

**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

Excellus Health Plan, Inc.

TYPE OF SURVEY:

Behavioral Health Network Adequacy Focus Survey
AMENDED

STREET ADDRESS, CITY, STATE, ZIP CODE

165 Court Street
Rochester, NY 14647

SURVEY DATES:

July 2022 – June 2023

SURVEY ID: 492474743

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

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 communicated to the enrolled 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.

Plan of Correction with Timetable

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), Excellus failed to accurately report behavioral health (BH) network standards in the PNDS for the following service:

- ***Assertive Community Treatment (ACT)***

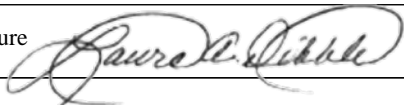
Specifically, for ACT, Excellus consistently reported only one contracted ACT provider in Monroe County for four consecutive quarters, from July 2022 (Q3) through June 2023 (Q2).

Excellus confirmed contracts with 2 providers for ACT in Monroe County in an email on January 19, 2024, and submitted the provider contracts to DOH in an email on February 1, 2024. Following DOH review, the providers were confirmed for ACT. Based on contract review, Excellus meets the BH network standards, but failed to accurately report providers in the PNDS.

In response to these findings the Health Plan has reviewed previous PNDS submissions and existing processes. The Health Plan discovered the following:

It was determined the Health Plan's PNDS submissions lacked the required OMH or OASAS identification numbers which is the root cause of the deficiencies. The lack of NPI's on the PNDS Reference Files poses a challenge internally when matching a license to the proper location.

MCO Representative's Signature



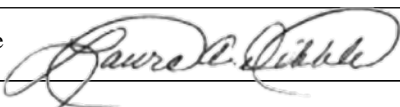
Date

December 5, 2024

Title

Vice President, Chief Compliance Officer, Medicare and Safety Net

**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 Excellus Health Plan, Inc.	TYPE OF SURVEY: Behavioral Health Network Adequacy Focus Survey
STREET ADDRESS, CITY, STATE, ZIP CODE 165 Court Street Rochester, NY 14647	SURVEY DATES: July 2022 – June 2023 SURVEY ID: 492474743
<p>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.</p>	
Deficiencies	Plan of Correction with Timetable
<p><u>Deficiency:</u></p> <p>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), Excellus failed to accurately report behavioral health (BH) network standards in the PNDS for the following service:</p> <ul style="list-style-type: none"> Assertive Community Treatment (ACT) <p>Specifically, for ACT, Excellus consistently reported only one contracted ACT provider in Monroe County for four consecutive quarters, from July 2022 (Q3) through June 2023 (Q2).</p> <p>Excellus confirmed contracts with 2 providers for ACT in Monroe County in an email on January 19, 2024, and submitted the provider contracts to DOH in an email on February 1, 2024. Following DOH review, the providers were confirmed for ACT. Based on contract review, Excellus meets the BH network standards but failed to accurately report providers in the PNDS.</p>	<p>The Plan's long-term solution is a full system replacement. Within the new system, the Plan will be able to maintain the licensure at the proper location level which will allow for the required information to be pulled into the PNDS submission correctly.</p> <p>Currently the implementation of this change is expected by March 31, 2025.</p> <p>In the meantime, as the Health Plan works towards the overarching project solution, manual reviews are performed for each quarterly PNDS submission. Provider File Management (PFM) will partner with Analytics & Data (A&D) to perform manual reviews of the Health Plan's data on a quarterly basis. When a Behavioral Health facility cannot be matched with the PNDS Reference Files to obtain an appropriate OMH and OASAS ID, the Health Plan will reach out to the State to resolve any identified issues. Updates will be made to the submission based on the guidance/response from the State.</p> <p>Additionally, A&D will provide a workable file to PFM once a month which will allow us to submit at least 3 times prior to each quarterly submission. Upon submission of the test files, PFM will use the Summary Report on the PNDS website to identify any deficiencies within the submission. PFM will work with Provider Contracting to ensure that identified gaps in network adequacy are resolved prior to each quarterly submission.</p> <p>Responsible Party: Brian Goetz, Manager-Provider File Management</p>
MCO Representative's Signature 	Date <div style="text-align: right;">December 5, 2024</div>
Title Vice President, Chief Compliance Officer, Medicare and Safety Net	

Statement of Findings
Excellus Health Plan, Inc. (Excellus)
Behavioral Health Network Adequacy Focus Survey AMENDED
Survey ID: 492474743
July 2022 – June 2022

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.

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), Excellus failed to accurately report behavioral health (BH) network standards in the PNDS for the following service:

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It was determined the Health Plan's PNDS submissions lacked the required OMH or OASAS identification numbers which is the root cause of the deficiencies. The lack of NPI's on the PNDS Reference Files poses a challenge internally when matching a license to the proper location.

The Plan's long-term solution is a full system replacement. Within the new system, the Plan will be able to maintain the licensure at the proper location level which will allow for the required information to be pulled into the PNDS submission correctly.

Currently the implementation of this change is expected by March 31, 2025.

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Responsible Party: Brian Goetz, Manager-Provider File Management