

Statement of Findings
MVP Health Plan, Inc.
Behavioral Health Root Cause Analysis
December 1, 2017 – May 31, 2018

10.21 Mental Health Services.

d) The Contractor shall reimburse any OMH licensed provider, including out of network providers, at Medicaid Fee for Services rates for 24 months form 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 the review of the Plan-submitted monthly claims reports which demonstrated persistently high claim denials for behavioral health services (ACT, PROS, HCBS, Partial Hospitalization and CPEP) over a period of six months from 12/1/27-5/31/18, as well as information contained in the subsequent August and December 2018 Root-Cause analysis submissions which were requested by New York State to explain the reasons for such high denial rates, the Plan failed to reimburse providers at Medicaid Fee for Service and/or APG rates for ambulatory behavioral health services due to a configuration error in their Behavioral Health vendor Beacon's FlexCare claims platform which led to the inappropriate set-up for provider profiles.

MVP Response

All MVP claims processed by Beacon and identified in the survey (December 1, 2017 – May 31, 2018) were processed on Beacon's FlexCare system, which was incorrectly configured for individual providers providing ACT, PROS, HCBS, Partial Hospitalization, and CPEP services.

As of February 7, 2019, of the claims identified in the survey, there were 4,219 claims reprocessed and paid totaling \$1,299,783.

By April 12, 2019, all claims were appropriately reprocessed, as evidenced in the May 2019 cash advance report submitted to NYS on May 11, 2019.

There were four providers eligible for a cash advance for claims which were not appropriately reprocessed by the deadline imposed by DOH. The four providers' claims totaled \$1,754. In lieu of accepting the cash advance, each of the four providers met with Beacon individually to review the list of denials, submission requirements, and reasons for the denials. Each of the claims eligible for a cash advance were reprocessed and paid or appropriately denied.

As of October 1, 2018, MVP claims processed by Beacon for dates of service on or after October 1, 2018 are processed on Beacon's Connects platform. To date, there have not been any consistent configuration issues causing claims denials as was the experience with FlexCare.

Certain MVP claims for dates of service prior to October 1, 2018 continue to be processed on Beacon's FlexCare platform. As described in more detail above, as of September, 2018, MVP monitors claims reports submitted by Beacon on a weekly basis and conducts claim audits on a quarterly basis to ensure that any issues related to the FlexCare platform are promptly identified and addressed.