



TO: Hospital Providers
RE: 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 Clear Coverage Online Authorizations portal at 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.
- The facility must also notify the ASO within 2 business days of inpatient elective medical admissions which had been previously authorized.
- 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 is to submit the following information to process 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:
 - 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 Provider Bulletin 2014-33 for additional information)
 - 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

For questions regarding the process for authorization of services for members, please contact CHNCT 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. As a reminder, DSS will no longer distribute paper communications to providers as of June 30, 2015. Please see PB 15-23 for details.