



## MENTAL HEALTH PARITY COMPARATIVE ANALYSIS

**DATE PREPARED:** March 8, 2022

**SUBJECT MATTER:** Network Services

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### **INTRODUCTION**

This comparative analysis is intended to measure compliance with the Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”), as amended by the Consolidated Appropriations Act of 2021.

Effective February 10, 2021, group health plans must ensure that the financial requirements and treatment limitations on mental health or substance use disorder benefits they provide are no more restrictive than those on medical or surgical benefits. Treatment limitations may be quantitative treatment limitations (QTLs) which are numerical in nature (such as visit limits) or non-quantitative treatment limitations (NQTLs), which are non-numerical limits on the scope or duration of benefits for treatment.<sup>1</sup> NQTLs are processes, strategies, standards, or other criteria that limit the scope or duration of benefits for services provided under the plan. Examples of NQTLs include, but are not limited to, medical management standards limiting benefits based on medical necessity, and network admission standards such as credentialing or reimbursement rates. Group health plans must perform an annual comparative analysis of NQTLs that apply to mental health and substance use disorder (“MH/SUD”) treatments to ensure that such NQTLs are comparable to, and no less restrictive than, those treatment limitations applicable for medical and/or surgical (“Medical/Surgical”) services. The law does not prohibit the use of NQTLs as long as they are not applied more stringently to MH/SUD benefits as compared to Medical/Surgical benefits. Disparate results do not necessarily indicate a violation of the MHPAEA, so long as comparable processes are followed.

MultiPlan, on behalf of itself and its subsidiaries (collectively “MultiPlan”), is neither a health care provider nor an insurance company, and does not reimburse physicians, hospitals, or other healthcare providers for their services. Rather, MultiPlan administers a network of healthcare providers that provide services to members of MultiPlan clients at negotiated contracted rates. MultiPlan does not pay claims, determine eligibility, or make benefit determinations; those responsibilities lie with MultiPlan clients, which include insurance companies, third-party administrators, health plans, HMOs, Taft-Hartley funds, and other organizations (“Clients”). The federal regulations prohibiting the imposition of a discriminatory NQTL for MH/SUD services does not directly apply to MultiPlan. However, Clients purchasing access to MultiPlan’s Network Services, as defined below, may require information from MultiPlan to assist with their compliance of these federal requirements. MultiPlan’s services include access to both MH/SUD and Medical/Surgical providers.

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<sup>1</sup> See 29 CFR 2590.712(c)(2)-(3) for the test for financial requirements and QTLs and 29 CFR 2590.712(c)(4) for the requirements for NQTLs. 26 CFR 54.9812-1(c)(2)-(4); 29 CFR 2590.712(c)(2)-(4); 45 CFR 146.136(c)(2)-(4); and 147.160.



This comparative analysis is specific to MultiPlan’s Network Services, as defined below, including an analysis of MultiPlan’s network adequacy and network contract rate processes. Please note that although the regulation refers to the parity of “reimbursement,” this document will discuss the parity of the “network contract rates” negotiated with MultiPlan’s Network Providers, as defined below, since MultiPlan does not “reimburse” Network Providers. MultiPlan has adopted the six-step analysis outlined by the Kennedy Forum for conducting a comparative analysis.<sup>2</sup>

## **1. DESCRIPTION OF NQTL: NETWORK SERVICES - NETWORK ADEQUACY AND NETWORK CONTRACT RATES**

“Network Providers” are health care providers contracted with MultiPlan for participation in MultiPlan networks which include, but are not limited to, the PHCS Network, the MultiPlan Network, the Beech Street Network, the HealthEOS Network, Rural Arizona Network, Health Management Network, and MultiPlan’s Government Program Networks (e.g. Medicare Advantage and Medicaid) (collectively “MultiPlan Networks” or “Network”), as applicable. Clients access Network Providers to offer health care services to their members at discounted rates (“Network Services”). MultiPlan has established processes to provide Clients’ members reasonable access to a sufficient number of Network Providers (“Network Adequacy”). In addition, MultiPlan has established processes to develop the negotiated contracted rates offered to, and agreed upon by, Network Providers (“Network Contract Rates”). Clients (or their customers) are responsible for payment of Network Contract Rates to Network Providers for covered services rendered to their members. Depending on the type of Network Services accessed (e.g., primary network, complementary network, etc.), Clients may pay for covered services at an in-network or out-of-network benefit level.

Network Adequacy and Network Contract Rate processes are part of the Network Services offered to Clients and were identified as NQTLs requiring a comparative analysis to ensure that the processes are applied no more stringently to MH/SUD providers than Medical/Surgical providers.

MultiPlan utilizes a standard set of criteria for Network Adequacy and Network Contract Rates as part of the Network Services offered by MultiPlan, and does not differentiate in the application of those criteria based on whether the provider is a MH/SUD provider or a Medical/Surgical provider. MH/SUD providers that request to join the MultiPlan Networks are managed in the same fashion, using the same contract documents, contract rate methodologies, and processes as all other providers.

As supported by this comparative analysis, MultiPlan does not establish NQTLs on, or implied through, relationships with providers, as written and/or in operation, that are applied more stringently to MH/SUD services than those applicable to Medical/Surgical services. MultiPlan’s policies, processes, and the operational implementation of such processes are not designed to restrict access to, or discriminate against, specific provider types or services, including but not limited to, MH/SUD providers. All policies and processes are implemented to apply equally regardless of provider type.

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<sup>2</sup> Tim Clement, MPH, et al, *The “Six-Step” Parity Compliance Guide for Non-Quantitative Treatment Limitation (NQTL) Requirements*, the Kennedy Forum, Sep. 2017, [https://s3.amazonaws.com/pjk-wp-uploads/www.paritytrack.org/uploads/2017/09/six\\_step\\_issue\\_brief.pdf](https://s3.amazonaws.com/pjk-wp-uploads/www.paritytrack.org/uploads/2017/09/six_step_issue_brief.pdf).

## 2. FACTORS USED IN DEVELOPING PROCESSES FOR NETWORK SERVICES:

The Factors identified in this section have been established by MultiPlan to ensure that: (i) Clients' members accessing Network Services have access to an adequate number of hospitals, physicians, MH/SUD providers, and other providers based on applicable federal and/or state laws or regulations, as well as proprietary standards for network adequacy; (ii) MultiPlan applies consistent contracting processes and standards throughout the organization when contracting with MH/SUD and Medical/Surgical provider types for participation in the MultiPlan Network; and (iii) the Network Contract Rates offered to, and agreed upon by, Network Providers are offered, processed and managed in the same manner for MH/SUD providers as for all other provider types.

The below grid shows the rationale for applying the Network Services NQTL that were used in developing the Factors, as it relates to both Medical/Surgical providers and MH/SUD providers.

	MH/SUD Providers	Medical/Surgical Providers
MultiPlan uses standard contract documents to maintain consistency within the contracting process.	✓	✓
MultiPlan applies Policies and Procedures to maintain consistency in the contracting process.	✓	✓
MultiPlan applies proprietary network adequacy standards and state and federal regulatory agency standards to ensure adequate access to Network Providers for members.	✓	✓
MultiPlan applies Network Contract Rate methodologies agreed upon with Network Providers to maintain a competitive Network in the market.	✓	✓

### ***“NETWORK SERVICES FACTORS” CONSIDERED WHEN ESTABLISHING NETWORK SERVICES***

The grid below identifies the “Network Services Factors” used in developing Network Services processes for all providers applying to, or participating in, the MultiPlan Network(s).

Factor	Description	Outpatient (Physician) Services	Outpatient (Facility) Services	Inpatient Services	Emergency Services
<b>Network Contract Documents</b>	Network contract documents outline the definitions, terms, reimbursement, and obligations of each party related to Network Provider's participation in the network.	✓	✓	✓	✓
<b>Network Contract Processing</b>	The creation, negotiation criteria, processing and application of the provider network contracts are standardized to ensure a consistent process for professionals, facilities, health systems and ancillary providers, inclusive of mental health/substance use disorder providers. All Network Provider contracts, whether MH/SUD or Medical/Surgical, are entered, tracked, and managed in the MultiPlan contract management system.	✓	✓	✓	✓

Factor	Description	Outpatient (Physician) Services	Outpatient (Facility) Services	Inpatient Services	Emergency Services
<b>Network Adequacy</b>	MultiPlan's proprietary Network Adequacy standards are based on measurements for urban, suburban, and rural markets to provide Clients' members reasonable access to a sufficient number of Network Providers. In addition, MultiPlan applies the Network Adequacy standards established by state regulatory agencies, including geographic distribution of providers, provider ratios, and appointment wait times.	✓	✓	✓	✓
<b>Network Contract Rate Methodologies</b>	Network Contract Rates negotiated for all provider types is based on market dynamics, supply and demand, and geographic location.	✓	✓	✓	✓

### 3. EVIDENTIARY STANDARDS RELIED UPON TO FORMULATE THE NETWORK SERVICES NQTL:

MultiPlan's established processes and policies, as well as certain state and federal requirements, are used to formulate the criteria that establish the Network Services Factors. These evidentiary standards support MultiPlan's determinations of what constitutes an effective Network Services program.

The grid below identifies the various evidentiary standards for the Network Services Factors used in developing the processes for all providers applying to, or participating in, the MultiPlan Network(s) as applied to Medical/Surgical providers or to MH/SUD providers.

Factor	Documentation	MH/SUD Providers	Medical Surgical Providers
<b>Network Contract Documents</b>	1. Proprietary Contract Documents 2. State/Federal Contract Requirements, if applicable	✓	✓
<b>Network Contract Processing</b>	1. Provider Nominations Policy 2. Contracting using Provider Contract Policies 3. Access and Availability Policies	✓	✓
<b>Network Adequacy</b>	1. MultiPlan Proprietary Standards 2. Federal/State Laws for Network Adequacy	✓	✓
<b>Reimbursement Methodologies</b>	1. Centers for Medicare & Medicaid Services ("CMS") physician pricing guidelines 2. CMS HCPCS pricing guidelines 3. CMS DRG classification	✓	✓

### 4. WRITTEN POLICY AND PROCESS COMPARATIVE ANALYSIS:

This section includes a comparative analysis of MultiPlan Network Services processes to ensure that MultiPlan processes are applied no more stringently to MH/SUD providers than they would be to Medical/Surgical service providers. The information below includes a summary of processes as outlined in MultiPlan policies and procedures.



## DESCRIPTION OF THE NETWORK SERVICES NQTL PROCESSES

**Network Development.** MultiPlan has established policies and procedures for all providers that participate or apply to participate in the MultiPlan Network(s), inclusive of MH/SUD and Medical/Surgical service provider types. All applicable MultiPlan policies and procedures are reviewed and approved annually for operational implementation of Network Services processes.

The network development process includes contracting with facilities, ancillaries, and professionals according to applicable state or federal law, MultiPlan policies, and client requests. During the network development process, the provider (inclusive of MH/SUD providers) receives information about MultiPlan, sample Network Contract Rate information, and contract documents for review and signature. Demographic information is also collected from the provider. During this process, the provider may ask questions about the contract terminology, Network Contract Rate methodology and other components of the contract.

**Network Adequacy.** MultiPlan develops, monitors, and maintains proprietary Network Adequacy Standards, except where state or federal law requires a specific standard. Network Adequacy Standards for MH/SUD and medical/surgical providers are applied consistently to determine whether a market provides appropriate levels of access to Network Providers. MH/SUD specialist geographic adequacy requirements defined in MultiPlan's proprietary Network Adequacy Standards are the same criteria used for Medical/Surgical providers. MultiPlan requires a minimum of two providers by specialty category within a defined distance in Urban, Suburban, and Rural markets, regardless of whether the provider is a MH/SUD or Medical/Surgical provider. However, state or federal laws may dictate different standards; in those instances, the application of standards equitably between MH/SUD providers and Medical/Surgical providers is not determined by MultiPlan. MultiPlan's Network Adequacy program is monitored annually, unless state or federal laws require a more frequent review. MultiPlan regularly reviews and analyzes information relating to Network Adequacy to determine if there are any markets that fail to comply with Network Adequacy standards. In such cases, corrective action is taken to correct the deficiency.

Below is a chart comparing MH/SUD Network Adequacy Standards to the Medical/Surgical Network Adequacy Standards used by MultiPlan:

Market	Standard	MH/SUD Providers	Medical/Surgical Providers
Urban	MultiPlan requires two providers within a proprietary distance for Urban markets. The same proprietary distance is required for MH/SUD and Medical/Surgical providers.	✓	✓
Suburban	MultiPlan requires two providers within a proprietary distance for Suburban markets. The same proprietary distance is required for MH/SUD and Medical/Surgical providers.	✓	✓
Rural	MultiPlan requires two providers within a proprietary distance for Rural markets. The same proprietary distance is required for MH/SUD and Medical/Surgical providers.	✓	✓

<b>State/Federal Requirement</b>	MultiPlan assists clients with meeting state/federal regulatory Network Adequacy Standards. State/federal Network Adequacy Standards may differ between MH/SUD and Medical/Surgical providers.	✓	✓
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**Provider Nomination & Recruitment.** Provider nomination requests for individual professionals, small groups, and local ancillary providers, are managed by the Contracts and Development team at MultiPlan, inclusive of MH/SUD provider types and Medical/Surgical service provider types. Provider nominations and recruitment of large groups/Independent Practice Associations (“IPAs”), national ancillaries, facilities, and health systems are managed by the Network Development regional teams. Provider recruitment is initiated with the providers. Providers must meet MultiPlan’s credentialing requirements and contracting requirements to be eligible for participation in the MultiPlan Network. Provider nominations are closed if a provider is non-responsive or not interested in Network participation during the recruitment process.

**Provider Contracting.** The Individual Professional Agreement template is used when contracted with an individual professional provider. Individual professionals, whether MH/SUD or Medical/Surgical, are required to meet all MultiPlan credentialing criteria. All contracts are submitted through the contract submission process for execution and file storage.

The Professional Group/IPA Agreement template is used when contracting with a partnership, professional service corporation, limited liability company, or other legally constituted entity of licensed, registered, or certified health care professionals organized to provide health care services. All participating professionals within the Professional Group/IPA, whether MH/SUD or Medical/Surgical, are required to meet all MultiPlan credentialing criteria. All contracts are submitted with all required approvals and supporting documentation through the contract submission process for execution and file storage.

The Facility Agreement template is used for contracting with free standing health care facility providers. A Request for Information applicable to the facility provider is sent to the provider for completion. All facility providers, whether MH/SUD or Medical/Surgical, must meet the MultiPlan credentialing criteria. All contracts are submitted with all required approvals and supporting documentation through the contract submission process for execution and file storage.

The Health System Agreement or Health System IPA Agreement is used when contracting with both the Facility and an associated group/IPA of providers under one contract. All providers, whether MH/SUD or Medical/Surgical, must meet the MultiPlan credentialing criteria. All contracts are submitted with all required approvals and supporting documentation through the contract submission process for execution and file storage.

The Ancillary Agreement template is used for contracting with ancillary providers (e.g., free standing laboratory, free standing radiology, birthing center, urgent care center, etc.). In preparation for contracting, a Request for Information applicable to the Ancillary provider is sent to the provider for completion. All providers, whether MH/SUD or Medical/Surgical, must meet the MultiPlan credentialing criteria. All contracts are submitted with all required approvals and supporting documentation through the contract submission process for execution and file storage.

**Network Contract Rates.** The Fee Schedule Analysis and Implementation process ensures that a Network Contract Rate negotiated for professionals and ancillary providers billing on a Health Care Finance Administration (“HCFA”) form, inclusive of MH/SUD provider types and Medical/Surgical provider types,

is analyzed and implemented consistently during the contracting process. During the contracting process, proposed contract rates for facilities, including MH/SUD and Medical Surgical provider types, that bill on the Uniform Medical Billing (“UB”) forms follow a similar analysis process. The process analyzes whether the negotiation is a new negotiation or renegotiation, the percent of CMS, if applicable, and market-specific considerations. The analysis, implementation, and approval process are managed through the contract submission process for execution and file storage.

#### **NETWORK SERVICES NQTL POLICY AUDIT RESULTS**

The previous subsections include the general overview of the content of the policies reviewed to ensure consistent application to all providers, Medical/Surgical or MH/SUD, equally. The below chart includes the findings of an internal review of MultiPlan written policies.

POLICY NAME	COMPARISON	
	MH/SUD Providers	Medical/Surgical Providers
<b>Network Development Process</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	
<b>Access and Availability Standards</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	
<b>Provider Recruitment from Provider Nomination Requests</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	
<b>Contracting using the Professional Group Agreements</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	
<b>Contracting using the Facility or Health System Agreement</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	
<b>Contracting using the Ancillary Agreement</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	
<b>Fee Schedule Analysis and Implementation</b>	Standards are the same for both MH/SUD providers and Medical/Surgical providers	

#### **5. OPERATIONAL IMPLEMENTATION OF PROCESSES AND STRATEGIES COMPARATIVE ANALYSIS:**

The analysis for operational implementation of policies, procedures, and processes is based on data collected during 2021. MultiPlan analyzed the data collected for providers that received an invitation to participate in the MultiPlan Network as a result of self-nomination, client nomination, member nomination, or Network need. All providers that received an invitation to participate in the Network received the standard MultiPlan contract documents with the standard terms and conditions.

MultiPlan accepts nominations directly from providers, members, and clients to invite providers of all types into the MultiPlan Networks. The table below compares the Network Contract Rates offered to individual, small group, and ancillary providers across the United States that were nominated to participate in the MultiPlan Networks during 2021. The analysis shows that 80.25% of the Mental Health providers that were invited to participate in the MultiPlan Networks during 2021 received an invitation that included the standard Multiplan market fee schedule for the geographic market in which the provider is located. The MultiPlan market fee schedules are based on the CMS reimbursement methodologies. The remaining 19.75% of the Mental Health providers received an invitation that included an alternate fee schedule. An example of an alternate fee schedule would be a percent of charge arrangement.



The same analysis was performed for Mental Health-Substance Abuse providers that were invited to participate in the MultiPlan Networks during the same period. The analysis shows that 56.32% of the Mental Health-SUD providers that were invited to participate in the MultiPlan Networks during 2021 received an invitation that included the standard Multiplan market fee schedule for the geographic market in which the provider is located. The remaining 43.68% of the providers received an invitation that included an alternate fee schedule, like a percent of charge arrangement. The percentage of SUD providers that received an alternative fee schedule is higher than the percentage of Mental Health providers, as the services performed by the SUD providers may not always be represented in a CMS based reimbursement methodology, requiring an alternate fee schedule.

MultiPlan then compared the same information for the individual, small group, and ancillary Medical/Surgical providers who were invited to participate in the MultiPlan Networks during 2021. The analysis shows that 77.39% of Medical/Surgical providers received an invitation that included the standard MultiPlan market fee schedule for the geographic market in which the provider is located, while the remaining 22.61% received an invitation that included an alternate fee schedule.

Based on the analysis of the data, MultiPlan's contracting process, including the Network Contract Rates offered to providers, is applied consistently to MH providers, SUD providers, and Medical/Surgical providers based on market and client need. The results show that there is no disparity between the way MH providers, SUD providers, and Medical/Surgical providers are handled during the nomination and recruitment period.

#### **PROVIDER RECRUITMENT ANALYSIS**

	<b>MH Providers</b>	<b>SUD Providers</b>	<b>Medical/Surgical Providers</b>
Percentage of Contract Offers with Market Fee Schedules	80.25%	56.32%	77.39%
Percentage of Contract Offers with Alternative Fee Schedules	19.25%	43.68%	22.61%

Network Contract Rates offered to all provider types, including MH/SUD providers, are based on market dynamics, supply and demand, and geographic location. Values for procedure codes within a Network Contract Rate fee schedule do not vary by MH/SUD providers or other Medical/Surgical provider types. Contract documents establish the terms and obligations for providers who are offered participation in the Networks. The terms and obligations of the standard contracts applicable to the provider type (e.g., facility, group, ancillary, etc.) are consistently applied to all providers within that provider type category. For example, the standard group contract template for a group of professionals would contain the same contract terms and obligations whether offered to a MH/SUD group or to a Medical/Surgical group. The contract documents used to contract with providers who are MH/SUD providers are the same documents used to contract with Medical/Surgical provider types.

There is no provision in MultiPlan's contracting process for NQTLs whether in policy or operation that would be applied more stringently to MH/SUD providers, than those applicable to Medical/Surgical providers. The percentage of SUD providers that received an alternative fee schedule is higher than the percentage of Mental Health providers, as the services performed by the SUD providers may not always be represented in a CMS based reimbursement methodology, requiring an alternate fee schedule. At this



point in the contracting process, MultiPlan relies upon the NPI taxonomy reported by the providers to categorize the providers during the initial contracting process. This means that we track providers based on either a Mental Health or SUD at the time of provider outreach and contracting. Based on this, MultiPlan cannot report on providers that offer both MH and SUD services until the credentialing stage, where verification of services is performed.

APPENDIX A contains the comparison between MH/SUD and Medical/Surgical contracting efforts on a state-by-state basis as it relates to Network Contract Rate offerings.

#### **NETWORK PROVIDER CONTRACT RATE ANALYSIS – PROFESSIONAL PROVIDERS**

To further validate the parity in the professional provider contracting process, MultiPlan also performed an analysis of contracts accepted by professional providers. The table below depicts a comparison of the Network Contract Rates for professional providers across the United States that participate in the MultiPlan Networks as of December 31, 2021. The analysis shows that 79.6% of the contracts for Mental Health professional providers contain the standard MultiPlan market fee schedule for the geographic market in which the provider is located. The MultiPlan market fee schedules are based on the CMS reimbursement methodologies. The contracts record for the remaining 20.4% of the Mental Health professional providers contain an alternate fee schedule. An example of an alternate fee schedule would be a percent of charge arrangement.

The analysis also shows that 79.6% of the contracts for SUD professional providers contain the standard MultiPlan market fee schedule for the geographic market in which the provider is located, while the remaining 20.4% contain an alternate fee schedule, like a percent of charge arrangement.

MultiPlan also analyzed the contracts for providers who render both Mental Health and SUD services. That analysis shows that 77.6% of the contracts for these professional providers contain the standard MultiPlan market fee schedule for the geographic market in which the provider is located, while the remaining 22.4% contain an alternate fee schedule.

Finally, MultiPlan compared the same information for the Medical/Surgical professional providers who participate in the MultiPlan Networks as of December 31, 2021. The analysis shows that 69.2% of the contracts for all Medical/Surgical professional providers contain the standard MultiPlan market fee schedule for the geographic market in which the provider is located, while the remaining 30.8% of contracts contain an alternate fee schedule.

As the above analysis shows, a slightly higher percentage of Medical/Surgical providers have negotiated an alternate fee schedule than MH/SUD providers. The volume of Medical/Surgical providers that negotiate an alternate fee schedule trends higher as a result of more contracted Medical/Surgical providers participating in the network. More Medical/Surgical specialties comprise the Medical/Surgical categorization than those included in the MH/SUD category, which contributes to the deviation. MultiPlan's policies and processes are not applied more stringently to MH/SUD providers as compared to Medical/Surgical providers.



	MH	SUD	Providers Who Are Both MH and SUD	Medical/Surgical
Percentage of Participating Providers with Alternate Fee Schedule	20.4%	20.4%	22.4%	30.8%
Percentage of Participating Providers with Market Fee Schedule	79.6%	79.6%	77.6%	69.2%

The table above compares the Network Contract Rates established in contracts with professionals participating in the MultiPlan Networks. These data demonstrate that once negotiations are completed and the provider has accepted a contract rate to be included in the Network arrangement, the percentage of providers who accept market fee schedules versus those who negotiate an alternate fee schedule is comparable among provider types, including MH providers, SUD providers, providers who perform both MH and SUD services, and Medical/Surgical providers. Medical/Surgical providers include a larger number of specialties and therefore constitute a larger percentage of the entire Network. This difference likely explains the differences in percentage of negotiated fee schedules between the Medical Surgical providers and the MH/SUD providers.

Appendix B contains a comparison among MH providers, SUD providers and Medical/Surgical professionals contracted in the Network on a state-by-state basis based on the contracted rate methodology.

#### **NETWORK PROVIDER CONTRACT RATE ANALYSIS – FACILITIES**

	MH	SUD	Providers Who Are Both MH and SUD	Medical/Surgical
Percentage of Participating Providers with Alternate Fee Schedule	40.3%	44.1%	42.9%	34.7%
Percentage of Participating Providers with Market Fee Schedule	59.7%	55.9 %	57.1%	65.3%

The table above compares the Network Contract Rates established in contracts with facilities participating in the MultiPlan Networks. These data show that once negotiations are completed and the provider has accepted a rate to be included in the Network, the percentage of providers who accept market fee schedules versus those who negotiate an alternate fee schedule is comparable among



provider types, including MH providers, SUD providers, providers of both MH and SUD, and Medical/Surgical providers.

Appendix C contains a comparison among MH providers, SUD providers, and Medical/Surgical facilities contracted in the Network on a state-by-state basis based on the contracted rate methodology.

#### **AUDIT OF NETWORK CONTRACT RATE METHODOLOGY FOR PROFESSIONAL PROVIDERS**

The MultiPlan market fee schedules are generally based on CMS reimbursement methodologies for the geographic region in which the provider is located. Each market fee schedule establishes a Network Contract Rate amount for procedure codes potentially billed by a provider, which represent services provided to a patient. For example, the Evaluation and Management code 99203 is defined as “office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.” This procedure code can be billed by an MH/SUD provider, such as a psychiatrist, or by a Medical/Surgical provider, such as a rheumatologist, to describe services rendered to a patient. Under the MultiPlan market fee schedule, the Network Contract Rate for both providers would be the same.

The table below represents the Network Contract Rate under the baseline market fee schedule for a specific geographic locale. The chart below identifies recommended reimbursement for a sampling of the reimbursement amounts for procedure codes commonly billed by providers in this specific geographic market for Evaluation and Management (E/M).

Specialty	CPT Code	MultiPlan ABC Market Allowable (Non-Facility)	100% 2022 ABC Market RBRVS (Non-Facility)	ABC Market % of CMS Value
Orthopedic Surgery	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Cardiologists	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Internists MD	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Endocrinologists	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Gastroenterologist	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Neurologists	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Pediatricians	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Dermatologists	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Psychiatrists	99203	\$114.98	\$133.70	86%
	99213	\$92.01	\$106.99	86%
Psychologists (85% of Fee Schedule)	90832 (based on 1 hr)	\$62.88	\$87.03	72.2%
	90791 (based on ½ hr)	\$143.88	\$199.14	72.2%
LCSW (75% of Fee Schedule)	90832 (based on 1 hr)	\$55.48	\$87.03	63.8%
	90791 (based on ½ hr)	\$126.95	\$199.14	63.8%
Nurse Practitioners	99203	\$86.24	\$133.70	64.5%

Specialty	CPT Code	MultiPlan ABC Market Allowable (Non-Facility)	100% 2022 ABC Market RBRVS (Non-Facility)	ABC Market % of CMS Value
(75% of Fee Schedule)	99213	\$69.01	\$106.99	64.5%
	90832 (based on 1 hr)	\$55.48	\$87.03	63.8%
	90791 (based on ½ hr)	\$126.95	\$199.14	63.8%
Physician Assistants (75% of Fee Schedule)	99203	\$86.24	\$133.70	64.5%
	99213	\$69.01	\$106.99	64.5%
	90832 (based on 1 hr)	\$55.48	\$87.03	63.8%
	90791 (based on ½ hr)	\$126.95	\$199.14	63.8%
Podiatrists (90% of Fee Schedule)	99203	\$103.48	\$133.70	77.4%
	99213	\$82.81	\$106.99	77.4%
Chiropractors (90% of Fee Schedule)	99203	\$103.48	\$133.70	77.4%
	99213	\$82.81	\$106.99	77.4%
Occupational Therapy (90% of Fee Schedule)	97165	\$90.45	\$118.23	76.5%
	97166	\$90.45	\$118.23	76.5%
	97167	\$90.45	\$118.23	76.5%
	97168	\$62.43	\$81.61	76.5%
Physical Therapy (90% of Fee Schedule)	97161	\$89.81	\$117.40	76.5%
	97162	\$89.81	\$117.40	76.5%
	97163	\$89.81	\$117.40	76.5%
	97164	\$62.11	\$81.19	76.5%
Septicemia	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Heart failure	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Osteoarthritis	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Complications specified during childbirth	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Pneumonia	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Diabetes mellitus with complication	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Acute myocardial infarction	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Cardiac dysrhythmias	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Chronic obstructive pulmonary disease and bronchiectasis	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Mood Disorder	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%
Alcohol Use Disorder	99221	\$100.96	\$117.40	86%
	99222	\$133.99	\$155.80	86%

This comparison shows the value of each procedure code based on CMS (RBRVS) values, the percentage of the CMS value assigned to the procedure code under the baseline market fee schedule, and the allowable for each procedure code under the baseline market fee schedule for this specific geographic market. Under the MultiPlan market fee schedule, the Network Contract Rate is based on the services



rendered by the providers. Standard procedure codes established by CMS are used to identify the services, and no distinction is made between MH providers, SUD providers, and Medical/Surgical providers.

The Network Contract Rate for professional providers who do not hold an MD/DO degree is based on industry standard reimbursement calculations for the providers. The Network Contract Rate is based, in part, on direct feedback from a number of multispecialty provider groups whose members included both medical and behavioral health practitioners. It was the consensus of the groups that reimbursement for “mid-level” providers should be based on a percentage of the physician reimbursement amounts. For example, psychiatrists within multispecialty groups requested that psychologists and social workers receive reimbursement based on a percentage of the psychiatrist reimbursement amount. This concept was further supported by the fact that CMS reimbursement for social workers is based on 75% of the reimbursement to physicians for the same services.

The percentage reduction established for psychologists took into consideration that social workers and psychologists bill using the same codes a majority of the time, but also that different educational requirements apply to psychologists versus a social worker. Social workers’ education level equates to the same education level of a nurse practitioner or physician assistant, which receive the same reduced percentage of seventy-five (75%) percent of the allowable amount. By contrast, psychiatrists have a Network Contract Rate amount equal to one-hundred (100%) percent of the allowable amount, which is the same as any other Medical/Surgical provider with the same education level. Psychologists have a Network Contract Rate amount equal to eighty-five (85%) of the allowable amount due to general education requirements that are somewhere between Social Workers and Psychiatrists. In the event state law requires payment parity between these non-MD/DO degree providers, the MultiPlan market fee schedule would be modified to reflect a Network Contract Rate at one-hundred (100%) percent of the allowable amount.

Other mid-level practitioners that are identified for the mid-level reduction percentage did not provide similar services at varying percentages like psychologists and social workers. Therefore, a direct comparison cannot be made in this regard. MultiPlan’s strategy for psychologists, based on the additional education requirements, increased the CMS reimbursement for social workers by 10% from the 75% CMS reimbursement percentage. Conversely, the mid-level Medical/Surgical providers were reduced by 10% from the equivalent 100% CMS reimbursement for MD/DOs. The 10% increase for psychologist is comparable to the 10% decrease applied to Medical/Surgical mid-level providers as a result of using CMS reimbursement practices as a basis.

If a state law or regulation prohibits the use of reimbursement rates based on a mid-level provider type, MultiPlan’s contracts in those states do not include a mid-level percentage reduction (i.e., mid-level practitioner would receive the same rate as an MD).

Finally, different geographic markets may be assigned different percentages of CMS values based on market need and other considerations. For example, the percentage of CMS value in the Los Angeles, CA market for the baseline market fee schedule may vary from the percentage of CMS value for the Manhattan, NY market. However, regardless of the percentage of CMS value assigned to a market, there is no distinction made between MH providers, SUD providers, and Medical/Surgical providers in the market fee schedules.

## **6. FINDINGS/COMPLIANCE DETERMINATION:**

MultiPlan applies the criteria for Network Services in the same manner to both MH/SUD and Medical/Surgical providers, and all aspects of the Network Services process are subject to MultiPlan's policies and procedures. MultiPlan's provider contract templates comply with all applicable state and federal regulations. The applicable provider contract templates are offered in the same manner to all providers, whether MH/SUD or Medical/Surgical providers. At no time have NQTLs been established or implied through MultiPlan provider contracts or relationships with providers that are applied more stringently to MH/SUD providers than those applicable to Medical/Surgical providers.

The same set of policies and procedures are utilized to process and make determinations regarding contract documents and contract language for all providers, whether MH/SUD or Medical/Surgical. The same staff members work with MH/SUD and Medical/Surgical providers when recruiting and contracting with providers for participation in MultiPlan's Network. No criteria are applied more stringently to MH/SUD over Medical/Surgical providers.

MultiPlan Network Services standards, as well as certain state and federally defined criteria, have been used to define the evidentiary standards used in this analysis. Review of the standards and reporting of the contracting results from the last calendar year as well as a comparison of historical contracting practices, provides evidentiary support that MultiPlan is not applying policies and procedures more stringently to MH/SUD than to Medical/Surgical providers.

MultiPlan's Network Adequacy policies and procedures are based on a proprietary standard, and incorporate state or federal requirements, as applicable. These proprietary Network Adequacy requirements are the same for MH/SUD and Medical/Surgical providers. Compliance with state or federal Network Adequacy requirements may impose different criteria on MH/SUD providers, however, these differences are not within MultiPlan's control. Provider recruitment is not limited to Network Adequacy standards, but also includes providers specifically requested by MultiPlan clients or their members. There is no provision in MultiPlan policies for NQTLs whether in policy or operation that would be applied more stringently to MH/SUD providers, than those applicable to Medical/Surgical providers.

The same staff members process MH/SUD provider files and Medical/Surgical provider files. As evidenced by the data and policy review depicted above, no criteria are applied more stringently to MH/SUD providers than to Medical/Surgical providers.

Based on the above analysis, MultiPlan's processes, as applied in writing and operation, are comparable to and no more stringently applied to MH/SUD providers than to Medical/Surgical providers.



## APPENDIX A

### PROVIDER RECRUITMENT FEE SCHEDULE OFFER ANALYSIS

State	Contract Count	Percentage
<b>AK</b>	<b>145</b>	<b>0.37%</b>
<b>Mental Health</b>	<b>10</b>	<b>6.90%</b>
Alternative Market Schedule	1	10.00%
Market Schedule	9	90.00%
<b>Non-Mental Health</b>	<b>135</b>	<b>93.10%</b>
Alternative Market Schedule	10	7.41%
Market Schedule	125	92.59%
<b>AL</b>	<b>700</b>	<b>1.80%</b>
<b>Mental Health</b>	<b>20</b>	<b>2.86%</b>
Market Schedule	20	100.00%
<b>Non-Mental Health</b>	<b>680</b>	<b>97.14%</b>
Alternative Market Schedule	57	8.38%
Market Schedule	623	91.62%
<b>AR</b>	<b>320</b>	<b>0.82%</b>
<b>Mental Health</b>	<b>19</b>	<b>5.94%</b>
Alternative Market Schedule	1	5.26%
Market Schedule	18	94.74%
<b>Mental Health-Substance Abuse</b>	<b>1</b>	<b>0.31%</b>
Market Schedule	1	100.00%
<b>Non-Mental Health</b>	<b>300</b>	<b>93.75%</b>
Alternative Market Schedule	44	14.67%
Market Schedule	256	85.33%
<b>AZ</b>	<b>1,199</b>	<b>3.08%</b>
<b>Mental Health</b>	<b>92</b>	<b>7.67%</b>
Alternative Market Schedule	13	14.13%
Market Schedule	79	85.87%
<b>Mental Health-Substance Abuse</b>	<b>5</b>	<b>0.42%</b>
Alternative Market Schedule	1	20.00%
Market Schedule	4	80.00%
<b>Non-Mental Health</b>	<b>1,102</b>	<b>91.91%</b>
Alternative Market Schedule	271	24.59%
Market Schedule	831	75.41%
<b>CA</b>	<b>2,579</b>	<b>6.62%</b>
<b>Mental Health</b>	<b>408</b>	<b>15.82%</b>
Alternative Market Schedule	40	9.80%
Market Schedule	368	90.20%
<b>Mental Health-Substance Abuse</b>	<b>28</b>	<b>1.09%</b>

Alternative Market Schedule	19	67.86%
Market Schedule	9	32.14%
<b>Non-Mental Health</b>	<b>2,143</b>	<b>83.09%</b>
Alternative Market Schedule	381	17.78%
Market Schedule	1,762	82.22%
<b>CO</b>	<b>534</b>	<b>1.37%</b>
<b>Mental Health</b>	<b>63</b>	<b>11.80%</b>
Alternative Market Schedule	11	17.46%
Market Schedule	52	82.54%
<b>Mental Health-Substance Abuse</b>	<b>9</b>	<b>1.69%</b>
Alternative Market Schedule	3	33.33%
Market Schedule	6	66.67%
<b>Non-Mental Health</b>	<b>462</b>	<b>86.52%</b>
Alternative Market Schedule	73	15.80%
Market Schedule	389	84.20%
<b>CT</b>	<b>426</b>	<b>1.09%</b>
<b>Mental Health</b>	<b>62</b>	<b>14.55%</b>
Alternative Market Schedule	9	14.52%
Market Schedule	53	85.48%
<b>Mental Health-Substance Abuse</b>	<b>3</b>	<b>0.70%</b>
Alternative Market Schedule	1	33.33%
Market Schedule	2	66.67%
<b>Non-Mental Health</b>	<b>361</b>	<b>84.74%</b>
Alternative Market Schedule	48	13.30%
Market Schedule	313	86.70%
<b>DC</b>	<b>56</b>	<b>0.14%</b>
<b>Mental Health</b>	<b>12</b>	<b>21.43%</b>
Alternative Market Schedule	9	75.00%
Market Schedule	3	25.00%
<b>Mental Health-Substance Abuse</b>	<b>1</b>	<b>1.79%</b>
Market Schedule	1	100.00%
<b>Non-Mental Health</b>	<b>43</b>	<b>76.79%</b>
Alternative Market Schedule	21	48.84%
Market Schedule	22	51.16%
<b>DE</b>	<b>226</b>	<b>0.58%</b>
<b>Mental Health</b>	<b>25</b>	<b>11.06%</b>
Market Schedule	25	100.00%
<b>Mental Health-Substance Abuse</b>	<b>3</b>	<b>1.33%</b>
Market Schedule	3	100.00%
<b>Non-Mental Health</b>	<b>198</b>	<b>87.61%</b>
Alternative Market Schedule	50	25.25%
Market Schedule	148	74.75%
<b>FL</b>	<b>2,807</b>	<b>7.21%</b>

<b>Mental Health</b>	<b>393</b>	<b>14.00%</b>
Alternative Market Schedule	13	3.31%
Market Schedule	380	96.69%
<b>Mental Health-Substance Abuse</b>	<b>24</b>	<b>0.86%</b>
Alternative Market Schedule	4	16.67%
Market Schedule	20	83.33%
<b>Non-Mental Health</b>	<b>2,390</b>	<b>85.14%</b>
Alternative Market Schedule	339	14.18%
Market Schedule	2,051	85.82%
<b>GA</b>	<b>1,279</b>	<b>3.29%</b>
<b>Mental Health</b>	<b>186</b>	<b>14.54%</b>
Alternative Market Schedule	22	11.83%
Market Schedule	164	88.17%
<b>Mental Health-Substance Abuse</b>	<b>4</b>	<b>0.31%</b>
Alternative Market Schedule	2	50.00%
Market Schedule	2	50.00%
<b>Non-Mental Health</b>	<b>1,089</b>	<b>85.14%</b>
Alternative Market Schedule	216	19.83%
Market Schedule	873	80.17%
<b>HI</b>	<b>266</b>	<b>0.68%</b>
<b>Mental Health</b>	<b>30</b>	<b>11.28%</b>
Market Schedule	30	100.00%
<b>Mental Health-Substance Abuse</b>	<b>2</b>	<b>0.75%</b>
Market Schedule	2	100.00%
<b>Non-Mental Health</b>	<b>234</b>	<b>87.97%</b>
Alternative Market Schedule	28	11.97%
Market Schedule	206	88.03%
<b>IA</b>	<b>306</b>	<b>0.79%</b>
<b>Mental Health</b>	<b>49</b>	<b>16.01%</b>
Alternative Market Schedule	11	22.45%
Market Schedule	38	77.55%
<b>Mental Health-Substance Abuse</b>	<b>1</b>	<b>0.33%</b>
Market Schedule	1	100.00%
<b>Non-Mental Health</b>	<b>256</b>	<b>83.66%</b>
Alternative Market Schedule	31	12.11%
Market Schedule	225	87.89%
<b>ID</b>	<b>803</b>	<b>2.06%</b>
<b>Mental Health</b>	<b>229</b>	<b>28.52%</b>
Alternative Market Schedule	180	78.60%
Market Schedule	49	21.40%
<b>Mental Health-Substance Abuse</b>	<b>7</b>	<b>0.87%</b>
Alternative Market Schedule	5	71.43%
Market Schedule	2	28.57%

<b>Non-Mental Health</b>	<b>567</b>	<b>70.61%</b>
Alternative Market Schedule	326	57.50%
Market Schedule	241	42.50%
<b>IL</b>	<b>1,346</b>	<b>3.46%</b>
<b>Mental Health</b>	<b>189</b>	<b>14.04%</b>
Alternative Market Schedule	15	7.94%
Market Schedule	174	92.06%
<b>Mental Health-Substance Abuse</b>	<b>15</b>	<b>1.11%</b>
Alternative Market Schedule	6	40.00%
Market Schedule	9	60.00%
<b>Non-Mental Health</b>	<b>1,142</b>	<b>84.84%</b>
Alternative Market Schedule	102	8.93%
Market Schedule	1,040	91.07%
<b>IN</b>	<b>728</b>	<b>1.87%</b>
<b>Mental Health</b>	<b>69</b>	<b>9.48%</b>
Alternative Market Schedule	9	13.04%
Market Schedule	60	86.96%
<b>Mental Health-Substance Abuse</b>	<b>6</b>	<b>0.82%</b>
Alternative Market Schedule	1	16.67%
Market Schedule	5	83.33%
<b>Non-Mental Health</b>	<b>653</b>	<b>89.70%</b>
Alternative Market Schedule	58	8.88%
Market Schedule	595	91.12%
<b>KS</b>	<b>547</b>	<b>1.40%</b>
<b>Mental Health</b>	<b>62</b>	<b>11.33%</b>
Alternative Market Schedule	4	6.45%
Market Schedule	58	93.55%
<b>Mental Health-Substance Abuse</b>	<b>6</b>	<b>1.10%</b>
Alternative Market Schedule	3	50.00%
Market Schedule	3	50.00%
<b>Non-Mental Health</b>	<b>479</b>	<b>87.57%</b>
Alternative Market Schedule	60	12.53%
Market Schedule	419	87.47%
<b>KY</b>	<b>676</b>	<b>1.74%</b>
<b>Mental Health</b>	<b>63</b>	<b>9.32%</b>
Alternative Market Schedule	9	14.29%
Market Schedule	54	85.71%
<b>Mental Health-Substance Abuse</b>	<b>15</b>	<b>2.22%</b>
Alternative Market Schedule	5	33.33%
Market Schedule	10	66.67%
<b>Non-Mental Health</b>	<b>598</b>	<b>88.46%</b>
Alternative Market Schedule	92	15.38%
Market Schedule	506	84.62%

<b>LA</b>	<b>574</b>	<b>1.47%</b>
<b>Mental Health</b>	<b>83</b>	<b>14.46%</b>
Alternative Market Schedule	2	2.41%
Market Schedule	81	97.59%
<b>Mental Health-Substance Abuse</b>	<b>10</b>	<b>1.74%</b>
Alternative Market Schedule	3	30.00%
Market Schedule	7	70.00%
<b>Non-Mental Health</b>	<b>481</b>	<b>83.80%</b>
Alternative Market Schedule	95	19.75%
Market Schedule	386	80.25%
<b>MA</b>	<b>550</b>	<b>1.41%</b>
<b>Mental Health</b>	<b>52</b>	<b>9.45%</b>
Alternative Market Schedule	4	7.69%
Market Schedule	48	92.31%
<b>Mental Health-Substance Abuse</b>	<b>4</b>	<b>0.73%</b>
Market Schedule	4	100.00%
<b>Non-Mental Health</b>	<b>494</b>	<b>89.82%</b>
Alternative Market Schedule	93	18.83%
Market Schedule	401	81.17%
<b>MD</b>	<b>698</b>	<b>1.79%</b>
<b>Mental Health</b>	<b>141</b>	<b>20.20%</b>
Alternative Market Schedule	75	53.19%
Market Schedule	66	46.81%
<b>Mental Health-Substance Abuse</b>	<b>25</b>	<b>3.58%</b>
Alternative Market Schedule	24	96.00%
Market Schedule	1	4.00%
<b>Non-Mental Health</b>	<b>532</b>	<b>76.22%</b>
Alternative Market Schedule	208	39.10%
Market Schedule	324	60.90%
<b>ME</b>	<b>226</b>	<b>0.58%</b>
<b>Mental Health</b>	<b>20</b>	<b>8.85%</b>
Alternative Market Schedule	3	15.00%
Market Schedule	17	85.00%
<b>Mental Health-Substance Abuse</b>	<b>3</b>	<b>1.33%</b>
Alternative Market Schedule	1	33.33%
Market Schedule	2	66.67%
<b>Non-Mental Health</b>	<b>203</b>	<b>89.82%</b>
Alternative Market Schedule	24	11.82%
Market Schedule	179	88.18%
<b>MI</b>	<b>949</b>	<b>2.44%</b>
<b>Mental Health</b>	<b>145</b>	<b>15.28%</b>
Alternative Market Schedule	25	17.24%
Market Schedule	120	82.76%

<b>Mental Health-Substance Abuse</b>	<b>8</b>	<b>0.84%</b>
Alternative Market Schedule	1	12.50%
Market Schedule	7	87.50%
<b>Non-Mental Health</b>	<b>796</b>	<b>83.88%</b>
Alternative Market Schedule	107	13.44%
Market Schedule	689	86.56%
<b>MN</b>	<b>290</b>	<b>0.74%</b>
<b>Mental Health</b>	<b>37</b>	<b>12.76%</b>
Alternative Market Schedule	4	10.81%
Market Schedule	33	89.19%
<b>Mental Health-Substance Abuse</b>	<b>5</b>	<b>1.72%</b>
Alternative Market Schedule	2	40.00%
Market Schedule	3	60.00%
<b>Non-Mental Health</b>	<b>248</b>	<b>85.52%</b>
Alternative Market Schedule	40	16.13%
Market Schedule	208	83.87%
<b>MO</b>	<b>612</b>	<b>1.57%</b>
<b>Mental Health</b>	<b>76</b>	<b>12.42%</b>
Alternative Market Schedule	1	1.32%
Market Schedule	75	98.68%
<b>Mental Health-Substance Abuse</b>	<b>3</b>	<b>0.49%</b>
Alternative Market Schedule	1	33.33%
Market Schedule	2	66.67%
<b>Non-Mental Health</b>	<b>533</b>	<b>87.09%</b>
Alternative Market Schedule	71	13.32%
Market Schedule	462	86.68%
<b>MS</b>	<b>177</b>	<b>0.45%</b>
<b>Mental Health</b>	<b>9</b>	<b>5.08%</b>
Market Schedule	9	100.00%
<b>Non-Mental Health</b>	<b>168</b>	<b>94.92%</b>
Alternative Market Schedule	24	14.29%
Market Schedule	144	85.71%
<b>MT</b>	<b>87</b>	<b>0.22%</b>
<b>Mental Health</b>	<b>11</b>	<b>12.64%</b>
Alternative Market Schedule	1	9.09%
Market Schedule	10	90.91%
<b>Mental Health-Substance Abuse</b>	<b>1</b>	<b>1.15%</b>
Market Schedule	1	100.00%
<b>Non-Mental Health</b>	<b>75</b>	<b>86.21%</b>
Alternative Market Schedule	23	30.67%
Market Schedule	52	69.33%
<b>NC</b>	<b>1,706</b>	<b>4.38%</b>
<b>Mental Health</b>	<b>97</b>	<b>5.69%</b>

Alternative Market Schedule	34	35.05%
Market Schedule	63	64.95%
<b>Mental Health-Substance Abuse</b>	<b>12</b>	<b>0.70%</b>
Alternative Market Schedule	5	41.67%
Market Schedule	7	58.33%
<b>Non-Mental Health</b>	<b>1,597</b>	<b>93.61%</b>
Alternative Market Schedule	895	56.04%
Market Schedule	702	43.96%
<b>ND</b>	<b>78</b>	<b>0.20%</b>
<b>Mental Health</b>	<b>4</b>	<b>5.13%</b>
Market Schedule	4	100.00%
<b>Non-Mental Health</b>	<b>74</b>	<b>94.87%</b>
Alternative Market Schedule	6	8.11%
Market Schedule	68	91.89%
<b>NE</b>	<b>213</b>	<b>0.55%</b>
<b>Mental Health</b>	<b>15</b>	<b>7.04%</b>
Alternative Market Schedule	1	6.67%
Market Schedule	14	93.33%
<b>Mental Health-Substance Abuse</b>	<b>2</b>	<b>0.94%</b>
Market Schedule	2	100.00%
<b>Non-Mental Health</b>	<b>196</b>	<b>92.02%</b>
Alternative Market Schedule	40	20.41%
Market Schedule	156	79.59%
<b>NH</b>	<b>138</b>	<b>0.35%</b>
<b>Mental Health</b>	<b>8</b>	<b>5.80%</b>
Alternative Market Schedule	3	37.50%
Market Schedule	5	62.50%
<b>Mental Health-Substance Abuse</b>	<b>4</b>	<b>2.90%</b>
Market Schedule	4	100.00%
<b>Non-Mental Health</b>	<b>126</b>	<b>91.30%</b>
Alternative Market Schedule	22	17.46%
Market Schedule	104	82.54%
<b>NJ</b>	<b>1,196</b>	<b>3.07%</b>
<b>Mental Health</b>	<b>83</b>	<b>6.94%</b>
Alternative Market Schedule	15	18.07%
Market Schedule	68	81.93%
<b>Mental Health-Substance Abuse</b>	<b>4</b>	<b>0.33%</b>
Alternative Market Schedule	2	50.00%
Market Schedule	2	50.00%
<b>Non-Mental Health</b>	<b>1,109</b>	<b>92.73%</b>
Alternative Market Schedule	85	7.66%
Market Schedule	1,024	92.34%
<b>NM</b>	<b>325</b>	<b>0.83%</b>

<b>Mental Health</b>	<b>54</b>	<b>16.62%</b>
Alternative Market Schedule	3	5.56%
Market Schedule	51	94.44%
<b>Mental Health-Substance Abuse</b>	<b>5</b>	<b>1.54%</b>
Alternative Market Schedule	5	100.00%
<b>Non-Mental Health</b>	<b>266</b>	<b>81.85%</b>
Alternative Market Schedule	38	14.29%
Market Schedule	228	85.71%
<b>NV</b>	<b>653</b>	<b>1.68%</b>
<b>Mental Health</b>	<b>60</b>	<b>9.19%</b>
Alternative Market Schedule	2	3.33%
Market Schedule	58	96.67%
<b>Mental Health-Substance Abuse</b>	<b>5</b>	<b>0.77%</b>
Alternative Market Schedule	1	20.00%
Market Schedule	4	80.00%
<b>Non-Mental Health</b>	<b>588</b>	<b>90.05%</b>
Alternative Market Schedule	72	12.24%
Market Schedule	516	87.76%
<b>NY</b>	<b>2,070</b>	<b>5.32%</b>
<b>Mental Health</b>	<b>227</b>	<b>10.97%</b>
Alternative Market Schedule	17	7.49%
Market Schedule	210	92.51%
<b>Mental Health-Substance Abuse</b>	<b>14</b>	<b>0.68%</b>
Alternative Market Schedule	6	42.86%
Market Schedule	8	57.14%
<b>Non-Mental Health</b>	<b>1,829</b>	<b>88.36%</b>
Alternative Market Schedule	254	13.89%
Market Schedule	1,575	86.11%
<b>OH</b>	<b>1,249</b>	<b>3.21%</b>
<b>Mental Health</b>	<b>160</b>	<b>12.81%</b>
Alternative Market Schedule	14	8.75%
Market Schedule	146	91.25%
<b>Mental Health-Substance Abuse</b>	<b>11</b>	<b>0.88%</b>
Alternative Market Schedule	1	9.09%
Market Schedule	10	90.91%
<b>Non-Mental Health</b>	<b>1,078</b>	<b>86.31%</b>
Alternative Market Schedule	144	13.36%
Market Schedule	934	86.64%
<b>OK</b>	<b>483</b>	<b>1.24%</b>
<b>Mental Health</b>	<b>47</b>	<b>9.73%</b>
Alternative Market Schedule	2	4.26%
Market Schedule	45	95.74%
<b>Mental Health-Substance Abuse</b>	<b>2</b>	<b>0.41%</b>

Market Schedule	2	100.00%
<b>Non-Mental Health</b>	<b>434</b>	<b>89.86%</b>
Alternative Market Schedule	57	13.13%
Market Schedule	377	86.87%
<b>OR</b>	<b>267</b>	<b>0.69%</b>
<b>Mental Health</b>	<b>18</b>	<b>6.74%</b>
Alternative Market Schedule	1	5.56%
Market Schedule	17	94.44%
<b>Non-Mental Health</b>	<b>249</b>	<b>93.26%</b>
Alternative Market Schedule	38	15.26%
Market Schedule	211	84.74%
<b>PA</b>	<b>1,084</b>	<b>2.78%</b>
<b>Mental Health</b>	<b>106</b>	<b>9.78%</b>
Alternative Market Schedule	5	4.72%
Market Schedule	101	95.28%
<b>Mental Health-Substance Abuse</b>	<b>4</b>	<b>0.37%</b>
Alternative Market Schedule	2	50.00%
Market Schedule	2	50.00%
<b>Non-Mental Health</b>	<b>974</b>	<b>89.85%</b>
Alternative Market Schedule	147	15.09%
Market Schedule	827	84.91%
<b>RI</b>	<b>262</b>	<b>0.67%</b>
<b>Mental Health</b>	<b>23</b>	<b>8.78%</b>
Alternative Market Schedule	2	8.70%
Market Schedule	21	91.30%
<b>Mental Health-Substance Abuse</b>	<b>1</b>	<b>0.38%</b>
Market Schedule	1	100.00%
<b>Non-Mental Health</b>	<b>238</b>	<b>90.84%</b>
Alternative Market Schedule	47	19.75%
Market Schedule	191	80.25%
<b>SC</b>	<b>398</b>	<b>1.02%</b>
<b>Mental Health</b>	<b>46</b>	<b>11.56%</b>
Alternative Market Schedule	3	6.52%
Market Schedule	43	93.48%
<b>Mental Health-Substance Abuse</b>	<b>3</b>	<b>0.75%</b>
Market Schedule	3	100.00%
<b>Non-Mental Health</b>	<b>349</b>	<b>87.69%</b>
Alternative Market Schedule	49	14.04%
Market Schedule	300	85.96%
<b>SD</b>	<b>93</b>	<b>0.24%</b>
<b>Mental Health</b>	<b>4</b>	<b>4.30%</b>
Alternative Market Schedule	1	25.00%
Market Schedule	3	75.00%

<b>Non-Mental Health</b>	<b>89</b>	<b>95.70%</b>
Alternative Market Schedule	9	10.11%
Market Schedule	80	89.89%
<b>TN</b>	<b>663</b>	<b>1.70%</b>
<b>Mental Health</b>	<b>35</b>	<b>5.28%</b>
Alternative Market Schedule	5	14.29%
Market Schedule	30	85.71%
<b>Mental Health-Substance Abuse</b>	<b>3</b>	<b>0.45%</b>
Alternative Market Schedule	2	66.67%
Market Schedule	1	33.33%
<b>Non-Mental Health</b>	<b>625</b>	<b>94.27%</b>
Alternative Market Schedule	93	14.88%
Market Schedule	532	85.12%
<b>TX</b>	<b>6,079</b>	<b>15.61%</b>
<b>Mental Health</b>	<b>733</b>	<b>12.06%</b>
Alternative Market Schedule	323	44.07%
Market Schedule	410	55.93%
<b>Mental Health-Substance Abuse</b>	<b>70</b>	<b>1.15%</b>
Alternative Market Schedule	46	65.71%
Market Schedule	24	34.29%
<b>Non-Mental Health</b>	<b>5,276</b>	<b>86.79%</b>
Alternative Market Schedule	2,414	45.75%
Market Schedule	2,862	54.25%
<b>UT</b>	<b>456</b>	<b>1.17%</b>
<b>Mental Health</b>	<b>68</b>	<b>14.91%</b>
Alternative Market Schedule	6	8.82%
Market Schedule	62	91.18%
<b>Mental Health-Substance Abuse</b>	<b>5</b>	<b>1.10%</b>
Alternative Market Schedule	3	60.00%
Market Schedule	2	40.00%
<b>Non-Mental Health</b>	<b>383</b>	<b>83.99%</b>
Alternative Market Schedule	61	15.93%
Market Schedule	322	84.07%
<b>VA</b>	<b>604</b>	<b>1.55%</b>
<b>Mental Health</b>	<b>58</b>	<b>9.60%</b>
Alternative Market Schedule	6	10.34%
Market Schedule	52	89.66%
<b>Mental Health-Substance Abuse</b>	<b>4</b>	<b>0.66%</b>
Alternative Market Schedule	1	25.00%
Market Schedule	3	75.00%
<b>Non-Mental Health</b>	<b>542</b>	<b>89.74%</b>
Alternative Market Schedule	84	15.50%
Market Schedule	458	84.50%

<b>VT</b>	<b>80</b>	<b>0.21%</b>
<b>Mental Health</b>	<b>9</b>	<b>11.25%</b>
Alternative Market Schedule	1	11.11%
Market Schedule	8	88.89%
<b>Non-Mental Health</b>	<b>71</b>	<b>88.75%</b>
Alternative Market Schedule	24	33.80%
Market Schedule	47	66.20%
<b>WA</b>	<b>501</b>	<b>1.29%</b>
<b>Mental Health</b>	<b>51</b>	<b>10.18%</b>
Alternative Market Schedule	3	5.88%
Market Schedule	48	94.12%
<b>Mental Health-Substance Abuse</b>	<b>2</b>	<b>0.40%</b>
Market Schedule	2	100.00%
<b>Non-Mental Health</b>	<b>448</b>	<b>89.42%</b>
Alternative Market Schedule	35	7.81%
Market Schedule	413	92.19%
<b>WI</b>	<b>858</b>	<b>2.20%</b>
<b>Mental Health</b>	<b>192</b>	<b>22.38%</b>
Alternative Market Schedule	16	8.33%
Market Schedule	176	91.67%
<b>Mental Health-Substance Abuse</b>	<b>22</b>	<b>2.56%</b>
Alternative Market Schedule	3	13.64%
Market Schedule	19	86.36%
<b>Non-Mental Health</b>	<b>644</b>	<b>75.06%</b>
Alternative Market Schedule	105	16.30%
Market Schedule	539	83.70%
<b>WV</b>	<b>270</b>	<b>0.69%</b>
<b>Mental Health</b>	<b>28</b>	<b>10.37%</b>
Alternative Market Schedule	2	7.14%
Market Schedule	26	92.86%
<b>Mental Health-Substance Abuse</b>	<b>2</b>	<b>0.74%</b>
Market Schedule	2	100.00%
<b>Non-Mental Health</b>	<b>240</b>	<b>88.89%</b>
Alternative Market Schedule	30	12.50%
Market Schedule	210	87.50%
<b>WY</b>	<b>101</b>	<b>0.26%</b>
<b>Mental Health</b>	<b>12</b>	<b>11.88%</b>
Market Schedule	12	100.00%
<b>Non-Mental Health</b>	<b>89</b>	<b>88.12%</b>
Alternative Market Schedule	19	21.35%
Market Schedule	70	78.65%
<b>Grand Total</b>	<b>38,933</b>	<b>100.00%</b>

## APPENDIX B

### CONTRACTED PROFESSIONAL FEE SCHEDULE CATEGORY ANALYSIS

STATE	Fee Schedule Type	MH/SUD	% Both MH/SUD By FS	MH	% MH By FS	SUD	% SUD By FS	MH/SUD/ Both Total	% MH/SUD/ Both Total Providers By FS	Non-MH	% Non-MH Provider By FS	Grand Total
<b>Grand Total</b>		<b>50,724</b>		<b>68,856</b>		<b>3,308</b>		<b>122,888</b>		<b>1,503,402</b>		<b>1,626,290</b>
AK	Alternate	74	61.7%	103	56.3%	2	33.3%	179	57.9%	1,792	67.3%	1,971
AK	Market	46	38.3%	80	43.7%	4	66.7%	130	42.1%	869	32.7%	999
<b>AK Total</b>		<b>120</b>		<b>183</b>		<b>6</b>		<b>309</b>		<b>2,661</b>		<b>2,970</b>
AL	Alternate	45	16.3%	107	16.0%	2	33.3%	154	16.2%	4,553	26.6%	4,707
AL	Market	231	83.7%	563	84.0%	4	66.7%	798	83.8%	12,579	73.4%	13,377
<b>AL Total</b>		<b>276</b>		<b>670</b>		<b>6</b>		<b>952</b>		<b>17,132</b>		<b>18,084</b>
AR	Alternate	7	1.4%	7	1.2%	1	4.5%	15	1.4%	1,461	10.4%	1,476
AR	Market	482	98.6%	573	98.8%	21	95.5%	1,076	98.6%	12,637	89.6%	13,713
<b>AR Total</b>		<b>489</b>		<b>580</b>		<b>22</b>		<b>1,091</b>		<b>14,098</b>		<b>15,189</b>
AZ	Alternate	126	13.2%	126	9.9%	2	3.8%	254	11.2%	8,235	24.2%	8,489
AZ	Market	830	86.8%	1,142	90.1%	50	96.2%	2,022	88.8%	25,759	75.8%	27,781
<b>AZ Total</b>		<b>956</b>		<b>1,268</b>		<b>52</b>		<b>2,276</b>		<b>33,994</b>		<b>36,270</b>
CA	Alternate	531	18.4%	757	17.1%	16	18.0%	1,304	17.6%	25,302	26.2%	26,606
CA	Market	2,354	81.6%	3,670	82.9%	73	82.0%	6,097	82.4%	71,330	73.8%	77,427
<b>CA Total</b>		<b>2,885</b>		<b>4,427</b>		<b>89</b>		<b>7,401</b>		<b>96,632</b>		<b>104,033</b>
CO	Alternate	358	28.3%	387	25.5%	47	42.7%	792	27.4%	9,842	34.1%	10,634
CO	Market	908	71.7%	1,132	74.5%	63	57.3%	2,103	72.6%	19,057	65.9%	21,160
<b>CO Total</b>		<b>1,266</b>		<b>1,519</b>		<b>110</b>		<b>2,895</b>		<b>28,899</b>		<b>31,794</b>
CT	Alternate	182	17.9%	172	14.3%	16	18.0%	370	16.0%	5,138	22.6%	5,508
CT	Market	834	82.1%	1,031	85.7%	73	82.0%	1,938	84.0%	17,617	77.4%	19,555
<b>CT Total</b>		<b>1,016</b>		<b>1,203</b>		<b>89</b>		<b>2,308</b>		<b>22,755</b>		<b>25,063</b>
DC	Alternate	95	28.8%	116	35.9%		0.0%	211	32.3%	3,084	37.5%	3,295
DC	Market	235	71.2%	207	64.1%	1	100.0%	443	67.7%	5,133	62.5%	5,576
<b>DC Total</b>		<b>330</b>		<b>323</b>		<b>1</b>		<b>654</b>		<b>8,217</b>		<b>8,871</b>
DE	Alternate	41	30.8%	12	9.3%		0.0%	53	19.9%	787	19.6%	840
DE	Market	92	69.2%	117	90.7%	4	100.0%	213	80.1%	3,233	80.4%	3,446
<b>DE Total</b>		<b>133</b>		<b>129</b>		<b>4</b>		<b>266</b>		<b>4,020</b>		<b>4,286</b>

FL	Alternate	461	24.2%	522	17.4%	30	19.4%	1,013	20.0%	32,204	36.9%	33,217
FL	Market	1,443	75.8%	2,476	82.6%	125	80.6%	4,044	80.0%	55,126	63.1%	59,170
<b>FL Total</b>		<b>1,904</b>		<b>2,998</b>		<b>155</b>		<b>5,057</b>		<b>87,330</b>		<b>92,387</b>
GA	Alternate	300	23.8%	310	14.6%	10	16.9%	620	18.0%	15,674	31.2%	16,294
GA	Market	962	76.2%	1,814	85.4%	49	83.1%	2,825	82.0%	34,533	68.8%	37,358
<b>GA Total</b>		<b>1,262</b>		<b>2,124</b>		<b>59</b>		<b>3,445</b>		<b>50,207</b>		<b>53,652</b>
HI	Alternate	26	22.8%	23	18.5%	2	40.0%	51	21.0%	1,371	31.9%	1,422
HI	Market	88	77.2%	101	81.5%	3	60.0%	192	79.0%	2,927	68.1%	3,119
<b>HI Total</b>		<b>114</b>		<b>124</b>		<b>5</b>		<b>243</b>		<b>4,298</b>		<b>4,541</b>
IA	Alternate	156	26.2%	196	26.1%	7	21.2%	359	26.0%	5,933	39.2%	6,292
IA	Market	439	73.8%	555	73.9%	26	78.8%	1,020	74.0%	9,219	60.8%	10,239
<b>IA Total</b>		<b>595</b>		<b>751</b>		<b>33</b>		<b>1,379</b>		<b>15,152</b>		<b>16,531</b>
ID	Alternate	23	4.3%	22	3.9%		0.0%	45	4.1%	1,432	19.8%	1,477
ID	Market	511	95.7%	539	96.1%	5	100.0%	1,055	95.9%	5,805	80.2%	6,860
<b>ID Total</b>		<b>534</b>		<b>561</b>		<b>5</b>		<b>1,100</b>		<b>7,237</b>		<b>8,337</b>
IL	Alternate	989	26.5%	1,246	26.7%	29	21.8%	2,264	26.6%	28,678	35.4%	30,942
IL	Market	2,741	73.5%	3,414	73.3%	104	78.2%	6,259	73.4%	52,294	64.6%	58,553
<b>IL Total</b>		<b>3,730</b>		<b>4,660</b>		<b>133</b>		<b>8,523</b>		<b>80,972</b>		<b>89,495</b>
IN	Alternate	269	13.3%	236	11.9%	6	4.9%	511	12.4%	9,455	24.3%	9,966
IN	Market	1,751	86.7%	1,739	88.1%	117	95.1%	3,607	87.6%	29,404	75.7%	33,011
<b>IN Total</b>		<b>2,020</b>		<b>1,975</b>		<b>123</b>		<b>4,118</b>		<b>38,859</b>		<b>42,977</b>
KS	Alternate	171	20.5%	126	17.6%	4	6.8%	301	18.7%	5,001	28.4%	5,302
KS	Market	662	79.5%	589	82.4%	55	93.2%	1,306	81.3%	12,614	71.6%	13,920
<b>KS Total</b>		<b>833</b>		<b>715</b>		<b>59</b>		<b>1,607</b>		<b>17,615</b>		<b>19,222</b>
KY	Alternate	96	14.8%	123	11.8%	13	24.1%	232	13.3%	5,900	24.6%	6,132
KY	Market	551	85.2%	917	88.2%	41	75.9%	1,509	86.7%	18,095	75.4%	19,604
<b>KY Total</b>		<b>647</b>		<b>1,040</b>		<b>54</b>		<b>1,741</b>		<b>23,995</b>		<b>25,736</b>
LA	Alternate	140	22.9%	128	13.6%	2	8.7%	270	17.1%	6,097	23.7%	6,367
LA	Market	471	77.1%	814	86.4%	21	91.3%	1,306	82.9%	19,651	76.3%	20,957
<b>LA Total</b>		<b>611</b>		<b>942</b>		<b>23</b>		<b>1,576</b>		<b>25,748</b>		<b>27,324</b>
MA	Alternate	743	28.7%	829	28.1%	24	17.9%	1,596	28.1%	14,198	27.9%	15,794
MA	Market	1,846	71.3%	2,118	71.9%	110	82.1%	4,074	71.9%	36,740	72.1%	40,814
<b>MA Total</b>		<b>2,589</b>		<b>2,947</b>		<b>134</b>		<b>5,670</b>		<b>50,938</b>		<b>56,608</b>
MD	Alternate	23	3.1%	99	8.7%	2	4.4%	124	6.4%	6,969	21.9%	7,093
MD	Market	725	96.9%	1,041	91.3%	43	95.6%	1,809	93.6%	24,815	78.1%	26,624
<b>MD Total</b>		<b>748</b>		<b>1,140</b>		<b>45</b>		<b>1,933</b>		<b>31,784</b>		<b>33,717</b>
ME	Alternate	95	22.3%	64	21.0%	1	5.6%	160	21.4%	1,782	29.4%	1,942
ME	Market	331	77.7%	241	79.0%	17	94.4%	589	78.6%	4,274	70.6%	4,863
<b>ME Total</b>		<b>426</b>		<b>305</b>		<b>18</b>		<b>749</b>		<b>6,056</b>		<b>6,805</b>

MI	Alternate	815	32.2%	405	24.0%	15	17.2%	1,235	28.7%	12,525	30.0%	13,760
MI	Market	1,715	67.8%	1,281	76.0%	72	82.8%	3,068	71.3%	29,195	70.0%	32,263
<b>MI Total</b>		<b>2,530</b>		<b>1,686</b>		<b>87</b>		<b>4,303</b>		<b>41,720</b>		<b>46,023</b>
MN	Alternate	742	60.2%	592	47.6%	28	43.1%	1,362	53.6%	16,749	67.9%	18,111
MN	Market	491	39.8%	653	52.4%	37	56.9%	1,181	46.4%	7,925	32.1%	9,106
<b>MN Total</b>		<b>1,233</b>		<b>1,245</b>		<b>65</b>		<b>2,543</b>		<b>24,674</b>		<b>27,217</b>
MO	Alternate	326	19.1%	505	21.2%	11	22.9%	842	20.4%	13,487	32.6%	14,329
MO	Market	1,377	80.9%	1,880	78.8%	37	77.1%	3,294	79.6%	27,876	67.4%	31,170
<b>MO Total</b>		<b>1,703</b>		<b>2,385</b>		<b>48</b>		<b>4,136</b>		<b>41,363</b>		<b>45,499</b>
MS	Alternate	32	20.1%	48	20.9%		0.0%	80	20.5%	2,563	23.4%	2,643
MS	Market	127	79.9%	182	79.1%	2	100.0%	311	79.5%	8,400	76.6%	8,711
<b>MS Total</b>		<b>159</b>		<b>230</b>		<b>2</b>		<b>391</b>		<b>10,963</b>		<b>11,354</b>
MT	Alternate	148	18.7%	327	25.1%	65	28.5%	540	23.2%	2,398	29.0%	2,938
MT	Market	645	81.3%	977	74.9%	163	71.5%	1,785	76.8%	5,873	71.0%	7,658
<b>MT Total</b>		<b>793</b>		<b>1,304</b>		<b>228</b>		<b>2,325</b>		<b>8,271</b>		<b>10,596</b>
NC	Alternate	407	42.0%	494	36.5%	26	36.1%	927	38.7%	16,542	45.9%	17,469
NC	Market	561	58.0%	860	63.5%	46	63.9%	1,467	61.3%	19,474	54.1%	20,941
<b>NC Total</b>		<b>968</b>		<b>1,354</b>		<b>72</b>		<b>2,394</b>		<b>36,016</b>		<b>38,410</b>
ND	Alternate	47	43.5%	140	46.7%	6	40.0%	193	45.6%	1,840	47.3%	2,033
ND	Market	61	56.5%	160	53.3%	9	60.0%	230	54.4%	2,051	52.7%	2,281
<b>ND Total</b>		<b>108</b>		<b>300</b>		<b>15</b>		<b>423</b>		<b>3,891</b>		<b>4,314</b>
NE	Alternate	165	41.6%	283	28.4%	7	18.4%	455	31.8%	3,989	40.0%	4,444
NE	Market	232	58.4%	715	71.6%	31	81.6%	978	68.2%	5,973	60.0%	6,951
<b>NE Total</b>		<b>397</b>		<b>998</b>		<b>38</b>		<b>1,433</b>		<b>9,962</b>		<b>11,395</b>
NH	Alternate	11	4.2%	24	6.3%		0.0%	35	5.2%	2,735	29.8%	2,770
NH	Market	250	95.8%	356	93.7%	35	100.0%	641	94.8%	6,428	70.2%	7,069
<b>NH Total</b>		<b>261</b>		<b>380</b>		<b>35</b>		<b>676</b>		<b>9,163</b>		<b>9,839</b>
NJ	Alternate	158	17.8%	227	25.2%	15	23.4%	400	21.6%	9,848	26.8%	10,248
NJ	Market	732	82.2%	674	74.8%	49	76.6%	1,455	78.4%	26,874	73.2%	28,329
<b>NJ Total</b>		<b>890</b>		<b>901</b>		<b>64</b>		<b>1,855</b>		<b>36,722</b>		<b>38,577</b>
NM	Alternate	15	3.6%	22	3.3%	1	4.3%	38	3.5%	1,589	17.0%	1,627
NM	Market	396	96.4%	638	96.7%	22	95.7%	1,056	96.5%	7,736	83.0%	8,792
<b>NM Total</b>		<b>411</b>		<b>660</b>		<b>23</b>		<b>1,094</b>		<b>9,325</b>		<b>10,419</b>
NV	Alternate		0.0%	10	2.7%	1	2.3%	11	1.8%	1,594	16.3%	1,605
NV	Market	202	100.0%	357	97.3%	43	97.7%	602	98.2%	8,213	83.7%	8,815
<b>NV Total</b>		<b>202</b>		<b>367</b>		<b>44</b>		<b>613</b>		<b>9,807</b>		<b>10,420</b>
NY	Alternate	325	10.2%	627	19.1%	20	16.7%	972	14.7%	26,637	24.4%	27,609
NY	Market	2,863	89.8%	2,657	80.9%	100	83.3%	5,620	85.3%	82,619	75.6%	88,239

<b>NY Total</b>		<b>3,188</b>		<b>3,284</b>		<b>120</b>		<b>6,592</b>		<b>109,256</b>		<b>115,848</b>
OH	Alternate	339	15.9%	412	14.0%	13	7.3%	<b>764</b>	14.6%	<b>17,381</b>	27.7%	<b>18,145</b>
OH	Market	1,794	84.1%	2,524	86.0%	166	92.7%	<b>4,484</b>	85.4%	<b>45,306</b>	72.3%	<b>49,790</b>
<b>OH Total</b>		<b>2,133</b>		<b>2,936</b>		<b>179</b>		<b>5,248</b>		<b>62,687</b>		<b>67,935</b>
OK	Alternate	37	12.4%	76	11.4%	1	2.4%	<b>114</b>	11.3%	<b>2,431</b>	16.5%	<b>2,545</b>
OK	Market	262	87.6%	593	88.6%	40	97.6%	<b>895</b>	88.7%	<b>12,273</b>	83.5%	<b>13,168</b>
<b>OK Total</b>		<b>299</b>		<b>669</b>		<b>41</b>		<b>1,009</b>		<b>14,704</b>		<b>15,713</b>
OR	Alternate	30	4.7%	60	8.7%		0.0%	<b>90</b>	6.6%	<b>1,098</b>	8.0%	<b>1,188</b>
OR	Market	614	95.3%	631	91.3%	32	100.0%	<b>1,277</b>	93.4%	<b>12,618</b>	92.0%	<b>13,895</b>
<b>OR Total</b>		<b>644</b>		<b>691</b>		<b>32</b>		<b>1,367</b>		<b>13,716</b>		<b>15,083</b>
PA	Alternate	356	22.1%	657	26.0%	42	34.4%	<b>1,055</b>	24.8%	<b>24,710</b>	37.8%	<b>25,765</b>
PA	Market	1,256	77.9%	1,866	74.0%	80	65.6%	<b>3,202</b>	75.2%	<b>40,698</b>	62.2%	<b>43,900</b>
<b>PA Total</b>		<b>1,612</b>		<b>2,523</b>		<b>122</b>		<b>4,257</b>		<b>65,408</b>		<b>69,665</b>
RI	Alternate		0.0%		0.0%		0.0%		0.0%	<b>424</b>	7.9%	<b>424</b>
RI	Market	382	100.0%	427	100.0%	24	100.0%	<b>833</b>	100.0%	<b>4,937</b>	92.1%	<b>5,770</b>
<b>RI Total</b>		<b>382</b>		<b>427</b>		<b>24</b>		<b>833</b>		<b>5,361</b>		<b>6,194</b>
SC	Alternate	30	12.1%	52	9.2%	4	16.0%	<b>86</b>	10.2%	<b>6,492</b>	30.7%	<b>6,578</b>
SC	Market	218	87.9%	515	90.8%	21	84.0%	<b>754</b>	89.8%	<b>14,636</b>	69.3%	<b>15,390</b>
<b>SC Total</b>		<b>248</b>		<b>567</b>		<b>25</b>		<b>840</b>		<b>21,128</b>		<b>21,968</b>
SD	Alternate	1	1.1%	1	0.4%		0.0%	<b>2</b>	0.6%	<b>367</b>	9.9%	<b>369</b>
SD	Market	93	98.9%	229	99.6%	12	100.0%	<b>334</b>	99.4%	<b>3,357</b>	90.1%	<b>3,691</b>
<b>SD Total</b>		<b>94</b>		<b>230</b>		<b>12</b>		<b>336</b>		<b>3,724</b>		<b>4,060</b>
TN	Alternate	39	4.4%	48	4.7%	5	10.6%	<b>92</b>	4.7%	<b>7,194</b>	20.5%	<b>7,286</b>
TN	Market	840	95.6%	965	95.3%	42	89.4%	<b>1,847</b>	95.3%	<b>27,926</b>	79.5%	<b>29,773</b>
<b>TN Total</b>		<b>879</b>		<b>1,013</b>		<b>47</b>		<b>1,939</b>		<b>35,120</b>		<b>37,059</b>
TX	Alternate	368	15.9%	510	8.8%	12	6.3%	<b>890</b>	10.8%	<b>37,314</b>	28.1%	<b>38,204</b>
TX	Market	1,953	84.1%	5,253	91.2%	180	93.8%	<b>7,386</b>	89.2%	<b>95,484</b>	71.9%	<b>102,870</b>
<b>TX Total</b>		<b>2,321</b>		<b>5,763</b>		<b>192</b>		<b>8,276</b>		<b>132,798</b>		<b>141,074</b>
UT	Alternate	185	27.8%	135	24.2%	3	18.8%	<b>323</b>	26.0%	<b>3,867</b>	36.1%	<b>4,190</b>
UT	Market	481	72.2%	423	75.8%	13	81.3%	<b>917</b>	74.0%	<b>6,858</b>	63.9%	<b>7,775</b>
<b>UT Total</b>		<b>666</b>		<b>558</b>		<b>16</b>		<b>1,240</b>		<b>10,725</b>		<b>11,965</b>
VA	Alternate	268	21.8%	579	25.5%	9	17.3%	<b>856</b>	24.1%	<b>13,791</b>	37.5%	<b>14,647</b>
VA	Market	962	78.2%	1,694	74.5%	43	82.7%	<b>2,699</b>	75.9%	<b>23,005</b>	62.5%	<b>25,704</b>
<b>VA Total</b>		<b>1,230</b>		<b>2,273</b>		<b>52</b>		<b>3,555</b>		<b>36,796</b>		<b>40,351</b>
VT	Alternate	11	11.3%	9	10.7%	1	6.3%	<b>21</b>	10.7%	<b>420</b>	33.0%	<b>441</b>
VT	Market	86	88.7%	75	89.3%	15	93.8%	<b>176</b>	89.3%	<b>852</b>	67.0%	<b>1,028</b>
<b>VT Total</b>		<b>97</b>		<b>84</b>		<b>16</b>		<b>197</b>		<b>1,272</b>		<b>1,469</b>
WA	Alternate	364	41.7%	416	30.0%	29	36.3%	<b>809</b>	34.6%	<b>10,904</b>	35.6%	<b>11,713</b>

WA	Market	509	58.3%	972	70.0%	51	63.8%	1,532	65.4%	19,729	64.4%	21,261
<b>WA Total</b>		<b>873</b>		<b>1,388</b>		<b>80</b>		<b>2,341</b>		<b>30,633</b>		<b>32,974</b>
WI	Alternate	1,097	45.0%	1,508	42.7%	133	36.5%	2,738	43.2%	26,638	69.7%	29,376
WI	Market	1,343	55.0%	2,024	57.3%	231	63.5%	3,598	56.8%	11,575	30.3%	15,173
<b>WI Total</b>		<b>2,440</b>		<b>3,532</b>		<b>364</b>		<b>6,336</b>		<b>38,213</b>		<b>44,549</b>
WV	Alternate	2	0.6%	1	0.3%	3	11.5%	6	0.9%	985	11.9%	991
WV	Market	355	99.4%	311	99.7%	23	88.5%	689	99.1%	7,316	88.1%	8,005
<b>WV Total</b>		<b>357</b>		<b>312</b>		<b>26</b>		<b>695</b>		<b>8,301</b>		<b>8,996</b>
WY	Alternate	92	75.4%	163	76.9%	10	71.4%	265	76.1%	2,080	67.4%	2,345
WY	Market	30	24.6%	49	23.1%	4	28.6%	83	23.9%	1,004	32.6%	1,087
<b>WY Total</b>		<b>122</b>		<b>212</b>		<b>14</b>		<b>348</b>		<b>3,084</b>		<b>3,432</b>

## APPENDIX C

### CONTRACTED FACILITY FEE SCHEDULE CATEGORY ANALYSIS

State Fee Schedule	Both MH and SUD	MH	SUD	Non-MH	Percentage Fee Schedule MH and SUD	Percentage Fee Schedule MH	Percentage Fee Schedule SUD	Percentage Fee Schedule Non-MH
<b>AK</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>272</b>				
Alternate	1	5	2	141	33.33%	50.00%	100.00%	51.84%
Market	2	5		131	66.67%	50.00%	0.00%	48.16%
<b>AL</b>	<b>10</b>	<b>19</b>	<b>10</b>	<b>2,194</b>				
Alternate	1	4		857	10.00%	21.05%	0.00%	39.06%
Market	9	15	10	1,337	90.00%	78.95%	100.00%	60.94%
<b>AR</b>	<b>3</b>	<b>23</b>	<b>1</b>	<b>1,216</b>				
Alternate	1	1		311	33.33%	4.35%	0.00%	25.58%
Market	2	22	1	905	66.67%	95.65%	100.00%	74.42%
<b>AZ</b>	<b>62</b>	<b>48</b>	<b>17</b>	<b>4,103</b>				
Alternate	11	19	4	1,317	17.74%	39.58%	23.53%	32.10%
Market	51	29	13	2,786	82.26%	60.42%	76.47%	67.90%
<b>CA</b>	<b>374</b>	<b>394</b>	<b>141</b>	<b>11,769</b>				
Alternate	115	89	76	3,356	30.75%	22.59%	53.90%	28.52%
Market	259	305	65	8,413	69.25%	77.41%	46.10%	71.48%
<b>CO</b>	<b>23</b>	<b>67</b>	<b>8</b>	<b>2,752</b>				
Alternate	10	23	2	814	43.48%	34.33%	25.00%	29.58%
Market	13	44	6	1,938	56.52%	65.67%	75.00%	70.42%
<b>CT</b>	<b>52</b>	<b>48</b>	<b>5</b>	<b>1,395</b>				
Alternate	23	23	2	468	44.23%	47.92%	40.00%	33.55%
Market	29	25	3	927	55.77%	52.08%	60.00%	66.45%
<b>DC</b>		<b>2</b>		<b>141</b>				
Alternate		1		36		50.00%		25.53%
Market		1		105		50.00%		74.47%
<b>DE</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>365</b>				
Alternate		1	1	105	0.00%	25.00%	50.00%	28.77%
Market	1	3	1	260	100.00%	75.00%	50.00%	71.23%
<b>FL</b>	<b>171</b>	<b>227</b>	<b>43</b>	<b>11,491</b>				
Alternate	79	118	9	4,207	46.20%	51.98%	20.93%	36.61%
Market	92	109	34	7,284	53.80%	48.02%	79.07%	63.39%
<b>GA</b>	<b>30</b>	<b>59</b>	<b>14</b>	<b>4,960</b>				
Alternate	18	30	8	1,880	60.00%	50.85%	57.14%	37.90%
Market	12	29	6	3,080	40.00%	49.15%	42.86%	62.10%
<b>HI</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>264</b>				
Alternate	2			77	100.00%	0.00%	0.00%	29.17%
Market		1	1	187	0.00%	100.00%	100.00%	70.83%

<b>IA</b>	<b>26</b>	<b>27</b>	<b>9</b>	<b>1,481</b>				
Alternate	17	12	5	556	65.38%	44.44%	55.56%	37.54%
Market	9	15	4	925	34.62%	55.56%	44.44%	62.46%
<b>ID</b>	<b>2</b>	<b>18</b>	<b>6</b>	<b>735</b>				
Alternate	2	14		391	100.00%	77.78%	0.00%	53.20%
Market		4	6	344	0.00%	22.22%	100.00%	46.80%
<b>IL</b>	<b>101</b>	<b>144</b>	<b>43</b>	<b>6,218</b>				
Alternate	64	58	26	2,417	63.37%	40.28%	60.47%	38.87%
Market	37	86	17	3,801	36.63%	59.72%	39.53%	61.13%
<b>IN</b>	<b>41</b>	<b>92</b>	<b>11</b>	<b>3,126</b>				
Alternate	19	50	3	1,064	46.34%	54.35%	27.27%	34.04%
Market	22	42	8	2,062	53.66%	45.65%	72.73%	65.96%
<b>KS</b>	<b>19</b>	<b>35</b>	<b>15</b>	<b>1,523</b>				
Alternate	7	4	8	482	36.84%	11.43%	53.33%	31.65%
Market	12	31	7	1,041	63.16%	88.57%	46.67%	68.35%
<b>KY</b>	<b>68</b>	<b>52</b>	<b>5</b>	<b>2,353</b>				
Alternate	22	17	5	893	32.35%	32.69%	100.00%	37.95%
Market	46	35		1,460	67.65%	67.31%	0.00%	62.05%
<b>LA</b>	<b>26</b>	<b>53</b>	<b>9</b>	<b>2,921</b>				
Alternate	10	11	3	877	38.46%	20.75%	33.33%	30.02%
Market	16	42	6	2,044	61.54%	79.25%	66.67%	69.98%
<b>MA</b>	<b>28</b>	<b>56</b>	<b>20</b>	<b>2,058</b>				
Alternate	6	18	4	897	21.43%	32.14%	20.00%	43.59%
Market	22	38	16	1,161	78.57%	67.86%	80.00%	56.41%
<b>MD</b>	<b>23</b>	<b>15</b>	<b>11</b>	<b>2,286</b>				
Alternate	7	7	6	641	30.43%	46.67%	54.55%	28.04%
Market	16	8	5	1,645	69.57%	53.33%	45.45%	71.96%
<b>ME</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>424</b>				
Alternate	5	8	1	141	100.00%	88.89%	100.00%	33.25%
Market		1		283	0.00%	11.11%	0.00%	66.75%
<b>MI</b>	<b>55</b>	<b>108</b>	<b>19</b>	<b>3,846</b>				
Alternate	31	51	6	1,496	56.36%	47.22%	31.58%	38.90%
Market	24	57	13	2,350	43.64%	52.78%	68.42%	61.10%
<b>MN</b>	<b>12</b>	<b>77</b>	<b>8</b>	<b>1,872</b>				
Alternate	6	43	2	1,017	50.00%	55.84%	25.00%	54.33%
Market	6	34	6	855	50.00%	44.16%	75.00%	45.67%
<b>MO</b>	<b>44</b>	<b>84</b>	<b>5</b>	<b>3,156</b>				
Alternate	10	12	3	987	22.73%	14.29%	60.00%	31.27%
Market	34	72	2	2,169	77.27%	85.71%	40.00%	68.73%
<b>MS</b>	<b>9</b>	<b>14</b>	<b>1</b>	<b>1,279</b>				
Alternate	4	6		367	44.44%	42.86%	0.00%	28.69%
Market	5	8	1	912	55.56%	57.14%	100.00%	71.31%
<b>MT</b>	<b>5</b>	<b>16</b>	<b>1</b>	<b>541</b>				

Alternate	5	16	1	302	100.00%	100.00%	100.00%	55.82%
Market				239	0.00%	0.00%	0.00%	44.18%
<b>NC</b>	<b>23</b>	<b>43</b>	<b>14</b>	<b>3,424</b>				
Alternate	10	24	1	1,279	43.48%	55.81%	7.14%	37.35%
Market	13	19	13	2,145	56.52%	44.19%	92.86%	62.65%
<b>ND</b>		<b>15</b>		<b>224</b>				
Alternate		7		114		46.67%		50.89%
Market		8		110		53.33%		49.11%
<b>NE</b>	<b>15</b>	<b>17</b>	<b>1</b>	<b>877</b>				
Alternate	12	13	1	370	80.00%	76.47%	100.00%	42.19%
Market	3	4		507	20.00%	23.53%	0.00%	57.81%
<b>NH</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>373</b>				
Alternate	1	2	1	152	33.33%	40.00%	100.00%	40.75%
Market	2	3		221	66.67%	60.00%	0.00%	59.25%
<b>NJ</b>	<b>64</b>	<b>85</b>	<b>16</b>	<b>4,105</b>				
Alternate	35	31	14	1,435	54.69%	36.47%	87.50%	34.96%
Market	29	54	2	2,670	45.31%	63.53%	12.50%	65.04%
<b>NM</b>	<b>6</b>	<b>15</b>	<b>3</b>	<b>1,018</b>				
Alternate		7		347	0.00%	46.67%	0.00%	34.09%
Market	6	8	3	671	100.00%	53.33%	100.00%	65.91%
<b>NV</b>	<b>16</b>	<b>12</b>		<b>1,267</b>				
Alternate	12	2		238	75.00%	16.67%		18.78%
Market	4	10		1,029	25.00%	83.33%		81.22%
<b>NY</b>	<b>151</b>	<b>164</b>	<b>54</b>	<b>6,855</b>				
Alternate	74	46	19	2,015	49.01%	28.05%	35.19%	29.39%
Market	77	118	35	4,840	50.99%	71.95%	64.81%	70.61%
<b>OH</b>	<b>46</b>	<b>59</b>	<b>18</b>	<b>6,705</b>				
Alternate	27	25	9	2,267	58.70%	42.37%	50.00%	33.81%
Market	19	34	9	4,438	41.30%	57.63%	50.00%	66.19%
<b>OK</b>	<b>13</b>	<b>38</b>	<b>3</b>	<b>1,809</b>				
Alternate	7	14	1	636	53.85%	36.84%	33.33%	35.16%
Market	6	24	2	1,173	46.15%	63.16%	66.67%	64.84%
<b>OR</b>	<b>21</b>	<b>33</b>	<b>3</b>	<b>1,324</b>				
Alternate	5	7	1	414	23.81%	21.21%	33.33%	31.27%
Market	16	26	2	910	76.19%	78.79%	66.67%	68.73%
<b>PA</b>	<b>78</b>	<b>89</b>	<b>38</b>	<b>5,659</b>				
Alternate	36	43	21	1,849	46.15%	48.31%	55.26%	32.67%
Market	42	46	17	3,810	53.85%	51.69%	44.74%	67.33%
<b>RI</b>	<b>8</b>	<b>7</b>		<b>328</b>				
Alternate	2	5		91	25.00%	71.43%		27.74%
Market	6	2		237	75.00%	28.57%		72.26%
<b>SC</b>	<b>13</b>	<b>23</b>		<b>2,165</b>				
Alternate	6	11		771	46.15%	47.83%		35.61%

Market	7	12		1,394	53.85%	52.17%		64.39%
<b>SD</b>	<b>6</b>	<b>7</b>		<b>442</b>				
Alternate	3			92	50.00%	0.00%		20.81%
Market	3	7		350	50.00%	100.00%		79.19%
<b>TN</b>	<b>95</b>	<b>106</b>	<b>11</b>	<b>3,970</b>				
Alternate	59	38	2	1,239	62.11%	35.85%	18.18%	31.21%
Market	36	68	9	2,731	37.89%	64.15%	81.82%	68.79%
<b>TX</b>	<b>148</b>	<b>228</b>	<b>36</b>	<b>12,796</b>				
Alternate	47	58	12	4,045	31.76%	25.44%	33.33%	31.61%
Market	101	170	24	8,751	68.24%	74.56%	66.67%	68.39%
<b>UT</b>	<b>34</b>	<b>22</b>	<b>7</b>	<b>836</b>				
Alternate	11	17	5	294	32.35%	77.27%	71.43%	35.17%
Market	23	5	2	542	67.65%	22.73%	28.57%	64.83%
<b>VA</b>	<b>25</b>	<b>44</b>	<b>13</b>	<b>2,630</b>				
Alternate	7	19	8	1,068	28.00%	43.18%	61.54%	40.61%
Market	18	25	5	1,562	72.00%	56.82%	38.46%	59.39%
<b>VT</b>	<b>5</b>	<b>11</b>	<b>1</b>	<b>124</b>				
Alternate	2	5	1	42	40.00%	45.45%	100.00%	33.87%
Market	3	6		82	60.00%	54.55%	0.00%	66.13%
<b>WA</b>	<b>45</b>	<b>47</b>	<b>17</b>	<b>2,077</b>				
Alternate	19	26	5	638	42.22%	55.32%	29.41%	30.72%
Market	26	21	12	1,439	57.78%	44.68%	70.59%	69.28%
<b>WI</b>	<b>32</b>	<b>154</b>	<b>11</b>	<b>2,990</b>				
Alternate	24	137	10	1,964	75.00%	88.96%	90.91%	65.69%
Market	8	17	1	1,026	25.00%	11.04%	9.09%	34.31%
<b>WV</b>	<b>3</b>	<b>7</b>		<b>638</b>				
Alternate	3	3		204	100.00%	42.86%		31.97%
Market		4		434	0.00%	57.14%		68.03%
<b>WY</b>		<b>3</b>	<b>1</b>	<b>296</b>				
Alternate		2	1	119		66.67%	100.00%	40.20%
Market		1		177		33.33%	0.00%	59.80%
<b>Grand Total</b>	<b>2,045</b>	<b>2,936</b>	<b>656</b>	<b>137,673</b>				