ILLINOIS MENTAL HEALTH COLLABORATIVE

FOR ACCESS AND CHOICE

ProviderConnect Overview and the Registration Process

Presenter: Amy Fricke

August 30, 2016

1:00 PM-3:30 PM CST

ProviderConnect Online Services

- **ProviderConnect**

  - Free, online, secure application

  - Portal into the DMH/Collaborative MIS System (CAS)

  - Access via the Collaborative website

- **Today we will review:**

  - How to access ProviderConnect

  - How to register, re-register and close a consumer's case

  - Available resources

What is available in ProviderConnect?

- Register a consumer

- View consumer registration status

- Close a registration

- View authorizations

- View and print authorization letters

- Access and print forms

- Submit inquiries to customer service

What are the benefits of ProviderConnect?

- Easily access routine information 24 hours a day, 7 days a week

- ProviderConnect is accessed through the Collaborative website: www.IllinoisMentalHealthCollaborative.com

- Complete multiple transactions in a single sitting

- View and print information

- Reduce calls for routine information

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How to Access ProviderConnect

- Agencies must be enrolled with the Collaborative and HFS

- Contact National Networks at 800-397-1630 to obtain a Provider ID number. The Provider ID number is assigned by Beacon Health Options.

- Each Provider, with a Provider ID number, will be able to obtain one ProviderConnect logon ID

- To obtain additional logons for ProviderConnect – contact the Beacon Health Options® EDI Helpdesk

  - (888) 247-9311 and press option 3,

  - Monday through Friday, 7 a.m. – 5 p.m. CST

  - The Turn-around-time for additional logons is 48 hours

To Register for ProviderConnect

1. Click "Register" tab

2. Takes you to the Provider Online Services Registration page.

3. Note that red asterisks on this page are required fields.

4. Complete all required fields

   Passwords –

   8-20 characters in length

   One number (0-9)

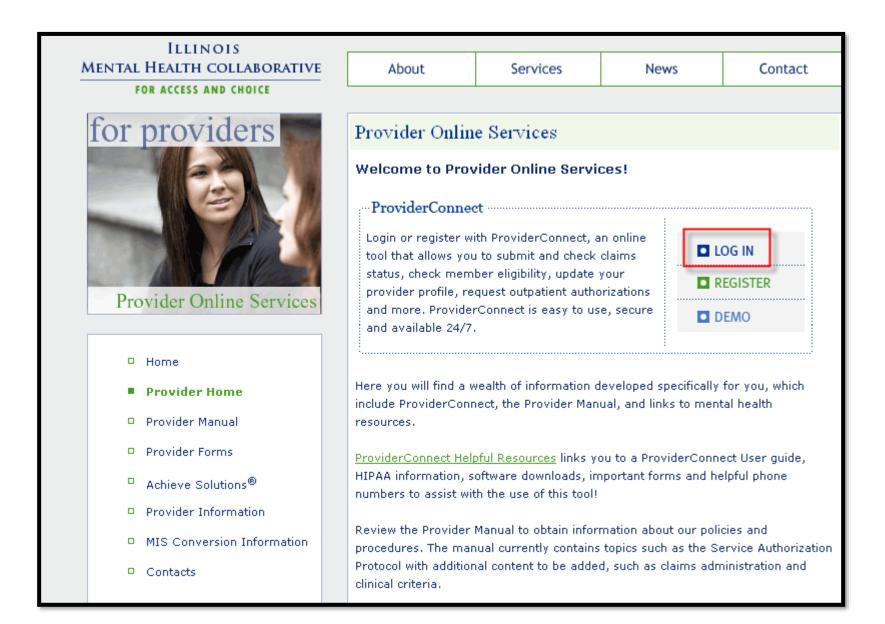   One upper case letter (A-Z)

   One lower case letter (a-z)

   One special character (!, #, $, ~)

   No spaces

   Password is case sensitive

   Expires every 90 days

Provider Online Services page

Purpose for Completing Registration

- Enrollment of individuals for DMH purchased services

- Information submitted during registration is used to determine the eligibility group for which the consumer is qualified

- The eligibility group then determines what services DHS/DMH will reimburse

Requirements for Initiating Registration

- Obtain a consumer RIN (Recipient Identification Number) and DHS SS (DHS Social Services) from HFS.

- **E-RIN system:**
   (http://www.dhs.state.il.us/page.aspx?item=32574)

- Registration information will be updated within 5 business days:

- Beacon processes registration and assigns funds

- Beacon sends fund information to HFS within 1 business day

- HFS processes file (accepts or rejects) and sends results to Beacon by the 2nd business day

Consumer Registration, Re-Registration and Closing

Consumer registration screens are used for the following:

- Register a new consumer

- Register a new consumer and close at the same time

- Register a consumer who had been previously closed

- Re-registration of consumer every 6 months to maintain eligibility for submission of claims

- Closing registration of consumer

Path to registration screens:

- There are two paths available, however only one is recommended:

  - **Perform Specific Consumer Search (Highly Recommended)**

Registration Resource

ProviderConnect Registration Guide (June 2013) is available on the Collaborative website:

http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

Click on "For Providers" tab, then click on the "Provider Information" link to the left. The Guide can be found under the "Registration" header.

ProviderConnect Registration Guide

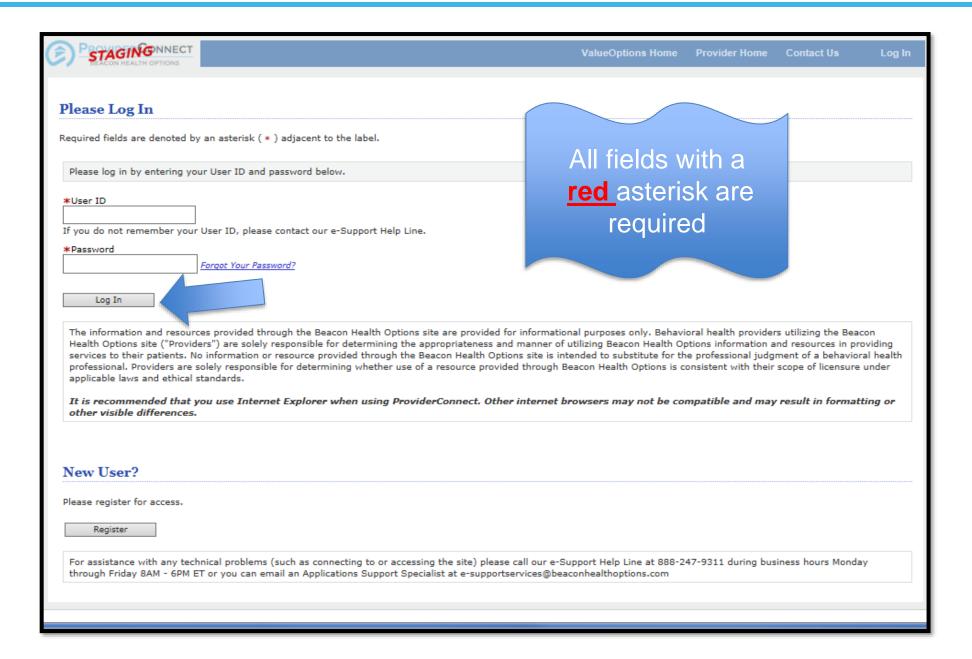- The ProviderConnect Guide provides:

- An overview of the registration process and

- A detailed description of information required to complete the registration process

Live Demonstration of the Registration Process

ProviderConnect Log In screen

User Agreement Page

ProviderConnect Use Agreement

Welcome to www.valueoptions.com, the website for Beacon Health Options, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

I Agree   I Disagree

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-supportservices@beaconhealthoptions.com

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Beginning the Registration Process: Search for a consumer:

Enter the Consumer ID and Date of Birth Click Search

Demographics Page
Click on View Consumer Registration button

No Existing Registrations

Click on **Add Consumer Registration**, and complete all required fields.

Start of Consumer Registration process

Consumer Registration process, continued

Select the appropriate Special Program Enrollment, as applicable

Note: Required fields that have not been entered will result in an error message identifying which fields need to be populated.

Select Funds

The **Funding Source(s) Available** section will display the selected pre-populated funding source(s) according to selected programs, contract status and consumer eligibility criteria.
Click **Next**

The selected Funding Sources will display.

Consumer Registration

Registration Start Date (MMDDYYYY)	Consumer Name	Date of Birth (MMDDYYYY)	Consumer ID
07/23/2010	CONSUMER, TEST	01/01/1984	

Selected Funds

Please confirm your selection of funding source for each type of service

Funding Source(s)	Effective Date	Expiration Date
213 ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	07/23/2010	01/23/2011
350 ILLINOIS-PSYCHIATRIC LEADERSHIP	07/23/2010	01/23/2011
572 ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	07/23/2010	01/23/2011
573 ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	07/23/2010	01/23/2011
574 ILLINOIS-PSYCHIATRIC MEDICATION	07/23/2010	01/23/2011
860 ILLINOIS-CRISIS RESIDENTIAL	07/23/2010	01/23/2011

Enter the Diagnosis Code

Answer the First Presentation Assessment Conditions

First Presentation Assessment

Please answer 'Yes' or 'No' to the following conditions.

*The primary diagnosis is reported in the registration and was obtained by a psychiatrist ○ Yes ○ No

*The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma ○ Yes ○ No

*The consumer has not had more than 16 weeks of antipsychotic medication treatment ○ Yes ○ No

Cancel   Next

Enter the appropriate GAF/CGAS Score LOCUS Results

Functional Impairment and Assessment Scores

FUNCTIONAL IMPAIRMENT DOMAIN SCORES

Risk of harm	SELECT... ▾	Recovery - Environment Stressors	SELECT... ▾
Functional Status	SELECT... ▾	Recovery - Environment Support	SELECT... ▾
Co-morbidity	SELECT... ▾	Recovery and Treatment History	SELECT... ▾
		Acceptance and Engagement	SELECT... ▾

Composite score   [0]

LOCUS Recommended Level of Care
[SELECT... ▾]

Assessor Recommended Level of Care
[SELECT... ▾]

ASSESSMENTS

COLUMBIA IMPAIRMENT SCALE

Columbia Impairment Scale Score (0-52)   [   ]

WORKER OHIO FUNCTIONING SCALE

Worker Ohio Problem Severity Scale Score (0-100)   [   ]

Worker Ohio Functionality Scale (0-80)   [   ]

DEVEREAUX SCALE

DECA Subscale (For children under the age of 3)

Protective Factor Scores   [   ] %

DECA Subscale (For children over the age of 3, under the age of 5)

Protective Factor Scores   [   ] %

Behavioral Concerns Scores   [   ] %

[Cancel] [Back] [Next]

History of Illness

MH Cross Disabilities

Guardian Information

Consumer Registration Confirmation Screen

Consumer Registration Confirmation

| Registration Status: | ****************************** APPROVED ***************************** |

Provider ID	Provider Last Name	Provider First Name	Provider Address
999999	PROVIDER	ILL TEST	, NORFOLK, VA 23502

Consumer ID	Last Name	First Name	Consumer Address
▬▬▬	CONSUMER	TEST	123 FIRST ST , CHICAGO, IL 60290

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
213	ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	07/23/2010	01/23/2011
350	ILLINOIS-PSYCHIATRIC LEADERSHIP	07/23/2010	01/23/2011
572	ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	07/23/2010	01/23/2011
573	ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	07/23/2010	01/23/2011
574	ILLINOIS-PSYCHIATRIC MEDICATION	07/23/2010	01/23/2011
860	ILLINOIS-CRISIS RESIDENTIAL	07/23/2010	01/23/2011
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	07/23/2010	01/23/2011

MESSAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS.
IF THE ELIGIBILITY STATUS IS APPROVED, THE CONSUMER HAS BEEN ENROLLED IN THE VALUEOPTIONS ELIGIBILITY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.

IF THE ELIGIBILITY STATUS IS PENDED, THE CONSUMER NEEDS TO BE VERIFIED BY THE VALUEOPTIONS ELIGIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN 48 HOURS. ONCE THE STATUS IS CHANGED TO APPROVED, THE CONSUMER WILL BE ASSIGNED A NEW, PERMANENT MEMBER ID.

Return

Re-Registration of Consumers

Consumer Re-Registration

- **Used for the following**:

  - Re-register a consumer and update key fields to extend coverage every 6 months

  - Re-register a consumer, update key fields and close at the same time

  - Re-register a consumer, update key fields and end date a special program

Select 'View Consumer Registration'

'Previous Consumer Registrations' will appear

The previous 'Consumer Registration' will appear

Close Consumer Registration

Close Consumer Registration

- **Is used for the following:**

  - Close the consumer's registration

  - End date a special program

  - End date a special program and close the registration

Click the View 'Consumer Registration' button

Click the 'Close Registration' button

Special Program Enrollment

Close Registration Confirmation

Consumer Close Registration Confirmation

| Registration Status: | ***************************** CLOSED ***************************** |

Provider ID	Provider Last Name	Provider First Name	Provider Address , ,

Consumer ID	Last Name CONSUMER	First Name TEST	Consumer Address 123 FIRST ST , CHICAGO, IL 60290

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
213	ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	08/04/2010	08/04/2010
350	ILLINOIS-PSYCHIATRIC LEADERSHIP	08/04/2010	08/04/2010
572	ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	08/04/2010	08/04/2010
573	ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	08/04/2010	08/04/2010
574	ILLINOIS-PSYCHIATRIC MEDICATION	08/04/2010	08/04/2010
860	ILLINOIS-CRISIS RESIDENTIAL	08/04/2010	08/04/2010
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	08/04/2010	08/04/2010

MESSAGE
THE REGISTRATION HAS BEEN CLOSED.

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Customer Support Telephone Numbers

- This guide is posted on the "In the Spotlight" section of the Collaborative website at
http://www.illinoismentalhealthcollaborative.com

Reason For Call	Contact Number To Use
Claims/Billing Issues before or after 7/1/11 HFS Claims Transition	HFS Bureau of Comprehensive Health Services 877-782-5565, Press "0"; ask for a Community Mental Health Support Consultant HFS EDI Help Desk: 217-524-3814
Service Authorization - For a provider to pre-authorize care - Inquire about an existing authorization	The Collaborative (866) 359-7953, select the provider menu, then press 1.
Registration questions (technical or nontechnical in nature) Technical difficulty with the Collaborative system such as: - Account disabled - System "freezing" or crashing - System unavailable errors	EDI Help Desk (888) 247-9311
Utilization Management (Clinical)	The Collaborative (866) 359-7953, select the provider menu, then press 1.
IntelligenceConnect Reporting Issues	EDI Help Desk (888) 247-9311
No RIN or Social Service Package B Issues	DHS/Customer Support: Jay Hidalgo (800) 385-0872
Multiple RIN Issues	The Collaborative (866) 359-7953, select the provider menu, then press 1.
DMH Policy Issues	DMH Regional Staff

Multiple RIN Resolutions

- Call the Collaborative at (866) 359-7953, select the Provider Menu, then press 1

  - Collaborative eligibility specialist will then work with DMH

  - DMH directs the Collaborative to keep or merge each RIN

How to Handle Consumer Name and Date of Birth Changes

- The consumer's name and date of birth that the Collaborative has on file is the consumer's name and date of birth that the Collaborative received from HFS.

  - If the consumer's name or date of birth is incorrect, the correction needs to be made with HFS.

  - HFS will then notify the Collaborative, through the eligibility file we get from them daily.

Batch Registration

- Presenter: Trish Gorda

Overview

- **Please Note:** This portion of the document will step through the basics of submitting a batch registration file using ProviderConnect. For detailed information regarding …..

- Submitter ID and Password
- File Specifications
- Batch Submission File Layout
- DSM-5 / ICD-10 Diagnostic Categories, Codes, and Descriptions
- Error Processing

- ….. please refer to the Batch Registration Submission Guide found on the Illinois Mental Health Collaborative website.

Individual Consumer vs. Batch Registration

- **Individual Consumer** – registration is completed on-line in real time for an individual consumer.

- **Batch** – registration records are submitted on a specially formatted file using a batch process.

Where do I Find the Guide?

- On the Collaborative Website at:
  - http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

Let's Get Started!

EDI Homepage

Step 1 - Select the Form Type

Step 2 - Click Next…..

Submit Batch Claim - Step 2 of 4

Next, enter information in the fields below. This information will be used to validate the actual file that is received in Step 3 of this process. Required fields are denoted by an asterisk (*) adjacent to the label.

No Form Based Questions are Associated with this Provider Since Form Types are not Present.BATCHREG

Next	Cancel

Click 'Next'.

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Step 3 – Attach the File and Submit

Submit Batch Claim - Step 3 of 4

> Click 'Browse' and attach the file. Once attached click 'Submit'.

Enter the batch file to upload or click Browse to search ~~~~~~~~~~ ~gin batch file transfer. This file should be formatted in the pre-defined format.

Required fields are denoted by an asterisk (*) adjacent to the label.

* Upload file [   ] Browse...
(Select a file from your local hard drive)

[Submit]   [Cancel]

Note:

- only text and Zip files may be uploaded.
- All files must be at least 50 bytes in size.
- Compressed files may be uploaded and can contain uncompressed text files up to 1GB in size.
- Compressed files cannot be password protected.

For more information on compressing your files using ZIP, please visit the WinZip site if you are using a PC or the MacZip site if you are using an Apple computer.

All files will be scanned using Mcafee VirusScan to ensure processing by our systems.

Step 4 - File Successfully Sent!

Submit Batch Claim - Step 4 of 4

Your file has been submitted successfully.
The Submission Number assigned for this submission will be sent to the registered internet e-mail address shortly.

*Note: Passing the format verification process is not a guarantee of claim(s) payment.
Claim(s) payment is contingent upon the accuracy of the data submitted.
You may receive an explanation of benefits (EOB) denying payment if actual claim data is invalid or if the member is ineligible.

[Edi Home]

The above message displays indicating the file was submitted successfully and that the submission number will be emailed to you.

PLEASE NOTE: The submission number does not guarantee that your batch file was accepted. YOU MUST download the Summary response file coinciding with the submission number to verify your batch file was accepted. If it was rejected, you will need to correct your batch file and re-submit.

Batch File Rejection Errors

- Reasons for a batch file to be rejected:

  - Incorrect file format

  - No trailer record

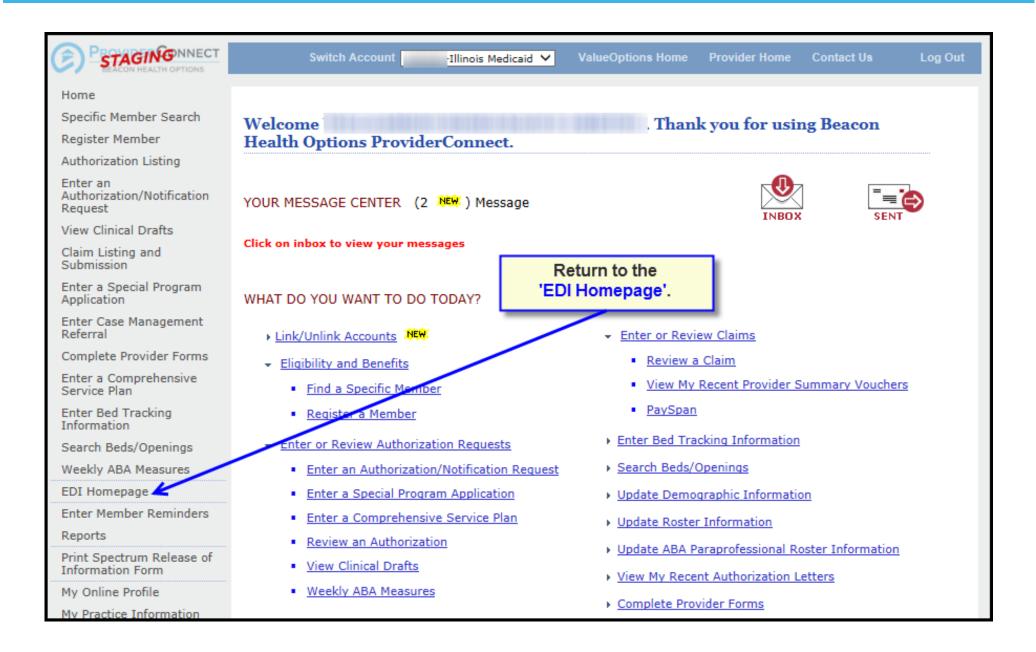 - Trailer record exists but is not formatted correctly

Please Note: Refer to the Batch Registration Submission Guide for detailed information regarding error messages and error file naming conventions.
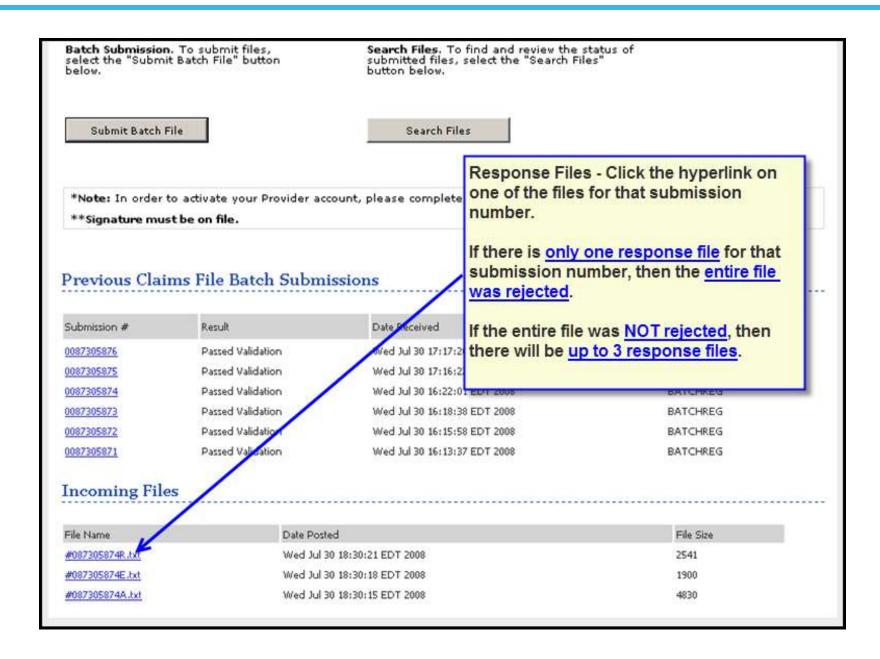
Response Files

- There could be up to three response files generated for each batch registration file submitted:

  - **Summary File** – indicates if the registration file was accepted or rejected.
    - **Note:** If the batch file is rejected, this is the only response file generated. If the batch file is accepted, the summary response file will indicate the number of registration records accepted and the number in error.

  - **Accepted File** – contains all registration records that were accepted.

  - **Error File** – contains all registration records that were rejected.

Please Note: Refer to the Batch Registration Submission Guide for detailed information regarding response file content, naming conventions, and file layouts.
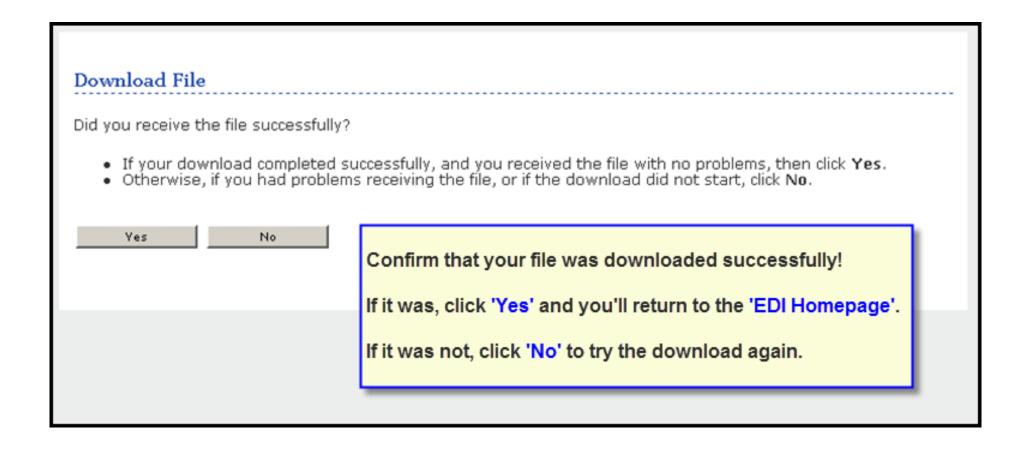
Retrieving Response Files

EDI Homepage

View Incoming Files

File Downloaded Successfully?

Download File
- -

Did you receive the file successfully?

- If your download completed successfully, and you received the file with no problems, then click **Yes**.
- Otherwise, if you had problems receiving the file, or if the download did not start, click **No**.

[Yes] [No]

Confirm that your file was downloaded successfully!

If it was, click 'Yes' and you'll return to the 'EDI Homepage'.

If it was not, click 'No' to try the download again.

Unsuccessful? Try Again!

You indicated that your download was unsuccessful. You have several options:

- Try to download the file again.
- Download the file directly. (Right Click on the link and select "Save As...")
- Return to the Download page.

Once you click one of the Download hyperlinks, you'll be returned to the EDI Homepage and have the option to:

A. Try to download the file again using EDI   - OR -
B. Download the file directly to your computer by doing a 'Save As...'

Need Help?

- If you need additional assistance submitting your batch registration file, contact the EDI Help Desk at (888) 247-9311.

Thank you