

Outpatient Pharmacy Transaction - Quick Reference Guide

Prior to Submitting an Outpatient Pharmacy Transaction

1. In Patient Management, select the member from the "Patient list," or add them if they do not appear.
2. Click on the "Referrals/Auths" link to access the Service Request Search Results screen that displays a list of the member's referrals and authorizations.
3. To access the detail of a record, click on "View" on the right side of the request.
4. If no record exists for the Pharmacy services for the patient, click on "Add" to enter a new transaction.

To Submit an Outpatient Pharmacy Transaction

1. Select "Outpatient" from the "New Request" dropdown.
2. Complete the required information for the Patient, Requesting Provider, and Servicing Providers.
3. Provide contact name/number and select "Pharmacy" as the Requested Service.
4. Complete any additional optional fields.
5. When you click on "Submit," the response will be returned to you directly and display the status, "Pended."
6. To print a copy or the response for your records, use the "Print Referral" link.

To Search for an Outpatient Pharmacy Transaction

1. In Patient Management, select the member from the "Patient list," or add them if they do not appear.
2. Click on the "Referrals/Auths" link to access the Service Request Search Results screen that displays a list of the member's referrals and authorizations.
3. To access the detail of a record, click on "View" on the right side of the request.
4. If no record exists for the Pharmacy services for the patient, click on "Add" to enter a new transaction.

Helpful Hints

1. To advance from field to field, use the TAB key instead of using your mouse. Do not hit "Enter" unless you need to search for the information for a field.
2. To move the cursor back a field, use the SHIFT + TAB keys together.
3. Enter all applicable medication procedure codes (J Codes) and the requested number of units for each drug.
4. Once approved, the outpatient pharmacy transaction will display "Start Date" and "End Date" and the number of units approved.
5. Complete the prior authorization form for Immune Modulating Drugs and return it to the fax number on the form or use the "Clinical Upload" section to attach it with your request. Authorization requests submitted without this form will remain in a pended status until clinical supporting documentation has been submitted. Harvard Pilgrim Utilization Review staff will respond with a coverage decision within 2 business days of receiving all supporting documentation.

Troubleshooting Problems

1. If you receive an error message and need to correct data in one or more fields, click the back arrow or use the breadcrumb links at the top of the submission link to correct the mistake(s) and resubmit the request.
2. If you receive the message, "Your request has not been returned from the server. You will receive a communiqué shortly.", click your browser "Back" button to resubmit the request.
3. If you have not used HPHConnect for 15 minutes, you will be signed out of the application and need to "Sign In" again before you can create a new admission transaction.



For more information, visit hphcproviders.healthtrioconnect.com

Complete all the required fields listed here:

Patient Name — (auto-populates the patient selected from the Current Patient list). Or use search options to locate the patient.

Diagnosis — You can enter up to 12 diagnoses. If you do not know the correct codes, you can search for them. See below. *

Requesting Provider — must be a provider with one of the required specialties listed above.

Contact Name and Contact Number —

Enter the contact name and contact phone, fax or email in the two corresponding fields. (These fields have a character limit of 60 and restricted characters <>, and #)

Servicing Provider — only one Servicing Provider (must be one of the required specialties listed above).

Service — Pharmacy

Requested Service Units — the number of Unit(s) requested.

Procedure Code — at least one is required. Note: Enter only IVIG procedure codes when submitting for IVIG services. If you need to search for the correct codes, see below. *

Start Date and End Date of service.

Release of Information — this will default to the selection "Signed Statement/Claims."

Remarks (optional) — enter text only; do not use punctuation marks or other keyboard characters — this is a free text field.

Clinical Documentation — Clinical notes/reports can be attached here if you have them (optional). File size cannot exceed 45 MB.

Click on "Submit" **to send** the request.

Outpatient Submission

Patient
*Search Current Patients
Select a patient

Diagnosis
*Search and select a diagnosis

Requesting Provider
*Requesting Provider *Contact Name *Contact Info

Servicing Providers
*Servicing Providers Contact Name Contact Info

Service Details
*Service Location
Select... Days

Requested Procedures
Procedure Code

Additional Information
Release of Information Remarks
Signed statement/claims Characters remaining: 225 / 225

Clinical Documentation

* When entering diagnoses, procedures, or servicing provider, if you don't know the correct names or terms for a field, you must search for each entry individually.

- a. Enter a partial name, code or search term in the appropriate field to use SMART search.
- b. A list of results, beginning with the characters you entered, will appear underneath the field.
- c. Select the correct item from the list provided, if it is there.
- d. If you do not see the results you are looking for, click the magnifying glass to perform an advanced search.
- e. Repeat this process for each entry