



CT BHP ProviderConnect User Manual

Outpatient Services- Outpatient Evaluation



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Introduction

The ProviderConnect application provides a variety of self-service functions to help providers access and view information about CT Behavioral Health Partnership (CT BHP) members and authorizations.

What is covered in this manual?

This manual covers general functions within ProviderConnect as well as step by step instructions of the following key function:

- **Obtaining an ID & Password** – Process for obtaining login credentials to the ProviderConnect application allowing users to obtain authorizations and view prior authorizations obtained.
- **Registering Outpatient Evaluations** – This process focuses on completing a registration for a 2 unit, 6 month outpatient authorization.

Obtaining an ID and Password

In order to obtain a ProviderConnect login ID and password, complete the following steps.

1. Go to the CT BHP website at www.CTBHP.com.
2. Click on the 'For Providers' button.



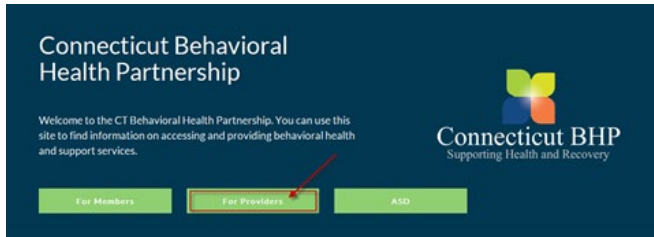
3. Under the Templates section, click on the 'Online Services Account Request Form' hyperlink.



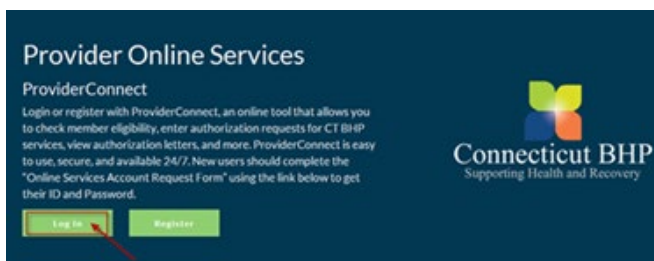
4. Complete the form and fax it back to the Provider Relations department at 855-750-9862. Completed forms can also be scanned and emailed back to Provider Relations at ctbhp@beaconhealthoptions.com
5. User ID's and passwords are created within 1-2 business days from date of receipt. Once the ID and password are created, you will be sent an email with your ProviderConnect login details.
6. If you have any questions, feel free to contact the CT BHP Provider Relations Department at 877-552-8247 or email us: ctbhp@beaconhealthoptions.com.

Logging In

1. Go to www.CTBHP.com
2. Click on For Providers



3. Click Log In



4. Enter User ID and Password.

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password [Forgot Your Password?](#)

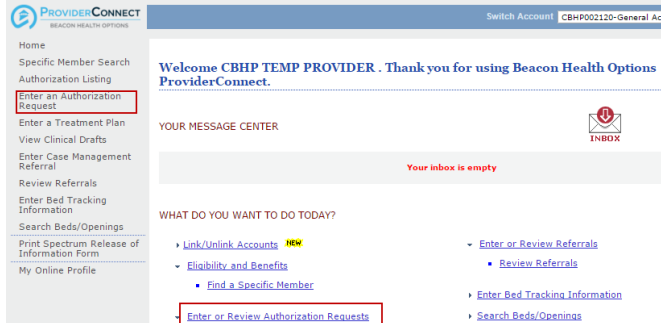
5. Click Log In
6. Accept the User Agreement to proceed to the home page.

Completing Requests for Outpatient Evaluations

ProviderConnect provides the ability for providers to complete requests for a **(2) unit, (6) month Outpatient Authorization** using an abridged workflow, where Primary Diagnosis Codes and Social Factors are required for completion.

Key Step 1: Entering Authorization Request

1. Click **Enter an Authorization/Notification Request** link from either the left navigational or Home page of ProviderConnect



2. Review the Disclaimer and click the **Next** Button.

Disclaimer

Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive a screen noting the pending or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.

3. Search for Member Record by only entering the Member's Medicaid ID and Date of Birth (both fields are required). Then click **Search**.
 - a. **NOTE: Enter a CT prefix on the Member's Medicaid id (i.e CT00.....)**

4. Click the **Next** button on the Member record to continue.

Member?	
Member ID	TEMP000700058
Alternate ID	
Member Name	WOODSIN, MOONEY
Date of Birth	01/15/1995
Address	500 ENTERPRISE DR HARTFORD, NB E7M
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	M - Male

- If this registration request is for a member that does not have a previous authorization with your practice, proceed to Step 9.
- If this registration request is for a member that has an existing authorization with your practice, the Prior Authorization Listing for Concurrent Review Page will appear.

Auth. #	Effective Date	Member ID #	Member Name	Member DOB	Provider ID	Vendor ID	Level of Service	Type of Service	Level of Care
01-02069-3-7	02/01/2019	W0029902	ANDERSON, AMERICA T	09/21/1975	12964	D00463	INPATIENT/PHOC	MENTAL HEALTH	INPATIENT OUTPATIENT
01-02070-3-8	02/01/2019	W0029902	ANDERSON, AMERICA T	09/21/1975	12964	D00463	INPATIENT/PHOC	SUBSTANCE USE	INPATIENT DETOX
01-02069-3-8	02/01/2019	W0029902	ANDERSON, AMERICA T	09/21/1975	12964	D00463	OUTPATIENT/COMMUNITY BASED	SUBSTANCE USE	Outpatient

- The Prior Authorization Listing for Concurrent Review Page will display any authorizations the member has with your practice.
 - To enter an initial registration for a service that has not been authorized, click the **Process Initial Review** button and **Proceed to Step 8**, or;
 - To complete a concurrent review of a current authorization, select the appropriate authorization that is listed and Click **Process Concurrent Review** button and **proceed to Key Step 2: Requested Services Page – Page 8**.
- The Select Service Address Screen will appear.
- Locate and select the Service Address: Click the radial button next to the appropriate Service Address location.

Select Service Address

Provider		Vendor		
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
		First Name		Vendor First Name
		Service Address	Paid To Vendor ID	Pay To Address
Alternate ID				
<input checked="" type="radio"/>	CBHP002120	TEMP PROVIDER	VCB003159	TEMP PROVIDER
		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-
	TEMPFAC			
<input type="radio"/>	CBHP002120	TEMP PROVIDER	VCB005769	TEMP PROVIDER
	999999999	500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-
	999999999			

Back Next



Providers with more than one provider type-specialty at the same address location, will have more than one service address listing. Users should select the appropriate address for the authorization being obtained.

Example:

ABC – Group Practice

1. 123 Main St – LCSW for LCSW group or 123 Main St – MD for Psychiatrist Group or 123 Main St – BCBA for BCBA Group.

ABC Clinic

2. 123 Main St – OTP for Outpatient Services or 123 Main St - MET for Methadone Maintenance Services

10. Click the **Next** button to continue

11. The **Requested Services Header Page** will display.

Key Step 2: Requested Services Page

The second key step is to complete the requested start date of the service and the specific level of care that is being requested. This screen displays for all types of requests. However, the information entered determines which clinical screens will display and which authorization parameters will be applied to the request.

1. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover all requested services). **NOTE: The Requested Start Date will prepopulate. Dates of service prior to today will require you to update the field.**
2. Select the **Level of Service = Outpatient/Community Based**. (When the level of service is selected, the screen will update with the required fields specific to the level of service).
3. Select the **Type of Service = Mental Health**.
 - a. **(NOTE: To complete the Outpatient Evaluation, users must select Mental Health regardless of diagnosis...this selection will not impact the authorization or claims payment.)**
4. Select the **Level of Care = Outpatient**.
5. Select the **Type of Care = Outpatient Evaluation – Outpatient Services**.

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Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)
03142014

*Level of Service
OUTPATIENT/COMMUNITY BASED

*Type of Service
MENTAL HEALTH

*Level of Care
OUTPATIENT

*Type of Care
OUTPATIENT EVALUATION - OUTPATIENT SERVICES

6. Attach a document (**CT BHP registered services do not require attached documents**)

7. Click the **Next Button**

Back Next

8. (A warning message will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed.)

Microsoft Internet Explorer

WARNING: You have not attached a document to this Request. Please click CANCEL to return to the screen to attach a document or click OK to proceed with your request without attaching a document.

OK Cancel

Key Step 3: Completing Clinical Screens

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

1. The Primary Behavioral Diagnosis is required
2. System users can *either* enter a partial diagnosis in the Diagnosis Code 1 box *or* enter partial description of the diagnosis and then click on the hyperlink above the field to view a pop-up window/list of ICD-10 codes that match their search criteria.

*Diagnosis Code 1 *Description
F20.9

*Diagnosis Code 1 *Description
Schizophrenia

3. Once a user clicks on the appropriate code in any of the pop-up windows, all other fields will populate.

Category	Code	Description
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F28	OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F20.9	SCHIZOPHRENIA
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F29	UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER

4. The Primary Medical Diagnosis is required. The same process above can be utilized to select a Primary Medical Diagnosis Code and/or Description field with their corresponding hyperlink to locate the appropriate Medical Diagnosis.
 - **NOTE:** If there is no medical diagnosis or it is unknown, please select None or Unknown from the Diagnostic Category drop down list. A Diagnosis Code or Description is not required if the selection is “None” or “Unknown”.
5. Social Elements Impacting Diagnosis: **Click the check boxes for any of the factors that impact the member. It is okay to select more than one check box. At least 1 check box must be selected.**
 - If there are no social elements or if they have not been assessed yet, select the “None” or “Unknown” checkbox.
 - If Other Psychosocial and Environmental Problems is selected, an open text field will open and require you to enter what the other is.

PLEASE NOTE: If client is homeless and the Homelessness Social Element is selected...

ICD code (Z59.0) should also be entered in diagnosis section.

6. Click Submit

Key Step 4: Submit Request and Confirm Submission

Once the Submit button is clicked from the final clinical screen, the submission screens will display. The specific screens that display vary depending on if the request is approved or pended.

For the Outpatient Evaluations, the request will most likely auto-approve meaning that the requested registration will be an approved authorization.

1. For approved request, the status would indicate “Approved” at the top of the screen
2. Users have the option to either Print the Authorization Result, Print the Authorization Request, Download the Authorization Request or Return to Provider Home.

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Determination Status: **APPROVED**

Member Name ASLAN SUSAN	Member ID 987654321	Member DOB 10/26/1998	Subscriber Name ASLAN SUSAN	Subscriber ID 987654321
Authorization # 022111-2-2	Client Authorization # 10290007	Type of Request INITIAL		
Date of Admission/ Start of Service 02/22/2011	From To 02/22/2011 - 12/31/2011	Submission Date 02/22/2011		
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care OUTPATIENT EVALUATION - OUTPATIENT SERVICES	
Reason Code A79				
Provider Name & Address TURNIGUS PETER 1600 WVC AVE CITY ABC CT 12345	Provider ID 123456	Provider Alternate ID 712345	NPI # for Authorization N/A	

Place of Service	CPT	Prod 1	Prod 2	Prod 3	Prod 4	Service Class	Units Requested	Units Approved	Units Remaining/Approved
						079	1	1	0/1
Total Units For Auth: 02211-2-2 From: 02/22/2011 To: 12/31/2011							1	1	
Total Units Authorized This Episode For: 02211-2-2							1	1	

Message:

A79

Claims payment is restricted to services for which the provider is contracted to deliver and is conditional upon services authorized, clinical necessity, and the enrolled member being eligible for services on the date of service. Clinical authorization is not a guarantee of payment.

If further authorization is required for treatment of this member, please submit a new request prior to the end date of the current authorization or exhaustion of the number of units.

Attached Documents There are no documents attached with this Authorization Request

Document Title
Document Description

Authorization and Downloading Options:
(For the best results, please use Landisview Forms)

Print the results page (this page)

Print the entire Authorization Request

Download the entire Authorization Request

Return to the ProviderConnect homepage

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Creating an Authorization Activity Report

Providers have the ability to search and retrieve a downloadable authorization file listing within a specific date range. This report populates any authorization activity that occurs within a **seven (7) day time frame**. Activity includes, auto-approvals, clinical approvals on web pending reviews, denials or voids.

Key Step 1: Search Authorizations

1. Select **Authorization Listing** from the home page menu.

The screenshot shows the ProviderConnect interface. On the left is a navigation menu with 'Authorization Listing' highlighted. The top right shows the user account 'CBHP002120-General Account'. The main area displays a welcome message and a message center. Below that, there are several task links, including 'Link/Unlink Accounts', 'Eligibility and Benefits', and 'Enter or Review Authorization Requests'.

2. Clear the **effective and expiration dates** from the search fields.

Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Result all the authorizations. To search by effective and expiration date, enter the effective & expiration dates in the appropriate the **Search** button. The Search Results screen will display all the authorizations for the specified date range.

Required fields are denoted by an asterisk (*) adjacent to the label.

Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

NPI # for Authorization

Vendor ID

Member ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

Key Step 2: Download Report

1. Enter an activity date span that **does not** exceed seven (7) calendar days. *Ex - 8/15/2022-8/21/2022. Future dates are not applicable.*
2. Delimiter Type should be set to **Comma ','**
3. select **Download**



Providers are able to narrow down the results by entering any criteria in the search fields except dates. If a provider knows the Vendor ID (VCB), that ID can be used to specific activity for a level of care.

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.

Activity Date span cannot exceed seven (7) days.

Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From	<input type="text" value="08152022"/>	<input type="button" value="📅"/>	(MMDDYYYY)
Activity Date To	<input type="text" value="08192022"/>	<input type="button" value="📅"/>	(MMDDYYYY)
Delimiter Type <input <="" td="" type="button" value="?"/> <td colspan="3"><input checked="" type="radio"/> Comma ',' <input type="radio"/> Pipe ' '</td>	<input checked="" type="radio"/> Comma ',' <input type="radio"/> Pipe ' '		

<input type="button" value="View All"/>	<input type="button" value="Search"/>	<input type="button" value="Download"/>
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4. The report will generate as a download according to the provider's computer settings. The download will be available as an Excel file.