

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

| Submission name        | Plan type | Reporting period start date | Reporting period end date | Last edited | Edited by  | Status      |
|------------------------|-----------|-----------------------------|---------------------------|-------------|------------|-------------|
| 2025 NYS HIV SNP NAAAR | MCO       | 04/01/2024                  | 03/31/2025                | 03/30/2026  | [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><br>First and last name of the contact person.  | [REDACTED]                |
| IA.2   | <b>Contact email address</b><br>Enter email address. Department or program-wide email addresses are permitted.   | [REDACTED]                |
| IA.3   | <b>State or territory</b><br>Auto-populates from your account profile.   | New York                  |
| IA.4   | <b>Date of report submission</b><br>CMS receives this date upon submission of this report.   | Not answered              |
| IA.5   | <b>Reporting scenario</b><br>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                   |
|-----------|----------------------------|
| Plan name | Amida Care, Inc.           |
|           | MetroPlus Health Plan, Inc |
|           | VNS Choice, 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".

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

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## **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): Amida Care, Inc., MetroPlus Health Plan, Inc, VNS Choice, Inc.</p> <p><b>Plan Provider Directory Review</b></p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Amida Care, Inc., MetroPlus Health Plan, Inc, VNS Choice, 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): Amida Care, Inc., MetroPlus Health Plan, Inc, VNS Choice, 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> <p>Not utilized</p> <p><b>Encounter Data Analysis</b></p> <p>Not utilized</p> <p>Frequency:</p> <p>Plan(s):</p> |

## 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: 16**

| #  | Provider      | Standard type                       | Standard description   | Analysis methods | Pop.      | Region    |
|----|---------------|-------------------------------------|--|------------------|-----------|-----------|
| 1  | Primary care  | Minimum number of network providers | 3 per county (general practice, internal medicine, HIV Specialist PCP) | Geomapping       | Adult     | Statewide |
| 2  | Primary care  | Minimum number of network providers | 3 per county (general practice, internal medicine, HIV Specialist PCP) | Geomapping       | Pediatric | Statewide |
| 3  | Dental        | Minimum number of network providers | 2 per county (general dentistry, orthodontics, oral surgery)           | Geomapping       | Adult     | Statewide |
| 4  | Dental        | Minimum number of network providers | 2 per county (general dentistry, orthodontics, oral surgery)           | Geomapping       | Pediatric | Statewide |
| 5  | OB/GYN        | Minimum number of network providers | 2 per county   | Geomapping       | Adult     | Statewide |
| 6  | Specialist    | Minimum number of network providers | 2 per county   | Geomapping       | Adult     | Statewide |
| 7  | Specialist    | Minimum number of network providers | 2 per county   | Geomapping       | Pediatric | Statewide |
| 8  | Mental health | Minimum number of network providers | County Dependent   | Geomapping       | Adult     | Statewide |
| 9  | Mental health | Minimum number of network providers | County Dependent   | Geomapping       | Pediatric | Statewide |
| 10 | Substance Use | Minimum number of network providers | County Dependent   | Geomapping       | Adult     | Statewide |

|    |                              |                                     |   |  |                          |           |
|----|------------------------------|-------------------------------------|---|--|--------------------------|-----------|
|    | Disorder (SUD)               |                                     |   |  |                          |           |
| 11 | Substance Use Disorder (SUD) | Minimum number of network providers | County Dependent  | Geomapping   | Pediatric                | Statewide |
| 12 | Hospital                     | Minimum number of network providers | County Dependent  | Geomapping   | Adult                    | Statewide |
| 13 | Hospital                     | Minimum number of network providers | County Dependent  | Geomapping   | Pediatric                | Statewide |
| 14 | Primary care                 | Appointment wait time               | Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated. Prenatal 2-3 weeks | Plan Provider Directory Review, Secret Shopper: Appointment Availability | both adult and pediatric | Statewide |
| 15 | LTSS                         | Minimum number of network providers | County Dependent  | Geomapping   | Adult                    | Statewide |
| 16 | OB/GYN                       | Appointment wait time               | Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated. Prenatal 2-3 weeks | Plan Provider Directory Review, Secret Shopper: Appointment Availability | 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.

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

| <b>Indicator</b>  | <b>Response</b>   |
|---|---|
| <b>A. Assurance of plan compliance for 438.68</b><br><br>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. | No, the plan does not comply on all standards based on all analyses or exceptions granted |

**Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted**

**Non-compliant standards for 438.68**

**Total: 2 of 16**

**14 Appointment wait time**

Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated.  
Prenatal 2-3 weeks

**Provider type(s)**

Primary care

**Analysis method(s)**

Plan Provider  
Directory Review,  
Secret Shopper:  
Appointment  
Availability

**Region**

Statewide

**Population**

both adult and  
pediatric

**Plan deficiencies for Amida Care, Inc.: 42 C.F.R. § 438.68**

**Description**

The annual PDS/PAAS surveys indicated deficiencies in provider directory information and routine and non-urgent appointment availability/after hours phone support.

**Analyses used to identify deficiencies**

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Not answered, optional

**What the plan will do to achieve compliance**

For access and availability deficiencies, plans also write a Corrective Action Plan (CAP) which outlines specific corrective activities, a responsible party, and a date certain for implementation.

**Monitoring progress**

The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

**Reassessment date**

08/01/2026

**16 Appointment wait time**

Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated.

Prenatal 2-3 weeks

**Provider type(s)**

OB/GYN

**Analysis method(s)**

Plan Provider  
Directory Review,  
Secret Shopper:  
Appointment  
Availability

**Region**

Statewide

**Population**

Adult

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**Plan deficiencies for Amida Care, Inc.: 42 C.F.R. § 438.68**

**Description**

The annual PDS/PAAS surveys indicated deficiencies in provider directory information and routine and non-urgent appointment availability/after hours phone support.

**Analyses used to identify deficiencies**

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Not answered, optional

**What the plan will do to achieve compliance**

The State conducts quarterly reviews using the PNDS system. For access and availability deficiencies, plans also write a Corrective Action Plan (CAP) which outlines specific corrective activities, a responsible party, and a date certain for implementation.

**Monitoring progress**

The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

**Reassessment date**

08/01/2026

**Exceptions standards for 438.68**

**Total: 0 of 16**

**B. Assurance of plan compliance for 438.206**

| Indicator   | Response   |
|---|--|
| <p><b>B. Assurance of plan compliance for 438.206</b></p> <p>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>Yes, the plan complies on all standards based on all analyses</p> |

**MetroPlus Health Plan, Inc**

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

| Indicator  | Response   |
|--|--|
| <p><b>A. Assurance of plan compliance for 438.68</b></p> <p>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>No, the plan does not comply on all standards based on all analyses or exceptions granted</p> |

**Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted**

**Non-compliant standards for 438.68**

**Total: 2 of 16**

**14 Appointment wait time**

Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated.  
Prenatal 2-3 weeks

**Provider type(s)**

Primary care

**Analysis method(s)**

Plan Provider  
Directory Review,  
Secret Shopper:  
Appointment  
Availability

**Region**

Statewide

**Population**

both adult and  
pediatric

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**Plan deficiencies for MetroPlus Health Plan, Inc: 42 C.F.R. § 438.68**

**Description**

The annual PDS/PAAS surveys indicated deficiencies in provider directory information and routine and non-urgent appointment availability/after hours phone support.

**Analyses used to identify deficiencies**

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Not answered, optional

**What the plan will do to achieve compliance**

The State conducts quarterly reviews using the PNDIS system. For access and availability deficiencies, plans also write a Corrective Action Plan (CAP) which outlines specific corrective activities, a responsible party, and a date certain for implementation.

**Monitoring progress**

The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

**Reassessment date**

08/01/2026

## 16 Appointment wait time

Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated.  
Prenatal 2-3 weeks

### Provider type(s)

OB/GYN

### Analysis method(s)

Plan Provider  
Directory Review,  
Secret Shopper:  
Appointment  
Availability

### Region

Statewide

### Population

Adult

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## Plan deficiencies for MetroPlus Health Plan, Inc: 42 C.F.R. § 438.68

### Description

The annual PDS/PAAS surveys indicated deficiencies in provider directory information and routine and non-urgent appointment availability/after hours phone support.

### Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Not answered, optional

### What the plan will do to achieve compliance

The State conducts quarterly reviews using the PNDIS system. For access and availability deficiencies, plans also write a Corrective Action Plan (CAP) which outlines specific corrective activities, a responsible party, and a date certain for implementation. The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

### Monitoring progress

The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

### Reassessment date

08/01/2026

## Exceptions standards for 438.68

Total: 0 of 16

## B. Assurance of plan compliance for 438.206

| Indicator   | Response   |
|---|--|
| <p><b>B. Assurance of plan compliance for 438.206</b></p> <p>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>Yes, the plan complies on all standards based on all analyses</p> |

## VNS Choice, Inc.

### A. Assurance of plan compliance for 438.68

| Indicator  | Response   |
|--|--|
| <p><b>A. Assurance of plan compliance for 438.68</b></p> <p>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>No, the plan does not comply on all standards based on all analyses or exceptions granted</p> |

**Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted**

**Non-compliant standards for 438.68**

**Total: 2 of 16**

#### 14 **Appointment wait time**

Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated.  
Prenatal 2-3 weeks

**Provider type(s)**

Primary care

**Analysis method(s)**

**Region**

**Population**

Plan Provider  
Directory Review,  
Secret Shopper:  
Appointment  
Availability

Statewide

both adult and  
pediatric

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## Plan deficiencies for VNS Choice, Inc.: 42 C.F.R. § 438.68

### Description

The annual PDS/PAAS surveys indicated deficiencies in provider directory information and routine and non-urgent appointment availability/after hours phone support.

### Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Not answered, optional

### What the plan will do to achieve compliance

The State conducts quarterly reviews using the PNDIS system. For access and availability deficiencies, plans also write a Corrective Action Plan (CAP) which outlines specific corrective activities, a responsible party, and a date certain for implementation.

### Monitoring progress

The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

### Reassessment date

08/01/2026

## 16 Appointment wait time

Routine: 4 weeks. Non-urgent (sick): 48-72 hrs. as clinically indicated.

Prenatal 2-3 weeks

### Provider type(s)

OB/GYN

### Analysis method(s)

Plan Provider  
Directory Review,  
Secret Shopper:  
Appointment  
Availability

### Region

Statewide

### Population

Adult

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## Plan deficiencies for VNS Choice, Inc.: 42 C.F.R. § 438.68

**Description**

The annual PDS/PAAS surveys indicated deficiencies in provider directory information and routine and non-urgent appointment availability/after hours phone support.

**Analyses used to identify deficiencies**

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Not answered, optional

**What the plan will do to achieve compliance**

The State conducts quarterly reviews using the PNDIS system. For access and availability deficiencies, plans also write a Corrective Action Plan (CAP) which outlines specific corrective activities, a responsible party, and a date certain for implementation.

**Monitoring progress**

The State reviews and approves the CAP and conducts annual PDS/PAAS surveys.

**Reassessment date**

08/01/2026

**Exceptions standards for 438.68**

**Total: 0 of 16**

**B. Assurance of plan compliance for 438.206**

| Indicator   | Response   |
|---|--|
| <p><b>B. Assurance of plan compliance for 438.206</b></p> <p>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>Yes, the plan complies on all standards based on all analyses</p> |