Draft Discussion Guide
MNsure Board of Directors
Monitoring and Evaluation Framework

November 13, 2013

Background: A subcommittee of the MNsure board (Tom Forsythe, Kathryn Duevel, and Pete Benner) met with Lynn Blewett, University of Minnesota under the auspices of the RWJF State Network grant to the State Health Access Data Assistance Center (SHADAC), Stefan Gildemeister, Director of the Minnesota Department of Health, Health Economics Program, and Katie Burns, MNsure Policy and Plan Management Director. The group discussed various approaches to monitoring and evaluation of MNsure.

The board members agreed on four key criteria when discussing monitoring activities:

- ✓ A broad measurement framework is needed to assess the impact of health reform generally in Minnesota. MNsure should participate in those broader measurement conversations.
- ✓ Prioritize metrics that measure both success and areas for improvement
- ✓ Leverage existing data sources and reporting activities (*efforts should not duplicate ongoing data collection activities)* wherever possible
- ✓ Highlight reasonable number of key metrics prioritized by domain of MNsure activity

For the purposes of this discussion, we acknowledge but set aside for now the fact that (1) there are several federal reporting requirements that must be met which will overlap with the MNsure monitoring and evaluation framework and (2) the MNsure board will receive regular updates on specific MNsure day-to-day operations as needed. The MNsure monitoring and evaluation activities should not duplicate these activities, but should leverage the data and activities to populate an annual monitoring report.

There are two broad approaches to monitoring and evaluation of MNsure specifically and health reform in general: a more comprehensive approach and multiple more specific reports.

1. Comprehensive Approach

MDH has developed a proposed comprehensive approach to monitoring the impact of MNsure in the context of health reform activities. This framework was developed in collaboration with SHADAC and was vetted by several state agency partners and key interest groups and presented to the MNsure Board in October 2013. *(See presentation slides from October 16*

board meeting; a draft report will be available in late November, 2013). Many states have developed similar comprehensive reports which include both market-oriented metrics such as change in the number and proportion of the uninsured as well as specific marketplace activities (e.g., number of new enrollees by type of metal plan). Attached is a copy of the Massachusetts first annual report on Connector activities which is an example of the comprehensive approach. The staff of the Connector prepared this report but other states have used independent state agencies (RI Department of Health) or outside vendors (CO Health Institute) to produce these final reports. The MDH suggested measurement domains include the following:

Figure 1. MDH Proposed Monitoring Domains

Advantages:

- Everything is all in one place
- Comprehensive picture of MNsure in the context of the rest of the market
- Focus on MNsure activities but include other areas of reform
- Collaboration and leveraging of MDH data and expertise
- Incorporates MNsure activities into MDH ongoing monitoring scheme of Health Care market
- Allows MDH to use data collection authority to collect needed information from other state agencies (i.e. DHS, Revenue, Commerce)
- Provides opportunity to connect monitoring efforts with analysis of factors driving trends

Disadvantages:

- MNsure only one part of reform activities
- Unless complemented by explicit measurement activities in health reform areas other than MNsure, a broader report including MNsure may incorrectly imply that MNsure will have a significant impact on the rest of the market including health status, premium costs for both small and large firms, etc.
- Depth sacrificed for breadth: Unless carefully balanced, inclusion of broader measures may constrain focus on a richer set of MNsure-specific measures.

2. Individual Reports by Function

The subgroup of Board members discussed the possibility of dividing future reporting activities into three key functional areas.

A. Separate Market-Wide Report: Traditionally in the domain of the Minnesota Department of Health to report on general access, cost and quality trends in the market. Based on the MDH Measurement Domains this would include the domains of:

1. Health Insurance coverage
2. Access to Care
3. Subset of Health Care Costs
4. Health and Wellbeing

B. Separate MNsure Monitoring Report: A new report that would focus on the implementation of MNsure in the Minnesota Health Insurance market. This report would leverage data reported to the federal government, enrollee satisfaction survey data, future quality rating system information and other operational reports generated to inform the management of MNsure operations. Based on the proposed MDH Measurement Domains this would include the following domains:

5. Consumer Education and Choice (e.g., Portal users' understanding of and satisfaction with plan information, consumers assisted by navigators, Contact Center, etc.)
6. Health Care Quality of MNsure plans (e.g., number/% of MNsure plans with enrollee engagement programs, distribution of quality ratings for MNsure plans)
7. Health Care Costs of MNsure plans (e.g. number/% of enrollees receiving premium subsidies/cost-sharing subsidies, average premium cost by metal level, enrollment by metal level)

Advantages

- Pulls out MNsure as a separate entity with unique functions in the market and allows for the focus on this new important activity
- Allows for a more in-depth look at operational data and how it is/can be understood and used to drive program operations
- Does not assume or imply MNsure is the driver of overall market forces
- Divided into two efforts, a greater number of metrics may be feasible overall

Disadvantages

- Pulls MNsure key operational activities out of a comprehensive look at health reform in the state of Minnesota
- Does not facilitate the integration of data/policy issues into discussion of the impact of health reform
- Potentially makes comparisons across population by key characteristics (e.g., age, gender, race/ethnicity, income) and performance metrics (e.g., affordability, health status, satisfaction, experience with care barriers) more difficult
- Could isolate MNsure measurement activity from other state agencies

C. An Annual Policy Report on A Select Topic of Interest (topic could change year to year): For example, a policy-oriented report could focus on transitions in coverage, including movement between public programs and the commercial market and stability and change in consumer choices over time. This specific report would leverage MNsure administrative data. Other topics may involve MNsure data in combination with other state agency data.

Advantages

- Provides a vehicle for focusing attention on a key relevant policy topic to be determined by the Board
- Allows MNsure to plan in advance for focusing staff resources on the production of such a report and ensuring appropriate data are available to support the analysis
- Recognizes relevance of topics to MNsure and other agencies depending on topic (not just a MNsure report)

Disadvantages

- It may become unwieldy to have a number of separate reports
- Production of reports requires staff time at MNsure and potentially other agencies depending on the topic; it would be important for the Board to balance establishing

direction for a high level priority for such an annual report and recognize that it cannot allocate resources of other state agencies that may need to be involved in such a report

- May be useful to have data and discussion on policy topic integrated with MNsure program report
- Integrating policy topics of relevance to MNsure into broader health policy discussion and monitoring efforts may also be desirable

KEY FEDERAL REPORTING REQUIREMENTS

What	When	Notes
CCIIO Weekly Metrics	October 2013 (reporting as feasible)	*Overview of applications submitted and eligibility determinations by type of plan, income level, age, pathway*
Additional CCIIO Metrics	February 2014	*Finalization of requirements coming soon*
Quality Rating System for MNsure qualified health plans	2016 (or earlier at MNsure option)	*Build on work done by National Committee for Quality Assurance (NCQA), and others*
Enrollee Satisfaction Survey	2016 (or earlier at MNsure option)	*Likely to be a CAHPS* survey, have a draft tool from CCIIO; focused on private commercial market and experience with Marketplace.*

***"Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. CAHPS originally stood for the Consumer Assessment of Health Plans Study, but as the products have evolved beyond health plans, the name has evolved as well to capture the full range of surveys. The acronym "CAHPS" is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)." For more information see here: https://cahps.ahrq.gov/about-cahps/index.html*

MNsure Legislative Requirement - Sec. 10. [62V.08] REPORTS.

(a) The Minnesota Insurance Marketplace shall submit a report to the legislature by January 15, 2015, and each January 15 thereafter, on: (1) the performance of Minnesota Insurance Marketplace operations; (2) meeting the Minnesota Insurance Marketplace responsibilities; (3) an accounting of the Minnesota Insurance Marketplace budget activities; (4) practices and procedures that have been implemented to ensure compliance with data practices laws, and a description of any violations of data practices laws or procedures; and (5) the effectiveness of the outreach and implementation activities of the Minnesota Insurance Marketplace in reducing the rate of uninsurance.