



Provider Bulletin 20-08 April 1, 2020 (Revised April 3, 2020)



CBH COVID-19 Response: Alternative Payment Arrangement

On March 4, 2020, the Governor of Pennsylvania declared a disaster emergency throughout Pennsylvania as a result of the COVID-19 emergency. In response, Community Behavioral Health (CBH) is instituting an Alternative Payment Arrangement (APA), approved by the Pennsylvania Department of Health (PA DHS), to support our Provider Network as they continue to meet the clinical needs of CBH Members. The Centers for Medicare and Medicaid Services (CMS) and PA DHS have excluded Federally Qualified Health Centers (FQHCs) and Centers of Excellence (COE) from this APA.

The changes described will be evaluated monthly by CBH, in consultation with PA DHS, with the intention of returning to the claims-based billing terms set forth in the CBH Provider Agreement as soon as CBH determines that it is reasonably possible. CBH may continue this APA on a month-to-month basis until the end of this emergency declaration. CBH reserves the right to modify the applicability of this APA to the CBH Provider Network.

CBH is modifying the following provisions of the CBH Provider Agreement with all Network Providers:

Compensation and Submission of Claims, *Section III(A), Section III(A)(1), Section III(A)(3)*

- Between April 1, 2020 and April 30, 2020, CBH will pay Providers based upon the average of the past 12 months of claims history.¹ Payments (referred to as “APA Payments”) will be disbursed on April 10, 2020 for services provided between April 1, 2020 and April 30, 2020.
- Providers continue to be required to submit all claims for services delivered (with identification of services rendered using telehealth as a method of delivery). However, for the duration of this APA, claims for dates of service between April 1, 2020 and April 30, 2020 will be processed with a \$0 rate and will not be separately reimbursable beyond the APA Payments. Claims for dates of service prior to April 1, 2020 should be submitted as normal under the original terms of the CBH Provider Agreement.

¹ For Providers who are in unique situations, as determined by CBH, CBH is utilizing a different methodology to calculate total monthly payment amount.

Conditions of the Alternative Payment Arrangement

1. Providers are expected to maintain continuity of care for CBH Members in their care. While OMHSAS has relaxed telehealth restrictions allowing for wider use of telehealth, all CBH enrollees may not benefit from services rendered via telehealth. Some CBH Members may require in-person services, and where that is the case, CBH expects Providers to maintain continuity of care, subject to restrictions set forth by the City of Philadelphia, Commonwealth of Pennsylvania, and the federal government during this emergency.
2. Providers are expected to accept new referrals and continue to accept CBH Members for services and must clearly articulate for CBH and the public any deviation from traditional service delivery or intake procedures (e.g. the use of telehealth).
3. Providers are required to notify CBH via their Provider Representative if they have temporarily or permanently ceased operations (consistent with the CBH Provider Agreement Section VI, *Events of Default*). Operational status will impact a Provider's ability to be eligible to receive APA Payments.
4. The APA Payment must be used by the Provider for continued operations, which includes payment to the Provider workforce directly involved in ensuring continuity of care for CBH Members during this emergency.
5. Providers will be required to complete the CBH COVID-19 APA Expense Form, attached to this Bulletin, to provide evidence of how Medicaid payments under the APA were spent on a monthly basis. These expense forms will be due to CBH 10 days after the end of each month where the APA Payment is in effect.
6. Any surplus will be accounted for and reported as outlined in this APA Agreement and carried over and applied to the next month. Any Provider that has surplus at the end of the term of the APA Agreement may be required to remit the surplus funds back to CBH.
7. Failure by a Provider to comply with the terms of this Bulletin, or to provide CBH with sufficient evidence of how Medicaid payments under the APA were spent, shall constitute an Event of Default pursuant to Section VI of the CBH Provider Agreement.
8. All terms and conditions of the CBH Provider Agreement and CBH Provider Manual not expressly referenced in this Bulletin remain in full effect.

All CBH Providers must submit written notification to their current CBH Provider Representative by 2:00 p.m. on April 8, 2020 acknowledging the terms of the APA. A sample acknowledgement form can be found on the following page of this Bulletin.

Contact your Provider Relations Representative with any questions.

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Acknowledgement

[Provider's Authorized Agent] have read the terms and conditions of CBH Provider Bulletin 20-08.

[Provider Agency Name] agrees to accept the APA Payment under the CBH Alternative Payment Arrangement and act in compliance with the terms and conditions described in CBH Provider Bulletin 20-08.

Title

Signature

Printed Name

Address Line One

Address Line Two

COMMUNITY BEHAVIORAL HEALTH

By: _____
Donna E.M. Bailey
Chief Executive Officer