

# HSConnect Portal Enhancement Resource Guide

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Medicare Advantage MHK Integration



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# Overview

## HSConnect: MHK implementation

Cigna values our partnership with our providers to deliver coordinated care to improve the health, well-being, and peace of mind of our customers. We understand our customers' needs and work with our provider partners to help your patients achieve healthier, more secure lives.

To support this commitment, we implemented new functionality enhancements to the HSConnect portal on October 30, 2020 to improve speed, efficiency, and transparency when accessing Cigna Medicare services like:

- Expediting approvals (some at the time of entry)
- Requesting inpatient and outpatient Medicare services electronically
- Submitting information electronically
- Attaching all required documentation of any size
- Reviewing the status of requests in real time, 24/7
- Receiving a reference number for each request
- Getting immediate access to decision letters for provider records
- Reviewing claims and payment status

We acknowledge there are capability limitations causing portal usability issues as a result of this enhancement implementation. We are committed to investigating and resolving these issues as quickly as possible.

To support these efforts, we have created this guide to serve as a “one stop shop” for information, including answers to frequently asked questions and where to find additional resources and support.

This document will be updated periodically. Please refer to this document for the latest information.

## Status of resolution definitions

Status	Description
Open	Issue has been received and logged by Cigna for review.
On hold	Solution identified and scheduled for future vendor release.
In progress; under investigation	Issue has been assigned to the appropriate Cigna/MHK team for investigation.
In progress; testing	A resolution has been identified and is being tested.
Closed/resolved	Issue is resolved and is in the process of being implemented.>

## MHK (HSConnect) current system issues

### Claims

(Posted 04/01/2021)

Issue	Unable to view claims information
Description	Providers who bill under a group NPI rather than an individual NPI are experiencing issues with viewing claims information.
Status of resolution	<b>On hold</b>
Temporary solution	<p>Providers may obtain claims information using one of the following methods:</p> <ol style="list-style-type: none"> <li>1. Providers may access some claim information via Change Healthcare's web portal if they are enrolled in electronic funds transfer (EFT).</li> <li>2. Call Provider customer service at 800.230.6138.</li> </ol>

### Credentialing

(Posted 04/01/2021)

Issue	Facility network status data error
Description	Some nonparticipating facilities are incorrectly showing as participating
Status of resolution	<b>Resolved</b>
Temporary solution	To confirm facility network status, access Cigna's <a href="#">Provider and Pharmacy Directories</a> site.

# Frequently asked questions

## Background

### Q1. 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.

### Q2. What does the portal enhancement mean for my practice?

The portal enhancement offers many benefits:

- Get expedited approvals (some at the time of entry)
- Request inpatient and outpatient Medicare service electronically
- Eliminates the need to call or fax to submit information
- 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

## Access and settings

### Q1. How do I request access to the MHK portal, HSConnect?

To request access to HSConnect, do the following:

1. Visit HSConnect (<https://www.hsconnectonline.com>) and click the Need an Account? Click here link. The Request Account screen is displayed.
2. Send an email to [HSConnectHelp@HSConnectOnline.com](mailto:HSConnectHelp@HSConnectOnline.com) or [HSC\\_Account\\_Request@HSConnectOnline.com](mailto:HSC_Account_Request@HSConnectOnline.com) with the following details: Name(s), email address, provider NPI, coverage group name.
3. Contact your local Network Operations Provider Representative.

### Q2. How long can my status be idle in HSConnect?

The idle time is 15 minutes. If there is no activity in HSConnect for 15 minutes or more, you will automatically 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.

Note: There is no draft functionality at this time. Prior authorizations must be completed once started before the system times out.

### Q3. What browser should I use when accessing HSConnect?

For full functionality, you must use Google Chrome.

## Search for a provider's National Provider Identifier (NPI)

### Q4. Where can I locate a provider's National Provider Identifier (NPI)?

You can find NPI Numbers for any provider at <https://npiregistry.cms.hhs.gov/registry/>. Click the submit button once. Please enter demographic information using the appropriate capitalization, as it automatically populates notification letters.

## Authorization

### Q5. Where can I locate the appropriate authorization and claim dispute forms?

You can locate the appropriate forms on the Cigna Medicare website for providers ([MedicareProviders.Cigna.com](https://www.cigna.com/medicare/providers)) under Forms and Practice Support.

### Q6. When should I choose the option "expedited authorization urgency"?

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 MHK (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.

### Q7. Is it necessary to enter 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 a pre-service 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

### Q8. Is it necessary to fill out 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.

### Q9. When should I select YES for Requesting Provider Same as Servicing?

You should select YES when:

- 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.

### Q10. 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.

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## Claims

### Q11. What is the archived period for claims information?

HSCConnect displays 18 months of submitted claims data.

### Q12. What criteria is needed to perform a claims search?

Use the following criteria to perform a claims search:

- 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.

## Letters and correspondence

### Q13. Are all letters and correspondence viewable in MHK (HSCConnect)?

Yes. A provider or facility who logs into HSCConnect 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.

### Q14. Are letters and correspondence available indefinitely or are they archived after a certain amount of time?

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

## Eligibility search

### Q15. What information is required to conduct an eligibility search?

- Four elements of protected health information (PHI) are now required to protect member data. These are:
  - Member first name
  - Member last name
  - Date of birth
  - Member ID
    - When hovering of the member ID field, the “Member ID without Special Characters” message will display as a tooltip. This means you should always omit characters when entering any value in the Member ID field. **For example**, use 10000658701 instead of 100006587\*01.
- If you are searching for a member by their last name, ensure their full last name includes any suffixes, hyphens, etc.
- If you are unable to locate a member, contact HSCConnect Provider Portal Help Desk at 888.952.7596, 7:00 a.m. – 4:30 p.m. CST.

## Resources and training

Visit the Cigna Medicare HSCConnect web page at <https://www.hsconnectonline.com> to access the latest training and additional practice support information, including:

- [Medicare Advantage Provider Quick Reference Guide](#)
- [Coverage Policies](#)

## Additional support

- Eligibility/benefits: Provider services for claims, eligibility, benefits, copay, status of claims: Provider Customer Service team Monday–Friday, 8:00 a.m.–5:00 p.m. CST at 800.230.6138.
- Authorization inquiry or status (provider services): For authorization inquiry or status: Provider Customer Service team Monday–Friday, 8:00 a.m.–5:00 p.m. CST at 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.
- HSConnect Help Desk: For establishing a new account, changing a password, getting answers to questions and other general help, call 866.952.7596, option 2, between Monday–Friday 7:00 a.m.–4:30 p.m. CST or send an email to [HSConnectHelp@HSConnectOnline.com](mailto:HSConnectHelp@HSConnectOnline.com).
- General questions or comments: Send an email to [MHK\\_Implementation@Cigna.com](mailto:MHK_Implementation@Cigna.com).