



**Attention Network Providers -
An important message from our Claims Department.**

Effective August 3, 2017 - System updates for Institution UB04 Claims and CMS 1500 Claims

Institutional UB04 claims - Institutional UB04 claims submitted via Provider Direct will now require that the "Statement Covers from" and "Statement Covers to" dates occur on different days. If a claim is entered with the same date, the user will be able to save but not submit the claim and will receive an error message that states "dates cannot be within the same 24 hour period". This modification excludes claims with Bill Type 013X and interim claims submitted with a frequency code of 2 or 3.

CMS 1500 claims - Provider Direct entry of CMS 1500 claims will now require that boxes 9A-9D and box 24 with the coordination of benefit reason be completed if box 11D is "yes" or "unknown". The claim can be saved but not submitted and will result in the user receiving the following error message: "The presence of Other Insured's information does not correlate with the data in Box 11D, is there another Health Benefit Plan".

If you have any questions, please contact your [Claims Specialist](#).

Thank you,
Claims Department

Report Fraud and Abuse



- Have you witnessed potential fraud and abuse?
- Are you aware of or suspect fraud and abuse at a provider agency?
 - Did you notice a suspicious authorization request or claim?
- Was your personal health information released without your permission?

If so, an easy way to report is through

ETHICSPPOINT!

EthicsPoint is a secure and confidential system available for reporting suspected violations of fraud and abuse and confidentiality breaches.

To make a report:



From any computer, go to:

www.TrilliumHealthResources.ethicspoint.com



Call toll free: 1-855-659-7660

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7 days a week, 365 days a year!



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