

# Managed Care Program Annual Report (MCPAR) for New York: Managed Long Term Care Partial Cap (MLTC)

Due date	Last edited	Edited by	Status
09/27/2025	09/30/2025	Anesa Brkanovic	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  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
<b>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?</b>  If "No", please complete the following questions under	Plan to submit on 12/15/2025

Indicator

Response

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each plan.

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## **Section A: Program Information**

### **Point of Contact**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A1</b>	<b>State name</b> Auto-populated from your account profile.	New York
<b>A2a</b>	<b>Contact name</b> 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
<b>A2b</b>	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	NYS-MCPAR@health.ny.gov
<b>A3a</b>	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Anesa Brkanovic
<b>A3b</b>	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	anesa.brkanovic@health.ny.gov
<b>A4</b>	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	09/30/2025

## Reporting Period

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A5a</b>	<b>Reporting period start date</b> Auto-populated from report dashboard.	04/01/2024
<b>A5b</b>	<b>Reporting period end date</b> Auto-populated from report dashboard.	03/31/2025
<b>A6</b>	<b>Program name</b> Auto-populated from report dashboard.	Managed Long Term Care Partial Cap (MLTC)

## **Add plans (A.7)**

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

Indicator	Response
<b>Plan name</b>	<p>Centers Plan for Healthy Living LLC</p> <p>Elder Plan, Inc. (dba Homefirst)</p> <p>Elderserve Health (dba RiverSpring)</p> <p>Hamaspik Choice Inc.</p> <p>HealthFirst Health Plan Inc. (dba Senior Health Partners)</p> <p>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</p> <p>Icircle Services of the Finger Lakes</p> <p>MetroPlus Health Plan Inc.</p> <p>NY Quality Healthcare Corp. (dba Fidelis Care)</p> <p>Village Sr Services Corp (dba VillageCare Max)</p> <p>VNA Homecare Options LLC ( dba Nascentia Health Options)</p> <p>VNS Health MLTC</p> <p>Aetna Better Health, Inc.</p> <p>Senior Whole Health 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
<b>BSS entity name</b>	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
<b>ILOS name</b>	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"><b>Statewide Medicaid enrollment</b></p> <p data-bbox="313 201 724 516">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="313 569 724 638"><b>Statewide Medicaid managed care enrollment</b></p> <p data-bbox="313 663 724 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
<b>BIII.1</b>	<p data-bbox="313 107 618 136"><b>Data validation entity</b></p> <p data-bbox="313 163 716 695">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 136">State Medicaid agency staff</p> <p data-bbox="760 184 1068 214">Other state agency staff</p> <p data-bbox="760 262 951 291">State actuaries</p> <p data-bbox="760 340 834 369">EQRO</p> <p data-bbox="760 417 1081 447">Other third-party vendor</p> <p data-bbox="760 495 1036 525">Proprietary system(s)</p>
<b>BIII.2</b>	<p data-bbox="313 751 675 865"><b>HIPAA compliance of proprietary system(s) for encounter data validation</b></p> <p data-bbox="313 892 716 947">Were the system(s) utilized fully HIPAA compliant? Select one.</p>	Yes

## Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 107 727 178"><b>Payment risks between the state and plans</b></p> <p data-bbox="313 201 727 352">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="313 359 727 865">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>	<p data-bbox="760 107 1382 2085">The Office of the Medicaid Inspector General conducts a number of reviews to address payment risks between the state and plans, including:</p> <ul data-bbox="760 226 1382 2085" style="list-style-type: none"> <li data-bbox="760 226 1382 892">• <b>MLTC Eligibility Reviews:</b> Audits that identify instances where Managed Long-Term Care Plans are not providing long-term services and supports and recovers capitation payments accordingly.</li> <li data-bbox="760 388 1382 703">• <b>Enhanced Nursing Home Rate Code Reviews:</b> These audits identify instances where a Plan was paid an enhanced capitated payment for a member permanently placed in a nursing home, but the member either was not permanently placed in the nursing home or the Plan failed to pay the nursing home for the month in question.</li> <li data-bbox="760 709 1382 892">• <b>Reviews of Supplemental Maternity and Newborn Payments to Managed Care Plans:</b> When a baby is born, the Plan receives a supplemental payment due to the cost of the birth. OMIG conducts regular reviews to ensure these payments are proper.</li> <li data-bbox="760 898 1382 1249">• <b>Reviews of Low Birthweight Supplemental Maternity Payments:</b> When a baby is born with a low birth weight, they often require significant medical services to support the baby's wellbeing. Due to these increased costs, the Plan receives an enhanced supplemental maternity payment for these low-birth-weight babies. OMIG conducts an audit reviewing these payments to ensure they were properly paid.</li> <li data-bbox="760 1255 1382 1375">• <b>Audit of Encounter Data for Reported Payments Improperly Made for Managed Care Recipients in the Restricted Recipient Program</b></li> <li data-bbox="760 1381 1382 1564">• <b>OMIG's Recovery Audit Contractor (RAC) was involved in two Managed Care audits that focused on PI activity, Same Plan (Code 7) For the Same Plan audits, RAC recovers the capitation payment from the plan when an enrollee is simultaneously enrolled or in receipt of Comprehensive Third-Party Health Insurance coverage under another product offered by the Plan (or a parent, subsidiary, or sister entity).</b></li> <li data-bbox="760 1570 1382 1753">• <b>Different Plan (Code 8) - For the Different Plan, the RAC recovers the capitation payment from the plan when an enrollee is simultaneously enrolled or in receipt of Comprehensive Third-Party Health Insurance coverage through a different plan.</b></li> <li data-bbox="760 1759 1382 2085">• <b>OMIG's Division of Medicaid Investigations has seen a significant increase in the volume of FWA referrals from plans of Fiscal Intermediary (FI), Consumer Directed</b></li> </ul>

Personal Assistance Program (CDPAP) services of suspected fraud for services not rendered due to a member not being present in their service location for the dates of service of the Medicaid paid claims. Some of the common received FWA allegations in which FIs submitted claims and were paid for services not rendered were for the period in which members were hospitalized, deceased, and when members/caregivers were incarcerated.

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**BX.2**

**Contract standard for overpayments**

Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.

State has established a hybrid system

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**BX.3**

**Location of contract provision stating overpayment standard**

Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).

Section E. Section Y 1 (b) Section Y 2. (a) -- Compliance Program Section Y 3. -- Contractor Obligation to Return Overpayments Section 6. -- Withholding of Payments. Section 10. --Fraud, Waste or Abuse Referrals

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**BX.4**

**Description of overpayment contract standard**

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

Overpayment means any payment made to a Participating Provider, a Non-Participating Provider or subcontractor by the Contractor to which the Participating Provider, Non-Participating Provider or subcontractor is not entitled to under Title XIX of the Social Security Act or any payment to the Contractor to which the Contractor is not entitled to under Title XIX of the Social Security Act (see 42 CFR 438.2). It includes any payment which would constitute an overpayment under State or Federal law. A provision requiring that the provider or subcontractor promptly report to the Contractor after it identifies any overpayment related to performance under this Agreement. The Contractor shall require and have a mechanism in place for its Participating or Non-Participating Providers to report to the Contractor when the Participating or Non-Participating Provider has received an overpayment, to return the overpayment within 60 days of the date of the identification of the overpayment, and to notify the Contractor in writing of the reason for the overpayment.

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**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.

3. Contractor Obligation to Return Overpayments F. Recovery of Overpayments to Providers M. OMIG's Right to Audit and Recover Overpayments Caused by Contractor Submission of Misstated Reports N. OMIG's Right to Audit and Recover Overpayments Which Were Caused by the Contractor's Misstated Encounter Data

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**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. The Department of Health and OMIG collaborate with the local districts on the retroactive disenrollment process. This initiative identifies instances where a change in an enrollee's circumstances renders them no longer eligible for Medicaid managed care, and the plan has already received capitation payments for months subsequent to the enrollee's change in circumstance. The local districts issue notifications to the Plans and OMIG identifying the reason for the disenrollment, and OMIG monitors to ensure the Plan voids in response. Should the Plan fail to void, OMIG issues a follow-up audit recovering the inappropriately paid capitation payments. In addition, OMIG issues standalone, statewide reviews of recovery scenarios related to changes in an enrollee's circumstances, including reviews recovering capitation payments for individuals who were: • Incarcerated • Deceased • Residing in another state

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**BX.7a**

**Changes in provider circumstances: Monitoring plans**

Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.

Yes

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**BX.7b**

**Changes in provider circumstances: Metrics**

Does the state use a metric or indicator to assess plan reporting performance? Select one.

No

<b>BX.8a</b>	<p><b>Federal database checks: Excluded person or entities</b></p> <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>	No
<b>BX.9a</b>	<p><b>Website posting of 5 percent or more ownership control</b></p> <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>	No
<b>BX.10</b>	<p><b>Periodic audits</b></p> <p>If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness 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.</p>	<a href="https://www.health.ny.gov/health_care/managed_care/reports/docs/cy2023_encounter_data_audit.pdf">https://www.health.ny.gov/health_care/managed_care/reports/docs/cy2023_encounter_data_audit.pdf</a>

## 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.**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
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><b>Program contract</b></p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	MEDICAID MANAGED CARE Partial Capitation 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><b>Contract URL</b></p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<a href="https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/2023/docs/part_cap_model.pdf">https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/2023/docs/part_cap_model.pdf</a>
C11.3	<p><b>Program type</b></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><b>Special program benefits</b></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><b>Variation in special benefits</b></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><b>Program enrollment</b></p> <p>Enter the average number of individuals enrolled in this managed care program per</p>	318,152

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

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**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.

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## **Topic III: Encounter Data Report**

Number	Indicator	Response
C1III.1	<p><b>Uses of encounter data</b></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>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p><b>Criteria/measures to evaluate MCP performance</b></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><b>Encounter data performance criteria contract language</b></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>F. Reporting Requirements (b)</p> <p><a href="https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/2023/docs/part_cap_model.pdf">https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/2023/docs/part_cap_model.pdf</a></p>

<b>C1III.4</b>	<b>Financial penalties contract language</b>	State's Social Services Law Sec. 364 j(32) and F. Reporting Requirements (b)
	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.	
<b>C1III.5</b>	<b>Incentives for encounter data quality</b>	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.	
<b>C1III.6</b>	<b>Barriers to collecting/validating encounter data</b>	The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response.
	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><b>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</b></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><b>State definition of “timely” resolution for standard appeals</b></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>Must be decided as fast as member’s condition requires, but for standard appeals: no later than 30 calendar days of receipt of appeal request.</p>
C1IV.3	<p><b>State definition of “timely” resolution for expedited appeals</b></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>Must be decided as fast as member’s condition requires, but for Expedited appeals: within 2 business days of receipt of necessary information, but no later than 3 business days of receipt of appeal request.</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.

Must be decided as fast as member’s condition requires, but no more than: Expedited: 48 hours from receipt of all necessary information, but no more than 7 calendar days from the receipt of the grievance. Standard: 45 calendar days from receipt of all necessary information, but no more than 60 calendar days from receipt of the grievance.

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

### **Network Adequacy**

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></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 MCP provider networks.</p>
C1V.2	<p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>NYS staff review MC 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. NYS will issue Statement of Deficiencies to MCPs in relation to identified gaps, and require MCPs to submit Corrective Action Plans to address gaps in network adequacy. 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"><b>BSS website</b></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 1360 258">www.icannys.org ican@cssny.org, www.nymedicaidchoice.com, Technical Assistance Center (TAC) Phone: (866) 712-7197 Fax: (518) 474-6961 mltctac@health.ny.gov</p>
C1IX.2	<p data-bbox="313 369 618 441"><b>BSS auxiliary aids and services</b></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 &amp; lists), translation and interpretation services available when requested.</p>
C1IX.3	<p data-bbox="313 930 630 959"><b>BSS LTSS program data</b></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"><b>State evaluation of BSS entity performance</b></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

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>C1X.3</b>	<b>Prohibited affiliation disclosure</b>  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).	No

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## **Topic XII. Mental Health and Substance Use Disorder Parity**

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

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## **Section D: Plan-Level Indicators**

### **Topic I. Program Characteristics & Enrollment**

Number	Indicator	Response
D11.1	<b>Plan enrollment</b> Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<p><b>Centers Plan for Healthy Living LLC</b> 53,768</p> <p><b>Elder Plan, Inc. (dba Homefirst)</b> 27,900</p> <p><b>Elderserve Health (dba RiverSpring)</b> 20,428</p> <p><b>Hamaspik Choice Inc.</b> 8,410</p> <p><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b> 10,662</p> <p><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b> 61,776</p> <p><b>Icircle Services of the Finger Lakes</b> 4,652</p> <p><b>MetroPlus Health Plan Inc.</b> 2,853</p> <p><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b> 19,394</p> <p><b>Village Sr Services Corp (dba VillageCare Max)</b> 32,344</p> <p><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b> 6,771</p> <p><b>VNS Health MLTC</b> 27,187</p> <p><b>Aetna Better Health, Inc.</b> 6,444</p> <p><b>Senior Whole Health of New York, Inc.</b> 25,646</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**

0.7%

**Elder Plan, Inc. (dba Homefirst)**

0.36%

**Elderserve Health (dba RiverSpring)**

0.27%

**Hamaspik Choice Inc.**

0.11%

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0.14%

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0.81%

**Icircle Services of the Finger Lakes**

0.06%

**MetroPlus Health Plan Inc.**

0.04%

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0.25%

**Village Sr Services Corp (dba VillageCare Max)**

0.42%

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0.09%

**VNS Health MLTC**

0.36%

**Aetna Better Health, Inc.**

0.08%

**Senior Whole Health of New York, Inc.**

0.34%

**D11.3****Plan share of any Medicaid managed care****Centers Plan for Healthy Living LLC**

0.93%

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

**Elder Plan, Inc. (dba Homefirst)**

0.48%

**Elderserve Health (dba RiverSpring)**

0.35%

**Hamaspik Choice Inc.**

0.15%

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0.18%

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

1.07%

**Icircle Services of the Finger Lakes**

0.08%

**MetroPlus Health Plan Inc.**

0.05%

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0.34%

**Village Sr Services Corp (dba VillageCare Max)**

0.56%

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0.12%

**VNS Health MLTC**

0.47%

**Aetna Better Health, Inc.**

0.11%

**Senior Whole Health of New York, Inc.**

0.44%

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**D1I.4: Parent**

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

**Centers Plan for Healthy Living LLC**

Alpine Home Health Care LLC

**Elder Plan, Inc. (dba Homefirst)**

Metropolitan Jewish Health System

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.

**Elderserve Health (dba RiverSpring)**

RiverSpring Living Holding Corporation

**Hamaspik Choice Inc.**

Hamaspik Holdings, LLC

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Healthfirst, Inc.

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Elevance Health, Inc

**Icircle Services of the Finger Lakes**

CDS Monarch Inc

**MetroPlus Health Plan Inc.**

New York City Health and Hospitals Corporation

**NY Quality Healthcare Corp. (dba Fidelis Care)**

Centene Corporation

**Village Sr Services Corp (dba VillageCare Max)**

Village Care of New York Inc

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

Nascentia Health at Home

**VNS Health MLTC**

VNSNY Continuing Care Development Corporation

**Aetna Better Health, Inc.**

Aetna Health Inc

**Senior Whole Health of New York, Inc.**

AlphaCare Holdings, Inc.

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## Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<p data-bbox="313 107 659 136"><b>Medical Loss Ratio (MLR)</b></p> <p data-bbox="313 161 727 793">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="760 107 1247 136"><b>Centers Plan for Healthy Living LLC</b></p> <p data-bbox="760 161 854 191">94.14%</p> <p data-bbox="760 233 1190 262"><b>Elder Plan, Inc. (dba Homefirst)</b></p> <p data-bbox="760 287 854 317">88.34%</p> <p data-bbox="760 359 1252 388"><b>Elderserve Health (dba RiverSpring)</b></p> <p data-bbox="760 413 854 443">99.38%</p> <p data-bbox="760 485 1057 514"><b>Hamaspik Choice Inc.</b></p> <p data-bbox="760 539 854 569">85.92%</p> <p data-bbox="760 611 1305 678"><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b></p> <p data-bbox="760 703 854 732">96.38%</p> <p data-bbox="760 774 1235 842"><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b></p> <p data-bbox="760 867 837 896">87.1%</p> <p data-bbox="760 938 1235 968"><b>Icircle Services of the Finger Lakes</b></p> <p data-bbox="760 993 854 1022">80.92%</p> <p data-bbox="760 1064 1127 1094"><b>MetroPlus Health Plan Inc.</b></p> <p data-bbox="760 1119 854 1148">89.42%</p> <p data-bbox="760 1190 1317 1257"><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b></p> <p data-bbox="760 1283 854 1312">86.63%</p> <p data-bbox="760 1354 1312 1421"><b>Village Sr Services Corp (dba VillageCare Max)</b></p> <p data-bbox="760 1446 854 1476">87.98%</p> <p data-bbox="760 1518 1365 1585"><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b></p> <p data-bbox="760 1610 854 1640">79.39%</p> <p data-bbox="760 1682 1000 1711"><b>VNS Health MLTC</b></p> <p data-bbox="760 1736 837 1766">88.7%</p> <p data-bbox="760 1808 1102 1837"><b>Aetna Better Health, Inc.</b></p> <p data-bbox="760 1862 854 1892">92.64%</p> <p data-bbox="760 1934 1284 1963"><b>Senior Whole Health of New York, Inc.</b></p> <p data-bbox="760 1988 854 2018">90.88%</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

**Elder Plan, Inc. (dba Homefirst)**

Program-specific statewide

**Elderserve Health (dba RiverSpring)**

Program-specific statewide

**Hamaspik Choice Inc.**

Program-specific statewide

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Program-specific statewide

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Program-specific statewide

**Icircle Services of the Finger Lakes**

Program-specific statewide

**MetroPlus Health Plan Inc.**

Program-specific statewide

**NY Quality Healthcare Corp. (dba Fidelis Care)**

Program-specific statewide

**Village Sr Services Corp (dba VillageCare Max)**

Program-specific statewide

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

Program-specific statewide

**VNS Health MLTC**

Program-specific statewide

**Aetna Better Health, Inc.**

Program-specific statewide

**Senior Whole Health of New York, Inc.**

Program-specific statewide

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**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

**Elder Plan, Inc. (dba Homefirst)**

N/A

**Elderserve Health (dba RiverSpring)**

N/A

**Hamaspik Choice Inc.**

N/A

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

N/A

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

N/A

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

N/A

**NY Quality Healthcare Corp. (dba Fidelis Care)**

N/A

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

N/A

**Aetna Better Health, Inc.**

N/A

**Senior Whole Health of New York, Inc.**

N/A

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**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

**Elder Plan, Inc. (dba Homefirst)**

Yes

**Elderserve Health (dba RiverSpring)**

Yes

**Hamaspik Choice Inc.**

Yes

**HealthFirst Health Plan Inc. (dba Senior  
Health Partners)**

Yes

**Anthem HP, LLC (dba Empire BCBS  
HealthPlus MLTC)**

Yes

**Icircle Services of the Finger Lakes**

Yes

**MetroPlus Health Plan Inc.**

Yes

**NY Quality Healthcare Corp. (dba Fidelis  
Care)**

Yes

**Village Sr Services Corp (dba VillageCare  
Max)**

Yes

**VNA Homecare Options LLC ( dba Nascentia  
Health Options)**

Yes

**VNS Health MLTC**

Yes

**Aetna Better Health, Inc.**

Yes

**Senior Whole Health of New York, Inc.**

Yes

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**N/A**

Enter the start date.

**Centers Plan for Healthy Living LLC**

04/01/2021

**Elder Plan, Inc. (dba Homefirst)**

04/01/2021

**Elderserve Health (dba RiverSpring)**

04/01/2021

**Hamaspik Choice Inc.**

04/01/2021

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

04/01/2021

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

04/01/2021

**Icircle Services of the Finger Lakes**

04/01/2021

**MetroPlus Health Plan Inc.**

04/01/2021

**NY Quality Healthcare Corp. (dba Fidelis Care)**

04/01/2021

**Village Sr Services Corp (dba VillageCare Max)**

04/01/2021

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

04/01/2021

**VNS Health MLTC**

04/01/2021

**Aetna Better Health, Inc.**

04/01/2021

**Senior Whole Health of New York, Inc.**

04/01/2021

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**N/A**

Enter the end date.

**Centers Plan for Healthy Living LLC**

03/31/2022

**Elder Plan, Inc. (dba Homefirst)**

03/31/2022

**Elderserve Health (dba RiverSpring)**

03/31/2022

**Hamaspik Choice Inc.**

03/31/2022

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

03/31/2022

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

03/31/2022

**Icircle Services of the Finger Lakes**

03/31/2022

**MetroPlus Health Plan Inc.**

03/31/2022

**NY Quality Healthcare Corp. (dba Fidelis Care)**

03/31/2022

**Village Sr Services Corp (dba VillageCare Max)**

03/31/2022

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

03/31/2022

**VNS Health MLTC**

03/31/2022

**Aetna Better Health, Inc.**

03/31/2022

**Senior Whole Health of New York, Inc.**

03/31/2022

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## **Topic III. Encounter Data**

Number	Indicator	Response
D1III.1	<p data-bbox="313 107 708 176"><b>Definition of timely encounter data submissions</b></p> <p data-bbox="313 201 708 453">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="760 107 1380 552"><b>Centers Plan for Healthy Living LLC</b> Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or it designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.</p> <p data-bbox="760 594 1380 1039"><b>Elder Plan, Inc. (dba Homefirst)</b> Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or it designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.</p> <p data-bbox="760 1081 1380 1526"><b>Elderserve Health (dba RiverSpring)</b> Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or it designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.</p> <p data-bbox="760 1568 1380 1999"><b>Hamaspik Choice Inc.</b> Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or it designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.</p>

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.

**Icircle Services of the Finger Lakes**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

**MetroPlus Health Plan Inc.**

Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim.

**NY Quality Healthcare Corp. (dba Fidelis Care)**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

**Village Sr Services Corp (dba VillageCare Max)**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

**VNS Health MLTC**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

**Aetna Better Health, Inc.**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit

encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

**Senior Whole Health of New York, Inc.**

"Section F.3.b of the Model Contract -- page 86. The Contractor shall prepare and submit encounter data on a bimonthly (twice a month) basis, as specified by the Department, to the Department through its designated fiscal agent. Unless otherwise directed by the Department, encounter data shall not be submitted to the DOH or its designated fiscal agent more than fifteen (15) calendar days from the date of adjudication of the corresponding claim. "

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

**Centers Plan for Healthy Living LLC**

94%

**Elder Plan, Inc. (dba Homefirst)**

99.7%

**Elderserve Health (dba RiverSpring)**

98.5%

**Hamaspik Choice Inc.**

87%

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

99%

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

99%

**Icircle Services of the Finger Lakes**

99.8%

**MetroPlus Health Plan Inc.**

89%

**NY Quality Healthcare Corp. (dba Fidelis Care)**

97.4%

**Village Sr Services Corp (dba VillageCare Max)**

97.66%

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

96%

**VNS Health MLTC**

99%

**Aetna Better Health, Inc.**

98%

**Senior Whole Health of New York, Inc.**

99%

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**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%

**Elder Plan, Inc. (dba Homefirst)**

100%

**Elderserve Health (dba RiverSpring)**

100%

**Hamaspik Choice Inc.**

99%

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

99%

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

99%

**Icircle Services of the Finger Lakes**

99.8%

**MetroPlus Health Plan Inc.**

100%

**NY Quality Healthcare Corp. (dba Fidelis Care)**

100%

**Village Sr Services Corp (dba VillageCare Max)**

100%

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

100%

**VNS Health MLTC**

100%

**Aetna Better Health, Inc.**

100%

**Senior Whole Health of New York, Inc.**

99%

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## **Topic IV. Appeals, State Fair Hearings & Grievances**

### **Appeals Overview**

Number	Indicator	Response
D1IV.1	<p data-bbox="310 100 719 178"><b>Appeals resolved (at the plan level)</b></p> <p data-bbox="310 199 719 315">Enter the total number of appeals resolved during the reporting year.</p> <p data-bbox="310 315 719 747">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="760 100 1365 195">Centers Plan for Healthy Living LLC 7,547</p> <p data-bbox="760 226 1365 321">Elder Plan, Inc. (dba Homefirst) 2,248</p> <p data-bbox="760 352 1365 447">Elderserve Health (dba RiverSpring) 1,597</p> <p data-bbox="760 478 1365 573">Hamaspik Choice Inc. 1,336</p> <p data-bbox="760 604 1365 737">HealthFirst Health Plan Inc. (dba Senior Health Partners) 2,497</p> <p data-bbox="760 768 1365 903">Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC) 6,851</p> <p data-bbox="760 934 1365 1029">Icircle Services of the Finger Lakes 4,307</p> <p data-bbox="760 1060 1365 1155">MetroPlus Health Plan Inc. 2,450</p> <p data-bbox="760 1186 1365 1323">NY Quality Healthcare Corp. (dba Fidelis Care) 2,381</p> <p data-bbox="760 1354 1365 1488">Village Sr Services Corp (dba VillageCare Max) 3,564</p> <p data-bbox="760 1520 1365 1654">VNA Homecare Options LLC ( dba Nascentia Health Options) 116</p> <p data-bbox="760 1686 1365 1780">VNS Health MLTC 5,034</p> <p data-bbox="760 1812 1365 1906">Aetna Better Health, Inc. 339</p> <p data-bbox="760 1938 1365 2016">Senior Whole Health of New York, Inc. 2,472</p>

**D1IV.1a****Appeals denied**

Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.

**Centers Plan for Healthy Living LLC**

6,130

**Elder Plan, Inc. (dba Homefirst)**

2,129

**Elderserve Health (dba RiverSpring)**

878

**Hamaspik Choice Inc.**

1,089

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

2,409

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

5,343

**Icircle Services of the Finger Lakes**

818

**MetroPlus Health Plan Inc.**

122

**NY Quality Healthcare Corp. (dba Fidelis Care)**

814

**Village Sr Services Corp (dba VillageCare Max)**

2,558

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

57

**VNS Health MLTC**

4,397

**Aetna Better Health, Inc.**

309

**Senior Whole Health of New York, Inc.**

1,975

**D1IV.1b****Appeals resolved in partial favor of enrollee****Centers Plan for Healthy Living LLC**

977

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

**Elder Plan, Inc. (dba Homefirst)**

61

**Elderserve Health (dba RiverSpring)**

527

**Hamaspik Choice Inc.**

156

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

14

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

783

**Icircle Services of the Finger Lakes**

395

**MetroPlus Health Plan Inc.**

28

**NY Quality Healthcare Corp. (dba Fidelis Care)**

673

**Village Sr Services Corp (dba VillageCare Max)**

625

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

33

**VNS Health MLTC**

150

**Aetna Better Health, Inc.**

6

**Senior Whole Health of New York, Inc.**

236

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**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**

323

**Elder Plan, Inc. (dba Homefirst)**

58

**Elderserve Health (dba RiverSpring)**

192

**Hamaspik Choice Inc.**

91

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

74

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

725

**Icircle Services of the Finger Lakes**

75

**MetroPlus Health Plan Inc.**

13

**NY Quality Healthcare Corp. (dba Fidelis Care)**

894

**Village Sr Services Corp (dba VillageCare Max)**

381

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

26

**VNS Health MLTC**

487

**Aetna Better Health, Inc.**

24

**Senior Whole Health of New York, Inc.**

142

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**D1IV.2 Active appeals**

**Centers Plan for Healthy Living LLC**

71

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

**Elder Plan, Inc. (dba Homefirst)**

4

**Elderserve Health (dba RiverSpring)**

26

**Hamaspik Choice Inc.**

12

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

18

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

316

**MetroPlus Health Plan Inc.**

13

**NY Quality Healthcare Corp. (dba Fidelis Care)**

14

**Village Sr Services Corp (dba VillageCare Max)**

51

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

20

**VNS Health MLTC**

8

**Aetna Better Health, Inc.**

13

**Senior Whole Health of New York, Inc.**

0

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**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

**Centers Plan for Healthy Living LLC**

7,629

**Elder Plan, Inc. (dba Homefirst)**

2,349

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).

**Elderserve Health (dba RiverSpring)**

1,597

**Hamaspik Choice Inc.**

1,283

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

2,613

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

2,786

**Icircle Services of the Finger Lakes**

28

**MetroPlus Health Plan Inc.**

136

**NY Quality Healthcare Corp. (dba Fidelis Care)**

1,759

**Village Sr Services Corp (dba VillageCare Max)**

3,557

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

148

**VNS Health MLTC**

4,911

**Aetna Better Health, Inc.**

347

**Senior Whole Health of New York, Inc.**

33

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**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

**Centers Plan for Healthy Living LLC**

457

**Elder Plan, Inc. (dba Homefirst)**

11

**Elderserve Health (dba RiverSpring)**

731

behalf of) LTSS users who previously filed appeals in the 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 Choice Inc.**

72

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

42

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

1,317

**Icircle Services of the Finger Lakes**

818

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

34

**Village Sr Services Corp (dba VillageCare Max)**

5

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

391

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**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**

939

**Elder Plan, Inc. (dba Homefirst)**

215

**Elderserve Health (dba RiverSpring)**

143

**Hamaspik Choice Inc.**

364

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

200

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

942

**Icircle Services of the Finger Lakes**

3

**MetroPlus Health Plan Inc.**

105

**NY Quality Healthcare Corp. (dba Fidelis Care)**

816

**Village Sr Services Corp (dba VillageCare Max)**

296

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

52

**VNS Health MLTC**

330

**Aetna Better Health, Inc.**

259

**Senior Whole Health of New York, Inc.**

980

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**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**

6,668

**Elder Plan, Inc. (dba Homefirst)**

2,019

**Elderserve Health (dba RiverSpring)**

1,454

**Hamaspik Choice Inc.**

963

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

2,284

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

5,902

**Icircle Services of the Finger Lakes**

576

**MetroPlus Health Plan Inc.**

12

**NY Quality Healthcare Corp. (dba Fidelis Care)**

1,539

**Village Sr Services Corp (dba VillageCare Max)**

3,224

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

63

**VNS Health MLTC**

4,682

**Aetna Better Health, Inc.**

80

**Senior Whole Health of New York, Inc.**

1,489

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**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**

7,549

**Elder Plan, Inc. (dba Homefirst)**

2,145

**Elderserve Health (dba RiverSpring)**

1,551

**Hamaspik Choice Inc.**

1,089

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

2,375

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

6,801

**Icircle Services of the Finger Lakes**

242

**MetroPlus Health Plan Inc.**

16

**NY Quality Healthcare Corp. (dba Fidelis Care)**

2,309

**Village Sr Services Corp (dba VillageCare Max)**

3,533

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

67

**VNS Health MLTC**

4,499

**Aetna Better Health, Inc.**

242

**Senior Whole Health of New York, Inc.**

1,662

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**D1IV.6b**

**Resolved appeals related to reduction, suspension, or termination of a previously authorized service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

**Centers Plan for Healthy Living LLC**

83

**Elder Plan, Inc. (dba Homefirst)**

55

**Elderserve Health (dba RiverSpring)**

44

**Hamaspik Choice Inc.**

247

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

104

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

50

**Icircle Services of the Finger Lakes**

380

**MetroPlus Health Plan Inc.**

104

**NY Quality Healthcare Corp. (dba Fidelis Care)**

33

**Village Sr Services Corp (dba VillageCare Max)**

18

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

49

**VNS Health MLTC**

529

**Aetna Better Health, Inc.**

82

**Senior Whole Health of New York, Inc.**

808

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**D1IV.6c**

**Resolved appeals related to payment denial**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

**Centers Plan for Healthy Living LLC**

5

**Elder Plan, Inc. (dba Homefirst)**

48

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

15

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

**MetroPlus Health Plan Inc.**

2

**NY Quality Healthcare Corp. (dba Fidelis Care)**

19

**Village Sr Services Corp (dba VillageCare Max)**

13

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

6

**Aetna Better Health, Inc.**

14

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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**

9

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

3

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

20

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

1

**Senior Whole Health of New York, Inc.**

2

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**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

2

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

N/A

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**D1IV.6g**

**Resolved appeals related to denial of an enrollee's 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.

**Centers Plan for Healthy Living LLC**

1

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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## **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 data-bbox="316 105 706 178"><b>Resolved appeals related to general inpatient services</b></p> <p data-bbox="316 199 706 472">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 data-bbox="316 483 706 745">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 data-bbox="763 105 1250 136"><b>Centers Plan for Healthy Living LLC</b></p> <p data-bbox="763 157 779 189">0</p> <p data-bbox="763 231 1193 262"><b>Elder Plan, Inc. (dba Homefirst)</b></p> <p data-bbox="763 283 779 315">0</p> <p data-bbox="763 357 1258 388"><b>Elderserve Health (dba RiverSpring)</b></p> <p data-bbox="763 409 803 441">NA</p> <p data-bbox="763 483 1063 514"><b>Hamaspik Choice Inc.</b></p> <p data-bbox="763 535 779 567">0</p> <p data-bbox="763 609 1307 682"><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b></p> <p data-bbox="763 703 779 735">0</p> <p data-bbox="763 777 1242 850"><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b></p> <p data-bbox="763 871 779 903">0</p> <p data-bbox="763 945 1242 976"><b>Icircle Services of the Finger Lakes</b></p> <p data-bbox="763 997 812 1029">N/A</p> <p data-bbox="763 1071 1128 1102"><b>MetroPlus Health Plan Inc.</b></p> <p data-bbox="763 1123 779 1155">2</p> <p data-bbox="763 1197 1323 1270"><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b></p> <p data-bbox="763 1291 779 1323">0</p> <p data-bbox="763 1365 1323 1438"><b>Village Sr Services Corp (dba VillageCare Max)</b></p> <p data-bbox="763 1459 812 1491">N/A</p> <p data-bbox="763 1533 1372 1606"><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b></p> <p data-bbox="763 1627 812 1659">N/A</p> <p data-bbox="763 1701 998 1732"><b>VNS Health MLTC</b></p> <p data-bbox="763 1753 812 1785">N/A</p> <p data-bbox="763 1827 1112 1858"><b>Aetna Better Health, Inc.</b></p> <p data-bbox="763 1879 779 1911">7</p> <p data-bbox="763 1953 1291 1984"><b>Senior Whole Health of New York, Inc.</b></p> <p data-bbox="763 2005 779 2037">0</p>

**D1IV.7b****Resolved appeals related to general outpatient services**

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, 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”.

**Centers Plan for Healthy Living LLC**

7,647

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

NA

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

70

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

120

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

1

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

3

**Aetna Better Health, Inc.**

332

**Senior Whole Health of New York, Inc.**

198

**D1IV.7c****Resolved appeals related to inpatient behavioral health****Centers Plan for Healthy Living LLC**

N/A

**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".

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

NA

**Hamaspik Choice Inc.**

NA

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Centers Plan for Healthy Living LLC**

N/A

**Elder Plan, Inc. (dba Homefirst)**

0

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".

**Elderserve Health (dba RiverSpring)**

NA

**Hamaspik Choice Inc.**

NA

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**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

**Centers Plan for Healthy Living LLC**

N/A

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

cover outpatient prescription drugs, enter "N/A".

**Hamaspik Choice Inc.**

NA

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

5

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**D1IV.7f**

**Resolved appeals related to skilled nursing facility (SNF) services**

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".

**Centers Plan for Healthy Living LLC**

34

**Elder Plan, Inc. (dba Homefirst)**

41

**Elderserve Health (dba RiverSpring)**

2

**Hamaspik Choice Inc.**

4

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

28

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

3

**Village Sr Services Corp (dba VillageCare Max)**

3

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

10

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

1

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**D1IV.7g**

**Resolved appeals related to long-term services and supports (LTSS)**

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

**Centers Plan for Healthy Living LLC**

6,469

**Elder Plan, Inc. (dba Homefirst)**

2,135

**Elderserve Health (dba RiverSpring)**

1,571

**Hamaspik Choice Inc.**

1,336

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

2,308

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

6,734

**Icircle Services of the Finger Lakes**

818

**MetroPlus Health Plan Inc.**

100

**NY Quality Healthcare Corp. (dba Fidelis Care)**

1,757

**Village Sr Services Corp (dba VillageCare Max)**

3,090

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

116

**VNS Health MLTC**

4,659

**Aetna Better Health, Inc.**

339

**Senior Whole Health of New York, Inc.**

2,256

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**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**

265

**Elder Plan, Inc. (dba Homefirst)**

66

**Elderserve Health (dba RiverSpring)**

75

**Hamaspik Choice Inc.**

NA

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

86

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

117

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

17

**NY Quality Healthcare Corp. (dba Fidelis Care)**

105

**Village Sr Services Corp (dba VillageCare Max)**

81

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

10

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

22

**Senior Whole Health of New York, Inc.**

0

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**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**

1

**Elder Plan, Inc. (dba Homefirst)**

1

**Elderserve Health (dba RiverSpring)**

NA

**Hamaspik Choice Inc.**

NA

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

1

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

N/A

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

**D1IV.7I:**

**Resolved appeals related to home health / hospice**

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".

**Centers Plan for Healthy Living LLC**

0

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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**

912

**Elder Plan, Inc. (dba Homefirst)**

5

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

N/A

**NY Quality Healthcare Corp. (dba Fidelis Care)**

519

**Village Sr Services Corp (dba VillageCare Max)**

388

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

362

**Aetna Better Health, Inc.**

317

**Senior Whole Health of New York, Inc.**

17

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## **State Fair Hearings**

Number	Indicator	Response
D1IV.8a	<p data-bbox="313 107 691 136"><b>State Fair Hearing requests</b></p> <p data-bbox="313 161 721 317">Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.</p>	<p data-bbox="760 107 1247 136"><b>Centers Plan for Healthy Living LLC</b></p> <p data-bbox="760 161 808 191">969</p> <p data-bbox="760 233 1190 262"><b>Elder Plan, Inc. (dba Homefirst)</b></p> <p data-bbox="760 287 808 317">295</p> <p data-bbox="760 359 1252 388"><b>Elderserve Health (dba RiverSpring)</b></p> <p data-bbox="760 413 808 443">223</p> <p data-bbox="760 485 1057 514"><b>Hamaspik Choice Inc.</b></p> <p data-bbox="760 539 808 569">313</p> <p data-bbox="760 611 1305 678"><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b></p> <p data-bbox="760 703 808 732">201</p> <p data-bbox="760 774 1235 842"><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b></p> <p data-bbox="760 867 808 896">669</p> <p data-bbox="760 938 1235 968"><b>Icircle Services of the Finger Lakes</b></p> <p data-bbox="760 993 797 1022">78</p> <p data-bbox="760 1064 1127 1094"><b>MetroPlus Health Plan Inc.</b></p> <p data-bbox="760 1119 797 1148">12</p> <p data-bbox="760 1190 1317 1257"><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b></p> <p data-bbox="760 1283 808 1312">134</p> <p data-bbox="760 1354 1312 1421"><b>Village Sr Services Corp (dba VillageCare Max)</b></p> <p data-bbox="760 1446 808 1476">172</p> <p data-bbox="760 1518 1365 1585"><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b></p> <p data-bbox="760 1610 797 1640">11</p> <p data-bbox="760 1682 1000 1711"><b>VNS Health MLTC</b></p> <p data-bbox="760 1736 808 1766">798</p> <p data-bbox="760 1808 1102 1837"><b>Aetna Better Health, Inc.</b></p> <p data-bbox="760 1862 808 1892">798</p> <p data-bbox="760 1934 1284 1963"><b>Senior Whole Health of New York, Inc.</b></p> <p data-bbox="760 1988 808 2018">411</p>

<b>D1IV.8b</b>	<b>State Fair Hearings resulting in a favorable decision for the enrollee</b>	<b>Centers Plan for Healthy Living LLC</b>
	Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	594
		<b>Elder Plan, Inc. (dba Homefirst)</b>
		45
		<b>Elderserve Health (dba RiverSpring)</b>
		37
		<b>Hamaspik Choice Inc.</b>
		40
		<b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b>
		27
		<b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b>
		106
		<b>Icircle Services of the Finger Lakes</b>
		33
		<b>MetroPlus Health Plan Inc.</b>
		5
		<b>NY Quality Healthcare Corp. (dba Fidelis Care)</b>
		9
		<b>Village Sr Services Corp (dba VillageCare Max)</b>
		51
		<b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b>
		0
		<b>VNS Health MLTC</b>
		293
		<b>Aetna Better Health, Inc.</b>
		293
		<b>Senior Whole Health of New York, Inc.</b>
		66

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<b>D1IV.8c</b>	<b>State Fair Hearings resulting in an adverse decision for the</b>	<b>Centers Plan for Healthy Living LLC</b>
		178

**enrollee**

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

**Elder Plan, Inc. (dba Homefirst)**

80

**Elderserve Health (dba RiverSpring)**

72

**Hamaspik Choice Inc.**

36

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

72

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

152

**Icircle Services of the Finger Lakes**

5

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

20

**Village Sr Services Corp (dba VillageCare Max)**

53

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

2

**VNS Health MLTC**

138

**Aetna Better Health, Inc.**

138

**Senior Whole Health of New York, Inc.**

65

**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

**Centers Plan for Healthy Living LLC**

379

**Elder Plan, Inc. (dba Homefirst)**

57

Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

**Elderserve Health (dba RiverSpring)**

58

**Hamaspik Choice Inc.**

42

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

30

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

244

**Icircle Services of the Finger Lakes**

23

**MetroPlus Health Plan Inc.**

4

**NY Quality Healthcare Corp. (dba Fidelis Care)**

30

**Village Sr Services Corp (dba VillageCare Max)**

49

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

3

**VNS Health MLTC**

469

**Aetna Better Health, Inc.**

469

**Senior Whole Health of New York, Inc.**

54

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**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

**Centers Plan for Healthy Living LLC**

246

**Elder Plan, Inc. (dba Homefirst)**

80

**Elderserve Health (dba RiverSpring)**

70

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).

**Hamaspik Choice Inc.**

30

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

20

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

153

**Icircle Services of the Finger Lakes**

9

**MetroPlus Health Plan Inc.**

3

**NY Quality Healthcare Corp. (dba Fidelis Care)**

32

**Village Sr Services Corp (dba VillageCare Max)**

53

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

4

**VNS Health MLTC**

36

**Aetna Better Health, Inc.**

36

**Senior Whole Health of New York, Inc.**

92

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**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

**Centers Plan for Healthy Living LLC**

32

**Elder Plan, Inc. (dba Homefirst)**

19

**Elderserve Health (dba RiverSpring)**

12

**Hamaspik Choice Inc.**

8

medical review process, enter  
"N/A".  
External medical review is  
defined and described at 42  
CFR §438.402(c)(i)(B).

**HealthFirst Health Plan Inc. (dba Senior  
Health Partners)**

7

**Anthem HP, LLC (dba Empire BCBS  
HealthPlus MLTC)**

19

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis  
Care)**

14

**Village Sr Services Corp (dba VillageCare  
Max)**

14

**VNA Homecare Options LLC ( dba Nascentia  
Health Options)**

1

**VNS Health MLTC**

5

**Aetna Better Health, Inc.**

5

**Senior Whole Health of New York, Inc.**

23

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## Grievances Overview

Number	Indicator	Response
D1IV.10	<p data-bbox="313 107 591 134"><b>Grievances resolved</b></p> <p data-bbox="313 163 721 394">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 1247 134"><b>Centers Plan for Healthy Living LLC</b></p> <p data-bbox="760 163 805 191">551</p> <p data-bbox="760 233 1187 260"><b>Elder Plan, Inc. (dba Homefirst)</b></p> <p data-bbox="760 289 829 317">1,323</p> <p data-bbox="760 359 1252 386"><b>Elderserve Health (dba RiverSpring)</b></p> <p data-bbox="760 415 829 443">1,107</p> <p data-bbox="760 485 1052 512"><b>Hamaspik Choice Inc.</b></p> <p data-bbox="760 541 789 569">56</p> <p data-bbox="760 611 1305 680"><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b></p> <p data-bbox="760 709 829 737">1,130</p> <p data-bbox="760 779 1230 848"><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b></p> <p data-bbox="760 877 805 905">787</p> <p data-bbox="760 947 1235 974"><b>Icircle Services of the Finger Lakes</b></p> <p data-bbox="760 1003 789 1031">34</p> <p data-bbox="760 1073 1127 1100"><b>MetroPlus Health Plan Inc.</b></p> <p data-bbox="760 1129 789 1157">42</p> <p data-bbox="760 1199 1317 1268"><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b></p> <p data-bbox="760 1297 805 1325">188</p> <p data-bbox="760 1367 1312 1436"><b>Village Sr Services Corp (dba VillageCare Max)</b></p> <p data-bbox="760 1465 805 1493">997</p> <p data-bbox="760 1535 1365 1604"><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b></p> <p data-bbox="760 1633 805 1661">125</p> <p data-bbox="760 1703 997 1730"><b>VNS Health MLTC</b></p> <p data-bbox="760 1759 805 1787">991</p> <p data-bbox="760 1829 1101 1856"><b>Aetna Better Health, Inc.</b></p> <p data-bbox="760 1885 789 1913">46</p> <p data-bbox="760 1955 1284 1982"><b>Senior Whole Health of New York, Inc.</b></p> <p data-bbox="760 2011 829 2039">3,308</p>

**D1IV.11****Active grievances**

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

**Centers Plan for Healthy Living LLC**

232

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

26

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

107

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

1

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

13

**Village Sr Services Corp (dba VillageCare Max)**

151

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

16

**VNS Health MLTC**

2

**Aetna Better Health, Inc.**

5

**Senior Whole Health of New York, Inc.**

0

**D1IV.12****Grievances filed on behalf of LTSS users****Centers Plan for Healthy Living LLC**

750

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.

**Elder Plan, Inc. (dba Homefirst)**

1,323

**Elderserve Health (dba RiverSpring)**

1,107

**Hamaspik Choice Inc.**

56

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

1,161

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

787

**Icircle Services of the Finger Lakes**

34

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

157

**Village Sr Services Corp (dba VillageCare Max)**

997

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

141

**VNS Health MLTC**

894

**Aetna Better Health, Inc.**

49

**Senior Whole Health of New York, Inc.**

33

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**D1IV.13**

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

**Centers Plan for Healthy Living LLC**

32

**Elder Plan, Inc. (dba Homefirst)**

30

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 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.

**Elderserve Health (dba RiverSpring)**

221

**Hamaspik Choice Inc.**

42

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

12

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

145

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

20

**NY Quality Healthcare Corp. (dba Fidelis Care)**

8

**Village Sr Services Corp (dba VillageCare Max)**

1

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

10

**VNS Health MLTC**

64

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

**D1IV.14**

**Number of grievances for which timely resolution was provided**

**Centers Plan for Healthy Living LLC**

545

**Elder Plan, Inc. (dba Homefirst)**

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.

1,319

**Elderserve Health (dba RiverSpring)**

1,107

**Hamaspik Choice Inc.**

56

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

1,123

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

784

**Icircle Services of the Finger Lakes**

34

**MetroPlus Health Plan Inc.**

42

**NY Quality Healthcare Corp. (dba Fidelis Care)**

175

**Village Sr Services Corp (dba VillageCare Max)**

994

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

121

**VNS Health MLTC**

985

**Aetna Better Health, Inc.**

46

**Senior Whole Health of New York, Inc.**

3,302

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## **Grievances by Service**

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

Number	Indicator	Response
D1IV.15a	<p><b>Resolved grievances related to general inpatient services</b></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><b>Centers Plan for Healthy Living LLC</b> 6</p> <p><b>Elder Plan, Inc. (dba Homefirst)</b> 0</p> <p><b>Elderserve Health (dba RiverSpring)</b> N/A</p> <p><b>Hamaspik Choice Inc.</b> N/A</p> <p><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b> 0</p> <p><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b> 0</p> <p><b>Icircle Services of the Finger Lakes</b> N/A</p> <p><b>MetroPlus Health Plan Inc.</b> 0</p> <p><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b> 0</p> <p><b>Village Sr Services Corp (dba VillageCare Max)</b> 0</p> <p><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b> N/A</p> <p><b>VNS Health MLTC</b> 134</p> <p><b>Aetna Better Health, Inc.</b> 1</p> <p><b>Senior Whole Health of New York, Inc.</b> 4</p>

**D1IV.15b**

**Resolved grievances related to general outpatient services**

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., 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".

**Centers Plan for Healthy Living LLC**

545

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

N/A

**Hamaspik Choice Inc.**

N/A

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

N/A

**Aetna Better Health, Inc.**

45

**Senior Whole Health of New York, Inc.**

2,130

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**D1IV.15c**

**Resolved grievances related to inpatient behavioral**

**Centers Plan for Healthy Living LLC**

N/A

**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".

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

N/A

**Hamaspik Choice Inc.**

N/A

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

N/A

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Centers Plan for Healthy Living LLC**

N/A

**Elder Plan, Inc. (dba Homefirst)**

0

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".

**Elderserve Health (dba RiverSpring)**

N/A

**Hamaspik Choice Inc.**

N/A

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

N/A

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

N/A

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**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

**Centers Plan for Healthy Living LLC**

N/A

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

cover this type of service, enter "N/A".

**Hamaspik Choice Inc.**

N/A

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

2

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

N/A

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

4

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

8

**VNS Health MLTC**

N/A

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

1

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**D1IV.15f**

**Resolved grievances related to skilled nursing facility (SNF) services**

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".

**Centers Plan for Healthy Living LLC**

5

**Elder Plan, Inc. (dba Homefirst)**

7

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

449

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

141

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

2

**Senior Whole Health of New York, Inc.**

10

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**D1IV.15g**

**Resolved grievances related to long-term services and supports (LTSS)**

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

**Centers Plan for Healthy Living LLC**

126

**Elder Plan, Inc. (dba Homefirst)**

1,323

**Elderserve Health (dba RiverSpring)**

1,077

**Hamaspik Choice Inc.**

31

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

629

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

721

**Icircle Services of the Finger Lakes**

34

**MetroPlus Health Plan Inc.**

5

**NY Quality Healthcare Corp. (dba Fidelis Care)**

29

**Village Sr Services Corp (dba VillageCare Max)**

55

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

6

**VNS Health MLTC**

291

**Aetna Better Health, Inc.**

46

**Senior Whole Health of New York, Inc.**

1,029

**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**

37

**Elder Plan, Inc. (dba Homefirst)**

26

**Elderserve Health (dba RiverSpring)**

13

**Hamaspik Choice Inc.**

18

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

22

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

65

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

5

**NY Quality Healthcare Corp. (dba Fidelis Care)**

5

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

9

**Senior Whole Health of New York, Inc.**

44

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**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**

4

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

1

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

1

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

1

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp. (dba Fidelis Care)**

3

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

26

**Aetna Better Health, Inc.**

3

**Senior Whole Health of New York, Inc.**

90

**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**D1IV.15I**

**Resolved grievances related to home health / hospice**

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".

**Centers Plan for Healthy Living LLC**

0

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

20

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

23

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

476

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

N/A

**MetroPlus Health Plan Inc.**

36

**NY Quality Healthcare Corp. (dba Fidelis Care)**

151

**Village Sr Services Corp (dba VillageCare Max)**

494

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

N/A

**VNS Health MLTC**

540

**Aetna Better Health, Inc.**

33

**Senior Whole Health of New York, Inc.**

92

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## **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="315 100 727 216"><b>Resolved grievances related to plan or provider customer service</b></p> <p data-bbox="315 237 727 751">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="761 100 1370 195">Centers Plan for Healthy Living LLC 78</p> <p data-bbox="761 226 1370 321">Elder Plan, Inc. (dba Homefirst) 297</p> <p data-bbox="761 352 1370 447">Elderserve Health (dba RiverSpring) 46</p> <p data-bbox="761 478 1370 573">Hamaspik Choice Inc. 1</p> <p data-bbox="761 604 1370 741">HealthFirst Health Plan Inc. (dba Senior Health Partners) 622</p> <p data-bbox="761 772 1370 909">Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC) 26</p> <p data-bbox="761 940 1370 1035">Icircle Services of the Finger Lakes 4</p> <p data-bbox="761 1066 1370 1161">MetroPlus Health Plan Inc. 15</p> <p data-bbox="761 1192 1370 1329">NY Quality Healthcare Corp. (dba Fidelis Care) 33</p> <p data-bbox="761 1360 1370 1497">Village Sr Services Corp (dba VillageCare Max) 105</p> <p data-bbox="761 1528 1370 1665">VNA Homecare Options LLC ( dba Nascentia Health Options) 11</p> <p data-bbox="761 1696 1370 1791">VNS Health MLTC 319</p> <p data-bbox="761 1822 1370 1917">Aetna Better Health, Inc. 1</p> <p data-bbox="761 1948 1370 2016">Senior Whole Health of New York, Inc. 345</p>

<b>D1IV.16b</b>	<b>Resolved grievances related to plan or provider care management/case management</b>	<b>Centers Plan for Healthy Living LLC</b>
		107
		<b>Elder Plan, Inc. (dba Homefirst)</b>
		258
		<b>Elderserve Health (dba RiverSpring)</b>
		102
		<b>Hamaspik Choice Inc.</b>
		9
		<b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b>
		38
		<b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b>
		169
		<b>Icircle Services of the Finger Lakes</b>
		10
		<b>MetroPlus Health Plan Inc.</b>
		0
		<b>NY Quality Healthcare Corp. (dba Fidelis Care)</b>
		70
		<b>Village Sr Services Corp (dba VillageCare Max)</b>
		183
		<b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b>
		13
		<b>VNS Health MLTC</b>
		116
		<b>Aetna Better Health, Inc.</b>
		3
		<b>Senior Whole Health of New York, Inc.</b>
		888

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<b>D1IV.16c</b>	<b>Resolved grievances related to network adequacy or</b>	<b>Centers Plan for Healthy Living LLC</b>
		270

**access to care/services from plan or provider**

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.

**Elder Plan, Inc. (dba Homefirst)**

61

**Elderserve Health (dba RiverSpring)**

17

**Hamaspik Choice Inc.**

23

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

6

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

351

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp. (dba Fidelis Care)**

34

**Village Sr Services Corp (dba VillageCare Max)**

211

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

3

**VNS Health MLTC**

145

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

1,798

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**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.

**Centers Plan for Healthy Living LLC**

62

**Elder Plan, Inc. (dba Homefirst)**

0

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.

**Elderserve Health (dba RiverSpring)**

570

**Hamaspik Choice Inc.**

5

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

33

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

152

**Icircle Services of the Finger Lakes**

10

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp. (dba Fidelis Care)**

2

**Village Sr Services Corp (dba VillageCare Max)**

410

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

88

**VNS Health MLTC**

313

**Aetna Better Health, Inc.**

22

**Senior Whole Health of New York, Inc.**

73

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**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.

**Centers Plan for Healthy Living LLC**

2

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

2

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.

**Hamaspik Choice Inc.**

8

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

12

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

2

**Village Sr Services Corp (dba VillageCare Max)**

3

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

6

**VNS Health MLTC**

2

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

8

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**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**

27

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

1

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

40

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

1

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

8

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

13

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

9

**Senior Whole Health of New York, Inc.**

152

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**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 perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care

**Centers Plan for Healthy Living LLC**

10

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

4

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

3

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

0

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**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

1

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

1

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

19

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

18

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

13

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**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

1

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

2

**VNS Health MLTC**

0

**Aetna Better Health, Inc.**

0

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

0

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

0

**Village Sr Services Corp (dba VillageCare Max)**

0

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

1

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

3

**D1IV.16k**

**Resolved grievances filed for other reasons**

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.

**Centers Plan for Healthy Living LLC**

12

**Elder Plan, Inc. (dba Homefirst)**

707

**Elderserve Health (dba RiverSpring)**

444

**Hamaspik Choice Inc.**

26

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

374

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

88

**Icircle Services of the Finger Lakes**

9

**MetroPlus Health Plan Inc.**

14

**NY Quality Healthcare Corp. (dba Fidelis Care)**

45

**Village Sr Services Corp (dba VillageCare Max)**

73

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

19

**VNS Health MLTC**

95

**Aetna Better Health, Inc.**

11

**Senior Whole Health of New York, Inc.**

131

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## **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 - 03/31/2023

**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**

85

**Elder Plan, Inc. (dba Homefirst)**

76

**Elderserve Health (dba RiverSpring)**

72

**Hamaspik Choice Inc.**

79

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

66

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

81

**Icircle Services of the Finger Lakes**

63

**MetroPlus Health Plan Inc.**

72

**NY Quality Healthcare Corp. (dba Fidelis Care)**

67

**Village Sr Services Corp (dba VillageCare Max)**

80

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

63

**VNS Health MLTC**

73

**Aetna Better Health, Inc.**

72

**Senior Whole Health of New York, Inc.**

78



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**

76

**Elder Plan, Inc. (dba Homefirst)**

73

**Elderserve Health (dba RiverSpring)**

83

**Hamaspik Choice Inc.**

84

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

64

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

84

**Icircle Services of the Finger Lakes**

58

**MetroPlus Health Plan Inc.**

87

**NY Quality Healthcare Corp. (dba Fidelis Care)**

66

**Village Sr Services Corp (dba VillageCare Max)**

81

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

68

**VNS Health MLTC**

83

**Aetna Better Health, Inc.**

76

**Senior Whole Health of New York, Inc.**

82



Complete

**D2.VII.1 Measure Name: Flu Vaccination**

3 / 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 influenza vaccination in the last year

**Measure results**

**Centers Plan for Healthy Living LLC**

79

**Elder Plan, Inc. (dba Homefirst)**

78

**Elderserve Health (dba RiverSpring)**

65

**Hamaspik Choice Inc.**

75

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

71

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

83

**Icircle Services of the Finger Lakes**

69

**MetroPlus Health Plan Inc.**

78

**NY Quality Healthcare Corp. (dba Fidelis Care)**

66

**Village Sr Services Corp (dba VillageCare Max)**

79

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

71

**VNS Health MLTC**

78

**Aetna Better Health, Inc.**

82

**Senior Whole Health of New York, Inc.**

83

**D2.VII.1 Measure Name: Hearing Exam**

**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**

47

**Elder Plan, Inc. (dba Homefirst)**

44

**Elderserve Health (dba RiverSpring)**

53

**Hamaspik Choice Inc.**

77

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

36

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

65

**Icircle Services of the Finger Lakes**

39

**MetroPlus Health Plan Inc.**

60

**NY Quality Healthcare Corp. (dba Fidelis Care)**

38

**Village Sr Services Corp (dba VillageCare Max)**

70

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

43

**VNS Health MLTC**

71

**Aetna Better Health, Inc.**

49

**Senior Whole Health of New York, Inc.**

73



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

**Elder Plan, Inc. (dba Homefirst)**

95

**Elderserve Health (dba RiverSpring)**

94

**Hamaspik Choice Inc.**

92

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

93

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

94

**Icircle Services of the Finger Lakes**

85

**MetroPlus Health Plan Inc.**

91

**NY Quality Healthcare Corp. (dba Fidelis Care)**

91

**Village Sr Services Corp (dba VillageCare Max)**

94

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

88

**VNS Health MLTC**

95

**Aetna Better Health, Inc.**

94

**Senior Whole Health of New York, Inc.**

95



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, 01/01/2023 - 12/31/2023

#### 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

**Elder Plan, Inc. (dba Homefirst)**

81

**Elderserve Health (dba RiverSpring)**

60

**Hamaspik Choice Inc.**

85

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

68

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

82

**Icircle Services of the Finger Lakes**

76

**MetroPlus Health Plan Inc.**

77

**NY Quality Healthcare Corp. (dba Fidelis Care)**

66

**Village Sr Services Corp (dba VillageCare Max)**

80

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

76

**VNS Health MLTC**

86

**Aetna Better Health, Inc.**

83

**Senior Whole Health of New York, Inc.**

87



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**

86

**Elder Plan, Inc. (dba Homefirst)**

99

**Elderserve Health (dba RiverSpring)**

99

**Hamaspik Choice Inc.**

99

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

98

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

100

**Icircle Services of the Finger Lakes**

78

**MetroPlus Health Plan Inc.**

98

**NY Quality Healthcare Corp. (dba Fidelis Care)**

92

**Village Sr Services Corp (dba VillageCare Max)**

99

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

95

**VNS Health MLTC**

99

**Aetna Better Health, Inc.**

98

**Senior Whole Health of New York, Inc.**

99



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**

46

**Elder Plan, Inc. (dba Homefirst)**

47

**Elderserve Health (dba RiverSpring)**

43

**Hamaspik Choice Inc.**

53

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

86

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

74

**Icircle Services of the Finger Lakes**

43

**MetroPlus Health Plan Inc.**

92

**NY Quality Healthcare Corp. (dba Fidelis Care)**

73

**Village Sr Services Corp (dba VillageCare Max)**

83

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

50

**VNS Health MLTC**

84

**Aetna Better Health, Inc.**

**Senior Whole Health of New York, Inc.**

76



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

**Elder Plan, Inc. (dba Homefirst)**

99

**Elderserve Health (dba RiverSpring)**

90

**Hamaspik Choice Inc.**

99

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

98

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

99

**Icircle Services of the Finger Lakes**

82

**MetroPlus Health Plan Inc.**

96

**NY Quality Healthcare Corp. (dba Fidelis Care)**

97

**Village Sr Services Corp (dba VillageCare Max)**

99

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

93

**VNS Health MLTC**

98

**Aetna Better Health, Inc.**

98

**Senior Whole Health of New York, Inc.**

99



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**

97

**Elder Plan, Inc. (dba Homefirst)**

94

**Elderserve Health (dba RiverSpring)**

92

**Hamaspik Choice Inc.**

89

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

93

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

93

**Icircle Services of the Finger Lakes**

94

**MetroPlus Health Plan Inc.**

89

**NY Quality Healthcare Corp. (dba Fidelis Care)**

91

**Village Sr Services Corp (dba VillageCare Max)**

91

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

91

**VNS Health MLTC**

91

**Aetna Better Health, Inc.**

96

**Senior Whole Health of New York, Inc.**

86



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**

29

**Elder Plan, Inc. (dba Homefirst)**

22

**Elderserve Health (dba RiverSpring)**

28

**Hamaspik Choice Inc.**

25

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

30

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

31

**Icircle Services of the Finger Lakes**

43

**MetroPlus Health Plan Inc.**

37

**NY Quality Healthcare Corp. (dba Fidelis Care)**

43

**Village Sr Services Corp (dba VillageCare Max)**

45

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

45

**VNS Health MLTC**

28

**Aetna Better Health, Inc.**

Senior Whole Health of New York, Inc.

36



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**

94

**Elder Plan, Inc. (dba Homefirst)**

88

**Elderserve Health (dba RiverSpring)**

87

**Hamaspik Choice Inc.**

80

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

88

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

93

**Icircle Services of the Finger Lakes**

93

**MetroPlus Health Plan Inc.**

82

**NY Quality Healthcare Corp. (dba Fidelis Care)**

81

**Village Sr Services Corp (dba VillageCare Max)**

95

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

81

**VNS Health MLTC**

76

**Aetna Better Health, Inc.**

85

**Senior Whole Health of New York, Inc.**

90



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**

54

**Elder Plan, Inc. (dba Homefirst)**

72

**Elderserve Health (dba RiverSpring)**

60

**Hamaspik Choice Inc.**

66

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

70

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

70

**Icircle Services of the Finger Lakes**

60

**MetroPlus Health Plan Inc.**

82

**NY Quality Healthcare Corp. (dba Fidelis Care)**

76

**Village Sr Services Corp (dba VillageCare Max)**

71

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

69

**VNS Health MLTC**

81

**Aetna Better Health, Inc.**

80

**Senior Whole Health of New York, Inc.**

73



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**

83

**Elder Plan, Inc. (dba Homefirst)**

85

**Elderserve Health (dba RiverSpring)**

79

**Hamaspik Choice Inc.**

75

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

82

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

86

**Icircle Services of the Finger Lakes**

67

**MetroPlus Health Plan Inc.**

83

**NY Quality Healthcare Corp. (dba Fidelis Care)**

82

**Village Sr Services Corp (dba VillageCare Max)**

85

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

68

**VNS Health MLTC**

88

**Aetna Better Health, Inc.**

88

**Senior Whole Health of New York, Inc.**

89



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

**Elder Plan, Inc. (dba Homefirst)**

100

**Elderserve Health (dba RiverSpring)**

98

**Hamaspik Choice Inc.**

99

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

98

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

100

**Icircle Services of the Finger Lakes**

86

**MetroPlus Health Plan Inc.**

99

**NY Quality Healthcare Corp. (dba Fidelis Care)**

99

**Village Sr Services Corp (dba VillageCare Max)**

99

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

97

**VNS Health MLTC**

99

**Aetna Better Health, Inc.**

99

**Senior Whole Health of New York, Inc.**

99

**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**

32

**Elder Plan, Inc. (dba Homefirst)**

33

**Elderserve Health (dba RiverSpring)**

34

**Hamaspik Choice Inc.**

33

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

25

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

33

**Icircle Services of the Finger Lakes**

27

**MetroPlus Health Plan Inc.**

42

**NY Quality Healthcare Corp. (dba Fidelis Care)**

36

**Village Sr Services Corp (dba VillageCare Max)**

47

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

38

**VNS Health MLTC**

38

**Aetna Better Health, Inc.**

23

**Senior Whole Health of New York, Inc.**

38



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**

60

**Elder Plan, Inc. (dba Homefirst)**

50

**Elderserve Health (dba RiverSpring)**

60

**Hamaspik Choice Inc.**

89

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

46

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

68

**Icircle Services of the Finger Lakes**

36

**MetroPlus Health Plan Inc.**

62

**NY Quality Healthcare Corp. (dba Fidelis Care)**

48

**Village Sr Services Corp (dba VillageCare Max)**

63

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

40

**VNS Health MLTC**

74

**Aetna Better Health, Inc.**

58

**Senior Whole Health of New York, Inc.**

63



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**

24

**Elder Plan, Inc. (dba Homefirst)**

23

**Elderserve Health (dba RiverSpring)**

30

**Hamaspik Choice Inc.**

24

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

23

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

30

**Icircle Services of the Finger Lakes**

14

**MetroPlus Health Plan Inc.**

15

**NY Quality Healthcare Corp. (dba Fidelis Care)**

20

**Village Sr Services Corp (dba VillageCare Max)**

26

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

9

**VNS Health MLTC**

24

**Aetna Better Health, Inc.**

16

**Senior Whole Health of New York, Inc.**

31



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**

80

**Elder Plan, Inc. (dba Homefirst)**

87

**Elderserve Health (dba RiverSpring)**

77

**Hamaspik Choice Inc.**

83

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

83

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

79

**Icircle Services of the Finger Lakes**

91

**MetroPlus Health Plan Inc.**

82

**NY Quality Healthcare Corp. (dba Fidelis Care)**

83

**Village Sr Services Corp (dba VillageCare Max)**

84

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

92

**VNS Health MLTC**

82

**Aetna Better Health, Inc.**

88

**Senior Whole Health of New York, Inc.**

84



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**

83

**Elder Plan, Inc. (dba Homefirst)**

87

**Elderserve Health (dba RiverSpring)**

95

**Hamaspik Choice Inc.**

85

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

86

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

85

**Icircle Services of the Finger Lakes**

87

**MetroPlus Health Plan Inc.**

79

**NY Quality Healthcare Corp. (dba Fidelis Care)**

83

**Village Sr Services Corp (dba VillageCare Max)**

80

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

89

**VNS Health MLTC**

83

**Aetna Better Health, Inc.**

88

**Senior Whole Health of New York, Inc.**

84



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 - 03/31/2023

### **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**

84

**Elder Plan, Inc. (dba Homefirst)**

87

**Elderserve Health (dba RiverSpring)**

87

**Hamaspik Choice Inc.**

77

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

76

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

87

**Icircle Services of the Finger Lakes**

68

**MetroPlus Health Plan Inc.**

81

**NY Quality Healthcare Corp. (dba Fidelis Care)**

91

**Village Sr Services Corp (dba VillageCare Max)**

81

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

81

**VNS Health MLTC**

83

**Aetna Better Health, Inc.**

86

**Senior Whole Health of New York, Inc.**

83



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**

84

**Elder Plan, Inc. (dba Homefirst)**

91

**Elderserve Health (dba RiverSpring)**

98

**Hamaspik Choice Inc.**

89

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

81

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

92

**Icircle Services of the Finger Lakes**

89

**MetroPlus Health Plan Inc.**

79

**NY Quality Healthcare Corp. (dba Fidelis Care)**

78

**Village Sr Services Corp (dba VillageCare Max)**

87

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

91

**VNS Health MLTC**

86

**Aetna Better Health, Inc.**

88

**Senior Whole Health of New York, Inc.**

87



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**

82

**Elder Plan, Inc. (dba Homefirst)**

72

**Elderserve Health (dba RiverSpring)**

73

**Hamaspik Choice Inc.**

79

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

69

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

66

**Icircle Services of the Finger Lakes**

62

**MetroPlus Health Plan Inc.**

73

**NY Quality Healthcare Corp. (dba Fidelis Care)**

79

**Village Sr Services Corp (dba VillageCare Max)**

74

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

71

**VNS Health MLTC**

71

**Aetna Better Health, Inc.**

69

**Senior Whole Health of New York, Inc.**

76



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**

74

**Elder Plan, Inc. (dba Homefirst)**

82

**Elderserve Health (dba RiverSpring)**

86

**Hamaspik Choice Inc.**

81

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

84

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

79

**Icircle Services of the Finger Lakes**

87

**MetroPlus Health Plan Inc.**

83

**NY Quality Healthcare Corp. (dba Fidelis Care)**

80

**Village Sr Services Corp (dba VillageCare Max)**

76

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

82

**VNS Health MLTC**

76

**Aetna Better Health, Inc.**

78

**Senior Whole Health of New York, Inc.**

74



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**

94

**Elder Plan, Inc. (dba Homefirst)**

96

**Elderserve Health (dba RiverSpring)**

99

**Hamaspik Choice Inc.**

95

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

92

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

96

**Icircle Services of the Finger Lakes**

91

**MetroPlus Health Plan Inc.**

90

**NY Quality Healthcare Corp. (dba Fidelis Care)**

87

**Village Sr Services Corp (dba VillageCare Max)**

94

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

92

**VNS Health MLTC**

92

**Aetna Better Health, Inc.**

92

**Senior Whole Health of New York, Inc.**

94



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**

85

**Elder Plan, Inc. (dba Homefirst)**

84

**Elderserve Health (dba RiverSpring)**

95

**Hamaspik Choice Inc.**

86

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

80

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

84

**Icircle Services of the Finger Lakes**

82

**MetroPlus Health Plan Inc.**

68

**NY Quality Healthcare Corp. (dba Fidelis Care)**

77

**Village Sr Services Corp (dba VillageCare Max)**

85

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

87

**VNS Health MLTC**

83

**Aetna Better Health, Inc.**

86

**Senior Whole Health of New York, Inc.**

86



Complete

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

27 / 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**

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**

72

**Elder Plan, Inc. (dba Homefirst)**

71

**Elderserve Health (dba RiverSpring)**

83

**Hamaspik Choice Inc.**

82

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

60

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

68

**Icircle Services of the Finger Lakes**

76

**MetroPlus Health Plan Inc.**

69

**NY Quality Healthcare Corp. (dba Fidelis Care)**

65

**Village Sr Services Corp (dba VillageCare Max)**

79

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

80

**VNS Health MLTC**

59

**Aetna Better Health, Inc.**

78

**Senior Whole Health of New York, Inc.**

73



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 - 12/31/2023

**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**

74

**Elder Plan, Inc. (dba Homefirst)**

79

**Elderserve Health (dba RiverSpring)**

71

**Hamaspik Choice Inc.**

70

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

77

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

76

**Icircle Services of the Finger Lakes**

68

**MetroPlus Health Plan Inc.**

70

**NY Quality Healthcare Corp. (dba Fidelis Care)**

80

**Village Sr Services Corp (dba VillageCare Max)**

65

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

74

**VNS Health MLTC**

76

**Aetna Better Health, Inc.**

77

**Senior Whole Health of New York, Inc.**

63



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, 01/01/2023 - 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, 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**

89

**Elder Plan, Inc. (dba Homefirst)**

86

**Elderserve Health (dba RiverSpring)**

94

**Hamaspik Choice Inc.**

84

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

83

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

80

**Icircle Services of the Finger Lakes**

81

**MetroPlus Health Plan Inc.**

76

**NY Quality Healthcare Corp. (dba Fidelis Care)**

84

**Village Sr Services Corp (dba VillageCare Max)**

86

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

85

**VNS Health MLTC**

86

**Aetna Better Health, Inc.**

87

**Senior Whole Health of New York, Inc.**

90



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**

95

**Elder Plan, Inc. (dba Homefirst)**

98

**Elderserve Health (dba RiverSpring)**

99

**Hamaspik Choice Inc.**

92

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

97

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

93

**Icircle Services of the Finger Lakes**

88

**MetroPlus Health Plan Inc.**

92

**NY Quality Healthcare Corp. (dba Fidelis Care)**

95

**Village Sr Services Corp (dba VillageCare Max)**

96

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

94

**VNS Health MLTC**

98

**Aetna Better Health, Inc.**

95

**Senior Whole Health of New York, Inc.**

100



Complete

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

31 / 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**

94

**Elder Plan, Inc. (dba Homefirst)**

94

**Elderserve Health (dba RiverSpring)**

95

**Hamaspik Choice Inc.**

92

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

94

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

93

**Icircle Services of the Finger Lakes**

84

**MetroPlus Health Plan Inc.**

92

**NY Quality Healthcare Corp. (dba Fidelis Care)**

90

**Village Sr Services Corp (dba VillageCare Max)**

93

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

86

**VNS Health MLTC**

95

**Aetna Better Health, Inc.**

92

**Senior Whole Health of New York, Inc.**

92



Complete

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

32 / 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**

88

**Elder Plan, Inc. (dba Homefirst)**

86

**Elderserve Health (dba RiverSpring)**

86

**Hamaspik Choice Inc.**

76

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

81

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

77

**Icircle Services of the Finger Lakes**

71

**MetroPlus Health Plan Inc.**

89

**NY Quality Healthcare Corp. (dba Fidelis Care)**

79

**Village Sr Services Corp (dba VillageCare Max)**

86

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

82

**VNS Health MLTC**

88

**Aetna Better Health, Inc.**

89

**Senior Whole Health of New York, Inc.**

85



Complete

**D2.VII.1 Measure Name: Potentially Avoidable Hospitalizations**

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 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**

3.34

**Elder Plan, Inc. (dba Homefirst)**

3.26

**Elderserve Health (dba RiverSpring)**

3.32

**Hamaspik Choice Inc.**

3.34

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

3.56

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

3.29

**Icircle Services of the Finger Lakes**

4.48

**MetroPlus Health Plan Inc.**

4.52

**NY Quality Healthcare Corp. (dba Fidelis Care)**

3.76

**Village Sr Services Corp (dba VillageCare Max)**

3.35

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

3.66

**VNS Health MLTC**

4.06

**Aetna Better Health, Inc.**

3.96

**Senior Whole Health of New York, Inc.**

2.52

**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**

91

**Elder Plan, Inc. (dba Homefirst)**

85

**Elderserve Health (dba RiverSpring)**

88

**Hamaspik Choice Inc.**

78

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

91

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

82

**Icircle Services of the Finger Lakes**

76

**MetroPlus Health Plan Inc.**

95

**NY Quality Healthcare Corp. (dba Fidelis Care)**

88

**Village Sr Services Corp (dba VillageCare Max)**

92

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

83

**VNS Health MLTC**

90

**Aetna Better Health, Inc.**

92

**Senior Whole Health of New York, Inc.**

90



Complete

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

35 / 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**

79

**Elder Plan, Inc. (dba Homefirst)**

82

**Elderserve Health (dba RiverSpring)**

81

**Hamaspik Choice Inc.**

60

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

73

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

65

**Icircle Services of the Finger Lakes**

83

**MetroPlus Health Plan Inc.**

81

**NY Quality Healthcare Corp. (dba Fidelis Care)**

84

**Village Sr Services Corp (dba VillageCare Max)**

78

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

80

VNS Health MLTC

76

Aetna Better Health, Inc.

81

Senior Whole Health of New York, Inc.

72



Complete

### D2.VII.1 Measure Name: Mood 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 mood

#### Measure results

**Centers Plan for Healthy Living LLC**

84

**Elder Plan, Inc. (dba Homefirst)**

84

**Elderserve Health (dba RiverSpring)**

80

**Hamaspik Choice Inc.**

74

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

84

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

82

**Icircle Services of the Finger Lakes**

74

**MetroPlus Health Plan Inc.**

87

**NY Quality Healthcare Corp. (dba Fidelis Care)**

84

**Village Sr Services Corp (dba VillageCare Max)**

88

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

79

**VNS Health MLTC**

85

**Aetna Better Health, Inc.**

88

**Senior Whole Health of New York, Inc.**

86

**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, 03/01/2023 - 11/30/2023

**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**

32

**Elder Plan, Inc. (dba Homefirst)**

33

**Elderserve Health (dba RiverSpring)**

34

**Hamaspik Choice Inc.**

33

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

25

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

33

**Icircle Services of the Finger Lakes**

27

**MetroPlus Health Plan Inc.**

42

**NY Quality Healthcare Corp. (dba Fidelis Care)**

36

**Village Sr Services Corp (dba VillageCare Max)**

47

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

38

**VNS Health MLTC**

38

**Aetna Better Health, Inc.**

23

**Senior Whole Health of New York, Inc.**

38



Complete

**D2.VII.1 Measure Name: Document Appointing for Health Decisions** 38 / 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, 03/01/2023 - 11/30/2023

**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**

61

**Elder Plan, Inc. (dba Homefirst)**

71

**Elderserve Health (dba RiverSpring)**

49

**Hamaspik Choice Inc.**

67

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

60

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

55

**Icircle Services of the Finger Lakes**

70

**MetroPlus Health Plan Inc.**

55

**NY Quality Healthcare Corp. (dba Fidelis Care)**

74

**Village Sr Services Corp (dba VillageCare Max)**

52

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

73

VNS Health MLTC

69

Aetna Better Health, Inc.

70

Senior Whole Health of New York, Inc.

56



Complete

### D2.VII.1 Measure Name: ADL 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

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

#### Measure results

**Centers Plan for Healthy Living LLC**

86

**Elder Plan, Inc. (dba Homefirst)**

84

**Elderserve Health (dba RiverSpring)**

87

**Hamaspik Choice Inc.**

80

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

80

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

73

**Icircle Services of the Finger Lakes**

91

**MetroPlus Health Plan Inc.**

86

**NY Quality Healthcare Corp. (dba Fidelis Care)**

88

**Village Sr Services Corp (dba VillageCare Max)**

85

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

89

**VNS Health MLTC**

79

**Aetna Better Health, Inc.**

86

**Senior Whole Health of New York, Inc.**

80

**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**

87

**Elder Plan, Inc. (dba Homefirst)**

78

**Elderserve Health (dba RiverSpring)**

81

**Hamaspik Choice Inc.**

64

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

69

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

68

**Icircle Services of the Finger Lakes**

78

**MetroPlus Health Plan Inc.**

82

**NY Quality Healthcare Corp. (dba Fidelis Care)**

78

**Village Sr Services Corp (dba VillageCare Max)**

81

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

72

**VNS Health MLTC**

69

**Aetna Better Health, Inc.**

78

**Senior Whole Health of New York, Inc.**

76



Complete

**D2.VII.1 Measure Name: Communication 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 communication

**Measure results**

**Centers Plan for Healthy Living LLC**

90

**Elder Plan, Inc. (dba Homefirst)**

74

**Elderserve Health (dba RiverSpring)**

82

**Hamaspik Choice Inc.**

71

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

73

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

71

**Icircle Services of the Finger Lakes**

82

**MetroPlus Health Plan Inc.**

77

**NY Quality Healthcare Corp. (dba Fidelis Care)**

81

**Village Sr Services Corp (dba VillageCare Max)**

79

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

78

VNS Health MLTC

73

Aetna Better Health, Inc.

78

Senior Whole Health of New York, Inc.

77



Complete

**D2.VII.1 Measure Name: Dressing Lower 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 lower body

**Measure results**

**Centers Plan for Healthy Living LLC**

86

**Elder Plan, Inc. (dba Homefirst)**

75

**Elderserve Health (dba RiverSpring)**

80

**Hamaspik Choice Inc.**

63

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

67

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

66

**Icircle Services of the Finger Lakes**

73

**MetroPlus Health Plan Inc.**

81

**NY Quality Healthcare Corp. (dba Fidelis Care)**

76

**Village Sr Services Corp (dba VillageCare Max)**

79

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

66

**VNS Health MLTC**

65

**Aetna Better Health, Inc.**

76

**Senior Whole Health of New York, Inc.**

77

**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**

87

**Elder Plan, Inc. (dba Homefirst)**

75

**Elderserve Health (dba RiverSpring)**

81

**Hamaspik Choice Inc.**

67

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

68

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

66

**Icircle Services of the Finger Lakes**

77

**MetroPlus Health Plan Inc.**

77

**NY Quality Healthcare Corp. (dba Fidelis Care)**

76

**Village Sr Services Corp (dba VillageCare Max)**

81

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

67

**VNS Health MLTC**

69

**Aetna Better Health, Inc.**

77

**Senior Whole Health of New York, Inc.**

74



Complete

### **D2.VII.1 Measure Name: Eating 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 eating

**Measure results**

**Centers Plan for Healthy Living LLC**

84

**Elder Plan, Inc. (dba Homefirst)**

73

**Elderserve Health (dba RiverSpring)**

80

**Hamaspik Choice Inc.**

63

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

67

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

59

**Icircle Services of the Finger Lakes**

81

**MetroPlus Health Plan Inc.**

82

**NY Quality Healthcare Corp. (dba Fidelis Care)**

79

**Village Sr Services Corp (dba VillageCare Max)**

82

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

68

VNS Health MLTC

68

Aetna Better Health, Inc.

77

Senior Whole Health of New York, Inc.

72



Complete

## D2.VII.1 Measure Name: IADL 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**

96

**Elder Plan, Inc. (dba Homefirst)**

94

**Elderserve Health (dba RiverSpring)**

94

**Hamaspik Choice Inc.**

91

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

89

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

87

**Icircle Services of the Finger Lakes**

87

**MetroPlus Health Plan Inc.**

93

**NY Quality Healthcare Corp. (dba Fidelis Care)**

93

**Village Sr Services Corp (dba VillageCare Max)**

95

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

84

**VNS Health MLTC**

91

**Aetna Better Health, Inc.**

94

**Senior Whole Health of New York, Inc.**

93

**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**

74

**Elder Plan, Inc. (dba Homefirst)**

73

**Elderserve Health (dba RiverSpring)**

75

**Hamaspik Choice Inc.**

61

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

68

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

55

**Icircle Services of the Finger Lakes**

82

**MetroPlus Health Plan Inc.**

75

**NY Quality Healthcare Corp. (dba Fidelis Care)**

74

**Village Sr Services Corp (dba VillageCare Max)**

70

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

77

**VNS Health MLTC**

60

**Aetna Better Health, Inc.**

72

**Senior Whole Health of New York, Inc.**

66



Complete

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

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**

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

**Measure results**

**Centers Plan for Healthy Living LLC**

79

**Elder Plan, Inc. (dba Homefirst)**

71

**Elderserve Health (dba RiverSpring)**

75

**Hamaspik Choice Inc.**

67

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

68

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

70

**Icircle Services of the Finger Lakes**

75

**MetroPlus Health Plan Inc.**

74

**NY Quality Healthcare Corp. (dba Fidelis Care)**

74

**Village Sr Services Corp (dba VillageCare Max)**

75

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

76

VNS Health MLTC

72

Aetna Better Health, Inc.

71

Senior Whole Health of New York, Inc.

68



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**

88

**Elder Plan, Inc. (dba Homefirst)**

76

**Elderserve Health (dba RiverSpring)**

88

**Hamaspik Choice Inc.**

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

78

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

68

**Icircle Services of the Finger Lakes**

89

**MetroPlus Health Plan Inc.**

92

**NY Quality Healthcare Corp. (dba Fidelis Care)**

89

**Village Sr Services Corp (dba VillageCare Max)**

86

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

76

**VNS Health MLTC**

79

**Aetna Better Health, Inc.**

89

**Senior Whole Health of New York, Inc.**

86

**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

**Elder Plan, Inc. (dba Homefirst)**

68

**Elderserve Health (dba RiverSpring)**

78

**Hamaspik Choice Inc.**

61

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

66

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

54

**Icircle Services of the Finger Lakes**

76

**MetroPlus Health Plan Inc.**

81

**NY Quality Healthcare Corp. (dba Fidelis Care)**

74

**Village Sr Services Corp (dba VillageCare Max)**

73

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

61

**VNS Health MLTC**

61

**Aetna Better Health, Inc.**

72

**Senior Whole Health of New York, Inc.**

71



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**

82

**Elder Plan, Inc. (dba Homefirst)**

63

**Elderserve Health (dba RiverSpring)**

74

**Hamaspik Choice Inc.**

56

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

57

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

51

**Icircle Services of the Finger Lakes**

72

**MetroPlus Health Plan Inc.**

72

**NY Quality Healthcare Corp. (dba Fidelis Care)**

70

**Village Sr Services Corp (dba VillageCare Max)**

70

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

57

VNS Health MLTC

59

Aetna Better Health, Inc.

66

Senior Whole Health of New York, Inc.

67



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

**Elder Plan, Inc. (dba Homefirst)**

76

**Elderserve Health (dba RiverSpring)**

83

**Hamaspik Choice Inc.**

74

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

77

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

73

**Icircle Services of the Finger Lakes**

75

**MetroPlus Health Plan Inc.**

77

**NY Quality Healthcare Corp. (dba Fidelis Care)**

83

**Village Sr Services Corp (dba VillageCare Max)**

80

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

82

**VNS Health MLTC**

81

**Aetna Better Health, Inc.**

78

**Senior Whole Health of New York, Inc.**

81

## **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 / 8

**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

**D3.VIII.3 Plan name**

Elderserve Health (dba RiverSpring)

**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**

\$121,559.03

**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 / 8

**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**

\$10,334.74

**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**

3 / 8

**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**

\$24,211.78

**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: Fine**

4 / 8

**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**

\$14,240.82

**D3.VIII.7 Date assessed**

06/30/2024

**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**

5 / 8

**D3.VIII.2 Plan performance****issue**

Reporting (timeliness, completeness, accuracy)

**D3.VIII.3 Plan name**

VNA Homecare Options LLC ( dba Nascentia Health Options)

**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**

\$22,753.62

**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: All compliance-related notices or letters (e.g. warnings, non-compliance)**

6 / 8

**D3.VIII.2 Plan performance****issue**

Social day Care Oversight

**D3.VIII.3 Plan name**

Elder Plan, Inc. (dba Homefirst)

**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**

08/09/2024

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

Yes, remediated 04/18/2025

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)**

7 / 8

**D3.VIII.2 Plan performance issue**

Self disclosure- noticing

**D3.VIII.3 Plan name**

VNS Health MLTC

**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**

05/22/2024

**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: All compliance-related notices or letters (e.g. warnings, non-compliance)**

8 / 8

**D3.VIII.2 Plan performance issue**

Social Day Care  
Oversight, Case  
Management, Noticing

**D3.VIII.3 Plan name**

Hamaspik Choice Inc.

**D3.VIII.4 Reason for intervention**

Operational Survey

**Sanction details**

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

1

**D3.VIII.6 Sanction amount**

n/a

**D3.VIII.7 Date assessed**

04/16/2024

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

Yes, remediated 12/16/2024

**D3.VIII.9 Corrective action plan**

No

## **Topic X. Program Integrity**

Number	Indicator	Response
D1X.1	<p data-bbox="310 100 711 184"><b>Dedicated program integrity staff</b></p> <p data-bbox="310 195 711 394">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="760 100 1247 142"><b>Centers Plan for Healthy Living LLC</b></p> <p data-bbox="760 153 776 195">4</p> <p data-bbox="760 226 1190 268"><b>Elder Plan, Inc. (dba Homefirst)</b></p> <p data-bbox="760 279 776 321">8</p> <p data-bbox="760 352 1252 394"><b>Elderserve Health (dba RiverSpring)</b></p> <p data-bbox="760 405 776 447">0</p> <p data-bbox="760 478 1057 520"><b>Hamaspik Choice Inc.</b></p> <p data-bbox="760 531 776 573">3</p> <p data-bbox="760 604 1308 688"><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b></p> <p data-bbox="760 699 808 741">100</p> <p data-bbox="760 772 1235 856"><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b></p> <p data-bbox="760 867 776 909">0</p> <p data-bbox="760 940 1235 982"><b>Icircle Services of the Finger Lakes</b></p> <p data-bbox="760 993 776 1035">7</p> <p data-bbox="760 1066 1130 1108"><b>MetroPlus Health Plan Inc.</b></p> <p data-bbox="760 1119 792 1161">43</p> <p data-bbox="760 1192 1317 1276"><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b></p> <p data-bbox="760 1287 816 1329">2.08</p> <p data-bbox="760 1360 1312 1444"><b>Village Sr Services Corp (dba VillageCare Max)</b></p> <p data-bbox="760 1455 776 1497">4</p> <p data-bbox="760 1528 1365 1612"><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b></p> <p data-bbox="760 1623 776 1665">0</p> <p data-bbox="760 1696 1000 1738"><b>VNS Health MLTC</b></p> <p data-bbox="760 1749 776 1791">4</p> <p data-bbox="760 1822 1105 1864"><b>Aetna Better Health, Inc.</b></p> <p data-bbox="760 1875 776 1917">0</p> <p data-bbox="760 1948 1284 1990"><b>Senior Whole Health of New York, Inc.</b></p> <p data-bbox="760 2001 776 2043">5</p>

**D1X.2**

**Count of opened program integrity investigations**

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

**Centers Plan for Healthy Living LLC**

122

**Elder Plan, Inc. (dba Homefirst)**

34

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

18

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

17

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

118

**MetroPlus Health Plan Inc.**

16

**NY Quality Healthcare Corp. (dba Fidelis Care)**

139

**Village Sr Services Corp (dba VillageCare Max)**

26

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

242

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

80

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**D1X.4**

**Count of resolved program integrity investigations**

**Centers Plan for Healthy Living LLC**

91

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

**Elder Plan, Inc. (dba Homefirst)**

27

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

5

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

25

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

73

**MetroPlus Health Plan Inc.**

6

**NY Quality Healthcare Corp. (dba Fidelis Care)**

121

**Village Sr Services Corp (dba VillageCare Max)**

17

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

265

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

66

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**D1X.6**

**Referral path for program integrity referrals to the state**

What is the referral path that the plan uses to make program

**Centers Plan for Healthy Living LLC**

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

integrity referrals to the state?  
Select one.

**Elder Plan, Inc. (dba Homefirst)**

Makes referrals to the State Medicaid Agency (SMA) only

**Elderserve Health (dba RiverSpring)**

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

**Hamaspik Choice Inc.**

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

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Makes referrals to the State Medicaid Agency (SMA) only

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Makes referrals to the State Medicaid Agency (SMA) only

**Icircle Services of the Finger Lakes**

Makes referrals to the SMA and MFCU concurrently

**MetroPlus Health Plan Inc.**

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

**NY Quality Healthcare Corp. (dba Fidelis Care)**

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

**Village Sr Services Corp (dba VillageCare Max)**

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

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

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

**VNS Health MLTC**

Makes referrals to the State Medicaid Agency (SMA) only

**Aetna Better Health, Inc.**

Makes referrals to the SMA and MFCU concurrently

**Senior Whole Health of New York, Inc.**

Makes referrals to the State Medicaid Agency (SMA) only

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**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

**Elder Plan, Inc. (dba Homefirst)**

Not applicable

**Elderserve Health (dba RiverSpring)**

Not applicable

**Hamaspik Choice Inc.**

Not applicable

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Not applicable

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Not applicable

**Icircle Services of the Finger Lakes**

Not applicable

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp. (dba Fidelis Care)**

Not applicable

**Village Sr Services Corp (dba VillageCare Max)**

Not applicable

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

Not applicable

**VNS Health MLTC**

Not applicable

**Aetna Better Health, Inc.**

Not applicable

**Senior Whole Health of New York, Inc.**

Not applicable

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**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

**Elder Plan, Inc. (dba Homefirst)**

0

**Elderserve Health (dba RiverSpring)**

Not applicable

**Hamaspik Choice Inc.**

Not applicable

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

8

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

0

**Icircle Services of the Finger Lakes**

Not applicable

**MetroPlus Health Plan Inc.**

Not applicable

**NY Quality Healthcare Corp. (dba Fidelis Care)**

Not applicable

**Village Sr Services Corp (dba VillageCare Max)**

Not applicable

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

Not applicable

**VNS Health MLTC**

19

**Aetna Better Health, Inc.**

Not applicable

**Senior Whole Health of New York, Inc.**

20

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**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

**Elder Plan, Inc. (dba Homefirst)**

Not applicable

**Elderserve Health (dba RiverSpring)**

Not applicable

**Hamaspik Choice Inc.**

Not applicable

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Not applicable

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Not applicable

**Icircle Services of the Finger Lakes**

41

**MetroPlus Health Plan Inc.**

Not applicable

**NY Quality Healthcare Corp. (dba Fidelis Care)**

Not applicable

**Village Sr Services Corp (dba VillageCare Max)**

Not applicable

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

Not applicable

**VNS Health MLTC**

Not applicable

**Aetna Better Health, Inc.**

0

**Senior Whole Health of New York, Inc.**

Not applicable

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**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 to the SMA and the MFCU in aggregate.

**Centers Plan for Healthy Living LLC**

28

**Elder Plan, Inc. (dba Homefirst)**

Not applicable

**Elderserve Health (dba RiverSpring)**

0

**Hamaspik Choice Inc.**

0

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Not applicable

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Not applicable

**Icircle Services of the Finger Lakes**

Not applicable

**MetroPlus Health Plan Inc.**

Not applicable

**NY Quality Healthcare Corp. (dba Fidelis Care)**

27

**Village Sr Services Corp (dba VillageCare Max)**

5

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

0

**VNS Health MLTC**

Not applicable

**Aetna Better Health, Inc.**

Not applicable

**Senior Whole Health 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

**Elder Plan, Inc. (dba Homefirst)**

04/01/2024

**Elderserve Health (dba RiverSpring)**

04/01/2024

**Hamaspik Choice Inc.**

04/01/2024

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

01/01/2024

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

04/01/2024

**Icircle Services of the Finger Lakes**

01/01/2024

**MetroPlus Health Plan Inc.**

01/01/2024

**NY Quality Healthcare Corp. (dba Fidelis Care)**

01/01/2025

**Village Sr Services Corp (dba VillageCare Max)**

01/01/2024

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

04/01/2024

**VNS Health MLTC**

01/01/2024

**Aetna Better Health, Inc.**

04/01/2024

**Senior Whole Health of New York, Inc.**

03/01/2025

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**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

**Elder Plan, Inc. (dba Homefirst)**

03/31/2025

**Elderserve Health (dba RiverSpring)**

03/31/2025

**Hamaspik Choice Inc.**

03/31/2025

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

12/31/2025

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

03/31/2025

**Icircle Services of the Finger Lakes**

12/31/2025

**MetroPlus Health Plan Inc.**

12/31/2025

**NY Quality Healthcare Corp. (dba Fidelis Care)**

03/31/2025

**Village Sr Services Corp (dba VillageCare Max)**

12/31/2024

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

03/31/2025

**VNS Health MLTC**

12/31/2024

**Aetna Better Health, Inc.**

03/31/2025

**Senior Whole Health of New York, Inc.**

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<b>D1X.9c: Plan overpayment reporting to the state: Dollar amount</b>  From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?	<b>Centers Plan for Healthy Living LLC</b>
	\$0
	<b>Elder Plan, Inc. (dba Homefirst)</b>
	\$133,913.17
	<b>Elderserve Health (dba RiverSpring)</b>
	\$0
	<b>Hamaspik Choice Inc.</b>
	\$790,194.46
	<b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b>
	\$1,093,475
	<b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b>
	\$0
	<b>Icircle Services of the Finger Lakes</b>
	\$450,105
<b>MetroPlus Health Plan Inc.</b>	
\$439.39	
<b>NY Quality Healthcare Corp. (dba Fidelis Care)</b>	
\$146,495.02	
<b>Village Sr Services Corp (dba VillageCare Max)</b>	
\$0	
<b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b>	
\$0	
<b>VNS Health MLTC</b>	
\$339,262.55	
<b>Aetna Better Health, Inc.</b>	
\$0	
<b>Senior Whole Health of New York, Inc.</b>	
\$1,027,873	

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<b>D1X.9d:</b>	<b>Plan overpayment reporting to the state: Corresponding premium revenue</b>	<b>Centers Plan for Healthy Living LLC</b>
	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))	\$0
		<b>Elder Plan, Inc. (dba Homefirst)</b>
		\$2,387,277,623
		<b>Elderserve Health (dba RiverSpring)</b>
		\$910,190,162
		<b>Hamaspik Choice Inc.</b>
		\$89,501,853
		<b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b>
		\$580,758,157
		<b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b>
		\$295,423,348
		<b>Icircle Services of the Finger Lakes</b>
		\$150,178,358
		<b>MetroPlus Health Plan Inc.</b>
		\$69,190,446
		<b>NY Quality Healthcare Corp. (dba Fidelis Care)</b>
		\$982,446,861
		<b>Village Sr Services Corp (dba VillageCare Max)</b>
		\$686,258,355
		<b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b>
		\$152,038,831
		<b>VNS Health MLTC</b>
		\$1,400,527,064
		<b>Aetna Better Health, Inc.</b>
		\$327,911,879
		<b>Senior Whole Health of New York, Inc.</b>
		\$688,926,767

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<b>D1X.10</b>	<b>Changes in beneficiary circumstances</b>	<b>Centers Plan for Healthy Living LLC</b>
		Daily

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

**Elder Plan, Inc. (dba Homefirst)**

Monthly

**Elderserve Health (dba RiverSpring)**

Daily

**Hamaspik Choice Inc.**

Daily

**HealthFirst Health Plan Inc. (dba Senior Health Partners)**

Weekly

**Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)**

Monthly

**Icircle Services of the Finger Lakes**

Daily

**MetroPlus Health Plan Inc.**

Daily

**NY Quality Healthcare Corp. (dba Fidelis Care)**

Weekly

**Village Sr Services Corp (dba VillageCare Max)**

Monthly

**VNA Homecare Options LLC ( dba Nascentia Health Options)**

Daily

**VNS Health MLTC**

Weekly

**Aetna Better Health, Inc.**

Daily

## 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	<b>ILOSs offered by plan</b> Indicate whether this plan offered any ILOS to their enrollees.	<p data-bbox="760 107 1247 134"><b>Centers Plan for Healthy Living LLC</b></p> <p data-bbox="760 161 1206 189">No ILOSs were offered by this plan</p> <p data-bbox="760 264 1187 291"><b>Elder Plan, Inc. (dba Homefirst)</b></p> <p data-bbox="760 319 1206 346">No ILOSs were offered by this plan</p> <p data-bbox="760 422 1252 449"><b>Elderserve Health (dba RiverSpring)</b></p> <p data-bbox="760 476 1206 504">No ILOSs were offered by this plan</p> <p data-bbox="760 579 1053 606"><b>Hamaspik Choice Inc.</b></p> <p data-bbox="760 634 1206 661">No ILOSs were offered by this plan</p> <p data-bbox="760 737 1305 806"><b>HealthFirst Health Plan Inc. (dba Senior Health Partners)</b></p> <p data-bbox="760 833 1206 861">No ILOSs were offered by this plan</p> <p data-bbox="760 936 1234 1005"><b>Anthem HP, LLC (dba Empire BCBS HealthPlus MLTC)</b></p> <p data-bbox="760 1033 1206 1060">No ILOSs were offered by this plan</p> <p data-bbox="760 1136 1235 1163"><b>Icircle Services of the Finger Lakes</b></p> <p data-bbox="760 1190 1206 1218">No ILOSs were offered by this plan</p> <p data-bbox="760 1293 1127 1320"><b>MetroPlus Health Plan Inc.</b></p> <p data-bbox="760 1348 1206 1375">No ILOSs were offered by this plan</p> <p data-bbox="760 1451 1317 1520"><b>NY Quality Healthcare Corp. (dba Fidelis Care)</b></p> <p data-bbox="760 1547 1206 1575">No ILOSs were offered by this plan</p> <p data-bbox="760 1650 1313 1719"><b>Village Sr Services Corp (dba VillageCare Max)</b></p> <p data-bbox="760 1747 1206 1774">No ILOSs were offered by this plan</p> <p data-bbox="760 1850 1365 1919"><b>VNA Homecare Options LLC ( dba Nascentia Health Options)</b></p> <p data-bbox="760 1946 1206 1974">No ILOSs were offered by this plan</p> <p data-bbox="760 2049 1000 2076"><b>VNS Health MLTC</b></p>

No ILOSs were offered by this plan

**Aetna Better Health, Inc.**

No ILOSs were offered by this plan

**Senior Whole Health of New York, Inc.**

No ILOSs were offered by this plan

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## 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	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

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## 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”.**

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

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## **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><b>BSS entity type</b></p> <p>What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p><b>Ombudsman Program</b></p> <p>Other, specify – contracted entity</p> <p><b>Enrollment Broker (NY Medicaid Choice)</b></p> <p>Enrollment Broker</p> <p><b>Technical Assistance Center (TAC)</b></p> <p>State Government Entity</p>
EIX.2	<p><b>BSS entity role</b></p> <p>What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p><b>Ombudsman Program</b></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><b>Enrollment Broker (NY Medicaid Choice)</b></p> <p>Enrollment Broker/Choice Counseling</p> <p><b>Technical Assistance Center (TAC)</b></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