

Characteristics of Managed Behavioral Health Care Organizations in 1996

Judith L. Teich, M.S.W.
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Objectives: Data from a survey of managed behavioral health care organizations were analyzed to describe characteristics of these firms as well as service utilization and revenues. **Methods:** Six managed behavioral health care organizations fully completed a survey by the American Managed Behavioral Healthcare Association in which they reported 1996 data for their contracts. The contracts represented more than 16 million covered lives and accounted for approximately 13 percent of all individuals enrolled in managed behavioral health care organizations in 1996. **Results:** More than three-quarters of the contracts (77.5 percent) were nonrisk. Plans described as network-based risk contracts, which represented 28.7 percent of covered members, accounted for 71.1 percent of revenues. The vast majority of reported contracts were with private employers or health maintenance organizations (HMOs); these contracts accounted for 76.8 percent of reported revenues. HMOs tended to place somewhat greater restrictions on outpatient psychotherapy and outpatient medication management visits than did other types of payers; the most common limit for HMO-related contracts was 20 outpatient visits a year, compared with 50 visits a year for other payer categories. HMO contracts also required higher copayments for outpatient visits. Utilization of services differed by payer type; for example, use of inpatient services ranged from .18 percent of covered members for contracts with private employers to .90 percent of covered members for Medicaid contracts. **Conclusions:** Overall rates of service utilization were lower than those reported in other recent studies of managed behavioral health care. The survey findings provide a starting point to guide further investigation in this area. (*Psychiatric Services* 51:1422-1427, 2000).

The managed behavioral health care industry began in the mid-1980s as a reaction to increased costs resulting from the growing inclusion of mental health and substance abuse benefits in private insurance plans. As health plans, insurance companies, self-funded plans (Employer Retirement Income Security plans), and health maintenance organizations (HMOs) began to offer managed care products for

behavioral health, managed behavioral health organizations emerged to manage these benefits by setting up and administering behavioral health provider networks (1).

Enrollment in managed behavioral health care programs has grown steadily, from 78.1 million in 1992 to an estimated 124 million in 1996 (1). Of the estimated 181.4 million people with health insurance in 1996, a total of 68.4 percent were enrolled in some

type of specialty managed behavioral health organization (2). Most organizations are large for-profit companies that operate across different types of employers and geographic areas. The industry is dominated by a small number of large firms, and their networks and operations may function differently from place to place (3).

Behavioral health care services may be embedded, as are other services, in the general delivery system of a health plan, they may be provided through a distinct and separate structure, or they may be offered in a hybrid way involving elements of both approaches (4). The term managed behavioral health care encompasses a variety of programs and technological applications. Types of products include administrative services only, utilization review, employee assistance programs, integrated management, and full-risk arrangements. The role of a managed behavioral health care organization differs markedly across these products. Arrangements vary in their intensity of care management, levels of risk, and amount of revenue, ranging from the purely administrative service and provider network model at one extreme to the full-risk capitated product at the other (5).

Despite the growing enrollment in managed behavioral health care arrangements, relatively little is known about the characteristics of the organizations and the scope of services. Kihlstrom (6) acknowledged that little information about managed behavioral health care firms is available through the major associations, and because many of the firms are not traded publicly, much of the information is proprietary.

Data for Kihlstrom's study were obtained through national surveys con-

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Managed Behavioral Health Services

Gayle L. Zieman

Managed Behavioral Health Services:

Managing Managed Care Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care, Institute of Medicine, 1997-05-05 Managed care has produced dramatic changes in the treatment of mental health and substance abuse problems known as behavioral health. Managing Managed Care offers an urgently needed assessment of managed care for behavioral health and a framework for purchasing, delivering, and ensuring the quality of behavioral health care. It presents the first objective analysis of the powerful multimillion dollar accreditation industry and the key accrediting organizations. Managing Managed Care draws evidence based conclusions about the effectiveness of behavioral health treatments and makes recommendations that address consumer protections, quality improvements, structure and financing roles of public and private participants, inclusion of special populations and ethical issues. The volume discusses trends in managed behavioral health care, highlighting the emerging role of the purchaser. The committee explores problems of overlap and fragmentation in the delivery of behavioral health care and discusses the issue of access, a special concern when private systems are restricted and public systems overburdened. Highly applicable to the larger health care system, this volume will be of particular interest to all stakeholders in behavioral health: federal and state policymakers, public and private purchasers, health care providers and administrators, consumers and consumer advocates, accrediting organizations and health services researchers.

Managed Behavioral Health Care: Current Realities and Future Potential

Potential David Mechanic, 1998-07-14 Discussions of managed care are dominated by emotion and rhetoric and failure to differentiate among the varying structures, approaches and strategies that are called managed care. These discussions rarely take account of the complexity of the arena or the failures of mental health systems prior to the introduction of managed care. If we are to shape managed care constructively we first need clear understanding of how it is structured, how it functions and when it performs well and poorly. This should help identify how practices can best be monitored, evaluated and if necessary regulated. This book will help readers along this path. This is the 78th issue of the quarterly journal *New Directions for Mental Health Services*. For more information on the series please see the Journals and Periodicals section.

Managed Behavioral Health Care Handbook E. Clarke Ross, 2001 Fourteen contributed chapters underscore the challenges and successes of behavioral health care within the US managed care system. Ross CEO of Children and Adults with Attention Deficit Hyperactivity Disorder Inc in Landover MD overviews these issues and managed care as public policy. The other

Managed Care Tracking System, 2000 [The Clinician's Guide to Managed Behavioral Care](#) Norman Winegar, 1996 Managed care is a revolution impacting the practice of clinicians throughout America. The Clinician's Guide to Managed Behavioral Care called a survival kit and must reading helps clinicians develop and market professional services attuned to the needs of managed care systems. Manage the utilization process and reshape an office practice or hospital based program to become more managed care friendly. It is newly referenced and updated for clinicians to continue to advocate for their

patients and clients The Clinician's Guide to Managed Behavioral Care addresses how clinicians can develop and market professional services attuned to the needs of managed care systems how to best manage the utilization review process how to reshape an office practice or hospital based program to become more managed care friendly and how to best advocate for patients and clients Readers will understand the history and evolution of attempts to manage mental health care costs and services as well as the emerging clinical economic and social trends that will continue to fuel changes in the mental health field in coming years Importantly this guide sensitizes readers to the perspectives about mental health care benefits and the treatment field held by the payor community insurance carriers HMO's and self insured employers It allows readers to consider a payor's view of how professionals can play a crucial role in providing quality services while helping control spiraling mental health care costs costs that have escalated much faster than other segments of health care Who can benefit from this book Practicing psychologists social workers psychiatrists substance abuse counselors marriage and family therapists Employee Assistance Professionals psychiatric nurses professional counselors program managers hospital administrators and health care marketing professionals will find The Clinician's Guide to Managed Behavioral Care and invaluable resource It is often said that in the future all in the treatment community will be involved in managing care and that the most successful clinicians and practices will be those most adept at working with managed care systems on behalf of their patients and clients This book helps you understand how Important topics in The Clinician's Guide to Managed Behavioral Care the changing marketplace for mental health substance abuse treatment services assessing market opportunities in light of managed care influences clinical service needs of managed care systems clinical innovations examples case studies vignettes strategies for managing utilization review marketing strategies for office based practitioners hospital managed care partnerships contemporary office management strategies to control costs consumers and managed care directory of America's HMOs directory of America's Managed Mental Health Care Companies glossary of key terms

The Clinician's Guide to Managed Behavioral Care William Winston, Norman Winegar, 2014-02-04 Managed care is a revolution impacting the practice of clinicians throughout America The Clinician's Guide to Managed Behavioral Care called a survival kit and must reading helps clinicians develop and market professional services attuned to the needs of managed care systems manage the utilization process and reshape an office practice or hospital based program to become more managed care friendly It is newly referenced and updated for clinicians to continue to advocate for their patients and clients The Clinician's Guide to Managed Behavioral Care addresses how clinicians can develop and market professional services attuned to the needs of managed care systems how to best manage the utilization review process how to reshape an office practice or hospital based program to become more managed care friendly and how to best advocate for patients and clients Readers will understand the history and evolution of attempts to manage mental health care costs and services as well as the emerging clinical economic and social trends that will continue to fuel changes in the mental health field in coming years

Importantly this guide sensitizes readers to the perspectives about mental health care benefits and the treatment field held by the payor community insurance carriers HMOs and self insured employers. It allows readers to consider a payor's view of how professionals can play a crucial role in providing quality services while helping control spiraling mental health care costs that have escalated much faster than other segments of health care. Who can benefit from this book? Practicing psychologists, social workers, psychiatrists, substance abuse counselors, marriage and family therapists, Employee Assistance Professionals, psychiatric nurses, professional counselors, program managers, hospital administrators, and health care marketing professionals will find *The Clinician's Guide to Managed Behavioral Care* an invaluable resource. It is often said that in the future all in the treatment community will be involved in managing care and that the most successful clinicians and practices will be those most adept at working with managed care systems on behalf of their patients and clients. This book helps you understand how important topics in *The Clinician's Guide to Managed Behavioral Care* the changing marketplace for mental health substance abuse treatment services, assessing market opportunities in light of managed care influences, clinical service needs of managed care systems, clinical innovations, examples, case studies, vignettes, strategies for managing utilization review, marketing strategies for office based practitioners, hospital managed care partnerships, contemporary office management strategies to control costs, consumers and managed care directory of America's HMOs, directory of America's Managed Mental Health Care Companies, glossary of key terms.

Contracting for Public Mental Health Services Terry Savela, 2000 *Managed Behavioral Healthcare* Michael A. Freeman, 1994 **Annotated**

Bibliography for Managed Behavioral Health Care 1989-1999 ,2000 **Contracting for Public Mental Health Services** Terry Savela, 2008-06

This report synthesizes the collective experiences of four managed behavioral health care organizations (MBHOs) that hold public sector managed care carve out contracts. Four representatives of these MBHOs participated in a day long focus group meeting and two others were interviewed by telephone. Contents: Approach to the Study Program Design, Financial Requirements and Reimbursement, Procurement Process, Implementation and Ongoing Administration, Recommendations of Focus Group Participants, Summary, References and Appendix. List of Focus Group Participants *Managed Mental Health Care* Center for Mental Health Services (U.S.), 1996 **Controversies in Managed Mental Health Care** Arthur Lazarus, 1996 This book is a second generation book on managed mental health care that probes areas of uncertainty and tension in the managed care world. Each chapter is framed as a question and addresses a controversial area in managed mental health care. A spirited discussion ensues capturing conflict inherent in the managed care movement. By reading this book mental health professionals will have a greater understanding of the strengths and weaknesses of managed care and a more realistic interpretation of managed care systems of the future **Tracking Changes in Behavioral Health Services** ,2000 **The Handbook of Managed Behavioral Healthcare** Gayle L. Zieman, 1998-08-17

The Practical Textbook of Managed Care Written for graduate students and veteran clinicians alike. The Handbook of

Managed Behavioral Healthcare offers a comprehensive curriculum to understanding managed care and knowing the business landscape of working with managed care organizations Filled with samples of commonly used contracts forms and protocols The Handbook of Managed Behavioral Healthcare is a timely addition to the literature on the topic and is a practical and much needed resource The Handbook of Managed Behavioral Healthcare really delivers the sort of practical valuable information and analysis that most others in the field only promise The book is up to date intelligent and immediately useful I give it two thumbs up James Randolph Hillard professor and chairman Department of Psychiatry University of Cincinnati College of Medicine This book represents a pioneering effort by one of the most knowledgeable experts in the industry It is must reading for students training in psychiatry psychology clinical social work marriage and family therapy and related fields Larry J Bloom professor of psychology Department of Psychology Colorado State University

The Managed Care Answer Book for Mental Health Professionals Gayle McCracken Tuttle,Dianne Rush Woods,1997 First Published in 1997 Routledge is an imprint of Taylor Francis an informa company *Psycho-Economics* Robert D.

Weitz,2014-06-03 Develop new ways to provide ethical effective mental health services in a world of managed care Psycho Economics gives psychologists and mental health care administrators suggestions for handling the changes that have come with the advent of managed care Using empirical research and practitioner accounts this informative book assesses the impact of managed care suggests ways to ameliorate its negative effects and proposes ideas for the improvement of the managed care system and mental health care in general Psycho Economics takes a clear look at the ways in which the managed care system has altered the practice of mental health care While acknowledging its positive effects on accountability and provision of a broader variety of care options the chapter authors also note its powerful negative effects including cutbacks in length of treatment potential abuses of confidential medical records and over prescribing of mood altering drugs Yet the book also offers hope for psychologists social workers and other counselors By developing diversified areas for professional practice collaborating with primary care physicians and creating corporate education opportunities psychologists can contribute their expertise to people who might otherwise have never sought them out Moreover mental health professionals can embrace new opportunities in treating substance abuse behavioral health and such specialized areas as forensic psychology domestic violence crisis counseling and employee screening These areas and other new developments offer you a chance to build a solid practice devoted to serving society s needs Psycho Economics brings practitioners effective innovative approaches to clinical practice in relation to managed mental health care fosters awareness of the means by which managed care affects the quality of care that clients receive points out the steps that can be taken to minimize the negative effects that managed care dictates on the quantity and quality of mental health care highlights ethical and legal considerations that should be of concern to providers of mental health services encourages discussion of the future of the managed care system and its impact on providers and clients Psycho Economics is a survival guide which will help

contemporary practitioners like you maintain ethical and effective practices while coping with the administrative expectations of managed care systems **Managed Mental Health Care in the Public Sector** Kenneth Minkoff,David Pollack,1997 The rapid spread of managed care into public and community mental health systems is creating a dramatic transformation of traditional public sector settings This radical change is affecting administrators managers and clinicians Intended as a survival manual this book begins with an overview of the history concepts ideology and ethics of public sector managed care and then proceeds in focus from system to program management to clinical program levels With a concluding section on advocacy evaluation research and training issues **Managed Mental Health Care in the Public Sector** examines how public sector managed mental health care can be approached with a positive spirit an excitement about the potential to create dramatic and beneficial system changes and a genuine interest in investigating the relative merits of every aspect of managed care systems **Contracting for Managed Substance Abuse and Mental Health Services** Stephen

Moss,2000-09 In recent years State Medicaid agencies and other public sector entities in particular State county and local substance abuse and mental health SA coverage contracting for network services the mgmt info system quality mgmt financial issues and consumer protections **Bibliography** [Concise Guide to Managing Behavioral Health Care Within a Managed Care Environment](#) Michael Isaiah Bennett,2008-08-13 How can behavioral health clinicians provide managed care in an ethical professionally satisfying way while also dealing with managed care organizations MCOs This concise yet powerful volume will jump start clinicians in their search for effective answers Unlike other managed care guides which tend to view the clinician managed care relationship as inherently adversarial this groundbreaking pocket guide another in American Psychiatric Publishing s Concise Guides series views resource management as a basic function indeed an ally of ethical clinical practice True managed care both improves the quality of clinical care and protects community resources It even stimulates patients to become more active managers of their own care The author speaking from extensive first hand experience as both network provider and MCO administrator asserts that clinicians must know how to manage care themselves to effectively persuade insurance companies to pay for treatment Toward that end the author details the practical tools clinicians need in just five chapters Chapter 1 Managing Care Ethically discusses basic principles and methods for making clinical decisions about behavioral health care when resources are limited and methods for communicating these decisions to patients and MCOs Chapter 2 Managing Nonacute Care applies the principles and methods from Chapter 1 to providing non acute usually outpatient services Chapter 3 Managing Acute Care applies the principles and methods from Chapter 1 to providing acute crisis or inpatient services Chapter 4 Marketing to Managed Care Organizations details strategies for negotiating contracts to often unreceptive MCOs who consider their networks full showing how clinicians can enhance their market value by filling MCO needs Chapter 5 Managing Utilization Review offers insights on overseeing the clinical work of colleagues and shaping the health care system assuming that care managers are professionally obligated to

help patients receive the care they need and deserve without intruding on the clinician's role and that the best management manages least taking responsibility for efficient resource utilization and ongoing system improvement. This practical guide is more than just a handbook for successfully navigating MCO procedures and market dynamics; it also shows that the outcome of truly managed care can be just as satisfying and effective as care provided with infinite resources. Invaluable to clinicians in everyday practice, this remarkable guide with its unique insights, collaborative approach and case examples will also find a wide audience among clinical administrators in private and public MCOs who train network clinicians and utilization managers. **Medicaid Managed Behavioral Health Care Benchmarking Project**, 2003

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