HNS Policies
Claim Status / Payment Inquiries

As a clinically integrated network (CIN), HNS' objectives are to 1) improve access to care, 2) improve quality of care and treatment outcomes, and 3) ensure care is delivered in the most cost-efficient manner.

As a reminder, HNS *is not a billing company* and is not responsible for a provider's accounts receivable. However, HNS Service Representatives are here, in part, to assist providers in resolving claim adjudication issues for claims submitted to HNS, but we ask that the following policies and procedures consistently be followed when assistance is needed regarding claims or payment status.

1. Prior to requesting claim status:

a. Ensure the provider is a contracted HNS Provider.

b. Ensure the claim is intended for a healthcare plan contracted with HNS. (A list of HNS contracted payors can be found on the HNS website (www.HealthNetworkSolutions.net), under both the Services/Solutions and CA Help Desk tabs.

c. Ensure the claim was submitted to, and accepted by HNS or, as applicable Office Ally.

   For Claims Submitted via HNSConnect:
   If the office submits claims via HNSConnect, log in to the HNS Secure Portal from the public HNS Website, click on the "Search" tab, and determine whether the claim was submitted to HNS. If the claim is not found, the claim was not submitted to HNS. If the claim is not found, to avoid timely filing requirements, please promptly submit it, but *please do not request claim status unless you have determined that HNS actually received the claim.*

   Also, ensure the claim was "accepted" by HNSConnect. Please ensure the claim is not in "error" status, as claims in error status on HNSConnect cannot be transmitted to the payors until the issue is resolved and the claim is "accepted" by HNSConnect. If you need assistance in resolving the "error", please contact your HNS Service Representative, but *please do not request claim status for claims in error status on HNSConnect, as HNS has not yet received those claims.*

   For Claims Submitted via Office Ally:
   If the office files through Office Ally, log in to your Office Ally account and determine if the claim was successfully accepted when you submitted it, and confirm the claim was sent to Office Ally with the *correct HNS Payor IDs*. If the claim is not found or was not submitted with the appropriate HNS Payor ID, that means it was never submitted to HNS.

d. Ensure all HNS Remittances have been posted to patient accounts.

2. **Ensure all error and/or claim rejection reports sent by HNS are handled promptly.** If HNS or a contracted payor rejects a claim, HNS sends an error report to alert the provider the claim was not sent to the payor. These reports include the reason the claim was not submitted to the payor, and requests that the claim be corrected and resubmitted to HNS. *Please respond promptly to these reports and please do not request claim status for claims which have not been submitted to the payor.*

3. **When requesting claim status, always provide ALL of the following information for each patient:**

    - Name of provider
    - Patient name (first name, MI and last name)
    - Patient DOB
    - Subscriber ID#
    - Dates of service
    - Any relevant information regarding the status of the claim. (For example, if the claim was denied, provide the reason for the denial shown on the EOB.)

Billing Companies:

If your practice utilizes a billing company to assist with A/R management, HNS can only communicate with representatives of the entity if 1) the billing company has been approved by HNS, 2) the provider has given HNS authorization to communicate with billing company representatives regarding his/her accounts receivable, and 3) HNS has received a copy of the executed Business Associate Agreement (BAA) between the billing company and the provider.

Providers who desire that HNS work with their billing company representatives are expected to do the following:

- Ensure the billing company is provided and complies with the above requirements.

- Ensure the billing company has the name and email address of your HNS Service Representative.

- Ensure a billing company representative has access to your HNSConnect (or Office Ally) account, so he/she may check to ensure claims in question were submitted to HNS, and also to ensure claims in question are not in “error” status on HNSConnect.

- If your billing company is responsible for posting HNS Remittances, ensure all EOBs are posted within 15 days of receipt (as required by HNS Policies).

- If your billing company is not responsible for posting HNS Remittances, promptly notify the entity after you have posted your HNS remittances, so they may run an updated aging report in order to accurately identify claims that may need follow-up.

- If your billing company is responsible for the submission of claims to HNS, direct all HNS error and claim rejection reports to the entity so that revised claims can be resubmitted.

- Please advise your billing company that claims/payment inquiries must be emailed to HNS (no faxes or voice mail messages, please.)

- Please advise your billing company that relative to a claim/payment inquiry submitted to HNS, each inquiry must be limited to five (5) patients.