DEPARTMENT OF HEALTH

Chartbook Section 4

Individual and Small Group Health Insurance Markets

Section 4: Individual and Small Group Health Insurance Markets

- Individual Market Trends
  - Enrollment
  - Premiums
  - Health plan market shares
  - Deductibles and cost-sharing
- Small Group Market Trends
  - Enrollment
  - Premiums
  - Health plan market shares

This slide deck is part of 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; https://www.revisor.mn.gov/statutes/cite/144.70)
A summary of the charts and graphs contained within is provided on the MDH website (https://www.health.state.mn.us/data/economics/chartbook/summaries/section4summaries.html). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Key Terms

- **Advanced premium tax credits** – Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC), which limit premiums to a percent of income. APTC are available to those who do not have access to employer-based coverage, enroll through MNsure (Minnesota's health insurance exchange), and provide required proof of income.
- **Coinsurance** – Percentage of costs of a covered health care service after you've paid your deductible.
- **Copay** – A fixed amount you pay for a covered health care service after you've paid your deductible.
- **Cost-sharing reductions** – A discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace®, cost-sharing reductions are often called "extra savings." If you qualify, you must enroll in a plan in the Silver category to get the extra savings. Members of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder may qualify for additional cost-sharing reductions at any metal level.
- **Deductible** – Amount you pay for covered health care services before your insurance plan starts to pay.
- **NAIC** – National Association of Insurance Commissioners (NAIC). MDH uses annual reporting provided by the NAIC to complete many of these slides.
- **Out-of-pocket maximum/limit** – The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.
- **Plans selected** – Individual Market plans on and off the MNsure Exchange that are offered by health plan companies and selected by consumers. Selected plans are based on member month enrollment from the Minnesota All Payer Claims Database.
- **Plans offered** – Individual Market plans on and off the MNsure Exchange that are offered by health plan companies. Includes plans with cost-sharing reductions unless otherwise stated. Plans offered are based on National Association of Insurance Commissioners Health Plan Binders.

Individual (Non-Group) Market

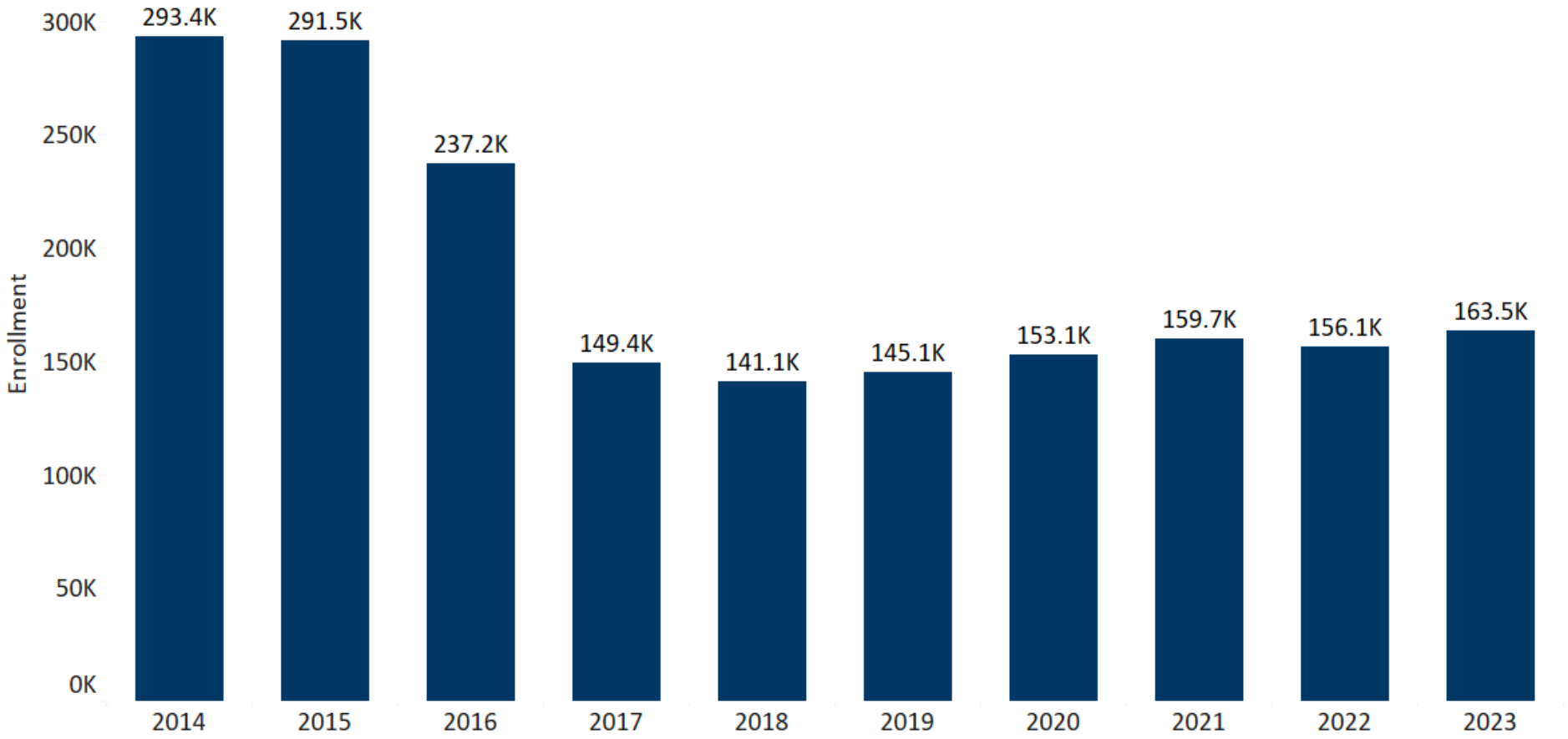
Refers to households (individual or family coverage) who do not have employer sponsored or public coverage, but instead enroll in plans purchased through exchange marketplaces (MNsure) or off-exchange directly from insurers or brokers.

Data Sources: Minnesota All Payer Claims Database (MN APCD), National Association of Insurance Commissioners (NAIC) Health Plan Binders, and NAIC Supplemental Health Care Exhibits Part 1.

Enrollment and Market Share Trends

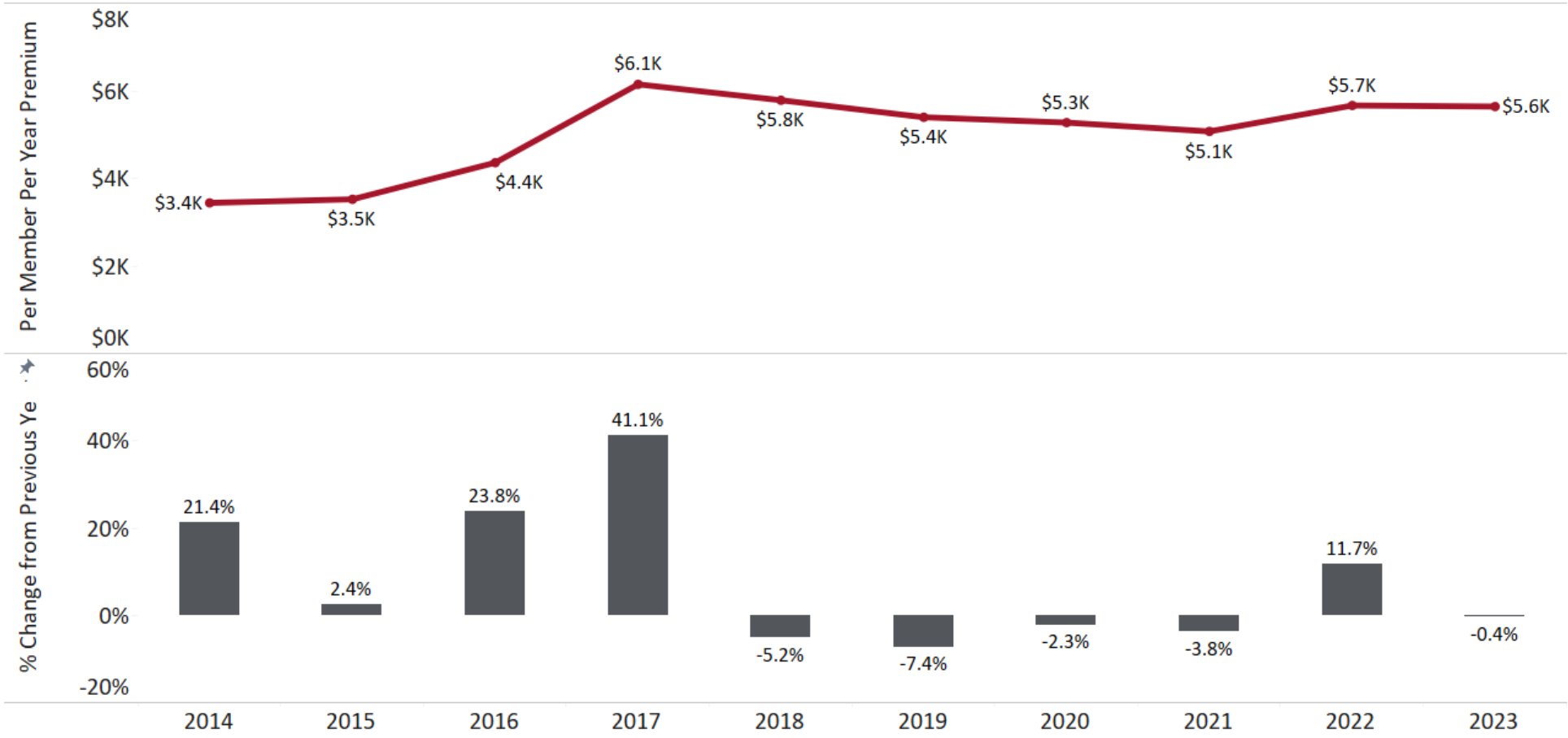
This section contains information on Individual Market enrollment and market trends such as premium credits and subsidies, plan use, cost-sharing, and high deductible health plans. The market share analysis provides insight into relative market power and competitiveness of markets; it provides context for understanding pricing and profitability.

Enrollment Trends



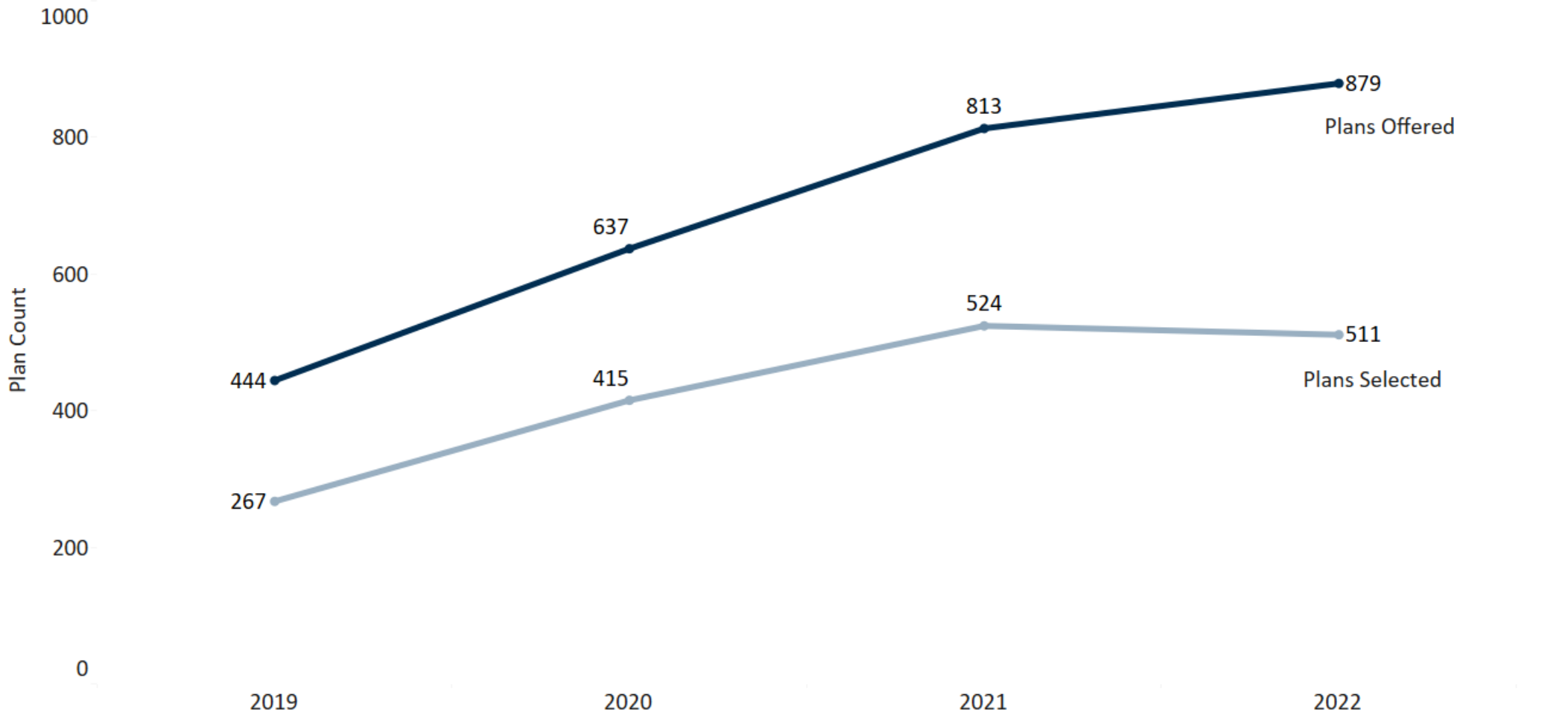
Note: Enrollment reported as end of year enrollment from all plans and issuers in Minnesota's Individual Market. MDH has included health plan companies included in annual Department of Commerce Medical Loss Ratio reporting with slight variations to match data reported within the National Association of Insurance Commissioners (NAIC) Supplemental Health Care Exhibit Part 1.
Source: MDH Health Economics Program analysis of NAIC Supplemental Health Care Exhibit Part 1 (2014 to 2023).
Summary of Graph

Annual Premiums and Percent Change in Premiums



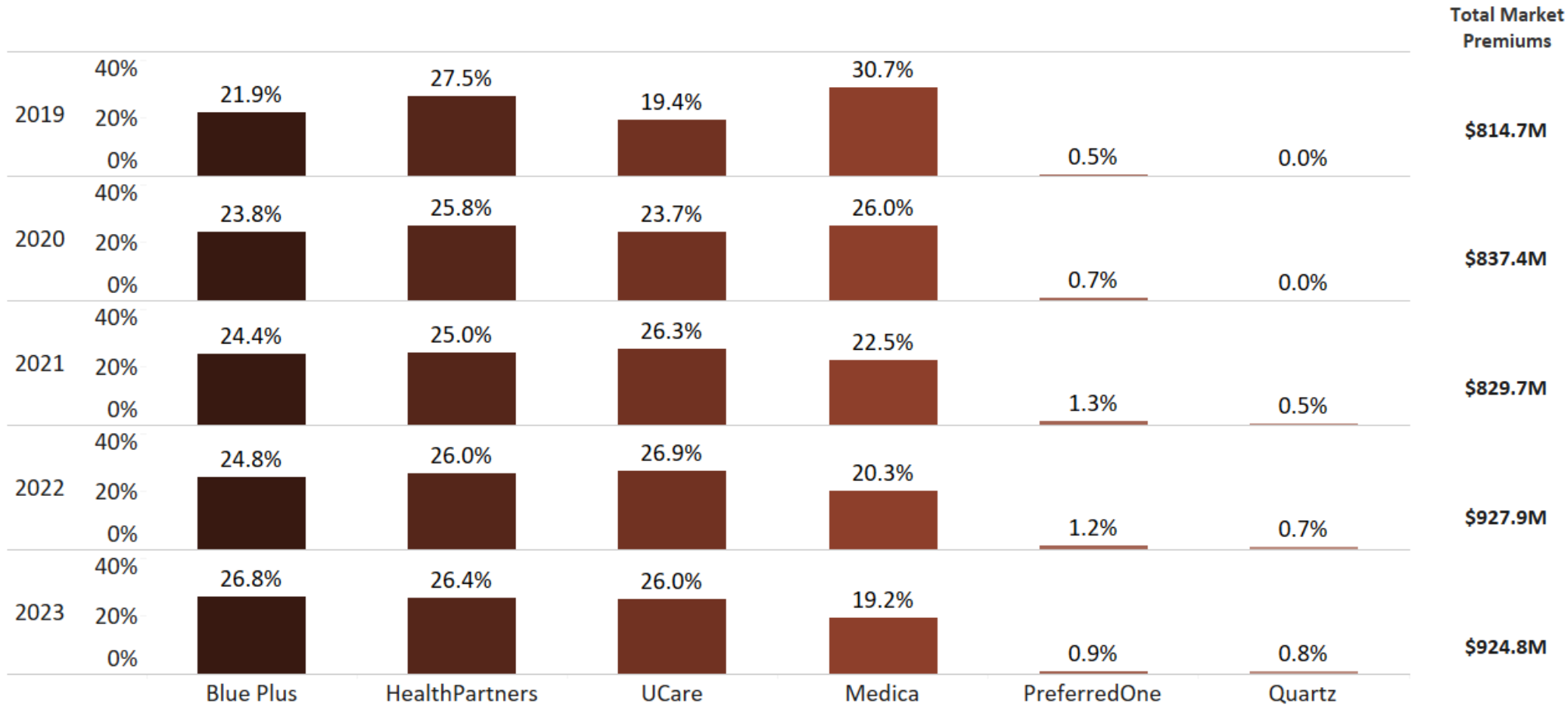
Note: Based on total per member per year (PMPY) health premiums earned from NAIC Supplemental Health Care Exhibit Part 1 line 01.1 for Minnesota's Individual Market. Minnesota passed legislation in April 2017 aimed at stabilizing premiums in the individual market through a state-based reinsurance program (the Minnesota Premium Security Plan). This program took effect for plans that began on January 1, 2018. Health plan companies varied in their inclusion and treatment of Affordable Care Act programs for 2014-2017, affecting premiums. MDH has included health plan companies included in annual Department of Commerce Medical Loss Ratio reporting with slight variations to match data reported within the NAIC Supplemental Health Care Exhibit Part 1, except for HealthPartners' 2018 data.
Source: MDH Health Economics Program analysis of NAIC Supplemental Health Care Exhibit Part 1 (2014-2023).
Summary of Graph

Plans Offered and Selected



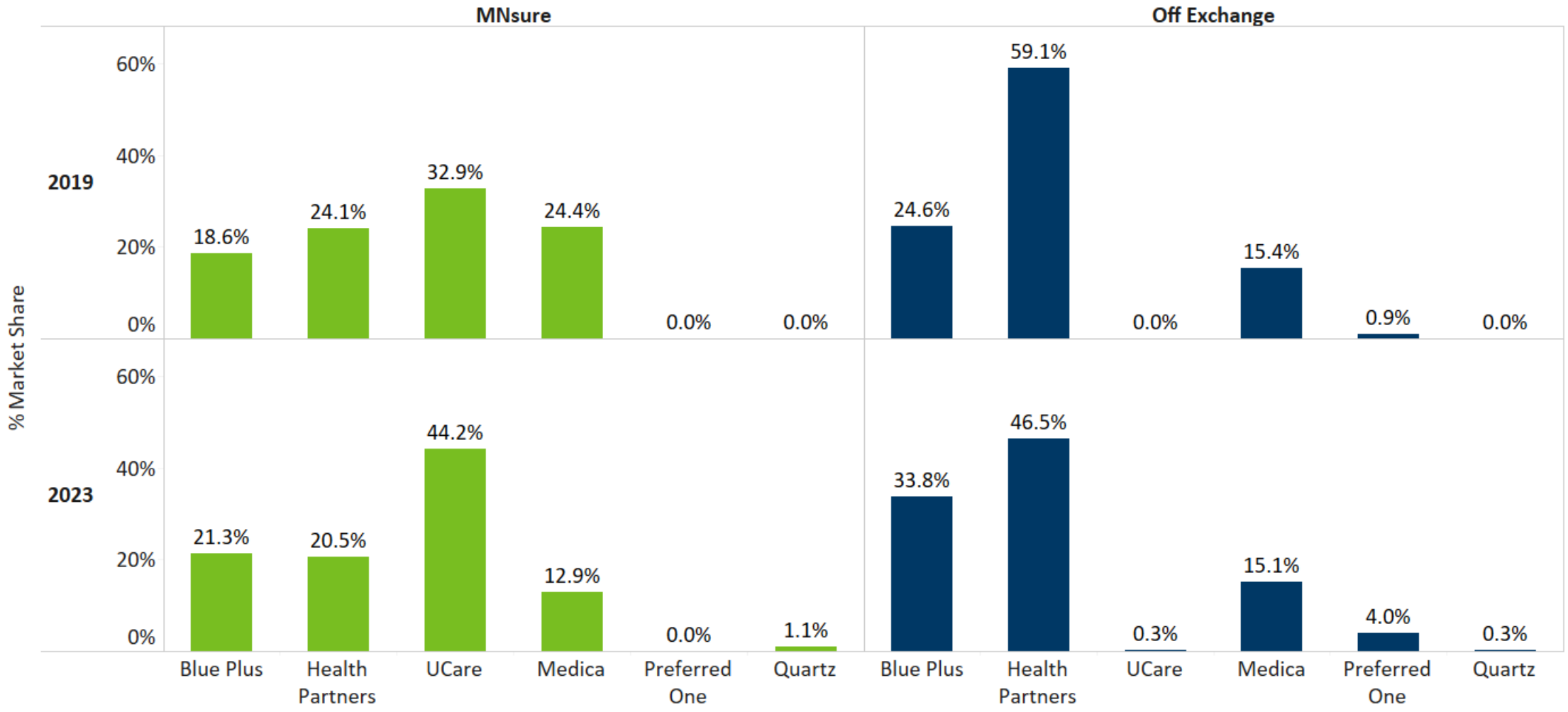
Note: Data reported for Minnesota's Individual Market. Plans Offered represent the total number of health plans made available by health plan companies in the Individual Market. Plans Selected refer to the subset of these offered plans with recorded member month enrollment.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019-2022).
Summary of Graph

Health Plan Company Market Share by Health Premiums Earned



Note: Market share is based on percent of total Individual Market health premiums earned from NAIC Supplemental Health Care Exhibit Part 1 (Line 01.1). Some companies with common ownership have been combined for purposes of this analysis. Health plans without any market share are not shown. Quartz entered the Individual Market in 2021. MDH has included health plan companies included in annual Department of Commerce Medical Loss Ratio reporting with slight variations to match data reported within the NAIC Supplemental Health Care Exhibit Part 1; except for HealthPartners' 2018 data.
Source: MDH Health Economics Program analysis of NAIC Supplemental Health Care Exhibit Part 1 (2019 to 2023).
Summary of Graph

Market Share On/Off Minnesota's Health Insurance Exchange (MNsure) by Health Plan Company

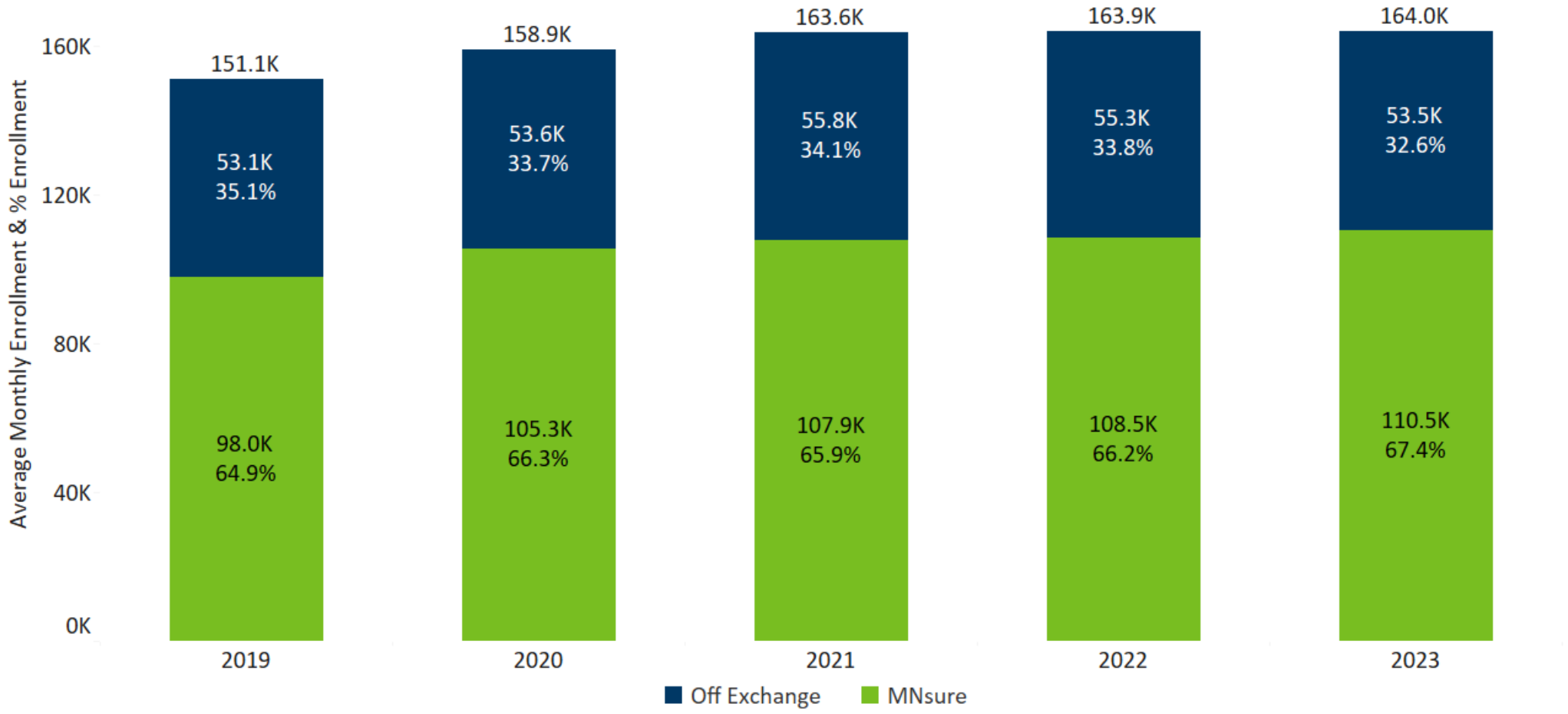


Note: Data reported for Minnesota's Individual Market. Some companies with common ownership have been combined for purposes of this analysis. Market share is based on percent of member months. Health plans without any market share are not shown. Quartz entered the Individual Market in 2021.

Source: MDH Health Economics Program analysis of member months from NAIC and MNsure, Minnesota's Health Insurance Exchange (2019 & 2023).

Summary of Graph

Enrollment On/Off Minnesota's Health Insurance Exchange (MNsure)

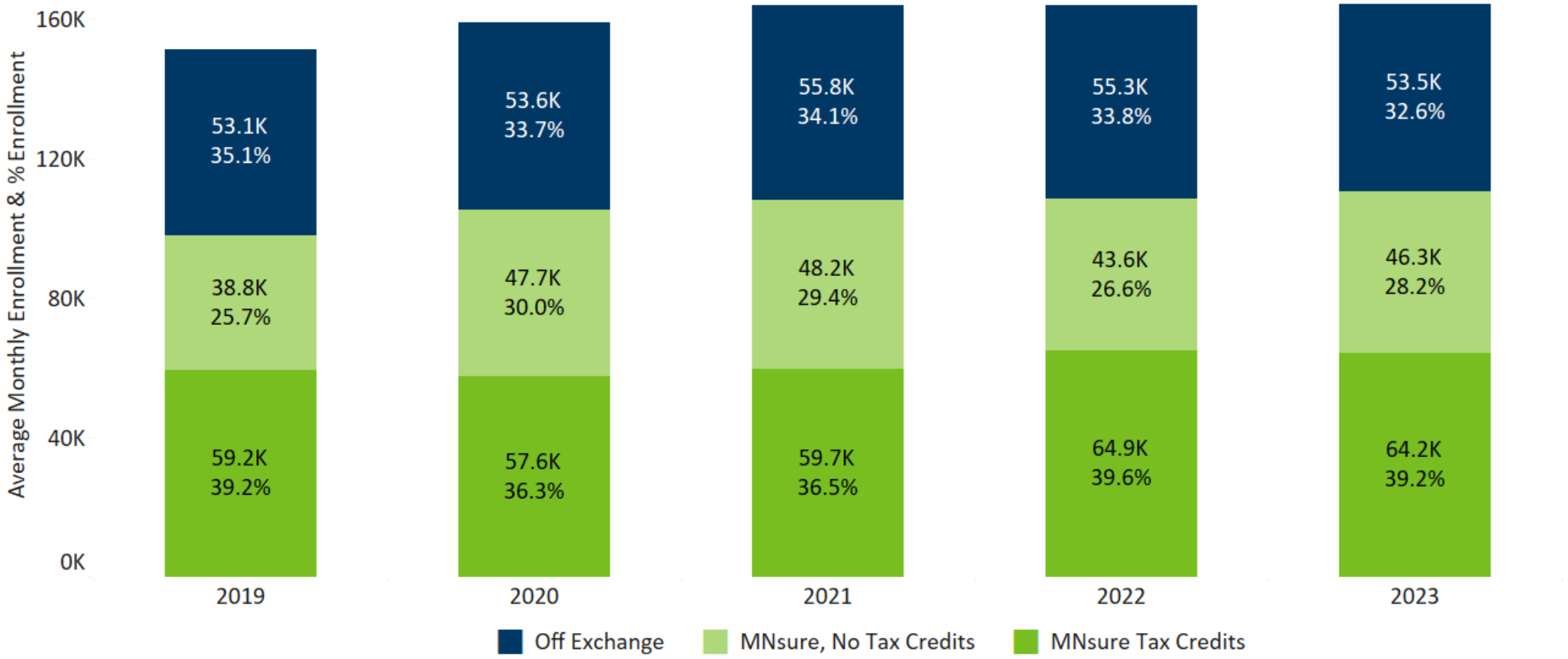


Note: Data reported for Minnesota's Individual Market. Enrollment in Individual Market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.

Source: MDH Health Economics Program analysis of member months from NAIC Exhibit of Premiums, Enrollment, and Utilization, and MNsure, Minnesota's Health Insurance Exchange (2019 to 2023).

Summary of Graph

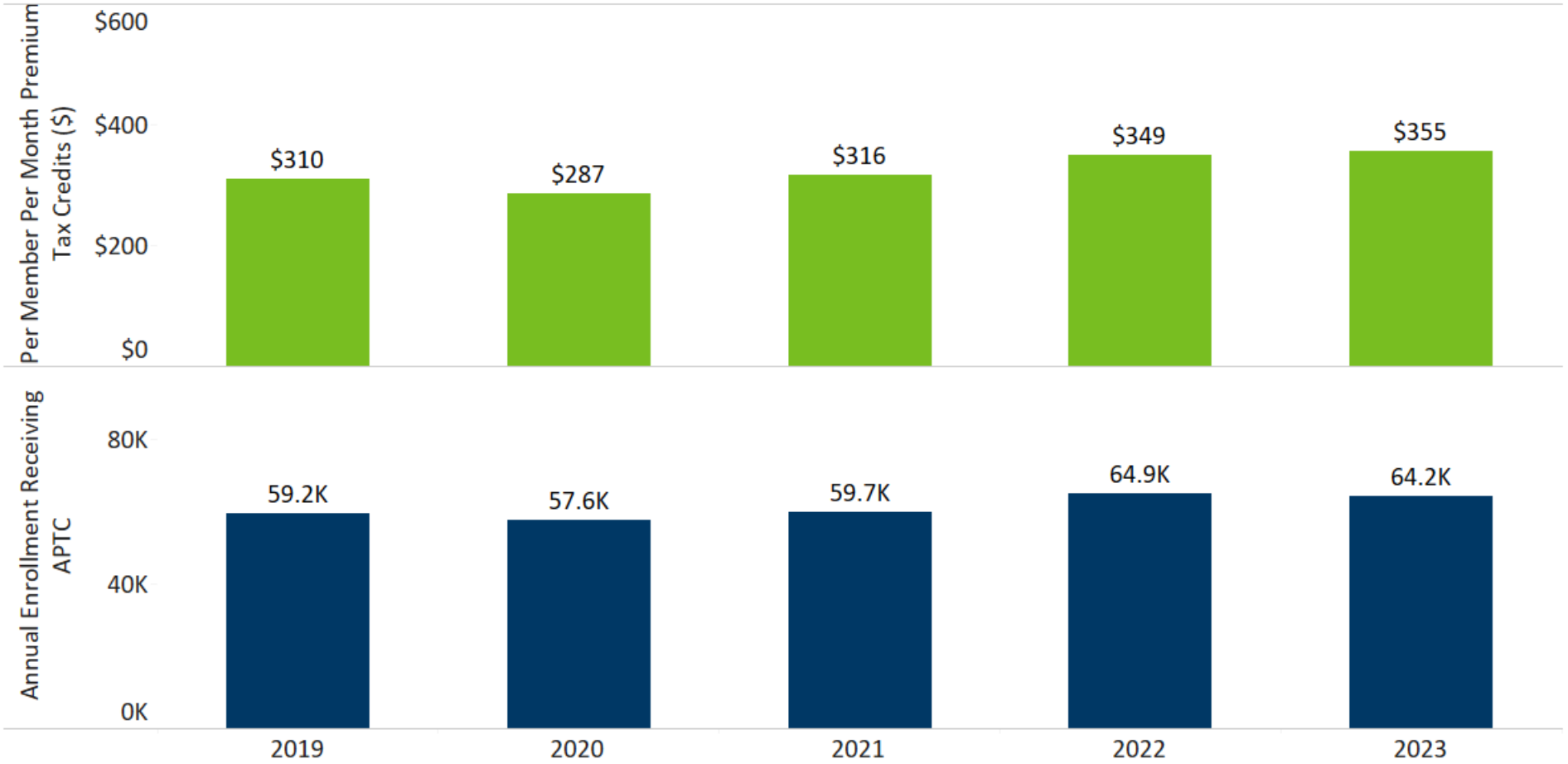
Distribution of Minnesota's Health Insurance Exchange (MNsure) Enrollees with Federal Premium Subsidy



Note: Data reported for Minnesota's Individual Market. Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC), which limit premiums to a percent of income. APTC are available to those who do not have access to employer-based coverage, enroll through MNsure, and provide required proof of income; prior to mid-2021, they were only available to those with incomes under 400% of the Federal Poverty Guidelines; in mid-2021 eligibility was expanded to all income levels. If premiums are lower than the percent of income limit for APTC, you do not receive a tax credit; this is more likely to happen for younger people in lower-premium areas of the state. Enrollment in Individual Market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.
Source: MDH Health Economics Program analysis of member months from NAIC and MNsure, Minnesota's Health Insurance Exchange (2019 to 2023).

Summary of Graph

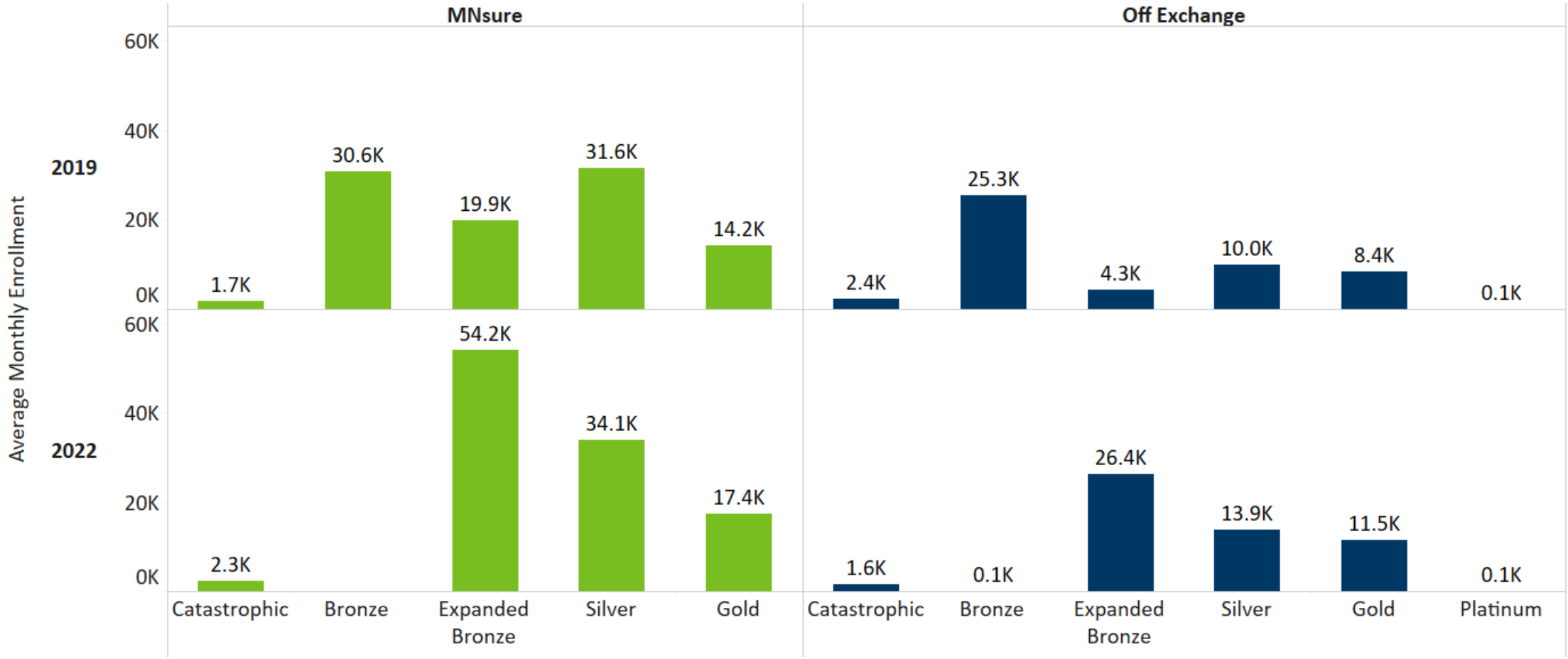
Minnesota's Health Insurance Exchange (MNsure) Per Member Per Month Advanced Premium Tax Credit & Enrollment



Note: Data reported for Minnesota's Individual Market. Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC), which limit premiums to a percent of income. APTC are available to those who do not have access to employer-based coverage, enroll through MNsure, and provide required proof of income; prior to mid-2021, they were only available to those with incomes under 400% of the Federal Poverty Guidelines; in mid-2021 eligibility was expanded to all income levels. If premiums are lower than the percent of income limit for APTC, you do not receive a tax credit; this is more likely to happen for younger people in lower-premium areas of the state. Enrollment in Individual Market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.
Source: MDH Health Economics Program analysis of MNsure data, Minnesota's Health Insurance Exchange (2019 to 2023).

Summary of Graph

Enrollment On/Off Minnesota's Health Insurance Exchange (MNsure) by Metal Level

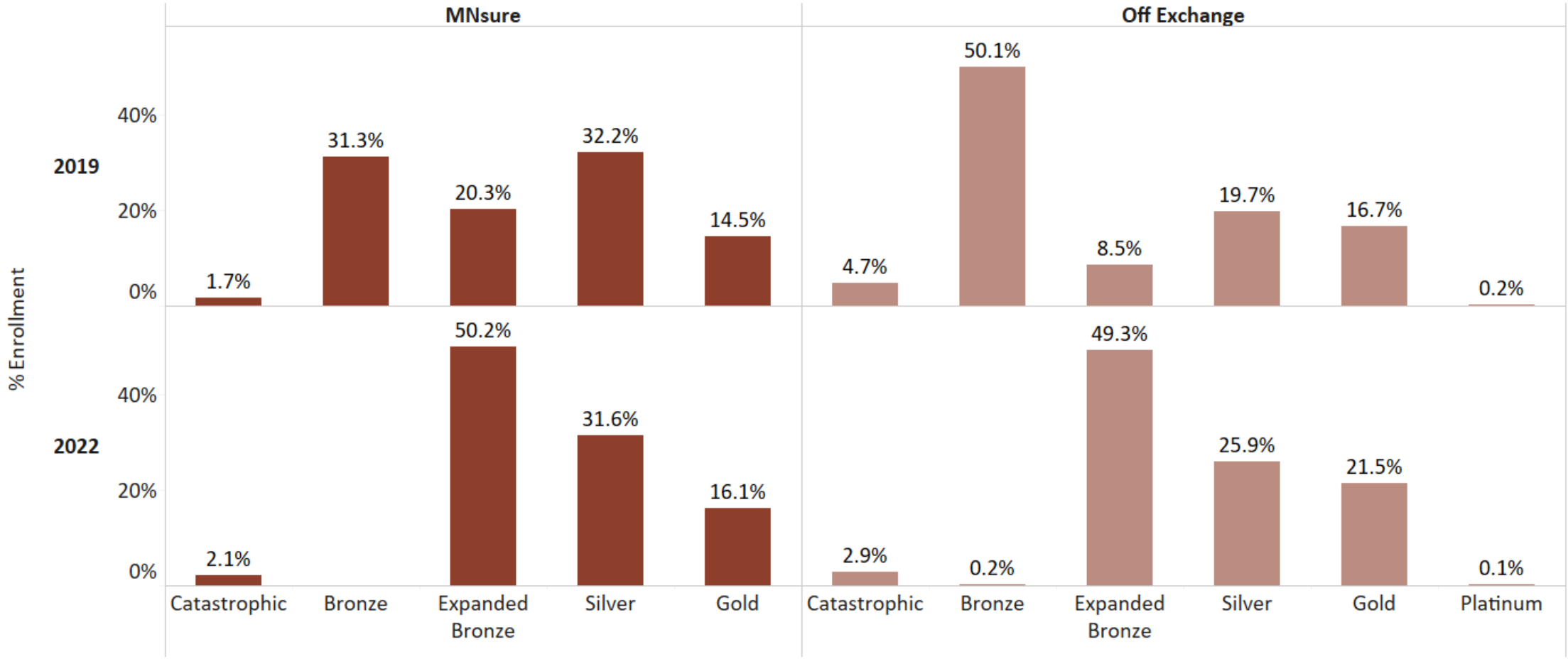


Note: Data reported for Minnesota's Individual Market. All plans have an actuarial value (AV), which estimates the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Enrollment by metal level excludes legacy plans. Plans can be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange). Enrollment in Individual Market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year. Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 & 2022).

Summary of Graph

Enrollment Distribution On/Off Minnesota's Health Insurance Exchange (MNsure) by Metal Level

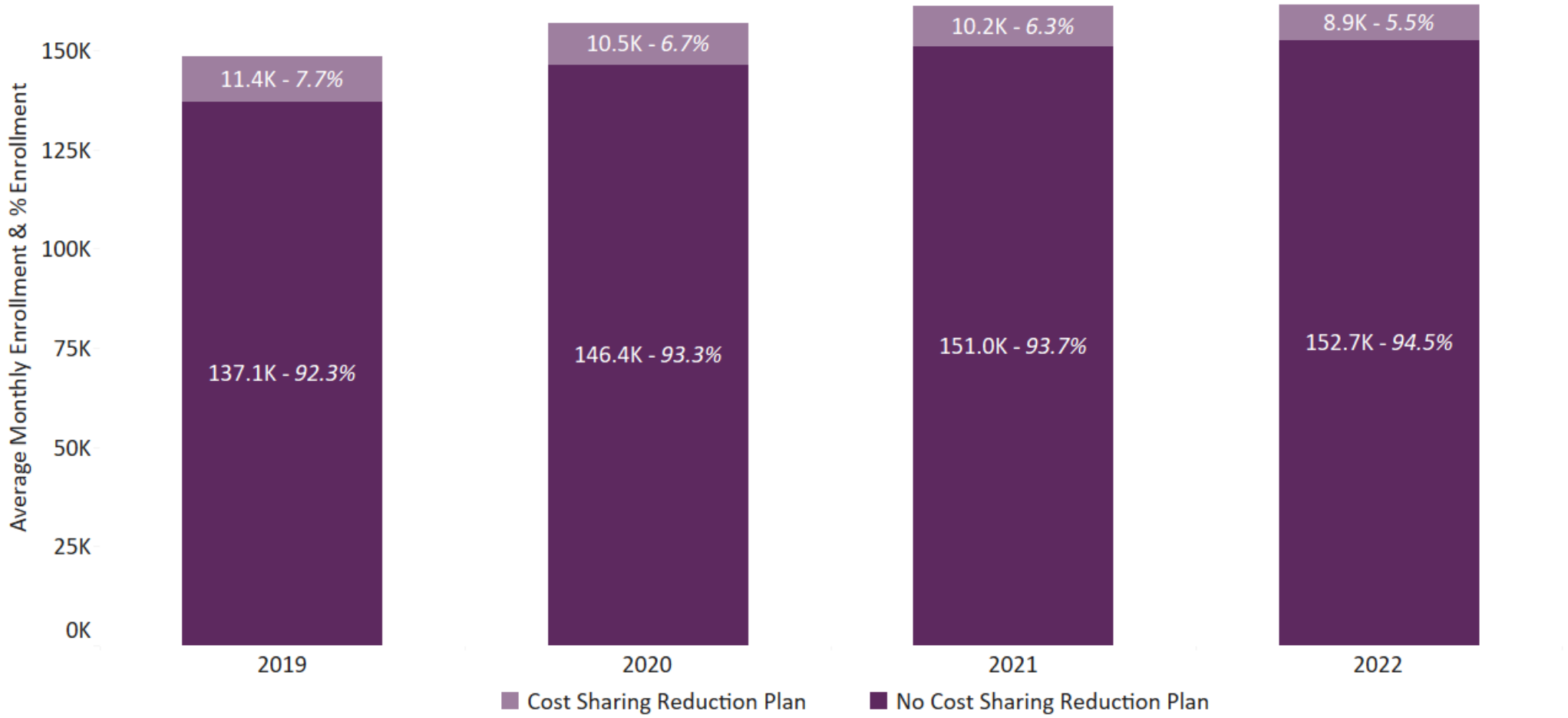


Note: Data reported for Minnesota's Individual Market. All plans have an actuarial value (AV), which estimates the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Enrollment by metal level excludes legacy plans. Plans can be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange). Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

Summary of Graph

Enrollment Trends by Cost Sharing Variation

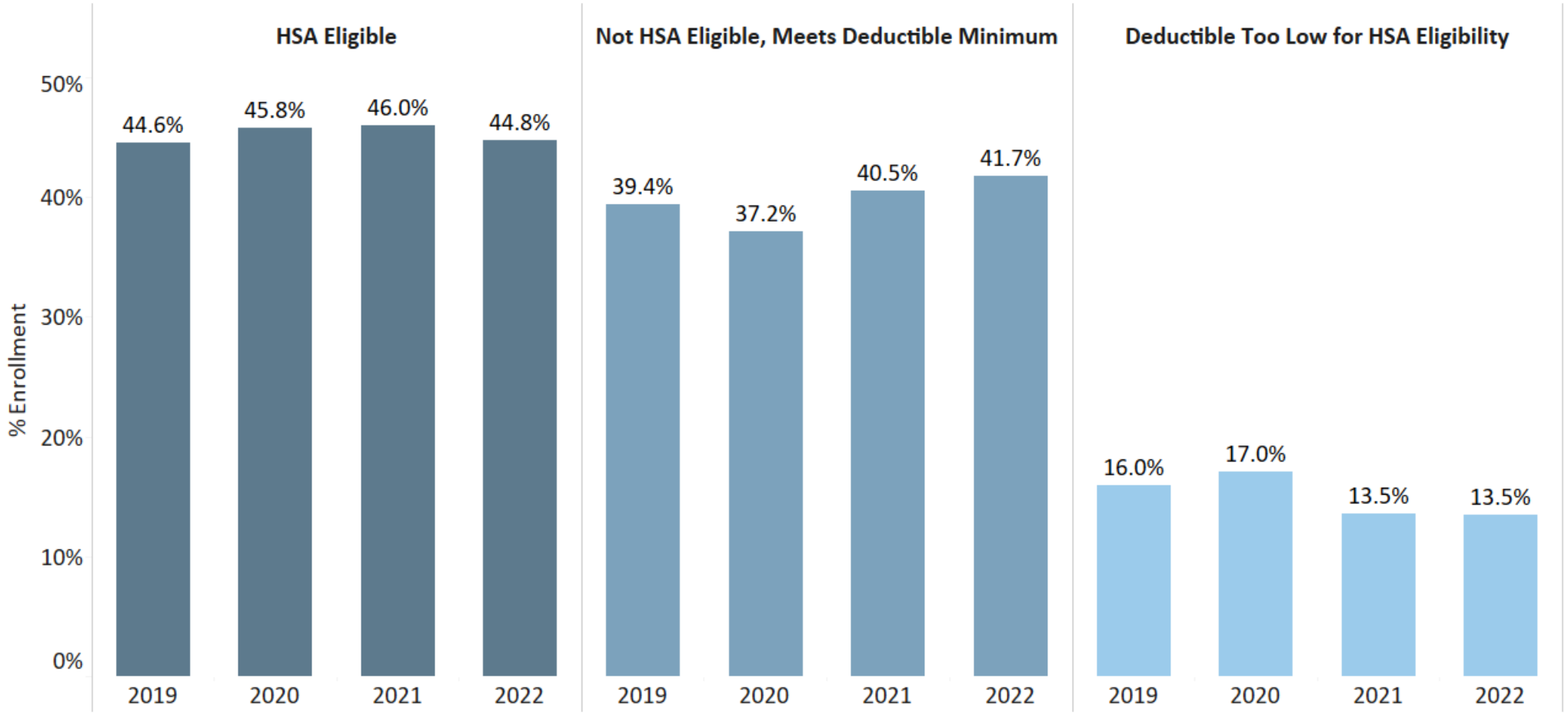


Note: Cost-sharing reductions lower the amount paid for deductibles, copayments, and coinsurance in the Individual Market. Enrollment in Individual Market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year. Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

Summary of Graph

Percent Enrollment in High Deductible Health Plans with Health Savings Account Eligibility



Note: Data reported for Minnesota's Individual Market. This is the percent of plans that are Qualified High Deductible Health Plans (HDHP), as determined by the Internal Revenue Service (for 2019 the minimum deductible was $1,350; for 2020 to 2022 the minimum deductible was $1,400); plans have the option to be paired with a Health Savings Account (HSA). The proportion of people with an HSA is unknown. Health Plan Binder Data reports only if plans are HSA eligible and Minnesota All Payer Claims Database data do not report HSA utilization. Data from 2015 to 2018 are not available.

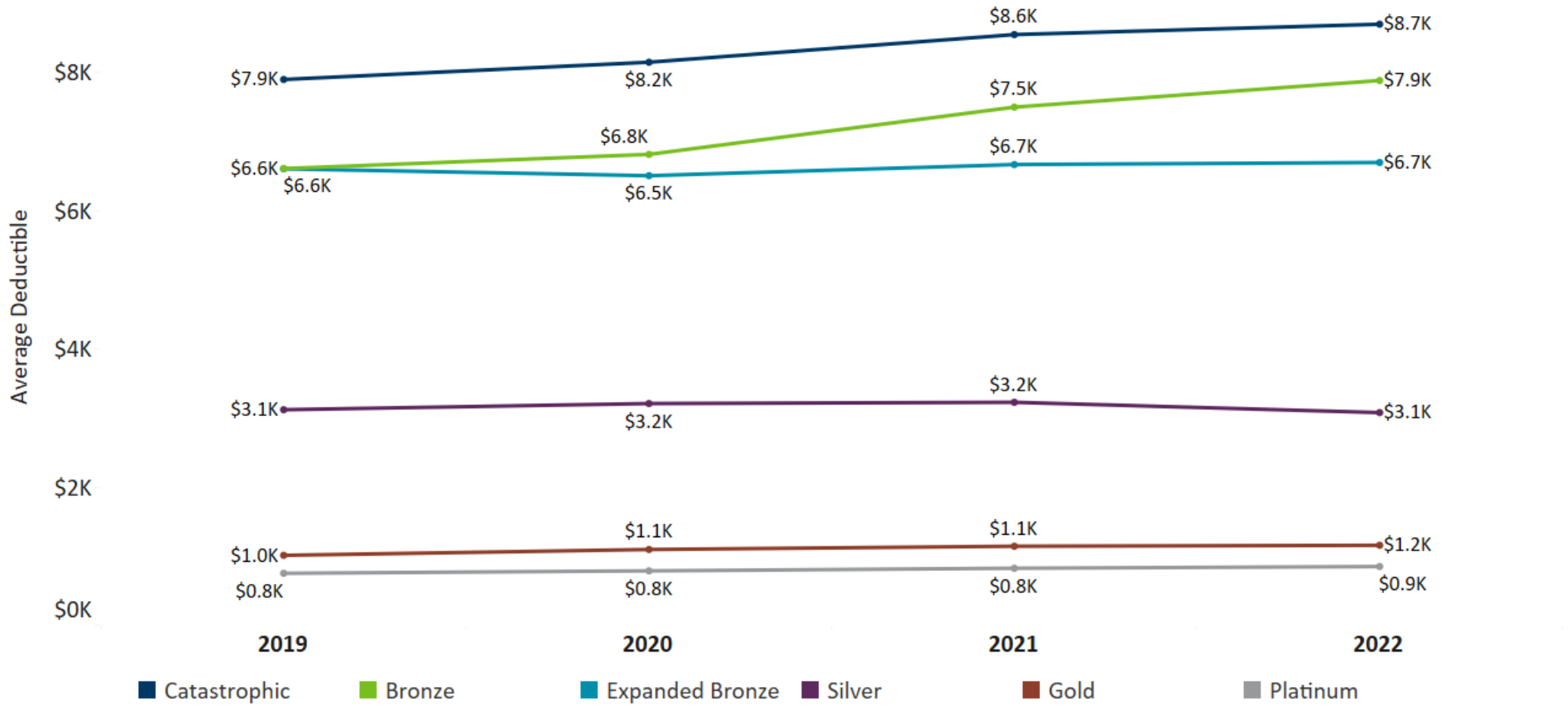
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

Summary of Graph

Deductible and Cost-Sharing

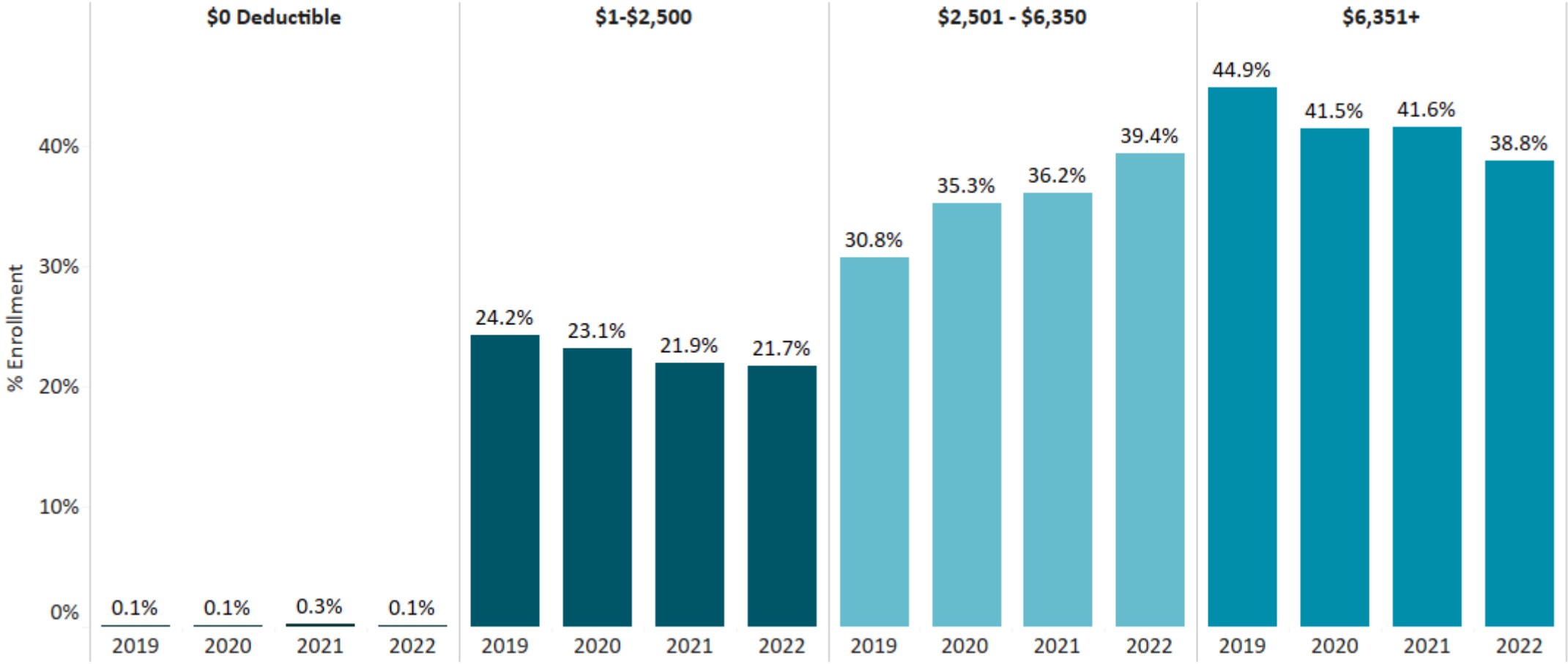
Deductible and cost-sharing reported for plans on (MNsure) and off exchange unless otherwise stated.
MNsure plans include cost-sharing reduction (CSR) plans and non-CSR plans unless otherwise stated.

Average Deductible by Metal Level



Note: Data reported for Minnesota's Individual Market. All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange). Plans with cost-sharing reductions are excluded. Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Percent Distribution of Per Person Annual Deductibles



Note: Distributions are by share of Individual Market enrollment. Deductibles cannot exceed maximum out-of-pocket limits set by the Centers for Medicare and Medicaid Services (CMS). Maximum out-of-pocket limits were introduced in 2014 and apply to in-network coverage. Limits increase annually after 2014: 2019 – $7,900; 2020 – $8,150; 2021 – $8,550; 2022 – $8,700. Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Per Person Deductible Ranges by Plans Offered and Plans Selected

Note: Plans Offered represent the total number of health plans made available by health plan companies in the Individual Market. Plans Selected refer to the subset of these offered plans with recorded member month. Graph is intended to show enrollee tendencies (plans selected) compared to the market availability (plans offered). Box and whisker charts display data distribution. The box shows the middle 50% of data, with the median line inside. Whiskers extend to minimum and maximum values, excluding outliers. Outliers, if present, appear as individual points beyond the whiskers. Cost-sharing reduction plans excluded. Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

Summary of Graph

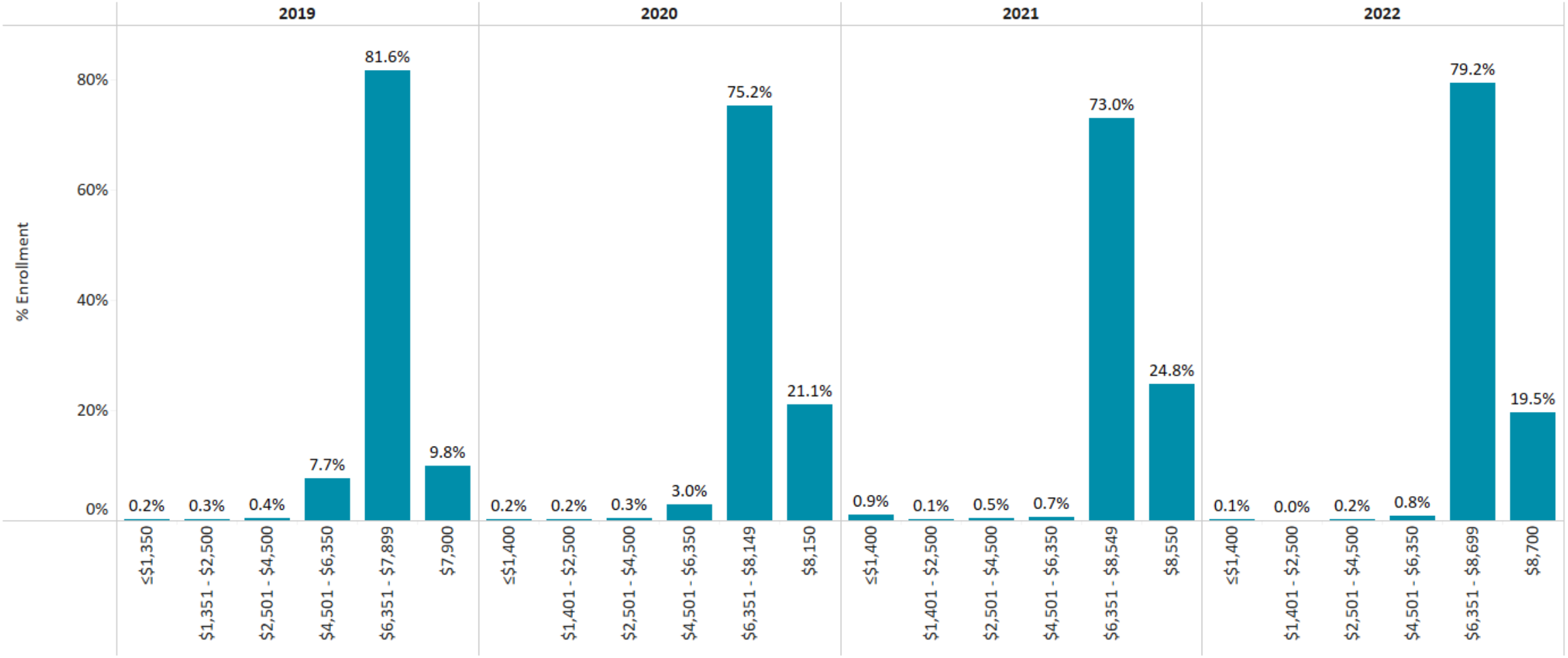
Per Person Deductible Ranges by Metal Level, 2022

Note: Plans Offered represent the total number of health plans made available by health plan companies in the Individual Market. Plans Selected refer to the subset of these offered plans with recorded member month enrollment. Graph is intended to show enrollee tendencies (plans selected) compared to the market availability (plans offered). Box and whisker charts display data distribution. The box shows the middle 50% of data, with the median line inside. Whiskers extend to minimum and maximum values, excluding outliers. Outliers, if present, appear as individual points beyond the whiskers. Cost-sharing reduction plans excluded. Bronze and Platinum Plans excluded due to low enrollment (less than 200 enrollees). All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange).

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders, 2022.

Summary of Graph

Per Person Out-of-Pocket Limits

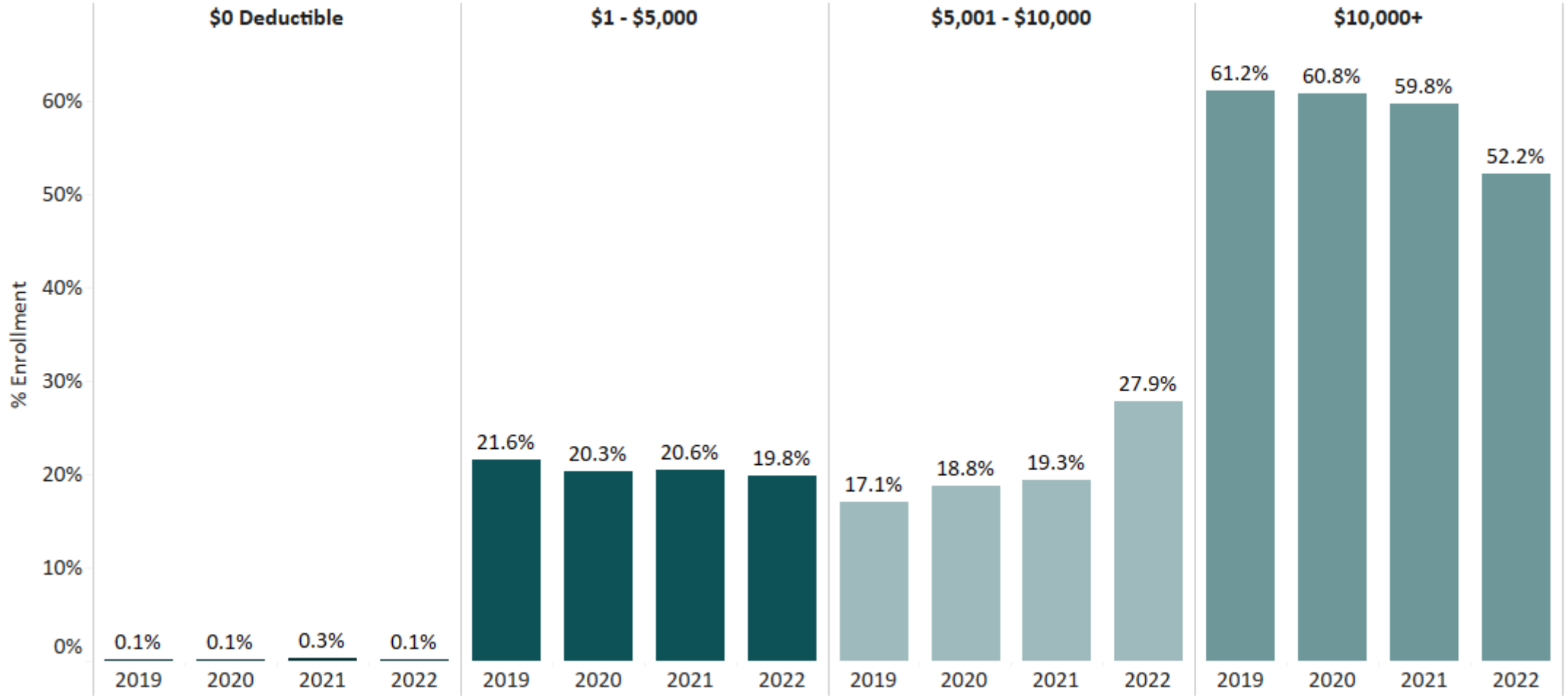


Note: Distributions are by share of Individual Market enrollment. Out-of-pocket limit applies to covered services provided by in-network providers only. Limits increase annually after 2014: 2019 – $7,900; 2020 – $8,150; 2021 – $8,550; 2022 – $8,700. Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

Summary of Graph

Percent Distribution of Family Annual Deductibles



Note: Data reported for Minnesota's Individual Market. Deductibles cannot exceed maximum out-of-pocket limits set by the Centers for Medicare and Medicaid Services (CMS). Maximum out-of-pocket limits were introduced in 2014 and apply to in-network coverage. Limits increase annually after 2014: 2019 – $15,800; 2020 – $16,300; 2021 – $17,100; 2022 – $17,400. Distributions are by share of total enrollment. Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

Summary of Graph

Family Deductible Ranges by Plans Offered and Plans Selected

Note: Plans Offered represent the total number of health plans made available by health plan companies in the Individual Market. Plans Selected refer to the subset of these offered plans with recorded member month enrollment. Graph is intended to show enrollee tendencies (plans selected) compared to the market availability (plans offered). Box and whisker charts display data distribution. The box shows the middle 50% of data, with the median line inside. Whiskers extend to minimum and maximum values, excluding outliers. Outliers, if present, appear as individual points beyond the whiskers. Cost-sharing reduction plans excluded. Data from 2015 to 2018.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

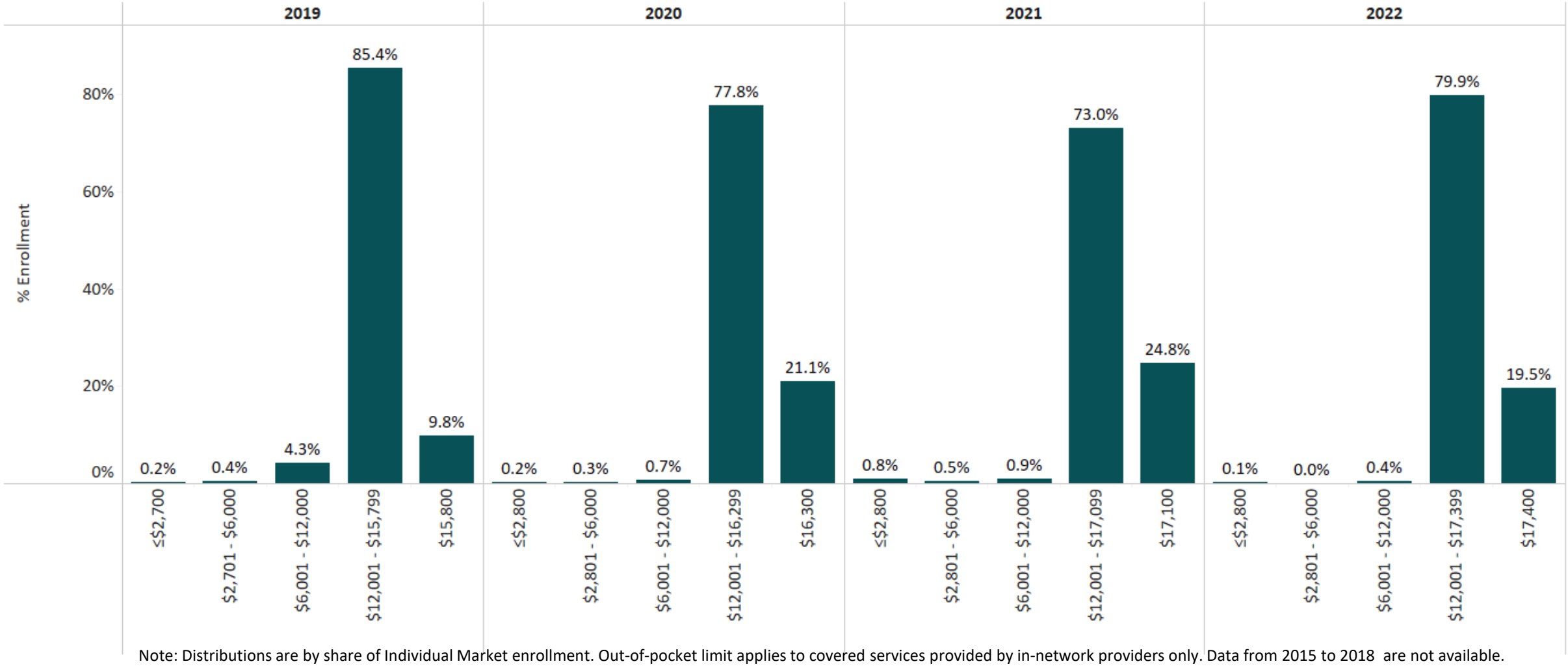
Family Deductible Ranges by Metal Level, 2022

Note: Plans Offered represent the total number of health plans made available by health plan companies in the Individual Market. Plans Selected refer to the subset of these offered plans with recorded member month enrollment. Graph is intended to show enrollee tendencies (plans selected) compared to the market availability (plans offered). Box and whisker charts display data distribution. The box shows the middle 50% of data, with the median line inside. Whiskers extend to minimum and maximum values, excluding outliers. Outliers, if present, appear as individual points beyond the whiskers. Cost-sharing reduction plans excluded. Bronze and Platinum Plans excluded due to low enrollment (less than 200 enrollees). All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange).

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).

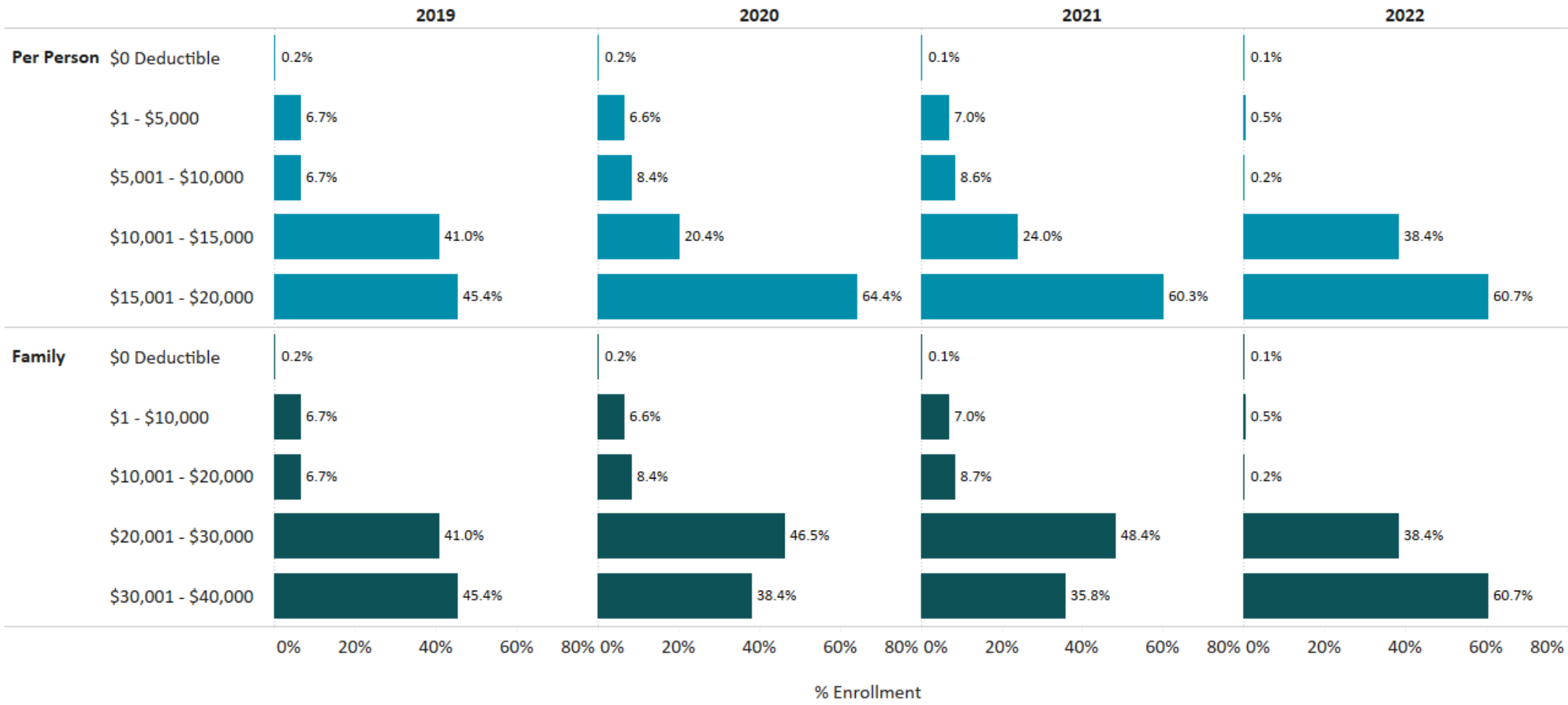
Summary of Graph

Family Out-of-Pocket Limits



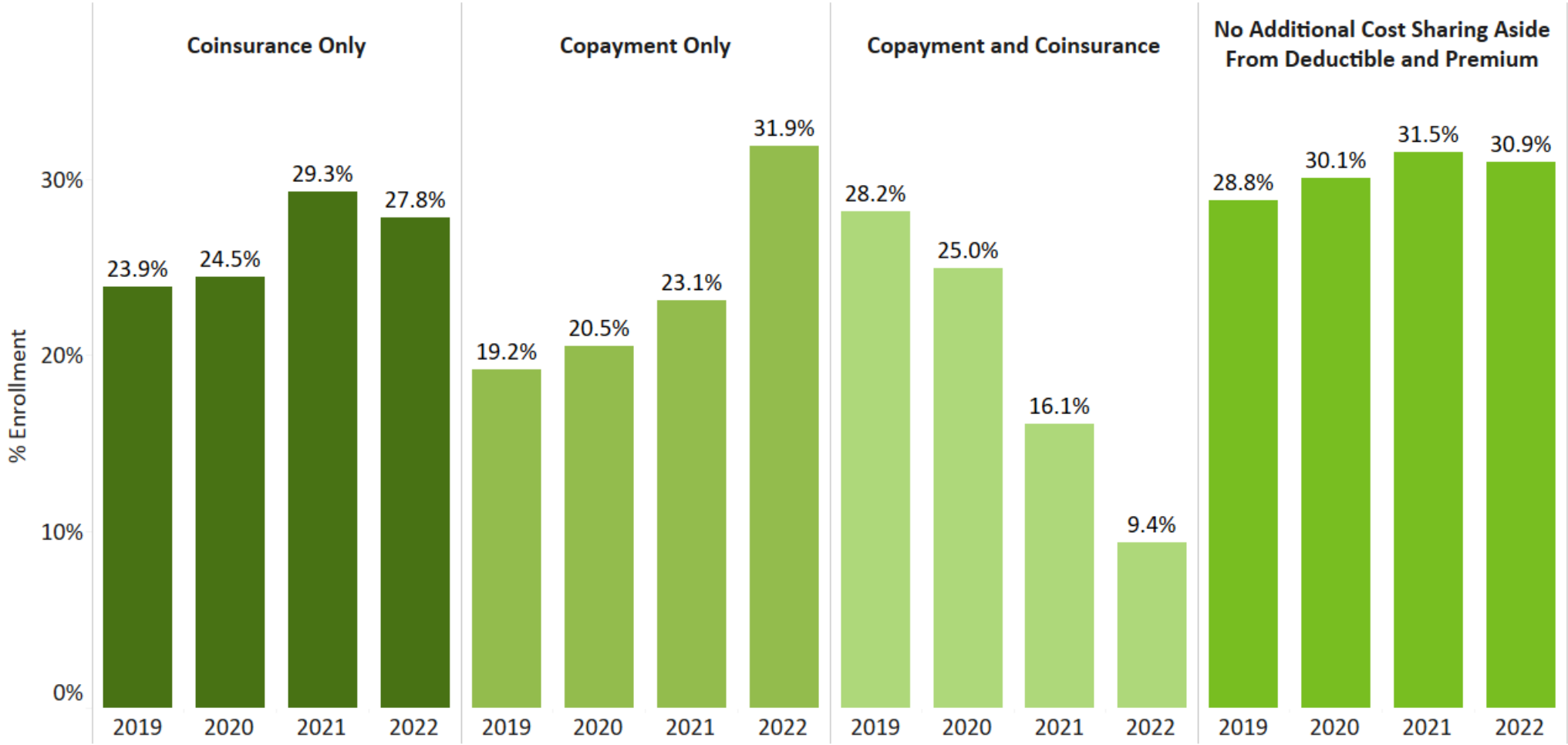
Note: Distributions are by share of Individual Market enrollment. Out-of-pocket limit applies to covered services provided by in-network providers only. Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Out-of-Network Deductible Limits by Per Person and Family



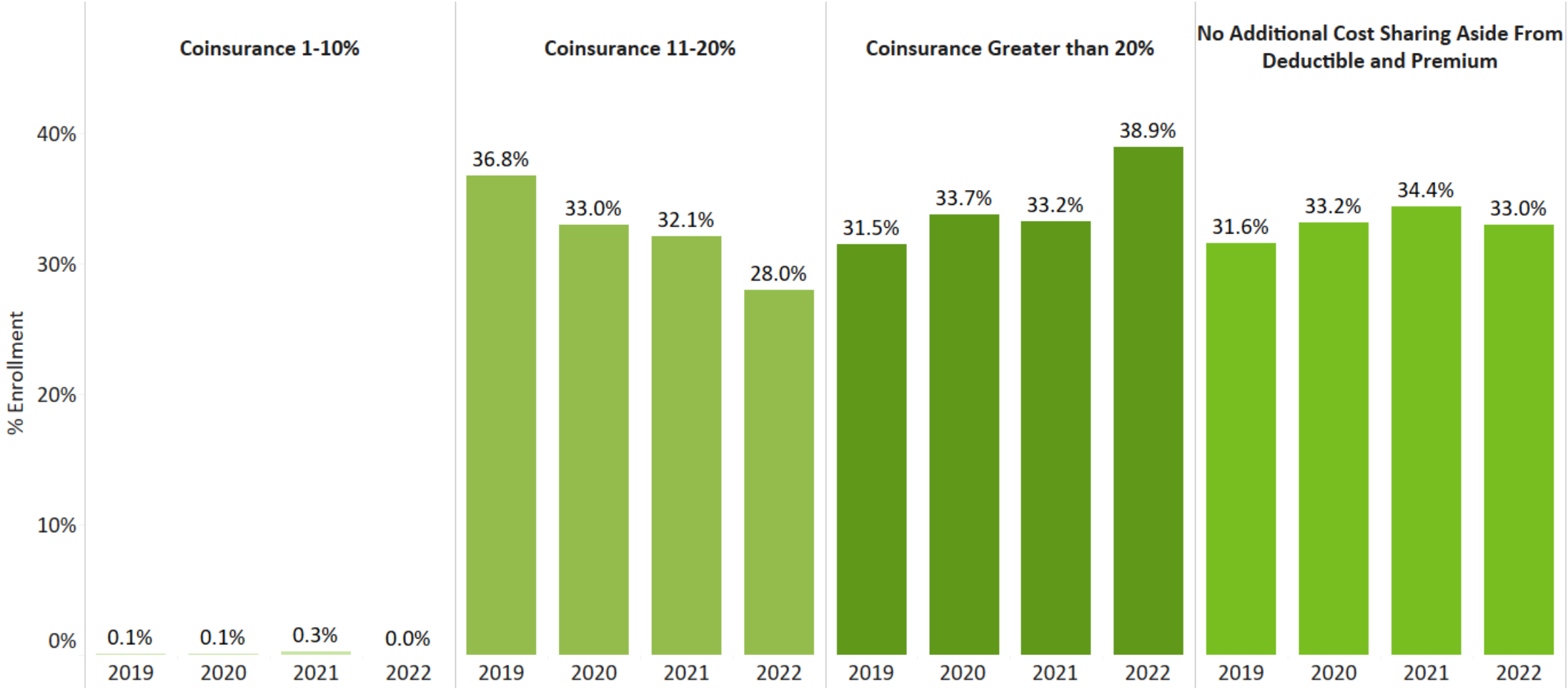
Note: Distributions are by share of Individual Market enrollment. Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Enrollment Distribution by Office Visit Cost Sharing Requirements



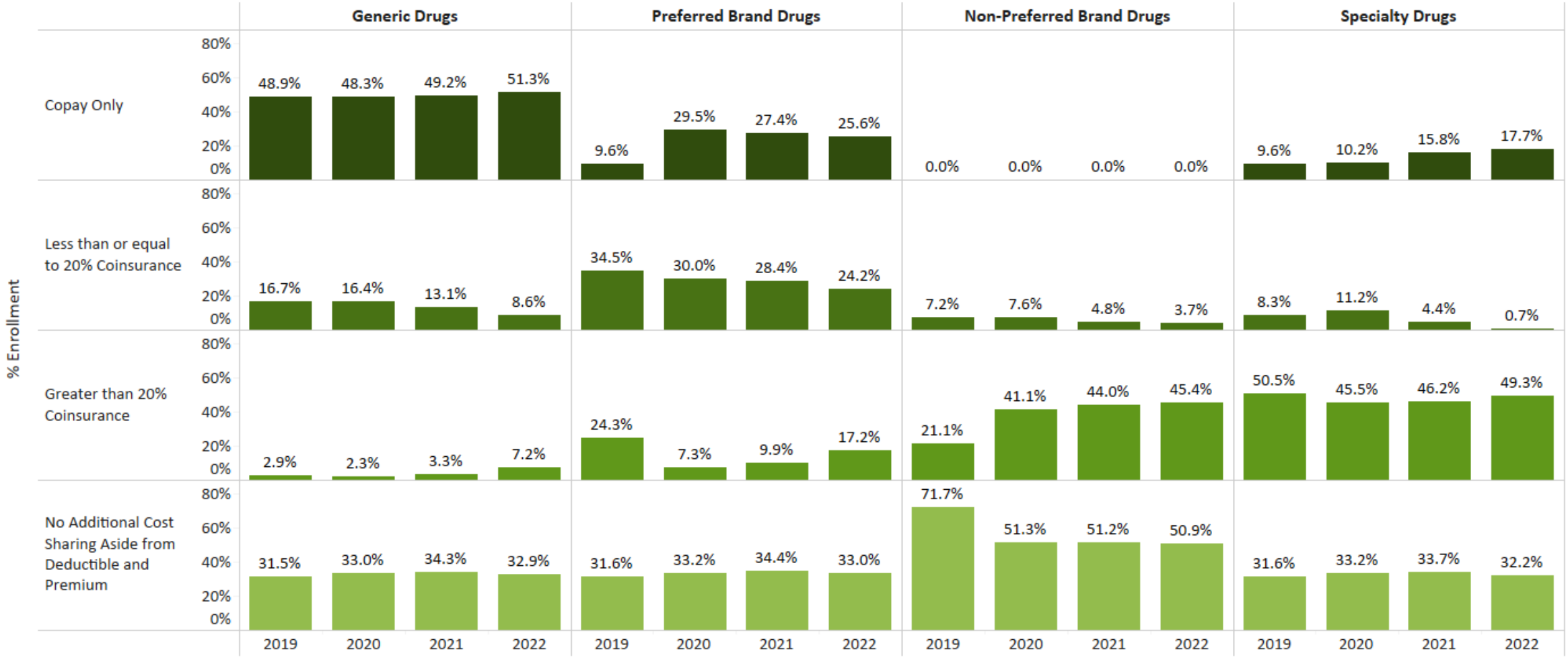
Note: Distributions are by share of Individual Market enrollment. Plans with only a deductible and no copayment and no coinsurance, as well as plans with no deductible and no cost sharing are included in "No Additional Cost Sharing Aside from Deductible and Premium". Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Enrollment Distribution by Hospitalization Cost-Sharing Requirements



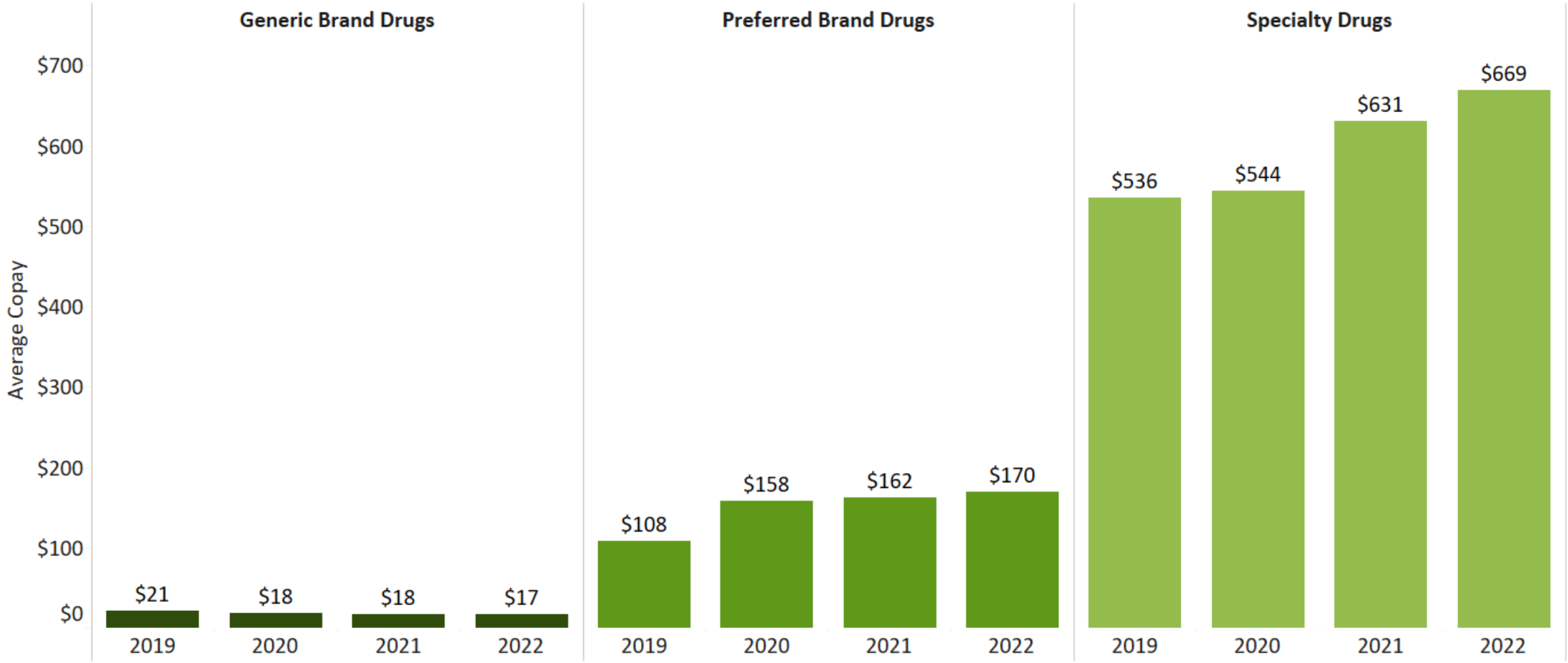
Note: Distributions are by share of Individual Market enrollment. Plans with only a deductible and no copayment and no coinsurance, as well as plans with no deductible and no cost sharing are included in "No Additional Cost Sharing Aside from Deductible and Premium". For Copayment only, there was 0% enrollment from 2019 to 2022. Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Prescription Drug Cost Sharing



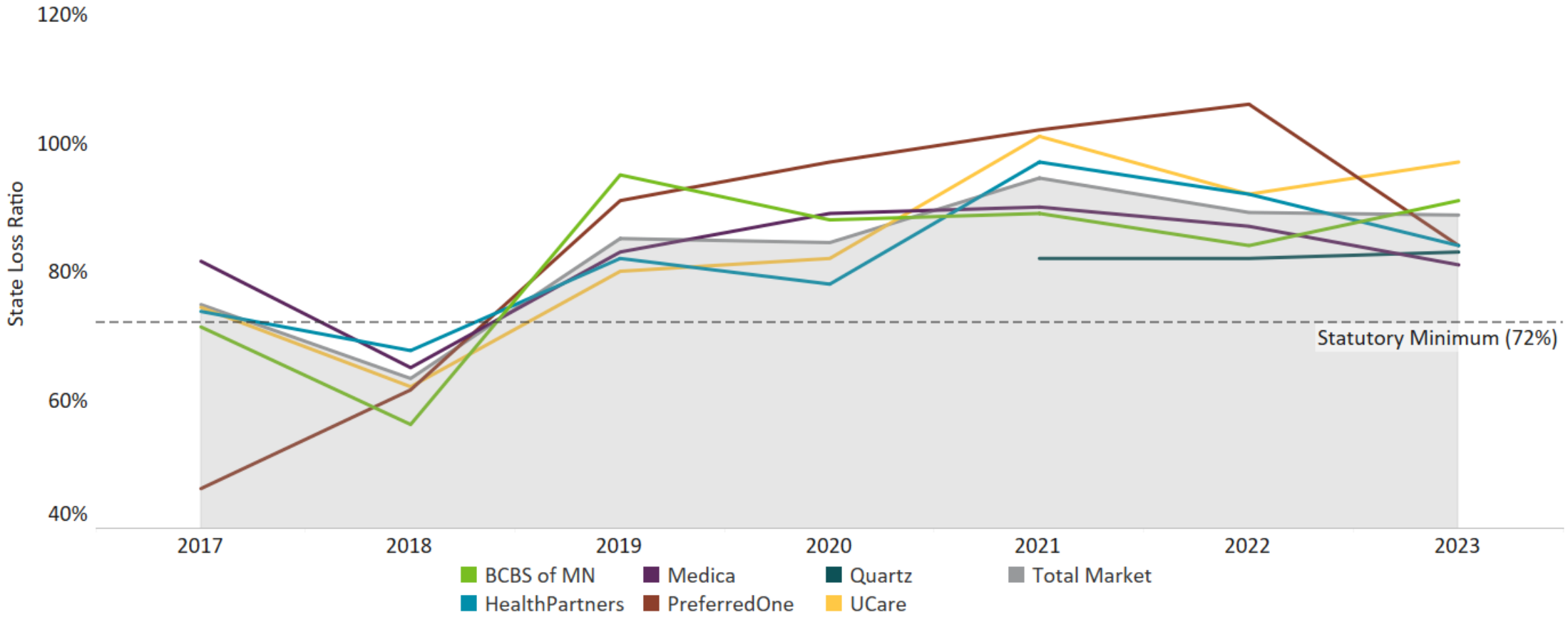
Note: Distributions are by share of Individual Market enrollment. Plans with only a deductible and no copayment and no coinsurance, as well as plans with a deductible and no cost sharing are included in "No Additional Cost Sharing Aside from Deductible and Premium". This chart only applies to drugs in the pharmacy benefit (not the medical benefit). Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Average Prescription Drug Copay per Fill



Note: Distributions are by share of Individual Market enrollment. Average copays were calculated by taking the mean copay amount for each drug category across all enrolled plans per year. Prescription drug copays are fixed amounts paid by enrollees for covered medications. Copays may count towards deductibles and always contribute to out-of-pocket maximums, depending on the plan. Plans with non-preferred brand drugs benefit reported $0 in copayment from 2019 to 2022. This chart only applies to drugs in the pharmacy benefit (not the medical benefit). Data from 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and NAIC Health Plan Binders (2019 to 2022).
Summary of Graph

Loss Ratio Experience, 2017 to 2023



Note: Minnesota passed legislation in April 2017 to stabilize Individual Market premiums through the state-based reinsurance program, the Minnesota Premium Security Plan, effective January 1, 2018. The graph starts in 2017 to highlight market dynamics before and after the reinsurance program's implementation. Health plan companies with common ownership are combined. BCBS of MN refers to Blue Cross Blue Shield of Minnesota. Quartz entered the Individual Market in 2021. “Statutory Minimum” refers to Minnesota’s minimum required share of premium dollars spent on beneficiary health expenditures, not the federal Affordable Care Act medical loss ratio. Loss Ratios and statutory minimums presented are Minnesota-specific.

Source: Minnesota Department of Commerce, "Report of 2023 Loss Ratio Experience for Insurance Companies, Nonprofit Health Service Plan Corporations, and Health Maintenance Organizations" June 2024 and prior reports.

Summary of Graph

Small Group Market

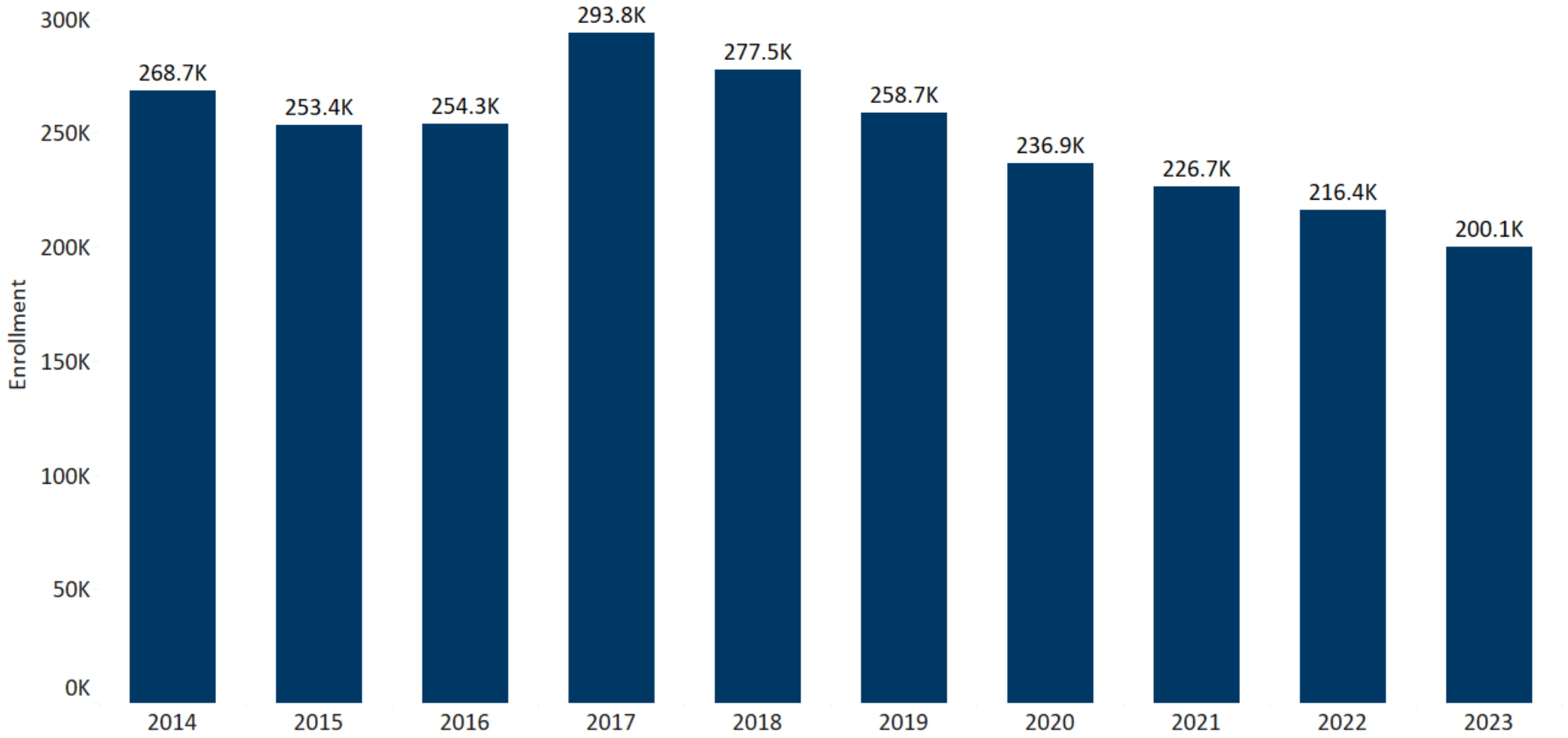
Health insurance coverage purchased for employees by employers with 2 to 50 employees.

Data Sources: Health Plan Financial and Statistical Reports 2012 to 2022

Enrollment and Market Share Trends

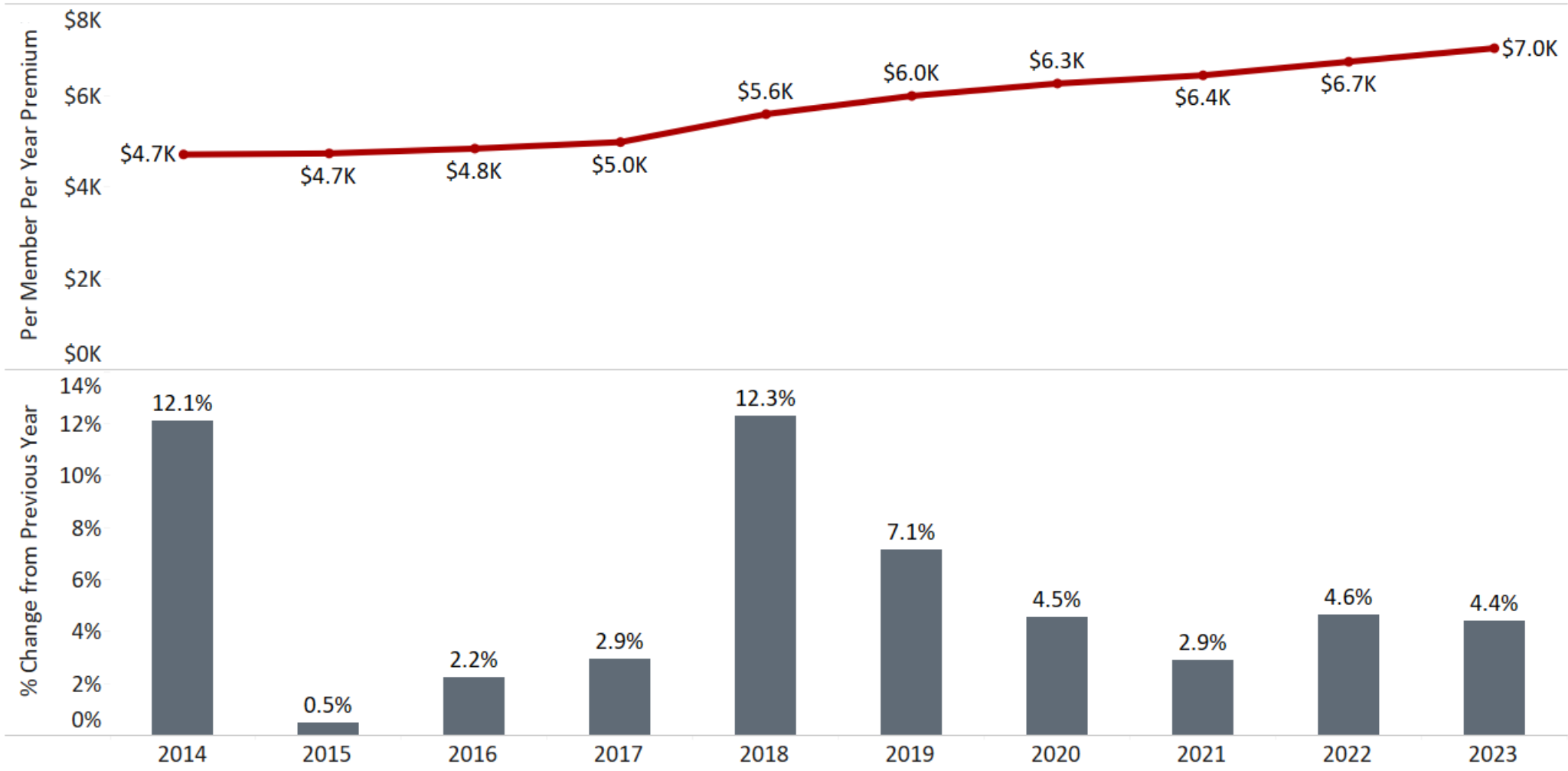
This section contains information on Small Group Market enrollment and market trends such as premium changes, cost-sharing, and high deductible health plans. The market share analysis provides insight into relative market power and competitiveness of markets; it provides context for understanding pricing and profitability.

Enrollment Trends



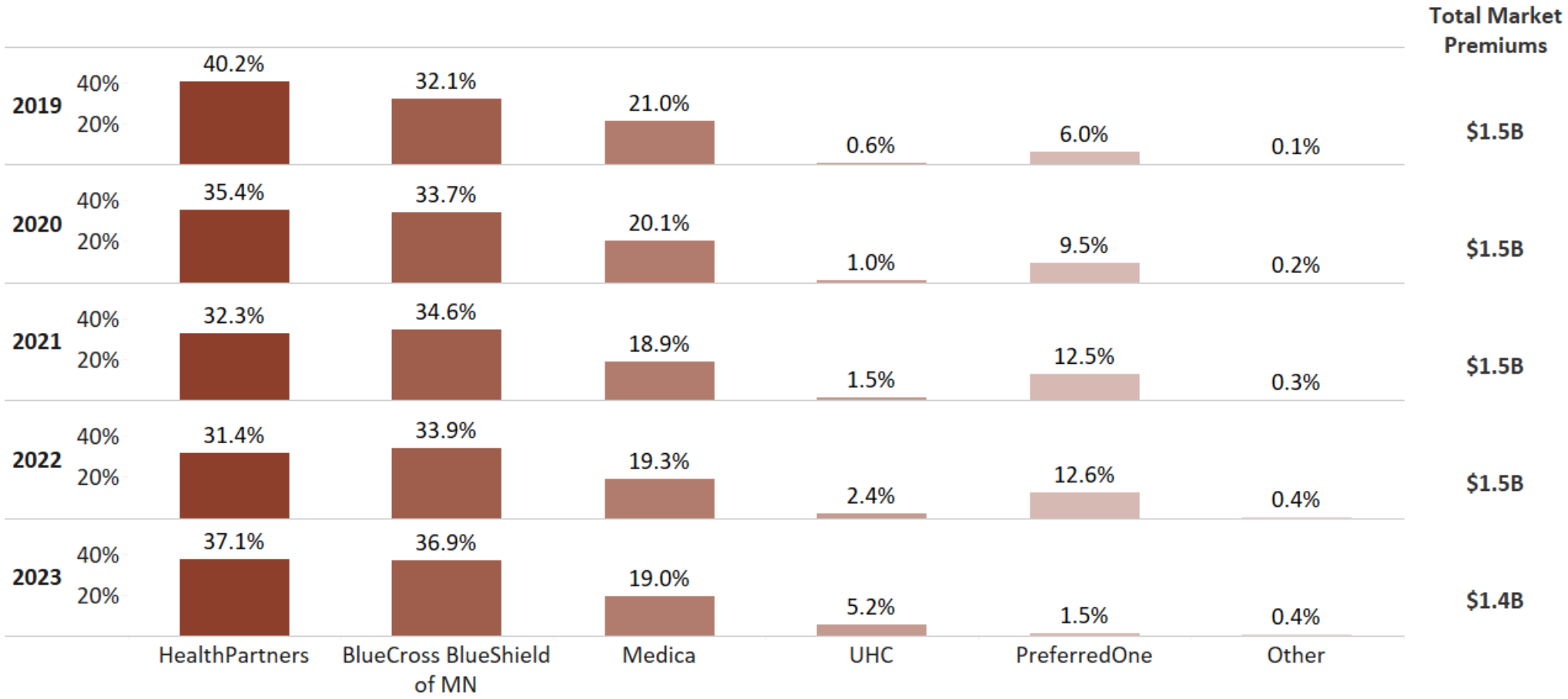
Notes: Data reported for Minnesota residents in the Small Group fully insured market.
Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2014 to 2023).
Summary of Graph

Annual Premiums and Percent Change in Premiums



Note: Data reported for Minnesota residents in the Small Group fully insured market. Based on total per member per year (PMPY) premiums collected.
Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2014 to 2023).
Summary of Graph

Health Plan Company Market Share by Health Premiums Earned

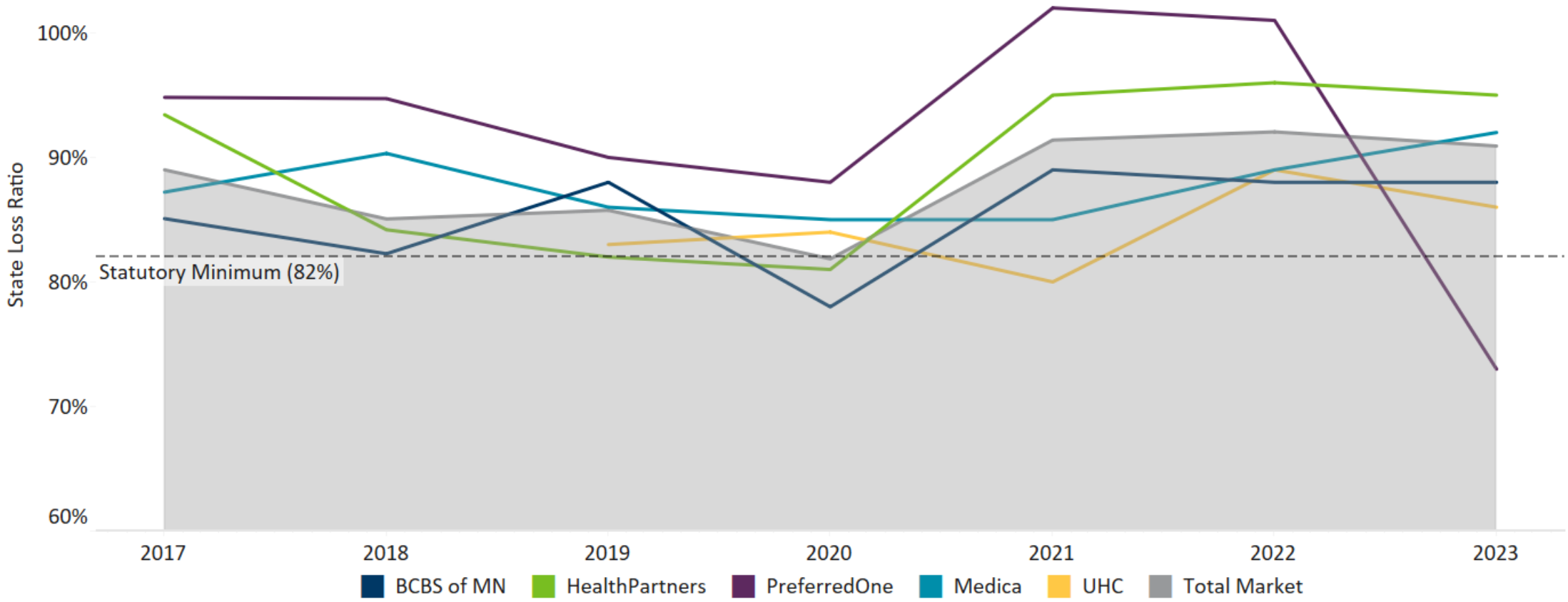


Note: Data reported for Minnesota residents in the Small Group fully insured market. Some companies with common ownership have been combined for purposes of this analysis. UHC is UnitedHealthcare Insurance Company which entered the market in 2019. Percentages may differ from other data reporting due to use of different data sources. Market share is based on percent of small group market premiums collected.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2019 through 2023).

Summary of Graph

Loss Ratio Experience, 2017 to 2023



Note: The graph for Minnesota's Small Group Market starts in 2017 to highlight health plan company loss ratios. Health plan companies with common ownership have been combined for purposes of this analysis. BCBS of MN is Blue Cross Blue Shield of Minnesota UHC is UnitedHealthcare Insurance Co, which entered the Minnesota small group market in 2019. Not all companies listed in the loss ratio report are illustrated. "Statutory Minimum" refers to Minnesota's minimum required share of premium dollars spent on beneficiary health expenditures, not the federal *Affordable Care Act* medical loss ratio.

Source: Minnesota Department of Commerce, "Report of 2023 Loss Ratio Experience for Insurance Companies, Nonprofit Health Service Plan Corporations, and Health Maintenance Organizations" June 2024 and prior reports

Summary of Graph

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page (www.health.state.mn.us/data/economics/index.html)
- Publications (publications.web.health.state.mn.us)
- Health Care Market Statistics (Chartbook Updates) (www.health.state.mn.us/data/economics/chartbook/index.html)
- Minnesota All Payer Claims Database (https://www.health.state.mn.us/data/apcd/index.html)

A summary of the charts and graphs contained within is provided at Chartbook Summaries – Section 4 (https://www.health.state.mn.us/data/economics/chartbook/summaries/section4summaries.html). 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 if additional assistance is needed for accessing this information.