

## ACT Value Based Payment (VBP) Case Rate Arrangement

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This Bulletin is to alert Providers of the implementation of the ACT VBP arrangement (case rate) effective May 1, 2022. To qualify for payment, a Member must receive at least one billable service during a calendar month, have successfully adjudicated claims, and the accompanying documentation for each service maintained in the member's clinical record.

Services that can be used to substantiate the payment are:

- ➔ LOC 800-19

Please note:

- ➔ Providers are to submit **all** claims for every service that was delivered to the Member. Claim submission should not be restricted to the one billable service that is minimally required for the case rate payment.
- ➔ All treatment services will be set at a zero rate on the Provider's contract (Schedule A).
- ➔ The case rate will be included on the Provider's contract (Schedule A) and will include a dollar amount, **BUT** Providers should not bill directly for this service. If the case rate for ACT service is billed, the claim will reject.
- ➔ The case rate will automatically be paid when the Provider bills for the qualifying service.
- ➔ Providers must continue to meet productivity standards.
- ➔ Eligibility for bonus payments will be based on quality metrics.
- ➔ The case rate will be retracted when the supporting claims are backed out, either via Provider self-audits or CBH Compliance audit.

Should you have any questions, please contact your Provider Relations Representative.