

PROVIDER ALERT

Alert #: PA 2011-05
Issued: March, 2011
To: CT BHP Home Health Providers
Subject: Home Health – Important Information- Authorizations

PLEASE NOTE: THIS PROVIDER ALERT CONTAINS INFORMATION RELATED TO MEMBERS RECEIVING SERVICES WITH A PRIMARY BEHAVIORAL HEALTH DIAGNOSIS. PLEASE ENSURE THIS ALERT IS DISTRIBUTED WITHIN YOUR AGENCY TO ALL THOSE WHO PROVIDE HOME HEALTH SERVICES

Dear Provider,

This Alert is regarding new information related to requesting Home Health authorizations for individuals with a primary behavioral health diagnosis. Many of you have already attended Home Health training and we thank you for your attendance. The feedback and questions that arose during the trainings were heard by DSS and CT BHP and have led to some changes in the authorization process. We are confident that these changes will make the transition period more seamless and that all future requests of Home Health services for individuals with a primary behavioral health diagnosis will mirror more closely the existing process.

Services which fall below the current fee-for-service authorization thresholds (aka 'pass-through' visits) **DO NOT REQUIRE** PRIOR AUTHORIZATION from CT BHP:

1. Nursing care services (SN- S9123, S9124) and/or Medication Administration Services (MA-T1502, T1503) that do not exceed an initial evaluation and two (2) visits per week will NOT require a prior authorization from CT BHP.
2. Home Health aide services (T1004) that do not exceed fourteen (14) hours per week will NOT require a prior authorization from CT BHP.
3. Physical or Speech therapy that does not exceed an initial evaluation and two (2) visits per week will NOT require a prior authorization from CT BHP. Services in excess of nine visits per therapy type, per calendar year, per provider, per Member require authorization.
4. Occupational therapy that does not exceed an initial evaluation and one (1) visit per week will NOT require a prior authorization from CT BHP. Services in excess of nine visits per therapy type, per calendar year, per provider, per Member will require authorization.

The following **DO REQUIRE** PRIOR AUTHORIZATION from CT BHP (weekly limits):

1. Skilled Nursing and/or Medication Administration (MA) over two (2) visits/week (any combination of) will require prior authorization from CT BHP.
2. Home Health Aide over fourteen (14) hours/week.
3. Physical and Speech therapy over two (2) visits/week (maximum of 9 visits/calendar year).

4. Occupational therapy over one (1) visit/week (maximum of 9 visits/calendar year).

Due to these changes, if Skilled Nursing and/or medication administration, home health aide, and Physical, Speech or Occupational therapy do not exceed the weekly limit which requires authorization, it is *not* necessary to register an authorization with CT BHP. If however a service will exceed the weekly limit, it will require an authorization. For example, if the physician orders and the home health agency requests three medication visits per week and the member also requires ten (10) hours of home health services per week, the registration request with CT BHP should be for the medication administration visits only.

Important: If a claim is submitted for reimbursement and the service provided exceeds the limit which requires authorization, no payment will be made for the services which have been provided above the weekly limit.

ADDITIONAL IMPORTANT INFORMATION & REMINDERS

ACCESS AGENCIES- The current process with contacting the Access Agencies for members with CHCPE or MFP remains unchanged. You will continue to call the Access Agencies when needed. The Access Agency will call CT BHP to obtain an authorization *when the request requires a prior authorization* and will then contact you following the review to confirm the authorization and give you the authorization number. You will also be able to view/print the Authorization letter in ProviderConnect within 24-48 hours of receiving the verbal authorization.

Existing DSS authorizations that span April 1 2011- During the transition period, if you have a current authorization with DSS that spans April 1 2011, this authorization remains active. Do not register an authorization request with CT BHP for a service code(s) that you already have a DSS authorization for as it will result in a processing error. During the transition period, if you need a modification to an existing DSS authorization that spans April 1 2011, *you must call CT BHP at 1-877-552-8247 (after English/Spanish option, press '3' for Providers). Do not register a modification request for an existing DSS authorization in ProviderConnect; it will result in a processing error.*

Pending DSS authorization requests submitted prior to April 1 2011- If DSS has received an authorization request on or before March 31, 2011 with an effective date of April 1, 2011 or earlier, the authorization request WILL BE processed by DSS. It is important that you do not request an authorization from CT BHP for these authorization requests already submitted to DSS; they will result in an error.

Inquiry Requests in ProviderConnect - If you need to request Skilled Nursing, Medication Administration, Home Health Aide, Physical Therapy, Occupational Therapy or Speech Therapy that meets criteria for requiring an authorization from CT BHP, you must first enter an authorization request in ProviderConnect for the number of units requested (less-than or up-to the 'cap' in ProviderConnect). Prior to these units expiring, if you need additional units please submit an Inquiry with your request of additional units needed over the 'cap'. Include in your Inquiry requested units, service code(e) and time span for request (start/end dates).

Retroactive reinstatement of benefits -If a member was not eligible for Medicaid at the time the service was rendered, and the dates of service occurred on or before March 31, 2011, contact DSS once benefits have been reinstated. DSS will enter an authorization for dates of service on or before March 31, 2011. If the member requires authorization for dates of service on or after April 1, 2011 register the authorization request online.

WAIVERS- You must call CT BHP for any member requiring an authorization if the member is on a waiver or with Money Follows the Person. Do not register an authorization online if the member is on a waiver or with Money Follows the Person. CT BHP must coordinate with the waiver liaison for the requested home health services prior to authorizing.

Home Health form in ProviderConnect (CT BHP web registration system) - When completing an authorization request for Home Health in ProviderConnect, on the Treatment Plan tab in the Home Health clinical form, please indicate *all* the services the Member is receiving, even though the authorization request is only for the service code(s) requiring prior authorization. For below, one would select YES for each service the member is receiving. When completing the authorization line for the requested service code(s) and units on the Results Auth tab, only request the service code needing authorization.

*Treatment modalities to be used for this request

Note: Requests for complex nursing, OB/PreNatal/Postpartum or 15 minute nursing visits must be requested through DSS or by calling 860-424-5192.

<p>*Home Health Aide</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Home Health Aide Frequency</p> <p>SELECT... ▼</p>	<p>*Nursing Med Admin</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Nursing Med Admin Frequency</p> <p>SELECT... ▼</p>
<p>*Skilled Nursing</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>*Physical Therapy</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>*Speech Therapy</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>*Occupational Therapy</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

If you have any questions, please contact the CT BHP Provider Relations Department at 1-877-552-8247.

Provider Relations
Connecticut Behavioral Health Partnership