

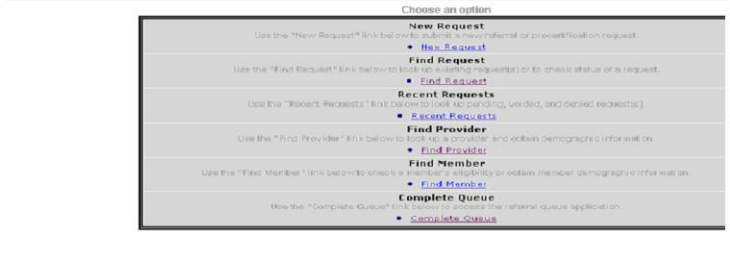
MCS USER'S GUIDE

User Name: _____
 Password: _____

MCS is the Managed Care System at CHP used for entering and tracking authorization requests.

Entering MCS

Open your web browser (like Internet Explorer): www.chpdelivers.com
 Click on the [MCS](#) link in the navigation bar at the top of the CHP web page.
 Click on [Go Online with MCS](#)
 Enter your User ID and Password assigned by CHP. You will then see the screen at the right.



Submitting a New Request

1. Before submitting a new request, please make sure there is not an existing authorization for the same service. If you are unsure, you can check in the [Finding a Request](#) section, page 34. To submit a new request, go to the main screen (above right) click on [New Request](#).
2. In the [Member](#) section of the form, click on [Last Name](#)
 - a) (*Note: it is important to start from the member section of the form since much information is automatically filled in, or "auto-populated", to save time.*) The [Member Lookup](#) screen will appear, enter the last name and first name of the member, or the ID number. Click [Find](#) to generate the search.

- You can enter either a partial last name/ first name **OR** the ID number (not both) when trying to find a member. **Confirm that you choose the correct member by verifying the date of birth and/or Network information. Is the correct information there?**

If yes:

- Click on the appropriate underlined member name
- Remaining information will auto-populate on the request form

If no:

- First**, verify with the health plan through their eligibility system that the member is in fact actively enrolled in the plan. If verified, exit from the **Member Lookup** screen in MCS back to the **New Request** screen and manually enter all fields marked with an asterisk * .

The screenshot shows the 'New Request' form with a 'Provider Lookup' pop-up window. The form has several fields marked with red circles and numbers 4 through 8. The 'Provider Lookup' window shows a table with columns: Name, Specialty, Type, Contact, Phone, Fax. The 'Name' and 'Find' buttons are circled in red.

- Refer to the network information at the top of the form in the Request section. Network information will auto-populate if the member was selected from the member look-up. Do not change the Network information if it was automatically populated. If the member information was manually entered, you will need to select the appropriate network by using the drop-down menu.
- In the **Request Type** field, select the appropriate request from the drop-down menu.
- When selecting the appropriate priority status on the right hand side of the **Request** section, please use **Urgent** only when life or limb threatening.
- In the **Requesting Provider** section, change the **Name** only if it is other than the PCP. To do so:
 - Click on **Name** to reveal the provider lookup screen.
 - Enter the provider's complete last name, click **Find**
 - Choose the correct provider from the list by selecting the underlined name. (Provider information will auto-populate on the form.) If the provider's name is not available, all information will need to be manually entered.
- In the **Refer to Provider** section:

- Click on **Name** to reveal the provider lookup screen.
- Enter the provider's complete last name, click **Find**
- Choose the correct provider from the list by selecting the underlined name.
(Provider information will auto-populate on the form) If the provider's name is not available all information will need to be manually entered.

*Name: Contact:
 Phone: Fax:
 If not PCP, has PCP approval been obtained? Yes No

Member

*Last Name: *First Name:
 *Health Plan: Group Number:
 *Plan ID: *DOB:
 *Sex: Male Female
 *Phone:
 *Address:
 *City: *State: *Zip:
 *PCP Name: PCP Phone:

Refer to Provider

*Name: Fax:
 Phone:
 Facility:
 Surgical Assist: Anesthesiologist:

Clinical

9. DOS: # Units:
 10. *ICD9: Find Find Find Find
 11. *CPT: Find Find Find Find

Past treatment / comments:
 12.

13.

- In the **Clinical Section**, click on the calendar icon and select the date of service.
- In the **ICD-9** section, manually enter the code if it is known, otherwise click **Find** to search for the code. Only valid ICD-9 Codes will be accepted. (Helpful Hints: You must use a period in order for the code to be valid. If searching for the ICD-9 Code, using the percent sign (%) before or after a word will generate a list of ICD-9 Codes using that word. Unless you know the exact verbiage from the CPT book, CPT Codes will be hard to find when using the **Find** field.)
- In the **CPT Code** section, please use CPT Code 99201 if the service is for an office visit. Otherwise, please indicate the proper CPT Code for requested service. If the CPT Code is unknown, click Find to search for the code.
- In the **Past Treatment / Comments** section of this form, provide the specific medical information to support the request. Please include: information the ordering physician is trying to rule out; symptoms; test that have already been performed; the member's history; and any attempted conservative treatment prior to the request.
- Once all of the above information is complete, you can submit your request by single-clicking once on the **Save** button. Do not double-click (this may generate a duplicate request). The system may pause briefly before returning a confirmation with the request number.

Finding a Request

Find Request

1

Request	a Request #: <input type="text"/>	Request Type: <input type="text"/>
	Status: <input type="text"/>	
	Start Date: <input type="text"/> Calendar	End Date: <input type="text"/> Calendar
Member	b Last Name: <input type="text"/>	First Name: <input type="text"/>
	c ID: <input type="text"/>	
Requesting Provider	Name: <input type="text"/>	
Refer To Provider	Name: <input type="text"/>	
PCP	Name: <input type="text"/>	

2

Copyright 2005 Physician Health Partners

1. There are three ways to find a request: *(Please use only **one** of the three steps)*
 - a. **Using the request number** (Please note: Using the request number will only generate the request for that number. No other information will be available for that member.
 - b. **Using the member name** - When using a combination of either the member's last name / first name, or partial last name / first name, the entire history of the patient will be generated.
 - c. **Using the member ID number** - When generating the history of the patient using the member ID number, partial ID numbers can be used and this will also provide the entire member history.
2. Using one of the above steps, click **Find** to retrieve the member history. Once the history is shown, double-click the desired highlighted blue record to open the request. If you wish to print the request, go to **File>Print** from the main tool bar or use the **Print** icon.

Using the Completed Queue

1. There are two ways to search for your information using **one** of the **Completed Queue** functions:
 - a. Applying a filter from the **Filter Completed Queue** for either 30, 60 or 180 days or
 - b. Applying a filter using the dates of service. *(Please note: Use the Calendar provided to determine the dates of service)*
2. Sorting a list of items:
 - a. To customize a view click the highlighted **underlined** links at the top of the columns to sort items in ascending or descending order.

Filter completed queue for:

Referrals determined between Calendar and Calendar

* Enter dates in the format mm/dd/yyyy

2

<u>Request Number</u>	<u>IPA</u>	<u>Receipt Date</u>	<u>Decision</u>	<u>Member ID</u>	<u>Patient Name</u>	<u>Referral Requestor Name</u>	<u>Referral Submitted</u>	<u>Request Type</u>	<u>Determin</u>
No records found.									

records found.

Copyright 2005 Physician Health Partners