

HPHConnect for Providers User Guide

Submitting Surgical Day Care Requests

November 2019

Table of Contents

OVERVIEW	3
Introduction	3
When to Use HPHConnect	3
When Not to Use HPHConnect.....	3
Notification/Authorization Requirements	3
Submission Process	3
Requesting Provider.....	3
Servicing Provider	3
SUBMIT THE INITIAL TRANSACTION	4
Outpatient Submission Form.....	4
Required Submission Fields	5
CLINICAL UPLOAD (ATTACHMENT)	6
Attaching Clinical Documentation	6
COMPLETING THE INTERQUAL® REVIEW	7
InterQual® Review Criteria.....	7
THE TRANSACTION RESPONSE	10
Key Information.....	10
SDC Transaction Response.....	11
Pended for Review	12
REVISIONS TO AN OUTPATIENT TRANSACTION	13
Guidelines	13
Edit the Transaction.....	13
- Before the Start Date	
- After the Start Date but Prior to the End Date	
- After the End Date	
CANCELING THE TRANSACTION	14
When to Cancel a Transaction.....	14
How to Cancel a Transaction	14

Overview

Introduction

To submit transactions online, one must be contracted with Harvard Pilgrim as a participating provider for the member's product. The user's access list determines which 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 <http://www.harvardpilgrim.org> or call 800-708-4414, and press 2. Transactions for behavioral health services should also not be submitted through *HPHConnect*.

Notification/Authorization Requirements

Notification to Harvard Pilgrim is not required for surgical day care and ambulatory/minor surgery services unless the procedure requires prior authorization. (For a list of surgical procedures that require authorization, refer to Harvard Pilgrim's Authorization Policy.)

For elective surgical day care services that require prior authorization, request authorization at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine 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.

Submission Process

Go to <http://www.harvardpilgrim.org/providers>. Click on the "HPHConnect login" button and sign in.

1. Verify patient eligibility. Is the patient active with Harvard Pilgrim? If not, contact the patient for current information.
2. Check Authorization & Notification status to see if a transaction is already in the system. If yes, review the service request record detail to determine if a new request is really needed.
3. If the patient is eligible, and no transaction exists, proceed with entering the outpatient request.

Requesting Provider

For an elective surgical day care service, the facility, the member's PCP or the specialist can submit the notification or authorization request.

Servicing Provider

One servicing provider is required on surgical day care transactions. It can be a facility or a physician. The provider's name or NPI is required.

Note: If the servicing provider is not contracted with Harvard Pilgrim, or does not participate in the member's product, the transaction pends for review.

Submit the Initial Transaction

[Referral & Authorizations](#) / [Search Requests](#)

Outpatient Submission

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 Location

 *Service Units *Start Date *End Date

Requested Procedures
 Procedure Code

Additional Information
 *Release of Information Remarks

 Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description

*Attachment Type *Transmission Method

File

No attachment added.

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 are optional.

Field	Requirement
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(s)*	Select the requesting provider by entering the provider's name, NPI, or HPHC ID. An advanced search option is available by clicking on the magnifying glass and entering the provider's name, NPI, or HPHC ID within the menu.
Contact Name/Contact Info	This is helpful for the Harvard Pilgrim case manager when additional information is needed.
Servicing Provider(s)*	Only one is required. This must be the facility or medical provider. Use the provider's name or NPI.
Service*	Surgical or oral surgery.
Location	Select "Outpatient Hospital" or "Ambulatory Surgical Center."
Service Units*	Select appropriate day/units.
Start Date*	The scheduled date of the surgery. Usually, at least one week from the date of submission.
End Date*	A date after the start date. This will determine the window of time the surgery will need to be within.
Procedure Code	At least one is required for the services listed below; up to 12 can be submitted. <ul style="list-style-type: none"> • Surgical – a CPT surgical procedure code • Oral surgery – an appropriate CPT or HCPCS procedure code
Release of Information*	This field will default to "Signed statement/claims."
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 necessarily required for submission).
Submit	Select "Submit" to finalize transaction or advance to InterQual® review screens.
Outpatient Request - InterQual® review	Transactions with procedure codes requiring clinical review will be directed to the Outpatient Request - InterQual® Review screen. To complete the review, click on "Begin InterQual® Review" button.

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

Clinical Upload (Attachment)

Clinical attachments are optional and may be attached to the initial request.

To attach clinical documentation:

1. Complete the data elements below prior to submitting the transaction for InterQual review or finalization.

Clinical Upload (Attachment)

Description

*Attachment Type *Transmission Method

Select... Select...

File

CHOOSE FILE TO ADD

ADD ATTACHMENT

No attachment added.

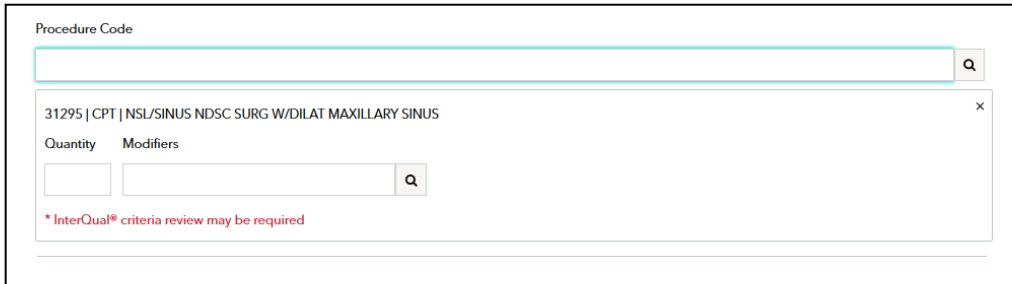
Field	Requirement
Description	Enter description of attachment
Attachment Type	Select from pull down list
Transmission Method	Select from pull down list

2. Click File / “Choose File to add” button and locate your file.
3. Click Select Add Attachment Button, to upload attachment.

Note: Attachments can be added to Pended or Approved transactions by clicking Edit Button, completing the step above and clicking Submit Button.

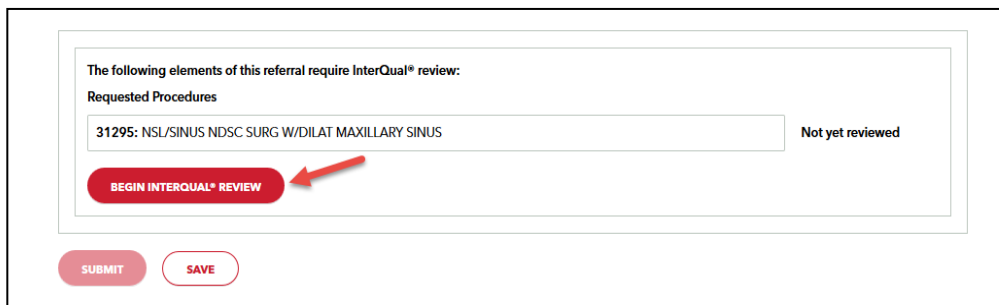
Completing the InterQual® Review

For certain procedure codes or services, you will be required to complete an InterQual Clinical Criteria review in the portal prior to being able to submit your transaction. If your requested service invokes the InterQual Review, you will see a message indicating: “InterQual criteria review may be required” underneath where the procedure code was entered.



The screenshot shows a form with a "Procedure Code" input field. Below it, a dropdown menu is open, displaying "31295 | CPT | NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS". Underneath the dropdown, there are fields for "Quantity" and "Modifiers", each with a search icon. A red message at the bottom of the dropdown reads: "* InterQual® criteria review may be required".

Click the button below to begin your review. Your login credentials will automatically log you into InterQual.

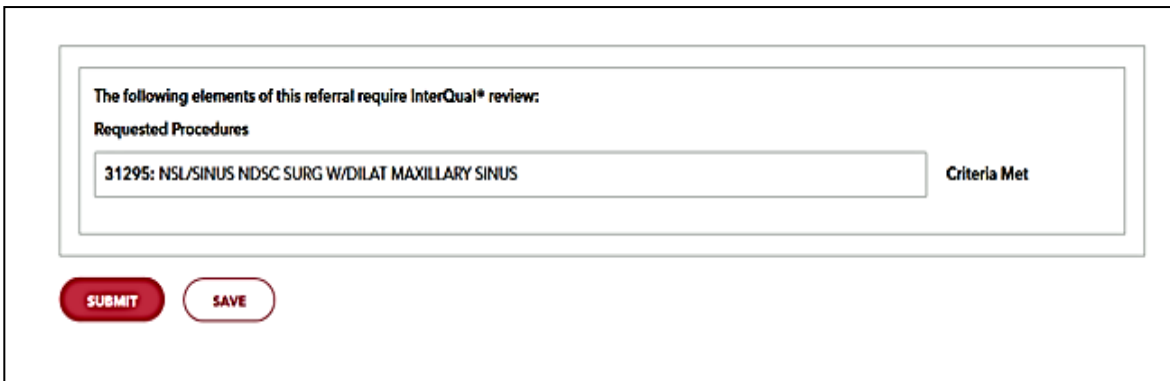


The screenshot displays a box titled "The following elements of this referral require InterQual® review:". Under "Requested Procedures", the code "31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS" is listed with a status of "Not yet reviewed". A red button labeled "BEGIN INTERQUAL® REVIEW" is highlighted with a red arrow. Below this box are "SUBMIT" and "SAVE" buttons.

Once you begin the InterQual review, you will be taken through a series of screens prompting you with clinical questions which you must be completed to finish the review.

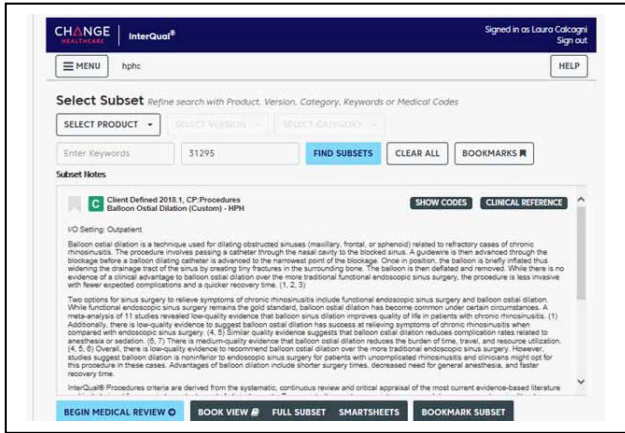
Select the subset.

The subset to be selected is the subset that ends with “HPH” and is followed by the Client Defined indicator.

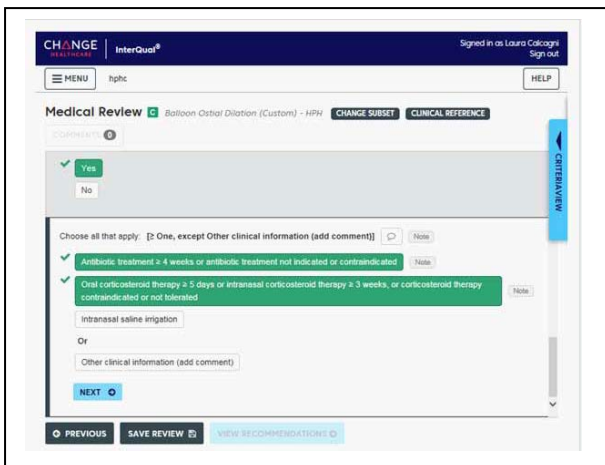


This screenshot is similar to the previous one, showing the "Requested Procedures" section with the code "31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS" and a status of "Criteria Met". The "SUBMIT" and "SAVE" buttons are visible at the bottom.

Select the Begin Medical Review Button.

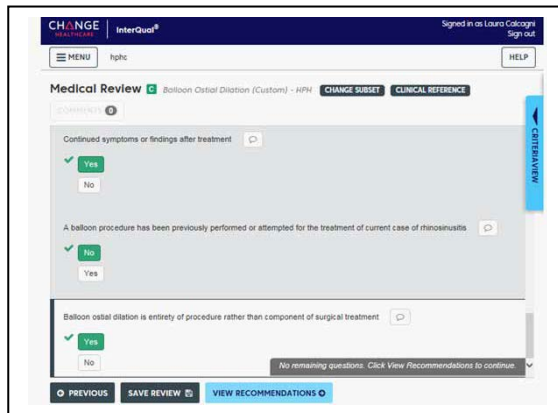


Answer the medical review questions and select the Next button when promoted.

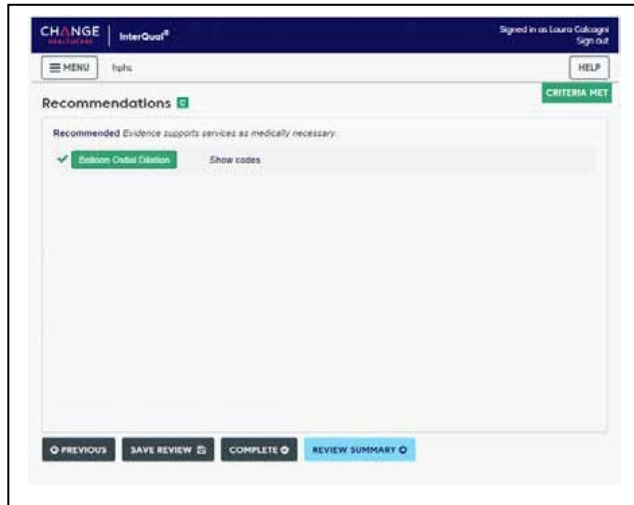


When there are no questions remaining, you will see a message “No remaining questions. Click View Recommendations to continue.”

Select the View Recommendations button to see view the recommendation. Note that this is only a recommendation related to the outcome of answers to the clinical questions. The request must still be processed against the business rules associated with the member’s product and service type.



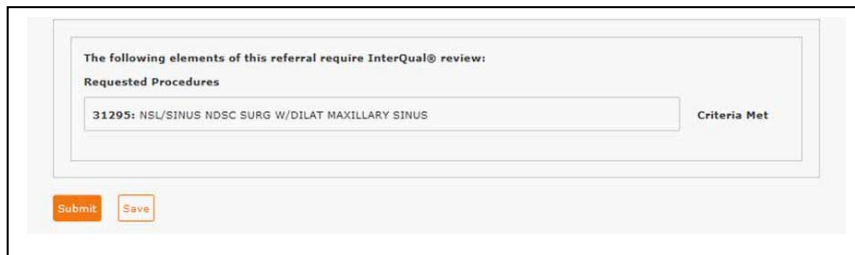
Select the Complete button to complete the review.



You will receive a warning box stating that completing the review will lock it from further edits. When you are certain the review is complete, select the Yes button.



Once you have finished the review portion of your request, your transaction will need to be submitted. Select Submit



A response will be returned with an approval or instructions specifying further clinical documentation that would need to be sent to HPHC for final review and determination on your request.

Please note, you also have the ability to save your transaction at this point. This will save the answers entered for all clinical questions and allow you to still come back to the request and upload additional documentation or make other changes prior to final submission.

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., HPA00012346
- 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 screen.

The “Edit” button only displays on approved transactions. Pended transactions can be edited to include attachments only.

The “Cancel” button displays on pended and approved transactions.

PDF and XML attachments of the InterQual® Review appear in the Attachments section. To save a copy of the attachments, select on the file and click the Save button.

Referral & Authorizations / Search Requests

Request Detail

View Audit
Print
EDIT
CANCEL

Outpatient Request

Approved

Patient BROWN, JOHN	Member ID HP321123100	Request Number HPA101136468	Submitted On 11/7/2019
---	---------------------------------	---------------------------------------	----------------------------------

Diagnosis

Diagnosis Codes
K11.8 OTHER DISEASES OF SALIVARY GLANDS

Requesting Provider

Provider Richmon, Jeremy	Provider NPI 1871658369
Contact Name SMITH, M	Contact Medium Phone
Contact Info 6178044757	

Servicing Providers

[Massachusetts Eye and Ear](#)

[See More](#) ▾

Contact Name SMITH, M	Contact Medium	Contact Info 6178044757
---------------------------------	-----------------------	-----------------------------------

Requested Service

Service Surgical	Level of Service Elective (E)
Requested Units 1 (Day(s))	Approved Units 1 (Day(s))
Start Date 11/7/2019	End Date 2/12/2020

Requested Procedures

42410: EXCISE PAROTID GLAND/LESION

[See More](#) ▾

42420: EXCISE PAROTID GLAND/LESION

[See More](#) ▾

42415: EXCISE PAROTID GLAND/LESION

[See More](#) ▾

42425: EXCISE PAROTID GLAND/LESION

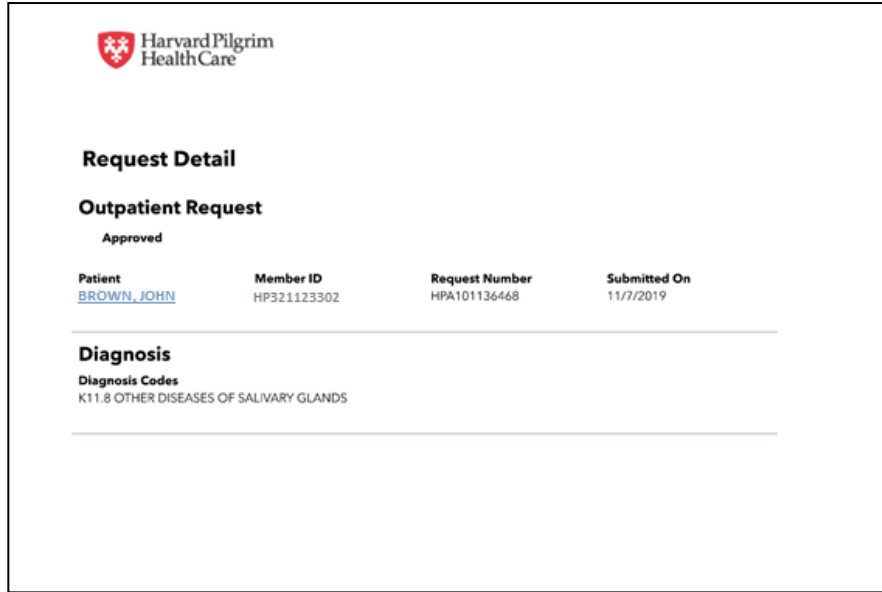
[See More](#) ▾

Additional Information

Release of Information Signed statement/Claims (Y)	Additional Remarks Transaction approved
--	---

SDC Transaction Response

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



Pended for Review

Surgical day care transactions pend for review when:

- The service requires prior authorization and additional clinical review is required.
- The servicing provider is non-contracted, and the patient is a Harvard Pilgrim HMO member, or when the servicing provider is contracted with HPHC but does not participate in the member’s product.

When a transaction pends for review, the HPHC reviewer updates the submitted request to reflect the final status, Approved or Denied, within two (2) business days of receiving all information needed to complete the review. Transactions that have been pended will indicate in the Additional Remarks section what information is needed to facilitate this review.

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.

Guidelines

- Only the requestor can edit or cancel a transaction.
- Only approved & pended transactions can be edited. Pended transactions can only be edited to include attachments.
- Only approved or pended transactions can be canceled.

Revisions to a Surgical Day Care Transaction

- Clinical documentation can be attached to only approved or pending transactions. See Clinical Documentation Attachment section for details on how to upload documents.
- No changes can be made to: the type of request (outpatient, in this case), the patient, or the service requested.

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 & 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 request.

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 service type was selected in the original request.
- The wrong type of request was submitted, i.e., admission rather than outpatient.

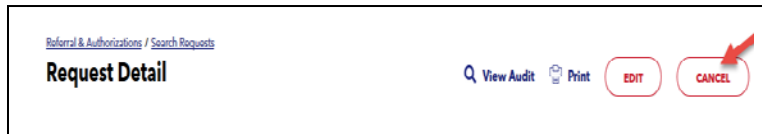
To correct any of these errors, it is necessary to cancel the original record and enter a new one for the appropriate service.

Canceling the Transaction

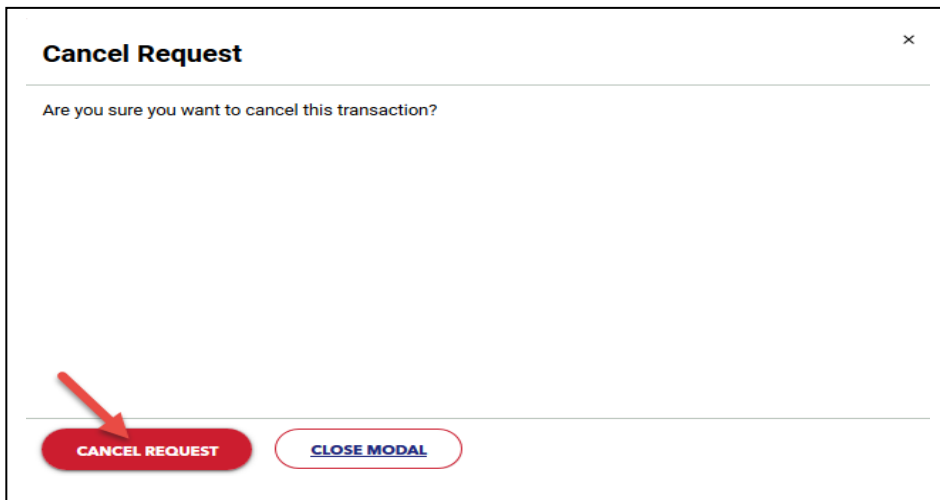
How to Cancel a Transaction

To cancel the transaction:

1. Click on the “Cancel” button at the top of the request detail screen.



2. When the Cancel Request verification screen displays, click “Cancel Request” to submit the cancellation request.



3. The transaction re-displays and the status indicates approved (canceled), that is, the request to cancel the transaction was approved.

