HPHConnect for Providers User Guide

DECEMBER 2019

Harvard Pilgrim Health Care
a **Point32Health** company

Skilled Nursing Facility Inpatient Authorization Requests

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Skilled Nursing Facility 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, servicing provider or the patient's PCP.

When to Use HPHConnect

HPHConnect for Providers users can submit RA transactions and access two years of RA transaction history for Harvard Pilgrim HMO, POS, and PPO members online. 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 or for Healthplans Inc. For UnitedHealthcare's related policies/procedures, please go to www.harvardpilgrim.org or call 800-708-4414, option 2. Transactions for behavioral health services should also not be submitted through HPHConnect.

Notification/Authorization Requirements

Prior authorization is required for inpatient admissions to skilled nursing facilities (SNFs).

Authorization should be requested prior to the date of admission (**at least one week prior in advance when possible**) to allow Harvard Pilgrim time to evaluate member eligibility, level of benefits and medical necessity.

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.

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

Submit the authorization request:

- As soon as you are **certain** that the patient will be coming to your facility
- No later than one business day after the admission takes place

Submission Process

Go to www.harvardpilgrim.org/providers. Click on "log into HPHConnect" and sign in.

1. Verify patient eligibility. Is the patient "active" with Harvard Pilgrim? If no, contact the patient for information.
2. Check Authorizations & Notifications status to see if a transaction is already in the system. If yes, review the service record detail to determine if a new request is really needed.
3. If the patient is eligible and no transaction exists, enter the Admission request.

Requesting Provider

The facility, the member's PCP or the specialist can submit the authorization request.

Servicing Provider

Two servicing providers are required on the admission transaction. The provider's name or NPI is required. Enter the providers in the following order:

- **First –** the facility
- **Second –** the clinician, either a primary care or specialist provider

The provider's name, NPI, or Harvard Pilgrim ID # can be used to search for them.

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

Submit the Initial Transaction

Submission Fields

All required fields display **a red asterisk** * and must be completed in order to process the request. In addition to the standard required fields, the requesting provider can supply contact information, if desired. All other fields not marked are optional.

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

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* – Select Requesting Provider, if it is not pre-filled. When a search is needed, enter the provider's name, provider ID, or NPI. Or use advanced search options for more.

Contact Name/Contact Info – This is helpful for the Harvard Pilgrim Case Manager when additional information is needed.

Servicing Provider(s)* – There should be two. Enter the Facility first and physician second. Use Name, NPI, or Provider ID to search or open Advanced Search if needed.

Service* – Select "Skilled Nsg Care Inpt"

Level of Service* – Elective, Emergency, or Urgent

Nsg Home Residential Status – Select the appropriate status code. This field is required for Skilled Nsg Care Inpt admission transactions.

Admission Source – Select Admission Source from the dropdown, if desired

Patient Status – Select the Patient Status from the dropdown, if desired

Service Units* – Enter the number of days requested.

Start Date* – Date of admission.

End Date – Expected discharge date.

Procedure Code – Search for and enter any applicable procedure codes, if known.

Release of Information* – This field will default to "Signed statement/claims" and does not need to be changed.

Remarks – Free text field for entering any remarks the user wants to send to HPHC

Clinical Upload (Attachment) – Attachment Type and Transmission Method are required fields only when paperwork is added (Paperwork is not required for initial submission)

Note: When entering text in the "Remarks" field, enter letters and/or numbers only; **do not** use punctuation marks or other keyboard characters.

Admission Services Form

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

Phone

Servicing Providers
*Servicing Providers   Contact Name   Contact Info

Phone

Service Details
*Service   *Level of Service
Skilled Nsg Care Inpt   Select...

Nsg Home Residential Status   Admission Source   Patient Status
Select...   Select...   Select...

*Service Units   *Start Date   End Date
Days   11/15/2019   11/16/2019

Requested Procedures
Procedure Code

Additional Information
*Release of Information   Remarks
Signed statement/claims

Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description

*Attachment Type   *Transmission Method
Select...   Select...

File
CHOOSE FILE TO ADD

ADD ATTACHMENT

No attachment added.

SUBMIT   LOAD   SAVE

The Transaction Response

Key Information

In the Request Detail, you will find the:

- Status of the transaction — approved, pended or denied, or no action required
- Patient's name and Member ID#
- Request Number, e.g., HPA12346
- Submitted on Date
- Diagnosis Code(s)

The requesting provider's and servicing provider's National Provider Identifier (NPI) display on both the transaction detail screen and the print referral.

On approved SNF and rehabilitation facility admission transactions, the end date, # of units approved, and remarks indicating the "level of care" authorized will display.

The "Edit" button only displays on approved transactions.

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

The "Additional Remarks" field displays a summary explanation of the status of the transaction or shows reasons for a rejection or denial.

Pended for Review

All skilled nursing facility admission transactions pend for review, both initial requests and revision requests.

When a transaction pends for review, the Harvard Pilgrim reviewer updates the Admission record to reflect the final status, Approved or Denied, within two (2) business days of receiving all information needed to complete the review. The Clinical Upload (Attachment) section should be used to include any relevant clinical documentation during the initial submission to expedite the review process.

The requesting provider, the servicing provider and the member's PCP will receive notification of the changed status of the transaction via the Activity Summary, if enabled.

Finalized Admission Transaction

To print a copy of the response for your records, use the "Print" button. This will bring up the printer options available to you on your computer.

Request Detail

🔍 View Audit   🖨 Print   (EDIT)   (CANCEL)

Admission Request

Approved

Patient	Member ID	Request Number	Submitted On
DOE, JANE	HPP12345600	HPA101145858	11/25/2019

Diagnosis

Diagnosis Codes
M54.10 RADICULOPATHY SITE UNSPECIFIED
M41.9 SCOLIOSIS UNSPECIFIED
R26.89 OTHER ABNORMALITIES GAIT & MOBILITY

Requesting Provider

Provider	Provider NPI
Geriatric Authority of Milford	1346236908

Contact Name	Contact Medium	Contact Info
LEE, MARY	Phone	508-902-7469

Servicing Providers

Geriatric Authority of Milford

See More ⌄

Aoude, Fouad

See More ⌄

Contact Name	Contact Medium	Contact Info

Requested Service

Service	Level of Service
Skilled Nsg Care Inpt	Elective (E)

Requested Units	Approved Units
7 (Day(s))	10 (Day(s))

Source

Start Date	End Date
11/15/2019	11/25/2019

Requested Procedures

No records available.

Additional Information

Release of Information	Additional Remarks
Signed statement/Claims (Y)	Transaction approved, Level Of Service: SKILLED NURSING INPATIENT FACILITY - LEVEL I.

Clinical Upload (Attachment)

No records available.

Attachments

Download File
doe,jane.pdf 📄

Revisions to an Admission Transaction

Guidelines

- Only the Requestor can Edit or Cancel a transaction.
- Only approved transactions can be edited.
- Only approved or pended transactions can be canceled.
- No changes can be made to the:
    - Type of request (outpatient, admission, specialist, home care, or transportation)
    - Patient
    - Service requested

Note: if there is a change in the patient's level of care, a new transaction must be submitted.

Edit the Approved Transaction

Before the Start Date

Edits can be made to the following fields:

- Servicing provider
- Diagnosis code (add or change)
- Units
- Nursing Home Residential Status code
- Level of Service
- Start date (not prior to "today's" date)
- End Date

After the Start Date but prior to the End Date

Edits can be made to the following fields:

- Diagnosis code (add or change)
- Units
- End Date (not prior to "today's" date and not more than a year from the "Start Date")

After the End Date

HPHConnect will not accept requests for edits after the end date of a record.

Cancelling a 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.
- The wrong type of request was submitted, (e.g., specialist or outpatient rather than admission).

To correct any of these errors, it is necessary to cancel the original record and enter a new one with the appro- priate detail.

How to Cancel a Transaction

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

2. When the Verification screen displays, click "Cancel Request" to continue with the cancellation request.
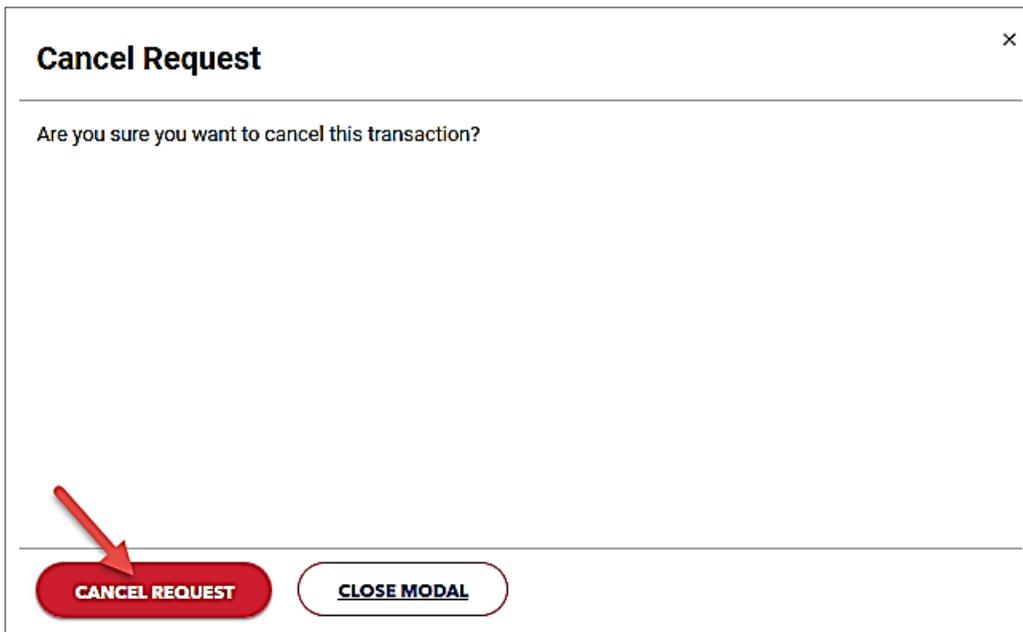
3. The transaction re-displays and the Status indicates "Approved (**Canceled**)," **that is, the request to cancel the transaction was approved.**