

# Request for Information

MINNESOTA ALL PAYER CLAIMS DATABASE (MN APCD) USES AND PRIORITIES, DECEMBER 2017

## Purpose

The Minnesota Department of Health (MDH) is seeking public comments through this Request for Information (RFI) to help inform our selection and prioritization of health research topics that use the Minnesota All Payer Claims Database (MN APCD).

MDH uses the MN APCD to conduct research in a range of areas as authorized by the Minnesota Legislature, and is seeking community input on how best to apply its limited resources to timely and relevant health research for the upcoming two years. Specifically, MDH is seeking input about:

1. Ideas for extending current MDH research activities
2. Ideas for new research areas for investigation
3. Principles for prioritizing research studies

MDH will share a summary on our website of the comments we receive. In this summary, we do not plan to identify responders. We will carefully consider all recommendations, and evaluate their feasibility within the context of available resources and legislative authority.

## Background

The Minnesota Legislature requires MDH to collect administrative health care transaction data, also known as health care claims data, and maintain it in a data system for research and evaluation studies that meet certain statutory criteria.<sup>1</sup> MDH developed this system as the MN APCD, a repository of claims data from health insurance companies, health plan administrators, and public payers (Medicare and Medicaid).

The MN APCD, with detailed claims data from both private and public payers, offers an unprecedented opportunity for Minnesota to learn more about how health services are provided across the state, which conditions are being treated and at what costs, and what health outcomes are observable.

Minnesota is one of 15 states operating APCDs and conducting a range of research on issues including population health, health reform, health care cost transparency, and insurance market regulations.<sup>2</sup>

Minnesota Statute currently authorizes MDH to use the MN APCD for studies related to:

- Health Care Homes program performance
- Hospital readmission rates and trends, in collaboration with the Reducing Avoidable Readmissions Effectively (RARE) campaign
- Variations in health care costs, quality, utilization, and illness burden based on geographic areas or populations (through June 30, 2019)
- State Innovation Model (SIM) evaluation
- Trends in health care spending for specific chronic conditions and smoking exposure.

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<sup>1</sup> 2017 Minnesota Statutes, Chapter 62U.04: <https://www.revisor.mn.gov/statutes/?id=62U.04>

<sup>2</sup> Examples of APCD use across the U.S. is available online at [www.apcdshowcase.org](http://www.apcdshowcase.org).

In addition to these authorizations, MDH completed two one-time authorized studies, one on chronic pain management procedures, and the other on state-based risk adjustment and feasibility.

Published and ongoing MN APCD studies relate to these overarching categories:<sup>3</sup>

- Health care services spending and frequency of use
- Pharmaceutical spending and use
- Chronic diseases prevalence and treatment patterns
- Care delivery quality
- Disease surveillance and prevention
- Self-insured market spending variation

More information about MN APCD publications<sup>4</sup> and ongoing work<sup>5</sup> is available online.

MDH also prepares Public Use Files (PUFs) with summary data from the MN APCD. The first set of PUFs, released in March 2016, is available upon request.<sup>6</sup> PUFs are aggregated at a high level to ensure that individual patients, providers, and payers cannot be re-identified. The current PUFs are based on health care claims from calendar year 2013, and are aggregated by 3-digit ZIP Codes and three age groups (under 18, 18-64, and over 64 years).

Until now, MDH has informally prioritized MN APCD studies based on discussions with the PUF Workgroup, health services researchers in the community, and input from colleagues and peers both within and outside of MDH. This prioritization has considered whether studies: 1) can help address key health policy challenges; 2) are feasible with the types of data contained in the MN APCD; 3) meet statutory requirements, including data privacy and security provisions, as well as explicit areas of authority to conduct research using the MN APCD; 4) are supported with analytical methods in the literature; and 5) can be completed with available resources.

MDH, through this RFI, is developing a more formal process to identify and prioritize potential study topics.

## Who Should Respond?

MDH invites responses from individuals and organizations who are interested in improving our shared understanding of key health policy issues in Minnesota that are broadly related to health insurance and care access; health care services use and cost; disease burden; and population health.

MDH welcomes responses from a wide range of stakeholders, including but not limited to: patients or patient advocates, researchers, health care providers, health insurers, employers, data scientists, data and technology organizations, community organizations, and the media.

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<sup>3</sup> See MN APCD current uses here:

[http://www.health.state.mn.us/healthreform/allpayer/use\\_of\\_apcd\\_fact\\_sheet.pdf](http://www.health.state.mn.us/healthreform/allpayer/use_of_apcd_fact_sheet.pdf)

<sup>4</sup> See MN APCD publications here: <http://www.health.state.mn.us/healthreform/allpayer/publications.html>

<sup>5</sup> See current uses here: [http://www.health.state.mn.us/healthreform/allpayer/use\\_of\\_apcd\\_fact\\_sheet.pdf](http://www.health.state.mn.us/healthreform/allpayer/use_of_apcd_fact_sheet.pdf)

<sup>6</sup> Information about PUFs is available here:

<http://www.health.state.mn.us/healthreform/allpayer/publicusefiles/index.html>

## Additional Response Considerations

Respondents to the RFI may wish to consider a range of information, beyond the material referenced earlier about current uses of the MN APCD and uses of APCDs across the U.S., including available administrative rules, and the state's data submission guide. A list of references and links can be found at the end of this document.

We would appreciate if respondents to the RFI would include a brief explanation of how or why the MN APCD appears well suited to address the suggested research question(s). To help with this, we have provided links to additional information on the MN APCD in a reference section at the end of this document. Some example derived from that material about how research questions may capitalize on one or more advantages of the MN APCD, include:

- Comprehensive claims data that include about 89 percent of Minnesotans with insurance
- Data from the three major payer categories: private insurance, Medicare, and Medicaid
- Medical and pharmacy claims data
- Coverage across care sites, including inpatient, outpatient, and long-term care
- Multi-year data, from 2009-2016, making certain longitudinal studies possible across de-identified patients
- Minnesota resident and provider ZIP codes that can support studies on geographic patterns and variation

Conversely, the scope of some research questions may be limited because certain data elements are not part of the MN APCD. Examples include:

- Race, ethnicity, or language data
- Personal identifiers (name, address, Social Security Number)
- Health care claims for patients covered by Veterans Affairs, Tricare, Indian Health Service, or for the uninsured
- Dental claims

## RFI Questions

[Please respond to the MN APCD Request for Information](https://survey.vovici.com/se/56206EE314B1670D) via online survey (<https://survey.vovici.com/se/56206EE314B1670D>). MDH welcomes all responses and will consider full or partial responses that we receive. As a reminder, research suggestions need to be consistent with statutory authorization, as summarized above in the background.

### 1. Ideas for extending current research activities

MDH has published findings from several MN APCD studies, as described above in the background.

- A. What follow-up to these studies or more detailed research questions should MDH consider?
- B. Why is the follow-up work important?
- C. How would this work benefit Minnesotans?
- D. Who should MDH consider as a study collaborator(s) to provide additional expertise?

- E. What capabilities and resources currently exist at the state or national level that could help support the follow-up work?
- F. What new data variables or data linkages would be needed in the MN APCD to conduct this follow-up work?
- G. Which parts of the work should be made available as summary data tables for Public Use Files (PUFs)?

**2. Ideas for new research areas**

- A. What new research questions or research categories should MDH pursue with the MN APCD?
- B. Why is the new work important?
- C. How would this work benefit Minnesotans?
- D. Who should MDH consider as a study collaborator(s) to provide additional expertise?
- E. What capabilities and resources currently exist at the state or national level that could help support the new work?
- F. What new data variables would be needed in the MN APCD to conduct this new work?
- G. Which parts of the work should be made available as summary data tables for Public Use Files (PUFs)?

**3. Principles for prioritizing research studies**

To date, MDH has prioritized MN APCD studies by whether they: 1) can help address key health policy challenges; 2) are feasible with the types of data contained in the MN APCD; 3) meet statutory requirements, including data privacy and security provisions, as well as explicit areas of authority to conduct research using the MN APCD; 4) are supported with analytical methods in the literature; and 5) can be completed with available resources.

What, if any, other criteria do you believe MDH should consider when prioritizing MN APCD studies? For example, priorities could include attributable health care spending, specific cost drivers, population health burden, the number of people affected, or inequity in access to health care or to achieving strong outcomes.

**4. Additional comments**

What additional comments do you have about the best and most effective ways to use the MN APCD?

**5. Information about responders**

Your contact information is not required, but providing it will help us follow up to learn more about your ideas later. Please include:

- Name, title, organization, email address, and phone number
- Organization type (employer group or representative, health care provider, health care payer, advocacy organization, consumer/patient, academic research institution, private research organization, data or technology organization, media organization, other state APCD, public health organization, government, other)
- Your area(s) of focus or interest

- Is working on health equity issues a primary focus of your responsibilities?

## Informational Webinar

MDH will host a public webinar to review this RFI, provide further background information, and address any questions about how to respond. The webinar is not intended to be a forum for MDH to receive RFI responses. Participation in the webinar is not necessary in order to respond to the RFI.

### Webinar Schedule:

- Friday, December 15, 2017, 2:00-2:45 PM (CST)
- [Visit the RFI webpage](http://www.health.state.mn.us/healthreform/allpayer/rfi.html) (<http://www.health.state.mn.us/healthreform/allpayer/rfi.html>) to join the webinar (no registration is needed).

## Instructions for Responding

### **Please respond to the MN APCD Request for Information via online survey**

(<https://survey.vovici.com/se/56206EE314B1670D>). **Responses will be accepted through February 9, 2018.** MDH welcomes input or discussions after this date, but may not be able to include that information in the published RFI summary. To arrange a discussion, please send an email to [Health.APCD.RFI@state.mn.us](mailto:Health.APCD.RFI@state.mn.us).

Responses may also be emailed to [Health.APCD.RFI@state.mn.us](mailto:Health.APCD.RFI@state.mn.us) with the subject line *MN APCD RFI Response*.

Email any questions about how to respond to [Health.APCD.RFI@state.mn.us](mailto:Health.APCD.RFI@state.mn.us). Answers to these questions will be posted on the [RFI webpage](#) as frequently asked questions (FAQ) and updated regularly during the response period.

Responders are responsible for all costs associated with the preparation and submission of responses to this RFI. Even though not all information received through the RFI process will be published by MDH, all responses to this RFI will be considered public data and accessible to the public upon request.

Thank you for responding to this RFI. Your input provides important feedback about how MDH pursues future research with the MN APCD.

## Summary Results from the RFI

MDH will summarize results from RFI responses and post them to the [RFI webpage](#) in early March 2018. In addition to gaining important information from MN APCD stakeholders about questions in the RFI, we anticipate learning more about how to best stay connected with stakeholders.

## Important RFI Dates:

RFI is released	Friday, December 8, 2017
Webinar	Friday, December 15, 2017, 2:00-2:45 PM (CST)
RFI responses are due	Friday, February 9, 2018
MDH posts summary results to the RFI webpage	Early March, 2018

## MN APCD Online Resources

- [MN APCD Request for Information webpage](http://www.health.state.mn.us/healthreform/allpayer/rfi.html)  
(<http://www.health.state.mn.us/healthreform/allpayer/rfi.html>)
- [MN APCD webpage](http://www.health.state.mn.us/healthreform/allpayer/index.html) (<http://www.health.state.mn.us/healthreform/allpayer/index.html>)
  - [MN APCD Overview document](http://www.health.state.mn.us/healthreform/allpayer/mnapcdoverview.pdf)  
(<http://www.health.state.mn.us/healthreform/allpayer/mnapcdoverview.pdf>)
  - [MN APCD Current Uses document](http://www.health.state.mn.us/healthreform/allpayer/use_of_apcd_fact_sheet.pdf)  
([http://www.health.state.mn.us/healthreform/allpayer/use\\_of\\_apcd\\_fact\\_sheet.pdf](http://www.health.state.mn.us/healthreform/allpayer/use_of_apcd_fact_sheet.pdf))
  - [MN APCD FAQ document](http://www.health.state.mn.us/healthreform/allpayer/faqapcd.pdf)  
(<http://www.health.state.mn.us/healthreform/allpayer/faqapcd.pdf>)
  - [MN APCD publications page](http://www.health.state.mn.us/healthreform/allpayer/publications.html)  
(<http://www.health.state.mn.us/healthreform/allpayer/publications.html>)
- [Information on the MN APCD Public Use Files](http://www.health.state.mn.us/healthreform/allpayer/publicusefiles/index.html)  
(<http://www.health.state.mn.us/healthreform/allpayer/publicusefiles/index.html>)
- [MDH Health Economics Program webpage](http://www.health.state.mn.us/healthreform/allpayer/theconomics)  
(<http://www.health.state.mn.us/healthreform/allpayer/theconomics>)
- [APCD Council](https://www.apcdouncil.org/), with information on other state APCDs  
(<https://www.apcdouncil.org/>)
- [APCD Showcase](https://www.apcdshowcase.org/), with study examples from multiple states  
([https://www.apcdshowcase.org](https://www.apcdshowcase.org/))
- [Statutory authorization](https://www.revisor.mn.gov/statutes/?id=62U.04) is detailed here in Chapter 62U.04, Subdivision 11  
(<https://www.revisor.mn.gov/statutes/?id=62U.04>)
- [Administrative rules](https://www.revisor.mn.gov/rules/?id=4653) for the MN APCD  
(<https://www.revisor.mn.gov/rules/?id=4653>)
- [Submission information](http://www.health.state.mn.us/healthreform/allpayer/apcdsubmissionrequirements.pdf) for the MN APCD  
([http://www.health.state.mn.us/healthreform/allpayer/apcdsubmissionrequirements.p  
df](http://www.health.state.mn.us/healthreform/allpayer/apcdsubmissionrequirements.pdf))