

Acute Care Hospital Admissions Notification

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Inpatient Admission Services Overview

Introduction

To submit transactions online, the provider must be contracted with Harvard Pilgrim and have a status of “participating” for the member’s product. The user’s access list determines which referral/authorization (RA) transactions can be viewed. Access to RA transactions is limited to those for providers on the user’s access list who are the requesting provider, servicing provider or the patient’s PCP.

When to Use HPHConnect

HPHConnect for Providers users can submit RA transactions and access two years of RA transaction history for Harvard Pilgrim HMO, POS, and PPO members online. You can also submit RA transactions and view RA transaction history for Harvard Pilgrim Choice Plus and Harvard Pilgrim Options members.

When Not to Use HPHConnect

HPHConnect for Providers is not used for transactions for members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare’s related policies/procedures, please go to www.harvardpilgrim.org or call 800-708-4414 and select option 2.

Notification/Authorization Requirements

For urgent/emergent admissions, notification by the servicing provider (i.e., the hospital) is required within two business days following admission.

For all non-routine newborn care (level II-IV) and NICU admissions: Notification is required within two business days of admission. Please refer to [Payment Policies](#) for additional information.

For elective inpatient services: notification by the servicing provider is required at least one week before the admission or date of service.

For elective admissions services that require prior authorization, request authorization at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine eligibility, level of benefits and medical necessity.

Reminder: Failure to comply with Harvard Pilgrim Health Care authorization requirements will result in an administrative denial of the claim payment. Members cannot be held liable for claims denied for failure to meet these requirements.

Submission Process

Go to www.point32health.org/provider. Click on the HPHConnect “Login” button and sign in.

1. Verify patient eligibility. Is the patient “active” with Harvard Pilgrim? If no, contact the patient for information.
2. Check Referrals/Auth status to see if a transaction is already in the system. If yes, review the Service Request Record Detail.
3. If the patient is eligible and no transaction exists, enter the admission request.

Requesting Provider

- **For an urgent/emergent admission**, only the hospital or the member’s PCP can submit the notification.
- **For an elective inpatient admission**, the hospital, the member’s PCP or the specialist can submit the notification or authorization request.

Servicing Provider

Two servicing providers are required on admission transactions. The provider’s name, Harvard Pilgrim provider number or NPI is required. Enter the providers in the following order:

- **First** – the facility
- **Second** – the clinician, either a primary care or specialist provider

Note: If the Servicing Provider is not contracted with Harvard Pilgrim, the transaction pends for review.

Submit the Initial Transaction

Required Fields

All required fields display a **red asterisk*** and must be completed in order to process the request. In addition to the standard required fields, the requesting provider may supply contact information.

All other fields are optional.

Patient*

Name (pre-filled when the transaction is entered via Patient Management).

Diagnosis*

At least one diagnosis code is required. Up to 12 can be submitted. Enter all that are indicated on the physician’s orders.

Requesting Provider*

Select the requesting provider by entering the provider’s name, NPI, or HPHC ID. An additional search option is available by, clicking on the magnifying glass and entering the provider’s name, NPI, or HPHC ID within the menu.

Contact Name / Contact Info

This is helpful for the Harvard Pilgrim Case Manager when additional information is needed.

Servicing Provider*

Two are needed; enter the acute care facility first, the physician second. Use the provider’s name, NPI, or HPHC ID.

The screenshot shows the 'Admission Submission' form in the HPHConnect system. The form is titled 'Referral & Authorizations / Search Requests' and 'Admission Submission'. It contains several sections with required fields marked with a red asterisk:

- Patient:** A search field for 'Search Current Patients' with a magnifying glass icon.
- Diagnosis:** A search field for 'Search and select a diagnosis' with a magnifying glass icon.
- Requesting Provider:** A search field for 'Requesting Provider' with a magnifying glass icon, and two input fields for 'Contact Name' and 'Contact Info' with a 'Phone #' field.
- Servicing Providers:** A search field for 'Servicing Providers' with a magnifying glass icon, and two input fields for 'Contact Name' and 'Contact Info' with a 'Phone #' field.
- Service Details:** A dropdown for 'Service' (currently 'Med Related Transport'), a 'Service Units' field with a 'Units' dropdown, 'Start Date' (01/26/2026) and 'End Date' (04/26/2026) fields, 'Transport Code' and 'Transport Reason' dropdowns, and a 'Round Trip Purpose Description' field. Below these are 'Trip Origin Address' and 'Trip Destination Address' fields, each with a 'Characters remaining: 55 / 66' indicator.
- Requested Procedures:** A search field for 'Procedure Code' with a magnifying glass icon.
- Additional Information:** A dropdown for 'Release of Information' (currently 'Signed statement/claims'), a 'Remarks' field, and a 'Characters remaining: 225 / 225' indicator.
- Clinical Documentation:** A section with a '+ ADD ATTACHMENT' button and 'SUBMIT', 'LOAD', and 'SAVE' buttons at the bottom.

Service*

Medical, Oral Surgery, Neonatal Intensive Care or Surgical. Select the service type that most closely reflects the kind of inpatient care needed. The choices are Medical Inpatient, Surgical Inpatient, Oral Surgery SDC, Neonatal Intensive Care Unit, Skilled Nursing Facility, Rehabilitation Inpatient.

Level of Service*

Elective, emergency, or urgent

Service Units*

Defaults to Days

Start Date*

Refer to the Notification/Authorization Requirements for the service.

Procedure Code

At least one is required for the services listed below; up to 12 can be submitted.

- Surgical — a CPT surgical procedure code
- Oral Surgery — an appropriate CPT or HCPCS procedure code

The following message “*InterQual® criteria review may be required” may be displayed when the submitted procedure code requires clinical review.

Quantity

When Procedure code is required, the Procedure code quantity must be filled in.

Release of Information

Defaults to Signed Statement/claims

Submit

Select Submit to finalize transaction or advance to InterQual® review screens

Admission Request - InterQual® review*

Transactions with procedure codes requiring clinical review will be directed to the Admission Request - InterQual® Review screen.

To complete the review, click on Begin InterQual® Review Button.

Note: When entering text in the “Remarks” field, enter letters and/or numbers only; do not use punctuation marks or other keyboard characters.

Clinical Documentation

Clinical attachments are optional and may be attached to the initial request. To attach clinical documentation:

1. Complete the data elements below prior to submitting the transaction for InterQual® review or finalization.

Description

Enter description of attachment

Attachment Type*

Select from pull down list

Transmission Method*

Select from pull down list

The screenshot shows a form titled "Clinical Documentation". It includes a "Description" text field, two dropdown menus labeled "*Attachment Type" and "*Transmission Method", and a "File" section with a "CHOOSE FILE TO ADD" button. At the bottom of the form is a red "ADD ATTACHMENT" button.

2. Click File / “Choose File to Add” button and locate your file.
3. Click “Select Add Attachment” button, to upload attachment.

Note: Attachments can be added to Pended or Approved transactions by clicking “Edit” button, completing the step above and clicking “Submit” button. (File size cannot exceed 45 MB.)

Completing the InterQual® Review

For certain procedure codes or services, you will be required to complete an InterQual Clinical Criteria review in the portal prior to being able to submit your transaction. If your requested service invokes the InterQual Review, you will see a message indicating: "InterQual® criteria review may be required" underneath where the procedure code was entered.

Requested Procedures

Procedure Code

Quantity Modifiers

* InterQual® criteria review may be required

Click the button below to begin your review. Your login credentials will automatically log you into InterQual®.

[Referral & Authorizations](#) / [Search Requests](#) / [Admission Submission](#)

Admission Request - InterQual® Review

The following elements of this referral require InterQual® review:

Requested Procedures

31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	Not yet reviewed
--	------------------

BEGIN INTERQUAL® REVIEW

SUBMIT **SAVE**

Once you begin the InterQual® review, you will be taken through a series of screens prompting you with clinical questions which you must be completed to finish the review. Select the subset.

The subset to be selected is the subset that ends with "HPH" and is followed by the Client Defined indicator.

[Referral & Authorizations](#) / [Search Requests](#) / [Admission Submission](#)

Admission Request - InterQual® Review

The following elements of this referral require InterQual® review:

Requested Procedures

31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	Criteria Met
--	--------------

SUBMIT **SAVE**

Select the Begin Medical Review Button.

The screenshot shows the InterQual interface. At the top, it says 'CHANGE Healthcare InterQual®' and 'Signed in as Laura Calcagni Sign out'. Below that is a 'MENU' button and the user ID 'hphc'. A 'HELP' button is in the top right. The main heading is 'Select Subset' with a subtitle 'Refine search with Product, Version, Category, Keywords or Medical Codes'. There are three dropdown menus: 'SELECT PRODUCT', 'SELECT VERSION', and 'SELECT CATEGORY'. Below these is a text input field for 'Enter Keywords' containing '31295'. To the right of the input are buttons for 'FIND SUBSETS', 'CLEAR ALL', and 'BOOKMARKS'. Underneath is a 'Subset Notes' section with a green 'C' icon and the text 'Client Defined 2018.1, CP.Procedures Balloon Ostial Dilation (Custom) - HPH'. There are buttons for 'SHOW CODES' and 'CLINICAL REFERENCE'. The notes contain detailed medical information about balloon ostial dilation. At the bottom, there are four buttons: 'BEGIN MEDICAL REVIEW' (highlighted with a blue arrow), 'BOOK VIEW #', 'FULL SUBSET', and 'BOOKMARK SUBSET'.

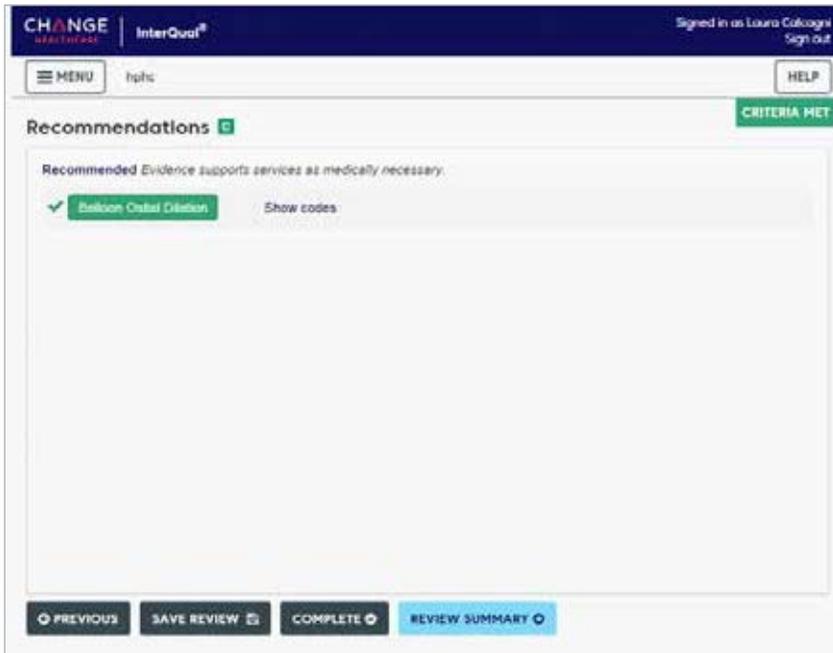
Answer the medical review questions and select the Next button when promoted.

The screenshot shows the 'Medical Review' screen. At the top, it says 'CHANGE Healthcare InterQual®' and 'Signed in as Laura Calcagni Sign out'. Below that is a 'MENU' button and the user ID 'hphc'. A 'HELP' button is in the top right. The main heading is 'Medical Review' with a green 'C' icon and the text 'Balloon Ostial Dilation (Custom) - HPH'. There are buttons for 'CHANGE SUBSET' and 'CLINICAL REFERENCE'. Below that is a 'COMMENTS' section with a '0' icon. The main area contains three clinical questions, each with a 'Yes' or 'No' radio button. The 'No' button is selected for all three questions. The questions are: 'Continued symptoms or findings after treatment', 'A balloon procedure has been previously performed or attempted for the treatment of current case of rhinosinusitis', and 'Balloon ostial dilation is entirety of procedure rather than component of surgical treatment'. At the bottom, there is a message: 'No remaining questions. Click View Recommendations to continue.'

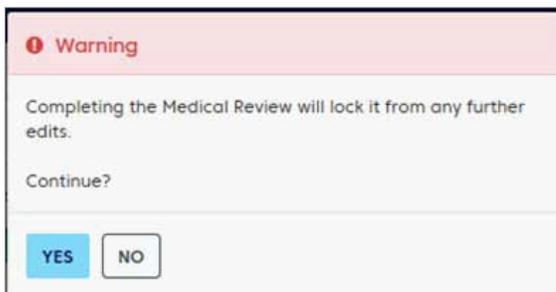
When there are no questions remaining, you will see a message "No remaining questions. Click View recommendations to continue."

Select the View Recommendations button to see the recommendation. Note that this is only a recommendation related to the outcome of answers to the clinical questions. The request must still be processed against the business rules associated with the member's product and service type.

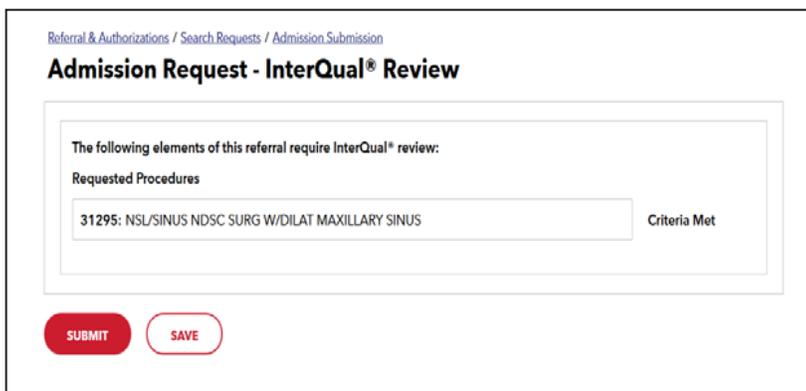
Select the Complete button to complete the review.



You will receive a warning box stating that completing the review will lock it from further edits. When you are certain the review is complete, select the Yes button.



Once you have finished the review portion of your request, your transaction will need to be submitted. Select Submit



A response will be returned with an approval or instructions specifying further clinical documentation that would need to be sent to HPHC for final review and determination on your request.

The Transaction Response

Key Information

In the title bar upper part of the Request Detail you will find the:

- Status of the transaction: approved, modified, pending or denied
- Patient's name
- Member's HPHC ID #
- Request/Transaction number (e.g., PHF12345 HPA000123456)
- Submitted Date

The requesting provider's and servicing provider's National Provider Identifier (NPI) display on both the transaction "Request Detail" screen and the "Print Referral" screen.

On approved acute care hospital transactions, the end date and # of units approved, do not display. The "Edit" button displays on approved or pending transactions. Pending transactions can be edited to include attachments only.

The "Cancel" button displays on pending and approved transactions.

PDF and XML attachments of the InterQual® Review appear in the Attachments section. To save a copy of the attachments, select on the file and click the Save button.

Finalized Admission Transaction

To print a copy of the response for your records, use the "Print" button. This will bring up the printer options available to you on your computer.

Print Referral Form

When you access this screen, your printer dialogue window displays automatically. Click on "Print" to print the form.

Search Requests

Request Detail

View Audit Print EDIT CANCEL

Admission Request

Pending

Patient	Member ID	Request Number	Submitted On
		HPA101024858	10/21/2019

Diagnosis

Diagnosis Codes
J01.31 ACUTE RECUR SPHENOIDAL SINUSITIS

Requesting Provider

Provider Mass General Hospital	Provider NPI 1033640022
Contact Name	Contact Medium
	Contact Info

Servicing Providers

Mass General Hospital See More

Smith, John See More

Contact Name	Contact Medium	Contact Info
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Requested Service

Service Surgical	Location of Service	Level of Service Urgent (U)
Requested Units 1 (Day(s))	Approved Units 4 (Day(s))	
Source		
Start Date 10/21/2019	End Date 10/25/2019	

Requested Procedures

31295: SINUS ENDO W/BALLOON DIL See More

Additional Information

Release of Information Signed statement/Claims (Y)	Additional Remarks Pend for Continued Payor Review
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InterQual® - Criteria Reviews

Name	Review Status	Criteria Status	Code
Balloon Ostial Dilation (Custom) - HPH	Complete	✔ Criteria Met	31295

Clinical Upload (Attachment)

Description
Attach 06 - Initial Assessment. 08 - Plan of Treatment.

Identification Code 231272712	Transmission By Fax (FX)	Attachment Type 08
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Description
Attach 06 - Initial Assessment. 08 - Plan of Treatment.

Identification Code 231272713	Transmission By Fax (FX)	Attachment Type 06
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Attachments

Download File
HTRIO_IQ_OUTCOME_20191021_044402.xml

Download File
HTRIO_IQ_QUESTIONNAIRE_20191021_044402.pdf

If you have attached supporting documentation, your files may not be displayed immediately due to file processing. Please check back later.

Pended for Review

Acute Care Hospital Elective Admission transactions pend for review when:

- The service requires prior authorization **and additional clinical review is required.**
- The servicing provider is non-contracted, and the patient is a Harvard Pilgrim HMO member, or when the servicing provider is contracted with HPHC but does not participate in the member's product.
- The transaction is under review for determination of observation status (Transactions will be voided by Harvard Pilgrim if the status is changed from "Inpatient Admission" to "Observation").

When a transaction pends for review, the Harvard Pilgrim reviewer updates the admission record to reflect the final status, approved or denied, within three business days of receiving all information needed to complete the review.

The requesting provider, the servicing provider and the member's PCP will receive notification of the changed status of the transaction via the Activity Summary, if enabled.



Request Detail

Admission Request

Pended

Patient	Member ID	Request Number	Submitted On
		HPA101024858	10/21/2019

Diagnosis

Diagnosis Codes
J01.31 ACUTE RECUR SPHENOIDAL SINUSITIS

Requesting Provider

Provider	Provider NPI
Mass General Hospital	

Contact Name	Contact Medium	Contact Info

Revisions to an Admission Transaction

Guidelines

- Only the requestor can edit or cancel a transaction.
- Only approved & pended transactions can be edited. **Pended transactions can only be edited to include attachments.**
- Only approved or pended transactions can be canceled.
- **Clinical documentation can be attached to only approved or pended transactions. See Clinical Documentation Attachment section for details on how to upload documents.**
- No changes can be made to: the type of request (outpatient, admission, specialist, home care, or transportation), the patient, or the service requested.*

* If the admission is medical or surgical, it is possible to edit the transaction to change from one to the other prior to the patient being discharged.

Edit the Transaction

Before the Start Date	Edits can be made to the following fields: <ul style="list-style-type: none"> • Servicing provider • Diagnosis code (add or change) • Procedure code (add) • Level of Service • Start date (not prior to today's date) • Attach clinical documentation
After the Start Date but prior to the End Date	Edits can be made to the following fields: <ul style="list-style-type: none"> • Diagnosis code (add or change) • Procedure code (add) • Attach clinical documentation
After the End Date	HPHConnect will not accept requests for edits after the end date of a record.

Cancel the Transaction

When to Cancel a Transaction

The requestor or the servicing provider can cancel a pending or approved transaction at any time if:

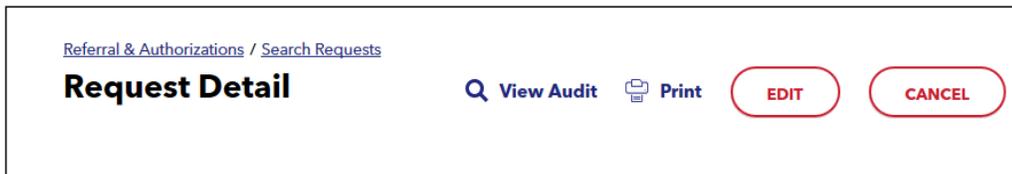
- The record was entered for the **wrong patient**.
- The **wrong service type** was selected in the original request.
- The **wrong type of request** was submitted, i.e., specialist or outpatient rather than admission.

To correct any of these errors, it is necessary to cancel the original record and enter a new one for the appropriate service.

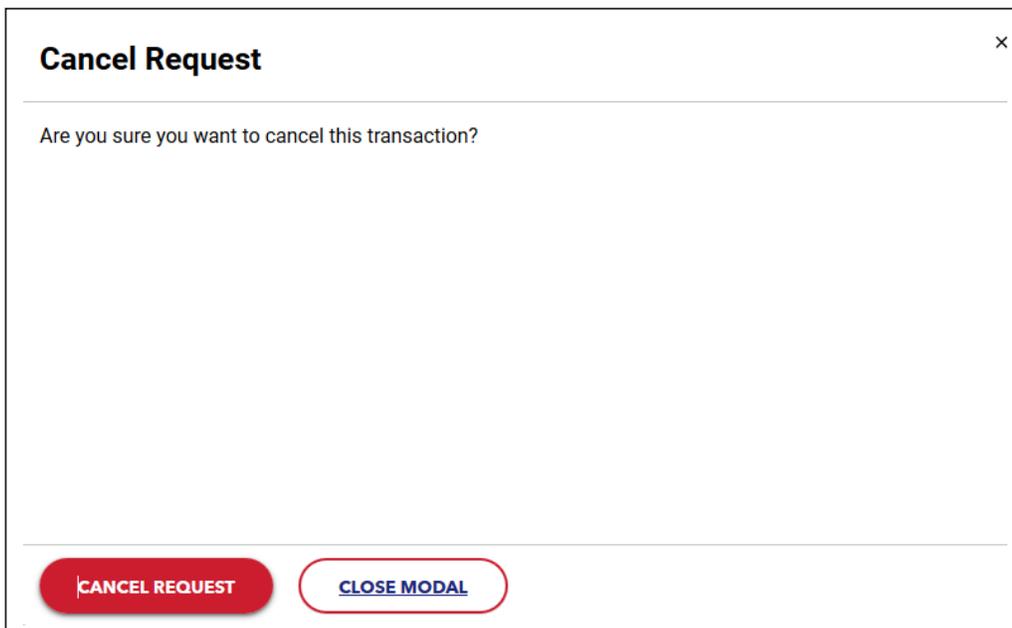
How to Cancel a Transaction

To cancel the transaction:

1. Click on the "Cancel" button at the top of the Request Detail screen.



2. When the verification screen displays, click "Cancel Request" to continue with the cancellation request.



3. The transaction re-displays and the Status indicates Approved (Canceled), that is, the request to cancel the transaction was approved.

