



Harvard Pilgrim  
HealthCare

*HPHConnect* for Providers

# Submitting Physician Referrals User Guide

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# Specialty Care Referrals Overview

## Introduction

To submit transactions online, the provider must be contracted with Harvard Pilgrim and be a participating provider for the member's product.

The user's Access List determines which referral transactions can be viewed. Access to referral transactions is limited to the following providers on the user's access list: the requesting provider, the servicing provider, or the patient's primary care physician (PCP).

## When to use HPHConnect

HPHConnect for Providers users can submit referrals for specialty care, and access two years of referral transaction history online for Harvard Pilgrim HMO and POS members.

## Referral Requirements

Harvard Pilgrim's requirements for referrals — including when a referral is required, initiating a referral, standing referrals, and more — are detailed in the *Referral, Authorization, and Notification* section of our online commercial *Provider Manual*. For complete information, please refer to this section, particularly the *Referral Policy and Procedures* documents.

## Submission Process

Go to [www.harvardpilgrim.org/providerportal](http://www.harvardpilgrim.org/providerportal) and sign in.

1. Verify patient eligibility. Is the patient active with Harvard Pilgrim? If not, contact the patient for current information.
2. Check referral status to see if a transaction is already in the system. If yes, review the Specialist Request Detail.
3. If the patient is eligible and no transaction exists, enter the Specialist Ref/Auth Submission.

## Requesting Provider

Only a member's PCP or a covering PCP from the same care unit can refer a member to a specialist.

## Servicing Provider

Only one servicing provider is required for the Specialist Ref/Auth Submission. (For Vision [optometry], the servicing provider must be an ophthalmologist or optometrist.)

The provider's name or NPI is required.

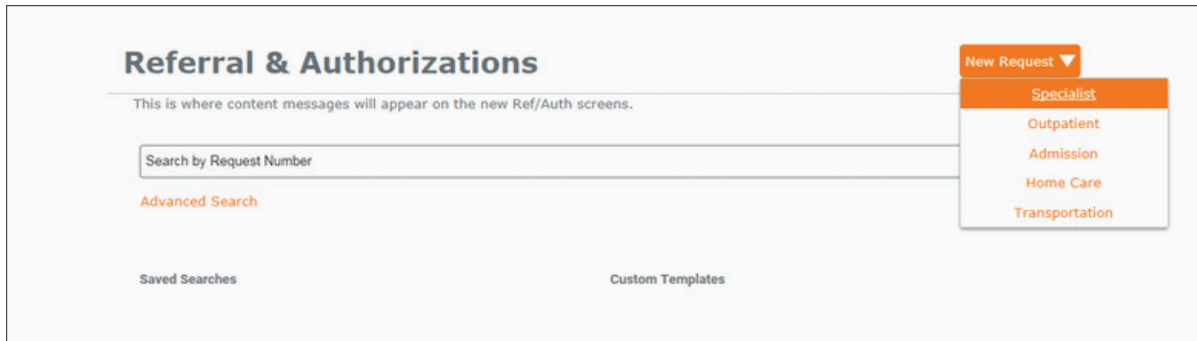
## Standing Referrals

Standing referrals are valid for 364 days.

(continued)

# Submitting the Initial Transaction

Begin with the New Request button at the top of the page and select from the drop-down list of service types.



Please complete the required fields on the Specialist Referral Submission page.

Referral & Authorizations / Search Requests

## Specialist Ref/Auth Submission

This is where content messages will appear on the new Ref/Auth screens.

**Patient**

\* Search Current Patients

---

**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

\* Service Units   \* Start Date   \* End Date

---

**Requested Procedures**

Procedure Code

---

**Additional Information**

\* Release of Information   Remarks   
Characters remaining: 225 / 225

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**Paperwork**

Description

\* Attachment Type   \* Transmission Method

File

No paperwork added.

(continued)

## Performing Searches

Searches are available for five different fields when entering a referral: Patient, Diagnosis, Requesting Provider, Servicing Provider(s), and Procedure Code. Each field will have two options for performing your search: smart and advanced search.


### Smart Search

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To perform a smart search, begin typing your search criteria (NPI, diagnosis code, etc.) directly into the search field on the request entry screen. Search results will narrow automatically. Click on the desired selection when it becomes visible underneath the search bar.

### Advanced Search

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An advanced search returns more results for each field and can be accessed by clicking the  icon to the right of the search bar. These searches require you to type a full search term and/or select from dropdown lists to narrow your search. Then make your selection(s) from the displayed results. Click the add button to include multiple selections simultaneously (if applicable). Once your selections are made, close the advanced search box to the request entry screen.

### Patient Search

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Smart searches by a member ID # or your patient's last name will work within your current patient list only (patients must first be added under patient management). Otherwise, click the magnifying glass to search all members by ID # or name and DOB.

### Diagnosis and Procedure Code Searches

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In addition to searching by an exact diagnosis or procedure code, you may type in a general search term such as knee, leg, etc.

### Requesting and Servicing Provider Searches

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You can conduct a smart search for requesting and servicing providers in several ways: by provider last name, Harvard Pilgrim Provider ID number, or NPI. You may narrow down the search results by type for Requesting Provider and by address, type or specialty for Servicing Provider. Please note, though, that your options for requesting provider will be limited by your access list, and you may only choose providers you already have access to in *HPHConnect*.

(continued)

## 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 may supply contact information, when applicable. All other fields are optional.

| Field                       | Requirement   |
|-----------------------------|---|
| Patient*                    | Enter the patient name. This is pre-filled when the transaction is entered via Patient Management.  |
| Diagnosis*                  | Enter all diagnosis codes that are indicated on the physician's orders. At least one diagnosis code is required and up to 12 can be submitted.                        |
| Requesting Provider*        | Select from the drop-down list, if not pre-filled. When search is needed, enter the provider's name, provider ID or NPI.  |
| Contact Name / Contact Info | Please complete this field to enable us to contact you more easily if additional information is needed to process your request.                                       |
| Servicing Providers*        | Enter one provider only, including the provider's name, provider ID, or NPI.  |
| Service*                    | Provide service type (for example, 2nd Surgical Opinion, Consult, Physician Visit–Office Sick, Physician Visit–Office Well, etc.)                                     |
| Level of Service*           | Select one of the following levels of service: elective, emergency or urgent.   |
| Service Units*              | Provide number of visit(s) requested up to a maximum of 99 days.  |
| Start Date* & End Date*     | Supply a date range for requested services to be rendered up to a maximum of 364 days.  |
| Procedure Code & Quantity   | This field is required only if the servicing provider is not contracted with Harvard Pilgrim.   |
| Release of Information*     | Select signed statement/claims.   |
| Paperwork                   | The following fields are required only when documentation is added: Attachment Type and Transmission Method. (Documentation is not required for referral submission.) |

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

## The Initial Transaction Response

### Key Information

The Edit button only displays on approved and modified transactions.

The Cancel button displays on pending, approved, and modified transactions.

In the Request Detail, you will find the:

- Status of the transaction: approved, modified, pending, denied or no action required (e.g., service does not require a referral, such as a routine eye exam for an HMO member)
- Patient's Name and Member ID#
- Request Number, e.g., HPA123456789
- Submitted on Date

The requesting provider's and servicing provider's National Provider Identifier (NPI) is displayed on the Request Detail Screen (you may have to select "See More").

On approved, specialist service transactions, the end date and number of units allowed display.

The Additional Remarks field displays a summary of the status of the transaction.

### Evidence of PCP Referral

Specialist claims for most services require evidence of a referral from the member's PCP, indicating that the specialist is providing care at the request of the PCP. The following information must be entered on the CMS-1500 claim form:

| Box | Enter  |
|-----|--|
| 17  | Referring PCP's name                               |
| 17b | Referring PCP's National Provider Identifier (NPI) |

Failure to include complete referral information, including accurate referring PCP's name and NPI on the claim, will result in an administrative denial.

(continued)



## Approved Specialist Submission: Request Detail

To print a copy of the response for your records, use the browser print option or print button on the top of the Request Detail page.

HOME
PATIENT MANAGEMENT ▾
OFFICE MANAGEMENT ▾
ADMINISTRATION ▾
REFERENCES ▾

Referral & Authorizations / Search Requests

View Audit
Print
Edit
Cancel

### Request Detail

**Specialist Request**  
Approved

|                             |                                 |                                       |                                  |
|-----------------------------|---------------------------------|---------------------------------------|----------------------------------|
| <b>Patient</b><br>Doe, John | <b>Member ID</b><br>HP123456700 | <b>Request Number</b><br>HPA100868960 | <b>Submitted On</b><br>3/19/2019 |
|-----------------------------|---------------------------------|---------------------------------------|----------------------------------|

**Diagnosis**  
**Diagnosis Codes**  
 H02.525 BLEPHAROPHIMOSIS LEFT LOWER EYELID

**Requesting Provider**

|                                |                                   |
|--------------------------------|-----------------------------------|
| <b>Provider</b><br>Smith, Jane | <b>Provider NPI</b><br>1012345678 |
| <b>Contact Name</b>            | <b>Contact Medium</b>             |
|                                | <b>Contact Info</b>               |

**Servicing Providers**

Jones, Mary
See More ▾

|                     |                       |                     |
|---------------------|-----------------------|---------------------|
| <b>Contact Name</b> | <b>Contact Medium</b> | <b>Contact Info</b> |
|---------------------|-----------------------|---------------------|

**Requested Service**

|  |   |
|--|---|
| <b>Service</b><br>Consult              | <b>Level of Service</b><br>Elective (E) |
| <b>Requested Units</b><br>1 (Visit(s)) | <b>Allowed Units</b><br>1               |
| <b>Start Date</b><br>3/19/2019         | <b>End Date</b><br>6/17/2019            |

**Requested Procedures**  
No records available.

**Additional Information**

|  |   |
|--|---|
| <b>Release of Information</b><br>Signed statement/Claims (Y) | <b>Additional Remarks</b><br>Transaction approved |
|--|---|

**Paperwork**  
No records available.

**Attachments**  
No records available.

If you have attached supporting documentation, your files may not be displayed immediately due to file processing. Please check back later.

(continued)

## **Pended for Review**

Transactions may pend for review in certain cases, such as when the servicing provider is not contracted with Harvard Pilgrim Health Care or when the provider is contracted but is non-participating in that member's particular plan. Transactions that have been pended will indicate in the comments section what information is needed to facilitate this review.

When a transaction pends for review, the Harvard Pilgrim reviewer updates the Specialist Services record to reflect the final status, approved or denied, within two business days of receiving all information needed to complete the review.

## Revisions to a Specialist Service Transaction

The requesting provider (the PCP) will receive notification of the changed status of the transaction via the Activity Summary, if it is enabled.

### Guidelines

- Only the requestor can edit or cancel a transaction
- Only approved transactions can be edited
- Only approved or pended transactions can be cancelled
- No changes can be made to:
  - The type of request (outpatient, admission, specialist, home care, or transportation)
  - The patient
  - The service requested (consult, physician visit—office sick, etc.) See Canceling the Transaction (page 8).

### Before the start date

Edits can be made to the following fields:

- Diagnosis Code (add or change)
- Servicing Provider
- Procedure Code (add or change), required only if referring to a non-contracted servicing provider

### After the start date but prior to the end date

Edits can be made to the following fields:

- Diagnosis code (add or change)
- Units (add or reduce)
- End date (not prior to today's date and no more than one year from start date)
- Procedure code (add or change), required only if referring to a non-contracted servicing provider

### After the End Date

*HPHConnect* will not accept requests for edits after the end date of a record. It is necessary to cancel the original record and enter a new one for the appropriate service.

## Canceling the Transaction

### When to Cancel a Transaction

The requestor or the servicing provider can cancel a pending or approved transaction at any time if:

- The record was entered for the wrong patient.
- The wrong type of request was submitted (i.e., outpatient or admission rather than specialist service, etc.)
- The wrong service type was selected in the original request, i.e., consult vs. physician visit–office sick.

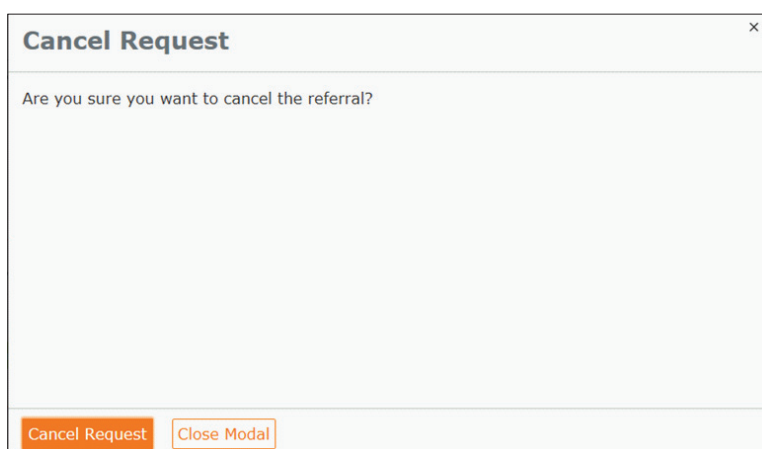
### How to Cancel a Transaction

To cancel the transaction:

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



2. When the Verification screen displays, click “Yes” to submit the cancellation request.



3. The transaction will re-display and the status will indicate “Approved (Canceled),” meaning the request to cancel the transaction was approved.

# Appendix