Connecticut BHP
Supporting Health and Recovery

PROVIDER NOTICE

Alert#: **PN-2012- 03**

Issued: **April 2nd, 2012**

To: **All CT BHP Providers**

Subject: **CT BHP ProviderConnect System Enhancements - Effective Monday April 2nd, 2012**

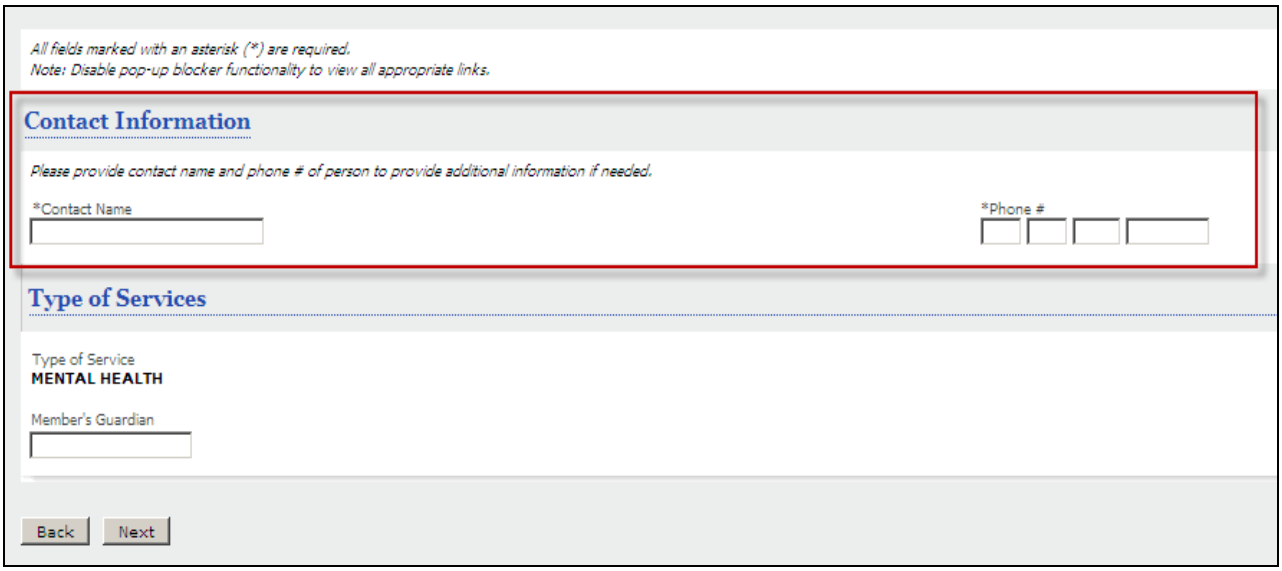
Dear Provider,

This alert is being sent to all ProviderConnect system users regarding upcoming enhancements to the ProviderConnect web registration forms under the Connecticut Behavioral Health Partnership (CT BHP). Below, there are two sections that detail the changes for 1) Registered Services and 2) DCF Residential and Group Home Levels of Care.

Section I: Registered Services:

(All levels of care excluding DCF Residential and Group Home providers)

Two new fields will be required for all registered services. The fields are presented on the first page of the authorization request and ask for a contact name and phone number. Providers must enter the name and phone number of staff who should be contacted in the event that more clinical information is required for approval of the review.



The ProviderConnect web application has the ability to determine whether an authorization request will automatically be approved or whether it needs to pend to a clinician for further review. **Effective Monday April 2, 2012**, **if the system determines a request needs to be pended to a clinician**, four (4) new informational fields will be displayed on the form. The four fields will be displayed on the final page of the authorization request, just prior to submittal. Before a request is automatically pended, Providers will now be required to:

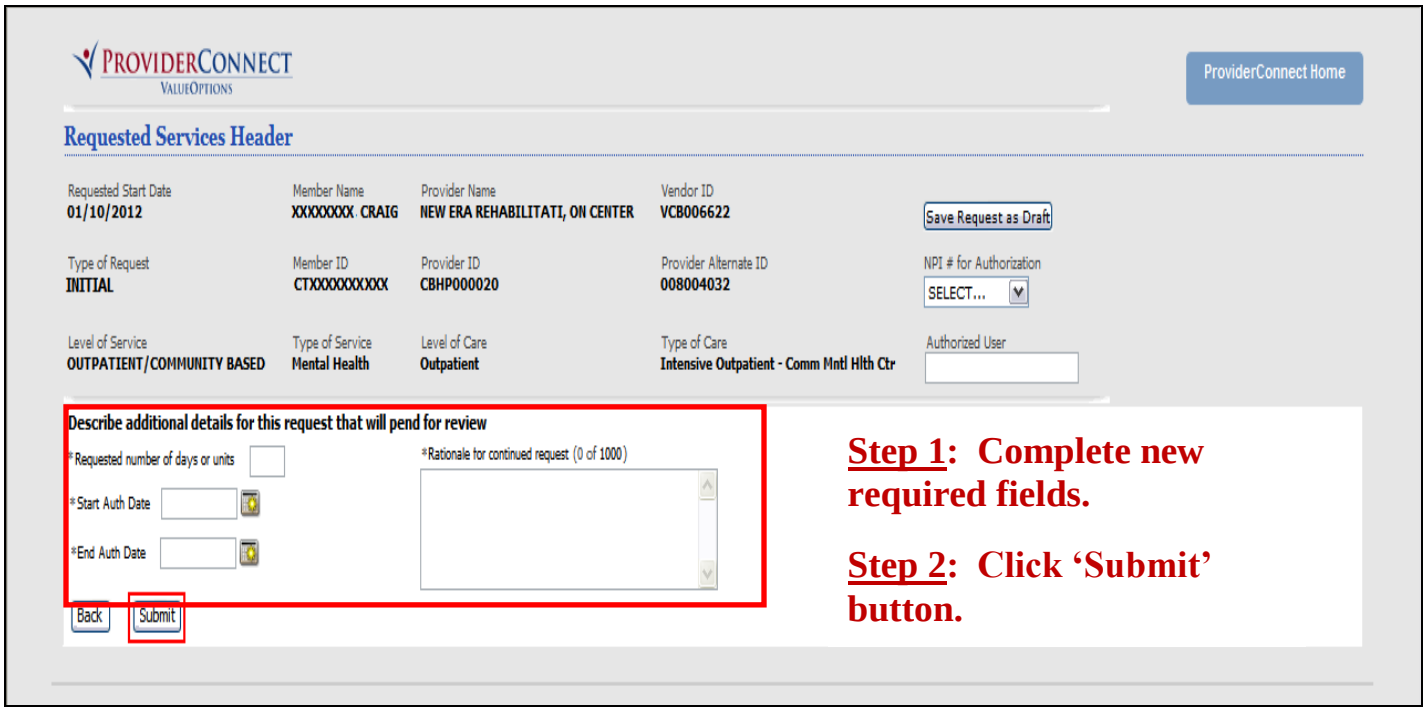
1. Enter the number of days or units being requested

2. Enter the start date for the authorization

3. Enter the end date for the authorization

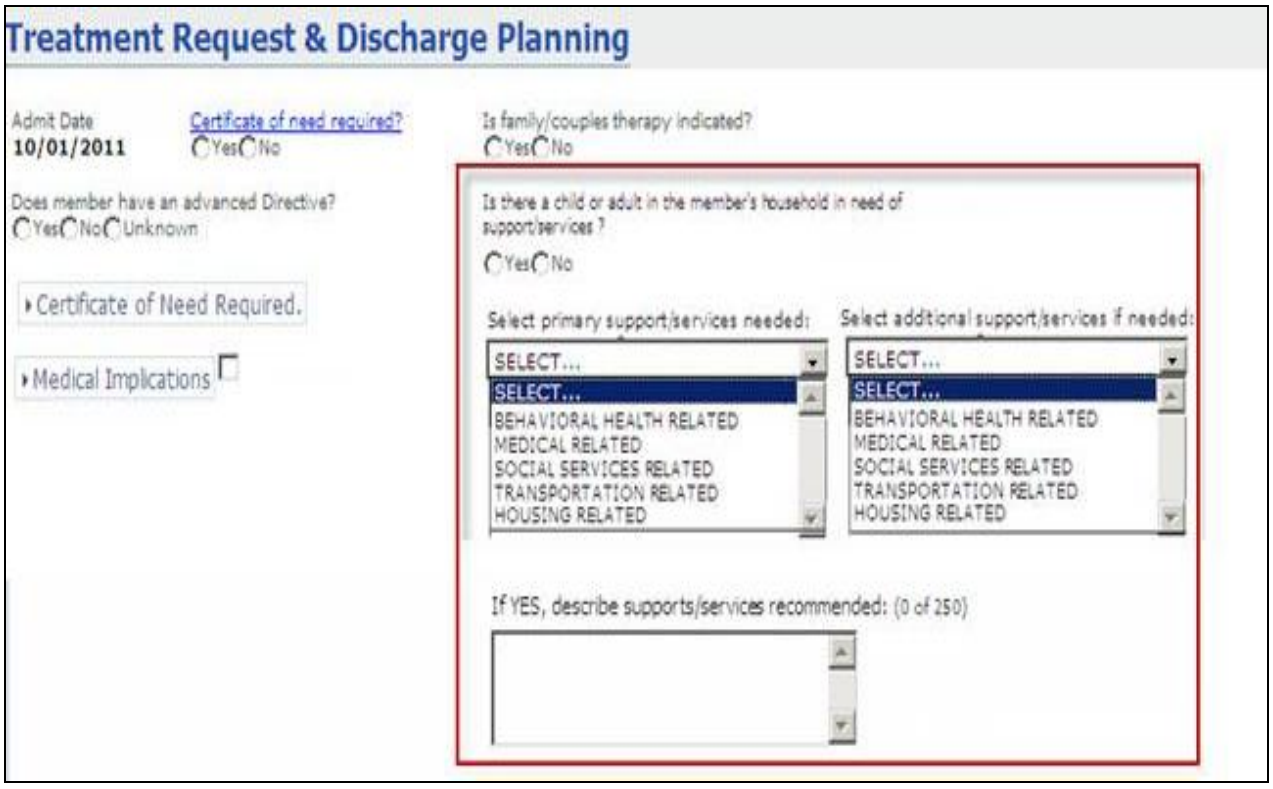
4. Enter a description/rationale for the continued request. This field is an open text field with a maximum of 1000 characters. This information will help CT BHP clinical staff better understand the current situation with the Member and make appropriate decisions based on the clinical appropriateness of the request.

What this enhancement means to you:
This means that Providers *will no longer* have to perform a 'second step' and submit inquiries online to request additional units. This information will now be included in the four (4) new fields within the request for authorization. This will help reduce administrative burden on Providers and help our clinical team process requests more efficiently.



Section II: DCF Residential and Group Home Providers:

The inpatient review form has been updated and DCF Residential and Group Homes will notice a new question on the treatment request and discharge planning tab. This new question is regarding family related information and is a required field on the last tab of the review. Providers will now be asked if there is a child or adult in the member's household in need of support/services. After Providers answer this question using the yes or no radio buttons, they will be asked to select primary and additional supports/services that are needed using drop-down menus. Finally, Providers will have an open text box (with 250 characters) to describe the services/supports that were recommended *(Note: please use NO if unknown).*



We thank you for your participation. If you have any questions, please feel free to contact the Provider Relations Department at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership