HPHConnect Authorization and Notification Updates

Using the Updated Provider Portal

October 2019
Agenda

1. Enhancements to Authorization and Notification Capabilities
2. Accessing and Reviewing Criteria
3. Getting Started with Submitting an Authorization or Notification
4. Conducting Searches in Key Fields
5. Saving Your Work
6. InterQual® Criteria and Clinical Documentation
7. HPHC Transaction Responses
8. Creating Time-saving Templates
9. Searching for an Authorization or Notification
10. Additional Information and Resources
Section 1

Enhancements to Authorization and Notification Capabilities
Online Streamlined: Enhancements for Greater Efficiency

✓ A commitment to improving provider experience
✓ Fresh, intuitive design
✓ Greater simplicity, fewer fields
✓ SMART searches for quicker entry
✓ Saved templates for frequently used requests
✓ Ability to upload clinical documentation online
✓ More streamlined medical review process
Authorizations 101

Authorization and Notification capabilities

- Submit and search authorizations and notifications
- Access 2 years of transaction history online for:
  - Requesting provider
  - Servicing provider
  - Patient’s PCP

Sign in to HPHConnect for Providers at:

[harvardpilgrim.org/providerportal](http://harvardpilgrim.org/providerportal)

Authorization/Notification requirements

Please refer to the Referral, Authorization and Notification section of our online Provider Manual

[www.harvardpilgrim.org/providers](http://www.harvardpilgrim.org/providers)
Section 2

Accessing and Reviewing the Criteria
Why Review PA Criteria First?

Having this information handy enables a quicker submission and response!

- Understand prior authorization requirements and Smart Sheet questions
- Collect information/documentation needed:
  - Patient information
  - Medical history/case details
  - Clinical notes
  - Photographs
  - Elements of medical record
- Avoid having to revisit a request to gather additional information
Accessing Criteria — HPHConnect Home Page

1. Log in to HPHConnect
2. Scroll down on the Home page to the Quick Access section
   - For Harvard Pilgrim full criteria, select the Medical Policy link
   - For InterQual criteria and Smart Sheets select the InterQual link
Accessing Criteria — Resource Center

Click on the Resource Center tab at the top of the page

- Select the InterQual link from the left navigation bar or “Vendor Partner” section at the top of the page

- Select “Medical Necessity/Auths” for the full HPHC criteria

You may also request InterQual criteria by contacting the commercial Provider Service Center at 800-708-4414.
Section 3

Getting Started: Submitting an Authorization or Notification
Submitting an Authorization or Notification Request

1. Log in:  
   http://www.harvardpilgrim.org/provider

2. Click:  
   Office Management

3. Select:  
   Authorizations & Notifications link

Note: For best results, ensure that you have downloaded the latest version of your preferred browser (e.g. Chrome, Internet Explorer, Safari, Firefox, etc.)
New Referral & Authorizations Start Page

From here:
• Create new authorizations and notifications
• Access incomplete submission requests
• Access custom submission templates

To make a request:
1. Select New Request
2. Click the appropriate type from the drop down:
   • Admission
   • Outpatient
   • Home Care
   • Transportation
Authorization/Notification Submission Basics

- **Complete** all required fields — indicated by red asterisk *

- Access additional search criteria by clicking magnifying glass icon

- Use the save feature if you’re not ready to submit your request

All search fields on this page are **SMART** fields — portal searches and displays matching results as you type.
## Required/Optional Fields

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Required</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All</strong></td>
<td>Patient name</td>
<td>Contact name/info</td>
</tr>
<tr>
<td></td>
<td>Diagnosis</td>
<td>Clinical upload (Attachment)</td>
</tr>
<tr>
<td></td>
<td>Requesting provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Servicing provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Start date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Release of information</td>
<td></td>
</tr>
<tr>
<td><strong>Admission</strong></td>
<td>Level of service</td>
<td>Procedure code &amp; quantity</td>
</tr>
<tr>
<td></td>
<td>Service units</td>
<td></td>
</tr>
<tr>
<td><strong>Home Care</strong></td>
<td>Prognosis</td>
<td>Level of Service</td>
</tr>
<tr>
<td></td>
<td>SNF Indicator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>End date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procedure code &amp; quantity</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>Service units</td>
<td>Procedure code* &amp; quantity</td>
</tr>
<tr>
<td></td>
<td>End date</td>
<td></td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Service units</td>
<td>Level of service</td>
</tr>
<tr>
<td></td>
<td>End date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transport Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transport Reason</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procedure Code &amp; Quantity</td>
<td></td>
</tr>
</tbody>
</table>

*Varies by outpatient service type. In instances where procedure code is required for outpatient, user will receive message noting this.
Uploading Clinical Documentation

Attach documentation at the time of your authorization request

✓ Clinical documentation in the hands of reviewers quickly
✓ Access and retrieve your documentation easily
✓ Save time & effort – no need to FAX

Important Tip
It’s best to upload clinical prior to beginning the questionnaire.

Additional Tips:
• Protect PHI by including documentation for the applicable member only.
• Don’t include multiple member files in an upload.
• Not sure what documentation is needed? Refer to the applicable clinical criteria
Uploading Clinical Documentation (continued)

For certain services/procedures, clinical documentation or images/photographs are required for clinical review.

How to Upload

• Select Attachment Type and Transmission Method from drop-down lists
• Click Choose File to Add to select the file being attached
• Click Add Attachment button

Once all items have been attached Submit
Section 4

Conducting Searches in Key Fields
Conducting a Patient Search

Option 1: SMART Search

**Searches within your current patient list only** (Patients must first be added under patient management)

- Begin typing member ID # or patient last name into the search field
- Results appear automatically. No need to click on the magnifying glass

Option 2: Advanced Search

**Expanded search** (includes those not on your current patient list)

- If SMART Search doesn’t return results you seek, click on magnifying glass to search all members by ID #, name and/or date of birth.
- Select the appropriate patient and click the add button
Diagnosis and Procedure Code Searches: SMART Function

1. Type directly into search field & search terms narrow automatically
2. Search by diagnosis code, procedure code, or search term (knee, hip, etc.)
3. Click on the desired selection when visible underneath the search bar
Diagnosis and Procedure Code Searches: Advanced Search

Advanced search
• Offers more results & additional search criteria
• Must use complete words or codes
• Multiple procedure or diagnosis codes can be added at the same time
• After adding selection, close the search box by clicking the X to return to request entry screen
SMART Search: Search by name, NPI, or provider ID

Requesting Provider: Narrow search by type. Limited to providers you already have access to in HPHConnect.

Servicing Provider: Narrow your search by address, type, or specialty.
Section 5

Saving Your Work
Saving Requests to Submit at a Later Date

Click the “Save” button at any time to save your progress if you need to come back to a request.

Name your saved request and save it to be loaded from the Referral & Authorization start page at a later time.

A message will appear indicating the request has been saved.

Open your saved request either:
1. From the Referral/Authorization start page under Incomplete Requests
2. By clicking the “load” button on the submission entry screen
Introduction Complete!

That completes the first section of our presentation on Submitting Notifications and Authorization Requests.

Up next: InterQual Medical Review

Select prior authorization policies now include an electronic questionnaire to enable more efficient sharing of clinical information needed to determine medical necessity.
Section 6

InterQual Criteria and Clinical Documentation
Policies Utilizing InterQual Criteria

*Effective for authorization requests as of July 1, 2019*

Medical Necessity Guidelines with New Electronic Questionnaires

<table>
<thead>
<tr>
<th>Breast Surgeries</th>
<th>Endoscopic Sinus Surgeries</th>
<th>Nasal Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchial Thermoplasty</td>
<td>Eye Procedures</td>
<td>Panniculectomy</td>
</tr>
<tr>
<td>Chest Wall Deformities</td>
<td>Gynecomastia</td>
<td>Skin Procedures</td>
</tr>
</tbody>
</table>

Criteria Only

| Skilled Nursing Facility and Subacute Care* | Inpatient Rehabilitation/Long-Term Acute Care* |

*Use the Post-Acute Care Admission for SNF, LTAC and Acute Rehab Prior Authorization Request Form from www.harvardpilgrim.org/providers and attach it to your authorization request*
InterQual Criteria Review Message

Electronic questionnaire: You’ll receive a message indicating InterQual Criteria review is required.

1. Complete the request and click submit
2. You will be directed to InterQual to complete the criteria review
3. Select Begin InterQual Review
Select InterQual Criteria

Select the appropriate policy from the list of policies for the procedure code entered.

C icon denotes that Harvard Pilgrim has customized the criteria, so it may differ from InterQual criteria that other health plans use.
Medical Review Questionnaire (SmartSheet)

1. Select **Begin Medical Review**

2. Answer questions to complete medical review

3. Click **View Recommendations** to continue
Completing the SmartSheet

If needed, click Previous to review criteria questions.

If you have finished with the review, click Complete.
Medical Review Responses

Criteria Met

Criteria Not Met

Criteria Partially Met

Next Steps:
• Submit clinical documentation
• HPHC Clinical Review

Request cannot be processed until clinical questionnaire has been completed.
Submitting the Request

Once you submit the review, you cannot make additional edits.

Click Yes to confirm submission or No to return to the review for edits.

Please note: While InterQual message may indicate that the criteria is met, the transaction may still pend to meet Harvard Pilgrim submission requirements (e.g. review of clinical documentation/notes).
Submitting the Request (continued)

The transaction is transmitted and response will be generated.

Save to go back and upload clinical
Section 7

HPHConnect Transaction Response
Authorization Request Responses

Request Responses:
- Approved
- Pended
- Denied (see the Additional Remarks section at the bottom of the screen for reason)
- Rejected (see Additional Remarks for reason)
- No Plan Action Required (authorization is not required; no further steps needed)

Request Detail, includes:
- Status
- Patient’s Name and Member ID#
- Request Number (e.g. HPA123456789)
- Submitted on Date
- Requesting and servicing providers’ National Provider Identifier (NPI)
Response Screen & Clinical Documentation

View
1. Documents you attached
2. Copies of completed medical review/questionnaire
3. List of documents you must submit to complete transaction

To Submit Additional Clinical

Pended transactions: upload not available at this point in the process. Submit:
- Notes via Fax to 800-232-0816
- Photos/images: via email to utilization_requests@point32health.org or mail to Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06</td>
<td>Initial assessment</td>
</tr>
<tr>
<td>08</td>
<td>Plan of treatment</td>
</tr>
<tr>
<td>AS</td>
<td>Admission summary (A brief patient summary listing chief complaints and reason for hospital admission)</td>
</tr>
<tr>
<td>B3</td>
<td>Physician order</td>
</tr>
</tbody>
</table>
Section 8

Creating Time-saving Templates
Templates for Common Submissions

New Feature Saves You Time and Effort

✓ Store the authorization submissions you use most
✓ Quickly retrieve them up from the Referral and Authorization start page
✓ Update with just a few strokes
✓ Submit quickly and easily
Templates for Common Submissions

Step 1: Create Template

Step 2: Save Template

Step 3: Use Template

Complete the required fields for a common request.

Click the Save button at the bottom of the submission entry.
Templates (continued)

Step 1: Create Template

Step 2: Save Template

Step 3: Use Template

Name & Save

- Name request
- Click “Save As Template”
- Click “Save”
- Receive confirmation that template is saved

This item has been successfully saved to your Custom Templates list. Please note, attached files and service dates are not saved as part of a custom template.
Templates (continued)

1. Open your template from either:
   - Authorization start page: choose from custom templates
   - Authorization or Notification entry screen: Click load and select applicable template

2. Edit the member and start/end date information

3. Submit the request
Section 9
Searching for an Authorization or Notification
Searching for an Authorization or Notification

3 Ways to Search

1. Enter request number

2. Advanced Search

3. Load Saved Search
Referral & Authorization Search Results

Results include:
- Status
- Service type
- Request number
- Member name
- Requesting & servicing provider names

Click View to see the details of the request.
Viewing Authorization/Notification Details

Click to:
• Print
• Edit
• Cancel

Do not use “cancel” to go to a previous screen as it will cancel entire request

Request Details Screen
• Displays details of the request
• Review Additional Remarks section for further information

Cancel Request
Are you sure you want to cancel this transaction?
Saving Common Searches

- Complete the search criteria & save
- Name the form & save

Success! You’ll receive a message indicating your form was saved.
Accessing via Patient Management

1. Click on the Current Patient drop down and select a member

2. Select the Authorizations & Notifications link

3. View the Referrals & Authorizations start page
Section 10

Additional Information and Resources
Our New Resource Center

Find the information you access most frequently — in one handy spot!

✓ Convenient
✓ Easy to use
✓ Created with your needs in mind

Resource Center

News & Updates
Stay up-to-date on important news:

READ THIS MONTH’S NETWORK MATTERS

Or search our archives for previous articles.

I want to learn more about:

Provider Changes
Eligibility & Benefits
Payment Policies
Medical Necessity/Authorizations
Billing & Claims
Appeals

Commonly used resources:

Manuals
- Commercial Provider Manual
- Medicare Provider Manual
- HPHConnect User Guides
- Referral/Authorization Chart (Commercial)

E-Transactions
- 837I/837P Health Care Claim (Institutional/Professional)
- 835 Electronic Remittance Advice
- 270/271 Eligibility Inquiry & Response
- 276/277 Claims Status Inquiry & Response
- Electronic Funds Transfer (EFT)

Forms
- Commercial Forms
- Medicare Forms
- HCAS Provider Enrollment
- Provider Change Form
- Prior Authorization Request Forms (Commercial)

Pharmacy
- Prior Authorization & Therapy

Medicare Advantage
- Medicare Provider Portal

Vendor Partners
- Overview of Partners
New Provider Manual Page

Sleek design. Easily access info on:

- Credentialing
- Member care policies and programs
- Eligibility & benefits
- Payment Policies
- Billing & reimbursement
- Referral, notification and authorization
- Product overviews
- Forms
- Appeals and more!

Find it here:

HPHConnect Resource Center

www.harvardpilgrim.org/providers
Helpful Tips

✓ Use the orange breadcrumbs at the top of pages to return to previous screens

✓ Maximum date span for authorization requests is 364 days.
  o To enter a full year request enter an end date 1 day prior to requested start date (i.e. 1/29/2019 – 1/28/2020).

✓ Request number search is case sensitive.
Resources

Weekly Call-in Hours:
The eBusiness Team offers drop-in sessions July 16th–30th:
- Every Tuesday and Thursday from 9–9:30 a.m.
- 1-240-454-0887, then enter access code 162 317 66#, then #

Online resources:
- Training Presentations
- User Guides
- Quick Reference Guides
- HPHConnect webpage

Contact information:
- Call 800-708-4414 (select Option 1 then press 6)
- Email Provider_eBusiness_Services@point32health.org

In the HPHConnect section at www.harvardpilgrim.org/providers
What We’ve Covered

✓ Understanding the Referral & Authorization start page
✓ Submitting an authorization/notification request
✓ Using the SMART and advanced search features
✓ Conducting searches
✓ Accessing InterQual criteria and SmartSheets
✓ Completing the clinical questionnaire
✓ Uploading clinical documentation
✓ Creating and saving templates
✓ Accessing and viewing authorizations
✓ Additional resources and information
Any Questions?