

Plan Name:

The Contractor shall submit the number of Prior Authorizations (PAs), concurrent and retrospective reviews, and Notice of Adverse Benefit Determinations (NABDs) issued, as well as the concurrent and retrospective reviews of these for behavioral health members services within the State Fiscal Year (July 1-June 30).

State Fiscal Year XXXX (July 1, XXXX- June 30, XXXX)		Notes/Recommendations:
<b>Total Count of Behavioral Health Prior Authorizations (PAs)</b>		
Behavioral Health PAs		
<b>Total Count of Behavioral Health Notice of Adverse Benefit Determinations (NABDs)</b>		
Behavioral Health NABDs		
<b>Total Count of Behavioral Health Concurrent Reviews</b>		
Behavioral Health Concurrent Reviews		
<b>Total Count of Behavioral Health Retrospective Reviews</b>		
Behavioral Health Retrospective Reviews		

AMPM POLICY 1021 - ATTACHMENT E -  
HIGH-COST BEHAVIORAL HEALTH REPORT  
**DRAFT**

**Contractor Name:** \_\_\_\_\_

The Contractor shall identify, monitor, and implement interventions for providing appropriate and timely care to members with high needs and/or high costs who have physical and/or behavioral health needs. The Contractor shall submit counts of distinct members that are considered to have High Cost Behavioral Health Needs as well as a summary of the criteria used to identify them and a summary of interventions used during the year within the State Fiscal Year (July 1-June 30).

State Fiscal Year XXXX (July 1, XXXX- June 30, XXXX)		Notes/Recommendations:
<b>Total Count of Behavioral Health</b>		
Behavioral Health High Needs High Cost Beneficiaries		
Serious Mental Illness (SMI) Behavioral Health High Needs High Cost Beneficiaries		
<b>Summary of Criteria Used to Identify High Need High Cost</b>		
Behavioral Health High Needs High Cost Criteria		
<b>Summary of Interventions and Outcomes Used to Address Appropriate and Timely Care for Members</b>		
Behavioral Health High Needs High Cost Interventions and Outcomes		