



QUICK POINTS

Blue Cross and Blue Shield of Minnesota
and Blue Plus

November 4, 2008

New Minnesota law for standardized health care transactions

A new law requires standardized electronic eligibility inquiry and responses, claim submission and remittance advices. Minnesota Statutes 62J.536, requires health care providers and group purchasers (payers, plans) to exchange eligibility inquiries and responses, claims and remittances electronically, using a standard format. If you submit paper claims, you should explore your options for electronic claim submission and prepare to be in compliance by the **Rules in Effect** dates listed below.

This action is being taken to reduce costs, simplify and speed up health care transactions, and give providers and health plans one set of rules to follow for electronic transactions. This statute applies to all health care providers that check eligibility, submit claims and/or receive remittance advices. The law applies to all health plans and payers licensed in Minnesota.

Rules for transactions

The rules for each transaction have been announced through the Minnesota Department of Health (MDH) website (www.health.state.mn.us/asa). Each transaction will take effect, as shown below:

Transaction	Rules in effect
Eligibility inquiry and response (270/271)	January 15, 2009
Health care claim (837P, 837I, 837D, and NCPDP 5.1)	July 15, 2009
Remittance advice (835)	December 15, 2009

Consider your options now for how you will verify eligibility, submit claims and receive your remittances electronically. For each transaction a uniform companion guide has been adopted through the Administrative Uniformity Committee process and can be found in the MDH website noted above.

The eligibility inquiry and response is the first of the transactions to be implemented, under the new Minnesota law. Providers should utilize the *Minnesota Uniform Companion Guide, For the Implementation of the Eligibility Inquiry and Response Electronic Transaction (ANSI ASC X12 270/271)*, as the single uniform companion guide for all group purchasers in Minnesota. Currently approximately 50 percent of the providers in Minnesota utilize the Electronic Data Interchange (EDI) or Provider Portal (PWSS) to access eligibility information from Blue Cross and Blue Shield of Minnesota. Providers can access eligibility information from Blue Cross through EDI batch or real-time transactions, accessing the Provider Portal or using the Voice Response Unit (VRU). The EDI transaction is being enhanced to include remaining deductible, out-of-pocket and benefit limit

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amounts, on a returned 271 transaction. The remaining amounts take into account the benefit rules minus the accumulations based on the inquiry date. This will enable providers to more accurately determine at the time of service the potential out-of-pocket expense to the patient once the claims are properly adjudicated.

Changes made last year now support 55 specific eligibility service types. Also, for times when only eligibility is needed without benefits a service type of 60 is available. The response will only convey whether the member is active or inactive.

Questions?

If you want to register to receive the electronic Eligibility (270/271) transaction, contact ClearConnect Sales and Marketing at **(651) 662-5742**, option 2 or toll free at **1-866-251-6742**, option 2; or use the registration form found on the website at **www.clearconnect.com**.

You can also use the provider Web self-service site to check eligibility and benefits. To apply go to the Welcome page on **www.providerhub.com**. Click on the “Want access to this on-line service for your office?” link.