

IF A PROVIDER IS HAVING ISSUES WITH THE PROVIDER PORTAL OR REPORTS THAT THEY DO NOT HAVE ACCESS, WHO CAN THEY CONTACT?

Please review the [Frequently Asked Questions if you need assistance with the CBH Portals](#). For technical assistance with the CBH Provider Portal, email CBHProviderPortalSupport@phila.gov or contact your CBH Provider Relations Representative.

Never send Protected Health Information (PHI) via email.

HOW DO THESE CHANGES APPLY TO OUT-OF-NETWORK PROVIDERS?

The updated Utilization Review parameters apply to both in-network and out-of-network providers. The only difference in this new process is that out-of-network providers are not given access to the new provider portal. Therefore, out-of-network providers must call in their ASAM for the initial authorization to the Psychiatric Emergency Services (PES) line at 215-413-7171.

HOW MANY DAYS ARE ENTERED FOR THE REQUEST?

All providers must request up to the initial 3 days of admission, CBH will review for continued medical necessity and follow the updated authorization review parameters for 3.5 level of care. The generated authorization will reflect the current last covered day.

WHAT IF PROVIDER UTILIZATION REVIEW STAFF DON'T WORK WEEKENDS AND CANNOT SUBMIT THE ASAM TO THE PROVIDER PORTAL?

CBH contracted providers who conduct assessments and facilitate admissions during the weekends should have ASAM-trained staff available to complete the admission ASAM. Providers also have up to 72 hours to submit the ASAM and can submit an ASAM anytime within that time period.

Example: If someone is admitted on Thursday, CBH must receive it by Sunday at the latest but could submit it on Friday before leaving for the weekend.

IF A CBH MEMBER ADMITS TO ASAM 3.5 BUT WITHIN 3 DAYS, THE PROVIDER ASSESSES AND RECOMMENDS A DIFFERENT LEVEL OF CARE BUT HAVE NOT YET UPLOADED AN ASAM, WHAT STEPS SHOULD THE PROVIDER TAKE?

The provider must call the Psychiatric Emergency Services (PES) line to facilitate precertification/authorization to the recommended level of care (3.1, 3.7, 4.0) as currently. The PES line will provide authorization for the recommended level of care AND an authorization number for the initial days spent at ASAM 3.5 LOC. They do not need to upload an ASAM to the provider portal.

Example: The member admits to ASAM 3.5 on 4/2/25, but the provider determines on 4/3/25 that the member needs ASAM 3.7 services. The provider will call PES on 4/3/25 and obtain an authorization number for one day at ASAM 3.5 LOC and a new authorization for ASAM 3.7.

IF A CBH MEMBER ADMITS TO ASAM 3.5 BUT WITHIN 3 DAYS, THE PROVIDER ASSESSES AND RECOMMENDS WITHDRAWAL MANAGEMENT (3.7WM OR 4WM) BUT HAS NOT YET UPLOADED AN ASAM, WHAT STEPS SHOULD THE PROVIDER TAKE?

For 3.7WM and 4.0WM, the provider must call Psychiatric Emergency Services (PES) to complete the ASAM live once the determination is made. If the provider calls within 24-48 hours of admission to make this change, the authorization can be backdated for 3.7WM and 4WM to the date of admission. They also do not need to upload an ASAM to the provider portal.

WHAT HAPPENS IF THE PROVIDER SUBMITS AN ASAM ON DAY 1 OR DAY 2 DUE TO WEEKEND STAFFING LIMITATIONS, AND THE CASE GETS DENIED, HOW MANY DAYS WILL THE PROVIDER RECEIVE?

The number of days a provider receives for 3.5 using the portal is tied to the day the ASAM was submitted or the effective date of the denial if denied.

Example 1: Member admits to 3.5 on 3/31/25, an ASAM is submitted on 3/31/25, and PES processes the request and issues a denial on 3/31/25. Since the member has not been in

treatment for any time, this is considered an initial request, and the provider may not receive coverage for this day.

Example 2: Member admits to 3.5 on 3/31/25, an ASAM is submitted on 3/31/25, and PES processes the request and issues a denial on 4/1/25, PES would generate an authorization for 3/31/25 since the member spent the night

IF A PROVIDER ASSESSES THE MEMBER AND SUBMITS AN ASAM FOR 3.5 AT DAY 3, PSYCHIATRIC EMERGENCY SERVICES (PES) REVIEWS THE CASE AND ISSUES A DENIAL, WILL THE PROVIDER STILL GET THE INITIAL AUTHORIZATION FOR 3 DAYS?

Yes, the provider will receive authorization from the date of admission to the date of the ASAM submission, up to 3 days, even if denied continued stay after reviewing the ASAM. All notifications will be sent to the provider's message box from PES in the portal.

WHAT IS THE BEHAVIORAL HEALTH SPECIAL INITIATIVES (BHSI) ROLLOVER PROCESS IN 3.5?

BHSI rollovers require an ASAM to be uploaded to the portal for continued stay within 72 hours of receiving CBH eligibility. Based on Medical Necessity Criteria (MNC), PES will generate an authorization for a total of up to 15 days from the date of rollover.

WHAT IS THE PROCESS FOR LATERAL TRANSFERS IN 3.5?

Lateral transfers will follow the current process, including discussion and approval with your assigned Clinical Care Manager. If approved, the Clinical Care Manager will approve the number of days, and authorization will be provided upon admission. These requests will not be processed in the portal.

WHO COMPLETES THE REQUIRED INFO SHARE FOR 30-DAY RE-ADMITTED CASES?

The assigned Clinical Care Manager (CCM) will complete a FLASH info share with the provider based on CBH's internal ASAM FLASH meeting.

WHAT IS THE TURNAROUND TIMEFRAME FOR THE AUTHORIZATION FROM WHEN THE PROVIDER SUBMITS THE ASAM TO THE TIME IT IS PROCESSED IN THE PORTAL BY PSYCHIATRIC EMERGENCY SERVICES (PES)

PES has 24 hours to process and enter the authorization into the portal. If an authorization is not displayed within 48 hours, please select recipient > Department > PES Authorization Request using the Secure Messaging feature.

WHAT ARE THE PARAMETERS FOR EXTENDING AUTHORIZATIONS CLOSE TO HOLIDAYS OR SCHEDULED TIME OFF?

CCM's can extend authorizations up to 15 days. No authorization should be extended beyond 15 days.

A PROVIDER WANTS TO STEP A MEMBER DOWN FROM A HIGHER LEVEL OF CARE TO 3.5. WHAT STEPS MUST THE PROVIDER FOLLOW?

The provider can complete the discharge review with their assigned care manager but must then follow the new process above to obtain authorization for 3.5.

WHAT DOES THIS PROCESS MEAN FOR STEP-UPS OR STEP-DOWNS TO 3.5 OR 3.7?

Step ups and step downs are NOT considered 30-day re-admissions. If the member has not discharged to the community before returning to 3.5, the receiving provider will submit a 3.5 ASAM via the portal within 3 days of admission and will receive a total of 15 days if there was not a prior admission to treatment within the last 30 days.

For 3.7 referrals from another level of care, pre-certs are still completed by the referring provider with their assigned care manager, and a pending auth of up to 15 days will be generated.