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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. **1870**

March 8, 2007

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

1.1 A bill for an act
1.2 relating to insurance; requiring uniform processing of health plan claims;
1.3 proposing coding for new law in Minnesota Statutes, chapter 62A.
1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **[62A.67] UNIFORM CLAIMS PROCESSING.**

1.6 (a) The commissioner may seek recommendations on standards to establish a
1.7 uniform claim form and uniform billing and claim codes from a council of representatives
1.8 from the health care industry. Based upon the recommendations of such a council, the
1.9 commissioner may issue rules pursuant to section 14.389 requiring the use by all health
1.10 plans, health carriers, licensed insurers or third-party administrators, collectively "payers,"
1.11 and health care providers, collectively "providers," of a uniform claim form, uniform
1.12 billing, or uniform claim codes.

1.13 (b) To the extent that the commissioner does not issue rules establishing a uniform
1.14 claim form, uniform billing, and uniform claim codes, beginning January 15, 2008,
1.15 the commissioner shall adopt rules pursuant to section 14.389 requiring all payers and
1.16 providers to use a uniform claim form and uniform billing and claim codes. Before
1.17 adopting such rules, the commissioner shall seek recommendations from a council of
1.18 representatives from the health care industry. The commissioner may base the rules
1.19 required by this paragraph, in whole or in part, on standards identical to those required by
1.20 the Medicare program, or on such alternative standard as the commissioner finds will be
1.21 most effective in fulfilling the mandate for uniformity articulated in this section.

1.22 (c) Beginning January 15, 2009, all payers shall offer, and all providers shall
1.23 use, compatible systems of electronic billing approved by the commissioner through
1.24 rulemaking under section 14.389. The systems approved by the commissioner may

2.1 include monitoring and disseminating information concerning eligibility and coverage of
2.2 individuals. The systems must be capable of accepting all permissible data elements on a
2.3 claim form in order to ensure the most accurate payment and claim determination.

2.4 No payer or provider shall add to or modify these requirements and no payer shall
2.5 impose any fee for use of this system.

2.6 (d) For purposes of this section, "health carrier" and "health plan" have the meanings
2.7 given in section 62A.011, and "third-party administrator" and "licensed insurer" have the
2.8 meanings given in section 62H.10.

2.9 **Sec. 2. EFFECTIVE DATE.**

2.10 Section 1 is effective the day following final enactment.