

# Connecticut Behavioral Health Homes

---

ProviderConnect User Manual  
Member Assessments  
Behavioral Health Home Providers

---

Innovative, Integrated Care

**Table of Contents**

Introduction .....3  
Accessing ProviderConnect .....5  
ProviderConnect Basics .....7  
Completing a Member Assessment.....9

# Introduction

---

**Introduction** The ProviderConnect application provides a variety of self-service functions to help Behavioral Health Home (BHH) providers access and view information about members. For BHH providers, additional functionality is available including:

- Completing BHH member assessments

---

**What is Covered in this Module?** This module covers general functions within ProviderConnect as well as requests for BHH providers, which includes the following key functions:

- Accessing and completing the Member Assessment module.


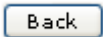


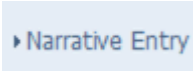
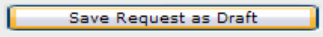
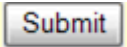
---

**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 the Member Assessment module.

## Introduction, continued

**Navigation Features** Throughout the ProviderConnect screens, navigation features are available to make it easier to move through the fields and screens. Below are a few basic features available.

Feature	What it Looks Like	Description
<b>“Breadcrumbs”</b>		Tabs with titles of each request screen will display on all of the request screens to show progress through the process.
<b>Asterisk</b>	*Level of Service	Any field with an asterisk next to it indicates that the field is required and a data item must be entered or selected in order to complete the request. Conditionally required fields will not have asterisks.
<b>Back Button</b>		A <b>Back</b> button is available on most ProviderConnect screens to help navigate to previous screens. The Back button on the ProviderConnect screens should only be used when navigating to the previous screen. Do not use the back button on your Internet browser.
<b>Calendar Icon</b>		For date fields, a pop-up calendar can be accessed by clicking the calendar icon. When the calendar opens, click the date desired and the date field will automatically update with the selected date.
<b>Cancel Button</b>		A <b>Cancel</b> button is available within some screens to allow a user to exit from the function.
<b>Checkboxes</b>	<input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cardiovascular Problem	Any data items with checkboxes next to them indicate that more than one data item can be selected for that field. Click inside of the box to select the value.
<b>Expand/Collapse</b>		Any title with an arrow (▶) to the left of the title indicates that it is a section that can be expanded to display fields or information. Click on the title to expand or collapse the section.
<b>Hyperlinked Codes</b>	<u>301.3</u>	Any underlined codes that are input options for a field will populate the field when clicked.
<b>Hyperlinked Field Titles</b>	<u>Diagnosis Code 1</u>	Any underlined field title will open screens, help text, a list of codes, etc. when clicked.
<b>Radio buttons</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Any data items with radio buttons next to them indicate that only one data item can be selected for that field. Click inside of the circle to select the value.
<b>Save Request as Draft</b>		A <b>Save Request as Draft</b> button is available on the Request for Services screens, which will save the record when clicked. As a saved record, it is only available within ProviderConnect and is not available to access in CareConnect.
<b>Submit</b>		A <b>Submit</b> button is available on some screens, which will submit the record when clicked.
<b>Text Boxes</b>	Member's Guardian <input type="text" value="John Smith"/>	Any open text box indicates that free form text can be entered into the box.

## Accessing ProviderConnect

### Obtaining an ID and Password

In order to obtain a ProviderConnect login ID and password, complete the following steps.

1. Go to the CT BHP website at [www.CTBHP.com](http://www.CTBHP.com).
2. Click on the 'For Providers' button.



3. Under the forms section, click on the 'Online Services Account Request Form' hyperlink.



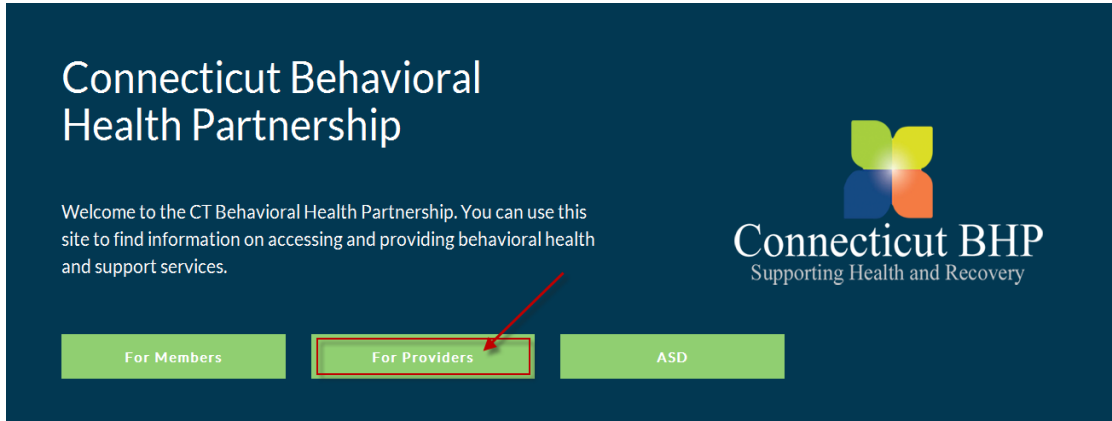
4. Complete the form and fax it back to the Provider Relations department at (855)750-9862. Completed forms can also be scanned and emailed back to Provider Relations at [ctbhp@beaconhealthoptions.com](mailto:ctbhp@beaconhealthoptions.com).
5. User ID's and passwords will be created within 48 hours. 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.

## Accessing ProviderConnect, *continued*

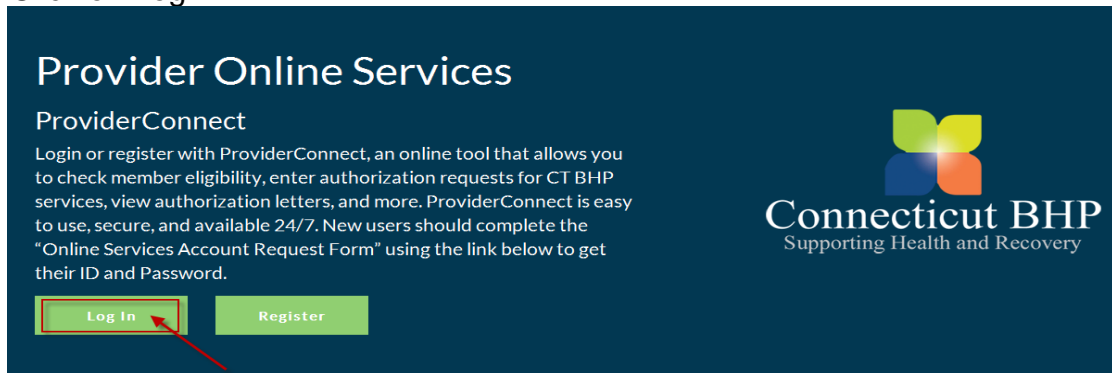
### Logging In

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

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



3. Click on Log In.



4. Enter User ID and Password.

PROVIDERCONNECT  
BEACON HEALTH OPTIONS

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

5. Click Log In.

## ProviderConnect Basics

---

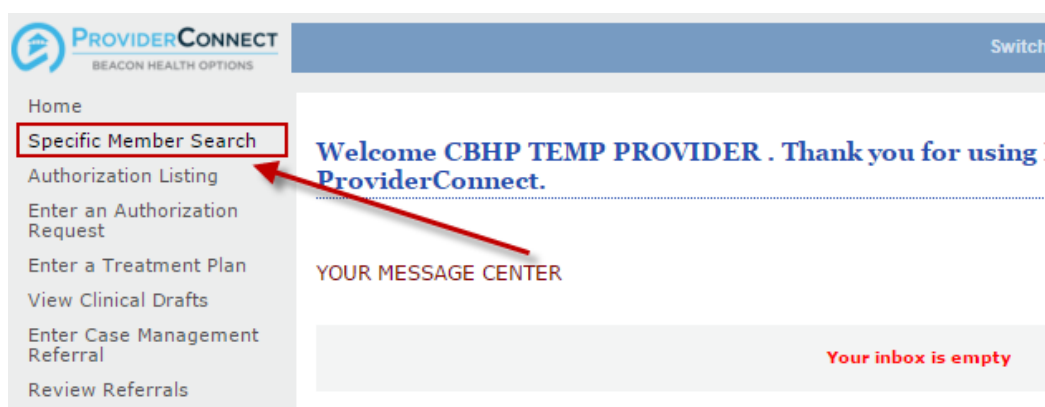
### Searching for and Viewing Member Records

One function that is used often for various ProviderConnect functions is searching and viewing member records.

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

---

1. Click **Specific Member Search** from the navigational bar or **Find a Specific Member** on the Home page.



2. Enter values for the **Member ID** and **Date of Birth**
  - a. Note: The **As of Date (MBR Eligibility Date)** will auto-populate with today's date. To search a previous eligibility date, users can enter a previous date.

### Eligibility & Benefits Search

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

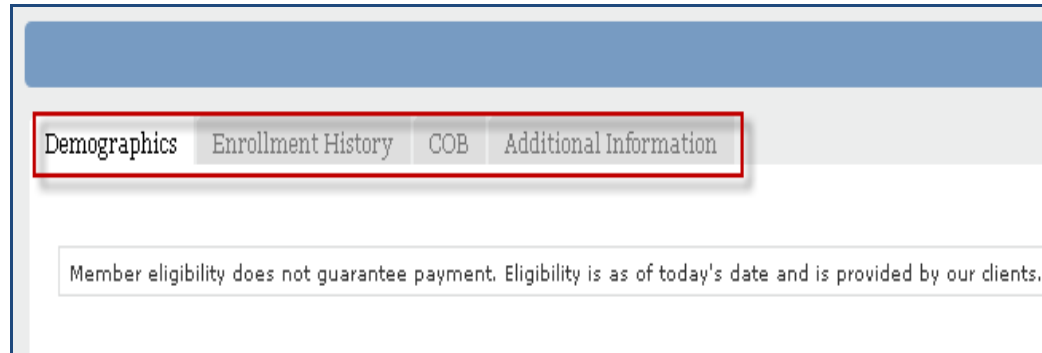
Verify a patient's eligibility and benefits information by entering search criteria below.

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

## 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** (Displays 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 Auth/Notification Request** (Initiates the Request for Services process)
9. **View Clinical Drafts** (Display member specific Clinical Drafts)
10. **View Referrals** (For Residential/Group Home Providers Only)
11. **View Spectrum Record** (Links to Spectrum application and Spectrum Records for any member that has completed a Release of Information)
12. **Enter Member Assessment** (Allows access to Member Assessment module for completion.)
13. **NOTE: All other fields between Enter Member Reminders through View Behavioral Analysis Date functions (with the exception of Enter Member Assessment) are currently not utilized for BHH Providers – These functions should not be accessed and information should not be entered into any of these categories.**

Home Phone

Work Phone

Relationship

1

Gender

F - Female

Member Participates in Message Center Communication with Providers? **No**

**If you wish to use the ProviderConnect Message Center to communicate with Members who participate in Message Center communication, please Search for the Member you would like to contact.**

View Member Auths

Enter Auth/Notification Request

View Clinical Drafts

View Referrals

Enter Member Reminders

View Treatment Plans

View Crisis Plans

View Spectrum Record

Case Management Referral

Enter Member Assessment

Enter Maladaptive Behavior Data

Enter Skills Data

View Behavioral Analysis Data



# Completing a Member Assessment

## Key Step 1: Initiate the Member Assessment Module

The first key step is to initiate the Member Assessment function, which starts from the ProviderConnect Homepage. The function can also be initiated when the Member record is located first and then the **Enter Member Assessment** 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 the Enter Member Assessment hyperlink either on the left navigational or Home page of ProviderConnect.

Review Referrals  
Enter Bed Tracking Information  
Search Beds/Opening  
Weekly Behavior Analysis Measures  
**Enter Member Assessment**  
Enter Member Reminders Reports  
Print Spectrum Release of Information Form  
My Online Profile  
Provider Credentialing Application

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
  - [Find a Specific Member](#)
- ▼ [Enter or Review Authorization Requests](#)
  - [Enter an Authorization/Notification Request](#)
  - [Enter a Treatment Plan](#)
  - [Review an Authorization](#)
  - [View Clinical Drafts](#)
  - [Weekly Behavior Analysis Measures](#)
- ▶ **Enter Member Assessment**
- ▶ [Enter Member Reminders](#)

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

### Eligibility & Benefits Search

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

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

*Member ID	<input type="text" value="00555555"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="01011955"/>	(MMDDYYYY)
As of Date	<input type="text" value="05022011"/>	(MMDDYYYY)

3. Click the **Enter Member Assessment** button on the Member record to continue.

Demographics | Enrollment History | COB | Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

**Member?**

Member ID	TEMP001155035
Alternate ID	
Member Name	EVALUATION, IVANA
Date of Birth	11/11/2011
Address	500 ENTERPRISE DR ROCKY HILL, CT 06067
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	F - Female

Member Participates in Message Center Communication with Providers? **No**  
**If you wish to use the ProviderConnect Message Center to communicate with Members who participate in Message Center you would like to contact.**

4. The **Select Service** screen will display
5. Locate and select the Service Address/Vendor.
6. 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.
7. Click the **Next** button to continue.
8. Choose **Behavioral Health Home Assessment** from the drop down menu.

PROVIDERCONNECT  
BEACON HEALTH OPTIONS

Provider

Tax ID	Provider ID	Provider Last Name
	CBHP002120	TEMP PROVIDER

Member Name

Member ID	Last Name	First Name
TEMP001155035	EVALUATION	IVANA


**Select Assessment**

Select Assessment :

9. Complete the (4) Sections of the Member Assessment: Body Mass Index, Blood Pressure, Tobacco Assessment & Depression Screening. Each section is independent so all sections do not need to be filled out at one time. Dates should not be entered if data wasn't collected on that date.


**Body Mass Index**

**For age of 18 years and above:**  
(Enter Height and Weight for adults >= 18yrs.)


Date of Collection (MMDDYYYY)   Height  ft  in Weight  lbs BMI Value

BMI Value - Age 18 years and above: Underweight< 18.5 Normal weight= 18.5-24.9 Overweight= 25-29.9 Obese= BMI of 30 or greater.


**Blood Pressure**

Date of Collection (MMDDYYYY)   Systolic (70-200)  mmHg Diastolic (30-130)  mmHg

**Tobacco Assessment**

Date of Assessment (MMDDYYYY)   Assessment

**Depression Screening**


Date of Screening (MMDDYYYY)   Screening Outcome

© 2017 Beacon Health Options® ProviderConnect v5.09.00

- a. Body Mass Index (for members less than 18 years old)
- i. Enter Date of Collection utilizing the calendar icon or entering the date in a MMDDYYYY format
  - ii. Enter BMI Percentile

**Body Mass Index**


**For age less than 18 years:**

Date of Collection   BMI Percentile

- b. Body Mass Index (for members 18 and older)
- i. Enter Date of Collection utilizing the calendar icon or entering the date in a MMDDYYYY format
  - ii. Enter Height
  - iii. Enter weight

**Body Mass Index**


**For age of 18 years and above:**  
(Enter Height and Weight for adults >= 18yrs.)

Date of Collection (MMDDYYYY)   Height  ft  in Weight  lbs BMI Value

BMI Value - Age 18 years and above: Underweight< 18.5 Normal weight= 18.5-24.9 Overweight= 25-29.9 Obese= BMI of 30 or greater.


- c. Blood Pressure
  - i. Enter Date of Collection utilizing the calendar icon or entering the date in a MMDDYYYY format
  - ii. Enter Systolic and Diastolic Values

**Blood Pressure**

Date of Collection (MMDDYYYY)        Systolic (70-200)  mmHg      Diastolic (30-130)  mmHg

- d. Tobacco Assessment
  - i. Enter Date of Collection utilizing the calendar icon or entering the date in a MMDDYYYY format
  - ii. Select appropriate Assessment from Drop down menu

**Tobacco Assessment**


Date of Assessment (MMDDYYYY)        Assessment

**Depression Screening**

SELECT...  
 NOT A SMOKER/TOBACCO USER  
 CESSATION INTERVENTION NOT OFFERED  
 CESSATION INTERVENTION OFFERED

- e. Depression Screening
  - i. Enter Date of Collection utilizing the calendar icon or entering the date in a MMDDYYYY format
  - ii. Select appropriate Screening Outcome or Exclusion from Drop down menu

**Depression Screening**

Date of Screening (MMDDYYYY)        Screening Outcome

Back    Submit    Cancel

SELECT...  
 POSITIVE SCREEN, FOLLOW-UP PLAN DOCUMENTED  
 NEGATIVE SCREEN, NO FOLLOW-UP  
 EXCLUDE: ACTIVE DIAGNOSIS OF DEPRESSION OR BIPOLAR  
 EXCLUDE: REFUSES TO PARTICIPATE  
 EXCLUDE: IN CRISIS, TX DELAY TO JEOPARDIZE HEALTH  
 EXCLUDE: FUNCTIONAL CAPACITY MAY IMPACT RESULTS

© 2017 Beacon Health Options® ProviderConnect v5.08.00

10. Click Submit

Back    **Submit**    Cancel

11. Once the **Submit** button is clicked, the submission screen will display.

The screenshot displays the ProviderConnect submission screen. At the top left is the logo for PROVIDERCONNECT BEACON HEALTH OPTIONS. At the top right is a 'ProviderConnect Home' button. A yellow banner across the top indicates the status: '\*\*\*\*\* SUBMITTED \*\*\*\*\*'. Below this, the 'Determination Status:' section contains the following information:

Member Name <b>EVALUATION, IVANA</b>	Member ID <b>TEMPO01155035</b>	Member DOB <b>11/11/2011</b>	
Assessment# <b>174 - BHH</b>	Type of Request <b>BEHAVIORAL HEALTH HOME ASSESSMENT</b>		
Submission Date <b>09/18/2017 10:42 AM</b>			
Provider Name & Address <b>TEMP PROVIDER 500 ENTERPRISE DRIVE ROCKY HILL, CT 06067</b>	Provider ID <b>CBHP002120</b>	Vendor ID <b>VCB003159</b>	Provider Alternate ID <a href="#">TEMPFAC</a>

Below the table is a section for 'Printing & Downloading Options:' with the instruction '(For the best print results, please print in Landscape format)'. It contains four buttons:

- Print Submission Confirmation** (Print the Results page (this page))
- Print Behavioral Health Home Assessment** (Print the entire submitted Assessment)
- Download Behavioral Health Home Assessment** (Download the entire submitted Assessment)
- Return to Provider Home** (Return to the ProviderConnect homepage)

12. The status will indicate 'Submitted' at the top of the screen with a message indicating that the request requires further review.

13. Printing Requests

- a. Click the Print Submission Confirmation button to print a copy of the Results page.
- b. Click the Print Behavioral Health Home Assessment button to print a copy of all the fields completed for the request.

14. Download the request.

- a. Click the **Behavioral Health Home Assessment** button to save a copy of the request either in pdf format or xml.
- b. **NOTE: THIS WILL BE THE ONLY OPPORTUNITY FOR BHH PROVIDERS TO DOWNLOAD and save/print a copy of the Assessment.**

15. Click the Return to Provider Home to exit the Request for Authorization function.

16. Users may proceed with another menu function on the ProviderConnect homepage or log out of the system.