



Glossary of Defined Terms
RFP Entitled:
“Mental Health and Substance Use (MHSU)
Disorder Program”

Account Team means all key personnel, including employees of the Offeror and Subcontractors, that will be performing work for the Offeror pursuant to this agreement.

Actual Average Unit Cost (AAUC) means the sum of the allowed amounts for all service codes for Network Services divided by the sum of all service units for all service codes for Network Services. The calculation of the AAUC shall be equal to the amounts that would be paid by the Contractor to Network Providers for Network Outpatient Services and Network Inpatient/ALOC Services for Plan primary claims only and prior to the application of Copayment and Bad Debt and Charity assessments.

Administrative Fee means the monthly fee that the Contractor charges the MHSU Program for all administrative services exclusive of the Shared Communication Expense, as calculated on a per Enrollee per Month basis.

Affiliate means a person or organization which, through stock ownership or any other affiliation, directly, indirectly, or constructively controls another person or organization, is controlled by another person or organization, or is, along with another person or organization, under the control of a common parent.

Agreement or Contract means the Agreement entered into between the Parties resultant from this RFP.

Alternate Level of Care (ALOC) means residential treatment centers, halfway houses, group homes, partial hospitalization programs or continuing day treatment programs which satisfy the requirements of an Approved Facility.

Applied Behavioral Analysis (ABA) means a behavioral health service for teaching children with Autism Spectrum Disorder through intensive skill training.

Approved Facility means a general acute care or psychiatric hospital or clinic under the supervision of a physician. If the hospital or clinic is located in New York State, it must be certified by the Office of Addiction Services and Support of the State of New York or according to the Mental Hygiene Law of New York State. If located outside New York State, it must be accredited by the Joint Commission on Accreditation of Health Care Organizations for the provision of mental health, alcoholism or drug use treatment or accredited by the appropriate State agency for the level of care received. Partial hospitalization, intensive outpatient program, day treatment, 23-hour extended bed and 72-hour crisis bed will be considered Approved Facilities if they satisfy the foregoing requirements. Under Network Coverage, residential treatment centers, halfway houses and group homes will be considered Approved Facilities if they satisfy the requirements listed previously and admission is Certified by the Program Administrator. See the definitions for Network Facility and Non-Network Facility for more information. In all



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cases other than an emergency, the facility must also be approved by the MHSU Program Administrator.

Assessments means surcharges or taxes charged by federal, state, and local government entities based on claims or membership.

Best Value means the basis for awarding a contract for services to a responsible and responsive Offeror, who can best optimize quality, cost and efficiency.

Breach means acquiring of information by a person without valid authorization or through unauthorized acquisition.

Business Associate means the term as defined in the HIPAA implementing regulations at 45 CFR 160.103; the Offeror will be a Business Associate of the Department as a consequence of the Offeror’s provision of Project Services on behalf of the Department within the context of the Offeror’s performance under the resulting Contract and that the Offeror’s provision of Project Services will involve the disclosure to the Offeror of individually identifiable health information from the Department or other service providers on behalf of the Department, as well as the Offeror’s disclosure to the Department of individually identifiable health information as a consequence of the Project Services performed under the resulting Contract.

Business Day(s) means Monday through Friday, from 9:00am to 5:00pm p.m.ET, except for days designated as State holidays by the Department.

Call Center means Toll-Free Number, which currently is 1-877-769-7447 (1-877-7NYSHIP), providing Member’s access to information on all MHSU benefits and services 24 hours a day, 7 days a week, 365 days a year,

Certification or Certified means a determination by the Contractor that mental health care or substance use care or proposed care is a Medically Necessary, Covered Service in accordance with the terms of the Agreement.

Child(ren) means children under 26 years of age, including natural children, legally adopted children, children in a waiting period prior to finalization of adoption, Enrollee stepchildren and children of the Enrollee’s domestic partner. Other children who reside permanently with the Enrollee in the Enrollee’s household and are chiefly dependent on the Enrollee are also eligible, subject to a statement of dependence and documentation. Young adult dependent children aged twenty-six (26) or over are also eligible if they are incapable of supporting themselves due to a mental or physical disability acquired before termination of their eligibility for coverage under NYSHIP.

Clinical Referral Line means a NYSHIP toll-free number that gives callers a thorough clinical assessment which, in turn, helps the Contractor identify the most appropriate



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treatment setting and provider for referral. Once a referral is received, the caller is guaranteed the network level of benefits even if the provider is not in the network

Commissioner means the Commissioner of the New York State Department of Civil Service.

Continental United States means the 49 states and the District of Columbia, with the exception of Hawaii.

Contractor means the successful Offeror selected as a result of the evaluation of Offeror’s Proposals submitted in response to this RFP and who executes a Contract with the Department to provide Project Services; or the entity that has been awarded a contract and has executed a Contract with the State. Also referred to as “Vendor.”

Copayment means the amount the Enrollee is required to pay per visit for Covered Services as specified by the benefit design of the MHSU Program.

Council on Employee Health Insurance (Council) means the group composed of the President of the Civil Service Commission, the Director of the Office of Employee Relations (OER), and the Director of the Division of the Budget (DOB)

Covered Services means Medically Necessary mental health and substance use care as defined under the terms of the MHSU Program, except to the extent that such care is otherwise limited or excluded under the MHSU Program.

Crisis Intervention Visits means an urgent assessment and history of a crisis state, a mental status exam, and a disposition.

Day(s) means calendar Days unless otherwise noted.

Deductible means the amount paid by the Enrollee each Calendar Year for Covered Services under the non-network portion before a Plan payment is made. Plan deductibles are shared between the Medical Program and the Mental Health and Substance Use Program. The amount applied toward satisfaction of the deductible will be the lower of the following: the amount actually paid for a Medically Necessary service under the non-network portion of the MHSU Program; or for Practitioner services, the Reasonable and Customary charge; or for Approved Facility services, the billed amount for such service.

Department or DCS means the New York State Department of Civil Service.

Designated Contact means the Department’s authorized person which all communications during the Restricted Period related to this RFP, according to SFL 139-j and 139-k must be directed to.



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Disabled Lives Benefit means the benefits provided to an Enrollee who is Totally Disabled on the date coverage ends.

DOB means the New York State Division of the Budget.

Eligible Dependents means the spouse, domestic partner, and children under twenty-six (26) years of age of an Enrollee (defined as the policyholder). Young adult dependent children aged twenty-six (26) or over are also eligible if they are incapable of supporting themselves due to a mental or physical disability acquired before termination of their eligibility for coverage under NYSHIP.

Employee Benefits Division (EBD) means the division of the New York State Department of Civil Service responsible for administering the New York State Health Insurance Program (NYSHIP).

Employee Assistance Program (EAP) means a Statewide EAP for New York State employees staffed by New York State employees who participate as volunteers; however, EAPs do not have a formal role in the MHSU Disorder Program.

Enrollee means the contract holder who is enrolled in the MHSU Program with mental health/substance use benefits.

Explanation of Benefits (EOBs) means a statement received by the Member either by mail or electronically that provides claim payment detail.

Excelsior Plan or Program means a variation of the Empire Plan available to New York State local government units that choose to participate in NYSHIP. The Excelsior Plan offers many of the same features of the Empire Plan with a higher degree of cost-sharing between the employer and plan participants.

Guaranteed Average Unit Cost (GAUC) means the amounts as proposed by the Contractor for Network Outpatient Services and Network Inpatient/Alternative Level of Care (ALOC) Services in RFP *Guaranteed Average Unit Cost and Administrative Fee Quote Form* (Attachment 25), respectively. The GAUC amounts shall be based on Plan primary claims only and be prior to the application of Copayment and Bad Debt and Charity assessments. The GAUC for Network Inpatient/ALOC Services may incorporate the inpatient professional service component pertaining to global reimbursement arrangements.

HIPPA means Health Insurance Portability and Accountability Act of 1996, as amended.

Implementation Date means the first day of the month following a minimum implementation period of 90 days subsequent to the Office of State Comptroller’s approval of the Agreement that results from this RFP.



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Implementation Plan means a plan to include the evaluation and assessment activities as well as the development of a project plan to achieve Contract requirements and deliver the Project Services.

Implementation Period means minimum of 90 calendar days prior to inception Project Services Start Date.

Intensive Outpatient Program (IOP) means a freestanding or hospital-based program that provides medically necessary services more than once weekly. Intensive outpatient programs are used as a step-up from routine outpatient services, or as a step-down from acute inpatient, residential care or a partial hospital program. Intensive outpatient programs can be used to treat mental health conditions or substance use disorders or can specialize in the treatment of co-occurring mental health conditions and substance-use disorders.

Medical Necessity/Medically Necessary means a Covered Service which the Contractor has certified to be: medically required; having a strong likelihood of improving the condition; and provided at the lowest appropriate level of care for the specific diagnosed condition, in accordance with both generally accepted mental health and substance use practices and the professional and technical standards adopted by the Contractor.

Medicare Beneficiary Identifier means Medicare’s 11-character identifier assigned to Medicare enrollees for claim and identification purposes.

Member means Enrollee and any covered dependents.

Network Coverage/ Services means all Medically Necessary services/days paid at the Network benefit level including Medically Necessary services/days rendered by a Non-Network Provider when the Contractor determines that it is appropriate for either access or clinical reasons. Network Services shall not include non-network services where the Contractor had no opportunity to direct the care or Transition of Care services.

Network Facility means an Approved Facility that has entered into a network agreement with the Contractor. Approved Facility means a general acute care or psychiatric hospital or clinic under the supervision of a physician. If the hospital or clinic is located in New York State, it must be certified by the NYS OASAS or according to the Mental Hygiene Law of New York State. If located outside New York State, it must be accredited by the Joint Commission on Accreditation of Health Care Organizations for the provision of mental health, alcoholism or drug use treatment or accredited by the appropriate State agency for the level of care received.

Network Practitioner means a Practitioner who has entered into an agreement with the Contractor as an independent contractor to provide Covered Services.



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Network Provider means either a Network Practitioner or a Network Facility.

Non-Network Coverage means the level of reimbursement paid by the MHSU Program for Covered Services from a Non-Network Provider in compliance with the MHSU Program requirements outlined in the Agreement resulting from this RFP.

Non-Network Facility means an Approved Facility that has not entered into an agreement with the Contractor as an independent contractor to provide Covered Services.

Non-Network Practitioner means a Practitioner who has not entered into an agreement with the Contractor as an independent contractor to provide Covered Services.

Non-Network Provider means a Non-Network Practitioner or Non-Network Facility.

New York Benefits Eligibility and Accounting System (NYBEAS) means the web-based enrollment system for the administration of employee benefits and the source of eligibility information for all Empire Plan, Excelsior Plan, and SEHP Members.

New York State Department of Financial Services (DFS) means the agency that regulates Insurance Plans in NYS

New York State Health Insurance Program (NYSHIP) means the health insurance program established by NYS to provide health insurance protection to employees, retirees and eligible dependents of New York State and Participating Agencies and Participating Employers. The program is administered by the NYS Department of Civil Service. NYSHIP provides health insurance coverage through the Empire Plan, Health Maintenance Organizations (HMOs); and the Student Employee Health Plan (SEHP).

NYS or State means the State of New York (including the New York State Department of Civil Service).

Offeror means any responsible and eligible entity submitting a responsive Proposal to the RFP. It shall be understood that references in the RFP to “Offeror” shall include said entity’s proposed Key Subcontractor or Affiliates, if any.

OER means the New York State Office of Employee Relations.

Option Transfer Period means the period announced by the State to allow eligible Enrollees to join the plan, change coverage, or add eligible dependents

OSC means the New York State Office of the State Comptroller.



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Outpatient Services means those services rendered in a Practitioner’s office or in the department of an Approved Facility where services are rendered to persons who have not had an overnight stay and are not charged for room and board.

Partial Hospitalization means a freestanding or hospital-based program that maintains hours of service for at least 20 hours per week and may also include half-day programs that provide services for less than 4 hours per day. A partial hospital/day treatment program may be used as a step up from a less intensive level of care or as a step down from a more intensive level of care and does not include an overnight stay.

Participating Agency (PA) means any unit of local government such as school districts, special districts, or district or municipal corporations that elects with the approval of the President of the Civil Service Commission, to participate in the New York State Health Insurance Program.

Participating Employer (PE) means any public authority, public benefit corporation, or other agency subdivision or quasi-public organization of NYS that elects, with the approval of the President of the Civil Service Commission, to participate in the New York State Health Insurance Program.

Peer Reviewers/Peer Advisors means either psychiatrists or Ph.D. psychologists, with a minimum of five years of clinical experience.

Plan means the Empire Plan.

Practitioner means:

1. A psychiatrist; or
2. A psychologist; or
3. A licensed mental health counselor (a counselor trained in counseling, psychotherapy, and prevention). Counselors work with individuals, couples, families, groups and organizations using brief techniques, such as crisis intervention and solution-focused approaches, or longer-term approaches when treating chronic mental health disorders or disabilities.
4. A licensed marriage and family therapist (a therapist trained in individual psychotherapy and family systems to assess and treat mental, emotional and behavioral disorders and address an array of relationship issues within the context of marital/couple, family, relational and group therapy).
5. A licensed clinical social worker If services are performed outside New York State, the social worker must have the highest level of licensure awarded by that state’s accrediting body; or
6. A Physician Assistant (PA) is licensed and qualified by academic and practical training to provide patient services under the supervision and direction of a licensed Physician who is responsible for the performance of the PA.



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7. A Registered Nurse Clinical Specialist or psychiatric nurse/clinical specialist: Advanced Practice nurses who hold a master’s or doctoral degree in a specialized area of psychiatric nursing practice nurse; or
8. A Registered Nurse Practitioner: a nurse with a master’s degree or higher in nursing from an accredited college or university, licensed at the highest level of nursing in the state where services are provided. Nurse Practitioners may diagnose, treat, and prescribe for a patient’s condition that falls within their specialty area of practice. This must be done in collaboration with a licensed psychiatrist qualified in the specialty involved and in accordance with an approved written practice agreement and protocols; or
9. Applied behavioral analysis provider or Certified Behavioral Analyst (CBA) provider: A licensed provider who is certified as a behavior analyst pursuant to a behavioral analyst certification board; or
10. Applied behavioral analysis or ABA Agency: An agency providing ABA services under the program oversight and direct supervision of a licensed provider and certified behavioral analyst. An ABA Agency may also employ ABA aides to deliver the treatment protocol of the ABA Provider.

President means the President of the Civil Service Commission who is also the Commissioner of the Department.

Program Service means all of the services to be provided by the Contractor as set forth in the RFP.

Proposal or Submissions means the Contractor’s Administrative Proposal, Technical Proposal and Cost Proposal, including all responses to supplemental requests for clarification, information, or documentation submitted during the course of the Procurement.

Protected Health Information (PHI) means any information, including demographic information collected from an individual, that relates to the past, present, or future physical or mental health or condition of an individual, to the provision of health care to an individual, or to the past, present, or future payment for the provision of health care to an individual, that identifies the individual, or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

Provider means a Practitioner or Approved Facility that supplies Covered Services under the Mental Health and Substance Use Program.

Provider Network means the Offeror’s credentialed and contracted network of MHSU Providers.

Referral means the process by which the Contractor’s toll-free Clinical Referral Line refers an Enrollee to a Network Provider to obtain Covered Services.



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Restricted Period means the period between when a contract solicitation begins and the contract is awarded (or the decision to not pursue an award is made), ONLY designated contacts or their designee’s may discuss the RFP and or Contract with you.

RFP or Procurement means the Request for Proposals, entitled “Mental Health and Substance Use (MHSU) Disorder Program”.

Shared Accumulators means the Coinsurance, certain Copayment and Deductible amounts shared between the MHSU, Medical and Hospital components of the Empire Plan, Student Employee Health Plan and Excelsior Plan.

Single Case Agreement means a unique agreement that the Contractor negotiates with a Non-Network Provider to provide Program Network-level services for a specific Member (policyholder and their dependents) when there is insufficient access to a Network Provider within a certain geographic area or a Non-Network Provider possesses a unique specialty that is not currently possessed by a Network Provider within that geographic area.

Solicitation means writings by the State setting forth the scope, terms, conditions and technical specifications for a procurement of Product.

State or NYS means the State of New York.

Structured Outpatient Rehabilitation Program (SOP) means a program that provides substance use care and is an operational component of an Approved Facility that is state licensed. If located in New York State, the program must be certified by the Office of Addiction Services and Support of the State of New York. If the program is located outside New York State, it must be part of an Approved Facility accredited by the Joint Commission on Accreditation of Health Care Organizations as a hospital or as a health care organization that provides psychiatric and/or drug use or alcoholism services to adults and/or adolescents. The program must also meet all applicable federal, state and local laws and regulations. A Structured Outpatient Rehabilitation Program is a program, in which the patient participates, on an outpatient basis, in prescribed formalized treatment, including an aftercare component of weekly follow-up. In addition, Structured Outpatient Rehabilitation Programs include elements such as participation in support groups like Alcoholics Anonymous or Narcotics Anonymous.

Student Employee Health Plan (SEHP) means a health insurance plan for graduate student employees of the New York State University and the New York City University systems that provides benefits through the various Empire Plan Insurance Contracts. Like the Empire Plan, SEHP includes hospital, medical, managed mental health and substance use benefits, and prescription drug benefits, SEHP is administered by the New York State Department of Civil Service, Employee Benefits Division.

Subcontractor means any individual or legal entity (including but not limited to sole proprietor, partnership, limited liability company, firm or corporation) who has entered



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into a contract, express or implied, for the performance of a portion of the Contract with a Contractor.

Transition of Care means a benefit that provides Enrollees with the Network level of benefits for a period of 90 days to continue Covered Services that commenced with a Network Provider of the former Program contractor.

Transition Plan means a written plan for transition, which outlines, at a minimum, the tasks, milestones and deliverables associated with transitioning the Plan to a new contractor.

Usual and Customary Rate means the lowest of actual charges for services; or the usual charge for services by the Provider for the same or similar service; or the usual charge for services of other Providers in the same or similar geographic area for the same or similar service.

Utilization Review (UR) means a medical management program which reviews the Medical Necessity of mental health and substance use treatment. The review should be conducted by a team of licensed and/or certified psychiatric nurses, licensed clinical social workers (“R” status), board-certified or board-eligible psychiatrists and clinical psychologists, as appropriate, to determine whether proposed services are Medically Necessary for diagnosed condition(s). Utilization review includes pre-certification, prior authorization, concurrent review and discharge planning.