ProviderCONNECT:
Portal Training

Portal Access, Navigation, Enrollments, Updates,
Discharges, Grievances, Appeals, and Provider Resources

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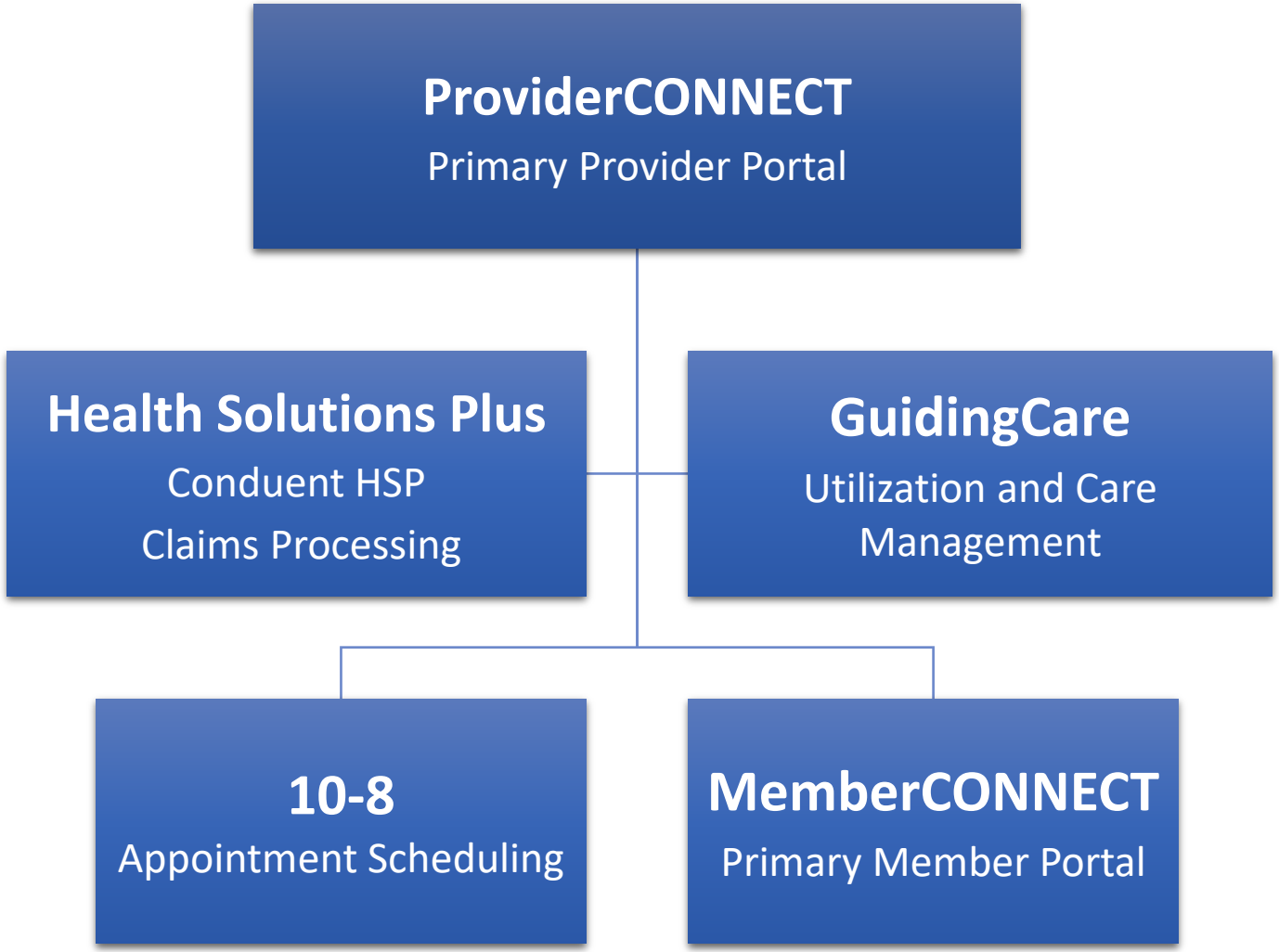
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Learning Objectives

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

- Access and navigate **ProviderCONNECT** using the login process and multi-factor authentication (MFA).
- Complete enrollments, updates, and discharges through **ProviderCONNECT**.
- Access grievances, appeals, and other provider resources within **ProviderCONNECT.**

Five Core Systems for Providers



Systems Access Administrator

Your organization's primary contact for ProviderCONNECT access, user account management, and portal permissions

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.

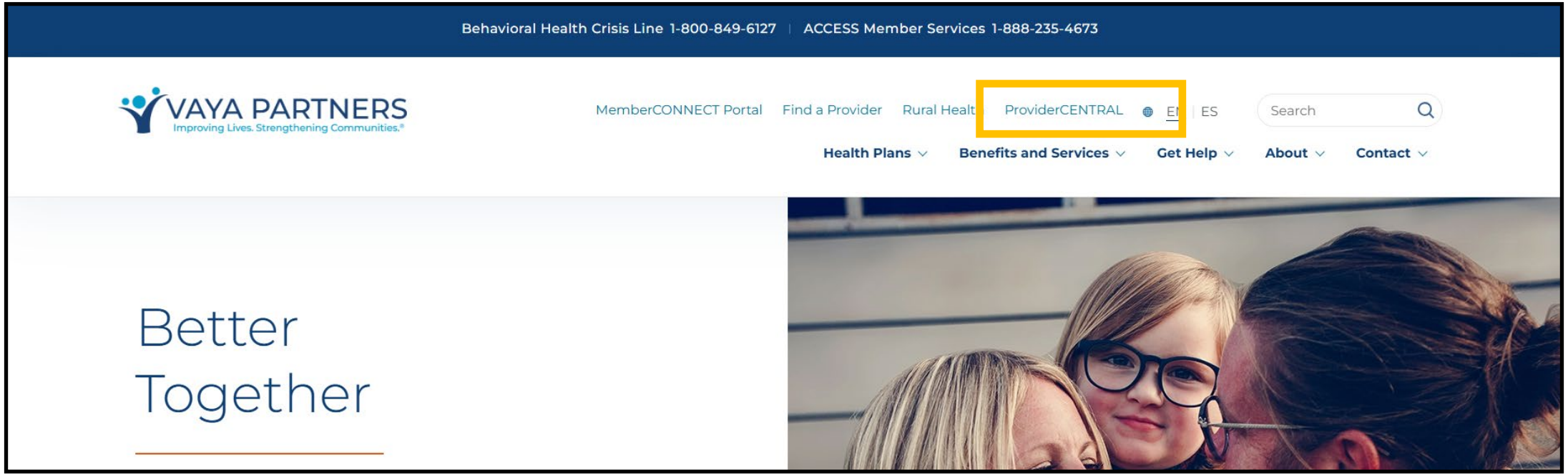
Systems Access Administrator Job Aid

Logging in to ProviderCONNECT

Follow the login process to access ProviderCONNECT, including password entry and MFA verification

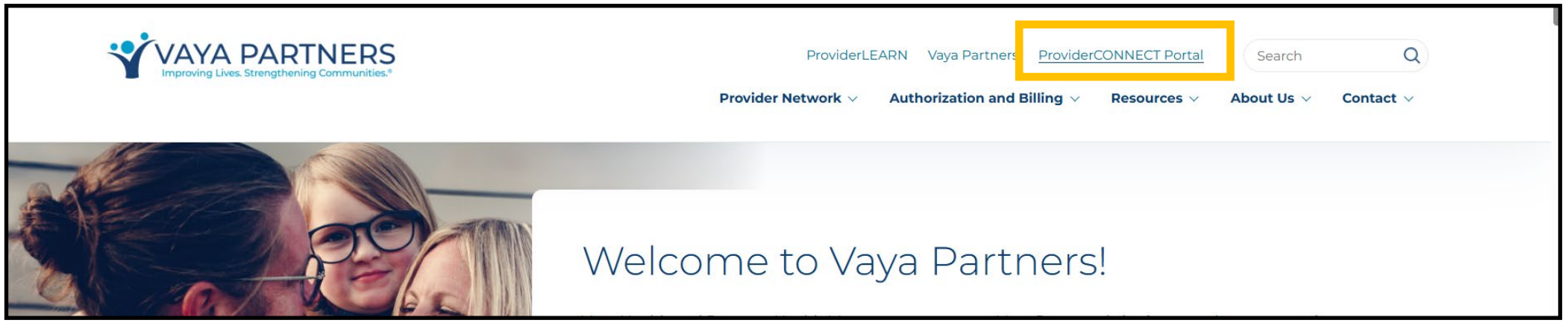
Navigate to ProviderCENTRAL

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



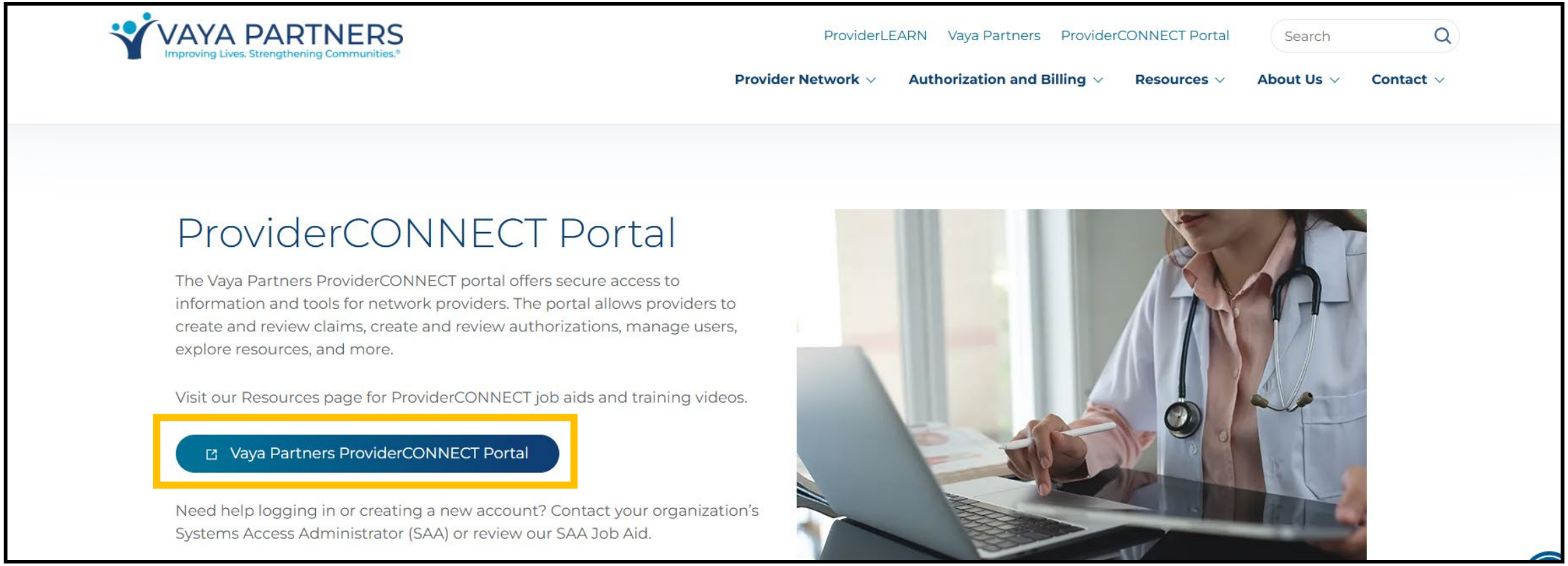
ProviderCONNECT Portal

From ProviderCENTRAL, select ProviderCONNECT Portal.



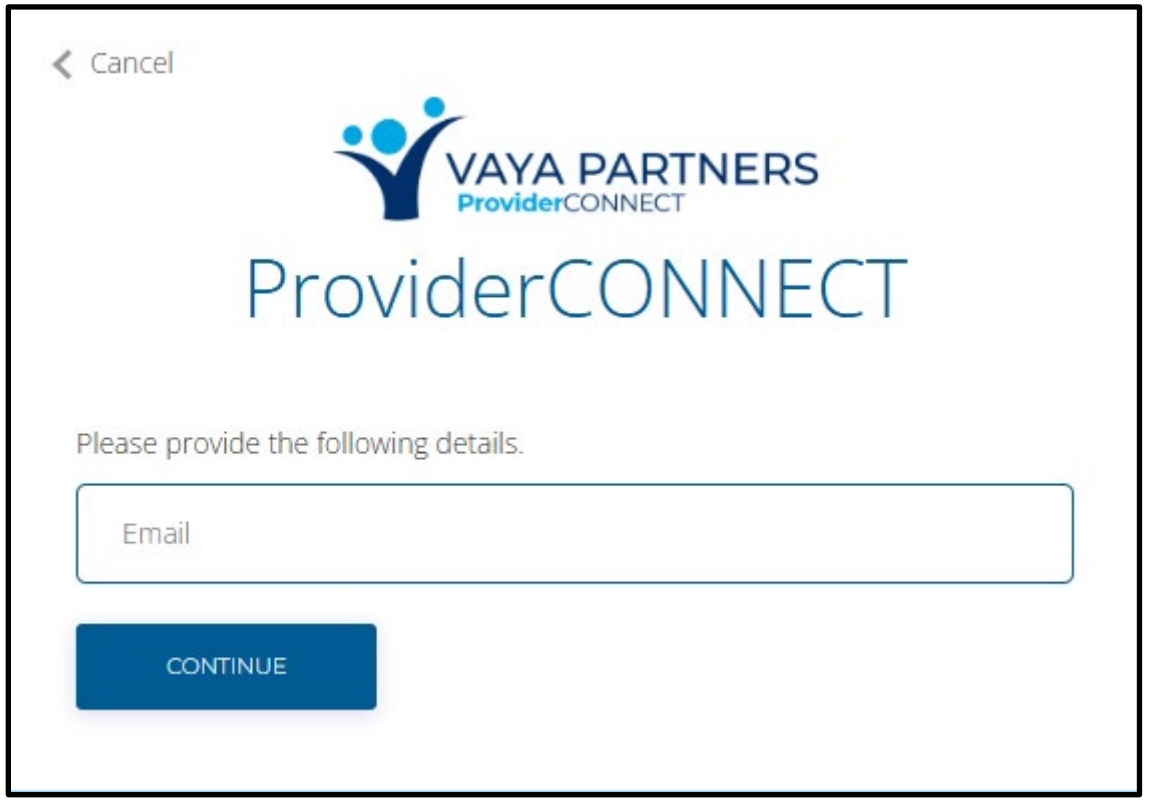
Sign in to ProviderCONNECT

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

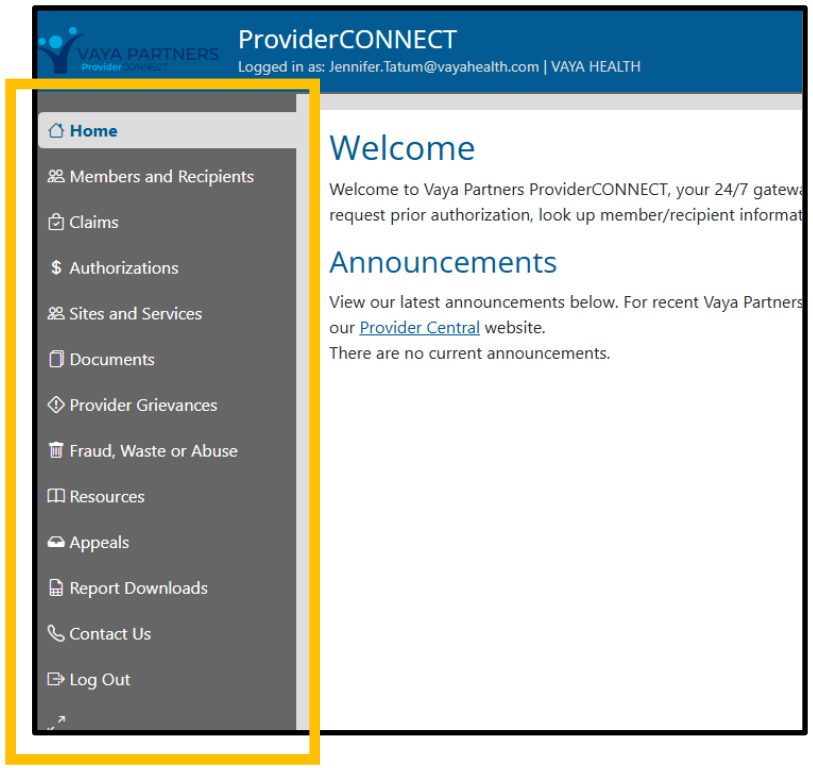


Sign In to ProviderCONNECT

- Enter the email address associated with your ProviderCONNECT account.
- Select **Continue.**
- Enter your password on the next screen.
- Complete MFA using your email address or phone number.

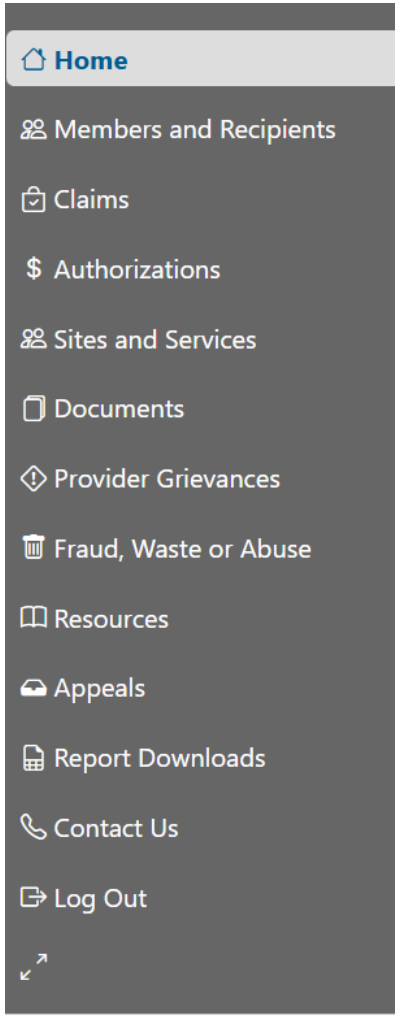


ProviderCONNECT Home Page

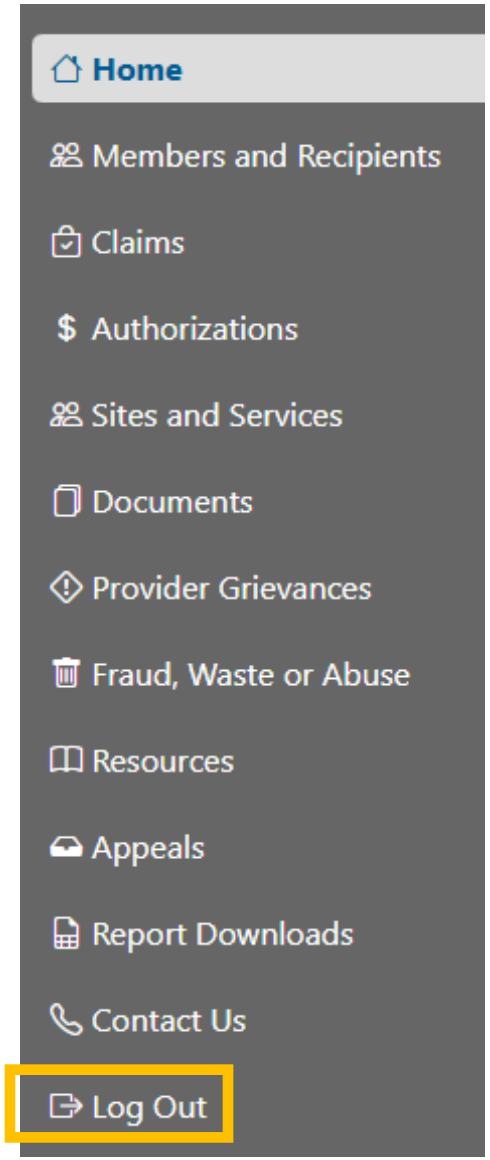


The ProviderCONNECT homepage serves as the starting point for navigating the portal and accessing important announcements, resources, and features.

The navigation menu provides access to all key ProviderCONNECT functions, including Claims, Authorizations, Grievances, Appeals, and Resources.

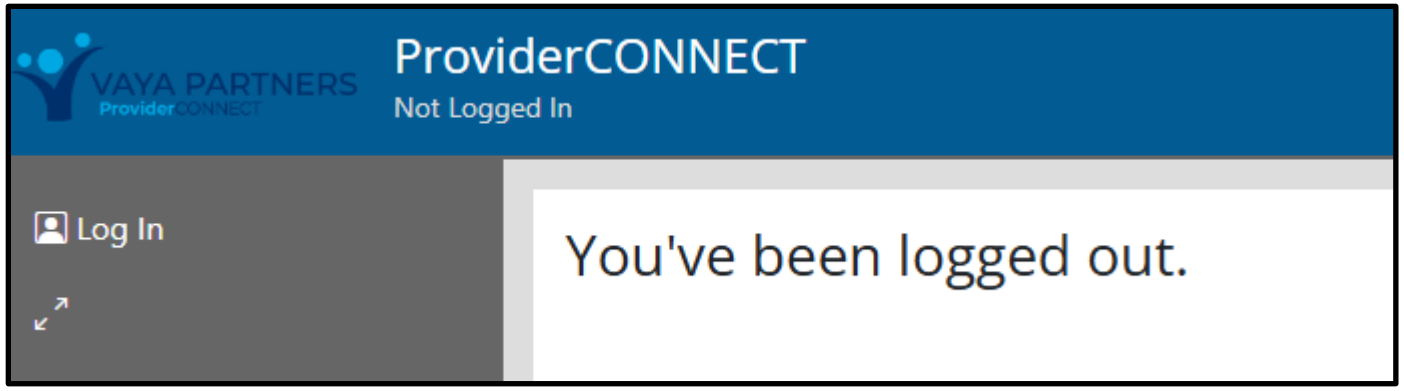


ProviderCONNECT Logout



Select **Log Out** from the navigation menu to securely end your ProviderCONNECT session.

For security purposes, users are automatically logged out after a period of inactivity.



ProviderCONNECT Member Enrollment

Step-by-step guidance for completing member enrollments in ProviderCONNECT

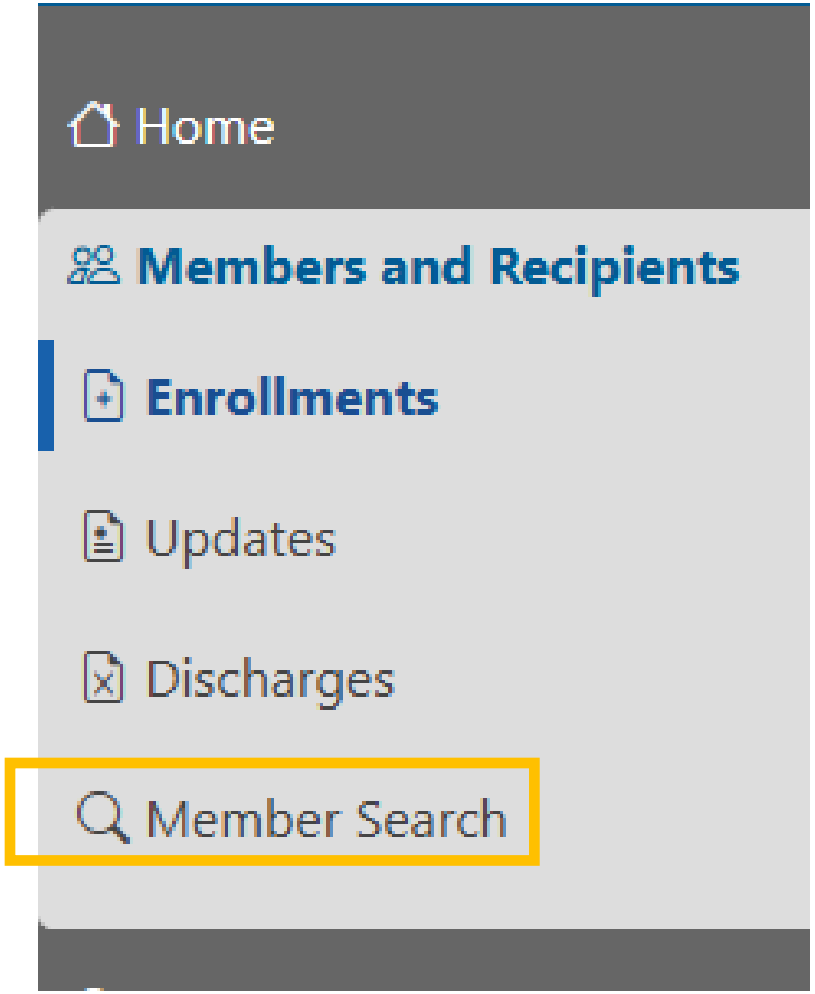
Member Search

Navigate to Members and Recipients and select Member Search to locate a member/recipient.

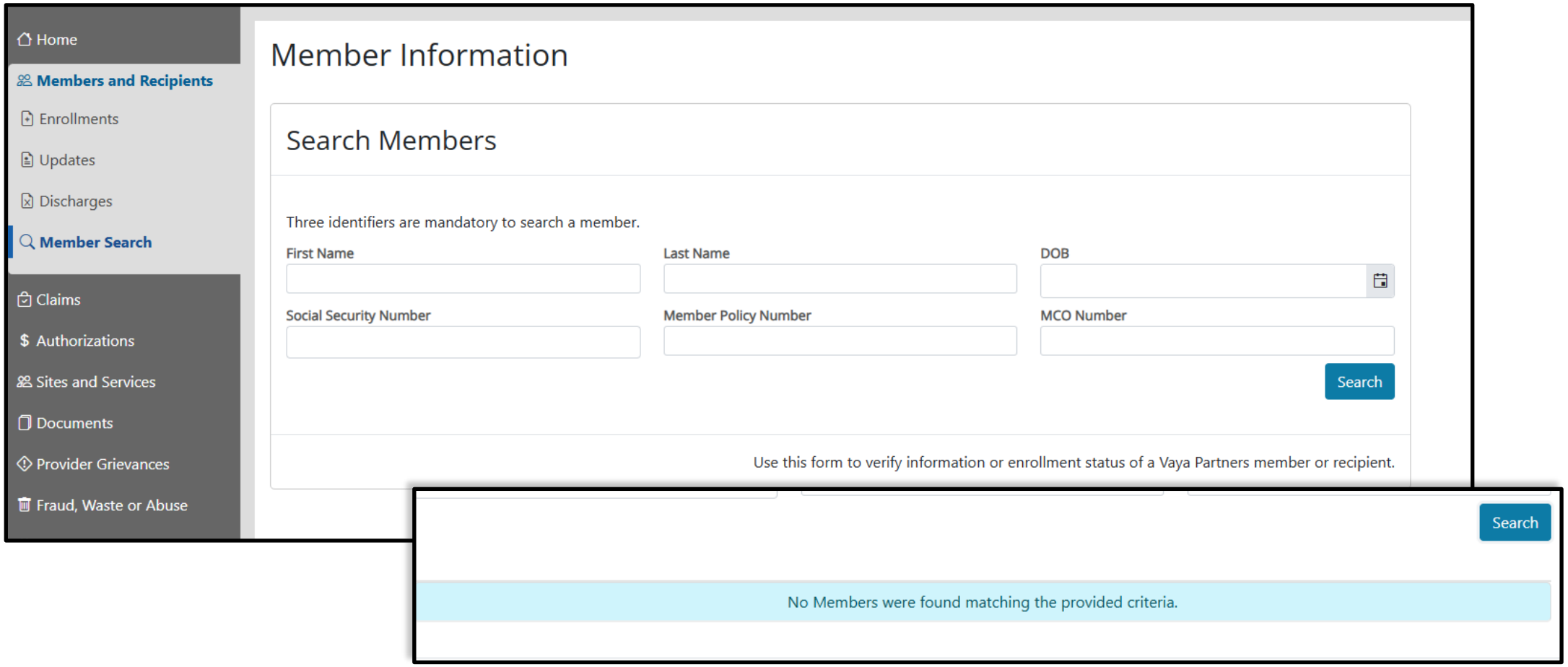
Search criteria may include:

- First Name
- Last Name
- Date of Birth (DOB)
- Social Security Number (SSN) (optional)
- Policy Number (optional)

Matching members will be displayed based on the search criteria entered. Select the appropriate result to view member information.



Member Search

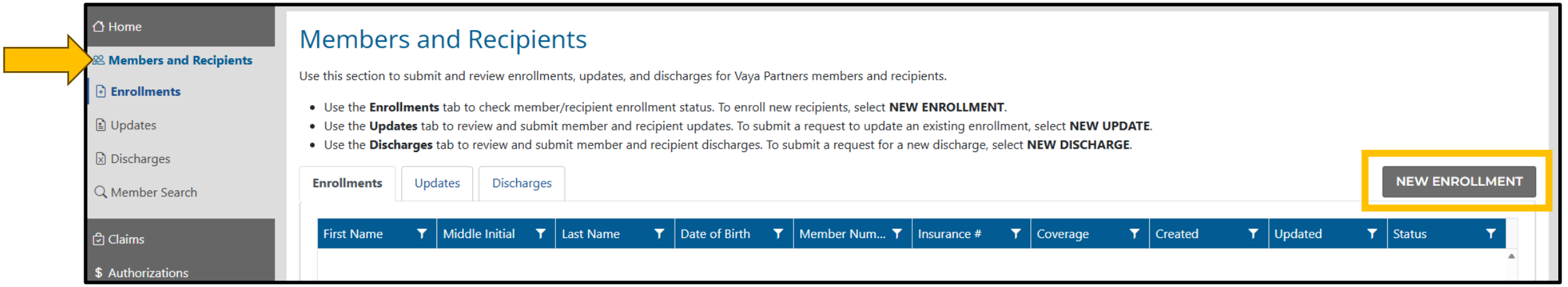


Enrollment

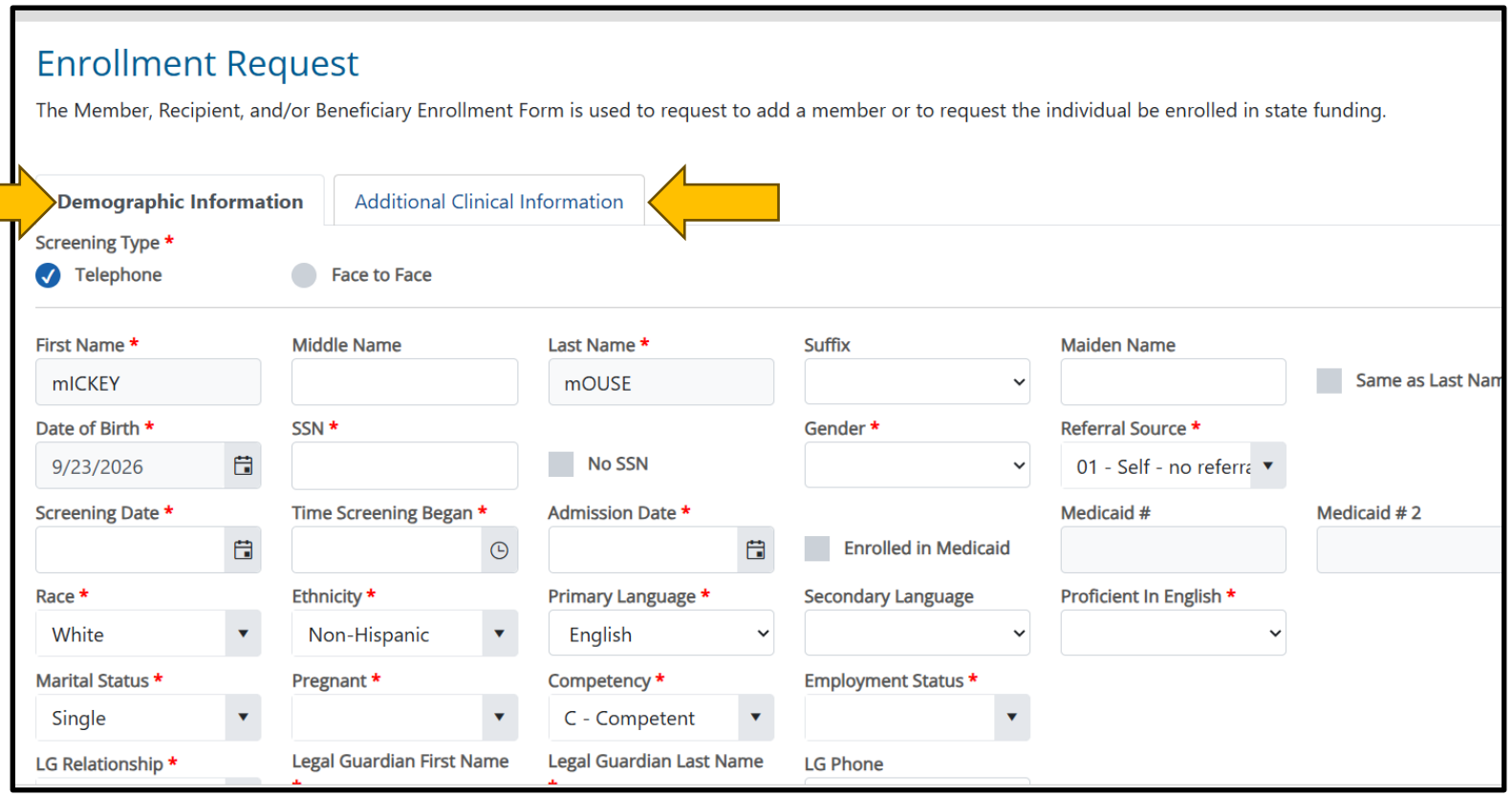
Navigate to **Members and Recipients** from the navigation menu.

The **Enrollments** tab is selected by default when the page opens.

Select **NEW ENROLLMENT** to begin a new enrollment request.



Enrollment Request



Complete the required demographic and clinical information to submit a new enrollment request.

Required fields are identified by a red asterisk (*).

Begin to Complete Enrollment Form

Complete the required demographic fields using text and available dropdown options:

Member Information

- Maiden Name
- SSN
- Gender
- Ethnicity

Screening Information

- Screening Method
- Screening Date
- Screening Time
- Referral Source

Language Information

- Primary Language
- Secondary Language (if applicable)
- Proficient in English

Medicaid Information

- Enrolled in Medicaid
- Medicaid ID (if applicable)



Enrollment Form

Household Information

- Marital Status
- Living Arrangement

Legal Guardian Information (If Applicable)

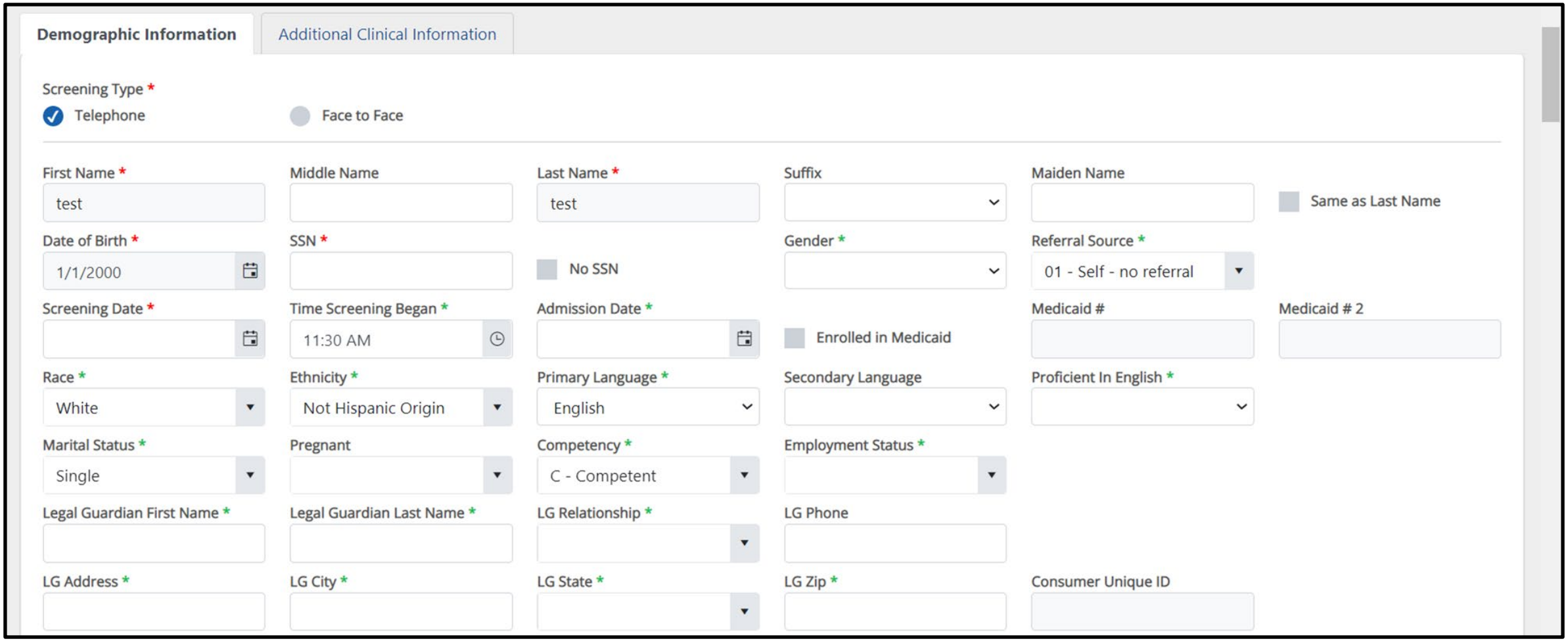
- First Name
- Last Name
- Phone Number
- Address

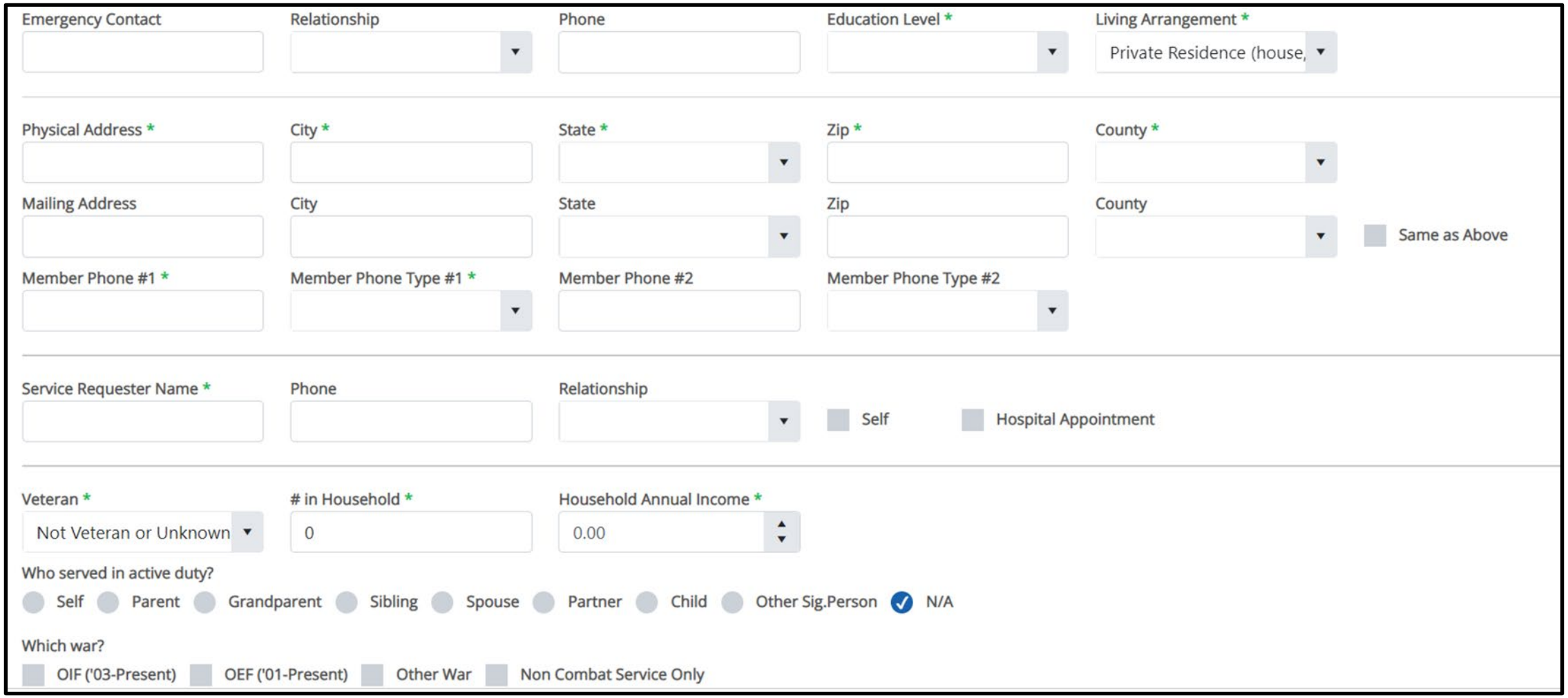
Emergency Contact Information

- Relationship to Member/Recipient
- Phone Number

Medicaid Information

- Enrolled in Medicaid
- Medicaid ID (if applicable)


Demographic Information
Additional Clinical Information
Screening Type *
Telephone
Face to Face
First Name *
test
Middle Name
Last Name *
test
Suffix
Maiden Name
Same as Last Name
Date of Birth *
1/1/2000
SSN *
No SSN
Gender *
Referral Source *
01 - Self - no referral
Screening Date *
Time Screening Began *
11:30 AM
Admission Date *
Enrolled in Medicaid
Medicaid #
Medicaid # 2
Race *
White
Ethnicity *
Not Hispanic Origin
Primary Language *
English
Secondary Language
Proficient In English *
Marital Status *
Single
Pregnant
Competency *
C - Competent
Employment Status *
Legal Guardian First Name *
Legal Guardian Last Name *
LG Relationship *
LG Phone
LG Address *
LG City *
LG State *
LG Zip *
Consumer Unique ID


Emergency Contact
Relationship
Phone
Education Level *
Living Arrangement *
Private Residence (house,
Physical Address *
City *
State *
Zip *
County *
Mailing Address
City
State
Zip
County
Same as Above
Member Phone #1 *
Member Phone Type #1 *
Member Phone #2
Member Phone Type #2
Service Requester Name *
Phone
Relationship
Self
Hospital Appointment
Veteran *
in Household *
Household Annual Income *
Not Veteran or Unknown
0
0.00
Who served in active duty?
Self
Parent
Grandparent
Sibling
Spouse
Partner
Child
Other Sig.Person
N/A
Which war?
OIF ('03-Present)
OEF ('01-Present)
Other War
Non Combat Service Only

Continue Completing Enrollment Form

Additional Member Information

- Number of Arrests in the Last 30 Days
- Primary Health/Medical Insurance
- Whether the Member receives Opioid Replacement Therapy

Recovery Support Information

- Mutal Aid Program Participation
- Number of Self-Help Meetings Attended in the Previous 30 Days

Presenting Problem

Select applicable checkboxes within the Presenting Problem section:

- First Priority
- Second Priority
- Third Priority

Examples may include:

- AMH
- CMH
- ADD
- CDD
- ASA
- CSA

Current Safety and Risk Assessment

Select the appropriate rating for:

Current Risk to Consumer Safety:

- Instability of Care Provider Supervision
- Safety Issues in Living Arrangement
- Aggression or Self-Injurious Behavior

Ratings: None, Mild, Moderate, Severe, or Not Screened

Current Risk of Harm to Self or Others:

- Consumer Potential Risk to Self
- Consumer Potential Risk to Others

Ratings: None, Mild, Moderate, Severe, or Not Screened

Detox Needed:

- Consumer in Need of Detox (Yes, No, and N/A)



Continue Enrollment

Document applicable symptoms.
(*Examples: agitation, nausea and vomiting, sweats, seizure, tremors, other)*

Needs Severity

- Emergent
- Urgent
- Routine
- Non-Threshold

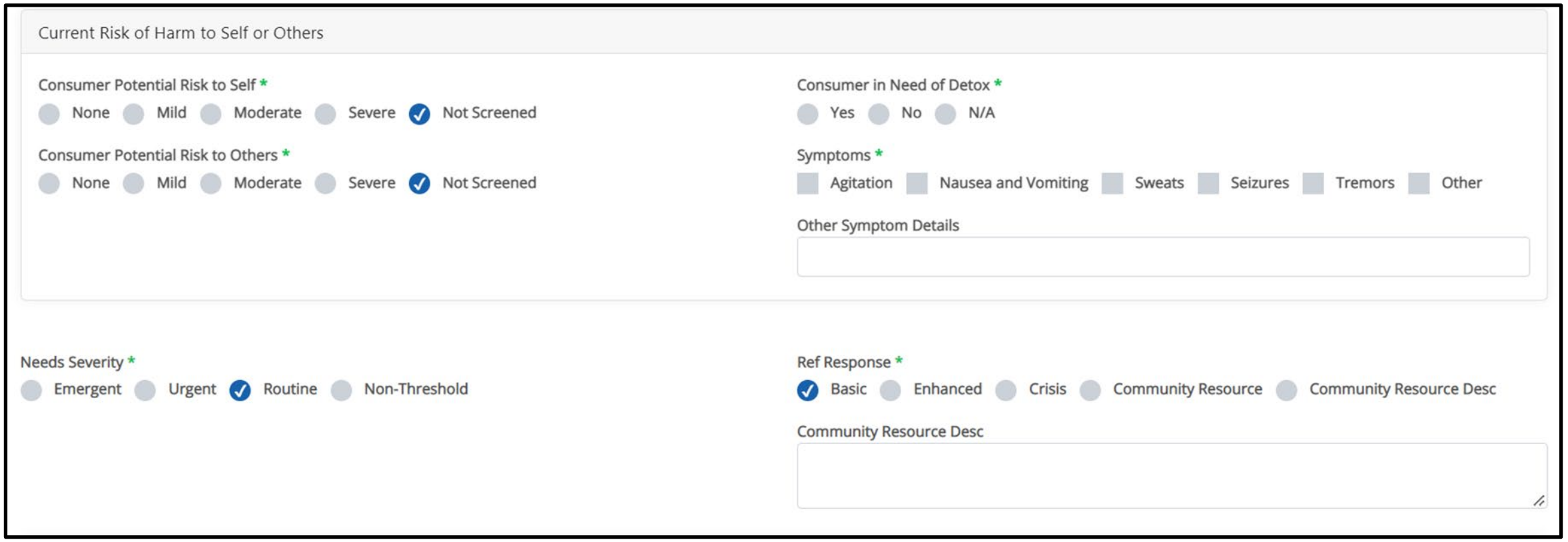
Referral Response

- Base
- Enhanced
- Crisis
- Community
- Resource

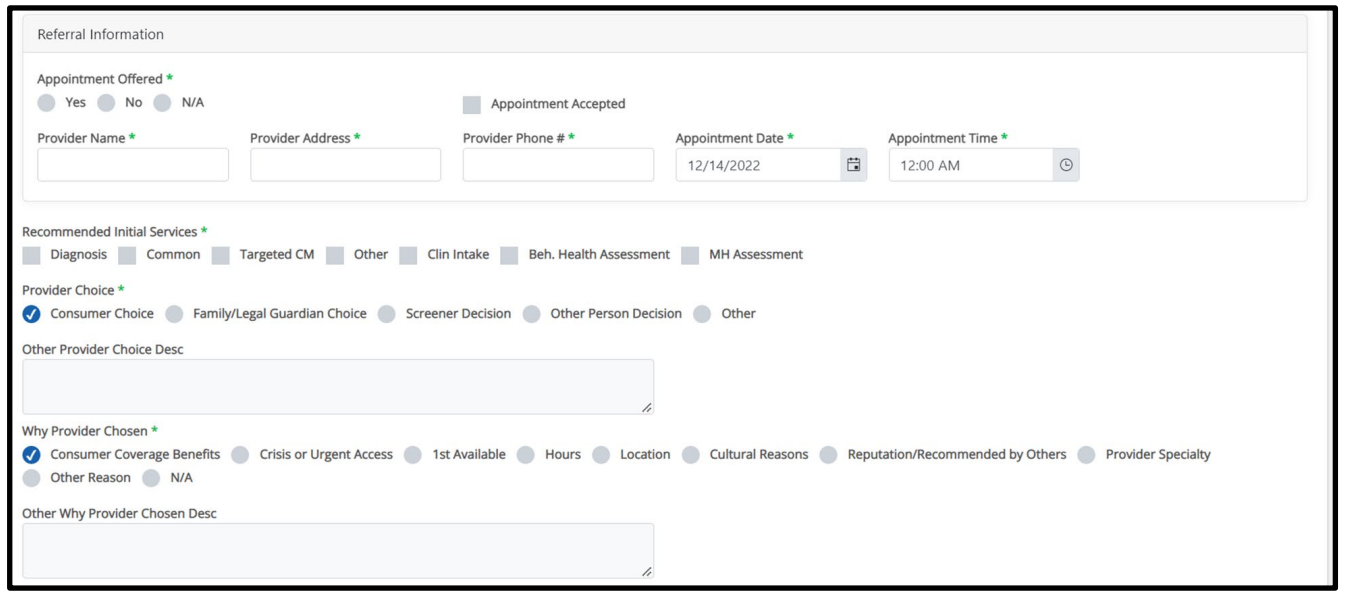
Referral Details

- Appointment offered (Yes, No, or N/A)
- Appointment Accepted (checkbox)
- Provider Information
- Appointment Date and Time

Recommended Service and Provider Choice – Complete the appropriate selections before continuing.


Current Risk of Harm to Self or Others
Consumer Potential Risk to Self *
None Mild Moderate Severe Not Screened
Consumer Potential Risk to Others *
None Mild Moderate Severe Not Screened
Consumer in Need of Detox *
Yes No N/A
Symptoms *
Agitation Nausea and Vomiting Sweats Seizures Tremors Other
Other Symptom Details
Needs Severity *
Emergent Urgent Routine Non-Threshold
Ref Response *
Basic Enhanced Crisis Community Resource Community Resource Desc
Community Resource Desc

Continue Enrollment



Complete the following sections:

- Recommended Initial Services
- Provider Choice
- Why Provider Chosen

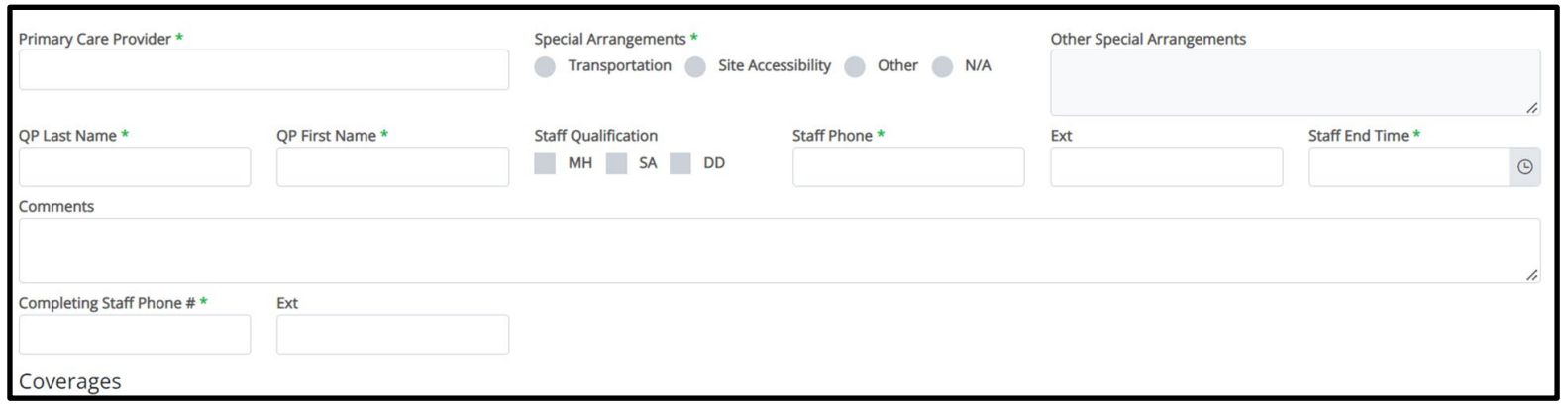
Use the “Other” fields to enter additional details when needed.



Continue Enrollment

Complete the following sections:

- Primary Care Provider
- Special Arrangements
- Qualified Professional (QP) Information
- Staff Qualifications



Select **Save** at the bottom of the screen.

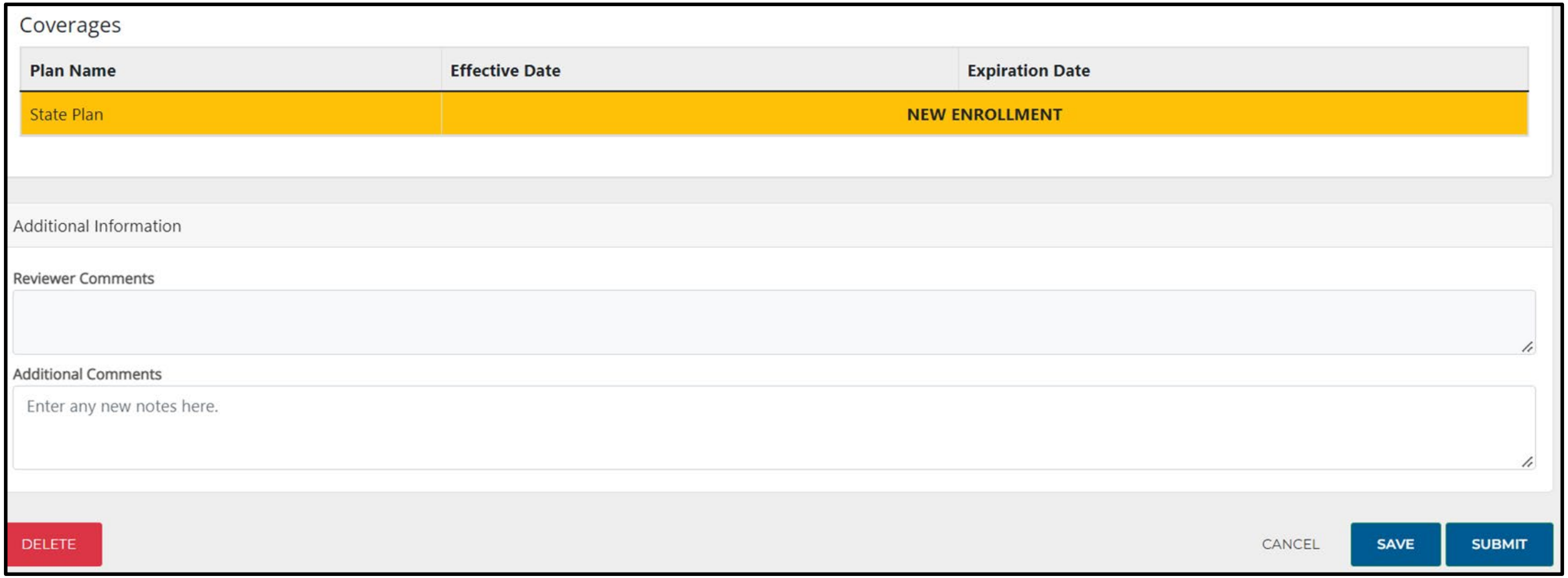
Continue Enrollment

Enter information for the **Additional Clinical Information** at the top of the page (this is a different screen) use the dropdown options and fill in the blanks.

- Diagnosis
- Drug of Choice
  - Primary Drug of Choice
  - Secondary Drug of Choice
  - Tertiary Drug of Choice
- Effective Date
- End Date
- Term Reason
- Is Stressor

Continue Enrollment

- Enter information by selecting the plus sign Riders (formerly known as “target populations”) and Coordination of Benefits (COB). If either of these categories do not apply, continue without selecting the plus sign.
  - Riders (Benefit name, Effective Date, Expiration)
  - COB (Payer, Member, Group, Coverage, Effective Date, Expiration)
- If you need to gather additional information before submitting the enrollment form, select “Save” and return to the form later.
- When you have completed the form, select “Submit.”


Coverages
Plan Name
Effective Date
Expiration Date
State Plan
NEW ENROLLMENT
Additional Information
Reviewer Comments
Additional Comments
Enter any new notes here.
DELETE
CANCEL
SAVE
SUBMIT

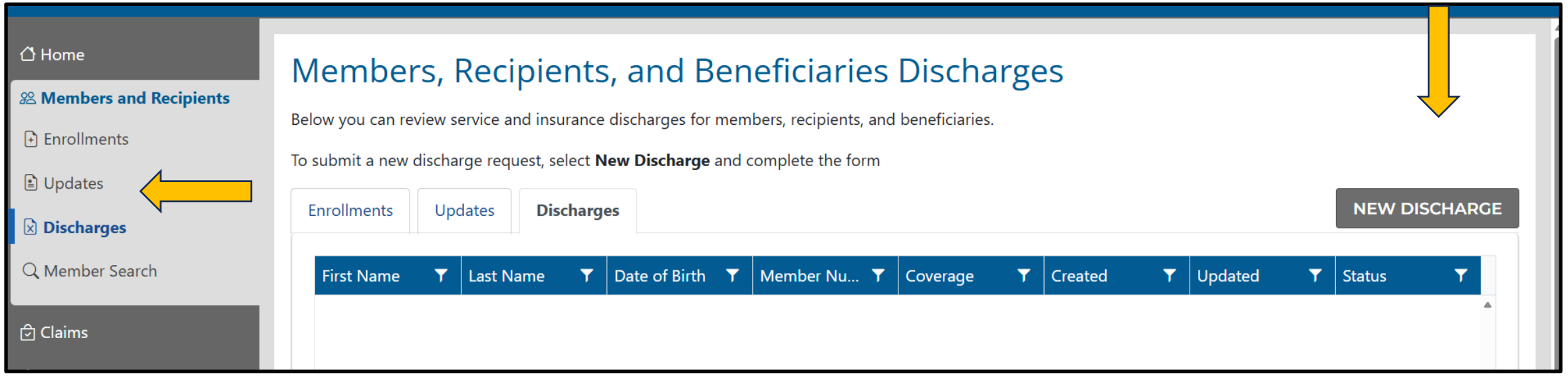
ProviderCONNECT Member Discharge

Review the steps required to complete a member discharge in ProviderCONNECT

Discharge

On the ProviderCONNECT homepage, **select** the member or recipient in the upper left corner of the page.

- The Member, Recipient, and Beneficiary page will appear on the screen. Select the “Discharges” option.
- Select “NEW DISCHARGE.”



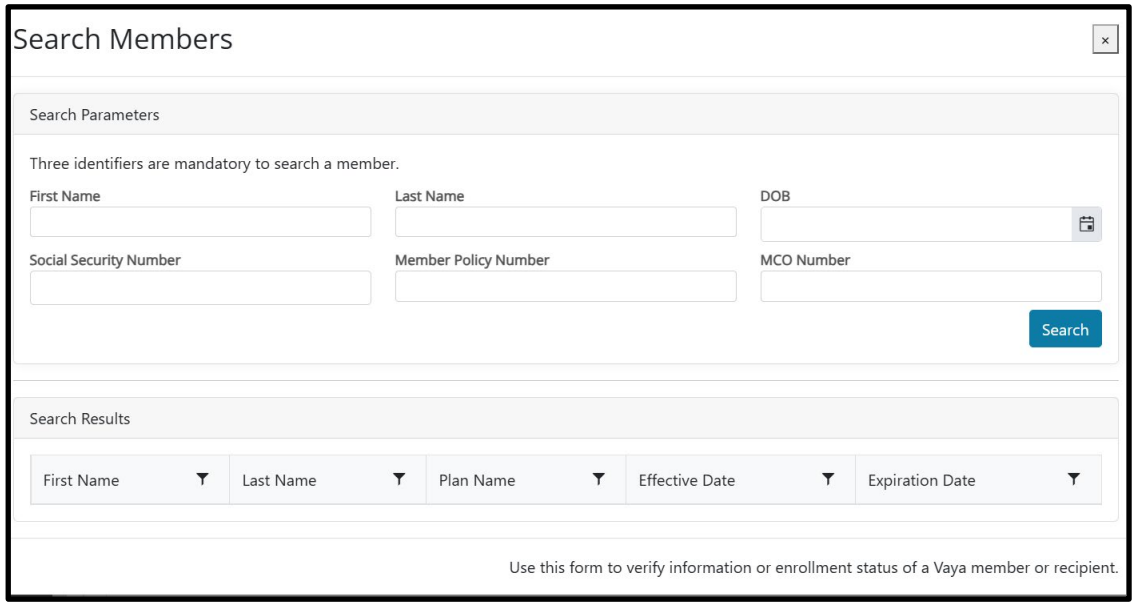
Member Search

At this point, you will complete the search by entering:

- First Name
- Last Name
- DOB for any results to be returned

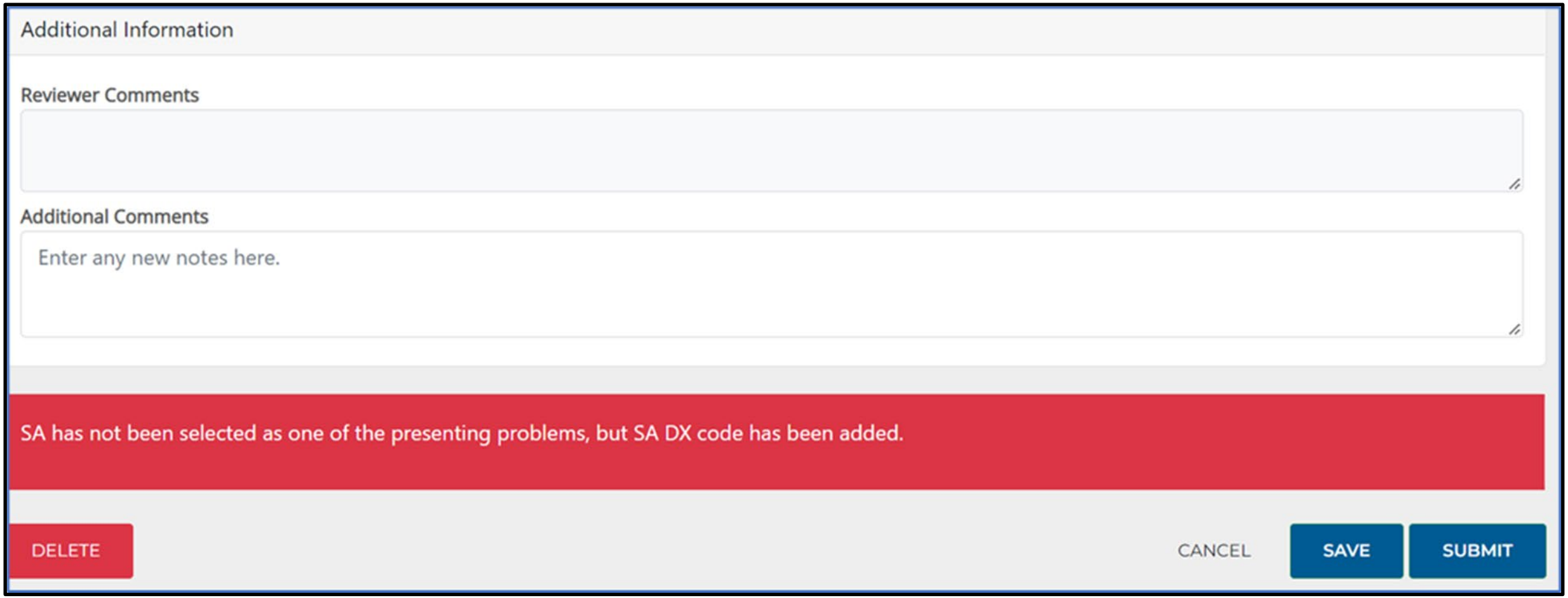
You can also enter the SSN or policy number.

Once all information is entered correctly, select “Search.” A list of members and recipients will be generated that matches the criteria entered.



Enrollment Discharge

- To complete the discharge form, fill in the dropdown menus and text fields completely. If you need to gather additional information before submitting, select “Save” and return to the form later. **Note:** Vaya Partners does not review the discharge if in “saved” status.
- To ensure the discharge form is submitted, select “Submit.”
- You can view “Saved” or “Submitted” discharge requests, including any comments made by the provider or Vaya Partners, as well as the status of the form.


Additional Information
Reviewer Comments
Additional Comments
Enter any new notes here.
SA has not been selected as one of the presenting problems, but SA DX code has been added.
DELETE
CANCEL
SAVE
SUBMIT

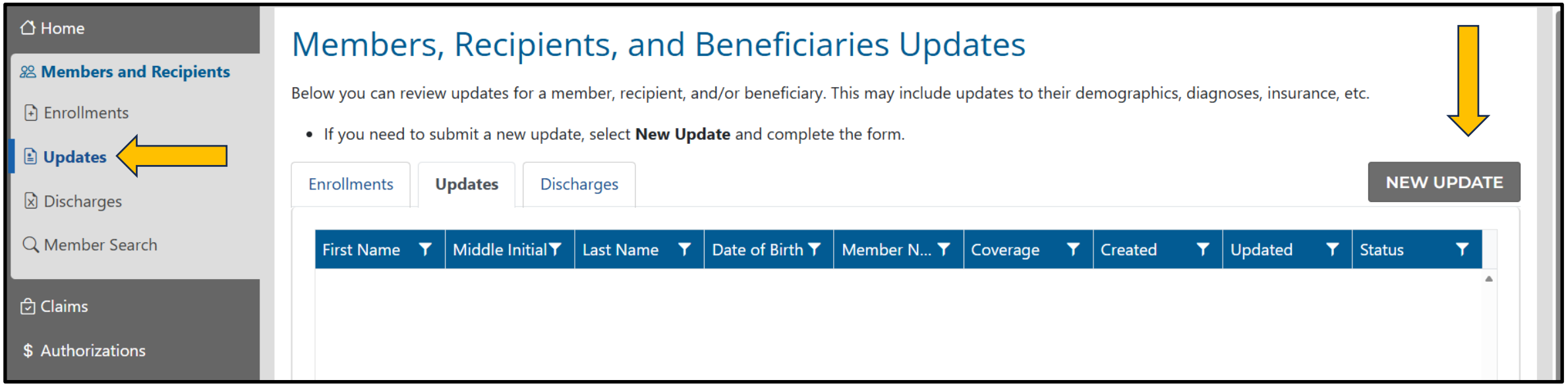
ProviderCONNECT Member Update

Review how to updated member information in ProviderCONNECT

Member Updates

On the ProviderCONNECT home page, **select** the member or recipient from the menu in the left corner of the screen.

- On the Members, Recipients, and Beneficiaries Updates page, **select** the “Updates” option.
- Select “NEW UPDATE.”

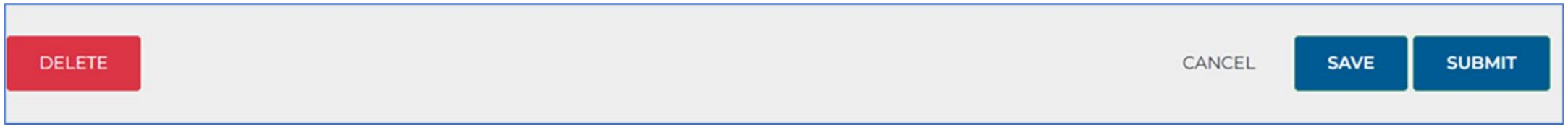


Member Search

- Complete a member or recipient search by entering:
  - First name
  - Last name
  - DOB for any results to be returned
- You may also enter a Social Security number or policy number, but this is not required.
- Once all information is entered correctly, select “Search.”
- A list of members and recipients will be generated that matches the criteria entered.

Complete an Update

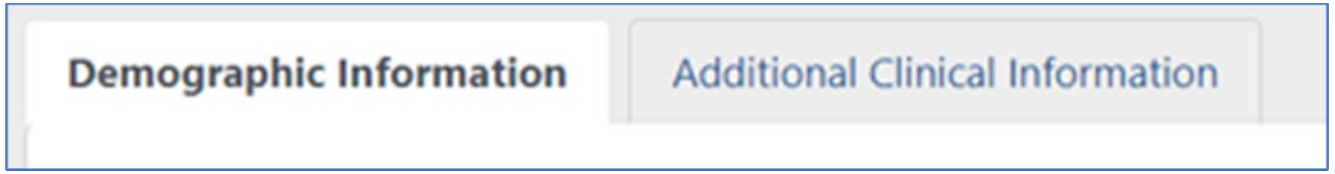
- “Complete an updated enrollment,” will display on the screen after a member or recipient is selected. Select “complete an updated enrollment.”
- The member or recipient selected must have current State-funded or Medicaid eligibility; otherwise, users will receive a message stating *“An enrollment must be submitted for this member*.”
- To complete an update, enter the demographic and/or clinical information for the member or recipient in the form using dropdowns and fill-in-the-blanks. Ensure any information that has changed since the last enrollment is updated.
- **To save the information you have already entered and return to the form later to complete it**, select “SAVE” at the bottom of the screen.

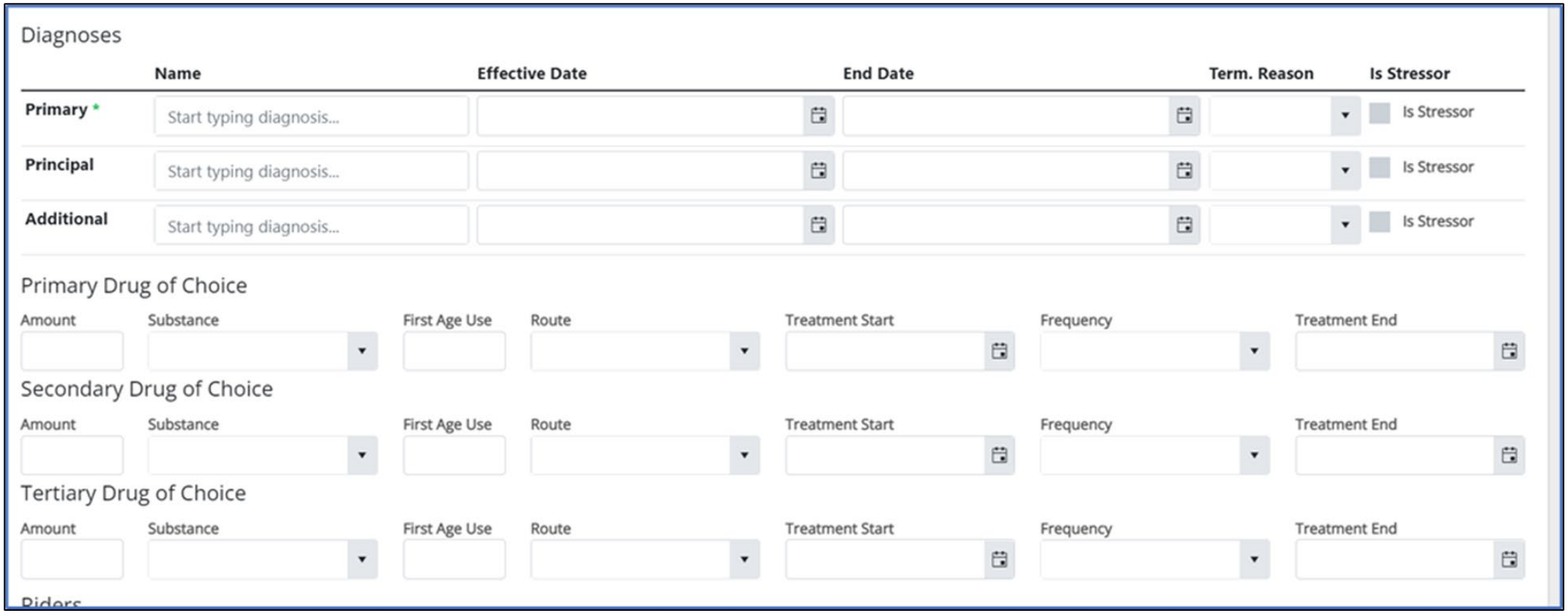


Continue Update

Enter information for the “Additional Clinical Information” tab at the top of the page (this is a different screen) use the dropdown options and fill in the blanks:

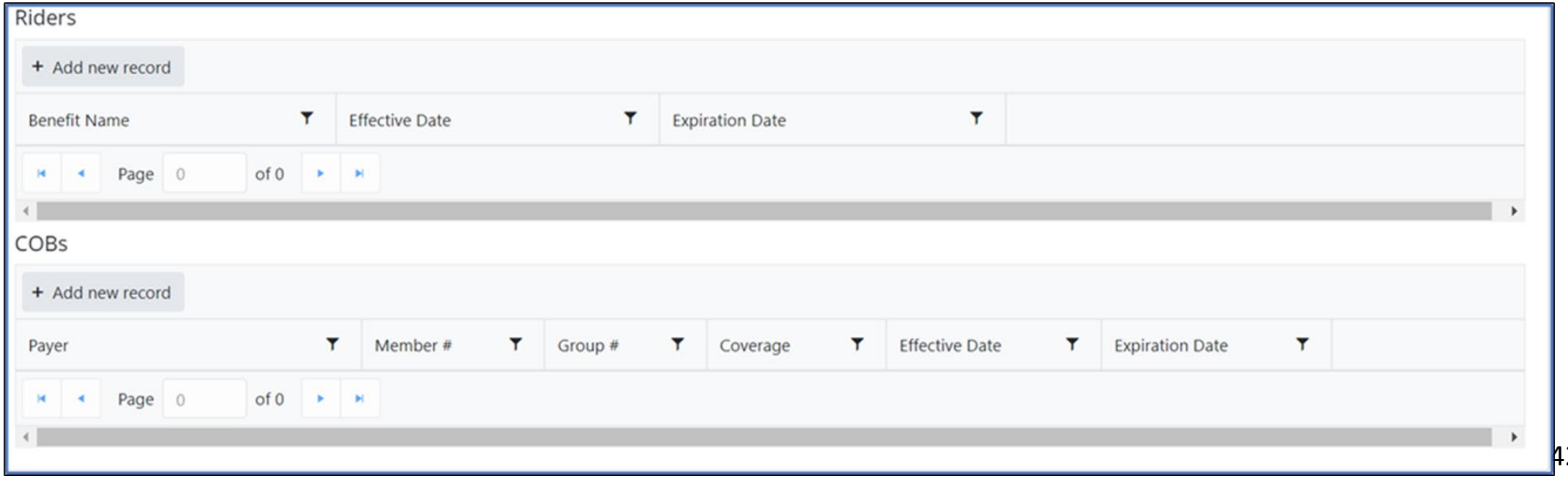
- Diagnosis
- Drug of Choice
  - Primary Drug of Choice
  - Secondary Drug of Choice
  - Tertiary Drug of Choice
- Effective Date
- End Date
- Term. Reason
- Is Stressor




Diagnoses
Name
Effective Date
End Date
Term. Reason
Is Stressor
Primary *
Start typing diagnosis...
Is Stressor
Principal
Start typing diagnosis...
Is Stressor
Additional
Start typing diagnosis...
Is Stressor
Primary Drug of Choice
Amount
Substance
First Age Use
Route
Treatment Start
Frequency
Treatment End
Secondary Drug of Choice
Amount
Substance
First Age Use
Route
Treatment Start
Frequency
Treatment End
Tertiary Drug of Choice
Amount
Substance
First Age Use
Route
Treatment Start
Frequency
Treatment End

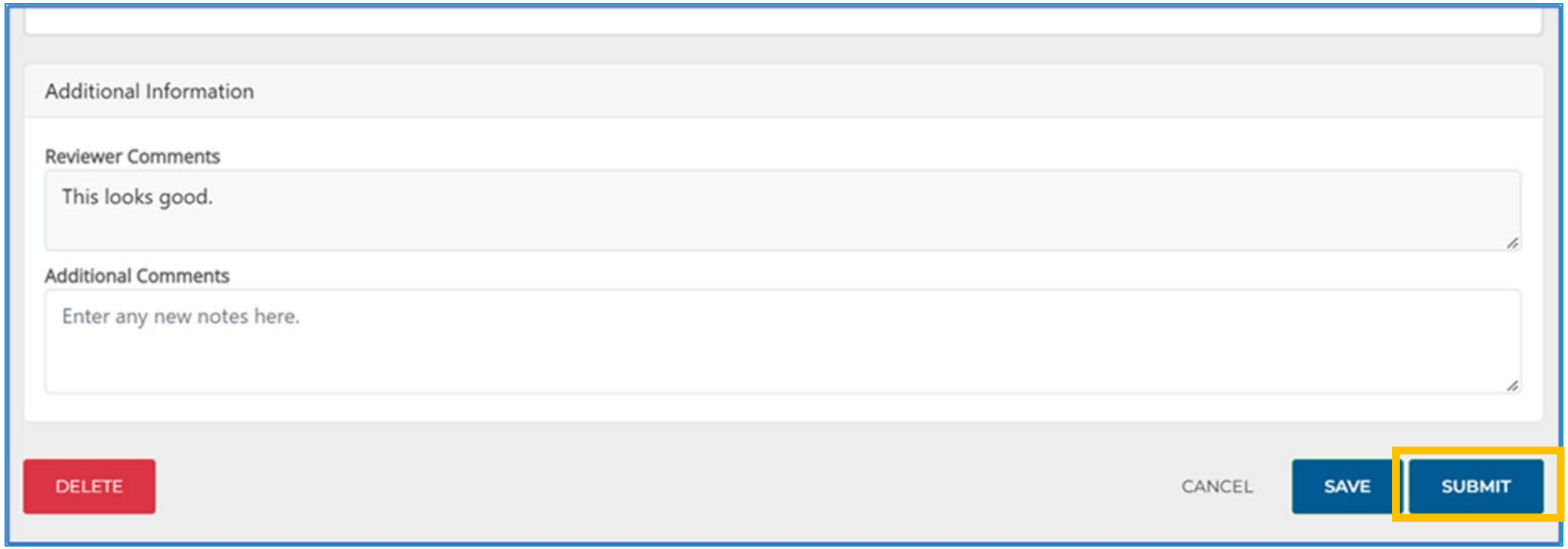
Continue Update

- Enter information by selecting “+ Add new record” under Riders and COBs.
- If either of these categories do not apply, continue without selecting the plus sign.
- Riders (Benefit Name, Effective Date, and Expiration Date)
- COBs (Payer, Member, Group #, Coverage, Effective Date, Expiration Date)
- Add comments in the “additional comments” box if needed.



Save and Submit

- Select “save” if additional information needs to be gathered.
- Select submit when the update is complete.



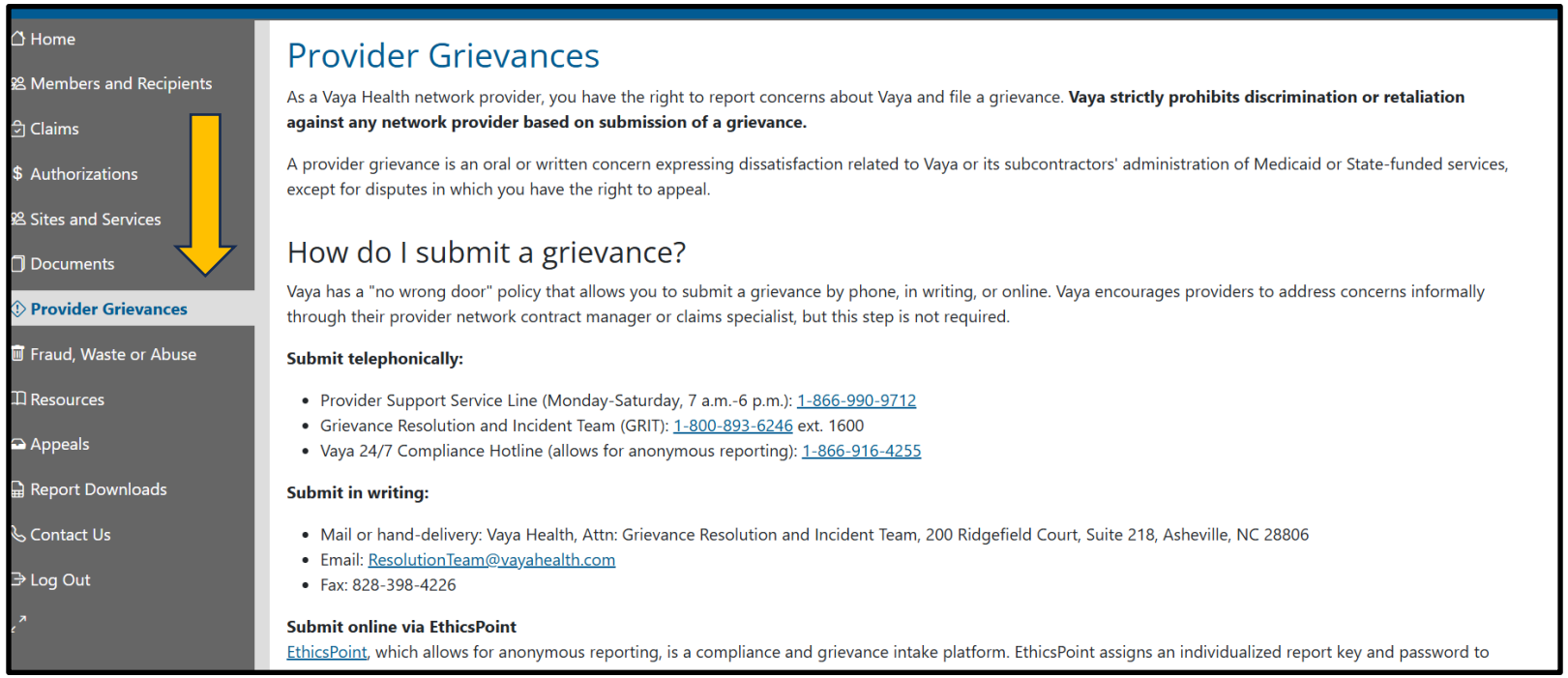
Provider Grievances and Complaints

Submit and track provider grievances and complaints

ProviderCONNECT Grievances and Complaints

On the home screen, select **Provider Grievances** on the left side of the screen:

- The Grievances page will appear.
- Review the provided information, including options for reporting grievances.

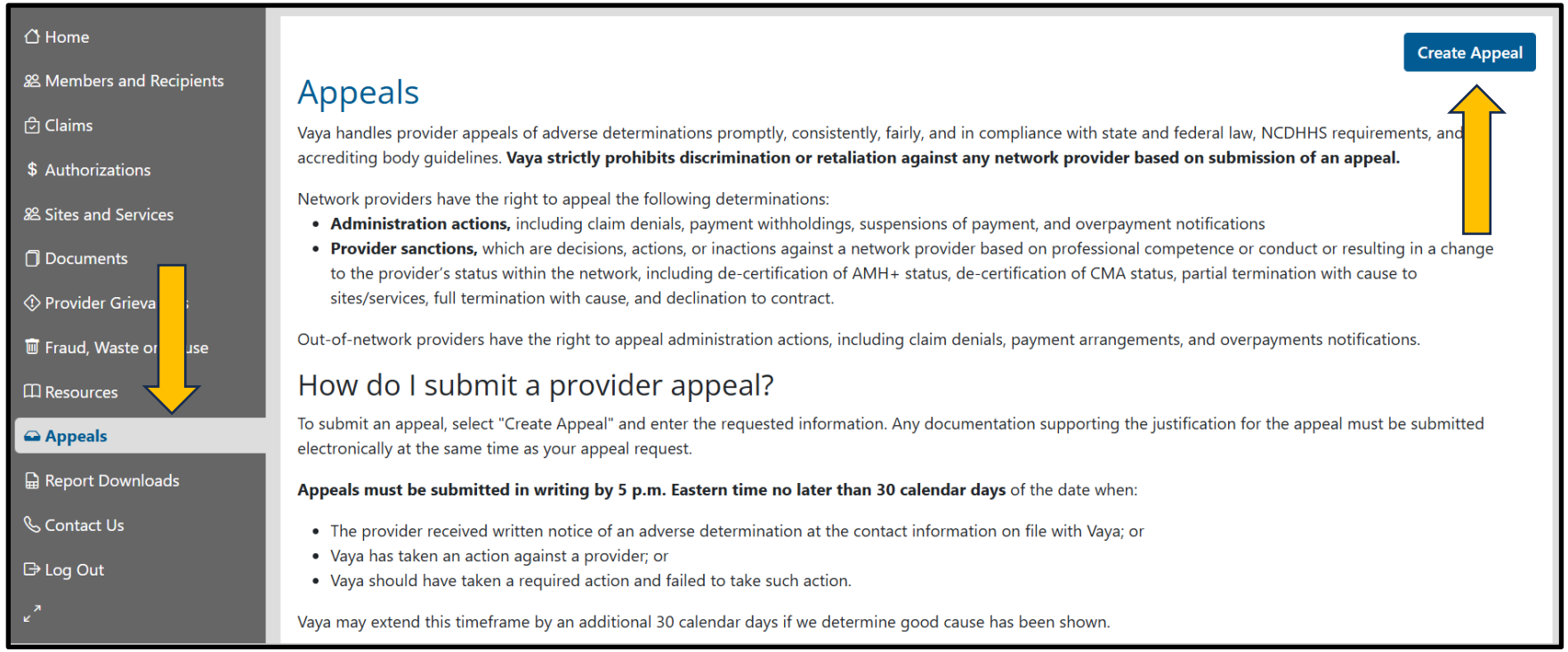


ProviderCONNECT Appeals

Appeals

On the home screen, select **Appeals** on the left navigation menu:

- The **Appeals** page will appear on the screen.
  - Review information about appeals, including how to submit an appeal and how an appeal is resolved.
- To create an appeal, select the button in the upper-right corner of the page.

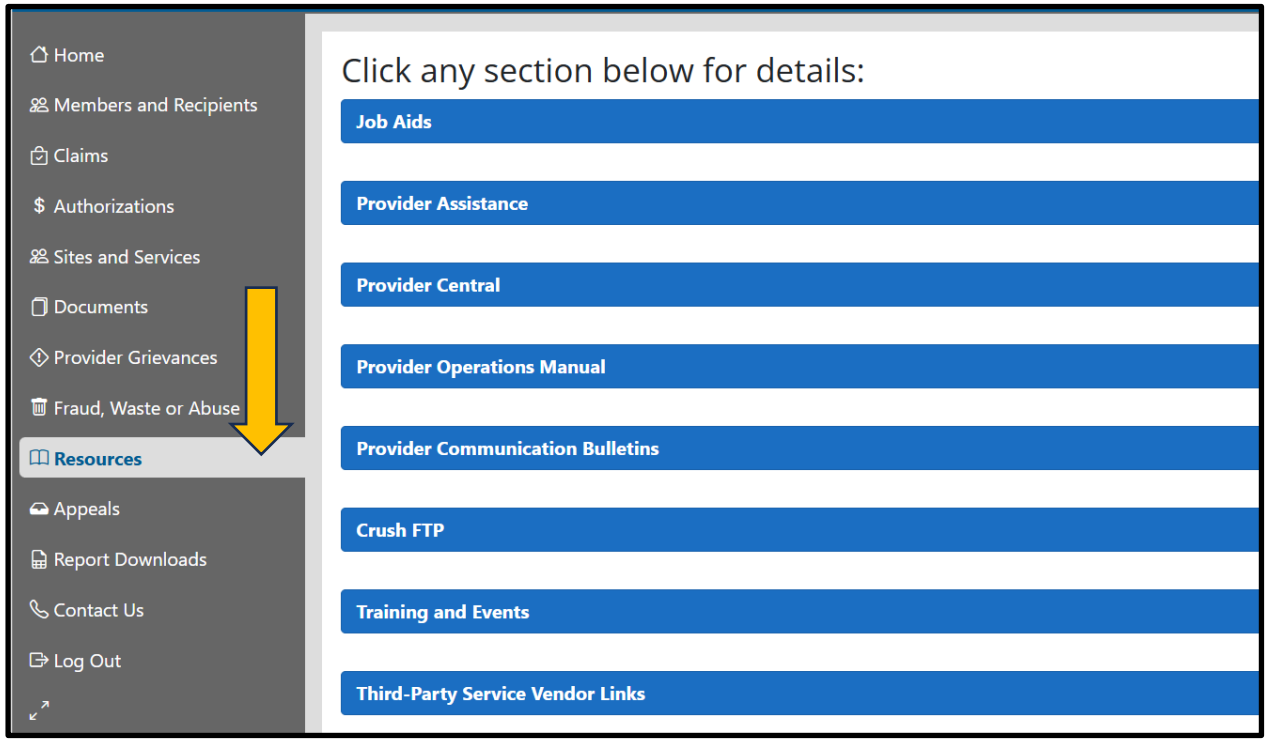


ProviderCONNECT Resources and Documents

Resources

On the home screen, select **Resources** on the left navigation menu.

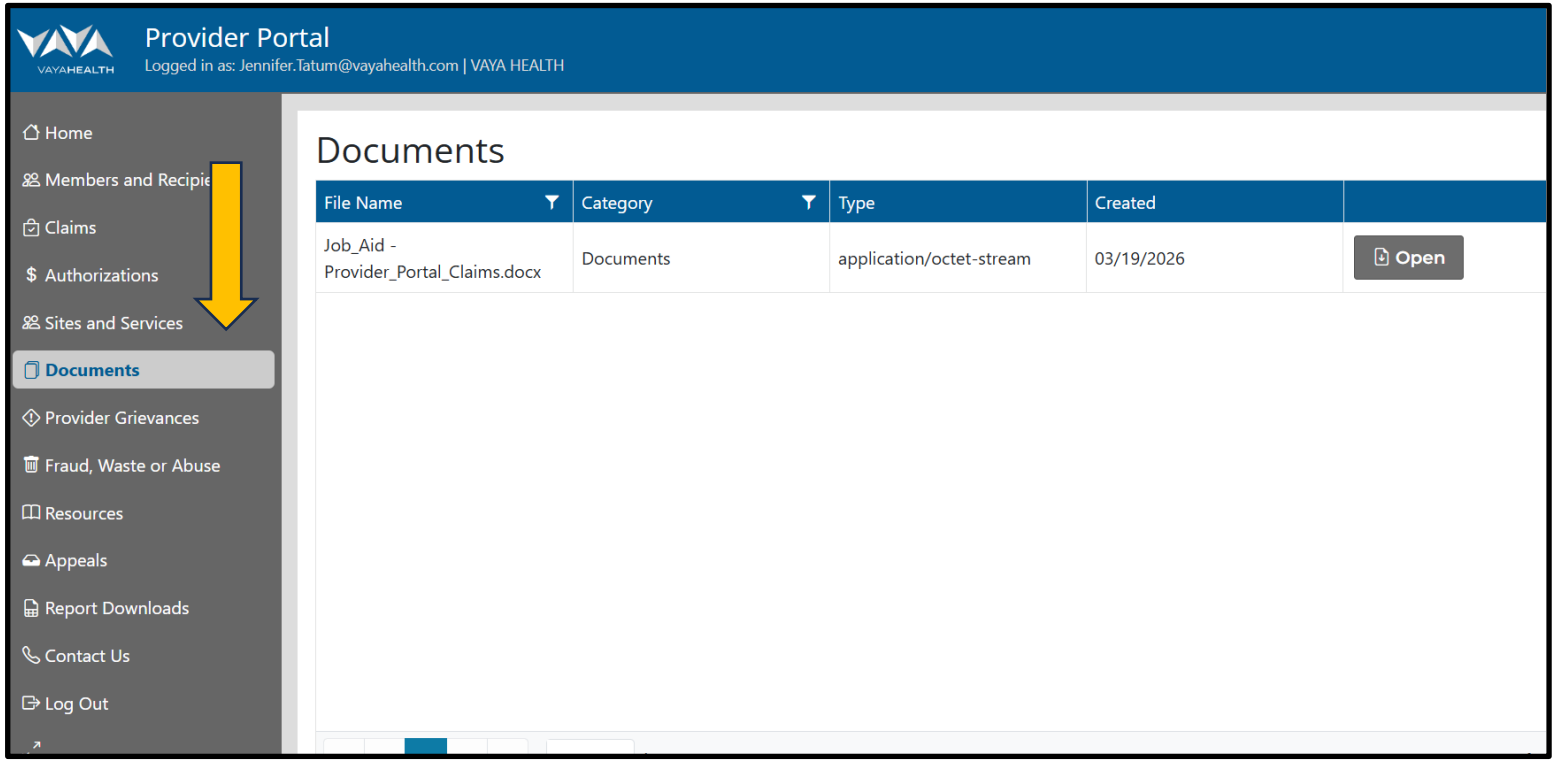
Access forms, policies, training materials, Provider Communication Bulletins, and other reference documents.



Documents

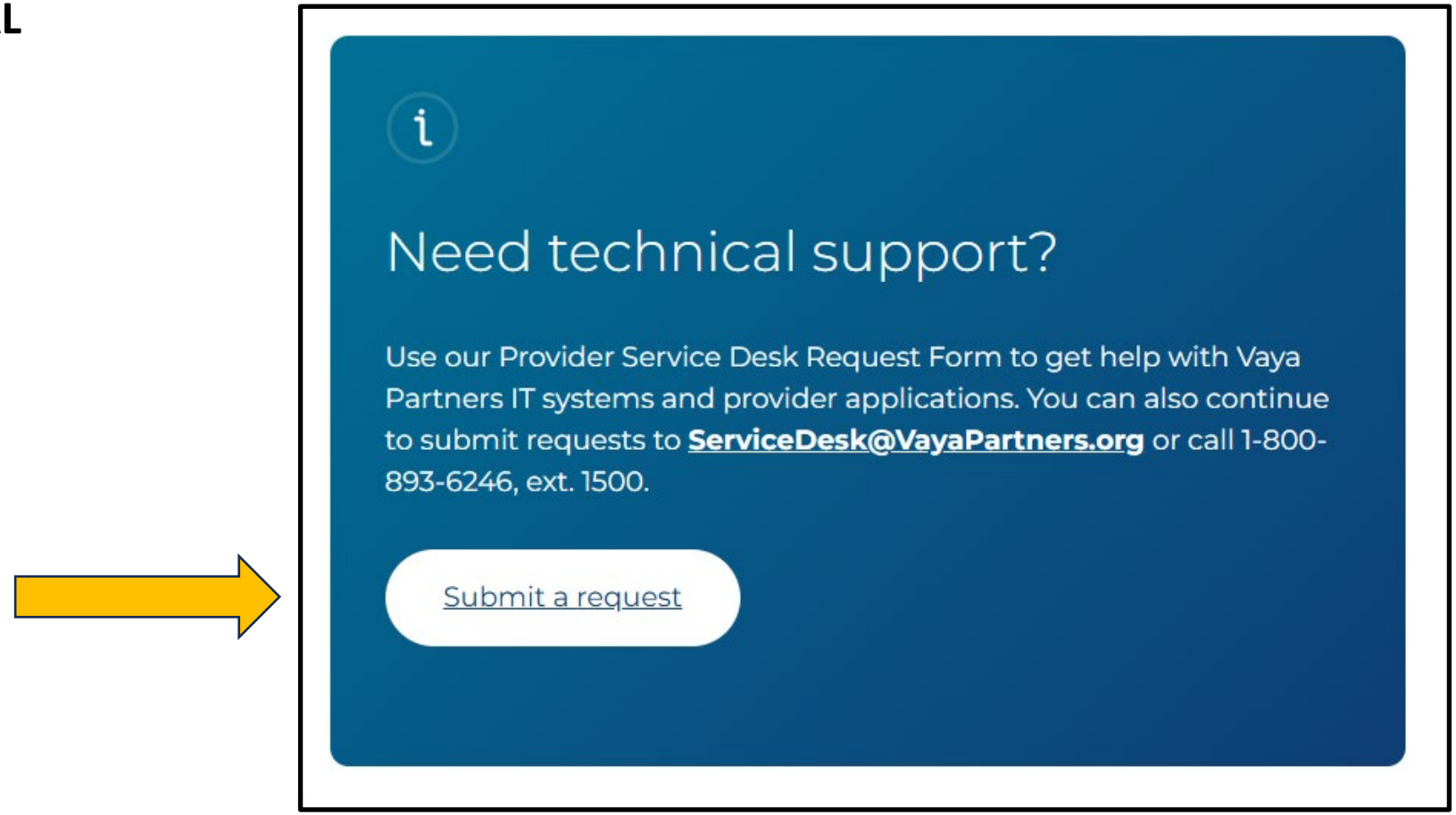
On the home screen, select **Documents** from the left navigation menu.

Provider-specific documents are available in this section.



Service Desk Request Form

Navigate to **ProviderCENTRAL** to submit a ServiceDesk request and view technical support contact information.





Thank You

Provider.Training@VayaPartners.org

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