

Provider Alert

Alert#: **PA 2021-03**

Issued: **April 13, 2021**

To: **CT BHP Home Health Providers**

Subject: **Home Health Bypass Plus Program Enhancement**

Dear Provider,

The CT BHP is pleased to announce an additional incentive for CMAP Home Health providers who have achieved Bypass Plus status only within the Home Health Bypass program.

Effective April 19th, 2021, the CT BHP will no longer require Bypass Plus providers to attach the Physician Order/Plan of Care (CMS 485) and other supporting documents* to authorization requests. Home Health Providers will only be required to complete concurrent review requests inclusive of clinical justification for need of service and medication administration frequency. Bypass Plus providers will continue to receive four (4) months for initial authorization requests and four (4) months for concurrent authorization requests submitted via ProviderConnect.

There are no changes to the Bypass and Non-Bypass status tiers. Both Bypass and Non-Bypass providers will need to continue to attach all required documents, stated below, to all authorization requests.

- Bypass providers will continue to receive three (3) months for initial authorization requests and for (4) months for concurrent authorization requests submitted via ProviderConnect. Bypass providers will still be required to submit the Physician Order/Plan of Care (CMS 485) and level of care supporting documents.
- Non-Bypass provider will continue to receive two (2) months for both initial and concurrent authorization requests submitted via ProviderConnect. Non-Bypass providers will still be required to submit the Physician Order/Plan of Care (CMS 485) and level of care supporting documents.

****PLEASE NOTE: Home Health Providers will continue to be responsible for having current, signed 485s on file when billing for services.***

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



1-877-552-8247, Options 1, 2, 7.

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