

No. 2009-11-2
November 2, 2009

Dear Provider:

The State of Minnesota enacted a law in 2007 that requires all providers to submit all claims electronically by July 15, 2009. While most claims received by South Country Health Alliance are received electronically, we are still receiving some claims in paper format. Your company has been identified as one of those providers.

Secondary claims must also be submitted electronically. An AUC fax cover sheet must be completed and faxed along with any attachments. Instructions are listed below.

For providers that are not currently billing electronically, South Country Health Alliance, in conjunction with our third party administrator MMSI, has made available the capability to bill claims through a direct data entry system called MN E-Connect. Providers may register at www.mneconnect.com to access this service. Federal Tax Identification or Social Security Numbers are required to complete the registration process as well as either the NPI or UMPI number. Providers who intend to use MN E-Connect to submit claims to multiple payers must register for each health plan separately.

Requirements for claim attachment submissions have also been standardized across Minnesota. Claims with attachments are complex claims for prompt payment purposes such as COB, adjustment or correction claims. The claims must be sent electronically and the attachments sent via fax.

How to submit claim attachment:

Batch claims

- Create a unique Attachment Control Number of 50-characters or less
- Enter that Attachment Control Number in the paperwork (PWK02) segment in Loop 2300 of the 837
- Complete the Fax Cover Sheet - found on our web page or the AUC's web site -www.mnscha.org/providers_forms or www.health.state.mn.us/auc/attachments.htm and print this form.
- The SCH A Claim Recoupment and Adjustment Fax Form (www.mnscha.org/providers_forms.htm) must accompany the fax cover sheet for adjustments, corrections or replacement claims.
- Send a separate Fax Cover Sheet and Attachment Control Number with each attachment to ensure a proper match to the submitted claim
- Retain a copy of the Fax Cover Sheet and all attachments for your records
- Fax to: (507) 284-9297
- File claim electronically

MN E-Connect

To submit attachments associated with the claim via mail or fax, click on the radio button marked "Cover Sheet"

- Once "Cover Sheet" has been clicked, a new drop-down menu will appear. Choose from this menu either "Mail" or "Fax" depending on how you plan to send the attachment.



- Add any remarks you choose to include by typing them into the “Remarks” menu.
- You can now click on the “Submit” button. A record of your file will appear in the Attachment management window. You **MUST** print the Cover Sheet and fax to SCHA/MMSI along with any additional documents. To do this, click on “View in PDF.” The Cover Sheet will appear in a separate window.
- Click on “Update Claim.” This step is necessary in order to send notification to the payer that additional files will be sent in conjunction with this claim form.
- The SCHA Claim Recoupment and Adjustment Fax Form must accompany the fax cover sheet for adjustments, corrections or replacement claims.
- Fax to: (507) 284-9297
- MN E-Connect will auto populate the Attachment Control Number on your claim and the Fax Cover Sheet.
- File claim electronically through MN E-Connect

Claim Submission When Medicare is the Primary Payer

- Medicare primary claims cross over automatically to SCHA/MMSI.
- Providers do not need to submit secondary claims when Medicare is the primary payer unless the service is for DME and the primary payer is through the DMERC.
- DME secondary claims must be billed directly to SCHA/MMSI electronically and fax the Medicare primary EOB to SCHA/MMSI with the Attachment Cover Sheet.

South Country Health Alliance appreciates your attention in making the conversion to total electronic claim submission. If you have further questions, please feel free to call me at 218-316-3184 or email me at kgunnarson@mnscha.org.

Regards,

Kay Gunnarson
Provider Relations Representative