

## **PERFORMCARE IN-NETWORK PROCESS**

### **Definitions:**

- **AE:** Acronym for Account Executive.
- **Facility:** This term is used in reference to an institution, or organization that provides services to PerformCare members. Examples include hospitals, licensed outpatient clinic, licensed partial programs, etc. Staff qualifications are determined by the institution or organization and not individually contracted and credentialed with PerformCare.
- **Group:** This term is used to describe a group practice of practitioners contracted and individually credentialed to provide services to PerformCare members.
- **Practitioner:** This term is used to define a licensed clinician contracted and credentialed individually with PerformCare, or an individual who is part of a group practice contracted and credentialed to provide services to PerformCare members.
- **Provider:** This term is used to represent a facility or individual practitioner.

### **HOW TO BECOME AN IN-NETWORK PROVIDER:**

- ❖ In-Plan process is mandatory for providers who want to request the following:
  - Brand new provider (new to PerformCare network)
  - Brand new practitioner who has a group practice (new to PerformCare network)
  - Individual practitioner wanting to join an existing credentialed group.
  - Current in-network provider wanting to add an additional location/site.
  - Current in-network provider wanting to add a new level of care.
  - Current in-network provider wanting to add additional counties to their contract.
  - A practitioner moving within the same county and expanding their services.
- ❖ Providers **must** have a physical office space outside of their home.
- ❖ In-Plan process is waived or not necessary for the following:
  - Psychiatrist
    - If you and/or your group are new to the PerformCare network, complete the [MD/DO In Network Questionnaire](#) and return to Jen Temple, ([jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com)) or Lindsey Farrow ([lfarrow@performcare.org](mailto:lfarrow@performcare.org))
    - If your group is an existing provider within the PerformCare network and adding a new MD/DO, contact will need to email Jen Temple ([jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com)) or Lindsey Farrow ([lfarrow@performcare.org](mailto:lfarrow@performcare.org)) for credentialing paperwork.
  - Practitioners under a [psychiatrist](#) or [psychologist](#) attestation
    - LSW, LCSW, LPC, LMFT, CRNP, PA and Non-Licensed Practitioners
    - Attestations and resumes (for the supervisee) should be emailed to assigned AE and Jen Temple ([jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com))

- AE listing:  
<https://pa.performcare.org/assets/pdf/providers/resources-information/account-execs.pdf>

## **IN-PLAN PROCESS:**

1. **In-plans must be typed in to be accepted.** If you have any formatting problems and need it in a Word document, please email either Jen Temple at [jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com), or Lindsey Farrow at [lfarrow@performcare.org](mailto:lfarrow@performcare.org).
2. Submit [In-Plan Application](#) with supporting documents if applicable to assigned AE (below) and supporting technicians (Jen Temple - [jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com) and Lindsey Farrow - [lfarrow@performcare.org](mailto:lfarrow@performcare.org)):
  - Cumberland/Perry
    - AE: Janina Kloster – [jkloster@performcare.org](mailto:jkloster@performcare.org)
    - Technician: Lindsey Farrow - [lfarrow@performcare.org](mailto:lfarrow@performcare.org)
  - Dauphin/Lebanon
    - AE: Morgan Jahnigen - [mjahnigen@performcare.org](mailto:mjahnigen@performcare.org)
    - Technician: Jen Temple - [jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com)
  - Franklin/Fulton
    - AE: Kourtney Griggs - [kgriggs@performcare.org](mailto:kgriggs@performcare.org)
    - Technician: Lindsey Farrow - [lfarrow@performcare.org](mailto:lfarrow@performcare.org)
  - Lancaster
    - AE: Julie Merring - [jmerring@performcare.org](mailto:jmerring@performcare.org)
    - Technician: Jen Temple - [jtemple@amerihealthcaritas.com](mailto:jtemple@amerihealthcaritas.com)
  - Outside county- Please refer to full county listing
    - AE listing:  
<https://pa.performcare.org/assets/pdf/providers/resources-information/account-execs.pdf>
  - Supporting Documents Needed:
    - New provider (not currently in PerformCare network)
      - [In-Plan Application](#)
      - [Service Description](#)
    - New practitioner who has a group practice (not currently in PerformCare network)
      - [In-Plan Application](#) (one application per practitioner)
      - Resume/CV of practitioner
    - Individual practitioner wanting to join an existing credentialed group.
      - [In-Plan Application](#)
      - Resume/CV of practitioner
    - Current in-network provider wanting to add an additional location/site.
      - [In-Plan Application](#)
      - If school-based outpatient (SB-OP), letter of support from school district and county is needed.

- For CABHC contract, in-plan is waived if provider is already in-network providing SB-OP. Provider must obtain County Letter of Support for the School based site.
  - Current in-network provider wanting to add a new level of care.
    - [In-Plan Application](#)
    - [Service Description](#)
  - Current in-network provider wanting to add additional counties to their contract.
    - [In-Plan Application](#)
    - [Service Description](#)
  - A program practitioner moving within the same county and expanding their services.
    - [In-Plan Application](#)
  - IBHS
    - [In-Plan Application](#)
    - OMHSAS Approved Service Description
    - County Letters of Support
    - IBHS License in Central Region
    - Proof of MA enrollment application if not enrolled at time of application.
- 3. Internal review at PerformCare of in-plan application and supporting documents will be completed by our Provider Relations, Quality Improvement and Clinical Departments.
- 4. Once internal PerformCare review is complete, county oversights (CABHC and/or TMCA) will complete a review and provide agreement or disagreement with PerformCare recommendation of approval or denial.
- 5. After PerformCare and oversight review is complete, provider will receive approval to proceed with the in-plan process or a denial letter via email.
  - If denied, provider may apply again after 1 years' time or if there has been significant change in program description, access or capacity.
- 6. If approved, provider will receive approval letter and documents for contract and credentialing completion. Document completion requests could be a combination of any of the following depending on provider type:

### **Forms:**

- **Contract:** For new providers or when a provider is getting a new contract added to their profile.
  - If the MH-OP group is already in-network, then a contract is not needed.
  - PerformCare Contact: Marlene Coletti, [mcoletti@performcare.org](mailto:mcoletti@performcare.org)
- **In Lieu of Service Application:** Needed when a provider's service and provider type and specialty is an "in lieu of" service.
  - If provider already has a MAID number but are changing addresses, they still need a supplemental application.
  - PerformCare Contact: Marlene Coletti, [mcoletti@performcare.org](mailto:mcoletti@performcare.org)

- **Individual Application Form and Checklist:** Individual does not need if they are already in-network with PerformCare.
    - This form is needed when an individual is being credentialed. If the individual is not required to be credentialed, then this form is not needed.
    - The checklist goes with the Individual Application Form
      - Should be returned to this mailbox: [PerformCare-HealthChoices@amerihealthcaritas.com](mailto:PerformCare-HealthChoices@amerihealthcaritas.com)
  
  - **Facility Credentialing Application:**
    - Provider does not need to complete if they are already in-network with us.
    - Part II is included in the Facility Credentialing Application.
    - Should be returned to this mailbox: [PerformCare-HealthChoices@amerihealthcaritas.com](mailto:PerformCare-HealthChoices@amerihealthcaritas.com)
  
  - **Group Practice Credentialing Form:**
    - Provider receives and must complete this form if they are a group and new to PerformCare.
    - This form is required if the group itself must be approved. If the request is to add a clinician to an approved group, then the form is not needed.
    - Should be returned to: Barb Miller - [bmiller@performcare.org](mailto:bmiller@performcare.org).
  
  - **Part II Form:**
    - Required only for Facilities. This is only needed when something needs to be added, changed or set-up in the PerformCare system (address changes, adding a level of care, etc.)
    - This should be returned to the assigned AE.
  
  - **Provider Data Update Form:**
    - Only needed when changes (address changes, adding a level of care, etc.) are being made for an existing individual.
    - Can be found on website: <https://pa.performcare.org/assets/pdf/providers/resources-information/form-provider-data-update.pdf>
    - Should be returned to the assigned AE.
7. When the contract is completed, the provider's application is sent to credentialing committee for review.
- Credentialing Committee meets once a month.
  - After being approved by Credentialing Committee, and when MA enrollment is obtained, the provider is then able to start treating and billing for PerformCare members. The provider should also complete a new provider orientation in coordination with their AE.