POLICY AND PROCEDURE: PROVIDER RATE-SETTING

The HealthChoices behavioral health program has two different rates depending on the type of service offered: ***Standard*** and ***Non-Standard***.

Standard Rates

Certain levels of care have a standard rate, meaning the rate is the same across all providers of that level of care (LOC). Standard rate reviews are conducted routinely and collectively. Providers with standard rates are encouraged to notify CBH of financial challenges they are facing. That information will be used to inform standard rate rebasing; however, individual increases are not considered.

Standard LOCs include:

- Intensive Behavioral Health Services (IBHS)
- Outpatient Substance Use Disorder (SUD)
- Intensive Outpatient SUD (IOP)
- Outpatient Mental Health
- Inpatient SUD Services (ASAM 4.0, 4.0WM)
- Non-Hospital SUD (ASAM 3.1, 3.7, 3.7WM)
- Mobile Psychiatric Rehabilitation Services (MPRS)
- Laboratory Services

The following is taken into consideration during standard rate rebasing:

- Timing of last increase
- Funding availability
- Increased costs associated with providing the service
- Current PA Medical Assistance (MA) rates

Please Note: New and out-of-network providers receive the current standard rate.

Non-Standard Rates

Certain levels of care have non-standard rates, meaning the rate may differ among providers of the same LOC. Non-standard rates are reviewed routinely; however, consideration for increases is given if providers submit adequate proof of significant financial challenges.

Requests for rate increases should only be submitted in extenuating circumstances. Requests are reviewed biannually and are due by **March 15th** and **September 15th**, with decisions made by June 1st and December 1st, respectively. Providers may submit only one request per calendar year for an LOC at a specific service location.

Providers must submit all requests using CBH's **Rate Increase Request Submission Form**. All sections of the form must be completed, including attaching a justification letter for a rate increase, a completed rate request documentation package (located on the **CBH Rates Information page**), and the provider's most recent audited financial statement. The provider must use the designated package forms and submit them in the provided Excel spreadsheet.

Once all information is received, it will be reviewed by CBH's Rate Request Committee, as well as CBH's Provider Strategy and Financial Stability team or the CBH/DBHIDS Finance Committee.

Non-Standard LOCs include:

- Inpatient Psychiatry
- Non-Hospital SUD (ASAM 3.5)
- All residential programs with per diem rates (including RTF)
- Intensive Case Management (ICM)
- Resource Coordination (RC)
- Partial Hospitalization Services (ASAM 2.5)

The following is taken into consideration during rate request reviews:

- Timing of last increase
- Funding availability
- Rate equity with similar services
- Current PA Medical Assistance (MA) rates
- Budget and/or actual financial data
- City of Philadelphia's living wage increases
- Quality, clinical, program integrity, and network adequacy considerations

Please Note: New provider rates are negotiated based on budgeted financial data submitted by the provider.