



ProviderConnect ASD Registered Services User Manual



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ProviderConnect Introduction





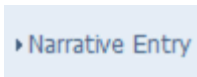
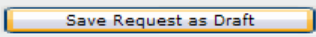

Introduction The ProviderConnect application provides a variety of self-service functions to help providers access and view information about members and authorizations.

Training Objectives As a result of this training module, you will be able to:

- Log into ProviderConnect
- Search for and view Member records
- Complete a request for an ADE authorization
- Save or print authorization details in the ProviderConnect application

Introduction, continued

Navigation Features Throughout the ProviderConnect screens, navigation features are available to make it easier to move through the fields and screens. Below are a few basic features available.

Feature	What it Looks Like	Description
“Breadcrumbs”		Tabs with titles of each request screen will display on all of the request screens to show progress through the process.
Asterisk	*Level of Service	Any field with an asterisk next to it indicates that the field is required and a data item must be entered or selected in order to complete the request. Conditionally required fields will not have asterisks.
Back Button		A Back button is available on most ProviderConnect screens to help navigate to previous screens. The Back button on the ProviderConnect screens should only be used when navigating to the previous screen. Do not use the back button on your Internet browser.
Calendar Icon		For date fields, a pop-up calendar can be accessed by clicking the calendar icon. When the calendar opens, click the date desired and the date field will automatically update with the selected date.
Cancel Button		A Cancel button is available within some screens to allow a user to exit from the function.
Checkboxes	<input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cardiovascular Problem	Any data items with checkboxes next to them indicate that more than one data item can be selected for that field. Click inside of the box to select the value.
Expand/Collapse		Any title with an arrow (▶) to the left of the title indicates that it is a section that can be expanded to display fields or information. Click on the title to expand or collapse the section.
Hyperlinked Codes	<u>301.3</u>	Any underlined codes that are input options for a field will populate the field when clicked.
Hyperlinked Field Titles	<u>Diagnosis Code 1</u>	Any underlined field title will open screens, help text, a list of codes, etc. when clicked.
Radio buttons	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Any data items with radio buttons next to them indicate that only one data item can be selected for that field. Click inside of the circle to select the value.
Save Request as Draft		A Save Request as Draft button is available on the Request for Services screens, which will save the record when clicked. As a saved record, it is only available within ProviderConnect and is not available to access in CareConnect.
Submit		A Submit button is available on some screens, which will submit the record when clicked.
Text Boxes	Member's Guardian <input type="text" value="John Smith"/>	Any open text box indicates that free form text can be entered into the box.



Accessing ProviderConnect

Obtaining an ID and Password

To obtain a ProviderConnect login ID and password, you must 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 forms section, click on the 'Online Services Account Request Form' hyperlink.

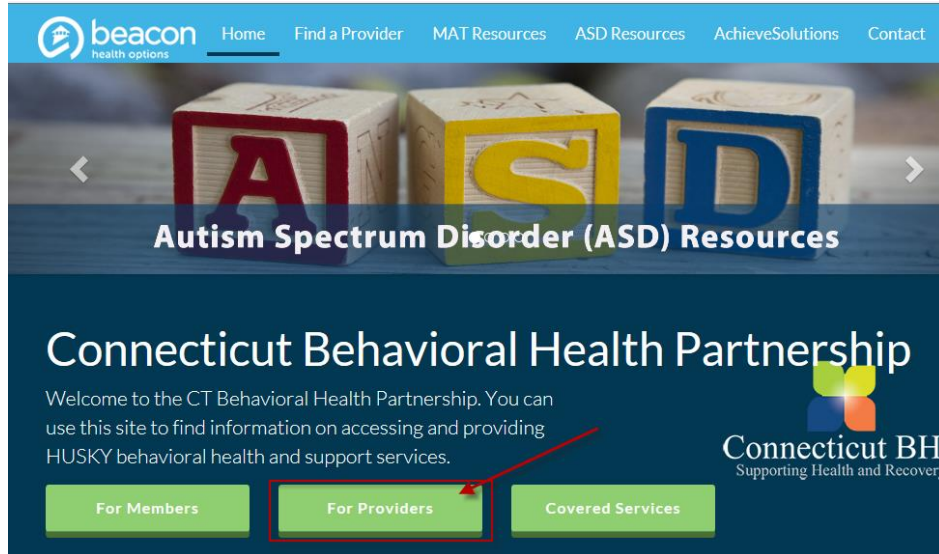


4. Complete the form and fax it back to the Provider Relations department at (855)750-9862. Completed forms can also be scanned and emailed back to Provider Relations at CTBHP@BeaconHealthOptions.com.
5. User ID's and passwords will be created within 48 hours. Once the ID and password are created, you 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 1-877-552-8247.

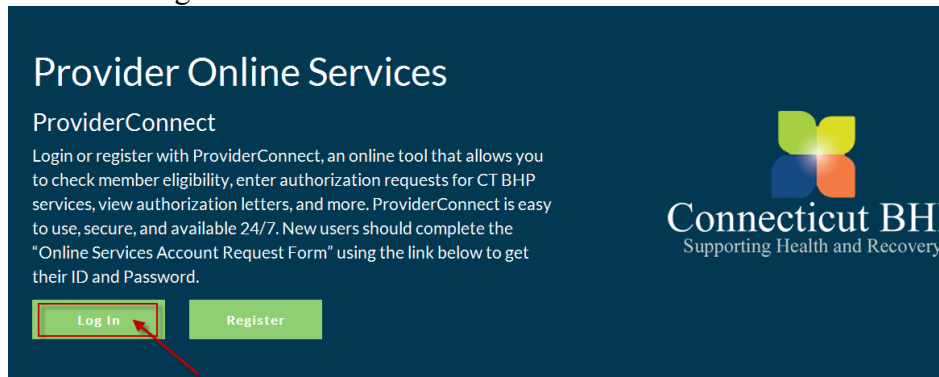


Overview The ProviderConnect web application can be found on the CT BHP website:

1. Go to www.CTBHP.com.
2. Click on the ‘For Providers’ button.



3. Click the ‘Log In’ button.



4. New users without an ID should refer to page 6, otherwise...

5. Enter your User ID and password, then click the ‘Log In’ button.

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?](#)

Log In



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

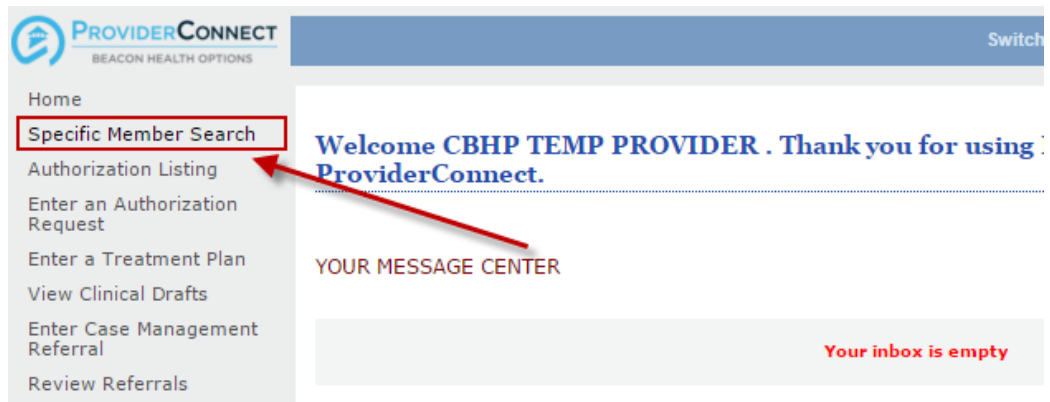
ProviderConnect Basics

Searching for and Viewing Member Records

One function that is used often for various ProviderConnect functions is searching and viewing member records.

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

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**
 - a. Note: The **As of Date (Member Eligibility Date)** will auto-populate with today's date. To search a previous eligibility date, users can enter a previous date.

Eligibility & Benefits Search

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

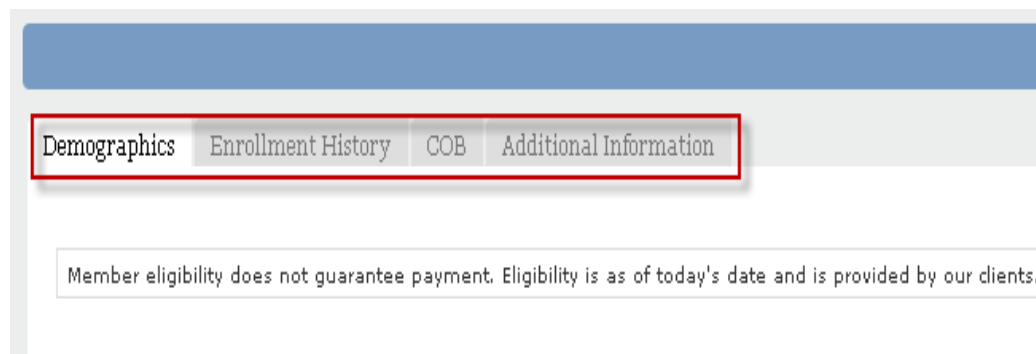
Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text"/>	(MMDDYYYY)
As of Date	09012017	(MMDDYYYY)

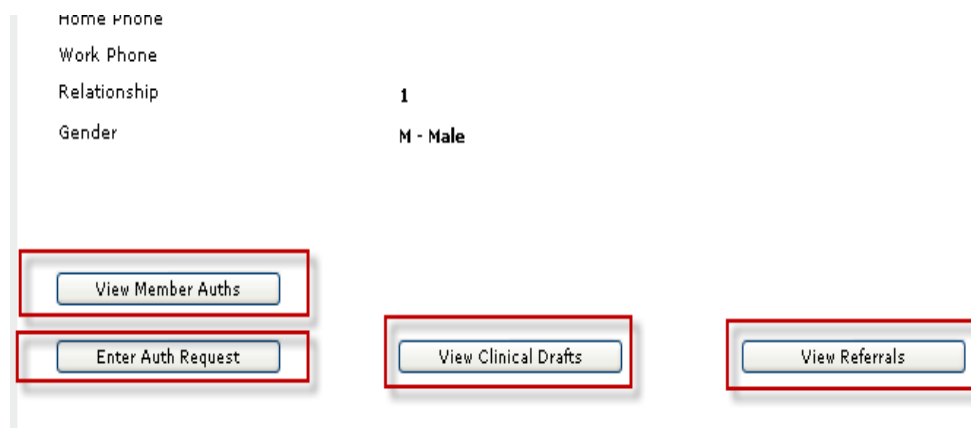
ProviderConnect Basics, continued

Review the Member’s details using the following tabs and buttons:

3. **Demographics** (Displays basic member information (i.e. address, phone, etc.)
4. **Enrollment History** (Displays active and expired enrollment records for member
5. **COB** (“Coordination of Benefits” - Display information on other insurance policies)
6. **Additional Information** (Displays claims mailing address for the member)



7. **View Member Auths** (Displays Member specific authorizations)
8. **Enter an Authorization** (Initiates the Request for Services process)
9. **View Clinical Drafts** (Display member specific Clinical Drafts)
10. **View Referrals** (For Residential/Group Home Providers Only)



Completing Requests for ADE Evaluations

Overview ProviderConnect provides the ability for providers to complete requests for ADE Evaluations using an easy-to-follow workflow.

Key Steps The key steps for requesting ADE Evaluation authorizations include:

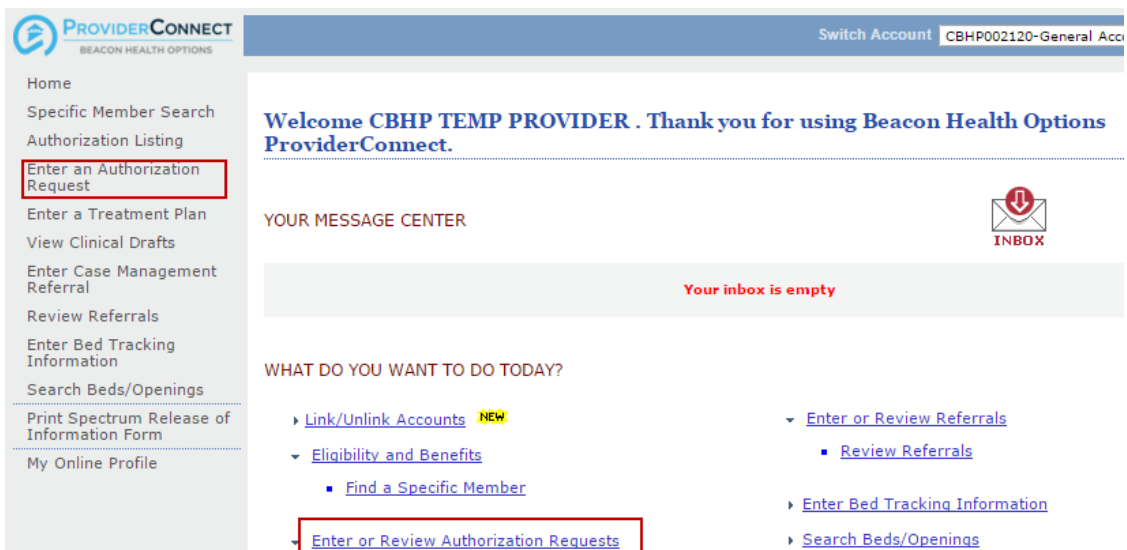
1. Initiate a Request for Authorization.
2. Locate the Member in the ProviderConnect system.
3. Complete the clinical screens and submit your request.

Details about each key step follow.

Key Step 1: Initiate a Request for Authorization The first key step is to initiate the request for authorization. This function is available on the ProviderConnect Homepage. The function can also be initiated when the Member record is located first and then the **Enter an Authorization Request** button is clicked.

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

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



The screenshot shows the ProviderConnect interface. On the left, a navigation menu lists various actions, with 'Enter an Authorization Request' highlighted by a red rectangular box. The main content area features a blue header with the user's name and account type. Below this, a welcome message is displayed. A message center section shows 'Your inbox is empty'. A section titled 'WHAT DO YOU WANT TO DO TODAY?' contains several links, with 'Enter or Review Authorization Requests' highlighted by a red rectangular box.

Completing Requests for ADE Evaluations, continued

- 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.

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

Eligibility & Benefits Search

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

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text"/>	<i>(No spaces or dashes)</i>
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text"/>	<i>(MMDDYYYY)</i>
As of Date	<input type="text" value="09012017"/>	<i>(MMDDYYYY)</i>

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

Member?

Member ID	TEMP001137734
Alternate ID	
Member Name	EVAL, IVANNA
Date of Birth	08/08/1988
Address	500 ENTERPRISE DR ROCKY HILL, CT 06067
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	F - Female
Member Participates in Message Center Communication with Providers?	No

Completing Requests for ADE Evaluations, continued

5. The **Select Service Address** screen will display
6. Select the appropriate service address. Click the radio button next to the service address to select that record. The record that is selected will be attached to the request and authorization that will be created.
7. Click the **Next** button to continue.

Select Service Address

Provider		Vendor		
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
		First Name		Vendor First Name
Tax ID	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



Completing Requests for ADE Evaluations, continued

Key Step 2: Complete the Requested Services Header Screen

The second key step is to complete the Requested Services Header Screen. On this page, you will enter the requested start date of the service and the specific level of care and service that is being requested. This screen displays for all types of requests. The information entered on this page determines which clinical screens will display and which authorization parameters will be applied to the request.

Any field with an asterisk indicates that the field is required.

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).
***Please note: The Requested Start Date will prepopulate to today. 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**.
4. Select the **Level of Care = Outpatient**.
5. Select the **Type of Care = Diagnostic Assessment Level of Assessment**

6. Attach a document (*the CT BHP does not require attached documents, users can proceed to step 7*).
7. Click the **Next Button** (A warning message will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed.)

Completing Requests for ADE Evaluations, continued

Key Step 3: Complete the Clinical Screen Once you have identified your member, selected your service address, and completed the Requested Services Header page, your final step to obtaining an ADE Evaluation is to complete the **Clinical Screen**.

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

1. The first section that you need to complete on the clinical screen is the **Behavioral Diagnoses** section. This section requires at least one diagnosis to be entered, but there are 4 additional fields available to enter additional behavioral diagnoses. We recommend completing this section using two possible methods.
 - a) **Using the Diagnosis Code Text Box:** If you know the diagnosis code that you would like to use, simply type it into the Diagnosis Code 1 box. If this code is available in the ProviderConnect database, the Diagnostic Category 1 and Description fields should be automatically filled once the code has been entered.

Primary Behavioral Diagnosis

* Diagnostic Category 1 SELECT...	*Diagnosis Code 1 F84	* Description
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Additional Behavioral Diagnosis

Primary Behavioral Diagnosis

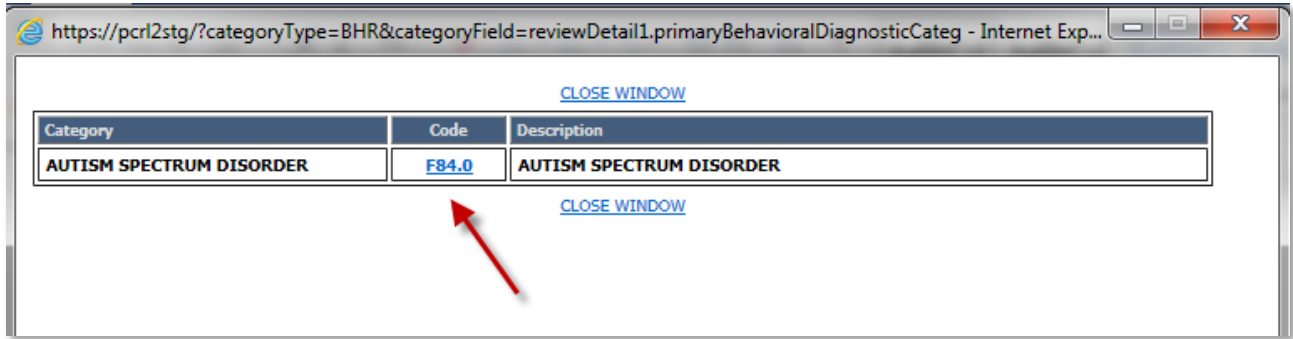
* Diagnostic Category 1 AUTISM SPECTRUM DISORDER	*Diagnosis Code 1 F84.0	* Description Autism Spectrum Disorder
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If you only know a part of the diagnosis code, you can type it into the Diagnosis Code 1 text box, then click on the Diagnosis Code 1 hyperlink above the box to get a list of all available codes that contain the partial code you entered. Simply click on the code hyperlink to complete this section.

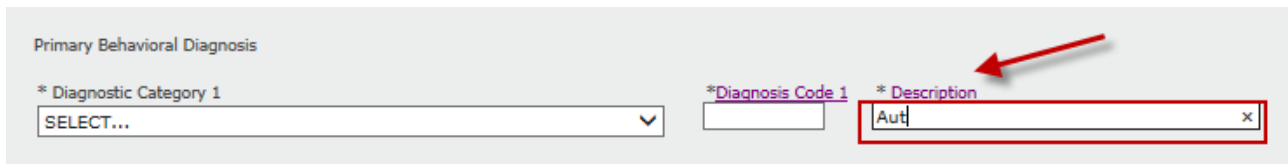
Primary Behavioral Diagnosis

* Diagnostic Category 1 SELECT...	*Diagnosis Code 1 F84	* Description
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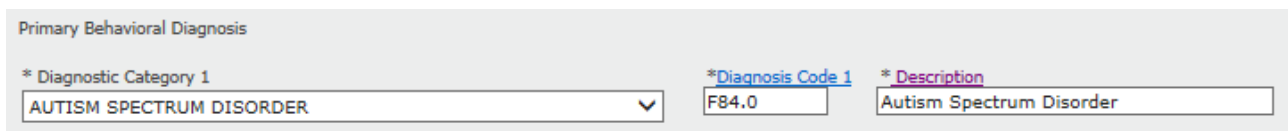
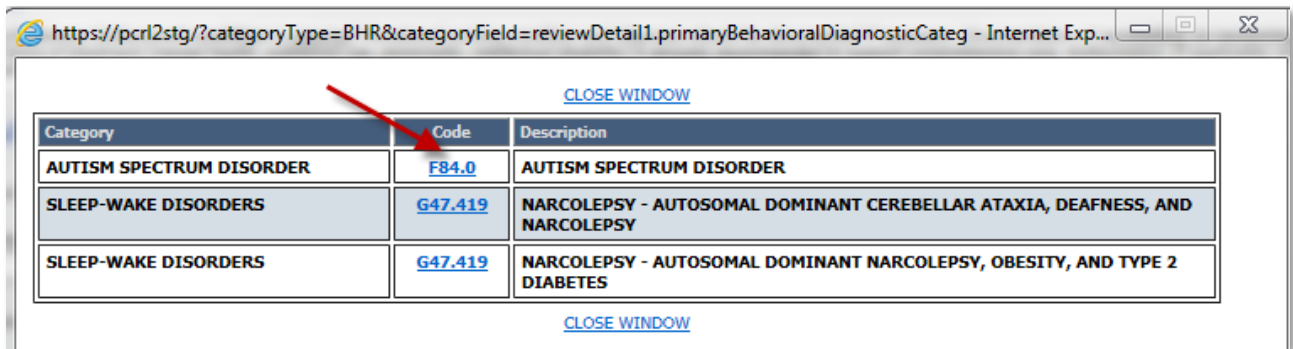
Additional Behavioral Diagnosis



B) Using the Description Text Box: If you do not know the diagnosis code that you are hoping to use, you can use the Description text box to search for the appropriate code. Simply type in a partial description of the diagnosis you want to use, then click on the Description hyperlink above the box.



The diagnosis code popup window will appear. Click on the code that you would like to use and the ProviderConnect system will auto populate the diagnosis information into the Diagnostic Category, Diagnosis Code, and Description fields.



2) The next required section of this screen is the **Primary Medical Diagnosis** section. This is a required section. If you have a medical diagnosis that you would like to enter, you can follow the same steps as outlined in Step 1 above. You can search for all medical diagnoses by using the Diagnosis Code 1 or Description text boxes.

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1 Diagnosis Code 1 Description

CIRCULATORY SYSTEM - HYPERTENSION ▼	I10	Essential (primary) hypertension
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If you do not want to enter a medical diagnosis, you can also select ‘None’ or ‘Other’ at the bottom of the Diagnostic Category 1 dropdown menu.

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select

*Diagnostic Category 1 Diagnosis Code 1

CONGENITAL DEFORMATIONS, MALFORMATIONS AND CHROMOSOMAL ABNORMALITIES

DIGESTIVE SYSTEM - LIVER

DIGESTIVE SYSTEM - OTHER

EAR AND MASTOID PROCESS

ENDOCRINE, NUTRITIONAL & METABOLIC - DIABETES MELLITUS

ENDOCRINE, NUTRITIONAL & METABOLIC - OTHER

ENDOCRINE, NUTRITIONAL & METABOLIC - THYROID

EXTERNAL CAUSES OF MORBIDITY

EYE - BLINDNESS

EYE - OTHER

GENITOURINARY SYSTEM - KIDNEY

GENITOURINARY SYSTEM - OTHER

INFECTIOUS & PARASITIC - HIV

INFECTIOUS & PARASITIC - OTHER

INJURY, POISONING & OTHER EFFECTS OF EXT CAUSES - OTHER

INJURY, POISONING & OTHER EFFECTS OF EXT CAUSES - TBI

MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE

NERVOUS SYSTEM - CHRONIC PAIN, OTHER

NERVOUS SYSTEM - MIGRAINE, EPILEPSY, STROKE

NERVOUS SYSTEM - MULTIPLE SCLEROSIS

NERVOUS SYSTEM - OTHER

NERVOUS SYSTEM - PARKINSONS, EPS

PERINATAL PERIOD

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA

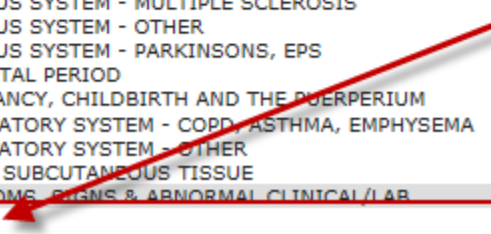
RESPIRATORY SYSTEM - OTHER

SKIN & SUBCUTANEOUS TISSUE

SYMPTOMS, SIGNS & ABNORMAL CLINICAL / LAB

NONE

UNKNOWN



3) The final required section on the clinical screen is the **Social Elements Impacting Diagnosis**. This section features 13 checkboxes detailing different social elements that may impact this member’s diagnosis. You need to select at least one of these checkboxes, but there are options for “None” or “Unknown” if needed. You may also select more than one checkbox if appropriate.

Social Elements Impacting Diagnosis

* Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (Not Homelessness)	<input checked="" type="checkbox"/> Problems related to the social environment
<input checked="" type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	<input type="checkbox"/> Unknown
<input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment			

The **Functional Assessment** section is not required so once you complete the **Social Elements Impacting Diagnosis** section, simply click the ‘Submit’ button on the bottom of the page. This will direct you to the Confirmation Page.

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure: Assessment Score:

Secondary Assessment Measure: Assessment Score:

The Confirmation Page:

1. For ADE Evaluation authorizations, your requests will be “Pended” and sent for review by the CT BHP clinical department.
2. At the bottom of the confirmation page, you have the options to either **Print the Authorization Result, Print the Authorization Request, Download the Authorization Request** or **Return to Provider Home**.

Please Note: You will only be able to print or save your authorization request from this screen. You can only access this screen once after you submit your authorization request. You must save or print your authorization information before leaving this page.

Authorization ing & Downloading Options:
(For the best results, please in Landscape Format)

<input type="button" value="Print Authorization Result"/> <small>the Results page (this page)</small>	<input type="button" value="Print Authorization Request"/> <small>the entire Authorization Request</small>	<input type="button" value="Download Authorization Request"/> <small>Download the entire Authorization Request</small>	<input type="button" value="Return to Provider Home"/> <small>Return to the ProviderConnect homepage</small>
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