

Skilled Nursing Facility Inpatient 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 look for any codes from the Office Management/Code Lookup.

To Submit an Admission Transaction

1. Select “Admission” from the New Request drop-down.
2. Complete the required information for the patient, diagnosis, requesting provider, and servicing providers (Always enter the Facility Servicing Provider first) and any service details.
3. Provide Contact Name/Number if desired.
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” button at the top of the screen.

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 Requests” screen that displays a list of the member’s referrals/admissions.
3. Click on the “VIEW” link on the right side of your transaction summary box to access the detail of an existing record.
4. If no record exists for the service in question, click on the “New Request” button then “Admission” 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. Do not hit “Enter” unless you need to search for the information for a field.
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 back arrow or use the breadcrumb links at the top of the submission page 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’s “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.



The **Patient** field auto-populates when a member is selected from the “Current Patient List” under Patient Mgmt Tab or can be searched for using SMART or Advanced Search options.

Diagnosis – You can enter up to 12 diagnoses. Search by the code or keyword/code name if you do not know the correct code. 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. Options for Requesting Provider are limited to those you have on your access list.

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

Two **Servicing Providers** are required – a facility (1st) and a physician (2nd). See guide on performing searches, if needed.

Service – Select from the menu “Skilled Nsg Care Inpt.”

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

Nsg Home Residential Status – Required for Skilled Nsg Care Inpt.

Admission Source – Select from the dropdown list, if known.

Patient Status – Select from the dropdown list, if known.

Service Units – Enter the number of days.

Enter the **“Start Date”** of service. You can enter a date in the field or click on the “Quick Calendar” to select a date.

Enter the **“End Date”** of service.

Procedure Code – Search for and Select any known procedure codes for the service using the SMART or Advanced Search options.

Release of Information – this will default to the selection “Signed statement/claims.”

Remarks (Optional) – This is a free text field to enter any additional message to HPHC.

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

Click “Submit” **to send** the request.

[Referral & Authorizations / Search Requests](#)

Admission 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 *Level of Service

Nsg Home Residential Status Admission Source Patient Status

*Service Units Days *Start Date End Date

Requested Procedures

Procedure Code

Additional Information

*Release of Information Remarks

Characters remaining: 225 / 225

Clinical Documentation

Maximum of 10 Items May Be Attached to an Authorization