Carisk™ BEHAVIORAL HEALTH

Pre Authorization Request Requirements and Process Via Provider Portal

Providers must register in our Provider Portal at www.providerlogin.net to have access to verify eligibility, obtain information on authorization requirements, stay up-to-date- with important notices, access our clinical forms, submit pre-authorization (referral) request and obtain statuses, including payment status, and submit claims, etc.

Registered providers must submit pre-authorization requests/referrals by completing our Clinical Review Form on the Provider Portal.

Clinical Review forms can be completed under "Authorization Entry/ Inquiry" by:

- Entering the member's last name, first name, date of birth and provider's NPI number, or the member's policy number.
  - All sections must be completed
  - Must include procedure code(s)
- Required clinical documentation must be faxed to our Care Advocacy Department at (305) 514-5321.

For all MMA services applicable to the D-SNP membership, please remember to follow the applicable Florida Medicaid Handbook for eligibility and assessment requirements.

For PSR and TCM services, please refer to the Florida Medicaid Psychosocial Rehabilitation (PSR) and Targeted Case Management (TCM) handbooks for eligibility requirements and information about assessment and service plan completion.

For initial Psychosocial Rehabilitation (PSR) and Targeted Case Management (TCM) authorization requests, please send the following:

- Completed Clinical Review form
- In-depth assessment
- Copy of the member's service plan that includes measurable short and long-term goals for the recipient. The service plan should outline a comprehensive strategy for assisting the recipient in achieving these goals and must be completed within 30 days of initiation of services by the member's mental health targeted case manager or case management team. The service plan cannot be more than six months from the initial authorization request.
- Last three clinical notes for services completed with the member

For on-going Psychosocial Rehabilitation (PSR) and Targeted Case Management (TCM) authorization requests:

- Completed Clinical Review form
- Bio-psychosocial Evaluation
- Copy of the service plan, as described above
- Last three clinical notes for services provided to the member indicating recent goals achieved

All pre-authorization requests are reviewed in order to establish medical necessity. Within fourteen (14) days of receipt of a pre-authorization request and its complete clinical documentation, the clinician will either approve, deny or request additional clinical information, if a medical determination cannot be made.

- For approved pre-authorization requests, Carisk's Authorization Entry Form is faxed to the provider for their records.
- For denied pre-authorization requests, the health plan's approved denial member notice will be sent to the member.
- For pre-authorization requests where additional clinical information is requested, the health plan's approved extension notice will be sent to the requesting provider and the member to let them know of the additional fourteen (14) days obtained in order for the clinician to render his/her clinical determination followed by the appropriate notification, as described above.