



TO: General Hospitals

RE: Change in Timeframe for Processing of Retroactive Authorizations – Inpatient Hospital Stays

The purpose of this communication is to notify hospitals that effective July 1, 2014 the Department of Social Services is extending the timeframe for processing requests received from providers for authorization of services for members who were not eligible for Medicaid at the time of admission and are subsequently granted eligibility retroactively. The timeframe for processing these requests is changing from five (5) calendar days to thirty (30) calendar days. Please note this does not change the timeframe for submitting the authorization requests after the granting of retroactive eligibility (see below).

Providers must verify client eligibility for the dates of service through the Secure Web Portal www.ctdssmap.com or the Automated Eligibility Verification System (AEVS). Providers should retain the eligibility verification number once retroactive eligibility for Medicaid has been verified for the dates of service for the inpatient stay. The request for authorization and a copy of the verification of eligibility (VOE) should be submitted to Community Health Network (CHNCT) within ten (10) days of the granting of eligibility along with clinical information and documentation to substantiate the medical necessity of the admission.

CHNCT will process the authorization request within thirty (30) calendar days of receipt of all clinical and eligibility documentation. For questions regarding further details of the process for authorization of services for members with retroactive eligibility, please contact CHNCT at 1-800-440- 5071, Monday through Friday between the hours of 8:00 a.m. and 7:00 p.m.