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INPATIENT - CHRONIC DISEASE HOSPITAL /ACUTE REHAB / LONG-TERM ACUTE CARE HOSPITALIZATION

Quick Reference

Field	Selection
Eligibility	Filter by Active Eligibility. Click on the eligibility box to select.
Auth Type	Inpatient-Rehab/CDH/Hospice/LTAC.
Auth Priority	Readmission or IP Concurrent.
Provider Details	
Servicing Provider	Search for the admitting provider and select the correct provider*. Enter phone and fax number.
Facility Provider	Select "CMAP ID" from the dropdown selection and enter the Inpatient Facility CMAP ID*. Enter phone and fax number.
Actual Admission Date and Time	Select the actual admission date and time from the calendar.
Treatment Type	Select as appropriate (i.e., Acute Rehab, CDH-Primary Exhausted, Chronic Disease Hospital, or Readmit to Chronic from Acute Care Hospital).
Admission Type	Select as appropriate (i.e., Elective, Emergent, Transfer).
Diagnosis and Service Codes	
Diagnosis Description	Auto-populated based on diagnosis code selection.
Diagnosis Code	Enter the ICD-10 diagnosis code(s)*. Use the + sign to add diagnosis codes.
Procedure Description	Auto-populated based on procedure code selection.
Procedure	Enter the appropriate procedure code* • For Chronic Disease Hospital, use CHRONIC • For Acute Rehab, use REHAB
From Date	Enter the same date as Actual Admission Date.
To Date	Enter the end date for the authorization request.
Unit Type	Days.
Req.	Auto-populated based on From Date and To Date selection.
Notes & Attachments	
Enter any notes or pertinent information.	
Attach all clinical documents needed to determine medical necessity.	

* Use the "down arrow" on keyboard to select.

Inpatient – Chronic Disease Hospital /Acute Rehab / Long-Term Acute Care Hospitalization Request Steps

1. Log in:
    a. Users MUST log in with the correct **CMAP ID** for the facility they are requesting services for to be able to see authorizations submitted under that facility's ID.
2. Click on the **Home** tab.
3. Click on the **Start New Inpatient Request** icon.

4. Enter the member's Date of Birth and Member ID number, and click on **Find Member**.

5. Select member by clicking on member's box.

6. **Eligibility:**
    a. Select Active.

    b. Click on the eligibility information box.

7. **Authorization Type:** Inpatient-Rehab/CDH/Hospice/LTAC.
8. **Auth Priority:** Select **Readmission** or **IP Concurrent**.
9. **Provider Details:**
    a. *Servicing Provider:*
        i. Search for the admitting provider and select the correct provider.
    b. *Facility Provider:*
        i. Select **CMAP ID** from the dropdown selection.

      ii.   Enter the <u>inpatient</u> hospital's billing CMAP ID, and click the down arrow on your keyboard to select the facility.

   c.   Use the advanced search tool to look up providers as needed.

10. **Actual Admission Date and Time**: Select the date and time from the calendar.

11. **Treatment Type:** Select as appropriate (i.e., Acute Rehab, CDH-Primary Exhausted, Chronic Disease Hospital, or Readmit to Chronic from Acute Care Hospital).

12. **Admission Type**: Select as appropriate (i.e., Elective, Emergent, Transfer).

13. **Diagnosis Code(s):**
    a. Type ICD-10 code.
    b. Use the down arrow to select code.
    c. Use the **+** sign to add codes as needed.

14. **Procedure Code:**
    a. Procedure Code: Enter procedure code(s).
       i. For Chronic Disease Hospital, must type **CHRONIC**.
       ii. For Acute Rehab, must type **REHAB**.
       iii. Use the down arrow on the keyboard to select code.
    b. Procedure Description: Auto-populated based on description selection.
    c. From Date: Enter the same as expected admission date.
    d. To Date: Enter the end date for the authorization request.
    e. Unit Type: Days.
    f. Req.: Auto-populated based on From Date and To Date selection.

15. Click **Next** to proceed with authorization:
    a. **Option to Save as Draft**

    Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

    The authorization will NOT be available to HUSKY Health staff until the user clicks on **Submit**.

    All authorizations must be submitted prior to the start date of service – the option to **Save as Draft** does not override this requirement. Draft authorizations will only be available for up to seven days.

       i.   To retrieve a list of authorizations "saved as draft":
          1.   Go to the <u>Home</u> tab and scroll down to see Draft Authorizations.
          2.   Click on **Inpatient Drafts**.

3. Enter Member ID to search.

4. Reopen the authorization draft by clicking on the **Draft** link under **Status**.

   a. Note: You may click on **Download Results** to export an Excel spreadsheet with all authorizations saved as a draft, if needed.

16. Add *Notes* and *Attachments,* then select **Submit.**

    a. Note: Both fields are required to proceed.

View and Print Authorization Number and Authorization Summary

The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.

1. Scroll down to view the authorization details.
2. To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the ***Alternate Service ID.***

Procedure Codes

Procedure Code CHRONIC   Primary Procedure   Alternate Service ID KG00004629

Procedure Description DSS- CHRONIC DISEASE HOSPITAL

Unit Type Days   Req. 30   Approved Units 0   Denied Units 0

From Date 06/27/2024   To Date 07/26/2024

3. To print the Authorization Summary, select **Click to print**.

Your request #0627T4M87 has been pended.   **Click to print**

Note: The Authorization Summary may open on a new tab in your browser.

View and Print Determination Letters

1. Click on **Authorization List** on the left-hand menu.
2. List will default to **Inpatient.** If not, select the **Inpatient** icon.
3. Enter the **Member ID** and, click on the magnifying glass to search.
4. Click on the caret symbol to expand the view.
5. Click on **View Letter**.

	Authorization ID#	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
⌄	0627T4M87	Jun 27, 2024	TEST MEMBER HUSKY D	ASO- Medicaid	Jun 27, 2024	InPatient-Rehab/CDH/Hospice/LTAC	Pending	FACILITY DEFAULT	PROVIDER DEFAULT

Auth Details
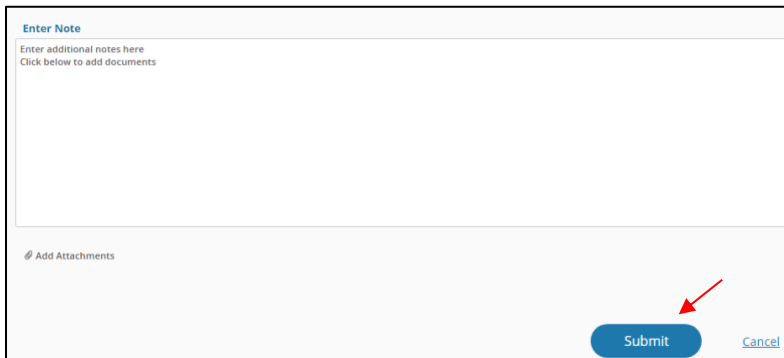
Primary Diagnosis TUBEROUS SCLEROSIS   Referred By Provider N/A
Notification Date 06/27/2024   Referred By Provider Fax N/A
Decision Date N/A   Referred By Provider Phone N/A
Member ID : HTESTMEMBERW , Medicaid No : TESTMEMBERW

🖨 View & Print Auth   🔒 View Notes   📄 View Docs   📄 View Letter   📄 View Guidelines   📄 View Discharge Plan

(+ Discharge Information)   (+ Additional Information)

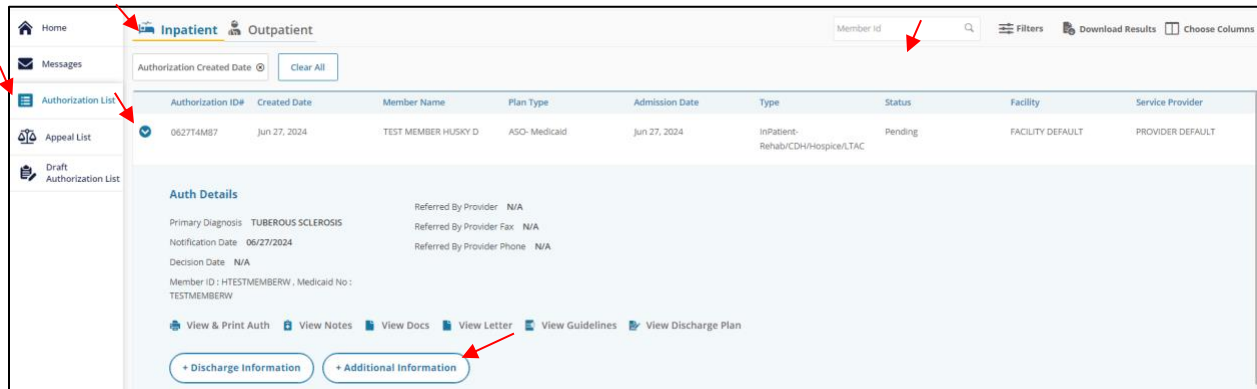6. Click on the link next to Document Name to download or print the letter.

Letters

Auth Document ID 26027   Document Name Inpatient AuthCDH_A.R.pdf   Document Type Letter Document   Created On 06/26/2024 02:13:02 PM

Description
Inpatient Auth-CDH_A.R._Hospice – Mbrs and Prvdrs

Attach Additional Information

After the authorization is submitted, you may add notes and attachments to an authorization that is in a *pending* status or for concurrent review requests.

1. Click on **Authorization List** on the left-hand menu.
2. List will default to **Inpatient.** If not, select the **Inpatient** icon.
3. Enter the Member ID and click on the magnifying glass to search.
4. Click on the caret symbol to expand the view.
5. Click on *+Additional Information.*

6. Proceed to enter a note and add attachments (both sections are required).
7. Click **Submit**.

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it is in *pending* status only. To make a modification, or to cancel a request with a determination on file, please contact the Prior Authorization unit.

1. Select the link labeled "Request to withdraw a pending Authorization" at the bottom of the Home page.

> Request to withdraw a pending Authorization

2. Enter the Authorization ID (reference number), or member ID to search.
3. Select **Find Authorization**.

Withdraw Authorization Search

Authorization ID#	Service Start Date	Service End Date	Member ID	Member Name		
0514TC8QK	MM/DD/YYYY	MM/DD/YYYY	Enter Member Id	Enter Member Name	Find Authorization	Clear

4. Click the Select button on the left side to select the authorization.

	Authorization ID#	Created Date	Member Name	Plan Type	Type	Status	Facility	Service Provider
Select	0514TC8QK	May 14, 2024	TEST MEMBER LIMITED BEN	ASO- Medicaid	InPatient-Rehab/CDH/Hospice/LTAC	Pending	PROVIDER DEFAULT	PROVIDER DEFAULT

5. Check the box to select the service code to be cancelled.
6. Add a note with the reason for cancellation.
7. Click **Submit**.

Withdraw Request

TEST MEMBER LIMITED BEN   Authorization ID #0514TC8QK

	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
☑	CHRONIC	DSS- CHRONIC DISEASE HOSPITAL	Days	1	05/14/2024	05/14/2024	Pending

Add Note ⓘ

Reason for cancellation

🖇 Add Attachments ⓘ

Submit

8. To print the details, select the "Click to print" link available in the confirmation message.

✓ Withdraw request has successfully submitted on authorization #0320WDHW8.   **Click to print**

Important Information

The following features are not operational in the authorization portal at this time:

- *Messages*
- *Extensions*
- *Appeals*
- *Peer to Peer Reviews*

Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.

To change the admission date or request any modification to an approved admission, please continue to contact the Prior Authorization unit via phone: **1.800.440.5071,** or fax: **203.774.0551**.

Inpatient – Chronic Disease Hospital /Acute Rehab / Long-Term Acute Care Hospitalization - Authorization Request Entry Example

Asterisk (*) denotes a mandatory field