



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.

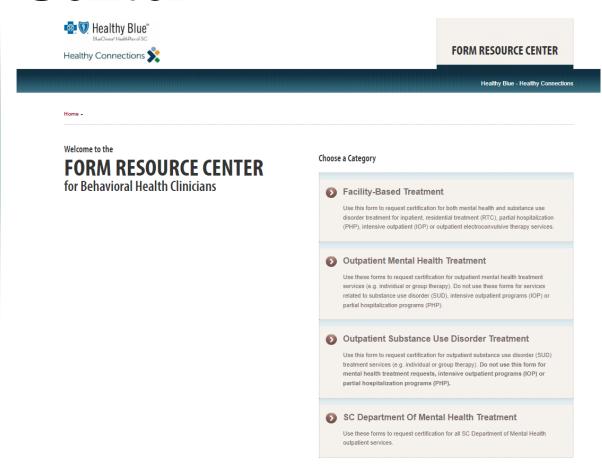




The Forms Resource Center

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.

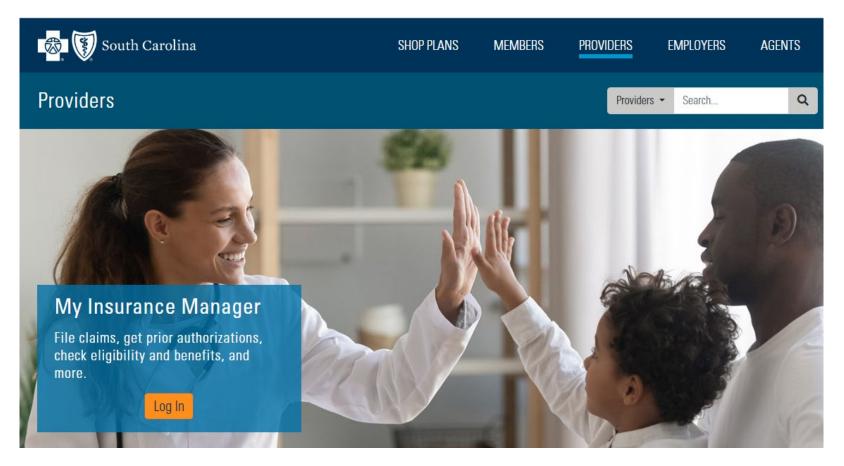
Essility Information	Patient Information	Clinical Information	
Facility Information	ratient information	Cililical information	
Instructions			
Please indicate whether you are certification number.	requesting certification for initial o	r continued stay treatment. Fields marked with an asterisk are require	ed. The certification is not valid until CBA issues a
Please indicate if this is: *	An Initial Review		
	A Continued Review		
STEP ONE - FACILIT	YINFORMATION		
Facility's Name		Facility's Physical Addres	ss
Attending MD's First Name		Address 1 *	
		Address 2	
Attending MD's Last Name *		ZIP Code *	
		Cit.	
		City *	
Phone		State *	Select One
Phone Fax			Select One 4
		State *	Select One
Fax		State * Authorization Email Address	Select One





My Insurance Manager

Access your results via MIM.







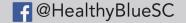


Established 1984

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www.HealthyBlueSC.com





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