

Provider Notice

To: All IBHS Providers and Prescribers
From: PerformCare
Date: April 18, 2022
Subject: IBHS 22-104 IBHS Monitoring and Referral Process for Members with Primary Insurance

This Provider Notice serves to inform Individual and ABA IBHS providers of an additional clarification to the previously distributed IBHS Monitoring and Referral process. Specifically, this Notice pertains to the process for Members with primary commercial insurance. For Members identified to have active primary commercial insurance at the time a Written Order is received, those Members would not follow the IBHS Monitoring and Referral Process. Instead, providers should retain these Members (and their Written Orders) until staffing is available or work with them and their commercial insurance company to identify another provider who accepts the Member's commercial insurance.

PerformCare will also begin the process of identifying Members with primary commercial insurance currently on its IBHS monitoring or referral lists. Effective 30 days from the date of this notice, PerformCare will cease all monitoring and referral activities for current and future Members identified as having active commercial insurance and an ASD diagnosis OR a Written Order for IBHS ABA. Providers should contact PerformCare Care Connector if the commercial insurance is no longer active or if Act 62 does not apply.

Attached to this memo is an updated copy of the provider IBHS Monitoring and Referral process that includes clarification regarding Members with primary commercial insurance. Contact your Account Executive with any questions.

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

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917
Providers: 1-888-700-7370 Fax: 1-855-707-5823
Mailing Address: 8040 Carlson Road Harrisburg, PA 17112

Individual and ABA IBHS Provider Monitoring and Referral Process

Background: When a Member's Individual/ABA IBHS Provider of Choice is unable to begin an IBHS assessment at the time the Written Order/Best Practice Evaluation is received, PerformCare and the provider will engage in a joint monitoring process. PerformCare and the chosen Individual/ABA IBHS provider will also work to facilitate transfers for Members when the IBHS assessment has not started and the Member/Family/Guardian wishes to transfer to another provider. **Note: this process excludes Members who have active primary commercial insurance and Act 62 applies.**

Processes 1 and 2 outline the joint monitoring and transfer process that PerformCare and the provider network will implement when the Provider of Choice is unable to begin services.

1. Process 1: The provider of choice is unable to begin IBHS upon receipt of a Written Order and the Member/Family/Guardian opts to remain with the original IBHS provider of choice.

1.1. Once an Individual/ABA IBHS provider receives a Written Order or Best Practice Evaluation (BPE) and determines they cannot begin the IBHS assessment within (7) calendar days, the following steps must be completed:

1.1.1. *The provider completes the IBHS Written Order/BPE Receipt Notification* assessment in Jiva, which includes the following fields:

- 1.1.1.1. Provider of Choice
- 1.1.1.2. Provider Location County
- 1.1.1.3. Date of Written Order/Best Practice Evaluation
- 1.1.1.4. Date Written Order/Best Practice Evaluation Received
- 1.1.1.5. Services Recommended

1.1.2. The Member/Family/Guardian completes the *PerformCare (IBHS) Initial Service Capacity Acknowledgement* form affirming they are declining a transfer and prefer to wait for staffing at the chosen provider.

1.1.2.1. The Provider will submit the form along with the initial IBHS request submission.

1.2. On a bi-weekly basis, PerformCare Care Connectors will share with each provider a list of all Members for whom an *IBHS Written Order/BPE Receipt Notification* assessment in Jiva was completed.

- 1.3. Within (2) business days of receiving their list, providers will provide an update to PerformCare for each Member including:
 - 1.3.1. Of note, if the Member has active commercial insurance and at least one of the following is true, the provider will be notified as PerformCare does not monitor Members with commercial insurance **and Act 62 applies**:
 - 1.3.1.1. Member is approved for IBHS ABA
 - 1.3.1.2. Member is diagnosed with ASD (Individual or ABA recommended)
 - 1.3.2. Provider staffing capacity and timeline for completing the IBHS assessment.
 - 1.3.3. Provider overall capacity to accept new Members, if applicable.
 - 1.3.3.1. Providers should contact PerformCare Care Connectors when able to accept new Members.
 - 1.3.4. If a Member/Family/Guardian later decides to transfer to another provider, refer to Step 2.
 - 1.4. The process of providing bi-weekly updates will continue until the provider is able to begin the IBHS assessment. At this point, the provider will:
 - 1.4.1. Provide an assessment start date to the Care Connector via bi-weekly IBHS monitoring.
 - 1.4.2. Complete the *IBHS Assessment Registration* assessment in Jiva.
- 2. Process 2: The provider of choice is unable to begin IBHS upon receipt of a Written Order and the Member/Family/Guardian opts to transfer to another IBHS provider. This could occur before or after the assessment/ITP is completed, but prior to an IBHS approval. In this instance, PerformCare will take the lead in monitoring the Member and managing referrals to another provider of choice.**
- 2.1. If the provider of choice receives the Written Order and determines they are unable to staff the assessment, the provider must notify PerformCare that the Member/family/guardian wants to transfer within seven (7) calendar days. Notification will occur by means of faxing (1-855-707-5823) the Written Order/BPE.
 - 2.1.1. The provider of choice must also notify PerformCare if they cannot staff the recommended services after the assessment is completed and the family wants to transfer.
 - 2.1.2. If the Member has active commercial insurance **and Act 62 applies** and at least one of the following is true, the provider will be notified as PerformCare does not refer Members with commercial insurance. The responsibility to facilitate a

transfer to a provider that accepts the Member's primary insurance falls to the provider in this case:

- 2.1.2.1. Member is approved for IBHS ABA
 - 2.1.2.2. Member is diagnosed with ASD (Individual or ABA recommended)
- 2.2. On a daily basis, PerformCare Care Connectors will review provider capacity on the PerformCare website.
- 2.2.1. For providers who have not updated their capacity on the PerformCare website weekly, PerformCare Care Connectors will outreach to that provider to inquire as to their capacity and remind them to update the website capacity report.
- 2.3. In the event a provider reports having capacity** on the website, PerformCare Care Connectors will outreach to that provider and attempt to match a Member's IBHS prescription to their reported capacity.
- 2.3.1. If a match is found, the Care Connector will fax the Written Order/BPE or complete request (if applicable) to the provider.
 - 2.3.1.1. In the event the matched provider receives a referral and then determines they cannot meet the Member's treatment needs, the provider will return the referral/Written Order to PerformCare by contacting the referring Care Connector. At this time, Process 2 will restart.
- 2.4. Providers are also encouraged to contact the PerformCare Care Connectors and request a referral any time they have capacity to accept new Members.
- 2.5. Note: If, following an IBHS approval, a Member/Family/Guardian requests a transfer, PerformCare policy CM-CAS-057 Children's Service Provider Transfer Process should be followed

**** For the purpose of this IBHS referral process, capacity is defined as a provider's ability to staff at least a portion of the BA/BC-ABA/BC/MT as prescribed in the Written Order.**