

# Managed Care Program Annual Report (MCPAR) for New York: Mainstream Managed Care (MMC)

|                 |                    |                  |               |
|-----------------|--------------------|------------------|---------------|
| <b>Due date</b> | <b>Last edited</b> | <b>Edited by</b> | <b>Status</b> |
| 09/27/2025      | 09/30/2025         | Anesa Brkanovic  | Submitted     |

| Indicator   | Response |
|---|----------|
| <b>Exclusion of CHIP from MCPAR</b><br><br>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 |

| Indicator   | Response                     |
|---|------------------------------|
| <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> | Plan to submit on 12/15/2025 |
| If "No", please complete the following questions under each plan.   |                              |

## Section A: Program Information

### Point of Contact

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

# Reporting Period

| Number | Indicator   | Response                      |
|--------|---|-------------------------------|
| A5a    | <b>Reporting period start date</b><br>Auto-populated from report dashboard. | 04/01/2024                    |
| A5b    | <b>Reporting period end date</b><br>Auto-populated from report dashboard.   | 03/31/2025                    |
| A6     | <b>Program name</b><br>Auto-populated from report dashboard.                | Mainstream Managed Care (MMC) |

## Add plans (A.7)

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

| <b>Indicator</b> | <b>Response</b>  |
|------------------|--|
| <b>Plan name</b> | Capital District Physicians' Health Plan, Inc.<br>Excellus Health Plan, Inc.<br>Health Insurance Plan of Greater New York<br>HealthFirst PHSP, Inc.<br>Highmark Western and Northeastern New York Inc.<br>Anthem HP, LLC<br>Independent Health Association, Inc.<br>MetroPlus Health Plan, Inc.<br>Molina Healthcare of New York, Inc.<br>MVP Health Plan, Inc.<br>NY Quality Healthcare Corporation ( dba Fidelis)<br>United Healthcare of New York, Inc. |

## **Add BSS entities (A.8)**

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

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

| Indicator       | Response                             |
|-----------------|--------------------------------------|
| BSS entity name | NY Medicaid Choice Enrollment Broker |

## 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](https://www.Medicaid.gov).

**Indicator**

**Response**

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**ILOS name**

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## **Section B: State-Level Indicators**

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

| <b>Number</b> | <b>Indicator</b>  | <b>Response</b> |
|---------------|---|-----------------|
| <b>BI.1</b>   | <b>Statewide Medicaid enrollment</b><br><br>Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months).<br>Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.                                   | 7,647,192       |
| <b>BI.2</b>   | <b>Statewide Medicaid managed care enrollment</b><br><br>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).<br>Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans. | 5,767,869       |

### **Topic III. Encounter Data Report**

| Number        | Indicator   | Response   |
|---------------|---|--|
| <b>BIII.1</b> | <p data-bbox="357 105 672 138"><b>Data validation entity</b></p> <p data-bbox="357 162 766 698">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="808 105 1165 138">State Medicaid agency staff</p> <p data-bbox="808 178 1123 211">Other state agency staff</p> <p data-bbox="808 251 997 284">State actuaries</p> <p data-bbox="808 324 892 357">EQRO</p> <p data-bbox="808 397 1123 430">Other third-party vendor</p> <p data-bbox="808 470 1081 503">Proprietary system(s)</p> |
| <b>BIII.2</b> | <p data-bbox="357 755 724 868"><b>HIPAA compliance of proprietary system(s) for encounter data validation</b></p> <p data-bbox="357 885 766 950">Were the system(s) utilized fully HIPAA compliant? Select one.</p>   | <p data-bbox="808 755 850 787">Yes</p>   |

## Topic X: Program Integrity

| Number             | Indicator   | Response   |
|--------------------|---|--|
| <p><b>BX.1</b></p> | <p><b>Payment risks between the state and plans</b></p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. 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>The Office of the Medicaid Inspector General conducts a number of reviews to address payment risks between the state and plans, including:</p> <ul style="list-style-type: none"> <li>• <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>• <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>• <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>• <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>• <b>Audit of Encounter Data for Reported Payments Improperly Made for Managed Care Recipients in the Restricted Recipient Program</b></li> <li>• <b>OMIG's Recovery Audit Contractor (RAC)</b> 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</li> </ul> |

of Comprehensive Third-Party Health Insurance coverage under another product offered by the Plan (or a parent, subsidiary, or sister entity). • 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. • 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 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 18.5 (a)(viii)(G) The Contractor shall report to SDOH and OMIG within sixty (60) days after it identifies or has received notice of any capitation payments or other payments in excess of amounts specified in the contract and shall return such overpayments to SDOH. §§ 19.5 and 19.6 OMIG may recover overpayments caused by Contractor submission of misstated reports and/or misstated encounter data.

Section 22.7 The State has the right to recover overpayments as a result of any investigation, audit or action commenced by the NYS Attorney General, SDOH, OMIG and OSC. Where the contractor has previously recovered overpayments from a participating provider, said overpayment recovery shall not be recovered from Participating provider for any previously recovered identifiable overpayments that are subject to a further investigation. When contractor has recovered overpayments, the contractor retains recoveries. However, where the contractor recovers an overpayment in violation of its obligation to report potential fraud, waste and abuse to the State, the contractor is required to remit the full amount recovered to the State. Also, the contractor does not retain an overpayment it recovers on behalf of the OMIG or SDOH where OMIG or SDOH require the contractor to recover the overpayment owed to the Medicaid program. Section 23.3 Contractor shall return, and shall require its subcontractors to return, to SDOH any capitation payments or other payments in excess of amounts specified in this Agreement within sixty (60) days of identification, or receipt of notice, of such payments.

|                    |   |   |
|--------------------|---|---|
| <p><b>BX.4</b></p> | <p><b>Description of overpayment contract standard</b></p> <p>Briefly describe the overpayment standard selected in indicator B.X.2.</p>  | <p>Sections 18.5, 19.5, 19.6, 22.7 and 23.3</p>   |
| <p><b>BX.5</b></p> | <p><b>State overpayment reporting monitoring</b></p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this</p> | <p>18.5(a)(viii)(F)(3)- Provider Investigative Report- all overpayments identified or recovered from Participating or Non-Participating Providers, specifying the overpayments due to potential fraud, and shall keep or return such overpayments in accordance with Section 22.7</p> |

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.

of this Agreement- for mainstream, reports are monthly. The plans submissions timeliness is tracked. The timeliness, completeness and accuracy of these reports are evaluated as part of OMIGs Managed Care Program Integrity Reviews

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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**      Yes

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

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**BX.7b**      **Changes in provider circumstances: Metrics**      No

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

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**BX.8a**      **Federal database checks: Excluded person or entities**      No

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.

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|              |   |   |
|--------------|---|---|
| <b>BX.9a</b> | <b>Website posting of 5 percent or more ownership control</b>   | No  |
|              | 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.  |   |
| <b>BX.10</b> | <b>Periodic audits</b>  | No such audits were conducted during the reporting year |
|              | 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. |   |

### 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**

| <b>Number</b> | <b>Indicator</b>  | <b>Response</b>   |
|---------------|---|---|
| <b>C11.1</b>  | <b>Program contract</b><br>Enter the title of the contract between the state and plans participating in the managed care program.                   | MEDICAID MANAGED CARE/ FAMILY HEALTH PLUS/ HIV SPECIAL NEEDS PLAN/ HEALTH AND RECOVERY PLAN MODEL CONTRACT March 1, 2024  |
| <b>N/A</b>    | Enter the date of the contract between the state and plans participating in the managed care program.   | 03/01/2024  |
| <b>C11.2</b>  | <b>Contract URL</b><br>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program. | <a href="https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm">https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm</a> |
| <b>C11.3</b>  | <b>Program type</b><br>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.         | Managed Care Organization (MCO)   |

|               |  |   |
|---------------|--|---|
| <b>C11.4a</b> | <b>Special program benefits</b>  | Behavioral health   |
|               | <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>Long-term services and supports (LTSS)</p> <p>Dental</p> <p>Transportation</p>   |
| <b>C11.4b</b> | <b>Variation in special benefits</b>   |   |
|               | <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>   | <p>Under this contract some MCOs offer additional more specialized BH services while other plans focus on a special needs populations related to HIV.</p> |
| <b>C11.5</b>  | <b>Program enrollment</b>  | 5,028,357   |
|               | <p>Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).</p>  |   |
| <b>C11.6</b>  | <b>Changes to enrollment or benefits</b>   |   |
|               | <p>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</p>  | <p>There were no major changes to the population or benefits during the reporting year.</p>   |

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 data-bbox="359 103 684 129"><b>Uses of encounter data</b></p> <p data-bbox="359 159 743 315">For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p data-bbox="359 321 772 570">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 data-bbox="806 103 961 129">Rate setting</p> <p data-bbox="806 175 1268 201">Quality/performance measurement</p> <p data-bbox="806 246 1136 272">Monitoring and reporting</p> <p data-bbox="806 318 1045 344">Contract oversight</p> <p data-bbox="806 389 1031 415">Program integrity</p> <p data-bbox="806 461 1268 487">Policy making and decision support</p>  |
| C1III.2 | <p data-bbox="359 623 737 698"><b>Criteria/measures to evaluate MCP performance</b></p> <p data-bbox="359 717 772 906">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 data-bbox="359 912 772 1227">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 data-bbox="806 623 1289 649">Timeliness of initial data submissions</p> <p data-bbox="806 695 1199 721">Timeliness of data corrections</p> <p data-bbox="806 766 1220 792">Timeliness of data certifications</p> <p data-bbox="806 837 1146 863">Use of correct file formats</p> <p data-bbox="806 909 1146 935">Provider ID field complete</p> <p data-bbox="806 980 1398 1055">Overall data accuracy (as determined through data validation)</p> |
| C1III.3 | <p data-bbox="359 1279 772 1354"><b>Encounter data performance criteria contract language</b></p> <p data-bbox="359 1373 772 1594">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</p>  | "18.5 (iv) Reporting Requirements   |

section references, not page numbers.

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|                |   |  |
|----------------|---|--|
| <b>C1III.4</b> | <b>Financial penalties contract language</b><br><br>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.  | Model Contract Section 18.5 as well as Social Services Law section 364j ( 32)                                  |
| <b>C1III.5</b> | <b>Incentives for encounter data quality</b><br><br>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.  | N/A  |
| <b>C1III.6</b> | <b>Barriers to collecting/validating encounter data</b><br><br>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. | The state did not experience any barriers to collecting or validating encounter data during the reporting year |

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

| Number | Indicator   | Response   |
|--------|---|--|
| C1IV.1 | <p data-bbox="359 103 772 256"><b>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</b></p> <p data-bbox="359 277 772 561">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 data-bbox="806 103 1421 537">A definition for Critical Incident is not in the current mainstream/HARP/HIV SNP quarterly report instructions. A proposed definition might be: "Critical Incident: An event involving an Enrollee which has, or may have, an adverse effect on the health, life, safety, or welfare of the Enrollee." "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)</p> |
| C1IV.2 | <p data-bbox="359 613 772 730"><b>State definition of “timely” resolution for standard appeals</b></p> <p data-bbox="359 751 772 1101">Provide the state’s definition of timely resolution for standard appeals in the managed care program.<br/>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 data-bbox="806 613 1421 768">The managed care plans are required to make a determination for a standard appeal within 30 days of receipt of the appeal per section F.2(4)(a)(i) of the Model Contract.</p>  |
| C1IV.3 | <p data-bbox="359 1149 772 1266"><b>State definition of “timely” resolution for expedited appeals</b></p> <p data-bbox="359 1287 772 1572">Provide the state’s definition of timely resolution for expedited appeals in the managed care program.<br/>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</p>   | <p data-bbox="806 1149 1421 1466">The managed care plans are required to make a determination for an expedited appeal within two business days of receipt of necessary information but no later than seventy-two hours of the date of receipt of the appeal per section F.2(4)(a)(ii) and (iii) of the Model Contract Appendix F.2(4)(a)(ii) and (iii) of the Model Contract"</p>  |

MCO, PIHP or PAHP receives the appeal.

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**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.

2019F.2(a)(v) For action appeals reviewed under the standard timeframe the contractor must send written notice to the enrollee, and the provider when appropriate, within (2)two business days of the Action Appeal determination, and not later than 30 days of the receipt of the Action Appeal or, if review has been extended as provided in 4)iii) above, not later than the date the extension expires

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

### **Network Adequacy**

| Number | Indicator  | Response   |
|--------|--|--|
| C1V.1  | <p data-bbox="357 105 745 178"><b>Gaps/challenges in network adequacy</b></p> <p data-bbox="357 203 777 552">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 data-bbox="808 105 1428 535">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 data-bbox="357 600 714 673"><b>State response to gaps in network adequacy</b></p> <p data-bbox="357 698 745 787">How does the state work with MCPs to address gaps in network adequacy?</p>   | <p data-bbox="808 600 1407 1071">NYS staff review MCP provider networks on a quarterly basis. Network adequacy is determined at the county level and each quarter, after the reviews are complete, MCPs are provided a report identifying where network inadequacies are identified. Subsequently, MCPs are responsible for providing NYS with a response as to the measures they are employing to help mitigate gaps in their provider networks. Additionally, MCPs work with NYS collaboratively to assess and assure provider market data is accurate</p> |

## Topic IX: Beneficiary Support System (BSS)

| <b>Number</b> | <b>Indicator</b>   | <b>Response</b>  |
|---------------|--|--|
| <b>C1IX.1</b> | <b>BSS website</b><br><br>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.  | <a href="http://www.nymedicaidchoice.com">www.nymedicaidchoice.com</a> |
| <b>C1IX.2</b> | <b>BSS auxiliary aids and services</b><br><br>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)?<br>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. | Phone, Internet, Email, TTY, In-Person<br>Appointments                 |

**C1IX.3****BSS LTSS program data**

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).

New York Medicaid Choice enrollment broker conducts research to identify the source of the issue prior to reporting their findings to the state. Additionally, the New York Medicaid Choice enrollment broker will contact base with the consumer and or their authorized representative to gather details and assess risk; The enrollment broker has a data reporting system regarding enrollments, disenrollments, exemptions, transfers, outreach and education activities and complaints and grievances. The Enrollment Broker respond to internal research, and analysis needs, or researches requests from the state and routinely monitor available data to preempt problems that impact the program, and report problems and potential solutions to the state.

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**C1IX.4****State evaluation of BSS entity performance**

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

The state reviews monthly reports to determine if all performance measures were met as well as routinely monitors the quality management plan. Set performance standards for the program functions and periodically assess through the Internal Quality Assurance Program and through weekly, monthly and ad-hoc required reporting, regularly scheduled required meetings, and through consumer surveys.

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## Topic X: Program Integrity

| <b>Number</b> | <b>Indicator</b>  | <b>Response</b> |
|---------------|---|-----------------|
| <b>C1X.3</b>  | <b>Prohibited affiliation disclosure</b><br><br>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              |

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

| Number   | Indicator  | Response              |
|----------|--|-----------------------|
| C1XII.4  | <p><b>Does this program include MCOs?</b></p> <p>If "Yes", please complete the following questions.</p>  | Yes                   |
| C1XII.5  | <p><b>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</b></p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>  | Yes                   |
| C1XII.6  | <p><b>Did the State or MCOs complete the most recent parity analysis(es)?</b></p>  | Other, specify – Both |
| C1XII.7a | <p><b>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</b></p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p> | No                    |
| C1XII.8  | <p><b>When was the last parity analysis(es) for this program completed?</b></p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the</p>  | 08/14/2022            |

state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).

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**C1XII.9**

**When was the last parity analysis(es) for this program submitted to CMS?**

03/14/2022

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

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**C1XII.10a**

**In the last analysis(es) conducted, were any deficiencies identified?**

Yes

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**C1XII.10b**

**In the last analysis(es) conducted, describe all deficiencies identified.**

"QTLs: Two QTL issues were identified with Partial Hospitalization (PH) and HARP HCBS. The State's analysis also revealed that neither the MCOs nor the State are actively imposing either of these limitations, additionally limitations can be exceeded for HCBS. Another QTL issue was identified within the Medicaid model contract for failing the Substantially All test for smoking cessation counseling sessions. State Plan Amendments were

submitted to address the limits for PH and smoking cessation counseling. NQTLs: The State conducted a review of all active MCOs and their compliance with 19 different NQTLs. This was done in three phases. During the first phase, MCOs failed to demonstrate compliance with MHPAEA for prior authorization, concurrent review, medical necessity criteria, and formulary design due to incomplete submissions and not providing substantive comparative analysis. In Phase 2, the NQTL workbooks exhibited minimal improvement in submission quality, with most MCOs failing to demonstrate compliance with MHPAEA. Many submissions were unresponsive to the prompts, incomplete, and/or did not provide substantive comparative analyses for coding edits, out of network coverage standards, and reimbursement. Additionally, one plan was in violation of MHPAEA after disclosing practices demonstrating that strategies used when determining reimbursement rates for MH/SUD services were not comparable to the strategies used in determining reimbursement rates for M/S services in the inpatient, outpatient, and emergency care benefit classifications. Phase 3 demonstrated similar results to Phases 1 and 2, as most MCO submissions lacked comprehensive responses and did not provide substantive comparative analyses for five of the ten NQTLs tested; retrospective review, outlier review, experimental/investigational determinations, fail first, and provider credentialing. Additionally, the Phase 3 analysis revealed that four plans violated MHPAEA for imposing treatment limitations on retrospective review and/or outlier review. "

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|           |  |   |
|-----------|--|---|
| C1XII.11a | <b>As of the end of this reporting period, have these deficiencies been resolved for all plans?</b>  | No  |
| C1XII.11b | <b>If deficiencies have not been resolved, select all that apply.</b>  | Other, specify – The State is currently pursuing enforcement actions following the Phase I, II, and III Focus Surveys, due to the repeat noncompliance with parity reporting across NQTLs. While the enforcement actions are still taking place, the State is in the process of conducting MHPAEA Compliance Virtual Focus Surveys as a follow up to the outcome of the Phase I, II, and III Focus Survey. The survey includes the review of updated, completed workbooks, specific in-operation NQTL requests, and the evaluation of the MCO’s implementation of the approved POCs associated with the previously issued citations. Any identified deficiencies may result in a citation and the potential for further enforcement action. Preliminary results indicate that several of the previously identified areas of noncompliance have been resolved. |
| C1XII.12a | <b>Has the state posted the current parity analysis(es) covering this program on its website?</b>  | Yes   |
|           | The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single |   |

state summary parity analysis report.  
States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.

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**C1XII.12b**

**Provide the URL link(s).**

Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.

[https://www.health.ny.gov/health\\_care/managed\\_care/reports/docs/compliance\\_report\\_3-22.pdf](https://www.health.ny.gov/health_care/managed_care/reports/docs/compliance_report_3-22.pdf),[https://www.health.ny.gov/health\\_care/managed\\_care/reports/docs/compliance\\_report\\_3-21.pdf](https://www.health.ny.gov/health_care/managed_care/reports/docs/compliance_report_3-21.pdf),[https://www.health.ny.gov/health\\_care/managed\\_care/reports/docs/2019-04-18\\_rpt.pdf](https://www.health.ny.gov/health_care/managed_care/reports/docs/2019-04-18_rpt.pdf),[https://www.health.ny.gov/health\\_care/managed\\_care/reports/focused\\_surveys/mental/index.htm](https://www.health.ny.gov/health_care/managed_care/reports/focused_surveys/mental/index.htm)

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## Section D: Plan-Level Indicators

### Topic I. Program Characteristics & Enrollment

| Number | Indicator   | Response  |
|--------|---|---|
| D1I.1  | <p data-bbox="294 99 861 139"><b>Plan enrollment</b></p> <p data-bbox="294 139 861 321">Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).</p> | <p data-bbox="861 99 1442 224"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="861 224 1442 264">86,889</p> <p data-bbox="861 264 1442 389"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="861 389 1442 430">182,668</p> <p data-bbox="861 430 1442 555"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="861 555 1442 596">137,504</p> <p data-bbox="861 596 1442 721"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="861 721 1442 761">1,096,027</p> <p data-bbox="861 761 1442 886"><b>Highmark Western and Northeastern New York Inc.</b></p> <p data-bbox="861 886 1442 927">44,970</p> <p data-bbox="861 927 1442 1052"><b>Anthem HP, LLC</b></p> <p data-bbox="861 1052 1442 1092">333,342</p> <p data-bbox="861 1092 1442 1218"><b>Independent Health Association, Inc.</b></p> <p data-bbox="861 1218 1442 1258">61,020</p> <p data-bbox="861 1258 1442 1383"><b>MetroPlus Health Plan, Inc.</b></p> <p data-bbox="861 1383 1442 1424">402,845</p> <p data-bbox="861 1424 1442 1549"><b>Molina Healthcare of New York, Inc.</b></p> <p data-bbox="861 1549 1442 1589">234,540</p> <p data-bbox="861 1589 1442 1547"><b>MVP Health Plan, Inc.</b></p> <p data-bbox="861 1547 1442 1547">219,526</p> |

**NY Quality Healthcare Corporation  
( dba Fidelis)**

1,500,908

**United Healthcare of New York, Inc.**

258,902

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**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)

**Capital District Physicians' Health Plan, Inc.**

1.14%

**Excellus Health Plan, Inc.**

2.39%

**Health Insurance Plan of Greater New York**

1.8%

**HealthFirst PHSP, Inc.**

14.33%

**Highmark Western and Northeastern New York Inc.**

0.59%

**Anthem HP, LLC**

4.36%

**Independent Health Association, Inc.**

0.8%

**MetroPlus Health Plan, Inc.**

5.27%

**Molina Healthcare of New York, Inc.**

3.07%

**MVP Health Plan, Inc.**

2.87%

**NY Quality Healthcare Corporation  
( dba Fidelis)**

19.63%

**United Healthcare of New York, Inc.**

3.39%

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**D1I.3**

**Plan share of any Medicaid managed care**

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

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

**Capital District Physicians' Health Plan, Inc.**

1.5%

**Excellus Health Plan, Inc.**

3.17%

**Health Insurance Plan of Greater New York**

2.38%

**HealthFirst PHSP, Inc.**

19%

**Highmark Western and Northeastern New York Inc.**

0.78%

**Anthem HP, LLC**

5.78%

**Independent Health Association, Inc.**

1.06%

**MetroPlus Health Plan, Inc.**

6.98%

**Molina Healthcare of New York, Inc.**

4.07%

**MVP Health Plan, Inc.**

3.81%

**NY Quality Healthcare Corporation  
( dba Fidelis)**

26.02%

**United Healthcare of New York, Inc.**

4.49%

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**D1I.4: Parent**

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

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

**Capital District Physicians' Health Plan, Inc.**

Capital District Physicians' Health Plan, Inc.

**Excellus Health Plan, Inc.**

Lifetime Healthcare, Inc.

**Health Insurance Plan of Greater New York**

EmblemHealth, Inc.

**HealthFirst PHSP, Inc.**

Healthfirst, Inc.

**Highmark Western and Northeastern New York Inc.**

HealthNow Systems, Inc.

**Anthem HP, LLC**

Elevance Health, Inc

**Independent Health Association,  
Inc.**

Independent Health Association, Inc.

**MetroPlus Health Plan, Inc.**

New York City Health and Hospitals  
Corporation

**Molina Healthcare of New York,  
Inc.**

Molina Healthcare Inc.

**MVP Health Plan, Inc.**

MVPHP Holding Company, Inc.

**NY Quality Healthcare Corporation  
( dba Fidelis)**

Centene Corporation

**United Healthcare of New York, Inc.**

United Healthcare of New York, Inc.

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**Topic II. Financial Performance**

| Number  | Indicator  | Response  |
|---------|--|---|
| D1II.1a | <p data-bbox="359 102 705 134"><b>Medical Loss Ratio (MLR)</b></p> <p data-bbox="359 159 772 410">What is the MLR percentage?<br/>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.</p> <p data-bbox="359 418 772 792">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="863 134 1409 207"><b>Capital District Physicians' Health Plan, Inc.</b><br/>98.17%</p> <p data-bbox="863 302 1209 375"><b>Excellus Health Plan, Inc.</b><br/>94.19%</p> <p data-bbox="863 427 1392 548"><b>Health Insurance Plan of Greater New York</b><br/>89.6%</p> <p data-bbox="863 592 1163 665"><b>HealthFirst PHSP, Inc.</b><br/>92.01%</p> <p data-bbox="863 717 1381 839"><b>Highmark Western and Northeastern New York Inc.</b><br/>94.05%</p> <p data-bbox="863 883 1085 956"><b>Anthem HP, LLC</b><br/>92.59%</p> <p data-bbox="863 1008 1373 1081"><b>Independent Health Association, Inc.</b><br/>92.77%</p> <p data-bbox="863 1133 1241 1206"><b>MetroPlus Health Plan, Inc.</b><br/>90.6%</p> <p data-bbox="863 1258 1360 1331"><b>Molina Healthcare of New York, Inc.</b><br/>88.26%</p> <p data-bbox="863 1383 1157 1456"><b>MVP Health Plan, Inc.</b><br/>92.6%</p> <p data-bbox="863 1508 1423 1578"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

87.66%

**United Healthcare of New York, Inc.**

90.55%

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**D1II.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.

**Capital District Physicians' Health Plan, Inc.**

Program-specific statewide

**Excellus Health Plan, Inc.**

Program-specific statewide

**Health Insurance Plan of Greater New York**

Program-specific statewide

**HealthFirst PHSP, Inc.**

Program-specific statewide

**Highmark Western and Northeastern New York Inc.**

Program-specific statewide

**Anthem HP, LLC**

Program-specific statewide

**Independent Health Association, Inc.**

Program-specific statewide

**MetroPlus Health Plan, Inc.**

Program-specific statewide

**Molina Healthcare of New York, Inc.**

Program-specific statewide

**MVP Health Plan, Inc.**

Program-specific statewide

**NY Quality Healthcare Corporation ( dba Fidelis)**

Program-specific statewide

**United Healthcare 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.

**Capital District Physicians' Health Plan, Inc.**

N/A

**Excellus Health Plan, Inc.**

N/A

**Health Insurance Plan of Greater New York**

N/A

**HealthFirst PHSP, Inc.**

N/A

**Highmark Western and Northeastern New York Inc.**

N/A

**Anthem HP, LLC**

N/A

**Independent Health Association, Inc.**

N/A

**MetroPlus Health Plan, Inc.**

N/A

**Molina Healthcare of New York, Inc.**

N/A

**MVP Health Plan, Inc.**

N/A

**NY Quality Healthcare Corporation ( dba Fidelis)**

N/A

**United Healthcare 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?

**Capital District Physicians' Health Plan, Inc.**

Yes

**Excellus Health Plan, Inc.**

Yes

**Health Insurance Plan of Greater New York**

Yes

**HealthFirst PHSP, Inc.**

Yes

**Highmark Western and Northeastern  
New York Inc.**

Yes

**Anthem HP, LLC**

Yes

**Independent Health Association, Inc.**

Yes

**MetroPlus Health Plan, Inc.**

Yes

**Molina Healthcare of New York, Inc.**

Yes

**MVP Health Plan, Inc.**

Yes

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

Yes

**United Healthcare of New York, Inc.**

Yes

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**N/A**

Enter the start date.

**Capital District Physicians' Health Plan,  
Inc.**

04/01/2021

**Excellus Health Plan, Inc.**

04/01/2021

**Health Insurance Plan of Greater New York**

04/01/2021

**HealthFirst PHSP, Inc.**

04/01/2021

**Highmark Western and Northeastern New York Inc.**

04/01/2021

**Anthem HP, LLC**

04/01/2021

**Independent Health Association, Inc.**

04/01/2021

**MetroPlus Health Plan, Inc.**

04/01/2021

**Molina Healthcare of New York, Inc.**

04/01/2021

**MVP Health Plan, Inc.**

04/01/2021

**NY Quality Healthcare Corporation ( dba Fidelis)**

04/01/2021

**United Healthcare of New York, Inc.**

04/01/2021

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**N/A**

Enter the end date.

**Capital District Physicians' Health Plan, Inc.**

03/31/2022

**Excellus Health Plan, Inc.**

03/31/2022

**Health Insurance Plan of Greater New York**

03/31/2022

**HealthFirst PHSP, Inc.**

03/31/2022

**Highmark Western and Northeastern New York Inc.**

03/31/2022

**Anthem HP, LLC**

03/31/2022

**Independent Health Association, Inc.**

03/31/2022

**MetroPlus Health Plan, Inc.**

03/31/2022

**Molina Healthcare of New York, Inc.**

03/31/2022

**MVP Health Plan, Inc.**

03/31/2022

**NY Quality Healthcare Corporation ( dba Fidelis)**

03/31/2022

**United Healthcare of New York, Inc.**

03/31/2022

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## Topic III. Encounter Data

| Number  | Indicator  | Response  |
|---------|--|---|
| D1III.1 | <p data-bbox="359 103 758 175"><b>Definition of timely encounter data submissions</b></p> <p data-bbox="359 201 758 456">Describe the state’s standard for timely encounter data submissions used in this program.<br/>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p> | <p data-bbox="863 136 1423 207"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="863 233 1423 537">The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="863 579 1209 607"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="863 633 1423 937">The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="863 979 1392 1050"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="863 1076 1423 1187">Encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim.</p> <p data-bbox="863 1229 1163 1256"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="863 1282 1423 1586">The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH’s designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> |

**Highmark Western and Northeastern  
New York Inc.**

" Section 18.5 (a) (iv) of the Model Contract -- page 179: the Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim."

**Anthem HP, LLC**

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

**Independent Health Association, Inc.**

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

**MetroPlus Health Plan, Inc.**

The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee,

more than 15 days from the date of adjudication of the corresponding claim.

**Molina Healthcare of New York, Inc.**

"Section 18.5 (a) (iv) of the Model Contract -  
- page 179: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 corresponding claim. Encounter submissions must occur within 180 days from the date of service to be considered as timely. State compliance standards expect 90% or more timely encounter submissions per quarter. "

**MVP Health Plan, Inc.**

""Section 18.5 (a) (iv) of the Model Contract -- page 179: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 corresponding claim. "" "

**NY Quality Healthcare Corporation ( dba Fidelis)**

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

**United Healthcare of New York, Inc.**

The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data shall not be submitted to the SDOH, or its designee, more than 15 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.

**Capital District Physicians' Health Plan, Inc.**

100%

**Excellus Health Plan, Inc.**

97.42%

**Health Insurance Plan of Greater New York**

94.84%

**HealthFirst PHSP, Inc.**

99%

**Highmark Western and Northeastern New York Inc.**

99.3%

**Anthem HP, LLC**

99%

**Independent Health Association, Inc.**

51%

**MetroPlus Health Plan, Inc.**

99%

**Molina Healthcare of New York, Inc.**

93%

**MVP Health Plan, Inc.**

98.7%

**NY Quality Healthcare Corporation ( dba Fidelis)**

97.9%

**United Healthcare of New York, Inc.**

98%

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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.

**Capital District Physicians' Health Plan, Inc.**

100%

**Excellus Health Plan, Inc.**

100%

**Health Insurance Plan of Greater New York**

100%

**HealthFirst PHSP, Inc.**

100%

**Highmark Western and Northeastern New York Inc.**

98.3%

**Anthem HP, LLC**

99%

**Independent Health Association, Inc.**

100%

**MetroPlus Health Plan, Inc.**

100%

**Molina Healthcare of New York, Inc.**

98%

**MVP Health Plan, Inc.**

100%

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

100%

**United Healthcare 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="359 99 768 180"><b>Appeals resolved (at the plan level)</b></p> <p data-bbox="359 196 768 318">Enter the total number of appeals resolved during the reporting year.</p> <p data-bbox="359 318 768 748">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="863 131 1409 204"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="863 228 911 261">630</p> <p data-bbox="863 293 1209 326"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="863 350 936 383">1,146</p> <p data-bbox="863 423 1388 496"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="863 521 911 553">534</p> <p data-bbox="863 586 1163 618"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="863 643 953 675">22,490</p> <p data-bbox="863 716 1377 789"><b>Highmark Western and Northeastern New York Inc.</b></p> <p data-bbox="863 813 911 846">786</p> <p data-bbox="863 878 1083 911"><b>Anthem HP, LLC</b></p> <p data-bbox="863 935 936 967">7,745</p> <p data-bbox="863 1008 1373 1040"><b>Independent Health Association, Inc.</b></p> <p data-bbox="863 1065 911 1097">627</p> <p data-bbox="863 1130 1241 1162"><b>MetroPlus Health Plan, Inc.</b></p> <p data-bbox="863 1187 936 1219">3,257</p> <p data-bbox="863 1260 1356 1292"><b>Molina Healthcare of New York, Inc.</b></p> <p data-bbox="863 1317 911 1349">944</p> <p data-bbox="863 1382 1157 1414"><b>MVP Health Plan, Inc.</b></p> <p data-bbox="863 1438 936 1471">1,134</p> <p data-bbox="863 1511 1419 1585"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

36,434

**United Healthcare of New York, Inc.**

1,866

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**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.

**Capital District Physicians' Health Plan, Inc.**

446

**Excellus Health Plan, Inc.**

713

**Health Insurance Plan of Greater New York**

166

**HealthFirst PHSP, Inc.**

18,351

**Highmark Western and Northeastern New York Inc.**

540

**Anthem HP, LLC**

6,040

**Independent Health Association, Inc.**

378

**MetroPlus Health Plan, Inc.**

1,054

**Molina Healthcare of New York, Inc.**

504

**MVP Health Plan, Inc.**

902

**NY Quality Healthcare Corporation ( dba Fidelis)**

23,647

**United Healthcare of New York, Inc.**

1,537

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**D1IV.1b**

**Appeals resolved in partial favor of enrollee**

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

**Capital District Physicians' Health Plan, Inc.**

5

**Excellus Health Plan, Inc.**

41

**Health Insurance Plan of Greater New York**

1

**HealthFirst PHSP, Inc.**

97

**Highmark Western and Northeastern New York Inc.**

23

**Anthem HP, LLC**

110

**Independent Health Association, Inc.**

16

**MetroPlus Health Plan, Inc.**

2,157

**Molina Healthcare of New York, Inc.**

18

**MVP Health Plan, Inc.**

44

**NY Quality Healthcare Corporation ( dba Fidelis)**

2,138

**United Healthcare of New York, Inc.**

21

---

**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.

**Capital District Physicians' Health Plan, Inc.**

179

**Excellus Health Plan, Inc.**

392

**Health Insurance Plan of Greater New York**

367

**HealthFirst PHSP, Inc.**

4,042

**Highmark Western and Northeastern New York Inc.**

223

**Anthem HP, LLC**

1,595

**Independent Health Association, Inc.**

233

**MetroPlus Health Plan, Inc.**

46

**Molina Healthcare of New York, Inc.**

315

**MVP Health Plan, Inc.**

188

**NY Quality Healthcare Corporation ( dba Fidelis)**

10,674

**United Healthcare of New York, Inc.**

306

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**D1IV.2**

**Active appeals**

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

**Capital District Physicians' Health Plan, Inc.**

5

**Excellus Health Plan, Inc.**

83

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

762

**Highmark Western and Northeastern New York Inc.**

8

**Anthem HP, LLC**

629

**Independent Health Association, Inc.**

33

**MetroPlus Health Plan, Inc.**

282

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

79

**NY Quality Healthcare Corporation ( dba Fidelis)**

641

**United Healthcare of New York, Inc.**

177

---

**D1IV.3**

**Appeals filed on behalf of LTSS users**

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

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

**Capital District Physicians' Health Plan, Inc.**

40

**Excellus Health Plan, Inc.**

30

**Health Insurance Plan of Greater New York**

12

**HealthFirst PHSP, Inc.**

6,482

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

26

**MetroPlus Health Plan, Inc.**

902

**Molina Healthcare of New York, Inc.**

1

**MVP Health Plan, Inc.**

332

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

77

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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 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".

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

2

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

58

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

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.

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

17

**United Healthcare of New York, Inc.**

1

---

**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.

**Capital District Physicians' Health Plan, Inc.**

576

**Excellus Health Plan, Inc.**

1,004

**Health Insurance Plan of Greater New York**

284

**HealthFirst PHSP, Inc.**

12,038

**Highmark Western and Northeastern New York Inc.**

615

**Anthem HP, LLC**

6,682

**Independent Health Association, Inc.**

431

**MetroPlus Health Plan, Inc.**

2,973

**Molina Healthcare of New York, Inc.**

634

**MVP Health Plan, Inc.**

899

**NY Quality Healthcare Corporation ( dba Fidelis)**

26,438

**United Healthcare of New York, Inc.**

1,426

**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.

**Capital District Physicians' Health Plan, Inc.**

35

**Excellus Health Plan, Inc.**

142

**Health Insurance Plan of Greater New York**

230

**HealthFirst PHSP, Inc.**

10,347

**Highmark Western and Northeastern New York Inc.**

154

**Anthem HP, LLC**

680

**Independent Health Association, Inc.**

190

**MetroPlus Health Plan, Inc.**

228

**Molina Healthcare of New York, Inc.**

300

**MVP Health Plan, Inc.**

219

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

8,746

**United Healthcare of New York, Inc.**

386

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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).

**Capital District Physicians' Health Plan,  
Inc.**

336

**Excellus Health Plan, Inc.**

879

**Health Insurance Plan of Greater New  
York**

293

**HealthFirst PHSP, Inc.**

17,091

**Highmark Western and Northeastern  
New York Inc.**

768

**Anthem HP, LLC**

7,667

**Independent Health Association, Inc.**

565

**MetroPlus Health Plan, Inc.**

387

**Molina Healthcare of New York, Inc.**

774

**MVP Health Plan, Inc.**

845

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

35,011

**United Healthcare of New York, Inc.**

1,665

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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.

**Capital District Physicians' Health Plan,  
Inc.**

2

**Excellus Health Plan, Inc.**

2

**Health Insurance Plan of Greater New  
York**

38

**HealthFirst PHSP, Inc.**

845

**Highmark Western and Northeastern  
New York Inc.**

15

**Anthem HP, LLC**

37

**Independent Health Association, Inc.**

23

**MetroPlus Health Plan, Inc.**

368

**Molina Healthcare of New York, Inc.**

45

**MVP Health Plan, Inc.**

119

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

109

**United Healthcare of New York, Inc.**

31

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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.

**Capital District Physicians' Health Plan,  
Inc.**

291

**Excellus Health Plan, Inc.**

256

**Health Insurance Plan of Greater New  
York**

128

**HealthFirst PHSP, Inc.**

4,536

**Highmark Western and Northeastern  
New York Inc.**

3

**Anthem HP, LLC**

41

**Independent Health Association, Inc.**

36

**MetroPlus Health Plan, Inc.**

2,502

**Molina Healthcare of New York, Inc.**

125

**MVP Health Plan, Inc.**

152

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

666

**United Healthcare of New York, Inc.**

167

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**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

**Capital District Physicians' Health Plan,  
Inc.**

0

**Excellus Health Plan, Inc.**

0

timely manner (as defined by the state).

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

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**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

**Capital District Physicians' Health Plan, Inc.**

1

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.

**Excellus Health Plan, Inc.**

9

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

18

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

3

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

18

**NY Quality Healthcare Corporation ( dba Fidelis)**

215

**United Healthcare of New York, Inc.**

1

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**D1IV.6f**

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

**Capital District Physicians' Health Plan, Inc.**

**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).

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

75

**HealthFirst PHSP, Inc.**

N/A

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

433

**United Healthcare 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.

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

## **Appeals by Service**

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

| Number  | Indicator   | Response   |
|---------|---|--|
| D1IV.7a | <p data-bbox="359 99 758 180"><b>Resolved appeals related to general inpatient services</b></p> <p data-bbox="359 196 758 472">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="359 480 758 748">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="863 131 1415 204"><b>Capital District Physicians' Health Plan, Inc.</b><br/>70</p> <p data-bbox="863 293 1415 383"><b>Excellus Health Plan, Inc.</b><br/>130</p> <p data-bbox="863 423 1415 545"><b>Health Insurance Plan of Greater New York</b><br/>20</p> <p data-bbox="863 586 1415 675"><b>HealthFirst PHSP, Inc.</b><br/>3,739</p> <p data-bbox="863 716 1415 837"><b>Highmark Western and Northeastern New York Inc.</b><br/>126</p> <p data-bbox="863 878 1415 967"><b>Anthem HP, LLC</b><br/>4,344</p> <p data-bbox="863 1008 1415 1097"><b>Independent Health Association, Inc.</b><br/>43</p> <p data-bbox="863 1138 1415 1227"><b>MetroPlus Health Plan, Inc.</b><br/>2,311</p> <p data-bbox="863 1268 1415 1357"><b>Molina Healthcare of New York, Inc.</b><br/>2</p> <p data-bbox="863 1382 1415 1471"><b>MVP Health Plan, Inc.</b><br/>14</p> <p data-bbox="863 1511 1415 1578"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

**United Healthcare of New York, Inc.**

68

**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”.

**Capital District Physicians' Health Plan, Inc.**

10

**Excellus Health Plan, Inc.**

279

**Health Insurance Plan of Greater New York**

406

**HealthFirst PHSP, Inc.**

3,561

**Highmark Western and Northeastern New York Inc.**

303

**Anthem HP, LLC**

934

**Independent Health Association, Inc.**

303

**MetroPlus Health Plan, Inc.**

836

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

205

**NY Quality Healthcare Corporation ( dba Fidelis)**

6,699

**United Healthcare of New York, Inc.**

569

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**D1IV.7c**

**Resolved appeals related to inpatient behavioral health services**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

2

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

5

**Highmark Western and Northeastern New York Inc.**

1

**Anthem HP, LLC**

9

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

39

**Molina Healthcare of New York, Inc.**

3

**MVP Health Plan, Inc.**

2

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

1

---

**D1IV.7d**

**Resolved appeals related to outpatient behavioral health services**

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

**Capital District Physicians' Health Plan, Inc.**

6

**Excelsus Health Plan, Inc.**

7

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

192

**Highmark Western and Northeastern New York Inc.**

4

**Anthem HP, LLC**

89

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

74

**Molina Healthcare of New York, Inc.**

11

**MVP Health Plan, Inc.**

23

**NY Quality Healthcare Corporation ( dba Fidelis)**

300

**United Healthcare of New York, Inc.**

58

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

**Capital District Physicians' Health Plan, Inc.**

11

**Excellus Health Plan, Inc.**

85

**Health Insurance Plan of Greater New York**

66

**HealthFirst PHSP, Inc.**

622

**Highmark Western and Northeastern New York Inc.**

78

**Anthem HP, LLC**

244

**Independent Health Association, Inc.**

N/A

**MetroPlus Health Plan, Inc.**

100

**Molina Healthcare of New York, Inc.**

120

**MVP Health Plan, Inc.**

25

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

1

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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".

**Capital District Physicians' Health Plan, Inc.**

4

**Excellus Health Plan, Inc.**

4

**Health Insurance Plan of Greater New York**

26

**HealthFirst PHSP, Inc.**

301

**Highmark Western and Northeastern New York Inc.**

22

**Anthem HP, LLC**

99

**Independent Health Association, Inc.**

5

**MetroPlus Health Plan, Inc.**

75

**Molina Healthcare of New York, Inc.**

38

**MVP Health Plan, Inc.**

21

**NY Quality Healthcare Corporation ( dba Fidelis)**

133

**United Healthcare of New York, Inc.**

68

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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".

**Capital District Physicians' Health Plan, Inc.**

9

**Excellus Health Plan, Inc.**

97

**Health Insurance Plan of Greater New York**

12

**HealthFirst PHSP, Inc.**

6,457

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

10

**Independent Health Association, Inc.**

14

**MetroPlus Health Plan, Inc.**

312

**Molina Healthcare of New York, Inc.**

55

**MVP Health Plan, Inc.**

305

**NY Quality Healthcare Corporation ( dba Fidelis)**

2,613

**United Healthcare of New York, Inc.**

77

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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".

**Capital District Physicians' Health Plan, Inc.**

271

**Excellus Health Plan, Inc.**

409

**Health Insurance Plan of Greater New York**

348

**HealthFirst PHSP, Inc.**

7,552

**Highmark Western and Northeastern New York Inc.**

153

**Anthem HP, LLC**

1,581

**Independent Health Association, Inc.**

281

**MetroPlus Health Plan, Inc.**

98

**Molina Healthcare of New York, Inc.**

1,636

**MVP Health Plan, Inc.**

538

**NY Quality Healthcare Corporation ( dba Fidelis)**

9,279

**United Healthcare of New York, Inc.**

984

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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".

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

6

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

N/A

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

N/A

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

N/A

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**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".

**Capital District Physicians' Health Plan, Inc.**

249

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern  
New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (  
dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

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**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".

**Capital District Physicians' Health Plan,  
Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New  
York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern  
New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (  
dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

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

Enter the total number of  
appeals resolved by the plan  
during the reporting year that  
were related to emergency  
services and/or provided in the  
emergency department. Do not  
include appeals related to  
emergency outpatient  
behavioral health - those

**Capital District Physicians' Health Plan,  
Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New  
York**

should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

---

**D1IV.7n: Resolved appeals related to therapies**

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

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

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

---

**D1IV.7o**

**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

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".

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0



# State Fair Hearings

| Number  | Indicator  | Response   |
|---------|--|--|
| D1IV.8a | <p data-bbox="359 99 743 139"><b>State Fair Hearing requests</b></p> <p data-bbox="359 155 768 318">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="863 131 1409 204"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="863 220 884 253">0</p> <p data-bbox="863 293 1209 326"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="863 342 905 375">101</p> <p data-bbox="863 415 1388 488"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="863 505 894 537">89</p> <p data-bbox="863 578 1163 610"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="863 626 936 659">1,497</p> <p data-bbox="863 699 1377 773"><b>Highmark Western and Northeastern New York Inc.</b></p> <p data-bbox="863 789 884 821">2</p> <p data-bbox="863 862 1083 894"><b>Anthem HP, LLC</b></p> <p data-bbox="863 911 894 943">34</p> <p data-bbox="863 984 1373 1016"><b>Independent Health Association, Inc.</b></p> <p data-bbox="863 1032 894 1065">16</p> <p data-bbox="863 1105 1241 1138"><b>MetroPlus Health Plan, Inc.</b></p> <p data-bbox="863 1154 905 1187">161</p> <p data-bbox="863 1227 1360 1260"><b>Molina Healthcare of New York, Inc.</b></p> <p data-bbox="863 1276 894 1308">69</p> <p data-bbox="863 1349 1157 1382"><b>MVP Health Plan, Inc.</b></p> <p data-bbox="863 1398 894 1430">48</p> <p data-bbox="863 1471 1423 1544"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

**United Healthcare of New York, Inc.**

167

**D1IV.8b****State Fair Hearings resulting  
in a favorable decision for  
the enrollee**

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.

**Capital District Physicians' Health Plan,  
Inc.**

0

**Excellus Health Plan, Inc.**

15

**Health Insurance Plan of Greater New  
York**

11

**HealthFirst PHSP, Inc.**

198

**Highmark Western and Northeastern  
New York Inc.**

2

**Anthem HP, LLC**

13

**Independent Health Association, Inc.**

3

**MetroPlus Health Plan, Inc.**

23

**Molina Healthcare of New York, Inc.**

4

**MVP Health Plan, Inc.**

12

**NY Quality Healthcare Corporation ( dba Fidelis)**

39

**United Healthcare of New York, Inc.**

5

---

**D1IV.8c**

**State Fair Hearings resulting in an adverse decision for the enrollee**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

29

**Health Insurance Plan of Greater New York**

19

**HealthFirst PHSP, Inc.**

313

**Highmark Western and Northeastern New York Inc.**

16

**Anthem HP, LLC**

17

**Independent Health Association, Inc.**

2

**MetroPlus Health Plan, Inc.**

18

**Molina Healthcare of New York, Inc.**

7

**MVP Health Plan, Inc.**

22

**NY Quality Healthcare Corporation ( dba Fidelis)**

347

**United Healthcare of New York, Inc.**

12

---

**D1IV.8d**

**State Fair Hearings retracted prior to reaching a decision**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

38

**Health Insurance Plan of Greater New York**

21

**HealthFirst PHSP, Inc.**

220

**Highmark Western and Northeastern New York Inc.**

2

**Anthem HP, LLC**

135

**Independent Health Association, Inc.**

4

**MetroPlus Health Plan, Inc.**

24

**Molina Healthcare of New York, Inc.**

17

**MVP Health Plan, Inc.**

14

**NY Quality Healthcare Corporation ( dba Fidelis)**

77

**United Healthcare of New York, Inc.**

14

---

**D1IV.9a**

**External Medical Reviews resulting in a favorable decision for the enrollee**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

19

**Health Insurance Plan of Greater New York**

7

**HealthFirst PHSP, Inc.**

391

**Highmark Western and Northeastern New York Inc.**

9

**Anthem HP, LLC**

538

**Independent Health Association, Inc.**

1

**MetroPlus Health Plan, Inc.**

128

**Molina Healthcare of New York, Inc.**

2

**MVP Health Plan, Inc.**

20

**NY Quality Healthcare Corporation ( dba Fidelis)**

440

**United Healthcare of New York, Inc.**

27

---

**D1IV.9b**

**External Medical Reviews resulting in an adverse decision for the enrollee**

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

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

27

**Health Insurance Plan of Greater New York**

14

**HealthFirst PHSP, Inc.**

557

**Highmark Western and Northeastern New York Inc.**

8

**Anthem HP, LLC**

1,005

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

183

**Molina Healthcare of New York, Inc.**

2

**MVP Health Plan, Inc.**

12

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

390

**United Healthcare of New York, Inc.**

11

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## **Grievances Overview**

| Number  | Indicator   | Response   |
|---------|---|--|
| D1IV.10 | <p data-bbox="359 103 642 129"><b>Grievances resolved</b></p> <p data-bbox="359 164 772 391">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="863 136 1409 203"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="863 228 911 254">216</p> <p data-bbox="863 302 1209 328"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="863 354 932 380">1,488</p> <p data-bbox="863 427 1388 493"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="863 519 911 545">507</p> <p data-bbox="863 592 1163 618"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="863 644 932 670">5,689</p> <p data-bbox="863 717 1381 784"><b>Highmark Western and Northeastern New York Inc.</b></p> <p data-bbox="863 810 911 836">526</p> <p data-bbox="863 883 1085 909"><b>Anthem HP, LLC</b></p> <p data-bbox="863 935 932 961">1,887</p> <p data-bbox="863 1008 1373 1034"><b>Independent Health Association, Inc.</b></p> <p data-bbox="863 1060 911 1086">121</p> <p data-bbox="863 1133 1241 1159"><b>MetroPlus Health Plan, Inc.</b></p> <p data-bbox="863 1185 932 1211">1,252</p> <p data-bbox="863 1258 1360 1284"><b>Molina Healthcare of New York, Inc.</b></p> <p data-bbox="863 1310 932 1336">2,468</p> <p data-bbox="863 1383 1157 1409"><b>MVP Health Plan, Inc.</b></p> <p data-bbox="863 1435 911 1461">178</p> <p data-bbox="863 1508 1423 1575"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

789

**United Healthcare of New York, Inc.**

1,833

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**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.

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

98

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

640

**Highmark Western and Northeastern New York Inc.**

44

**Anthem HP, LLC**

275

**Independent Health Association, Inc.**

6

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

11

**NY Quality Healthcare Corporation ( dba Fidelis)**

63

**United Healthcare of New York, Inc.**

306

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**D1IV.12 Grievances filed on behalf of LTSS users**

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

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

**Capital District Physicians' Health Plan, Inc.**

7

**Excellus Health Plan, Inc.**

208

**Health Insurance Plan of Greater New York**

56

**HealthFirst PHSP, Inc.**

1,825

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

53

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

**NY Quality Healthcare Corporation ( dba Fidelis)**

166

**United Healthcare of New York, Inc.**

9

**D1IV.13****Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**

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

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

Additionally, if the state already submitted this data for the

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

10

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

20

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

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.

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

5

**United Healthcare of New York, Inc.**

0

**D1IV.14**

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

Enter the number of grievances for which timely resolution was provided by plan during the reporting year.

See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

**Capital District Physicians' Health Plan, Inc.**

186

**Excellus Health Plan, Inc.**

1,457

**Health Insurance Plan of Greater New York**

505

**HealthFirst PHSP, Inc.**

5,651

**Highmark Western and Northeastern New York Inc.**

319

**Anthem HP, LLC**

1,874

**Independent Health Association, Inc.**

121

**MetroPlus Health Plan, Inc.**

1,251

**Molina Healthcare of New York, Inc.**

2,945

**MVP Health Plan, Inc.**

177

**NY Quality Healthcare Corporation ( dba  
Fidelis)**

764

**United Healthcare of New York, Inc.**

1,315

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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 data-bbox="373 99 785 180"><b>Resolved grievances related to general inpatient services</b></p> <p data-bbox="373 196 785 643">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 data-bbox="873 131 1423 204"><b>Capital District Physicians' Health Plan, Inc.</b><br/>10</p> <p data-bbox="873 302 1224 334"><b>Excellus Health Plan, Inc.</b><br/>48</p> <p data-bbox="873 431 1423 496"><b>Health Insurance Plan of Greater New York</b><br/>4</p> <p data-bbox="873 594 1178 626"><b>HealthFirst PHSP, Inc.</b><br/>0</p> <p data-bbox="873 724 1398 789"><b>Highmark Western and Northeastern New York Inc.</b><br/>0</p> <p data-bbox="873 886 1100 919"><b>Anthem HP, LLC</b><br/>0</p> <p data-bbox="873 1016 1388 1049"><b>Independent Health Association, Inc.</b><br/>2</p> <p data-bbox="873 1146 1255 1179"><b>MetroPlus Health Plan, Inc.</b><br/>0</p> <p data-bbox="873 1276 1377 1308"><b>Molina Healthcare of New York, Inc.</b><br/>240</p> <p data-bbox="873 1406 1171 1438"><b>MVP Health Plan, Inc.</b><br/>5</p> <p data-bbox="873 1536 1381 1578"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

**United Healthcare of New York, Inc.**

125

**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".

**Capital District Physicians' Health Plan, Inc.**

5

**Excellus Health Plan, Inc.**

313

**Health Insurance Plan of Greater New York**

317

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

13

**Independent Health Association, Inc.**

25

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

1,682

**MVP Health Plan, Inc.**

30

**NY Quality Healthcare Corporation ( dba Fidelis)**

26

**United Healthcare of New York, Inc.**

1,087

---

**D1IV.15c**

**Resolved grievances related to inpatient behavioral health services**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

3

**Health Insurance Plan of Greater New York**

11

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

6

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

1

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

---

**D1IV.15d**

**Resolved grievances related to outpatient behavioral health services**

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

**Capital District Physicians' Health Plan, Inc.**

5

**Excellus Health Plan, Inc.**

26

**Health Insurance Plan of Greater New York**

11

**HealthFirst PHSP, Inc.**

36

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

6

**Independent Health Association, Inc.**

12

**MetroPlus Health Plan, Inc.**

4

**Molina Healthcare of New York, Inc.**

39

**MVP Health Plan, Inc.**

2

**NY Quality Healthcare Corporation (dba Fidelis)**

7

**United Healthcare of New York, Inc.**

28

---

**D1IV.15e**

**Resolved grievances related to coverage of outpatient prescription drugs**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

3

**Health Insurance Plan of Greater New York**

3

**HealthFirst PHSP, Inc.**

3

**Highmark Western and Northeastern New York Inc.**

4

**Anthem HP, LLC**

10

**Independent Health Association, Inc.**

N/A

**MetroPlus Health Plan, Inc.**

N/A

**Molina Healthcare of New York, Inc.**

33

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

1

**United Healthcare of New York, Inc.**

12

---

**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".

**Capital District Physicians' Health Plan, Inc.**

2

**Excelsus Health Plan, Inc.**

3

**Health Insurance Plan of Greater New York**

1

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

3

**MVP Health Plan, Inc.**

3

**NY Quality Healthcare Corporation (dba Fidelis)**

2

**United Healthcare of New York, Inc.**

6

---

**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".

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

2

**Health Insurance Plan of Greater New York**

56

**HealthFirst PHSP, Inc.**

736

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

3

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

5

**Molina Healthcare of New York, Inc.**

197

**MVP Health Plan, Inc.**

4

**NY Quality Healthcare Corporation (dba Fidelis)**

7

**United Healthcare of New York, Inc.**

6

---

**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".

**Capital District Physicians' Health Plan, Inc.**

172

**Excellus Health Plan, Inc.**

371

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

657

**Highmark Western and Northeastern New York Inc.**

68

**Anthem HP, LLC**

601

**Independent Health Association, Inc.**

76

**MetroPlus Health Plan, Inc.**

54

**Molina Healthcare of New York, Inc.**

190

**MVP Health Plan, Inc.**

126

**NY Quality Healthcare Corporation (dba Fidelis)**

37

**United Healthcare of New York, Inc.**

233

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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".

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

1

**HealthFirst PHSP, Inc.**

3

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

N/A

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

N/A

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare of New York, Inc.**

9

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**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".

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern  
New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (  
dba Fidelis)**

0

**United Healthcare 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".

**Capital District Physicians' Health Plan,  
Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New  
York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern  
New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (  
dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

**D1IV.15m**

**Resolved grievances related  
to emergency services /  
emergency department**

Enter the total number of  
grievances resolved by the plan  
during the reporting year that  
were related to emergency  
services and/or provided in the  
emergency department. Do not  
include grievances related to  
emergency outpatient  
behavioral health - those

**Capital District Physicians' Health Plan,  
Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New  
York**

should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare 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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

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

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

---

**D1IV.15o**

**Resolved grievances related to other service types**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excelsus Health Plan, Inc.**

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".

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation (dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

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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="359 102 768 215"><b>Resolved grievances related to plan or provider customer service</b></p> <p data-bbox="359 240 768 751">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="863 134 1415 207"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="863 232 898 264">50</p> <p data-bbox="863 297 1213 329"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="863 354 919 386">104</p> <p data-bbox="863 427 1398 500"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="863 524 919 557">120</p> <p data-bbox="863 589 1167 621"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="863 646 940 678">3,309</p> <p data-bbox="863 719 1388 792"><b>Highmark Western and Northeastern New York Inc.</b></p> <p data-bbox="863 816 898 849">52</p> <p data-bbox="863 881 1094 914"><b>Anthem HP, LLC</b></p> <p data-bbox="863 938 898 971">66</p> <p data-bbox="863 1011 1381 1044"><b>Independent Health Association, Inc.</b></p> <p data-bbox="863 1068 898 1101">18</p> <p data-bbox="863 1133 1245 1166"><b>MetroPlus Health Plan, Inc.</b></p> <p data-bbox="863 1190 898 1222">12</p> <p data-bbox="863 1263 1367 1295"><b>Molina Healthcare of New York, Inc.</b></p> <p data-bbox="863 1320 919 1352">194</p> <p data-bbox="863 1385 1167 1417"><b>MVP Health Plan, Inc.</b></p> <p data-bbox="863 1442 919 1474">107</p> <p data-bbox="863 1515 1373 1588"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

**United Healthcare of New York, Inc.**

228

**D1IV.16b Resolved grievances related to plan or provider care management/case management**

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.

Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

94

**HealthFirst PHSP, Inc.**

68

**Highmark Western and Northeastern New York Inc.**

6

**Anthem HP, LLC**

47

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

5

**Molina Healthcare of New York, Inc.**

104

**MVP Health Plan, Inc.**

2

**NY Quality Healthcare Corporation ( dba Fidelis)**

113

**United Healthcare of New York, Inc.**

0

---

**D1IV.16c Resolved grievances related to network adequacy or 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.

**Capital District Physicians' Health Plan, Inc.**

1

**Excellus Health Plan, Inc.**

5

**Health Insurance Plan of Greater New York**

15

**HealthFirst PHSP, Inc.**

81

**Highmark Western and Northeastern New York Inc.**

81

**Anthem HP, LLC**

178

**Independent Health Association, Inc.**

19

**MetroPlus Health Plan, Inc.**

26

**Molina Healthcare of New York, Inc.**

722

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

187

**United Healthcare of New York, Inc.**

190

---

**D1IV.16d**

**Resolved grievances related to quality of care**

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

**Capital District Physicians' Health Plan, Inc.**

157

**Excellus Health Plan, Inc.**

7

**Health Insurance Plan of Greater New York**

51

**HealthFirst PHSP, Inc.**

319

**Highmark Western and Northeastern New York Inc.**

14

**Anthem HP, LLC**

13

**Independent Health Association, Inc.**

60

**MetroPlus Health Plan, Inc.**

26

**Molina Healthcare of New York, Inc.**

112

**MVP Health Plan, Inc.**

48

**NY Quality Healthcare Corporation ( dba Fidelis)**

115

**United Healthcare of New York, Inc.**

240

**D1IV.16e**

**Resolved grievances related to plan communications**

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

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

17

**HealthFirst PHSP, Inc.**

80

**Highmark Western and Northeastern New York Inc.**

18

**Anthem HP, LLC**

8

**Independent Health Association, Inc.**

1

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

12

**MVP Health Plan, Inc.**

2

**NY Quality Healthcare Corporation ( dba Fidelis)**

11

**United Healthcare of New York, Inc.**

0

---

**D1IV.16f**

**Resolved grievances related to payment or billing issues**

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

195

**HealthFirst PHSP, Inc.**

1,317

**Highmark Western and Northeastern New York Inc.**

223

**Anthem HP, LLC**

519

**Independent Health Association, Inc.**

22

**MetroPlus Health Plan, Inc.**

877

**Molina Healthcare of New York, Inc.**

1,336

**MVP Health Plan, Inc.**

16

**NY Quality Healthcare Corporation ( dba Fidelis)**

45

**United Healthcare of New York, Inc.**

1,041

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

11

**Highmark Western and Northeastern New York Inc.**

5

**Anthem HP, LLC**

13

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

80

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

3

**United Healthcare of New York, Inc.**

14

**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.

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

39

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

1

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

1

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

**D1IV.16i**

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

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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

3

**United Healthcare of New York, Inc.**

0

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**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

**Capital District Physicians' Health Plan, Inc.**

0

**Excellus Health Plan, Inc.**

0

**Health Insurance Plan of Greater New York**

0

**HealthFirst PHSP, Inc.**

0

request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

**Highmark Western and Northeastern New York Inc.**

0

**Anthem HP, LLC**

0

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

0

**Molina Healthcare of New York, Inc.**

0

**MVP Health Plan, Inc.**

0

**NY Quality Healthcare Corporation ( dba Fidelis)**

0

**United Healthcare of New York, Inc.**

0

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**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.

**Capital District Physicians' Health Plan, Inc.**

8

**Excellus Health Plan, Inc.**

1,372

**Health Insurance Plan of Greater New York**

29

**HealthFirst PHSP, Inc.**

465

**Highmark Western and Northeastern  
New York Inc.**

127

**Anthem HP, LLC**

1,043

**Independent Health Association, Inc.**

0

**MetroPlus Health Plan, Inc.**

226

**Molina Healthcare of New York, Inc.**

354

**MVP Health Plan, Inc.**

44

**NY Quality Healthcare Corporation (  
dba Fidelis)**

116

**United Healthcare of New York, Inc.**

135

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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: Adherence to Antipsychotic Medications for Individuals with Schizophrenia**

1 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

1879

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

62.57

**Excellus Health Plan, Inc.**

64.04

**Health Insurance Plan of Greater New York**

58.66

**HealthFirst PHSP, Inc.**

63.59

**Highmark Western and Northeastern New York Inc.**

59.07

**Anthem HP, LLC**

61.17

**Independent Health Association, Inc.**

51.13

**MetroPlus Health Plan, Inc.**

64.64

**Molina Healthcare of New York, Inc.**

52.87

**MVP Health Plan, Inc.**

60.05

**NY Quality Healthcare Corporation ( dba Fidelis)**

66.18

**United Healthcare of New York, Inc.**

67.93



Complete

## D2.VII.1 Measure Name: Adolescent Immunization (Combo 2)

2 / 39

### D2.VII.2 Measure Domain

Primary care access and preventative care

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

1407

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

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### 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

N/A

### Measure results

#### Capital District Physicians' Health Plan, Inc.

32.55

#### Excellus Health Plan, Inc.

39.42

#### Health Insurance Plan of Greater New York

38.10

#### HealthFirst PHSP, Inc.

51.83

#### Highmark Western and Northeastern New York Inc.

40.10

**Anthem HP, LLC**

38.49

**Independent Health Association, Inc.**

48.28

**MetroPlus Health Plan, Inc.**

57.12

**Molina Healthcare of New York, Inc.**

43.61

**MVP Health Plan, Inc.**

42.59

**NY Quality Healthcare Corporation ( dba Fidelis)**

34.64

**United Healthcare of New York, Inc.**

25.94



Complete

**D2.VII.1 Measure Name: Adult Immunization Status Influenza**

3 / 39

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

3620

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

20.24

**Excellus Health Plan, Inc.**

19.31

**Health Insurance Plan of Greater New York**

19.02

**HealthFirst PHSP, Inc.**

21.57

**Highmark Western and Northeastern New York Inc.**

14.52

**Anthem HP, LLC**

19.22

**Independent Health Association, Inc.**

23.49

**MetroPlus Health Plan, Inc.**

21.14

**Molina Healthcare of New York, Inc.**

17.16

**MVP Health Plan, Inc.**

19.85

**NY Quality Healthcare Corporation ( dba Fidelis)**

27.09

**United Healthcare of New York, Inc.**

13.72



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management-84 days and 180 days (Composite)**

4 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

0105

**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**

The percentage of adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. The two components of this measure - effective Acute and Continuous Phase Treatments are weighted and combined to calculate the final rate.

**Measure results****Capital District Physicians' Health Plan, Inc.**

50.44

**Excellus Health Plan, Inc.**

51.21

**Health Insurance Plan of Greater New York**

53.52

**HealthFirst PHSP, Inc.**

48.47

**Highmark Western and Northeastern New York Inc.**

45.12

**Anthem HP, LLC**

47.69

**Independent Health Association, Inc.**

54.47

**MetroPlus Health Plan, Inc.**

48.98

**Molina Healthcare of New York, Inc.**

41.38

**MVP Health Plan, Inc.**

48.46

**NY Quality Healthcare Corporation ( dba Fidelis)**

50.01

**United Healthcare of New York, Inc.**

53.58



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio (Ages 5-64)**

5 / 39

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

1800

**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**

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. State-specific age stratification.

**Measure results****Capital District Physicians' Health Plan, Inc.**

71.85

**Excellus Health Plan, Inc.**

70.24

**Health Insurance Plan of Greater New York**

73.04

**HealthFirst PHSP, Inc.**

71.99

**Highmark Western and Northeastern New York Inc.**

68.08

**Anthem HP, LLC**

68.41

**Independent Health Association, Inc.**

75.24

**MetroPlus Health Plan, Inc.**

73.58

**Molina Healthcare of New York, Inc.**

66.32

**MVP Health Plan, Inc.**

66.72

**NY Quality Healthcare Corporation ( dba Fidelis)**

74.69

**United Healthcare of New York, Inc.**

54.46



Complete

**D2.VII.1 Measure Name: Breast Cancer Screening**

6 / 39

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

2372

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

63.48

**Excellus Health Plan, Inc.**

62.38

**Health Insurance Plan of Greater New York**

65.94

**HealthFirst PHSP, Inc.**

71.64

**Highmark Western and Northeastern New York Inc.**

58.00

**Anthem HP, LLC**

65.89

**Independent Health Association, Inc.**

63.40

**MetroPlus Health Plan, Inc.**

67.88

**Molina Healthcare of New York, Inc.**

62.48

**MVP Health Plan, Inc.**

60.82

**NY Quality Healthcare Corporation ( dba Fidelis)**

63.45

**United Healthcare of New York, Inc.**

58.69



Complete

**D2.VII.1 Measure Name: Cervical Cancer Screening**

7 / 39

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

0032

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

64.02

**Excellus Health Plan, Inc.**

64.30

**Health Insurance Plan of Greater New York**

62.78

**HealthFirst PHSP, Inc.**

70.20

**Highmark Western and Northeastern New York Inc.**

63.03

**Anthem HP, LLC**

65.26

**Independent Health Association, Inc.**

67.86

**MetroPlus Health Plan, Inc.**

65.09

**Molina Healthcare of New York, Inc.**

67.10

**MVP Health Plan, Inc.**

63.66

**NY Quality Healthcare Corporation ( dba Fidelis)**

64.34

**United Healthcare of New York, Inc.**

59.04



Complete

**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (Total)** 8 / 39

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

1516

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

68.86

**Excellus Health Plan, Inc.**

70.06

**Health Insurance Plan of Greater New York**

67.94

**HealthFirst PHSP, Inc.**

75.60

**Highmark Western and Northeastern New York Inc.**

72.86

**Anthem HP, LLC**

71.55

**Independent Health Association, Inc.**

75.07

**MetroPlus Health Plan, Inc.**

70.03

**Molina Healthcare of New York, Inc.**

66.07

**MVP Health Plan, Inc.**

73.02

**NY Quality Healthcare Corporation ( dba Fidelis)**

68.22

**United Healthcare of New York, Inc.**

62.69



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (Combo 3)**

9 / 39

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

0038

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

75.48

**Excellus Health Plan, Inc.**

74.91

**Health Insurance Plan of Greater New York**

61.85

**HealthFirst PHSP, Inc.**

69.75

**Highmark Western and Northeastern New York Inc.**

71.02

**Anthem HP, LLC**

54.05

**Independent Health Association, Inc.**

77.29

**MetroPlus Health Plan, Inc.**

72.91

**Molina Healthcare of New York, Inc.**

63.63

**MVP Health Plan, Inc.**

69.47

**NY Quality Healthcare Corporation ( dba Fidelis)**

57.84

**United Healthcare of New York, Inc.**

47.99



Complete

**D2.VII.1 Measure Name: Chlamydia Screening (Ages 16-24)**

10 / 39

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

0033

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

69.12

**Excellus Health Plan, Inc.**

56.98

**Health Insurance Plan of Greater New York**

75.04

**HealthFirst PHSP, Inc.**

81.45

**Highmark Western and Northeastern New York Inc.**

65.82

**Anthem HP, LLC**

75.70

**Independent Health Association, Inc.**

72.63

**MetroPlus Health Plan, Inc.**

80.43

**Molina Healthcare of New York, Inc.**

76.55

**MVP Health Plan, Inc.**

69.88

**NY Quality Healthcare Corporation ( dba Fidelis)**

68.67

United Healthcare of New York, Inc.

67.18



Complete

**D2.VII.1 Measure Name: Controlling High Blood Pressure**

11 / 39

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

0018

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

77.13

**Excellus Health Plan, Inc.**

61.08

**Health Insurance Plan of Greater New York**

72.24

**HealthFirst PHSP, Inc.**

72.75

**Highmark Western and Northeastern New York Inc.**

68.86

**Anthem HP, LLC**

68.13

**Independent Health Association, Inc.**

69.44

**MetroPlus Health Plan, Inc.**

74.21

**Molina Healthcare of New York, Inc.**

67.40

**MVP Health Plan, Inc.**

63.99

**NY Quality Healthcare Corporation ( dba Fidelis)**

63.50

**United Healthcare of New York, Inc.**

68.13



**D2.VII.1 Measure Name: Diabetes Screening for People w/  
Schizophrenia or Bipolar Disorder Using Antipsychotic Meds**

12 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

1932

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

79.51

**Excellus Health Plan, Inc.**

74.87

**Health Insurance Plan of Greater New York**

77.84

**HealthFirst PHSP, Inc.**

82.24

**Highmark Western and Northeastern New York Inc.**

78.21

**Anthem HP, LLC**

81.57

**Independent Health Association, Inc.**

81.42

**MetroPlus Health Plan, Inc.**

84.92

**Molina Healthcare of New York, Inc.**

79.12

**MVP Health Plan, Inc.**

78.65

**NY Quality Healthcare Corporation ( dba Fidelis)**

79.91

**United Healthcare of New York, Inc.**

79.33



**D2.VII.1 Measure Name: Follow-up After Emergency Department Visit for Substance Use Within 7 Days** 13 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

3488

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

29.60

**Excellus Health Plan, Inc.**

25.91

**Health Insurance Plan of Greater New York**

26.56

**HealthFirst PHSP, Inc.**

38.79

**Highmark Western and Northeastern New York Inc.**

37.65

**Anthem HP, LLC**

27.10

**Independent Health Association, Inc.**

28.19

**MetroPlus Health Plan, Inc.**

28.19

**Molina Healthcare of New York, Inc.**

19.68

**MVP Health Plan, Inc.**

24.38

**NY Quality Healthcare Corporation ( dba Fidelis)**

30.40

**United Healthcare of New York, Inc.**

20.96



Complete

## D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness Within 7 Days

14 / 39

### 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

HEDIS

### 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

N/A

### Measure results

#### Capital District Physicians' Health Plan, Inc.

64.38

#### Excellus Health Plan, Inc.

66.07

#### Health Insurance Plan of Greater New York

60.63

#### HealthFirst PHSP, Inc.

74.55

**Highmark Western and Northeastern New York Inc.**

68.55

**Anthem HP, LLC**

63.33

**Independent Health Association, Inc.**

64.68

**MetroPlus Health Plan, Inc.**

67.79

**Molina Healthcare of New York, Inc.**

52.44

**MVP Health Plan, Inc.**

74.21

**NY Quality Healthcare Corporation ( dba Fidelis)**

64.27

**United Healthcare of New York, Inc.**

65.90



## **D2.VII.1 Measure Name: Follow-up for Children Prescribed ADHD Medication-Initiation and Continuation (Composite)**

15 / 39

### **D2.VII.2 Measure Domain**

Behavioral health care

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

0108

### **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**

The percentage of children between 6 and 12 years of age who were diagnosed with ADHD and had a follow-up visit with a practitioner with prescribing authority of their first prescription of ADHD medication. The two components of this measure - effective Initiation and Continuation Phase are weighted and combined to calculate the final rate.

### **Measure results**

#### **Capital District Physicians' Health Plan, Inc.**

45.00

#### **Excellus Health Plan, Inc.**

40.52

#### **Health Insurance Plan of Greater New York**

61.51

**HealthFirst PHSP, Inc.**

67.30

**Highmark Western and Northeastern New York Inc.**

45.02

**Anthem HP, LLC**

58.23

**Independent Health Association, Inc.**

64.49

**MetroPlus Health Plan, Inc.**

75.21

**Molina Healthcare of New York, Inc.**

57.33

**MVP Health Plan, Inc.**

49.69

**NY Quality Healthcare Corporation ( dba Fidelis)**

59.82

**United Healthcare of New York, Inc.**

60.45



Complete

## D2.VII.1 Measure Name: Getting Care Needed for Children

16 / 39

### D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

0006

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

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### 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

N/A

### Measure results

#### Capital District Physicians' Health Plan, Inc.

83.15

#### Excellus Health Plan, Inc.

83.57

#### Health Insurance Plan of Greater New York

79.63

#### HealthFirst PHSP, Inc.

72.26

**Highmark Western and Northeastern New York Inc.**

83.39

**Anthem HP, LLC**

81.33

**Independent Health Association, Inc.**

83.73

**MetroPlus Health Plan, Inc.**

66.77

**Molina Healthcare of New York, Inc.**

80.74

**MVP Health Plan, Inc.**

76.62

**NY Quality Healthcare Corporation ( dba Fidelis)**

72.82

**United Healthcare of New York, Inc.**

77.92



## **D2.VII.1 Measure Name: Initiation and Engagement in Substance Use Disorder Treatment (Composite)** 17 / 39

### **D2.VII.2 Measure Domain**

Behavioral health care

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

0004

### **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**

The percentage of adults and adolescents 13 years of age and older with a new episode of substance use disorder (SUD). The two components of this measure - initiation and engagement phase are weighted and combined to calculate the final rate.

### **Measure results**

#### **Capital District Physicians' Health Plan, Inc.**

28.48

#### **Excellus Health Plan, Inc.**

31.31

#### **Health Insurance Plan of Greater New York**

36.58

#### **HealthFirst PHSP, Inc.**

31.40

**Highmark Western and Northeastern New York Inc.**

26.08

**Anthem HP, LLC**

28.39

**Independent Health Association, Inc.**

25.24

**MetroPlus Health Plan, Inc.**

33.84

**Molina Healthcare of New York, Inc.**

29.12

**MVP Health Plan, Inc.**

32.97

**NY Quality Healthcare Corporation ( dba Fidelis)**

35.19

**United Healthcare of New York, Inc.**

29.65



## D2.VII.1 Measure Name: Initiation of Pharmacotherapy Upon New Episode of Opioid Use Disorder

18 / 39

### 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

The percentage of individuals who initiate pharmacotherapy with at least 1 prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid dependence.

### Measure results

#### Capital District Physicians' Health Plan, Inc.

52.83

#### Excellus Health Plan, Inc.

56.07

#### Health Insurance Plan of Greater New York

33.99

#### HealthFirst PHSP, Inc.

34.53

**Highmark Western and Northeastern New York Inc.**

53.66

**Anthem HP, LLC**

32.14

**Independent Health Association, Inc.**

50.81

**MetroPlus Health Plan, Inc.**

45.73

**Molina Healthcare of New York, Inc.**

41.36

**MVP Health Plan, Inc.**

48.40

**NY Quality Healthcare Corporation ( dba Fidelis)**

52.50

**United Healthcare of New York, Inc.**

48.39



**D2.VII.1 Measure Name: Kidney Health Evaluation for Patients With Diabetes (Total)**

19 / 39

**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**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

47.15

**Excellus Health Plan, Inc.**

42.51

**Health Insurance Plan of Greater New York**

40.59

**HealthFirst PHSP, Inc.**

45.11

**Highmark Western and Northeastern New York Inc.**

39.32

**Anthem HP, LLC**

42.91

**Independent Health Association, Inc.**

45.79

**MetroPlus Health Plan, Inc.**

53.45

**Molina Healthcare of New York, Inc.**

44.28

**MVP Health Plan, Inc.**

41.21

**NY Quality Healthcare Corporation ( dba Fidelis)**

42.18

**United Healthcare of New York, Inc.**

38.88



**D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c Control**

20 / 39

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

0059

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

26.13

**Excellus Health Plan, Inc.**

30.24

**Health Insurance Plan of Greater New York**

30.02

**HealthFirst PHSP, Inc.**

27.01

**Highmark Western and Northeastern New York Inc.**

27.74

**Anthem HP, LLC**

30.90

**Independent Health Association, Inc.**

30.21

**MetroPlus Health Plan, Inc.**

25.55

**Molina Healthcare of New York, Inc.**

32.36

**MVP Health Plan, Inc.**

39.66

**NY Quality Healthcare Corporation ( dba Fidelis)**

28.95

**United Healthcare of New York, Inc.**

27.49



## **D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics**

21 / 39

### **D2.VII.2 Measure Domain**

Behavioral health care

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

2800

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

Program-specific rate

### **D2.VII.6 Measure Set**

HEDIS

### **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**

N/A

### **Measure results**

#### **Capital District Physicians' Health Plan, Inc.**

46.31

#### **Excellus Health Plan, Inc.**

32.10

#### **Health Insurance Plan of Greater New York**

50.00

#### **HealthFirst PHSP, Inc.**

51.95

**Highmark Western and Northeastern New York Inc.**

37.50

**Anthem HP, LLC**

52.35

**Independent Health Association, Inc.**

45.53

**MetroPlus Health Plan, Inc.**

58.47

**Molina Healthcare of New York, Inc.**

42.72

**MVP Health Plan, Inc.**

39.24

**NY Quality Healthcare Corporation ( dba Fidelis)**

43.76

**United Healthcare of New York, Inc.**

37.81



## D2.VII.1 Measure Name: Eye Exam for Patients With Diabetes

22 / 39

### D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0055

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

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### 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

N/A

### Measure results

#### Capital District Physicians' Health Plan, Inc.

61.81

#### Excellus Health Plan, Inc.

59.02

#### Health Insurance Plan of Greater New York

61.79

#### HealthFirst PHSP, Inc.

68.13

#### Highmark Western and Northeastern New York Inc.

55.23

**Anthem HP, LLC**

57.18

**Independent Health Association, Inc.**

58.97

**MetroPlus Health Plan, Inc.**

69.59

**Molina Healthcare of New York, Inc.**

55.23

**MVP Health Plan, Inc.**

57.91

**NY Quality Healthcare Corporation ( dba Fidelis)**

61.31

**United Healthcare of New York, Inc.**

60.10



Complete

**D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder**

23 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

3175

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

31.88

**Excellus Health Plan, Inc.**

34.07

**Health Insurance Plan of Greater New York**

35.84

**HealthFirst PHSP, Inc.**

29.01

**Highmark Western and Northeastern New York Inc.**

35.44

**Anthem HP, LLC**

24.83

**Independent Health Association, Inc.**

26.78

**MetroPlus Health Plan, Inc.**

28.01

**Molina Healthcare of New York, Inc.**

36.71

**MVP Health Plan, Inc.**

34.88

**NY Quality Healthcare Corporation ( dba Fidelis)**

35.65

**United Healthcare of New York, Inc.**

31.43



Complete

**D2.VII.1 Measure Name: Postpartum Care**

24 / 39

**D2.VII.2 Measure Domain**

Maternal and perinatal health

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

1517

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

82.53

**Excellus Health Plan, Inc.**

86.03

**Health Insurance Plan of Greater New York**

82.08

**HealthFirst PHSP, Inc.**

85.59

**Highmark Western and Northeastern New York Inc.**

83.94

**Anthem HP, LLC**

84.91

**Independent Health Association, Inc.**

86.76

**MetroPlus Health Plan, Inc.**

84.67

**Molina Healthcare of New York, Inc.**

83.94

**MVP Health Plan, Inc.**

81.75

**NY Quality Healthcare Corporation ( dba Fidelis)**

83.45

**United Healthcare of New York, Inc.**

80.05



Complete

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

25 / 39

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

0006

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

79.28

**Excellus Health Plan, Inc.**

77.44

**Health Insurance Plan of Greater New York**

70.05

**HealthFirst PHSP, Inc.**

80.84

**Highmark Western and Northeastern New York Inc.**

71.97

**Anthem HP, LLC**

74.22

**Independent Health Association, Inc.**

81.44

**MetroPlus Health Plan, Inc.**

65.36

**Molina Healthcare of New York, Inc.**

66.50

**MVP Health Plan, Inc.**

78.26

**NY Quality Healthcare Corporation ( dba Fidelis)**

76.81

**United Healthcare of New York, Inc.**

67.90



Complete

**D2.VII.1 Measure Name: Rating of Overall Healthcare**

26 / 39

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

0006

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

78.79

**Excellus Health Plan, Inc.**

74.44

**Health Insurance Plan of Greater New York**

76.47

**HealthFirst PHSP, Inc.**

76.03

**Highmark Western and Northeastern New York Inc.**

72.44

**Anthem HP, LLC**

80.65

**Independent Health Association, Inc.**

69.75

**MetroPlus Health Plan, Inc.**

60.02

**Molina Healthcare of New York, Inc.**

71.55

**MVP Health Plan, Inc.**

74.28

**NY Quality Healthcare Corporation ( dba Fidelis)**

72.48

**United Healthcare of New York, Inc.**

74.80



Complete

**D2.VII.1 Measure Name: Satisfaction with Personal Doctor**

27 / 39

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

0006

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

82.51

**Excellus Health Plan, Inc.**

81.29

**Health Insurance Plan of Greater New York**

77.76

**HealthFirst PHSP, Inc.**

82.58

**Highmark Western and Northeastern New York Inc.**

73.41

**Anthem HP, LLC**

80.76

**Independent Health Association, Inc.**

80.13

**MetroPlus Health Plan, Inc.**

76.45

**Molina Healthcare of New York, Inc.**

81.43

**MVP Health Plan, Inc.**

80.19

**NY Quality Healthcare Corporation ( dba Fidelis)**

79.52

**United Healthcare of New York, Inc.**

79.50



Complete

**D2.VII.1 Measure Name: Satisfaction with Specialist**

28 / 39

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

0006

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

81.54

**Excellus Health Plan, Inc.**

78.54

**Health Insurance Plan of Greater New York**

82.13

**HealthFirst PHSP, Inc.**

80.38

**Highmark Western and Northeastern New York Inc.**

82.99

**Anthem HP, LLC**

82.05

**Independent Health Association, Inc.**

79.59

**MetroPlus Health Plan, Inc.**

77.05

**Molina Healthcare of New York, Inc.**

86.38

**MVP Health Plan, Inc.**

85.32

**NY Quality Healthcare Corporation ( dba Fidelis)**

84.71

United Healthcare of New York, Inc.

76.13



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease - Adherent**

29 / 39

**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**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

62.24

**Excellus Health Plan, Inc.**

74.01

**Health Insurance Plan of Greater New York**

77.27

**HealthFirst PHSP, Inc.**

68.76

**Highmark Western and Northeastern New York Inc.**

63.94

**Anthem HP, LLC**

65.80

**Independent Health Association, Inc.**

65.23

**MetroPlus Health Plan, Inc.**

74.95

**Molina Healthcare of New York, Inc.**

60.22

**MVP Health Plan, Inc.**

65.83

**NY Quality Healthcare Corporation ( dba Fidelis)**

72.38

**United Healthcare of New York, Inc.**

76.27



Complete

## D2.VII.1 Measure Name: Timeliness of Prenatal Care

30 / 39

### D2.VII.2 Measure Domain

Maternal and perinatal health

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

1517

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

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### 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

N/A

### Measure results

#### Capital District Physicians' Health Plan, Inc.

93.45

#### Excellus Health Plan, Inc.

91.27

#### Health Insurance Plan of Greater New York

85.00

#### HealthFirst PHSP, Inc.

91.27

**Highmark Western and Northeastern New York Inc.**

82.24

**Anthem HP, LLC**

85.40

**Independent Health Association, Inc.**

92.24

**MetroPlus Health Plan, Inc.**

88.08

**Molina Healthcare of New York, Inc.**

86.13

**MVP Health Plan, Inc.**

90.75

**NY Quality Healthcare Corporation ( dba Fidelis)**

88.08

**United Healthcare of New York, Inc.**

74.94



**D2.VII.1 Measure Name: Use of Spirometry Testing in the Assessment and Diagnosis of COPD** 31 / 39

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

0577

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

29.83

**Excellus Health Plan, Inc.**

27.97

**Health Insurance Plan of Greater New York**

38.15

**HealthFirst PHSP, Inc.**

40.99

**Highmark Western and Northeastern New York Inc.**

25.96

**Anthem HP, LLC**

37.35

**Independent Health Association, Inc.**

27.73

**MetroPlus Health Plan, Inc.**

38.21

**Molina Healthcare of New York, Inc.**

32.76

**MVP Health Plan, Inc.**

29.73

**NY Quality Healthcare Corporation ( dba Fidelis)**

39.97

**United Healthcare of New York, Inc.**

34.50



Complete

## D2.VII.1 Measure Name: Viral Load Suppression

32 / 39

### D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

2082

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

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### 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

The percentage of members 2 years of age and older confirmed HIV-positive who had a HIV viral load less than 200 copies/mL at last HIV viral load test

### Measure results

#### Capital District Physicians' Health Plan, Inc.

78.60

#### Excellus Health Plan, Inc.

76.04

#### Health Insurance Plan of Greater New York

70.82

#### HealthFirst PHSP, Inc.

76.30

#### Highmark Western and Northeastern New York Inc.

81.36

**Anthem HP, LLC**

73.31

**Independent Health Association, Inc.**

80.93

**MetroPlus Health Plan, Inc.**

71.65

**Molina Healthcare of New York, Inc.**

73.93

**MVP Health Plan, Inc.**

76.03

**NY Quality Healthcare Corporation ( dba Fidelis)**

75.29

**United Healthcare of New York, Inc.**

68.97



**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

0024

**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**

The percentage of children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of counseling for nutrition and physical activity. The two components of this measure - Counseling for Nutrition and Physical Activity are weighted and combined to calculate the final rate.

**Measure results****Capital District Physicians' Health Plan, Inc.**

82.41

**Excellus Health Plan, Inc.**

80.16

**Health Insurance Plan of Greater New York**

83.27

**HealthFirst PHSP, Inc.**

86.62

**Highmark Western and Northeastern New York Inc.**

90.27

**Anthem HP, LLC**

83.21

**Independent Health Association, Inc.**

90.82

**MetroPlus Health Plan, Inc.**

87.47

**Molina Healthcare of New York, Inc.**

83.58

**MVP Health Plan, Inc.**

66.06

**NY Quality Healthcare Corporation ( dba Fidelis)**

76.16

**United Healthcare of New York, Inc.**

77.86



Complete

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

0034

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

52.69

**Excellus Health Plan, Inc.**

45.34

**Health Insurance Plan of Greater New York**

49.85

**HealthFirst PHSP, Inc.**

59.83

**Highmark Western and Northeastern New York Inc.**

40.55

**Anthem HP, LLC**

52.24

**Independent Health Association, Inc.**

48.78

**MetroPlus Health Plan, Inc.**

52.03

**Molina Healthcare of New York, Inc.**

46.76

**MVP Health Plan, Inc.**

52.62

**NY Quality Healthcare Corporation ( dba Fidelis)**

47.01

**United Healthcare of New York, Inc.**

45.47



Complete

## **D2.VII.1 Measure Name: Customer Service**

35 / 39

### **D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

N/A

**D2.VII.6 Measure Set**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

90.52

**Excellus Health Plan, Inc.**

93.39

**Health Insurance Plan of Greater New York**

88.60

**HealthFirst PHSP, Inc.**

87.46

**Highmark Western and Northeastern New York Inc.**

79.93

**Anthem HP, LLC**

84.17

**Independent Health Association, Inc.**

83.67

**MetroPlus Health Plan, Inc.**

74.96

**Molina Healthcare of New York, Inc.**

78.63

**MVP Health Plan, Inc.**

96.36

**NY Quality Healthcare Corporation ( dba Fidelis)**

84.99

**United Healthcare of New York, Inc.**

86.26



Complete

**D2.VII.1 Measure Name: Depression Screening and Follow-Up for Adolescents and Adults (Combo)**

36 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

0418

**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**

The percentage of members 12 years or older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. The two components of this measure (Depression Screening and Follow-Up on Positive Screen) are weighted and combined to calculate the final rate.

**Measure results****Capital District Physicians' Health Plan, Inc.**

32.59

**Excellus Health Plan, Inc.**

1.18

**Health Insurance Plan of Greater New York**

0.70

**HealthFirst PHSP, Inc.**

18.93

**Highmark Western and Northeastern New York Inc.**

0.28

**Anthem HP, LLC**

1.10

**Independent Health Association, Inc.**

14.74

**MetroPlus Health Plan, Inc.**

11.72

**Molina Healthcare of New York, Inc.**

4.83

**MVP Health Plan, Inc.**

8.76

**NY Quality Healthcare Corporation ( dba Fidelis)**

0.00

**United Healthcare of New York, Inc.**

0.68



Complete

**D2.VII.1 Measure Name: Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days**

37 / 39

**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**

HEDIS

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

31.28

**Excellus Health Plan, Inc.**

45.15

**Health Insurance Plan of Greater New York**

32.45

**HealthFirst PHSP, Inc.**

36.28

**Highmark Western and Northeastern New York Inc.**

44.08

**Anthem HP, LLC**

40.98

**Independent Health Association, Inc.**

42.21

**MetroPlus Health Plan, Inc.**

49.60

**Molina Healthcare of New York, Inc.**

35.39

**MVP Health Plan, Inc.**

40.46

**NY Quality Healthcare Corporation ( dba Fidelis)**

39.16

**United Healthcare of New York, Inc.**

38.03



Complete

**D2.VII.1 Measure Name: Medical Assistance with Tobacco Cessation (Composite)**

38 / 39

**D2.VII.2 Measure Domain**

Behavioral health care

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

0028

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

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**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**

The percentage of members 18 years of age and older who indicated that they current smokers or tobacco users and were provided medical assistance with smoking and tobacco use cessation. The three components of this measure( Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications and Discussing Cessation Strategies) are weighted and combined to calculate the final rate.

**Measure results****Capital District Physicians' Health Plan, Inc.**

60.98

**Excellus Health Plan, Inc.**

61.74

**Health Insurance Plan of Greater New York**

N/A

**HealthFirst PHSP, Inc.**

N/A

**Highmark Western and Northeastern New York Inc.**

63.16

**Anthem HP, LLC**

N/A

**Independent Health Association, Inc.**

61.93

**MetroPlus Health Plan, Inc.**

N/A

**Molina Healthcare of New York, Inc.**

N/A

**MVP Health Plan, Inc.**

58.33

**NY Quality Healthcare Corporation ( dba Fidelis)**

54.87

**United Healthcare of New York, Inc.**

65.83



Complete

**D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life** 39 / 39  
**(Composite)**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

1392

**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**

N/A

**Measure results**

**Capital District Physicians' Health Plan, Inc.**

75.18

**Excellus Health Plan, Inc.**

79.52

**Health Insurance Plan of Greater New York**

71.69

**HealthFirst PHSP, Inc.**

79.55

**Highmark Western and Northeastern New York Inc.**

81.17

**Anthem HP, LLC**

70.91

**Independent Health Association, Inc.**

80.09

**MetroPlus Health Plan, Inc.**

76.50

**Molina Healthcare of New York, Inc.**

71.86

**MVP Health Plan, Inc.**

77.83

**NY Quality Healthcare Corporation ( dba Fidelis)**

69.40

**United Healthcare of New York, Inc.**

65.25

## **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: Corrective action plan**

1 / 56

**D3.VIII.2 Plan performance issue**

Comprehensive, UR, BH

**D3.VIII.3 Plan name**

Capital District Physicians' Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

Annual Operational Survey

**Sanction details**

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

5

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

12/27/2023

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

Yes, remediated 05/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

2 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Capital District Physicians' Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

### Sanction details

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/01/2024

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

Yes, remediated 05/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Corrective action plan

3 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider  
Access and Availability

**D3.VIII.3 Plan name**

Capital District Physicians' Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

### Sanction details

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

4 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Directory

**D3.VIII.3 Plan name**

Capital District Physicians' Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

5 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Excellus Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

3

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/01/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

6 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Directory

**D3.VIII.3 Plan name**

Excellus Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 07/29/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

7 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, BH  
Network Adequacy

**D3.VIII.3 Plan name**

Excellus Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

Failure to meet BH network standards

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

11/26/2024

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

Yes, remediated 03/31/2025

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

8 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Excellus Health Plan, Inc.

Focus Survey, Provider  
Access and Availability

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 07/29/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

9 / 56

**D3.VIII.2 Plan performance issue**

Target Survey, UR,  
Contract Oversight, QA

**D3.VIII.3 Plan name**

Health Insurance Plan of Greater New York

**D3.VIII.4 Reason for intervention**

Annual Operational Survey

**Sanction details**

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

3

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

12/04/2023

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

Yes, remediated 09/16/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

10 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Health Insurance Plan of Greater New York

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

11 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Focus Survey, Provider  
Access and Availability

Health Insurance Plan of Greater New York

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

12 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Focus Survey, Provider  
Directory

Health Insurance Plan of Greater New York

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.7 Date assessed**

05/23/2024

**D3.VIII.9 Corrective action plan**

No

**D3.VIII.6 Sanction amount**

N/A

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

Yes, remediated 12/31/2024



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

13 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, MHPAEA Compliance

**D3.VIII.3 Plan name**

Health Insurance Plan of Greater New York

**D3.VIII.4 Reason for intervention**

Per 42 CFR Parts 438, 440, and 457 addressing application of MHPAEA requirements

**Sanction details**

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

2

**D3.VIII.7 Date assessed**

12/12/2024

**D3.VIII.9 Corrective action plan**

**D3.VIII.6 Sanction amount**

N/A

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

Yes, remediated 07/01/2025

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

14 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, BH  
Network Adequacy

**D3.VIII.3 Plan name**

Health Insurance Plan of Greater New York

**D3.VIII.4 Reason for intervention**

Failure to meet BH network standards

**Sanction details**

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

2

**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 06/28/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

15 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member  
Services

**D3.VIII.3 Plan name**

HealthFirst PHSP, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/01/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

16 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, SD/ED  
Supplies and Treatments

**D3.VIII.3 Plan name**

HealthFirst PHSP, Inc.

**D3.VIII.4 Reason for intervention**

Failure to comply with the guidance for using the HCS EDVS for SD/ED Treatment and Supplies

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

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

06/10/2024

Yes, remediated 07/31/2025

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

17 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider  
Access and Availability

**D3.VIII.3 Plan name**

HealthFirst PHSP, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 06/28/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

18 / 56

**D3.VIII.2 Plan performance issue**  
Focus Survey, Provider Directory

**D3.VIII.3 Plan name**  
HealthFirst PHSP, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

**D3.VIII.5 Instances of non-compliance**  
2

**D3.VIII.6 Sanction amount**  
N/A

**D3.VIII.7 Date assessed**  
05/23/2024

**D3.VIII.8 Remediation date non-compliance was corrected**  
Yes, remediated 06/28/2024

**D3.VIII.9 Corrective action plan**  
No



**D3.VIII.1 Intervention type: Corrective action plan**

19 / 56

**D3.VIII.2 Plan performance issue**  
Focus Survey, MHPAEA Compliance

**D3.VIII.3 Plan name**  
HealthFirst PHSP, Inc.

**D3.VIII.4 Reason for intervention**

Per 42 CFR Parts 438, 440, and 457 addressing application of MHPAEA requirements

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

11/13/2024

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

Yes, remediated 09/30/2025

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

20 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, BCS  
Complaints

**D3.VIII.3 Plan name**

HealthFirst PHSP, Inc.

**D3.VIII.4 Reason for intervention**

BCS Complaint Referral

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

10/03/2023

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

Yes, remediated 05/15/2025

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

21 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Directory

**D3.VIII.3 Plan name**

Highmark Western and Northeastern New York Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

22 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Highmark Western and Northeastern New York Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

23 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Access and Availability

**D3.VIII.3 Plan name**

Highmark Western and Northeastern New York Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

24 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Anthem HP, LLC

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

4

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

25 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Anthem HP, LLC

Focus Survey, Provider  
Directory

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

26 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider  
Access and Availability

**D3.VIII.3 Plan name**

Anthem HP, LLC

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

27 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, BH Key Staffing

**D3.VIII.3 Plan name**

Anthem HP, LLC

**D3.VIII.4 Reason for intervention**

Failure to notify the State of Adult and/or Children BH Key Staff Departure at Plan

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/13/2024

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

Yes, remediated 03/26/2024

**D3.VIII.9 Corrective action plan**

No



### D3.VIII.1 Intervention type: Corrective action plan

28 / 56

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**  
Anthem HP, LLC

Focus Survey, MHPAEA  
Compliance

#### D3.VIII.4 Reason for intervention

Per 42 CFR Parts 438, 440, and 457 addressing application of MHPAEA requirements

#### Sanction details

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

01/17/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



### D3.VIII.1 Intervention type: Corrective action plan

29 / 56

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**  
Independent Health Association, Inc.

Focus Survey, Provider  
Access and Availability

#### D3.VIII.4 Reason for intervention

EQRO Survey for Requirement of 1115 CMS Waiver

### Sanction details

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 06/30/2024

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Corrective action plan

30 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Directory

**D3.VIII.3 Plan name**

Independent Health Association, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

### Sanction details

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 06/30/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

31 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Independent Health Association, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

7

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/03/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Fine**

32 / 56

**D3.VIII.2 Plan performance issue**

Reporting

**D3.VIII.3 Plan name**

Independent Health Association, 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**

\$40,975.04

**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: Corrective action plan**

33 / 56

**D3.VIII.2 Plan performance issue**

Comprehensive, UR,  
Non-UR

**D3.VIII.3 Plan name**

MetroPlus Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

Annual Operational Survey

**Sanction details**

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

6

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/27/2024

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

Yes, remediated 12/01/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

34 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

MetroPlus Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

3

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

06/04/2024

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

Yes, remediated 10/01/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

35 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

MetroPlus Health Plan, Inc.

Focus Survey, Provider  
Access and Availability

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 10/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

36 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider  
Directory

**D3.VIII.3 Plan name**

MetroPlus Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 10/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

37 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

Molina Healthcare of New York, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/23/2024

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

Yes, remediated 04/18/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

38 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Molina Healthcare of New York, Inc.

Target Survey, UR,  
Contract Oversight, QA

**D3.VIII.4 Reason for intervention**

Annual Operational Survey

**Sanction details**

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

5

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/09/2024

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

Yes, remediated 05/01/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

39 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Molina Healthcare of New York, Inc.

Focus Survey, Provider  
Access and Availability

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.7 Date assessed**

05/23/2024

**D3.VIII.9 Corrective action plan**

No

**D3.VIII.6 Sanction amount**

N/A

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

Yes, remediated 07/01/2024



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

40 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Directory

**D3.VIII.3 Plan name**

Molina Healthcare of New York, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.7 Date assessed**

05/23/2024

**D3.VIII.9 Corrective action plan**

**D3.VIII.6 Sanction amount**

N/A

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

Yes, remediated 07/01/2024

No



Complete

**D3.VIII.1 Intervention type: Fine**

41 / 56

**D3.VIII.2 Plan performance issue**

Reporting

**D3.VIII.3 Plan name**

Molina Healthcare of New York, 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**

\$144,253.03

**D3.VIII.7 Date assessed**

06/30/2025

**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: Corrective action plan**

42 / 56

**D3.VIII.2 Plan performance issue**

Comprehensive, UR,  
Contract Oversight

**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

Annual Operational Survey

**Sanction details**

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

4

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/03/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

43 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

44 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Access and Availability

**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

09/03/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

45 / 56

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

Focus Survey, Provider  
Directory

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

09/03/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

46 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, MHPAEA  
Compliance

**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

Per 42 CFR Parts 438, 440, and 457 addressing application of MHPAEA requirements

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

11/13/2024

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

Yes, remediated 07/15/2025

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

47 / 56

**D3.VIII.2 Plan performance issue**Focus Survey, BH  
Network Adequacy**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

**D3.VIII.4 Reason for intervention**

Failure to meet BH network standards

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

2

**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 08/30/2024

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Corrective action plan

48 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, SD/ED  
Supplies and Treatments

**D3.VIII.3 Plan name**

MVP Health Plan, Inc.

#### D3.VIII.4 Reason for intervention

Failure to comply with the guidance for using the HCS EDVS for SD/ED  
Treatment and Supplies

#### Sanction details

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

06/08/2023

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

Yes, remediated 07/31/2025

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Corrective action plan

49 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider  
Access and Availability

**D3.VIII.3 Plan name**

NY Quality Healthcare Corporation ( dba Fidelis)

#### D3.VIII.4 Reason for intervention

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

50 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Directory

**D3.VIII.3 Plan name**

NY Quality Healthcare Corporation ( dba Fidelis)

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 07/31/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

51 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Member Services

**D3.VIII.3 Plan name**

NY Quality Healthcare Corporation ( dba Fidelis)

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

7

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/28/2024

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

Yes, remediated 05/01/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

52 / 56

**D3.VIII.2 Plan performance issue**

Focus Survey, Provider Access and Availability

**D3.VIII.3 Plan name**

United Healthcare of New York, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/23/2024

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

Yes, remediated 09/30/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

53 / 56

**D3.VIII.2 Plan performance issue**

Other (free text, specify),  
Focus Survey, Provider  
Directory

**D3.VIII.3 Plan name**

United Healthcare of New York, Inc.

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

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

05/23/2024

Yes, remediated 09/30/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

54 / 56

**D3.VIII.2 Plan performance issue**

Comprehensive,  
Credentialing, BH, UR,  
Non-UR, Organization  
and Managment

**D3.VIII.3 Plan name**

United Healthcare of New York, Inc.

**D3.VIII.4 Reason for intervention**

Annual Operational Survey

**Sanction details**

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

6

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/03/2023

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

Yes, remediated 12/31/2024

**D3.VIII.9 Corrective action plan**

No



**D3.VIII.1 Intervention type: Corrective action plan**

55 / 56

Complete

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**  
United Healthcare of New York, Inc.  
Focus Survey, Member Services

**D3.VIII.4 Reason for intervention**

EQRO Survey for Requirement of 1115 CMS Waiver

**Sanction details**

**D3.VIII.5 Instances of non-compliance**  
2

**D3.VIII.6 Sanction amount**  
N/A

**D3.VIII.7 Date assessed**  
03/28/2024

**D3.VIII.8 Remediation date non-compliance was corrected**  
Yes, remediated 04/12/2024

**D3.VIII.9 Corrective action plan**  
No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

56 / 56

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**  
United Healthcare of New York, Inc.  
Focus Survey, BH Network Adequacy

**D3.VIII.4 Reason for intervention**

Failure to meet BH network standards

**Sanction details**

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

2

**D3.VIII.7 Date assessed**

04/16/2024

**D3.VIII.9 Corrective action plan**

No

**D3.VIII.6 Sanction amount**

N/A

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

Yes, remediated 10/18/2024

## **Topic X. Program Integrity**

| Number | Indicator  | Response  |
|--------|--|---|
| D1X.1  | <p data-bbox="359 102 758 180"><b>Dedicated program integrity staff</b></p> <p data-bbox="359 199 758 391">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="863 134 1409 206"><b>Capital District Physicians' Health Plan, Inc.</b></p> <p data-bbox="863 228 884 261">7</p> <p data-bbox="863 300 1209 332"><b>Excellus Health Plan, Inc.</b></p> <p data-bbox="863 355 884 388">0</p> <p data-bbox="863 427 1392 498"><b>Health Insurance Plan of Greater New York</b></p> <p data-bbox="863 521 884 553">6</p> <p data-bbox="863 592 1163 625"><b>HealthFirst PHSP, Inc.</b></p> <p data-bbox="863 647 915 680">100</p> <p data-bbox="863 719 1381 790"><b>Highmark Western and Northeastern New York Inc.</b></p> <p data-bbox="863 813 884 846">4</p> <p data-bbox="863 885 1087 917"><b>Anthem HP, LLC</b></p> <p data-bbox="863 940 884 972">9</p> <p data-bbox="863 1011 1373 1044"><b>Independent Health Association, Inc.</b></p> <p data-bbox="863 1066 898 1099">22</p> <p data-bbox="863 1138 1241 1170"><b>MetroPlus Health Plan, Inc.</b></p> <p data-bbox="863 1193 898 1226">43</p> <p data-bbox="863 1265 1362 1297"><b>Molina Healthcare of New York, Inc.</b></p> <p data-bbox="863 1320 884 1352">6</p> <p data-bbox="863 1391 1159 1424"><b>MVP Health Plan, Inc.</b></p> <p data-bbox="863 1446 898 1479">24</p> <p data-bbox="863 1518 1423 1580"><b>NY Quality Healthcare Corporation ( dba Fidelis)</b></p> |

**United Healthcare of New York, Inc.**

16.85

**D1X.2****Count of opened program integrity investigations**

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

**Capital District Physicians' Health Plan, Inc.**

93

**Excellus Health Plan, Inc.**

38

**Health Insurance Plan of Greater New York**

17

**HealthFirst PHSP, Inc.**

180

**Highmark Western and Northeastern New York Inc.**

18

**Anthem HP, LLC**

281

**Independent Health Association, Inc.**

68

**MetroPlus Health Plan, Inc.**

154

**Molina Healthcare of New York, Inc.**

169

**MVP Health Plan, Inc.**

32

**NY Quality Healthcare Corporation ( dba Fidelis)**

679

**United Healthcare of New York, Inc.**

403

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**D1X.4**

**Count of resolved program integrity investigations**

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

**Capital District Physicians' Health Plan, Inc.**

92

**Excellus Health Plan, Inc.**

41

**Health Insurance Plan of Greater New York**

23

**HealthFirst PHSP, Inc.**

84

**Highmark Western and Northeastern New York Inc.**

26

**Anthem HP, LLC**

341

**Independent Health Association, Inc.**

53

**MetroPlus Health Plan, Inc.**

57

**Molina Healthcare of New York, Inc.**

188

**MVP Health Plan, Inc.**

**NY Quality Healthcare Corporation ( dba Fidelis)**

610

**United Healthcare of New York, Inc.**

177

**D1X.6****Referral path for program integrity referrals to the state**

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

**Capital District Physicians' Health Plan, Inc.**

Makes referrals to the SMA and MFCU concurrently

**Excellus Health Plan, Inc.**

Makes referrals to the State Medicaid Agency (SMA) only

**Health Insurance Plan of Greater New York**

Makes referrals to the State Medicaid Agency (SMA) only

**HealthFirst PHSP, Inc.**

Makes referrals to the State Medicaid Agency (SMA) only

**Highmark Western and Northeastern New York Inc.**

Makes referrals to the State Medicaid Agency (SMA) only

**Anthem HP, LLC**

Makes referrals to the State Medicaid Agency (SMA) only

**Independent Health Association, Inc.**

Makes referrals to the State Medicaid Agency (SMA) only

**MetroPlus Health Plan, Inc.**

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

**Molina Healthcare of New York, Inc.**

Makes referrals to the State Medicaid Agency (SMA) only

**MVP Health Plan, Inc.**

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

**NY Quality Healthcare Corporation ( dba Fidelis)**

Makes referrals to the SMA and MFCU concurrently

**United Healthcare of New York, Inc.**

Makes referrals to the SMA and MFCU concurrently

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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.

**Capital District Physicians' Health Plan, Inc.**

Not applicable

**Excellus Health Plan, Inc.**

Not applicable

**Health Insurance Plan of Greater New York**

Not applicable

**HealthFirst PHSP, Inc.**

Not applicable

**Highmark Western and Northeastern New York Inc.**

Not applicable

**Anthem HP, LLC**

Not applicable

**Independent Health Association, Inc.**

Not applicable

**MetroPlus Health Plan, Inc.**

21

**Molina Healthcare of New York, Inc.**

Not applicable

**MVP Health Plan, Inc.**

24

**NY Quality Healthcare Corporation ( dba Fidelis)**

Not applicable

**United Healthcare of New York, Inc.**

Not applicable

**D1X.7**

**Count of program integrity referrals to the state**

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

**Capital District Physicians' Health Plan, Inc.**

Not applicable

**Excellus Health Plan, Inc.**

26

**Health Insurance Plan of Greater New York**

3

**HealthFirst PHSP, Inc.**

66

**Highmark Western and Northeastern New York Inc.**

3

**Anthem HP, LLC**

86

**Independent Health Association, Inc.**

28

**MetroPlus Health Plan, Inc.**

Not applicable

**Molina Healthcare of New York, Inc.**

53

**MVP Health Plan, Inc.**

Not applicable

**NY Quality Healthcare Corporation ( dba Fidelis)**

Not applicable

**United Healthcare 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 unduplicated referrals.

**Capital District Physicians' Health Plan, Inc.**

8

**Excellus Health Plan, Inc.**

Not applicable

**Health Insurance Plan of Greater New York**

Not applicable

**HealthFirst PHSP, Inc.**

Not applicable

**Highmark Western and Northeastern New York Inc.**

Not applicable

**Anthem HP, LLC**

Not applicable

**Independent Health Association, Inc.**

Not applicable

**MetroPlus Health Plan, Inc.**

Not applicable

**Molina Healthcare of New York, Inc.**

Not applicable

**MVP Health Plan, Inc.**

Not applicable

**NY Quality Healthcare Corporation ( dba Fidelis)**

241

**United Healthcare of New York, Inc.**

38

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**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?

**Capital District Physicians' Health Plan, Inc.**

01/01/2024

**Excellus Health Plan, Inc.**

01/01/2024

**Health Insurance Plan of Greater New York**

01/01/2024

**HealthFirst PHSP, Inc.**

01/01/2024

**Highmark Western and Northeastern New York Inc.**

01/01/2024

**Anthem HP, LLC**

01/01/2023

**Independent Health Association, Inc.**

03/01/2025

**MetroPlus Health Plan, Inc.**

01/01/2024

**Molina Healthcare of New York, Inc.**

06/01/2025

**MVP Health Plan, Inc.**

04/01/2024

**NY Quality Healthcare Corporation ( dba Fidelis)**

04/01/2023

**United Healthcare of New York, Inc.**

04/01/2024

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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?

**Capital District Physicians' Health Plan, Inc.**

12/31/2024

**Excellus Health Plan, Inc.**

12/31/2024

**Health Insurance Plan of Greater New York**

12/31/2024

**HealthFirst PHSP, Inc.**

12/31/2024

**Highmark Western and Northeastern New York Inc.**

12/31/2024

**Anthem HP, LLC**

12/31/2023

**Independent Health Association, Inc.**

03/31/2025

**MetroPlus Health Plan, Inc.**

12/31/2024

**Molina Healthcare of New York, Inc.**

06/30/2025

**MVP Health Plan, Inc.**

03/01/2025

**NY Quality Healthcare Corporation ( dba Fidelis)**

03/31/2024

**United Healthcare of New York, Inc.**

03/31/2025

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

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

**Capital District Physicians' Health Plan, Inc.**

\$274,610

**Excellus Health Plan, Inc.**

\$1,712,019

**Health Insurance Plan of Greater New York**

\$8,208,768

**HealthFirst PHSP, Inc.**

\$28,960,484

**Highmark Western and Northeastern New York Inc.**

\$0

**Anthem HP, LLC**

\$0

**Independent Health Association, Inc.**

\$120,629.34

**MetroPlus Health Plan, Inc.**

\$2,887,160.68

**Molina Healthcare of New York, Inc.**

\$524,664.53

**MVP Health Plan, Inc.**

\$280,137.07

**NY Quality Healthcare Corporation ( dba Fidelis)**

\$130,003,833.60

**United Healthcare of New York, Inc.**

\$57,287.09

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**D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue**

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

**Capital District Physicians' Health Plan, Inc.**

\$392,239,093

**Excellus Health Plan, Inc.**

\$23

**Health Insurance Plan of Greater New York**

N/A

**HealthFirst PHSP, Inc.**

\$6,224,174,493

**Highmark Western and Northeastern New York Inc.**

\$0

**Anthem HP, LLC**

\$2,396,587,867

**Independent Health Association, Inc.**

\$0

**MetroPlus Health Plan, Inc.**

\$0

**Molina Healthcare of New York, Inc.**

\$1,121,909,596

**MVP Health Plan, Inc.**

\$688,029.35

**NY Quality Healthcare Corporation ( dba Fidelis)**

\$11,042,997,439

**United Healthcare of New York, Inc.**

\$1,233,367,198

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**D1X.10**

**Changes in beneficiary circumstances**

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

**Capital District Physicians' Health Plan, Inc.**

Weekly

**Excellus Health Plan, Inc.**

Daily

**Health Insurance Plan of Greater New York**

Weekly

**HealthFirst PHSP, Inc.**

Daily

**Highmark Western and Northeastern New York Inc.**

Weekly

**Anthem HP, LLC**

Weekly

**Independent Health Association, Inc.**

Promptly when plan receives information about the change

**MetroPlus Health Plan, Inc.**

Promptly when plan receives information about the change

**Molina Healthcare of New York, Inc.**

Daily

**MVP Health Plan, Inc.**

Daily

**NY Quality Healthcare Corporation ( dba Fidelis)**

Weekly

**United Healthcare of New York, Inc.**

Promptly when plan receives information about the change



**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 | <p data-bbox="359 103 657 139"><b>ILOSs offered by plan</b></p> <p data-bbox="359 159 699 253">Indicate whether this plan offered any ILOS to their enrollees.</p> | <p data-bbox="863 136 1409 204"><b>Capital District Physicians' Health Plan, Inc.</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 334 1314 418"><b>Excellus Health Plan, Inc.</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 492 1392 618"><b>Health Insurance Plan of Greater New York</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 691 1314 776"><b>HealthFirst PHSP, Inc.</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 849 1383 976"><b>Highmark Western and Northeastern New York Inc.</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 1049 1314 1133"><b>Anthem HP, LLC</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 1206 1377 1291"><b>Independent Health Association, Inc.</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 1364 1314 1448"><b>MetroPlus Health Plan, Inc.</b><br/>No ILOSs were offered by this plan</p> <p data-bbox="863 1521 1362 1606"><b>Molina Healthcare of New York, Inc.</b><br/>No ILOSs were offered by this plan</p> |

**MVP Health Plan, Inc.**

No ILOSs were offered by this plan

**NY Quality Healthcare Corporation ( dba Fidelis)**

No ILOSs were offered by this plan

**United Healthcare 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><br><br>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”.**

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

## Section E: BSS Entity Indicators

### Topic IX. Beneficiary Support System (BSS) Entities

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

| Number       | Indicator  | Response   |
|--------------|--|--|
| <b>EIX.1</b> | <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>NY Medicaid Choice Enrollment Broker</b></p> <p>Enrollment Broker</p> <p>Other, specify – Contracted vendor</p>  |
| <b>EIX.2</b> | <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>NY Medicaid Choice Enrollment Broker</b></p> <p>Enrollment Broker/Choice Counseling</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 |