

Provider Portal Guidelines

Document Summary	<ul style="list-style-type: none"> This Job Aid includes guidelines for Providers to use when submitting Behavioral Health Outpatient and Behavioral Health Inpatient Authorization requests in the Jiva Provider Portal. Key guidelines contained in this job aid include the following: <ul style="list-style-type: none"> Accessing NaviNet and the Jiva Provider Portal Searching for a Member Guidelines for Behavioral Health Outpatient Authorization Requests Guidelines for Behavioral Health Inpatient Authorization Requests Re-authorization Requests for Behavioral Health Outpatient Episodes Accessing and Submitting Provider Service Capacity Forms (<i>IBHS and FBMHS Providers</i>) The information in this Job Aid should be used in conjunction with the Jiva Provider Portal Reference Guide, which provides detailed system functionality information for accessing NaviNet and navigating the Jiva Provider Portal. 				
NaviNet and Jiva	<ul style="list-style-type: none"> NaviNet is a web-based portal application used by many providers to interact with the Health Plans they use most. Jiva is the PerformCare Medical Management System that providers can use to electronically submit prior authorization requests and attach clinical information. Providers will use NaviNet as a portal to access the Jiva Provider Portal. NaviNet and Jiva are two separate systems, but Jiva is accessed through NaviNet, using single sign-on functionality. 				
Behavioral Health Inpatient and Behavioral Health Outpatient Request Types in Jiva	<table border="1"> <tr> <td data-bbox="483 1079 1066 1144"> Behavioral Health Inpatient (BH-IP) Requests </td><td data-bbox="1066 1079 1959 1144"> Should only be submitted for services provided by JCAHO RTF Providers </td></tr> <tr> <td data-bbox="483 1144 1066 1226"> Behavioral Health Outpatient (BH-OP) Requests </td><td data-bbox="1066 1144 1959 1226"> Should be submitted for all other services </td></tr> </table>	Behavioral Health Inpatient (BH-IP) Requests	Should only be submitted for services provided by JCAHO RTF Providers	Behavioral Health Outpatient (BH-OP) Requests	Should be submitted for all other services
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Contact / Support Information	If additional support/assistance is required, you can contact your Account Executive.				

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Accessing NaviNet and the Jiva Provider Portal

Follow the steps outlined below to access NaviNet and Jiva:

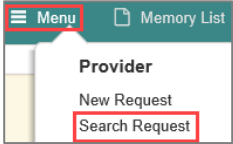
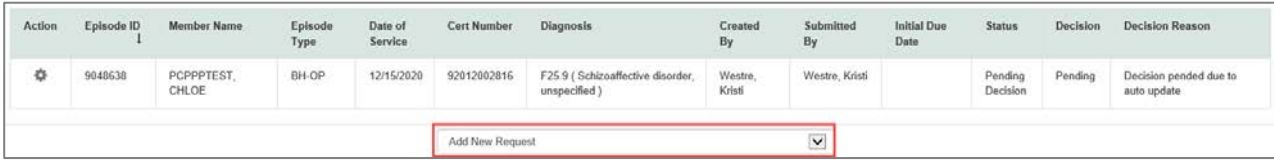
Step	Action
1.	Access NaviNet using the following address: https://navinet.navimedix.com/sign-in?ReturnUrl=/Main.aspx .
2.	Enter your User ID and Password and click the Sign In button. Result: The NaviNet Home screen will be displayed.
3.	Click or hover the mouse over HEALTH PLANS . Result: A list of Health Plans will be displayed.
4.	Choose PerformCare from the list. Result: The PerformCare Welcome Page will be displayed.
5.	In the Workflows for this Plan section of the Welcome Page select Pre-Authorization Management from the list. Result: The Provider Selection screen will be displayed.
6.	Select your appropriate Provider ID based on the member's county of MA eligibility from the drop-down list and click Submit . Result: The Jiva Dashboard will be displayed.

Searching for a Member (Search Request Tab)

It is recommended that you search for a possible duplication before entering a request in the portal. Conducting the search from the **Search Request** tab allows you to view existing requests for a member.

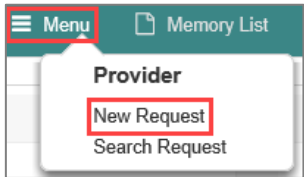
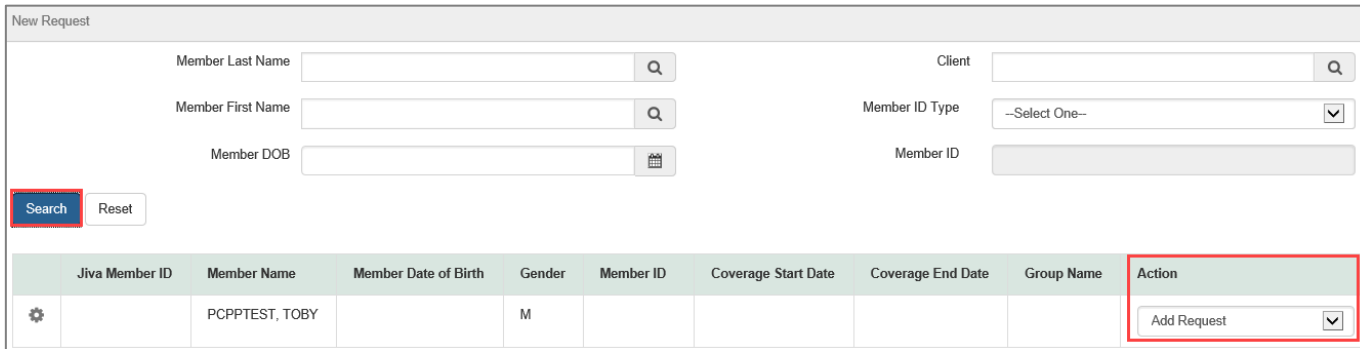


- Jiva will compare dates of service, treating provider and procedure request to other cases for the member. You will receive a warning message if a possible duplicate exists.
- Jiva will not auto approve any case that is a possible duplicate. The request will be evaluated by the Utilization Management team.

Step	Action								
1.	<p>Click on Menu on the menu bar and select Search Request.</p> 								
2.	<p>Search by one of the following:</p> <table border="1"> <thead> <tr> <th>Search Information</th><th>Description</th></tr> </thead> <tbody> <tr> <td>Member ID</td><td>Defaults to ELIG Member ID which is their health plan ID. You will need to enter -01 at the end of the Member ID if using the ELIG Member ID. You may also change this field to use the Government ID (Medicaid ID).</td></tr> <tr> <td>Member Name & DOB</td><td>You need to enter both the Member Name and DOB</td></tr> <tr> <td>Certification Number</td><td>If you are searching for a particular submitted or saved request, you may search by the Certification Number</td></tr> </tbody> </table>	Search Information	Description	Member ID	Defaults to ELIG Member ID which is their health plan ID. You will need to enter -01 at the end of the Member ID if using the ELIG Member ID. You may also change this field to use the Government ID (Medicaid ID).	Member Name & DOB	You need to enter both the Member Name and DOB	Certification Number	If you are searching for a particular submitted or saved request, you may search by the Certification Number
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3.	Select “ Cases Treated By Me ” in the View Requests drop-down								
4.	Verify that “ All ” is selected in the Business Entity field								
5.	<p>Click the Search button and check for duplicate requests.</p> <p>Result: Cases found for the specified member will be displayed in the “Request Search Results” section, along with the Add New Request button. If no matching records for the specified member are found, a message will be displayed indicating this, along with the Add New Request button.</p> 								
6.	If this is a reauthorization request, use the current episode and add new service line(s) and new authorization periods. (see page 18 for instructions)								

Searching for a Member (New Request Tab)

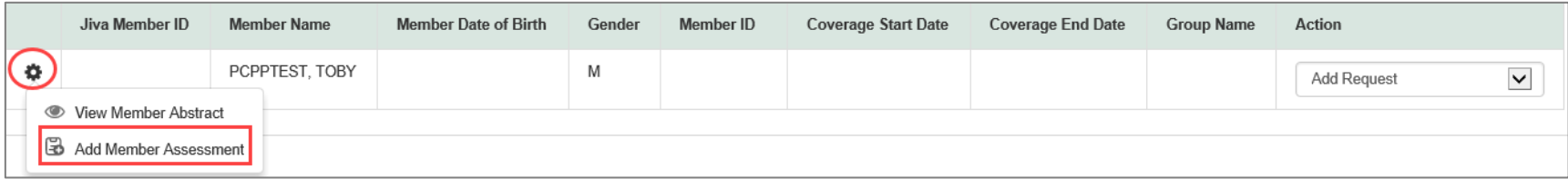
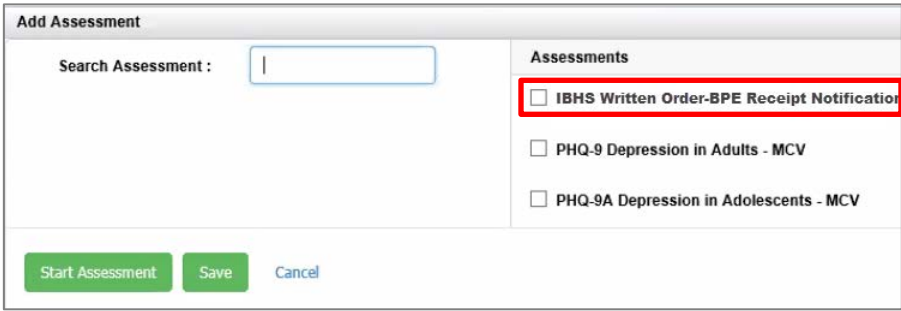
If the **Add New Request** button is not displayed after searching for a member using the **Search Request** hyperlink, you can search for a member and add a new request using the **New Request** hyperlink.

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1.	<p>Click the Menu on the menu bar and select New Request</p> 						
2.	<p>Search by one of the following:</p> <table border="1"> <thead> <tr> <th>Search Information</th><th>Description</th></tr> </thead> <tbody> <tr> <td>Member ID</td><td>ELIG Member ID: <i>member's health plan ID (Note: You will need to add -01 at the end of the ID)</i> Government ID: <i>member's Medicaid ID</i></td></tr> <tr> <td>Member First/Last Name and DOB</td><td>You will be required to enter both the member name and date of birth</td></tr> </tbody> </table>	Search Information	Description	Member ID	ELIG Member ID: <i>member's health plan ID (Note: You will need to add -01 at the end of the ID)</i> Government ID: <i>member's Medicaid ID</i>	Member First/Last Name and DOB	You will be required to enter both the member name and date of birth
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3.	<p>Click the Search button to search for the member.</p>  <p>Result: Information for the specified member will be displayed and the Add New Request drop-down will be displayed in the Action column.</p>						

Guidelines for Completing a Member Level Assessment

There may be times when an IBHS provider cannot start an IBHS assessment at the time it receives a Written Order or Best Practice Evaluation. When this occurs, you will need to complete the **IBHS Written Order-BPE Receipt Notification** Member Level Assessment.

Follow the steps below to complete the assessment:

Step	Action
1.	<p>Search for the member using the New Request link (instructions on previous page).</p> <p>Result: The member information will appear below the search criteria fields.</p>
2.	<p>From the member line, click on the gear icon on the left side of the line and select Add Member Assessment.</p>  <p>Result: The Assessment window will open.</p>
3.	<p>From the Assessment window do the following:</p> <ol style="list-style-type: none">Click on the Add Assessment buttonSelect the IBHS Written Order-BPE Receipt Notification assessmentClick the Start Assessment button  <p>Result: The assessment will open.</p>
4.	<p>Complete the assessment.</p>



Guidelines for Behavioral Health Outpatient Authorization Requests

Follow the guidelines outlined below when entering a Behavioral Health Outpatient Authorization Request:


NOTE: Each unique level of care should be represented by its own Jiva episode regardless of Treating Provider

Step	Action																										
1.	Search for the member and verify that a request does not already exist for the same service																										
2.	Click on Add New Request and select Behavioral Health Outpatient from the drop-down list																										
3.	<p>Complete the fields in the Episode Details section following the guidelines outlined below:</p> <table> <tr> <td>Request Type</td><td>Select Actual</td></tr> <tr> <td>Request Priority</td><td> <p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table> <tr> <th>Scenario</th><th>Field Selection</th></tr> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td><td>7 Business days</td></tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td><td>7 Business days</td></tr> <tr> <td>Service Request Submissions</td><td>2 Business days</td></tr> <tr> <td>IBHS Assessment Registrations</td><td>2 Business days</td></tr> </table> </td></tr> <tr> <td>Reason for Request</td><td> <p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table> <tr> <th>Scenario</th><th>Field Selection</th></tr> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td><td>Service Prescription</td></tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td><td>ISPT Meeting</td></tr> <tr> <td>Service Request Submissions</td><td>Select LOC pertaining to request (FBMHS Request, IBHS Request, FFT, etc.)</td></tr> <tr> <td>IBHS Assessment Registrations</td><td>IBHS Request</td></tr> </table> </td></tr> </table>	Request Type	Select Actual	Request Priority	<p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table> <tr> <th>Scenario</th><th>Field Selection</th></tr> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td><td>7 Business days</td></tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td><td>7 Business days</td></tr> <tr> <td>Service Request Submissions</td><td>2 Business days</td></tr> <tr> <td>IBHS Assessment Registrations</td><td>2 Business days</td></tr> </table>	Scenario	Field Selection	Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)	7 Business days	Scheduling ISPT/Treatment Team Meetings	7 Business days	Service Request Submissions	2 Business days	IBHS Assessment Registrations	2 Business days	Reason for Request	<p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table> <tr> <th>Scenario</th><th>Field Selection</th></tr> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td><td>Service Prescription</td></tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td><td>ISPT Meeting</td></tr> <tr> <td>Service Request Submissions</td><td>Select LOC pertaining to request (FBMHS Request, IBHS Request, FFT, etc.)</td></tr> <tr> <td>IBHS Assessment Registrations</td><td>IBHS Request</td></tr> </table>	Scenario	Field Selection	Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)	Service Prescription	Scheduling ISPT/Treatment Team Meetings	ISPT Meeting	Service Request Submissions	Select LOC pertaining to request (FBMHS Request, IBHS Request, FFT, etc.)	IBHS Assessment Registrations	IBHS Request
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Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

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4.	<p>Complete the fields in the Diagnosis section following the guidelines outlined below:</p> <table border="1"> <tr> <td>Code Type</td><td>This field will default to ICD10. You may select a different code if applicable.</td></tr> <tr> <td>Diagnosis</td><td> <ul style="list-style-type: none"> Type the diagnosis code or the diagnosis name in the Diagnosis field or click the Advanced Search hyperlink, if needed. As you type information, the auto coder will automatically display matches in the drop-down list. Select the appropriate diagnosis from the list. It will now display on the screen and be attached to the episode. </td></tr> </table> <p> Note</p> <ul style="list-style-type: none"> You may add multiple diagnoses, if necessary, by repeating the steps above. If you have set up the Favorite Diagnosis section, you may click on that hyperlink to select a diagnosis. 	Code Type	This field will default to ICD10 . You may select a different code if applicable.	Diagnosis	<ul style="list-style-type: none"> Type the diagnosis code or the diagnosis name in the Diagnosis field or click the Advanced Search hyperlink, if needed. As you type information, the auto coder will automatically display matches in the drop-down list. Select the appropriate diagnosis from the list. It will now display on the screen and be attached to the episode. 				
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5.	<p>Behavioral Health Outpatient Episodes are required to have a Treating provider (<i>e.g. the Provider who is performing an evaluation, provider who is holding the ISPT meeting, provider who is requesting services, etc.</i>)</p> <p>Note: If the “Treating” Provider is not known at the time of the request, you can enter yourself as the “Referring” Provider.</p> <p>Follow the guidelines outlined below to attach providers to the request:</p> <table border="1"> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1.</td><td> <p>Click the Attach Providers button</p> <p>Result – The Attach Providers window will be displayed.</p> </td></tr> <tr> <td>2.</td><td> <p>Enter the appropriate search criteria and click on Search.</p> <p>Result – Results matching the criteria will be displayed. If the appropriate facility does not display, use the Advanced Search functionality.</p> </td></tr> <tr> <td>3.</td><td> <p>Once the appropriate facility is located:</p> <ol style="list-style-type: none"> Select Treating from the drop-down list in the Provider Role column Click the gear icon in the very left column of the row and select Single Attach <p>Result – The facility will now be attached to the request</p> </td></tr> </table> <p> Note</p> <ul style="list-style-type: none"> Be sure that the selected provider has PAR in the Participation Status column and In Network in the Provider Network column. You may add multiple providers, if necessary, by repeating the steps above. If you have set up the Favorite Providers section, you may click on that hyperlink to select a provider. 	Step	Action	1.	<p>Click the Attach Providers button</p> <p>Result – The Attach Providers window will be displayed.</p>	2.	<p>Enter the appropriate search criteria and click on Search.</p> <p>Result – Results matching the criteria will be displayed. If the appropriate facility does not display, use the Advanced Search functionality.</p>	3.	<p>Once the appropriate facility is located:</p> <ol style="list-style-type: none"> Select Treating from the drop-down list in the Provider Role column Click the gear icon in the very left column of the row and select Single Attach <p>Result – The facility will now be attached to the request</p>
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Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

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6.	<p>Complete the fields in the Service Request section following the guidelines outlined below:</p> <table border="1"> <tr> <td>Treatment Setting</td><td>Select the appropriate value from the drop-down list based on the scenario (e.g. IBHS Request, Provider Office, CRR, RTF, etc.)</td></tr> <tr> <td>Treatment Type</td><td>Select the appropriate value from the drop-down list based on the scenario (e.g. Psychiatric, Chemical Dependence, Co-Occurring, etc.)</td></tr> <tr> <td>Code Type</td><td>Auto-populates to CPT. Update to HCPC when needed.</td></tr> <tr> <td>Service Code</td><td> <p>Enter the requested procedure code.</p> <p>Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search hyperlink to initiate a search for the service code.</p> <p>Note:</p> <ul style="list-style-type: none"> For ISPT Meeting Requests, enter Service Code H2020 For IBHS Assessment Registration use: <ul style="list-style-type: none"> 97151 for ABA H0032 for non-ABA – BC H2019 for non-ABA – MT </td></tr> <tr> <td>Modifier</td><td>Enter the primary modifier for the service code, <i>if applicable (U7 for ISPT Meeting Requests)</i></td></tr> <tr> <td>Start Date</td><td>Enter the start date for the requested service.</td></tr> <tr> <td>End Date</td><td>Enter the end date for the requested service.</td></tr> <tr> <td>Requested #</td><td> <p>Enter the # of units requested.</p> <p>Note: This field will auto-populate if Time Frame, Time Period and Units/Visits fields are populated</p> </td></tr> </table> <p>To view and utilize these fields, you may need to click on the Optional Fields hyperlink.</p> <table border="1"> <tr> <td>Time Frame</td><td>Select the requested Time Frame for the service</td></tr> <tr> <td>Units/Visits</td><td>Enter the requested # of Units/Visits for the time frame specified</td></tr> <tr> <td>Time Period</td><td>Select the requested Time Period</td></tr> </table> <p>Click Add when completed. Result: The Service Request will be displayed.</p> <p> Note</p> <ul style="list-style-type: none"> If additional services are being requested for the same provider, repeat the steps above. If additional services are being requested for a different provider, a new Behavioral Health Outpatient Request will need to be submitted. 	Treatment Setting	Select the appropriate value from the drop-down list based on the scenario (e.g. IBHS Request, Provider Office, CRR, RTF, etc.)	Treatment Type	Select the appropriate value from the drop-down list based on the scenario (e.g. Psychiatric, Chemical Dependence, Co-Occurring, etc.)	Code Type	Auto-populates to CPT . Update to HCPC when needed.	Service Code	<p>Enter the requested procedure code.</p> <p>Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search hyperlink to initiate a search for the service code.</p> <p>Note:</p> <ul style="list-style-type: none"> For ISPT Meeting Requests, enter Service Code H2020 For IBHS Assessment Registration use: <ul style="list-style-type: none"> 97151 for ABA H0032 for non-ABA – BC H2019 for non-ABA – MT 	Modifier	Enter the primary modifier for the service code, <i>if applicable (U7 for ISPT Meeting Requests)</i>	Start Date	Enter the start date for the requested service.	End Date	Enter the end date for the requested service.	Requested #	<p>Enter the # of units requested.</p> <p>Note: This field will auto-populate if Time Frame, Time Period and Units/Visits fields are populated</p>	Time Frame	Select the requested Time Frame for the service	Units/Visits	Enter the requested # of Units/Visits for the time frame specified	Time Period	Select the requested Time Period
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Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

Step	Action
7.	Click on the Check for Review button. The system will determine if there are any stay or service lines which need to be reviewed. Result – You will receive a pop-up message stating there are stay/service lines to be reviewed.
8.	Click OK to close the message
9.	Click the checkbox in the header of the Service Request line and click on the green Review button. Result – You will receive a pop-up message warning to only proceed if certain elements of the request are completed.
10.	Click OK <u>only</u> if you completed the items listed in the message. Otherwise, click Cancel and complete the necessary information before proceeding. Result if you click OK – The system will determine if there is matching InterQual criteria. <div data-bbox="283 625 346 711" data-label="Image"> </div> <ul style="list-style-type: none"> You will receive a pop-up message stating there is no matching criteria. This is because there is no InterQual criteria currently available in Provider Portal. This step, however, must still be performed as part of the system requirements.
11.	Click OK to close the message
12.	<p>If an assessment is associated with the request, an Assessment section will be displayed where you may access and complete the associated assessment.</p> <p>Note:</p> <ul style="list-style-type: none"> The ISPT Meeting Notification Assessment should be completed when scheduling ISPT Meetings. The IBHS Assessment Registration should be completed when seeking IBHS Assessment authorization The IBHS Written Order-BPE Receipt Notification assessment should be completed only if you cannot begin the IBHS assessment at the time you receive the Member's written order or BPE <div data-bbox="268 1109 548 1354" data-label="Image"> </div> <div data-bbox="590 1109 1917 1369" data-label="List-Group"> <ul style="list-style-type: none"> Click the gear icon to the left of the assessment title, then click Start. Answer the questions in the Assessment. Note: Questions in red are mandatory. Click the Complete button to complete the Assessment. (DO NOT hit Submit Request until the Assessment has been marked complete.) <p>Note: This will trigger any auto approval rules. The Save as Draft button will <u>not</u> trigger any auto approval rules.</p> </div>

Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

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15.	<p>Click Submit Request when all information has been completed.</p> <p>Result: The Request Details information will be displayed, including the Cert Number and Decision.</p> <div><div>Request Details</div><div><div>Episode Abstract</div><div><div>Expected Decision Date : 11/21/2020</div><div>Authorization Type : BH-OP</div><div>Episode Number : 9043477</div><div>Episode Status : OpenRequest</div><div>Cert Number 92011004946</div></div></div><div><div>Authorization Details</div><table><tr><th>Service ID</th><th>Service Code</th><th>Requested #</th><th>Assigned #</th><th>Denied</th><th>Auth Start Date</th><th>Auth End Date</th><th>Treatment Setting</th><th>Frequency</th><th>Decision</th></tr><tr><td>12559163</td><td>H2020(HCPC)</td><td>1</td><td>1</td><td>0</td><td>11/23/2020</td><td>11/24/2020</td><td>JFACTS</td><td>Per Day</td><td>Pending</td></tr></table></div></div>	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Treatment Setting	Frequency	Decision	12559163	H2020(HCPC)	1	1	0	11/23/2020	11/24/2020	JFACTS	Per Day	Pending
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
Guidelines for Behavioral Health Inpatient Authorization Requests

Note: Behavioral Health Inpatient Authorizations should only be submitted for services provided by JCAHO RTF Providers

Follow the guidelines outlined below when entering a Behavioral Health Inpatient Authorization Request:

Step	Action								
1.	Search for the member and verify that a request does not already exist for the same service								
2.	Click on Add New Request and select Behavioral Health Inpatient from the drop-down list								
3.	<p>Complete the fields in the Episode Details section following the guidelines outlined below:</p> <table><tr><td>Request Type</td><td>Select Expected</td></tr><tr><td>Request Priority</td><td>Select Standard 2BD</td></tr><tr><td>Admit Type</td><td>Select Elective</td></tr><tr><td>Reason for Request</td><td>Select RTF Request</td></tr></table> <p> To complete the Reason for Request field, you will need to click on the Optional Fields hyperlink to open that section.</p>	Request Type	Select Expected	Request Priority	Select Standard 2BD	Admit Type	Select Elective	Reason for Request	Select RTF Request
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4.	<p>Complete the fields in the Diagnosis section following the guidelines outlined below:</p> <table><tr><td>Code Type</td><td>This field will default to ICD10. You may select a different code if applicable.</td></tr><tr><td>Diagnosis</td><td><ul style="list-style-type: none">Type the diagnosis code or the diagnosis name in the Diagnosis field or click the Advanced Search hyperlink, if needed.As you type information, the auto coder will automatically display matches in the drop-down list. Select the appropriate diagnosis from the list. It will now display on the screen and be attached to the episode.</td></tr></table> <p> <ul style="list-style-type: none">You may add multiple diagnoses, if necessary, by repeating the steps above.If you have set up the Favorite Diagnosis section, you may click on that hyperlink to select a diagnosis.</p>	Code Type	This field will default to ICD10 . You may select a different code if applicable.	Diagnosis	<ul style="list-style-type: none">Type the diagnosis code or the diagnosis name in the Diagnosis field or click the Advanced Search hyperlink, if needed.As you type information, the auto coder will automatically display matches in the drop-down list. Select the appropriate diagnosis from the list. It will now display on the screen and be attached to the episode.				
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Guidelines for Behavioral Health Inpatient Authorization Requests- (cont.)

Step	Action										
5.	<p>Behavioral Health Inpatient Episodes are required to have a Treating provider (the Facility where the member is receiving services).</p> <p>Follow the guidelines outlined below to attach providers to the request:</p> <table border="1"> <thead> <tr> <th>Step</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1.</td><td>Click the Attach Providers button Result – The Attach Providers window will be displayed.</td></tr> <tr> <td>2.</td><td>Enter the appropriate search criteria and click on Search. Result – Results matching the criteria will be displayed. If the appropriate facility does not display, use the Advanced Search functionality.</td></tr> <tr> <td>3.</td><td>Once the appropriate facility is located: <ul style="list-style-type: none"> a. Select Treating from the drop-down list in the Provider Role column b. Click the gear icon in the very left column of the row and select Single Attach Result – The facility will now be attached to the request</td></tr> </tbody> </table> <div>  <ul style="list-style-type: none"> • Be sure that the selected provider has PAR in the Participation Status column and In Network in the Provider Network column. • You may add multiple providers, if necessary, by repeating the steps above. • If you have set up the Favorite Providers section, you may click on that hyperlink to select a provider. </div>	Step	Action	1.	Click the Attach Providers button Result – The Attach Providers window will be displayed.	2.	Enter the appropriate search criteria and click on Search . Result – Results matching the criteria will be displayed. If the appropriate facility does not display, use the Advanced Search functionality.	3.	Once the appropriate facility is located: <ul style="list-style-type: none"> a. Select Treating from the drop-down list in the Provider Role column b. Click the gear icon in the very left column of the row and select Single Attach Result – The facility will now be attached to the request		
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6.	<p>Complete the fields in the Add Stay Request section following the guidelines outlined below:</p> <table border="1"> <tbody> <tr> <td>Treatment Setting</td><td>Select RTF</td></tr> <tr> <td>Treatment Type</td><td>Select Psychiatric</td></tr> <tr> <td>Admit Date</td><td>Enter the Admission Date</td></tr> <tr> <td>LOS Requested #</td><td>Enter the amount of days requested for the stay</td></tr> <tr> <td>Requested Level of Care</td><td>Select RTF</td></tr> </tbody> </table> <p>Click Save when completed.</p> <p>Result: The Stay Line will be displayed in the Stay Request section.</p>	Treatment Setting	Select RTF	Treatment Type	Select Psychiatric	Admit Date	Enter the Admission Date	LOS Requested #	Enter the amount of days requested for the stay	Requested Level of Care	Select RTF
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7.	Skip the Service Request section which will be displayed.										


Guidelines for Behavioral Health Inpatient Authorization Requests- (cont.)

Step	Action
8.	Click on the Check for Review button. The system will determine if there are any stay or service lines which need to be reviewed. Result – You will receive a pop-up message stating there are stay/service lines to be reviewed.
9.	Click OK to close the message
10.	Click on the green Review button in the Stay Request section. Result – You will receive a pop-up message warning to only proceed if certain elements of the request are completed.
11.	Click OK <u>only</u> if you completed the items listed in the message. Otherwise, click Cancel and complete the necessary information before proceeding. Result if you click OK – The system will determine if there is matching InterQual criteria. <div data-bbox="283 724 346 812" data-label="Image"> </div> <ul style="list-style-type: none"> You will receive a pop-up message stating there is no matching criteria. This is because there is no InterQual criteria currently available in Provider Portal. This step, however, must still be performed as part of the system requirements.
12.	Click OK to close the message
13.	<p>If there is an assessment associated with the request, an Assessment section will be displayed where you may access and complete the associated assessment.</p> <div data-bbox="268 1052 548 1297" data-label="Image"> </div> <ul style="list-style-type: none"> Click the gear icon to the left of the assessment title, then click Start. Answer the questions in the Assessment. Note: Questions in red are mandatory. Click the Complete button to complete the Assessment. (<u>DO NOT</u> hit Submit Request until the Assessment has been marked complete.) <p>Note: This will trigger any auto approval rules. The Save as Draft button will <u>not</u> trigger any auto approval rules.</p>

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	12559156	3	3	0	11/20/2020	11/23/2020	RTF	Pending										

Guidelines for Re-authorization Request for Existing BH-OP Request

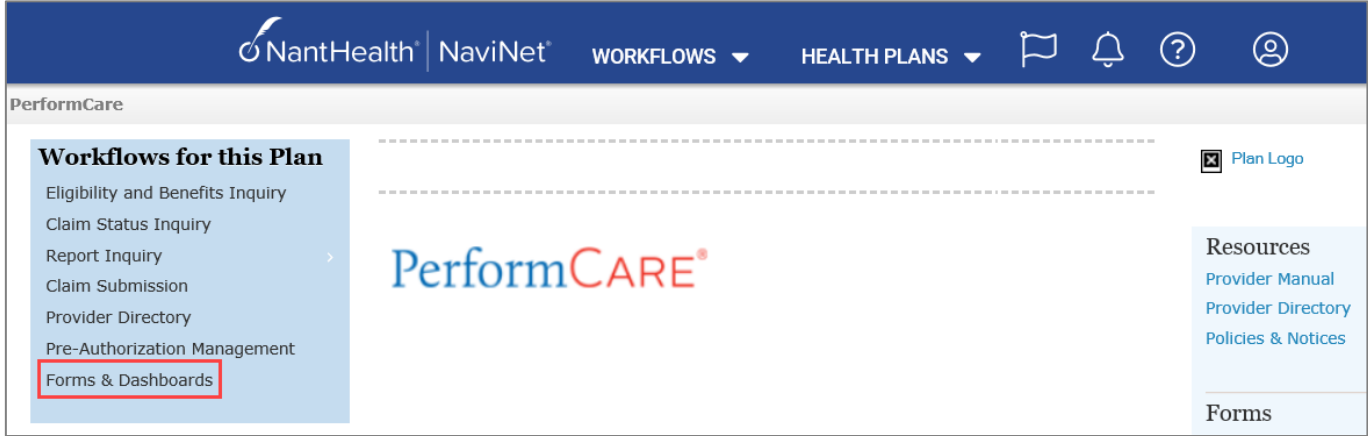

Closed Episodes will be accessible in a 'view only' format. If you would like to extend the request or add notes to a closed case, you will need to contact the Utilization Management department to request to have the case reopened.

Step	Action																										
1.	Click on Menu from the menu bar and select Search Request (see page 4 for detailed instructions) a. Enter the appropriate search criteria and click on Search																										
2.	Click the gear icon in the Actions column of the appropriate case and select Open <div><table><tr><th>Action</th><th>Episode ID ↓</th><th>Member Name</th><th>Episode Type</th><th>Date of Service</th><th>Cert Number</th><th>Diagnosis</th><th>Created By</th><th>Submitted By</th><th>Initial Due Date</th><th>Status</th><th>Decision</th><th>Decision Reason</th></tr><tr><td></td><td>9048638</td><td>PCPPPTST,</td><td>BH-OP</td><td>12/15/2020</td><td>92012002816</td><td>F25.9 (Schizoaffective disorder, unspecified)</td><td>Westre, Kristi</td><td>Westre, Kristi</td><td></td><td>Processed</td><td>Approved</td><td>Clinical Reviewer Approval</td></tr></table><div> View Episode Abstract  Open  Add Member Assessment</div></div> <div>Page 1 of 1</div>	Action	Episode ID ↓	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason		9048638	PCPPPTST,	BH-OP	12/15/2020	92012002816	F25.9 (Schizoaffective disorder, unspecified)	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval
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3.	Select the line that needs to be extended. Note: You may only select one line at a time. a. Click on the Extension button b. Enter the appropriate information (i.e., Requested #, Start/End Dates) c. Click the Save button. <div><div></div><div>Clicking Save will submit your extension request. However, you must enter a note and attach any appropriate documentation to support the extension request.</div></div>																										
4.	On the right side of the episode, click on Add Notes a. Enter the appropriate notes for the extension. Be sure to include your name/contact information. b. Click the Save button																										
5.	On the right side of the episode, click on Add Document and upload any documents that are relevant to the service extension request.																										

Accessing and Submitting Provider Service Capacity Forms

- Provider Service Capacity Forms should be used to submit service capacity information for Family Based Mental Health Services (FBMHS) and Intensive Behavioral Health Services (IBHS) on a **weekly** basis.
- Data submitted on these forms will be displayed on the PerformCare website.

Follow the steps outlined below to access and submit the Provider Service Capacity Form:

Step	Action
1.	<p>In the Workflows for this Plan section of the PerformCare Welcome Page select Forms and Dashboards from the list.</p>  <p>Result: The Provider Selection screen will be displayed.</p>
2.	<p>Select your Provider ID for the appropriate geographic area you want to report from the drop-down list and click Submit.</p> <p>Result: The Provider Service Capacity Forms screen will be displayed.</p>
3.	<p>Select the appropriate hyperlink to access either the IBHS, IBHS-ABA or FBMHS Service Capacity Form.</p> <p>Result: The form will be displayed.</p>
4.	<p>Complete each field in the form to indicate service availability information.</p> <p>Note: Click the  icon at the end of the row to add another line.</p>
5.	Click Submit when completed.
6.	Click Back to Home to exit and return to the Forms menu.