

Managed Behavioral Health Care Organization Initial Report
to the New Jersey Department of Banking and Insurance
in accordance with P.L. 2005, c. 172 and Bulletin 06-05

Instructions: All carriers offering or having in force health benefits plans are to complete this form, or otherwise provide the requested information, even if the carrier does not own or contract with a managed behavioral health care organization (MBHCO). If a carrier does not own or contract with an MBHCO, indicate "none." All terms are as defined at N.J.S.A. 26:2S-2 (as amended by P.L. 2005, c. 172). Completed reports should be submitted to:

New Jersey Department of Banking and Insurance
Life and Health Actuarial – MBHCO Reporting
P.O. Box 325
Trenton, NJ 08625-0325
(express mail or private delivery: 20 West State Street)
Fax: (609) 633-0527

Please 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: _____

Signature: _____	Date: _____
Name (print): _____	
Title: _____	