



# Using the Form Resource Center and My Insurance Manager

Submit and inquire about behavioral health authorizations



# **Course Objectives**

After completing this course, participants will be able to:

- List the benefits of using the <u>Healthy Blue Form Resource Center</u> (FRC).
- Identify the services available on the FRC for authorizations.
- Access FRC through the Healthy Blue website.
- Request an authorization.
- Inquire about a previously submitted authorization.





## **Authorization Requests**

- Use the FRC to submit authorization requests for behavioral health services, including:
  - Acute inpatient stays.
  - Residential and PRTF.
  - Electroconvulsive therapy.
  - Autism Therapy Services.
  - Psychological Testing.
- Forms guide you through adding the necessary information to make an authorization decision.
- You receive a downloadable copy of your submission for your records.





# **Advantages of Using The FRC**

- The FRC is a stable, secure one-way submission process that allows you to submit your request quickly and efficiently.
- No faxing or phone calls required.
- Requests are reviewed quickly when all relevant information is provided, and an answer can be returned.
- Authorization details are provided via My Insurance Manager (MIM) and by email.
- No login is required to submit your request.

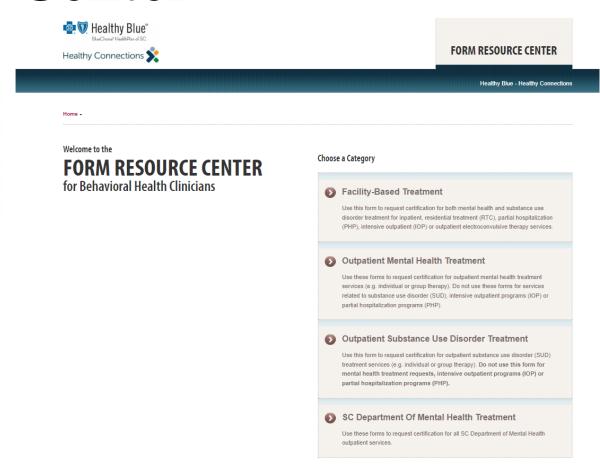




### The Forms Resource Center

#### Available forms include the following:

- Facility-Based Treatment
  - Discharge Form
- Outpatient Mental Health Treatment
  - Initial Outpatient Mental Health Treatment
  - Continued Outpatient Mental Health Treatment
  - Extended Outpatient Mental Health Treatment
  - Psychological/Neuropsychological Testing
- Outpatient Substance Use Disorder Treatment
- SC Department of Mental Health Treatment







# Filling Out a Request

- Each form has been carefully designed to gather only the relevant information to allow a decision to be made.
- By filling in all the required fields, submitters should get a quick response.

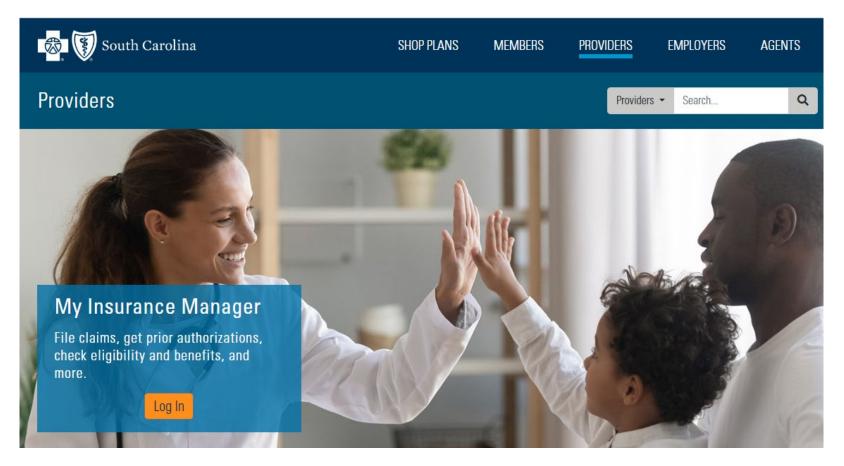
			4-			
Facility Information	Patient Information	Clinical Inform	nation			
Instructions						
Please indicate whether you are certification number.	requesting certification for initial	or continued stay treatm	ent. Fields marked with an asterisk are	required. The certification	on is not valid until CBA iss	sues a
Please indicate if this is: *	An Initial Review					
	A Continued Review					
STEP ONE - FACILITY	YINFORMATION					
Facility's Name *				-1-1		
racility's Name			Facility's Physical A	aaress		
			Addres	s 1 *		
Attending MD's First Name *			Addres Addres			
Attending MD's First Name •				es 2		
			Addres ZIP Co	es 2		
			Addres ZIP Co	os 2		
Attending MD's Last Name *			Addres ZIP Co	ode * City * Cate * Select One		
Attending MD's Last Name •  Phone •			Addres ZIP Co	ode • City • Select One		
Attending MD's Last Name •  Phone •  Fax •			Addres ZIP Co C St Authorization Email Addre	ode * City * Select One me *		





# My Insurance Manager

Access your results via MIM.







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Provider Service: 866-757-8286 Monday – Friday from 8:30 a.m. - 5 p.m.

24-Hour Nurseline: 800-830-1525 (TTY: 711)

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