2016 was a year of change for Hennepin Health. We rebranded as Hennepin Health (formerly known as Metropolitan Health Plan), and our product names were changed to Hennepin Health-PMAP, Hennepin Health-MNCare and Hennepin Health-SNBC. We believe our new name aligns with the changing landscape of health care and better reflects our mission.

The year started off with an increase in membership as we began serving families and children within Hennepin County. As we welcomed more members, we remained steadfast in our commitment to process improvement and product innovation to ensure all of our members receive the care they need and have access to resources that can improve their quality of life. Our office space also grew. Renovations included a new walk-in service center that offers members more space, access to computers and the opportunity to speak with a staff member face to face. And finally, Hennepin Health’s presence within the community grew throughout the year as we continued to work with county and community partners.

We are proud of what we accomplished in 2016 and look forward to additional growth in the coming year. We will continue to provide our members with the best service and support possible, and thank everyone who plays a role in doing so.

Regards,

Shannon E. Mayer
Chief Executive Officer
Hennepin Health
Hennepin Health Governance

2016 Hennepin Health Governing Board
Commissioner Mike Opat
Commissioner Linda Higgins
Commissioner Marion Greene
Commissioner Peter McLaughlin
Commissioner Randy Johnson
Commissioner Jan Callison
Commissioner Jeff Johnson

2016 Hennepin Health Leadership
CEO: Shannon Mayer
CFO: Brian Bergs
Medical Director: Marc Manley, MD
About Hennepin Health

In 2016, Hennepin Health contracted with the Minnesota Department of Human Services (DHS) to provide health care coverage to residents of Hennepin County who are enrolled in a Minnesota Health Care Program. Hennepin Health offers three products: Hennepin Health–PMAP (Prepaid Medical Assistance Program), Hennepin Health–MNCare (MinnesotaCare), and Hennepin Health–SNBC (Special Needs BasicCare). None of these programs are financially supported by Hennepin County taxpayer dollars; revenue is generated from DHS contracts.

As of December 31, 2016, Hennepin Health was serving 12,449 members within Hennepin County (approximately 41 percent black; 32 percent white; eight percent other ethnicities, including Asian, American Indian and Hispanic; and 19 percent unknown).

More than half of those members were participants in Hennepin Health–PMAP and Hennepin Health–MNCare, products that use an innovative approach to blend medical, behavioral health and social services in a patient-centered care model. This combined initiative not only allows members to address their health issues, but also to receive assistance with any housing and/or social service needs they may have. Hennepin Health’s close relationships with the defined Hennepin Health provider network, Hennepin County’s Human Services and Public Health Department (HSPHD), Hennepin County Medical Center (HCMC), and NorthPoint Health & Wellness have contributed to the positive impact this program has had on members thus far.

To serve all of its members, Hennepin Health has established a competitive network of hospitals, clinics, and more than 6,600 primary and specialty care physicians. Hennepin Health also contracts with numerous community providers, including Federally Qualified Health Centers, community clinics and behavioral health organizations. In addition to the provider network, members can benefit from education, outreach initiatives and care coordination that Hennepin Health offers directly or through its partner organizations. A variety of health and wellness programs are also available to ensure members’ physical, mental and emotional health needs are met.

Hennepin Health is a department of Hennepin County that contracts with providers and does not have any ownership interest in administrative offices, clinics, physician groups, hospitals, or other service providers or facilities.
2016 Hennepin Health Highlights

Beginning January 1, 2016, Hennepin Health began serving families and children within Hennepin County who are eligible for Prepaid Medical Assistance (PMAP) or MinnesotaCare. To better serve this expanded population, programs such as the Hennepin Health Rewards Program and Hennepin Health Car Seat Program were established. In the summer of 2016, the organization was rebranded, which included a name change and new visual identity. Office renovations that included a larger walk-in service center to accommodate member growth were also completed.

In addition to all of this, Hennepin Health completed five reinvestment initiatives throughout the year:

Hennepin Health Access Clinic Mobile Care Coordination: Learn It, Get It, Keep It
The Access Clinic’s care model was enhanced by adding community-based community health worker and social worker support.

Primary Care at the Mental Health Center
The current amount of hours that a HCMC-contracted primary care physician practices at the Mental Health Center was increased.

Developing a Care Model for High-Risk Hennepin Health Families
In partnership with Hennepin County Public Health, an implementation plan for a clinic model to serve high-risk children and families was explored and developed.

Patient Engagement Initiative with NorthPoint Health & Wellness
NorthPoint enhanced outreach to Hennepin Health members through a dental community health worker and group visit models in which Hennepin Health members are invited to an open-house style meeting where they can see a doctor, talk about their health and establish care at NorthPoint without scheduling an appointment.
Financial Report for Fiscal Year 2016

This report of the 2016 financial position and operating results of Hennepin Health is published in accordance with requirements of Minnesota Statutes, Section 62D.09, subdivision 3. It is not intended to serve as a full financial statement, but rather as a summary for members.

Statement of Operations and Retained Earnings for the year ended December 31, 2016

<table>
<thead>
<tr>
<th>OPERATIONS (STATUTORY)</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Earned</td>
<td>$127,024,342</td>
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<tr>
<td>Investment Income and Other</td>
<td>$338,331</td>
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<tr>
<td>Total Revenues</td>
<td>$127,362,673</td>
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<tr>
<td>Medical Services Provided</td>
<td>$105,716,196</td>
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<tr>
<td>Administrative Expenses and Other</td>
<td>$21,070,109</td>
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<tr>
<td>Net (Deficiency) Surplus</td>
<td>$576,368</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RETAINED EARNINGS (STATUTORY)</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Balance Beginning of Year</td>
<td>$34,081,255</td>
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<tr>
<td>Adjustments and Transfers</td>
<td>($90,625)</td>
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<tr>
<td>Net (Deficiency) Surplus</td>
<td>$576,368</td>
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<tr>
<td>Balance End of Year</td>
<td>$34,566,998</td>
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</table>

Balance Sheet (Statutory) 12/31/2016

<table>
<thead>
<tr>
<th>Assets (Statutory)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>$60,484,105</td>
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<tr>
<td>Accounts Receivable</td>
<td>$9,823,416</td>
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<td>Total Current Assets</td>
<td>$70,307,521</td>
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<td>Property, Plant and Equipment</td>
<td>$1,984,816</td>
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<tr>
<td>Total Assets</td>
<td>$72,292,337</td>
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</table>

Liabilities and Retained Earnings (Statutory)

<table>
<thead>
<tr>
<th>Liabilities and Retained Earnings</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$23,372,726</td>
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<tr>
<td>Accrued Expenses</td>
<td>$14,352,613</td>
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<td>Total Current Liabilities</td>
<td>$37,725,339</td>
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<tr>
<td>Retained Earnings</td>
<td>$34,566,998</td>
</tr>
<tr>
<td>Total Liabilities and Retained Earnings</td>
<td>$72,292,337</td>
</tr>
</tbody>
</table>
**Important Enrollee Information**

Pursuant to Minnesota Statutes, Section 62D.07, subdivision 3

**Covered Services:** Services provided by Hennepin Health will be covered only if they are provided by participating Hennepin Health providers or authorized by Hennepin Health. Your contract fully defines what services are covered and describes procedures you must follow to obtain coverage.

**Providers:** Enrolling in Hennepin Health does not guarantee services by a particular provider on the list of providers. When a provider is no longer part of Hennepin Health, you must choose an alternate Hennepin Health provider.

**Referrals:** Certain services are covered only upon referral. See your Certificate of Coverage for referral requirements. All referrals to non-Hennepin Health providers and certain types of health care providers must be authorized by Hennepin Health.

**Emergency Services:** Emergency services received from providers who are not affiliated with Hennepin Health will be covered only if proper procedures are followed. Your contract explains the procedures and benefits associated with receiving emergency care from non-Hennepin Health providers.

**Exclusions:** Certain services or medical supplies are not covered. Your contract provides a detailed explanation of all exclusions.

**Continuation:** You may convert to an individual health maintenance organization contract or continue coverage under certain circumstances. These continuation and conversion rights are explained fully in your contract.

**Cancellation:** Your coverage may be cancelled by you or Hennepin Health only under certain conditions, which are outlined in your contract.

**Newborn Coverage:** If your health plan provides for dependent coverage, a newborn infant is covered from birth, but only if services are provided by participating Hennepin Health providers or authorized by Hennepin Health. Certain services are covered upon referral. If you would like dependent coverage, be sure to notify Hennepin Health of the infant’s birth. If your contract requires an additional premium for each dependent, Hennepin Health is entitled to all premiums due from the time of the infant’s birth until the time you notify Hennepin Health of the birth. Hennepin Health may withhold payment of any health benefits for the newborn infant until any premiums you owe are paid.

**Prescription Drugs and Medical Equipment:** Enrolling in Hennepin Health does not guarantee that a particular prescription drug or piece of medical equipment will be available, even if the drug or equipment is available at the start of the contract year.
Enrollee Bill of Rights

Pursuant to Minnesota Statutes, Section 62D.07, subdivision 3

Enrollees have the right to:

• Available and accessible services, including 24/7 emergency services as defined in your contract

• Be informed of health problems, and receive sufficient information regarding treatment alternatives and risks to make an informed choice

• Refuse treatment, and have their medical and financial records maintained and kept private by Hennepin Health and its health care providers in accordance with existing law

• File a complaint with Hennepin Health and the State Commissioner of Health, and initiate a legal proceeding when experiencing a problem with Hennepin Health or its health care providers

• A grace period of 31 days for the payment of each premium for an individual health maintenance contract falling due after the first premium during which period the contract shall continue in force

Medicare enrollees have the right to:

• Voluntarily disenroll from Hennepin Health and not be requested or encouraged to disenroll except in circumstances specified in federal law

• A clear description of nursing home and home care benefits covered by Hennepin Health

Contact Us

Member Services
Hennepin Health: 612-596-1036
8 a.m. to 4:30 p.m., Monday-Friday

Provider Services
612-596-1036
8 a.m. to 4:30 p.m., Monday-Friday

HealthConnection (24/7 nurse help line)
1-888-859-0202

TTY/Hearing Impaired
1-800-627-3529
Hennepin Health 612-596-1036
Monday–Friday, 8 a.m.–4:30 p.m.

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lacag-la’aan ah ee tarjumaadda qoraalkan,
lambarka kore wac.

612-596-1036
hennepinhealth@hennepin.us

Discrimination is against the law. Hennepin
Health does not discriminate because of
race, color, national origin, creed, religion,
sexual orientation, public assistance status,
marital status, age, disability or sex.