

Monitoring the Impact of Health Insurance Marketplaces

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State Health Access Data Assistance Center

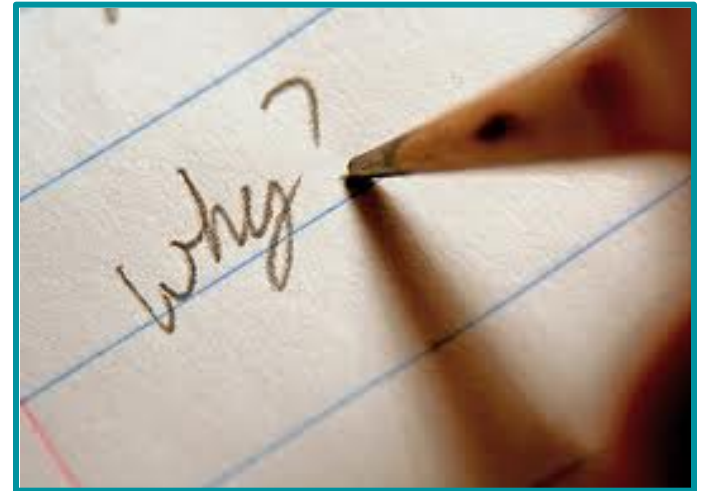
- Health policy research center at the University of Minnesota, School of Public Health
- Focus: Health insurance coverage, access to care and the use of state and federal data and analysis to inform health policy development
- RWJF-Funded State Network project
 - SHADAC is one of five 5 expert teams to work with 11 states committed to the implementation of health reform including Minnesota

Examples of SHADAC's Measurement and Monitoring Work

- California
 - Framework for monitoring ACA funded by the California Health Care Foundation (CHCF)
- Maryland
 - Framework for monitoring the Maryland Health Connection, sponsored by RWJF State Network Program

Objectives for Generating a Monitoring/Evaluation Framework

- Facilitates agreement on goals, priorities, and how progress will be measured
- Establishes collaboration to focus on the “big picture”
- Helps avoid duplication of data collection and provides consistency in measurement
- Prepares staff to respond to future questions from policymakers, the public, and the media in a coordinated way



Common Elements to Developing an Evaluation and Monitoring Framework

- ✓ Defining scope
- ✓ Choosing measures
- ✓ Operationalizing measures
- ✓ Selecting appropriate data and identifying data gaps
- ✓ Establishing benchmarks and goals
- ✓ Engaging stakeholders

Key Questions to Consider

- What is the primary focus?
 - Short- versus long-term measures, Impact on MN market or MNsure operations, inclusion of Medicaid (or not), outcomes versus process measures
- What are the key policy goals and issues policymakers are most concerned about?
 - Consumer choice, enrollee experience, coverage and continuity of coverage, market stability, health care costs, access to services
- Who is the main audience?
 - Internal operations staff, high level policy staff, legislature, public, media – *may have more than one report*
- How can MNsure keep topic areas manageable?
 - Discuss and agree on key objectives/policy goals

Lessons Learned

- Keep the number of measures manageable
- Choose measures that are directly related to policy goals and levers
- Think about near-/medium-/long-term impacts and include measures for each
 - *Include some measures that might be “early success signs” or “early warning signs”*
- Incorporate existing reporting efforts or required data reporting (e.g., CCIO requirements)
- Consider feasibility - existing data versus possibility of collecting new data

State Examples: California



- California's framework was broad in scope,
- But was limited to 3 overarching policy goals
 - Health insurance coverage
 - Affordability and comprehensiveness of coverage
 - Access to health care services
- Decided *what* to measure before assessing *how* (e.g., policy relevance, not data availability, was key criteria for selecting measures)
- Focus was on outcome measures, not implementation/ process measures
- Extensive stakeholder feedback process on the back end in prioritizing next steps and resources for filling data gaps

Coverage Metrics

Coverage: Overview

Insurance coverage distribution

Uninsurance

Uninsured at point in time

Uninsured at some point in the past year

Uninsured for a year or more

Reasons for uninsurance

Number of people exempt from coverage mandate, by reason

- * Uninsured at point in time/all yr / part yr
- * Reasons for uninsurance
- * Number of persons exempt from coverage mandate
- * Number of people who pay the tax penalty for not purchasing coverage

- * Number of Individuals purchasing coverage on the exchange
- * Number of small employers purchasing coverage on the exchange

Insurance Exchange

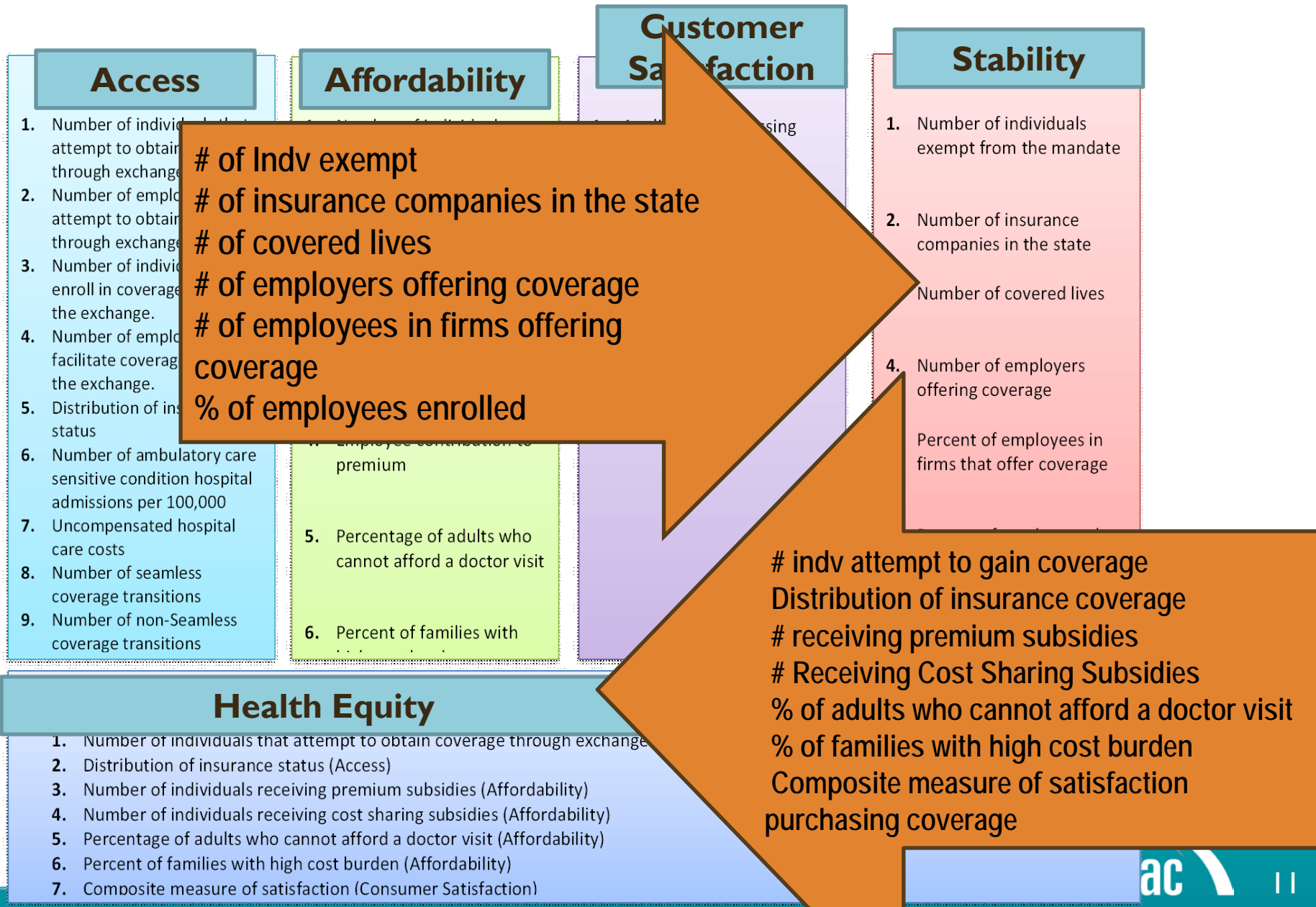
Number of people purchasing coverage through the exchange

Number of businesses and people with group coverage through the exchange

Maryland Health Connection

- Focused on monitoring the impact of the Maryland Health Connection
- Limited measures to data generated by operation of exchange, measures currently produced by state agencies, or measures already collected by state
- Marketplace staff defined 5 core measurement categories
 - **Access, Affordability, Consumer Satisfaction, Market Stability, Health Equity**
- Outcome measures AND process measures
- Less formal stakeholder engagement process than in California
- Iterative process – measures evaluated every 6 months
- Separate, more specific set of measures for operational areas

Monitoring the MD Health Connection



Unique Aspects of Other State Efforts

- Rhode Island
 - Separate **Evaluation and Data Comparison Division** housed within their health benefits exchange – on same level as Operations Division
 - Despite location of staff, taking evaluation approach that is broader than the exchange
 - Significant number of evaluation measures but shorter list of “leading indicators”
- Oregon
 - Measuring achievement of the **12 key goals** adopted by Board
 - Delivering findings through multiple products on different timelines (e.g., online dashboards, research briefs, annual evaluation reports)
- Colorado
 - **Data Advisory Work Group** comprised of stakeholders and researchers makes recommendations to exchange on evaluation metrics and data sources

Other Resources

- State examples of evaluation frameworks for SBMs and health reform more broadly:
 1. Maryland: Framework for Monitoring the Maryland Health Connection and Measures Summary Table, available at http://www.shadac.org/files/MD%20Health%20Connection_Monitoring%20Measures_Dec2012.pdf
 2. Rhode Island: Rhode Island Performance Measurement Plan, available at http://www.shadac.org/files/RI_Draft_Performance%20Measurement%20Plan%20V2.0.pdf
 3. California: A Framework for Tracking the Impacts of the Affordable Care Act in California, available at <http://www.shadac.org/publications/framework-tracking-impacts-affordable-care-act-in-california>
 4. Colorado: Report on Metrics for Evaluation of the Colorado Health Benefit Exchange, available at http://www.shadac.org/files/DAWG%20report%20DRAFT_Final.pdf
 5. Washington: Navigator Program Performance Measures, available at http://wahbexchange.org/wp-content/uploads/HBE_PC_130107_Nav_Performance_Measures.pdf
 6. District of Columbia: Performance Metrics for In-Person Assisters (second to last page), available at http://hbx.dc.gov/sites/default/files/dc/sites/Health%20Benefit%20Exchange%20Authority/event_content/attachments/IPAprogramrecommendationFINAL.pdf
- SHADAC and State Network Small Group Consultations (wide variety of resources on measure development, data sources and state examples):
 1. Developing an Evaluation Framework for the Affordable Care Act, available at <http://shadac.org/snsgc>
 2. Data Needs and Requirements Related to State-Based Marketplaces (SBMs), available at <http://shadac.org/sbmdataneeds>
- Resources on federal data sources:
 1. NHIS Questionnaire Changes Addressing the Patient Protection and Affordable Care Act, available at <http://www.shadac.org/publications/nhis-questionnaire-changes-addressing-patient-protection-and-affordable-care-act>
 2. Monitoring the Impacts of Health Reform at the State Level: Using Federal Survey Data, available at http://www.shadac.org/files/shadac/publications/SHADAC_Brief24.pdf
 3. Data Sources for Monitoring and Evaluation of Health Reform, available at http://www.shadac.org/files/Data%20Sources%20for%20Monitoring%20and%20Eval_final.pdf

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