

REFERENCE GUIDE



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Request a New Password

HSConnect Passwords must be changed every 90 days.

1. From the HSConnect Portal Sign-in Page, select the **Forgot Password?** link. The Forgot Password screen displays.
2. Enter your HSConnect **User Name**.
3. 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**.
5. 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 HSConnectHelp@HSConnectonline.com.
6. 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](#)

7. 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

1. 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.

Welcome Nicole Provider Sign-out Profile Training Home FAQ Contact
You have 0 new messages.

Home | Enter New Referral | Enter New Precertification | Authorization Search | Member Search | Claim Search |

Auth ID	Status	Member	Referred from Provider	Referred to Provider	Modified On
SR123111	Approved	BATES, ELENA	PROVIDER, NICOLE M	SAMPSON, WALTER	08/05/2014
SR123444	Approved	JOHNS, GEORGE	PROVIDER, NICOLE M	Carbonelli, Isaac	08/04/2014
SR123555	Approved	SMITH, THEA	PROVIDER, NICOLE M	Albeheart, Gary	07/28/2014
SR111100	Approved	WILSON, CHRIS	PROVIDER, NICOLE M	MERCIER, CHARLES	07/24/2014

[First](#) [Previous](#) [Next](#) [Last](#)

Instructions
Effective January 01, 2014 All claims must be submitted with the providers NPI number in order to receive reimbursement

ADDRESS for Claims Submissions:
Cigna HealthSpring
PO Box 981706
El Paso, TX 79998

5. 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.

Drafts

Auth ID	Member	Referred from Provider	Referred to Provider	Modified On	Modified By	
SR3410144	ESCASA, EM	PROVIDER, NICOLE M	SMITH, GEORGE	08/06/2014	Nicole Provider	delete
SR3410143	BATES, ELENA	PROVIDER, NICOLE M	SMITH, GEORGE	08/06/2014	Nicole Provider	delete
SP3410142	JOHNS, GEORGE	PROVIDER, NICOLE M	DAWSON, DANIEL D	08/06/2014	Nicole Provider	delete

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Locate a Member Part 1

HSConnect

Welcome Nicole Provider
You have 0 new messages.

Sign-out Profile Training Home FAQ Contact

Home | Enter New Referral | Enter New Precertification | Authorization Search | **Member Search** | Claim Search |

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 ID** to display that member's profile.

Member Search

Enter last name, first name, date of birth, member ID or any combination of those six fields. The preferred search parameter is the Cigna-HealthSpring member ID number alone.

Member ID Date of Birth

Last Name Medicare ID

First Name Medicaid ID

Search

Member Search Results (2 records)

Member ID	Last Name	First Name	Date of Birth	Enrolled?
147852369*01	MEMBER	LYLE	10/28/1924	No
123456789*01	MEMBER	LYLE	06/15/1933	Yes

First Prev Next Last



Locate a Member Part 2

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. **Require Referral?** View if the member requires referrals
Note: Some products may not require a referral for in network providers.

Member Summary - LYLE MEMBER - ENROLLED [Return to Member Search](#)

General | Copays | Authorizations | Lab Results | Care Plans

Info

Member ID	123456789*01	Phone	
Medicare ID	333333333A	Region	RHCP
Medicaid ID		Language	ENGLISH
DOB	06/15/1933	Gender	M
Physical Address	100 MAIN STREET CHICAGO, IL 60614	Mailing Address	100 MAIN STREET CHICAGO, IL 60614

PCP

Name	NICOLE PROVIDER
NPI	1234567890
Address	1541 W Devon Ave Chicago, IL 606601313
Last Visit	
Effective Date	01/01/2013

Plans

☐ Include inactive plans

Plan	Group ID	Status	Effective Date	Term Date	Require Referral?
2018_IL_H1415_021_Premier(HMO-POS)	H1415_021_000_B	ENROLLED	01/01/2018	12/31/2078	Yes

Plans

☒ Include inactive plans

Plan	Group ID	Status	Effective Date	Term Date	Require Referral?
2018_IL_H1415_021_Premier(HMO-POS)	H1415_021_000_B	ENROLLED	01/01/2018	12/31/2078	Yes
2017_IL_H1415_021_Premier(HMO-POS)	H1415_021_000_B	DISENROLLED	01/01/2017	12/31/2017	Yes
2016_IL_H1415_021_Premier(HMO-POS)	H1415_021_000_B	DISENROLLED	01/01/2016	12/31/2016	Yes
HS_IL_H1415_021	H1415_021_000_B	DISENROLLED	01/01/2015	12/31/2015	Yes



Locate a Member Part 3

10. 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.

Member Summary - LYLE MEMBER - ENROLLED

General **Copays** Authorizations Lab Results Care Plans [Return to Member Search](#)

Copays 10 Plan: 2018_IL_H1415_021_Premier(HMO-POS)

Benefit Type	In Network	Out of Network	Referral
CHIROPRACTIC	\$15	30%	N/A
CT SCAN	\$200	30%	N/A
DEDUCTIBLE	N/A	N/A	N/A
DENTAL	\$40	30%	N/A
EMERGENCY ROOM	\$80	\$80	N/A
INPATIENT	\$275/day: days 1-7; \$0/day: days 8-90	30%	N/A
MENTAL HEALTH	\$40	30%	N/A
MRI	\$200	30%	N/A
OFFICE VISIT PCP	\$8	\$12	N/A
OFFICE VISIT SPECIALIST	\$40	30%	N/A
OUT OF POCKET	\$6500 which applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits	N/A
OUTPATIENT SURGERY	\$320 Outpatient Services and Observation; ASC \$250	30%; ASC 30%	N/A
PHARMACY	N	N/A	N/A
URGENT CARE	\$45	\$45	N/A
VISION	\$40	30%	N/A



Locate a Member Part 4

11. View the member's recent authorizations by clicking on the Authorizations tab.
12. 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.
13. **PCPs only** will have access to the Lab Results and Care Plans tabs. Lab results and Care Plans will display if applicable.

Member Summary - LYLE MEMBER - ENROLLED [Return to Member Search](#)

General Copays **Authorizations** Lab Results Care Plans

Authorizations

Auth ID	Status	Referred From	Referred To	Submitted On
PR9876543	Approved	PROVIDER, NICOLE	PROVIDER, JOHN	02/15/2016
R9874125	Approved	PROVIDER, NICOLE	YOUR HOME HEALTH INC	09/12/2015
A001234	Approved	PROVIDER, JOHN	GENERAL HOSPITAL	08/25/2015

Member Summary - LYLE MEMBER - ENROLLED [Return to Member Search](#)

General Copays Authorizations **Lab Results** Care Plans

Lab Results

Lab Results Information

Please note that Lab Results may take from 7 to 21 days to be visible on this portal. If you have any questions about your Lab Results, please contact your physician. Lab Results displayed will be limited to contracted lab providers. If your physician performs these tests in office, your results will not be available on this portal.

Waiver of Liability Statement

This page is designed to give you laboratory results from some providers. If your test was done in your doctor's office, no results will be listed on this page. Although Cigna-HealthSpring tries to keep the information on this page as correct as possible, we do not control the results listed on this web page. The information is provided to us from certain laboratory providers. It may take anywhere from seven (7) to twenty-one (21) days for lab results to become available. Cigna-HealthSpring is not responsible for any mistakes, errors, or damages from the results posted on this web page. We suggest that you confirm any test results shown here with your physician. Please remember that you need to discuss all test results and how they may impact your healthcare with your physician. If you think you have a medical emergency, call your doctor or 911. Do not rely on this website for urgent medical needs.

Show Lab Results for last: Expand All

You have no Lab Results for the time period selected.

Member Summary - LYLE MEMBER - ENROLLED [Return to Member Search](#)

General Copays Authorizations Lab Results **Care Plans**

Care Plans

Document Name	Document Link
123456789_01_MemberCarePlan_20140924.pdf	Link



Search for Authorizations and View Details Part 1

HSConnect

Welcome Nicole Provider Sign-out Profile Training Home FAQ Contact

You have 0 new messages.

Home | Enter New Referral | Enter New Precertification | **Authorization Search** | Member Search | Claim Search |

- Log into the HSConnect portal and accept the terms and conditions.
- Select the **Authorization Search** link at the top of the HSConnect Home Page. The Authorization Search screen displays.
- Locate an existing **Authorization**. Enter or select a search term in at least one field. If you enter multiple fields, the search results only display those members where all fields match.
 - Authorization ID:** Number assigned by Cigna-HealthSpring to the referral or precertification.
 - Originating Auth Reference:** Clear Coverage reference number
 - Authorization Status:** Approved, Pending, or Denied.
 - Find Member:** Select **Find Member**. It is best to type last name, first name. For best results, use **Member ID**.
 - Referred from or Referred to Provider:** Select **Find**. The Search for Provider screen displays. Enter or select one or more of the fields. Then select **Search** to display the matching results. Select the applicable **NPI** or **Provider Name** link for the authorization.
 - Name or NPI:** Enter a partial or full name or NPI and select from the matching results.
 - Market:** Select one of the Cigna-HealthSpring markets.
 - Region:** Not applicable
 - Specialty:** Enter a partial or full specialty code or description and select from the matching results.
 - Provider Type:** PCP, Specialist, Facility, or Ancillary.
 - From Date:** Starting date for the authorization.
 - To Date:** Ending date for the authorization.
- Select **Search**. The matching authorizations display in the Results section.

Authorization Search

Authorization ID

Originating Auth Reference

Authorization Status

Member Information [Find Member](#)

Referred from Provider

Referred to Provider

Date of Service ☒ Date Of Service ☐ Submission Date

From Date

To Date

Confirmation Number

Search for Provider

Name or NPI

Market

Region

Specialty

Provider Type

Found 3 Providers.

NPI	Provider Name	Gender
1234567893	Cleaver, Jennifer	
1234567892	CLEVELAND, BENJAMIN	M
1234567891	CLEVELAND, PAUL J	

[First](#) [Previous](#) [Next](#) [Last](#)

- 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

Results						
Returned 19 authorizations						
Please select an Authorization to continue.						
Authorization ID	Status	Member Name	Referred From	Referred To	Start Date	End Date
SR2410195	Approved	MEMBER JOHN	PROVIDER, JOHN	BENSON, DANIEL	4/21/2014	10/18/2014
YR3210041	Approved	MEMBER JOHN	PROVIDER, JOHN	SMITH, MITCHELL B	4/16/2014	10/13/2014
SR2410178	Approved	MEMBER JOHN	PROVIDER, JOHN	THOMAS, SCOTT C	4/11/2014	10/8/2014



Search for Authorizations and View Details Part 2

6. 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 pending 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.

[View Messages](#) | [Send Message](#) | [Print Page](#) | [Return to Authorization Search](#)

Please select your next activity.

[Create a referral for this member.](#)

[Create a precertification for this member.](#)

Extend end date for this referral (up to 30 more days):

Region **NNN** HS Managing Team IPA Medical Management Group

Details Authorization ID QR123456 Remediated ID Authorization Status Approved Authorization Expedited No Referred from Provider [1234567890] PROVIDER, NICOLE Specialty [20] ORTHOPAEDIC SURGERY Referred to Provider [1234567891] DOE, JOHN M	Instructions To print this page, select the Print Page link. Select the member ID link under Member Details to navigate to the Member Details summary.
Diagnosis Codes • [727.03] TRIGGER FINGER	Advanced Details Created By SysADMIN acct ccmsdba Created On 8/5/2014 12:35 PM Modified By SysADMIN acct ccmsdba Modified On 8/5/2014 3:35 PM
	Member Details ID 012345677*01 Last Name MEMBER First Name JOHN Region IIND PCP PROVIDER, NICOLE DOB 6/20/1932 Phone Number 5555551212 Benefit Plan HS_TN_H4454_002 Effective Date 01/01/0001

Clinical Notes and Attachments		
Date/Time Stamp 8/5/2014 12:36:48 PM	Note Content HSC Clinical Note Loaded	Attachment HSC Clinical Notes_1.txt

Authorization Line Items			
Procedure Code	Units 6 Visits	Start Date 8/5/2014	End Date 2/1/2015

Questionnaire

Disclaimer

This disclaimer indicates that authorization has been approved based upon the information that has been made available to the insurance company and any payment for services is subject to insured's eligibility at the time the service is rendered, contractual limitations, exclusions, and coordination of benefits as set forth in the coverage document.

Messages

There are no messages for this Authorization.



Search for Claims and View Claim Detail Part 1

HSConnect

Welcome Nicole Provider Sign-out Profile Training Home FAQ Contact
You have 0 new messages.

Home | Enter New Referral | Enter New Precertification | Authorization Search | Member Search | **Claim Search**

- Log into the HSConnect portal and accept the terms and conditions.
- Select the Claim Search link at the top of the Home Page. The Provider Claim Search screen displays.
- 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.
 - 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
 - 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.

Selected Provider Name: Provider ID:

Provider Claim Search

Claim Search

Claim ID: Check Number:

Begin Date: 01/01/2014 End Date: 08/01/2014

Provider: -- Select Provider --

Member ID: 012345677*01

-- Find Member --

Search **Reset**

Search for Provider

Name or NPI

Good would return "Goode, John" as well as "Allgood, John".

Search **Reset** **Cancel**

3d

NPI	Provider Name	Gender
1234567890	PROVIDER, NICOLE	
1234567892	DOE, KIRSTEN	F
1234567893	SMITH, JANE	F

[First](#) [Previous](#) [Next](#) [Last](#)

- Review the matching claims in the **Claims Search Results** section.
- (Optional) Select any of the column headings to sort the search results by that column heading.
- 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**.

Claims Search Results
(4 records)

Select any field in a claim to view details.

DOS	Member	Provider	Co-Pay	Coins	Payment	Claim Paid	Check #	Status
4/1/2014	MEMBER JOHN	PROVIDER, NICOLE	\$0.00	\$0.00	\$336.82	4/14/2014	222333	PAID
4/1/2014	MEMBER JOHN	PROVIDER, NICOLE	\$0.00	\$0.00	\$336.82	4/14/2014	1000012	PAID
3/28/2014	MEMBER JOHN	PROVIDER, NICOLE	\$0.00	\$0.00	\$0.00	4/14/2014	21104	PAID
4/1/2014	MEMBER JOHN	PROVIDER, NICOLE	\$0.00	\$0.00	\$336.82	4/14/2014	20114	PAID



Search for Claims and View Claim Detail Part 2

8. View the **Claim Details** specific to the selected claim.
9. (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.

Claim Details

Claim ID	012345677E01
Member Name	MEMBER JOHN
Region on DOS	IIND
Provider Name	NICOLE PROVIDER
DOS Start	7/18/2013
DOS End	7/18/2013
Status	PAID
Charge Amount	\$2,675.00
Max Allowed Amount	\$222.99
Co-Pay Amount	\$0.00
Co-Ins Amount	\$0.00
Payment Amount	\$218.54
Paid Date	8/16/2013
Check Number	123456
Check Date	8/16/2013

[Remittance Advice](#) | [Return to claim search](#)

Instructions

Member Claim Search allows you to search for claim records by: Claim ID, Check Number, Provider, Member, and Date Span. All fields can be searched for independently, with the exception of Date Span, which will require a provider member.

Click on "Remittance Advice" to view the remittance advice detail. Click "Return to search detail" to return to previous search results.

Please refer to the home page for a document with a complete description of ADJ codes.

Claim Line Items

Item	Svc Start	Svc End	Procedure Code	Adj Code	Qty	Billed	Co-Pay	Co-Ins	Pmt Amt	POS Desc	Max Allow
1	7/18/2013	7/18/2013	72110	APC	1	\$886.00	\$0.00	\$0.00	\$55.38	OUTPATIENT	\$56.51
2	7/18/2013	7/18/2013	72072	APC	1	\$566.00	\$0.00	\$0.00	\$55.38	OUTPATIENT	\$56.51
3	7/18/2013	7/18/2013	73510	RT	1	\$490.00	\$0.00	\$0.00	\$35.92	OUTPATIENT	\$36.65
4	7/18/2013	7/18/2013	72170	APC	1	\$408.00	\$0.00	\$0.00	\$35.92	OUTPATIENT	\$36.65
5	7/18/2013	7/18/2013	71100	RT	1	\$325.00	\$0.00	\$0.00	\$35.92	OUTPATIENT	\$36.65
6	7/18/2013	7/18/2013	0L6	INTS	1	\$0.00	\$0.00	\$0.00	\$0.02	OUTPATIENT	\$0.02

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.

Remittance Advice Detail

Payment Information

Check Or EFT Trace Number: 123456	Bulk Check Amount: \$4,617.16
Payment Status: PAID	Check Issue Or EFT Date: 8/16/2013

Payer Information	Payee Information
Payer Name: ABC HEALTH LLC	Payee Name: NICOLE PROVIDER
	Payee Address: P O BOX 123456

Provider Claim Information

[Print Page](#) | [Return to Claim Detail](#)

HENDERSONVILLE, TN



Create and Submit a Referral Part 1

HSConnect

Welcome Nicole Provider Sign-out Profile Training Home FAQ Contact
You have 0 new messages.

Home **Enter New Referral** Enter New Precertification | Authorization Search | Member Search | Claim Search |

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

Member Search

To create a new referral authorization, please search for and then select a member.

Enter last name, first name, date of birth, member ID or any combination of those six fields. The preferred search parameter is the Cigna-HealthSpring member ID number alone.

Member ID

Last Name

First Name

Date of Birth

Medicare ID

Medicaid ID

Member Search Results (1 records)

Member ID	Last Name	First Name	Date of Birth	Enrolled?
012345677*01	Member	John	06/20/1932	Yes



Create and Submit a Referral Part 2

Selected Member: **JOHN MEMBER** Date of Birth: 6/20/1932 Member ID: 012345677*01 Plan: HS_TN_H4454
Member PCP: **PROVIDER, NICOLE** PCP Region: NNN

Member Referral [View Messages](#) [Send Message](#)

Referred from Provider **[1234567890] PROVIDER, NICOLE**

Last PCP Visit Date **mm/dd/yyyy**

Diagnosis Codes (ICD version: 9)

(1) **[428.0] CHF NOS**

(2)

(3)

(4)

Referred to Specialty **[06] CARDIOLOGY**

- 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 group.
- (Optional) Enter or select the **Last PCP Visit Date**.
- 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.
- 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.
 - 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.
 - 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.
 - 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 Providers 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.

Referred to Provider

Directory Providers

NPI	Name	City	State	Gender
1234567899	ABERDINE, MARY	Hendersonville	TN	F
1234567898	ABERDINE, ZEKE	Hendersonville	TN	M
1234567897	BROWN, ROGER	Hendersonville	TN	M
1234567896	CHANCE, ERICA	Hendersonville	TN	F
1234567895	DAWSON, SAMUEL	Hendersonville	TN	M
1234678994	DOCTOR, JOHN	Hendersonville	TN	M
1233445566	DOE, REGINA M	Hendersonville	TN	F
1223455577	FORTE, WILLIAM	Hendersonville	TN	M
1113322445	GARZA, ANNETTE	Hendersonville	TN	F
1133344466	GOULD, BOBBY T	Hendersonville	TN	M
1234567898	GREY, MICHELLE	Hendersonville	TN	F
1234567778	MARTINEZ, CAMILLA	Nashville	TN	F
1234555555	NASH, GERALD	Hendersonville	TN	M
1234444444	O'BRYAN, DAVID	Hendersonville	TN	M
1234446668	SCHWARTZ, PAUL	Hendersonville	TN	M

First Previous Next Last

Search Providers

☐ Enter Non-Participating Provider

Search

Good would return "Goode, John" as well as "Allgood, John".
[Return to Directories](#)

NPI	Name	City	State	Gender
1234567897	BROWN, ROGER	Hendersonville	TN	M
1234567896	BROWN, ERICA	NASHVILLE	TN	F

First Previous Next Last



Create and Submit a Referral Part 3

The screenshot shows the 'Create and Submit a Referral' form. Callouts are as follows:

- 11**: Points to the 'Type of Visit' dropdown menu, which is currently set to 'Office Visits'.
- 12**: Points to the 'Start Date' and 'End Date' fields. The start date is 8/6/2014 and the end date is 2/2/2015.
- 13**: Points to the 'Number of Visits' spinner box, which is set to 6.
- 14**: Points to the 'Clinical Notes' text area, which contains the text: 'Echocardiogram show signs of cardiomyopathy. See attached clinicals. NP/615-555-1212'.
- 14**: Points to the 'Clinical Attachments' section, which includes a 'Browse...' button and an 'Upload File(s)' button. A red box highlights these two buttons.
- 15**: Points to the 'Clinical Questions' section, which contains the text: 'There are no questions for this authorization.'
- 16**: Points to a confirmation message at the bottom of the page: 'Authorization SR3810001 was successfully submitted. Your authorization is Approved.'

11. Select one of the following options from the **Type of Visit** drop-down list:
 - **Consult Only** - single visit
 - **Office Visits** - multiple visits
12. 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.
13. 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 and Submit a Precertification Part 1

HSConnect

Welcome Nicole Provider
You have 0 new messages.

Sign-out Profile Training Home FAQ Contact

Home | Enter New Referral | **Enter New Precertification** | Authorization Search | Member Search | Claim Search |

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.
2. 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.

Member Search

To create a new precert authorization, please search for and then select a member.

Enter last name, first name, date of birth, member ID or any combination of those six fields. The preferred search parameter is the Cigna-HealthSpring member ID number alone.

Member ID

Last Name

First Name

Date of Birth

Medicare ID

Medicaid ID

3a

3b

Member Search Results (1 records)

Member ID	Last Name	First Name	Date of Birth	Enrolled?
012345677*01	MEMBER	JOHN	06/20/1932	Yes



Create and Submit a Precertification Part 2

4. The **Precertification Prescreen** displays with the member defaulted based on your selection.
 - a. Select **Add 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. Enter or select the valid **Start Date** and **End Date** range for the precertification.
 - d. Repeat steps to add additional CPT/HCPCS/revenue codes to the precertification request.
 - e. Enter a partial or full diagnosis code or description in the **Primary Diagnosis Code** 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.

Note: If a message appears next to the procedure code, that code doesn't need a precertification through HSC. Depending on the message, it could be delegated to a 3rd party partner, may not require a precertification or may not be covered.

Note: If no message appears next to the procedure code, that procedure code and the diagnosis code will transfer to the precertification form.

 - f. Click **Submit** to continue to the precertification form
 - g. Click **Close** to return to the Homepage, if your codes don't require a precertification
5. A "Continue to Precertification" pop up message displays.
 - a. Click **OK** to be directed to the precertification form.
 - b. Click **Cancel** to return to the Homepage.

Pre-Certification Pre-Screen

Selected Member **JOHN MEMBER 012345677*01**

4

4a Add Procedure

Procedure Code / Description	Message
[3324F] MRI CT SCAN ORD RVWD RQSTD	Contact Evicore delete
Start Date: 09/05/2018 End Date: 09/26/2018	
[43320] FUSE ESOPHAGUS & STOMACH	delete
Start Date: 09/05/2018 End Date: 09/26/2018	

4b

4c

4e

Primary Diagnosis Code

[C7A.00] MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE

4f Submit **4g** Close

Message from webpage

5b

5a OK Cancel

Continue to Pre-Certification for JOHN MEMBER 012345677*01



Create and Submit a Precertification Part 3

Expedited Request Questionnaire

Does the physician believe that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy?

Yes

6

Member Precertification | [Expedite Request](#) [View Messages](#) | [Send Message](#)

Referred from Provider [1234567890] PROVIDER, NICOLE

Referred to Specialty

Service Type

7

8

9

6. (Optional) If the precertification request is expedited, select the **Expedite Request** link. The Expedited Request Questionnaire displays. Otherwise, skip to the next step.
 - a. If the member's health is in jeopardy, select **Yes**.
 - b. Select **Done** to close the questionnaire.
7. 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.
8. 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.
9. Select the **Service Type** that most closely relates to the requested service from the drop-down list.

10. 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**.

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

Directory Providers

NPI	Provider Name	Gender
1113333222	Medical Surgery, Center	M
1111111111	East City Eye Associates Surgery, Center	M
1234567990	Memorial Surgery Center, Yourtown	M

[First](#) [Previous](#) [Next](#) [Last](#)

Extended Directory Providers

NPI	Provider Name	Gender
1234567814	123 SURGICAL CENTER, -	M

[First](#) [Previous](#) [Next](#) [Last](#)

[Search Providers](#)

Referred to Provider ☐ Enter Non-Participating Provider

Good would return "Goode, John" as well as "Allgood, John".
[Return to Directories](#)

NPI	Name	City	State	Gender
1234567897	BROWN, ROGER	Hendersonville	TN	M
1234567896	BROWN, ERICA	NASHVILLE	TN	F

[First](#) [Previous](#) [Next](#) [Last](#)

Referred to Provider ☐ Enter Non-Participating Provider

[1113333222] Medical Surgery, Center

10a

10b

10c

11



Create and Submit a Precertification Part 4

Place Of Service

Please select a place of service.

123 ABC Street
Ste. 100
Hendersonville, TN 37075
[Ambulatory Surgery Center](#)

123 East Street
Ste. 1122
Hendersonville, TN 37075
[Ambulatory Surgery Center](#)

-- None Selected -- [Change](#)

12. 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.

13. 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.

Place Of Service

[Ambulatory Surgery Center](#) [Change](#)

14. 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.

Clinical Notes

John Member needs a hernia operation. Refer to the attached clinicals.
Contact: Jane Smith (615)555-1212

Clinical Attachments

You may select up to 5 files for each upload.

[Browse...](#)

[Upload File\(s\)](#)

Date/Time Stamp	File Name	
8/11/2014 9:37:17 AM	John Member Clinicals.docx	Delete

Note: CPT/HCPCS/revenue codes without a message and the **Start and End Dates** from the PreScreen will show up on the form. **Units** will default to 1 and **Unit Type** will default to **PRO**. These fields can be edited.

15. Perform the following steps to add a CPT/HCPCS/revenue code to indicate the specific procedure request:

- Select the **Click Here to Add a Service or Procedure** link.
- 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.
- Select or enter the number of **Units**.
- 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.
- Select the **save procedure** link to add the procedure to the precertification request.

16. Repeat steps 15a – 15f 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.



Create and Submit a Precertification Part 5

Services and Procedures [Click Here to Add a Service or Procedure](#) 15a

Services and Procedures 15b

Procedure 15c Units 1 Unit Type Procedure 15d Start Date 08/11/2014 End Date 08/11/2014 15e [save procedure](#) [cancel](#) 15f

[49568] HERNIA REPAIR W/MESH

Note: The **Primary Diagnosis Code** from the Prescreen will show up on this form.

17. 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.
18. (Optional) Enter and select additional **Diagnosis Codes** (up to 3 additional ones) in the other blank fields
19. 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**.
20. 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.
21. 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.

Diagnosis Codes 17

(ICD version: 9)

(1) [553.9] HERNIA NOS 18

(2) 19

(3)

(4)

[Save Draft](#) [Submit](#)

Authorization ID: SP3810052 20

In order to complete the processing of your pending authorization, please perform one of the following options:

1. Write the Authorization ID on the materials to be faxed.
2. Select the "PRINT" option below to print a fax cover sheet.
3. If no additional information is needed, no fax is required.

[OK](#) [PRINT](#)

21

[Print Page](#)

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

1. Log into the HSConnect portal and accept the terms and conditions.
2. 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.
3. Select the **Send Message** link at the top of the screen.
4. 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**.
8. Select **Send** to send the message to the provider in the **Send TO** drop-down list.

The screenshot shows the 'Send Message' form in the HSConnect portal. At the top, a user is logged in as 'Nicole Provider' with 0 new messages. The navigation bar includes links like 'Home', 'Enter New Referral', 'Authorization Search', and 'Send Message' (highlighted with callout 3). The form fields are: 'Authorization ID' (SR60407), 'Send FROM' (PROVIDER, JOHN - callout 4), 'Send TO' (CARDIOLOGIST, JOH - callout 5), and 'Subject' (Retina Eye Surgery for John Member - callout 5). The 'Attachments' section has a 'Browse...' button (callout 6) and an 'Upload File(s)' button. Below this is a table with columns 'Date/Time Stamp' and 'File Name', showing a file 'Clinicals for John Member.docx' uploaded on 1/5/2012. The 'Message' text area (callout 7) contains the text 'I have attached the latest clinicals for John Member for the Retina Eye Surgerv.' At the bottom right are 'Send' (callout 8) and 'Cancel' buttons.

The screenshot shows the 'Authorizations With New Messages' screen. It features a table with columns: 'Auth ID', 'Status', 'Member', 'Referred from Provider', and 'Referred to Provider'. One authorization is listed with Auth ID 'SR60407', Status 'Approved', Member 'MEMBER, JOHN', Referred from 'PROVIDER, JOHN', and Referred to 'CARDIOLOGIST, JOHN'. A 'You have 1 new messages' indicator is highlighted with a red box. An 'Instructions' box on the right explains that this page shows unread messages and provides instructions on how to view a message by clicking on the authorization ID.

The screenshot shows the 'Messages' view for the selected authorization. It displays the message details: 'From: PROVIDER, JOHN', 'To: CARDIOLOGIST, JOHN', 'Date: 1/5/2012 10:59 AM', and 'Subject: Retina Eye Surgery for John Member'. The message body contains the text 'I have attached the latest clinicals for John Member for the Retina Eye Surgery.' Below the message is a table with columns 'Date/Time Stamp' and 'File Name', showing the same file 'Clinicals for John Member.docx' from the previous screen.

View an Authorization Message

9. Log into the HSConnect portal and accept the terms and conditions.
10. 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).
13. 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.