

## Continuation of COVID-19 Alternative Payment Arrangement

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

Per [Provider Bulletin 20-27](#), the COVID-19 APA funding structure was extended through March 31, 2021 for all community-based providers (unless providers requested to shift to traditional claims-based fee-for-service payments). Additionally, bed-based providers were afforded the opportunity to request consideration for the extension if needed.

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 (DHS). These partnerships have resulted in the approval to **extend the COVID-19 APA through the second quarter of calendar year 2021 (June 30, 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).

Providers who are currently receiving payments via fee-for-service (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 February 15, 2021** indicating your desired payment mechanism. 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. Additionally, providers will not be permitted to request a shift in payment mechanism outside of this request process. All approvals will be effective April 1, 2021. **Providers currently receiving the COVID-19 APA who wish to continue with this payment mechanism need not complete the form.**

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

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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. Specifically, if a provider is demonstrating a claims submission rate of 50% or less<sup>1</sup>, they will be required to submit plans indicating how they will address outstanding issues and assure increased member engagement. CBH will continue to monitor claims activity and reach out to providers that appear to be at risk. If you have issues or questions regarding claims submission or process, please contact Claims Manager, Nil Gok ([Nil.Gok@Phila.Gov](mailto:Nil.Gok@Phila.Gov)).

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.

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<sup>1</sup> Percentage calculated by the total dollar amount of claims submitted (based on contract rates) against the COVID-19 monthly APA amount. For example, if total claims submitted by a provider equals 50% or less of the APA payment amount, that provider is considered at risk. Subsequently, the provider will be required to complete a sustainability plan.