



PROVIDER ALERT

May 20, 2010

ProviderConnect Enhancements

The following ProviderConnect enhancements are scheduled release on May 24, 2010. There are detailed summaries for each of the enhancements below.

- 1. Addition of Place of Service and Last Change Date to Authorization Download**
- 2. Modification of the Discharge Review**
- 3. Discharge Review – Adverse Incident Field definition**
- 4. Ability to Submit Individual Plan Outside of the RFS Flow**
- 5. Addition of an NPI Number to Clinical Workflows**
- 6. OMS Interview Completion Rate Calculation**
- 7. Addition of clinical criteria for Therapeutic Nursery & Extended Therapy Sessions**
- 8. Restricted display of voided authorizations**



PROVIDERCONNECT ENHANCEMENTS DESCRIPTIONS

1. Authorization Download

The following fields are added:

- Place of Service (e.g. 11 – “office”)
- Authorization last change date and time:
 - For requests that are automatically approved, the last change date and time will reflect the date and time when the provider reaches the approved screen at the end of the request for service
 - For services that require Care Manager review, the last change and date time will be the date and time the Care Manager makes the authorization determination.

2. Discharge Review

The discharge review will be shortened for all levels of care, except OMS.

- Inpatient Discharge Information:
 - The Current Risks and Current Impairments sections are removed.
- Outpatient Discharge Information
 - The Current Risks and Current Impairments sections are removed.
 - The following are removed from the Discharge Reason section:
 - Transfer to more intensive level of care
 - Referral to other outpatient service(s)
 - Member no longer eligible or moved
 - “Consumer was referred to other services” was added to the Discharge Reason Section.
 - In Discharge Reason section changes:
 - “No further treatment” is changed to “No further treatment necessary”
 - “Member dropped out” is changed to “Consumer discontinued service(s)”
- The Discharge printable views will reflect the changes identified above for both inpatient and outpatient.

3. Discharge Review – Adverse Incident Field definition

This enhancement is applicable to Discharge Reviews for all Higher Levels of Care (Inpatient, Partial Hospitalization, Intensive Outpatient, etc.).

- In the ‘Treatments Involved’ box, a new field titled “Adverse Incident” is added.
- If this field is checked, a pop-up message will display the following message: “*Adverse Incidents are occurrences that represent actual or potential serious harm (resulting in urgent or emergent treatment) to the well being of this member or to others by the actions of this member, who is receiving services managed by this insurance or has recently been discharged from services managed by this insurance.*”
- When ‘ok’ is clicked, the pop-up message will close.



4. Submission of Individual Plans Outside of the Request for Services (RFS) process

- This enhancement will allow providers to enter an Individual Plan outside the request for service process (i.e. between authorization requests.) This enhancement is available when the level of service is OUTPATIENT/COMMUNITY BASED.
- When a provider enters the Individual Plan workflow outside the request for service (RFS), the prior Individual Plan information will be in the Narrative History as long as the level of care and type of care match. For example, if a provider entered Individual Plan information for a PRP request, and then, at a later date, enters an Individual Plan outside the RFS for PRP, the previous Individual Plan information will be in the Narrative History.
- When a provider is entering a concurrent RFS, all prior Individual Plan history (whether in or outside the RFS) will display as long as the level of care and type of care match.
- The wording on the ProviderConnect Home page hyperlinks and the button on the Member Demographics page is modified to read 'Enter Individual Plan'.
- Type of Service, Level of Service, Level of Care and Type of Care fields are added to the Individual Plan header.

5. Addition of NPI Number to Clinical Workflows

All requests for service (RFS) workflows will inherit this new functionality.

- A dropdown menu will display all the valid NPI numbers as of the 'Requested Start Date' for the selected provider ID. They will also appear on all the tabs of the RFS workflow.
- The provider will be able to select an NPI number from the dropdown menu on any tab in the workflow and will have the ability to change the NPI number at any time prior to submitting the RFS.
- A provider is **NOT** required to select an NPI number in the request for service workflow.
- If an NPI number for Authorization is selected within a request and submitted, it becomes part of the submitted Authorization and Review record.
- ProviderConnect will display the previously selected NPI # on a concurrent RFS. The provider will not be able to change the NPI number in the concurrent RFS.
 - If the previously selected NPI number is expired as of the Requested Start Date for a concurrent RFS, the drop down will again be accessible and the provider can click on "Select," On the results screen, when the provider clicks "Submit" a pop-up window will appear with the message: "The previous NPI # for Authorization has expired. Click 'OK' to continue. Click 'Cancel' to enter an active NPI # for Authorization. (Entering a new NPI # will overwrite the expired NPI # for Authorization)"
- Providers will be able to search for authorizations based on their NPI number. However, NPI Number will not be a required search feature.
 - The NPI number dropdown displayed on the search auth screen will display all NPI numbers on file for the provider (both active and expired).
- Authorization Download:
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- If a provider selects an NPI number in the request for service, the authorization download will display that NPI number for each authorization record that is part of the excel sheet a provider has downloaded in ProviderConnect.

6. OMS Interview Completion Rate Calculation

- This enhancement calculates and displays the percentage of OMS interview questions that have been answered.
 - A button is added at the bottom of the OMS interview ,on the Request and the Discharge screens, that, when clicked, will bring up a pop-up window that displays the total number of questions available, total number of questions answered and the calculated completion percentage.
- The percentage calculation is added to the OMS Data print version.

7. Addition of clinical criteria for Therapeutic Nursery & Extended Therapy Sessions

This enhancement adds Clinical Criteria to the Therapeutic Nursery and Extended Therapy Sessions Types of Care for the Outpatient RFS.

- Therapeutic Nursery Clinical Criteria (check all that apply) pop-up window:
 - Child has or is at risk for a mild to severe mental disorder
 - Child has mild to severe behavior or adjustment problems
 - Child is experiencing substantial developmental delay or atypical development which, if left untreated, is likely to impair severely the child's ability to function independently
 - Child has experienced psychological trauma
 - Child has a diagnosed mental health condition which has a high probability of resulting in developmental delay
 - Child has been excluded, for developmental or behavioral problems, from more than one preschool or day care program
 - Child is at risk as a result of being assessed in a suspected child abuse or neglect investigation
 - Child is at risk because of significant family history of mental illness
- Extended Therapy Session Pop-ups::
 - Extended therapy sessions (check all that apply) pop-up window:
 - Consumer is experiencing increased acute psychiatric symptoms or a psychiatric emergency/crisis
 - Evaluation and risk assessment for possible psychiatric hospitalization is warranted
 - Evaluation for emergency petition is warranted
 - Other (use text box to describe)
 - Family Psychoeducation (all are required) pop-up window:
 - Consumer has a serious mental illness
 - Consumer/family can benefit from the service



- Program is an evidence-based practice

8. Restricted Display of voided Authorizations

- The enhancement will eliminate an authorization from provider viewing/download in the event that it was entered in error for the wrong consumer/provider combination. This is a regulatory issue, implemented to prevent providers from viewing Protected Health Information (PHI) for a consumer who is not in treatment with the provider.
- In the event that the provider does try to search for an authorization that was “eliminated”, the provider will receive the message: *“ProviderConnect is unable to display this record. If you feel this record should be available for review, please contact customer service.”*