

Update to Provider Request for Rate Increase Timing

This Notice is to alert CBH Providers of changes to the rate request process. As an update to the [CBH Provider Notice dated November 7, 2019](#) (which awarded Providers opportunities for requests each quarter), Providers may now request a biannual increase for their non-standard rates.

The due dates have been adjusted to the following:

- ➔ March 15 of the given year
- ➔ September 15 of the given year

Requests will only be reviewed once all proper documentation has been received. The review process will begin after the date above. Providers who submitted requests by March 15 can expect confirmation of decision by June 1 and for Providers who did so by September 15 can expect confirmation by December 1.

CBH is currently reviewing all Providers’ rates and will adjust them as necessary. There will be no more requests for Provider rate increases for the remainder of calendar year 2022. The next opportunity for Providers to submit a request for a rate increase are the dates outlined above in 2023.

Providers will be able to request rate increases for non-standard rates if they have not had an increase within the past three years or can demonstrate extenuating circumstances. If they have had an increase in less than three years, Providers will need to present economic evidence such as changes in the marketplace, staff hiring issues, and/or the inability to operate.

Providers will be given minimal consideration for an increase if primary need is due to low census or inability to submit clean claims.

The outline of different types of rates are outlined below:

<i>Standard</i>	<i>Non-Standard</i>	<i>APAs and VBPs</i>	<i>State APAs</i>
Outpatient Psychiatric	Inpatient Psychiatric	CIRC	Opioid COE
Laboratory	Inpatient D&A Services	ACT/CTT/TCM	FQHC
IBHS ABA	Non-Hospital D&A	ASAM 1.0 (OP/ OTP)	ICWC
	Host Homes	Children’s Crisis	
		PEACE	

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RTF-A and Other Residential Per Diem Rates	IBHS RTF
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Providers must submit the Request for Rate Increase Coversheet and a rate request financial package. This must include all items listed on the coversheet. All requirements and documentation can be found [here](#).

Providers must use these designated forms and submit the requested expenditure documents in the template provided, in an editable Excel worksheet. All information can be sent to CBH.RateRequest@phila.gov. Providers will receive an automated confirmation of receipt of submission. At this time, additional items may be requested. All Provider rate increases may be reviewed by various CBH clinical and finance committees, with the DBHIDS Finance Committee making the final decision. Providers will receive a written notification as to whether the request has been approved or denied.

The following factors will drive the decision to increase a rate:

- ➔ Funding availability based on DHS Capitation Rates
- ➔ Rate equity with similar services
- ➔ Provider financial data
- ➔ Timing of last rate increase
- ➔ Other factors supplied by the Provider

Forms and processes may be updated in the coming months. Please continue to monitor the [CBH website for updates](#). Should you have any questions, please reach out to your Provider Relations Representative.