



Dear Provider:

Welcome to the San Mateo County Health Plan. We are pleased to have you join our panel of private providers serving our managed care network for mild to moderate mental health services. The following instructions describe the procedures for obtaining authorization for services.

**Initial Authorization:** When you have been authorized to provide mental health services to a health plan member, you will be contacted by the Access Call Center with the client's name, phone number, and authorization number. You will also receive a copy of the authorization by fax and/or mail. The client has also been given your name and phone number and should be calling you to set up an appointment. Your initial authorization allows you to complete an assessment, a therapy session, a collateral phone call, and provides for two no-shows. For continued authorization, you are also required to complete the treatment plan included in the assessment which must be signed by the client.

**Authorization for Treatment:** Once you have completed the [assessment and treatment plan](#), **fax or mail both forms, plus an [Assignment of Benefits](#) form** signed by the client on both the top and the bottom of the form, to the Access Call Center at 650-349-0771. Upon receipt of the documentation, your assessment, diagnosis, treatment goals, and authorization request will be reviewed. We may authorize all or part of the sessions requested based on medical necessity and Milliman Care guidelines. You must always have an authorization in hand prior to providing any service to the client. **You will not be paid for any unauthorized services. Requests for authorization for past services will be denied.**

**Continued Requests for Treatment:** If you determine that your client needs further services at the end of an authorization period, you will complete a **Continued Authorization Request** which includes a risk assessment and a new client treatment plan to be signed by you and the client. Make sure to submit the request well in advance of your current authorization expiration to avoid denial of payment of unauthorized services. For continued services beyond three years, a new full assessment must be completed and submitted with the treatment plan.

**Request for Psychiatric Medication**

If after assessment you determine that the client would benefit from an evaluation for medication, complete a [Request for Access Psychiatric Medication Assessment](#) and fax it to 650-349-0771. You will be notified when your client has been authorized to a provider who can assess for medication.

Thank you for serving San Mateo County Health Plan members. If you have any questions about the above procedures feel free to call the Access Call Center at 1-800-686-0101.

**All required forms can be found at:** <http://www.smchealth.org/bhrs/contracts>