

Subject Changes to all-payer claims database

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Overview

This bill requires health plan companies and third-party administrators, beginning January 1, 2025, to submit data to the all-payer claims database (APCD) on nonclaims-based payments made to health care providers. This bill also allows nonclaims-based payment data to be used for the existing purposes for which data in the APCD may be used and requires the commissioner of health to submit a report to the legislature on health care spending across payment models, focusing on value-based care models and primary care spending.

The APCD is a database of health care claims data for Minnesota residents, maintained by the Health Department and a data processor. Health plan companies, third-party administrators, and pharmacy benefit managers report data to the database, and the data may only be used as authorized in statute.

Summary

Section	Description
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| 1 | <p>Nonclaims-based payments.</p> <p>Adds subd. 5b to § 62U.04. Beginning January 1, 2025, requires all health plan companies and third-party administrators to submit to the all-payer claims database (APCD), data on nonclaims-based payments made to health care providers. Specifies what nonclaims-based payments are, and requires these payments to be attributed to a health care provider to the extent possible and to be combined with encounter data and pricing data currently collected by the APCD in analyses of health care spending. Classifies data collected under this subdivision as nonpublic data, and allows summary data to be derived from data collected under this subdivision. Requires the commissioner of health to establish procedures to protect the integrity and confidentiality of this data.</p> |
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Section	Description
2	<p>Restricted uses of the all-payer claims database.</p> <p>Amends § 62U.04, subd. 11. In a subdivision governing uses of data in the APCD, allows data on nonclaims-based payments to be used for the uses listed in paragraph (a). Also allows data in the APCD to be used on an ongoing basis to analyze variations in cost, quality, utilization, and illness burden based on geographic area or population (under current law data may be used for this purpose only until July 1, 2023).</p>
3	<p>Outcomes reporting; savings determination.</p> <p>Amends § 62U.10, subd. 7. Allows the commissioner to use nonclaims-based payment data, along with encounter data and pricing data as in current law, to determine actual total private and public health care and long-term care spending for certain health indicators for the most recent calendar year. Also strikes an obsolete date.</p>
4	<p>Report on transparency of health care payments.</p> <p>Defines terms for this section: commissioner, nonclaims-based payments, nonpublic data, and primary care services. Requires the commissioner of health to report to the legislature by February 15, 2024, on the volume and distribution of health care spending across payment models used by health plan companies and third-party administrators. Specifies what the report must include, and requires the report to include recommendations on changes needed to gather better data about the use of value-based payments. Lists duties of the commissioner in preparing the report, and requires health plan companies and third-party administrators to comply with data requests from the commissioner within 60 days after the request. Classifies data collected under this section as nonpublic data, and allows summary data prepared under this section to be derived from nonpublic data. Requires the commissioner to establish procedures to protect the integrity and confidentiality of this data.</p>



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