

Subject All-payer claims database; report on transparency of health care payments

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Overview

This bill makes changes to data collected under the all-payer claims database, to require collection of data on non-claims-based payments. It also requires the commissioner of health to report to the legislature on the volume and distribution of health care spending across payment models, with a focus on value-based care models and primary care spending.

The all-payer claims database is a database of health care claims for Minnesota residents administered by an entity under contract with the Department of Health. Health plan companies, third-party administrators, and pharmacy benefit managers submit encounter data and pricing data in a de-identified format to the database. The database also contains claims data for state and federal public health care programs. 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	Non-claims-based payments.
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Adds subd. 5b to § 62U.04. Para. (a) requires health plan companies and third-party administrators, beginning in 2024, to submit to the all-payer claims database, non-claims-based payments made to health care providers. Requires the data to be submitted in a form, manner, and frequency specified by the commissioner. Specifies what non-claims-based payments include; requires these payments to be attributed to health care providers to the extent possible; and requires these payments to be combined with other data in analyses of health care spending.

Para. (b) classifies data collected under this subdivision as nonpublic data, allows summary data to be derived from nonpublic data, and requires the commissioner to establish procedures to protect the integrity and confidentiality of the data.

Section Description

- Para. (c) requires the commissioner to consult with the listed entities in developing the data reported and standardized reporting forms.
- 2 Restricted uses of the all-payer claims data.**
Amends § 62U.04, subd. 11. Allows non-claims-based payment data to be used for the listed allowable uses of data held in the all-payer claims database. Allows data in the all-payer claims database to be used on an ongoing basis to analyze variations in health care costs, quality, utilization, and illness burden based on geographic areas or populations (under current law data may be used for this purpose only until July 1, 2023).
- 3 Outcomes reporting; savings determination.**
Amends § 62U.10, subd. 7. Allows the commissioner to use data on non-claims-based payments, along with other data in the all-payer claims database, to make annual determinations of actual total private and public health care and long-term care spending related to certain health indicators. Also strikes obsolete language.
- 4 Report on transparency of health care payments.**
Requires the commissioner of health to report to the legislature by February 15, 2023, on the volume and distribution of health care spending across payment models used by health plan companies and third-party administrators, with a focus on value-based care models and primary care spending. Among other things, requires the report to include recommendations on changes needed to gather better data about the use of value-based payments by health plan companies and third-party administrators. Lists duties of the commissioner and requires health plan companies and third-party administrators to comply with data requests within 60 days after receiving the request. Classifies data collected under this section as nonpublic data, allows summary data to be derived from nonpublic data, and requires the commissioner to establish procedures to protect the integrity and confidentiality of the data.



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