.4%	17.4%	23.6%		29.3%

¹ Investment income as a percent of net income is not listed when HMOs have a negative net income and a positive investment income. Minnesota products only. Excludes Administrative Services' Net Income (all sources and investments).
Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

Investment Income as a Percent of Net Income by HMO, 2017

	Investment Income (\$ in millions)	Net Income (\$ in millions)	Investment Income as % of Net Income ¹
Blue Plus	\$15.4	\$32.2	47.8%
Group Health	\$1.7	\$27.2	6.3%
Gundersen Lutheran	\$0.0	-\$0.1	
HealthPartners, Inc.	\$7.7	-\$36.4	
Hennepin Health	\$0.6	\$4.8	13.6%
Medica Health Plans	\$9.6	\$91.0	10.5%
PreferredOne Community Health Plan	\$0.1	-\$0.5	
Sanford	\$0.0	-\$0.1	
UCare	\$24.9	\$86.7	28.8%
All HMOs	\$60.1	\$204.8	29.3%

¹ Investment income as a percent of net income is not listed for HMOs that have a negative net income and a positive investment income. Minnesota products only. Excludes Administrative Services' Net Income (all sources and investments). Prior to 2016 Hennepin Health was known as Metropolitan Health Plan. Health plan companies are ordered alphabetically.

Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

Reserves, Medical Expenses, and Regulatory Minimum Level by HMO, 2017

	Reserves (\$ in millions) ²	Total Expenses (\$ in millions)	Reserves as % of Total Expenses	Reserves as % of Regulatory Level ³	Ratio Above Company Action Level ⁴
Blue Plus	\$473.0	\$2,169.3	21.8%	547.7%	2.7
Group Health¹	\$163.7	\$635.1	25.8%	414.1%	2.1
Gundersen Lutheran	\$1.9	\$7.5	25.8%	271.7%	1.4
HealthPartners, Inc.¹	\$940.1	\$1,623.6	57.9%	541.4%	2.7
Hennepin Health	\$39.8	\$199.6	19.9%	482.1%	2.4
Medica Health Plans	\$287.9	\$1,181.0	24.4%	609.2%	3.0
PreferredOne Community Health Plan	\$3.0	\$4.0	74.5%	1071.8%	5.4
Sanford	\$1.4	\$1.6	90.6%	457.5%	2.3
UCare	\$619.4	\$2,496.0	24.8%	630.6%	3.2
All HMOs	\$2,530.1	\$8,317.7	30.4%	557.1%	2.8

¹ Fee-for-service revenue earned was subtracted from expenses to approximate member only expenses for these health plan companies.

² Reserve minimums are based financial solvency of entire organization; therefore the calculation includes non-Minnesota business.

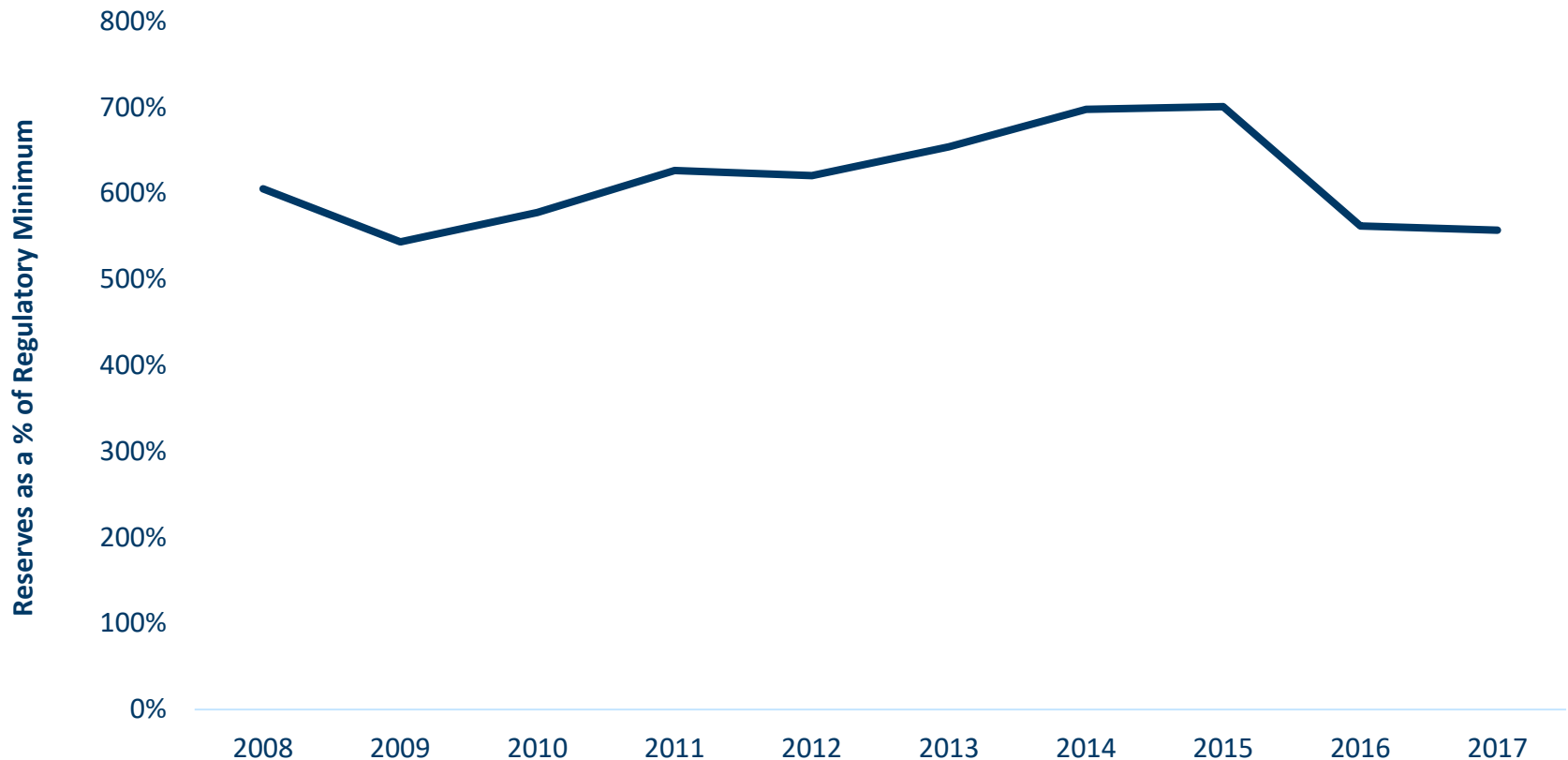
³ "Regulatory level" is the authorized control level; total expenses is from line 16 of HMO Minnesota Supplement Report #1 and includes Administrative Services' Expenses, as applicable.

⁴ Company Action Level is defined at 200 percent. For more information, see Minnesota Statutes Chapter 60A.50.

Prior to 2016 Hennepin Health was known as Metropolitan Health Plan. Health plan companies are ordered alphabetically.

Source: MDH Health Economics Program analysis of data from National Association of Insurance Commissioners (NAIC).

Total Minnesota HMO Reserves Relative to Regulatory Minimum Levels, 2008 to 2017



Reserve minimums are based financial solvency of entire organization; therefore the calculation includes non-Minnesota business.

Source: MDH Health Economics Program analysis of data from National Association of Insurance Commissioners (NAIC).

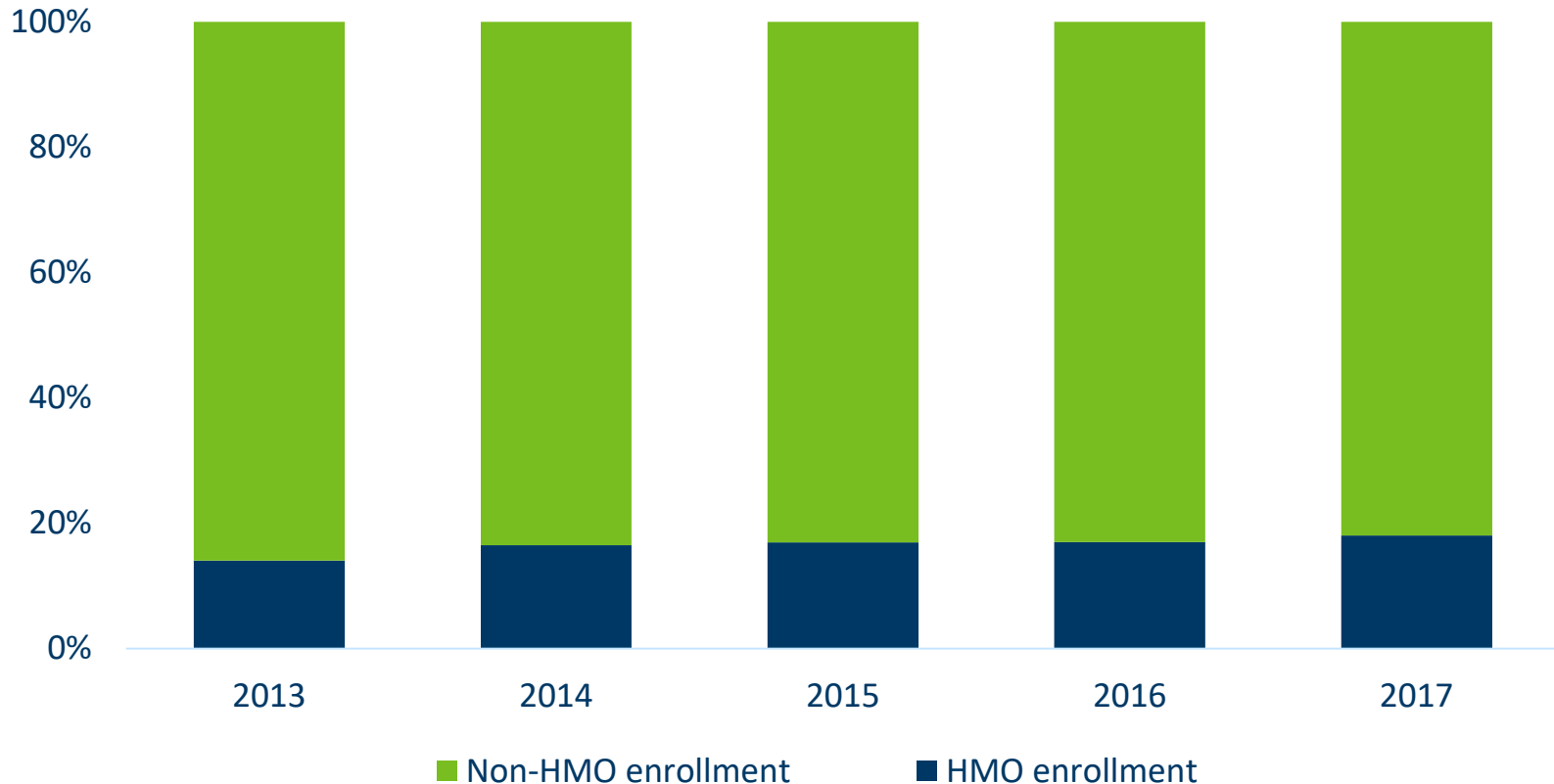
[Summary of Graph](#)

HMO Enrollment Statistics

Health Maintenance Organizations (HMO) are non-profit corporations which provide comprehensive health insurance coverage to Minnesotans. They also provide health care to state public programs enrollees through contracts with the Minnesota Department of Human Services and to Medicare beneficiaries through contracts with the Center for Medicare and Medicaid Services. HMOs are licensed pursuant to Minnesota Statutes, chapter 62D and Minnesota Rules, part 4685.

Unless stated, information presented in this section does not include County Based Purchasers (CBPs) established under Minnesota Statutes, chapter 256B.292 and data is based on fully insured HMOs. Data includes all product lines unless otherwise noted.

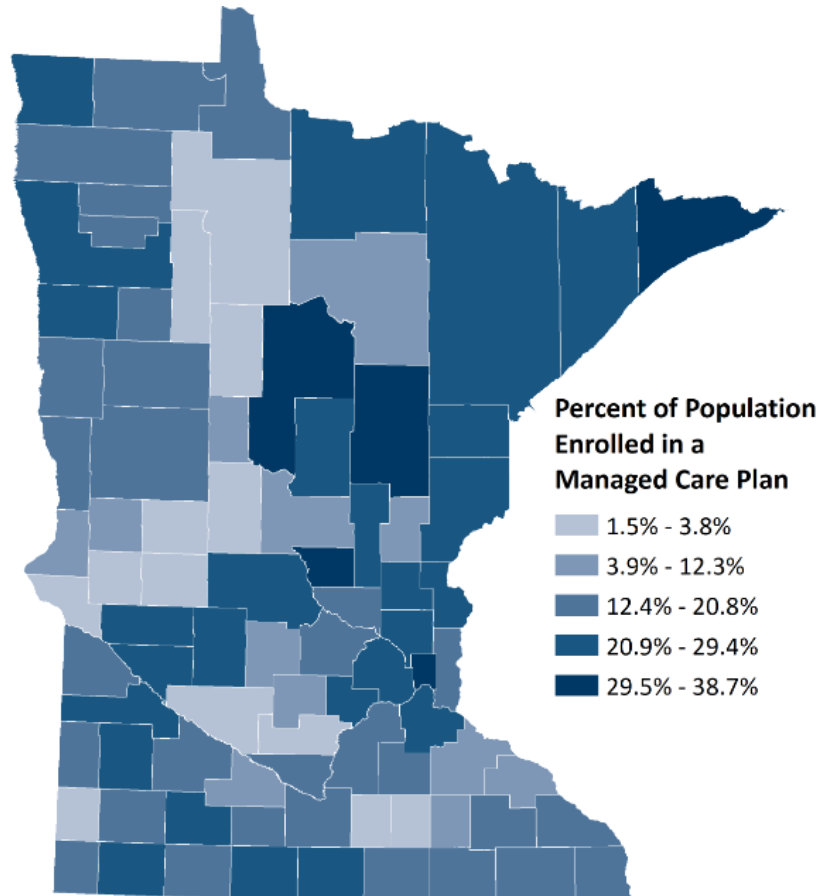
Share of Total Minnesota HMO Enrollment, 2013 to 2017



Enrollment figures are as of December 31st of each year for Minnesota residents; excludes residents with an unknown county of residence.
Source: MDH Health Economics Program analysis of MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report, U.S. Census Bureau, Population Division, Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2017 (NST-EST2017-01).

[Summary of Graph](#)

Minnesota's Percent of Population Enrolled in an HMO, by County, 2017



Enrollment figures are as of December 31st of each year for Minnesota residents; ranges are based on standard deviations; excludes residents with an unknown county of residence.

Source: MDH Health Economics Program analysis of MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report, U.S. Census Bureau, Population Division, Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2017 (NST-EST2017-01).

[Summary of Graph](#)

Minnesota HMO Enrollment by Region, 2017

	Central	Twin Cities	Northeast	Northwest	South Central	Southeast	Southwest	West Central	Statewide
Blue Plus	82,903	151,286	26,982	16,656	19,822	26,629	31,489	26,696	382,463
Group Health	8,184	72,575	2,409	263	989	1,317	498	623	86,858
Gundersen Lutheran	-	-	-	-	-	1,141	<10	-	1,142
HealthPartners, Inc.	38,223	261,534	7,803	1,185	4,469	1,408	1,006	2,247	317,875
Hennepin Health	56	30,511	12	15	<10	12	<10	<10	30,624
Medica Health Plans	2,692	23,322	1,665	237	96	440	121	702	29,275
PreferredOne Community Health Plan	66	411	-	-	<10	105	<10	<10	590
Sanford	<10	<10	<10	235	<10	<10	114	58	419
UCare	20,035	268,180	25,989	1,675	12,298	37,785	8,578	2,562	377,102
All HMOs	152,165	807,822	64,861	20,266	37,684	68,838	41,816	32,896	1,226,348

Enrollment figures are as of December 31st of each year for Minnesota residents; excludes residents with an unknown county of residence. Prior to 2016 Hennepin Health was known as Metropolitan Health Plan. Medica no longer accepted enrollment for Medical Assistance/MinnesotaCare Families and Children effective May 1, 2017.

Source: MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report.

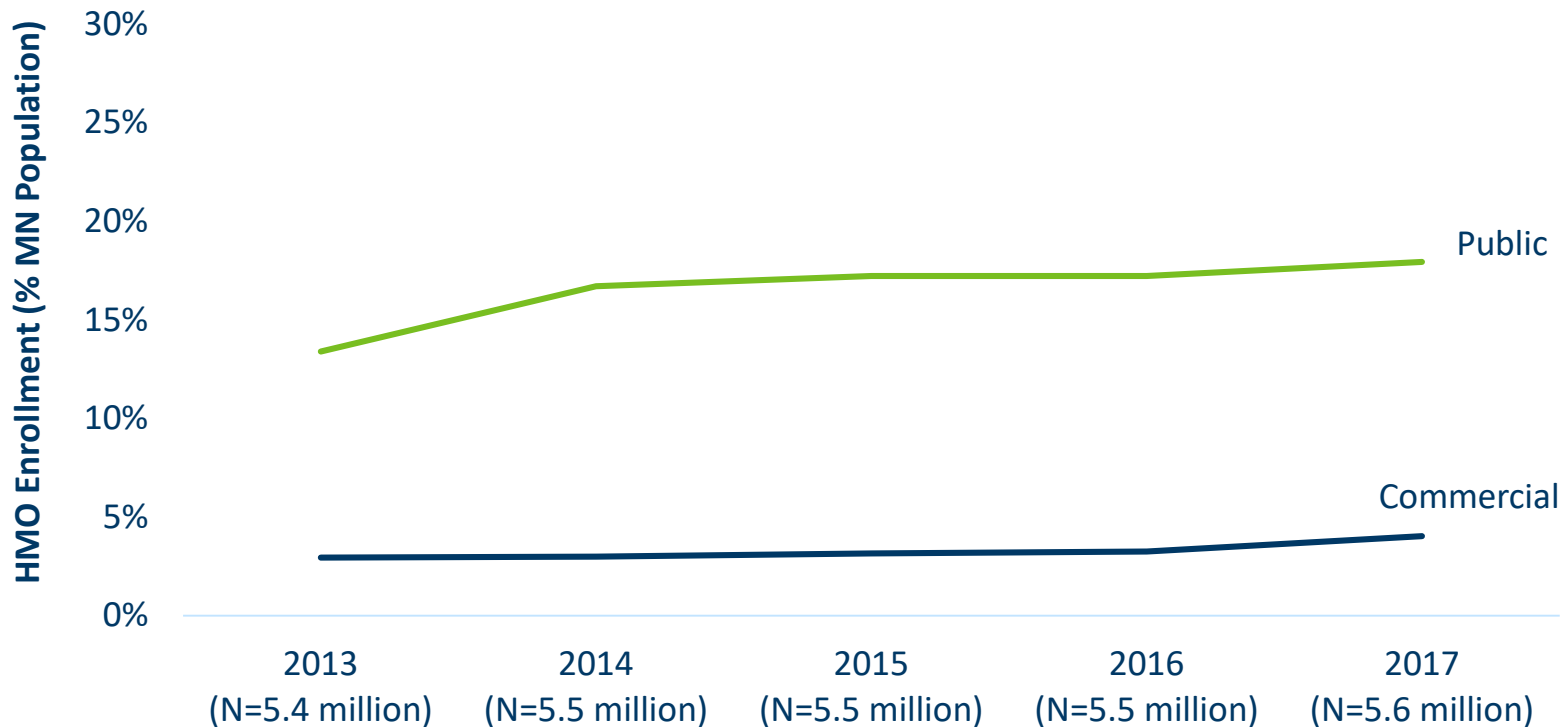
Distribution of HMO Enrollment by Region, 2017

	Central	Twin Cities	Northeast	Northwest	South Central	Southeast	Southwest	West Central	Statewide
Blue Plus	10.9%	4.9%	8.3%	9.7%	6.8%	5.3%	14.5%	11.6%	6.9%
Group Health	1.1%	2.4%	0.7%	0.2%	0.3%	0.3%	0.2%	0.3%	1.6%
Gundersen Lutheran	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
HealthPartners, Inc.	5.0%	8.5%	2.4%	0.7%	1.5%	0.3%	0.5%	1.0%	5.7%
Hennepin Health	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
Medica Health Plans	0.4%	0.8%	0.5%	0.1%	0.0%	0.1%	0.1%	0.3%	0.5%
PreferredOne Community Health Plan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sanford	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%
UCare	2.6%	8.7%	8.0%	1.0%	4.2%	7.5%	3.9%	1.1%	6.8%
All HMOs	20.1%	26.3%	20.0%	11.8%	12.9%	13.6%	19.2%	14.3%	22.0%

Enrollment figures are as of December 31st of each year for Minnesota residents; excludes residents with an unknown county of residence. Prior to 2016 Hennepin Health was known as Metropolitan Health Plan. Medica no longer accepted enrollment for Medical Assistance/MinnesotaCare Families and Children effective May 1, 2017.

Source: MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report.

Minnesota HMO Market Penetration, 2013 to 2017

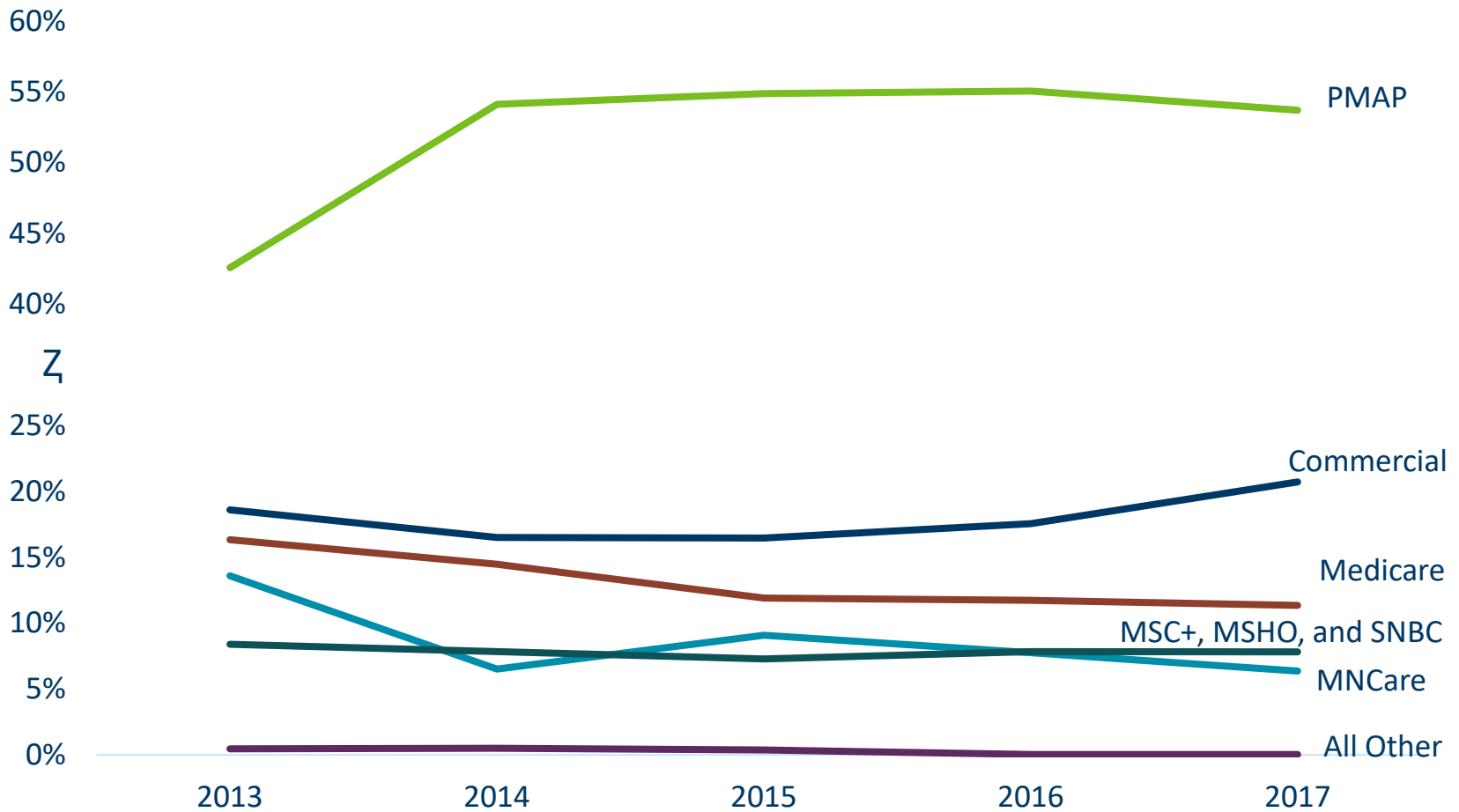


Enrollment figures are as of December 31st of each year; excludes residents with an unknown county of residence. Medica no longer accepted enrollment for Medical Assistance/MinnesotaCare Families and Children effective May 1, 2017. All Other is excluded from this graph and represents less than 0.03 percent each year.

Source: MDH Health Economics Program analysis of MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report, U.S. Census Bureau, Population Division, Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2017 (NST-EST2017-01).

[Summary of Graph](#)

Distribution of Minnesota HMO Enrollment by Product Line, 2013 to 2017



Enrollment is based on total member months. Minnesota products only. MSC+ data prior to 2017 was not consistently broken out by health plan companies and is included in the MSC+ category, as able. Definitions are included on slide 3.

Source: MDH Health Economics Program analysis of Minnesota Supplement #1 HMO report.

[Summary of Graph](#)

Distribution of Minnesota HMO Enrollment by Product Line, 2017

	Commercial	PMAP	MNCare	Medicare	MSC+, MSHO, and SNBC	All Products
Blue Plus	19,070	322,368	32,989	0	8,036	382,463
Group Health	30,037	0	0	56,821	0	86,858
Gundersen	399	0	0	743	0	1,142
HealthPartners, Inc.	152,391	132,050	22,806	59	10,435	317,875
Hennepin Health	0	26,209	2,375	0	2,040	30,624
Medica Health Plans	61	0	0	0	29,157	29,275
PreferredOne Community Health Plan	590	0	0	0	0	590
Sanford	329	0	0	0	0	419
UCare	22,363	202,402	27,631	81,786	42,914	377,102
All HMOs	225,240	683,029	85,801	139,409	92,582	1,226,348

Enrollment figures are as of December 31st of each year; excludes residents with an unknown county of residence. Minnesota products only. All Other is excluded from this representation. MSC+ data prior to 2017 was not consistently broken out by health plan companies and is included in the MSC+ category, as able. Medica no longer accepted enrollment for Medical Assistance/MinnesotaCare Families and Children effective May 1, 2017.

Source: MDH Health Economics Program analysis of MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report.

Distribution of Total Minnesota HMO Enrollment by Product Line and Age, 2017

	<15	15-29	30-44	45-54	55-64	65+	Total
Commercial	16.1%	19.8%	23.4%	17.7%	20.8%	2.3%	100.0%
Public Programs	45.3%	56.4%	62.3%	37.5%	48.6%	149.8%	100.0%
PMAP	44.0%	25.3%	17.3%	7.4%	5.9%	0.1%	100.0%
MNCare	1.3%	24.0%	32.0%	17.2%	20.2%	5.3%	100.0%
Medicare	0.0%	0.0%	0.2%	0.5%	4.4%	94.9%	100.0%
MSC+, MSHO, and SNBC	0.0%	7.2%	12.9%	12.4%	18.0%	49.5%	100.0%
All Other	0.0%	0.0%	0.0%	0.3%	1.7%	97.9%	100.0%
Total HMO Enrollment	27.4%	19.9%	17.2%	9.6%	10.5%	15.5%	100.0%

Enrollment figures are as of December 31st of each year. Includes health plan company members that are non-Minnesota residents. MSC+ data prior to 2017 was not consistently broken out by health plan companies and is included in the MSC+ category, as able. Medica no longer accepted enrollment for Medical Assistance/MinnesotaCare Families and Children effective May 1, 2017.

Source: MDH Health Economics Program analysis of Minnesota Supplement #6 HMO report.

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page
(www.health.state.mn.us/health/economics)
- Publications
(<https://heppublications.web.health.state.mn.us/>)
- 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 7](#). 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.