
PROVIDER NOTICE

Notice #: PN 2012- 02
Issued: February 24, 2012
To: CT BHP Providers
Re: ProviderConnect Discharge Procedure

Dear Provider,

This notice is being sent to clarify the discharge process for all providers. The goal of the CT BHP is always to insure and manage the appropriate use of resources while improving the consistency in program delivery and reducing the administrative burden on providers.

Effective March 12th, 2012, we are asking that Providers now complete discharge information via the web, through the ProviderConnect application.

Submission of Discharge Information via the web for the following levels of care will be required:

- Inpatient Hospitalization for Psychiatric Treatment
- Inpatient Detoxification
- Partial Hospitalization Programs and Adult Day Treatment
- Intensive Outpatient Treatment
- IICAPS
- Home Health Services

In addition, it is optional for the following levels of care:

- Other Home Based Services (MFT, MST, MDFT, FFT)
- Psychiatric Residential Treatment Facility (PRTF)
- Mental Health Group Homes
- Extended Day Treatment (EDT)
- Methadone Maintenance
- Ambulatory Detoxification
- Outpatient Services

This will give us critical information to assist with discharge planning and connect to care. This is also an important component of the by-pass programs. If you do not have web access, you may continue to call in your discharges.

A step by step tutorial with accompanying screen shots from the ProviderConnect application has been included with this notice. Please share with appropriate staff members. Additionally, a template of the discharge form will also be available on the CT BHP website (www.ctbhp.com) for those facilities in which clinical staff may want to document the required information that an administrative or non-clinical staff may be entering into the ProviderConnect application.

TRAINING WEBINAR ** NEED MORE HELP?

On Thursday, March 1st and Wednesday March 7th, 2012, the CT BHP Provider Relations Department is hosting two separate Webinar trainings on the Discharge Process from 9 – 10:00 am.

If you would like to participate in this webinar, please email the PR Department at ctbhp@valueoptions.com and indicate which training you would like to attend. A confirmation with the webinar login and teleconference information will be distributed to those attendees wishing to participate.

Additionally, a training video on the discharge process will be available on the CT BHP Website, For Provider homepage (<http://www.ctbhp.com/providers.htm>) under the videos header.

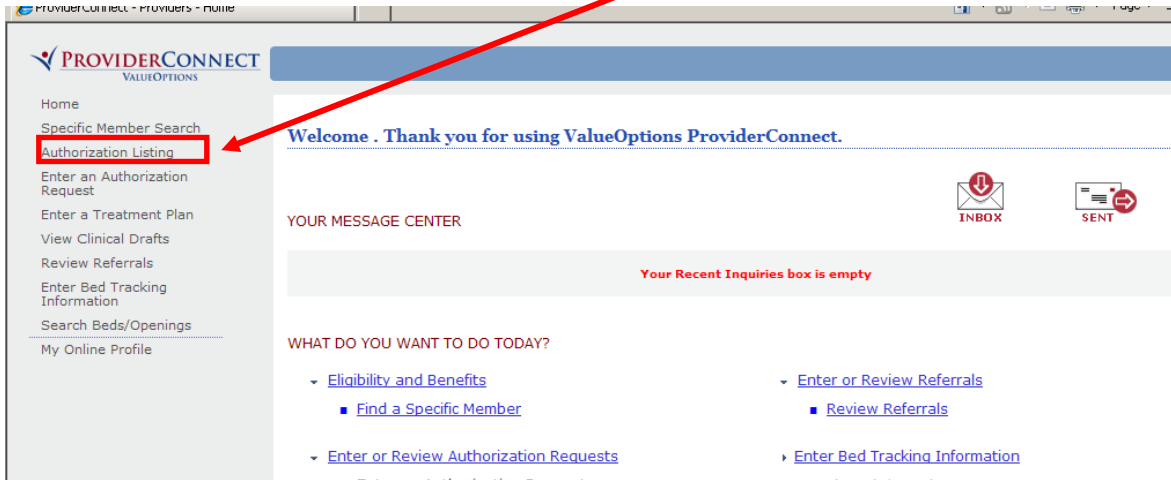
If you have any questions, please feel free to contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership

Enc: Discharge Function Tutorial

Discharge Format-ProviderConnect

1) Once logged into ProviderConnect, Click on **Authorization Listing** on the Home Page



2) Enter CT + the Member's Medicaid ID (i.e. CT005555555) in the **Member ID** field

Home
Specific Member Search
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
My Online Profile

Search Authorizations

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: CBHP002120
NPI # for Authorization: Select...

Vendor ID: []
Member ID: CT005555555
Authorization #: [] - [] - [] (No spaces or dashes)
Client Authorization #: []
Effective Date: 08052010 (MMDDYYYY)
Expiration Date: 08052011 (MMDDYYYY)

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: [] (MMDDYYYY)
Activity Date To: [] (MMDDYYYY)
Delimiter Type: Comma ',' Pipe '|'

3) Click **View All** or **Search** to view the client's authorization(s).

- Specific Member Search
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- My Online Profile

Authorization Search Results

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.

Auth #	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-080411-1-8	TEMP000740625	01/01/1995	CBHP002120	VCB003159	EDT - COMM MH CTR Outpatient
01-070611-1-7	TEMP000740625	01/01/1995	CBHP002120	VCB003159	Home Health Outpatient
01-011011-45-23	TEMP000740625	01/01/1995	CBHP002120	VCB003159	IP HOS - I/P PSYCH Inpatient
01-112310-26-21	TEMP000740625	01/01/1995	CBHP002120	VCB005769	OP - COMM MH CTR Outpatient

4) Once the correct authorization is located, click on the internal **Auth#** (the blue hyperlink starting with 01-Date) to the left of the member's ID#

Note: Users can sort authorization results using the Authorization Search Results bar and by clicking on the desired category ** Click on the header once for descending results & click twice for ascending.

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 #	01-061011-5-10	
Client Auth #	U0377105	
NPI # for Authorization	N/A	
Authorization Status	O - Open	
From Provider	TEMP PROVIDER,	
Admit Date	06/10/2011	
Discharge Date		

5) Click on **Complete Discharge Review**

Requested Services Header

Requested Start Date 12/01/2011	Level of Service O - OUTPATIENT	Member Name SUPPORT, ANITA	Provider Name TEMP PROVIDER,	Vendor ID VCB003159
	Type of Request INITIAL	Member ID TEHP000740625	Provider ID CBHP002120	Provider Alternate ID TEHPFAC

Discharge Information

*Actual Discharge Date (MMDDYYYY) 02292012	Type of Service P - MENTAL HEALTH	Level of Care Discharged From O - OUTPATIENT
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*Primary Discharge Diagnosis Description
311 DEPRESSIVE DISORDER NOS

*Discharge Condition
 Improved No Change Worse Unknown
 Type of Discharge
 Planned Unplanned

Medication at Discharge

 (0 of 250)

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

Current Risks

Key:
0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

*Member's Risk to Self 0 1 2 3 N/A	*Member's Risk to Others 0 1 2 3 N/A
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Check all that apply (*Required if Risk is Moderate or Severe)

<input type="checkbox"/> Ideation <input type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Current Serious Attempts <input type="checkbox"/> Prior Serious Attempts <input type="checkbox"/> Prior Gestures	<input type="checkbox"/> Ideation <input type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Current Serious Attempts <input type="checkbox"/> Prior Serious Attempts <input type="checkbox"/> Prior Gestures
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Current Impairments

Key:
0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

*Mood Disturbances (Depression or Mania) 0 1 2 3 N/A	*Weight Change Associated with a Behavioral Diagnosis 0 1 2 3 N/A
*Anxiety 0 1 2 3 N/A	*Medical/ Physical Conditions 0 1 2 3 N/A
*Psychosis/ Hallucinations/ Delusions 0 1 2 3 N/A	*Substance Abuse/ Dependence 0 1 2 3 N/A
*Thinking/ Cognition/ Memory/ Concentration Problems 0 1 2 3 N/A	*Job/ School Performance Problems 0 1 2 3 N/A
*Impulsive/ Reckless/ Aggressive Behavior 0 1 2 3 N/A	*Social Functioning/ Relationships/ Marital/ Family Problems 0 1 2 3 N/A
*Activities of Daily Living Problems 0 1 2 3 N/A	*Legal 0 1 2 3 N/A

Additional Discharge Information

*Ability to self-administer meds without assistance or supervision 0 1 2 3 N/A	*Ability of family/natural supports/other to supervise medications 0 1 2 3 N/A
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*Notified of Discharge
 BH Provider MCO Other Specify (0 of 250)
 CMP PCP
 LMHA N/A

[Return To Provider Home](#) [Save Discharge Information](#)

6) User will need to enter all required fields. Once this page has been completed, click on **Save Discharge Information**

PROVIDERCONNECT
VALUEOPTIONS

ProviderConnect Home

Determination Status: ***** DISCHARGE COMPLETED *****

Thank you. You have completed your discharge for this episode of care.

Member Name ANITA SUPPORT	Member ID TEMP000740625	Member DOB 01011995	Subscriber Name ANITA SUPPORT	Subscriber ID TEMP000740625
Related Authorization # 120611-30-31	Related Client Authorization # U0468511	Discharge # 120611-30-31	Discharge Date 02/29/2012	
Level of Service OP - OUTPATIENT/COMMUNITY BASED	Type of Service P - MENTAL HEALTH	Level Of Care O - OUTPATIENT	Type of Care CHHA - HOME HEALTH	
Provider Name & Address TEMP PROVIDER 500 ENTERPRISE DRIVE ROCKY HILL CT 06067	Provider ID CBHP002120	Provider Alternate ID TEMPFAC		

Printing & Navigation Options
(For the best print results, please print in 'Landscape' format)

[Print Discharge Result](#)
Print the Results Page (this page)

[ProviderConnect Home](#)
Return to ProviderConnect homepage

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7) After completing the form, you will receive the Determination Status page where you could choose to **Print Discharge Results** or navigate to **ProviderConnect Home**.

8) The training video can be found on the CT BHP Website, For Provider homepage (<http://www.ctbhp.com/providers.htm>) under the videos header.