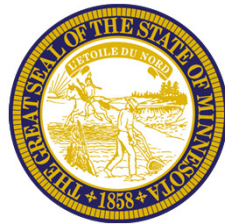


Healthcare Pricing Transparency

HF57,58,59



**Minnesota
House of
Representatives**

Representative Steve Elkins
rep.steve.elkins@house.mn

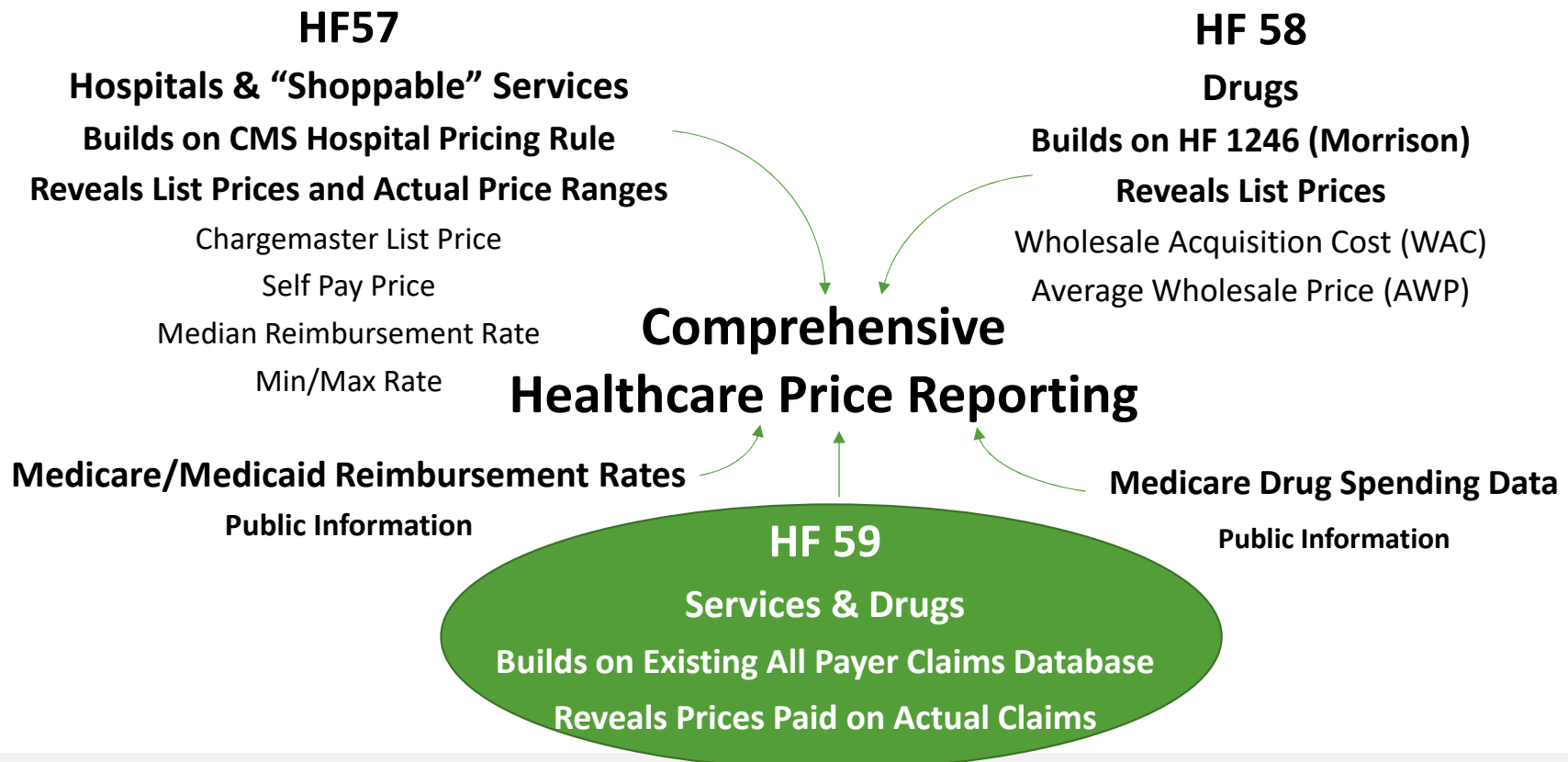
Why?

We encourage Health Plans and Employers to offer High Deductible Health Plans in the belief that, if patients have more to pay more out of pocket for their healthcare, they'll be incentivized to become better shoppers for more cost-effective health care.

... and then we deny them the price information they need to become better shoppers.

The purpose of HFs 57, 58 and 59 is to provide them this price information.

The Big Picture





Minnesota House of Representatives

HF59 All Payers Claims Database

Steve Elkins | Representative HD 49B

Minnesota All Payer Claims Database

- The All-Payer Claims Database (APCD) is a repository of healthcare claims records submitted to MDH by Minnesota Health Plans.
- APCDs are promoted under federal law, and many states have them
- Their purpose is to support medical research and reporting
- Usage of the Minnesota APCD has been limited because, under current State Law ...
 - Only semi-annual submissions are required so much of the data is “stale”
 - Some plan administrators withhold data from employer financed “ERISA” plans, so the scope of the data is incomplete.
 - APCD data cannot be used for price reporting because of earlier negative experiences with using stale, incomplete data for this purpose. (Provider Peer Group reporting)

Objectives of HF 59

- Improve latency of the data by requiring monthly submissions
 - Most health plans already do – it's actually easier because the data volumes are more manageable
- Leverage language in Federal No Surprises Act encouraging the submission of ERISA plan data to improve the scope of the data.
- Allow the improved data to be used for reporting of actual pricing by procedure and provider
 - Reporting by both provider *and health plan* is prohibited by federal law to preserve the confidentiality of negotiated rates.
- Supplement the reporting of published price data required by HF 57 and HF58.
- *Note: Congress has appropriated a grant of \$2.5 million per state to fund these types of initiatives*

Data Privacy Considerations

- The claims information that the Plans submit to the APCD is de-identified. It includes no Personally Identifiable Information (PII)
- It includes very limited information, required for health care research, that could be used to re-identify its records:
 - Gender
 - Age (Not Date of Birth)
 - Zip Code (5 digits – only the first three are shown in any public reporting)
- **None of these three attributes would be used in Price Reporting**
- MDH knows how to address patient/practice granularity issues
- The APCD database is very strongly secured

HF 59 Key Stakeholders

- The Key Stakeholders consulted in the Development of HF59 include:
 - Minnesota Department of Health
 - Minnesota Hospital Association
 - Minnesota Medical Association
 - Minnesota Chamber of Commerce
- Testifiers
 - Minnesota Department of Health
 - Minnesota Medical Association
 - Minnesota Chamber of Commerce

Credits

- Thanks to the Staffs of these Organizations for their advice and assistance in the development of these bills:
 - [NCSL](#) (National Conference of State Legislatures)
 - [NASHP](#) (National Academy for State Health Policy)
 - [United States of Care](#)
 - Minnesota Department of Health
 - Minnesota Department of Human Services



Minnesota House of Representatives

Thank You