 <p>Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)</p>	<p>Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK</p>	
<p>Subject: Terminating In-Panel Authorizations</p>	<p>Prepared By: CAPS</p>	<p>Original Date: 10/01/2007 Revised Date: 01/01/2009 01/21/2009</p>

PURPOSE AND SIGNIFICANCE:

Initial authorizations in the Mid-Valley Independent Physician’s Association (MVIPA) website identify a Member’s Primary Care Provider (PCP) and Primary Clinician, authorize reimbursement for an IDS Provider during a specific timeframe, and provide a method for reporting penetration in the IDS.

Terminating authorizations in a timely manner is critical in order to assure Members access to other IDS Providers if he/she so chooses and for the accurate reporting of unique cases within the IDS financial operations.

PROCESS AND/OR PROCEDURE:

The IDS Provider is responsible for terminating/closing all active authorizations (including Secondary Authorizations) when it is discovered that one or more of the following has occurred:

- The Member is closed/discharged from primary agency services
- The Member dies
- The Member moves out of the Mid-Valley Behavioral Care Network (MVBCN) region
- The Member is transferred to another IDS Provider for primary care
- The Member has lost MVBCN coverage for 90+ days
- The Member has not been seen for services in 90+ days and does not have any future appointments scheduled

If a secondary authorization is involved in the closing process, the primary IDS Provider is responsible for notifying the secondary treating agency of the closure. Notification should occur as soon as it is clear to the primary agency that the member will be closed.

Claims submitted with dates of service prior to the primary or secondary authorization’s effective date or after the primary or secondary authorizations’ termination date will be denied payment.

Claims submitted for a Member who has lost MVBCN coverage will be denied even when the dates of service fall within the effective and termination dates of the member’s authorization.

MVIPA Website Instructions – To terminate a Member’s Initial Authorization in the MVIPA website, please do the following:

- 1) From the main menu, select Member Search.
- 2) Type in Member information; select Mid-Valley Behavioral Care Network as the carrier and click on Search.
- 3) Click on the blue member name with the appropriate corresponding OHP Effective and Termination dates. If the Member has current OHP coverage, click on the last listing.
- 4) Select the Member's current authorization(s) by choosing the Current Auths link.
- 5) Select the authorization to be terminated by choosing the blue, underlined link on the far left, known as the Ref. #.

Ref. #	Referring Provider	Delivering Provider	DX Codegroups	CPT Codegroups	Details	Status / Auth
Episode #: 81167609242007 Submitted by CARRIE COORDINATOR on September 24, 2007 10:46:47 AM						
Member: USER2, TEST, ZZZZZZZZ (MVBCN)				Referral Type: MENTAL HEALTH SERVICES		
811676 (details)	SHOLAR, MICHAEL J, NP	New Perspectives Center, For Counseling And Therapy,	- Age 22 Thru 64	Notes:	999 Visit(s) Eff: 10/04/2007 Term: 04/04/2008 CTD: \$0.00	Approved 10/03/2007 Approved by wadet

- 6) Clicking on the blue, underlined link will open the detail authorization. Find the Referral link in the upper left hand corner of the screen. Click on the Referral link. A drop down box will appear. Click on Extend Authorization . . .

Referral...	Set Status...	Authorization...	Notes...	Reports...	Other...
Create New Auth...	USER2, TEST (History)				
Extend Authorization...	Authorized: (info) mvbcn@phtech.com				
Give PCP Approval	Extend this authorization.				
Member ID:	ZZZZZZZZ - (MVBCN)		PCP: For Counseling And Therapy New Perspectives Center		
Plan:	MVBCN Marion County*		Referred By: MICHAEL SHOLAR		
DOB:	07/04/1976 (English)		PCP Contact: Dethrow, Terry		
Elig Dates:	09/16/2004 -		Contact via E-MAIL:		
Coverage:	W1		terryd@npc.mvbcn.org		
Status Flag(s):					
Pre-Authorization:	No				
Referral Type:	Mental Health Services				
Referred To:	New Perspectives Center, For Counseling And Therapy (Counselor:Mental Health) (B_IDS)				
Practice Office:	New Perspectives Center For Counseling And Therapy				
Primary Contact:	Terry Dethrow - 503-585-0351 - terryd@npc.mvbcn.org				
Facility:	[none selected]				
Urgency:	Routine				
Diagnosis Code(s):	Age 22 Thru 64; (view codes)				
Procedure Code(s):					
Comments / Notes:	** For information only -- notes entered here are not necessarily authorized. **				
Time / Visit Info.:	Start Date: 10/04/2007 End Date: 04/04/2008 , 999 visit(s)				
Payment Info.:	Max Dollars: [none specified] Cost to Date: \$0.00				
PCP Options:	Sub-Referral Authority = No		Allow Diag. Studies= No		
	Allow Surgery / Hosp. = No		Pt. Requested Referral= No		
Submitter (Office):	Coordinator, Carrie (New Perspectives Center For Counseling And Therapy)				
Submittal Date:	09-24-2007 10:46 AM				
Show more information... >>					

- 7) Clicking on the Extend Authorization link will open the Submit Extension screen. This screen is nearly identical to the Submit Authorization screen. Instead of being blank, the Submit Extension screen will show the details of the Member's open Initial Authorization including the primary provider. Even though the authorization is being terminated, the Extend Authorization link is used because a change is being made to the existing Initial Authorization.

Changes are made by choosing the search boxes to the right of the fields needing to be updated.

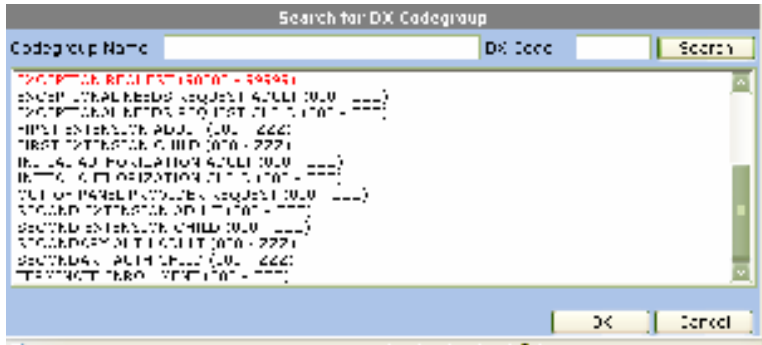
The screenshot shows the 'Submit Extension' form with the following details:

- Auth Options:** Referral, Pre-Authorization, Request Auth from PCP ("I am the specialist")
- Member:** MVBCN #ZZZZZZZZ - User2, Test - 07/04/1976 - (09/16/2004 to None)
- Start Date:** 10/04/2007, **End:** 04/04/2008
- Num Visits:** 999, **Max Dollars:** \$
- Referring Prov:** SHOLAR, MICHAEL (ID: 1437112885 --)
- Delivering Prov:** NEW PERSPECTIVES CENTER, FOR COU
- Auth Type:** Mental Health Services, **Facility:** (pre-auth only)
- DX Codegroup(s) (Reason):** Age 22 Thru 64
- Comments:** ** These notes are not necessarily authorized. **
- Checkboxes:** Grant Sub-Referral Authority, Allow Surgery / Hospitalization, Allow Diagnostic Studies, Patient Requested Referral
- Buttons:** Submit, New, Reset, Cancel

- 8) Change the start and end date of the authorization to the last date of service that will be submitted for the Member. Remember, claims with dates of services after the authorization termination date will be denied.

Note: If you type in the date, use the full, 4-digit year. Example: 2007.

- 9) Click on the search button next to the DX Codegroup(s) (Reason) section.
- 10) The Search for DX Codegroup screen will appear. Click on the SEARCH button on the top right. Select TERMINATE ENROLLMENT (000-ZZZ), which is at the bottom of the list. Click OK.



- 11) After all fields are updated. Click on the Submit button. If all steps have been completed, a status of **Updated Original Auth** will appear on this authorization and the Initial Authorization will reflect the changes made. If you do not receive the message **Updated Original Auth** contact PH Tech.

If an Initial Authorization for the Member is entered by mistake, do not use this termination process to close the authorization. Instead, used the Set Status drop down on the top of the authorization screen and change the status on the Initial Authorization to Cancelled.

In addition to the Member's Initial Authorization, it is the primary provider's responsibility to assure any Secondary or Tertiary Authorizations approved by the primary provider are also closed (terminated) during the closing process. It is also the primary provider's responsibility to notify collateral agencies when secondary/tertiary authorizations are being terminated.

If an IDS Provider with a secondary/tertiary authorization has completed treatment with a Member and will no longer see the Member in any capacity, it is the secondary IDS Provider's responsibility to contact the primary Clinician and supply the termination date for the secondary/tertiary authorization. The termination date should be the last date of service for which a claim will be submitted.

To terminate the secondary authorization, you need only change the end date of the authorization. To do this, enter the authorization, click on the end date and enter in the last date of service. You do not need to do anything further.