

Higher Level of Care (HLOC) Transition

Frequently Asked Questions

Are all hospitals that are not on the Bypass Program going to have the same protocols for entering HLOC authorizations?

Yes, the authorization process is the same for all hospitals that are entering HLOC authorization requests online, whether you are on the Bypass Program or not.

What are the review turnaround times when requests are entered online?

The expected timeframes are as follows: If a review is received by 12:00pm on a business day, then it must be completed by 5:00pm on that same day; If received by 7:00pm on a business day, then it must be completed by 12:00pm the following business day; If received after 7:00pm and before midnight on a business day, then it must be completed by 5:00pm the following business day.

For hospitals on the Bypass Program, will the referring hospital complete the HLOC authorization request or is it still the receiving hospital that completes the HLOC authorization request?

Regardless of a hospital's status on or off the Bypass Program, the receiving hospital is always responsible for completing the precertification request.

Will the Central Night Service (Texas call center) still be available to take calls on the weekend?

Yes, there are no changes with our Central Night Service (CNS) coverage. Our phone lines will remain open 24/7/365.

Do these changes for HLOC online authorizations apply to all HUSKY benefit packages (A, B, C, and D)?

Yes, the changes for HLOC authorization requests applies to all HUSKY benefit packages.

What if the member does not have a Medicaid ID?

If the member does not have a Medicaid ID, you must call (877)552-8247 to obtain a Temporary ID. Once you receive the Temporary ID, you will be able to enter the authorization request online.

If the member has primary commercial insurance and secondary Medicaid insurance, do I still complete a precertification authorization request at the time of admission?

We recommend that you obtain online authorization for any members with primary or secondary Medicaid insurance.

If we are unsure if the member being admitted will meet the HLOC guidelines, should we complete the HLOC request?

It is the facility's responsibility to provide the care they feel is medically appropriate for the member. The Level of Care Guidelines have not changed and can be accessed on the CT BHP website

(www.CTBHP.com) for further clarification. If it is determined that a member does not meet level of care criteria, the facility can take advantage of the CT BHP's Appeal process.

Is the Medication field required?

The Medication field is not required on the initial precertification form, but if the member has received medications, then this information is pertinent to the member's clinical presentation and should be included in the Medication section. Medications are required on the concurrent review. If the member is not on any medications, please indicate why in the Narrative Entry field.

What if I don't know when the member started taking their medications historically?

If you do not know when the member started taking medications, indicate the date of your first encounter with the member and then explain that the start date for the medication could have been previous to this date in the narrative text box.

Do I enter all medical and psychological medications that the member is taking?

Yes, you should enter all available medication information as long as it is helpful in determining the complete clinical picture of the member.

If the primary behavioral diagnosis is related to substance abuse, will the Substance Use Symptom Complex open up automatically for the narratives?

Yes, if the primary behavioral diagnosis pertains to substance abuse, the Substance Use Symptom Complex will automatically open and will be required.

I have never completed an inpatient detoxification concurrent review. What information will I need?

To complete an inpatient detoxification request online, you will need the following details: vital signs, CIWA/COWS scores, withdrawal symptoms, medical complications, medications including start date and doses of all detox tapers, PRNs, and any psychotropic or medical medications, and discharge plan information will be required.

For inpatient detoxifications, if the member needs a detoxification bed and one is not available, would I select "Yes" to the HLOC due to LLOC not available question?

If a detoxification bed is needed and is not available, you should select "Yes" for this question.

Will the expected discharge date be required in the initial HLOC request?

No, the discharge date is not required on the initial precertification request, but it is required on subsequent concurrent reviews.

Does everyone in my hospital need a ProviderConnect ID and password to enter HLOC precertifications and concurrent reviews?

No. Only providers and administrative staff who are responsible for entering precertifications and concurrent reviews into ProviderConnect are required to have their own ID and password. Due to HIPAA regulations, each ProviderConnect user is required to have their own ID and password and cannot share their login credentials with other staff members.

If an HLOC authorization ends on a weekend, can we enter the concurrent review on Friday or Monday?

Yes, but please enter the Requested Start Date as the first uncovered day.

Are there any changes in regards to retroactive eligibility requests?

No, the retroactive eligibility request process remains the same. The Quality Management Department can be contacted telephonically at 860-263-2161 for more information or you can fax the clinical record/chart to 855-575-6532.

If the member is OATP, can we enter the precertification electronically or should this be completed telephonically?

OATP reviews can be entered electronically, but the provider can call to inquire about OATP status or getting the member to an OATP facility by calling (877)552-8247.

What is an ICM?

An ICM is an Intensive Care Manager, which is an independently licensed behavioral health care clinician employed by the ASO to perform utilization review on services that require prior authorization and concurrent review.

How do I complete the concurrent review process online?

The process for completing concurrent reviews is the same as the precertification process. Some fields, like Symptomology and Anticipated Discharge Date, will require updates on the concurrent review. Also, the authorizing CT BHP clinician will enter questions in the "Focus of Next Clinical Review" section that will need to be addressed in the concurrent review.

Where can we find more information on evidence based approved practices?

Additional information pertaining to approved best practices can be accessed while completing an online authorization request. This information can be found by clicking on the "Best Practice Guidelines Related to Primary Behavioral Diagnosis" hyperlink at the Best Practices Endorsement section in the ProviderConnect system prior to submitting your authorization request.