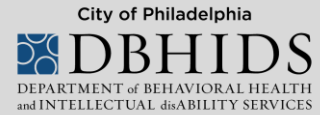




## Provider Bulletin 20-27 November 20, 2020



# Continuation of COVID-19 Alternative Payment Arrangement (APA)

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

Per [Provider Bulletin 20-17](#) issued August 31, 2020, all bed-based (per diem payment) services, unless otherwise reviewed and approved, transitioned back to the traditional claims-based, Fee-for Service (FFS) payment structure and all community-based service providers remained on the COVID-19 APA unless requested to return to FFS, as of October 1, 2020, with the plan of continuing community-based providers COVID-19 APA payment through December 31, 2020.

Community Behavioral Health (CBH) is committed to ongoing partnership with the provider community and continues to work in conjunction with the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Pennsylvania Department of Human Services (PA DHS). These partnerships have resulted in the approval **to extend the COVID-19 APA through the first quarter of calendar year 2021 (March 31, 2021)** for all providers who are currently receiving funding via this payment mechanism (community-based providers and those bed-based providers who previously requested continuation of the APA). CBH understands that this climate continues to change, therefore, in order to best support the provider community, CBH is willing to adjust the payment mechanism regarding APA versus FFS, as necessary.

Providers who are currently receiving payments via FFS and instead wish to be considered for COVID-19 APA payments, or providers currently under the COVID-19 APA who wish to shift back to FFS funding, are asked to complete [this form](#) by December 4, 2020 indicating your desired payment mechanism. **Providers who are not making any changes to their current payment mechanism do not need to complete the form.**

Providers who have both community-based and bed-based levels of care can select one of these payment mechanisms (FFS or APA) for their community-based portfolio and one for their bed-based portfolio. However, providers cannot make program specific payment designations. All approvals will be effective January 1, 2021.

While CBH is committed to supporting our provider community, we wish to take this opportunity to reinforce the ongoing need for providers to complete the following in a timely manner (per [Provider Bulletin 20-08](#)):

1. Monthly expense reports, submitted to [CBH.ExpenseReportSubmission@Phila.Gov](mailto:CBH.ExpenseReportSubmission@Phila.Gov), by the 15<sup>th</sup> day of the following month.
2. Timely claim submission with the use of appropriate telehealth place of service modifiers.

CBH has created internal monitoring mechanisms to ensure that our members are equitably and readily receiving services from the provider community. **Therefore, CBH reserves the right to recoup some portion of the APA funds if investigation shows less than optimal performance and accessibility.**

We thank you for your ongoing partnership through this difficult time. If you have any questions, please do not hesitate to reach out to your Provider Relations Representative.