

# PROVIDER ALERT

Alert#: **PA-2011- 23**

Issued: **December 12, 2011**

To: **All CT BHP Providers, DCF Area Office, Probation and Parole Staff**

Subj: **CT BHP Connect System Enhancements**

Dear Provider,

This alert is being sent to all ProviderConnect and ClientConnect system users regarding enhancements to the Connect Applications and web registration forms under the Connecticut Behavioral Health Partnership (CT BHP).

## **All Users - Password Protocol for ProviderConnect and ClientConnect**

Due to our commitment in maintaining the security and confidentiality of our member information, effective December 12th, 2011, we upgraded the password security function within ProviderConnect and ClientConnect that will further protect the information made available to you via the internet. This enhancement will require that ProviderConnect and ClientConnect users create a more complex password, on or after December 12<sup>th</sup>. The requirements are as follows:

- You must change your password every 90 days. The Connect applications will prompt you to change your password once it has expired.
- Passwords will be case sensitive and will need to be between 8 and 20 characters in length.
- All new passwords will need to include **all** of the following:
  - At least 1 upper case letter
  - At least one 1 lower case letter
  - At least one number
  - At least 1 of the following special characters (! # \$ ~)

*Example: Winter02!*
- Passwords may not contain spaces.
- You will not be allowed to reuse the last 10 passwords.
- The Connect applications will disable your account after four unsuccessful login attempts within a ten minute timeframe. Should you disable your account, you will not be granted access to your ProviderConnect account for a period of ten minutes. After the ten minute timeframe has lapsed, you may then login to ProviderConnect with your correct password, or you may call the help desk for a password reset.

- Your new password will be required 90 days from the last time you logged onto ProviderConnect prior to December 12th. If you are a frequent user of ProviderConnect, you will not be required to immediately change your password. If you are not a frequent user of ProviderConnect, please prepare for this change by logging into your account and reviewing your on-line profile. Please ensure that your contact information and email address is up to date, as this information is necessary for verification purposes should you need technical assistance.

The help desk number for password resets is: 1-888-247-9311. They are available Monday-Friday 8 a.m-6 p.m.

## All Users - ProviderConnect Enhancements to Medications Tab

Effective Monday, December 12<sup>th</sup>, on the medications tab, Cogentin will now be available on the list of Psychotropic Medications. There is also an additional text box for information regarding "Usually Adherent".

## Department of Children and Families Users – CANS User Changes

The CT BHP now has the ability to internally transfer CANS from one user account and its affiliated offices to another. If you require such a change, please contact your residential care team contact.

\*\*\*\*\* HOME HEALTH PROVIDER ENHANCEMENTS\*\*\*\*\*

## Home Health Providers - ProviderConnect Enhancements

Effective Monday, December 12<sup>th</sup>, the following enhancements were made to the Home Health Provider web registration form:

- The Name and Credentials of the licensed provider will now be three separate text boxes; first name, last name and a credentials drop down box. *All three fields are required.*

The screenshot shows the 'Requested Services Header' section of the ProviderConnect web registration form. The form is titled 'Requested Services Header' and includes the following fields:

- Requested Start Date: 10/07/2011
- Member Name: [Redacted]
- Provider Name: VISITING NURSE, SERVICES INC
- Vendor ID: VCB003029
- Type of Request: CONCURRENT
- Member ID: [Redacted]
- Provider ID: CBHP002095
- Provider Alternate ID: 004189016
- NPI # for Authorization: SELECT...
- Level of Service: OUTPATIENT/COMMUNITY BASED
- Type of Service: Mental Health
- Level of Care: Outpatient
- Type of Care: Home Health
- Authorized User: [Redacted]

The 'Type of Services' section is expanded, showing 'MENTAL HEALTH' as the selected service. Below this, there are several questions and fields:

- Member's Guardian: [Redacted]
- \*Is this a new registration for a client already in outpatient treatment within your agency/practice? (Yes/No radio buttons)
- \*Referral Source: Who encouraged this member to obtain services? (1A, 1B, 1C dropdown)
- \*Name and credentials of licensed prescribing practitioner:
  - \*First Name: [Text box]
  - \*Last Name: [Text box]
  - \*Credentials: [SELECT... dropdown]

- On the diagnosis tab the “Other Medical” text box has been increased to a character limit of 2000 characters. Additionally, the Axis V (GAF score) is required for all reviews.

**Axis III**

Diagnosis Code 1  
SELECT...

Diagnosis Code 2  
SELECT...

Diagnosis Code 3  
SELECT...

2A. Other specific medical conditions (0 of 2,000)

**Axis IV**

Check all that apply

- None
- Educational problems
- Financial problems
- Housing problems
- Occupational problems
- Other psychosocial and environmental problems
- Problems with access to health care services
- Problems related to interaction w/legal system/crime
- Problems with Primary support group
- Problems related to the social environment
- Unknown

2B. **Axis V**

\* Current GAF Score

- On the current risk tab there are now narrative history and narrative entry text boxes under the “Member’s Risk to Self” and “Member’s Risk to Others” fields. A narrative entry is required if either field is rated a “2” or “3”.

3A.

TYPE OF SERVICE | DIAGNOSIS | CURRENT RISKS | TREATMENT PLAN | MEDICATIONS | RESULTS | RESULTS AUTH

All fields marked with an asterisk (\*) are required.

**Current Risks**

Key:  
0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

\*Member's Risk to Self

\*Member's Risk to Others

0 1 2 3 N/A

0 1 2 3 N/A

▶ Narrative History

▶ Narrative Entry (0 of 500)

▶ Narrative History

▶ Narrative Entry (0 of 500)

**Current Impairments**

Narrative History Expand/Collapse All

Narrative Entry Expand/Collapse All

- On the current risk tab, “Does member have co-occurring mental health and substance abuse conditions?” is no longer required.

3B.

Does Member have co-occurring mental health and substance abuse conditons?

Yes  No  Not Assessed

- On the treatment plan tab, there is now an increased character limit (2000 characters) for the “Please Provide rationale for Home Health Services” text box and 1000 characters for the “Current Plan of Treatment, Goals of Services . . .” text box.

5. On the treatment plan tab, there is a new required question. "Are Home Health Services intended to treat primarily medical (not behavioral health) condition?"  
*Please note: that if you answer yes to this question, you are asked to abort your request and contact DSS. (NOTE: this enhancement was added prior to the medical ASO. You will contact the medical ASO for non-behavioral health authorizations.*

We thank you for your participation. If you have any questions, please feel free to contact the Provider Relations Department at 1-877-552-8247.

Provider Relations Department  
Connecticut Behavioral Health Partnership