

PerformCARE [®]		Policy and Procedure
Name of Policy:	Payment Authorization Procedures	
Policy Number:	PR-005	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	12/20/24	
Last Review Date:	01/12/26	
OMHSAS Approval Date:	N/A	
Next Review Date:	01/01/27	

Policy: Payment Authorization Procedures for In-Plan, Out-of-Network, and Out-of-Area Services will be consistently applied by the Provider Relations Department.

Purpose: Procedures to assure timely payment authorization for provider's in-plan, out-of-network, and out-of-area.

Definitions:

Ambulatory Services: Services delivered in the community and not requiring a 24 hour stay.

Non-Ambulatory Mental Health Services: Services including a 24-hour setting (mental health inpatient and residential treatment facility services).

Single County Authority (SCA): County entities that receive state and federal dollars through contracts with the Department of Drug and Alcohol Programs (DDAP) and the HealthChoices program, to plan, coordinate, programmatically and fiscally manage and implement the delivery of drug and alcohol prevention, intervention, and treatment services at the local level.

The Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA): A professional association that represents the SCAs across the commonwealth and publishes the SCA rates for services.

Acronyms: None

Procedure: 1. Emergency Room services may be provided by either network or non-network providers without prior authorization or approval by PerformCare.

2. Routine outpatient services provided by in-network or out-of-network providers will be authorized as outlined in *CM-MS-003 Outpatient Requests Requiring Prior Authorization or Registration*.
3. In-network and out-of-network providers will bill PerformCare directly for services rendered.
4. PerformCare will process all claims as they relate to medical necessity criteria and reserve the right to deny non-emergency claims that are not supported by appropriate clinical documentation or proper authorization.
5. PerformCare will use established fee schedules for reimbursement for both in- and out-of-network services.
6. The applicable PerformCare fee schedule will be used to compensate both in- and out-of-network ambulatory services.
7. Non-ambulatory mental health services (mental health inpatient and residential treatment facility services) are negotiated rates. When out-of-network, the average BH MCO rate is the starting point, but can be negotiated with the facility.
8. Both in-network and out-of-network substance use inpatient and residential providers are compensated at their Single County Authority (SCA) “X, Y, Z rate setting package” approved rate or the OMHSAS approved ASAM minimum rate for the service, whichever is the higher rate.
9. PerformCare Contracting / provider maintenance staff are responsible to data enter services and rates for all providers in the PerformCare information system. Rate verification occurs upon each submission of a rate change to the information system Configuration team. Prior to a Production change, the Configuration process includes separate Audit and Quality Assurance steps to match the system rate changes to the original request. Providers are notified of rate changes via Fee Schedule and/or Rate Change Letters to all impacted providers.
10. PerformCare will accept claims from out-of-area emergency providers within the timely filing limits established by each contract (i.e., 60 days) from the date of service, subject to retrospective review.

Related Policies: *CM-MS-003 Outpatient Requests Requiring Prior Authorization or Registration*
PR-001 Service Authorization Procedures and Standards for Out-of-Network Providers

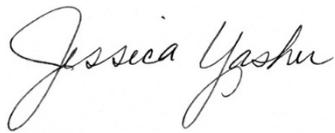
Related Reports: None

**Source Documents
and References:** None

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

Attachments: None

Approved by:

A handwritten signature in cursive script that reads "Jessica Yashur".

Primary Stakeholder