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|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| PerformCARE®                    |                                                                                                                                         | Policy and Procedure |
| <b>Name of Policy:</b>          | DHS Notification of Drop in Provider Capacity                                                                                           |                      |
| <b>Policy Number:</b>           | PR-016                                                                                                                                  |                      |
| <b>Contracts:</b>               | <input checked="" type="checkbox"/> All counties<br><input type="checkbox"/> Capital Area<br><input type="checkbox"/> Franklin / Fulton |                      |
| <b>Primary Stakeholder:</b>     | Provider Relations Department                                                                                                           |                      |
| <b>Related Stakeholder(s):</b>  | All Departments                                                                                                                         |                      |
| <b>Applies to:</b>              | Associates                                                                                                                              |                      |
| <b>Original Effective Date:</b> | 10/01/01                                                                                                                                |                      |
| <b>Last Revision Date:</b>      | 08/17/17                                                                                                                                |                      |
| <b>Last Review Date:</b>        | 01/01/25                                                                                                                                |                      |
| <b>OMHSAS Approval Date:</b>    | N/A                                                                                                                                     |                      |
| <b>Next Review Date:</b>        | 01/01/26                                                                                                                                |                      |

**Policy:** PerformCare provides timely notification to the Department of Human Services (DHS) when provider dropout and/or a reduction in network capacity occur.

**Purpose:** To notify the appropriate designated County HealthChoices contact of any reduction in the provider network and/or loss of network capacity.

**Definitions:** None

**Acronyms:** None

**Procedure:**

1. The PerformCare Director of Operations or designee will notify the PerformCare Clinical Department immediately in the event of any reduction in network capacity due to provider dropout or other provider changes. In addition, notification to the appropriate designated County HealthChoices contact will be made within three (3) days of any loss of provider capacity. Notification will be via phone contact and/or e-mail or fax. Summary notification will also occur in OMHSAS Monitoring Meetings.
2. The notification will contain a statement as to the expected impact of the reduction in capacity on the timeliness of service access.
3. The Director of Operations, after consultation with the Clinical Department and the Medical Director, as appropriate, will discuss with appropriate County HealthChoices oversight

possible providers to fill any void created by the reduction in network capacity.

4. County HealthChoices oversight staff shall notify DHS of the loss of a provider and/or reduction in network capacity or direct PerformCare staff to do so.
5. A bi-monthly Network Update report is also distributed following each Credentialing Committee meeting outlining new providers, sanctioned providers and terminated providers.

**Related Policies:** None

**Related Reports:** None

**Source Documents  
and References:** None

**Superseded Policies  
and/or Procedures:** None

**Attachments:** None

Approved by:



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Primary Stakeholder