HSConnect

2017

NURSING FACILITY REFERENCE GUIDE

Cigna HealthSpring

TEXAS STAR PLUS Your Health Plan ★ Your Choice

TEXAS Medicare Medicaid PLAN Your Health Plan ★ Your Choice

TEXAS Health and Human Services

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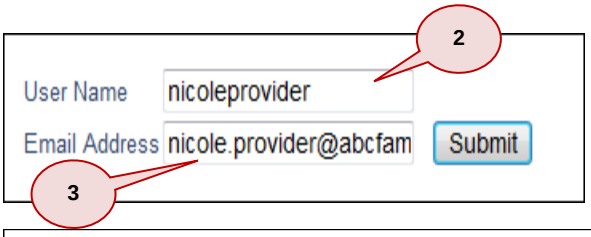
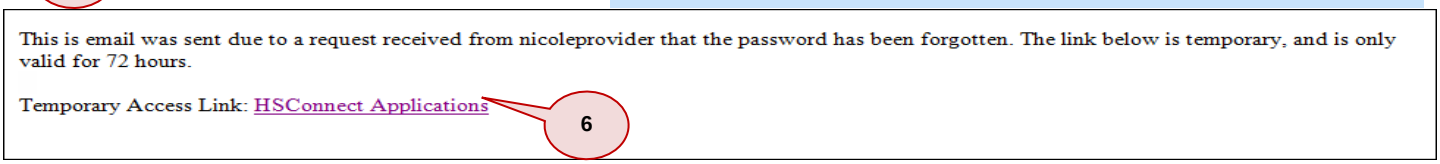
Section 1: Cigna-HealthSpring Claims Portal (administered by HSConnect)

Request a New Password

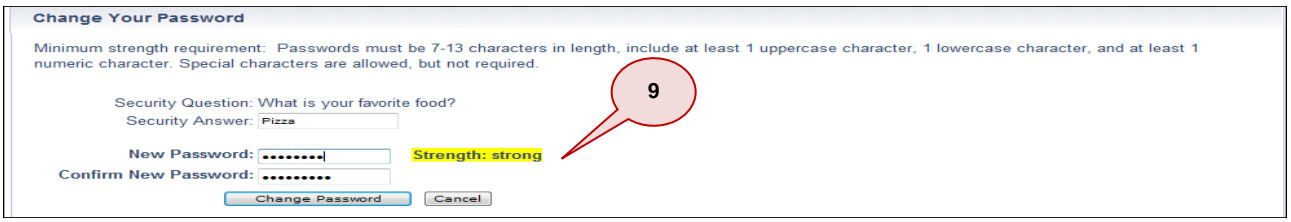


HSConnect Passwords must be changed every 90 days.

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.

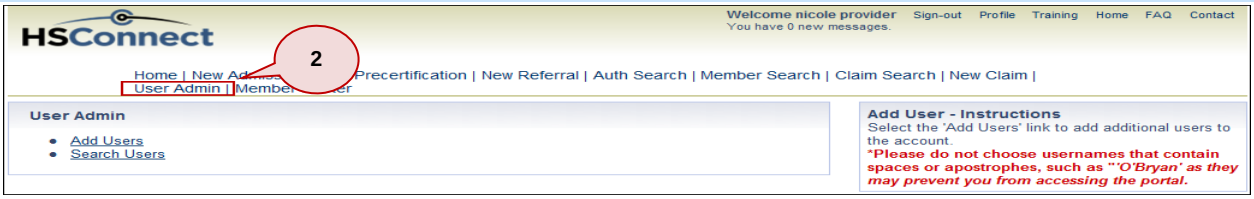


7. Enter a **New Password**.
   Note: The New Password must be 7 to 13 characters in length. Include at least 1 uppercase character, 1 lowercase character, and at least 1 numeric character. Special characters are allowed but not required.
8. Enter the password again in the **Confirm New Password** field.
   Note: A message will prompt as you create password to guide you in password security strength.
9. You may be prompted to validate your security question answer. If you do not remember your answer, please contact your office administrator to reset your password & security question or the HSConnect Help desk at 866-952-7596 or E-mail HSConnectHelp@HSConnectonline.com.
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.



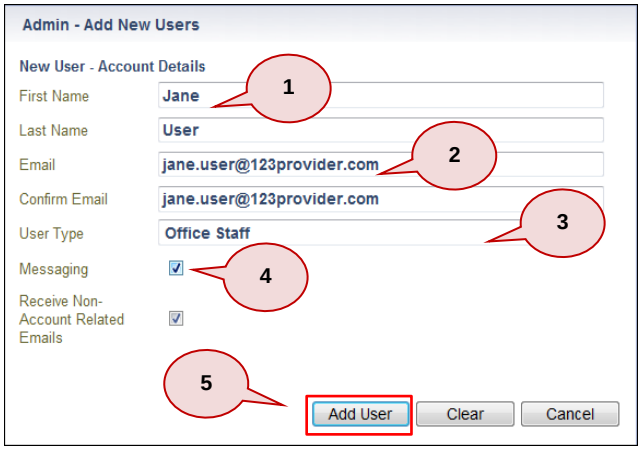
Manage Users (Admin Users Only)

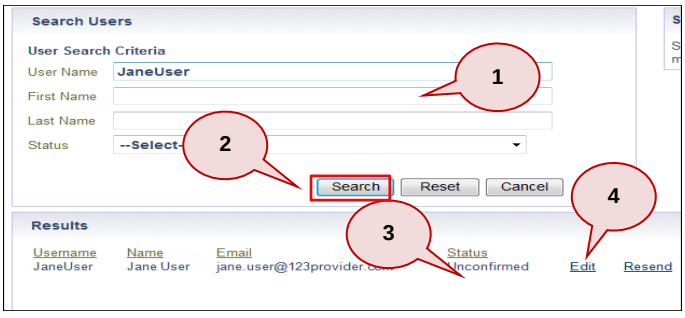
1. Log into the HSConnect portal and accept the terms and conditions.
2. Select the **User Admin** link at the top of the Home Page, which is only visible to a user with administrative rights. The User Admin screen displays.
3. Complete one of the following tasks:
   - Select the **Add Users** link to add a new user. The Admin – Add New Users screen displays. See below for details on adding a new user.
   - Select the **Search Users** link to search for a user(s). The Search Users screen displays. See below for details on searching for a user(s).
     Note: Use this task to edit a user's account, deactivate a user's account, activate a user's account, unlock a user's account, or to resend password information to the user.

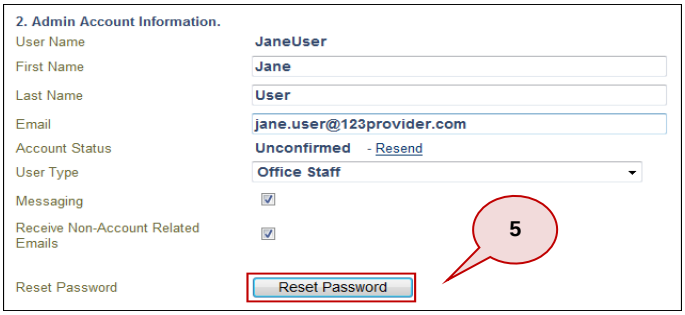


Add New Users

1. From the Admin – Add New Users screen, enter the user's **First Name** and **Last Name**.
2. Enter the user's **Email** address and enter it again in the **Confirm Email** address field.
3. Select **Admin, Billing Clerk, Covering Provider, Office Staff, Provider,** or **Read-Only** from the **User Type** drop down list to indicate the type of access you want to give to the user.
4. Select the **Messaging** and/or **Receive Non-Account Related Emails** checkbox (es) to add these features to the user role.
5. Select the **Add User** button. A message displays at the top of the Admin – Add New Users screen to indicate that the new user has been sent his or her login information.







Search Users

1. From the Search Users screen, complete at least one of the fields to search for an existing user account.
2. Select the **Search** button. The matching user(s) displays in the Results section of the screen.
3. (Optional) Perform any of the following tasks:
   Note: The option that displays for a user depends on the status of his or her user account.
   - Select the **Activate** link to reactivate a user's account that was previously deactivated.
   - Select the **Deactivate** link to close the user's account.
   - Select the **Resend** link to resend the user his or her password information.
   - Select the **Unlock** link to unlock the user's account.
     Note: A user's account is locked after three attempts with an invalid Password.
4. (Optional) Select the **Edit** link to modify the user's account. You can modify the Group TIN and NPI, Billing Address, First and Last Name, and Email. Select **Submit** to save the changes.
   Note: This option displays for all users.
5. From the **Edit** screen, your office administrator can also reset your **Security Question**, by resetting your **Password**.

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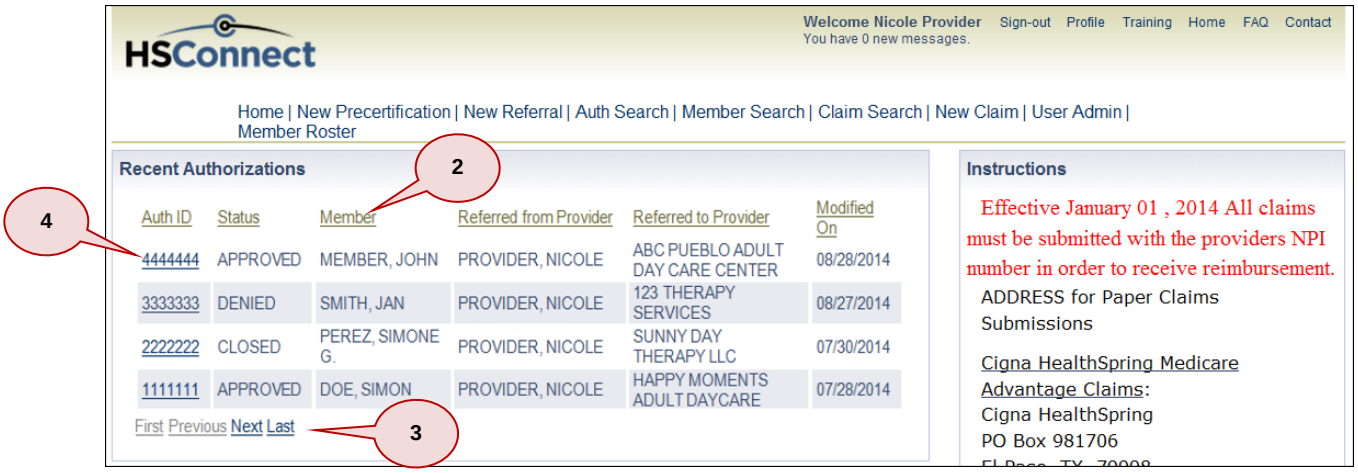
Review Recent and Draft Authorizations

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 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:
   - Print a copy of this authorization.
   - Search for another 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).



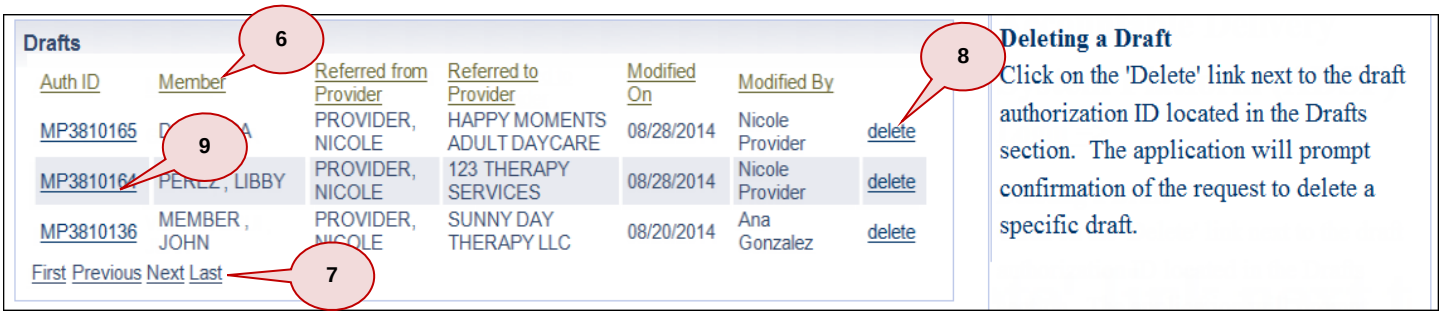
5. View the draft authorizations in the lower-half of the Home Page.
   Note: The draft authorizations (referrals and pre-certifications) are ones that were saved but never submitted to Cigna-HealthSpring.

6. (Optional) Select a column heading to sort the draft authorizations by the data in that column
   .

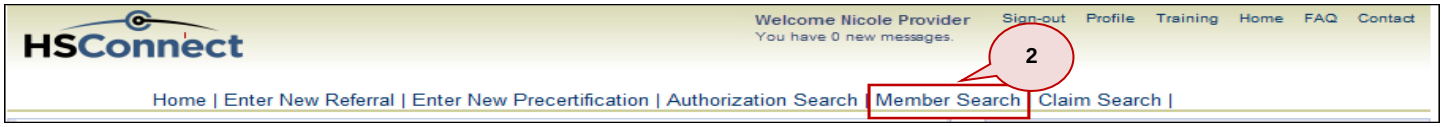
7. The first ten draft authorizations display on the first page. Select the **Next**, **First**, **Last**, or **Previous** links to page through the authorizations.

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.

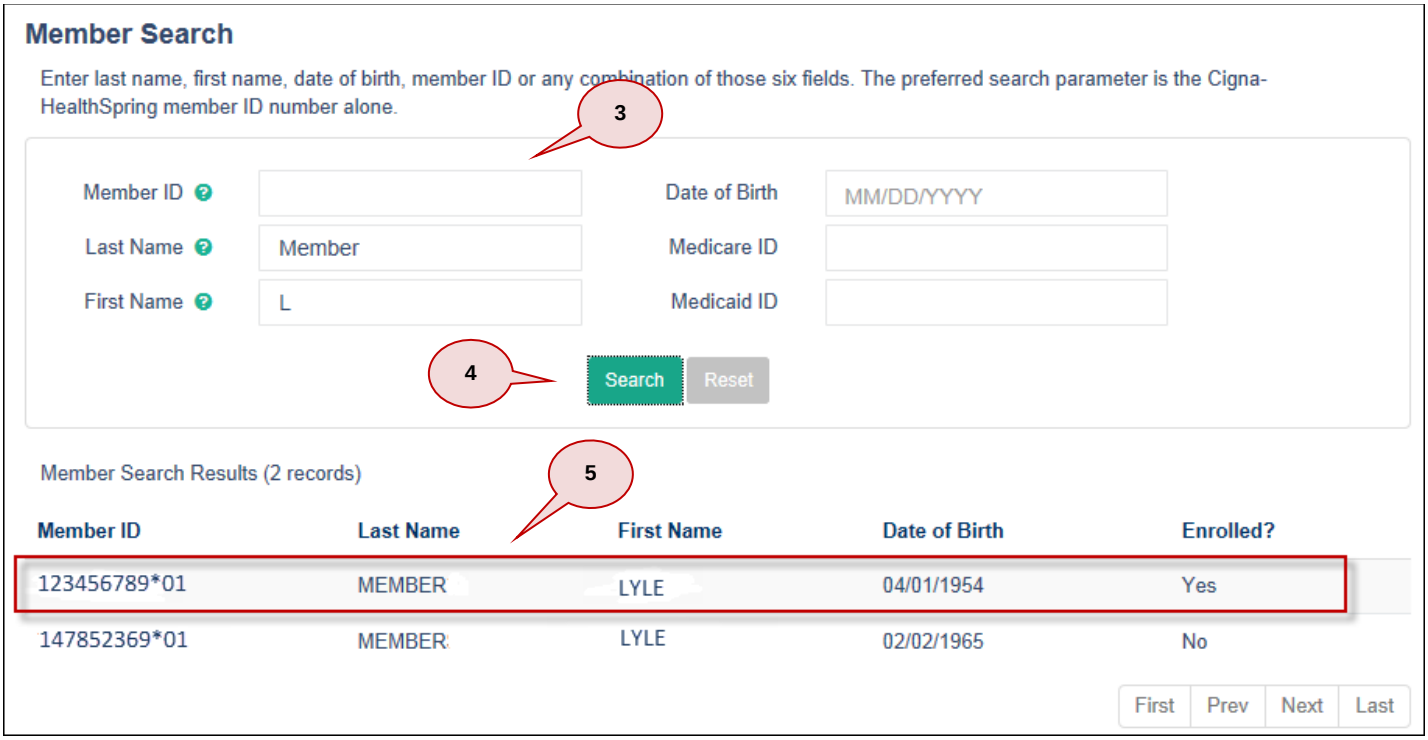
9. Select the **Auth ID** link to view the details for the draft authorization. Then complete and submit the authorization request to Cigna-HealthSpring.



Locate a Member Part 1



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 ID:** Secondary Member ID from member's ID card.
   - **Medicaid ID** Health Care Identification number from CMS.
4. Select **Search**. The search results display.
   Note: Select **Reset** to clear existing search terms and input new ones.
   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.
   - Use the Member ID and DOB to help you select the correct link.
   - The search results display names that are partial matches, 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** to access that member's profile.



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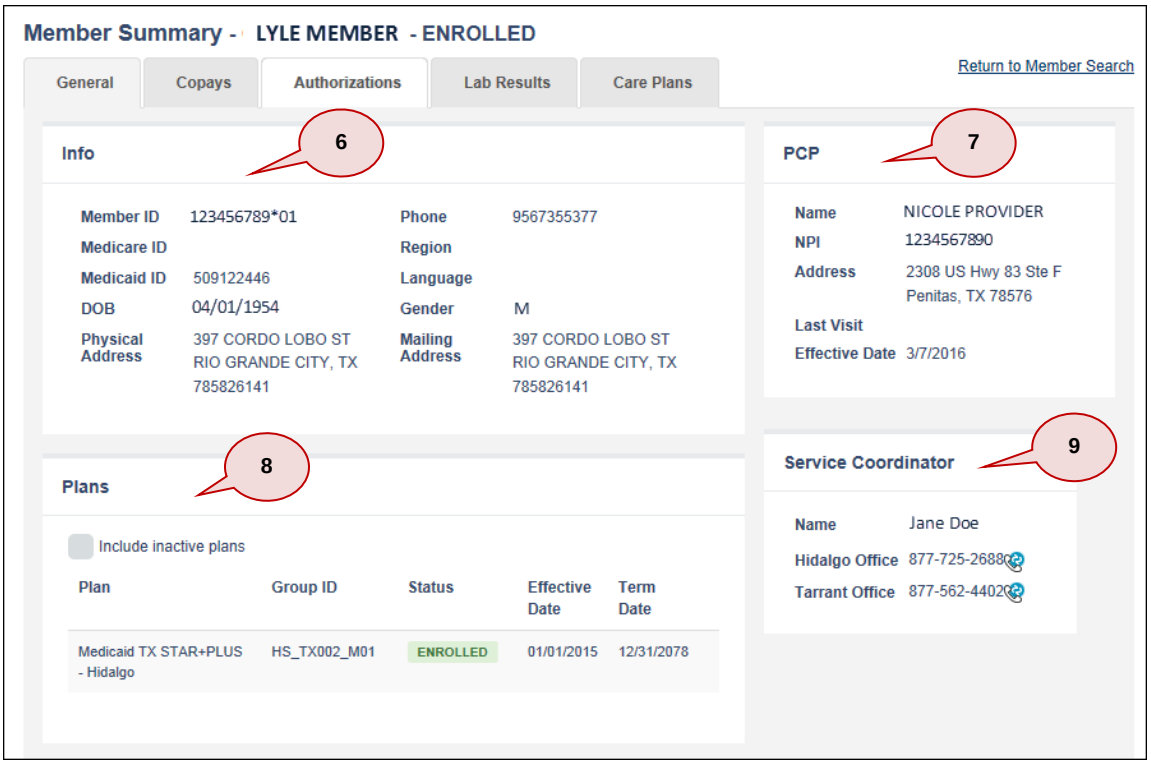
Locate a Member Part 2

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
   - **Medicaid ID:** Number assigned by the State
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. **Service Coordinator:** View Service Coordinator information



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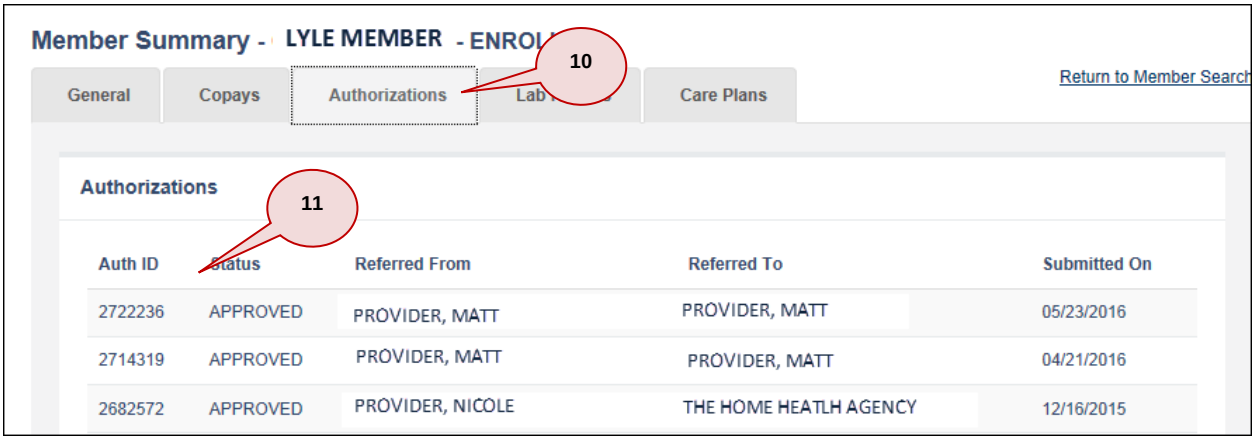
Locate a Member Part 3

10. View the member's recent authorizations by clicking on the Authorizations tab.

11. 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.



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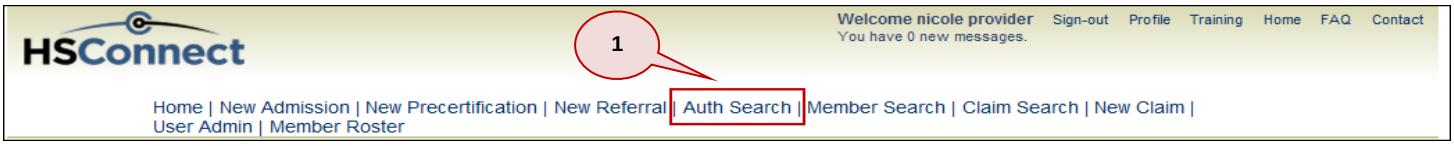
Search for Authorizations and View Details Part 1

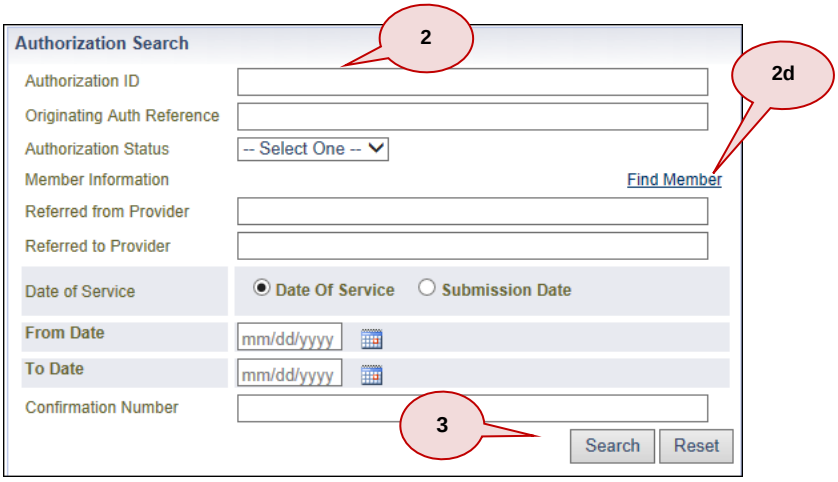


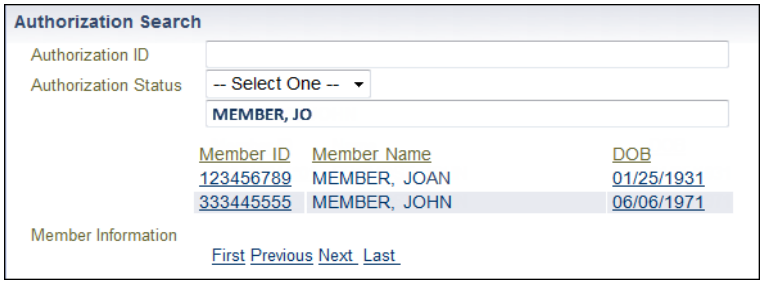
Note: An authorization can be inpatient, outpatient, or LTSS services.

1. Select the **Auth Search** link. The Authorization Search screen displays.

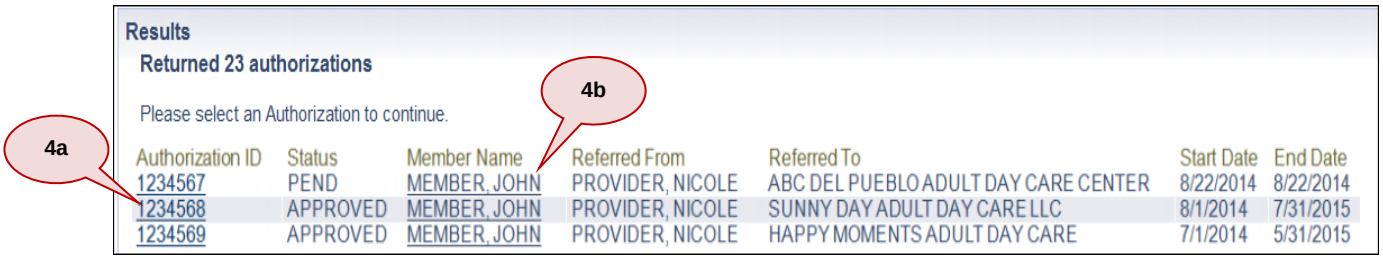
2. Complete one or more of the following fields to search for an authorization.
   Note: If you complete multiple search fields, the search results must match all entered fields.
   Note: To clear all search fields, select the **Reset** button.
   a. **Authorization ID:** Approved authorization number assigned by Cigna-HealthSpring to the request.
   b. **Originating Auth Reference:** N/A for STAR+PLUS providers
   c. **Authorization Status:** Select Approved, Pending, or Denied. **Note:** You must complete at least one other search field.
   d. **Find Member:** Select the link to search using member information. **Note:** You must complete at least one other field.
   e. **Referred from Provider**: Enter the provider's NPI or name. **Note:** The only selections that are available are the providers in your coverage group. **Note:** You must also complete the From/To Date fields.
   f. **Referred to Provider**: Enter the provider's NPI or name. **Note:** You must also complete the From/To Date fields.
   g. **Date of Service/Submission Date**: Select the appropriate radio button and enter the effective date and termination date of the authorization.
   Note: Only PCP's or the user group that submitted the authorization can search by these fields. This option is only available for authorizations that are submitted in HSC.
   h. **Confirmation Number:** Number provided in confirmation of the authorization creation.

3. Select the **Search** button. A list of authorizations will display per the entered criteria.





4. Perform one of the following:
   a. Select an **Authorization ID** link to view the details for the selected authorization (refer to the back side of this card for more information).
   b. Select a **Member Name** link to be taken to the member's profile
   Note: Refer to the *Locate a Member Quick Reference Section* for details



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Search for Authorizations and View Details Part 2

5. Authorization Details section
   - View the Authorization ID.
   - View the Authorization Status.

6. Select the View Messages link to view any provider messages for the authorization or the Send Message link to send a message to any of the providers on the authorization.
   Note: You can only send a message if at least two of the providers on the authorization have a user account in HSConnect with "**Messaging**" enabled.

7. View the **Member Info**.

8. View the **Plan/PCP** details for the referred member.

9. View the **Service Information.**
   - **Type of Service**
   - **Place of Service**
   - **Expedited Status**
   - **Start & End Dates**

10. View the information for the provider that requested the services in the **Referred from Provider** section.

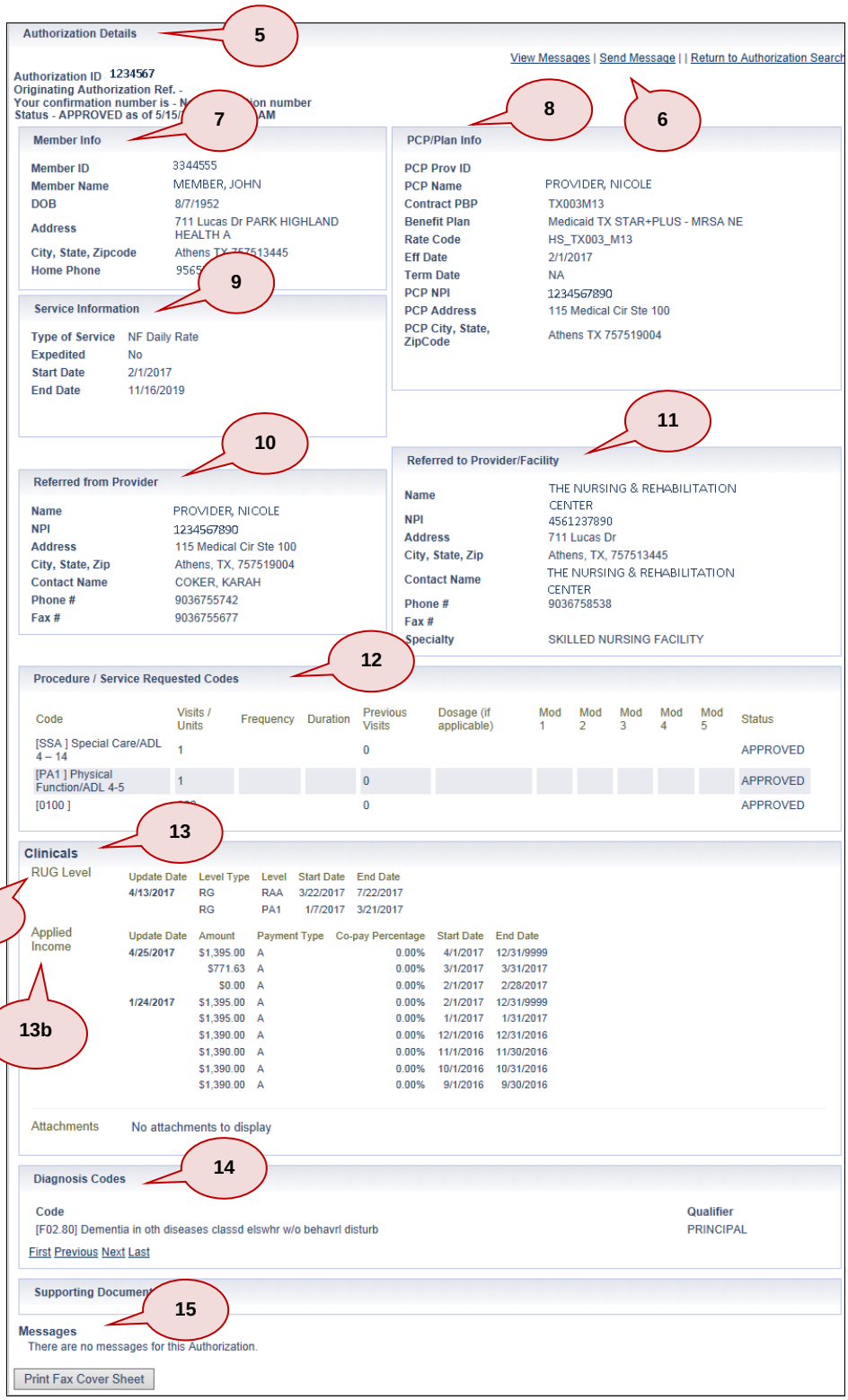
11. View the information for the provider that rendered the services in the **Referred to Provider/Facility** section

12. View the **Authorization Line Items** for the authorization.
    - **CPT & HCPCS** codes for the requested services or procedures in the Procedure/ Codes section.
    - View the number of **Units** requested & approved.
    - View the **Start and End Dates of Service**.

13. View the clinical notes and/or clinical attachments in the **Clinicals** section.
    a. View RUG Level
    b. View Applied Income

14. View the diagnoses of the member as it relates to the requested services or procedures in the **Diagnosis Codes** section.

15. View any messages from the Referred from Provider, Referred to Provider, Inpatient Provider, or PCP in the **Messages** section.



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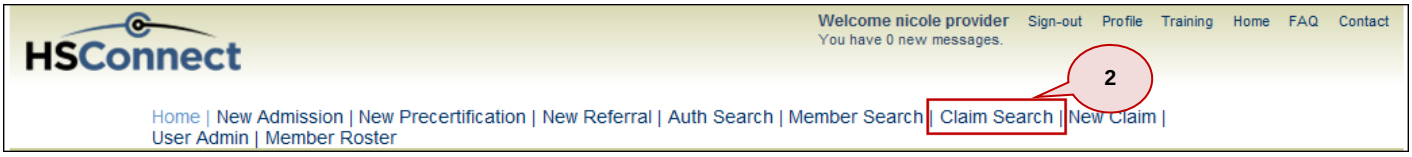
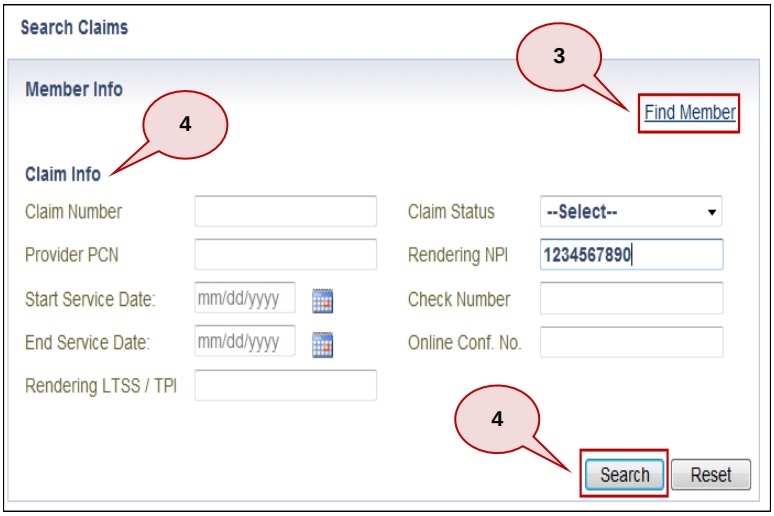
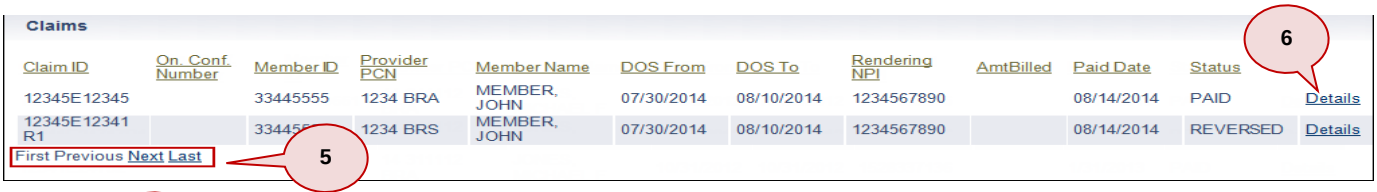
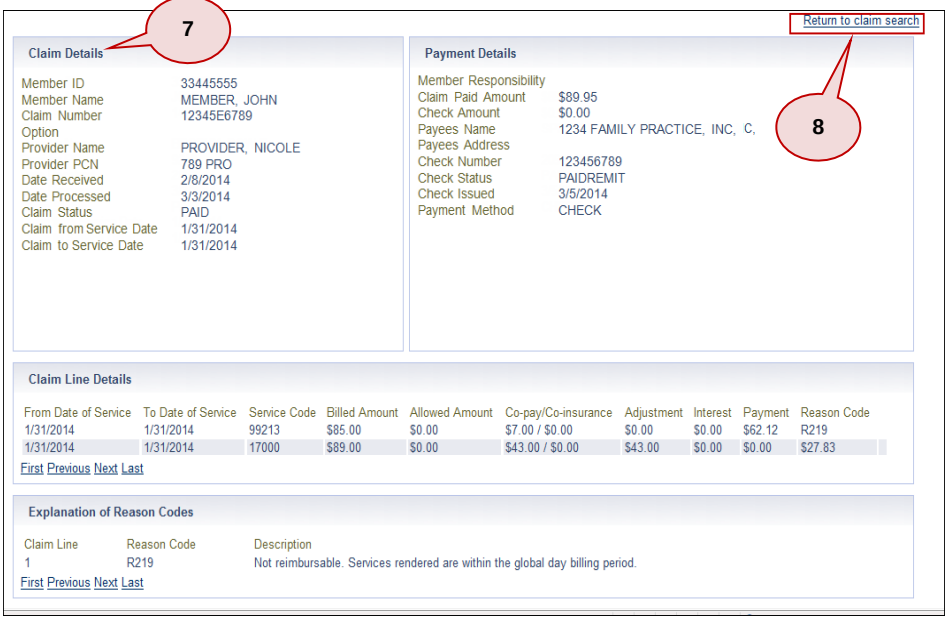
Search for Claims and View Claim Detail



1. Log into the HSConnect portal and accept the terms and conditions.
2. Select the **Claim Search** link at the top of the Home Page.
3. To search by member, select the **Find Member** link to locate the member.
   Note: Refer to the ***Locate a Member*** section.
4. Complete at least one of the available fields in the Claim Info section:
   - **Claim Number:** Number assigned by Cigna-HealthSpring to the claim.
   - **Provider PCN:** Patient Control # the provider assigns to claim or member.
   - **Online Conf. No:** Number assigned to a claim submitted on the portal.
   - **Rendering LTSS / TPI:** Long Term Services and Support number or Texas Provider Identifier

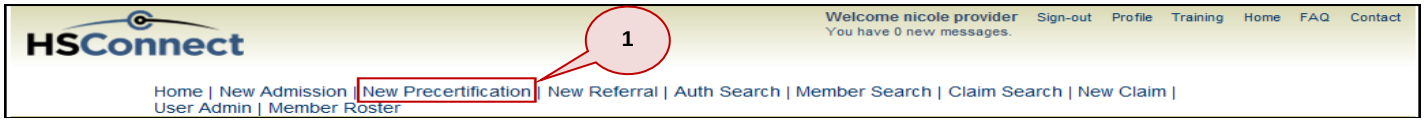






5. Select the **Search** button. The matching search results display.
   - Navigate through the records by selecting the **First**, **Previous**, **Next** or **Last** links.
   - Select a column heading to sort the claim details.
   - The "No claims match your criteria" message displays if there are no claims that match the criteria.
6. Select the **Details** link for the claim you want to display.
7. View the information for the claim in the **Claim Details**, **Payment Details, Claim Line Details**, and **Explanation of Reason Codes** sections.
8. Select the **Return to claim search** link at the top of the screen to return to the previous search results.

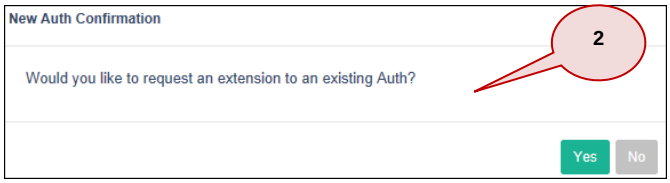
Create and Submit a Precertification Part 1

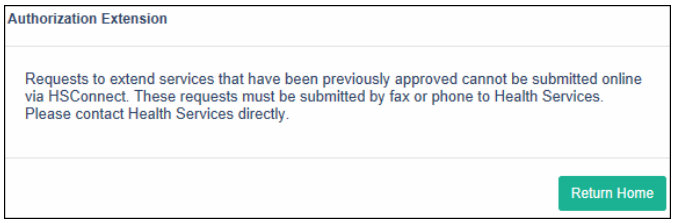


Create a precertification if you want to perform an outpatient/inpatient procedure or surgery for a Cigna-HealthSpring member. This applies if the procedure is done in the office, an ambulatory surgery center (ASC), or hospital.

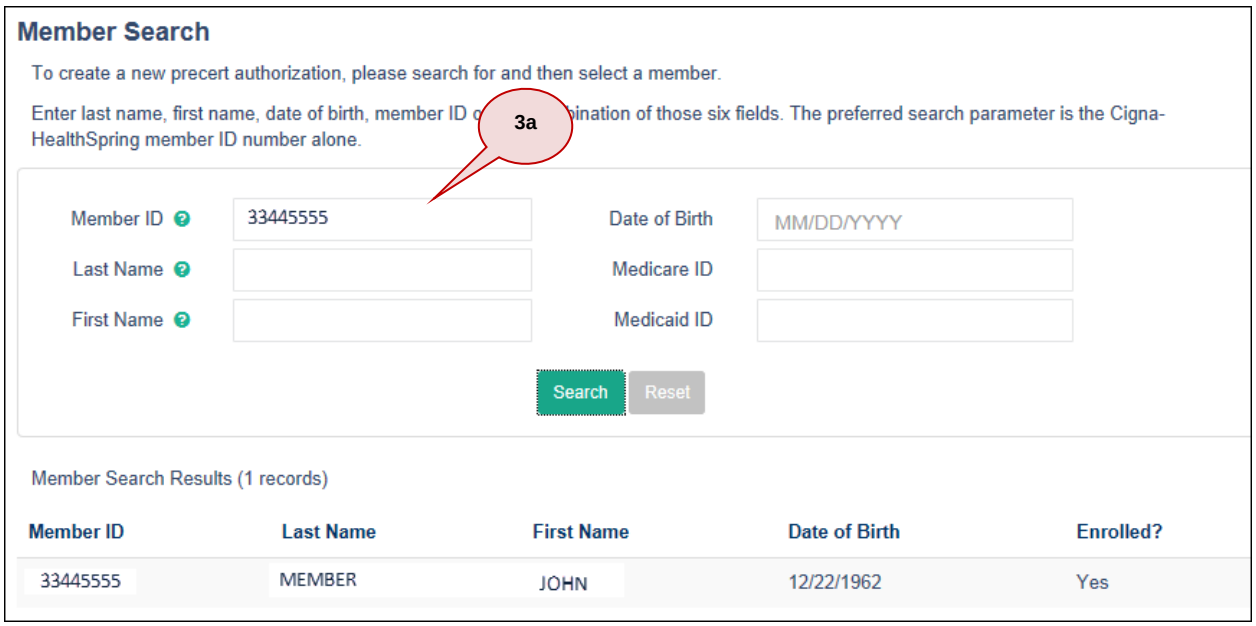
1. Select the **Enter New Precertification** link at the top of the Home Page.

2. The "Would you like to request an extension to an existing Auth?" message displays. ***
   a. If you click "**Yes**", you will be prompted to submit extensions by fax or phone to the STAR+PLUS Utilization Management Department.
   b. Select **No** to create a new precertification. The Member Quick Search screen displays





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 Name** link from the search results.
   c. The Precertification screen displays with the member defaulted based on your selection. Verify you selected the correct member.



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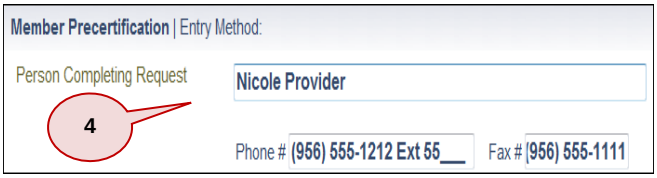
Create and Submit a Precertification Part 2

4. Complete the **Entry Method** section of the precertification.
   a. If the default name is not your name, modify the default in the **Person Completing Request** field.
   b. Enter the **Phone #** and **Ext** (if applicable) where you can be reached.
   c. Enter your **Fax #**.



5. Complete the **Referred from Provider** section of the precertification. **Note:** For outpatient authorizations, Referred from = Attending Physician/Surgeon.
   a. If the Referred from Provider is the same as the member's PCP, select the **Same as PCP** checkbox.
   b. Search for and select the provider by NPI or provider name (last name, first name) for the **Referred from Provider** field.
   c. Enter the **Contact Name** for the Referred from Provider, such as the Office Manager or Receptionist.
   d. Enter the **Phone #** and **Ext** (if applicable), where the contact can be reached and the **Fax #** to receive the Authorization Confirmation

6. Complete the **Referred to Provider** section of the precertification. **Note:** For outpatient authorizations, Referred to = Facility.
   a. Search for and select the provider by NPI or provider name for the **Referred to Provider** field. Once you start typing, the field will automatically begin searching.
   b. Enter the **Contact Name** for the Referred to Provider, such as the Office Manager or Receptionist.
   c. Enter the **Phone #** and **Ext** (if applicable), where the contact can be reached and the **Fax #** to receive the Authorization Confirmation.

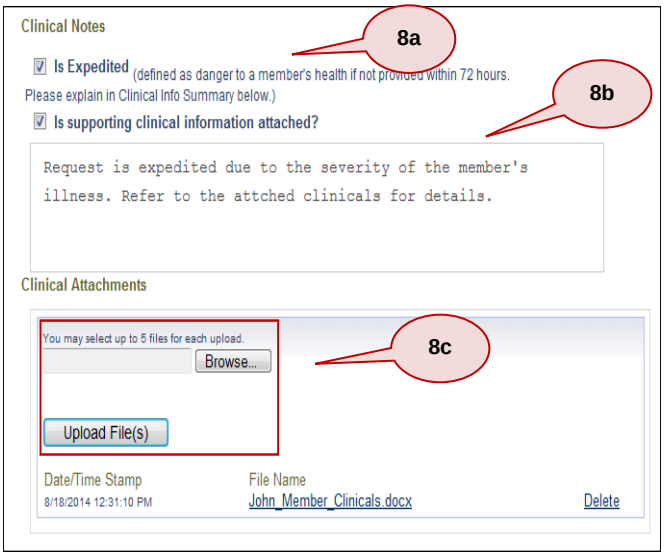
7. Complete the **Service Information** section of the precertification.
   a. Enter or select the **Date of Service** for the date the member was admitted or the date the services are scheduled to begin.
   b. Select the following radio button to indicate the **Type of Service:**
      - **Ancillary:** If selected, select the specific type of service.

Note: Physician ordered rehabilitative services.

Ad-on services, may submit an authorization using this method.

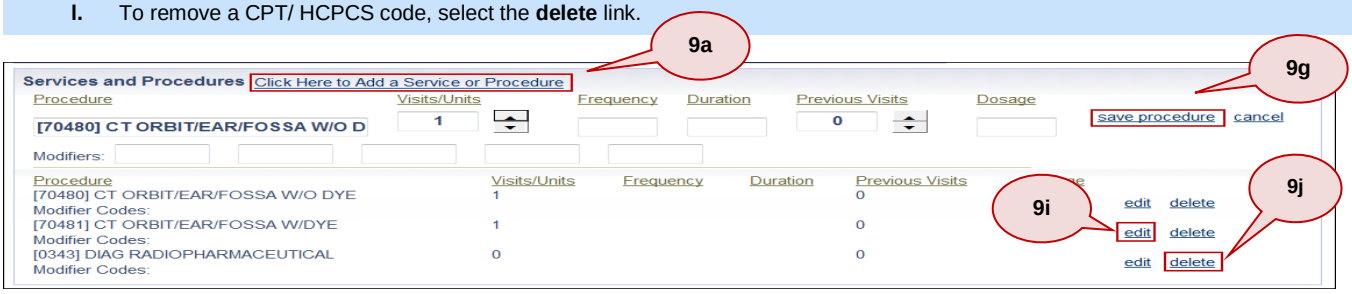
HSConnect

Create and Submit a Precertification Part 3



8. Complete the **Clinical Notes/Attachments** section of the precertification.
   - **a.** Select the **Is Expedited** checkbox for an expedited request to be processed within 72 hours.
     Note: Expedited request is defined as life-threatening and if the member waited the normal period, the member's life would be in jeopardy.
   - **b.** If you selected the **Is Expedited** checkbox, enter a reason why the request is expedited in the textbox.
   - **c.** Select the **Browse…** button to upload up to five clinical attachments at one time. Once you have selected the files, select the **Upload File(s)** button to complete the process. The file name(s) with the date/time stamp displays. HSConnect will accept up to 5 files, up to 10MB in size per file. Clinical attachments may be of the following file types: ***TIFF, JPG, PNG, GIF, PDF, DOC, DOCX, XLS, XLSX, TXT, RTF, ZIP***
   - **d.** Select the **Is supporting clinical information attached?** checkbox if you attached clinical information to the precertification request.
   - **e.** **(Required)** If you did NOT attach any clinical information, enter the reason why you are requesting the service or procedure in the textbox.

9. Complete the **Services and Procedures** section of the precertification.
   - **a.** Select the **Click Here to Add a Service or Procedure** link.
   - **b.** Perform one of the following at the Procedure field:
   - **c.** Enter the first few (or all) of the characters for the CPT or HCPCS code. Select the correct code from the drop-down list.
   - **d.** Enter a partial, one word, or two consecutive words in the CPT or HCPCS description. Select the correct code.
   - **e.** Select or enter the **Visits/Units** for the total requested for the service, procedure, or equipment.
   - **f.** (Optional) Select or enter the **Frequency**, **Duration**, and **Previous Visits**. This is typical for therapy or home health precertifications.
   - **g.** (Optional) Enter the **Dosage** for a drug CPT/HCPCS code.
   - **h.** Enter the **Modifiers** for a Cigna- HealthSpring Texas STAR+PLUS LTSS precertification.
   - **i.** Select the **Save Procedure** link to add the CPT/HCPCS to the precert.
   - **j.** Repeat steps 11a to 11g to add additional CPT/HCPCS code(s).
   - **k.** To correct a CPT/ HCPCS code, select the **edit** link.
   - **l.** To remove a CPT/ HCPCS code, select the **delete** link.

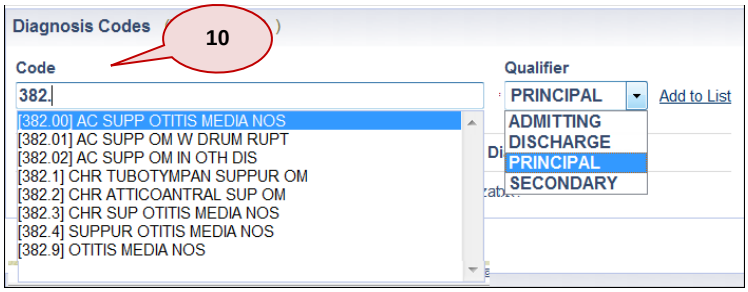


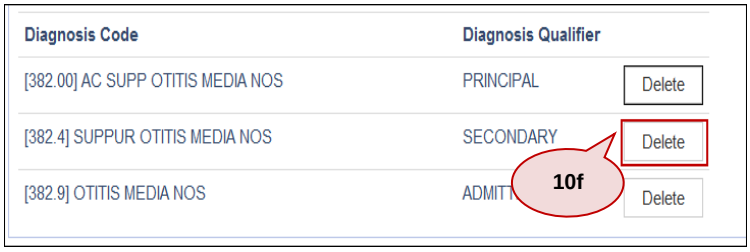
HSConnect

Create and Submit a Precertification Part 4

10. Complete the **Diagnosis** section of the precertification. Perform one of the following:

- **a.** Enter the first few numbers (or all of the numbers) for the diagnosis code. Select the correct **Code** from the drop-down list.
- **b.** Enter a partial word, one word, or two consecutive words in the diagnosis description. Select the correct **Code** from the list.
- **c.** Select **Principal** or **Secondary** from the **Qualifier** drop-down list.
  Note: You must have at least one (and only one) principal diagnosis code on the authorization.
- **d.** Select the **Add to List** link to add the diagnosis code to the precertification.
- **e.** Repeat steps 10a through 10c to add additional diagnosis codes.
- **f.** If you wish to remove a diagnosis code from the precertification, select the **Delete** link to the right of the diagnosis code.
  Note: If you assign the incorrect Qualifier, delete the diagnosis code from the precertification and then add back using the correct Qualifier.



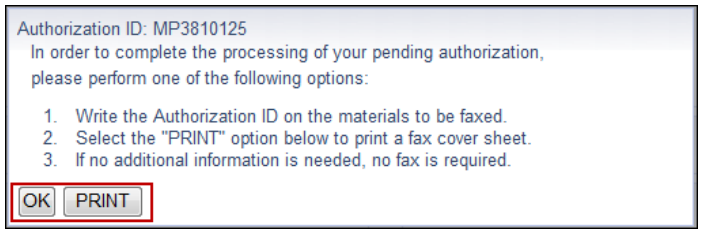


11. Select one of the following options:

- **Save Draft** to save your work in progress. This will not send the precertification to Cigna-HealthSpring. Authorizations periodically auto-save drafts during entry.
  Note: A message displays with the precert # and date/time stamp. Refer to the *Review Recent and Draft Authorizations Quick Reference Section* once you are ready to send the authorization.
- **Submit** to send the precertification to Cigna-HealthSpring STAR+PLUS.

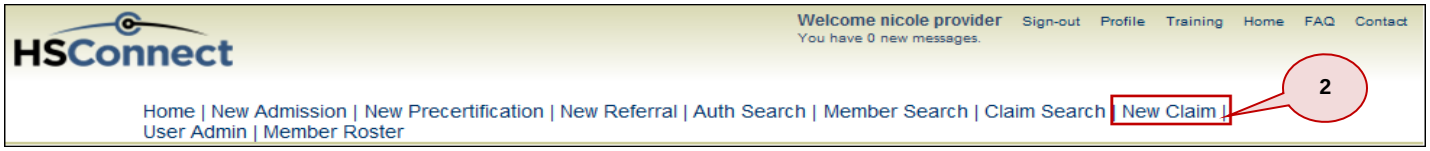
12. After a successful submission, a popup message will display with your authorization ID, giving you the option to print a fax cover sheet. **Note**: If you are faxing Health Services clinical information, pertaining to this authorization, please include the fax cover sheet. Please notate the **authorization ID** on each page.

13. 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.

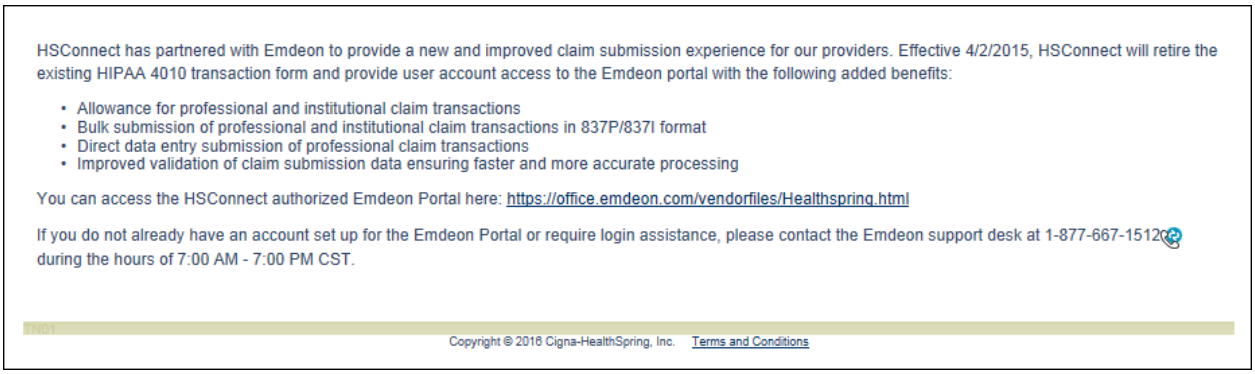


HSConnect

Create and Submit a New Claim



HSConnect has partnered with **Change Healthcare** to provide a new and improved claim submission experience.


HSConnect has partnered with Emdeon to provide a new and improved claim submission experience for our providers. Effective 4/2/2015, HSConnect will retire the existing HIPAA 4010 transaction form and provide user account access to the Emdeon portal with the following added benefits:

- Allowance for professional and institutional claim transactions
- Bulk submission of professional and institutional claim transactions in 837P/837I format
- Direct data entry submission of professional claim transactions
- Improved validation of claim submission data ensuring faster and more accurate processing

You can access the HSConnect authorized Emdeon Portal here: https://office.emdeon.com/vendorfiles/Healthspring.html

If you do not already have an account set up for the Emdeon Portal or require login assistance, please contact the Emdeon support desk at 1-877-667-1512 during the hours of 7:00 AM - 7:00 PM CST.

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Section 2: Cigna-HealthSpring Claims Portal (administered by Change HealthCare) Q&A

How do I register for the Cigna-HealthSpring claims portal? Refer to page 4 of the Change Healthcare user guide

Registration setup with diagrams is shown in full detail in our Change HealthCare user guide. Visit our website http://starplus.cignahealthspring.com/ and then select the Claims tab.

1. Access HSConnect and click on New Claim tab. Select the link shown on this page to access the Claims portal.
2. The provider will read the disclaimer and enter the email address, Tax ID (or SSN) and security word from the colored box.
3. This pop up box will appear when correct information is entered on the registration page.
4. The Provider will receive this email. In order to complete the registration process the provider will need to click the link and continue enrollment.
5. The Provider will input either a singular provider practice or a multi provider practice.
6. The Provider will create the primary (or admin) user account.
7. The provider will select yes for the question regarding claims submission.
8. If the Provider selects Yes for “Do you enter your claims in a practice management system?” this will allow the provider to Upload 837v5010 claim files (both Professional and Institutional claims)
9. If “Yes” is selected the provider can select their Vendor claims system if listed. (Change HealthCare has a wide selection of the most common practice management systems listed.) If the vendor is not listed the Provider should select “other”.
10. If the Provider answers “No” to the “Do you enter your claims in a practice management system” the Provider can enter claims manually (DDE or Direct Data Entry- CMS 1500 claims ONLY)
11. The Provider will complete the Provider Info tab for either a group or singular Provider and can add additional Providers if needed.
12. Helpful Hint: When selecting a specialty, if your specialty is not shown in the drop-down box, select the specialty closest to yours - claims will not be affected if incorrect specialty is selected.
13. Helpful Hint: Providers may elect the Direct Data Entry and Upload claims option; however, you must register separately for each option.

How do I add a New User to the Claims portal?

Administrative users can add new users to the Office system by creating logins for the individuals, but the administrative user will need certain identifying information from the new user to set up the user account. Administrative users also have the ability to set permissions for the new user (basic or administrative privileges) and configure email settings for the claim report system (if enrolled).

1. Select Setup > Manage Users. The location and user list opens.
2. Click the Add New User button. The Add User to Location screen appears. Note: While the Add User to Location window is open, the rest of the screen will be inactive. You may close the window by clicking the X at the top right of the screen or the Close button at the bottom of the screen.
3. Enter user data. The following table describes the valid format for each field. Required fields are marked with a red asterisk (*).
    - Field Valid Format
    a. *User ID. The new user's login ID. 6-40 characters. Note: If the user ID already exists in the system, a message appears instructing you to choose another login ID.
    b. *Last Name. The last name of the new user. 1-50 alphanumeric characters (can include a space, period, dash, and single quote).
    c. *First Name. The first name of the new user. 1-50 alphanumeric characters (can include a space, period, dash, and single quote).
    d. M.I. Middle initial of the new user. 1 character.
    e. *Date of Birth. The date of birth of the new user. MMDDYYYY or MM/DD/YYYY format.
    f. *Last Four Digits of SSN. The last 4 digits of the new user's Social Security number.
    g. *Email Address. The new user's email address. 1-320 characters. Special characters allowed are hyphen (-), underscore (_), period (.), and the "at" symbol (@).
4. If applicable, check the "Is A Site Administrator" check box to grant the new user administrative rights.
5. If applicable, check the "Receive Claim Reports" check box to allow the user to receive claim reports. Note: After selecting the "Receive Claim Reports" check box, the Add User to Location window will expand with a list of claim reports to choose for the new user to receive. Clearing the check box next to a report type will prevent the user from receiving that report type. Reports turned off here can only be turned back on by an administrator. The fact that a report type is selected on this screen does not guarantee receipt of that type of report. To make sure that a particular type of report is received, each new user should review the individual report options presented in My Account. We recommend that you use the Reporting & Analytics solution for claim status information in place of RPT reports.
6. Click Save to create the new user record. A confirmation message appears indicating that the record was successfully saved. Note: A temporary password is assigned to the new user and appears in the confirmation message. The user will be required to enter a new password upon his/her first login.
7. To clear all the fields on the screen, click Reset.
8. To return to the user list screen, click Close. Do not click the Back button on your browser since this may cause unpredictable results.

How do I Import/Submit claims in the Cigna-HealthSpring claims portal? Refer to page 18 of the Change Healthcare user guide

Import allows you to submit primary and secondary claims created in a Practice Management System (PMS) or similar application. Follow these steps to upload and submit a claim file:

1. Create a claim file using your Practice Management System.
2. Select Claims > import from the main menu. The Import Claims main window opens. Read the explanatory text if you are not familiar with claim file formats.
3. Click proceed to next Step. The Send Claim File form opens in a separate window. Note: You must be registered to use the Import Claims service. In addition, before submitting a claim file using the Import Claims service you must verify that your claim file format is valid. If you have not validated your claim file format with a help desk representative, please contact customer support for additional information.
4. The “Hold submission for entry of additional data” check box should only be checked if you are planning to enter prior payment information to generate secondary claims or if you are adding other insurance information or ambulance data. Otherwise, leave the checkbox unchecked. Note: For information on secondary claims, refer to Supplement Claims on page 12.
5. Click Browse to locate the claim file. Select the claim file you want to send for processing and click open. The file name populates the field.
6. Select the mode in which to send the file.
    a. Normal - Your file is encrypted, transmitted, authenticated, validated, and delivered for processing.
    b. Test your internet connection - This option allows you to test your internet connection before actually sending the file for processing. The claim file is neither transmitted, nor presented for processing at any time.

7. Click Submit Claim for processing. Once the file is submitted, a message appears indicating whether the transmission succeeded or failed. Note: Leave the Send Claims window open during file transmission. Closing the window indicates that you want to terminate the connection and abort the transmission. You can minimize the window, but it must not be closed or the process will end immediately.
8. When the claim file is received and processed, a claim status report is sent to your secure inbox within the application.
9. Click Cancel to close the Send Claim File window after your claim file is successfully transmitted.
10. Check your secure inbox within the application for messages about the status of your claims.

How do I search for claims status in the Cigna-HealthSpring claims portal? Refer to page 13 of the Change Healthcare user guide

Reporting & Analytics will allow you to see claims status. Refer to complete diagrams shown in full detail in our Change HealthCare user guide. Visit our website http://starplus.cignahealthspring.com/.

When your practice or site submits claims to the clearinghouse, all claim data per regulatory guidelines are retained and archived. Through a secure, web-based portal, Reporting & Analytics gives you quick online access and detailed views of the previous 15 months of your claims data. Reporting & Analytics enables you to customize and submit several claim search options that focus on data specific to a patient, payer, or a patient claim status. These options are designed to provide you with the type of summary or detailed information you need to do the following:

- Track claims through their life cycle from first submission through payment
- Monitor progress according to claim status
- Identify claims that need rework, or that have been reworked
- Evaluate trends to make needed adjustments to claims administration
- Expedite claims payment

Note: Must be billing through the Cigna-HealthSpring claims portal to access Reporting & Analytics. Billing via TMHP, a separate clearing house or other methods will not allow the Provider to see Reporting & Analytics.
Note: Must verify your email with Change HealthCare to view claims data.

How do I obtain a copy of my explanation of payment (EOP) or view check status? Refer to page 49 of the Change Healthcare user guide

The Remits link provides access to a login page for the Remits (Payment Manager) application. This is a web-based solution that allows payers to deliver ERAs (electronic remittance advices), EOPs and payments to providers electronically. Payment Manager allows providers to access electronic payment information at any time, printing only those documents that require hard copies.

1. Click on Payments
2. Then click on Remits
3. Enter the criteria for you search in the boxes indicated.
4. Select the Payment information by clicking on the Payment # box.
   Note: You can click on Documents box to download a copy of your Explanation of Payments (EOP) from the search results window.
5. View the electronic remittance advice (ERA) information processed for the payment selected. The Provider can view the member's information, claim line item details, check number, and check date and other claims details.
   Note: You can also click on the Payer EOP box to download a copy of your Explanation of Payments (EOP).

How can I add more NPI's to my login as administrator? Refer to page 7-11 of the Change Healthcare user guide

1. Select Setup > Providers and click the New Provider button at the bottom of the page. The New Provider screen appears.
2. Before entering data, be sure to refer to the "Select from existing providers" list (in Step 1 - Enter provider name) to verify that the provider has not been previously entered for a different payer.
3. Enter new provider data, making sure all required fields are entered.
4. Refer to the following list for details on required and recommended fields:
5. Last Name/Organization Name is required.
6. First Name is recommended if the provider is an individual rather than an organization.
7. The Tax ID, NPI, or Payer Assigned Provider # is required. If the Payer Assigned Provider # is entered, the payer must also be identified. Note that if the add screen is accessed from a payer request page, the payer identity will be preset to the current payer.
8. Nickname is highly recommended because it provides a short description that will appear in drop-down lists to help identify the owner of provider IDs.

9. Provider Specialty is an optional data element. You can enter multiple specialties per provider. To enter multiple specialties, select a specialty from the Available Specialties list and then click Add. Only those specialties listed in the Provider's Specialties list have been stored for the current provider.
10. The specialties listed in the Available Specialties list may be customized by using the Edit button.
11. Click Save to save the new provider.
12. Alternatively, click Reset to clear the fields, or click Back to Favorites to return to the favorites list without saving the new provider.

Section 3: Nursing Facility General Portal and Claims Q&A

How do you create an account for Cigna's Portal?

a. To enroll for HSConnect view Section 1: How can I enroll for HSConnect? Providers can call HSConnect Help Desk at 1-866-952-7596 for assistance.
b. To enroll for the Claims portal view Section 2: How do I register for the Cigna-HealthSpring claims portal? Providers can call Change HealthCare at 1-800-845-6592 for additional information. Refer to pages 4-6 of the Change Healthcare user guide

Does each user have to register for an account? Can I add users?

a. To add users to HSConnect, view Section 1: How can I add a new user as the administrator of HSConnect? Providers can call HSConnect Help Desk at 1-866-952-7596.
b. To add users to the Claims portal, view Section 2: How do I add a New User to the Claims portal? Providers can call Change HealthCare at 1-800-845-6592 for additional information.
Note: Each portal will only allow one User Administrator. The User Administrator can add, remove or change other users.

Can I have access to multiple NPI's in your portal?

a. To add NPI and TIN to HSConnect, view Section 1: How can I add more NPI's to my login as administrator? Note: If adding more than 10 NPI's to HSConnect, the Provider can email a list to HSConnect help desk.
b. To add NPI and TIN to the Claims portal, view Section 2: How can I add more NPI's to my login as administrator? Refer to pages 7-11 of the Change Healthcare user guide

Can I do pre-certifications on the portal?

a. Only HSConnect will allow you to request an authorization for add-on services. To request an authorization view Section 1: How can I create a new authorization request for add-on services?
b. To request and authorization for Unit rate services, nursing facility providers must use the LTC online portal.

How do I search for an authorization?

a. For recent authorization view Section1: How do I view recent authorizations and draft authorizations on the Home Screen in HSConnect?
b. For approved authorizations view Section 1: How can I search for an authorization in HSConnect?
c. Provider can call the Authorization department for authorizations not yet approved at 1-877-725-2688 and follow prompts for "providers".

How do I search for a member and what information is found on the member summary screen?

a. To verify eligibility for a member view Section 1: How can I search for Member eligibility in HSConnect?
b. Providers will see effective dates, PCP, service coordinator name, authorizations, demographic information, co-pays and care plans.

How do I search for a claim?

a. To view claims using the HSConnect portal view Section 1: How can I search for Claims detail in HSConnect?
b. To view claims using the Claims portal, view Section 2: How do I search for claims status in the Cigna-HealthSpring claims portal? Refer to page 36 of the Change Healthcare user guide
c. Providers billing through a clearing house, TMHP or directly on the Claims portal can view status only in HSConnect.
d. Providers billing through the Claims portal will be able to see their claims under Reporting & Analytics. If billing via a clearing house or TMHP, providers will not be able to see claims status in the Claims portal and will have to view them in HSConnect.

How do I submit a claim?

a. Three ways to file claims electronically with Cigna-HealthSpring
    1. Through one of the following Cigna-HealthSpring claims clearinghouses (Payer ID # 52192): Change Healthcare (formerly Emdeon), Payer Path, or Availity.
    2. Secure Provider Portal at https://STARPLUS.HSConnectOnline.com to access the Claims portal.
    3. TMHP State website at www.TMHP.com

If billing via the Cigna-HealthSpring Claims portal view Section 2: How do I Import/Submit claims in the Cigna-HealthSpring claims portal? The provider will need to use a practice management system to create a batch of UB04 claims.
Note: Billing through our Claims portal will allow providers to check status of their claims, generate reports, submit corrected claims, download electronic EOP and view payment information.

How can I correct a claim for RUG/AI changes or corrections in general?

a. For instructions on how to correct a claim on a UB04, view Cigna-HealthSpring nursing facility provider manual. Refer to section Billing and Claims Administration > UB-04 Claim Filing Detail. The provider will have to change Block 4 the Type of bill (TOB).
b. TMHP State website at www.TMHP.com. Note: Re-billing through TMHP may cause your claims to deny as a duplicate claim. Providers will have to check claims status to verify if they were reprocessed accordingly by Cigna-HealthSpring as a corrected claim. Contact Provider Services Department at 1-877-653-0331 or check claims status on our HSConnect provider portal.

If I have claims with RUG/AI changes that haven't paid or claims that need to be reconsidered, what is your process?

a. Providers can submit a Payment Dispute Form located on our website http://starplus.cignahealthspring.com > Forms. An acknowledgement letter will be sent to the Provider within 5 business days of receipt of your Payment Dispute Form. Resolution of claims can take up to 30 days.
b. Providers can check HSConnect or the Claims portal for status of their claims.
c. Call our Provider Services Department at 1-877-653-0331.

How do I run reports in your portal?

a. HSConnect does not have the ability to export information; only view them on the portal. View Section 1: How can I search for Claims detail in HSConnect?
b. The Claims portal will allow providers to view claims status and export that information in a PDF or excel formation. Providers will need to bill using the Claims portal in order to view, generate and export reports. Providers will also need to validate their email address to view claims reports. Contact Change HealthCare at 1-800-845-6592 for assistance with validating your email. View Section 2: How do I search for claims status in the Cigna-HealthSpring claims portal?
c. For additional information go to our website http://starplus.cignahealthspring.com > Claims and Authorizations > Claims > Emdeon User Guide

How do I get set up to be able to view my remits?

a. Provider will need to enroll in ERA with Change HealthCare in order to view and download Explanation of Payments (EOP) using our Claims portal. View Section 2: How do I obtain a copy of my explanation of payment (EOB) or view check status?
b. Provider can enroll in EFT to view them using Change HealthCare's Payment Manager portal.
c. Providers can call Change HealthCare at 1-866-506-2830 for additional information regarding EFT and ERA.

How do I set up ERA?

a. Providers who are able to automatically post 835 remittance data will save posting time and eliminate keying errors by taking advantage of 835 ERA file service. ERA Enrollment Process is as follows
    1. Download Change HealthCare Provider ERA Enrollment Form at the following location: http://www.Change HealthCare.com/resourcepdfs/ERAPSF.pdf
    2. Complete and submit ERA Enrollment Form via Email or Fax to Change HealthCare ERA Group:
    3. Email: batchenrollment@Change HealthCare.com
    4. Fax: 1-615-885-3713
    5. Any questions related to ERA Enrollment or the ERA process in general, please call Change HealthCare ePayment Solutions at 1-866-506-2830 for assistance.
    NOTE: ERA enrollment for all Cigna-HealthSpring health plans must be enrolled under Cigna-HealthSpring Payer ID "52192".
b. For additional information go to our website http://starplus.cignahealthspring.com > Claims and Authorizations > Claims

How do I set up EFT?

a. Cigna-HealthSpring contracts with Change HealthCare to deliver electronic funds transfer services. If you are an existing EFT customer with Change HealthCare and wish to add Cigna-HealthSpring to your service, please call 1-866-506-2830, and select Option 1 to speak with a Change HealthCare Enrollment Representative. There is no cost for providers to enroll in EFT. If you would like to learn more or sign up for EFT, please visit Change HealthCare's ePayment Web site at www.Change HealthCareepayment.com
b. For additional information go to our website http://starplus.cignahealthspring.com > Claims and Authorizations > Claims

Who can I call if I have questions regarding claims, remits, or payments?

a. Call our Provider Services Department at 1-877-653-0331.

Who can I call if I have questions/issues with EFT, ERA or Claims portal?

a. Call Change HealthCare at 1-866-506-2830.

Cigna-HealthSpring Contacts	
Provider Services Department	1-877-653-0331
Member Service Department	1-877-653-0327
Claims Status Request	1-877-653-0331
Utilization Management – Service Coordination	1-877-725-2688
Utilization Management – Authorization Department	1-877-725-2688
Fax prior authorization Form for add-on services	1-877-809-0787
Cigna-HealthSpring website	STARPLUS.CignaHealthSpring.com
External Contacts	
HSConnect Help Desk	1-866-952-7596 Email: HSConnectHelp@HSConnectOnline.com
HSConnect Provider Portal link	STARPLUS.HSConnectOnline.com/login
Change Health Care (formerly Emdeon)	1-800-845-6592
Change Health Care (formerly Emdeon) link	Login to HSConnect and select the link under the New Claims tab