



Minnesota Hospital Association

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Representative Tina Liebling
Chair, Health Finance and Policy Committee

Friday, March 5, 2021
Sent Electronically

Re: HF 57 and HF 59

Madam Chair and members of the Committee,

We are reaching out to you today on behalf of the Minnesota Hospital Association (MHA) regarding our concerns with the proposed changes to data access in HF 57 and HF 59.

HF 57: We fully understand the importance of providing transparent pricing information, and Minnesota's hospitals and health systems have just released volumes of payment information as required by the Centers for Medicare and Medicaid Services (CMS) on January 1, 2021. The proposed additional requirements in HF 57 force redundant administrative burden onto a system already dealing with the extreme stress of COVID-19 and they offer little public gain.

Minnesota's hospitals and health systems have risen to the challenge during COVID-19 to serve their patients and communities. At the same time, they have responded to continued additional and new requests for data from the state in order to fight to the pandemic, help coordinate the clinical and public health response, and distribute the COVID-19 vaccine.

As mentioned above, the new CMS rule required hospitals and health systems to show five charge levels in a machine-readable format for all inpatient and outpatient procedures. The five data points include the following: the full charge amount, the discounted price for cash payment, the negotiated price for each payer contract, and the minimum and maximum price levels accepted for each detailed service and bundled service sets. The second part of the regulation requires the provision of price estimates for 300 shoppable services either as individual services, such as a diagnostic imaging procedure, or for bundled services such as the delivery of a baby. This part of the CMS regulation is most useful for consumers and is now available for those seeking price information.

Given the newly established CMS requirements on hospitals and health systems, the proposals in HF 57 on standard charges and data formatting are overtly redundant and the state does not need to set up a separate process to display the same information that is newly available as of January this year. We strongly believe that the health plans are in the best position to provide consumers with additional information and good faith estimate of health care prices. The plans have the experience data from across the health care continuum whereas the CMS mandate is focused on hospitals only. Health plans have real-time information about what a consumer will have to pay any given provider. In contrast to HF 57, a more effective alternative would be to require the ten largest commercial health plans to produce the data files rather than forcing hundreds of providers to redevelop them.

Further, we consider the proposed price comparison tool in HF 57 premature in light of CMS' intent to encourage IT vendors to collect the newly available machine-readable files to create marketplaces of shoppable health care services. IT vendors have not yet had time to develop these tools and resources.



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We believe there will be market-based solutions developed, and that additional state government involvement and mandates are not needed at this time on top of what is already being done.

HF 59: MHA supports efforts to expand access to the All-Payer Claims Database for broader research purposes. The APCD has been an underutilized data source. However, MHA is concerned with the change HF 59 makes on lines 4.1-4.5 regarding the identification of individual hospitals, clinics, or other providers. This level of specificity in identification within a complex system of data may lead to undue and/or misplaced judgments or punitive actions. We caution against such specificity in identification and urge modifications to this section of the bill.

We have had an opportunity to meet with Rep. Elkins to discuss our concerns on both HF 57 and HF 59 with him. We look forward to continuing these discussions as both bills are considered today and as they continue through the legislative process.

Thank you for your consideration for our comments.

Sincerely,

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