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SERVING BURKE & CATAWBA COUNTIES

MHP Provider Network Procedural Update #3

TO: MHP Provider Network

FROM: Mental Health Partners – Utilization Management Department

RE: Authorizations Via Web-Portal

NOTIFICATION DATE: originally on May 11, 2010 and May 29, 2010, again on July 14, 2010

EFFECTIVE DATE: June 1, 2010

Providers were originally notified on May 11, 2010, that effective June 1, 2010, there will no longer be an option to submit a paper SARF (request for authorization) using the MHP Web Portal. This option will be removed from the web portal on that day.

Providers that are utilizing this paper SARF (request for authorization) will need to do one of two things:

1. If submitting a retro-authorization request, submit your request through the normal CMHC request for authorization process and in the **comments section** note the reasons for the retro-authorization request. You are allowed to submit this request within 5 business days of the start date.

Example: Auth start date is 6/5/10. The system will allow you to put this request into CMHC on 6/10/10. You will receive a “retroactive error code message” on your computer screen once you have submitted the request. Your request will be reviewed by the UM Manager and/or Contracts Team.

Please remember that the retroactive authorizations must have a legitimate reason indicating the reason the request was submitted late otherwise the retroactive authorization request will be denied. Legitimate reasons may include but not be limited to the following examples: unexpected medical emergencies, Citrix malfunction that can be verified by MHP’s MIS Department, clinical home has not updated the target pop which prevents the additional provider from being able to enter their request, etc. This option should not be utilized for “normal auth requests”.

2. If you are **not** connected to the LME’s computer system CMHC, you can use the paper SARF template located on the MHP Internet Site at <http://www.mentalhealthpartners.org/DOCS/Forms/ServiceAuthForm.pdf>. This form can be completed and faxed to (828) 615-1240.

If you have any questions, please contact your Provider Liaison for assistance.