

HealthConnect Dental User Guide

HealthConnect 



Secure Sign-On

User Name:

Password:

[Forgot password | your account](#)
[new account](#)

[Access HealthConnect](#)

HealthConnect 

HealthConnect is a secure communication network provided to physicians and their staff enabling them to review and exchange information quickly between offices and payors. HealthConnect is provided in Northern Nevada by Hometown Health.

Physicians and their staff who subscribe to HealthConnect can rapidly accomplish tasks that previously took hours and involved intensive review by provider office staff members, masses of paper, and waiting for fax machines. HealthConnect offers the ability to:

- Submit and manage requests for referral authorization electronically
- Manage all your Hometown Health claim EOBs
- Online access to the Provider Directory, containing all providers contracted with Hometown Health
- Inquire on eligibility status for all Hometown Health members
- Determine correct copayments
- As the service grows, HealthConnect will continue to improve quality and reduce the cost of care for Northern Nevada providers. Please contact us to schedule a HealthConnect demonstration or to learn more about the products offered.

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What is HealthConnect?

HealthConnect is a secure communication network provided to physicians and their staff enabling them to review and exchange information quickly between offices and payers.

Physicians and their staff who utilize HealthConnect can rapidly accomplish tasks that previously took hours and involved intensive review by provider office staff members, masses of paper, and waiting for fax machines.

HealthConnect offers the ability to:

- Hometown Health claims viewing
 - Claim Reconsiderations
 - Print an Explanation of Benefits (EOB)

- Hometown Health eligibility search
 - Up-to-date status of Hometown Health members eligibility
 - Summary of Benefits
 - Member deductible and out-of-pocket information
 - Member accumulator amounts

Benefits of HealthConnect

HealthConnect enables healthcare professionals to efficiently perform day-to-day business processes.

HealthConnect delivers these functions via an interface customized to provide patient, provider, or health plan-specific information. Using HealthConnect features can:

- Reduce delays of claims payments
- Increase customer satisfaction by providing prompt access to key information
- Improve workflow
- Reduce administrative costs

9. Type in a name for your shortcut and click finish.

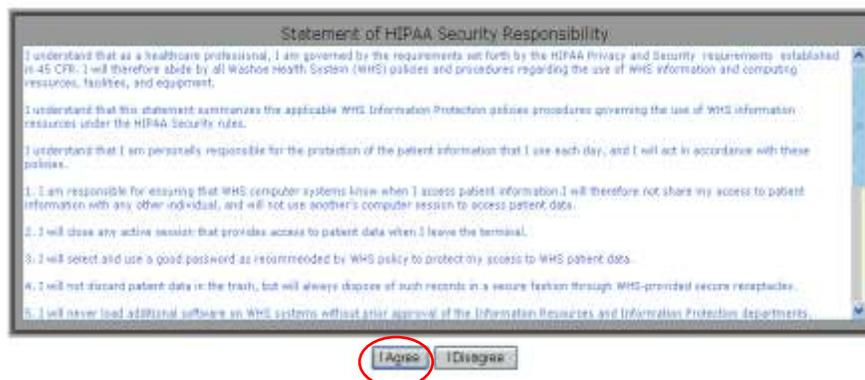
10. Click on the HealthConnect Icon.



11. Type your HealthConnect user name and password in the window.

A red-themed login form titled 'Secure Sign-On'. It has two input fields for 'User Name:' and 'Password:'. Below the password field are links for 'forgot password | your account' and 'new account'. At the bottom is a red button labeled 'Access HealthConnect'.

12. Review the Statement of HIPAA Security Responsibility. Click “I Agree” to continue to access HealthConnect. You will see this screen the first time you log into HealthConnect.

A screenshot of a web browser window showing a 'Statement of HIPAA Security Responsibility'. The text includes: 'I understand that as a healthcare professional, I am governed by the requirements set forth by the HIPAA Privacy and Security requirements established in 45 CFR. I will therefore abide by all Washoe Health System (WHS) policies and procedures regarding the use of WHS information and computing resources, facilities, and equipment.' Below this are several numbered statements of responsibility. At the bottom, there are two buttons: 'I Agree' (circled in red) and 'I Disagree'.

13. Add HealthConnect to your internet favorites by single clicking on “Add HC to Favorites.”

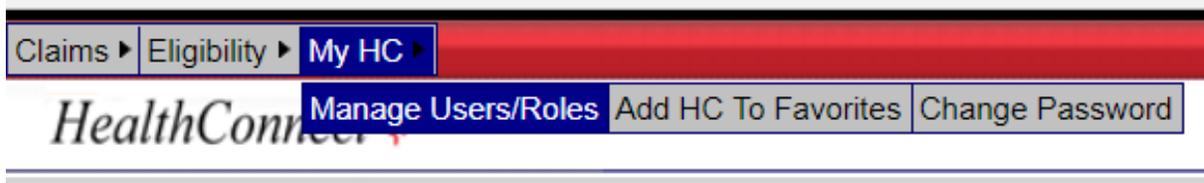


14. Internet Explorer will then prompt you to add HealthConnect to your favorites. By clicking “OK” you will successfully add HealthConnect to your menu of favorites.

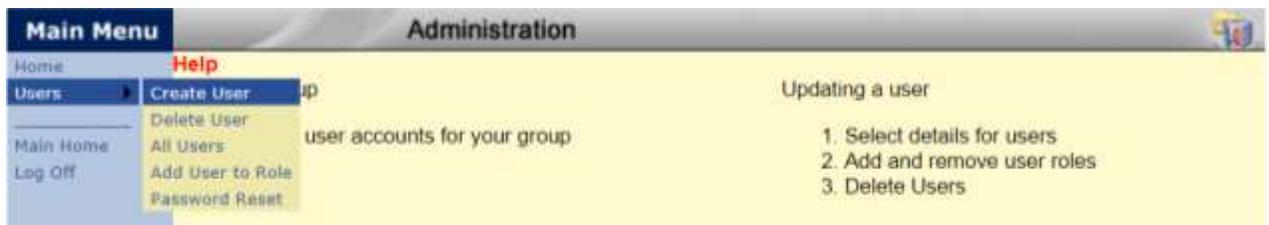
Creating a New User in HealthConnect

****Power users will be required to maintain user lists, which include adding new users and deleting users that no longer require access.**

1. Go to “My HC” and click “Manage Users/Roles.”



2. Go to “Users” and click “Create User.”



3. Enter the “New User Account Name” and click “Next.” The user name must be between 6 and 12 characters.



4. Enter the password and email address. The password must be at least 8 characters and contain at least 2 letters and 2 numbers.



5. Add the “Roles” that you want for the new user. Click “Next.”

Description of Roles

user_Claims: Allows user to have the capability to view claims.

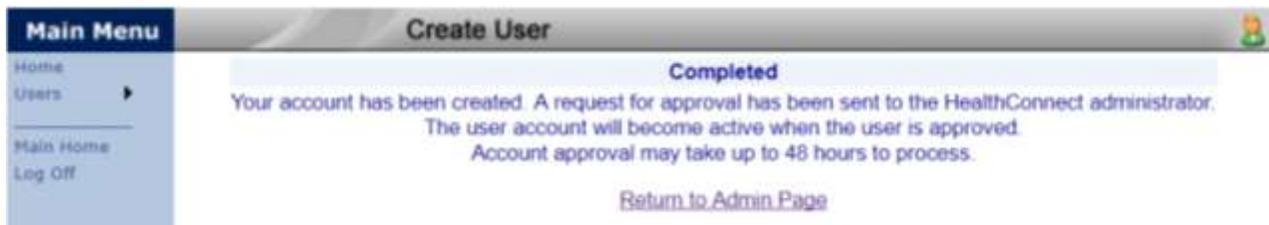
user_poweruser: Allows user to have the capability to add or delete new user access.



6. Click “Finish” to complete the new user set up.

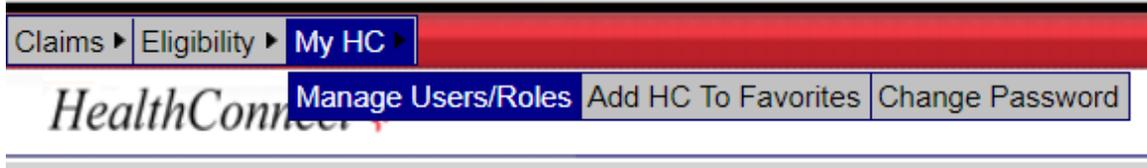


7. Once you click “Finish” you will see the below message.

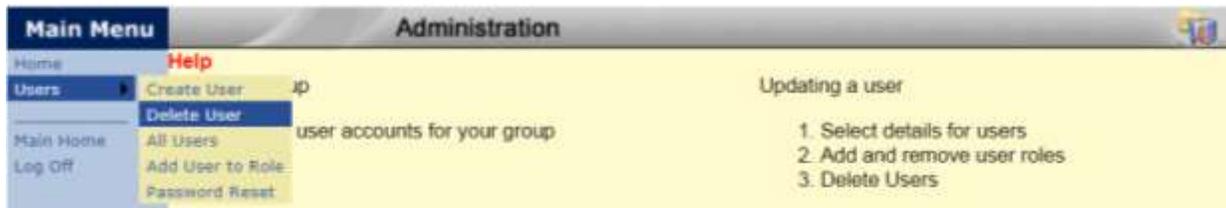


Deleting a User in HealthConnect

1. Go to “My HC” and click “Manage Users/Roles.”



2. Go to “Users” and click “Delete User.”



3. Click the drop down box.



4. Select the user and click delete.

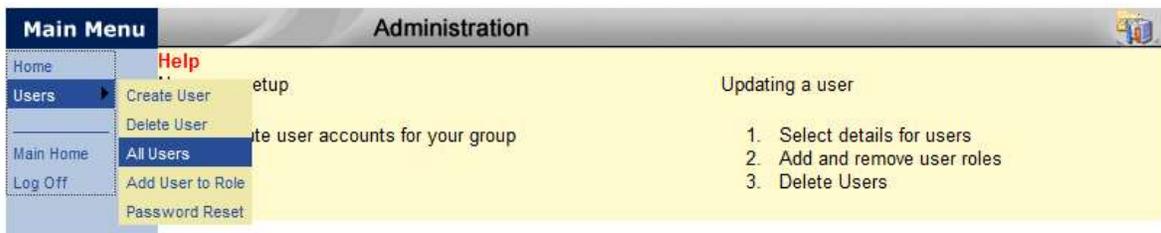


Resetting User Password in HealthConnect

1. Go to “My HC” and click “Manage Users/Roles.”



2. Go to “Users” and click “All Users.”



3. Select the applicable user from the list and click “details.”



4. The “User Summary will display. First, verify if the account is locked. If “true” click “change” (See graphic below).



5. Next, click “reset.”

User Summary		
** This user is enabled		Delete User
Group	[REDACTED]	
User Name	testuser	
Email Address	testemail@gmail.com	change
Roles	dental hc_user user_Claims	change
Status**	Approved	
Created	12/8/2017 3:05:37 PM	
Online	False	
Locked	False	change
Last Login	12/8/2017 3:05:37 PM	
Password	*****	Reset
Last Changed	12/8/2017 3:05:37 PM	

6. Input the new password based on the defined criteria and select “Submit.”

Main Menu User Summary

Home
Users ▶
Main Home
Log Off

User Summary

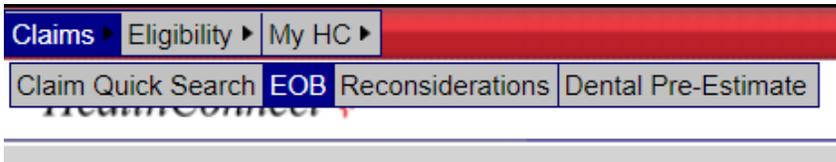
Change Password

Password:

Confirm Password:

*Password length must be at least 8 characters and contain at least 2 letters and 2 numbers.
ex. abcdef34 or ab1cd2ef

- To view all patient claims for a given month move your mouse over the “Claims” button to access the drop down menu options and single click the “EOB” menu button.



- To filter your search further from this screen single click on “Refine Search” under “Search Tools.” You will see the following choices to filter your search. Enter our search criteria and click “Apply Filter.”

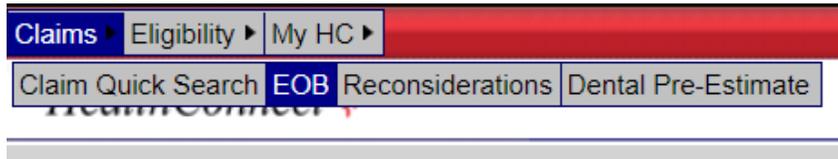


- It is very important that you clear the information you entered to filter your search every time! To do this, click on “Clear Search” under “Search Tools.”



Reconsiderations

1. Move your mouse over the “Claims” button to access the drop down menu options. If you are not able to see the “Claims” button move your mouse over the “Main Menu” button until all options are available (illustrated in the screen shot pasted below.)

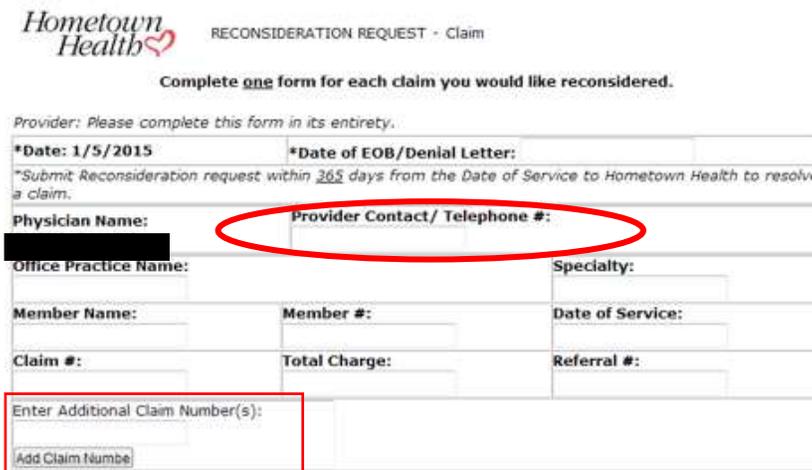


2. Single click on “EOB” to view the “Claims EOB” Page.



Patient Name	Acct #	Claim #	Received	Service	Billed Amt.	Appt. Amt.	CAP (Y/N)	Status	Status Date	Chk #
[Redacted]	[Redacted]	[Redacted]	12/12/2014	12/02/2014	\$1,155.00	\$244.38	Y	Pending	12/29/2014	0

3. Click on the  to the left of the patient’s name to view additional information and start a new reconsideration process.
4. Notice that the reconsideration form has been auto filled with most of the required information. You must complete the “Provider Contact/Telephone #” field to successfully submit the form. The user can add additional claims for the same member/provider to this request by populating the “additional claim numbers.” However, the additional claim numbers will be needed prior to submission, they cannot be added later.



Hometown Health RECONSIDERATION REQUEST - Claim

Complete one form for each claim you would like reconsidered.

Provider: Please complete this form in its entirety.

*Date: 1/5/2015	*Date of EOB/Denial Letter:	
*Submit Reconsideration request within 365 days from the Date of Service to Hometown Health to resolve a claim.		
Physician Name:	Provider Contact / Telephone #:	
Office Practice Name:	Specialty:	
Member Name:	Member #:	Date of Service:
Claim #:	Total Charge:	Referral #:
Enter Additional Claim Number(s):		
Add Claim Number		

5. Select the type of claim reconsideration you will need.

Please include the following items as necessary. Failure to do so will result in a delay of your reconsideration.

CLAIMS

- HTH Payment Policy Edits
- No Prior Authorization
- Amount Paid
- Amount Allowed
- Timely Notification
- Capitation Vs Fee for Service
- Other

THIS FORM IS NOT INTENDED TO BE USED FOR A CLAIM TRACER.

6. Type or paste any additional reconsideration information into the text box. Click “Submit” to process the reconsideration.

THIS FORM IS NOT INTENDED TO BE USED FOR A CLAIM TRACER.

Additional Reconsideration Information:

Submit Form Here

Viewing Reconsiderations

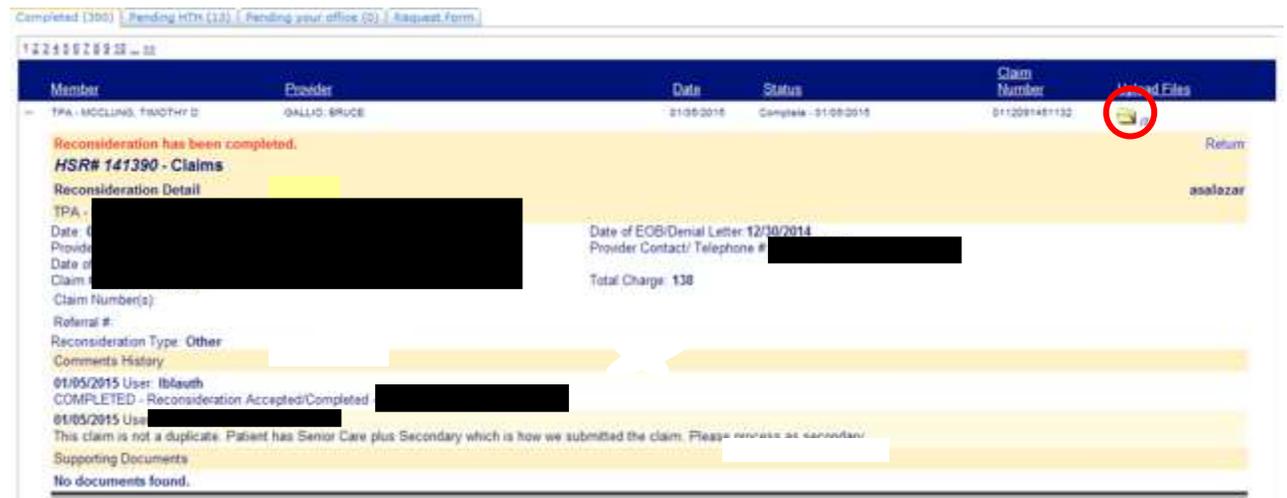
1. Move your mouse over the “Claims” menu button to access the “Reconsideration” button.



2. Single click on the “Reconsiderations” button to view all open reconsiderations. These include reconsiderations that are either pending at HTH or your office.



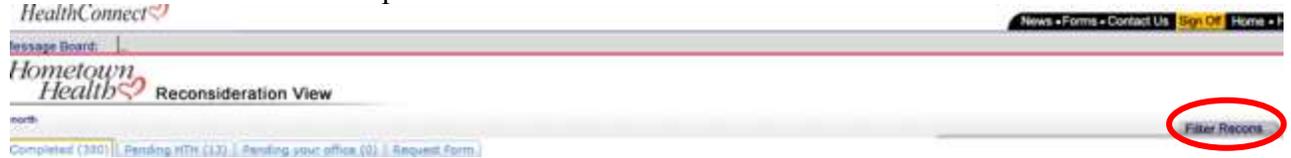
3. Click  next to the member’s name to review the reconsideration detail. You can view the member and provider data, notes or comments, HSR# and previously uploaded supporting documents.



4. View the uploaded supporting documents by clicking on yellow file folder . See above screen shot. A dialogue box will display if there is a document attached to the HSR. Click on the blue link and the attachment will display.



The user can also search for specific HSR's. Click on "filter recons."

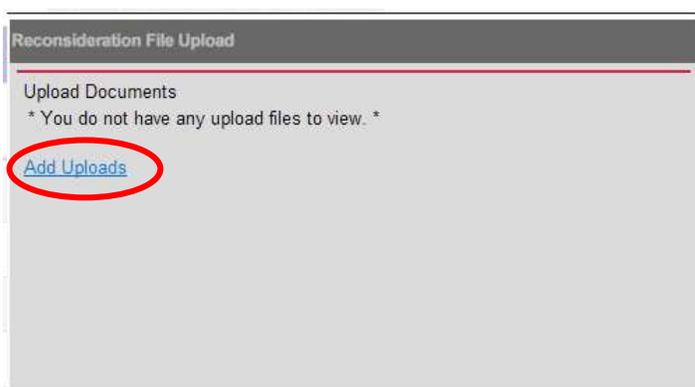


A dialogue box will display, you can search by the following criteria.



5. Be sure to "clear filter" when you are done searching for the HSR.

If you need to upload a document to the HSR, click on the yellow file folder  (it should indicate 0 if a file has not been uploaded) for the appropriate HSR. A dialogue box will display. Click on Add uploads and follow the prompts.



6. If you are unable to upload the document the address and fax number are available on the Reconsideration form prior to clicking the submit button.

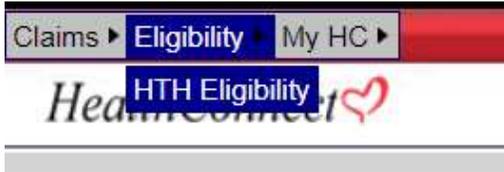
Additional Reconsideration Information:

Or
Send this form and required documents to:

**Hometown Health
Attn: Provider Reconsiderations
830 Harvard Way
Reno, NV 89502
FAX 982-3741**

Eligibility

1. Move your mouse over the “Eligibility” button until the drop down menu buttons are accessible. If you cannot see the menu choices pasted below, move your mouse to the “Main Menu” button until the menu options in the view below are available.



2. Click on the “HTH Eligibility” button to view the following page.

Member Eligibility Search

Enter the enrollee's **last name** or **first name** or **member number** or **date of birth(mm/dd/yyyy)**
(*name searches may use any portion of last name or first name*)

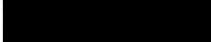
3. Type the enrollee’s last name, first name, member number, or date of birth to begin the eligibility search. Press the enter key or the click “search eligibility”.
4. If the member is eligible with Hometown Health a record will be returned (for this search, we used the last name “Smith.” As you can see it yielded both eligible and ineligible members. (If a member is ineligible, they will have a term date on the far right in **red**.) Any **green** dates signify the members next plan year record which will usually start showing towards the end of the current plan year.

+		SMITH	8/16/2007	8/18/2016	12/31/2016
+		SMITH	8/16/2007	8/18/2015	
+		SMITH	8/16/2007	8/18/2017	12/31/2017
+		SMITH	4/17/1984	8/18/2017	12/31/2017
+		SMITH	4/17/1984	8/18/2016	
+		SMITH	4/17/1984	8/18/2018	12/31/2018
+		SMITH	3/23/1996	8/18/2017	12/31/2017
+		SMITH	9/23/1996	8/18/2016	12/31/2016

- Click on the  next to the member name to open the printable view of “Enrollee Information.” This view includes the member’s enrollee information as well as the option to view his/her Summary of Benefits (SOB).



Enrollee Information

Enrollee Name:	
Enrollee Number:	
Effective Date:	
Termination Date:	
SSN: xxx-xx-1020	
Plan: TPA	COB
Plan Type:	WCSD 2018 PPO
Contract:	WCSD CERT ACT PPO TPA
Group Number:	044315
Medicare Number:	

Click here to [View Enrollee Dental Summary of Benefits and Breakdown](#)

Hide Accumulators View

Enrollee Dental Accumulator for 12/7/2017**

	Maximum	Amount Met	Amount Remaining
Dental Deductible - Annual			
Individual	\$80.00	\$0.00	\$80.00
Family	\$100.00	\$100.00	\$0.00
Other	Amount Met	Amount Remaining	
Chiropractic Visits	0	0	
Mental Health Visits	0	0	
Occupational Therapy Visits	0	50	
Physical Medicine Visits	0	50	
Speech Therapy Visits	0	0	
Dental Maximum - Annual	Maximum	Amount Met	Amount Remaining
Individual	\$2000.00	\$0.00	\$2000.00
Orthodontia Maximum - Lifetime	Maximum	Amount Met	Amount Remaining
Individual	\$0.00	\$0.00	\$0.00
Dental Exams - Annual	Maximum	Amount Met	Amount Remaining
Individual	3	2	1
Basic Root Planing - Annual	Maximum	Amount Met	Amount Remaining
Individual	0	0	0
Basic Periodontal - Annual	Maximum	Amount Met	Amount Remaining
Individual	0	0	0
Prophylaxis - Annual	Maximum	Amount Met	Amount Remaining
Individual	3	2	1

- Click the link to view the member’s SOB. A new window will open a PDF file that lists the member’s SOB. To print a copy of the SOB click on the picture of the printer at the top of the screen or right click and select print. This document is also searchable. You can search by pressing Ctrl+F on the keyboard.

Click here to [View Enrollee Dental Summary of Benefits and Breakdown](#)

- Click the “Print” icon on the upper right-hand side of the screen to print the “Benefit Summary.”

The screenshot shows a web browser window with the URL <https://apps.fednet.com/MyHome/PPD/View.aspx?DocID=Document.aspx?DocID=1761&PlanType=Dental&Plan=GCC>. The page title is "INTRODUCTION" and the main content is titled "DENTAL BENEFIT SUMMARY".

Choice of Providers
Members have a choice of obtaining dental care from a Preferred Provider Organization (PPO) or Providers of their choice (Non-PPO providers). PPO's have agreed to provide services to members at negotiated rates, when a Covered Member uses a PPO, out-of-pocket costs may be reduced due to PPO network negotiated fees.

PPD Allowable
If the City is billed by a non-PPD provider for expenses more than the PPO network's negotiated fee, the City will not be responsible for charges exceeding PPO negotiated rates. The member will be directly responsible for fees exceeding PPO negotiated rates.

Annual Plan Maximums	
Children up to age 26	Unlimited
all others	\$1,500
Benefits for each Covered Member will not exceed the maximum shown. (Preventive services are provided in addition to the Annual Plan Maximum benefit for month guards)	
Annual Deductibles	
Individual	\$50
Family	\$100

Individual Deductible: - The Individual Deductible is an amount which a Covered Member must contribute toward payment of eligible dental expenses. In most instances, the deductible applies before the Plan begins to provide benefits. The Deductible is waived for Preventive Services and treatment of an Accidental Injury.

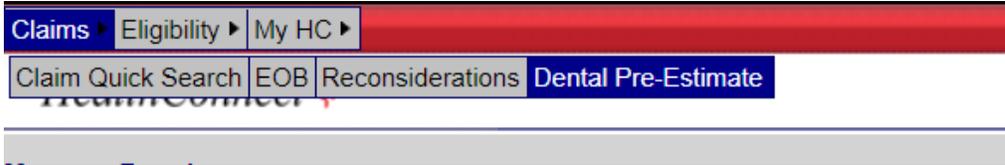
Family Maximum Deductible: - If \$100 in eligible dental expenses is incurred collectively by family members during a Plan Year and is applied toward individual Deductibles, the Family Maximum Deductible is satisfied. A "family" includes the Covered Member and Covered Dependents.

Deductible Carry-Over: - Eligible Expenses incurred in the last 3 months of a Calendar Year and applied toward that year's Deductible can be carried forward and applied toward the Member's Deductible for the next Plan Year.

Eligible Dental Expenses Summary	Co-Payment
Preventive Services	100% - Deductible Waived
Limits applicable to Preventive Services:	
A. Routine oral exams, limited to 2 exams per Calendar Year;	
B. Routine cleanings, limited to 2 cleanings per Calendar Year;	
C. Application of fluoride, limited to once per Calendar Year;	
D. Sealants, limited to children under age 18;	
E. Routine full-mouth or panoramic X-rays, limited to once per 3-year period;	
F. Routine screening X-rays;	
G. Mouth guard, limited to annual dental maximum.	
Benefits for Preventive Services do not reduce a Covered Member's Calendar Year Maximum Benefit amount month guard.	
Basic Services	85% of PPO Allowable
Major Services	60% of PPO Allowable
Limits applicable to certain Major Services:	
A. Prosthetic replacement is limited to once in any 3-year period and only if the existing prosthesis cannot be made	

Dental Pre-Estimates

To view and print completed pre-estimate letters. Click on “Dental Pre-Estimate” under the claims tab.

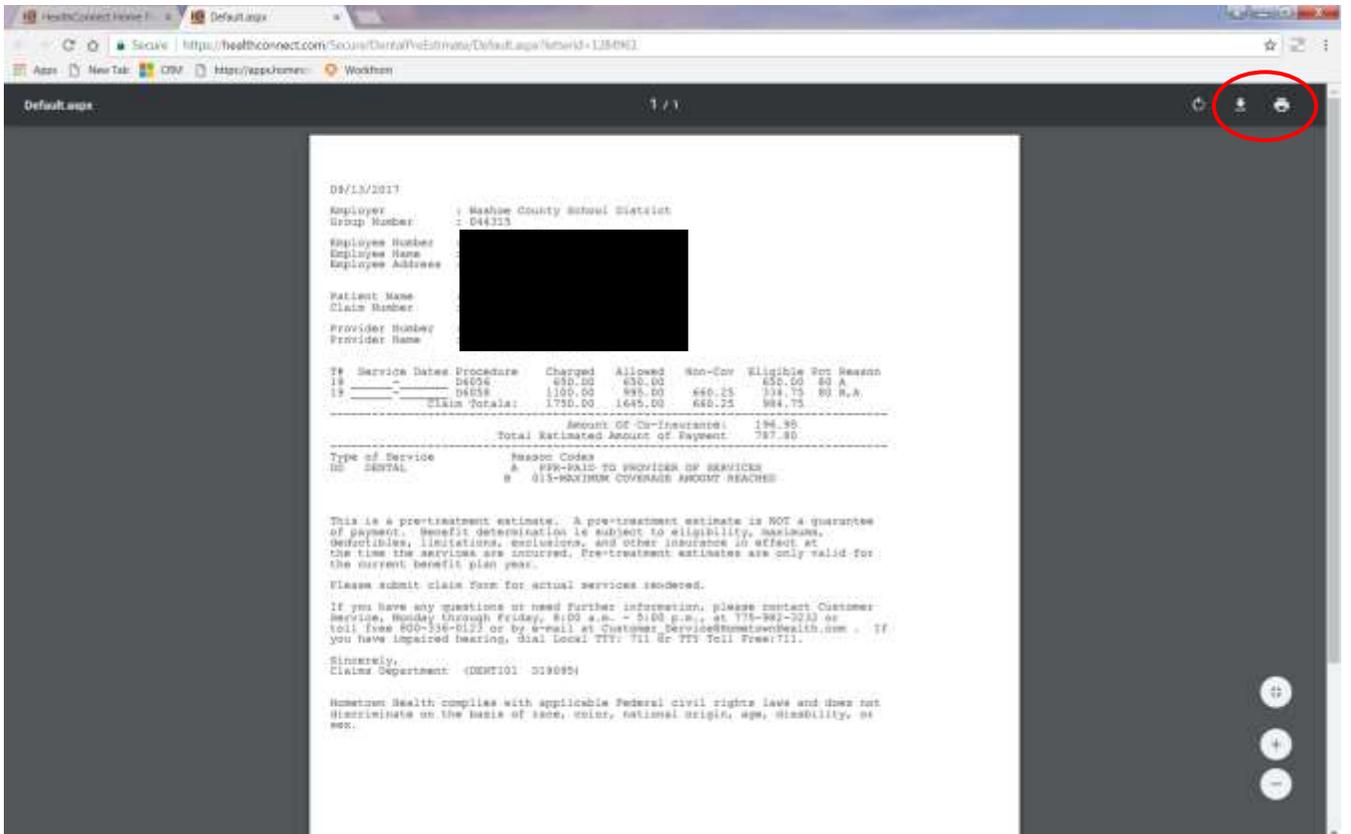


You will then see all of your offices completed pre-estimates. To view a certain letter click on “Estimate” next to the patients name.

The screenshot shows a table with the following columns: 'Select', 'Member Name', 'Member Number', 'Letter Date', and 'Estimate ID'. The 'Estimate' link in the first row is circled in red.

Select	Member Name	Member Number	Letter Date	Estimate ID
Estimate	[REDACTED]	[REDACTED]	09/13/2017	01-082317-622-17
Estimate	[REDACTED]	[REDACTED]	08/13/2017	01-082317-625-05
Estimate	[REDACTED]	[REDACTED]	08/10/2017	01-072717-516-03
Estimate	[REDACTED]	[REDACTED]	08/12/2017	01-082917-518-34
Estimate	[REDACTED]	[REDACTED]	05/30/2017	01-052517-517-03
Estimate	[REDACTED]	[REDACTED]	04/24/2017	01-042017-516-00
Estimate	[REDACTED]	[REDACTED]	04/17/2017	01-041317-518-41
Estimate	[REDACTED]	[REDACTED]	03/31/2017	01-030317-527-15

The letter will open up in a separate window where you can view and print it or download and save to your computer.



Hometown Health Forms

To view and print forms including HealthConnect forms, Authorization Matrices, Provider Materials, Electronic Billing forms, and Lease/TPA Self Funded information click on the “Forms” link on the upper right portion of the screen.



Contact Us

To contact Hometown Health Customer Service or HealthConnect Customer Service click on the “Contact Us” link on the upper right portion of the screen.



1. You can either call Customer Service by phone or submit your question electronically.

