MN APCD
All Payer Claims Database

MN Rx

Overview of MN APCD & other MDH Rx Data Resources

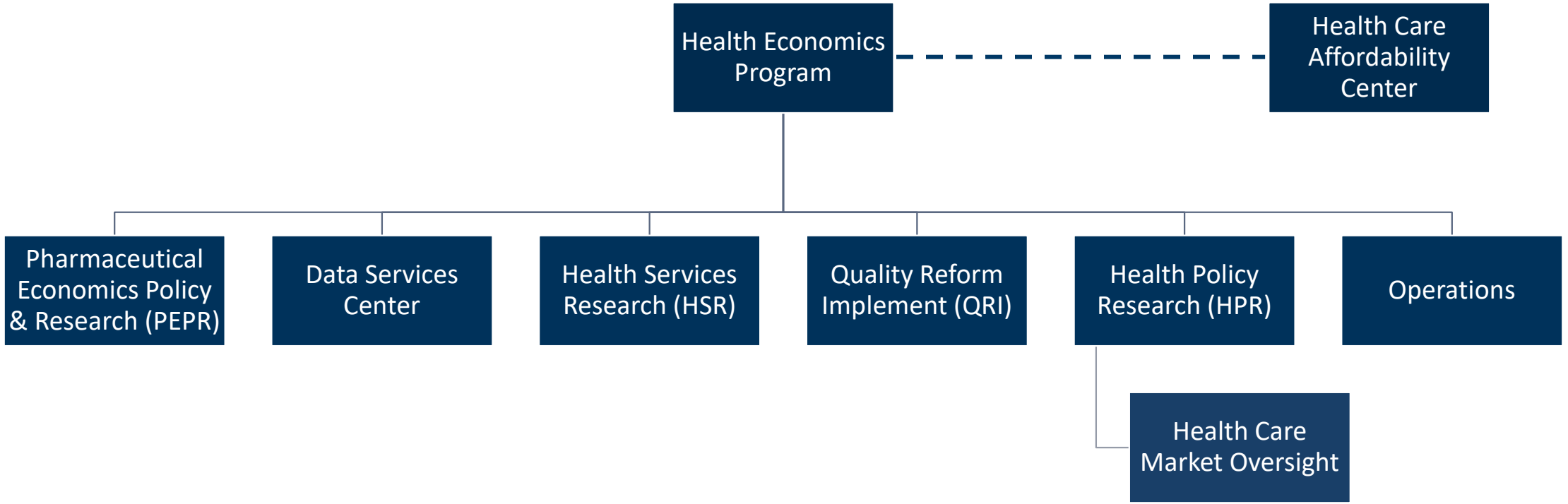
Health Economics Program
Pam Mink & Annelisa Steeber

DEPARTMENT OF HEALTH

The Health Economics Program at MDH

- The Health Economics Program (HEP) conducts research and applied policy analysis to:
  - Monitor changes in the health care market
  - Understand factors influencing health care cost, quality and access
  - Provide objective, technical assistance to policymakers
- Our work is data-driven
- It is available through reports, issue briefs, data dashboards, presentation slides & testimony

Health Economics Program Overview



https://www.health.state.mn.us/data/economics/index.html

MDH Obligations under the Prescription Drug Affordability Act

MS 62J.90: Rx drug price information; decision to conduct cost review

1. Provide RxPT **data** to the Board [62J.90, subd. 1(a)]
2. Provide **technical assistance** to the Board related to identifying drug products (NDCs) that meet the criteria under 62J.90, subd. 2(a) [62J.87, subd. 5(b)]
3. Provide **consultation** to the Board in identifying prescription drug products with costs that create significant affordability challenges for the state health care system or for patients [62J.90, subd. 2(b)]

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Reporting Streams under Prescription Drug Price Transparency Act (MS 62J.84)

Program:	Prescription Drug Price Transparency Act (RxPT) (data posted online, trade secret data withheld, legislative report, enforcement)						
Reporting Trigger:	Statutory thresholds for pricing events; ongoing			Quarterly list identified by MDH			
Reporting Stream:	Price Growth (Subd. 3)	New Drug (Subd. 4)	REPEALED Acquisitions (Subd. 5)	Public Interest (Subds. 10-14)			
Reporting Entities:	Manufacturers	Manufacturers	Manufacturers	Manufacturers	Wholesalers	PBMs	Pharmacies

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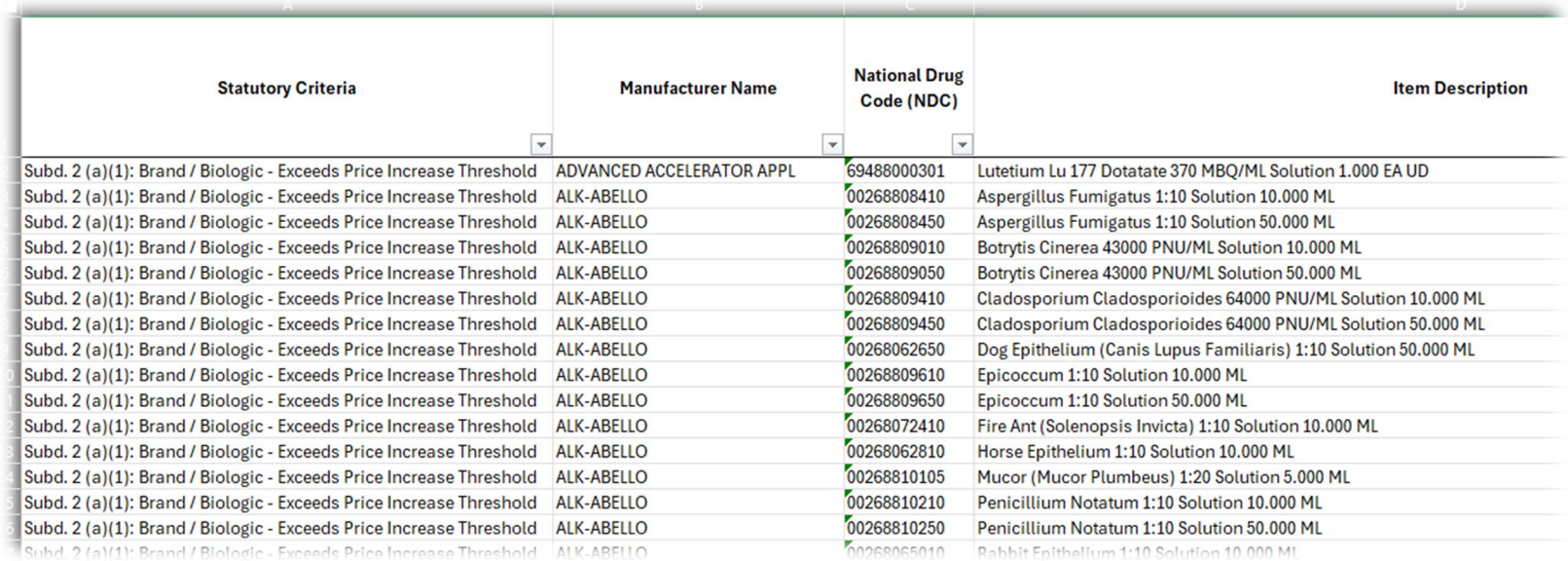
Technical Assistance: Drugs identified for potential review by the PDAB

- Drug products that meet the criteria established by the legislature in MS 62J.90, subd 2(a)
- Current version published December 2025 with 919 unique NDCs



Statutory Criteria	Manufacturer Name	National Drug Code (NDC)	Item Description
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ADVANCED ACCELERATOR APPL	69488000301	Lutetium Lu 177 Dotatate 370 MBQ/ML Solution 1.000 EA UD
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268808410	Aspergillus Fumigatus 1:10 Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268808450	Aspergillus Fumigatus 1:10 Solution 50.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268809010	Botrytis Cinerea 43000 PNU/ML Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268809050	Botrytis Cinerea 43000 PNU/ML Solution 50.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268809410	Cladosporium Cladosporioides 64000 PNU/ML Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268809450	Cladosporium Cladosporioides 64000 PNU/ML Solution 50.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268062650	Dog Epithelium (Canis Lupus Familiaris) 1:10 Solution 50.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268809610	Epicoccum 1:10 Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268809650	Epicoccum 1:10 Solution 50.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268072410	Fire Ant (Solenopsis Invicta) 1:10 Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268062810	Horse Epithelium 1:10 Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268810105	Mucor (Mucor Plumbeus) 1:20 Solution 5.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268810210	Penicillium Notatum 1:10 Solution 10.000 ML
Subd. 2 (a)(1): Brand / Biologic - Exceeds Price Increase Threshold	ALK-ABELLO	00268810250	Penicillium Notatum 1:10 Solution 50.000 ML

Data sources: Wolters Kluwer's Medi-Span, Food and Drug Administration (FDA) Orange Book, FDA Purple Book, Minnesota All Payer Claims Database (MN APCD), Bureau of Labor Statistics (BLS) Consumer Price Index for All Urban Consumers (CPI-U)

MDH Obligations under the Prescription Drug Affordability Act cont

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Key Rx Data Resources Used by PEPR

MDH

- Prescription Drug Price Transparency Act (RxPT)
- 340B Covered Entity Report
- Medi-Span
- Minnesota All Payer Claims Database (MN APCD)

Publicly available

- FDA Purple book: list of licensed biological products
- FDA Orange book: therapeutic equivalence for FDA drugs
- National Average Drug Acquisition Cost (NADAC)
- Centers for Medicare & Medicaid Services (CMS): CMS publishes data on drug spending, utilization, and pricing trends

MDH Rx Data & the PDAB

Data	Details	Availability to PDAB
RxPT – Price Growth & New Drug	• Prescription Drug Price Transparency (MS 62J.84) • Data elements detailed in Appendixes of RxPT Form & Manner • Includes public, not public, and trade secret data	• Data—including not public and trade secret data elements—provided to PDAB per MS 62J.90, subd. 1 • Data made available to the public—except for not public or trade secret data elements—via dashboards and downloadable files
RxPT – Drugs of Substantial Public Interest		• Data made available to the public—except for not public or trade secret data elements—via dashboards and downloadable files
340B Covered Entity Report	• 340B Covered Entity Report (MS 62J.461) • Data are nonpublic	• Aggregate data available via MDH legislative reports
Medi-Span	• MDH purchases a license from Wolters Kluwer with a use case specified to MDH's Rx work	• Available via consultation with MDH/PEPR and in accordance with license agreement
Minnesota All Payer Claims Database (MN APCD)	• MN APCD • Healthcare claims data collected from private and public payers	• Summary data available via Public Use Files (PUFs) • Available via consultation with MDH/PEPR and in accordance with Minnesota law

DEPARTMENT OF HEALTH

MN APCD

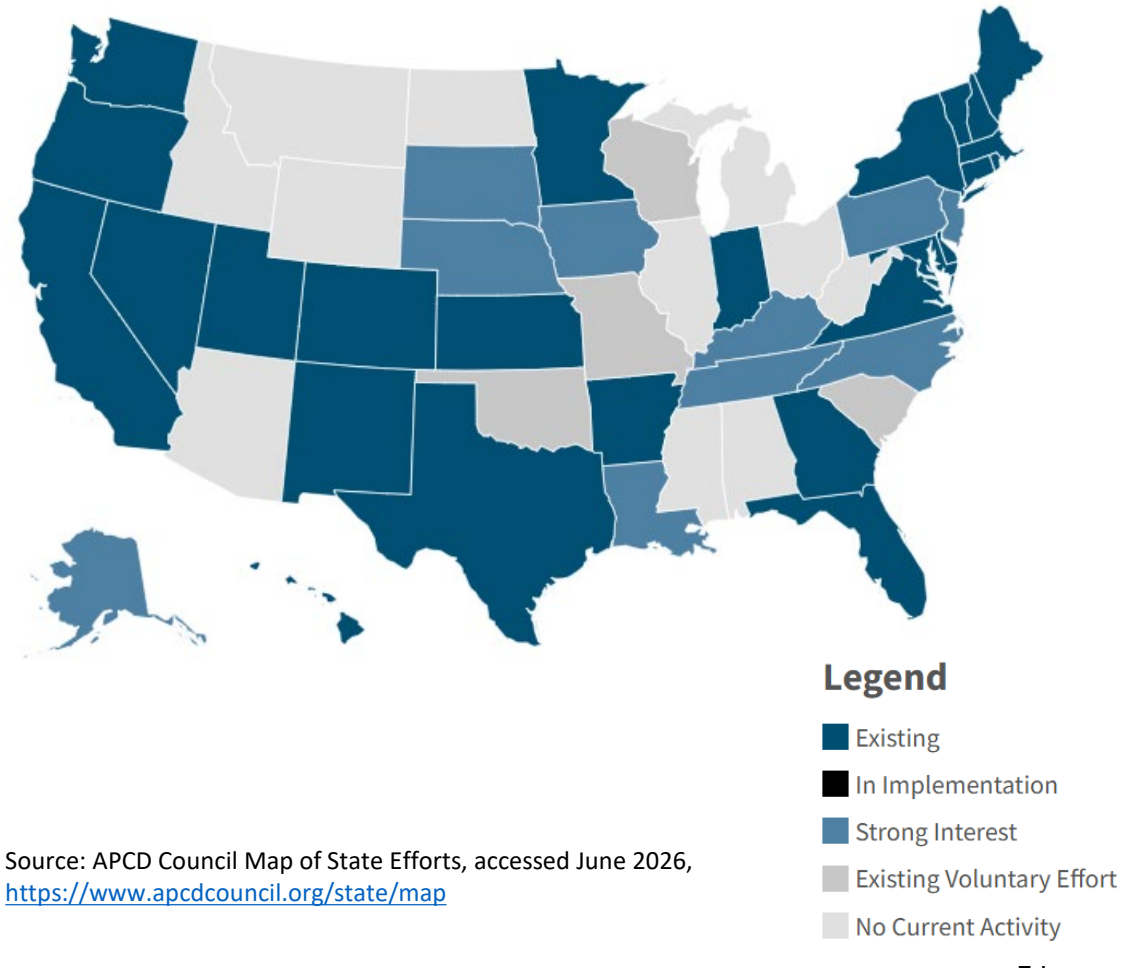
All Payer Claims Database

Minnesota All Payer Claims Database (MN APCD)

Pamela Mink, PhD, MPH | Director of Health Services Research

All Payer Claims Databases (APCDs)

- Statewide repositories of healthcare claims data collected from private and public payers.
- Similar to other states, in 2008, Minnesota passed legislation to develop an APCD to conduct research and inform state policy related to healthcare cost, quality, and access.



Source: APCD Council Map of State Efforts, accessed June 2026, https://www.apcdcouncil.org/state/map

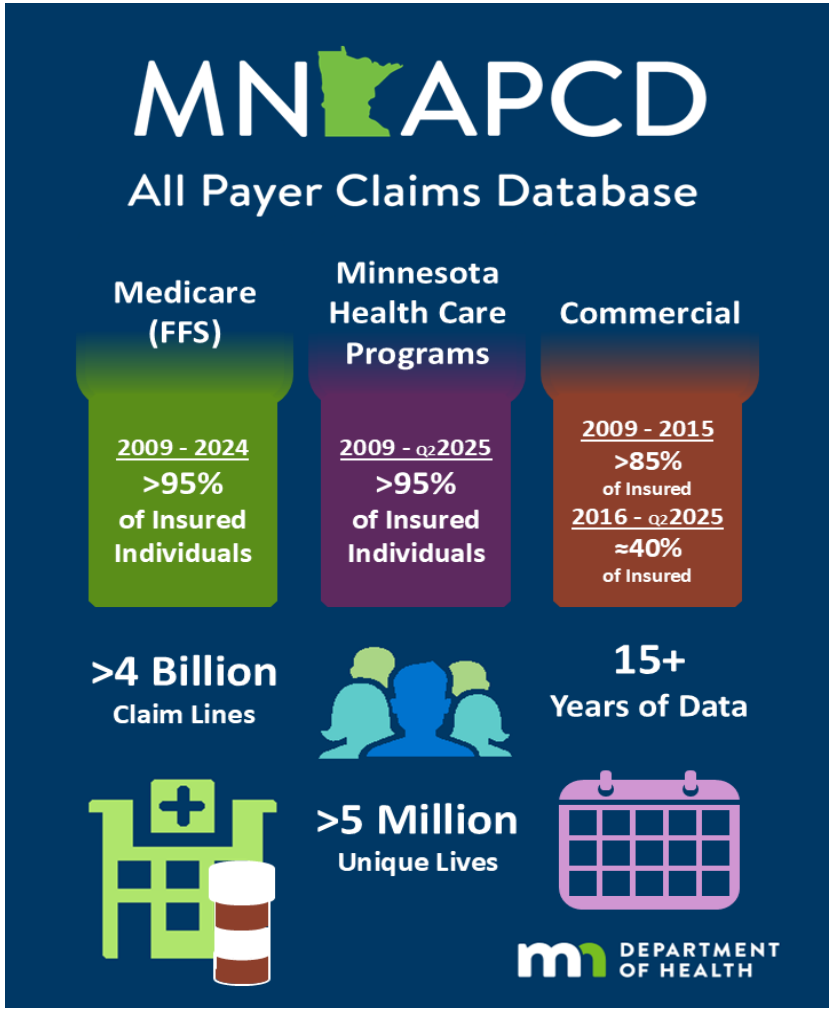
How is the Minnesota All Payer Claims Database (MN APCD) being used?

- Health Care Spending
- System Efficiency & Waste
- Health Care Quality
- Epidemiology
- Health Care Market
- Public Health

MN APCD Publications Webpage: [Publications Using the MN APCD - MN Dept. of Health]

Minnesota All Payer Claims Database (MN APCD)

- **Large scale data system that collects and integrates data from the process of paying for healthcare**
  - Enrollment, medical, pharmacy and dental claims
  - Collects data on healthcare utilization, prices, and spending (plan paid, patient share)
- **Rich (de-identified) data for insured Minnesotans**
  - Treatment delivered (procedures/drugs)
  - Diagnosed conditions
  - Servicing provider/type
  - Limited detail on patient/member characteristics (age, gender, ZIP code)



Minnesota All Payer Claims Database - MN Dept. of Health (state.mn.us)

How Data Moves from People to MDH

Origin and Purpose of the MN APCD

- **Access** to the MN APCD is **restricted to MDH**
- Minnesota **bipartisan health reform** initiative (2007)
- In 2014, focus (per legislation) shifted from **health system performance → research and evaluation**
- In 2016, Minnesota Legislature directed the development of **Public Use Files (PUFs)**
- **Improve understanding of health care trends and address challenges** in public health, health care markets, quality-of-care, and rising health care costs
- In 2023, Minnesota Legislature directed MDH to **expand access to the MN APCD** and to **enhance the MN APCD** by additional data (e.g., dental claims, non-claims-based payments, etc.)

Source: Minnesota Statutes, section 62U.04

Variations in utilization, cost, quality, and illness burden

Legislatively-Directed Studies

Public Use Files

Other

The MN APCD Contains Only De-identified Information

What is in the data?

- Age at service date
- Patient 5-digit ZIP code
- Gender
- Diagnosis codes (e.g., ICD-10)
- Service procedure codes (e.g., HCPCS, CPT)
- NDC for retail pharmacy claims
- Duration of treatment
- Cost of service, including patient share
- Information on servicing/billing provider
- Health insurance payer

What is NOT in the data?

- Patient name
- Date of birth
- Social security number
- Patient Address
- Detail on income
- Clinical data from electronic health records
- Race/ethnicity data are incomplete

Prescription Drug Information in the MN APCD

Prescription Information

- Prescription Filled Date
- Filling Pharmacy (including mail order)
- Prescribing Provider
- Payments (insurer, copay, deductible)

Drug Information

- National Drug Code (NDC)
- Days Supply/Thirty Day Equivalents
- Brand vs. Generic
- Medi-Span
  - Generic Product Identifier (GPI)
  - Therapeutic Class

Strengths and Limitations

Strengths

- **Includes details** of:
  - Gender and age
  - ZIP code
  - Payer (Minnesota Health Care Programs, Medicare, private insurance)
  - Diagnosis codes and service procedures
  - Prices paid for health care services—including patient share
- Rich source of health care **utilization and cost data** for insured Minnesotans
- Ability to **track de-identified individuals over time**, **across care settings, and across payers**
- ZIP code-level data permit health equity analyses based on geographic residence, e.g., American Community Survey (US Census); Center for Disease Control's (CDC) social vulnerability index

Limitations

- **Public access to data is limited** to the Public Use Files (PUFs) and Dashboards (expanded access coming soon)
- **No clinical data** (e.g., laboratory results, etc.)
- Does **not** include:
  - Uninsured Minnesotans
  - Tricare
  - Health care that is covered by VA benefits
  - Health care that is covered by the Indian Health Service (IHS)
  - Auto insurance or workers compensation insurance, which may cover health care under certain circumstances
  - Supplemental Medicare (Medigap) plans
- **Pharmacy claims data do not reflect rebates or coupons**
- Limited data on race and ethnicity

MN APCD Extract 31 Information

Payer Type	Medical	Pharmacy	Incurred Start Date	Incurred End Date	Paid End Date
Commercial	Y	Y	1/1/2009	**12/31/2025**	3/31/2026
Minnesota Health Care Programs (Medical Assistance and MinnesotaCare) (Managed Care and FFS)	Y	Y	1/1/2009	**12/31/2025**	3/31/2026
Medicare Parts A and B (Traditional FFS)	Y	NA	1/1/2009	12/31/2024	12/31/2024
Medicare Part D (FFS)	NA	Y	1/1/2009	12/31/2023	12/31/2023
Medicare Part C (Medicare Advantage and MA-PDP)	Y	Y	1/1/2009	**12/31/2025**	3/31/2026

Thank You!

Additional resources:

Health Economics Program

Minnesota All Payer Claims Database

Prescription Drug Price Transparency

Contact HEP: health.hep@state.mn.us