

How To Process a Discharge Review using ProviderConnect

VBH/Beacon Web Page to access ProviderConnect

VALUE BEHAVIORAL HEALTH of PENNSYLVANIA
A BEACON HEALTH OPTIONS COMPANY

About Services Members Providers Counties Fraud/Abuse ORP

Welcome to Value Behavioral Health of Pennsylvania (VBH-PA) Provider Online Services!

Sign up for ValueAdded, our provider newsletter
Privacy by SafeSubscribe™
For Email Marketing you can trust

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.
[ProviderConnect Information and Resources](#)

LOGIN REGISTER DEMO

Provider Manual
Provider Forms
Provider Information
Provider Training
Medical Necessity Criteria
Currently Open Network Services
Requests for Information/Proposals
ValueAdded Newsletters

Log In Requirements

STAGING CONNECT
ValueOptions Home Provider Home Contact Us Log In

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

**Enter User ID and Password
Click Log In**

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources in providing services to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is consistent with their scope of licensure under applicable laws and ethical standards.
It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

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ProviderConnect Use Agreement

ValueOptions Home Provider Home Contact Us Log In

ProviderConnect Use Agreement

Must Select "I Agree" at bottom of the page

Welcome to www.valueoptions.com, the website for Beacon Health Options, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

Provider Home Page- select "Review an Authorization" hyperlink

Welcome L SWPA UNKNOWN REFERRA . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

Provider Home Page



Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▶ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization/Notification Request](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)
- ▶ [Enter or Review Claims](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

For discharge Review

How To Process a Discharge Review using ProviderConnect

To enter A Discharge Review- Select "Review Authorization" hyperlink on Provider Home Page

Vendor ID

Member ID

Authorization # - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'

Enter MA ID # of Member for Discharge Review

Search Authorization

Authorization Search Results

Shows Authorization Hyperlink for Member

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

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 Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

Auth # View Letter	Member ID Member Name	Member DOB	Provider ID Provider Alt. ID	Vendor ID Alternate Provider	Service
01-082718-1-1			SWPA01	SWPA02	Multi-Systemic Thera MST

Click Hyperlink

Switch Account **SWPA01-General Account** ValueOptions Home Provider Home Contact Us Log Out

Auth Summary **Auth Details** Associated Claims

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 Beacon Health Options.

Authorization Header

Member ID

Member Name

Authorization #

Client Auth # N/A

NPI # for Authorization

Authorization Status **O - Open**

From Provider **SWPA UNKNOWN REFERRA, L**

Admit Date **08/20/2018**

Discharge Date

Click "Complete Discharge Review" Bar

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Requested Services Header

Requested Start Date: 09/05/2018	Level of Service: MS - MST	Member Name: MALE-MST, JOHN	Provider Name: SWPA UNKNOWN REFERRA, L	Vendor ID: SWPA02
	Type of Request: INITIAL	Member ID: TEMP001212517	Provider ID: SWPA01	Provider Alternate ID:

Discharge Information

Enter Date of Discharge

*Actual Discharge Date (MMDDYY)

Type of Service:
P - MENTAL HEALTH

Level of Care Discharged From:
MS - MST

Diagnosis

Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary or co-occurring behavioral conditions that impact or are a focus of treatment (trauma, anxiety, depression, 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.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1

* Diagnosis Code 1

Description

Additional Behavioral Diagnosis

Diagnostic Category 2

Diagnosis Code 2

Description

Update Diagnosis
 - Behavioral
 - Primary Medical
 - Social Elements

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

Diagnostic Category 2

Diagnosis Code 2

Description

Diagnostic Category 3

Diagnosis Code 3

Description

Social Elements Impacting Diagnosis

* Check all that apply

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

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Medication at Discharge

▸ Narrative History

▾ Narrative Entry (0 of 250)

Enter Medications in Narrative Entry Box

Current Risks

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

Select "Current Risks"

*Member's Risk to Self *Member's Risk to Others

0 1 2 3 N/A 0 1 2 3 N/A

Current Impairments

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

Mental Health- Complete Each Impairment
Substance Use- Do Not Complete

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

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Data Entry is Required in all area's with a " RED BOX"

<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="SELECT..."/>
<input type="radio"/> AMA <input type="radio"/> Planned	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text" value="SELECT..."/>
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="text" value="SELECT..."/>	<input type="text" value="Phone #"/> <input type="text" value="Ext"/> <input type="text"/>

Beacon Health Options Health Alert Preferences ****NOTE: Beacon Health Options Health Alert is a program that will send automated calls to members reminding them about their follow-up appointments. You MUST obtain the member's consent before utilizing this service and should only check "Member Requests Appointment Reminder" once obtained.****

***Aftercare Behavioral Health Provider**

Arranged Not Arranged Do Not Know Member Refused

***Aftercare Prescribing Physician**

Arranged Not Arranged Do Not Know Member Refused

Scheduled Appointment Date (MMDDYYYY)

Scheduled Appointment Time (HH:MM:SS)

member Requests Appointment Reminder

*Add one more behavioral health appointment? Yes No

[Return To Provider Home](#)