

S.F. No. 302 – Minnesota All Payer Claims Database (1st engrossment)

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Overview

S.F. 302 modifies provisions governing the Minnesota All Payer Claims Database (MN APCD), which is a state repository for health care claims data maintained by the Minnesota Department of Health (MDH) and a private contractor. Under current law, health plan companies, third party administrators, and pharmacy benefit managers report claims data to the MN APCD, and the data may only be used for the purposes authorized in statute.

Summary

Section 1 requires dental plan companies to submit encounter data to the MN APCD and requires encounter data reporting to include enrollee race and ethnicity. This section is effective retroactively from January 1, 2023.

Section 2 requires dental plan companies to submit pricing data and requires pricing data reported to include data on supplemental contractual value-based payments paid to health care providers.

Section 3 requires a third-party administrator to annually notify self-insurers that they may elect to have the third-party administrator submit encounter and price data.

Section 4 requires health plan companies and third-party administrators to submit all nonclaims-based payments to the MN APCD. Defines “nonclaims-based payments.” Classifies the data as nonpublic data.

Section 5 makes conforming changes for data submitted related to self-insurers and nonclaims-based payments so that the data may be used for purposes identified under current law. Strikes obsolete language. Removes time limitations for certain uses of the data.

Section 6 requires MDH to provide MN APCD data to organizations engaged in efforts to research or affect transformation in health care provided that the use of the data serves a public benefit and is

not used to create an unfair market advantage, reidentify an individual, or publicly report details regarding a contract between a health care company and a provider. This section requires MDH to provide safeguards, develop a fee schedule, and create a research advisory group.

Section 7 strikes obsolete language and authorizes MDH to use nonclaims-based payment data 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.

Section 8 defines “commissioner,” “nonclaims-based payments,” “nonpublic data,” and “primary care services.” Requires MDH 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. Requires health plan companies and third-party administrators to comply with data requests from the commissioner within 60 days. Classifies data collected under this section as nonpublic data.