

Job Aid:

ProviderCONNECT

Enrollment, Update, and Discharge



Overview

This job aid explains how to access and navigate Vaya Partners' ProviderCONNECT to complete enrollments, updates, and discharges for members and recipients. It includes instructions for completing a new enrollment form, searching for a member/recipient, adding clinical information, and noting riders and coordination of benefits.

Click any section below for details:

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Member/Recipient Search Features

Step 1

On the homepage, select “**Members**” from the menu in the upper left corner of the screen.

Step 2

The members/recipients page will appear.

Step 3

Select “**Search Members**” (magnifying glass).

Member/Recipient Search

Step 1

Complete member/recipient search by entering:

- First name
- Last name
- Date of birth

Note: You may also enter a social security or policy number, but those are not required.

Step 2

A list of members/recipients that match your search criteria will display.

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Member Information

Select the correct member/recipient to pull up the member information page. In this section, you can see the member's/recipient's:

- Address information
- Insurance
- Diagnoses
- NCTracks benefit plan (**for recipients of State-funded services, this section shows enrollment start and end dates for target populations**)
- Authorizations

Addresses (1)	Insurance (2)	Diagnoses (3)	NC Tracks Benefit Plans (8)	Authorizations
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Accessing Care Plans

Step 1

On the homepage, select **"Members"** from the menu in the upper left corner of the screen.

Step 2

The members/recipients page will appear.

Step 3

Select **"Search Members"** (magnifying glass).

Step 4

Complete member/recipient search by entering:

- First name
- Last name
- Date of birth

Step 5

Select the insurance plan for the effective date range.

First Name	Last Name	Plan Name	Effective Date	Expiration Date
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Step 6

Select **"Member Care Plan."**

Step 7

Scroll down and move the bar from right to left to see each care plan document's full name.

Step 8

Select **"Care Packet"** to view the entire care plan.

Note: Providers can access care packets for any member who does not have an authorization with a substance use diagnosis.



Document Type	File Name	File Path
Care Plan	1549021_20231114_JTester_Vaya_ProposedCarePlan.pdf	Download
Care Plan	1549013_20231114_JTester_Vaya_ApprovedCarePlan.pdf	Download
Care Plan	1549011_1549003_Innovations_SAR_and_Signature_Page.pdf	Download

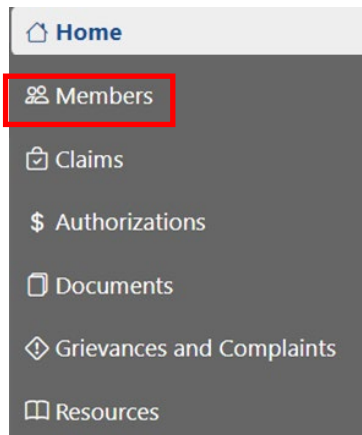
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Completing an Enrollment

Step 1

On the homepage, select “**Members**” from the menu in the upper left corner.



Step 2

The members/recipients page will appear with the “**Enrollments**” option automatically selected.

Step 3

Select “**New Enrollment.**”

Step 4

Complete a member/recipient search by entering:

- First name
- Last name
- Date of birth

Note: You may also enter a social security or policy number, but those are not required.

Step 5

Select “**Search**” and a list of members/recipients matching your search criteria will appear.

- **If no matches appear**, select “No Members Found, Click Here for Enrollment.”
- **If one match appears**, select the option to “Complete an Enrollment or Update.”
- **If there are multiple matches**, select the correct member/recipient.

Note: The portal will allow you to enter enrollment requests for State-funded coverage only. It will not allow you to enroll Medicaid members. However, you can submit a State enrollment request for certain members.

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Completing the Member/Recipient Enrollment Form

Step 1

Enter enrollment request details. Fields marked with a red asterisk (*) are required to save and fields with a green asterisk (*) are required to submit.

Note: Some fields are “fill in the blank” and other provide a dropdown menu of options. You can use the tab button to move between fields.

- | | |
|---|---|
| a. Screening type * | x. Emergency contact |
| b. First and last name * | y. Education level |
| c. Maiden name | z. Living arrangement * |
| d. Date of birth * | aa. Physical address, city, state, and ZIP code * |
| e. SSN * | bb. Mailing address, city, state, and ZIP code |
| f. Gender * | cc. Member phone number * |
| g. Referral source * | dd. Service requestor information for yourself and the hospital * |
| h. Screening method (phone or face-to-face) | ee. Agency type |
| i. screening date * | ff. Member/recipient's veteran status * |
| j. Screening time * | gg. Number of people in the member/recipient's household* |
| k. Admission date * | hh. Household annual income* |
| l. Race * | ii. Whether the member/recipient's family members served in active duty |
| m. Ethnicity * | jj. Type of agency hosting screening triage and referral |
| n. Gender * | kk. Number of arrests in last 30 days |
| o. Primary language * | ll. Mutual aid programs the member/recipient uses * |
| p. Secondary language | mm. Admission/discharge from treatment services |
| q. Proficient in English * | nn. Whether the member/recipient has/had a traumatic brain injury* |
| r. Enrolled in Medicaid | oo. Member/recipient's primary health/medical insurance * |
| s. Medicaid ID (leave blank if the member/recipient does not have Medicaid) | pp. Whether the member/recipient receives opioid replacement therapy * |
| t. Marital status * | |
| u. Competency * | |
| v. Employment status * | |
| w. Legal guardian (first name, last name, phone number, address, city, state, and ZIP code) * | |

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Step 2

Complete the “Presenting Problem” section. *

- First (AMH, CMH, ADD, CDD, ASA, CSA, or none)
- Second (AMH, CMH, ADD, CDD, ASA, CSA, or none)
- Third (AMH, CMH, ADD, CDD, ASA, CSA, or none)

Step 3

Complete the “Current Risk to Consumer Safety Risk” section. *

- Instability of care provider supervision (none, mild, moderate, severe, or not screened)
- Safety issues in living arrangement (none, mild, moderate, severe, or not screened)
- Aggression or self-injurious behavior (none, mild, moderate, severe, or not screened)

Step 4

Complete the “Current Risk of Harm to Self or Others” section. *

- Consumer potential risk to self (none, mild, moderate, severe, or not screened)
- Consumer potential risk to others (none, mild, moderate, severe, or not screened)
- Consumer in need of detox (yes, no, or NA)
- Symptoms (agitation, nausea and vomiting, sweats, seizure, tremors, or other)

Step 5

Complete the “Needs Severity” section. *

- Needs severity (emergent, urgent, routine, or non-threshold)

Step 6

Complete the “Ref Response” section. *

- Base, enhanced, crisis, community, or resource

Step 7

Complete the “Referral” section. *

- Appointment offered (Yes, No, or NA)
- Appointment accepted (checkbox)
- Provider name, address, and phone
- Appointment time and date

Step 8

Complete the “Recommended Service and Provider Choice” section. *

- Recommended initial service (diagnosis, common, targeted care manager, other, clin intake, behavioral health assessment, or mental health assessment)

Provider choice (consumer choice, family legal guardian choice, screener decision, other person decision, or other)

Step 9

Complete the “Why provider chosen” section. *

- Why provider chosen (coverage benefits, crisis or urgent access, first available, hours, location, cultural reason, reputation or recommended by others, provider specialty, other reason, or NA)

Step 10

Complete the “Special Needs” section.

- Special needs (wheelchair/mobility needs, sign language and interpreter, deaf hearing impaired, intellectual disability, child care, or visual impaired)

Step 11

Complete the “Primary Care Provider” section. *

- Primary care provider
- Special arrangements (transportation, site accessibility, other, or NA)
- Qualified professional (QP, last name, first name,)
- QP staff qualification (MH, SA, DD, phone number, extension, and staff end time)

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Step 12

To save the enrollment form, select “Save” at the bottom of the screen.

Step 13

Complete the “Additional Clinical Information” at the top of the next page.

- Diagnosis (primary and principal diagnoses are required)
- Primary drug of choice, secondary drug of choice, and tertiary drug of choice
- Effective date
- End date
- Term reason
- Is stressor

Step 14

Select the plus sign beside “Riders” and/or “COB” (coordination of benefits) and complete the relevant fields if either apply. Make sure dates do not overlap.

- Riders (benefit name, effective date, and expiration)
- COB (payer, member, group, coverage, effective date, and expiration)

Step 15

Use the “Additional Comments” section to enter any comments including provider and reviewer comments.

Step 16

If you must gather additional information before submitting the enrollment form, select “Save,” and return to the form later.

Note: Vaya Partners does not review enrollments in “saved” status.

Step 17

When you have completed the form, select “Submit.”

Completing a Discharge

Step 1

On the homepage, select “**Members**” from the menu in the upper left corner of the screen.

Step 2

The members/recipients page will appear.

Step 3

Select “**Discharge**” in the upper middle of the page.

Step 4

Select “**New Discharges.**”

Member/Recipient Search

Complete member/recipient search by entering:

- Last name
- First name
- Date of birth

Note: You may also enter a social security or policy number, but those are not required.

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Complete Member/Recipient Discharge

Step 1

Complete the discharge form.

If you need to gather additional information before submitting select, **“Save”** and return to the form later.

Note: Vaya Partners does not review a discharge in saved status.

Step 2

When the discharge form is complete, select **“Submit.”**

Step 3

You can view saved and submitted discharge requests, including their status and any comments, in the ProviderConnect Portal.

Completing an Update

Step 1

On the homepage, select **“Members”** from the menu in the upper left corner of the screen.

Step 2

The members/recipients page will appear.

Step 3

Select **“Update”** in the upper middle of the screen.

Step 4

Select **“New Update.”**

Step 5

Complete member/recipient search by entering:

- First name
- Last name
- Date of birth

Note: You may also enter a social security or policy number, but those are not required.

Step 6

Select the correct member/recipient.

Step 7

Select **“Complete an updated enrollment”** when it appears on the screen.

- If the member/recipient is not eligible for State-funded services or Medicaid, a message saying, “An enrollment must be submitted for this member” will appear.
- To complete an update, enter the demographic and/or clinical information for the member/recipient.

Step 8

To save the form and return to it later, select **“Save”** at the bottom of the screen.

Step 9

Enter **“Additional Clinical Information.”**

- Diagnosis
- Primary drug of choice, secondary drug of choice, and tertiary drug of choice.
- Effective date
- End date
- Term Reason
- Is stressor

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Step 10

Select the plus sign beside "**Riders**" and/or "**COB**" (coordination of benefits) and complete the relevant fields if either apply. Make sure dates do not overlap.

- a. Riders (benefit name, effective date, and expiration)
- b. COB (payer, member, group, coverage, effective date, and expiration)

Step 11

Add any comments in the "**Additional Comments**" box.

If you must gather additional information before submitting the enrollment form, select "**Save,**" and return to the form later.

Note: Vaya does not review updates in "saved" status.

Step 12

When you have completed the form, select "**Submit.**"