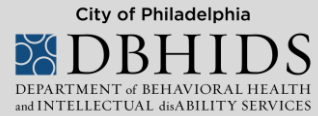




**Provider Bulletin 20-09**  
**April 13, 2020**  
**(Revised May 18, 2020)**  
**(Revised June 10, 2020)**



## **Temporary Suspension of Utilization Review**

Community Behavioral Health (CBH) appreciates the commitment of all providers to serve members during this difficult time. Behavioral health services are essential services for our members, and CBH expects our contracted behavioral health providers to continue to operate throughout the COVID-19 crisis.

This Bulletin was revised on May 18, 2020 to provide clearer language about authorizations remaining open and active. A second revision was issued on June 10, 2020 to align with a mandate from the Office of Mental Health and Substance Abuse Services (OMHSAS) Pennsylvania Office. A link to that memorandum [can be found here](#).

CBH recognizes that providers may lack the resources to respond to utilization review requests while responding to the challenges of COVID-19. Therefore, CBH is suspending utilization review, effective Saturday, April 11, 2020. Suspension of utilization review includes prior authorizations (with few exceptions noted below) and all continued stay requests. Discharge reviews will continue to be performed as usual, specific to the level of care. This action coincides with a transition in reimbursement from fee-for-service/Per Diem to an Alternative Payment Arrangement (APA) as specified in [CBH Bulletin 20-08](#).

CBH clinical staff will remain available 24 hours per day, 7 days per week via the Psychiatric Emergency Services (PES) line at 215-413-7171. Assigned Clinical Care Managers (CCMs) will also remain available during regular business hours. Clinical management will support the following main objectives:

- Support member access to medically necessary behavioral health services
- Support our providers via resource identification and mutual problem solving
- Facilitate flow through levels of care with focus on those with the highest behavioral health needs
- Reduce unnecessary utilization of emergency rooms and hospitals as feasible

Please note that the categories below apply to both in-network and out-of-network services.

**Acute Inpatient Services (EAC, AIP, APHP, CMIS, SAIP, Crisis Residence, Enhanced Staffing, Private Rooms) and Substance Use Services (ASAM 2.5, 3.1, 3.5R, 3.5H, 3.7WM, 4, 4WM, RINT)**

- Contact the PES line or assigned CCM for the authorization number
- Prior authorization and concurrent review are suspended
- Providers must remain in contact with the assigned CCM to ensure that authorizations are open and active for individuals who are in treatment in these services
- Upon discharge review, the assigned CCM will ensure authorization reflects the length of stay

**Residential Treatment Facilities (RTF, RTFA, CRR-HH, AMHR)**

- Prior authorizations will remain; concurrent reviews will be suspended
- Authorizations will be extended as needed by the Clinical Care Manager

**Targeted Case Management**

- Prior authorizations will remain for ACT and Non-Fidelity ACT only
- Concurrent reviews will be suspended for all case management services
- Providers must ensure that authorizations remain open and active for individuals who remain in treatment in these services

**Community-Based Services (BHRS, IBHS, ABA, FBS, FFT, MST-PSB)**

- Current authorizations will be extended until August 30, 2020 (all services except initial assessment and treatment)
- Submit Written Order (BHRS, IBHS, ABA) or Referral Form and Evaluation (FBS) to the CBH secure web server or via fax to obtain an authorization number
- New Written Orders for BHRS and IBHS should only be made for authorizations through the summer, not to exceed the first day of school

**Retrospective Review**

Per the OMHSAS memorandum referenced above, all services for which prior authorization have been suspended will be subject to retrospective review for medical necessity by CBH and the Bureau of Program Integrity in the Department of Human Services.

Additionally, when the COVID-19 disaster emergency declaration period ends, providers must submit requests for services to continue to be delivered where the prior authorization requirements were suspended as follows:

- Provider authorization requests must be submitted within 30 days from the date the COVID-19 emergency declaration ends for: children under the age of 21 who are receiving FBS and BHRS/IBHS; children who are in a residential treatment facility
- Prior authorization requests must be submitted within 15 days from the date the COVID-19 emergency declaration ends for all other adult and child services

This Bulletin will remain in effect until further notice and is subject to further evaluation as the COVID-19 situation develops. CBH may reissue or revise this Bulletin as appropriate.

Please submit questions about this Bulletin to Dr. Chris Tjoa, Interim Chief Medical Officer, at [chris.tjoa@phila.gov](mailto:chris.tjoa@phila.gov).