

Attachment B2

Note: the information contained in this glossary will be available as a reference for survey respondents via the web-based survey platform.

Survey Glossary

Capitation payment: a payment the State makes periodically to a contractor on behalf of each beneficiary enrolled under a contract and based on the actuarially sound capitation rate for the provision of services under the State plan. The State makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment (defined in 42 CFR 438.2).

Enrollee: for the purposes of this survey, an enrollee is a Medicaid beneficiary aged 21-64 who is currently enrolled in an MCO or PIHP entity in a given managed care program (modified from 42 CFR 438.2).

Institution for Mental Diseases (IMD): IMD is defined in 42 CFR 435.1010 as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases. **For the purposes of this survey, an IMD is a hospital providing psychiatric or substance use disorder inpatient care or a sub-acute facility providing psychiatric or substance use disorder crisis residential services (42 CFR 438.6(e)).**

In lieu of: for the purposes of this survey, please refer to the definition of in lieu of services in [§438.3\(e\)\(2\)\(i\) through \(iii\)](#).

Managed Care Program: A managed care program is defined by the set of benefits covered and the type of participating managed care plans (e.g., MCOs, PHPs, etc.) or providers (e.g., PCCM providers). For the purposes of this survey, please include the following types:

Comprehensive Managed Care Organization: A program in which the State contracts with managed care plans to cover all acute and primary medical services; some also cover behavioral health, dental, transportation and long term care. Entities that qualify as MCOs include Health Maintenance Organizations (HMOs) and Health Insuring Organizations (HIOs in California) (MMCDCS 2017 User Guide).

BHO (PIHP): A program specializing in behavioral health (mental health and/or substance use disorder) services. Services are covered on a prepaid basis (MMCDCS 2017 User Guide).

Stay: one or more consecutive night(s) spent in an IMD. Stays in which the release of the beneficiary occurred on the same day he or she was admitted would have a length of stay of zero;

admissions in which the release of the enrollee occurred after one night would have a length of stay of one.