

Managed Behavioral Health Care Organization Annual Report

Completed reports should be submitted to:

New Jersey Department of Banking and Insurance
Life and Health Actuarial – MBHCO Reporting
PO Box 325
Trenton, NJ 08625-0325
(For express mail or private delivery, use “20 West State Street”
instead of PO Box 325)

Fax: (609) 633-0527

Note: the Department may request a report to be mailed if a fax is not legible.

1. Carrier Contact Information (note: contact information should be for the person submitting this information or someone at the carrier familiar with the contents of this report)

- a. Carrier Name:
- b. NAIC #:
- c. Contact Name:
- d. Contact Title:
- e. Contact Address:
- f. Contact Telephone #:
- g. Contact Fax #:
- h. Contact E-mail address:

2. MBHCO Information (note: for purposes of this report, affiliation constitutes ownership)

- a. MBHCO Name:
- b. Carrier Ownership interest: Yes No
If Yes, describe:
- c. Contract for services: Yes No

If Yes, provide the beginning and ending date of the contract (use the anniversary date as the ending date, if an end date is not otherwise specified):

Beginning:

Ending:

If Yes, what services are covered by the contract with the MBHCO:

- | | |
|---|---|
| <input type="checkbox"/> Behavioral health | <input type="checkbox"/> Claims payment |
| <input type="checkbox"/> Quality assurance | <input type="checkbox"/> Provider credentialing |
| <input type="checkbox"/> Utilization management | <input type="checkbox"/> UM appeals |
| <input type="checkbox"/> Other (please list): | |

3. MBHCO Contact Information

- a. Contact Name:
- b. Contact Title:
- c. Contact Address:
- d. Contact Telephone #:
- e. Contact Fax #:
- f. Contact E-mail address:

4. MBHCO Payments Made to Health Care Providers for the Provision of Behavioral Health Services during the 2008 Calendar Year

- a. Payments made for services:
- b. Estimate of claims incurred but not paid:

5. Expenses Incurred by the MBHCO, by Carrier, for:

- a. Quality assurance, utilization management, and treatment plan reviews:
- b. Other administrative functions (including accounting and financial reporting, billing and collection, data processing, debt or debt service, promotion and marketing, and provider credentialing):

6. Amount of Premiums and Fees Received by the MBHCO, by Carrier:

7. Number of Covered Persons under a Contract with the MBHCO or for Whom the MBHCO Provides Services under Contracts with Carriers, by Carrier:

Signature: _____

Date:

Name (print):

Title:

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