NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF HEALTH PLAN CONTRACTING AND OVERSIGHT
ARTICLES 44 AND 49 STATEMENT OF DEFICIENCIES

NAME OF MANAGED CARE ORGANIZATION	TYPE OF SURVEY:
Amida Care, Inc.	Behavioral Health Claims Denial Root Cause Analysis Target Survey
STREET ADDRESS, CITY, STATE, ZIP CODE 14 Penn Plaza, 2nd Floor New York, NY 10122	**SURVEY DATES:** September 14, 2020 – February 18, 2021 SURVEY ID #: 278367488

NOTE: The following list of deficiencies was identified by Health Department representatives during an Article 44 and/or Article 49 operational or focused survey of your Managed Care Organization (MCO). Correction of these deficiencies is required in order to bring your MCO into compliance with Article 44 and/or 49 of the New York State Public Health Law and the New York State Official Compilation of Codes, Rules, and Regulations (10NYCRR). In the column headed Provider Plan of Correction, describe the Plan of Corrective Action and anticipated date of corrections. The Plan of Correction should be returned within 15 business days.

Deficiencies	Plan of Correction with Timetable
98-1.12 Quality management program **(i) The quality assurance activities shall include the development of timely and appropriate recommendations. For problems in health care administration and delivery to enrollees that are identified, the MCO must demonstrate an operational mechanism for responding to those problems. Such a mechanism should include:** **(1) development of appropriate recommendations for corrective action or, when no action is indicated, an appropriate response;** **(2) assignment of responsibility at the appropriate level or with the appropriate person for the implementation of the recommendation; and** **(3) implementation of action which is appropriate to the subject or problem in health care administration and delivery to enrollees.** **Deficiency:** Based on interviews with Amida Care staff, review of documents, and Plan-reported claims data, the Plan failed to effectively implement their Plan of Correction (POC) developed in response to the previous survey, due to configuration errors within the Behavioral Health (BH) Vendor's claims platform. Amida Care's failure to implement appropriate actions to correct inappropriate claims denials demonstrates it does not maintain an effective quality management program consistent with New York State (NYS) regulations. **CONTINUE TO NEXT PAGE**	**98-1.12 Quality management program - Deficiency** Amida Care conducted a review of the deficiencies identified including configuration errors within the Behavioral Health's (BH) platform and inaccurate claims data. We have determined that the there was a gap in vendor oversight that prevented Amida Care from addressing and appropriately resolving these issues. During the Implementation of the original POC, Amida Care did not have a Director of Vendor Performance on staff. In April of 2020, Sean Ryan was hired for this position, but only stayed with Amida Care for 10 months. Additionally, in 2021 Amida Care has gone through a transition in senior leadership with the departure of the Executive Vice President, Nick Liguori who was responsible for this area. A new leadership team has been formed which includes the hiring of an internal candidate for the Director of Vendor Performance, JaVita Moreira and the transition of this area to the Chief of Business Operations and Strategy, Patrick McGovern who will be overseeing this area. Additionally, Annmarie Murphy, the Director of Operational Initiatives will transition into a focused role to address claims payments and denials. Amida Care and Mike Cornelison from Consentia are responsible for the enhanced oversight process which includes any issues identified as it relates to Beacon claims performance. This will include: • Ensuring Beacon will not inappropriately deny claims for visits that do not require prior authorization • Ensuring Beacon will not deny claims due to the provider fee schedule • Ensuring Beacon will not deny claims for hospitalization claims for not being on the provider fee schedule **CONTINUED ON NEXT PAGE**

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Deficiencies	Plan of Correction with Timetable
Findings include: NYS Office of Mental Health's (OMH) review of Amida Care's claims data for the period of December 1, 2019 - June 30, 2020 and subsequent documentation, revealed the BH vendor inappropriately denied claims for Adult Behavioral Health Home and Community Based Services (BH HCBS), Assertive Community Treatment (ACT) and Partial Hospitalization (PH). Specifically, the following services and denial reasons were found to be inappropriate for total claims reviewed per denial reason: • 24 out of 25 Adult BH HCBS claims were inappropriately denied as the dates of service fell within the first three visits which does not require prior authorization. This requirement had been reiterated to the plan in a Memo entitled *Revised Adult BH HCBS Workflow Guidance for HARP and HIV SNP Members Enrolled in Health Home–Effective 10/1/2017*. Amida Care's BH Vendor reported this was due to a configuration error. • 10 out of 45 ACT claims were inappropriately denied for the reason "not on a provider's fee schedule." On February 9, 2021, Amida Care's BH Vendor reported this was due to the provider being out of network. Amida Care failed to pay these claims as required when there is limited provider availability for ACT services, in alignment with the Guidance entitled *Utilization Management (UM) (UM) Guidelines for New York State Medicaid Managed Care Organizations (MMCO) and Health and Recovery Plans (HARP) regarding Assertive Community Treatment (ACT).* **CONTINUES TO NEXT PAGE**	**CONTINUED FROM PREVIOUS PAGE** The existing work group consisting of Amida Care, Beacon and Consentia will meet on a weekly basis to review all claims denial, identify the root causes and find immediate solutions on all issues identified. The Director of Vendor Performance, Javita Moreira will monitor the progression of issues on a tracker that will be reported to the Chief of Business Operations and Strategy, Patrick McGovern on a monthly basis by January 30, 2022. The Director of Vendor Performance will also report to the Compliance Committee on any vendor issues on a quarterly basis. The implementation of this plan of correction will be in effect by January 30, 2022. The Director of Vendor Performance, Javita Moreira and the Director of Operational Initiatives, Annmarie Murphy will be responsible to ensure the Plans of Correction are implemented. On a monthly basis Mike Cornelison from Consentia, the Director of Operational Initiatives, and the Director of Vendor Oversight will meet with Amida Care Senior Management to review of Beacons' Performance. These meetings will allow issues to be escalated, and when necessary, will be brought to Beacons Senior Staff for immediate remediation

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Deficiencies	**Plan of Correction with Timetable**
• 35 out of 38 partial hospitalization claims were inappropriately denied for the reason "not on a provider's fee schedule." On February 9, 2021, Amida Care's BH Vendor reported the provider was out of network. Amida Care's BH Vendor failed to pay these claims as required when there are no in-network providers available as required per the Medicaid Managed Care Model Contract Section 21.2. Amida Care's original Plan of Correction identified actions to remediate inappropriate claims denials such as: • Quality assurance audits and twice weekly management meetings • Hiring of Consentia, as a consultant, to monitor claims adjudication functions of Amida Care's BH Vendor Such remediation actions were ineffective due to the State identifying inappropriate claims denials for claims reviewed between December 1, 2019 - June 30, 2020. In addition, review of Consentia's behavioral health *Claims Monitoring Activities Summary Report* revealed multiple occasions between January- July where Amida Care had not provided a response to clarification requested by Consentia related to the review of Amida Care's BH Vendor's claims processing activities. As a result, Amida Care did not implement an effective POC because the Plan did not meaningfully utilize the consultant to monitor the BH Vendor's claims adjudication functions.	**CONTINUED FROM PREVIOUS PAGE** By January 30, 2022 joint Senior Management meetings will be held between Amida Care and Beacon to review accomplishments and persistent performance issues. The plan of correction will be implemented by January 30, 2022. JaVIta Moreira, Director of Vendor Performance and the Annmarie Murphy, Director of Operational Initiatives will be responsible to ensure the Plans of Correction are implemented.
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Deficiencies	Plan of Correction with Timetable
98-1.16 Disclosure and filing. **(h) In the event an MCO does not provide substantially complete reports or other information required under this Subpart by the due date, or provide requested information within 30 days of any written request for a specific analysis or report by the superintendent or commissioner, the superintendent or commissioner is authorized to levy a civil penalty, after notice and hearing, pursuant to section 12 of the Public Health Law or sections 307 and 308 of the Insurance Law.** **Deficiency:** Amida Care failed to provide complete behavioral health target survey documents requested by the State on multiple occasions. Findings include: • Amida Care failed to meet the deadline of August 17, 2020 for submission of the requested BH Root Cause Analysis Target Survey. The due date for the 6-week request was August 17, 2020 with an extension granted until August 19, 2020. Partial documentation was submitted on August 19, 2020 the remaining documentation was submitted on August 21, 2020. • Amida Care failed to provide complete one-week documentation requested by OMH by the September 8, 2020 due date. Complete documents were received on September 14, 2020. • OMH requested Amida Care to submit subsequent information by December 8, 2020. Amida Care did not submit until January 8, 2021. Email correspondence on December 9, 2020 from Amida Care's Sr. Director of Compliance indicated the failure to submit was due to an internal Plan error.	**98-1.16 Disclosure and filing - Deficiency** During the Implementation of the original Plan of Correction, Amida Care did not have a Director of Vendor Performance on staff. In April of 2020 Sean Ryan was hired for this position, but only stayed with Amida Care for 10 months. JaVita Moreira, the current Director of Vendor Performance was hired in April of 2021, and is responsible for the coordination between the plan, the vendor, and Compliance. This will ensure all responses for any Plan of Corrections are implemented in a timely fashion. Additionally, the Chief of Business Operations and Strategy, Patrick McGovern who will be overseeing this area to ensure: • Documents are submitted timely • Open issues are escalated to senior management at Beacon when needed The Implementation of this Plan of Correction will be implemented by January 30, 2022. JaVita Moreira, Director or Vendor Performance and Annmarie Murphy Director of Operational Initiatives will be responsible to ensure the Plans of Correction are implemented.
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Deficiencies	Plan of Correction with Timetable
98-1.11 Operational and financial requirements for MCOs. **(h) The governing authority of the MCO shall be responsible for establishment and oversight of the MCO's policies, management and overall operation, regardless of the existence of any management contract.** **Deficiency:** Based on interviews with Amida Care staff, review of documents, and Plan-reported claims data, the Plan failed to provide adequate oversight of claims adjudication by the behavioral health vendor, by allowing the BH Vendor to inappropriately deny claims for Adult BH HCBS, ACT and Partial Hospitalization due to configuration errors. Because these issues have persisted since the submission of Amida Care's plan of correction for the May 23, 2019 SOD, Amida Care continues to perform ineffective vendor oversight as required by NYS regulations. **This is a repeat citation**. Specifically, the following issues were identified for claims reviewed from December 1, 2019-June 30, 2020: • 24 out of 25 Adult BH HCBS claims were inappropriately denied as the dates of service fell within the first three visits which does not require prior authorization. This requirement had been reiterated to the plan in a Memo entitled *Revised Adult BH HCBS Workflow Guidance for HARP and HIV SNP Members Enrolled in Health Home–Effective 10/1/2017*. Amida Care's BH Vendor reported this was due to a configuration error. CONTINUE TO NEXT PAGE	**98-1.11 Operational and financial requirements for MCOs. - Deficiency** In October 2020, Beacon implemented a bi-weekly monitoring process to identify any claims that were received and subsequently denied for no authorization. In November 2020, Beacon identified an issue with the logic impacting the First 3 Visits rule for HCBS to pay without an authorization. This logic bug was fixed in December 2020; Beacon also implemented a monthly monitoring process to review 100% of all Diversionary Services (Diversionary Dashboard) including the 3-visit rule. A 100% provider outreach was completed for any claim denied because of a provider billing error. Beacon was able to fix this issue and show evidence of monitoring to ensure that the fix has been resolved. There have been no instances of inappropriately denied claims for this issue since implementation of the monitoring outlined above. Beacon continues to monitor this to ensure there are no further concerns. Beacon provided the following source documentation: (1) SOP: Adult and Children's HCBS Claim Monitoring for Denials for No Authorization (2) Diversionary Dashboard Report **CONTINUE ON NEXT PAGE**
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Deficiencies	**Plan of Correction with Timetable**
• 10 out of 45 ACT claims were inappropriately denied for the reason "not on a provider's fee schedule." On February 9, 2021, Amida Care's BH Vendor reported this was due to the provider being out of network. Amida Care's BH Vendor failed to pay these claims as required when there is limited provider availability for ACT services, in alignment with the Guidance entitled: *Utilization Management (UM) (UM) Guidelines for New York State Medicaid Managed Care Organizations (MMCO) and Health and Recovery Plans (HARP) regarding Assertive Community Treatment (ACT).* • 35 out of 38 partial hospitalization claims were inappropriately denied for the reason "not on a provider's fee schedule." On February 9, 2021, Amida Care's BH Vendor reported the provider was out of network. Amida Care failed to pay these claims as required when there are no in-network providers available as required per the Medicaid Managed Care Model Contract Section 21.2. As a result of the findings above, the Plan failed to ensure the BH Vendor complied with State issued guidance, Medicaid Managed Care Model Contract requirements, as well as to appropriately oversee and monitor the BH vendor in the performance of operational and financial MCO requirements as required by New York State regulation.	**CONTINUED FROM PREVIOUS PAGE** Amida Care and Mike Cornelison from Consentia will continue to work together to continue to ensure proper oversight of Beacon's claim performance by enhancing the current dashboard and capturing denials by various programs, i.e. HCBS, PRO, ACT, OASAS. This will allow Amida Care to identify/remediate problem areas. Amida Care estimates the target date of January 30, 2022 to operationalize this plan, which includes segmenting performance reporting into the various programs and resourcing by Beacon. By January 30, 2022, Annmarie Murphy, the Director of Operational Initiatives will assume responsibility for reviewing and approving the weekly Beacon check run. In addition, post payment reviews will be completed and issues will be escalated to Beacon for immediate remediation. Issues will be documented and trended. The Plan of Correction will be implemented by January 30, 2022. Annmarie Murphy, the Director of Operational Initiatives will be responsible for the implementation of the Plan of Correction.
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Deficiencies	Plan of Correction with Timetable
Chapter 57 of the Laws of 2017, Part P, 48-a.1 **§ 48-a. 1. Notwithstanding any contrary provision of law, the commissioners of the office of alcoholism and substance abuse services and the office of mental health is authorized, subject to the approval of the director of the budget, to transfer to the commissioner of health state funds to be utilized as the state share for the purpose of increasing payments under the Medicaid program to managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law. Such managed care organizations shall utilize such funds for the purpose of reimbursing providers licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law for ambulatory behavioral health services, as determined by the commissioner of health, in consultation with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health provided to Medicaid enrolled outpatients and for all other behavioral health services except inpatient included in New York state's Medicaid redesign waiver approved by the centers for Medicare and Medicaid services (CMS).**	**Chapter 57 of the Laws of 2017, Part P, 48-a.1 - Deficiency** Amida Care, Beacon, and Consentia have worked to significantly increase behavioral health claims performance since September 2020 and has observed a trending decrease in diversionary denials since that time. Data suggests that approximately 95% of diversionary denials are related to provider billing errors, with leading reasons of duplicate claims (provider submitting a claim again for a service already paid for), billing outside of timely filing or lack of authorization or notification. Beacon outreaches every provider who receives a denial for a diversionary service (regardless of the denial reason) and offers technical assistance. This 100% outreach has been successful in reducing the number of denials to fewer than 20%. To help support their providers, Amida Care has requested a detailed report documenting all outreach attempts to problematic providers that includes root cause and provider feedback. By January 30, 2022, Annmarie Murphy, the Director of Operational Initiatives will assume responsibility for this process and submission to the state. Amida Care and Mike Cornelison from Consentia will work with Beacon to create a new process to review and provide an accurate and informative report. • Amida Care and Consentia will work with Beacon to validate the report • Amida Care Claims Ops will review the report for “red flags”, poor performance areas, etc.

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Deficiencies	Plan of Correction with Timetable
Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health, the office of alcoholism and substance abuse services, or the office of mental health for rate-setting purposes or any such other fees pursuant to the Medicaid state plan or otherwise approved by CMS in the Medicaid redesign waiver;...The increase of such ambulatory behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of section 29 of part B of chapter 59 of the laws of 2016 through March 31, 2020 for patients in the city of New York, for all rate periods on and after the effective date of section 29 of part B of chapter 59 of the laws of 2016 through March 31, 2020 for patients outside the city of New York, and for all rate periods on and after the effective date of such chapter through March 31, 2020 for all services provided to persons under the age of twenty-one;... **Deficiency:** Based on interviews with Amida Care staff, review of documents, and Plan-reported claims data, the Plan and BH Vendor failed to pay the government rate by inappropriately denying claims for Adult BH HCBS, ACT and PH within the survey period of December 1, 2019 - June 30, 2020. **This is a repeat citation**.	**CONTINUED FROM PREVIOUS PAGE** For problematic providers: 1) Amida Care has already identified problem areas 2) Understand is what is being done about it 3) Beacon to provide provider remediation activities if required. The Diversionary Dashboard is also used as a platform to highlight areas of improvement, performance monitoring milestones achieved, etc. Annmarie Murphy, JaVita Moreira, Salvatore Giunta (the Vice President of Information Technology), Mike Cornelison, and Patrick McGovern are currently in receipt of this report. Beacon has demonstrated improvement in ensuring timely and accurate rate payment. Overall, there is a 99% rate of clean claims paid within 30 days of receipt. Within the first pass claim runs there is now over a 97% paid rate matching the current state published rate. Any remaining mismatches are reviewed prior to final processing to ensure the provider is receiving the correct payment. Beacon was able to achieve this increase by redesigning our internal standard operating procedure (SOP), adding additional oversight into the monitoring process and creating a faster pathway for rate updates. Beacon also recently completed an internal audit, reviewing all providers on both of our Claim's systems to ensure every Medicaid provider is loaded with current rates.

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Deficiencies	Plan of Correction with Timetable
Specifically, the following issues were identified: • 24 out of 25 Adult BH HCBS claims were inappropriately denied as the dates of service fell within the first three visits which does not require prior authorization. This requirement had been reiterated to the plan in a Memo entitled Revised *Adult BH HCBS Workflow Guidance for HARP and HIV SNP Members Enrolled in Health Home–Effective 10/1/2017.* Documentation submitted by Amida Care on September 23, 2020 and October 16, 2020 revealed that the BH Vendor's programmed logic for HCBS Authorization Free Window was not correct and the manual process for flagging these denials and sending them to the clinical team to review was ineffective. Amida Care reported, as a result of the State's audit these claims were prioritized and reprocessed. • 10 out of 45 ACT claims were inappropriately denied for the reason "not on a provider's fee schedule." Amida Care reported in a narrative response provided on January 8, 2021 that claims were reprocessed after receiving feedback from the State during the survey regarding MCO requirements to pay in alignment *Utilization Management (UM) (UM) Guidelines for New York State Medicaid Managed Care Organizations (MMCO) and Health and Recovery Plans (HARP) regarding Assertive Community Treatment (ACT)* guidance. During the February 8, 2021 claims interview with Amida Care, and subsequent documentation submitted on February 9, 2021, Amida Care's BH Vendor confirmed the claims did not get reprocessed until it was brought to their attention by the State during survey. • 35 out of 38 partial hospitalization claims were inappropriately denied for the reason "not on a provider's fee schedule." CONTINUE TO NEXT PAGE	In October 2020, Beacon implemented a bi-weekly monitoring process to identify any claims that were received and subsequently denied for no authorization. In November 2020, Beacon identified an issue with the logic impacting the First 3 Visits rule for HCBS to pay without an authorization. This logic bug was fixed in December; Beacon also implemented a monthly monitoring process to review 100% of all Diversionary Services (Diversionary Dashboard) including the 3-visit rule. We complete 100% provider outreach for any claim that denied because of a provider billing error (please refer to the attached SOP for further details). We have not seen any claim deny for this reason since 11/12/2020. Source Documentation: • SOP: Adult and Children's HCBS Claim Monitoring for Denials for No Authorization • Diversionary Dashboard Report (sample attached; June & July Claims Data, which includes provider outreach details) Assignment of responsibility at the appropriate level or with the appropriate person for the implementation of the recommendation: • Clinical Quality Operations, Utilization Management, Operations, Claims, Provider Relations Teams Implementation of action, which is appropriate to the subject or problem in health care administration and delivery to enrollees: • Beacon was able to fix this issue and since October 2020 of monitoring to ensure that the fix has been resolved. There have been no instances of inappropriately denied claims for this issue since implementation of the monitoring outlined above. Beacon continues to monitor this and would welcome a chance to review further and ensure there are no further concerns.
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Deficiencies	**Plan of Correction with Timetable**
Based State's review of the Amida Care Quarter 1, 2020 Provider Network Data System (PNDS) file, Amida Care did not have an adequate network for partial hospitalization in Kings County and per Model Contract requirement 21.2, is required to pay out of network. During the February 8, 2021 claims interview with Amida Care, and subsequent documentation submitted on February 9, 2021, Amida Care's BH Vendor confirmed the claims did not get reprocessed until it was brought to their attention by the State during survey. Based on the findings above, Amida Care failed to oversee the BH vendor as well as effectively implement the plan of correction to ensure compliance with applicable NYS law regarding claims payment for behavioral health services.	In a collaborative effort to improve oversight, Annmarie Murphy, JaVita Moreira, and Mike Cornelison are in attendance at these Beacon meetings. The plan of correction will be implemented by January 30, 2022. Annmarie Murphy, the Director of Operational Initiatives and JaVIta Moreira, Director of Vendor Performance will be responsible for the implementation of the Plan of Correction.

MCO Representative's Signature *Esperanza Gabriel*	Date 11-11-21
Title Senior Director of Compliance/Compliance Officer	

Statement of Findings
Amida Care, Inc.
Behavioral Health Claims Denial Root Cause Analysis Target Survey
September 14, 2020 – February 18, 2021
Survey ID# 278367488

35.1 Contractor and SDOH Compliance With Applicable Laws

Notwithstanding any inconsistent provisions in this Agreement, the Contractor and SDOH shall comply with all applicable requirements of the State Public Health Law; the State Social Services Law; the State Finance Law; the State Mental Hygiene Law; the State Insurance Law; Title XIX of the Social Security Act; Title VI of the Civil Rights Act of 1964 and 45 CFR Part 80, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973 and 45 CFR Part 84, as amended; the Age Discrimination Act of 1975 and 45 CFR Part 91, as amended; the ADA; Title XIII of the Federal Public Health Services Act, 42 U.S.C § 300e et seq., regulations promulgated thereunder; the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and related regulations; the Federal False Claims Act, 31 U.S.C. § 3729 et seq.; Mental Health Parity and Addiction Equity Act of 2008, (P.L. 110-345);for Contractors operating in New York City, the New York City Health Code; and all other applicable legal and regulatory requirements in effect at the time that this Agreement is signed and as adopted or amended during the term of this Agreement. The parties agree that this Agreement shall be interpreted according to the laws of the State of New York.

10.21 Mental Health Services
d) The Contractor shall reimburse any OMH licensed provider, including out of network providers, at Medicaid Fee for Service rates for 24 months from the effective date of the Behavioral Health Benefit Inclusion in each geographic service area for ambulatory mental health services provided to Enrollees.

Finding:

Based on interviews with Amida Care staff, review of documents, and Plan-reported claims data, the Plan and Behavioral Health (BH) Vendor failed to pay the government rate by inappropriately denying claims for Adult BH Home and Community Based Services (HCBS), Assertive Community Treatment (ACT) and Partial Hospitalization (PH) within the survey period of December 1, 2019 - June 30, 2020.

This is a repeat citation.

Specifically, the following issues were identified:

- 24 out of 25 Adult BH HCBS claims were inappropriately denied as the dates of service fell within the first three visits which does not require prior authorization. This requirement had been reiterated to the plan in a Memo entitled Revised *Adult BH HCBS Workflow Guidance for HARP and HIV SNP Members Enrolled in Health Home–Effective 10/1/2017.* Documentation submitted by Amida Care on September 23, 2020 and October 16, 2020 revealed that the BH Vendor's programmed logic for HCBS Authorization Free Window was not correct and the manual process for flagging these denials and sending them to the clinical team to review was ineffective. Amida Care reported, as a result of the State's audit these claims were prioritized and reprocessed.
- 10 out of 45 ACT claims were inappropriately denied for the reason "not on a provider's fee schedule." Amida Care reported in a narrative response provided on January 8, 2021 that claims were reprocessed after receiving feedback from the State during the survey regarding MCO requirements to pay in alignment *Utilization Management (UM) (UM) Guidelines for New York State Medicaid Managed Care Organizations (MMCO) and Health and Recovery Plans (HARP) regarding Assertive Community Treatment (ACT)* guidance. During the February 8, 2021 claims interview with Amida Care, and subsequent documentation submitted on February 9,

2021, Amida Care's BH Vendor confirmed the claims did not get reprocessed until it was brought to their attention by the State during survey.

- 35 out of 38 partial hospitalization claims were inappropriately denied for the reason "not on a provider's fee schedule."

  Based State's review of the Amida Care Quarter 1, 2020 Provider Network Data System (PNDS) file, Amida Care did not have an adequate network for partial hospitalization in Kings County and per Model Contract requirement 21.2, is required to pay out of network. During the February 8, 2021 claims interview with Amida Care, and subsequent documentation submitted on February 9, 2021, Amida Care's BH Vendor confirmed the claims did not get reprocessed until it was brought to their attention by the State during survey.

Based on the findings above, Amida Care failed to oversee the BH vendor as well as effectively implement the plan of correction to ensure compliance with applicable NYS law regarding claims payment for behavioral health services.

Amida Care Response:

Amida Care and Mike Cornelison from Consentia are responsible for the enhanced oversight process which includes any issues identified as it relates to Beacon claims performance. This will include:

- **Ensuring Beacon will not inappropriately deny claims for visits that do not require prior authorization**
- **Ensuring Beacon will not deny claims due to the provider fee schedule**
- **Ensuring Beacon will not deny claims for hospitalization claims for not being on the provider fee schedule**

The existing work group consisting of Amida Care, Beacon and Consentia will meet on a weekly basis to review all claims denial, identify the root causes and find immediate solutions on all issues identified.

Annmarie Murphy, the Director of Operational Initiatives, and Mike Cornelison from Consentia will continue to work together to continue to ensure proper oversight of Beacon's claim performance by enhancing the current dashboard and capturing denials by various programs, i.e. HCBS, PRO, ACT, OASAS. This will allow Amida Care to identify/remediate problem areas.

The plan of correction will be implemented by January 30, 2022. Annmarie Murphy, the Director of Operational Initiatives will be responsible for the implementation of the plan of correction.

22.6 Timely Payment

a) Contractor shall make payments to Participating Providers and to Non-Participating Providers, as applicable, for items and services covered under this Agreement on a timely basis, consistent with the claims payment procedures described in SIL § 3224-a

Finding:

Based on interviews with Amida Care staff, review of documents, and Plan-reported claims data, the Plan failed to comply with prompt pay requirements for paying statutorily required interest.
OMH review of the August 21, 2020 claims data workbook, identified 34 claims were paid in 2020 with dates of service from 2017 and 2018 with no interest applied. Amida Care reported these claims were reprocessed Comprehensive Psychiatric Emergency Program (CPEP) claims in 2020 as a result of inappropriate denials. On September 30, 2020, OMH requested Amida Care to conduct a sweep of claims back to 2015 and in their January 8, 2021, submission identified an additional 11 claims needing to be reprocessed.

In the October 16, 2020 follow up submission from Amida Care in the document titled *Amida Care Second Response* the Amida Care confirmed the BH Vendor did not apply interest correctly as required by section 3224-a of the Insurance Law.

Amida Care Response:

By January 30, 2022 Annmarie Murphy, the Director of Operational Initiatives will assume responsibility for reviewing and approving the weekly Beacon check run. In addition, post payment reviews will be completed and issues will be escalated to Beacon for immediate remediation. Issues will be documented and trended, and post payment reviews will be completed. Issues will be escalated to Beacon for immediate remediation.

Annmarie Murphy and Mike Cornelison from Consentia will continue to work together to ensure proper oversight of Beacon's claim performance by enhancing the current monthly dashboard capturing denials by various programs, i.e. HCBS, PRO, ACT, OASAS. This will allow Amida Care to identify/remediate problem areas.

Amida Care estimates 3 months to operationalize this process, which includes segmenting performance reporting into the various programs and resourcing by Beacon.

The plan of correction will be implemented by January 30, 2022. Annmarie Murphy, the Director of Operational Initiatives will be responsible for the implementation of the plan of correction.