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:**
Visiting Nurses Service of New York Choice (VNSNY)	Focus Survey: MHPAEA Testing Phase III Workbooks
STREET ADDRESS, CITY, STATE, ZIP CODE	**SURVEY DATES:**
1250 Broadway, 26th Floor New York, NY 10001	March 11, 2020 – November 30, 2020 Survey ID #: -1248855623

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
10 CRR-NY 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:** Based on the review of Visiting Nurses Service of New York Choice (VNSNY) 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 5 of 10 NQTLS examined; retrospective review, outlier review, experimental/investigational determinations, fail first, and provider credentialing. Specifically, for inpatient and outpatient VNSNY failed to provide all required information and substantive comparative analyses in Steps 3 through 5, including failing to define factors in Step 3, evidentiary standards	Phase III workbooks will be updated and maintainedwith the required information and substantive analysis demonstrating compliance with Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Specifically, the plan will conduct reviews of thefollowing data elements from the State tools: **Retrospective Review:** **Inpatient and Outpatient – Steps 3-5** **Step 3**: The Plan will identify the evidentiary standards and sources used to design its protocols for retrospective reviews. Examples will focus on Article 49 of Public HealthLaw Utilization Review and External Appeal and the New York State MMC SNP Model Contract. **Step 4**: The plan will provide a comparative analysis indicating that the processes and strategies used to design the retrospective review and the strategies used to apply the NQTL are comparable to those used to design and apply the NQTL for M/S benefits.The Plan will add the following information related toM/S benefits to Step 4: • M/S staff requirements • Time frames for completing a retrospective review • Clinical peer reviewers • Adverse determination process **Step 5**: The Plan will provide the comparative analysis indicating the processes and strategies used in

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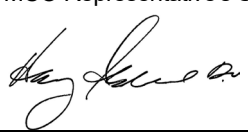	1/27/22
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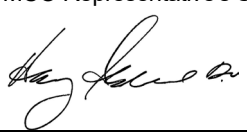
comparability and equivalent stringency, for retrospective review and experimental/investigational determinations in the inpatient and outpatient benefit classifications. The MCO failed to provide all required information and substantive comparative analyses in Steps 1 through 5 for retrospective review in the prescription drugs benefit classification. For experimental/investigational determinations in the prescription drugs benefit classification, VNSNY failed to demonstrate that the factors identified for MH/SUD are comparable to M/S in Step 2, factors triggering the NQTL, failed to define factors in Step 3, evidentiary standards comparability and equivalent stringency, and failed to provide substantive comparative analyses in Step 3 through Step 5. VNSNY failed to provide all required information and substantive comparative analyses for outlier review in Step 2 through Step 5 in the inpatient and outpatient benefit classifications and Step 3 through Step 5 in the prescription drugs benefit classification. In the prescription drugs benefit classification for fail first, VNSNY failed to define factors in Step 3, evidentiary standards comparability and equivalent stringency, and failed to provide substantive comparative analyses in Steps 3 through 5. Additionally, the MCO failed to provide all required information and substantive comparative analyses Steps 1 through 5 for provider credentialing in the inpatient and outpatient benefit classifications.	operationalizing retrospective review for MH/SUD benefits are comparable to and no more stringently applied than those used in operationalizing retrospective review for M/S benefits. The plan will add the following related to M/S benefits: • M/S staff requirements • Time frames for completing a retrospective review • Clinical peer reviewers • Adverse determination process **Responsible Person**: Tanya McCray, VP of Grievanceand Appeals and Delegated Vendor Oversight **Prescription Drugs – Steps 1-5** **Step 1**: MedImpact will update its documentation to providethe specific plan language regarding the NQTL and describe how the NQTL is applied to prescription drug benefits. **Step 2:** MedImpact will update its documentation to morespecifically identify the factors that are used to apply the NQTL to prescription drug benefits for M/S and MH/SUD drugs. **Step 3**: MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2 including any other evidence relied upon to design and apply the NQTL. The definition for each factor will include the applicable evidentiary threshold that MedImpactuses to determine whether to invoke the factor in deciding whether to apply the NQTL type to a particular benefit. **Step 4**: MedImpact will update its NQTL documentation toperform a comparability and stringency analysis in writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflectthe analysis by which it determined comparability and stringency for the factors identified in Step 3. **Step 5**: MedImpact will: • Update its documentation to identify specific andapplicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between the MH/SUD and M/S application of thesame NQTL type); • Obtain timely data for each operations measure foreach NQTL type in each classification; • Perform a comparability and stringency analysis

MCO Representative's Signature 	Date 1/27/22
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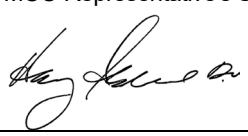
	foreach NQTL type for each operations measure and document the conclusions of the analysis; and • Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potentialparity red flags identified in the Step 5 operation analysis. **Responsible Person**: Tanya McCray, VP of Grievanceand Appeals and Delegated Vendor Oversight in collaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek **Training and Education:** VNS CHOICE provided initial MH Parity training to key staff on December 27, 2021. By January 32, 2022, advanced training will be provided to the business leads responsible for revising the NQTL Workbook for Retrospective Review -G&A – the VP and Manager of G&A, Pharmacy – VP and Manager of Pharmacy, and MedImpact key staff. **Monitoring:** VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions the Plan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical surgical benefits. **Date Certain**: February 28, 2022 **Experimental/Investigational DeterminationsInpatient and Outpatient – Steps 3-5** **Step 3:** The Plan will review examples from page 15 of the Compliance Assistance Guide MHPAEA (Step 3) to identify and describe evidentiary standards and other evidence relied upon including: • Medical expert reviews • Recognized medical literature and professionalstandards and protocols • Comparative effectiveness studies and clinical trialdata • Published research studies **Step 4**: The Plan will review prompts from page 40 of

MCO Representative's Signature 	Date 1/27/22
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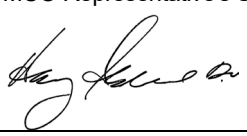
	theCMS Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance to develop a comparative analysis of as written processes and strategies including: • Policies and procedures, both written and in operation, associated with the development of theNQTL and its application to MH/SUD benefits in a classification. (If the NQTL is applied to MH/SUD benefits in more than one classification, this information will need to be collected for each classification in which the NQTL is applied to MH/SUD benefits.) • Policies and procedures, both written and in operation, associated with the application of theseNQTLs to M/S benefits in the same classification. **Step 5**: The Plan will review prompts from page 40 of the CMS Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance to develop a comparative analysis of as in operation processes and strategies including: • Policies and procedures, both written and in operation, associated with the development of theNQTL and its application to MH/SUD benefits in a classification. (If the NQTL is applied to MH/SUD benefits in more than one classification, this information will need to be collected for each classification in which the NQTL is applied to MH/SUD benefits.) • Policies and procedures, both written and in operation, associated with the application of theseNQTLs to M/S benefits in the same classification. **Responsible Person**: Jaime McDonald, Director of Care Management **Prescription Drugs – Steps 2-5** **Step 2:** MedImpact will update its documentation to more specifically identify the factors that are used to apply the NQTL to prescription drug benefits for M/S and MH/SUD drugs. **Step 3**: MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2 including any other evidence relied upon to designand apply the NQTL. The definition for

MCO Representative's Signature 	Date 1/27/22
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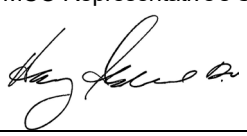
	each factor will include the applicable evidentiary threshold that MedImpact uses to determine whether to invoke the factor in deciding whether to apply the NQTL type to a particular benefit. **Step 4**: MedImpact will update its NQTL documentation to perform a comparability and stringency analysis in writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflect the analysis by which it determined comparability and stringency for the factors identified in Step 3. **Step 5**: MedImpact will: • Update its documentation to identify specific andapplicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between the MH/SUD and M/S application of thesame NQTL type); • Obtain timely data for each operations measure foreach NQTL type in each classification; • Perform a comparability and stringency analysis foreach NQTL type for each operations measure and document the conclusions of the analysis; and, • Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potential parity red flags identified in the Step 5 operation analysis. MedImpact will make technical specifications and raw data for all operations measures available upon request. **Responsible Persons:** Tanya McCray, VP of Grievance and Appeals and Delegated Vendor Oversight in collaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek **Training and Education:** VNS CHOICE provided initial MH Parity training to key staff on December 27, 2021. By January 31, 2022, advanced training will be provided to the business areas

MCO Representative's Signature 	Date 1/27/22
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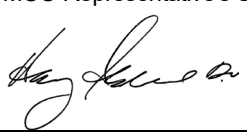
	and leads responsible for revising the NQTL Workbook for Experimental/Investigational Determinations: UM – the Director and Manager of Utilization Management, Delegated Vendor Oversight – the VP and Manager of Delegated Vendor Oversight, Pharmacy – VP and Manager of Pharmacy, and MedImpact key staff. **Monitoring:** VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions thePlan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical surgical benefits. **Date Certain**: February 28, 2022 **Outlier Review** **Inpatient and Outpatient Steps 1-5** **Step 1**: While not cited as a deficiency, VNSNY will redefine the definition of "Outlier Review Management" from the M/S perspective to be consistent with the definition applied by our Behavioral Health Vendor, Beacon Health. This will allow valid comparative analyses and comparisons to be performed between the application of Outlier Management to M/S vs. MH/SUD benefits. The Plan's definition of Outlier Management will focus on administrative review processes to ensure claims information is appropriate and to identify and prevent fraud,waste and abuse (FWA). The Plan will also include a description of our FWA process. **Step 2**: The plan will identify factors considered in the design of the NQTL. Factors applicable to the Plan include but are not limited to: Claim types with high percentage of fraud, Claims exceeding $20,000 for a single claim, excessive utilization, and notifications from regulatory entities **Step 3**: Evidentiary standards will be identified and described using plan specific data from the factors listed on page 15 of the MHPAEA compliance assistance guide including but not limited to: internal

MCO Representative's Signature 	Date 1/27/22
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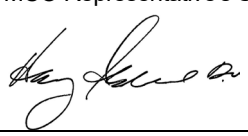
	claims analysis, State and Federal requirements, medical expertreviews. **Step 4**: The Plan will provide comparative analyses demonstrating that the processes and strategies used in the design of the outlier review of MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the outlier review of M/S benefits. **Step 5**: The Plan will conduct analyses substantiating that factors, evidentiary standards and processes used in operationalizing outlier review are comparable and no morestringently applied to MH/SUD and medical/surgical benefits both as written and in operation. Responsible Persons: Remy Nunez, Associate VP Operations and James Conroy, Manager SIU **<u>Prescription Drugs – Steps 3-5</u>** **Step 3:** MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2, including any other evidence relied upon to design and apply the NQTL. The definition for each factor will include the applicable evidentiary threshold that MedImpact uses to determine whether to invoke the factor in deciding whether to apply the NQTL type to a particular benefit. **Step 4:**, MedImpact will update its NQTL documentation to perform a comparability and stringency analysis in writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflectthe analysis by which it determined comparability and stringency for the factors identified in Step 3. MedImpact's parity compliance program will also ensure that the operational staff involved in implementing each NQTL understands their obligation to update this analysis if the data underpinning each factor change or if they decide to change the factors or evidentiary standards. **Step 5:** MedImpact will: • Update its documentation to identify specific andapplicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations

MCO Representative's Signature 	Date 1/27/22
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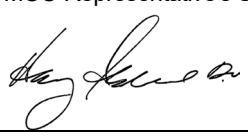
	measures between the MH/SUD and M/S application of thesame NQTL type); • Obtain timely data for each operations measure foreach NQTL type in each classification; • Perform a comparability and stringency analysis foreach NQTL type for each operations measure and document the conclusions of the analysis; and, • Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potentialparity red flags identified in the Step 5 operation analysis. Responsible Persons: Tanya McCray, VP of Grievance and Appeals and Delegated Vendor Oversight in collaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek **Training and Education:** VNS CHOICE provided initial MH Parity training to key staffon December 27, 2021. By January 31, 2022, advanced training will be provided to the business leads responsible for revising the NQTL Workbook for Outlier Review: Delegated Vendor Oversight - VP and Manager of Delegated Vendor Oversight, Claims – Associate VP of CHOICE Operations, SIU – Manager of SIU, Pharmacy - Manager of Pharmacy, and MedImpact key staff. **Monitoring:** VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions thePlan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical surgical benefits. **Date Certain**: February 28, 2022 **Fail First** **Prescription Drugs – Steps 3-5** **Step 3:** MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2, including any other evidence relied

MCO Representative's Signature 	Date 1/27/22
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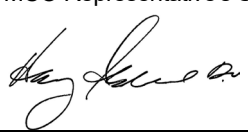
	upon to design and apply the NQTL. The definition for each factor will include the applicable evidentiary threshold that MedImpact uses to determine whether to invoke the factor in deciding whether to apply the NQTL type to a particular benefit. **Step 4:**, MedImpact will update its NQTL documentation to perform a comparability and stringency analysis in writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflect the analysis by which it determined comparability and stringency for the factors identified in Step 3. MedImpact's parity compliance program will also ensure that the operational staff involved in implementing each NQTL understands their obligation to update this analysis if the data underpinning each factor change or if they decide to change the factors or evidentiary standards. **Step 5:** MedImpact will: • Update its documentation to identify specific and applicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between the MH/SUD and M/S application of the same NQTL type); • Obtain timely data for each operations measure for each NQTL type in each classification. • Perform a comparability and stringency analysis foreach NQTL type for each operations measure and document the conclusions of the analysis; and • Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potentialparity red flags identified in the Step 5 operation analysis. Responsible Persons: Tanya McCray, VP of Grievance and Appeals and Delegated Vendor Oversight in collaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek **Training and Education:**

MCO Representative's Signature 	Date 1/27/22
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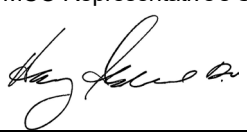
	VNS CHOICE provided initial MH Parity training to key staffon December 27, 2021. By January 31, 2022, advanced training will be provided to the business leads responsible for revising the NQTL Workbook for Fail First: Delegated Vendor Oversight - VP and Manager of Delegated Vendor Oversight, Pharmacy - Manager of Pharmacy, and MedImpact key staff. **Monitoring:** VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions thePlan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical surgical benefits. Date Certain: February 28, 2022 **Provider Credentialing** **<u>Inpatient and Outpatient</u>** Due to an unintentional oversight, the incorrect Workbookwas provided with the Phase III Workbook Submission. The Provider Credentialing section for Inpatient and Outpatient had been completed at the time, however, theincorrect version was sent to the Department. Our corrective action is to provide the correct Workbook with this Statement of Deficiency. Please see Attachment B. Responsible Person: Remy Nunez, Associate VP Operations _____ **Summary: Training and Education, Monitoring, Responsibility** **Training and Education**: As indicated in each NQTL Workbook Section above, VNSNY provided initial MH Parity education and training tokey staff on December 27, 2021. Advanced training will beprovided for the business leads responsible for revising and completing each NQTL Workbook. VNSNY will ensure that MedImpact provides education and education across all steps for the four prescription drug benefit classifications identified in this Statement of Deficiency.

MCO Representative's Signature 	Date 1/27/22
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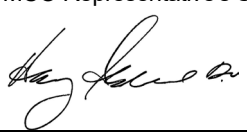
	Training will also be provided to impacted staff when there are changes in policies and procedures that address preventing potential non-compliance. Training will be completed by January 31, 2022. **Monitoring:** VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy (Attachment A) that details the actions thePlan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical surgical benefits. Each NQTL policy is reviewed by the appropriate workgroup and updated as needed to reflect ad hoc changes to policy, at the frequency called for by operations measures, and in any case at least annually. If any comparative analyses identify parity violations, the Plan will keep record of those violations and produce evidence of the actions taken to remediate upon the State's request. Monitoring is implemented to ensure the correction is maintained and a plan to educate/train staff on changes in policies and procedures that address potential noncompliance is put into action. **Date Certain**: The revision of all Workbooks will be completed by February 28, 2022. **Responsible Person:** Doug Goggin-Callan, VP of Compliance and Regulatory Affairs is responsible for the oversight of the MH Parity Compliance Program

MCO Representative's Signature 	Date 1/27/22
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Attachment A

VNS Choice Parity Compliance Oversight and Monitoring Policy

I. **Scope:** This policy applies to all employees of Visiting Nurses Services of New York Choice (collectively "VNS Choice") that provide health benefits or coverage related to Medicaid Marketplace products.

II. **Purpose:** The purpose of this document is to define the Mental Health Parity and Addiction Equity Act (MHPAEA) requirements and expectations. This policy outlines processes and procedures for completing and regularly updating VNS Choice's parity documentation, including guidelines for documentation of non-quantitative treatment limitations and associated outcomes measures. VNS Choice will ensure that any benefit limitations for mental health or substance use disorder (MH/SUD) benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical/surgical benefits.

III. **Definitions:**

a. **Comparative Analysis:** An analysis of the nonquantitative treatment limitations (NQTLs) imposed on mental health/substance use disorder benefits to determine if such limitations are comparable to and applied no more stringently than, both as written and in operation, NQTLs imposed on medical/surgical benefits within the same benefit classification. Comparative analysis includes the documented identification and assessment of the factors, processes, strategies, and evidentiary standards relied upon to determine the applicability and design of a NQTL and the processes and strategies used in operationalizing a NQTL to illustrate compliance with MHPAEA.

b. **Nonquantitative Treatment Limitation (NQTL):** A qualitative limit affecting the scope or duration of benefits such as medical management standards limiting or excluding benefits based on medical necessity, or based on whether the treatment is experimental or investigational; formulary design for prescription drugs; network tier design; standards for provider admission to participate in a network, including reimbursement rates; methods for determining usual, customary, and reasonable charges; fail-first or step therapy protocols; exclusions based on failure to complete a course of treatment; and restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits.

IV. **Procedures:**

a. **Benefit Classifications and Coverage:**

i. When applying parity requirements VNS Choice will utilize the following six benefit classifications:

1. inpatient in-network;
2. inpatient out-of-network;
3. outpatient in-network;
4. outpatient out-of-network;
5. emergency care; and
6. prescription drugs

ii. VNS Choice uses generally recognized national standards, such as the International Classification of Diseases (ICD), to identify the services for which a primary MH/SUD diagnosis would qualify an enrollee for service. VNS Choice has adopted an identification and classification of benefits for its Medicaid plans.

iii. MHPAEA applies to an individual enrollee, and a parity analysis considers whether the benefit package to which each enrollee has access is in compliance with the MHPAEA.

b. **Non-Quantitative Treatment Limitations:**

i. Any policies, processes, strategies, evidentiary standards, or other factors used in applying Non-Quantitative Treatment Limitations (NQTLs) to MH/SUD benefits within a benefit classification must be comparable and no more stringent than those used in applying NQTLs to medical/surgical benefits in that same classification.

ii. VNS Choice will utilize and update NQTL analyses for purposes of monitoring and assessing NQTLs. VNS Choice has adopted each NQTL type as a separate VNS Choice policy and procedure. Each NQTL policy is reviewed by the appropriate workgroup and updated as needed to reflect ad hoc changes to policy, at the frequency called for by operations measures, and in any case at least annually. The operations measure data and comparative analysis associated with each NQTL is updated on at least a quarterly basis to ensure data is accurate and up to date.

iii. The table in Attachment 1 includes the various NQTL types, associated factors, and operations measures that VNS Choice regularly monitors in ensuring compliance with MHPAEA.

V. **Parity Compliance ongoing Monitoring of NQTL Operations Measures:**

a. VNS Choice has designed a system for the ongoing assessment of each NQTL type and associated operations measures. Each NQTL is updated at least annually and the associated operations measures and associated comparative analyses, are updated on at least a quarterly basis to ensure data is accurate and up to date. The process of updating the NQTL operations measures data includes:

i. Review of a statistically valid sample of preauthorization, concurrent, and retrospective review denials for mental health and substance use disorder benefits to ensure such determinations were consistent with the clinical review criteria approved by the commissioner of mental health or designated by the commissioner of addiction services and supports, in consultation with the superintendent and commissioner of health, and that such criteria have been applied comparably to and no more stringently than criteria applied to medical or surgical benefits;

ii. Review of the comparability of coverage within each benefit classification for mental health and substance use disorder benefits to ensure that coverage for a comparable continuum of services is available for mental health and substance use disorder benefits as is available for medical or surgical benefits, including residential and outpatient rehabilitation services;

iii. Review of the percentage of services provided by out-of-network providers for mental health and substance use disorder benefits where no in-network provider was available compared to the percentage of services provided by out-of-network

providers for medical and surgical benefits where no in- network provider was available, to ensure that the processes and strategies for the recruitment and retention of mental health or substance use disorder providers are effective in reducing disparities in out-of-network use;

iv. Review of provider credentialing policies and procedures to ensure that the documentation and qualifications required for credentialing mental health and substance use disorder providers are comparable to and applied no more stringently than the documentation and qualifications required for credentialing medical or surgical providers and to ensure there is an adequate network of mental health and substance use disorder providers to provide services on an in-network basis;

v. Review of the average length of time to negotiate provider agreements and negotiated reimbursement rates with network providers and methods for the determination of usual, customary and reasonable charges, to ensure that reimbursement rates for mental health and substance use disorder benefits are established using standards that are comparable to and applied no more stringently than the standards used for medical or surgical benefits and to ensure there is an adequate network of mental health and substance use disorder providers to provide services on an in-network basis;

vi. Review of VNS Choice's policies for the automatic or systematic non- payment or application of a particular coding for mental health and substance use disorder benefits to ensure that they are comparable to and applied no more than stringently than insurer policies for the automatic or systematic lowering, non-payment or application of a particular coding formedical or surgical benefits;

vii. Review of all mental health and substance use disorder medications subject to nonquantitative treatment limitations, including step-therapy protocols or other preauthorization requirements, to ensure that the factors, such as cost and latency periods, processes, strategies, and evidentiary standards the insurer relied upon to determine whether to apply the nonquantitative treatment limitation were comparable to and applied no more stringently than the factors, processes, strategies, and evidentiary standards the insurer relied upon to determine whether to apply nonquantitative treatment limitations, including step therapy or other preauthorization requirements, to medications to treat medical or surgical conditions;

viii. Review of any fail-first requirements applicable to mental health or substance use disorder benefits to ensure that they are comparable to and applied no more stringently than any fail-first requirements applicable to medical or surgical benefits; and

ix. Review of any restrictions based on geographic location, facility type, provider specialty, or other criteria applicable to mental health or substance use disorder benefits to ensure that any such restriction is comparable to and applied no more stringently than any restriction applicable to medical or surgical benefits.

VI. **Parity Compliance Monitoring for Vendors:**

a. VNS Choice will be responsible for and coordinate parity compliance monitoring activities with any agents and other representatives providing activities on behalf of VNS Choice that are addressed by an NQTL policy.

VII. **References:**

a. 29 U.S.C. § 1185a (ERISA); 42 U.S.C. § 300gg-26 (Public Health Service Act);and 26 U.S.C. § 9812 (Internal Revenue Code)

b. 29 C.F.R. 2590.712 (ERISA); 45 C.F.R. §§ 146.136 and 147.160 (Public Health Service Act); and 26 CFR §54.9812-1 (Internal Revenue Code)

c. N.Y. Comp. Codes R. & Regs. tit. 11, § 230.0 – 230.3 (Mental Health and Substance Use Disorder Parity Compliance Program); N.Y. Comp. Codes R. & Regs. tit. 10, § 98-4.1 – 98-4.4 (Mental Health and Substance Use Disorder ParityCompliance Program)

d. [Reference Parity Compliance Policy]

Attachment B

NQTL Reporting Submission Form

Provider Credentialing

Benefits subject to certification requirements.

Providers for which provider credentialing applies. Simply state "all in-network providers must be credentialed" and nothing else if that is the case.

Step 1: Describe the NQTL's requirements and associated procedures

Describe provider credentialing procedures. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options: It is the policy of Beacon Health Options that all practitioners complete and sign an application. The date of the practitioner's signature on the Application/participation statement is no more than 180 calendar days old or as applicable by state or client requirements when the file is closed and ready for committee review. The signature shall be no more than 365 calendar days old at the time of the credentialing decision unless otherwise regulated by state or federal law. All practitioners must be approved by the National Credentialing Committee (NCC), or the Medical Director on behalf of the NCC, before the execution of an agreement. Beacon Health Options credentialing policies are robust and include the regulatory requirements for compliance of all CMS/NCQA/State and Federal guidelines.

The Scope of Beacon credentialing policies apply to all independently credentialed appropriate BH/SUD specialties; physicians, mid-level and ancillary practitioners as well as organizational providers to include behavioral health facilities meeting credentialing requirements providing mental health or substance abuse services in inpatient, residential or ambulatory setting. Beacon Health Options does not credential specialty types considered inpatient providers to include Pathologists, Anesthesiologists, Radiologist and Emergency medicine.

Beacon Health Options requires the practitioner completes the Credentialing Application or submits their Council for Affordable Quality Healthcare (CAQH) provider number or the standard organizational application, signs the practitioner agreement (including applicable fee schedules), and returns all required documents to Beacon.

- Practitioners are required to maintain a current CAQH application for initial credentialing and recredentialing with signed attestation
- Valid unencumbered license for state where practicing required
- DEA/CDS required where applicable
- Physicians required to have hospital admitting arrangements if no current hospital privileges
- Appropriate education and training for license/specialty as described in policy
- Insurance limits are listed in policy based on specialty; Physicians required to maintain 1M/3M professional liability insurance.

5 years of consistent appropriate work history on CAQH or with curriculum vitae
Malpractice history must meet policy requirements; incidents in the past 10 years will be reviewed by Medical Director/Credentialing Committee
All sanctions and disciplinary actions will be reviewed by Medical Director/Credentialing committee
Medicare/Medicaid exclusions/opt out is checked with all other sanction checks
Medicaid program providers must have a valid enrollment with State Medicaid agency

Disclose any physical or mental health problem that may require accommodations in in order to perform appropriate medical or professional duties
If applicable – valid CLIA certificate required (Clinical Laboratory Improvement Act of 1988)

Beacon process applications in accordance with current policy that meets all NCQA and CMS/State and Federal requirements. The requirements notated above are minimum requirements for consideration of network participation. Applications with no issues can be reviewed and approved by Beacon designated Medical Director. All other files will be reviewed for approval or denial at the discretion of the Beacon Credentialing Committee.

Recredentialing
Participating providers initially credentialed are recredentialed every 36 months. All previous requirements with the exception of education and training will be revalidated. Any changes will be reviewed with the credentialing committee along with any potential quality of complaints based in established thresholds. If continued network participation is denied, the practitioner will be given rights to an appeal process.

VNSNY CHOICE Response:

Per VNSNY CHOICE credentialing policy all providers (organizational/facility and practitioners) to complete an application and attestation form. The signature date may not be older than six (6) months from the time it is being reviewed by the Credentialing Subcommittee. All providers must be approved by the Credentialing Subcommittee, or the Credentialing Subcommittee Chair/Medical Director on behalf of the Credentialing Subcommittee prior to execution of a provider agreement/contract. VNSNY CHOICE's credentialing program is compliant with state/regulatory requirements, CMS/NCQA/DOH standards, and model contracts guidelines.

Credentialing is required for physicians who provide services to members enrolled in VNSNY CHOICE, including members of physician groups. This includes medical/osteopathic providers, mid-level practitioners, ancillary providers and all other types of health care professionals who provide services and who are permitted to practice independently or collaboratively under state law.

VNSNY CHOICE does not credential health care professionals who are permitted to furnish services only under the direct supervision of another provider, hospital-based health care professionals, medical students, residents, and fellows, who may provide services to members incident to hospital services. Practitioners in certain hospital-based specialties in which members/patients generally cannot select an individual, including but not limited to anesthesiology, pathology, radiology (diagnostic), emergency medicine, intensivists, and hospitalists.

The provider must submit a completed, signed, and dated application, which may be in the form of a paper application (for organizational/facility providers) or an electronic, web-based application offered by the CAQH Universal Provider Datasource.

The below elements are reviewed and verified by VNSNY CHOICE to ensure providers meet the requirements and criteria for participation:

1. Application includes a current and signed attestation (permitting VNSNY CHOICE to access their records for primary source verification)
    a. Reasons for any inability to perform the essential functions of the position, with or without accommodation.
    b. Lack of present illegal drug use.
    c. Work history relevant to the profession covering at least five (5) years to the extent applicable (for initial credentialing only). If the applicant is a new health care professional, he/she may not have five (5) years of relevant work history. Gaps in work history more than six (6) months are

investigated.
d. History of loss of license and felony convictions.
e. History of loss or limitation of privileges or disciplinary activity.
f. Current malpractice insurance coverage.

2. A valid state license to practice.
3. A valid Drug Enforcement Agency (DEA).
4. Valid Training/Education History
5. Board certification if the provider states that he/she is board certified.
6. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the providers within the last ten (10) years from date of incident.
7. Medicare/Medicaid and other Exclusions and Sanctions/Opt Out Status
8. Enrolled with State Medicaid (MMIS)

Providers found to have any disciplinary actions, exclusions, preclusions, sanctions, excessive malpractice are deemed “non-routine” and must be reviewed by the Credentialing Subcommittee for approval or denial. Providers with no issues, are deemed “routine”, can be reviewed, and approved by the Credentialing Subcommittee Chair/Medical Director. Notifications of decisions are sent to the provider within 60 days of the Credentialing Subcommittee Meeting.

Applications received for initial credentialing are processed within 60 days of submission. If any documents are missing that is required for approval, VNSNY CHOICE communicates with the provider and informs them of their credentialing status.

Recredentialing:

Recredentialing for both facility/organizational providers and practitioners are completed no later than 36 months from the last credentialing cycle. All previous requirements are revalidated, except for work history and education/training. Quality data is collected and review for all recredentialing providers, which meets NCQA credentialing standards for recredentialing. Recredentialing applications are then presented at the upcoming Credentialing Subcommittee Meeting for approval/denial. Notice of decisions made by the committee are send to the providers within 60 days of decision. If a provider is denied continued participation, notice is sent out within 30 days with appeal rights. If the provider decides to appeal, they are to remain in network until a decision is rendered.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A
MedImpact: MedImpact does not credential physicians as we do not hold a contract with physician providers. Physician data is provided to MedImpact; however, each physician is not "credentialed". MedImpact conducts pharmacy provider credentialing. See attached policy Pharmacy Compliance – Credentialing document.
VNSNY CHOICE Response: N/A

Step 2: Describe the reason for applying the NQTL
N/A (proceed to steps 3-6).

Beacon Health Options response: MH/SUD services are meeting all requirements for the HP and the Client to insure alignment and agreement on all NCQA, URAC standards as well as CMS, Federal and State guidelines as well as any contractual service level for credentialing timelines.

VNSNY CHOICE Response:

VNSNY CHOICE is meeting all NCQA, CMS, DOH, Federal and State regulatory guidelines and standards. All required credentialing timelines are met.

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to create the credentialing procedures for mental health/substance use disorder (MH/SUD) providers is comparable to and applied no more stringently than the evidentiary standard(s) used to create the credentialing procedures for medical/surgical (M/S) providers. Describe evidentiary standards that were considered but rejected.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options response: All CMS, Federal, State regulations are followed as well as NCQA and URAC standards to ensure compliance with requirements. The requirements are implemented across all markets.

VNSNY CHOICE Response: VNSNY CHOICE ensures we follow all NCQA, CMS, DOH, Federal and State regulatory guidelines and standards.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A

MedImpact: Same as Step 1.
VNSNY CHOICE Response: N/A

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the credentialing procedures, as written, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to design the credentialing procedures, as written, for M/S providers.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options response: The credentialing policy meets all NCQA and URAC standards as well CMS, Federal and State guideline outlined for all credentialing programs.

VNSNY CHOICE Response: The credentialing policy meets all NCQA, CMS, DOH, Federal and State standards and regulations for credentialing programs.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A
MedImpact: Same as Step 1.
VNSNY CHOICE Response: N/A

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to implement the credentialing procedures, in operation, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to implement the credentialing procedures, in operation, for M/S providers.

This includes the duration of the process, the documentation requests, the exceptions, stringency of analysis of submitted materials, fidelity of the credentialing system to the drafted process, as well as interrater reliability in the application of the credentialing process.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options response: Credentialing and recredentialing meet all State and Federal laws and requirements as well as NCQA and URAC credentialing standards. All applications are reviewed to ensure capabilities of provider to deliver high quality of care and meets minimum competency standards. Initial Credentialing is completed within contractual timelines and recredentialing is completed within the prescribed 36-month timeframe unless otherwise defined by the State requirements.

VNSNY CHOICE Response: Our credentialing and recredentialing processes meet all State/Federal, CMS, NCQA, DOH standards and guidelines. As part of the process applicants are checked against state and federal databases to ensure they meet the plan's criteria for participation. Our processes ensure that the providers that participate with VNSNY CHOICE, provide quality care to our members. Initial credentialing follows PHL Article 44 and our recredentialing is completed within 36 months or less. All providers that are credentialed/recredentialed follow through the process of review and approval by our Credentialing Subcommittee. VNSNY CHOICE has established an auditing/quality program to review monthly samples of files to ensure compliance.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A
MedImpact: Same as Step 1.
VNSNY CHOICE Response: N/A

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for M/S benefits in each applicable classification of benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Statement of Findings
Visiting Nurses Service of New York Choice
MHPAEA Testing Phase III Workbooks
March 11, 2020 – November 30, 2020
Survey ID #: -1248855623

Parity Compliance

10.2 Compliance with State Medicaid Plan, Applicable Laws and Regulations
h.) Mental Health and Substance Use Disorder Benefits Parity Requirements
ii.) The Contractor shall comply with mental health and substance use disorder benefits parity requirements for financial requirements and treatment limitations specified in 42 CFR 438.910.

18.5 Reporting Requirements
a) The Contractor shall submit the following reports to SDOH (unless otherwise specified). The Contractor will certify the data submitted pursuant to this section as required by SDOH. The certification shall be in the manner and format established by SDOH and must attest, based on best knowledge, information, and belief to the accuracy, completeness and truthfulness of the data being submitted.
xxii) Mental Health and Substance Use Disorder Parity Reporting Requirements
Upon request by the SDOH, OMH or OASAS the Contractor shall prepare and submit documentation and reports, in a form and format specified by SDOH, OMH or OASAS, necessary for the SDOH, OMH or OASAS to establish and demonstrate compliance with 42 CFR 438 Subpart K, and applicable State statute, rules and guidance.

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.

Finding:

Based on the review of Visiting Nurses Service of New York Choice (VNSNY) Phase III nonquantitative treatment limitation (NQTL) workbook submissions, the Managed Care Organization (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 5 of 10 NQTLS examined; retrospective review, outlier review, experimental/investigational determinations, fail first, and provider credentialing.

Specifically, for inpatient and outpatient VNSNY failed to provide all required information and substantive comparative analyses in Steps 3 through 5, including failing to define factors in Step 3, evidentiary standards comparability and equivalent stringency, for retrospective review and experimental/investigational determinations in the inpatient and outpatient benefit classifications.

The MCO failed to provide all required information and substantive comparative analyses in Steps 1 through 5 for retrospective review in the prescription drugs benefit classification. For experimental/investigational determinations in the prescription drugs benefit classification, VNSNY failed to demonstrate that the factors identified for MH/SUD are comparable to M/S in Step 2, factors triggering the NQTL, failed to define factors in Step 3, evidentiary standards comparability and equivalent stringency, and failed to provide substantive comparative analyses in Step 3 through Step 5.

VNSNY failed to provide all required information and substantive comparative analyses for outlier review in Step 2 through Step 5 in the inpatient and outpatient benefit classifications and Step 3 through Step 5 in the prescription drugs benefit classification. In the prescription drugs benefit classification for fail first, VNSNY failed to define factors in Step 3, evidentiary standards comparability and equivalent stringency, and failed to provide substantive comparative analyses in Steps 3 through 5. Additionally, the MCO failed to provide all required information and substantive comparative analyses Steps 1 through 5 for provider credentialing in the inpatient and outpatient benefit classifications.

VNSNY CHOICE SelectHealth Response:

Phase III workbooks will be updated and maintained with the required information and substantive analysis demonstrating compliance with Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Specifically, the plan will conduct reviews of the following data elements from the State tools:

Retrospective Review:
Inpatient and Outpatient – Steps 3-5

Step 3: The Plan will identify the evidentiary standards and sources used to design its protocols for retrospective reviews. Examples will focus on Article 49 of Public Health Law Utilization Review and External Appeal and the New York State MMC SNP Model Contract.

Step 4: The plan will provide a comparative analysis indicating that the processes and strategies used to design the retrospective review and the strategies used to apply the NQTL are comparable to those used to design and apply the NQTL for M/S benefits. The Plan will add the following information related to M/S benefits to Step 4:

1. M/S staff requirements
2. Time frames for completing a retrospective review
3. Clinical peer reviewers
4. Adverse determination process

Step 5: The Plan will provide the comparative analysis indicating the processes and strategies used in operationalizing retrospective review for MH/SUD benefits are comparable to and no more stringently applied than those used in operationalizing retrospective review for M/S benefits. The plan will add thefollowing related to M/S benefits:

1. M/S staff requirements
2. Time frames for completing a retrospective review
3. Clinical peer reviewers
4. Adverse determination process

Responsible Person: Tanya McCray, VP of Grievance and Appeals and External Entity Management

Prescription Drugs – Steps 1-5

Step 1: MedImpact will update its documentation to provide the specific plan language regarding the NQTLand describe how the NQTL is applied to prescription drug benefits.

Step 2: MedImpact will update its documentation to more specifically identify the factors that are used toapply the NQTL to prescription drug benefits for M/S and MH/SUD drugs.

Step 3: MedImpact will more clearly identify and describe the evidentiary standard for each of the factorsidentified in Step 2 including any other evidence relied upon to design and apply the NQTL. The definition for each factorwill include the applicable evidentiary threshold that MedImpact uses to determine whether to invoke the factor in deciding whether to apply the NQTL type to a particular benefit.

Step 4: MedImpact will update its NQTL documentation to perform a comparability and stringency analysis inwriting based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis toreflect the analysis by which it determined comparability and stringency for the factors identified in Step 3.

Step 5: MedImpact will:

- Update its documentation to identify specific and applicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between theMH/SUD and M/S application of the same NQTL type);
- Obtain timely data for each operations measure for each NQTL type in each classification;
- Perform a comparability and stringency analysis for each NQTL type for each operations measureand document the conclusions of the analysis; and
- Based on the analysis, make any adjustments to the factors (Step 2) or

definitions/evidentiary standards (Step 3) necessary to address potential parity red flags identified in the Step 5 operationanalysis.

Responsible Person: Tanya McCray, VP of Grievance and Appeals and External Entity Management incollaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek

Training and Education:
VNS CHOICE provided initial MH Parity training to key staff on December 27, 2021. By January 32, 2022, advanced training will be provided to the business leads responsible for revising the NQTL Workbook for Retrospective Review - G&A – the VP and Manager of G&A, Pharmacy – VP and Manager of Pharmacy, and MedImpact key staff.

Monitoring:
VNS CHOICE has drafted a MH Parity Compliance Oversight and Monitoring Policy that details the actions thePlan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical surgical benefits.

Date Certain: February 28, 2022

Experimental/Investigational Determinations
Inpatient and Outpatient – Steps 3-5

Step 3: The Plan will review examples from page 15 of the Compliance Assistance Guide MHPAEA (Step 3)to identify and describe evidentiary standards and other evidence relied upon including:

- Medical expert reviews
- Recognized medical literature and professional standards and protocols
- Comparative effectiveness studies and clinical trial data
- Published research studies

Step 4: The Plan will review prompts from page 40 of the CMS Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance to develop a comparative analysis of as written processes and strategies including:

Policies and procedures, both written and in operation, associated with the development of the NQTL and its application to MH/SUD benefits in a classification. (If the NQTL is applied to MH/SUD benefits in more than one classification, this information will need to be collected for each classification in which the NQTL is appliedto MH/SUD benefits.)
Policies and procedures, both written and in operation, associated with the application of these NQTLs to M/Sbenefits in the same classification.

Step 5: The Plan will review prompts from page 40 of the CMS Parity Compliance Toolkit Applying MentalHealth and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance to develop a comparative analysis of as in operation processes and strategies including:

- Policies and procedures, both written and in operation, associated with the development of the NQTLand its application to MH/SUD benefits in a classification. (If the NQTL is applied to MH/SUD benefitsin more than one classification, this information will need to be collected for each classification in which the NQTL is applied to MH/SUD benefits.)
- Policies and procedures, both written and in operation, associated with the application of theseNQTLs to M/S benefits in the same classification.

Responsible Person: Jaime McDonald, Director of Care Management

Prescription Drugs – Steps 2-5

Step 2: MedImpact will update its documentation to more specifically identify the factors that are used to apply the NQTL to prescription drug benefits for M/S and MH/SUD drugs.

Step 3: MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2 including any other evidence relied upon to design and apply the NQTL. The definition foreach factor will include the applicable evidentiary threshold that MedImpact uses to determine whether to invoke the factor in deciding whether to apply the NQTL type to a particular benefit.

Step 4: MedImpact will update its NQTL documentation to perform a comparability and stringency analysisin writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflect the analysis by which it determined comparability and stringency for the factors identifiedin Step 3.

Step 5: MedImpact will:

- Update its documentation to identify specific and applicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between theMH/SUD and M/S application of the same NQTL type);
- Obtain timely data for each operations measure for each NQTL type in each classification;
- Perform a comparability and stringency analysis for each NQTL type for each operations measureand document the conclusions of the analysis; and
- Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potential parity red flags identified in the Step 5 operation analysis.

MedImpact will make technical specifications and raw data for all operations measures available uponrequest.

Responsible Persons: Tanya McCray, VP of Grievance and Appeals and External Entity Management incollaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek

Training and Education:

VNS CHOICE provided initial MH Parity training to key staff on December 27, 2021. By January 31, 2022, advanced training will be provided to the business areas and leads responsible for revising the NQTL Workbook for Experimental/Investigational Determinations: UM – the Director and Manager of Utilization Management, External Entity Management – the VP and Manager of External Entity Management, Pharmacy – VP and Manager of Pharmacy, and MedImpact key staff.

Monitoring:
VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions the Plan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations onMH/SUD benefits compared to medical surgical benefits.

Date Certain: February 28, 2022

Outlier Review
Inpatient and Outpatient Steps 1-5

Step 1: While not cited as a deficiency, VNSNY will redefine the definition of "Outlier Review Management" from the M/S perspective to be consistent with the definition applied by our Behavioral Health Vendor, BeaconHealth. This will allow valid comparative analyses and comparisons to be performed between the application of Outlier Management to M/S vs. MH/SUD benefits.

The Plan's definition of Outlier Management will focus on administrative review processes to ensure claimsinformation is appropriate and to identify and prevent fraud, waste, and abuse (FWA). The Plan will also include a description of our FWA process.

Step 2: The plan will identify factors considered in the design of the NQTL. Factors applicable to the Plan include but are not limited to: Claim types with high percentage of fraud, Claims exceeding $20,000 for a single claim, excessive utilization, and notifications from regulatory entities.

Step 3: Evidentiary standards will be identified and described using plan specific data from the factors listed on page 15 of the MHPAEA compliance assistance guide including but not limited to: internal claims analysis, State and Federal requirements, medical expert reviews.

Step 4: The Plan will provide comparative analyses demonstrating that the processes and strategies used in the design of the outlier review of MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the outlier review of M/S benefits.

Step 5: The Plan will conduct analyses substantiating that factors, evidentiary standards and processesused in operationalizing outlier review are comparable and no more stringently applied to MH/SUD and medical/surgical benefits both as written and in operation.

Responsible Persons: Remy Nunez, Associate VP Operations and James Conroy, Manager SIU

Prescription Drugs – Steps 3-5
Step 3: MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2, including any other evidence relied upon to design and apply the NQTL. The definition for each factor will include the applicable evidentiary threshold that MedImpact uses to determine whether toinvoke the factor in deciding whether to apply the NQTL type to a particular benefit.

Step 4:, MedImpact will update its NQTL documentation to perform a comparability and stringency analysis in writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflect the analysis by which it determined comparability and stringency for the factors identifiedin Step 3.

MedImpact's parity compliance program will also ensure that the operational staff involved in implementingeach NQTL understands their obligation to update this analysis if the data underpinning each factor changeor if they decide to change the factors or evidentiary standards.

Step 5: MedImpact will:

- Update its documentation to identify specific and applicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between theMH/SUD and M/S application of the same NQTL type);
- Obtain timely data for each operations measure for each NQTL type in each classification;
- Perform a comparability and stringency analysis for each NQTL type for each operations measureand document the conclusions of the analysis; and
- Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potential parity red flags identified in the Step 5 operationanalysis.

Responsible Persons: Tanya McCray, VP of Grievance and Appeals and External Entity Management incollaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek

Training and Education:
VNS CHOICE provided initial MH Parity training to key staff on December 27, 2021. By January 31, 2022,advanced training will be provided to the business leads responsible for revising the NQTL Workbook for Outlier Review: External Entity Management - VP and Manager of External Entity Management, Claims – Associate VP of CHOICE Operations, SIU – Manager of SIU, Pharmacy - Manager of Pharmacy, and MedImpact key staff.

Monitoring:
VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions the Plan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations onMH/SUD benefits compared to medical surgical benefits.

Date Certain: February 28, 2022

Fail First
Prescription Drugs – Steps 3-5

Step 3: MedImpact will more clearly identify and describe the evidentiary standard for each of the factors identified in Step 2, including any other evidence relied upon to design and apply the NQTL. The definition for each factor will include the applicable evidentiary threshold that MedImpact uses to determine whether toinvoke the factor in deciding whether to apply the NQTL type to a particular benefit.

Step 4:, MedImpact will update its NQTL documentation to perform a comparability and stringency analysis in writing based on the factors more fully defined in Step 3. Specifically, MedImpact will document its analysis to reflect the analysis by which it determined comparability and stringency for the factors identifiedin Step 3.

MedImpact's parity compliance program will also ensure that the operational staff involved in implementing each NQTL understands their obligation to update this analysis if the data underpinning each factor change or if they decide to change the factors or evidentiary standards.

Step 5: MedImpact will:

- Update its documentation to identify specific and applicable operational measures for each NQTL type in each classification (this will include ensuring alignment of operations measures between theMH/SUD and M/S application of the same NQTL type);

- Obtain timely data for each operations measure for each NQTL type in each classification;

- Perform a comparability and stringency analysis for each NQTL type for each operations measureand document the conclusions of the analysis; and

- Based on the analysis, make any adjustments to the factors (Step 2) or definitions/evidentiary standards (Step 3) necessary to address potential parity red flags identified in the Step 5 operation analysis.

Responsible Persons: Tanya McCray, VP of Grievance and Appeals and External Entity Management incollaboration with the Director for Federal and State Regulatory Compliance at MedImpact, Matt Kusek

Training and Education:
VNS CHOICE provided initial MH Parity training to key staff on December 27, 2021. By January 31, 2022, advanced training will be provided to the business leads responsible for revising the NQTL Workbook for Fail First: External Entity Management - VP and Manager of External Entity Management, Pharmacy - Manager ofPharmacy, and MedImpact key staff.

Monitoring:
VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy that details the actions the Plan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations onMH/SUD benefits compared to medical surgical benefits.

Date Certain: February 28, 2022

Provider Credentialing
Inpatient and Outpatient

Due to an unintentional oversight, the incorrect Workbook was provided with the Phase III Workbook Submission. The Provider Credentialing section for Inpatient and Outpatient had been completed at thetime, however, the incorrect version was sent to the Department. Our corrective action is to provide the correct Workbook with this Statement of Deficiency. Please see Attachment B.

Responsible Person: Remy Nunez, Associate VP Operations

Summary: Training and Education, Monitoring, Responsibility
Training and Education:

As indicated in each NQTL Workbook Section above, VNSNY provided initial MH Parity education and training to key staff on December 27, 2021. Advanced training will be provided for the business leads responsible for revising and completing each NQTL Workbook. VNSNY will ensure that MedImpact provideseducation and education across all steps for the four prescription drug benefit classifications identified in thisStatement of Deficiency. Training will be completed by January 31, 2022.

Training will also be provided to impacted staff when there are changes in policies and procedures that address preventing potential non-compliance.

Monitoring:
VNS CHOICE has drafted a BH Parity Compliance Oversight and Monitoring Policy(Attachment A) that details the actions the Plan will take to ensure that any benefit limitations for mental health or substance use disorder benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations onMH/SUD benefits compared to medical surgical benefits.

Each NQTL policy is reviewed by the appropriate workgroup and updated as needed to reflect ad hoc changes to policy, at the frequency called for by operations measures, and in any case at least annually.

If any comparative analyses identify parity violations, the Plan will keep record of those violations and produce evidence of the actions taken to remediate upon the State's request. Monitoring is implemented to ensure the correction is maintained and a plan to educate/train staff on changes in policies and procedures that address potential noncompliance is put into action.

Date Certain:
The revision of all Workbooks will be completed by February 28, 2022.
Responsible Person: Doug Goggin-Callan, VP of Compliance and Regulatory Affairs is responsible for theoversight of the MH Parity Compliance Program.

Attachment A

VNS Choice Parity Compliance Oversight and Monitoring Policy

I. **Scope:** This policy applies to all employees of Visiting Nurses Services of New York Choice (collectively "VNS Choice") that provide health benefits or coverage related to Medicaid Marketplace products.

II. **Purpose:** The purpose of this document is to define the Mental Health Parity and Addiction Equity Act (MHPAEA) requirements and expectations. This policy outlines processes and procedures for completing and regularly updating VNS Choice's parity documentation, including guidelines for documentation of non-quantitative treatment limitations and associated outcomes measures. VNS Choice will ensure that any benefit limitations for mental health or substance use disorder (MH/SUD) benefits are comparable to those for medical/surgical benefits and will not impose less favorable benefit limitations on MH/SUD benefits compared to medical/surgical benefits.

III. **Definitions:**

a. **Comparative Analysis:** An analysis of the nonquantitative treatment limitations (NQTLs) imposed on mental health/substance use disorder benefits to determine if such limitations are comparable to and applied no more stringently than, both as written and in operation, NQTLs imposed on medical/surgical benefits within the same benefit classification. Comparative analysis includes the documented identification and assessment of the factors, processes, strategies, and evidentiary standards relied upon to determine the applicability and design of a NQTL and the processes and strategies used in operationalizing a NQTL to illustrate compliance with MHPAEA.

b. **Nonquantitative Treatment Limitation (NQTL):** A qualitative limit affecting the scope or duration of benefits such as medical management standards limiting or excluding benefits based on medical necessity, or based on whether the treatment is experimental or investigational; formulary design for prescription drugs; network tier design; standards for provider admission to participate in a network, including reimbursement rates; methods for determining usual, customary, and reasonable charges; fail-first or step therapy protocols; exclusions based on failure to complete a course of treatment; and restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits.

IV. **Procedures:**

a. **Benefit Classifications and Coverage:**

i. When applying parity requirements VNS Choice will utilize the following six benefit classifications:

1. inpatient in-network;
2. inpatient out-of-network;
3. outpatient in-network;
4. outpatient out-of-network;
5. emergency care; and
6. prescription drugs

ii. VNS Choice uses generally recognized national standards, such as the International Classification of Diseases (ICD), to identify the services for which a primary MH/SUD diagnosis would qualify an enrollee for service.VNS Choice has adopted an identification and classification of benefits forits Medicaid plans.

iii. MHPAEA applies to an individual enrollee, and a parity analysis considerswhether the benefit package to which each enrollee has access is in compliance with the MHPAEA.

b. **Non-Quantitative Treatment Limitations:**

i. Any policies, processes, strategies, evidentiary standards, or other factors used in applying Non-Quantitative Treatment Limitations (NQTLs) toMH/SUD benefits within a benefit classification must be comparable and no more stringent than those used in applying NQTLs to medical/surgical benefits in that same classification.

ii. VNS Choice will utilize and update NQTL analyses for purposes of monitoring and assessing NQTLs. VNS Choice has adopted each NQTL type as a separate VNS Choice policy and procedure. Each NQTL policy isreviewed by the appropriate workgroup and updated as needed to reflect adhoc changes to policy, at the frequency called for by operations measures, and in any case at least annually. The operations measure data and comparative analysis associated with each NQTL is updated on at least a quarterly basis to ensure data is accurate and up to date.

iii. The table in Attachment 1 includes the various NQTL types, associated factors, and operations measures that VNS Choice regularly monitors in ensuring compliance with MHPAEA.

V. **Parity Compliance ongoing Monitoring of NQTL Operations Measures:**

a. VNS Choice has designed a system for the ongoing assessment of each NQTL typeand associated operations measures. Each NQTL is updated at least annually and the associated operations measures and associated comparative analyses, are updated on at least a quarterly basis to ensure data is accurate and up to date. The process of updating the NQTL operations measures data includes:

i. Review of a statistically valid sample of preauthorization, concurrent, and retrospective review denials for mental health and substance use disorder benefits to ensure such determinations were consistent with the clinical review criteria approved by the commissioner of mental health or designated by the commissioner of addiction

services and supports, in consultation with the superintendent and commissioner of health, and that such criteria have been applied comparably to and no more stringently than criteria applied to medical or surgical benefits;

ii. Review of the comparability of coverage within each benefit classification for mental health and substance use disorder benefits to ensure that coverage for a comparable continuum of services is available for mental health and substance use disorder benefits as is available for medical or surgical benefits, including residential and outpatient rehabilitation services;

iii. Review of the percentage of services provided by out-of-network providers for mental health and substance use disorder benefits where no in-network provider was available compared to the percentage of services provided by out-of-network providers for medical and surgical benefits where no in- network provider was available, to ensure that the processes and strategies for the recruitment and retention of mental health or substance use disorder providers are effective in reducing disparities in out-of-network use;

iv. Review of provider credentialing policies and procedures to ensure that the documentation and qualifications required for credentialing mental health and substance use disorder providers are comparable to and applied no more stringently than the documentation and qualifications required for credentialing medical or surgical providers and to ensure there is an adequate network of mental health and substance use disorder providers to provide services on an in-network basis;

v. Review of the average length of time to negotiate provider agreements and negotiated reimbursement rates with network providers and methods for the determination of usual, customary and reasonable charges, to ensure that reimbursement rates for mental health and substance use disorder benefits are established using standards that are comparable to and applied no more stringently than the standards used for medical or surgical benefits and to ensure there is an adequate network of mental health and substance use disorder providers to provide services on an in-network basis;

vi. Review of VNS Choice's policies for the automatic or systematic non- payment or application of a particular coding for mental health and substance use disorder benefits to ensure that they are comparable to and applied no more than stringently than insurer policies for the automatic or systematic lowering, non-payment or application of a particular coding for medical or surgical benefits;

vii. Review of all mental health and substance use disorder medications subject to nonquantitative treatment limitations, including step-therapy protocols or other preauthorization requirements, to ensure that the factors, such as cost and latency periods, processes,

strategies, and evidentiary standards the insurer relied upon to determine whether to apply the nonquantitativetreatment limitation were comparable to and applied no more stringently than the factors, processes, strategies, and evidentiary standards the insurer relied upon to determine whether to apply nonquantitative treatment limitations, including step therapy or other preauthorization requirements, to medications to treat medical or surgical conditions;

viii. Review of any fail-first requirements applicable to mental health or substance use disorder benefits to ensure that they are comparable to and applied no more stringently than any fail-first requirements applicable to medical or surgical benefits; and

ix. Review of any restrictions based on geographic location, facility type, provider specialty, or other criteria applicable to mental health or substanceuse disorder benefits to ensure that any such restriction is comparable to andapplied no more stringently than any restriction applicable to medical or surgical benefits.

VI. **Parity Compliance Monitoring for Vendors:**

a. VNS Choice will be responsible for and coordinate parity compliance monitoring activities with any agents and other representatives providing activities on behalf of VNS Choice that are addressed by an NQTL policy.

References:

b. 29 U.S.C. § 1185a (ERISA); 42 U.S.C. § 300gg-26 (Public Health Service Act);and 26 U.S.C. § 9812 (Internal Revenue Code)

b. 29 C.F.R. 2590.712 (ERISA); 45 C.F.R. §§ 146.136 and 147.160 (Public Health

Service Act); and 26 CFR §54.9812-1 (Internal Revenue Code)

c. N.Y. Comp. Codes R. & Regs. tit. 11, § 230.0 – 230.3 (Mental Health and Substance Use Disorder Parity Compliance Program); N.Y. Comp. Codes R. & Regs. tit. 10, § 98-4.1 – 98-4.4 (Mental Health and Substance Use Disorder ParityCompliance Program)

d. [Reference Parity Compliance Policy]

Attachment B
NQTL Reporting Submission Form
Provider Credentialing

Benefits subject to certification requirements.

Providers for which provider credentialing applies. Simply state "all in-network providers must be credentialed" and nothing else if that is the case.

Step 1: Describe the NQTL's requirements and associated procedures

Describe provider credentialing procedures. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options: It is the policy of Beacon Health Options that all practitioners complete and sign an application. The date of the practitioner's signature on the Application/participation statement is no more than 180 calendar days old or as applicable by state or client requirements when the file is closed and ready for committee review. The signature shall be no more than 365 calendar days old at the time of the credentialing decision unless otherwise regulated by state or federal law. All practitioners must be approved by the National Credentialing Committee (NCC), or the Medical Director on behalf of the NCC, before the execution of an agreement. Beacon Health Options credentialing policies are robust and include the regulatory requirements for compliance of all CMS/NCQA/State and Federal guidelines.

The Scope of Beacon credentialing policies apply to all independently credentialed appropriate BH/SUD specialties; physicians, mid-level and ancillary practitioners as well as organizational providers to include behavioral health facilities meeting credentialing requirements providing mental health or substance abuse services in inpatient, residential or ambulatory setting. Beacon Health Options does not credential specialty types considered inpatient providers to include Pathologists, Anesthesiologists, Radiologist and Emergency medicine.

Beacon Health Options requires the practitioner completes the Credentialing Application or submits their Council for Affordable Quality Healthcare (CAQH) provider number or the standard organizational application, signs the practitioner agreement (including applicable fee schedules), and returns all required documents to Beacon.

- Practitioners are required to maintain a current CAQH application for initial credentialing and recredentialing with signed attestation
- Valid unencumbered license for state where practicing required
- DEA/CDS required where applicable
- Physicians required to have hospital admitting arrangements if no current hospital privileges
- Appropriate education and training for license/specialty as described in policy
- Insurance limits are listed in policy based on specialty; Physicians required to maintain 1M/3M professional liability insurance.

5 years of consistent appropriate work history on CAQH or with curriculum vitae
Malpractice history must meet policy requirements; incidents in the past 10 years will be reviewed by Medical Director/Credentialing Committee

All sanctions and disciplinary actions will be reviewed by Medical Director/Credentialing committee
Medicare/Medicaid exclusions/opt out is checked with all other sanction checks
Medicaid program providers must have a valid enrollment with State Medicaid agency
Disclose any physical or mental health problem that may require accommodations in in order to perform appropriate medical or professional duties
If applicable – valid CLIA certificate required (Clinical Laboratory Improvement Act of 1988)

Beacon process applications in accordance with current policy that meets all NCQA and CMS/State and Federal requirements. The requirements notated above are minimum requirements for consideration of network participation. Applications with no issues can be reviewed and approved by Beacon designated Medical Director. All other files will be reviewed for approval or denial at the discretion of the Beacon Credentialing Committee.

Recredentialing
Participating providers initially credentialed are recredentialed every 36 months. All previous requirements with the exception of education and training will be revalidated. Any changes will be reviewed with the credentialing committee along with any potential quality of complaints based in established thresholds. If continued network participation is denied, the practitioner will be given rights to an appeal process.

VNSNY CHOICE Response:

Per VNSNY CHOICE credentialing policy all providers (organizational/facility and practitioners) to complete an application and attestation form. The signature date may not be older than six (6) months from the time it is being reviewed by the Credentialing Subcommittee. All providers must be approved by the Credentialing Subcommittee, or the Credentialing Subcommittee Chair/Medical Director on behalf of the Credentialing Subcommittee prior to execution of a provider agreement/contract. VNSNY CHOICE's credentialing program is compliant with state/regulatory requirements, CMS/NCQA/DOH standards, and model contracts guidelines.

Credentialing is required for physicians who provide services to members enrolled in VNSNY CHOICE, including members of physician groups. This includes medical/osteopathic providers, mid-level practitioners, ancillary providers and all other types of health care professionals who provide services and who are permitted to practice independently or collaboratively under state law.

VNSNY CHOICE does not credential health care professionals who are permitted to furnish services only under the direct supervision of another provider, hospital-based health care professionals, medical students, residents, and fellows, who may provide services to members incident to hospital services. Practitioners in certain hospital-based specialties in which members/patients generally cannot select an individual, including but not limited to anesthesiology, pathology, radiology (diagnostic), emergency medicine, intensivists, and hospitalists.

The provider must submit a completed, signed, and dated application, which may be in the form of a paper application (for organizational/facility providers) or an electronic, web-based application offered by the CAQH Universal Provider Datasource.

The below elements are reviewed and verified by VNSNY CHOICE to ensure providers meet the requirements and criteria for participation:

1. Application includes a current and signed attestation (permitting VNSNY CHOICE to access their records for primary source verification)
    a. Reasons for any inability to perform the essential functions of the position, with or without accommodation.
    b. Lack of present illegal drug use.
    c. Work history relevant to the profession covering at least five (5) years to the extent

applicable (for initial credentialing only). If the applicant is a new health care professional, he/she may not have five (5) years of relevant work history. Gaps in work history more than six (6) months are investigated.

d. History of loss of license and felony convictions.
e. History of loss or limitation of privileges or disciplinary activity.
f. Current malpractice insurance coverage.

2. A valid state license to practice.
3. A valid Drug Enforcement Agency (DEA).
4. Valid Training/Education History
5. Board certification if the provider states that he/she is board certified.
6. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the providers within the last ten (10) years from date of incident.
7. Medicare/Medicaid and other Exclusions and Sanctions/Opt Out Status
8. Enrolled with State Medicaid (MMIS)

Providers found to have any disciplinary actions, exclusions, preclusions, sanctions, excessive malpractice are deemed "non-routine" and must be reviewed by the Credentialing Subcommittee for approval or denial. Providers with no issues, are deemed "routine", can be reviewed, and approved by the Credentialing Subcommittee Chair/Medical Director. Notifications of decisions are sent to the provider within 60 days of the Credentialing Subcommittee Meeting.

Applications received for initial credentialing are processed within 60 days of submission. If any documents are missing that is required for approval, VNSNY CHOICE communicates with the provider and informs them of their credentialing status.

Recredentialing:

Recredentialing for both facility/organizational providers and practitioners are completed no later than 36 months from the last credentialing cycle. All previous requirements are revalidated, except for work history and education/training. Quality data is collected and review for all recredentialing providers, which meets NCQA credentialing standards for recredentialing. Recredentialing applications are then presented at the upcoming Credentialing Subcommittee Meeting for approval/denial. Notice of decisions made by the committee are send to the providers within 60 days of decision. If a provider is denied continued participation, notice is sent out within 30 days with appeal rights. If the provider decides to appeal, they are to remain in network until a decision is rendered.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A
MedImpact: MedImpact does not credential physicians as we do not hold a contract with physician providers. Physician data is provided to MedImpact; however, each physician is not "credentialed". MedImpact conducts pharmacy provider credentialing. See attached policy Pharmacy Compliance – Credentialing document.
VNSNY CHOICE Response: N/A

Step 2: Describe the reason for applying the NQTL
N/A (proceed to steps 3-6).

Beacon Health Options response: MH/SUD services are meeting all requirements for the HP and the Client to insure alignment and agreement on all NCQA, URAC standards as well as CMS, Federal and State guidelines as well as any contractual service level for credentialing timelines.

VNSNY CHOICE Response:

VNSNY CHOICE is meeting all NCQA, CMS, DOH, Federal and State regulatory guidelines and standards. All required credentialing timelines are met.

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to create the credentialing procedures for mental health/substance use disorder (MH/SUD) providers is comparable to and applied no more stringently than the evidentiary standard(s) used to create the credentialing procedures for medical/surgical (M/S) providers. Describe evidentiary standards that were considered but rejected.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options response: All CMS, Federal, State regulations are followed as well as NCQA and URAC standards to ensure compliance with requirements. The requirements are implemented across all markets.

VNSNY CHOICE Response: VNSNY CHOICE ensures we follow all NCQA, CMS, DOH, Federal and State regulatory guidelines and standards.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A

MedImpact: Same as Step 1.
VNSNY CHOICE Response: N/A

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the credentialing procedures, as written, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to design the credentialing procedures, as written, for M/S providers.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options response: The credentialing policy meets all NCQA and URAC standards as well CMS, Federal and State guideline outlined for all credentialing programs.

VNSNY CHOICE Response: The credentialing policy meets all NCQA, CMS, DOH, Federal and State standards and regulations for credentialing programs.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A

VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A
MedImpact: Same as Step 1.
VNSNY CHOICE Response: N/A

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to implement the credentialing procedures, in operation, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to implement the credentialing procedures, in operation, for M/S providers.

This includes the duration of the process, the documentation requests, the exceptions, stringency of analysis of submitted materials, fidelity of the credentialing system to the drafted process, as well as interrater reliability in the application of the credentialing process.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Beacon Health Options response: Credentialing and recredentialing meet all State and Federal laws and requirements as well as NCQA and URAC credentialing standards. All applications are reviewed to ensure capabilities of provider to deliver high quality of care and meets minimum competency standards. Initial Credentialing is completed within contractual timelines and recredentialing is completed within the prescribed 36-month timeframe unless otherwise defined by the State requirements.

VNSNY CHOICE Response: Our credentialing and recredentialing processes meet all State/Federal, CMS, NCQA, DOH standards and guidelines. As part of the process applicants are checked against state and federal databases to ensure they meet the plan's criteria for participation. Our processes ensure that the providers that participate with VNSNY CHOICE, provide quality care to our members. Initial credentialing follows PHL Article 44 and our recredentialing is completed within 36 months or less. All providers that are credentialed/recredentialed follow through the process of review and approval by our Credentialing Subcommittee. VNSNY CHOICE has established an auditing/quality program to review monthly samples of files to ensure compliance.

Outpatient:

Beacon Health Options response: Same as Inpatient
VNSNY CHOICE Response: Same as Inpatient

If subclassifications are used

Office visit:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Outpatient other:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Emergency:

Beacon Health Options response: N/A
VNSNY CHOICE Response: N/A

Prescription drug:

Beacon Health Options response: N/A
MedImpact: Same as Step 1.
VNSNY CHOICE Response: N/A

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for M/S benefits in each applicable classification of benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.