

# **2025 Health Plan Financial and Statistical Report (HPFSR) Instructions**

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## Statutory Requirement

The Health Plan Financial and Statistical Report (HPFSR) is a financial reporting tool that collects enrollment (membership), revenue and expense data from group purchasers on the health insurance coverage offered to and written for Minnesota residents.

Under [Minnesota Statutes 62J.38](#) and [Minnesota Rules, chapter 4652](#), group purchasers that are authorized to write health insurance for Minnesota residents must submit the Health Plan Financial and Statistical Report (HPFSR) to the Minnesota Department of Health (MDH) annually.

## Classification of Data

Pursuant to [Minnesota Statutes 62J.321](#), subdivision 5, the data provided in this report are classified as nonpublic and can only be made public in an aggregated form.

## Filing Requirements

- Reports are due to MDH by April 1<sup>st</sup> for the prior calendar year.
- Navigate to [HEP Data Portal](#) (<https://hepdataportalui.web.health.state.mn.us/signinregister>) to register and/or login to the Health Economics Program (HEP) secure data portal to complete the report and provide any supporting documents as needed.
- Further questions should be directed to [health.drmreport@state.mn.us](mailto:health.drmreport@state.mn.us).

## Information about Completing the Report

MDH requires the use of the HEP Data Portal to complete the HPFSR report. Use the [HEP Data Portal Registration and Account Management User Guide \(PDF\)](#) to register and create an account for completing the report. All information can be found on the [HPFSR](#) webpage.

## Data Parameters

- Data are for Minnesota Residents
- The data submitted in this report pertain to health insurance written for Minnesota residents only. A Minnesota resident is an enrollee or member listed in your company's enrollment records as having a zip code in Minnesota. You may use subscriber records if there are no records for each member. Include only company data for Minnesota residents.
- Type of Health and Medical Insurance to be excluded
- Exclude coverage that is related only to accidental death and dismemberment, short-term disability, long-term disability, long-term care, workers compensation, the medical component of automobile insurance, and personal accident coverage.
- Companies that are not currently writing Health or Medical Insurance
- If you determine that your company does not offer health and medical insurance, please complete Sections 1 and 2 of the form and report zero dollars in Health Care Premium Revenue.
- Product Categories
  - Commercial (Including Small Employer and Individual Market)

- Self-insured
- Stop Loss (also known as reinsurance or excess loss policies)
- Minnesota Public Programs including:
  - Medical Assistance (MA)
  - MinnesotaCare (MNCare)
  - Minnesota Senior Health Options (MSHO)
  - Other dual eligibles
  - Minnesota Disability Health Options (MNDHO)
  - Medicare Advantage
  - Medicare Supplement
  - Medicare Part D

## Instructions

### Organizational Health Plan Company Information

Review your organization's information for accuracy and completeness. Overwrite information that needs to be corrected or updated.

### Section 1: Contact Information

Complete all information for the preparer of this report. Incorrect information can be overwritten. Courtesy Contact Information is optional. Courtesy Contacts will be included in notification and final approval communications.

### Section 2: Total Health Care Premium for Minnesota Residents

Total Health Care Premiums: Please report Total Medical and Dental Health Care Premium Revenues for Minnesota residents. Include Small Employer and Individual Market premium revenues for commercial products. If your company does not offer health and medical insurance, please complete Section 2 and report zero dollars in Health Care Premium Revenue. Return to the Index page for Certification.

### Section 3: Medical Enrollment

Provide Medical Enrollment information for each product category. Note the following enrollment information:

- "Subscribers covering self only" means the number of members whose policy is for themselves only.
- "Subscribers covering self and dependents" means the number of members whose policy is considered a family policy. Dependents covered under these policies are **NOT** included in this count.
- Dependents will be counted in "Total Medical Covered Lives".
- Subscribers and Covered Lives enrollment is as of December 31<sup>st</sup>.

- Member Months should be the total of each month's covered lives, known or calculated, for the calendar year.
- If your company provides stop loss coverage for a self-insured employer for whom the company is also the third-party administrator, report these subscribers and expenditures in both the self-insured and stop loss columns.
- If your company has members enrolled in **both** a Medicare Supplement and a stand-alone Medicare Part D Prescription Drug Plan, please report enrollment in **both** categories.

#### **Section 4: Dental Enrollment**

Provide Dental Enrollment information for each product category. Note the following enrollment information:

- "Subscribers covering self only" means the number of members whose policy is for themselves only.
- "Subscribers covering self and dependents" means the number of members whose policy is considered a family policy. Dependents covered under these policies are **NOT** included in this count.
- Dependents will be counted in "Total Medical Covered Lives".
- Subscriber and Covered Lives enrollment is as of December 31<sup>st</sup>.
- Member Months should be the total of each month's covered lives, known or calculated, for the calendar year.
- If your company provides stop loss coverage for a self-insured employer for whom the company is also the third-party administrator, report these subscribers and expenditures in both the self-insured and stop loss columns.

#### **Section 5, Part A: Revenue from Medical and Dental Health Care Premiums**

Total Premium Revenue includes all premiums charged on all health insurance policies written for Minnesota residents. The data should be separated by Medical vs. Dental and by product line. Note the following information regarding Premium Revenue reporting:

- Premiums should include the change in unearned premium from the previous year minus refunds based on experience.
- Total reported premium revenues should equal the amounts reported in Section 2.
- Part A revenues should include estimates of the Advanced Premium Tax Credit (APTC) for MNSure plans.
- Do not include payments or recoveries for the Federal ACA Risk Adjustment and Risk Corridor programs.
- Do not include Reserves (e.g. durational reserves, premium deficiency reserves, active life reserves).
- Do not include reinsurance recoveries/payments on reserves made to/from a private third-party insurer.

#### **Section 5, Part B: Other Medical and Dental Revenue**

Other Medical and Dental Revenues include the following:

- Federal ACA Risk Adjustment and Risk Corridor Programs revenues/adjustments that increase or decrease your company's revenue.
- Minimum Premium Plan Revenue defined as revenue from insurance plan policies written for Minnesota residents where an employer self-funds a fixed percentage of the estimated monthly claims and the insurer covers the remainder. Include the amount for any minimum premium plans in the Commercial column.
- Administrative Services Fee revenue related to health Administrative Services Only (ASO) contracts written for Minnesota residents. An Administrative Services Only contract means a contract between a health plan company and a third party, including a self-insured employer, for which the health plan company provides only claims administration and other services, without assuming risk.
- Utilization Review Fee revenue which includes all fees related to health utilization review products written for Minnesota residents. This does not include utilization review revenue, which is part of premium revenue.
- Reinsurance Assumed Revenue which includes all revenue from reinsurance plan (stop loss) policies for Minnesota residents received by a health plan company which writes reinsurance plan policies. This does not include payments received for reinsurance claims.
- Patient Services Revenue which includes fee-for-service revenue received for medical and dental services delivered to patients by clinics that are owned by the health plan company.

### **Section 6: Health Care Expenses**

Report member liability separately where there is a column for member liability. If detail is not available for Medicare Supplement, Stop Loss, or coverage designed solely to provide payment on a per diem, fixed indemnity, or non-expense-incurred basis, report the expenses in "expenses not itemized above".

Estimate and report the indirect expenses for all carrier expense columns. MinnesotaCare 1.5% tax should be included in these expense categories. Do not itemize the MinnesotaCare 1.5% tax out of these expenses.

Carrier expense is the net amount of expenses for which the health plan company is entirely responsible. Do not include in the carrier expense column expenses that will be recovered from the member, which is member liability.

Member liability is the total amount payable by the member for health care services. This may include deductibles, copays, coinsurance, and amounts beyond plan coverage. If data regarding member liability are not available, an actuarially justified estimate is permissible.

Expenses in Section 6 **should include:**

- Expenses for cost-sharing (i.e., cost sharing reduction) paid by the U.S. Department of Health & Human Services (HHS) on behalf of low-income members.
- Include this information on Cost Sharing Reduction (CSR) in Section 10: ACA Expenses and indicate if the amount in Section 6 was included in the Carrier Expenses or the Member Liability column.

- Expenses reimbursed through the Minnesota Premium Security Plan, a state-specific individual market reinsurance plan ([Minnesota Statutes 62E.23](#)). Please note the total amount of MN Premium Security Plan payments received/anticipated per your financial reports in Section 6. Include expenses for MPSP in Commercial Carrier Expense categories *and* report separately under Individual Market MPSP. For clarity, reported carrier expenses should represent the gross amount of carrier expenses and should not be reduced by any credit received separately from the state.

Expenses in Section 6 **should NOT** include:

- Federal Taxes and Assessments related to the Affordable Care Act or the MNsure Premium Withhold. (List separately in Section 8, Taxes and Assessments).
- Recovery payments received from a private third-party insurer or internal large claim pooling mechanisms.
- Active life reserves (i.e., contract reserves), or any kind of reserves except those traditionally defined as reserves for claims incurred but not paid (IBNR/IBNP).
- Charges or payments from the Federal ACA Risk Adjustment and Risk Corridor programs. List separately in Section 5, Part B: Other Medical and Dental Revenue.

Expenses should be broken out by categories as defined in the HPFSR definitions. Please review the definitions prior to completing the form. These categories are:

- Physician Services
- Other Health Professional Services
- Inpatient Hospital Services
- Outpatient Services
- Skilled Nursing Facilities
- Home Health Care
- Emergency Services
- Pharmacy and Non-Durables
- Durable Medical Goods
- Chemical Dependency / Mental Health Services
- Dental Services
- Indirect Expenses
- Expenses Not Itemized Above

Indirect health care expenses are costs for administrative parts of the business. These do not include Affordable Care Act Taxes and Assessments defined in Section 10.

Use the total from Section 7 to allocate indirect health care expenditures across the product categories as outlined in the report. Do not include taxes and assessments in this line. Please note: The sum of indirect expenses across all product categories in Section 6 should equal the total indirect health care expenses reported in Section 7.

Total Health Care Expenses are automatically calculated for each product line.

### **Section 7: Indirect Health Care Expenses**

The total Indirect Health Care Expenses reported in Section 7 should equal the sum of the indirect expenses reported across product categories in Section 6. The data required for Section 7 may be estimated from existing accounting methods with allocations to specific categories. If estimations are made, then methods should be documented in the Comment/Explanation block of the page.

Indirect expenses should be broken out by categories as defined in the HPFSR report under Salaries and Benefits and Other Expenses. Please review the definitions prior to completing the form. These categories are:

- Billing and Enrollment
- Claim Processing
- Detections and Prevention of Fraud
- Customer Service
- Product Management and Marketing
- Underwriting
- Regulatory Compliance and Government Relations
- Lobbying
- Provider Relations and Contracting
- Quality Assurance and Utilization Management
- Wellness and Health Education
- Research and Product Development
- Charitable Contributions
- General Administration

General Administration expenses are all costs not outlined or allocated to the other categories. Traditional expense categories such as human resources, facility maintenance, payroll, general accounting, finance, executive, internal audit, treasury, actuarial, information systems, office management and occupancy costs, general office supplies and equipment, legal, board, outside consulting services, membership fees in trade organizations, public relations, and mail room expenses may be allocated in whole or in part to general administration expenses. Taxes and assessments are not included in these costs.

### **Section 8: Taxes and Assessments**

Taxes and Assessments should not be included in Indirect Expenses reported in Section 7. Taxes and Assessments include:

- MinnesotaCare Tax paid to providers under [Minnesota Statutes 295.582](#) and payments made as a provider under [Minnesota Statutes 295.52](#).

- Federal Taxes and Assessments related to the ACA which are all amounts payable to the federal government for the ACA such as Provision 9010 (Health Insurance Providers Fee), Patient-Centered Outcomes Research Institute Fee (PCORI), and the Federal ACA Risk Adjustment User Fee. Amounts payable for the MNsure Premium Withhold should be excluded.
- MNsure Premium Withhold which is all amounts payable for the MNsure premium withhold.
- Other taxes and assessments expenses (not included in prior tax and assessment categories) which are all payments or amounts payable to government agencies, except for the MinnesotaCare tax, under [Minnesota Statutes 295.52](#) and [Minnesota Statutes 295.582](#). This category does not include fees or fines paid to government agencies.

### **Section 9: Capital Costs**

Report any capital costs incurred this calendar year and any capital payments made this calendar year. Depreciation associated with these capital expenses are reported above as part of organizational expenses. Please review the definitions for Capital Costs outlined in the HFSPR report.

### **Section 10: ACA Expenses and Other Expenses**

Report additional information on the amounts of ACA related fees, taxes, and payment for the calendar year. These fees include:

- ACA Advanced Premium Tax Credits (APTC) that may have increased or decreased revenues reported in Section 5.
- ACA Cost Sharing Reductions (CSR) that may have increased or decreased expenses reported in Section 6.

Provide explanations in Comment/Explanations block of the page if any of these expenses are calculated (not known) or affect HPFSR reporting and reconciliation to the company financial statements.

### **Section 11: Published Information**

The data in this section will populate based on reporting in other sections. Under [Minnesota Statutes 62J.38](#), the Minnesota Department of Health (MDH) is required to collect and publish information on administrative costs for health plans that do business for Minnesota residents. These data may be released to the public in accordance with [Minnesota Statutes 62J.321](#), subdivision 5, which provides for a period of review and comment by health plan companies prior to the release of data.

### **Section 12: Audit Checks**

Items on this page are for your reference and to be used as an aid in completing the report. If your reported data does not fall within in validation parameters, you may be contacted by MDH staff for corrections or explanations.

### **Section 13: Supporting Documents**

Should your company need to provide any supporting documentation for your HPFSR please upload your files here.

## Certification Statement

When the report is complete return to the Index page for Certification at the bottom of the page.

### Certification:

- Companies with \$3 million or more in total health care premium for Minnesota residents must certify that revenue and expenses reported in the HPFSR are consistent with the company's audited financial statements.
- Companies certifying that reported revenue and expense data are consistent with audited financial statements should provide a description of the methods used to determine revenue and expense data in the Comment/Explanation block of the page. ***Where necessary, the actuary/financial officer should include additional information to reconcile financial statements.***
- Companies that market 80% or more of their business in Minnesota should reference appropriate entries from their audited financial statements for their entire book of business, or report experience for Minnesota residents only. Accounting and auditing methods should be applied consistently from year to year.
- Companies with 80% or less of their business in Minnesota shall have an actuary or financial officer certify that enrollment, and revenue and expense data are calculated in a manner consistent with prior reporting years and shall attach an accounting or actuarial memorandum describing methods used to identify and separate the Minnesota residents' data.

### Requests for an Extension

If the reporting company is unable to submit the report by April 1<sup>st</sup> for the prior calendar year, a request for extension must be submitted via the HEP Portal by the due date and must include an explanation outlining why the extension is needed. Please use the Extension Request button to send your request for approval. Note requests can be amended if needed.

### Contact Information

Questions regarding reporting requirements can be directed to [health.drmreport@state.mn.us](mailto:health.drmreport@state.mn.us) or by calling 651-201-3572.

## References

- [Minnesota Statutes 62J.38 \(https://www.revisor.mn.gov/statutes/?id=62j.38\)](https://www.revisor.mn.gov/statutes/?id=62j.38)
- [Minnesota Rules, chapter 4652 \(https://www.revisor.mn.gov/rules/?id=4652\)](https://www.revisor.mn.gov/rules/?id=4652)
- [Minnesota Statutes 62J.321 \(https://www.revisor.mn.gov/statutes/cite/62j.321\)](https://www.revisor.mn.gov/statutes/cite/62j.321)
- [HEP Data Portal \(https://hepdataportalui.web.health.state.mn.us/\)](https://hepdataportalui.web.health.state.mn.us/)
- [HEP Data Portal Registration and Account Management User Guide \(PDF\) \(https://www.health.state.mn.us/data/economics/uror/docs/regguide.pdf\)](https://www.health.state.mn.us/data/economics/uror/docs/regguide.pdf)
- [Health Plan Financial and Statistical Report \(HPFSR\) \(https://www.health.state.mn.us/data/economics/hccis/reporting/healthplan/index.html\)](https://www.health.state.mn.us/data/economics/hccis/reporting/healthplan/index.html)

HEADER REPEATS FROM PAGE 2 ONWARD

- [Minnesota Statutes 62E.23 \(https://www.revisor.mn.gov/statutes/cite/62E.23\)](https://www.revisor.mn.gov/statutes/cite/62E.23)
- [Minnesota Statutes 295.582 \(https://www.revisor.mn.gov/statutes/?id=295.582\)](https://www.revisor.mn.gov/statutes/?id=295.582)
- [Minnesota Statutes 295.52 \(https://www.revisor.mn.gov/statutes/?id=295.52\)](https://www.revisor.mn.gov/statutes/?id=295.52)