Introduction

NHPNet is a web-based tool used to submit referrals for specialist visits and authorization requests for specific services, and to receive real updates on the status of these requests. To submit a referral or authorization request, the NHPNet user must have the appropriate provider permissions and the patient must have active NHP eligibility.

The following table shows referrals/authorizations that can be created in NHPNet, with a brief description:

<table>
<thead>
<tr>
<th>NHPNet Referrals/PA Types</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Allows user to create and send a real-time referral request to NHP</td>
</tr>
<tr>
<td>Outpatient (includes Observations and Surgical Day Care)</td>
<td>Allows user to create and send a real-time outpatient authorization request to NHP</td>
</tr>
<tr>
<td>Admission</td>
<td>Allows user to create and send a real-time admission certification request to NHP.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Allows user to create and send a real-time Home Health Care request to NHP.</td>
</tr>
</tbody>
</table>

Helpful Hints

- Members and providers need to verify member’s benefits and eligibility.
- If a referral is required verify that one is in place before submitting the Prior Authorization request.
- NHP’s systems are updated for maintenance on the third weekend of every month starting Friday at 5:00 pm until Monday morning. You will be able to enter Referrals or Authorizations during this time, but you will not receive a status report until Monday morning.
- Please contact your site User Administrator if you need access to submit authorizations.
- Error notification: If required fields have not been entered, one or more error messages will show immediately after hitting the Submit button. You will be able to return to the original screen and complete the fields.
- If the Revise Authorization screen does not appear after clicking on Revise Request, user should press Ctrl + F5 to refresh their browser.
- The following services remain fax requests (617-586-1700):
  - Home Infusion
  - Out-of-network provider requests.
  - Individual Considerations (Services beyond the members benefit.)
- Authorization status

<table>
<thead>
<tr>
<th>NHPNet Status</th>
<th>Edit Functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVED</td>
<td>Yes</td>
</tr>
<tr>
<td>CLOSED</td>
<td>No</td>
</tr>
<tr>
<td>MEDREVIEW</td>
<td>Yes</td>
</tr>
<tr>
<td>PEND</td>
<td>No</td>
</tr>
</tbody>
</table>

- The following service should continue to be requested through NHP’s vendor sites:
  - Sleep Studies—Sleep Management Solutions (SMS)
Logging into NHPNet to Submit Home Health Care Authorization Requests

- Log onto NHP at [https://nhpnet.nhp.org](https://nhpnet.nhp.org).

- If you encounter issues with login, searching for an authorization or attaching a file in NHPNet, please contact NHP's Provider Customer Service department at prweb@nhp.org.

- Single-site access or multi-site access exists. Users with multi-site access may update the site for which they are submitting the request by selecting it from the current site drop down.

- Submit New Referral and Authorizations.
Desktop Procedure for Home Health Care Authorization Submission into NHPNet

Required fields are denoted with this small sphere (●) next to filed name.
Creating an HHC Request

1. **Authorization/Referral Type:** select Home Health Care.

2. **Patient Search:** Enter member’s NHP ID or Last Name in the Patient Search and click Search.
   
   2a. Click Select to choose the correct member.

   ![Choose Member Table]

   • Effective Dates in red indicate member is termed.

3. **Requesting Provider:** will auto populate with Current Site name. Users with access to multiple sites can update selection in the Current Site field at the top of the page.

4. **Contact name and phone number:** will auto populate based on user login, however, both fields can be edited.

5. **Requested Service:** Select appropriate service type from drop down.
   
   • Each discipline must be submitted separately. For example: If you are requesting both Home PT and Home Skilled Nursing, you must enter an authorization for both.

   ![Requested Service Table]

6. **Servicing Facility/Provider:** Enter the name or NPI of the facility/provider and click Search. Click select next to the appropriate facility/provider name.

7. **Contact name and phone number:** Enter contact information. (Area code is required)

8. **Diagnosis:** Enter description or ICD10 code, click Search, and select appropriate diagnosis from list. Up to six diagnoses can be entered however the primary diagnosis should be entered first.
9. **Procedure code:** Enter code and click search. Click Select next to the appropriate procedure. (Refer to the table below for specific coding requirements).

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Additional Code Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Home Program</td>
<td>HCPCs Code S9441</td>
</tr>
<tr>
<td>Home Health Aide (HHA)</td>
<td>Revenue Code 0572</td>
</tr>
<tr>
<td>Medical Social Worker (MSW)</td>
<td>Revenue Code 0561</td>
</tr>
<tr>
<td>Occupational/Physical Therapy (MassHealth members ONLY)</td>
<td>Occupational Therapy Revenue Code 0431</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Revenue Code 0552/0989</td>
</tr>
<tr>
<td>Skilled Nursing Care</td>
<td>Revenue Code 0551</td>
</tr>
<tr>
<td>Speech Therapy (MassHealth members ONLY)</td>
<td>Revenue Code 0441</td>
</tr>
</tbody>
</table>

10. **Units/Visits:** This field will appear after a procedure code has been selected.
   - **For OT/PT Evaluation:** Add 1 visit to total visits request and note in Remarks “1 visit for Evaluation”

11. **Start Date and End Date:** Enter requested date range.
    - If a member is receiving HHC services and is admitted to a facility, the HHC provider does not have to submit a new HHC authorization once the member has been discharged. Provider can submit revision if within 60 days from the last service date of existing authorization.

12. **Remarks:** Use for brief clinical or other information. There is a 255-character limit. If you are attaching a document in NHPNet, please indicate so in the Remarks section.

13. **Submit.**

   ✷ **Hospice Services** – please see NHPNet Online User Guide for Hospice.
Response Screen

- Once you complete an authorization, you will receive a real-time response.
- Click on **Submit Documentation** button to upload clinical information.

![Authorization & Referrals Viewer](image)

- If your submission request doesn't provide a real-time response, the following message will be displayed:

  Your request has been received and will be processed at a later time. Please check back in 4 hours or by the following morning to see your updated status. In the interim, you can fax your clinical notes to us at 617-586-1700. Please include the date/time of your online submission on your fax cover sheet. Otherwise, you can wait until the request is in our system and upload clinical notes at that time.

- Click on **Browse** to search and attach a file. Enter a description as shown below and click **Submit document**.

![Document Upload for Authorization](image)
Once a document is attached, it will appear at the bottom of the authorization view screen. More documents may be attached at any time.

If you are unable to submit your documentation electronically, please fax it to 617-586-1700. This is the only fax number for submitting clinical support documentation.
Revisions

Edit an Existing Service Request

- A Service request may only be edited when the referral or authorization is in the Approved or Medreview status.
- On the main NHPNet screen, use the Authorization/Referral ID or Member ID and click Go.
- If Member ID is selected, choose the specific authorization number and click view. Within the authorization click on “Revise Request”.
- If Authorization ID is selected, within the authorization click on “Revise Request”.

- Click View on the authorization you want to revise.
Revisions Continued

- Click on **Revise Request**

  ![Authorization/Referral Information](image)

  **Authorization/Referral Information**

  | Authorization/Referral ID: | Member ID: NHP | Member Date Of Birth: SIUJA, THOMAS J EAST BOSTON NEIGHBORHOOD HEALTH CED | NHP Product: MassHealth | Member PCP: NORTHEAST CLINICAL SERVICES, INC. |
  | Referral By: NORTHEAST CLINICAL SERVICES, INC. | NORTHEAST CLINICAL SERVICES, INC. | Referred To: NORTHEAST CLINICAL SERVICES, INC. | Inpatient/Outpatient: Inpatient | Diagnosis Code: Diagnosis Description: |

  **Authorization/Referral Service Lines**

<table>
<thead>
<tr>
<th>Line</th>
<th>Status</th>
<th>CPT/HCPCS Code</th>
<th>Description</th>
<th>Modifier Code</th>
<th>Total Units</th>
<th>Used Units</th>
<th>Request Type</th>
<th>Closed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APPROVED</td>
<td>0551</td>
<td>SKILLED NURSING, VISIT CHARGE</td>
<td>60</td>
<td>0</td>
<td>Pri Auth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  **Authorization/Referral Supporting Documentation**

  ![Document](image)

  ![Submit Document](image)

- If the **Revise Authorization** screen does not appear, user should press Ctrl + F5 to refresh their browser.

- Enter additional requested units, add a procedure or enter remarks.

- Click on **Submit Revision Request**

  ![Revise Authorization](image)
Revisions Continued

Authorization Revision (Concurrent Review) Rules

- Incorrect Service Request Type submitted: If incorrect Service Type was requested (example: Private Duty Nursing vs. Skilled Nursing Care), user will need to enter a new authorization and enter the following in the remarks section:
  - “Incorrect Service type in authorization #__. Please close this auth.”
  - NHP will close the incorrect authorization and process new request.

- Requesting a date extension: enter the date in the remarks section.
- Requesting a date change for Inpatient surgery: enter the date in the remarks section.
- Requesting additional procedures: Click on procedure lookup, choose procedure and add requested units.
  - NHP will not accept corrected procedure codes through NHPNet. Please submit a revision and put the corrected code in the remarks.

- Remarks: Use for status change, clinical information, corrected procedure code, corrected dates, date extensions, etc.

View Authorizations

- Click on E-business and choose Authorizations and Referrals

User may view an authorization by:

- Authorization or Referral ID
- Viewing Authorization and Referrals for a member
- Viewing Authorization and Referrals for this site