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):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full risk</td>
<td></td>
<td></td>
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<tr>
<td>Partial risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASO (Administrative-Services-Only—no risk)</td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify)</td>
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</tr>
</tbody>
</table>
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:

[Box for free text response]

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:

[Box for free text response]
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):

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Gate-keeping by primary care physicians</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that a treatment plan be submitted by the provider</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prior authorization for services</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Concurrent review of utilization</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Retrospective review of claims</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Closed or preferred provider panels</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disease management programs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>For mental health</th>
<th>For substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Initial outpatient visits</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Continuing outpatient visits</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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?

☐ Yes
☐ No

If yes, please explain.