

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

Authorization/Notification requirements



Please refer to the Referral, Authorization and Notification section of our online Provider Manual
www.harvardpilgrim.org/providers

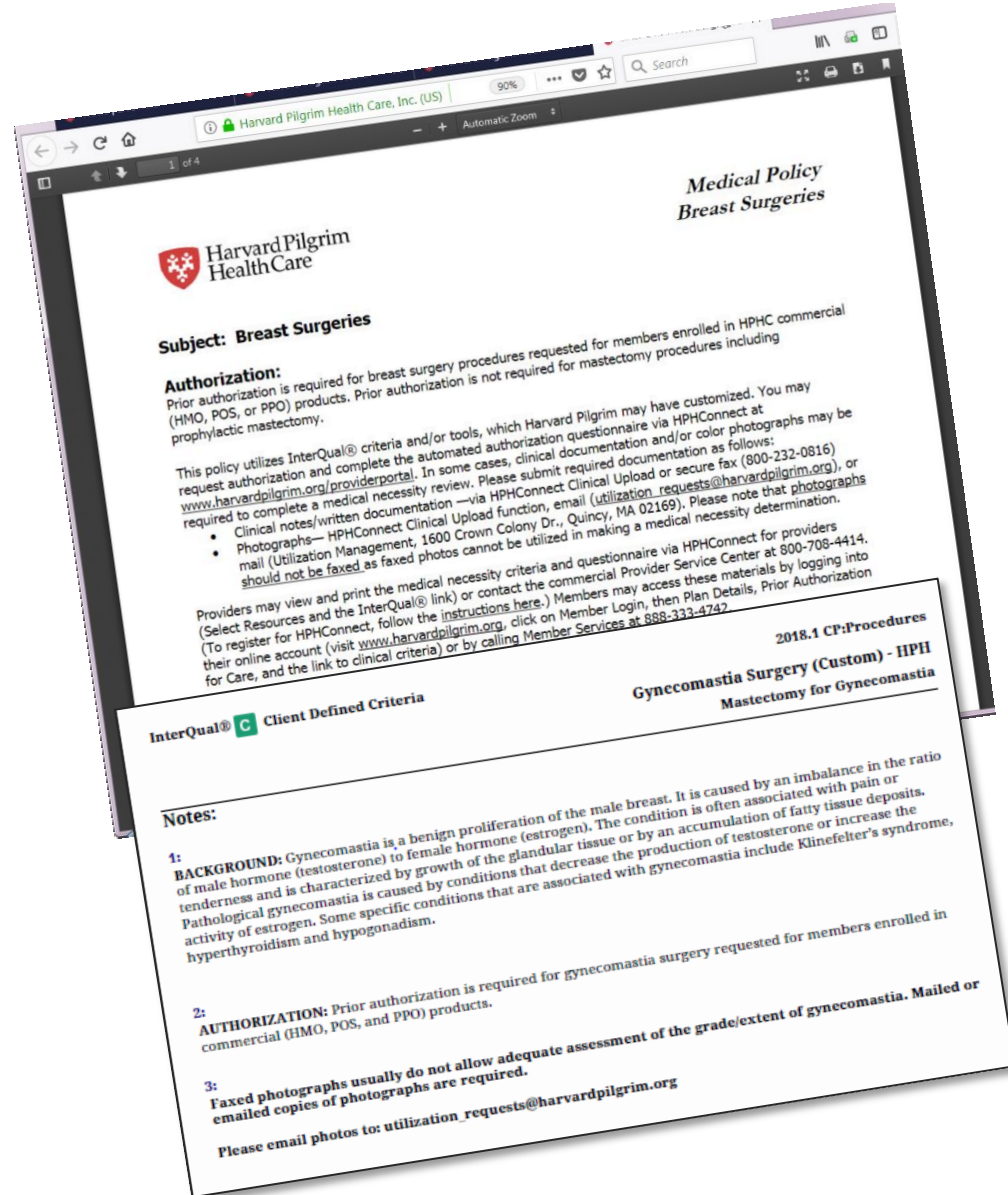
Section 2

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

copayments, and coinsurance.

Member ID

Member ID **SEARCH**

Additional Search Options

View Referrals

REFERRAL DASHBOARD

Search for Pr

Quick Access to:

Medical Necessity Guidelines

Provider Manual

Pharmacy

Medicare Advantage

Patient Roster

Provider Roster

InterQual® Criteria

Network Ma

Spinraza Med Criteria Expa

Harvard Pilgrim ha
criteria for coverag
muscular atrophy (
for our Commercial
for greater patient :

Check out thi

READ THIS

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

The screenshot shows the top navigation bar with tabs: HOME, PATIENT MANAGEMENT, OFFICE MANAGEMENT, ADMINISTRATION, and RESOURCE CENTER. An orange arrow points to the RESOURCE CENTER tab. On the left, a sidebar titled 'Select a resource' lists various links. An orange arrow points to 'InterQual® Smart Sheet'. The main content area is titled 'Resource Center' and features a 'News & Updates' section with a 'READ THIS MONTH'S NETWORK MATTERS' button. Below this is a section titled 'I want to learn more about:' with six icons representing different topics: Provider Changes, Eligibility & Benefits, Payment Policies, Medical Necessity/Auths, Billing & Claims, and Appeals. An orange arrow points to the 'Medical Necessity/Auths' icon.

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

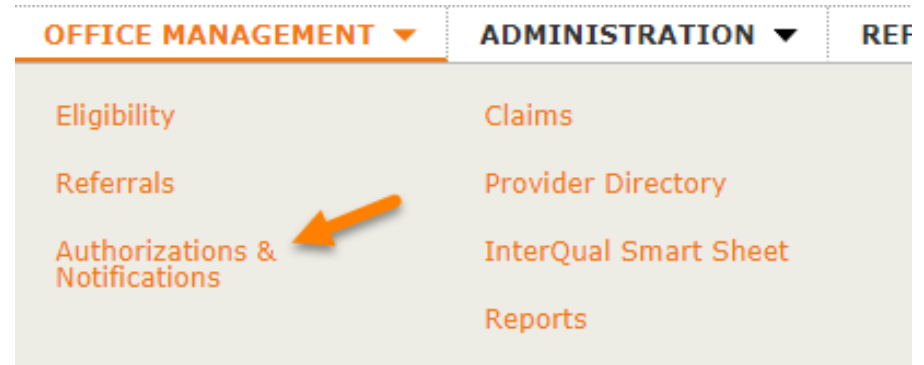
The screenshot shows three columns: Pharmacy, Medicare Advantage, and Vendor Partners. The Vendor Partners column contains a list of links: Overview of Partners, Behavioral Health (UBH), National Imaging Associates, AIM Specialty Health, CVS-Novologix, and InterQual® Smart Sheet. A red arrow points to the 'InterQual® Smart Sheet' link.

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

Harvard Pilgrim Health Care

Role: Office Manager

HOME PATIENT MANAGEMENT OFFICE MANAGEMENT ADMINISTRATION REFERENCES

Referral & Authorizations

New Request

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

Search by Request Number Search

Advanced Search

Incomplete Requests

Leary	Saved 1/18/2019	Specialist	
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Saved Searches

Custom Templates

Virga	
virga 2	

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.

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

Nsg Home Residential Status Admission Source Patient Status

* Service Units Days * 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.

Required/Optional Fields

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

*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.

The screenshot shows a web form for uploading clinical documentation. At the top is a 'Procedure Code' field with a search icon. Below it is the 'Additional Information' section, which includes a required field for 'Release of Information' (set to 'Signed statement/claims') and a 'Remarks' text area with a character count of 225 / 225. The 'Clinical Upload (Attachment)' section contains a 'Description' text field, a required 'Attachment Type' dropdown (set to 'Select...'), and a required 'Transmission Method' dropdown (set to 'Select...'). There is a 'File' section with a 'Choose file to add' button. An 'Add Attachment' button is located below the file section. At the bottom of the form are 'Submit', 'Load', and 'Save' buttons. A message 'No attachment added.' is displayed below the attachment section.

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

Clinical Upload (Attachment)

Description

*Attachment Type

Select...

*Transmission Method

Select...

File

Choose file to add

Add Attachment

Identification Code	Description	
Attachment Type	Treatment Diagnosis (05)	Electronically Only (EL)
Transmission Method		
File	Jane Doe_Diagnosis.docx	

Delete

Once all items have been attached

Submit

Section 4

Conducting Searches in Key Fields

Conducting a Patient Search

Referral & Authorizations / Search Requests

Admission Submission

Patient

* Search Current Patients

× 🔍

)

Search Current Patients ×

Collapse Search ^

Member ID

First Name
 Ma

Last Name

Date of Birth

Search

LEARY, MAURA

Patient ID HP **Birthdate**

+ Add

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

Diagnosis

* Search and select a diagnosis

knee	Q
M70.51 ICD10CM OTHER BURSITIS OF KNEE RIGHT KNEE	
M70.52 ICD10CM OTHER BURSITIS OF KNEE LEFT KNEE	

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

Search and select a diagnosis

×

Modify Search ▾

OTHER BURSITIS OF KNEE RIGHT KNEE

Code M70.51

Code Set ICD10CM

+ Add

OTHER BURSITIS OF KNEE LEFT KNEE

Code M70.52

Code Set ICD10CM

+ Add




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

Requesting and Servicing Provider Searches

Requesting Provider

* Requesting Provider


smith, joh 

Smith, John (Z69364)
NPI: 0123456789
John S Smith
1211 Ashley Cir
BOWLING GREEN, KY, 42104

Contact Name

Contact Info

Phone ▼

Servicing Providers 

smith, john

Practice Name, Practice ID


Address

Clinician ▼

Specialty ▼

Zip Code

In Network ▼



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.

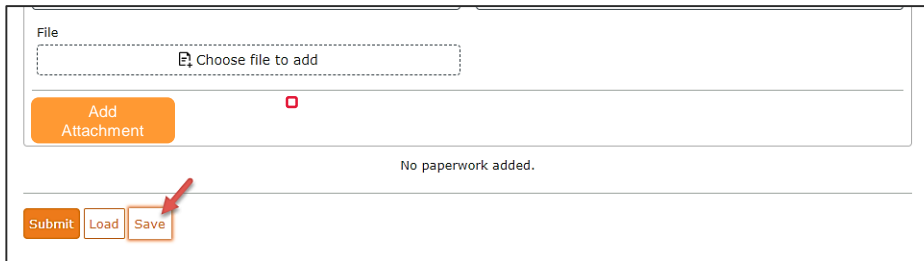
Servicing Provider:

Narrow your search by address, type, or specialty.

Section 5

Saving Your Work

Saving Requests to Submit at a Later Date



File

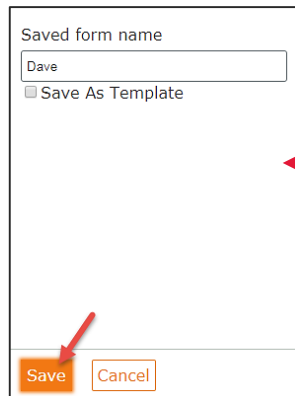
Choose file to add

Add Attachment

No paperwork added.

Submit Load Save

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



Saved form name

Dave

☐ Save As Template

Save Cancel

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.

This item has been successfully saved to your Incomplete Requests list. Please note, attached files are not saved as part of an incomplete request.

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



Submit Load Save



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

Breast Surgeries	Endoscopic Sinus Surgeries	Nasal Procedures
Bronchial Thermoplasty	Eye Procedures	Panniculectomy
Chest Wall Deformities	Gynecomastia	Skin Procedures

Criteria Only

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

Requested Procedures

Procedure Code

31295 | CPT | NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS


Quantity

1

Modifiers

Q

* InterQual® criteria review may be 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

Referral & Authorizations / Search Requests / Admission Submission

Admission Request - InterQual® Review

The following elements of this referral require InterQual® review:

Requested Procedures

31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS

Not yet reviewed

Begin InterQual® Review

Submit Save

Select InterQual Criteria

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

Referral & Authorizations / Search Requests / Outpatient Submission

Outpatient Request - InterQual® Review

CHANGE
HEALTHCARE

InterQual®

Signed in as Maura Leary
Sign out

MENU

hphc

HELP

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

SELECT PRODUCT ▾

SELECT VERSION ▾

SELECT CATEGORY ▾

Enter Keywords

31295

FIND SUBSETS

CLEAR ALL

BOOKMARKS 📌

Results Count: 1

Subset ▲	Product	Version ▾
Balloon Ostial Dilation (Custom) - HPH	CP:Procedures	<div>C Client Defined 201...</div>

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

SELECT PRODUCT - SELECT VERSION - SELECT CATEGORY -

Enter Keywords 31295 FIND SUBSETS CLEAR ALL BOOKMARKS

Subset Notes

C Client Defined 2018.1, CP:Procedures
Balloon Ostial Dilatation (Custom) - HPH

SHOW CODES CLINICAL REFERENCE

I/O Setting: Outpatient

Balloon ostial dilatation is a technique used for dilating obstructed sinuses (maxillary, frontal, or sphenoid) related to refractory cases of chronic rhinosinusitis. The procedure involves passing a catheter through the nasal cavity to the blocked sinus. A guidewire is then advanced through the blockage before a balloon dilating catheter is advanced to the narrowest point of the blockage. Once in position, the balloon is briefly inflated thus widening the drainage tract of the sinus by creating tiny fractures in the surrounding bone. The balloon is then deflated and removed. While there is no evidence of a clinical advantage to balloon ostial dilatation over the more traditional functional endoscopic sinus surgery, the procedure is less invasive with fewer expected complications and a quicker recovery time. (1, 2, 3)

BEGIN MEDICAL REVIEW CHANGE SUBSET BOOK VIEW FULL SUBSET SMARTSHEETS BOOKMARK SUBSET

CHANGE Healthcare InterQual® Signed in as daily Testing Sign out

MENU hphc HELP

Medical Review C Balloon Ostial Dilatation (Custom) - HPH CHANGE SUBSET CLINICAL REFERENCE

COMMENTS 0

Choose one: Note

Age ≥ 18

Age < 18

Balloon ostial dilatation is entirety of procedure rather than component of surgical treatment

Yes No

No remaining questions. Click View Recommendations to continue.

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS

Completing the SmartSheet

If needed, click
Previous to review
criteria questions



If you have finished
with the review, click
Complete



CHANGE HEALTHCARE | **InterQual®** Signed in as daily Testing Sign out

MENU hphc **HELP**

Review Summary C

SETTINGS ⚙ **PRINT** 🖨

Review Summary

Created By: Testing, daily	Criteria Status: Criteria Met
Created Date: 04/24/2019, 01:25 PM EDT	Criteria Product: CP:Procedures
Review Status: In Primary	Criteria Subset: Balloon Ostial Dilatation (Custom) - HPH
Completed Date:	Criteria Version: Client Defined 2018.1
Facility: hphc	

Recommendations ✓ indicates reviewer selection

RECOMMENDED Evidence supports services as medically necessary.

- ✓ **Balloon Ostial Dilatation**
 - ✓ CPT 31295 NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA

PREVIOUS **SAVE REVIEW** **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.

The screenshot shows the top navigation bar with 'CHANGE HEALTHCARE' and 'InterQual' logos. The user is signed in as 'daily Testing' and can sign out. A 'MENU' button and the user's initials 'hphc' are visible. A 'HELP' button is in the top right. The main section is titled 'Recommendations' with a green 'C' icon. A green box in the top right corner says 'CRITERIA MET', with an orange arrow pointing to it. Below the title, it says 'Recommended Evidence supports services as medically necessary.' There is a green checkmark icon next to a green box labeled 'Balloon Ostial Dilation', with a 'Show codes' link next to it.

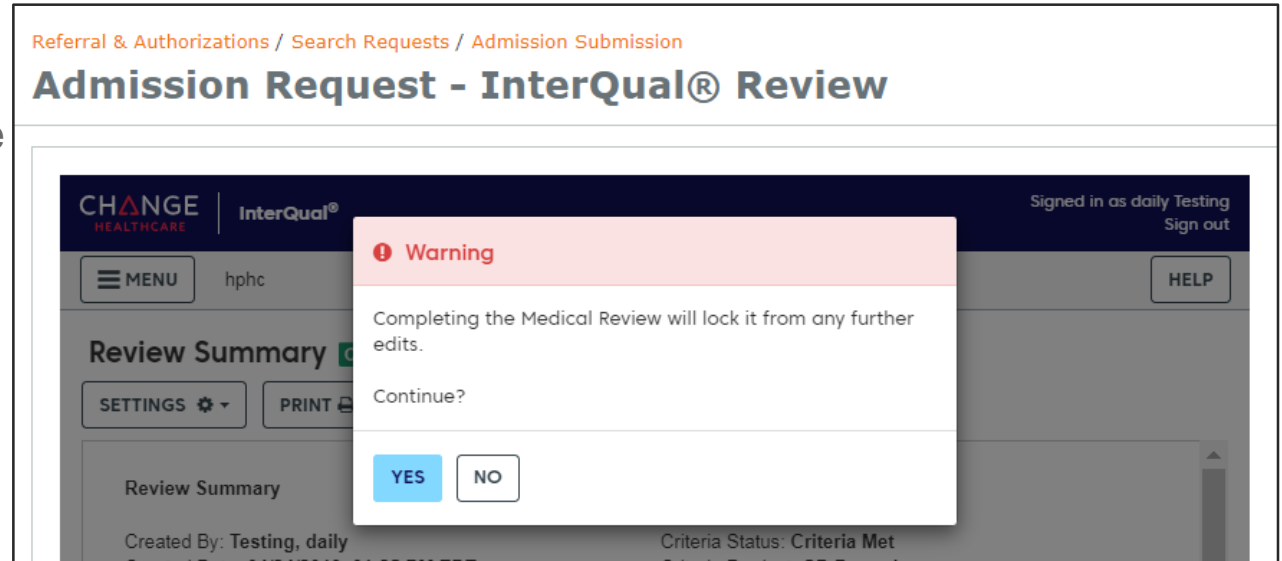
The screenshot shows the 'Recommendations' section with a green 'C' icon. An orange box in the top right corner says 'CRITERIA NOT MET', with an orange arrow pointing to it. Below the title, it says 'Not Recommended Current evidence does not support the following services:'. There is a yellow checkmark icon next to an orange box labeled 'Balloon Ostial Dilation', with a 'Show codes' link next to it.

The screenshot shows the 'Recommendations' section with a green 'C' icon. An orange box in the top right corner says 'CRITERIA PARTIALLY MET', with a red arrow pointing to it. Below the title, it says 'Recommended Evidence supports services as medically necessary.' There is a green checkmark icon next to a green box labeled 'Panniculectomy - Clinical documentation and frontal color photographs are required. Click on the Note for submission instructions.' Below this is a 'Show codes' link and a 'Note' button. Below that, it says 'Not Recommended Current evidence does not support the following services:'. There is a yellow checkmark icon next to an orange box labeled 'Removal of Redundant Skin and Subcutaneous Tissue - Clinical documentation and frontal color photographs are required. Click on the Note for submission instructions.' Below this is a 'Show codes' link.

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)

Referral & Authorizations / Search Requests / Outpatient Submission

Outpatient Request - InterQual® Review

The following elements of this referral require InterQual® review:

Requested Procedures

0655: HOSPICE/IP RESPITE	Criteria Met
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Submit **Save**

Referral & Authorizations / Search Requests

Request Detail

VIEW AUDIT **PRINT** **EDIT** **CANCEL**

Outpatient Request

Pended

Referral & Authorizations / Search Requests

Request Detail

VIEW AUDIT **PRINT** **EDIT** **CANCEL**

Outpatient Request

Approved

Request Summary

Submit

The transaction is transmitted and response will be generated.

Save

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)

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#) [Print](#) [Edit](#) [Cancel](#)

Admission Request
Pended

Patient Jane Doe **Member ID** HP111111111 **Request Number** HPA12345678 **Submitted On** 4/15/2019

Diagnosis
Diagnosis Codes
J01.31 ACUTE RECUR SPHENOIDAL SINUSITIS

Requesting Provider
Provider Hospital one **Provider NPI** 1234567899
Contact Name **Contact Medium** **Contact Info**

Servicing Providers

Hospital One [See More](#) ▼

Provider One

Additional Information
Release of Information
Signed statement/Claims (Y)

Additional Remarks
Transaction Pended

Clinical Upload (Attachment)

Description	Identification Code	Transmission	Attachment Type
Fax required information to Case Management @ 617-509-1990	228663511	By Fax (FX)	OD

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

Clinical Upload (Attachment)		
Description Fax required information to the Medical Policy Review Unit @ 617-509-3105		
Identification Code 224508692	Transmission By Fax (FX)	Attachment Type 06
Description Fax required information to the Medical Policy Review Unit @ 617-509-3105		
Identification Code 224508691	Transmission By Fax (FX)	Attachment Type 08
Attachments		
Download File Jane Doe_Diagnosis.docx 		
Download File HTRIO_IQ_QUESTIONNAIRE_20190425_085812.pdf 		
Download File HTRIO_IQ_OUTCOME_20190425... 		

Code	Description
06	Initial assessment
08	Plan of treatment
AS	Admission summary (A brief patient summary listing chief complaints and reason for hospital admission)
B3	Physician order

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



Complete the **required fields** for a common request.

Step 2: Save Template

Click the **Save** button at the bottom of the submission entry.

Step 3: Use Template

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

Saved form name

Virga

☒ Save As Template

Save Cancel

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)

Step 1: Create Template

Step 2: Save Template

Step 3: Use Template



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 & Authorizations

New Request ▼

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

Advanced Search

Search Requests

Patients

Select a patient

Requesting Provider

Servicing Provider

Request Number

Date Range

12/29/201801/29/2019

Requested Service

☒ Outpatient

☒ Specialist

☒ Home Care

☒ Admission

☒ Transport

Status

☒ Approved

☒ Denied

☒ Pended

☒ Modified

☒ No Action Required

☒ Contact Plan

Search Requests

Load

Save

Referral & Authorization Search Results

Referral & Authorizations
Search Requests

Modify Search ▾

Approved	Admission	Request Number HPA100869096
Patient Jane Doe	Effective Dates 4/18/2019-4/22/2019	VIEW >
Requesting Provider Hospital One	Servicing Providers John Smith	

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

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#) [Print](#) [Edit](#) [Cancel](#)

Admission Request
Approved

Patient	Member ID	Request Number	Submitted On
Jane Doe	HP	HPA	4/18/2019

Diagnosis
Diagnosis Codes
J01.31 ACUTE RECUR SPHENOIDAL SINUSITIS

Requesting Provider
Provider
Hospital One
Provider NPI
9999999999
Contact Name
Contact Medium
Contact Info

Servicing Providers

Hospital One	See More
John Smith	See More

Contact Name	Contact Medium	Contact Info
Requested Service		
Service Medical		Level of Service Elective (E)
Requested Units 1 (Day(s))		Approved Units 4
Source		
Start Date 4/18/2019	End Date 4/22/2019	
Requested Procedures No records available.		
Additional Information		
Release of Information Signed statement/Claims (Y)		Additional Remarks Transaction approved
Clinical Upload (Attachment) 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.

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?

[Cancel Request](#) [Close Modal](#)

Saving Common Searches

Referral & Authorizations

Search Requests

Patients:

Requesting Provider:

Servicing Provider:

Request Number:

Date Range:

Requested Service:

- ☐ Outpatient
- ☒ Specialist
- ☐ Home Care
- ☐ Admission
- ☐ Transport

Status:

- ☒ Approved
- ☒ Denied
- ☒ Pended
- ☒ Modified
- ☒ No Action Required
- ☒ Contact Plan

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

Success! You'll receive a message indicating your form was saved.

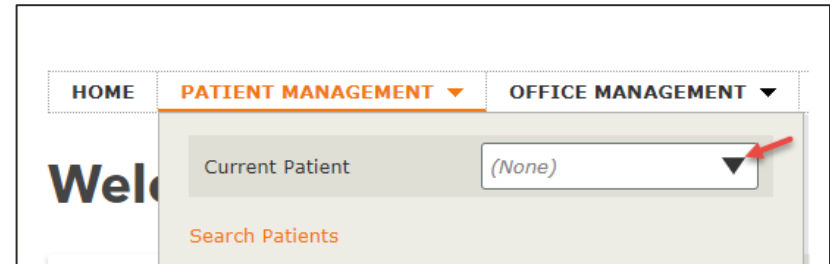
Saved form name

Form saved successfully

Accessing via Patient Management

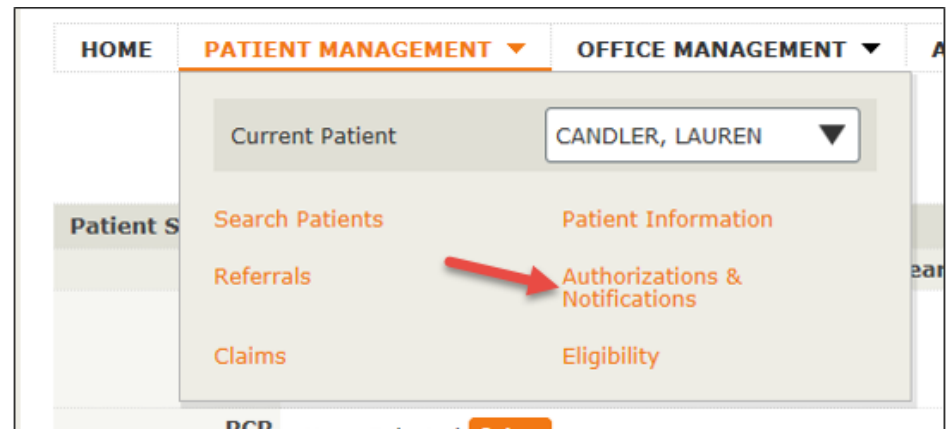
1

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

The screenshot displays the Harvard Pilgrim Health Care Resource Center website. On the left is a vertical sidebar titled "Select a resource" with a highlighted "Resource Center" option. The main content area is titled "Resource Center" and features a "News & Updates" section with a "READ THIS MONTH'S NETWORK MATTERS" button and a link to "search our archives". Below this is a section "I want to learn more about:" with six yellow buttons: "Provider Changes", "Eligibility & Benefits", "Payment Policies", "Medical Necessity/ Auths", "Billing & Claims", and "Appeals". The "Commonly used resources:" section contains six teal boxes: "Manuals" (listing Commercial Provider Manual, Medicare Provider Manual, HPHConnect User Guides, and Referral/Authorization Chart), "E-Transactions" (listing 837I/837P Health Care Claim, 835 Electronic Remittance Advice, 270/271 Eligibility Inquiry & Response, 276/277 Claims Status Inquiry & Response, and Electronic Funds Transfer), "Forms" (listing Commercial Forms, Medicare Forms, HCAS Provider Enrollment, Provider Change Form, and Prior Authorization Request Forms), "Pharmacy" (listing Prior Authorization & Therapy), "Medicare Advantage" (listing Medicare Provider Portal), and "Vendor Partners" (listing Overview of Partners). A background image of a healthcare professional at a laptop is visible in the top right of the main content area.

Select a resource

- Resource Center
- Join the Network
- Medical Management
- E-Transactions
- HPHC Connect
- Pharmacy
- For Your Patient
- News Center
- Office Support
- Products
- Provider Manual
- Medicare Advantage
- Research & Teaching
- Resources & Tools

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/ Auths
- 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:

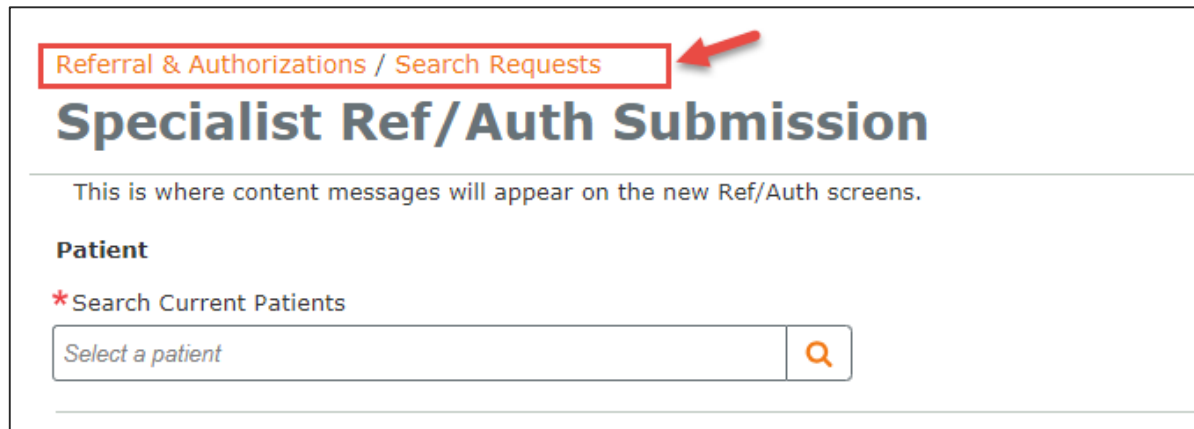
HPHConnect Resource Center

www.harvardpilgrim.org/providers

The screenshot shows the Harvard Pilgrim Health Care website's Provider Manual page. The header includes navigation links like 'Find a provider', 'Contact Us', 'About Us', and 'Help'. A red banner at the top contains the '50' anniversary logo and 'Harvard Pilgrim Health Care' text. Below the banner, there are links for 'SIGN UP FOR HPHCONNECT', 'LEARN MORE', and a 'PROVIDER LOGIN' button. The main content area is titled 'Provider Manual' and includes a breadcrumb trail: 'Home > Providers > Provider Manual'. A left sidebar lists various resources, with 'Provider Manual' highlighted. The main content area features a paragraph about the online manual, a link to 'Important Provider Manual Information', and a section titled 'Looking for the Medicare Advantage Provider Manual?'. Below this, there are several categorized links with 'View Resources' buttons: 'Commercial Manual' (including Network Ops & Care Delivery Mgmt., Member Care, and Product & Product Administration), 'Referral, Notification & Authorization', 'eServices & Online Solutions', 'Billing & Reimbursement', 'Payment Policies', and 'Appeals'. The footer contains contact information for Provider Service Centers and the Medicare Advantage Plan, along with a link to the Key Contacts Directory.

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**.
 - 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**.




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

Select a patient 

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

In the HPHConnect section at
www.harvardpilgrim.org/providers

Contact information:

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

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?



Thank You