



An Independent Licensee of the Blue Cross and Blue Shield Association

# HHIN+ User Guide

Powered by Zyter

An Independent Company providing hosting and software services for HMSA

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# INTRODUCTION

## Glossary/Abbreviations

Short Form	Full Form
PHI	Protected health information
PII	Personally identifiable information
PPO	Preferred provider organization
HMO	Health maintenance organization
PCP	Primary care provider or primary care physician
HHIN+	Hawaii Healthcare Information Network
HMSA	Hawaii Medical Service Association
URL	Uniform resource locator
HIPAA	Health Insurance Portability and Accountability Act
NPI	National provider identifier
RTP	Report to Provider
PDP	Provider data portal
PTM	Payment transformation monthly payment

## About this Manual

This easy guide helps current and new HHIN+ users understand the various functions of the new HHIN+ provider portal.

## Product Overview

HHIN+ is a secure internet-based provider portal application for participating providers. The portal allows users to navigate to different modules for checking member eligibility, claims status, benefits, electronic Report to Provider, and other information such as PCP member enrollment lists, provider directories, and fee schedules.

## Safety Guidelines

- Please do **not** share your HHIN+ credentials.
- Understand your role in protecting confidential information (PHI/PII).

## Logging on to HHIN+ Provider Portal

- Go to the HHIN+ website at <https://hhin.hmsa.com/>
- Add this webpage to your favorites or bookmark it.
- Log in with your assigned user ID and password. Each user should have a unique user ID and password.

### First-time Users

- The HMSA help desk will send your user ID, temporary password, and instructions.
- Enter your assigned user ID and temporary password.
- You'll be prompted to change your password.
- HHIN+ response messages will appear right below the log in section.

## Network Requirements

- Computer with internet access
- Standard web browsers (Edge, Chrome, Firefox, Safari)
- Adobe PDF Reader
- Microsoft Excel
- Valid HHIN+ credentials (user ID and password)

## Technical Support

- For technical issues or to request a new HHIN set up, please contact: HHIN+ Help Desk
  - Phone: (808) 948-6446 or 1 (800) 760-4672
  - Email: [hhinhelpdesk@hmsa.com](mailto:hhinhelpdesk@hmsa.com)
- ETS Outreach
  - Phone: (808) 948-6255 or 1 (800) 603-4672, ext. 6255,
  - Email: [ETSOutreach@hmsa.com](mailto:ETSOutreach@hmsa.com)

## Security Levels

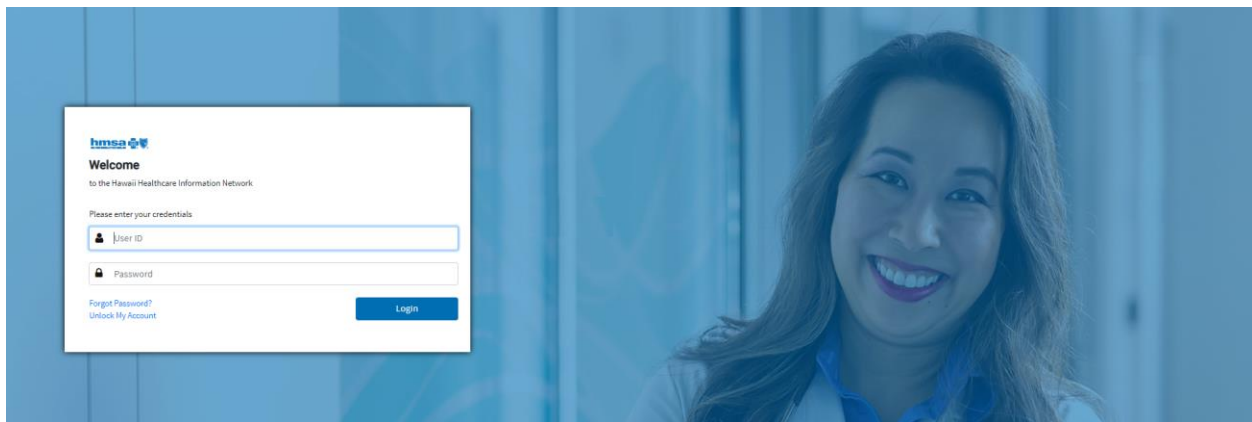
There are two levels of access. Providers have limited access with proper login credentials. Admin's will have full access to the application. The provider profile determines which records (related to

organization, position, and role) the provider can access in the application. Below security points need to be considered for initial login requirements:

- Authentication
- Authorization and access control

## Log in

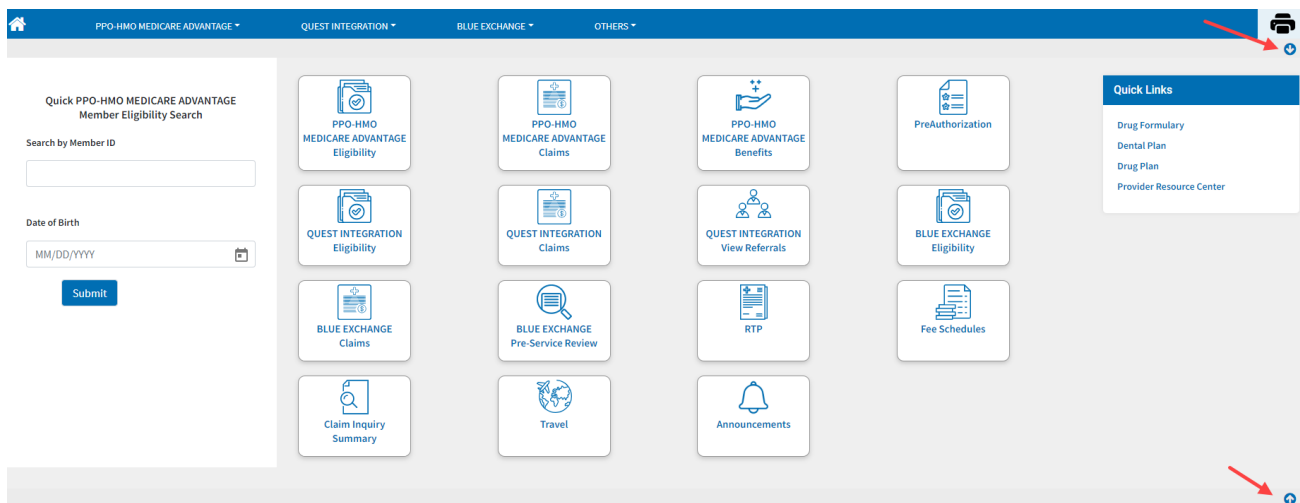
Log in module allows users to log in to the application using a valid user ID and password.



## Homepage Pop Up

This is the first page you'll see after you log in to HHIN+ after successful completion of authorization and authentication from login page. It features:

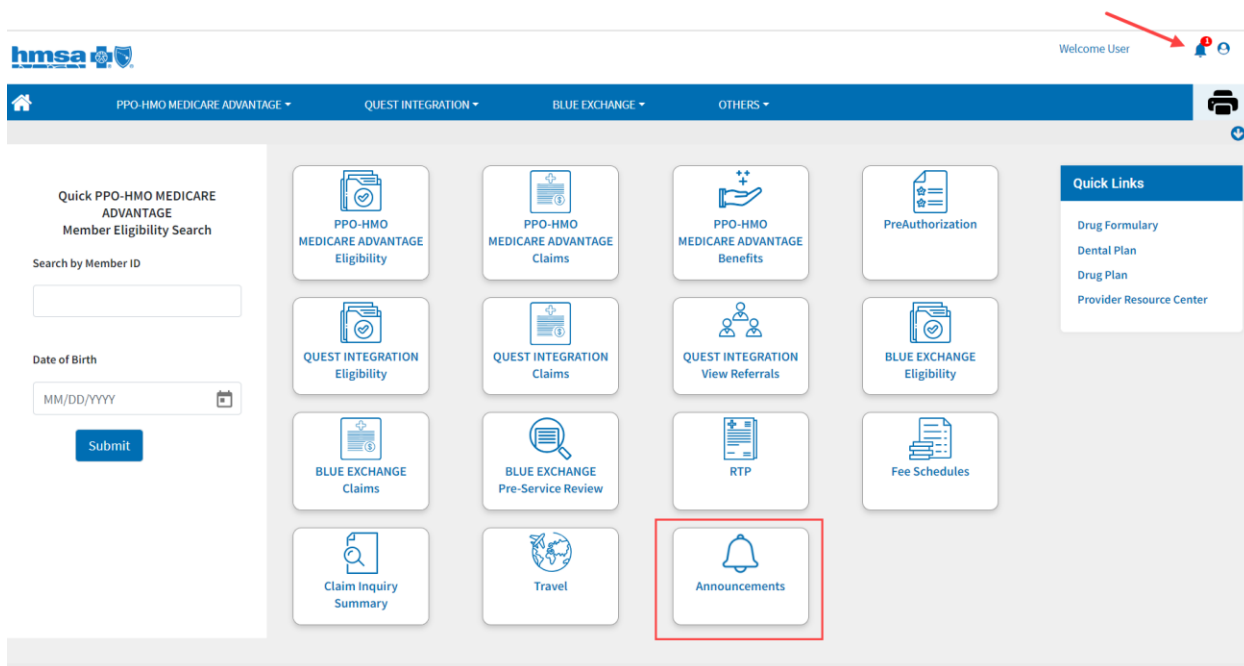
- News Corner Quick Links: Help you navigate the HHIN+ website. The bold link tells you what section of the website you're in.
- Quick HMSA Member Eligibility search.



**NOTE:** On the right side of each page on HHIN+ arrows will be located at the top and bottom to assist users in scrolling up/down quicker.

## Announcements

HHIN+ notify users when new announcements are available by a red indicator that will appear on the bell icon located at the top right corner of the page. Users open the announcement page by clicking on either the bell icon at the top or the “Announcement” tile listed on the homepage.









Messages on the Notifications page will be listed with the most current on the top. Users click on the message titles to open and read the announcement.

The open/close envelope next to the message title indicates if the user has read the message.



[Home](#) > Notifications

## Notifications

Message Header	Posted Date	
 <a href="#">Holiday Payment Schedule</a>	05/17/2023	
 <a href="#">Important Medical News</a>	05/14/2023	
 <a href="#">Policy Updates</a>	05/10/2023	

## Account Settings

Account Settings page allows users to update their password and security questions and answers.

- **Change Password – Before Password Expiration:** If password expiration date is less than or equal to 15 days, then redirect user to change password screen with “Change Password” and “Remind Me Later.”
- **Change SQA (Security Questions and Answers):** A user can update their password and security questions and answers on the Account Settings page.

# Account Settings

[Home](#) > Account Settings

### Change Password

**Password Requirements**

- Include alphabetic and numeric characters
- Use at least one of the following non-alphabetic characters: @, #, or \$
- Contain at least 8 characters
- Not use the same character more than three times
- Not include your first or last name or your user ID
- Be at least one day old
- Be changed every 60 days and the system will not allow you to reuse this password until four additional passwords have been used

**User ID:**

**New Password**

**Confirm Password**

### Password Security Questions

**Security Question 1**

WHERE DID YOU GO THE FIRST TIME YOU FLEW ON A PLANE? ▼

**Security Answer 1**

**Security Question 2**

WHAT IS YOUR OLDEST SIBLING'S MIDDLE NAME? ▼

**Security Answer 2**

**Security Question 3**

WHAT IS YOUR PATERNAL GRANDFATHER'S FIRST NAME? ▼

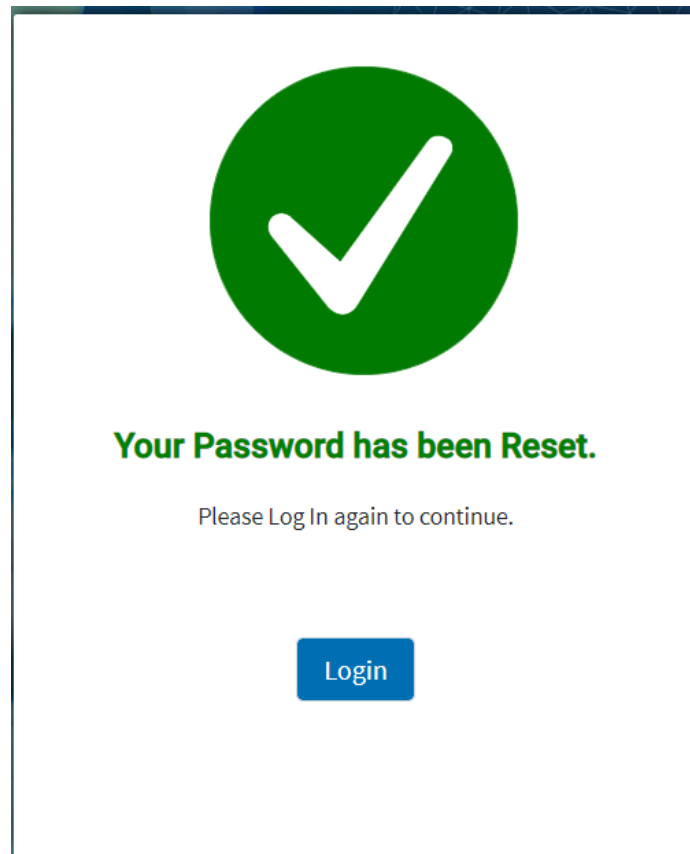
**Security Answer 3**

**Current Password**

Upon updating my password, I understand the security requirements of my password and agree to all of the terms and conditions of the HMSA Access Request and Contract to Preserve Confidential Information.

## Account Settings

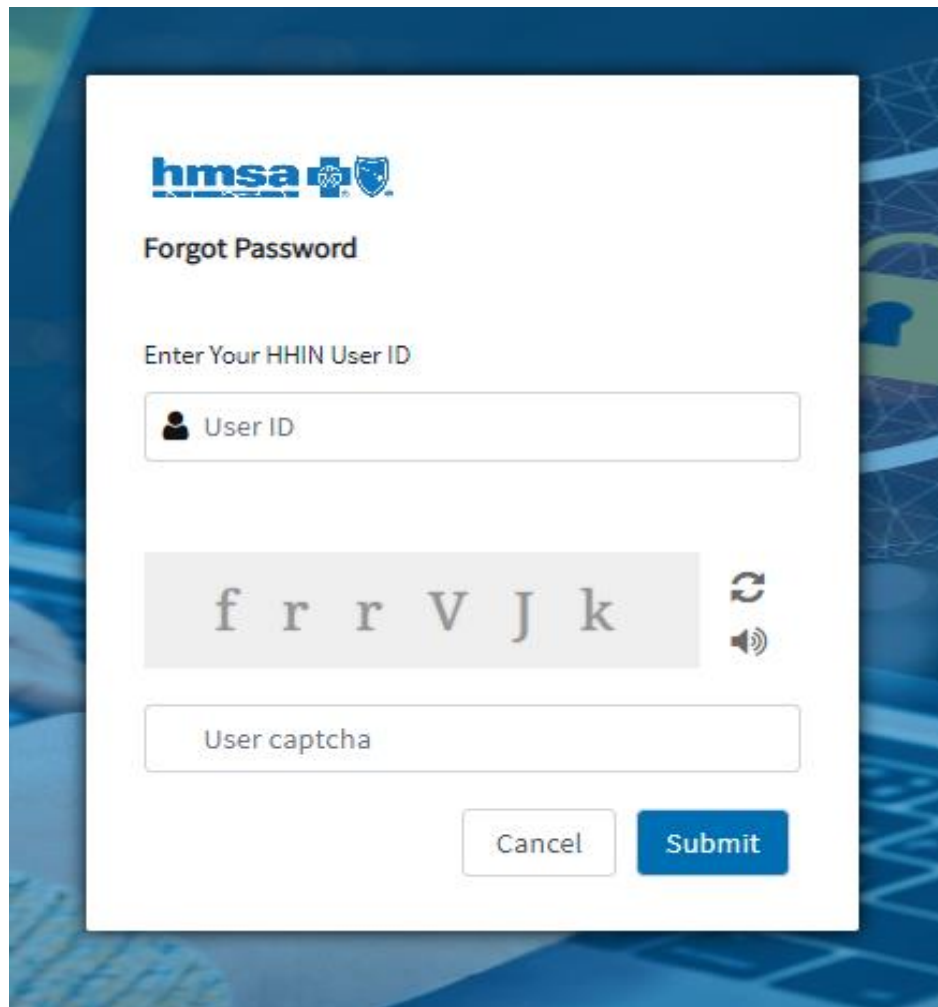
Message on successful reset of password.




## Forgot/Reset Password

- Reset your password using the self-service option.
- Forgot Password? option will be available on the login page.
- Enter your user ID and real time CAPTCHA (as shown below).
- Upon successful validation of user inputs, it will show below options to change the new password.
- Enter a new password in the New Password field (see password requirements above the fields).
- Re-enter the new password in the Confirm Password field.
- Click Reset Password.
- If your inputs are correct and password change is successful, the message “Your password has been reset. Please log in again to continue.” will appear in green as shown below.
- If your password changes failed, either a message explaining the reason will appear in red or you’ll be taken back to the HHIN+ login page to start over.
- HHIN+ response messages will appear right below the log in section.

## Forgot/Reset Password






The screenshot shows a web form for forgetting or resetting a password. At the top is the HMSA logo, which consists of the letters 'hmsa' in a blue sans-serif font followed by a blue shield icon containing a white cross. Below the logo is the title 'Forgot Password' in a bold, black sans-serif font. The form prompts the user to 'Enter Your HHIN User ID' with a text input field that has a small person icon and the placeholder text 'User ID'. Below this is a captcha area featuring a grey rectangular box with the characters 'f r r V J k' in a light grey font. To the right of the captcha box are two icons: a circular arrow for refreshing and a speaker for audio playback. Below the captcha is another text input field with the placeholder text 'User captcha'. At the bottom right of the form are two buttons: a white 'Cancel' button with a grey border and a blue 'Submit' button.

**hmsa** 

**Forgot Password**

Enter Your HHIN User ID

 User ID

f r r V J k  

User captcha

Cancel Submit



## Forgot Password

Please answer your security questions to reset your password.

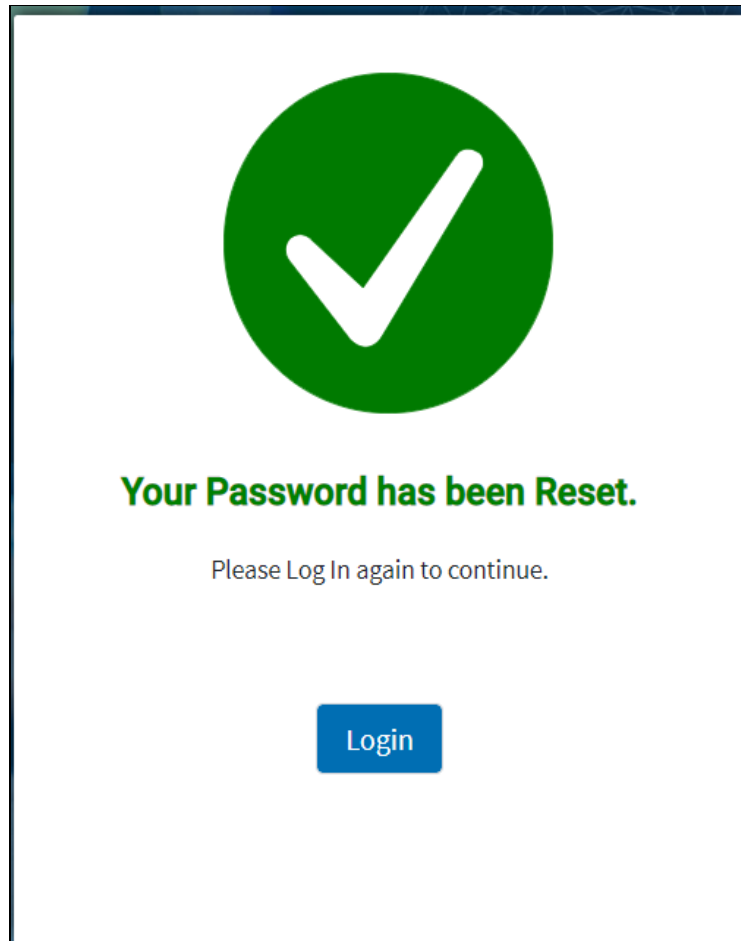
### Password Requirements

- Include alphabetic and numeric characters
- Use at least one of the following non-alphabetic characters: @, #, or \$
- Contain at least 8 characters
- Not use the same character more than three times
- Not include your first or last name or your user ID
- Be at least one day old
- Be changed every 60 days and the system will not allow you to reuse this password until four additional passwords have been used

**Security Question 1: WHAT WAS THE FIRST NAME OF YOUR OLDEST COUSIN?**

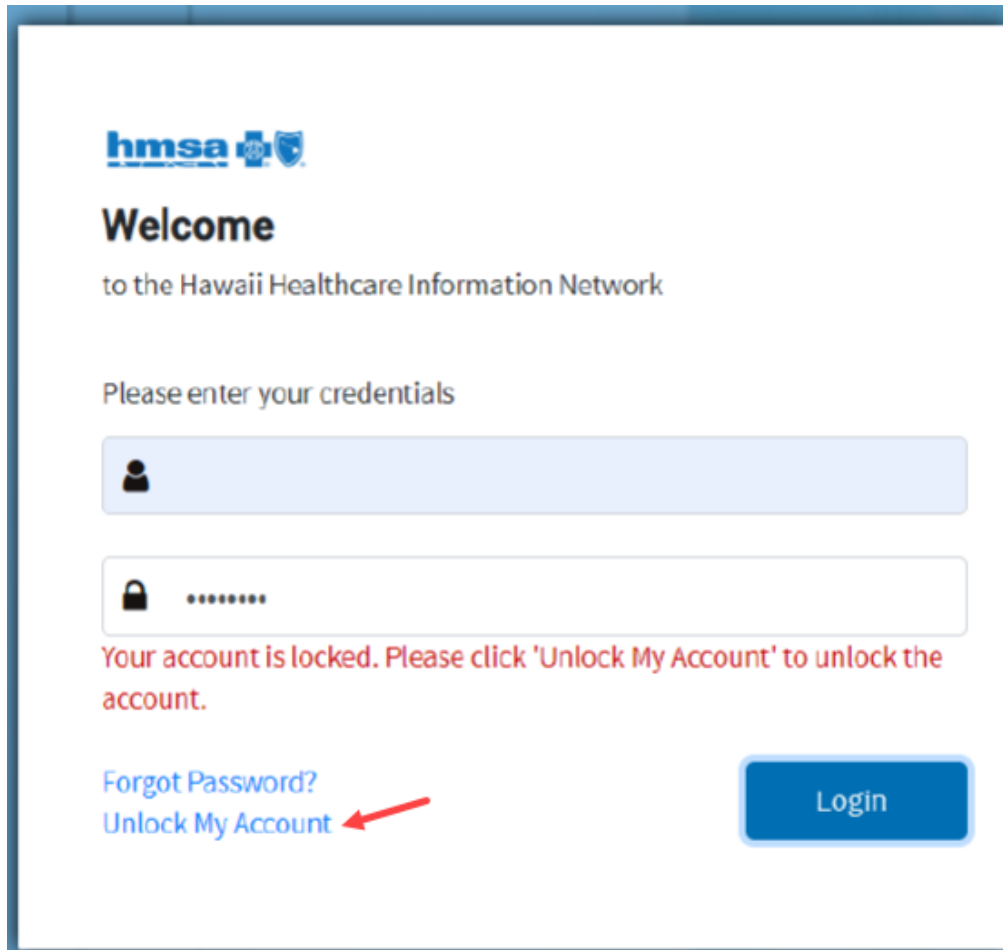
**Security Question 2: WHERE DID YOU GO THE FIRST TIME YOU FLEW ON A PLANE?**

## Forgot/Reset Password




## Unlock Account

- Unlock your account using the self-service option available on the Login page.
- Upon successful validation, it will show below options to unlock the account.
- If the account unlock is successful, “Your account has been unlocked. Please log in again to continue.” will appear.






The screenshot shows the HMSA login interface. At the top is the HMSA logo. Below it, the text reads "Welcome to the Hawaii Healthcare Information Network". A prompt "Please enter your credentials" is followed by two input fields: a username field with a person icon and a password field with a lock icon and masked characters. Below the password field, a red message states: "Your account is locked. Please click 'Unlock My Account' to unlock the account." At the bottom left, there are two links: "Forgot Password?" and "Unlock My Account", with a red arrow pointing to the latter. At the bottom right is a blue "Login" button.



### Unlock Account

Enter Your HHIN User ID


 User ID

A 4 X S p W  

User captcha

Cancel

Submit



### Unlock Account

Please answer your security questions to unlock your account.

**Security Question 1: WHERE DID YOU GO THE FIRST TIME YOU FLEW ON A PLANE?**

Security Answer 1

**Security Question 2: WHAT IS YOUR PATERNAL GRANDFATHER'S FIRST NAME?**

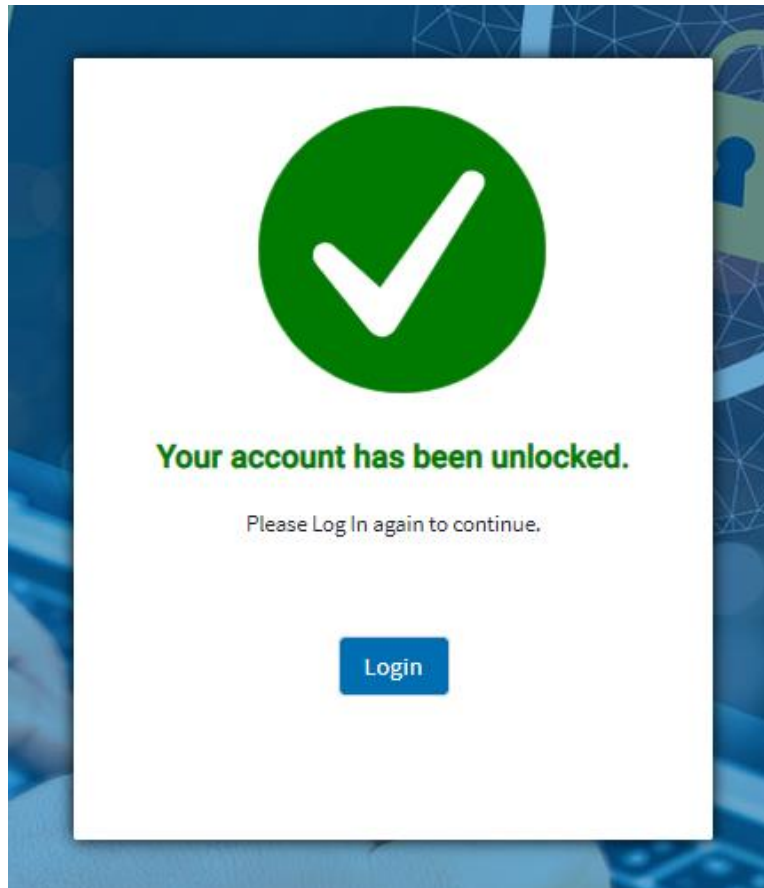
Security Answer 2

Cancel

Unlock Account

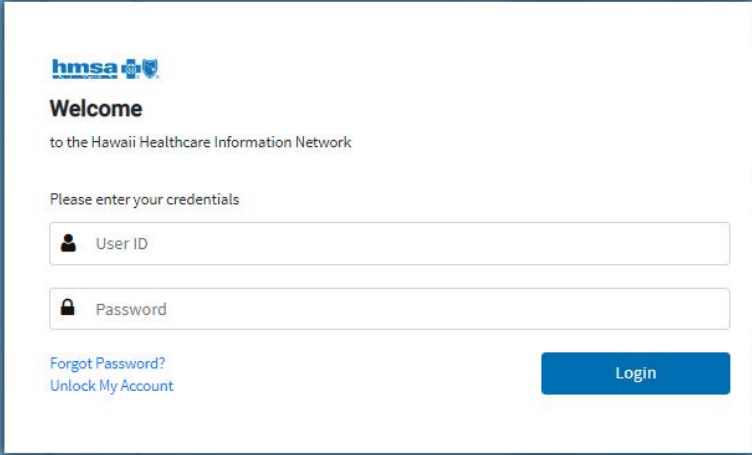



## Unlock Account



## Contact Us


- Clicking Contact Us allows users to send an email to [hhinhelpdesk@hmsa.com](mailto:hhinhelpdesk@hmsa.com)




**hmsa** 

**Welcome**  
to the Hawaii Healthcare Information Network

Please enter your credentials

 User ID

 Password

[Forgot Password?](#)  
[Unlock My Account](#)

Login

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For HHIN Technical Assistance  
Contact the HHIN Help Desk at (808)948-6446 or send email to  
[HHINHelpDesk@hmsa.com](mailto:HHINHelpDesk@hmsa.com)

To register for new HHIN access, contact the HMSA Electronic Transaction Services Outreach Unit at (808) 948-6255, or click here to [Contact ETS Outreach](#).

Contact Us

Please note: This Computer system is private, and unauthorized access is strictly prohibited. Unauthorized access may result in civil and criminal penalties. Violators will be prosecuted to the fullest extent of the law. Report any suspicious activity to the Corporate Security Officer immediately. HHIN User IDs not used in 6 months period will be deleted.

HMSA Provider Resource Center  
User Guide-Documents  
User Guide-Videos  
Terms and Conditions  
Online Portal User Agreement  
FAQ's  
HIPPA Policies

## ELIGIBILITY AND BENEFITS

## PPO-HMO-Medicare Advantage: Eligibility

In the eligibility section of HHIN+, users can verify coverage and benefit information for patients who have the following plans:

- HMSA PPO
- HMSA HMO
- HMSA Medicare Advantage

### Finding a Member's Plan

- On the homepage, under PPO-HMO-Medicare Advantage: Click Eligibility.
- Enter the Member ID and Member Birth Date **or** the member's last and first name and date of birth.
- Enter the member ID without the three-letter prefix and the set of zeroes. Example: For member ID XLHR0000**12345678**, type **R12345678**.
- Enter member's birth date (Format: MMDDYYYY).
- Enter eligibility dates (optional).
- Click Submit.

The screenshot shows the 'Eligibility' search form. At the top, there is a breadcrumb trail: Home > PPO-HMO-Medicare Advantage > Eligibility. The form is titled 'Eligibility' and contains two main sections separated by 'OR' and 'AND' labels. The first section has three input fields: 'Member ID', 'Member Last Name', and 'Member First Name'. The second section has three input fields: 'Member Birth Date', 'Eligibility Dates (Optional) From Date', and 'Eligibility Dates (Optional) To Date'. Each date field has a calendar icon. At the bottom right, there are 'Reset' and 'Submit' buttons.

If the search is successful, a member summary will appear at the bottom of the page. If the member is covered under multiple HMSA plans, several line items will appear.

Click the link in the Member Name column to see the corresponding plan.

If the search is unsuccessful, users will see a message that says, **“No matching members for the criteria entered. Please re-enter the criteria.”**

Eligibility

Member ID

OR

Member Last Name

NOTOTORO

Member First Name

TONARI

AND

Member Birth Date

01/01/1999

Eligibility Dates (Optional)

From Date

MM/DD/YYYY

To Date

MM/DD/YYYY

Reset

Submit

Sort by

Print this table

Member Name	Member ID	Relationship	Gender	City	Plan End Date
Name Filter	ID Filter	Relationship Filter	Gender Filter	City Filter	Plan End Date Filter
NOTOTORO, TONARI	F000012345678	Subscriber	Male	HONOLULU	

Items per page: 10 1 - 3 of 3

Please validate member's city before selecting Member Name to ensure correct eligibility.

## Eligibility Details

Clicked on the link for the selected plan' users will be taken to the Eligibility Details page.

This page shows basic member information:

- Member ID
- Member Birth Date
- Member Name
- Gender
- Relationship to the Subscriber (e.g., self, spouse, child)
- Plan End Date
- Subscriber's Name
- Eligibility Search Dates
- Address
- Subscriber ID number for other HMSA plans the member may have

Member Eligibility Details include the following sections:

- Coverage
- Other Payer
- Primary Care Provider

- Drug Primacy

[Home](#) > [PPO-HMO-Medicare Advantage](#) > [Eligibility](#) > Detail

<b>Eligibility</b>	
Member ID <a href="#">F000012345678</a>	Birth Date 01/01/1999
Member Name NOTOTORO, TONARI	Gender Male
Relationship Subscriber	Plan End Date
Subscriber Name NOTOTORO, TONARI	Eligibility Search Dates 01/01/2017 - Current
Address 1234 INARI DR HONOLULU, HI 96814	
Please validate member's birth date and address to ensure correct eligibility	

Expand/Collapse All

▼ Coverage

▼ Other Payer - No Information Available

▼ Primary Care Provider - No Information Available

▼ Drug Primacy

## Coverage Details

The coverage section on the page shows specific coverage information:

- Coverage Type (e.g., Medical, Pharmacy, Dental, Vision, Chiropractor, Comp Care)
- Eligibility Begin Date
- Eligibility End Date
- Plan Coverage Code
- Plan Type
- Benefit Detail

This section will have hyperlinks for “Plan Coverage Code” column values and redirects to Benefit Search page by pre-populating Coverage Code and other values as applicable.

- Benefit Detail: Benefit Details will display the list of all benefits in drop down for each coverage as applicable:
  - Medical
  - Chiropractic Medical Coverage

▼ Coverage					
Coverage Type	Eligibility Begin Date	Eligibility End Date	Plan Coverage Code	Plan Type	Benefit Detail
Medical	01/01/2017		<a href="#">087</a>	PPO	<input type="text"/>
Pharmacy	01/01/2017		<a href="#">00E</a>	PPO	1 - Medical Care 2 - Surgical 4 - Diagnostic X-Ray 5 - Diagnostic Lab 6 - Radiation Therapy 7 - Anesthesia 8 - Surgical Assistance 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 18 - Durable Medical Equipment Rental 20 - Second Surgical Opinion 30 - Health Benefit Plan Coverage 40 - Oral Surgery 42 - Home Health Care 45 - Hospice 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 52 - Hospital - Emergency Medical
Vision	01/01/2017		<a href="#">00E</a>	PPO	
Dental	01/01/2017		<a href="#">00E</a>	PPO	
Chiropractic Medical	01/01/2017		<a href="#">087</a>	PPO	
Items per page: 10 1 - 5					
This information is not a guarantee of payment. Services must meet plan benefit and eligibility determination guidelines at the time of claims processing. Medical coverage includes Service, Physician Office Visit, Mental Health and Urgent Care.					

## Benefit Detail

The Benefit Detail field lets you search for benefit information.

- Click to select the HIPAA service type for the benefit
- When users click a HIPAA service type, they'll be redirected to a details page that displays the member's benefit at the service level, including:
  - Co-Insurance and Co-Payment
  - Limitations
  - Deductibles
  - Stop-Loss
  - Other

<b>Benefit Summary</b>  Subscriber ID F000012345678  Member Name NOTOTORO, TONARI  As Of 03/21/2023  Service Type Health Benefit Plan Coverage  Coverage Code 087	Expand/Collapse All
▼ Co-Insurance & Co-Payment	
▼ Limitations	
▼ Deductibles - No Information Available	
▼ Stop Loss	
▼ Other - No Information Available	

### Information Tip

Not all HIPAA service types are listed in the Benefit Details field. You can see expanded benefit details in the Benefits section.

### Other Payer

The Other Payer section on the page shows specific dates and other payer information.

- Coverage Type
- Effective Date
- End Date
- Carrier
- Subscriber ID
- Sequence

▼ Other Payer					
Coverage Type	Effective Date	End Date	Carrier	Subscriber ID	Sequence
Dental	01/10/2021		HAWAII		Primary
Drug	01/10/2021		MEDICARE PT, A,B & D		Primary
Medical	01/10/2021		MEDICARE PT, A,B & D		Primary

### Primary Care Provider

Primary Care Provider section populates below details:

- Primary Care Provider Name
- National Provider ID
- Health Center
- PCP Begin Date
- PCP End Date
- Coverage Type

▼ Primary Care Provider					
Primary Care Provider Name	National Provider ID	Health Center	PCP Begin Date	PCP End Date	Coverage Type
CRABBE, BOB	12345678901	HAWAII IPA	10/01/2015		Medical

Items per page: 10
1 - 1 of 1
|< < > >|

### Drug Primacy

Drug Primacy section populates below details:

- Member ID
- Member Birth Date
- Member Name
- Subscriber Name
- Relationship



- Person Code
- RX Bank Information Number
- RX Process Control Number
- RX Group Number
- Primacy Start Date
- Primacy End Date
- Coverage Start Date
- Coverage End Date
- Coverage Code

▼ Drug Primacy

Primary Drug Payer

Member ID

Other Carrier

Primacy Start Date

01/10/2021

Primacy End Date

Secondary Drug Payer

Member ID

F000012345678

Member Name

NOTOTORO, TONARI

Relationship

Subscriber

RX Bank Information Number

001234

RX Group Number

RX1234

Primacy Start Date

01/10/2021

Member Birth Date

01/01/1999

Subscriber Name

NOTOTORO, TONARI

Person Code

1

RX Process Control Number

HID

Primacy End Date

Coverage Start Date

Coverage End Date

Coverage Code

01/10/2021

[RX2](#)

## QUEST Integration: Eligibility

In the QUEST Integration eligibility section of HHIN+, users can verify coverage, third-party liability, and primary care provider information for patients.

### Finding a Member's Plan

- From the homepage, click QUEST Integration Eligibility.
- Enter the Member ID and Member Birth Date or the Member's Last and First Name and Birth Date.
  - Enter the Member ID without the three-letter prefix and the set of zeroes. Example: For Member ID XLQ0000123456, type 123456.
  - Enter the eight digits of the Birth Date without dashes or slashes (i.e., MMDDYYYY).
- Enter Eligibility Dates (optional).
- Click Submit.

Home > [QUEST Integration](#) > Eligibility

### Eligibility

Member ID

OR

Member Last Name

Member First Name

AND

Member Birth Date

Eligibility Dates (Optional)

From Date


To Date




**Note:** If there are multiple members that have a similar name and/or birth date or the member has multiple plans, HHIN+ may require users to enter additional information (Member ID) to pull up the member's plan.

If the search is successful, a member summary will appear at the bottom of the page. If the member is covered under multiple HMSA plans, several line items will appear.

- Click the link in the Member Name column to see the corresponding plan.
- If the search is unsuccessful, you'll see a message that says, **"No matching members for the criteria entered. Please re-enter the criteria."**

Sort by					Print this table 
Member Name	Member ID	Gender	City	Plan End Date	
Name Filter <input type="text"/>	ID Filter <input type="text"/>	Gender Filter <input type="text"/>	City Filter <input type="text"/>	Plan End Date Filter <input type="text"/>	
<a href="#">DONNA, MADDY</a>	0000123456	Female	HONOLULU	04/01/2023	
					Items per page: 10 1 - 1 of 1  < < > >
Please validate member's city before selecting Member Name to ensure correct eligibility.					

### QUEST Integration: Eligibility

Click the link; users will be taken to the QUEST Integration Eligibility Detail page. The top of the page shows basic member information:

- Member ID
- Birth Date
- Member Name
- Gender
- Address
- Eligibility Search Dates

The bottom half of the page shows information about:

- Coverage:
  - Eligibility Begin Date
  - Eligibility End Date
  - Plan Coverage Code
  - Plan Type
  - EPSDT (Early and Periodic Screening, Diagnostic and Treatment)
- Third-Party Liability: Other insurance plans the member may be covered under.
  - Start Date
  - End Date
  - Carrier
- Primary Care Provider: All QUEST Integration members are assigned a primary care provider.
  - Primary Care Provider Name
  - National Provider ID
  - Network
  - PCP Begin Date
  - PCP End Date

Refer to below screen shots for benefit details.

[Home](#) > [QUEST Integration](#) > [Eligibility](#) > Detail

**Eligibility Detail**

**Member ID**  
0000123456

**Member Name**  
DONNA, MADDY

**Address**  
4455 HIBISCUS WAY  
HONOLULU, HI 96814

**Birth Date**  
02/02/1977

**Gender**  
Female

**Eligibility Search Dates**  
2/1/2019 - 1/31/2023

Expand/Collapse All

▼

Coverage

Eligibility Begin Date	Eligibility End Date	Plan Coverage Code	Plan Type	EPSDT	Benefit Detail
03/01/2020	01/31/2023	QUEST ABD ADULT NO COPAY	Medicaid	N	<div></div>
04/01/2019	02/29/2020	QUEST ADULT NO COPAY	Medicaid	N	

This information is not a guarantee of payment. Services must meet plan benefit and eligibility determination guidelines at the time services were rendered. Accumulated amounts may change at the time of claims processing.  
 For medical benefits, refer to the article in the [Provider Resource Center](#) entitled [QUEST Integration-Benefit Listing](#).

Items per page: 10 1 - 2 of 2 < >

▼

Third Party Liability

Start Date	End Date	Carrier
03/04/2020	12/31/2099	MEDICARE PART D
03/01/2020	12/31/2099	MEDICARE A ONLY , MEDICARE B ONLY

Items per page: 5 1 - 2 of 2 < >

▼

Primary Care Provider

Primary Care Provider Name	National Provider ID	Network	PCP Begin Date	PCP End Date
FERN PLANTER MD	10987456321		03/01/2020	

Items per page: 5 1 - 1 of 1 < >

## Blue Exchange: Eligibility

In the Blue Exchange Eligibility section of HHIN+, users can verify coverage and benefit information for a member covered under the following plans:

- Most Out-of-State Blue Cross and Blue Shield plans
- Federal Employee Program

Blue Exchange hours of availability: Monday from 2 a.m. through Saturday at 7 p.m. Hawaii time. Hours may vary during U.S. daylight savings time.

### Finding a Member's Plan

- On the homepage, click Blue Exchange Eligibility.
- Complete all fields. Enter the information exactly as shown on the BCBS membership card, including any alpha prefix, except for the following:
  - Enter the member ID without any of the spaces.
  - Enter the eight digits of the birth date without dashes or slashes (i.e., MMDDYYYY).
- Click Submit.
- When a window appears notifying users that the “Requests may take up to 60 seconds to process. Please do not click submit button again.” Click OK.
- The request for information will be sent to the national BCBS database. An error message may appear if any information was entered incorrectly. (Ex., Patient Birth Date Does Not Match That for the Patient on the Database. Please Correct and Resubmit. Invalid/Missing Subscriber/Insured name. Please Correct and Resubmit.)

[Home](#) > [Blue Exchange](#) > Eligibility

### Eligibility

Blue Exchange Availability on HHIN:  
Monday from 2:00 AM through Saturday to 7:00 PM, HST.  
Hours may vary during U.S. daylight savings time.

**Member Type**

☒ Subscriber
 ☐ Dependent

**Member ID**

**Last Name**

**First Name**

**Birth Date**

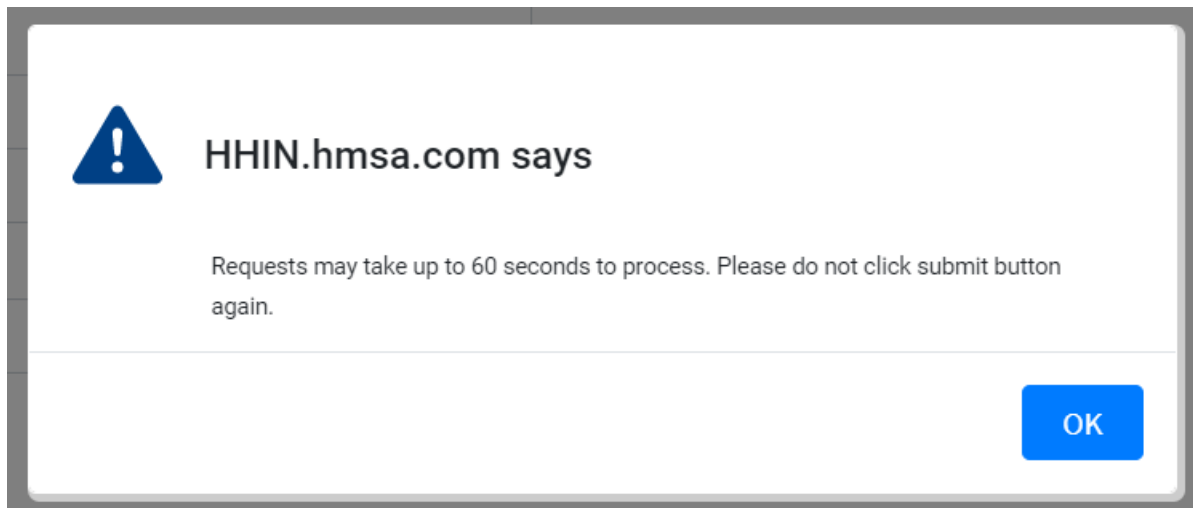
**Gender**

☒ Female
 ☐ Male

**Service Type**

**From Date**


**To Date**



If the search is successful, the member’s information will appear at the bottom of the page with the following columns:

- Member Name
- Member ID
- Member Type

Click Select to see the member eligibility summary page.

Sort by			Print this table 
	Member Name	Member ID ↑	Member Type
<a href="#">Select</a>	LYPTUS, EUCA	SWV987654321	Subscriber

Items per page: 5 1 - 1 of 1 |< < > >|

### Blue Exchange Eligibility Summary

Once users click Select, the Blue Exchange eligibility summary page will appear with the following:

- Subscriber ID
- Subscriber Name
- Subscriber Address
- Subscriber Relationship
- Subscriber Birth Date
- Subscriber Gender

The following sections will expand when information is available:

- Dates
- Reference Identification
- Eligibility
- Non-Covered
- Co-Insurance & Co-Payment
- Limitations
- Deductibles
- Stop Loss
- Additional Payor
- Primary Care Provider
- Benefit Disclaimer
- Other

Hyperlinks maybe available with additional details.

[Home](#) > [Blue Exchange](#) > [Eligibility](#) > Summary

Eligibility Summary

Subscriber ID

SWV987654321

Subscriber Name

LYPTUS, EUCA

Subscriber Address

5521 ESCAPE LN UNIT 1989  
PORTLAND, OR 972361795

Subscriber Relationship

Self

Subscriber Birth Date

05/05/1988

Subscriber Gender

FEMALE

Expand/Collapse All

▼ Dates

▼ Reference Identification

▼ Eligibility

▼ Non Covered - No Information Available

▼ Co-Insurance & Co-Payment - No Information Available

▼ Limitations - No Information Available

▼ Deductibles - No Information Available

▼ Stop Loss - No Information Available

▼ Additional Payor - No Information Available

▼ Primary Care Provider - No Information Available

▼ Benefit Disclaimer

▼ Other - No Information Available

32



# PPO-HMO-Medicare Advantage: Benefits

In the PPO-HMO-Medicare Advantage Benefits section of HHIN+, users can view plan benefit information for the member.

## Benefit Search:

On the homepage under PPO-HMO-Medicare Advantage, click Benefits.

- To search for a benefit, complete the following fields:
  - Coverage Code
  - Line of Business
    - Chiropractic
    - Dental
    - Drug
    - Medical
    - Vision
  - Section Heading
- Click Submit

If the search is successful, Member Benefits page will open with the following details:

- Effective Date
- End Date
- In-Network Provider
- Member Responsibility
- Deductible Applies
- Stoploss Applies
- Benefit Description & Special Instructions
  - Effective Date
  - End Date
  - Description

Also, tables of Annual Deductible, Maximum Annual Copay, and Other contain the following items:

- Effective Date
- End Date
- Type

- Amount

[Home](#) > [PPO-HMO-Medicare-Advantage](#) > [Benefits](#) > Details

### Benefit Details

The information found in this online benefit tool is intended to provide a condensed description of plan benefits and does not list all services, limitations, or exclusions.

Coverage Code: 777

#### Physician Visits (Office)

Effective Date	End Date	In Network Provider	Member Responsibility	Deductible Applies	Stop Loss Applies
07/01/2016		Yes	20 %	No	Yes
07/01/2016		No	40 %	Yes	Yes

Items per page: 10 1 - 2 of 2 |< < > >|

#### Physician Visits (Home)

Effective Date	End Date	Description
07/01/2019		Covered, for an illness or injury, when you are inpatient or outpatient. A physician visit may be received in the physician's office, your home, or a facility setting. You are also covered for family planning counseling. Newborn care is covered in accord with the time periods specified under <i>Maternity and Newborn Length of Stay</i> . <b>Please note:</b> Routine preventive care is described under <i>Special Benefits - Disease Management and Preventive Services</i> .

Items per page: 10 1 - 1 of 1 |< < > >|

#### Special Instructions

Effective Date	End Date	Description
01/01/2018		THIS IS A NON-GRANDFATHERED - PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) COMPLIANT PLAN.
07/01/2016		THE PERIOD STARTING THE FIRST DAY OF JANUARY AND ENDING THE LAST DAY OF DECEMBER OF ANY YEAR.
01/01/2018		Active plan.
01/01/2018		CHIROPRACTIC SERVICES covered only when provided by American Specialty Health Group, Inc. (ASH) through the Comp Care rider.

Items per page: 10 1 - 4 of 4 |< < > >|

#### Annual Deductible

Effective Date	End Date	Type	Amount
07/01/2016		Par - Per Person	\$250.00
07/01/2016		Par - Per Family	\$750.00
07/01/2016		Nonpar - Per Person	\$250.00
07/01/2016		Nonpar - Per Family	\$750.00

Items per page: 10 1 - 4 of 4 |< < > >|

#### Maximum Annual Copay

Effective Date	End Date	Type	Amount
07/01/2016		Par - Per Person	\$2,500.00
07/01/2016		Par - Per Family	\$5,000.00
07/01/2016		Nonpar - Per Person	\$2,500.00
07/01/2016		Nonpar - Per Family	\$5,000.00

Items per page: 10 1 - 4 of 4 |< < > >|

#### Other

Effective Date	End Date	Type	Amount
07/01/2016		Annual Renewal Amount	N/A
07/01/2016		Lifetime Maximum	N/A

Items per page: 10 1 - 2 of 2 |< < > >|



## CLAIMS AND PAYMENTS

## PPO-HMO-Medicare Advantage: Claims

In the PPO-HMO-Medicare Advantage Claim search section of HHIN+, users can verify claim information for the patient.

### Claim Search

- On the homepage under PPO-HMO-Medicare Advantage, click Claims.
- Enter the Member ID and Member Birth Date, and Service Dates or the Member's Last and First Name and Birth Date, and Service Date.
- Click Submit.

[Home](#) > [PPO-HMO-Medicare Advantage](#) > [Claims](#)

### Claims

Member ID

OR

Member Last Name

Member First Name

AND

Member Birth Date

Member Gender ☐ Female ☐ Male

Service From Date

Service To Date




If the search is successful, Member search results will appear at the bottom of the page.

Member Search results populates the below fields:

- Member Name – Hyper link will redirect to Claim Summary page
- Member ID
- Relationship
- Gender
- City
- Plan End Date

Member Name Name Filter <input type="text"/>	Member ID ID Filter <input type="text"/>	Relationship Relationship Filter <input type="text"/>	Gender Gender Filter <input type="text"/>	City City Filter <input type="text"/>	Plan End Date Plan End Date Filter <input type="text"/>
KUULEI, KUUIPO	R00012457863	Subscriber	Female	KANEOHE	
<div>Items per page: 10 1 - 1 of 1  &lt; &lt; &gt; &gt; </div>					
Please validate member's city before selecting Member Name to ensure correct eligibility.					

### Claims Summary Page

Below columns are included in the claim list:

- National Provider ID – Hyper link will redirect to Claim Detail page
- Claim Service Period
- Adjudicated/Finalized Date
- Remittance Date
- Claim ID – Tooltip Available
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available
- Total Claim Charge Amount
- Claim Payment Amount
- Patient Account #

[Home](#) > [PPO-HMO-Medicare Advantage](#) > [Claims](#) > Summary

#### Claims Summary

Member ID  
[R00012457863](#)

Member Name  
KUULEI, KUUIPO

Sort by

National Provider ID <input type="text" value="National ID"/>	Claim Service Period	Adjudicated/Finalized Date	Remittance Date	Claim ID	Claim Status Category Code	Claim Status Code	Total Claim Charge Amount	Claim Payment Amount	Patient Account #
<a href="#">3212023001</a>	02/05/2023 - 02/05/2023	02/06/2023	02/15/2023	<a href="#">22000E0022002</a>	<a href="#">E1</a>	<a href="#">107</a>	\$452.40	\$207.36	40432100
<a href="#">1219763230</a>	01/26/2023 - 01/26/2023	01/31/2023	02/07/2023	<a href="#">11003E0033120</a>	<a href="#">E1</a>	<a href="#">107</a>	\$482.00	\$227.55	KUU00-01
<a href="#">3212023001</a>	01/06/2023 - 02/04/2023	02/08/2023	02/15/2023	<a href="#">22000E0022001</a>	<a href="#">E2</a>	<a href="#">107</a>	\$1,500.00	\$0.00	0504283991
<a href="#">1219766320</a>	01/06/2023 - 02/04/2023	02/08/2023	02/15/2023	<a href="#">22000E0022000</a>	<a href="#">E1</a>	<a href="#">107</a>	\$1,500.00	\$404.64	0542837138

Items per page: 10

1 - 4 of 4

|< < > >|

### Claim Details Page

The user will click the National Provider ID and will be taken to the Claim Details page.

#### Claim Detail:

- Member ID – Hyper link will redirect to Member Eligibility Search page by pre-populating the member details
- Member Gender
- Member DOB
- Patient Account Number
- Patient Name
- Provider Name
- Subscriber Name – If different from the patient
- Claim Payment Amount
- National Provider ID
- Claim Service Period
- Total Claim Charge Amount
- Adjudicated/Finalized Date
- Remittance Date
- Adjusted Finalized Date
- Bill Type
- Check Number
- Claim ID
- Status Information Effective Date
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available

Claim Detail

Member ID

[R000012457863](#)

Member Gender

F

Member DOB

04/05/1984

Patient Account Number

40432100

Patient Name

KUULEI, KUIIPO

Provider Name

HEALTHY PHARMACY

Subscriber Name

KUULEI, KUIIPO

Claim Payment Amount

\$207.36

National Provider ID

3212023001

Claim Service Period

2/5/2023 - 2/5/2023

Total Claim Charge Amount

\$452.40

Remittance Date

02/15/2023

Adjudicated/Finalized Date

02/06/2023

Bill Type

Check Number

00005505055

Claim ID

22000E0022002

Status Information Effective Date

02/06/2023

Claim Status Category Code

[E1](#)

Claim Status Code

[107](#)

Expand/Collapse All

▼ Claim Line(s)

▼ Additional Information

## Claim Line(s)

Claim line items of that claim will populate in grid with the following columns listed:

- Service Date
- Charge Amount
- Payment Amount
- Service Code – Tooltip Available
- Revenue Code – Tooltip Available
- Service Modifiers
- Units of Service
- Status Effective Date
- Status Category Code – Tooltip Available
- Status Code – Tooltip Available

▼ Claim Line(s)									
Service Date	Charge Amount	Payment Amount	Service Code	Revenue Code	Service Modifiers	Units Of Service	Status Effective Date	Status Category Code	Status Code
2/5/2023 - 2/5/2023	\$452.40	\$207.36	<a href="#">B4152</a>			432	02/06/2023	<a href="#">F0</a>	<a href="#">107</a>
<div>Items per page: 10 1 - 1 of 1  &lt; &gt; </div>									
▼ Additional Information									
<a href="#">View Additional Information Here</a>									

## Claim Additional Information

Claim additional information hyper link will redirect to Claim Additional Details page with the following details:

- Additional Details.
- Additional Details Grid.
- Submit or View Inquiry or Payment Recovery for this Claim: This section redirects to Claim Inquiry page and allow user to submit claim inquiry.

### Additional Details:

- Payee HMSA ID
- Payment Date
- Payee Name
- Claim ID
- Servicing Provider
- Status
- Member Name
- Coverage Code
- Patient Account Number
- Member ID
- PDF – Claim from Report to Provider

### Additional Detail Grid:

- Service Dates
- Type of Service
- Service Codes

- Charge
- Provider Adjustment
- Eligible Charge
- Payment
- Subscriber Owes
- Message Codes – Tooltip Available

[Home](#) > [PPO-HMO-Medicare Advantage](#) > [Claims](#) > [Summary](#) > [Detail](#) > Additional Detail

### Claim Additional Details

Payee HMSA ID 0000008888	Payment Date 02/15/2023
Payee Name HEALTHY PHARMACY	Claim ID 22000E0022002
Servicing Provider HEALTHY PHARMACY	Status CLAIMS IN PROCESS
Member Name KUUUEI, KUUUPO	Coverage Code 06T
Patient Account Number 40432100	
Member ID R00001245T863	

THE FOLLOWING CLAIMS HAVE BEEN RECEIVED AND ARE BEING PROCESSED. PLEASE DO NOT RESUBMIT.

Sort by Download as PDF

Service Dates	Type of Service	Service Codes	Charge	Provider Adjustment	Eligible Charge	Payment	Subscriber Owes	Message Codes
02/05/2023	FORML/SOLUTN	B4152	\$452.40	(\$193.20)	\$259.20	\$207.36	\$51.84	
		TOTAL CLAIM	\$452.40	(\$193.20)	\$259.20	\$207.36	\$51.84	

Items per page: 10 1 - 2 of 2 |< < > >|

[Respond or View Inquiry or Payment Recovery for this Claim](#)

## QUEST Integration: Claims

In the QUEST Integration Claims section of HHIN+, users can verify claim information for the patient.

### Claim Search:

- On the homepage under QUEST Integration, click Claims.
- Enter the Member ID, Birth Date, and Service Dates or the Member's Last and First Names, Birth Date, and Service Dates.
- Click Submit.
- If the search is successful, the member will appear at the bottom of the page.



Home > QUEST Integration > Claims

### Claims

Member ID

OR

Member Last Name

AND

Member First Name

Member Birth Date

Member Gender : ☒ Female ☐ Male

Service From Date

Service To Date

Reset Submit

Member Search results populates the below fields:

- Member Name – Hyperlink will redirect users to Claim Summary
- Member ID
- Gender
- City
- Plan End Date

Sort by

Print this table

Member Name	Member ID	Gender	City	Plan End Date
Name Filter	ID Filter	Gender Filter	City Filter	Plan End Date Filter
<a href="#">MAXWELL, MADELINE</a>	0000239368	Female	HILO	04/01/2023

Items per page: 10 1 - 1 of 1 |< > >|

Please validate member's city before selecting Member Name to ensure correct eligibility.

Claim Summary page populates all claims related to the selected member.

- Member ID
- Member Name

Below columns are included in the claims list:

- National Provider ID – Hyper link will redirect to Claim Details page
- Claim Service Period
- Adjudicated/Finalized Date
- Remittance Date
- Claim ID
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available
- Total Claim Charge Amount
- Claim Payment Amount
- Patient Account Number

Home > QUEST Integration > Claims > Summary

**Claims Summary**

Member ID  
[000223368](#)

Member Name  
MAXWELL, MADELINE

Sort by Print this table

HMSA Provider ID <small>HMSA Provider</small>	Claim Service Period	Adjudicated/ Finalized Date	Remittance Date	Claim ID	Claim Status Category Code	Claim Status Code	Total Claim Charge Amount	Claim Payment Amount	Patient Account #
<a href="#">00A0000088</a>	12/22/2022 - 12/22/2022	02/03/2023	02/09/2023	22000E000000	F2	107	\$80.96	\$0.00	UH0001
<a href="#">0000555999</a>	12/19/2022 - 12/19/2022	02/09/2023	02/16/2023	22000E001100	F2	107	\$115.39	\$0.00	LSU002255
<a href="#">00A0000088</a>	12/09/2022 - 12/09/2022	01/31/2023	02/09/2023	22000E000011	F2	107	\$115.45	\$0.00	UH0001

Items per page: 10 1 - 3 of 3 |< < > >|

## Coverage Details

Once users click the National Provider ID, they'll be taken to the Claim Details page.

The top of the page shows basic claim information.

- Claim Data section contains the following fields:
  - Member ID – Hyper link will redirect to Member Eligibility Search page by pre-populating the member details.
  - Member Gender
  - Member DOB
  - Patient Account Number
  - Patient Name
  - Provider Name
  - Subscriber Name
  - Claim Payment Amount
  - HMSA Provider ID
  - Claim Service Period

- Total Claim Charge Amount
- Remittance Date
- Adjudicated/Finalized Date
- Bill Type
- Check Number
- Claim ID
- Status Information Effective Date
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available

[Home](#) > [QUEST Integration](#) > [Claims](#) > [Summary](#) > Details

Claim Details

Member ID

0000239368

Member Gender

F

Member DOB

05/05/1955

Patient Account Number

UH0001

Patient Name

MAXWELL, MADELINE

Provider Name

CREW, JEWEL

Subscriber Name

Claim Payment Amount

\$0.00

HMSA Provider ID

00A0000088

Claim Service Period

12/22/2022 - 12/22/2022

Total Claim Charge Amount

\$80.96

Remittance Date

02/09/2023

Adjudicated/Finalized Date

02/03/2023

Bill Type

Check Number

000000122112

Claim ID

22000E000000

Status Information Effective Date

02/03/2023

Claim Status Category Code

F2

Claim Status Code

107

Expand/Collapse All

▼ Claim Line(s)

▼ Additional Information

Claim Line Items of that claim will populate in grid with the following columns listed:

- Service Date
- Charge Amount
- Payment Amount
- Service Code – Tooltip Available
- Revenue Code – Tooltip Available
- Service Modifiers
- Units Of Service
- Status Effective Date
- Status Category Code – Tooltip Available
- Status Code – Tooltip Available

Claim Line(s)									
Service Date	Charge Amount	Payment Amount	Service Code	Revenue Code	Service Modifiers	Units Of Service	Status Effective Date	Status Category Code	Status Code
12/22/2022 - 12/22/2022	\$80.96	\$0.00	<a href="#">99211</a>		EP	1	02/03/2023	<a href="#">E2</a>	<a href="#">107</a>
Items per page: 10 1 - 1 of 1  < < > >									
Additional Information									

Additional Information: View Additional Information hyperlink will redirect user to the Claim Additional Details page with following details:

- Additional Details
  - Payee HMSA ID
  - Payment Date
  - Payee Name
  - Claim ID
  - Servicing Provider
  - Member Name
  - Status
  - Patient Account Number
  - Member ID
- Additional Details Grid
  - Service Date
  - Service
  - Rev
  - CPT
  - Mod
  - Charge
  - Provider Adjustment
  - Eligible Charge
  - Payment
  - Cap
  - Message
  - Submit or View Inquiry or Payment Recovery for this Claim: This section Redirects to Claim Inquiry page and allows user to submit claim inquiry

Home > QUEST Integration > Claims > Summary > Details > Additional Detail

**Claim Additional Detail**

Payee HMSA ID  
0008675309

Payment Date  
02/09/2023

Payee Name  
ALANI KAIMI HEALTH CLINICS

Claim ID  
22000E000000

Serving Provider  
JEWEL CREW PA

QUEST INTEGRATION

Member Name  
MAXWELL, MADELINE

Status  
DENIED

Patient Account Number  
UH0001

Member ID  
0000239368

Sort by

Download as PDF

Service Date	Service	Rev	CPT	Mod	Charge	Provider Adjustment	Eligible Charge	Payment	Cap	Message
12/22/2022	OFFICE VISIT		99211	EP	\$80.96	(\$80.96)	\$0.00	\$0.00		
TOTAL CLAIM					\$80.96	(\$80.96)	\$0.00	\$0.00		

Items per page: 10
1 - 2 of 2
|< < > >|

[Respond or View Inquiry or Payment Recovery for this Claim](#)

## Blue Exchange: Claims

In the Blue Exchange Claims section of HHIN+, users can verify a member’s claim information for a member covered under the following plans:

- Most Out-of-State Blue Cross and Blue Shield plans
- Federal Employee Program

### Claim Search:

- On the homepage under Blue Exchange, click Claims.
- Enter the Member ID, Member’s Last and First Names, Birth Date, Service Dates, and National Provider ID.
- Click Submit.
- When a window appears notifying users that their “Requests may take up to 60 seconds to process. Please do not click submit button again.” Click OK.
- If the search is successful, member search results will appear on the Claims page.

[Home](#) > [Blue Exchange](#) > Claims

### Claims

Blue Exchange Availability on HHIN:  
Monday from 2:00 AM through Saturday to 7:00 PM, HST.  
Hours may vary during U.S. daylight savings time.

**Member Type**

☒ Subscriber
 ☐ Dependent

**Member ID:**

**Last Name:**

**First Name:**

**Birth Date**

**Gender:** ☒ Female ☐ Male

**From Date**

**To Date**

**National Provider ID**

Member Search results will populate the following fields:

- Subscriber ID
- Subscriber Name
- Dependent Name

Below columns are included on the Claims list:

- Select – Hyperlink will redirect to Claim Summary page
- Claim ID
- Patient Account Name
- Claim Service Period
- Total Claim Charge Amount
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available

[Home](#) > [Blue Exchange](#) > Claims

Claims						
Subscriber ID SWV090398002						
Subscriber Name HUDSON, BENNIE			Dependent Name HUDSON, BENNIE			

Sort by

	Claim ID	Patient Account Number	Claim Service Period	Total Claim Charge Amount	Claim Status Category Code	Claim Status Code
<a href="#">Select</a>	202303271026530	5421	3/3/2022 - 3/3/2022	\$104.76	E1	107

Items per page: 10
 1 - 1 of 1
 |< < > >|

Claim Summary page will populate the following fields:

- Subscriber ID
- Subscriber Name
- Dependent Name
- National Provider ID
- Provider Name
- Claim ID
- Bill Type
- Patient Account Number
- Claim Service Period
- Total Claim Charge Amount
- Claims Payment Amount
- Adjudication/Payment Date
- Check Number
- Check Date
- Status Information Effective Date
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available

Below columns are included on the Claim Line(s):

- Select – Hyperlink will redirect to Claim Line Summary page
- Line Item Control Number
- Service Date Period
- Charge Amount
- Provider Payment Amount

[Home](#) > [Blue Exchange](#) > [Claim](#) > Summary

Claim Summary

Subscriber ID

SWV090398002

Subscriber Name

HUDSON, BENNIE

Dependent Name

HUDSON, BENNIE

National Provider ID

1018008501

Provider Name

HOLMES, REN

Claim ID

202303271026530

Bill Type

Patient Account Number

5421

Claim Service Period

3/3/2022 - 3/3/2022

Total Claim Charge Amount

\$104.76

Claim Payment Amount

\$104.76

Adjudication/Payment Date

11/09/2022

Check Date

11/09/2022

Check Number

W001005001

Status Information Effective Date

03/23/2023

Claim Status Category Code

[F1](#)

Claim Status Code

[107](#)

Claim Line(s)

Sort by

Print this table

Line Item Control Number	Service Date Period	Charge Amount	Provider Payment Amount
<a href="#">Select</a>	3/3/2022 - 3/3/2022	\$104.76	\$104.76

Items per page: 10

1 - 1 of 1

[|<](#)
[<](#)
[>](#)
[>|](#)

Claim Line Summary page will populate the following fields:

- Subscriber ID
- Subscriber Name
- Dependent Name
- Line-Item Control Number
- Service Date Period
- Charge Amount
- Payment Amount
- Product/Service ID Qualifier
- Service Identification Code
- Revenue Code
- Service Modifier 1
- Service Modifier 2
- Service Modifier 3
- Service Modifier 4
- Units of Service
- Claim Status Category Code – Tooltip Available
- Claim Status Code – Tooltip Available



Home > Blue Exchange > Claim > Summary > ClaimLine	
<b>Claim Summary</b>	
Subscriber ID SWV090398002	
Subscriber Name HUDSON, BENNIE	Dependent Name HUDSON, BENNIE
<hr/>	
Line Item Control Number	Service Date Period 3/3/2022 - 3/3/2022
Charge Amount \$104.76	Payment Amount \$104.76
Product/Service ID Qualifier HC	Service Identification Code <a href="#">90637</a>
Revenue Code	
Service Modifier 1	Service Modifier 2
Service Modifier 3	Service Modifier 4
Units of Service 1	
Claim Status Category Code <a href="#">E1</a>	
Claim Status Code <a href="#">65</a>	

## Claim Inquiry Summary

In the Claim Inquiry Summary section of HHIN+, users can submit a Claim Inquiry (reprocess a claim or take back a claim payment). Providers can only submit Claim Inquiries for the following plans:

- Medicare Advantage
- Private Business
- QUEST Integration

Claims must have the following status for users to submit a Claim Inquiry:

- Paid
- Denied
- Reversed
- Adjusted

**Claim Inquiry Summary:** The Claim Inquiry page will have the following details:

- Claim Detail
- Claim Service Details Grid
- Claim Inquiry tab

**Claim Detail:** The Claim Detail section will have the following fields:

- Payee HMSA ID
- Payee Name
- Servicing Provider
- Member Name
- Patient Account Number
- Member ID
- Payment Date
- Claim ID
- Status
- Coverage Code

**Claim Service Details Grid:** The Claim Service Detail Grid will have the following fields:

- Service Dates
- Type of Service
- Service Codes
- Charge
- Provider Adjustment
- Eligible Charge
- Payment
- Subscriber Owes
- Message Codes

**Claim Inquiry:** The Claim Inquiry tab will have a dropdown with following options to submit new inquiry:

- Claim Inquiry
- Payment Recovery (Takeback)

[Home](#) > [Claim Inquiry Summary](#) > Claim Inquiry

Claims Inquiry

Payee HMSA ID

0000006565

Payee Name

RONNIE POTTER MD

Servicing Provider

RONNIE POTTER MD

Member Name

ARBUCKLE STARR

Patient Account Number

05A130

Member ID

R000621015418

Payment Date

02/15/2023

Claim ID

10159E00997764

Status

DENIED

Coverage Code

X-A

Download as PDF

Items per page: 10

1 - 2 of 2

<

>

Claim Inquiry

Have you reviewed the Message Codes on the claim?

Messages can be displayed by hovering your cursor over the Messages Codes.

Submit New:

SELECT

SELECT

Claim Inquiry

Payment Recovery (Takeback)

Service Dates	Type of Service	Service Codes	Charge	Provider Adjustment	Eligible Charge	Payment	Subscriber Owes	Message Codes
01/06/2023	NUTRITION TH	S9342	\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	
TOTAL CLAIM			\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	

Items per page: 10 1 - 2 of 2 |< < > >|

▼ Claim Inquiry

Have you reviewed the Message Codes on the claim ?  
Messages can be displayed by hovering your cursor over the Messages Codes.

Submit New: Claim Inquiry ▼

Inquiry Information

Contact First Name

JINNY-ROSE

Contact Last Name

HOLMES

Contact Phone Number

8089551234

Question

REASON FOR INQUIRY

Inquiry ID Reference (Optional)

Line #/Service Code (Optional)

☐ Line 1 - S9342

Reset

Submit

Service Dates	Type of Service	Service Codes	Charge	Provider Adjustment	Eligible Charge	Payment	Subscriber Owes	Message Codes
01/06/2023	NUTRITION TH	S9342	\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	
TOTAL CLAIM			\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	

Items per page: 10 1 - 2 of 2 |< < > >|

▼ Claim Inquiry

Have you reviewed the Message Codes on the claim ?  
Messages can be displayed by hovering your cursor over the Messages Codes.

Submit New: Payment Recovery (Takeback) ▼

Inquiry Information

Contact First Name

BRIANNA

Contact Last Name

HOUSER

Contact Phone Number

8089554321

Reason for the Recovery

RECOVERY DUE TO.....

Inquiry ID Reference (Optional)

Payment Recovery Method

Recovery Type

Select  
Auto-Deduct  
Recovery Letter

Select  
Coordination of Benefits  
Motor Vehicle Accident  
Third Party Liability  
Veterans Administration  
Workers Comp  
Other

Reset

Submit

## RTP (Report to Provider)

RTPs provide information specific to the member, service/item, eligible charges, payment made, denial reason, and other claim information.

In the RTP section of HHIN+, users can view their RTPs based on the following search criteria, then click Submit:

### Check Dates

- From Date
- To Date

### Optional Fields

- Payee HMSA Provider ID
- Plan Type
- Patient Account#

The screenshot shows the RTP search interface. At the top, a breadcrumb trail reads "Home > RTP > RTP". The main form is titled "RTP" and contains two sections. The first section, "Check Dates", has "From Date" set to "12/27/2022" and "To Date" set to "3/27/2023", each with a calendar icon. Below this is an "AND" separator. The second section, "Optional Fields", contains three input fields: "Payee HMSA Provider ID" with the value "0000006565 - RONNIE POTTER MD", "Plan Type" with a dropdown menu, and "Patient Account #". A blue arrow points to the "Plan Type" dropdown, which is open, showing options: "Blue Card", "Commercial", "FEP", "Medicare", and "QUEST". At the bottom right of the form are "Reset" and "Submit" buttons.

After clicking Submit, a list of the users RTPs will display with the following fields. Users can click the hyperlink in the Check Date to take them to that RTPs summary page:

- HMSA Provider ID
- Provider Name
- Provider Address
- Check Date – Hyper link will redirect to RTP Summary
- Type
- Check Amount
- PDF
- XML

When Plan Type Blue Card & FEP is selected, RTP Optional Fields for search Patient Account #, a message should appear indicating Patient Account # is not available for Blue Card or FEP search.

[Home](#) > [RTP](#) > RTP

RTP

Check Dates

From Date

1/28/2023

To Date

4/28/2023

AND

Optional Fields

Payee HMSA Provider ID

0000006565 - RONNIE POTTER MD

Plan Type

Blue Card FEP

Patient Account #

Patient Account # is not available for Blue Card or FEP search.

Reset

Submit

HMSA Provider ID

0000006565

Provider Name

RONNIE POTTER MD

Provider Address

8352 STEVIE LANE  
HONOLULU, HI 96817

Check Date	Type	Check Amount		
<a href="#">02/16/2023</a>	MCR	\$35,560.23		
<a href="#">02/15/2023</a>	PB	\$6,979.46		
<a href="#">02/15/2023</a>	QUEST	\$1,834.01		
<a href="#">02/15/2023</a>	FED HI	\$15,123.22		
<a href="#">02/09/2023</a>	MCR	\$150.00		
<a href="#">02/08/2023</a>	PB	\$92,220.66		
<a href="#">02/08/2023</a>	QUEST	\$5,123.28		
<a href="#">02/08/2023</a>	FED HI	\$1,522.00		
<a href="#">02/02/2023</a>	MCR	\$42,410.16		

RTP Summary will populate the following fields:

- HMSA Provider ID
- Total Approved Amount
- Provider Name
- Net Payment
- Provider Address
- Check Date
- The Total Amount Withheld For This Report Is (PTM providers)
- Status
- Charge
- Eligible Charge
- Payment
- Subscriber Owes

Claim grid will populate the following fields. Users click the hyperlink under Claim ID to take them to the RTP Claim Details page:

- Claim ID – Hyperlink will redirect to the RTP Claim Details page
- Status
- Member Information
- Charge
- Provider Adjustment
- Eligible Charge
- Payment
- Subscriber Owes

RTP summary allows user to print in PDF format.

- Provider Name and Demographic
- Total Payment Summary and Status
- Detailed Payments list by:
  - Claim ID
  - Patient #
  - Payment status to view the payment details

Home > RTP > Summary

### RTP Summary

HMSA Provider ID  
000000565

Provider Name  
RONNIE POTTER  
MD

Provider Address  
8352 STEVIE LANE  
HONOLULU, HI 96817

Check Date  
2/8/2023

Total Approved Payment: \$150.00

Net Payment: **\$150.00**

FUNDS TRANSMITTED ELECTRONICALLY

Status	Charge	Eligible Charge	Payment	Subscriber Owe
Approved	\$2,950.23	\$0.00	\$150.00	\$0.00
Adjusted	\$3,699.04	\$0.00	\$0.00	\$0.00
Denied	\$250.36	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$6,499.63</b>	<b>\$0.00</b>	<b>\$150.00</b>	<b>\$0.00</b>

Items per page: 10 1 - 6 of 6 |< < > >|

Sort by

Print this table

ClaimID	Status	Member Information	Charge	Provider Adjustment	Eligible Charge	Payment	Subscriber Owe
<a href="#">15005E0056789</a>	Approved	Patient Account # 07B380 HAYAK, PENELOPE R000065498732	\$1,000.48	\$0.00	\$0.00	\$0.00	\$0.00
<a href="#">15505E0098733</a>	Approved	Patient Account # 05A140 HAWN, RUSSELL R000032165478	\$894.63	\$0.00	\$0.00	\$0.00	\$0.00

RTP Claim Details will populate the following fields:

- Payee HMSA ID
- Payment Date
- Payee Name
- Claim ID
- Servicing Provider
- Status
- Member Name
- Coverage Code
- Patient Account Number
- Member ID

The Claim grid will populate the following fields. Users can select the hyperlink to submit and view inquiry or payment recovery for the specific claim selected:

- Service Dates
- Type of Service
- Service Codes
- Charge
- Provider Adjustment

- Eligible Charge
- Payment
- Subscriber Owes
- Message Codes

[Home](#) > [RTP](#) > [Summary](#) > Details

**RTP Claim Details**

Payee HMSA ID  
00006565

Payee Name  
RONNIE POTTER MD

Servicing Provider  
RONNIE POTTER MD

Member Name  
ARBUCKLE, STARR

Patient Account Number  
05A130

Member ID  
R000621015418

Payment Date  
02/15/2023

Claim ID  
10155E00997764

Status  
DENIED

Coverage Code  
X-A

Sort by Download as PDF

Service Dates	Type of Service	Service Codes	Charge	Provider Adjustment	Eligible Charge	Payment	Subscriber Owes	Message Codes
01/06/2023	NUTRITION TH	S9342	\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	
TOTAL CLAIM			\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	

Items per page: 10 1 - 2 of 2 |< < > >|

[Submit or View Inquiry or Payment Recovery for this Claim](#)

The Submit or View Inquiry or Payment Recovery hyperlink will take user to the Claims Inquiry, which will populate the following fields:

- Payee HMSA ID
- Payment Date
- Payee Name
- Claim ID
- Servicing Provider
- Status
- Member Name
- Coverage Code
- Patient Account Number
- Member ID

The Claim grid will populate the following fields:

- Service Dates
- Type of Service
- Service Codes
- Charge
- Provider Adjustment



- Eligible Charge
- Payment
- Subscriber Owes
- Message Codes

The Claim Inquiry will populate the following messages:

- Have you reviewed the Message Codes on the claim?
- Messages can be displayed by hovering the cursor over the Message Codes
- Submit New Select
  - Claim Inquiry
  - Payment Recovery (Takeback)

[Home](#) > [Claim Inquiry Summary](#) > Claim Inquiry

Claims Inquiry

Payee HMSA ID  
0000006565

Payee Name  
RONNIE POTTER MD

Sponsoring Provider  
RONNIE POTTER MD

Member Name  
ARBUCKLE, STARR

Patient Account Number  
05A130

Member ID  
R000621015418

Payment Date  
02/15/2023

Claim ID  
10155E00997764

Status  
DENIED

Coverage Code  
X-A

[Download as PDF](#)

Service Dates	Type of Service	Service Codes	Charge	Provider Adjustment	Eligible Charge	Payment	Subscriber Owes	Message Codes
01/06/2023	NUTRITION TH	59942	\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	
TOTAL CLAIM			\$1,500.00	(\$1,500.00)	\$0.00	\$0.00	\$0.00	

Items per page: 10
 1 - 2 of 2
 < > >>

▼ Claim Inquiry

Have you reviewed the Message Codes on the claim ?

Messages can be displayed by hovering your cursor over the Messages Codes.

Submit New:
 

SELECT

SELECT

Claim Inquiry

Payment Recovery (Takeback)

If Claim Inquiry is selected the Inquiry Information below will be populated. Users will click Submit to send their Inquiry:

- Contact First Name
- Inquiry ID Reference (Optional)
- Contact Last Name
- Contact Phone Number
- Question
- Line#/Service Code (Optional)

If Payment Recovery (Takeback) is selected the Inquiry Information below will be populated. Users will click Submit to send their Inquiry:

- Contact First Name
- Inquiry ID Reference (Optional)
- Contact Last Name
- Payment Recovery Method
- Contact Phone Number
- Recovery Type
- Reason for the Recovery

**Note:** *If needed, refer to screenshots in the Claim Inquiry section for reference.*

## Fee Schedule

In the Fee Schedule section of HHIN+, users can access HMSA approved fee charges for various service and plan types.

- Select Effective Year (Allows for past five years)
- Plan Type (Select one or more options)
  - PPO-HMO-Fed
  - QUEST Integration ABD and LTSS
  - QUEST Integration Non-ABD
- Service Type (Select one or more options)
  - Physician Services
  - DME
  - Injections
  - Vaccines
  - Outpatient Hospital (QUEST Integration, included in Physician Services)
  - CAM
- Click Submit

The screenshot shows a web form titled "Home > Fee Schedules". The form contains the following elements:

- Effective Year:** A dropdown menu currently set to "2023".
- Plan Type (Please select one or more options):** Three radio button options:
  - ☐ PPO-HMO-Fed
  - ☐ QUEST Integration ABD and LTSS
  - ☐ QUEST Integration Non-ABD
- Service Type (Please select one or more options):** Six radio button options:
  - ☒ Physician Services
  - ☐ DME
  - ☐ Injections
  - ☐ Vaccines
  - ☐ Outpatient Hospital (QUEST Integration, included in Physician Services)
  - ☐ CAM
- Buttons:** "Reset" and "Submit" buttons located at the bottom right of the form.

Search Results populates in grid with the following columns. Each Fee Schedule record will be populated in PDF and Excel formats:

- Fee Schedule
- Plan Type
- Effective Date
- Terminated Date

[Home](#) > Fee Schedules

Effective Year

2023

Plan Type (Please select one or more options)

☒ PPO-HMO-Fed

☐ QUEST Integration ABD and LTSS

☐ QUEST Integration Non-ABD

Service Type (Please select one or more options)

☒ Physician Services

☐ DME

☐ Injections

☐ Vaccines

☐ Outpatient Hospital (QUEST Integration, included in Physician Services)

☐ CAM

Reset

Submit

Sort by

Print this table

Fee Schedule	Plan Type	Effective Date	Terminated Date
Fee Schedule Filter	Plan Type Filter	Effective Date Filter	Terminated Date Filter
HMSA MAC Vision Jan 01 2012	PPO-HMO-Fed	01/01/2012	
HMSA MAC Physician Services Jan 01 2020	PPO-HMO-Fed,QUEST Integration and ABD-LTSS,QUEST Integration Non-ABD	01/01/2020	

Items per page: 10 1 - 5 of 5 |< < > >|

An abstract graphic consisting of several thin, white, parallel lines that originate from the bottom left and extend diagonally towards the top right corner of the page. The lines are slightly curved and vary in length, creating a sense of movement and depth against the solid blue background.

**OTHERS**

# 1099 Tax Form

In the 1099 section of HHIN+, users can browse, view, and print their 1099 forms by entering their Recipient Tax ID and selecting Search.

*Note: A separate user ID and password is required to access the 1099 information. Contact the HHIN Help Desk at 808-948-6446 for assistance regarding the user ID and password.*

[Home](#) > 1099

## 1099

Search

Recipient Tax ID

Search

After selecting Search, the grid will populate the following fields:

- Form Type
- Tax Year

## 1099

Search

Recipient Name  
PATRICIA STUART MD

Recipient Tax ID

Search

Sort by

Show 

5

 Entries

Print this table

Form Type	Tax Year
1099-Misc	2022
1099-Int	2021
1099-Misc	2021
1099-Misc	2020

Items per page 

4

 Showing 3 - 3 of 3 entries

In the Change Election section, users can do the following:

- Mail Next Year's Printed 1099 Form(s)
- Do Not Mail Next Year's Printed 1099 Form(s)

Change Election

☐ Mail Next Year's Printed 1099 Form(s)
   
☒ Do Not Mail Next Year's Printed 1099 Form(s)

Change Election

## PTM (Payment Transformation Monthly Payment Summary)

In the PTM section of HHIN+, users search PTM records by selecting report dates and payee provider ID. The PTM module gives users a detailed report of payment made to providers that they can download in PDF format.

In the below screen, enter the following and click Submit:

Report Dates:

- From Date
- To Date

Optional Fields

- Payee HMSA Provider ID

The screenshot shows a web application interface for the PTM (Payment Transformation Monthly Payment Summary) section. At the top left, there is a breadcrumb trail: "Home > PTM". The main content area is titled "PTM" and contains two sections. The first section, "Report Dates", has two date input fields: "From Date" with the value "12/21/2022" and "To Date" with the value "3/21/2023". Both fields have a calendar icon to their right. Below these fields is the word "AND". The second section, "Optional Fields", contains a dropdown menu labeled "Payee HMSA Provider ID" with the selected value "00M0012354 STUART, PATRICIA". At the bottom right of the form, there are two buttons: "Reset" and "Submit".



The PTM details are displayed as below.

HMSA Provider ID  
00M0012354

Report Date

09/15/2021

PDF

Items per page: 10
1 - 1 of 1
|< < > >|

Clicking the PDF icon will download the PDF version of the transaction details for that particular provider.

## PPO-HMO-Medicare Advantage: Preauthorization

In the PPO-HMO-Medicare Advantage Preauthorization section of HHIN+, users request/submit preauthorizations through one of the below vendors.

Users can also print Preauthorization details in PDF format.

- **iExchange (HMSA Medical):** Requesting for services that require benefit pre-certification for all HMSA plans and for QUEST Integration referral management.
  - SSO Login with HMSA User ID and Password.
- **RadMD/NIA Magellan:** Requesting for outpatient Advanced Imaging (MR, CT, PET, MPI), Cardiac Solutions, Interventional Pain Management, Musculoskeletal Surgery (Hip, Knee, Shoulder), and Physical Medicine (Physical and Occupational Therapy, Chiropractic) services.
  - Redirect to RadMD.Com: User needs to register with RadMD.com website.
- **Specialty Drug (CVS Novologix):** Requesting for a designated FDA-approved specialty drug. Select an NPI below and click Continue.
  - Redirects to HMSA CVS Novologix.
- **Avalon:** Requesting for Genetic Testing authorization effective June 1<sup>st</sup>, 2023

**Preauthorization**

Please select the preauthorization vendor from the list below:

[iExchange \(HMSA Medical\)](#)  
Requesting for services that require benefit pre-certification for all HMSA plans and for QUEST Integration referral management.

[RadMD/NIA Magellan](#)  
Requesting for outpatient Advanced Imaging (MR, CT, PET, MPI), Cardiac Solutions, Interventional Pain Management, Musculoskeletal Surgery (Hip, Knee, Shoulder) and Physical Medicine (Physical and Occupational Therapy, Chiropractic) services.

[Specialty Drug \(CVS Novologix\)](#)  
Requesting for a designated FDA approved specialty drug. Please select an NPI below and click Continue.

SELECT AN NPI:  [Continue](#)

[Avalon](#)  
Requesting for Genetic Testing authorizations, effective June 1st, 2023.

## QUEST Integration: Preauthorization

In the QUEST Integration Preauthorization section of HHIN+, users request/submit preauthorizations through one of the below vendors:

- **iExchange (HMSA Medical):** Requesting for services that require benefit pre-certification for all HMSA plans and for QUEST Integration referral management.
  - SSO Login with HMSA User ID and Password.
- **RadMD/NIA Magellan:** Requesting for outpatient Advanced Imaging (MR, CT, PET, MPI), Cardiac Solutions, Interventional Pain Management, Musculoskeletal Surgery (Hip, Knee, Shoulder), and Physical Medicine (Physical and Occupational Therapy, Chiropractic) services.
  - Redirect to RadMD.Com: User needs to register with RadMD.com website,
- **Specialty Drug (CVS Novologix):** Requesting for a designated FDA-approved specialty drug. Select an NPI below and click Continue.
  - Redirects to HMSA CVS Novologix.
- **Avalon:** Requesting for Genetic Testing authorization effective June 1<sup>st</sup>, 2023

**Preauthorization**

Please select the preauthorization vendor from the list below:

[iExchange \(HMSA Medical\)](#)  
Requesting for services that require benefit pre-certification for all HMSA plans and for QUEST Integration referral management.

[RadMD/NIA Magellan](#)  
Requesting for outpatient Advanced Imaging (MR, CT, PET, MPI), Cardiac Solutions, Interventional Pain Management, Musculoskeletal Surgery (Hip, Knee, Shoulder) and Physical Medicine (Physical and Occupational Therapy, Chiropractic) services.

[Specialty Drug \(CVS Novologix\)](#)  
Requesting for a designated FDA approved specialty drug. Please select an NPI below and click Continue.

SELECT AN NPI:  [Continue](#)

[Avalon](#)  
Requesting for Genetic Testing authorizations, effective June 1st, 2023.

# Blue Exchange: Pre-service Review (Out of area)

The Blue Exchange Pre-service Review of HHIN+ is a SSO out bound to availability.

Enter the following information:

- Alpha Prefix
- National Provider ID
- Click Search to find Provider's details

Upon searching, the grid displays the following details. Users need to select one radio button to proceed to view detail:

- Address
- Phone number

Upon selecting the provider record from the search results, click Submit. System should redirect to availability through SSO Login.

Pre-Service Review

Pre-Service Review for Out-of-Area Members

Please select the provider for which you would like to request pre-service review, enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

To access Out-of-Area Blue Policies, click [here](#).

Alpha Prefix

IVF

National Provider ID

1894561230 - STUART, PATRICIA

Provider Information

Sort by

Print this table

	Address	Phone Number
<input checked="" type="radio"/>	819 KONA ST SUITE 143 HONOLULU, HI 96450	(808) 567-8010

Items per page: 10

1 - 1 of 1

<

>

Reset

Submit

# QUEST Integration: Roster

In the QUEST Integration Roster section of HHIN+, users can view the list of QUEST Integration members assigned to their practice.

**Member Roster of a Provider:** Member Roster details populate the grid with the following columns, which users can then export to an Excel spreadsheet, PDF file, or Word document:

- Member Name
- Member Number
- Provider Prefix
- Gender
- Birth Date
- Provider Start Date

[Home](#) > [QUEST Integration](#) > [Roster](#) > Members

### Roster Members

The QUEST Member Roster should NOT be used to determine a member's eligibility. Please use the Eligibility function to determine a member's eligibility.

Provider Name: ARRAY PARK DO

Excel

Export All Members

Excel

Pdf

Word

Member Name	Member Number	Provider Prefix	Gender	Birth Date	Provider Start Date
APPLE, CRISP A	0001237896	0	F	07/21/1989	01/01/2019
PEARY, RUDY B	0004567891	0	M	01/26/1958	05/01/2017

Search Table

Search Table

Search Table

Items per page: 10

1 - 2 of 2

<

>

# QUEST Integration: View Referrals

In the QUEST Integration View Referrals section of HHIN+, users can search and view member Referrals.

Below are the search criteria:

- Criteria 1: Search by Member ID and Birth Date
- Criteria 2: Search by Member First and Last Name and Birth Date
- Select Service From and To Dates
- Click Submit to search Member Referrals

[Home](#) > [QUEST Integration](#) > View Referrals

### View Referrals

Member ID

001237896

OR

Member Last Name

APPLE

Member First Name

CRISP

AND

Member Birth Date

07/21/1989

Member Gender

☐ Female
 ☐ Male

Service From Date

3/22/2021

Service To Date

3/22/2023

Grid will be displayed after the successful search with the following details:

- Member Name – Hyperlink redirects to Referral Summary
- Member ID
- Gender
- City
- Plan End Date

Sort by					Print this table
Member Name	Member ID	Gender	City	Plan End Date	
Member Name Filter	Member ID Filter	Gender Filter	City Filter	Plan End Date Filter	
<a href="#">APPLE, CRISPA</a>	0001237896	FEMALE	HILO		
Items per page: 10 1 - 1 of 1  < < > >					
Please validate member's city before selecting Member Name to ensure correct eligibility.					

The Referral Summary will display with the following:

- Health Plan ID
- Member Name
- Member Birth Date

Grid will be displayed with all Referrals on file with the following details:

- Authorization ID
- Service Period
- PCP
- Referred To
- Status
- Service

# Travel Request

On HHIN+, you can find the Travel Request module as a tile on the main page or under the Others menu. Here, HMSA providers can submit travel requests for members who need transportation to receive medical services. Travel requests are viewable by HMSA travel coordinators as soon as they are submitted. Providers can also view the status of previously submitted requests and make edits or revisions as needed.

## Completing a Travel Request:

- Member Search
- Member Information
- Appointment Details
- Provider Information
- Reason(s) for Travel Request
- Comments
- Preview and submit

[Home](#) > Travel

Requests

Sort by

Print this table

[Submit New Request](#)

	Member ID	Member Name	Appointment Date/Time	Request ID	Last Status Change Date	Status	Submitted By
	ID Filter	Name Filter	Appointment	Request ID Fil	Last Status Ch	Status Filter	Submitted By
<a href="#">VIEW</a> <a href="#">EDIT</a> <a href="#">CANCEL</a>	R000041236906	MYER, OSCAR	03/31/2023 8:00 AM	396	03/21/2023 8:09 AM	SUBMITTED	hm14565
<a href="#">VIEW</a> <a href="#">EDIT</a> <a href="#">CANCEL</a>	R000074896333	SMITH, ROSALANI	03/31/2023 4:15 PM	395	03/15/2023 11:28 AM	SUBMITTED	pl47159

Items per page: 10
 1 - 10 of 68
 < > >> <<



# Commercial Member Travel

**Commercial Member Search:** Enter PPO/HMO Member details in the search fields below. Use Member Name **and** Date of Birth **or** Member ID **and** Date of Birth. Traveling member should have active enrollment with HMSA on the Date of Service.

[Home](#) > [Travel](#) > Request

### Member Search

Plan Type

PPO-HMO-Medicare Advantage

PPO-HMO-Medicare Advantage  
QUEST Integration

Member ID

R000074896333

OR

Member Last Name

SMITH

Member First Name

ROSALANI

AND

Member Birth Date

05/29/2010

Reset Submit

pendent Licensee of the Blue Cross Shield Association

Zyter is an independent company providing hosting and software services for

# Commercial Member Travel

**Member Search Results:** Select the member’s name that appears in the search results.

[Home](#) > [Travel](#) > Request

Member Search

Plan Type

PPO-HMO-Medicare Advantage

Member ID

OR

Member Last Name

SMITH

Member First Name

ROSALANI

AND

Member Birth Date

05/29/2010

Reset

Submit

Sort by

Print this table

Member Name	Member ID	Relationship	Gender	City	Plan End Date
Name Filter	ID Filter	Relationship Filter	Gender Filter	City Filter	Plan End Date Filter
<a href="#">SMITH, ROSALANI</a>	R000074896333	Dependent	Female	KAPOLEI	12/31/2099

Items per page: 10

1 - 1 of 1

<< < > >>

# Commercial Member Travel

**Member Information:** Member Name and Birth Date should auto populate from previous step. Enter the Member’s Phone Number and click Next.

Home > Travel > Request

SMITH, ROSALANI

Member Information

Birth Date

05/29/2010

Phone Number

Booking

☐ HMSA

☒ Member

Previous

Next

# Commercial Member Travel

**Appointment Details:** Fill in the Appointment Details with the mandatory information. PPO/HMO Appointment date should be set within one year. ICD10 code will automatically generate diagnosis description.

[Home](#) > [Travel](#) > Request

SMITH, ROSALANI

Appointment Details

<div>Specialist Name</div> <div>DOUG BROWN</div>	<div>Specialist Phone Number</div> <div>808-699-5874</div>
<div>Specialist Fax Number</div> <div></div>	<div>Appointment Address</div> <div>714 ALOHA LANE SUITE 896</div>
<div>Appointment Date</div> <div>04/01/2023</div>	<div>Appointment Time</div> <div>9 : 00 AM</div>
<div>Authorized Service From Date</div> <div>04/01/2023</div>	<div>Appointment Duration (Hours)</div> <div></div>
<div>Authorized Service To Date</div> <div>04/05/2023</div>	<div>Primary Diagnosis Code</div> <div>R03.0</div>
<div>Primary Diagnosis Description: ELEVATED BLOOD</div> <div>Comments</div> <div></div>	

\*Travel arrangements to all appointments on or after January 1st, 2021 will no longer be coordinated by HMSA. If the appointment is set up for a date in 2021 this travel request will be adjusted to indicate the Member as the booking party instead of HMSA. Eligible members will be responsible for booking their own travel and they can seek conditional reimbursement after the date of their appointment. If there are any questions, please call Travel at 948-5440 on Oahu or 1(844) 357-0726 toll-free on the Neighbor Islands, Monday - Friday, 8 a.m. to 4:30 p.m. HST

Previous

Next

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# Commercial Member Travel

**Provider Information:** Enter the ordering Provider ID. Once the 10-digit ID is entered, the Provider Name is populated from HMSAs database if the provider has active affiliation (contract). Enter current contact number for the provider and click Next.

[Home](#) > [Travel](#) > Request

SMITH, ROSALANI

Requesting Provider Information

HMSA Provider ID

00D0000582

Provider Name

SHERRY WINDY

Phone Number

808-888-7589

Fax Number

808-888-7588

Previous

Next

# Commercial Member Travel

**Reason(s) for Travel:** Select one or more reasons for the travel request and click Next. If “Other” is checked, provide a detailed description of the reason transportation is needed in the comment box.

**NOTE: Options for home island treatment should be explored first before sending member off island.**

[Home](#) > [Travel](#) > Request

SMITH, ROSALANI

Please check one or more of the following reasons for travel assistance
 

☒ No on-island HMSA participating provider who can render this care
   
☐ Limited access to an on-island participating provider (e.g., appointment too far out)
   
☐ Return flight home after a medical emergency
   
☐ Follow-up or Continuing care
   
☐ No access to Online/Tele-Medicine Services, Virtual Appointment
   
☐ Member does not have access to a personal vehicle or public transportation
   
☐ Other

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Next

# Commercial Member Travel

**Comments:** Enter additional comments and click Next.

[Home](#) > [Travel](#) > Request

SMITH, ROSALANI

Comments

Previous

Next

# Commercial Member Travel

**Preview and Submit:** Verify the details entered and submit the travel request.

[Home](#) > [Travel](#) > Request

SMITH, ROSALANI

Travel Request Summary

Member Information

Member ID	Member Birth Date	Booking
R000074896333	05/29/2010	Member
Member Phone Number	Attendant Name	Attendant Birth Date
808-944-5151		
Attendant Relation	Attendant Gender	Attendant Reason

Appointment Details

Specialist Name	Appointment Address	Authorized Service From Date
DOUG BROWN	714 ALOHA LANE SUITE 896	
Specialist Phone Number	Appointment Time	Authorized Service To Date
808-699-5874	9:00 AM	
Specialist Fax Number	Appointment Duration (Hours)	Appointment Date
		04/01/2023
Primary Diagnosis Code R03.0-ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN		
Comments <div></div>		

Requesting Provider Information

HMSA Provider ID	Provider Name
0000000582	SHERRY WINDY
Phone Number	Fax Number
808-888-7589	808-888-7588

Reason

☒ No on-island HMSA participating provider who can render this care

Comments

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Submit Request



# QUEST Integration Member Travel

**QUEST Integration Member Search:** Enter QUEST Member details in the search fields below. Use Member Name **and** Date of Birth **or** Member ID **and** Date of Birth. Traveling member should have active enrollment with HMSA on the Date of Service.

[Home](#) > [Travel](#) > Request

### Member Search

Plan Type

QUEST Integration

PPO-HMO-Medicare Advantage  
QUEST Integration

Member ID

0001235698

OR

Member Last Name

LEO

Member First Name

JOHN-RAY

AND

Member Birth Date

01/26/1981

Reset

Submit

# QUEST Integration Member Travel

**Member Search Results:** Select the member’s name that appears in the search results.

[Home](#) > [Travel](#) > Request

Member Search

Plan Type

QUEST Integration

Member ID

OR

Member Last Name

LEO

Member First Name

JOHN-RAY

AND

Member Birth Date

01/26/1981

Reset

Submit

Sort by

Print this table

Member Name	Member ID	Relationship	Gender	City	Plan End Date
Name Filter	ID Filter	Relationship Filter	Gender Filter	City Filter	Plan End Date Filter
<a href="#">LEO, JOHN RAY</a>	0001235698	Not Applicable	Male	HONOLULU	12/31/2099

Items per page: 10

1 - 1 of 1

<< < > >>

# QUEST Integration Member Travel

**Member Information:** Member Name and Birth Date should auto populate from previous step. Enter the Member's Phone Number and, if medically necessary, enter information for the member's attendant as well.

**NOTE: All attendant requests are subject to review and confirmation of medical necessity from the servicing provider.**

[Home](#) > [Travel](#) > Request

LEO, JOHN-RAY

Member Information

Birth Date

01/26/1981

Phone Number

8084567892

Attendant Name

LEO, MARLENE

Attendant Birth Date

05/05/1965

Attendant Relation

MOTHER

Attendant Reason

Medical Ness

Attendant Gender

Female

Male

Female

Booking

☐ HMSA

☒ Member

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# QUEST Integration Member Travel

**Appointment Details:** Fill in the Appointment Details with the mandatory information. Appointment should be a future date set within one year. ICD10 code will automatically generate diagnosis description.

[Home](#) > [Travel](#) > Request

LEO, JOHN-RAY

Appointment Details

Specialist Name

PATRICK MURAMOTO

Specialist Phone Number

808-632-5896

Specialist Fax Number

Appointment Address

7859 OCEAN AVE SUITE 1008

Appointment Date

04/24/2023

Appointment Time

10 : 00 AM

Authorized Service From Date

MM/DD/YYYY

Appointment Duration (Hours)

Authorized Service To Date

MM/DD/YYYY

Primary Diagnosis Code

C80.1

Primary Diagnosis Description

MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED

Comments

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# QUEST Integration Member Travel

**Provider Information:** Enter the ordering Provider ID. Once the 10-digit ID is entered, the Provider Name is populated from HMSA’s database if the provider has active affiliation (contract). Enter current contact number for the provider and click Next.

[Home](#)
>
[Travel](#)
> Request

LEO, JOHN-RAY

Requesting Provider Information

HMSA Provider ID

0002563179

Provider Name

PAUL JOHNSON

Phone Number

808-569-5963

Fax Number

808-569-5964

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# QUEST Integration Member Travel

**Transportation Services:** Enter details for all necessary travel. If a Service Type is checked, the rest of the fields for that service are required.

[Home](#) >
[Travel](#) > Request

LEO, JOHN-RAY

Services

Air Type

☐ One Way
☒ Round Trip

Air Departing From

Oahu

▼

Air Departing To

Kona

▼

Air Date

4/24/2023

📅

Air Comments

Home Island Ground Type

☐ One Way
☐ Round Trip

Home Island Ground From Destination

Home Island Ground To Destination

Home Island Ground Date

MM/DD/YYYY

📅

# QUEST Integration Member Travel


Ground Type

☐ One Way ☐ Round Trip

Ground From Destination


Ground To Destination

Ground Date


MM/DD/YYYY 

Ground Comments

Lodging From Date

MM/DD/YYYY 

Lodging To Date

MM/DD/YYYY 

Lodging Comments

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## QUEST Integration Member Travel

**Reason(s) for Travel:** Select one or more reasons for the travel request and click Next. If “Other” is checked, provide a detailed description of the reason transportation is needed in the comment box.

**NOTE: Options for home island treatment should be explored first before sending member off island.**

[Home](#) > [Travel](#) > Request

LEO, JOHN-RAY

Please check one or more of the following reasons for travel assistance
 

☒ No on-island HMSA participating provider who can render this care
   
☐ Limited access to an on-island participating provider (e.g., appointment too far out)
   
☐ Return flight home after a medical emergency
   
☐ Follow-up or Continuing care
   
☐ No access to Online/Tele-Medicine Services, Virtual Appointment
   
☐ Member does not have access to a personal vehicle or public transportation
   
☐ Other

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# QUEST Integration Member Travel

**Comments:** Enter additional comments and click Next.

[Home](#) > [Travel](#) > Request

LEO, JOHN-RAY

Comments

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# QUEST Integration Member Travel

**Preview and Submit:** Review and confirm all the details entered and click Submit to send the travel request to HMSA.

[Home](#) > [Travel](#) > Request

LEO, JOHN-RAY

Travel Request Summary

Member Information

Member ID	Member Birth Date	Booking
0001235698	01/26/1981	Member
Member Phone Number	Attendant Name	Attendant Birth Date
808-456-7892		
Attendant Relation	Attendant Gender	Attendant Reason

Appointment Details

Specialist Name	Appointment Address	Authorized Service From Date
PATRICK MURAMOTO	7859 OCEAN AVE SUITE 1008	
Specialist Phone Number	Appointment Time	Authorized Service To Date
808-632-5896	10:00 AM	
Specialist Fax Number	Appointment Duration (Hours)	Appointment Date
		04/24/2023
Primary Diagnosis Code		
C80.1-MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED		
Comments		
<div></div>		

Requesting Provider Information

HMSA Provider ID	Provider Name
0002563179	PAUL JOHNSON
Phone Number	Fax Number
808-569-5963	808-569-5964

# QUEST Integration Member Travel

Reason

☒ No on-island HMSA participating provider who can render this care

Services

Air Type

Round Trip

Air Departing From

Oahu

Air Departing To

Kona

Air Date

04/24/2023

Air Comments

Home Island Ground Type

Home Island Ground From Dest

Home Island Ground To Dest

Home Island Ground Date

Ground Type

Ground From Destination

Ground To Destination

Ground Date

Ground Comments

Lodging From Date

Lodging To Date

Lodging Comments

Comments

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Submit Request