

**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:
MetroPlus Health Plan, Inc.	Behavioral Health Claims Denial Root Cause Analysis Target Survey
STREET ADDRESS, CITY, STATE, ZIP CODE	SURVEY DATES:
160 Water Street New York, NY 10038	August 28, 2020 – March 10, 2021
	SURVEY ID #: 1595004659

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
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Part 98-1.12(i)

The quality assurance activities shall include the development of timely and appropriate recommendations. For problems in health care administration and delivery to enrollees that are identified, the MCO must demonstrate an operational mechanism for responding to those problems. Such a mechanism should include: (1) development of appropriate recommendations for corrective action or, when no action is indicated, an appropriate response; (2) assignment of responsibility at the appropriate level or with the appropriate person for the implementation of the recommendation; and (3) implementation of action which is appropriate to the subject or problem in health care administration and delivery to enrollees.

Deficiency:

Based on interviews with MetroPlus staff on August 28, 2020, review of documents, and Plan-reported claims data, MetroPlus failed to effectively implement their Plan of Correction (POC) developed in response to the previous survey, by allowing the BH Vendor to pay claims at less than the New York State mandated government rates due to configuration errors. MetroPlus' failure to implement appropriate actions to correct the underpayment of government rates demonstrates it does not maintain an effective quality management program consistent with NYS regulations.

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MetroPlus is in agreement with the State's finding from the August 2020 targeted survey, that the initial Plan of Correction did not prevent Beacon's underpayment of government rates as demonstrated by the identification of 292 out of 7569 claims (or 3.9%) for ACT, PROS, PH, CPEP and Adult HCBS services underpaid within the December 1, 2019 – May 31, 2020 survey lookback period.

Currently and through the end of our contractual relationship with Beacon, MetroPlus' oversight and audit processes are based on a post payment / post adjudication review process. (see **MetroPlus Rate Change and Monitoring Process Overview ver 2.1 docx attached**).



MetroPlus continuously evaluates its processes to ensure our ongoing QA and monitoring activities identify issues impacting correct payment of claims and minimize the impact of these issues with prompt action to correct any impacted claims.

MetroPlus monitors rate changes and payments and will continue this activity for the duration of our relationship with Beacon Health Options. The oversight of this process during the review period was conducted by:

BH Operations Oversight: MJ Gianturco – Director BH Operations, MetroPlus

BH Claims Oversight: Cristina Gonzalez – Manager of BH Claims, MetroPlus (resigned 6/4/21).
 • Ongoing activities will be overseen by Jo Ann Givens, Director of Claims, MetroPlus

In response to the August 2020 Survey, MetroPlus put the following additional measures in place:

- September 2020: Rate Change Implementation – Monthly: (Sample file attached: NY Rate & Reprocessing Tracker 081821.xlsx)**



- MetroPlus receives and monitors a Beacon Rate Change Report monthly, which includes:**
 - Notification of rate change
 - Status of configuration if required
 - Confirmation of date configuration completed
 - Status claims reprocessing if required


MCO Representative's Signature	Date
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Title	
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Deficiencies	Plan of Correction with Timetable
<p>Findings Included:</p> <p>Review of Plan-reported claims data submitted on July 31, 2020 revealed 292 claims for Assertive Community Treatment (ACT), Personalized Recovery Oriented Services (PROS), Partial Hospital (PH), Comprehensive Psychiatric Emergency Programs (CPEP), and Adult Behavioral Health Home and Community Based Services (BH HCBS) were underpaid the government rate within the December 1, 2019 – May 31, 2020 survey lookback period.</p> <p>During the August 28, 2020 interview and review of subsequent documentation, MetroPlus confirmed the Behavioral Health (BH) Vendor failed to pay at the government rate due to provider profile set up issues.</p> <p>Metroplus' original POC identified multiple actions taken to ensure accurate payment of government rates including updating provider fee schedules and cross-checking provider contracts to what was in the system. In addition, it was also reported that the BH Vendor would submit to MetroPlus an Attestation of Completion to demonstrate appropriate systems changes and updates were made for ACT, PROS, HCBS, Partial Hospitalization, and CPEP as a rate monitoring activity.</p> <p>Based on review of documentation submitted on July 31, 2020, MetroPlus failed to submit evidence demonstrating the Plan collected the attestation from the BH Vendor confirming rate updates were loaded to the system timely. MetroPlus' BH Vendor monitoring activities were ineffective due to the failure to confirm remediation by the BH Vendor and the identification of underpaid claims during the survey period. As a result, the Plan failed to implement identified actions to resolve the issues of noncompliance from the POC and maintain an effective quality management program.</p>	<ol style="list-style-type: none"> 3. Rate Monitoring: Beacon instituted 100% Audit of Rate payments in September 2020. Monthly reporting commenced in October, 2020. (Sample File attached: Rate Report Summary – Metro- 08.16.21.xlsx).  <ol style="list-style-type: none"> 4. MetroPlus receives and monitors a Beacon Rate Monitoring Report: <ul style="list-style-type: none"> • Monitoring of Beacon's 100% Rate Monitoring including tracking the audit of all claims paid to ensure payment at appropriate rates. • Track and trend weekly audit process completed by Beacon. • Review Beacon audit findings, issues, follow ups if needed. 5. Validation of Claims payment as part of MetroPlus and Beacon Claims Audit. To conduct this ongoing assessment MetroPlus will: <ul style="list-style-type: none"> • Continue the Claims audit process for Beacon and MetroPlus paid and denied claims for Adult and Children's Services. • Randomly select 2-5% of the total paid and denied volumes to perform the claims audit. This percentage reflects a combination of Beacon and MetroPlus claims. Any exceptions identified will be escalated for resolution based on our findings; inclusive but not limited to processing errors – rate changes, fee schedule updates, provider configuration. • Share the final audit results with BH Operations on a monthly basis. • Include exceptions identified. • Track resolution of exceptions (re-processing of errors). 6. MetroPlus BH Ops facilitates Weekly Ops Meetings with Beacon Ops, Account Management, MetroPlus Claims and Compliance to review status, issues and open actions. <p>Additionally, performance reporting and status are reviewed in the Monthly Operating Committee Meeting and Quarterly at the Joint Operating Committee Meetings.</p> <p>As a result of these measures, MetroPlus has seen a significant improvement in Beacon's timely and accurate rate payment. Overall, we see 99% of clean claims paid within 30 days of receipt and over a 97% paid rate matching the current state published rate.</p> <p>MetroPlus' Process:</p> <ul style="list-style-type: none"> • MetroPlus implemented a Rate Change and Monitoring process to QA all MetroPlus paid claims vs. the applicable government rates. Any exceptions identified will be escalated for resolution based on root cause; inclusive but not limited to claims configuration updates and associated provider fee schedules or claims configuration. • Results to be reviewed Monthly by MetroPlus SMEs including Product Mgmt (C. Laughlin), BH Operations (MJ Gianturco), Claims (J. Givens), CORE (A. Baig), Reimbursement (C. Lin "Bonnie"), and Analytics (H. Lin): <ul style="list-style-type: none"> ○ Implement rate changes received from DOH/OMH (email, website posting) ○ Assess claims impact based on rate change effective date and reprocess accordingly. ○ Validate 100% of paid claims vs. government rates ○ Report exceptions; claims payments at incorrect rates. ○ Identify root cause ○ Track corrective actions to mitigate re-occurrences. • QA all MetroPlus paid claims with DOS post 10/1/21. Process to begin 12/1/21 to allow for claims to fully process after transition. • All Beacon paid claims with DOS pre-10/1/21 received thru 9/30/2022 are being monitored.
MCO Representative's Signature	Date

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Deficiencies	Plan of Correction with Timetable
<p>98-1.11 Operational and financial requirements for MCOs.</p> <p>(h) The governing authority of the MCO shall be responsible for establishment and oversight of the MCO's policies, management and overall operation, regardless of the existence of any management contract.</p> <p><u>Deficiency:</u></p> <p>Based on interviews with MetroPlus staff, review of documents, and Plan-reported claims data, the Plan failed to provide adequate oversight of claims adjudication by the behavioral health vendor, by allowing the BH Vendor to pay claims (ACT, PROS, PH, CPEP, Adult BH HCBS) at less than the New York State mandated government rate due to configuration errors.</p> <p>Findings include:</p> <p>Review of Plan-reported claims data submitted on July 31, 2020 revealed 292 out of 7569 claims for ACT, PROS, PH, CPEP, and Adult BH HCBS were underpaid the government rate within the December 1, 2019 – May 31, 2020 survey lookback period.</p> <p>CONTINUE TO NEXT PAGE</p>	<p>Same response as above.</p>
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Deficiencies	Plan of Correction with Timetable
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<p>Based on interviews with MetroPlus and the BH Vendor on August 28, 2020 and documentation submitted on September 9, 2020, MetroPlus' BH Vendor confirmed the underpayment of the government rate was due to loading incorrect NY State Rate Updates to provider profiles. Furthermore, during the Quality Assurance meeting held on March 10, 2021, the Plan confirmed the rate monitoring activities MetroPlus included in the POC were ineffective as they did not identify claims that were inappropriately processed at less than the government rate.</p> <p>As a result of the findings above, the Plan failed to appropriately oversee and monitor the BH Vendor in the performance of operational and financial MCO requirements.</p>	
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<p>Chapter 57 of the Laws of 2017, Part P, 48-a.1</p> <p>§ 48-a. 1. Notwithstanding any contrary provision of law, the commissioners of the office of alcoholism and substance abuse services and the office of mental health is authorized, subject to the approval of the director of the budget, to transfer to the commissioner of health state funds to be utilized as the state share for the purpose of increasing payments under the Medicaid program to managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law. Such managed care organizations shall utilize such funds for the purpose of reimbursing providers licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law for ambulatory behavioral health services, as determined by the commissioner of health, in consultation with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health provided to Medicaid enrolled outpatients and for all other behavioral health services except inpatient included in New York state's Medicaid redesign waiver approved by the centers for Medicare and Medicaid services (CMS). Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health, the office of alcoholism and substance abuse services, or the office of mental health for rate-setting purposes or any such other fees pursuant to the Medicaid state plan or otherwise approved by CMS in the Medicaid redesign waiver;...</p>	<p>Same response as above.</p>
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Deficiencies

Plan of Correction with Timetable

The increase of such ambulatory behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of section 29 of part B of chapter 59 of the laws of 2016 through March 31, 2020 for patients in the city of New York, for all rate periods on and after the effective date of section 29 of part B of chapter 59 of the laws of 2016 through March 31, 2020 for patients outside the city of New York, and for all rate periods on and after the effective date of such chapter through March 31, 2020 for all services provided to persons under the age of twenty-one;...

Deficiency:

Based on interviews with MetroPlus staff on August 28, 2020, review of documents, and Plan-reported claims data, MetroPlus failed to effectively reimburse providers at Medicaid Fee for Service or Ambulatory Patient Group (APG) rates for ambulatory behavioral health services for ACT, PROS, Partial Hospitalization, CPEP, and Adult BH HCBS between the period of December 1, 2019 - May 31, 2020.

This is a repeat citation.

Findings include:

Review of Plan-reported claims data submitted on July 31, 2020 revealed 292 out of 7569 claims for ACT, PROS, PH, CPEP, and Adult BH HCBS were underpaid the government rate within the December 1, 2019 – May 31, 2020 survey lookback period.

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Deficiencies	Plan of Correction with Timetable
<p>Based on interviews with MetroPlus and the BH Vendor on August 28, 2020 and documentation submitted on September 9, 2020, MetroPlus' BH Vendor confirmed the underpayment of the government rate was due to loading incorrect NY State Rate Updates to provider profiles. During the Quality Assurance interview held on March 10, 2021, the Plan confirmed the POC rate monitoring activities failed to capture accuracy of claims payment against the government rate.</p> <p>Based on the findings above, MetroPlus failed to oversee the BH Vendor as well as effectively implement the plan of correction to ensure compliance with applicable NYS law regarding claims payment for behavioral health services.</p>	
MCO Representative's Signature	Date: 11/15/21

Title: Chief Regulatory and Compliance Officer

Statement of Findings
MetroPlus Health Plan, Inc.
Behavioral Health Claims Denial Root Cause Analysis Target Survey
August 28, 2020 – March 10, 2021
Survey ID# 1595004659

35.1 Contractor and SDOH Compliance With Applicable Laws

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

10.21 Mental Health Services

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

Finding:

Based on interviews with MetroPlus staff on August 28, 2020, review of documents, and Plan-reported claims data, MetroPlus failed to effectively reimburse providers at Medicaid Fee for Service or Ambulatory Patient Group (APG) rates for ambulatory behavioral health services for ACT, PROS, Partial Hospitalization, CPEP, and Adult BH HCBS between the period of December 1, 2019 - May 31, 2020.

This is a repeat citation.

Findings include:

MetroPlus is in agreement with the State's finding from the August 2020 targeted survey, that the initial Plan of Correction did not prevent Beacon's underpayment of government rates as demonstrated by the identification of 292 out of 7569 claims (or 3.9%) for ACT, PROS, PH, CPEP and Adult HCBS services underpaid within the December 1, 2019 – May 31, 2020 survey lookback period.

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MetroPlus monitors rate changes and payments and will continue this activity for the duration of our relationship with Beacon Health Options. The oversight of this process during the review period was conducted by:

BH Operations Oversight: MJ Gianturco – Director BH Operations, MetroPlus

BH Claims Oversight: Cristina Gonzalez – Manager of BH Claims, MetroPlus (resigned 6/4/21).
• Ongoing activities will be overseen by Jo Ann Givens, Director of Claims, MetroPlus

In response to the August 2020 Survey, MetroPlus put the following additional measures in place:

1. September 2020: Rate Change Implementation – Monthly: (Sample file attached: NY Rate & Reprocessing Tracker 081821.xlsx)



NY Rate &
Reprocessing Tracker

2. MetroPlus receives and monitors a Beacon Rate Change Report monthly, which includes:

- Notification of rate change
- Status of configuration if required
- Confirmation of date configuration completed
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3. Rate Monitoring: Beacon instituted 100% Audit of Rate payments in September 2020. Monthly reporting commenced in October, 2020. (Sample File attached: Rate Report Summary – Metro- 08.16.21.xlsx).



Rate Report
Summary - Metro - 0

4. MetroPlus receives and monitors a Beacon Rate Monitoring Report:

- Monitoring of Beacon’s 100% Rate Monitoring including tracking the audit of all claims paid to ensure payment at appropriate rates.
- Track and trend weekly audit process completed by Beacon.
- Review Beacon audit findings, issues, follow ups if needed.

5. Validation of Claims payment as part of MetroPlus and Beacon Claims Audit. To conduct this ongoing assessment MetroPlus will:

- Continue the Claims audit process for Beacon and MetroPlus paid and denied claims for Adult and Children’s Services.
- Randomly select 2-5% of the paid and denied volumes to perform the claims audit. This percentage reflects a combination of Beacon and MetroPlus claims. Any exceptions identified will be escalated for resolution based on our findings; inclusive but not limited to processing errors – rate changes, fee schedule updates, provider configuration.
- Share the final audit results with BH Operations on a monthly basis.
- Include exceptions identified.
- Track resolution of exceptions (re-processing of errors).

6. MetroPlus BH Ops facilitates Weekly Ops Meetings with Beacon Ops, Account Management, MetroPlus Claims and Compliance to review status, issues and open actions.

Additionally, performance reporting and status are reviewed in the Monthly Operating Committee Meeting and Quarterly at the Joint Operating Committee Meetings.

As a result of these measures, MetroPlus has seen a significant improvement in Beacon's timely and accurate rate payment. Overall, we see 99% of clean claims paid within 30 days of receipt and over a 97% paid rate matching the current state published rate.

MetroPlus' Process:

- MetroPlus implemented a Rate Change and Monitoring process to QA all MetroPlus paid claims vs. the applicable government rates. Any exceptions identified will be escalated for resolution based on root cause; inclusive but not limited to claims configuration updates and associated provider fee schedules or claims configuration.
- Results to be reviewed Monthly by MetroPlus SMEs including Product Mgmt (C. Laughlin), BH Operations (MJ Gianturco), Claims (J. Givens), CORE (A. Baig), Reimbursement (C. Lin "Bonnie"), and Analytics (H. Lin):
 - Implement rate changes received from DOH/OMH (email, website posting)
 - Assess claims impact based on rate change effective date and reprocess accordingly.
 - Validate 100% of paid claims vs. government rates
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- QA all MetroPlus paid claims with DOS post 10/1/21. Process to begin 12/1/21 to allow for claims to fully process after transition.
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