



HMSA to Use New Dental Claims Administrator Beginning September 1, 2012

Beginning September 1, 2012, HMSA will transition to a new dental claims administrator to provide you with best-in-class systems and efficient claims processing. **Please continue to send all paper claims to the address below:**

Hawaii Medical Service Association
PO Box 1187
Elk Grove Village, IL 60009-1187

Electronic claims should continue to be submitted to Tesia:

Tesia Customer Service (800) 724-7240 Email info@tesia.com
Tesia Fax (888) 255-0876

The local customer service team you have relied on over the years will continue to be there to support you should you experience any claim-related issues.

HMSA Dental Customer Service Numbers

1-808-948-6440 (Oahu)
1-800-792-4672 (toll free)

New Dental Provider Agreement

By now you should have received your new dental provider contract package in the mail, along with information pertaining to your new agreement, including the HMSA Dental Manual and CDT Procedure Guide (CD). The initial contracting packet with the Dental Network Participation Agreement was mailed to you in April. Thank you to all that have already signed and returned their agreements.

If you have not signed and returned your agreement, please do so as soon as possible to avoid disruption of your participation status in our dental network. If you need an additional copy of the new Dental Network Participation Agreement, please call your Dental Network Manager.

Kathy Oide (808) 538-8951 Robin Williams (808) 538-8952

Claims Processing During the Transition

As part of the transition, there will be a brief period of time during which new claims processing will be slightly delayed. The majority of these claims will be processed within days of the September 1 transition. HMSA and the claims administrator will be diligent in monitoring claims to ensure the timeliest processing possible.

New Internet Tools

Beginning September 4, through a link on the BSHI website at <http://bshi.net/dental/providers/>, you'll be able to get up-to-the-minute access to member information and have access to Speed eClaim, Electronic Funds Transfer and more all on one convenient site – www.MyDentalCoverage.com.

My Patients' Benefits

My Patients' Benefits provides you with secure, immediate access to the following information:

Eligibility: Provides membership information, including effective dates, types of plans and cancellation dates.

Benefits: Gives detailed information on a patient's benefits and limitations.

Claim Status: Determines if a claim is still in process or has finalized. If the claim has finalized, the check number, amount, date and payee will be displayed. You can determine what maximums, deductibles or coinsurances have been applied. If a claim is rejected, a rejection description is provided.

Maximum/Deductible: Gives maximum and deductible calculations and thresholds applicable to the patient.

Service Detail and History: Lets you view specific services that are on record for a particular patient and the dates they were last provided.

Allowance/Co-payment Information: Provides access to the Maximum Allowable Charge (MAC) Schedules and any co-payment responsibility amount, if applicable to the patient.

Procedure Code Information: Access to procedure code descriptions, valid place of service, tooth-related information, X-ray requirements and appropriate benefit categories for coverage.

Orthodontic Information: Provides orthodontic treatment information for each patient, including banding date, allowed charge, orthodontic lifetime maximum or deductibles and future scheduled payments with amounts.

Provider Check Information

This feature gives summaries of reimbursements, details of each check and information on associated claims for a selected date range.

Speed eClaim

Participating and non-participating dentists can submit claims online using Speed eClaim®. This real-time processing feature provides you with immediate processing results. You also can run daily reports summarizing your practice's activities, including the number of claims submitted, finalized and/or pending.

Electronic Funds Transfer

With electronic funds transfer (EFT), payments are transferred directly to a selected bank account which is created and managed by you. You can also view an explanation of benefits and manage your banking information.

Claims Payment Frequency

Claims payments will be made weekly, with checks processed on Thursdays and mailed on Fridays. Avoid waiting for your checks by enrolling in electronic funds transfer. Your payments will be sent directly to the bank account of your choice.

Hawaii State General Excise Tax Information

As part of new dental administrator transition, beginning in September there will be a change in the payment approach for General Excise Tax for the FED87 program. These payments will now be made on a monthly schedule in one convenient check to the provider of service by TIN. As an added service, the payment will include a statement showing the amount of tax paid for each patient, based on the allowable amount for covered services by date of service. In the future, you'll also be able to view these new statements online through the new provider portal.

If you currently calculate and submit tax for payment, you'll see a message on the Explanation of Benefits advising you of the new monthly payment process. If you currently do not submit tax for payment, it will automatically be calculated and sent to you monthly.

