

Frequently Asked Questions Regarding Electronic Submission of Authorization Requests to Beacon Health Options via ProviderConnectSM for North Carolina Medicaid and North Carolina Health Choice

This document contains Frequently Asked Questions (FAQs) regarding online submission of authorization requests via ProviderConnect for North Carolina Medicaid (NCMC) and North Carolina Health Choice (NCHC) recipients. This document will be updated as needed, resulting in a new revision date in the bottom left hand corner of the page.

ELECTRONIC SUBMISSION MANDATE

1. Are providers required to submit authorization requests online via ProviderConnect?

Yes. The North Carolina Appropriations Act of 2011 (House Bill 200) mandates that providers submit authorization requests electronically via the vendor's website.

2. What is the date/deadline that authorization requests MUST be submitted electronically?

Effective October 1, 2011, providers that submit authorization requests to Beacon Health Options must do so electronically using the Beacon Health Options ProviderConnect web portal. See the August 2011 Medicaid Bulletin and Implementation Update.

3. Does the mandate for electronic submission apply to all services/levels of care?

Yes. All mental health, substance abuse, and targeted case management requests must be submitted online via ProviderConnect.

4. Can Provider Link be used to submit requests electronically rather than ProviderConnect?

No. Providers that previously have used Provider Link to submit authorization requests must begin submitting requests via ProviderConnect effective October 1, 2011.

5. What happens to authorization requests that are not submitted online via ProviderConnect on/after October 1, 2011 (e.g. faxed, mailed, Provider Link, etc)?

Authorization requests received on/after October 1, 2011 by any means other than ProviderConnect will be returned as "Unable to Process". A returned request does not serve as a place holder for the requested start date or as a placeholder for the 10-day advance reauthorization request submission requirement.

6. Can authorization requests for Health Choice recipients be submitted via ProviderConnect?

Yes. Enter the recipient's Health Choice ID number (the Medicaid look-a-like ID number).

7. Is there a charge/fee for submitting requests online via ProviderConnect?

No.

ACCESSING PROVIDERCONNECT

8. How does a provider access ProviderConnect?

Go to www.valueoptions.com and click on the red tab labeled "Providers." On the right side of that web page are links to login or register on ProviderConnect.

9. Is a User ID and password required to login to ProviderConnect?

Yes. Providers register online. See #8.

10. Is technical support available if assistance is needed in creating or modifying a ProviderConnect account?

Yes.

The EDI/ProviderConnect Help Desk is available by phone M-F 8am to 6pm at 888.247.9311 and via email at e-support.services@beaconhealthoptions.com

11. Which Internet browsers are compatible with ProviderConnect?

Providers should use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

ATTACHING DOCUMENTS TO PROVIDERCONNECT SUBMISSIONS

12. Can supporting documentation (e.g. PCP, service order, discharge plan form) be attached to my online submission?

Yes. Electronic documents and scanned copies of documents can be attached. Providers must attach the required documentation for the service/level of care being requested. Electronic documents that are required to display original signatures must be in PDF format.

13. Is there a limit on the number of documents that can be attached to an online submission?

No.

14. What are the acceptable file formats for supporting documentation that will be attached?

Acceptable file formats include Word, Excel, Adobe (e.g. PDF), and Text files. Electronic documents that are required to display original signatures must be in PDF format.

15. Is it OK to attach password protected documents (e.g. PCP)?

No. Attachments may be attached as read-only if desired.

16. Does a Word or PDF version of the ITR or ORF2 need to be attached to the submission as well?

No. Providers enter the data for the ITR or ORF2 directly into ProviderConnect when entering a request.

COMPLETING THE ITR VIA PROVIDERCONNECT

17. Which Level of Service (Inpatient/HLOC/Specialty or Outpatient) must be selected for ProviderConnect to display the ITR?

Providers must select “Inpatient/HLOC/Specialty” as the Level of Service for ProviderConnect to display the fields associated with the ITR.

18. Can more than one service/level of care be requested when completing the ITR via ProviderConnect?

No. Only one service per ITR may be requested.

19. Does selected clinical information pre-populate on the ITR when submitting concurrent requests?

Yes. If a concurrent request is submitted correctly with the admit date matching the admit date on the previous request, major portions of the ITR will pre-populate with information from the previously submitted request.

20. What should a provider do if the clinical information typed in the precipitating event field exceeds the character limit of 2000 characters?

Attach a Word document with the additional information.

21. Can Therapeutic Foster Care (TFC) requests be submitted online even though TFC Providers do not have a direct-enrolled Medicaid Provider Number (MPN) for TFC?

Yes. TFC requests can be submitted on ProviderConnect using any MPN available to the submitting provider. The MPN included on the submission will be replaced by Beacon Health Options with the appropriate MCO MPN corresponding to the recipient's county of eligibility at the time of review.

22. Typically the clinical home submits the initial request for PRTF or residential child care (Level II, III, IV program type) rather than the residential facility. Can the clinical home provider continue to submit these initial requests on behalf of the residential facility via ProviderConnect?

Yes. PRTF and residential child care requests can be submitted on ProviderConnect using any MPN available to the submitting provider. The submitting provider must state the name and MPN of the residential facility in the first sentence of the precipitating event. Failure to include this information in the precipitating event will result in the request being returned as "Unable to Process".

23. How are retrospective requests submitted via ProviderConnect?

Retrospective reviews are done when there has been a change to the recipient's Medicaid or Health Choice eligibility. Providers must indicate in the first sentence of the precipitating event that "This is a retrospective request due a change in the recipient's Medicaid or Health Choice eligibility."

COMPLETING THE ORF2 VIA PROVIDERCONNECT

24. Which Level of Service (Inpatient/HLOC/Specialty or Outpatient) must be selected for ProviderConnect to display the ORF2?

Providers must select "Outpatient" as the Level of Service for ProviderConnect to display the fields associated with the ORF2.

25. Does selected clinical information pre-populate on the ORF2 when submitting concurrent requests?

Yes. If a concurrent request is submitted correctly, major portions of the ORF2 pre-populate with information from the previously submitted request.

27. Can requests for outpatient services be submitted online if the services are being rendered by a provisionally-licensed individual billing “incident to” a physician?

Yes. Outpatient authorizations are made to the MPN(s) listed in the Attending Medicaid Provider # field. The MPN of the direct-enrolled physician’s MPN should be listed in these situations.

28. Can more than one service code be requested when completing the ORF2 via ProviderConnect?

Yes. Providers enter the service code(s) being requested as well as the number of units for each service code.

