



Community Behavioral Health: Provider Notice Request for Detailed P4P Data July 5, 2019

On the second page of this Notice, you will find a form for requesting detailed Pay-For-Performance (P4P) data. Please submit your request within three (3) months of the following data release dates:

- Data for BHRS, STS, and Children's TCM will be available after October 15, 2019.
- Data for all other levels of care listed below will be available after September 1, 2019.

We will provide data to only one contact per provider agency for all levels of care that an agency provides. Please allow two (2) weeks from date of request for receipt of your data.

Please note that CIRC and Adult TCM/CTT/ACT programs have been moved to value-based payment (VBP) agreements and are no longer included in P4P. Those providers will receive their data for VBP through a separate process.

Please direct questions regarding this Notice to CBH_DBHIDS_P4P@phila.gov.

Detailed P4P Data Request Form

This form is to be used when requesting detailed P4P data. Please submit your request within 3 months of the data release date listed in the provider notice. Any requests submitted after the deadline will not be considered. **We will provide data to only one contact per provider agency for all levels of care that your agency provides.** Please allow 2 weeks from date of request for receipt of your data.

- Data for BHRS, STS, and Children’s TCM will be available after October 15, 2019.
- Data for all other levels of care listed below will be available after September 1, 2019.

Please note that CIRC and Adult TCM/CTT/ACT programs have been moved to value-based payment (VBP) agreements and are no longer included in P4P. Those providers will receive their data for VBP through a separate process.

Agency:
Provider ID (Parent):
Contact person:
Email Address where PHI data should be sent:

Please place an “x” next to Level(s) of Care for which you wish to receive data:

- BHRS- Wraparound**
- BHRS - STS**
- Inpatient**
- Inpatient - EAC**
- IOP**
- JOH**
- OP D&A**
- OP Mental Health**
- Rehab**
- RINT**
- RTF**
- Children’s TCM**

E-mail completed form to: **CBH_DBHIDS_P4P@phila.gov**