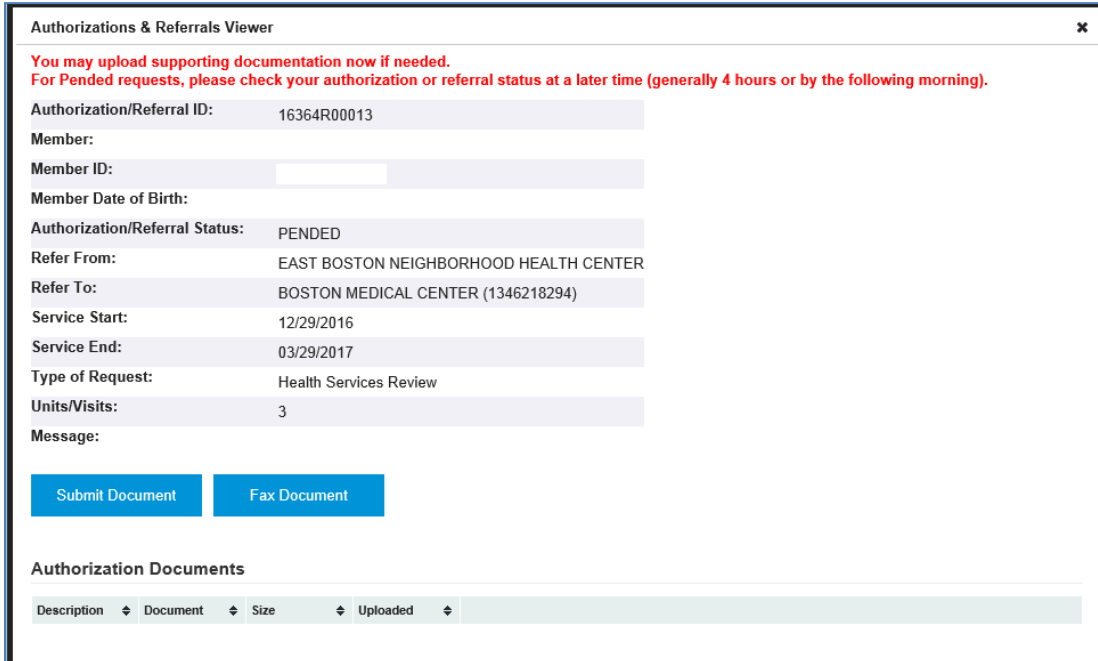


# NHPNet Reference Guide for New Fax Coversheet

Effective 5/1/17\*: If you are unable to submit supporting clinical information electronically via NHPNet, you will be required to fax any clinical documentation with a system generated coversheet. Within the response screen in NHPNet a “fax document” button will now appear immediately after creating an authorization, once selected a coversheet will generate. When submitting revisions the same process will apply.

**Please note:** If your submission request does not provide a real-time response like the one pictured below, you will have to check back at a later time when the request is in our system.

## Response screen in NHPNet:



Authorizations & Referrals Viewer

You may upload supporting documentation now if needed.  
For Pended requests, please check your authorization or referral status at a later time (generally 4 hours or by the following morning).

Authorization/Referral ID: 16364R00013

Member:

Member ID:

Member Date of Birth:

Authorization/Referral Status: PENDED

Refer From: EAST BOSTON NEIGHBORHOOD HEALTH CENTER

Refer To: BOSTON MEDICAL CENTER (1346218294)

Service Start: 12/29/2016

Service End: 03/29/2017

Type of Request: Health Services Review

Units/Visits: 3


Message:

Submit Document Fax Document

Authorization Documents

Description	Document	Size	Uploaded
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After clicking on the “Fax Document” button it will generate the below Fax cover sheet with a barcode referencing the relevant information of the request you submitted. Once faxed, it will automatically attach the clinical information to the appropriate authorization in NHPNet.



To: Neighborhood Health Plan

Fax Number:

Auth Id: 16364R00011


From:

Site: EAST BOSTON NEIGHBORHOOD HEALTH CENTER

NPI: 1316994411

Phone:

Date: Thursday, December 29, 2016



Notice of Confidentiality:

This transmission is intended only for the addressee listed above and may contain information that is confidential and/or legally privileged. If you are not the addressee, any use, disclosure, copying or communication of the contents of this transmission is prohibited. If this message was received in error, please telephone us immediately at 617-772-5500 and we will arrange for the return to us of the original document at no cost to you.

\*A 90 day grace period beginning 1/30/17 and ending on 5/1/17 will be in place to support any transition needed for providers.