

Auth Portal Desk Level Procedure (DLP) Submitting Peer-to-Peer Review Request

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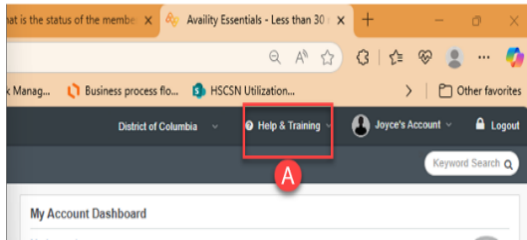
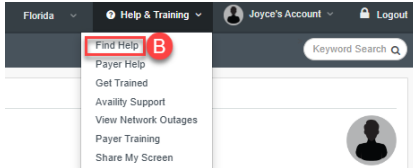
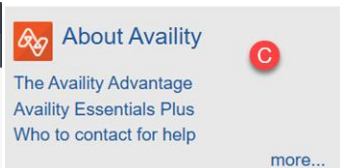
Auth Portal Desk Level Procedure (DLP) Submitting Peer-to-Peer Review Request

1. Key Information:

| | |
|-------------------------|--|
| Title | Auth Portal - Submitting Provider Peer-to-Peer Request |
| 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    |

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3. High-level Description:

This Desk Level Procedure (DLP) explains how to submit a Peer-to-Peer Request (Provider requests to speak with the HSCSN Provider who made the decision).

Peer-to-Peer (P2P) Requests are limited to Medical Necessity Adverse Benefit Determinations.

Submission of Peer-to-Peer (P2P) Requests shall be requested within seven (7) calendar days of the date on the Adverse Benefit Determination notice.

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 a Peer Review request.

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 Peer Review Request

From the Authorizations in Progress follow the below steps.

- 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 +Peer Review Request

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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 | Procedure Date | Type | Status | Facility | Service Provider |
|--|-------------------|--------------|------------------------|-----------|----------------|----------------|----------|----------|--------------------|
| | 0626TL3CX | Jun 26, 2025 | TEST1047 MEMBER1047 | HSCSN | Jul 07, 2025 | DME | Pending | N/A | MEDI-RENTS & SALES |
| | 0618W0TYR | Jun 18, 2025 | Salty Dog | HSCSN | Jun 18, 2025 | DME | Denied | N/A | KEITH STEFON KELLY |
| | 0618W2DV0 | Jun 18, 2025 | Salty Dog | HSCSN | Jun 18, 2025 | BH-PHP | Pending | N/A | KEITH STEFON KELLY |
| | 0530FP6NM | May 30, 2025 | TEST1047 MEMBER1047 | HSCSN | Jun 06, 2025 | Rehabilitation | Approved | N/A | HSC HOME CARE |

Auth Details

Referred From Provider

KEITH STEFON KELLY

Referred From Provider Fax

202-789-6543

Referred By Provider Phone

301-885-2730

Primary Diagnosis

SPINA BIFIDA

Notification Date

06/18/2025

Decision Date

07/01/2025

Member Id

N/A

View & Print Auth

View Notes

View Docs

View Letter

View Guidelines

View Discharge Plan

+ Additional Information

+ Peer Review Request

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4.3 How to Submit the Peer Review Request

- A. Navigate to Peer Review Request page
- B. Scroll down page to view denied procedure line(s)
- C. View Denied procedure line(s)
- D. Add Note: (mandatory) user must include provider's schedule availability and can add any other pertinent information, if applicable
- E. Add Attachments: (optional) user can upload any pertinent documents
- F. Click Submit

* Indicates required field

Peer Review Request

Salty Dog

Male

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

DOB 03/16/2004

Authorization ID 0618W0TYR

Eligibility

Organization HSCSN

Code CAR0000000001

Status Active

Market DC

LOB Medicaid

Benefit Level CASSIP

Start Date 04/01/2004

Code SP0000000003

Code PGM0000000015

Code CASSIP

End Date 12/31/2099

Collapse Eligibility

| Is Primary | Service Code | Service Descri... | Unit Type | Requested U... | Start Date | End Date | Status |
|------------|--------------|---|-----------|----------------|------------|------------|--------|
| Primary | A4222 | EXTERNAL DRUG INFUSION PUMP SUPPLIES, PER BAG | Units | 1 | 06/18/2025 | 12/15/2025 | Denied |

Add Note

Begin typing

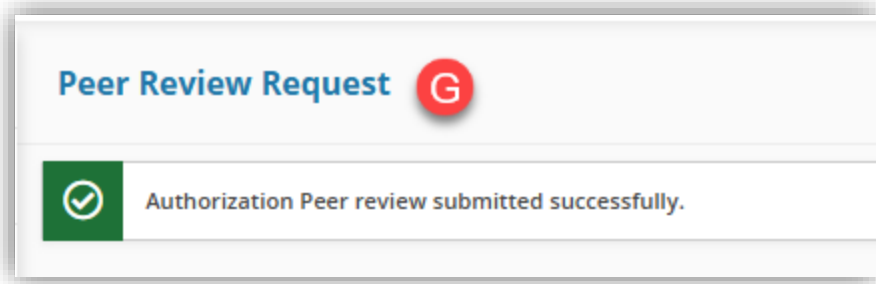
Add Attachments

Submit

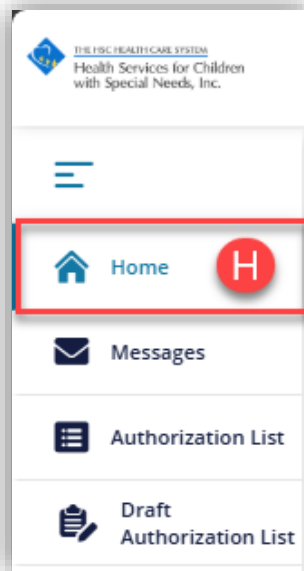
Cancel

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- G. User will see a pop up message at the top left of the page confirming Peer review submission



- H. Click on Home to return to the Home Page



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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 reference from 'extend' to 'Peer Review Request' Navigating to the Authorization in Progress | Maggie Kelley, Anoteros, 08.19.2025 | | |
| 1.2 | Updated Note is mandatory, attachment is optional How to Submit the Peer Review Request | Maggie Kelley, Anoteros, 08.21.2025 | | |
| 1.3 | Updated Section 3 – submit within 7 calendar days | Maggie Kelley, Anoteros, 08.25.2025 | | |
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