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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

**EIGHTY-SIXTH  
SESSION**

**HOUSE FILE No. 1954**

March 19, 2009

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

1.1 A bill for an act  
1.2 relating to health; exempting dentists from certain electronic transaction  
1.3 requirements; amending Minnesota Statutes 2008, section 62J.536, subdivision 1.

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

1.5 Section 1. Minnesota Statutes 2008, 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) Each of the transactions described in paragraphs (a) to (d) shall require the use  
2.6 of a single, uniform companion guide to the implementation guides described under  
2.7 Code of Federal Regulations, title 45, part 162. The companion guides will be developed  
2.8 pursuant to subdivision 2.

2.9 (f) Notwithstanding any other provisions in sections 62J.50 to 62J.61, all group  
2.10 purchasers and health care providers must exchange claims and eligibility information  
2.11 electronically using the transactions, companion guides, implementation guides, and  
2.12 timelines required under this subdivision. Group purchasers may not impose any fee on  
2.13 providers for the use of the transactions prescribed in this subdivision.

2.14 (g) Nothing in this subdivision shall prohibit group purchasers and health care  
2.15 providers from using a direct data entry, Web-based methodology for complying with  
2.16 the requirements of this subdivision. Any direct data entry method for conducting  
2.17 the transactions specified in this subdivision must be consistent with the data content  
2.18 component of the single, uniform companion guides required in paragraph (e) and the  
2.19 implementation guides described under Code of Federal Regulations, title 45, part 162.

2.20 (h) Transactions submitted to a group purchaser by a dentist licensed under chapter  
2.21 150A are exempt from the requirements of this subdivision.