

Note: This Quick Points was revised on 12/10/09. See Quick Points QP24R1-09 for the revision.

Quick Points



November 20, 2009

Information on electronic 835 remittances and provider portal remittance access

Effective December 15, 2009, Minnesota statute 62J.536 requires group purchasers (e.g. payers, health plans) to provide a notice of claim payment through a standard electronic format. The electronic data interchange (EDI) format is known as an 835 electronic remittance (835). Group purchasers can also make the claim payment data available via a web-based Provider Portal. Providers can access the remittance data through both the EDI version and the Portal version or choose one or the other option.

The intent of the law is to reduce costs, simplify and speed up health care transactions, and to give providers and health plans a standard set of rules to follow for electronic and web-based transactions.

Blue Cross and Blue Shield of Minnesota and Blue Plus have compiled a list of questions and answers regarding registering and accessing remittance data through an EDI transaction or Provider Website.

Questions and answers

1. How do I register to receive an 835 electronic remittance?

A provider can contact Blue Cross and Blue Shield of Minnesota (Blue Cross) to register to receive an 835 remittance directly. Blue Cross utilizes a clearinghouse to register providers and to provide the necessary support and testing through the set up phase. Trading Partners and providers should go to www.clearconnect.com and click on 'Register' in the top tool bar.

2. How do I register to access remittance data via the Blue Cross Provider Portal?

Providers can register to access remittance data by logging in to www.providerhub.com or by calling (651) 662-5743 or toll free at 1-888-851-6743. In the Provider Hub website click on the link titled "Want access to this service for your office?"

3. Can I sign up with a third party vendor to receive an 835 remittance?

The Blue Cross clearinghouse can provide a list of independent clearinghouse vendors that currently provide 835 functionality to some of our network providers. If a provider signs on with a clearinghouse, that vendor will take the necessary steps to register the provider to receive the 835 transaction. That vendor will also provide support and tools to download and post the remittance data automatically. Please note that vendor/clearinghouse charges may apply.

Blue Cross and other Minnesota health plans have contracted with Infotech Global, Inc. (IGI) to offer providers tools to assist in receiving remittance data. Providers may purchase the remittance web-based functionality from IGI in order to meet the Minnesota law requirement. If you are interested in learning more about this option, please contact IGI at www.mneconnect.com.

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4. I am a FluStop provider and I do not receive a remittance format today. Do I have to receive one in the future?

Some providers have only received summary payment invoices in the past capturing claim payment information. Now that FluStop providers are contracting with Blue Cross and submitting their requests for payment via a claim, they will start to receive remittance data. Paper remittances will be sent out to providers until December 15, 2009. As of December 16, 2009, remittance data will be returned to the provider in an EDI format. No later than the end of 1st quarter in 2010, remittance data can be accessed by providers through our provider website. See the registration information under the Blue Cross Provider Portal section above.

5. When will paper remittances be discontinued?

Providers who register to receive an 835 remittance will continue to receive paper concurrently for 60 business days.

If a provider signed up for the 835 prior to October 2009 and is still receiving paper remittances the paper will be discontinued by the end of 2009.

Providers who sign up to access remittance data from the Provider website will stop receiving paper remittances no later than the end of the 1st quarter in 2010. More information will be sent in early 2010.

6. Where else can I receive information on standard electronic formats?

The Administrative Uniformity Committee (AUC) is a broad-based group representing Minnesota health care public and private payers, hospitals, health care providers and state agencies. The AUC work is aimed at streamlining health care transactions in Minnesota. It involves developing guides for the electronic exchange of eligibility, claims and remittance information as required by Minnesota Statutes 62J.536. The AUC website (www.health.state.mn.us/auc) includes:

- Frequently Asked Questions
- Resources
- Best Practices related to each transaction
- Companion Guides for each transaction including remittances

Questions?

If you have questions, please contact provider service at (651) 662-5200 or 1-800-262-0820.