HPHConnect for Providers User Guide
NOVEMBER 2023

Harvard Pilgrim Health Care
a Point32Health company

Professional Claims Submission

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HPHConnect Professional Claims Submission

Professional Claim submission is available to all Users who currently have access to claims data. This feature is available only for members whose ID begins with "HP."

Harvard Pilgrim recommends conducting a member eligibility search for the claim's date of service prior to submitting your claim.

Exceptions:

- Providers located in CT, RI, VT, must perform an eligibility inquiry to determine the member's product. If the member has the Access America product claims must be submitted to United Shared services.
  - Claims for these members submitted using HPHConnect will reject "Claims Submitted to Incorrect Payor."
- Non-contracted providers located outside of the six New England states (CT, MA, ME, NH, RI, and VT) must submit their claims to United Shared services.
  - Claims submitted by non-contracted providers will reject "Claim Submitted to Incorrect Payor."

From "Office Management" select "Claims"

Click the 'Add Claim' tab

Claim Status   **Remittance Advice**   **Add Claim**

Create Professional Services Claim

○ Last Name   ○ Member ID:

Patient Search

[   ]

SEARCH   **CLEAR**

Search for the member by last name, first name or by ID.

Claim Status   **Remittance Advice**   **Add Claim**

Create Professional Services Claim

○ Last Name   ○ Member ID:

Patient Search

[   ]

SEARCH   **CLEAR**

Eligibility Search Results

	Name:	Sex:	Effective Dates	Birth Date:	Member ID:	Primary Care Provider
SELECT	SMITH, JOHN	M	1 Jan 2019- 30 Nov 2027	26 Nov 2001	HP123456789	Doe, Jane

Pages: (1) Results: 1

Return to Previous Page

The "claim entry screen" will appear with the member data completed. All fields marked with the "red asterisk" are required.

Create Professional Services Claim

Patient Information

Patient Name	JOHN SMITH	* Patient Account	
Relationship:	Child	Member ID:	HP123456789
Address:	1 Street	City	Town
State, Zip	MA 12345	Home Phone	
Date of Birth	1 Jan 2011	Gender	M
* Release of Information:	Signed statement/Claims ▾	* Amount Paid by Patient	

Patient Condition Related To

Related Causes:	☐ Auto Accident ☐ Employment ☐ Other Accident		
Accident Location	State / Prov ▾ -or- Country ▾		
* Date of Current Illness or LMP	📅	Accident Date	📅
Admit Date	📅	Discharge Date	📅
EPSDT Referral	-Select- ▾	EPSDT Condition Indicator	☐ AV ☐ ST ☐ S2

Rendering Provider

	○ Name: ○ Provider ID:		
* Rendering Provider	[ ] SEARCH	* Rendering Provider Tax ID	[ ]
* Practice Name	Unknown ▾		
Billing Provider	Unknown ▾	Billing Provider Tax ID	[ ]
* Provider Signature on File	-Select- ▾	* Provider Accept Assignment	-Select- ▾
* Benefits Assigned	-Select- ▾		

Referral and Authorization Information

Referring Physician		Prior Auth. No.	
	○ Name: ● Provider NPI		
Ref/Auth Search	[ ] PROVIDER SEARCH -or- REFERRAL SEARCH		

Diagnoses

* Dx Codes	[ ] SEARCH

Claim Note

Claim Note	[ ]

Services

ADD SERVICES

* Indicates required field

Required Fields

- **Patient Account Number:** Number assigned by physician's office to the member. If not available, please use the suggested format of last name, first initial and number (increment the number for each new claim e.g., Smithj1).
- **Release of Information:** Defaults to "Signed Statement/Claims."
- **Amount Paid by Patient:** Dollar amount paid by the member at the time of the encounter. Please add "0" if no payment was collected.
- **Date of Illness:** Date of the encounter. The claim must be submitted within 90 days of the date of service. Claims cannot be submitted for a future date of service.

Rendering Provider

Select from the **drop down.**

Rendering Provider

★ Rendering Provider

Or search by the **provider NPI.**

Rendering Provider

○ Name: ○ Provider NPI:

★ Rendering Provider

SEARCH

Click "Select" next to the provider to add them to the claim.

Provider Search

Select	Provider Name	Provider ID:	Provider NPI	Tax ID	Practice Name
SELECT	Doe, Jane	AA123456	1234567890	098765432	Jane Doe Practice 1 Street, Suite 123 Town, State 12345

Rendering **"Tax ID"** will auto populate after the rendering provider has been selected.

"Practice Name" will auto populate after the rendering provider has been selected.

"**Provider Signature** on File:" Contracted providers — Yes, non-contracted providers — No.

Provider Accept Assignment: Assigned.

Benefits Assigned: Yes.

Rendering Provider

Jane Doe (AA123456)
NPI: 1234567890

★ **Rendering Provider**	⦿ Name: ◯ Provider ID: [ ] SEARCH	★ **Rendering Provider Tax ID**	098765432
★ **Practice Name**	Jane Doe Practice ▾		
Billing Provider	Jane Doe Practice ▾	**Billing Provider Tax ID**	098765432
★ **Provider Signature on File**	-Select- ▾	★ **Provider Accept Assignment**	-Select- ▾
★ **Benefits Assigned**	-Select- ▾		

If the member has a **referral or authorization** it may be added to the claim submission.

Search for the referral or authorization by the Provider NPI or the Referral/Authorization number.

If searching by the Provider NPI click the button next to Provider NPI.

Referral and Authorization Information

Referring Physician   **Prior Auth. No.**

◯ Name: ⦿ Provider NPI

Ref/Auth Search   [ ]   PROVIDER SEARCH   -or-   REFERRAL SEARCH

Enter the **Provider NPI** — Click "Provider Search"

Referring Physician

Name: ○ Provider NPI ●

Ref/Auth Search [1234567891] **PROVIDER SEARCH**

Click "Select" next to the correct response

Provider Search

Select	Provider Name	Provider ID:	Provider NPI	Tax ID	Practice Name
SELECT	Doe, Jane	AA123456	1234567890	098765432	Jane Doe Practice 1 Street, Suite 123 Town, State 12345

Referring Physician John Doe
NPI: 0123456789   Prior Auth. No.

○ Name: ● Provider NPI

Ref/Auth Search [   ] **PROVIDER SEARCH** -or- **REFERRAL SEARCH**

Diagnosis Codes

Add all diagnosis codes that apply to the claim. Search for each code individually and select to add to the claim.

Diagnoses

* **Dx Codes** [M79.609]   **SEARCH**

Search Results

Select	Code Set	Code	Description	Related Codes
SELECT	ICD-10-CM	M79.609	Pain in unspecified limb	View

Pages: (1) Results: 1

Note: The "Claim Note" field will **not** be used in the processing of the claim.

Review the form for accuracy.

Create Professional Services Claim

Patient Information

Patient Name	JOHN SMITH	• Patient Account	HP123
Relationship:	Child	Member ID:	HP123456789
Address:	1 Street	City	Town
State, Zip	MA 12345	Home Phone	
Date of Birth	1 Jan 2011	Gender	M
• Release of Information:	Signed statement/Claims ▾	• Amount Paid by Patient	0

Patient Condition Related To

Related Causes:	☐ Auto Accident ☐ Employment ☐ Other Accident
Accident Location	State / Prov ▾ -or- Country ▾
• Date of Current Illness or LMP	11/1/2019 📅
Admit Date	📅
EPSDT Referral	-Select- ▾

Accident Date	📅
Discharge Date	📅
EPSDT Condition Indicator	☐ AV ☐ ST ☐ S2

Rendering Provider

Meuse, Deborah (AA494633)
NPI: 1811196017

• Rendering Provider	⦿ Name: ○ Provider ID:	• Rendering Provider Tax ID	098765432
	[ ] **SEARCH**		
• Practice Name	Jane Doe Practice ▾		
Billing Provider	Jane Doe Practice ▾	Billing Provider Tax ID	098765432
• Provider Signature on File	Yes ▾	• Provider Accept Assignment	Assigned ▾
• Benefits Assigned	Yes ▾		

Referral and Authorization Information

Referring Physician	Prior Auth. No.
	○ Name: ⦿ Provider NPI
Ref/Auth Search	[ ] **PROVIDER SEARCH** -or- **REFERRAL SEARCH**

Diagnoses

• Dx Codes	[ ] **SEARCH**

1. Delete M79.609: PAIN IN UNSPECIFIED LIMB

Claim Note

Claim Note	[ ]

Services

ADD SERVICES ←

• Indicates required field

Once all the required fields have been added click "Add Services" to advance to the procedure information.

The patient information will carry over from the previous screen.

Remember to complete all fields marked with the red asterisk.

Start Date: Date of the encounter or first date if the claim covers multiple visits. The start date cannot be a future date.

Add Service

Help ?

Patient Information

Patient Name	SMITH, JOHN	Patient Account No.	HP123
Provider	Doe, Jane (AA123456)	Practice	Jane Doe Practice (1234567890)

Services

* Start Date: 11/01/2019   End Date:

* Place of Service   -Select-

Service Facility Location   ⦿ Name: ○ Provider NPI   **SEARCH**

Place of Service: Location where the service occurred. Most often this will be 'Office.'

* **Place of Service**   Office

Service Facility Location: Only required if place of service is other than 'Office'.

* **Place of Service**   Urgent Care Facility

* **Service Facility Location**   ⦿ Name: ○ Provider NPI   **SEARCH**

Provider Search

Select	Provider Name	Provider ID:	Tax ID	Practice Name	Facility Address
SELECT	Other Practice	AA654321	112233445	Other Practice 2 Street, Suite 321 Town, State 12345	2 Street, Suite 321 Town, State 12345

Pages: (1)   Results: 1

* **Place of Service**   Urgent Care Facility

○ Name: ⦿ Provider NPI   **SEARCH**

* **Service Facility Location**

Other Practice (1122334455 NPI) Delete
2 Street, Suite 321
Town, State 12345

Procedure Code: Add all procedure codes that apply to the claim. Each code must be added individually.

Procedure Code Search

| Search | ◉ Procedure | 99244 | | **FIND** |

Search Results

Select	Code Set	Code	Description	Related Codes
SELECT	CPT	99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or ...	

If applicable a list of **modifiers** will be displayed. Modifiers will be specific to the procedure code used. Select up to 4 modifiers.

Select up to 4 Modifiers

	Mod.	Description		Mod.	Description		Mod.	Description
☐	-24	Unrelated Evaluation and Management Service by the Same Physician During ...	☐	-AQ	Physician providing a service in an unlisted health professional shortage ...	☐	-HB	Adult program, non geriatric
☐	-25	Significant, Separately Identifiable Evaluation and Management Service by ...	☐	-CR	Catastrophe/disaster related	☐	-HC	Adult program, geriatric
☐	-26	Professional Component	☐	-EP	Service provided as part of medicaid early periodic screening diagnosis ...	☐	-HD	Pregnant/parenting womens program
☑	-27	Multiple Outpatient Hospital E/M Encounters on the Same Date	☐	-ET	Emergency services	☐	-HU	Funded by child welfare agency
☐	-33	Preventive Service	☑	-FP	Service provided as part of medicaid family planning program	☐	-KX	Specific required documentation on file
☐	-57	Decision for Surgery	☐	-GA	Waiver of liability statement on file	☐	-Q5	Service furnished by a substitute physician under a reciprocal billing ...
☐	-59	Distinct Procedural Service	☐	-GC	This service has been performed in part by a resident under the direction ...	☐	-Q6	Service furnished by a locum tenens physician
☐	-95	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio ...	☐	-GJ	opt out physician or practitioner emergency or urgent service	☐	-QJ	Services/items provided to a prisoner or patient in state or local ...
☐	-99	Multiple Modifiers	☐	-GQ	Via asynchronous telecommunications system	☐	-SA	Nurse practitioner rendering service in collaboration with a physician
☐	-AF	Specialty Physician	☐	-GR	This service was performed in whole or in part by a resident in a ...	☐	-SB	Nurse midwife
☐	-AG	Primary Physician	☐	-GT	Via interactive audio and video telecommunication systems	☐	-SM	Second surgical opinion
☐	-AH	Clinical psychologist	☐	-GY	Item or service statutorily excluded or does not meet the definition of ...	☐	-TH	Obstetrical treatment/services, prenatal or postpartum
☐	-AK	Non Participating Physician	☐	-GZ	Item or service expected to be denied as not reasonable and necessary	☐	-U7	Medicaid level of care 7, as defined by each state
☐	-AM	Physician, team member service	☐	-HA	Child/adolescent program			

SUBMIT ⬅

Click "Submit."

On the next page, click the check box next to each diagnosis code the selected procedure code applies to.

Units: Number of "Units" or "Minutes" for the procedure code.

Charge: The dollar value charged for the procedure code.

Emergency: "Yes" or "No."

Click "Add" to **add the procedure code** to the claim.

Repeat for each procedure code.

Review the procedure codes under the "Services" section.

Note: The Procedure Line Note will not be used in the processing of the claim.

Click "Next" once all claim lines have been added.

Review the claim form for accuracy. If you wish you may print a copy of the claim for your records, click "Submit."

Claim Summary

Patient Information

Patient Name	JOHN Q SMITH	Patient Account	HP123
Relationship:	Child	Member ID:	HP123456789
Address:	1 Street	City	Town
State, Zip	MA 12345	Home Phone	
Date of Birth	1 Jan 2011	Gender	M
Release of Information:	Signed statement/Claims	Amount Paid by Patient	$0.00

Patient Condition Related To

Related Causes:		Accident Location	
Accident Date		Date of Current Illness or LMP	11/1/2019
Admit Date		Discharge Date	
EPSDT Referral	-Select-	EPSDT Condition Indicator	

Rendering Provider

Provider	Doe, Jane	Tax ID	098765432
Practice Name	Jane Doe Practice		
Billing Provider	Jane Doe Practice	Billing Provider Tax ID	098765432
Provider Signature on File	Yes	Provider Accept Assignment	Assigned
Benefits Assigned	Yes		

Pay To Address

Entity Type Qualifier			
Pay To Address			
Pay To Address 2			
Pay To City		Pay To State, ZIP	,

Claim Facility

Claim Facility Location Name			
Claim Facility Identification Code Qualifier		Claim Facility Identification Code	
Claim Facility Address			
Claim Facility Address 2			
Claim Facility City		Claim Facility State, ZIP	,

Referral and Authorization Information

Prior Auth. No.		Referring Physician

Diagnoses

Dx Codes   1. M79.609   PAIN IN UNSPECIFIED LIMB

Services

Start	End	POS	TOS	Proc	Mod1	Mod2	Mod3	Mod4	Dx	Emergency	Units	Charge
11/1/2019		20		99244	27	FP			1	Y	2 Units	$200.00

Service Facility Location: Seacoast Redicare NPI: 1952461626

Total Charges	$200.00

[SUBMIT]   [CANCEL]

You will receive confirmation notice that the claim has been submitted:
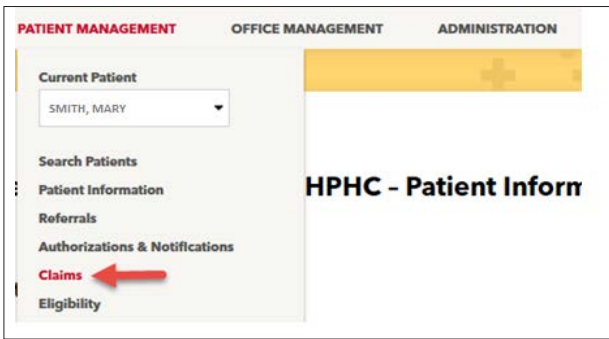
| Claim Status | Remittance Advice | **Add Claim** |

Confirmation

✅ **Claim Submitted**

Claim added for member ID #HP175201802

Add claim from Patient Management Select the member from your Current Patient List.

Click "Claims." Claims for the member that are associated with your provider(s) will appear on this screen.

Click "Add Claim" The Claim entry screen will appear with the member data completed. All fields marked with the red asterisk are required.

Please see pages 1-11 for steps on how to complete claim.

Verifying the Claim Status

From Office Management:

Search for the claim by the Member or the Provider and the Date of Service. ***Claims will be available in Office Management only after they have been processed by Harvard Pilgrim. Claims in 'Submitted Status' are only available under Patient Management.

Enter search criteria and click "Search."

Search results will show claims that have been accepted for processing as well as those that have been adjudicated.

From Patient Management:

Select the Member from your Current Patient List.

Click "Claims."

Claims for the Member that are associated with your provider(s) will appear on this screen.
The new claim will appear with an acknowledgement message in the status field.
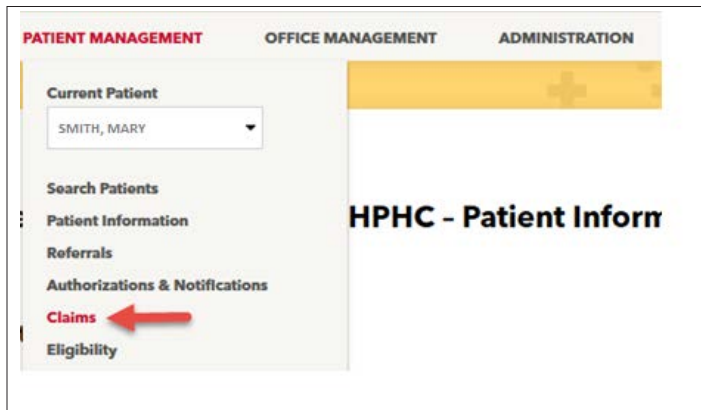
Click on the Claim number to view line item details for the submitted claim. The claim and claim line status will be updated as the Claim is processed.

Claim Status Search Results for HP765432100

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Payment Date
12345M67M890	Finalized/Payment	SMITH, MARY	11122233344	10 Oct 2019	Provider Name	$272.00	$183.16	22 Oct 2019

The claim and claim line status will be updated as the Claim is processed.

Claim Status Detail for 191014M21B93

Claim Level Information

Provider:	Provider Name (NPI)		Practice:	Provider Practice (Tax ID)
Patient:	MARY L SMITH		Patient Account No.:	11122233344
Bill Type:	NOT APPLIC			
Ref/Auth Number:	None		Claim Receipt Date:	14 Oct 2019
Diagnosis:	J06.9 : ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED			
	R05 : COUGH			

Service Line Information

Line	Status	Check/EFT Number	Payment Date	DOS	Procedure	Modifier	Units	Billed Amount	Allowed Amount	Patient Responsi
00100000	Finalized/Payment	987654321	22 Oct 2019	10 Oct 2019	99213		1	$170.00	$165.76	$20.00
00200000	Finalized/Payment	987654321	22 Oct 2019	10 Oct 2019	87804		2	$102.00	$37.40	$0.00
							Totals	$272.00	$203.16	$20.00

Payor Remarks

| Remark | 00100000 | 65 Claim/line has been paid. |
| Remark | 00200000 | 65 Claim/line has been paid. |

Indicates non-standard HIPAA data element