

**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 Independent Health Association, Inc.	TYPE OF SURVEY: Focus Survey: MHPAEA Testing Phase I and Phase II Workbooks
STREET ADDRESS, CITY, STATE, ZIP CODE 511 Farber Lakes Drive Buffalo, NY 14221	SURVEY DATES: August 22, 2018 – September 8, 2020

NOTE: The following list of deficiencies was identified by Health Department representatives during an Article 44 and/or Article 49 operational or focused survey of your Managed Care Organization (MCO). Correction of these deficiencies is required in order to bring your MCO into compliance with Article 44 and/or 49 of the New York State Public Health Law and the New York State Official Compilation of Codes, Rules, and Regulations (10NYCRR). In the column headed Provider Plan of Correction, describe the Plan of Corrective Action and anticipated date of corrections. The Plan of Correction should be returned within 15 business days.

Deficiencies	Plan of Correction with Timetable
<p>10 CRR-NY 98-1.16 Disclosure and filing. (h) In the event an MCO does not provide substantially complete reports or other information required under this Subpart by the due date, or provide requested information within 30 days of any written request for a specific analysis or report by the superintendent or commissioner, the superintendent or commissioner is authorized to levy a civil penalty, after notice and hearing, pursuant to section 12 of the Public Health Law or sections 307 and 308 of the Insurance Law.</p> <p>Deficiency:</p> <p>Based on the review of Independent Health Association, Inc.’s Phase I and Phase II 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, (P.L. 110-345; MHPAEA) for 5 of 9 NQTLs examined; prior authorization, formulary design, coding edits, out-of-network coverage standards, and reimbursement.</p> <ul style="list-style-type: none"> Specifically, in Phase I, Independent Health Association, Inc. failed to provide substantive comparative analyses for (Step 3) evidentiary standards comparability and equivalent stringency, (Step 4) as written comparability and equivalent stringency, and (Step 5) in operation comparability and equivalent stringency for prior authorization and formulary design of prescription drugs. 	<p>Corrective Action:</p> <p>Phase II – Coding Edits</p> <p>Review: Independent Health Association (“IHA”) has reached out to Milliman to schedule a meeting to discuss what should be included when conducting a comparative analysis as it relates to coding edits for inpatient, outpatient and emergency room services and to discuss any technical questions related to parity. IHA will then perform a comparative analysis relating to coding edits related to inpatient, outpatient and emergency room services. The comparative analysis will look at services handled by IHA as well as those performed by IHA’s delegated entities to document compliance with mental health parity. The comparative analysis will be completed biannually, the results will then be reviewed and a plan to address identified opportunities for improvement will be implemented as needed.</p>

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Title: Chief Compliance Officer	

- Specifically, in Phase II, Independent Health Association, Inc. failed to provide all required information and comparative analyses for inpatient, outpatient, emergency care and prescription drug coding edits (Steps 1 through 5). The MCO failed to provide substantive comparative analyses for (Step 3) evidentiary standards comparability and equivalent stringency, (Step 4) as written comparability and equivalent stringency, and (Step 5) in operation comparability and equivalent stringency for inpatient and outpatient out of network coverage standards. For inpatient, outpatient, and emergency care reimbursement, the MCO failed to provide substantive comparative analyses for (Step 2) factors triggering the NQTL and (Step 3) evidentiary standards comparability and equivalent stringency.

Responsible Party:

Bill Greene, State Programs Implementation Manager to secure meeting with Milliman;

Justin Koch, Manager-Provider Contracting & Reimbursement and Kristen McKay, Manager-Reimbursement Unit for the remaining pieces of the coding edits section;

Nicole Britton, Chief Compliance Officer/Mental Health Parity Compliance Officer

Date Certain:

12/3/20 – IHA’s outreach to Milliman and OMH for consultation

4/30/21 – For completion of the 1st biannual comparative analysis

7/31/21 – To implement any internal corrective action identified during the 1st biannual comparative analysis.

Monitoring and/or Auditing:

IHA’s Compliance Department will assign an internal Corrective Action Plan (“CAP”) to ensure the execution of the steps outlined in this Plan of Correction. The CAP will include detailed corrective actions to be taken, timeframes for completion, and a monitoring period, and will be reported to Management and the Board of Directors. Additionally, biannual comparative analysis results will be reported to the Mental Health Parity Compliance Officer, Management, and the Board of Directors. The Compliance Department will assign an internal corrective action plan for any comparative analysis results that indicate a potential parity concern, updating policies and procedures and/or training associates as appropriate. The Compliance Department will track the completion of Phase I and II workbooks as part of its compliance monitoring workplan.

Education: IHA will incorporate training and education on federal and state mental health and substance use disorder parity requirements for all workforce members that are engaged in functions that are subject to federal or state mental health and substance use disorder parity requirements or involved in the analysis as a part of the compliance program. This training will be provided to all workforce members at new hire orientation and annually

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Date

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Title: Chief Compliance Officer

thereafter. Should review of comparative analyses identify parity issues, additional education on parity requirements will be included as part of a CAP. IHA is working with consultants to help develop the content of this training.

Phase II – Out of Network Coverage

Review: IHA will add comparability and equivalent stringency as a standing agenda item on all Joint Operating Oversight meetings applicable to delegate partnerships.

Responsible Party: Phil Salemi Jr, Director, Utilization Quality Operations Improvement Management and Christine Bingham, Clinical Manager – Behavioral Health

Nicole Britton, Chief Compliance Officer/Mental Health Parity Compliance Officer

Date Certain: 1/31/2021

Monitoring and/or Auditing: IHA’s Compliance Department will assign an internal Corrective Action Plan (“CAP”) to ensure the execution of the steps outlined in this Plan of Correction. The CAP will include detailed corrective actions to be taken, timeframes for completion, and a monitoring period, and will be reported to Management and the Board of Directors. Additionally, quarterly comparative analysis results will be reported to the Mental Health Parity Compliance Officer, Management, and the Board of Directors. The Compliance Department will assign an internal corrective action plan for any comparative analysis results that indicate a potential parity concern, updating policies and procedures and/or training associates as appropriate. The Compliance Department will track the completion of Phase I and II workbooks as part of its compliance monitoring workplan..

Education : IHA will incorporate training and education on federal and state mental health and substance use disorder parity requirements for all workforce members that are engaged in functions that are subject to federal or state mental health and substance use disorder parity requirements or involved in the analysis as a part of the compliance program. This training will be provided to all workforce members at new hire orientation and annually thereafter. Should review of comparative analyses identify

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parity issues, additional education on parity requirements will be included as part of a CAP. IHA is working with consultants to help develop the content of this training

Phase II – Reimbursement

Review: IHA has reached out to Milliman to schedule a meeting to discuss what should be included when conducting a comparative analysis as it relates to reimbursement components for inpatient, outpatient and emergency room care and to discuss any technical questions related to parity. IHA will then perform a comparative analysis relating to reimbursement components for inpatient, outpatient and emergency room care. The comparative analysis will look at services handled by IHA as well as those performed by IHA’s delegated entities to document compliance with mental health parity. The comparative analysis will be completed biannually, the results will then be reviewed and a plan to address identified opportunities for improvement will be implemented as needed.

Responsible Party:

Bill Greene, State Programs Implementation Manager to secure meeting with Milliman

Matt Burke, Director of Contract Management and Melinda Walter, Director – Provider Network for the remaining pieces of the reimbursement section

Nicole Britton, Chief Compliance Officer/Mental Health Parity Compliance Officer

Date Certain:

1/31/21 – For meeting with Milliman

4/30/21 – For completion of the 1st annual comparative analysis

7/31/21 – For meeting to review the results of the 1st annual comparative analysis.

Monitoring and/or Auditing: IHA’s Compliance Department will assign an internal Corrective Action Plan (“CAP”) to ensure the execution of the steps outlined in this

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Plan of Correction. The CAP will include detailed corrective actions to be taken, timeframes for completion, and a monitoring period, and will be reported to Management and the Board of Directors. Additionally, biannual comparative analysis results will be reported to the Mental Health Parity Compliance Officer, Management, and the Board of Directors. The Compliance Department will assign an internal corrective action plan for any comparative analysis results that indicate a potential parity concern, updating policies and procedures and/or training associates as appropriate. The Compliance Department will track the completion of Phase I and II workbooks as part of its compliance monitoring workplan.

Education: IHA will incorporate training and education on federal and state mental health and substance use disorder parity requirements for all workforce members that are engaged in functions that are subject to federal or state mental health and substance use disorder parity requirements or involved in the analysis as a part of the compliance program. This training will be provided to all workforce members at new hire orientation and annually thereafter. Should review of comparative analyses identify parity issues, additional education on parity requirements will be included as part of a CAP. IHA is working with consultants to help develop the content of this training.

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