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 Health Insurance Plan of Greater New York, Inc	**TYPE OF SURVEY:** OMH Outpatient Services: Government Rate Compliance **Survey** ID **#1696249187**
STREET ADDRESS, CITY, STATE, ZIP CODE 55 Water Street, New York, NY 10041	**SURVEY DATES:** **October 1, 2021- April 28, 2023**

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
Chapter 57 § 48-a. 1. Notwithstanding any contrary provision of law, the commissioners of the office of addiction services and supports and the office of mental health are 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 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 36, 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 addiction services and supports 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).	**Plan of Correction for Citation Chapter 57 § 48-a. 1 (SOD)** **1. Description of Plan Review:** **a. Failure to configure rates and identify all underpayments by the 2/1/23 extended deadline:** EmblemHealth ("Plan") acknowledges that the configuration of certain impacted systems to pay at the appropriate rate extended beyond the 2/1/23 deadline issued by OMH in its 1/5/23 notice of rate compliance ("Memo"). Despite efforts by EmblemHealth and its primary behavioral health vendor Carelon to identify all claims requiring reconfiguration by the 2/1/23 deadline, Carelon in particular, was unable to pull a complete universe of all in-scope claims. Upon receipt of OMH's 2/17/23 claim level report, the Plan and Carelon identified additional claims for reprocessing at the appropriate State rate. **b. Failure to reprocess claims by the 2/1/23 extended deadline:** The Plan has been cited for "completion dates of June 2023, July 2023, and August 2023 for reprocessing of claims and payments to providers" after the 2/1/23 extended deadline. The Plan reviewed these dates and acknowledges that completion of certain claims reprocessing and issuance of certain payments to providers occurred after the 2/1/23 extended deadline. **c. Failure to implement the POC from the BH Claims Denial Root Cause Analysis Focus Survey (2020-2021) ("2020-2021 POC") by the date certain of March 31, 2022, in order to "pay claims for BH services at the required minimum rates and properly configure the claims adjudication system" (repeat citation):** Response to this section provided separately – see attached.
MCO Representatives Signature: 	Date: December 29, 2023
Title: SVP & Chief Compliance Officer	

Name of Managed Care Organization Health Insurance Plan of Greater New York, Inc	**Survey Dates: October 1, 2021 - April 28, 2023** **Survey** ID# **1696249187**
Deficiencies	**Plan of Correction with Timetable··**

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 addiction services and supports, 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;... 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 18 of part E of chapter 57 of the laws of 2019 through March 31, 2027 for patients in the city of New York, for all rate periods on and after the effective date of section 18 of part E of chapter 57 of the laws of 2019 through March 31, 2027 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, 2027 for all services provided to persons under the age of twenty-one;...

Deficiency:

Based on the review of Medicaid Managed Care Plan (MMCP) reported service delivery data, hereafter referred to as encounter data, and subsequent documentation including the Government Rate Compliance Attestation Letter, herein referred to as "Attestation", the Office of Mental Health (OMH) identified Health Insurance Plan of Greater New York, Inc., hereafter referred to as EmblemHealth, failed to configure systems to pay the required New York State (NYS) government rates for behavioral health (BH) services. Specifically, claims for Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), Assertive Community Treatment (ACT), Personalized Recovery Oriented Services (PROS), Adult Behavioral Health Home and Community Based Services (BH HCBS) and, Community Oriented Recovery and Empowerment (CORE) Services were not paid at the government rate, resulting in the underpayment of 63,361 claims.

2. Corrective Action and/or Revision Completed:

a. EmblemHealth Rate Implementation Process:

The Plan commits to the following corrective actions to address the deficiencies in this SOD and SOF relating to its failure to identify EmblemHealth claims as impacted for processing rate code 7778 (HARP HCBS Brief Assessment), and in response to gaps in the Plan's implementation of OMH rate changes with its impacted vendors as follows:

i. The implementation of OMH rate memos shall reside with the Plan's Regulatory Compliance team, who shall distribute OMH rate change memos to stakeholders via email within 2 business days of Plan receipt. Regulatory Compliance shall ensure that the EmblemHealth's Claims team and relationship managers for impacted vendors receive each rate change email and conduct a due diligence review for impact. Each email notification distributed by the Regulatory Compliance team shall include, at minimum, the following:

1. Copy of OMH rate memo.
2. Copies of rate sheets from the OMH reimbursement website and/or link to OMH reimbursement website.
3. Summary of rate change by effective dates and services.
4. Description of the necessary actions (e.g., make rate changes, conduct claims sweep, reprocess claims) within timeline specified by OMH in the rate memo.

ii. The Regulatory Compliance team shall also lead a monthly workgroup of stakeholders that will support and monitor timely implementation of rate changes and claims reprocessing. This process will be documented in a written policy and procedure (P&P).

Responsible Party: Anthony Genovese-Scullin, Director of Medicaid Compliance
Date Certain for Implementation: 12/31/23

SVP & Chief Compliance Officer / 12.29.2023

Deficiencies	Plan of Correction with Timetable
Emblem failed to follow the directive to configure their systems to pay the government rates for dates of services back to October 1, 2021, by the original due date of November 30, 2022, and the final extended due date of February 1, 2023. EmblemHealth was previously cited and assessed a civil penalty for failure to pay claims for BH services at the required minimum rates and properly configure the claims adjudication system as identified during the BH Claims Denial Root Cause Analysis Focused Survey (2020-2021). Based on the findings above, EmblemHealth failed to effectively implement the plan of correction by the date certain of March 31, 2022. **This is a repeat citation.** OMH and the Department of Health jointly issued the Government Rate Compliance Memo, herein referred to as "Memo", and the Government Rates Underpayment Summary to EmblemHealth on January 5, 2023 notifying them of their failure to comply with the NYS Government Rate Law. The Memo directed EmblemHealth to configure systems and reconcile all identified underpayments by February 1, 2023. On February 17, 2023, OMH supplied EmblemHealth with the claims level detail used in the state-performed claims analysis of encounter data to assist the MMCP with conducting an internal verification of the claims information identified within Table 1. Additionally, on March 30, 2023, OMH sent the Attestation request to verify compliance with the Memo issued on January 5, 2023. On April 3, EmblemHealth requested an extension to submit the required Attestation. The State granted an extension to April 14, 2023 to allow EmblemHealth to provide the information requested in the Attestation, including appropriate signatures, and not for additional time to complete claims reprocessing or systems configuration.	**b. Carelon:** Carelon commits to the following corrective actions to address the deficiencies in this SOD and SOF relating to its failure to identify timely claims for reprocessing and to conduct monitoring of its claims for the application of the appropriate State rate. i. For failure to identify timely claims for reprocessing: 1. For all retrospective rate adjustment projects, Carelon will update their claims reprocessing policy to reflect that claims analysis and adjustments will start within ten (10) business days of receipt of all reported in-scope claims for reprocess. 2. As of 2/16/23, Carelon updated its claims policy to expand the scope of its claims universe pulls. By expanding the scope to capture all rate codes posted on OASAS and OMH's site for MHOTRS & FQHCs (hospital-based & freestanding) that could be in scope for a retrospective rate update, Carelon will reprocess all in-scope claims. **Responsible Party**: Anthony Zamora, VP, Provider Network & Operations **Date Certain for Implementation:** 10/31/23 ii. Carelon will implement a new retrospective rate update claims audit in addition to our existing claims oversight processes. Carelon will start this quarterly audit as of 11/1/23 for any NYS regulatory retroactive rate update reprocesses. The audit will have a look back window of 90 days for any retrospective rate updates that have reprocess windows completing within the look back window. Carelon will perform random sample audits of at least fifty (50) processed claims per regulatory rate update within the look back window to further verify that claims were adjusted to pay off the newly published, retro-effective rate on file. **Responsible Party:** Anthony Zamora, VP, Provider Network & Operations **Date Certain for Implementation:** 11/1/23 iii. Carelon will make the following changes to enhance its configuration process for OMH-issued rate changes:

SVP & Chief Compliance Officer / 12.29.2023

Name of Managed Care Organization Health Insurance Plan of Greater New York, Inc	**Survey Dates: October 1, 2021-April 28, 2023** **Survey ID #1696249187**
Deficiencies	**Plan of Correction with-Timetable**
On April 14, 2023, EmblemHealth submitted a modified Attestation and Underpayment Summary that reported 63,631 underpaid claims, totaling $1,568,001.04 owed to providers. On April 25, 2023, OMH requested EmblemHealth submit an unmodified attestation, which was later provided on April 28, 2023. Based on information provided within the Attestation, EmblemHealth reported completion dates of June 2023, July 2023, and August 2023 for reprocessing of claims and payments to providers, which surpassed the deadline of February 1, 2023 by 4-6 months.	1. Commencing with the OASAS Webinar on 10/3/2023, Carelon will have a designee attend State-hosted webinars with plans to discuss regulatory rate updates to ensure Carelon is aware of the scope of impacted services on a per rate code basis. 2. Within 10 business days of the publication date, Carelon will document the timeline that demonstrates its obligation to reprocess claims within the issued timeframe. **Responsible Party:** Anthony Zamora, VP, Provider Network & Operations **Date Certain for Implementation:** Active and ongoing **c. CMO:** CMO's management services agreement ("MSA") with the Plan was terminated effective 4/1/23. CMO commits to implementing rate changes, conduct claims sweeps and reprocessing claims for any future retrospective OMH rate changes that fall within CMO's contract period until 12/31/23. After 12/31/23 the Plan shall be responsible for conducting reprocessing, as needed, for CMO adjudicated claims. **Responsible Party:** Melissa Vellon, VP, Provider Performance & Reimbursement Strategy **Date Certain for Implementation:** Active and ongoing **d. SOMOS:** To address SOMOS' deficiency in changing systems configurations to correct a gap in their behavioral health claims deflection logic SOMOS commits to the following: i. Ensure all carve-out services are correctly processed and redirected to Carelon and, where necessary, add new protocols to address gaps in deflection logic by the date certain for implementation. Effective date for changes will be retroactive to October 2020. ii. Claims are being monitored to evaluate and adjust incorrect payments until configuration edits are fully tested and in production. **Responsible Party:** Melissa Vellon, VP, Provider Performance & Reimbursement Strategy **Date Certain for Implementation:** 4/30/24

SVP & Chief Compliance Officer / 12.29.2023

Name of Managed Care Organization Health Insurance Plan of Greater New York, Inc	**Survey Dates: October 1, 2021-April 28, 2023** **Survey ID #1696249187**
Deficiencies	**Plan of Correction with-Timetable**
.	**3. Description of Education and Training Activities:** **a. EmblemHealth Rate Implementation Process:** EmblemHealth Regulatory Compliance will train its staff on the enhanced OMH rate implementation process detailed in section 2.a.i above. **Responsible Party:** Anthony Genovese-Scullin, Director of Medicaid Compliance **Date Certain for Implementation:** 11/30/23 **b. EmblemHealth Claims:** EmblemHealth Claims staff responsible for pricing reviews will be trained to conduct a more robust review of delegate-submitted files consistent with the process described in 4.b. below. This will enhance the staff's ability to identify pricing inaccuracies through noticeable deviation in pricing patterns. **Responsible Party:** Linda Henderson, VP, Claims Operations **Date Certain for Implementation**: 12/31/23 **c. Carelon:** Carelon shall complete the following education and training activities: i. All reporting analysts on Carelon's New York Operations team were retrained on the new claims universe policy updates (as described above 2.b.i.2) on 02/17/23 and have been using this practice from that date forward. ii. Carelon P&Ps will be updated by 10/31/2023; all operational, reporting, and claims staff shall be retrained on the new policies and procedures by 11/15/2023. iii. Carelon Operations team shall incorporate coaching opportunities on the topics of New York State regulatory services and their reimbursement methodologies occasionally during monthly team meetings, or more frequently as needed. Topics for these monthly team meetings will include, but not be not limited to, updates on retrospective rate adjustment memos from OMH/OASAS, new guidance on Diversionary or MHOTRS services, the publication of new rate codes, or any new regulations posted by New York State DOH/OMH/OASAS that may otherwise impact Carelon's operational processes. (Continued on next page)

SVP & Chief Compliance Officer / 12.29.2023

Responsible Party: Anthony Zamora, VP, Provider Network & Operations
Date Certain for Implementation: P&P updates by 10/31/23 and trainings by 11/15/23

d. SOMOS:

SOMOS shall take the following training actions as a result of this POC:

i. SOMOS' claims audits will be updated to monitor configuration of the new behavioral health claims deflection logic to ensure it is functioning as intended.
ii. SOMOS' will update P&Ps to reflect changes to their behavioral health claims deflection logic and train claims staff by the configuration go-live date.
iii. Claims staff will be required to take the training at least annually and as a part of new hire training.

Responsible Party: Melissa Vellon, VP, Provider Performance & Reimbursement Strategy
Date Certain for Implementation: 4/30/24

4. Monitoring/Auditing of Corrective Action and/or Revision:

a. **EmblemHealth Compliance:**

EmblemHealth Compliance shall take the following monitoring actions to support this POC:

i. The Regulatory Compliance team shall convene a workgroup of impacted stakeholders no less than monthly to review and discuss OMH rate changes. This workgroup shall support and monitor progress in each area's efforts to implement rate changes, conduct claims sweep and reprocess claims.
ii. Regulatory Compliance shall also conduct an annual audit of the implementation and claims reprocessing efforts of the previous year's OMH rate changes. This audit will assess impacted stakeholders' compliance with rate changes implementation protocols.

Responsible Party: Anthony Genovese-Scullin, Director of Medicaid Compliance
Date Certain for Implementation: 11/1/23 for workgroup and 12/31/23 for audit process and audit to commence in 2024

(Continued on next page)

SVP & Chief Compliance Officer / 12.29.2023

Name of Managed Care Organization Health Insurance Plan of Greater New York, Inc	**Survey Dates: October 1, 2021-April 28, 2023** **Survey ID #1696249187**
Deficiencies	**Plan of Correction with-Timetable**
	b. **EmblemHealth Claims:** To enhance its claims monitoring activities previously documented in the 2020-2021 POC, EmblemHealth Claims will change its pricing review methodology from a random sample size to conduct the following: i. On a monthly basis, the Plan will review processed claims reports provided by vendors, which also contain OMH services claims, to confirm claims are paid at the required NYS rate for behavioral health vendor services. ii. Implement vendor attestation requirement confirming that EmblemHealth's vendors conducted a systems sweep and reprocessed all claims impacted by any pricing inaccuracy identified during an audit, including interest as applicable. **Responsible Party:** Linda Henderson, VP, Claims Operations **Date Certain for Implementation**: 12/31/23 c. **Carelon:** As stated in section 2.b.ii above, Carelon will implement a new retrospective rate update claims audit in addition to our existing claims oversight processes. Carelon will start this quarterly audit as of 11/1/23 for any NYS regulatory retroactive rate update reprocesses. The audit will have a look back window of 90 days for any retrospective rate updates that have reprocess windows completing within the look back window. Carelon will perform random sample audits of at least fifty (50) processed claims per regulatory rate update within the look back window to further verify that claims were adjusted to pay off the newly published, retro-effective rate on file. **Responsible Party:** Anthony Zamora, VP, Provider Network & Operations Date Certain for Implementation: 11/1/23 d. **SOMOS:** Prior to the configuration being updated, SOMOS will run monthly reports to identify any claims fallout with existing behavioral health claims configuration. Once the updated configuration is complete, SOMOS will audit 50 random samples of behavioral health claims on a quarterly basis. **Responsible Party:** Melissa Vellon, VP, Provider Performance & Reimbursement Strategy **Date Certain for Implementation:** Monthly audits ongoing; quarterly audits to begin after 4/30/24

SVP & Chief Compliance Officer / 12.29.2023

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.

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 the review of Medicaid Managed Care Plan (MMCP) reported service delivery data, hereafter referred to as encounter data, and subsequent documentation including the Government Rate Compliance Attestation Letter, herein referred to as "Attestation", the Office of Mental Health (OMH) identified Health Insurance Plan of Greater New York, Inc., hereafter referred to as EmblemHealth, failed to configure systems to pay the required New York State (NYS) government rates for behavioral health (BH) services. Specifically, claims for Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), Assertive Community Treatment (ACT), Personalized Recovery Oriented Services (PROS), Adult Behavioral Health Home and Community Based Services (BH HCBS) and, Community Oriented Recovery and Empowerment (CORE) Services were not paid at the government rate, resulting in the underpayment of 63,361 claims.

Emblem failed to follow the directive to configure their systems to pay the government rates for dates of services back to October 1, 2021, by the original due date of November 30, 2022, and the final extended due date of February 1, 2023.

EmblemHealth was previously cited and assessed a civil penalty for failure to pay claims for BH services at the required minimum rates and properly configure the claims adjudication system as identified during the BH Claims Denial Root Cause Analysis Focused Survey (2020-2021). Based on the findings above, EmblemHealth failed to effectively implement the plan of correction by the date certain of March 31, 2022. **This is a repeat citation.**

OMH and the Department of Health jointly issued the Government Rate Compliance Memo, herein referred to as "Memo", and the Government Rates Underpayment Summary to EmblemHealth on January 5, 2023 notifying them of their failure to comply with the NYS Government Rate Law. The Memo directed EmblemHealth to configure systems and reconcile all identified underpayments by February 1, 2023. On February 17, 2023, OMH supplied EmblemHealth with the claims level detail used in the state-performed claims analysis of encounter data to assist the MMCP with conducting an internal verification of the claims information identified within Table 1. Additionally, on March 30, 2023, OMH sent the Attestation request to verify compliance with the Memo issued on January 5, 2023.

On April 3, EmblemHealth requested an extension to submit the required Attestation. The State granted an extension to April 14, 2023 to allow EmblemHealth to provide the information requested in the Attestation, including appropriate signatures, and not for additional time to complete claims reprocessing or systems configuration.

On April 14, 2023, EmblemHealth submitted a modified Attestation and Underpayment Summary that reported 63,631 underpaid claims, totaling $1,568,001.04 owed to providers. On April 25, 2023, OMH requested EmblemHealth submit an unmodified attestation, which was later provided on April 28, 2023.

Based on information provided within the Attestation, EmblemHealth reported completion dates of June 2023, July 2023, and August 2023 for reprocessing of claims and payments to providers, which surpassed the deadline of February 1, 2023 by 4-6 months.

Plan of Correction for Citations 35.1 Contractor and SDOH Compliance with Applicable Laws and 10.21 Mental Health Services (SOF)

1. **Description of Plan Review:**

   a. **Failure to configure rates and identify all underpayments by the 2/1/23 extended deadline:** EmblemHealth ("Plan") acknowledges that the configuration of certain impacted systems to pay at the

appropriate rate extended beyond the 2/1/23 deadline issued by OMH in its 1/5/23 notice of rate compliance ("Memo"). Despite efforts by EmblemHealth and its primary behavioral health vendor Carelon to identify all claims requiring reconfiguration by the 2/1/23 deadline, Carelon in particular, was unable to pull a complete universe of all in-scope claims. Upon receipt of OMH's 2/17/23 claim level report, the Plan and Carelon identified additional claims for reprocessing at the appropriate State rate.

b. Failure to reprocess claims by the 2/1/23 extended deadline:
The Plan has been cited for "completion dates of June 2023, July 2023, and August 2023 for reprocessing of claims and payments to providers" after the 2/1/23 extended deadline. The Plan reviewed these dates and acknowledges that completion of certain claims reprocessing and issuance of certain payments to providers occurred after the 2/1/23 extended deadline.

c. Failure to implement the POC from the BH Claims Denial Root Cause Analysis Focus Survey (2020-2021) ("2020-2021 POC") by the date certain of March 31, 2022, in order to "pay claims for BH services at the required minimum rates and properly configure the claims adjudication system" (repeat citation):
Response to this section provided separately – see attached.

2. Corrective Action and/or Revision Completed:

a. EmblemHealth Rate Implementation Process:
The Plan commits to the following corrective actions to address the deficiencies in this SOD and SOF relating to its failure to identify EmblemHealth claims as impacted for processing rate code 7778 (HARP HCBS Brief Assessment), and in response to gaps in the Plan's implementation of OMH rate changes with its impacted vendors as follows:

i. The implementation of OMH rate memos shall reside with the Plan's Regulatory Compliance team, who shall distribute OMH rate change memos to stakeholders via email within 2 business days of Plan receipt. Regulatory Compliance shall ensure that the EmblemHealth's Claims team and relationship managers for impacted vendors receive each rate change email and conduct a due diligence review for impact. Each email notification distributed by the Regulatory Compliance team shall include, at minimum, the following:

1. Copy of OMH rate memo.
2. Copies of rate sheets from the OMH reimbursement website and/or link to OMH reimbursement website.
3. Summary of rate change by effective dates and services.
4. Description of the necessary actions (e.g., make rate changes, conduct claims sweep, reprocess claims) within timeline specified by OMH in the rate memo.

ii. The Regulatory Compliance team shall also lead a monthly workgroup of stakeholders that will support and monitor timely implementation of rate changes and claims reprocessing. This process will be documented in a written policy and procedure (P&P).

Responsible Party: Anthony Genovese-Scullin, Director of Medicaid Compliance
Date Certain for Implementation: 12/31/23

b. Carelon:

Carelon commits to the following corrective actions to address the deficiencies in this SOD and SOF relating to its failure to identify timely claims for reprocessing and to conduct monitoring of its claims for the application of the appropriate State rate.

i. For failure to identify timely claims for reprocessing:

1. For all retrospective rate adjustment projects, Carelon will update their claims reprocessing policy to reflect that claims analysis and adjustments will start within ten (10) business days of receipt of all reported in-scope claims for reprocess.

2. As of 2/16/23, Carelon updated its claims policy to expand the scope of its claims universe pulls. By expanding the scope to capture all rate codes posted on OASAS and OMH's site for MHOTRS & FQHCs (hospital-based & freestanding) that could be in scope for a retrospective rate update, Carelon will reprocess all in-scope claims.

Responsible Party: Anthony Zamora, VP, Provider Network & Operations
Date Certain for Implementation: 10/31/23

ii. Carelon will implement a new retrospective rate update claims audit in addition to our existing claims oversight processes. Carelon will start this quarterly audit as of 11/1/23 for any NYS regulatory retroactive rate update reprocesses. The audit will have a look back window of 90 days for any retrospective rate updates that have reprocess windows completing within the look back window. Carelon will perform random sample audits of at least fifty (50) processed claims per regulatory rate update within the look back window to further verify that claims were adjusted to pay off the newly published, retro-effective rate on file.

Responsible Party: Anthony Zamora, VP, Provider Network & Operations
Date Certain for Implementation: 11/1/23

iii. Carelon will make the following changes to enhance its configuration process for OMH-issued rate changes:

1. Commencing with the OASAS Webinar on 10/3/2023, Carelon will have a designee attend State-hosted webinars with plans to discuss regulatory rate updates to ensure Carelon is aware of the scope of impacted services on a per rate code basis.

2. Within 10 business days of the publication date, Carelon will document the timeline that demonstrates its obligation to reprocess claims within the issued timeframe.

Responsible Party: Anthony Zamora, VP, Provider Network & Operations
Date Certain for Implementation: Active and ongoing

c. CMO:

CMO's management services agreement ("MSA") with the Plan was terminated effective 4/1/23. CMO commits to implementing rate changes, conduct claims sweeps and reprocessing claims for any future retrospective OMH rate changes that fall within CMO's contract period until 12/31/23. After 12/31/23

the Plan shall be responsible for conducting reprocessing, as needed, for CMO adjudicated claims.

Responsible Party: Melissa Vellon, VP, Provider Performance & Reimbursement Strategy
Date Certain for Implementation: Active and ongoing

d. SOMOS:
To address SOMOS' deficiency in changing systems configurations to correct a gap in their behavioral health claims deflection logic SOMOS commits to the following:

i. Ensure all carve-out services are correctly processed and redirected to Carelon and, where necessary, add new protocols to address gaps in deflection logic by the date certain for implementation. Effective date for changes will be retroactive to October 2020.

ii. Claims are being monitored to evaluate and adjust incorrect payments until configuration edits are fully tested and in production.

Responsible Party: Melissa Vellon, VP, Provider Performance & Reimbursement Strategy
Date Certain for Implementation: 4/30/24

3. Description of Education and Training Activities:

a. EmblemHealth Rate Implementation Process:
EmblemHealth Regulatory Compliance will train its staff on the enhanced OMH rate implementation process detailed in section 2.a.i above.

Responsible Party: Anthony Genovese-Scullin, Director of Medicaid Compliance
Date Certain for Implementation: 11/30/23

b. EmblemHealth Claims:
EmblemHealth Claims staff responsible for pricing reviews will be trained to conduct a more robust review of delegate-submitted files consistent with the process described in 4.b. below. This will enhance the staff's ability to identify pricing inaccuracies through noticeable deviation in pricing patterns.

Responsible Party: Linda Henderson, VP, Claims Operations
Date Certain for Implementation: 12/31/23

c. Carelon:
Carelon shall complete the following education and training activities:

i. All reporting analysts on Carelon's New York Operations team were retrained on the new claims universe policy updates (as described above 2.b.i.2) on 02/17/23 and have been using this practice from that date forward.

ii. Carelon P&Ps will be updated by 10/31/2023; all operational, reporting, and claims staff shall be retrained on the new policies and procedures by 11/15/2023.

iii. Carelon Operations team shall incorporate coaching opportunities on the topics of New York State regulatory services and their reimbursement methodologies occasionally during monthly team meetings, or more frequently as needed. Topics for these monthly team meetings will include, but not be not limited to, updates on retrospective rate adjustment memos from OMH/OASAS, new guidance on Diversionary or MHOTRS services, the publication of new rate codes, or any new regulations posted by New York State DOH/OMH/OASAS that may otherwise impact Carelon's operational processes.

Responsible Party: Anthony Zamora, VP, Provider Network & Operations
Date Certain for Implementation: P&P updates by 10/31/23 and trainings by 11/15/23

d. SOMOS:
SOMOS shall take the following training actions as a result of this POC:

i. SOMOS' claims audits will be updated to monitor configuration of the new behavioral health claims deflection logic to ensure it is functioning as intended.

ii. SOMOS' will update P&Ps to reflect changes to their behavioral health claims deflection logic and train claims staff by the configuration go-live date.

iii. Claims staff will be required to take the training at least annually and as a part of new hire training.

Responsible Party: Melissa Vellon, VP, Provider Performance & Reimbursement Strategy
Date Certain for Implementation: 4/30/24

4. Monitoring/Auditing of Corrective Action and/or Revision:

a. EmblemHealth Compliance:
EmblemHealth Compliance shall take the following monitoring actions to support this POC:

i. The Regulatory Compliance team shall convene a workgroup of impacted stakeholders no less than monthly to review and discuss OMH rate changes. This workgroup shall support and monitor progress in each area's efforts to implement rate changes, conduct claims sweep and reprocess claims.

ii. Regulatory Compliance shall also conduct an annual audit of the implementation and claims reprocessing efforts of the previous year's OMH rate changes. This audit will assess impacted stakeholders' compliance with rate changes implementation protocols.

Responsible Party: Anthony Genovese-Scullin, Director of Medicaid Compliance
Date Certain for Implementation: 11/1/23 for workgroup and 12/31/23 for audit process and audit to commence in 2024

b. EmblemHealth Claims:
To enhance its claims monitoring activities previously documented in the 2020-2021 POC, EmblemHealth Claims will change its pricing review methodology from a random sample size to

conduct the following:

i. On a monthly basis, the Plan will review processed claims reports provided by vendors, which also contain OMH services claims, to confirm claims are paid at the required NYS rate for behavioral health vendor services.

ii. Implement vendor attestation requirement confirming that EmblemHealth's vendors conducted a systems sweep and reprocessed all claims impacted by any pricing inaccuracy identified during an audit, including interest as applicable.

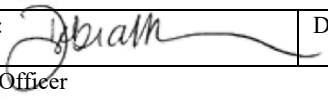
Responsible Party: Linda Henderson, VP, Claims Operations
Date Certain for Implementation: 12/31/23

c. Carelon:
As stated in section 2.b.ii above, Carelon will implement a new retrospective rate update claims audit in addition to our existing claims oversight processes. Carelon will start this quarterly audit as of 11/1/23 for any NYS regulatory retroactive rate update reprocesses. The audit will have a look back window of 90 days for any retrospective rate updates that have reprocess windows completing within the look back window. Carelon will perform random sample audits of at least fifty (50) processed claims per regulatory rate update within the look back window to further verify that claims were adjusted to pay off the newly published, retro-effective rate on file.

Responsible Party: Anthony Zamora, VP, Provider Network & Operations
Date Certain for Implementation: 11/1/23

d. SOMOS:
Prior to the configuration being updated, SOMOS will run monthly reports to identify any claims fallout with existing behavioral health claims configuration. Once the updated configuration is complete, SOMOS will audit 50 random samples of behavioral health claims on a quarterly basis.

Responsible Party: Melissa Vellon, VP, Provider Performance & Reimbursement Strategy
Date Certain for Implementation: Monthly audits ongoing; quarterly audits to begin after 4/30/24

MCO's Representative Signature: 	Date: December 29, 2023
Title: SVP & Chief Compliance Officer	