

MINNESOTA COUNCIL OF HEALTH PLANS

HELPING ALL MINNESOTANS GET THE CARE THEY NEED

Health insurers were brought in by the state more than 30 years ago to help manage overall expenses and ensure people who get help paying for care through Medicaid could find a doctor. Strict rules and careful oversight ensure that the companies are providing the best possible care to Minnesotans—and that they are being responsible stewards of tax dollars in the process. These insurers serve people across Minnesota, not shareholders on Wall Street.

HELPING MINNESOTANS PERSONALIZED CARE

[Minnesota Health Care Programs](#) serve Minnesota families and children who do not have much money, seniors who need extra help beyond Medicare, and people with disabilities. As a result of the insurers' partnership with the state people who get care through the state can see same doctors as people with insurance through employers. Gone are the days when a person with Medicaid insurance can't receive care near his/her home. Today, people can get through telemedicine, online convenience care, at retail outlets and of course in their hometown clinic. Nurses through the health insurers are available 7 days a week, 24 hours a day to help people get the care they need.

When you're sick or have been recently diagnosed with an ongoing illness, getting well can be a full-time job. Our insurers help Minnesotans understand their condition and learn what it takes to get better. In addition, people who need a lot of care get help figuring it out with assistance from people whose job it is to get necessary appointments, coordinate the care, etc.

Over the years, insurers have worked with the state to create specialized care for Minnesotans who elderly or live with disabilities, combining two programs—Medicare and Medicaid—into one package. This means people get rides to clinic appointments, help at home, interpreter services and other services they didn't get before.

Insurers also study data to help identify if people would like help they aren't getting. By spotting potential concerns, insurers can help connect people with health and wellness programs, or other services. The analysis of data also allows insurers remind people to get necessary checkups and encourage healthy activities.

COMMITTED AND ACCOUNTABLE TO MINNESOTANS

The state hires insurers to provide health insurance and care coordination to people with state insurance. Minnesota does this because lawmakers understand health insurers have unique capabilities—financial structures, medical knowledge, administrative knowhow and relationships with doctors and others who provide care—that enable people to get the best possible care, at the lowest possible cost to taxpayers. Information about how the insurers are doing providing these services and how money is spent is available on the [managed care reporting page](#) of the DHS website.

