



COURT INTERNATIONAL BUILDING  
2550 UNIVERSITY AVENUE WEST  
SUITE 255 SOUTH  
ST. PAUL, MINNESOTA 55114  
651-645-0099 FAX 651-645-0098

**Contact:**  
Eileen Smith  
[smith@mnhealthplans.org](mailto:smith@mnhealthplans.org)  
612-840-4554

## **All care is local and here's data to prove it**

Newspapers are filled every week with stories about decisions that shape the care Minnesotans get. While discussions are happening in Washington, D.C., and St. Paul, reality is all care is local. In fall 2017 the Minnesota Council of Health Plans started meeting with reporters around the state to help them make the far away conversations understandable at home. The Council now has county-by-county data on its [website](http://mnhealthplans.org). ([mnhealthplans.org](http://mnhealthplans.org))

"Nobody experiences average care," said Jim Schowalter, council president. "And these data help reporters understand local worries and what policies matter."

### **Medicare is changing, and more**

Changes to Medicare and how people get health insurance on their own are two recurring topics that the Council highlights with county- and region-specific data.

Medicare is changing in two ways. By the end of 2018, more than 300,000 people in 13 of 87 Minnesota counties will change how they get Medicare under current law. A specific type of Medicare, Medicare Cost Plan, is going away as the government restructures Medicare.

"Minnesota has more Medicare Cost Plans than any where in the country," Schowalter said. "So, while this change isn't a big story nationally, it certainly will be big here at home."

Medicare is also making major changes in how it pays clinics—paying for the care they give, not the process of giving it. Payments will be set on a combination of factors, including what clinics do to improve care, using technology to improve care, how good the care is and its price. The changes affect care people get through Medicare Part B, most often received outside a hospital. Physicians, dentists, chiropractors, registered nurses, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, physician assistants, physical and speech therapists will all be paid differently than today.

"Medicare is a big ship and when it changes direction on payments to clinics and doctors it leaves a big wake behind. We all need to adjust quickly and work to make sure all Minnesotans can get the care they need now and in the years to come," Schowalter said.

-more-

Another topic to follow is how people get insurance on their own.

In his 2017 and 2018 budgets, Gov. Mark Dayton proposed inviting people who get their own insurance to buy into MinnesotaCare. His proposal creates new Silver and Gold public options, just like in the private market today. Because government plans pay doctors, hospitals and clinics less than private insurance, they'd get on average about \$400 per person less each month for the care they give. The Council worked with expert insurance analysts to study Gov. Dayton's proposal. The only savings in the public option is from paying doctors, clinics and hospitals less. The proposal doesn't have enough detail yet to compare deductibles, copays, prescription drug costs and other details to what people buy today.

"It is clear in the regional-level data on our website that the effect on doctors, nurses and others who work at hospitals or clinics needs to be talked about. Assuming the clinics and hospitals can't absorb the drop in payment, then the conversation has to be about who makes up the difference and how much it will cost those families," Schowalter said.

People across Minnesota pay for care in many ways: Medicaid in many forms, MinnesotaCare, insurance through work and insurance people buy on their own, and Medicare. We're working to show how all of these topics are connected in local communities. That's the only way we will solve the problems around rising medical bills in a way that bring health care within reach for *all* Minnesotans."

Data on the following topics are also available in County-level information on the Council's website:

- CSRs will return a news story in Washington and here. These Cost Sharing Reductions lower deductibles and copays for low income people. And in Minnesota, CSRs helped fund MinnesotaCare.
- Medicaid in Minnesota now insures 900,000 people in the state. Congress continues to talk about changing how it helps fund Medicaid.
- In 2017, about 125,000 people across the state got help to pay premiums from the federal government to pay premiums. That help continues. The average household saw a discount of \$609 each month. Another 100,000 people got help averaging \$606 from the state and health insurers through the state's Premium Subsidy Program. That help ended.
- About half of the people with health insurance are worried about being able to afford care, reports the Kaiser Family Foundation. The Council's documents show data about the care people get at local clinics and also the mix of Medicare, Medicaid and private insurance payments to local hospitals.

"To improve care, we need to turn on the light in each community and understand how decisions being made far from home effect people at home," Schowalter said.