

**7/21/2020**

## **Options For Submitting Claims Electronically**

Dear Provider,

This correspondence is to inform you of options for submitting claims electronically. Currently Health Plan of San Mateo offers two different options for electronic claims submission.

While there are some situations for which a paper claim is required, HPSM encourages electronic submission. **The benefits of electronic claims submission include the reduction of data entry errors, expedited claims turnaround time, and immediate confirmation of receipt.**

Please see the below list of required paper claims and the options for electronic claims.

### **Electronic Claims Options**

#### Clearinghouses

Through proprietary software or through integration of your current claims software clearinghouses gather all needed information and sends them to HPSM electronically through the use of a 837 file. HPSM currently partners with two different clearinghouses, Office Ally (Payer ID: HPSM1) and Change Healthcare (Payer ID: SX174 for 837 professional & 12X74 for 837 Institutional).

**To get set up with a clearinghouse please contact the Provider Services department at (650) 616-2106 or [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).**

#### eHEALTHsuite

Through HPSM's provider portal, providers can manually enter claims directly into HPSM's claim system using eHEALTHsuite. This option is currently only available for the CMS 1500 claim form.

To get set up in eHEALTHsuite visit the HPSM Provider Portal at [hpsm.org/provider/portal](http://hpsm.org/provider/portal) and click on "New User Registration."

## Paper Claims

The following are examples of paper claims that will still be accepted.

- Claims requiring attachments including By Report and unlisted codes
- LTC (25-1 Form)
- Medicare crossover claims or claims that require primary insurance information for coordination of benefit.
- Reminder: Most claims processed by Medicare FFS will automatically cross over to HPSM electronically through the coordination of benefit agreement (COBA). Please allow three weeks from the Medicare EOB date before submitting a claim directly to HPSM for secondary payment. Pricing modifier i.e. Mod. 59, X modifiers, Mod. 22
- DME/Medical Supplies requiring MSRP and/or invoice for pricing
- Claims requiring consent Forms for sterilization and hysterectomy
- If you have additional questions about any situation you think may require a paper claim, please contact the claims department at **(650) 616-2056** or [claimsinquiries@hpsm.org](mailto:claimsinquiries@hpsm.org).

Visit us at [hpsm.org/provider/claims/submit-claims](https://hpsm.org/provider/claims/submit-claims) for more information.

Thank you very much for your cooperation,

Health Plan of San Mateo