

Prior to submitting a Specialist Referral:	
1.	Check member eligibility.
2.	When you find the correct member, click Select to add the member to the patient list.
3.	Check to see if a referral is already in place (See “To search for Specialist Referrals” below).
4.	<p>Have the following information on hand:</p> <ul style="list-style-type: none"> • Servicing provider’s NPI — Obtain via the Office Management/ Provider Directory • Diagnosis code(s) • Procedure code for referrals to non-contracted providers <p>You can obtain the NPI via the Office Management/Provider Directory section of <i>HPHConnect</i>, while the diagnosis and procedure codes are available in the Office Management/Code Lookup section</p>



To submit a Specialist Referral:	
1.	Select the Specialist from the New Request drop down list.
2.	Complete the required information for the Patient, Diagnosis, Requesting Provider, Servicing Providers, Service Details and Additional.
3.	Provide Contact Name/Info.
4.	Complete any additional optional fields, as needed, e.g., CPT procedure code for referrals to non-contracted providers.
5.	Click Submit. The response will be returned to you directly and display one of these statuses: Pended (for review), Denied, or No Action Required (no referral required).
6.	To print a copy of the response for your records, use the Print button at the top of the screen.

To search for Specialist Referrals:	
1.	In Patient Management, select the member from the Patient list.
2.	Click on the Referrals link to access the Referral Request Search Results screen that displays a list of the member’s referrals.
3.	Click on View to access the detail of an existing record.
4.	If no record exists for the service in question, click on Referrals to enter a new referral.

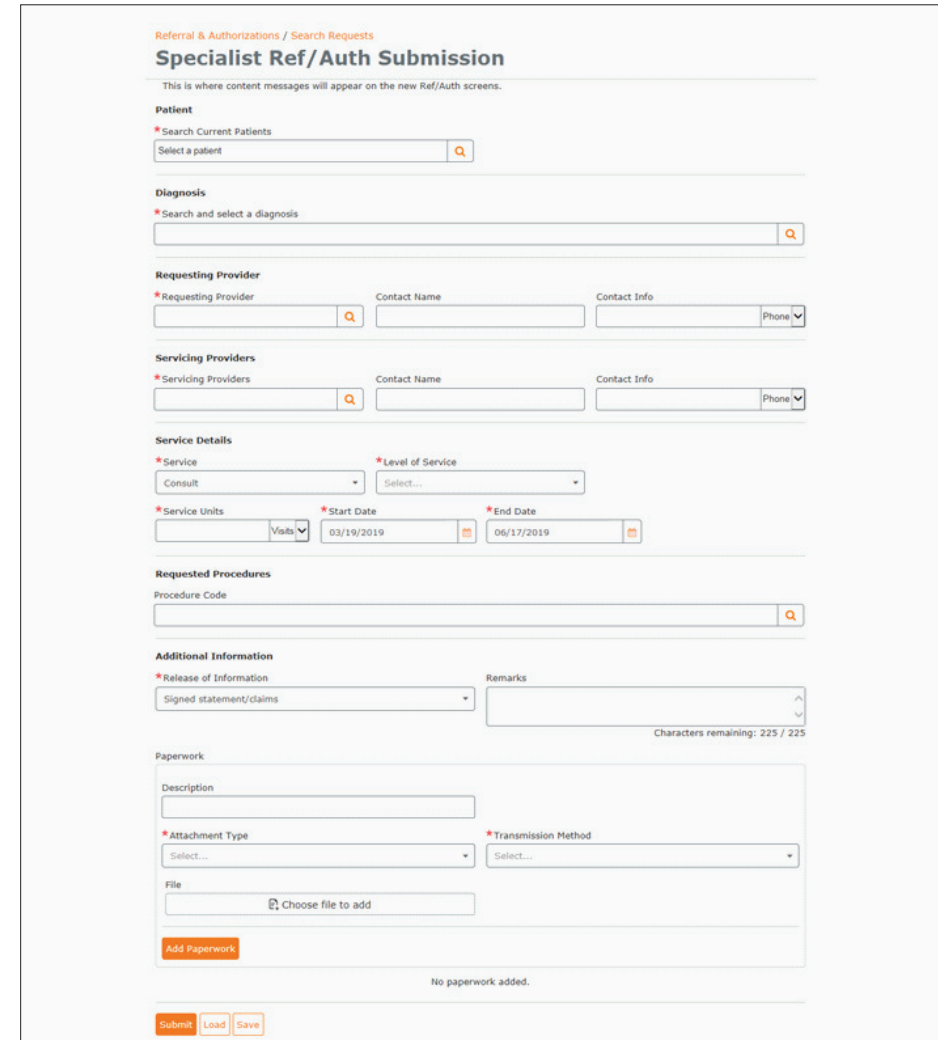
Helpful Hints:	
1.	* Indicates required field.
2.	To advance from field to field, use the TAB key instead of using your mouse. Do not hit Enter unless you need to search for the information for a field.
3.	To move the cursor back a field, use the SHIFT + TAB keys together.
4.	Current procedural codes (CPT) codes are 5-digit codes that range from 10000–99999. Only CPT codes will be accepted on specialist referrals.

Troubleshooting problems:	
1.	If you receive an error message and need to correct data in one or more fields, click the back arrow 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 on the Back button to resubmit the request.
3.	If you have not used <i>HPHConnect</i> for 15 minutes, you will need to log in again before you can create a new admission transaction.

Performing Searches

- Searches are available for the following fields: Patient, Diagnosis, Requesting Provider, Servicing Provider(s), and Procedure Code. Each field will have two options: Smart or Advanced Search
- **Smart Search** — To perform a smart search, begin typing your search criteria (patient name, 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**  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 drop-down 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 by member name or ID. As type the patient's name, a list of options will auto populate.
- **Diagnosis** — Search for diagnosis by code or name. You may enter up to 12 search terms. Be sure to include the decimal point if the diagnosis code requires one. If you do not know the correct codes, you can search for them (see below).
- **Requesting Provider** — Please complete with the member's PCP or covering PCP in the same local care unit, including contact name and phone number.
- **Servicing Provider** — Can search for servicing provider by name, ID, NPI, specialty or zip code. Must be a physician (for vision, must be an ophthalmologist or optometrist).
- **Service** — Select appropriate service from the drop-down menu
- **Level of Service** — Select the level of service from the following: elective, emergency or urgent.
- **Service Units** — Enter the number requested up to a maximum of 99 days.
- **Start and End Dates** — Enter the time frame for the service up to a maximum of 364 days.
- **Procedure Code** — Required only if the servicing provider is not contracted with Harvard Pilgrim. Search by CPT code or name. You may submit multiple entries at one time, separated by a semi-colon.
- **Release of Information** — Select Signed Statement/claims.
- **Remarks** (optional) — Enter text only; do not use punctuation marks, symbols, or other special characters.

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



The screenshot shows the 'Specialist Ref/Auth Submission' form in the HPHConnect system. The form is titled 'Referral & Authorizations / Search Requests' and 'Specialist Ref/Auth Submission'. It includes several sections for data entry:

- Patient:** A search field for 'Search Current Patients' with a magnifying glass icon.
- Diagnosis:** A search field for 'Search and select a diagnosis' with a magnifying glass icon.
- Requesting Provider:** Fields for 'Requesting Provider' (with a magnifying glass icon), 'Contact Name', and 'Contact Info' (with a 'Phone' dropdown).
- Servicing Providers:** Fields for 'Servicing Providers' (with a magnifying glass icon), 'Contact Name', and 'Contact Info' (with a 'Phone' dropdown).
- Service Details:** Fields for 'Service' (dropdown), 'Level of Service' (dropdown), 'Service Units' (dropdown), 'Start Date' (calendar icon), and 'End Date' (calendar icon).
- Requested Procedures:** A search field for 'Procedure Code' with a magnifying glass icon.
- Additional Information:** A dropdown for 'Release of Information' (set to 'Signed statement/claims') and a text area for 'Remarks' (with a character count of 225 / 225).
- Paperwork:** A section for 'Description', 'Attachment Type' (dropdown), 'Transmission Method' (dropdown), and a 'File' upload area with a 'Choose file to add' button and an 'Add Paperwork' button.

At the bottom of the form, there are 'Submit', 'Load', and 'Save' buttons. A message at the bottom right of the form area states 'No paperwork added.'