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# PROVIDER ALERT

Alert#: PA-2006 04

Issued: June 2006

To: **All CT BHP Providers**

Subject: **Web Registration for CT BHP Registered Services**

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Dear Provider,

This alert serves as advanced notification to all CT BHP providers of the schedule for implementing registrations under the CT Behavioral Health Partnership. The CT BHP will offer a Web Registration system for registered services. Access for this system will be provided on the CT BHP Web site, [www.ctbhp.com](http://www.ctbhp.com), beginning on August 1, 2006.

*Please Note: The Web Registration system is scheduled to be available to providers starting August 1<sup>st</sup> but will not be mandatory until **September 1<sup>st</sup>, 2006**. This will allow CT BHP providers a transition period to begin to input registrations and become comfortable with the system.*

The attached Security Access Form **must be completed** to gain access to the Web Registration system. Please copy and complete the attached form for each staff member that will be accessing the system. Please indicate the primary EDS/CMAP ID that the staff member bills under. It is **not** necessary to complete a form for each EDS/CMAP ID assigned to you as a provider/agency. Please note: Group Practices should enter the EDS/CMAP ID # assigned to the Group Practice, not that of the individual group practitioners.

The Web-enabled registration system will link directly to the CT BHP management information system so authorization numbers and authorization letters can be generated automatically.

Categories of services that require registration are Outpatient Services, Ambulatory Detoxification, Methadone Services, Crisis Stabilization Residential and Care Coordination. A complete listing of registered services can be found in Appendix C of the CT BHP Provider Handbook, available on the CT BHP website: [www.ctbhp.com](http://www.ctbhp.com).

Detailed instructions on the use of the web-enabled registration system will be forthcoming. Please complete the attached form and fax to 1-(860) 263-2036, Attn: Provider Relations



## CT BHP Provider Registration System Security Access Form

**\* Required Fields**

### General Provider Agency Information

\*Date \_\_\_\_\_ \*EDS/CMAP ID Number (See Instructions Sheet for Additional Information) \_\_\_\_\_

\*Provider Agency Name \_\_\_\_\_

\*Primary Mailing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Primary Phone Number (\_\_\_\_) \_\_\_\_\_ \*Primary Fax Number (\_\_\_\_) \_\_\_\_\_

\*Email Address \_\_\_\_\_

### \*USER INFORMATION (Print or Type)

*Full Name:	*Job Title:
Phone Number:	Address (city,state,zip):
Fax Number:	
Email Address:	

### \*ACCESS TYPE (Check One Box)

<input type="checkbox"/> New User Access	<input type="checkbox"/> Change User Access	<input type="checkbox"/> Disable User Access	<input type="checkbox"/> Existing User Access
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Note: This form may only be signed by a supervising authority.  
If you need additional assistance please contact the Provider Relations Department @ 1-877-552-8247 or email us @ [ctbhp@valueoptions.com](mailto:ctbhp@valueoptions.com)

\*Authorized Requestor Name \_\_\_\_\_

\*Authorized Requestor Signature \_\_\_\_\_

### TO BE COMPLETED BY VO STAFF (VO Staff Use Only)

Registration System User ID:	Provider Contract ID:
Additional Comments:	Technical Support Representative Signoff:



## CT BHP Provider System Security Access Form Instruction Sheet

The CT BHP Web-Enabled Registration Security Access Form is used to grant CT BHP providers access to the web-based consumer registration system. The form is broken up into four key sections:

- General Provider Agency Information
- User Information
- Access Type
- VO Staff Section

Your user profile will be created based on information you provide in the first three sections. All required fields must be accurately completed. Required fields are indicated by an asterisk (\*) symbol.

The first section, *General Provider Information*, tells us about your primary location. Listed below are the fields and descriptions for this section of the form.

- Date – Enter the date the form is completed and faxed.
- EDS/CMAP ID Number – This is the 9-digit CT Medical Assistance provider number provided to you and/or your organization by EDS. *Please complete this form for the primary EDS/CMAP ID assigned. It is not necessary to complete this form for every EDS/CMAP ID assigned. Please note: Group Practices should enter the EDS/CMAP ID # assigned to the Group Practice, **not** that of the individual group practitioners.*
- Provider/Agency Name – Enter your provider or agency name.
- Primary Mailing Address – Enter the primary mailing address for your practice/agency.
- City, State, and Zip Code – Fill out these fields for your primary mailing address.
- Phone and Fax Number – Enter the main phone and fax numbers for your agency.

The second section, *User Information*, identifies key elements used in identifying the employee using the registration system. This form must be completed for each staff member that will access the system. Listed below are the fields and descriptions for this section.

- Full Name – Enter the full name of the person that this ID is being generated for.
- Job Title – Enter the user's job title.
- Phone Number – Enter the user's office phone number.
- Contact Address – Enter the user's work address.
- Email Address – Enter the user's e-mail address.

The third section, *Access Type*, is used to indicate the purpose of your request. Place an X in the box to the left of the access request type. Listed below are descriptions for each access request type.

- New User Access – Check this box if this is a brand new request.
- Change User Access – Check this box if you have access but need to change some information such as name, phone number, address, etc.
- Disabled User Access – Check this box to if you no longer want or need system access.

The Registration System Security Access form must be signed and the signer's name printed above the signature. The last section will be filled out by CT BHP staff only. Please fax the completed form to 1-(860) 263-2036, Attn: Provider Relations. You will be notified when your request has been processed. If you have questions regarding the form or registration process, please contact Provider Relations @ 1-877-552-8247.

**Please fax the completed form to 1-(860) 263-2036, Attn: Provider Relations.**