

What is the all-payer claims database?

Minnesota's all-payer claims database (MN APCD) is a database of health care claims data on Minnesota residents. The database is maintained by the Minnesota Department of Health (MDH) and a data processor under contract with MDH to collect and process the data. Laws authorizing the database were enacted in 2008, and data collection began in 2009. The MN APCD is governed by [Minnesota Statutes, section 62U.04](#), and [Minnesota Rules, chapter 4653](#), and appendices.

Who reports data to the MN APCD?

Data is submitted to a data processor under contract with MDH by:

- health plan companies and third-party administrators that provide or administer coverage to Minnesota residents and that paid at least \$3 million in health care claims for covered Minnesota residents in the previous calendar year; and
- pharmacy benefit managers that provide or administer coverage to Minnesota residents and that paid at least \$300,000 in claims for covered Minnesota residents in the previous calendar year.

MDH also obtains Medicare and Medical Assistance claims data from the Centers for Medicare and Medicaid Services, the Minnesota Department of Human Services, and health plan companies. Data must be submitted in an electronic format on a monthly basis. The data processor works with data submitters to ensure submissions are complete and free of material errors.

What data is reported to the MN APCD?

Health plan companies, third-party administrators, and pharmacy benefit managers must report the following data in a de-identified format:

- enrollment data, which means demographic information and other information about covered individuals
- encounter data and pricing data for institutional and professional health care claims, and pharmacy drug claims paid by the entity that submitted the data (Encounter data includes data about who provided a health care service to an individual patient, what service was provided, and where and when the service was provided. Pricing data means the amount paid to a health care provider for a health care service provided to an individual patient, including any amount paid by the patient.)

How is data in the MN APCD used?

State law allows MDH to use data in the MN APCD only for the following purposes. Some of the listed uses are onetime, and some are ongoing.

- Evaluating the performance of the health care home program
- Studying hospital readmission trends and rates

- Analyzing variations in health care costs, quality, utilization, and illness burden based on geographic areas or populations (This use is permitted until July 1, 2023)
- Evaluating the state innovation model testing grant received from the federal government
- Compiling summary data or tables made available to the public as public use files
- Conducting annual research activities related to public and private health care and long-term care spending on specified health conditions and deaths from those conditions
- Conducting a onetime analysis of chronic pain management procedures (completed in 2014) and a onetime assessment of the feasibility of operating a state-based risk adjustment program (completed in 2016)
- Conducting a onetime study of the impact of telehealth expansion and payment parity provisions enacted in 2021, with reports due in 2023 and 2024

Have other uses for the data been contemplated?

In 2008, MDH was directed to develop a provider peer grouping system, in which health care providers would be grouped based on risk-adjusted costs of care and quality of care, and on costs of care and quality of care for specific conditions. Data from the MN APCD was to be used to develop and implement the provider peer grouping system. In 2014, development and implementation of the provider peer grouping system was suspended by law. Currently, MN APCD data cannot be used for the provider peer grouping system.

How is MN APCD data classified?

Data collected in the MN APCD is classified as private data on individuals or nonpublic data. These classifications mean that data in the APCD is not public but is accessible to the subject of the data, if any. Since data is de-identified before it is reported to the MN APCD, MDH does not know the identities of the data subjects and cannot share data with them. Summary data may be derived from nonpublic data. MDH or a designee must establish procedures and safeguards to protect the integrity and confidentiality of the data. MDH cannot publish or release data that identifies or allows identification of individual health care facilities, providers, or patients.

Must self-insured plan data be submitted to the MN APCD?

Self-insured plan data for plans governed by the federal Employee Retirement Income Security Act (ERISA) may be submitted voluntarily to the MN APCD, but self-insured employers and brokers cannot be required to submit this data. A [2016 U.S. Supreme Court decision, *Gobeille v. Liberty Mutual Insurance Company*](#), found that requiring self-insured health plans covered by ERISA to report data to a state's APCD is preempted under ERISA. State law also prohibits the commissioner of health from requiring self-insurers covered by ERISA to submit data to the MN APCD. MDH is working with self-insured employers and brokers to encourage the reporting of this data without additional burden on the employers and brokers.

For more information: Additional resources on the MN APCD are available from MDH at www.health.state.mn.us/data/apcd/index.html.



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