

HSConnect Portal Enhancement

Medicare Advantage MHK Integration

Frequently Asked Questions (FAQ)



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FREQUENTLY ASKED QUESTIONS (FAQ)

HSCONNECT PORTAL ENHANCEMENT-MEDICARE MHK INTEGRATION

What is the HSConnect Portal Enhancement?

Cigna has integrated the industry-leading MHK software platform (formerly MedHOK or Medical House of Knowledge) into its secure Medicare Advantage HSConnect provider portal. This enhancement will greatly simplify and expedite the authorization process for your Cigna Medicare patients. Portal integration will be seamless for providers who have access to HSConnect.

What does the portal enhancement mean for my practice?

- ✓ Get expedited approvals (some at the time of entry)
- ✓ Request any inpatient and outpatient Medicare service electronically
- ✓ Eliminate the need to call or fax
- ✓ Attach all required documentation of any size
- ✓ Review the status of requests in real time, 24/7
- ✓ Receive a reference number for each request
- ✓ Immediate access to decision letters for provider records
- ✓ Review claims and payment status

How do I request access to HSConnect?

You will need to request access through one of the following ways:

- Visit HSConnect (<https://www.hsconnectonline.com>) and click the **Need an Account? Click here** link. The **Request Account** screen is displayed
- Send an email to HSConnectHelp@HSConnectOnline.com or HSC_Account_Request@HSConnectOnline.com with the following details:
Name(s), email address, provider NPI, coverage group name
- Through your local Network Operations Provider Representative:

What browser works best with HSConnect?

You must use Google Chrome for full functionality in HSConnect.

How do I access HSConnect to submit a prior authorization request?

Log into HSConnect <https://www.hsconnectonline.com> with your current credentials. From there, click the: **For member eligibility, authorization, and claims search** link.

How long can I be idle in the MHK Provider Portal before the system locks me out?

The idle time is 15 minutes. If there is no activity in HSConnect for 15 minutes or more, then you will be logged out. Activity is defined as navigating to a new screen in the portal. Typing and selecting drop down menus is not considered activity.

Please note there is no draft functionality at this time. Prior Authorizations must be completed once started before the system times out.

ELIGIBILITY SEARCH, VIEW CLAIMS, AND PRIOR AUTHORIZATION

What is required to conduct an eligibility search in HSConnect?

- To further enhance security, four elements of PHI are now required to protect member data.
 - Member First Name
 - Member Last Name
 - Date of Birth
 - Member ID
- If you are searching a member by Last Name, ensure to enter the full last name including any suffixes, hyphens, etc.
 - A few examples are SMITH JR, SMITH-DOE, and SMITH III.
- A few key points related to the **Member ID** field are:
 - When you hover over this field name, the **Member ID without Special Characters** message is displayed as a tooltip. This means that you should always omit special characters when entering any value in the **Member ID** field.
 - For example, if the Member ID is 100006587*01, enter 10000658701.
 - If you are unable to locate a customer, contact the HSConnect Provider Portal Help Desk for assistance at 1-866-952-7596, 7:00 am – 4:30 pm CST.



How do I submit a referral?

- Follow the steps above to look up your patient.
- Fill out the authorization fields as usual.
- For the required CPT / HCPCS code, you may choose any CMS eligible outpatient evaluation and management (office visit) code (i.e. 99213).
 - This will authorize the “refer to” provider to submit evaluation and management codes as appropriate for the visit.
- The best way to find the exact provider you are looking for in the system is by searching their NPI number. NPI numbers can be located in the NPES Registry at npiregistry.cms.hhs.gov/registry/
- Be sure to only click submit once. Multiple submissions may result in errors.

What is the lookback period for claims?

18 Months - HSConnect has an 18-month archive of submitted claims data. This data is available for viewing, exporting, and printing in the **View Claims** feature for Cigna Medicare Advantage and external payers from EZ CAP.

How are claims searched?

- **Search by Claim** provides the option to search by provider, claim number, check number, and/or date of service.
- **Search by Member** provides the option to search by first name, last name, date of birth, member ID, HIC/MBI/Medicare ID, Medicaid ID, date of service, and/or provider.

What is the relationship between the Request Type and the Review Type fields?

Selecting a drop-down value in the **Request Type** field will dynamically display the corresponding drop-down values in the **Review Type** field.

For example:

- When **Outpatient** or **Behavioral Health Outpatient** is selected for the **Request Type** field, you will see the options for **Continued/Extension**, **Initial Request**, and **Retro/Post Service** in the **Review Type** field.
- When **Inpatient** or **Behavioral Health Inpatient** is selected for the **Request Type** field, you will see the options for **Concurrent (Continued Stay)**, **Initial Concurrent**, **Initial Preservice**, and **Retro/Post Service** in the **Review Type** field.
 - Please note that SNF and Observation requests are considered inpatient **by the portal**.



When should Expedited authorization urgency selected?

An expedited prior authorization request should **ONLY** be made if you believe that your **patient's life, health, or ability to regain maximum function** could be seriously harmed by waiting the standard 14 calendar days for a decision.

When submitting a prior authorization in HSConnect, **Expedited** authorization urgency must be selected when the **Inpatient** or **Behavioral Health Inpatient** drop-down value is selected from the **Request Type** field and the **Initial Concurrent** drop-down value is selected from the **Review Type** field.

When should YES be selected for "Requesting Provider Same as Servicing"?

- The default **NO** is used when the **Servicing Provider** is not the same as the **Requesting Provider**.
- The **YES** option is selected when the **Requesting Provider** and the **Servicing Provider** are the same.
- HSConnect defaults to **NO** for the **Requesting Provider Same as Servicing Provider** field.

Is it necessary to include both the Servicing Provider and Facility Provider?

Yes when applicable. For an outpatient prior authorization request, a facility provider may not apply when the service is not rendered at a facility. However, facility provider is required when submitting an inpatient prior authorization request.

Note: For facility searching, enter the full name of the facility in the "last name" field.

Is it necessary to enter in a service or procedure code for all types of requests?

Yes, when applicable. A service or procedure code is required when submitting an outpatient prior authorization request. In contrast, it is not always necessary or applicable to enter a service or procedure code for an inpatient prior authorization request. The inpatient pre-service request is an exception. For this request, a service or procedure code needs to be submitted with this prior authorization request.

The **Procedure Status** field is not populated after the prior authorization has been submitted because a service code (e.g., CPT/HCPCS) was not entered or applicable to the expedited prior authorization request for a behavioral health inpatient admission.



Is it necessary to enter the Request Admit Date and the Actual Admit Date fields?

Yes, for inpatient requests. The **Request Admit Date** is the date when the admit date is requested. The **Actual Admit Date** field should be entered when the member, customer or patient has already been admitted to the inpatient facility. The **Actual Admit Due** should not be a future date but the actual date that the customer was admitted.

Are all letters and correspondence viewable in HSConnect?

Yes. A provider or facility who logs into HSConnect can only view the letters that are associated with the Requesting Provider, Servicing Provider, and/or Servicing Facility. Behavioral Health letters are not displayed due to sensitive diagnosis and test restrictions from a privacy perspective.

Are the letters and correspondence that are available indefinitely or are they archived after a certain time?

Yes. With the exception of sensitive correspondence, all letters and correspondence will be available indefinitely.

RESOURCES, TRAINING, AND SUPPORT

By visiting our Cigna Medicare HSConnect homepage <https://www.hsconnectonline.com> you can have access to the latest:

- **Portal Training**
- **Valuable Practice Support Information to save you time**
 - [Medicare Providers](#) website
 - [Medicare Advantage Provider Quick Reference Guide](#),
 - [Coverage Policies](#).

Tips and Tricks:

- Always use Google Chrome
- You can find NPI Numbers for any provider at <https://npiregistry.cms.hhs.gov/registry/>
- Only click the submit button once.
- Please enter demographic information using appropriate capitalization (as it feeds notification letters).

Where to go for support:

Eligibility/Benefits: Provider services, for claims, eligibility, benefits, copay, status of claims: Provider Customer Service team Monday-Friday, 8 a.m.-5 p.m. CST at 1-800-230-6138.

Auth Inquiry or Status: Provider services For auth inquiry or status: Provider Customer Service team Monday-Friday, 8 a.m. -5 p.m. CST at 1-800-230-6138, select option 3 for Medical Provider, then option 3 for Authorization and Referrals, lastly select Option 1 to check the status of an authorization or referral.

Authorization/Referral Requests: UM For referral or authorization requests please call Cigna MA UM or fax to the numbers listed on the next page.

HSConnect Help Desk: Establishing a new account, password changes, questions, help etc. Monday-Friday 7 a.m.-4:30 p.m. CST at 1-866-952-7596, option 2 or HSConnectHelp@HSConnectOnline.com.

