

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

In the space below, draw a diagram of the contractual relationships between the Purchaser, the MCO, any other MCOs or BHOs, and the Providers.

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

GENERAL DESCRIPTION OF THE MANAGED CARE PLAN

◆ *Parties to the Contract*

1. Purchasers

A. Who are the purchasers of this contract? (Check all that apply)	B. What percent of committed funds are from the...
<input type="checkbox"/> a. State Medicaid Authority	a.
<input type="checkbox"/> b. State Alcohol, Drug and Mental Health Authority (ADM)	b.
<input type="checkbox"/> c. State Mental Health Authority	c.
<input type="checkbox"/> d. State Substance Abuse Authority	d.
<input type="checkbox"/> e. State Child Welfare Authority	e.
<input type="checkbox"/> f. State Juvenile Justice Authority	f.
<input type="checkbox"/> g. City/County Government (specify)	g.
<input type="checkbox"/> h. Other (specify)	h.

2. Vendor

Specify which vendors are assuming contractual responsibility for provision of services under the contract?

- a. _____
- b. _____
- c. _____
- d. _____

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

◆ *Type of Medicaid Waiver*

3. Is there a Medicaid Waiver that is associated with this managed care contract?

- Yes, go to **Question 4**
- No, go to **Question 5.**

4. What type of Medicaid Waiver is associated with this contract? (Check one)

- a. Section 1915b.
- b. Section 1115
- c. Section 1902a.
- d. Section 1903m.

◆ *Geographic Area(s) Covered*

5. Which geographic area(s) are covered by the contract? (Check one)

- a. Statewide
- b. Other geopolitical area (specify, e.g., county, city, etc.) _____
- c. Other (specify) _____

◆ *Duration of the Contract*

6. What is the duration of the contract? (Specify dates)

7. Is there an automatic renewal clause in this contract?

- Yes, go to **Question 9**
- No, go to **Question 8**

8. When will the contract be re-bid? (Specify date)

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

◆ *The Managed Care Organization*

9. What type of MCO structure does this organization have? (Check one)

- a. For-profit
- b. Non-profit-government
- c. Non-profit-non-government

10. Is the MCO part of or affiliated with a larger corporate entity?

- Yes (specify) _____
- No

11. Indicate the role of the MCO under this contract.

Under this contract, does this MCO	A. No, not included in the contract	A. Yes, included in the contract	B. If included in the contract, specify which functions are included. (Check all that apply)
a. Manage administrative services			<input type="checkbox"/> a. Eligibility determination <input type="checkbox"/> b. Enrollment <input type="checkbox"/> c. Claims administration <input type="checkbox"/> d. Utilization review
b. Manage the provider network			
c. Provide direct care services			

12. This contract represents what percentage of the MCO's total business (as a percentage of total number of covered lives)?

_____ %

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

ENROLLED POPULATIONS

◆ *Covered Lives*

13. Is the base rate of enrollees calculated as individual or family units?

- Family unit basis
- Individual basis

14. How many covered lives are in the contract (base rate of enrollees)?

_____Lives

◆ *Beneficiaries*

15. What eligibility category(s) does this contract cover? (Check all that apply and indicate percentage of covered lives in this contract)

- a. Medicaid - elderly _____%
- b. Medicaid - disabled _____%
- c. Medicaid - other _____%
- d. Other non-Medicaid _____%

Total = 100% of covered lives in this contract.

16. What age/disability category(s) does this contract cover? (Check all that apply)

A. Children/Adolescents

- a. All Medicaid eligible children/adolescents (Go to **Question 16.B. Adults**)
- b. Some Medicaid eligible children/adolescents (Specify. Check all that apply.)
 - a. Children/adolescents with severe emotional disturbance (SED)
 - b. Children/adolescents with substance abuse disorders
 - c. Children/adolescents with developmental disabilities (MR/DD)

B. Adults

- a. All Medicaid eligible adults (Go to **Question 17**)
- b. Some Medicaid eligible adults (Specify. Check all that apply.)
 - a. Adults with severe mental illness (SMI)
 - b. Adults with substance abuse disorders
 - c. Adults with developmental disabilities (MR/DD)

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

BENEFIT DESIGN AND "MEDICAL NECESSITY"

◆ *Covered Services*

17. Specify the general categories of service included in this contract.

Service Category	No, not included in the contract	Yes, included in the contract
a. Health (i.e., medical/surgical services)		
b. Mental Health available to all		
c. Mental Health available to some (Specify)		
d. Substance Abuse available to all		
e. Substance Abuse available to some (Specify)		
f. Other (Specify)		

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

◆ *Benefit Plan*

18. If mental health services are covered under this contract, please complete the following grid.

18. Mental Health Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount , scope, and duration of services.)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [e.g. capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
a. Screening and diagnosis of a mental disorder				
b. Inpatient hospital care for psychiatric conditions (long term)				
i. State Hospital				
ii. Non-State Hospital				
c. Inpatient hospital care for psychiatric conditions (short term)				
d. Assertive Community Treatment (ACT)				
e. Clinical case management for people with psychiatric conditions				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

18. Mental Health Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount , scope, and duration of services.)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [e.g. capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
f. Partial/day/night treatment for psychiatric conditions				
g. Outpatient care for psychiatric conditions (e.g., indiv., group, family therapy)				
h. Emergency care/crisis services				
i. Psychotropic prescription drugs				
j. Medication management				
k. Supervised residential treatment for psychiatric conditions				
l. Supported living services (e.g., social rehab., community living skills, dev. of support networks)				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

18. Mental Health Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount , scope, and duration of services.)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [e.g. capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
m. Vocational programs				
n. Self help or mutual support programs (including clubhouse)				
o. In-home support interventions for children				
p. Other (Specify)				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

19. If substance abuse services are covered under this contract, please complete the following grid.

19. Substance Abuse Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount, scope, and duration of services)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [eg., capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
a. Screening and diagnosis of a substance-related disorder				
b. Inpatient hospital care for substance-related disorders				
c. Inpatient detoxification				
d. Residential detoxification				
e. Outpatient detoxification				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

19. Substance Abuse Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount, scope, and duration of services)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [eg., capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
f. Intensive outpatient treatment for substance-related disorders				
g. Standard outpatient treatment for substance-related disorders				
h. Clinical case management				
i. Methadone therapy				
j. Residential substance abuse treatment				
k. Halfway house				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

19. Substance Abuse Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount, scope, and duration of services)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [eg., capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
1. Other (Specify)				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

20. If health services are covered under this contract, please complete the following grid.

Health Services	A. No, not included in the contract	B. Yes, included in the contract (Specify limits on amount , scope, and duration of services)	C. If included in contract, what happens when enrollee reaches limits (e.g., automatically disenrolled, shifted to specialty plans, etc.)	D. How is the service financed? [eg., capitation, fee-for-service, fee-per-episode, case rate, other (Specify)]
a. Screening and diagnosis of a medical condition				
b. Inpatient hospital care for medical conditions				
c. Primary care outpatient visits for medical conditions				
d. Specialty care outpatient visits for medical conditions (non-ADM conditions)				
e. Emergency care				
f. Prescription drugs -non-psychotropic				
g. Medication management				
h. Other (Specify)				

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

◆ *State Hospitals and Court-Ordered Treatment*

21. If state hospitals and court-ordered treatment are covered under this contract, please complete the following grid.

Services	No, not included in the contract	Yes, included in the contract (Specify limits on amount , scope, and duration of services)
a. State mental hospital stays (voluntary admission)		
b. Court-ordered evaluation or treatment (under civil commitment statutes)		
c. Court-ordered evaluation or treatment (under criminal commitment statutes)		

◆ *Services Paid for by State Mental Health or Substance Abuse Authorities or State ADM (If this state has separate mental health and substance abuse authorities, answer questions 22 and 23. If the state has a combined ADM Authority answer question 24.)*

22. What services remain the responsibility of the State Mental Health Authority?

- a. _____
- b. _____
- c. _____

23. What services remain the responsibility of the State Substance Abuse Authority?

- a. _____
- b. _____
- c. _____

24. What services remain the responsibility of the State ADM?

- a. _____
- b. _____
- c. _____

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

◆ *Medical Necessity and Benefit Coverage and Determination Procedures*

25. Is there a definition of "medical necessity" or "medically necessary" for behavioral health services in the contract? (May also include "medically appropriate")

Yes, specify definition

No

26. Are medical necessity determinations made with reference to any of the following? (Check all that apply)

- a. Scientific models of care (e.g., ASAM criteria)
- b. Published clinical protocols (e.g., Am. Psych. Assoc. guidelines)
- c. Reviewers with demonstrated clinical competence (e.g., training, credentials, experience consistent with the treatment of people with ADM disorders)
- d. Other (Specify) _____

27. Does the contract allow for the direct involvement of the treating physician or clinician in the determination of medical necessity?

Yes, specify how the contract allows for this. _____

No

28. Is there a formal clinical appeals process for physicians/clinicians?

Yes, specify what it is. _____

No

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

27. Does this contract mandate any of the following utilization review procedures?

If yes, briefly describe the procedure(s).

Service	A. Prior authorization	B. Concurrent review	C. Retrospective review
a. Inpatient			
b. Non-emergency outpatient			
c. Emergency			

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

ASSUMPTION OF RISK

◆ *Arrangements between Payer and MCO*

30. Service reimbursement arrangement

A. Services reimbursement arrangement	B. % of contract dollars expected through each payment mechanism
a. Capitation	a.
b. Fee-for-service	b.
c. Fee-per-inpatient episode	c.
d. Fee-per-outpatient episode	d.
e. Case rate	e.
f. Other	f.

31. Is there a separate administrative fee specified in the Payer/MCO contract?

- Yes
- No, go to **Question 33**

32. Is there a cap placed on the administrative fee?

- Yes, What is the cap? _____
- No

33. Is there a single per member/per month capitation rate?

- Yes, What is the capitation rate? _____ per member/per month. Skip to **Question 35.**
- No

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

34. List all capitation rates and the categories of enrollees to which they apply.

A. Enrollee Category	B. Capitation Rate
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.

35. Describe the types of risk sharing that apply to each payment mechanism. If the risk sharing varies by type of service, please attach an explanation.

A. Capitation

Capitation	a. Stop Loss \$ Amount	b. Risk Corridor			c. Other (Specify)
		Target \$	% Loss* Limit	% Profit** Limit	

B. Fee-for-Service

Fee-For-Service	a. Risk Corridor			b. Other (Specify)
	Target \$	% Loss* Limit	% Profit** Limit	

C. Fee-Per-Inpatient Episode

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

Fee-Per-Inpatient-Episode	a. <u>Stop Loss</u> \$ Amount	b. <u>Other</u> (Specify)

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

D. Case Rate

Case Rate	a. <u>Stop Loss</u> \$ Amount	b. <u>Other</u> (Specify)

E. Fee-Per-Outpatient-Episode

Fee-Per- Outpatient- Episode	a. <u>Stop Loss</u> \$ Amount	b. <u>Other</u> (Specify)

*As specified in the contract between Payer and MCO, the maximum amount of lost revenue or administrative costs for which the MCO can be held accountable.

**As specified in the contract between Payer and MCO, the maximum amount of revenue above service costs or administrative costs from which the MCO can benefit.

ACCOUNTABILITY

◆ *Enforcement and Sanctions*

36. Does the contract include a range of sanctions for non-performance (short of termination of the contract)?

Yes, describe.

No

Major Dimensions of Managed Behavioral Health Care Arrangements
Level 1: Payer - MCO Contract

37. Does this contract include specific performance indicators or standards?

- Yes, fill in the following grid.
- No, you have completed Level 1 survey.

A. Indicators/standards	B. Sanction
a.	a.
b.	b.
c.	c.

THIS IS THE END OF THE LEVEL 1 SURVEY.