

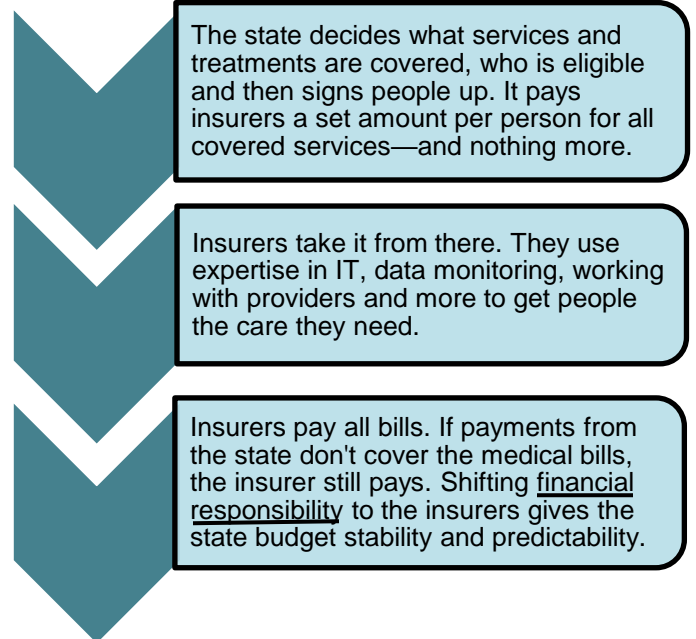
HERE'S WHY THE STATE CONTRACTS WITH LOCAL INSURERS

Every day, health insurers spot gaps in care, ensure that people get appointments, arrange rides, coordinate medical care and community-based services, and create predictability for about 900,000 people who get care through Medicaid and MinnesotaCare. By working with local insurers for the last 30 years, the state gets help solving problems, and makes sure people across Minnesota can get care.

Helping the state meet its goals, responsibilities

Minnesota Health Care Programs serve families and children who do not have much money, seniors who need extra help beyond Medicare, and people with disabilities. Decades ago, the state started working with private insurance companies because many doctors wouldn't see people with Medicaid insurance. Minnesota created the Prepaid Medical Assistance Program so people helped by the state can see the same doctors as people with insurance through employers.

Today, nation-leading successes like specialized care for Minnesotans who are elderly or live with disabilities are now followed by strategies to address rising medical bills, and meeting each individual's health care needs, no matter the zip code.



Committed and accountable to Minnesotans

Almost one in five Minnesotans gets care through Medicaid and MinnesotaCare as part of our state's commitment to ensuring everyone can get the care they need.

The Minnesota Department of Human Services and other state organizations regularly measure how the insurers are doing in following the rules set by the state, and the goals established in the contracts. There are also regular audits and reports to the Legislature showing how well insurers do their work as well as how the money is spent.



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