Home Health Care Transaction – Quick Reference Guide

Prior to Submitting a Home Health 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 a home care authorization is already in place (See "To Search for Home Care Transactions").
4. Have your provider number (NPI).
5. Have the attending provider's NPI, which you can find via the Office Management/Provider Directory.
6. Have the diagnosis/procedure code(s), which you can pre-select from the Office Management/Code Lookup.

To Submit a Home Care Transaction

1. Select "Home Care" from the "New Request" drop down.
2. Complete the required information for the patient, requesting provider, and servicing providers (name or NPI).
3. Provide contact name/number and requested service information.
4. Complete any additional optional fields. *Note*: If either the "Last Admission Period" or the "Patient Location" field is used, the other one is then required.
5. Click on "Submit." The response will be returned to you directly and display the status.
6. To print a copy or the response for your records, use the "Print Referral" link.

To Search for Home Care Transactions

1. In Patient Management, select the member from the patient list.
2. Click on the "Authorizations and Notifications" link to access the "Search Requests" screen that displays a list of the member's referrals and authorizations.
3. (Optional) To filter the data on the "Requested Service Search Results" screen, click on the "Modify Search" link to select specific criteria (e.g., Requesting or Servicing Provider, Requested Service, Status, Date Range).
4. Click on "View" on the right side of the screen to access the detail of an existing record.
5. If no record exists for the service in question, click on "New Request" to enter a new Authorization.

Helpful Hints

1. To submit additional information: Enter "Remarks," *or* attach the UHHA form via the "Clinical Upload" section.
2. To advance from field to field, use the TAB key instead of using your mouse. Use the magnifying glass for advanced searches. Do not hit "Enter" unless you are using the advanced search option.
3. To move the cursor back a field, use the SHIFT + TAB keys together.
4. Approved home care transactions will display the start date and end date and the # of visits approved (not to exceed the number of visits requested).
5. Incomplete transactions can be saved by clicking the "Save" button the bottom of the screen. Enter a name for your request and click "Save". Saved/incomplete transactions may be accessed via the Referral & Authorizations start page. Click the request name, complete the required fields and click "Submit".

Troubleshooting Problems

1. If you receive an error message and need to correct data in one or more fields, scroll up to the section marked in red 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. You may also check the status of your request via Patient Management.
3. If you have not used HPHConnect for 15 minutes, you will need to "Sign In" again before you can create a new admission transaction.

Home Care/Home Health Visits Page

Patient Name — SMART search that Auto-populates from the current patient list. Use the magnifying glass to search for Patients that are not on the Current Patient List.

Prognosis Code — Select from the list.

SNF Indicator — Select "Yes," "No," or "Unknown."

Optional — Enter the "**Physician Contact Date**."

Optional — Enter the "**Last Admission Period****" start and end dates.

Optional — Select the "**Patient Location***" from the list.

Requesting Provider — Any HPHC contracted provider with the following specialties may submit the home care transaction:

- Occupational therapist
- Physical therapist
- Speech therapist
- Acute care facility
- Skilled nursing facility
- Rehabilitation facility

Entering the name or NPI of the provider and select the appropriate result. Click on the magnifying glass for advanced search options.

Enter "**Contact Name**" and "**Contact Number**" in the two corresponding fields.

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. If you know the correct codes, you can submit multiple entries at one time, separated by a semi-colon. If you do not know the correct codes, you can search for them.[1] To add notes to explain the diagnosis, refer to "Remarks" on this page.

Servicing Provider — Two servicing providers are required: a VNA (1st) and a physician (2nd). If you do not know the correct name or NPI, see below*

Requested Service — Requested Service defaults to "Home Health Care"

Requested Units — Enter the number of visits requested.

Procedure Code — Is needed for home care services. Enter the code or name of the procedure.

Enter both **start date** and **end date** of service.

Release of Information — Defaults to "Signed Statement/Claims"

Additional Information — Alternate option for submitting additional information to HPHC.
Note: Enter text only, that is, letters and/or numbers; do not use punctuation marks or other keyboard characters.

Clinical Upload (Attachments) — Attach clinical documents such as the completed UHHA form.

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

*If either of these fields is completed, the other one then becomes required.

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Prior to Submitting a Home Health Care Revision Request

1. Check the end date of the transaction.
   - Edit requests can only be submitted prior to the end date.

   On or after the end date, submit a new request.

2. Print the approved transaction "Detail" to keep a copy for your records of what has been authorized.

3. Review the diagnosis code(s) to determine if any additional codes need to be submitted.

   If additional diagnosis codes are needed, use the Office Management/Code Lookup to pre-select them.

4. Review the procedure code(s) to determine if any additional codes need to be submitted to reflect all the services that are being provided.

   If additional procedure codes are needed, refer to your list of contracted procedure codes from your Harvard Pilgrim contract.

To Submit a Home Health Care Revision Request

1. Click on the "Edit" button.

2. Enter the revised data in the appropriate fields.

3. Click on "Submit."

4. The response will be returned to you directly and display the status "Pended."

To Submit the Required Additional Information

1. Select "Home Care" from the "New Request" drop down.

2. Complete the required information for the patient, requesting provider, and servicing providers (name or NPI).

The Revision Request Response

1. Home care transaction revision requests may "Pend" for review.

2. If the transaction is pended:
   - The "Approved Units" and "End Date" are blank. (Refer to your printed copy of the transaction "Detail" for what was previously approved.)
   - The "Additional Information" section indicates what's needed for the review of the request and the fax number of the reviewer.

Helpful Hints

1. To submit additional information:
   - Enter "Remarks," or
   - Attach the UHHA form via the "Clinical Upload" section.

2. To advance from field to field, use the TAB key instead of using your mouse.

   Use the magnifying glass for advanced searches. Do not hit "Enter" unless you are using the advanced search option.

3. To move the cursor back a field, use the SHIFT + TAB keys together.

Troubleshooting Problems

1. If you receive an error message and need to correct data in one or more fields, scroll up to the section marked in red to correct the mistake(s) and resubmit the request.

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> For more information, visit **https://hphcproviders.healthtrioconnect.com/**

Home Health Care Edit Form

Before the Start Date

Edits can be made to the following fields:
- Servicing provider
- Diagnosis code (add or change)
- Start date (not prior to today's date)
- End date
- Units (add or reduce)
- Remarks

After the Start Date but Prior to the End Date

Edits can only be made to the following fields:
- Diagnosis code (add or change)
- End date (not prior to today's date & no more than one year from start date)
- Units (add only)
- Remarks

After the End Date

No edits can be made to the current record.

Enter the Extension Request

1. Enter or search for and select the additional diagnosis code(s), if applicable

2. Update the "Requested Units"

3. Update the "End Date"

4. Enter Remarks (Optional), such as:
   - The date of the addition of the 2nd diagnosis

5. Click on "Submit"

6. If pended, fax the clinical information to the number indicated in the "AdditionalInformation" section

Diagnosis Code Search

If you don't know the correct names or terms for a field, you must search for each entry individually.

1. Enter a partial name or number in the appropriate field.

2. Click on the "Search" button at right. A list, beginning with the characters youentered, will appear.

3. Select the correct item from the list provided.

4. Repeat this process for each entry.