

( CARRIER LETTERHEAD )

MANAGED BEHAVIORAL HEALTH CARE ORGANIZATION ( MBHCO )

REPORT FOR

CALENDAR YEAR 200\_\_

MBHCO NAME \_\_\_\_\_

1. Total Direct Payments\* Received from (name of carrier) during year \$\_\_\_\_\_
2. Behavioral Health Care Administrative Expenses\* during year \_\_\_\_\_
3. Direct Behavioral Health Care Expenses\* during year \_\_\_\_\_
4. Amounts included in Line 3 for Quality Assurance or Utilization Management Activities or Treatment Plan Reviews That Are Clinical In Nature \_\_\_\_\_

Person Completing Report

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

\* Note: Definitions of Behavioral Health Care Administrative Expenses, Behavioral Health Care Expenses and Direct Payments can be found in COMAR 31.10.31.