



Minnesota Department of Health (MDH)
Minnesota Statutes § 62J.536
(Standard, electronic health care administrative transactions)

Complaint Form

If you have questions about Minnesota's requirements for standard, electronic health care administrative transactions pursuant to Minnesota Statutes, section 62J.536, please visit our website at: www.health.state.mn.us/asa.

Instructions and Important Information

Please note:

Minnesota Statutes, section 62J.536, Subd. 2b, authorizes the Minnesota Department of Health (MDH) to undertake compliance and investigations to uphold the statute. The statute provides that:

"(b) A person who believes a health care provider or group purchaser is not complying with the requirements of this section may file a complaint with the commissioner of health. Complaints filed under this section must...

- 1. ... be filed in writing, either on paper or electronically.*
- 2. ... name the person that is the subject of the complaint and describe the acts or omissions believed to be in violation of this section.*
- 3. ... be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred.*
- 4. The commissioner may prescribe additional procedures for the filing of complaints as required to satisfy the requirements of this section. "*

Information you are entitled to know about submitting this form and its use ("Tennessee Warning")

- The purpose and intended use of this form is to submit complaints regarding noncompliance with the requirements of Minnesota Statutes, § 62J.536 and related rules to MDH for review and possible investigation. Data submitted on this form may be used by MDH to further review or investigate for noncompliance with the statute and rules.
- Individuals and organizations are not required to submit complaints. Submitting this form and any data provided on the form or associated with it is voluntary. However, without the information requested on the complaint form, MDH may be unable to proceed with a complaint.
- Because submission of this form is not required, there are no consequences to individuals or organizations who either supply or refuse to supply data for this form.
- The only persons authorized by state or federal law to receive these data are: authorized staff of MDH; and agencies and persons authorized by law to access the data.

Additional Information

The Minnesota Commissioner of Health may investigate complaints. The Commissioner of Health may conduct compliance reviews to determine whether health care providers and group purchasers are complying with Minnesota Statutes 62J.536.

MDH collects this information under authority of Minnesota Statutes section 62J.536, Subd. 2b. Any data collected by the Commissioner of Health as part of an active investigation or active compliance review under this section are classified as protected nonpublic data pursuant to section [13.02, subdivision 13](#), in the case of data not on individuals and confidential pursuant to section [13.02, subdivision 3](#), in the case of data on individuals. Data describing the final disposition of an investigation or compliance review are classified as public.

This complaint form and any action associated with it in no way limits or affects any party's ability to file a federal HIPAA Non-Privacy Complaint form.

Instructions

1. Use this form to file complaints regarding possible noncompliance with MN Statutes, §62J.536. The complaint form must be filed in writing, either on paper, or electronically. Electronic submissions are strongly encouraged.
 - **Email** — If possible, **Submit this form as an attachment via email to: health.asaguides@state.mn.us**
 - **FAX** — If email is not possible, **fax it to: ATTN: OHIT - Administrative Simplification at 651-201-3830** or
 - **US Postal Service** — Send via U.S. Postal Service to: **ATTN: OHIT - Administrative Simplification, Minnesota Department of Health, PO Box 64882, St. Paul, MN 55164-0882.**
2. Please complete the form as thoroughly as possible. Include any additional documentation as clearly labeled attachments to this form. Labeling of attachments should clearly indicate:
 - A) For the individual or organization submitting a complaint — a) Name b) Organization c) Phone number d) Email;
 - B) For the subject of the complaint — a) Name b) Organization c) Phone number d) Email.
3. When we receive your complaint we will respond with an acknowledgement. Any further possible action, as well as the scope and timing of further action, will be determined based on the nature of the complaint and the requirements of Minnesota Statutes 62J.536, Subd. 2b.



Complaint Form, Page Two of Two

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See additional instructions on Page 1 of this form.

A. Today's date: (mm/dd/yyyy)

B. For person/organization making a complaint. Please provide your contact information.

YOUR NAME (First and Last)

ORGANIZATION NAME

STREET ADDRESS

TELEPHONE NUMBER

Email

CITY/TOWN

COUNTY

STATE

ZIP

C. Who (or what agency/organization, e.g. health care clearinghouse, health plan, or covered health care provider) are you filing this complaint against?

ORGANIZATION NAME

CONTACT NAME

STREET ADDRESS

TELEPHONE NUMBER

Email

CITY/TOWN

COUNTY

STATE

ZIP

D. When did this alleged violation occur? (mm/dd/yyyy)

E. Describe the alleged violation. First check any appropriate item(s) below, and then provide any additional supporting detail. (If no item below applies, provide a written description)

___ Non-Compliant Transaction Received - You received a transaction not compliant with Minnesota Uniform Companion Guides

___ Compliant Transaction Sent and Rejected - A covered entity rejected your compliant transaction.

___ Invalid fields, values, codes - A covered entity that you send data to or receive data from requires fields, values, or codes that are not compliant with Minnesota's Uniform Companion Guides.

___ Other - You have another type of complaint against a covered entity. Describe below.

Check the type of transaction that is the subject of the complaint:

a) Effective 1/15/09: i) ___ 270 Eligibility, Coverage or Benefit Inquiry ii) ___ 271 Eligibility, Coverage or Benefit Information

b) Effective 7/15/09: i) ___ 837 Health Care Claim, Institutional ii) ___ 837 Health Care Claim, Professional

iii) ___ 837 Health Care Claim, Dental iv) ___ NCPDP 5.1 Pharmacy Claim v) ___ NCPDP 5.1 Pharmacy Claim Reversal

c) Effective 12/15/09: i) ___ 835 Health Care Claim Payment/Advice

d) Effective 1/1/12: i) ___ 277CA Acknowledgment ii) ___ 999 Acknowledgment iii) ___ TA1 Acknowledgment

Describe, in detail, the alleged violation. You may attach additional pages as needed. Please enclose copies of any additional documents that may help MDH understand your complaint, labeled as per instructions on page 1 of this form.