How to Request MST Services Using ProviderConnect

VBH/Beacon webpage to access ProviderConnect

VBH/Beacon Web Page  
www.vbh-pa.com

Log-In Requirements

Enter User ID and Password
Click Log In
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ProviderConnect Use Agreement

Must Select "I Agree" at bottom of the page

Provider Home Page: Select “Enter an Authorization/Notification Request” hyperlink

For discharge Review
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Enter Member’s MA ID number and DOB – Search.

Member Demographic Page will display. If eligible select “Next”.
List of service addresses will display. Select the address where MST services are contracted; hit “Next” at bottom of page.
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Set-Up Detail Screen

1. **Requested Start Date**: Defaults to the date being submitted - Can be changed - (this date will be the same as “admit date”)

2. **Level of Service**: Inpatient/HLOC/Specialty - (ALWAYS THE SAME FOR MST REQUESTS)

3. **Type of Service**: Mental Health - (ALWAYS THE SAME FOR MST REQUESTS)

4. **Level of Care**: MST - (ALWAYS THE SAME FOR MST REQUESTS)

5. **Type of Care**: Multi-Systemic Therapy - (ALWAYS THE SAME FOR MST REQUESTS)

6. **Admit Date**: Date member was admitted or date member became HealthChoices - (date is the same as requested start date)

7. **Has the member already been admitted to the facility?**: YES or NO

8. **ORP Provider ID**: Enter Prescribers NPI number or Promise Number - Must enter 1
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Attach a Document:

Document Type: Does the Document Contain Clinical Information about the member? = **YES: NO**

Document Description: Higher Level of Care Treatment Request - MST Assessment

Document Description: Additional Clinical - “Complete Packet” documents

Upload Tab: = Select to find 2 documents above previously saved

Attached Documents: = Shows named documents attached in step above

Click next at bottom of the page
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Requested Services Header, Diagnosis and Functional Impairments Tab

Must Enter
1-Behavioral Diagnoses
1-Primary Medical Diagnosis
1- Social Elements Impacting Diagnosis
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Click "Submit"

Indicates Request has been received by VBH/Beacon

2 Attached Documents Listed

Not Required
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To enter A Discharge Review- Select “Review Authorization” hyperlink on Provider Home Page

1. Enter MA ID # of Member for Discharge Review

2. Search Authorization

3. Shows Authorization Hyperlink for Member

4. Click Hyperlink

5. Click “Complete Discharge Review” Bar

6. View Authorization Details for Member

7. Submit Discharge Review

8. Complete Discharge Review Process

9. Submit F/SA 2000 - Claims Form for Payment

10. Wait for Claim Approval