Medical Authorization Portal Provider Overview

Community Health Network of Connecticut, Inc.®





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New Medical Authorization Portal

- Community Health Network of Connecticut, Inc.[®] (CHNCT), the medical administrative services organization (ASO) for the State of Connecticut's HUSKY Health program, is launching a new medical prior authorization portal in two phases on the following dates:
 - □ June 13, 2022 go-live for Inpatient Emergency Hospitalizations and Inpatient/Outpatient Elective Surgeries
 - □ June 27, 2022 go-live for Home Care, Medical Equipment, Device and Supplies (MEDS) Providers, and Therapies (PT/OT/ST)
- Access to the current portal will be available until 11:59 p.m. on June 12 for Inpatient Emergency Hospitalizations and Inpatient/Outpatient Elective Surgeries, and June 26 for Home Care, MEDS, and Therapies.
- All new authorizations must be entered into the new medical authorization portal on or after the dates noted above.
- Authorization requests submitted in the current system will be viewable in the new portal for users registered under the same Connecticut Medical Assistance Program (CMAP) provider ID for both systems.
- The new medical authorization portal is both HIPAA and HITRUST compliant.

Features of the Medical Authorization Portal

- Unlimited authorizations lookback timeframe is accessible 24 hours a day, 7 days a week.
- HUSKY Health member eligibility can be viewed in real-time.
- Interface with Change Healthcare's InterQual[®] (IQ) evidence-based criteria:
 - □ Requests that meet IQ criteria will receive an automated approval
 - □ Requests with no IQ criteria, or with criteria not met, will pend for review
- A reference number will be generated immediately upon submission of each authorization request.
- Users can view all authorization requests submitted under their CMAP ID, for each facility they are a registered user.
- Attach supporting clinical documentation (e.g., notes, documents) to authorization requests.
- Add discharge information for inpatient emergency hospitalizations.
- View authorization notification letters and print or save as a PDF.
- Cancel/withdraw pending authorizations, if needed.
- Provides real-time instructions on next steps.

What Has Not Changed?

- The following functionality remains the same with the new medical authorization portal:
 - □ An authorization submitted by fax or phone will not display in the new portal.
 - Users must register all CMAP IDs that will be used to create authorization requests:
 - Users under the same CMAP ID will be able to view all authorizations created under that CMAP ID only.
 - Authorization requests created under one CMAP ID will not display in a different CMAP ID site.
 - Rules for authorization submission and authorization requirements have not changed.

Medical Authorization Portal Registration Process

Existing users prior to June 2022

- Active users of the current medical authorization portal do not need to re-register for the new medical authorization portal; user access will carry over to the new portal.
- □ Users will login using their current user name and password.
- □ There is no need to complete a new access form.

Medical Authorization Portal Registration Process (cont.)

New users

- □ There is a two-step authentication process that **must** be completed before activating a new user's account:
 - New users will register online.
 - New users will also complete a Medical Authorization Portal Access Request Form, to be returned to CHNCT via email or fax.
 - Once these two steps are completed, CHNCT will verify the user information:
 - □ If the information is accurate, the user's account will be activated.
 - If not, the user will be contacted by CHNCT's Medical Authorization Portal Help Desk to resolve the discrepancies.

Medical Authorization Portal

REGISTRATION PROCESS (NEW USERS)

Online Registration for New Users

 To begin, users must go to the Provider Registration web page: https://portal.ct.gov/husky. Click "Information for Providers," "Prior Authorization," "Medical Prior Authorizations," "Register for the Medical Authorization Portal," then "Complete Access Request Form"

<u>Please Note</u>: The medical authorization portal is supported by **Altruista[®] Health**, also known as **GuidingCare[®]**; users will see these names come up throughout registration.

- **To sign-up, users must enter their billing CMAP ID Number:**
 - Tax ID number (TIN) and National Provider ID number (NPI) cannot be used for registration.



Authorization Portal Registration

Please follow the steps as mentioned below to register yourself in the Authorization Portal.

You should have received a code from your administrator. If you have not received a code, please contact your administrator.

Please enter the NPI/Tax Id in the Search.

On completion, a link will be sent to the email address given. Click on the link to validate and you will be taken to the login page.

Provider Search			
CMAP ID	~		
		Search	Cle

 Once your billing CMAP ID is retrieved, fill in the following details; all fields are required.

Authorization Portal Registration	
CMAP ID 99999999	
* First Name	* Last Name
Enter first Name	Enter last Name
* User Name	
Create a new user name	
* Password Password Length	* Confirm Password Password Length
Create new password	R Confirm password
* Email	* Confirm Email
Enter email address	Confirm email address
* Multiple users may be associated with this NPI. By control to access PHI and membership records associated with the specific detection of the specific detection.	continuing, I hereby, confirm I am associated with and authorized with this NPI. Register <u>Click here</u> to go back

First Name Enter user's first name, uppercase and lowercase Last Name Enter user's last name, uppercase and lowercase User Name Must be 8-15 characters (may include letters and numbers) Special characters limited to period "." and underscore " " Do not use your email address as your user name Password Passwords must: Contain 8-12 characters Have at least one uppercase and one lowercase letter Have at least one number Have at least one of the following special characters: !@#\$%^&* Password and Confirm Password fields must match Email Enter user's email address. Email address is case sensitive-please remember the case used when signing up for the portal.

Sample of completed registration page:

	CMAP ID 999999999	
	* First Name	* Last Name
	Jane	Demo
	* User Name	
	Jane_Demo	
	User name available	
	* Password Password Length	* Confirm Password Password Length
	* Email	* Confirm Email
Complete the	JaneDemo@Provider.org	JaneDemo@Provider.org
eckbox, and then		
click "Register"	J	
	Multiple users may be associated with this NPI. By con	tinuing, I hereby, confirm I am associated with and authoriz

- For each CMAP ID requested, the username must be different. Example:
 - □ JoedemoDME1
 - □ JoedemoDME2
 - □ JoedemoDME3
- Email address is case sensitive. The case in which users register their email address must always be used in the system. Example:
 - □ If the user registers as JoeTestUser@email.com (with capital letters), then the email address of joetestuser@email.com (all lowercase) will not be recognized by the system.

□ User must always use JoeTestUser@email.com.

 Use of an accurate email address is necessary when requesting a password reset.

- If all fields are filled out completely and correctly, the user will see the below message
 - □ If any fields are left blank, or if there are any errors in the fields, the user will not be able to advance to the success screen; a message will appear saying "User cannot be registered."



Remember:

- New users must complete the two-step verification process: 1) online registration, and 2) complete access form.
- □ The user's account will be activated only after both steps are successfully completed.

Request for Activation: First Email Received

After seeing the success screen, the user will also receive an email to confirm their request to create an account was completed successfully.

Dear Jane Demo,			
Thank you for register	ing on the Authorization Reg	istration Portal. Your profile creati	on request will be reviewed for
activation. Once your	profile has been approved a	nd activated, you will use the follo	wing log in credentials to access
Authorization Portal.	ou will be required to chang	e your password the first time you	log in to the system.
Registration Details:			
	Provider Name	Jane Demo	
	User Name	Jane_Demo	
	E-Mail	janeDemo@Provider.org	
	CMAP ID	999999999	
			1
If you have questions	or require assistance, please	e contact GuidingCare Administrat	tion Team
Thank you,			



Two-Step Verification Process





Medical Authorization Portal Access Request Form

The following information must be submitted to Community Health Network of Connecticut, Inc.[®] (CHNCT) to obtain access to the Medical Authorization Portal. Registration is a two-step process. Once the form has been submitted, please have each user create an account by clicking the following link: <u>https://www.huskyhealthct.org/providers/medical-authorization.html</u>

Name:		Title/Depa	irtment:	
Organization (Provid	er Name, Billing Group (if applicable), and	Tax Identification Number):
Practice/Provider En	tity Name:			
CMAP ID (complete o	ne per form):			
	. ,			
Tax Identification Nu	mber:			
Provider Address:				
Phone:	Fax:		Email:	
() -	()	-		
Provider Type – Cheo	ck all that apply:			
Therapy DME	Hospital Clinic Ins	titution/Hospital Ag	ency Physician Practice	Home C
Please submit reque	st via email or fax:			
Email: <u>medicalauthhel</u>	pdesk@chnct.org			
Subject Line: Medical	Authorization Fortal Oser	Access - CHINCT		
Fax: 203.774.0547				
attest that the followin purpose of requesting information provided b	ng list of employees requir authorization on behalf of y me in this application is	e electronic access the provider practic correct, accurate, a	to the Medical Authorization ce/facility. I hereby certify that and complete.	n Portal for it the
Supervisor/Manager:		Superviso (must incl	or/Manager Signature lude actual signature, not a	a typed na
Name:				
Phone:				

- In addition to registering online, all new users must fill out a Medical Authorization Portal Access Request Form.
 - □ Current portal users are not required to complete this form.
 - A copy of the form can be found on the HUSKY Health provider website. Go to: <u>https://portal.ct.gov/husky</u> and click "*Information for Providers*," "*Prior Authorization*," and "*Medical Prior Authorizations*."
- All form fields are required.
- The signing supervisor may complete one form for multiple employees.
- Form information must match information entered into the online system when submitting the request to create an account.
 - If there are discrepancies between the form information and the system information, the user's account will not be activated, and someone from the Medical Authorization Portal Help Desk will contact you.

Activation: Second Email Received

When the online system and the form are both successfully completed, the user will receive an email welcoming them to the new portal.

Altruista				
Dear Jane Doe, Welcome to GuidingCarel You	r account has been activated	You can now log in to Gu	uidingCare using the credentia	ils
provided by clicking on the UF	L provided below.	2		
	Acce	ss		
URL: <u>https://cnt-ga.guidingcar</u>	<u>e.com/Portal/</u>			
If you have questions or requi	e assistance, please contact (GuidingCare.		
Thank you,				
GuidingCare				

This email will be from Altruista Health Support with a subject of "Welcome to GuidingCare."

To ensure you receive all emails from the portal, add altruistahealth.com and chnct.org to your trusted senders list.

First Visit After Activation

Upon receiving the activation email, click the "Access" button or the link to the portal to visit the Medical Authorization Portal for the first time.



Medical Authorization Portal

USING THE PORTAL: FROM FIRST LOGIN TO ACTIVE USAGE

Logging into the Portal

Enter the username and password chosen when completing the initial registration on the login screen.



Using the Portal

Upon successfully logging into the Medical Authorization Portal, the user is brought to the Home page.



Using the Portal (cont.)

To create a new authorization, select the Inpatient or Outpatient icon as appropriate for the service being requested.



To view authorizations previously submitted, select either authorizations in progress, or view all authorizations.



Using the Portal (cont.)

The Authorization List section will show all authorizations listed under the CMAP ID linked to the user:

□ Enter the member ID, or use filters to narrow the search.

□ Click "Download Results" to export to Excel.

Authorization List									
jî,	Inpatient	Outpatient					Member Id Q	📑 Filters 📘 Downloa	id Results 🔲 Choose Columns
Auth	norization Created Da	te 🛞 Clear All							
	Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Туре	Status	Facility	Service Provider
0	0422F4L74	Apr 22, 2022	Janua T	ASO- Medicaid	Apr 20, 2022	InPatient-Emergency Hospitalization	y Pending	FACILITY DEFAULT	M B,
٥	0421TBRJ9	Apr 21, 2022	VH	ASO- Medicaid	Apr 21, 2022	InPatient-Emergency Hospitalization	y Approved	FACILITY DEFAULT	JAMMEDISK
0	0421T8FJJ	Apr 21, 2022	Versilli Hogoni	ASO- Medicaid	Apr 21, 2022	InPatient-Emergency Hospitalization	y Approved	FACILITY DEFAULT	ј/ тостр
٥	0420WOAOY	Apr 20, 2022	Shuy Building	ASO- Medicaid	Apr 20, 2022	InPatient-Emergency Hospitalization	y Approved	FACILITY DEFAULT	JAMES SI

Quick Steps to Creating an Authorization

- 1. Select the type of authorization to be requested -- inpatient or outpatient.
- 2. Search for the member using the member's date of birth (DOB) <u>and</u> HUSKY Health member ID number.
- 3. Verify eligibility and that the member information is correct:
 - a. If the member cannot be found, but displays in the Automated Eligibility Verification System (AEVS), the user will not be able to enter the authorization request in the portal.
 - b. Fax the request to the Prior Authorization Department at 203.265.3994.
- 4. Select the authorization type to be created from the dropdown menu.
- 5. Complete the facility or provider information, including the performing or admitting provider.

Quick Steps (cont.)

- 6. Complete basic authorization information (e.g., Auth Priority [initial or reauthorization]).
- 7. Enter the diagnosis or ICD-10 codes. Multiple codes may be entered.
- 8. Enter the procedure or CPT-4, or HCPCS codes:
 - a. Some codes, such as emergency admissions, have a special custom procedure code: AdmitDSS.
- 9. Enter units and dates. For example, the "To" and "From" dates for an emergency admission are the same: 12/19/2020 to 12/19/2020.
- Add notes and attachments with pertinent clinical information, then click "Submit."
- 11. Complete the InterQual (IQ) Review. The system will launch IQ if appropriate, or will pend for medical necessity review.

Quick Steps (cont.)

12. Authorizations may be "Saved as Draft" when the clinical information is not readily available to the user at the time of the authorization creation; the authorization will NOT be accepted or valid until the user clicks on "Submit" and the IQ portion is completed, if applicable.

*Please note: saving as draft does not override any timeliness requirements

- 13. Once the authorization has been submitted, no changes may be made by the user. However, the provider can enter additional notes and add documents to requests in pending status by selecting the authorization from the Authorization List and clicking on "+Additional Information."
- 14. Users may cancel/withdraw an authorization when in pending status only. To make a modification, request a date extension, or to cancel a request with a determination status, please contact the Prior Authorization unit at 1.800.440.5071, option #2 (for authorizations).

For all training materials, including videos and presentations, visit the HUSKY Health website: <u>https://portal.ct.gov/husky</u> and click "*Information for Providers*," "*Prior Authorization*," and "*Prior Authorization Webinars.*"

Medical Authorization Portal

HELPFUL TIPS & NEXT STEPS

Additional Information

- The user may configure additional columns on their Authorization List by selecting "Choose Columns" in the upper right-hand corner. Users are able to add columns such as service end date, referred by provider, and next review date.
- Users may also view a summary of the authorization request by expanding the Authorization List view. This summary contains all of the information regarding the request, including member, provider, services, dates, documents, notes submitted, and authorization billing number.
 - □ The approval letters are also available in this section. The authorization summary and letters can be printed or



Next Steps

- Register for the portal online and complete a Medical Authorization Portal Access Request Form, if applicable:
 - □ Remember -- you must use your CMAP ID number to register for the portal online.
 - □ Existing users with active accounts as of June 2022 do not need to re-register.
- Upon receipt of activation, visit the new portal and verify your login.
- Register all users who request medical authorization of services for HUSKY Health members. Each user must have their own login credentials.
 - Recordings of training sessions are available online here: <u>https://www.huskyhealthct.org/providers/prior-authorization-webinars.html</u>
 - □ For more information on the change to the Medical Authorization Portal, please refer to <u>DSS Provider Bulletin 2022-25</u>.
- If you need assistance registering, please call 1.877.606.5172, or email <u>medicalauthhelpdesk@chnct.org</u>.