

Avoiding Administrative Denials & How verifying Eligibility can help:

Administrative denials happen for many reasons. Forget to change a start date? Don't remember the timeframe the request is due in? Member provided a Primary insurer and Secondary insurer isn't verified? These are common reasons we see requests come in incorrectly or outside of the proper timeframe for authorization. Below are some Stop Light Checks to help you avoid some of the most common errors:

Eligibility:

ALWAYS verify through CTDSSMAP.com if a member has active coverage with Medicaid, regardless of what is provided by the member. Make a note of the Verification code the site provides; you may need it later. If you're unsure of how to interpret CTDSSMAP.com call us at 877-552-8247 for assistance.

It is best practice to obtain authorizations with the CT BHP whether or not HUSKY is the Primary or Secondary insurance.

Verify from time to time that a members' coverage has not changed, especially if they have recently returned to services after time away.

Eligibility can be verified through the CTDSSMAP.com, Provider Connect, or you can call us at 877-552-8247. If you are unsure of how to view eligibility in Provider Connect, take advantage of our Provider Relations Help Desk!

Administrative Errors:

Reviewing your authorizations on Provider Connect for accuracy is a great way to ensure you have requested the right requested start date, level of care, service type, number of units and that they were in fact approved for the timespan you need.

If something is incorrect you can request to modify an existing review via Provider Connect by searching the authorization and submitting and inquiry for processing or by calling us at 877-552-8247.

