

Overview of the Minnesota Health Information Exchange (HIE) Oversight Law

Introduction

Minnesota's Health Information Exchange (HIE) Oversight Law (Minn. Stat. §§ 62J.498-4982) provides a framework for oversight for health information exchange in Minnesota, including certification requirements for organizations conducting HIE in Minnesota. The law was established in 2010, updated in 2015, and intended to support the benefits of the Minnesota approach to HIE.

- **Health Information Organization (HIO):** An organization that oversees, governs, and facilitates health information exchange among health care providers that are not related health care entities as defined in Minnesota Statutes section 144.291, subdivision 2, paragraph (j), to improve coordination of patient care and the efficiency of health care delivery.
- **Health Data Intermediary (HDI):** An entity that provides the technical capabilities or related products and services to enable health information exchange among health care providers that are not related health care entities as defined in Minnesota Statutes section 144.291, subdivision 2, paragraph (j). This includes but is not limited to: health information service providers, electronic health record vendors, and pharmaceutical electronic data intermediaries as defined in section 62J.495.

In addition, the Minnesota Interoperable Electronic Health Record Mandate requires that all Minnesota health care providers have an interoperable electronic health record system that is connected to a State-Certified Health Information Organization (HIO), either directly or indirectly through a connection established with a State-Certified Health Data Intermediary (HDI) by 2015 (Minn. Stat. § 62J.495).

To be a certified HIE service provider in Minnesota, applicants must demonstrate that they can meet Minnesota's interoperability requirements, follow national standards, participate in statewide shared HIE services, and exchange patient data securely and seamlessly to provide high quality,

coordinated care. As of August 2015, over ten organizations have been state-certified (See website for [Current listing](#)).

The Benefits of Minnesota's Approach to HIE

The Minnesota model is a market-based approach with government oversight. The Minnesota e-Health Advisory Committee convened public workgroups in 2009-2010 and 2013-2014 to make recommendations on Minnesota's HIE laws. The recommendations were intended to:

- **Ensure that information follows the patient** across the full continuum of care.
- **Prevent the fragmentation of health information** that can occur when there is a lack of interoperability or cooperation between HIE service providers.
- **Ensure that organizations** engaged in health information exchange are adhering to nationally recognized standards.
- **Ensure** that HIE service providers properly protect patient privacy and security.

2015 Updates to Minnesota HIE Oversight Law

Effective July 1, 2015, Minnesota modernized the HIE oversight requirements and streamlined the process to become certified. Modifications made in 2015 include:

1. Updated statutory definitions to recognize new mechanisms for HIE that have developed since the original law was passed, and provide clarity to both HIE service providers and users of these services. Examples include: updated definitions for health information organizations, health data intermediaries, and added definitions for clinical data repository and master patient index.
2. Removed the non-profit requirement for health information organizations.
3. Allowed for national certifications and accreditation programs for HIE as meeting certain Minnesota certification requirements, decreasing the administrative burden on applicants and reviewers. Examples include: requiring Direct Trust membership and accreditation for offering direct secure messaging services.
4. Streamlined the certification requirements and process for HIE service providers. Fewer documents

are required to be submitted for health data intermediaries, and public hearings are not always required.

5. Simplified the fee structure by lowering the fees for HIOs to be the same as for HDIs.

Updated applications for state certification available at: [HIE Oversight Certification](#).

Provisions in the HIE Oversight Law

(Minn. Stat. §§ 62J.498-62J.4982)

Establishes the Commissioner's Responsibilities for Health Information Exchange (HIE) Oversight (Minn. Stat. §62J.498)

1. **Defines terms related to health information exchange.** (Minn. Stat. §62J.498 sub. 1) The law defines terms, including HIO and HDI, and incorporates definitions developed in Minnesota and nationally.
2. **Specifies the Commissioner's responsibilities for health information exchange oversight:** [Minn. Stat. §62J.498 sub. 2 (a)]
 - Take action on applications for certificates of authority to operate as a HIE service provider.
 - Provide ongoing compliance monitoring.
 - Respond to public complaints.
 - Take enforcement action as necessary.
 - Report bi-annually on key topics.
3. **Sets the process for public review of HIE service providers' applications.** [Minn. Stat. §62J.498 sub. 2(b)]
 - May require public hearings for public input.
 - Requires consultation with health care providers and consumers.

Sets Requirements for Health Information Exchange Service Providers (Minn. Stat. §62J.4981)

1. **Requires HIE service providers to apply for a certificate of authority.** The law requires HIE service providers operating in Minnesota to have a certificate of authority and to meet various requirements as either a HDI or an HIO.
2. **Defines requirements for HIE service providers.**

All HIE service providers must:

 - Meet national standards for exchanging health information.
 - Demonstrate compliance with all privacy and security requirements under state and federal law.
 - Participate in statewide shared HIE services as defined by the commissioner of health to support

interoperability between state-certified HIOs and HDIs.

- Hold reciprocal agreements for the exchange of clinical transactions.

In addition to the basic minimum requirements, HIOs also must:

- Maintain strategic and operational plans that address governance, technical infrastructure, legal and policy issues, finance, and business operations.
- Maintain a capability to query for patient information based on national standards utilizing a master patient index, clinical data repository, or record locator service.
- Have a board of directors or equivalent governing body that is composed of members that broadly represent the HIO's participating entities and consumers.
- Connect to the national eHealth Exchange.

Defines a Compliance and Enforcement Framework (Minn. Stat. §62J.4982 subs. 1 through 3)

1. **Provides penalties and enforcement authority.** The law allows the Commissioner to levy administrative penalties.
2. **Allows for the suspension or revocation of certificates of authority.** The law provides the Commissioner the authority to suspend or revoke a certificate of authority under certain circumstances.
3. **Sets administrative procedures for a denial, suspension, or revocation of a certificate of authority.** The law specifies the administrative procedural requirements related to the denial, suspension, or revocation of a certificate of authority, including notification requirements, the right to a hearing, and the right to request a contested case proceeding.

Other Provisions (Minn. Stat. §62J.4982 subs. 4 and 5)

1. **Establishes fees to staff the HIE oversight.** The law establishes application fees and annual certificate fees for HIE service providers. For both HIOs and HDIs, the application fee is \$14,000; the annual renewal fee is \$7,000.

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