



**Connecticut BHP**  
Supporting Health and Recovery

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# Spectrum User Manual

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**Introduction** Spectrum is a view-only record system that enables both internal and external users to coordinate care for members who are under the care of a provider. Spectrum represents a comprehensive collection of health information associated with a particular individual, including physical health, behavioral health, pharmacy, and individual care plan, and is used to facilitate care coordination among providers, care managers, and the individual. The Spectrum application is available through the ProviderConnect portal.

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**What is Covered in this Module?** This module covers access to ProviderConnect as well as general functions, navigation and understanding of the Spectrum portal.

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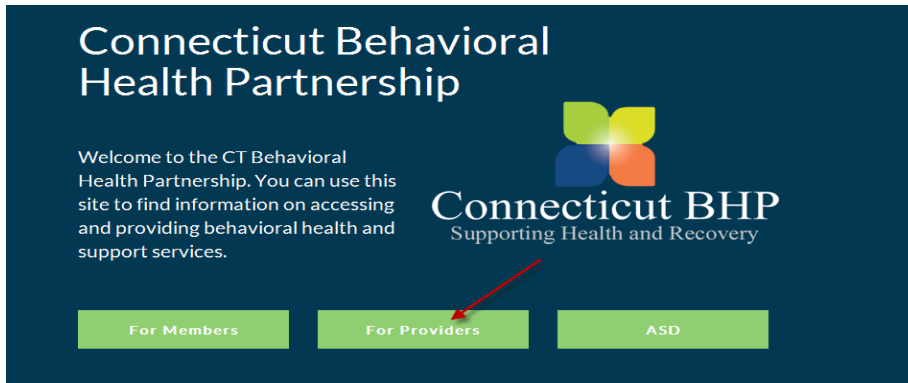
**Training Objectives** As a result of this training module, you will be able to:

- Obtain a Provider Connect User ID and Password
- Log in to ProviderConnect.
- Access Spectrum through Provider Connect
- Print a Release of Information (ROI) Form
- View Member Health Information
- View/Entering Care Coordination Postings
- View All Related Members
- Logging Out of Spectrum

## 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.

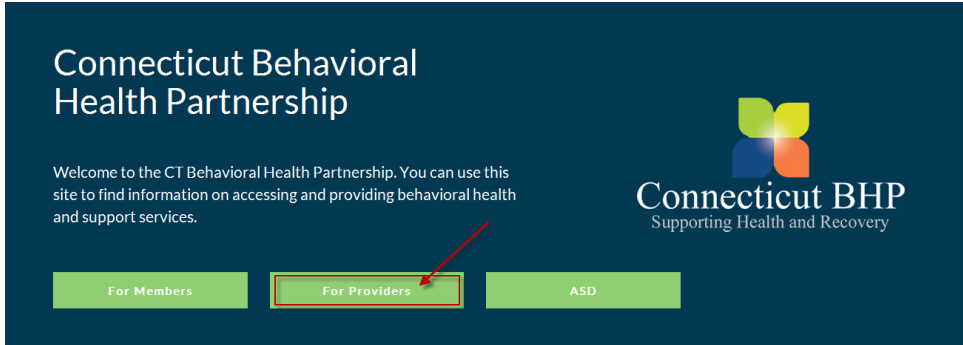


4. Complete the form and fax it back to the Provider Relations department at (855)750-9862. Completed forms can also be scanned and emailed back to Provider Relations at [CTBHP@BeaconHealthOptions.com](mailto:CTBHP@BeaconHealthOptions.com).
5. User ID's and passwords will be created within 48 hours. Once the ID and password are created, you will be sent an email with your ProviderConnect login details.
6. If you have any questions, feel free to contact the CT BHP Provider Relations department at 1-877-552-8247.

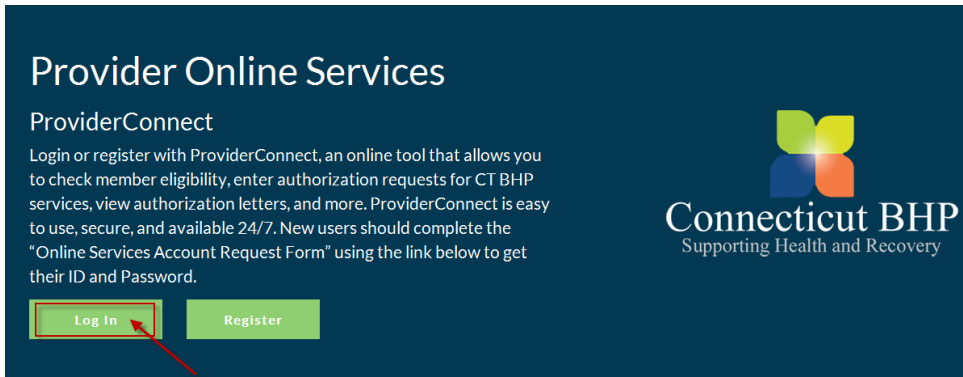
**Provider Connect Basics**

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 Log In.



4. New Users without an ID refer to page 5, 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?](#)

6. Click Log In.
7. Accept the User Agreement to proceed to the home page.

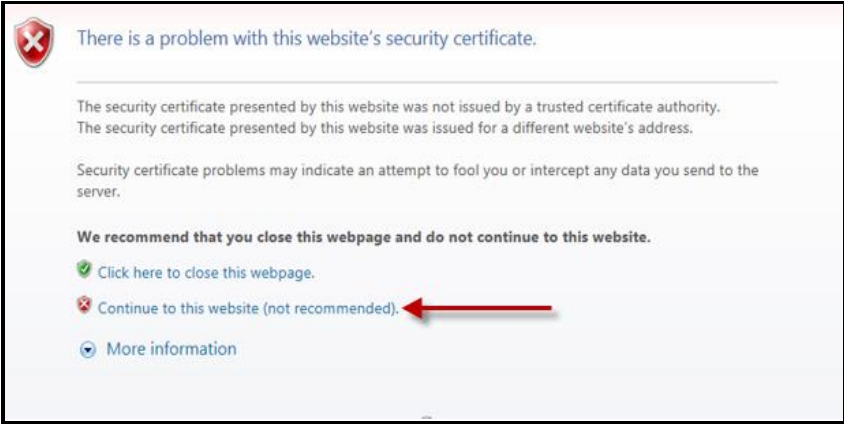
## ProviderConnect Basics, continued

### Spectrum Application Access

Click the **Print Spectrum Release of Information Form** button on the Demographics screen.



**Please note:** If you receive the message that **“There is a problem with this website’s security certificate”**. Please select **“Continue to this website”** and proceed. You will not lose any application functionality.



## Single User Release of Information (ROI) Form

Spectrum is a view-only record system that enables both internal and external users to coordinate care for members who are under the care of a provider. Spectrum represents a comprehensive collection of health information associated with a particular individual, including physical health, behavioral health, pharmacy, and individual care plan, and is used to facilitate care coordination among providers, care managers, and the individual.


Logged in providers have the ability to print pre-completed Release of Information (ROI) forms. The provider can give the printed ROI form to the member to complete any remaining information and sign. (Be aware that the member has the ability to restrict certain types of health information from being released.) The form then gets faxed to the Beacon Health Options EDI Helpdesk. (Fax # is 855-299-4822)

Note: Spectrum records will only be available for those members that select the release of all types of health information. If the member chooses to not select all types of health information to be released, the provider will have limited access to health information.

To print a Release of Information (ROI) form:

1. Click on the **Print ROI Form** link.

The screenshot displays the Beacon Health Options Spectrum web application interface. At the top, the Beacon logo is on the left, and navigation links for ValueOptions Home, Contact Us, Privacy, and Terms & Conditions are on the right. Below the logo, it says "Spectrum is a Beacon Health Options Web Site" and "Welcome, Lynne, you are logged in." with a Log Out button. A navigation bar contains links for SPECTRUM, Home, Consumer Search, View Related Consumers, Print ROI Form (highlighted), and Change Password. The main content area is titled "Consumer Search" and features a "Search For a Specific Consumer" section with input fields for Consumer ID, Last Name, First Name, Date of Birth (MMDDYYYY), SSN, Health Plan, Eligible As of Date (with the value 01072016), and County. Below the fields are "Search Consumer" and "View All Related Consumers" buttons. A note states: "Member will not display in result window if valid ROI is not on file." The footer includes "Spectrum v2.03.0" and "Spectrum is a Beacon Health Options Web Site".

2. Click **Open** on the File Download pop-up window, and then click the  icon to print the form. (Note that the form is two pages.) You can also click **Save** to save the form for later printing.



**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

*By completing this form you allow Beacon Health Options, Inc. to disclose health care information to the individuals you identify. This information will be displayed to the identified individual/group approved by you through your Integrated Patient Centric Record on the secure website. Information in this record is based on the available information Beacon Health Options has for your health care at the time of viewing and may not include all information on your care. Only the person/group approved by you will have access to your health information on the secure website.*

**SECTION 1: Identify the person whose information is to be released:**

Name \_\_\_\_\_ Address: \_\_\_\_\_

Member ID# \_\_\_\_\_ DOB / / Phone Number \_\_\_\_\_

**SECTION 2: Identify the person or entity who is to be given access to the integrated patient centric record (Spectrum).**  
Spectrum Application User ID: 76

Name of Person being given access to the records: CBHP TEMP PROVIDER

Phone Number of Person being given access to the records: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the person allowing access: \_\_\_\_\_

**SECTION 3: Identify what health information may be released:**  
 All Health Information, OR complete the below grid to indicate the specific information you wish to release. Please indicate Yes or No as appropriate for each type of health information.

Type of Health Information to be released		
HIV/AIDS related information and/or records	<input type="checkbox"/> Yes, Release this information	<input type="checkbox"/> No, Do not release this information
Mental health information and/or records	<input type="checkbox"/> Yes, Release this information	<input type="checkbox"/> No, Do not release this information
Physical health information and/or records	<input type="checkbox"/> Yes, Release this information	<input type="checkbox"/> No, Do not release this information
Alcohol or substance use information and/or records	<input type="checkbox"/> Yes, Release this information	<input type="checkbox"/> No, Do not release this information

**SECTION 4: Identify how long you would like this authorization to last:**  
 This authorization shall be in force and effect for one year or until revoked by the undersigned, in the manner described below or until (insert expiration date or event) \_\_\_\_\_ (whichever is shorter).

**SECTION 5: Your Rights:**

• You have a right to request a copy of this form and to request a copy of the information that is being disclosed. You do not have to sign this authorization and your refusal will not affect your benefits unless this authorization is necessary to determine your benefits. You have a right to revoke this authorization at any time by sending written notice to:

ValueOptions, Inc.  
 EDI Helpdesk / PO Box 1287, Latham, NY 12110  
 Fax: 855.299.4822

Revoking this authorization will not have any effect on actions that Beacon Health Options takes prior to receiving the notice of revocation. The information disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws. Please note that if you have authorized the release of ONLY alcohol or substance use treatment records, you may revoke this authorization verbally. Revocation involving all other types of health care records must be in writing.

\_\_\_\_\_  
 Signature of the Individual or the Individual's Legally Authorized Representative\*      Date

\_\_\_\_\_  
 Print Name

\* NOTE: If you are signing as the member's Legally Authorized Representative, attach a copy of the appropriate legal document(s) granting you the authority to do so. Examples would be a health care power of attorney, a court order, guardianship papers, etc.



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## Multi-User Release of Information (ROI) Form

If your provider site or agency has multiple staff who wish to access Spectrum for an identified Member, you may provide Beacon one (1) Spectrum Release of Information (ROI) along with a completed Spectrum ROI Multiple User Attachment for each Member. Below is the process to gain access to Spectrum for Multiple Users at your agency/site.

1. Member will complete your agency's Release of Information form, as usual
2. Member will complete the Spectrum Release of Information form and will initial the Spectrum ROI Multiple User Attachment
3. Spectrum ROI and Spectrum ROI Multiple User Attachment, once completed, are faxed to Beacon EDI Help Desk 1.855.299.4822 for processing
4. Spectrum ROI and Spectrum ROI Multiple User Attachment are retained by provider

### THE EXAMPLE BELOW IS FOR SIX (6) USERS AT A PROVIDER SITE WHO WISH TO ACCESS ONE (1) MEMBER'S SPECTRUM RECORD.

#### STEP 1: PRINT ROIs

- *Each* of the Multiple Users must log into ProviderConnect with his/her ProviderConnect User ID and password and select the link to "Print Spectrum Release of Information Form" to obtain their Spectrum User IDs.
  1. "Print Spectrum Release of Information Form" on ProviderConnect
  2. "Print the ROI Form" within Spectrum
  3. "Spectrum Application User ID #" populates on the form as well as provider name, phone number, and e-mail address
  4. Print the form
  5. Write provider relationship to the Member allowing access and submit the ROI to the agency representative who is completing the Multiple User Attachment
  6. For this example, there will be six (6) ROI forms, with different User ID #s, for one (1) Member

#### STEP 2: USING ONE SPECTRUM ROI FOR ONE (1) MEMBER

- Follow the below instructions to complete the Spectrum ROI to Disclose Health Information. The person who coordinates ROIs for the agency will complete one (1) Spectrum ROI and reference the Spectrum ROI Multiple User Attachment.

**Note:** Providers may write "See ROI Multiple User Attachment" for some of the following fields on the Spectrum ROI Authorization to Disclose Health Information form:

<b>Section 1</b>	<b>Complete all Member information</b>
<b>Section 2</b>	<b>Name of person being given access to records:</b> See ROI Multiple User Attachment
	<b>Phone number of person being given access:</b> See ROI Multiple User Attachment
	<b>E-mail address:</b> See ROI Multiple User Attachment
	<b>Relationship to the person allowing access:</b> See ROI Multiple User Attachment
<b>Section 3</b>	<b>Identify what health information may be released:</b> See ROI Multiple User Attachment
<b>Section 4</b>	<b>Complete expiration date</b>
	<b>Member must sign ONE (1) Spectrum ROI that accompanies the Spectrum ROI Multiple User Attachment</b>

**STEP 3: SPECTRUM ROI MULTIPLE USER ATTACHMENT (Complete one (1) for each Member-signed ROI that is submitted to Beacon)**

- Complete Section A: Member information
- Complete Section B: Provider/Agency information
- Complete Section C:
  1. Spectrum User ID - write the Spectrum User ID (from each of the ROI forms in step #1 above) by each User's name
  2. Names and contact information of staff/Users to grant permission to - CHECK THE ITEMS THAT SHOW WHAT INFORMATION IS PERMISSIBLE TO VIEW IN SPECTRUM FOR EACH USER
  3. Must complete all information in Section C
- **Have Member place his/her initials in the last column for each staff person's name to receive Spectrum access**

**STEP 4**

- Fax the signed Spectrum ROI and the Spectrum ROI Multiple User Attachment to the Beacon EDI HelpDesk at 1.855.299.4822 for processing
- Each staff person listed on the attachment will receive the authorization to view the Spectrum information (in accordance with the information permissible to be released)
- Each User will receive confirmation via e-mail (within 1-2 business days) that they are authorized to view the Member's record.

**NOTE: Once a Spectrum User ID is issued for a staff person, the Spectrum ID will remain the same for that staff person.**



SPECTRUM ROI ACCESS  
 Multiple User ATTACHMENT  
 Fax to: (855) 299-4822

Beacon SPECTRUM HEALTH RECORD			
Member Last Name	Member First Name	Member ID#	Member DOB
Smith	Smitty	123456789	11/2/2000
<b>Provider Site or Agency Name:</b>	ACME Counseling		
<b>Provider ID#:</b>	#456789		
<b>ADDRESS:</b>	10 Maple St., Hartford, CT		
<b>Phone:</b>	860-555-5555		

PLEASE GRANT SPECTRUM ACCESS TO THE FOLLOWING INDIVIDUALS AT THE ABOVE Provider Site or AGENCY  
 The Provider Site or AGENCY HAS A SIGNED ROI ON FILE GRANTING MY PERMISSION FOR ACCESS TO SPECTRUM FOR THE BELOW INDIVIDUALS

ACCESS CAN BE GRANTED TO the Below Individuals and FOR THE ITEMS I HAVE CHECKED AND INITIALED BELOW

SPECTRUM USER ID	Last Name	First Name	Phone	E-Mail	Relationship to Member	Release Mental Health	Release Physical Health	Release HIV	Release Substance Abuse	Member Initials
1	550	Johnson	John	860-555-5555 x23		counselor				
2	650	Smith	Ron	860-555-5555 x24		therapist				
3	722	Hanson	Jasom	860-555-5555 x25		psychiatrist				
4	421	Jordan	Myra	860-555-5555 x26		nurse				
5	877	Batson	Jessica	860-555-5555 x27		clinical liaison				
6	619	Bennett	Maddie	860-555-5555 x28		counselor				
7										
8										
9										
10										
11										
12										
13										
14										

For this section, please have Member initial each line for the staff he/she wishes to release information. Also have member check the boxes for the information he/she wishes to be released for each staff person.

Sample

## Searching/Viewing Member

To view health information for a member:

1. Users must enter at least one of the following search criteria.
  - Member ID (CT Medicaid ID)
  - Last Name/First Name
  - Date of Birth (enter as MMDDYYYY)
  - SSN
  - Eligible as of Date (*defaults to the current date*)
2. Click **Search Consumer**.

The system displays all the members meeting the search criteria for whom the provider has been given access. (A maximum of 150 records is returned.)

Reminder: Ensure that a Release of Information (ROI) is on file for the member. (See *printing a (ROI) Form on page 7*)

3. Click on the ID of the member whose health information you wish to access.

This application contains dynamic (that is, non-static) content.

The screenshot shows the Beacon Health Options Spectrum web application. At the top, there is a navigation bar with links for Home, Consumer Search, View Related Consumers, Print ROI Form, and Change Password. The main content area is titled "Consumer Search Results" and contains a search form with the following fields:

- Consumer ID: 400001851
- Last Name: [Empty]
- First Name: [Empty]
- Date of Birth (MMDDYYYY): [Empty]
- SSN: [Empty]
- Health Plan: [Empty]
- Eligible As of Date: [Empty]
- County: [Empty]

Below the search form are two buttons: "Search Consumer" and "View All Related Consumers".

The "Search Results" section displays a table with the following data:

Consumer ID Group #	Last Name	First Name	Middle Initial Address	DOB	SSN	Parent Code	Eff Date ARCP	Exp Date
400001851 GACO01	TEST	LYNNE	123 MAIN STREET ATLANTA GA 30301	4/19/89		GACO	11/17/15 N	

At the bottom left of the page, it says "Spectrum v2.03.0" and "Spectrum is a Beacon Health Options® Web Site".

## Viewing All Related Members

Logged in providers have the ability to display a list of all the members who meet certain conditions. The View All Related Members function is not limited by user-entered search parameters, meaning the system ignores them if present. To view all the members for whom a provider has been granted access, click on the **View All Related Members** link.

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SPECTRUM [Home](#) [Consumer Search](#) [View Related Consumers](#) [Print ROI Form](#) [Change Password](#)

### Consumer Search Results

Consumer ID:  Last Name:  First Name:  Date of Birth (MMDDYYYY):

SSN:  Health Plan:  Eligible As of Date:  County:

[Search Consumer](#) [View All Related Consumers](#)

#### Search Results

Consumer ID Group #	Last Name	First Name	Middle Initial Address	DOB	SSN	Parent Code	Eff Date ARCP	Exp Date
400001851 GACO01	TEST	LYNNE	123 MAIN STREET ATLANTA GA 30301	4/19/89		GACO	11/17/15 N	

## Member Tabs

The system displays the member's health data as captured in Spectrum, beginning with demographic information. Member health information is organized as follows.

- Demographics
- Health Conditions and Services
- Medications/Labs
- Care Plan
- Contact Center/Care Team
- Risks/Alerts/Decision Support

Use the **Next** and **Previous** buttons to navigate between the tabs or just click on the tab you wish to access. Click on the **Home** link to return to the home page at any time.

Note: Spectrum records will only be available for those members that select the release of all types of health information. If the member chooses to not select all types of health information to be released, the provider will have limited access to health information.

Note: If a provider does not have access to a particular section, then in some cases that section is suppressed (hidden). In other cases the section header displays along with the following message: *“Not authorized to view data.”*

Note: If a provider does have access to a particular section but no information is found, the following message displays: *“No data found.”*

SPECTRUM   [Home](#)   [Search](#)   [Admin Menu](#)

### Record


Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
TEMP000163849	SMITH,ALICE	01/05/1971	45	248-999-9999	10/01/2011	

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICE	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT
--------------	-------------------------------	------------------	-----------	--------------------------	-------------------------------

## Demographics Tab

The following member information displays on the Demographics tab.

- Address
- Engagement Center
- Phone #
- Benefit Package (see notes below)
- Parent
- Benefit Effective/Expiration Dates



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**SPECTRUM**
[Home](#)
[Search](#)
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**Record**

Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
TEMP000163849	SMITH,ALICE	01/05/1971	45	248-999-9999	10/01/2011	

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICE	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT
--------------	-------------------------------	------------------	-----------	--------------------------	-------------------------------

**Demographics**

<b>Address</b> 3801 PARAMOUNT PARKWAY FERNDALE MI 48220	<b>Engagement Center</b> CT01	<b>Benefit Package</b> BHP (HUSKY B)	<b>Benefit Effective Date</b> 10/01/2011
<b>Phone</b> 248-999-9999	<b>Parent</b> BHK	<b>Benefit Expiration Date</b>	

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**Benefits Section**

<b>Client ID</b> BHK	<b>Client Name</b> BEHAVIORAL HEALTH PARTNERS (KIDCARE)
-------------------------	--

**Benefit Package**  
BHPB

Member benefit information is not available. Please contact Customer Service if you would like more information.

[NEXT](#)

**Note:** This field displays the benefit package that is active as of the system date. If the member has been terminated, displays the benefit package that was active within the last 30 days. If the member has more than one active benefit package, displays the benefit package with the highest funding priority (lowest PRI value). The data should not be used in lieu of eligibility verification. It is intended for informational purposes only.

## Health Conditions and Services Tab

The following member information displays on the Health Conditions and Services tab. The sub-sections are expandable/collapsible.

- ❖ Health Conditions
  - Behavioral Health Conditions – Displays behavioral health conditions.
  - Physical Health Conditions – Displays physical health conditions.


- ❖ Claims Based Services

Claims History – Displays both behavioral and physical (medical, dental, and vision) health claims. Users can filter claims by:

- Claim Type
- Start/End Dates
- Service Type
- Provider Name
- Condition
- Procedure

**Note:** Click the **Filter Results** button to filter the results.

- ❖ Authorization History – *If available.* Displays both inpatient and outpatient authorizations. Users can choose to just display one or the other.



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SPECTRUM
Home Search Admin Menu

### Record

Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
TEMP000163849	SMITH, ALICE	01/05/1971	45	248-999-9999	10/01/2011	

DEMOGRAPHICS

HEALTH CONDITIONS AND SERVICE

MEDICATIONS/LABS

CARE PLAN

CONTACT CENTER/CARE TEAM

RISKS/ALERTS/DECISION SUPPORT

### Health Conditions

▼ Behavioral Health Conditions

Frequency	Description	Source
1	Dementia	CLAIM
2	Depressive Disorder	CLAIM
3	Alcohol Dependence	CLAIM
4	SUBSTANCE-RELATED DISORDERS	CLAIM

▼ Physical Health Conditions

Frequency	Description	Source
1	Emphysema	CLAIM
2	COMPLIC DEVI	CLAIM
3	ANEMIA	CLAIM
4	VIRAL INFECT	CLAIM
5	FUO	CLAIM



**Claims Based Services**

**▼ Claims History**

Please change filter selections to expand/filter display results.

Claim Type:  Start Date:  End Date:  Filter Results

Service Type:  Provider name:

Condition:  Procedure:

Claim Type	Condition	Service Type	Diagnosis	Procedure	Procedure Description	Provider Name	Provider Specialty	Service Start Date	Service End Date
------------	-----------	--------------	-----------	-----------	-----------------------	---------------	--------------------	--------------------	------------------

No data found.

**▼ Authorization History**

Auth Type:

Auth Type	Source	Diagnosis	Diagnosis Description	Procedure	Procedure Description	Provider Name	Provider Specialty	Effective Date	Expiration Date
IP/HLOC/Specialty	Beacon Health Options	F10.27	Alcohol dependence with alcohol-induced persisting		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALY	UNIVERSAL MENTAL HEALTH	PHYSICIAN GROUP	04/19/2016	04/19/2016
OUTPATIENT	Beacon Health Options	799.9	OTHER UNKNOWN AND UNSPECIFIED CAUSE		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALY	SMITH JEFFREY		11/01/2015	12/31/2015
IP/HLOC/Specialty	Beacon Health Options	303.90	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, UNSPECIF		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALY	SERENITY LANE		11/01/2015	12/31/2015
OUTPATIENT	Beacon Health Options	799.9	OTHER UNKNOWN AND UNSPECIFIED CAUSE		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALY	UNIVERSAL COMMUNITY BEHAVIOR HLTH		11/01/2015	12/31/2015

OUTPATIENT	Beacon Health Options	799.9	OTHER UNKNOWN AND UNSPECIFIED CAUSE		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALY	UNIVERSAL MENTAL HEALTH	PHYSICIAN GROUP	11/01/2015	12/31/2015
IP/HLOC/Specialty	Beacon Health Options	799.9	OTHER UNKNOWN AND UNSPECIFIED CAUSE		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALY	UNIVERSAL MENTAL HEALTH	PHYSICIAN GROUP	11/01/2015	12/31/2015

**▼ Utilization Dashboard**

**Summary of Utilization Events**

<b>Outpatient</b>			
Total Outpatient Visits in the Last 12 Months	<b>61</b>	<b>ICM Flag Criteria</b>	> 50 visits
Total Outpatient Visits Lifetime	<b>85</b>		> 100 visits
Number of Weeks with > 2 Visits per Week	<b>N/A</b>		> 4 weeks
Last OP, IOP, or PHP DOS	<b>N/A</b>		
<b>Inpatient/RTF LOC</b>			
Total IP/RTF Admits in the Last 12 Months	<b>N/A</b>		>= 2
Total IP/RTF Days in the Last 12 Months	<b>N/A</b>		>= 28
Total IP/RTF Admits Lifetime - VO	<b>N/A</b>		
Total IP/RTF Days Lifetime - VO	<b>N/A</b>		
<b>Intermediate LOC (PHP/IOP/IHH)</b>			
Total PHP/IOP, IHH Visits in the Last 12 Months	<b>N/A</b>		> 30 visits
Total PHP/IOP, IHH Visits Lifetime	<b>N/A</b>		
<b>Substance Abuse</b>			
2+ Detox with No Follow Up Care in the Last 12 Months	<b>0</b>		>= 2
Co-morbid SA Diagnoses	<b>N/A</b>		
Co-morbid MH Diagnoses	<b>N/A</b>		
<b>ER</b>			
ER Admits in the Last 12 Months Without IP Admission	<b>0</b>		>= 2
<b>Diagnosis</b>			
High Risk Diagnosis 1	<b>313.81</b>		
High Risk Diagnosis 2	<b>300.4</b>		
High Risk Diagnosis 3	<b>300.01</b>		
<b>Total Risk Score</b>	<b>1.428027</b>	<b>Date Last Updated</b>	<b>09/09/2013</b>

[PREVIOUS](#)

[NEXT](#)

## Medications/Labs Tab

The following member information displays on the Medications/Labs tab.

- Medication History – Displays the member’s medication history based on his/her pharmacy claims information.
- Provided Medication Information – Displays all the member, provider, and/or caregiver-provided medication information for the member.



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### Record

<b>Id</b> TEMP000163849	<b>Name</b> SMITH,ALICE	<b>Date of Birth</b> 01/05/1971	<b>Age</b> 45	<b>Phone</b> 248-999-9999	<b>Effective Date</b> 10/01/2011	<b>Expiration Date</b>
<b>DEMOGRAPHICS</b>	<b>HEALTH CONDITIONS AND SERVICE</b>	<b>MEDICATIONS/LABS</b>	<b>CARE PLAN</b>	<b>CONTACT CENTER/CARE TEAM</b>	<b>RISKS/ALERTS/DECISION SUPPORT</b>	


### Medication History

▼ Medication Claims **41 Medications Taken**										
Medication Name	Start Date	Discontinue Date	Fill Date	Days Supply	Quantity	Dosage	Prescriber Name	Data Source	Information Source	
FLUCONAZOLE	08/22/2013	08/25/2013	08/22/2013							
fluconazole 200 mg	08/22/2013	08/25/2013	08/22/2013	3	3	0mg	DAVID POMBO	CCA	CLAIMS	
FOLIC ACID	09/24/2012	09/20/2013	08/21/2013							
PHOSPHORUS #1	05/29/2013	09/20/2013	08/21/2013							
MUPIROCIN CALCIUM	08/19/2013	08/20/2013	08/19/2013							
NYSTATIN	08/16/2013	09/15/2013	08/16/2013							
DIPHENOXYLATE HCL/ATROPINE	09/28/2012	09/11/2013	08/12/2013							
BUPROPION HCL	10/01/2012	08/01/2013	07/02/2013							
CALCIUM GLUCONATE	09/05/2012	07/01/2013	06/29/2013							
DEXTROSE 70 % IN WATER	09/05/2012	07/01/2013	06/29/2013							
MAGNESIUM SULFATE	09/05/2012	07/01/2013	06/29/2013							
POTASSIUM CHLORIDE	09/05/2012	07/02/2013	06/29/2013							
SODIUM ACETATE	09/05/2012	07/01/2013	06/29/2013							
SODIUM CHLORIDE 5 %	01/10/2013	07/01/2013	06/29/2013							
WATER FOR INJECTION,STERILE	09/05/2012	07/01/2013	06/29/2013							
ZINC SULFATE	09/05/2012	07/01/2013	06/29/2013							

## Care Plan Tab

The following member information displays on the Care Plan tab.

- At Risk Crisis Plan (ARCP)
- Integrated Care Plan
- Aftercare Follow Up – Displays information from the most recent
- Inpatient/Higher Level of Care discharge in the past year.



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### Record

Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
TEMP000163849	SMITH,ALICE	01/05/1971	45	248-999-9999	10/01/2011	

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICE	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT
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### At-Risk Crisis Plan [Print Plan](#)

▼ At-Risk Crisis Plan

Provider Name	Provider ID	Crisis Plan Date	Last Changed By	Last Update	Phone
HARTFORD HOSPITAL	CBHP002134	07/17/2013	V8RAPANM	07/19/2013	503-254-1545

**Plan Developed By**  
(Includes all parties involved in developing crisis/safety plan and contact information)

Case Manager: <b>Yes</b>	Family: <b>No</b>	Partnership/Peer Support: <b>No</b>
Current Inpatient Treater: <b>No</b>	Group Home: <b>No</b>	PRTF: <b>No</b>
Current Outpatient Treater: <b>Yes</b>	ICM/CCM: <b>No</b>	RTC: <b>No</b>
DDS: <b>No</b>	LMHA's: <b>No</b>	School: <b>No</b>
ED: <b>No</b>	Medical ASO: <b>No</b>	State Agency: <b>No</b>
EMPS: <b>No</b>	Member: <b>Yes</b>	Other: <b>No</b>
	Mobile Crisis Team: <b>No</b>	

**Additional Information:** Includes formal and informal supports, includes contact names/phone #

Mary Watson: Friend (503) 888-5656  
 Sponsor Lara Woods (503)777-1234

**Current Living Agreement**  
(Documents support network, including names, addresses and phone numbers)

Family Home: <b>Yes</b>	RTC: <b>No</b>	STAR: <b>No</b>
Foster Family Home: <b>No</b>	Safe Home: <b>No</b>	Supervised Housing: <b>No</b>
Group Home: <b>No</b>	Shelter: <b>No</b>	Supportive Housing: <b>No</b>
Homeless: <b>No</b>	Sober Housing: <b>No</b>	Other: <b>No</b>

**Additional Information**  
 Resides with 2 children ages 8 and 12

**Current Strengths and Functioning**  
(Describes key strengths and needs related to behavioral health, vocational, school, social relationships, daily living skills, natural supports)

Employs full time, supportive friends from church

**Signs and Symptoms of Decompensation**  
 Stops attending work, fails to return calls

**Safety Concerns**  
(Any information either about the member, family or living situation, which should be known when member is in crisis)

Access to Weapons: <b>No</b>	History of Homicide Attempt(s): <b>No</b>	Substance Use: <b>Yes</b>
Current Charges Pending: <b>No</b>	History of Arrests: <b>No</b>	Volatile Home Environment: <b>No</b>
Current Parole: <b>No</b>	History of Police Interventions: <b>No</b>	Other: <b>No</b>
History/Current JJ Involvement: <b>No</b>	History of Suicide Attempt(s): <b>No</b>	

**Additional Information**  
 Drinks 5 drinks 4 x monthly with unstable type 2 diabetes

**Substance Use**  
(Past or present substance use issues)

Current Alcohol: <b>Yes</b>	Family Members with SA: <b>No</b>	Past Prescription Drugs: <b>No</b>
Current Marijuana: <b>No</b>	Past Alcohol: <b>No</b>	Other: <b>No</b>
Current Other Illicit: <b>No</b>	Past Marijuana: <b>No</b>	
Current Prescription Drugs: <b>No</b>	Past Other Illicit: <b>Yes</b>	

**Additional Information**  
 Abuses illicit pain meds and alcohol

**Medical/Special Needs**  
(Any health issue or special needs which should be taken into consideration when intervening with the client. Includes medical diagnosis that impact behavioral health/ access to treatments/services)

Asthma: <b>No</b>	Coronary Artery Disease (CAD): <b>No</b>	Physical Disabilities: <b>No</b>
Autism/PDD Spectrum: <b>No</b>	Diabetes: <b>Yes</b>	Post Partum Depression: <b>No</b>
Brain Injury: <b>No</b>	Eating Disorder: <b>No</b>	Pregnancy/High Risk Pregnancy: <b>No</b>
Cirrhosis: <b>No</b>	Hepatitis: <b>No</b>	Seizure Disorder: <b>No</b>
Chronic Obstructive Pulmonary Disease (COPD): <b>No</b>	Hypertension: <b>No</b>	Other: <b>No</b>

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Updated 9/20/2016

## Integrated Treatment Plan

Intensive Case Management Care Plan				
Long-Term Goal (LTG) / Short-term Goal (STG)	Date Established or Updated	Target Completion Date	Status	% Complete
▼ LTG: My treatment is appropriate for my needs	11/25/2014		Initiated	20%
STG: I support my providers getting information on my care plan	11/25/2014		Initiated	20%
▼ LTG: I understand my condition and how to manage my care	08/21/2014		Initiated	0%
STG: I understand and help manage my chronic kidney condition	08/21/2014		Ongoing Progress	0%
▼ LTG: My life is stable and I can handle upsets	08/26/2014		Ongoing Progress	70%
STG: I am participating in my after-care plan	08/26/2014		Initiated	40%
LTG: I am involved in recovery services for substance use	05/27/2014		Initiated	0%

Health Care Team Uploaded Plans				Upload Plan
Document Name (Hyperlink)	User Name	User Role	Date	
<a href="#">Care Plan mock up.docx</a>	V1SP02	BH Care Manager/Beacon Clinician	10/08/2013	
<a href="#">Spectrum Alice Wellness Recovery Crisis Plan.docx</a>	V1SP02	BH Care Manager/Beacon Clinician	11/01/2013	
<a href="#">Updated care plan.docx</a>	V1SP02	BH Care Manager/Beacon Clinician	11/05/2013	

Aftercare/Follow Up Provider Name	Aftercare/Follow Up Provider Phone	Aftercare/Follow Up Appointment Date	Aftercare/Follow Up Appointment Time
No data found.			

[Print Plan](#)

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## Printing/ Uploading

Providers have the ability to print the internally created care plan.

1. Click either of the **Print Plan** buttons.
  2. Click **OK** on the pop-up warning message to continue.
  3. Click **Open** to open the care plan. Click the “printer” icon to print the file.
- Or**
- Click **Save** to save the care plan. Select a file location.

The following disclaimer appears just below the title:

*“This Care Plan is made just for you to help you meet your health goals. This is the information available as of the date this Care Plan was printed. The goals in the plan are based on a review of your problems and needs. Your ideas for better health are stated as goals in the plan. It is important that this Care Plan reflect what you want and what you are willing to work on. If you would like to change part of this Care Plan, talk to your Care Manager, Care Coordinator, or Doctor.”*

Providers also have the ability to upload and attach an external care plan for the member. (A signed Release of Information form must be on file.)

1. Click the **Upload Plan** button.
2. Search for and open the applicable document.
3. Click **Upload**.
4. Click **Confirm** to complete the upload.

The document name appears as a hyperlink in the *Health Care Team Uploaded Plans* Sub-section of the Care Plan tab. Click on the link to open the care plan.

## Contact Center/Care Team Tab

The following information displays on the Contact Center/Care Team tab.

- ❖ Release of Information – Displays the names and phone #s of authorized persons; That is, persons with access to the member’s health information.
- ❖ Treating Team Names and Contacts
  - Internal Care Manager
  - External Care Manager (no data)
  - Provider names and contact info (no data)
- ❖ Care Coordination Postings (See Viewing/Entering Care Coordination Postings.)

The screenshot shows the ValueOptions Spectrum web application. At the top, there is a navigation bar with links for Home, Search, and Admin Menu. Below this is a 'Record' section with a table of patient information:

Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
TEMP000163849	SMITH,ALICE	01/05/1971	45	248-999-9999	10/01/2011	

Below the table are several tabs: DEMOGRAPHICS, HEALTH CONDITIONS AND SERVICE, MEDICATIONS/LABS, CARE PLAN, CONTACT CENTER/CARE TEAM (highlighted), and RISKS/ALERTS/DECISION SUPPORT.

The 'Release of Information' section shows 'No data found.'

The 'Treatment Team Names And Contacts' section shows fields for Internal Case Manager Name (V8RAPANM), External Case Manager Name, Internal Case Manager Phone, and External Case Manager Phone.

The 'Provider Names And Contact Info' section shows a table with columns for Source, Last Name / Organization, First Name, Relationship, Provider Type Description, Street 1, Street 2, City, State, ZIP, and Address. It also shows 'No data found.'

### ▼ Care Coordination Postings Postings Exist

Care coordination postings can be entered and made available to other members of the care coordination team. These postings are for informational purposes only around care coordination and should not take the place of direct contact between care team members as not all care team members may be accessing the site on a regular basis or may not have been granted access to the site by the member. HIV/AIDS or Substance Use information should not be included in a posting at any time. Postings can be viewed by all care coordination team members that the member themselves has allowed access. This list may include the behavioral health and physical health providers and care managers, as well as community organizations such as criminal justice officers, peer support staff, housing and vocational staff and state agency staff. Members do not have direct access to the note postings.

If in reviewing postings there is a posting that is felt to be inappropriate users can mark the posting as such. Marking a posting as inappropriate will suppress the viewing of the posting for all users of the site. An inquiry will be sent to the Beacon Health Options care coordinators to review the posting. Examples of inappropriate postings would include but are not limited to postings that contain HIV/AIDS information, substance use information or other information that is not pertinent to care coordination.

#### Care Coordination Posting (0 of 2000)

**Save Posting**

#### Care Coordination Posting History

V4WATERM # BH Care Manager/Beacon Clinician # 081015 # # [Mark as Inappropriate](#)   
 Update to case in one year follow-up. Alice still stable and involved in after care. M Brother PhD  
 V1SP02 # BH Care Manager/Beacon Clinician # 101113 # # [Mark as Inappropriate](#)   
 Message regarding IOP received. Will conduct UA on Friday at next office visit. Dr Ranowitz. 10/3/13  
 V1SP02 # BH Care Manager/Beacon Clinician # 101113 # # [Mark as Inappropriate](#)   
 This is to alert Dr Ranowitz that Alicia has started her IOP program this week. She will need to have a UA drawn within the next 2 weeks. M Brother, PhD. 10/2/13

**PREVIOUS**

**NEXT**

## Risks/Alerts/Decision Support Tab

The following member information displays on the Risks/Alerts/Decision Support tab.

- Care Gaps (no data)
- Pharmacy Alerts (no data)
- P-DIP Alerts



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### Record

Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
TEMP000163849	SMITH,ALICE	01/05/1971	45	248-999-9999	10/01/2011	
DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICE	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT	

### Member Risk Level

Risk Level	Date	Risk Type Description	Risk Reason
No data found.			

### Care Gaps

Care Gap Condition	Care Gap Name	Category	Effective Date	Last Updated	Status	Last Met Date	End Date
No data found.							

### Pharmacy Alerts

Care Gap Alert	Letter Date	Provider Name
No data found.		

### Psychotropic Drug Intervention Program (PDIP)

PDIP Events ID	PDIP Intervention	PDIP Event Date
Not enrolled in PDIP		

[PREVIOUS](#)

## Viewing/Entering Care Coordination Postings

Providers have the ability to enter and view Care Coordination Postings from within Spectrum, and to identify such postings as possibly inappropriate and suppress (hide) them if they want only internal clinicians viewing the note.

**Note:** If the ROI contains exclusions, the provider is prevented from viewing or entering Care Coordination Postings.

### View Care Coordination Postings

To view previous Care Coordination Postings:

1. Click the **Contact Center/Care Team** tab.
2. Scroll to the Care Coordination Postings section and expand it.

### Enter Care Coordination Postings

To create a new Care Coordination Posting:

1. Type the applicable information in the **Care Coordination Posting** text box.

**Note:** The text box accepts up to 2,000 characters.

2. Click **Save Posting**.

The new posting displays in the Care Coordination Posting History along with any previous postings. (Postings display in reverse chronological order.)

3. Click the **Mark as Inappropriate** checkbox if you wish to suppress (hide) the posting, then click **OK** on the pop-up message.

▼ **Care Coordination Postings** Postings Exist

Care coordination postings can be entered and made available to other members of the care coordination team. These postings are for informational purposes only around care coordination and should not take the place of direct contact between care team members as not all care team members may be accessing the site on a regular basis or may not have been granted access to the site by the member. HIV/AIDS or Substance Abuse information should not be included in a posting at any time.

Postings can be viewed by all care coordination team members that the member themselves has allowed access. This list may include the behavioral health and physical health providers and care managers, as well as community organizations such as criminal justice officers, peer support staff, housing and vocational staff and state agency staff. Members do not have direct access to the note postings.

If in reviewing postings there is a posting that is felt to be inappropriate users can mark the posting as such. Marking a posting as inappropriate will suppress the viewing of the posting for all users of the site. An inquiry will be sent to the ValueOptions care coordinators to review the posting. Examples of inappropriate postings would include but are not limited to postings that contain HIV/AIDS information, substance abuse information or other information that is not pertinent to care coordination.

Care Coordination Posting (0 of 2000)

**Save Posting**

Care Coordination Posting History

Lynne, Finta # BH Provider # 031913 # Spectrum #  Mark as Inappropriate ←

Test Care Coordination Posting

**PREVIOUS** **NEXT**

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## Logging Out of Spectrum

Upon logging out of Spectrum, the login screen re-displays