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:
Amida Care, Inc.	Focus Survey: Mental Health Parity and Addiction Equity Act Testing of Phase III Workbooks
STREET ADDRESS, CITY, STATE, ZIP CODE 14 Penn Plaza, 2nd Floor New York, NY 10122	**SURVEY DATES:** March 11, 2020 - November 30, 2020 Survey ID #: 1629380334

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 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.** **Deficiency:** Based on the review of Amida Care, Inc.'s Phase III nonquantitative treatment limitation (NQTL) workbook submissions, the MCO failed to follow parity reporting requirements and demonstrate compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), P.L. 110-343, for 5 of 10 NQTLs examined, including retrospective review, outlier review, experimental/investigational determinations, fail first, and provider credentialing. • Specifically, Amida Care, Inc. failed to provide all required information and substantive comparative analyses in Steps 1 through 5 for outlier review in the inpatient, outpatient, and prescription drug benefit classifications and retrospective review and fail first in the prescription drug benefit	**10 CRR-NY 98-1.16 Disclosure and filing – Deficiency** *Amida Care reviewed our prior Phase III workbook responses and OMH's feedback for outlier review (inpatient and outpatient); prescription drug benefit classifications and retrospective review; fail first in the prescription drug benefit classification; experimental/investigational determinations (inpatient and outpatient); and provider credentialing in the inpatient and outpatient benefit classifications. Meetings were held with functional leads as well as the Chief Medical Officer and Chief Business Operations and Strategy Officer to address the root causes of areas of non-compliance. A meeting was also scheduled with Beacon to discuss and better understand the parity components. Below outlines some of the topics that resulted from these meetings:* • *Regarding prescription drug benefit classification, Amida Care has a Pharmacy and Therapeutic Committee that reviews any new drugs regardless of therapeutic class which includes BH medications that come into the market. The same policies and practices apply to all prescription drug benefit classifications. This committee is chaired by a Senior Clinical Pharmacist,* [redacted] *and pharmacists from in-network outpatient sites and providers from in-network sites. The committee meets on a quarterly basis.* • *Prescription drug utilization review for all drug classes are reviewed simultaneously. Criteria is established for all drugs that require utilization*

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[redacted]	11-16-2021
Title Senior Director of Compliance/Compliance Officer	

classification. The MCO also failed to provide all required information and substantive comparative analyses in Step 4, as written comparability and equivalent stringency, and Step 5, in-operation comparability and equivalent stringency, for retrospective review in the inpatient and outpatient benefit classifications.

The MCO failed to provide all required information and substantive comparative analyses in 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 experimental/investigational determinations in the inpatient, outpatient, and prescription drug benefit classifications. The MCO also failed to provide a substantive comparative analysis in Step 5, in-operation comparability and equivalent stringency, for provider credentialing in the inpatient and outpatient benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

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

management and if a member meets the criteria, the review will be approved. Part of the criteria can be for member to try a covered alternative and/or if the member is unable to take covered alternative then medical necessity rational is required from the prescriber.

- *Retrospective review for prescription drugs is handled in the same manner as prospective reviews.*

We have determined that a more formal and comprehensive process is needed to compare the MH/SUD benefit to the Med/Surgical benefit to ensure they are comparable and that the MH/SUD policies are not more stringently applied than those for Med/Surgical.

Effective 12/15/2021, Amida Care will develop a formal MHPAEA program led by Amida Care leadership which will include internal staff and representatives from Beacon. [redacted]. *This committee will meet monthly for 6 months to monitor completion of the comparative analyses and plan of correction. After 6 months, the committee will meet quarterly. The principal charge of the committee is to ensure compliance with MHPAEA. This committee will provide oversight and ensure that the following items are addressed and resolved:*

- *Ensure and demonstrate that processes, strategies, evidentiary standards and other factors will be used to design and operationalize inpatient and outpatient retrospective review and prescription drug retrospective review for MH/SUD benefits that are comparable to those utilized for Med/Surg benefits*

- *Ensure workbook reporting prompts are followed for prescription drug retrospective review, outlier review, and experimental/investigational determinations, fail first and for each service classification.*

- *Ensure outlier review has substantive comparative*

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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** **Deficiency:** Based on the review of Amida Care, Inc.'s Phase III NQTL workbook submission (submitted August 14, 2020), the MCO failed to comply with MHPAEA for retrospective review. • Specifically, the MCO's submission for retrospective review in the inpatient and outpatient benefit classifications demonstrated in Steps 1 through 3 that the processes, strategies, evidentiary standards, and other factors used to	*analyses demonstrate that process, evidentiary standards and other factors will be used to design and operationalize the NQTL for MH/SUD inpatient and outpatient.* • *Ensure that prescription drug outlier is comparable to and no more stringently applied to those utilized for Med/Surg benefits* • *Ensure that experimental/investigational determinations provide substantive comparable analysis including evidentiary standards comparability, equivalent stringency, written comparability and in-operation comparability.* • *Ensure and demonstrate that fail first processes, strategies, evidentiary standards and other factors will be used to design and operationalize the NQTL for MH/SUD prescription drugs and are comparable to and no more stringently* • *Ensure that provider credentialing provide a substantive comparative analysis which includes in-operation comparability and equivalent stringency.* *As part of the process, a workgroup chaired by [redacted], Manager of Health Plan Operations, will provide oversight for the initial comparative analyses and completion of the plan of correction. Monthly updates will be reported to the Benefit Design Strategy and Implementation Committee.* *Additionally, a policy will be created and finalized that will detail this process. Once the Phase III workbooks have been updated, a meeting will be scheduled with Milliman requesting their review and feedback on whether our substantive comparative analyses, equivalent stringency, evidentiary standards comparability, in-operation comparability along with the required information meets the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA).* *Staff training will be scheduled for relevant staff once the policy has been finalized and approved. When necessary, follow-up training will also be conducted to address additional changes for areas of potential non-compliance.* *Amida Care will include MHPAEA Compliance Issues within the scope of the Compliance Hotline reporting under the Compliance Program. Any such compliance issues shall be investigated appropriately including protection for the reporting individual from any retaliation. If Amida Care*
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implement retrospective review for mental health and substance use disorder (MH/SUD) benefits are not comparable to those utilized for medical and surgical (M/S) benefits. To wit, the MCO indicated that it considers factors such as high cost for M/S benefits and other, non-comparable factors related to clinical care for MH/SUD benefits.	*identifies any MHPAEA violations, immediate corrective action will be implemented to correct the violation.* *To ensure ongoing monitoring, Amida Care will designate a management staff responsible for assessing, monitoring, and managing Parity Compliance. Such management staff reports directly to* [redacted] **PHL § 4406 Health maintenance organizations; regulation of contracts - Deficiency** *Amida Care reviewed our prior Phase III workbook responses and OMH's feedback for retrospective review in the inpatient and outpatient benefit classifications demonstrated in Step 1 through 3. Meetings were held with involvement from functional leads as well as the Chief Medical Officer and Chief Business Operations and Strategy Officer to address the root causes of areas of non-compliance. A meeting was also scheduled with Beacon to discuss and better understand the parity components.* *We have determined that a more formal process is needed to compare the MH/SUD benefit to the Med/Surgical benefit to ensure they are comparable and that the MH/SUD policies are not more stringently applied than those for Med/Surgical.* *Effective 12/15/2021, Amida Care will develop a formal MHPAEA program led by Amida Care leadership which will include internal staff and representatives from Beacon. A standing committee called Benefit Design Strategy and Implementation Committee will be developed chaired by* [redacted]*. This committee will meet monthly for 6 months to monitor completion of the comparative analyses and plan of correction. After 6 months, the committee will meet quarterly. The principal charge*

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	of the committee is to ensure compliance with MHPAEA. *This committee will provide oversight and ensure that the following items are addressed and resolved:* • *Ensure and demonstrate that processes, strategies, evidentiary standards and other factors will be used to design and operationalize inpatient and outpatient retrospective review for MH/SUD benefits that are comparable to those utilized for Med/Surg benefits.* *As part of the process, a workgroup chaired by J [redacted] will provide oversight for the initial comparative analyses and completion of the plan of correction. Monthly updates will be reported to the Benefit Design Strategy and Implementation Committee.* *A policy will be created and finalized that will detail this process. Once the Phase III workbooks have been updated, a meeting will be scheduled with [redacted] requesting their review and feedback on whether our substantive comparative analyses, equivalent stringency, evidentiary standards comparability, in-operation comparability along with the required information meets the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA).* *Staff training will be scheduled for relevant staff once the policy has been finalized and approved. When necessary, follow-up training will also be conducted to address additional changes for areas of potential non-compliance.* *Amida Care will include MHPAEA Compliance Issues within the scope of the Compliance Hotline reporting under the Compliance Program. Any such compliance issues shall be investigated appropriately including protection for the reporting individual from any retaliation. If Amida Care identifies any MHPAEA violations, immediate corrective action will be implemented to correct the violation.* *To ensure ongoing monitoring, Amida Care will designate a management staff responsible for assessing, monitoring, and managing Parity Compliance. This management staff reports directly to [redacted] Chief Business Operations and Strategy Officer. Parity reports will be presented no less than annually to the Compliance Committee on the activities of the Mental Health Parity Program. The plan of correction will be implemented by March 30, 2022. [redacted], Chief Business Operations and Strategy Officer will be responsible for the implementation of the plan of correction.*

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Statement of Findings
Amida Care, Inc.
Mental Health Parity and Addiction Equity Act Testing of Phase III Workbooks
March 11, 2020 - November 30, 2020
Survey ID #: 1629380334

Parity Compliance

10.2 Compliance with State Medicaid Plan, Applicable Laws and Regulations
h.) Mental Health and Substance Use Disorder Benefits Parity Requirements
ii.) 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.

Finding:

Based on the review of Amida Care, Inc.'s Phase III nonquantitative treatment limitation (NQTL) workbook submissions, the Managed Care Organization (MCO) failed to follow parity reporting requirements and demonstrate compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), P.L. 110-343, for 5 of 10 NQTLs examined, including retrospective review, outlier review, experimental/investigational determinations, fail first, and provider credentialing.

- Specifically, Amida Care, Inc. failed to provide all required information and substantive comparative analyses in Steps 1 through 5 for outlier review in the inpatient, outpatient, and prescription drug benefit classifications and retrospective review and fail first in the prescription drug benefit classification. The MCO also failed to provide all required information and substantive comparative analyses in Step 4, as written comparability and equivalent stringency, and Step 5, in-operation comparability and equivalent stringency, for retrospective review in the inpatient and outpatient benefit classifications.

  The MCO failed to provide all required information and substantive comparative analyses in 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 experimental/investigational determinations in the inpatient, outpatient, and prescription drug benefit classifications. The MCO also failed to provide a substantive comparative analysis in Step 5, in-operation comparability and equivalent stringency, for provider credentialing in the inpatient and outpatient benefit classifications. Due to these findings, the State is not able to assess whether the MCO complies with MHPAEA for the above-referenced NQTLs.

  Additionally, based on the review of Amida Care, Inc.'s Phase III NQTL workbook submission (submitted August 14, 2020) for retrospective review, the MCO is not in compliance with MHPAEA. The MCO's submission for retrospective review in the inpatient and outpatient benefit classifications demonstrated in Steps 1 through 3 that the processes, strategies, evidentiary standards, and other factors used to implement retrospective review for mental health and substance use disorder (MH/SUD) benefits are not comparable to those utilized for medical and surgical (M/S) benefits. To wit, the MCO indicated that it considers factors such as high cost for M/S benefits and other, non-comparable factors related to clinical care for MH/SUD benefits.

Amida Care reviewed our prior Phase III workbook responses and OMH's feedback for outlier review (inpatient and outpatient); prescription drug benefit classifications and retrospective review; fail first in the prescription drug benefit classification; experimental/investigational determinations (inpatient and outpatient); and provider credentialing in the inpatient and outpatient benefit classifications. Meetings were held with functional leads as well as the Chief Medical Officer and Chief Business Operations and Strategy Officer to address the root causes of areas of non-compliance. A meeting was also scheduled with Beacon to discuss and better understand the parity components. Below outlines some of the topics that resulted from these meetings:

- *Regarding prescription drug benefit classification, Amida Care has a Pharmacy and Therapeutic Committee that reviews any new drugs regardless of therapeutic class which includes BH*

medications that come into the market. The same policies and practices apply to all prescription drug benefit classifications. This committee is chaired by a Senior Clinical Pharmacist, [redacted] and members include the Chief Medical Officer, [redacted] MD, and pharmacists from in-network outpatient sites and providers from in-network sites. The committee meets on a quarterly basis.

- *Prescription drug utilization review for all drug classes are reviewed simultaneously. Criteria is established for all drugs that require utilization management and if a member meets the criteria, the review will be approved. Part of the criteria can be for member to try a covered alternative and/or if the member is unable to take covered alternative then medical necessity rational is required from the prescriber.*
- *Retrospective review for prescription drugs is handled in the same manner as prospective reviews.*

We have determined that a more formal and comprehensive process is needed to compare the MH/SUD benefit to the Med/Surgical benefit to ensure they are comparable and that the MH/SUD policies are not more stringently applied than those for Med/Surgical.

Effective 12/15/2021, Amida Care will develop a formal MHPAEA program led by Amida Care leadership which will include internal staff and representatives from Beacon. A standing committee called Benefit Design Strategy and Implementation Committee will be developed chaired by [redacted]. This committee will meet monthly for 6 months to monitor completion of the comparative analyses and plan of correction. After 6 months, the committee will meet quarterly. The principal charge of the committee is to ensure compliance with MHPAEA. This committee will provide oversight and ensure that the following items are addressed and resolved:

- *Ensure and demonstrate that processes, strategies, evidentiary standards and other factors will be used to design and operationalize inpatient and outpatient retrospective review and prescription drug retrospective review for MH/SUD benefits that are comparable to those utilized for Med/Surg benefits*
- *Ensure workbook reporting prompts are followed for prescription drug retrospective review, outlier review, and experimental/investigational determinations, fail first and for each service classification.*
- *Ensure outlier review has substantive comparative analyses demonstrate that process, evidentiary standards and other factors will be used to design and operationalize the NQTL for MH/SUD inpatient and outpatient.*
- *Ensure that prescription drug outlier is comparable to and no more stringently applied to those utilized for Med/Surg benefits*
- *Ensure that experimental/investigational determinations provide substantive comparable analysis including evidentiary standards comparability, equivalent stringency, written comparability and in-operation comparability.*
- *Ensure and demonstrate that fail first processes, strategies, evidentiary standards and other factors will be used to design and operationalize the NQTL for MH/SUD prescription drugs and*

are comparable to and no more stringently

- *Ensure that provider credentialing provide a substantive comparative analysis which includes in-operation comparability and equivalent stringency.*

As part of the process, a workgroup chaired by [redacted], Manager of Health Plan Operations, will provide oversight for the initial comparative analyses and completion of the plan of correction. Monthly updates will be reported to the Benefit Design Strategy and Implementation Committee.

Additionally, a policy will be created and finalized that will detail this process. Once the Phase III workbooks have been updated, a meeting will be scheduled with Milliman requesting their review and feedback on whether our substantive comparative analyses, equivalent stringency, evidentiary standards comparability, in-operation comparability along with the required information meets the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA).

Staff training will be scheduled for relevant staff once the policy has been finalized and approved. When necessary, follow-up training will also be conducted to address additional changes for areas of potential non-compliance.

Amida Care will include MHPAEA Compliance Issues within the scope of the Compliance Hotline reporting under the Compliance Program. Any such compliance issues shall be investigated appropriately including protection for the reporting individual from any retaliation. If Amida Care identifies any MHPAEA violations, immediate corrective action will be implemented to correct the violation.

To ensure ongoing monitoring, Amida Care will designate a management staff responsible for assessing, monitoring, and managing Parity Compliance. Such management staff reports directly to [redacted] Parity reports will be presented no less than annually to the Compliance Committee on the activities of the Mental Health Parity Program. The plan of correction will be implemented by March 30, 2022. [redacted], Chief Business Operations and Strategy Officer will be responsible for the implementation of the plan of correction.

Additionally, based on the review of Amida Care, Inc.'s Phase Ill NQTL workbook submission (submitted August 14, 2020) for retrospective review, the MCO is not in compliance with MHPAEA. The MCO's submission for retrospective review in the inpatient and outpatient benefit classifications demonstrated in Steps 1 through 3 that the processes, strategies, evidentiary standards, and other factors used to implement retrospective review for mental health and substance use disorder (MH/SUD) benefits are not comparable to those utilized for medical and surgical (M/S) benefits. To wit, the MCO indicated that it considers factors such as high cost for M/S benefits and other, non-comparable factors related to clinical care for MH/SUD benefits.

Amida Care reviewed our prior Phase III workbook responses and OMH's feedback for retrospective review in the inpatient and outpatient benefit classifications demonstrated in Step 1 through 3.

Meetings were held with involvement from functional leads as well as the Chief Medical Officer and Chief Business Operations and Strategy Officer to address the root causes of areas of non-compliance. A meeting was also scheduled with Beacon to discuss and better understand the parity components.

We have determined that a more formal process is needed to compare the MH/SUD benefit to the Med/Surgical benefit to ensure they are comparable and that the MH/SUD policies are not more stringently applied than those for Med/Surgical.

Effective 12/15/2021, Amida Care will develop a formal MHPAEA program led by Amida Care leadership which will include internal staff and representatives from Beacon. A standing committee called Benefit Design Strategy and Implementation Committee will be developed chaired by [redacted], Chief Medical Director. Membership will include: Associate Medical Director; Vice President of Operations; [redacted] Vice President of Integrated Care and Behavioral Health; [redacted] Director of Operational Initiative; [redacted], Senior Director of Compliance/Compliance Officer; Nicolette Piscatelli, Senior Director Network Operations; [redacted], Vice President of Health Services; [redacted] Director of Pharmacy and [redacted], Director of Vendor Performance. This committee will meet monthly for 6 months to monitor completion of the comparative analyses and plan of correction. After 6 months, the committee will meet quarterly. The principal charge of the committee is to ensure compliance with MHPAEA.

This committee will provide oversight and ensure that the following items are addressed and resolved:

- *Ensure and demonstrate that processes, strategies, evidentiary standards and other factors will be used to design and operationalize inpatient and outpatient retrospective review for MH/SUD benefits that are comparable to those utilized for Med/Surg benefits.*

As part of the process, a workgroup chaired by [redacted], Manager of Health Plan Operations, will provide oversight for the initial comparative analyses and completion of the plan of correction. Monthly updates will be reported to the Benefit Design Strategy and Implementation Committee.

A policy will be created and finalized that will detail this process. Once the Phase III workbooks have been updated, a meeting will be scheduled with Milliman requesting their review and feedback on whether our substantive comparative analyses, equivalent stringency, evidentiary standards comparability, in-operation comparability along with the required information meets the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA).

Staff training will be scheduled for relevant staff once the policy has been finalized and approved. When necessary, follow-up training will also be conducted to address additional changes for areas of potential non-compliance.

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To ensure ongoing monitoring, Amida Care will designate a management staff responsible for assessing, monitoring, and managing Parity Compliance. This management staff reports directly to [redacted], Chief Business Operations and Strategy Officer. Parity reports will be presented no less than

annually to the Compliance Committee on the activities of the Mental Health Parity Program. The plan of correction will be implemented by March 30, 2022. [redacted]*, Chief Business Operations and Strategy Officer will be responsible for the implementation of the plan of correction.*