# WHAT IS "AT YOUR FINGERTIPS"?

"At Your Fingertips" is a bimonthly tip sheet to help providers navigate Electronic Visit Verification (EVV) by answering common questions and providing assistance for resolving common issues encountered by providers in their use of the EVV system.

This tip provides information on the New and Changed Authorization report which can clarify changes to a client's authorizations.



Not sure who to contact when you have a question or issue, or if your issue needs to be escalated?

Contact DXC Technology via e-mail to: <a href="mailto:ctevv@dxc.com">ctevv@dxc.com</a>

Please only send client PHI in an encrypted/secured email.



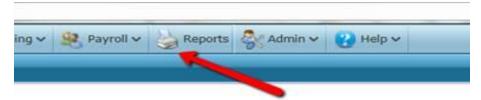
## **NEW AND CHANGED AUTHORIZATION REPORT**

# WHAT IS THE NEW AND CHANGED AUTHORIZATION REPORT?

The New and Changed Authorization report lists changes to existing prior authorizations (PA) that have been created for and/or modified for each client listed on the report. Changes to a PA can include an increase or decrease in the total number of units the agency can schedule for each client listed, a change to the effective/end date of the service(s) authorized or an increase or decrease to the frequency of scheduled units. The New and Changed Authorization report allows the agency to see what client schedules need to be adjusted to match the service order provided by an access agency responsible for the client care plan.

# HOW DO I ACCESS THE NEW AND CHANGED AUTHORIZATION REPORT?

1. When logged in to the Santrax system, click on Reports



2. Under the Clients subheading, click the "plus" sign to expand the category and choose New and Changed Authorization Report.



3. Using the filters, you can narrow the results to return a smaller range of data. The choices to filter the data are by Company, Location, Team, Manager, Payor, Staff Manager, Coordinator, Client Status and From and Through Dates. For example, in the screenshot below, we have selected to view PAs that were updated or changed between 12/07/2016 and 11/30/2017 and are active in Santrax.

Company:	<u> </u>	/	=
Location:		4	=
Team:		/	=
Manager:		/	=
Payor:		<u>/</u>	=
Staff Manager:		/	
Coordinator:		4	=
Client Status:	02- Active	1	=
Date From:	12/07/2016		
Date To:	11/30/2017		
	Authorization Required		

4. The report that is returned identifies which clients have an authorization that is new or changed between 12/7/2016 and 11/30/2017. You can also identify which services were affected by the change and what date the change occurred.

# **Changed Authorizations**

Date From 12/07/2016 Date To 11/30/2017, Authorization Required = 'True'

Client	Chart ID	SOC	Auth Ref No.	Service	Date Change Occurred
Aetna					
-		08/27/2012		HHA	10/13/2017
		08/27/2012		HHA	10/13/2017
		08/27/2012		HHA	10/13/2017
		08/27/2012		HHA	10/13/2017
		08/27/2012		HHA	10/18/2017
		08/27/2012		HHA	10/18/2017
		04/17/2017		HHA	09/14/2017
		04/17/2017		HHA	09/14/2017
		04/17/2017		HHA	10/05/2017

Total Clients: 2

Total Auth Changes: 9

#### Each column of the report displays:

Columns	Description
Client	the name of client associated with the changed auth
Chart ID	the identifying number affiliated with client's admission
SOC	the start of care date for the client's admission
Auth Ref No.	the reference number on the changed authorization
Service	the service related to the changed authorization
Date Change Occurred	the date the authorization was updated
Total Clients	the number of clients per payer grouping whose authorizations have changed
(Client)Total Auth Changes	the number of authorization changes per payer grouping based on the selected search criteria
Grand Total Clients	the number of clients whose authorizations have changed for the entire report
Grand Total Auth Changes	the total number of changed auths based on the selected search criteria

#### WHAT DO I DO IF MY AUTHORIZATION IS MISSING OR INCORRECT?

If an authorization is missing or not correct on the www.ctdssmap.com portal, providers should contact the applicable Access/Case Management Agency as follows.

## Connecticut Community Care (CCCI) - serviceauthissues@ctcommunitycare.org

Providers must include the following information if applicable, when submitting service authorization issues to CCCI: provider name, client name, client EMS number, CCCI number, EOB code on rejecting claim at DXC, from and to dates of service, type of service (SNV, Companion, PCA etc.), frequency of service (spanned dates, monthly or weekly), number of units needed, CCCI service order number, if available, and any comments the provider wishes to communicate to CCCI.

### South Western Connecticut Area on Aging (SWCAA) - SWCAABillings@swcaa.org

Providers must include the applicable following information when contacting **SWCAA**: client name, client EMS number, type of service, dates of service, frequency of service and the number of units or hours per visit. Please go to <a href="https://www.swcaa.org">www.swcaa.org</a> for a directory of care managers by zip code, frequently asked provider questions, and SWCAA's provider inquiry form

### Agency on Aging of South Central CT (AOASCC) - chcbilling@aoascc.org

Providers without secure e-mail, please fax service order inquiries to AASCC at: (203) 528-0455.

### Western Connecticut Area on Aging (WCAA) - contact WCAA directly at (203) 465-1000

For the above Access Agencies, providers must include the applicable following information when contacting SWCAA, AOASCC or WCAA: client name, client EMS number, type of service, dates of service, frequency of service and the number of units or hours per visit.

Category: Reports