

1. Why is CBH seeking more lab providers?

CBH is seeking additional lab providers as we are currently not contracted with any providers with brick-and-mortar locations. Our goal is to increase access by allowing members to get lab services on their own schedules. This will provide increased flexibility to support our members' timely lab delivery.

2. How many lab providers will be selected?

We are looking to build capacity by increasing members' locations so that they can receive services. As a strategy to build capacity, CBH will award at least two providers. Our goal is for those providers to have multiple operating locations.

3. Most of our brick-and-mortar locations operate from 7:00 a.m. to 3:30 p.m., and some sites are open on Saturdays from 8:00 a.m. until 12:00 p.m. Are those sufficient hours?

Yes, those hours are sufficient. To increase access, preference will be given to providers that offer flexible hours, which include early morning (before 9:00 a.m.), evening (after 4:00 p.m.), and weekend hours. Proposals should include the individual locations and operating hours for each site.

4. Do current contracted lab providers have to submit an RFP response, or is this RFP for new providers only?

No, this RFP is only for new providers to expand our lab service providers.

5. Should applicants submit actual proof of accreditation and permit documents or simply reply in the affirmative?

Proof of accreditation and permits should be submitted as part of the proposal content.

6. Can proposals include the numbering of each response (e.g., 2.12.1 – 2.12.8.), addressed in order, without rewriting the question? Additionally, are we providing an eight-page single-spaced summary in addition to the various questions?

Proposals do not need to include the questions from the RFP but should indicate what is being responded to. Numbering each response and addressing the question is sufficient. Sections 2.12.1 to 2.12.8 are the questions bidders should include in the eight-page narrative response. However, additional attachments are not counted towards the eight-page limit. The additional attachments are the provider locations attachment (instructions in section 2.12.6.1) and the general attachments (found in section 2.11).

7. Is a narrative description of our personnel's credentials/degrees sufficient, or are proof source documents being requested during RFP submission?

A narrative description of your personnel's credentials and degrees is sufficient.

8. As a publicly traded company, all financial information is available to the public on our company and investor relations websites. Will links to this information suffice, or would CBH like to see these financial documents specifically at this time?

Please include the actual financial documents as part of your proposal.

9. Can you provide a list of CBH’s in-network behavioral health physician providers?

We cannot provide a list as our network comprises multiple facilities and levels of care. For example, a mental health outpatient clinic may have multiple psychiatrists. However, you can review facilities and independent practitioners that CBH contracts with on our website under our [Provider Directory](#).

10. What is the insurance mix typically seen and the top insurances?

This is strictly for Community Behavioral Health (CBH). CBH is the only behavioral health insurance for Medicaid recipients in Philadelphia County. Our members have separate physical health insurance, and those carriers have separate laboratory contracts. Please reference the [PH-MCO list](#) on the Commonwealth of Pennsylvania website.

11. How would claims be broken between physical health insurance and CBH?

It depends on what type of provider has written the order. If a physical health provider requests a lab, billing will go to the physical health insurance carrier. If a behavioral health provider requests the lab, billing will go to CBH for the behavioral health claims.

However, there may be overlap. Labs, such as Blood Glucose, can be requested by psychiatrists if they are prescribing antipsychotics to monitor the medication correctly. To support this, CBH encourages laboratories that partner well and collaborate with physical health providers to apply so that data can be shared easily.

12. Please describe how claims that include both clinical and behavioral (drug) tests would be handled if received on the same physician order/requisition (i.e., would CBH deny the entire claim, asking us to refile to the Physical Health Medicaid insurance of the member)?

CBH reimburses labs ordered by an in-network provider to an in-network contracted lab. Physical health providers cannot order labs to be reimbursed by CBH.

13. Will treating physician providers no longer receive reimbursement for lab services as a part of the case rate for the patient treatment program? In other words, will CBH reimburse all lab service claims (drug screens + other clinical lab tests)?

CBH does not reimburse for all lab services. We have a menu of laboratory tests related to behavioral health diagnoses that we contract with laboratories. Providers requesting lab tests outside of the tests CBH is contracted with are responsible for requesting payment from the provider. For example, when Urine Drug Screens are part of the service case rate, the substance use disorder treatment provider reimburses them.

14. Can you make the list of labs that CBH contracts with available to bidders?

Amalase	FTA	Lipid Panel
Antibody (HIV)	Glutamyl Transferase, Gamma (GGT)	Lithium
Basic Metabolic Panel	Hemoglobin; Glycosylated (A1C)	Magnesium
Blood Count Hematocrit (HCT)	Hepatic Function Panel	Nortriptyline

Blood Count Hemoglobin (HGB)	Hepatitis A Antibody (HAAB), IGG	Oral Drug Testing
Blood Count; Hemogram & Platelet Count; Auto & Auto Compdiff WBC	Hepatitis A Antibody (HAAB), IGM	Phenytoin, Total
Blood Count; White Blood Cell (WBC)	Hepatitis B Core Antibody (HBCAB); IGG & IGM	Pregnancy Test
Carbamazepine	Heptatitis B Core Antibody (HBCAB); IGG & IGM	Prolactin
Comprehensive Metabolic Panel	Hepatitis B Surface Antibody	Serum Clozapine Level Test
Confirmatory Testing	Hepatitis C Antibody	Syphilis, Test; Qualitative (EG, VDRL, RPR, ART)
Creatine Kinase (CK), (CPK); Total	HIV Testing, 4th Generation	Testing for the Presence of a Drug
Despiramine	Imipramine	Thyroid Hormone Uptake
Dipropylacetic Acid	Infect Agent Antig Immuno Tech Adenoivir Ent Type 40/41	Thyroid Stimulating Hormone (THS)
Drug Screen Qualitative, 1-5	Infectious Agent Detect By Nucleus Acid (DNA OR RNA) Hep C	Thyroxine - Total
Drug Screen Qualitative, 6-10	Lead	Urinal.Dipstick/Tab Autom Any # of Constituent, w/Microscopy
Electrolyte Panel	Lipase	

15. How many tests are performed every year? Can you break down 12-month utilization by Lab CPT or covered tests?

Laboratory test utilization varies by year based on members' current needs. In Quarter 1 and Quarter 2 of 2024, over 45,500 lab tests were performed. CBH expects higher utilization of lab services in 2025 compared to 2024.

16. Can you confirm whether billing is done by CPT codes?

Billing is done through CPT Codes and Blanket Authorization numbers, which will be added to the awardees' contracts.