

Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

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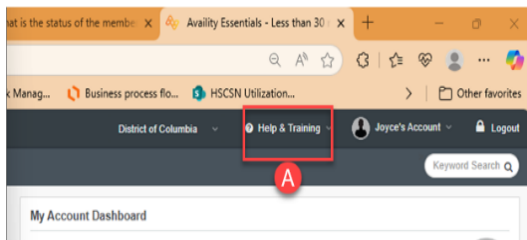
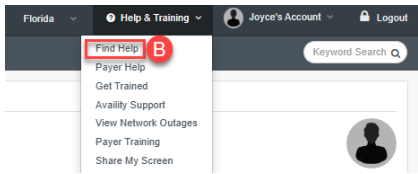
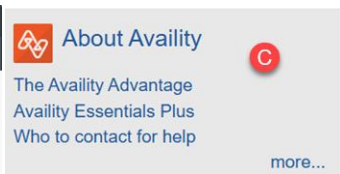
Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

1. Key Information:

Title	Auth Portal – Messages_Submitting Additional Information
Scope/ Line of Business	Medicaid – CASSIP and Non-CASSIP
Department	Utilization Management

2. Pre-requisite and System Access:

This Desk Level Procedure (DLP) involves the following systems.

System	Role	Access issues?
GuidingCare® (Auth Portal)	Providers and Staff submit, review, and update authorization requests through the Auth Portal	<p>If the provider's issue is related to the HSCSN Auth Portal:</p> <ul style="list-style-type: none"> inability to access the Auth Portal; or the Auth Portal functionality is not performing as expected <p>Please contact HSCSN Customer Care at 202-467-2737.</p>
<p>Availity® Payer Spaces</p> <p>Routes traffic to HSCSN Auth Portal</p> <p>Provides HSCSN Claims and Eligibility Information</p>	<p>Providers and Staff access Availity and use the Single Sign On (SSO) feature to access the HSCSN Auth Portal</p>	<p>If the provider's issue is related to inability to access Availity®:</p> <p>Please navigate to the Availity main landing page by clicking here and logging in then</p> <ol style="list-style-type: none"> Click 'Help and Training' Click 'Find Help' Click 'About Availity' for Availity contact information   

Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

3. High-level Description:

This Desk Level Procedure (DLP) provides instructions on how to submit additional information on previously submitted requests and how to use the Auth Portal Messages function to monitor, retrieve, and review additional information requests from the HSCSN UM team.

Providing Additional Information on Cases Submitted through the Auth Portal

Providers can submit additional information at any time on previously submitted cases when a decision is pending and within 14 calendar days of the date on the Adverse Benefit Determination notice for previously submitted cases that are partially approved or denied. Providers are not able to submit additional information via the Authorization Portal on decisioned cases that are fully approved.

Time Limit on Provider-Initiated Submission of Additional Information

If submission of additional information is received after 14 calendar days of the date on the Adverse Benefit Determination Date, it is no longer eligible for Reconsideration. The case remains eligible for an Appeal if the request to Appeal is submitted within 60 calendar days of Adverse Benefit Determination.

Messages: Responding to Additional Information Requests from the HSCSN UM team
HSCSN Utilization Management Reviewers can send Messages via the Auth Portal to providers requesting additional information on pending cases. These Messages inform providers how to access the applicable authorization to upload the requested information.


4. Detailed Steps:

4.1 Viewing Messages on the Authorization Portal

When the HSCSN UM staff need additional information on a pending authorization that was submitted via the Authorization Portal, the UM staff can send a Message to the Auth Portal User. The User can access Messages from the Auth Portal Home Page.

- A. Navigate to Messages on the left panel (menu) on the Home Page
- B. Unread message count: this signifies if the user has any unread messages; a red indicator of the unread message count displays on the Messages tab in the menu

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[External Links](#) [Welcome Joan Portal User](#)

[Home](#) **B**

Messages **A**


[Authorization List](#)


[Draft Authorization List](#)

[Start New Inpatient Request](#)


[Start New Outpatient Request](#)


Authorizations in Progress


57 
Inpatient in Progress
[View All Inpatient Authorizations](#)

83 
Outpatient in Progress
[View All Outpatient Authorizations](#)

Draft Authorizations

0 
Inpatient Drafts

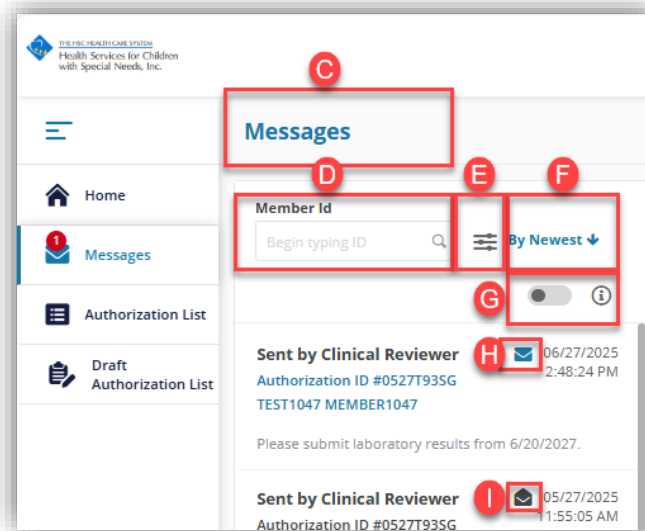
0 
Outpatient Drafts

 [Request to withdraw a pending Authorization](#)

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Additional Instructions for each of the following functions are described in this DLP in the below sections.

- C. Clicking Messages (Image B above) the user is navigated to the Messages page
- D. User can search for Messages by entering the Member Id and clicking the magnifying glass to search
- E. User can use the filter function to search for messages
- F. User click on this filter icon to sort the list by Newest or Oldest messages
- G. User can receive email notification for unread messages received on authorizations the user created; use the toggle button to opt-in and sign up for automated emails
- H. Unread message: closed envelope
- I. Read message: open envelope

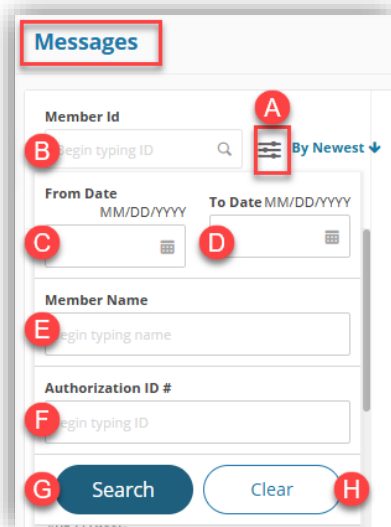


Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

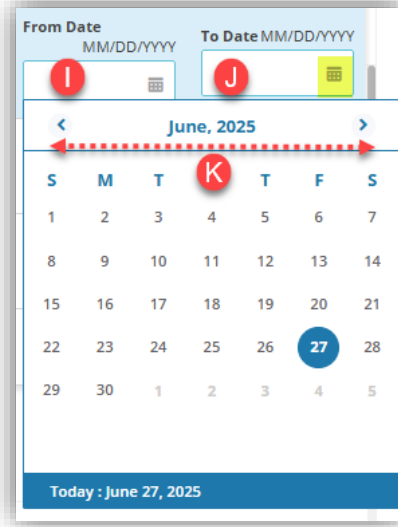
4.2 How to Use Filter to Search for Messages

Users can filter to find specific messages in their list

- A. Click the filter icon on the Messages page then user can search using any of the following fields (to close the filter without entering any information, click on the filter icon again)
 - B. Member Id: enter Member Id – click on the magnifying glass
 - C. From Date: enter start date for search
 - D. To Date: enter end date for search
 - E. Member Name: begin typing name
 - F. Authorization ID #: begin by typing ID
 - G. Click Search
 - H. Click Clear (only if user wants to remove entered search options)
 - I. From Date: click in this date box to open the calendar to enter the start date
 - J. To Date: click in this date box to open the calendar to select end date
 - K. Use the back < and forward > arrows to toggle between months
- User then clicks on the desired date; this populates that date in the date field



The screenshot shows the 'Messages' search interface. A red box labeled 'A' highlights the filter icon. Other callouts include: 'B' for the Member Id search field, 'C' for the From Date field, 'D' for the To Date field, 'E' for the Member Name field, 'F' for the Authorization ID # field, 'G' for the Search button, and 'H' for the Clear button.



The screenshot shows a calendar for June 2025. Callouts include: 'I' for the From Date field, 'J' for the To Date field, and 'K' for the calendar grid. The calendar shows the days of the week (S, M, T, W, T, F, S) and the dates 1 through 30. The date 27 is highlighted. The footer shows 'Today : June 27, 2025'.

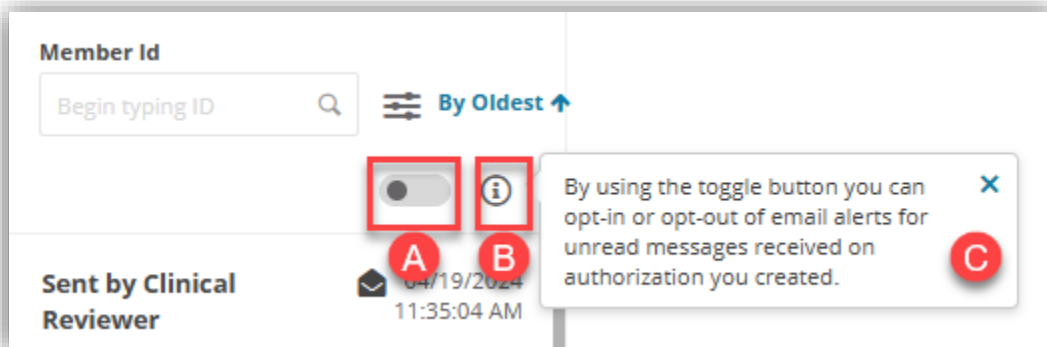
Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

4.3 How to Opt-in for Email Notification of New Message

This function gives user the option to opt in (or out) of receiving system generated emails for unread messages sent by HSCSN UM staff on authorizations the user created.

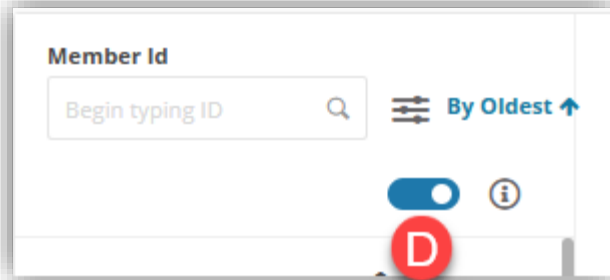
Note:

- 1) User can only receive system generate emails if the user has an email on file
 - 2) The email message is generic. It does not contain any protected health information (PHI) or authorization details. It does not alert the provider when a decision is made. It instructs the user that they have a new message in the Auth Portal.
 - 3) The system auto-generates an email message at 4pm daily when there is a new message for the user in the Authorization Portal
- A. Toggle button: in this image the toggle button is in the off position which means the email notification option is turned off
- B. User can click on the 'i' for more information
- C. Pop up message: instructions how to use the toggle option

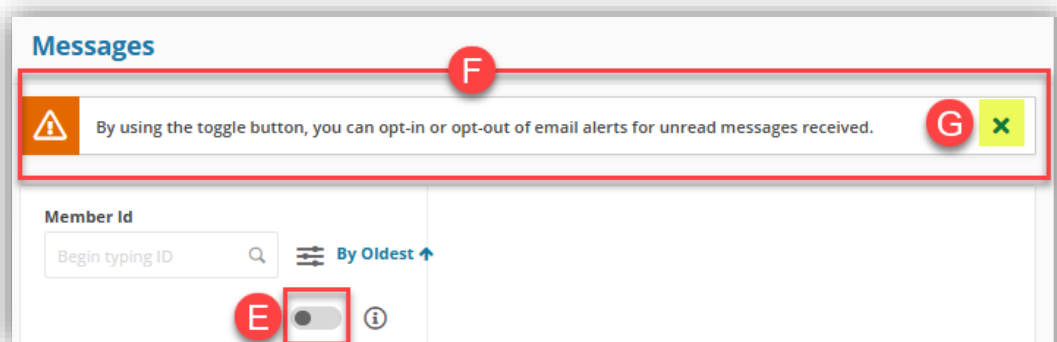


Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

- D. When the toggle button is on (blue background color) the automated email notification is turned on

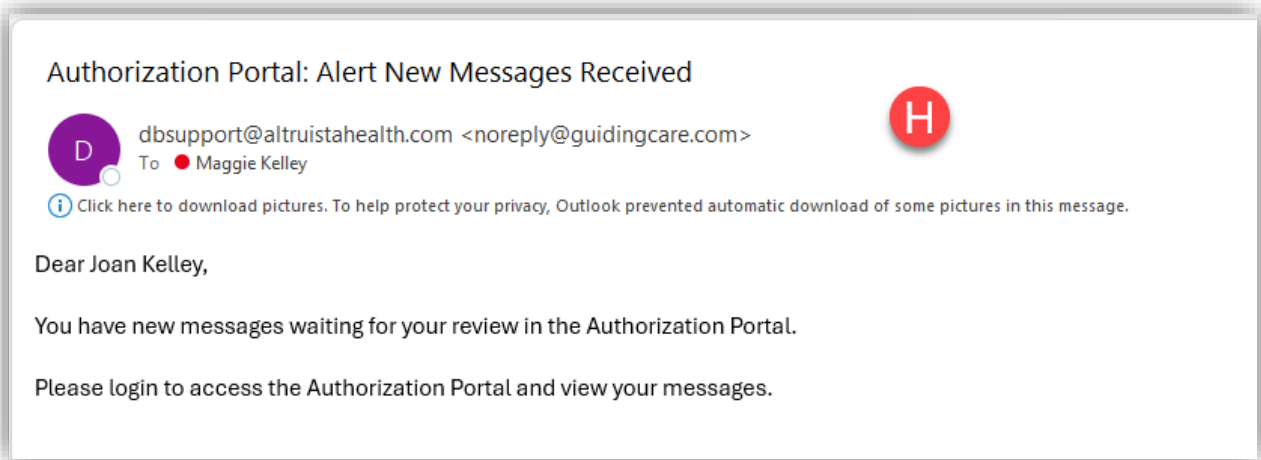


- E. In the below image, the toggle button was on but it has been turned off by the user
- F. When the user turns off the toggle button, the user receives a pop-up message about opt-in and opt-out options
- G. Click on 'x' to close the pop-up message



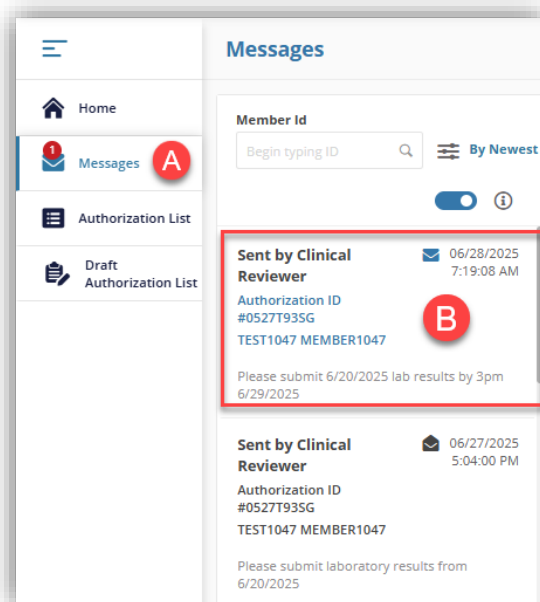
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H. Example of the system-generated email message



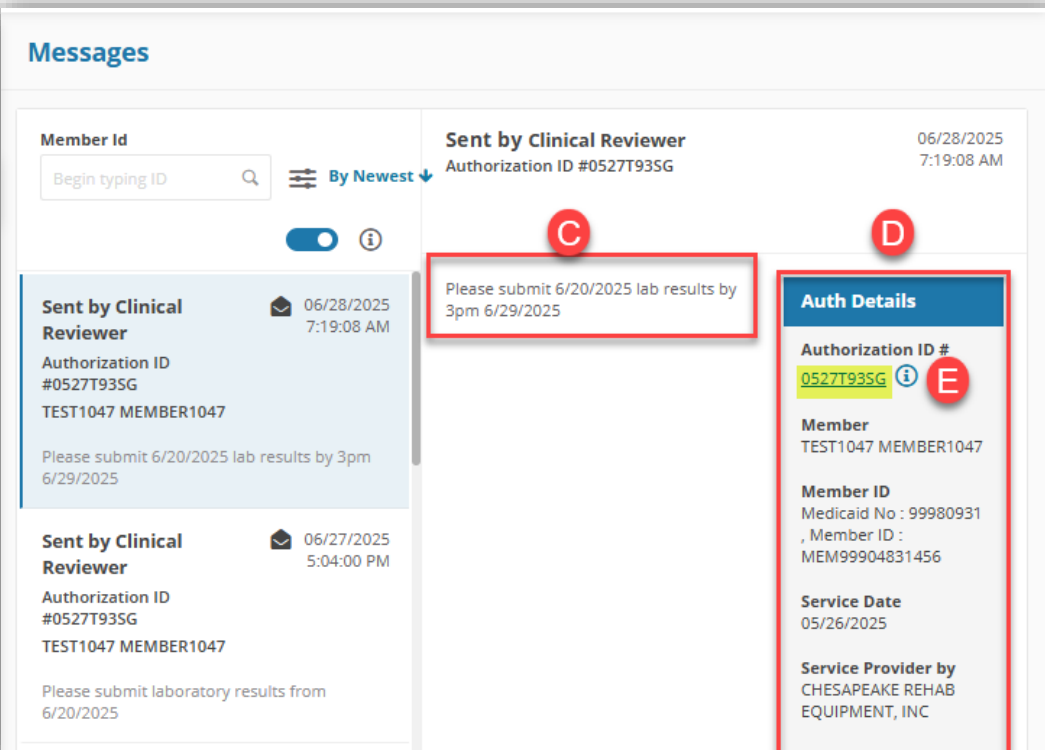
4.4 How to Open and Review New (unread) Messages

- A. Navigate to the Home Page and click on Messages in the left panel
- B. This opens the user's list of messages; click anywhere on the unread message (notice the closed envelope) to open the message review panel



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- C. This opens the viewing pane (the message from the UM staff is located here)
- D. A high level overview of the authorization associated with the message opens in the right panel
- E. User clicks the Authorization ID number hyperlink to go directly to the Authorization in the Auth Portal



The screenshot shows the 'Messages' section of the Auth Portal. It features a list of messages on the left, a central viewing pane, and an 'Auth Details' panel on the right. Red boxes and letters highlight specific elements:

- Annotation C:** Points to the message content in the central viewing pane: "Please submit 6/20/2025 lab results by 3pm 6/29/2025".
- Annotation D:** Points to the 'Auth Details' panel on the right, which provides a high-level overview of the authorization.
- Annotation E:** Points to the 'Authorization ID #' link (0527T93SG) within the 'Auth Details' panel, which is highlighted in green.

Messages List:

Member Id	Sent by Clinical Reviewer	Date/Time
TEST1047 MEMBER1047	Sent by Clinical Reviewer	06/28/2025 7:19:08 AM
TEST1047 MEMBER1047	Sent by Clinical Reviewer	06/27/2025 5:04:00 PM

Auth Details Panel:

- Authorization ID #:** 0527T93SG (Link)
- Member:** TEST1047 MEMBER1047
- Member ID:** Medicaid No : 99980931, Member ID : MEM99904831456
- Service Date:** 05/26/2025
- Service Provider by:** CHESAPEAKE REHAB EQUIPMENT, INC

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4.5 How to Upload Additional Information

By clicking on the authorization ID hyperlink, the user is brought directly to the applicable authorization Additional information page.

See the screen shot on the following page that aligns with below instructions.

- A. Member Name and Authorization ID # are located at the top of the page
- B. Add Note is optional (while there is * which usually means the field is mandatory, HSCSN leaves it to user discretion, so the note is optional)
- C. If the user chooses to add a note, type the note in this field
- D. Add Attachment: mandatory field

Note: User must upload a document to proceed; if user does not have the additional information that is being requested by HSCSN UM team, user needs to add a note stating the information is unavailable; user can upload any document that meets document upload requirements to satisfy the required step of uploading a document (e.g., document cannot be completely blank)

- E. After the document(s) is uploaded, the user reads the disclaimer; once the disclaimer is reviewed, the user clicks the check box
- F. Submit: this button is not activated until the disclaimer box is checked (indicating user acknowledges requirements)
- G. Cancel: this cancels the additional information submission
- H. User can review authorization summary for authorization details

Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

Additional Information

TEST1047 MEMBER1047 Authorization ID #0527T93SG

*Add Note

Begin typing

* Add Attachments

☐ Checking this box indicates that I acknowledge the following statements:
1) Submission of Additional written documentation/information is allowed while decision is pending (prior to decision).
2) Submission of Additional written documentation/information is allowed after a denial or partial denial decision for Reconsideration when the information is submitted within 14 calendar days of date on Adverse Benefit Determination notice. We generally make decisions within 5 business days of receipt of the additional information.
3) Submission of Peer-to-Peer (P2P) Requests (Provider requests to speak with HSCSN Provider who made the decision) shall be requested within 7 business days of the Adverse Benefit Determinations ABD. Peer-to-Peer (P2P) Requests are limited to Medical Necessity Adverse Benefit Determinations. Please use the Peer Review Button to request a P2P call. We generally make decisions within 3 business days of receipt of the additional information.
4) If submission of additional information is received after 14 calendar days of Adverse Benefit Determination Date, it is no longer eligible for Reconsideration. The case remains eligible for an Appeal if the request to Appeal is submitted within 60 calendar days of Adverse Benefit Determination.

Submit

Cancel

TEST1047 MEMBER1047

Female • 15 Year(s), 6 Month(s), 15 Day(s) DOB 02/03/2010

Primary Language

ENGLISH

Address 62 OAK ROAD SUITE 8598, SHEFFIELD, DC, 34148 Primary Phone 2133406419

Member ID# Medicaid No : 99980931 ,

Member ID : MEM99904831456

Authorization ID #0527T93SG

Authorization Details

Authorization Class OutPatient	Authorization Type DME	Authorization Status Open
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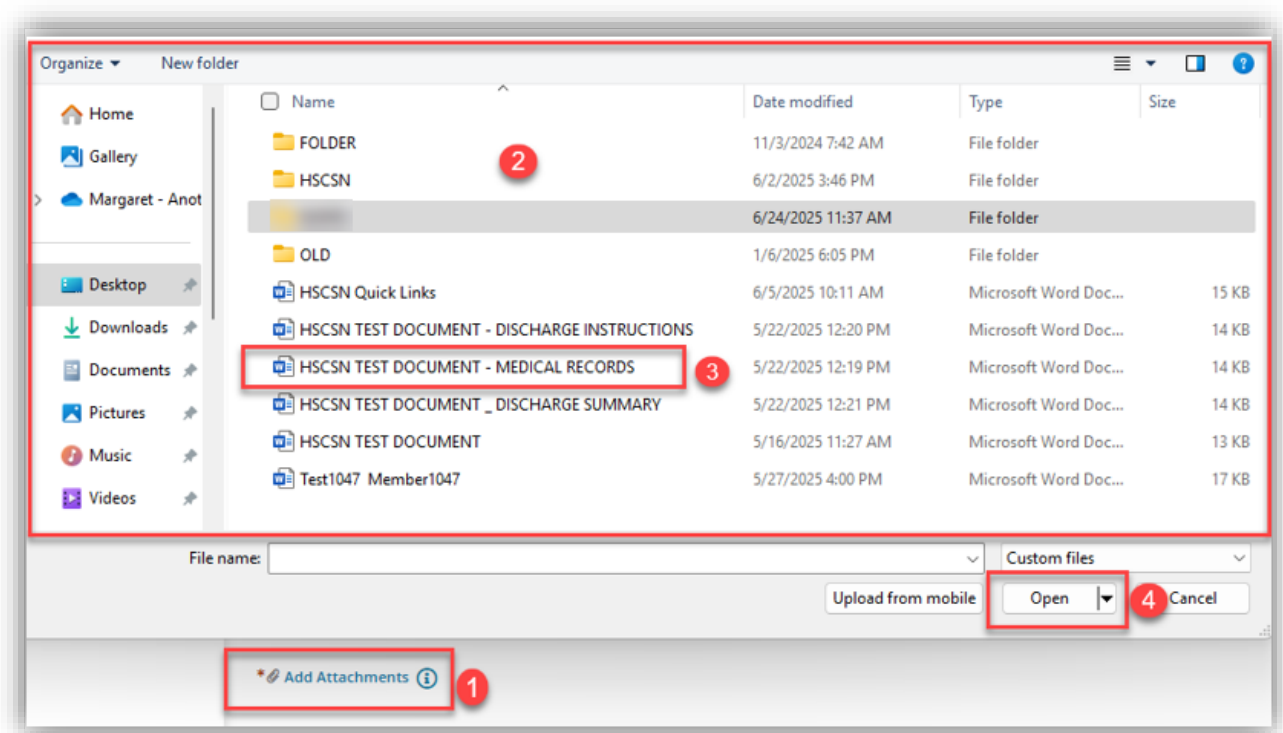
Authorization Basic Details

Auth Created On 05/27/2025 11:47:49 AM	Request Sent Web Portal	Place Of Service Home
Notification Date and Time 05/27/2025 11:47:49 AM	Treatment Type DME	Service End Date 1/31/2026
Change Requested On 7/16/2025		

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(D.) Add Attachment: mandatory field- additional instructions

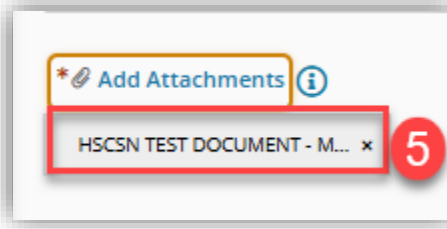
- 1) Click on Add Attachments
- 2) System opens user's desktop – navigate to wherever the user stores documents
- 3) Click on the applicable document
- 4) Click on Open



Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

5. User can verify the document(s) are uploaded

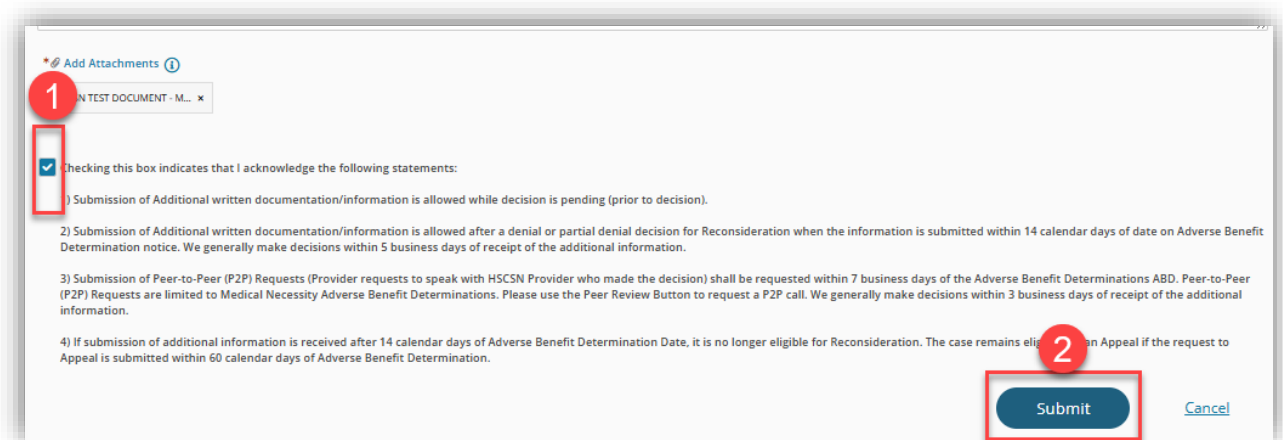
Note: user can upload as many documents as needed to support the medical necessity review



(F) Submit: Once the disclaimer check box is clicked, the Submit button is activated

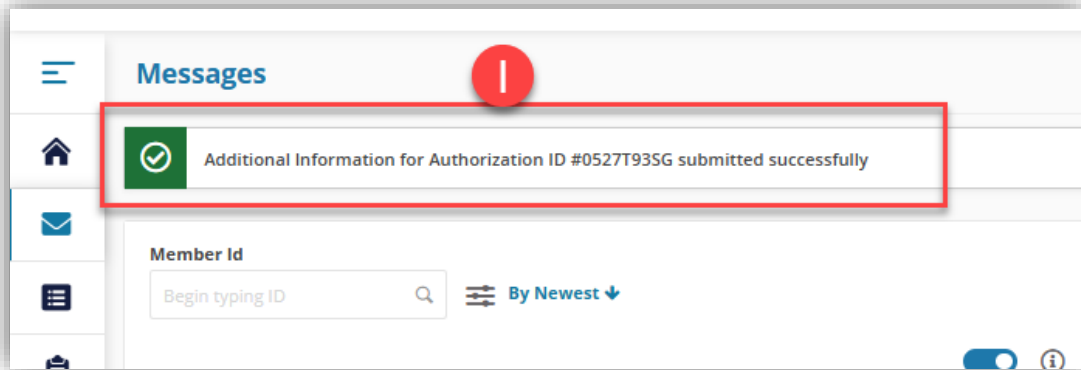
1) Disclaimer check box (user clicks this box to acknowledge disclaimer content)

2) Submit: once the box is checked the Submit button turns blue indicating it is ready for the user to click to submit the additional information

A screenshot of a web form. At the top, there is a button labeled "Add Attachments" with a plus icon and an information icon. Below it, a document upload notification shows "HSCSN TEST DOCUMENT - M..." with a close icon. A red circle with the number "1" is next to a checkbox that is checked. Below the checkbox, the text reads: "Checking this box indicates that I acknowledge the following statements: 1) Submission of Additional written documentation/information is allowed while decision is pending (prior to decision). 2) Submission of Additional written documentation/information is allowed after a denial or partial denial decision for Reconsideration when the information is submitted within 14 calendar days of date on Adverse Benefit Determination notice. We generally make decisions within 5 business days of receipt of the additional information. 3) Submission of Peer-to-Peer (P2P) Requests (Provider requests to speak with HSCSN Provider who made the decision) shall be requested within 7 business days of the Adverse Benefit Determinations ABD. Peer-to-Peer (P2P) Requests are limited to Medical Necessity Adverse Benefit Determinations. Please use the Peer Review Button to request a P2P call. We generally make decisions within 3 business days of receipt of the additional information. 4) If submission of additional information is received after 14 calendar days of Adverse Benefit Determination Date, it is no longer eligible for Reconsideration. The case remains eligible for Appeal if the request to Appeal is submitted within 60 calendar days of Adverse Benefit Determination." At the bottom right, there is a blue "Submit" button and a "Cancel" link. A red circle with the number "2" is next to the "Submit" button.

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- I. Once documents are uploaded and user clicked Submit, the user gets a pop up message on the top of the page confirming successful document submission



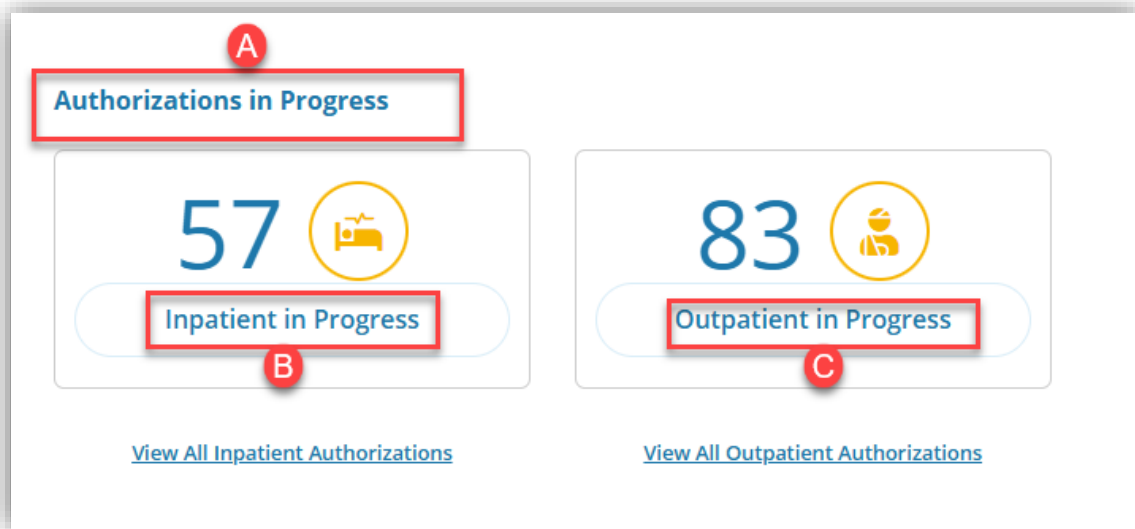
4.6 Submit Additional Information from the Authorization Portal

User can submit additional information directly from the Open Authorizations list. This option is available on previously submitted requests that are in pending status and decisioned authorizations that are partially approved or denied.

Note: Provider has up to 14 calendar days to submit additional information for reconsideration of partially approved or denied authorization requests. If the user submits additional information after 14 calendar days, reconsideration is not an option. However, the Provider retains appeal rights.

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- A. From the Home Page, Navigate to Authorizations in Progress then click on the appropriate option
- B. Inpatient in Progress: the submitted request is for inpatient services
- C. Outpatient in Progress: the submitted request is for outpatient services



Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

- D. Navigates user to the Authorization List page
- E. Search for the applicable auth from the Authorization List
- F. Click on the caret to open authorization

See below DLP for further instructions on Searching for Authorizations

- HSCSN_Auth Portal_Viewing Authorizations in Progress

Authorization List

D

Inpatient

Outpatient

Member Id

Filters

Download Results

Choose Columns

Authorization Created Date

Clear All

Authorization ID#	Created Date	Member Name	Plan Type	Admissi... Date	Type	Status	Service End Date	Referred By Provider	Facility	Service Provider
<div><div></div><div>F</div></div> 0619TORZJ	Jun 19, 2025	TEST1047 MEMBE...	HSCSN	Jun 18, 2025	Acute Hospital	Pending	Jun 21, 2025	GEORG... UNIVER... HOSPITAL	GEORG... UNIVER... HOSPITAL	GEORG... UNIVER... HOSPITAL
<div><div></div><div>F</div></div> 0531SX924	May 31, 2025	Salty Dog	HSCSN	May 31, 2025	BH- Admissi...	Pending	Jun 05, 2025	KEITH STEFON KELLY	SAINT ELIZABE... HOSPITAL	N/A

Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

G. This opens Auth Details on the selected authorization

H. Click on + Additional Information

Authorization List

Inpatient
Outpatient

	Authorization ID#	Created Date	Member Name	Plan Type	Admission Date	Type
✓	0619T0RZJ	Jun 19, 2025	TEST1047 MEMBER1047	HSCSN	Jun 18, 2025	Acute Hospital

Auth Details

Primary Diagnosis Severe persistent asthma with (acute) exacerbation

Notification Date 06/19/2025

Decision Date N/A

Medicaid No : 99980931 , Member ID : MEM99904831456

Referred From Provider GEORGETOWN UNIVERSITY HOSPITAL

Referred From Provider Fax 202-444-9876

Referred By Provider Phone 202-444-2000

View & Print Auth
View Notes
View Docs
View Letter
View Guidelines
View Discharge Plan

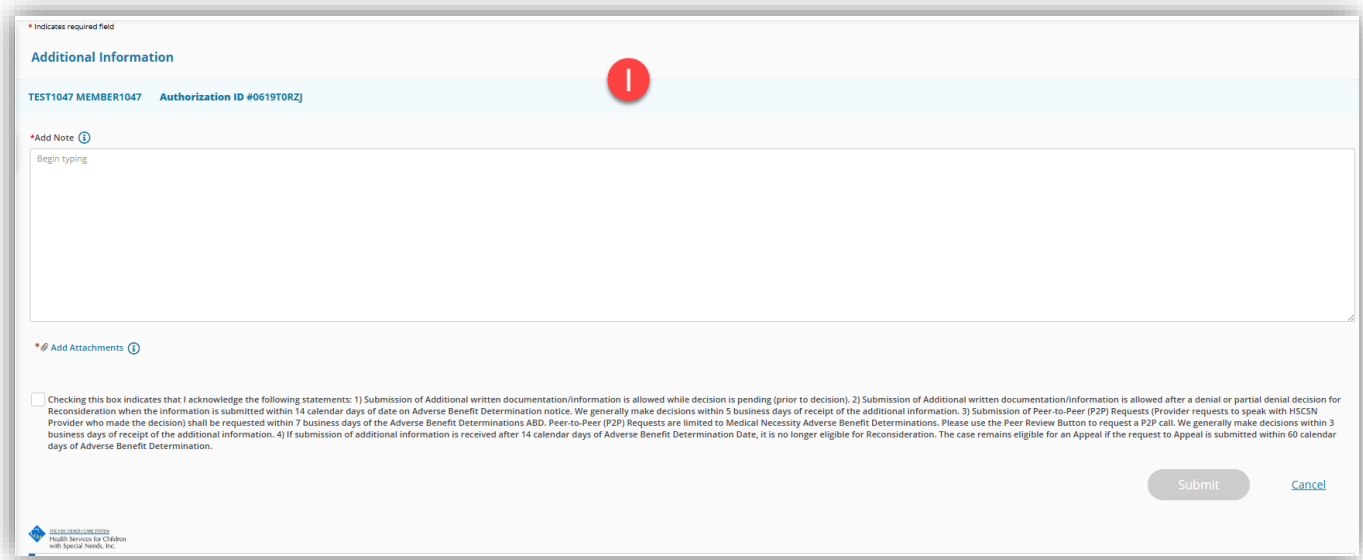
+ Discharge Information

+ Additional Information

+ Edit Date Of Service

Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

- I. This opens the Additional Information page
Follow instructions outlined in this DLP section [How to Upload Additional Information](#)



* Indicates required field

Additional Information

TEST1047 MEMBER1047 Authorization ID #0619TORZJ

*Add Note ⓘ

Begin typing

* Add Attachments ⓘ

☐ Checking this box indicates that I acknowledge the following statements: 1) Submission of Additional written documentation/information is allowed while decision is pending (prior to decision). 2) Submission of Additional written documentation/information is allowed after a denial or partial denial decision for Reconsideration when the information is submitted within 14 calendar days of date on Adverse Benefit Determination notice. We generally make decisions within 5 business days of receipt of the additional information. 3) Submission of Peer-to-Peer (P2P) Requests (Provider requests to speak with HSCSN Provider who made the decision) shall be requested within 7 business days of the Adverse Benefit Determinations ABO. Peer-to-Peer (P2P) Requests are limited to Medical Necessity Adverse Benefit Determinations. Please use the Peer Review Button to request a P2P call. We generally make decisions within 3 business days of receipt of the additional information. 4) If submission of additional information is received after 14 calendar days of Adverse Benefit Determination Date, it is no longer eligible for Reconsideration. The case remains eligible for an Appeal if the request to Appeal is submitted within 60 calendar days of Adverse Benefit Determination.

Submit Cancel

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Health Services for Children
with Special Needs, Inc.

4.7 Additional Information: Upload Failure Mitigation

User may encounter upload failure when attempting to Add Attachments.

Note: Attachment limitations: These are listed in the tooltip user can display by hovering over the Add Attachments link.



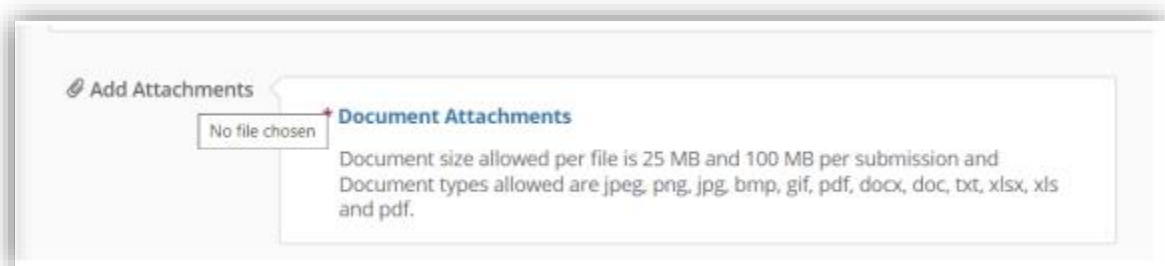
Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

Upload failure: Any time an upload fails for some reason, a failure message presents a list of attachments that failed to upload. User can try to upload the failed attachments again. Some reasons user's attachment(s) may fail to upload include:

- File size too large (>100 MB)
- File size is 0
- Wrong file type (accepted file types are listed in the tooltip)
- Corrupted file

When an attachment fails to upload, the system attempts the upload a total of three times before displaying a failure message along with the **Upload Attachments** button. **Upload Attachments** displays in the authorization line so that user can try to upload the attachment(s) again.

Note: The system tracks upload attempts by user, therefore in case of user's own failed upload attempt, other users working with the same authorization do not have the **Upload Attachments** button.



Auth Portal Desk Level Procedure (DLP) Messages_Submitting Additional Information

6. Version History:

Version #	Comments	Created By and Date	Review By and Date	Approved By and Date
1.0	Initial Version	Maggie Kelley, Anoteros, 6/27/2025		
1.1	<p>Added screenshot of Opt-in email example How to Opt-in for Email Notification of New Message</p> <p>Updated screenshots due to revised formatting How to Upload Additional Information</p>	Maggie Kelley, Anoteros, 8/18/2025		



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