

Managed Care Program Annual Report (MCPAR) for New York: Medicaid Advantage Plus (MAP)

Due date	Last edited	Edited by	Status
09/27/2025	09/30/2025	Dajana Trapanese	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan.	Plan to submit on 12/15/2025

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	New York
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Susan Montgomery
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	NYS-MCPAR@health.ny.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Dajana Trapanese
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	dajana.trapanese@health.ny.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	09/30/2025

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	04/01/2024
A5b	Reporting period end date Auto-populated from report dashboard.	03/31/2025
A6	Program name Auto-populated from report dashboard.	Medicaid Advantage Plus (MAP)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	<p>Centers Plan for Healthy Living, LLC</p> <p>Elderplan, Inc.</p> <p>Elderserve Health, Inc., dba RiverSpring at Home</p> <p>Hamaspik Inc.</p> <p>HealthFirst Health Plan Inc. (Senior Health Partners)</p> <p>Anthem HP, LLC</p> <p>MetroPlus Health Plan Inc.</p> <p>NY Quality Healthcare Corp (Centene)</p> <p>Senior Whole Health of NY Inc.</p> <p>Village Senior Services Corp (VillageCare Max)</p> <p>VNS Choice</p> <p>United Healthcare of New York, Inc.</p>

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Ombudsman Program Enrollment Broker (NY Medicaid Choice) Technical Assistance Center (TAC)

Add In Lieu of Services and Settings (A.9)

⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	N/A

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<p data-bbox="313 107 586 176">Statewide Medicaid enrollment</p> <p data-bbox="313 201 722 514">Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.</p>	7,647,192
BI.2	<p data-bbox="313 569 722 638">Statewide Medicaid managed care enrollment</p> <p data-bbox="313 663 722 1045">Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	5,767,869

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p data-bbox="313 107 618 134">Data validation entity</p> <p data-bbox="313 161 716 695">Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p>	<p data-bbox="760 107 1114 134">State Medicaid agency staff</p> <p data-bbox="760 180 1068 207">Other state agency staff</p> <p data-bbox="760 254 951 281">State actuaries</p> <p data-bbox="760 327 834 354">EQRO</p> <p data-bbox="760 401 1036 428">Proprietary system(s)</p>
BIII.2	<p data-bbox="313 751 675 863">HIPAA compliance of proprietary system(s) for encounter data validation</p> <p data-bbox="313 888 716 947">Were the system(s) utilized fully HIPAA compliant? Select one.</p>	Yes

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 107 698 178">Payment risks between the state and plans</p> <p data-bbox="313 201 698 359">Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program.</p> <p data-bbox="313 361 698 865">Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	'No PI activities were performed during the reporting period' as your response
BX.2	<p data-bbox="313 919 698 991">Contract standard for overpayments</p> <p data-bbox="313 1014 698 1171">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	State has established a hybrid system
BX.3	<p data-bbox="313 1226 698 1339">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1362 698 1516">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	19.5 Right to Audit and Recover Overpayments Caused by Contractor Submission of Misstated Reports 19.6 Right to Audit and Recover Overpayments Caused by Contractor's Misstated Encounter Data

BX.4 **Description of overpayment contract standard**

Briefly describe the overpayment standard selected in indicator B.X.2.

22.7 Recovery of Overpayments to Providers
Consistent with the exception language in Section 3324-b of the Insurance Law, the Contractor shall have and retain the right to audit participating providers' claims for a six year period from the date the care, services or supplies were provided or billed, whichever is later, and to recoup any overpayments discovered as a result of the audit. This six year limitation does not apply to situations in which fraud may be involved or in which the provider or an agent of the provider prevents or obstructs the Contractor's auditing.

BX.5 **State overpayment reporting monitoring**

Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?
The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

The Office of the Medicaid Inspector General (OMIG) can perform audits of financial reports filed by Contractors after SDOH reviews and accepts the Contractor's report. If the audit determines that the Contractor's filed report contained misstatements of fact, causing the Contractor and/or other Contractors to receive an inappropriate capitation rate, the OMIG will recover any and all overpayments. The Contractor will be entitled to the audit rights afforded to providers in Section 517.5 and Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York. Nothing in this section shall limit SDOH, OMIG, or any other auditing entity from the development of alternative audit and/or recovery rights for time periods prior to the contract period, during the contract period, or subsequent to the contract period, or limit other remedies or rights available to SDOH, OMIG, or any other auditing entity relating to the timeliness, completeness and/or accuracy of the Contractor's reporting submission.

BX.6 **Changes in beneficiary circumstances**

Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).

Upon processing an enrollment or disenrollment, Plans are notified via an 834 Client Enrollment file from the State. This file indicates a change, addition, or removal of a member. Plans can also request this file to audit their records. Plans also receive transactions files from the State's BSS entity Maximus of enrollments and terminations. If an inappropriate payment for an enrollee is identified by the Department, the Plan is notified to correct any errors/self-report the error to the Office of the Medicaid Inspector

General (OMIG). If after 60 days, the Department notices action has not been taken then the overpayment is reported to OMIG.

BX.7a	Changes in provider circumstances: Monitoring plans	Yes
<p>Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>		
BX.7b	Changes in provider circumstances: Metrics	No
<p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>		
BX.8a	Federal database checks: Excluded person or entities	No
<p>During the state’s federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.</p>		
BX.9a	Website posting of 5 percent or more ownership control	No
<p>Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.</p>		
BX.10	Periodic audits	https://www.health.ny.gov/health_care/managed_care/reports/docs/cy2023_encounter_data_audit.pdf
<p>If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness</p>		

of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.

Topic XIII. Prior Authorization

 **Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.**

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP) Model Contract, 2022-2026 contract years
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	01/01/2022
C11.2	<p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf
C11.3	<p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Managed Care Organization (MCO)
C11.4a	<p>Special program benefits</p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	<p>Behavioral health</p> <p>Long-term services and supports (LTSS)</p> <p>Dental</p> <p>Transportation</p>
C11.4b	<p>Variation in special benefits</p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	N/A
C11.5	<p>Program enrollment</p> <p>Enter the average number of individuals enrolled in this managed care program per</p>	59,045

month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

There were no major changes to the population or benefits during the reporting year

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>18.5 (iv) Reporting Requirements-- Encounter Data</p>

C1III.4	Financial penalties contract language	State's Social Services Law Sec. 364 j(32)
	Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	
C1III.5	Incentives for encounter data quality	N/A
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	
C1III.6	Barriers to collecting/validating encounter data	The state did not experience any barriers to collecting or validating encounter data during the reporting year
	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	<p>The Contractor must have policies and procedures for identifying, addressing and seeking to prevent critical incidents, which include instances of abuse, neglect and exploitation of its Enrollees, on a continuous basis. The Contractor is required to provide critical incident monitoring and investigations of critical incidents including but not limited to: wrongful death; use of restraints; medication errors that resulted in injury; and any other incidents as determined by the Department.</p>
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>The Contractor will resolve Appeals as fast as the Enrollee’s condition requires, and no later than thirty (30) days from the date of the receipt of the Appeal.</p>
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>The Contractor will resolve expedited Appeals as fast as the Enrollee’s condition requires, within two (2) business days of receipt of necessary information and no later than seventy-two (72) hours of the date of the receipt of the Appeal.</p>

C1IV.4**State definition of “timely” resolution for grievances**

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

The Contractor’s Complaint process shall indicate the following specific timeframes regarding Complaint resolution: i. If the Contractor immediately resolves an oral Complaint to the Enrollee’s satisfaction, that Complaint may be considered resolved without any additional Medicaid Advantage Plus Contract. GRIEVANCE AND APPEAL SYSTEM REQUIREMENTS APPENDIX F - 23 - written notification to the Enrollee. Such Complaints must be logged by the Contractor and report on a quarterly basis to SDOH in accordance with Section 18 of this Agreement. ii. Whenever a delay would significantly increase the risk to an Enrollee’s health, Complaints shall be resolved within forty-eight (48) hours after receipt of all necessary information and no more than seven (7) days from the receipt of the Complaint. iii. All other Complaints shall be resolved within forty-five (45) days after the receipt of all necessary information and no more than sixty (60) days from receipt of the Complaint. The Contractor shall maintain reports of Complaints unresolved after forty-five (45) days in accordance with Section 18 of the Contract.

Topic V. Availability, Accessibility and Network Adequacy**Network Adequacy**

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state’s biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter “No challenges were encountered” as your response. “N/A” is not an acceptable response.</p>	<p>The diverse geography of New York (rural versus urban) presents challenges in areas of the state where there are not enough, or any providers available to serve the population. Providers willing to comply with the provisions of the 21st Century Cures Act and enroll with the state's Medicaid program have presented challenges. Reimbursement rates to providers have historically always presented challenges in recruiting and sustaining MCPs provider networks.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>NYS staff review MCP provider networks on a quarterly basis. Network adequacy is determined at the county level and each quarter, after the reviews are complete, MCPs are provided a report identifying where network inadequacies are identified. Subsequently, MCPs are responsible for providing NYS with a response as to the measures they are employing to help mitigate gaps in their provider networks. Additionally, MCPs work with NYS collaboratively to assess and assure provider market data is accurate.</p>

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p data-bbox="313 107 480 136">BSS website</p> <p data-bbox="313 161 721 317">List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p data-bbox="760 107 1328 258">1.) https://icannys.org, 2.) https://www.nymedicaidchoice.com, 3.) TAC :Phone: (866) 712-7197 Fax:(518) 474-6961 mltctac@health.ny.gov</p>
C1IX.2	<p data-bbox="313 369 618 441">BSS auxiliary aids and services</p> <p data-bbox="313 466 708 873">How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p data-bbox="760 369 1360 520">Phone, Internet, in-person, auxiliary aids (such as brochures & lists), translation and interpretation services available when requested.</p>
C1IX.3	<p data-bbox="313 930 630 959">BSS LTSS program data</p> <p data-bbox="313 984 721 1234">How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p>	n/a
C1IX.4	<p data-bbox="313 1287 721 1358">State evaluation of BSS entity performance</p> <p data-bbox="313 1383 721 1507">What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	n/a

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	Yes

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	Does this program include MCOs? If "Yes", please complete the following questions.	No

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D11.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<p>Centers Plan for Healthy Living, LLC 2,056</p> <p>Elderplan, Inc. 5,056</p> <p>Elderserve Health, Inc., dba RiverSpring at Home 478</p> <p>Hamaspik Inc. 1,039</p> <p>HealthFirst Health Plan Inc. (Senior Health Partners) 35,730</p> <p>Anthem HP, LLC 261</p> <p>MetroPlus Health Plan Inc. 289</p> <p>NY Quality Healthcare Corp (Centene) 871</p> <p>Senior Whole Health of NY Inc. 248</p> <p>Village Senior Services Corp (VillageCare Max) 4,774</p> <p>VNS Choice 5,698</p> <p>United Healthcare of New York, Inc. 0</p>

D11.2**Plan share of Medicaid**

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid enrollment (B.I.1)

Centers Plan for Healthy Living, LLC

0.03%

Elderplan, Inc.

0.07%

Elderserve Health, Inc., dba RiverSpring at Home

0.01%

Hamaspik Inc.

0.03%

HealthFirst Health Plan Inc. (Senior Health Partners)

0.47%

Anthem HP, LLC

0%

MetroPlus Health Plan Inc.

0%

NY Quality Healthcare Corp (Centene)

0.01%

Senior Whole Health of NY Inc.

0%

Village Senior Services Corp (VillageCare Max)

0.06%

VNS Choice

0.07%

United Healthcare of New York, Inc.

0%

D11.3**Plan share of any Medicaid managed care**

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.I.1)

Centers Plan for Healthy Living, LLC

0.04%

Elderplan, Inc.

0.1%

Elderserve Health, Inc., dba RiverSpring at Home

0.01%

- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Hamaspik Inc.

0.04%

HealthFirst Health Plan Inc. (Senior Health Partners)

0.62%

Anthem HP, LLC

0%

MetroPlus Health Plan Inc.

0.01%

NY Quality Healthcare Corp (Centene)

0.02%

Senior Whole Health of NY Inc.

0.02%

Village Senior Services Corp (VillageCare Max)

0.08%

VNS Choice

0.1%

United Healthcare of New York, Inc.

0%

D1I.4: Parent

Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.

If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.

Centers Plan for Healthy Living, LLC

Centers Plan for Healthy Living, LLC

Elderplan, Inc.

Metropolitan Jewish Health System

Elderserve Health, Inc., dba RiverSpring at Home

RiverSpring Living Holding Corporation

Hamaspik Inc.

Hamaspik Holdings, LLC

HealthFirst Health Plan Inc. (Senior Health Partners)

Healthfirst, Inc.

Anthem HP, LLC

Elevance Health, Inc

MetroPlus Health Plan Inc.

New York City Health and Hospitals
Corporation

NY Quality Healthcare Corp (Centene)

Centene Corporation

Senior Whole Health of NY Inc.

AlphaCare Holdings, Inc.

**Village Senior Services Corp
(VillageCare Max)**

Village Care of New York Inc

VNS Choice

VNSNY Continuing Care Development
Corporation

United Healthcare of New York, Inc.

United Healthcare of New York, Inc.

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<p data-bbox="310 100 659 132">Medical Loss Ratio (MLR)</p> <p data-bbox="310 153 727 793">What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.</p>	<p data-bbox="760 100 1255 132">Centers Plan for Healthy Living, LLC</p> <p data-bbox="760 153 854 184">85.27%</p> <p data-bbox="760 226 956 258">Elderplan, Inc.</p> <p data-bbox="760 279 854 310">87.62%</p> <p data-bbox="760 352 1344 426">Elderserve Health, Inc., dba RiverSpring at Home</p> <p data-bbox="760 447 870 478">106.02%</p> <p data-bbox="760 520 956 552">Hamaspik Inc.</p> <p data-bbox="760 573 854 604">90.65%</p> <p data-bbox="760 646 1349 720">HealthFirst Health Plan Inc. (Senior Health Partners)</p> <p data-bbox="760 741 837 772">91.8%</p> <p data-bbox="760 814 984 846">Anthem HP, LLC</p> <p data-bbox="760 867 854 898">77.55%</p> <p data-bbox="760 940 1130 972">MetroPlus Health Plan Inc.</p> <p data-bbox="760 993 854 1024">89.42%</p> <p data-bbox="760 1066 1287 1098">NY Quality Healthcare Corp (Centene)</p> <p data-bbox="760 1119 854 1150">93.26%</p> <p data-bbox="760 1192 1182 1224">Senior Whole Health of NY Inc.</p> <p data-bbox="760 1245 870 1276">109.99%</p> <p data-bbox="760 1318 1317 1392">Village Senior Services Corp (VillageCare Max)</p> <p data-bbox="760 1413 854 1444">97.21%</p> <p data-bbox="760 1486 919 1518">VNS Choice</p> <p data-bbox="760 1539 854 1570">92.05%</p> <p data-bbox="760 1612 1255 1644">United Healthcare of New York, Inc.</p> <p data-bbox="760 1665 854 1696">75.71%</p>

D111.1b**Level of aggregation**

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Centers Plan for Healthy Living, LLC

Program-specific statewide

Elderplan, Inc.

Program-specific statewide

Elderserve Health, Inc., dba RiverSpring at Home

Program-specific statewide

Hamaspik Inc.

Program-specific statewide

HealthFirst Health Plan Inc. (Senior Health Partners)

Program-specific statewide

Anthem HP, LLC

Program-specific statewide

MetroPlus Health Plan Inc.

Program-specific statewide

NY Quality Healthcare Corp (Centene)

Program-specific statewide

Senior Whole Health of NY Inc.

Program-specific statewide

Village Senior Services Corp (VillageCare Max)

Program-specific statewide

VNS Choice

Program-specific statewide

United Healthcare of New York, Inc.

Program-specific statewide

D1II.2

Population specific MLR description

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Centers Plan for Healthy Living, LLC

n/a

Elderplan, Inc.

n/a

Elderserve Health, Inc., dba RiverSpring at Home

n/a

Hamaspik Inc.

n/a

HealthFirst Health Plan Inc. (Senior Health Partners)

n/a

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

n/a

NY Quality Healthcare Corp (Centene)

n/a

Senior Whole Health of NY Inc.

n/a

Village Senior Services Corp (VillageCare Max)

n/a

VNS Choice

n/a

United Healthcare of New York, Inc.

n/a

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Centers Plan for Healthy Living, LLC

Yes

Elderplan, Inc.

Yes

Elderserve Health, Inc., dba RiverSpring at Home

Yes

Hamaspik Inc.

Yes

HealthFirst Health Plan Inc. (Senior Health Partners)

Yes

Anthem HP, LLC

Yes

MetroPlus Health Plan Inc.

Yes

NY Quality Healthcare Corp (Centene)

Yes

Senior Whole Health of NY Inc.

Yes

Village Senior Services Corp (VillageCare Max)

Yes

VNS Choice

Yes

United Healthcare of New York, Inc.

Yes

N/A

Enter the start date.

Centers Plan for Healthy Living, LLC

04/01/2021

Elderplan, Inc.

04/01/2021

Elderserve Health, Inc., dba RiverSpring at Home

04/01/2021

Hamaspik Inc.

04/01/2021

HealthFirst Health Plan Inc. (Senior Health Partners)

04/01/2021

Anthem HP, LLC

04/01/2021

MetroPlus Health Plan Inc.

04/01/2021

NY Quality Healthcare Corp (Centene)

04/01/2021

Senior Whole Health of NY Inc.

04/01/2021

Village Senior Services Corp (VillageCare Max)

04/01/2021

VNS Choice

04/01/2021

United Healthcare of New York, Inc.

04/01/2021

N/A

Enter the end date.

Centers Plan for Healthy Living, LLC

03/31/2022

Elderplan, Inc.

03/31/2022

Elderserve Health, Inc., dba RiverSpring at Home

03/31/2022

Hamaspik Inc.

03/31/2022

HealthFirst Health Plan Inc. (Senior Health Partners)

03/31/2022

Anthem HP, LLC

03/31/2022

MetroPlus Health Plan Inc.

03/31/2022

NY Quality Healthcare Corp (Centene)

03/31/2022

Senior Whole Health of NY Inc.

03/31/2022

**Village Senior Services Corp (VillageCare
Max)**

03/31/2022

VNS Choice

03/31/2022

United Healthcare of New York, Inc.

03/31/2022

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p data-bbox="292 94 730 178">Definition of timely encounter data submissions</p> <p data-bbox="292 189 730 462">Describe the state’s standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p data-bbox="730 94 1395 136">Centers Plan for Healthy Living, LLC</p> <p data-bbox="730 147 1395 514">Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="730 535 1395 577">Elderplan, Inc.</p> <p data-bbox="730 588 1395 955">Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="730 976 1395 1060">Elderserve Health, Inc., dba RiverSpring at Home</p> <p data-bbox="730 1071 1395 1438">Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="730 1459 1395 1501">Hamaspik Inc.</p> <p data-bbox="730 1512 1395 1879">Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="730 1900 1395 1984">HealthFirst Health Plan Inc. (Senior Health Partners)</p> <p data-bbox="730 1995 1395 2085">Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit</p>

encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

Anthem HP, LLC

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

MetroPlus Health Plan Inc.

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

NY Quality Healthcare Corp (Centene)

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

Senior Whole Health of NY Inc.

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

Village Senior Services Corp (VillageCare Max)

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

VNS Choice

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.

United Healthcare of New York, Inc.

Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim. However, this section is N/A - no submissions during this time as there were no claims submitted from provider(s) for this plan.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file

Centers Plan for Healthy Living, LLC

96%

Elderplan, Inc.

99%

Elderserve Health, Inc., dba RiverSpring at Home

99%

Hamaspik Inc.

91%

submissions it has received from the managed care plan for the reporting year.

HealthFirst Health Plan Inc. (Senior Health Partners)

99%

Anthem HP, LLC

99%

MetroPlus Health Plan Inc.

75%

NY Quality Healthcare Corp (Centene)

98.94%

Senior Whole Health of NY Inc.

98%

Village Senior Services Corp (VillageCare Max)

99.31%

VNS Choice

100%

United Healthcare of New York, Inc.

0%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Centers Plan for Healthy Living, LLC

100%

Elderplan, Inc.

100%

Elderserve Health, Inc., dba RiverSpring at Home

100%

Hamaspik Inc.

99%

HealthFirst Health Plan Inc. (Senior Health Partners)

100%

Anthem HP, LLC

100%

MetroPlus Health Plan Inc.

100%

NY Quality Healthcare Corp (Centene)

100%

Senior Whole Health of NY Inc.

98%

**Village Senior Services Corp (VillageCare
Max)**

100%

VNS Choice

100%

United Healthcare of New York, Inc.

0%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="310 107 716 178">Appeals resolved (at the plan level)</p> <p data-bbox="310 205 716 317">Enter the total number of appeals resolved during the reporting year.</p> <p data-bbox="310 323 716 751">An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p data-bbox="760 107 1349 195">Centers Plan for Healthy Living, LLC 1,038</p> <p data-bbox="760 233 1349 321">Elderplan, Inc. 616</p> <p data-bbox="760 359 1349 485">Elderserve Health, Inc., dba RiverSpring at Home 18</p> <p data-bbox="760 522 1349 611">Hamaspik Inc. 174</p> <p data-bbox="760 648 1349 779">HealthFirst Health Plan Inc. (Senior Health Partners) 8,742</p> <p data-bbox="760 816 1349 905">Anthem HP, LLC 13</p> <p data-bbox="760 942 1349 1031">MetroPlus Health Plan Inc. 57</p> <p data-bbox="760 1068 1349 1157">NY Quality Healthcare Corp (Centene) 4,253</p> <p data-bbox="760 1194 1349 1283">Senior Whole Health of NY Inc. 60</p> <p data-bbox="760 1320 1349 1451">Village Senior Services Corp (VillageCare Max) 549</p> <p data-bbox="760 1488 1349 1577">VNS Choice 1,069</p> <p data-bbox="760 1614 1349 1686">United Healthcare of New York, Inc. 0</p>
D1IV.1a	<p data-bbox="310 1745 716 1787">Appeals denied</p> <p data-bbox="310 1801 716 1955">Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.</p>	<p data-bbox="760 1745 1349 1833">Centers Plan for Healthy Living, LLC 522</p> <p data-bbox="760 1871 1349 1959">Elderplan, Inc. 511</p> <p data-bbox="760 1997 1349 2064">Elderserve Health, Inc., dba RiverSpring at Home</p>

13

Hamaspik Inc.

127

HealthFirst Health Plan Inc. (Senior Health Partners)

7,405

Anthem HP, LLC

5

MetroPlus Health Plan Inc.

27

NY Quality Healthcare Corp (Centene)

617

Senior Whole Health of NY Inc.

26

Village Senior Services Corp (VillageCare Max)

385

VNS Choice

942

United Healthcare of New York, Inc.

0

D1IV.1b

Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.

Centers Plan for Healthy Living, LLC

41

Elderplan, Inc.

8

Elderserve Health, Inc., dba RiverSpring at Home

4

Hamaspik Inc.

29

HealthFirst Health Plan Inc. (Senior Health Partners)

84

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

29

NY Quality Healthcare Corp (Centene)

33

Senior Whole Health of NY Inc.

3

Village Senior Services Corp (VillageCare Max)

65

VNS Choice

37

United Healthcare of New York, Inc.

0

D1IV.1c Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.

Centers Plan for Healthy Living, LLC

67

Elderplan, Inc.

97

Elderserve Health, Inc., dba RiverSpring at Home

1

Hamaspik Inc.

18

HealthFirst Health Plan Inc. (Senior Health Partners)

1,253

Anthem HP, LLC

8

MetroPlus Health Plan Inc.

1

NY Quality Healthcare Corp (Centene)

3,603

Senior Whole Health of NY Inc.

31

Village Senior Services Corp (VillageCare Max)

99

VNS Choice

90

United Healthcare of New York, Inc.

0

D1IV.2

Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Centers Plan for Healthy Living, LLC

38

Elderplan, Inc.

4

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

3

HealthFirst Health Plan Inc. (Senior Health Partners)

284

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

3

NY Quality Healthcare Corp (Centene)

9

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

7

VNS Choice

5

United Healthcare of New York, Inc.

0

D1IV.3**Appeals filed on behalf of LTSS users**

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Centers Plan for Healthy Living, LLC

1,042

Elderplan, Inc.

904

Elderserve Health, Inc., dba RiverSpring at Home

18

Hamaspik Inc.

172

HealthFirst Health Plan Inc. (Senior Health Partners)

10,859

Anthem HP, LLC

4

MetroPlus Health Plan Inc.

68

NY Quality Healthcare Corp (Centene)

257

Senior Whole Health of NY Inc.

60

Village Senior Services Corp (VillageCare Max)

497

VNS Choice

1,053

United Healthcare of New York, Inc.

0

D1IV.4**Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the

Centers Plan for Healthy Living, LLC

51

Elderplan, Inc.

9

Elderserve Health, Inc., dba RiverSpring at Home

5

reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

Hamaspik Inc.

21

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

2

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

12

VNS Choice

39

United Healthcare of New York, Inc.

0

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Centers Plan for Healthy Living, LLC

668

Elderplan, Inc.

227

Elderserve Health, Inc., dba RiverSpring at Home

4

Hamaspik Inc.

10

HealthFirst Health Plan Inc. (Senior Health Partners)

1,248

Anthem HP, LLC

11

MetroPlus Health Plan Inc.

52

NY Quality Healthcare Corp (Centene)

2,052

Senior Whole Health of NY Inc.

48

Village Senior Services Corp (VillageCare Max)

91

VNS Choice

93

United Healthcare of New York, Inc.

0

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Centers Plan for Healthy Living, LLC

366

Elderplan, Inc.

363

Elderserve Health, Inc., dba RiverSpring at Home

11

Hamaspik Inc.

164

HealthFirst Health Plan Inc. (Senior Health Partners)

7,436

Anthem HP, LLC

2

MetroPlus Health Plan Inc.

2

NY Quality Healthcare Corp (Centene)

2,020

Senior Whole Health of NY Inc.

9

Village Senior Services Corp (VillageCare Max)

420

VNS Choice

973

United Healthcare of New York, Inc.

0

D1IV.6a Resolved appeals related to denial of authorization or limited authorization of a service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.

(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Centers Plan for Healthy Living, LLC

493

Elderplan, Inc.

449

Elderserve Health, Inc., dba RiverSpring at Home

18

Hamaspik Inc.

173

HealthFirst Health Plan Inc. (Senior Health Partners)

7,439

Anthem HP, LLC

7

MetroPlus Health Plan Inc.

8

NY Quality Healthcare Corp (Centene)

3,992

Senior Whole Health of NY Inc.

29

Village Senior Services Corp (VillageCare Max)

483

VNS Choice

1,036

United Healthcare of New York, Inc.

0

D1IV.6b	Resolved appeals related to reduction, suspension, or termination of a previously authorized service	Centers Plan for Healthy Living, LLC
		1
		Elderplan, Inc.
		11
		Elderserve Health, Inc., dba RiverSpring at Home
		0
		Hamaspik Inc.
		1
		HealthFirst Health Plan Inc. (Senior Health Partners)
		719
		Anthem HP, LLC
		4
		MetroPlus Health Plan Inc.
		10
		NY Quality Healthcare Corp (Centene)
		4
		Senior Whole Health of NY Inc.
		8
		Village Senior Services Corp (VillageCare Max)
		7
		VNS Choice
		32
		United Healthcare of New York, Inc.
		0

D1IV.6c	Resolved appeals related to payment denial	Centers Plan for Healthy Living, LLC
		537
		Elderplan, Inc.
		156
		Elderserve Health, Inc., dba RiverSpring at Home
		0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

570

Anthem HP, LLC

2

MetroPlus Health Plan Inc.

39

NY Quality Healthcare Corp (Centene)

100

Senior Whole Health of NY Inc.

23

Village Senior Services Corp (VillageCare Max)

59

VNS Choice

1

United Healthcare of New York, Inc.

0

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.6e

Resolved appeals related to lack of timely plan response to an appeal or grievance

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Centers Plan for Healthy Living, LLC

3

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

13

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

111

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.6f

Resolved appeals related to plan denial of an enrollee's right to request out-of-network care

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

46

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.6g

Resolved appeals related to denial of an enrollee's

Centers Plan for Healthy Living, LLC

4

request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

1

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<p>Resolved appeals related to general inpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.</p> <p>Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p>	<p>Centers Plan for Healthy Living, LLC 85</p> <p>Elderplan, Inc. 8</p> <p>Elderserve Health, Inc., dba RiverSpring at Home 0</p> <p>Hamaspik Inc. 0</p> <p>HealthFirst Health Plan Inc. (Senior Health Partners) 0</p> <p>Anthem HP, LLC 0</p> <p>MetroPlus Health Plan Inc. 22</p> <p>NY Quality Healthcare Corp (Centene) 278</p> <p>Senior Whole Health of NY Inc. 3</p> <p>Village Senior Services Corp (VillageCare Max) 344</p> <p>VNS Choice 0</p> <p>United Healthcare of New York, Inc. 0</p>

D1IV.7b	<p>Resolved appeals related to general outpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care,</p>	<p>Centers Plan for Healthy Living, LLC 953</p> <p>Elderplan, Inc. 47</p> <p>Elderserve Health, Inc., dba RiverSpring at Home</p>
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diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

698

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

33

NY Quality Healthcare Corp (Centene)

1,989

Senior Whole Health of NY Inc.

53

Village Senior Services Corp (VillageCare Max)

9

VNS Choice

4

United Healthcare of New York, Inc.

0

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7d

Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

2

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

8

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Centers Plan for Healthy Living, LLC

N/A

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

7

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

3

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

1,010

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services	Centers Plan for Healthy Living, LLC
	Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	6
		Elderplan, Inc.
		2
		Elderserve Health, Inc., dba RiverSpring at Home
		0
		Hamaspik Inc.
		0
		HealthFirst Health Plan Inc. (Senior Health Partners)
		76
		Anthem HP, LLC
		0
		MetroPlus Health Plan Inc.
		2
		NY Quality Healthcare Corp (Centene)
		50
		Senior Whole Health of NY Inc.
		3
		Village Senior Services Corp (VillageCare Max)
		1
		VNS Choice
		28
		United Healthcare of New York, Inc.
		0

D1IV.7g	Resolved appeals related to long-term services and supports (LTSS)	Centers Plan for Healthy Living, LLC
	Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including	323
		Elderplan, Inc.
		522
		Elderserve Health, Inc., dba RiverSpring at Home
		14

personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

Hamaspik Inc.

174

HealthFirst Health Plan Inc. (Senior Health Partners)

7,399

Anthem HP, LLC

4

MetroPlus Health Plan Inc.

9

NY Quality Healthcare Corp (Centene)

363

Senior Whole Health of NY Inc.

29

Village Senior Services Corp (VillageCare Max)

361

VNS Choice

967

United Healthcare of New York, Inc.

0

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Centers Plan for Healthy Living, LLC

5

Elderplan, Inc.

37

Elderserve Health, Inc., dba RiverSpring at Home

4

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

215

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

732

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

52

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

231

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7k: Resolved appeals related to durable medical equipment (DME) & supplies

Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7l: Resolved appeals related to home health / hospice

Centers Plan for Healthy Living, LLC

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7m: Resolved appeals related to emergency services / emergency department

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7n: Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.7o

Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A".

Centers Plan for Healthy Living, LLC

710

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

17

HealthFirst Health Plan Inc. (Senior Health Partners)

121

Anthem HP, LLC

6

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

3

Village Senior Services Corp (VillageCare Max)

92

VNS Choice

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	Centers Plan for Healthy Living, LLC 570 Elderplan, Inc. 517 Elderserve Health, Inc., dba RiverSpring at Home 22 Hamaspik Inc. 169 HealthFirst Health Plan Inc. (Senior Health Partners) 7,297 Anthem HP, LLC 0 MetroPlus Health Plan Inc. 32 NY Quality Healthcare Corp (Centene) 3 Senior Whole Health of NY Inc. 7 Village Senior Services Corp (VillageCare Max) 427 VNS Choice 0 United Healthcare of New York, Inc. 0

D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	Centers Plan for Healthy Living, LLC 66 Elderplan, Inc. 42 Elderserve Health, Inc., dba RiverSpring at Home
----------------	--	--

3

Hamaspik Inc.

35

HealthFirst Health Plan Inc. (Senior Health Partners)

1,124

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

2

NY Quality Healthcare Corp (Centene)

7

Senior Whole Health of NY Inc.

4

Village Senior Services Corp (VillageCare Max)

40

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Centers Plan for Healthy Living, LLC

77

Elderplan, Inc.

134

Elderserve Health, Inc., dba RiverSpring at Home

8

Hamaspik Inc.

38

HealthFirst Health Plan Inc. (Senior Health Partners)

2,196

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

11

NY Quality Healthcare Corp (Centene)

1

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

66

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.8d

State Fair Hearings retracted prior to reaching a decision

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

Centers Plan for Healthy Living, LLC

205

Elderplan, Inc.

148

Elderserve Health, Inc., dba RiverSpring at Home

6

Hamaspik Inc.

37

HealthFirst Health Plan Inc. (Senior Health Partners)

1,419

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

12

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

2

Village Senior Services Corp (VillageCare Max)

174

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Centers Plan for Healthy Living, LLC

11

Elderplan, Inc.

2

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

50

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.9b**External Medical Reviews resulting in an adverse decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Centers Plan for Healthy Living, LLC

3

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

19

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

8

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

Grievances Overview

Number	Indicator	Response
D1IV.10	<p data-bbox="313 107 592 134">Grievances resolved</p> <p data-bbox="313 163 722 394">Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p data-bbox="760 107 1252 134">Centers Plan for Healthy Living, LLC</p> <p data-bbox="760 163 808 191">229</p> <p data-bbox="760 233 954 260">Elderplan, Inc.</p> <p data-bbox="760 289 808 317">423</p> <p data-bbox="760 359 1344 428">Elderserve Health, Inc., dba RiverSpring at Home</p> <p data-bbox="760 457 792 485">74</p> <p data-bbox="760 527 954 554">Hamaspik Inc.</p> <p data-bbox="760 583 792 611">22</p> <p data-bbox="760 653 1347 722">HealthFirst Health Plan Inc. (Senior Health Partners)</p> <p data-bbox="760 751 808 779">147</p> <p data-bbox="760 821 980 848">Anthem HP, LLC</p> <p data-bbox="760 877 792 905">22</p> <p data-bbox="760 947 1127 974">MetroPlus Health Plan Inc.</p> <p data-bbox="760 1003 792 1031">34</p> <p data-bbox="760 1073 1284 1100">NY Quality Healthcare Corp (Centene)</p> <p data-bbox="760 1129 776 1157">7</p> <p data-bbox="760 1199 1182 1226">Senior Whole Health of NY Inc.</p> <p data-bbox="760 1255 808 1283">144</p> <p data-bbox="760 1325 1312 1394">Village Senior Services Corp (VillageCare Max)</p> <p data-bbox="760 1423 808 1451">263</p> <p data-bbox="760 1493 915 1520">VNS Choice</p> <p data-bbox="760 1549 808 1577">374</p> <p data-bbox="760 1619 1256 1646">United Healthcare of New York, Inc.</p> <p data-bbox="760 1675 776 1703">0</p>
D1IV.11	<p data-bbox="313 1745 553 1772">Active grievances</p> <p data-bbox="313 1801 722 1927">Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p data-bbox="760 1745 1252 1772">Centers Plan for Healthy Living, LLC</p> <p data-bbox="760 1801 792 1829">42</p> <p data-bbox="760 1871 954 1898">Elderplan, Inc.</p> <p data-bbox="760 1927 776 1955">0</p> <p data-bbox="760 1997 1344 2066">Elderserve Health, Inc., dba RiverSpring at Home</p>

1

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

553

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

2

Senior Whole Health of NY Inc.

4

Village Senior Services Corp (VillageCare Max)

24

VNS Choice

1

United Healthcare of New York, Inc.

0

D1IV.12

Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Centers Plan for Healthy Living, LLC

262

Elderplan, Inc.

557

Elderserve Health, Inc., dba RiverSpring at Home

75

Hamaspik Inc.

22

HealthFirst Health Plan Inc. (Senior Health Partners)

5,763

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

7

Senior Whole Health of NY Inc.

144

Village Senior Services Corp (VillageCare Max)

258

VNS Choice

344

United Healthcare of New York, Inc.

0

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS

Centers Plan for Healthy Living, LLC

12

Elderplan, Inc.

26

Elderserve Health, Inc., dba RiverSpring at Home

9

Hamaspik Inc.

18

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

9

NY Quality Healthcare Corp (Centene)

2

Senior Whole Health of NY Inc.

0

readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

Village Senior Services Corp (VillageCare Max)

2

VNS Choice

18

United Healthcare of New York, Inc.

0

D1IV.14

Number of grievances for which timely resolution was provided

Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Centers Plan for Healthy Living, LLC

224

Elderplan, Inc.

550

Elderserve Health, Inc., dba RiverSpring at Home

74

Hamaspik Inc.

22

HealthFirst Health Plan Inc. (Senior Health Partners)

5,102

Anthem HP, LLC

22

MetroPlus Health Plan Inc.

34

NY Quality Healthcare Corp (Centene)

7

Senior Whole Health of NY Inc.

143

**Village Senior Services Corp (VillageCare
Max)**

263

VNS Choice

372

United Healthcare of New York, Inc.

0

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<p>Resolved grievances related to general inpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p>Centers Plan for Healthy Living, LLC 15</p> <p>Elderplan, Inc. 0</p> <p>Elderserve Health, Inc., dba RiverSpring at Home N/A</p> <p>Hamaspik Inc. N/A</p> <p>HealthFirst Health Plan Inc. (Senior Health Partners) 0</p> <p>Anthem HP, LLC 0</p> <p>MetroPlus Health Plan Inc. 0</p> <p>NY Quality Healthcare Corp (Centene) 0</p> <p>Senior Whole Health of NY Inc. 3</p> <p>Village Senior Services Corp (VillageCare Max) N/A</p> <p>VNS Choice 0</p> <p>United Healthcare of New York, Inc. 0</p>

D1IV.15b	<p>Resolved grievances related to general outpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g.,</p>	<p>Centers Plan for Healthy Living, LLC 214</p> <p>Elderplan, Inc. 0</p> <p>Elderserve Health, Inc., dba RiverSpring at Home</p>
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primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

15

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

85

United Healthcare of New York, Inc.

0

D1IV.15c

Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

N/A

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15d

Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

4

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

N/A

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

N/A

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

1

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

42

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

N/A

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15f	Resolved grievances related to skilled nursing facility (SNF) services	Centers Plan for Healthy Living, LLC
	Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	2
		Elderplan, Inc.
		8
		Elderserve Health, Inc., dba RiverSpring at Home
		0
		Hamaspik Inc.
		0
		HealthFirst Health Plan Inc. (Senior Health Partners)
		0
		Anthem HP, LLC
		0
		MetroPlus Health Plan Inc.
		0
		NY Quality Healthcare Corp (Centene)
		0
		Senior Whole Health of NY Inc.
		3
		Village Senior Services Corp (VillageCare Max)
		1
		VNS Choice
		0
		United Healthcare of New York, Inc.
		0

D1IV.15g	Resolved grievances related to long-term services and supports (LTSS)	Centers Plan for Healthy Living, LLC
	Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care	12
		Elderplan, Inc.
		557
		Elderserve Health, Inc., dba RiverSpring at Home
		48

plan does not cover this type of service, enter "N/A".

Hamaspik Inc.

11

HealthFirst Health Plan Inc. (Senior Health Partners)

2,226

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

3

Senior Whole Health of NY Inc.

15

Village Senior Services Corp (VillageCare Max)

239

VNS Choice

71

United Healthcare of New York, Inc.

0

D1IV.15h

Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

8

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

4

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

247

Anthem HP, LLC

2

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

22

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

10

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

1

HealthFirst Health Plan Inc. (Senior Health Partners)

12

Anthem HP, LLC

8

MetroPlus Health Plan Inc.

5

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

15

Village Senior Services Corp (VillageCare Max)

4

VNS Choice

16

United Healthcare of New York, Inc.

0

D1IV.15k

Resolved grievances related to durable medical equipment (DME) & supplies

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15l

Resolved grievances related to home health / hospice

Centers Plan for Healthy Living, LLC

0

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15m

Resolved grievances related to emergency services / emergency department

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.15o

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

26

Hamaspik Inc.

14

HealthFirst Health Plan Inc. (Senior Health Partners)

2,697

Anthem HP, LLC

12

MetroPlus Health Plan Inc.

29

NY Quality Healthcare Corp (Centene)

4

Senior Whole Health of NY Inc.

96

Village Senior Services Corp (VillageCare Max)

2

VNS Choice

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<p data-bbox="316 107 722 220">Resolved grievances related to plan or provider customer service</p> <p data-bbox="316 241 722 751">Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p>	<p data-bbox="763 107 1356 199">Centers Plan for Healthy Living, LLC 16</p> <p data-bbox="763 231 1356 325">Elderplan, Inc. 108</p> <p data-bbox="763 357 1356 451">Elderserve Health, Inc., dba RiverSpring at Home 11</p> <p data-bbox="763 483 1356 577">Hamaspik Inc. 4</p> <p data-bbox="763 609 1356 703">HealthFirst Health Plan Inc. (Senior Health Partners) 2,972</p> <p data-bbox="763 735 1356 829">Anthem HP, LLC 3</p> <p data-bbox="763 861 1356 955">MetroPlus Health Plan Inc. 5</p> <p data-bbox="763 987 1356 1081">NY Quality Healthcare Corp (Centene) 0</p> <p data-bbox="763 1113 1356 1207">Senior Whole Health of NY Inc. 105</p> <p data-bbox="763 1239 1356 1333">Village Senior Services Corp (VillageCare Max) 42</p> <p data-bbox="763 1365 1356 1459">VNS Choice 111</p> <p data-bbox="763 1491 1356 1585">United Healthcare of New York, Inc. 0</p>
D1IV.16b	<p data-bbox="316 1745 722 1858">Resolved grievances related to plan or provider care management/case management</p> <p data-bbox="316 1879 722 2074">Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or</p>	<p data-bbox="763 1745 1356 1837">Centers Plan for Healthy Living, LLC 19</p> <p data-bbox="763 1869 1356 1963">Elderplan, Inc. 77</p> <p data-bbox="763 1995 1356 2074">Elderserve Health, Inc., dba RiverSpring at Home</p>

provider care management/case management.	7	
Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	2	Hamaspik Inc.
		HealthFirst Health Plan Inc. (Senior Health Partners)
	143	
		Anthem HP, LLC
	5	
		MetroPlus Health Plan Inc.
	2	
		NY Quality Healthcare Corp (Centene)
	4	
		Senior Whole Health of NY Inc.
	5	
		Village Senior Services Corp (VillageCare Max)
	45	
		VNS Choice
	21	
		United Healthcare of New York, Inc.
	0	

D1IV.16c	Resolved grievances related to network adequacy or access to care/services from plan or provider	Centers Plan for Healthy Living, LLC
	Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	132
		Elderplan, Inc.
		18
		Elderserve Health, Inc., dba RiverSpring at Home
		5
		Hamaspik Inc.
		12
		HealthFirst Health Plan Inc. (Senior Health Partners)
		72
		Anthem HP, LLC
		0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

27

Village Senior Services Corp (VillageCare Max)

46

VNS Choice

91

United Healthcare of New York, Inc.

0

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Centers Plan for Healthy Living, LLC

18

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

28

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

314

Anthem HP, LLC

1

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

83

VNS Choice

96

United Healthcare of New York, Inc.

0

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.

Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Centers Plan for Healthy Living, LLC

1

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

31

Anthem HP, LLC

1

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

12

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

9

United Healthcare of New York, Inc.

0

D1IV.16f**Resolved grievances related to payment or billing issues**

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Centers Plan for Healthy Living, LLC

56

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

1

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

331

Anthem HP, LLC

1

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

7

Village Senior Services Corp (VillageCare Max)

10

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.16g**Resolved grievances related to suspected fraud**

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.

Suspected fraud grievances include suspected cases of financial/payment fraud

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

10

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

2

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

2

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.

Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

25

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

11

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.16i

Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

2

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Centers Plan for Healthy Living, LLC

0

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

0

Anthem HP, LLC

0

MetroPlus Health Plan Inc.

0

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

0

VNS Choice

0

United Healthcare of New York, Inc.

0

D1IV.16k

Resolved grievances filed for other reasons

Centers Plan for Healthy Living, LLC

3

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Elderplan, Inc.

354

Elderserve Health, Inc., dba RiverSpring at Home

25

Hamaspik Inc.

8

HealthFirst Health Plan Inc. (Senior Health Partners)

1,249

Anthem HP, LLC

11

MetroPlus Health Plan Inc.

25

NY Quality Healthcare Corp (Centene)

3

Senior Whole Health of NY Inc.

9

Village Senior Services Corp (VillageCare Max)

63

VNS Choice

46

United Healthcare of New York, Inc.

0

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: Breast exam among women ages 50-74

1 / 51

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of female members ages 50-74, who received a mammogram or breast exam in the last two years

Measure results

Centers Plan for Healthy Living, LLC

86

Elderplan, Inc.

86

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

75

HealthFirst Health Plan Inc. (Senior Health Partners)

76

Anthem HP, LLC

73

MetroPlus Health Plan Inc.

56

NY Quality Healthcare Corp (Centene)

N/A

Senior Whole Health of NY Inc.

66

Village Senior Services Corp (VillageCare Max)

81

VNS Choice

84

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Eye exam

2 / 51

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who received an eye exam in the last year

Measure results

Centers Plan for Healthy Living, LLC

70

Elderplan, Inc.

79

Elderserve Health, Inc., dba RiverSpring at Home

75

Hamaspik Inc.

86

HealthFirst Health Plan Inc. (Senior Health Partners)

70

Anthem HP, LLC

74

MetroPlus Health Plan Inc.

86

NY Quality Healthcare Corp (Centene)

N/A

Senior Whole Health of NY Inc.

76

Village Senior Services Corp (VillageCare Max)

77

VNS Choice

91

United Healthcare of New York, Inc.

N/A

D2.VII.1 Measure Name: Flu vaccination

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who received an influenza vaccination in the last year

Measure results

Centers Plan for Healthy Living, LLC

76

Elderplan, Inc.

78

Elderserve Health, Inc., dba RiverSpring at Home

85

Hamaspik Inc.

77

HealthFirst Health Plan Inc. (Senior Health Partners)

73

Anthem HP, LLC

82

MetroPlus Health Plan Inc.

76

NY Quality Healthcare Corp (Centene)

69

Senior Whole Health of NY Inc.

88

Village Senior Services Corp (VillageCare Max)

80

VNS Choice

85

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Hearing exam

4 / 51

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who received a hearing exam in the last two years

Measure results

Centers Plan for Healthy Living, LLC

44

Elderplan, Inc.

47

Elderserve Health, Inc., dba RiverSpring at Home

49

Hamaspik Inc.

63

HealthFirst Health Plan Inc. (Senior Health Partners)

31

Anthem HP, LLC

71

MetroPlus Health Plan Inc.

47

NY Quality Healthcare Corp (Centene)

36

Senior Whole Health of NY Inc.

59

Village Senior Services Corp (VillageCare Max)

62

VNS Choice

79

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No emergency room visits.

5 / 51

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not have an emergency room visit in the last 90 days.

Measure results

Centers Plan for Healthy Living, LLC

93

Elderplan, Inc.

94

Elderserve Health, Inc., dba RiverSpring at Home

92

Hamaspik Inc.

92

HealthFirst Health Plan Inc. (Senior Health Partners)

92

Anthem HP, LLC

92

MetroPlus Health Plan Inc.

88

NY Quality Healthcare Corp (Centene)

92

Senior Whole Health of NY Inc.

96

Village Senior Services Corp (VillageCare Max)

94

VNS Choice

95

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Pneumovax vaccination

6 / 51

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2025 - 12/31/2025

D2.VII.8 Measure Description

Percentage of members age 65 or older, who received a pneumococcal vaccination in the last five years or after age 65.

Measure results

Centers Plan for Healthy Living, LLC

88

Elderplan, Inc.

85

Elderserve Health, Inc., dba RiverSpring at Home

79

Hamaspik Inc.

80

HealthFirst Health Plan Inc. (Senior Health Partners)

75

Anthem HP, LLC

87

MetroPlus Health Plan Inc.

76

NY Quality Healthcare Corp (Centene)

71

Senior Whole Health of NY Inc.

89

Village Senior Services Corp (VillageCare Max)

80

VNS Choice

91

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No severe or more intense pain daily.

7 / 51

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not experience severe or more intense pain daily.

Measure results

Centers Plan for Healthy Living, LLC

87

Elderplan, Inc.

99

Elderserve Health, Inc., dba RiverSpring at Home

96

Hamaspik Inc.

98

HealthFirst Health Plan Inc. (Senior Health Partners)

97

Anthem HP, LLC

100

MetroPlus Health Plan Inc.

100

NY Quality Healthcare Corp (Centene)

87

Senior Whole Health of NY Inc.

99

Village Senior Services Corp (VillageCare Max)

98

VNS Choice

98

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No shortness of breath.

8 / 51

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not experience shortness of breath.

Measure results

Centers Plan for Healthy Living, LLC

44

Elderplan, Inc.

37

Elderserve Health, Inc., dba RiverSpring at Home

49

Hamaspik Inc.

69

HealthFirst Health Plan Inc. (Senior Health Partners)

84

Anthem HP, LLC

89

MetroPlus Health Plan Inc.

86

NY Quality Healthcare Corp (Centene)

73

Senior Whole Health of NY Inc.

83

Village Senior Services Corp (VillageCare Max)

84

VNS Choice

88

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Pain Controlled

9 / 51

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not experience uncontrolled pain.

Measure results**Centers Plan for Healthy Living, LLC**

99

Elderplan, Inc.

99

Elderserve Health, Inc., dba RiverSpring at Home

87

Hamaspik Inc.

98

HealthFirst Health Plan Inc. (Senior Health Partners)

96

Anthem HP, LLC

100

MetroPlus Health Plan Inc.

97

NY Quality Healthcare Corp (Centene)

96

Senior Whole Health of NY Inc.

100

Village Senior Services Corp (VillageCare Max)

99

VNS Choice

98

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Plan Asked to See Medicines

10 / 51

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who responded that since they joined this health plan, someone from the health plan asked to see all of the prescriptions and over the counter medicines they've been taking.

Measure results

Centers Plan for Healthy Living, LLC

91

Elderplan, Inc.

96

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

88

HealthFirst Health Plan Inc. (Senior Health Partners)

94

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

91

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

91

VNS Choice

94

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Cognitive Functioning

11 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

percentage of members whose Cognitive Performance Scale 2 (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how an individual eats and drinks.

Measure results**Centers Plan for Healthy Living, LLC**

28

Elderplan, Inc.

13

Elderserve Health, Inc., dba RiverSpring at Home

23

Hamaspik Inc.

27

HealthFirst Health Plan Inc. (Senior Health Partners)

29

Anthem HP, LLC

50

MetroPlus Health Plan Inc.

42

NY Quality Healthcare Corp (Centene)

55

Senior Whole Health of NY Inc.

36

Village Senior Services Corp (VillageCare Max)

44

VNS Choice

23

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No Behavioral Problems

12 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care).

Measure results

Centers Plan for Healthy Living, LLC

93

Elderplan, Inc.

88

Elderserve Health, Inc., dba RiverSpring at Home

88

Hamaspik Inc.

78

HealthFirst Health Plan Inc. (Senior Health Partners)

92

Anthem HP, LLC

90

MetroPlus Health Plan Inc.

86

NY Quality Healthcare Corp (Centene)

89

Senior Whole Health of NY Inc.

86

Village Senior Services Corp (VillageCare Max)

94

VNS Choice

73

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No depression, self-reported

13 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who reported no sad, depressed, or hopeless feelings.

Measure results

Centers Plan for Healthy Living, LLC

58

Elderplan, Inc.

75

Elderserve Health, Inc., dba RiverSpring at Home

64

Hamaspik Inc.

69

HealthFirst Health Plan Inc. (Senior Health Partners)

71

Anthem HP, LLC

79

MetroPlus Health Plan Inc.

84

NY Quality Healthcare Corp (Centene)

81

Senior Whole Health of NY Inc.

78

Village Senior Services Corp (VillageCare Max)

79

VNS Choice

87

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Not Anxious, self-reported

14 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who reported no anxious, restless, or uneasy feelings.

Measure results

Centers Plan for Healthy Living, LLC

86

Elderplan, Inc.

87

Elderserve Health, Inc., dba RiverSpring at Home

83

Hamaspik Inc.

82

HealthFirst Health Plan Inc. (Senior Health Partners)

84

Anthem HP, LLC

94

MetroPlus Health Plan Inc.

81

NY Quality Healthcare Corp (Centene)

85

Senior Whole Health of NY Inc.

92

Village Senior Services Corp (VillageCare Max)

90

VNS Choice

91

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Not lonely and distressed.

15 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

percentage of members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities.

Measure results**Centers Plan for Healthy Living, LLC**

99

Elderplan, Inc.

100

Elderserve Health, Inc., dba RiverSpring at Home

97

Hamaspik Inc.

98

HealthFirst Health Plan Inc. (Senior Health Partners)

97

Anthem HP, LLC

100

MetroPlus Health Plan Inc.

100

NY Quality Healthcare Corp (Centene)

99

Senior Whole Health of NY Inc.

100

Village Senior Services Corp (VillageCare Max)

99

VNS Choice

99

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Access to Routine Dental Care

16 / 51

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who reported that within the last six months they always got a routine dental appointment as soon as they thought they needed.

Measure results

Centers Plan for Healthy Living, LLC

29

Elderplan, Inc.

40

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

26

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

36

VNS Choice

34

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Dental exam

17 / 51

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who received a dental exam in the last year.

Measure results

Centers Plan for Healthy Living, LLC

50

Elderplan, Inc.

50

Elderserve Health, Inc., dba RiverSpring at Home

54

Hamaspik Inc.

84

HealthFirst Health Plan Inc. (Senior Health Partners)

54

Anthem HP, LLC

66

MetroPlus Health Plan Inc.

60

NY Quality Healthcare Corp (Centene)

55

Senior Whole Health of NY Inc.

58

Village Senior Services Corp (VillageCare Max)

62

VNS Choice

81



Complete

D2.VII.1 Measure Name: Same Day Urgent Dental Care

18 / 51

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who reported that within the last six months they had same day access to urgent dental care.

Measure results

Centers Plan for Healthy Living, LLC

27

Elderplan, Inc.

34

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

32

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

N/A

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

29

VNS Choice

31

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Involved in Decisions

19 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care.

Measure results

Centers Plan for Healthy Living, LLC

85

Elderplan, Inc.

84

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

86

HealthFirst Health Plan Inc. (Senior Health Partners)

90

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

82

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

84

VNS Choice

85



Complete

D2.VII.1 Measure Name: Manage Illness

20 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent.

Measure results

Centers Plan for Healthy Living, LLC

86

Elderplan, Inc.

88

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

88

HealthFirst Health Plan Inc. (Senior Health Partners)

86

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

87

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

85

VNS Choice

86

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Plan has Document Appointing for Health Decisions.

21 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who responded that their health plan has a copy of their legal document appointing someone to make decisions about their health care if they are unable to do so.

Measure results

Centers Plan for Healthy Living, LLC

88

Elderplan, Inc.

88

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

N/A

HealthFirst Health Plan Inc. (Senior Health Partners)

87

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

N/A

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

82

VNS Choice

92



Complete

D2.VII.1 Measure Name: Rating of Care Manager

22 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent.

Measure results

Centers Plan for Healthy Living, LLC

90

Elderplan, Inc.

91

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

80

HealthFirst Health Plan Inc. (Senior Health Partners)

84

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

85

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

92

VNS Choice

87

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Rating of Dentist

23 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated the quality of dental services within the last six months as good or excellent.

Measure results

Centers Plan for Healthy Living, LLC

71

Elderplan, Inc.

58

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

68

HealthFirst Health Plan Inc. (Senior Health Partners)

73

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

73

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

70

VNS Choice

71

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Rating of Health Plan

24 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent.

Measure results**Centers Plan for Healthy Living, LLC**

85

Elderplan, Inc.

87

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

83

HealthFirst Health Plan Inc. (Senior Health Partners)

87

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

87

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

74

VNS Choice

87

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Rating of Home Health Aide

25 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated the quality of home health aide/personal care.

Measure results

Centers Plan for Healthy Living, LLC

93

Elderplan, Inc.

96

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

91

HealthFirst Health Plan Inc. (Senior Health Partners)

92

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

94

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

92

VNS Choice

92

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Rating of Regular Visiting Nurse

26 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated the quality of regular visiting nurse/registered nurse services within the last six months as good or excellent.

Measure results**Centers Plan for Healthy Living, LLC**

80

Elderplan, Inc.

84

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

69

HealthFirst Health Plan Inc. (Senior Health Partners)

77

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

80

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

86

VNS Choice

85

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Rating of Transportation Services.

27 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who rated the quality of transportation services within the last six months as good or excellent.

Measure results

Centers Plan for Healthy Living, LLC

66

Elderplan, Inc.

68

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

72

HealthFirst Health Plan Inc. (Senior Health Partners)

69

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

67

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

80

VNS Choice

59

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Talked About Appointing for Health Decisions^{28 / 51}**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/21/2023

D2.VII.8 Measure Description

Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so.

Measure results**Centers Plan for Healthy Living, LLC**

83

Elderplan, Inc.

82

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

59

HealthFirst Health Plan Inc. (Senior Health Partners)

80

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

71

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

65

VNS Choice

86

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Timeliness Composite

29 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse/registered nurse, or covering/on-call nurse services were usually or always on time.

Measure results

Centers Plan for Healthy Living, LLC

85

Elderplan, Inc.

89

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

81

HealthFirst Health Plan Inc. (Senior Health Partners)

83

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

85

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

87

VNS Choice

83

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Timeliness of Home Health Aide

30 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time.

Measure results**Centers Plan for Healthy Living, LLC**

96

Elderplan, Inc.

98

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

93

HealthFirst Health Plan Inc. (Senior Health Partners)

94

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

98

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

95

VNS Choice

97

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Document Appointing for Health Decisions 31 / 51

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who responded that they have a legal document appointing someone to make decisions about their health care if they are unable to do so.

Measure results

Centers Plan for Healthy Living, LLC

62

Elderplan, Inc.

76

Elderserve Health, Inc., dba RiverSpring at Home

N/A

Hamaspik Inc.

63

HealthFirst Health Plan Inc. (Senior Health Partners)

58

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

60

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

45

VNS Choice

80

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No Falls with Injury

32 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days.

Measure results

Centers Plan for Healthy Living, LLC

95

Elderplan, Inc.

95

Elderserve Health, Inc., dba RiverSpring at Home

94

Hamaspik Inc.

90

HealthFirst Health Plan Inc. (Senior Health Partners)

93

Anthem HP, LLC

98

MetroPlus Health Plan Inc.

NY Quality Healthcare Corp (Centene)

91

Senior Whole Health of NY Inc.

95

Village Senior Services Corp (VillageCare Max)

92

VNS Choice

96

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Pain Intensity Stable or Improved

33 / 51

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity

Measure results**Centers Plan for Healthy Living, LLC**

89

Elderplan, Inc.

84

Elderserve Health, Inc., dba RiverSpring at Home

81

Hamaspik Inc.

76

HealthFirst Health Plan Inc. (Senior Health Partners)

75

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

79

Senior Whole Health of NY Inc.

86

Village Senior Services Corp (VillageCare Max)

72

VNS Choice

87

United Healthcare of New York, Inc.

N/A

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted rate of potentially avoidable hospitalizations (primary diagnoses of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance) that occur for each 10,000 member days that a plan accumulates

Measure results

Centers Plan for Healthy Living, LLC

2.46

Elderplan, Inc.

2.87

Elderserve Health, Inc., dba RiverSpring at Home

1.99

Hamaspik Inc.

2.252

HealthFirst Health Plan Inc. (Senior Health Partners)

3.37

Anthem HP, LLC

4.63

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

1.79

Senior Whole Health of NY Inc.

2.28

Village Senior Services Corp (VillageCare Max)

3.08

VNS Choice

3.3

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Shortness of Breath Stable or Improved

35 / 51

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath

Measure results

Centers Plan for Healthy Living, LLC

93

Elderplan, Inc.

83

Elderserve Health, Inc., dba RiverSpring at Home

84

Hamaspik Inc.

82

HealthFirst Health Plan Inc. (Senior Health Partners)

89

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

90

Senior Whole Health of NY Inc.

89

Village Senior Services Corp (VillageCare Max)

89

VNS Choice

92

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Cognition Stable or Improved

36 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in cognition

Measure results**Centers Plan for Healthy Living, LLC**

75

Elderplan, Inc.

81

Elderserve Health, Inc., dba RiverSpring at Home

77

Hamaspik Inc.

58

HealthFirst Health Plan Inc. (Senior Health Partners)

72

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

86

Senior Whole Health of NY Inc.

79

Village Senior Services Corp (VillageCare Max)

70

VNS Choice

76

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Mood Stable or Improved

37 / 51

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in mood

Measure results

Centers Plan for Healthy Living, LLC

83

Elderplan, Inc.

79

Elderserve Health, Inc., dba RiverSpring at Home

79

Hamaspik Inc.

73

HealthFirst Health Plan Inc. (Senior Health Partners)

80

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

83

Senior Whole Health of NY Inc.

93

Village Senior Services Corp (VillageCare Max)

87

VNS Choice

87

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: ADL Stable or Improved

38 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in ADL function

Measure results**Centers Plan for Healthy Living, LLC**

85

Elderplan, Inc.

79

Elderserve Health, Inc., dba RiverSpring at Home

85

Hamaspik Inc.

82

HealthFirst Health Plan Inc. (Senior Health Partners)

78

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

90

Senior Whole Health of NY Inc.

79

Village Senior Services Corp (VillageCare Max)

84

VNS Choice

81

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Bathing Stable or Improved

39 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in bathing

Measure results

Centers Plan for Healthy Living, LLC

85

Elderplan, Inc.

72

Elderserve Health, Inc., dba RiverSpring at Home

72

Hamaspik Inc.

76

HealthFirst Health Plan Inc. (Senior Health Partners)

71

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

84

Senior Whole Health of NY Inc.

52

Village Senior Services Corp (VillageCare Max)

76

VNS Choice

73

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Communication Stable or Improved

40 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in communication

Measure results**Centers Plan for Healthy Living, LLC**

89

Elderplan, Inc.

74

Elderserve Health, Inc., dba RiverSpring at Home

81

Hamaspik Inc.

64

HealthFirst Health Plan Inc. (Senior Health Partners)

77

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

83

Senior Whole Health of NY Inc.

79

Village Senior Services Corp (VillageCare Max)

73

VNS Choice

74

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Dressing Lower Body Stable or Improved

41 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in dressing lower body

Measure results

Centers Plan for Healthy Living, LLC

83

Elderplan, Inc.

702

Elderserve Health, Inc., dba RiverSpring at Home

74

Hamaspik Inc.

71

HealthFirst Health Plan Inc. (Senior Health Partners)

70

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

83

Senior Whole Health of NY Inc.

51

Village Senior Services Corp (VillageCare Max)

76

VNS Choice

69

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Dressing Upper Body Stable or Improved

42 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in dressing upper body

Measure results**Centers Plan for Healthy Living, LLC**

86

Elderplan, Inc.

70

Elderserve Health, Inc., dba RiverSpring at Home

79

Hamaspik Inc.

68

HealthFirst Health Plan Inc. (Senior Health Partners)

69

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

82

Senior Whole Health of NY Inc.

66

Village Senior Services Corp (VillageCare Max)

78

VNS Choice

72

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Eating Stable or Improved

43 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in eating

Measure results

Centers Plan for Healthy Living, LLC

83

Elderplan, Inc.

72

Elderserve Health, Inc., dba RiverSpring at Home

70

Hamaspik Inc.

66

HealthFirst Health Plan Inc. (Senior Health Partners)

73

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

81

Senior Whole Health of NY Inc.

59

Village Senior Services Corp (VillageCare Max)

81

VNS Choice

70

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: IADL Stable or Improved

44 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in IADL function

Measure results**Centers Plan for Healthy Living, LLC**

98

Elderplan, Inc.

94

Elderserve Health, Inc., dba RiverSpring at Home

88

Hamaspik Inc.

89

HealthFirst Health Plan Inc. (Senior Health Partners)

90

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

95

Senior Whole Health of NY Inc.

N/A

Village Senior Services Corp (VillageCare Max)

94

VNS Choice

94

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Locomotion Stable or Improved

45 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in IADL function

Measure results

Centers Plan for Healthy Living, LLC

71

Elderplan, Inc.

69

Elderserve Health, Inc., dba RiverSpring at Home

66

Hamaspik Inc.

69

HealthFirst Health Plan Inc. (Senior Health Partners)

67

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

73

Senior Whole Health of NY Inc.

56

Village Senior Services Corp (VillageCare Max)

70

VNS Choice

60

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Managing Medications Stable or Improved

46 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in managing medications

Measure results**Centers Plan for Healthy Living, LLC**

76

Elderplan, Inc.

66

Elderserve Health, Inc., dba RiverSpring at Home

74

Hamaspik Inc.

63

HealthFirst Health Plan Inc. (Senior Health Partners)

65

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

78

Senior Whole Health of NY Inc.

75

Village Senior Services Corp (VillageCare Max)

74

VNS Choice

71

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: No Falls with Injury

47 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days

Measure results

Centers Plan for Healthy Living, LLC

95

Elderplan, Inc.

95

Elderserve Health, Inc., dba RiverSpring at Home

94

Hamaspik Inc.

90

HealthFirst Health Plan Inc. (Senior Health Partners)

93

Anthem HP, LLC

98

MetroPlus Health Plan Inc.

87

NY Quality Healthcare Corp (Centene)

91

Senior Whole Health of NY Inc.

95

Village Senior Services Corp (VillageCare Max)

92

VNS Choice

96

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Nursing Facility Level of Care Score Stable or Improved 48 / 51**D2.VII.2 Measure Domain**

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in NFLOC score

Measure results**Centers Plan for Healthy Living, LLC**

87

Elderplan, Inc.

73

Elderserve Health, Inc., dba RiverSpring at Home

85

Hamaspik Inc.

73

HealthFirst Health Plan Inc. (Senior Health Partners)

78

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

92

Senior Whole Health of NY Inc.

78

Village Senior Services Corp (VillageCare Max)

86

VNS Choice

82

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Toilet Transfer Stable or Improved

49 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in toilet transfer

Measure results

Centers Plan for Healthy Living, LLC

84

Elderplan, Inc.

67

Elderserve Health, Inc., dba RiverSpring at Home

76

Hamaspik Inc.

62

HealthFirst Health Plan Inc. (Senior Health Partners)

66

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

75

Senior Whole Health of NY Inc.

64

Village Senior Services Corp (VillageCare Max)

78

VNS Choice

65

United Healthcare of New York, Inc.



Complete

D2.VII.1 Measure Name: Toilet Use Stable or Improved

50 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of members who remained stable or demonstrated improvement in toilet use

Measure results**Centers Plan for Healthy Living, LLC**

77

Elderplan, Inc.

55

Elderserve Health, Inc., dba RiverSpring at Home

66

Hamaspik Inc.

63

HealthFirst Health Plan Inc. (Senior Health Partners)

64

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

78

Senior Whole Health of NY Inc.

46

Village Senior Services Corp (VillageCare Max)

73

VNS Choice

61

United Healthcare of New York, Inc.

N/A



Complete

D2.VII.1 Measure Name: Urinary Continence Stable or Improved

51 / 51

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence

Measure results

Centers Plan for Healthy Living, LLC

87

Elderplan, Inc.

70

Elderserve Health, Inc., dba RiverSpring at Home

73

Hamaspik Inc.

79

HealthFirst Health Plan Inc. (Senior Health Partners)

76

Anthem HP, LLC

N/A

MetroPlus Health Plan Inc.

N/A

NY Quality Healthcare Corp (Centene)

84

Senior Whole Health of NY Inc.

86

Village Senior Services Corp (VillageCare Max)

71

VNS Choice

83

United Healthcare of New York, Inc.

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

D3.VIII.1 Intervention type: Fine

1 / 12

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Elderserve Health, Inc., dba RiverSpring at Home

D3.VIII.4 Reason for intervention

Plan did not submit timely encounter data

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$6,766.56

D3.VIII.7 Date assessed

12/12/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Fine

2 / 12

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

MetroPlus Health Plan Inc.

D3.VIII.4 Reason for intervention

Plan did not submit timely encounter data

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$3,280.92

D3.VIII.7 Date assessed

03/10/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Performance Improvement

3 / 12

D3.VIII.2 Plan performance issue

Social Daycare Oversight

D3.VIII.3 Plan name

Elderplan, Inc.

D3.VIII.4 Reason for intervention

Focus survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

04/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/06/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

4 / 12

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Elderplan, Inc.

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

05/06/2024

D3.VIII.8 Remediation date non-compliance was corrected

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

5 / 12

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Anthem HP, LLC

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

01/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/07/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

6 / 12

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Senior Whole Health of NY Inc.

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

07/01/2024

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

7 / 12

D3.VIII.2 Plan performance

issue

Network adequacy

D3.VIII.3 Plan name

Village Senior Services Corp (VillageCare Max)

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

07/01/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/07/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

8 / 12

D3.VIII.2 Plan performance

issue

Provider Contract
Management**D3.VIII.3 Plan name**

Hamaspik Inc.

D3.VIII.4 Reason for intervention

Expired Management Services Agreement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

06/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 12/17/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

9 / 12

D3.VIII.2 Plan performance issue

Provider noticing

D3.VIII.3 Plan name

VNS Choice

D3.VIII.4 Reason for intervention

Notice of self disclosure

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

05/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/23/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

10 / 12

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

NY Quality Healthcare Corp (Centene)

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

05/06/2024

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

11 / 12

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Hamaspik Inc.

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

05/06/2024

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Performance Improvement

12 / 12

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

VNS Choice

D3.VIII.4 Reason for intervention

Focused Survey

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.7 Date assessed

05/06/2024

D3.VIII.9 Corrective action plan

No

D3.VIII.6 Sanction amount

n/a

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<p data-bbox="313 107 711 176">Dedicated program integrity staff</p> <p data-bbox="313 201 711 390">Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).</p>	<p data-bbox="760 107 1252 134">Centers Plan for Healthy Living, LLC</p> <p data-bbox="760 161 776 189">4</p> <p data-bbox="760 233 954 260">Elderplan, Inc.</p> <p data-bbox="760 287 776 315">8</p> <p data-bbox="760 359 1341 428">Elderserve Health, Inc., dba RiverSpring at Home</p> <p data-bbox="760 455 776 483">0</p> <p data-bbox="760 527 954 554">Hamaspik Inc.</p> <p data-bbox="760 581 776 609">3</p> <p data-bbox="760 653 1341 722">HealthFirst Health Plan Inc. (Senior Health Partners)</p> <p data-bbox="760 749 808 777">100</p> <p data-bbox="760 821 980 848">Anthem HP, LLC</p> <p data-bbox="760 875 776 903">9</p> <p data-bbox="760 947 1127 974">MetroPlus Health Plan Inc.</p> <p data-bbox="760 1001 792 1029">43</p> <p data-bbox="760 1073 1284 1100">NY Quality Healthcare Corp (Centene)</p> <p data-bbox="760 1127 800 1155">0.3</p> <p data-bbox="760 1199 1179 1226">Senior Whole Health of NY Inc.</p> <p data-bbox="760 1253 776 1281">5</p> <p data-bbox="760 1325 1312 1394">Village Senior Services Corp (VillageCare Max)</p> <p data-bbox="760 1421 776 1449">4</p> <p data-bbox="760 1493 915 1520">VNS Choice</p> <p data-bbox="760 1547 776 1575">2</p> <p data-bbox="760 1619 1252 1646">United Healthcare of New York, Inc.</p> <p data-bbox="760 1673 829 1701">16.85</p>
D1X.2	<p data-bbox="313 1745 711 1814">Count of opened program integrity investigations</p> <p data-bbox="313 1841 711 1965">How many program integrity investigations were opened by the plan during the reporting year?</p>	<p data-bbox="760 1745 1252 1772">Centers Plan for Healthy Living, LLC</p> <p data-bbox="760 1799 776 1827">5</p> <p data-bbox="760 1871 954 1898">Elderplan, Inc.</p> <p data-bbox="760 1925 792 1953">91</p> <p data-bbox="760 1997 1341 2066">Elderserve Health, Inc., dba RiverSpring at Home</p>

0

Hamaspik Inc.

19

HealthFirst Health Plan Inc. (Senior Health Partners)

42

Anthem HP, LLC

42

MetroPlus Health Plan Inc.

21

NY Quality Healthcare Corp (Centene)

1

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

10

VNS Choice

61

United Healthcare of New York, Inc.

0

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Centers Plan for Healthy Living, LLC

4

Elderplan, Inc.

34

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

5

HealthFirst Health Plan Inc. (Senior Health Partners)

53

Anthem HP, LLC

6

MetroPlus Health Plan Inc.

1

NY Quality Healthcare Corp (Centene)

1

Senior Whole Health of NY Inc.

1

Village Senior Services Corp (VillageCare Max)

2

VNS Choice

91

United Healthcare of New York, Inc.

0

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Centers Plan for Healthy Living, LLC

Makes some referrals to the SMA and others directly to the MFCU

Elderplan, Inc.

Makes referrals to the State Medicaid Agency (SMA) only

Elderserve Health, Inc., dba RiverSpring at Home

Makes some referrals to the SMA and others directly to the MFCU

Hamaspik Inc.

Makes some referrals to the SMA and others directly to the MFCU

HealthFirst Health Plan Inc. (Senior Health Partners)

Makes referrals to the State Medicaid Agency (SMA) only

Anthem HP, LLC

Makes referrals to the State Medicaid Agency (SMA) only

MetroPlus Health Plan Inc.

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

NY Quality Healthcare Corp (Centene)

Makes referrals to the SMA and MFCU concurrently

Senior Whole Health of NY Inc.

Makes referrals to the State Medicaid Agency (SMA) only

Village Senior Services Corp (VillageCare Max)

Makes some referrals to the SMA and others directly to the MFCU

VNS Choice

Makes referrals to the State Medicaid Agency (SMA) only

United Healthcare of New York, Inc.

Makes referrals to the SMA and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the total number of program integrity referrals made during the reporting year.

Centers Plan for Healthy Living, LLC

Not applicable

Elderplan, Inc.

Not applicable

Elderserve Health, Inc., dba RiverSpring at Home

Not applicable

Hamaspik Inc.

Not applicable

HealthFirst Health Plan Inc. (Senior Health Partners)

Not applicable

Anthem HP, LLC

Not applicable

MetroPlus Health Plan Inc.

1

NY Quality Healthcare Corp (Centene)

Not applicable

Senior Whole Health of NY Inc.

Not applicable

Village Senior Services Corp (VillageCare Max)

Not applicable

VNS Choice

Not applicable

United Healthcare of New York, Inc.

Not applicable

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made.

Centers Plan for Healthy Living, LLC

Not applicable

Elderplan, Inc.

0

Elderserve Health, Inc., dba RiverSpring at Home

Not applicable

Hamaspik Inc.

Not applicable

HealthFirst Health Plan Inc. (Senior Health Partners)

10

Anthem HP, LLC

1

MetroPlus Health Plan Inc.

Not applicable

NY Quality Healthcare Corp (Centene)

Not applicable

Senior Whole Health of NY Inc.

0

Village Senior Services Corp (VillageCare Max)

Not applicable

VNS Choice

40

United Healthcare of New York, Inc.

Not applicable

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Centers Plan for Healthy Living, LLC

Not applicable

Elderplan, Inc.

Not applicable

Elderserve Health, Inc., dba RiverSpring at Home

Not applicable

Hamaspik Inc.

Not applicable

HealthFirst Health Plan Inc. (Senior Health Partners)

Not applicable

Anthem HP, LLC

Not applicable

MetroPlus Health Plan Inc.

Not applicable

NY Quality Healthcare Corp (Centene)

0

Senior Whole Health of NY Inc.

Not applicable

Village Senior Services Corp (VillageCare Max)

Not applicable

VNS Choice

Not applicable

United Healthcare of New York, Inc.

0

D1X.7

Count of program integrity referrals to the state

Centers Plan for Healthy Living, LLC

1

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.

Elderplan, Inc.

Not applicable

Elderserve Health, Inc., dba RiverSpring at Home

0

Hamaspik Inc.

0

HealthFirst Health Plan Inc. (Senior Health Partners)

Not applicable

Anthem HP, LLC

Not applicable

MetroPlus Health Plan Inc.

Not applicable

NY Quality Healthcare Corp (Centene)

Not applicable

Senior Whole Health of NY Inc.

Not applicable

Village Senior Services Corp (VillageCare Max)

5

VNS Choice

Not applicable

United Healthcare of New York, Inc.

Not applicable

D1X.9a:

Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Centers Plan for Healthy Living, LLC

04/01/2024

Elderplan, Inc.

04/01/2024

Elderserve Health, Inc., dba RiverSpring at Home

04/01/2024

Hamaspik Inc.

04/01/2024

HealthFirst Health Plan Inc. (Senior Health Partners)

01/01/2024

Anthem HP, LLC

01/01/2024

MetroPlus Health Plan Inc.

01/12/2024

NY Quality Healthcare Corp (Centene)

04/01/2024

Senior Whole Health of NY Inc.

03/01/2025

Village Senior Services Corp (VillageCare Max)

01/01/2024

VNS Choice

01/01/2024

United Healthcare of New York, Inc.

04/01/2024

D1X.9b: Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Centers Plan for Healthy Living, LLC

03/31/2025

Elderplan, Inc.

03/31/2025

Elderserve Health, Inc., dba RiverSpring at Home

03/31/2025

Hamaspik Inc.

03/31/2025

HealthFirst Health Plan Inc. (Senior Health Partners)

12/31/2024

Anthem HP, LLC

12/31/2024

MetroPlus Health Plan Inc.

12/31/2024

NY Quality Healthcare Corp (Centene)

03/31/2025

Senior Whole Health of NY Inc.

06/30/2025

Village Senior Services Corp (VillageCare Max)

12/31/2024

VNS Choice

12/31/2024

United Healthcare of New York, Inc.

03/31/2025

D1X.9c: Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Centers Plan for Healthy Living, LLC

\$0

Elderplan, Inc.

\$49,336.15

Elderserve Health, Inc., dba RiverSpring at Home

\$0

Hamaspik Inc.

\$479,031.81

HealthFirst Health Plan Inc. (Senior Health Partners)

\$5,092,074

Anthem HP, LLC

\$0

MetroPlus Health Plan Inc.

\$62.87

NY Quality Healthcare Corp (Centene)

\$874.83

Senior Whole Health of NY Inc.

\$0

Village Senior Services Corp (VillageCare Max)

\$0

VNS Choice

\$339,262.55

United Healthcare of New York, Inc.

\$0

D1X.9d:

Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Centers Plan for Healthy Living, LLC

\$57,438,605.02

Elderplan, Inc.

\$235,850,512

Elderserve Health, Inc., dba RiverSpring at Home

\$6,306,644.58

Hamaspik Inc.

\$8,670,959.91

HealthFirst Health Plan Inc. (Senior Health Partners)

\$1,501,790,098

Anthem HP, LLC

\$7,093,497.32

MetroPlus Health Plan Inc.

\$427,094,225

NY Quality Healthcare Corp (Centene)

\$92,048,462.76

Senior Whole Health of NY Inc.

\$22,318,785

Village Senior Services Corp (VillageCare Max)

\$80,481

VNS Choice

\$362,580,101

United Healthcare of New York, Inc.

\$0

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Centers Plan for Healthy Living, LLC

Weekly

Elderplan, Inc.

Promptly when plan receives information about the change

Elderserve Health, Inc., dba RiverSpring at Home

Promptly when plan receives information about the change

Hamaspik Inc.

Daily

HealthFirst Health Plan Inc. (Senior Health Partners)

Weekly

Anthem HP, LLC

Daily

MetroPlus Health Plan Inc.

Promptly when plan receives information about the change

NY Quality Healthcare Corp (Centene)

Weekly

Senior Whole Health of NY Inc.

Daily

Village Senior Services Corp (VillageCare Max)

Promptly when plan receives information about the change

VNS Choice

Promptly when plan receives information about the change

United Healthcare of New York, Inc.

Promptly when plan receives information about the change

Topic XI: ILOS



⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number

Indicator

Response

D4XI.1

ILOSs offered by plan

Indicate whether this plan offered any ILOS to their enrollees.

Centers Plan for Healthy Living, LLC

No ILOSs were offered by this plan

Elderplan, Inc.

No ILOSs were offered by this plan

Elderserve Health, Inc., dba RiverSpring at Home

No ILOSs were offered by this plan

Hamaspik Inc.

No ILOSs were offered by this plan

HealthFirst Health Plan Inc. (Senior Health Partners)

No ILOSs were offered by this plan

Anthem HP, LLC

No ILOSs were offered by this plan

MetroPlus Health Plan Inc.

No ILOSs were offered by this plan

NY Quality Healthcare Corp (Centene)

No ILOSs were offered by this plan

Senior Whole Health of NY Inc.

No ILOSs were offered by this plan

Village Senior Services Corp (VillageCare Max)

No ILOSs were offered by this plan

VNS Choice

No ILOSs were offered by this plan

United Healthcare of New York, Inc.

No ILOSs were offered by this plan

Topic XIII. Prior Authorization

⚠ Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Topic XIV. Patient Access API Usage

⚠ Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	<p>BSS entity type</p> <p>What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>Ombudsman Program</p> <p>Other, specify – ICAN is the New York State Ombudsprogram for people with Medicaid who need long term care or behavioral health services. They assist New Yorkers with enrolling in and using managed care plans that cover long term care or behavioral health services.</p> <p>Enrollment Broker (NY Medicaid Choice)</p> <p>Enrollment Broker</p> <p>Technical Assistance Center (TAC)</p> <p>State Government Entity</p>
EIX.2	<p>BSS entity role</p> <p>What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>Ombudsman Program</p> <p>Enrollment Broker/Choice Counseling</p> <p>Beneficiary Outreach</p> <p>LTSS Complaint Access Point</p> <p>LTSS Grievance/Appeals Education</p> <p>LTSS Grievance/Appeals Assistance</p> <p>Review/Oversight of LTSS Data</p> <p>Enrollment Broker (NY Medicaid Choice)</p> <p>Enrollment Broker/Choice Counseling</p> <p>Technical Assistance Center (TAC)</p> <p>Beneficiary Outreach</p> <p>LTSS Complaint Access Point</p>

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to "Review & submit."

Number	Indicator	Response
F1	Notes (optional)	Not answered