Fact sheet: Medicaid and MinnesotaCare

Roughly 1.2 million Minnesotans on average, or 22.6 percent of the state’s population, received comprehensive health care coverage through the state’s publicly funded health care programs Medicaid (called Medical Assistance in Minnesota) and MinnesotaCare (Minnesota’s Basic Health Plan) in state fiscal year (FY) 2017.

Nearly half (43 percent) of enrollees in both programs combined were children under 19.

Through these programs, the state pays for all or part of enrollees’ health care services. The federal Centers for Medicare & Medicaid Services administers Medicaid and the Basic Health Plan nationwide. In Minnesota, DHS is the State Medicaid Agency and partners with Minnesota counties and tribes to administer the program.

People can apply for Medicaid and MinnesotaCare online or through a paper application process.

Medicaid

- Medicaid is the largest DHS program, providing coverage to a monthly average of 1.1 million low-income children and parents, people with disabilities, seniors and adults without children in FY 2017.
- It’s funded jointly with federal, state and county funds.

FY 2017 Medicaid funding

- In FY 2017, families with children made up 65 percent of the total enrollment but only 23 percent of total Medicaid spending; elderly and people with disabilities made up 17 percent of total enrollment and 61 percent of total spending; and adults without children accounted for 18 percent of total enrollment and 16 percent of total spending.
- Income limits vary, depending on a variety of factors.

mn.gov/dhs
Examples of income limits for Medicaid

<table>
<thead>
<tr>
<th>Effective July 1, 2017</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents and adults without children</td>
<td>$1,336</td>
</tr>
<tr>
<td>Children under age 2</td>
<td>$2,844</td>
</tr>
<tr>
<td>Children age 2 to 18</td>
<td>$2,763</td>
</tr>
<tr>
<td>Children age 19 to 20</td>
<td>$1,336</td>
</tr>
<tr>
<td>Pregnant women*</td>
<td>$3,762</td>
</tr>
<tr>
<td>Elderly and people with disabilities</td>
<td>$1,105</td>
</tr>
</tbody>
</table>

*A pregnant woman counts as two or more people.

- If their income is too high, some applicants may still qualify for Medicaid if they have enough medical bills to meet a spenddown, which is similar to an insurance deductible.

**MinnesotaCare**

- The average monthly MinnesotaCare enrollment in FY 2017 was more than 89,000.
- MinnesotaCare provides coverage to people who do not have access to affordable health insurance and have higher income levels than those eligible for Medicaid.
- MinnesotaCare is paid for by federal Basic Health Plan funds, enrollee premiums and appropriations from the state Health Care Access Fund.

**FY 2017 MinnesotaCare funding**

- Federal share: $349.6 million
- Enrollee premiums: $36.1 million
- State share: $11.6 million
• MinnesotaCare expenditures totaled $397 million in FY 2017. The average medical payment per enrollee was $372 a month.

• Enrollee premiums are determined using a sliding-fee scale based on family size and income; there is no asset limit.

<table>
<thead>
<tr>
<th>Examples of annual income limits for MinnesotaCare effective Jan. 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household of one</td>
</tr>
<tr>
<td>Household of two</td>
</tr>
<tr>
<td>Household of three</td>
</tr>
</tbody>
</table>

• The current monthly premium max is $80 per adult. Children and certain other groups do not pay a premium.

**Eligibility requirements**

Medicaid and MinnesotaCare applicants must meet applicable income limits, nonfinancial eligibility rules and be Minnesota residents. Certain Medicaid applicants have an asset limit. MinnesotaCare applicants who have minimum essential coverage (such as Medicare or employer-sponsored coverage) are ineligible.

**Covered services**

Health care services for Medicaid enrollees are provided by health plans or fee-for-service medical providers. The majority of Medicaid enrollees are enrolled in health plans, and all MinnesotaCare enrollees are in health plans.

**Medicaid and MinnesotaCare covered services may include:**

- Alcohol and drug treatment
- Chiropractic care
- Dental care (limited for nonpregnant adults)
- Doctor/clinic visits
- Eyeglasses
- Family planning services
- Hearing aids
- Home care
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Labs and X-rays
- Licensed birth center services
- Medical equipment and supplies
- Medical transportation (emergency and certain nonemergency)
- Medication therapy management
- Mental health care
- Nursing homes, intermediate care facilities for people who are developmentally disabled
- Outpatient surgery
- Prescriptions
- Rehabilitative therapy
- Urgent care

[mn.gov/dhs](http://mn.gov/dhs)
Limits on coverage and copays may apply to some services for some people. Learn more in the document Minnesota Health Care Programs Summary of coverage, cost sharing and limits DHS-3860 (PDF).

To apply for Medicaid or MinnesotaCare

- Visit mnsure.org, Minnesota’s online health insurance marketplace.
- Visit applymn.dhs.mn.gov to apply for family planning services only or for help paying your costs in a long-term care facility, such as a nursing home.
- Fill out a paper application.
- Call your local county agency or tribe to get an application.

More information

Learn more at mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs.

For accessible formats of this publication or assistance with additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-2182 or use your preferred relay service.