

Behavioral Health MHK Portal User Guide

MHK Behavioral Health Substance Use Disorder Portal User Guide for CarePartners of Connecticut

Note: For medical requests, please continue to use the MHK Portal User Guide which can be found in the [Printable Guides](#) section of our Provider website.

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Note: Out-of-network BH providers must continue to use the current fax process. The [Out-of-Network Coverage at In-Network Level of Benefits and Continuity of Care Prior Authorization Form](#) can be found in the [Resource Center](#) of the provider section of our website under Authorization forms.

Overview

The information contained in this User Guide pertains to when submitting notifications or requests for CarePartners of Connecticut Behavioral Health Services.

Note: If you are using an outdated or unsupported browser, certain features on the secure Provider portal may not function properly. For an improved user experience, upgrade your browser to the latest version of Microsoft Edge, Mozilla Firefox, or Google Chrome.

For questions, please call [CarePartners of Connecticut Provider Services](#) contact center.

MHK Portal Support and Trouble Shooting

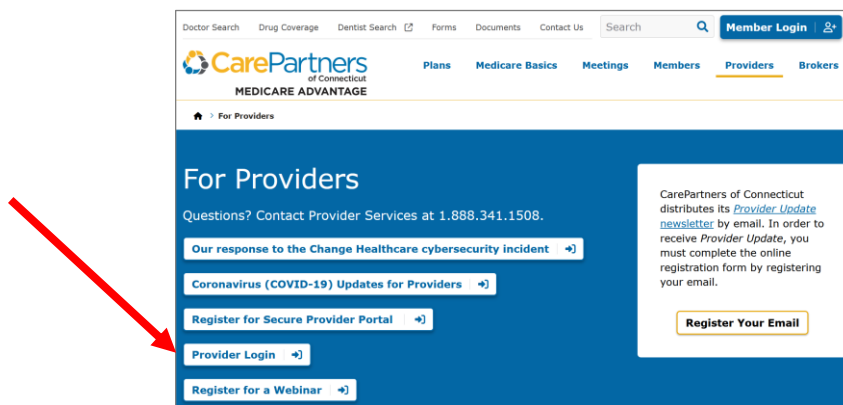
When contacting Provider Services, please be prepared to provide the following information:

- User ID
- First name, last name
- Contact phone number
- Web browser used
- Web browser version
- Is the issue constant or intermittent?
- Are multiple users at the same site experiencing the issue?
- When did the issue start? Is it still happening?
- Provide specifics on issue: Member ID, Reference Number, dropdowns or fields, steps taken to create the issue.
- Have you spoken to anyone else about this issue at your organization (e.g., provider's IT help desk)?
- Screenshots (Please be sure to include any error messages.)

Accessing the Portal

Logging In

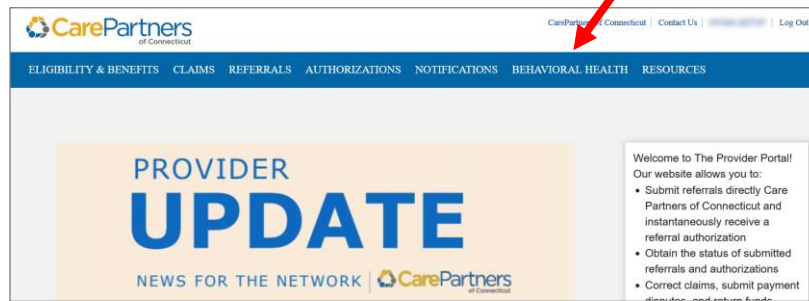
Step 1: Visit the CarePartners of Connecticut Provider [website](#) and click “Provider Login” to continue.



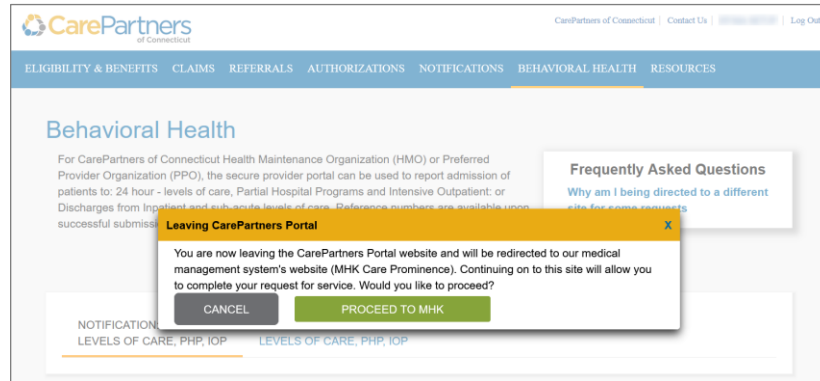
Step 2: Enter your *Username* and *Password* then click “Login.”

The screenshot shows the 'Provider Portal Account Login' form. It has a header with the CarePartners logo and a 'Contact Us | Login' link. The form contains two input fields: 'Username' and 'Password', each with a 'Forgot?' link to its right. Below the fields is a blue 'LOGIN' button. At the bottom, there is a link for 'Don't have an account yet?' and a 'Register Here' button.

Step 3: Select *Behavioral Health* from the top navigation tool bar.



The *Behavioral Health* screen displays:



Notification: All 24-HR Levels of Care, PHP, IOP: Choose this option to request an Inpatient Notification, Acute Residential Treatment (ART), Partial Hospitalization or Intensive Outpatient Program (IOP). Be advised that the requester will be redirected to MHK.

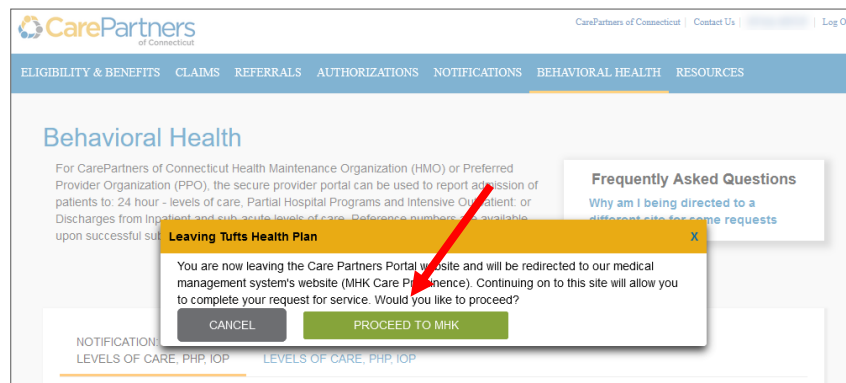
Discharges: All 24-HR Levels of Care, PHP, IOP: Choose this option to update end dates, enter treatment plan, and post discharge follow-up services.

Notification of 24-hour levels of care, PHP, and IOP or Prior Authorization Requests

Refer to the steps outlined below to request a notification for all 24-hour levels of care, Partial Hospitalization, or Intensive Outpatient Programs or to request prior authorization through the MHK portal.

Submitting Notification of All 24-HR Levels of Care, PHP, IOP

Step 1: Click *Proceed to MHK* to continue.



Step 2: Select *Request PA or Notification* and fill out the *Member First Name*, *Member Last Name*, *Member Date of Birth* and *Member ID* fields and click Search.

The *Member Search Results* screen displays:

Step 3: Click “Select” in the *Action* field once the appropriate member record is found.

Note: The member is not currently active if “Eligible” is not listed in the *Status* field. Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:

Note: Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

If the “Member Eligible” button is red with a past eligibility date, you selected a record that is not eligible. The date denotes member’s last date of coverage.

Step 4: Select the appropriate urgency for the authorization request as indicated below:

- **Standard:** Default priority for all requests
- **Expedited:** For urgent requests due to medical necessity

Note: Select the “Expedited” radio button if the authorization requires an expedited review. If expedited, be sure to agree to the *Attestation Regarding Expedited Review*.


Add Requesting Provider

Step 1: Select the appropriate *Requesting Provider* and then enter their contact information.

Note: If the user has less than or exactly two provider IDs affiliated with their account, the user must select the appropriate *Requesting Provider* from the dropdown menu.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider




Note: If the user has more than two provider IDs affiliated with their account, the Provider Search option is available, and the user must perform a “Search” using the Providers’ NPI and participating status to select the appropriate *Requesting Provider*.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

Specialty

Provider Status



Note: If the *Requesting Provider* is out of network (OON), the user must select the “No” radio button under the *Participating* field, click search and select the appropriate record.

Provider Search

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

Provider ID: NPI: Tax ID:


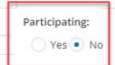
First Name: Last Name: Facility/Organization:

Zip Code:

Participating: ☐ Yes ☒ No

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
<input type="button" value="Select"/>							
<input type="button" value="Select"/>							
<input type="button" value="Select"/>							



Step 2: Fill out the *Requesting Phone Number*, *Requesting Fax Number*, and *Contact Name* and *Contact Phone* Information fields.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

Specialty

Provider Status

First Name

Last Name

Organization

Address1

Address2

City

State

Zip


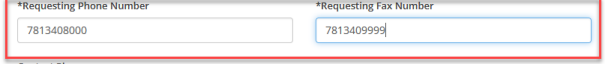
*Requesting Phone Number

*Requesting Fax Number

*NPI

Contact Name

Contact Phone



Note: The *Specialty* and *Provider Status* fields will pre-populate based on the selected provider’s credentials. The provider status will populate once the *Request Type* is selected (below).

Step 3: Select the appropriate *Request Type* option from the dropdown menu:

Option	Description
Service Request	Used for <u>all</u> medical prior authorization requests (e.g., Elective Surgeries, DME, etc.).
Inpatient	Used for <u>all</u> medical inpatient admissions.
Behavioral Health Inpatient	Used for <u>all</u> behavioral health inpatient admissions.
Behavioral Health Service Request	Used for <u>all</u> behavioral health prior authorization requests.

Note: To get instructions on how to submit an Inpatient Admission or Service Request, refer to the MHK Portal User Guide which can be found in the [Printable Guides](#) section of our Provider website.

Note: After selecting the appropriate *Request Type* additional fields may display.

If the Request Type is...	Then complete the field(s) marked with an asterisk as required...
Behavioral Health Inpatient	<ul style="list-style-type: none"> • Bed Type • Request Admit Date • Admit Type • Review Type
Behavioral Health Service Request	<ul style="list-style-type: none"> • Review Type

Step 4: Select the appropriate *Place of Service* from the dropdown menu (e.g., 21- Inpatient Hospital):

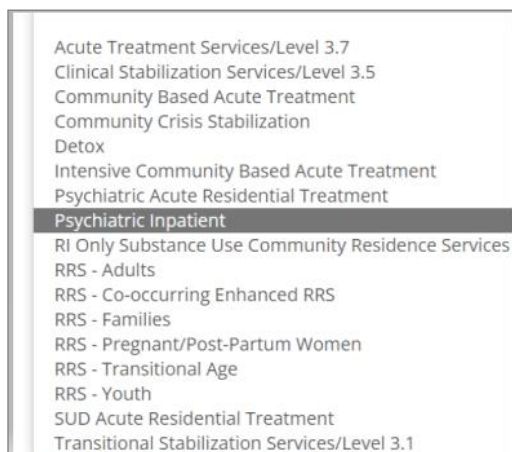
Step 5: Select the “Yes” radio button in the *Requesting Provider Same as Servicing Provider* field if the servicing and requesting provider are the same or in the *Requesting Provider Same as Facility* field if the facility and requesting provider are the same.

Note: The *Requesting Provider Same as Servicing Provider* and *Requesting Provider Same as Facility* fields both default to “No.” If these are not the same, a *Servicing Provider* or *Facility* must be added to the request.

Requesting Provider Same as Servicing Provider <input type="radio"/> YES <input checked="" type="radio"/> NO	Requesting Provider Same as Facility <input type="radio"/> YES <input checked="" type="radio"/> NO
--	--

Step 6: If the *Request Type* is “Behavioral Health Inpatient,” select the appropriate *Bed Type* from the options in the dropdown menu:

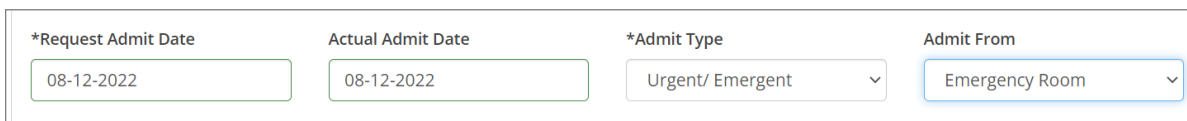
Note: Values in step 6 are based on the member’s coverage and values displayed may be different.



A dropdown menu showing various bed types. The options are: Acute Treatment Services/Level 3.7, Clinical Stabilization Services/Level 3.5, Community Based Acute Treatment, Community Crisis Stabilization, Detox, Intensive Community Based Acute Treatment, Psychiatric Acute Residential Treatment, **Psychiatric Inpatient** (highlighted), RI Only Substance Use Community Residence Services, RRS - Adults, RRS - Co-occurring Enhanced RRS, RRS - Families, RRS - Pregnant/Post-Partum Women, RRS - Transitional Age, RRS - Youth, SUD Acute Residential Treatment, and Transitional Stabilization Services/Level 3.1.

Step 7: Enter the *Request Admit Date* (MM-DD-YYYY) and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

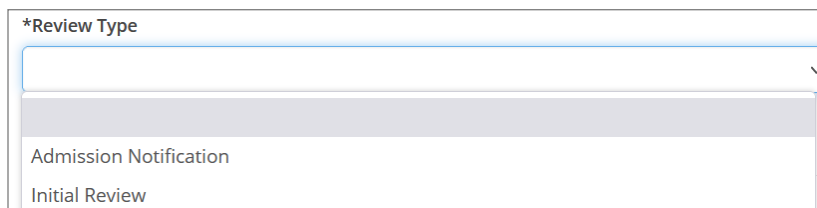
Note: If the *Admit Type* is “Urgent/Emergent,” enter the *Actual Admit Date* (“MM-DD-YYYY”).



A form with four fields: *Request Admit Date (text input with value 08-12-2022), Actual Admit Date (text input with value 08-12-2022), *Admit Type (dropdown menu with value Urgent/ Emergent), and Admit From (dropdown menu with value Emergency Room).

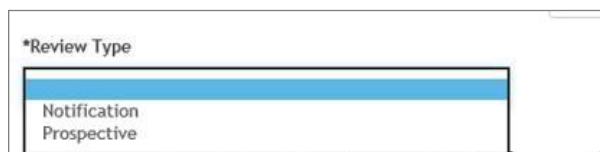
Step 8: Select the appropriate *Review Type* option from the dropdown menu (e.g. “Initial Review” for Inpatient Requests or “Prospective or Notification” for Service Requests).

Behavioral Health Inpatient Requests:



A dropdown menu for *Review Type. The options are: Admission Notification and Initial Review.

Behavioral Health Service Requests:



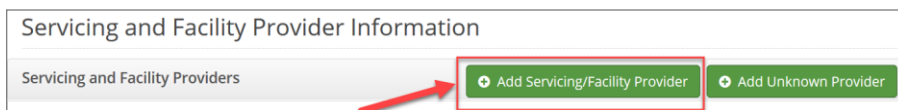
A dropdown menu for *Review Type. The options are: Notification and Prospective.

Note: Select Notification for services requiring notification only and Prospective for services requiring Prior Authorization. (Refer to the Referrals, Authorizations and Notification chapter of the [CarePartners of Connecticut Provider Manual](#) for more information on referral requirements and processes.)

Add Servicing/Facility Provider

Step 1: Click “Add Servicing/Facility Provider” if different from the Requesting Provider.

Note: For Inpatient requests, a *Facility* provider must be added in addition to the *Servicing* provider.



A form titled “Servicing and Facility Provider Information”. It has a section “Servicing and Facility Providers” with two buttons: “+ Add Servicing/Facility Provider” (highlighted with a red box and arrow) and “+ Add Unknown Provider”.

Step 2: Search for Servicing Provider and/or Facility by entering the Servicing/Facility Provider NPI.

Search for Servicing Provider or Facility

Please enter Provider ID or NPI or Fed Tax ID or (First Name and Last Name and State (abbreviated)) or (State and Organization/Facility)

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Step 3: Select the appropriate *Provider Type* from the dropdown menu and click “Search.” The search results display for *Servicing Provider or Facility*.

Note: If the Servicing Provider/Facility is out of network (OON), the user must select the “No” radio button under the *Participating* field.

Search for Servicing Provider or Facility

Please enter Provider ID or NPI or Fed Tax ID or (First Name and Last Name and State (abbreviated)) or (State and Organization/Facility)

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Organization/Facility: Participating: ☒ Yes ☐ No

* Type:

Show Additional Search Fields

Search Clear

Note: Multiple results may display (e.g., more than one address for the same NPI).

Step 4: Locate the appropriate provider record and click “Select.”

Search for Servicing Provider or Facility

Organization/Facility: Participating: ☒ Yes ☐ No * Type:

Show Additional Search Fields

Search Clear

Servicing Providers - Search Results

Show entries

ACTION	PROVIDER NAME	NPI#	DEAF	SPECIALITY	ADDRESS	PROVIDER STATUS
Select						
Select						
Select						

Cancel

Step 5: Enter the *Servicing and/or Facility Provider Fax Number* and click “Save.”

Facility Provider Fax Number

*Fax Number : Contact Name:

Contact Phone: Contact Phone Ext:

Cancel Save

The *Servicing and Facility Providers* section will now be populated:

Servicing and Facility Providers

Add Servicing/Facility Provider

Add Unknown Provider

Action	Provider Name	NPI#	DEAF	Specialty	Network	Address	Fax Number	Provider Type	Provider Status
Remove	Facility	Contracted
Remove	Servicing Provider	Contracted

Add Diagnosis Code

Step 1: Click “Add Primary Diagnosis.”

*Diagnosis (*Denotes required field)

ICD - Search Results

Add Primary Diagnosis Add Diagnosis

The ICD Search screen displays.

Step 2: Enter the *ICD Code or Diagnosis Description* and click “Search.”

ICD Search

ICD Codes: f99 Diagnosis Description:

Search

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	F99	Mental Disorder, Not Otherwise Specified	ICD10 DX

Note: All ICD Codes must be properly formatted (e.g., E66.01, not E6601).

Step 3: In the *Action* field, click “Select” to add a diagnosis to the request.

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	F99	Mental Disorder, Not Otherwise Specified	ICD10 DX

Cancel

Note: If added in error, click “Remove” in the Action field to remove a diagnosis.

*Diagnosis (*Denotes required field)

ICD - Search Results

Add Primary Diagnosis Add Diagnosis

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	STATUS	PRIMARY DIAGNOSIS
Remove	F99	Mental disorder, not otherwise specified	ICD10 DX		YES

Add Primary Procedure Code

Step 1: Click “Add Primary Procedure” for Inpatient Requests OR click “Add Procedure” for *Service Requests*.

*Procedure (*Denotes required field)

CPT/HCPCS - Search Results

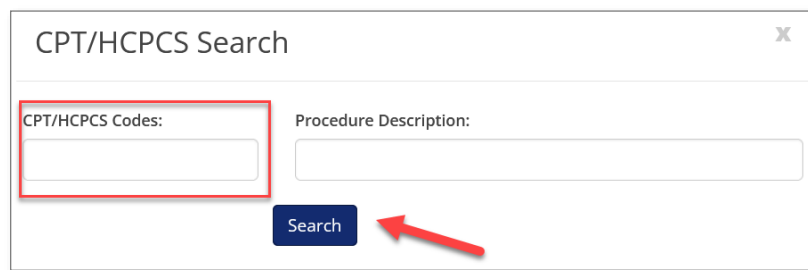
Add Primary Procedure Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
--------	------------	-------------------	----------	-----------	-----------	------------	------------	-------	-----	--------	-------------------

Note: When the *Request Type* field is “Behavioral Health Inpatient,” a procedure code is not required. The user must provide a procedure code for all Behavioral Health Outpatient Services Requests.

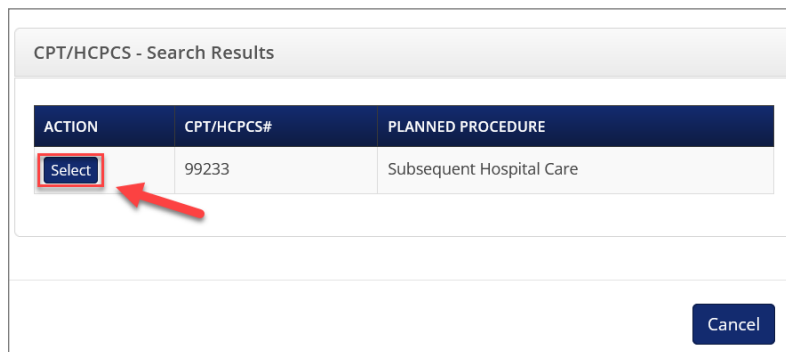
The *CPT/HCPCS Search* screen displays.

Step 2: Enter the appropriate *CPT/HCPCS Codes* and/or *Procedure Description* and click “Search.”



The dialog box titled "CPT/HCPCS Search" contains two input fields: "CPT/HCPCS Codes:" and "Procedure Description:". A red box highlights the "CPT/HCPCS Codes:" field. Below these fields is a blue "Search" button, which is pointed to by a red arrow.

Step 3: In the *Action* field, click “Select” to add code(s).



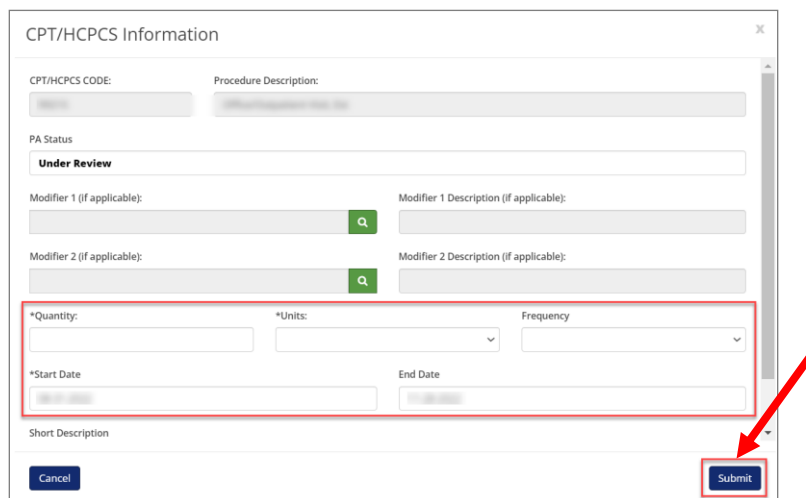
The "CPT/HCPCS - Search Results" window displays a table with the following data:

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select	99233	Subsequent Hospital Care

A red box highlights the "Select" button in the ACTION column, with a red arrow pointing to it. A "Cancel" button is located at the bottom right of the window.

The *CPT/HCPCS Information* screen displays.

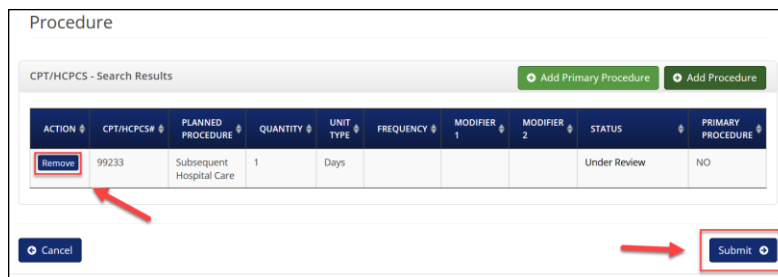
Step 4: Enter *Modifier (if applicable)*, *Quantity*, *Units*, *Start and End Date* then click “Submit” to continue.



The "CPT/HCPCS Information" form contains several sections. The "PA Status" section shows "Under Review". Below this are fields for "Modifier 1 (if applicable)" and "Modifier 2 (if applicable)", each with a search icon. The "Quantity" section includes fields for "*Quantity:", "*Units:", and "Frequency". Below this are fields for "*Start Date" and "End Date". A red box highlights the "Quantity" section. At the bottom right, a blue "Submit" button is highlighted with a red box and a red arrow.

Step 5: Click “Submit” to save and move to the next screen.

Note: If necessary, in the *Action* field, click “Remove” to remove a procedure code. Repeat step to update and/or add CPT/HCPCS code information.



The "Procedure" window shows a table with the following data:

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	STATUS	PRIMARY PROCEDURE
Remove	99233	Subsequent Hospital Care	1	Days				Under Review	NO

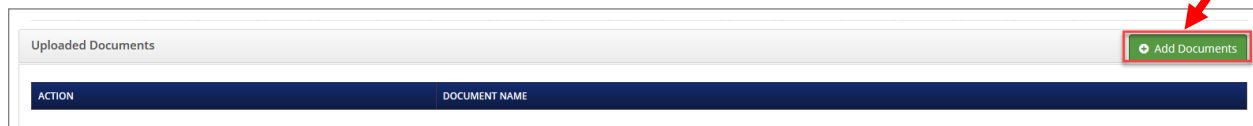
A red box highlights the "Remove" button in the ACTION column, with a red arrow pointing to it. At the bottom right, a blue "Submit" button is highlighted with a red box and a red arrow.

Add Medical/Clinical Documentation

If your request auto cancels or auto approves, this screen will not display.

Step 1: Click “Add Documents” to add supporting clinical documentation.

Note: In most circumstances, clinical documentation is required to support the request.



ACTION	DOCUMENT NAME
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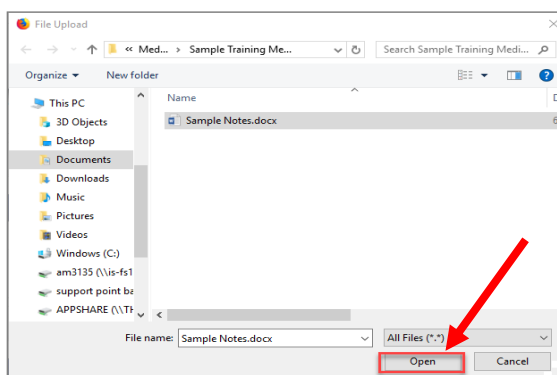
Step 2: Click “Browse.”



Upload Additional Documents

No file selected.

Step 3: Navigate to the medical notes saved on the computer, select them, and click “Open.”



File Upload

Organize New folder

File name: Sample Notes.docx

Step 4: Click “Upload Document” to add the attachment to the request.

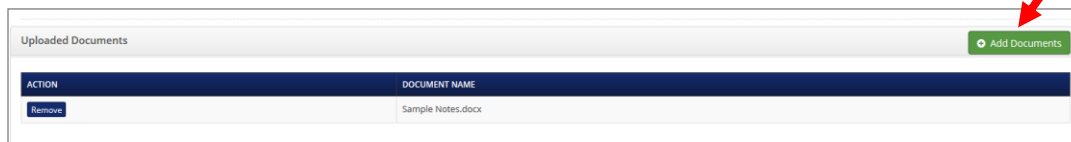


Upload Additional Documents

Sample Notes.docx Sample Notes.docx

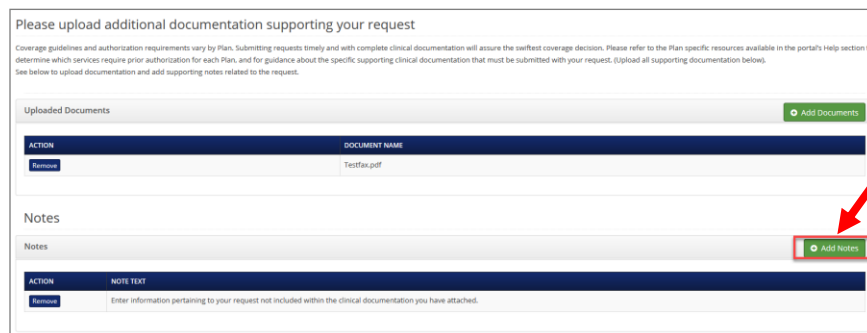
Step 5: Click “Add Documents” and repeat steps to add additional attachments.

The *Uploaded Documents* screen is now populated:



ACTION	DOCUMENT NAME
<input type="button" value="Remove"/>	Sample Notes.docx

Step 6: Click “Add Notes” to add a note to the request.



Please upload additional documentation supporting your request

Coverage guidelines and authorization requirements vary by Plan. Submitting requests timely and with complete clinical documentation will assure the swiftest coverage decision. Please refer to the Plan specific resources available in the portal's help section to determine which services require prior authorization for each Plan, and for guidance about the specific supporting clinical documentation that must be submitted with your request. (Upload all supporting documentation below). See below to upload documentation and add supporting notes related to the request.

Uploaded Documents

ACTION	DOCUMENT NAME
<input type="button" value="Remove"/>	TestFax.pdf

Notes

Notes

ACTION	NOTE TEXT
<input type="button" value="Remove"/>	Enter information pertaining to your request not included within the clinical documentation you have attached.

Step 7: The *Note Text* field will display, enter your note here and click “Add Notes” when your note is completed.

Step 8: Click “Submit” to send the request.

The *Request Prior Authorization or Notification* screen displays the reference number and status of your request:

View Existing Inpatient Notifications and Prior Authorizations

Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization

Step 1: From the *MHK home page*, select *View/Update All Requests* option on the left-hand navigation bar: (see table below for additional options and their descriptions)

Note: The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. If the user has less than or exactly 20 provider IDs affiliated with their account, the user can further refine their search by selecting the appropriate *Requesting Provider* from the dropdown menu.

Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited to medical and behavioral health inpatient events that are in progress.
View/Update Open Service Requests	This option is limited to medical or behavioral health service requests that are in progress.

Note: Although not mandatory, MHK users can narrow their search when by utilizing the *Requesting Provider* dropdown as illustrated in Step 1. If more the requesting provider has more than 20 affiliates, please follow the steps beginning with 1A below. The Provider Search option is available, and the user can further refine their search using the Providers' NPI.

Step 1A (if applicable): Click the “Search” button next to the *Requesting Provider* field.

Step 1B (if applicable): Enter the Provider NPI and choose the appropriate provider record under the *Provider Search Results* Section.

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
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Step 2: Utilize *Show More Search Options* below to enhance your search:

Click “Show More Search Options” to use advanced search features such as name, date of birth, authorization number, etc. to access older completed events or narrow down recent cases.

- “Show entries” can display up to 100 records at a time.
- Type in free text field to search for any information listed in columns below – date, request type, etc.
- Use down arrows in column headers to sort your search.
- Type in column filters to search by date, request type, etc.

The following screen displays if you click “Show More Search Options”:

Note: To return to the previous page, click “Hide Search Options.”

To search by authorization number, please enter the authorization number in the *Auth #* field then click search:

To search by date, please select the appropriate *Date Type*, enter start, and end dates, then click search.

Search by Date (Date Type):
 Actual Admission
 Discharge
 Submission
 Decision

From Date: 08-28-2022 To Date: 09-01-2022

Search Clear

Step 3: Click the Reference # in the Reference # column to view additional details on the Prior Authorization or Inpatient Notification.

Prior Authorization Request Status 25

Search: entries

REFERENCE #	ALTE AUTH	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS
013A1IJ		Mem	Mem	Mem	Requ	Admiss	Discharg	Requestr	Servicing Provide	Facility	Stats

Note: Click the hyperlink in the *Review Number* column to view details on the procedure, decision, etc.

Member Auth Details

Medical Authorization Review

REVIEW NUMBER	REVISION	REVIEW TYPE	PRIORITY	DECISION	REOPEN
H4613299	1	Initial Review	Concurrent		

The *Auth Review Details* page displays:

Auth Review Details

Service Request

CODE	DESCRIPTION	MOD 1	MOD 2	FROM	THRU	REQUESTED	UNITS	DECISION	DECISION REASON	APPROVED
43235	Uppr GI Endoscopy, Diagnosis			07-18-2019	10-16-2019	3.0	Procedure			

Cancel

Note: Click “Cancel” to return to the Member Auth Details Screen.

Step 4: To view additional details such as diagnosis, CPT, or provider information and to view attachment, or correspondence letters, scroll through the *Member Auth Details* page.

Member Auth Details

Uploaded Documents

Add Documents

DOCUMENT NAME	TYPE
Clinical Attachment	Member Document

Correspondence

Correspondence

NAME	CORRESPONDENCE TYPE	RECEIVED DATE
Comm IP Initial RFMI	UM RFMI Facility Provider Fax	11-15-2020 20:49:23
CC Member	UM CC Member	11-15-2020 20:49:23

Print

Cancel

Adding Medical/Clinical Notes to an Existing Authorization

Step 1: From the MHK home page, select any one of the subsections on the left-hand navigation bar to “View/Update All Requests” or “View/Update Open Inpatient or Service Requests.”

Medical/Behavioral Health

Notification

View/Update All Requests

View/Update Open Inpatient Requests

View/Update Open Service Requests

Authorizations/ Notifications

Requesting Provider

Search

Show More Search Options

Prior Authorization Request Status 25

Select a column header below to narrow or filter search results.

How

entries

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER
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Step 2: After locating the existing request, click “Add Attachment” in the *Action* column.

Note: Attachments should only be added to requests that are still In Progress

[Show More Search Options](#)

Prior Authorization Request Status 25

Select a column header below to narrow or filter search results.

Show entries

Search

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	DECISION REASON	NOTE TYPES	PAYER	ACTION
Date	Ref	Alternate A	Member	Member	Member	Request	Admission I	Discharge I	Requesting P	Servicing Provider	Facility Pri	Status	Decision	Decision	Note	Payer	

Add Attachment

Add Discharge Date

Add Attachment

Add Discharge Date


Add Attachment

Add Discharge Date

Add Attachment


Add Discharge Date

Add Attachment



Step 3: Click “Browse.”

Upload Additional Documentation



Browse...

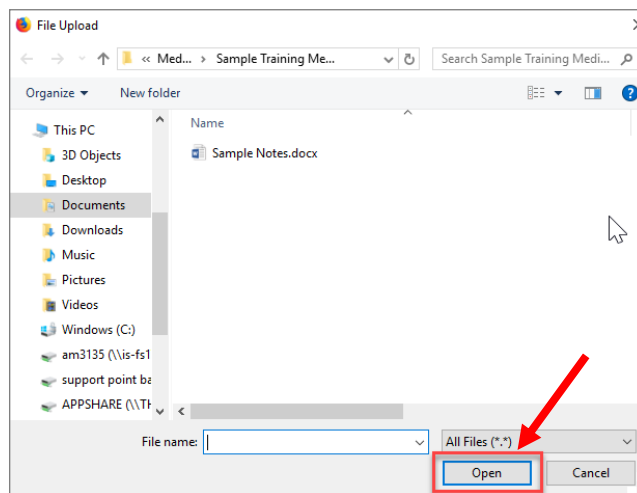
No file selected.

Upload Document

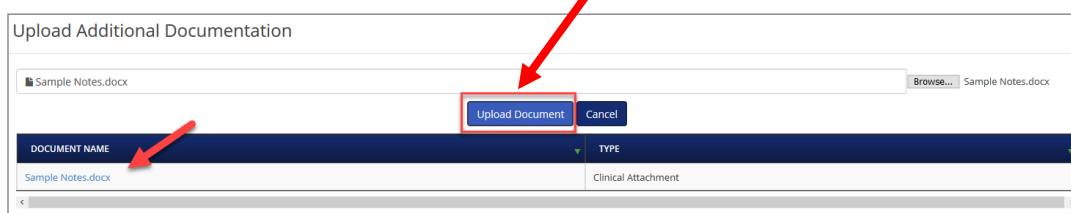
Cancel

DOCUMENT NAME	TYPE
No data available in table	

Step 4: Navigate to where the clinical documentation is saved on your computer and click “Open.”

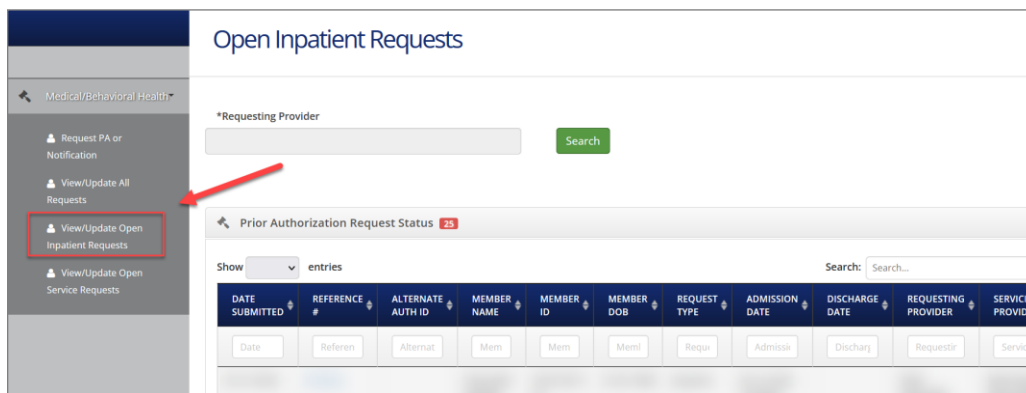


Step 5: Click “Upload Document.”

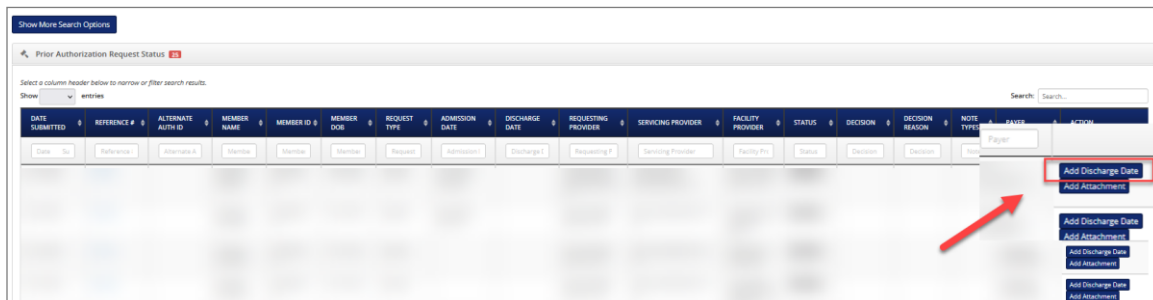


Adding Discharge Date(s) to Existing Prior Authorization

Step 1: Discharge dates can be updated by selecting either the “Open Inpatient Requests” or “View/Update All Requests” subsections on the left-hand navigation bar.



Step 2: From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click “Add Discharge Date” in the *Action* column.



The *Discharge Date* screen displays:

Step 3: Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.

Note: The submitter can click or use the arrows for the hour, minute, or second fields and the discharge time will display in military time.

Step 4: Enter *Discharge Disposition* and *Diagnosis*, then click “Save.”

The following screen displays with the discharge date and time:

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS
Date	Reference	Alternate	Name	Member	DOB	Request	Admission	Discharge	Requesting	Servicing	Facility	Status
								06-15-2024 21:14:00				

Note: When entering the discharge date, use the calendar to ensure the system captures the accurate discharge date and time.

CarePartners Secure Provider Portal

Enter Inpatient/ILOC Discharge

Step 1: Complete the *Requesting Entity ID*, *Admission Date*, *Member ID*, *Suffix* and *Date of Birth* fields then click “Submit.”

The following screen displays:

NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP

Requesting Provider: _____ Admission Date: _____

Member Name: _____ Member ID: _____ Date of Birth: _____

Required Field*

Discharge Date*
MM/DD/YYYY: _____

Member is being discharged from?*

Was care provided at*:
☐ This Facility
☐ Another Facility

Patient discharged to?*

Admissions diagnosis Class*:
☐ Mental Health
☐ Substance use disorder

Primary Discharge Diagnosis Code*: _____

Secondary discharge Diagnosis Code: _____

Medical Conditions: _____

CANCEL SUBMIT

Step 2: Indicate where the patient was residing prior to this admission and complete the *Discharge Date* field.

Discharge Date*
MM/DD/YYYY: _____

Calendar view for March 2020:

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Step 3: Select the appropriate option from the *Member is being discharged from?* dropdown menu.

Member is being discharged from?*

- Inpatient Care
- Acute Residential
- Partial Hospital
- Intensive Outpatient

Step 4: Select the appropriate option from the *Was care provided at* field.

Was care provided at*:

☐ This Facility

☐ Another Facility

Step 5: Select the appropriate option from the *Patient Discharged to?* dropdown menu.

Patient discharged to?*

- Residential or Acute Residential
- Partial Hospital
- Intensive Outpatient
- Skilled Nursing Facility
- Another Inpatient Facility
- Home with VNA Services
- Home
- AMA
- Shelter

Step 6: Select the appropriate option from the *Admissions diagnosis Class* field.

Admissions diagnosis Class*:

☐ Behavioral Health

☐ Substance use disorder

Step 7: Complete the *Primary Discharge Diagnosis Code*, *Secondary discharge Diagnosis Code*, and *Medical Conditions* fields.

Primary Discharge Diagnosis Code*:

Secondary discharge Diagnosis Code:

Medical Conditions:

Step 8: Complete the *Medication Reconciliation*, *follow up provider name*, and *phone number* fields then click Submit.




Was Medication Reconciliation completed with the patient or the patient's caregiver as part of the discharge?*

☐ Yes

☐ No

☐ Not Discharged on Medication

Please enter the names of all additional providers who will be providing follow up behavioral health services to the member, also include provider phone number and next appointment date*

Provider	Phone Number	Date of next Appt
<input type="text"/>	(xxx) xxx-xxxx	MM/DD/YYYY 
<input type="text"/>	(xxx) xxx-xxxx	MM/DD/YYYY 
<input type="text"/>	(xxx) xxx-xxxx	MM/DD/YYYY 

Was the PCP notified of this admission?*

☐ Yes

☐ No

Was there a conversation with the patient's outpatient provider(s) during this admission?*

☐ Yes

☐ No

☐ No Outpatient Provider

CANCEL
SUBMIT

The *Inpatient/ILOC Discharge* screen re-displays with the information populated.

NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP	DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP
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Thank you for completing the Behavioral Health Facility Discharge questionnaire. Below is a Summary of the information that you have provided us today. If you have questions, please contact CarePartners of Connecticut Customer Service at 888-341-1507. Furthermore, if you do have questions, your confirmation number is: 00000000-0000-0000-0000-000000000000.

Requesting Entity Id 00000000-0000-0000-0000-000000000000	Member ID 00000000-00
Date of Birth 00/00/0000	Member Name JOHN A. PELLEGRINO
Indicate where the patient resided prior to this admission? 00 Home	Admission Date 00/00/0000
Discharge Date 00/00/0000	