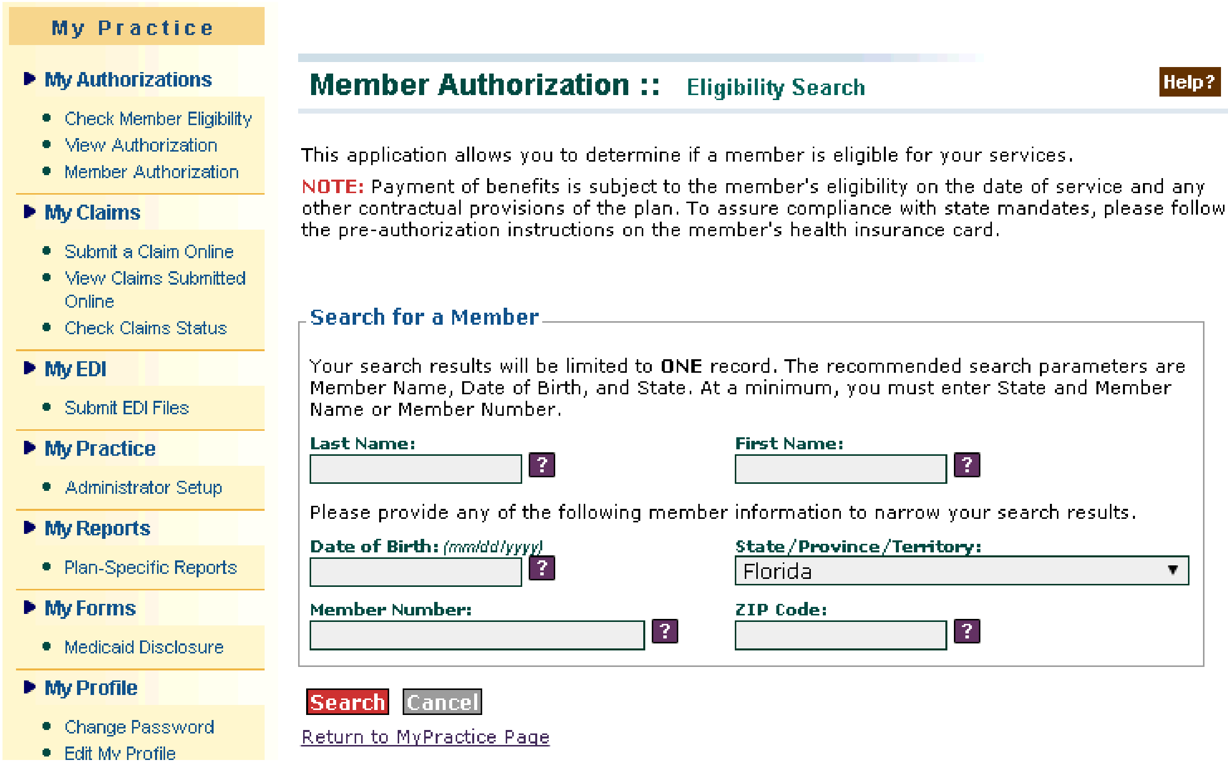
MEMBER AUTHORIZATION

Revised: 01/30/2018

Magellan COMPLETE CARE®



Users will begin by searching for the member. First Name, Last Name and Date of Birth are required.

- **My Authorizations**
  - Check Member Eligibility
  - View Authorization
  - Member Authorization
- **My Claims**
  - Submit a Claim Online
  - View Claims Submitted Online
  - Check Claims Status
- **My EDI**
  - Submit EDI Files
- **My Practice**
  - Administrator Setup
- **My Reports**
  - Plan-Specific Reports
- **My Forms**
  - Medicaid Disclosure
- **My Profile**
  - Change Password
  - Edit My Profile
  - Change Challenge Question

Member Authorization :: Member Details

Help?

Use of this tool for review of eligibility or benefits does not guarantee claim payment. Payment of benefits is subject to the member's eligibility on the date service is rendered and any other contractual provisions of the plan. To assure compliance with state mandates, please follow the pre-authorization instructions on the member's health insurance card.

Member Information

Member: TEST MEMBER
Member DOB: 01/01/1960
Gender: F
Relationship: Subscriber
Address: HOMELESS
Magellan Member No.: FLS110110110110
City, State, ZIP: FT LAUDERDALE, FL 33311
Member Benefit Card No.: 110110110110

PCP Information

PCP Name: TEST PROVIDER
MIS: 111111000
Address: 330 SW 27TH AVE
Start Date: 02/01/2017
City, State, ZIP: FORT LAUDERDALE, FL 33312
End Date: 12/31/9999
Phone: (954)-791-4300

Plan Benefits Information

Client Name: MCC of Florida

Type of Plan	Coverage Start	Coverage End	Status
SMMC MMA REGION 10-SMI	12/01/2015	12/31/2069	Active
SMMC MMA REGION 10	09/01/2014	11/30/2015	InActive
SMMC MMA REGION 10	07/01/2014	08/31/2014	InActive

View/Start New Auth   Search Again

Return to MyPractice Page

The details for the member will display. Proceed by clicking ‘View / Start New Auth’.

My Practice

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  - Change Challenge Question

Member Authorization :: Authorization Summary

Member Information

Member: TEST MEMBER
Member DOB: 01/01/1960
Gender: Male
Relationship: Subscriber
Magellan Member No.: FLS110110110110
Address: HOMELESS
City, State, ZIP: ORLANDO, FL 32812
Member Benefit Card No.: 110110110110

Inpatient Authorizations

Show 5 entries

Tracking No.	Admit Date	Discharge Date	Status	Action
IP0010010010	10/04/2017	10/05/2017	PEND	
IP0010010011	10/04/2017	10/05/2017	PEND	
IP0010010012	10/19/2017	10/20/2017	APPROVE	
IP0010010013	10/10/2017	10/11/2017	PEND	
IP0010010014	10/18/2017	10/19/2017	PEND	

Showing 1 to 5 of 6 entries   Previous 1 2 Next

Service Procedure Authorizations

Show 5 entries

Tracking No.	Start Date	End Date	Status	Action
OP0010010015	10/19/2017	01/17/2018	APPROVE	
OP0010010016	10/19/2017	01/17/2018	APPROVE	
OP0010010017	10/19/2017	01/17/2018	APPROVE	
OP0010010018	10/19/2017	01/17/2018	APPROVE	
OP0010010019	10/13/2017	01/11/2018	APPROVE	

Showing 1 to 5 of 5 entries   Previous 1 Next

Start a New Auth

Return to Member Search | Return to MyPractice Page

Users have the ability to view previous authorizations or start a new authorization.

Start/Create a new Authorization

Please select MIS/TIN:

Select to proceed.

Please select location for the requesting provider:

Provider Name:	TEST PROVIDER
Location Type:	Office
Provider Number/TIN/NPI:	987654321/54123456123/9090909090
Address:	123MAIN STREET ANYWHERE, MO 01234

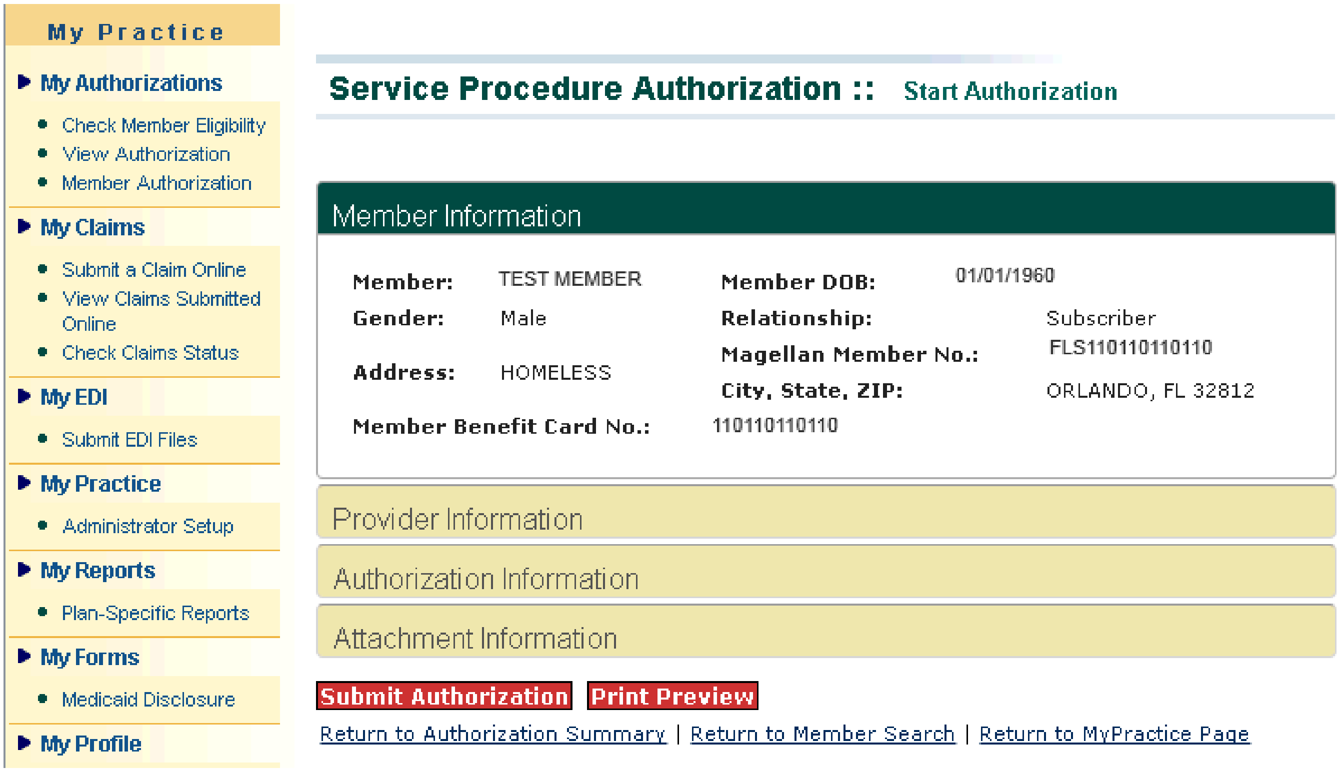
For a list of common services that typically require prior authorization for participating providers, click here.

Please select Type of Authorization:

- ☐ Dental
- ☐ Non-emergency advanced radiology
- ☐ Advanced cardiac procedures
- ☐ Pain management injections and procedures
- ☐ Sleep studies
- ☐ Outpatient lumbar, spine or pre-sacral surgery
- ☑ Inpatient/Observation (Only initial Inpatient / Observation requests for authorization can be submitted through this application, at this time. For on-going concurrent reviews and readmits within 24 hours, please fax clinical information to (888) 656-4894)
  - ☐ Medical
  - ☐ Behavioral
- ☐ Outpatient

Cancel Begin

Users will select the appropriate MIS/TIN and service location and then the type of authorzation they want to request. Only Inpatient/Observation and Outpatient types of services are available for on-line submission in this application.



The first section that will display is Member Information. Users will need to expand and complete the remaining three sections.

My Practice

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  - Medicaid Disclosure
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  - Change Password
  - Edit My Profile
  - Change Challenge Question

Service Procedure Authorization :: Start Authorization

Member Information

Member:	TEST MEMBER	**Member DOB:**	01/01/1960
Gender:	Male	**Relationship:**	Subscriber
Address:	HOMELESS	**Magellan Member No.:**	FLS110110110110
		City, State, ZIP:	ORLANDO, FL 32812
Member Benefit Card No.:	110110110110		

Provider Information

Requesting Provider:

Name: TEST PROVIDER

ID: 111111000 **NPI:** 0123456789

Authorization Specific Contact:

Name:

Phone: **Fax:**

Servicing/Rendering Provider:

☐ **Check here if Servicing provider is same as Requesting Provider**

Name:

ID: **NPI:**

Authorization Specific Contact:

Name:

Phone: **Fax:**

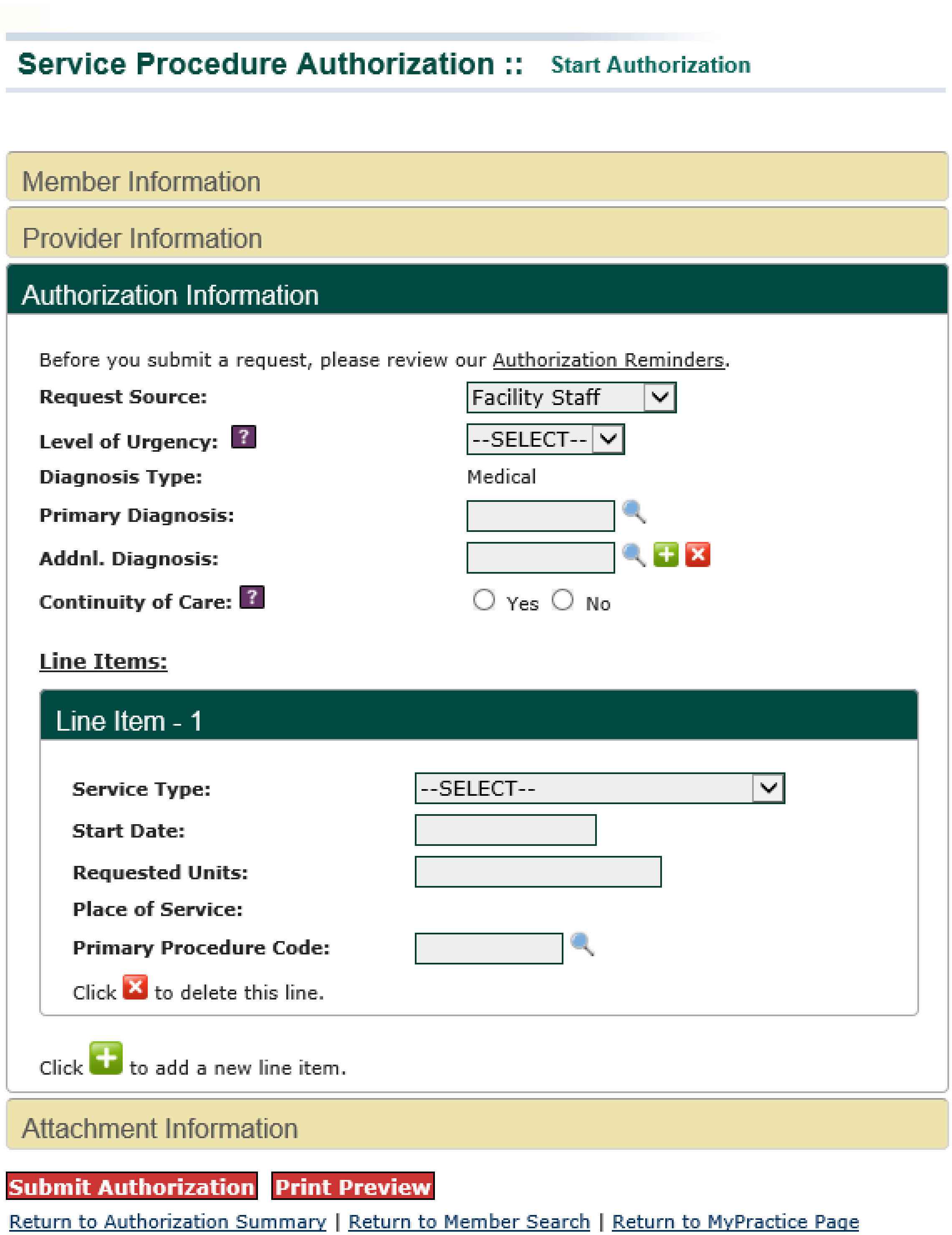
Authorization Information

Attachment Information

Submit Authorization **Print Preview**

Return to Authorization Summary | Return to Member Search | Return to MyPractice Page

All fields in the Provider Information section must be completed. The Requesting Provider details default based on the provider selected on the prior screen. If the requesting provider is not the Servicing Provider, use the magnifying glass to start the search for a Servicing/Rendering Provider.



Service Procedure Authorization :: Start Authorization

Member Information

Provider Information

Authorization Information

Before you submit a request, please review our Authorization Reminders.

Request Source: Facility Staff

Level of Urgency: --SELECT--

Diagnosis Type: Medical

Primary Diagnosis:

Addnl. Diagnosis:

Continuity of Care: Yes No

Line Items:

Line Item - 1

Service Type: --SELECT--

Start Date:

Requested Units:

Place of Service:

Primary Procedure Code:

Click to delete this line.

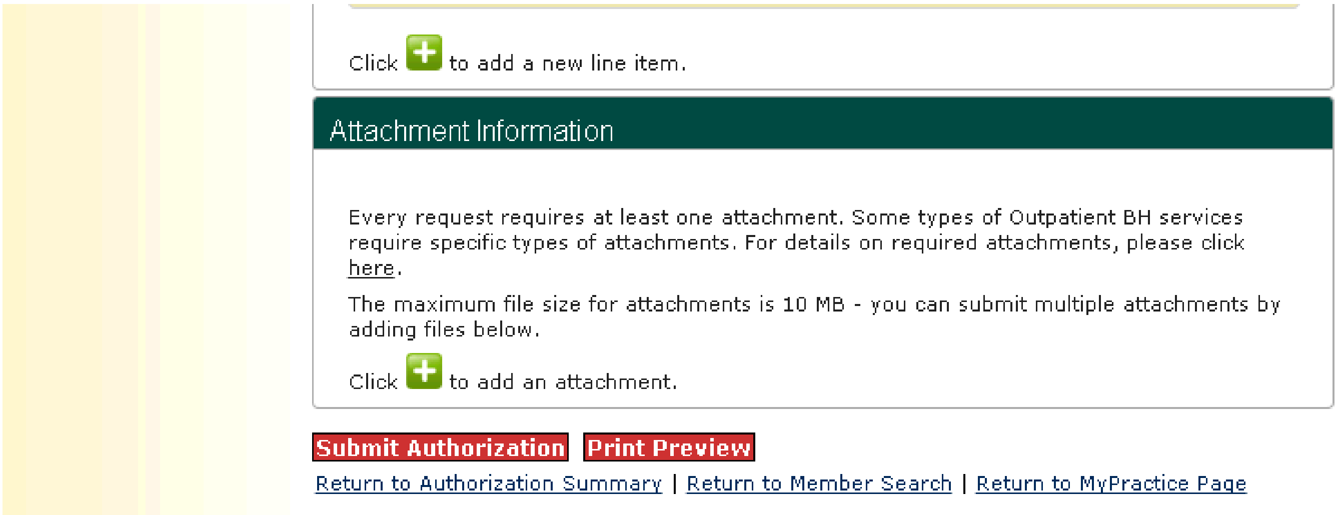
Click to add a new line item.

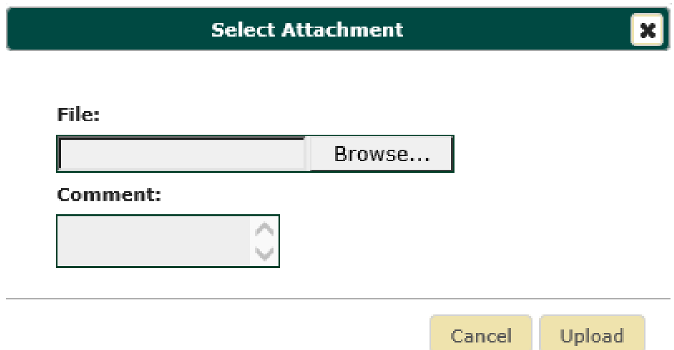
Attachment Information

Submit Authorization **Print Preview**

Return to Authorization Summary | Return to Member Search | Return to MyPractice Page

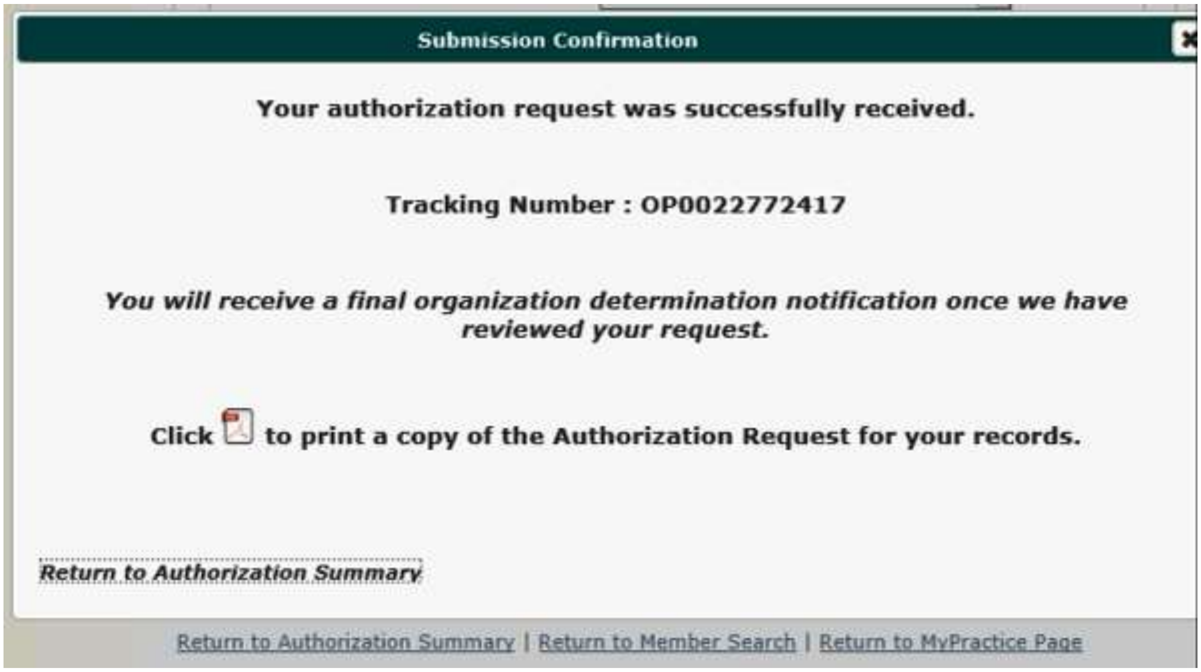
Next is the Authorization Information section. Again, all fields are required. Outpatient services prompt for Line Items, but Inpatient services do not. The screen shot above is for Outpatient. For Outpatient Medical, if additional services are required, users will click the Plus icon.





The last section is Attachment Information. Users must attach at least one document. For guidance on the types of documentation that may be needed, click the link in the lead in text. User must click the Plus icon to open the Select Attachment window.

Users can preview the request prior to Submitting the request for authorization.



Upon submission, users will receive a Tracking Number which can be used to check the progress of the request. This Tracking Number can be used in the View Authorization search.