



Request for Detailed Pay-For-Performance Data Form

Providers must use this form when requesting detailed Pay-for-Performance (P4P) data from the Data Informatics Department (formerly Performance Evaluation, Analytics, and Research [PEAR] Department). This form covers the 2018 reporting year, and the measurement periods vary by level of care. Please submit the request within three months following the data release date listed below. Providers should submit one form/ one request for all levels of care and list one contact only; if requesting levels of care from both availability timeframes, please submit the consolidated request by the first deadline (12/1/18) for all desired levels of care (e.g. a provider submitting a request for BHRS and Outpatient Mental Health should submit one request for both levels of care by 12/1/18). Any requests submitted after the deadline will not be considered. Please allow two weeks from the date of request for receipt of data (and until at least 10/15/18 for Behavioral Health Rehabilitative Services [BHRS], School Therapeutic Staff [STS], Community Integrated Recovery Centers [CIRC], and Targeted Case Management [TCM] as noted below).

- Data for BHRS, STS, CIRC, and TCM will be available **10/15/18** and must be requested by **1/15/19**.
- Data for all other levels of care listed below will be available **9/1/18** and must be requested by **12/1/18**.

Agency:
Provider ID (Parent):
Contact person (one person):
Email address where protected health information (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**
- CIRC**
- Inpatient**
- Inpatient – Extended Acute Care (EAC)**
- Intensive Outpatient (IOP)**
- Journey of Hope (JOH)**
- Outpatient Drug and Alcohol (OP D & A)**
- Outpatient Mental Health (OP Mental Health)**
- Drug and Alcohol Rehabilitation (Rehab)**
- Residential Independent Non-hospital Treatment (RINT)**
- Residential Treatment Facility (RTF)**
- Targeted Case Management (TCM)**

E-mail completed form and/or questions to: CBH_DBHIDS_P4P@phila.gov

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215-413-3100