To offer feedback or share ideas for new reports, or to find out more about how self-insured employers can safely contribute de-identified health care data to the MN APCD, email the Minnesota Department of Health at health.apcd@state.mn.us.

Protecting individual privacy in the MN APCD is of paramount importance. All identifying patient and provider data is de-identified and encrypted before it leaves the data submitter site and is sent to the MN APCD.

## **MINNESOTA HEALTH CARE:** High-Value Reports Designed for and by Employers



For further information about the MN APCD: Online: www.health.state.mn.us/healthreform/allpayer Email: health.apcd@state.mn.us



85 East 7th Place, Suite 220, Saint Paul, MN 55101 (651) 201-3550 www.health.state.mn.us/healtheconomics

What are the most expensive health care procedures in Minnesota? Where are the best opportunities to negotiate lower prices or achieve more competitive contract agreements? Where should your employees go to get more value from each health care dollar?

A new series of reports that focuses on variation in health care prices for common treatments and procedures in Minnesota can help answer these and other questions.



As you and your partners shape your company's health benefits to improve and protect employee health at the best value, why not take advantage of evidence from the most robust data source available in Minnesota?

Now available for your use is the first in a series of new reports designed and prioritized by many large employers, and reflecting insights based on care provided to more than 4.3 million people in Minnesota – the largest dataset of its kind.

The first wave of reports will focus on variation in actual prices paid for health care in Minnesota for childbirth, heart procedures, joint replacement, and other surgeries and procedures.

Data in the MN APCD reflect monthly care provided to more than 4.3 million people in Minnesota

| This report examines case price varial<br>arthopedic and abstratic care. Prices<br>from three periperities: distanciale, in<br>to patients with research related for<br>humation before casts tabuted for the |                   | nd based or<br>6 horipitals,<br>9. (5011 or | facility sustand within 1<br>SCI 2) High |                | raphs show variation in prices<br>pital. The analysis was treated<br>for prices were adjuded by |
|---|-------------------|---|--|----------------|---|
| -   | Authors<br>Male   |   | 7222                                     |                |   |
|   | -200              | 1222  | 7227                                     | -22/2*         | AARPACE CAR MECLED  |
| Hospital with Highest Average Price   | \$9,626           | \$2,872                                     | \$12,301                                 | 4.3+           |   |
| 2nd Highest   |                   | \$3,580                                     | \$12,823                                 |                |   |
| Sol Highest   | \$8,643           |   | \$12,303                                 | 4.34           |   |
| Case Prices Statewide   | \$3,875           | \$2,872                                     | \$12,808                                 | 4.3x           |   |
| Selliment   |                   | \$2,872                                     | \$7,879                                  | 2.8x           |   |
|   | \$4,3.96          |   |  | 3.34           |   |
| Hospital with Lowest Average Price  | \$4,412           | \$2,872                                     | \$10,352                                 | 3.6s           |   |
| E GERTING REPORTED (CONTINUE)   | Authorit<br>Phili | udueste<br>Peinde                           | NGNIA<br>PAGE                            | NOTION<br>BATO | PROTEMACTION<br>ANTERNAL CARE PROTING   |
| Hospital with Highest Jacouge Price   | \$18,723          | \$11,892                                    | \$22,811                                 | 1.8s           |   |
| Ind Higherd   |                   | 54,493                                      |  | 4.5x           |   |
| Ind Highest   | \$17,599          | \$10,781                                    |  |                |   |
| Case Prices Statewide   | \$10,234          | \$4,415                                     | \$22,811                                 | 4.84           |   |
|   |                   | 54,485                                      | \$21,695                                 | 4.64           |   |
|   | \$7,895           | 54,485                                      | \$11,995                                 | 2.6x           |   |
| Honalish with Lowent Average Price  |                   |   |  |                |   |



We were really pleased to work with employers on this project. We hope this is just the start of future collaborations and ongoing support for using the Minnesota All Payer Claims Database to make informed decisions about health care spending.

Acting Commissioner Daniel L. Pollock Minnesota Department of Health 6 This is eye-opening information for the purchasers of health care. Employers have long suspected that there is a great deal of variation in both the quality and the cost of health care, but to be able to see the actual numbers provides them an opportunity to make better purchasing decisions. Employers can also help employees and their family members identify and access more affordable care.

Carolyn Pare MN Health Action Group

From this series of reports you will be able to:

- Discover how the actual amounts paid (case prices) vary between and even within hospitals for specific treatments
- Bring these pricing data along with quality results into negotiations to discuss the implications for the overall value of care for your employees
- Get more value out of your in-house data, by being able to compare them with aggregated state averages and highest and lowest cost estimates

Other analyses that have been done include pharmaceutical spending and use, potentially preventable health care events, and treatment for chronic conditions. Possibilities for future reports are wide open. The MN APCD is the most robust dataset in Minnesota, with more than 100 entities contributing data

These analyses and reports come from the

Minnesota All Payer Claims Database (MN APCD), a dataset of health care claims from private and public payers, reflecting the care provided to about 80 percent of the state's population. More than 100 entities contribute data to the MN APCD, including many self-insured employers, plus commercial health plans, third-party administrators, Medicaid and Medicare. All self-insured employers are encouraged to contribute deidentified data to the MN APCD as well, through the same encrypted and secure process already used by all health plans in the state.