

Inpatient Rehabilitation Admission – Quick Reference Guide

Prior to Submitting an Admission Transaction

1. Check member eligibility.
2. When you are sure that you have the correct member, click on "Select" to add the member to the Patient list.
3. Check to see if an Admission authorization is already in place (See "To search for Admission Transactions" below)
4. Have your provider number (NPI).
5. Have the servicing provider's NPI, which you can find via the Office Management/Provider Directory.
6. Have the diagnosis code(s) (diagnosis codes are required for all rehabilitation admission transactions). You can pre-select diagnosis codes from the Office Management/Code Lookup.

To submit an Admission Transaction

1. Select the "Admission" tab from the New Request drop down list.
2. Complete the required information indicated with a red asterisk. Always enter the Facility Servicing Provider first when selecting the Servicing Providers.
3. Complete Contact Name/Info and any additional optional fields.
4. Complete additional optional fields, as needed.
5. Click on "Submit."
6. The response will be returned to you directly and display the status, Pended (for review).
7. To print a copy or the response for your records, use the "Print Referral" link.

To search for Admission Transactions

1. In Patient Management, select the member from the "Patient list."
2. Click on the "Authorizations & Notifications" link to access the Search Request screen that displays a list of the member's referrals.
3. Click on the "View" link to access the Detail of an existing record.
4. If no record exists for the service in question, click on "Add" to enter a new transaction

Helpful Hints

1. * Indicates required field.
2. To advance from field to field, use the **TAB** key instead of using your mouse.
3. To move the cursor back a field, use the **SHIFT + TAB** keys together.
4. Approved rehabilitation admission transactions will display the end date, the # of units approved, and the level of care authorized.

Troubleshooting problems

1. If you receive an error message and need to correct data in one or more fields, click the 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 the "Back" button to resubmit the request.
3. If you have not used HPHConnect for 15 minutes, you will need to log ins again before you can create a new admission transaction.



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Patient – auto-populates the patient name selected from the Current Patient list.

Diagnosis – You can enter up to 12 diagnoses. Search by code or by name. Be sure to include the decimal point if the diagnosis code requires one.

Requesting Provider – The contracted facility, a PCP or specialist may initiate a request.

Enter “**Contact Name**” and “**Contact Info**” in the two corresponding fields.

Servicing Providers – two are required – a facility (1st) and a physician (2nd).

Service – Select from the menu “Rehabilitation.”

Level of Service – Select “Elective, Urgent, or Emergency.”

Service Units – Enter the number of days.

Enter the “**Start Date**” of service.

Enter the “**End Date**” of service.

Release of Information – Defaults to “Signed Statement/Claims.”

Remarks – enter text only; do not use punctuation marks or other keyboard characters.

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

Referral & Authorizations / Search Requests
Admission Submission

Patient
*Search Current Patients
Select a patient [input] [Q]

Diagnosis
*Search and select a diagnosis
[input] [Q]

Requesting Provider
*Requesting Provider [input] [Q] Contact Name [input] Contact Info [input] Phone [dropdown]

Servicing Providers
*Servicing Providers [input] [Q] Contact Name [input] Contact Info [input] Phone [dropdown]

Service Details
*Service [dropdown] *Level of Service [dropdown]
Nsg Home Residential Status [dropdown] Admission Source [dropdown] Patient Status [dropdown]
*Service Units [input] Days [dropdown] *Start Date [calendar] 10/07/2019 End Date [calendar] 10/08/2019

Requested Procedures
Procedure Code [input] [Q]

Additional Information
*Release of Information [dropdown] Remarks [text area] Characters remaining: 225 / 225

Clinical Documentation
Description [input]
*Attachment Type [dropdown] *Transmission Method [dropdown]
File [input] [CHOOSE FILE TO ADD]
[ADD ATTACHMENT]
No attachment added.

[SUBMIT] [LOAD] [SAVE]