

#### Chartbook Section 6

Uninsurance,<br/>Forgone Care, and<br/>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 <u>MDH website</u> (<a href="https://www.health.state.mn.us/data/economics/chartbook/summaries/section6summaries.html">https://www.health.state.mn.us/data/economics/chartbook/summaries/section6summaries.html</a>). Direct links are listed on each page.

Please contact the Health Economics Program at <a href="health.hep@state.mn.us">health.hep@state.mn.us</a> if additional assistance is needed for accessing this information.

#### Statewide Measures of Uninsurance



#### Uninsurance Rate Trends in Minnesota

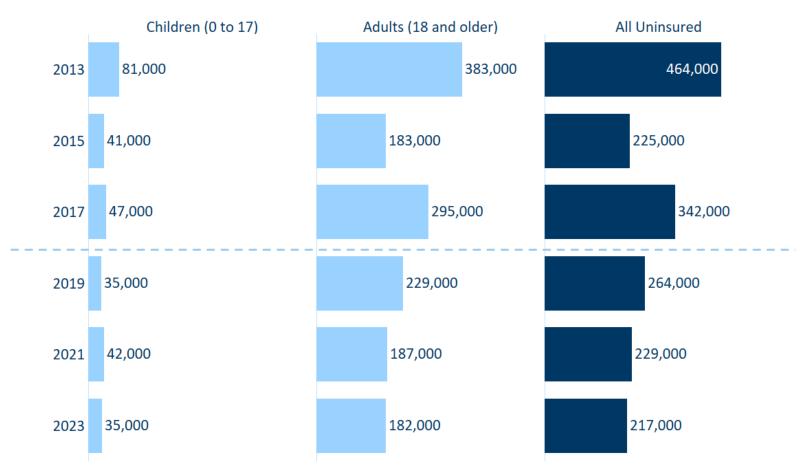


Source: Minnesota Health Access Surveys, 2007 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Estimated Number of Uninsured in Minnesota, 2013 to 2023

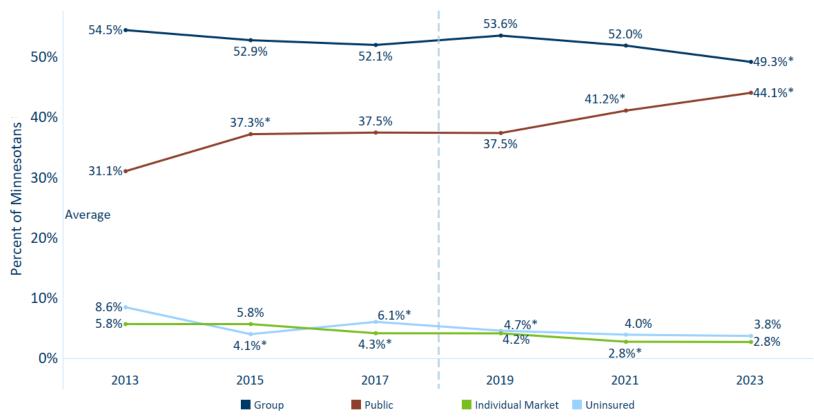


Source: Minnesota Health Access Surveys, 2013 to 2023

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.

#### Sources of Insurance Coverage in Minnesota, 2013 to 2023



Source: Minnesota Health Access Surveys, 2013 to 2023

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. 6

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Measures of Uninsurance in Minnesota, 2017 to 2023



Source: Minnesota Health Access Surveys, 2017 to 2023

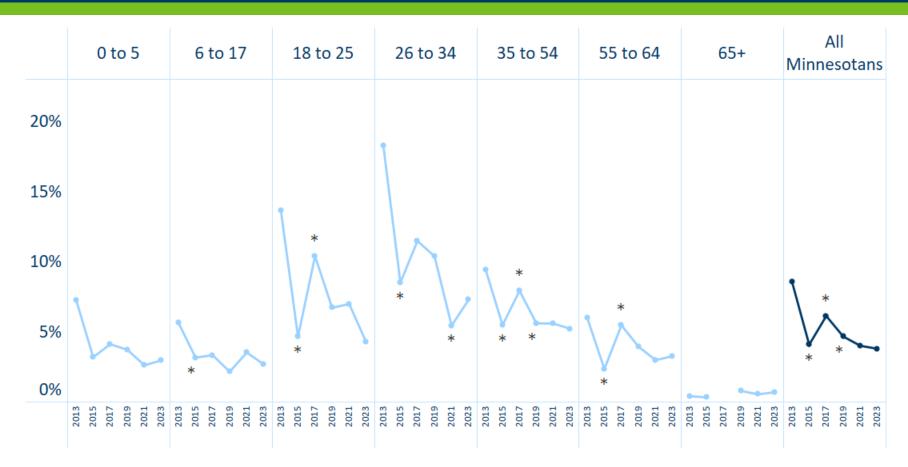
Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and after may not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

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Specific Population Groups



#### Minnesota Uninsurance Rates by Age, 2013 to 2023



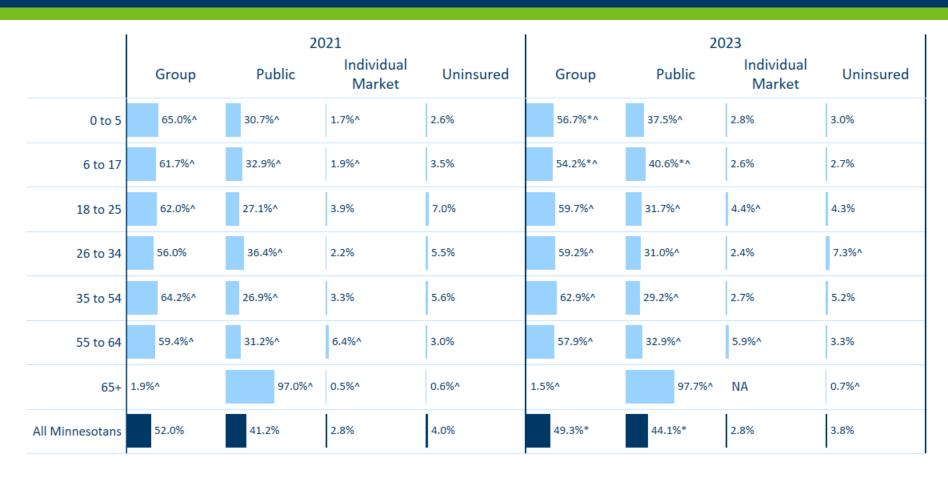
Source: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown

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



Source: Minnesota Health Access Surveys, 2021 to 2023

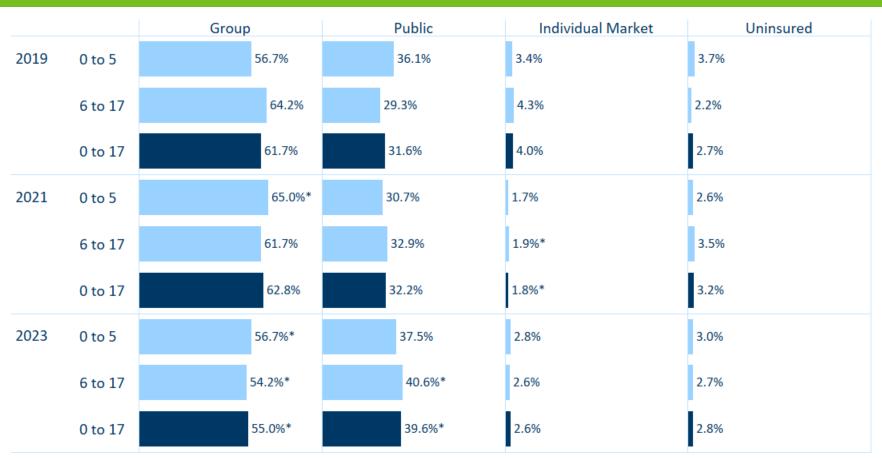
Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

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

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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



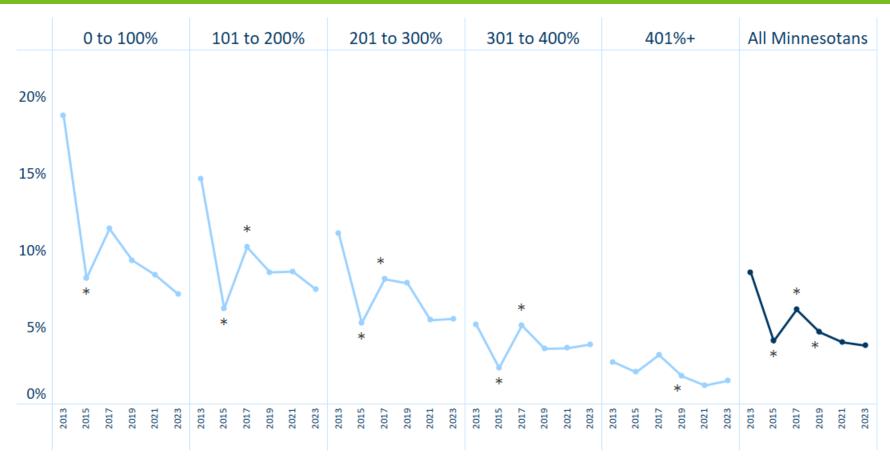
Source: Minnesota Health Access Surveys, 2019 to 20213

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

#### Minnesota Uninsurance Rates by Income, 2013 to 2023



Source: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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



Source: Minnesota Health Access Surveys, 2021 to 2023

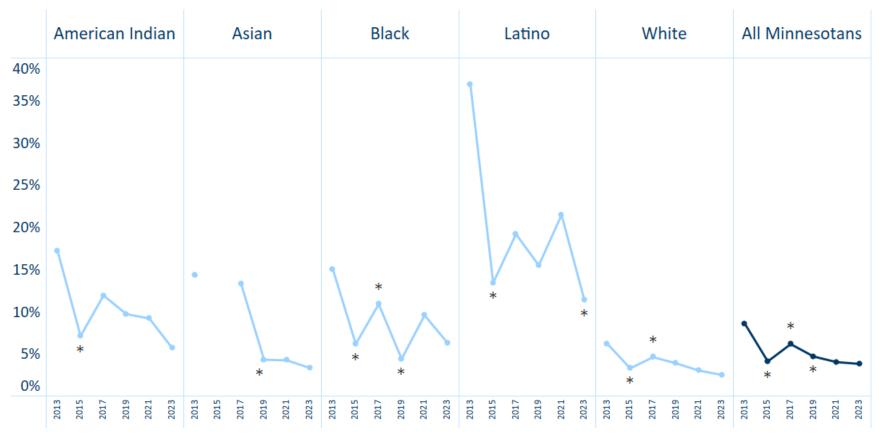
Notes: Group includes employer-sponsored insurance. Public includes MinnesotaCare, Medical Assistance, Medicare, VA and TRICARE.

Summary of graph. Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

# Minnesota Uninsurance Rates by Race and Ethnicity, 2013 to 2023

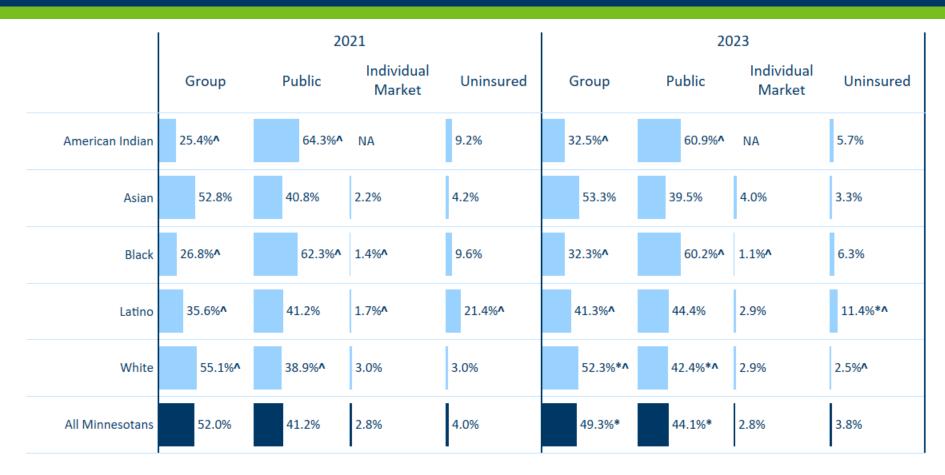


Source: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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



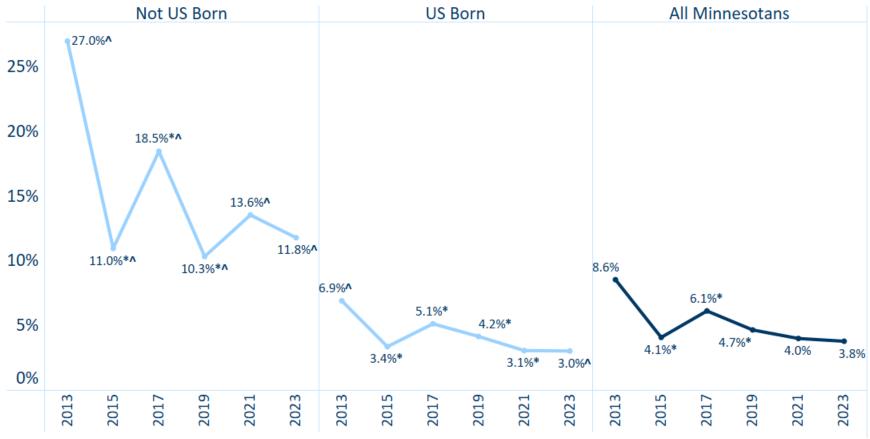
Source: Minnesota Health Access Surveys, 2021 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

#### Minnesota Uninsurance Rates by Country of Birth, 2013 to 2023



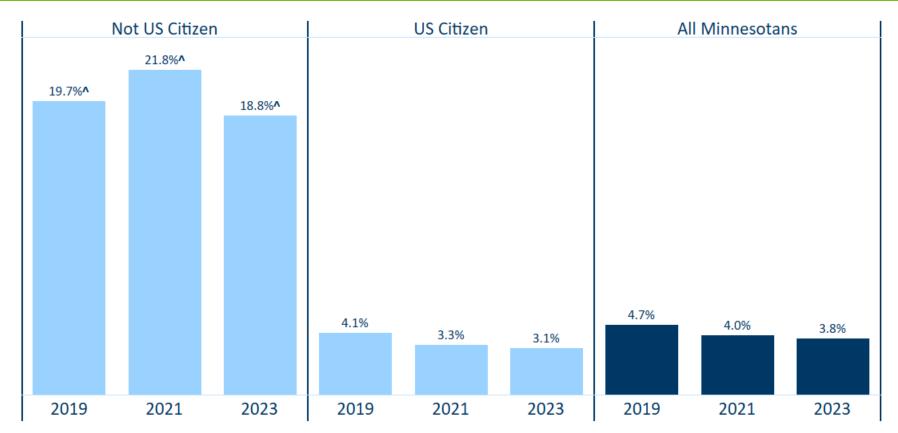
Sources: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

#### Uninsurance Rates in Minnesota by Citizenship, 2019 and 2023



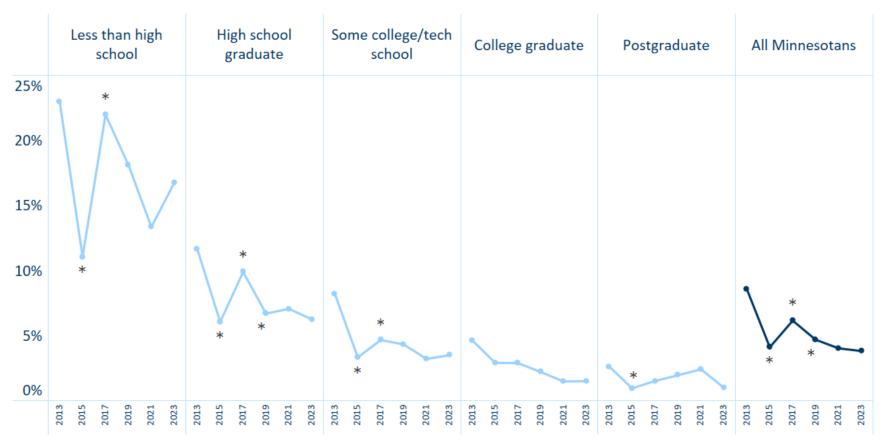
Source: Minnesota Health Access Surveys, 2019 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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

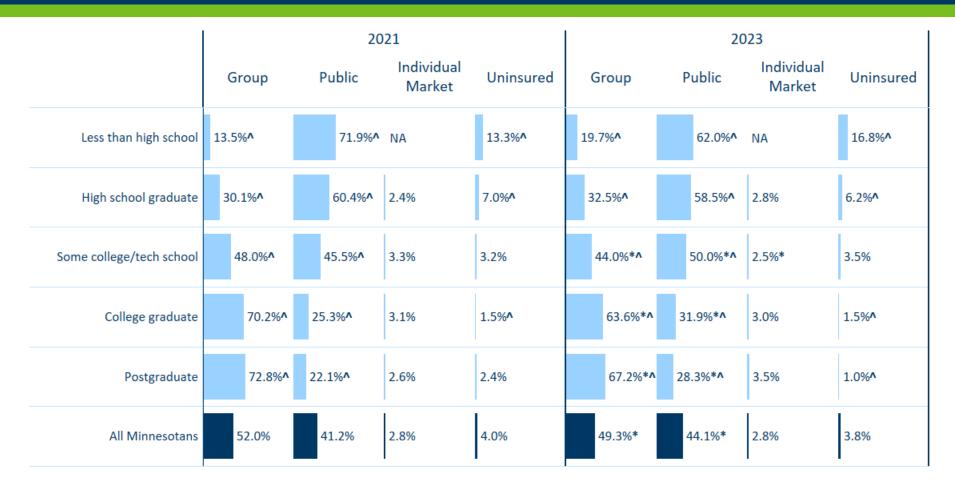


Source: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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



Source: Minnesota Health Access Surveys, 2021 to 2023

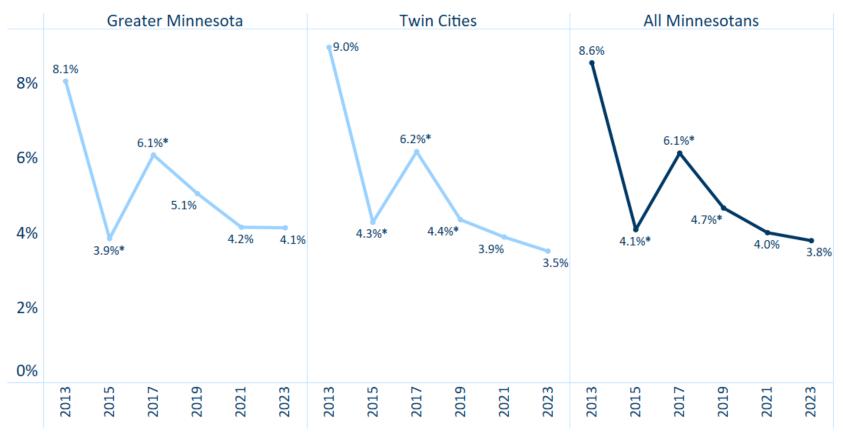
Notes: For children, education level is defined as that of the parent. NA are values suppressed due to sample size less than 10.

Summary of graph. Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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



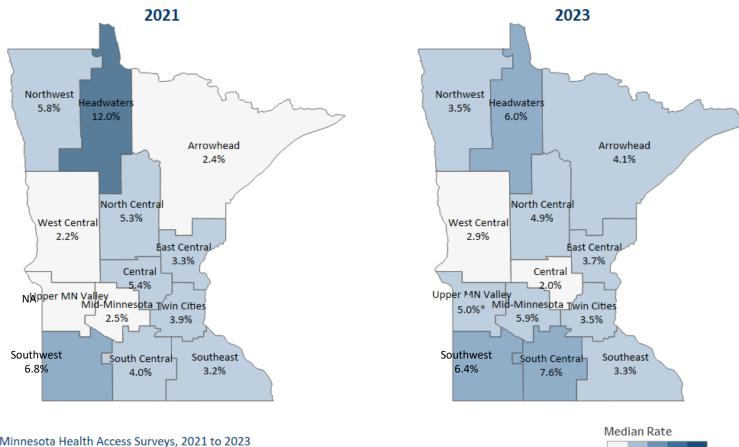
Source: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

#### Uninsurance Rates by Economic Development Region, 2021 and 2023



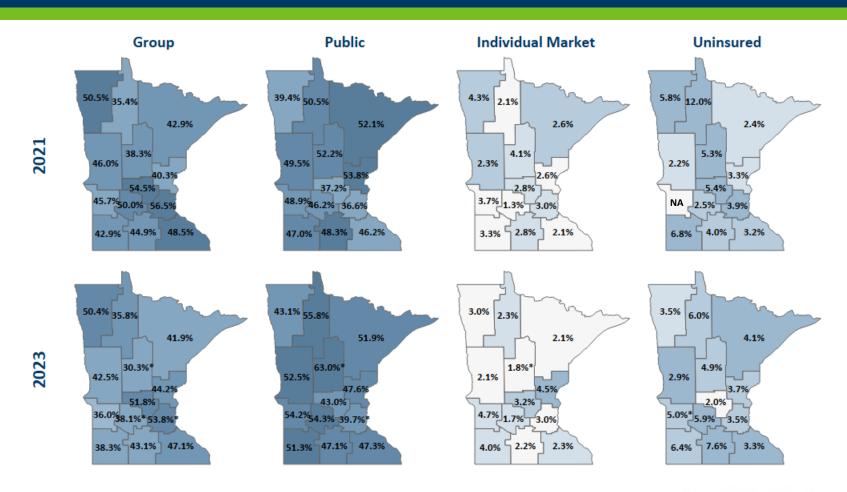
Source: Minnesota Health Access Surveys, 2021 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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



Source: Minnesota Health Access Surveys, 2021 to 2023

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

<u>Summary of graph</u>. Data is also available in table format in <u>Chartbook 6 supplement</u>.



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Characteristics of the Uninsured in Minnesota



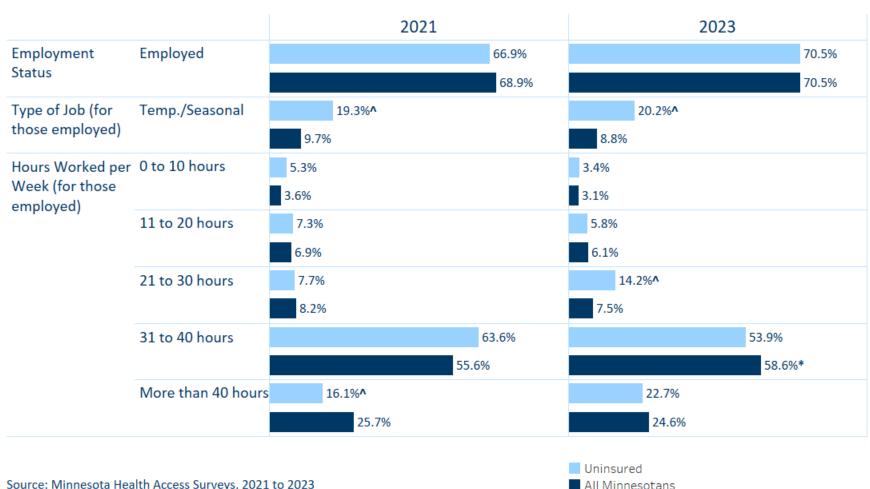
# Income Distribution of Minnesota's Uninsured Population, 2021 and 2023



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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

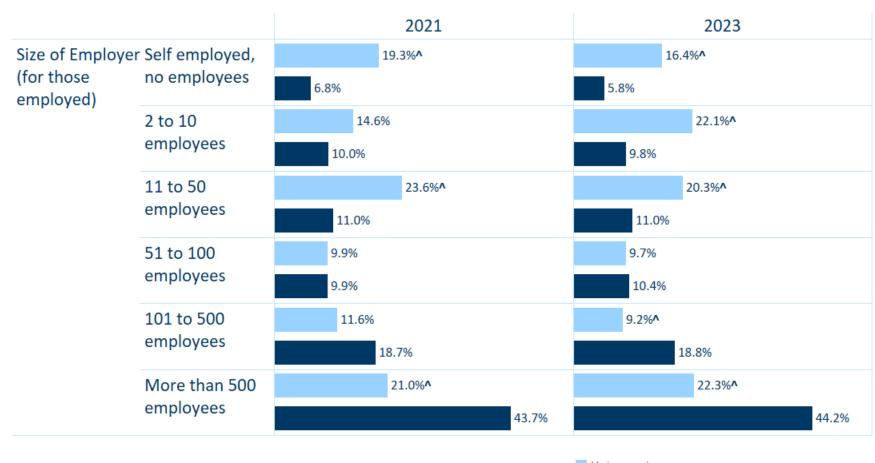


Summary of graph, Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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



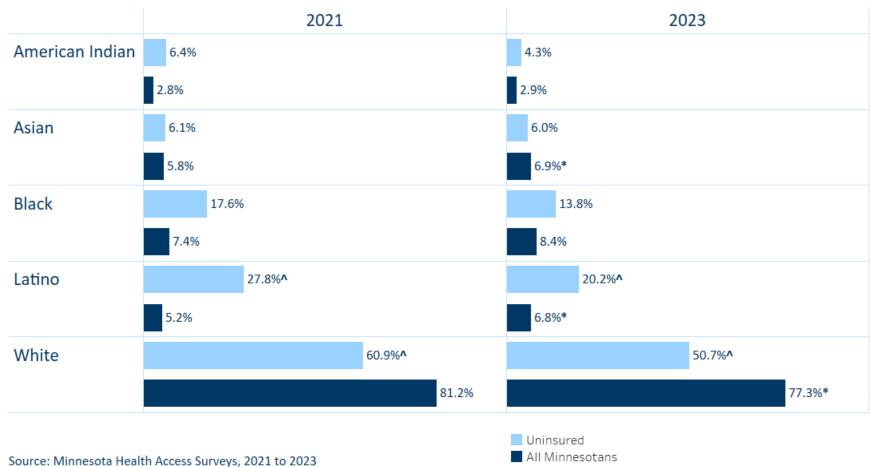
Source: Minnesota Health Access Surveys, 2021 to 2023

Summary of graph. Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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



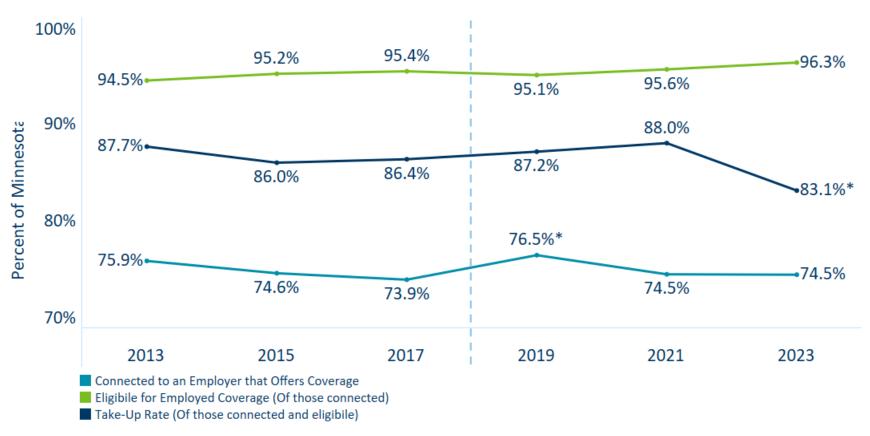
Note: Distribution adds to more than 100% since individuals could choose more than one race/ethnicity.

Summary of graph, Data is also available in table format in Chartbook 6 supplement.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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

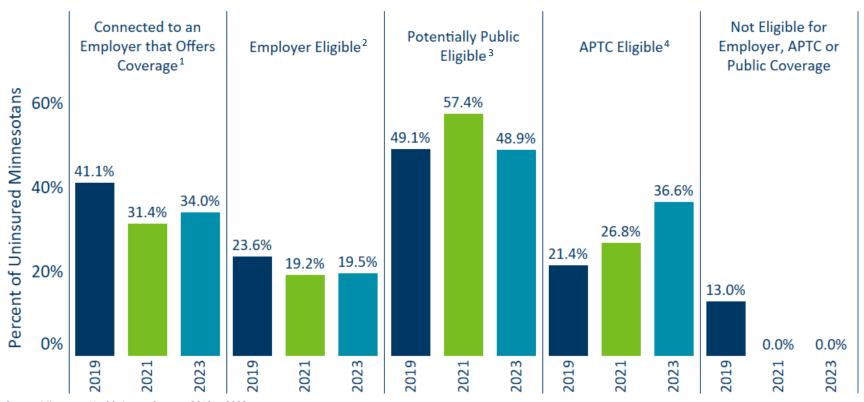


Source: Minnesota Health Access Surveys, 2013 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Potential Access to Coverage for the Uninsured, 2019 to 2023



Source: Minnesota Health Access Surveys, 2019 to 2023

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.

<sup>\*</sup> Indicates statistically different from previous year at 95% level.

<sup>&</sup>lt;sup>1</sup>Employer offer: percent of uninsured who work for or have a family member who works for an employer offering coverage.

<sup>&</sup>lt;sup>2</sup>Employer eligible: percent of uninsured who are eligible for coverage through an employer.

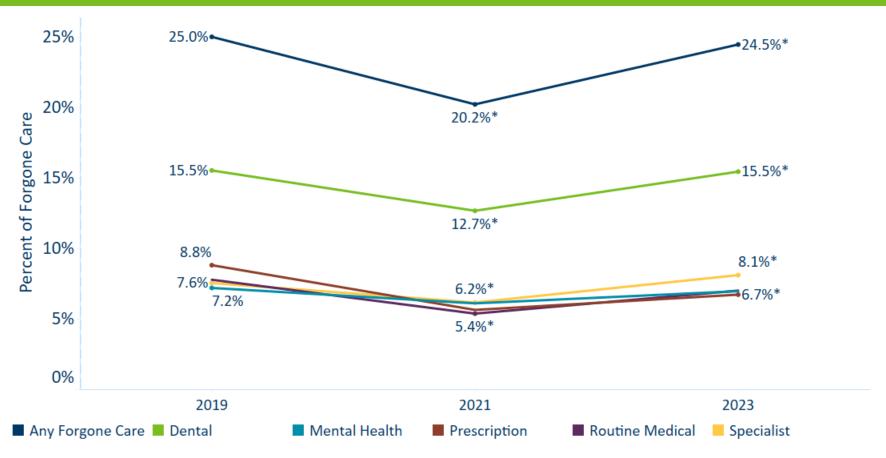
<sup>&</sup>lt;sup>3</sup>Potentially public eligible: based on family structure, income, and eligibility for employer coverage. Income limits changed between 2013 and 2014.

<sup>&</sup>lt;sup>4</sup>Advance 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.

#### Forgone Care Due to Costs in Minnesota



#### Trends in Forgone Care, 2019 to 2023



Source: Minnesota Health Access Surveys, 2019 to 2023

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.

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

#### Any Forgone Care by Insurance Type, 2021 and 2023



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

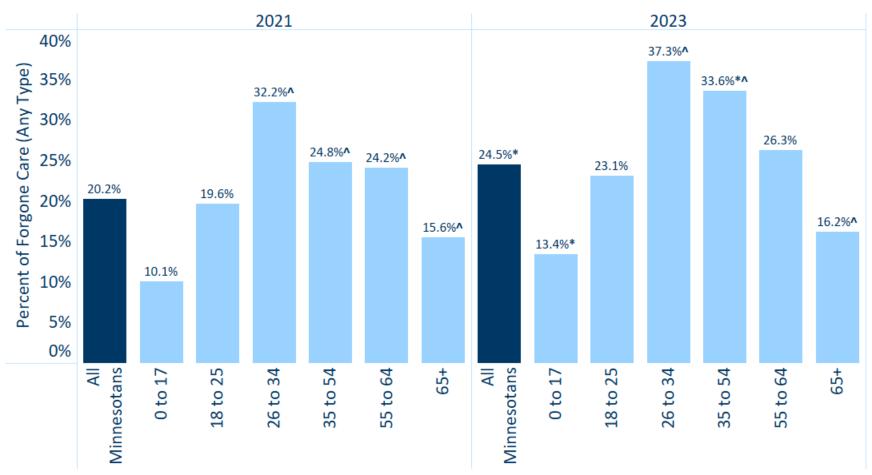
#### Any Forgone Care by Race and Ethnicity, 2021 and 2023



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

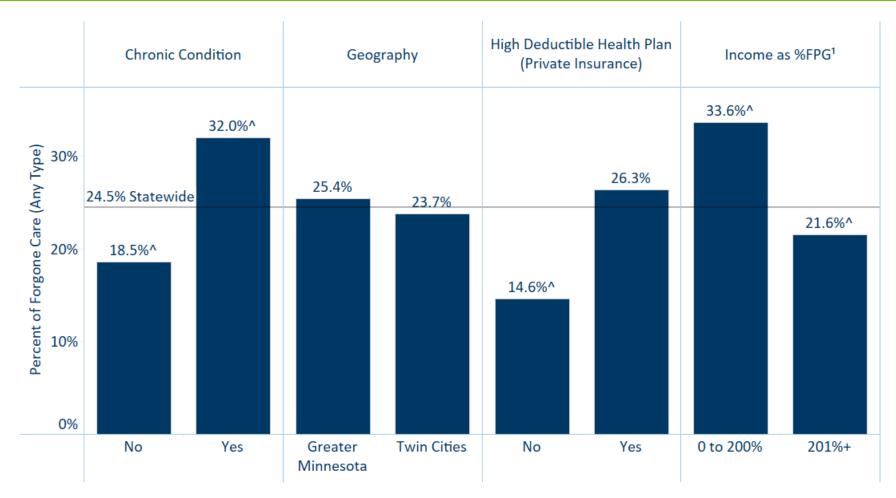
#### Any Forgone Care by Age, 2021 and 2023



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

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

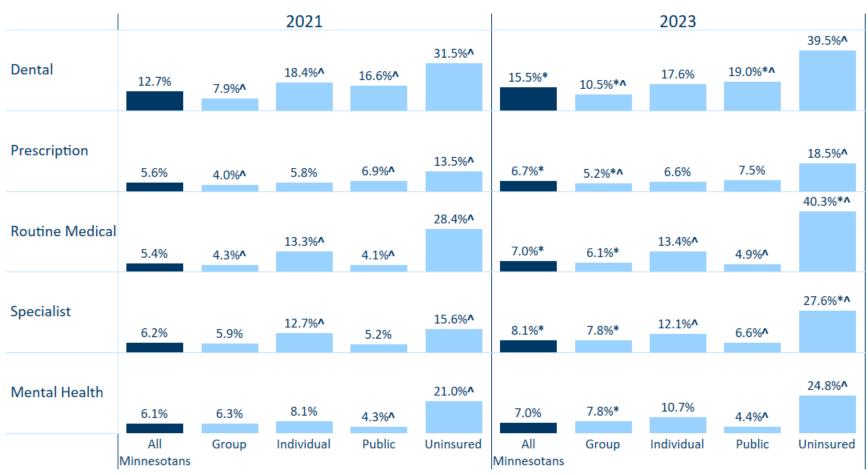


Source: Minnesota Health Access Survey, 2023

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

<sup>&</sup>lt;sup>1</sup>Federal Poverty Guidelines (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines)
Summary of graph

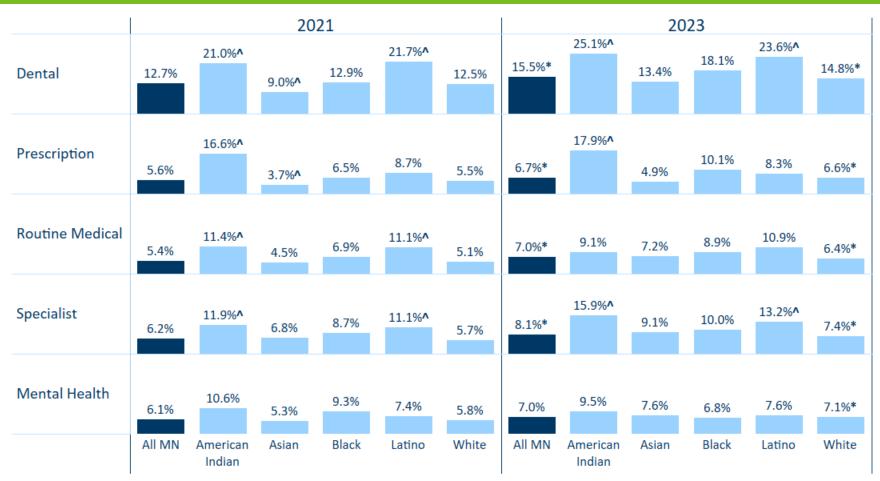
#### Specific Forgone Care by Insurance Type, 2021 and 2023



<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

### Specific Forgone Care by Race and Ethnicity, 2021 and 2023

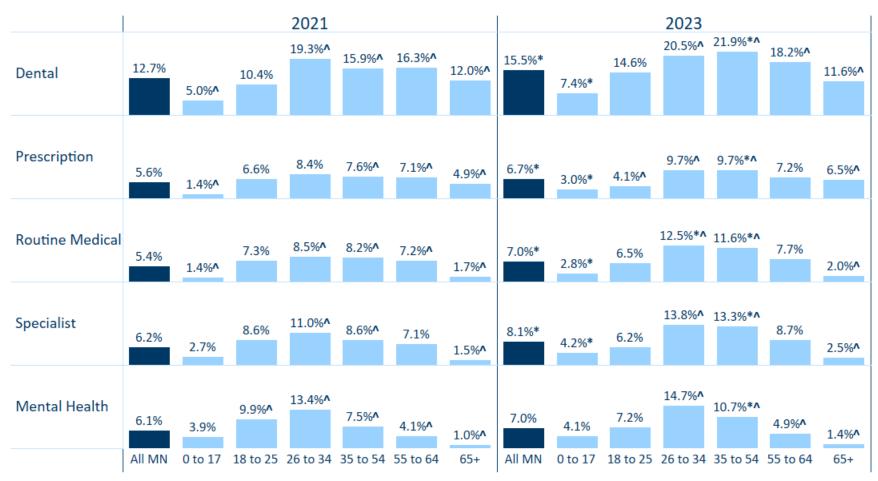


Source: Minnesota Health Access Surveys, 2021 to 2023

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

### Specific Forgone Care by Age, 2021 and 2023



Source: Minnesota Health Access Surveys, 2021 to 2023

<sup>\*</sup> Indicates statistically significant difference (95%) level from prior year shown.

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

# Health Care Safety Net: Uncompensated Care at Minnesota Community Hospitals



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



<sup>\*</sup>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.

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



<sup>\*</sup>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



<sup>\*</sup>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

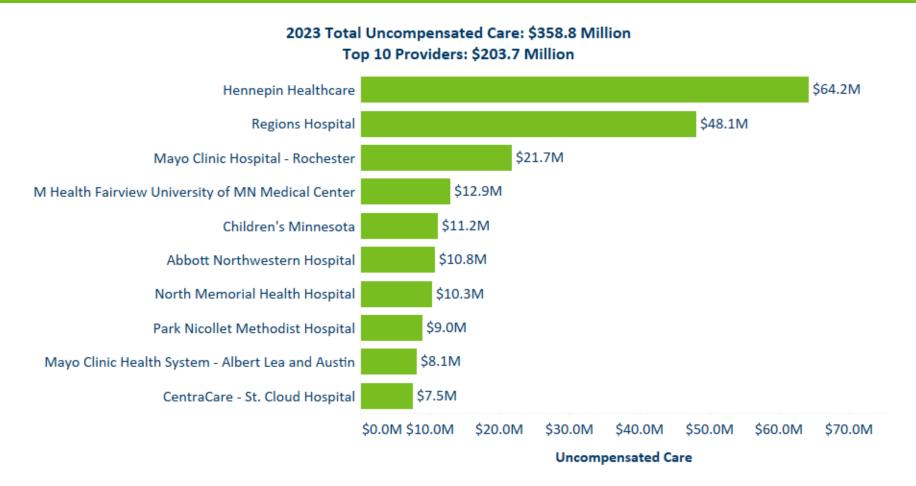
	2023 Uncompensated Care (\$ millions)	Percent Change from 2022	Percent of Operating Expenses	Percent of Statewide
Hennepin Healthcare	\$64.2	-21.3%	4.8%	17.9%
Regions Hospital <sup>1</sup>	\$48.1	16.7%	4.8%	13.4%
Mayo Clinic Hospital - Rochester	\$21.7	31.0%	0.9%	6.0%
M Health Fairview University of 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) <sup>2</sup>	\$155.1	3.7%	1.3%	43.2%
All Minnesota Hospitals	\$358.8	11.1%	1.8%	100.0%

<sup>&</sup>lt;sup>1</sup>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. <sup>2</sup>In 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

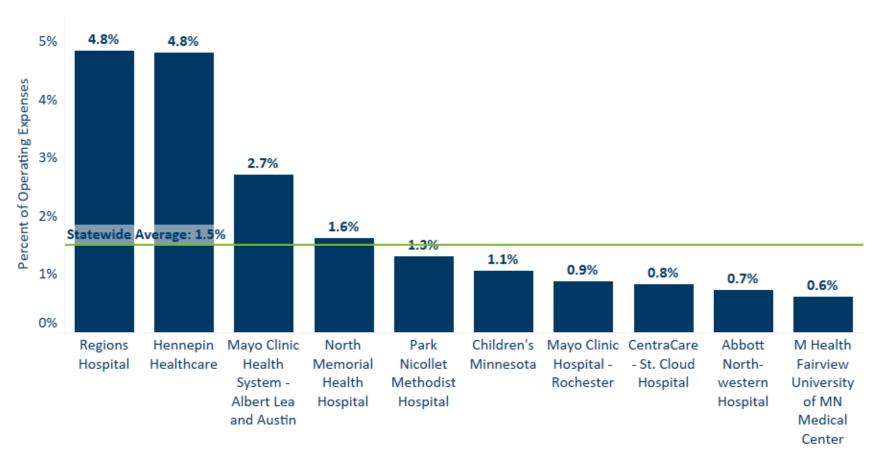


Listed are the ten largest providers of hospital uncompensated care in the state. Total uncompensated care of unlisted Minnesota hospitals is \$155.1 million. Note: Uncompensated care figures are adjusted to reflect costs of providing services.

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

Summary of graph 44

### 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



<sup>\*</sup>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

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



<sup>\*</sup>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.

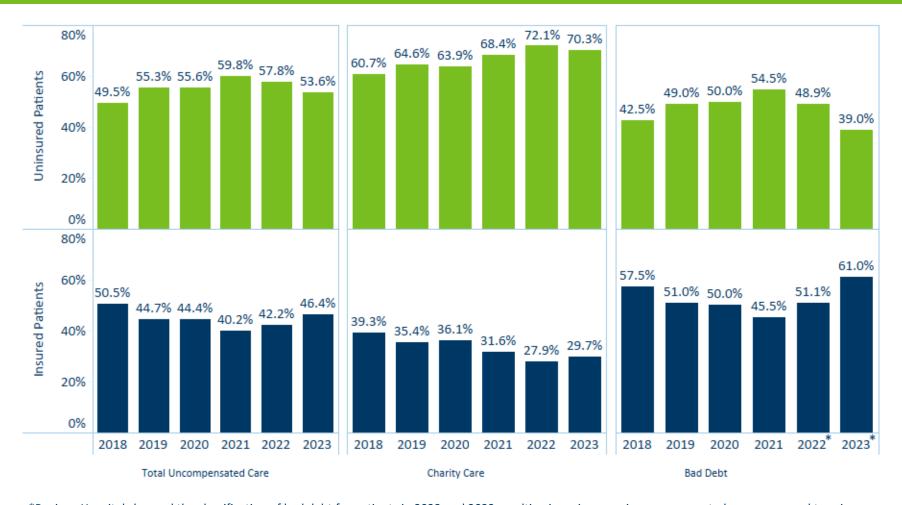
Source: MDH Health Economics Program analysis of hospital annual reports, November 2024. Summary of graph

### Hospital Uncompensated Care and Components by Insurance Status, 2023



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. <a href="Summary of graph">Summary of graph</a>

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



<sup>\*</sup>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. 49

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

#### Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page (www.health.state.mn.us/healtheconomics)
- Publications (<a href="https://heppublications.web.health.state.mn.us/">https://heppublications.web.health.state.mn.us/</a>)
- 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 <a href="Chartbook Summaries">Chartbook Summaries</a> - Section 6 <a href="Section6">(http://www.health.state.mn.us/divs/hpsc/hep/chartbook/summaries/section6summaries.html</a>). Data from some slides is available in table form in the <a href="Chartbook 6 Supplement">Chartbook 6 Supplement</a> (<a href="https://www.health.state.mn.us/data/economics/chartbook/docs/section6supp.pdf">https://www.health.state.mn.us/data/economics/chartbook/docs/section6supp.pdf</a>). 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 <a href="health.hep@state.mn.us">health.hep@state.mn.us</a> if additional assistance is needed for accessing this information.