

## **Appendix B:**

# Minnesota's 2015 Interoperable EHR Mandate: Impacting All Providers and Care Delivery Settings

The 2007 Minnesota Legislature mandated that, "By January 1, 2015, all hospitals and health care providers must have in place an interoperable electronic health records system within their hospital system or clinical practice setting" (Minnesota Statutes, section 62J.495).

Minnesota Statutes, section 62J.03, defines "provider" and "health care providers" as:

"...a person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program under chapter 256B. For purposes of this subdivision, "for a fee" includes traditional fee-for-service arrangements, capitation arrangements, and any other arrangement in which a provider receives compensation for providing health care services or has the authority to directly bill a group purchaser, health carrier or individual for providing health care services. For purposes of this subdivision, "eligible for reimbursement under the medical assistance program" means that the provider's services would be reimbursed by the medical assistance program if the services were provided to medical assistance enrollees and the provider sought reimbursement, or that the services would be eligible for reimbursement under medical assistance except that those services are characterized as experimental, cosmetic or voluntary."

The inclusion of all providers is intended to ensure that the benefits of e-health apply across the entire continuum of care, from cradle to grave, from primary to specialty care, public to private, and from traditional to alternative practitioners.

See the example list of providers impacted by the mandate on the next page. The list is not intended to indicate every type of health care providers covered by the mandate, but simply to provide examples of those affected.

## Example List of Providers Impacted by the 2015 Interoperable EHR Mandate

### EXAMPLE PROVIDER/CARE DELIVERY SETTING

#### Primary Care Settings

- Family Practice
- Pediatrics and Pediatric Subspecialties
- Retail-Based Clinics
- OB-Gyn
- Community Clinics/FQHCs
- Jail Health/Correctional Facilities
- School-Based Clinics
- Migrant Health

#### Examples of specialty care clinics, including but not limited to:

- Allergy and Asthma
- Bariatrics
- Cardiology
- Cosmetic/Plastic/Reconstructive
- Dermatology
- Gastroenterology
- Infectious Disease
- Internal Medicine
- Neurology
- Oncology
- Ophthalmology
- Podiatry
- Urology
- Family Planning
- Genetic Services
- Anesthesia
- Cardiac
- Head and Neck
- Neurology
- Occupational Medicine
- Osteopathic Clinics
- Sports Medicine
- Pain Management
- Sleep Disorders

#### Hospitals

- Inpatient
- Outpatient
- Emergency Departments

#### Pharmacies

- Community
- Hospital-Based

#### Laboratories

- Clinic-based
- Hospital-Based
- Independent

### EXAMPLE PROVIDER/CARE DELIVERY SETTING

#### Radiology

- Radiation Oncology
- Diagnostic Centers

#### Urgent Care Centers

#### Ambulatory Surgical Centers

#### Long Term Care Facilities

- Assisted Living
- Skilled Nursing Facilities

#### Home Health Agencies

- Hospital/Health System Based
- Independent

#### Hospice

- Hospital/Health System Based
- Independent

#### Local Public Health Departments

- Services to at-risk populations (i.e., TB, STD, WIC)
- Population-Based Screening & Other Services
- Surveillance

#### Habilitation

- Occupational therapy
- Physical therapy
- Recreational therapy

#### Dental

- General practice
- Oral Surgery

#### Mental /Behavioral Health

- Mental Health Centers
- Group/Private Practice

#### Chiropractic Clinics

#### Complementary Medicine/Care

#### State Agencies

- Minnesota Department of Health
- Minnesota Department of Human Services
- Minnesota Department of Corrections