

PerformCARE®		Policy and Procedure
Name of Policy:	Provider Notification to PerformCare of Mental Health and Hospital Based Substance Use Inpatient Stays when Member has Third Party Liability Insurance	
Policy Number:	CM-020	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	01/01/04	
Last Revision Date:	05/11/20	
Last Review Date:	05/13/24	
OMHSAS Approval Date:	N/A	
Next Review Date:	05/01/25	

Policy: Providers will notify PerformCare of a Member's admission, anticipated discharge date and after care plans from Mental Health and Hospital Based Substance Use Inpatient and when the PerformCare Member has TPL insurance.

Purpose: To establish a reporting practice for providers for Members admitted to Mental Health and Hospital Based Substance Use Inpatient with PerformCare as a secondary insurance.

Definitions: None

Acronyms: **TPL:** Third Party Liability
MH IP: Mental Health Inpatient

Procedure:

1. Providers will determine a patient's insurance coverage upon inpatient admission.
2. Providers will notify PerformCare, by contacting Member Services Staff, within one business day of admission and prior to the day of discharge of a Member who has PerformCare as secondary insurance.
3. Providers will report the following information upon admission:
 - 3.1. TPL coverage, Physical health plan coverage and any other primary insurance.
 - 3.2. Presenting Problem: (Clinical information / symptoms. Why Member needs requested level of treatment).
 - 3.3. Confirmation of demographic information
 - 3.4. Emergency contact information

- 3.5. Member's discharge resource and ability to return following treatment.
4. Member Services Staff will notify Clinical Care Manager upon admission.
5. The Clinical Care Manager will notify the provider to include PerformCare in discharge planning since PerformCare may be responsible for aftercare treatment.
6. Providers will notify PerformCare of the following prior to the day of discharge:
 - 6.1. Date of discharge
 - 6.2. Current Diagnosis.
 - 6.3. Member's clinical symptoms, presentation, and relevant situational information at time of discharge.
 - 6.4. Discharge plan (level of care, date, time and location of aftercare appointment and discharge resource). Members should be discharged with a ***scheduled*** aftercare appointment within PerformCare's access standards.

Related Policies: None

Related Reports: None

**Source Documents
and References:** None

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

Attachments: None

Approved by:



Primary Stakeholder