



Minnesota's AUC has created E3 Uniform Companion Guides to serve as companion documents to the corresponding HIPAA Implementation Guides. Use both sets of Guides to program your systems/software to comply with Minnesota's E3 electronic claim requirements ([M.S. 62J.536](#)) by July 15, 2009.

Use this Checklist to determine your own readiness to send (provider) or receive (health plan/group purchaser) E3-ready health care claims by July.

Some items may not apply to providers that submit claims via direct data entry systems.

## Claim Compliance Checklist

<i>E3 Requirement for 837s</i>	<i>Our Readiness</i>
✓ Send/receive professional (837P) claims electronically	
✓ Send/receive institutional (837I) claims electronically	
✓ Send/receive dental (837D) claims electronically	
✓ Send/receive pharmacy (NCPDP 5.1) claims electronically	
✓ Send/receive pharmacy reversal claims electronically	
✓ Send/receive and process previous payer payment information in the claim record (COB)	
✓ Send/receive claims coded as instructed by CMS or Appendix A of Minnesota's Uniform Claims Guide (professional, institutional or dental)	
✓ Send/receive replacement claims electronically	
✓ Send/receive cancel claims electronically	
✓ Send/receive claims electronically indicating that an attachment will be sent via other method (preferably fax per the <a href="#">AUC Best Practice</a> ) <ul style="list-style-type: none"> <li>○ Use PWK segment to determine the type of attachments (fax, mail, etc.) and unique attachment number, and tie the claim to the attachment(s) using unique identifiers. <i>Providers:</i> consider electronic generation (if desired). <i>Payers:</i> consider storage &amp; retrieval and what to do with attachments that cannot be attached to a claim.</li> </ul>	
✓ Populate NTE segments when applicable to the claim per the Uniform Companion Guides or use NTE segments when submitted by a provider.	
✓ Send/receive all standard qualifiers per the Uniform Companion Guides	
✓ Use K3 segments appropriately when applicable to the claim.	
✓ Use provider segments and loops appropriately within the transaction per the Uniform Companion Guides.	
✓ Adhere to formatting requirements (section 4.2.3.1 of the Uniform Companion Guides).	
✓ Adhere to the Date Population and editing rules in Appendix B of the Uniform Companion Guides.	
✓ Adhere to rules in Appendix C of the Uniform Companion Guides when multiple values from the same code set may be reported on claims.	
✓ Review all Best Practices on the AUC website for adherence. Recheck AUC website monthly for additional best practices approved by AUC Operations.	