



CT BHP ProviderConnect User Manual

Registered Services



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Introduction

The ProviderConnect application provides a variety of self-service functions to help providers access and view information about CT Behavioral Health Partnership (CT BHP) members and authorizations.

What is covered in this manual?

This manual covers general functions within ProviderConnect as well as step by step instructions of the following key functions:

- **Registering Outpatient Evaluations** – This process focuses on completing a registration for a one unit-one day outpatient authorization.
- **Registering Initial Services** – This process focuses on completing a registration/authorization for Outpatient, Intensive Outpatient, Extended Day Treatment, Home, Methadone Maintenance Ambulatory Detox and Home Based Services.
- **Registering Concurrent Outpatient Services** – This process focuses on completing a concurrent review of an existing authorization for Outpatient, Intensive Outpatient, Extended Day Treatment, Home, Methadone Maintenance Ambulatory Detox and Home Based Services.

Obtaining an Id and Password

In order to obtain a ProviderConnect login ID and password, complete the following steps.

1. Go to the CT BHP website at www.CTBHP.com.
2. Click on the 'For Providers' button.



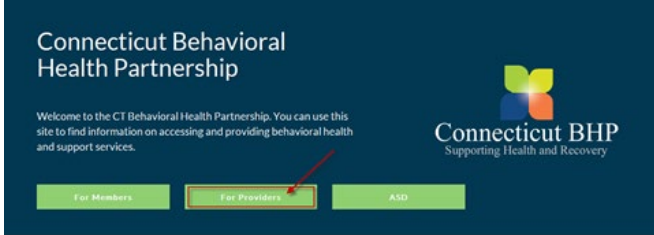
3. Under the Templates section, click on the 'Online Services Account Request Form' hyperlink.



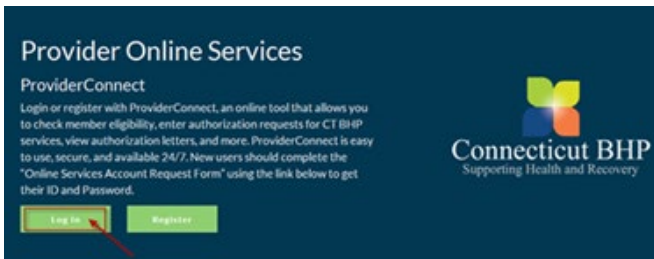
4. Complete the form and fax it back to the Provider Relations department at 855-750-9862. Completed forms can also be scanned and emailed back to Provider Relations at ctbhp@beaconhealthoptions.com
5. User ID's and passwords are created within 1-2 business days from date of receipt. Once the ID and password are created, you will be sent an email with your ProviderConnect login details.
6. If you have any questions, feel free to contact the CT BHP Provider Relations Department at 877-552-8247 or email us: ctbhp@beaconhealthoptions.com.

Logging In

1. Go to www.CTBHP.com
2. Click on For Providers



3. Click Log In



4. Enter User ID and Password.

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

* User ID

If you do not remember your User ID, please contact our e-Support Help Line.

* Password [Forgot Your Password?](#)

Log In

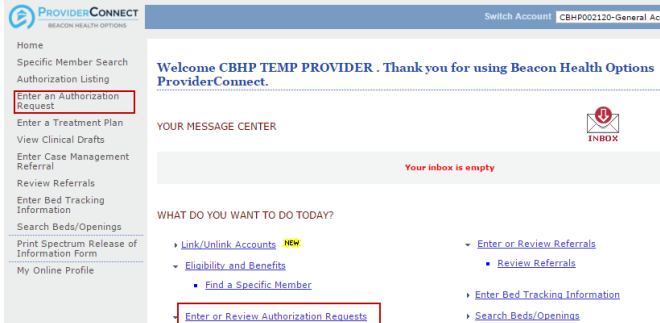
5. Click Log In
6. Accept the User Agreement to proceed to the home page.

Completing Requests for Outpatient Evaluations

ProviderConnect provides the ability for providers to complete requests for a **2 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**.

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**

5. If this registration request is for a member that does not have a previous authorization with your practice, proceed to Step 9.
6. 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.

Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge

Effective Date: 11/2/2018 (MM/DD/YYYY)

Expiration Date: 02/2/2019 (MM/DD/YYYY)

Inpatient

Auth. #	Effective Date	Member ID #	Member Name	Member DOB	Provider ID	Vendor ID	Level of Service	Type of Service	Level of Care
01-02069-3-7	02/01/2019	W002P9020	ANDERSON, AMERICA T	09/21/1975	12964	D00463	INPATIENT/PHOC	MENTAL HEALTH	INPATIENT OUTPATIENT
01-02070-3-8	02/01/2019	W002P9020	ANDERSON, AMERICA T	09/21/1975	12964	D00463	INPATIENT/PHOC	SUBSTANCE USE	INPATIENT DETOX
01-02070-3-8	02/01/2019	W002P9020	ANDERSON, AMERICA T	09/21/1975	12964	D00463	INPATIENT/PHOC	SUBSTANCE USE	INPATIENT DETOX

Outpatient

Auth. #	Effective Date	Member ID #	Member Name	Member DOB	Provider ID	Vendor ID	Level of Service	Type of Service	Level of Care
01-02069-3-8	02/01/2019	W002P9020	ANDERSON, AMERICA T	09/21/1975	12964	D00463	OUTPATIENT/COMMUNITY BASED	SUBSTANCE USE	Outpatient

7. 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**.
8. The Select Service Address Screen will appear.
9. 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
		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

1. 123 Main St – LCSW for LCSW group or 123 Main St – MD for Psychiatrist Group or 123 Main St – BCBA for BCBA Group.

ABC Clinic

2. 123 Main St – OTP for Outpatient Services or 123 Main St - MET for Methadone Maintenance Services

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.)**
4. Select the **Level of Care = Outpatient**.

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

PROVIDERCONNECT
BEACON HEALTH OPTIONS

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)
03142014

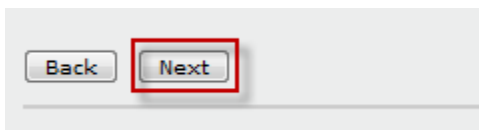
*Level of Service
OUTPATIENT/COMMUNITY BASED

*Type of Service
MENTAL HEALTH

*Level of Care
OUTPATIENT

*Type of Care
OUTPATIENT EVALUATION - OUTPATIENT SERVICES

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



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



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.

1. The Primary Behavioral Diagnosis is required
2. 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.

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.

PLEASE NOTE: If client is homeless and the Homelessness Social Element is selected...

ICD code (Z59.0) should also be entered in diagnosis section.

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 pending.

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.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

ProviderConnect Home

APPROVED

Member Name ASLAN SUSAN	Member ID 987654321	Member DOB 10/26/1998	Subscriber Name ASLAN SUSAN	Subscriber ID 987654321
Authorization # 022111-2-3	Client Authorization # 00200307	Type of Request INITIAL		
From: To: (Date of Admission/Start of Services) 02/22/2011	From: To: 02/22/2011 - 12/31/2011	Submission Date: 02/22/2011		
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care OUTPATIENT EVALUATION - OUTPATIENT SERVICES	
Reason Code A79				
Provider Name & Address TURNIGUS PETER 1080 AVZ AVE CITY ABE CT 12345	Provider ID 123456	Provider Alternate ID 712345	NPI # for Authorization N/A	

Place of Service	CPT	Unit 1	Unit 2	Unit 3	Unit 4	Service Class	Authorization	Units Requested/Approved
04						002	OUTPATIENT	1 / 1
Total Units For Auth: 022111-2-3 From: 02/22/2011 To: 12/31/2011								
Total Units Authorized This Episode For: 022111-2-3								1

Message

A79

Claims payment is restricted to services for which the provider is contracted to deliver and is conditional upon services authorized, clinical necessity, and the enrolled member being eligible for services on the date of service. Clinical authorization is not a guarantee of payment.

If further authorization is required for treatment of this member, please submit a new request prior to the end date of the current authorization or exhaustion of the number of units.

Attached Documents There are no documents attached with this Authorization Request

Document Title | Document Description

Authorization and Downloading Options:
(For the best results, please use "Landscape" format)

Print Authorization Result
(Prints the Result page of this page)

Print Authorization Request
(Prints the entire Authorization Request)

Download Authorization Request
(Downloads the entire Authorization Request)

Return to Provider Home
(Returns to the ProviderConnect Homepage)

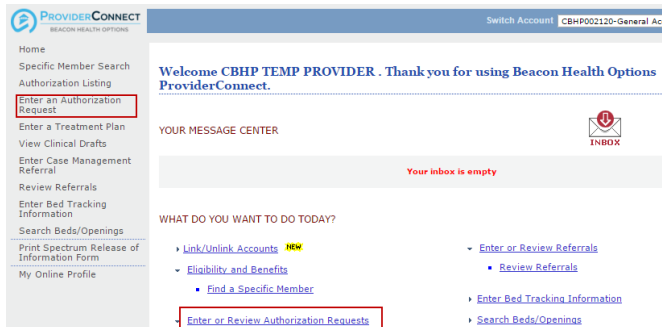
© 2011 ValueOptions® ProviderConnect v4.02.00

Completing Initial Requests for Registered Services

Providers can easily submit requests and obtain initial authorizations for the following levels of care: Outpatient (OTP) Intensive Outpatient (IOP), Extended Day Treatment (EDT), Methadone Maintenance (MET), Ambulatory Detoxification, (AMB), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST) and Functional Family Therapy (FFT). ASD Service providers should utilize the ProviderConnect User Manuals on the ASD Provider page of the CT BHP website: www.ctbhp.com to register services.

Key Step 1: Entering Authorization Request

1. Click **Enter an Authorization/Notification Request** link from either the left navigational menu or Home page menu 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 *entering the Member's Medicaid ID and Date of Birth (both fields are required)*. Then click **Search**.

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

5. If this registration request is for a member with no previous authorization with your practice, proceed to Step 9.
6. 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.
7. The Prior Authorization Listing for Concurrent Review Page will display any authorizations the member has with your practice. Users should:
 - 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**.
8. The Select Service Address Screen will appear.
9. 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
Tax ID	Alternate ID	First Name	Paid To Vendor ID	Vendor First Name
		Service Address		Pay To Address
<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-
<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			



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

3. 123 Main St – LCSW for LCSW group or 123 Main St – MD for Psychiatrist Group or 123 Main St – BCBA for BCBA Group.

ABC Clinic

4. 123 Main St – OTP for Outpatient Services or 123 Main St - MET for Methadone Maintenance Services

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

Key Step 2: Requested Services Page

The second key step is to complete the requested start date of the service is 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 or Substance Use**
4. Select the **Level of Care = Outpatient**.
5. Select the **Type of Care = Requested level of care & provider type of the service** (i.e. Intensive Outpatient – Comm Mntl Hlth Ctr, Intensive Outpatient – Fed Qualified Hlth Ctr, Extended Day, Outpatient-Comm Mntl Hlth Ctr, Outpatient – Office for Individual Practitioners and Group Practices, Home Based Services (IICAPS) – Individual Clinic)

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) *Level of Service
 06242019 OUTPATIENT/COMMUNITY BASED

*Type of Service *Level of Care Type of Care
 MENTAL HEALTH OUTPATIENT SELECT...

6. Attach a document (**CT BHP registered services do not require attached documents, users can proceed to step 7**).
7. Click the **Next Button**.

Back Next

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8. (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: Complete the Clinical Screens

The clinical screens for Lower Level of Care registration/authorization requests will appear. The amount of information collected within each screen varies and not all fields are required.

- The screens will display in the order listed above when the Next button is clicked within each screen.
- Requests must be completed in order. *All required fields must be completed to move to the next screen.*
- Previous screens can be accessed by clicking the Back button. However, you must click the Next button to proceed forward.



SAVING REQUESTS AS DRAFTS

Once the clinical screens in ProviderConnect have been accessed, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Users can click **Save Request as Draft** on the top right of the screen.

Saved drafts can be viewed and opened by clicking on the **View Clinical Drafts** link on the ProviderConnect homepage menu.



Type of Services Screen

1. Enter the CONTACT NAME* and PHONE NUMBER* of the individual the CT BHP should contact if more information is needed.
2. **Enter the MEMBER'S GUARDIAN, if needed**
3. Complete the required questions:
 - IS THIS A NEW REGISTRATION FOR A CLIENT ALREADY IN OUTPATIENT TREATMENT WITHIN YOUR AGENCY/PRACTICE?
 - **NOTE TO ECC OUTPATIENT PROVIDERS:** This field has been updated. This field now is inquiring if this registration is for a client ALREADY IN outpatient treatment with your facility.
 - If a client has recently become HUSKY eligible but has already been previously receiving services through your agency/practice, ECC users should select "YES", thus removing this registration from your access standards.
 - If the client is HUSKY eligible and is a new admission to your facility, ECC users should select "NO"
 - IS MEMBER STEPPING DOWN TO OUTPATIENT FROM A HIGHER LEVEL OF CARE WITHIN YOUR AGENCY/PRACTICE?*
 - **NOTE TO ECC OUTPATIENT PROVIDERS:** Users should select "YES" if a member is stepping down from a higher level of care within your agency/practice, thus removing this registration from your access standards.
4. Select the REFERRAL SOURCE*.
5. Enter the date of the FIRST PHONE OR WALK-IN CONTACT WITH MEMBER OR PARENT/GUARDIAN* and select the method for the FIRST CONTACT WAS*
6. Select the REFERRAL TYPE*
 - **If the Referral Type is Routine or Urgent, then complete the conditionally required fields for Routine or Urgent referrals:**
 - DATE OF FIRST APPOINTMENT OFFERED TO MEMBER
 - DATE OF FIRST APPOINTMENT ACCEPTED BY MEMBER
 - DATE OF FIRST FACE-TO-FACE CLINICAL EVALUATION
 - **If the Referral Type is Emergent, then complete the conditionally required fields for Emergent referrals.**

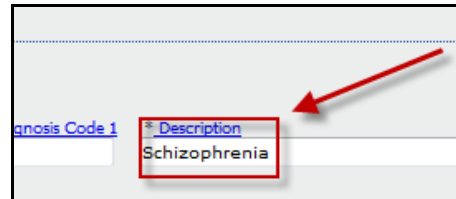
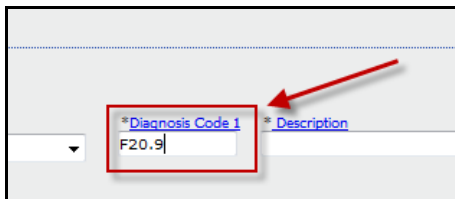
- DATE AND TIME PRESENTED AT THE CLINIC (Time must be entered as military time - i.e. 2:00pm = 1400 and 2 am= 0200)
- DATE AND TIME OF CLINICAL EVALUATION (Time must be entered as military time - i.e. 2:00pm = 1400 and 2 am= 0200)

7. **Click the Next button.**
8. **The Diagnosis screen will display next.**

Diagnosis Screen

Documentation of Primary Behavioral Condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

1. The Primary Behavioral Diagnosis is required
2. 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 to view a pop-up window/list of ICD-10 codes that match their search criteria.



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. System users may utilize the same process to select a Primary Medical Diagnosis Code and/or Description field hyperlinks to locate the appropriate Medical Diagnosis.
5. If there is no medical diagnosis or it is unknown, please select one of the options under the Diagnostic Category. No Diagnosis Code or Description are needed if the selection is “None” or “Unknown”.
6. 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 impacting the member, select the “None” checkbox.
 - If social elements have not been assessed yet, select the “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.

Social Elements Impacting Diagnosis

Check all that apply

None

Occupational problems

Financial problems

Medical disabilities that impact diagnosis or require accommodations for in treatment

Problems with access to health care services

Problems related to interaction w/legal system/crime

Members with primary support group

Housing problems (Not Homelessness)

Occupational problems

Other psychosocial and environmental problems

Problems related to the social environment

Homelessness

Unknown

Current Risks

The Current Risks screen captures a snapshot of the member's current mental status by allowing providers to complete ratings for the member's risk to self and risk to others, and twelve (12) different impairments.

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

- Click the radial button for the appropriate rating for **Current Risks**:
 - MEMBER'S RISK TO SELF *
 - MEMBER'S RISK TO OTHERS *
- Click the radial button for the appropriate rating for Current Impairments:
 - MOOD DISTURBANCES (DEPRESSION OR MANIA)*
 - WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER*
 - ANXIETY*
 - MEDICAL/PHYSICAL CONDITIONS*
 - PSYCHOSIS/HALLUCINATIONS/DELUSIONS*
 - SUBSTANCE ABUSE/DEPENDENCE*
 - THINKING/COGNITION/MEMORY/CONCENTRATION PROBLEMS*
 - JOB/SCHOOL PERFORMANCE PROBLEMS*
 - IMPULSIVE/RECKLESS/AGGRESSIVE BEHAVIOR*
 - SOCIAL FUNCTIONING/RELATIONSHIPS/MARITAL/FAMILY PROBLEMS
 - ACTIVITIES OF DAILY LIVING PROBLEMS
 - LEGAL
- Complete additional required information when the rating is a '2' or '3' for the following fields (A sub-section will expand to display the fields that need to be completed)
 - WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER*
 - SUBSTANCE ABUSE/DEPENDENCE*
 - LEGAL*
- Complete additional required information when the LEGAL* impairment rating is a '1', '2' or '3'.
 - A sub-section will expand to display the fields that need to be completed.
- Complete additional required information when the LEGAL* impairment rating is a '1', '2' or '3'.
- Indicate Yes, No or Not Assessed for DOES MEMBER HAVE CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS?*
- Click the Next button.
- The Special Population screen will display next.

Special Populations

The Special Populations screen captures information specific to the following types of members and/or requests for authorization.

- Members Age 0 -18
- Methadone Maintenance
- Ambulatory Detox

If the member and/or request for authorization is not any of the types listed then this screen can be skipped. If the member is one or more of those types, the sections that must be completed will be

automatically expanded to display the fields that must be completed. Below are the key actions for completing this step.

Members Age 01-18

1. Complete the **Member's Age 0-18** section, if expanded.
 - SED (SERIOUSLY/SEVERELY EMOTIONALLY DISTURBED)?
 - CO-OCCURRING DISORDER?
 - LIVING SITUATION
 - WITHIN THE PAST 12 MOS. HAS THE CHILD/YOUTH BEEN ARRESTED?
 - WITHIN THE PAST 12 MOS. HAS THE CHILD/YOUTH BEEN SUSPENDED/EXPELLED?
 - DURING 90 DAYS PRIOR TO THIS REQUEST FOR RE-AUTHORIZATION HAS:
 - MEMBER BEEN ENROLLED IN SCHOOL?
 - IF MEMBER IS ENROLLED IN SCHOOL, HAS MEMBER BEEN SUSPENDED FROM SCHOOL?
 - IF MEMBER IS ENROLLED IN SCHOOL, DOES MEMBER HAVE UNEXCUSED ATTENDANCE PROBLEMS?
 - MEMBER'S BEAVIOR RESULTED IN NEW LEGAL PROBLEMS?
 - ANY NEW LEGAL CHARGES BROUGH AGAINST MEMBER?
 - FAMILY MEMBER BEEN INVOLVED IN ANY PEER SUPPORT ACTIVITIES?
 - MEMBER BEEN ACTIVELY INVOLVED IN ANY ORGANIZED RECREATIONAL ACTIVITIES?
 - DOES THE CHILD'S CARE PLAN INCLUDE A GOAL OF INVOLVEMENT IN ORGANIZED RECREATIONAL ACTIVITIES?
 - DURING THE PAST 3 MONTHS HAVE YOU COMMUNICATED WITH ANY OF THE FOLLOWING REGARDING CARE AND TREATMENT OF MEMBER:
 - SCHOOL
 - DCF
 - PROBATION/PAROLE

Methadone Maintenance

1. Complete the Methadone Maintenance section, if expanded.
 - IS THE MEMBER CURRENTLY MAINTAINED ON METHADONE?
 - If yes, how long has the member received Methadone Services?
 - If no, what has been the duration of the member's opioid use?
 - WHAT OTHER SERVICES ARE INCLUDED IN THE TREATMENT PLAN?*
 - WHAT IS THE ULTIMATE TREATMENT GOAL?*

Ambulatory Detox

1. Complete the **Ambulatory Detox** section, if expanded.
 - FROM WHAT SUBSTANCE IS THE MEMBER IN NEED OF DETOXIFICATION?*
 - HAS THE MEMBER HAD PREVIOUS DETOX IN ANY SETTING IN THE PAST YEAR?*
 - If yes, number of detoxes in the past year?
 - WHAT IS THE IDENTIFIED DISCHARGE PLAN?*

2. Click Next
3. The **Treatment Plan** screen will display next.

Treatment Plan

The Treatment Plan screen captures information specific to the member's plan for treatment while they are receiving services from the provider. Note: The Re-registration section can be skipped for initial requests. Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required. *This section is only required for concurrent requests.*

1. Indicate Yes or No for IS PSYCHIATRIC MEDICATION EVALUATION OR MEDICATION MANAGEMENT VISIT INDICATED?*
2. Indicate Yes or No for HAVE YOU PROVIDED INFORMATION REGARDING PEER SUPPORT OR SELF HELP OPTIONS?*
3. Indicate Yes or No for DO FAMILY MEMBERS OR SIGNIFICANT OTHERS ACTIVELY PARTICIPATE IN THE MEMBER'S TREATMENT AND RECOVERY?*
4. If Yes is selected, complete the follow up question IF YES, ARE ANY OF THE FAMILY MEMBERS/SIGNIFICANT OTHERS RECEIVING THEIR OWN MH OR SA TREATMENT?
5. Select valid options to indicate the consent obtained for contact with SCHOOL*, MEDICAL PROVIDER * and PREVIOUS BEHAVIORAL HEALTH TREATMENT PROVIDER*
6. Complete required information about the member's treatment plan.
7. THE TREATMENT PLAN WAS DEVELOPED WITH THE MEMBER (OR HIS/HER GUARDIAN) AND HAS MEASURABLE TIME LIMITED GOALS.*
8. DOES A DOCUMENTED GOAL ORIENTED TREATMENT PLAN EXIST?*
9. ANTICIPATED/TARGET DATE FOR ACHIEVEMENT OR CURRENT TREATMENT PLAN GOALS*
10. Click Next button.
11. The Psychotropic Medications screen will display next.

Medications

1. The medication fields are not required but should be completed if applicable.
2. Click Next

Submit Request and Confirm Submission

Once the Next 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 Services, new requests will most likely auto-approve meaning that the requested authorization will be an automatically approved authorization. For auto-approved requests, two screens display – the Accept/Reject screen and the Confirmation screen. If the request is pended for some reason, only one screen will display – the Confirmation screen.

Below is information for submitting request for both auto-approved and pended requests.

Auto-Approved Requests

1. CT BHP providers should always click the Accept Button on the confirm submission screen
 - When the Accept button is clicked, the request will auto-approve and an authorization will be created with the indicated number of visits approved.
 - CT BHP users should not click the Reject button. If a user clicks Reject, the request will NOT be approved. Rather, it will be pended to the CT BHP clinical staff, delaying authorization and billing.
2. Confirm submission of request.
 - The Results screen will display once the Accept button is clicked on the previous screen.
 - For approved requests, the status would indicate 'Approved' at the top of the screen.

- For pending requests, (Psychological testing, Ambulatory Detox, concurrent reviews) the status would indicate 'Pending' at the top of the screen with a message indicating that the request requires further review.
 - The Results screen provides a summary of information about the request.
3. Print the request.
 - Click the Print Authorization Result button to print a copy of the Results page.
 - Click the Print Authorization Request button to print a copy of all the screens/fields completed for the request, including the clinical screens and the Results page.
 4. Download the request.
 - Click the Download Authorization Request button to save a copy of the request either in pdf format or xml.
 5. Exit the Request for Authorization function.
 6. Click the Return to Provider Home to exit the Request for Authorization function.

Completing Concurrent Requests for Registered Services

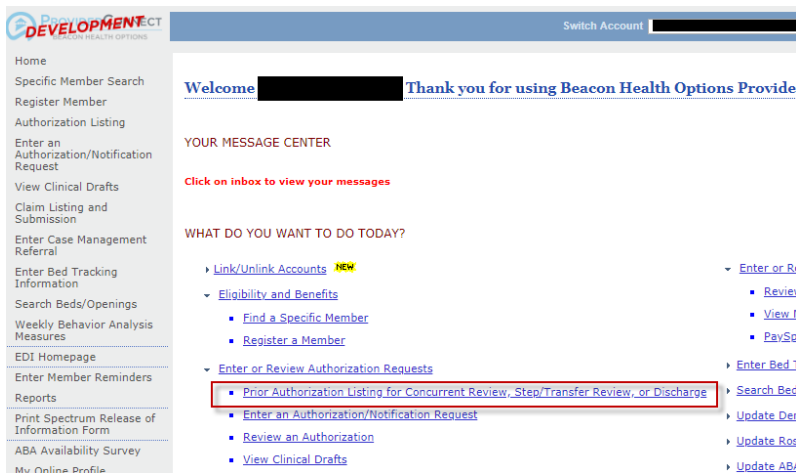
Providers can easily submit Concurrent Requests for any existing authorization. If the system finds an existing authorization that matches the criteria and the request is determined to be concurrent, then the system will:

- Pre-populate some information from the last request into fields in the new concurrent request. The pre-populated fields can be overwritten with new data.
- Require additional information.

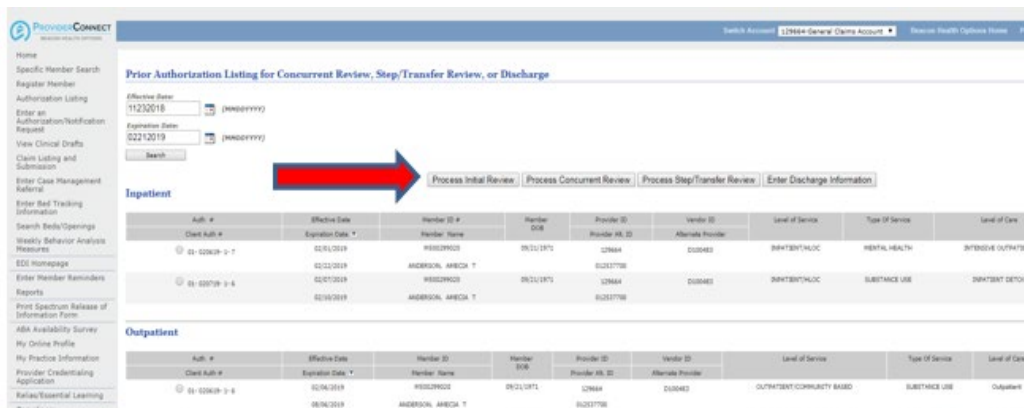
Key Step 1: Entering a Concurrent Request

There are (3) ways in which a provider can initiate a concurrent review request on an existing authorization:

- Providers can Click Authorization Listing on the home page, enter the member id of the member and search existing authorizations by specific member. Users can then click the appropriate authorization link and then click Concurrent Review Request within the authorization, or;
 - Providers can click Enter an Authorization/Notification Request, enter the member id and date of birth to search. On member the member record, click Next and proceed to Step 2, or;
- Click the Prior Authorization Listing for Concurrent Reviews, Step/Transfer, or Discharge link on the ProviderConnect homepage.



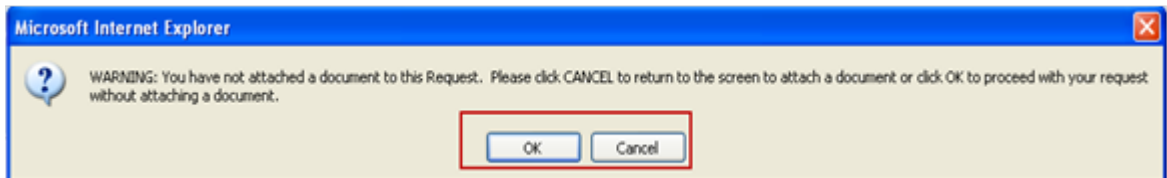
- The Prior Authorization Listing for Concurrent Review Page will display any open authorizations for your practice within the time frames of the date fields at the top of the page.



3. To complete a concurrent review of a current authorization, select the appropriate authorization for the member and the appropriate level of care that is listed and Click **Process Concurrent Review** button.
4. A pop-up box asking “Would you like to proceed with the prior authorization vendor?” will appear.
5. Click yes to proceed with the previous service location.
6. For Concurrent Reviews the “Requested Start Date” field will be left blank. “Level of Service”, “Type of Service”, “Level of Care”, and “Type of Care” will be pre-populated.

7. Enter the Requested Start Date
8. Attach a document (**CT BHP registered services do not require attached documents**).
9. Click the **Next Button**.

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



Key Step 2: Update/Complete the Clinical Screens

1. Type of Services Screen Displays
2. Click the Next button.
3. The Diagnosis screen will display.
 - Update any Behavioral or Medical Diagnosis (if applicable)

4. Click the Next button.
5. The Current Risks and Impairments screen will display.
 - The Current Risks and Impairments fields will need to be completed to move onto the next screen.
6. Click the Next button.
7. The Special Population screen will display.
 - Update Fields (if applicable)
8. Click the Next button.
9. The Treatment Plan screen will display.
 - The Treatment Plan fields and the Re-Registration Only fields will need to be completed to move onto the next screen.
 - Indicate Degree of Progress from previous registration.*
 - Treatment Modalities to be used w/ this request: (Family, Individual, Group, Medication Management and Frequency)*
10. Click the *Next* button.
11. The Psychotropic Medications screen will display next.
 - Update Fields (if applicable)
12. Click the Next button.
13. Submit Request

INTENSIVE OUTPATIENT CONCURRENT REVIEWS

The CT Behavioral Health Partnership will accept concurrent reviews on the date the member re-presents to treatment or **one business day** after. This will provide the most up to date clinical information and attendance history.

Example 1: Provider has IOP authorization for John Smith from 5/29/19 – 6/12/19:

- If John Smith continues with IOP treatment on 6/13/19, the concurrent review must be completed on 6/13/19 or 6/14/19 with a 6/13/19 requested start date, or;
- If John’s next attended session is on 6/18/19, the concurrent review must be completed on 6/18/19 or 6/19/19 with a requested start date of 6/18/19, or;
- If John’s next attended session is on 6/27/19, the concurrent review must be completed on 6/27/19 or 6/28/19 with a requested start date of 6/27/19.

NOTE: In the event that the next attended session is on a Friday, the concurrent review must be completed on that Friday or the following business day (Monday) with Friday as the requested start date.

PLEASE NOTE: If member re-presents to treatment 30 days after the last authorized date, the authorization request will be considered an initial review; not a concurrent review.

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. Date extensions can be requested 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.

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. Backdating requests can be requested 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.

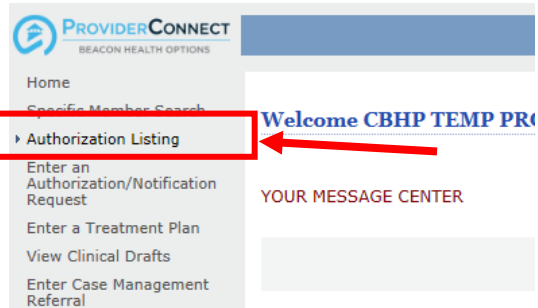
Requests for backdating an authorization must be submitted utilizing the ProviderConnect inquiry function. Attached to this alert are step by step instructions on how to complete an inquiry through the ProviderConnect portal for back dating requests.

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.

Creating an Inquiry through ProviderConnect.

Key Step 1: Search for Authorization

1. Click the **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.

3. Click **Search at Bottom of Page.**
4. 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 SUPPORT, ANITA	01/01/1995	CBHP002120 99999999	VCB005769
01-112310-17-42	TEMP000740625 SUPPORT, ANITA	01/01/1995	CBHP002120 99999999	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

Key Step 2: Enter Contact and Reason for Inquiry

- On the Customer Service Inquiry Page under Contact Details:
 - Enter Contact Name
 - 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

Creating an Authorization Activity Report

Providers have the ability to search and retrieve a downloadable authorization file listing within a specific date range. This report populates any authorization activity that occurs within a **seven (7) day time frame**. Activity includes, auto-approvals, clinical approvals on web pending reviews, denials or voids.

Key Step 1: Search Authorizations

1. Select **Authorization Listing** from the home page menu.

The screenshot shows the ProviderConnect interface. On the left is a navigation menu with 'Authorization Listing' highlighted. The top right shows the user account 'CBHP002120-General Account'. The main area displays a welcome message and a message center. Below that, there are several task links, including 'Link/Unlink Accounts', 'Eligibility and Benefits', and 'Enter or Review Authorization Requests'.

2. Clear the **effective and expiration dates** from the search fields.

Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Result all the authorizations. To search by effective and expiration date, enter the effective & expiration dates in the appropriate the **Search** button. The Search Results screen will display all the authorizations for the specified date range.

Required fields are denoted by an asterisk (*) adjacent to the label.

Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

NPI # for Authorization

Vendor ID

Member ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

Key Step 2: Download Report

1. Enter an activity date span that **does not** exceed seven (7) calendar days. *Ex - 8/15/2022-8/21/2022. Future dates are not applicable.*
2. Delimiter Type should be set to **Comma ','**
3. select **Download**



Providers are able to narrow down the results by entering any criteria in the search fields except dates. If a provider knows the Vendor ID (VCB), that ID can be used to specific activity for a level of care.

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.

Activity Date span cannot exceed seven (7) days.

Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From	<input type="text" value="08152022"/>	<input type="button" value="📅"/>	(MMDDYYYY)
Activity Date To	<input type="text" value="08192022"/>	<input type="button" value="📅"/>	(MMDDYYYY)
Delimiter Type <input type="button" value="?"/>	<input checked="" type="radio"/> Comma ',' <input type="radio"/> Pipe ' '		

<input type="button" value="View All"/>	<input type="button" value="Search"/>	<input type="button" value="Download"/>
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4. The report will generate as a download according to the provider's computer settings. The download will be available as an Excel file.