

Subject Changes to all-payer claims database

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Overview

This bill modifies the data submitted to the all-payer claims database (APCD) and allowable uses of data in the APCD. The APCD is a database of health care claims data for Minnesota residents, maintained by the Health Department and a data processor under contract with the department. Health plan companies, third-party administrators, and pharmacy benefit managers report data to the database, and the data may only be used for the purposes authorized in statute.

Summary

Section	Description
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| 1 | <p>Encounter data.</p> <p>Amends § 62U.04, subd. 4. In para. (a), requires dental plan companies, in addition to health plan companies and third-party administrators as in current law, to submit encounter data to the all-payer claims database (APCD). Requires encounter data submitted to include data on contractual value-based payments, and for claims incurred on or after January 1, 2023, requires the data to include enrollee race and ethnicity to the extent available.</p> <p>In para. (c), strikes language allowing summary data to be derived from nonpublic data, and allows data on providers collected under this subdivision to be released or published according to subdivision 11.</p> |
| 2 | <p>Pricing data.</p> <p>Amends § 62U.04, subd. 5. In para. (a), requires dental plan companies to submit to the APCD, data on contracted prices with dental care providers. (Current law requires health plan companies and third-party administrators to submit to the APCD, data on contracted prices with health care providers.) Requires data on contracted prices to include data on supplemental contractual value-based payments paid to health care providers.</p> |

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| | In para. (c), allows data on providers collected under this subdivision to be released or published according to subdivision 11. |
| 3 | Self-insurers.
Amends § 62U.04, subd. 5a. Requires a third-party administrator to notify self-insurers whose health plans are administered by the third-party administrator that the self-insurer may elect to have the third-party administrator submit encounter data and data on contracted prices from the self-insurer's health plan to the APCD. Requires third-party administrators to report to the commissioner of health, the self-insurers that elect to have data on their health plans submitted to the APCD and self-insurers that decline to have data on their health plans submitted to the APCD. (In 2016, the U.S. Supreme Court held that requiring self-insured health plans covered by the Employee Retirement Income Security Act, or ERISA, to submit data to a state's APCD is preempted under ERISA.) |
| 4 | Nonclaims-based payments.
Adds subd. 5b to § 62U.04. Beginning January 1, 2025, requires health plan companies and third-party administrators to submit to the APCD, data on nonclaims-based payments made to health care providers. Defines nonclaims-based payments, and requires nonclaims-based payments to be attributed, to the extent possible, to a health care provider and to be combined with encounter data and data on contracted prices in analyses of health care spending. Classifies this data as nonpublic data, allows summary data to be derived from this nonpublic data, and requires the commissioner to take steps to protect the integrity and confidentiality of this data. Requires the commissioner to consult with health plan companies, providers, and the commissioner of human services to develop the data reported and reporting forms. |
| 5 | Restricted uses of the all-payer claims data.
Amends § 62U.04, subd. 11. Allows data from self-insurer health plans and nonclaims-based payment data submitted to the APCD, in addition to encounter data and data on contracted prices under current law, to be used for the purposes in this subdivision and subdivision 13. Allows public use files of summary data compiled by the commissioner and studies and evaluations by the commissioner using APCD data to identify hospitals, clinics, and medical practices, as long as no individual health professionals are identified and the commissioner finds the data to be accurate and suitable for publication. Also strikes language prohibiting public use files from identifying payers. Strikes obsolete paragraphs (c) and (e) regarding the use of encounter data for a study due in 2015 and requiring consultation with a work group to create public use files. 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). |

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6	<p>Expanded access to and use of the all-payer claims data.</p> <p>Adds subd. 13 to § 62U.04. Requires the commissioner or the entity under contract with the commissioner to make data submitted to the APCD available to individuals and organizations researching or working to transform health care outcomes, access, quality, disparities, or spending, provided the use of the data serves a public benefit. Prohibits the data from being used for certain purposes. To implement making data available for expanded uses, requires the commissioner to establish requirements for data access, an application process, data use agreements, an oversight process for data access and use, technical assistance, and a fee schedule; and to create a research advisory group to advise the commissioner on applications for data use.</p>
7	<p>Outcomes reporting; savings determination.</p> <p>Amends § 62U.10, subd. 7. Strikes obsolete dates and allows the commissioner to use nonclaims-based payment data submitted to the APCD, 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 available.</p>
8	<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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