New Medicaid and MinnesotaCare communications materials

DEPARTMENT OF HUMAN SERVICES

New Medicaid matters communications tools

10 ways Minnesota Medicaid matters to you

DEPARTMENT OF HUMAN SERVICES

1 Medicaid is the largest single source of health insurance in Minnesota.

Medicaid, known as Medical Assistance in Minnesota, covers more people in the state than Medicare and more people than any single commercial insurer. That means Medical Assistance plays a key role in the state's all-time low uninsurance rate of 3.8%.

2 Medicaid serves as the foundation of Minnesota's health care infrastructure.

Medicaid contributes significantly to the state's health care sector, supporting public health infrastructure, hospitals, mental health centers, home care, community clinics, nursing homes, physicians, dentists and many other health professionals. It serves as a lifeline to Greater Minnesota providers. By significantly reducing the number of uninsured Minnesotans, Medical Assistance decreases the cost of uncompensated care that can threaten a clinic or hospital's sustainability and reduces the amount of medical debt owed by Minnesotans.

3 Minnesota's health care tops other states.

We invest in the health of our communities through Medicaid, and it shows. Health care quality varies widely across the United States, and Minnesota consistently outperforms other states.

4 Medicaid helps the youngest among us start out their lives on the right foot.

Medical Assistance covers 3 out of 10 births in the state. It has an even greater impact on the Black and American Indian communities, covering 8 out of 10 births of Black babies and 9 out of 10 births of American Indian babies. Children who have access to Medicaid have better health in adulthood, greater attendance during school, lower high school dropout rates, increased college attendance, and pay more in taxes as adults compared to adults who lacked health insurance as children.

5 Medicaid is one of the smartest investments in Minnesota's future.

Insuring 592,000 children means Medical Assistance covers about 41% of the state's kids. Childhood is a critical time for brain development, school readiness, education and lifelong health. Gaps in insurance during this time lead to foregone care, unmet medical needs and unfilled prescriptions that can change the trajectory of a child's life. Studies have shown that every additional year of Medicaid coverage for children compared to being uninsured contributes to their higher earnings, hours worked and labor productivity as adults.

Data from calendar year 2023.

9 Medicaid covers half of long-term care costs for Minnesota.

Medicaid — not Medicare — is the primary source of coverage for people who need long-term care services, like nursing homes, in the state. Meanwhile, Medicaid long-term care services and supports keep people in the community and out of institutions.

10 Medicaid serves people of all backgrounds across Minnesota, especially in Greater Minnesota.

While the majority of Medical Assistance enrollees are white, Medical Assistance covers a greater proportion of Minnesotans who are Black, American Indian, Asian, Pacific Islander or multiracial. And it has a bigger impact on Greater Minnesota. Minnesota Medicaid enrollment is split nearly evenly between the seven-county metro area and Greater Minnesota, however Minnesotans who live in Greater Minnesota are more likely to get their health insurance through Medicaid than those in the metro area.

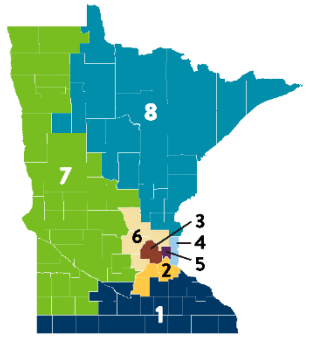
Data from calendar year 2023.

Medicaid Matters: Investing in Minnesota's health care

DEPARTMENT OF HUMAN SERVICES

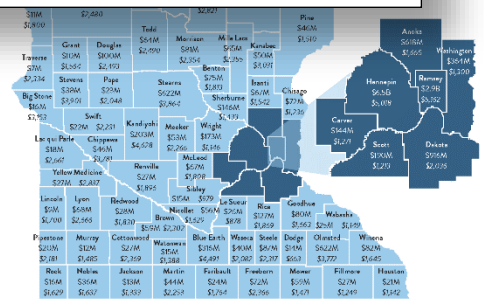
Medicaid and MinnesotaCare contribute significantly to the state's health care sector, supporting public health infrastructure, hospitals, mental health centers, home care, community clinics, nursing homes, physicians, dentists and many other health professionals. Both programs help to significantly reduce the number of Minnesotans that go without health care coverage and serve as a lifeline to Greater Minnesota providers, decreasing the cost of uncompensated care and reducing the amount of medical debt owed by Minnesotans. Medicaid — not Medicare — is the primary source of coverage for people who need long-term care services.

How much does Medicaid and MinnesotaCare help the health care providers in your region?



- **Region 1** $1,833,473,468 — 188,309 Minnesotans enrolled
- **Region 2** $1,131,118,649 — 139,456 Minnesotans enrolled
- **Region 3** $6,512,202,435 — 351,209 Minnesotans enrolled
- **Region 4** $364,413,728 — 48,490 Minnesotans enrolled
- **Region 5** $2,856,547,351 — 194,829 Minnesotans enrolled
- **Region 6** $1,157,335,366 — 169,312 Minnesotans enrolled
- **Region 7** $2,197,703,080 — 229,423 Minnesotans enrolled
- **Region 8** $1,843,786,900 — 198,121 Minnesotans enrolled

Note: regions approximate Congressional districts by county.
Funding and average monthly enrollment totals from calendar year 2023.



Data from calendar year 2023.

Medicaid Matters: We're all healthier when we're all covered

DEPARTMENT OF HUMAN SERVICES

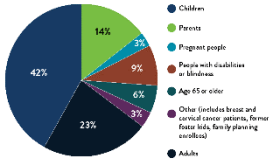
Medicaid and MinnesotaCare provide health care coverage to one in four Minnesotans.

Who are enrollees? Your friends, families, neighbors, and coworkers. They are Minnesota farmers, small-business owners, personal care assistants, and daycare workers.

Decreasing federal Medicaid funding puts Minnesota families at serious risk.

Roughly two-thirds of Medical Assistance enrollees are parents, children and pregnant people.

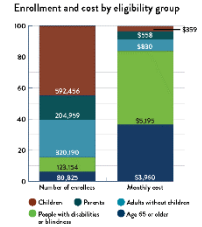
Medical Assistance enrollees by eligibility category



Decreasing federal Medicaid funding puts services for the most vulnerable Minnesotans at serious risk.

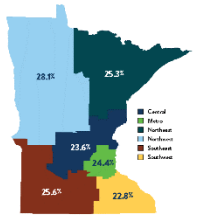
Parents, children and pregnant people account for only about 22% of spending. Adults 65 or older and people with disabilities make up around 15% of enrollees and account for about 60% of spending.

Enrollment and cost by eligibility group



Data from calendar year 2023.

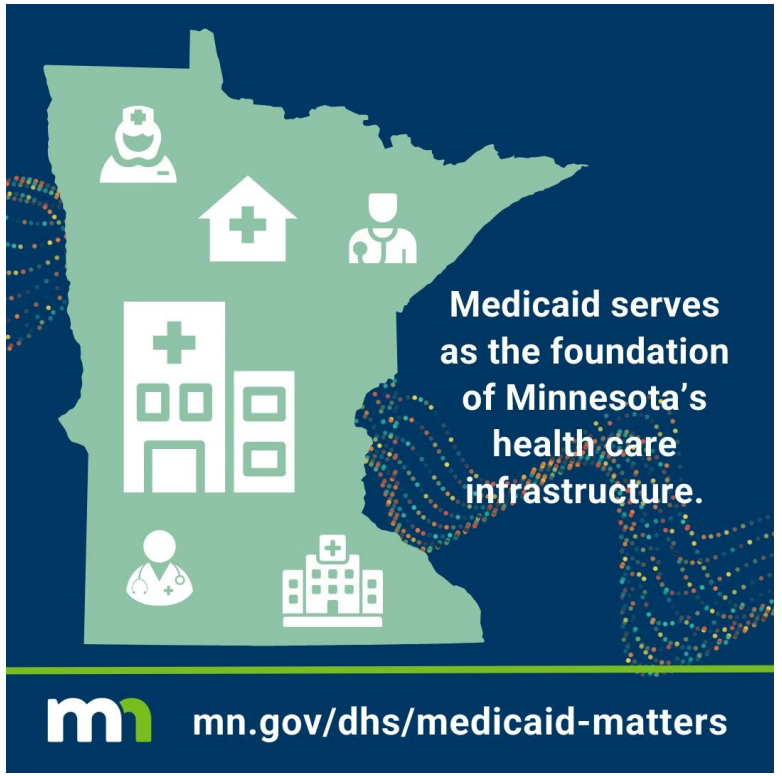
Decreasing federal Medicaid funding puts Minnesotans in small towns and their health care providers at serious risk.



Minnesota Medicaid enrollment is split nearly evenly between the seven-county metro area and Greater Minnesota. However, Medicaid enrollment makes up a higher percentage of the total population in many Greater Minnesota counties compared to the metro area.

Data from calendar year 2023.

New Medicaid matters communications tools



Save the Date! 2025 MN Medicaid Equity Forums

Medicaid Matters: Amplifying Impact through Storytelling and Inclusive Communication

- In-person session Twin Cities Metro
  Monday, April 21st
- In-person session Moorhead
  Wednesday, April 23rd
- Virtual session
  Friday, April 25th
- ***Registration details coming soon!*** We will use the same agenda and content for each session. To maximize participation in the forums, please plan to attend only one.

MN Medicaid Equity Forum

New videos coming: Partnership with TPT 2.0

MN Department of Human Services - Renew My Coverage Metrics

Media Campaign October 2023 - February 2024

	Social Media	Broadcast	Digital/ Newspaper	Radio	Total Platforms	Total Media Agencies	Total Impressions	Total Reach
African American	7	3	0	1	11	3	315,124	315,470
Native American	4	3	0	4	11	2	59,667	61,152
American Sign Language	0	1	2	0	1	4	61,161	54,119
Spanish	7	2	0	0	9	5	187,844	188,477
Hmong	4	2	0	1	7	3	94,021*	76,190*
Somali	4	2	0	1	7	3	231,178	185,992
Russian	0	1	1	0	2	2	59,989	50,471
Vietnamese	0	1	0	0	1	1	64,303	48,310
							1,073,287**	**980,181****

*numbers exclude impressions and reach from Hmong Go Radio

**numbers exclude TPT NOW's one million household reach and TPT's reach of over 500,000 viewers

MinnesotaCare public service announcements

PSA Topic 1: Importance

MESSAGE GOAL: To inform Minnesotans about MinnesotaCare and let them know and let them know why being insured is important.

PSA Topic 2: Eligibility

MESSAGE GOAL: To inform Minnesotans about MinnesotaCare and let them know about the eligibility requirements

PSA Topic 3: Welcome

MESSAGE GOAL: To inform Minnesotans about MinnesotaCare and let them know that people are welcome to apply and can get free help from a navigator.

Lengths: **:15 and :30**

Languages: **English, Spanish, Somali, Oromo, Cameroonian French, Amharic, Liberian English and Cameroonian Pidgin**

MinnesotaCare public service announcements

Over 30 Community Leaders
participated as speakers and actors

Filming locations: Midtown Global Market, Community University Health Care Center (CUHCC), Southside Community Health Services, and People's Center Clinics & Services

Importance of insurance

Eligibility

Welcome

MinnesotaCare

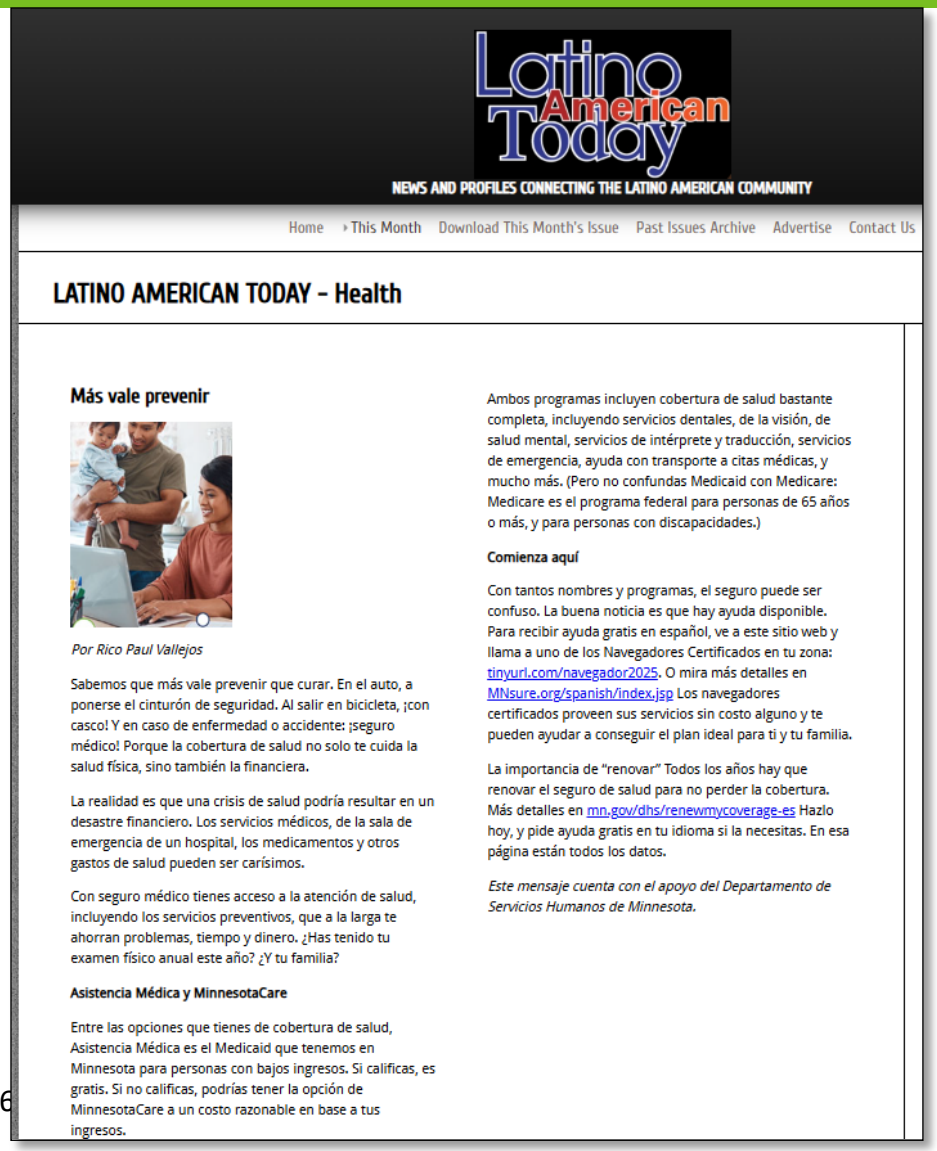
Health Insurance

DEPARTMENT OF HUMAN SERVICES

This message is supported by the Minnesota Department of Human Services, with thanks to our community partners.

Translated versions

Sponsored media content in February



Latino American Today

NEWS AND PROFILES CONNECTING THE LATINO AMERICAN COMMUNITY

Home | This Month | Download This Month's Issue | Past Issues Archive | Advertise | Contact Us

LATINO AMERICAN TODAY – Health

Más vale prevenir

Por Rico Paul Vallejos

Sabemos que más vale prevenir que curar. En el auto, a ponerse el cinturón de seguridad. Al salir en bicicleta, ¡con casco! Y en caso de enfermedad o accidente: ¡seguro médico! Porque la cobertura de salud no solo te cuida la salud física, sino también la financiera.

La realidad es que una crisis de salud podría resultar en un desastre financiero. Los servicios médicos, de la sala de emergencia de un hospital, los medicamentos y otros gastos de salud pueden ser carísimos.

Con seguro médico tienes acceso a la atención de salud, incluyendo los servicios preventivos, que a la larga te ahorran problemas, tiempo y dinero. ¿Has tenido tu examen físico anual este año? ¿Y tu familia?

Asistencia Médica y MinnesotaCare

Entre las opciones que tienes de cobertura de salud, Asistencia Médica es el Medicaid que tenemos en Minnesota para personas con bajos ingresos. Si calificas, es gratis. Si no calificas, podrías tener la opción de MinnesotaCare a un costo razonable en base a tus ingresos.

Ambos programas incluyen cobertura de salud bastante completa, incluyendo servicios dentales, de la visión, de salud mental, servicios de intérprete y traducción, servicios de emergencia, ayuda con transporte a citas médicas, y mucho más. (Pero no confundas Medicaid con Medicare: Medicare es el programa federal para personas de 65 años o más, y para personas con discapacidades.)

Comienza aquí

Con tantos nombres y programas, el seguro puede ser confuso. La buena noticia es que hay ayuda disponible. Para recibir ayuda gratis en español, ve a este sitio web y llama a uno de los Navegadores Certificados en tu zona: tinyurl.com/navegador2025. O mira más detalles en MNsure.org/spanish/index.jsp Los navegadores certificados proveen sus servicios sin costo alguno y te pueden ayudar a conseguir el plan ideal para ti y tu familia.

La importancia de "renovar" Todos los años hay que renovar el seguro de salud para no perder la cobertura. Más detalles en mn.gov/dhs/renewmycoverage-es Hazlo hoy, y pide ayuda gratis en tu idioma si la necesitas. En esa página están todos los datos.

Este mensaje cuenta con el apoyo del Departamento de Servicios Humanos de Minnesota.

HMONG TIMES Online

"The Newspaper of the Hmong Community"

Home | About Us | Arts | Business and Finance | Community | Education | Health | Nation/World | Sports/Outdoors | Request Media Kit

Take Care Of Your Family With Health Insurance

Do you have a family?

Getting health insurance is one of the biggest things you can do for your loved ones. It will be easier to get health care when you and your kids need it.

You and your family may be able to get health insurance for free or at a low cost through Medical Assistance or MinnesotaCare.

These programs cover everything from well child visits to individualized education plans (IEPs) in schools.

Other benefits include:

- immunizations and vaccines
- pregnancy care (including doula care)
- prescriptions and medication
- annual check-ups
- family planning
- dental services
- vision services
- behavioral health care
- interpreter and translation services
- transportation assistance to help you get to your appointments (Medical Assistance)

Getting regular health care can have a lifelong effect on a child's health. Childhood is a critical time for brain development, school readiness, education and long-term health.

For adults and elders, routine health care and preventive care can help prevent illnesses and manage chronic conditions.

It's much harder to get health care if you don't have health insurance. If you go to the pharmacy, you might not be able to get your prescriptions. You or your kids might miss out on regular check-ups. You might have to go to the emergency room and later get a big bill.

Health insurance can give you peace of mind. You and your family members will be able to get care when you need it. It will also protect you from unexpected costs. A health crisis doesn't have to turn into a financial crisis.

Did you know that Medical Assistance has no copayments or monthly premiums? Medical Assistance is Medicaid health insurance for people in Minnesota who have low incomes. Sometimes people call it "MA."

If you don't qualify for Medical Assistance, you might qualify for

Sponsored media content in February

ACCESS PRESS

Search... Subscribe

News Topics About Us Advertise w/ Us Listings Donate Today

Home › Issues › February 2025 issue › Find out if you qualify for MinnesotaCare health insurance

Features Health & Disability Issue Spotlight

Find out if you qualify for MinnesotaCare health insurance

Getting cost-effective health insurance can have a big impact on your life.But what if you don't get affordable insurance through [...]

By Minnesota Department of Human Services

Access Press thanks this month's issue spotlight!

DEPARTMENT OF HUMAN SERVICES

Getting cost-effective health insurance can have a big impact on your life.
But what if you don't get affordable insurance through your job and you're not eligible for Medical Assistance? What if you're over 65 and can't get Medicare? Don't give up! You may qualify for MinnesotaCare, a state health insurance program that makes it easier for people to find the health care coverage they need.

What is MinnesotaCare?

MinnesotaCare is different from Medical Assistance, which is Minnesota's Medicaid program. MinnesotaCare is also different from Medicare, the federal program for people 65 and older and for people with disabilities.

Who is eligible for MinnesotaCare?

You may be eligible for MinnesotaCare if you live in Minnesota, meet the income limits and don't have access to affordable health insurance. Some people who have MinnesotaCare pay a monthly premium based on their income, while others have no premium. Some people 21 and older who have MinnesotaCare pay cost-sharing, or copayments.

If you're over 65 and can't get Medicare, you may also be eligible for MinnesotaCare. Your health matters. So does your financial well-being. Going without health insurance could be financially devastating if you get sick or have an accident. Minnesota created MinnesotaCare over 30 years ago to make it easier for people to get affordable health insurance, even if they didn't qualify for Medical Assistance. That's because having health insurance makes it much easier to get the health care you and your family need. Health insurance helps you pay for your appointments and medications.

RELATED ARTICLES

In a public health care program? Eligibility is being

ACCESS PRESS

MINNESOTA'S DISABILITY COMMUNITY NEWS SOURCE

ISSUE SPOTLIGHT | MINNESOTA DEPARTMENT OF HUMAN SERVICES

Find out if you qualify for MinnesotaCare health insurance

Getting cost-effective health insurance can have a big impact on your life.

But what if you don't get affordable insurance through your job and you're not eligible for Medical Assistance?

What if you're over 65 and can't get Medicare?

Don't give up! You may qualify for MinnesotaCare, a state health insurance program that makes it easier for people to find the health care coverage they need.

MinnesotaCare is different from Medical Assistance, which is Minnesota's Medicaid program.

MinnesotaCare is also different from Medicare, the federal program for people 65 and older and for people with disabilities.

You may be eligible for MinnesotaCare if you live in Minnesota, meet the income limits and don't have access to affordable health insurance.

Some people who have MinnesotaCare pay a monthly premium based on their income, while others have no premium.

DEPARTMENT OF HUMAN SERVICES

Some people 21 and older who have MinnesotaCare pay cost-sharing, or copayments.

If you're over 65 and can't get Medicare, you may also be eligible for MinnesotaCare.

Your health matters. So does your financial well-being. Going without health insurance could be financially devastating if you get sick or have an accident.

Minnesota created MinnesotaCare over 30 years ago to make it easier for people to get affordable health insurance, even if they didn't qualify for Medical Assistance.

That's because having health insurance makes it much easier to get the health care you and your family need. Health insurance helps you pay for your appointments and medications.

MinnesotaCare pays for everything from immunizations and annual checkups to emergency care, behavioral health services, and dental and vision services.

MinnesotaCare is lower-cost health insurance designed to help people get the health care coverage they need. Depending on your income, MinnesotaCare may be free.

For more information about MinnesotaCare, visit *https://mn.gov/dhs/minnesotacare*.

Find out if you qualify by connecting with a free navigator today.

Navigators speak your language and live in your community. They can help you learn about MinnesotaCare and other health insurance options and submit your application.

Their job is to help you understand what's available and get what you need. There is no charge for their services.

Having health insurance and getting regular medical care can help keep you, your family and your entire community healthier. Staying in charge of your health supports your overall well-being. Don't wait to find out if you qualify for MinnesotaCare.

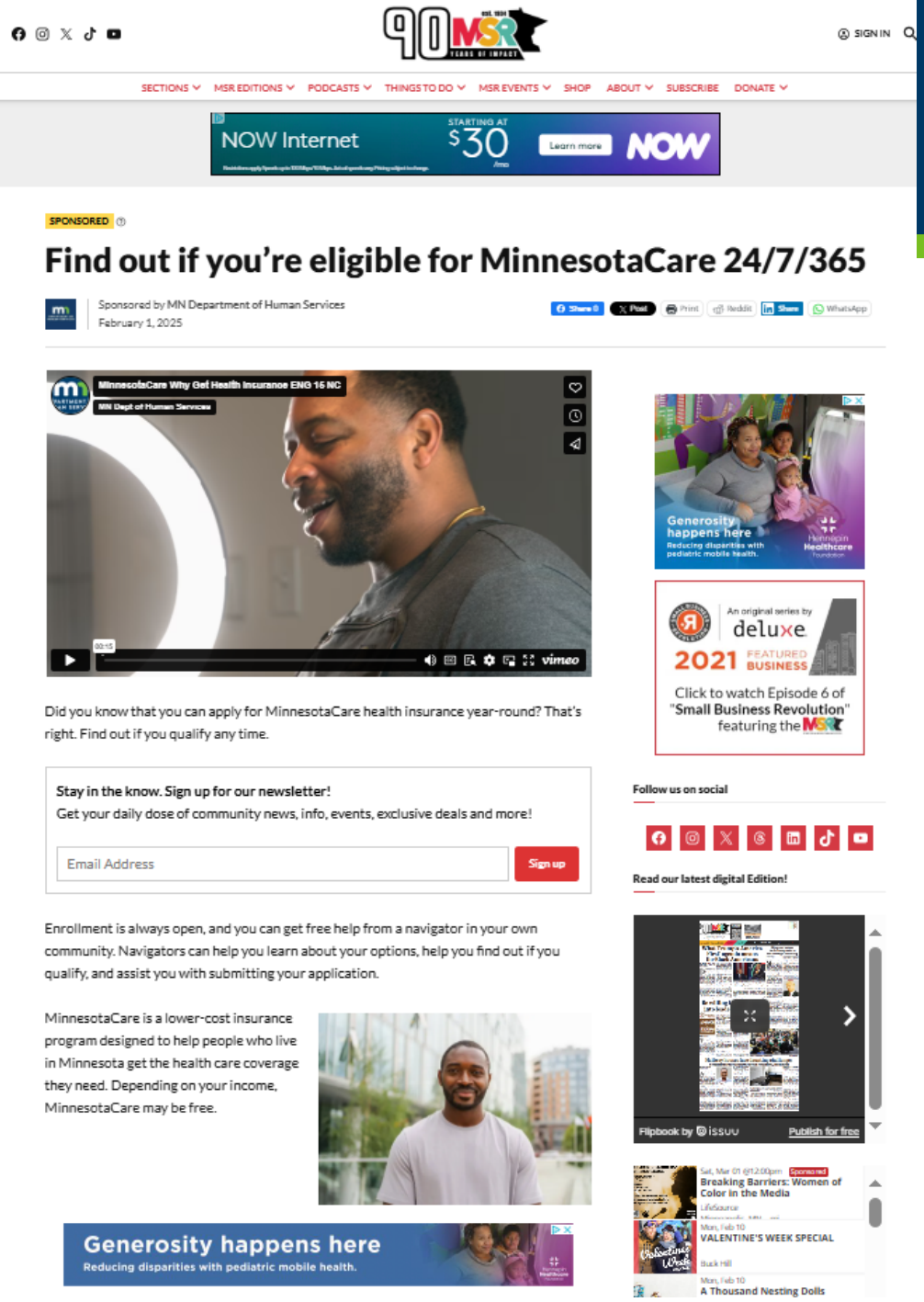
Go to *https://mnsure.org* and click on the "Assister Directory" to find free help from a navigator near you.

Or visit the Disability Hub at *https://disabilityhubmn.org/* or call 1-866-333-2466 for help and answers about your health insurance options.

If you're age 65 or older, call the Senior Linkage Line at 1-800-333-2433 between 8 a.m. and 4:30 p.m. Monday through Friday, or visit *https://mn.gov/senior-linkage-line/* for more information about health insurance options.

Sponsored by the Minnesota Department of Human Services

Paid media in February



Paid media in February

The Circle
NATIVE AMERICAN NEWS AND ARTS

HEALTH

Traditional healing gets boost from research study

BY LEE EGERSTROM

Minnesota and the federal Medicaid program need to recognize American Indian culture and practices with traditional healing and better define health and well-being to serve America's original citizens.

This is among findings and three important "Call to Action" recommendations emerging from an exhaustive study of health care services conducted by the Minnesota Department of Human Services (DHS).

The report, Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota, was released in December following 2022 research that found great racial inequalities in the delivery and accessibility of America's largest health care system.

Three calls for taking new action emerged after statewide meetings with tribal and urban American Indian health leaders and providers.

The first call identified a need for Minnesota to "Invest in Traditional Healing," recognizing its importance to the mental and overall health and well-being of the state's American Indian population. This means DHS will need to stay engaged with tribal nations, urban American Indian clinics and organizations, and the federal Centers for Medicaid and Medicare Services (CMS) to find ways to cover traditional healing costs under Medicaid.

Questions need to be resolved. These include how to set a monetary value to traditional healers' services, do they need a license or certification of some sort, and how will tribal data sovereignty be upheld?

A second "Call to Action" requires complex social, medical and political cooperation. It states its goal as "Reframe what defines health and well-being and the evidence used to make decisions."

To do so, the report said DHS will need to continue work with tribes and urban community clinics to define health and wellbeing for American Indians, to work with federal partners on Medicaid rules and regulations, and with other state officials and lawmakers to create, propose, implement and evaluate care and payments for related services.

This effort will interact with the federal Indian Health Service (IHS), which is described as often "underfunded" by Congress. The authors cite a painful old joke from Northern Minnesota that warns American Indians to get sick, if they must, by June before IHS' funds run out.

The third "Call to Action" is to "Create a Pathways to American Indian and Tribal Health Integration Team" (PATH) at DHS.

This may need legislative approval or at least Legislature-approved funding, said Dr. Nathan Chomilo, the lead author of the Pathways report. The team is envisioned as a source of community information for DHS staff, and for sharing information about available Medicaid resources. The team would work with all involved state and community groups and Indian health systems to integrate cultural approaches to health and for Medicaid to lead or participate in systems integration.

Some of these goals could lead Minnesota to seek waivers from the federal Medicaid program to conduct experimental implementation programs. Within the past year, these so-called "1115 waivers" were granted for experimental programs in Arizona, California, New Mexico and Oregon.

"Improving how we administer Medicaid is crucial as we collectively work toward achieving health equity with American Indian communities in Minnesota," Chomilo told *The Circle*. "The time for action is now. There remains much DHS can learn from, and create together with, American Indian communities and Tribal Nations to realize a health care system that is truly responsive and culturally inclusive for all people in Minnesota."

Chomilo is the medical director for the state of Minnesota's Medicare program. He is also a pediatrician doctor and hospital internist, an adjunct professor of pediatrics at the University of Minnesota Medical School, was a founder and is a board of directors member for the Minnesota Doctors for Health Equity group. He also holds other state and University positions in support of medical and childhood health and development.

An important colleague on the Pathways report was Takayla Lightfield, who was a perinatal program consultant on the Population Health Innovation team at DHS. Her main work at DHS has been co-managing the Integrated Care for High-Risk Pregnancies grant program. From the Cheyenne River Sioux Tribe, she has long been involved with relevant health care work and traditional healing.

Since the Pathways report was released in December, Lightfield has taken on a new job at DHS. "I am now the Tribal Policy Consultant in DHS' Office of Indian Policy (OIP)," she said. She will work with Dr. Chomilo to disseminate the report, assist in follow-up work and pursue the Calls to Action in seeking legislation and other governmental permissions.

With her work in perinatal programs at DSH, Lightfield has dealt with child health issues for the American Indian community. That includes gaining access to Medicaid, to the SNAP (formerly called Food Stamps) and TANF (Temporary Assistance for Needy Families) and other food and nutrition education benefits for families and for "doula" care.

Doulas are certified helpers for pregnancies and delivery. She is one herself. They, and medical professional midwives, may well serve as role makers for traditional healers in the months and years ahead.

"Doulas are already able to become registered providers and bill Medicaid for their services," she said. But so far, she added, certifying traditional healers "is one of the main concerns we have heard from tribes regarding the 115 traditional services waiver."

Going forward, Lightfield said she will promote and help integrate the Pathways report into DHS actions. And she plans to continue gathering input from tribes, urban directors and community groups on how DHS can move this process forward together with its partners.

Although not cited here in this news report, the DHS Pathways report provides various studies and U.S. Census Bureau data showing problems Minnesota's American Indians, their families and communities face in accessing Medicaid and health care.

The Calls for Action were assembled from community-led efforts to identify ways others "can help us increase access to traditional healers, ceremonies, sacred medicines, Indigenous foods and teachings," she said.

"This is how we can save those Native babies."

Participants in the research and discovery for this project included:

Tribal agency staff from Fond du Lac, Lower Sioux, Red Lake and Bois Forte reservations. Urban American Indian clinics and organizations included the Native American Community Clinic, Indian Health Board of Minneapolis, Division of Indian Work, Metro Urban Indian Directors (MUID) and St. Paul Indians in Action.

Other American Indian and Tribal Affiliated Organizations participants included the Great Lakes Inter-Tribal Epidemiology Center, American Indian Cancer Foundation, Great Lakes Area Tribal Health Board and Johns Hopkins Center for Indigenous Health.

And other American Indian community members included Karina Forrest Perkins from the mental health and wellbeing group Vail Communities, and Dr. Deana Around Him from the Child Trends research organization with operations in Washington, D.C., Minnesota and North Carolina.

This massive research effort involved at least 382 people from across the state with virtual and in-person sessions in Bemidji, Duluth and Minneapolis.

1115 Waivers – The four states receiving 1115 waivers in the past year are launching demonstration projects.

The Oregon Health Plan waiver might be useful for what Minnesota might pursue. It seeks to provide reimbursement for tribal-based healing practices approved by Oregon's Tribal-Based Practice Review Panel that currently involves prevention, substance use, and mental health services.

The report is available online at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209C-ENG.

Thank you!

Nathan Chomilo, M.D. FAAP, FACP| Medical Director, Medicaid and MinnesotaCare

Nathan.Chomilo@state.mn.us

Leigh Grauman | Integrated Population Health Researcher

Leigh.Grauman@state.mn.us