DEFINITION AND POTENTIAL FUNCTIONS OF AN ADMINISTRATIVE SERVICES ORGANIZATION

**DEFINITION (FOR OUR PURPOSES):**

An Administrative Services Organization (ASO) is an arrangement in which:

- A State contracts with a third party organization
- With special expertise in behavioral health systems management
- To provide certain specified administrative services
- Necessary to manage the system of care
- On the State’s behalf.

**POTENTIAL FUNCTIONS OF AN ASO:**

1. Utilization management
   - Eligibility determination
   - Service authorizations (prior authorizations, re-authorizations)
   - Care management for acute care
   - Care coordination, including integrating primary care with BH
   - Real time management (no later than one week from receipt of raw data)
   - Concurrent/retrospective reviews
   - Wait list elimination
   - Trend projections to improve service utilization—biennial

2. Network management
   - Provider recruitment
   - Provider contract management
   - Access management
   - Provider performance monitoring
   - Onsite operational annual audits
   - Provider satisfaction surveys

3. Quality management
   - CQI culture within network, including use of NiaTx PDSA framework
   - Access & service standards development, implementation, & review
   - Chart reviews/audits
   - Incident/complaint investigation
   - Population-wide studies
   - Systematic review of provider and service recipient satisfaction surveys
   - Quality of care trends across network
4. Data management

- Collect/report required data, including but not limited to NOMS and selected HEDIS measures
- Real time capacity
- Generate systematic reports (enrollment data; utilization by provider, service recipient, population, & network-wide; outcomes by provider, service recipient, population, & network-wide; cost by service, service recipient, population, & network-wide; utilization/cost/outcomes patterns across network providers; service rates; & predictive modeling)
- Report provider administrative costs real time
- Exchange electronic data files
- EHR

5. Claims Processing

- Process claims and adjustments from original receipt through determination of disposition
- Receive, verify, and log claims and adjustments received
- Perform internal claims edits
- Performing claim validation edits
- Complete claims development and adjudications
- Maintain pricing and user files
- Generate reports—routine and ad hoc reporting, denial management, claims resolution tracking, error analysis, medical review of claims, reporting of claims payments to payers

6. Enrollment Services

- Member outreach, education, and issue resolution
- Create/distribute benefit summary forms
- Create/distribute member enrollment materials
- Create/distribute member handbooks
- Train the Trainer
- Onsite enrollment benefit education
- Electronic enrollment interfaces

**STATES WITH BEHAVIORAL HEALTH ASO:**

Arkansas (hybrid)—APS Healthcare  
Connecticut—Beacon/VO  
Georgia—Beacon Health Options (merged w/Value Options)  
Louisiana—Magellan  
Maine—APS Healthcare  
Maryland (performance risk)—APS  
New Jersey—Rutgers (SUD only)  
Virginia—Magellan  
Washington—Beacon Health Options  
West Virginia—APS Healthcare