

## COMPLIANCE

### Plans have work to do to meet mental health act requirements

The Departments of Labor, Health and Human Services, and Treasury issued a report to Congress in January on group health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). This is the first report since the Departments stepped up enforcement of the MHPAEA in the wake of the Consolidated Appropriations Act, 2021 (CAA) and includes some key to-do's for group health plans.

The CAA requires group health plans beginning in February 2021 to perform comparative analyses of their non-quantitative treatment limitations (NQTs) on mental health and substance use disorder (MH/SUD) benefits. The Department of Labor's Employee Benefit Security Administration (EBSA) sent letters to more than 150 plans and insurers requesting comparative analyses for over 200 unique NQTs. EBSA reported that many plans did not already

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have a comparative analysis and that *none* of the comparative analyses that were prepared had sufficient information upon initial receipt. These are the common deficiencies:

- Failure to document comparative analysis before designing and applying the NQTL.
- Conclusory assertions lacking specific supporting evidence or detailed explanation.
- Lack of meaningful comparison or meaningful analysis.
- Non-responsive comparative analysis.
- Documents provided without adequate explanation.
- Failure to identify the specific MH/SUD and medical/surgical benefits or MHPAEA benefit classification(s) affected by an NQTL.
- Limiting the scope of analysis to only a portion of the NQTL at issue.
- Failure to identify all factors.
- Lack of sufficient detail about identified factors.
- Failure to demonstrate the application of identified factors in the design of an NQTL.
- Failure to demonstrate compliance of an NQTL as applied.

EBSA issued dozens of insufficiency letters related to impermissible NQTs and inadequate comparative analyses. It specifically noted that a

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WENJIN CHEN VIA GETTY IMAGES

# Your voice matters



by Ed Wolyniec, CEO

A big thank you to all of our clients who took time to respond to our 2021 BeneSys Client Satisfaction Survey in December. The good news for us is that compared with the 2020 survey, the participation rate was up and the overall satisfaction rating you gave us also increased. That being said, there were concerns voiced on various areas of service delivery and responsiveness. I personally read all comments and shared them with the appropriate BeneSys team members for follow-up. Your candor is much appreciated and will help direct our ongoing improvement efforts to provide great service to members, their dependents, and the trustees and committee members who guide the trusts we serve.

As the COVID-19 pandemic enters its third year, BeneSys continues to work aggressively to minimize the impact on our employees and our service delivery to you. For all of our locations, an employee mask mandate remains in place, and we are closely monitoring and adhering to mandates from all levels of government. All BeneSys employees complete a mandatory daily health screening survey to be

cleared to work. We are also continuing to ask members to wear a mask for walk-in visits to keep them and our employees safe. Thanks for supporting us in that effort.

As always, we appreciate you taking time to read this issue of the *BeneSys Navigator*! Suggestions for topics are welcome. Please email suggestions directly to me at [ed.wolyniec@benesys.com](mailto:ed.wolyniec@benesys.com). •

## OFFICE RELOCATION

**Our Youngstown, Ohio, office recently moved from Austintown to nearby Canfield. We're now serving clients in our new space at 3660 Stutz Drive, Suite 101, in Canfield.**



## COMPLIANCE | CONTINUED

chart comparing medical/surgical benefits with MH/SUD benefits was inadequate. Even when plans did provide claim metrics, EBSA found that the analyses were missing necessary context, such as a description of the methodology, source data and calculations used to derive the metrics.

EBSA also found that many of the plans it reviewed contained impermissible NQTLs on MH/SUD benefits. These were the most common impermissible plan terms:

- Limitation or exclusion of applied behavior analysis therapy or other services to treat autism spectrum disorder.
- Billing requirements – licensed MH/SUD

providers can bill the plan only through specific types of other providers.

- Limitation or exclusion of medication-assisted treatment for opioid use disorder.
- Preauthorization or precertification requirements.
- Limitation or exclusion of nutritional counseling for MH/SUD conditions.
- Provider experience requirement beyond licensure.

Clearly, EBSA is sending a strong message to group health plans to do better. Given the poor results, it is also

apparent that more guidance is needed on what is expected from the comparative analysis. More regulations are likely to be issued later this year. In the meantime, group health plans should continue to work with their consultants on their comparative analyses.

A full copy of the 2022 MHPAEA Report to Congress is available at <https://bit.ly/3oSaOCv>. •

This article is provided for informational purposes only and does not constitute legal advice. Readers should consult with their own legal counsel before acting on any of the information presented.

# Cut claims fraud, waste and abuse with Beacon's Compass Code Edits



Beacon Technologies Group, a leading provider of health claims management solutions, is part of the BeneSys family of companies.

Improperly billed payments are a significant issue in the health care industry — one that demands strong preventive solutions to eliminate fraud, waste and abuse. Compass Code Edits from Beacon Technologies Group, part of the BeneSys family of companies, is a clinical code editing tool designed to address the problem while streamlining the surrounding processes related to claims management.

Using over 4.2 million federally approved and industry-sourced rules, Compass scrubs claims for 23 different types of clinical code edits. These include mutually exclusive procedure codes, bundling and unbundling of procedure codes, medically unlikely edits, global surgery rules, and procedure and diagnosis code validity. These edits

enhance payment accuracy and reduce unnecessary medical costs using detailed claims analysis and rationales developed by the Center for Medicare and Medicaid Services (CMS) in conjunction with the American Medical Association.

Compass Code Edits is embedded within SpyGlass, Beacon's health claims management software, which means all code editing is performed with no disruption to the current claims workflow process.

BeneSys clients using Compass are seeing increased accuracy in claims audits, resulting in further improvement in our payment integrity. Other Compass benefits include:

- **Continual updates.** Compass Code Edits are updated quarterly based on CMS'

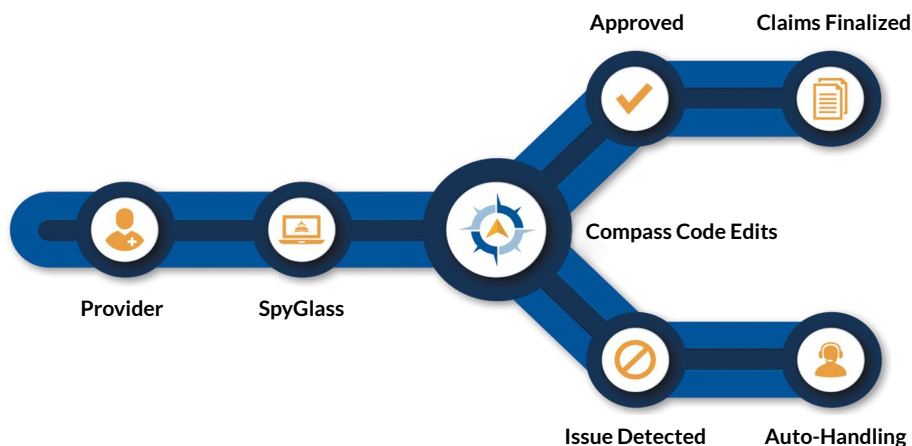
latest published coding data points and rules.

- **Easy, flexible configurations.** Users can easily turn edits on and off in various situations. The edits are configurable by group, trading partner, in-network or out-of-network, and primary or secondary. Each type of edit can be configured to be denied, pended or ignored based on the parameters described above.
- **Clear explanations.** Edits are explained in easily understandable notes attached to the service line in question. Notes are retained in claim history and are also displayable in savings reports.
- **Measurable savings.** Compass Code Edits savings reports document savings across meaningful categories of the affected group, the actual edit triggered and the networks submitting the claims. Corrected claims resubmitted via adjustment of the original claim are automatically deducted from the savings reports as needed.
- **Streamlined adjudication.** Claims that do hit an edit can be configured to be auto-adjudicated or pended and routed to a workflow queue for further examination based on the type of edit.

To learn more about adding Compass Code Edits to your plan, contact your plan manager. •

## Claim code editing simplified

Compass Code Edits is embedded within SpyGlass, Beacon's health claims management software, for real-time code editing. Here's an overview of how it works:



# New services boost our cyber resiliency

Both contracts are part of the three-year plan we have in place to meet the continuous changes in the cybersecurity world.

**B**eneSys recently took another step toward fortifying our cybersecurity posture by contracting with Secureworks to provide MDR/EDR/SIEM/VMS incident detection and response services.

- **MDR** is Managed Detection and Response, which monitors our internal network looking for threats 24/7. This includes threat hunting, deeper investigation and response by Secureworks to any threat identified.
- **EDR** is Endpoint Detection and Response, which is next-generation antivirus (also known as NGAV). EDR's predictive analytics use machine learning and artificial/threat intelligence to identify malicious behavior and prevent malware on all our servers and computers.
- **SIEM** is a hosted Security Information and Event Management system that continuously collects logs



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from our network and looks for threats.

- **VMS** is a Vulnerability Management System, which identifies and reports on vulnerabilities in our environment. This information is then given to our internal security team to remediate.

Secureworks offers best-in-class cybersecurity solutions and is ranked in the Leaders section of the Gartner Magic Quadrant market research

reports from IT consulting firm Gartner. In addition to the MDR/EDR/SIEM/VMS services, BeneSys has also contracted with Secureworks to completely revamp our incident response policy and train our staff. Both contracts are part of the three-year plan we have in place to meet the continuous changes in the cybersecurity world.

If you have any questions about BeneSys' cybersecurity posture, please contact your plan manager. •

## ABOUT BENESYS

**BeneSys has been providing Taft-Hartley** trust fund administration and IT services since 1979. Our dedicated specialists understand the nuances of Taft-Hartley benefit plans, and our software system, BenefitDriven, is designed to give our clients and their plan Participants the most efficient tools for self-administering trust fund accounts.

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