

Training for Letters of Collaboration (LOC)
and Termination (LOT)
for Medicaid and ODMHSAS
Outpatient Behavioral Health Providers (OPBH)

With Changes Effective 4/1/2022

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- *6 to mute your phone
 - You can hear me, but I won't hear your background noise
- Do not put me on 'HOLD'!!!!
 - If you have background music when you put me on hold, the entire webinar only hears the music.

please dial in at 521-4496, 234995#

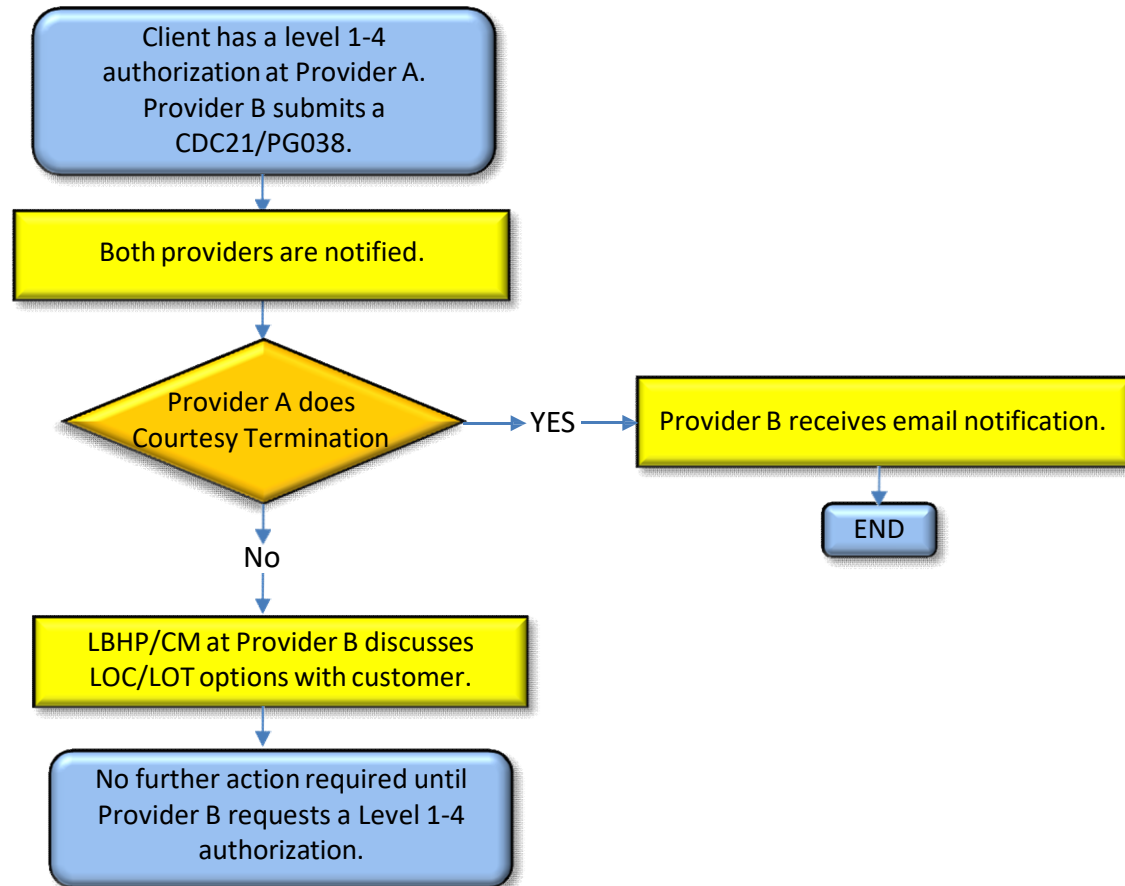
LOC/LOT Changes Effective 10/1/2014

- Who can do the Letter of Collaboration (LOC) and Letter of Termination (LOT) with the customer?
- As an LBHP is currently responsible for oversight and approval of client services and service plan, a case manager can assist the client with the LOT and LOC process with oversight and approval of an LBHP:
 - For the LOT, a case manager can meet face-to-face with the client and explain the LOT to help to ensure the client is making an informed decision, but the LBHP would need to approve/sign off on LOT, and be available to consult with the CM as needed.
 - For the LOC, a case manager can 1) meet face-to-face with client to help ensure that client wishes are being represented, 2) communicate with the responsible LBHP to ensure that the service array/amount proposed meets the clinical needs of the client, and 3) communicate with the collaborating agency to advocate the proposed service array/amount, but the LHBP must approve/sign off on LOC, and be available to consult with the CM and/or communicate with the collaborating agency as needed.

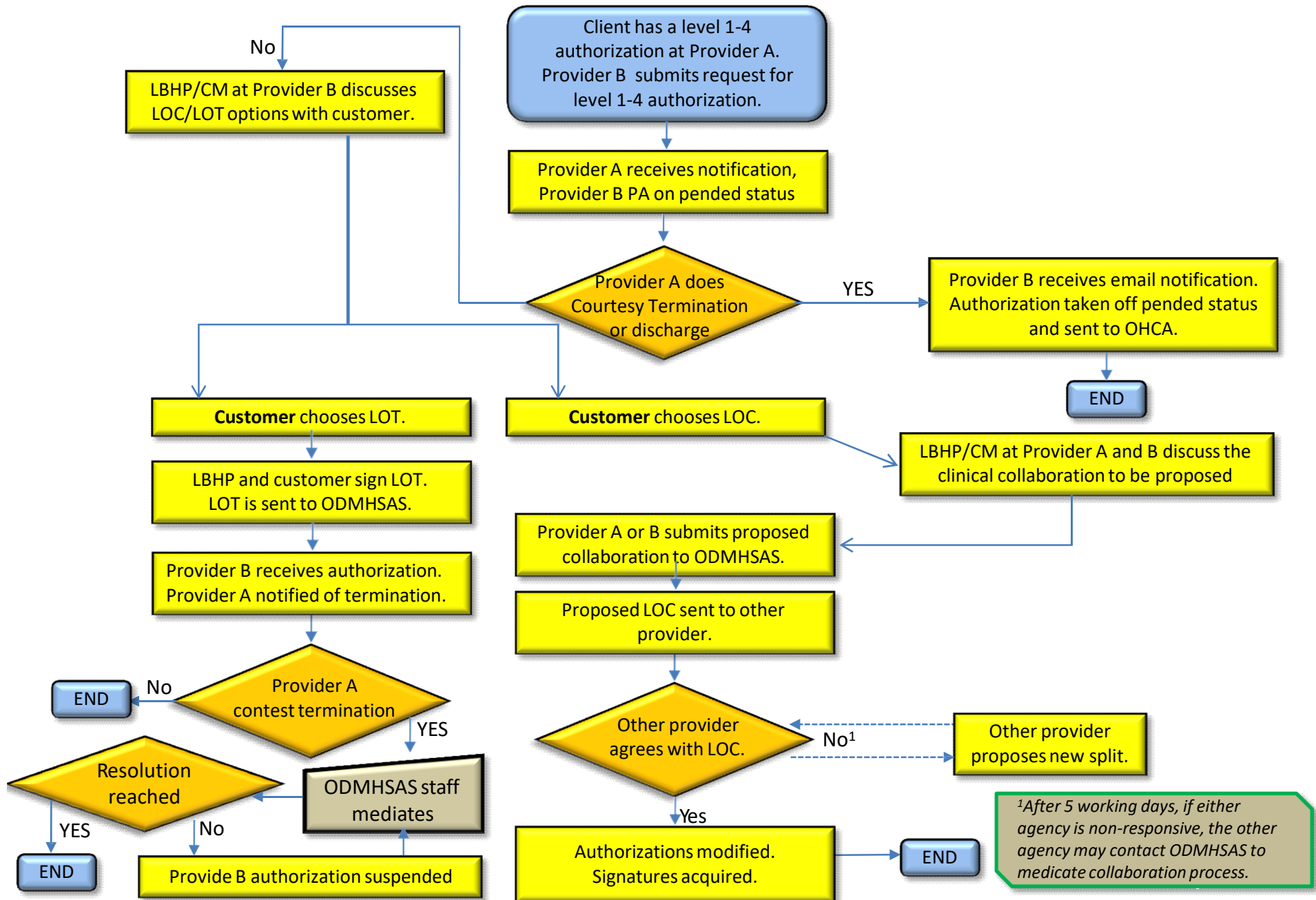
LOC/LOT Changes Effective 10/1/2014

- Provider would be allowed to electronically sign LOCs, if their vendor system supports this.
- Training and Technical Assistance:
 - Create a document which shows a clear order/steps of the process, along with screenshot for those who use PICIS to do the LOC/LOT.
 - Provide additional and ongoing webinars/trainings for providers to explain the LOC/LOT process.
 - The training would also explain that if a provider has done their 'due diligence' in trying to contact the other provider and if the other provider does not respond within 5 days, or the two providers cannot come an agreement, ODMHSAS can be called to assist and/or mediate.
 - If needed, ODMHSAS could suspend both PAs, until a LOC was agreed upon.

Preadmission Workflow CDC21/PG038

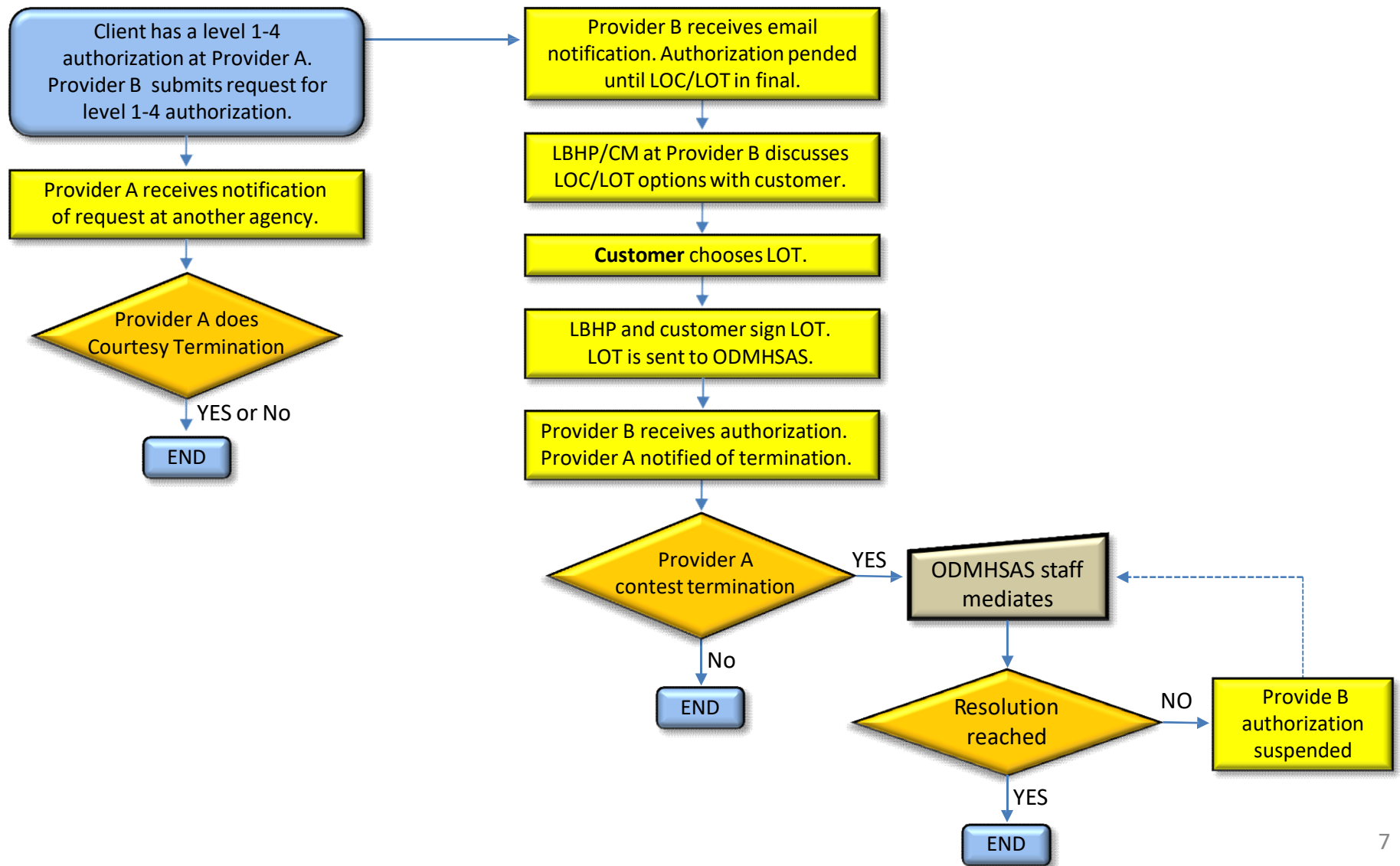


Admission Workflow (Collapsed View)



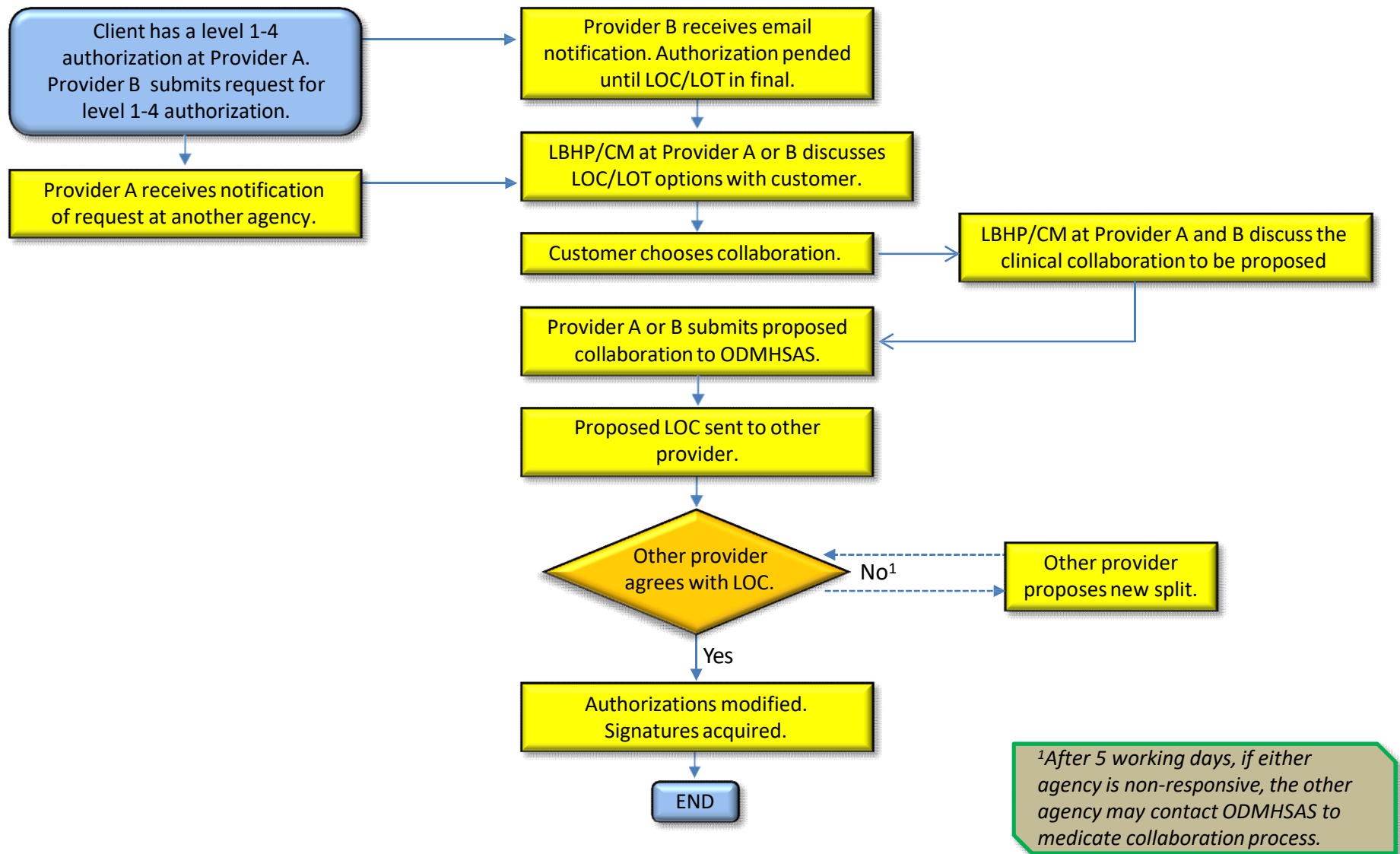
Possible work flow

Letter of Termination Only



Possible work flow

Letter of Collaboration Only



A few reminders before we start:

- The purpose of collaboration between providers is to coordinate clinical care to prevent duplication of services, and to provide services that are complimentary and result in good treatment outcomes for the member. Note that “An eligible SoonerCare member/parent/guardian will not be restricted and will have the freedom to choose a behavioral health case management provider as well as providers of other medical care.” [OAC 317:30-5-596] It is a contractual requirement that providers will collaborate on behalf of the member’s best interests and choice of facility and/or provider.
- Providers are reminded that neither provider should threaten the member with a withdrawal of services, but rather engage the member to see how the two providers can work together. This expectation is a contract requirement and a Federal law.
- Providers should note that a Letter of Collaboration is an administrative function to document the actual coordination of clinical care that should take place in a conversation between the designated LBHPs responsible for the member’s care at each agency involved, in accordance with the member’s wishes. For the LOC, a case manager can 1) meet face-to-face with client to help ensure that client wishes are being represented, 2) communicate with the responsible LBHP to ensure that the service array/amount proposed meets the clinical needs of the client, and 3) communicate with the collaborating agency to advocate the proposed service array/amount, but the LBHP must approve/sign off on LOC, and be available to consult with the CM and/or communicate with the collaborating agency as needed.
- A Letter of Collaboration may only exist between two agencies. If the third agency wishes to participate, an exception must be requested. This process can be initiated by calling the PICIS Helpdesk at 405-248-9326.
- When an individually contracted LBHP/Psychologist and an OPBH agency are providing services, the authorization does not need to be divided and a Letter of Collaboration form is not required. However, documentation of coordination of clinical care needs to be noted in the medical record.
- LOC/LOT will not be required on open authorizations with a submit date prior to 1/15/2014 2/6/2014. However, at the next request for authorization (CDC 42), a LOC/LOT will be required.

Problems/Questions

- General/Technical
 - PICIS Helpdesk: 405-248-9326
- Collaboration Problems?
 - **Please contact the PICIS help desk and they will route you to an appropriate person to review.**
 - **NOTE: Please fax your LOC to other provider and make an effort to contact the other LBHP/CM, before submitting your LOC to ODMHSAS for mediation. Receipt of notes on those efforts and a verification of a fax transmittal will be required before mediation can begin.**

Outline

- When does reporting of LOC/LOT start?
- Who has to participate?
- Email Notifications
- Reports
- Why are LOC/LOT required?
- What is the scenario when LOC/LOT is required?
- Letters of Collaboration
- Letters of Termination
- Courtesy Termination
- Contest of Termination
- Ongoing Collaboration
- Data Flow Diagrams

Heads up!

- Although the rules for LOC/LOT apply for all agencies, the screens shown in this training are designed for providers who use PICIS to enter CDC/PA data.
- If you have a vendor system, you may need to refer to their training documentation.

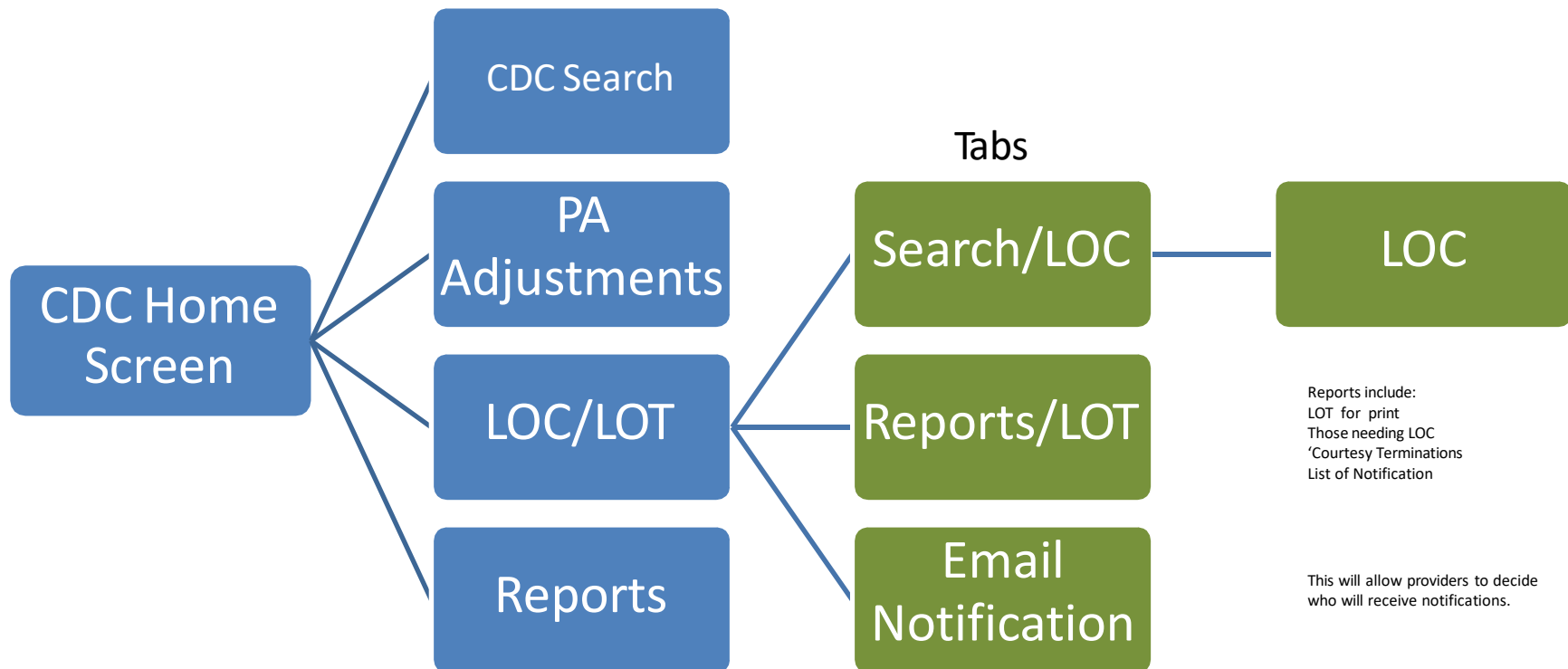
When did reporting of LOC/LOT start?

- 2/6/2014 will be the go-live date for reporting Letters of Collaboration/Termination.
- Email Notifications - 2/6/2014
- Email Notification Staff Registration – 12/18/13
- Courtesy Termination – 10/20/2013

Who has to participate?

- Medicaid and ODMHSAS Outpatient Behavioral Health Providers
- Providers who request Level 1/2/3/4 Authorizations
 - Adult and Children 6+: PG042/PG043/PG044/PG045
 - Children Under 6: PG046/PG047/PG048/PG049
 - TANF/Child Welfare: PG034/PG035/PG036/PG037
 - Systems of Care: PG015
- PG001 is excluded from this process.

PICIS Screens (New Screens in Green)



Entering data into PICIS

The screenshot displays the 'AccessControl' web application interface. The browser address bar shows the URL 'https://www.odmhsas.org/AccessCor'. The page header includes 'AccessControl' and 'Go To AccessControl Administration'. The user is logged in as 'DMHSASMAReynolds' with an 'Idle Time: 148:38'. The agency is set to 'ODMHSAS Test Agency --- 000000092A'. The main content area is divided into three tabs: 'Collaboration', 'Reports/LOT', and 'Email Notifications'. The 'Collaboration' tab is active, showing a form with fields for 'Agency Site' (a dropdown menu), 'Recipient ID', 'Last Name', and 'First Name'. Below these fields are radio buttons for 'Completed', 'Pending', and 'All', with 'All' selected. A 'Search' button is located at the bottom of the form. A red arrow points to the 'LOC/LOT' menu item in the left-hand navigation pane. The footer contains the text '© 2011 Client Information System. Design by ODMHSAS.' and a small '!!!' icon.

Email Notification Staff Registration

The screenshot shows a web browser window with the URL <https://www4.odmhsas.org/>. The page title is "PICIS Report". The user is logged in as "DMHSAS\MARReynolds" and has a "Log Off" button. The page is titled "AccessControl" and shows the user is in the "AccessControl Administration" section. The agency is set to "ODMHSAS Test Agency --- 000000092A".

The main content area is titled "Email Notifications" and contains a form for adding new staff members. The form fields are:

- First Name: [Text Input]
- Last Name: [Text Input]
- E-Mail Address: [Text Input]
- Phone Number w/ext.: [Text Input]
- Location: [Dropdown Menu]
- Contact Type: Radio buttons for "Default (no contact)", "Primary for location", and "Secondary for location".
- Add Button: [Add]

Below the form is a table listing existing staff members:

	First name	Last Name	Email Address	Phone Number	Primary/Secondary	Location
Delete	Robert	Smith	Rsmith@odmhsas.org	405-522-3829 x23	Default	
Delete	Nancy	Howard	Nhoward@odmhsas.org	405-522-3829 x33	Secondary	000000092A
Delete	Randy	Ice	Rice@odmhsas.org	405-522-3829 x99	Primary	000000092B
Delete	Monica	Sampson	Msampson@odmhsas.org	405-522-3829 x20	Secondary	000000092B
Delete	Larry	Rossman	Lrossman@odmhsas.org	405-522-3829 x87	Primary	000000092C

At the bottom of the page, there is a copyright notice: "© 2011 Client Information System. Design by ODMHSAS."

This screen is similar to the Staff information screen in Provider Enrollment.

Instructions

1. Type in information in each field and select a location. All fields are required.
2. Select a contact type, either Default, Primary, or Secondary. See following page for rules.
3. Click on 'Add' Button.
4. If staff member is no longer employed at provider or responsibilities changes, please add new staff then delete that staff.

Email Notification Staff Registration Rules

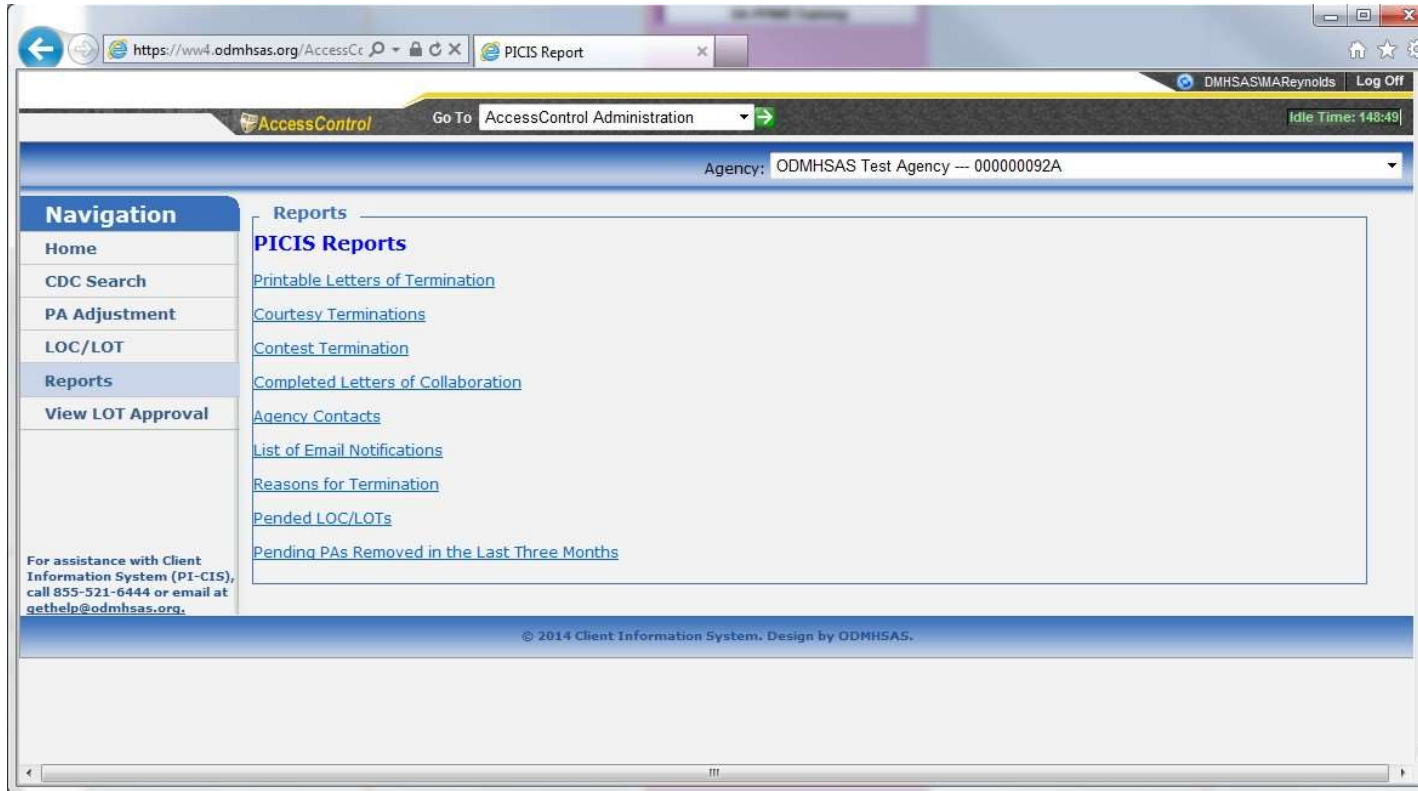
- **Default Contact**
 - Default Contact is necessary when ODMHSAS is unable to contact the Primary or Secondary Contact.
 - Initially, this will be the PICIS Contact.
 - Providers may change this at any point, but there must always be one Default Contact.
 - Providers may choose to have multiple Default Contacts.
- **Primary Contact**
 - This will be the individual who will receive email notifications for all location they are associated with.
 - Providers may choose to have multiple Primary Contacts. Each will receive the email notifications.
 - Primary Contact is assigned by location. Providers may choose for the Primary Contact to be assigned to multiple locations.
 - Primary and Default Contact can be the same.
 - If no Primary Contact is assigned to a location, the Default Contact will receive the email notifications.
- **Secondary Contact**
 - Primary and Secondary Contact cannot be the same, however, Secondary and Default Contact may be the same, unless the Primary and Default Contact are already the same.
 - If no Secondary Contact is assigned to a location, the Default Contact will act as Secondary Contact.
- These individuals do not necessarily need PICIS access, but they may find it helpful to access reports available in PICIS.

When will you receive Email Notifications?

- PG038
 - If you have an open Level 1/2/3/4 authorization and another provider request PG038.
 - If you submit a PG038 and a Level 1/2/3/4 authorization is open at another provider.
 - Two agencies have open Level 1/2/3/4.
- Level 1/2/3/4
 - If you have an open Level 1/2/3/4 authorization and another provider request a Level 1/2/3/4.
 - If submit a Level 1/2/3/4 authorization and another provider has an open Level 1/2/3/4.
- Termination
 - If you have an open Level 1/2/3/4 authorization and a Letter of Termination is accepted to close your authorization.
 - If you have an open collaboration and the other provider terminates their authorization.
 - Once we have review a faxed termination, you will be notified that your pended authorization has be approved.
- Contest
 - If another provider contest the termination of the member's Level 1/2/3/4 authorization.
- Collaboration
 - If another provider proposes or accepts a collaboration.
 - If collaboration is changed by either provider and other needs to review.
 - If another provider terminates a proposed or open collaboration.
 - If provider B deletes their pended PA.
- Courtesy Termination
 - If you request a PG038 or Level 1/2/3/4, another provider has an open Level 1/2/3/4 authorization and the other provide chooses to do a Courtesy Termination.

How often will you receive Email Notifications?

- Once a day, all in one email for each type of notification
 - PG038
 - Level 1/2/3/4
 - Terminations
 - Courtesy Terminations
- As they happen
 - Contest
 - Collaboration



REPORTS

1. Printable Letters of Termination (LOT) is where providers can get the printable versions of the LOT.
2. Courtesy Termination is where providers can go to end their own PA, so that the other provider does not have to collaborate or terminate.
3. Contest Termination allows a provider to ask ODMHSAS to review appropriateness of the LOT.
4. Completed Letters of Collaboration allows a provider to review completed LOCs and print out LOC to be signed.
5. Agency contacts is a list of reported contacts at ALL agencies.
6. Lists of Email Notification will show providers the email we have sent and to whom. This will include contest terminations.
7. Reasons for Termination list the reported reasons by the client for terminating open authorization.
8. Pended LOC/LOTs show authorizations which need a LOC or LOT.
9. Pended PAs Removed in the Last Three Months lists the pended authorizations which the provider did not complete within 30 calendar days, and were removed from PICIS.

- Why are LOC/LOT required?
- To insure that members have coordinated clinical care; incorporating member choice and facilitating optimal treatment outcomes
- To minimize duplication of services
 - On 10/7/2013, over 2,400 individuals had open authorizations at two or more agencies. Sixty had open authorizations at three or more agencies.
 - It is estimated that up to \$860,000 of services are duplicated each year.

What is the scenario when LOC/LOT is required?

- Provider A has a Level 1/2/3/4 authorization and another provider wishing to request another Level 1/2/3/4 authorization.
- Level Prevention & Recovery Maintenance is excluded.

Considerations for examples in training

- Provider A: This is the provider who currently has an open authorization.
- Provider B: This is the provider who does not have an open authorization, but wishes to request one.

Letters of Collaboration

Letters of Collaboration

- LBHPs or Case Managers must do the collaboration for each agency.
- For the LOC, a case manager can 1) meet face-to-face with client to help ensure that client wishes are being represented, 2) communicate with the responsible LBHP to ensure that the service array/amount proposed meets the clinical needs of the client, and 3) communicate with the collaborating agency to advocate the proposed service array/amount, but the LHBP must approve/sign off on LOC, and be available to consult with the CM and/or communicate with the collaborating agency as needed.
- Providers are not required to agree upon the same Level.
- The LOC form does not have to be sent to ODMHSAS, just the split of the cap and who does which services.
 - However, providers should have the customer sign the LOC form and insert the information into the customer's documentation.

Collaboration Screens

- Once the two providers have communicated with each other regarding member clinical care and have come to agreement on the collaboration in conjunction with the member, the following screens will be filled out.

Letter of Collaboration

The screenshot shows a web browser window with the URL <https://ww4.odmhsas.org/>. The page title is "PICIS Report". The user is logged in as "DMHSASMAReynolds" and has a "Log Off" button. The page is titled "AccessControl Administration" and shows the "Agency" as "ODMHSAS Test Agency -- 000000092A".

The main content area is divided into three steps:

- STEP ONE:** Your Contact information:
Name:
Phone:
Email:
- STEP TWO (verify):**
Recipient ID: 123456789
Location: 000000092A
PA Group: ZZ045
Monthly Cap: \$1171
Last Update: 8/26/2013
PA Number: 4513693827
- STEP THREE:**
This Agency: Dollars NPI
Other Agency: Dollars
Services to be provided (check all that apply):
Individual Psychotherapy
Group Psychotherapy
Family Psychotherapy
Individual Rehab
Group Rehab
Case Management
Individual Psychotherapy
Group Psychotherapy
Family Psychotherapy
Individual Rehab
Group Rehab
Case Management

Buttons: Propose, Accept, Cancel

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Step One:

Similar to the PA Adjustment screen, this is "who do we contact?" if we have questions or who should receive the response.

If you know the other agency contact, you can put in the email address. If not, just leave it blank.

Letter of Collaboration

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- STEP ONE:** Your Contact information:
Name:
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Recipient ID: 123456789
Location: 00000092A
PA Group: ZZ045
Monthly Cap: \$1171
Last Update: 8/26/2013
PA Number: 4513693827
- STEP THREE:**
This Agency: Dollars NPI
Other Agency: Dollars
Services to be provided (check all that apply):
Individual Psychotherapy
Group Psychotherapy
Family Psychotherapy
Individual Rehab
Group Rehab
Case Management
Other Agency Services to be provided (check all that apply):
Individual Psychotherapy
Group Psychotherapy
Family Psychotherapy
Individual Rehab
Group Rehab
Case Management

Buttons: Propose, Accept, Cancel

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Step Two:

This shows the provider what we know about the PA they are going to collaborate on. This is their information, not the other provider.

Letter of Collaboration

The screenshot shows a web browser window with the URL <https://ww4.odmhsas.org/>. The page title is "PICIS Report". The user is logged in as "DMHSASMAReynolds" and has a "Log Off" button. The page is titled "AccessControl Administration" and shows the agency as "ODMHSAS Test Agency -- 000000092A".

Navigation

- Home
- CDC Search
- PA Adjustment
- LOC/LOT
- Reports

STEP ONE:
Your Contact information:
Name:
Phone:
Email:

STEP TWO (verify):
Recipient ID: 123456789
Location: 000000092A
PA Group: ZZ045
Monthly Cap: \$1171
Last Update: 8/26/2013
PA Number: 4513693827

STEP THREE:

This Agency Other Agency

Dollars Dollars

NPI

Services to be provided (check all that apply):

Individual Psychotherapy <input checked="" type="checkbox"/>	<input type="checkbox"/>
Group Psychotherapy <input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Psychotherapy <input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual Rehab <input type="checkbox"/>	<input checked="" type="checkbox"/>
Group Rehab <input type="checkbox"/>	<input checked="" type="checkbox"/>
Case Management <input checked="" type="checkbox"/>	<input type="checkbox"/>

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Step Three:

Enter the amount of the monthly each provider will have the NPI of the responsible LHBP at each provider, not the Case Manager.

Check the boxes of the services each provider will render. (The check boxes will not be automatically checked. This is just there as an example.)

If you are the first to enter the proposal, click on 'Propose'.

If the other Provider's proposal is acceptable, click on 'Accept'.

If you make a change to the dollar amount after a proposal, you will have to click on 'Propose' again, so that the other provider can review your new proposal.

Possible Timelines for LOC

1. CDC 21 Submitted (PG038)
2. LBHP/CM discusses whether LOC or LOT is appropriate
3. LBHP/CM and customer/guardian agree for LOC
4. LBHPs/CM from two agencies discuss clinician aspects and agree to who does what and cap split
5. CDC 23 with PA request Submitted (Level 1/2/3/4) – Provider B received Pended PA
6. LOC proposed by either provider
7. LOC accepted by other provider
8. Authorizations modified

How will the PA amount be modified?

- If you have an active PA and the amount goes down, then all months after the current one, will be modified.
- If you have an active PA and the amount goes up, then all months, including the current one, are modified.*
- If your PA was on pended status and has never been to OHCA, the whole PA is adjusted

*Also true if you have a collaboration and the other provider ends their PA.

Letters of Termination



BEHAVIORAL HEALTH SERVICES LETTER OF TERMINATION

Member Name: **FirstName LastName**

Recipient ID: **123456789**

I, **FirstName Lastname**, have discussed my services with the clinician identified below and understand that the billing system reflects that I have been receiving services at another agency. After discussing my service options with the clinician, including the possibility of receiving designated services from both agencies, I have decided that I would like to discontinue receiving services from the other agency, and begin receiving services from **AGENCY NAME** as of _____ (MM/DD/YY).

My reason for ending services with the other agency is as follows (check all that apply):

- Inconvenient location/hours
- Concerns about the quality of services received
- Does not have a good relationship with staff
- Unaware of other agency
- Provider doesn't offer all desired services
- Moved or new provider is closer or more convenient
- Declined to respond
- Other (fill in blank)

Moved or new provider is closer or more convenient

Declined to respond

Other (fill in blank) _____

I understand that by signing this form I will be ending all of the services previously received at the other agency (including any medication services).

Member Signature (14 and over must sign)

Date Signed

Legal Guardian Signature

Date Signed

Name of LBHP, Credentials

NPI

LBHP Signature

Date Signed

LOT Form

- The LBHP/CM is expected to explain the LOT to the customer/guardian to a degree they can make an informed choice, and the LBHP must sign the LOT along with customer/guardian.
- For the LOT, a case manager can meet face-to-face with the client and explain the LOT to help to ensure the client is making an informed decision, but the LBHP would need to approve/sign off on LOT, and be available to consult with the CM as needed.
- The LBHP/CM must meet with customer/guardian face-to-face for explanation.
- As a courtesy to other providers, the LBHP/CM should ask the customer/guardian to check the boxes on the form regarding the reason for ending services.

Letter of Termination (LOT)

- In PICIS, the LOT will be available after a PG038 requests.
- Each LOT has an unique identifier which is specific to the customer.
 - For each LOT, you will have to print individually.
- LOT cannot be submitted until Level 1/2/3/4 request is made.
- Once LOT is received by ODMHSAS, most should be processed within 5 working days.
- Start of authorization will still be based on request date, not the date the other provider's authorization is terminated.

Timelines for LOT

1. CDC 21 Submitted (PG038)
2. LBHP/CM discusses whether LOC or LOT is appropriate
3. LOT printed out
4. CDC 23 with PA request Submitted
(Level 1/2/3/4) – Provider B received Pended PA
5. LBHP and customer/guardian sign LOT
6. LOT sent to ODMHSAS

What happens if my authorization is terminated?

- You will receive notification
- Your authorization will be ended on the date the LOT is processed, not the start date of the other providers authorization.

Submitting a LOT in PICIS

- Select the LOC/LOT Tab
- Then select Reports/LOT
- Fill out the completed form and attach the LOT
- A detailed training for this process can be found on our training website www.odmhsas.org/arc.html

Contest Termination

Contest Termination Process

1. Open 'Contest Termination' report in PICIS.
2. Locate terminated authorization.
3. Click on 'Contest'. You will be asked to verify.
4. Send justification to gethelp@odmhsas.org within 5 days and a review will be initiated.
5. If PICIS Helpdesk staff identify the explanation as reasonable, the helpdesk will contact Van Rhodes to begin an arbitration process.

Contest Termination Process

- When one provider contests a termination, the other provider will be notified.
- If reason is not sent within five days of the contest, process will be closed for that customer. Can be reinitiated, if needed.
- Providers who submit request to gethelp@odmhsas.org before a contest is request in PICIS, will be asked to start the request process in PICIS first.
 - We need to be able to track which providers are getting contested against and which providers are submitting a contest.

Courtesy Termination

Courtesy Termination

- Report will be available under the Reports/LOT tab
- Report will show a list of members:
- If provider clicks on 'Terminate' next to the member's name:
 - Follow instructions on the screen
 - The member's authorization will end with today's date
 - If there is a PG038 or Level 1/2/3/4 request at another provider, the other provider will be notified a collaboration or termination will be not required for that member.
- Note: If provider will submit a discharge, this will terminate an open authorization, too.
- No CDC is submitted by ODMHSAS for courtesy termination.

Ongoing Collaboration

- If neither provider request a change to the collaboration, the cap amount will continue at the same division until one of the providers requests a change.
- The change is initiated by both LBHP/CM discussing a possible change with the customer, and communicating with each other regarding optimal client care.
- After the clinical process has been completed, one of the provider submits a new collaboration request to PICIS.

Terminology

- Letter of Collaboration (LOC): This will allow providers to share the authorization cap for each member. Each provider will deliver specific, agreed upon services.
- Letter of Termination (LOT): This document will end the member's open Level 1/2/3/4 authorization at other providers.
- Courtesy Termination: When a provider has an open Level 1/2/3/4 authorization for a member and chooses to end the open authorization for the member at their agency. This is done so that another provider does not need to do a LOC/LOT. A discharge CDC would have the same effect.
- Pending PA: When a provider requests a Level 1/2/3/4 authorization, but another provider already has an open Level 1/2/3/4 on the same member. This requires LOC\LOT, before authorization is approved and submitted to OHCA.
- Contest Termination: When a provider has had their open authorization terminated for one of their members and they would like ODMHSAS to work with the other provider and member to see if that was the appropriate action.

Preadmission PA was requested at another agency	this is when your provider has an open level PA, and someone else enters a 21
Customer has a level PA at another agency	your provider entered a 21, but they have an open level somewhere else
Level PA at another agency, collaboration needed	this is when your provider has an open level PA, and someone enters a level PA on them
Collaboration not needed, other provider terminated	other provider ended their level PA, and your PA was on pended status. PA is now active.
Other Provider is contesting termination	you terminated another provider, now that provider is contesting the termination
Collaboration proposal submitted by other agency	other agency proposed a collaboration
Collaboration proposal has been accepted	other agency accepted your collaboration proposal
Termination ended your PA	other agency ended your PA, as of today that PA is ended
Collaboration cancelled, other provider terminated	you had an active collaboration, but the other provider cancelled it, now you get the full amount of your PA on what is remaining
Collaboration not needed, other provider terminated	other agency voluntarily ended their own PA, you entered a PG038 which is why you are notified
Collaboration changed, renegotiation needed	when collaboration is active, but other provider requested a change
Customer is already being seen at two other agencies	you entered a 21 on a person that is already being seen at two other agencies. Level PA will not be allowed.
Collaboration changed, renegotiation needed	you entered an update PA that could not be updated by the current collaboration agreement. You will need to renegotiate the collaboration.
Level PA at another agency, collaboration needed	Customer has a level PA at another agency, collaboration needed. You got this because you submitted a level PA for the customer and that PA is now on pended status.
Collaboration will not be needed	other agency deleted their pended PA
Collaboration proposal has been accepted	you accepted a collaboration. This comes back in the initial response. This is still sent in the notifications in case someone updates PICIS outside of your system.
Termination accepted, your PA is now active	you sent us a termination, and we activated your PA. This is also a duplicate response.

Reasons for denied faxed LOTs

- LOT denied because LOT submitted before the CDC 23/42 was submitted. LOT cannot be submitted until the CDC 23/42 is requested a provider receives a pended authorization.
- Missing signatures, missing NPI.
- Invalid NPI of clinician.
- LOT denied because wrong form used. Please do not use the old form accepted by APS.
- LOT denied because 'Date Signed' is not the date they signed the form. It needs to be the date the individual (member, guardian or clinician) actually signed the LOT. This date does NOT impact your authorization date. It is the date the document was signed.
 - (I know this because we start the LOT process on 2/6/2014, but providers indicate they signed on 2/1/2014).
- Occasionally, the other provider's authorization will have expired by the time you send the LOT to us and there isn't a PA to terminate. This will cause a denial.
- Provider trying to terminate a Pended PA. If the provider with the pended PA doesn't discharge or delete the pended PA, it will expire in 30 calendar days. You cannot close another provider's pended PA. There is no authorization to terminate.
- For those who fax terminations, it may take us up to five days to complete.

END

<http://www.odmhsas.org/arc.htm>

405-248-9326: Helpdesk

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