



## PROVIDER ALERT

May 20, 2010

### May 24, 2010 ProviderConnect Enhancement The Discharge Review Screen

In the May 24, 2010 ProviderConnect Enhancement Release, the Discharge Review screen has been shortened.

As you do now, you can perform a discharge by searching for the specific consumer/authorization and proceeding with the discharge from the Auth Summary Tab.

#### RIGHT WAY!

The screenshot shows the "Auth Summary" tab selected. A disclaimer states: "The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions." Below this is the "Authorization Header" section with the following fields:

|                             |            |
|-----------------------------|------------|
| Consumer ID                 | [Redacted] |
| Consumer Name               | [Redacted] |
| Authorization #             | [Redacted] |
| Client Auth # [?]           | N/A        |
| NPI # for Authorization [?] | N/A        |
| Authorization Status        | O - Open   |
| From Provider               | [Redacted] |
| Admit Date                  | 05/03/2010 |
| Discharge Date              |            |

On the right side of the screen, there are three buttons: "Return to search results", "Send Inquiry", and "Complete Discharge Review". A red arrow points to the "Complete Discharge Review" button.

ProviderConnect also has the capability to enter a discharge after the provider begins a concurrent request for service. However, you should **NOT** choose this option. The screenshot below shows the "Enter Discharge Information" button that informs the provider that there is an existing authorization on file. The provider should **NOT** click on the "Enter Discharge Information" button on this screen. If you click on the "Enter Discharge Information Button", you will not be able to save the discharge if you are working with a Higher Level of Care (Inpatient, Hospital Diversion, RTC, IOP, PHP and Crisis Residential).



**WRONG WAY!**

**Requested Services Header**

|   |   |                                       |   |   |
|---|---|---------------------------------------|---|---|
| Requested Start Date<br><b>05/08/2010</b> | Consumer Name<br><input type="text"/>   | Provider Name<br><input type="text"/> | Vendor ID<br><input type="text"/>                     |   |
| Type of Request<br><b>CONCURRENT</b>      | Consumer ID<br><input type="text"/>     | Provider ID<br><input type="text"/>   | Provider Alternate ID<br><input type="text"/>         | NPI # for Authorization<br><input type="text" value="SELECT..."/> |
| Level of Service<br><b>INPATIENT/HLOC</b> | Type of Service<br><b>MENTAL HEALTH</b> | Level of Care<br><b>Inpatient</b>     | Type of Care<br><b>INPATIENT MENTAL HEALTH- ACUTE</b> |   |

**There is an existing authorization that bridges this date range.**

Is this a request for continuing care (concurrent request) or do you wish to enter Discharge information?