Rate Request Proposal

Carelon Behavioral Health (Carelon) recognizes that the delivery of quality, cost effective behavioral health services is dependent upon a clinically sound and financially stable provider network.

All rate exception requests to the regional standard rates are reviewed by Carelon. Carelon will review all requests and make a determination within 60 days of receipt of all requested documentation.

Providers participating in the **Carelon Health of Pennsylvania Medicaid Network** who wish to request a Rate Exception should use the following form instead: https://s18637.pcdn.co/wp-content/uploads/sites/79/Rate-Review-Request-Form.pdf

Provider Name: _____ **TIN or SSN:**_____

Contact information to address questions related to this request

Contact Name: _____ **Contact Phone:** _____

Contact Email: _____

☐ **I attest that I have been an in-network provider for at least 2 years**

☐ **I attest that I have not had a rate increase in the last 3 years**

☐ **I attest that I am currently seeing members**

☐ **I attest that I am accepting new members and have appointment availability according to the state and NCQA guidelines:**

- **Can your practice schedule a new patient appointment within 10 business days for routine/non-urgent appointments?**
- **Can your practice schedule appointments for patients in ongoing treatment with a non-life-threatening emergency within six (6) hours?**
- **Can your practice schedule appointments for patients with an urgent need within 48 hours?**
- **Can your practice schedule an appointment for patients in ongoing treatment within 10 business days of the prior appointment?**

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Are you a Solo Practitioner, Group Practice or Facility? _____

When was your last rate increase? _____

*Please use 1 line per service code/modifier.

Service Location Address	**Service State, County, Zip**	**Any Languages other than English being offered?**	**Any Specialty services offered?**	**Line of Business** (that rate review is requested for)	**Service Code & Modifier** (that rate review is requested for)	**Requested Rate** (dollar amt or percentage)

If additional lines are needed, please attach a sperate page with the details listed above.

If you have any questions or require assistance, please contact our Provider Services team at **1-800-397-1630.** Once completed, please return the form to **CBH_Rate_Request@carelon.com**