

2018

REFERENCE GUIDE





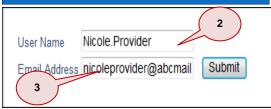
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Request a New Password





HSConnect Passwords must be changed every 90 days.

- From the HSConnect Portal Sign-in Page, select the Forgot Password? link. The Forgot Password screen displays.
- 2. Enter your HSConnect User Name.
- Enter your Email Address for this User Name.
 Note: The Email Address must match the Email Address on the profile for your User Name.
- 4. Select Submit.
- Open the email you should have received from do.not.reply@HSConnectonline.com.
 Note: If you do not receive an email, check your Spam or Junk e-mail folder before contacting the HSC Help Desk.

Note: If you do not receive an email, please contact HSC at 1-866-952-7596 or send an email to HSConnectonline.com.

 Select the Temporary Access Link: HSConnect Applications. The Change Your Password screen displays.

This is email was sent due to a request received from nicoleprovider that the password has been forgotten. The link below is temporary, and is only valid for 72 hours.

Temporary Access Link: HSConnect Applications

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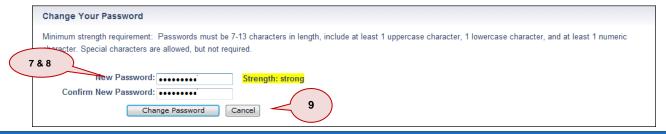
Enter a New Password.

Note: The New Password must be 7 to 13 characters in length. Include at least 1 uppercase character, 1 lowercase character, and at least 1 numeric character. Special characters are allowed but not required.

8. Enter the password again in the **Confirm New Password** field.

Note: A message will prompt as you create password to guide you in password security strength.

- 9. Select Change Password. A message displays stating that "Your password has been changed. Please click here to login using the new user account credentials."
- 10. From the HSConnect portal Sign-in page, enter your HSConnect User Name.
- 11. Enter your new Password.
- 12. Select the Sign-in button. If the HSConnect Terms and Conditions screen displays, your entered your new Password correctly.





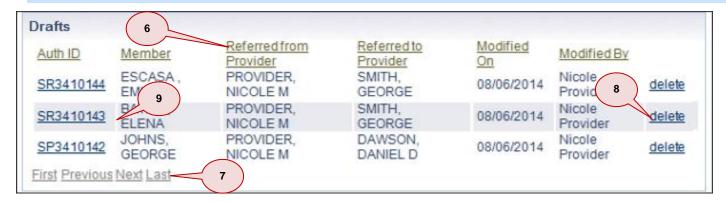


Review Recent and Draft Authorizations

- Log into the HSConnect portal and accept the terms and conditions. The recent authorizations display in the upper-half of the Home Page.
 Note: Up to thirty of the most recent authorizations (referrals and precertifications) display.
- 2. (Optional) Select a column heading to sort the authorizations by the data in that column.
- 3. The first ten authorizations display on the first page. Select the **Next**, **Last**, **First**, and **Previous** links to page through the authorizations. **Note:** If you cannot find the authorization you are looking for, select the **Authorization Search** link at the top of Home Page.
- 4. Select the Auth ID link to view the details for the authorization. Once you display the authorization, you can perform the following tasks:
 - Create another referral for this member.
 - Create another precertification for this member.
 - Extend the end date for an approved referral that has not been previously extended for up to 30 more days.
 - Add additional clinical information for a pended authorization.
 - View a message from a provider on this authorization (this task is based on the user's role and may not display as an option).
 - Send a message to a provider on this authorization (this task is based on the user's role and may not display as an option).
 - Print a copy of this authorization.
 - Search for another authorization.



- View the draft authorizations in the lower-half of the Home Page.
 Note: The draft authorizations (referrals and precertifications) are ones that were saved but never submitted to Cigna-HealthSpring.
- 6. (Optional) Select a column heading to sort the draft authorizations by the data in that column
- 7. The first ten draft authorizations display on the first page. Select the Next, First, Last, or Previous links to page through the authorizations.
- 8. (Optional) Select the **delete** link next to the specific draft authorization if you want to delete it from HSConnect. Select **OK** to confirm the deletion.
- 9. Select the **Auth ID** link to view the details for the draft authorization. Then complete and submit the authorization request to Cigna-HealthSpring.





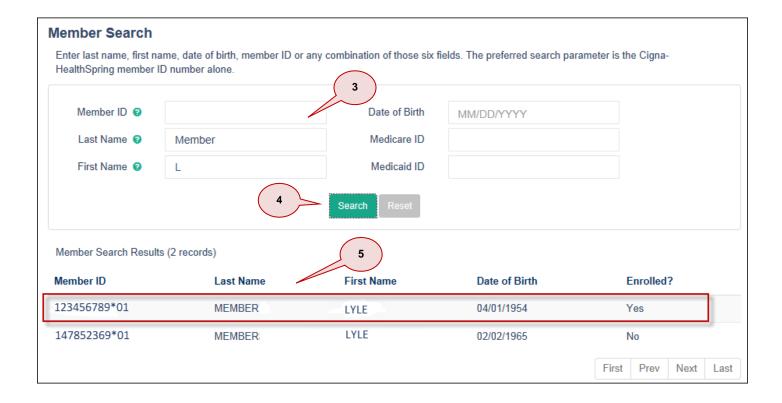


- 1. Log into the HSConnect portal and accept the terms and conditions.
- 2. Select the Member Search link at the top of the Home Page. The Member Search screen displays.
- 3. Enter a search term in at least one field. If you enter multiple fields, the search results only display those members where all fields match.
 - Member Last or First Name: Enter a full or partial name.
 - Member DOB: Use with the Name to narrow the search results.
 - Member ID: Enter the number that appears on the Member ID card. This may or may not include an *01 at the end of the number. Note: Member ID is the preferred and most accurate search term.
- 4. Select **Search**. The search results display.

Note: If needed, select Reset to clear and enter new search terms.

The following details apply to the search results:

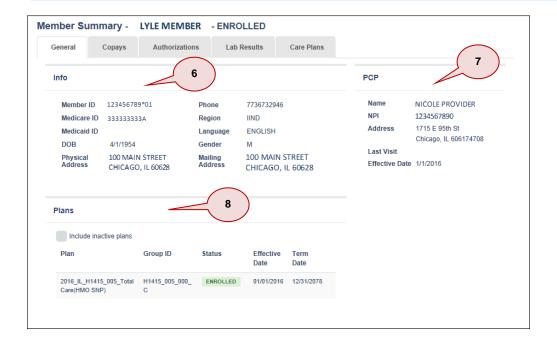
- If there are more than 100 matching search results, a message displays stating you have exceeded the current limit of 100.
- Partial name matches may display, such as Rosemary when you only entered Mary.
- Use the First, Previous, Next, or Last links to page through the search results if there are multiple pages.
- 5. From the Member Search Results, select the Member I to display that member's profile.





- 6. View the member's information.
 - Member ID: Number assigned by Cigna-HealthSpring to the member. This number also displays on the member's ID Card.
 Medicare ID: Number assigned by CMS
- 7. View the member's PCP information.
 - PCP Name: Name of the member's PCP. This field is blank if the member is PDP (prescription drug plan) or if the member has not yet selected a PCP.
 - PCP NPI: The PCP's NPI
 - PCP Address: PCP's office address
 - Effective Date: Date the member's plan became effective with the PCP.
- 8. Plans: View member coverage. To view member's coverage history, check the box for Include inactive plans.

Note: Upon checking the box, the inactive plans will be displayed with the active plans







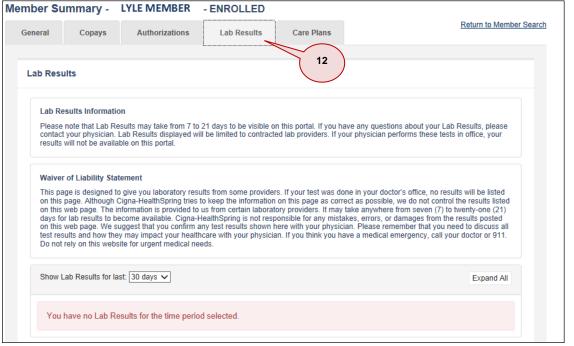
9. View the co-pays the member pays for in-network, out-of-network, and referral services by clicking on the Copays tab. Note: To view additional Co-Pay Information please visit www.cignahealthspring.com website to select the member's plan and view specific details concerning the co-pays.





- 10. View the member's recent authorizations by clicking on the Authorizations tab.
- Select the Auth ID link to display the details of the authorization.
 Note: Refer to the Search for Authorizations and View Details Quick Reference Section for more information on viewing an authorization.
- 12. PCPs only will have access to the Lab Results and Care Plans tabs. Lab results and Care Plans will display if applicable.

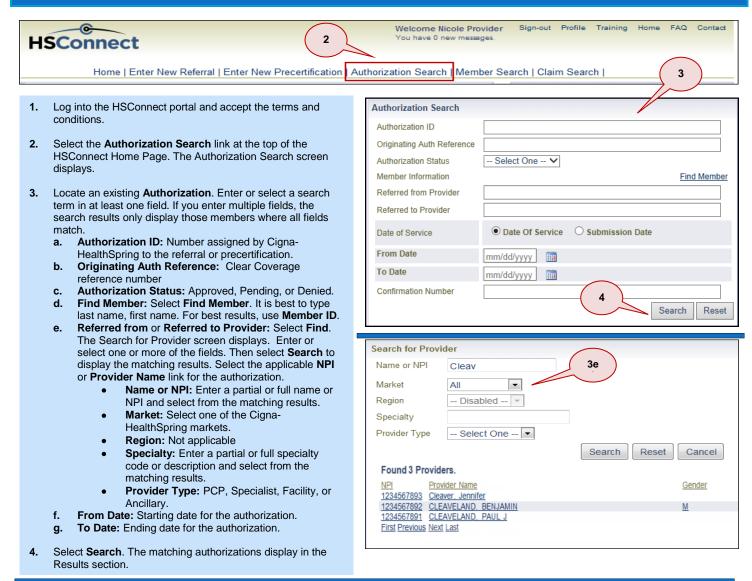




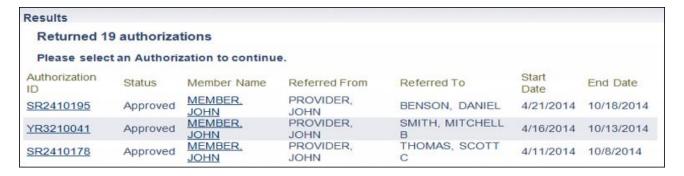




Search for Authorizations and View Details Part 1



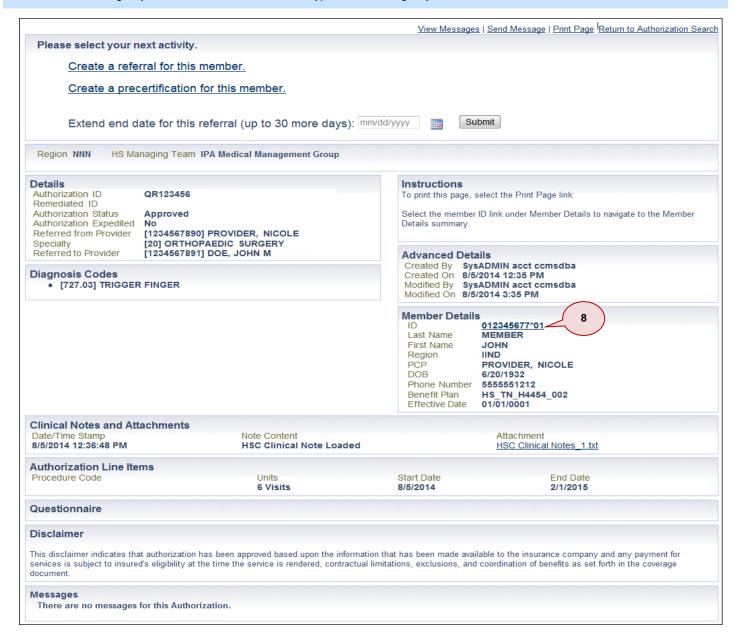
Select an Authorization ID link to view the details for the selected authorization.
 Select a Member Name link to view the details for the member's profile.
 Note: Refer to the Locate a Member Quick Reference Section for details





Search for Authorizations and View Details Part 2

- View the details for the authorization.
- 7. (Optional) Select any of the hyperlinks to perform other tasks related to this authorization:
 - Create a referral for this member.
 - Create a precertification for this member.
 - Extend the end date for an approved referral that has not been previously extended for up to 30 more days.
 - Add additional clinical information for a pended authorization.
 - View a message from another provider on the authorization (this task is based on the user's role and may not display as an option).
 - Send a message to another provider on the authorization (this task is based on the user's role and may not display as an option).
 - Print the authorization or page.
 - Search for another authorization.
- 8. View member eligibility information. Click the **Member ID** hyperlink to view eligibility.

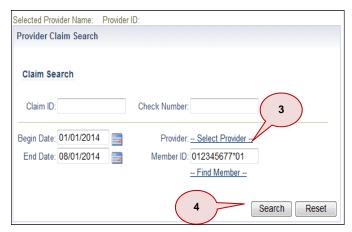


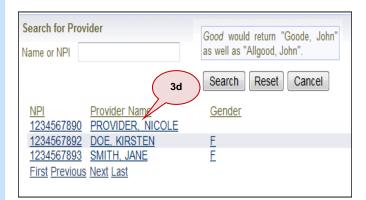


Search for Claims and View Claim Detail Part 1



- 1. Log into the HSConnect portal and accept the terms and conditions.
- 2. Select the Claim Search link at the top of the Home Page. The Provider Claim Search screen displays.
- **3.** Search for a claim(s) by using one of the following search methods:
 - Claim ID: Enter the claim number assigned by Cigna-HealthSpring.
 - Check Number: Enter the check number issued by Cigna-HealthSpring for payment on the claim.
 - c. Member ID and Begin/End Date:
 - Enter the number assigned to the member by Cigna-HealthSpring (nine digits, an asterisk, and two digit suffix - for example 123456789). If you do not know the number, select the Find Member link to search for the member.
 - (Optional) Enter a Begin Date and End Date range for the Dates of Service on the claim(s) to narrow the search results
 - d. Provider and Begin/End Date:
 - Select the Select Provider link. The Search for Provider screen displays with the providers in your coverage group. If the provider you are looking for does not display, select the Next link until the provider displays. If you work in a very large provider group, you can use the text box to search by provider Name or NPI.
 - Select the NPI or Provider Name link for the applicable provider.
 - (Required) Enter a Begin Date and End Date range for the Dates of Service on the claim(s).
- Select Search. The search results display.
 Note: If you searched by Member ID or Provider and there are more than 300 claims in the search results, you must narrow the date range.





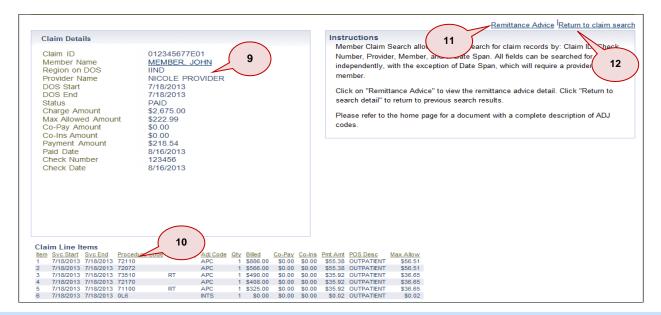
- 5. Review the matching claims in the Claims Search Results section.
- 6. (Optional) Select any of the column headings to sort the search results by that column heading.
- 7. Select the link for any row on the screen to view additional details specific to the selected claim and for the option to view the **Remittance**Advice.





Search for Claims and View Claim Detail Part 2

- 8. View the Claim Details specific to the selected claim.
- (Optional) Select the Member Name link to view the demographic and eligibility information for the member on the claim.
 Note: If you select this link, you cannot return back to the claim without having to search for the claim again.
- 10. View the Claim Line Items specific to the selected claim.
- 11. Select the Remittance Advice link to view the remittance advice for the selected claim.
- 12. (Optional) Select the Return to claim search link to view another claim from the original search results.



- 13. View the Remittance Advice Detail that displays the same details included on the original remittance advice to the provider.
- 14. (Optional) Select the Print Page link to print a copy of the remittance advice.
- 15. (Optional) Select the Return to Claim Detail link to continue reviewing the details for the previously selected claim.



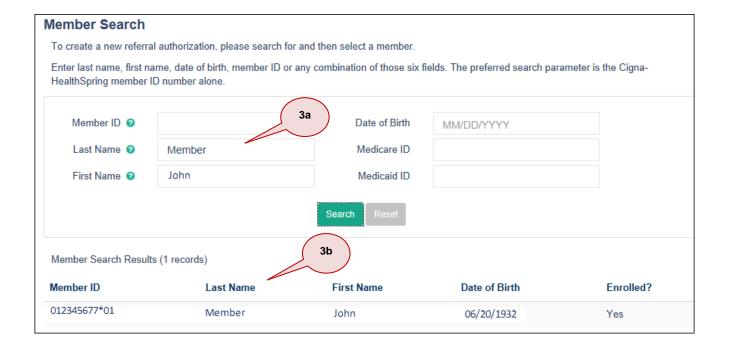


Create and Submit a Referral Part 1



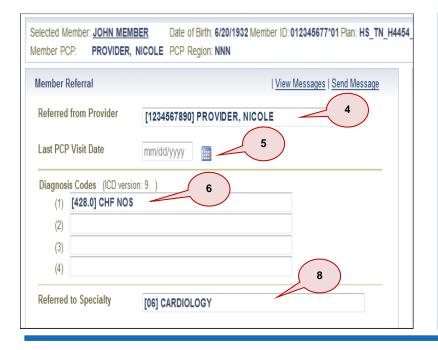
If a PCP wants to send a member to see a Specialist, he or she should complete this task for a one time visit or a specific number of visits before making the appointment with the Specialist.

- 1. Log into the HSConnect portal and accept the terms and conditions.
- 2. Select the Enter New Referral link at the top of the HSConnect Home Page. The Member Quick Search screen displays.
- 3. Perform the following to select the member:
 - a. Locate the member for the referral.
 - Note: Member ID is the preferred method.
 - **Note:** If searching by Member Name, please include, Last Name and First Name. For quicker results, include the Member DOB. Do not include Member ID with member name in the search.
 - b. Select the Member from the search results. Note: Only the members assigned to the PCPs in your coverage group display in the search results.
 - c. The Referral screen displays with the member defaulted based on your selection. Verify you selected the correct member





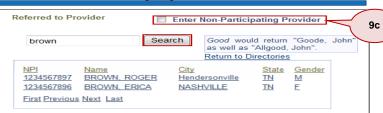
Create and Submit a Referral Part 2



- 4. This field defaults to the PCP name that is assigned to your login credentials. To change, enter a partial or full name or NPI for the Referred from Provider. As you enter the name or NPI, the matching search results display in the drop-down list. Select the provider who is referring the member to visit a Specialist. Note: This field only displays the physicians in your coverage
- 5. (Optional) Enter or select the Last PCP Visit Date.
- 6. Enter a partial or full diagnosis code or description in the first Diagnosis Codes field. As you enter the code or description, the matching search results display in the drop-down list. Select the diagnosis applicable to the member's condition.
- (Optional) Enter and select additional Diagnosis Codes (up to three additional ones) in the other blank fields.
- 8. Enter a partial or full specialty code or description in the Referred to Specialty field. As you enter the code or description, the matching search results display in the drop-down list. Select the specialty applicable to the specialist you want the member to visit.

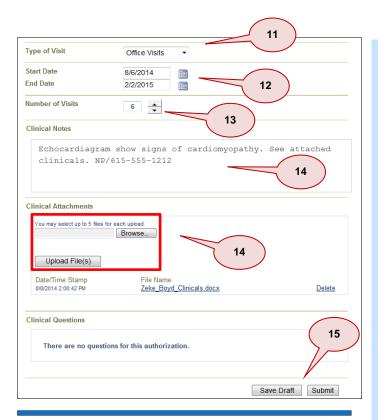
- Use one of the following methods to select the Referred to Provider or Specialist you want the member to visit.
 - a. The first preference is to select a Specialist from the Directory Providers section. Up to 15 Specialists will display in the directory results at a time. The Specialists display alphabetically by last name. Select the Next, Last, First, or Previous links to page through the search results.
 - b. You can also select the Search Providers link to search directly by NPI or Name. Last name, first name works best for name searches.
 - Note: If you search by name, partial name searches will yield results for all providers in that specialty, for all Cigna-HealthSpring Markets, containing that value searched. Note: Only contracted providers will populate search results.
 - c. If the specialist you want to send the member to is non-par or out-of-network, select the Enter Non-Participating Provider checkbox. Complete all the fields, including the Reason why this member needs to go to a non-par provider. Choose one of the reasons from selection box Note: Please try the Search Provider option to locate your provider, before choosing Enter Non-Participating Provider.
- Once selected, the name of the Referred to Provider displays with his or her NPI.







Create and Submit a Referral Part 3



Authorization SR3810001 was successfully submitted. Your authorization is Approved.

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- 11. Select one of the following options from the **Type of Visit** drop-down list:
 - Consult Only single visit
 - Office Visits multiple visits
- If you need to modify the Start Date and/or End Date, enter or select the new dates.

Note: If you extend or make the dates retroactive, the referral will most likely pend when submitted.

Enter or use the arrows to select the Number of Visits.
 Note: If you extend a default (other than 0), the referral will most likely

pend when submitted. If you selected Consult Only in Step 11, this field is 1.

- **14.** Document the reason for the referral by using one or both of the following methods:
 - Enter free text Clinical Notes to document why this request is medically necessary.
 - Copy (Ctrl/C) the clinical notes from your EMR and paste (Ctrl/V) the notes.
 - Type in a statement that you will fax the clinical to Health Services. If you select this option, reference the Auth ID on the fax
 - Attach the clinical information as a file. Select Browse... to select the file. Select Upload File(s) to attach the file to the referral.
- 15. Perform one of the following:
 - If you are not ready to send the request to Cigna-HealthSpring for processing, select Save Draft.

Note: You can select the referral from the HSConnect Home Page, under the Drafts section to view or edit at a later time.

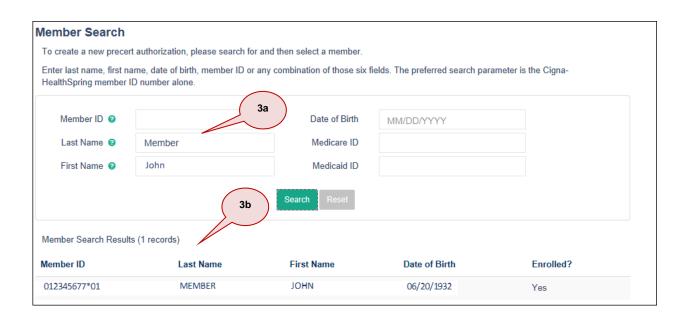
- To submit the referral to Cigna-HealthSpring for processing, select
 Submit
- 16. Review the confirmation message at the top of the screen (Approved or Pending) and note the Auth ID. If Pending, Cigna-HealthSpring must review for a final determination. Note if the Service Provider was sent a message or if you will notify him/her manually.





Create a precertification if you want to perform an outpatient procedure or surgery for a Cigna-HealthSpring member. This applies if the procedure is done in the office, an ambulatory surgery center (ASC), or an outpatient hospital.

- 1. Log into the HSConnect portal and accept the terms and conditions.
- Select the Enter New Precertification link at the top of the Home Page. The Member Quick Search screen displays Note: If you find an active authorization, select the Create a precertification for this member link to create the request
- 3. Perform the following to select the member:
 - a. Locate the member for the precertification.
 - Note: Member ID is the preferred method.
 - **Note:** Refer to the *Locate a Member* section for details.
 - b. Select the Member from the search results.
 - c. The Precertification screen displays with the member defaulted based on your selection. Verify you selected the correct member.









- (Optional) If the precertification request is expedited, select the Expedite Request link. The Expedited Request Questionnaire displays. Otherwise, skip to the next step.
 - If the member's health is in jeopardy, select Yes.
 - b. Select **Done** to close the questionnaire.
- 5. Select the Search button to select the Referred from Provider from the list of providers in your coverage group. This is the provider who is referring the member to the Referred to or rendering provider. Select the Provider Name link for the applicable Referred from Provider.
- 6. Enter a partial or full specialty description in the Referred to Specialty field. As you enter the description, the matching search results display in the drop-down list. Select the specialty applicable to the precertification request.
 Note: This entry determines the providers that display in the Referred to Provider section and the entries for the Place of Service. The specialties are not only limited to areas of medicine (Cardiology, Urology, etc.). You can also enter a provider type, such as DME, Hospital, Home Health, or Radiology, if you want to display those selections.
- Select the Service Type that most closely relates to the requested service from the drop-down list.
- 8. Use one of the following methods to select the **Referred to Provider** or the provider that is rendering the requested services.

Note: If the Referred to Specialty = Outpatient Surgery or Hospital, the Referred to Provider is the name of the facility where the procedure or surgery will take place.

Note: If the Referred to Specialty = an area of medicine such as Cardiology or Urology, the Referred to Provider is the name of the Specialist.

- a. The first preference is to select one of the providers from the Directory Providers section. The providers display alphabetically. Select the Next, Last, First, or Previous links to page through the results.
 - **Note:** You can also select the **Search Providers** link to search directly by NPI or Name. The provider must still be one that would have displayed if you paged through the results.
- b. The second preference is to select one of the providers from the Extended Directory Providers section.
- c. If the provider is non-par or out-of-network, select the Enter Non-Participating Provider checkbox. Complete all the fields, including the Reason why this member needs to go to a non-par provider.

Note: Please try the Search Providers option to locate your provider, before choosing **Enter Non-Participating Provider**.

Once selected, the name of the Referred to Provider displays with the NPI.









- 10. Depending on your selection for the Referred to Provider, select the Place of Service (POS) by location where the provider will perform the requested service by clicking the hyperlink on the appropriate address.
 Note: If you do not see an expected address, simply select an alternative address that contains the correct Place of Service Value.
- **11.** After you select the Place of Service (POS) or location, the place of service will display.

Note: Select the Change link to modify the POS.

- **12.** Document the reason for the precertification by using one or both of the following methods:
 - Enter free text Clinical Notes to document why this request is medically necessary.
 - Copy (Ctrl/C) the clinical notes from your EMR and paste (Ctrl/V) the notes
 - Type in a statement that you will fax the clinical to Health Services. If you select this option, reference the Auth ID on the fax.
 - Attach the clinical information as a file. Select Browse... to select the file. Select Upload File(s) to attach the file to the precertification.
 - Upload up to 5 files at one time.
 - Each file must be 10MB or smaller.
 - To remove a file before you select the Upload File(s) button, select the remove link.
 - To remove a file after you select the Upload File(s) button, select the Delete link.
 - Once you submit the request, you cannot delete a file attachment.



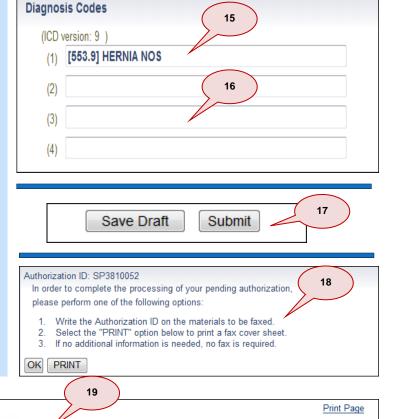




- 13. Perform the following steps to add a CPT/HCPCS/revenue code to indicate the specific procedure request:
 - a. Select the Click Here to Add a Service or Procedure link.
 - b. Enter a partial or full CPT/HCPCS/revenue code or description in the **Procedure** field. As you enter the code or description, the matching search results display in the drop-down list. Select the applicable procedure.
 - c. Select or enter the number of Units.
 - d. Select the Unit Type from the drop-down list. Be sure to review all the selections and select the correct one.
 - Enter or select the valid Start Date and End Date range for the precertification.
 Note: The dates may default based on the selection for the Procedure field.
 - f. Select the save procedure link to add the procedure to the precertification request.
- **14.** Repeat steps 19a 19f to add additional CPT/HCPCS/revenue codes to the precertification request. **Note:** Select the **delete** link to remove a procedure from the request that you added in error.
- 15. Enter a partial or full diagnosis code or description in the first Diagnosis Codes field. As you enter the code or description, the matching search results display in the drop-down list. Select the diagnosis applicable to the member's condition.
- 16. (Optional) Enter and select additional Diagnosis Codes (up to 3 additional ones) in the other blank fields
- **17.** Perform one of the following options:
 - If you are not ready to send the precertification to Cigna-HealthSpring for processing, select Save Draft.
 Note: You can select the precertification from the HSConnect Home Page, under the Drafts section to view or edit at a later time.
 - To submit the precertification to Cigna-HealthSpring for processing, select Submit.
- If your precertification is pending, a popup message will display with your authorization ID, giving you the option to print a fax cover sheet.

Note: If you are faxing Health Services clinical information, pertaining to this authorization, please include the fax cover sheet and notate the **Authorization ID** on each page.

19. Review the confirmation message at the top of the screen (Approved or Pending) and note the Auth ID. If Pending, Cigna-HealthSpring must review for a final determination. Note if the Service Provider was sent a message or if you will notify him/her manually.



Authorization SP3810053 was successfully submitted. Your authorization is Pending.

Notification of this authorization will be sent to the service provider shortly. If this authorization is pending, notification will be managed by Cigna-HealthSpring.



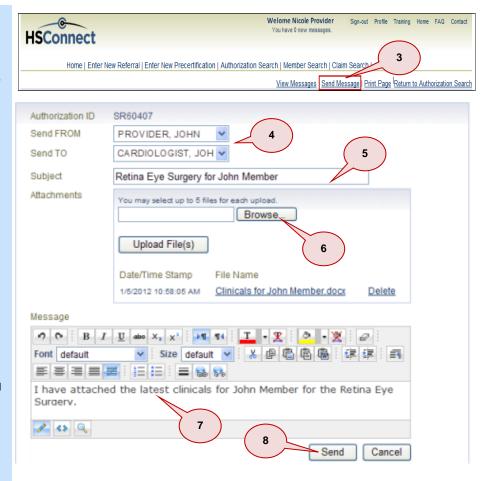
Send and View an Authorization Message

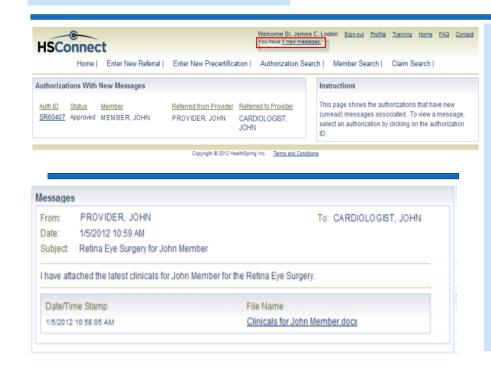
Send a Message on an existing authorization

- Log into the HSConnect portal and accept the terms and conditions.
- Locate the authorization for which you want to send a message. You may send a message to one or more of the designated providers.
 - The thirty most recent authorizations display on the HSConnect Home Page.
 - You can also search for an authorization and send a message.
 Note: Refer to the Search for an Authorization(s) Quick Reference Card for more information.
- Select the Send Message link at the top of the screen.

Note: You can only send a message if at least two of the providers on the authorization have an active user account in HSConnect with the messaging feature turned on.

- Select the provider from the Send FROM and Send TO drop-down lists.
- 5. Enter a Subject.
- 6. If you wish to attach a file, select the Browse... button to upload up to 5 file attachments at one time. Once you locate and select the file(s), select the Upload File(s) button.
- 7. Enter the Message.
- Select Send to send the message to the provider in the Send TO drop-down list.





View an Authorization Message

- Log into the HSConnect portal and accept the terms and conditions.
- Select the You have x new messages link at the top of the HSConnect Home Page. The Authorizations with New Messages screen displays.
- **11.** Select the **Auth ID** link to view the authorization with the message.
- **12.** Scroll to the bottom of the screen and view the message(s).
 - You can also select the View
 Messages link at the top of the screen to go directly to the message(s).
- Once you view the message(s), the message indicator resets, displaying You have 0 new messages.

Note: The message(s) is always stored with the authorization.