Major Dimensions of Managed Behavioral Health Care Arrangements
Level 2: MCO - BHO Contract

GENERAL DESCRIPTION OF THE MANAGED CARE PLAN

♦ ***Parties to the Contract***
[Use a separate form for each contract]

1. a. MCO____

b. BHO____

♦ ***Geographic Area(s) Covered***

2. Which geographic area(s) are covered by the contract?
- ❑ a. Statewide
- ❑ b. Other geopolitical area (specify, e.g., county, city, etc.) _________________
- ❑ c. Other (Specify) ____

♦ ***Duration of the Contract***

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

____

4. Is there an automatic renewal clause in this contract?
- ❑ Yes, go to **Question 6**.
- ❑ No

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

____

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♦ ***The Managed Care Organization (BHO)***

6. What type of structure does this BHO have? (Check one)

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

7. Is the BHO part of or affiliated with a larger corporate entity?

- ❑ Yes (Specify)________________________________
- ❑ No

8. Indicate the role of the BHO under this contract.

Under this contract, does this BHO	A. No, not included in the contract	A. Yes, included in the contract	B. If included in the contract, specify which services are covered (Check all that apply)
a. Manage administrative services			❑ a. Eligibility determination ❑ b. Enrollment ❑ c. Claims administration ❑ d. Utilization review
b. Manage the provider network			
c. Provide direct care services			

BENEFIT DESIGN AND "MEDICAL NECESSITY"

♦ ***Covered Services***

9. 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)		

♦ ***Beneficiaries***

10. 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.

11. 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 11.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 12**)
- ❑ 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)

♦ ***Benefit Plan***

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

12. 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. Partial/day/night treatment for psychiatric conditions				

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12. 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. Outpatient care for psychiatric conditions (e.g., indiv., group, family therapy)				
g. Emergency care/crisis services				
h. Clinical case management for people with psychiatric conditions				
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)				

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12. 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)				

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

13. 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 (long term)				
c. Inpatient detoxification				
d. Residential detoxification				
e. Outpatient detoxification				

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13. 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				

13. 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)]
l. Other (Specify)				

14. 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				

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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)]
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)				

♦ Medical Necessity and Benefit Coverage and Determination Procedures

15. Is there a definition of "medical necessity" or "medically necessary" in the contract? (May also include "medically appropriate")

❑ Yes, specify definition

____

____

____

____

____

- ❑ No

16. 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) ______________________________

____

17. 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

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

- ❑ Yes, specify what it is. ______________________________

  ____

- ❑ No

19. 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			

ASSUMPTION OF RISK

♦ ***Arrangements between MCO and BHO***

20. 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/Case Rate	d.
e. Case rate	e.
f. Other	f.

21. Is there a separate administrative fee specified in the MCO/BHO contract?

- ❑ Yes
- ❑ No, go to **Question 21**

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

- ❑ Yes, What is the cap? ___________
- ❑ No

23. Describe the type of risk sharing that applies 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

Fee-Per-Inpatient-Episode	a. Stop Loss $ Amount	b. Other (Specify)

D. Case Rate

Case Rate	a. Stop Loss $ Amount	b. Other (Specify)

E. Fee-Per-Outpatient-Episode

Fee-Per-Outpatient-Episode	a. Stop Loss $ Amount	b. Other (Specify)

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

administrative costs from which the BHO can benefit.

ACCOUNTABILITY

- ***Enforcement and Sanctions***

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

❑ Yes, describe.

____

____

____

____

❑ No

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

❑ Yes, fill in the following grid.

❑ No, **you have completed Level 2 survey**.

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

THIS IS THE END OF THE LEVEL 2 SURVEY.