

## Provider Network Termination and Operational Policy

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This bulletin highlights Community Behavioral Health's (CBH) expectations of providers who are initiating termination from the network and/or provider service location.

As indicated in the Provider Agreement, *Either Party shall have the right to terminate this Agreement at any time during the term of the Agreement in its sole discretion and without cause upon written Notice to the other party at least ninety (90) days prior to the proposed termination date or such other prior written Notice as specified in this Agreement.*

Additionally, CBH requires providers to, *Provide CBH no less than forty-five (45) days' Notice of the proposed effective date any anticipated voluntary change in the location, range or scope of services offered by Provider, cooperate with CBH in making necessary revisions to service descriptions as requested by PA DHS or CBH, and submit to CBH any approved revised service description associated with the change in location, range or scope of services offered within five (5) business days of receiving approval of the revised service description.*

Record retention is a vital function of provider closure and termination. Per the provider agreement, Providers are responsible for retaining all records and making such records available for audit, review, or evaluation to CBH, or any authorized representative of CBH, for a minimum of seven (7) years after the final payment.

CBH has developed a Smartsheet form for providers to utilize as a mechanism for submitting a formal notice to their assigned CBH Provider Relations Representative. Supporting Documentation should be attached to the Smartsheet.

The Smartsheet form will collect the following:

- Formal notice on company letterhead, signed by the executive director.  
(Including an explanation of why the contract cannot be migrated to an Out of Network Agreement for a period of 60 days, post-termination if applicable)
- Impacted service locations
- Active member list including demographic information (name, DOB, MA number, address, phone number)
- Termination date

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- ➔ Primary person leading the termination process
- ➔ Member notification
- ➔ Medical record retention contact information
- ➔ Duration of time needed to transition members

This form is available for immediate use by the provider network. Click [here](#) to access the form.

Please submit questions about this Bulletin to your assigned CBH provider relations representative.