

Provider Alert

Alert#: **PA 2019-03**

Issued: **June 26, 2019**

To: **CT BHP Intermediate, Home Based Service and Autism Spectrum Disorder Providers**

Subject: **Process Update for Date Extension and Backdating Requests for Intermediate, Home Based Service and Autism Spectrum Disorder Authorizations**

Dear Provider,

This alert serves as advance notice of upcoming changes to the process for date extensions and backdating requests effective July 1, 2019.

The purpose of this alert is to notify and remind providers of the appropriate process regarding date extensions and backdating requests on authorizations obtained through the CT Behavioral Health Partnership (CT BHP).

The following process will be for Intensive Outpatient (IOP), Extended Day Treatment (EDT), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Autism Spectrum Disorder (ASD) services.

Date Extensions

In the event that all service units are **not utilized** prior to the end date of an authorization, providers can request to have an existing authorization expiration date extended.

Effective 7/1/19, the CT BHP will allow one date extension request on an initial authorization for the levels of care outlined above. This one-time date extension request must be submitted utilizing the ProviderConnect inquiry function. Attached to this alert are step by step instructions on how to complete an inquiry through the ProviderConnect portal for date extension requests.

Beyond the initial authorization line and one-time date extension request (if required), all requests for continuing authorizations will have to be completed as a standard concurrent review through the ProviderConnect portal. This will ensure that we are receiving the most up to date clinical information and assist in assessing the members continued need for treatment.

ASD Providers: Please note that initial requests for authorization and for date extensions should only occur once treatment staff is identified and services will be commencing or continuing from initial authorization.

Backdating Requests

In the event that all service units are utilized prior to the end date of an authorization, providers can request to have an existing authorization expiration date backdated, so that a concurrent review can be entered via the ProviderConnect portal.

Effective 7/1/19, requests for backdating an authorization must be submitted utilizing the ProviderConnect inquiry function. Attached to this alert are step by step instructions on how to complete an inquiry through the ProviderConnect portal for back dating requests.

PLEASE NOTE: Requests to have an existing authorization expiration date backdated must be done in a timely manner. Back dating requests should be received within 2 business days of the last authorized unit being utilized.

If you have any questions, please feel free to contact the CT BHP Provider Relations Department



1-877-552-8247, Options 1, 3, 7.



ctbhp@beaconhealthoptions.com

Sincerely,

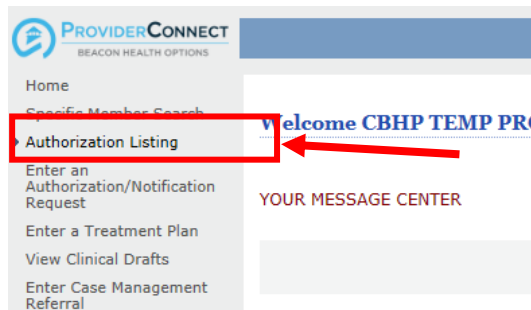
Provider Relations Department
CT Behavioral Health Partnership

Creating an Inquiry through ProviderConnect.

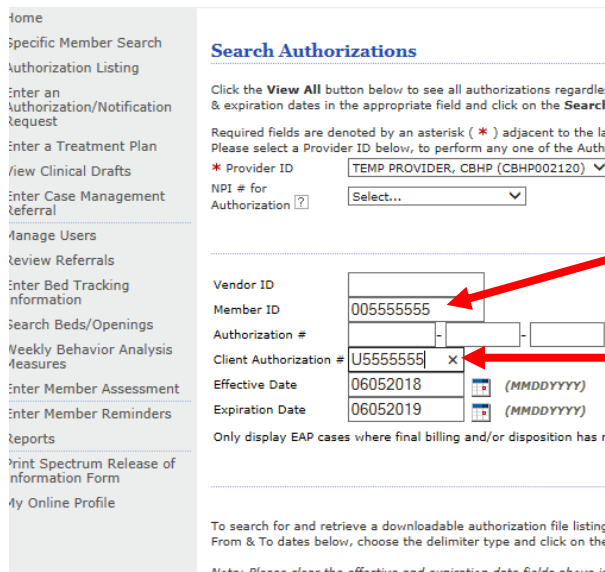
Key Step 1: Creating an Inquiry The first key step is to search for the client's existing authorization, which starts from the ProviderConnect Homepage. The function can be initiated when the **Authorization Listing** button is clicked.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

1. Click **Authorization Listing** link from the navigational bar on the Home page.



2. Enter **either** the Medicaid ID of the client in the Member ID field to search for all authorizations for the member **or** enter the Authorization Number (U#####) of the specific authorization in the Client Authorization# field.



Search Authorizations

Click the **View All** button below to see all authorizations regardless of expiration dates in the appropriate field and click on the **Search** button.

Required fields are denoted by an asterisk (*) adjacent to the label. Please select a Provider ID below, to perform any one of the Authorizations.

* Provider ID: TEMP PROVIDER, CBHP (CBHP002120) ▼

NPI # for Authorization: Select... ▼

Vendor ID: []

Member ID: 005555555

Authorization #: [] - [] - []

Client Authorization #: U5555555 X

Effective Date: 06052018 (MMDDYYYY)

Expiration Date: 06052019 (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has been completed.

To search for and retrieve a downloadable authorization file listing, choose the From & To dates below, choose the delimiter type and click on the Search button.

Note: Please clear the effective and expiration date fields when you click on the Search button.

3. Click **Search** at Bottom of Page.

- Click the Authorization Link of the authorization in which you need either a date extension or an expiration date back dated.

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID
View Letter	Member Name		Provider Alt. ID	Alternate Provider
01-112310-26-21	TEMP000740625	01/01/1995	CBHP002120 999999999	VCB005769
01-112310-17-42	TEMP000740625	01/01/1995	CBHP002120 999999999	VCB005769

- On the Authorization Summary page, click **Send Inquiry**.

Auth Summary [Auth Details](#)

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header

Member ID	TEMP000740625
Member Name	SUPPORT, ANITA
Authorization #	01-112310-26-21
Client Auth #?	U0271540
NPI # for Authorization?	N/A
Authorization Status	O - Open
From Provider	TEMP PROVIDER,
Admit Date	11/23/2010

[Return to search results](#)
[Send Inquiry](#)
[Complete Discharge Review](#)

- On the Customer Service Inquiry Page under Contact Details.
- Enter Contact Name and enter narrative in the State your reason for the Inquiry field (Max 1500 characters)

Contact Details

Provider ID: CBHP002120
 Provider Name: TEMP PROVIDER,
 Contact Name (if other than provider):

*State your reason for the inquiry.

Maximum characters: 1500
 You have characters left.

- Date Extension requests do not require providers to **Attach a Document**.
- Click **Submit** and a confirmation of your inquiry will display

Customer Service Inquiry

Thank you for your inquiry. Your request is important to us and will be investigated by a customer service professional. Once our investigation is complete, you will receive a response in your Message Center Inbox within 5 business days.

Your Inquiry Number is: 03112011-2955602-050000