Residential Treatment Facilities (RTF) Value Based Payment (VBP) Arrangement

This Bulletin is to alert Providers to the implementation of the Residential Treatment Facility (RTF) Value Based Payment (VBP) arrangement effective **September 1, 2022.**

To qualify for payment, an in-network RTF must have provided billable services to a CBH Member whose admission date is on or after September 1, 2022, must have successfully adjudicated claims, and must have maintained the accompanying documentation for each service in the Member's clinical record.

Payment Structure

The VBP payment structure includes three tiers to accommodate a higher rate (+5%) for initial placement (90 days.) After the 90 days, the rate will resume its standard amount (Base Rate) and will decrease (-5%) after six months for general programs and 14 months for autism spectrum disorder/intellectual disability (ASD/ID) programs.

Level of Care	*Length of Stay*	*Rate*
General PRTF (Psychiatric RTF)	0-3 months (days 1-90)	$ Base Rate + 5%
	4-9 months (days 91-270)	$ Base Rate
	10+ months (days 271+)	$ Base Rate – 5%
ASD/ID RTF	0-3 months (days 1-90)	$ Base Rate + 5%
	4-14 months (days 91-420)	$ Base Rate
	15+ months (days 421+)	$ Base Rate – 5%

- The VBP rate applies to Members admitted on September 1, 2022, or after.
- Providers should submit accurate claims for every service that was delivered to the Member.
- Providers will continue to bill as per usual. The rate included on the Provider's contract (Schedule A) indicates the Base Rate. The CBH Claims adjudication system will adjust for the respective +5% / -5% according to the schedule above.
- The Admit Date is required to be noted on all claims. The Admit Date remains the same even if Members move between cottages within the same Provider agency.

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- The rate does not pause for hospitalization during CBH-approved bed hold or for Members who are absent without leave unless discharged and readmitted with a new authorization number.
- 500-24 and 550-32 Preadmission Testing are excluded from the VBP payment structure.
- Providers must not span bill claims across calendar months.
- The payment structure will be assessed after the first year of implementation.
- Claims are subject to review. Improperly billed claims may be retracted either via Provider self-audits or CBH Compliance audit.
- Eligibility for bonus payments will be based on quality metrics determined each year.

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