



**HUSKY Health – Population Health Portal  
Authorization Request – Quick Reference Guide**



**Outpatient - Home Health**

Field	Selection
<b>Eligibility</b>	Click on radio button next to eligibility information
<b>Auth Type</b>	Home Health
<b>Provider Details</b>	
<b>Referred by Provider</b>	Search for referring provider and select correct provider* Enter phone and fax number
<b>Referred to Provider</b>	Select "CMAP ID" from dropdown selection and enter agency CMAP ID* Enter phone and fax number
<b>Auth Basic Details</b>	
<b>Notification date/time</b>	Enter letter "t" and hit "tab" key
<b>Auth Priority</b>	Initial or Reauthorization
<b>Request Sent</b>	Web Portal
<b>Diagnosis and Service Codes</b>	
<b>Diagnosis Code</b>	Enter ICD-10 diagnosis code*
<b>Procedure Description</b>	Type the appropriate code or custom code, then down arrow* Skill Nursing = SNDSS Complex Nursing = CNDSS Medication Administration = MADSS Obstetric Nursing Care = ONDSS
<b>Procedure Code</b>	Auto-populated
<b>Unit Type</b>	Visits or Units
<b>From Date</b>	Start date
<b>To Date</b>	End date
<b>Req</b>	Number of visits/units requested
<b>Appr</b>	Not applicable
<b>Additional Details</b>	
Leave this section blank	
<b>Notes</b>	
Enter any applicable information	

\* Use "down arrow" on keyboard to select

<b>Add Notes</b>	
<b>From "Auth Details" page</b>	Click on ⋮ (3 dots) icon and select "Add Notes"
<b>Note Type</b>	Add'l Auth Information – Provider Use Only
<b>Notes</b>	Type or copy/paste clinical notes
<b>Save</b>	Receive message "notes added successfully" – Click on "x" to exit

<b>Add Documents</b>	
<b>From "Auth Details" page</b>	Click on ⋮ (3 dots) icon and select "Add Notes"
<b>Document Type</b>	Clinical Information
<b>Description</b>	Enter description
<b>Select Files</b>	Click on "Select Files" to upload the appropriate record



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## REQUEST AUTHORIZATION

Member Name : Donna Smith | CHNCT Member ID : H557272435 | DOB : 02/05/1971 | PCP : N/A | Auth Owner : N/A | Auth Status : N/A  
Auth Class : OutPatient

### Eligibility Verification

Select Eligibility and Auth Template

Active  Inactive

**LOB ASO- Medicaid**  
Code 0013  
Benefit Plan **HUSKY A**  
Code 1013

Status **Active**  
Start Date 04/01/2016 End Date 12/31/2999  
Coverage Code **HUSKY A FOR PARENTS AND CARETAKERS**  
Code 3047

Care Setting/Auth type

Home Health

### Provider Details

Where Are Requested Services Performed?

Referred By Provider Name

Provider Name

SHOHAN SHETTY

Referred By Provider Phone

860-999-9977

Referred By Provider Alternate Phone

Alternate Phone

Referred By Provider Fax

860-999-9975 \*

Referred To Provider Name

CMAP ID

FAMILY CARE VISITING NURSE AND HOME CARE A

Referred To Provider Phone

203-380-3220

Referred To Provider Alternate Phone

Alternate Phone

Referred To Provider Fax

203-380-3221

### Auth Basic Details

Where Are Requested Services Being Performed?

Notification Date and time

11/02/2020 10:55 AM

Auth Priority

Initial

Is Extension

Request Sent

Web Portal

### Diagnosis and Service Codes

Diagnosis Codes

ICD Version : ICD-10

Diagnosis Description

LACERATION W/O FOREIGN BODY OTHER PART HEA

Diagnosis Code

S01.81

Procedure Codes

Procedure Description

DSS- SKILLED NURSING

Procedure Code

SN

Unit Type

Visits

From Date

11/02/2020

To Date

11/16/2020

Req.

14

Appr.

### Notes

Notes

Requesting SN initial PA 7x/week

Save



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## Home Health Authorization Request Steps

1. Log in
2. Click on “Authorization” tab
3. Select “Outpatient” icon 
4. Enter member’s date of birth (dashes required) and Medicaid ID number
5. Select member by clicking on radio button
  - a. If member information does not display, contact the prior authorization unit

REQUEST AUTHORIZATION x

### Member Search

\* Member DOB  

\* Member Id

	CHNCT Member ID	Last Name	First Name	Gender	Birth Date
<input type="radio"/>	H557272435	Smith	Donna	Female	02/05/1971

6. Eligibility: click on radio button next to eligibility information
  - a. If eligibility information is not available, please contact the prior authorization unit
7. Auth Type: Home Health
8. Provider Details
  - a. Referred by Provider:
    - i. Search for referring provider and use “down arrow” on keyboard to select correct provider
    - ii. Enter referring provider’s phone and fax numbers
  - b. Referred to Provider:
    - i. Select “CMAP ID” option from dropdown selection
      1. Enter your billing CMAP ID and click on “down arrow” on your keyboard to select your agency
    - ii. Enter agency’s phone and fax numbers
9. Auth Basic Details
  - a. Notification date/time: type letter “t” and hit “tab” key
  - b. Auth Priority: select “Initial” or “Reauthorization”
  - c. Request Sent: Web Portal
10. Diagnosis and Service Codes
  - a. Diagnosis Code: type ICD-10 code
    - i. Use “down arrow” to select code
    - ii. Use + sign to add codes as needed
  - b. Procedure Code:
    - i. Procedure Description: Type the procedure code or appropriate custom code



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1. Included “dss” with any custom code and click “down arrow” on your keyboard to select. For example:
    - Skill Nursing = SNDSS
    - Complex Nursing = CNDSS
    - Medication Administration = MADSS
    - Obstetric Nursing Care = ONDSS
  - ii. Procedure Code: auto populated based on description selection
  - iii. Unit Type: select visits or units
  - iv. From Date: enter start date of service
  - v. To Date: enter end date of service
  - vi. Req: auto-populated
  - vii. Appr: not applicable
11. Additional Details
- a. Leave all sections blank
12. Notes
- a. Enter brief notes in this section, such as treatment plan
13. Save
14. Add Notes
- a. Find the created authorization request from the Auth Details page
  - b. Click on  (3 dots) icon and select “Add Notes”
  - c. Select Note Type: Add'l Auth Information – Provider Use Only
  - d. Notes: enter notes
  - e. Save: receive message “notes added successfully”
  - f. Exit: click on “x”

ADD NOTES✕

Notes Type: Add'l Auth Information - Provider Use C ▼

Notes: Type or copy/paste clinical information here

Notes URL:

SaveCancel

15. Add Documents
- a. Find the created authorization request from the Auth Details page
  - b. Click on  (3 dots) icon and select Add Documents
  - c. Document Type: Clinical Information
  - d. Description: enter description
  - e. Click on “Select Files” to upload the appropriate record
  - f. Save



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**ADD DOCUMENT** ✕

Document Type:

Description:

Select File:

 Test doc.docx ✕

12 KB