



## How Do I Get Authorizations for Alternative Level of Care Services?

For Additional Questions and Answers, visit our [FAQ](#) section

### STEPS:

1. To access, click **Request Member Care** on the left-hand side menu on the *MyPractice* page.
2. Select the appropriate MIS/TIN and Service Location.
3. On the *Prior Requests* Screen (if available), you can search for a previous request, view a recent request, or start a new request by clicking **Start New Request**.
4. On the *Eligibility Search* screen, you must enter Member's First Name, Last Name, Date of Birth and State, and click **Search**. Alternately, you can use Member ID and State. The search will only return one result.
5. On the *Member Details* screen, a summary of the member's information and plan will display. To proceed, click **Select this Member**.
6. On the *Begin* screen, select the service type, check 'Initial' or 'Continued Stay' then click **Continue**.
7. On the *Initiate Request* screen, enter all contact information, along with diagnosis and requested services information. Click **Continue**.
8. On the *Additional Information* screen, be sure to answer all required questions. Click **Continue**.
9. On the *Upload Documents* screen, upload documents by clicking **Browse**. When finished or when no uploads are needed, click **Continue**.
10. On the *Authorization Review* page, confirm that all information entered is correct, then click **Submit**.
11. All submissions will require clinical review and may take up to three (3) days for a decision to be made. You can check the request status by coming back into **Request Member Care** and checking the *Prior Requests* screen.

### TIPS:

- Availability is dependent on member benefits.
- This application is HIPAA-compliant.
- For further assistance, use the **FAQs** link to access **Contact Us**.