

# Network Adequacy and Access Assurances (NAAAR) Report for New York: 2025 NYS HARP NAAAR

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
2025 NYS HARP NAAAR	MCO	04/01/2024	03/31/2025	03/31/2026	[REDACTED]	In progress

## Section I. State and program information

### A. State information and reporting scenario

Who should CMS contact with questions regarding information reported in the NAAAR? Follow-on communications related to this report will be made to the primary contact.

Use this section to report your contact information, date of report submission, and reporting scenario.

Number	Indicator	Response
IA.1	<b>Contact name</b> First and last name of the contact person.	[REDACTED]
IA.2	<b>Contact email address</b> Enter email address. Department or program-wide email addresses are permitted.	[REDACTED]
IA.3	<b>State or territory</b> Auto-populates from your account profile.	New York
IA.4	<b>Date of report submission</b> CMS receives this date upon submission of this report.	Not answered
IA.5	<b>Reporting scenario</b> Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

example, if the state submits this form under scenario 2, the state should submit this form for all managed care plans and managed care programs.

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## B. Add plans

Enter the name of each plan that participates in the program for which the state is reporting data. If the state is submitting this form because it's entering into a contract with a plan or because there's a significant change in a plan's operations, include only the name of the applicable plan.

Plan names should match the plan names used in your Managed Care Plan Annual Report (MCPAR) for this program for the same reporting period.

Indicator	Response
<b>Plan name</b>	Anthem HP, LLC Capital District Physicians' Health Plan, Inc. Excellus Health Plan, Inc Health Insurance Plan of Greater New York Healthfirst PHSP, Inc. Highmark Western & Northeastern New York Inc. Independent Health Association, Inc. MetroPlus Health Plan, Inc Molina Healthcare of New York, Inc. MVP Health Plan, Inc. New York Quality Healthcare Corporation (Fidelis) UnitedHealthcare of New York, Inc.

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## C. Provider type coverage

If your standards apply to more specific provider types, select the most closely aligned provider type category and utilize the subcategory fields available in Section II. Program-level access and network adequacy standards under “Provider type covered by standard”.

Number	Indicator	Response
N/A	<b>Select all core provider types covered in the program</b>	Primary Care Specialist Mental health Substance Use Disorder (SUD) OB/GYN Hospital LTSS

## D. Analysis methods

States should use this section of the tab to report on the analyses that are used to assess plan compliance with the state’s 42 C.F.R. § 438.68 and 42 C.F.R. § 438.206 standards.

Number	Indicator	Response
N/A	<p><b>Is this analysis method used to assess plan compliance?</b></p> <p>Select "Yes" if the method is utilized to assess plan compliance with the state's standards, as required at 42 C.F.R. § 438.68.</p>	<p><b>Geomapping</b></p> <p>Utilized</p> <p>Frequency: Quarterly</p> <p>Plan(s): Anthem HP, LLC, Capital District Physicians' Health Plan, Inc., Excellus Health Plan, Inc, Health Insurance Plan of Greater New York, Healthfirst PHSP, Inc., Highmark Western &amp; Northeastern New York Inc., Independent Health Association, Inc., MetroPlus Health Plan, Inc, Molina Healthcare of New York, Inc., MVP Health Plan, Inc., New York Quality Healthcare Corporation (Fidelis), UnitedHealthcare of New York, Inc.</p> <p><b>Plan Provider Directory Review</b></p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Anthem HP, LLC, Capital District Physicians' Health Plan, Inc., Excellus Health Plan, Inc, Health Insurance Plan of Greater New York, Healthfirst PHSP, Inc., Highmark Western &amp; Northeastern New York Inc., Independent Health Association, Inc., MetroPlus Health Plan, Inc, Molina Healthcare of New York, Inc., MVP Health Plan, Inc., New York Quality Healthcare Corporation (Fidelis), UnitedHealthcare of New York, Inc.</p> <p><b>Secret Shopper: Network Participation</b></p> <p>Not utilized</p> <p><b>Secret Shopper: Appointment Availability</b></p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Anthem HP, LLC, Capital District Physicians' Health Plan, Inc., Excellus Health Plan, Inc, Health Insurance Plan of Greater New York, Healthfirst PHSP, Inc., Highmark Western &amp; Northeastern New York Inc., Independent Health Association, Inc., MetroPlus Health Plan, Inc, Molina Healthcare of New York, Inc., MVP Health Plan, Inc., New York Quality Healthcare Corporation (Fidelis), UnitedHealthcare of New York, Inc.</p> <p><b>Electronic Visit Verification Data Analysis</b></p> <p>Not utilized</p> <p><b>Review of Grievances Related to Access</b></p>

Not utilized

**Encounter Data Analysis**

Not utilized

Frequency:

Plan(s):

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## **Section II. Program-level access and network adequacy standards**

### **II. Program-level access and network adequacy standards**

Report each network adequacy standard included in managed care program contract for this program as required under 42 CFR § 438.68; select “Add standard” to report each unique standard. 42 § CFR 438.206 standards will be addressed in section III. Plan compliance.

**Standard total count: 7**

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; Adult only	Minimum number of network providers	3 per county	Geomapping	Adult	Statewide
2	OB/GYN	Minimum number of network providers	2 per county	Geomapping	Adult	Statewide
3	Specialist	Minimum number of network providers	2 per county	Geomapping	Adult	Statewide
4	Mental health	Minimum number of network providers	County Dependent	Geomapping	Adult	Statewide
5	Hospital	Minimum number of network providers	County Dependent	Geomapping	Adult	Statewide
6	Substance Use Disorder (SUD)	Minimum number of network providers	County Depended	Geomapping	Adult	Statewide
7	LTSS	Minimum number of network providers	County Dependent	Geomapping	Adult	Statewide

## Section III. Plan compliance

### III. Plan compliance

Use this section to report on plan compliance with the state's standards, as required at 42 C.F.R. § 438.68. This section is also used to report on plan compliance with 42 C.F.R. § 438.206 standards.

#### Anthem HP, LLC

##### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 107 618 178"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="310 205 727 554">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">Yes, the plan complies on all standards based on all analyses</p>

## B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="310 802 618 873"><b>B. Assurance of plan compliance for 438.206</b></p> <p data-bbox="310 900 727 1167">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 802 1349 873">Yes, the plan complies on all standards based on all analyses</p>

## Capital District Physicians' Health Plan, Inc.

### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 1518 618 1589"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="310 1617 727 1959">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1518 1349 1589">Yes, the plan complies on all standards based on all analyses</p>

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## Excelsus Health Plan, Inc

### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

### B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

# Health Insurance Plan of Greater New York

## A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## Healthfirst PHSP, Inc.

### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 107 618 178"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="310 205 727 554">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">Yes, the plan complies on all standards based on all analyses</p>

## B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="310 798 634 869"><b>B. Assurance of plan compliance for 438.206</b></p> <p data-bbox="310 896 727 1167">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 798 1349 869">Yes, the plan complies on all standards based on all analyses</p>

## Highmark Western & Northeastern New York Inc.

### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 1514 618 1585"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="310 1612 727 1961">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1514 1349 1585">Yes, the plan complies on all standards based on all analyses</p>

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## Independent Health Association, Inc.

### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

### B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

# MetroPlus Health Plan, Inc

## A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## Molina Healthcare of New York, Inc.

### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 107 618 178"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="310 205 727 554">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">Yes, the plan complies on all standards based on all analyses</p>

## B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="310 802 618 873"><b>B. Assurance of plan compliance for 438.206</b></p> <p data-bbox="310 900 727 1167">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 802 1349 873">Yes, the plan complies on all standards based on all analyses</p>

## MVP Health Plan, Inc.

### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 1518 618 1589"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="310 1617 727 1959">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1518 1349 1589">Yes, the plan complies on all standards based on all analyses</p>

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## New York Quality Healthcare Corporation (Fidelis)

### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

### B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses