

CBH Provider Manual Updates

Significant portions of and secondary documents related to the CBH Provider Manual have been updated. Changes are listed below (and in Manual Section 9: Revision Log):

- Section 2. Credentialing
 - Various updates throughout section
 - NPAU Provider Personnel Roster Template updated (Section 8.4.)
- Section 3. Authorizations
 - Updates to Authorization Guidelines (Section 3.10.)
 - <u>Utilization Review Care Coordination Grid</u> updated (Section 3.11.)
- Section 4. Quality
 - **P4P Operational Definitions Master Document** updated (Section 4.11.)
 - Minor updates to Fair Hearing procedures (Section 4.5.1.)
 - Minor updates to Clinical Appeals (Section 4.8.)
- **→** Section 5. Program Integrity
 - Updates to Prepayment Review Audits (Section 5.5.1.2.)
 - **Program Integrity Audit Codes** updated (Section 5.8.)
 - **Program Integrity Treatment Planning Guide updated (Section 5.18.3.)**
- Section 6. Finance
 - CBH 5010 Institutional Companion Guide (Now V1.12) and CBH 5010 Professional Companion Guide (Now V1.9) updated (Section 6.2.3.1.)
- Section 8. Additional Documents and Links



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Telehealth Best Practice Guidelines added (Section 8.3.)

Appendices

- Initial Credentialing Approval Letter Facilities (now Appendix N) and Initial Credentialing Approval Letter – Independent/Group Practitioners (now Appendix O) updated
- » CBH Attestation Independent/Group Practitioners, FQHC BHCs; FQHC BHC Approval Letter; FQHC BHC Credentialing Letter (formerly Appendices S, T, and U) removed
- » Appendix title letters updated accordingly

If you have any questions or concerns, please contact your Provider Relations Representative or call the Provider Relations Hotline at 215-413-7660.