CT BHP ProviderConnect User Manual

Home Health Agency

Updated June 2019

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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 module covers general functions within ProviderConnect as well as requests for Home Health Agency services, which includes the following key functions:
- Log into ProviderConnect
- Registering Initial Home Health Agency Services – This process focuses on completing a registration/authorization for initial Home Health Agency services
- Registering Concurrent Home Health Agency Services – This process focuses on completing a registration/authorization request for concurrent Home Health Agency services.
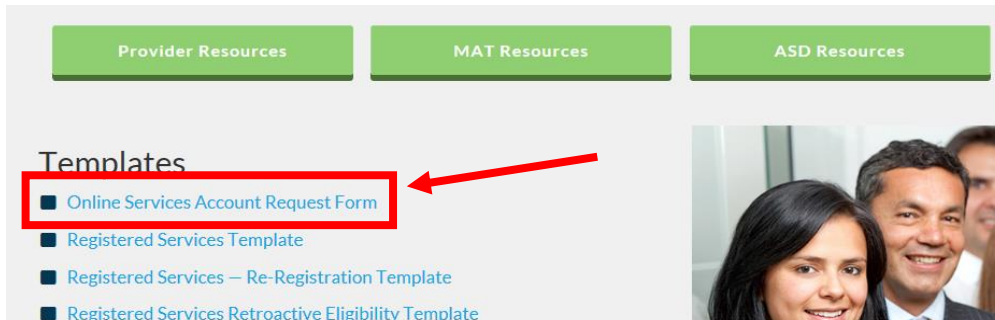
Obtaining an Id and Password

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
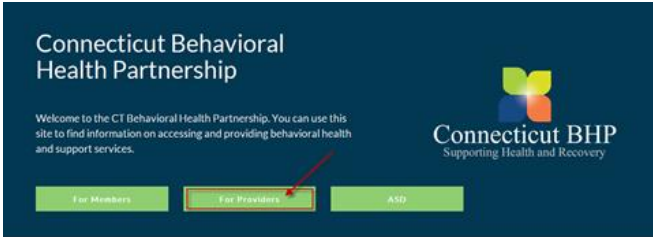
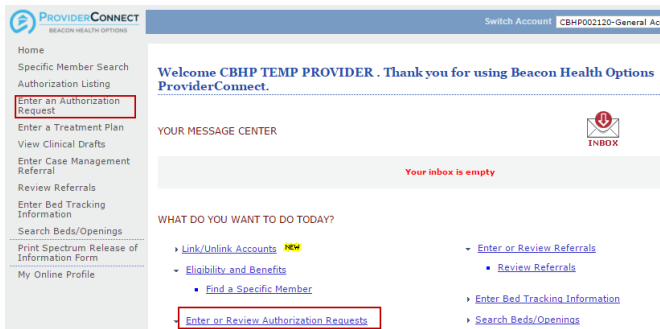3. Click Log In

4. Enter User ID and Password.

5. Click Log In

6. Accept the User Agreement to proceed to the home page.

Completing Initial Requests for Home Health Agency Services

The first key step is to initiate the request for an initial Home Health Agency service, which can be done from the ProviderConnect Homepage. Below are the key actions for completing this step.

Key Step 1: Initiate 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.

3. Search for Member Record by *only entering the Member's Medicaid ID and Date of Birth (both fields are required).* Then click **Search**.

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

5. If this registration request is for a member that does not have a previous authorization with your practice, proceed to Step 9.

6. 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.
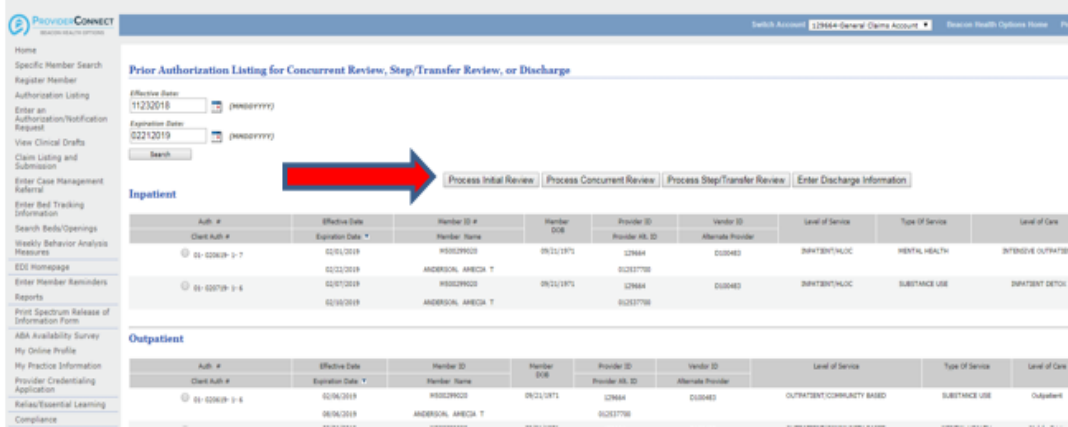
7. The Prior Authorization Listing for Concurrent Review Page will display any authorizations the member has with your practice.
   - To enter an initial registration for a service that has not been authorized, click the **Process Initial Review** button and **Proceed to Step 8**, or;
   - To complete 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.**

8. The Select Service Address Screen will appear.

9. Locate and select the Service Address: Click the radial button next to the appropriate Service Address location.
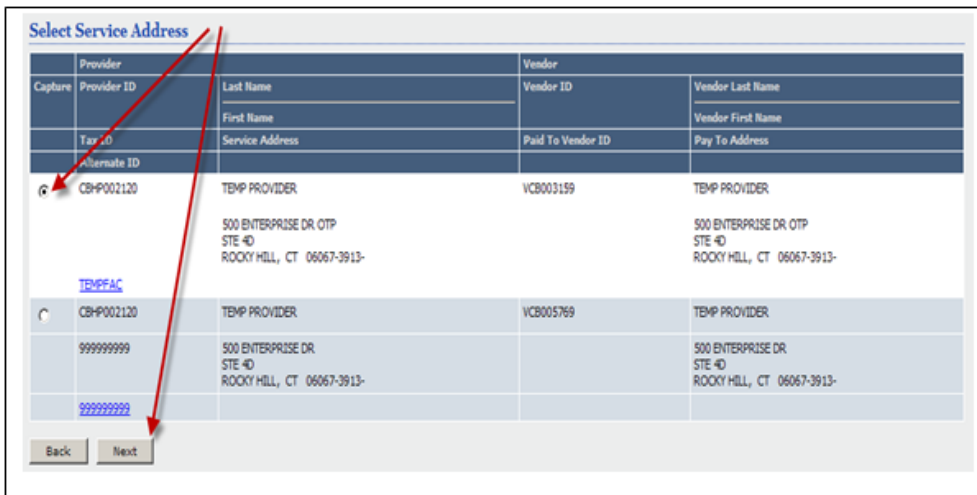
> ✋ Providers with more than one provider type-specialty at the same address location, will have more than one service address listing. Users should select the appropriate address for the authorization being obtained.
>
> Example:
> ABC – Group Practice
> 1. 123 Main St – LCSW for LCSW group or 123 Main 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).

2. Select the **Level of Service = Outpatient/Community Based**

3. Select the **Type of Service = Mental Health.**

4. Select the **Level of Care = Outpatient**

5. Select the **Type of Care = Home Health**

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)
`02262011`

*Level of Service
`OUTPATIENT/COMMUNITY BASED`

*Type of Service
`MENTAL HEALTH`

*Level of Care
`OUTPATIENT`

Type of Care
`HOME HEALTH`

▸ Provider

6. Attach a document: Home Health Agency authorization requests that are within auto approved parameters will not require additional documentation. (Proceed to Step 15)

   a. Indicate Yes or No for DOES THIS DOCUMENT CONTAIN CLINICAL INFORMATION ABOUT THE MEMBER?
   b. Choose ADDITIONAL CLINICAL or ASSESMENT/EVAL from the Document Description Drop down Menu.
   c. Click Upload File.
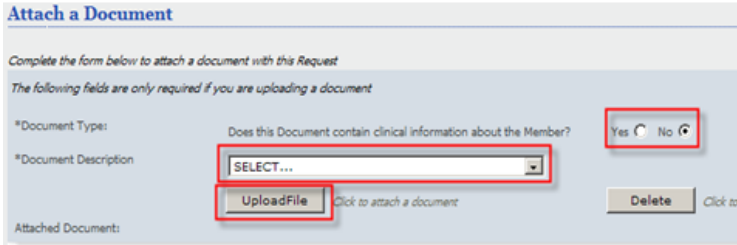
7. A pop up window to Upload File window will appear.

8. Click Browse.
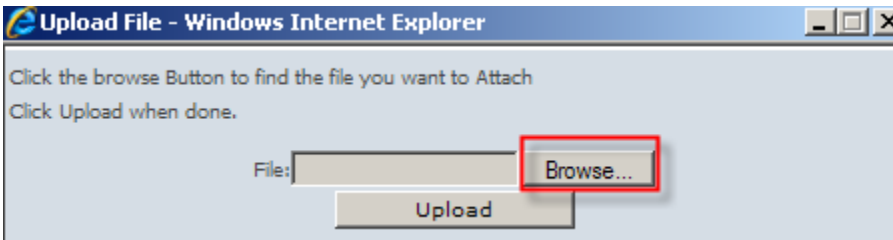
9. Search for the file/document you want to attach.

10. Double click on the file.

11. The pop up window will now list the file chosen.

12. Click Upload.
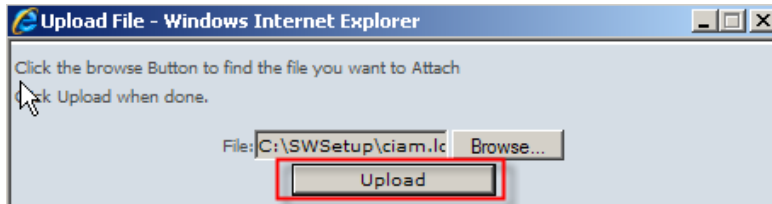
13. The attached file will be listed on the page.

14. If the wrong file was selected users can click the checkbox next to the document, click Delete and Repeat steps 9-15.
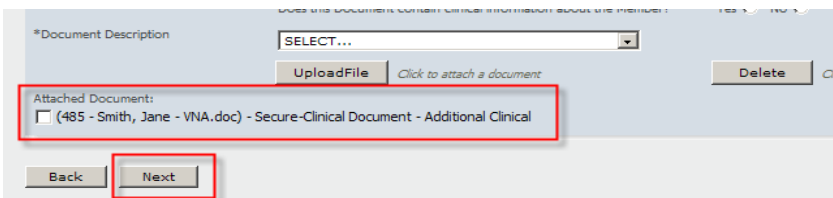
15. Click the Next Button

Key Step 3: Completing Clinical Screens

For Home Health Agency Service requests, the clinical screens for the Home Health Agency (CTHH) workflow will display. This workflow consists of five (5) clinical screens. The amount of information collected within each screen varies and not all fields are required.

- Type of Services
- Diagnosis
- Current Risks
- Treatment Plan
- Psychotropic Medications

The screens will display in the order listed above when the Next button is clicked within each screen.

- Requests must be completed in order. *All required fields must be completed to move to the next screen.*
- Previous screens can be accessed by clicking the Back button. However, you must click the Next button to proceed forward.

✋ SAVING REQUESTS AS DRAFTS

Once the clinical screens in ProviderConnect have been accessed, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Users can click **Save Request as Draft** on the top right of the screen.

Saved drafts can be viewed and opened by clicking on the **View Clinical Drafts** link on the ProviderConnect homepage menu.

Type of Services Screen

1. Enter the CONTACT NAME and PHONE NUMBER of the individual the CT BHP should contact if more information is needed.
2. Enter the MEMBER'S GUARDIAN, if available, please enter (not required).
3. Complete the required questions:
    - IS THIS A NEW REGISTRATION FOR A CLIENT ALREADY IN OUTPATIENT TREATMENT WITHIN YOUR AGENCY/PRACTICE?
    - IS MEMBER STEPPING DOWN TO OUTPATIENT FROM A HIGHER LEVEL OF CARE WITHIN YOUR AGENCY/PRACTICE?
4. Select the REFERRAL SOURCE.
5. Enter the date of the FIRST PHONE OR WALK-IN CONTACT WITH MEMBER OR PARENT/GUARDIAN and select the method for the FIRST CONTACT WAS
6. Select the REFERRAL TYPE
    - **If the Referral Type is Routine or Urgent, then complete the conditionally required fields for Routine or Urgent referrals:**
        - DATE OF FIRST APPOINTMENT OFFERED TO MEMBER
        - DATE OF FIRST APPOINTMENT ACCEPTED BY MEMBER
        - DATE OF FIRST FACE-TO-FACE CLINICAL EVALUATION
    - **If the Referral Type is Emergent, then complete the conditionally required fields for Emergent referrals.**
        - DATE AND TIME PRESENTED AT THE CLINIC (Time must be entered as military time - i.e. 2:00pm = 1400 and 2 am= 0200)
        - DATE AND TIME OF CLINICAL EVALUATION (Time must be entered as military time - i.e. 2:00pm = 1400 and 2 am= 0200)

7. **Click the Next button.**
8. **The** Diagnosis **screen will display next.**

Diagnosis Screen

Documentation of Primary Behavioral Condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

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 to view a pop-up window/list of ICD-10 codes that match their search criteria.

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. System users may utilize the same process to select a Primary Medical Diagnosis Code and/or Description field hyperlinks to locate the appropriate Medical Diagnosis.

5. If there is no medical diagnosis or it is unknown, please select one of the options under the Diagnostic Category. No Diagnosis Code or Description are needed if the selection is "None" or "Unknown".

6. There is additionally an open text field for other specific medical conditions. You can then enter information such as Behavioral Health "Rule Outs" and "In Remissions" and other specific Medical Conditions.

7. 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 impacting the member, select the "None" checkbox.
   - If social elements have not been assessed yet, select the "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.

The next section is named "**Functional Assessment**" and will allow users to enter up to 2 different assessment measures and scores. While 2 assessments can be entered,   *users are not required to enter any information in this section as it is optional.*

8. To complete this section, simply click the dropdown for the Assessment Measure
   - If an 'Assessment Measure' is selected in the drop down, then an 'Assessment Score' must be entered into the corresponding field as well.
   - If an Assessment Measure is not listed in the dropdown, "Other" can be selected. If "Other" is selected an open text box will appear. Please enter the "Other" test and the Assessment score of that test

9. Select the appropriate Assessment Measure from the drop down menu and enter the Assessment Score.

- CDC HRQL = Center for Disease Control - Health-Related Quality of Life
- CGAS = Children's Global Assessment Scale
- FAST = Functional Assessment Staging Test
- GAF = Global Assessment of Functioning
- OMFAQ =(Older Americans Resources and Services) Multidimensional Functional Assessment Questionnaire)
- SF12 = Quality of Life Assessment Using the Short Form-12 Questions)
- SF36 =Quality of Life Assessment Using the Short Form-36 Questions)
- WHO DAS = World Health Organization Disability Assessment Schedule

Current Risks

The Current Risks screen captures a snapshot of the member's current mental status by allowing providers to complete ratings for the member's risk to self and risk to others, and twelve (12) different impairments.
Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

1. Click the radial button for the appropriate rating for **Current Risks**:
   - MEMBER'S RISK TO SELF
   - MEMBER'S RISK TO OTHERS

2. Click the radial button for the appropriate rating for Current Impairments:
   - MOOD DISTURBANCES (DEPRESSION OR MANIA)
   - WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER
   - ANXIETY
   - MEDICAL/PHYSICAL CONDITIONS
   - PSYCHOSIS/HALLUCINATIONS/DELUSIONS
   - SUBSTANCE ABUSE/DEPENDENCE
   - THINKING/COGNITION/MEMORY/CONCENTRATION PROBLEMS
   - JOB/SCHOOL PERFORMANCE PROBLEMS
   - IMPULSIVE/RECKLESS/AGGRESSIVE BEHAVIOR
   - SOCIAL FUNCTIONING/RELATIONSHIPS/MARITAL/FAMILY PROBLEMS
   - ACTIVITIES OF DAILY LIVING PROBLEMS
   - LEGAL

3. Complete additional required information when the rating is a '2' or '3' for the following fields (A sub-section will expand to display the fields that need to be completed)
   - WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER
   - SUBSTANCE ABUSE/DEPENDENCE
   - LEGAL

4. Complete additional required information when the LEGAL impairment rating is a '1', '2' or '3'.
   - A sub-section will expand to display the fields that need to be completed.

5. Complete additional required information when the LEGAL impairment rating is a '1', '2' or '3'.

6. Indicate Yes, No or Not Assessed for DOES MEMBER HAVE CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS?

7. Click the Next button.

8. The **Treatment Plan** screen will display next.

Treatment Plan

The Treatment Plan screen captures information specific to the member's plan for treatment while they are receiving services from the provider. Note: The Re-registration section can be skipped for initial requests. Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required. *This section is only required for concurrent requests.*

1. Indicate Yes or No for DO FAMILY MEMBERS OR SIGNIFICANT OTHERS ACTIVELY PARTICIPATE IN THE MEMBER'S TREATMENT AND RECOVERY?
   - If YES is selected, complete the follow up question IF YES, ARE ANY OF THE FAMILY MEMBERS/SIGNIFICANT OTHERS RECEIVING THEIR OWN MH OR SA TREATMENT?
2. Select valid options to indicate the consent obtained for contact:
   - MEDICAL PROVIDER (Yes, No, Denied, N/A)
   - PREVIOUS BEHAVIORAL HEALTH TREATMENT PROVIDER (Yes, No or Denied)
3. Are Home Health Services intended to treat primarily a medical (not behavioral health) condition(s)? (Yes or No)
   - If Yes, please abort this request and call CHNCT to request an authorization.
   - If No, PLEASE PROVIDE RATIONALE FOR HOME HEALTH SERVIES? (2000 Character limit)

4. Complete required information about the member's treatment plan.
   - THE TREATMENT PLAN WAS DEVELOPED WITH THE MEMBER (OR HIS/HER GUARDIAN) AND HAS MEASURABLE TIME LIMIT GOALS. (Yes or No)
   - DOES A DOCUMENTED GOAL ORIENTED TREATMENT PLAN EXIST? (Yes or No)
   - ANTICIPATED/TARGET DATE FOR ACHIEVEMENT OR CURRENT TREATMENT PLAN GOALS (MMDDYYYY)
5. Enter information into Narrative Entry field "CURRENT PLAN OF TREATMENT, GOALS OF SERVICES REQUESTED AND DISCHARGE PLAN? (1000 Character limit)
6. Indicate Yes or No for HOME HEALTH AIDE
   - If Yes, select FREQUENCY from drop down menu. (>14 HRS/Week OR < or = 14 HRS/Week)
7. Indicate Yes or No for NURSING MED ADMIN
   - If Yes, select FREQUENCY from drop down menu. (Less or =2 Visits/Week, Daily (QD), 3X Day(TID), 2X Daily (BID), 3 Visits/Week, 4-6 Visits/Week, Prompting)
8. Indicate Yes or No for SKILLED NURSING
9. Indicate Yes or No for PHYSICAL THERAPY
10. Indicate Yes or No for SPEECH THERAPY
11. Indicate Yes or No for OCCUPATIONAL THERAPY
12. Select PRIMARY PLACE HOME HEALTH SERVICES WILL BE PROVIDED from drop down menu.
    - FAMILY HOME
    - HOMELESS SHELTER
    - INDEPENDENT LIVING
    - MENTAL HEALTH GROUP HOME
    - RESIDENTIAL CARE HOME
    - SUPERVISED HOUSING
    - SUPPORTIVE HOUSING
13. Click the radial button for the appropriate rating: (0, 1, 2, 3 OR n/a)
    - ABILITY TO SELF-ADMINISTER MEDS W/O ASSISTANCE OR SUPERVISION
    - ABILITY OF FAMILY/NATURAL SUPPORTS.OTHER TO SUPERVISE MEDICATIONS
14. Indicate if there is a PLAN IN PLACE TO PROMOTE INDEPENDENCE IN MED ADMINISTRATION (Yes or No)

Please Note: If this is an Initial Request, please do not enter information in the Re-Registration Only section.

15. Click Next button.
16. The Psychotropic Medications screen will display next.
17. Please Note: If a 485 is attached to the Authorization Request and it lists all of the Psychotropic Medications, please enter "See 485" in the "Describe usually Adherent open text box.
    - The medication fields are not required but should be completed if applicable.
    - The medication fields are not required but should be completed if applicable.
18. Click Next
19. CT BHP providers should **always click the Accept Button** on the confirm submission screen.
    - When the **Accept** button is clicked, the user will be advanced to the Requested Services screen to indicate the services that they are requesting.
    - CT BHP users **should not** click the **Reject** button. If a user clicks Reject, the request will **NOT** be approved. Rather, it will be pended to the CT BHP clinical staff, delaying authorization and billing.

Requested Services
Once the Accept button is clicked from the final clinical screen, the Registered Services page will display. The specific screens that display vary depending on if the request is approved or pended.

1. First, Select the Box "Click Here to Add or Modify Services Codes".

2. A pop-up window will display

3. To complete this section, please check the box to the left of the Code you are requesting.

4. Once the codes are selected, click on Save to proceed

5. The screen will then update to the below snapshot. Please note: The Visits/Units will always populate to (443) under MA and a "blank" for the SN. Please update these areas accordingly to what you are requesting for the (2) month authorization period.

6. In the example below, we are requesting 62 units of MA (31 days x 2 Months) and 2 units of SN (1 units X 2 Months).

PAGE 6 of 7 ■■■■■■

Requested Services Header

Requested Start Date	Member Name	Provider Name	Vendor ID	
04/20/2015	**HLOC, IVANNA**	**TEMP PROVIDER,**	**VCB003159**	Save Request as Draft
Type of Request	Member ID	Provider ID	Provider Alternate ID	NPI # for Authorization
INITIAL	**TEMP000981335**	**CBHP002120**	**TEMPFAC**	SELECT... ▼
Level of Service	Type of Service	Level of Care	Type of Care	Authorized User
OUTPATIENT/COMMUNITY BASED	**Mental Health**	**Outpatient**	**Home Health**	

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.
For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.
Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.

Click Here to Add or Modify Service Codes

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
HOME ▼	MA					62
MEDICATION ADMIN VISIT						
HOME ▼	SN					2
NURSING CARE, IN THE HOME; BY RN						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						

7. To complete this section, please update the open text box with the units you are requesting.

8. Once the codes are entered, click on Next to proceed

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of servi

Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 443

Back   Next ◄

2015 ValueOptions® ProviderConnect v5.01.00

9. After selecting "Next" you will be brought to the final page where you will describe additional details for this request that will pend for further review

Requested Services Header

Requested Start Date	Member Name	Provider Name	Vendor ID	
04/20/2015	**HLOC, IVANNA**	**TEMP PROVIDER,**	**VCB003159**	Save Request as Draft
Type of Request	Member ID	Provider ID	Provider Alternate ID	NPI # for Authorization
INITIAL	**TEMP000981335**	**CBHP002120**	**TEMPFAC**	SELECT... ▼
Level of Service	Type of Service	Level of Care	Type of Care	Authorized User
OUTPATIENT/COMMUNITY BASED	**Mental Health**	**Outpatient**	**Home Health**	

Describe additional details for this request that will pend for review

*Requested number of days or units 64

*Start Auth Date   04202015

*End Auth Date   06202015

*Rationale for continued request (82 of 1000)

Enter Rational for continued request here...you have a 1000 character limit to use

Back   Submit ◄

10. To complete this section, please update the required open text boxes with the units you are requesting, the start auth date, the end auth date and the Rationale for continued request.

11. Once the values are entered, click on Submit to proceed

Key Step 4: Submitting Requests

For Home Health Agency Services, all requests will auto-pend.

1. Confirm submission of request.
   - For pended requests, the status would indicate 'Pended' at the top of the screen with a message indicating that the request requires further review.
   - The Results screen provides a summary of information about the request.

2. Print the request.
   - Click the Print Authorization Result button to print a copy of the Results page.
   - Click the Print Authorization Request button to print a copy of all the screens/fields completed for the request, including the clinical screens and the Results page.
3. Download the request.
   - Click the Download Authorization Request button to save a copy of the request either in .pdf format or xml.
4. Exit the Request for Authorization function.
   - Click the Return to Provider Home to exit the Request for Authorization function.

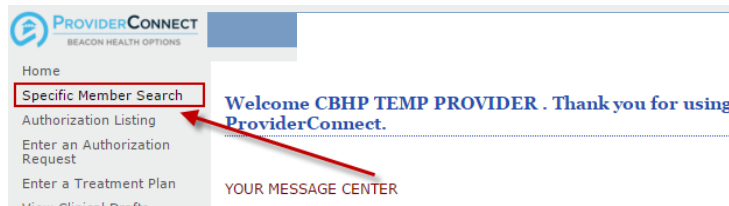## Completing a Concurrent Inquiry for Home Health Agency Services

There are (2) methods for concurrent/re-registration requests for Home Health Providers:

1. Creating an Inquiry
   - Users will use the Inquiry function when requesting additional units before the end date of the initial authorization has been reached.
2. Entering an Authorization Request.
   - Users will enter an Authorization Request when the time frame of the initial authorization has ended and the provider is requesting additional time and units for the client in care.

Key Step 1: Creating an Inquiry – Search Existing Authorizaiton

The first key step is to search for the client's existing authorization, which starts from the ProviderConnect Homepage. The function can be initiated when the Specific Member Search button is clicked.

1. Click **Specific Member Search** from the navigational bar or **Find a Specific Member** on the Home page.

2. Enter values for the **Member ID** and **Date of Birth.**

3. Click **Search.**

4. Click **View Member Auths** on the Member's Demographic Page.

5. Once the screen expands, Click **Search.**

6. Click the Authorization Link on the Authorization you are requesting additional units for.

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID
View Letter	Member Name		Provider Alt. ID	Alternate Provider
01- 112310- 26- 21	TEMP000740625	01/01/1995	CBHP002120	VCB005769
	SUPPORT, ANITA		999999999	
01- 112310- 17- 42	TEMP000740625	01/01/1995	CBHP002120	VCB005769
	SUPPORT, ANITA		999999999	

7. On the Authorization Summary page, click **Send Inquiry.**

8.

Auth Summary   Auth Details

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header

Member ID	TEMP000740625	
Member Name	SUPPORT , ANITA	
Authorization #	01- 112310- 26- 21	Return to search results
Client Auth #?	U0271540	Send Inquiry
NPI # for Authorization?	N/A	Complete Discharge Review
Authorization Status	O - Open	
From Provider	TEMP PROVIDER,	

9. On the Customer Service Inquiry Page under Contact Details

10. Enter Contact Name (optional).

11. Enter narrative in the State your reason for the Inquiry field (Max 1500 characters)

12. Click on the **Attach a Document** link and the screen will expand.

Contact Details

Provider ID	CBHP002120
Provider Name	TEMP PROVIDER,
Contact Name (if other than provider)	

＊State your reason for the inquiry.

Maximum characters: 1500
You have 1500 characters left.

Attach a Document

Click here to attach a document

13. Choose DOCUMENT CONTAINTING CLINICAL INFORMATION ABOUT MEMBER from the Type of Document you are attaching Drop down Menu.

14. Your selection will auto populate the Document Description Field.

15. Click Upload File.

ʌAttach a Document

Complete the form below to attach a document with this Inquiry

If this is an Authorization Request, it must be initiated by clicking the 'Enter an Authorization Request' link.

*Document Type: Type of Document you are attaching...   Select...

*Document Description [   ]

    UploadFile   *Click to attach a document*   Delete   *Click to delete an attached document*

Attached Document:

                            Submit

16. A pop up window to Upload File window will appear.

17. Click Browse.
   a.   Search for the file/document you want to attach.
   b.   Double click on the file.

18. The pop up window will now list the file chosen.

19. Click Upload.

20. The attached file will be listed on the page.
   a. If the wrong file was selected users can click the checkbox next to the document, click Delete and Repeat steps 15-19.

21. Click **Submit.**

ʌAttach a Document

Complete the form below to attach a document with this Inquiry

If this is an Authorization Request, it must be initiated by clicking the 'Enter an Authorization Request' link.

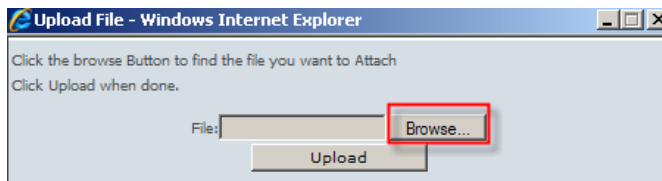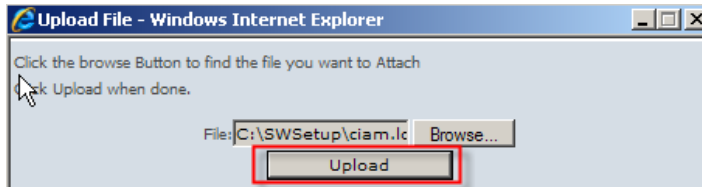*Document Type: Type of Document you are attaching...   Document Containing Clinical Information abou

*Document Description Document Containing Clinical Information about Member

    UploadFile   *Click to attach a document*   Delete   *Click to delete an attached document*

Attached Document:
☐ (485 - Smith, Jane - VNA.doc) - Document Containing Clinical Information about Member

                            Submit

22. A confirmation of your inquiry will display.

Customer Service Inquiry

Thank you for your inquiry. Your request is important to us and will be investigated by a customer service professional. Once our investigation is complete, you will receive a response in your Message Center Inbox within 5 business days.

Your Inquiry Number is: 03112011-2955602-050000

Completing a Concurrent Review for Home Health Agency Services

1. Click the Prior Authorization Listing for Concurrent Reviews, Step/Transfer, or Discharge link on the ProviderConnect homepage.
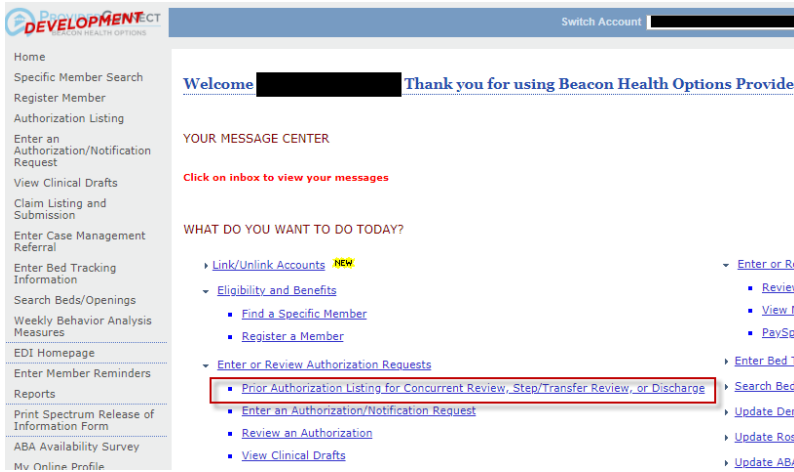

1. The Prior Authorization Listing for Concurrent Review Page will display any open authorizations for your practice within the time frames of the date fields at the top of the page.
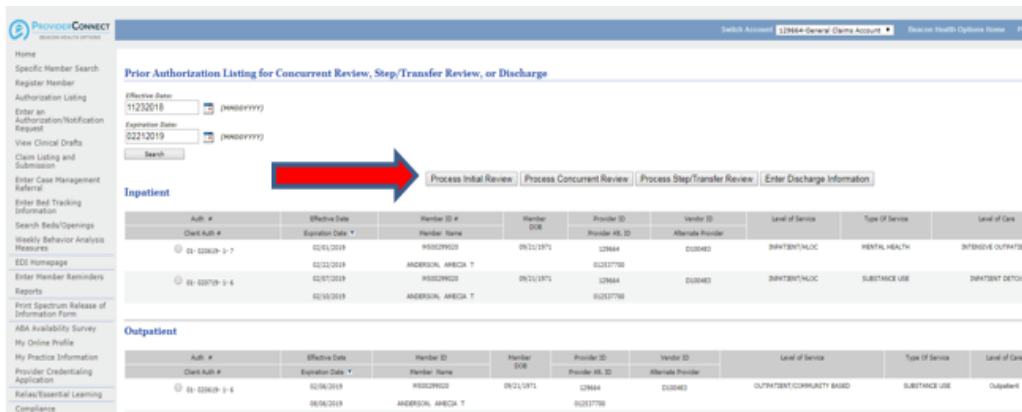

2. To complete a concurrent review of a current authorization, select the appropriate authorization for the member and the appropriate level of care that is listed and Click **Process Concurrent Review** button.

3. A pop-up box asking "Would you like to proceed with the prior authorization vendor?" will appear.

4. Click yes to proceed with the previous service location.

5. For Concurrent Reviews the "Requested Start Date" field will be left blank. "Level of Service", "Type of Service", "Level of Care", and "Type of Care" will be pre-populated.

6. Enter the Requested Start Date

7. Attach a document

1. Click the **Next Button.**
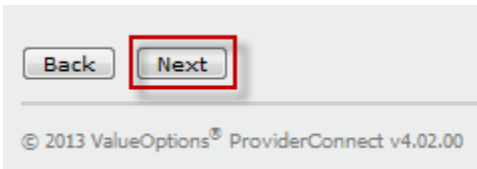
2. (A warning message will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed.)
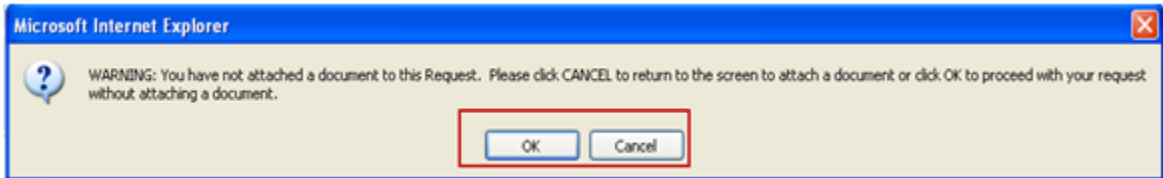
Key Step 2: Update/Complete the Clinical Screens

1. Type of Services Screen Displays

2. The same screens are completed for initial and concurrent requests. However, as noted, any data that is not expected to be updated for a concurrent request will auto-populate from the initial or last request.
   - The pre-populated fields can be overwritten with new data.

3. Complete required information on each clinical screen, click Next when complete.

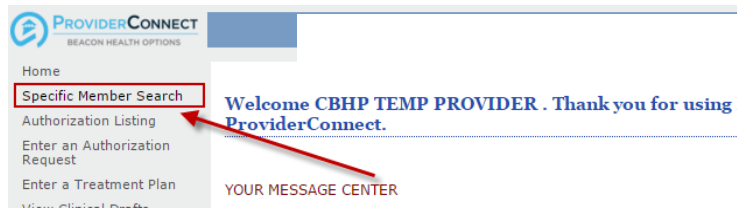4. Click submit at conclusion of clinical screens.

Completing Discharge Information for Home Health Agency Services

Home Health Providers will enter discharge information on client's that are no longer receiving behavioral health services.

Key Step 1: Existing Authorization

The first key step is to search for the client's existing authorization, which starts from the ProviderConnect Homepage. The function can be initiated when the Specific Member Search button is clicked.

1. Click **Specific Member Search** from the navigational bar or **Find a Specific Member** on the Home page.

2. Enter values for the **Member ID** and **Date of Birth.**

3. Click **Search.**

4. Click **View Member Auths** on the Member's Demographic Page.

5. Once the screen expands, Click **Search.**

6. Click the Authorization Link on the Authorization you are requesting additional units for.

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID
View Letter	Member Name		Provider Alt. ID	Alternate Provider
01- 112310- 26- 21	TEMP000740625	01/01/1995	CBHP002120	VCB005769
	SUPPORT, ANITA		999999999	
01- 112310- 17- 42	TEMP000740625	01/01/1995	CBHP002120	VCB005769
	SUPPORT, ANITA		999999999	

7. On the Authorization Summary page, click **Complete Discharge Review.**

Auth Summary | Auth Details

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header

Member ID	TEMP000740625
Member Name	SUPPORT , ANITA
Authorization #	01- 032511- 1- 13
Client Auth #?	U0307763
NPI # for Authorization?	N/A
Authorization Status	O - Open
From Provider	TEMP PROVIDER,
Admit Date	03/25/2011
Discharge Date	

[Return to search results]
[Send Inquiry]
[Complete Discharge Review]

8. The Discharge Information Page will display.

Requested Services Header

Requested Start Date 04/14/2015	Level of Service O - OUTPATIENT	Member Name PROVIDER, ANITA	Provider Name TEMP PROVIDER,	
	Type of Request INITIAL	Member ID TEMP000981338	Provider ID CBHP002120	Provider Alternate ID TEMPFAC

Discharge Information

*Actual Discharge Date (MMDDYYYY)
06302015

Diagnosis

Documentation of **primary behavioral condition** is _required_. Provisional working condition and diagnosis should be documented if necessary. Documentation of se co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is _strongly recommended_ comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Discharge Diagnosis

* Diagnostic Category 1	* Diagnosis Code 1	* Description
ANXIETY DISORDERS	300.00	Unspecified Anxiety Disorder

Additional Behavioral Diagnoses

Diagnostic Category 2	Diagnosis Code 2	Description
OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	300.3	Obsessive-Compulsive Disorder

Diagnostic Category 3	Diagnosis Code 3	Description
SELECT...		

Key Step 1: Complete Discharge Information

1. Enter the Actual Discharge Date (mmddyyyy).

2. Behavioral Diagnosis will prepopulate from the last review, please make updates if needed.

3. Medical Diagnosis will prepopulate from the last review, please make updates if needed

4. Social Elements will prepopulate from the last review, please make updates if needed

5. Functional Assessments will prepopulate from the last review, please make updates if needed. (Not Required)

6. Discharge Condition: click the radio button that best describes (Improved, No Change, Worse, Unknown)

7. Type of Discharge: click the radio button (Planned or Unplanned)

8. Discharge Reason: check all that apply
    - No further treatment indicated
    - Member dropped out
    - Medication management follow up only
    - Transfer to more intensive level of Care
    - Referral to other outpatient service(s)
    - Member no longer eligible or moved
    - Other

9. Medication at Discharge: Open text field for Narrative Entry (250 Character limit)

10. Click the radio button for the appropriate rating for Current Risks:
    - MEMBER'S RISK TO SELF
    - MEMBER'S RISK TO OTHERS
        - Complete additional required information when the rating is a '2' or '3' (i.e. Ideation, Intent, Plan, Means, Current Serious Attempts, etc)
11. Click the radio button for the appropriate rating for Current Impairments:
    - MOOD DISTURBANCES (DEPRESSION OR MANIA)
    - WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER
        - Complete additional required information when the rating is a '2' or '3' (A sub-section will expand to display the fields that need to be completed)
    - ANXIETY
    - MEDICAL/PHYSICAL CONDITIONS
    - PSYCHOSIS/HALLUCINATIONS/DELUSIONS
    - SUBSTANCE ABUSE/DEPENDENCE
    - THINKING/COGNITION/MEMORY/CONCENTRATION PROBLEMS
    - JOB/SCHOOL PERFORMANCE PROBLEMS
    - IMPULSIVE/RECKLESS/AGGRESSIVE BEHAVIOR
    - SOCIAL FUNCTIONING/RELATIONSHIPS/MARITAL/FAMILY PROBLEMS
    - ACTIVITIES OF DAILY LIVING PROBLEMS
    - LEGAL
        - Click the radio button for the appropriate rating: (1,2,3, or N/A)
    - ABILITY TO SELF-ADMINISTER MEDS W/O ASSISTANCE OR SUPERVISION
    - ABILITY OF FAMILY/NATURAL SUPPORTS.OTHER TO SUPERVISE MEDICATIONS
    -
12. Check all applicable options for Notified of Discharge:
    - BH Provider
    - PCP
    - Medical ASO
    - LMHA
    - N/A
    - If Other, indicate notifications in the text box.(250 character limit)

13. Click the Save Discharge Information button.

14. The Determination Status screen will display next indicating that Discharge has been completed.

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 pended reviews, denials or voids.

Key Step 1: Search Authorizations

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

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

Updated June 2019

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	08152022	📅	(MMDDYYYY)
Activity Date To	08192022	📅	(MMDDYYYY)
Delimiter Type [?]	● Comma ',' ○ Pipe '|'		

[View All] [Search]   [Download]

4. The report will generate as a download according to the provider's computer settings. The download will be available as an Excel file.