

## Provider Guidelines for the Use of Artificial Intelligence (AI)

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CBH's Program Integrity Department have created guidelines for those operating within the CBH Provider Network on the use of Artificial Intelligence (AI). These guidelines are effective August 25, 2025, and are meant to aid providers if they are choosing to utilize AI within their operations. It is important to note that if AI is used, a human/staff member must review the documentation. The provider staff and/or agency is responsible for the accuracy and appropriateness of the content.

1. The use of AI does not alter or lessen federal, state, local, or CBH requirements and guidelines.
  - » Usage of AI tools is meant to **enhance** services being provided, not **replace** current service delivery methods.
2. All AI applications **must** be HIPPA-compliant.
  - » Providers must ensure policies and procedures include language prohibiting the use of non-HIPPA-compliant AI applications.
  - » Providers must properly vet all AI applications.
  - » References:
    - [Is ChatGPT HIPPA-Compliant? \(The HIPPA Journal\)](#)
    - [AI Chatbots and Challenges of HIPAA Compliance for AI Developers and Vendors \(J Law Med Ethics\)](#)
3. CBH does **not** allow AI bots (e.g., ChatGPT, Microsoft Copilot, Google Gemini, Grok, etc.) in any virtual meeting platform.
4. Providers should have policies and procedures that outline their stance on the use of AI within their agency that align with CBH.
  - » **Training and Education:** When utilizing company-wide AI technologies, it is important to train staff on the appropriate usage of these applications,

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as AI is continually changing. It is also important to update these training courses at least annually.

- » **Feedback Tools:** Having an internal method for members and staff to provide feedback regarding AI applications will allow for improvement in the use of AI in service delivery and ensure that it is in adherence to the treatment goals of the member.
  - » **Internal AI Auditing and Reviews:** The implementation of regular AI app audits will ensure that PHI is not compromised.
5. If AI is used, a human/staff member must review the documentation. The provider staff and/or agency is responsible for the accuracy and appropriateness of the content. For example:
- » Note-writing (individual or group)
    - Providers should include that AI was utilized in the notes and identify in which note sections it was utilized.
  - » Treatment recommendations
  - » Medical recommendations
6. If utilizing AI for treatment recommendations, it is important to know:
- » How the information was formed
  - » Whether there are any biases
    - **Bias Monitoring:** It is important to create a framework for monitoring and addressing potential biases. Providers should establish a relationship with the AI developer with whom they are partnering for assistance.
    - If unchecked, biases in AI could lead to inconsistencies in treatment recommendations, impacting overall care quality.

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7. It is important to note that CBH does ***not*** allow any offshore storage of PHI.
  - » From the Provider Agreement: “*Offshore Contracting*. No Covered Services under this Provider Agreement may be performed outside of the United States without CBH’s prior written consent.”
  - » As the provider, if contracting with a third party, you must be aware of how that party stores their data and ensure that it is not offshore.
8. Providers should be aware of the concerns surrounding Generative AI (i.e., AI focused on creating new content such as text, images, photos, or code) due to unknown source origins and lack of adherence to HIPPA.
9. Providers should consider completing an informed consent with members regarding their usage of AI, especially when utilizing it for treatment.
  - » Providers should have a procedure if a member would like to opt out of treatment-based AI.

If you have any questions regarding these guidelines, please contact Maria Perkins, Business Rules Leader, at [Maria.Perkins@phila.gov](mailto:Maria.Perkins@phila.gov).