



TO: Hospital Providers  
RE: **REVISED:** Prior Authorization for Medical Inpatient Hospital Stays

The purpose of this communication is to clarify submission requirements for hospitals requesting an authorization for inpatient medical admission from the Medical Administrative Services Organization (ASO). Effective June 1, 2015, the Medical ASO will accept requests from hospitals only for individuals requiring authorization for inpatient medical admissions. Hospital Admission and Daily Census reports that include individuals not requiring an authorization for medical inpatient admission will not be processed as authorization requests. All requests for inpatient Prior Authorization (PA) must be submitted via the Community Health Network of CT (CHNCT) Prior Authorization Web portal at [www.huskyhealth.com](http://www.huskyhealth.com) by selecting For Providers and then the Clear Coverage button.

Submission requirements:

- The facility must notify the ASO within 2 business days of inpatient medical admissions that require authorization utilizing the Web portal.
- The facility must also notify the ASO within 2 business days of inpatient elective medical admissions which had been previously authorized. The confirmation of pre-certified admissions can be submitted via fax to (203) 265-3994.
- The facility is responsible for determining client eligibility using the Automated Eligibility Verification System (AEVS) prior to requesting an inpatient medical admission authorization.
- The facility must have the following information available to submit a request for Inpatient Medical Admission:
  - Hospitals must include a coversheet with submitting department/contact name, phone and fax number
  - Client Name, Client ID number, Client date of birth
  - Admission Date
  - Admission Type indicating Inpatient
  - Admitting Diagnosis
  - Admitting Provider Name

- Hospital Name and Campus, if applicable
  - Hospital Unit
  - Medical Record Number
  - Primary Insurance Information
  - Medicare A benefit exhaustion must be clearly indicated
- The facility should not submit requests using Hospital Admission and Daily Census reports that include any individual not requiring an authorization for medical inpatient admission, as these will not be processed. PA for medical inpatient admission is not required for individuals who:
    - Have Medicare A as Primary insurance (unless exhausted benefit)
    - Are receiving the following services:
      - Ambulatory
      - Behavioral Health (excluding Medical Detox in an Intensive Care Unit)
      - Emergency Room
      - Maternity Admission with Delivery
      - Observation
      - Outpatient Medical or Surgical

All requests for authorization for retrospectively enrolled clients will continue to require a fax notification to (203) 265-3994 or (203) 774-0551. This includes clients that are not eligible at the time of service (NOTE: When a client is granted retro-eligibility, the provider has 10 days from the retro grant date to request a prior authorization. Please refer to PB 2014-33 for additional information.)

For questions regarding the process for authorization of services for clients, please contact CHNCT's Prior Authorization Unit at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. and 6:00 p.m.

Questions? Need assistance? Call the HP Provider Assistance Center Mon.–Fri. 8:00 a.m. – 5:00 p.m. Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104  
Program information is available at [www.ctdssmap.com](http://www.ctdssmap.com). As a reminder, DSS will no longer distribute paper communications to providers as of June 30, 2015. Please see PB15-23 for details.