Job Aid:
ProviderCONNECT Main

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 Login
- Homepage
- Member and Recipient Search Features
- Authorizations
- ProviderCONNECT Log Out

ProviderCONNECT Portal Login

Step 1

Access ProviderCONNECT at https://providers.VayaPartners.org/portal/

Step 2

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

Step 3

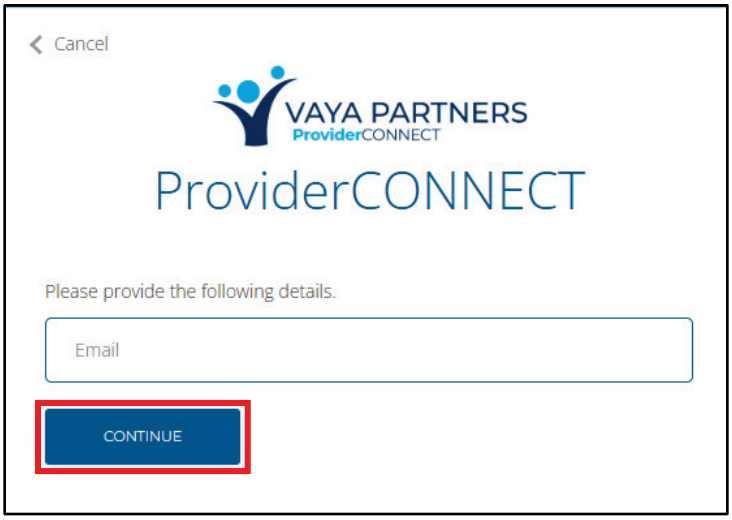
The next screen will appear with instructions to "**Sign in with an existing account**."

Step 4

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

Step 5

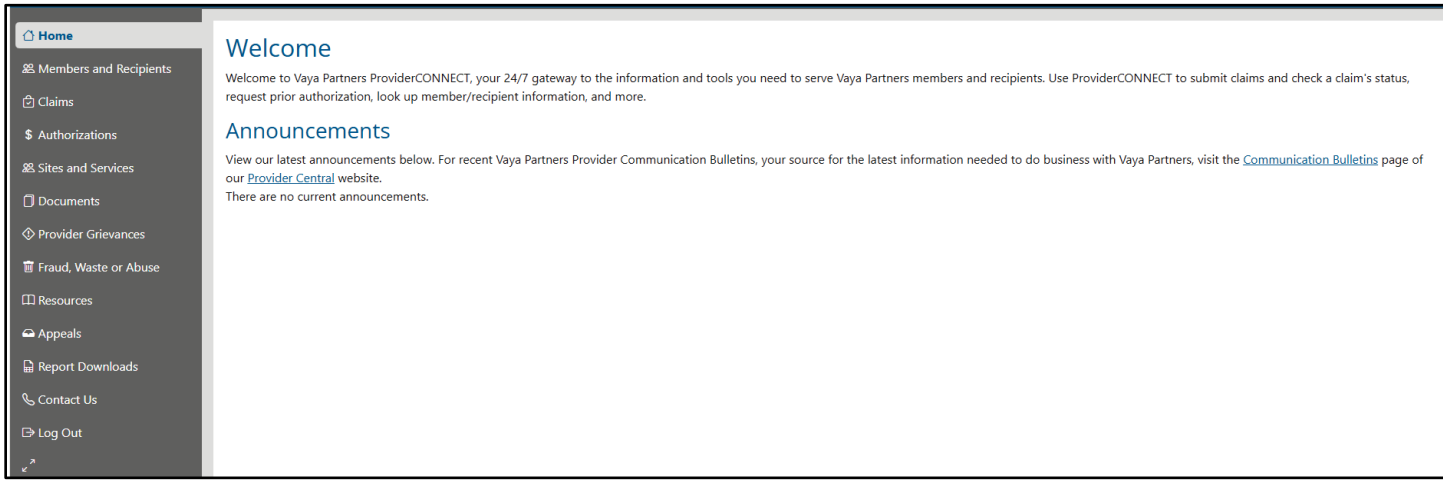
The ProviderCONNECT homepage will appear.



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Homepage

The ProviderCONNECT homepage 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 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 they are not required.

Step 2

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

Step 3

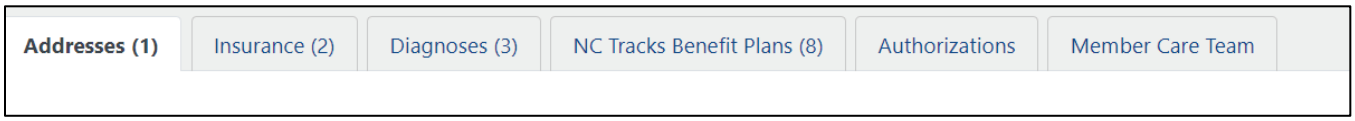
Select the correct option and the relevant member/recipient information will populate your authorization request.

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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
- Drug of use
- NCTracks benefit plan (results will not show if the member/recipient does not receive State-funded services)
- Authorizations
- Care team

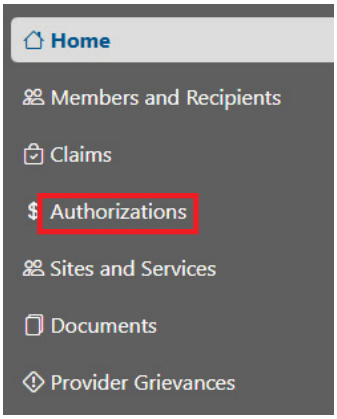


Authorizations

Getting Started

Step 1

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



Step 2

There are two available options on this page:
"**Review saved and submitted authorization**" or
"**Create Authorization**."

Note: Some physical health authorization requests must be submitted to EviCore from the authorizations page. To submit these requests, click on the URL link to access EviCore's web-based provider portal. Providers requesting the following services will use the EviCore portal:

- Speech therapy
- Physical therapy
- Occupational therapy
- Cardiology services
- Durable medical equipment (non-NC Innovations Waiver requests and non-Traumatic Brain Injury [TBI] Waiver requests)

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Review Saved and Submitted Authorizations

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

Step 1

Select "**View**" on the right.

Step 2

To review a saved authorization's notes, select "**Notes**."

Step 3

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

Step 4

On the bottom of the authorization, select "**Submit**."

To view a submitted authorization, scroll through the authorizations homepage to find the one you want to view.

Step 1

Select "**View**" on the right.

Step 2

To review a submitted authorization's notes, select "**Notes**."

Step 3

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

Step 4

If another authorization needs to be submitted, select "**Clone**" on the right to copy the submitted authorization.

Creating an Authorization Request

Step 1

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

Step 2

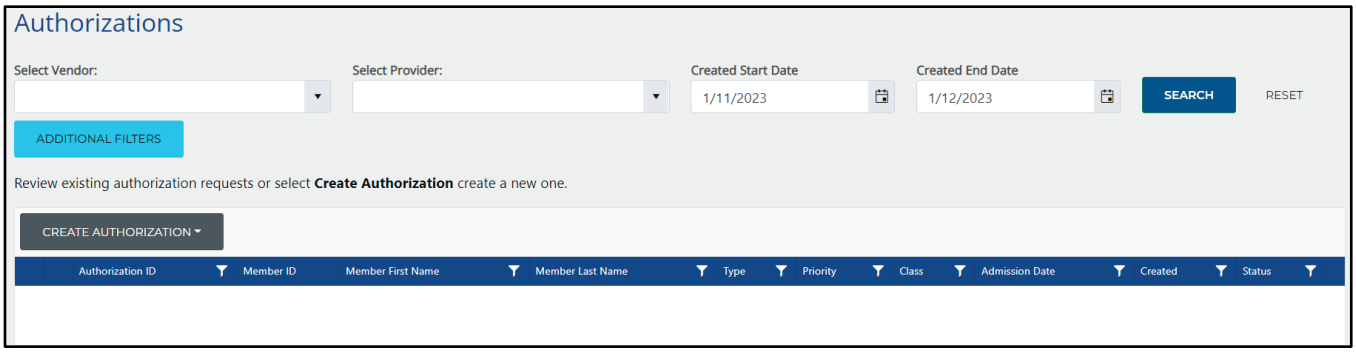
Select "**Provider**."

Step 3

Select "**Additional Filters**" to enter member ID.

Step 4

Select "**Create Authorization**."



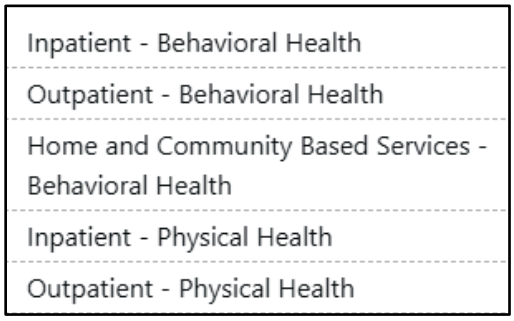
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Step 5

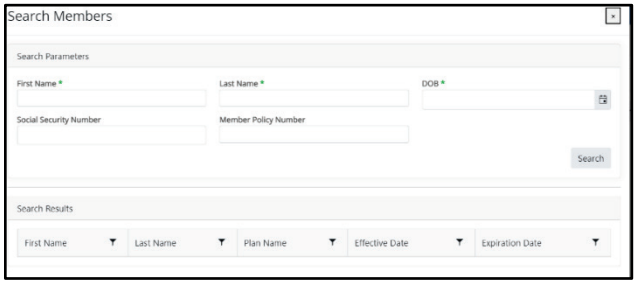
After you select "Create Authorization," choose one of the three available authorization request templates:

- Start a new inpatient authorization for Behavioral or Physical Health
- Start a new outpatient authorization for Behavioral or Physical Health.
- Start a new Home and Community-Based Services (HCBS) authorization



Step 6

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



Step 7

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

Step 8

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

Step 9

Select the correct payer source (**Note:** Some members/recipients have multiple payer sources).

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Step 10

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 Procedure
  - SNF
  - Maternity/NICU
  - Acute Rehab
  - Acute Psychiatric Hospital
  - Observation
  - Inpatient ICF
  - Acute Hospitalization
  - Inpatient Other
- Outpatient Choices
  - NEMT
  - Home Health
  - Outpatient Child MH
  - Outpatient Other
  - Outpatient Surgery
  - Medical Pharmacy
  - Outpatient Partial Hospitalization
  - Hospice
  - Outpatient IDD
  - DME
  - Outpatient Adult MHSUD
  - Outpatient Child PRTF
  - PT/OT/ST
- HCBS Choices – Innovations

c. Authorization Priority (for all authorization types)

- Concurrent Authorization Request
- Urgent Authorization Request
- Non-Urgent Prior Authorization Request
- Retrospective Authorization Request

d. Admission Date *

e. Discharge Date *

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f. Place of Service (for all authorization types) *

- Ambulance Air or Water
- Ambulance Land
- Ambulance Surgical Center
- Assisted Living Facility
- Birthing Center
- Community Mental Health Center
- Comprehensive Inpatient Rehabilitation Facility
- Custodial Care Facility
- Emergency Room Hospital
- End Stage Renal Disease Treatment
- Federal Qualified Health Center
- Group Home
- Home
- Homeless Shelter
- Hospice
- Independent Clinic
- Independent Laboratory
- Indian health Services Free Standing Facility
- Indian Health Services Provider Based Facility
- Inpatient Hospitals
- Inpatient Psychiatric Facility
- Intermediate Care Facility/IDD
- Mass Immunization Center
- Mobile unit
- Non-residential Opioid Treatment Facility
- Non-residential Substance Abuse Treatment Facility
- Nursing Facility
- Off Campus Outpatient Hospital
- On Campus Outpatient Hospital
- Other Place of Service
- Pharmacy
- Place of Employment worksite
- Prison/Correctional Facility
- Psychiatric Facility – Partial Hospitalization
- Psychiatric Residential Treatment Center
- Residential Substance Abuse Treatment Facility
- Rural Health Clinic
- School
- Skilled Nursing Facility
- Telehealth

g. 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

h. Admission Level

- Per Diem
- DRG

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i. 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

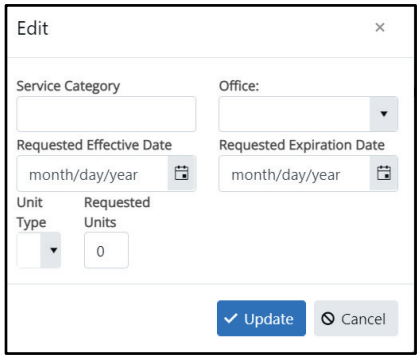
j. EPDST (yes or no) *

k. EVV – Authorization (yes or no)

l. Diagnosis Code (fill in the blank) *

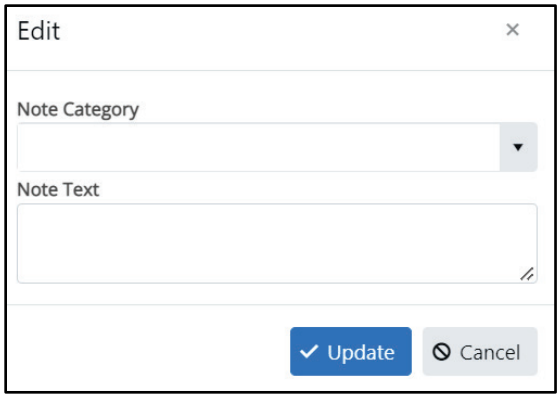
m. Diagnosis Code Value (automatically populates)

n. +Add Service
(Select this and a pop-up screen will appear) *
- Service Category
- Office
- Requested Effective Date
- Requested Expiration Date
- Unit Type
- Requested Unit



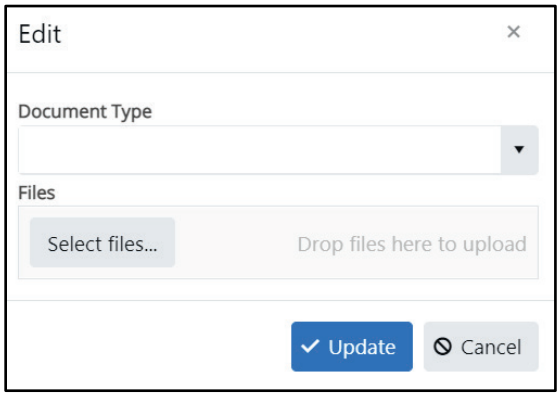
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o. Provider Communication (For all authorization types) – If needed, add a note in the "**Provider Communication**" section for the utilization management reviewer by selecting "**+ Add Note**."



- 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

p. Attachments – Attach documents that support medical necessity (as defined in the Vaya Partners Provider Operations Manual) for the request:



- Select the **plus sign**.
- Select "**Upload Files**."
- Select the document type:
  - Appointment of Representation
  - Approval Letter
  - Assessment
  - Authorization Document
  - Case Consultation
  - Certification of Need (CON)
  - Certified Mail Ticket
  - Child Residential Documentation
  - Consent
  - Correspondence
  - Crisis Plan
  - Denial Letter
  - Discharge Notification
  - Fax
  - Guidelines
  - Lab Diagnostic
  - Reports
  - Legal
  - Documentation
  - Letter Document
  - Letter Draft
  - Medical Information Request
  - Neuropsychological/ Psychological
  - Person-centered plan/Service Plan
  - POA Guardianship
  - Prescriber Supporting Statement
  - Regional Referral Form
  - School Records
  - Service Documentation
  - Standard Plan Consent
- Click "**Select Files**" to locate the file(s) to upload.
- Select "**Update**"

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

r. 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

s. Discharge Date

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

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

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v. 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

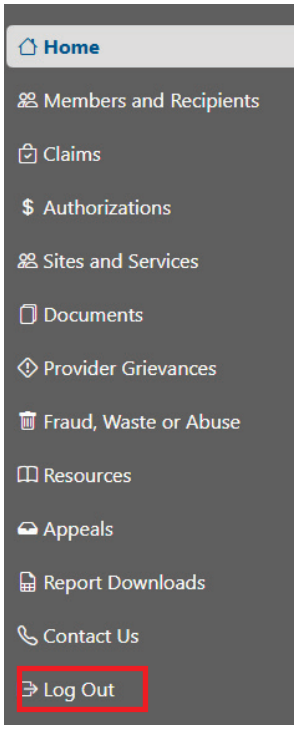
Step 11

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

ProviderCONNECT Log OutProvider Portal 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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