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Claims and Utilization Data Sharing for Research

Health Services and Medical Management Division

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Minnesota Department of **Human Services**

Legislative Report

Executive Summary

Recent legislation states that the Health Services Advisory Council (HSAC) shall develop a methodology and draft legislation necessary to allow for the release of data for research purposes. HSAC has developed a set of principles to guide the fulfillment of this legislative intent. Specific attributes of data release and privacy represent a knowledge base not captured by HSAC.

Introduction

In the 2008-2009 Minnesota legislative session, the following law was passed (Chapter 70, Article 5, Section 76): **Claims and Utilization Data:** The commissioner of human services, in consultation with the Health Services Policy Committee, shall develop and provide to the legislature by December 15, 2009, a methodology and any draft legislation necessary to allow for the release, upon request, of summary data as defined in Minnesota Statutes, section 13.02, subdivision 19, on claims and utilization for medical assistance, general assistance medical care, and MinnesotaCare enrollees at no charge to the University of Minnesota Medical School, the Mayo Medical School, Northwestern Health Sciences University, the Institute for Clinical Systems Improvement, and other research institutions, to conduct analyses of health care outcomes and treatment effectiveness, provided the research institutions do not release private or nonpublic data, or data for which dissemination is prohibited by law.

Summary Data, as noted above and described in Minnesota Statutes, Section 13.02, Subdivision 19, is defined as the following: "Summary data" means statistical records and reports derived from data on individuals but in which individuals are not identified and from which neither their identities nor any other characteristic that could uniquely identify an individual is ascertainable.

Body of Report

Over 600,000 Minnesotans, as a monthly average, receive health care through the state's publicly funded health care programs. Combined expenses for these programs amount to nearly seven billion dollars annually. Fee-for-service health care, administered by the Department of Human Services (DHS), account for about one quarter of the total cost and cover one third of the population during any given month. Claims data are collected for the fee-for-service population, while administrative data is obtained from the managed care organizations that administer care for the remaining two thirds of the population.

Studies can be carried out using administrative databases derived from discharge coding information. Based on an abundance of published reports, use of administrative databases has become widely accepted for research purposes. These databases are advantageous because they contain information regarding the care for a very large number of patients. Limitations exist for any individual patient:

- Coding is, at times, erroneous as complete coding is not needed (or in some cases possible) for claims billing.
- Since Medicaid recipients tend to pass in and out of the care system, it may be difficult to capture the total care received by any recipient over a given time period.
- Codes and fields must be understood regarding their use, the change in their use over time, and in how the data is entered.

As an example, the use of a specific code may change over time in response to DHS instructions to providers. Understanding policy changes such as this is essential to the interpretation of the data.

HSAC's mission is to advise Minnesota's Medicaid policy based on critical review of relevant scientific literature for implementation of benefit policy (see attached Charter and Statute). To date, twenty-three benefit policies have been developed. HSAC has developed a set of principles to guide the fulfillment of this legislative intent.

Conclusions and Recommendations

The following principles are to be observed for release of summary data by DHS for research purposes:

- Initiatives that facilitate transparency are to be supported.
- Release of data should be for advancing program integrity and evaluation to improve quality and value.
- Individual data will only be released with proper legal review and appropriate data sharing and privacy agreements.
- DHS must ensure that users understand the parameters of the data fields (e.g., changes to codes over time) so as to have appropriate comparison over time and between populations.
- DHS must have the ability to prioritize data requests based upon staff workloads and competing priorities.

Funding Considerations

- DHS must be able to recoup the actual cost of data extraction, cleaning of data, and file preparation.
- Any mechanisms used to support automated release of data must be funded adequately and supported over time.