



PROVIDER ALERT

Alert#: **PA-2009 04**
Issued: **August 2009**

To: **All CT BHP Providers**
Subject: **Web Registration for CT BHP Home Based Services**

Dear Provider,

This alert serves as advanced notification to all CT BHP providers regarding the Administrative Service Organization's (ASO) plans to transition home based services from authorized services, currently requiring telephonic review, to registered services in which authorizations would be obtained through the CT BHP on-line web registration system.

Once in effect, contracted providers of Multi-Systemic Therapy (MST), Multidimensional Family Therapy (MDFT), Functional Family Therapy (FFT) and Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) that were previously required to perform telephonic reviews to obtain authorization will be obtaining authorization for these services via the CT BHP web registration system. Successful registration for these services will result in an authorization number and the issuance of an authorization letter with authorized units and date span.

This transition will also allow contracted providers to complete re-registrations/concurrent reviews through the web registration system for Multi-Systemic Therapy (MST), Multidimensional Family Therapy (MDFT), and Functional Family Therapy (FFT). Please note that while the *initial* registration for Intensive In-home Child and Adolescent Psychotherapy Services (IICAPS) will be registered on-line, *continued care* registrations for IICAPS will still require **telephonic review** with a CT BHP Clinical Care Manager for authorization approval.

The attached CT BHP 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 require access to enter registrations for the above Home Based Services. *Those staff members that currently have an id/password and have been utilizing the CT BHP web registration system to register Outpatient, Methadone Maintenance, Ambulatory Detoxification, Family Support Team (FST) and Psychological Testing services, **will not** be required to obtain a new id.*

Detailed instructions on the implementation schedule of this transition and the use of the web-enabled registration system will be forthcoming.

We thank you for your participation and look forward to working with you.

Provider Relations
CT Behavioral Health Partnership



CT Behavioral Health Partnership /Charter Oak Behavioral Health 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:	*User Role: <i>Please place a check mark next to your user defined role</i> Web Registration Provider Inpatient Bed Tracking Provider

*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

*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:

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



CT BHP / Charter Oak Behavioral Health Provider Security Access Form Instruction Sheet

The Charter Oak Behavioral Health Web-Enabled Registration Security Access Form is used to grant Charter Oak 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 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 Charter Oak 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.