

**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 Empire Blue Cross Blue Shield HealthPlus	TYPE OF SURVEY: Focus Survey: Mental Health Parity and Addiction Equity Act Testing of Phase III Workbooks
STREET ADDRESS, CITY, STATE, ZIP CODE 9 Pine Street New York, NY 10005	SURVEY DATES: March 11, 2020 – November 30, 2020 Survey ID #: -1494169126

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
<p>10 CRR-NY 98-1.16 Disclosure and filing.</p> <p>(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.</p> <p><u>Deficiency:</u></p> <p>Based on the review of Empire Blue Cross Blue Shield HealthPlus' (HealthPlus) Phase III nonquantitative treatment limitation (NQTL) workbook submissions, the MCO failed to provide all required information and comparative analyses demonstrating compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), P.L. 110-343, for 8 of 10 NQTLs examined; retrospective review, outlier review, experimental/investigational determinations, fail first, provider credentialing, unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete.</p> <ul style="list-style-type: none"> Specifically, HealthPlus failed to provide all information and substantive comparative analyses for retrospective review and 	

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

**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 Empire Blue Cross Blue Shield HealthPlus	TYPE OF SURVEY: Focus Survey: Mental Health Parity and Addiction Equity Act Testing of Phase III Workbooks
STREET ADDRESS, CITY, STATE, ZIP CODE 9 Pine Street New York, NY 10005	SURVEY DATES: March 11, 2020 – November 30, 2020 Survey ID #: -1494169126

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
<p>10 CRR-NY 98-1.16 Disclosure and filing.</p> <p>(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.</p> <p><u>Deficiency:</u></p> <p>Based on the review of Empire Blue Cross Blue Shield HealthPlus' (HealthPlus) Phase III nonquantitative treatment limitation (NQTL) workbook submissions, the MCO failed to provide all required information and comparative analyses demonstrating compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), P.L. 110-343, for 8 of 10 NQTLs examined; retrospective review, outlier review, experimental/investigational determinations, fail first, provider credentialing, unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete.</p> <ul style="list-style-type: none"> Specifically, HealthPlus failed to provide all information and substantive comparative analyses for retrospective review and 	

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature

Dr. Mark Levy, MD, MPH

Date

11/17/2021

Title

President & CEO

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature

Dr. Mark Levy, MD, MPH

Date

11/17/2021

Title *President & CEO*

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

<p>experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.</p>	<p>Ongoing Monitoring: Compliance with state and federal requirements for provision of comparable coverage for benefits to treat mental health and substance use disorder is monitored via the Mental Health and Substance Use Disorder Parity Compliance Program.</p> <p>Written policies and procedures that describe how parity compliance is assessed, monitored, and managed were established effective on December 28, 2021, including the system for the ongoing assessment of parity compliance. By December 31, 2021 and annually thereafter, the plan will submit a written certification to the Commissioner that these requirements have been satisfactorily met. This certification will be in the form prescribed by the Commissioner and signed by the plan president or the Compliance Director. A copy will be provided to the NY Board of Managers.</p> <p>Status of parity findings will be reported in quarterly Quality Management Committee beginning August 23, 2021. The Committee will also review any plan of action that needs to be submitted to ensure parity compliance, if the comparative analysis reveals that a BH process is more stringent than PH.</p>
<p>The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.</p>	<p>Plan of Action will include the following:</p> <ul style="list-style-type: none"> • Identify any processes that appear to be more stringent • Identify changes that need to be implemented to ensure parity • Identify specific due dates and business owners for tracking • Identify the methodology to complete a parity analysis once the changes are implemented to ensure parity compliance <p>Updates and findings from the QMC will be reported to executive leadership at the Plan Compliance Committee which meets no less than six times per year.</p> <p>Responsible Parties: Sami Widdi, Director, GBD Quality Management</p>

<p>MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i></p>	<p>Date 11/17/2021</p>
<p>Title President & CEO</p>	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

<p>experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.</p>	<p>Ongoing Monitoring: Compliance with state and federal requirements for provision of comparable coverage for benefits to treat mental health and substance use disorder is monitored via the Mental Health and Substance Use Disorder Parity Compliance Program.</p> <p>Written policies and procedures that describe how parity compliance is assessed, monitored, and managed were established effective on December 28, 2021, including the system for the ongoing assessment of parity compliance. By December 31, 2021 and annually thereafter, the plan will submit a written certification to the Commissioner that these requirements have been satisfactorily met. This certification will be in the form prescribed by the Commissioner and signed by the plan president or the Compliance Director. A copy will be provided to the NY Board of Managers.</p> <p>Status of parity findings will be reported in quarterly Quality Management Committee beginning August 23, 2021. The Committee will also review any plan of action that needs to be submitted to ensure parity compliance, if the comparative analysis reveals that a BH process is more stringent than PH.</p>
<p>The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.</p>	<p>Plan of Action will include the following:</p> <ul style="list-style-type: none"> • Identify any processes that appear to be more stringent • Identify changes that need to be implemented to ensure parity • Identify specific due dates and business owners for tracking • Identify the methodology to complete a parity analysis once the changes are implemented to ensure parity compliance <p>Updates and findings from the QMC will be reported to executive leadership at the Plan Compliance Committee which meets no less than six times per year.</p> <p>Responsible Parties: Sami Widdi, Director, GBD Quality Management</p>

<p>MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i></p>	<p>Date 11/17/2021</p>
<p>Title President & CEO</p>	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

<p>experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.</p>	<p>Ongoing Monitoring: Compliance with state and federal requirements for provision of comparable coverage for benefits to treat mental health and substance use disorder is monitored via the Mental Health and Substance Use Disorder Parity Compliance Program.</p> <p>Written policies and procedures that describe how parity compliance is assessed, monitored, and managed were established effective on December 28, 2021, including the system for the ongoing assessment of parity compliance. By December 31, 2021 and annually thereafter, the plan will submit a written certification to the Commissioner that these requirements have been satisfactorily met. This certification will be in the form prescribed by the Commissioner and signed by the plan president or the Compliance Director. A copy will be provided to the NY Board of Managers.</p> <p>Status of parity findings will be reported in quarterly Quality Management Committee beginning August 23, 2021. The Committee will also review any plan of action that needs to be submitted to ensure parity compliance, if the comparative analysis reveals that a BH process is more stringent than PH.</p>
<p>The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.</p>	<p>Plan of Action will include the following:</p> <ul style="list-style-type: none"> • Identify any processes that appear to be more stringent • Identify changes that need to be implemented to ensure parity • Identify specific due dates and business owners for tracking • Identify the methodology to complete a parity analysis once the changes are implemented to ensure parity compliance <p>Updates and findings from the QMC will be reported to executive leadership at the Plan Compliance Committee which meets no less than six times per year.</p> <p>Responsible Parties: Sami Widdi, Director, GBD Quality Management</p>

<p>MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i></p>	<p>Date 11/17/2021</p>
<p>Title President & CEO</p>	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

<p>experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.</p>	<p>Ongoing Monitoring: Compliance with state and federal requirements for provision of comparable coverage for benefits to treat mental health and substance use disorder is monitored via the Mental Health and Substance Use Disorder Parity Compliance Program.</p> <p>Written policies and procedures that describe how parity compliance is assessed, monitored, and managed were established effective on December 28, 2021, including the system for the ongoing assessment of parity compliance. By December 31, 2021 and annually thereafter, the plan will submit a written certification to the Commissioner that these requirements have been satisfactorily met. This certification will be in the form prescribed by the Commissioner and signed by the plan president or the Compliance Director. A copy will be provided to the NY Board of Managers.</p> <p>Status of parity findings will be reported in quarterly Quality Management Committee beginning August 23, 2021. The Committee will also review any plan of action that needs to be submitted to ensure parity compliance, if the comparative analysis reveals that a BH process is more stringent than PH.</p>
<p>The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.</p>	<p>Plan of Action will include the following:</p> <ul style="list-style-type: none"> • Identify any processes that appear to be more stringent • Identify changes that need to be implemented to ensure parity • Identify specific due dates and business owners for tracking • Identify the methodology to complete a parity analysis once the changes are implemented to ensure parity compliance <p>Updates and findings from the QMC will be reported to executive leadership at the Plan Compliance Committee which meets no less than six times per year.</p> <p>Responsible Parties: Sami Widdi, Director, GBD Quality Management</p>

<p>MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i></p>	<p>Date 11/17/2021</p>
<p>Title President & CEO</p>	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

<p>experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.</p>	<p>Ongoing Monitoring: Compliance with state and federal requirements for provision of comparable coverage for benefits to treat mental health and substance use disorder is monitored via the Mental Health and Substance Use Disorder Parity Compliance Program.</p> <p>Written policies and procedures that describe how parity compliance is assessed, monitored, and managed were established effective on December 28, 2021, including the system for the ongoing assessment of parity compliance. By December 31, 2021 and annually thereafter, the plan will submit a written certification to the Commissioner that these requirements have been satisfactorily met. This certification will be in the form prescribed by the Commissioner and signed by the plan president or the Compliance Director. A copy will be provided to the NY Board of Managers.</p> <p>Status of parity findings will be reported in quarterly Quality Management Committee beginning August 23, 2021. The Committee will also review any plan of action that needs to be submitted to ensure parity compliance, if the comparative analysis reveals that a BH process is more stringent than PH.</p>
<p>The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.</p>	<p>Plan of Action will include the following:</p> <ul style="list-style-type: none"> • Identify any processes that appear to be more stringent • Identify changes that need to be implemented to ensure parity • Identify specific due dates and business owners for tracking • Identify the methodology to complete a parity analysis once the changes are implemented to ensure parity compliance <p>Updates and findings from the QMC will be reported to executive leadership at the Plan Compliance Committee which meets no less than six times per year.</p> <p>Responsible Parties: Sami Widdi, Director, GBD Quality Management</p>

<p>MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i></p>	<p>Date 11/17/2021</p>
<p>Title President & CEO</p>	

experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.

The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	

<p>experimental/investigational determinations in Steps 2 through 5 in the inpatient and outpatient benefit classifications and in the and prescription drugs benefit classification for experimental/investigational determinations only. The MCO failed to provide all information and substantive comparative analyses for outlier review in Steps 2 through 5 in the inpatient and outpatient benefit classifications and Steps 3 through 5 in the prescription drugs benefit classification. For fail first, inpatient and outpatient benefit classifications, HealthPlus failed to provide all information and substantive comparative analyses in Steps 1 through 5. The MCO also failed to delineate factors in Step 2, factors triggering the NQTL, define factors in Step 3, evidentiary standards comparability and equivalent stringency, and provide substantive comparative analyses in Steps 2 through 5 for fail first in the prescription drugs benefit classifications.</p>	<p>Ongoing Monitoring: Compliance with state and federal requirements for provision of comparable coverage for benefits to treat mental health and substance use disorder is monitored via the Mental Health and Substance Use Disorder Parity Compliance Program.</p> <p>Written policies and procedures that describe how parity compliance is assessed, monitored, and managed were established effective on December 28, 2021, including the system for the ongoing assessment of parity compliance. By December 31, 2021 and annually thereafter, the plan will submit a written certification to the Commissioner that these requirements have been satisfactorily met. This certification will be in the form prescribed by the Commissioner and signed by the plan president or the Compliance Director. A copy will be provided to the NY Board of Managers.</p> <p>Status of parity findings will be reported in quarterly Quality Management Committee beginning August 23, 2021. The Committee will also review any plan of action that needs to be submitted to ensure parity compliance, if the comparative analysis reveals that a BH process is more stringent than PH.</p>
<p>The MCO failed to provide all information and substantive comparative analyses for provider credentialing in Steps 3 through 5 in the inpatient and outpatient benefit classifications. Additionally, HealthPlus failed to provide all information and substantive comparative analyses for unlicensed provider/staff requirements, exclusions for court-ordered treatment of involuntary holds, and failure to complete in the inpatient, outpatient, emergency care, and prescription drugs benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.</p>	<p>Plan of Action will include the following:</p> <ul style="list-style-type: none"> • Identify any processes that appear to be more stringent • Identify changes that need to be implemented to ensure parity • Identify specific due dates and business owners for tracking • Identify the methodology to complete a parity analysis once the changes are implemented to ensure parity compliance <p>Updates and findings from the QMC will be reported to executive leadership at the Plan Compliance Committee which meets no less than six times per year.</p> <p>Responsible Parties: Sami Widdi, Director, GBD Quality Management</p>

MCO Representative's Signature <i>Dr. Mark Levy, MD, MPH</i>	Date 11/17/2021
Title President & CEO	