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:
WellCare of New York, Inc.	Submission of completed non-quantitative treatment limitations workbooks to demonstrate compliance with the Mental Health Parity and Addiction Equity Act
STREET ADDRESS, CITY, STATE, ZIP CODE	**SURVEY DATES:**
One New York Plaza New York, NY 10004	October 30, 2019 Survey ID: 145774030

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
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.** **Deficiency:** Required updated and completed phase 2 submission of non-quantitative treatment limitations workbooks to demonstrate compliance with the Mental Health Parity and Addiction Equity Act were not received by the State issued due date of October 30, 2019.	

MCO Representativ [redacted]	Date November 11, 2019
Title Senior Director of Regulatory Compliance	

Deficiencies	Plan of Correction with Timetable
MCO Representative's Signature	Date
Title	