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:
UnitedHealthcare of New York, Inc.	Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Virtual Focus Survey **Survey ID #** -556503321
STREET ADDRESS, CITY, STATE, ZIP CODE 1 Penn Plaza, 8th Floor New York, New York 10119	**SURVEY DATES:** July 24, 2023 – October 23, 2024

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
10 NYCRR 98- 4.4 Mental health and substance use disorder parity compliance program (a) Every MCO shall adopt and implement a compliance program that shall include at a minimum: (1) designation of an appropriately experienced individual who shall: (i) be responsible for assessing, monitoring, and managing parity compliance; (ii) report directly to the MCO's chief executive officer or other senior manager; and (iii) report no less than annually to the MCO's board of directors or other governing body, or the appropriate committee thereof, on the activities of the compliance program; 2) written policies and procedures that implement the compliance program, and that describe how the MCO's parity compliance is assessed, monitored, and managed, including: (i) a system for assigning each benefit to the defined benefit classifications as required by MHPAEA; (ii) methodologies for the identification and testing of all financial requirements and quantitative treatment limitations; and (iii) methodologies for the identification and testing, including a comparative analysis, of all non-quantitative treatment limitations that are imposed on mental health or substance use disorder benefits; (3) methodologies for the identification and remediation of improper practices, as described in paragraph (1) of subdivision (b) of this section; (4) a system for the ongoing assessment of parity compliance….	**IMPLEMENTATION PHASE OF THE PLAN OF CORRECTION (POC):** **1. Description of the Review of Non-Compliance** Start Date: January 1, 2025, and Target Completion by 11/25/2025: UHC will document sufficient, complete comparative analyses for (Step 4) as written comparability and equivalent stringency for Coding Edits for Inpatient and Outpatient. Start Date: January 1, 2025, and Target Completion by 11/25/2025: UHC will document sufficient, complete comparative analyses for (Step 5) in operation comparability and equivalent stringency for Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient. **2. Methods to Review and Remediate (Revision, and/or Correction)** Start Date January 1, 2025, and completed by March 1, 2025: Study our reimbursement rate methodology and develop analysis. UHC will implement an updated reimbursement methodology to align reimbursement rate ranges for medical/surgical (M/S) physicians and the range for mental health/substance use disorder (MH/SUD) physicians. • Start Date: March 14, 2025, and the unilateral amendment mailing was released on 5/15/25 to impacted providers. • Start Date: March 31, 2025, and configuration of updated reimbursement methodology will be completed by July 11, 2025. • UHC will update the NQTL comparative analyses to: Include analysis and/or documentation to support any conclusion of overall compliance in response to Steps 4 and 5 for Coding Edits, Inpatient and Outpatient;
MCO Representatives Signature: [redacted]	Date: 7/9/2025
Title CEO Health Plan Community & State	

NEW YORK STATE DEPARTMENT OF HEALTH
ARTICLE 44 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
CONTINUATION SHEET

Name of Managed Care Organization UnitedHealthcare of New York, Inc.	**Survey Dates:** July 24, 2023 – October 23, 2024 **Survey ID #** -556503321
Deficiencies	**Plan of Correction with Timetable**
Deficiency: Based on the review of the Phase I, Phase II, and Phase III nonquantitative treatment limitation (NQTL) workbooks, specific in-operation NQTL requests (Focus Survey Attachment A), and the Mental Health Prior Authorization Information Request (Attachment B) submitted in response to the Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Virtual Focus Survey, UnitedHealthcare of New York, Inc. (UHC) failed to provide sufficient, complete comparative analyses demonstrating compliance with MHPAEA, P.L. 110-343, for the following NQTLs: • prior authorization, • concurrent review, • medical necessity criteria, • outlier review, • reimbursement, • retrospective review, and • coding edits Additionally, UHC failed to remediate improper practices identified for reimbursement. Specifically, within the NQTL workbooks UHC failed to demonstrate in-operation compliance in Step 5 for inpatient and outpatient prior authorization, concurrent review, medical necessity criteria, outlier review, reimbursement, and retrospective review. The Step 5 responses for prior authorization, concurrent review, medical necessity criteria, outlier review, reimbursement, and retrospective review stated that an in-operation analysis took place, however, UHC failed to provide the analysis or supporting evidence. Specifically, for inpatient and outpatient coding edits, UHC failed to demonstrate as-written and in-operation compliance in Steps 4 and 5. UHC did not include an analysis or documentation to support the declaration of overall compliance in response to Steps 4 and 5. During the review of the Focus Survey Attachment A in-operation NQTL requests, UHC revealed that the reimbursement ranges for each of the CPT codes for medical/surgical (M/S) physicians had la significantly higher reimbursement range than the range for mental health/substance use disorder (MH/SUD) physicians. This demonstrates an in-operation process that is applied more stringently to MH/SUD physicians than to M/S physicians.	Provide analysis and/or supporting evidence to demonstrate in-operation compliance in Step 5 for Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient Start Date January 1, 2025, and completion by 11/25/2025 and annually: • UHC will adhere to the policy developed (Phase I and Phase II POC 08/01/2021) to ensure an annual review of MHP Workbooks is conducted at least once annually. • Report no less than annually to the MCO's board of directors, on the activities of the compliance program. **Education and Training** Status Completed in 2024 and will be done again by July 2025: UHC will update the Mental Health Parity (MHP) training module annually. Status Completed in 2024 and will be done again by July 2025: UHC will identify applicable staff to train annually. Training is required for all active employees, directors or other governing body members, agents and other representatives responsible for performing health plan functions subject to federal or state mental health parity requirements; and involved in the MHP comparative analyses conducted under the compliance program. • Status Completed in 2024 and will be done again in July 2025: UHC will notify impacted active employees of the training annually. • Status Completed in 2024 and will be done again in July 2025: Repeat reminders sent to ensure completion UHC will monitor active employee training completion. Training completion rates are monitored, and reminder emails are generated to follow up with employees who have not yet completed the course. **Implementation Start Date:** January 1, 2025 **Implementation End Date:** 11/25/2025

These issues were discussed with UHC during an exit conference call on October 23, 2024.

PHL § 4406 Health maintenance organizations; regulation of contracts

1. The contract between a health maintenance organization and an enrollee shall be subject to regulation by the superintendent as if it were a health insurance subscriber contract, and shall include, but not be limited to, all mandated benefits required by article forty-three of the insurance law. Such contract shall fully and clearly state the benefits and limitations therein provided or imposed, so as to facilitate understanding and comparisons, and to exclude provisions which may be misleading or unreasonably confusing. Such contract shall be issued to any individual and dependents of such individual and any group of one hundred or fewer employees or members, exclusive of spouses and dependents, or to any employee or member of the group, including dependents, applying for such contract at any time throughout the year. An individual direct payment contract shall be issued only in accordance with section four thousand three hundred twenty-eight of the insurance law. The superintendent may, after giving consideration to the public interest, exempt a health maintenance organization from the requirements of this section provided that another health insurer or health maintenance organization within the health maintenance organization's same holding company system, as defined in article fifteen of the insurance law, including a health maintenance organization operated as a line of business of a health service corporation licensed under article forty-three of the insurance law, offers coverage that, at a minimum, complies with this section and provides all of the consumer protections required to be provided by a health maintenance organization pursuant to this chapter and regulations, including those consumer protections contained in sections four thousand four hundred three and four thousand four hundred eight-a of this chapter. The requirements shall not apply to a health maintenance organization exclusively serving individuals enrolled pursuant to title eleven of article five of the social services law, 1 title eleven-D of article five of the social services law, 2 title one-A of article twenty-five of this chapter 3 or title eighteen of the federal Social Security Act, 4 and, further provided, that such health maintenance organization shall not discontinue a contract for an individual receiving comprehensive-type coverage in effect prior to January first, two thousand four who is ineligible to purchase policies offered after such date pursuant to this section or section four thousand three hundred twenty-eight of the insurance law due to the provision of 42 U.S.C. 1395ss in effect prior to January first, two thousand four.

4303(g) 4303(k) and 4303(l) State Insurance Law

MONITORING AND EVALUATION PHASE OF THE PLAN OF CORRECTION (POC)

Scope and Timeframe:

Regular assessments are conducted to support ongoing quality monitoring of Mental Health Parity (MHP) regulatory requirements as defined by the Mental Health Parity and Addiction Equity Act (MHPAEA), the 21st Century Cures Act, the 2021 Consolidated Appropriations Act (CAA), and all applicable federal or state-specific MHP laws and/or regulations. These assessments are not limited to annual reviews but are part of a broader, continuous quality and compliance monitoring strategy. This strategy includes:

- Ongoing monitoring and auditing of MHP infrastructure and processes to ensure both maintenance and progression of compliance efforts.
- Dynamic evaluation of NQTL comparative analyses to confirm alignment with MHPAEA requirements, conducted at least annually and more frequently as needed.
- Robust oversight at the initiation of any Plan of Correction (POC) for non-compliance, with increased frequency and scope of monitoring during early
- stages. This may taper as sustained compliance is demonstrated.
- Real-time detection and facilitation of corrective actions for any identified MHP Improper Practices, with appropriate documentation and reporting mechanisms in place.
- Prioritization of more stringent or restrictive applicable state/federal laws, regulations, or contractual obligations, which take precedence over internal policy.

Monitoring and Evaluation Dates:

Start Date January 1, 2025, and Target Completion by 11/25/2025, UHC will document complete comparative analyses for written comparability and equivalent stringency of Coding Edits for Inpatient and Outpatient services. This will be updated annually in accordance with the Federal and State Mental Health Parity regulations.

Start Date January 1, 2025, and Target Completion by 11/25/2025, UHC will document complete comparative analyses for operational comparability and equivalent stringency of Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient services. This will also be updated annually in accordance with the Federal and State Mental Health Parity regulations.

Staff Completing Activities:

The UHC Mental Health Parity Team, led by the Senior Director, will coordinate with the Compliance Officer, the Regional VP of Network Contracting and Provider

Deficiency:

Based on the review of the Phase I, Phase II, and Phase III nonquantitative treatment limitation (NQTL) workbooks, specific in-operation NQTL requests (Focus Survey Attachment A), and the Mental Health Prior Authorization Information Request (Attachment B) submitted in response to the Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Virtual Focus Survey, UnitedHealthcare of New York, Inc. (UHC) failed to provide sufficient, complete comparative analyses demonstrating compliance with MHPAEA, P.L. 110-343, for the following NQTLs:

- prior authorization,
- concurrent review,
- medical necessity criteria,
- outlier review,
- reimbursement,
- retrospective review, and
- coding edits

Additionally, UHC failed to demonstrate compliance with MHPAEA for reimbursement.

Specifically, within the NQTL workbooks UHC failed to demonstrate in-operation compliance in Step 5 for inpatient and outpatient prior authorization, concurrent review, medical necessity criteria, outlier review, reimbursement, and retrospective review. The Step 5 responses for prior authorization, concurrent review, medical necessity criteria, outlier review, reimbursement, and retrospective review stated that an in-operation analysis took place, however, UHC failed to provide the analysis or supporting evidence.

Specifically, for inpatient and outpatient coding edits, UHC failed to demonstrate as-written and in-operation compliance in Steps 4 and 5. UHC did not include an analysis or documentation to support the declaration of overall compliance in response to Steps 4 and 5.

During the review of the Focus Survey Attachment A in-operation NQTL requests, UHC revealed that the reimbursement ranges for each of the CPT codes for medical/surgical (M/S) physicians had a significantly higher reimbursement range than the range for mental health/substance use disorder (MH/SUD) physicians. This demonstrates an in-operation process that is applied more stringently to MH/SUD physicians than to M/S physicians. These issues were discussed with UHC during an exit conference call on October 23, 2024.

Relations Education and Training, and the Executive Director of Behavioral Health to complete these activities.

Start Date: January 1, 2025, and Target Completion by 11/25/2025 and annually afterwards:

- UHC will adhere to the policy developed (Phase I and Phase II POC 08/01/2021) to ensure an annual review of MHP Workbooks is conducted at least once annually and report no less than annually to the MCO's board of directors, on the activities of the compliance program.
- UHC will document sufficient, complete comparative analyses for (Step 4) as written comparability and equivalent stringency for Coding Edits for Inpatient and Outpatient.
- UHC will document sufficient, complete comparative analyses for (Step 5) in operation comparability and equivalent stringency for Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient.

- Start Date: Post implementation claims audit will start on 8/01/2025 and continue through to 12/31/2025. Thereafter, it will be conducted as quarterly reviews. This will include close monitoring of any update to the reimbursement system configuration to ensure these updates are appropriately implemented.

Responsible Parties for the Plan of Correction for Implementation and Monitoring:

- Senior Director, Mental Health Parity, UHC Mental Health Parity Team - Methods to Review and Remediate
- Executive Director, Behavioral Health, Methods to Review and Remediate
- Regional VP, Network Contracting and Provider Relations Education and Training
- Director, Compliance

Overall Owner:

- Senior Director, Mental Health Parity, UHC Mental Health Parity Team

Statement of Findings
UnitedHealthcare of New York, Inc.,
Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance
Virtual Focus Survey
Survey Dates: July 24, 2023 – October 23, 2024
Survey ID: -556503321

10.2 Compliance with State Medicaid Plan, Applicable Laws and Regulations
h.) Mental Health and Substance Use Disorder Benefits Parity Requirements
i.) The Contractor shall comply with mental health and substance use disorder benefits parity requirements for financial requirements and treatment limitations specified in 42 CFR 438.910.

18.5 Reporting Requirements
a) The Contractor shall submit the following reports to SDOH (unless otherwise specified). The Contractor will certify the data submitted pursuant to this section as required by SDOH. The certification shall be in the manner and format established by SDOH and must attest, based on best knowledge, information, and belief to the accuracy, completeness and truthfulness of the data being submitted.
xxii) Mental Health and Substance Use Disorder Parity Reporting Requirements Upon request by the SDOH, OMH or OASAS the Contractor shall prepare and submit documentation and reports, in a form and format specified by SDOH, OMH or OASAS, necessary for the SDOH, OMH or OASAS to establish and demonstrate compliance with 42 CFR 438 Subpart K, and applicable State statute, rules and guidance.

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 the review of the Phase I, Phase II, and Phase III nonquantitative treatment limitation (NQTL) workbooks, specific in-operation NQTL requests (Focus Survey Attachment A), and the Mental Health Prior Authorization Information Request (Attachment B) submitted in response to the Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Virtual Focus Survey, UnitedHealthcare of New York, Inc. (UHC) failed to provide sufficient, complete comparative analyses demonstrating compliance with MHPAEA, P.L. 110-343, for the following NQTLs:

- prior authorization,
- concurrent review,
- medical necessity criteria,
- outlier review,
- reimbursement,
- retrospective review, and
- coding edits

Additionally, UHC failed to demonstrate compliance for MHPAEA for reimbursement.

Specifically, during the review of the NQTL workbooks, UHC failed to demonstrate in-operation compliance in Step 5 for inpatient and outpatient prior authorization, concurrent review, medical necessity criteria, outlier review, reimbursement, and retrospective review. The Step 5 responses for prior authorization, concurrent review, medical necessity criteria, outlier review, reimbursement, and retrospective review stated that an in-operation analysis took place, however, UHC failed to provide the analysis or supporting evidence.

Specifically, for inpatient and outpatient coding edits, UHC failed to demonstrate as-written and in-operation compliance in Steps 4 and 5. UHC did not include an analysis or documentation to support the declaration of overall compliance in response to Steps 4 and 5.

During the review of the Focus Survey Attachment A in-operation NQTL requests, UHC revealed that the reimbursement ranges for each of the CPT codes for medical/surgical (M/S) physicians had a significantly higher reimbursement range than the range for mental health/substance use disorder (MH/SUD) physicians. This demonstrates an in-operation process that is applied more stringently to MH/SUD physicians than to M/S physicians.

These issues were discussed with UHC during an exit conference call on October 23, 2024.

UnitedHealthcare of New York, Inc. (UHC) Response:

A. IMPLEMENTATION PHASE OF THE PLAN OF CORRECTION (POC):

1. Description of the Review of Non-Compliance

- Start Date: January 1, 2025, and Target Completion by 11/25/2025: UHC will document sufficient, complete comparative analyses for (Step 4) as written comparability and equivalent stringency for Coding Edits for Inpatient and Outpatient.
- Start Date: January 1, 2025, and Target Completion by 11/25/2025: UHC will document sufficient, complete comparative analyses for (Step 5) in operation comparability and equivalent stringency for Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient.

2. Methods to Review and Remediate (Revision, and/or Correction)

- Start Date January 1, 2025, and completed by March 1, 2025: Study our reimbursement rate methodology and develop analysis.
- UHC will implement an updated reimbursement methodology to align reimbursement rate ranges for medical/surgical (M/S) physicians and the range for mental health/substance use disorder (MH/SUD) physicians.
    a. Start Date: March 14, 2025, and the unilateral amendment mailing was released on 5/15/25 to impacted providers.

b. Start Date: March 31, 2025, and configuration of updated reimbursement methodology will be completed by July 11, 2025.

- UHC will update the NQTL comparative analyses to:
  a. Include analysis and/or documentation to support any conclusion of overall compliance in response to Steps 4 and 5 for Coding Edits, Inpatient and Outpatient;
  b. Provide analysis and/or supporting evidence to demonstrate in-operation compliance in Step 5 for Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient
  c. Start Date January 1, 2025, and completion by 11/25/2025 and annually:
     - UHC will adhere to the policy developed (Phase I and Phase II POC 08/01/2021) to ensure an annual review of MHP Workbooks is conducted at least once annually.
     - Report no less than annually to the MCO's board of directors, on the activities of the compliance program.

3. Education and Training

- Status Completed in 2024 and will be done again by July 2025: UHC will update the Mental Health Parity (MHP) training module annually.
- Status Completed in 2024 and will be done again by July 2025: UHC will identify applicable staff to train annually.
- Training is required for all active employees, directors or other governing body members, agents and other representatives responsible for performing health plan functions subject to federal or state mental health parity requirements; and involved in the MHP comparative analyses conducted under the compliance program.
  a. Status Completed in 2024 and will be done again in July 2025: UHC will notify impacted active employees of the training annually.
  b. Status Completed in 2024 and will be done again in July 2025: Repeat reminders sent to ensure completion UHC will monitor active employee training completion. Training completion rates are monitored, and reminder emails are generated to follow up with employees who have not yet completed the course.

Implementation Start Date:
January 1, 2025

Implementation End Date:
11/25/2025

B. MONITORING AND EVALUATION PHASE OF THE PLAN OF CORRECTION (POC)

1. **Scope and Timeframe:**
   a. Regular assessments are conducted to support ongoing quality monitoring of Mental Health Parity (MHP) regulatory requirements as defined by the Mental Health Parity and Addiction Equity Act (MHPAEA), the 21st Century Cures Act, the 2021 Consolidated Appropriations Act (CAA), and all applicable federal or state-specific MHP laws and/or regulations. These assessments are not limited to annual reviews but are part of a broader, continuous quality and compliance monitoring strategy.
   b. This strategy includes:
      a. Ongoing monitoring and auditing of MHP infrastructure and processes to ensure both maintenance and progression of compliance efforts.
      b. Dynamic evaluation of NQTL comparative analyses to confirm alignment with MHPAEA requirements, conducted at least annually and more frequently as needed.

c. Robust oversight at the initiation of any Plan of Correction (POC) for non-compliance, with increased frequency and scope of monitoring during early stages. This may taper as sustained compliance is demonstrated.
d. Real-time detection and facilitation of corrective actions for any identified MHP Improper Practices, with appropriate documentation and reporting mechanisms in place.
e. Prioritization of more stringent or restrictive applicable state/federal laws, regulations, or contractual obligations, which take precedence over internal policy.

c. Monitoring and Evaluation Dates:
   a. Start Date January 1, 2025, and Target Completion by 11/25/2025, UHC will document complete comparative analyses for written comparability and equivalent stringency of Coding Edits for Inpatient and Outpatient services.

      This will be updated annually in accordance with the Federal and State Mental Health Parity regulations.

   b. Start Date January 1, 2025, and Target Completion by 11/25/2025, UHC will document complete comparative analyses for operational comparability and equivalent stringency of Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient services.

      This will also be updated annually in accordance with the Federal and State Mental Health Parity regulations.

2. **Staff Completing Activities**:

- The UHC Mental Health Parity Team, led by the Senior Director, will coordinate with the Compliance Officer, the Regional VP of Network Contracting and Provider Relations Education and Training, and the Executive Director of Behavioral Health to complete these activities.

  Start Date: January 1, 2025, and Target Completion by 11/25/2025 and annually afterwards:
  a. UHC will adhere to the policy developed (Phase I and Phase II POC 08/01/2021) to ensure an annual review of MHP Workbooks is conducted at least once annually and report no less than annually to the MCO's board of directors, on the activities of the compliance program.
  b. UHC will document sufficient, complete comparative analyses for (Step 4) as written comparability and equivalent stringency for Coding Edits for Inpatient and Outpatient.
  c. UHC will document sufficient, complete comparative analyses for (Step 5) in operation comparability and equivalent stringency for Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Review, Reimbursement, and Retrospective Review for Inpatient and Outpatient.

- Start Date: Post implementation claims audit will start on 8/01/2025 and continue through to 12/31/2025. Thereafter, it will be conducted as quarterly reviews. This will include close monitoring of any update to the reimbursement system configuration to ensure these updates are appropriately implemented.

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Responsible Parties for the Plan of Correction for Implementation and Monitoring:

- Senior Director, Mental Health Parity, UHC Mental Health Parity Team - Methods to Review and Remediate
- Executive Director, Behavioral Health, Methods to Review and Remediate
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- Director, Compliance

Overall Owner:

- Senior Director, Mental Health Parity, UHC Mental Health Parity Team