



---

# **Evaluation Report Methodology: Retrospective Evaluation**

Updated March 31, 2025

---

## Report Prepared By

This document was prepared by the American Institutes for Research (AIR) at the request of the Minnesota Department of Commerce. AIR created this document for internal use by the Minnesota Department of Commerce pursuant to Contract No. 216732. The document assumes reader familiarity with the existing health benefit being evaluated. The document was prepared solely to assist the Minnesota Department of Commerce. No other use of this document or the information or conclusions contained herein is authorized.

Minnesota Department of Commerce

85 7th Place East

St. Paul, MN 55101

651-539-1734

[HealthInsurance.DivisionRequests@state.mn.us](mailto:HealthInsurance.DivisionRequests@state.mn.us)

<https://mn.gov/commerce/>

*Upon request, this material will be made available in an alternative format such as large print, Braille, or audio recording. Printed on recycled paper.*

## Introduction

Minn. Stat. §62J.26 requires the Minnesota Department of Commerce (Commerce)—in coordination with the Minnesota Department of Health (MDH) and Minnesota Management and Budget (MMB) —to evaluate mandated health benefit proposals for potential fiscal, economic, and public health impacts. In 2023, the Minnesota Legislature passed legislation directing Commerce to conduct an evaluation of the economic cost and health benefits of one existing state-required benefit included in Minnesota’s essential health benefit benchmark plan each year for the next five years.

## Requirements of the 62J Evaluation

Evaluations of existing health benefits must consider the following:

- I. The cost for required services;
- II. The share of Minnesotans' health insurance premiums that are tied to each existing health benefit;
- III. Utilization of services;
- IV. Contribution to individual and public health;
- V. Extent to which the health benefit conforms with existing standards of care in terms of appropriateness or evidence-based practice;
- VI. The historical context in which the health benefit was enacted, including how the existing health benefit interacts with other required benefits; and
- VII. Other relevant criteria of effectiveness and efficacy as determined by the Commissioner in consultation with the Commissioner of Health.

As part of these evaluations, Commerce may seek public feedback on the existing health benefit. This public feedback is summarized and incorporated into each analysis.

## Evaluation Reporting Components

For the purposes of this evaluation, Commerce uses the following terms to describe the impact of the health benefit:

**Public health.** The science and practice of protecting and improving the health and well-being of people and their communities. The field of public health includes many disciplines, such as medicine, public policy, biology, sociology, psychology and behavioral sciences, and economics and business.

**Economic impact.** The general financial impact of a drug, service, or item on the population prescribing or utilizing the drug, service, or item for a particular health condition.

## Public Comment – Request for Information

To assess the public health, economic, and fiscal impact of the existing health benefit, Commerce may solicit public input through a request for information (RFI) posted to Commerce’s website and the Minnesota State Register. The public comments summaries represent only the opinions and input of the individuals and/or organizations who respond to the RFI.

The public submits comments in response to Minnesota’s RFI process, to enable the state to collect information from consumers, health plans, advocacy organizations, and other stakeholders. This process helps Commerce gather opinions, identify special considerations, and secure additional resources to support the evaluation. The evaluation includes a summary of key themes collected from stakeholders that submitted comments.

Any studies, laws, and other resources identified by stakeholders through public comment are evaluated based on criteria used for the literature scan (see below).

## Literature Scan Criteria

To evaluate the current standards of care, clinical effectiveness of required services, cost, and contribution to public health, Commerce performs a literature scan of relevant material related to the coverage requirements of the health benefit. Literature in the evaluation report may include studies identified by stakeholders matching the evaluation’s inclusion/exclusion criteria, and studies identified through a literature scan. The evaluation report’s literature scan focused on searches in [PubMed](#) and the [National Bureau of Economic Research \(NBER\)](#) using relevant search terms specific to each health benefit. The inclusion factors include:

- Peer-reviewed literature and independently conducted research;
- Publication within the last 10 years, with domestic data and/or publishing source;
- Relevance to the health benefit;
- Generalizability of the findings; and
- Quality of the research, as guided by the [Joanna Briggs Institute Clinical Appraisal Tools](#).

The analysis includes identified key themes and shared patterns related to the medical, economic, or legal impact of the health benefit.

## Cost and Utilization Analysis

The cost analysis uses state-specific data to understand the cost and the utilization of required services. The approach for these sections is determined in collaboration with MDH, and state-specific data is provided by MDH where applicable. To assess the impact of the existing health benefit, Commerce may assess claims prior to the enactment of the health benefit, where applicable.