

Auth Portal Desk Level Procedure (DLP) Submitting Inpatient Discharge

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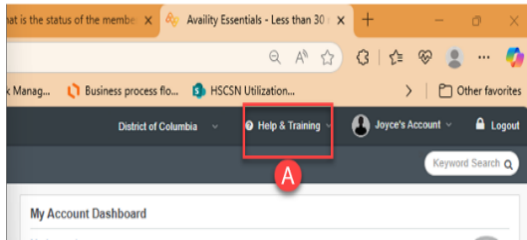
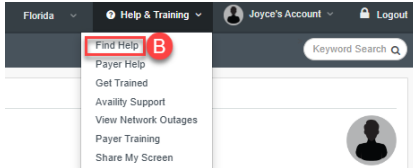
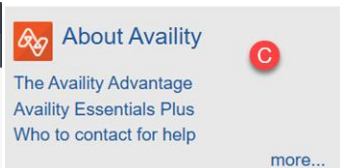
Auth Portal Desk Level Procedure (DLP) Submitting Inpatient Discharge

1. Key Information:

| | |
|-------------------------|--|
| Title | Auth Portal - Submitting Inpatient Discharge |
| 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> | Providers and Staff access Availity and use the Single Sign On (SSO) feature to access the HSCSN Auth Portal | <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    |

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3. High-level Description:

This Desk Level Procedure (DLP) explains how to submit Discharge Information on inpatient authorizations.

Users are required to submit the Discharge Instructions (and/or Discharge Summary) at the time of the Discharge notification. If both are available at the time of discharge notification, please upload the Discharge Instructions and the Discharge Summary.

4. Detailed Steps:

4.1 Navigating to the Authorization In Progress

From the Home Page, the user navigates to the Authorizations in Progress to search for the authorization that the user wants to add Discharge notification.

See the below DLP for further instructions in Searching for an authorization that the user submitted.

- HSCSN_DLP_Auth Portal_Viewing Authorizations in Progress

4.2 How to Navigate to Discharge Information

- A. Navigate to the Authorization List
- B. Select the row of the authorization that needs to be extended; click the caret to open Auth Details
- C. Auth Details page
- D. Click + Discharge Information

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Authorization List

Inpatient

Outpatient

Member Id

Filters

Download Results

Choose Columns

Authorization Created Date

Clear All

| | Authorization ID# | Created Date | Member Name | Plan Type | Admiss... Date | Type | Status | Service End Date | Referred By Provider | Facility | Service Provider |
|--|-------------------|--------------|-------------------|-----------|----------------|---------------------|--------------------|------------------|------------------------------|------------------------------|------------------------------|
| | 0630M2L6H | Jun 30, 2025 | TEST1047 MEMBE... | HSCSN | N/A | Post Acute Facility | Approved | Jul 14, 2025 | BRIDGE... HOSPIT... HARBOR | BRIDGE... SUB- ACUTE & REHAB | BRIDGE... SUB- ACUTE & REHAB |
| | 0619T0RZJ | Jun 19, 2025 | TEST1047 MEMBE... | HSCSN | Jun 18, 2025 | Acute Hospital | Partially Approved | Jul 08, 2025 | GEORG... UNIVER... HOSPIT... | GEORG... UNIVER... HOSPIT... | GEORG... UNIVER... HOSPIT... |
| | 0531SX924 | May 31, 2025 | Salty Dog | HSCSN | May 31, 2025 | BH- Admissi... | Approved | Jun 30, 2025 | KEITH STEFON KELLY | SAINT ELIZABE... HOSPIT... | N/A |

Auth Details

Primary Diagnosis

HOMICIDAL AND SUICIDAL IDEATIONS

Notification Date

05/31/2025

Decision Date

06/30/2025

Member Id

N/A

Referred From Provider

KEITH STEFON KELLY

Referred From Provider Fax

987-654-3232

Referred By Provider Phone

301-885-2730

View & Print Auth

View Notes

View Docs

View Letter

View Guidelines

View Discharge Plan

View Extension Guidelines

+ Discharge Information

+ Extension

+ Edit Date Of Service

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4.3 How to Submit Discharge Information

This section provides instructions how to submit Discharge Information.

Note: User is required to upload a copy of the Discharge Instructions (and/or Discharge Summary) and enter the Discharge Code. Please have this information ready as you initiate the Discharge notification process.

- A. Navigate to the Discharge Information Page
- B. Discharge Date:
- C. Discharge To: Enter most appropriate option (see Table C: Discharge To Reference Table)
- D. Discharge Type: Enter the most appropriate option (see Table D: Discharge Type Reference Table)
- E. Run Discharge Plan

* Indicates required field

Discharge Information

Salty Dog

Male

21 Year(s), 3 Month(s), 16 Day(s)

DOB 03/16/2004

Authorization ID 05315X924

Eligibility

Organization HSCSN

Code CAR000000000001

Status Active

Market DC

LOB Medicaid

Benefit Level CASSIP

Start Date 04/01/2004

Code SP000000000003

Code PGM000000000015

Code CASSIP

End Date 12/31/2099

Collapse Eligibility

*Discharge Date

MM/DD/YYYY

*Discharge To

Select

*Discharge Type

Select

Run Discharge Plan

Cancel

5

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C. Discharge To Reference Table

| Ref | Discharge Type | Instructions |
|-----|---|--------------------|
| C | Admitted IP to this Hospital (After Observation) | Use as appropriate |
| C | DC to Home or Self Care (Routine Discharge) | Use as appropriate |
| C | DC to Home or Self Care with Planned IP Rehab Admit | Use as appropriate |
| C | DC to Home with Home Health Services | Use as appropriate |
| C | DC/Transfer to ASAM Outpatient Treatment | Use as appropriate |
| C | DC/Transfer to ASAM Residential Treatment | Use as appropriate |
| C | DC/Transfer to Critical Access Hospital | Use as appropriate |
| C | DC/Transfer to Designated Cancer/Children's Hospice | Use as appropriate |
| C | DC/Transfer to Different Short- term Hospital | Use as appropriate |
| C | DC/Transfer to Federal Hospital | Use as appropriate |
| C | DC/Transfer to Hospice | Use as appropriate |
| C | DC/Transfer to IP Rehab | Use as appropriate |
| C | DC/Transfer to Intermediate Care Facility (ICF) | Use as appropriate |
| C | DC/Transfer to Long Term Care Hospital (LTACH) | Use as appropriate |
| C | DC/Transfer to Other Types of Institutions (NOS) | Use as appropriate |
| C | DC/Transfer to Psychiatric Hospital | Use as appropriate |
| C | DC/Transfer to Skilled Nursing Facility (SNF) | Use as appropriate |
| C | DC/Transfer to Subacute BH | Use as appropriate |
| C | DC/Transfer to Subacute PH | Use as appropriate |
| C | Expired After Discharge (Hospice) | Use as appropriate |
| C | Expired After Discharge (Not Hospice) | Use as appropriate |
| C | Expired in Facility | Use as appropriate |
| C | Left Against Medical Advice | Use as appropriate |
| C | Still in Facility (Not Discharged) | Use as appropriate |
| C | Unknown | Use as appropriate |

D. Discharge Type Reference Table

| Ref | Discharge Type | Instructions |
|-----|---------------------------------|--------------------|
| B | Acute to BH Transfer | Use as appropriate |
| B | BH to Acute Transfer | Use as appropriate |
| B | Expired | Use as appropriate |
| B | Left Against Medical Advice | Use as appropriate |
| B | Routine Discharge | Use as appropriate |
| B | Transferred to Another Facility | Use as appropriate |
| B | Unknown | Use as appropriate |
| B | Not Applicable | Use as appropriate |

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4.4 How to Document Discharge Plan

- A. As noted in prior section, user enters Discharge Date, Discharge To, and Discharge Type
- B. Click Run Discharge Plan

* Indicates required field

Discharge Information

Salty Dog **Male** **21 Year(s), 3 Month(s), 16 Day(s)** **DOB 03/16/2004** **Authorization ID 0531SX924**

Eligibility

| | | |
|---------------------------|----------------------------|------------------------------|
| Organization HSCSN | Code CAR00000000001 | Status Active |
| Market DC | LOB Medicaid | Benefit Level CASSIP |
| Code SP00000000003 | Code PGM00000000015 | Code CASSIP |
| | | Start Date 04/01/2004 |
| | | End Date 12/31/2099 |

[Collapse Eligibility](#)

***Discharge Date**

07/01/2025

***Discharge To**

DC to Home or Self Care (Routine Disc...

***Discharge Type**

Routine Discharge

B

Run Discharge Plan

[Cancel](#)

- C. This opens the Discharge Plan Assessment – a guided series of questions that need to be completed
- D. User answers each question
- E. Click Next to proceed to the next question

***Discharge Date** ***Discharge To** ***Discharge Type**

07/01/2025 DC to Home or Self Care (Routine Disc... Routine Discharge

[Run Discharge Plan](#)

Acute BH-Admission - Discharge Plan Reset

*** 1. A copy of the Discharge Instructions must be uploaded as part of this discharge notification.**

☐ Acknowledged **D**

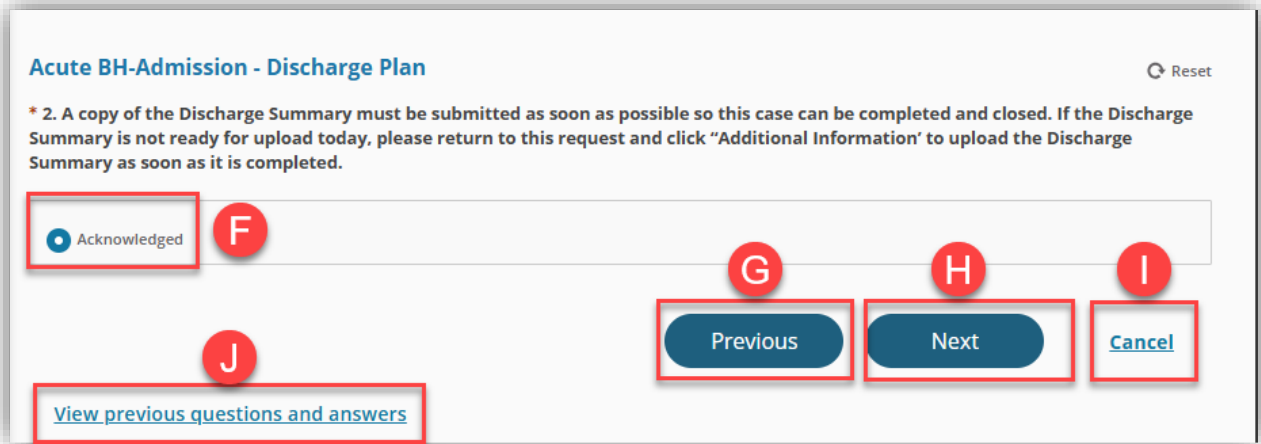
Next

[Cancel](#)

E

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- F. User answers each question
- G. Previous: user can select this option to review the previous question and update it if needed
- H. Next: the user selects this option to proceed to the next assessment question
- I. Cancel: only select this option if the user wants to cancel the entered answers
- J. View previous questions and answers: user can select this to see all questions and answers on this assessment



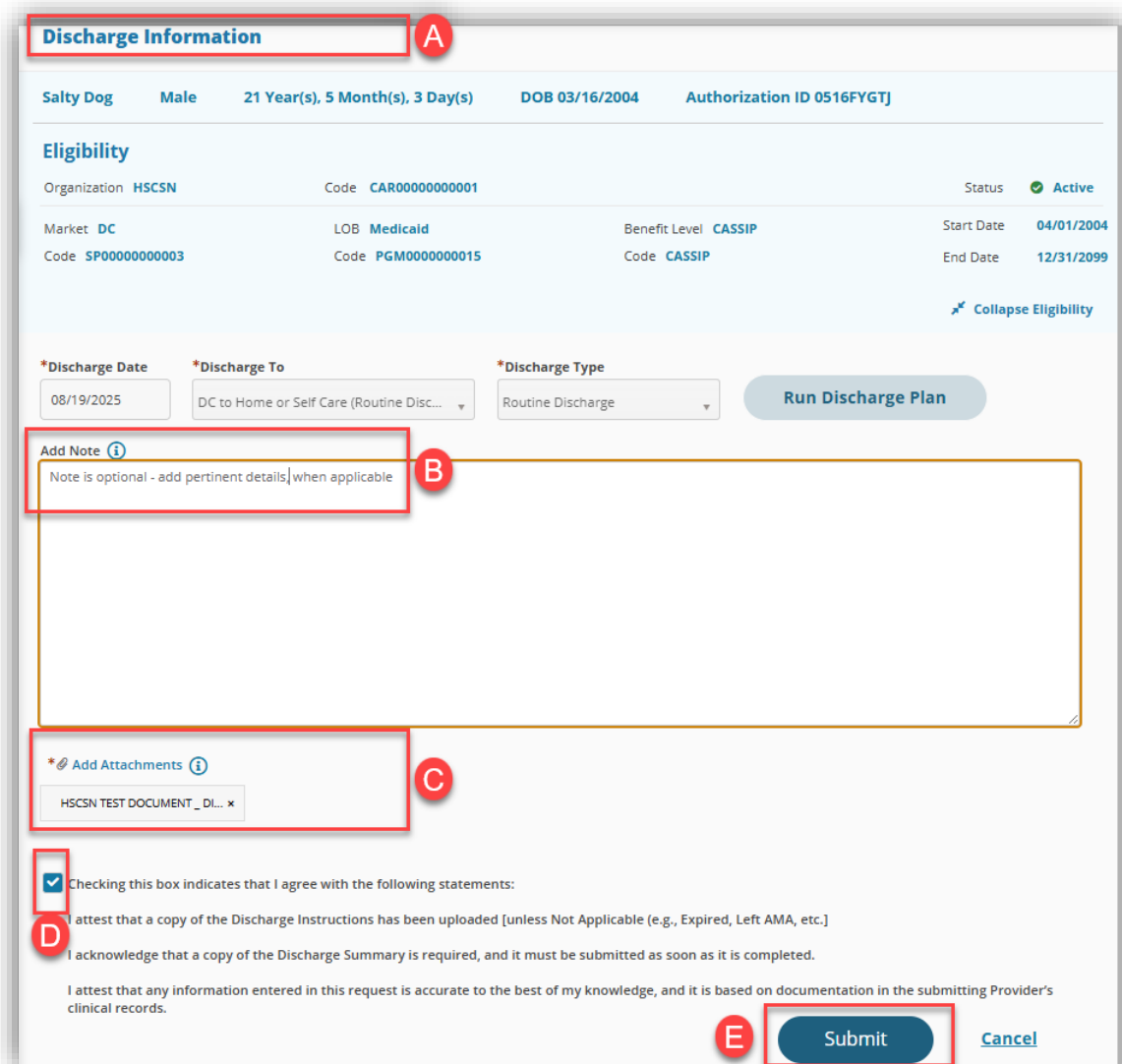
The screenshot shows a web interface for 'Acute BH-Admission - Discharge Plan'. At the top right is a 'Reset' link. Below the title is a note: '* 2. A copy of the Discharge Summary must be submitted as soon as possible so this case can be completed and closed. If the Discharge Summary is not ready for upload today, please return to this request and click "Additional Information" to upload the Discharge Summary as soon as it is completed.' Below this is a row of three buttons: 'Acknowledged' (with a blue dot icon), 'Previous', and 'Next'. A red box labeled 'F' is around the 'Acknowledged' button. A red box labeled 'G' is around the 'Previous' button. A red box labeled 'H' is around the 'Next' button. Below these buttons is a link labeled 'View previous questions and answers' with a red box labeled 'J' around it. To the right of the 'Previous' and 'Next' buttons is a 'Cancel' link with a red box labeled 'I' around it.

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4.5 How to Add Note and Upload Discharge Instructions/Discharge Summary

Once the Discharge Assessment questions are completed the user will be navigated to the Discharge Page to 'Add Note' and 'Add Documentation'.

- Discharge Information page
- Add Note: user can add pertinent details about the Discharge Plan that are not included in the Discharge instructions, when applicable (optional)
- Add Attachment: user must upload the Discharge Instructions and/or Discharge Summary (if both are available, please upload both)
- Check the box acknowledging user has read the disclaimer
- Select Submit



Discharge Information A

Salty Dog **Male** **21 Year(s), 5 Month(s), 3 Day(s)** **DOB 03/16/2004** **Authorization ID 0516FYGTJ**

Eligibility

| | | |
|---------------------------|----------------------------|------------------------------|
| Organization HSCSN | Code CAR00000000001 | Status Active |
| Market DC | LOB Medicaid | Benefit Level CASSIP |
| Code SP00000000003 | Code PGM00000000015 | Code CASSIP |
| | | Start Date 04/01/2004 |
| | | End Date 12/31/2099 |

[Collapse Eligibility](#)

***Discharge Date** ***Discharge To** ***Discharge Type**

08/19/2025 DC to Home or Self Care (Routine Disc... Routine Discharge

Run Discharge Plan

Add Note B

Note is optional - add pertinent details when applicable

*** Add Attachments** C

HSCSN TEST DOCUMENT _ DL... x

☒ Checking this box indicates that I agree with the following statements:

D I attest that a copy of the Discharge Instructions has been uploaded [unless Not Applicable (e.g., Expired, Left AMA, etc.)]

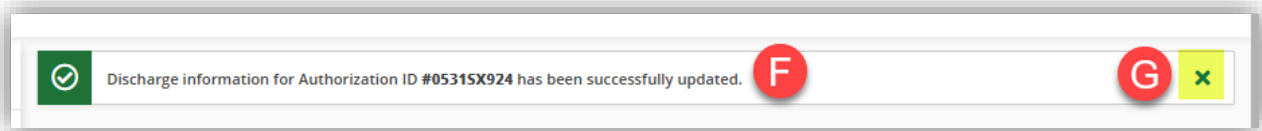
I acknowledge that a copy of the Discharge Summary is required, and it must be submitted as soon as it is completed.

I attest that any information entered in this request is accurate to the best of my knowledge, and it is based on documentation in the submitting Provider's clinical records.

E **Submit** [Cancel](#)

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- F. User receives a pop up message at the top of the page confirming the Discharge Plan has been submitted
- G. Click 'x' to close the pop up message



5. Version History:

| Version # | Comments | Created By and Date | Review By and Date | Approved By and Date |
|-----------|--|---|--------------------|----------------------|
| 1.0 | Initial Version | Maggie Kelley, Anoteros, 07.01.2025 | | |
| 1.1 | Corrected enter 'extension' to enter 'discharge' Navigating to the Authorization In Progress Refreshed screenshots due to formatting update How to Add Note and Upload Discharge Instructions/Discharge Summary | Maggie Kelley, Anoteros, 08.19.2025 | | |
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