

Study puts Minnesota care plans among best

The state's largest health insurance providers stack up well against their counterparts, but issues remain, the report found.

[David Phelps](#), Star Tribune

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Minnesota's largest health insurers provide some of the best care and coverage in the United States, according to a report by an organization representing large companies that pay for the coverage their workers receive.

But there also is room for improvement, especially when it comes to paying more for better care, giving patients more information about treatment and cost, developing transferable electronic medical records and dealing with cultural and racial health disparities, it said.

Those are the findings of the Minnesota Buyers Health Care Action Group. The group represents some of the state's largest employers, labor unions and the state of Minnesota. It's also part of a national organization that uses its collective market strength to negotiate rates and terms with insurers.

"This is good news. The Minnesota plans have stepped up and looked at the things we want done," said Carolyn Pare, the group's executive director in Minnesota.

The group surveyed health plans in 10 categories. The areas included information technology, consumer support and engagement, disease prevention, chronic disease management, behavioral health, pharmacy management, consumer-driven plans and performance measurement of doctors and hospitals, network operations and accreditation on quality.

Participating in the survey was Blue Cross and Blue Shield of Minnesota, Medica, HealthPartners, Preferred One and Patient Choice.

Minnesota-based insurers scored the best in the country in six of the study's categories. Blue Cross and Blue Shield of Minnesota ranked first in the areas of plan performance and chronic disease management. HealthPartners ranked top in provider measurement, health information technology and pharmacy management. Patient Choice ranked best with consumer engagement.

"Health plans pay attention to this because it is a national calibration of how Minnesota plans are doing," said Julie Brunner, executive director of the Minnesota Council of Health Plans.

"What's remarkable is that Minnesota plans are leading in six of the categories. I think that reflects a culture of collaborative work here."

The group's report also helps employers structure their insurance coverage by evaluating the strengths and weaknesses of particular plans.

"Once an employer or broker determines what is best for them, chronic diseases for example, they can see which plans ranked the highest in their particular category," said David Delahanty of Buck Consultants, a benefits resource for employers.

"It's interesting that no single plan did well in every category," he added.

The group's four areas for improvement reflect critical health needs that must be addressed, Pare said.

Currently, she said, minority and immigrant populations are falling between the cracks when it comes to health care, and are sicker than others. Patients need portable electronic records they can take with them when they change insurance plans. That's not the case today. Paying for performance rather than by procedure improves outcomes, Pare said. And consumers need better information to make spending decisions that increasingly are coming out of their own pocketbooks.

Insurers appeared to agree with Pare, although how and when those goals will be accomplished is unclear.

"Some of these are community issues, not just insurer issues," said MaryAnn Stump, chief innovation officer and senior vice president for Blue Cross. "We need the provider community, the insurer community and the employer community all involved."