

## Provider Notice

**To:** All PerformCare Network Providers  
**From:** PerformCare  
**Date:** March 16, 2022  
**Subject:** AD 22-101 Authorization Correction Process

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This notice serves to provide additional clarification regarding the authorization correction process. Following submission of an initial prior authorization or registration request, providers should review the authorization(s) in Jiva, or review the mailed paper copy of the authorization for accuracy. All errors should be reported to PerformCare for correction within 30 days of the date of approval. Requests for authorization corrections outside the 30-day period are subject to the Administrative Appeal process, which is outlined in the PerformCare Provider Manual and posted on the PerformCare website here: <https://pa.performcare.org/providers/claims-billing/index.aspx>

Providers are expected to ensure that authorization for service delivery is in place. Provider policies should ensure that steps required to secure continued authorizations occur in a timely manner to prevent a lapse in authorization and that accommodate unforeseen circumstances that may impact the timeliness of a reauthorization. Best practice is that services should continue through a lapse in authorization. Providers may use the administrative appeal process to request payment for services delivered without an authorization due to a lapse in authorization.

In the event service delivery is temporarily discontinued for any reason, the Provider must notify the Clinical Care Manager immediately so interim needs can be appropriately addressed.

Thank you for your ongoing work with our Members. Any questions should be directed to your Account Executive.

cc: Lisa Hanzel, PerformCare  
Scott Suhring, Capital Area Behavioral Health Collaborative  
Missy Reisinger, Tuscarora Managed Care Alliance  
PerformCare Account Executives