# HPHConnect for Providers User Guide

**OCTOBER 2025** 



# Home Health Care Authorization Requests

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### Home Health Care Online Authorization Requests 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, servic- ing provider or the patient's PCP.

#### When to Use HPHConnect

HPHConnect for Providers users can submit referral/authorization (RA) transactions and access two years of RA transaction history online for Harvard Pilgrim HMO and POS members. 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 <a href="https://www.harvardpilgrim.org">www.harvardpilgrim.org</a> or call 800-708-4414, option 2.

### Notification/Authorization Requirements

Submit the authorization request for home care services at least one week prior to the date of service, or if home health services are ordered outside normal business hours, submit the authorization request no later than the next business day after initiating the services.

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.

### When a Referral is Not Required

Referrals are not required for members enrolled in Harvard Pilgrim's PPO, Medicare Supplement or Medicare Enhance plans, or for POS members who choose to receive out-of-network services. For more information, see the Harvard Pilgrim Provider Manual at <a href="https://www.point32health.org/provider/policies/provider-manuals">www.point32health.org/provider/policies/provider-manuals</a>.

### **Requesting Provider**

Any Harvard Pilgrim contracted provider can submit the home care transaction.

### **Servicing Provider**

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

- First The Visiting Nurse Association (VNA) agency
- Second A clinician, either a primary care or specialist provider

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

### **Additional Information**

When submitting a home care service request that will pend for review, you can attach the information to the transaction at the time of submission by doing either of the following:

- Entering comments in the "Remarks" section
- Using the 'Clinical Upload (Attachments) section attaching the Universal Health Plan/Home Health Authorization Form (UHHA)

If the home care transaction is submitted without attaching additional information and it pends for review, you can edit the pended transaction to attach the Universal Health Plan/Home Health Authorization Form (UHHA).

#### **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 not, contact the patient for current information.
- 2. Check authorization & notification 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, determine if additional information will be needed.

If	Then	
Clinical information is needed	<ul> <li>Prepare the additional information</li> <li>Enter the home care request</li> <li>Attach the additional information</li> <li>Submit for processing</li> </ul>	
Clinical information is NOT needed	<ul><li>Enter the home care request</li><li>Submit for processing</li></ul>	

### **How to Submit the Home Care Transaction**

### **Required Fields**

All required fields display a **red asterisk** \* and must be completed to process the request. In addition to the standard required fields, the requesting provider must supply contact information and auto accident information, when applicable. All other fields are optional.

#### **Patient**

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

### **Prognosis Code**

Poor, Guarded, Fair, Good, Very Good, Excellent, Less than 6 Months to Live, or Terminal. Select "Good" unless the physician's orders indicate otherwise.

### **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**

The VNA

### **Servicing Provider**

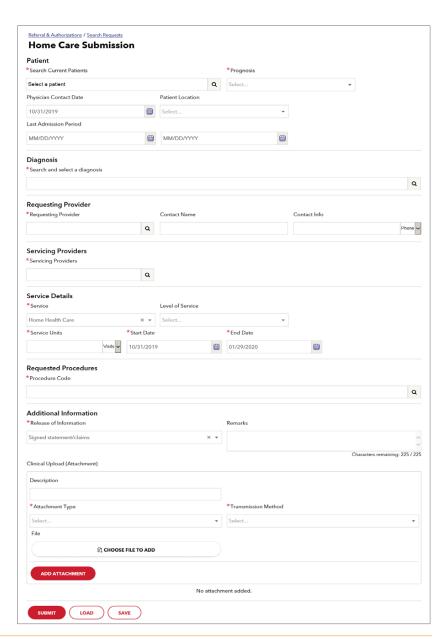
Two - The VNA and a primary care or specialist provider.

#### **Service**

Home health Care (the default).

#### **Service Units**

Enter the total number of visits that you expect will be needed to provide all the disciplines (skilled nursing only, or skilled nursing and PT, or skilled nursing and PT/OT, etc.), for the patient for the duration of the time period requested, e.g., 26 visits, 10 visits.



#### **Start Date**

Should be no more than one business day after the initiating the services.

#### **End Date**

Must be in the same calendar year as the start date and no later than 12/31/yyyy. On requests that auto-approve, the system will auto-assign a date that's 60 days after the requested start date.

### **Procedure Code and Quantity**

At least one procedure code is required. Multiple procedures can be submitted. Enter all that are indicated on the physician's orders and the quantity of visits for each. The sum of the requested "Quantity" for each procedure code must equal the "Requested Units."

#### Release of Information

Select "Signed Statement/Claims"

### Optional fields for submitting additional information -

use either Option A or Option B (Refer to How to Submit Additional Information via HPHConnect.)

#### Remarks (Option A)

Enter clinical information instead of attaching the UHHA form via the "Clinical Upload Attachments" link.

- 225 characters maximum
- Enter letters and/or numbers only
- Do not use punctuation marks or other keyboard characters

#### Upload (Attachment) (Option B)

Click here to attach the completed Universal Home Health Authorization (UHHA) form. If including an attachment, the Attachment Type and Transmission Method are required to be completed.

#### **Contact Name/Contact Number**

This is helpful for the Harvard Pilgrim case manager when additional information is needed.

Note: Per HIPAA guidelines, "Last Admission Period" and "Patient Location Code" are linked data fields. If the requester provides information in either of these fields, then the other one must be filled in as well.

### **Coding Tips**

### **Diagnosis Codes**

You can enter up to 12 diagnoses. If the patient has multiple conditions for which he/she is receiving care, be sure to enter all diagnoses that apply. This information is important for the Harvard Pilgrim case manager to know, when the authorization request requires medical necessity review. The diagnosis may facilitate the determination of the appropriateness of the services requested for the patient's care.

### **Servicing Provider Information**

For transactions that require more than one servicing provider, such as home care:

• The facility should be entered first and the physician (PCP or specialist) should be entered second.

### Not Sure of the Procedure Code(s)?

If you are not sure of the procedure codes to use, refer to your list of contracted procedure codes from your Harvard Pilgrim contract.

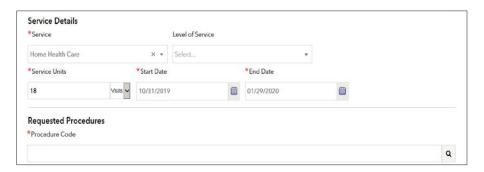
### When You Know the Procedure Code(s)

If you know the procedure codes to use and do not need to search, enter the codes in the "Procedure Code" box. Codes must be entered individually, unless using the advanced search option.

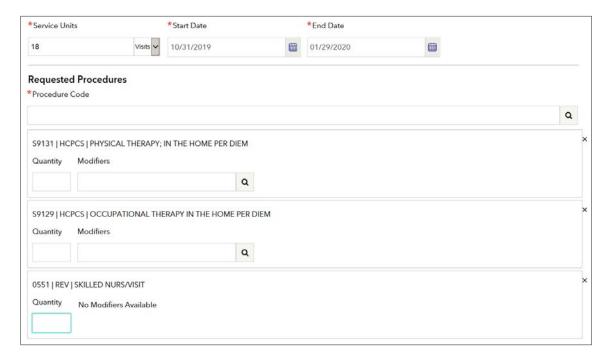
### Procedure Code(s)

The physician order indicates six nursing visits, two occupational therapy sessions and two physical therapy sessions.

• In the "Service Units," enter 10 (the combined total for all requested services).



- Use the "Tab" key to navigate from the "Procedure Code" field.
- Search for and select each Procedure Code.
- The procedure codes entered display in a list with a blank quantity box.



• Enter the quantity for each procedure code in the appropriate box.



### **Procedure Codes and Units**

If the physician has ordered multiple services, submit the transaction with the appropriate procedure codes for all the services that have been ordered.

For example: the physician has ordered nursing visits, PT, and OT. Enter the appropriate procedure code for each of the three disciplines that are to be provided: skilled nursing, PT in the home and OT in the home.

The "Requested Units" should reflect the total number of visits for all services that are being requested. On the line with each procedure code, indicate the "quantity" of visits requested. The total quantity per procedure should calculate to equal the requested units.

### Example 1: A request for BID dressing change for one week:

Procedure	Calculate	Quantity	Requested Units
Nursing Visits	2 x 7 = 14	14	14

### Example 2: The physician order nursing visit 2x7=14, PT and OT for two weeks.

The home care provider evaluates the patient and determines that the patient needs:

Procedure	Calculate	Quantity	Requested Units
Nursing Visits:			
Week 1-twice a day Week 2-once a day	2 x 7 = 14 1 x 7 = 7	14 + 7 = 21	<b>26</b> (21 + 3 + 2 = 26)
PT: Week 2-three visits		3	
OT: Week 2-two visits		2	

### Example 3: Three nursing visits and home health aide twice a day for one week:

Procedure	Calculate	Quantity	Requested Units
Nursing Visits		3	<b>17</b> (2 + 14 – 17)
Home Health Aide*	2 x 7 = 14	14	<b>17</b> (3 + 14 = 17)

\*Note: On the authorization request, the "Quantity" for home health aide services should equate to the number of times per day that the home health aide will be providing service, e.g., morning and evening = 2 visits. This differs from how home health aide services are billed on the claim where the units are based on the actual time spent with the patient: one unit = 15 minutes.

### **Units Error Message**

The total visit count, requested units, must equal the sum of the individual visits, procedure code quantity. When you submit the transaction, if there is a mismatch between the total requested units and the sum of the quantity entered per procedure, you will receive the following form error.



To correct the error, click on the link to return to the form to recalculate the units and submit again.

### **Submitting Additional Information with the Initial Transaction**

Home Care transactions will pend for review and require additional information if:

- · The member's PCP belongs to HVMA
- The initial request is for more than a total of 40 visits
- Extensions of approved home care transactions exceed 40 total visits
- The transaction contains one or more procedures other than those for nursing (0551, 0552, 0559, 99601, 99602, S9445, S9098), PT (S9131) and OT (S9129)
- There is another home care transaction in the system containing dates of service in the same year as the transaction being entered

You can submit the required additional information online at the time of submission using either:

- Option A entering the clinical information in the "Remarks" field,
   (See below Entering Additional Information in the Remarks at the Time of Submission)
- Option B attaching the completed UHHA form via the "Clinical Upload" (Attachment) section (See page 8 "Attaching the UHHA Form via the Additional Information" link at the time of submission)

### Entering Additional Information in the Remarks at the Time of Submission

### Overview

Using the "Remarks" field does not replace or negate the need to complete and attach the UHHA form. Should you wish to add comments you may do so, up to 225 characters. (Do not use punctuation marks or other keyboard characters.) When completed, submit the home health care authorization request for processing.



### **Remarks Scenarios**

Notes in the "Remarks" field should be accurate and brief with industry recognized symbols and abbreviations. The following are examples of comments that would be sufficient for processing the request without the need for any additional clinical information.

If the Member	Sample Comments	
Is post-surgical	S/P THR. 6 HHA for assist w/ADL	
Has a fractured arm	Mem with fx arm. Please approve 10 HHA for bathing assist.	
Needs services of a social worker	Request 1 SW visit for Medicaid app	
Has had a stroke	Request aide for 2 weeks for patient with stroke to help with bathing and dressing	
Has had a C-section	Can Harvard approve an aide for 6-8 visits for 1 month while member recovers from C-section? Had post-op complications.	

### **Transaction Response**

It is important to note that if you enter additional information in the "Remarks" field at the time of submission:

- It will not display on the Detail screen of the pended transaction in HPHConnect.
- · Harvard Pilgrim case managers can access the information to review the request and update the record.
- You can disregard the "Additional Information" section message to "fax requested information." If more information is needed, the nurse case manager will contact you.

Additional Information	ı	
elease of Information igned statement/Claims (Y)		
Clinical Upload (Attach	ment)	
Description		
Identification Code 234575085	<b>Transmission</b> By Fax (FX)	Attachment Type 06
Description		
Identification Code 234575084	<b>Transmission</b> By Fax (FX)	Attachment Type 08
Description		
Identification Code 234575082	<b>Transmission</b> By Fax (FX)	Attachment Type OD
Description		
Identification Code 234575083	<b>Transmission</b> By Fax (FX)	Attachment Type 07

### Attaching the UHHA Form Via the Additional Information Link

### Part I — Prepare the Universal Home Health Authorization Form Overview

When you use the "Additional Information" link, you need to:

- Download the UHHA form
- Create a folder on your system for the attachment forms
- Prepare the attachment form for submission
- · Attach the form during entry of the home care authorization request

A detailed explanation of the process for preparing and attaching the additional information form follows.

### Download the UHHA Form

Access the Massachusetts Association of Health Plans website and navigate to the "Health Plans/Home Health Partnership" page under "Programs and Events" to download the Universal Health Plan/Home Health Authorization Form - Template Version and the Guidelines for Completing the Universal Authorization Form and save the files to your desktop.

### Create a Folder for the Attachment Forms

- 1. On the Windows taskbar, click the "Start" button.
- 2. Point to Programs > Accessories > Windows Explorer.
- 3. Locate "My Computer" and click on the plus sign (+) to display your list of drives
- 4. Click on the appropriate drive where the forms are to be filed, e.g., "Local Disk (C:)" to select your "C" drive; or "Network Drives" to select a shared drive.
- In the tool bar, go to File > New > Folder.
   (The "New Folder" displays at the bottom of the list of files & folders on your selected drive.)
- 6. Right click on the "New Folder" and select "Rename."
- 7. Name the folder "Harvard Pilgrim."
- 8. Create subfolders by year and then by month.

### Complete the Attachment Form for Submission

- 1. Access the UHHA Template Version on your desktop.
- 2. Following the "Guidelines for Completing the Universal Authorization Form," complete the form with the minimum required information which includes:
  - Member name

· Clinical information

· Member identification number

· Date of birth

- Member identification number
- 3. Save the file to the appropriate folder on your computer or network drive. At the "Save As" window:
  - Open the "Save In" drop-down list at the top of the window
  - · Select the drive, Local (C:) or Network, and the folder created for Harvard Pilgrim attachment form files.
  - In the "File Name" field, name the file using this format: patient last name\_patient first name\_date of submission (mmddyyyy).

Example: smith\_jane\_01092019 (the transaction for patient Jane Smith submitted on January 9, 2019)

Note: an additional indicator can be included in the file name, if needed, to help differentiate between:

- Members with the same name, e.g., smith1\_jane\_01092008 vs. smith2\_jane\_01092008
- Multiple attachments for different services for a member, e.g., smith\_jane\_01092008\_aide services vs. smith\_jane\_01152008\_ST (speech therapy)

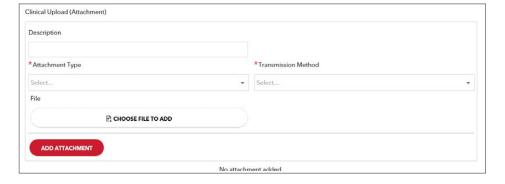
Click on "Save" to add the file to the folder.

4. Repeat steps 1-3 for each patient for whom the attachment form must be submitted to Harvard Pilgrim.

### Part II — Attach the Universal Home Health Authorization Form

Enter the Home Health Care Authorization Request

- 1. Access the "HPHConnect/Home Care" page and complete all required fields.
- 2. To attach the UHHA form scroll down to the "Clinical Upload (Attachment)" section of the form



3. Enter the following:

Description  Not Required: Patient last name_patient first name_date of submission (mmddyy (Use the same naming convention as on the saved form.)	
Attachment Type Select the most appropriate option from the dropdown.	
Transmission Method Electronically only (This is the only selection used by Harvard Pilgrim.)	

Click "Choose to file to add"

4. The form redisplays with your selections. Click on "Add Attachment" to attach the patient's UHHA form.

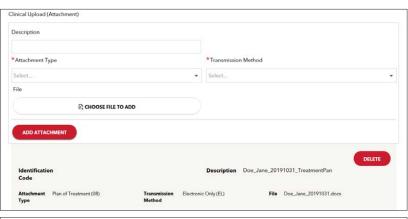


5. When the home care form redisplays, you will know that the UHHA file has been successfully attached to the transaction form attached form as you will see a new box below the 'Add Attachments' button. The file name, form name, attachment type, and transmission method will appear in the box.

Click on "Submit" to process the home care authorization request.



- 6. The transaction detail displays the attachment icon in the "Clinical Upload (Attachments)" section at the bottom of the screen.
  - Please review the "Additional Information" section to determine if the requested documents have been attached to the request.
  - If all the requested items have been attached, you may disregard the request to "fax requested information".
  - If the requested items have not been attached, please either edit the transaction and attach the requested documents, or follow the instructions provided and fax the documents to the number provided.
  - The additional information submitted electronically will remain online and accessible via HPHConnect for Providers for 90 days.



### **The Transaction Response**

### **Key Information**

In the blue title bar, you will find the:

- Transaction number, e.g., HPA123456789
- · Status of the transaction approved, modified, pended or denied
- · Member's name and member's ID#

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

On approved and modified home care transactions, the "End Date" and "# of Units Approved" display.

The "Remarks" field displays a summary explanation of the status of the transaction. The "Edit" button only displays on approved and modified transactions.

The "Cancel" button displays on pended, approved, and modified transactions.

The Clinical Upload (Attachment) displays any attached documents, such as the UHHA form.

### **Home Care Transaction Processing**

Initial requests for skilled nursing, physical therapy, or occupational therapy provided in the home will automatically approve only for the exact number of visits requested.

- · Up to an initial total of 40 visits
- To be used over 60 days

The request will auto-approve, provided that:

- It is the member's initial authorization for home care.
- The only services requested are skilled nursing, PT or OT (or any combination of these).
- The total visit count does not exceed 40 visits.

Requests for services that require medical necessity review will pend. The information needed for Harvard Pilgrim to make a decision will be listed at the bottom of the transaction detail. To facilitate processing of pended transactions and eliminate the need for faxing, this information should be submitted with the transaction at the time of submission. Refer to page 7, Submitting Additional Information with the Initial Transaction.

### **End of Year Transactions**

On an initial home care transaction submission, if there are less than 60 days left in the calendar year from the start date of the service request and the end date is after 12/31/yyyy, the following message will be returned.

The calendar year of the requested end date must be the same as the calendar year for the requested start date

To complete the current transaction:

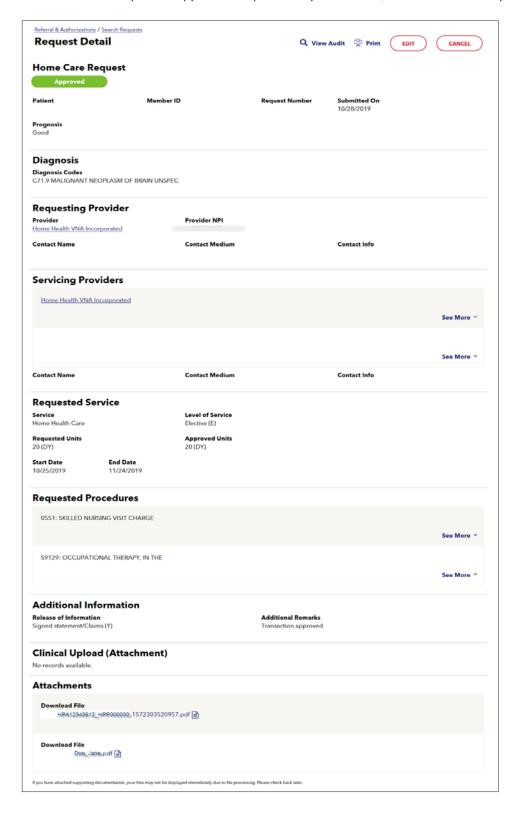
- 1. Click on the "Return to previous page" link
- 2. When the home care form redisplays, enter the End Date as 12/31/yyyy.
- 3. Submit the transaction again.

To request to continue the home care service after 12/31/yyyy, submit a new transaction with the start date reflecting the new year.

### When the Transaction is Approved

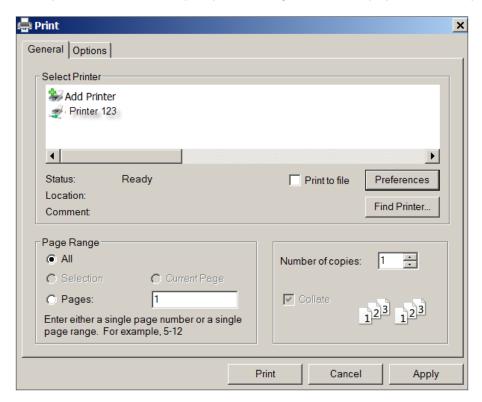
### **Approved Home Care Transaction Detail**

When the initial home care authorization request approves automatically, it is not necessary to supply supporting documentation. To print a copy of the response for your records, click 'Print' at the top of the form.



### **Print Referral Form: Approved Transaction**

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



### When the Transaction Pends

### **Pended for Review**

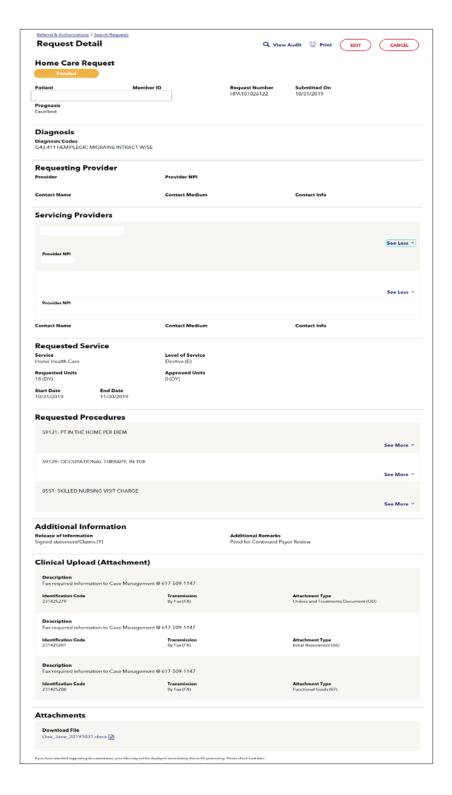
Home care transactions pend for review and require additional information if:

- The member's PCP belongs to HVMA
- The initial request is for more than a total of 40 visits
- Extensions of approved home care transactions exceed 40 total visits
- The transaction contains one or more procedures other than those for nursing (0551, 0552, 0559, 99601, 99602, S9445, S9098), PT (S9131) and OT (S9129)
- There is another home care transaction in the system containing dates of service in the same year as the transaction being entered

### **Pended Home Care Transaction**

- The "Approved Units" are blank pending completion of the medical necessity review.
- The "Additional Information" section on the transaction "Detail" screen indicates what information is needed and the fax number of the case manager. The fax number varies by patient.

It is important to note that the "Print Referral" form does not display the "Additional Information" segment. To keep a copy of the needed information and fax number, print the "Detail" screen.



### **Action Required for a Pended Initial Transaction**

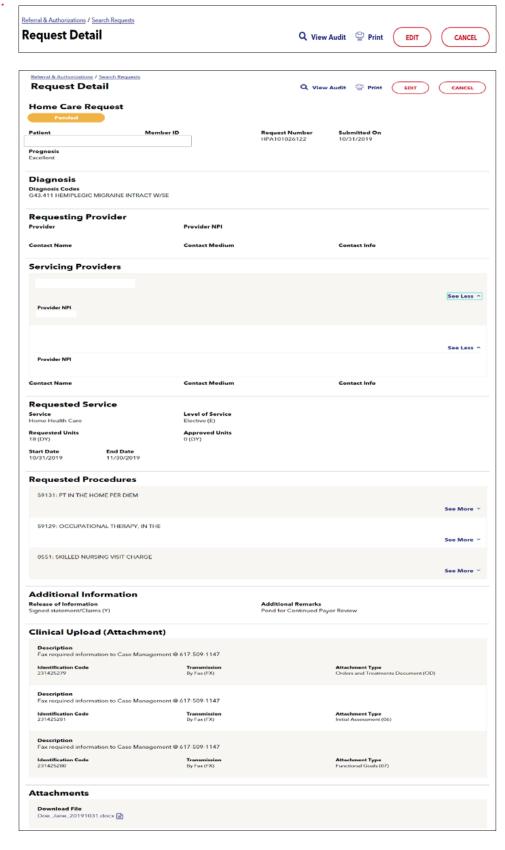
If additional information	Then
Was attached at the time of submission	Disregard the additional information section on the "Detail" screen. If more information is needed, the Harvard Pilgrim nurse case manager will contact you.
Was not attached at the time of submission	<ul> <li>Edit the pended transaction to attach the additional information.</li> <li>See page 15 - Attaching the UHHA Form to a pended transaction,</li> <li>or</li> <li>Fax the additional information.</li> <li>See page 18 - Faxing Additional Information for a Pended Transaction</li> </ul>

### Submitting Additional Information for a Pended Transaction Attaching the UHHA Form

Part I — Prepare the Universal Home Health Authorization form (See page 10.)

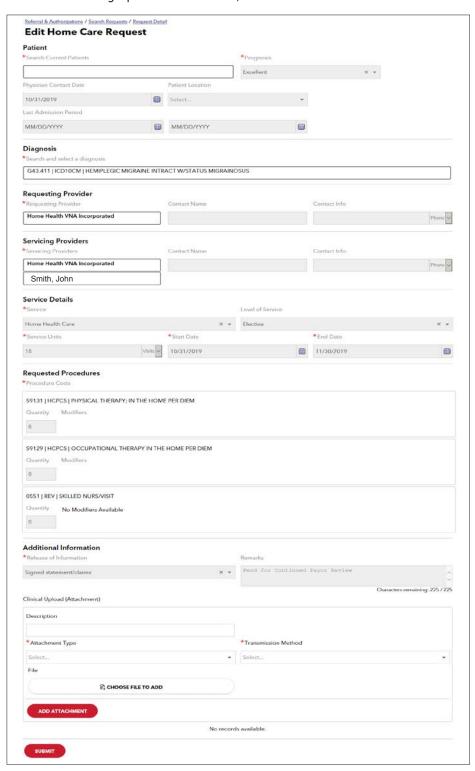
Part II — Edit the pended home care transaction to attach the UHHA form.

- 1. Access the HPHConnect/Home Care" service request transaction detail
- 2.



3. When the home health care edit form opens, go to the "Clinical Upload (Attachment) section at the lower bottom of the form and complete the required fields.

Note: When editing a pended transaction, the "Remarks" section cannot be used to submit additional information.



4. When the "Additional Information" window opens, enter the following:

Report Type	Progress Report
Transmission Method	Electronically only (This is the only selection used by Harvard Pilgrim.)
Identification Code	Optional
Description	Patient last name_patient first name_date of submission (mmddyyyy) (Use the same naming convention as on the saved form.)

Description

\*Attachment Type

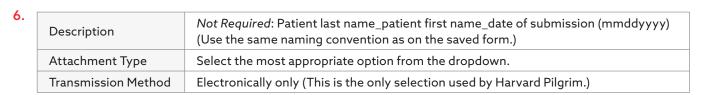
\*Transmission Method

Select...

File

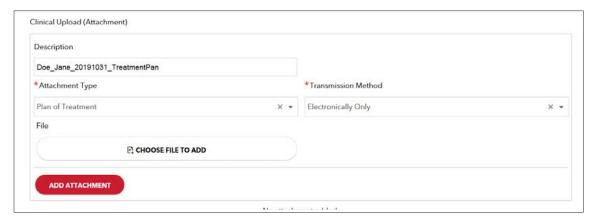
ADD ATTACHMENT

No attachment added.



Click "Choose to file to add"

7. The form redisplays with your selections. Click on "Add Attachment" to attach the patient's UHHA form.

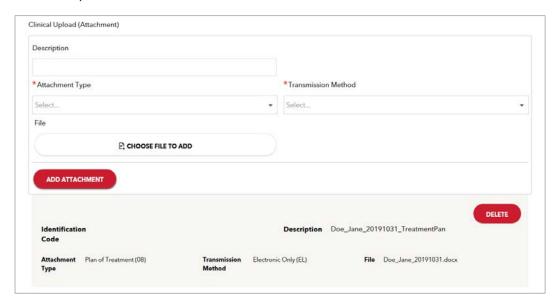


8. When the home care form redisplays, you will know that the UHHA file has been successfully attached to the transaction form attached form as you will see a new box below the 'Add Attachments' button. The file name, form name, attachment type, and transmission method will appear in the box.

Click on "Submit" to process the home care authorization request.



- 9. The transaction detail displays the attachment icon in the "Clinical Upload (Attachments)" section at the bottom of the screen.
  - Please review the "Additional Information" section to determine if the requested documents have been attached to the request.
  - If all the requested items have been attached, you may disregard the request to "fax requested information".
  - If the requested items have not been attached, please either edit the transaction and attach the requested documents, or follow the instructions provided and fax the documents to the number provided.
  - The additional information submitted electronically will remain online and accessible via HPHConnect for Providers for 90 days.



### Faxing Additional Information for a Pended Transaction

### Introduction

If you have already submitted additional information online, during entry of the initial transaction or by editing the pended transaction to attach the UHHA, it is not necessary to fax information to Harvard Pilgrim for a home health care service authorization request. Submission of additional information online is preferred to faxing it. You know right away that it has been received and is available to facilitate processing of the pended transaction.

### **Faxing Process**

When a transaction pends for review and you want to fax the needed additional information, follow the process detailed below:

- 1. Print the transaction detail screen displaying the pended status. Use this as the cover page when faxing the needed clinical information instead of page 1 of the Universal Home Health Authorization Form.
- 2. Complete Page 2 of the Universal Home Health Authorization Form with the clinical documentation needed for the medical necessity review and enter the transaction number in the field at the top of the page.
- 3. Fax the detail screen and page 2 of the Universal Home Health Authorization Form to the Harvard Pilgrim nurse case manager at the number indicated in the "Additional Information" section of the transaction detail.

### **Next Steps**

If more information is needed, the Harvard Pilgrim nurse case manager will contact you. Within two business days of receiving all information needed to complete the review, the case manager updates the home care record to reflect the final status, approved or denied.

The requesting provider, servicing provider and PCP will receive electronic notification of the changed status of the transaction via the activity summary, if enabled.

### How to Submit the Home Care Transaction Edit Request

### Home Care Transaction Edit Request Guidelines

- Only the requestor or the servicing provider can edit or cancel a transaction.
- · Only approved transactions can be edited to add services or to request and extension of services.
- Only approved or pended transactions can be canceled.
- No changes can be made to: the type of request (outpatient, admission, specialist, home care, transportation), the patient, or the service requested (home health care/home health visits).

### **Edit Processing**

- Edits to existing approved transactions for nursing, PT or OT services will be approved as requested for up to a total of 40 visits.
- · Edits to existing approved transactions for services will pend for review and require additional information if:
  - The member's PCP belongs to HVMA
  - The extension of services request exceeds 40 total visits
  - The transaction contains procedures other than those for nursing, PT, or OT
  - There is another home care transaction in the system containing dates of service in the same year

### **Edit Submission Tips**

- 1. Before you begin, print the approved transaction to have a record of the services and date range already authorized. When you submit the "Edit Request," if it pends for medical necessity review, the number of "Approved Units" and the "End Date" will be blank until the record is updated at the completion of the review.
- 2. The maximum number of units that can be entered is "99." To request an extension of services beyond the approved 99 visits for a patient receiving long-term care, submit a new home care transaction prior to the end date of the approved transaction. The start date on the new request should be one day after the end date of the previous transaction to maintain continuity of patient care.
- 3. If you know that the edit request will pend for review, you can attach the supporting documentation for the request at the time of submission. Refer to How to Submit Additional Information via HPHConnect.

### **Before the Start Date**

Edits can be made to the following fields:

- Servicing provider
- Diagnosis code (add or change)
- Procedure code (add)
- Start date (not prior to "today's" date)
- End date
- Units\* (add or reduce)
- · Prognosis code
- SNF indicator
- · Medicare indicator
- Physician contact date
   optional field
- Last admission period
  - optional field
- Patient location code
   optional field

### After the Start Date but Prior to the End Date

Edits can be made to the following fields:

- Diagnosis code (add or change)
- Procedure code (add)
- End date (not prior to today's date/no more than one year from start date)
- · Units (add, only)

### Prior to the End Date

If approved for . . . **60 days** Submit the request no later than . . . Day 59

If approved for . . . Less than 60 days Submit the request no later than . . . The day before the end date of the record

Examples: Days approved—5 . . . Deadline—Day 4
Days approved—10 . . . Deadline—Day 9

When the extension request requires review, submitting the request prior to the end date of the approved transaction allows the business days needed for the case manager to receive the additional information, review it and update the system.

### On or After the End Date

Requests for edits submitted on the end date or after the end date of the record will return a status of "Denied for Failure to Notify." To request an extension of the home care authorization on or after the end date of the approved transaction, submit a new transaction.

The new transaction will return a status of "Pended" for medical necessity review. Although this is a new initial transaction, it pends because there is another home care transaction in the system for the patient within the calendar year.

<sup>1</sup>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.

### **Edit Submission Examples**

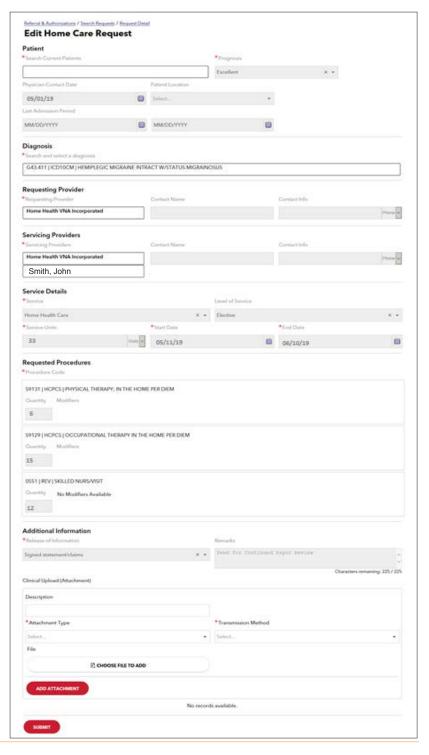
# Example 1: Add Visits and Extend the End Date

The patient needs six more weeks of services — Six additional skilled nursing visits and nine additional occupational therapy (OT) in the home sessions.

Reminder: As the end date of this approved home care transaction is June 10, 2019, the last date to edit this transaction is June 9, 2019.

To submit the online revision/extension request, click on the "Edit" button at the top of the screen

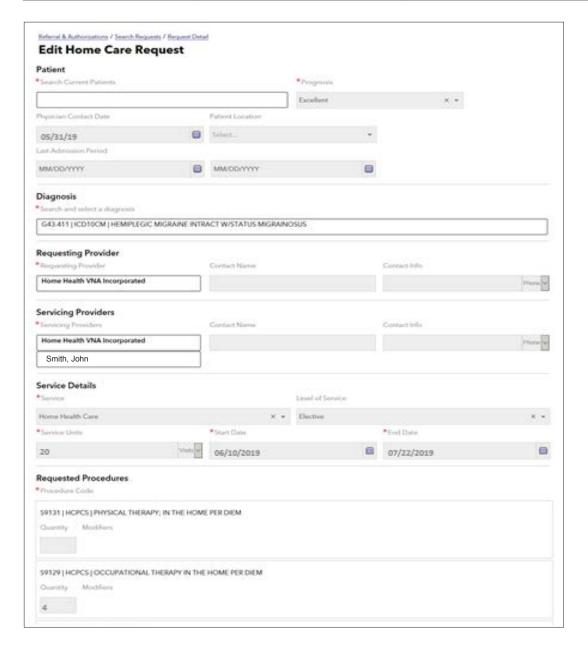
When the home care form displays, fields that can be changed are enabled with a search button, dropdown list, text box, or calendar icon. To request the extension, update the fields listed below and click on "Submit."



### **Example 1:** Add Visits and Extend the End Date, (continued)

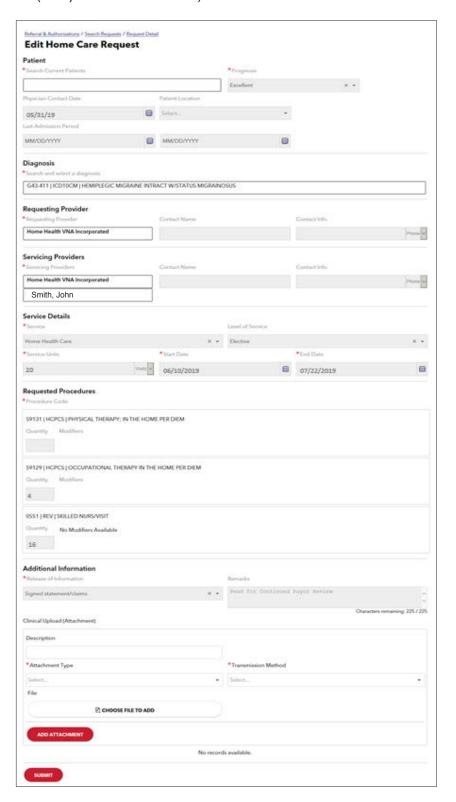
When the home care form displays, fields that can be changed are enabled with a search button, drop-down list, text box, or calendar icon. To request the extension, update the fields listed below and click on "Submit."

Field	New Value	Notes
Requested visit(s)	20	4 + 12 (nursing) + 4 (OT)
Procedure code quantity	0551 = 4 S9131 = 4 S0129 = 12	2 + 2 2 + 2 6 + 6
End date	06/10/2019	06/10/2019 + 6 weeks
Remarks (optional)	Example: Extend 6 week and add 6 skilled nursing and 9 OT visits	(Do not use punctuation or other keyboard characters)



### **Example 1:** Add Visits and Extend the End Date, (continued)

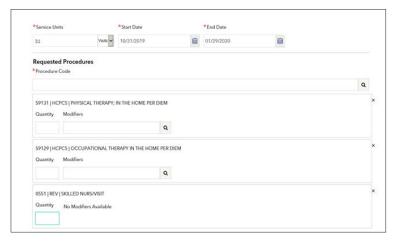
The response status indicates "Approved." Home care edit requests will auto-approve when the services are for nursing, PT, or OT (or any combination of these) and the total visit count does not exceed 40 visits.

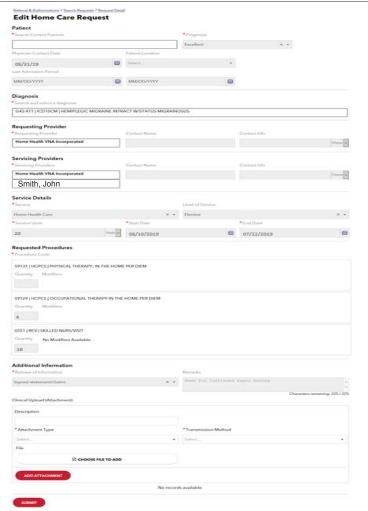


### Example 2: Add Visits, Add a New Procedure Code and Extend the End Date

The patient needs three more weeks of services: ten additional skilled nursing visits and add home health aide service, once a day for the three weeks (21 visits).

Reminder: As the end date of this approved home care transaction is June 10, 2019, the last date to edit this transaction is June 9, 2019.





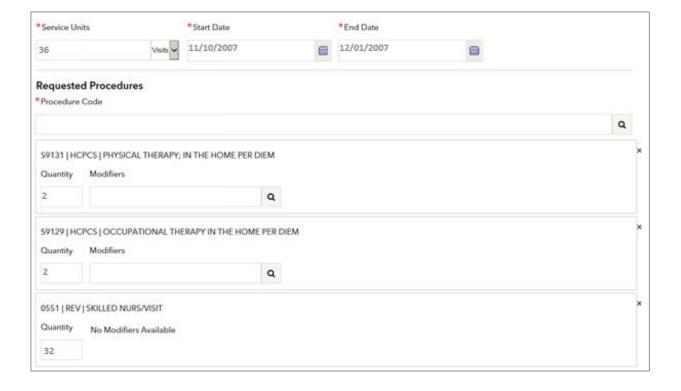
To submit the online revision/extension request, click on the "Edit" button.

When the home care form displays, fields that can be changed are enabled with a search button, drop-down list, text box, or calendar icon. To request the extension, update the fields listed below and click on "Submit."

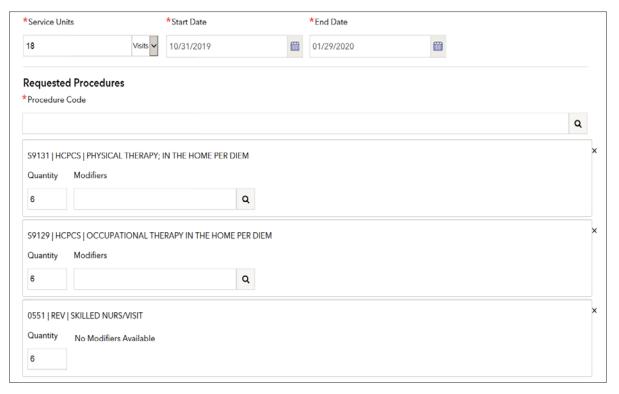
**Example 2:** Add Visits, Add a New Procedure Code and Extend the End Date, (continued)

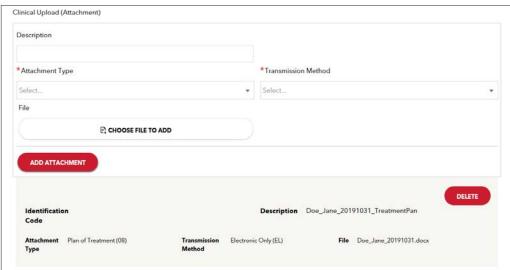
Field	New Value	Notes
Requested visit(s)	36	1 + 9 (nursing) + 21 (home health aide) + 2 (PT) + 2 (OT)
Procedure code quantity	0551 = 10 G0156 = 21 59129 59131	2 + 9 21 (new) 4 4
End date	12/01/2007	11/10/2007 + 21 days
Remarks¹ (Option 1)	Example: Extend 3 weeks for 9 skilled nursing and 21 HHA visits	(Do not use punctuation or other keyboard character "Additional")
Information¹ (Option 2)	N/A	Click here to attach the completed UHHA form for this patient

<sup>&</sup>lt;sup>1</sup>As this extension of services request includes services other than nursing, PT or OT, the transaction will pend for review. The needed additional information can be attached using either the "Remarks" field or the "Additional Information" link. Refer to How to Submit Additional Information via HPHConnect.



**Example 2:** Add Visits, Add a New Procedure Code and Extend the End Date, (continued)





The response status indicates "Pended" and the "Additional Information" section displays the list of clinical documentation needed for the review.

If	Then
You attached the necessary additional information at the time of submission	Disregard the "Additional Information" section on the detail screen
You did not attach the needed additional information at the time of submission	Refer to page 13 — "When the Transaction Pends"

### **Cancel the Transaction**

### When to Cancel a Transaction

The requestor or the servicing provider can cancel a pended 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, (e.g., private duty nursing vs. home health care).

  To correct this error, it is necessary to cancel the original record and enter a new one for the appropriate service.
- The wrong type of request was submitted, (i.e., specialist or admission rather than home care).

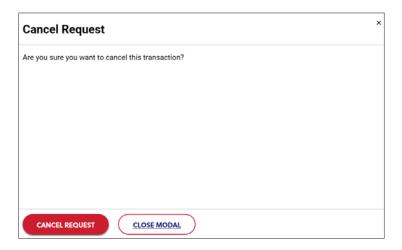
### How to Cancel a Transaction

To cancel the transaction:

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



2. When the verification screen displays, click "Cancel/Request" to submit the cancellation request.



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

