

**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

MVP Health Plan, Inc.

TYPE OF SURVEY:

Behavioral Health Network Adequacy Focus Survey

STREET ADDRESS, CITY, STATE, ZIP CODE

625 State Street
Schenectady, NY 12305

SURVEY DATES:

July 2022 – June 2023

SURVEY ID: -765690900

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

Social Services Law §365 (M)(3)(c)(i)
3. Notwithstanding any inconsistent provision of sections one hundred twelve and one hundred sixty-three of the state finance law, or [Economic Development Law § 142 \(Procurement opportunities newsletter\)](#), or any other law to the contrary, the commissioners of the office of mental health and the office of alcoholism and substance abuse services are authorized to enter into a contract or contracts under subdivisions one and two of this section without a competitive bid or request for proposal process, provided, however, that:...(c) the commissioners of the office of mental health and the office of alcoholism and substance abuse services, in consultation with the commissioner of health and the impacted local governmental units, shall select such contractor or contractors that, in their discretion, have demonstrated the ability to effectively, efficiently, and economically integrate behavioral health and health services; have the requisite expertise and financial resources; have demonstrated that their directors, sponsors, members, managers, partners or operators have the requisite character, competence and standing in the community, and are best suited to serve the purposes of this section. In selecting such contractor or contractors, the commissioners shall:...(i) ensure that any such contractor or contractors have an adequate network of providers to meet the behavioral health and health needs of enrollees, and shall review the adequacy prior to approval of any such contract or contracts, and upon contract renewal or expansion.

Plan of Correction with Timetable

MVP Health Plan, Inc. ("MVP") has reviewed this Statement of Deficiency along with the Statement of Findings dated April 16, 2024 for the survey period of July 2022 – June 2023. As communicated with and acknowledged by the Department, MVP did meet and continues to meet the Behavioral Health Network Adequacy Standards for Comprehensive Psychiatric Emergency Programs ("CPEPs") but did not accurately report the participating status of New York-Presbyterian Hospital (at both their locations) for New York County in its Provider Network Data System ("PNDS") submission.

MVP completed its internal review and has determined the data pull for CPEPs in Westchester County was incomplete insofar as "surrounding county" data was not included. The root cause stems from both human and system errors.

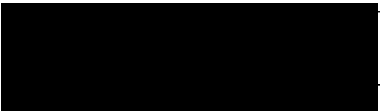
There are no CPEP facilities that were licensed or designated by OMH for the survey period in Westchester County. The "0" values for CPEPs in Westchester County was correct by that measure but did not accurately reflect MVP's network adequacy.

MCO Representative's Signature /s/

Date 8/13/2024

Title Vice President, Claims and Support Services

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Deficiencies	Plan of Correction with Timetable
To the extent that the network has been determined to meet standards set forth in subdivision five of Public Health Law § 4403 (Health maintenance organizations), such network shall be deemed adequate. NYS PHL §4403. 5.(a)(iii) 5(a) The commissioner, at the time of initial licensure, at least every three years thereafter, and upon application for expansion of service area, shall ensure that the health maintenance organization maintains a network of health care providers adequate to meet the comprehensive health needs of its enrollees and to provide an appropriate choice of providers sufficient to provide the services covered under its enrollee's contracts by determining that (i) there are a sufficient number of geographically accessible participating providers...(iii) there are sufficient providers in each area of specialty practice to meet the needs of enrollment population;... 10 NYCRR 98-1.16(j) (j) No later than 20 business days after the beginning of each calendar year, every MCO shall submit provider network information in an electronic format and including such information as prescribed by the commissioner. Such information shall reflect all signed and implemented contracts in effect as of the first day of such calendar year for all providers and service centers participating in the MCO's network. In addition, a notarized statement attesting to the accuracy of the electronic provider network information submission shall be required. Any modifications or updates to the provider network information must be comm	For each of the cited quarters, MVP did not receive a deficiency report for either the test file or final submission file for the "0" values for CPEPs in Westchester County as it would have normally. In cases where a State indicator flags a CPEP deficiency (or, for these four quarters), that would prompt a timely review. MVP has reviewed its existing internal procedures for PNDs submissions, which appropriately require that any surrounding county data be pulled where a "0" value is shown. MVP will be taking the following actions as part of this Plan of Correction: I. Additional training and process updates: standard operating procedure regarding Provider Network Data System submission will be updated to reflect a remedial change in process and appropriate MVP Provider Data Management personnel updated as follows:
MCO Representative's Signature /s/ 	Date 8/13/2024
Title Vice President, Claims and Support Services	

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Deficiencies

population, and upon request to potential enrollees, as prescribed in subdivision (i) of this section. Those MCOs that serve enrollees eligible for benefits under title XIX shall submit provider network information in an electronic format and including such information as prescribed by the commissioner no later than 15 business days after the end of each quarter.

Deficiency:

Based on Medicaid Managed Care Plan (MMCP) reported data to the Provider Network Data System (PNDS) collected by the New York State (NYS) Department of Health (DOH), MVP Health Plan, Inc. (MVP) failed to meet the required minimum behavioral health (BH) network standards for the following services:

- Comprehensive Psychiatric Emergency Programs (CPEPs)

Specifically, MVP consistently reported zero contracted CPEP providers in Westchester County for four consecutive quarters, from July 2022 (Q3) through June 2023 (Q2). MVP failed to meet the required network standards of two CPEP providers contracted per county or neighboring counties if there are no providers within the county, as outlined in the Medicaid Model Contract.

MVP confirmed a contract with 1 provider in 2 locations in an email on January 8, 2024, and submitted the provider contract to DOH in an email on January 30, 2024.

Plan of Correction with Timetable

a. Updated Process Change: a remedial change to include manual review of CPEPs, especially for Westchester County, to ensure any "0" values report surrounding counties data as part of final submission. This manual review will serve as ongoing monitoring on a quarterly basis to audit the data before each quarterly PNDS submission.

b. Designated MVP personnel: appropriate personnel will be designated to complete manual review of CPEPs in Westchester County and for any county reporting "0" value(s).

Timeline for completion: on or before Aug. 30, 2024, aside from the manual reviews to be conducted on an ongoing basis for monitoring and data audit for each quarterly PNDS submission.

Responsible Party: [REDACTED], Leader, Provider Data Management

MCO Representative's Signature /s

Date 8/13/2024

Title Vice President, Claims

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Plan of Correction with Timetable

Following DOH review, the provider was confirmed for CPEP services covering Westchester County. Based on the contract review, MVP meets the BH network standards but failed to accurately report providers in the PNDS.

MCO Representative's Signature /s/

Date 8/13/2024

Title Vice President, Claims a

Statement of Findings
MVP Health Plan, Inc.
Behavioral Health Network Adequacy Focus Survey
Survey ID: -765690900
July 2022 – June 2023

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.

21.19(a)(ii)(b)(i)(F)(I) Behavioral Health Service Providers a) The Contractor will include a full array of mental health and Substance Use Disorder Service providers in its networks, in sufficient numbers to assure accessibility to Benefit Package services for both children and adults, using either individual, appropriately licensed practitioners or New York State Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) licensed programs and clinics, or both...ii) In addition to the requirements set forth in 21.19(b), upon the date of the Behavioral Health Benefit Inclusion in a geographic service area, the Contractor must establish contracts with any providers operated, licensed or certified by OMH or OASAS with five or more active Plan members in treatment, as determined by OMH and OASAS. The Contractor is not required to contract with such providers if they are unwilling to accept the Medicaid fee-for-service rate. Nothing in this subsection is intended to limit the Contractor's obligation to maintain an adequate network of Participating Providers...b) Except as provided in Subsection (e) of this section, an adequate network shall contain, at a minimum, the following number of providers or, where unavailable, all of the providers in a county: i) Mental Health Service Provider Network... F) Comprehensive Psychiatric Emergency Programs operated under 14 NYCRR Part 590: I) For urban counties, the network must include two providers per county;

Findings:

Based on Medicaid Managed Care Plan (MMCP) reported data to the Provider Network Data System (PNDS) collected by the New York State (NYS) Department of Health (DOH), MVP Health Plan, Inc. (MVP) failed to meet the required minimum behavioral health (BH) network standards for the following services:

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MVP Response:

MVP Health Plan, Inc. ("MVP") has reviewed the Statement of Deficiency dated April 16, 2024 for the survey period of July 2022 – June 2023 and this Statement of Findings. As communicated with and acknowledged by the Department, MVP did meet and continues to meet the Behavioral Health Network Adequacy Standards for Comprehensive Psychiatric Emergency Programs ("CPEPs") but did not accurately report the participating status of New York-Presbyterian Hospital (at both their locations) for New York County in its Provider Network Data System ("PNDS") submission.

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MVP has reviewed its existing internal procedures for PNDS submissions, which appropriately require that any surrounding county data be pulled where a "0" value is shown. To account for potential system errors in the future, MVP will perform a manual review for CPEPs for quarterly PNDS reports before final submissions on a go-forward basis. This manual review will serve as ongoing monitoring on a quarterly basis to audit the data before each quarterly PNDS submission. An appropriate MVP staff member has been designated for this additional process step. The PNDS submission team will be trained appropriately for these process updates.

Corrective actions are currently in process and will be completed by August 30, 2024, aside from the manual reviews to be conducted on an ongoing basis for monitoring and data audit for each quarterly PNDS submission. [REDACTED], Leader, Provider Data Management is the responsible party to ensure completion by MVP.