

# **HMSA PROVIDER CLAIM INQUIRIES**

## **HMSA Customer Relations (PPO, HMO, Akamai Advantage)**

948-6330 (Oahu)

1 (800) 790-4672 (toll-free Neighbor Islands)

## **BlueCard Teleservice**

948-6280 (Oahu)

1 (800) 648-3190 (toll-free Neighbor Islands)

## **Federal Employee Program (FEP)**

948-6281 (Oahu)

1 (800) 966-6198 (toll-free Neighbor Islands and Mainland)

## **QUEST Integration Provider Service**

948-6486 (Oahu)

1 (800) 440-0640 (toll-free Neighbor Islands)

# **VERIFYING MEMBER ELIGIBILITY**

**PPO/HMO/Akamai Advantage:** HHIN or 948-6330 (Oahu) or 1-800-790-4672 (toll-free NI)

**QUEST Integration:** HHIN or 948-6486 (Oahu) or 1-800-440-0640 (toll-free NI)

**FEP:** HHIN or call 948-6281 (Oahu) or 1-888-966-6198 (toll-free NI)

**BlueCard:** 1-800-676-BLUE (2583)

# **OTHER INQUIRIES**

## **Getting started with HMSA Online Care**

HOCInfo@hmsa.com

## **Requesting Hawaii Healthcare Information Network (HHIN) access**

1 (808) 948-6255

## **HMSA e-Claims**

948-6255 on Oahu or

1 (800) 603-4672 ext. 6255 toll-free Neighbor Islands

# PRECERTIFICATION REQUESTS

## **HMSA Medical Management**

Med/Surg, LTSS, Post Acute Care, Speech Therapy, Administrative Review (HMO), Out-of-State referrals

948-6464 (Oahu)

1 (800) 344-6122 (toll-free Neighbor Islands)

Fax: (808) 944-5611

## **National Imaging Associates (NIA)**

Advanced Imaging, Spinal Interventional Pain management, Lumbar Spine Surgery, selected Cardiac procedures

*RadMD.com*

## **eviCore**

Rehabilitation Therapy

*<http://www.lmhealthcare.com/Providers/LandmarkConnect.aspx>*

## **CVS**

1 (808) 254-4414

Fax: 1 (866) 237-5512

## **QUEST Integration Provider Service**

948-6486 (Oahu)

1 (800) 440-0640 (toll-free Neighbor Islands)

Fax: 948-5648 (Oahu)

Fax: 1 (800) 960-4672 (toll-free Neighbor Islands)

## **Beacon Health Options**

Behavioral Health Manager - Methadone/LAAM treatment, referrals to out-of-state providers, residential treatment

695-7700 (Oahu)

1 (855) 856-0578 (toll-free Neighbor Islands)

# **MAILING CLAIMS TO HMSA**

## **CMS 1500 Claims – (Professional-PPO/HMO/Akamai Advantage)**

HMSA-CMS 1500 Claims  
PO Box 44500  
Honolulu, HI 96804-4500

## **UB-04 Claims (Facility-PPO/HMO/Akamai Advantage)**

HMSA – UB-04 Claims  
PO Box 32700  
Honolulu, HI 96803-2700

## **Blue Card Claims (All claims)**

HMSA – BlueCard Program  
PO Box 2970  
Honolulu, HI 96802

## **Federal Employee Program (FEP) Claims (All claims)**

HMSA-FEP  
PO Box 1346  
Honolulu, HI 96807-1346

## **QUEST Integration Claims (All claims)**

HMSA QUEST Integration  
P.O. Box 3520  
Honolulu, HI 96811-3520

## ACRONYMS & DEFINITIONS - CMS-1500 CLAIMS FILING WEBINAR

**PPO** – Preferred Provider Organization. PPO plans are free choice plans that do not require referrals.

**HMO** – Health Maintenance Organization. HMO members need a referral to see providers outside of their selected Health Center network.

**AA** – Akamai Advantage. HMSA Akamai Advantage is a comprehensive plan that provides Original Medicare benefits, value-added benefits and services, and prescription drug coverage.

**FEP** – Federal Employee Program. FEP is a nationwide Federal Employees Health Benefits program administered through local Blue Cross and Blue Shield Association plans

**BCBS** – Blue Cross Blue Shield. The Blue Cross Blue Shield Association is a national association of 36 independent, community-based and locally operated [Blue Cross Blue Shield companies](#).

**HHIN** – Hawaii Healthcare Information Network. HHIN is a free, secure HMSA website that providers use to access members' plan and benefit information.

**NUCC** – National Uniform Claim Committee. The NUCC was created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers.

**NPI** – National Provider Identification. In accordance with the Health Information Portability and Accountability Act (HIPAA) of 1996, the Secretary of Health and Human Services (HHS) published a final rule in January 2004 adopting a new identifier - known as the National Provider Identifier (NPI) - to be used within the healthcare industry.

**NDC** – National Drug Code. The NDC is a unique 10-digit, 3-segment number. It is a universal product identifier for human drugs in the United States.

**ICD-10** – International Classification of Diseases, 10<sup>th</sup> edition. The ICD is the standard diagnostic tool for epidemiology, health management and clinical purposes.

**POS** – Place of Service. Place of Service Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.

**CPT** – Current Procedural Terminology. CPT is the code set used to bill outpatient and office procedures.

**HCPCS** – Healthcare Common Procedure Coding System. Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

**EPSDT** – Early and Periodic Screening, Diagnostic, and Treatment. The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

**RTP** – Report to Provider. The RTP is a weekly report mailed to providers with their checks. The RTP summarizes claims status and is useful in posting payments.

**CMS** – Centers for Medicare and Medicaid Services. CMS is a US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.

**ASC** – Ambulatory Surgical Center. ASCs are modern health care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures.

**SNF** – Skilled Nursing Facility. SNFs facilities provide care for patients who require intense skilled medical care. Medicare covers skilled nursing care provided in an SNF under certain conditions for a limited time.

## **Useful Links – CMS 1500 Claim filing webinar June 20, 2018**

### **CMS-1500 Basics Webinar - Video**

(URL to be emailed to attendees – will be posted in the Training section of the HMSA Provider Resource Center)

### **CMS-1500 Basics – Presentation slides**

(emailed to participants - will be posted in the Training section)

### **General Claim Filing Information**

[https://hmsa.com/portal/provider/zav\\_IN.PH-General\\_Claims\\_Filing\\_Information.htm](https://hmsa.com/portal/provider/zav_IN.PH-General_Claims_Filing_Information.htm)

This webpage contains links to various claim related topics

### **CMS 1500 Interactive Claim form (02-12)**

[https://hmsa.com/portal/provider/cms1500\\_interactive\\_02\\_12.pdf](https://hmsa.com/portal/provider/cms1500_interactive_02_12.pdf)

Tip: Use Internet Explorer browser, left click on the block number to display corresponding instructions. Use the scroll bar to view additional text in the pop up window.

### **NUCC CMS 1500 manual**

[http://www.nucc.org/images/stories/PDF/1500\\_claim\\_form\\_instruction\\_manual\\_2012\\_02-v4.pdf](http://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2012_02-v4.pdf)

### **NUCC Condition Codes (Block 10d on CMS 1500)**

[http://nucc.org/index.php?option=com\\_content&view=article&id=20&Itemid=118](http://nucc.org/index.php?option=com_content&view=article&id=20&Itemid=118)

### **CMS 1500 Claims Filing Highlights**

[https://hmsa.com/portal/provider/zav\\_pel.aa.CLA.300.htm](https://hmsa.com/portal/provider/zav_pel.aa.CLA.300.htm)

### **CMS 1500 Claim form vendors**

[https://hmsa.com/portal/provider/zav\\_pel.aa.cms.600.htm](https://hmsa.com/portal/provider/zav_pel.aa.cms.600.htm)

### **Hawaii Healthcare Information Network (HHIN)**

<https://hhin.hmsa.com>

### **Verifying Claim Status and Resubmission of Processed Claims**

[https://hmsa.com/portal/provider/zav\\_pel.aa.RES.600.htm](https://hmsa.com/portal/provider/zav_pel.aa.RES.600.htm)

**Contacting HMSA**

[https://hmsa.com/portal/provider/zav\\_WP001.htm](https://hmsa.com/portal/provider/zav_WP001.htm)

**Coding information (includes modifiers)**

[https://hmsa.com/portal/provider/zav\\_IN.PH-Coding.htm](https://hmsa.com/portal/provider/zav_IN.PH-Coding.htm)

**Coordination of Benefits – HMSA and Medicare**

[https://hmsa.com/portal/provider/zav\\_pel.aa.COO.350.htm](https://hmsa.com/portal/provider/zav_pel.aa.COO.350.htm)

**Coordination of Benefits – Private insurance**

[https://hmsa.com/portal/provider/zav\\_pel.aa.COO.550.htm](https://hmsa.com/portal/provider/zav_pel.aa.COO.550.htm)

**Report to Provider**

[https://hmsa.com/portal/provider/zav\\_pel.aa.REP.500.htm](https://hmsa.com/portal/provider/zav_pel.aa.REP.500.htm)

**Services Requiring Precertification**

[https://hmsa.com/portal/provider/zav\\_pel.aa.SER.600.htm](https://hmsa.com/portal/provider/zav_pel.aa.SER.600.htm)

**QUEST Integration – Services Requiring Additional Documentation**

[https://hmsa.com/portal/provider/zav\\_qi.03.060.htm](https://hmsa.com/portal/provider/zav_qi.03.060.htm)

## SAMPLE FORM 97



DATE

### UNABLE TO PROCESS CLAIM

PROVIDER NAME

ADDRESS

CITY, STATE, ZIP

Thank you for your claims submission on behalf of our member. HMSA is unable to process your claim due to missing or incorrect information as identified below.

HMSA Received Date: 2/1/2018

Service Date(s): 1/1/2018

DCN: A12345678901

Your Patient Control Number: 123456789

Patient Name: Joe Aloha

Total Charge: \$100.00

The above information provided will allow you to view the submitted claim in your system.

#### Message(s):

- Error message displayed here
- Message requesting additional information displayed here

Submit a new claim to HMSA with all corrections and changes incorporated into the new claim. To prevent scanning errors, please do not use red ink, or scratch or white out fields on returned claims.

To submit a new hardcopy claim, send the new CMS claim to: HMSA Claims, P.O. Box 44500, Honolulu, HI. 96804-4500. Send the new UB claim to: HMSA Claims, P.O. Box 32700, Honolulu, HI. 96803-2700.

If you submit claims electronically you may submit a corrected claim electronically. If you currently submit paper claims to HMSA, ask us about our electronic solution that can benefit your office. Please contact our Electronic Transaction Services staff at 808-948-6355 on Oahu or toll free at 1-800-377-4672.

If you have any questions please contact HMSA's Customer Relations office at 948-6330 or neighbor islands 1-800-790-4672. Please provide them with the internal reference number at the bottom of this letter.

CA/MR HM 00001

Internal Reference Number: N0000123456





## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA										PICA									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)										1a. INSURED'S ID. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY SEX M F									
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other									
CITY STATE										7. INSURED'S ADDRESS (No., Street)									
ZIP CODE TELEPHONE (Include Area Code) ( )										CITY STATE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) YES NO									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? YES NO PLACE (State)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? YES NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
SIGNED DATE										SIGNED									
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE MM DD YY QUAL.									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? YES NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-C to service line below (24E) ICD Ind.										22. RESUBMISSION CODE ORIGINAL REF. NO.									
A. B. C. D. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSON Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #																			
1										NPI									
2										NPI									
3										NPI									
4										NPI									
5										NPI									
6										NPI									
25. FEDERAL TAX ID. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION									
SIGNED DATE										33. BILLING PROVIDER INFO & PH # ( )									
a. NPI b.										a. NPI b.									

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)