
Actual Average Unit Cost (AAUC) means the average unit cost for Network Coverage/Services paid during the Plan Year. 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 MHSA 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 means the contract that results from this RFP between the Department and the Contractor.

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 Alcoholism and Substance Abuse Services 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 abuse treatment. 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. In all cases other than an emergency, the facility must also be approved by the Contractor. Residential treatment centers, halfway houses and group homes will be considered approved facilities, if they satisfy the requirements above and admission is certified by the Contractor.

Business Day(s) means every Monday through Friday, except for days designated as Business Holidays.

Business Holiday(s) means legal holidays observed by the State and any days designated by the Contractor as a holiday and approved as such by the State prior to January 1 of each Calendar Year.

Calendar Year/Annual means a period of 12 months beginning with January 1 and ending with December 31.

Call Center Hours means 24 hours a Day, 365 Days a year.

Certification or Certified means a determination by the Contractor that mental health care or substance abuse 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.

Clinical Manager means licensed PhD, clinical psychologist, licensed professional registered nurse, or licensed master's level certified social worker with a minimum of three to five years of previous position-related clinical experience in mental health and/or substance abuse treatment or other licensed, qualified individual as approved by the MHSA Program.

Clinical Referral Line means the clinical resource and referral service called prior to receiving any Covered Services to obtain network referrals or benefit information. Available 24 hours a Day, 365 Days a year.

Coinsurance means, for Non-Network Approved Facility services, the difference between the billed charge and the percentage covered; and, for non-network Practitioner services, the difference between the Reasonable and Customary charge and the percentage covered. The Plan's Coinsurance Maximum is shared between Basic Medical, the Hospital Program and the Mental Health and Substance Abuse Program. Copayments paid to a Network Practitioner count toward meeting the Plan's Coinsurance Maximum.

Coinsurance Maximum means the sum of coinsurance costs incurred under the Basic Medical Program and Non -Network Coverage under the Hospital Program and Mental Health and Substance Abuse Program. After the combined annual Coinsurance Maximum is reached, benefits are paid at one hundred percent (100%) percent of Reasonable and Customary charges for Covered Services.

Contractor means (TBD), the successful Offeror selected as a result of the evaluation of Offerors' Proposals submitted in response to this RFP and the Contractor who executes a Contract with the Department to provide Program Services.

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

Cost Sharing means the Enrollee's financial responsibility for Covered Services including Copayment, Deductible and Coinsurance.

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

Crisis Intervention Visits means an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources

to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.

Day(s) means calendar days unless otherwise noted.

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

Dedicated Call Center means a group of customer service representatives trained and capable of responding to a wide range of questions, complaints, and inquiries specific to the MHSA Program. The customer service representatives are dedicated to the MHSA Program and do not work on any other accounts.

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 Abuse 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 MHSA Program; or for Practitioner services, the Reasonable and Customary charge; or for Approved Facility services, the billed amount for such service.

Dependent means the spouse, domestic partner, and children under twenty-six (26) years of age of an Enrollee. Young adult dependent children age twenty-six (26) or over are also eligible if they are incapable of supporting themselves due to mental or physical disability acquired before termination of their eligibility for coverage under the New York State Health Insurance Program.

Dependent Survivor means the unremarried spouse, dependent child, or domestic partner who has not acquired another domestic partner, of an Enrollee who died after having had at least ten (10) years of service, who was covered as a dependent of the deceased Enrollee at the time of the Enrollee's death and who elects to continue coverage under NYSHIP following the three (3) month extended benefits period.

Disabled Lives Benefit means the benefits provided to an Enrollee who is Totally Disabled on the date coverage ends. The benefits are provided on the same basis as if coverage had continued with no change until the day the Enrollee is no longer Totally Disabled or for ninety (90) days after the date the coverage ended, whichever is earlier.

Emergency Care means care received for an emergency condition. An emergency condition is a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in: placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such a person or others in serious jeopardy; serious impairment to such person's bodily functions; serious dysfunction of any bodily organ or part of such person; or serious disfigurement of such person.

Employee means "Employee" as defined in 4 NYCRR Part 73, as amended, or as modified by collective bargaining agreement.

Employer means "Employer" as defined in 4 NYCRR Part 73, as amended.

Enrollee means an "Employee" or "Dependent" enrolled in the MHSA Program with mental health/substance abuse benefits.

ET means prevailing Eastern Time.

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 Exhibits V.A.2 and V.A.3, 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.

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.

Inpatient Services means those services rendered in an Approved Facility to an Enrollee who has been admitted for an overnight stay and is charged for room and board.

Intensive Outpatient Program (IOP) is 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 abuse disorders, or can specialize in the treatment of co-occurring mental health conditions and substance-use disorders.

Key Subcontractor(s) means those vendor(s) with whom the Contractor subcontracts to provide Program Services and incorporates as a part of the Contractor's Program Team.

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 abuse practices and the professional and technical standards adopted by the Contractor.

Mental Health Care means Medically Necessary care rendered by a covered Practitioner or Approved Facility and which, in the opinion of the Contractor, is directed predominately at treatable behavioral manifestations of a condition that the Contractor determines: is a clinically significant behavioral or psychological syndrome, pattern, illness or disorder; and substantially or materially impairs a person's ability to function in one or more major life activities; and has been classified as a mental disorder in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

MHSA Program/Plan means the New York State Health Insurance Program's Empire Plan Mental Health and Substance Abuse Program, the Excelsior Plan Mental Health and Substance Abuse Program and the Student Employee Health Plan Mental Health and Substance Abuse Program administered by the New York State Department of Civil Service.

Mixed Services Protocol means the methodology for allocating the financial liability for covered MHSA services between the Medical Program contractor, Hospital Program contractor and the MHSA Program contractor.

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 Provider agreement with the Contractor as an independent contractor. The records of the Contractor shall be conclusive as to whether a facility has a Network Provider agreement in effect on the date services are obtained. A non-network facility can be considered a network facility on a case-by-case basis when approved by the Contractor.

Network Practitioner means a Practitioner who has entered into an agreement with the Contractor as an independent contractor to provide Covered Services. The records of the Contractor shall be conclusive as to whether a person had a Network Provider agreement in effect on the date services are obtained. A Non-Network Practitioner can be considered a network practitioner on a case-by-case basis when approved by the Contractor.

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

Non-Network Coverage means the level of reimbursement paid by the MHSA Program for Covered Services from a Non-Network Provider in compliance with the MHSA 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. A Non-Network Practitioner can be considered a Network Practitioner on a case-by-case basis when approved by the Contractor.

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

NYS means New York State.

NYSHIP means the New York State Health Insurance Program.

Offeror means a person or entity that submits a Proposal in response to this RFP.

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 and district or municipal corporations which 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 a public authority, public benefit corporation, or other public agency, subdivision, or quasi-public organization of the State which elects, with the approval of

the President of the Civil Service Commission, to participate in the New York State Health Insurance Program.

Pass-through Pricing means the MHSA Program is charged the same mental health/substance abuse services fee paid to the Network Provider.

Peer Advisor means a psychiatrist or Ph.D. psychologist with a minimum of five (5) years of clinical experience who renders Medical Necessity decisions.

Physician means a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.). He or she must be legally licensed to practice medicine without limitations or restrictions.

Plan Sponsor means the Council on Employee Health Insurance, which is composed of the President of the Civil Service Commission, Director of the Governor's Office of Employee Relations, and the Director of the Division of Budget.

Plan Year means the period from January 1st to December 31st in each year covered by the Agreement, unless specified otherwise by the MHSA Program.

Practitioner means:

1. A psychiatrist; or
2. A psychologist; or
3. A licensed clinical social worker with at least six (6) years of post-degree experience who qualifies for the New York State Board for Social Work "R designation". 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
4. 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
5. 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

6. 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
7. 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 of Civil Service.

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

Program Team means, for purposes of the Agreement, the Contractor and those Key Subcontractors and Affiliates, if any, utilized by the Contractor who collectively undertake and perform the Program Services which are the subject of the Agreement. Program Team means, for purposes of the RFP, an Offeror and those Key Subcontractors and Affiliates, if any, the Offeror proposes to utilize to collectively undertake and perform the Program Services which are the subject matter of the RFP.

Proposal 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.

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

Provider Network means the Contractor's credentialed and contracted network of Network Practitioners and Network Facilities.

Reasonable and Customary means the lowest of:

1. The actual charge for services; or
2. The usual charge for services by the Provider; or
3. The usual charge for services of other Providers in the same or similar geographic area for the same or similar service.

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.

Regulations of the President of the New York State Civil Service Commission means those regulations promulgated by the President of the Civil Service Commission under the authority of Civil Service Law, Article XI, as amended, and including, but not limited to those regulations to be promulgated as 4 New York Code of Rules and Regulations (NYCRR) Part 73.

Renewal Date means January 1, 2016 and annually thereafter up to and including January 1, 2019.

Retiree means any person defined as a Retiree pursuant to the terms of 4 NYCRR Part 73, as amended.

RFP or Procurement means the Request for Proposals entitled "Mental Health and Substance Abuse Program for The Empire Plan, Excelsior Plan and Student Employee Health Plan" dated March 13, 2014.

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

Shared Communication Expense means the expense that the Contractor will be billed and must pay on a quarterly basis to contribute toward the cost of producing various Empire Plan and NYSHIP publications (i.e. provider directories, Choices Guides, At A Glance publications, etc).

Single Case Agreement means a unique agreement that the Contractor negotiates with a Non-Network Provider to provide MHSA Program Network-level services for a specific Enrollee 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.

State means New York State as a whole.

Structured Outpatient Rehabilitation Program (SOP) means a program that provides substance abuse 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 Alcoholism and Substance Abuse Services 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 abuse 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.

Substance Abuse Care means Medically Necessary care provided by an eligible provider for the illness or condition that the Contractor has determined: is a clinically significant behavioral or psychological syndrome or pattern; and substantially or materially impairs a person's ability to function in one or more major life activities; and is a condition which has been classified as a substance abuse disorder in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, unless such condition is otherwise excluded under this MHSA Program.

Summary Plan Description(s) (SPD) means the document(s) issued pursuant to an attached by reference to the Agreement resulting from this RFP. The SPD is issued to Enrollees and describes Program benefits. The SPD includes the initial SPD and amendments, if any.

Total Disability and Totally Disabled means that because of a mental health/substance abuse condition, the Enrollee, cannot perform his/her job or the Dependent cannot perform the normal activities of a person that age.

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.

Urgent Care is care that does not meet the definition of emergency care but which should be provided early in the onset of symptoms in order to alleviate or prevent permanent disability, serious medical complications, loss of life or harm to the patient or others.

Utilization Review (UR) means a medical management program which reviews the Medical Necessity of mental health and substance abuse 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.

Vestee means a former Employee who is entitled to continue benefits under NYSHIP because he/she has met all the requirements for NYSHIP coverage as a Retiree, except for age eligibility for pension, at the time employment terminates.