

Inpatient Registration Quick Reference Sheet

Inpatient Concurrent Reviews

General Reminders:

- 1- Changes were made effective July 1st, 2014.
- 2- Temporary member IDs still need to be built using the same process that is currently in place. The provider continues to call CT BHP to request the temporary member ID and then go on ProviderConnect to obtain authorization.
- 3- The receiving facility must submit the precertification through ProviderConnect, not the sending facility due to Providers only having access to their own facility information when logging into ProviderConnect.
- 4- *Submission Guidelines and TAT:*
 - Inpatient facilities have **up to 2 business days** to submit the *precertification review* from the date of admission.
 - Providers should still try to submit reviews in a timely fashion to allow for prompt review by the clinical care managers.
 - The expected timeframes are as follows: If a review is received by 12:00pm on a business day, then it must be completed by 5:00pm on that same day; If received by 7:00pm on a business day, then it must be completed by 12:00pm the following business day; If received after 7:00pm and before midnight on a business day, then it must be completed by 5:00pm the following business day.

Please Note: Providers have access to the Provider Manual, Review Templates, Video, and connecting to PR for support to address any system issues.

Symptomatology:

- This box will be blank upon precertification and concurrent review.
- Please provide the most up-to-date clinical presentation of the member. DO NOT repeat or copy and paste clinical from the precertification or previous concurrent review.
- **Primary Issues/Symptoms Addressed in Treatment** Depending on the diagnosis entered, one of these symptom complex boxes will open and be required.
- Please answer the questions in the symptom complex box to the best of your ability.

Recovery & Resiliency

- Please describe the member's inpatient treatment plan, goals, and objectives and progress.
- Please describe the member's recovery and support network and environment.
- **Medications** Please enter the medication into the hyperlink box. Please include dose of the medication and any changes.
 - Please include information about PRNs received if applicable and the medication plan going forward. (Example, Plan to titrate Med A or plan to cross-taper Med B and Med C starting 99/99/9999).
- **Helpful tip: if you cannot find a medication within the list, type other and click on the "medication" hyperlink to generate a box in which you can write the medication.**
- **Discharge Information** Please enter the discharge plan to the best of your ability.