



ProviderConnect Registered Services User Manual



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Introduction

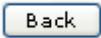
- Introduction** The ProviderConnect application provides a variety of self-service functions to help providers access and view information about members and authorizations. For COBH providers additional functionality is available including:
- Obtaining authorizations for Outpatient evaluations
 - Obtaining authorizations for COBH Registered Services (Outpatient, Ambulatory Detoxification and Home Based services)
 - Submitting requests for Psychological Testing services.
 - Submitting Inpatient discharge information
-

- What is Covered in this Module?** This module covers general functions within ProviderConnect as well as requests for Outpatient evaluations and services, which includes the following key functions:
- **Registering Outpatient Evaluations** – This process focuses on completing a registration/authorization for an Outpatient evaluation.
 - **Registering Initial Outpatient Services** – This process focuses on completing a registration/authorization for an initial outpatient service.
 - **Registering Concurrent Outpatient Services** – This process focuses on completing a registration/authorization request for a concurrent Outpatient service.
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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 an Outpatient Evaluation authorization.
 - Complete a request for an initial Outpatient service authorization.
 - Complete a request for a concurrent Outpatient 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
“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

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

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



3. Click on Log In

Provider Online Services

Welcome to the Connecticut Behavioral Health Partnership (CT BHP) Online Services!

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to check member eligibility, enter authorization requests for CT BHP registered services, view authorization letters and more. ProviderConnect is easy to use, secure and available 24/7.

[LOG IN](#)

[REGISTER](#)

4. New Users without an ID proceed to Page 6, otherwise
5. Enter User ID and Password

Please Log In

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

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

*User ID

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

*Password

[Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. The information and resources provided through the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and man

6. Click Log -In
7. Proceed to Page 8

ProviderConnect Basics - New Users

IMPORTANT NOTE: The ProviderConnect Register process (below) allows users the ability to gain access to the ProviderConnect application and create their own password and security question. The system allows only (1) user per facility or group or individual practice to register. If additional users or new staff members need access to ProviderConnect, users can contact the ValueOptions e-Support Help Line to have a user ID/Password created and to have that id/password be associated with the facility/practice. **e-Support Help Line: 1-888-247-9311**

Provider Registration Process for NEW USERS
New users must register to access ProviderConnect
Click on **Register** (bottom of Log in page)



The **Provider Online Services Registration** screen will display.

Fill out the fields. *Note: The fields with a red asterisk are required.*

1. Enter the provider's first and last names in the **First Name** and ***Last Name** fields.
2. Enter the name of the person to contact at the office in the **Contact Name** field.
3. Enter the provider CBHP00##### in the ***Provider ID** field. Must be capitalized Newly enrolled Providers will be mailed their Provider ID's by COBH. *Contact Provider Relations at 877.286.2524 to obtain your CBHP Provider ID number, if needed.*
4. Enter the nine-digit Federal ID number or Social Security number in the **Tax ID** field.
5. Enter the **Provider Group, Facility or Clinic Name** (if needed)
6. Enter the provider's primary e-mail address in the ***Primary Email Address** field.
Note: The e-mail address must be in an abc@xyz.com format.
7. Enter the same e-mail address in the ***Verify Primary Email Address** field.
8. Enter **Secondary Email Address** (if needed)
9. Enter a ten-digit phone number without dashes in the ***Phone Number** field.
10. Enter a ten-digit number without dashes in the **Fax Number** field.

ProviderConnect Basics – New Users, continued

Provider Registration Process

A password must be created on the same **Provider Online Services Registration** screen. To create a password:

1. Enter a password in the **Select a Password** field. Passwords:
 - Must be between 8-10 characters in length
 - May contain numbers and uppercase letters
 - Cannot contain lowercase letters
 - Cannot contain spaces
 - Are case sensitive
2. Enter the same password in the **Confirm New Password** field.
3. Create a question in the **Password Reminder** field.
4. Enter the answer to the question in the **Password Reminder Answer** field.
5. Click **Submit**.

Passwords must be **at least eight (8) characters long but no longer than ten (10)**
Password is case-sensitive.

*Select a Password

*Confirm New Password

*Create a Security Question

*Answer to Security Question

Please check the provider services you want to activate:

Inquiry Functions
Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically.

For assistance with any technical problems (such as connecting to or accessing the Support Specialist at e-SupportServices@valueoptions.com

ProviderConnect Basics, continued

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.

The screenshot shows the 'Eligibility & Benefits Search' form. At the top, it states 'Required fields are denoted by an asterisk (*) adjacent to the label.' Below this, there is a text box with the instruction 'Verify a patient's eligibility and benefits information by entering search criteria b'. The form contains the following fields:

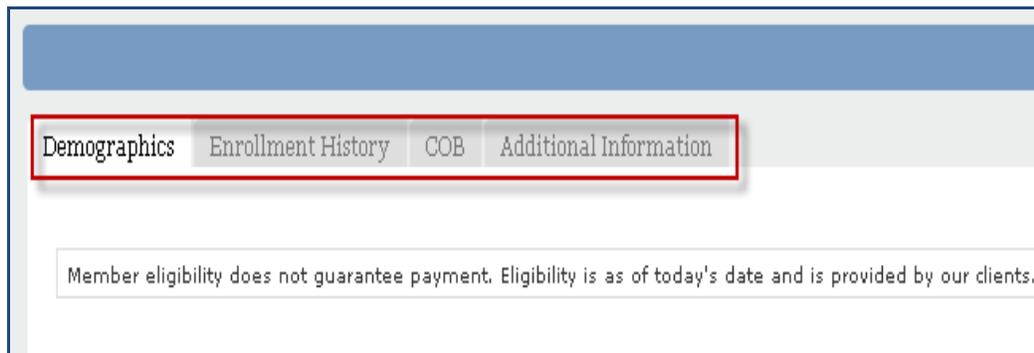
- *Member ID: An empty text box with the note '(No spaces or dashes)' to its right.
- Last Name: An empty text box.
- First Name: An empty text box.
- *Date of Birth: An empty text box with the note '(MMDDYYYY)' to its right.
- As of Date: A text box containing the value '08162010' with the note '(MMDDYYYY)' to its right.

A 'Search' button is located at the bottom of the form.

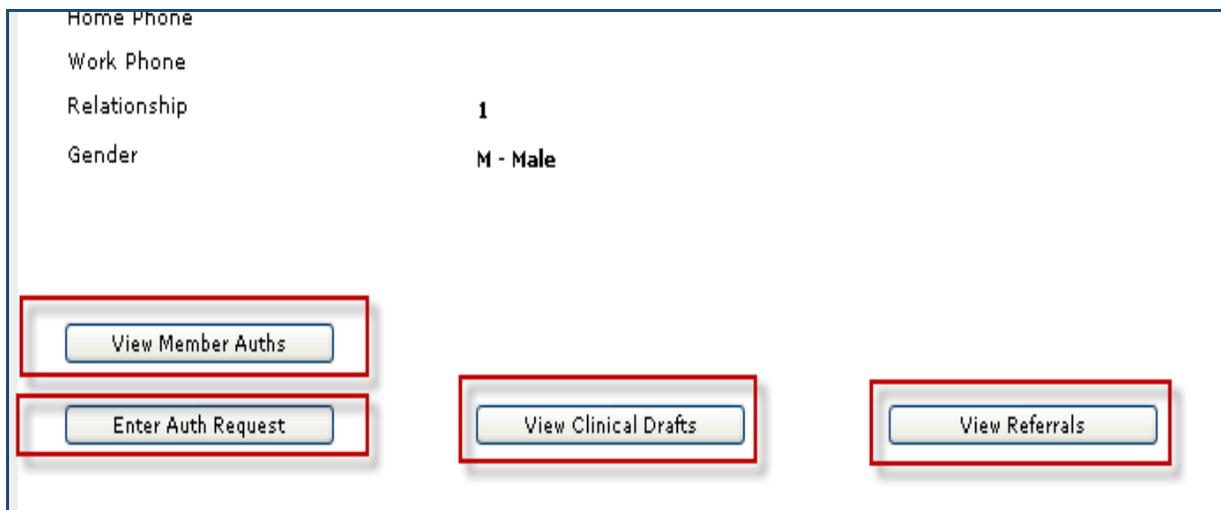
ProviderConnect Basics, continued

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)



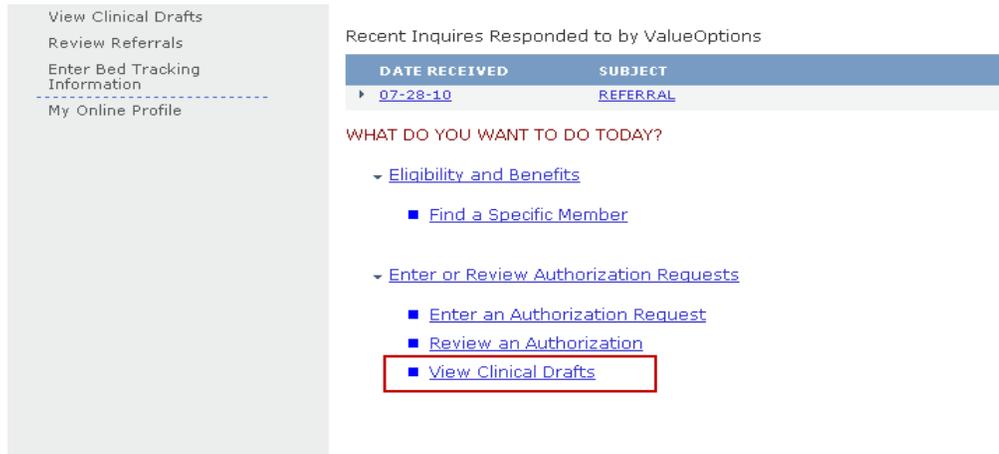
7. **View Member Auths** (Displays Member specific authorizations)
8. **Enter an Authorization** (Initiates the Request for Services process)
9. **View Clinical Drafts** (Display member specific Clinical Drafts)
10. **View Referrals** (For Residential/Group Home Providers Only)



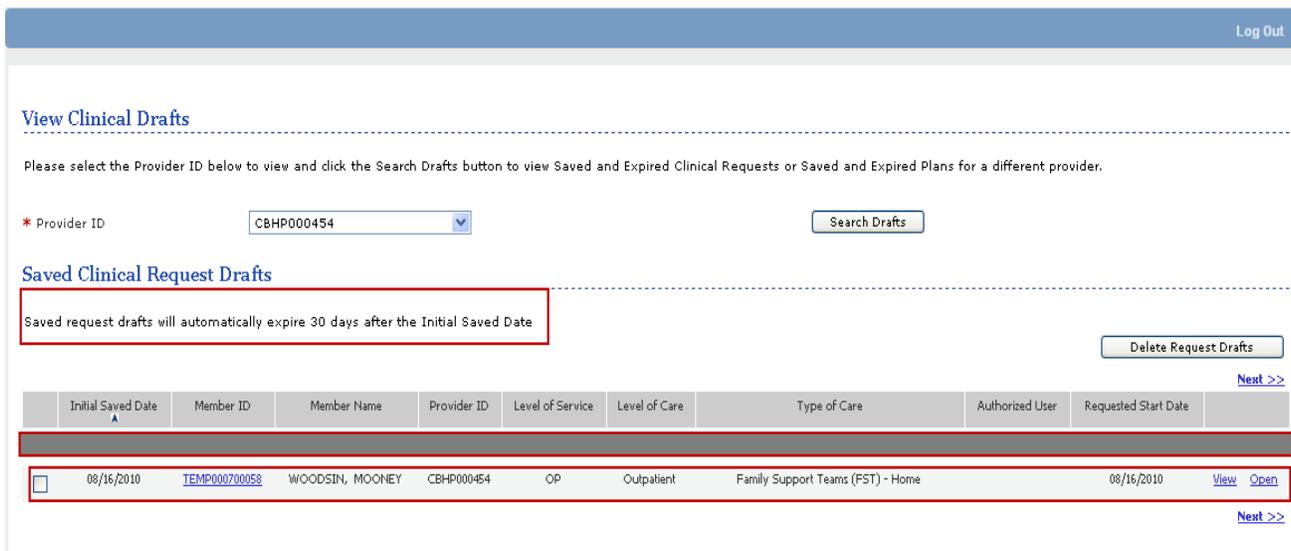
Features

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 COBH clinical staff to review.

Completing Requests for Outpatient Evaluations

Overview ProviderConnect provides the ability for providers to complete requests for Outpatient Evaluations using an easy-to-follow workflow. For Outpatient Evaluations, only the Axis I Diagnosis Code 1 is required for completion. Most requests will auto-approve unless the request does not pass the system validations.

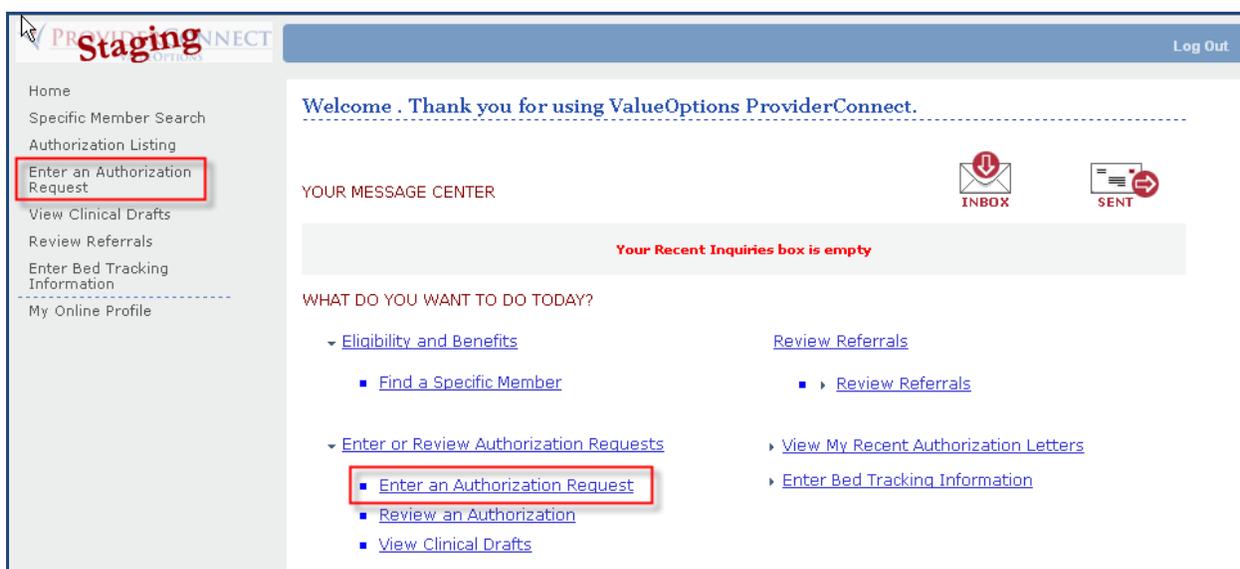
- Key Steps** The key steps for creating requests for Outpatient Evaluation authorizations include:
1. Initiate a Request for Authorization.
 2. Complete the initial entry request screen.
 3. Complete the clinical screens Outpatient Treatment Request 1 (ORF1).
 4. Submit Request and confirm submission.

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 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 Requests for Outpatient Evaluations, continued

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

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive notification that your request has been received by ValueOptions.

3. Search for Member Record (*Member's Medicaid ID and Date of Birth are required*).

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 (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

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

Member

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

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

Completing Requests for Outpatient Evaluations, continued

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

HARTFORD DISPENSARY - CBHP000454

Select Service Address

Capture	Provider		Vendor	
	Provider ID	Last Name First Name	Vendor ID	Vendor Last Name Vendor First Name
Tax ID	Service Address		Paid To Vendor ID	Pay To Address
Alternate ID				
<input type="radio"/>	CBHP000454 060646665 004175776	HARTFORD DISPENSARY THE 345 MAIN ST HARTFORD, CT 06106-1824-	VCB000578	HARTFORD DISPENSARY 345 MAIN ST HARTFORD, CT 06106-1824-
<input type="radio"/>	CBHP000454 060646665 004175776	HARTFORD DISPENSARY THE 12 WESTON ST # 18 HARTFORD, CT 06120-1504-	VCB004897	HARTFORD DISPENSARY 12 WESTON ST # 18 HARTFORD, CT 06120-1504-
<input type="radio"/>	CBHP000454 060646665 004175776	HARTFORD DISPENSARY THE 13 WESTON ST # 18 HARTFORD, CT 06120-1504-	VCB003231	HARTFORD DISPENSARY 13 WESTON ST # 18 HARTFORD, CT 06120-1504-
<input type="radio"/>	CBHP000454 060646665 004175776	HARTFORD DISPENSARY THE 335 BROAD ST MANCHESTER, CT 06040-4036-	VCB006009	HARTFORD DISPENSARY 335 BROAD ST MANCHESTER, CT 06040-4036-

Completing Requests for Outpatient Evaluations, continued

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 that is being requested 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.

1. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover requested services)
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** = Outpatient Evaluation – Outpatient Services.

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): 08172010

*Level of Service: OUTPATIENT/COMMUNITY BASED

*Type of Service: MENTAL HEALTH

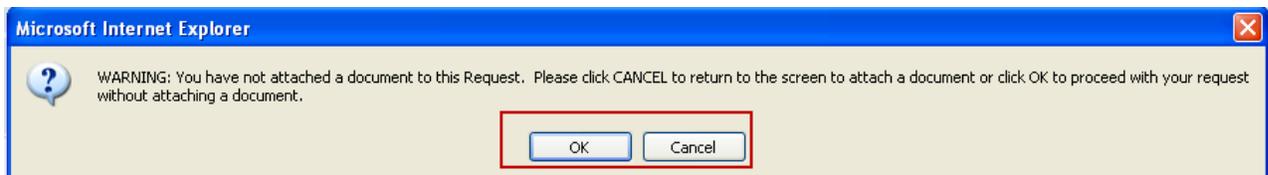
*Level of Care: OUTPATIENT

Type of Care: OUTPATIENT EVALUATION - C.A.R.E.S.

Provider Information:

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider ID
060646665	CBHP000454	HARTFORD DISPENSARY	VCB006009	00417

6. Attach a document (**COBH registered services do 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 Outpatient Evaluations, continued

Key Step 3: Complete the ORF1 Clinical Screens

For Outpatient Evaluation requests, the clinical screens for the ORF1 workflow will display. This workflow consists of one clinical screen that must be completed. The screen is labeled as Type of Services and minimal data is required to complete the screen.

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

Enter the **Diagnosis Code 1 for Axis I** (Note: An Axis I DIAGNOSIS CODE must be entered to proceed with request.)

1.
 - a. (A deferred diagnosis of 799.9 will auto populate to this field and may be modified)
 - b. The Axis I, II field titles (Diagnosis Code/Description) are hyperlinks. If the field is empty or partially completed, users can click on the underlined field titles to open pop up windows with a list of diagnosis codes or descriptions.
2. Enter a **Diagnosis Code for Axis II**, if needed
3. Click the **Submit** button.

ProviderConnect Staging ProviderConnect Home

TYPE OF SERVICES | RESULTS

PAGE 1 of 2

Requested Services Header

Requested Start Date 08/17/2010	Member Name WOODSIN, MOONEY	Provider Name HARTFORD DISPENSARY, THE	Vendor ID VCB004514	<input type="button" value="Save Request as Draft"/>
Type of Request INITIAL	Member ID TEMP000700058	Provider ID CBHP000454	Provider Alternate ID 004175776	NPI # for Authorization SELECT...
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service Mental Health	Level of Care Outpatient	Type of Care Outpatient Evaluation - C.A.R.E.S.	Authorized User <input type="text"/>

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

Type of Services

Type of Service
MENTAL HEALTH

Diagnosis

Please indicate primary diagnosis.

Axis I		Axis II	
<u>*Diagnosis Code 1</u>	<u>Description</u>	<u>Diagnosis Code 1</u>	<u>Description</u>
799.9	DIAGNOSIS DEFERRED (AXIS 1 OR 2)	<input type="text"/>	<input type="text"/>

Completing Requests for Outpatient Evaluations, continued

**Key Step 4:
Submit Request
and Confirm
Submission**

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

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

1. For approved request, the status would indicate “**Approved**” at the top of the screen

Determination Status:		***** APPROVED *****		
Member Name	Member ID	Member DOB	Subscriber Name	Subs
MOONEY WOODSIN	TEMP000700058	01/15/1995	MOONEY WOODSIN	TEMI
Authorization #	Client Authorization #	Type of Request		
081710-1-4	U0219532	INITIAL		
Date of Admission/ Start of Services	From - To	Submission Date		
08/17/2010	08/17/2010 - 08/22/2010	08/17/2010		
Level of Service	Type of Service	Level of Care	Type of Care	
OUTPATIENT/COMMUNITY BASED	MENTAL HEALTH	OUTPATIENT	OUTPATIENT EVALUATION - C.A.R.E.S.	
Reason Code				
A70				
Provider Name & Address	Provider ID	Provider Alternate ID	NPI # for Authorization	
THE HARTFORD DISPENSARY 335 BROAD ST 3RD FLOOR MANCHESTER CT 06040	CBHP000454	004175776	N/A	
Message				

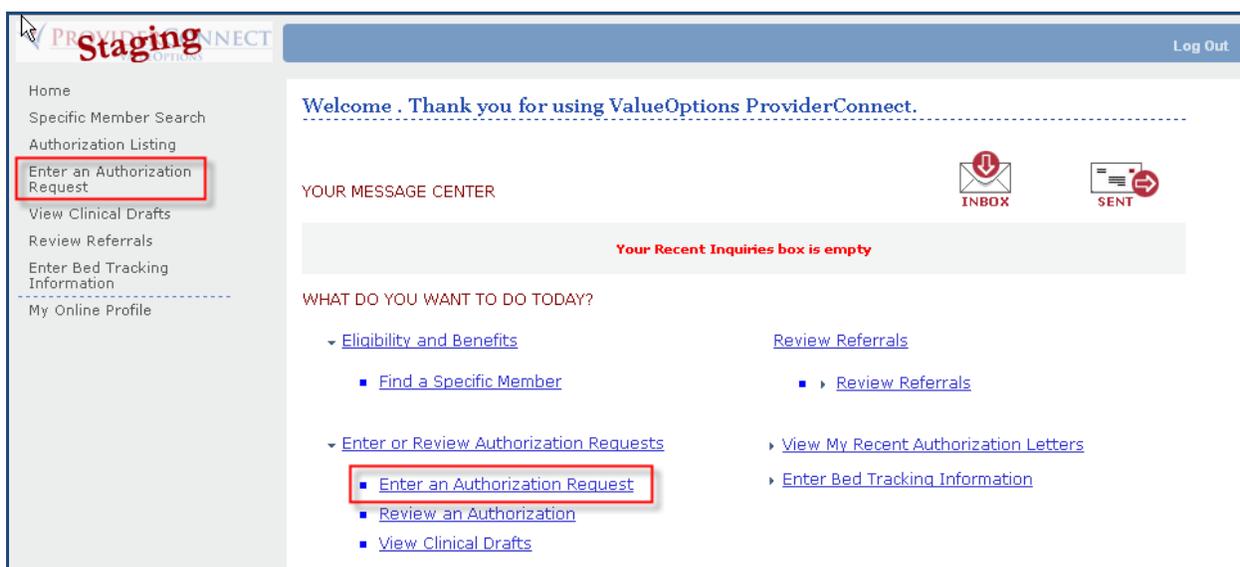
Completing Initial Requests for Registered Services

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 Registered Services, continued

2. Review the Disclaimer and click the **Next** Button
- 3.

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive notification that your request has been received by ValueOptions.

4. Search for Member Record (*Member's Medicaid ID and Date of Birth are required*).

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 (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

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

Member?

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

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

Completing Initial Requests for Registered Services, continued

7. Locate and select the Service Address/Vendor.
8. 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
9. Click the **Next** button to continue. The **Requested Service Header** will display.

HARTFORD DISPENSARY - CBHP000454

Select Service Address

Provider		Vendor	
Capture	Provider ID	Last Name	Vendor ID
		First Name	
	Tax ID	Service Address	Paid To Vendor ID
	Alternate ID		
<input type="radio"/>	CBHP000454	HARTFORD DISPENSARY THE	VCB000578
	060646665	345 MAIN ST HARTFORD, CT 06106-1824-	
	004175776		
<input type="radio"/>	CBHP000454	HARTFORD DISPENSARY THE	VCB004897
	060646665	12 WESTON ST # 18 HARTFORD, CT 06120-1504-	
	004175776		
<input type="radio"/>	CBHP000454	HARTFORD DISPENSARY THE	VCB003231

Completing Initial Requests for Registered Services, continued

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.

10. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover requested services)
11. 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)
12. Select the **Type of Service**
 - a. Mental Health should be chosen for MH Outpatient, Home Based, and Psychological Testing services
 - b. Substance Abuse should be chosen for SA Outpatient, and Ambulatory Detoxification Services
13. Select the **Level of Care** = Outpatient
14. Select the **Type of Care** = Requested level of care & provider type of the service (i.e. Outpatient-Comm Mntl Hlth Ctr, Outpatient – Office, Psych Testing – Office, Home Based Services (MDFT) –Individual Clinic)
15. Attach a document (**COBH registered services do not require attached documents, users can proceed to step 7**)
16. 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 Initial Requests for Registered Services, continued

Key Step 3: Complete the Clinical Screens (ORF2)

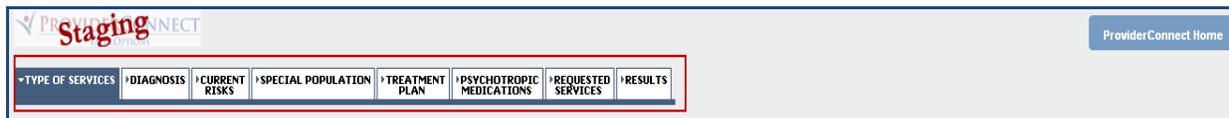
For Outpatient Services requests, the clinical screens for the Outpatient Request Form 2 (ORF2) workflow will display. This workflow consists of five (6) clinical screens. The amount of information collected within each screen varies and not all fields are required.

1. **Type of Services**
2. **Diagnosis**
3. **Current Risks**
4. **Special Population**
5. **Treatment Plan**
6. **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 Registered Services, continued

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	Enter the MEMBER'S GUARDIAN, if needed.
2	<p>Complete the required questions:</p> <ul style="list-style-type: none"> ▪ IS THIS A NEW REGISTRATION FOR A CLIENT ALREADY IN OUTPATIENT TREATMENT WITHIN YOUR AGENCY/PRACTICE?* ○ NOTE TO ECC PROVIDERS: This field has been updated. This field now is inquiring if this registration is for a client <u>ALREADY IN</u> outpatient treatment with your facility. <ul style="list-style-type: none"> ▪ If a client has recently become HUSKY eligible but has already been previously receiving services through your agency/practice, ECC users should select "YES", thus removing this registration from your access standards. ▪ If the client is HUSKY eligible and is a new admission to your facility, ECC users should select "NO" ▪ IS MEMBER STEPPING DOWN TO OUTPATIENT FROM A HIGHER LEVEL OF CARE WITHIN YOUR AGENCY/PRACTICE?* ○ NOTE TO ECC PROVIDERS: Users should select "YES" if a member is stepping down from a higher level of care within your agency/practice, thus removing this registration from your access standards.
2	Select the REFERRAL SOURCE*.
3	Enter the date of the FIRST PHONE OR WALK-IN CONTACT WITH MEMBER OR PARENT/GUARDIAN* and select the method for the FIRST CONTACT WAS*.
4	<p>Select the REFERRAL TYPE*.</p> <ul style="list-style-type: none"> ▪ If the Referral Type is Routine or Urgent, then complete the conditionally required fields for Routine or Urgent referrals: <ul style="list-style-type: none"> ○ DATE OF FIRST APPOINTMENT OFFERED TO MEMBER ○ DATE OF FIRST APPOINTMENT ACCEPTED BY MEMBER ○ DATE OF FIRST FACE-TO-FACE CLINICAL EVALUATION ▪ If the Referral Type is Emergent, then complete the conditionally required fields for Emergent referrals. <ul style="list-style-type: none"> ○ DATE AND TIME PRESENTED AT THE CLINIC (<i>Time must be entered as military time - i.e. 2:00pm = 1400 and 2 am= 0200</i>) ○ DATE AND TIME OF CLINICAL EVALUATION (<i>Time must be entered as military time - i.e. 2:00pm = 1400 and 2 am= 0200</i>)
5	<p>Click the Next button.</p> <ul style="list-style-type: none"> ▪ The Diagnosis screen will display next.

Completing Initial Requests for Registered Services, continued

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

The Diagnosis screen allows the capture of multiple diagnoses for Axis I, Axis II, Axis III and Axis IV as well as the Current GAF Score for Axis V. However, not all Axes are required.

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

Step	Action
1	<i>Enter the DIAGNOSIS CODE 1 for Axis I or Axis II.</i> * <ul style="list-style-type: none">▪ DIAGNOSIS CODE 1 is required for Axis I▪ If no value or a partial value is entered in the Diagnosis Code or Description fields and the field title is clicked, a list of codes will pop-up displaying the full list of values and descriptions or those that match the partial value. Click the code to populate the CODE and DESCRIPTION fields.▪ DIAGNOSIS 2 and DIAGNOSIS 3 are optional.
2	Check all applicable options for Axis III , if needed.
3	Check all applicable options for AXIS IV , if needed.
4	Enter the CURRENT GAF SCORE for Axis V , if needed.
5	<i>Click the Next button.</i> <ul style="list-style-type: none">▪ The Current Risks screen will display next.

Completing Initial Requests for Registered Services, continued

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 thirteen (13) different impairments.

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

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

Completing Initial Requests for Registered Services, continued

Key Step 7:
Complete the
Clinical Screens
(ORF2) – Special
Populations
Screen

The Special Populations screen captures information specific to the following types of members:

- Members Age 0 -18
- Ambulatory Detox

If the member is not any of the types listed then this screen can be skipped. If the member is one or more of those types, the sections that must be completed will be automatically expanded to display the fields that must be completed.

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

Step	Action
1	Complete the Member's Age 0-18 section, if expanded. <ul style="list-style-type: none"> ▪ SED (SERIOUSLY/SEVERELY EMOTIONALLY DISTURBED?) ▪ CO-OCCURRING DISORDER? ▪ LIVING SITUATION ▪ WITHIN THE PAST 12 MOS. HAS THE CHILD/YOUTH BEEN ARRESTED? ▪ WITHIN THE PAST 12 MOS. HAS THE CHILD/YOUTH BEEN SUSPENDED/EXPELLED?
2	Complete the Ambulatory Detox section, if expanded. <p>At a minimum, the following fields are required for completion for initial requests:</p> <ul style="list-style-type: none"> ▪ FROM WHAT SUBSTANCE IS THE MEMBER IN NEED OF DETOXIFICATION?* ▪ HAS THE MEMBER HAD PREVIOUS DETOX IN ANY SETTING IN THE PAST YEAR?* ○ If yes, number of detoxes in the past year? ▪ WHAT IS THE IDENTIFIED DISCHARGE PLAN?*
3	Click the Next button. <ul style="list-style-type: none"> ▪ The Treatment Plan screen will display next.

Completing Initial Requests for Registered Services, continued

Key Step 8:
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.

Step	Action
1	Indicate Yes or No for IS PSYCHIATRIC MEDICATION EVALUATION OR MEDICATION MANAGEMENT VISIT INDICATED?*
2	Indicate Yes or No for HAVE YOU PROVIDED INFORMATION REGARDING PEER SUPPORT OR SELF HELP OPTIONS?*
3	Indicate Yes or No for DO FAMILY MEMBERS OR SIGNIFICANT OTHERS ACTIVELY PARTICIPATE IN THE MEMBER'S TREATMENT AND RECOVERY?* <ul style="list-style-type: none"> ▪ If Yes is selected, complete the follow up question IF YES, ARE ANY OF THE FAMILY MEMBERS/SIGNIFICANT OTHERS RECEIVING THEIR OWN MH OR SA TREATMENT?
3	Select valid options to indicate the consent obtained for contact with SCHOOL*, MEDICAL PROVIDER * and PREVIOUS BEHAVIORAL HEALTH TREATMENT PROVIDER*
4	Complete required information about the member's treatment plan. <ul style="list-style-type: none"> ▪ THE TREATMENT PLAN WAS DEVELOPED WITH THE MEMBER (OR HIS/HER GUARDIAN) AND HAS MEASURABLE TIME LIMIT GOALS.* ▪ DOES A DOCUMENTED GOAL ORIENTED TREATMENT PLAN EXIST?* ▪ ANTICIPATED/TARGET DATE FOR ACHIEVEMENT OR CURRENT TREATMENT PLAN GOALS*
5	Click Next button. <ul style="list-style-type: none"> ▪ The Psychotropic Medications screen will display next. <ul style="list-style-type: none"> ▪ The medication fields are not required but should be completed if applicable.
6	Click Next

Completing Initial Requests for Registered Services, continued

Key Step 9: Submit Request and Confirm Submission

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

For the Outpatient Services, new requests will most likely auto-approve meaning that the requested authorization will be an approved authorization. For auto-approved requests, two screens display – the Accept/Reject screen and the Confirmation screen. If the request is pending for some reason, only one screen will display – the Confirmation screen.

Below is information for submitting request for both auto-approved and pending requests.

Auto-Approved Requests

Step	Action
1	<p>COBH providers should always click the Accept Button on the confirm submission screen.</p> <ul style="list-style-type: none"> ○ When the Accept button is clicked, the request will auto-approve and an authorization will be created with the indicated number of visits approved. ○ COBH users should not click the Reject button. If a user clicks Reject, the request will NOT be approved. Rather, it will be pending to the COBH clinical staff, delaying authorization and billing.
2	<p>Confirm submission of request.</p> <ul style="list-style-type: none"> ▪ The Results screen will display once the Accept button is clicked on the previous screen. <ul style="list-style-type: none"> ○ For approved requests, the status would indicate 'Approved' at the top of the screen. ○ For pending requests, (Psychological testing, Ambulatory Detox concurrent reviews) the status would indicate 'Pending' at the top of the screen with a message indicating that the request requires further review. ▪ The Results screen provides a summary of information about the request.
3	<p>Print the request.</p> <ul style="list-style-type: none"> ▪ Click the Print Authorization Result button to print a copy of the Results page. ▪ Click the Print Authorization Request button to print a copy of all the screens/fields completed for the request, including the clinical screens and the Results page.
4	<p>Download the request.</p> <ul style="list-style-type: none"> ▪ Click the Download Authorization Request button to save a copy of the request either in .pdf format or xml.
	<p>Exit the Request for Authorization function.</p> <ul style="list-style-type: none"> ▪ Click the Return to Provider Home to exit the Request for Authorization function.

Completing Concurrent Requests for Registered Services

Overview Creating Concurrent request in ProviderConnect follows 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.

Concurrent Outpatient Services Validations and Checks When completing concurrent requests for Outpatient Services, there are system checks that are completed at the beginning of the request specific to this type of request. The purpose of these checks is to enforce established rules for concurrent Outpatient services authorizations.

Concurrent Check When the level of service is **Outpatient/Community Based**, a request will be determined as concurrent based on the Concurrent Review Check parameters set up for COBH. In general, there are three types of checks for determining if a review should be concurrent. See below for details on each type of check. The specific rules may vary depending on the Level of Care and Type of Care.

Key Steps The key steps for creating concurrent requests for Outpatient Services include:

1. **Initiate a Request for Authorization.**
2. **Complete the initial entry request screen.**
3. **Update the clinical screens (ORF2).**
4. **Submit Request and confirm submission.**

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 Step 1 on Pages 17-19

Completing Concurrent Requests for Registered Services, continued

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.

1. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover requested services)
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**
 - c. Mental Health should be chosen for MH Outpatient, Home Based, and Psychological Testing services
 - d. Substance Abuse should be chosen for SA Outpatient, Ambulatory Detoxification Services
4. Select the **Level of Care** = Outpatient
5. Select the **Type of Care** = Requested level of care & provider type of the service (i.e. Outpatient-Comm Mntl Hlth Ctr, Home Based Services (MDFT) – Individual Clinic)(NOTE: The Type of Service and the Type of Care **MUST** match the selections made on the initial registration for the request to be considered a concurrent review.
6. Attach a document (**COBH registered services do 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.

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 (MM/DD/YYYY) 08/17/2010

Level of Service: OUTPATIENT/COMMUNITY BASED

*Type of Service: MENTAL HEALTH

Level of Care: OUTPATIENT

Type of Care: OUTPATIENT EVALUATION - C.A.R.E.S.

Provider Information:

Tax ID: 060646665	Provider ID: CBRP000454	Provider Last Name: HARTFORD DISPENSARY	Vendor ID: VCB006009	Provider Alternate ID: 084125776
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Member Information:

Member ID: TEMP00070058	Last Name: WOODSIN	First Name: MOONEY	Date of Birth (MM/DD/YYYY): 01151995
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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: [dropdown] Does this Document contain clinical information about the Member? Yes No

*Document Description: [SELECT...]

UploadFile [button] Click to attach a document

Delete [button] Click to delete an attached document

Attached Documents: [empty list]

Back [button] Next [button]

Microsoft Internet Explorer

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

OK [button] Cancel [button]

Completing Concurrent Requests for Registered Services, continued

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

Requested Services Header

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

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.

Step	Action
1	Type of Services Screen Displays Click the Next button.
2	The Diagnosis screen will display next. <ul style="list-style-type: none"> Update Diagnosis (<i>if applicable</i>) Click the Next button.
3	The Current Risks screen will display next. <ul style="list-style-type: none"> The Current Risks fields will need to be completed to move onto the next screen. Click the Next button.
4	The Special Population screen will display next. <ul style="list-style-type: none"> Update Fields (<i>if applicable</i>) Click the Next button.
5	The Treatment Plan screen will display next. <ul style="list-style-type: none"> The Treatment Plan fields and the Re-Registration Only fields will need to be completed to move onto the next screen. <ul style="list-style-type: none"> Indicate Degree of Progress from previous registration.* Treatment Modalities to be used w/ this request: (Family, Individual, Group, Medication Management and Frequency)* Click the Next button.
6	The Psychotropic Medications screen will display next. <ul style="list-style-type: none"> Update Fields (<i>if applicable</i>) Click the Next button.
7	Submit Request

Completing Requests for Psychological Testing

Overview ProviderConnect provides the ability for providers to complete requests for Psychological Testing using an easy-to-follow workflow. Psychological Testing requests will pend to the COBH for review by our Medical Directors.

Key Steps The key steps for creating requests for Psychological Testing authorizations include:

5. Initiate a Request for Authorization.
6. Complete the initial entry request screen.
7. Complete the clinical screens for Psychological Testing.
8. Submit Request and confirm submission.

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 function, which starts from the ProviderConnect Homepage. The function is initiated when the **Enter an Authorization Request** button is clicked.

The key actions to these steps are covered on Pages 18-20 of this manual.

Completing Requests for Psychological Testing, continued

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.

17. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover requested services)
18. 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)
19. Select the **Type of Service** = Mental Health for Psychological Testing services
20. Select the **Level of Care** = Outpatient
21. Select the **Type of Care** = The level of care & provider type of the service (Psych Testing – Comm Mtl Hlth Ctr, Psych Testing – Office, etc).
22. Attach a document (**COBH registered services do not require attached documents, users can proceed to step 7**)
23. 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.

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 (MM/DD/YYYY)
08/17/2010

*Level of Service
OUTPATIENT/COMMUNITY BASED

*Type of Service
MENTAL HEALTH

*Level of Care
OUTPATIENT

Type of Care
OUTPATIENT EVALUATION - C.A.R.E.S.

Provider

Tax ID 060646665	Provider ID CBHP000454	Provider Last Name HARTFORD DISPENSARY	Vendor ID VCB000009	Provider Alternate ID 004173776
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Member

Member ID TEMP000700050	Last Name WOODSIN	First Name MODNEY	Date of Birth (MM/DD/YYYY) 01151995
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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: SELECT...

UploadFile Click to attach a document

Delete Click to delete an attached document

Attached Document:

Back Next

Microsoft Internet Explorer

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

OK Cancel

Completing Requests for Psychological Testing, continued

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)

Key Step 3: Complete the Clinical Screen

For Psychological Testing requests, there will be only (1) screen “Outpatient Psych Testing” to complete. Fields with asterisks are required.



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 Contact Name* of Clinician/Psychologist performing the testing.
2	Enter the Phone Number* of Clinician/Psychologist performing the testing.
3	Indicate Yes or No for ARE YOU INDEPENDENTLY LICENSED?*
4	Complete WHO INITIATED REFERRAL? (if applicable)
5	Complete IF MD INITIATED REFERRAL, WHAT IS MD'S SPECIALTY? (if applicable)
6	Complete CURRENT SYMPTOMS AND DURATIONS OF SYMPTOMS:*
7	Complete WHAT ARE THE REFERRAL QUESTIONS AND WHY IS TESTING BEING REQUESTED AT THIS TIME?*
8	Indicate HAS PATIENT BEEN EVALUATED BY A PSYCHIATRIST? and IF YES, WHEN? (if applicable)
9	Complete Current Psychotropic Medications (if applicable)
10	<p>Enter the DIAGNOSIS CODE 1 for Axis I* or Axis II.</p> <ul style="list-style-type: none"> ▪ DIAGNOSIS CODE 1 is required for Axis I ▪ If no value or a partial value is entered in the Diagnosis Code or Description fields and the field title is clicked, a list of codes will pop-up displaying the full list of values and descriptions or those that match the partial value. Click the code to populate the CODE and DESCRIPTION fields. ▪ DIAGNOSIS 2 and DIAGNOSIS 3 are optional.
11	Check all applicable options for Axis III , if needed.

Completing Requests for Psychological Testing, continued

Step	Action																																										
12	Check all applicable options for AXIS IV , if needed.																																										
13	Enter the CURRENT GAF SCORE for Axis V , if needed.																																										
14	Complete History of patient (<i>Summary of psychosocial and medical information (with examination dates) and past treatment; include any past psychological testing, date and results, medical, psychiatric and neurological exam</i>):*																																										
15	Complete Describe how proposed testing will enhance treatment and impact future behavioral treatment*																																										
16	Indicate * Is patient currently in treatment?* If yes, complete the If Yes, specify modality, e.g. (individual, group, family).																																										
17	Indicate Are there clinical explanations other than psychological ones that could explain current behaviors/symptoms? (i.e. thyroid dysfunction, closed head injury, medications, poisoning, etc)*																																										
18	Click the Tests planned and time required hyperlink: Test(s) planned and time required.																																										
19	<p>A pop up window and a listing of psychological/neurological tests (A-B) will display. Search window will have the name of the test, test type, age range for testing and the standard time that the test should take to complete.</p> <p>Users will select the planned tests by clicking the check boxes on the left hand side. Users can also navigate through the listing of tests using the alphabetized hyperlinks at the top (A-B, C-D, E-L, etc).</p> <div style="text-align: center;"> <input type="button" value="Save"/> <input type="button" value="Close"/> </div> <div style="text-align: center; margin-top: 10px;"> A-B C-D E-L M-P Q-T U-Z </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">TEST</th> <th style="width: 20%;">TYPE</th> <th style="width: 10%;">AGE</th> <th style="width: 10%;">MINUTES</th> <th style="width: 10%;">COMMENTS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Achenbach Child Behavior Checklist (CBCL)</td> <td>Behav Rating Scale</td> <td>4 - 16</td> <td>15</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adaptive Behavior Assessment System (ABAS II)</td> <td>Behav Rating Scale</td> <td>0 - 89</td> <td>15</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adolescent Apperception Cards</td> <td>Proj-Thematic</td> <td>12 - 19</td> <td>60</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adolescent Psychopathology Scale</td> <td>Objective personality test</td> <td>Child-adul</td> <td>60</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Alcohol Use Inventory Delete</td> <td>Drinking Styles</td> <td>16+</td> <td>30</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Anhasia Screening Test (Reitan Indiana)</td> <td>Neuro: Language</td> <td>5+</td> <td>30</td> <td></td> </tr> </tbody> </table>		TEST	TYPE	AGE	MINUTES	COMMENTS	<input type="checkbox"/>	Achenbach Child Behavior Checklist (CBCL)	Behav Rating Scale	4 - 16	15		<input type="checkbox"/>	Adaptive Behavior Assessment System (ABAS II)	Behav Rating Scale	0 - 89	15		<input type="checkbox"/>	Adolescent Apperception Cards	Proj-Thematic	12 - 19	60		<input type="checkbox"/>	Adolescent Psychopathology Scale	Objective personality test	Child-adul	60		<input type="checkbox"/>	Alcohol Use Inventory Delete	Drinking Styles	16+	30		<input type="checkbox"/>	Anhasia Screening Test (Reitan Indiana)	Neuro: Language	5+	30	
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20	Click Save after all tests have been chosen for request.																																										
21	Users can enter up to (3) additional psychological/neurological tests not included above and choose the time required in the drop down menu. NOTE: COBH providers can utilize Other Psych Tests: fields to indicate the Psych Testing Evaluation (90801), Report Writing, Explanation of Results, etc.																																										
22	The application will automatically calculate the hours requested through the search menu and other psych tests entered by the user.																																										
23	Click Submit																																										

Completing Requests for Psychological Testing, continued

- Key Step 4:** Once the **Submit** button is clicked on the Psychological screen, the submission screen will display.
- Submit Request and Confirm Submission** Below is information for pended requests.
-

Auto-Pended Requests

Step	Action
1	Once the Submit button is clicked the Results screen will display: <ul style="list-style-type: none">○ Psychological Testing Requests will indicate 'Pended' at the top of the screen with a message indicating that the request requires further review.▪ The Results screen provides a summary of information about the request.
3	Print the request. <ul style="list-style-type: none">▪ Click the Print Authorization Result button to print a copy of the Results page.▪ Click the Print Authorization Request button to print a copy of all the screens/fields completed for the request, including the clinical information entered and the Results page.
4	Download the request. <ul style="list-style-type: none">▪ Click the Download Authorization Request button to save a copy of the request either in .pdf format or xml.
	Exit the Request for Authorization function. <ul style="list-style-type: none">▪ Click the Return to Provider Home to exit the Request for Authorization function.