



DEPARTMENT
OF HEALTH

HEALTH ECONOMICS PROGRAM

Chartbook Section 6

Uninsurance,
Forgone Care, and
the Safety Net

Section 6: Uninsurance, Forgone Care, and the Safety Net

- Statewide measures of uninsurance
- Specific population groups
 - Age, income, race, ethnicity, country of birth, region
- Characteristics of the uninsured in Minnesota
- Potential access to coverage for the uninsured
- Forgone care due to costs in Minnesota
- Health Care safety net: uncompensated care

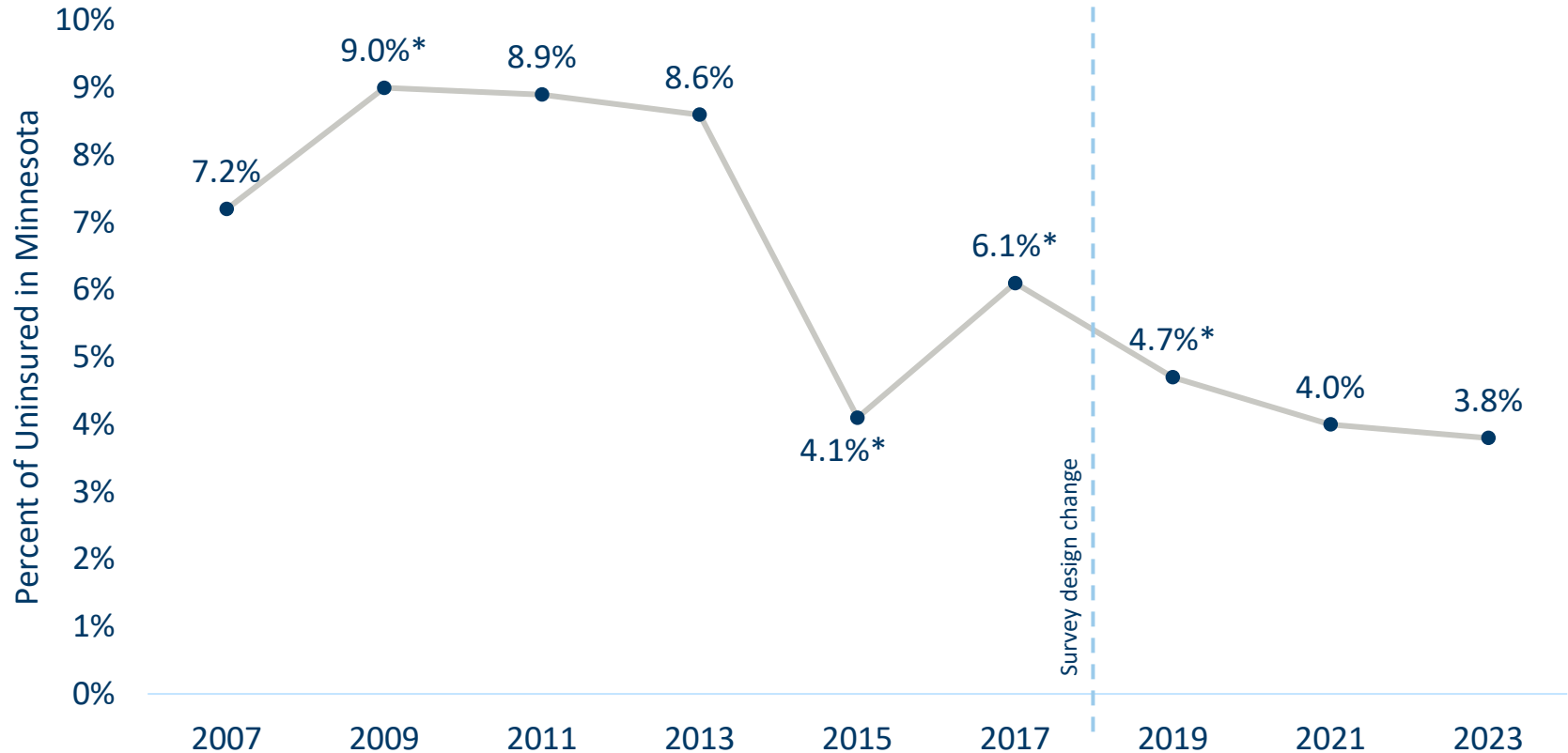
This slide deck is part of Minnesota's Health Care Markets Chartbook, an annual review of key metrics in health care access, coverage, market competition and health care costs ([MN Statutes, Section 144.70](#); <https://www.revisor.mn.gov/statutes/cite/144.70>).

An accessible summary of the charts and graphs contained in this deck is available on the [MDH website](#) (<https://www.health.state.mn.us/data/economics/chartbook/summaries/section6summaries.html>). Direct links are listed on each page.

Please contact the Health Economics Program at health.hep@state.mn.us if additional assistance is needed for accessing this information.

Statewide Measures of Uninsurance

Uninsurance Rate Trends in Minnesota



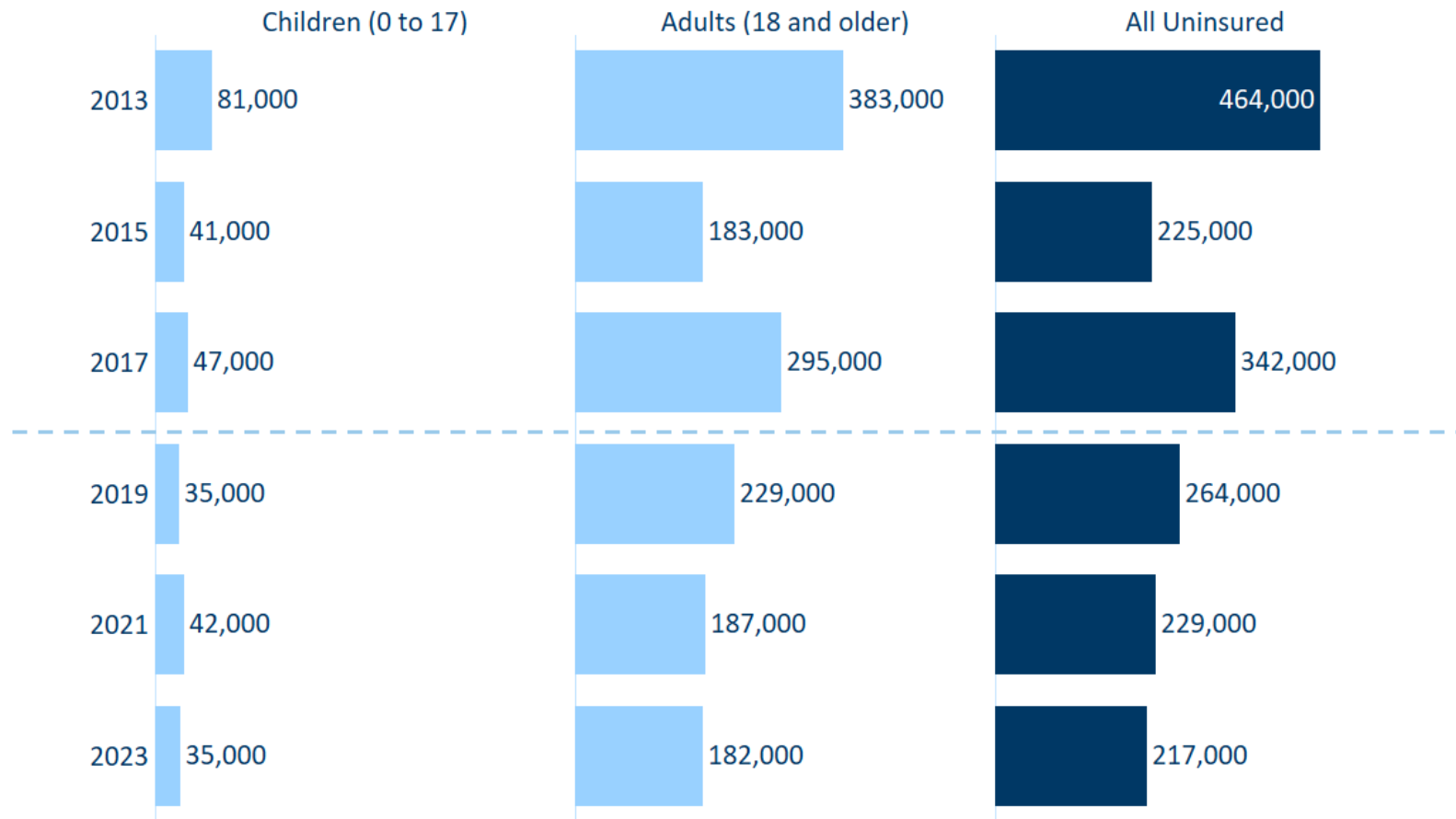
Source: Minnesota Health Access Surveys, 2007 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Estimated Number of Uninsured in Minnesota, 2013 to 2023



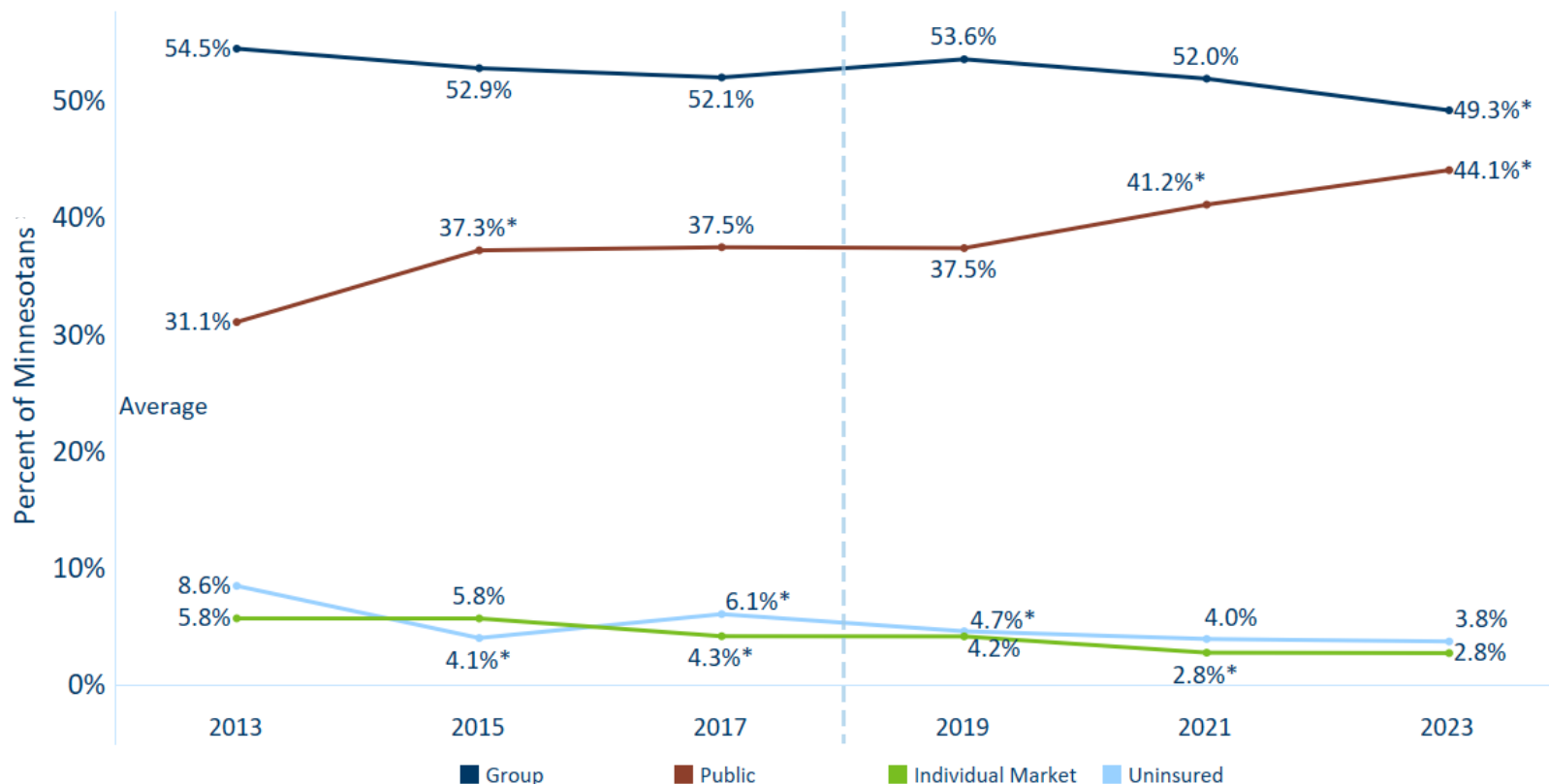
Source: Minnesota Health Access Surveys, 2013 to 2023

Total Minnesota population estimates from U.S. Census Bureau.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Sources of Insurance Coverage in Minnesota, 2013 to 2023



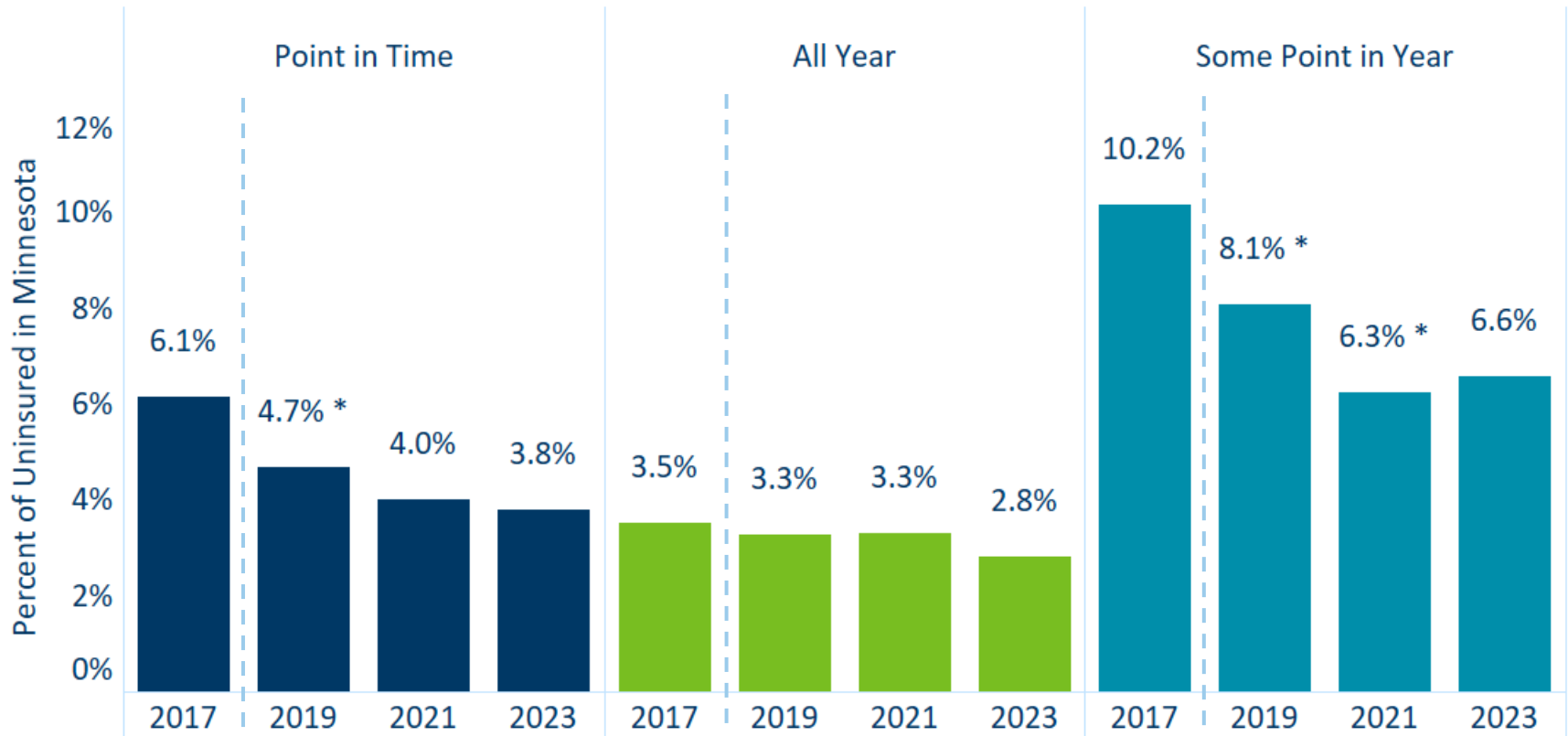
Source: Minnesota Health Access Surveys, 2013 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: Estimates that rely solely on household survey data differ slightly from annual estimates that include both survey and administrative data. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years. Redesign of the 2021 survey produced individual market enrollment estimates that more closely align with administrative data than in previous years. Administrative data estimates about 145,100 Minnesotans had individual coverage in 2019, 159,700 Minnesotans had individual coverage in 2021, and 163,500 Minnesotans had individual coverage in 2023.

[Summary of graph](#)

Measures of Uninsurance in Minnesota, 2017 to 2023



Source: Minnesota Health Access Surveys, 2017 to 2023

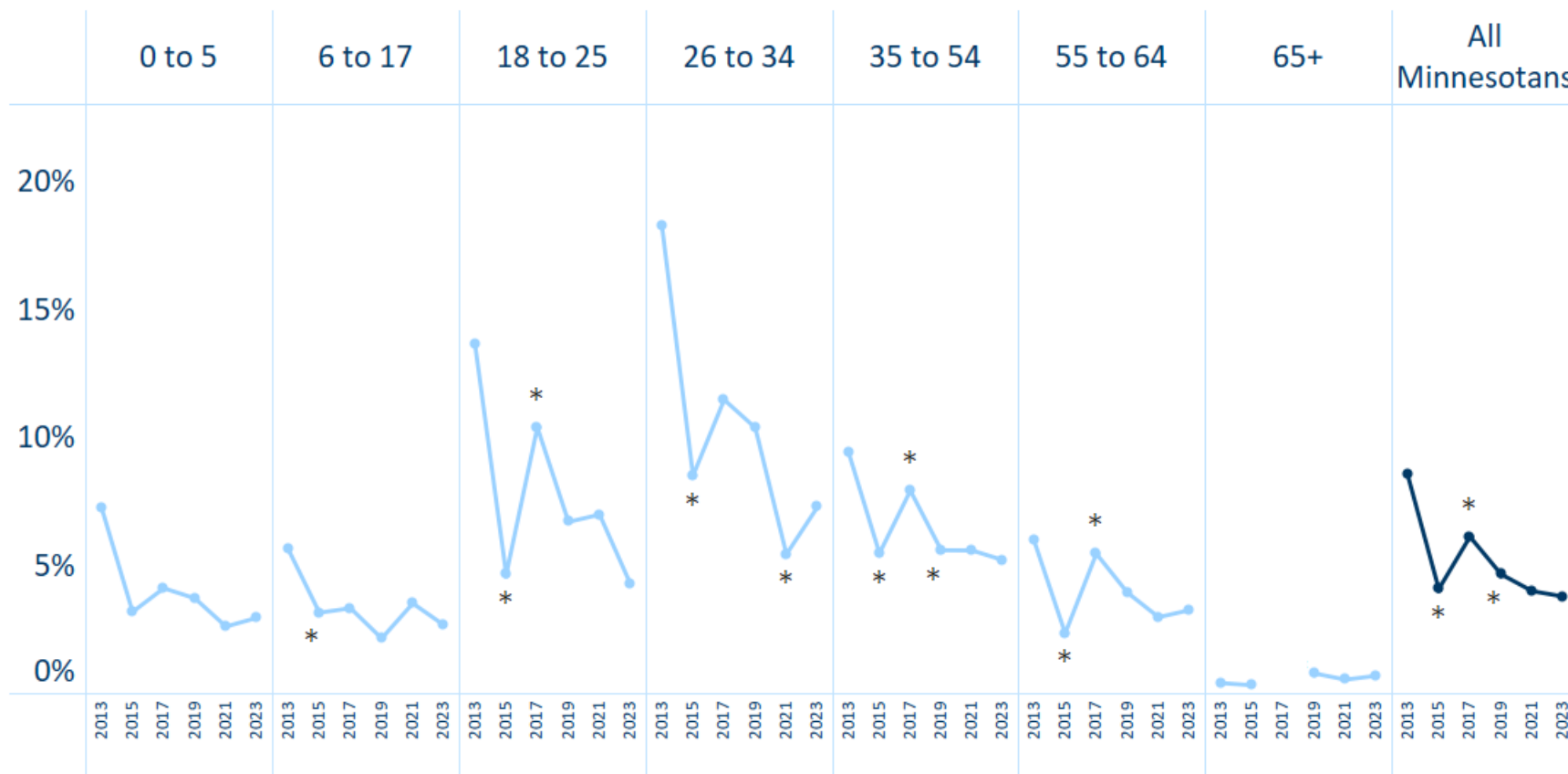
* Indicates statistically significant difference (95%) level from prior year shown.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Specific Population Groups

Minnesota Uninsurance Rates by Age, 2013 to 2023

































Source: Minnesota Health Access Surveys, 2013 to 2023

* Indicates statistically significant difference (95%) level from prior year shown

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years. Missing values are suppressed due to sample size less than 10.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Sources of Health Insurance Coverage in Minnesota by Age, 2021 to 2023

	2021				2023			
	Group	Public	Individual Market	Uninsured	Group	Public	Individual Market	Uninsured
0 to 5	 65.0%^	 30.7%^	1.7%^	2.6%	 56.7%*^	 37.5%^	2.8%	3.0%
6 to 17	 61.7%^	 32.9%^	1.9%^	3.5%	 54.2%*^	 40.6%*^	2.6%	2.7%
18 to 25	 62.0%^	 27.1%^	3.9%	7.0%	 59.7%^	 31.7%^	4.4%^	4.3%
26 to 34	 56.0%	 36.4%^	2.2%	5.5%	 59.2%^	 31.0%^	2.4%	7.3%^
35 to 54	 64.2%^	 26.9%^	3.3%	5.6%	 62.9%^	 29.2%^	2.7%	5.2%
55 to 64	 59.4%^	 31.2%^	6.4%^	3.0%	 57.9%^	 32.9%^	5.9%^	3.3%
65+	1.9%^	 97.0%^	0.5%^	0.6%^	1.5%^	 97.7%^	NA	0.7%^
All Minnesotans	 52.0%	 41.2%	2.8%	4.0%	 49.3%*	 44.1%*	2.8%	3.8%

Source: Minnesota Health Access Surveys, 2021 to 2023

Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

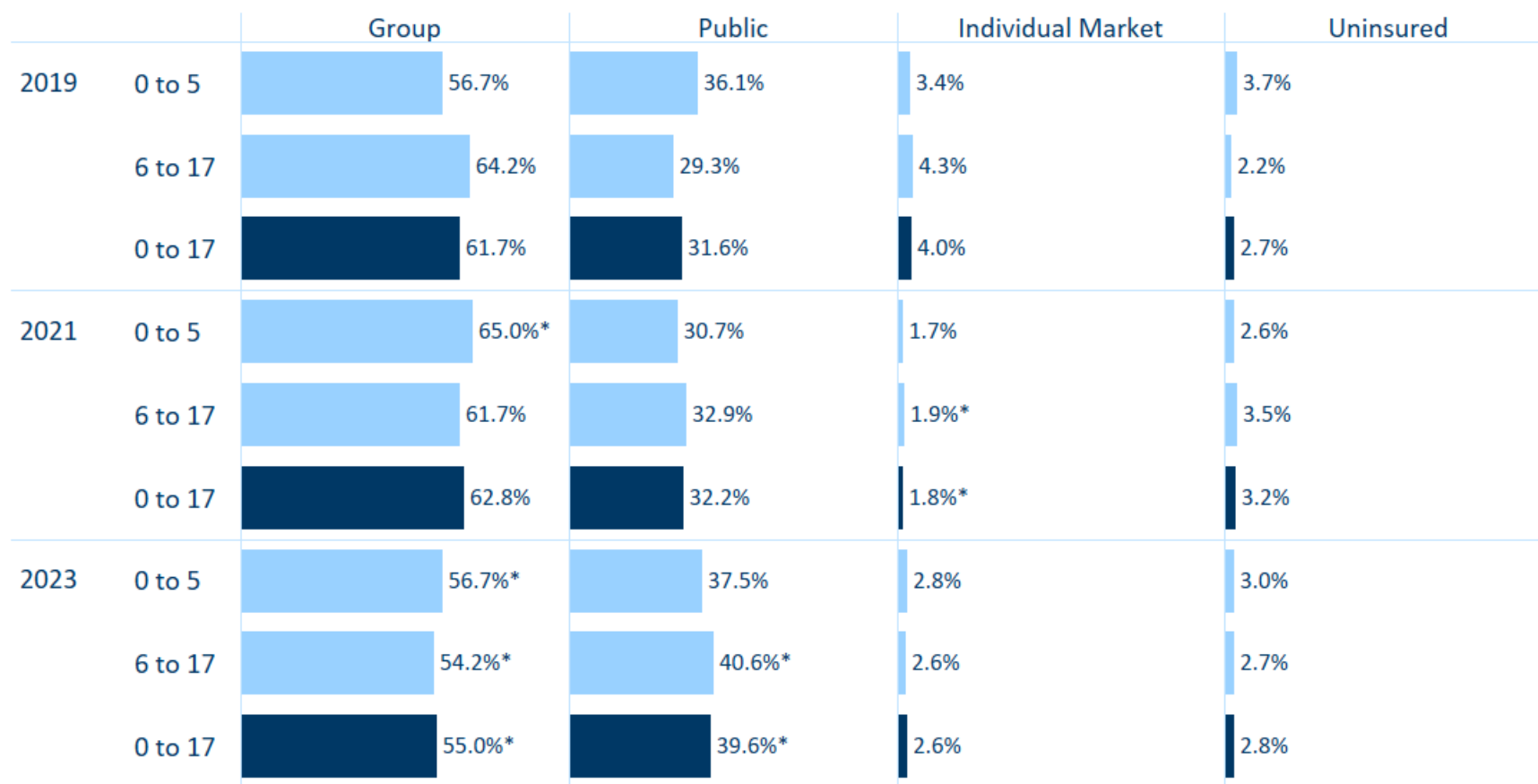
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

Note: NA are values suppressed due to sample size less than 10

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Sources of Children's Health Insurance Coverage in Minnesota by Age, 2019 to 2023



Source: Minnesota Health Access Surveys, 2019 to 2021³

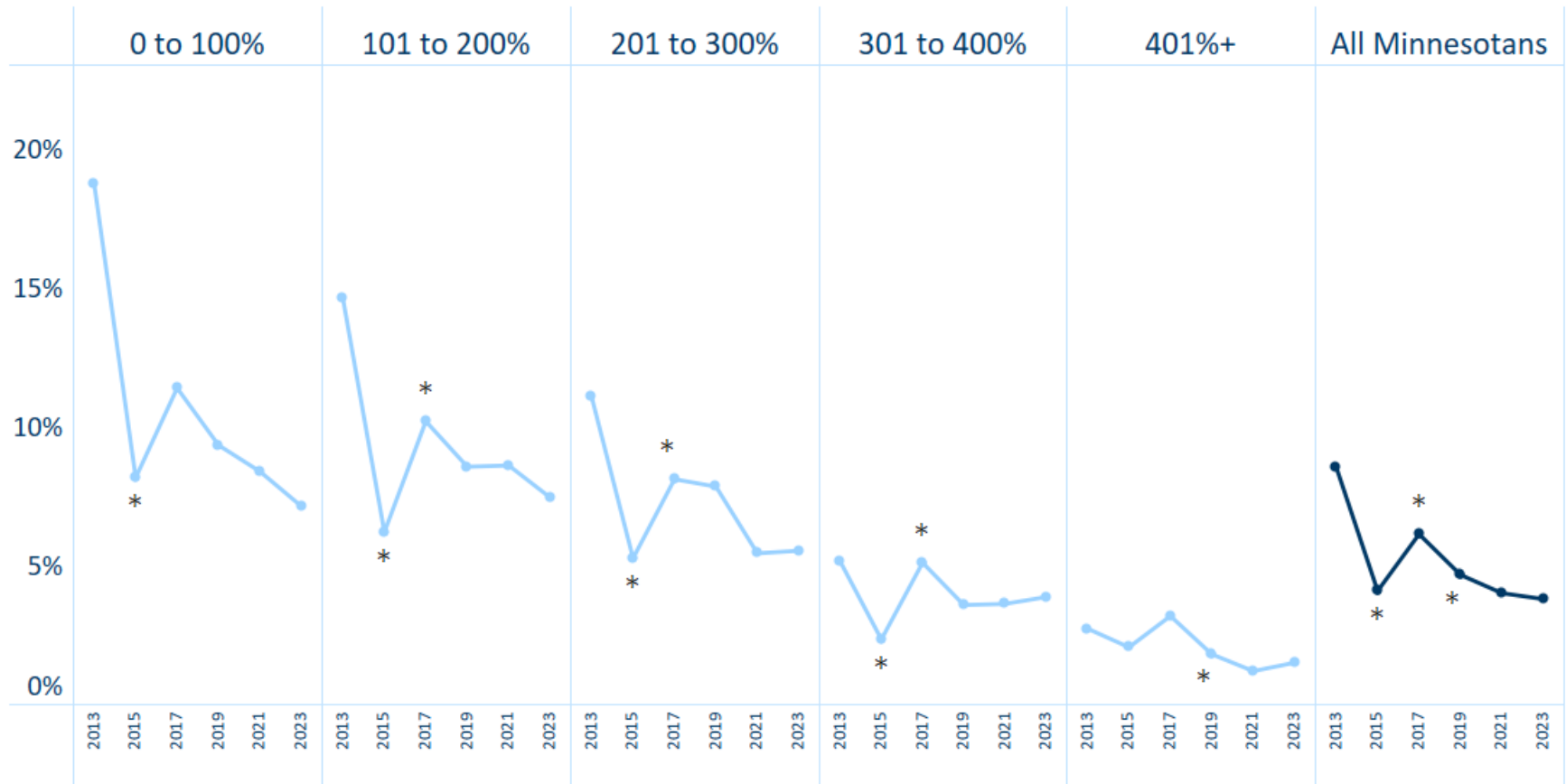
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from 0 to 17 year olds within year.

Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Minnesota Uninsurance Rates by Income, 2013 to 2023



Source: Minnesota Health Access Surveys, 2013 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Sources of Health Insurance Coverage in Minnesota by Income, 2021 to 2023

	2021				2023			
	Group	Public	Individual Market	Uninsured	Group	Public	Individual Market	Uninsured
0 to 100%	13.0% [^]	76.4% [^]	2.2%	8.4% [^]	12.2% [^]	79.0% [^]	1.7% [^]	7.1% [^]
101 to 200%	18.7% [^]	71.3% [^]	1.4% [^]	8.6% [^]	19.2% [^]	72.0% [^]	1.3% [^]	7.5% [^]
201 to 300%	37.5% [^]	54.8% [^]	2.2%	5.5%	35.3% [^]	56.0% [^]	3.2%	5.5% [^]
301 to 400%	57.3% [^]	35.3% [^]	3.7%	3.6%	55.3% [^]	37.2% [^]	3.7%	3.9%
401%+	74.6% [^]	20.9% [^]	3.4%	1.2% [^]	68.2%* [^]	27.2%* [^]	3.1%	1.5% [^]
All MN	52.0%	41.2%	2.8%	4.0%	49.3%*	44.1%*	2.8%	3.8%

Source: Minnesota Health Access Surveys, 2021 to 2023

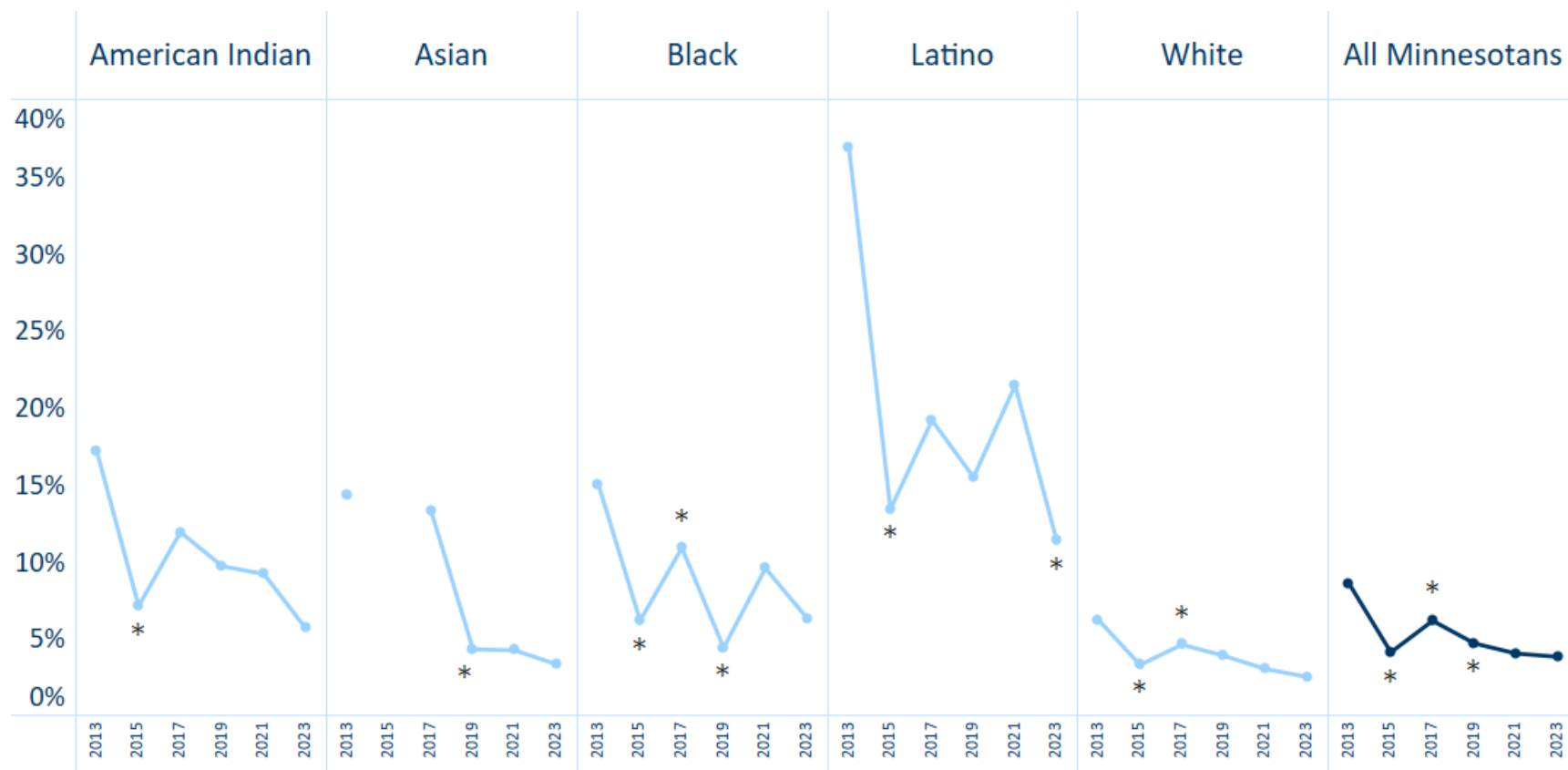
Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

* Indicates statistically significant difference (95%) level from prior year shown.

[^] Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Minnesota Uninsurance Rates by Race and Ethnicity, 2013 to 2023



Source: Minnesota Health Access Surveys, 2013 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years. Missing values are suppressed due to sample size less than 10.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Sources of Health Insurance Coverage in Minnesota by Race and Ethnicity, 2021 to 2023

	2021				2023			
	Group	Public	Individual Market	Uninsured	Group	Public	Individual Market	Uninsured
American Indian	25.4% [^]	64.3% [^]	NA	9.2%	32.5% [^]	60.9% [^]	NA	5.7%
Asian	52.8%	40.8%	2.2%	4.2%	53.3%	39.5%	4.0%	3.3%
Black	26.8% [^]	62.3% [^]	1.4% [^]	9.6%	32.3% [^]	60.2% [^]	1.1% [^]	6.3%
Latino	35.6% [^]	41.2%	1.7% [^]	21.4% [^]	41.3% [^]	44.4%	2.9%	11.4%* [^]
White	55.1% [^]	38.9% [^]	3.0%	3.0%	52.3%* [^]	42.4%* [^]	2.9%	2.5% [^]
All Minnesotans	52.0%	41.2%	2.8%	4.0%	49.3%*	44.1%*	2.8%	3.8%

Source: Minnesota Health Access Surveys, 2021 to 2023

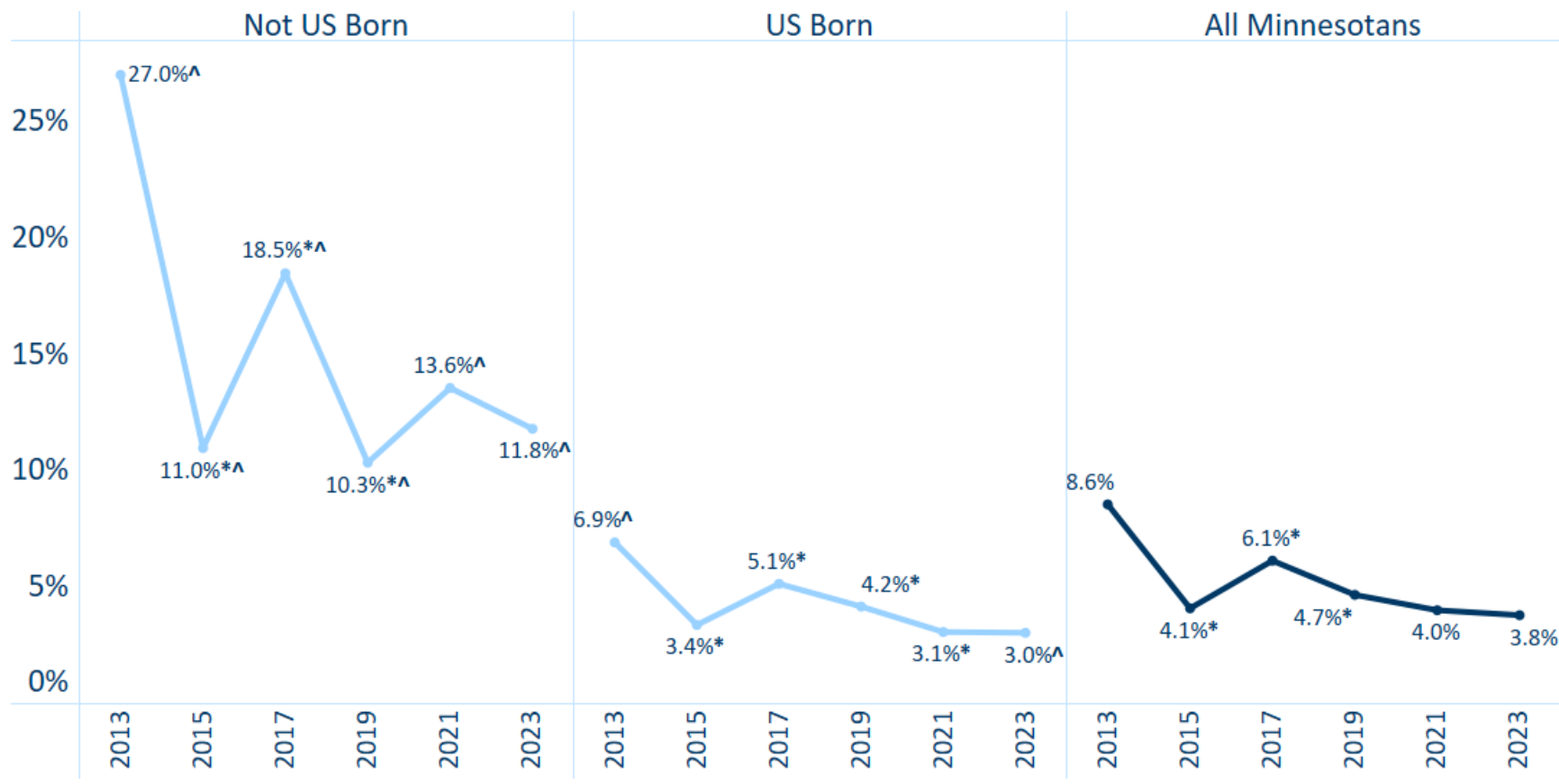
* Indicates statistically significant difference (95%) level from prior year shown.

[^] Indicates statistically significant difference (95%) level from all Minnesotans within year.

Notes: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity. Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE. NA are values suppressed due to sample size less than 10.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Minnesota Uninsurance Rates by Country of Birth, 2013 to 2023



Sources: Minnesota Health Access Surveys, 2013 to 2023

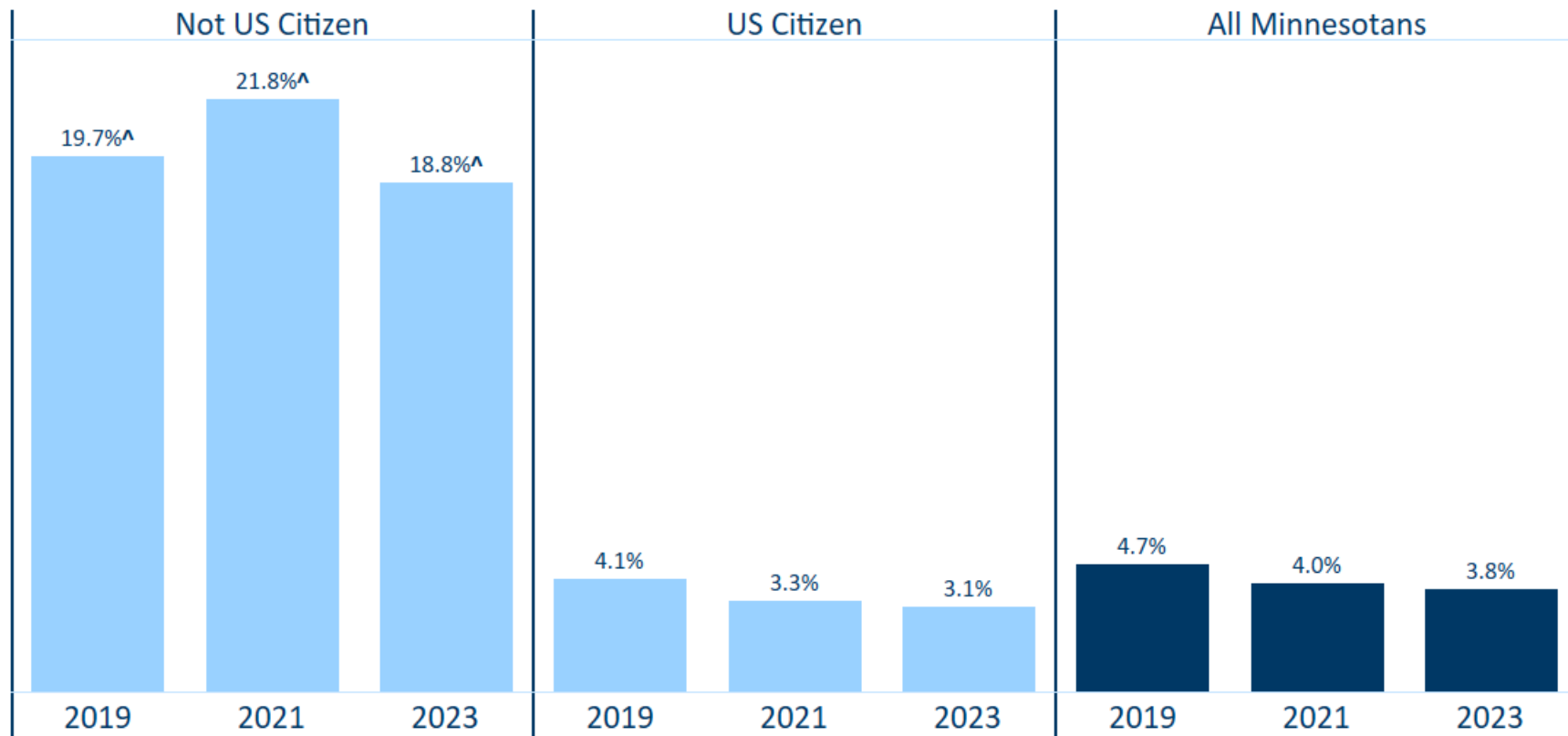
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within a year.

Notes: Does not include Minnesotans under age 3. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Uninsurance Rates in Minnesota by Citizenship, 2019 and 2023



Source: Minnesota Health Access Surveys, 2019 to 2023

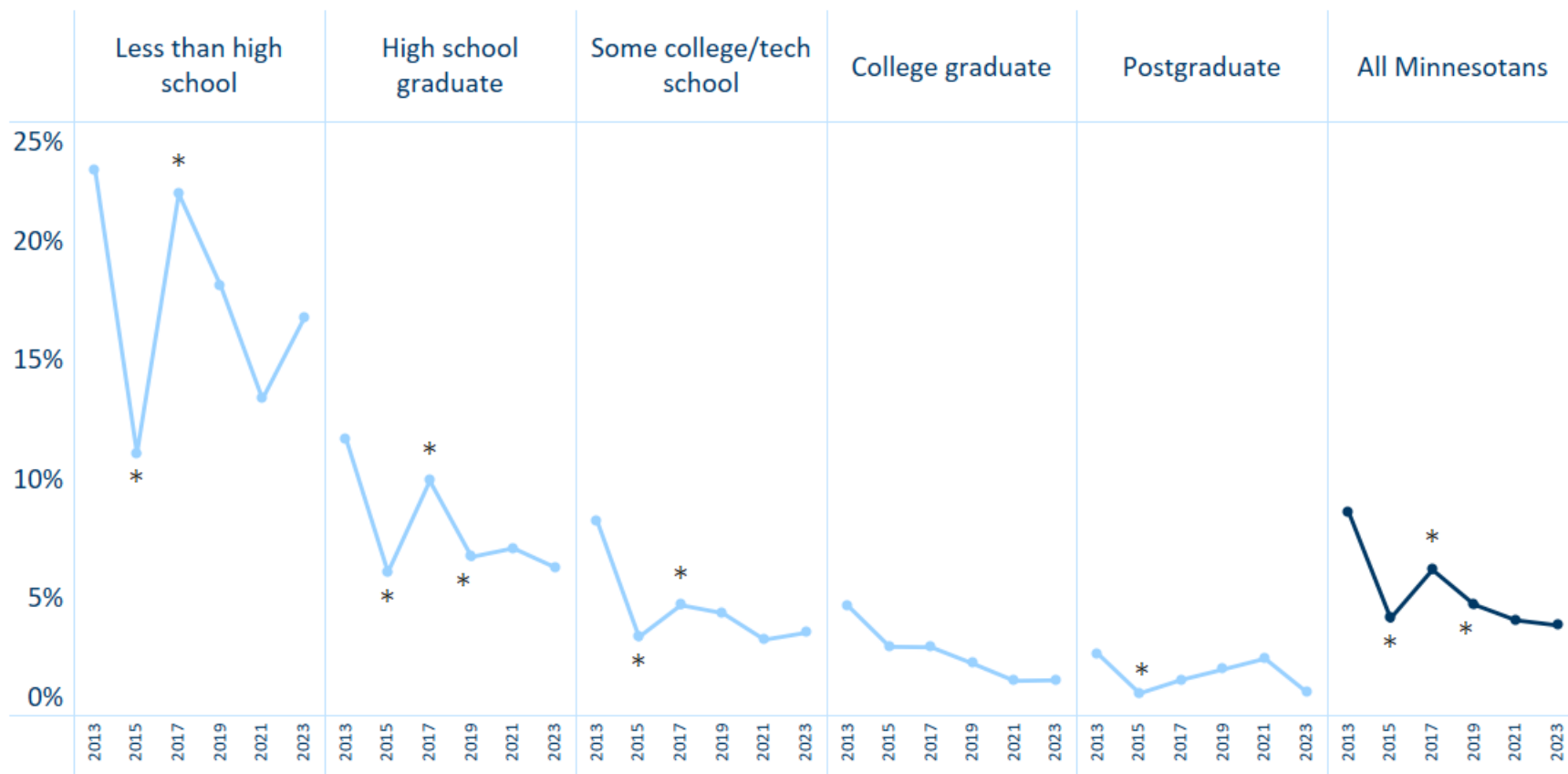
* Indicates statistically significant difference (95%) level from prior year shown.

[^] Indicates statistically significant difference (95%) level from all Minnesotans within a year.

Notes: Does not include Minnesotans under age 3. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Minnesota Uninsurance Rates by Level of Educational Attainment, 2013 to 2023



Source: Minnesota Health Access Surveys, 2013 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: For children, education is defined as that of the parent. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Sources of Health Insurance Coverage in Minnesota by Level of Educational Attainment, 2021 to 2023

	2021				2023			
	Group	Public	Individual Market	Uninsured	Group	Public	Individual Market	Uninsured
Less than high school	13.5% [^]	71.9% [^]	NA	13.3% [^]	19.7% [^]	62.0% [^]	NA	16.8% [^]
High school graduate	30.1% [^]	60.4% [^]	2.4%	7.0% [^]	32.5% [^]	58.5% [^]	2.8%	6.2% [^]
Some college/tech school	48.0% [^]	45.5% [^]	3.3%	3.2%	44.0% ^{*^}	50.0% ^{*^}	2.5% [*]	3.5%
College graduate	70.2% [^]	25.3% [^]	3.1%	1.5% [^]	63.6% ^{*^}	31.9% ^{*^}	3.0%	1.5% [^]
Postgraduate	72.8% [^]	22.1% [^]	2.6%	2.4%	67.2% ^{*^}	28.3% ^{*^}	3.5%	1.0% [^]
All Minnesotans	52.0%	41.2%	2.8%	4.0%	49.3% [*]	44.1% [*]	2.8%	3.8%

Source: Minnesota Health Access Surveys, 2021 to 2023

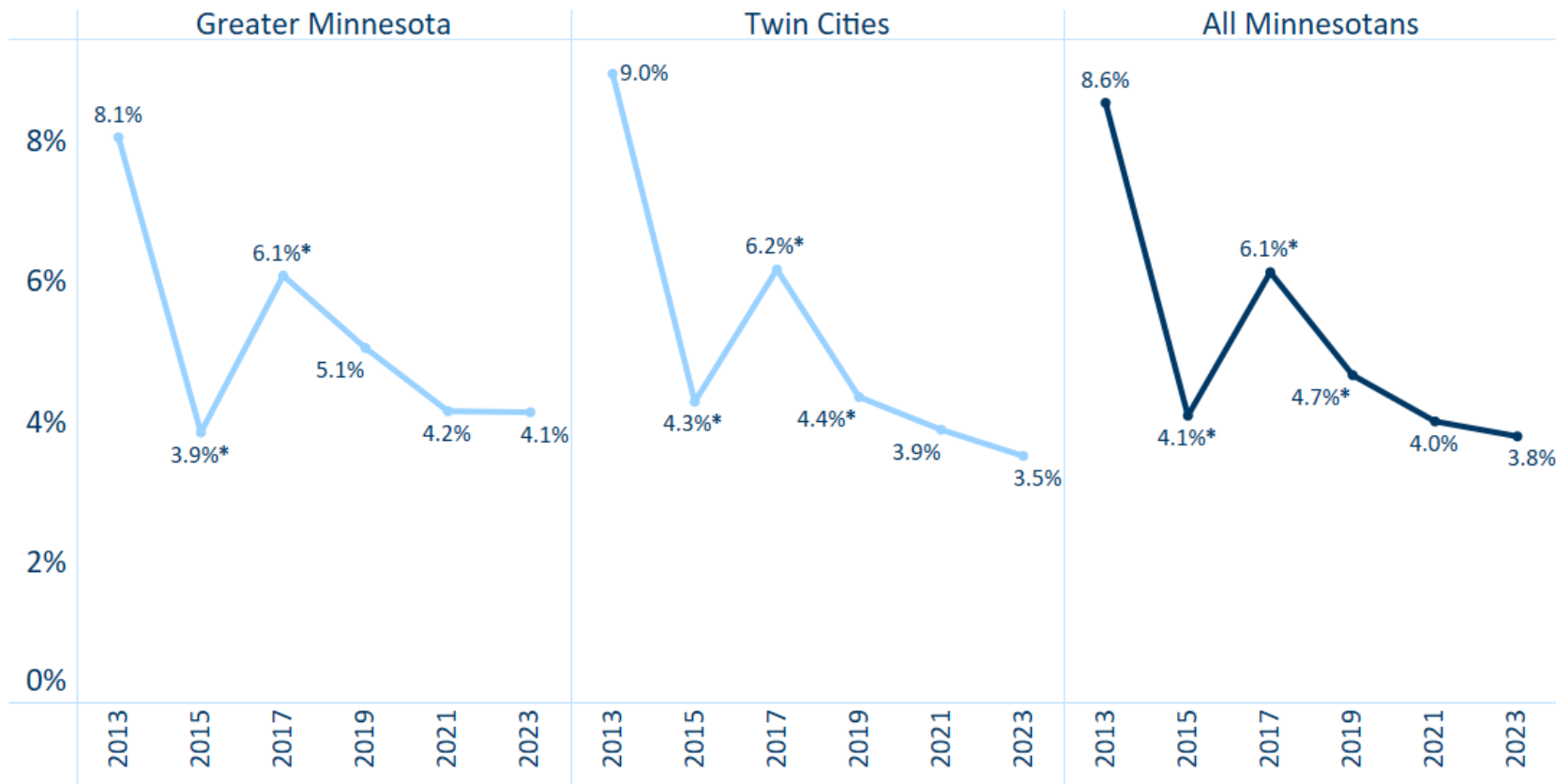
* Indicates statistically significant difference (95%) level from prior year shown.

[^] Indicates statistically significant difference (95%) level from all Minnesotans within year.

Notes: For children, education level is defined as that of the parent. NA are values suppressed due to sample size less than 10.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Uninsurance Rates in Twin Cities and Greater Minnesota, 2013 to 2023



Source: Minnesota Health Access Surveys, 2013 to 2023

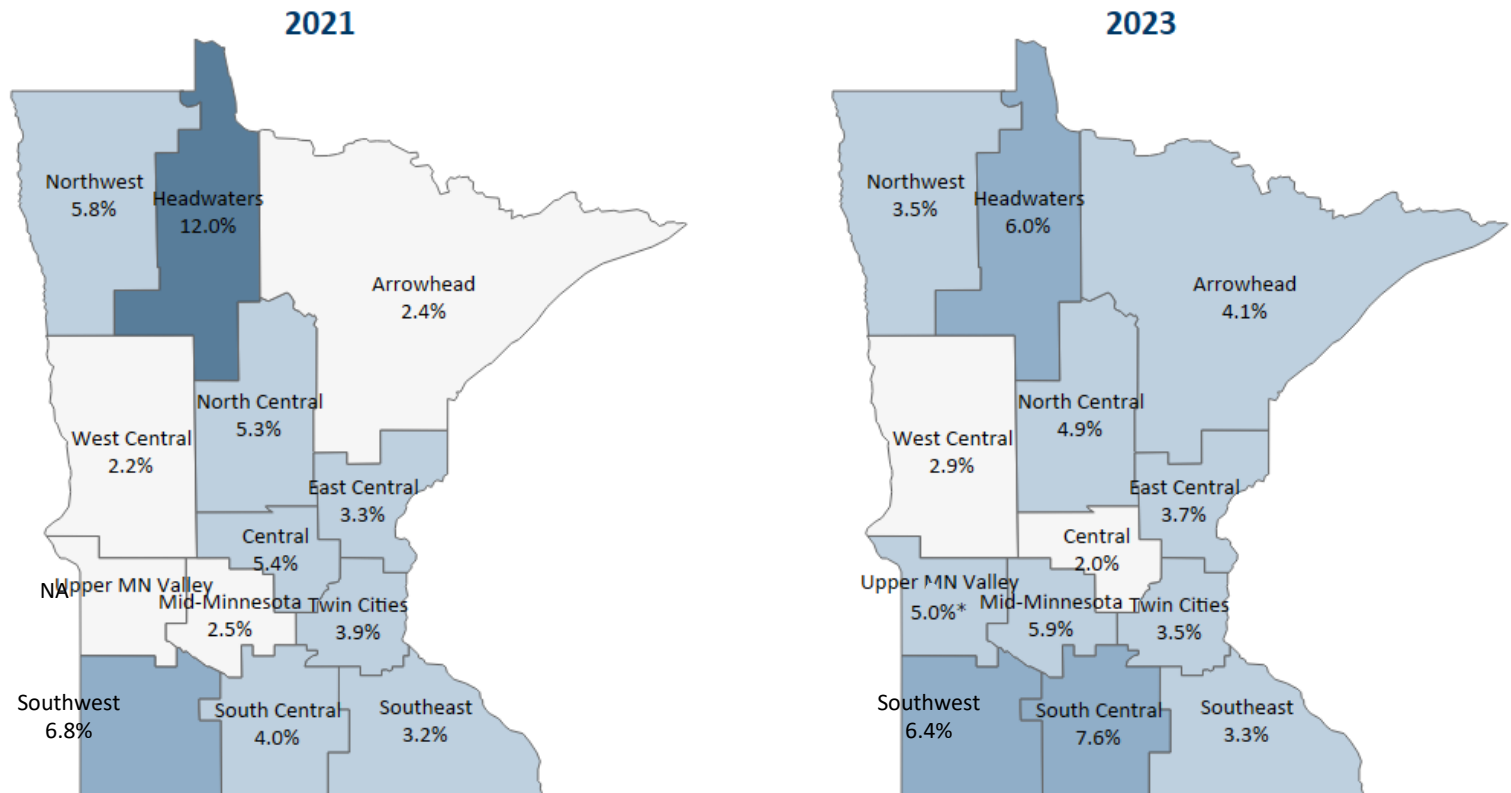
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Uninsurance Rates by Economic Development Region, 2021 and 2023



Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: Difference in rates between regions and compared to the statewide rates were not statistically significant.

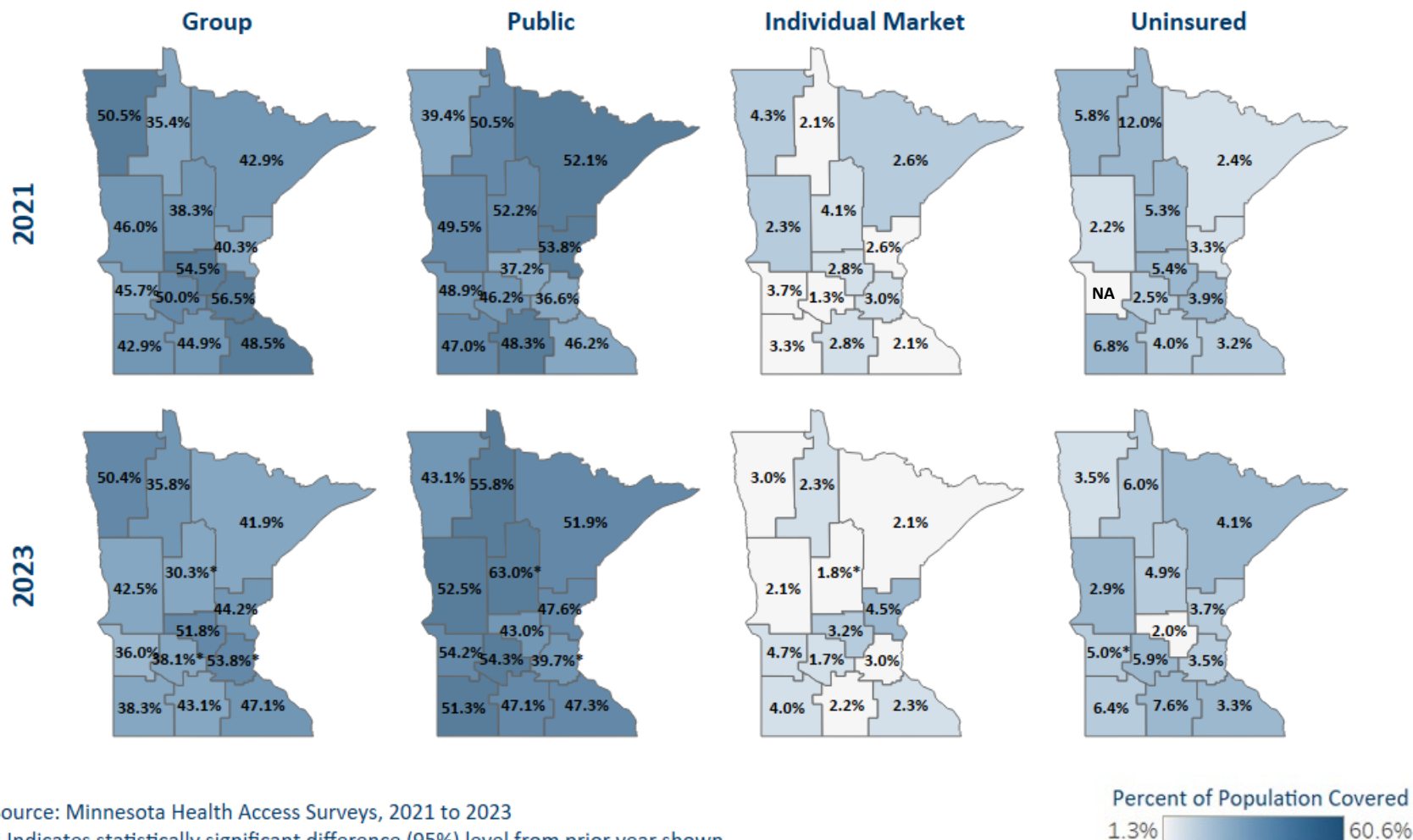
NA are values suppressed due to sample size less than 10.

[Summary of graph.](#)

Median Rate



Sources of Health Insurance Coverage by Region in Minnesota, 2021 and 2023



Source: Minnesota Health Access Surveys, 2021 to 2023

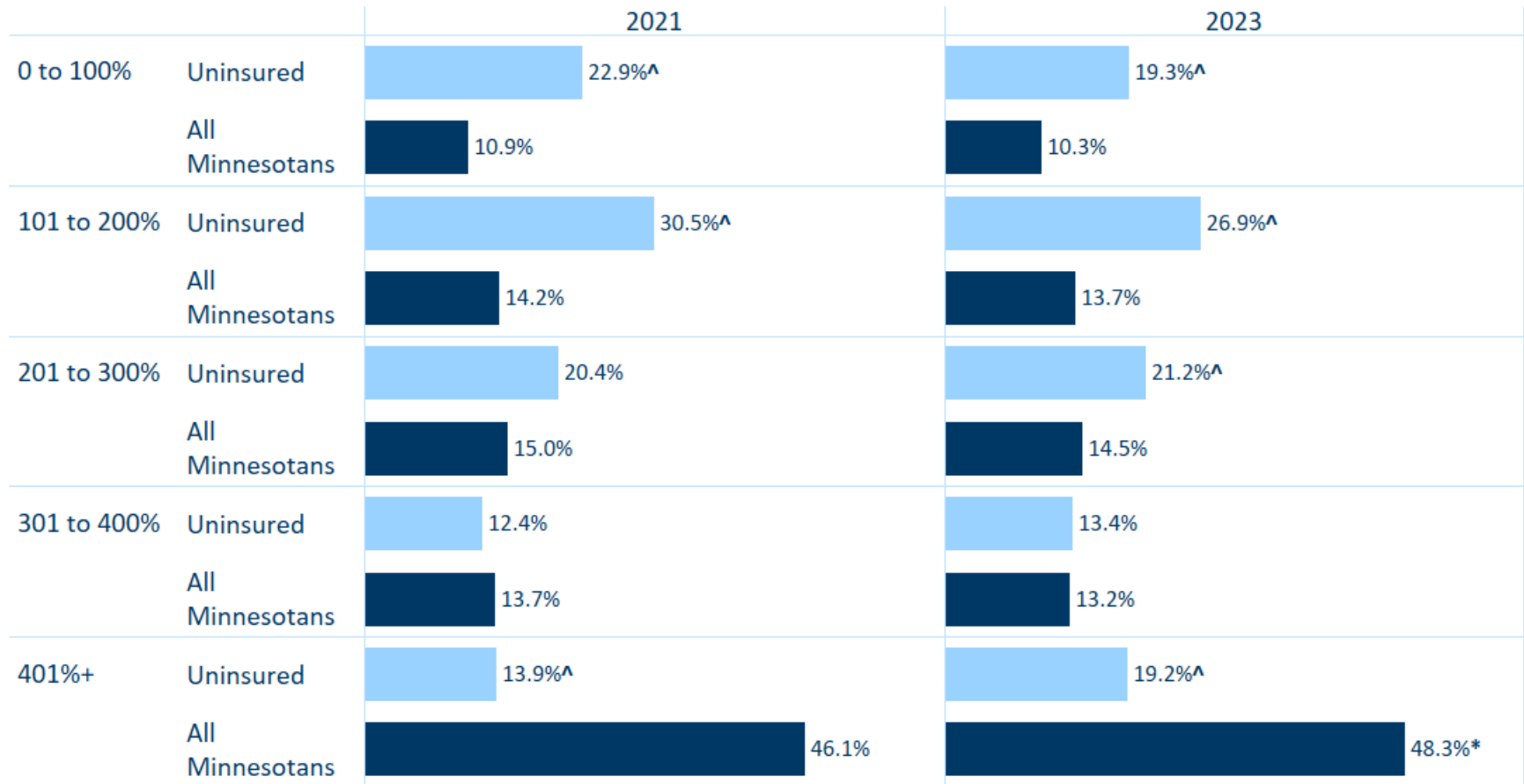
* Indicates statistically significant difference (95%) level from prior year shown.

Notes: NA are values suppressed due to sample size less than 10.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Characteristics of the Uninsured in Minnesota

Income Distribution of Minnesota's Uninsured Population, 2021 and 2023



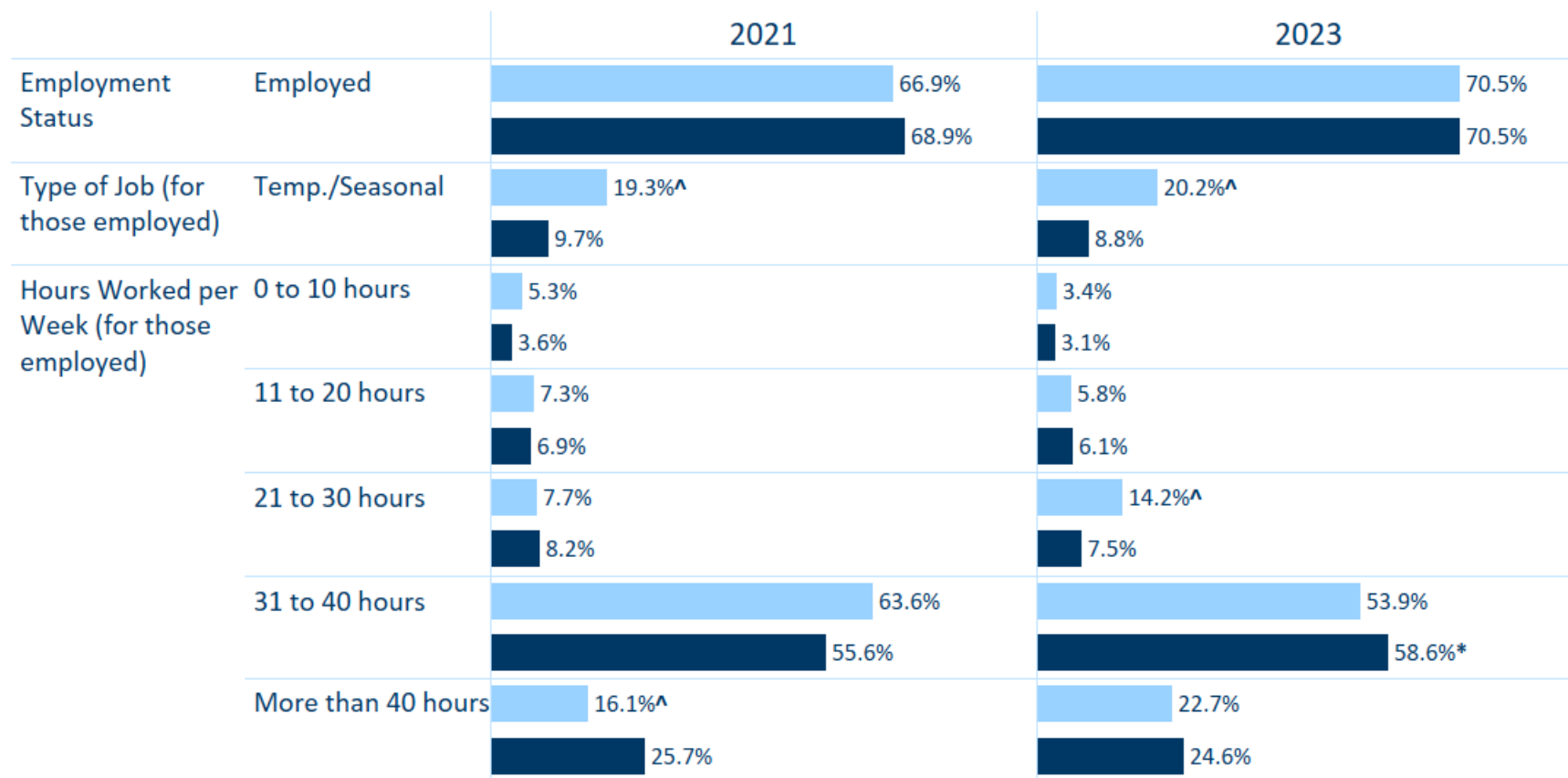
Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Employment Characteristics of Minnesota's Uninsured Population, 2021 and 2023



Source: Minnesota Health Access Surveys, 2021 to 2023

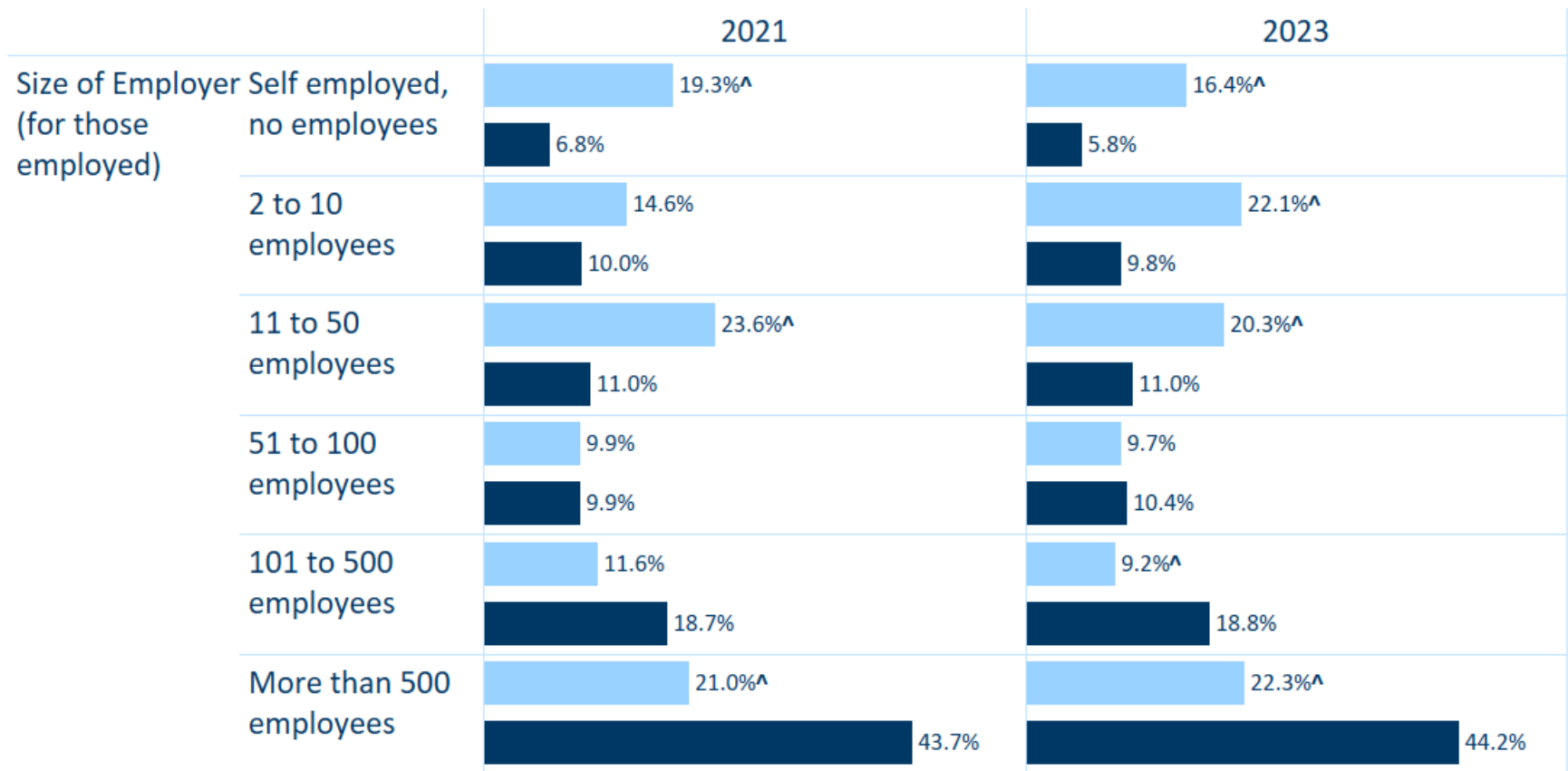
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Uninsured
All Minnesotans

Employment Characteristics of Minnesota's Uninsured Population, 2021 and 2023: Size of Employer



Source: Minnesota Health Access Surveys, 2021 to 2023

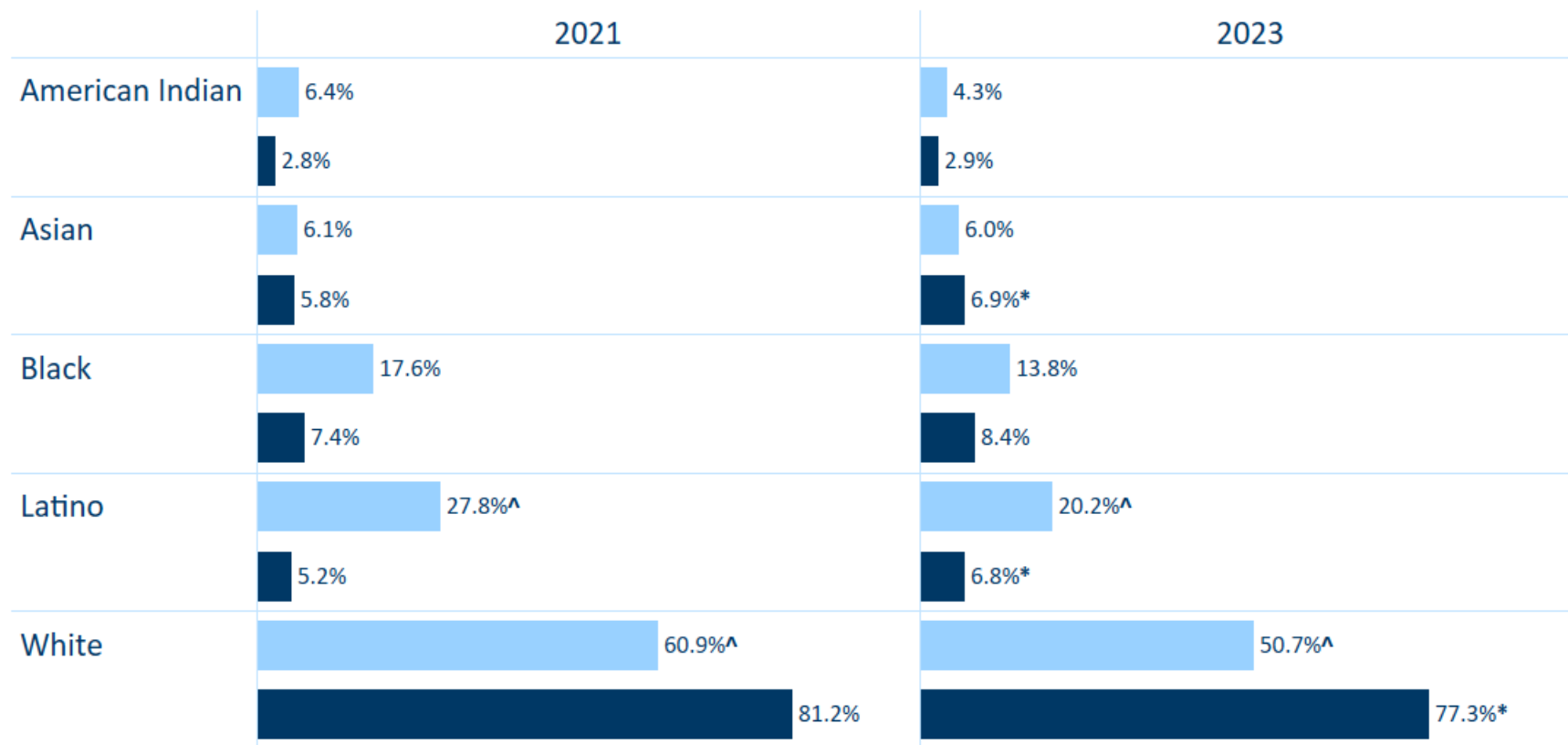
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

■ Uninsured
■ All Minnesotans

Racial and Ethnic Distribution of Minnesota's Uninsured Population, 2021 and 2023



■ Uninsured
■ All Minnesotans

Source: Minnesota Health Access Surveys, 2021 to 2023

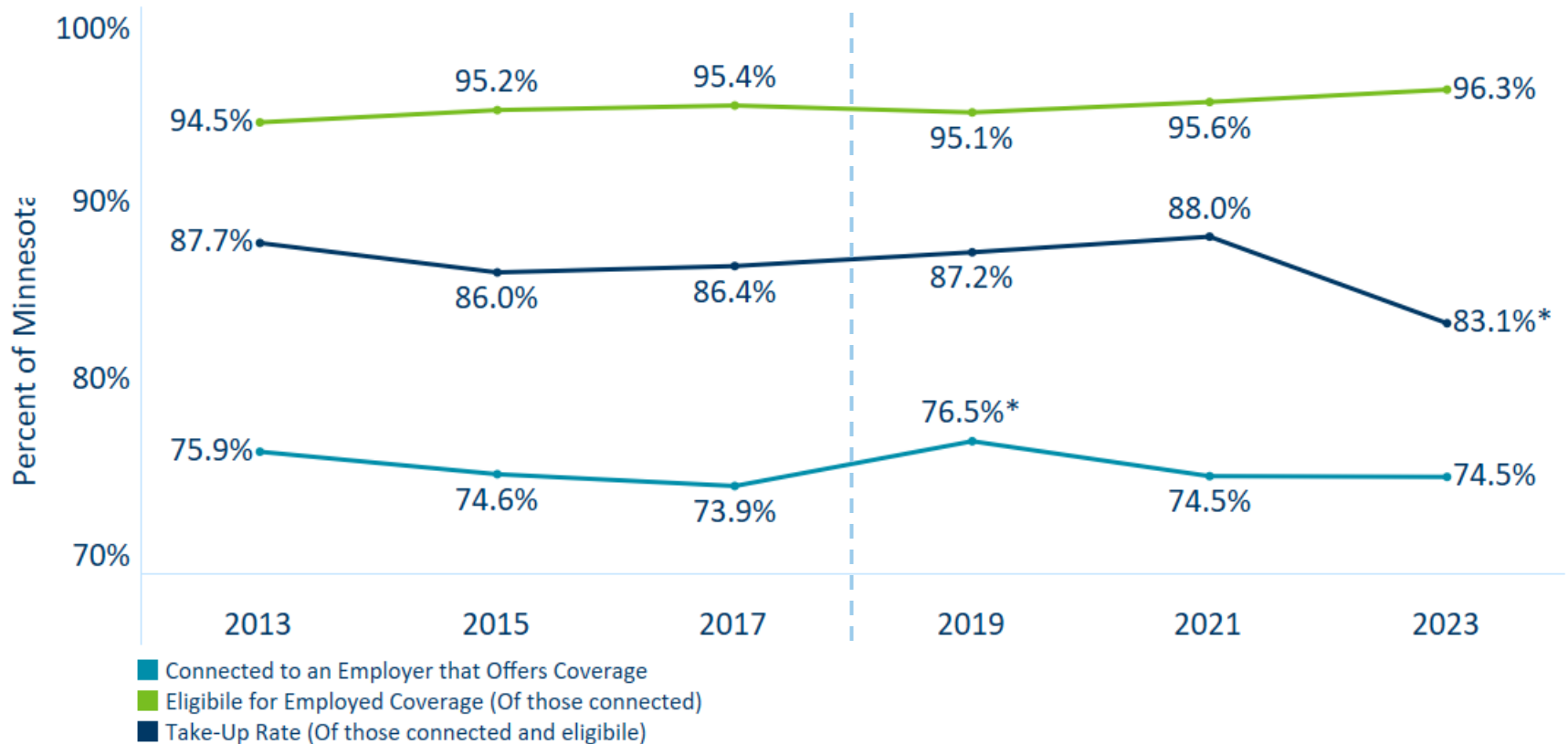
* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

Note: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Access to Employer Coverage, 2013 to 2023 (Non-elderly population)



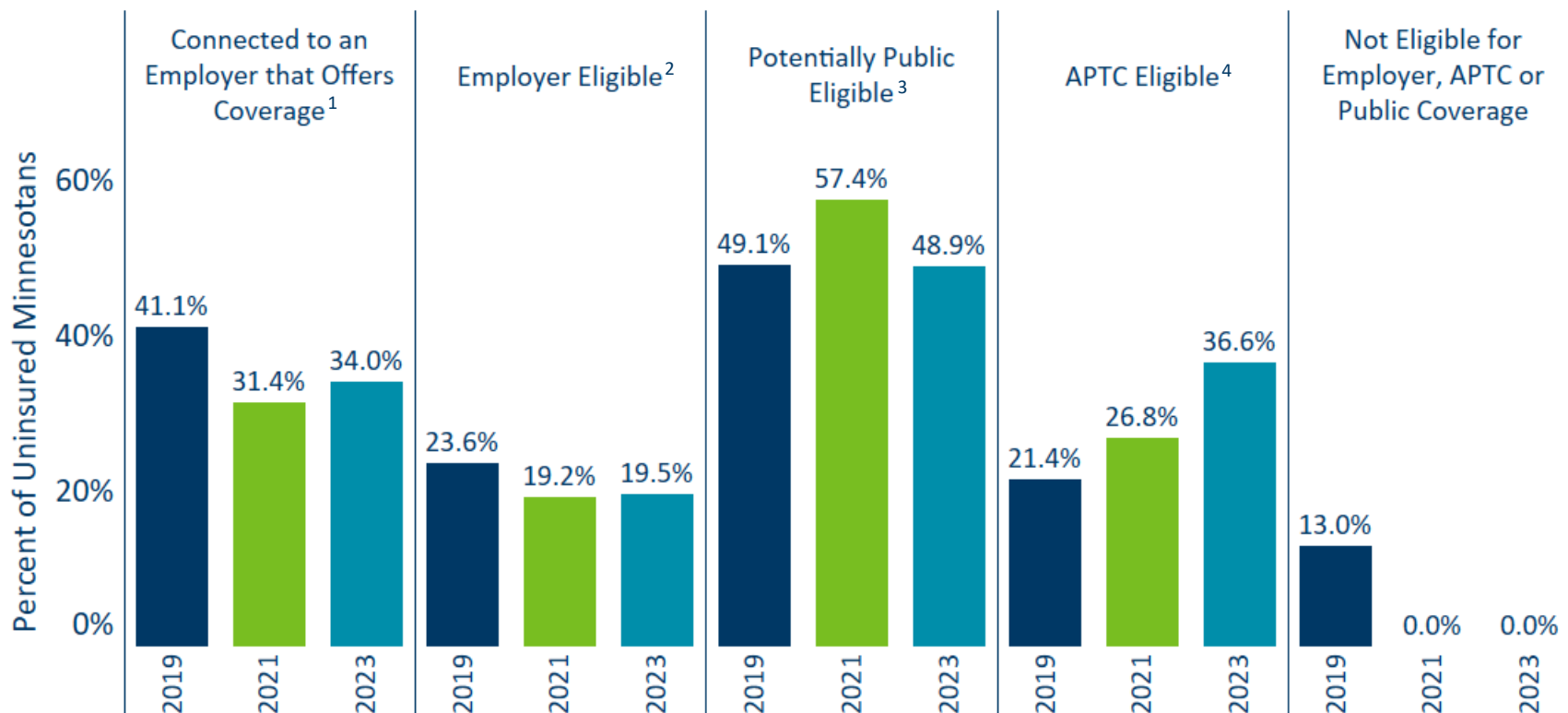
Source: Minnesota Health Access Surveys, 2013 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: Estimates that rely solely on household survey data differ slightly from annual estimates that include both survey and administrative data. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Potential Access to Coverage for the Uninsured, 2019 to 2023



Source: Minnesota Health Access Surveys, 2019 to 2023

* Indicates statistically different from previous year at 95% level.

¹Employer offer: percent of uninsured who work for or have a family member who works for an employer offering coverage.

²Employer eligible: percent of uninsured who are eligible for coverage through an employer.

³Potentially public eligible: based on family structure, income, and eligibility for employer coverage. Income limits changed between 2013 and 2014.

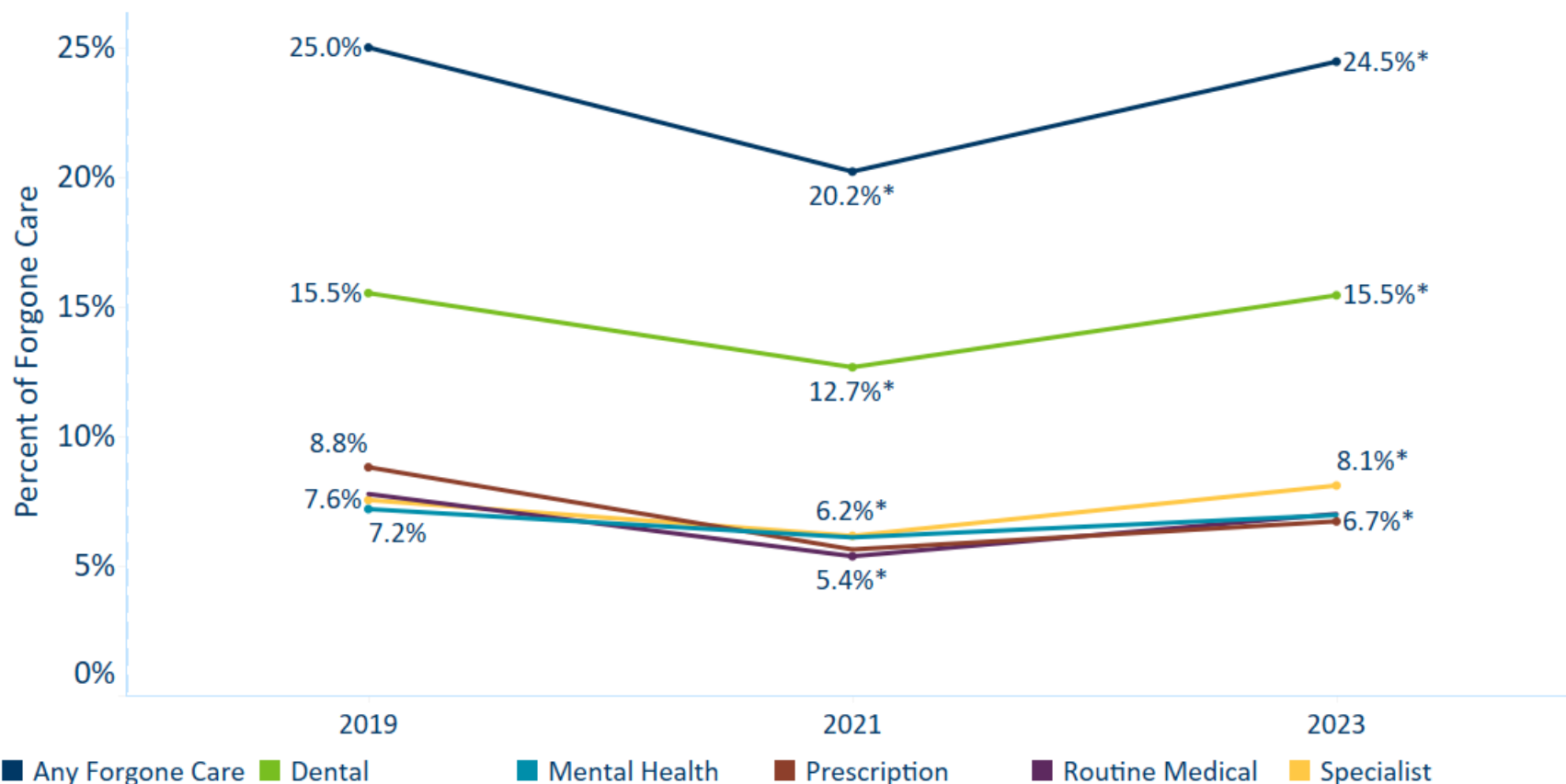
⁴Advance Premium Tax Credits (APTC). Potential eligibility is based on income and eligibility for employer coverage only and does not consider premiums. In 2021, APTC income limits were removed.

Notes: The employer eligible, potentially public eligible, and not eligible for employer or public coverage categories add to more than 100% because some of the uninsured are potentially eligible for both employer or public coverage. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Forgone Care Due to Costs in Minnesota

Trends in Forgone Care, 2019 to 2023



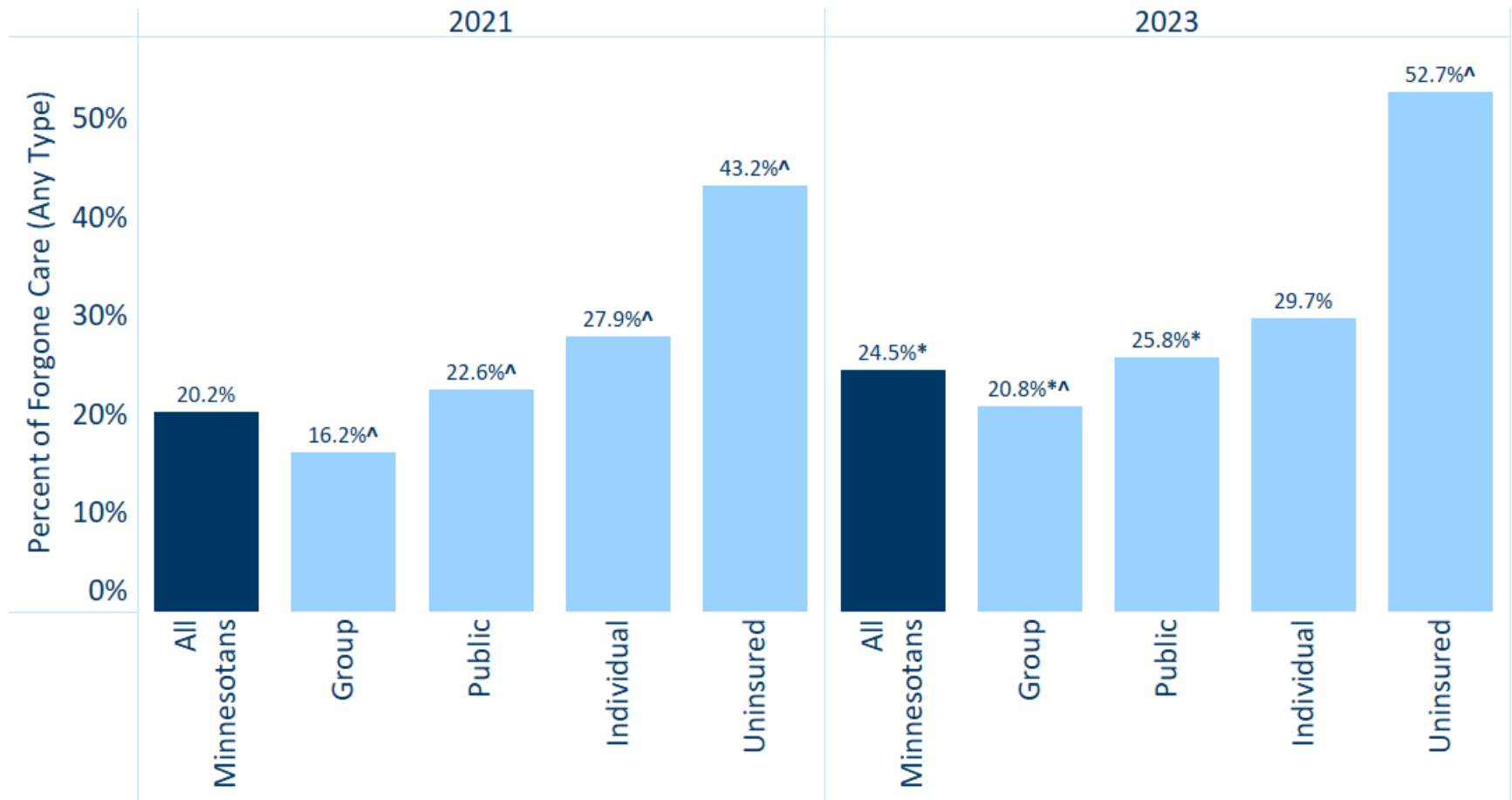
Source: Minnesota Health Access Surveys, 2019 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

Notes: Respondents could report forgone care from more than type of care; therefore, the types will sum to more than the total. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not be directly comparable to previous years.

[Summary of graph](#)

Any Forgone Care by Insurance Type, 2021 and 2023



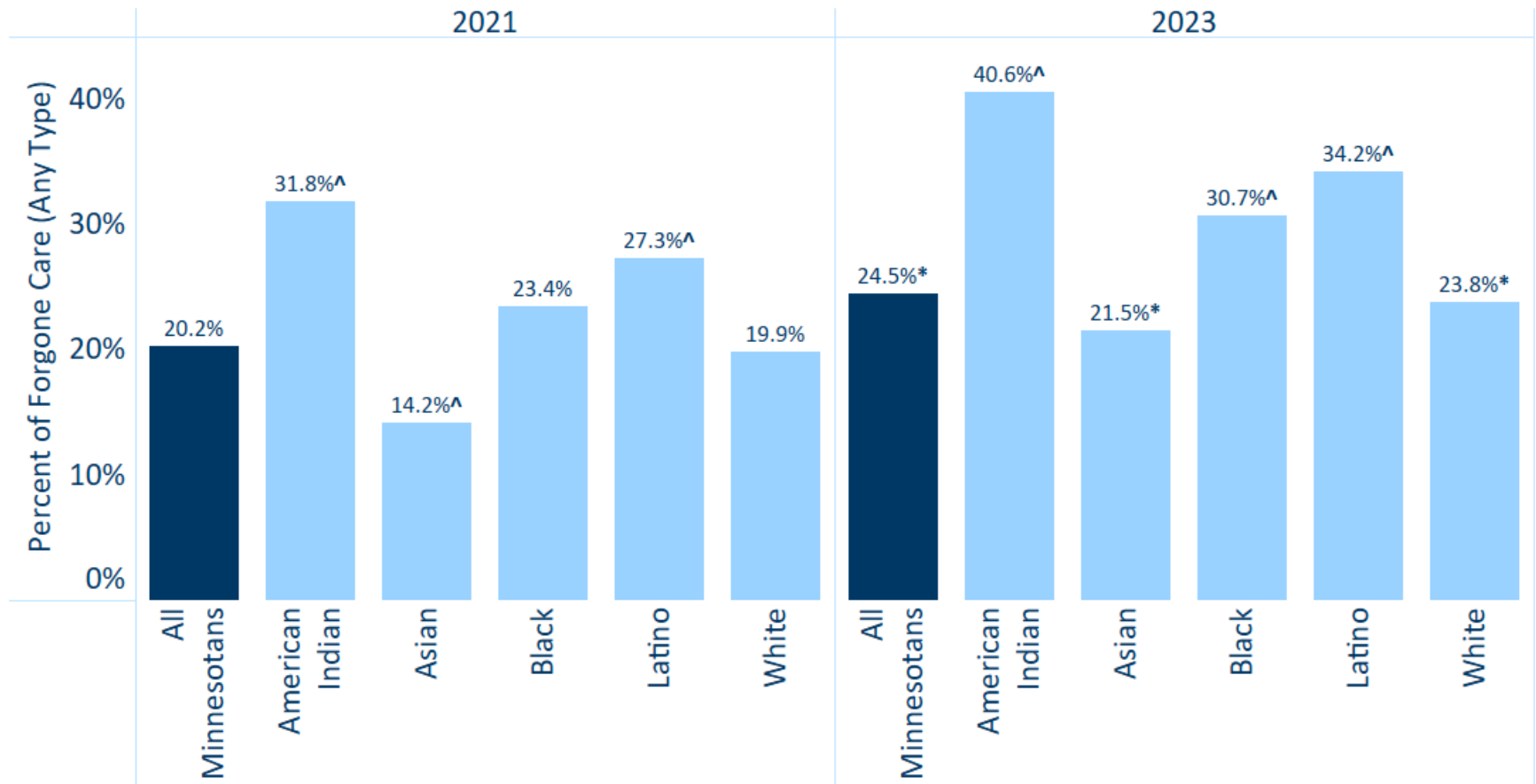
Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#)

Any Forgone Care by Race and Ethnicity, 2021 and 2023



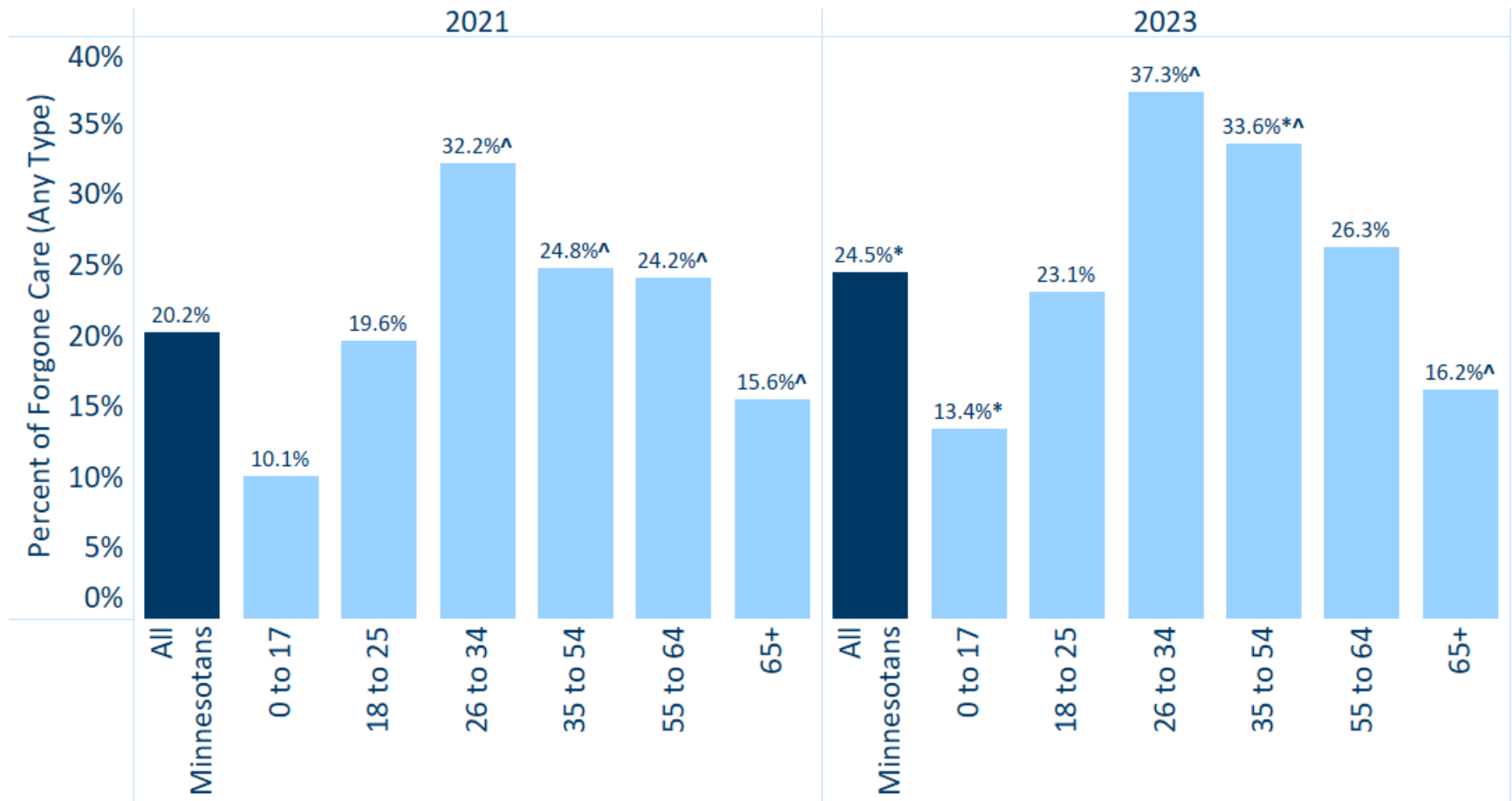
Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#)

Any Forgone Care by Age, 2021 and 2023



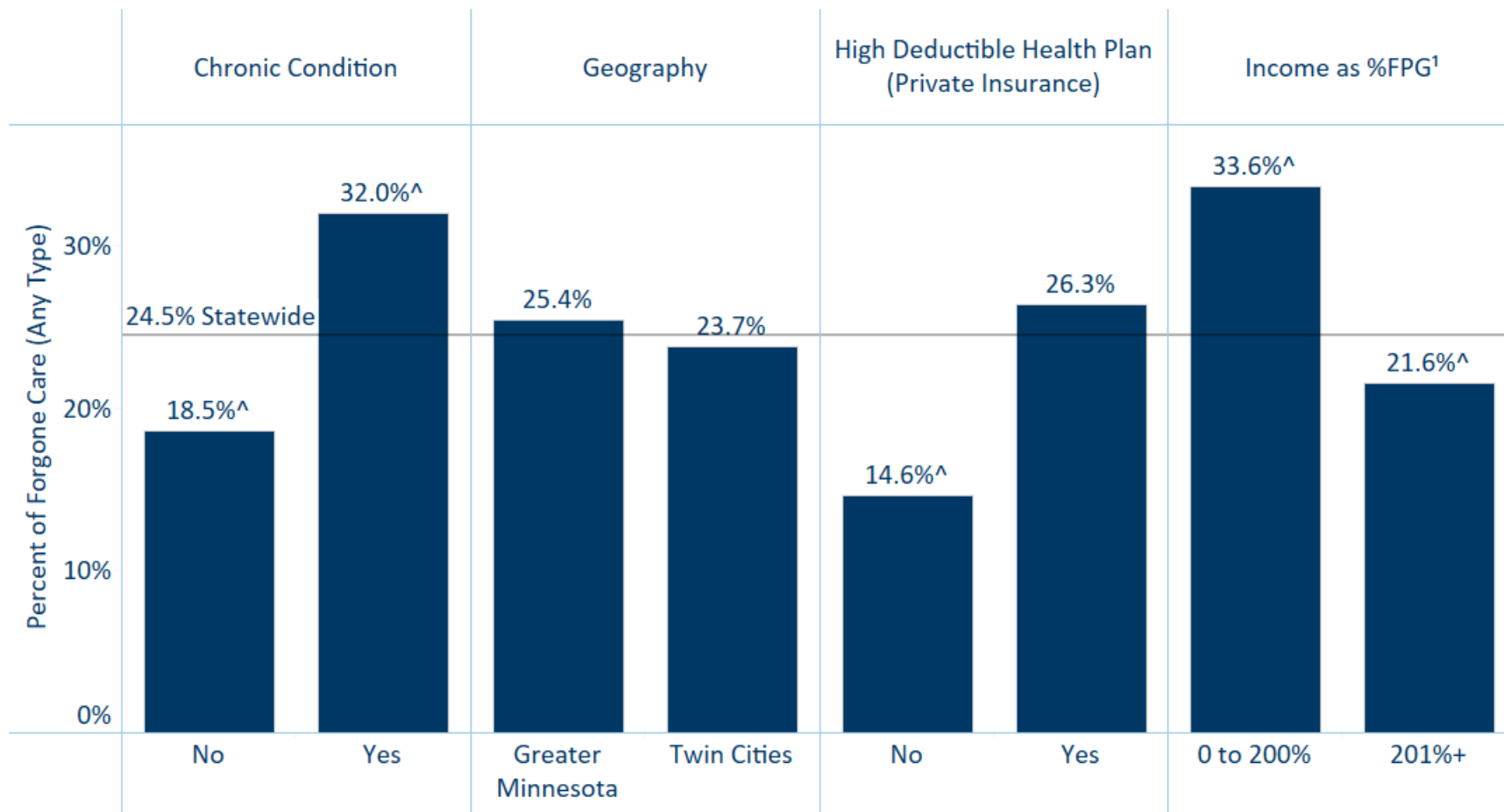
Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#)

Any Forgone Care by Chronic Conditions, Geography, High Deductible Health Plan, and Income, 2023



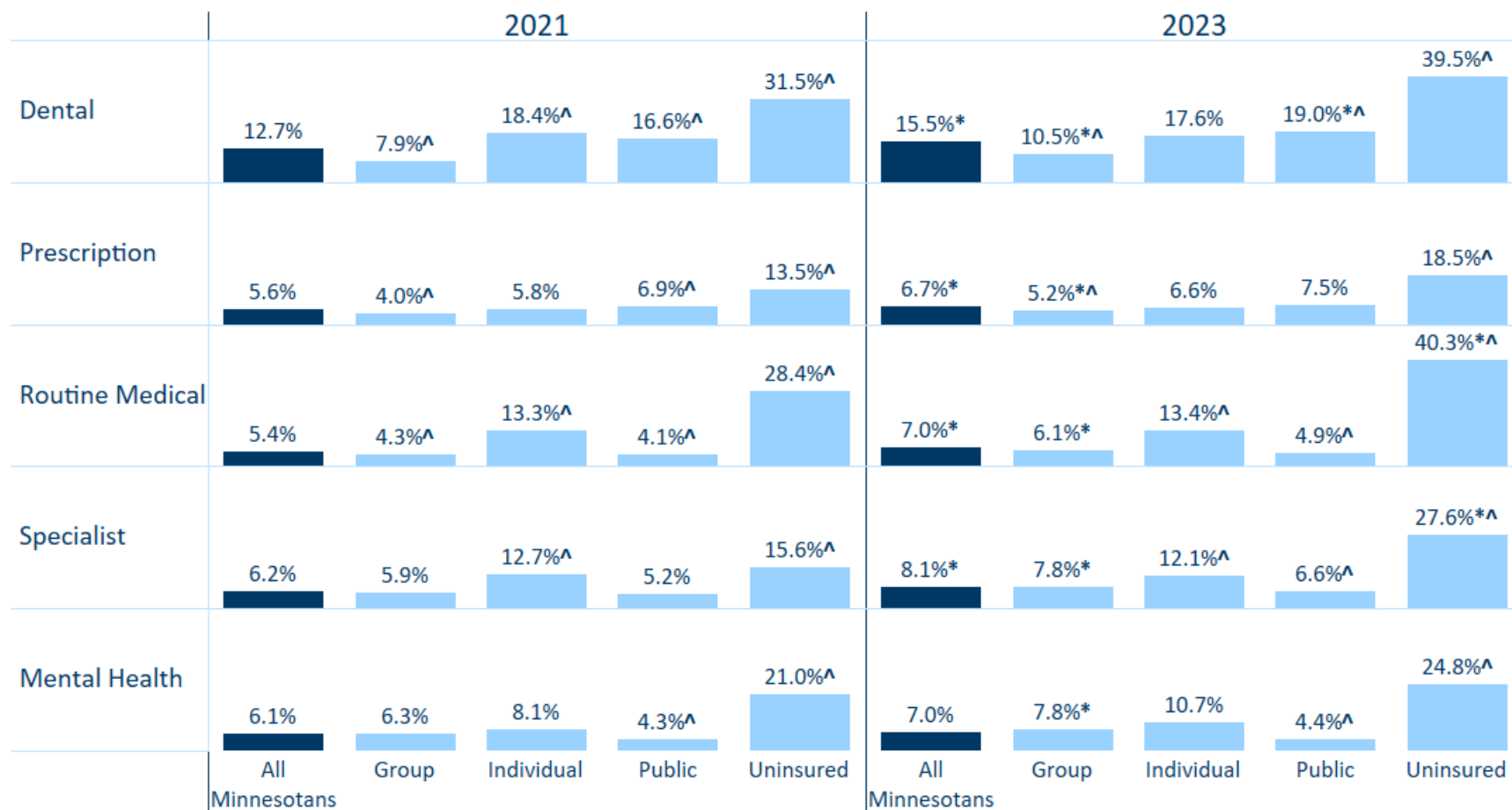
Source: Minnesota Health Access Survey, 2023

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

¹Federal Poverty Guidelines (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>)

[Summary of graph](#)

Specific Forgone Care by Insurance Type, 2021 and 2023



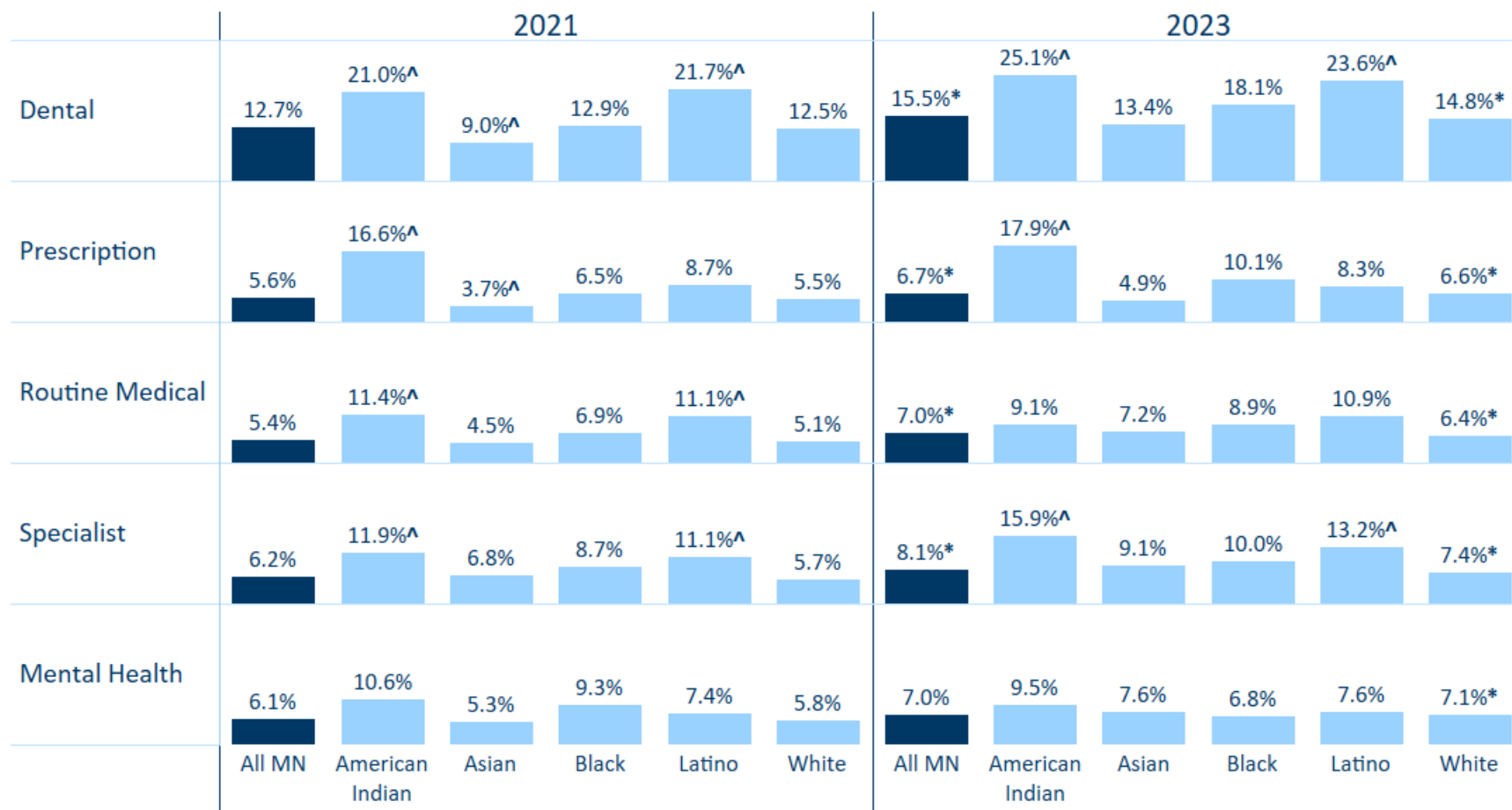
Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

[^] Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Specific Forgone Care by Race and Ethnicity, 2021 and 2023



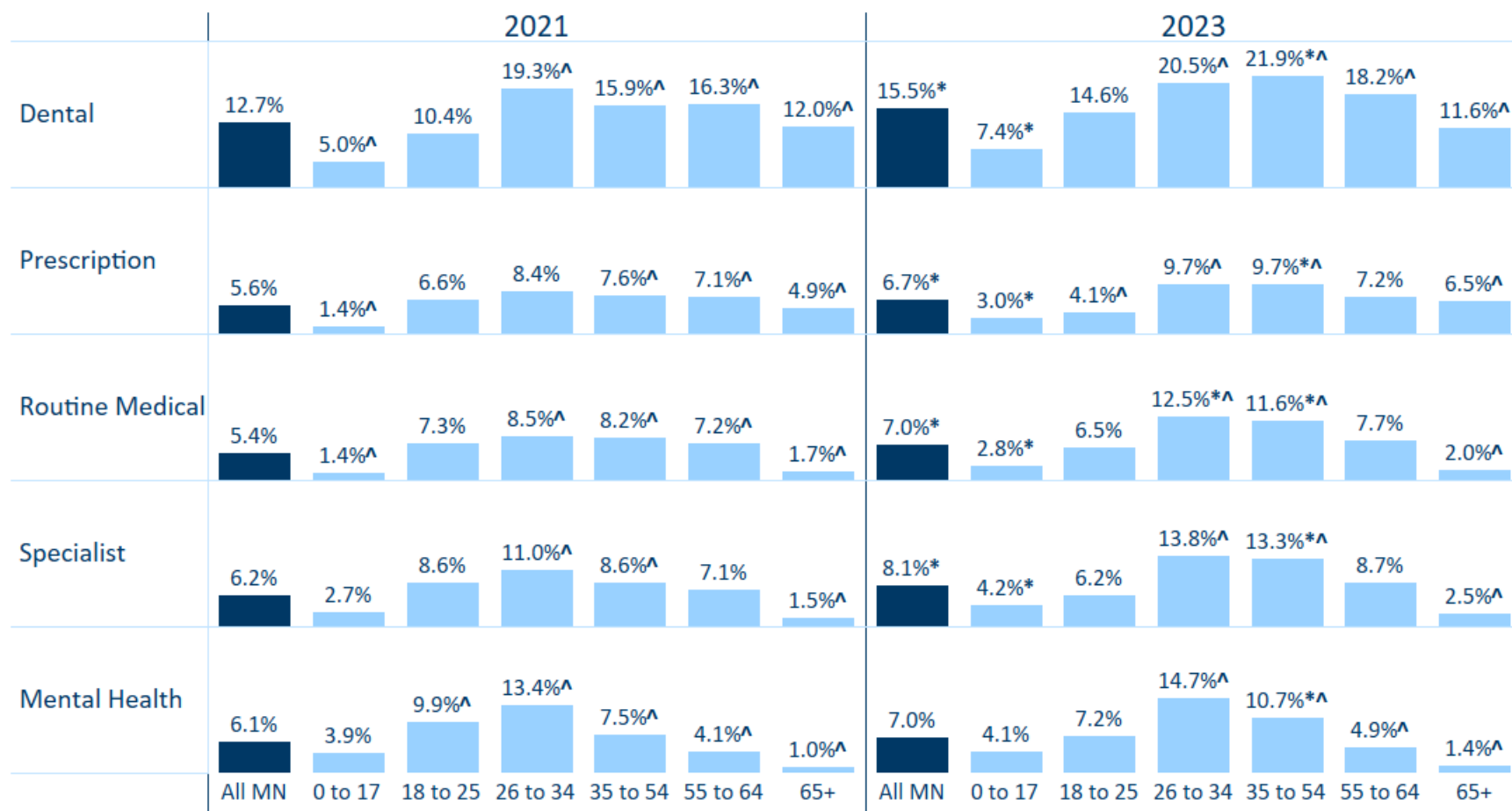
Source: Minnesota Health Access Surveys, 2021 to 2023

* Indicates statistically significant difference (95%) level from prior year shown.

^ Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Specific Forgone Care by Age, 2021 and 2023



Source: Minnesota Health Access Surveys, 2021 to 2023

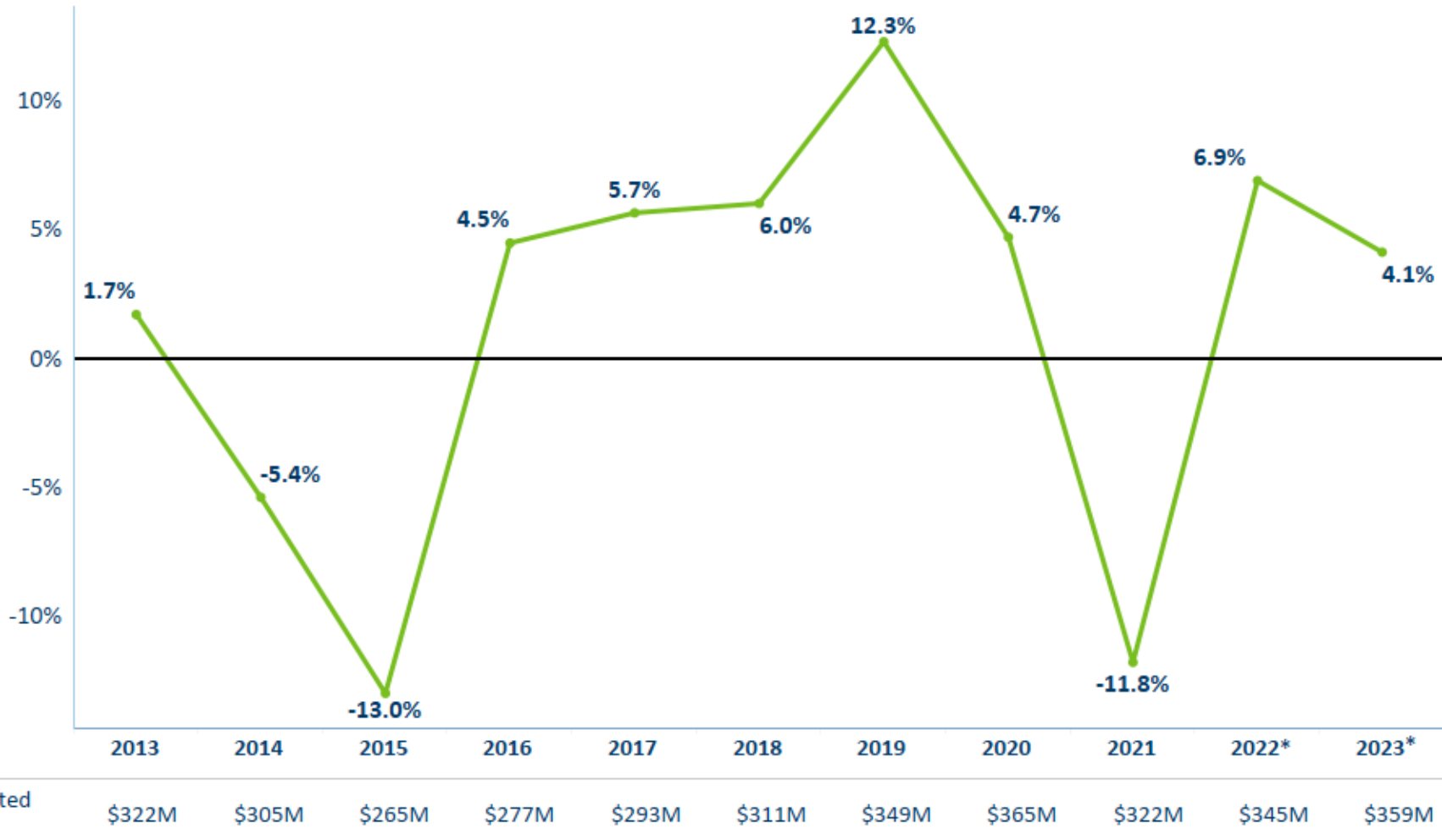
* Indicates statistically significant difference (95%) level from prior year shown.

[^] Indicates statistically significant difference (95%) level from all Minnesotans within year.

[Summary of graph](#). Data is also available in table format in [Chartbook 6 supplement](#).

Health Care Safety Net: Uncompensated Care at Minnesota Community Hospitals

Total Minnesota Hospital Uncompensated Care Costs and Year-Over-Year Change



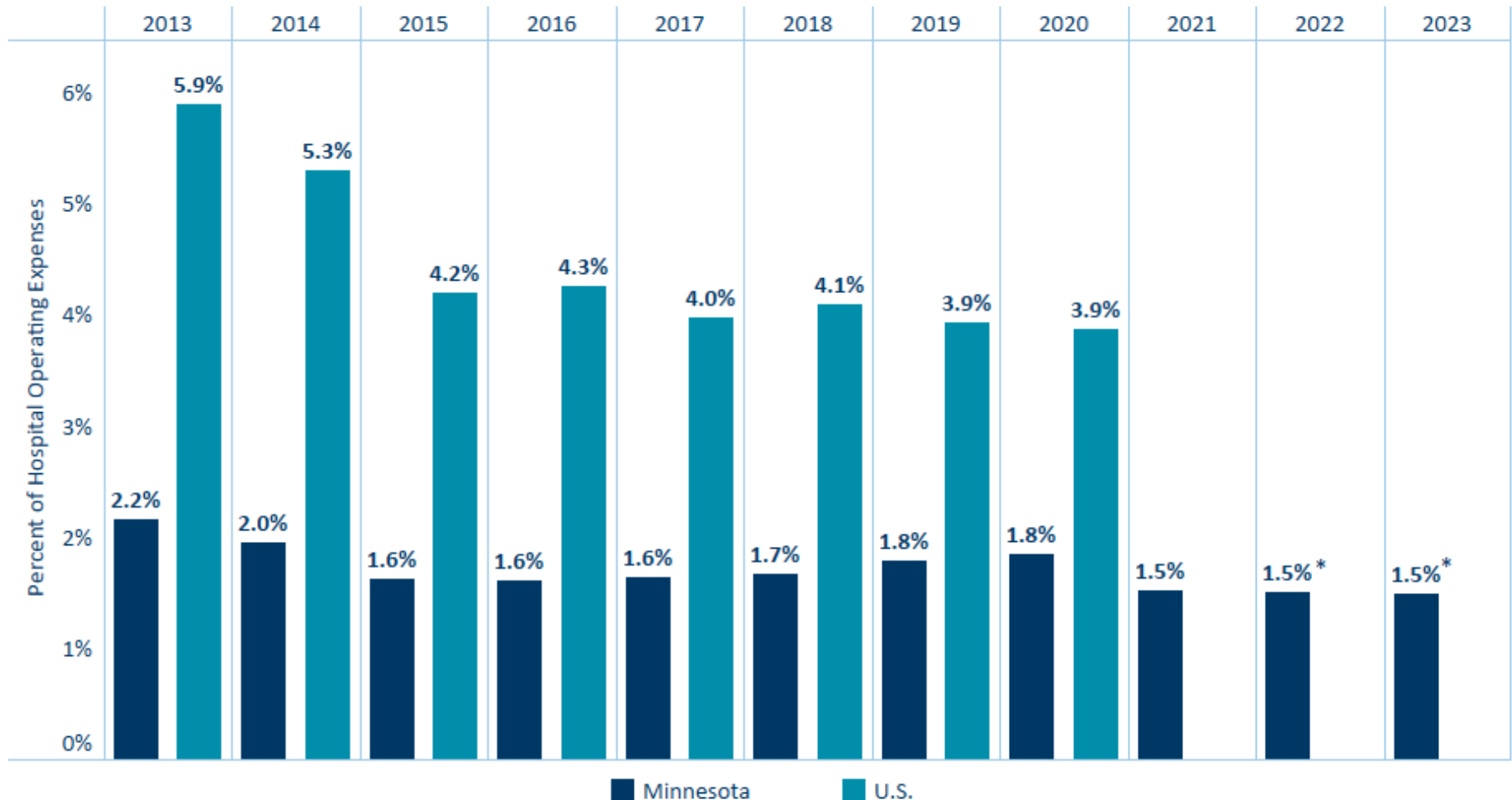
*Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

[Summary of graph](#)

Uncompensated Care as a Percentage of Hospital Operating Expenses in Minnesota and the U.S.



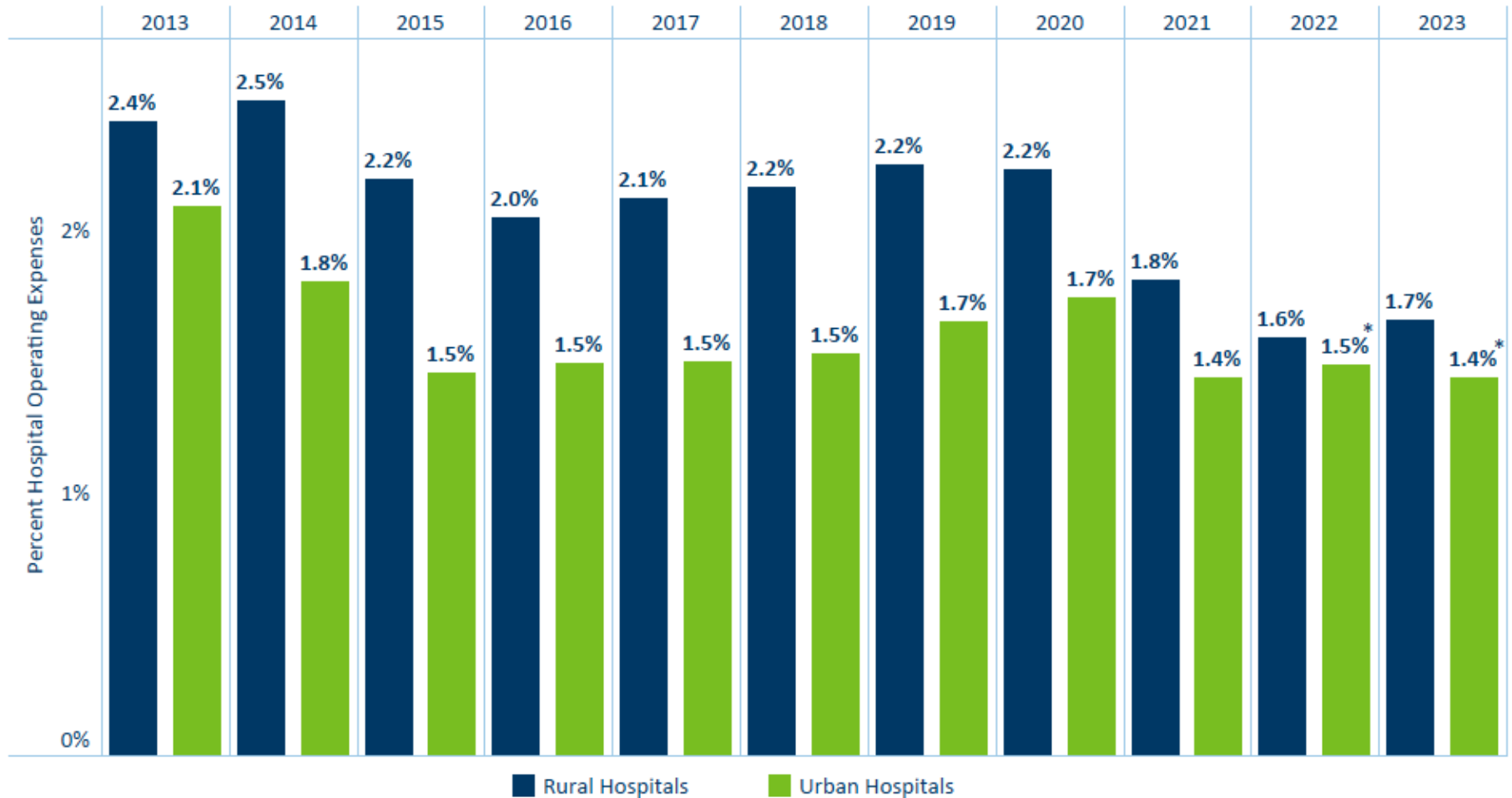
*Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

Note: Uncompensated care figures are adjusted to reflect costs of providing services. U.S. data is no longer publicly available for 2021-2023.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024; American Hospital Association Uncompensated Hospital Care Cost Fact Sheet, February 2022.

[Summary of graph](#)

Uncompensated Care as a Percentage of Hospital Operating Expenses in Rural and Urban Minnesota Hospitals



*Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

[Summary of graph](#)

Largest Minnesota Providers of Hospital Uncompensated Care, 2023

	2023 Uncompensated Care (\$ millions)	Percent Change from 2022	Percent of Operating Expenses	Percent of Statewide
Hennepin Healthcare	\$64.2	-21.3%	4.8%	17.9%
Regions Hospital ¹	\$48.1	16.7%	4.8%	13.4%
Mayo Clinic Hospital - Rochester	\$21.7	31.0%	0.9%	6.0%
M Health Fairview University of Minnesota Med. Center	\$12.9	73.0%	0.6%	3.6%
Children's Minnesota	\$11.2	47.6%	1.1%	3.1%
Abbott Northwestern Hospital	\$10.8	-5.8%	0.7%	3.0%
North Memorial Health Hospital	\$10.3	35.4%	1.6%	2.9%
Park Nicollet Methodist Hospital	\$9.0	5.4%	1.3%	2.5%
Mayo Clinic Health System - Albert Lea and Austin	\$8.1	25.9%	2.7%	2.3%
CentraCare - St. Cloud Hospital	\$7.5	13.1%	0.8%	2.1%
Other Hospitals (117 Hospitals) ²	\$155.1	3.7%	1.3%	43.2%
All Minnesota Hospitals	\$358.8	11.1%	1.5%	100.0%

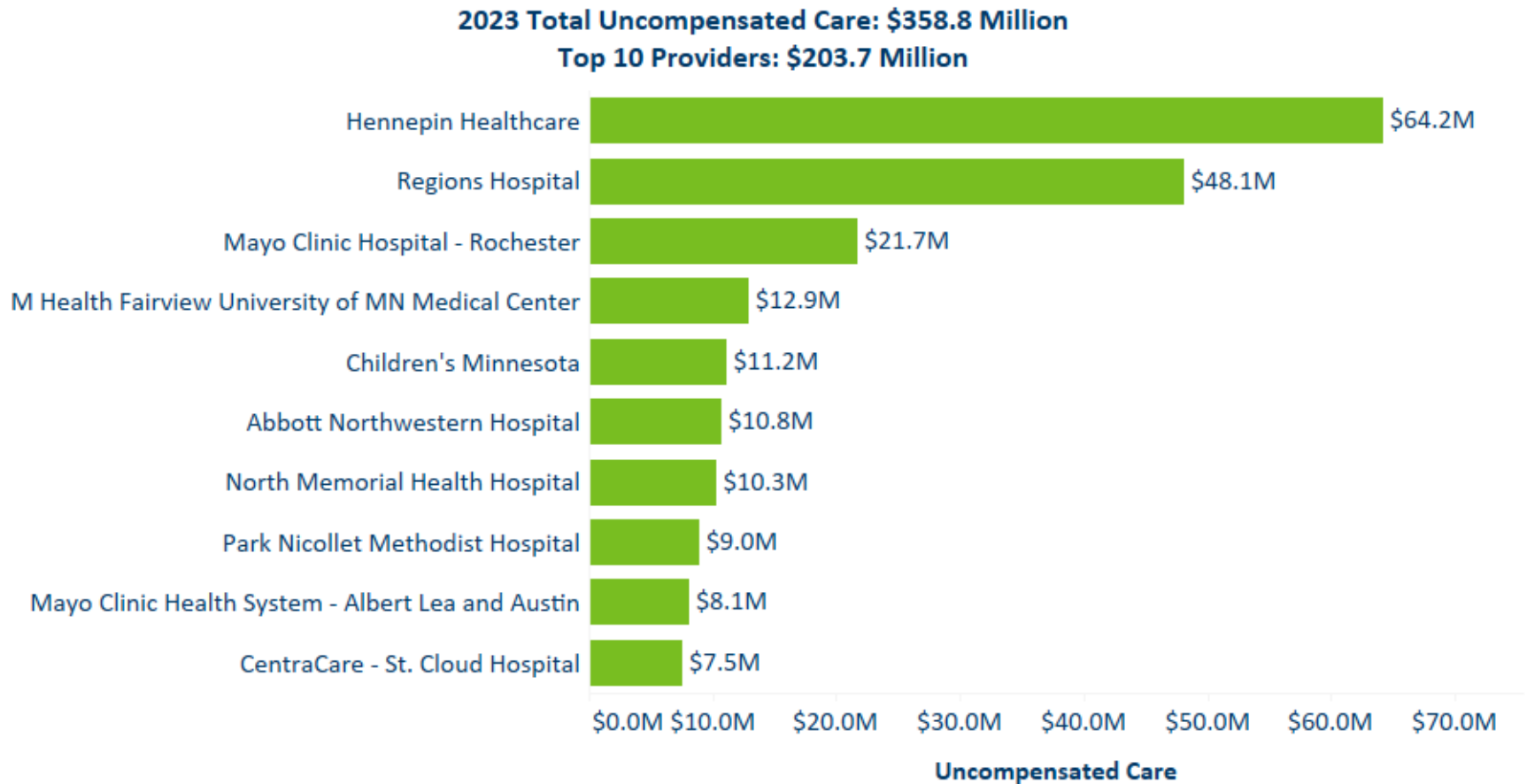
¹Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

²In 2022, M Health Fairview St. Joseph's Hospital closed, and Regina Hospital combined with United Hospital.

Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

Distribution of Uncompensated Care by Hospital, 2023



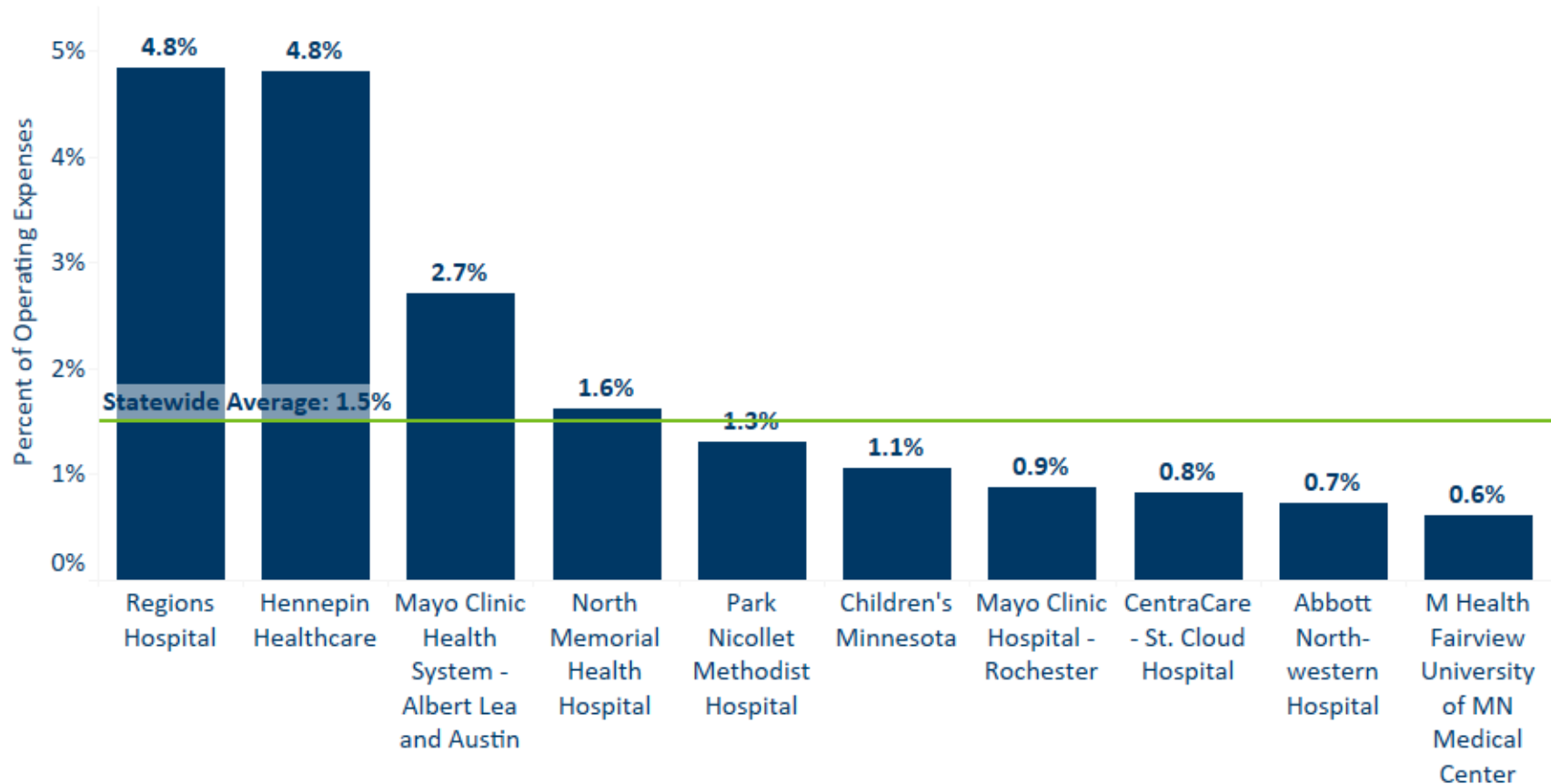
Listed are the ten largest providers of hospital uncompensated care in the state. Total uncompensated care of unlisted Minnesota hospitals is \$155.1 million.

Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

[Summary of graph](#)

Uncompensated Care as a Percent of Expenses for Largest Providers, 2023



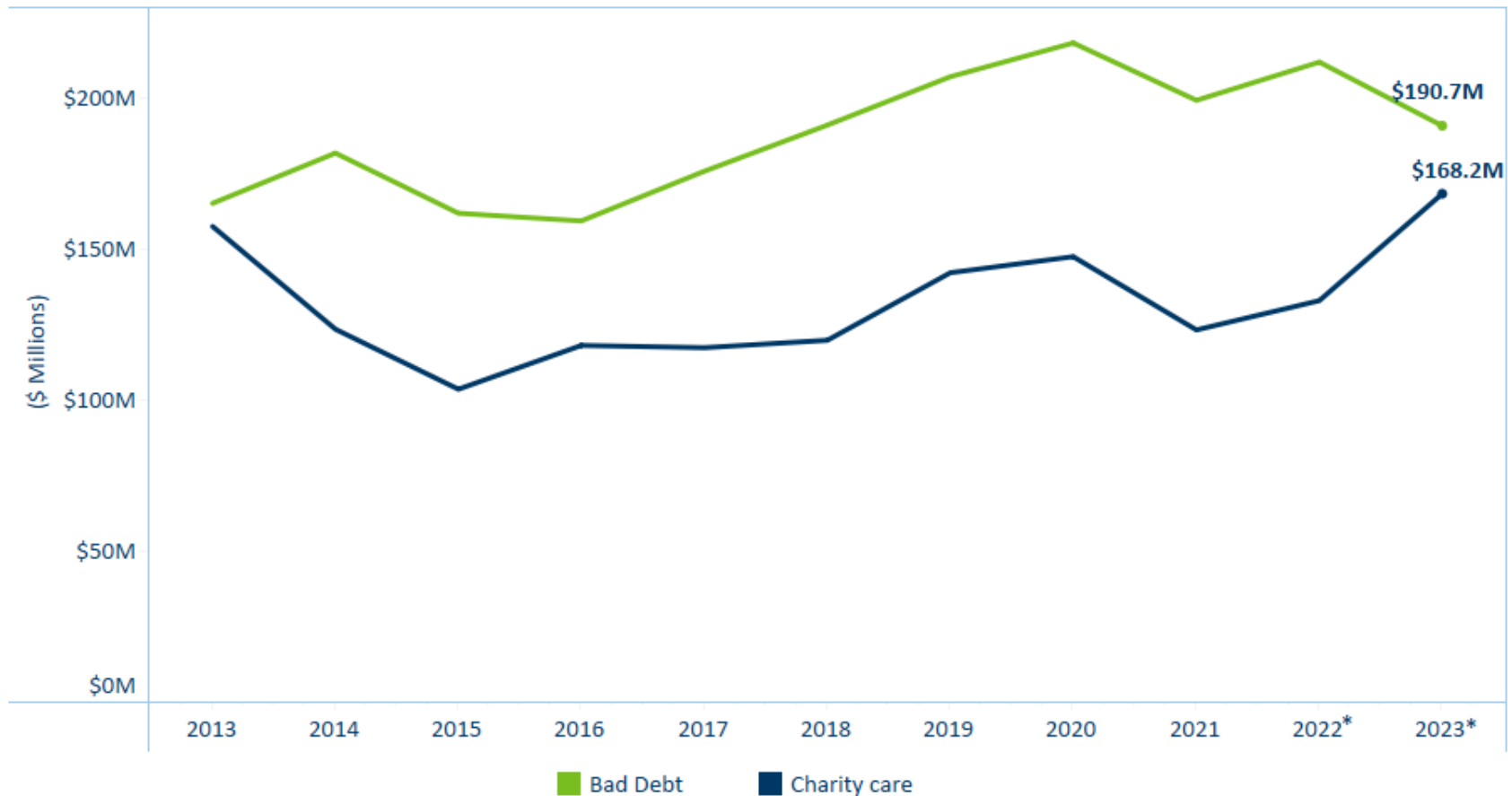
Largest Providers of Uncompensated Care, Organized by Total Uncompensated Care Dollars

Note: Uncompensated care figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

[Summary of graph](#)

Components of Minnesota Hospital Uncompensated Care: Charity Care and Bad Debt



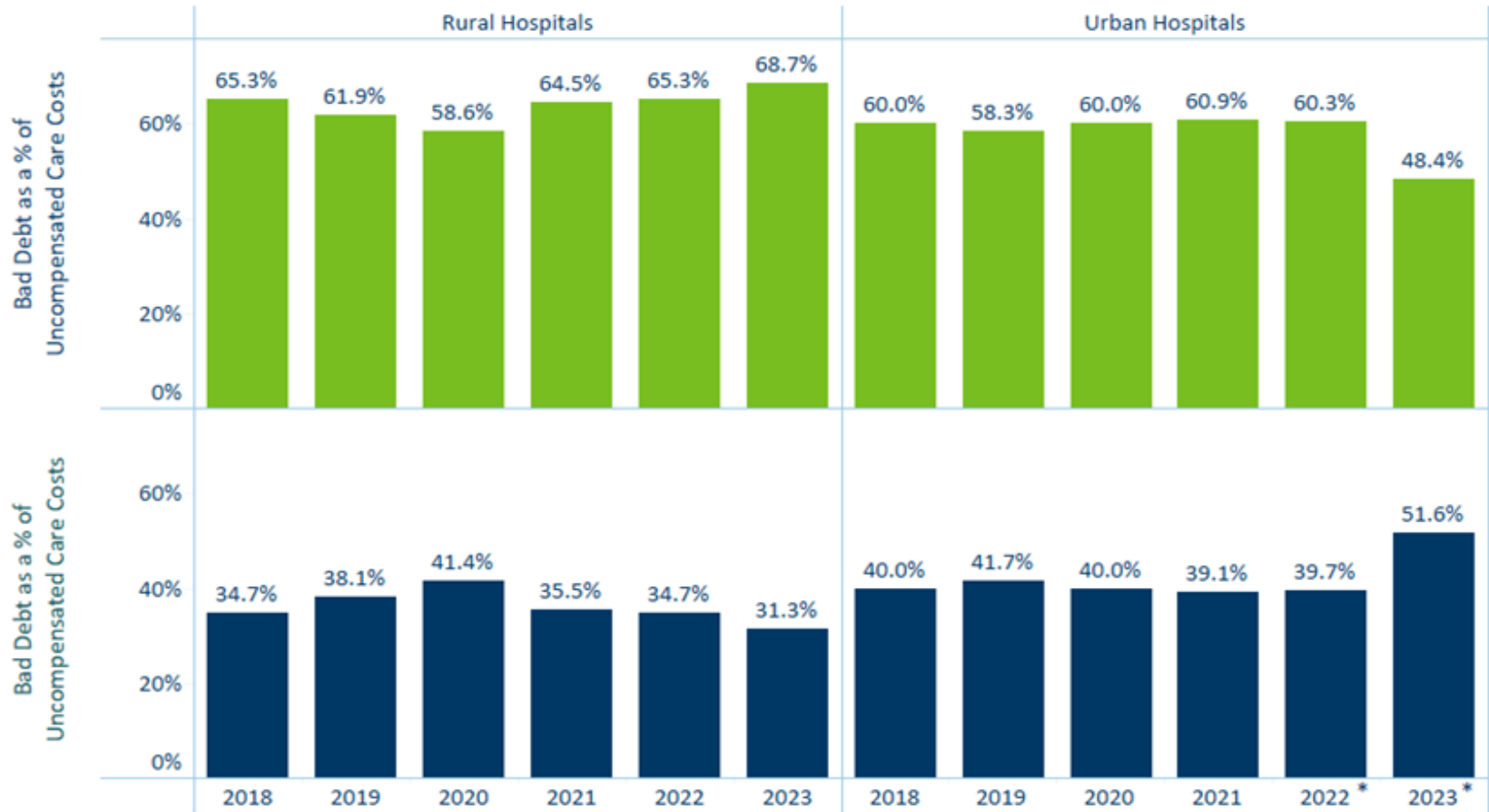
*Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

Note: Charity care and bad debt figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

[Summary of graph](#)

Components of Uncompensated Care for Urban and Rural Hospitals, 2018-2023



*Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

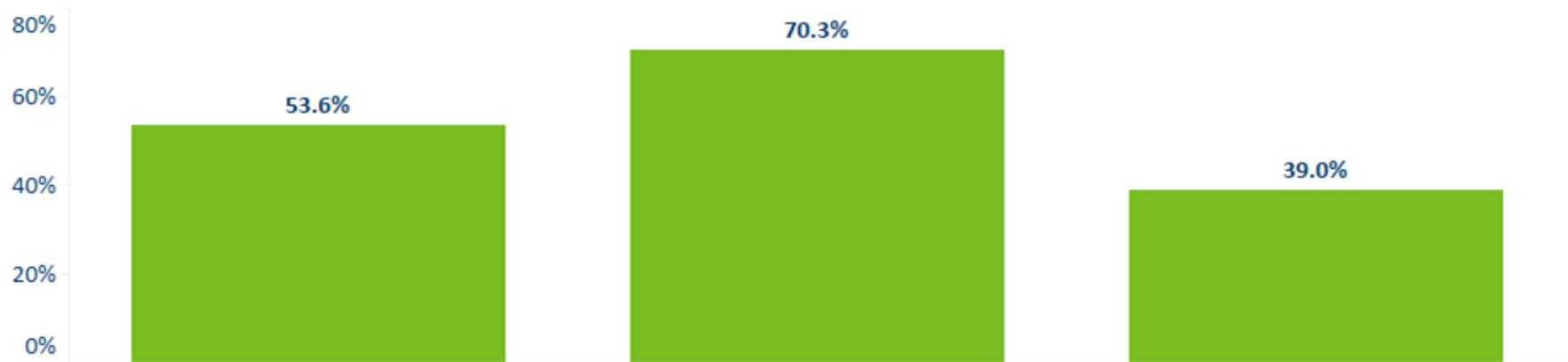
Note: Charity care and bad debt figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

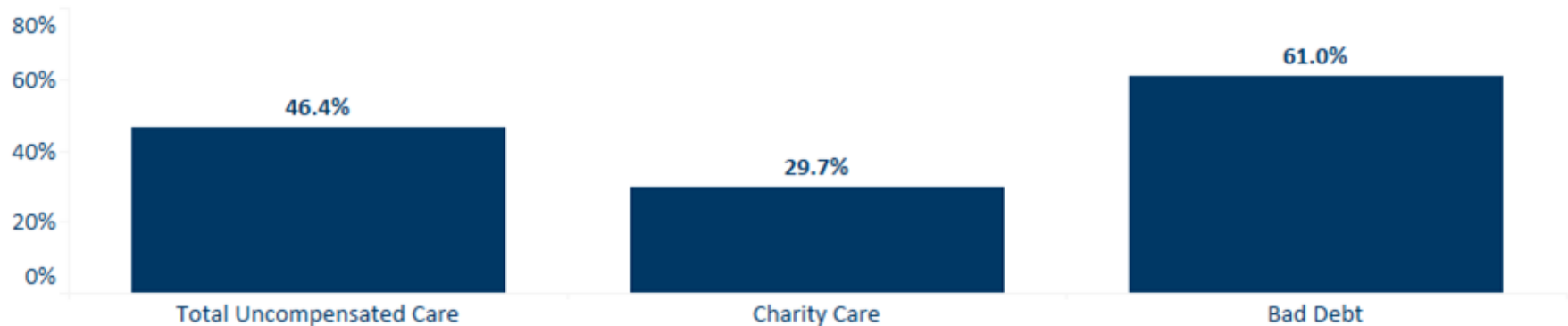
[Summary of graph](#)

Hospital Uncompensated Care and Components by Insurance Status, 2023

Uninsured Patients as a % of Costs

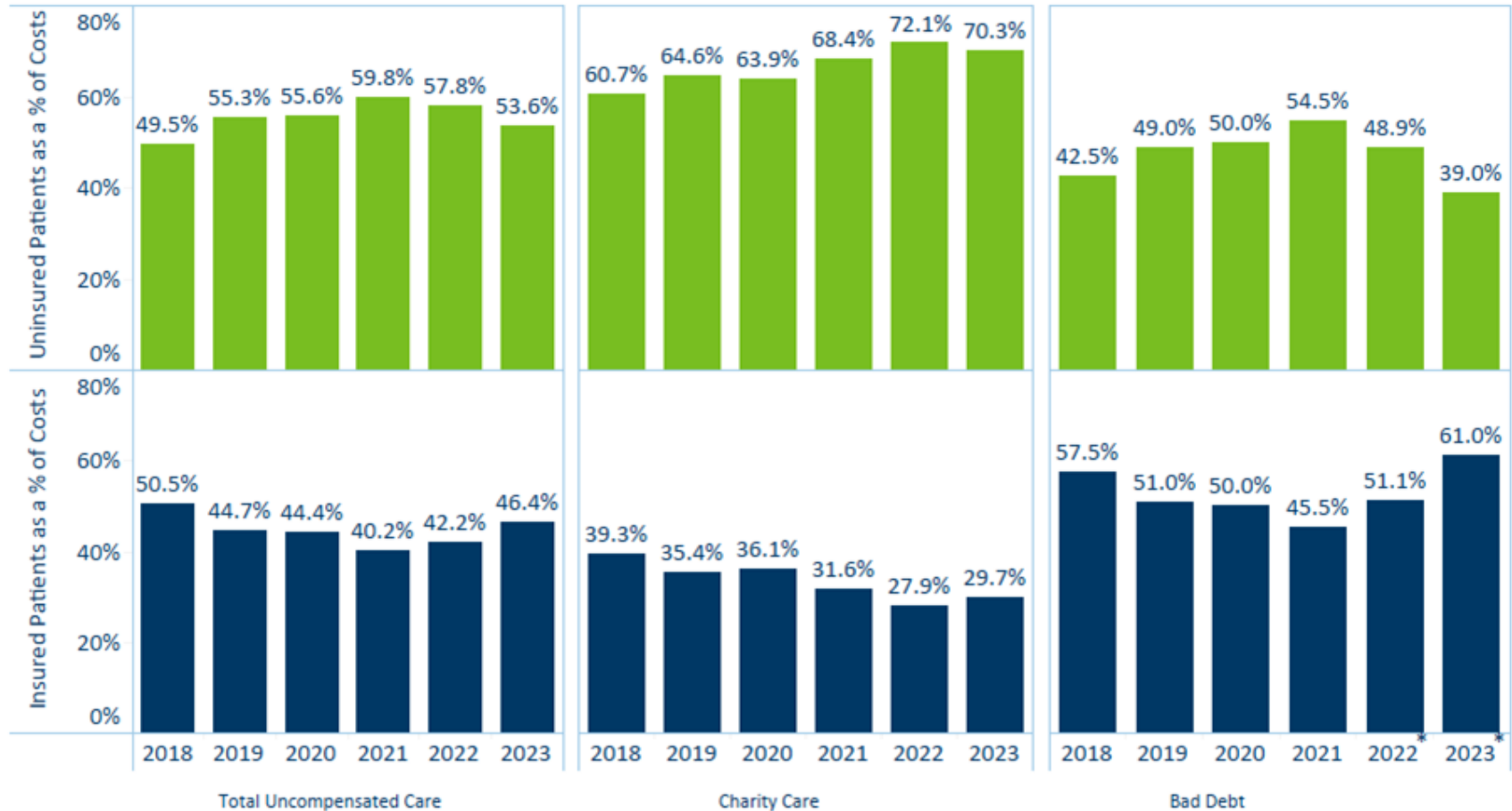


Insured Patients as a % of Costs



Note: Charity care and bad debt figures are adjusted to reflect costs of providing services.
Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.
[Summary of graph](#)

Hospital Uncompensated Care and Components by Insurance Status, 2018-2023



*Regions Hospital changed the classification of bad debt for patients in 2022 and 2023 resulting in an increase in uncompensated care compared to prior years.

Note: Charity care and bad debt figures are adjusted to reflect costs of providing services.

Source: MDH Health Economics Program analysis of hospital annual reports, November 2024.

[Summary of graph](#)

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page
(www.health.state.mn.us/healtheconomics)
- Publications (<https://heppublications.web.health.state.mn.us/>)
- Health Care Market Statistics (Chartbook Updates)
(www.health.state.mn.us/data/economics/chartbook/index.html)
- Interactive Health Insurance Statistics
(mnha.web.health.state.mn.us/Welcome.action)

A summary of the charts and graphs contained within is provided at [Chartbook Summaries - Section 6](http://www.health.state.mn.us/divs/hpsc/hep/chartbook/summaries/section6summaries.html) (<http://www.health.state.mn.us/divs/hpsc/hep/chartbook/summaries/section6summaries.html>). Data from some slides is available in table form in the [Chartbook 6 Supplement](https://www.health.state.mn.us/data/economics/chartbook/docs/section6supp.pdf) (<https://www.health.state.mn.us/data/economics/chartbook/docs/section6supp.pdf>). 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.