

Provider Notice

To: **All Network Providers and Prescribers**
From: **PerformCare**
Date: **October 27, 2023**
Subject: **AD 23 119 Collection of Race, Ethnicity, and Language (REL) as well as Sexual Orientation and Gender Identity (SOGI) Data**

This Notice is to inform all network providers and prescribers that, effective December 1, 2023, PerformCare will begin routine collection of Race, Ethnicity, and Language (REL) as well as Sexual Orientation and Gender Identity (SOGI) data on forms for initial and re-authorization/continued stay prior authorization requests. The collection of SOGI data will be reviewed to address health disparities. Providers should obtain this information directly from Members/Parents/Guardians. ***Please note, Members/Parents/Guardians can decline to answer these questions and that should be documented accordingly.***

Additionally, prescribers (RTF, MH IP, MH PHP, etc.) that use other approved methods to recommend initial or aftercare behavioral health services not listed above (i.e. Best Practice psychological evaluations, psychiatric evaluations, discharge summaries, etc.) should add to their documents a section in which a Member's race, ethnicity, sexual orientation, gender identity, sex assigned at birth, preferred pronouns, alternative name (if applicable), and primary written/spoken language are detailed.

Questions regarding a Member's race, ethnicity, sexual orientation, gender identity, sex assigned at birth, pronouns, alternative name (if applicable), and primary written/spoken language have been added to the following forms:

Certified Recovery Specialist Auth Request Form:

<https://pa.performcare.org/providers/resources-information/forms-substance-use.aspx>

Mobile Psychiatric Nursing Authorization Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/mobile-psychiatric-nursing-request-form.pdf>

Music Therapy Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-music-therapy-request.pdf>

Peer Support Authorization Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-outpatient-peer-support-auth-request.pdf>

Prior Authorization to Adjunct Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-prior-auth-adjunct-request.pdf>

Prior Auth for MH OON Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-prior-authorization-mental-health-out-of-network.pdf>



Psychiatric Rehabilitation Authorization Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-psychiatric-rehabilitation-request.pdf>

SU Disorder IOP Authorization Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-sa-clinical-iop-request.pdf>

SU Disorder OON Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-substance-use-prior-auth-oon.pdf>

TCM MH Auth Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-tcm-mh-auth-request.pdf>

TCM SUD Authorization Request Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/targeted-case-management-substance-use-disorder-authorization-request-form.pdf>

FBMHS Recommendation Letter:

<https://pa.performcare.org/assets/pdf/providers/resources-information/fbmhs-recommendation-letter.pdf>

IBHS Written Order:

<https://pa.performcare.org/assets/pdf/providers/resources-information/ibhs-written-order-form.pdf>

ISPT Meeting Summary Form:

<https://pa.performcare.org/assets/pdf/providers/resources-information/form-ispt-meeting-summary-fill-in.pdf>

Thank you for your ongoing collaboration and commitment to our members. Please contact your Account Executive if you have any questions.

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