ProviderCONNECT:

Utilization Management

Prior Authorization Submission and Management Training

VAYA PARTNERS
Improving Lives. Strengthening Communities.®

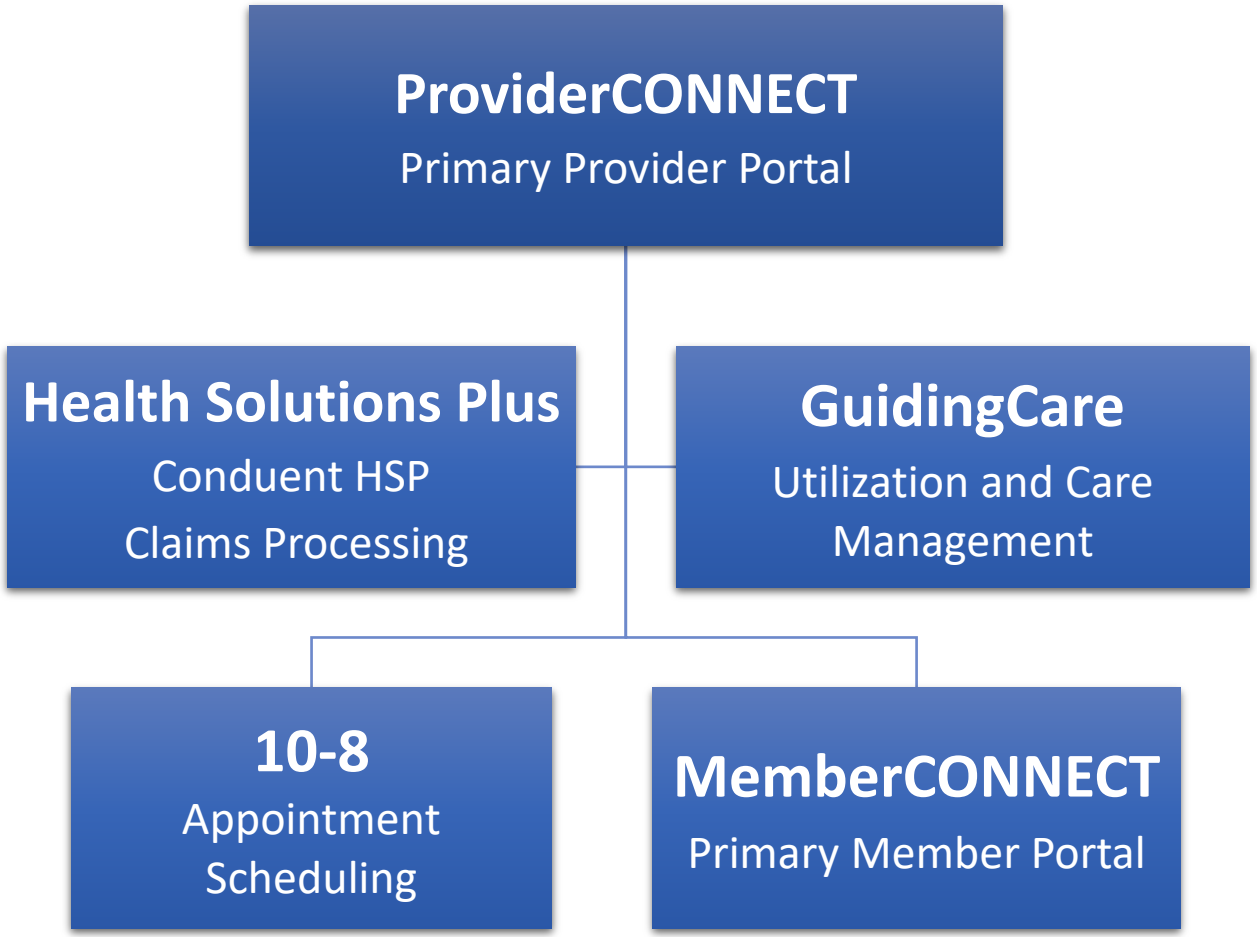
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Learning Objectives

By the end of this training, participants will be able to:

- Complete authorizations in ProviderCONNECT
- View authorizations in ProviderCONNECT

Five Core Systems for Providers



Systems Access Administrator

- During the contracting phase, organizations name a **systems access administrator (SAA)** for their organization.
- This person can add, amend, or delete users in their organization for the ProviderCONNECT portal.
- If you need portal access, reach out to your **SAA**.
- If you are the SAA for your organization, please refer to this job aid to set up users.

Systems Access Administrator Job Aid

ProviderCONNECT Training Resources

In addition to training and technical assistance sessions, ProviderCONNECT job aids and resources are available on demand on our ProviderCENTRAL website:

- Systems Access Administrator
- Service Authorizations
- Enrollment, Updates, and Discharges
- Grievances, Appeals, and Resources
- Claims

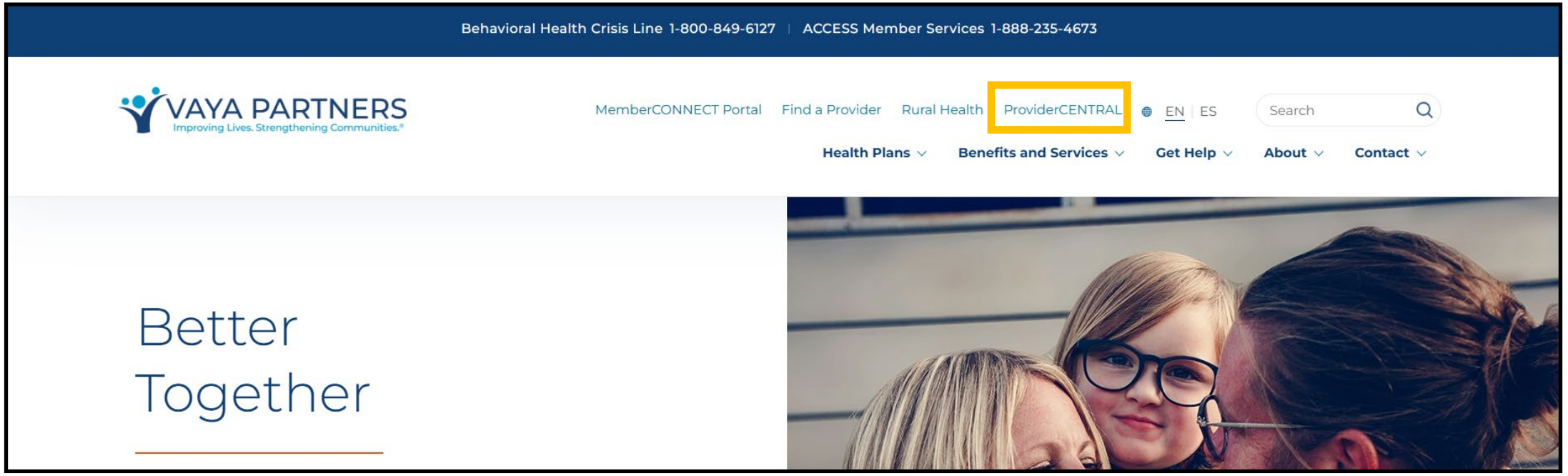
Common Solutions

- Revenue Code vs. Service Code – **Use Service Code from the dropdown menu.**
- After you submit a service authorization request (SAR), do not add more dates of service, services, units, etc. Instead, please **create a new SAR.**
- After a SAR is submitted/approved, do not re-open it to add a line for additional service dates, etc.
- Once a SAR is approved, please **create a new SAR** for additional hospital days, etc.

Logging in to ProviderCONNECT

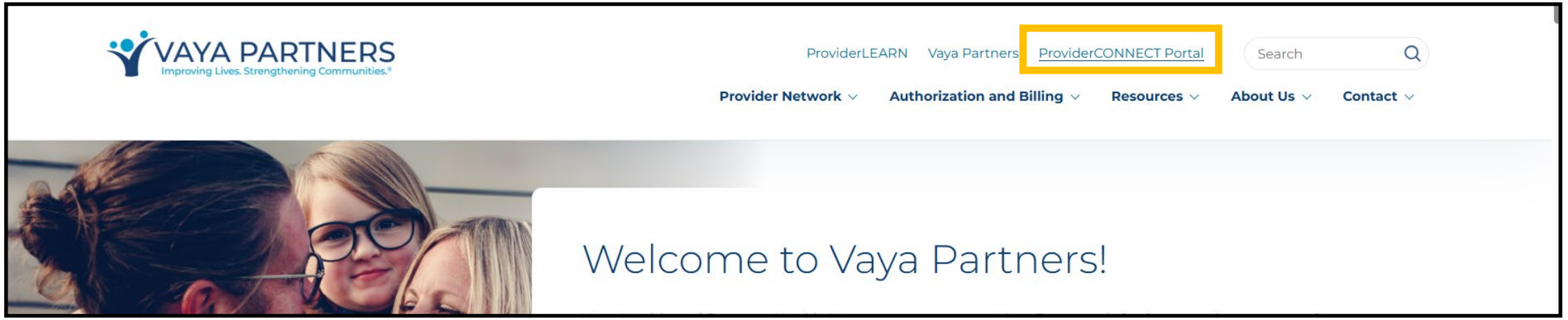
Navigate to ProviderCENTRAL

Navigate to www.VayaPartners.org and select ProviderCENTRAL from the top navigation bar.



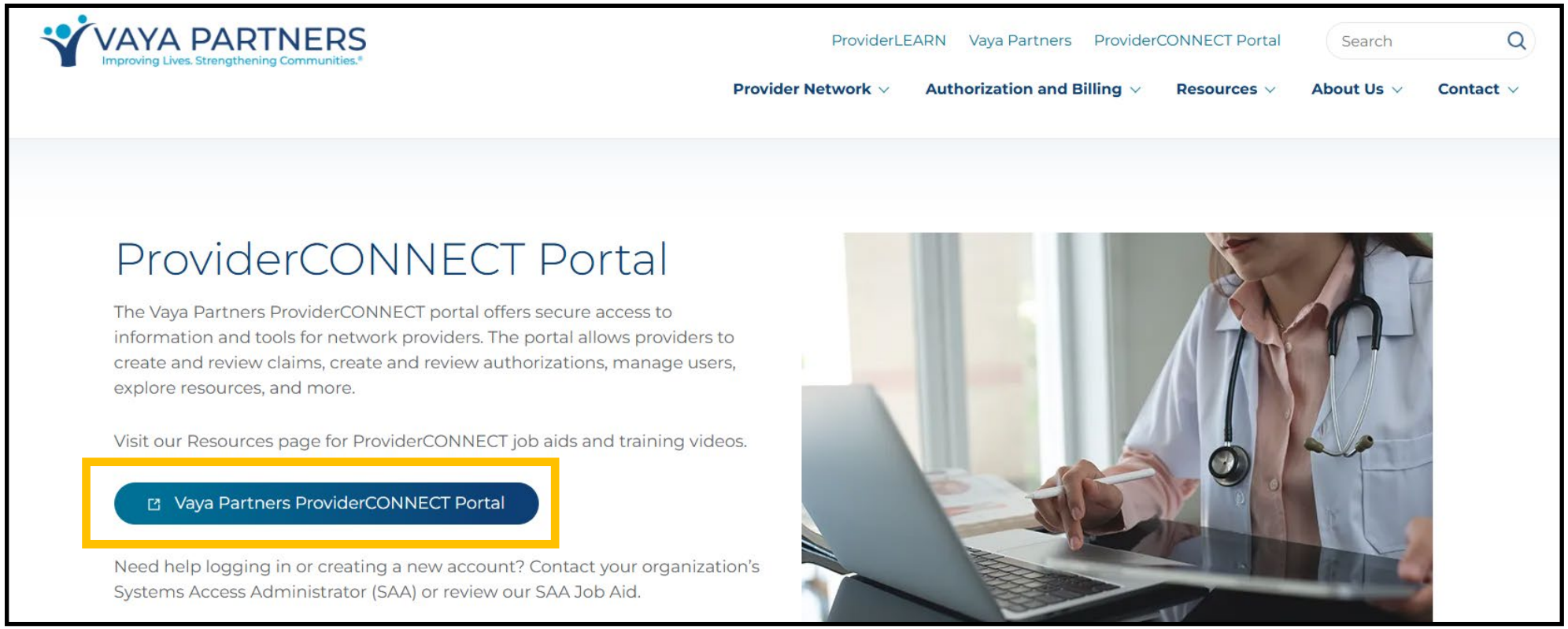
ProviderCONNECT Portal

From ProviderCENTRAL, select ProviderCONNECT Portal.



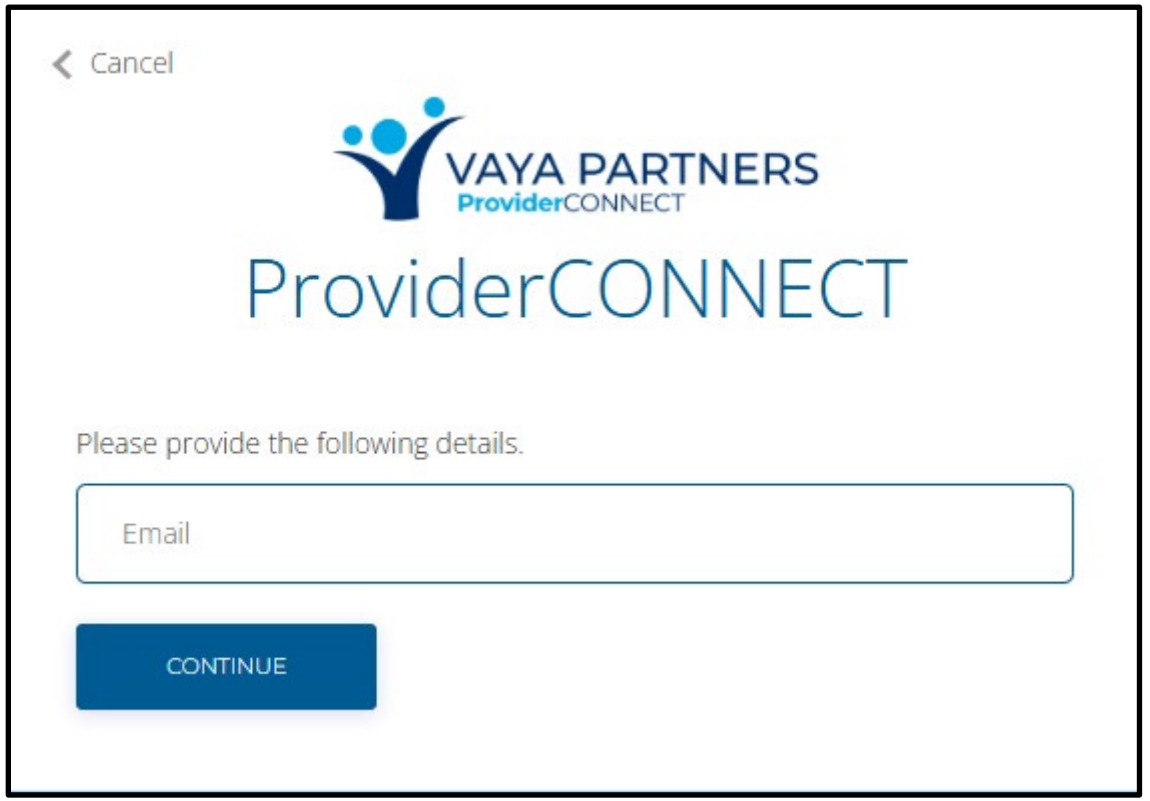
Sign in to ProviderCONNECT

From the ProviderCONNECT Portal page, select the Vaya Partners ProviderCONNECT Portal button to proceed to the login screen.

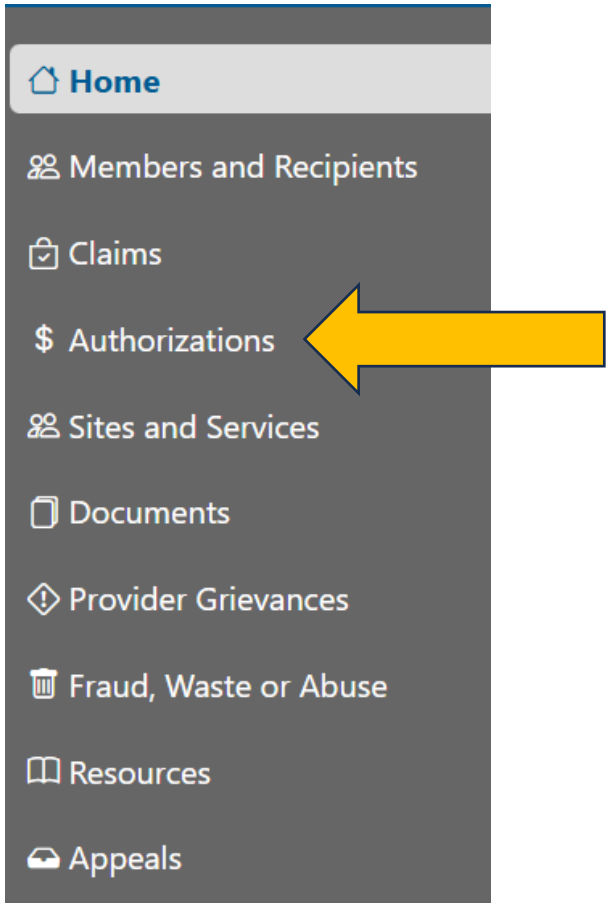


Sign In to ProviderCONNECT

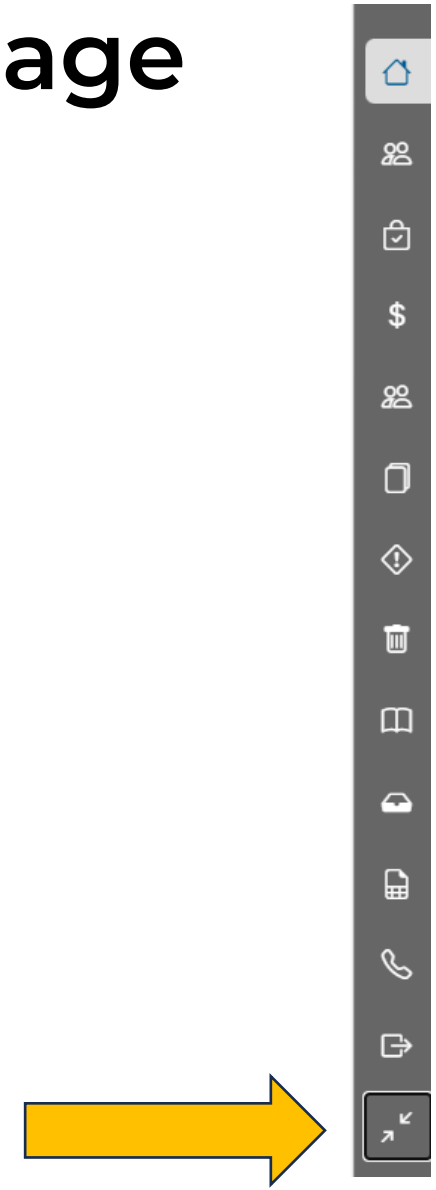
- Enter the email address associated with your ProviderCONNECT account.
- Select **CONTINUE.**
- Enter your password on the next screen.



Navigate to the Authorizations Page



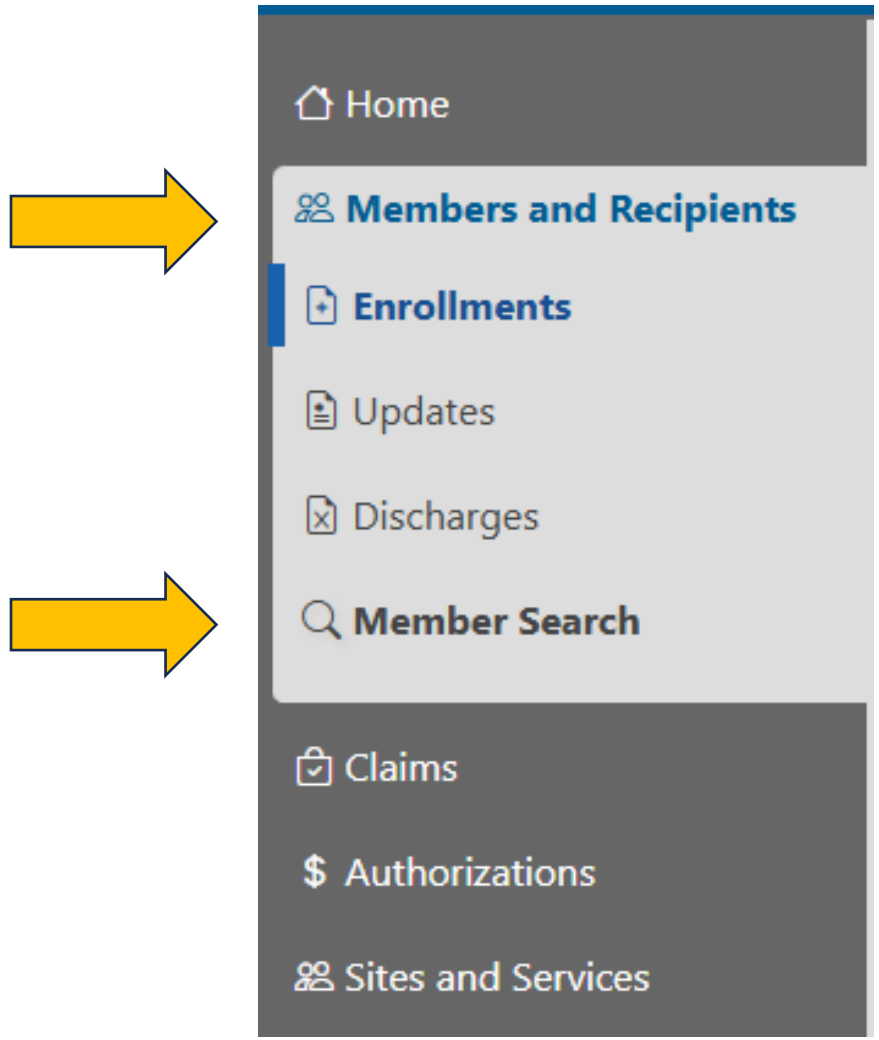
- Select **Authorizations** from the navigation menu.
- If only icons are displayed, select the expand/collapse button at the bottom of the menu or hover over an icon to view the menu item name.



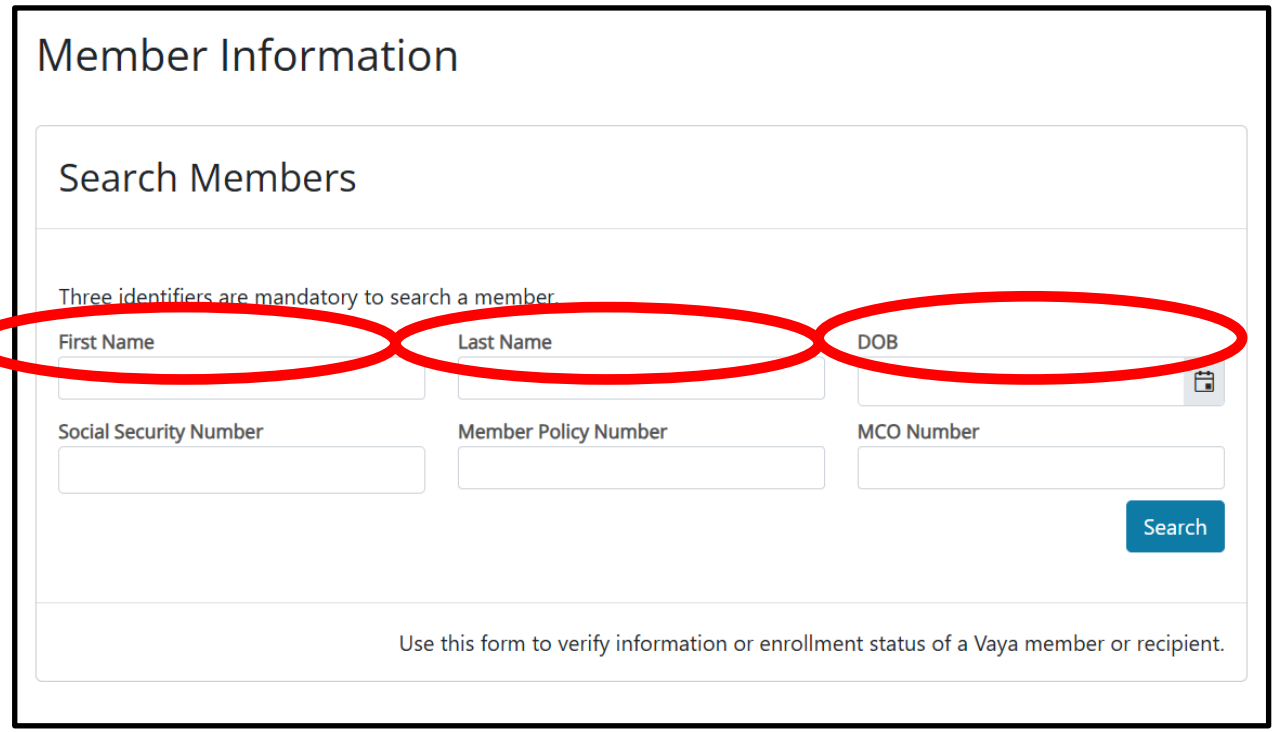
Member Search

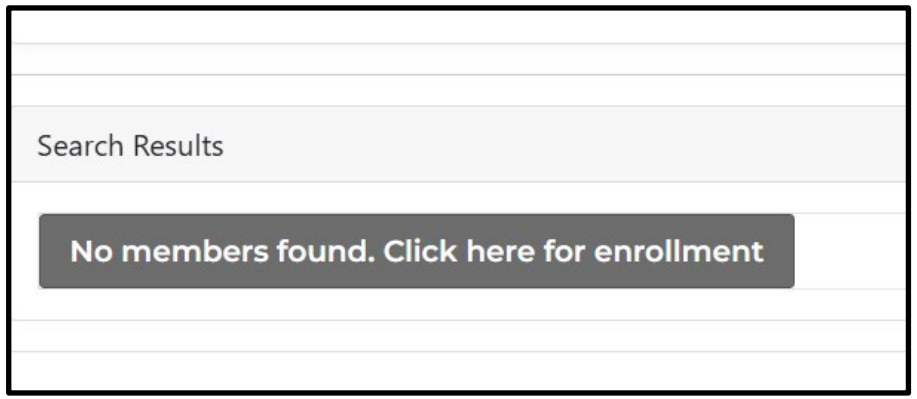
Member Search

- From the home page,
  choose Members and Recipients.
- Then choose **Member Search.**

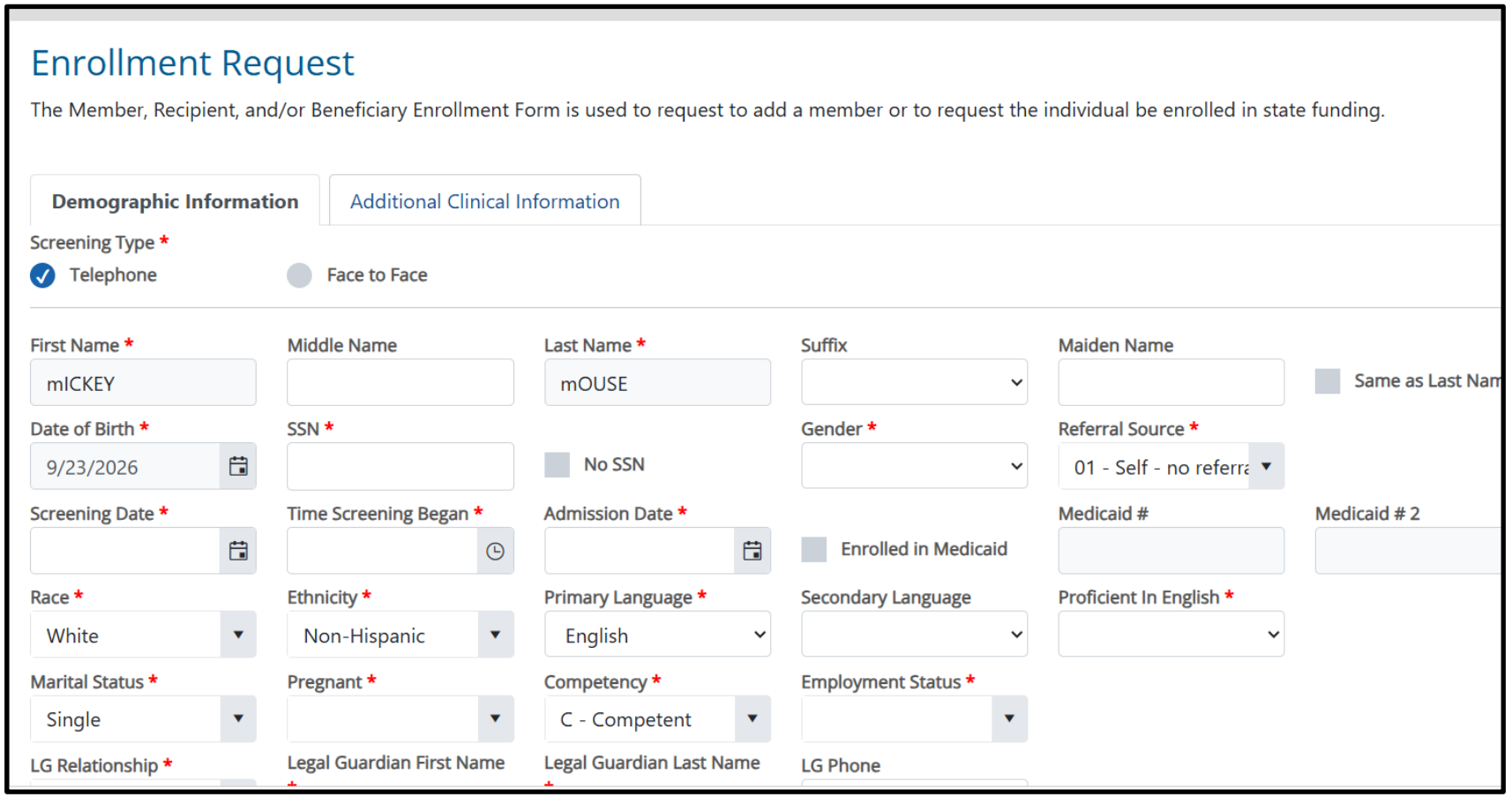


Member Search





Enrollment Request



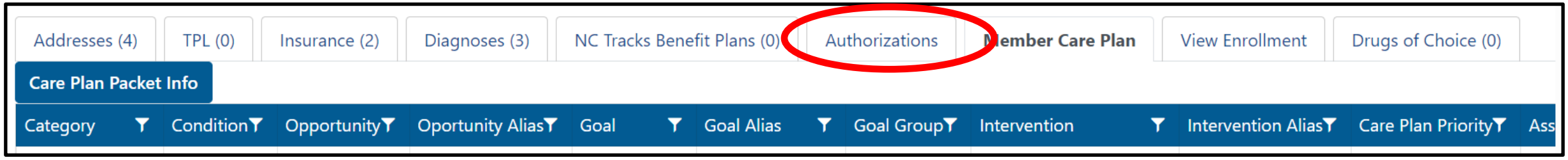
View Member Information

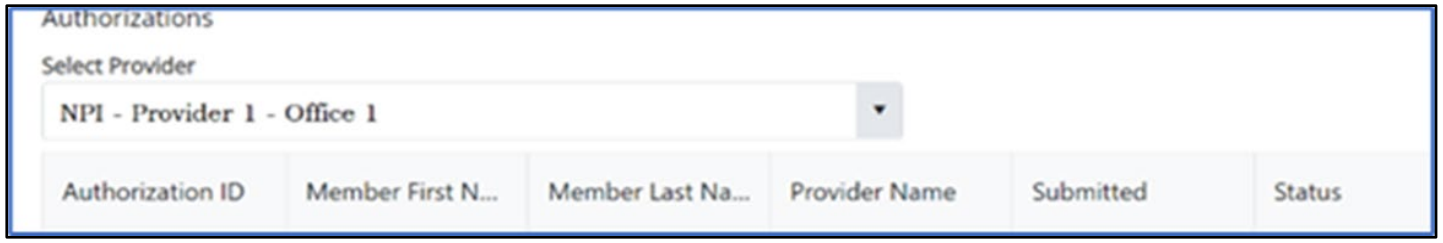
Select the correct member/recipient to pull up the member information page. In this section, you can see the individual's:

- Address
- Insurance
- Diagnosis
- NCTracks benefit plan
- Authorizations
- Member care plan

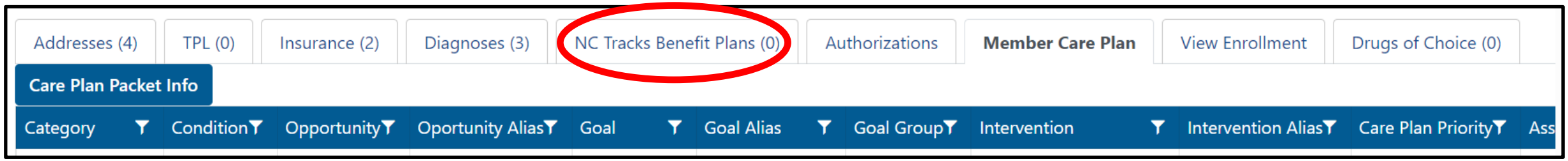
View an Authorization

Authorization Screen





NCTracks Screen



NC Tracks Benefit Plans

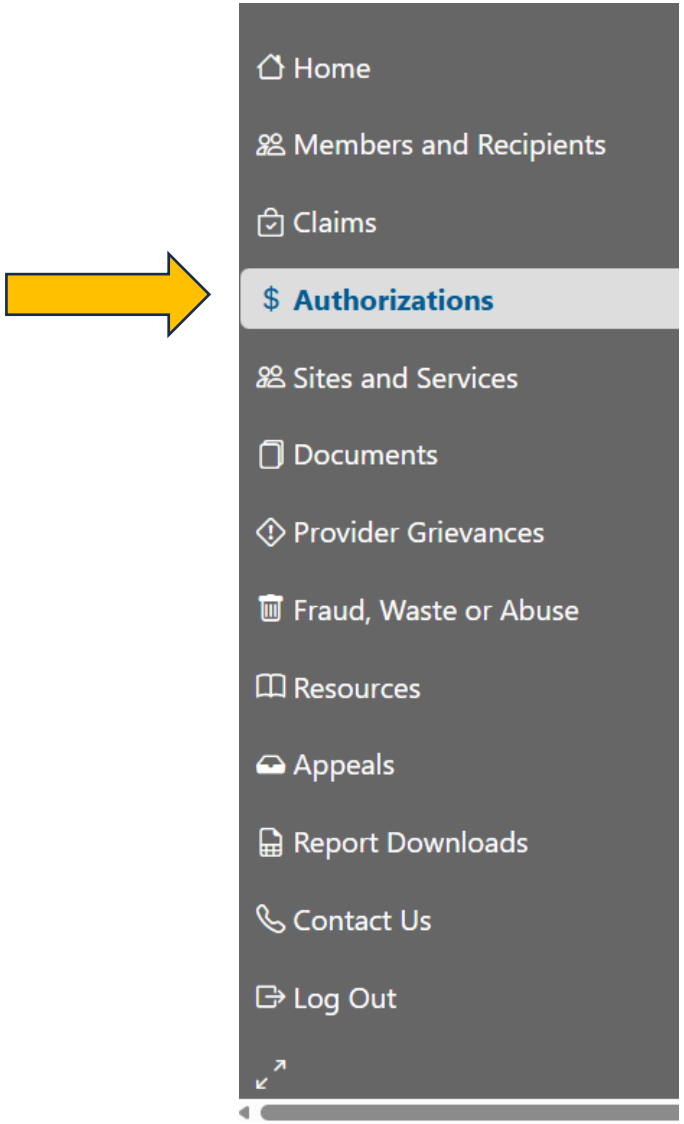
Plan	Benefit Name
State Plan	AMI
State Plan	AMVET

ProviderCONNECT Authorizations

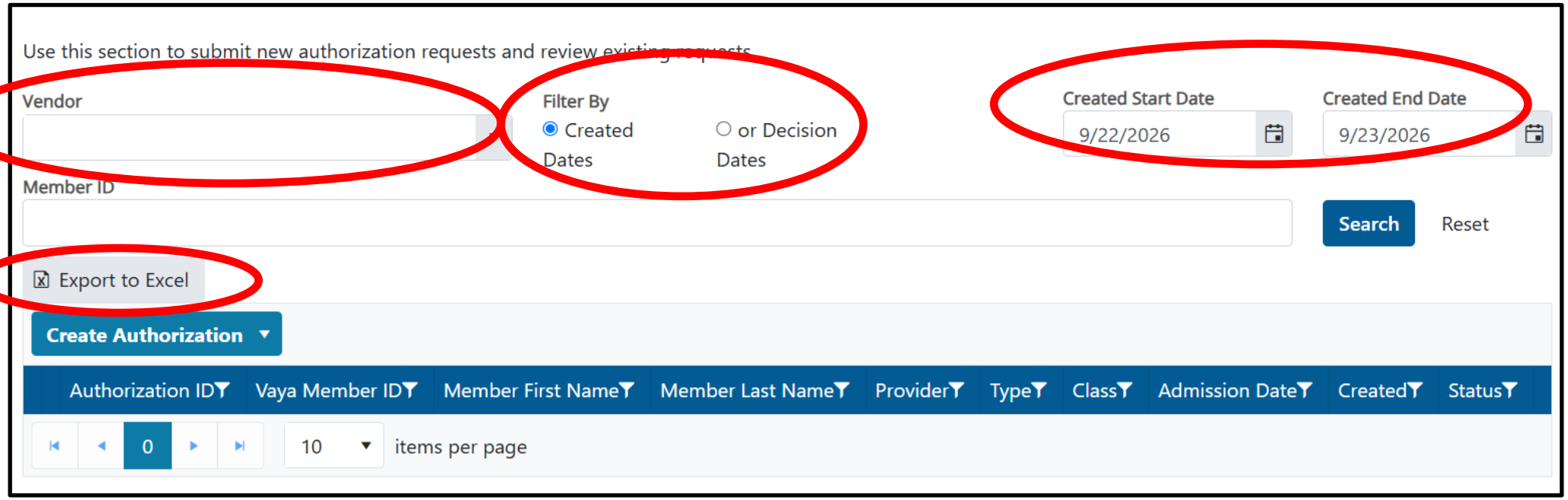
Take Actions on Authorizations

ProviderCONNECT Authorizations

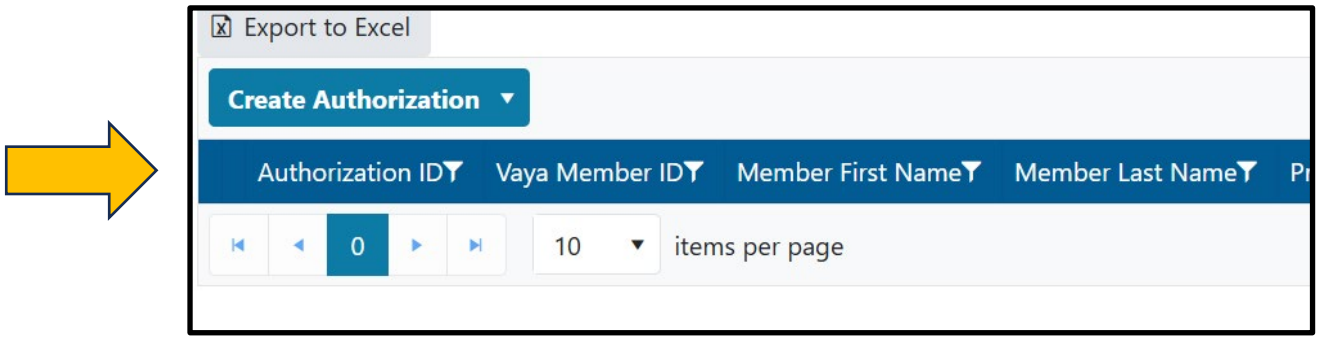
- On the homepage menu on the upper left side, select “Authorizations” to open the Authorizations page.



Provider Authorization Home Page



Authorization Status

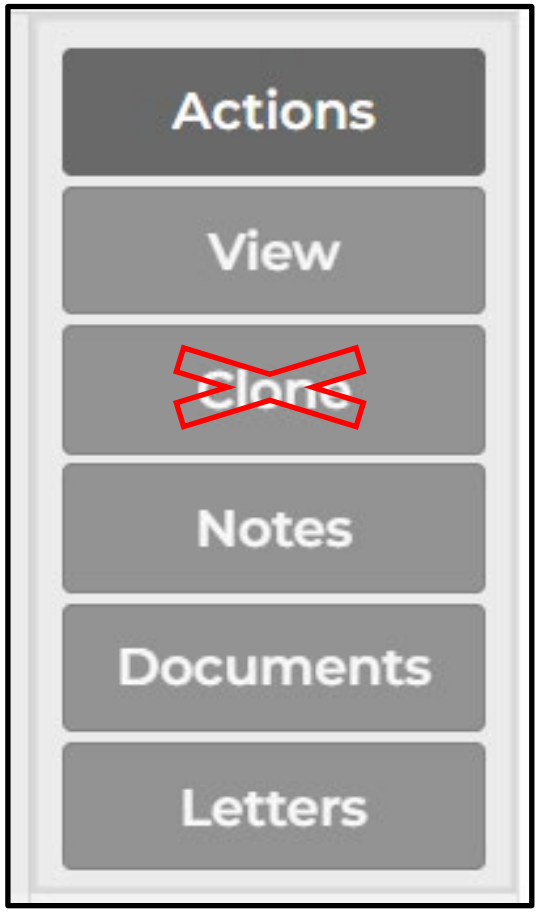


- **Approved –** The authorization has been approved by Vaya Partners.
- **Partially Approved –** The authorization has been approved, but only partially.
- **Pended –** The authorization is pending Vaya Partners' review.
- **Denied –** The authorization has been denied.
- **Void/Dismissed –** The request was invalid.

Review Saved and Submitted Authorizations

To view a saved authorization, scroll through the Authorizations homepage to find the one that you want to view.

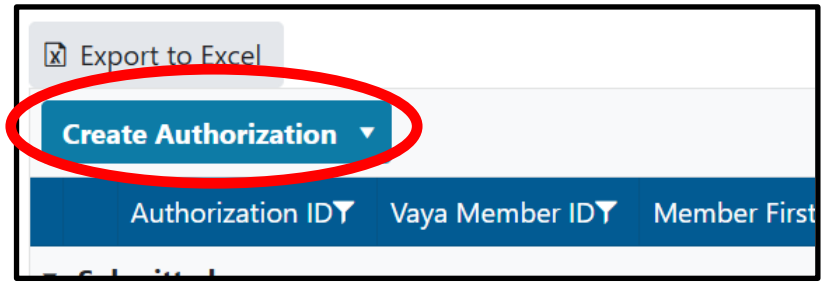
- Select “View” on the right.
- To review a saved authorization’s notes, select “Notes.”
- To review the letters attached to the authorization, select “Letters.” Any letters, such as approval or denial letters, will appear here.



Create a New Service Authorization Request

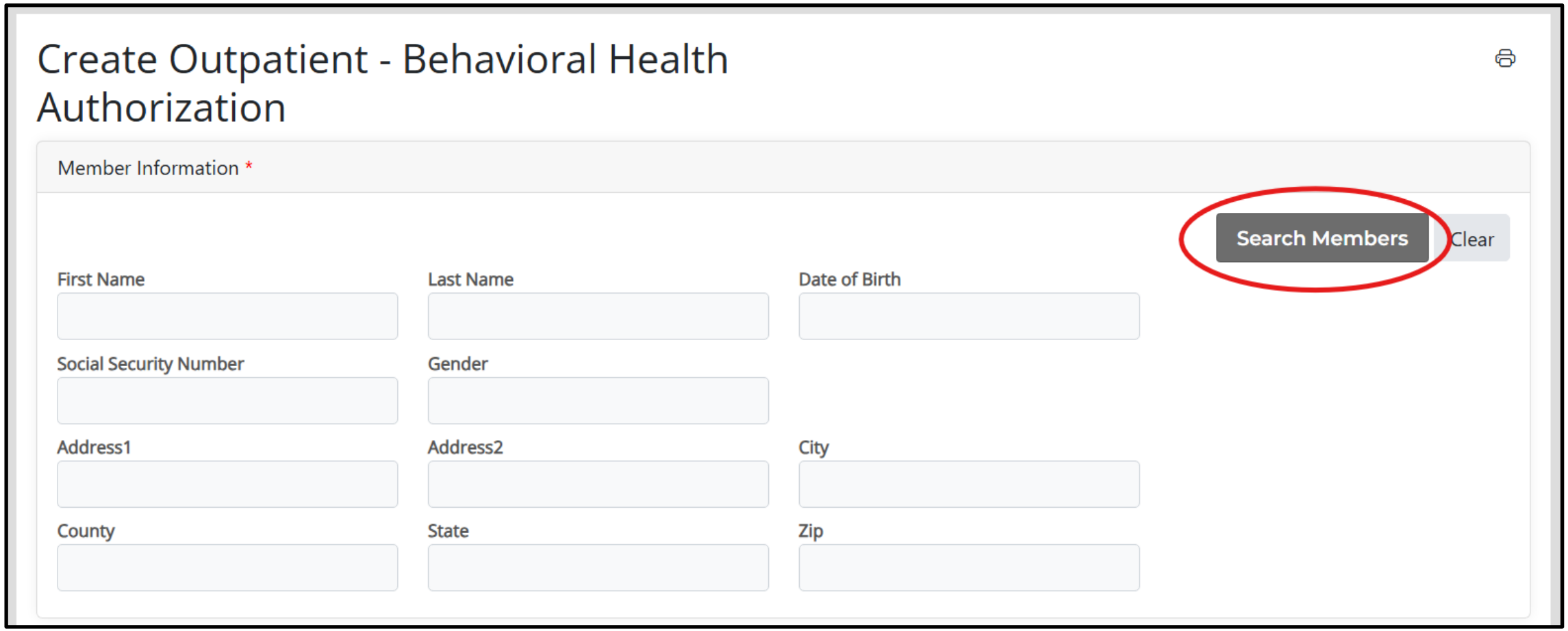
Create Authorization

To create a new authorization, click **Create Authorization** and select the option that matches the services to be covered by the authorization.

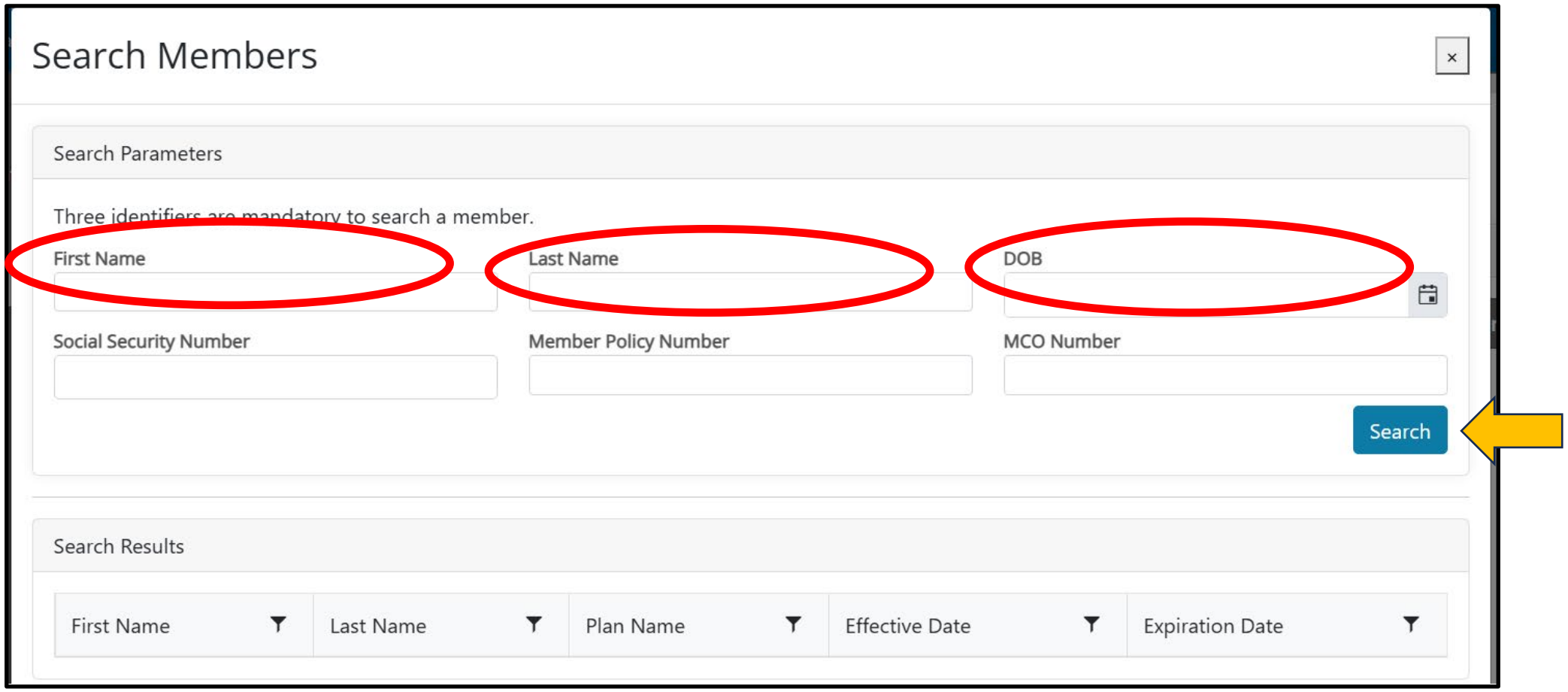




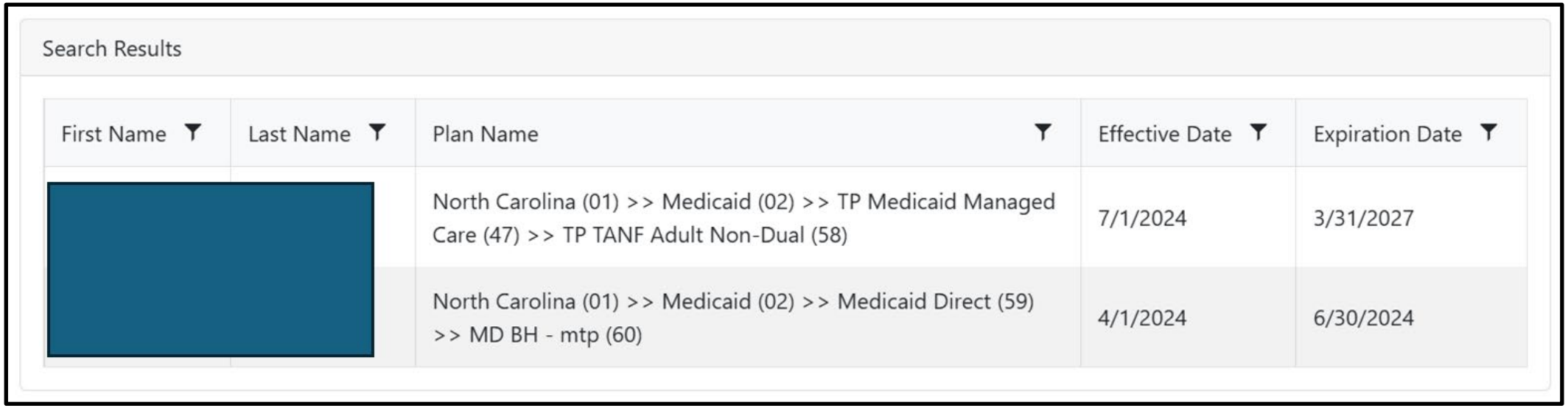
Authorization Member Search

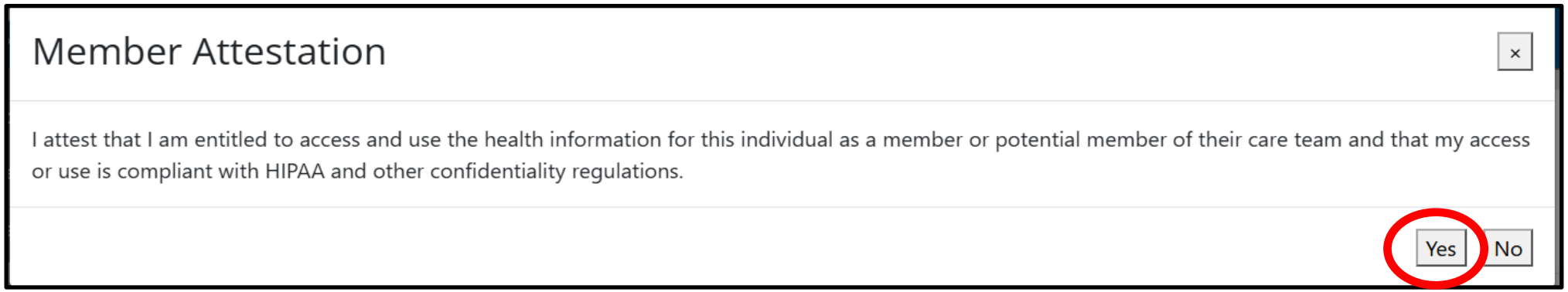


Authorization Member Search



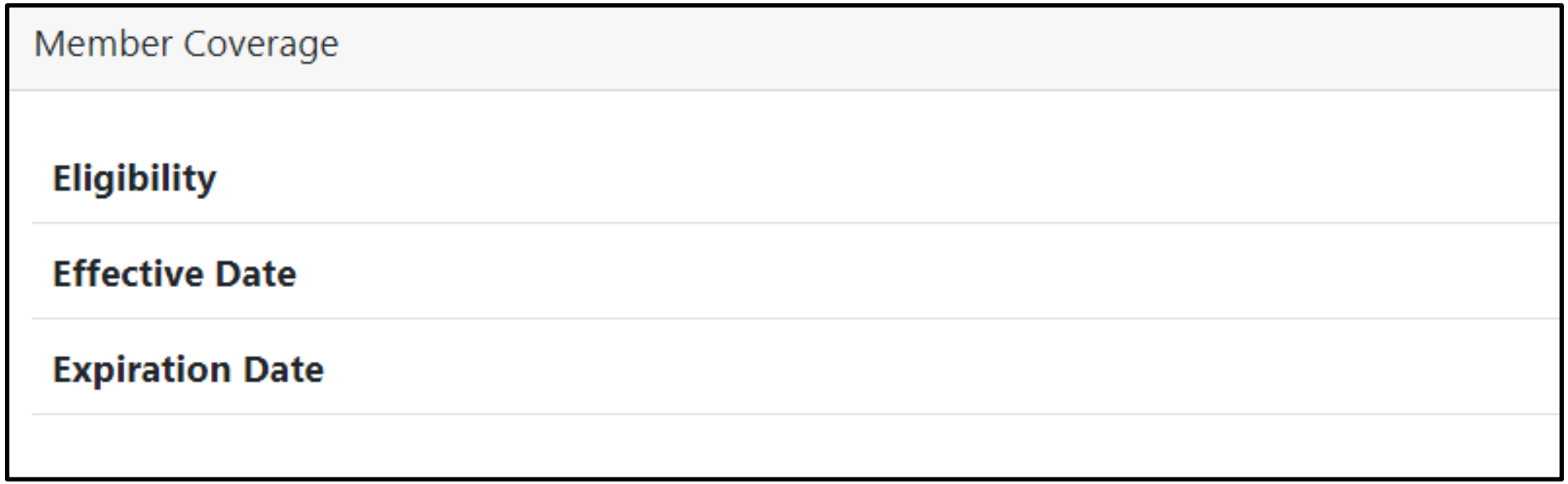
Authorization Member Search





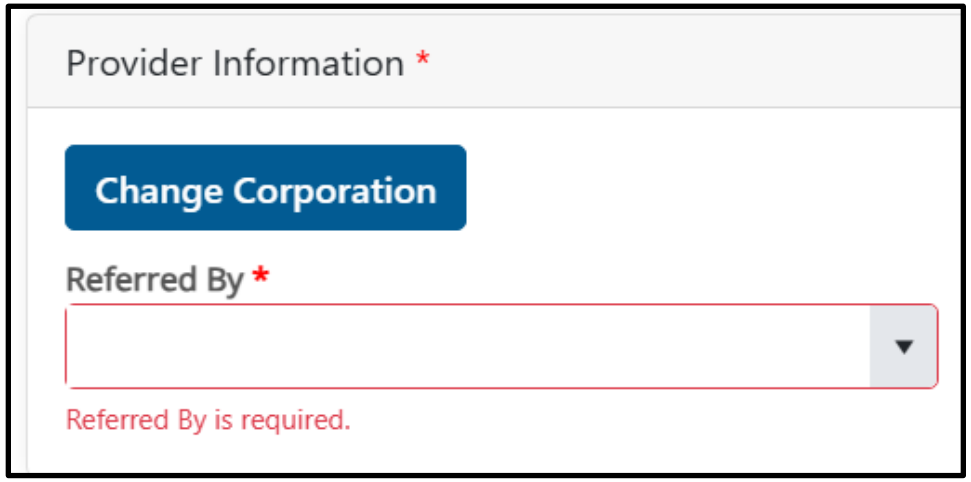
Member Coverage

Ensure that the Member Coverage info is correct.



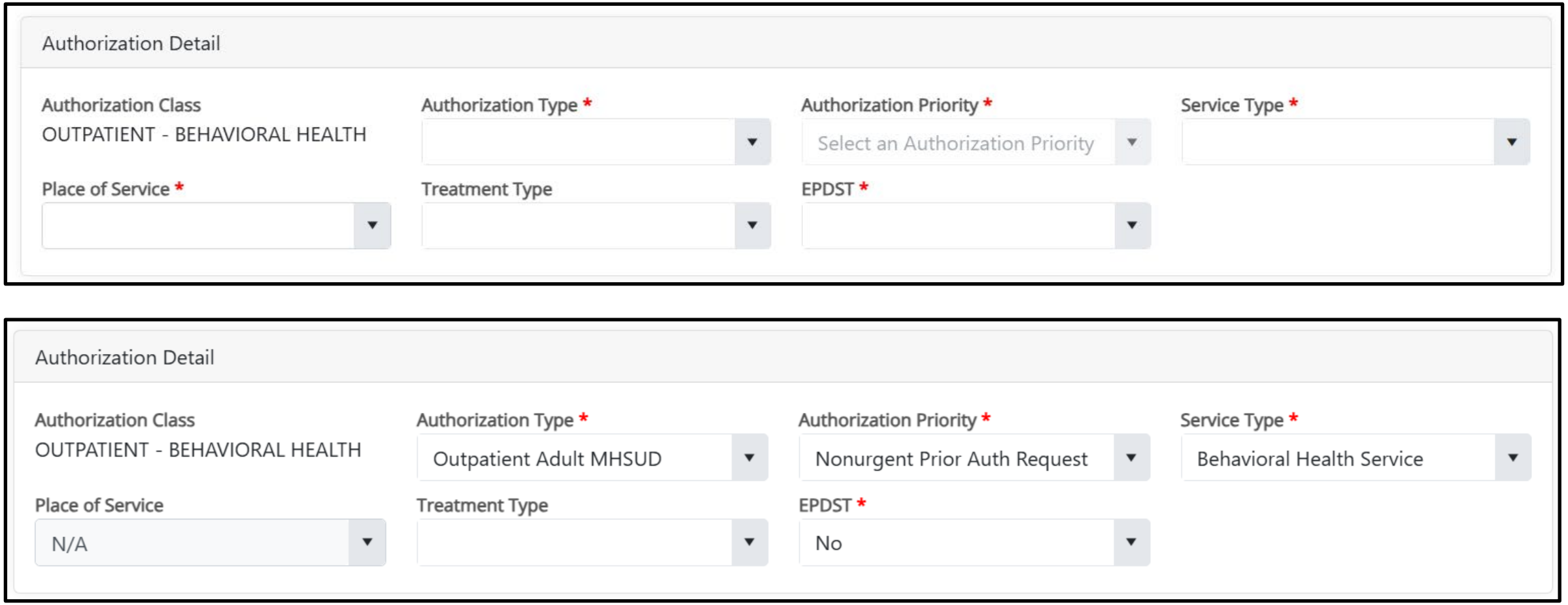
Provider Information

- Select your NPI from the dropdown in the Referred By box.
- If the services being authorized will be performed by a provider who is not part of your organization, select “Change Corporation” to view the Referred To fields.



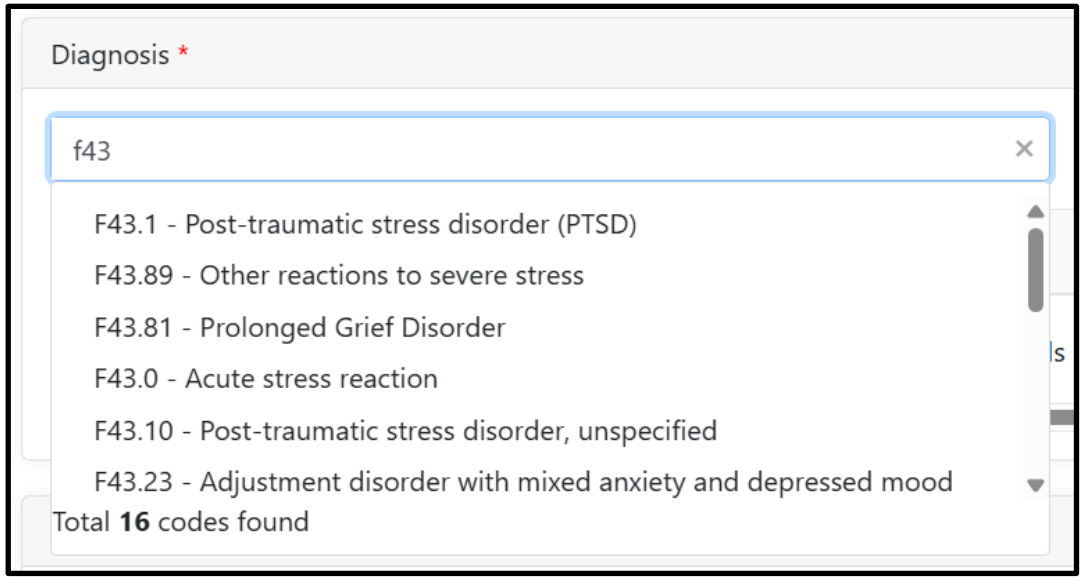


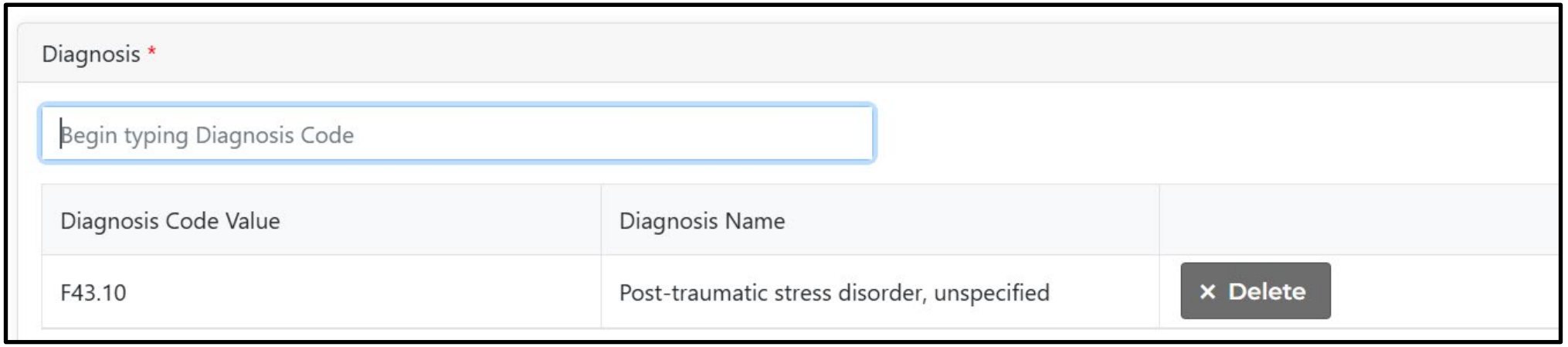
Authorization Detail



Diagnosis

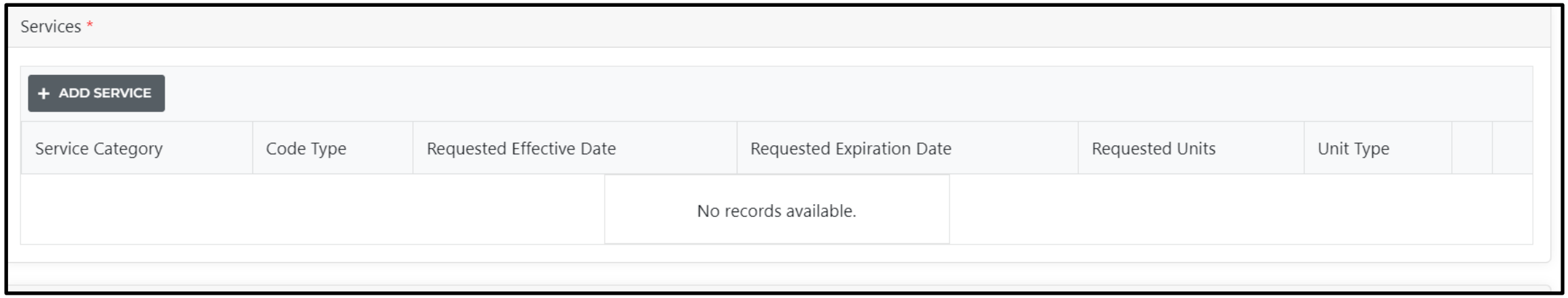
- Diagnosis (type to fill in the blank)
- Diagnosis Code Value and Diagnoses Name (automatically populates)



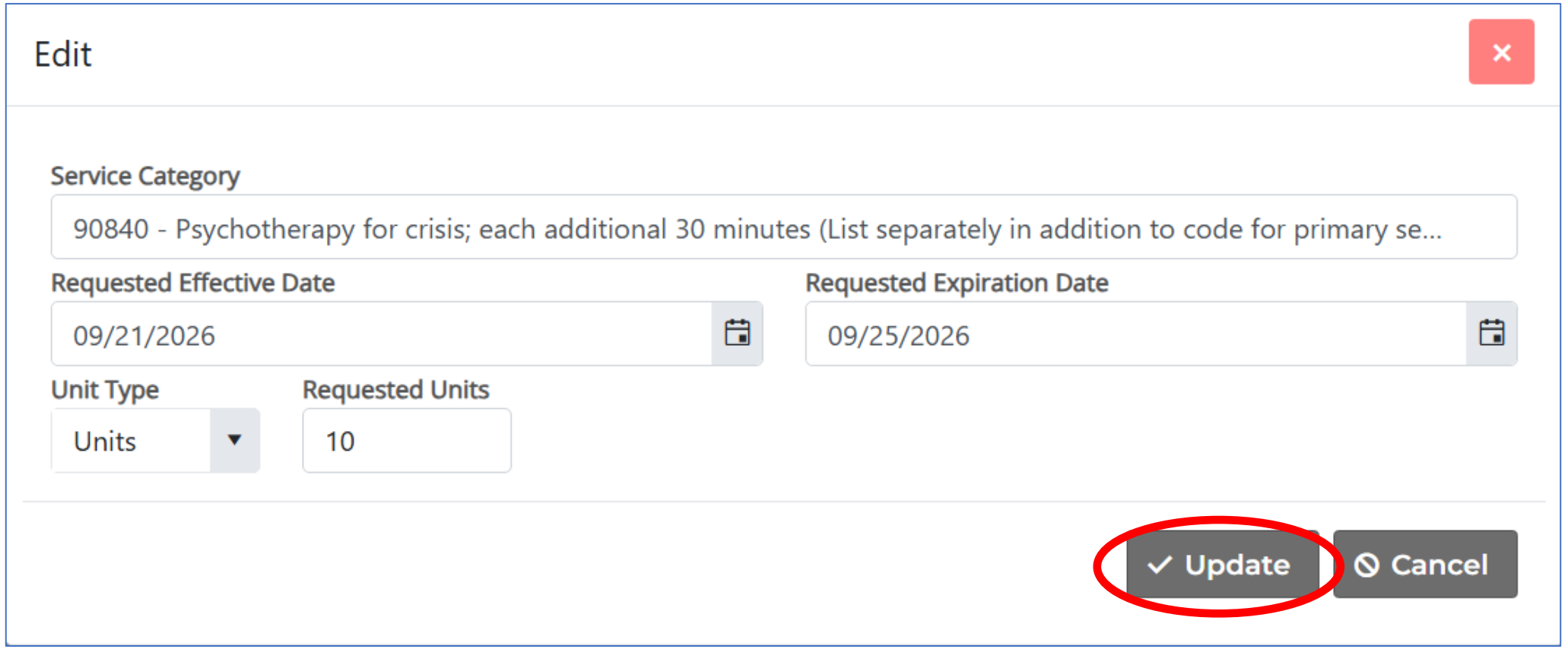


Adding Services

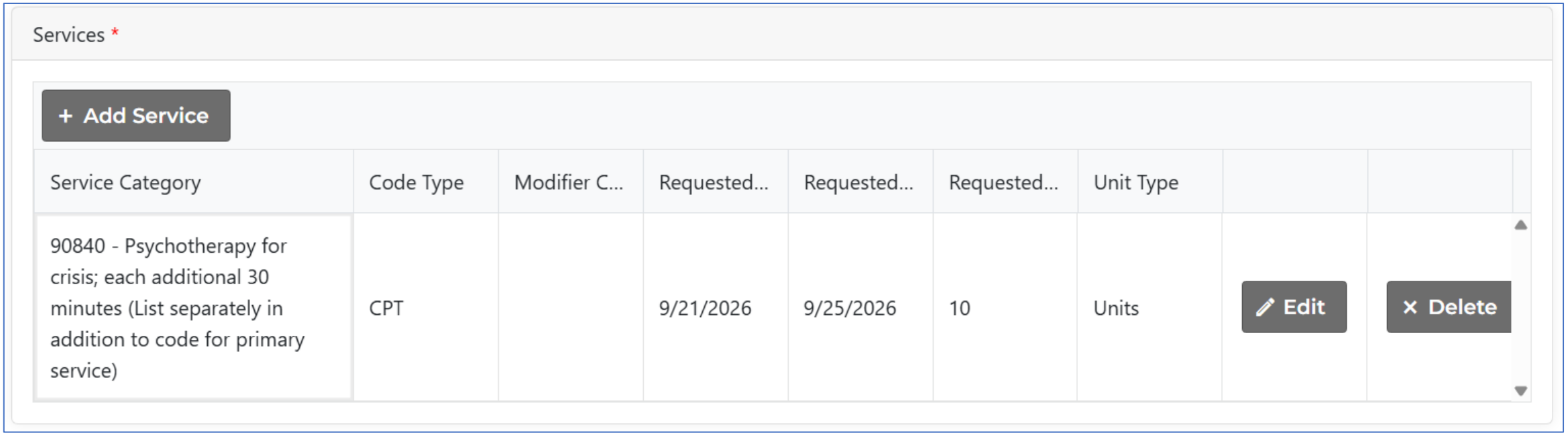
Select ADD SERVICE, and a pop-up window will appear.



Adding Services Cont.

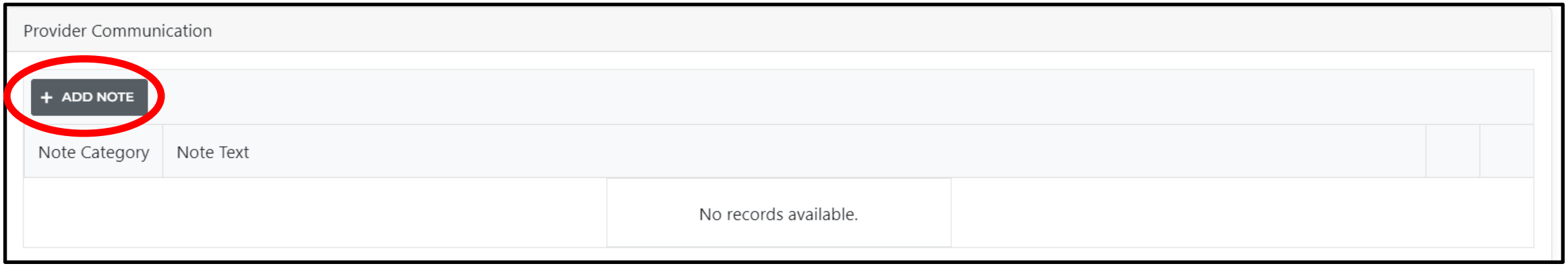


Adding Services Cont.



Add Note

Select ADD NOTE.

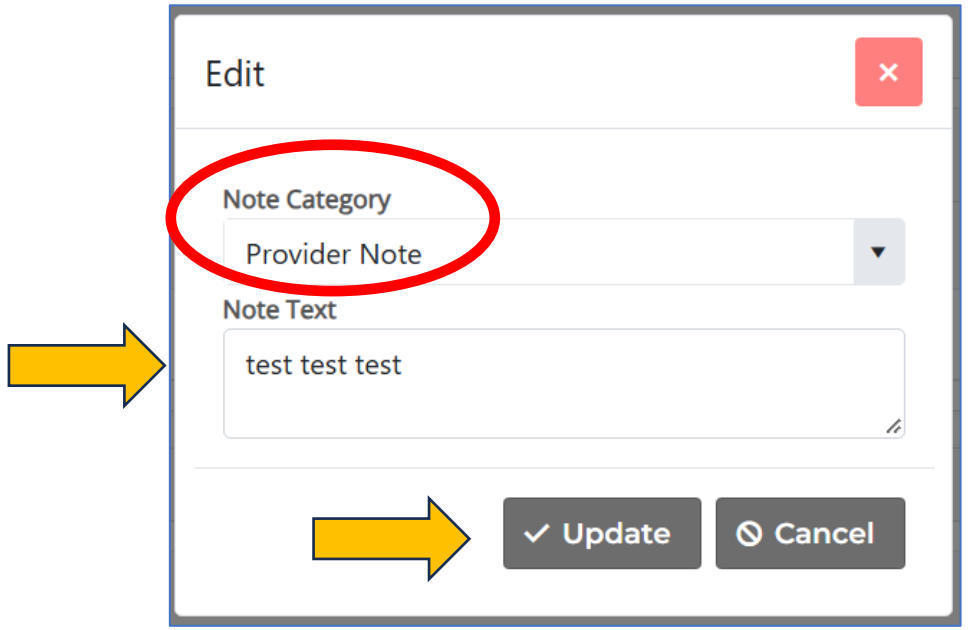


Add Note

Note Category:

Provider Note

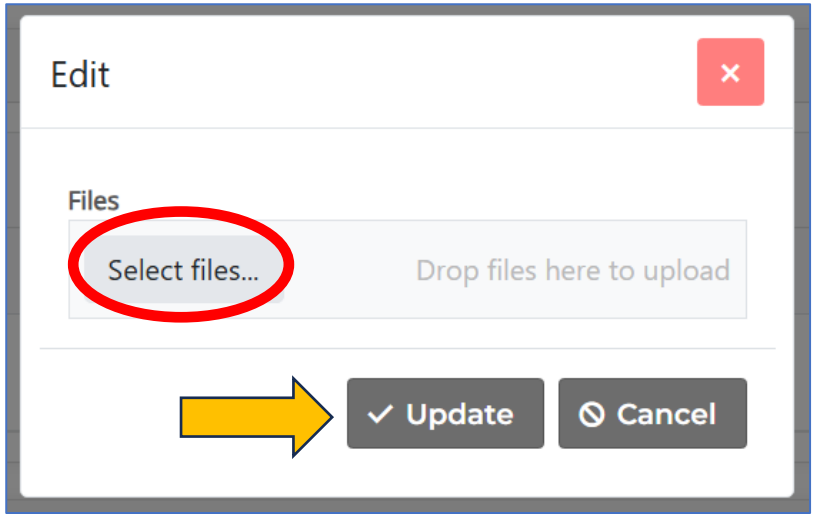
Then enter Note Text.

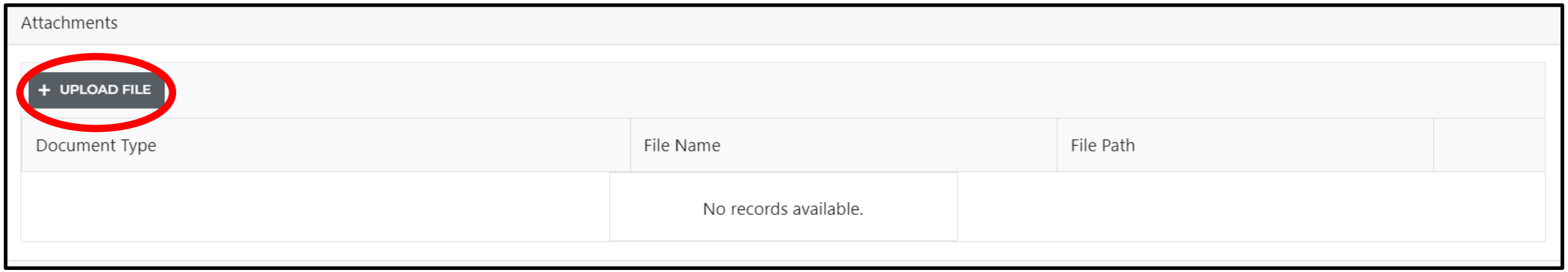




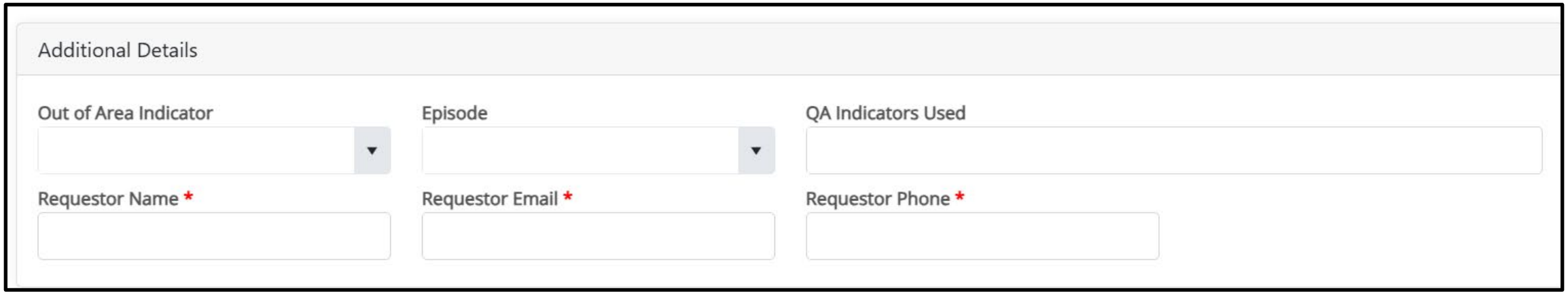
Add Authorization Attachments

- Attach documents that support medical necessity (as defined in the current Vaya Partners Provider Operations Manual) for the request.
- Select the plus sign with “UPLOAD FILE.”

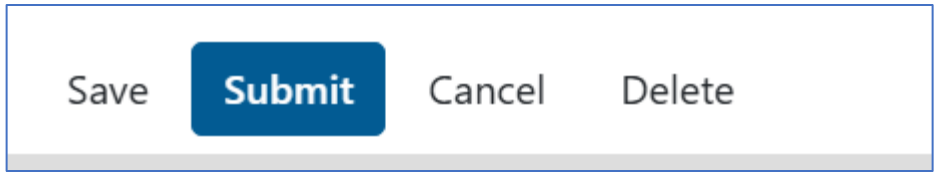




Additional Details



Save/Submit Authorizations



Save:
Saves the authorization if it is not ready to submit and requires additional work.

Submit:
Submits the authorization to be decisioned.

Cancel:
Cancels the authorization and does not save any of the information entered. If used when editing a previously saved authorization, it will clear any changes that have been made.

Delete:
Removes a saved authorization completely.

Auto Authorization

MCG Auto Authorization

Auto Authorization

What are same-day approvals?

Same-day approvals (auto authorizations) are authorizations for services processed through guidelines located in CareWebIQ, hosted by MCG.

What will this look like for me?

- Providers who request a same-day approval will be redirected to CareWebIQ.
- Providers will attest to a series of criteria for the services that have been identified as potentially eligible.
- The system will then either approve or end a request based on pre-determined criteria.

What should I expect in my portal?

Providers will see an approved authorization in the portal to show the request was approved OR will see “pending” if the request is redirected to utilization management (UM) staff for review.

Step 1
Enter your request as usual.

Authorization Detail

Authorization Class	Authorization Type *	Authorization Priority *	Service Type *
OUTPATIENT - BEHAVIORAL HEALTH	RB-BHT (ABA)	Nonurgent Prior Auth Request	Behavioral Health Treatment For Autism Spectı

Place of Service	Treatment Type	EPDST *
N/A		No

Diagnosis *

Begin typing Diagnosis Code

Diagnosis Code Value	Diagnosis Name	
F84.0	Autistic disorder	× Delete

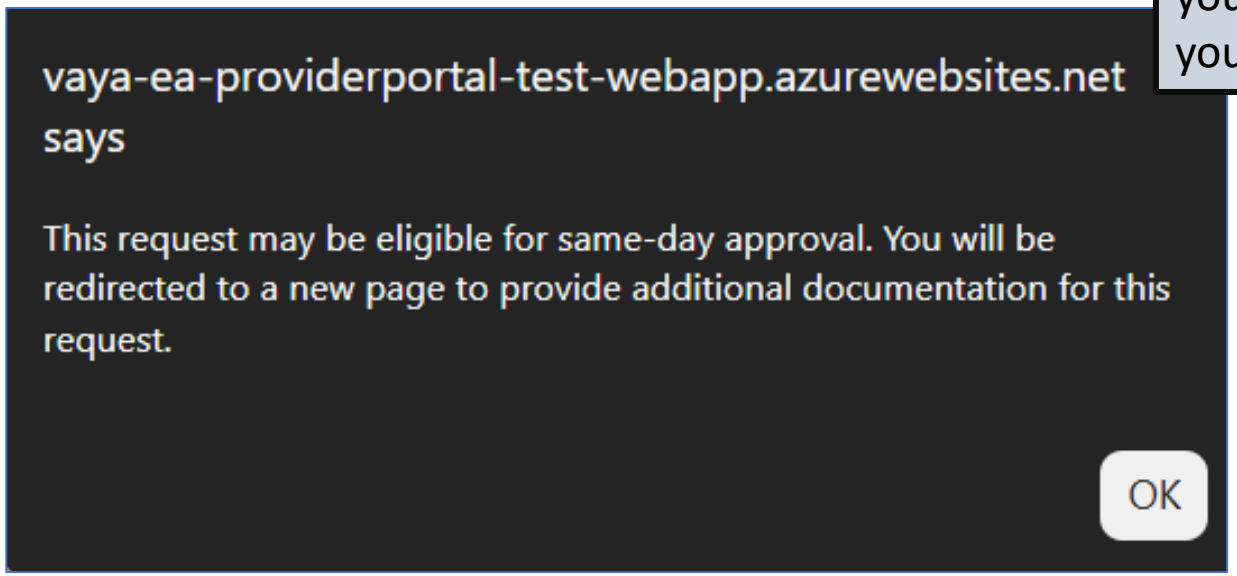
Services *

+ Add Service

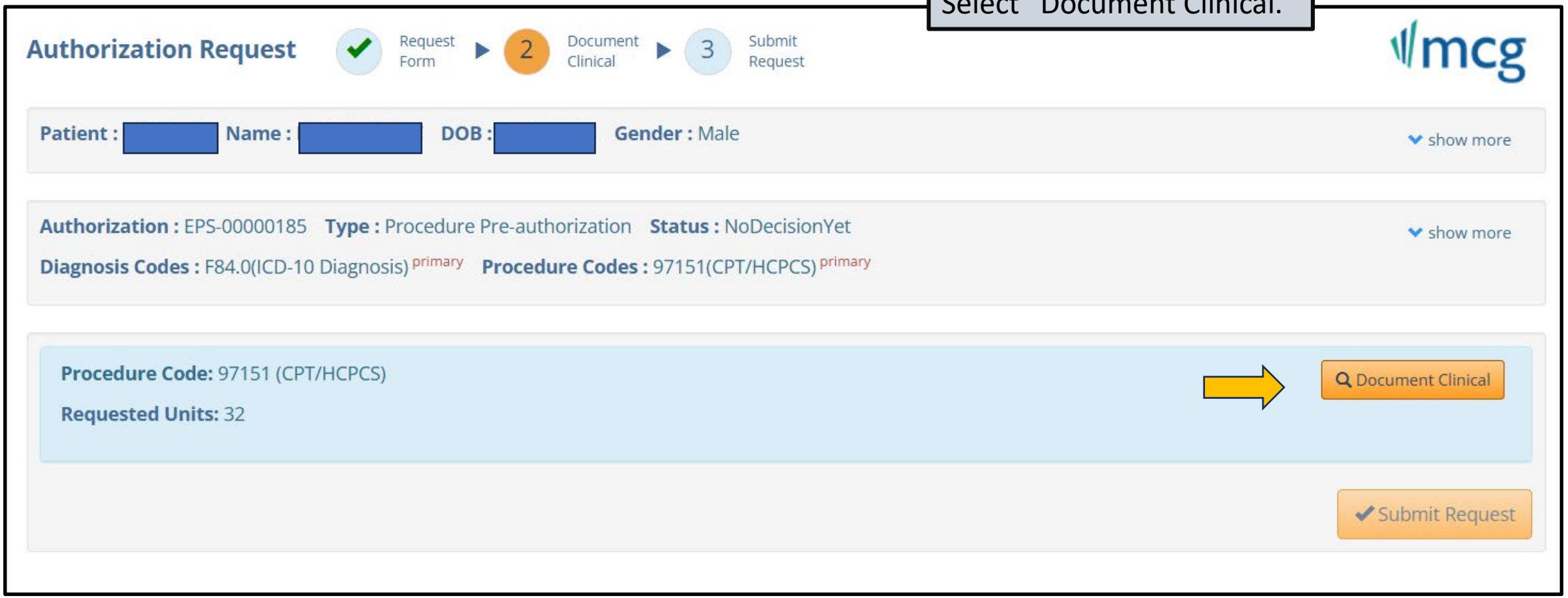
Service Category	Code Type	Modifier Code	Requested Effecti...	Requested Expira...	Requested Units	Unit Type		
97151 - Behavior identification asmt - AUTH	CPT		7/2/2026	7/31/2026	32	Units	Edit	× Delete

Same-day approval

Step 2
Once you submit your request, you will see a pop up to redirect you to MCG. Select “OK.”



Step 3
Select “Document Clinical.”



Step 4
Review the questions and check those that are true.

Authorization Request

Request Form ▶ 2 Document Clinical ▶ 3 Submit Request

Patient : [redacted] **Name :** [redacted] **DOB :** [redacted] **Gender :** Male show more

Authorization : EPS-00000185 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet show more

Diagnosis Codes : F84.0(ICD-10 Diagnosis) primary **Procedure Codes :** 97151(CPT/HCPCS) primary

Procedure Code: 97151 (CPT/HCPCS)

Requested Units: 32

CCP 8F Test 6.26.2026 - VAYA Initial RBBHT ASD - (BHG)

This content has neither been reviewed nor approved by MCG Health.

The healthcare resource is/was needed for appropriate care of the patient because of ...

- ☐ This request is for an initial assessment only and the member is not receiving RB BHT services with another provider.
- ☐ This request is part of a full treatment plan array and 97151 is indicated on the treatment plan
- ☐ This request DOES NOT exceed 32 units of 97151 for a 6 month period

✔ Save ✖ Cancel

✔ Submit Request

Step 5
Once complete, select “Save.”

Authorization Request

✔ Request Form ▶ 2 Document Clinical ▶ 3 Submit Request

mcg

Patient : [redacted] **Name :** [redacted] **DOB :** [redacted] **Gender :** Male show more

Authorization : EPS-00000185 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet show more

Diagnosis Codes : F84.0(ICD-10 Diagnosis) primary **Procedure Codes :** 97151(CPT/HCPCS) primary

Procedure Code: 97151 (CPT/HCPCS)

Requested Units: 32

CCP 8F Test 6.26.2026 - VAYA Initial RBBHT ASD - (BHG)

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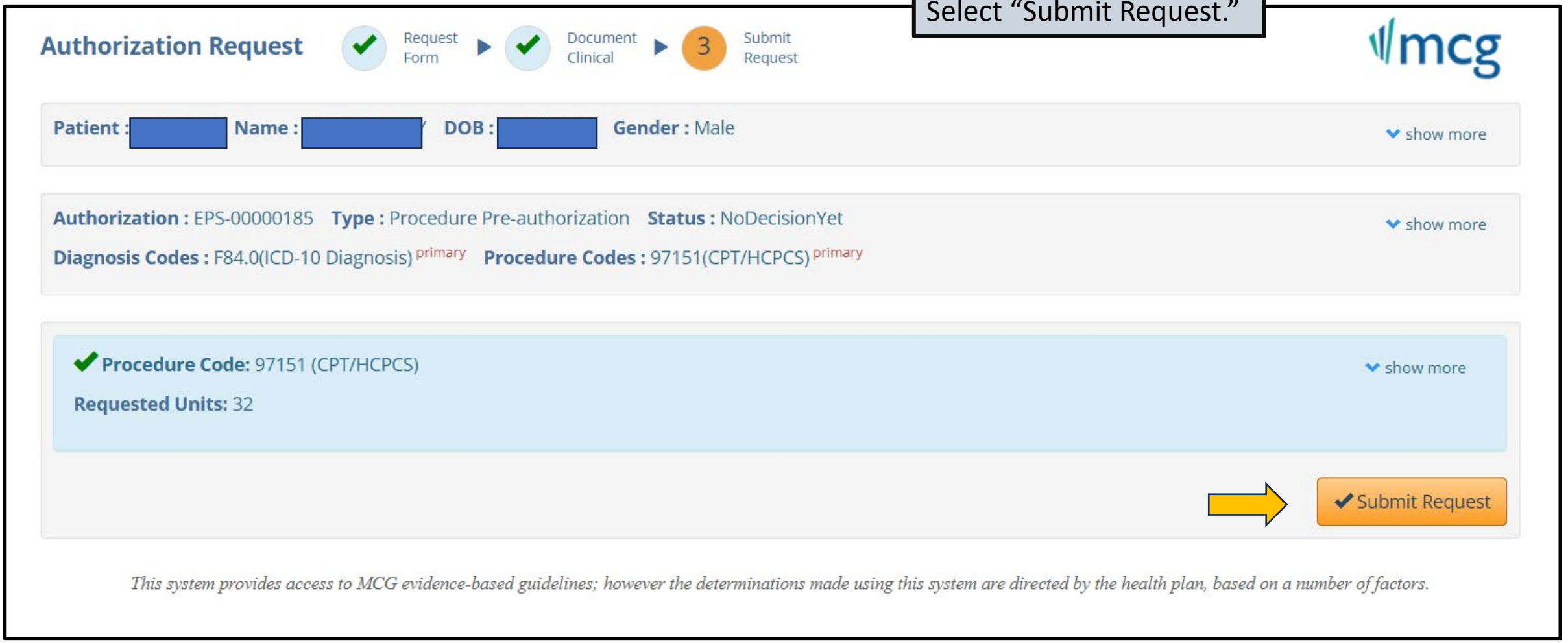
The healthcare resource is/was needed for appropriate care of the patient because of ...

- [x] This request is for an initial assessment only and the member is not receiving RB BHT services with another provider.
- [x] This request is part of a full treatment plan array and 97151 is indicated on the treatment plan
- [x] This request DOES NOT exceed 32 units of 97151 for a 6 month period

✔ Save ✖ Cancel

✔ Submit Request

Step 6
Select “Submit Request.”



Authorization Request - **Submitted**

Step 7
Once complete, the request will either pend or approve. You will be automatically redirected back to ProviderCONNECT.

Request Status: Complete-Approved

Patient : [redacted] **Name :** [redacted] **DOB :** [redacted] **Gender :** Male show more

Authorization : EPS-00000185 **Type :** Procedure Pre-authorization **Status :** Complete-Approved show more

Diagnosis Codes : F84.0(ICD-10 Diagnosis) primary **Procedure Codes :** 97151(CPT/HCPCS) primary

Disclaimers

- Please hold while you are redirected back to Vaya's Provider Portal

Procedure Code: 97151 (CPT/HCPCS) **Status:** Approved show more

Requested Units: 32

Messages Compose Message

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Authorization Class: OUTPATIENT - BEHAVIORAL HEALTH

Authorization Priority: Nonurgent Prior Auth Request

Authorization Type: RB-BHT (ABA)

Service Type: Behavioral Health Treatment For Autism Spectrur

Admission Reason:

Place of Service:

Treatment Type:

EPDST: No

EVV Authorization: No

Diagnosis

Begin typing Diagnosis Code

Diagnosis Code Value	Diagnosis Name	
F84.0	Autistic disorder	× Delete

Step 8

Authorization status is quickly available in the portal.

Services *

+ Add Service

Service Category	Code Type	Modifier Code	Requested Effec...	Requested Expir...	Requested Units	Unit Type	Status		
97151 - Behavior identification asmt - AUTH	CPT		7/2/2026	7/31/2026	32	Units	Approved		

Authorization Request - **Submitted**

Example of pended request

Request Status: Pended

Patient : [redacted] **Name :** [redacted] **DOB :** [redacted] **Gender :** Male show more

Authorization : EPS-00000187 **Type :** Procedure Pre-authorization **Status :** Pended show more

Diagnosis Codes : F84.5(ICD-10 Diagnosis) primary **Procedure Codes :** 97151(CPT/HCPCS) primary

Procedure Code: 97151 (CPT/HCPCS) **Status:** NoDecisionYet show more

Requested Units: 48

Messages Compose Message

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Authorization Class	Authorization Priority	Authorization Type	Service Type
OUTPATIENT - BEHAVIORAL HEALTH	Nonurgent Prior Auth Request	RB-BHT (ABA)	Behavioral Health Treatment For Autism Spectrur
Admission Reason	**Place of Service**	**Treatment Type**	**EPDST**
			No
EVV Authorization			
No			

Diagnosis

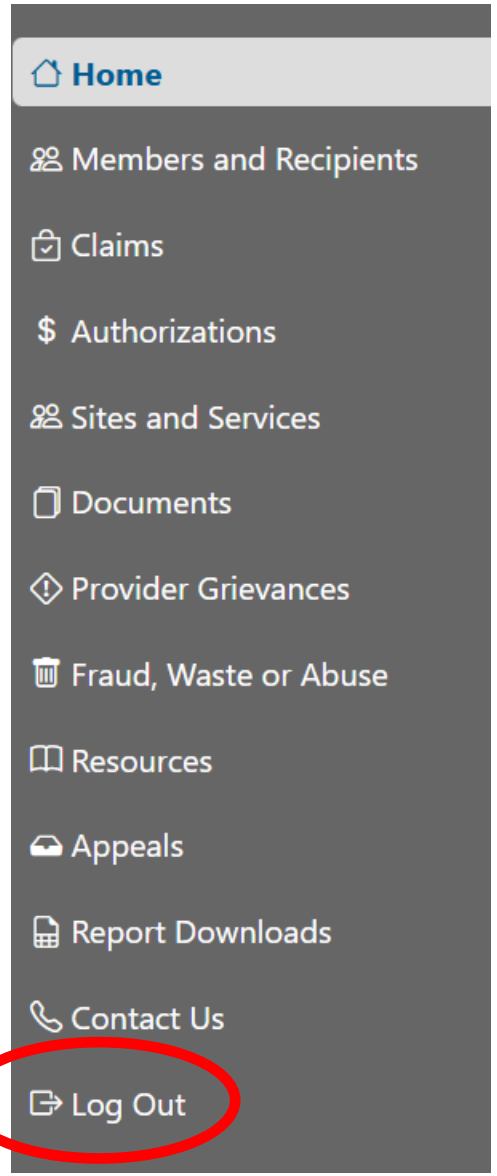
Diagnosis Code Value	Diagnosis Name
F84.5	Asperger's syndrome

Services *

Service Category	Code Type	Modifier Code	Requested Effec...	Requested Expir...	Requested Units	Unit Type	Status
97151 - Behavior identification asmt - AUTH	CPT		7/2/2026	7/30/2026	48	Units	Pending

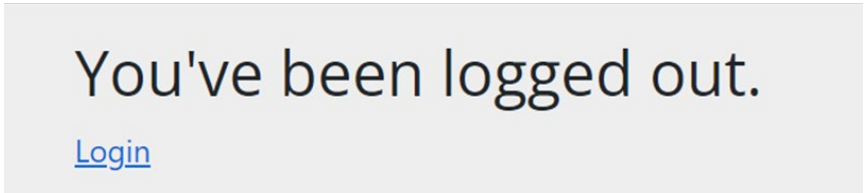
UM staff will review the request.

ProviderCONNECT Logout



Provider Portal Logout

Select “Log Out” from the menu in the upper left corner of the screen to exit ProviderCONNECT.





Thank You

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