Effective April 15, 2016, Community Behavioral Health (CBH) is refining its process for response to requests for services when the information provided by a provider is insufficient to make a clinical determination.

Under the HealthChoices Program, if a provider requests a non-acute level of care without providing sufficient information to allow CBH to render a medical necessity determination, CBH shall notify the member and provider of the missing elements by sending an insufficient letter. The provider then has up to 14 calendar days to respond with the requested information at which point CBH will make a medical necessity determination. Additional information should be provided as it is for initial requests (fax, electronically, phone, etc).

For acute levels of care, CBH will verbally inform the provider of the missing elements. The provider then has 24 hours to respond with the requested information, at which point a CBH will make a medical necessity determination.

If the provider does not respond within the outlined timeframe, or the information is still inadequate for CBH to make a medical necessity determination, CBH will deny the request due to insufficient information.

Questions regarding this Notice may be directed to your Provider Relations Representative.