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# HNSConnect

## User Manual



## SECTION I: Getting started

### 1.1 About HNSConnect

When you became a HNS provider, you signed and dated an EDI agreement that permitted you to submit claims to HNS electronically through HNSConnect. The HNSConnect system processes CMS 1500 print image files and 837 professional (837p) file formats only. Your practice management software must be able to create either one of these types of file formats in order to submit claim files through HNSConnect. If your practice management software is unable to create one of these files, you may file your claims manually on the HNSConnect system. This method is tedious and was not designed for bulk filing of claims but rather to submit an occasional claim if needed.

Electronic claims file format is dictated by Electronic Data Interchange (EDI) and Health Insurance Portability and Accountability Act (HIPAA) regulations. Most practice management software systems do not support these regulations; however, HNSConnect is designed to convert your software CMS forms to meet these regulations. The test files confirm that your system and HNSConnect are able to accomplish this task.

Before you get started submitting claim files through HNSConnect, HNS recommends that you do the following:

1. Test your billing software (practice management software) by printing out a paper claim and ensure that all data is properly located in each field. If your paper claim data is not correct, most likely your electronic claim data will not be correct.
2. Make sure your patient information has been completed without using punctuation such as:
  - hyphens (in last names and in CPT codes with modifiers)
  - slashes or dashes in dates (date of birth, date of onset, date of service, etc...)
  - periods (D.C., Jr., St., etc...)
3. Make sure your billing software has a current listing of CPT and ICD-9 codes.
4. Make sure your computer system has a current version of security software and anti-virus software.
5. Valid file formats and field formats are checked during the testing phase. If your file or field formats change after your files have been tested, notify HNS. This format change can cause problems with the processing of your claims and can be updated by HNS for proper processing.



## 1.2 Software minimum requirements

HNS has developed a web based application to allow you to submit the claims from a number of web browsers. The following is a list of HNSConnect compatible browsers:

- Microsoft Internet Explorer (IE) version 7.0 or later
- Mozilla Firefox version 6.8 or later
- Google Chrome

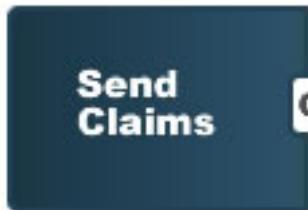
## 1.3 Log in to the web site

The following instructions allow you to access the HNSConnect system:

1. Go to the HNS web site at the following web address:

<http://www.healthnetworksolutions.net/>

2. Click on the blue “**Send Claims**” button.



3. Log on to the web site by entering your unique username and password. If you have not received your username and password, please contact your HNSConnect Rep or your HNS Provider Rep.

**Please Note: your username and password are case sensitive**



## 1.4 Menu Bar Options

The menu options can be accessed from all of the web pages.

- **Send Claims:** This option allows the user to upload a claim file created by your practice management software.
- **Check Status:** This option allows you to check the status of the claim files that you have submitted in the past 90 days. If there are errors on the claims, you will correct them from this link.
- **Search Claims:** This option allows the user to search and retrieve information about previously submitted claims.
- **New Claim:** This option allows the user to enter new claims online one at a time. While most users do not need this link; it is available for emergency claim submission or if the office does not have a practice management software.





## 1.5 Creating a Test file

HNS would like to make your testing setup as smooth as possible. Please note the checklist below contains the various fields that HNS needs in order to properly setup a custom file for your office. HNS will be using this same checklist to evaluate your test file when it is submitted.

Please have the following information ready when your HNSConnect Representative calls to assist your office with submitting a test file. If you are submitting a test file without the assistance of your HNSConnect Representative, please follow the checklist below:

\_\_\_\_\_ My test file contains at least 5 claims containing the following HNS insurance carriers: (Please let us know if you do not have claims for any of the following carriers.)

\_\_\_\_\_ CIGNA

\_\_\_\_\_ MEDCOST

\_\_\_\_\_ PRIMARY PHYSICIANS CARE

\_\_\_\_\_ BCBSNC (For North Carolina Providers only)

\_\_\_\_\_ SELECT HEALTH OF SOUTH CAROLINA (For South Carolina Providers only)

\_\_\_\_\_ At least one of my claims is for a patient with a relationship of "Self."

\_\_\_\_\_ At least one of my claims is for a patient with a relationship of "Spouse" or "Child."

\_\_\_\_\_ At least one of my claims is for a male patient.

\_\_\_\_\_ At least one of my claims is for a female patient.

\_\_\_\_\_ At least one of my claims has four diagnoses.

\_\_\_\_\_ At least one of my claims has a CPT code with a modifier.

\_\_\_\_\_ My MedCost claim(s) has information required in box 11, 11b, and 11c.

\_\_\_\_\_ At least one of my claims has a date of onset in box 14.

\_\_\_\_\_ At least one of my claims has more than three service lines.

(Recommended but not required) \_\_\_\_\_ I have included a primary claim where the patient's secondary claim information has been completed in boxes 9 – 9d.

**NOTE:** Please contact your HNSConnect Representative or your software company if you need assistance in preparing your test file and/or updating your patient files in your software. We are here to help!

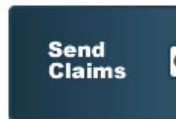
## SECTION II: Transmitting Claims

### 2.1 Send a New Claim File

Only create batch files for the insurance companies with whom you participate through Health Network Solutions, Inc. Your HNSConnect Rep will assist your office in setting up custom filters in your practice management software in order to create batch files for HNS payors.

When you are ready to submit your claims you will follow these steps:

1. Go to [www.healthnetworksolutions.net](http://www.healthnetworksolutions.net)
2. Click on the blue **“Send Claims”** button



3. Enter your username and password
4. Click on **“Send Claims”** from the main menu bar



5. Click the **“Browse”** button to locate the claim file you wish to upload

Click the "Browse" button below to locate the claim file you wish to upload.  
Then click on the desired file and it will appear in the green box.

You are now ready to submit your file for processing.  
The time it takes to submit the file will vary depending on the size  
of the claim file and the speed of your internet connection.



6. Click on the claim file and click the “Open” button.
7. Click the “**Submit Claim File For Processing**” button. The time this will take varies depending on the size of the claim file and the speed of your Internet connection.

**Submit Claim File For Processing**

**Keep the Internet window open until the confirmation page appears. If you close the window, you will lose the connection with HNSConnect and the file will not be uploaded.**

## 2.3 Claim File Confirmation

Once the claim file is uploaded successfully and received by the HNSConnect system, a “Confirmation” web page is displayed. It is recommended that you print this page for your record of claim file submitted.

**Please allow 24 hours before checking the claim file status.**

After you have successfully uploaded a claim file, you can start over and send another claim file or check the claim file status page to see **previous** claim files for errors. You may also search claims, or enter individual claims. Please use your Menu Bar to navigate through the web site.

**Your File was Successfully Transmitted**

Your Claim File [052306\_01.txt] was successfully uploaded  
at [2009-06-16 08:18:39.0] with ID [Bat00616200955942876]

**Important!**

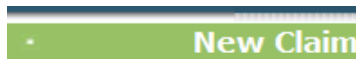
**Claims with errors will be rejected. Check "Claim Status" after  
24 hours to view and correct any rejected claims**

[Send New Claim File](#)

## 2.4 New Claims

This option is typically used when a practice does not use a Practice Management Software. This menu option allows the user to create a new claim using a blank CMS 1500 “like” claim form and process through the HNSConnect system.

1. Click on “**New Claim**” from the menu bar to get to the New Claim page.



2. Complete all required fields based on the insurance plan of the patient.
3. Click the “**Submit**” button

### New Claim

**Submit Claim**
**Cancel**

Date Formats Should be mm/dd/yyyy

Carrier Name :

1. Select Insurance Program : <input type="text" value="OTHER"/>		1a. Insured's ID Number : <input type="text"/>	
2. Patient's Name (Last, First, MI) : <input type="text"/>	3. Patient Birth Date : <input type="text"/>	Sex : <input type="text" value="U"/>	4. Insured's Name (Last, First, MI) : <input type="text"/>
5. Patient's Address (Number, Street) : <input type="text"/>		6. Patient's Relationship to Insured : <input type="text" value="Self"/>	
City : <input type="text"/>	State : <input type="text" value="Select"/>	8. Patient Status : Marital : <input type="text" value="Single"/>	7. Insured's Address (Number, Street) : <input type="text"/>
Zip Code : <input type="text"/>	Telephone (Include Area Code) : <input type="text"/>	Employment : <input type="text" value="No"/> Student : <input type="text" value="Select"/>	City : <input type="text"/> State : <input type="text" value="Select"/>
Zip Code : <input type="text"/>		Telephone (Include Area Code) : <input type="text"/>	

4. Print out confirmation page

**Claim Submitted**

**A Claim [ Clm00616200916728270 ] was successfully created**

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**Batch ID : Bat00616200953288239 was created successfully on 06/16/2009 09:03:35**

## 2.5 Check Status

24 hours after your claims have been submitted to HNS, you will be able to review the batch file and check the claims for errors. You will be able to correct your claims on the HNSConnect system and resubmit to HNS.



- On this page, you will find a list of the claim files submitted to HNS during the last 10, 30, 60, or 90 days (depending on what you choose in the drop down menu box). There will be no claim file entries on this page if this is the first time you are accessing the system.

Show the Claim Files submitted in the last  days

10
30
60
90

## 2.6 Claim File Status

All batches will have a status assigned to them. The first stage of processing may show the batch with a “Received” status. Once the file has processed, the status will change to either “Processed” or “Error.” If the “Error” status occurs for the batch, the claims with errors can be corrected and resubmitted. If all claims are error free and have been processed correctly, you will see the file status becomes “Processed.”

### Claim Status Key

- ✔ Processed ( Claims were successfully processed )
- ✘ Error ( Please Correct Errors on Claim )
- Received ( Processing File, please wait )

- If the file has a yellow dot and says “Queued” or “Received,” then your most recent file is being transmitted to the HNSConnect system and has not completed the error checking phase.
- If a file has a Red X and says “Error” then there are errors with that file. Please click on the Batch ID to see errors
- If a file has a Green check and says “Processed”, then your claims have been successfully corrected and transmitted to HNS and will soon be transmitted to the payor.

# SECTION III: Correcting Claims

## 3.1 Claims with Errors

When you check the status of your claims, you may find you have claims with errors. These claims with errors must be corrected in order to be transmitted to the insurance companies. The following steps show how to correct your claims with errors:

1. Click on the “**Check Status**” link in the green menu bar.



2. Click on a Batch ID number (Bat...) to display all the claims submitted in the batch and to correct any claims with errors.

File details						
Batch ID	Summary	Date Received	File Status	Correct	Errors	Total
<a href="#">Bat00616200953288239</a>		2009-06-16 09:11:37	 Error	0	1	1

When you click on a batch ID that contains claims with errors, you will see three tables. The first table, *File Summary* will confirm the details of the batch including the Status, the Total Number of Claims submitted, the Total Number of Correct Claims, and the total Number of Error Claims.

File Summary			
<b>File ID :</b>	Bat00616200953288239	<b>Status :</b>	Error
<b>Date Sent :</b>	2009-06-16 09:11:37	<b>Total Number of Claims :</b>	1
<b>Practice Name :</b>		<b>Number of Correct Claims :</b>	0
<b>Total Batch Amount :</b>	\$ 0	<b>Number of Error Claims :</b>	1

The second table is the *Claim with Errors* table.

Claim with Errors				
Patient Name	DOS	Payer	Claim Total	
Doe, Jane	06/16/2009	medcost	\$ 45	<a href="#">Correct this claim</a>

And lastly, the third table, *Patients in Current File* shows a complete listing of all the claims that were submitted in the batch.

Patients in Current File						
EDI Claim ID	DOS	Payer	Patient Account	Insured Name	Patient Name	Total
Clm00616200916728270	2009-06-16	medcost	doe1234	Doe, Jane	Doe, Jane	\$ 45

To correct claims, follow these simple steps:

3. Click on **“Correct this claim”** to correct the claim.

[Correct this claim](#)

4. The Error(s) will appear in red text at the top of the CMS screen. The Error Description, explaining the error in more detail, will appear to the right of the error in red.

Error	Error Description
<u>Billing Provider's Tax ID</u>	Invalid Billing Provider TaxID
<u>Physician Name</u>	Unsupported Rendering Provider

5. Click on a **RED** error in the list. The cursor will automatically jump and highlight the field/box that needs correction.
6. Correct the error.
7. After the error has been corrected, scroll back up to the error list to correct additional errors.



8. When all errors are corrected, scroll to the bottom or top of CMS screen and click **“Submit Claim.”**

Please note: You have the option to **“Submit Claim,” “Cancel,”** or **“Delete Claim.”** To re-submit the claim to HNS, click on **“Submit Claim.”** If you are unable to correct the claim because you need to do more research on the claim, you can click **“Cancel”** and come back at another time to correct the claim. If you choose to resubmit the claim at a later time, click the **“Delete Claim”** button to delete the claim.



**Note:** In order to prevent the same errors from occurring again on future claims, please correct the error in your Practice Management Software as well as on HNSConnect.

### Duplicate Claim Edit Checklist (Based on the CMS 1500 claim form)

Box Number	Box Description	Box Number	Box Description
Address	Carrier Name & Address	Box 20	Outside Lab
Box 1a	Insured ID Number	Box 21	Diagnosis or Nature of Illness or Injury
Box 2	Patient Name (Last, First & MI)	Box 22	Medicaid Resubmission Code
Box 3	Patient Date of Birth & Sex	Box 23	Prior Authorization Number
Box 4	Insured Name (Last, First & MI)	Box 24A	Date of Service
Box 5	Patient Address (street, city, state, zip)	Box 24B	Place of Service
Box 6	Patient Relationship to Insured	Box 24D	Procedure/Services (and modifiers)
Box 7	Insured Address (street, city, state, zip)	Box 24E	Diagnosis Pointers
Box 10a-c	Patient Condition (including Place)	Box 24F	Charges
Box 11	Insured Policy Group or FECA Number	Box 24G	Days or Units
Box 11a	Insured Date of Birth	Box 25	Federal Tax ID Number
Box 11b	Employer Name or School Name	Box 27	Accept Assignment
Box 11c	Insurance Plan or Program Name	Box 28	Total Charge
Box 14	Date of Current	Box 30	Balance Due
Box 17	Referring Provider (including a & b)	Box 31	Signature of Physician (and Date)

# SECTION IV: Claim Search

## 4.1 Search Claims

This option allows users to search for claims that have been processed.





1. Click on the “**Search Claims**” button on the Menu bar



2. The following fields can be used in any combination to search for claims. To enter dates, please use the calendar to the right of the field for the correct format.

- a. **Provider**
- b. **Patient First Name**
- c. **Patient Last Name**
- d. **Patient Date of Birth**
- e. **Batch ID Number**
- f. **Claim ID**
- g. **Insured Last Name**
- h. **Insured First Name**
- i. **Date of Service**
- j. **Date Submitted**

2. Click the “Search” button to execute the search.

<b>Provider</b>	All 
<b>Patient First Name</b>	<input type="text"/>
<b>Patient Last Name</b>	<input type="text"/>
<b>Patient Date of Birth</b>	<input type="text"/> 
<b>Batch ID Number</b>	<input type="text"/>
<b>Claim ID</b>	<input type="text"/>
<b>Insured Last Name</b>	<input type="text"/>
<b>Insured First Name</b>	<input type="text"/>
<b>Date of Service</b>	<input type="text"/> 
<b>Date Submitted</b>	<input type="text"/> 
<b>Search</b>	

## 4.2 Claims Search Results

This section displays the claims that were found with the search criteria you entered from the “Search Claims” screen.

1. Click on the Claim ID (Clm0033...) to display detailed information about the claim. This page is similar to a CMS 1500 claim form. No information can be changed, but you can confirm what was submitted on the claim and that it has been received by HNS.

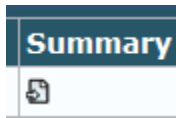
[ Patient First Name : Doe]

Matching Claims					
Claim ID	Batch ID	Date of Service	Insured Name	Patient Name	Date Submitted
<a href="#">Clm00330200958431707</a>	Bat00330200984404603	2009-03-30	Doe, Jane	Doe, Jane	2009-03-30 14:34:19
<a href="#">Clm00616200916728270</a>	Bat00616200953288239	2009-06-16	Doe, Jane	Doe, Jane	2009-06-16 09:11:37

## SECTION V: HNSConnect Extras

### 5.1 Batch Summary

HNSConnect has an extra batch *Summary* screen. As noted previously, clicking on the Batch ID number will take you to the *File Summary*. There is also another batch *Summary* table available from the “Check Status” screen. Click on the icon (picture) under the *Summary* column to view a breakdown of claims per payor.



Once you click on the icon, the summary screen will appear with the following information:

- Total Number of Claims
- Total Number of Correct Claims
- Total Number Error Claims
- Total Batch Amount

The second table breaks down the total dollar amount submitted for each HNS Insurance Company. This summary page is helpful to compare to your own practice management software reports to make sure that all HNS claims have been submitted properly.

Processed Claim File Details			
<b>Batch ID :</b>	Bat00616200953288239	<b>Status :</b>	Error
<b>Date Sent :</b>	2009-06-16 09:11:37	<b>Total Number of Claims :</b>	1
<b>Practice Name :</b>		<b>Number of Correct Claims :</b>	0
<b>Total Batch Amount :</b>	\$ 45	<b>Number of Error Claims :</b>	1

Insurance Analysis		
Insurance Group	Total Claims	Total Amount Submitted
medcost	1	\$ 45



## 5.2 Log-off

In order to be HIPAA compliant, always exit the program by clicking on the “**Logout**” link or close the browser window when you are done using the HNSConnect System. The system will automatically log you off when it has been idle for more than 20 minutes.



<b>DO'S</b>	<b>DON'TS</b>
<p><b>Check your batches daily</b></p> <p><b>Use only numeric in Box 14 (Date of Current)</b></p> <p><b>Format billing charges correctly (ex: 25.00 or 25 00)</b></p> <p><b>Contact us if you change billing software</b></p>	<p><b>Use punctuation in names and addresses</b></p> <p><b>Use “same” as a patient or insured name</b></p> <p><b>Use punctuation in Box 24G (Days/Units)</b></p> <p><b>Do not send more than 6 service lines per claim.</b></p> <p><b>Use “extra” punctuation (that is not in your software)</b></p>