



Provider Bulletin 20-14 July 28, 2020



Provider Timely Access to Treatment

Effective August 28, 2020, CBH will require all in-network providers to report any time they are unable to ensure timely access for new referrals or deliver care within the applicable timeframe, including when there are waitlists and when they are not accepting new CBH members. This information will be utilized as a monitoring process to ensure access to care. CBH is responsible for ensuring that members have adequate access to in-network providers who can meet their behavioral health needs.

The HealthChoices program requires CBH to maintain a provider network that is able to provide face-to-face treatment intervention for all members within one hour for emergencies, within 24 hours for urgent situations, and within seven days for routine appointments and specialty referrals (HealthChoices Program Standards and Requirements, II-5 (F)). CBH is also required to have a notification process in place with providers for the referral of a member to another provider if a selected provider is not able to schedule the referred member within the access standard.

When a provider is unable to meet the applicable timeframe, the provider must submit written notice to their assigned CBH Provider Relations Representative identifying the timely access deficiency and the plan of action to correct the deficiency. This applies to all in-network providers and includes all levels of care. CBH will monitor provider compliance with this requirement through member complaints and grievances, the annual Member Satisfaction Survey, the monthly electronic access data submission (outpatient providers), provider reports, and overall utilization and referral trends. Any time a provider is unable to deliver care within the applicable timeframe they are obligated to notify CBH; this includes when they have waitlists and when they are not accepting new CBH members.

As a reminder, if a provider temporarily or permanently ceases providing services under the CBH Provider Agreement, it is considered an Event of Default under VI(B)(1) of the CBH Provider Agreement.

Please submit questions about this Bulletin to your assigned Provider Relations Representative.