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## ProviderConnect Registered Services Home Health Agency User Manual

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Revised 10/1/2015

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## Introduction

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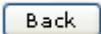
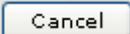
- Introduction** The ProviderConnect application provides a variety of self-service functions to help providers access and view information about members and authorizations. For CT BHP providers additional functionality is available including:
- Obtaining authorizations for CT BHP Home Health Agency Registered Services
  - Completing Re-Registrations/Concurrent Reviews for Home Health Agency Services
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- What is Covered in this Module?** This module covers general functions within ProviderConnect as well as requests for Home Health Agency services, which includes the following key functions:
- **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.
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- Training Objectives** As a result of this training module, you will be able to:
- Log in to ProviderConnect
  - Search for and view Member records.
  - Complete a request for a Home Health Agency service authorization.
  - Complete a request for a concurrent Home Health Agency service authorization.

## 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
<b>“Breadcrumbs”</b>		Tabs with titles of each request screen will display on all of the request screens to show progress through the process.
<b>Asterisk</b>	*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.
<b>Back Button</b>		A <b>Back</b> 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.
<b>Calendar Icon</b>		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.
<b>Cancel Button</b>		A <b>Cancel</b> button is available within some screens to allow a user to exit from the function.
<b>Checkboxes</b>	<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.
<b>Expand/Collapse</b>		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.
<b>Hyperlinked Codes</b>	<u>301.3</u>	Any underlined codes that are input options for a field will populate the field when clicked.
<b>Hyperlinked Field Titles</b>	<u>Diagnosis Code 1</u>	Any underlined field title will open screens, help text, a list of codes, etc. when clicked.
<b>Radio buttons</b>	<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.
<b>Save Request as Draft</b>		A <b>Save Request as Draft</b> 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.
<b>Submit</b>		A <b>Submit</b> button is available on some screens, which will submit the record when clicked.
<b>Text Boxes</b>	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

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](http://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@valueoptions.com](mailto:ctbhp@valueoptions.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.

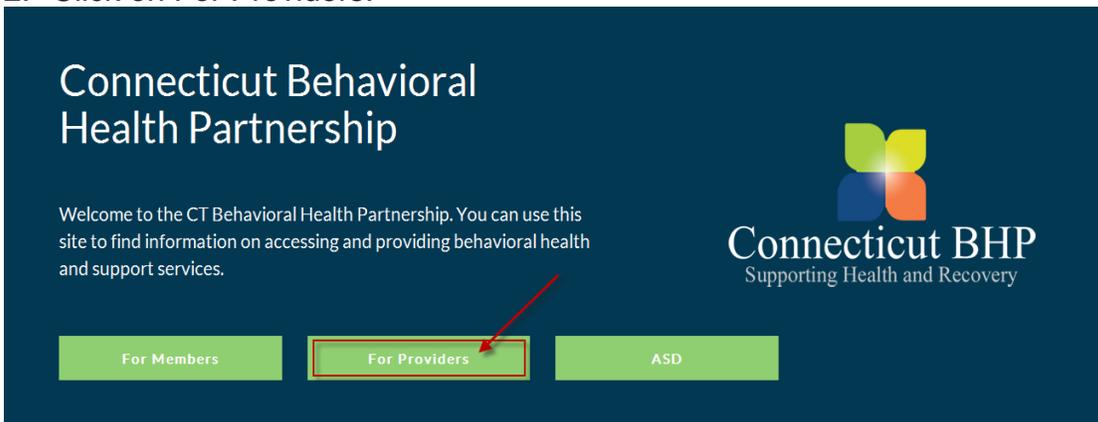


## Accessing ProviderConnect, *continued*

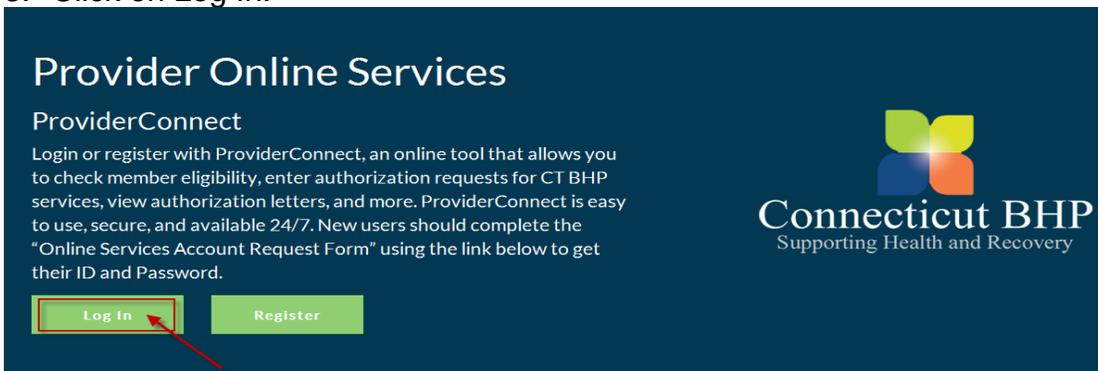
### Logging In

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

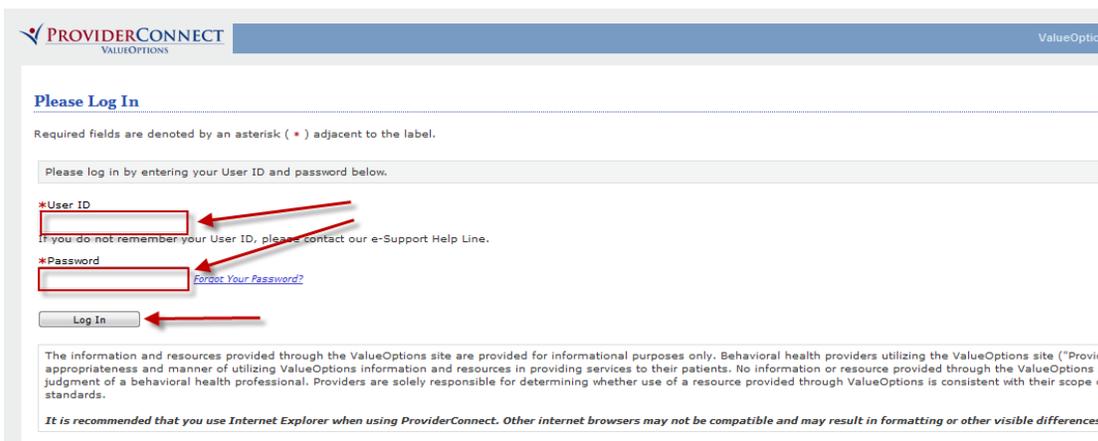
1. Go to [www.ctbhp.com](http://www.ctbhp.com).
2. Click on For Providers.



3. Click on Log In.



4. Enter User ID and Password.



5. Click Log In.



## ProviderConnect Basics

### Searching for and Viewing Member Records

One function that is used often to 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 (MBR 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.

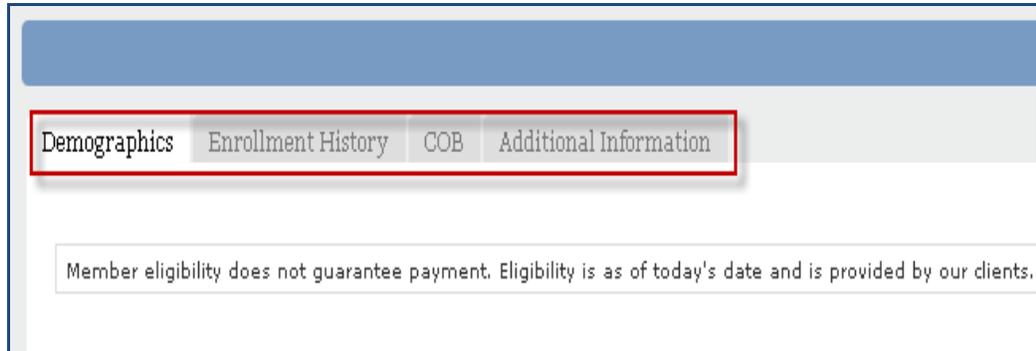
Verify a patient's eligibility and benefits information by entering search criteria below.

<b>*Member ID</b>	<input type="text"/>	<i>(No spaces or dashes)</i>
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
<b>*Date of Birth</b>	<input type="text"/>	<i>(MMDDYYYY)</i>
As of Date	<input type="text" value="08162010"/>	<i>(MMDDYYYY)</i>

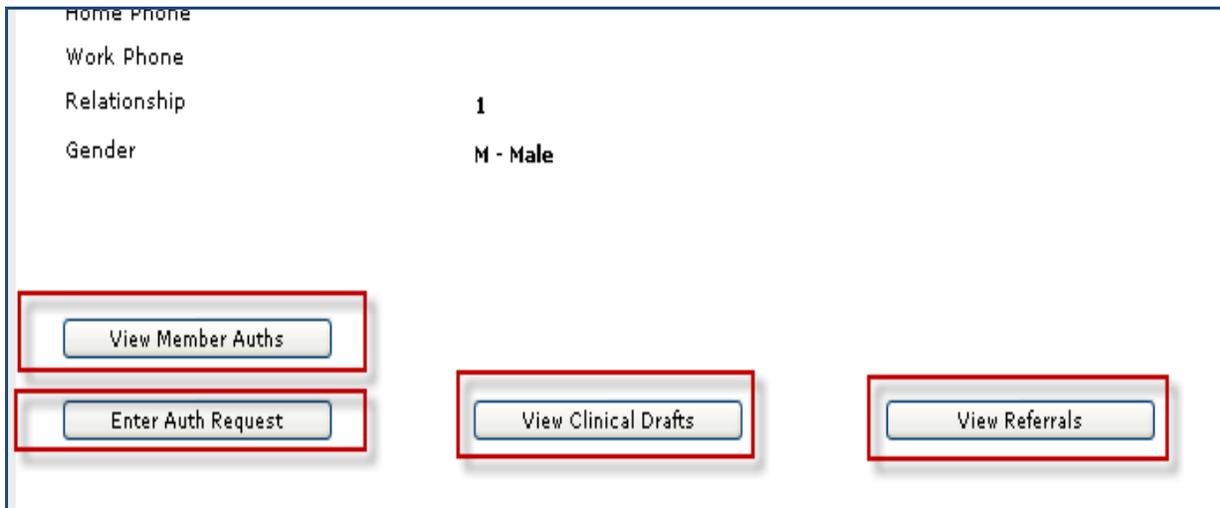
## ProviderConnect Basics, continued

### Review Members record details

3. **Demographics** (Displays basic member information (i.e.address, phone, etc.)
4. **Enrollment History** (Displays active and expired enrollment records for member
5. **COB** ( 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)





## Features

### Saving Requests as Drafts

While working with requests for authorizations in ProviderConnect, 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. Saved drafts can be viewed and opened by providers from the View Clinical Drafts screen accessible from the ProviderConnect homepage.

Saved drafts are available for completion and submission for 30 days from the initial date the record was saved. If the record is not submitted within the 30 days, it is automatically expired.

**When a record is saved as a draft, it is NOT available for CT BHP clinical staff to review.**



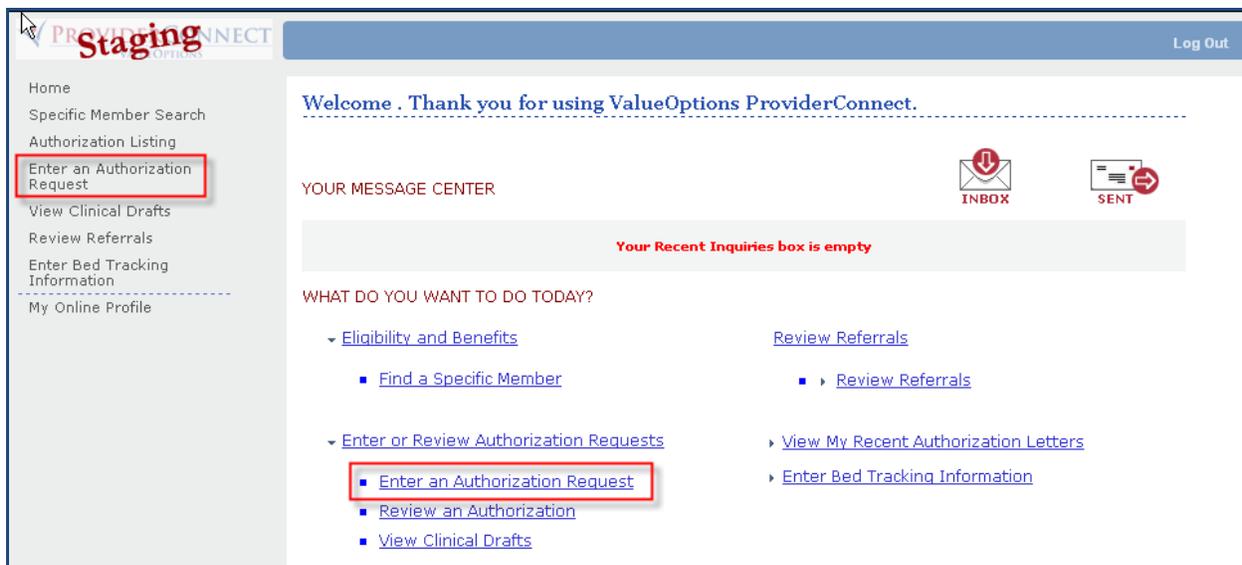
## Completing Initial Requests for Home Health Agency Services

**Key Step 1:  
Initiate a Request  
for Authorization**

The first key step is to initiate the request for authorization function, which starts from the ProviderConnect Homepage. The function can also be initiated when the Member record is located first and then the **Enter an Auth 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 an Authorization Request link from either the left navigational or Home page of ProviderConnect.



## Completing Initial Requests for Home Health Agency Services, *cont.*

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

**Disclaimer**

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Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " pro notification that your request has been received by ValueOptions.

Next

3. Search for Member Record
  - a. Enter Member's Medicaid ID and Date of Birth
  - b. Click Next

**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	005555555	<i>(No spaces or dashes)</i>
Last Name		
First Name		
*Date of Birth	01011955	<i>(MMDDYYYY)</i>
As of Date	05022011	<i>(MMDDYYYY)</i>

Search

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

**Member?**

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

Next

5. The **Select Service** screen will display

## Completing Initial Requests for Home Health Agency Services, *cont.*

6. Locate and select the Service Address/Vendor.
7. Click the radio button next to the Service Address to select record. The record that is selected will be attached to the request and authorization that will be created.
8. Click the **Next** button to continue. The **Requested Service Header** will display.

### Provider

Provider ID:  Provider Last Name: **TEMP PROVIDER**

### Select Service Address

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

## Completing Initial Requests for Home Health Agency Services, *cont.*

**Key Step 2:  
Complete Initial  
Entry Request  
Screen**

The second key step is to complete the initial entry screen of the request where the requested start date of the service is entered and the specific level of care and service is selected. 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. Any field with an asterisk indicates that the field is required.

9. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover requested services.)
10. 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.)
11. Select the **Type of Service = Mental Health**
12. Select the **Level of Care = Outpatient**
13. 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)  

\*Level of Service

\*Type of Service

\*Level of Care

Type of Care

Provider

14. Attach a document
  - a. Home Health Agency authorization requests that are within auto approved parameters **will not** require additional documentation. (Proceed to Step 22.)
15. To attach a document
  - a. Indicate **Yes** or **No** for DOES THIS DOCUMENT CONTAIN CLINICAL INFORMATION ABOUT THE MEMBER?
  - b. Choose ADDITIONAL CLINICAL or ASSESSMENT/EVAL from the Document Description Drop down Menu.
  - c. Click Upload File.

**Attach a Document**

*Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document*

\*Document Type:

Does this Document contain clinical information about the Member? Yes  No

\*Document Description:

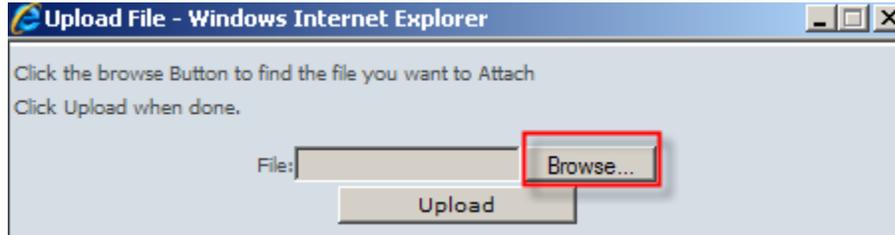
UploadFile *Click to attach a document* Delete *Click to c*

Attached Document:

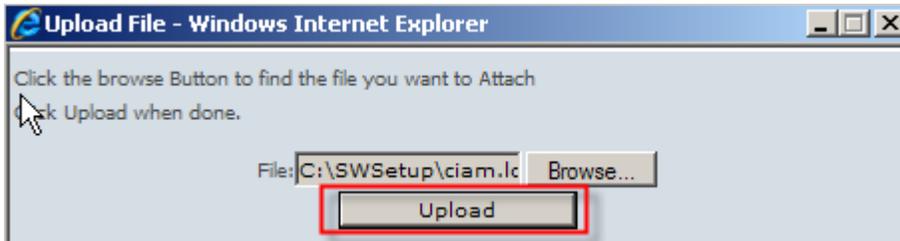
## Completing Initial Requests for Home Health Agency Services, *cont.*

**Key Step 2:  
Complete Initial  
Entry Request  
Screen**

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 18-21.
21. Click the **Next Button**
  - a. If a document has not been attached, a warning message will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed.

**Attach a Document**

---

Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document

\*Document Type: \_\_\_\_\_ Does this Document contain clinical information about the Member? Yes  No

\*Document Description:

*Click to attach a document*  *Click*

Attached Document:  
 (485 - Smith, Jane - VNA.doc) - Secure-Clinical Document - Additional Clinical



## Completing Initial Requests for Home Health Agency Services, *cont.*

**Key Step 3:  
Complete the  
Clinical Screens  
(ORF2)**

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.

1. **Type of Services**
2. **Diagnosis**
3. **Current Risks**
4. **Treatment Plan**
5. **Psychotropic Medications**

Below is information for completing each screen.

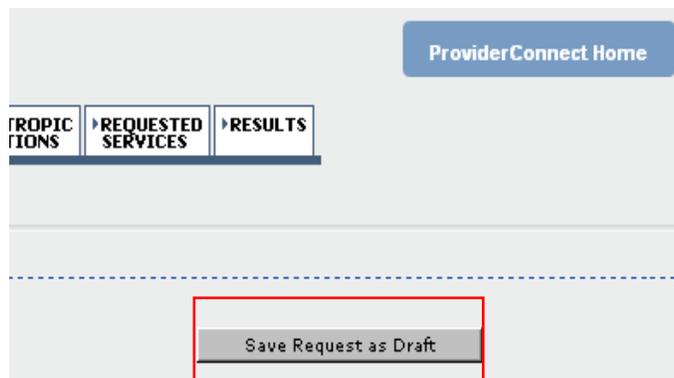
**Key Step 3:  
Complete the  
Clinical Screens  
(ORF2) - Tips for  
Working through  
the Clinical  
Screens**

- 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.
- Within any clinical screen the request can be saved as a draft by clicking the **Save Request as Draft** button within the screen header.



**IMPORTANT  
NOTE: 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 providers from the View Clinical Drafts screen accessible from the ProviderConnect homepage. (See pg 11.)



## Completing Initial Requests for Home Health Agency Services, *cont.*

**Key Step 4:  
Complete the  
Clinical Screens  
(ORF2) – Type of  
Services Screen**

The Type of Services screen is the first screen that will display after the Initial Entry screen. Much of the information is required for completion on this screen.

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

Step	Action
1	*Indicate the <b>Contact Name and phone number (In case additional information is needed by the Home Health Clinicians to authorize care)</b>
2	Members Guardian- If available, please enter. (Not required)
3	*Is this a new registration for a client already in outpatient treatment within your agency/practice? <b>Yes or No</b>
4	*Select the <b>REFERRAL SOURCE</b> from the drop down menu.
5	* <b>Enter First Name, Last Name and Credentials</b> of licensed prescribing practitioner.
6	*Select the <b>REFERRAL TYPE</b> from the drop down menu. <b>(Emergent, Routine, Urgent)</b>
7	*Enter <b>Date of First Appointment Accepted by the Member</b> . (mmddyyyy)
8	<p><i>Click the <b>Next</b> button.</i></p> <ul style="list-style-type: none"> <li>▪ The <b>Diagnosis</b> screen will display next.</li> </ul>

**Key Step 5:  
Complete the  
Clinical Screens  
(ORF2) – Diagnosis Screen**

The Level of Diagnosis screen is the first screen that will display after the Initial Entry screen. Much of the information is required for completion of this 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.

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

## Completing Initial Requests for Home Health Agency Services, *cont.*

Step	Action
1	*The Primary Diagnostic Category 1 is the main diagnosis and should be the reason for the members decompensation to Inpatient Care
2	Enter the Diagnosis Code 1 or a brief Description and select the hyperlink

**Behavioral Diagnoses**

Primary Behavioral Diagnosis

\* Diagnostic Category 1  
 SELECT...  [\\* Diagnosis Code 1](#) [\\* Description](#)

Additional Behavioral Diagnosis

Step	Action
3	System users can enter a partial diagnosis and then click on the hyperlink to view a filtered list of ICD-10 codes that match their search criteria.
4	Once a user clicks on the appropriate code in any of the pop-up windows, all other fields will populate.

**Behavioral Diagnoses**

Primary Behavioral Diagnosis

\* Diagnostic Category 1  
 SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISOR...  [\\* Diagnosis Code 1](#) [\\* Description](#)  
 Schizophrenia

Category	Code	Description
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	<a href="#">F28</a>	OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	<a href="#">F20.9</a>	SCHIZOPHRENIA
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	<a href="#">F29</a>	UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER

**Behavioral Diagnoses**

Primary Behavioral Diagnosis

\* Diagnostic Category 1  
 SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISOR...  [\\* Diagnosis Code 1](#) [\\* Description](#)  
 Schizophrenia

## Completing Initial Requests for Home Health Agency Services, *cont.*

Step	Action
5	System users may choose to first select a Medical Diagnostic category and then utilize the Diagnosis Code and/or Description field hyperlinks to locate the appropriate Medical Diagnosis.
6	System users can enter a partial medical diagnosis and then click on the hyperlink to view a filtered list of those codes that match their search criteria.
7	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”.

**Primary Medical Diagnoses**

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

\*Diagnostic Category 1  
 SELECT...  [Diagnosis Code 1](#) [Description](#)

Diagnostic Category 2  
 SELECT... [Diagnosis Code 2](#) [Description](#)

- 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**

- A. **Partial Description** – We suggest for those system users that are new or unfamiliar to the ICD-10 Medical Diagnoses, to first enter a partial description of the medical condition then click the Description hyperlink.

**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  
 SELECT... [Diagnosis Code 1](#) [Description](#) 

hyper

## Completing Initial Requests for Home Health Agency Services, *cont.*

B. A partial description will bring up a pop-up window where users can view a filtered list of those descriptions that match their search criteria.

<a href="#">CLOSE WINDOW</a>		
Category	Code	Description
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I10</a>	ESSENTIAL (PRIMARY) HYPERTENSION
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I12</a>	HYPERTENSIVE CHRONIC KIDNEY DISEASE
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I13</a>	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I11</a>	HYPERTENSIVE HEART DISEASE

C. Once a user clicks on the appropriate code in the pop-up window, all other fields will populate.

**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

\*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.

Other specific medical conditions (28 of 2000)

ANY HISTORY AND IN REMISSION



## Completing Initial Requests for Registered Services, continued

The next section has been named **Social Elements Impacting Diagnosis**. Additionally, the “Housing Problems” checkbox has been divided into “Housing Problems (Not Homelessness)” and “Homelessness.”

Step	Action
1	To complete this section, simply 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.
2	If there are no social elements impacting the member, select the “None” checkbox.
3	If social elements have not been assessed yet, select the “Unknown” checkbox
4	If Other Psychosocial and Environmental Problems is selected, an open text field will open and require you to enter what the other is.

**Social Elements Impacting Diagnosis**

\* Check all that apply

None

Problems with access to health care services

Housing problems (Not Homelessness)

Problems related to the social environment

Educational problems

Problems related to interaction w/legal system/crime

Occupational problems

Homelessness

Financial problems

Problems with primary support group

Other psychosocial and environmental problems

Unknown

Medical disabilities that impact diagnosis or must be accommodated for in treatment

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.**

Step	Action
1	To complete this section, simply click the dropdown for the Assessment Measure
2	If an ‘Assessment Measure’ is selected in the drop down, then an ‘Assessment Score’ must be entered into the corresponding field as well.
3	If an Assessment Measure is not listed in the dropdown, “Other” can be selected
4	If “Other” is selected an open text box will appear. Please enter the “Other” test and the Assessment score of that test.

**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  
SELECT...

Assessment Score

Secondary Assessment Measure  
SELECT...

Assessment Score



## Completing Initial Requests for Registered Services, continued

- A. Select the appropriate Assessment Measure from the drop down menu and enter the Assessment Score.**

- B. Users can select from the following assessment measures. If you are using a different assessment measure, then select ‘Other’ from the drop down menu.**

**Below is a Key for the Assessment Measure List:**

- **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

**Key Step 6:  
Complete the  
Clinical Screens  
(ORF2) – Current  
Risks Screen**

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.

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

## Completing Initial Requests for Home Health Agency Services, *cont.*

Step	Action
1	Click the radio button for the appropriate rating for <b>Current Risks:</b> <ul style="list-style-type: none"> <li>▪ MEMBER'S RISK TO SELF *</li> <li>▪ MEMBER'S RISK TO OTHERS *</li> </ul>
2	Click the radio button for the appropriate rating for <b>Current Impairments:</b> <ul style="list-style-type: none"> <li>▪ MOOD DISTURBANCES (DEPRESSION OR MANIA)*</li> <li>▪ WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER*</li> <li>▪ ANXIETY*</li> <li>▪ MEDICAL/PHYSICAL CONDITIONS*</li> <li>▪ PSYCHOSIS/HALLUCINATIONS/DELUSIONS*</li> <li>▪ SUBSTANCE ABUSE/DEPENDENCE*</li> <li>▪ THINKING/COGNITION/MEMORY/CONCENTRATION PROBLEMS*</li> <li>▪ JOB/SCHOOL PERFORMANCE PROBLEMS*</li> <li>▪ IMPULSIVE/RECKLESS/AGGRESSIVE BEHAVIOR*</li> <li>▪ SOCIAL FUNCTIONING/RELATIONSHIPS/MARITAL/FAMILY PROBLEMS</li> <li>▪ ACTIVITIES OF DAILY LIVING PROBLEMS</li> <li>▪ LEGAL</li> </ul>
3	<ul style="list-style-type: none"> <li>▪ 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)</li> <li>▪ WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER*</li> <li>▪ SUBSTANCE ABUSE/DEPENDENCE*</li> <li>▪ LEGAL*</li> </ul>
4	Complete additional required information when the LEGAL* impairment rating is a '1', '2' or '3'. <ul style="list-style-type: none"> <li>▪ A sub-section will expand to display the fields that need to be completed.</li> </ul>
5	Indicate <b>Yes, No</b> or <b>Not Assessed</b> for DOES MEMBER HAVE CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS?*
6	Click the <b>Next</b> button. <ul style="list-style-type: none"> <li>▪ The <b>Treatment Plan</b> screen will display next.</li> </ul>

**Key Step7:**  
**Complete the Clinical Screens (ORF2) – Treatment Plan Screen**

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. *This section is only required for concurrent requests.*

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



## Completing Initial Requests for Home Health Agency Services, *cont.*

Step	Action
1	<p>*Indicate <b>Yes</b> or <b>No</b> for DO FAMILY MEMBERS OR SIGNIFICANT OTHERS ACTIVELY PARTICIPATE IN THE MEMBER’S TREATMENT AND RECOVERY?*</p> <ul style="list-style-type: none"> <li>If <b>YES</b> is selected, complete the follow up question IF YES, ARE ANY OF THE FAMILY MEMBERS/SIGNIFICANT OTHERS RECEIVING THEIR OWN MH OR SA TREATMENT?</li> </ul>
2	<p>*Select valid options to indicate the consent obtained for contact:</p> <ul style="list-style-type: none"> <li><b>*MEDICAL PROVIDER</b> (Yes, No, Denied, N/A)</li> <li><b>*PREVIOUS BEHAVIORAL HEALTH TREATMENT PROVIDER</b> (Yes, No or Denied)</li> </ul>
3	<p><b>*Are Home Health Services intended to treat primarily a medical (not behavioral health) condition(s)?</b> (Yes or No)  <b>*If Yes, please abort this request and call CHNCT to request an authorization.</b>  <b>*If No, *PLEASE PROVIDE RATIONALE FOR HOME HEALTH SERVICES?*</b>                      (2000 Character limit)</p>
4	<p>*Complete required information about the member’s treatment plan.</p> <ul style="list-style-type: none"> <li><b>*THE TREATMENT PLAN WAS DEVELOPED WITH THE MEMBER (OR HIS/HER GUARDIAN) AND HAS MEASURABLE TIME LIMIT GOALS.</b> (Yes or No)</li> <li><b>*DOES A DOCUMENTED GOAL ORIENTED TREATMENT PLAN EXIST?</b> (Yes or No)</li> <li><b>*ANTICIPATED/TARGET DATE FOR ACHIEVEMENT OR CURRENT TREATMENT PLAN GOALS* (MMDDYYYY)</b></li> </ul>
5	<p><b>*Enter information into Narrative Entry field “CURRENT PLAN OF TREATMENT, GOALS OF SERVICES REQUESTED AND DISCHARGE PLAN?*</b> (1000 Character limit)</p>
6	<p>Indicate <b>Yes</b> or <b>No</b> for HOME HEALTH AIDE*</p> <ul style="list-style-type: none"> <li>If Yes, select FREQUENCY* from drop down menu. (<b>&gt;14 HRS/Week OR &lt; or = 14 HRS/Week</b>)</li> </ul>
7	<p>Indicate <b>Yes</b> or <b>No</b> for NURSING MED ADMIN*</p> <ul style="list-style-type: none"> <li>If <b>Yes</b>, select FREQUENCY* from drop down menu. (<b>Less or =2 Visits/Week, Daily (QD), 3X Day(TID), 2X Daily (BID), 3 Visits/Week, 4-6 Visits/Week, Prompting</b>)</li> </ul>
8	Indicate <b>Yes</b> or <b>No</b> for SKILLED NURSING*
9	Indicate <b>Yes</b> or <b>No</b> for PHYSICAL THERAPY*
10	Indicate <b>Yes</b> or <b>No</b> for SPEECH THERAPY*
11	Indicate <b>Yes</b> or <b>No</b> for OCCUPATIONAL THERAPY*
12	<p>*Select PRIMARY PLACE HOME HEALTH SERVICES WILL BE PROVIDED* from drop down menu.</p> <ul style="list-style-type: none"> <li>FAMILY HOME</li> <li>HOMELESS SHELTER</li> <li>INDEPENDENT LIVING</li> <li>MENTAL HEALTH GROUP HOME</li> <li>RESIDENTIAL CARE HOME</li> <li>SUPERVISED HOUSING</li> <li>SUPPORTIVE HOUSING</li> </ul>
13	<p>*Click the radio button for the appropriate rating: (0, 1, 2, 3 OR n/a)</p> <ul style="list-style-type: none"> <li>ABILITY TO SELF-ADMINISTER MEDS W/O ASSISTANCE OR SUPERVISION*</li> <li>ABILITY OF FAMILY/NATURAL SUPPORTS.OTHER TO SUPERVISE MEDICATIONS*</li> </ul>
14	<p>*Indicate if there is a PLAN IN PLACE TO PROMOTE INDEPENDENCE IN MED ADMINISTRATION (Yes or No)</p>



Step	Action
15	<b>*Please Note: If this is an Initial Request, please do not enter information in the Re-Registration Only section.</b>
16	<p>Click <b>Next</b> button.</p> <ul style="list-style-type: none"> <li>▪ The <b>Psychotropic Medications</b> screen will display next.                             <ul style="list-style-type: none"> <li>▪ <b>*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.</b></li> <li>▪ The medication fields are not required but should be completed if applicable.</li> </ul> </li> </ul>

**Key Step 9: Accept Request** Once the **Next** button is clicked from the final clinical screen, the Submit Request will display.

---

**Submit Request**

Step	Action
1	<p>CT BHP providers should <b>always click the Accept Button</b> on the confirm submission screen.</p> <ul style="list-style-type: none"> <li>○ When the <b>Accept</b> button is clicked, the user will be advanced to the Requested Services screen to indicate the services that they are requesting.</li> <li>○ CT BHP users <b>should not</b> click the <b>Reject</b> button. If a user clicks <b>Reject</b>, the request will <b>NOT</b> be approved. Rather, it will be pended to the CT BHP clinical staff, delaying authorization and billing.</li> </ul>

---



## Completing Initial Requests for Home Health Agency Services, *cont.*

**Key Step 10:  
Requested  
Services**

Once the **Accept** button is clicked, the Requested Services Screen will display.

The Requested Services Screen allows Home Health Agency providers to enter a listing of the services, modifiers and number of units that they are requesting.

**\*First, Select the Box “Click Here to Add or Modify Service Codes”.**

Requested Services Header

Requested Start Date: 04/20/2015

Member Name: HLOC, IVANNA

Provider Name: TEMP PROVIDER

Vendor ID: VCB003159

Member ID: TENP000981335

Provider ID: CBHP002120

Provider Alternate ID: TENPFAC

NPI # for Authorization: SELECT...

Level of Service: OUTPATIENT/COMMUNITY BASED

Type of Service: Mental Health

Level of Care: Outpatient

Type of Care: Home Health

Save Request as Draft

Authorized User: \_\_\_\_\_

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

*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
SELECT...						443
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						

**\*A new Window will then Open**

Select Service Codes - Mozilla Firefox

pcrl1stg/pc/review/showRequestedServiceCodes.do

CLOSE WINDOW

Save Close

NOTE: Select codes for this authorization request by checking the box next to the services being requested prior to saving the selection. Units being requested may be adjusted after saving codes. To de-select a code, uncheck the box. A limit of 10 services can be requested via this form - if additional services are required please indicate the services within the free text Focus of Care box or as an attachment to the request.

Code	Mod 1	Mod 2	Mod 3	Mod 4	Description
<input type="checkbox"/> MA					MEDICATION ADMIN VISIT
<input type="checkbox"/> SN					NURSING CARE, IN THE HOME; BY RN
<input type="checkbox"/> T1004					NSG AIDE SERVICE UP TO 15MIN
<input type="checkbox"/> T1021					HH AIDE OR CN AIDE PER VISIT
<input type="checkbox"/> 0421					PHYSICAL THERAPY - VISIT CHARGE
<input type="checkbox"/> 0431					OCCUPATIONAL THERAPY - VISIT CHARGE
<input type="checkbox"/> 0441					SPEECH/LANGUAGE PATHOLOGY - VISIT CHARGE

Save Close



## Completing Initial Requests for Home Health Agency Services, *cont.*

Step	Action
1	To complete this section, please check the box to the left of the Code you are requesting.
2	Once the codes are selected, click on Save to proceed

pcr1stg/pc/review/showRequestedServiceCodes.do

[CLOSE WINDOW](#)

Save Close

**NOTE:** Select codes for this authorization request by checking the box next to the services being requested prior to saving the selection. Units being requested may be adjusted after saving codes. To de-select a code, uncheck the box. A limit of 10 services can be requested via this form - if additional services are required please indicate the services within the free text Focus of Care box or as an attachment to the request.

	Code	Mod 1	Mod 2	Mod 3	Mod 4	Description
<input checked="" type="checkbox"/>	MA					MEDICATION ADMIN VISIT
<input checked="" type="checkbox"/>	SN					NURSING CARE, IN THE HOME; BY RN
<input type="checkbox"/>	T1004					NSG AIDE SERVICE UP TO 15MIN
<input type="checkbox"/>	T1021					HH AIDE OR CN AIDE PER VISIT
<input type="checkbox"/>	0421					PHYSICAL THERAPY - VISIT CHARGE
<input type="checkbox"/>	0431					OCCUPATIONAL THERAPY - VISIT CHARGE
<input type="checkbox"/>	0441					SPEECH/LANGUAGE PATHOLOGY - VISIT CHARGE

Save Close

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.

pcr1stg/pc/review/RequestORF2RequestedServices.do?draftAuthorizedUserID=

PAGE 6 of 7

**Requested Services Header**

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

[Save Request as Draft](#)

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 the further clinical review is completed.

[Click Here to Add or Modify Service Codes](#)

*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					443
HOME	SN					
SELECT...						
SELECT...						
SELECT...						



## Completing Initial Requests for Home Health Agency Services, *cont.*

For example, I will be 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 <b>04/20/2015</b>	Member Name <b>HLOC, IVANNA</b>	Provider Name <b>TEMP PROVIDER,</b>	Vendor ID <b>VCB003159</b>	<a href="#">Save Request as Draft</a>
Type of Request <b>INITIAL</b>	Member ID <b>TEMP000981335</b>	Provider ID <b>CBHP002120</b>	Provider Alternate ID <a href="#">TEMPFAC</a>	NPI # for Authorization SELECT... ▾
Level of Service <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>Mental Health</b>	Level of Care <b>Outpatient</b>	Type of Care <b>Home Health</b>	Authorized User <input type="text"/>

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 MEDICATION ADMIN VISIT	MA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	62
HOME NURSING CARE, IN THE HOME; BY RN	SN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step	Action
1	To complete this section, please update the open text box with the units you are requesting.
2	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 service, and number of visits/units requested for each procedure. Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 443

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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



## Completing Initial Requests for Home Health Agency Services, *cont.*

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### Requested Services Header

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

---

**Describe additional details for this request that will pend for review**

\*Requested number of days or units

\*Start Auth Date

\*End Auth Date

\*Rationale for continued request (82 of 1000)

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

Step	Action
<b>1</b>	*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.
<b>2</b>	Once the values are entered, click on Submit to proceed

**Key Step 11: Submit Request and Confirm Submission** Once the **Submit** button is clicked from the final clinical screen, the confirmation screen will display.

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

### *Pended Requests*

Step	Action
<b>1</b>	Confirm submission of request. <ul style="list-style-type: none"> <li>○ For pended requests, the status would indicate 'Pended' at the top of the screen with a message indicating that the request requires further review.</li> <li>▪ The Results screen provides a summary of information about the request.</li> </ul>
<b>2</b>	Print the request. <ul style="list-style-type: none"> <li>▪ Click the <b>Print Authorization Result</b> button to print a copy of the Results page.</li> <li>▪ Click the <b>Print Authorization Request</b> button to print a copy of all the screens/fields completed for the request, including the clinical screens and the Results page.</li> </ul>
<b>4</b>	Download the request. <ul style="list-style-type: none"> <li>▪ Click the <b>Download Authorization Request</b> button to save a copy of the request either in .pdf format or xml.</li> </ul>
	Exit the Request for Authorization function. <ul style="list-style-type: none"> <li>▪ Click the <b>Return to Provider Home</b> to exit the Request for Authorization function.</li> </ul>



## Completing a Concurrent Inquiry for Home Health Agency Services

- Overview** There are (2) methods for concurrent/re-registration requests for Home Health Providers.
1. Creating an Inquiry.
    - i. 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.
    - i. 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** 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.

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**.

**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.

<b>*Member ID</b>	<input style="border: 1px solid red;" type="text" value="00555555"/>	<small>(No spaces or dashes)</small>
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
<b>*Date of Birth</b>	<input style="border: 1px solid red;" type="text" value="01011955"/>	<small>(MMDDYYYY)</small>
As of Date	<input type="text" value="05022011"/>	<small>(MMDDYYYY)</small>

3. Click **Search**.



## Completing a Concurrent Inquiry for Home Health Services, *cont.*

4. Click **View Member Auths** on the Member's Demographic Page.
5. Once the screen expands, Click **Search**.

View Member Auths

Enter Auth Request

View Clinical Drafts

View Referrals

View Treatment Plans

View Crisis Plans

Provider ID

Auth #  -  -  *(X-digits, no spaces or dashes)*

Service From  *(MMDDYYYY)*

Service Through  *(MMDDYYYY)*

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
<a href="#">01-112310-26-21</a>	<a href="#">TEMP000740625</a> SUPPORT, ANITA	01/01/1995	CBHP002120 <a href="#">999999999</a>	VCB005769
<a href="#">01-112310-17-42</a>	<a href="#">TEMP000740625</a> SUPPORT, ANITA	01/01/1995	CBHP002120 <a href="#">999999999</a>	VCB005769



## Completing a Concurrent Inquiry for Home Health Services, *cont.*

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

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	<a href="#">TEMP000740625</a>	
Member Name	SUPPORT, ANITA	
Authorization #	01- 112310- 26- 21	
Client Auth # <sup>?</sup>	U0271540	<input type="button" value="Return to search results"/>
NPI # for Authorization <sup>?</sup>	N/A	<input type="button" value="Send Inquiry"/>
Authorization Status	O - Open	<input type="button" value="Complete Discharge Review"/>
From Provider	TEMP PROVIDER,	
Admit Date	11/23/2010	
Discharge Date		

- On the Customer Service Inquiry Page under Contact Details.
- Enter Contact Name (optional).
- Enter narrative in the State your reason for the Inquiry field (Max 1500 characters)
- 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)	<input type="text"/>
*State your reason for the inquiry.	<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>
Maximum characters: 1500	
You have <input type="text" value="1500"/> characters left.	

### Attach a Document

[Click here to attach a document](#)



## Completing a Concurrent Inquiry for Home Health Services, *cont.*

12. Choose DOCUMENT CONTAINING CLINICAL INFORMATION ABOUT MEMBER from the Type of Document you are attaching Drop down Menu.
13. Your selection will auto populate the Document Description Field.
14. Click Upload File.

### ▼ Attach 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.**

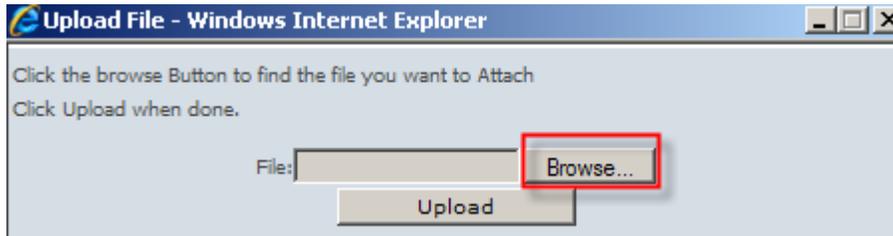
\*Document Type: Type of Document you are attaching...

\*Document Description

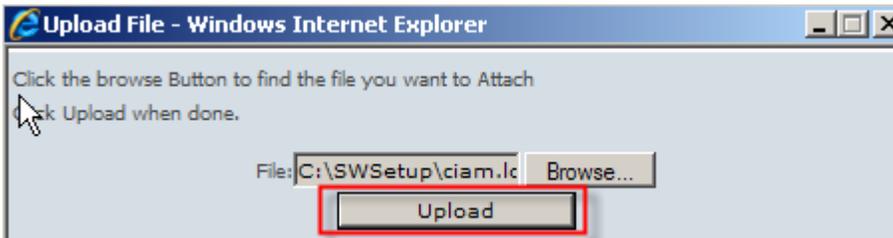
*Click to attach a document*  *Click to delete an attached document*

Attached Document:

15. A pop up window to Upload File window will appear.
16. Click Browse.
  - a. Search for the file/document you want to attach.
  - b. Double click on the file.



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



19. 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 13-17.



## Completing a Concurrent Inquiry for Home Health Services, *cont.*

20. Click **Submit**.

### ▼Attach 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 Description

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

Attached Document:

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

21. 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 Concurrent Requests for Home Health Agency Services

### Overview **Entering a Concurrent 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.

In ProviderConnect Concurrent/Re-registration requests follow the same process as completing a new request but with some variations within each step. This is because ProviderConnect will automatically determine when a request is initial or concurrent by checking for existing authorizations on file for the same member, provider and other matching criteria. If the system finds an existing authorization that matches the criteria and the request is determined to be concurrent, then the system will:

- Pre-populate some information from the last request into fields in the new concurrent request. The pre-populated fields can be overwritten with new data.
- Require additional information.

The same screens are completed for initial and concurrent requests, however, any data that is not expected to be updated for a concurrent request will auto-populate from the initial or last request.

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

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

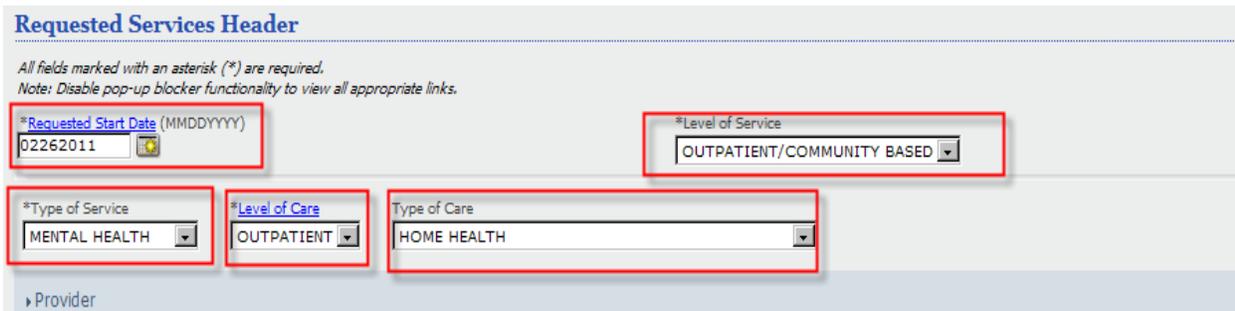
Follow Steps 1-9 on Pages 9-11.

## Completing Concurrent Requests for Home Health Services, *cont.*

### Key Step 2: Complete Initial Entry Request Screen

The second key step is to complete the initial entry screen of the request where the requested start date of the service is entered and the specific level of care and service is selected. 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. Any field with an asterisk indicates that the field is required.

22. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover requested services)
23. 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)
24. Select the **Type of Service = Mental Health**.
25. Select the **Level of Care = Outpatient**.
26. 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

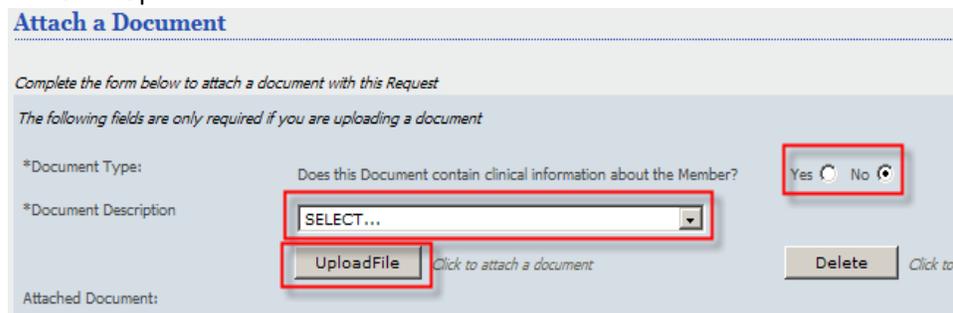
\*Type of Service: MENTAL HEALTH

\*Level of Care: OUTPATIENT

Type of Care: HOME HEALTH

Provider

27. Attach a document.
  - a. Home Health Agency authorization requests that are within the approval parameters **will not** require additional documentation. (Proceed to Step 22.)
  - b. Home Health Agency authorization requests that are not within auto approved parameters **will** require additional documentation.
28. To attach a document
  - a. Indicate **Yes** or **No** for DOES THIS DOCUMENT CONTAIN CLINICAL INFORMATION ABOUT THE MEMBER?
  - b. Choose ADDITIONAL CLINICAL or ASSESSMENT/EVAL from the Document Description Drop down Menu.
  - c. Click Upload File.



**Attach a Document**

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

\*Document Type:

\*Document Description: SELECT...

Does this Document contain clinical information about the Member? Yes  No

UploadFile Click to attach a document

Delete Click to c

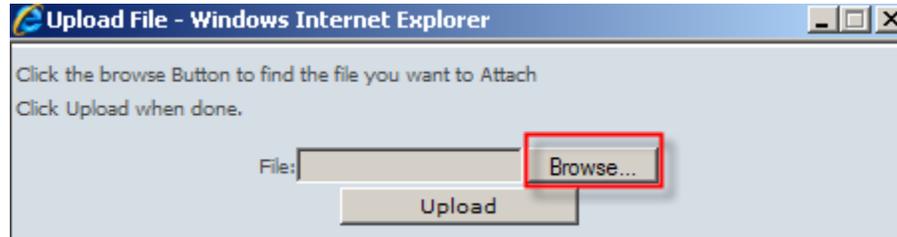
Attached Document:



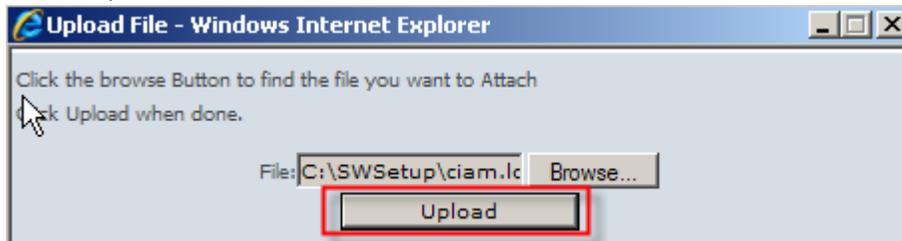
## Completing Concurrent Requests for Home Health Services, *cont.*

**Key Step 2:  
Complete Initial  
Entry Request  
Screen**

29. A pop up window to Upload File window will appear.
30. Click Browse.
  - a. Search for the file/document you want to attach.
  - b. Double click on the file.



31. The pop up window will now list the file chosen.
32. Click Upload.



33. 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 18-21.
34. Click the **Next Button**
  - a. If a document has not been attached, a warning message will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed.

**Attach a Document**

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

\*Document Type: \_\_\_\_\_ Does this Document contain clinical information about the Member? Yes  No

\*Document Description:

*Click to attach a document*

Attached Document:

(485 - Smith, Jane - VNA.doc) - Secure-Clinical Document - Additional Clinical



## Completing Concurrent Requests for Home Health Services, *cont.*

1. Click the Process Continuing Care (Concurrent) Request to complete the Concurrent Request.

**Requested Services Header**

Requested Start Date <b>08/08/2010</b>	Member Name <b>TOMPKINS, JOUJU</b>	Provider Name <b>WHEELER CLINIC INC,</b>	Vendor ID <b>VCB003370</b>
Type of Request <b>CONCURRENT</b>	Member ID <b>TEMP000700081</b>	Provider ID <b>CBHP000766</b>	Provider Alternate ID <b>004039368</b>
Level of Service <b>INPATIENT/HLOC</b>	Type of Service <b>Mental Health</b>	Level of Care <b>Group Home</b>	Type of Care <b>Group Home - 2.0</b>

There is an existing authorization that bridges this date range.

Is this a request for continuing care (concurrent request) or do you wish to enter Discharge information?

**Key Step 3:  
Complete the  
Clinical Screens  
(ORF2)**

The Type of Services screen is the first screen that will display after the Initial Entry screen.

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.

**\*\*\*Please go to page 15 and complete the Concurrent Request\*\*\***



## Completing Discharge Information for Home Health Agency Services

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

1. Entering Discharge Information
  - a. Users will use the Discharge function on the client's authorization summary page.

**Key Step 1: Navigating to the Discharge Information Page** 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.

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 (MBR 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.

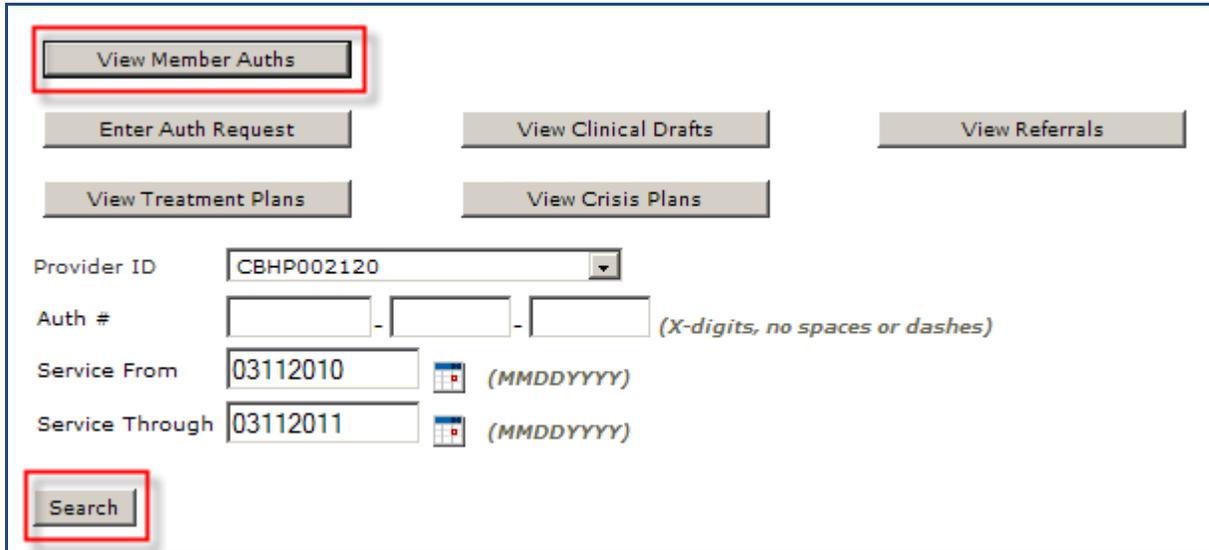
Verify a patient's eligibility and benefits information by entering search criteria below.

<b>*Member ID</b>	<input style="width: 95%;" type="text" value="00555555"/>	<small>(No spaces or dashes)</small>
Last Name	<input style="width: 95%;" type="text"/>	
First Name	<input style="width: 95%;" type="text"/>	
<b>*Date of Birth</b>	<input style="width: 95%;" type="text" value="01011955"/>	<small>(MMDDYYYY)</small>
As of Date	<input style="width: 95%;" type="text" value="05022011"/>	<small>(MMDDYYYY)</small>

3. Click **Search**.

## Completing Discharge Information for Home Health Services, *cont.*

4. Click **View Member Auths.**
5. Once the screen expands, Click **Search.**



View Member Auths

Enter Auth Request      View Clinical Drafts      View Referrals

View Treatment Plans      View Crisis Plans

Provider ID:

Auth #:  -  -  (X-digits, no spaces or dashes)

Service From:  (MMDDYYYY)

Service Through:  (MMDDYYYY)

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
<a href="#">01- 112310- 26- 21</a>	<a href="#">TEMP000740625</a> SUPPORT, ANITA	01/01/1995	CBHP002120 <a href="#">999999999</a>	VCB005769
<a href="#">01- 112310- 17- 42</a>	<a href="#">TEMP000740625</a> SUPPORT, ANITA	01/01/1995	CBHP002120 <a href="#">999999999</a>	VCB005769



## Completing Discharge Information for Home Health Services, *cont.*

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 #<sup>?</sup> **U0307763**  
 NPI # for Authorization<sup>?</sup> **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.

pcrl1stg/pc/eProvider/discharge.do?providerAuthBranchCode=01&providerAuthBatchDate=041415&providerAuthBatchSequence=1&providerAuth...

**Staging PROVIDERCONNECT**

### Requested Services Header

Requested Start Date <b>04/14/2015</b>	Level of Service <b>O - OUTPATIENT</b>	Member Name <b>PROVIDER, ANITA</b>	Provider Name <b>TEMP PROVIDER,</b>	Vendor ID <b>VCB003159</b>
	Type of Request <b>INITIAL</b>	Member ID <b>TEMP000981338</b>	Provider ID <b>CBHP002120</b>	Provider Alternate ID <a href="#">TEMPFAC</a>

### Discharge Information

\* Actual Discharge Date (MMDDYYYY)  
  ←

Type of Service  
**P - MENTAL HEALTH**

### Diagnosis

*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 member's plan and/or summary plan description including covered diagnoses.*

### Behavioral Diagnoses

Primary Behavioral Discharge Diagnosis

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

Diagnostic Category 2 OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	Diagnosis Code 2 300.3	Description Obsessive-Compulsive Disorder
Diagnostic Category 3 SELECT...	Diagnosis Code 3	Description

## Completing Discharge Information for Home Health Services, *cont.*

**Key Step 6:  
Complete the  
Discharge  
Information  
Screen**

The Discharge Information screen provides essential information about the client's discharge from services.

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

Step	Action
1	*Enter the * <b>Actual Discharge Date</b> (mmddyyyy).
2	* <b>Behavioral Diagnosis</b> will prepopulate from the last review, please make updates if needed.
3	* <b>Medical Diagnosis</b> will prepopulate from the last review, please make updates if needed
4	* <b>Social Elements</b> will prepopulate from the last review, please make updates if needed
5	* <b>Functional Assessments</b> will prepopulate from the last review, please make updates if needed. (Not Required)
6	* <b>Discharge Condition:</b> click the radio button that best describes (Improved, No Change, Worse, Unknown)
7	* <b>Type of Discharge:</b> click the radio button (Planned or Unplanned)
8	* <b>Discharge Reason:</b> check all that apply <ul style="list-style-type: none"> <li>• No further treatment indicated</li> <li>• Member dropped out</li> <li>• Medication management follow up only</li> <li>• Transfer to more intensive level of Care</li> <li>• Referral to other outpatient service(s)</li> <li>• Member no longer eligible or moved</li> <li>• Other</li> </ul>
9	* <b>Medication at Discharge:</b> Open text field for Narrative Entry (250 Character limit)
10	*Click the radio button for the appropriate rating for <b>Current Risks:</b> <ul style="list-style-type: none"> <li>▪ *MEMBER'S RISK TO SELF</li> <li>▪ *MEMBER'S RISK TO OTHERS <ul style="list-style-type: none"> <li>▪ Complete additional required information when the rating is a '2' or '3' (i.e. Ideation, Intent, Plan, Means, Current Serious Attempts, etc)</li> </ul> </li> </ul>
11	Click the radio button for the appropriate rating for <b>Current Impairments:</b> <ul style="list-style-type: none"> <li>▪ *MOOD DISTURBANCES (DEPRESSION OR MANIA)</li> <li>▪ *WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER <ul style="list-style-type: none"> <li>▪ 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)</li> </ul> </li> <li>▪ *ANXIETY</li> <li>▪ *MEDICAL/PHYSICAL CONDITIONS</li> <li>▪ *PSYCHOSIS/HALLUCINATIONS/DELUSIONS</li> <li>▪ *SUBSTANCE ABUSE/DEPENDENCE</li> <li>▪ *THINKING/COGNITION/MEMORY/CONCENTRATION PROBLEMS</li> <li>▪ *JOB/SCHOOL PERFORMANCE PROBLEMS</li> <li>▪ *IMPULSIVE/RECKLESS/AGGRESSIVE BEHAVIOR</li> <li>▪ *SOCIAL FUNCTIONING/RELATIONSHIPS/MARITAL/FAMILY PROBLEMS</li> <li>▪ *ACTIVITIES OF DAILY LIVING PROBLEMS</li> <li>▪ *LEGAL</li> </ul>



Step	Action
8	*Click the radio button for the appropriate rating: (1,2,3, or N/A) <ul style="list-style-type: none"> <li>▪ *ABILITY TO SELF-ADMINISTER MEDS W/O ASSISTANCE OR SUPERVISION</li> <li>▪ *ABILITY OF FAMILY/NATURAL SUPPORTS.OTHER TO SUPERVISE MEDICATIONS</li> </ul>
9	*Check all applicable options for <b>Notified of Discharge:</b> <ul style="list-style-type: none"> <li>• <b>BH Provider</b></li> <li>• <b>PCP</b></li> <li>• <b>Medical ASO</b></li> <li>• <b>LMHA</b></li> <li>• <b>N/A</b></li> <li>• If <b>Other</b>, indicate notifications in the text box.(250 character limit)</li> </ul>
10	Click the <b>Save Discharge Information</b> button. <ul style="list-style-type: none"> <li>▪ The <b>Determination Status</b> screen will display next indicating that Discharge has been completed.</li> </ul>

**Key Step3:  
Submitted  
Requests and  
Confirm  
Submission**

Once the **Save Discharge Information** button is clicked from the Discharge Information screen, the Determination Status screen will display.

Step	Action
1	Print the request. <ul style="list-style-type: none"> <li>▪ Users can select the <b>Print Discharge Result</b> button to print a copy of the Results page.</li> </ul>
2	Exit the Discharge Completed page. <ul style="list-style-type: none"> <li>▪ Select the <b>ProviderConnect Home</b> to exit the Discharge Information Screen and return to the Home Page.</li> </ul>