

## Report on Parity in the Federal Employee Health Benefits (FEHB) Program: Health Plan Policy and Procedures

1. Please report whether your health plan changed your FEHB product to comply with the in-network FEHB parity mandate (check all that apply):

- Changed amount, scope or duration limits for *mental health* benefits
- Changed amount, scope or duration limits for *substance abuse* benefits
  
- Changed deductibles, co-pays or co-insurance for *mental health* benefits
- Changed deductibles, co-pays or co-insurance for *substance abuse* benefits
  
- Changed deductibles, co-pays or co-insurance for *physical health* benefits
- Changed amount, scope or duration limits for *physical health* benefits
  
- Added new *mental health* benefits
- Added new *substance abuse* benefits
- Other (please specify)

2. Please report whether your health plan contracts with a vendor—such as a managed behavioral health organization—for management of behavioral health benefits:

- Yes
- No

a. If yes, what is the name of the vendor?

b. Which of the following benefits are managed by the behavioral health vendor (check all that apply):

- Mental health* benefits
- Substance abuse* benefits
- Pharmacy* benefits for mental health/substance abuse disorders
- Other (please specify)

c. Was this a pre-existing contract or a response to the implementation of FEHB parity in 2001? (please check one):

- This was a pre-existing arrangement (prior to 2001) implemented for reasons other than FEHB parity.
- This was a pre-existing arrangement (prior to 2001) implemented in anticipation of FEHB parity.
- This was a new arrangement (starting in 2001) implemented for reasons other than FEHB parity.
- This was a new arrangement (starting in 2001) implemented in response to FEHB parity.

d. What type of contract does your health plan have with the vendor? (check one in each column—indicating the type of contract pre- and post-parity implementation):

	<b>Pre-parity (2000)</b>	<b>Post-parity (2001)</b>
Full risk	<input type="checkbox"/>	<input type="checkbox"/>
Partial risk	<input type="checkbox"/>	<input type="checkbox"/>
ASO (Administrative-Services-Only—no risk)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

3. Please report whether your health plan or your vendor changed the *financial incentives* (e.g., level of payment, withholds, bonuses, other) for specialty behavioral health providers from 2000 to 2001 (please check all that apply):

- Financial incentives were changed for individual *mental health* specialty practitioners.
- Financial incentives were changed for individual *substance abuse* specialty practitioners.
  
- Financial incentives were changed for institutional *mental health* providers.
- Financial incentives were changed for institutional *substance abuse* providers.
  
- Financial incentives for providers were unchanged from 2000 to 2001.
- Other (please specify).

Please briefly describe any changes and the rationale for the change:

4. Please report whether your health plan or your vendor expanded or narrowed the scope of the specialty provider network from 2000 to 2001 (please check all that apply):

- The number of *mental health* specialty providers in the network increased by more than 5% in 2001.
- The number of *substance abuse* specialty providers in the network increased by more than 5% in 2001.
  
- The number of *mental health* specialty providers in the network decreased by more than 5% in 2001.
- The number of *substance abuse* specialty providers in the network decreased by more than 5% in 2001.
  
- The disciplinary mix of *mental health* specialty providers in the network changed by more than 5% in 2001.
- The disciplinary mix of *substance abuse* specialty providers in the network changed by more than 5% in 2001.
  
- The geographic area of the network was expanded from 2000 to 2001.
- The geographic area of the network was narrowed from 2000 to 2001.
  
- The provider network was unchanged from 2000 to 2001.
- Other (please specify).

Please briefly describe the rationale for the change:

5. Please report which, if any, of the following approaches your health plan or behavioral health vendor is using to *control utilization* of behavioral health services (please check all that apply for pre- and post-parity implementation):

	<b>Pre-parity (2000)</b>	<b>Post-parity (2001)</b>
Gate-keeping by primary care physicians	<input type="checkbox"/>	<input type="checkbox"/>
Requirement that a treatment plan be submitted by the provider	<input type="checkbox"/>	<input type="checkbox"/>
Prior authorization for services	<input type="checkbox"/>	<input type="checkbox"/>
Concurrent review of utilization	<input type="checkbox"/>	<input type="checkbox"/>
Retrospective review of claims	<input type="checkbox"/>	<input type="checkbox"/>
Closed or preferred provider panels	<input type="checkbox"/>	<input type="checkbox"/>
Disease management programs	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

6. Is *prior authorization* required for any of the following behavioral health services in 2001? (check all that apply):

	<b>For mental health</b>	<b>For substance abuse</b>
Emergency services	<input type="checkbox"/>	<input type="checkbox"/>
<i>Initial</i> outpatient visits	<input type="checkbox"/>	<input type="checkbox"/>
<i>Continuing</i> outpatient visits	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient services	<input type="checkbox"/>	<input type="checkbox"/>
Residential treatment	<input type="checkbox"/>	<input type="checkbox"/>

7. Please report whether your health plan incurred *administrative costs* in implementing FEHB parity.

- Yes
- No

Can you estimate the costs associated with implementation?

How did you calculate the administrative costs?

8. Please report whether your health plan estimated increased mental health/substance abuse *benefit costs* for your FEHB product from 2000 to 2001.

- Yes
- No

If yes, please explain.