

Access Call Center

310 Harbor Blvd. Building E

Belmont, CA 94002

Ph: 1-800-686-0101

Fax: 650-596-8065

[www.smchealth.org](http://www.smchealth.org)

[www.facebook.com/smchealth](https://www.facebook.com/smchealth)

Dear MD/NP 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 and provides for two no-shows. Please complete the **MD/NP Managed Care Assessment Authorization Request** form, and have the client sign the **Assignment of Benefits** (AOB) form.

**Authorization for Treatment:** Once you have completed the assessment, fax or mail the assessment **plus the AOB form (signed by the client on both the top and the bottom of the form)** to the Access Call Center at 650-596-8065. Upon receipt of your documentation, the 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, complete and submit a new **MD/NP Managed Care Assessment Authorization Request** form. Make sure to submit the request well in advance of your current authorization expiration to avoid denial of payment of unauthorized services.

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

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

