

HOUSE RESEARCH

Bill Summary

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Authors: Abeler

Subject: Provision of medical claims data to sponsors of employment-based plans

Analyst: Tom Pender (651) 296-1885

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Overview

This bill requires health plan companies and preferred provider organizations to annually provide the employer or other sponsor of the health plan with comprehensive participant-specific claims data.

Section

1 Medical claims data.

Subd. 1. Transparency. Requires that insurers and managers of preferred provider networks annually submit health claims data to the health plan sponsor.

Subd. 2. Definitions. (a) Defines “comprehensive medical claims data” to mean participant-specific medical claims information submitted to the insurer or preferred provider network manager (“PPO”) for payment. The term includes all information related to the claim and its resolution.

(b) Defines “plan sponsor” to include the employer in the case of a plan sponsored by one employer, a labor union, or other employee organization for a plan sponsored that type of group, and the joint sponsoring board or other entity for a plan sponsored by multiple employers or multiple employee organizations.

Subd. 3. Electronic submission. Permits compliance with subdivision 1 in electronic format if agreed to by the plan sponsor and the submitter of the data.