



**HUSKY Health – Medical Authorization Portal  
Prior Authorization Request – Quick Reference Guide  
Inpatient – Emergency Hospitalization**



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**HUSKY Health – Medical Authorization Portal  
 Prior Authorization Request – Quick Reference Guide  
 Inpatient – Emergency Hospitalization**



**INPATIENT – EMERGENCY HOSPITALIZATION**

**Quick Reference**

Field	Selection
<b>Eligibility</b>	Click on the radio button next to eligibility information
<b>Auth Type</b>	Inpatient-Emergency Hospitalization
<b>Auth Priority</b>	IP Standard or Retrospective Inpatient, as appropriate
<b>Provider Details</b>	
<b>Admitting Provider</b>	Search for the admitting provider and select the correct provider*
<b>Facility Provider</b>	Select “CMAP ID” from the dropdown selection and enter the Inpatient Facility CMAP ID*
<b>Admission Date</b>	Select the admission date and time from the calendar
<b>Treatment Type</b>	Select as appropriate (i.e., <i>Medical, OBS to IP admission, Member with BH dx in ICU, etc.</i> )
<b>Diagnosis and Service Codes</b>	
<b>Diagnosis Code</b>	Enter the ICD-10 diagnosis code(s)*
<b>From Date</b>	Enter the same as Admission Date
<b>To Date</b>	Enter the same as Admission Date
<b>Attestation</b>	<b>Complete the checkbox indicating: I attest the information contained is true and accurate</b>
<b>Notes</b>	
Provide the following information: <i>MRN:</i> <i>Hospital campus (if applicable):</i> <i>Contact person name:</i> <i>Phone #:</i> Enter any notes or information pertinent to the case (i.e., <i>Medicare A Exhausted; Medical Maternity, not delivery</i> )	
<b>Attachments</b>	
Attach all clinical documents needed to support medical necessity (such as demographics page, History & Physical, or any additional relevant clinical notes):	
<b>InterQual®</b>	
System will launch InterQual® (IQ). Based on the primary outcome, an approval will be issued, or the case will pend for medical necessity review.	

\* Use “down arrow” on keyboard to select

**Inpatient – Emergency Hospitalization Authorization Request Steps**

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



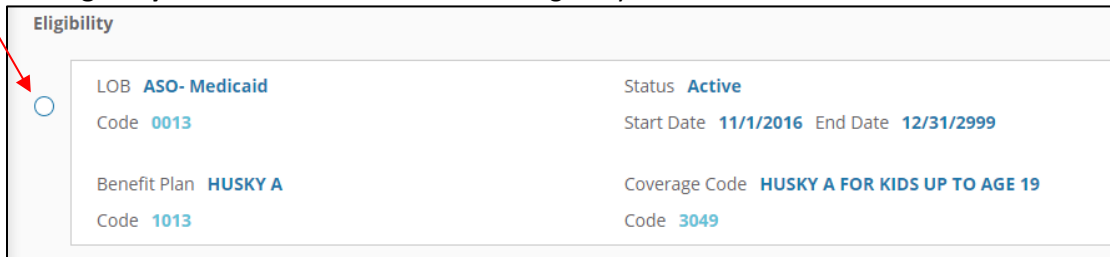
4. Enter member’s Date of Birth **and** Member ID number, and click “Find Member”



5. Select member by clicking on member’s box

Member ID	Member ID : H552116771, Medicaid No: 552116771	First Name	Bret	Last Name	N	Date of Birth	04/24
Phone Number	380- -	Primary Insurance	N/A	Secondary Insurance	N/A	Address	Rocky Second Boulevard MD, 70880-0880

6. **Eligibility:** click on radio button next to eligibility information



7. **Authorization Type:** Inpatient-Emergency Hospitalization
8. **Auth Priority:**
  - a. *IP Standard:* used for eligible member notifications within two business days of admissions
  - b. *Retrospective Inpatient:* for internal use only – do NOT use
    - i. For retrospective eligible members, notification must be faxed within 90 days of retro-eligibility being granted, to 203.265.3994 or 203.774.0551
  - c. *Special Retrospective Review:* for internal use only – do NOT use
9. **Provider Details:**
  - a. *Servicing Provider* – this is the admitting MD
    - i. Search for the admitting provider, and select the correct provider
    - ii. If unable to locate the provider in the system, you may use “Default Provider”
  - b. *Facility Provider* – this is the inpatient hospital
    - i. Select “CMAP ID” from the dropdown selection
      1. Enter your facility’s billing CMAP ID and click the “down arrow” on your keyboard to select your facility
  - c. You may click on the **i** to view/verify the provider details

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

10. **Admission Date:** select the date and time from the calendar

11. **Treatment Type:** select as appropriate

- a. Medical
- b. Admit after AMB/OBS/Outpatient
- c. High-Risk OB
- d. Maternity
- e. Medical Detox ICU
- f. Newborn
- g. Surgical
- h. Transplant

12. **Diagnosis Code:**

- a. Type the ICD-10 code
- b. Use the “down arrow” to select code
- c. Use the + sign to add codes as needed

13. **From Date:** enter the same as admission date. You can use the letter “T” for today and add +/- signs to add or subtract a number of days, e.g., T-1 = yesterday

14. **To Date:** enter the same as admission date

15. **Attestation:** complete the checkbox with attestation of submission for required documents and accurate clinical information

16. 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,” and the InterQual is completed.

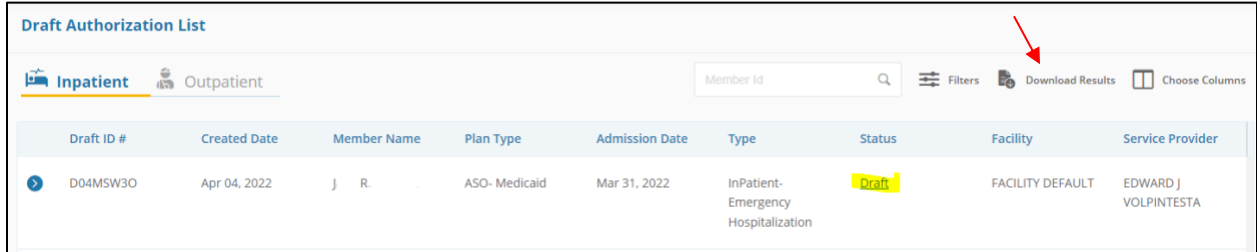
All authorizations must be submitted within two business days of the start date of service; the option to **Save as Draft** does not override this requirement. Draft authorizations will only be available for up to seven days.

- i. To retrieve a list of authorizations “Saved as Draft”:

1. Go to the Home tab and scroll down to see Draft Authorizations
2. Click on “Inpatient Drafts”

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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



Draft ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
D04MSW30	Apr 04, 2022	J. R.	ASO- Medicaid	Mar 31, 2022	InPatient- Emergency Hospitalization	Draft	FACILITY DEFAULT	EDWARD J VOLPINTESTA

### 17. Add **Notes** and **Attachments**, then select **Submit**

- a. Enter the following information under Notes:
  - MRN:
  - Hospital campus:
  - Contact person name:
  - Phone #:

Include any important information in the notes section, such as Medicare A Exhausted, OBS to IP admission, Member with BH dx in ICU, etc.

- b. Attach pertinent clinical information
- c. Note: both sections are required to proceed with submission

### 18. **InterQual® (IQ) Review:** System will launch IQ

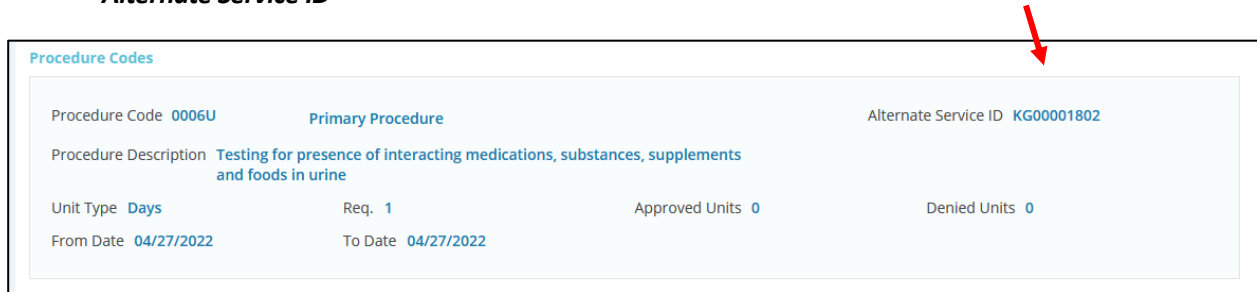
- a. Select the criteria subset based on member’s condition
  - i. Episode Day ONE
  - ii. LOC-Select Acute, Intermediate, or Critical Level of Care (Note: OBS must not be used for Inpatient LOC requests)
  - iii. Select the criterion as it pertains to member
  - iv. Click on “Complete” and choose “YES”
- b. IQ Primary Outcome will result in either:
  - i. **Criteria Met** - and issue approval
  - ii. **Criteria Not Met**, which will pend for internal review
- c. Refer to system-generated instructions after completing the IQ

### [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.



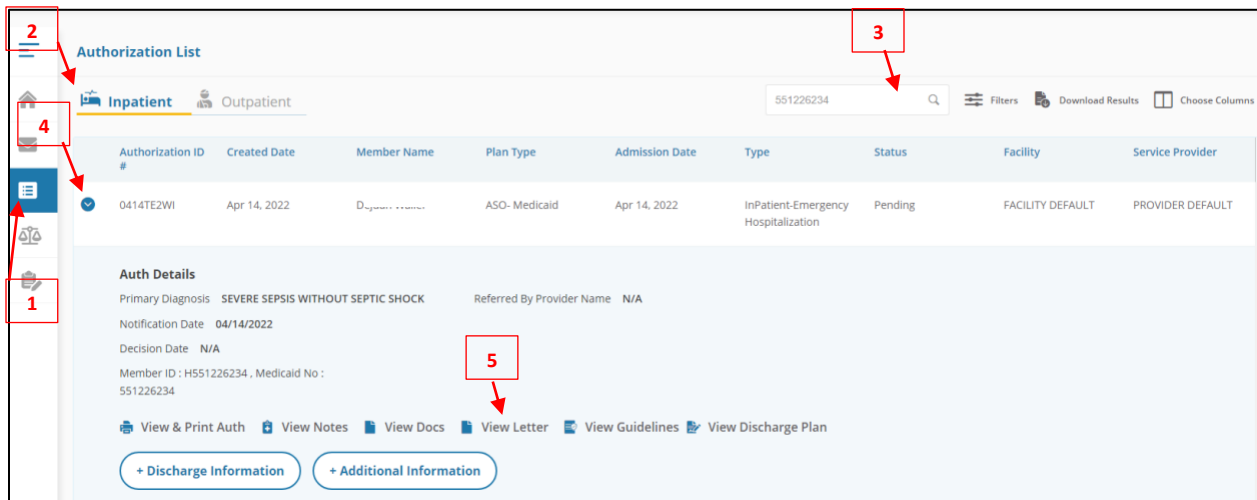
1. Scroll down to view the authorization details
2. To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**



3. To print the Authorization Summary, select “Click to print”
  - a. Note: the Authorization Summary may open on a new tab in your browser

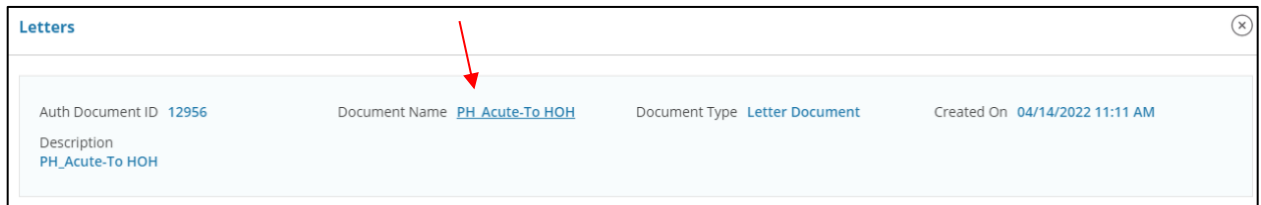
### [View and Print Determination Letters](#)

1. Click on “Authorization List” on the left-hand menu
2. Select the **Inpatient** icon
3. Enter the **Member ID** and press enter, or click on the magnifying glass to search
4. Click on the caret symbol to expand the view
5. Click on “View Letter”



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

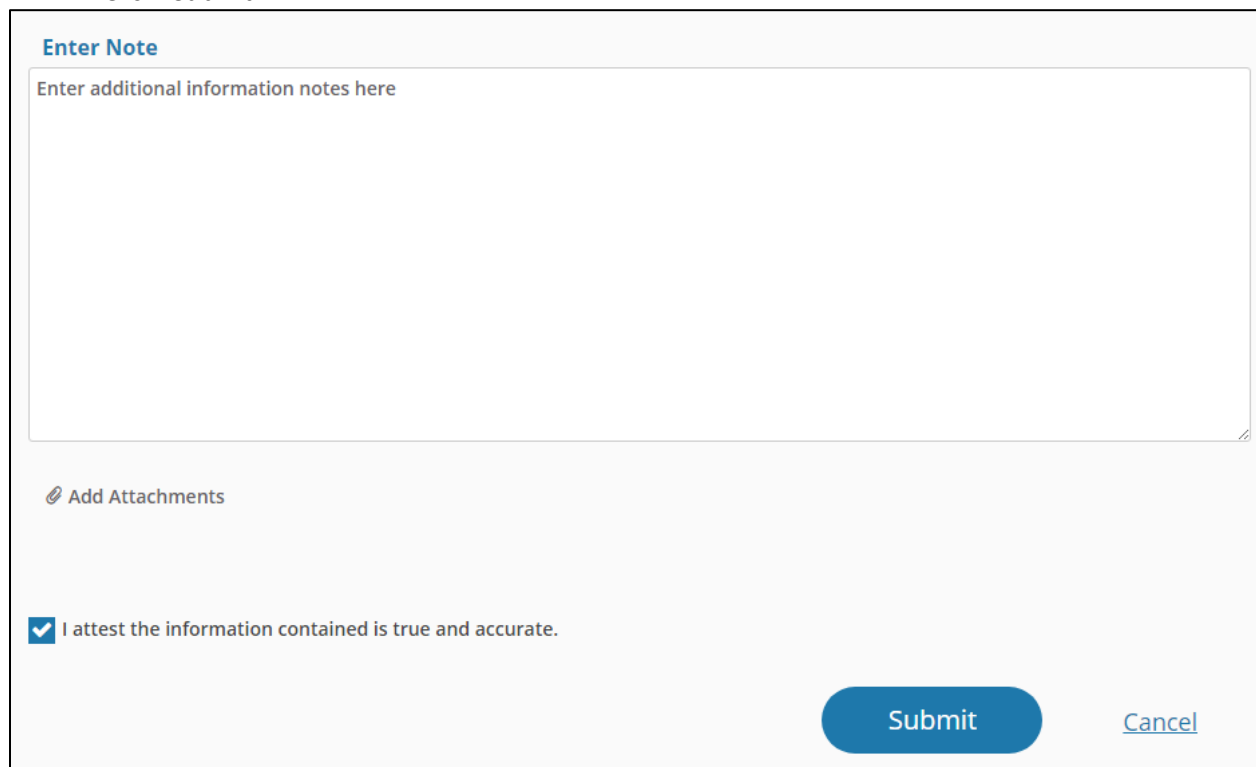


Letters							
Auth Document ID	12956	Document Name	<a href="#">PH_Acute-To HOH</a>	Document Type	Letter Document	Created On	04/14/2022 11:11 AM
Description	PH_Acute-To HOH						

### Attach Additional Information


After the authorization is submitted, you may add notes and attachments to the authorization request while it is in **pending** status.

- Click on “Authorization List” on the left-hand menu
- Select the **Inpatient** icon
- Enter the **Member ID** and click on the magnifying glass to search
- Click on the caret symbol to expand the view
- Click on **+Additional Information**
- Proceed to enter a note and add attachments (both sections are required)
- Complete the checkbox with attestation of submission for required documents and accurate clinical information
- Click “Submit”



**Enter Note**

Enter additional information notes here

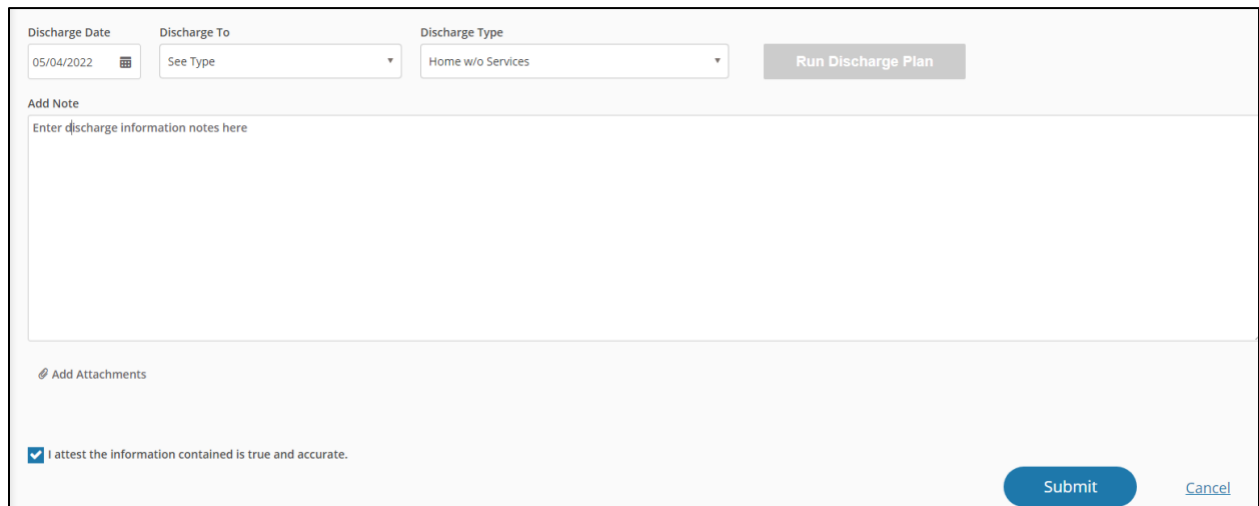
 Add Attachments

I attest the information contained is true and accurate.

**Submit** [Cancel](#)

### Submit Discharge Information

1. Click on “Authorization List” on the left-hand menu
2. 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 **+Discharge Information**
6. Proceed to enter all required fields:
  - a. Discharge Date: enter the date the member was discharged
  - b. Discharge To: select “See Type”
  - c. Discharge Type: select as appropriate
  - d. Add Note: enter a note with pertinent information
  - e. Add Attachments: add documentation with clinical information
  - f. Complete the checkbox with attestation of submission for required documents and accurate clinical information
7. Click “Submit”



The screenshot shows a web form for submitting discharge information. At the top, there are three input fields: "Discharge Date" with a calendar icon and the value "05/04/2022", "Discharge To" with a dropdown menu showing "See Type", and "Discharge Type" with a dropdown menu showing "Home w/o Services". To the right of these fields is a grey button labeled "Run Discharge Plan". Below the input fields is a section titled "Add Note" with a text area containing the placeholder text "Enter discharge information notes here". Underneath the text area is a link that says "Add Attachments". At the bottom left, there is a checked checkbox with the text "I attest the information contained is true and accurate." At the bottom right, there are two buttons: a blue "Submit" button and a grey "Cancel" link.

### Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it's 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



2. Enter the Authorization ID (reference number) or member ID to search
3. Click the radio button on the left side to select the authorization
4. Check the box to confirm the selection





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Withdraw Request							
D H		Authorization ID #0316WZ2YY					
<input checked="" type="checkbox"/>	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input checked="" type="checkbox"/>	ADMIT	DSS- INPATIENT EMERGENCY HOSPITALIZATION	Days	1	03/16/2022	03/16/2022	Pending

5. Add a note with the reason for cancellation
6. Click “Submit”
7. To print the details, select the “click to print” link available in the confirmation message

### **Important Note**

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**.



# HUSKY Health – Medical Authorization Portal

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#### Inpatient Emergency Hospitalization - Authorization Request Entry Example

* Authorization Type	* Auth Priority
InPatient-Emergency ...	IP Standard
* Servicing Provider	
Provider Name	PROVIDER DEFAULT
* Facility Provider Name	
CMAP ID	FACILITY DEFAULT
* Actual Admission Date and time	
05/04/2022 10:28 AM	
* Treatment Type	
Medical	
* Diagnosis Description	* Diagnosis Code
CHEST PAIN UNSPECIFIED	R07.9
	<input checked="" type="radio"/> Primary Diagnosis
* From Date	* To Date
05/04/2022	05/04/2022
	<input checked="" type="radio"/> Primary Procedure
<input checked="" type="checkbox"/> I attest the information contained is true and accurate.	
<input type="button" value="Save as Draft"/> <input type="button" value="Next"/> <input type="button" value="Reset"/> <a href="#">Cancel</a>	

Asterisk (\*) denotes a mandatory field