

Subject All-payer claims database

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Overview

This bill modifies reporting requirements to and limits on publication of data from Minnesota's all-payer claims database, and requires the commissioner of health to develop recommendations to expand access to data in the all-payer claims database for public health or research purposes.

The all-payer claims database is a database of health care claims data on Minnesota residents. Health plan companies, third-party administrators, and pharmacy benefit managers submit encounter data and pricing data in a de-identified format to the database, and the commissioner of health also obtains claims data on public health care programs from federal and state agencies. State law allows data in the all-payer claims database to be used only for specified purposes.

Summary

Section	Description
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| 1 | Encounter data.
Amends § 62U.04, subd. 4. Requires health plan companies and third-party administrators to submit encounter data to the all-payer claims database on a monthly basis, rather than every six months as in current law. Also establishes an exception to the data classification of encounter data on providers as private data or nonpublic data, and allows provider data to be released or published for the purposes specified in subdivision 11 in a manner that identifies individual hospitals, clinics, or other providers. (Subdivision 11 lists allowable uses of data in the all-payer claims database.) |
| 2 | Pricing data.
Amends § 62U.04, subd. 5. Establishes an exception to the data classification of pricing data on providers as nonpublic data, and allows pricing data to be released or |

Section Description

published for the purposes specified in subdivision 11 in a manner that identifies individual hospitals, clinics, or other providers.

3 Restricted uses of the all-payer claims database.

Amends § 62U.04, subd. 11. Allows the commissioner to publish the results of authorized uses of data from the all-payer claims database in a manner that identifies individual hospitals, clinics, or other providers. (Under current law the commissioner is prohibited from publishing the results of authorized uses of data from the all-payer claims database in a way in which the identity of individual hospitals, clinics, or other providers may be discerned.)

4 Recommendations; expanded access to data from all-payer claims database.

Requires the commissioner of health to develop recommendations to expand access to data in the all-payer claims database to additional outside entities for public health or research purposes, and specifies what the commissioner must address in the recommendations. Requires these recommendations to be submitted by December 15, 2021, to the chairs and ranking minority members of certain legislative committees.



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