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State of Minnesota

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HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH
SESSION

HOUSE FILE NO. **384**

January 29, 2009

Authored by Thissen; Ruud; Abeler; Hosch; Murphy, E., and others

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

March 16, 2009

Committee Recommendation and Adoption of Report:

To Pass as Amended

Read Second Time

March 25, 2009

By motion, re-referred to the Committee on Finance

May 8, 2009

Committee Recommendation and Adoption of Report:

To Pass as Amended

Read Second Time

1.1 A bill for an act
1.2 relating to health; requiring a study to simplify health care administrative
1.3 transactions via electronic data exchange.

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

1.5 Section 1. **DEVELOPING TECHNOLOGY STANDARDS AND TOOLS.**

1.6 The commissioner of health, in consultation with the Minnesota Administrative
1.7 Uniformity Committee and the commissioner of human services, shall study and make
1.8 recommendations on the feasibility and barriers to simplifying health care administrative
1.9 transactions through electronic data interchange. The study shall include:

1.10 (1) recommendations regarding the feasibility and barriers to establishing a single,
1.11 standardized system for all group purchasers for health care administrative transactions
1.12 and notification, preauthorization, or service notification, and retroactive denial through
1.13 electronic data interchange, identifying a range of potential technologies to accomplish
1.14 this purpose;

1.15 (2) recommendations regarding the relationship of technologies to the e-prescribing
1.16 requirements of Minnesota Statutes, section 62J.497;

1.17 (3) recommendations for ensuring that any use of technologies by providers and
1.18 group purchasers is consistent with national standards;

1.19 (4) an analysis of the readiness of providers and group purchasers to implement
1.20 appropriate technologies and comply with technology requirements already required by
1.21 law; and

1.22 (5) recommendations for prioritizing the implementation of specific technologies in
1.23 relation to provider and health plan efforts to meet the requirements of Minnesota Statutes,
1.24 section 62J.536, to meet the administrative requirements of Minnesota Statutes, section

- 2.1 62J.497, to meet federal requirements for transitioning from ICD-9 to ICD-10, and to
- 2.2 comply with federal changes to Code of Federal Regulations, title 45, part 162.