

# HSConnect Portal Enhancement Resource Guide

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Medicare Advantage MHK Integration



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# Overview

## HSCConnect: 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, in October 2020 we implemented new functionality software known as MHK, to the HSCConnect Cigna Medicare Advantage provider portal 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

To ensure you have the support you need when using HSCConnect, 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.

## 2022 MHK Enhancements

### February

- Claims search screen expansion and changes
- Sort order drop-down menus and option to expand or hide columns and fields included in the claims search results
- Ability to view in-depth patient information (e.g., copay, coinsurance, etc.) in the details of the claim

# Get Started

## Registration

You can register in one three ways.

- Click [here](#) or go to the Cigna Medicare website for providers ([MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com)) > Login to HSConnect Portal; click “Need an Account? Click [here](#)”.
- Send an email request to [HSConnectHelp@HSConnectOnline.com](mailto:HSConnectHelp@HSConnectOnline.com).
- Call **866.952.7596**, option 2.

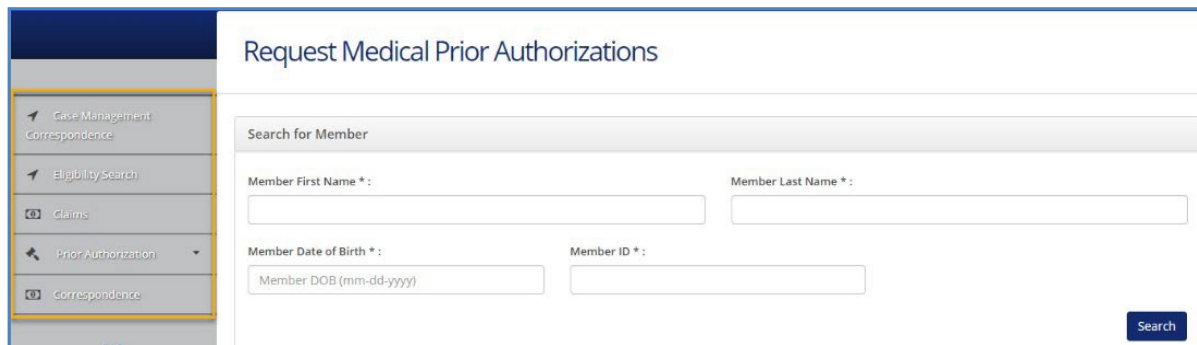
## Job Aids

### Review and verify eligibility

1. Click the link For member eligibility, authorizations, and claims search, please click here.



All portal functions will display.

A screenshot of the "Request Medical Prior Authorizations" page. On the left is a navigation bar with options: Case Management Correspondence, Eligibility Search, Claims, Prior Authorization, and Correspondence. The main content area has a "Search for Member" section with four input fields: Member First Name \*, Member Last Name \*, Member Date of Birth \*, and Member ID \*. The Date of Birth field has a placeholder "Member DOB (mm-dd-yyyy)". A "Search" button is in the bottom right corner.

2. Select the **Eligibility Search menu** option on the left navigation bar.
  - a. All fields are required and must be entered 100% accurately.
  - b. No results will populate if any data is entered incorrectly.
  - c. Last name suffixes are also required.
  - d. Any member IDs with an (\*) must be removed.
3. Click **Search**. Search results will display.

## Check Eligibility

- Case Management Correspondence
- Eligibility Search
- Claims
- Prior Authorization
- Correspondence
- FAQ

### Search for Member

Member First Name\*:

Member Last Name\*:

Member DOB\*:

Member ID#:

**There is not currently any copayments or benefits available on the portal**

### Member Search Results

Show all Eligibility Records

#	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	PLAN CODE	PLAN DESCRIPTION	CONTRACT NUMBER	PBP NUMBER	PCP	PCP NAME	IPA CODE	IPA NAME
1	TEST	TEST	01-01-1900	12787532601	TEST TEST TEST CA 90010	Not Eligible	01-01-2017	01-01-2017	CHS_RXSECX	Cigna Secure-Extra Rx (PDP)	55617	277				

**Date:** 06-04-2021

## Request Authorization

1. Select the **Prior Authorization** menu option on the left navigation bar.
  - a. All fields are required and must be entered 100% accurately.
  - b. No results will populate if any data is entered incorrectly.
  - c. Last name suffixes are also required.
  - d. Any member IDs with an (\*) must be removed.
2. Click **Search**. Search results will display.
3. Select the appropriate record under the **Action** column. The member details and authorization screen will display.

Member Search Results

Show all Eligibility Records

ACTION	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	PLAN CODE	PLAN DESCRIPTION	CONTRACT NUMBER	PBP NUMBER	PCP	PCP NAME	IPA CODE	IPA NAME
Select	TEST	TEST			TEST TEST TEST CA 90010	Not Eligible	01-01-2017	01-01-2017		Cigna Secure-Extra Rx (PDP)						

Date: 06-04-2021

Print Cancel

**Member Banner Details** Member Eligible

Name: [Redacted] Member ID: [Redacted] Plan Type/Group ID#: [Redacted]

Date Of Birth: [Redacted] Benefit String: [Redacted] LOB: [Redacted]

Address: [Redacted] IPA/MG: [Redacted]

Phone: [Redacted] Effective: Jan 1, 2017 Term: Jan 1, 2017

Special Programs: [Redacted] Case Manager: [Redacted] PBP Number: [Redacted]

Select Authorization Urgency

Standard  Expedited

\*Requesting Provider [Redacted]

Speciality: Primary Care Provider Status: [Redacted]

Organization: [Redacted]

\*City: [Redacted] \*State: [Redacted]

\*Zip: [Redacted]

Annotations:

- Select the appropriate Requesting Provider from the Drop down list. If your login has more than 25 Providers attached, then there will be a search Option instead of a drop down.
- Select the appropriate Urgency option
- Par or nonpar with the member's plan?
- Once the requesting provider is selected, all name and address fields will auto-populate.

4. Complete the **prior authorization** screen. Fields with an (\*) are **required**.

The screenshot shows a form titled "Provider Information" with the following fields and options:

- \*Contact Name**: Text input field.
- \*Phone Number**: Text input field.
- \*Fax Number**: Text input field.
- Requesting Provider Same as Servicing Provider**: Radio buttons for YES and NO (NO is selected).
- \*Request Type**: Dropdown menu with options: Inpatient, Behavioral Health Outpatient, Drugs - Biologics Part B, Outpatient, Behavioral Health Inpatient.
- \*Place Of Service**: Dropdown menu with options: 01-Pharmacy, 02-Telehealth, 03-School, 04-Homeless Shelter, 05-Indian Health Service Free-Standing Facility, 06-Indian Health Service Provider-Based Facility, 07-Tribal 638 Free Standing Facility, 08-Tribal 638 Provider-Based Facility, 09-Prison/Correctional Facility, 11-Office.
- \*Review Type**: Open dropdown menu with options: Initial Request, Continued/Extension, Continued /Extension, Retro/Post Service, B vs D, Step Therapy, Initial Preservice, Concurrent (Continued Stay), Initial Concurrent, Clinical Claim Review, Part B DME, Appeals Request.

At the bottom of the form, there are two green buttons: "Add Servicing/Facility Provider" and "Add Unknown Provider". Below these buttons is a table header with columns: NPI#, DEA#, SPECIALITY, NETWORK, ADDRESS, FAX NUMBER, PROVIDER TYPE, PROVIDER STATUS.

### Add a Servicing Provider (Referral or Prior Authorization)

1. Click Add Servicing/Facility Provider.
2. Complete the applicable fields.

The screenshot shows the "Servicing and Facility Provider Information" screen. It features a header "Servicing and Facility Providers" and two green buttons: "Add Servicing/Facility Provider" and "Add Unknown Provider". Below the buttons is a table header with the following columns: ACTION, PROVIDER NAME, NPI#, DEA#, SPECIALITY, NETWORK, ADDRESS, FAX NUMBER, PROVIDER TYPE, PROVIDER STATUS.



## Search for Servicing Provider or Facility

1. Not all fields are required.
2. NPI search is the most common.
3. **Type field:** requires selection.

### Search for Servicing Provider or Facility

NPI #:  Fed Tax ID:

First Name:  Last Name:  State:

Organization:  \* Type:

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#### Servicing Providers - Search Results

ACTION	PROVIDER NAME	NPI#	DEA#	SPECIALITY	ADDRESS	PROVIDER STATUS
--------	---------------	------	------	------------	---------	-----------------

## Add a Diagnosis Code (Referral or Prior Authorization)

1. Click Add Primary Diagnosis.
2. Enter the appropriate code in the **ICD Codes** field.
3. Click **Search**. Codes will display.
4. Click Select next to the appropriate code under the **Action** column.

ICD Codes:       Diagnosis Description:

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
<input type="button" value="Select"/>	R22	Localized swelling, mass and lump of skin and subcutaneous tissue	ICD10 DX
<input type="button" value="Select"/>	R22.0	Localized swelling, mass and lump, head	ICD10 DX
<input type="button" value="Select"/>	R22.1	Localized swelling, mass and lump, neck	ICD10 DX
<input type="button" value="Select"/>	R22.2	Localized swelling, mass and lump, trunk	ICD10 DX
<input type="button" value="Select"/>	R22.3	Localized swelling, mass and lump, upper limb	ICD10 DX

## Add a Procedure Code (Referral or Prior Authorization)

**Note:** All previous fields must be completed before proceeding.

1. Click **Add Procedure**.
2. Enter the appropriate code in the **CPT/HCPCS Codes** field.
3. Click **Search**. Procedure codes will display.
4. Click **Select** next to appropriate procedure under the **Action** column. The CPT/HCPCS information will display.

\*Procedure (\*Denotes required field)

CPT/HCPCS - Search Results

[Add Procedure](#)

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
--------	------------	-------------------	----------	-----------	-----------	------------	------------	-------	-----	--------	-------------------

### CPT/HCPCS Search

CPT/HCPCS Codes:

Procedure Description:

[Search](#)

CPT/HCPCS - Search Results

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
<a href="#">Select</a>	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

[Cancel](#)

### CPT/HCPCS Information X

<b>CPT/HCPCS CODE:</b>	<b>Procedure Description:</b>	
<input type="text" value="99214"/>	<input type="text" value="Office or other outpatient visit for the evaluation and management of an established patient, whi"/>	
<b>PA Status</b>		
PA Status will display messaging based on SHRPA rules.		
<b>Modifier 1 (if applicable):</b>	<b>Modifier 1 Description (if applicable):</b>	
<input type="text"/> <input type="button" value="Q"/>	<input type="text"/>	
<b>Modifier 2 (if applicable):</b>	<b>Modifier 2 Description (if applicable):</b>	
<input type="text"/> <input type="button" value="Q"/>	<input type="text"/>	
<b>*Quantity:</b>	<b>*Units:</b>	<b>Frequency</b>
<input type="text" value="1"/>	<input type="text" value="Procedures"/>	<input type="text"/>
<b>Start Date</b>	<b>End Date</b>	
<input type="text" value="06-04-2021"/>	<input type="text" value="09-02-2021"/>	
<input type="button" value="Cancel"/>		<input type="button" value="Submit"/>

**Example of PA Status messaging**

<b>CPT/HCPCS CODE:</b>	<b>Procedure Description:</b>
<input type="text" value="11440"/>	<input type="text" value="Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ea"/>
<b>PA Status</b>	
This code is managed by Superior Vision. Please contact Superior Vision at 1.866.819.4298 between 9:00am and 5:00pm (EST) for mc	

## Submit a Request (Referral or Prior Authorization)

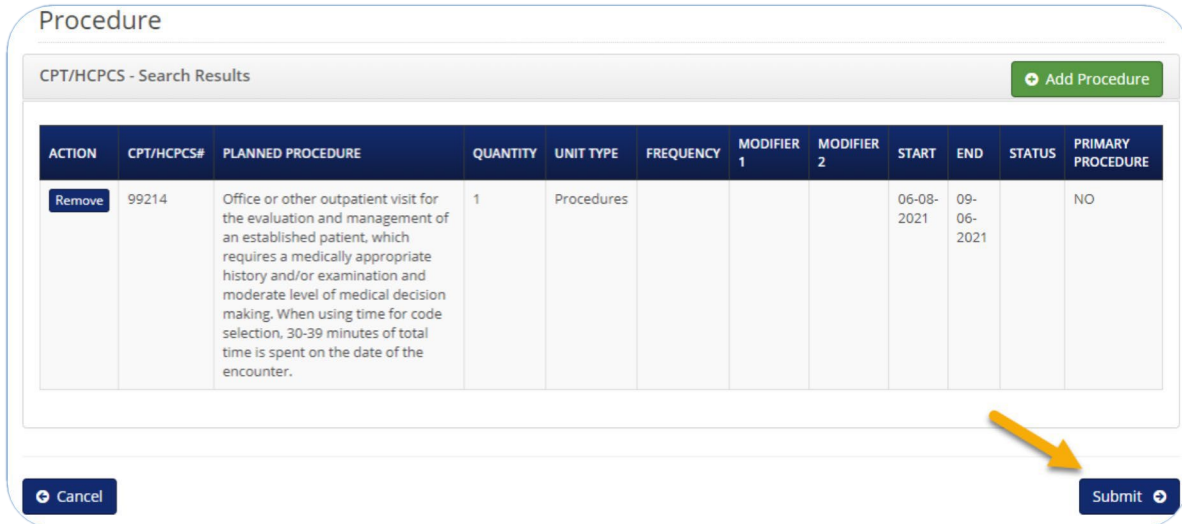
1. Click **Submit** once authorization fields are complete.

Procedure

CPT/HCPCS - Search Results + Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
<a href="#">Remove</a>	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	1	Procedures				06-08-2021	09-06-2021		NO

Cancel Submit



2. Upload clinical documentation or enter notes in the **Notes** field.
3. Click **Submit**.

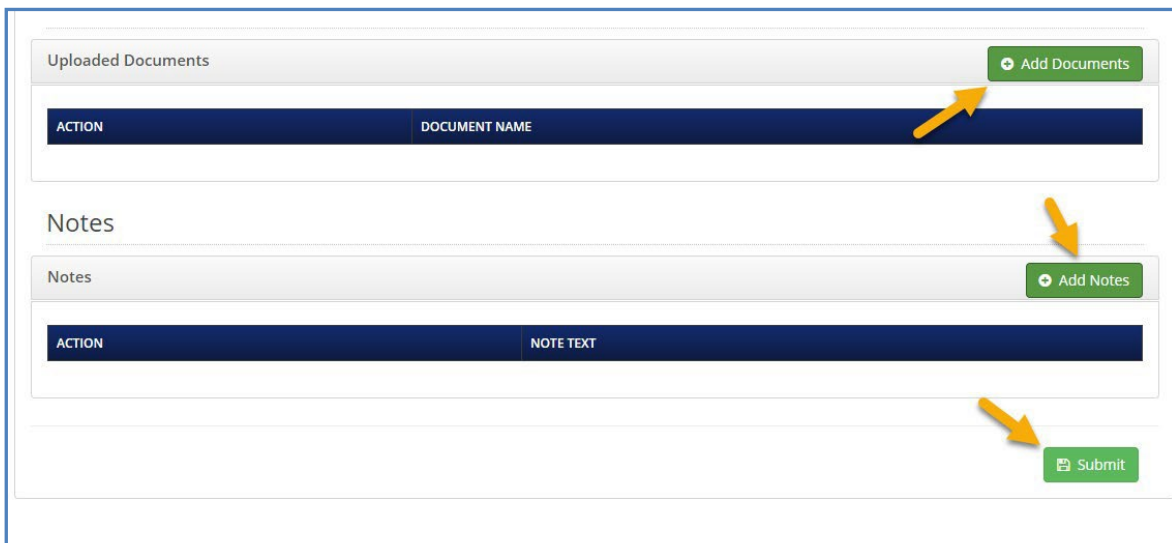
Uploaded Documents + Add Documents

ACTION	DOCUMENT NAME
--------	---------------

Notes + Add Notes

ACTION	NOTE TEXT
--------	-----------

Submit



Upon submission you will receive the authorization ID, status, etc.

Member Eligible

**Name:** [Redacted] **Member ID:** [Redacted] **Plan Type/Group ID#:** [Redacted]

**Date Of Birth:** [Redacted] **Benefit String:** [Redacted] **LOB:** [Redacted]

**Address:** [Redacted] **IPA/MG:** [Redacted]

**Phone:** [Redacted] **Effective:** [Redacted] **Term:** [Redacted]

**Special Programs:** [Redacted] **Case Manager:** [Redacted]

**Authorization Status:** In Progress

**Reason:** Coordinator Review

**Decision:** [Redacted]

**Reference#:** [Redacted]

**Procedure Status:** Not Decided

Create Auth for same member    Create Auth for different member

1. Click **Prior Authorization** from the menu options.

Medical Authorizations

\*Requesting Provider: [Redacted]

Show Search Fields

Prior Authorization Request Status 2764

Show: [Dropdown] entries    Search: Search...

DATE SUBMITTED	AUTH#	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DE
Date	Auth	Mem	Mem	Mem	Requ	Admiss	Requestr	Servicing	Facility	Stat	E
06-07-2021										In Progress	
06-07-2021										In Progress	
06-07-2021										In Progress	
06-07-2021										In Progress	

2. Click **View Authorizations Medical**.

## Search for an Authorization

1. Select the appropriate requesting provider from the **Requesting Provider** drop-down menu.
2. Enter the requesting provider first name in the **Requesting Provider First Name** field.
3. Enter any further search criteria. **Note:** You do not need to complete all fields to perform a search.

\*Requesting Provider

**Hide Search Fields**

Member First Name :

Member Last Name :

Member DOB :

Member ID# :

Authorization Status :

Decision :

Auth # :

Request Type :

Requesting Provider First Name :

Requesting Provider Last Name :

Servicing Provider First Name :

Servicing Provider Last Name :

## Search a Claim

1. Select the appropriate Provider from drop down list. This is the only required.
2. You can choose which field to complete to narrow the search.
3. All fields are not required.

### Claim Status

**Filter Criteria** Search By Claim Search By Member

Provider:  Claim #:  Check #:

Date of service:  Start date  End date

**Filter Criteria** Search By Claim Search By Member

First Name:  Last Name:  DOB:

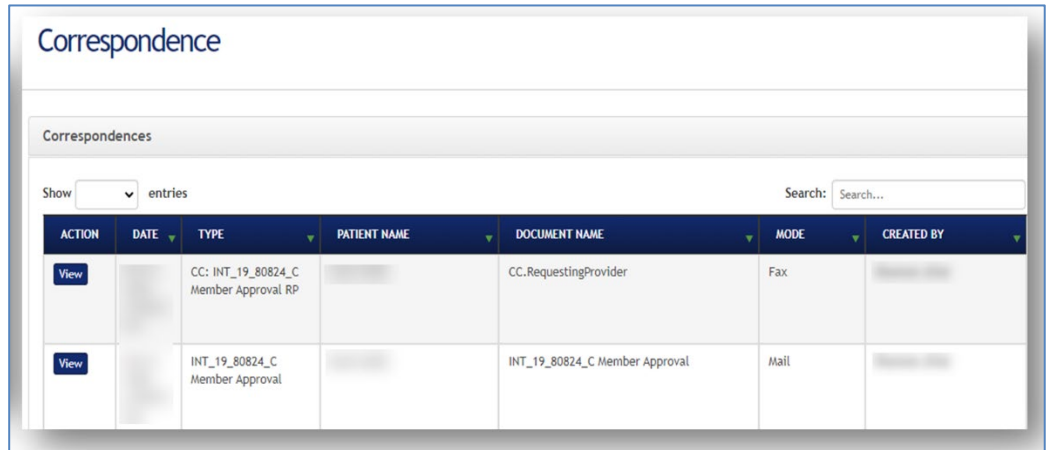
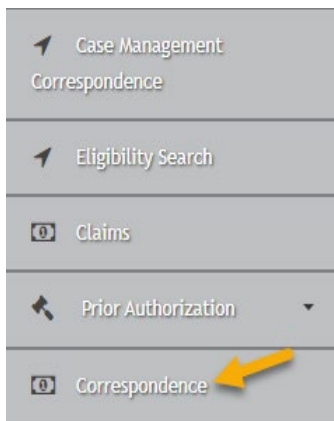
Member ID:  HIC/MBI/Medicare ID:  Medicaid ID:

Date of service:  Start date  End date  Provider:



## Correspondence Overview

All communications sent to a provider from the health plan are displayed in the Correspondence section.

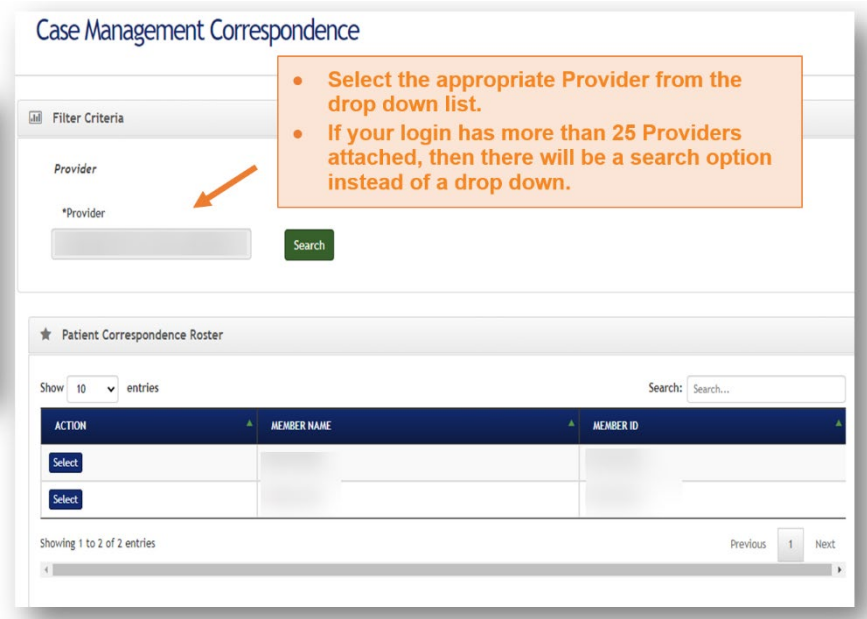
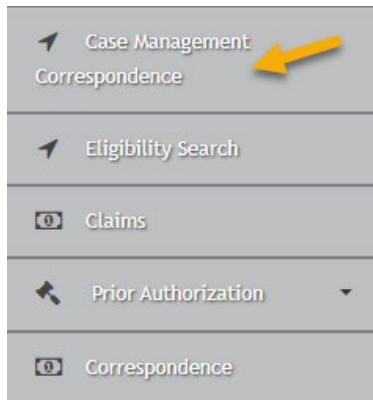


**Note:** The provider or facility who logs into the MHK Provider Portal can only view the letters that are associated with the Requesting Provider, Servicing Provider, and/or Servicing Facility.

Behavioral Health letters are not displayed due to sensitive diagnosis and test restrictions from a privacy perspective.

## Case Management Correspondence

All communications sent to a member from the health plan are displayed in the Case Management Correspondence section and only viewable by the member's PCP.



# Frequently asked questions

## Background

### Q1. What is the HSCConnect Portal Enhancement?

Cigna has integrated the industry-leading MHK software platform (formerly MedHOK or Medical House of Knowledge) into its secure Medicare Advantage HSCConnect 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 HSCConnect.

### 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, HSCConnect?

To request access to HSCConnect, do the following:

1. Visit HSCConnect (<https://www.hsconnectonline.com>) and click the Need an Account? Click here link. The Request Account screen is displayed.
2. Send an email to [HSCConnectHelp@HSCConnectOnline.com](mailto:HSCConnectHelp@HSCConnectOnline.com) or [HSC\\_Account\\_Request@HSCConnectOnline.com](mailto:HSC_Account_Request@HSCConnectOnline.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 HSCConnect?

The idle time is 15 minutes. If there is no activity in HSCConnect 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 HSCConnect?

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.

## 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).