

Summary of Authorization Process

COLLABORATIVE REVIEW PROCESS AT A GLANCE

The provider submits a request for authorization via one of three ways indicated earlier in this document.

The Collaborative's Clinical Care Manager will:

1. Verify provider's participation status (e.g. contract with DHS/DMH, certified to provide service)
2. Verify consumer's information is in ROCS and available to the Collaborative. If not, the Collaborative will call the provider to gather demographics. The Collaborative's eligibility system will be updated on a weekly basis. If the provider is aware that the consumer has been added to the ROCS system in the preceding 5 to 7 days, it is recommended that the provider submit the demographic information to the Collaborative as a part of the request for authorization documents. This will prevent the need to call the provider to collect the demographic information.
 - a. Demographic information required to create temporary eligibility in the Collaborative Care Connect system includes:
 - i. First and Last name
 - ii. Date of Birth
 - iii. RIN number
 - iv. Address
 - v. Gender
 - vi. Ethnicity
3. Review request for authorization information for completeness (documents required based on request type)
 - a. If all three documents are present:
 - i. Within 1 business day, the Collaborative's Clinical Care Manager reviews content for clinical appropriateness and informs Provider regarding outcome.
 - ii. If medical necessity is established, request is authorized and communicated to provider via secure email.
 - iii. If medical necessity is not established, the Clinical Care Manager contacts provider to seek clarification and offer education/consultation regarding authorization criteria.
 1. The Collaborative and the Provider will reach mutual agreement with respect to next steps (e.g. additional information will be submitted for review, alternative service will be considered, etc).
 2. If mutual agreement has not occurred and provider believes medical necessity is present, the Clinical Care Manager will forward information to the Collaborative's physician reviewer.
 - a) Physician reviews request and authorizes or denies authorization

- b. If all three documents are not present:
 - i. The Clinical Care Manager will contact the provider and identify and request missing information. The Collaborative's required response time is suspended.
 - ii. Once the complete request for authorization information is received by the Collaborative the review process will be re-initiated and the timeline starts again.