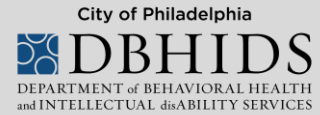




Provider Bulletin 20-17 August 31, 2020



Return to Fee-for-Service Funding Approach from the COVID-19 Alternative Payment Arrangement

This Bulletin serves as official notification regarding the transition plan for the network-wide COVID-19 Alternative Payment Arrangement (APA) that has been in effect since April 1, 2020.

Effective October 1, 2020, for all bed-based (per diem payment) services, Community Behavioral Health (CBH) will be transitioning back to the traditional claims-based, Fee-for-Service (FFS) payment structure. For the rest of the provider network, including all community-based services, the current COVID-19 APA payment structure will remain in effect through the end of December 2020, with plans to transition back to traditional, claims-based FFS payment structure for service dates starting on January 1, 2021. CBH worked in conjunction with the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Pennsylvania Department of Human Services (PA DHS) in July to ensure the extension of the APA through September and has more recently coordinated with OMHSAS regarding the updated APA extension and transition plan for the balance of 2020.

As has been indicated in several prior communications from CBH (including the July 14, 2020 CBH Provider Notice, "[COVID-19 Alternative Payment Arrangement Extension](#)"), the current funding approach via a network-wide APA was extended through September 30, 2020, to allow for all necessary restructuring and stabilization of providers' work processes with the goal of ensuring continuity of operations and service delivery.

We understand that, for most providers, this Bulletin is welcome news, as many bed-based providers have actively communicated the desire to return to the FFS approach due to normalized utilization levels; meanwhile, many community-based providers have indicated that more time is needed to ensure full operational capability and return to normalized utilization levels. We also understand that providers are at different places in their ability to adapt to pandemic-related protocols. Some providers are still facing significant challenges and we recognize both the on-going nature of this health crisis and the importance of the services you provide.

As a result, **providers who continue to need assistance outside of the parameters of this transition plan are encouraged to reach out to us so that we may review their individual needs.** CBH will consider options to best meet provider needs, including the potential,

temporary continuation of APAs for specific bed-based/per diem levels of care or a transition back into the traditional, claims-based FFS approach for community-based services that have experienced a return to normalized or even increased utilization. **If either a bed-based provider wishes to be considered for a continuation of their COVID-19 APA, or a community-based provider wishes to return to traditional, claims-based FFS approach to payment before the end of 2020, they should [complete this form](#) by September 11, 2020.**

It is our sincere hope that providers have been able to use the six months of the APA to ensure that their organizations were well-sustained through these unprecedented times while making the necessary adjustments to their practices to meet all HealthChoices requirements, including ensuring access and continuity of care. We also hope that providers recognize that there could potentially be a period of cash flow adjustment between the end of the APA and the beginning of FFS. CBH may adjust APA payment dates for the October, November, and December payments in order to reduce the cash flow deficit between the end of the APA and FFS reimbursement restoration. Additional information on APA payment dates is forthcoming.

If you have any questions, please contact your assigned Provider Relations Representative.