PerformCARE®	Policy and Procedure
Name of Policy:	Provider Notification for Mental Health and Hospital Based Substance Use Inpatient Stays with Third Party Liability Insurance
Policy Number:	CM-020
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Care Management
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	01/01/04
Last Revision Date:	03/28/25
Last Review Date:	04/09/25
OMHSAS Approval Date:	N/A
Next Review Date:	04/01/26

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 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)
   6.4.1 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:

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Primary Stakeholder