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MHP Provider Network Procedural Update #10

TO: MHP Provider Network

FROM: Mental Health Partners – Utilization Management Department

RE: Changes to the State Authorization Process

NOTIFICATION DATE: August 5, 2010

EFFECTIVE DATE: August 9, 2010

Several changes have been made to the State Authorization Program based on the new MHP Benefit Plan 2010-2011 and to improve the procedure for consumers, providers and UM staff.

MAX HOURS/EVENTS FOR THE YEAR:

The Procedure Database has been changed to include the max hour/events allowed for the year. If the total hours/events requested during the year exceed the max for the year in the procedure database the request will pend for, **MAXUNITS – YEARLY MAX UNITS EXCEEDED**. The year starts 6/1/2010 and ends 5/31/2011. The count of hours/event is for the client, not just for your agency.

Prior to this change, if the Benefit Plan allowed one re-authorization for 4050MHI and you were requesting the second re-authorization the authorization would pend with the code **EREVIEW – EXCEPTION REVIEW**. Providers will no longer get this error. Providers will be able to continue to authorize until reaching the maximum limit for the year that is in the Procedure Database. Example, 4050MHI, the max for the year for AMH and a GAF_A is 12. The authorization will only pend after the total for all the authorizations exceed 12 for the year.

Please note: All 4050SAG - SA Group, and H0015 – SAIOP, will pend exception review.

Also, any service that is “turned off” meaning always requires UM review (example: Developmental Therapy, ACT Team, etc.) will continue to pend for **DISA/LEVEL UM REVIEW REQ** – even if the total units have not been exceeded for the year.

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This information will be posted on the MHP website at www.mentalhealthpartners.org in the Provider Updates section.



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ELIMINATION OF INITIAL OUTPATIENT CODES:

MHP is removing the service categories 4050MHII, 4050MHGI, 4050SAII, and 4050SAGI codes that were used for the initial outpatient authorization. This will simplify the process. MHP will run a program to update any authorizations that are already in place with an effective date after 5/31/10 to the corresponding code. Example, MHP will update authorization with 4050MHII to 4050MHI.

SCREEN CHANGES:

MHP is also changing the order that the information is entered. The clinical information will now be the last screen. In some cases, the provider was forced to cancel out of the program when they got to the authorization entry screen and they lost all the clinical information. This change will eliminate this problem. **MHP is NOT requiring the clinical information for the 90801, 96101, 4050MHI, 4050MHG AND 4050SAI if the authorization request is approved.** For these three services, the clinical screen will only appear if the service is pended.

On the Authorization Request Information screen the E-mail and Request Memo fields have been moved before the Refresh Categories to improve the entry flow.

RETRO REQUEST:

There is a new field on the clinical screen that must be updated if the request is pended for **RETRO – RETRO REQUEST** with the reason that will justify UM approval of the retro request.

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