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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3824

02/26/2020 Authored by Elkins, Hamilton, Schultz, Halverson, Liebling and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health; modifying provisions governing submission of data to and use
1.3 of data in the all-payer claims database; requiring recommendations from the
1.4 commissioner of health regarding use of data by outside entities; amending
1.5 Minnesota Statutes 2018, section 62U.04, subdivisions 5, 11; Minnesota Statutes
1.6 2019 Supplement, section 62U.04, subdivision 4.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2019 Supplement, section 62U.04, subdivision 4, is amended
1.9 to read:

1.10 Subd. 4. **Encounter data.** (a) ~~Beginning July 1, 2009, and every six months thereafter,~~
1.11 All health plan companies and third-party administrators shall submit encounter data on a
1.12 monthly basis to a private entity designated by the commissioner of health. The data shall
1.13 be submitted in a form and manner specified by the commissioner subject to the following
1.14 requirements:

1.15 (1) the data must be de-identified data as described under the Code of Federal Regulations,
1.16 title 45, section 164.514;

1.17 (2) the data for each encounter must include an identifier for the patient's health care
1.18 home if the patient has selected a health care home and, for claims incurred on or after
1.19 January 1, 2019, data deemed necessary by the commissioner to uniquely identify claims
1.20 in the individual health insurance market; and

1.21 (3) except for the identifier described in clause (2), the data must not include information
1.22 that is not included in a health care claim or equivalent encounter information transaction
1.23 that is required under section 62J.536.

2.1 (b) The commissioner or the commissioner's designee shall only use the data submitted  
2.2 under paragraph (a) to carry out the commissioner's responsibilities in this section, including  
2.3 supplying the data to providers so they can verify their results of the peer grouping process  
2.4 consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d),  
2.5 and adopted by the commissioner and, if necessary, submit comments to the commissioner  
2.6 or initiate an appeal.

2.7 (c) Data on providers collected under this subdivision are private data on individuals or  
2.8 nonpublic data, as defined in section 13.02. Notwithstanding the data classifications in this  
2.9 paragraph, data on providers collected under this subdivision may be released or published  
2.10 as authorized in subdivision 11. Notwithstanding the definition of summary data in section  
2.11 13.02, subdivision 19, summary data prepared under this subdivision may be derived from  
2.12 nonpublic data. The commissioner or the commissioner's designee shall establish procedures  
2.13 and safeguards to protect the integrity and confidentiality of any data that it maintains.

2.14 (d) The commissioner or the commissioner's designee shall not publish analyses or  
2.15 reports that identify, or could potentially identify, individual patients.

2.16 (e) The commissioner shall compile summary information on the data submitted under  
2.17 this subdivision. The commissioner shall work with its vendors to assess the data submitted  
2.18 in terms of compliance with the data submission requirements and the completeness of the  
2.19 data submitted by comparing the data with summary information compiled by the  
2.20 commissioner and with established and emerging data quality standards to ensure data  
2.21 quality.

2.22 Sec. 2. Minnesota Statutes 2018, section 62U.04, subdivision 5, is amended to read:

2.23 Subd. 5. **Pricing data.** (a) Beginning July 1, 2009, and annually on January 1 thereafter,  
2.24 all health plan companies and third-party administrators shall submit data on their contracted  
2.25 prices with health care providers to a private entity designated by the commissioner of health  
2.26 for the purposes of performing the analyses required under this subdivision. The data shall  
2.27 be submitted in the form and manner specified by the commissioner of health.

2.28 (b) The commissioner or the commissioner's designee shall only use the data submitted  
2.29 under this subdivision to carry out the commissioner's responsibilities under this section,  
2.30 including supplying the data to providers so they can verify their results of the peer grouping  
2.31 process consistent with the recommendations developed pursuant to subdivision 3c, paragraph  
2.32 (d), and adopted by the commissioner and, if necessary, submit comments to the  
2.33 commissioner or initiate an appeal.

3.1 (c) Data collected under this subdivision are nonpublic data as defined in section 13.02.  
3.2 Notwithstanding the data classification in this paragraph, data collected under this subdivision  
3.3 may be released or published as authorized in subdivision 11. Notwithstanding the definition  
3.4 of summary data in section 13.02, subdivision 19, summary data prepared under this section  
3.5 may be derived from nonpublic data. The commissioner shall establish procedures and  
3.6 safeguards to protect the integrity and confidentiality of any data that it maintains.

3.7 Sec. 3. Minnesota Statutes 2018, section 62U.04, subdivision 11, is amended to read:

3.8 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision  
3.9 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's  
3.10 designee shall only use the data submitted under subdivisions 4 and 5 for the following  
3.11 purposes:

3.12 (1) to evaluate the performance of the health care home program as authorized under  
3.13 sections 256B.0751, subdivision 6, and 256B.0752, subdivision 2;

3.14 (2) to study, in collaboration with the reducing avoidable readmissions effectively  
3.15 (RARE) campaign, hospital readmission trends and rates;

3.16 (3) to analyze variations in health care costs, quality, utilization, and illness burden based  
3.17 on geographical areas or populations;

3.18 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments  
3.19 of Health and Human Services, including the analysis of health care cost, quality, and  
3.20 utilization baseline and trend information for targeted populations and communities; and

3.21 (5) to compile one or more public use files of summary data or tables that must:

3.22 (i) be available to the public for no or minimal cost by March 1, 2016, and available by  
3.23 web-based electronic data download by June 30, 2019;

3.24 (ii) not identify individual patients; but that may identify individual payers, or and  
3.25 individual providers;

3.26 (iii) be updated by the commissioner, at least annually, with the most current data  
3.27 available;

3.28 (iv) contain clear and conspicuous explanations of the characteristics of the data, such  
3.29 as the dates of the data contained in the files, the absence of costs of care for uninsured  
3.30 patients or nonresidents, and other disclaimers that provide appropriate context; and

3.31 (v) not lead to the collection of additional data elements beyond what is authorized under  
3.32 this section as of June 30, 2015.

4.1 (b) The commissioner may publish the results of the authorized uses identified in  
 4.2 paragraph (a) ~~so long as the data released publicly do not contain information or descriptions~~  
 4.3 ~~in which the identity of individual hospitals, clinics, or other providers may be discerned.~~  
 4.4 The data published under this paragraph may identify individual hospitals, clinics, or other  
 4.5 providers.

4.6 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from  
 4.7 using the data collected under subdivision 4 to complete the state-based risk adjustment  
 4.8 system assessment due to the legislature on October 1, 2015.

4.9 (d) The commissioner or the commissioner's designee may use the data submitted under  
 4.10 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,  
 4.11 2023.

4.12 (e) The commissioner shall consult with the all-payer claims database work group  
 4.13 established under subdivision 12 regarding the technical considerations necessary to create  
 4.14 the public use files of summary data described in paragraph (a), clause (5).

4.15 **Sec. 4. RECOMMENDATIONS; EXPANDED ACCESS TO DATA FROM**  
 4.16 **ALL-PAYER CLAIMS DATABASE.**

4.17 The commissioner of health shall develop recommendations to expand access to data  
 4.18 in the all-payer claims database under Minnesota Statutes, section 62U.04, to additional  
 4.19 outside entities for public health or research purposes. In the recommendations, the  
 4.20 commissioner must address an application process for outside entities to access the data,  
 4.21 how the department will exercise ongoing oversight over data use by outside entities,  
 4.22 purposes for which the data may be used by outside entities, establishment of a data access  
 4.23 committee to advise the department on selecting outside entities that may access the data,  
 4.24 and steps outside entities must take to protect data held by those entities from unauthorized  
 4.25 use. The commissioner shall submit these recommendations by December 15, 2020, to the  
 4.26 chairs and ranking minority members of the legislative committees with jurisdiction over  
 4.27 health policy and civil law.