

Provider Notice

To: **Capital Area Partial Hospitalization Providers**
From: **Scott Daubert, PhD, VP Operations**
Date: **December 1, 2017**
Subject: **MH 17 101 Elimination of the Distinction of Acute vs. Non-Acute Partial Hospitalization Programs**

In the Capital Area counties, PerformCare historically has used an acute partial hospitalization application and annual attestation process to identify partial hospitalization programs (PHP) as “acute” if certain standards were met. As of January 1, 2018, we will be eliminating this distinction, and all partial hospitalization programs will be paid at the same fee schedule rate and evaluated according to the same standards. No facility will experience a rate decrease as all partial hospitalizations programs will now be paid at the higher, previously “acute” rates.

There will be a renewed focus on meeting the routine 7-day access standards and monitoring overall program capacity and any waiting lists. The following changes were developed over time collaboratively with the partial hospitalization providers.

- Discontinuation of the Acute PHP CPT code / modifier combination: The Acute PHP rate modifier that has been in use is HK. All active PHP CPT (H0035) combinations that include the HK modifier are discontinued after 12/31/17. As of 1/1/18, base CPT’s for all PHP will be H0035HB for licensed adult PHP and H0035HA for licensed child PHP.
- Pending Referral (Waiting) Lists: Pending referral (waiting) lists can be kept by providers. Capacity at each program will be monitored through monthly submissions from the PHP providers to PerformCare regarding their Pending Referral Lists. PerformCare will provide a template for monthly reporting that will start in January 2018. At a minimum, we will be collecting the following data points:
 - Licensed capacity of each program
 - Average daily census of each program
 - Names of PerformCare Members on the current Pending Referral List with the date referred
 - Indication of insurance status of PerformCare Members on Pending Referral ListPlease see Attachment 1 for a draft of this template. Comments and suggested revisions can be made through communication with your assigned Account Executive.
- Identification of Urgent vs. Routine Access Requirements: For definitions of Urgent and Routine Access, please refer to PerformCare Policy and Procedure QI-024 Routine Access Service Monitoring. During prior authorization, the PerformCare clinical department will ask whether the PHP admission is a hospital step-down or considered Urgent by the Provider and/or PerformCare Care Manager, and will be denoted accordingly. All other cases will be noted as

Routine.

- Capture of 7-Day Routine Access Dates: The following two dates will be captured in PerformCare prior authorization process.
 - Date Member Referral is Complete & Approved Opening in PHP. This is the date when the PHP has all necessary intake and referral information for the Member AND the PHP program has an available opening to accept the Member. Since PHP programs cannot violate their licensed capacity, routine access will only be measured from the date that an opening in the program is available. (Note that capacity and waiting list issues will be captured separately from the routine access measure.)
 - Date of Admission Offered to Member. The second date for measurement of the routine access standard will be the date that the PHP program offers admission to the Member. (Note that PerformCare is moving away from a claim-based measure and will be obtaining this date from the PHP providers during the prior authorization process. This is not necessarily the same date as the date of admission, since Members may choose or otherwise be unavailable for the first offered date of admission.)

All PHP providers will receive a separate rate letter verifying available CPT/modifier combinations in more detail and rates to be submitted starting with dates of service on or after 1/1/18.

Thank you for your attention to this matter, and please contact Scott Daubert, VP Operations, sdaubert@performcare.org, or your Account Executive with any questions related to this notice.

cc: James Laughman, PerformCare
Scott Suhring, Capital Area Behavioral Health Collaborative
Melissa Shaffer, Behavioral Health Services of Somerset & Bedford Counties
Missy Reisinger, Tuscarora Managed Care Alliance
PerformCare Account Executives

Represents members who have completed referrals,
but are not yet admitted to the program.

Reporting month and year:

| Name of Provider and PHP Program <small>(List each licensed program separately)</small> | Address <small>(City, state, ZIP)</small> | Indicate child or adult license | Licensed capacity | Average daily census <small>(Most recent month)</small> | Number of members on pending referral (waiting) list <small>(Please fill out Table 2 as applicable).</small> |
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Table 2: PerformCare Members on Pending Referral (Waiting) List

| Name of provider and PHP program (List each licensed program separately) | Name of referred member | MA ID# of member | Date of birth of member | Date referred | Indicate insurance status |
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