Provider Access to Timely Treatment (Amended)  
(Original: July 28, 2020)

This Bulletin is being issued as an addendum to the original. The original message of 
Bulletin 20-14 still applies as follows:

CBH will require all in-network providers to report any time they are 
able 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.
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The addendum to this Bulletin is being issued to highlight the following:

CBH has developed a Smartsheet form for providers to utilize as a mechanism for submitting written notice to their assigned CBH Provider Relations Representative. To access the form, please click [here](#). The Smartsheet form will collect information about service locations affected, effective and target date, person responsible for monitoring the plan and will also allow for an upload of the required supporting documentation on official company letterhead which must include details around the barriers to access as well as the detailed plan for reconciling the barriers. This form is available for immediate use by the provider network; however, all Providers are expected to utilize this mechanism for notification, **effective October 9, 2021.**

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