

This document was created as a supplementary resource for the Community Behavioral Health 101 Information Session held in October 2024. Please refer to the materials from this info session on the CBH website for more information. Please refer to the CBH website, Provider Bulletins & Notices, and Provider Manual for the most up to date information.

1. PROVIDER ENROLLMENT

1. **What is the process to enroll as a provider with Community Behavioral Health?**
 - a. There are steps a potential provider must take at the state and local level to become a provider in the CBH network. The basic steps are listed below. Please note that this is an overview and there may be additional steps depending on specific situations for each provider. For more information, please see How to Become a Provider section of the Community Behavioral Health 101 presentation from October 9, 2024 and the accompanying resource guide.
 - i. Obtain appropriate state licensure (see OMHSAS, DDAP, and other licensing bodies)
 - ii. Enroll as a Medicaid Provider (PA PROMISE)
 - iii. Enter the CBH Network either through the Clinical Procurement or Open Network process
 - iv. Complete CBH Credentialing
 - v. Complete CBH Contracting
2. **How long does it take to complete both the state and CBH processes to become a provider in the CBH network?**
 - a. The processing time for the state varies. Average time is 90-120 days for licensure and Medicaid enrollment. However, it may take longer if the application is incomplete or needs to be reviewed by other offices.
 - b. CBH procurements typically take approximately 3 months from release of application to decision, with variation. Open network response is typically approximately 30 days.
 - c. CBH Credentialing and Contracting time will also vary based on the provider type and could be anywhere between 2 weeks – 180 days.
3. **When a provider goes through the application process, are there any reasons they would be rejected from CBH's network?**
 - a. Potential providers may not be successful in the enrollment process at various points in the process and for various reasons including:
 - i. Not meeting enrollment requirements such as appropriate licensure, Medicaid enrollment, or credentialing requirements.
 - ii. For more information on credentialing requirements see [Provider Manual](#), section 2: Credentialing and Appendixes (<https://cbhphilly.org/cbh-providers/cbh-provider-manual/>).
 - b. If a provider is applying through a competitive procurement and they are not selected, this may be because another applicant scored higher on their proposal submission for the procurement.

2. PAYMENT

1. **What infrastructure including billing systems will be necessary for my organization to build the capacity to submit necessary paperwork and ensure reimbursements/payments are received in a timely manner?**

- a. Different providers have different needs, resources, and infrastructure that they use to bill CBH and otherwise manage their operations. There is not a one size fits all answer to best practices on this topic. An organization's processes may also change as the organization changes/grows.
- b. Some factors to consider regarding billing infrastructure may include:
 - i. What policies, practices, and supports are in place to ensure staff capture services rendered including time, place, individual served, staff providing services, description of services provided, etc.? This documentation is required for billing.
 - ii. What systems and staffing are in place to obtain needed authorizations from CBH?
 - iii. What systems and staffing are in place to obtain needed third party liability information from other payers?
 - iv. What systems and staffing are in place to compile claims information to send to CBH and receive and review payment?
 - v. Electronic client records are helpful for many providers and preferred by CBH. However, providers also have the option to submit paper claims or to submit claims through the converter.
 1. For more information, see [Provider Manual](https://cbhphilly.org/cbh-providers/cbh-provider-manual/), section 6.2 Claims (<https://cbhphilly.org/cbh-providers/cbh-provider-manual/>).
 - vi. What systems and staffing are in place to help monitor compliance processes and prevent, identify, and correct fraud, waste, and abuse?
- c. It is also advisable to review plans for cash flow as payments are not received immediately upon submission of claims.
 - i. For more information, see [Provider Manual](https://cbhphilly.org/cbh-providers/cbh-provider-manual/), section 6.2 Claims (<https://cbhphilly.org/cbh-providers/cbh-provider-manual/>).

2. How do I determine if current rates paid by Medicaid for behavioral health services will be financially sustainable for my organization?

- a. CBH's rates come from the state and depend on level of care. Funding is subject to change based on state and federal budgets. Community-based rates are standard, bed-based rates are negotiated and bundled. Once an application for entry into the network is submitted an example of a fee schedule can be provided.
- b. Different providers have different needs and resources, therefore what is financially sustainable will differ greatly across providers. It is recommended that providers develop business and operations plans that are reasonable to support the services and functions that the organization plans to provide.
- c. Some financial factors to consider include:
 - i. Your unit costs.
 - ii. Your client mix and payer mix.
 - iii. How value-based arrangements including case rates, pay for performance bonus payments, and other related factors may affect your revenue.
 - iv. Other resources available to your organization such as grants and other payers. A diverse funding strategy is best practice.

3. Which services does CBH reimburse for?

- a. CBH reimburses for Medicaid eligible services that fall within mental health and substance use services.
- b. For services covered by CBH please see: <https://cbhphilly.org/members/services/services-covered-by-cbh/> or the Member Handbook: <https://cbhphilly.org/members/member-handbook/>
- c. For specific populations, there may also be other services available in addition to behavioral health services that may be valuable to explore (e.g. early intervention services, disability services). <https://dbhids.org/services/intellectual-disability-services/childrens-services/early-intervention/>

- d. To identify specific providers providing a type of service, members can explore the CBH Provider Directory: <https://cbhphilly.org/members/provider-directory/>
 - e. Providers and members can also contact CBH Member Services for assistance navigating available services at 1-888-545-2600.
4. **What are options to get reimbursed for services that CBH does not fund?**
- a. For any services that are not funded by CBH, other funding options may include grant funding, private donations, other health plans, or other payers.

3. SERVICES

1. **I am interested in learning about how medical necessity is determined and used.**
 - a. Medical necessity criteria are determined by the state. More information on medical necessity criteria can be found on the CBH website here: <https://cbhphilly.org/cbh-providers/oversight-and-monitoring/medical-necessity-criteria/>
 - b. CBH's Clinical Department uses medical necessity criteria when making decisions about services that require prior authorization. For more information on services requiring pre-authorization, please see: <https://cbhphilly.org/members/services/services-covered-by-cbh/> or the Member Handbook: <https://cbhphilly.org/members/member-handbook/>.
2. **Does CBH fund case management services for adults and/or children?**
 - a. Yes, CBH funds Case Management services for children/adolescents and adults. Please see the [CBH Member Handbook](#) for more information on covered services (<https://cbhphilly.org/members/member-handbook/>).
 - c. See the Provider Directory to identify specific in network providers <https://cbhphilly.org/members/provider-directory/>. CBH Member Services can also help members identify providers: 1-888-545-2600.
3. **Does CBH fund Intensive Outpatient (IOP) services for children/adolescents?**
 - a. CBH has 4 IOP providers (adult) for substance use disorder. Data has not supported the need for IOP services for youth. CBH will continue to monitor the data and fill any gaps in the network, as needed.
4. **Are there open access points available in Philadelphia?**
 - a. Some service providers provide open access hours. You can visit the [CBH Provider Directory](#) and check provider websites for open access hours (<https://cbhphilly.org/members/provider-directory/>).
 - b. Additionally, Philadelphia has established Mental Health Urgent Care Centers for adults and children and Crisis Response Centers. That information can also be found in the [CBH Provider Directory](#) (<https://cbhphilly.org/members/provider-directory/>).

4. CLIENTS/MEMBERS

1. **How can a provider confirm that a client has the appropriate insurance before a session?**
 - a. Providers should check PA DHS' Eligibility Verification System (<https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/evi.html>) to verify the eligibility of each Enrollee to whom provider seeks to provide Covered Services, in accordance with procedures set forth in the CBH Provider Manual. Enrollee's eligibility may change from session to session. Each provider is responsible for ensuring that its agency has a plan in place to conduct timely verifications to assure that the Enrollee is eligible prior to rendering services.
2. **What are the typical intake processes and wait times for members looking to receive services in the CBH network?**

- a. Each provider has their own intake processes. Wait times vary based on volume. There is no wait time dashboard available for public consumption. Each provider would need to verify their current wait time. Some providers also have open access walk-in hours for intake.
 - b. CBH issues [Provider Bulletins](#) regarding standards for access to timely treatment. Providers should monitor these bulletins for updates (<https://cbhphilly.org/cbh-providers/provider-bulletins/>).
- 3. How can I find information about how many people are using different services?**
- a. Information about members served and services used can be found in CBH’s Annual Reports here: <https://cbhphilly.org/about-us/data-reports-and-minutes/2023-cbh-annual-report/> .

5. OPERATIONS

- 1. What are the current rules regarding tele-health? Is there a requirement to have a physical office space?**
- a. Guidelines for telehealth are in progress and will be released when completed.
 - i. In the meantime, for existing guidance, please see OMHSAS bulletins and CBH bulletins and notices:
 1. <https://www.pa.gov/en/agencies/dhs/departments-offices/omhsas-info/omhsas-behavioral-health-telehealth.html>
 2. https://cbhphilly.org/wp-content/uploads/2024/02/CBH_Provider_Notice_Four_Walls_Rule_2024-02-15.pdf
 3. https://cbhphilly.org/wp-content/uploads/2022/10/CBH_Provider_Notice_Telehealth-Updates_2022-10-12.pdf
 4. Please monitor CBH and OMHSAS for updates.
 - b. Currently it is required by the Centers for Medicare and Medicaid Services (CMS) that MHOP clinics have a licensed physical location and either the clinician or client must be physically located at this location for billed services (CMS “4 walls rule”).
- 2. What templates/resources/models exist regarding policies that are required by the State and/or CBH?**
- a. Reviewing regulations, requirements, and announcements from the federal, state, and local level is a good place to start to develop your own policies for your organization:
 - i. PA code: <https://www.pacodeandbulletin.gov/>
 1. Recommend reviewing regulations to identify items relevant to your services. For instance, information on specific levels of care can be found under Title 55: Human Services.
 - ii. OMHSAS: <https://www.pa.gov/en/agencies/dhs/departments-offices/omhsas-info.html>
 - iii. CBH provider manual: <https://cbhphilly.org/cbh-providers/cbh-provider-manual/>
 - iv. CBH bulletins & notices: <https://cbhphilly.org/cbh-providers/provider-bulletins/>
 - v. Network Inclusion Criteria: <https://dbhids.org/about/organization/administration-finance-quality/network-improvement-and-accountability-collaborative/network-inclusion-criteria/>
 - vi. Clinical Practice Guidelines and Performance Standards: <https://cbhphilly.org/cbh-providers/cbh-provider-manual/>
 - vii. CBH provider directory: <https://cbhphilly.org/members/provider-directory/>
 - b. Building relationships and sharing resources with other providers in the network is also helpful for many providers. For example, CBH supports a Mental Health Outpatient Provider Learning Collaborative group where provider colleagues/peers can share best practices and resources.

- 3. When first starting, does a provider have to have staff already or do they come with the referrals?**
 - a. Staffing is the responsibility of the provider and there are certain staffing requirements that must be met to become credentialed with CBH.
 - b. Providers should rely on their own marketing for referrals as CBH can only identify providers who have particular services; however, it the members choice to select which provider they want to receive treatment from.