Job Aid:
ProviderCONNECT Service Authorizations

Overview

Vaya Partners' ProviderCONNECT portal is the primary means of communication between Vaya Partners and providers. It offers diverse pathways for clear, efficient, and timely communication of many types of information, including administrative, clinical, claims/encounter data, quality measurement, and cost measurement.

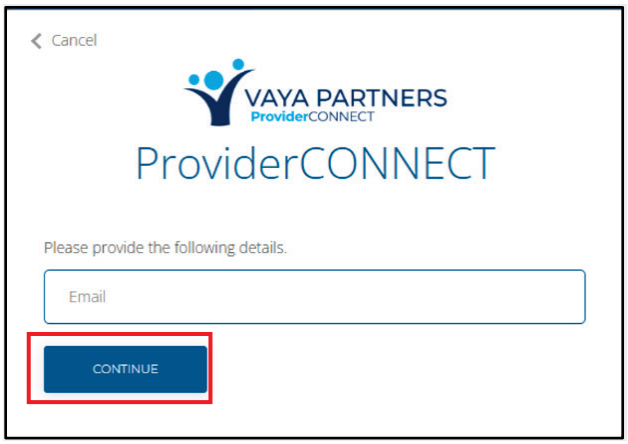
Click any section below for details:

- ProviderCONNECT l Login
- Member and Recipient Search Features
- Authorizations Homepage
- Saved Authorizations
- Submitted Authorizations
- Authorization Status
- Search for an Authorization
- Create an Authorization Request
- Submit a Concurrent Inpatient or Outpatient Behavioral Health Request
- ProviderCONNECT Log Out

ProviderCONNECT Login

Step 1

Access ProviderCONNECT:
https://providers.vayapartners.org/portal



Step 2

On the login page, enter your email address and select "**Continue**."

Step 3

The next screen will appear with instructions to "**Sign in with an existing account**."

Step 4

Enter your password and select "**Continue**."

Step 5

When prompted, enter the multifactor authorization (MFA) code.

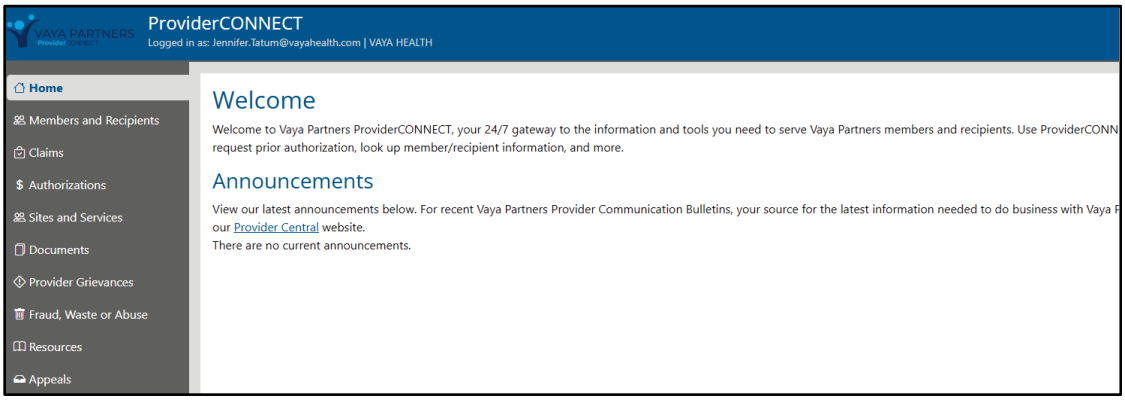
Note: ProviderCONNECT will send the MFA code to the phone number or email address you selected the first time you logged in.

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Job Aid:
ProviderCONNECT
Service Authorizations

Step 6

The ProviderCONNECT homepage will appear. This page displays a welcome message and important provider announcements. Navigation for ProviderCONNECT starts on this page.



Member and Recipient Search Features

Getting Started

Step 1

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

Step 2

The members and recipients page will appear.

Step 3

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

Member/Recipient Search

Step 1

To complete a member/recipient search, enter:

- 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.

Member Information

Select the correct member/recipient to access 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 (available for those referred by/to providers)

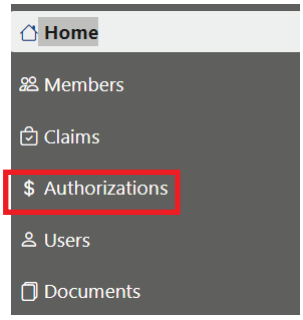
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Job Aid:
ProviderCONNECT
Service Authorizations

Authorizations Homepage

Step 1

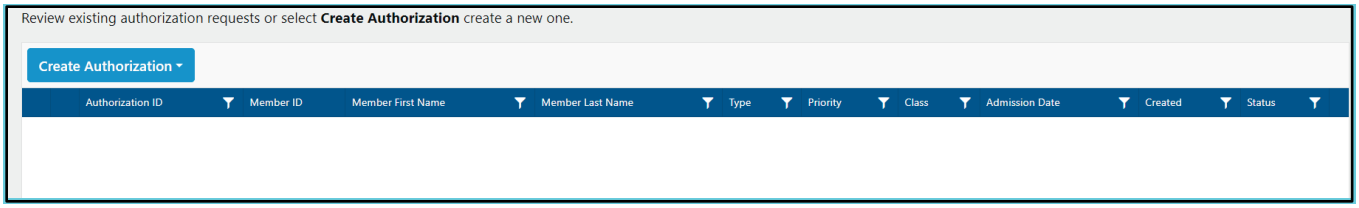
On the ProviderCONNECT homepage menu on the upper left side, select "**Authorizations**" to open the authorizations homepage.



Step 2

There are three options on this page: **"Search for an authorization," "Review saved and submitted authorizations,"** and **"Create Authorization."**

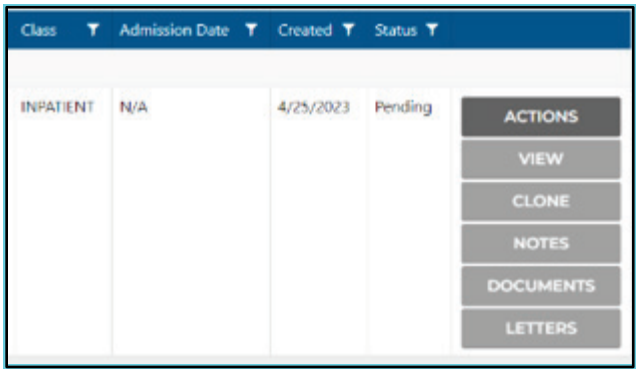
Saved Authorizations



Step 1

To view a saved authorization, find the desired authorization on the authorization homepage and select "**View**" on the right side of the screen under "**Actions**."

Note: Do not use "clone." An error message will appear if a cloned authorization is submitted.



Step 2

To review or add notes on a saved authorization, select "**Notes.**

Step 3

To review the documents attached to an authorization, select "**Document**."

Step 4

Make any necessary changes to the saved authorization and select "**submit**" at the bottom of the screen to submit it.

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ProviderCONNECT
Service Authorizations

Submitted Authorizations

Step 1

To view a submitted authorization, find the desired authorization on the authorization homepage and select "**View**" on the right side of the screen under "Actions."

To **print** the authorization, select **"View"** and go to the top of the page and select **the printer button.**



Step 2

To review the Vaya Partners Utilization Management notes on a submitted authorization, select "**Notes**."

Step 3

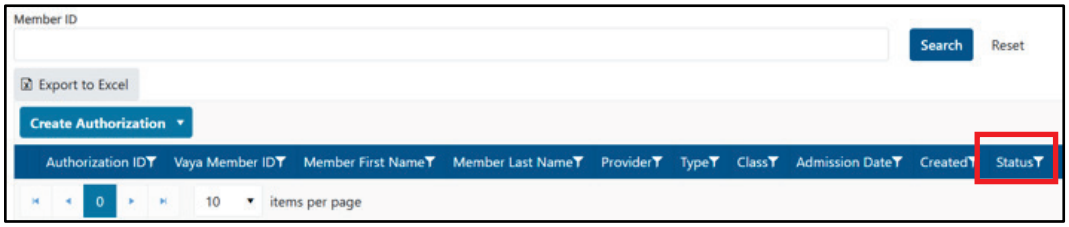
To review the documents attached to a submitted authorization, select "**Documents**."

Step 4

To download a copy of authorization letters, select **"Letters."**

Authorization Status

To see the status of an authorization, select the desired authorization on the authorization homepage and check the "**Status**" column. Status designations include:



- Approved – Vaya Partners has approved the authorization.
- Partially Approved – Vaya Partners has approved part of the authorization.
- Pended – The authorization is pending Vaya Partners' review.
- Denied – Vaya Partners has denied the authorization.
- Voided – The authorization has been voided.
- Unable to Process – Either information is missing, incomplete, or incorrect or the request is invalid for another reason. **This status means you must submit a new authorization request.**

Search for an Authorization

Step 1

Select "**Vendor**" (the provider organization).

Step 2

Add the dates that you would like to search.

Step 3

Select "**Additional Filters**" to enter a member's/recipient's Vaya Partners ID.

Step 4

Select "**Search**" to view a list of authorizations that match your search criteria.

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Job Aid:
ProviderCONNECT
Service Authorizations

Create an Authorization Request

Step 1

Select "**Create Authorization**" for all new authorizations.



Step 2

Select one of the five available authorization request templates by selecting the down arrow: Inpatient – Behavioral Health, Outpatient – Behavioral Health, Home and Community-Based Services (HCBS), Inpatient – Physical Health, or Outpatient – Physical Health.

Inpatient services include those at:

- Inpatient psychiatric hospitals
- Intermediate Care Facilities (ICFs)
- Facility-based Crisis centers

HCBS services include those that fall under the NC Innovations Waiver and 1915(i) services.

*All other services are considered **outpatient** services.*



Step 3

Select "**Search**" and enter the member's/recipient's name.



Step 4

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

Step 5

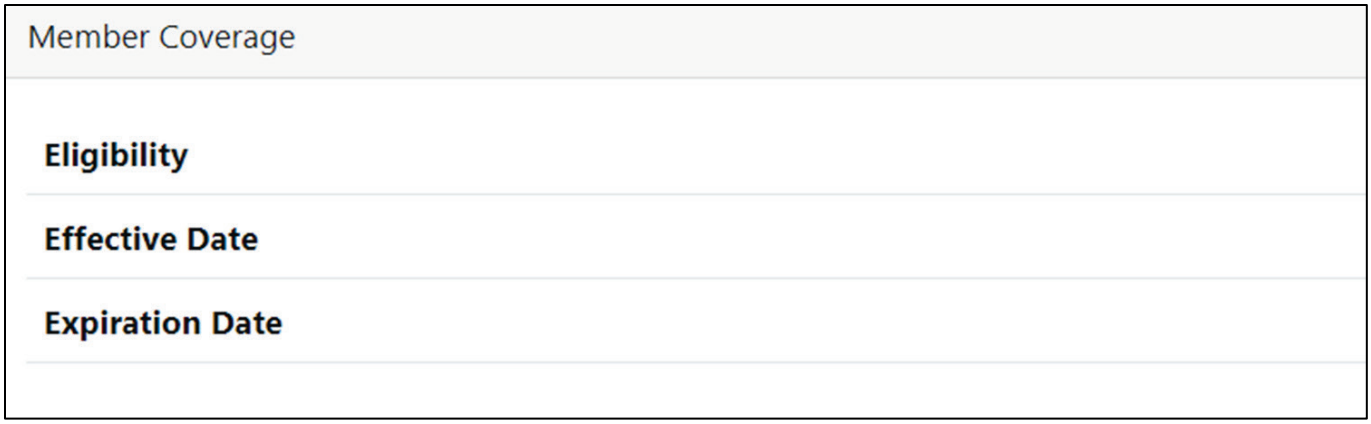
Select the relevant member/recipient, and their information will populate your authorization request.

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Step 6

Select the correct **"Member Coverage"** (payor source).

Note: Some members/recipients have multiple payor sources. **Make sure you select the option that is/was active during the service dates of the authorization you are requesting.** Selecting a coverage option that is/was not active during the service for which you are requesting authorization will result in an error message.



Step 7

For *outpatient and HCBS authorizations only*, complete the **"Referred By"** field.

If you are requesting an authorization for a provider outside of your own organization, select "**Change Corporation**." Select your own organization for the "**Referred By**" field and the provider organization that will provide the service in the "**Referred To**" field.



Step 8

For *inpatient authorization only*, complete the **"Facility"** field.

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Step 9

Complete the authorization request. Fields marked with a red asterisk (*) are required to save; fields with a green asterisk (*) are required to submit.

a. Authorization Class (Automatically populates)

b. Authorization Type *

- Inpatient Choices
  - Inpatient ICF
  - Acute Hospitalization (Including facility-based crisis and detox)
- Outpatient Choices
  - Outpatient Child MH (Any Medicaid or State-funded child behavioral health service that requires an authorization, including level 1-4 residential services)
  - Outpatient Partial Hospitalization Outpatient I/DD (Any Medicaid or State-funded non-Innovations I/DD service that requires an authorization)
  - Outpatient Adult MHSUD (Any Medicaid or State-funded adult behavioral health service that requires an authorization)
  - Outpatient Child PRTF (Only psychiatric residential treatment facilities)
- HCBS Choices (Innovations or 1915(i) Waiver)

c. Service Type

- Inpatient Hospitalization Choices:
  - Allergies
  - Ambulance
  - Anesthesia
  - Burn Treatment
  - Cardiac Procedures
  - Chiropractic
  - Dietary Evaluation
  - Durable Medical Equipment
  - Facility-Based Crisis (FBC)
  - Family Planning
  - Health Center
  - Hearing Aids
  - Home Health
  - Home Infusion Therapy
  - Hospice
  - Inpatient BH
  - Inpatient Services
  - Lab and X-ray
  - Maternal Support
  - NEMT
  - Nursing facility
  - OBGYN
  - Ophthalmology
  - Outpatient services
  - Pharmacy
  - Physician Services
  - Podiatry
  - Prosthetics orthotics
  - Psychology under 21
  - Specialized Therapy
  - Telehealth
  - Tobacco counseling
  - Transplants
  - Ventricular Device
  - Vision
- HCBS Choices:
  - DME
  - Innovations Waiver
  - 1915(i) Waiver
  - TBI Services

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- Outpatient Choices:
  - ACT
  - Allergies
  - Ambulance
  - Anesthesia
  - Auditory Parts
  - Autism Spectrum Disorder
  - Burn Treatment
  - Cardiac Procedures
  - Community Support Team (CST)
  - Diagnostic BH
  - Dietary Evaluation
  - DME
  - Maternal Support
  - NEMT
  - OBGYN
  - Ophthalmology
  - Outpatient BH
  - Peer Support
  - Psychiatric Residential Treatment
  - Residential Treatment
  - TBI Services

d. Authorization Priority
- Concurrent Authorization Request (Only for inpatient)
- Urgent Authorization Request (For inpatient and outpatient health and safety requests)
- Non-Urgent Prior Authorization Request (For behavioral health outpatient requests, including all concurrent requests)
- Retrospective Authorization Request

e. Admission Date * (For inpatient authorizations)

f. Expected Discharge Date * (For inpatient authorizations)

g. Place of Service * (Required for inpatient authorization)
- Inpatient Hospital
- Inpatient Psychiatric Hospital
- Other Place of Service
- Psychiatric Facility – Partial Hospitalization
- Psychiatric Residential Treatment Center

h. Admission Reason
- Acute Rehab
- Admit After Surgery
- Direct Admit
- COB Baby
- Dual Notifications
- Emergency Admit
- Hospice
- Long Term Care
- Maternity
- Medical Gynecological Related
- Medical Obstetrics Related
- Mental health
- Newborn
- Newborn Sick Baby
- Pediatric Medical
- Short Term Skilled Nursing Facility – Intensive Rehab
- Substance use
- Transitional Skilled Nursing Facility
- Transplant

i. Admission Level
- Per Diem
- DRG

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j. Treatment Level
- Acute Psychiatric Inpatient
- Cardiac Care Unit
- Detox
- Dialysis
- Emergency Room
- Diagnostic
- Infusion Therapy
- Home Care
- Intensive Care Unit
- Intermediate Care Facility
- Maternity
- Medical
- Neonatal Intensive Care Unit
- Newborn
- Observation
- Pediatric
- Pediatric Intensive Care Unit
- Rehab – Medical
- Respite
- SNF – Skilled Nursing Facility
- SNF – Subacute Rehab
- Rehab Substance Use
- Surgical
- Telemetry

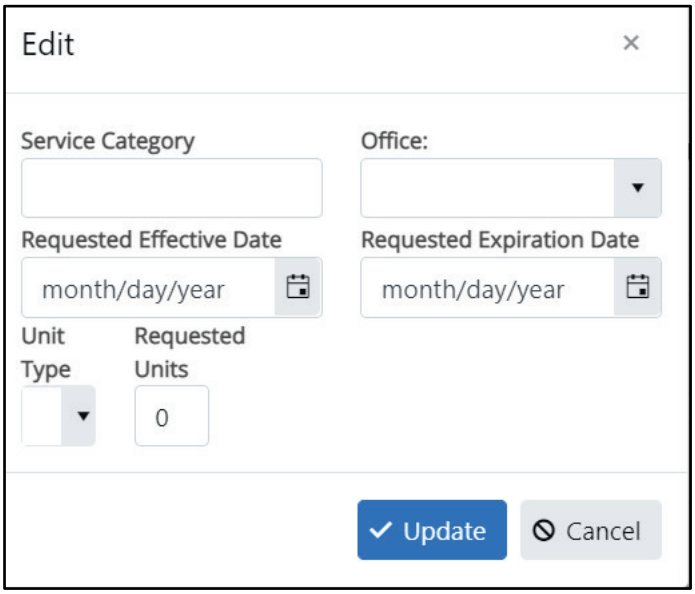
k. EPDST (yes or no) *

l. EVV – Authorization (yes or no)

m. Diagnosis Code (Enter the diagnosis code) *

n. Diagnosis Code Value (Automatically populates)

o. +Add Service
(Select this and a pop-up screen will appear)
- Service Category (Enter the service code)
- Office
- Requested Effective Date
- Requested Expiration Date
- Unit Type:
  - 15 minutes (Outpatient)
  - Days (Outpatient, inpatient, and HCBS)
  - Hours (Outpatient)
  - Miles (Outpatient)
  - Months (Outpatient)
  - Trips (Outpatient)
  - Units (Outpatient, inpatient, and HCBS)
  - Visits (Outpatient)
  - Weeks (Outpatient)
- Requested Unit (Based on unit type)



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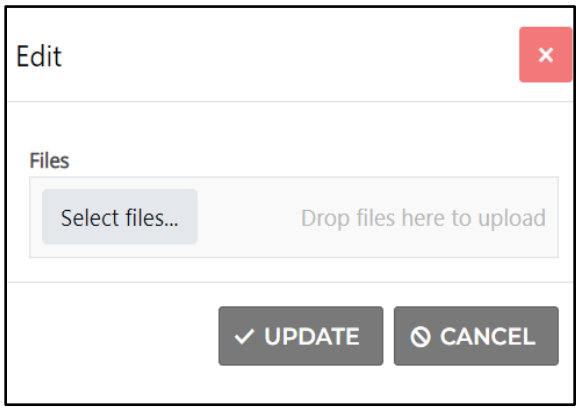
p. Provider Communication (For all authorization types) – If needed, add a note in the "**Provider Communication**" section for the Utilization Management reviewer by selecting "**+Add Note**." You can use this section for authorization justification. Notes can be added to submitted requests until the Vaya Partners' Utilization Management Department makes a decision.

- Note Category
  - ABA assessment
  - ABA treatment
  - Accept
  - Adjustment
  - Administrative Review
  - Appeal
  - Cancelled, Void, Withdrawn
  - Care Note
  - Child Residential Care
  - Note
  - Claims Payor Note
  - Denial Note
  - Discharge Note
  - HCBS
  - Health and Safety
  - Discharge
  - Inpatient
  - Medical Director Notes
  - Medical Infor Request
  - Member Note
  - Outpatient
  - Peer to Peer
  - Provider Note
  - Request for Additional Information
  - Unable to Process Note



q. Attachments – Attach documents that support medical necessity (as defined in the Vaya Partners' Provider Operations Manual) for the request). A document can be added to the authorization after the authorization has been submitted.

- Select the **plus sign**.
- Select **"Select files."**
- Select the correct file(s) and select **"Open."**
- Select **"Update"** after receiving a green "file is uploaded" message.



r. Discharge Type (For inpatient authorizations)

- Standard Discharge
- Health and Safety Discharge
- Left Against Medical Discharge
- Discontinued Care
- Transferred to Another Facility
- Expired

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s. Discharge to:
- Discharged to 1915(i) services
- ACT
- CST
- Discharge to Home or Self Care
- Routine Discharge
- Discharged to Acute behavioral Health Rehab
- Discharged to Acute Physical health Rehab
- Discharged to Alternate Level of Care
- Discharged to Behavioral health Residential Facility
- Discharge to ICF
- Discharge to Inpatient Psychiatric Facility
- Discharge to Long Term Care Hospital
- Discharge to Subacute
- Discharge to Veterans Home
- Discharged with Home Health Services
- Discharged/Transferred to Another Facility
- Discharged/Transferred to Federal Hospital
- Discharged/Transferred to Hospice
- Discharged/Transferred to Other Facility
- Discharged/Transferred to Short Term Hospital
- Discharged/Transferred to Skilled Nursing Facility
- Expired
- Home with Family
- Home with FCT
- Home with Intensive in Home
- Home with MST
- Home with Outpatient
- Jail/Detention
- Left against Medical Advice or Discontinued Care
- New Provider/Site
- Opioid Treatment
- Partial Hospitalization
- Psychiatric Residential Treatment Facility
- Psychosocial Rehabilitation
- SACOT
- SAIOP
- Therapeutic Foster Care Level II
- Therapeutic foster Care Level II Family
- Therapeutic foster Care Level II Program Type

t. Discharge Date

u. Out of Area Indicator
- Out of Area Indicator Non Par
- Out of Area – Self Referred
- Out of Area – Plan Referred
- Out of Area Emergency

v. Episode
- Annual ISP
- Initial ISP
- Update ISP
- Discharge ISP
- 90 Day Continuity of Care

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w. QA Indicators

- 30 Day Readmission
- Continuity of Care
- Covid
- Electric Shock
- Fall with Injury
- Foreign Object Retained
- After Surgery
- Hospital Acquired Condition
- Medication Administration Error
- Medication Reaction
- Patient Left Against Medical Advice
- Potential Abuse or Neglect
- Premature Death
- Premature Discharge
- Sentinel Event
- Surgery on Wrong Body Part
- Surgery on Wrong Patient
- Surgical Site Infection
- Unplanned Return to Surgery
- Wrong Surgical Procedure on a Patient

Step 10

Select "Save" at the bottom of the screen and "**Submit**" at the bottom right of the screen.

Submit a Concurrent Inpatient or Outpatient Behavioral Health Request

Step 1

Find the initial request for the member/recipient under **Submitted Authorizations** on the Authorizations homepage.

Step 2

Select "**View**."

Step 3

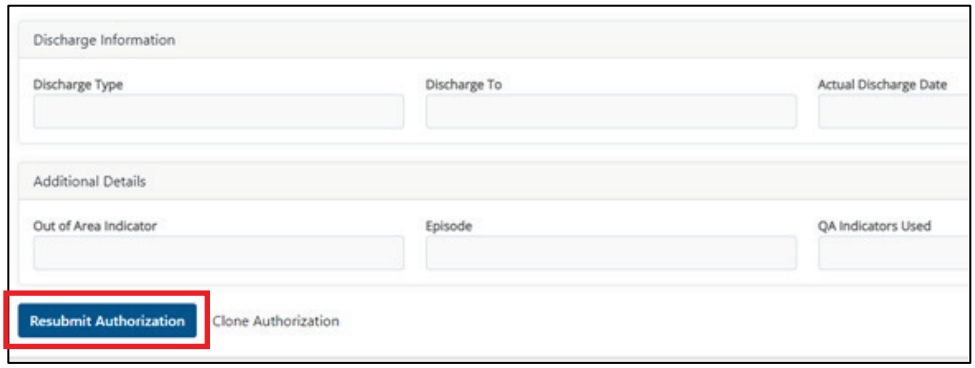
Make any necessary changes to the authorization (most often this will be to dates and units requested).

Step 4

Attach any additional notes and documentation to the authorization.

Step 5

Select the "**Resubmit Authorization**" button at the bottom of the authorization.



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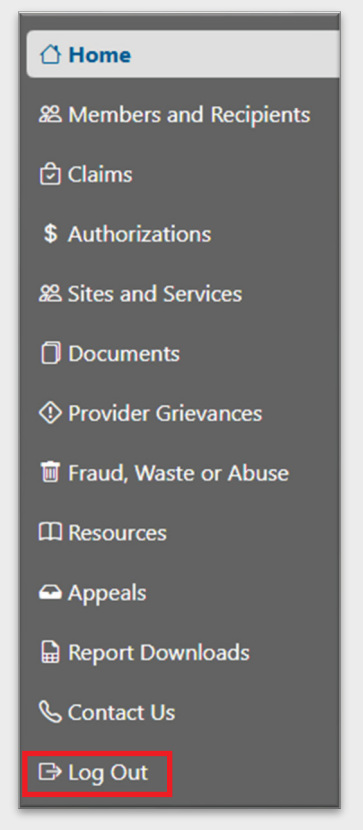
ProviderCONNECT Log Out

Step 1

From any screen, select "**Log Out**" from the menu in the upper left corner of the screen.

Step 2

ProviderCONNECT will close.



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