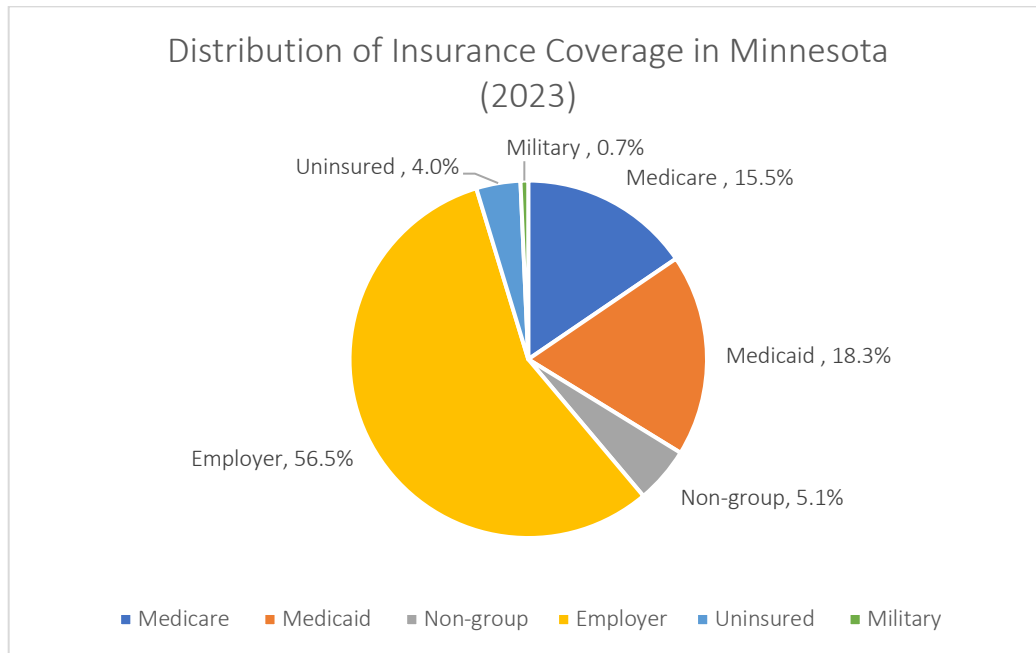


# Minnesota

## Sources of Insurance Coverage



*\*Source: KFF, Health Insurance Coverage of the Total Population, 2023*

### Medicare

In Minnesota, [868,300](#) residents are enrolled in Medicare, 15.5% of the state's population (2023 data). Of those, [57%](#) are enrolled in a Medicare Advantage plan. For Minnesotans in the traditional Medicare program, the Minnesota Department of Commerce regulates Medicare supplemental plans and provides [consumer-facing](#) information about plan benefits and enrollee rights. Information about insurers authorized to sell Medicare supplemental policies and plan premiums is available [here](#).

### Medicaid and the Children's Health Insurance Program (CHIP)

In Minnesota, [1.03 million people](#) are enrolled in Medicaid or CHIP, 18.3% of the population (2023 data). Minnesota adopted Medicaid expansion under the Affordable Care Act, which currently covers [327,000](#) low-income adults. In Minnesota, the CHIP program is integrated with the Medicaid program and covers children up to 288% of the federal poverty level (FPL) and pregnant women up to 283% FPL. Approximately [33%](#) of all births in Minnesota are covered by Medicaid.

Minnesota also operates a [Basic Health Program](#) for slightly higher income individuals (between 133%-200% of the federal poverty level), which the state calls MinnesotaCare. As of November 2024, the program covered approximately [101,287](#) people.

In Minnesota, most Medicaid and MinnesotaCare enrollees receive benefits via private managed care organizations. These insurers have contracts with the Minnesota [Department of Human Services](#). Minnesota also uses [County Based Purchasing](#), which are health plans operated by a county or group of counties to deliver Medicaid and MinnesotaCare services. The participating counties are primarily rural.

### Employer-sponsored Insurance

In Minnesota, [3.17 million](#) people are covered by employer-sponsored insurance (ESI), or 56.5% of the total state population (2023 data). Approximately [41.9%](#) of Minnesota employers offer ESI. However, offer rates vary significantly by size of firm. In Minnesota, 94.5% of large firms (50 or more employees) offer ESI, while only 27.1% of small employers offer ESI.

In Minnesota, approximately [39.2%](#) of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 63.4% self-fund at least one health plan.

### Individual Market Insurance

Approximately [5.1%](#) of Minnesota residents are enrolled in the individual market (2023 data). In 2024, [135,001](#) Minnesotans selected a plan through the Affordable Care Act Marketplace, which in Minnesota is run by the state and called [MNSure](#). It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated jointly by the [Department of Commerce](#) and the [Department of Health](#).

### Other Coverage

Some Minnesotans are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers [0.7%](#), or 37,600 residents.

### The Uninsured

Approximately [4%](#), or 225,100 Minnesota residents are uninsured (2023 data). Minnesota has the [5<sup>th</sup> lowest](#) uninsured rate in the country. Among the non-elderly, people of color are significantly more likely to be uninsured in Minnesota than White people. American Indian or Alaska Native Minnesotans have the highest [uninsured rate](#) (16.5%), followed by Hispanics (14%) and Black residents (6.9%). White residents have the lowest uninsured rate (3.7%) among all racial groups. Lack of insurance is also highly correlated with income. Approximately [9.7%](#) of people under 100% FPL are uninsured in Minnesota, while just 2.5% of people over 400% FPL are uninsured.

## State Regulators: Minnesota

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Minnesota is based in Chicago. Contact information is available [here](#).

### Minnesota Department of Commerce

The Minnesota Department of Commerce shares regulatory oversight responsibility over health insurers with the Minnesota Department of Health. The Department of Commerce conducts the following activities:

- **Financial health:** Insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must file financial information with the Department on a regular basis.
- **Form review:** The Department of Commerce reviews health insurers' contracts and covered benefits to ensure that they comport with state and federal law, including the Affordable Care Act (ACA), Mental Health Parity and Addiction Equity Act (MHPAEA), Health Insurance Portability & Accountability Act (HIPAA), No Surprises Act, as well as state benefit mandates.
- **Rate review:** Health insurers offering plans to individuals and small employers (with fewer than 50 employees) must submit proposed premium rates to the Department, and the agency has the authority to review and require adjustments before rates can be used. The Department does not have authority to review rates for large employer plans (with 50 or more employees). Information about insurers' proposed rates is available [here](#).
- **Marketing:** The Department is responsible for oversight of insurers' marketing tactics and discouraging unfair or deceptive tactics. The agency also licenses insurance agents and brokers.
- **Enforcement:** The Department of Commerce has authority to enforce state and federal insurance laws. The Department investigates and helps resolve complaints on behalf of consumers. Enforcement tools can range from requesting a corrective action, issuing a cease and desist order, imposing fines, or seeking an injunction. The Department maintains a database of enforcement actions against companies [here](#). Consumers or providers can learn about how to file complaints against insurers [here](#).
- **Appeals:** Under the Affordable Care Act, insurers must provide enrollees with an internal review of adverse benefit decisions and the right to an external, independent appeal. The Department of Commerce operates Minnesota's external review system, and provides information to enrollees seeking an appeal [here](#).

### Minnesota Department of Health

The Department of Health shares regulatory oversight duties with the Minnesota Department of Commerce. The Department of Health has primary authority over HMOs operating in Minnesota. It conducts the following activities:

- **Certificate of authority:** HMOs seeking to operate in Minnesota must receive a certificate of authority from the Department of Health. The Department reviews the HMOs' organizational structure, key personnel, governance policies, provider contracts, and financial health. HMOs must submit regular financial statements to the Department.
- **Complaints and Appeals:** The Department of Health responds to and helps resolve consumer complaints about HMOs. It also manages an independent appeals process. Consumers can find information about how to file a complaint or seek an external review of an HMO's adverse benefit decision [here](#).
- **Provider Networks:** The Department reviews and approves plan provider networks in the individual and small-group markets to ensure they meet geographic access standards.
- **Quality Assurance:** The Department conducts quality assurance and targeted examinations to ensure that HMOs meet prescribed quality metrics and comply with state and federal laws. The Department maintains reports on HMO performance on quality metrics [here](#).

The Department of Health maintains a list of HMOs operating in the state with information about ownership, the results of financial examinations, and enrollment data, available [here](#).

#### [Minnesota Department of Human Services](#)

Minnesota's Department of Human Services runs the state's Medicaid and MinnesotaCare programs, and manages the contracts with the managed care organizations (MCOs) that deliver benefits under those programs. A county-by-county list of MCOs participating in Medicaid is available [here](#) and for MinnesotaCare is available [here](#) and enrollment reports by county are available [here](#).

The Department of Human Services conducts quality reviews of MCOs, including assessments of quality, timeliness, and access to care. The results of these reviews are provided in annual reports published [here](#).

The Department can conduct an enforcement action against an MCO if it fails to meet its contract obligations. Enforcement actions can include requiring the MCO to pay damages or to implement a corrective action plan. The agency can also suspend all or part of new member enrollments or suspend or terminate the MCO's contract.

#### [Minnesota Attorney General's Office](#)

The Minnesota Attorney General's Office represents the state in court when there is an action against an insurance company, entity, or individuals engaged in potentially fraudulent activity. The Attorney General's Office accepts complaints from consumers who confront problems related to medical billing or insurance, and can sometimes help resolve issues. Complaints can be submitted [here](#).

## Other Sources of Information

### University of Minnesota State Health Access Data Assistance Center (SHADAC)

Located within the University of Minnesota’s School of Public Health, SHADAC is a multi-disciplinary research center focused on the use of data to inform state health policy. Among other resources, SHADAC publishes reports and [state data profiles](#) on coverage access and affordability.

### Minnesota’s Office of the Legislative Auditor

The Office of the Legislative Auditor – Program Evaluation Division conducts oversight of public programs. For example, the Office has [published](#) reports on the state-based Marketplace, MinnesotaCare, and the Department of Health’s oversight of HMOs.

### Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”)

Minnesota’s health insurance Marketplace (MNSure) provides grants to local organizations called “Navigators” that are tasked with assisting consumers determine eligibility for subsidized coverage programs and helping them with post-enrollment questions. Minnesota-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through the [“Find an Assister”](#) page on the MNSure website.