ACT Value Based Payment (VBP) Case Rate Arrangement

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.