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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 2627

03/01/2012 Authored by Gottwalt

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; changing a requirement for electronic claims and electronic
1.3 transactions; amending Minnesota Statutes 2010, section 62J.536, subdivision 1.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. Minnesota Statutes 2010, section 62J.536, subdivision 1, is amended to read:

1.6 Subdivision 1. **Electronic claims and eligibility transactions required.** (a)
1.7 Beginning January 15, 2009, all group purchasers must accept from health care providers
1.8 the eligibility for a health plan transaction described under Code of Federal Regulations,
1.9 title 45, part 162, subpart L. Beginning July 15, 2009, all group purchasers must accept
1.10 from health care providers the health care claims or equivalent encounter information
1.11 transaction described under Code of Federal Regulations, title 45, part 162, subpart K.

1.12 (b) Beginning January 15, 2009, all group purchasers must transmit to providers the
1.13 eligibility for a health plan transaction described under Code of Federal Regulations, title
1.14 45, part 162, subpart L. Beginning December 15, 2009, all group purchasers must transmit
1.15 to providers the health care payment and remittance advice transaction described under
1.16 Code of Federal Regulations, title 45, part 162, subpart P.

1.17 (c) Beginning January 15, 2009, all health care providers must submit to group
1.18 purchasers the eligibility for a health plan transaction described under Code of Federal
1.19 Regulations, title 45, part 162, subpart L. Beginning July 15, 2009, all health care
1.20 providers must submit to group purchasers the health care claims or equivalent encounter
1.21 information transaction described under Code of Federal Regulations, title 45, part 162,
1.22 subpart K.

1.23 (d) Beginning January 15, 2009, all health care providers must accept from group
1.24 purchasers the eligibility for a health plan transaction described under Code of Federal

2.1 Regulations, title 45, part 162, subpart L. Beginning December 15, 2009, all health care
2.2 providers must accept from group purchasers the health care payment and remittance
2.3 advice transaction described under Code of Federal Regulations, title 45, part 162, subpart
2.4 P.

2.5 (e) Beginning January 1, 2012, all health care providers, health care clearinghouses,
2.6 and group purchasers must provide an appropriate, standard, electronic acknowledgment
2.7 when receiving the health care claims or equivalent encounter information transaction
2.8 or the health care payment and remittance advice transaction, unless those claims were
2.9 submitted electronically by an entity licensed as a pharmacy or as a resident or nonresident
2.10 durable medical equipment supplier in Minnesota. The acknowledgment provided must be
2.11 based on one or more of the following American National Standards Institute, Accredited
2.12 Standards Committee X12 standard transactions:

- 2.13 (1) TA1;
2.14 (2) 997;
2.15 (3) 999; or
2.16 (4) 277CA.

2.17 Health care providers, health care clearinghouses, and group purchasers may send and
2.18 receive more than one type of standard acknowledgment as mutually agreed upon. The
2.19 mutually agreed upon acknowledgments must be exchanged electronically. Electronic
2.20 exchanges of acknowledgments do not include e-mail or facsimile.

2.21 (f) Each of the transactions described in paragraphs (a) to (e) shall require the use
2.22 of a single, uniform companion guide to the implementation guides described under
2.23 Code of Federal Regulations, title 45, part 162. The companion guides will be developed
2.24 pursuant to subdivision 2.

2.25 (g) Notwithstanding any other provisions in sections 62J.50 to 62J.61, all group
2.26 purchasers and health care providers must exchange claims and eligibility information
2.27 electronically using the transactions, companion guides, implementation guides, and
2.28 timelines required under this subdivision. Group purchasers may not impose any fee on
2.29 providers or providers' clearinghouses for the use of the transactions prescribed in this
2.30 subdivision. Health care providers may not impose a fee on group purchasers or group
2.31 purchasers' clearinghouses for the use of the transactions prescribed in this subdivision.
2.32 A clearinghouse may not charge a fee solely to receive a standard transaction from a
2.33 health care provider, a health care provider's clearinghouse, a group purchaser, or a group
2.34 purchaser's clearinghouse when it is not an agent of the sending entity. A clearinghouse
2.35 may not charge a fee solely to send a standard transaction to a health care provider, a health

3.1 care provider's clearinghouse, a group purchaser, or a group purchaser's clearinghouse
3.2 when it is not an agent of the receiving entity.

3.3 (h) Nothing in this subdivision shall prohibit group purchasers and health care
3.4 providers from using a direct data entry, Web-based methodology for complying with
3.5 the requirements of this subdivision. Any direct data entry method for conducting
3.6 the transactions specified in this subdivision must be consistent with the data content
3.7 component of the single, uniform companion guides required in paragraph (f) and the
3.8 implementation guides described under Code of Federal Regulations, title 45, part 162.