

PROVIDER NOTICE

Notice #: PN 2011-05
Issued: September 2011
To: CT BHP Intensive Outpatient Providers
Re: Clarification of Intensive Outpatient (IOP) Concurrent Review & Re-Admission Procedures

This notice is being sent to clarify the concurrent review / re-registration process for IOP registrations. We understand that there has been some confusion with regard to the concurrent review process. The goal of the recent transition of IOP services from telephonic reviews to web registration is to reduce the administrative burden of providers as well as address length of stay and utilization with revised authorization parameters. On July 5th, 2011, authorization parameters for IOP services were modified allowing an initial registration and authorization of 10 units/program days for a 14 day period. Additionally, the first concurrent/re-registration request can also be completed via the web registration system and will automatically be “pending” (no automatic authorization) to CT BHP clinical staff for review.

Once a provider obtains the initial authorization for IOP services (14 days – 10 units/program days), a provider has (2) options to request a first (1st) concurrent. Providers may 1) utilize the inquiry function in ProviderConnect to extend the end date of an existing initial authorization or 2) perform a 1st concurrent review after the initial 14 day authorization.

Important: Any concurrent beyond the first concurrent must be done via telephonic review with CT BHP; you must call CT BHP for a 2nd (or beyond) concurrent.

As a courtesy, the CT BHP will review any 2nd (or beyond) concurrent request received until October 15th and will notify the provider of the authorization determination.

Effective October 16th, any 2nd (or beyond) pending IOP concurrent or inquiry received by the CT BHP will NOT be processed, an authorization will not be granted and providers will not be notified. Providers must call CT BHP for a 2nd (or beyond) concurrent.

Option 1: Provider completes an initial registration for IOP services. The client is attending IOP services 3 days a week. Provider may utilize the “Provider Inquiry” function (*outlined in the attachment below*) any time prior to the end of the 14 day authorization period to extend the time frame of the authorization from 14 days up to 28 days. The inquiry request will be processed within (1) day or receipt of request. If however more clinical information is required to make a determination, our clinical staff will outreach directly to the contact identified in the inquiry. *To avoid any delay in receiving your authorization, please ensure that you include in the Inquiry your full name and contact phone number in the event CT BHP needs to call you. Please refer to the below instructions and screenshots regarding the use of the Provider Inquiry function.*

Option 2: Provider completes an initial registration for IOP services. The client is attending IOP services 3-5 days a week. Provider may wait until the initial authorization comes to an end (*whether or not all 10 units have been utilized*) and complete a concurrent/re-registration review in ProviderConnect. The first (1st) concurrent/re-registration request completed through ProviderConnect

for IOP will automatically be pended to CT BHP clinical staff for review. Pended requests will be handled in the following manner: *(continued)*

- Children – 1st concurrent/re-registration will be approved by VO for an additional 10 units – 14 day period. An Inquiry to supplement the concurrent is not necessary for Child members.
- Adults – 1st concurrent/re-registration will be reviewed by the Clinical Care Manager for updated clinical information and CT BHP will make a decision regarding days to authorize and units to authorize. Provider may attach an Inquiry to the existing authorization *if they wish to specify the amount of days and units they are requesting for the 1st concurrent*, as well as provide more clinical information. Provider will be contacted by a Clinical Care Manager in the event additional clinical information is needed to support the request.

Intensive Outpatient Readmissions

If a client returns to an IOP program within a 90 day period of the last date authorized, the IOP request for authorization will be considered a concurrent review. These requests for care must be completed telephonically.

If a client returns to an IOP program outside 90 days from the last date authorized, the IOP request will be considered an initial review and providers can complete a web registration and obtain a new authorization for IOP.

If you have any questions, please feel free to contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership

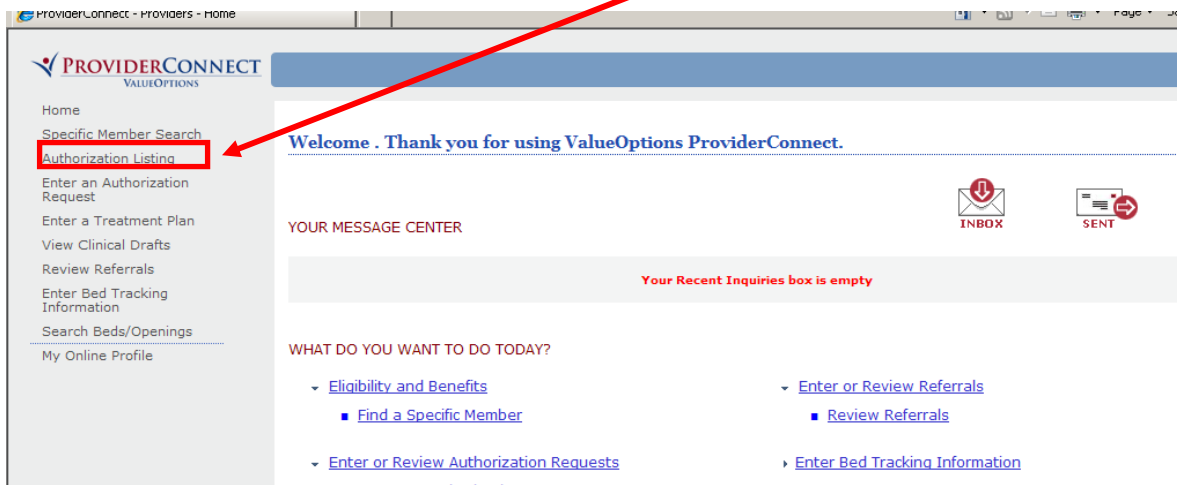
NEED MORE HELP?

On Wednesday, October 12th, the CT BHP Provider Relations Department is hosting a Registered Service Webinar Training from 9 – 11:30am. The CT BHP will be extending this workshop an extra half hour from 11:30 – 12:00pm to answer questions and review the above IOP concurrent procedures.

If you would like to participate in this IOP overview, please email the PR Department at ctbhp@valueoptions.com and indicate that you would like to attend either the entire training or the half hour overview. A confirmation with the webinar login and teleconference information will be distributed to those attendees wishing to participate.

Inquiry Function – ProviderConnect

1) Once logged into ProviderConnect, Click on **Authorization Listing** on the Home Page



2) Enter CT + the Member's Medicaid ID (i.e. CT00555555) in the **Member ID** field

3) Click **View All** or **Search** to view the client's authorization(s).

- Specific Member Search
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- My Online Profile

Authorization Search Results

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.

Auth #	Member ID	Member DOB	Provider ID	Vendor ID	Service
01-080411-1-3	TEMP000740625	01/01/1995	CBHP002120	VC8003159	EDT - COMM MH CTR
01-070511-1-2	TEMP000740625	01/01/1995	CBHP002120	VC8003159	Home Health
01-011011-45-23	TEMP000740625	01/01/1995	CBHP002120	VC8003159	IP HOS - I/P PSYCH
01-112310-26-21	TEMP000740625	01/01/1995	CBHP002120	VC8005769	OP - COMM MH CTR

4) Once the correct authorization is located, click on the internal **Auth#** (the blue hyperlink starting with 01-Date) to the left of the member's ID#

Note: Users can sort authorization results using the Authorization Search Results bar and by clicking on the desired category ** Click on the header once for descending results & click twice for ascending.

Auth Summary

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 #	01-061011-5-10
Client Auth #	U0377105
NPI # for Authorization	N/A
Authorization Status	O - Open
From Provider	TEMP PROVIDER,
Admit Date	06/10/2011
Discharge Date	

Buttons: Return to search results, Send Inquiry, Complete Discharge Review

5) Click the **Send Inquiry** button

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.

6) Enter the clinician's or the contacts name **AND** phone number (with extension if applicable) in the **Contact Name Field**.

NOTE: If an inquiry is received without contact information (name and tel #), the inquiry will be not be processed and an authorization will not be granted.

