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# PROVIDER ALERT

**ALERT#:** PA 2011-08  
**ISSUED:** March, 2011  
**TO:** All CT BHP Providers  
**SUBJECT:** CT BHP Transition Plan for Medicaid FFS (LIA) Authorizations of Behavioral Health Services

*Please distribute this Alert within your facility to all appropriate administrative, clinical and billing staff*

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Dear Provider,

This alert outlines the processes and serves as advance notification to CT Medical Assistance Providers (CMAP) of the schedule for implementing authorizations for all registered services for Medicaid Fee For Service (FFS), including Medicaid Low Income Adult (LIA) clients under the CT Behavioral Health Partnership.

Effective April 1<sup>st</sup>, 2011, prior authorization will be implemented for all registered services provided by CT BHP providers including Outpatient, Methadone Maintenance, Ambulatory Detoxification, Psychological Testing and Home Health Agency Services.

Prior authorization is required for these services for all dates of services on or after April 1<sup>st</sup>, 2011.

### **New admissions**

- All admissions on or after April 1<sup>st</sup>, 2011 must be registered through the CT BHP ProviderConnect web application on the CT BHP website: [www.ctbhp.com](http://www.ctbhp.com)
- In addition, all admissions on or after April 1<sup>st</sup>, 2011, will require providers to register services and obtain authorization within 21 days of the start date of the services.

### **Members in Outpatient and Methadone Maintenance\* care prior to April 1, 2011:**

- If a member began treatment prior to and will remain in care beyond April 1, 2011, an authorization will be necessary for payment for dates of service on or after April 1, 2011.
- Previously identified high volume providers must submit a down form (attached) indicating each member still in care for the above registered services on April 1<sup>st</sup>. This census form can be faxed to 1-855-483-1840 between 4/1/11 – 5/31/11. This form will serve as the request for authorization and will document the member's continued treatment as of April 1, 2011
- An authorization number will be issued once the census information has been processed by CT BHP staff.

\*Note: Any open authorizations for Ambulatory Detoxification and Psychological Testing initiated prior to go live date will be active until original discharge date. Any services beginning April 1<sup>st</sup>, 2011 and going forward will need to be registered through the CT BHP ProviderConnect web application.

In situations where the member is also Medicare eligible and authorization is sought for a service, providers should continue to follow established practices for those members who are dually eligible. If the provider determines the service is not a Medicare covered service, the CT BHP will follow the appropriate level of care guidelines for determining service authorizations.

A separate Provider Alert (PA 2011-05) is being sent out to Home Health Providers.

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

Provider Relations  
Connecticut Behavioral Health Partnership

*Attachments:* Medicaid FFS (including LIA) Registered Services Template.



Abbreviated Outpatient Authorization Form

IDENTIFIED HIGH VOLUME PROVIDERS

PLEASE COMPLETE AND FAX TO: 1-877-552-8247

Provider EDS/CMAP ID # (Medicaid 9-digit ID) \_\_\_\_\_

Name of clinician who filled out this form \_\_\_\_\_ Credentials/Title \_\_\_\_\_

Contact number \_\_\_\_\_ Ext: \_\_\_\_\_

Facility/Provider Name \_\_\_\_\_ Phone # \_\_\_\_\_

Facility/Provider Service Location \_\_\_\_\_

Member Name \_\_\_\_\_

Medicaid/Consumer ID# \_\_\_\_\_ DOB: \_\_\_\_\_ AND/OR SSN: \_\_\_\_\_

QUESTIONS:

1. \*First date seen (EX: 09/01/2010): \_\_\_\_\_

2. \* Type of Service  Mental Health  Substance Abuse

3. \* Type of Care \_\_\_\_\_ Location care provided \_\_\_\_\_

Outpatient

Community Mental Health Center

Federally Qualified Health Center

Individual Clinic

Outpatient Hospital

Office

Methadone Maintenance

Community Mental Health Center

Federally Qualified Health Center

Individual

\*\*\*\*\*For Authorization Request for High Volume Outpatient Providers during the CT BHP Transition\*\*\*\*\*