

# Proposed Rule on Encounter Data Collection

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James I. Golden

Director, Division of Health Policy  
Minnesota Department of Health

# Statutory Responsibilities

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- Beginning July 1, 2009, all health plan companies and third-party administrators shall submit encounter data to a private entity designated by the commissioner of health.  
(M.S. § 62U.04, subd. 4)
- Beginning July 1, 2009, all health plan companies and third-party administrators shall submit data on their contracted prices with health care providers to a private entity designated by the commissioner of health.  
(M.S. § 62U.04, subd. 5)

# Purpose of the Rule

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The data shall be submitted in a form and manner specified by the Commissioner

The rule specifies the form and manner:

- Specifies which entities must submit particular types of data
- Defines the data elements required to be submitted
- Describes the schedule for submitting data
- Identifies when a data submission is complete
- Provides detailed specifications for submitting data
- Describes the required process for de-identifying patient data

# Rule Process

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- MDH is authorized to adopt the rules using “Expedited Rulemaking” (M.S. § 62U.06, subd. 3)
- Proposed rule published on March 23, 2009 in the State Register
- 30 day comment period to submit comments on the rule
  - Comment period end at 4:30 pm on Wednesday, April 22, 2009
  - Send comments to:
    - Katie Burns, MN Department of Health, P.O. Box 64882, St. Paul, MN 55164-0882
    - [health.reform@state.mn.us](mailto:health.reform@state.mn.us).

# Rule Process

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- MDH will review comments and modify the rule as necessary and appropriate
- MDH will then submit rules and supporting documents to the Office of Administrative Hearings for review for legality
- You may ask to be notified of the date that MDH submits the rules
- Upon approval from the Governor's Office, MDH publishes any modifications to the proposed rule and an order of adoption; the rule becomes effective upon date of publication in the State Register

# Informing Interested Stakeholders

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MDH taking numerous steps to inform public and interested stakeholders about this work

- Preliminary recommendations about data elements to be collected posted on MDH website for purposes of soliciting feedback
- Public meeting on January 29, 2009 to discuss recommendations
- One-on-one meetings with data submitters
- Public presentations to Health Care Access Commission and Health Care Reform Review Council
- Mailings to potential data submitters providing notice of proposed rule
- Today's public meeting

# Contents of the Rule

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- Composed of narrative language and four technical appendices
  - Chapter 4653: Minnesota Health Care Claims Reporting System
  - Appendix A: Enrollment Data
  - Appendix B: Institutional and Professional Claims Data
  - Appendix C: Pharmacy Claims Data
  - Appendix D: Submission Specifications
- Appendices are a part of the formal rule, even though not published in March 23<sup>rd</sup> State Register
  - Entire rule, including appendices, were posted on MDH website on March 20, 2009

# Entities Required to Submit Data

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**All health plan companies and third party administrators** are required to register and provide information about claims volume

- A health plan company or third-party administrator that has covered individuals and that paid a total of at least \$3,000,000 in health care claims for covered individuals during the previous calendar year must submit enrollment and claims data
- A pharmacy benefit manager that has covered individuals and that paid at least \$300,000 in claims for covered individuals during the previous calendar year must submit enrollment and pharmacy claims data

# Data to be Collected

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- Institutional, Professional, and Pharmacy claims data
  - Data found on a claim and for which the claim is the best source of the data
  - Data found on a claim, but for which the claim is not the best source of the data – e.g. Enrollment data
- Identifiers for health care homes
- Pricing data
- Administrative data fields to ensure data integrity
- Data fields to enhance the efficiency of data collection

# De-identification Requirements

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**Patient data must be de-identified data as described under the Code of Federal Regulations, title 45, section 164.514. (M.S. § 62U.04, subd.4)**

- All data submitters will be provided encryption software that uses a one way technique that is the industry's highest standard protocol - SHA-512
- Encryption software that is run by every data submitter ensures that all patient identifiers are encrypted consistently across data submitters
- Encrypted elements cannot be “re-identified”
- MDH will obtain independent certification that the data collection process meets the requirements of CFR 164.514 (b)(1) for de-identification

# Other Data Sources

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- Minnesota Department of Human Services' data submission will be authorized through an interagency agreement
- MDH separately pursuing permission from CMS to integrate Medicare claims data into the data collection and use in provider peer grouping analysis

# Comments on the Rule

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**Comment period open until 4:30 pm on  
April 22, 2009**

**Written comments should be sent to:**

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