



REFERENCE GUIDE



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Request a New Password

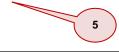
Sign-in	
User Name:	Ŀ.
Password: 1 Sign-in	
Forgot Password?	
Need an Account? click <u>here</u>	
2	
User Name Nicole.Provider	

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.
- 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 <u>do.not.reply@HSConnectonline.com</u>.
 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 <u>HSConnectHelp@HSConnectonline.com</u>.
- 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: <u>HSConnect Applications</u>



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.

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.

6

- 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.

Minimum strength requirement: Passwords must be 7-13 characters in length, include at la forecter. Special characters are allowed, but not required.	east 1 uppercase character, 1 lowercase character, and at least 1 numeric
Change Your Password 9 Thank you! Your password has been changed.	Sign-in 10 & 11 User Name: Nicole.Provider Password: •••••• Sign-in



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.
- 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.

	HSCo	onnec	:t			ome Nicole Provi lave 0 new message	0
_		Home	Enter New Referral	Enter New Precertificat	tion Authorization S	earch Member	Search Claim Search
	Recent Aut	horizatio	ns 🖌 2	2			Instructions
	Auth ID	Status	Member	Referred from Provider	Referred to Provider	Modified On	Effective January 01, 2014 All claim
	SR123111	Approved	BATES , ELENA	PROVIDER, NICOLE M	SAMPSON, WALTER	08/05/2014	must be submitted with the providers NPI number in order to receive
	<u>SR123444</u>	Approved	JOHNS, GEORGE	PROVIDER, NICOLE	Carbonelli, Isaac	08/04/2014	reimbursement
	<u>SR123555</u>	Approved	SMITH , THEA	PROVIDER, NICOLE	Albeheart, Gary	07/28/2014	ADDRESS for Claims Submissions:
	<u>SR111100</u>	Approved	WILSO CHE 3	PROVIDER, NICOLE	MERCIER, CHARLES	07/24/2014	Cigna HealthSpring
	First Previou	s Next Last					PO Box 981706
	and the second second second	the instruction attached					El Paso, TX 79998

- 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.

Auth ID	Member	Referred from Provider	Referred to Provider	Modified On	Modified By	
SR3410144	ESCASA, EM 9	PROVIDER, NICOLE M	SMITH, GEORGE	08/06/2014	Nicole Provid 8	delete
SR3410143	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

Need More Help? Contact the HSConnect Help Line: 866-952-7596 or E-mail HSConnectHelp@HSConnectonline.com



Locate a Member Part 1

	Welcome Nicole Provider Signam Profile Training Home FAQ Contact
HS	Sconnect You have 0 new messages. 2
	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.
4.	 Note: Member ID is the preferred and most accurate search term. 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.

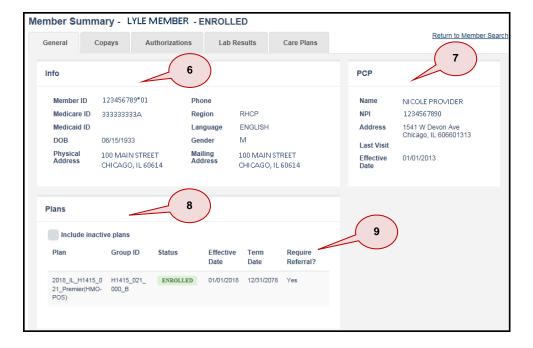
Member Search					
Enter last name, first na HealthSpring member l	ame, date of birth, member ID or a D number alone.	any combination of those six fi	elds. The preferred search pa	arameter is the Cigna-	
Member ID 😧		Date of Birth	MM/DD/YYYY		
Last Name 😧	Member	Medicare ID			
First Name 😧	L	Medicaid ID			
Member Search Result	s (2 records)	Search Reset			
Member ID	Last Name	5	Date of Birth	Enrolled?	
147852369*01	MEMBER	LYLE	10/28/1924	No	
123456789*01	MEMBER	LYLE	06/15/1933	Yes	
				First Prev Next	Last



8.

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.
 - 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.



Plans			8			
Incl	lude inact	ive plans				
Plan		Group ID	Status	Effective Date	Term Date	Require Referral?
_	Premier(H	H1415_021_ 000_B	ENROLLED	01/01/2018	12/31/2078	Yes
_	Premier(H	H1415_021_ 000_B	DISENROLLED	01/01/2017	12/31/2017	Yes
_	L_H1415 Premier(H)S)	H1415_021_ 000_B	DISENROLLED	01/01/2016	12/31/2016	Yes
HS_IL_ 21	H1415_0	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 <u>www.cignahealthspring.com</u> website to select the member's plan and view specific details concerning the co-pays.

General Co	pays	Authorizations	Lab Results	Care Plans			Return to Membe
Copays	Z	10		Plan:	2018_IL_H1415_	_021_Premier	(HMO-POS)
Benefit Type		In Ne	twork	Out of Netw	vork	Referral	
CHIROPRACTIC	;	\$1 5		30%		N/A	
CT SCAN		\$200		30%		N/A	
DEDUCTIBLE		N/A		N/A		N/A	
DENTAL		\$40		30%		N/A	
EMERGENCY R	OOM	\$80		\$80		N/A	
INPATIENT		\$275/ days	'day: days 1-7; \$0/day: 8-90	30%		N/A	
MENTAL HEALT	н	\$40		30%		N/A	
MRI		\$200		30%		N/A	
OFFICE VISIT P	CP	\$8		\$12		N/A	
OFFICE VISIT S	PECIALIST	\$40		30%		N/A	
OUT OF POCKE	Т		0 which applies to in- ork Medicare-covered fits		maximum out of for out-of-network	N/A	
OUTPATIENT S	URGERY		Outpatient Services an rvation; ASC \$250	d 30%; ASC 3	30%	N/A	
PHARMACY		Ν		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.
- 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 Sun	nmary - LYLI	MEMBER - ENROL	11	
General	Copays	Authorizations Lab Re	care Plans	Return to Member Searc
Authorizati Auth ID	ions 12	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

Copays	Authorizations	Lab Results	Care Plans	Return to Member Sear
ts			13	
ote that Lab Re our physician.	esults may take from 7 to Lab Results displayed w			
e is designed to age. Although veb page. The i lab results to b veb page. We s lts and how the	o give you laboratory res Cigna-HealthSpring tries information is provided to ecome available. Cigna- uggest that you confirm ay may impact your healt	to keep the information o us from certain laborat HealthSpring is not resp any test results shown h thcare with your physicia	on this page as corr ory providers. It may onsible for any mista ere with your physici	ect as possible, we do not control the results listed take anywhere from seven (7) to twenty-one (21) akes, errors, or damages from the results posted ian. Please remember that you need to discuss all
b Results for la	ast: 30 days 🗸			Expand All
		od selected.		
	ts ults Informati ote that Lab R our physician. ill not be availa of Liability Sta e is designed t ab results to b eb page. We s ts and how the ly on this web	ts ults Information ote that Lab Results may take from 7 to our physician. Lab Results displayed v ill not be available on this portal. of Liability Statement e is designed to give you laboratory res age. Although Cigna-HealthSpring tries eb page. The information is provided to lab results to become available. Cigna- eb page. We suggest that you confirm b and how they may impact your healt	Its Uts Information Ote that Lab Results may take from 7 to 21 days to be visible of our physician. Lab Results displayed will be limited to contracte ill not be available on this portal. If Liability Statement De is designed to give you laboratory results from some provider age. Although Cigna-HealthSpring tries to keep the information eb page. The information is provided to us from certain laborat ab results to become available. Cigna-HealthSpring is not resp be page. We suggest that you confirm any test results shown h ts and how they may impact your healthcare with your physicial idy on this website for urgent medical needs.	Its

	,				
General	Copays	Authorizations	Lab Results	Care Plans	Return to Member Search
Care Pla	ins			13	
Docum	ent Name			Document Link	х
123456	789_01_Membe	rCarePlan_20140924.pdf		Link	



Search for Authorizations and	View Details Part 1
HSConnect	2 Welcome Nicole Provider Sign-out Profile Training Home FAQ Contact You have 0 new messages.
Home Enter New Referral Enter Ne	lew Precertification Authorization Search Member Search Claim Search 3
 Log into the HSConnect portal and accept th conditions. Select the Authorization Search link at the HSConnect Home Page. The Authorization S 	Authorization ID
 displays. 3. Locate an existing Authorization. Enter or sterm in at least one field. If you enter multiple search results only display those members with match. a. Authorization ID: Number assigned by HealthSpring to the referral or precertifient. b. Originating Auth Reference: Clear Correference number c. Authorization Status: Approved, Pence d. Find Member: Select Find Member. It last name, first name. For best results, Jona 1990. 	select a search le fields, the where all fields Member Information Find Member vy Cigna- fication. Coverage Referred from Provider Image: Construct of Service Submission Date ron Date mm/dd/yyyy Image: Confirmation Number Image: Confirmation Number Image: Confirmation Number
 e. Referred from or Referred to Provide The Search for Provider screen displays select one or more of the fields. Then so display the matching results. Select the or Provider Name link for the authoriza Name or NPI: Enter a partial NPI and select from the matc Market: Select one of the Cig HealthSpring markets. Region: Not applicable Specialty: Enter a partial or f code or description and select matching results. Provider Type: PCP, Specia Ancillary. From Date: Starting date for the authorizat 	ys. Enter or select Search to e applicable NPI ration. al or full name or ching results. igna- full specialty full specialty ect from the alist, Facility, or Drization. Market All All Cleav Market All Provider Type Disabled Search Reset Cancel Search Reset Cancel Found 3 Providers. NPI Provider Name 1234567892 CLEAVELAND PENJAMIN 1234567891 CLEAVELAND PAUL J
4 Select Secret. The metabling outbourizations	

4. Select **Search**. The matching authorizations display in the Results section.

 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 Start Status Member Name Referred From Referred To End Date ID Date PROVIDER, MEMBER. Approved BENSON, DANIEL 4/21/2014 10/18/2014 SR2410195 JOHN JOHN MEMBER. PROVIDER, SMITH, MITCHELL 4/16/2014 10/13/2014 Approved YR3210041 JOHN JOHN B MEMBER. PROVIDER, THOMAS, SCOTT SR2410178 Approved 4/11/2014 10/8/2014 JOHN JOHN C

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 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.

		View Messages Send Message Print Page Return to Authorization Sea			
Please select your next activity.					
Create a referral for this mer	nber.				
Create a precertification for	this member.				
Extend end date for this refe	rral (up to 30 more days): mm/	dd/yyyy Submit			
Region NNN HS Managing Team IPA	Medical Management Group				
Details		Instructions			
Authorization ID QR123456 Remediated ID		To print this page, select the Print Page link.			
Authorization StatusApprovedAuthorization ExpeditedNoReferred from Provider[1234567890] PR		Select the member ID link under Member Details to navigate to the Member Details summary.			
Specialty [20] ORTHOPAE Referred to Provider [1234567891] DO		Advanced Details			
		Created By SysADMIN acct ccmsdba			
 Diagnosis Codes [727.03] TRIGGER FINGER 		Created On 8/5/2014 12:35 PM Modified By SysADMIN acct ccmsdba			
		Modified On 8/5/2014 3:35 PM			
		Member Details 8 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 End Date 8/5/2014 2/1/2015			
Questionnaire					
Disclaimer					
		that has been made available to the insurance company and any payment for nitations, exclusions, and coordination of benefits as set forth in the coverage			
Messages There are no messages for this Authorizati	on.				



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 Authoriza	ation 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.	Selected Provider Name: Provider ID: Provider Claim Search Image: Claim Search Claim ID: Check Number: Begin Date: 01/01/2014 End Date: 08/01/2014 Member ID: 012345677*01 Find Member -: Find Member -: Image: Imag

- 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.

Claims Se	arch Results							
(4 recor	ds)							
Select a	ny field in a claim to view de	tails.		6				
DOS	Member	Provider	Co-Pay Co.	ns Pay	ment Claim	Paid Che	ck# Sta	tus
4/1/2014	MEMBER, JOHN	PROVIDER, NICOLE	<u>\$0.00</u>	\$0.00	\$336.82	4/14/2014	222333	PAID
4/1/2014	MEMBER, JOHN	PROVIDER, NICOLE	\$0.00	<u>\$0.00</u>	<u>\$336.82</u>	4/14/2014	<u>1000012</u>	PAID
3/28/2014	MEMBER, JOHN	PROVIDER, NICOLE	\$0.00	\$0.00	\$0.00	4/14/2014	21104	PAID
	MEMBER, JOHN	PROVIDER, NICOLE	\$0.00	\$0.00	\$336.82	4/14/2014	20114	PAI



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 Member Name Region on DOS Provider Name DOS Start DOS End Status Charge Amount Max Allowed Amount Co-Ins Amount Payment Amount Payment Amount Payment Amount Paid Date Check Number Check Date	0123456777E MEMBER, J IIND NICOLE PR 7/18/2013 7/18/2013 PAID \$2,675.00 \$222.99 \$0.00 \$228.54 8/16/2013 123456 8/16/2013	OHN 9		Ma Nu inc Cli se Pla	ependently, v ember. ck on "Remitt arch detail" to	Search allo rr, Member, and with the exception tance Advice" to return to previous he home page f	on of Date Sp on of Date S o view the re ous search m	ch for claim r an. All fields ipan, which w mittance advi esults.	ecords by: Cl can be searc ill require a p ce detail. Clio	hed for rovider 12 ck "Return to
Claim Line Items Item Svc.Start Svc.End Proce 1 7/18/2013 7/18/2013 7/11 2 7/18/2013 7/18/2013 7/211 3 7/18/2013 7/18/2013 7/211 4 7/18/2013 7/18/2013 7/110 5 7/18/2013 7/18/2013 7/110 6 7/18/2013 7/18/2013 7/110	RT	Adj Code Oty Bills APC 1 \$86 APC 1 \$56 APC 1 \$46 APC 1 \$40 APC 1 \$40 APC 1 \$40 INTS 1 \$	6.00 \$0.00 \$ 6.00 \$0.00 \$ 0.00 \$0.00 \$ 8.00 \$0.00 \$	0.00 \$55.38 0.00 \$55.38 0.00 \$35.92 0.00 \$35.92 0.00 \$35.92	POS Desc OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT	Max Allow \$56.51 \$36.65 \$36.65 \$36.65 \$36.65 \$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.

	Print Page Return to Claim Detail
	14 15
Bulk Check Amount: \$4,617.16	
Check Issue Or EFT Date: 8/16/2013	
Payee Information	
Payee Name: NICOLE PROVIDER	
Payee Address: P O BOX 123456	
	Bulk Check Amount: \$4,617.16 Check Issue Or EFT Date: 8/16/2013 Payee Information Payee Name: NICOLE PROVIDER



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

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 😧		3a Date of Birth	MM/DD/YYYY			
Last Name 🥑	Member	Medicare ID				
First Name 🥑	John	Medicaid ID				
		Search Reset				
Member Search Results (1 records)						
Member ID	Last Name	First Name	Date of Birth	Enrolled?		
012345677*01	Member	John	06/20/1932	Yes		

Gender

Μ М

M

M E

M

Μ

M

M

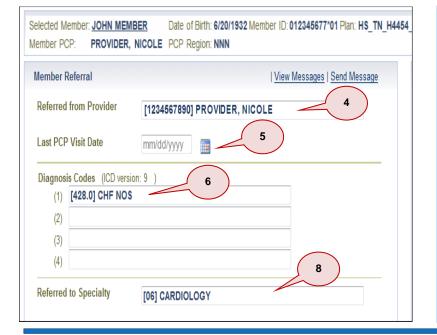
М

9c

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



Create and Submit a Referral Part 2



- This field defaults to the PCP name that is assigned to 4. 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.
- 5. (Optional) Enter or select the Last PCP Visit Date.
- Enter a partial or full diagnosis code or description in the 6. 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.
- 7. (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.

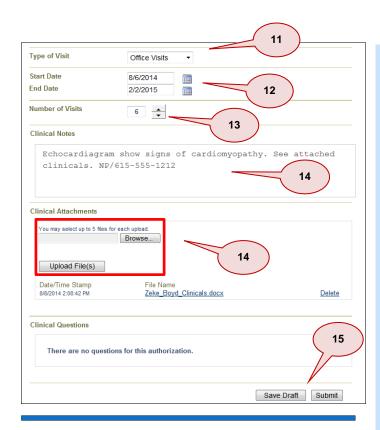
9.	Use one of the following methods to select the Referred to	Referred to Provider	
э.	Provider or Specialist you want the member to visit.	Directory Providers 9a	
			tate G
	a. The first preference is to select a Specialist from the	1234567899 ABERDINE, MARY Hendersonville Th	
	Directory Providers section. Up to 15 Specialists will display	1234567898 ABERDINE, ZEKE Hendersonville T	
	in the directory results at a time. The Specialists display	1234567897 BROWN, ROGER Hendersonville Th	
	alphabetically by last name. Select the Next, Last, First, or	1234567896 CHANCE, ERICA Hendersonville TI	
	Previous links to page through the search results.	1234567895 DAWSON, SAMUEL Hendersonville TI	
	b. You can also select the Search Providers link to search	1234678994 DOCTOR, JOHN Hendersonville TI	
	directly by NPI or Name. Last name, first name works best	1233445566 DOE. REGINA M Hendersonville TI 1223455577 FORTE. WILLIAM Hendersonville TI	
	for name searches	1113322445 GARZA, ANNETTE Hendersonville TI	
	Note: If you search by name, partial name searches will	1133344466 GOULD, BOBBY T Hendersonville T	
		1234568768 GREY, MICHELLE Hendersonville TI	
	yield results for all providers in that specialty, for all Cigna-	1234566778 MARTINEZ CAMILLA Nashville TI	
	HealthSpring Markets, containing that value searched.	1234555555 NASH, GERALD Hendersonville TI	
	Note: Only contracted providers will populate search	123444444 O'BRYAN, DAVID Hendersonville T	N M
	results.	1234446668 SCHWARTZ, PAUL Hendersonville TI	M M
	c. If the specialist you want to send the member to is non-par	First Previous Next Last	
	or out-of-network, select the Enter Non-Participating	94	
	Provider checkbox. Complete all the fields, including the	Search Providers	
	Reason why this member needs to go to a non-par		
	provider. Choose one of the reasons from selection box	Referred to Provider	
	Note: Please try the Search Providers option to locate your	Referred to Provider Enter Non-Participating P	rovider
	provider, before choosing Enter Non-Participating	brown Search Good would return	"Coodo
	Provider.	brown Search Good would return as well as "Allgood,	
	FIVIUCI.	Return to Directories	<u>s</u>
40	Once extend the name of the Defermed to Devid	NPI Name City State	Gender
10.	Once selected, the name of the Referred to Provider displays	1234567897 BROWN, ROGER Hendersonville TN	M
	with his or her NPI.	1234567896 BROWN, ERICA NASHVILLE TN	E

Need More Help? Contact the HSConnect Hel	p Line: 866-952-7596 or E-mail HSConnectHelp@HSConnectonline.com

First Previous Next Last



Create and Submit a Referral Part 3



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.

- 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.



н	Sconnect 2 Welcome Nicole Provider Sign-out Profile Training Home FA	AQ Contact
	Home Enter New Referral Enter New Precertification Authorization Search Member Search Claim Search	
	ate a precertification if you want to perform an outpatient procedure or surgery for a Cigna-HealthSpring member. This applies if procedure is done in the office, an ambulatory surgery center (ASC), or an outpatient hospital. 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 <i>Locate a Member</i> section for details. b. Select the Member from the search results. 	

To create a new precer	t authorization, please search fo	r and then select a member.		
Enter last name, first na HealthSpring member l	ame, date of birth, member ID or ID number alone.	any combination of those six fi	elds. The preferred search par	ameter is the Cigna-
Member ID 🥹		3a Date of Birth	MM/DD/YYYY	
Last Name 💡	Member	Medicare ID		
First Name 😧	John	Medicaid ID		
Member Search Result	3b is (1 records)	Search Reset		
Member ID	Last Name	First Name	Date of Birth	Enrolled?
012345677*01	MEMBER	ИНОГ	06/20/1932	Yes



- 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.

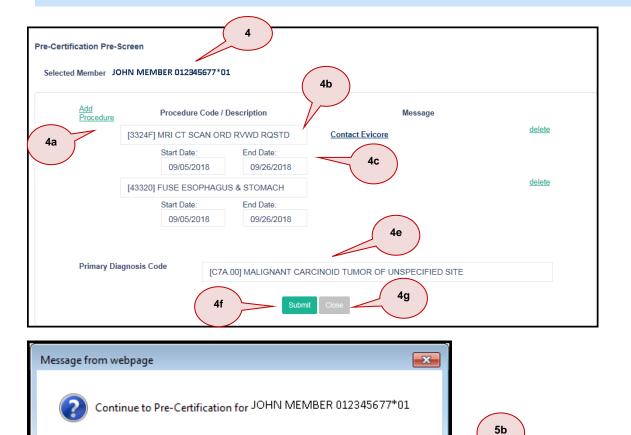
- f. Click Submit to continue to the precertification form
- g. Click Close to return to the Homepage, if your codes don't require a precertification

5. A "Continue to Precertification" pop up message displays.

a. Click **OK** to be directed to the precertification form.

5a

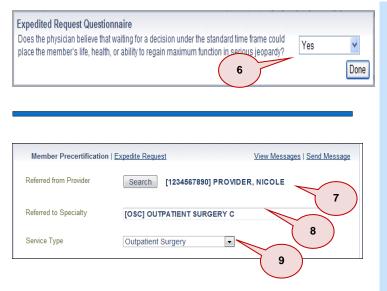
b. Click Cancel to return to the Homepage.



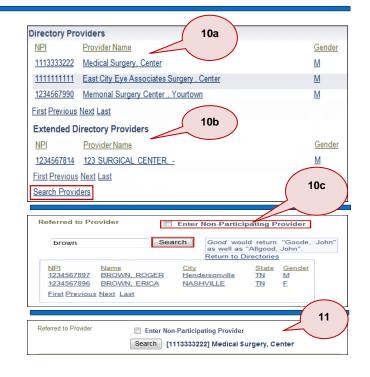
OK

Cancel





- (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.
- 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.
- 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.

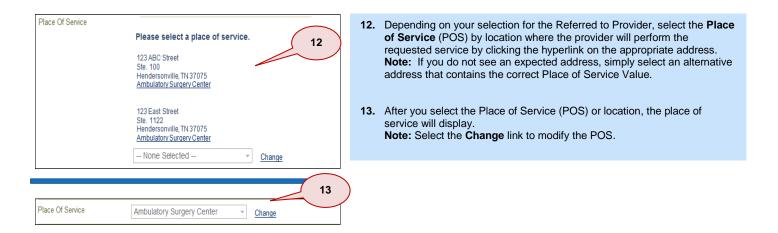
Note: You can also select the **Search Providers** link to search directly by NPI or Name. The provider must still be one that would have displayed if you paged through the results.

- 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.





- **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
14
Clinical Attachments
You may select up to 5 files for each upload.
Upload File(s)
Date/Time Stamp File Name
8/11/2014 937:17
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:

- 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.
- e. 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.
- 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.



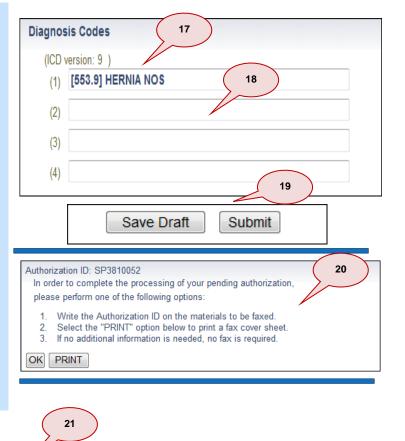


Note: The **Primary Diagnosis Code** from the Prescreen will show up on this form.

- **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.



Authorization SP3810053 was successfully submitted. Your authorization is Pending.

Print Page

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.
- 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.
- 4. Select the provider from the Send FROM and Send TO drop-down lists.
- 5. Enter a Subject.
- 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.

e	Welome Nicole Provider Sign-out Profile Training Home FAQ Contact You have 0 new messages.
HSConnect	r ou nure o nem mesouges.
Home Enter N	ew Referral Enter New Precertification Authorization Search Member Search Claim Search
	View Messages Send Message Print Page Return to Authorization Search
Authorization ID	SR60407
Send FROM	PROVIDER, JOHN ¥ 4
Send TO	CARDIOLOGIST, JOH
Subject	Retina Eye Surgery for John Member
Attachments	You may select up to 5 files for each upload. Browse Upload File(s)
	Date/Time Stamp File Name
	1/5/2012 10:58:05 AM Clinicals for John Member.docx Delete
Message	
P B I Font default E E	U deo X, X ¹ HT 14 I T • X I O • X I O I ✓ Size default ✓ X II I
I have attache Surgerv.	d the latest clinicals for John Member for the Retina Eye
	8 Send Cancel

uthoriza	tions With	New Messages			Instructions
<u>kuth ID</u> SR60407	<u>Status</u> Approved	<u>Member</u> MEMBER, JOHN	Referred from Provider PROVIDER, JOHN	Referred to Provider CARDIOLOGIST, JOHN	This page shows the authorizations that have new (unread) messages associated. To view a message select an authorization by clicking on the authorization ID.
			Copyright	salthSpring Inc. <u>Terms and Cor</u>	
essag	es				
		VIDER, JOHN			To: CARDIOLOGIST, JOHN
From:	PRO	VIDER, JOHN 012 10:59 AM			To: CARDIOLOGIST, JOHN
From: Date:	PR0		John Member		To: CARDIOLOGIST, JOHN
From: Date: Subject	PR0 1/5/2 Retin	012 10:59 AM a Eye Surgery for J	lohn Member for John Member for 1	he Retina Eye Surg	
	PR0 1/5/2 Retin	012 10:59 AM a Eye Surgery for J he latest clinicals I		he Retina Eye Surg File Name	

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).
- 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.