

Frequently Asked Questions on Minnesota Mandates

Claims

Q: When will you stop accepting paper and is there a specific date at which you will only accept electronic?

A: The deadline for submission of electronic claims information was July 15, 2009. If you need to register to submit claims information electronically, please review the list of HealthPartners contracted clearinghouses options available at www.healthpartners.com/electronicconnectivity.

Q: Does HealthPartners currently accept COB secondary claims electronically?

A: Yes.

Q: Where do code descriptions for unlisted codes go on the claims form?

A: A narrative description of Unlisted codes should be put in the note segment. If the data is too large, the PWK and corresponding attachment should be used. For more information, please review the Minnesota Guide for Best Practice for the Use of Notes and Paperwork "Miscellaneous Supply/Product numbers in NTE segment" and "product and supply description in NTE segment" (Section 4.2.3.4)

Q: What if I don't currently have the capability to exchange claims information?

A: Per Minnesota Mandates providers must file claims electronically beginning July 15, 2009. There are several options available for submission of electronic information. Visit www.healthpartners.com/electronicconnectivity.

Q: I don't want to bill electronically. Can I bill the member?

A: Contracted providers may not bill members to avoid submitting claims electronically.

Q: I am a national provider that renders services in MN for several sites but bills claims out of a central billing office outside of MN. Does this law apply to my business?

A: The Law applies to any provider that renders services in Minnesota.

Q: I am an atypical provider that bills elderly service waiver claims. Am I exempt from the law?

A: No. Elderly Waiver Service providers are not exempt from the law.

Q: I am an atypical provider and currently bill my services on an invoice. What procedure codes should I submit on my electronic claim?

A: Please refer to Section 6.0 Appendices: Appendix A: Medical Code Set – Supplemental Information for Minnesota Companion Guides. Appendix A describes rules for submitters and receivers of electronic claims to follow when using medical codes from the HIPAA code sets. See the [MN Uniform Companion Guide](http://www.healthpartners.com/mn-uniform-companion-guide).

Remittance Advices

Q: How can I get electronic remittance advices from HealthPartners?

A: Based on your business needs, you can access your remittance advices electronically from HealthPartners through two options:

- 1. Electronic Remittance Advice (835)** - Electronic Remittance Advices are available through several contracted clearinghouses. Clearinghouse options are available at www.healthpartners.com/electronicconnectivity. Contact the clearinghouses directly to determine which option best meets your business needs.
- 2. HealthPartners Provider Portal** - Registered Providers can log in to access remittance information using the online Remittance Inquiry option available on www.healthpartners.com/provider and is available at no cost.
How to get online access:

- If your organization currently has Portal access, contact your Site Administrator.
- If your organization **does not** have Portal access, register at www.healthpartners.com/providerregistration.

Q: When will HealthPartners discontinue mailing paper remittance advices to Minnesota providers?

A: Minnesota Statutes, [section 62J.536](http://www.revisor.mn.gov/statutes/cite/62J.536), requires all health care providers to receive health care remittance advices electronically, using a standard format effective December 15, 2009. The MN statute applies to all health care providers that provide services for a fee in Minnesota who are otherwise eligible for reimbursement under Minnesota Medical Assistance (Medicaid).

To avoid disruption to your remittance advice distribution, we strongly encourage providers to prepare for the mandate by obtaining access to electronic remittance advices as soon as possible.

Q: Does viewing and printing of remits via the Provider portal satisfy the requirements for electronic remittances in the MN mandate?

A: Viewing and printing HP remittance advices from our web site meets the requirements of the law ([62J.536](http://www.revisor.mn.gov/statutes/cite/62J.536) subdivision 1(g).

Q: When the MN statute for Remittance Advice goes into effect on December 15, 2009, are electronic payments (EFT) also required?

A: No. However, HealthPartners encourages electronic payment (electronic funds transfer, EFT) as a further means of reducing health care administrative costs and burdens. [Minnesota Statutes, section 62J.536](http://www.revisor.mn.gov/statutes/cite/62J.536), **does not require electronic payment (EFT)**.

Q: How can I stop receiving paper remits prior to the mandated date?

A: When logged in the Provider Portal, use the Contact Us link and select the question type "Application Assistance" to submit your request.

Adjustments

Q: Where can I find the faxable attachment form?

A: The forms can be found at www.healthpartners.com/providerforms.

Q: How will billing errors or claims adjustments be handled?

A: Providers should follow the Administrative Uniformity Committee's Best Practices Document on Adjustments and Replacement/Void claims. This document can be found at: www.health.state.mn.us/auc/profguide.htm (Section 4.2.3.2).

Q: How do I know what adjustments need a new claim or just the adjustment request?

A: Use our [Quick Claim Submission Guide](http://www.healthpartners.com/electronicconnectivity) to review guidelines for common claim scenarios.

Appeals

Q: Where can I find the faxable appeal form?

A: The forms can be found at www.healthpartners.com/providerforms.

Q: How will HealthPartners accept claims that need an appeal form sent with them?

A: If the claim has not been submitted previously, the claim should be submitted with support documents. Claims do not need to be resubmitted with the appeal form if nothing has changed on the claim. Use our [Quick Claim Submission Guide](http://www.healthpartners.com/electronicconnectivity) to review guidelines for common claim scenarios.

Q: Are appeal forms submitted on paper or electronically?

A: The appeal form can either be submitted on paper, fax Medical:952-853-8860 Dental:952-853-8861 or via the web at www.healthpartners.com/providerforms. If a correction or addition is needed to the original claim, the adjusted claim will need to be submitted electronically (via the 837) and the supporting information placed in the note segment or if additional information is needed, indicate on the electronic claim that an attachment is being submitted. Attachments can be submitted via the web portal, fax or paper.

Attachments

Q: Where can I find the faxable attachment forms?

A: The forms can be found at www.healthpartners.com/providerforms.

Q: How will attachments to claims need to be submitted?

A: Attachments to claims can be submitted via paper, fax (952-953-8860 for Medical claims or 952-853-8861 for Dental claims) or through the HealthPartners web site at www.healthpartners.com/providers/forms for providers. Use our [Quick Claim Submission Guide](http://www.healthpartners.com/electronicconnectivity) to review guidelines for common claim scenarios.

Q: What attachment qualifier should be used?

A: The attachment qualifier should match what is being submitted. The OZ qualifier should be used if there is no qualifier that matches. Review the Minnesota Guide for the Use of Notes and Paperwork (Section 4.2.3.4).

Q: How will HealthPartners match attachments to claims?

A: Attachments must contain the same control number as the claim so HealthPartners can match them successfully and without delay.

Q: If I submit a secondary claim electronically without an attachment, will my claim be paid (provided that all necessary information is on the claim)?

A: If all COB information is complete and accurate on the claims form, a secondary claim will be accepted without an attachment.

Q: What are HealthPartners' expectations for secondary claims when paperwork is needed?

A: If the COB information is complete within the 837 then no additional attachment is required. See section 4.2.3.5 of the MN manual for COB submission requirements.

Q: Can HealthPartners accept scanned attachments as opposed to faxes?

A: Yes. Attachments and claims must have the control number included to ensure correct matching of attachments to claims.

General

Q: What is the purpose of these new mandates?

A: The mandates streamline health care transactions in Minnesota. Detailed information can be found at <http://www.health.state.mn.us/auc>.