

Review of Service Description

When a service description is received as part of the in-plan process for a new provider, or as a revision for an existing provider, internal staff at PerformCare, county staff and oversights review the service description and if applicable, feedback is sent to the provider for revisions. The timeline expectations for this review are outlined below.

1. Once an AE receives service description for review, it is sent out to internal staff within a week of receipt. Internal staff have 3 weeks to review and provide feedback.
 - a. Note that the receipt date for service descriptions attached to an in-plan is the approval date from the oversight.
2. If applicable, the service description is then sent to counties and/or oversights to provide additional feedback. External reviewers are given 3 weeks to provide their feedback.
3. AE then sends the service description back to the provider with all feedback outlined via track changes.
 - a. Providers should respond to each item thoroughly via track changes. If providers have questions on the feedback, a comment should be entered.
 - b. Providers should send the revised service description back to the Account Executive within 2 months.
4. AE will send the revised service description to all reviewers that provided feedback for them to ensure that their feedback has been incorporated to their satisfaction. Reviewers will be given 2 weeks for a response.
5. If any feedback has not been adequately addressed by the provider, the AE will request a response for the additional feedback from the provider.
 - a. Providers should respond to the request for additional or outstanding feedback within 2 months.
6. Step 4 & 5 will continue until the service description elements are agreed upon by all parties.
7. If a provider takes longer than 3 months to respond to feedback, PerformCare will close the service description review process and, if applicable, deny the in-plan and notify the provider.