

Provider Alert

Alert#: **PA 2021-04**

Issued: **May 24, 2021**

To: **All CT BHP Providers**

Subject: **Important Updates Regarding Prior Authorization Reinstatements**

Dear Provider,

This alert serves as notification of changes to the CT BHP ProviderConnect application. The purpose of this alert is to outline system changes in alignment with the CMAP Policy Transmittal PB 2021-26 – *Revised Reinstating Prior Authorization Requirements that were Suspended During the Public Health Emergency* distributed to CMAP providers on April 27, 2021.

ProviderConnect 21-Day Timely Edit

Beacon Health Options will be returning the 21-day timely edit to the ProviderConnect application on July 1, 2021. For dates of service July 1, 2021 and forward, providers will have 21 days from the initial visit/service to complete an initial registration. Please note, the 21-day timely edit reinstatement applies to the following levels of care: Outpatient Evaluation, Outpatient (Rehabilitation Clinics), Case Management, Ambulatory Detoxification, Methadone Maintenance.

Outpatient Services – Outpatient Evaluation

In response to PB 2021-26, Beacon Health Options will be updating the authorization parameters for Outpatient Services – Outpatient Evaluation registration for dates of service May 21, 2021 and forward. Registration and resulting authorization of the Outpatient Services – Outpatient Evaluation form will result in a two (2) unit/6-month authorization for outpatient services. This change will allow providers the ability to bill for the 90791 – Initial Diagnostic Evaluation and the 90792 – Initial Medical Evaluation. (Note: If a member leaves treatment and returns for care outside of the 6-month span and both units have been utilized, providers will have to complete an additional Outpatient Services – Outpatient Evaluation Authorization). Instructions for completing the Outpatient Services – Outpatient Evaluation registration/authorization have been included below.

Important Note: Rehabilitation Clinics – As authorization for outpatient services is still required for CMAP Rehabilitation Clinics. The Outpatient – Community Clinic registration will still be available in the ProviderConnect application and completed authorization requests will still result in an outpatient authorization of 90 units for a 1-year span.

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



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



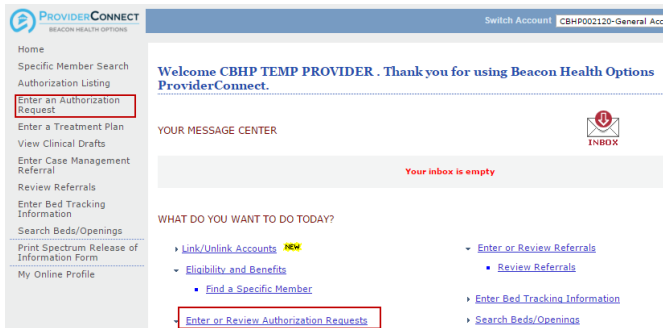
ctbhp@beaconhealthoptions.com

Completing Requests for Outpatient Evaluations

ProviderConnect provides the ability for providers to complete requests for a **two-unit, 6 month Outpatient Authorization** using an abridged workflow, where Primary Diagnosis Codes and Social Factors are required for completion.

Key Step 1: Entering Authorization Request

1. Click **Enter an Authorization/Notification Request** link from either the left navigational or Home page of ProviderConnect

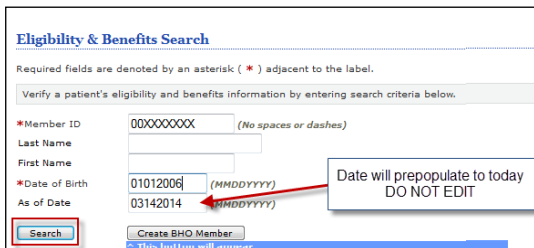


2. Review the Disclaimer and click the **Next** Button.

Disclaimer

Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive a screen noting the pending or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.

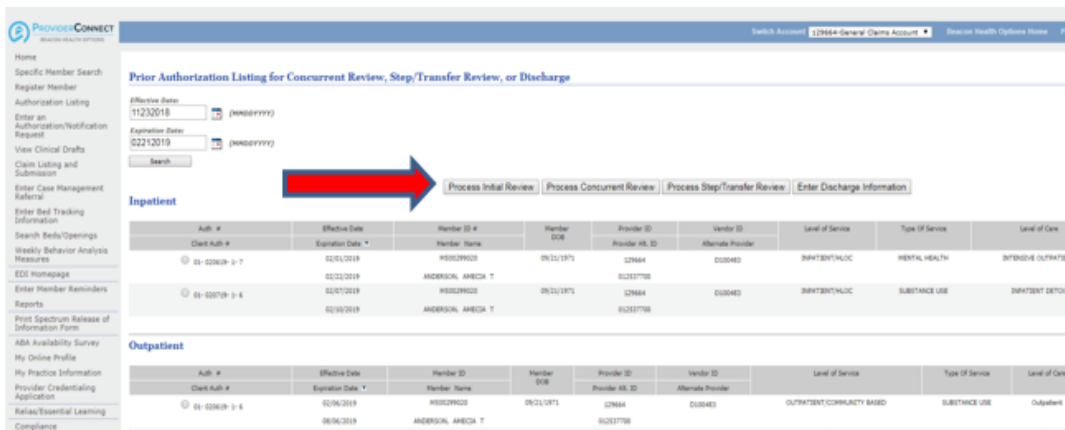
3. Search for Member Record by only entering the Member's Medicaid ID and Date of Birth (both fields are required). Then click **Search**.
 - a. NOTE: Enter a CT prefix on the Member's Medicaid id (i.e CT00.....)



4. Click the **Next** button on the Member record to continue.

Member?	
Member ID	TEMP000700058
Alternate ID	
Member Name	WOODSIN, MOONEY
Date of Birth	01/15/1995
Address	500 ENTERPRISE DR HARTFORD, NB E7M
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	M - Male
<input type="button" value="Next"/>	

- If this registration request is for a member that does not have a previous authorization with your practice, proceed to Step 9.
- If this registration request is for a member that has an existing authorization with your practice, the Prior Authorization Listing for Concurrent Review Page will appear.



The screenshot shows the 'Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge' page. It includes a search bar with 'Effective Date' (1/23/2018) and 'Expiration Date' (2/21/2019). Below the search bar are four buttons: 'Process Initial Review', 'Process Concurrent Review', 'Process Step/Transfer Review', and 'Enter Discharge Information'. A red arrow points to the 'Process Initial Review' button. The page displays two tables: 'Inpatient' and 'Outpatient'. The 'Inpatient' table has two rows of authorization data, and the 'Outpatient' table has one row.

Auth #	Effective Date	Member ID #	Member DOB	Provider ID	Vendor ID	Level of Service	Type of Service	Level of Care
01-00019-0-7	01/23/2018	W00039023	05/21/1975	12984	030403	INPATIENT/ALIC	MENTAL HEALTH	INTENSIVE OUTPATIENT
01-00019-0-8	01/27/2018	W00039023	05/21/1975	12984	030403	INPATIENT/ALIC	SUBSTANCE USE	INPATIENT DETOX

Auth #	Effective Date	Member ID #	Member DOB	Provider ID	Vendor ID	Level of Service	Type of Service	Level of Care
01-00019-0-8	01/26/2018	W00039023	05/21/1975	12984	030403	OUTPATIENT/COMMUNITY BASED	SUBSTANCE USE	Outpatient

- The Prior Authorization Listing for Concurrent Review Page will display any authorizations the member has with your practice.
 - To enter an initial registration for a service that has not been authorized, click the **Process Initial Review** button and **Proceed to Step 8**, or;
 - To complete a concurrent review of a current authorization, select the appropriate authorization that is listed and Click **Process Concurrent Review** button and **proceed to Key Step 2: Requested Services Page – Page 8**.
- The Select Service Address Screen will appear.
- Locate and select the Service Address: Click the radial button next to the appropriate Service Address location.

Select Service Address

Provider		Vendor		
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
		First Name		Vendor First Name
Tax ID	Service Address	Paid To Vendor ID	Pay To Address	
Alternate ID				
<input checked="" type="radio"/>	CBHP002120	TEMP PROVIDER	VCB003159	TEMP PROVIDER
		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-
	TEMPFAC			
<input type="radio"/>	CBHP002120	TEMP PROVIDER	VCB005769	TEMP PROVIDER
	999999999	500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-
	999999999			

Back Next



Providers with more than one provider type-specialty at the same address location, will have more than one service address listing. Users should select the appropriate address for the authorization being obtained.

Example:

ABC – Group Practice

- 123 Main St – LCSW for LCSW group or 123 Main St – MD for Psychiatrist Group or 123 Main St – BCBA for BCBA Group.

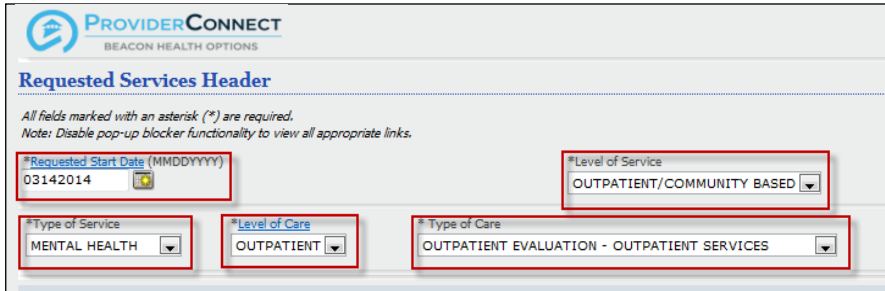
10. Click the **Next** button to continue
11. The **Requested Services Header Page** will display.

Key Step 2: Requested Services Page

The second key step is to complete the requested start date of the service and the specific level of care that is being requested. This screen displays for all types of requests. However, the information entered determines which clinical screens will display and which authorization parameters will be applied to the request.

1. Enter the **Requested Start Date** (The Requested Start Date is the date for the authorization to begin in order to cover all requested services). **NOTE: The Requested Start Date will prepopulate. Dates of service prior to today will require you to update the field.**
2. Select the **Level of Service = Outpatient/Community Based**. (When the level of service is selected, the screen will update with the required fields specific to the level of service).
3. Select the **Type of Service = Mental Health**
 - a. **(NOTE: To complete the Outpatient Evaluation, users must select Mental Health regardless of diagnosis...this selection will not impact the authorization or claims payment.)**

- Select the **Level of Care = Outpatient**.
- Select the **Type of Care = Outpatient Evaluation – Outpatient Services**.



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Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)
03/14/2014

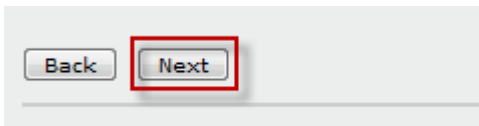
*Level of Service
OUTPATIENT/COMMUNITY BASED

*Type of Service
MENTAL HEALTH

*Level of Care
OUTPATIENT

*Type of Care
OUTPATIENT EVALUATION - OUTPATIENT SERVICES

- Attach a document (**CT BHP registered services do not require attached documents**)
- Click the **Next Button**



Back Next

- (A warning message will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed.)



Microsoft Internet Explorer

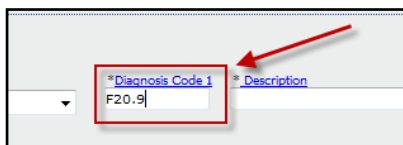
WARNING: You have not attached a document to this Request. Please click CANCEL to return to the screen to attach a document or click OK to proceed with your request without attaching a document.

OK Cancel

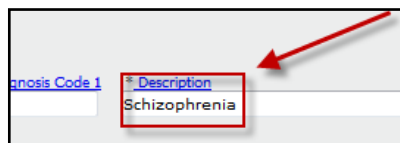
Key Step 3: Completing Clinical Screens

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

- The Primary Behavioral Diagnosis is required
- System users can *either* enter a partial diagnosis in the Diagnosis Code 1 box *or* enter partial description of the diagnosis and then click on the hyperlink above the field to view a pop-up window/list of ICD-10 codes that match their search criteria.



*Diagnosis Code 1 *Description
F20.9



*Diagnosis Code 1 *Description
Schizophrenia

3. Once a user clicks on the appropriate code in any of the pop-up windows, all other fields will populate.

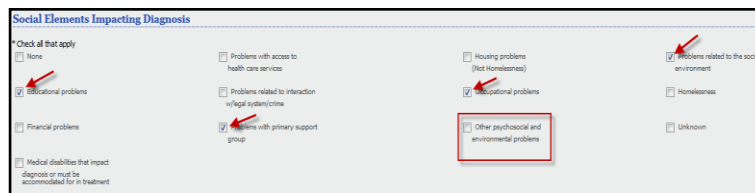
Category	Code	Description
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F28	OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F20.9	SCHIZOPHRENIA
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F29	UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER

4. The Primary Medical Diagnosis is required. The same process above can be utilized to select a Primary Medical Diagnosis Code and/or Description field with their corresponding hyperlink to locate the appropriate Medical Diagnosis.

- *NOTE: If there is no medical diagnosis or it is unknown, please select None or Unknown from the Diagnostic Category drop down list. A Diagnosis Code or Description is not required if the selection is "None" or "Unknown".*

5. Social Elements Impacting Diagnosis: **Click the check boxes for any of the factors that impact the member. It is okay to select more than one check box. At least 1 check box must be selected.**

- If there are no social elements or if they have not been assessed yet, select the "None" or "Unknown" checkbox.
- If Other Psychosocial and Environmental Problems is selected, an open text field will open and require you to enter what the other is.



Key Step 4: Submit Request and Confirm Submission

Once the Submit button is clicked from the final clinical screen, the submission screens will display. The specific screens that display vary depending on if the request is approved or pended.

For the Outpatient Evaluations, the request will most likely auto-approve meaning that the requested registration will be an approved authorization.

1. For approved request, the status would indicate "Approved" at the top of the screen
2. Users have the option to either Print the Authorization Result, Print the Authorization Request, Download the Authorization Request or Return to Provider Home.