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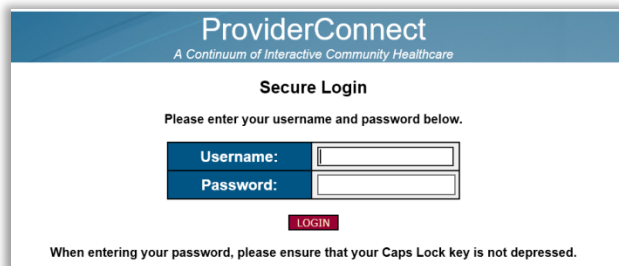
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What is ProviderConnect?

Often referred to as PCONN, ProviderConnect is a secure web-based tool that interfaces directly with Optum’s business system. It allows providers to submit client reporting data, create treatments, submit billings and view claim adjudication results.

Login

- ProviderConnect is accessed using the link below:
 - Copy and paste this link into your web browser:
<https://providerconnect.netsmartcloud.com/saltlake/>
- Once PCONN has been accessed, you will be required to enter your username and password.
- Optum Network will provide you with your username and a temporary password.



Helpful Tips:

- ✓ *When accessing PCONN the first time, you will be prompted to set your own password. Passwords are assigned to individual staff, not to the facility.*
- ✓ *Usernames and passwords are not to be shared. Please contact Optum Network if a user needs access to ProviderConnect.*
- ✓ *User profiles are set to inactive if the log-in credentials have not been used in 45-days.*
- ✓ *When creating your password, please keep the following requirements in mind:*
 - *Password cannot be “password”*
 - *Passwords must be between 6 and 30 characters.*
 - *Passwords are case-sensitive.*
 - *Passwords cannot be the same as your username, or your username backwards.*

Navigation

- Once logged in, you are required to attest to the confidentiality of the data. Select 'Continue' to agree and to proceed to the next page.

ATTENTION:

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 889-8800 immediately.

By selecting "continue", you agree, under penalty of perjury, that you are an authorized agent to use this information system.

[Exit](#) [Continue](#)

- The 'News' section below is a tool used by Optum to communicate directly with providers. In this section we will communicate planned system outages or breaks. Please be sure to check this section regularly.
- Select the plus sign to read full text.
- Select 'Skip to Main Menu' to proceed.

	No.	Date	News
-	1.	8/30/2019	ATTENTION: Salt Lake County Division of Behavioral Health Services will continue to require providers to administer the C-SSRS upon admission and any other time an individual (5 years and older) demonstrates suicide risk. If the member responds yes to question #2 and/or any subsequent question, a same day safety plan is to be created or updated. Please be sure to document the member's response to the C-SSRS and include the safety planning, if appropriate, as well. While the clinical application of the C-SSRS and safety planning continues to be required, as of September 1, 2019, providers will no longer be required to enter the related data into Provider Connect. Use of the C-SSRS will continue to be monitored as part of provider audits of treatment records and provider procedures.
+	2.	3/28/2019	Hello Providers, The CPT code option not accessibl (...)

[<< Previous Page](#) [Skip to Main Menu](#) [Next Page >>](#)

- ProviderConnect ribbon shown below is present at the top of each page. It includes form/page name, provider/agency name, current date and time. In addition, the links presented in the right corner for 'Lookup Client', 'Main Menu' and 'Log Out', allow you to quickly move directly to those pages.

ProviderConnect - Main Menu HORIZON HOME-Dummy 2/2/2020 10:41:14 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Main Menu

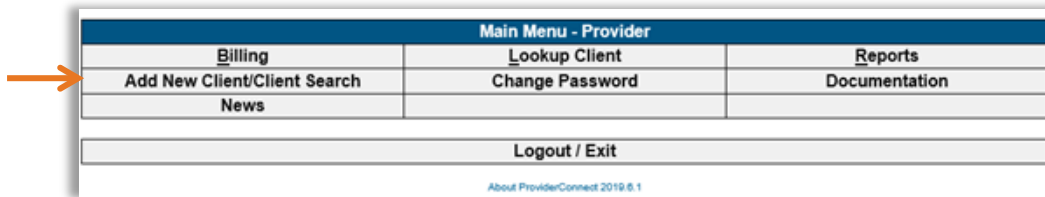
- In addition to displaying the navigation bar at the top described above, the Main Menu also displays the following:
 - Login username and last login date and time.
 - Navigational links to the forms/pages.

ProviderConnect - Main Menu		HORIZON HOME-Dummy 2/4/2020 2:09:15 AM	Lookup Client Main Menu
You are logged in as:	JKTEST04		
Your last login was:	2/4/2020 2:06:00 AM		
Main Menu - Provider			
Billing	Lookup Client	Reports	
Add New Client/Client Search	Change Password	Documentation	
News			
Logout / Exit			

- The following is a high-level summary of each section:
 - **Billing:** Allows user to submit bills to Optum.
 - **Lookup Client:** Used to search for clients who have been assigned a client specific authorization for your agency.
 - **Reports:** Ability for the user to run reports regarding authorizations and claims submitted via ProviderConnect.
 - **Add New Client/Client Search:** Used to search for clients already in the Optum system or to add a new client to the system.
 - **Change Password:** Allows the user to update their password.
 - **Documentation:** Contains a link to a Netsmart ProviderConnect website for general product information.
 - **News:** This link will take you to the same page previously viewed during login.
 - **Logout / Exit:** Used to log out of ProviderConnect

Client Admission – Add New Client/Client Search

- In the Main Menu, click on “Add New Client/Client Search”



- Enter clients Medicaid ID (**Required Field**)
 - Medicaid numbers are 10 digits in length and always have a leading zero
 - Ensure there are no spaces before or after the 10-digit number
 - Leave all other fields blank to ensure accurate search results.
- Select the ‘Search’ button.

Search Criteria	
Social Security Number:	
Medicaid ID:	0123456789
Last Name:	
First Name:	
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M
Date of Birth:	
<input type="button" value="Search"/>	

- If the member is found, click on the blue hyperlink member ID to open the Client Record.
 - Verify the name, Medicaid Id number and DOB to validate if the member is the same as your member.

Helpful Tip:

✓ If you see a member with a middle name of **'DONOTUSE'**, that means the client record is not available for use and should not be selected.

Search Results				
ID	Name	Facility Client Number	State	DOB
0123456789	EMORY TEST BROWN	0123456789	GA	10/25/1980

- If the member is not found, select “Create Admission for New Client”

Search Results				
ID	Name	Facility Client Number	State	DOB
0123456789	EMORY TEST BROWN	0123456789	GA	10/25/1980

In the Admission information, enter client's data:

- Sex. *This must match the client's legal gender with Utah Medicaid.*
- Date of birth
- Admission Date
- Admission Time
- Program Will *this will default to 'outpatient'.*
- Medicaid ID Will prefill based on entry on previous page.
- Admitting Practitioner *LEAVE AS IS*
- Attending Practitioner *LEAVE AS IS*
- Treatment Service *LEAVE AS IS*
- Type of Admission
- Social Security Number *if unknown, enter 999-99-9999*

- In the Demographics section, enter client's data:
 - Client Last Name *cannot contain any spaces or special characters, including apostrophes.*
 - Client First Name *cannot contain any spaces or special characters, including apostrophes.*
 - All remaining fields can be populated if the data is available.

Helpful Tips:

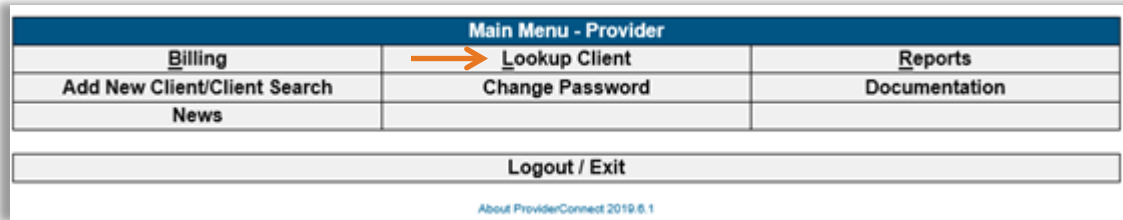
- ✓ Client name must be entered as it appears on their Utah Medicaid ID card. **Do not solely rely on a member's self-reported name.**
- ✓ All fields in **red** are required and must be completed before saving the record.

- Once all fields have been entered, click 'Save Admission'. The system will return to the Main Menu upon saving.

Lookup Client

SEARCHING FOR CLIENTS ALREADY ADDED TO YOUR PRACTICE

- In the Main Menu, click “Lookup Client”



- Enter client data into the form, then click ‘Search Criteria’

The screenshot shows the 'ProviderConnect - Look Up Client' search form. The form fields are: Member ID (empty), SSN (empty), Last Name (MANN), First Name (SNOW), Date of Birth (empty), and Agency (HORIZON HOME-Dummy). A note below the form states: 'Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.' A red 'Search by Criteria' button is at the bottom, along with a blue 'Back' link.

- Click the blue Client ID number to view the consumer’s Demographic information.

The screenshot shows the 'ProviderConnect - Look Up Client' search results page. A table titled 'Search Results' contains the following data:

Client ID	Last Name	First Name	Date of Birth	Agency
40966	MANN	SNOW	12/25/1900	HORIZON HOME-Dummy
46654	MANN	SNOW	4/20/1980	HORIZON HOME-Dummy
60677	MANN	SNOWY-TEST	4/1/2018	HORIZON HOME-Dummy

Below the table are links for 'Search Criteria' and 'Back'. The footer text reads 'About ProviderConnect 2019.6.1'. An orange arrow points to the first Client ID (40966).

Helpful Tip:

- ✓ *Make note of the Client ID number generated by the ProviderConnect system in your agency’s medical record for future reference*

Client Record

UNDERSTANDING THE CLIENT RECORD

- The page below is the client's 'home page'.

Member Demographics		
Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456789
Member Street 1 111 Santa Clause Drive	Member Street 2	Member City West Valley City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity -Please Choose One-
Race -Please Choose One-	Client Maiden Name	Veteran
Education Level At Admission -Please Choose One-	Citizenship Status -Please Choose One-	Pre-Admission Disposition
Employment Status -Please Choose One-		
Marital Status -Please Choose One-		

- The navigation bar on the left includes the following information. The following is a high-level summary of these functions:
- **Demographic**
 - **Member Specific Information:** This is the client's eligibility record. Optum updates the eligibility records weekly and monthly. No user data entry is required.
 - **Authorizations:** All services require an authorization. This form will allow you to view higher level of care authorizations that have been created for the client.
 - **Treatment:** This is the first step in billing. It is where you go to enter the details associated with each service provided to the client.
 - **Provider Admission:** All clients are assigned an episode in Optum's system; this tab shows a summary of the episodes. No user data entry is required.
 - **Client Admit/Discharge:** This form is used admit and discharge clients to and from your practice.
 - **MSO Mental Health Event Record Admit/Update:** Required for all mental health services, this form allows you to create new and update existing records.
 - **Timely Access Submission:** This form is a Medicaid Quality Requirement for reporting timely service delivery. This form allows you to report access to care data.

Helpful Tips:

- ✓ *The form above is a snapshot of what the form could look like if full access has been granted to ProviderConnect. You may not have access to all options. Please check with Optum Network if there is a question about access.*

Demographics

Member ID
40966

ProviderConnect - Demographic HORIZON HOME-Dummy 2/3/2020 11:48:11 AM Lookup Client | Main Menu | Log

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Member Demographics		
Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456789
Member Street 1 111 Santa Clause Drive	Member Street 2	Member City West Valley City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity -Please Choose One-
Race -Please Choose One-	Client Maiden Name	Veteran
Education Level At Admission -Please Choose One-	Citizenship Status -Please Choose One-	Pre-Admission Disposition
Employment Status -Please Choose One-		
Marital Status -Please Choose One-		

Save Record

The fields listed below are locked down after initial entry must match the client's record in Utah Medicaid's system. If a field doesn't match, please contact Optum Network to update the client's record:

- Client name
 - Social Security Number
 - Date of Birth
 - Medicaid ID *must be 10 digits beginning with a zero*
- The remaining fields can be updated as new data becomes available.

Member Specific Information

Member ID
40966

ProviderConnect - Demographic HORIZON HOME-Dummy 2/3/2020 11:48:11 AM [Lookup Client](#) | [Main Menu](#)

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Member Demographics

Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456789
Member Street 1 111 Santa Clause Drive	Member Street 2	Member City West Valley City
Member County [Salt Lake - 035]		Member State [UT - UTAH]
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language [English - 00]	Sex [Female - F]	Ethnicity [-Please Choose One-]
Race [-Please Choose One-]	Client Maiden Name	Veteran
Education Level At Admission [-Please Choose One-]	Citizenship Status [-Please Choose One-]	Pre-Admission Disposition
Employment Status [-Please Choose One-]		
Marital Status [-Please Choose One-]		

[Save Record](#)

- Member Specific Information records are added/updated by Optum. They cannot be created or modified by users directly in PCONN.
- Each record will show the client's Medicaid ID, along with the effective and expiration dates for each timespan.
- Clients with 'FosterCare-IP Only' listed in the benefit plan column are ineligible for all services except inpatient.

Member ID
40966

ProviderConnect - Member Specific Information HORIZON HOME-Dummy 2/3/2020 12:09:54 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

	Funding Source	Policy Number	Effective Date	Expiration Date	Member Type	Benefit Plan
1.	Non-Medicaid SLC	40966	6/1/2011	6/1/2011	Primary Enrollee	
2.	SLC Medicaid	0123456780	7/1/2014	7/31/2014	Primary Enrollee	FosterCare-IP Only
3.	SLC Medicaid	0123456780	8/1/2014	6/30/2015	Primary Enrollee	
4.	SLC Medicaid	0123456780	1/1/2019	12/31/2019	Primary Enrollee	

About ProviderConnect 2019.8.1

Authorizations

Client specific higher level of care authorizations are viewable in this form. Blanket authorizations are not viewable here.

Accessing the Authorization form in Provider Connect

The screenshot shows the ProviderConnect interface. On the left is a navigation menu with 'Authorizations' highlighted. The main area displays the 'Member ID' form for member 40966, showing demographic information. Below this is the 'Authorization Requests' table:

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachment
HORIZON HOME-Dummy	288225	ProviderConnect		Complete	Approved	6/24/2015 4:27 PM	6/21/2019 8:34:35 AM	9/1/2015	6/30/2015	Add On, Interactive Compensy, Psychiatric Dr Eval, Psychiatric Dr Eval w/ Medical Services, Psychiatric, Pt and/or Family (30min), Add On, Psychotherapy (30min), Psychotherapy, Pt and/or Family (45 min), Add On, Psychotherapy (45 min), Psychotherapy, Crisis (30min), Psychotherapy, Crisis (each addt 30min), Psychotherapy, Family (each addt 30min), Psychotherapy, Family/Couple, Psychotherapy, Multi Family/Group, Psychotherapy, Group, THERAPEUTIC PROGRAM/ACT/CO/DX/RUCT/CR, Add On, Prolonged Service (first 60min), Add On, Prolonged Svc (each addt 30min), Office/OP Visit/EM, Ext Pt (15min), Office/OP Visit/EM, Ext Pt (30min), Office/OP Visit/EM, Ext Pt (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Individual, Psychological Rehab, Group, Psychological Rehab, Group Intensive, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychoeducational Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	
HORIZON HOME-Dummy	416190	MSO		Approved		1/31/2020 11:05:24 AM	7/1/2019	12/31/2019		Add On, Interactive Compensy, Psychiatric Dr Eval, Psychiatric Dr Eval w/ Medical Services, Psychotherapy, Pt and/or Family (30min), Add On, Psychotherapy (30min), Psychotherapy, Pt and/or Family (45 min), Add On, Psychotherapy (45min), Psychotherapy, Pt and/or Family (60 min), Add On, Psychotherapy (60min), Psychotherapy, Crisis (30min), Psychotherapy, Crisis (each addt 30min), Psychotherapy, Family (each addt 30min), Psychotherapy, Family/Couple, Psychotherapy, Multi Family/Group, Psychotherapy, Group, THERAPEUTIC PROGRAM/ACT/CO/DX/RUCT/CR, Add On, Prolonged Service (first 60min), Add On, Prolonged Svc (each addt 30min), Office/OP Visit/EM, Ext Pt (15min), Office/OP Visit/EM, Ext Pt (30min), Office/OP Visit/EM, Ext Pt (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Group Intensive, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychoeducational Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	
HORIZON HOME-Dummy	411885	ProviderConnect		Complete	Approved	2/4/2020 11:24:17 AM	2/26/2020 6:22:30 PM	7/1/2019	11/1/2020	Add On, Interactive Compensy, Psychiatric Dr Eval, Psychiatric Dr Eval w/ Medical Services, Psychotherapy, Pt and/or Family (30min), Add On, Psychotherapy (30min), Psychotherapy, Pt and/or Family (45 min), Add On, Psychotherapy (45min), Psychotherapy, Crisis (30min), Psychotherapy, Crisis (each addt 30min), Psychotherapy, Family (each addt 30min), Psychotherapy, Family/Couple, Psychotherapy, Multi Family/Group, Psychotherapy, Group, THERAPEUTIC PROGRAM/ACT/CO/DX/RUCT/CR, Add On, Prolonged Service (first 60min), Add On, Prolonged Svc (each addt 30min), Office/OP Visit/EM, Ext Pt (15min), Office/OP Visit/EM, Ext Pt (30min), Office/OP Visit/EM, Ext Pt (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Group Intensive, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychoeducational Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	

When selecting 'Authorization' from the left navigation bar, the following page will be displayed:

- The form contains the following columns of data:
 - Authorization number
 - Status – will show the current status of the authorization
 - Review Status – *Actual authorization status. Possible statuses are as follows:*
 - Approved treatments can be created using this auth
 - Denied treatments cannot be created using this auth
 - Pending treatments cannot be created using this auth
 - Request Date – *Date auth was created*
 - Review Date – *Date auth determination was made*
 - Begin Date – *Current authorization start date*
 - Expiration Date – *Current authorization end date*
 - TX Codes – *Procedure codes currently assigned to the authorization*

Optum utilizes two types of Authorizations

- Outpatient Level of Care** - for standard outpatient level services and does not include IOP, Day Treatment, or Psych Testing. *Created by Optum's Operations team.*
- Higher Level of Care** - *Created by Optum Care Advocates.*

Outpatient Level of Care - Optum issues Contracting Provider Service Authorizations, also referred to as “blanket auths” for standard outpatient level services for in-network providers.

- The provider is issued blanket authorizations numbers, unique to the provider (*not client*) and fund source (i.e. County) and service type (i.e. mental health vs. substance use).
- Includes:
 - Mental health outpatient (MH_OP)** - Created for standard mental health outpatient services performed telephonically or in person.
 - Substance use 1.0 (SA10)** - Created for standard substance use outpatient services performed telephonically or in person.
 - Telehealth (TELEHEALTH)** - Created for standard mental health and substance use outpatient services performed via telehealth, using HIPAA compliant technology.
- The authorization numbers begin with 'P' and are typically followed by 3 to 4 digits.
- Please Note: Blanket authorizations are NOT** viewable in client's authorization form in ProviderConnect.

Member ID		ProviderConnect - Authorization Requests									
40966		HORIZON HOME Caremy 4/15/2020 12:12:10 PM Logout Help Log Out									
Client Name: MARIE SNOW TEST Member ID: 40966 SSN: 123-45-6789											
Demographic: Member Specific Information: Authorizations: Insurance: Provider Address:											
Clear/Discharge: MSO Mental Health Care Record Authorization: Exit to Main Menu:											
Authorization Information											
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Sign Date	Expiration Date	Tx Codes	Attachments
HORIZON HOME, Danbury	39823	ProviderConnect		Complete	Approved	8/24/2019 1:40:27 PM	8/24/2019 8:24:59 AM	9/10/2019	8/30/2019	Add On, Interactive Complexity, Psychiatry, Dn Eval, Psychiatry, Dn Eval a Medical Services, Psychiatry, Pn and/or Family (30min), Add On, Psychiatry (30min), Psychiatry, Pn and/or Family (45 min), Add On, Psychiatry (45min), Psychiatry, Pn and/or Family (60 min), Add On, Psychiatry (60min), Psychiatry, Crisis (30 min), Psychiatry, Crisis (each each add 30min), Psychiatry, Family (30 min), Psychiatry, Family/ Couple, Psychiatry, Multi Family/Group, Psychiatry, Group, THERAPEUTIC, PSYCHOPHARMACOLOGIC DRUG EVALUATION, Add On, Prolonged Service (30 min), Add On, Prolonged Service (each add 30min), Off/on/CP Visit EM, Est PR (15min), Off/on/CP Visit EM, Est PR (30min), Off/on/CP Visit EM, Est PR (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Individual, Psychological Rehab, Group, Individual, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychological Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	
HORIZON HOME, Danbury	41690	MSO		Approved		10/1/2020 11:02:24 AM		11/02/2019	12/31/2019	Add On, Interactive Complexity, Psychiatry, Dn Eval, Psychiatry, Dn Eval a Medical Services, Psychiatry, Pn and/or Family (30min), Add On, Psychiatry (30min), Psychiatry, Pn and/or Family (45 min), Add On, Psychiatry (45min), Psychiatry, Pn and/or Family (60 min), Add On, Psychiatry (60min), Psychiatry, Crisis (30 min), Psychiatry, Crisis (each each add 30min), Psychiatry, Family (30 min), Psychiatry, Family/ Couple, Psychiatry, Multi Family/Group, Psychiatry, Group, THERAPEUTIC, PSYCHOPHARMACOLOGIC DRUG EVALUATION, Add On, Prolonged Service (30 min), Add On, Prolonged Service (each add 30min), Off/on/CP Visit EM, Est PR (15min), Off/on/CP Visit EM, Est PR (30min), Off/on/CP Visit EM, Est PR (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Individual, Psychological Rehab, Group, Individual, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychological Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	

Higher Level of Care Authorizations - Member specific authorizations are used when billing higher level of care services and display in this screen.

Member ID		ProviderConnect - Authorization Requests									
40966		HORIZON HOME Caremy 4/15/2020 12:12:10 PM Logout Help Log Out									
Client Name: MARIE SNOW TEST Member ID: 40966 SSN: 123-45-6789											
Demographic: Member Specific Information: Authorizations: Insurance: Provider Address:											
Clear/Discharge: MSO Mental Health Care Record Authorization: Exit to Main Menu:											
Authorization Information											
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Sign Date	Expiration Date	Tx Codes	Attachments
HORIZON HOME, Danbury	39823	ProviderConnect		Complete	Approved	8/24/2019 1:40:27 PM	8/24/2019 8:24:59 AM	9/10/2019	8/30/2019	Add On, Interactive Complexity, Psychiatry, Dn Eval, Psychiatry, Dn Eval a Medical Services, Psychiatry, Pn and/or Family (30min), Add On, Psychiatry (30min), Psychiatry, Pn and/or Family (45 min), Add On, Psychiatry (45min), Psychiatry, Pn and/or Family (60 min), Add On, Psychiatry (60min), Psychiatry, Crisis (30 min), Psychiatry, Crisis (each each add 30min), Psychiatry, Family (30 min), Psychiatry, Family/ Couple, Psychiatry, Multi Family/Group, Psychiatry, Group, THERAPEUTIC, PSYCHOPHARMACOLOGIC DRUG EVALUATION, Add On, Prolonged Service (30 min), Add On, Prolonged Service (each add 30min), Off/on/CP Visit EM, Est PR (15min), Off/on/CP Visit EM, Est PR (30min), Off/on/CP Visit EM, Est PR (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Individual, Psychological Rehab, Group, Individual, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychological Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	
HORIZON HOME, Danbury	41690	MSO		Approved		10/1/2020 11:02:24 AM		11/02/2019	12/31/2019	Add On, Interactive Complexity, Psychiatry, Dn Eval, Psychiatry, Dn Eval a Medical Services, Psychiatry, Pn and/or Family (30min), Add On, Psychiatry (30min), Psychiatry, Pn and/or Family (45 min), Add On, Psychiatry (45min), Psychiatry, Pn and/or Family (60 min), Add On, Psychiatry (60min), Psychiatry, Crisis (30 min), Psychiatry, Crisis (each each add 30min), Psychiatry, Family (30 min), Psychiatry, Family/ Couple, Psychiatry, Multi Family/Group, Psychiatry, Group, THERAPEUTIC, PSYCHOPHARMACOLOGIC DRUG EVALUATION, Add On, Prolonged Service (30 min), Add On, Prolonged Service (each add 30min), Off/on/CP Visit EM, Est PR (15min), Off/on/CP Visit EM, Est PR (30min), Off/on/CP Visit EM, Est PR (45min), Peer Support Service, Individual, Peer Support Service, Group, Psychological Rehab, Individual, Psychological Rehab, Group, Individual, Therapeutic Behavioral Services, Therapeutic Behavioral Services, Group, Psychological Services (15 min), Nursing assessment/evaluation, Sign Lang/Oral Interpretive Svc (15min), Targeted Case Mgmt (15min)	

MH_OP Authorization Group

The following is a list of the codes included in the MH_OP authorization group.

- **IMPORTANT NOTE:** *The following codes will be visible and will allow the user to select any code within the group but **does not guarantee payment**. Payment of specific codes is based on each provider's individual contract. If you have questions about what codes you are contracted to provide, please contact Optum Network.*

Code	Description	Code	Description
90785	Add On, Interactive Complexity	99214CG	Office/OP Visit E/M, Est Pt (25min)
90791	Psychiatric Dx Eval	99215CG	Office/OP Visit E/M, Est Pt (45min)
90792	Psychiatric Dx Eval w Medical Services	99417	Add On, prolonged Svc, E/M (each add'l 15 min)
90832	Psychotherapy, Pt and/or family (30min)	H0031	MH assessment, by non-physician
90833	Add On, Psychotherapy (30min)	H0038	Peer Support Service, Individual
90834	Psychotherapy, Pt and/or Family (45 min)	H0038HQ	Peer Support Service, Group
90836	Add On, Psychotherapy (45min)	H0046	Personal Care, MH NOS
90837	Psychotherapy, Pt and/or Family (60 min)	H0046U1	Personal Care, MH NOS per diem
90838	Add On, Psychotherapy (60min)	H2014	Psychosocial Rehab, Individual
90839	Psychotherapy, Crisis (first 60min)	H2017	Psychosocial Rehab, Group
90840	Psychotherapy, Crisis (each add'l 30min)	H2017U1	Psychosocial Rehab, Group Intensive
90846	Psychotherapy, Family (w/o pt present)	H2019	Therapeutic Behavioral Services
90847	Psychotherapy, Family/Couple	H2019HQ	Therapeutic Behavioral Services, Group
90849	Psychotherapy, Multi Family/Group	H2027	Psychoeducational Services
90853	Psychotherapy, Group	S5150	Unskilled Respite (non hosp svc)
96372	Therapeutic, Prophylactic or DX Injection	T1001	Nursing Assessment/evaluation
99354	Add On, Prolonged Service (first 60min)	T1013	Sign Lang/Oral Interpretive Svc
99355	Add On, Prolonged Svc (each add'l 30min)	T1017	Targeted Case Mgmt
99212CG	Office/OP Visit E/M, Est Pt (10min)	T2002	Non-Emergency Transportation per diem
99213CG	Office/OP Visit E/M, Est Pt (15min)	T2002HX	Non-Emergency Transportation

Please Note: This information is based on CMS and Medicaid regulations and is subject to change.

SA10 Authorization Group

The following is a list of the codes included in the SA10 authorization group.

IMPORTANT NOTE: *The following codes will be visible and will allow the user to select any code within the group but **does not guarantee payment**. Payment of specific codes is based on each provider's individual contract. If you have questions about what codes you are contracted to provide, please contact Optum Network.*

Code	Description	Code	Description
90785	Add On, Interactive Complexity	99213CG	Office/OP Visit E/M, Est Pt (15min)
90791	Psychiatric Dx Eval	99214CG	Office/OP Visit E/M, Est Pt (25min)
90792	Psychiatric Dx Eval w Medical Services	99215CG	Office/OP Visit E/M, Est Pt (45min)
90832	Psychotherapy, Pt and/or family (30min)	99417	Add On, Prolonged Svc, E/M (ea add'l 15 min)
90833	Add On, Psychotherapy (30min)	H0006	Substance Abuse Case Management
90834	Psychotherapy, Pt and/or Family (45 min)	H0031	MH assessment, by non-physician
90836	Add On, Psychotherapy (45min)	H0038	Peer Support Service, Individual
90837	Psychotherapy, Pt and/or Family (60 min)	H0038HQ	Peer Support Service, Group
90838	Add On, Psychotherapy (60min)	H0046	Personal Care, MH NOS
90839	Psychotherapy, Crisis (first 60min)	H2014	Psychosocial Rehab, Individual
90840	Psychotherapy, Crisis (each add'l 30min)	H2017	Psychosocial Rehab, Group
90846	Psychotherapy, Family (w/o pt present)	H2017U1	Psychosocial Rehab, Group Intensive
90847	Psychotherapy, Family/Couple	H2019	Therapeutic Behavioral Services
90849	Psychotherapy, Multi Family/Group	H2019HQ	Therapeutic Behavioral Services, Group
90853	Psychotherapy, Group	H2027	Psychoeducational Services
96372	Therapeutic, Prophylactic or DX Injection	S5150	Unskilled Respite (non hosp svc)
99354	Add On, Prolonged Service (first 60min)	T1001	Nursing Assessment/evaluation
99355	Add On, Prolonged Svc (each add'l 30min)	T1013	Sign Lang/Oral Interpretive Svc
99212CG	Office/OP Visit E/M, Est Pt (10min)		

Please Note: This information is based on CMS and Medicaid regulations and is subject to change.

TELEHEALTH Authorization Group

The following is a list of the codes included in the TELEHEALTH authorization group.

IMPORTANT NOTE: *The following codes will be visible and will allow the user to select any code within the group but **does not guarantee payment**. Payment of specific codes is based on each provider's individual contract. If you have questions about what codes you are contracted to provide, please contact Optum Network.*

Code	Description	Code	Description
90785GT	Add On, Interactive Complexity (Tele)	99215CGGT	Office/OP Visit E/M, Est Pt (45min) (Tele)
90791GT	Psychiatric Dx Eval (Tele)	99354GT	Add On, Prolonged Svc (first 60min) (Tele)
90792GT	Psychiatric Dx Eval w Medical Services (Tele)	99355GT	Add On, Prolonged Svc (each add'l 30min) (Tele)
90832GT	Psychotherapy, Pt and/or fam (30min) (Tele)	99417GT	Add On, Prolonged Svc (each add'l 30min)(tele)
90833GT	Add On, Psychotherapy (30min) (Tele)	H0006GT	Substance Abuse Case Management (Tele)
90834GT	Psychotherapy, Pt and/or Fam (45 min)(Tele)	H0031GT	MH assessment, by non-physician (Tele)
90836GT	Add On, Psychotherapy (45min) (Tele)	H0038GT	Peer Support Service, Individual (Tele)
90837GT	Psychotherapy, Pt and/or Fam (60 min)(Tele)	H0038HQGT	Peer Support Service, Group (Tele)
90838GT	Add On, Psychotherapy (60min) (Tele)	H2014GT	Psychosocial Rehab, Individual (Tele)
90839GT	Psychotherapy, Crisis (first 60min) (Tele)	H2017GT	Psychosocial Rehab, Group (Tele)
90840GT	Psychotherapy, Crisis (each add'l 30min) (Tele)	H2017U1GT	Psychosocial Rehab, Group Intensive (Tele)
90846GT	Psychotherapy, Family (w/o pt present) (Tele)	H2019GT	Therapeutic Behavioral Services (Tele)
90847GT	Psychotherapy, Family/Couple (Tele)	H2019HQGT	Therapeutic Behavioral Services, Group (Tele)
90849GT	Psychotherapy, Multi Family/Group (Tele)	H2027GT	Psychoeducational Services (Tele)
90853GT	Psychotherapy, Group (Tele)	T1001GT	Nursing Assessment/evaluation (Tele)
99212CGGT	Office/OP Visit E/M, Est Pt (10min) (Tele)	T1013GT	Sign Lang/Oral Interpretive Service (Tele)
99213CGGT	Office/OP Visit E/M, Est Pt (15min) (Tele)	T1017GT	Targeted Case Mgmt (Tele)
99214CGGT	Office/OP Visit E/M, Est Pt (25min) (Tele)		

Please Note: This information is based on CMS and Medicaid regulations and is subject to change.

Treatment

This is the first step in billing. It is where you go to enter the details associated with each service provided to the client.

Member ID
40966

ProviderConnect - Demographic HORIZON HOME-Dummy 2/3/2020 11:48:11 AM Lookup Client | Main Menu | Log

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Member Demographics

Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456789
Member Street 1 111 Santa Clause Drive	Member Street 2	Member City West Valley City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity Please Choose One-
Race Please Choose One-	Client Maiden Name	Veteran
Education Level At Admission Please Choose One-	Citizenship Status Please Choose One-	Pre-Admission Disposition
Employment Status Please Choose One-		
Marital Status Please Choose One-		

Save Record

- When the treatment form is open, the page will allow you to create new treatments as well as view the status of previously created treatments.

Member ID
40966

ProviderConnect - Treatment History HORIZON HOME-Dummy 2/3/2020 2:10:07 PM Lookup Client | Main Menu | Log Out

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Add Professional Claim

This page defaults to treatments with services that occur during the current fiscal year: 2019-2020 | February - 2020 | View

Claim	Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPT Code	Units	Duration	Billing Date	Status	Expected Disbursement
Nothing Found										

CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
90785 - Add On, Interactive Complexity	240099	20	20	5/1/2015	5/31/2015
90785 - Add On, Interactive Complexity	289223	20	20	9/1/2015	9/30/2015
90785 - Add On, Interactive Complexity	318844	60	60	1/1/2016	12/31/2016
90785 - Add On, Interactive Complexity	371935	240	240	1/1/2016	12/30/2016
90785 - Add On, Interactive Complexity	372202	240	240	1/1/2017	12/31/2017
90785 - Add On, Interactive Complexity	377844	240	240	4/20/2017	4/20/2017
90785 - Add On, Interactive Complexity	377891	27	27	5/1/2017	8/23/2017
90785 - Add On, Interactive Complexity	395628	240	240	1/1/2018	12/31/2018
90785 - Add On, Interactive Complexity	418190	60	60	7/1/2019	12/31/2019
90785 - Add On, Interactive Complexity	P112	699	Unknown	1/1/2013	12/31/2013
90785 - Add On, Interactive Complexity	P113	699	Unknown	1/1/2013	12/31/2013
90785 - Add On, Interactive Complexity	P134	999999	Unknown	7/1/2016	6/30/2018
90785 - Add On, Interactive Complexity	P137	999999	Unknown	7/1/2016	6/30/2018
90785 - Add On, Interactive Complexity	P138	999999	Unknown	7/1/2016	1/23/2018

- Create a new Treatment by clicking 'Add Professional Claim'.

- The Add/Edit Claim form will open, please populate the fields as follows:
 - Funding Source *select one of: SLC Medicaid (4) or TOOELE Medicaid (6)*
 - Principal Diagnosis *enter code or description, then select appropriate code from drop-down.*
 - Remaining Diagnosis fields *optional – populate if available*
 - Claim Level Comments *if prior TF approval has been granted, enter timely filing waiver ID*

- Select 'Add Claim' button.

- The View Claim form will open. Select 'Add Professional Service' and this will launch

the 'Add Treatment Setup' form as shown below.

- On the 'Add Treatment Setup' form the fields below are available. Please note: these fields need to be populated in order to ensure data populates properly.

1. Date – enter single date, date range or multiple dates. *Please note: Individual dates must be selected if this treatment is a replacement of a previously submitted record.*

2. Filter by Funding Source – Select '4 - SLC Medicaid' or '6 - TOOELE Medicaid'

Helpful Tip:

- ✓ The date range and multiple dates options assume that all other data points are identical - auth number, CPT code, Clinician, and units per day.

3. Authorization – the authorization drop-down will filter to only show authorizations that are valid on the date(s) selected in #1.

4. CPT Code – The CPT Code search box will filter to only show the CPT codes that are included in the authorization selected in in #3.

5. Clinician and Performing Provider License Type – Select performing provider from the drop-down menu. If the individual that provided the service is not present in the drop-down, please contact Optum Network to complete the registration process.

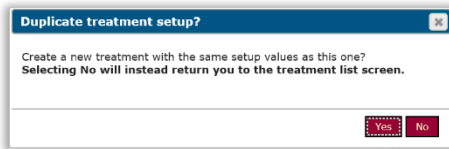
6. Units – Total unit count for all services billed. If multiple dates are entered in #1, the unit entry should be the sum total of all units.

7. Is this service a replacement and Service to replace – Select 'yes' if you are replacing a service that was previously submitted and adjudication. *Please Note: Services can only be replaced one time. The replacement claim drop-down menu will filter and only display services that are available to be replaced.*

- Once the fields have been populated. Select the 'Set Treatment Date' button.
- On the Add Treatment - Details form, please populate the following fields:

8. Duration – enter the total minutes for the service.
9. Location – *All available locations are present in the drop-down. Please Note: Some codes have limitations on available location codes. Please contact Optum Network for specifics.*
10. Primary Diagnosis – *Drop-down populates from entries selected during Add/Edit claim step.*
11. Second, Third and Fourth Diagnosis – *Not required, but can be populated if codes avail.*
12. Provider Rate – *This field defaults to the provider's fee schedule rate for the service code/date. The amount can be increased if the provider chooses to.*
13. Private Pay Amount – *Enter 0*
14. Billed Amount – *this field will auto populate to align to the provider rate field.*
15. Service Comments - *Enter Evidence Based Practice (EBP) codes that were offered/delivered during the session(s). A complete list of the EBP codes has been included at the end of this document.*
16. Emergency Indicator – *select 'No' or 'Yes' from drop-down.*

- Select the 'Add Treatment' button.
- The system will then display a popup message: Duplicate treatment setup?



- Select "Yes" if you would like to add another treatment to the claim.
 - Once selected, PCONN will return you to the 'Add Treatment' form.
- Select 'No' if no additional services need to be added to the claim.
 - Once selected, PCONN will return you to the 'Treatment History' form.

View Treatment History is available after completing the treatment creation process or by selecting 'Treatment' from the left-hand navigation bar.

- To view previously created treatments, set the filters for year, month and week located towards the top of the form.
 - Click the down arrow to expand the window to allow for all months (in the fiscal year) or weeks (in the selected month).

- Select 'VIEW ALL' to see all records for the fiscal year.

- For Example: To view the treatment created in this example for December 2019, select 2019-2020 in the year drop-down and December 2019 in the month drop-down, then select 'View'.

Claim	Agency	Tx Date <small>click to view dates</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected Disbursement
ProviderConnect Claim ID: 6437989 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	12/1/2019 <small>Edit / Delete</small>		TEST.SNOWMAN	90853	1	15		Not Reviewed	\$0.00

- Bill date will remain blank until the treatment has been billed and submitted.

- Billing Status will remain as 'Not Reviewed' until the claim has been adjudicated and an EOB has been issued.
- To edit an existing claim that has not been billed, click 'Edit' in the TX Date field.

Member ID: 40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

ProviderConnect Claim ID: 8437509 - Professional
Date of Claim: N/A

Claims	Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected Disbursement
	HORIZON HOME-Dummy	12/1/2018 Edit / Delete		TEST.SNOWMAN	90853	1	15		Not Reviewed	\$0.00

- Enter changes for clinician, license type and units per day then select 'Edit Treatment Details' button.

Member ID: 40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

CPT Code: 90853 - Psychotherapy, Group (418190, 7/1/2019 - 12/31/2016)

Clinician: TEST.SNOWMAN (4182018 -)

Performing Provider License Type: 20 - CASE MGR

Units / Day: 1

Date of Service: 11/1/2019

[Edit Treatment Details >>](#)

- Enter remaining changes in the Edit Treatment Details form, then select 'Update Treatment'.

Member ID: 40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Funding Source: SLC Medicaid

CPT Code: 90853 - Psychotherapy, Group

Num of Days: 1

Units/Day: 2

Total Units: 2

Cost/Unit: \$5.90

Cost/Day: \$11.80

Total Cost: \$11.98

Treatment Date(s): 11/1/2019

Primary Diagnosis: Anxiety state

Second Diagnosis: Please Choose One

Third Diagnosis: Please Choose One

Fourth Diagnosis: Please Choose One

Provider Rate: 11.98

Private Pay Amount: 0.00

Billed Amount: 11.98

[Update Treatment >>](#)

- To View a full treatment history, select 'View All' in the year drop-down as well as the month drop-down, then select 'View'.

Member ID: 40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

VIEW ALL | VIEW

Claim	Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected Disbursement
	HORIZON HOME-Dummy	12/1/2018 Edit / Delete		TEST.SNOWMAN	90853	1	15		Not Reviewed	\$0.00

- The result of a view search produces a full list of all treatments created in ProviderConnect.

Helpful Tip:

- ✓ Data is organized by a fiscal year October thru September.
- ✓ Additional CPT codes or dates of service are added to the Professional Claim through the Treatment History screen.

Claim	Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected
ProviderConnect Claim ID: 6437005 - Professional Date of Claim: 2/3/2020	HORIZON HOME-Dummy	12/1/2019	Complete	TEST.SNOWMAN	90853	1	15	2/3/2020	Not Reviewed	\$0.00
ProviderConnect Claim ID: 6249728 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	9/1/2019		TEST.BASEBALL.BETTY	90837	1	90		Not Reviewed	\$0.00
ProviderConnect Claim ID: 6259221 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	9/1/2019		TEST.SNOWMAN	90837	1	90		Not Reviewed	\$0.00
ProviderConnect Claim ID: 6251040 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	6/1/2019		TEST.SNOWMAN	90853	1	15		Not Reviewed	\$0.00
ProviderConnect Claim ID: 6291959 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	9/1/2019		TEST.SNOWMAN	90853	4	90		Not Reviewed	\$0.00
ProviderConnect Claim ID: 6249728 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	9/1/2019		TEST.SNOWMAN	90791	5	75		Not Reviewed	\$0.00
ProviderConnect Claim ID: 6253205 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	9/1/2019		TEST.SNOWMAN	90791	1	90		Not Reviewed	\$0.00
ProviderConnect Claim ID: 6234990 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	4/1/2019		TEST.TEST (INACTIVE)	90839	1	15		Not Reviewed	\$0.00
	HORIZON HOME-Dummy	4/1/2019		TEST.TEST (INACTIVE)	90837	1	90		Not Reviewed	\$0.00

- Please note: The top record has been billed, whereas the other records shown have not.
- Once billed the Bill Date field will populate, as well as a 'Bill Enum' number.

Special Instructions for Telephonic and Telehealth Billing

Due to the COVID-19 pandemic, Optum has authorized the use of telephonic services for treating clients during this crisis. The following is a breakdown of what is considered telephonic vs. telehealth.

- Telephonic services are defined as a standard telephone call or video conference using a non-HIPAA compliant technology, between the treating provider and the client.
 - Use non-telehealth authorization group.
 - Procedure code should NOT include GT modifier.
 - Location code '02' (Telehealth) is required.
- Telehealth services are provided using a HIPAA compliant technology to conduct a video treatment session.
 - Use telehealth authorization group.
 - Procedure code MUST include GT modifier.
 - Location code '02' (Telehealth) is required.

For complete instructions please refer to the Telehealth provider training.

Treatment – Coordination of Benefits (COB) Third Party Liability (TPL)

Coordination of benefits, often referred to as COB or TPL applies to a person who is covered by more than one health plan, in addition to Utah Medicaid.

The COB regulations, as well as the HIPAA Privacy Act, permit Medicaid to coordinate benefits with other health plans and payers to reduce administrative burden and enable patients to obtain payment of the maximum benefit they are allowed.

Optum's claim adjudication system manages these at the service level only. All claims submitted with claim level TPL will be denied.

Creating a claim with COB requires the creation of a treatment first. Once completed, the COB data is then added.

Add COB (Coordination of Benefits) / TPL (Third Party Liability)

- Navigate to claim previously created.
- Find claim and click on the blue hyperlink.

Member ID: 34074

Client Name: TEST, JAMIE
Member ID: 34074
SSN: 999-99-9999

[Add Professional Claim](#)

This page defaults to treatments with services that occur during the current fiscal year. 2019-2020 | September - 2020 | VIEW ALL | [View](#)

Claim	Agency	Tx Date <small>click to view details</small>	Status	Therapist	Procedure Code	Units	Duration	Bill Date	Status	Expected Disbursement
ProviderConnect Claim ID: 6794715 - Professional Date of Claim: 9/11/2020	HORIZON HOME-Dummy	9/10/2020	Complete	TEST,SNOWMAN	90837	1		9/11/2020	Not Reviewed	\$0.00
Auth #: P170 Bill Enum: 91120201949515										
ProviderConnect Claim ID: 6794717 - Professional Date of Claim: N/A	HORIZON HOME-Dummy	9/4/2020 Edit / Delete		TEST,SNOWMAN	90837	1			Not Reviewed	\$0.00
Auth #: P170										

Procedure Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
90785 - Add On, Interactive Complexity	424606	60	60	5/8/2020	8/6/2020

- In the Service detail section, click 'Add COB'

Member ID: 34074

Client Name: TEST, JAMIE
Member ID: 34074
SSN: 999-99-9999

[Add Professional Service](#)

Claim ID	Date of Claim	Bill Enum	Funding Source	SLC Medicaid (4)	Total Charge	N/A
6794717						

Diagnosis: Principal Diagnosis Anxiety tension state, Diagnosis 2, Diagnosis 3, Diagnosis 4, Diagnosis 5, Diagnosis 6, Diagnosis 7, Diagnosis 8, Diagnosis 9, Diagnosis 10, Diagnosis 11, Diagnosis 12

Claim Level Comments:

[Add COB](#)

Coordination of Benefits: No Claim-level Coordination of Benefits

[Edit Claim](#)

Service Date	Services CPT Code	Units	Duration
9/4/2020	90837	1.00	

Coordination of Benefits: No Service-level Coordination of Benefits

[Return to Treatment History](#)

- Upon selecting the 'Add COB' button, the following form will open. You MUST enter the third-party data **exactly** as presented on the Primary EOB.

- Third Party Payer - *Leave blank.*
- Payer identification - *Enter the other payer primary identifier.*
- Other Payer Organization Name - *Enter the primary payer name.*
- Procedure Code - *Enter the procedure code including any modifier(s).*
- Quantity - *Enter billed units/days from the primary EOB.*
- Allowed Amount - *Leave blank.*
- Billed Amount - *Leave blank.*
- Amount Paid - *Enter the amount paid by primary payer.*
- Adjudication or Payment Date - *Enter the date of the primary EOB.*
- Remaining Patient Liability Monetary Amount - *Leave blank.*

- Click 'Add Service Cob' when entry is complete.

- Upon completion of entering the primary payer information, please review details to ensure they are accurate.

Notice the COB information is displaying at the Service Level

- If needed, you can delete the COB previously entered using the Delete COB option.

Click 'Delete COB' to delete.

- You will be prompted 'Are you sure you want to delete this COB record?' Click OK to delete, or cancel

- If no additional changes are needed, click 'Add Adjustment'

- Enter all adjustments present on the primary payer EOB
- The screen accommodates up to six adjustment records per service

- 1. Adjustment Group Code** Displays the CAS group code dictionary.
CO – Contractual Obligation
OA – Other Adjustment
PI – Payor Initiated Reduction
PR – Patient Responsibility
- 2. Reason Code** Displays the reason code dictionary. Select the code(s) displayed on the primary payer EOB.
- 3. Amount** Enter the amount associated to the reason code selected from the primary payer EOB.
- 4. Quantity** Enter billed units/days from the primary payer.
- 5. Add Adjustment** Click 'Add Adjustment' button to save.

- Once all adjustments have been entered, click 'Add Adjustment'.

Please Note: There must be at least one adjustment per service.

- Once the adjustments have been saved, you will be returned to the 'View Claim' form.

- Use the appropriate options to add or delete records.

Member ID
34074

ProviderConnect - View Claim HORIZON HOME-Dummy 9/12/2020 5:17:52 PM Lookup Client | Main Menu | Log Out

Client Name: TEST, JAMIE
Member ID: 34074
SSN: 999-99-9999

[Add Professional Service](#)

Professional Claim Details											
Claim ID	6794717	Date of Claim	Bill Enum	Funding Source	SLC Medicaid (4)	Total Charge	N/A				
Diagnosis 1	Anxiety tension state	Diagnosis 2	 	Diagnosis 3	 	Diagnosis 4	 	Diagnosis 5	 	Diagnosis 6	
Diagnosis 7	 	Diagnosis 8	 	Diagnosis 9	 	Diagnosis 10	 	Diagnosis 11	 	Diagnosis 12	

[Add COB](#)

Coordination of Benefits: No Claim-level Coordination of Benefits

[Edit Claim](#)

Services			
Service Date	CPT Code	Units	Duration
9/4/2020	90837	1.00	

[Add COB](#)

Coordination of Benefits

Third Party Payer: Payer Identifier: 03502 Payer Name: MEDICARE	Procedure Code: 98037 Quantity: 1	Payment	Allowed Amount: Billed Amount: Amount Paid: 10.00 Date: 9/7/2020	Remaining Patient Liability Amount
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[Delete COB / Add Adjustment](#)

Adjustments			
Adjustment Group Code	CO - Contractual Obligations	Amount	Quantity
Reason Code 1	2 - Coinsurance Amount	Amount 1	10.00
Reason Code 2		Amount 2	Quantity 2
Reason Code 3		Amount 3	Quantity 3
Reason Code 4		Amount 4	Quantity 4
Reason Code 5		Amount 5	Quantity 5
Reason Code 6		Amount 6	Quantity 6

[Delete Adjustment](#) 1

[Return to Treatment History](#)

- In the event there are additional COB's to enter, follow the instructions within this documentation, otherwise Click 'Return to Treatment History' to exit.

Helpful Tips:

- ✓ If data was entered in error, it can be deleted and then added again as needed.
 - Use the appropriate options: 'Delete COB' or 'Delete Adjustment' to delete.
 - Use the appropriate option: 'Add COB' or 'Add Adjustment' to add.

Treatment – Replacement/Void Claim Submissions

Optum’s claim adjudication allows for the submission of void and replacement claims via provider connect. For a service to be eligible for void or replacement, the following rules must be met:

- Original claim must be fully adjudicated, including the issuance of an EOB
- Original claim cannot have been previously voided or replaced.
- Replacement claim must be for the same contracting provider/agency as the original claim.
- Replacement claim must be for the same client ID as the original claim.

Providers are encouraged to submit replacement claims using the same submission method as the original claim.

Optum’s system limits replacement submissions to one time per unique claim ID. In the event a claim needs to be replaced a second time, please keep this logic in mind:

Claim A – Original claim submitted

Claim B – Replaces claim A

Claim C – Replaces claim B

When submitting claim B, the payer claim control number (issued by Optum) for claim A should be referenced.

When submitting claim B, the payer claim control number (issued by Optum) for claim A should be referenced.

Please Note: In this example, if claim C is submitted with the payer claim control number for claim A instead of claim B, the claim will be rejected because the claim has already been replaced.

The first step in the replacement claim process is to identify the claim to be replaced. This can be done by reviewing your EOBs.

- Claims originating from PCONN will include the service ID and batch number, shown below with the **orange** and **green** lines below the data.

Member Name	Service Code	Date of Service	Auth Number	Performing Provider	Billed Units	Approved Units	Amount Billed	Amount Allowable	Third Party Pay	Member Copy	Amount Approved	Claim Status
MANN,SNOW (40966)	90837GT	09/17/20	F189	TEST,SNOWMAN	1	1	132.87	132.87	0.00	0.00	132.87	Approved
<p>The service was approved with the following notice: Service approved.</p> <p>ID for PCONN claim replacement: Line #SVC.00002 Batch #75041 Optum Unique Claim Line ID: 40966_75041_HCF00002_SVC00002</p>												

- Claims originating from paper or EDI, can be replaced via a PCONN transaction. The value underlined in **orange** is the SVC number and the field underlined in **green** is the batch number.

Member Name	Service Code	Date of Service	Auth Number	Performing Provider	Billed Units	Approved Units	Amount Billed	Amount Allowable	Third Party Pay	Member Copay	Amount Approved	Claim Status
MANN,SNOW (40966)	90853	10/01/20	P170	TEST,SNOWMAN	1	1	50.00	5.98		0.00	5.98	Approved
The service was approved with the following notices: Service approved. Authorized amounts differs from billed amount.												
ID for paper claim replacement: 40966_75068_HCF.00001_SVC.00001 Optum Unique Claim Line ID: 40966_75068_HCF00001_SVC00001												

Replacement Claim Creation

Claims that have been fully adjudicated (including issuance of EOB) and have not been previously voided or replaced are eligible for replacement.

- Select 'Yes' on "Is this a replacement?"

- Select the appropriate service to be replaced by matching **SVC. ID number** and **batch number** from the EOB.

- Continue steps to complete the treatment creation and submit to save.

Void Claim Creation

- To void a service, begin by navigating to the client treatment form in ProviderConnect.

Member ID: 40966

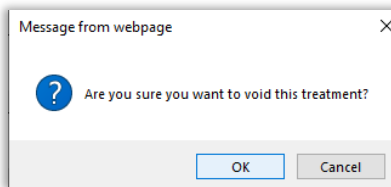
Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Add Professional Claim

This page defaults to treatments with services that occur during the current fiscal year. 2020-2021 | October - 2020 | VIEW ALL | view

Claim	Agency	Tx Date <small>click to view details</small>	Status	Therapist	Procedure Code	Units	Duration	Billing		
								Bill Date	Status	Expected Disbursement
ProviderConnect Claim ID: 6663040 - Professional Date of Claim: 10/29/2020	HORIZON HOME-Dummy	10/29/2020 Void	Complete	TEST,TEST GOLFER	90840GT	0	30	10/29/2020	Denied	\$0.00
Auth #: P189 Bill Enum: 10292020173445 Check #: NOT_ISSUED Date: 11/13/2020										
ProviderConnect Claim ID: 6642070 - Professional Date of Claim: 10/22/2020	HORIZON HOME-Dummy	10/8/2020	Complete	TEST,SNOWMAN	90847GT	1	30	10/22/2020	Not Reviewed	\$0.00
Auth #: P189 Bill Enum: 102220201650505										

- Find the service to be voided, then select 'Void'. A dialogue box will then open to confirm the void.



- Once 'OK' is selected, the void record is ready for submission from ProviderConnect to Optum's billing system. **Please Note: This action cannot be undone.**

Client Admit/Discharge

Effective July 1, 2021, the 'client_discharge' form in ProviderConnect will be replaced with a 'Client Admit/Discharge' form. We are requiring the admission date (in addition to the discharge date) in order to improve communication and coordination for members for whom we do not have a current member-specific authorization.

For all clients admitted on or after 07/01/21 for whom you are billing with blanket authorizations, please create an initial record within 7 days of admission. The record should then be updated with the client's discharge date, when they leave your care.

Please do not enter discharge records when a client is changing levels of care.

- To access the form, select 'Client Admit/Discharge' from the left navigation bar.

Member ID
40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Member Demographics		
Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456780
Member Street 1 9999 Spring Drive Wayward	Member Street 2	Member City Salt Lake City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity -Please Choose One-
Race -Please Choose One-	Client Maiden Name	Veteran
Education Level At Admission -Please Choose One-	Citizenship Status -Please Choose One-	Pre-Admission Disposition
Employment Status -Please Choose One-		
Marital Status -Please Choose One-		

Save Record

- Select "Add New Record"

Member ID
40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Client Admit/Discharge Items				
	Date of Admission	Date of Discharge or Discontinuation of Service	ProviderConnect Provider Entry Date	ProviderConnect User
Add New Record				

ProviderConnect 2020.10.10 © 2021 Netsmart Technologies, Inc.

Client Admit

- Enter the actual date the client admitted to your practice in 'Date of Admission' field (regardless of how old), then click 'Save Changes' button at the bottom of the form.

The screenshot shows the 'Client Admit/Discharge' form for member 40966. The 'Date of Admission' field is set to 06/01/2021. The 'Save Changes' button is highlighted with an orange arrow. The form includes fields for Client Name, Member ID, SSN, and various admission/discharge details.

Please note:

The fields on the bottom of the form are disabled as they are only populated on client discharge.

- Once the record has saved, a confirmation popup will appear. Click 'OK' to dismiss the message.

The screenshot shows the 'Client Admit/Discharge Items' table with one record. A confirmation popup is displayed over the table, stating 'Your changes have been saved.' with an 'OK' button. The table has columns for Date of Admission, Date of Discharge from Agency, ProviderConnect Provider, Data Entry Date, and ProviderConnect User.

Select	Date of Admission	Date of Discharge from Agency	ProviderConnect Provider	Data Entry Date	ProviderConnect User
Select	06/01/2021		7	06/09/2021	JKTEST04

- In the event a client's admission date requires correction, click on the 'Select' button on the left-hand side of the admit/discharge timeline to open the record. Proceed with updating the admission date, then save the record.

Please note:

Each timeline should mirror the client's actual episode of care at your agency. It should not be used to identify changes in level of care within your agency.

The screenshot shows the 'Client Admit/Discharge Items' table with one record. The 'Select' button is highlighted with an orange arrow. The table has columns for Date of Admission, Date of Discharge from Agency, ProviderConnect Provider, Data Entry Date, and ProviderConnect User.

Select	Date of Admission	Date of Discharge from Agency	ProviderConnect Provider	Data Entry Date	ProviderConnect User
Select	06/01/2021		7	06/09/2021	JKTEST04

- Admission records should be created within 7 days from the date the client admitted to your practice.

Client Discharge

Once a client has left your care, please add the client's discharge date to the 'Client Admit/Discharge' timeline previously created. To enter the client's discharge record, please complete the following steps:

- Click 'Client Admit/Discharge' button from the left navigation bar.

The screenshot shows the 'Client Admit/Discharge' form in the ProviderConnect system. The left navigation bar has an orange arrow pointing to the 'Client Admit/Discharge' button. The main form area contains the following fields:

Member Demographics		
Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456780
Member Street 1 9999 Spring Drive Wayward	Member Street 2	Member City Salt Lake City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity Please Choose One-
Race Please Choose One-	Client Maiden Name	Veteran
Education Level At Admission Please Choose One-	Citizenship Status Please Choose One-	Pre-Admission Disposition
Employment Status Please Choose One-		
Marital Status Please Choose One-		

At the bottom of the form is a red 'Save Record' button.

- Click on the 'Select' button on the left-hand side of the admit/discharge timeline to open the record.

The screenshot shows the 'Client Admit/Discharge Items' table. An orange arrow points to the 'Select' button in the first row. The table contains the following data:

Client Admit/Discharge Items	Date of Admission	Date of Discharge from Agency	ProviderConnectProviderData Entry Date	ProviderConnect User
Select	06/01/2021		7	JKTEST04

Below the table is a red 'Add New Record' button.

- Enter the date the client left your agencies care into the 'Date of Discharge' field.

The screenshot shows a web-based form for 'Admission/Discharge'. At the top, it displays client information: Client Name: MANN, SNOW TEST; Member ID: 40966; SSN: 123-45-6789. Below this is a 'Print' and 'Delete' button. The main form area is titled 'Admission/Discharge' and contains several sections. The 'Date of Admission' is set to 06/04/2021. The 'Date of Discharge from Agency' is set to 07/05/2021, with 'Today' and 'Yesterday' buttons next to it. The 'Provider' is set to HORIZON HOME-Dummy. There are several optional fields with dropdown menus: 'Treatment completion at discontinuation', 'Referral at discontinuation or discharge', 'Living Arrangement', 'Is the client currently enrolled in an education program', 'Tobacco Use', and 'Employment status'. A 'Comments' field is at the bottom. At the very bottom of the form are 'Save Changes' and 'Cancel Changes' buttons. Orange arrows point to the 'Date of Discharge from Agency' field and the optional fields. A note on the right side of the form states: 'These optional fields will engage once a discharge date is entered.'

- The fields above are optional, but you are encouraged to answer the questions if the data is available:
 - Treatment completion at discontinuation
 - Referral at discontinuation or discharge
 - Living Arrangement
 - Is this client currently enrolled in an education program
 - Tobacco use
 - Employment status
 - Comments
- Select 'Save Changes' at the bottom of the form, once entry is complete.

PLEASE NOTE:

For clients admitted prior to July 1, 2021, an admission record is not required at this time. At the point of discharge, you will be required to create a Client Admit/Discharge record – entering in the client's actual admission date, in addition to the discharge date.

Mental Health Event Record

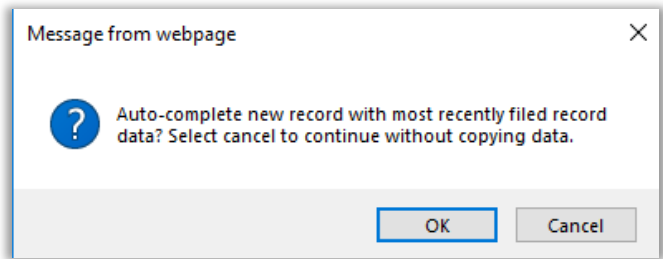
The Mental Health Event Record (MHER) data set is used at the state level to collect and report the types and amounts of mental health services provided to persons served. This data set is a critical component of the Substance Abuse and Mental Health Information System (SAMHIS) for linking persons served to services, providers, costs, and outcomes

- To access the form, select 'MSO Mental Health Event Record Admit/Update' from the left navigation bar.

	Mental Health Event Status Change Date	Data Entry By User ID	Data Entry Date	Data Entry Time	ProviderConnectProvid
Select	03/01/2019	JKRETCHMAN	07/12/2019	01:48 PM	7
Select	03/08/2019	JKRETCHMAN	03/08/2019	08:34 AM	7
Select	03/08/2019	CARELINKUSER	03/08/2019	09:43 AM	7
Select	04/09/2019	CARELINKUSER	04/09/2019	05:56 PM	7
Select	04/09/2019	CARELINKUSER	02/04/2020	11:51 AM	7
Select	02/04/2020	CARELINKUSER	02/04/2020	11:53 AM	7
Select	03/31/2020	CARELINKUSER	04/28/2020	12:07 PM	7
Select	04/28/2020	CARELINKUSER	04/28/2020	12:09 PM	7
Select	05/26/2020	NASLESO	07/07/2020	01:45 PM	7

- Select 'Add New Record'

- If there are existing records the system will prompt if you would like to Auto-complete the new record (prefilled) with the most recently filed record data.
- Select OK to Auto-complete or Select Cancel if you would like to fill in the form from scratch.



Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Print

Create an Initial or Update Record

Provider: Search for:

Connect User:

Mental Health Event Status Change Date: Today Yesterday

Mental Health Event status change time: Current Time

Date of most recent client admission: Today Yesterday

Living arrangement. NOTE - Update required every 6 months.

County of residence at Admission:

Gross monthly household income at admission:

Source of referral at admission. NOTE - Update required every 90 days.

Total number in family who live at home:

Hispanic or latino origin:

Veteran status. NOTE - Update required every 6 months.

Race:

Tobacco use. NOTE - Update required every 6 months.

Marital status:

What language needs to be spoken during therapy? (admission only)

Completed years of education:

If the response above was OTHER, please write the language that needs to be spoken during therapy.

At any time IN THE LAST 3 MONTHS has this person attended school or college? NOTE - Update required every 6 months.

Number of arrests in the last 30 days:

Previous mental health treatment of any kind:

Atypical medication Used:

Previous mental health treatment at this mental health center:

Severity level (SED or Yes SPM). NOTE - Update required every 6 months.

Previous mental health treatment at the Utah State Hospital:

GAF score:

Expected principal payment source as reported by staff:

Criminal court compelled for treatment:

Employment status. NOTE - Update required every 90 days.

Justice risk level. NOTE - Update required every 6 months.

Legal status:

Provider and User IDs have been added to the form. These fields will auto populate prior to the form saving.

Please Note: All fields are required.

- MHER records must be created within 30-days of initial service date, for all new or returning clients.
- All clients actively in treatment must have a current MHER record. This includes a review and update every 90 days. or if there is a change in their status or level of care.
- All providers will be required to update/refresh their client’s MHER at least every 6 months, at a minimum. Update requirements have been added to the MHER form in PCONN.
- Additional training documentation is available on “Mental Health Event Record 20190606” and “MHER_provider training_20190412”

Timely Access Submission

Medicaid Timely Access to Care: Medicaid outlines the expectations for timely service delivery based on the member's presentation when requesting services.

Entries are only required for Optum Medicaid members who are new to your practice, or who are requesting services after they have previously discharged from your care.

Member ID
40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Member Demographics		
Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456789
Member Street 1 111 Santa Clause Drive	Member Street 2	Member City West Valley City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity -Please Choose One-
Race -Please Choose One-	Client Maiden Name	Veteran
Education Level At Admission -Please Choose One-	Citizenship Status -Please Choose One-	Pre-Admission Disposition
Employment Status -Please Choose One-		
Marital Status -Please Choose One-		

- To access the form, select 'Timely Access Submission' from the left navigation bar.
- Click "Add New Record"

Member ID
40966

Client Name: MANN, SNOW TEST
Member ID: 40966
SSN: 123-45-6789

Timely Access Submission Items					
	Form_Entry_Date	Initial Contact Date	Type of Appointment	ProviderConnect	Provider Data Entry By Login
Select	06/02/2020	06/02/2020	Emergent Walk-In	7	CARELINKUSER

Add New Record

ProviderConnect 2020.3.1® 2020 [Netsmart Technologies, Inc.](#)

Create or Update	
ProviderConnectProvider Search for: <input type="text"/> Search	ProviderConnect User <input type="text"/>
<input type="text"/>	
Form Entry Date <input type="text"/> Today Yesterday	
Initial Contact Date <input type="text"/> Today Yesterday	
First Appointment Offered Date <input type="text"/> Today Yesterday	
Type of Appointment Type of Appointment <input type="text"/>	
Clinical screening by phone offered within 30 minutes Emergent Phone Returned Call <input type="radio"/> No <input type="radio"/> Yes	
Outpatient face-to-face appointment offered within 1 hour of phone screen Emergent Phone Face to Face <input type="radio"/> No <input type="radio"/> Yes	
Outpatient face-to-face appointment offered within 1 hour Emergent Walk-In Face to Face <input type="radio"/> No <input type="radio"/> Yes	
Face-to-face covered services offered within a maximum of 5 working days from the initial contact Urgent <input type="radio"/> No <input type="radio"/> Yes	
Face-to-face covered service offered within 15 working days from the initial contact Non Urgent <input type="radio"/> No <input type="radio"/> Yes	
<input type="button" value="Save Changes"/> <input type="button" value="Cancel Changes"/>	

Provider and User IDs have been added to the form. These fields will auto populate prior to the form saving.

Helpful Tip:

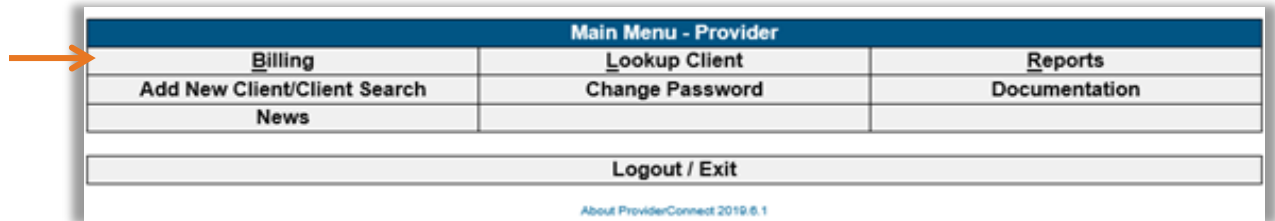
- ✓ *First Appointment Offered Date cannot be prior to the Initial Contact Date*

- Complete all questions in Red.
- After selecting the Type of Appointment from the dropdown list, the respective questions will become red and must be completed to submit the entry.
 - *Emergent Phone*
 - *Emergent Walk-In*
 - *Urgent*
 - *Non Urgent*
- When all items in red are complete, select the 'Save Changes' button at the bottom of the page.

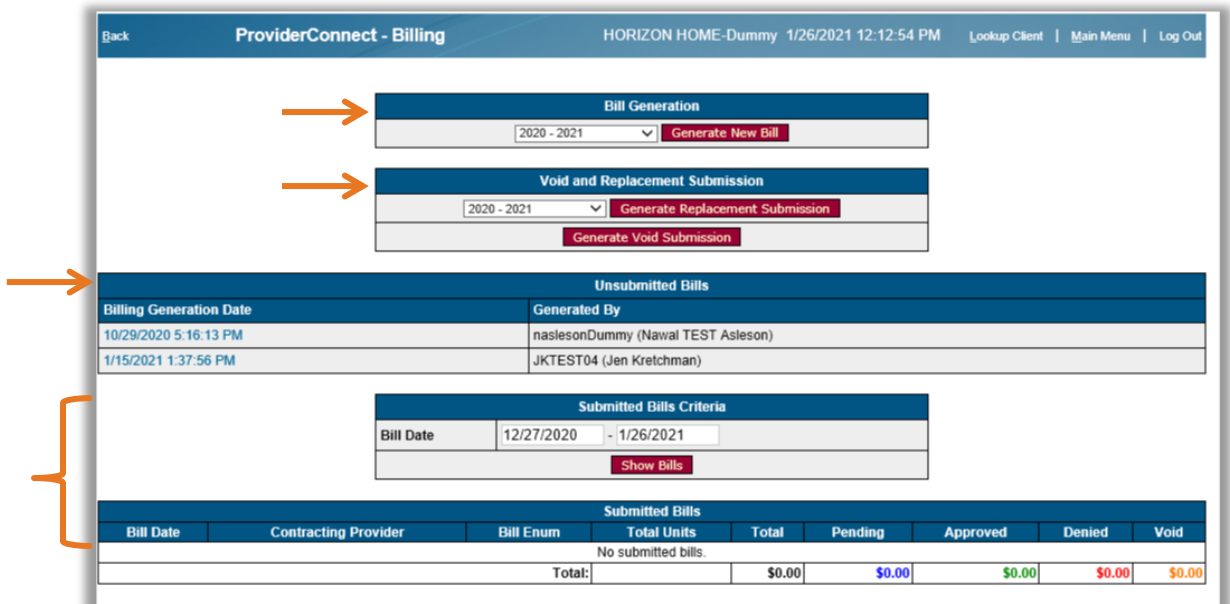
Billing

UNDERSTANDING THE BILLING SECTION

- From the Main Menu, select 'Billing'.



- The page below is the Billing section. The following is a high-level summary of these functions:



- Bill Generation:** This section creates a bill for all treatments in a specified fiscal year range; the fiscal year in ProviderConnect is defined as October 1st to September 30th.
- Void and Replacement Submission:** This section creates a bill for treatments that have been marked to be voided or replaced.
- Unsubmitted Bills:** This section shows bills that were created but *NOT* submitted because the user did not complete the bill submission.
- Submitted Bills Criteria and Submitted:** These sections work in tandem to show bills that have been submitted by bill date. Bills that have not been through an adjudication cycle will have dollar amounts reflected in the Pending column.

Bill Generation

Back ProviderConnect - Billing HORIZON HOME-Dummy 1/26/2021 12:12:54 PM Lookup Client | Main Menu | Log Out

Bill Generation
 2020 - 2021 Generate New Bill

Void and Replacement Submission
 2020 - 2021 Generate Replacement Submission
 Generate Void Submission

Unsubmitted Bills

Billing Generation Date	Generated By
10/29/2020 5:16:13 PM	naslesonDummy (Nawal TEST Asleson)
1/15/2021 1:37:56 PM	JKTEST04 (Jen Kretchman)

Submitted Bills Criteria

Bill Date	12/27/2020 - 1/26/2021
-----------	------------------------

Show Bills

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Approved	Denied	Void
No submitted bills.								
Total:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- Set the filter for the applicable fiscal year for the (services/treatments) being billed (fiscal year = service dates 10/1 – 9/30).

Bill Generation
 2019 - 2020 Generate New Bill

- Click “Generate New Bill”
- Treatments that have not yet been assigned to a bill will be compiled and displayed here. Multiple clients can be billed together.

Back ProviderConnect - Unsubmitted Bill HORIZON HOME-Dummy 2/3/2020 11:45:26 PM Lookup Client | Main Menu | Log Out

Client ID	Date		Unbilled	Cost	Billing
	From	To			
40995	12/1/2019	12/1/2019	\$0.00		\$0.00
Total:			\$0.00		\$0.00

<< Cancel/Delete Bill Save, But Not Submit View Bill Summary >> Back

- Select ‘View Bill Summary’ to proceed with billing submission process.

Helpful Tip:

- ✓ If all treatments have previously been assigned to a bill, the system displays the following message:

Attention
 There are no unbilled treatments for the selected criteria.
 << Click To Return

- ✓ If you believe this to be incorrect, please check the Unsubmitted Bills section to see if treatments were assigned to a bill already and have not been submitted for payment.

- The Treatment Billing form will appear with a summary of treatments about to be submitted.

The screenshot shows the 'ProviderConnect - Treatment Billing' interface. At the top, there is a navigation bar with 'Back', 'ProviderConnect - Treatment Billing', and user information: 'HORIZON HOME-Dummy 2/4/2020 12:03:42 AM'. There are also links for 'Lookup Client', 'Main Menu', and 'Log Out'.

Below the navigation bar, there are two summary tables:

Summary By Client

Client	Dates		Total Units	Paid Units	Total	Pending	Cost		
	From	To					Approved	Denied	Void
40086	12/1/2019	12/1/2019	5.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			5.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary By CPT Code

CPT Code	Dates		Total Units	Paid Units	Total	Pending	Cost		
	From	To					Approved	Denied	Void
C-90853	12/1/2019	12/1/2019	5.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			5.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

At the bottom of the interface, there are two buttons: '<< Edit Bill' on the left and 'Submit Bill >>' on the right. An orange arrow points to the 'Submit Bill >>' button.

- Select 'Submit Bill' to complete billing submission process. The bill submission is now complete

Helpful Tip:

- ✓ We recommend including numerous treatments per Bill Enum to reduce the number of data transmissions and thereby reduce data transmission errors.

Void and Replacement Submission

The screenshot shows the 'ProviderConnect - Billing' interface. At the top, there are navigation links: 'Back', 'ProviderConnect - Billing', 'HORIZON HOME-Dummy 1/26/2021 12:12:54 PM', 'Lookup Client', 'Main Menu', and 'Log Out'. Below this, there are two main sections:

- Bill Generation:** A dropdown menu set to '2020 - 2021' and a 'Generate New Bill' button.
- Void and Replacement Submission:** A dropdown menu set to '2020 - 2021', a 'Generate Replacement Submission' button (highlighted with an orange arrow), and a 'Generate Void Submission' button.

Below these sections are two tables:

Unsubmitted Bills	
Billing Generation Date	Generated By
10/29/2020 5:16:13 PM	naslesonDummy (Nawal TEST Asleson)
1/15/2021 1:37:56 PM	JKTEST04 (Jen Kretchman)

Submitted Bills Criteria	
Bill Date	12/27/2020 - 1/26/2021
Show Bills	

Submitted Bills									
Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Approved	Denied	Void	
No submitted bills.									
Total:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

- ### Generate Replacement Submission

- Only treatments created with the Replacement radio button set to Yes will be included.
 - Set the filter for fiscal year that contains the service to replace. Please note: This is based on the date of service.

Helpful Tip:

✓ The fiscal year in ProviderConnect is defined as October 1st to September 30th

This screenshot is similar to the one above, but with an orange arrow pointing to the 'Generate Replacement Submission' button in the 'Void and Replacement Submission' section.

- Upon selecting the 'Generate Replacement Submission' button, the form for submission will open. This functionality is very similar to the forms for original billings.

The screenshot shows the 'ProviderConnect - Unsubmitted Bill' form. It features a table with the following data:

Client ID	Date		Unbilled	Cost	Billing
	From	To			
40966	11/1/2020	11/1/2020	\$0.00		\$0.00
Total:			\$0.00		\$0.00

At the bottom of the form, there are three buttons: '<< Cancel/Delete Bill', 'Save, But Not Submit', and 'View Bill Summary >>' (highlighted with an orange arrow).

- Click 'View Bill Summary'

ProviderConnect - Treatment Billing										
Summary By Client										
Client	Dates		Total Units	Paid Units	Cost					
	From	To			Total	Pending	Approved	Denied	Void	
40966	11/1/2020	11/1/2020	1.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			1.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary By CPT Code										
CPT Code	Dates		Total Units	Paid Units	Cost					
	From	To			Total	Pending	Approved	Denied	Void	
C-90834	11/1/2020	11/1/2020	1.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			1.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

[Submit Bill >>](#)

- After reviewing the data, if all records are correct, select the 'Submit Bill' button to bill.

■ **Generate Void Submission**

- Only treatments which have been voided will be included.
- Set the filter for fiscal year that contains the service to void.

Helpful Tip:

✓ The fiscal year in ProviderConnect is defined as October 1st to September 30th

Bill Generation	
2020 - 2021	Generate New Bill

Void and Replacement Submission	
2020 - 2021	Generate Replacement Submission
	Generate Void Submission

- Upon selecting the 'Generate Void Submission' button, the form for submission will open.

ProviderConnect - Void Submission			
Batch ID	Service Id	Date of Service	Member ID
76254	SVC.00001	10/29/2020	40966
Submit Voids			

- After reviewing the data select the button to 'Submit Voids'.
- Upon completion of this step, the void treatment(s) will immediately pass into Optum's system and retro adjustments will be created to zero out the dollars and units of the voided services.

Unsubmitted Bills

Back ProviderConnect - Billing HORIZON HOME-Dummy 1/26/2021 12:12:54 PM Lookup Client | Main Menu | Log Out

Bill Generation
 2020 - 2021

Void and Replacement Submission
 2020 - 2021

Unsubmitted Bills

Billing Generation Date	Generated By
10/29/2020 5:16:13 PM	naslesonDummy (Nawal TEST Asleson)
1/15/2021 1:37:56 PM	JKTEST04 (Jen Kretchman)

Submitted Bills Criteria

Bill Date	12/27/2020 - 1/26/2021
<input type="button" value="Show Bills"/>	

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Approved	Denied	Void
No submitted bills.								
Total:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- This section contains treatments that were previously assigned to a bill but the submission process was not completed.
- *These services will appear as if they have been billed when viewing the client's treatment history and so it is important to ensure that this section is worked and all unsubmitted bills are submitted!*
- To complete the submission process, click on the date/time hyperlink in blue.

Unsubmitted Bills

Billing Generation Date	Generated By
2/3/2020 11:19:49 PM	JKTEST04 (Jen Kretchman)
2/3/2020 11:45:28 PM	JKTEST04 (Jen Kretchman)

- Once selected, PCONN will display the records contained in the bill.

Back ProviderConnect - Unsubmitted Bill HORIZON HOME-Dummy 2/4/2020 12:36:29 AM Lookup Client | Main Menu | Log Out

Client ID	Date		Unbilled	Cost	
	From	To		Billing	
40908	11/1/2019	11/1/2019	\$0.00		\$0.00
Total:			\$0.00		\$0.00
<input type="button" value="Cancel/Delete Bill"/>		<input type="button" value="Save, But Not Submit"/>		<input type="button" value="View Bill Summary >>"/>	

- Select 'View Bill Summary' to continue to the submission process.

- Review treatment details and select 'Submit Bill', if all records are correct.

ProviderConnect - Treatment Billing										
Back		HORIZON HOME-Dummy 2/4/2020 12:40:02 AM					Lookup Client Main Menu Log Out			
Summary By Client										
Client	Dates		Total Units	Paid Units	Total	Pending	Cost			
	From	To					Approved	Denied	Void	
40988	11/1/2019	11/1/2019	2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Summary By CPT Code										
CPT Code	Dates		Total Units	Paid Units	Total	Pending	Cost			
	From	To					Approved	Denied	Void	
C-90853	11/1/2019	11/1/2019	2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<< Edit Bill										Submit Bill >>



- The bill submission is now complete.

Submitted Bills Criteria and Submitted Bills

Submitted Bills Criteria

Bill Date: 12/27/2020 - 1/26/2021

[Show Bills](#)

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Approved	Denied	Void
No submitted bills.								
Total:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- Enter bill date range then select 'Show Bills.'

Submitted Bills Criteria

Bill Date: 1/5/2020 - 2/4/2020

[Show Bills](#)

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Approved	Denied	Void
2/3/2020 9:25:00 PM	HORIZON HOME-Dummy	2320202124555	1	\$5.98	\$5.98	\$0.00	\$0.00	\$0.00
2/3/2020 11:20:00 PM	HORIZON HOME-Dummy	242020040415	2	\$11.96	\$11.96	\$0.00	\$0.00	\$0.00
Total:				3	\$17.94	\$17.94	\$0.00	\$0.00

- The total charge for each Bill Enum will remain in 'Pending' (blue) until the services are fully adjudicated, including EOB issuance.
- Once adjudication is complete, the amount in 'Pending' will move to 'Approved', 'Denied' or 'Voided.'

Helpful Tip:

✓ Please note that **Voided Bill Submissions** will not appear in this section.

Submitted Bills Criteria

Bill Date: 1/5/2020 - 2/4/2020

[Show Bills](#)

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Approved	Denied	Void
2/3/2020 9:25:00 PM	HORIZON HOME-Dummy	2320202124555	1	\$5.98	\$5.98	\$0.00	\$0.00	\$0.00
2/3/2020 11:20:00 PM	HORIZON HOME-Dummy	242020040415	2	\$11.96	\$11.96	\$0.00	\$0.00	\$0.00
Total:				3	\$17.94	\$17.94	\$0.00	\$0.00

- Select the hyperlink in 'Bill Enum' to see the details for each bill.

- Data is organized into two sections: 'Summary by Client' and 'Summary by CPT Code.'

ProviderConnect - Treatment Billing

Billing Agency: HORIZON HOME-Dummy
 Bill Enum: 2320202124555
 Bill Date: 2/3/2020 9:25:00 PM
 Fiscal Year: 2019 - 2020

Client	Dates		Total Units	Paid Units	Total	Pending	Cost		
	From	To					Approved	Denied	Void
40966 WAIN, SNOW	12/1/2019	12/1/2019	1.00	0.00	\$5.98	\$5.98	\$0.00	\$0.00	\$0.00
Total:			1.00	0.00	\$5.98	\$5.98	\$0.00	\$0.00	\$0.00

CPT Code	Dates		Total Units	Paid Units	Total	Pending	Cost		
	From	To					Approved	Denied	Void
C-90853	12/1/2019	12/1/2019	1.00	0.00	\$5.98	\$5.98	\$0.00	\$0.00	\$0.00
Total:			1.00	0.00	\$5.98	\$5.98	\$0.00	\$0.00	\$0.00

<< Back To Bill List [View Denied Service Report](#) Bill Details >>

[Back](#)

- Below the 'Summary by CPT Code' section, a link 'View Denied Service Report' will provide specifics on those services that were denied during the claim adjudication process.

Print Denied Service Report - Internet Explorer

[Print Report](#) [Close Window](#) [Export Data](#)

Denied Service Report

for Bill Enum 2320202124555 Print Date: 2/3/2020

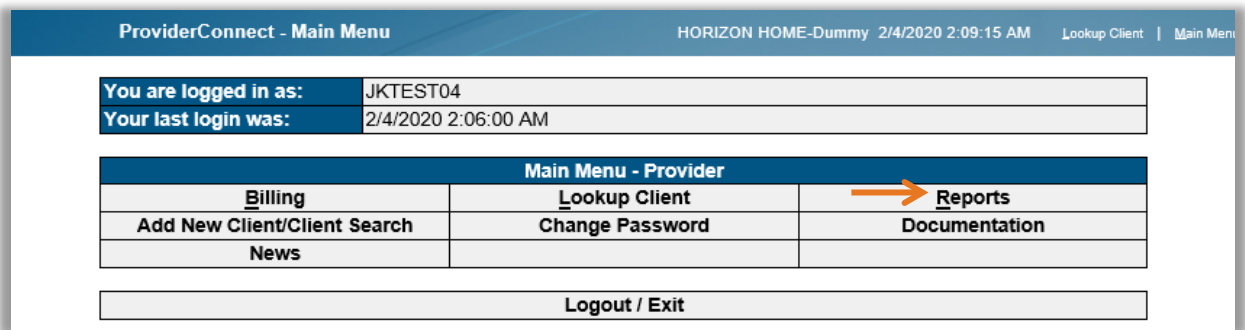
Summary			
Bill Enum	Total Billed	Total Denied	Total Approved
2320202124555	\$5.98	\$0.00	\$0.00
Denials with Resubmittals/Replacements			
No denied services with resubmittals or replacements			
Denials without Resubmittals/Replacements			
No denied services without resubmittals or replacements			

Details			
Denied Services with Resubmittals/Replacements			
No denied services with resubmittals or replacements			
Denied Services without Resubmittals/Replacements			
No denied services without resubmittals or replacements			

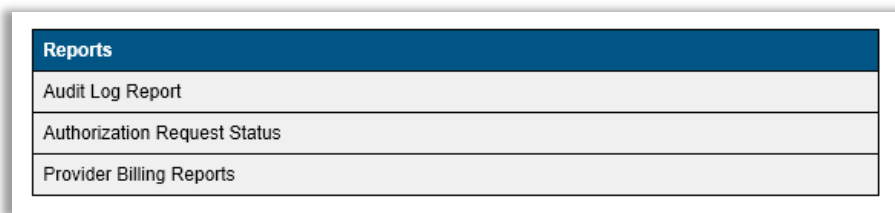
- Please Note: In the upper left corner, options to print the report or export the data are available.

This completes the Billing section in ProviderConnect.

Reports



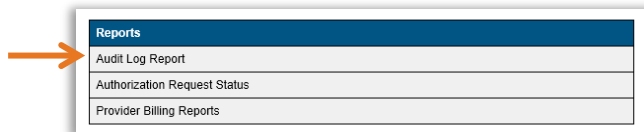
- From the Main Menu, click on “Reports”
- ProviderConnect features several reports. Below find detailed instructions for the Authorization Request Status and Provider Billing Reports.



Audit Log Report

This report provides details on records passing from PCONN to Optum’s billing system.

- Select ‘Audit Log Report’ from the report menu.



- Set the report filters as desired in the popup.
 - Status – Set to Errored to see transmission errors.
 - The date range section is based on record submission date (as opposed to auth date or service date).

- Click ‘Generate Report’ to run the report

Audit Log Report	
Status:	Errored
Agency:	
User:	--Choose One--
Member ID:	
Record Type:	--Choose One--
Date Range:	12/20/2021 - 1/19/2022



- Audit Log Report Results Example:
 - For **Record Type** of **Bill** - If the **Status** shows **'Errored / Resubmit'**, this means a Bill sent to Optum failed to transmit successfully and must be resent. Click the Resubmit hyperlink to resend the Bill to Optum.

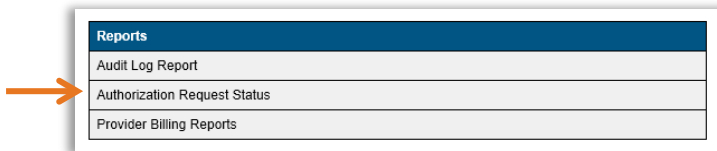
ProviderConnect - View Audit Log Report Admin Agency 1/19/2022 11:56:46 AM Lookup Client

Audit Log Report Results				
Record Type	Status	Transaction Time	Details	Error
Bill	Errored Resubmit	1/9/2022 12:15:00 AM	Send Count: 1 Bill Enum: 19202211446379 Bill Date: 1/9/2022 Provider: User:	Error: Claim has failed to file. Lock on Batch file has been released. Process cancelled.
Bill	Errored Resubmit	1/11/2022 11:29:00 PM	Send Count: 1 Bill Enum: 11220220292379 Bill Date: 1/12/2022 Provider: User:	Error: Claim has failed to file. Lock on Batch file has been released. Process cancelled.

Authorization Status Report

This report provides details about authorizations.

- Select 'Authorization Request Status' report from the report menu.



- Set the report filters as desired in the popup. The date range section is based on record submission date (as opposed to auth date or service date).

A screenshot of a 'Search Criteria' popup form. It contains fields for 'Member ID', 'Last Name', 'Record Date' (with a date range from 1/5/2020 to 2/4/2020), and 'Status' (with a dropdown menu set to '-- All Statuses --'). A red 'Search by Criteria' button is at the bottom right, with an orange arrow pointing to it.

- Click 'Search by Criteria' to run the report
- Report Example:

Export Data Search:

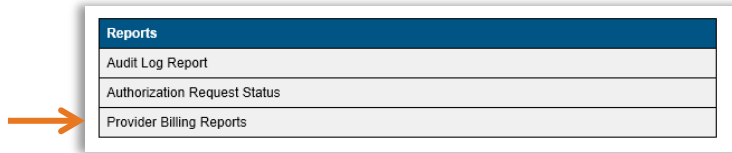
No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	Authorization No.	User
1.	2/3/2020 1:09:38 PM	40966	HORIZON HOME-Dummy	ProviderConnect	Approved	MANN	SNOW	1/1/2020	1/30/2020	417586	admin (Avatar User)
2.	1/31/2020 1:50:32 PM	40966	HORIZON HOME-Dummy	MSO	Approved	MANN	SNOW	7/1/2019	12/31/2019	416190	admin (Avatar User)

Showing 1 to 2 of 2 entries

Provider Billing Report

This report provides details on Billed and Unbilled treatments.

- Select 'Provider Billing Reports' report from the report menu.



- There are two reports available:
 - Provider Service Detail
 - Provider Service Summary

Two screenshots of search criteria forms. The top one is titled 'Search Criteria - Provider Detail Service' and the bottom one is 'Search Criteria - Provider Service Summary'. Both forms have the same fields: 'Billed/Unbilled:' with radio buttons for 'Billed' (selected) and 'Unbilled'; 'Program:' with a dropdown menu set to 'All Programs'; and 'Record Date Range:' with two empty input boxes separated by a hyphen. A red 'Generate Report' button is at the bottom right of each form.

Provider Service Detail:

- Select 'Billed' or 'Unbilled'
- Take the default of All Programs
- Set the date range
- Click 'Generate Report' to run the report
- Report Example

A screenshot of the 'Search Criteria - Provider Detail Service' form, identical to the one above. An orange arrow points to the red 'Generate Report' button at the bottom right.

Export Data														
	Provider	Contracting Provider Program	Client ID	Client Name	Authorization Number	Date of Service	CPT Code	Units	Duration	Location	Clinician	Amount Billed	Expected Payment	Status
1.	HORIZON HOME-Dummy		40968	MANN, SNOW	418190	11/1/2019	Psychotherapy, Group	2	30		TEST-BASEBALL, BETTY	\$11.98		Billed
2.	HORIZON HOME-Dummy		40968	MANN, SNOW	418190	12/1/2019	Psychotherapy, Group	1	15		TEST.SNOWMAN	\$5.98		Billed
3.	HORIZON HOME-Dummy		62754	TEST-BELLDUMMY, TINKER	412825	10/11/2019	Psychotherapy, Group	1	60		TEST.SNOWMAN	\$5.98	\$0.00	Billed

Provider Service Summary:

- Select 'Billed' or 'Unbilled'
- Take the default of All Programs
- Set the date range
- Click 'Generate Report' to run the report

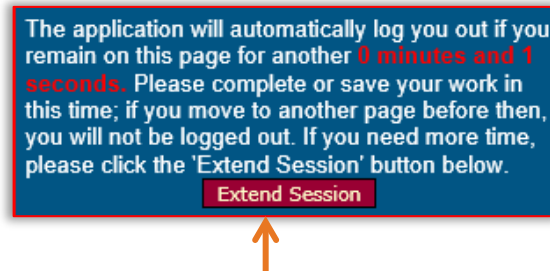
- Report Example

Search Criteria - Provider Service Summary	
Billed/Unbilled:	Billed <input checked="" type="radio"/> Unbilled <input type="radio"/>
Program:	All Programs ▼
Record Date Range:	-
Generate Report	

Export Data						
	Provider	Contracting Provider Program	Service Date Range	Total Units	Total Amount Billed	Total Expected Payment
1.	HORIZON HOME-Dummy		10/11/2019 - 12/1/2019	4	\$23.92	\$0.00

System Timeout

- PCONN is configured with a two-minute timeout warning.
- The system will prompt to “Extend Session” as you approach the idle timeout threshold
- Select “Extend Session” to stay logged in.



Secure Re-Login feature

- If the session has reached the idle timeout threshold the system “Secure Re-Login” pop-up message will appear:
 - “Your session has timed out! You may however re-login with the same account and continue where you left off.”

Secure Re-Login

Your session has timed out! You may however re-login with the same account and continue where you left off.

Username:	<input type="text"/>
Password:	<input type="password"/>

LOGIN

When entering your password, please ensure that your Caps Lock key is not depressed.

Client Eligibility Check

It is the Providers responsibility to ensure that eligibility is confirmed prior to administering treatment.

- Eligibility can be checked using Utah Medicaid's eligibility lookup tool:

<https://medicaid.utah.gov/eligibility>

- Utah Medicaid grants client eligibility on a month by month basis. It is the provider's responsibility to verify eligibility on all clients each month.

Confirm Eligibility program is NOT 'Foster Care Medicaid'

Member Information

Member Benefit Type: Traditional

Service Date: 06/01/2020

Member Information

Benefit Type: Traditional

Eligibility Program Type: Disabled Medicaid and QMB

Co-Pay Information: Co-pay required for non-emergency use of ER & Pharmacy

Eligible Services: This member is eligible for medical, dental and limited pharmacy services.

Member Information

Member Benefit Type: Traditional

Service Date: 06/01/2020

Member Information

Benefit Type: Traditional

Eligibility Program Type: Foster Care Medicaid

Co-Pay Information: No Co-pay required

Eligible Services: This member is eligible for medical, dental and pharmacy services.

Health Plan: HEALTHY U
1-833-981-0212

Dental Plan: FEE FOR SERVICE NETWORK
1-866-608-9422

Mental Health Provider: Inpatient Psych: SALT LAKE CO - OPTUM HEALTH - 1-877-370-8953
Outpatient Psych: FEE FOR SERVICE NETWORK
1-866-608-9422

Substance Use Disorder Provider: FEE FOR SERVICE NETWORK
1-866-608-9422

Helpful Tips:

- ✓ Upon confirming eligibility, please print copy of confirmed eligibility and save in the client's file.

Confirm Mental Health Provider is Optum Health.

Clients Assigned New Medicaid ID

Optum has implemented a new procedure to manage clients who are assigned multiple Medicaid ID numbers.

- For clients with higher level of care authorizations:
 - Contact your Optum Care Advocate and notify them that a new Medicaid ID has been issued.
 - A Care Advocate will discharge the old client record and create a new client record (including a new patient ID number), authorization and Mental Health Event Record.

- For clients with outpatient level of care authorizations:
 - Create new client record in ProviderConnect.
 - Create a client discharge record on old client ID. Please be sure the discharge date aligns to the expiration date listed in Utah Medicaid's system.

Evidence Based Practice (EBP) Codes

Code	Description
1	Medication Management
2	Outcome Questionnaire (OQ) / Youth Outcome Questionnaire (YOQ)
3	Wraparound to Fidelity
4	Assertive Community Treatment
5	Supported Employment
6	Supported Housing
7	Family Psychoeducation
8	Illness Self-Management and Recovery
9	Multisystemic Therapy (MST)
10	Therapeutic Foster Care
11	Functional Family Therapy (FFT)
12	Wellness Recovery Action Plan (WRAP)
15	Integrated Treatment for Co-occurring Disorder (Mental Health Substance Abuse)
16	Motivational Interviewing
17	Medication-assisted Treatment
18	Trauma Recovery & Empowerment Model (TREM)
19	Helping Women Recover
20	Seeking Safety
21	Matrix Model
22	Helping Women Recover and Beyond Trauma
23	Clubhouse
24	Dialectical Behavioral Therapy (DBT)
25	Motivational Enhancement Therapy (MET)
26	Prime for Life-Treatment
27	Peer Support
28	Relapse Prevention Therapy (RPT)
29	Eye Movement Desensitization and Reprocessing (EMDR)
30	Individual Placement and Support (IPS) (Grant)
31	Individual Placement and Support (IPS)
32	Attachment, Self-Regulation, and Competency (ARC)
33	Moral Reconciliation Therapy (MRT)
34	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
35	Team Solutions (TS) and Solutions for Wellness (SFW)
36	Aggression Replacement Training (ART)
37	Adolescent Community Reinforcement Approach
39	Second Step Elementary School Program
40	The Seven Challenges
41	Assisted Outpatient Treatment (AOT)

42	Columbia Suicide Severity Rating Scale (C-SSRS)
43	Collaborative Assessment and Management of Suicidality (CAMS)
44	Psychoeducational Multifamily Groups (PMFG)
45	Acceptance and Commitment Therapy (ACT)
46	Cognitive Processing Therapy
47	Assisted Outpatient Treatment (AOT - Grant)
48	Prevention and Recovery from Early Psychosis (PREP - FEP Grant)
49	PRIME for Life - Prevention and Early Intervention
50	DIMENSIONS
51	Child Parent Relationship Therapy
52	Parent-Child Interaction Therapy
53	Cognitive Behavioral Therapy (CBT) - Beck Institute
54	Attachment Based Family Therapy (ABFT)
55	Child Parent Psychotherapy
56	Modified Therapeutic Community (MTC)
57	TCU-Mapping Enhanced Counseling
58	Solution Focused Brief Therapy (SFBT)
59	Cognitive Behavioral Therapy for Psychosis (CBTp)
60	Mind Body Bridging
98	Not Applicable