
The Minnesota All Payer Claims Database (MN APCD) is a database of de-identified encounter data and health care claims data on Minnesota residents. The data in the database is derived from billing records submitted by health plan companies, third-party administrators, and other entities. This publication provides information on the operation of the MN APCD, the entities that submit data to the MN APCD, data that is submitted, current and past uses of data in the database, other contemplated uses of the data, and how data in the MN APCD is classified.

Operation of the MN APCD

The Minnesota All Payer Claims Database (MN APCD) is a database of de-identified encounter data and health care claims data on Minnesota residents derived from billing records. The database is maintained by the Minnesota Department of Health (MDH) and a data aggregator under contract with MDH to collect and aggregate the data. Statutes authorizing the database were enacted in 2008 and have been subsequently amended, and rules governing the database were adopted in 2009. Data collection began in 2009. The MN APCD is governed by [Minnesota Statutes, section 62U.04](#), and [Minnesota Rules, chapter 4653](#), and appendices.

Entities Submitting Data to the MN APCD

The following entities submit data to a data aggregator under contract with MDH for inclusion in the MN APCD:

- 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
- 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
- dental organizations that meet the requirements for data submission specified by MDH in its data submission guide (reporting expected to begin in 2027)

MDH also obtains Medicare, Medical Assistance, and MinnesotaCare 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 aggregator works with data submitters to ensure submissions are complete, de-identified, and free of material errors.

Data for self-insured plans governed by the federal Employee Retirement Income Security Act (ERISA) may be submitted voluntarily to the MN APCD, but self-insured plan sponsors cannot be required to submit this data. A 2016 U.S. Supreme Court decision, *Gobeille v. Liberty Mutual Insurance Company*, found that ERISA preempts a state from requiring a health plan sponsor with a self-insured health plan governed by ERISA to report data to a state's APCD. State law also prohibits the commissioner of health from requiring self-insured plan sponsors to submit data to the MN APCD. MDH works with self-insured plan sponsors and brokers to encourage the voluntary reporting of this data without additional burdens on the sponsors and brokers. Additionally, a third-party administrator must annually notify the self-insured plan sponsors whose health plans it administers that the plan sponsor may elect to have the administrator submit data from its health plan to the commissioner. The third-party administrators also must notify the commissioner regarding the number of self-insured plan sponsors that elect to have their data submitted and the number that decline to have their data submitted.

Data Submitted to the MN APCD

Health plan companies, third-party administrators, dental organizations, 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 data¹ and pricing data² for institutional and professional health care claims, dental claims, and pharmacy drug claims paid by the entity that submitted the data
- data on nonclaims-based payments³ made to health care providers

Current Uses of Data in the MN APCD

State law allows data in the MN APCD to be used for specific purposes on an ongoing, time-limited, or onetime basis. Current uses of data in the MN APCD include the following:

- 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

¹ Encounter data includes data about who provided a health care service or dental service to an individual patient, what service was provided, and where and when the service was provided, and data on patient race and ethnicity to the extent available. It also includes specific data elements for fully denied claims.

² Pricing data means the amount paid to a health care provider or dental care provider for a health care service or dental service provided to an individual patient, including any amount paid by the patient and data on supplemental contractual nonclaims-based payments.

³ Nonclaims-based payments means payments to health care providers that pay for the value of health care services over volume of health care services and include alternative payment models or incentives, payments for infrastructure investments, and payments for workforce expenditures or investments.

- compiling summary data or tables and making these materials available to the public as public use files
- making the data available to individuals or organizations for use in research or work on improving health care outcomes, access, or quality or addressing health disparities or health care spending, provided the data use serves a public benefit. The commissioner must assess a fee, according to a fee schedule in statute, for providing data sets for this purpose
- research and analysis by the Center for Health Care Affordability at the Department of Health on drivers of growth in health care spending and strategies to address growth rates
- health insurance oversight duties performed by the commissioner of commerce

Classification of Data in the MN APCD

Data collected in the MN APCD is classified as private data on individuals or nonpublic data. These classifications mean that data in the MN 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 patients. Data that is published or released may identify individual hospitals, clinics, and medical practices as long as no individual health professionals are identified and the commissioner determines the data is accurate, valid, and suitable for publication.

Formerly Authorized or Contemplated Uses of Data in the MN APCD

Some uses of data in the MN APCD were authorized for specific projects or for a limited period of time. The following projects and authorized uses have concluded:

- analyses of the impact of health care transactions by certain health care entities on health care costs, market consolidation, and quality, and a onetime study on the regulation of conversions, mergers, and other transactions by health maintenance organizations. Reports on the onetime study on conversions, mergers, and other transactions were published in February 2024 and September 2024
- a onetime study of the impact of telehealth expansion and payment parity provisions enacted in 2021, with reports published in 2023 and 2024
- evaluating the state innovation model testing grant received from the federal government, completed in 2017
- a onetime analysis of chronic pain management procedures, completed in 2014
- a onetime assessment of the feasibility of operating a state-based risk adjustment program, completed in 2016
- annual research and reporting on actual and projected health care spending related to specific chronic conditions and risk factors. Authorization for this use was eliminated in 2023

Another use for data in the MN APCD was contemplated when the database was established. 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.

For more information: Additional resources from MDH on the MN APCD, including dashboards, reports, issue briefs, and information on public use files, are available at www.health.state.mn.us/data/apcd/index.html.



**MN HOUSE
RESEARCH**

Minnesota House Research Department provides nonpartisan legislative, research, and legal services to the Minnesota House of Representatives. This document can be provided in other formats.

www.house.mn.gov/hrd | 651-296-6753 | Third Floor, Centennial Office Building, St. Paul, MN 55155