

Connecticut Department of Social Services Medical Assistance Program

www.ctdssmap.com

Provider Bulletin 2024-32 May 2024

TO: Inpatient Hospitals

RE: Addition of Retrospective Requests to Medical Authorization Portal

Effective June 1, 2024, inpatient hospitals may submit retrospective authorization requests via the medical authorization portal for individuals who were granted eligibility after the time of admission. Note: this change applies ONLY to retrospective authorization requests for inpatient emergent admissions based on retro eligibility. This does not apply to requests for inpatient elective admissions or retrospective authorization requests for inpatient emergent admissions not involving retro eligibility.

As indicated in <u>PB 2016-24</u>, facilities must submit a request for authorization within 90 days of the retroactive eligibility being granted.

Authorization Submission

To submit an emergency inpatient retrospective authorization request (due to member retro eligibility), facilities can log into the medical authorization portal following their current process and select *Retrospective Inpatient-Retro Eligibility Use Only* from the *Auth Priority* drop-down when submitting these requests. Appropriate clinical information must be included with the request for authorization.

Accessing the Portal

Providers can access the medical authorization portal on the HUSKY website at: $\frac{\text{https://portal.ct.gov/HUSKY}}{\text{for Providers}} \rightarrow Prior Authorization} \rightarrow Medical Prior Authorization.$

Portal Registration

New users will follow a two-step authentication process to activate a new user account. Users must complete a Medical Authorization Portal Access Request Form and return to Community

Health Network of Connecticut, Inc. (CHNCT) via email or fax. The form and instructions may be accessed at: https://portal.ct.gov/husky → Information for Providers → Prior Authorization → Medical Prior Authorization → Complete Access Request Form.

Users must then register online at: $\frac{\text{https://portal.ct.gov/husky}}{\text{Providers}} \rightarrow Prior Authorization} \rightarrow Medical Prior Authorization} \rightarrow Register for the Medical Authorization Portal.$

Users may contact CHNCT Technical Portal Support for assistance with registration at:

- Email: <u>MedicalAuthHelpDesk@chnct.org</u>
- Phone: 1-877-606-5172, Monday through Friday 9:00 a.m. 4:00 p.m.

For questions regarding the prior authorization process, please contact CHNCT's Prior Authorization unit at 1-800-440-5071, Monday through Friday, 8:00 a.m. – 6:00 p.m.

