

Follow these steps to communicate quickly and effectively with HIP through hipusa.com[®].

Logging into HIP Connected

1. Go to **hipusa.com**.
2. Enter your Provider ID and Password/PIN in the Login section at the left of the screen.
3. Click on the "Login" button.
4. If you are not registered, click the "Need to register as a member or provider?" link. Fill in the fields as directed. (If you have **forgotten your PIN**, click the "Forgot your Password/PIN?" link.)
5. Once you have submitted your Provider ID and PIN, you will be taken to the Provider Home screen.

Note:

The Provider Home screen will look different from user to user. Your administrator assigns appropriate roles and permissions based on your job function.

Creating a Referral

1. After logging on to **hipusa.com**, click on the "Referral or Prior Approval" button on the Provider Home screen.
2. Click on the "Referrals" link.
3. If you work for a multi-provider office or for an office with multiple locations, select the provider location from the dropdown menu next to "Select Provider Location."
4. To create a referral, you will need to enter:
 - Service date.
 - Member ID.
 - Facility (service location).
 - Release of information method.
 - Service type.
 - Service level (optional).
 - Provider ID.
 - Diagnosis.
 - Procedure (number of visits or procedures).

5. Submit and review the information on the Referral Details Review screen. You may make changes by clicking on the "Edit" button.
6. The Referral Details Submitted screen confirms that your request has been successfully submitted to HIP.
7. Please note the trace number for this case. Use this number to communicate with HIP's Care Management department about this case.

Requesting a Prior Approval

1. After logging on to **hipusa.com**, click on the "Referral or Prior Approval" button on the Provider Home screen.
2. Select the type of prior approval you are requesting.
3. If you work for a multi-provider office, select the provider location from the dropdown menu next to "Select Provider Location."
4. To request a prior approval, you will need to enter:
 - Service date or admission date (if inpatient case).
 - Number of days or length of stay (if inpatient case).
 - Member ID.
 - Facility code.
 - Release of information method.
 - Service type.
 - Provider or facility ID.
 - Diagnosis.
 - Procedure (number of visits or procedures).
5. Submit and review the information on the Prior Approval Details Review screen. You may make changes by clicking on the "Edit" button.
6. The Prior Approval Details Submitted screen confirms that your request has been successfully submitted to HIP.
7. Please note the trace number for this case. Use this number to communicate with HIP's Care Management department about this case.

Searching for a Referral or Prior Approval

1. After logging on to **hipusa.com**, click on the "Referral or Prior Approval" button on the Provider Home screen.
2. Click the "Search for Requests" link in the navigation bar on the left side of your screen.
3. You may search by:
 - Review type.
 - Service date.
 - Create date.
 - Member ID.
 - Trace number.
 - Authorization number.
4. The returned prior approval search results will list pertinent information.
5. To view details of the request, click the trace number.

Panel Report (PCPs only)

1. After logging on to **hipusa.com**, click on the "Panel Reports" button.
2. A primary care physician may search for HIP members who are on their active roster by:
 - Member ID.
 - Last name.
 - A search for all paneled members.

Member Eligibility

1. After logging on to **hipusa.com**, click on the "Member Eligibility" button.
2. You may look up multiple members at once, by member ID and/or by name, month of birth and year of birth.
3. The results of the search will provide you with an overview of member information.
4. To view details, click on a member's name.

Claims Inquiry

1. After logging on to **hipusa.com**, click on the "Claims Inquiry" button.
2. You may search for claims by:
 - Claim number.
 - Claim status (paid, pending, etc.).
 - Service date.
 - Remittance number.
 - Procedure code.
 - Member ID.
3. You may also export results to a file and save them for your records. Claims export results are limited to 3000 records per search.
4. To view copies of remittances, select a claim and click "View Remittances" on the the claims detail screen.

Member Benefit Utilization

1. After logging on to **hipusa.com**, click on the "Member Benefit Utilization" button.
2. Search for benefit limits of a member by entering either:
 - Member ID **OR**
 - Last name, first name and date of birth (mm/yyyy).
3. When results are returned, select a category to view the member's benefit information.

Provider Message Center

1. After logging onto **hipusa.com**, the Provider Home screen will notify you if you have any new messages in your personal inbox.
2. Click on the "Message Center" button to access your personal messages.

Important Contact Information

- IVR** 1-866-447-9717, option 1
- Claims, Member Benefit and Eligibility Information** 1-866-447-9717, option 2
- Pharmacy Services** 1-866-447-9717, option 3
- Prior Approval** 1-866-447-9717, option 4
- Provider Relations Service Team** 1-866-447-9717, option 5
- Behavioral Health Call Center** .. 1-888-447-2526
- EDI Operations** edisupport@hipusa.com