

PROVIDER ALERT

Alert#: **PA-2016-03**
Issued: **June 8, 2016**
To: **All CT BHP Providers**
Subject: **Update to Retroactive Eligibility Review Procedures**

Dear Provider,

In September of 2011, the CT BHP released Provider Alert 2011-22, which outlined the process for obtaining authorizations for services to Medicaid members with retroactive eligibility within 30 days of the “Date Changed” field in the ProviderConnect application. In October of 2015, the CT BHP released Provider Alert 2015-11, which outlined that providers had within 60 days to submit retroactive authorization requests to the CT BHP. The purpose of this Alert is to notify providers of the levels of care listed below that **the process has been updated to give providers ninety (90) days to submit their retroactive authorization request to the CT BHP.**

Effective immediately for the following lower levels of care: Intensive Outpatient, Extended Day Treatment, Home Based Services (MST, MDFT, FFT), IICAPS (excluding CSSD IICAPS), Outpatient, Methadone Maintenance, and Ambulatory Detoxification services:

1. Providers must first verify through the DSS automated eligibility system (www.ctdssmap.com) that the member has been made retroactively eligible.
2. Providers will then verify the member’s eligibility “Date Changed” in the ProviderConnect system (please see the attached instructions). **Please Note:** The member’s eligibility “Expiration Date” in ProviderConnect must be empty for providers to request a retroactive authorization. If a date is found in the member’s expiration date field, a retroactive authorization cannot be requested because the change that occurred was to add the member’s expiration date.
3. **If no date is found in the member’s eligibility “Expiration Date” field, providers will submit a Retroactive Eligibility Review Template to the CT BHP within ninety (90) days of the “Date Changed” value found in ProviderConnect.** The form can be found on the CT BHP website (www.ctbhp.com). Completed forms should be faxed to the CT BHP at 1(866) 434-7681.
4. The CT BHP will create an authorization with an authorization letter and will submit the authorization to HP Enterprise Services.
5. Providers can obtain their authorization information after it has been entered into the system by searching for their authorization in ProviderConnect (please see the attached instructions).

Effective immediately for the following higher levels of care: Inpatient Psychiatric, Inpatient Detoxification, Residential Rehabilitation, Partial Hospitalization, Adult Group Homes and Psychiatric Residential Treatment Facilities along with these specific lower levels of care: Home Health, Autism Services and Psychological Testing:

1. Providers must first verify through the DSS automated eligibility system (www.ctdssmap.com) that the member has been made retroactively eligible.
2. Providers will then verify the member's eligibility "Date Changed" in the ProviderConnect system (please see the attached instructions). Please Note: The member's eligibility "Expiration Date" in ProviderConnect must be empty for providers to request a retroactive authorization. If a date is found in the member's expiration date field, a retroactive authorization cannot be requested because the change that occurred was to add the member's expiration date.
3. **If no date is found in the member's eligibility "Expiration Date" field, providers will submit the complete medical record to the CT BHP within ninety (90) days of the "Date Changed" date in ProviderConnect.** Complete Medical Records can be faxed or mailed to:

Fax: 1-855-575-6532 Attn: Quality Department
Re: Retroactive Eligibility Review

Mail: CTBHP
500 Enterprise Drive, Suite 4D
Rocky Hill, CT 06067
Attn: Quality Department

4. The CT BHP will create an authorization with an authorization letter and will submit the authorization to HP Enterprise Services.
5. Providers can obtain their authorization information after it has been entered into the system by searching for their authorization in ProviderConnect (please see the attached instructions).

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

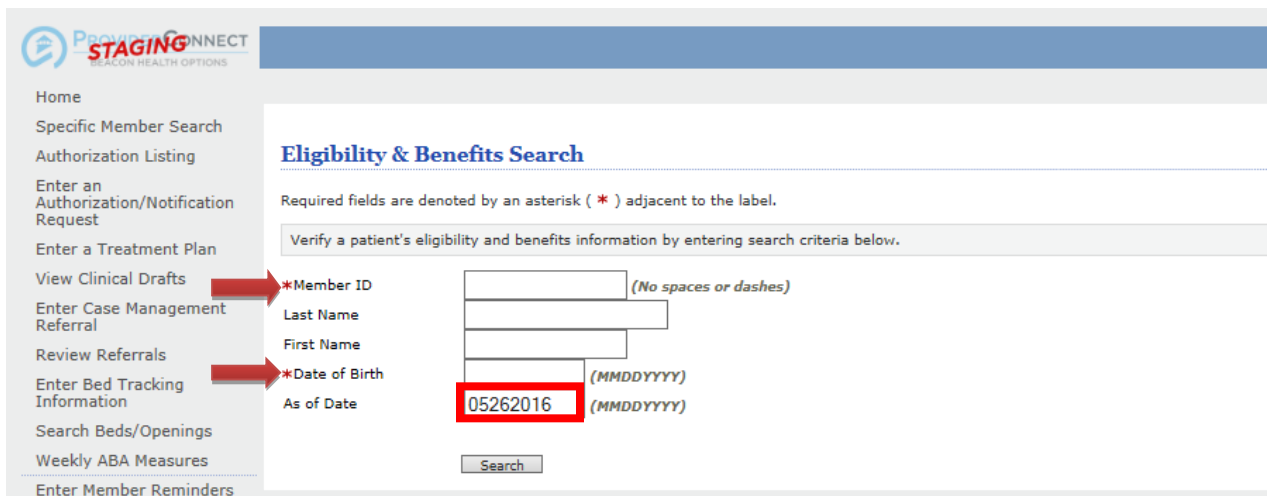
CT BHP Retrospective Eligibility: Viewing Eligibility Determination Date

The following information details how to find a member's eligibility "date changed."

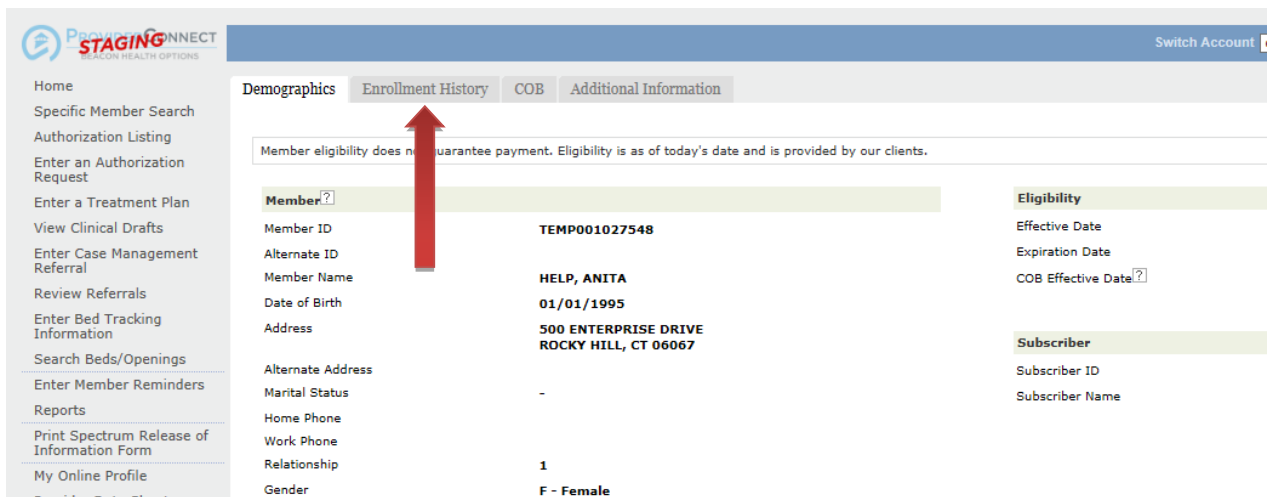
1) Enter ProviderConnect Home Page and click on "Specific Member Search."



2) Enter Member's Medicaid ID and Date of Birth, then click "Search."



3) The Demographics screen will appear. Click the "Enrollment History" tab.



4) View the “Date Changed” for the member’s eligibility in the right column.

Please Note: The Expiration Date field must be blank in order for you to be eligible to submit a retroactive authorization request. If the Expiration Date field is empty, Retroactive Eligibility Templates or medical records must be submitted to the CT BHP within 90 days of this date.

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Subscriber ID	Member ID	Member Name	Group #	Group Name	Account #	Effective Date	Expiration Date	Date Changed
TEMP001027548	TEMP001027548	HELP, ANITA	BHK009	CT MLIA-MEDICAID LOW INC ADLT	BHK009	01/01/2006		02/13/2016

If the expiration date field is blank, you have 90 days from the date in the “Date Changed” field to submit the retro form or medical record.

Please Note: If the Expiration Date field is populated with a date, providers will not be eligible to submit a retroactive authorization request and Beacon Health Options will not process these requests. For questions, contact the CT BHP at 1-877-552-8247.

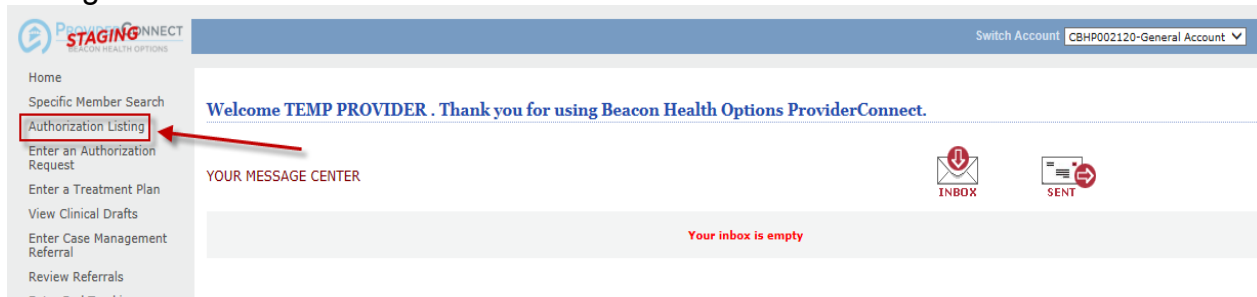
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If the expiration date field is populated with a date, you cannot submit a retroactive eligibility form.

CT BHP Retrospective Eligibility: Viewing Authorizations in ProviderConnect

1. Log into the ProviderConnect system. On the home page, click on “Authorization Listing.”



2. In the “Member ID” field, first enter “CT” (case sensitive). Then enter the member’s Medicaid ID # without any spaces. Then click the “Search” button at the bottom of the screen.

Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Results show expiration date, enter the effective & expiration dates in the appropriate field and click on the **Search** button. The Search filters are as follows.

Required fields are denoted by an asterisk (*) adjacent to the label.

Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

NPI # for Authorization

Vendor ID

Member ID CT + 9 DIGIT MEDICAID ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.

Activity Date span cannot exceed seven (7) days.

Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'

- All of your authorizations for this member will be listed on the Authorization Search Results page. If no listings are found, you do not have any authorizations for this member. To get more information on a specific authorization, click the blue authorization link in the left column.

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

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. For EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth E

Auth #	Member ID	Member DOB	Provider ID	Vendor ID
View Letter	Member Name		Provider Alt. ID	Alternate Provider
01-040716-1-7	TEMP001027548 HELP, ANITA	01/01/1995	CBHP002120 999999999	VCB005769
01-040716-1-5	TEMP001027548 HELP, ANITA	01/01/1995	CBHP002120 999999999	VCB005769

- Click on the "Auth Details" tab.

Auth Summary Auth Details ← CLICK HERE

The information displayed indicates the most current information we have on file. It may not reflect claims or other information.

Authorization Header

Member ID	TEMP001027548
Member Name	HELP, ANITA
Authorization #	01-040716-1-7

- Additional details for this authorization (including submission date, dates of service, visits approved, status, etc.) will be found under the "Service Lines" header.

Authorization Header

Member ID	TEMP001027548	Return to search results
Member Name	HELP, ANITA	Complete Discharge Review
Authorization #	01-040716-1-7	
Client Auth #	U1255061	
NPI # for Authorization	N/A	
Authorization Status	O - Open	
Authorization Letter(s)	(click to view)	

Service Lines

Line #	Submission Date	Service Code	Modifier Codes				Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
			1	2	3	4						
1	04/07/2016	N/A					OUTPATIENT	04/07/2016-04/08/2016	1/1	0	O - Open	Approved Auth