Managed Care Program Annual Report (MCPAR) for New York: 2023-24 Health and Recovery Program (HARP)

Due date	Last edited	Edited by	Status
09/27/2024	09/30/2024	Anesa Brkanovic	Submitted

	Indicator	Response
	Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	New York
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	NYSDOH-OHIP: Division of Health Plan Contracting and Oversight (DHPCO)
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	bmcfhelp@health.ny.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Anesa Brkanovic
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	anesa.brkanovic@health.ny.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	09/30/2024

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	04/01/2023
A5b	**Reporting period end date** Auto-populated from report dashboard.	03/31/2024
A6	**Program name** Auto-populated from report dashboard.	2023-24 Health and Recovery Program (HARP)

Add plans (A.7)

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

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

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 438.71See 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 Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Enrollment Broker (NY Medicaid Choice)

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

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

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

Indicator	Response
ILOS name	New York State Medicaid Managed Care Alternative Services and Settings - In Lieu of Services (ILS) (ny.gov)

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

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

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** 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.	State Medicaid agency staff Other state agency staff State actuaries EQRO Proprietary system(s) Other, specify – Proprietary System -- State Medicaid agency staff and contract staff are tasked with evaluating validity of encounter data submissions Specifically --this is done by: 1) Optum, NYS Department of Health's encounter data intake vendor, 2) the Department staff, as well as 3) State vendors Deloitte and KPMG.
BIII.2	**HIPAA compliance of proprietary system(s) for encounter data validation** Were the system(s) utilized fully HIPAA compliant? Select one.	Yes

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** 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.	Office of Medicaid Inspector General performs a variety of PI activities via Managed Care Program Integrity Reviews (MCPIR) as well as various other PI activities relative to the specific program areas (e.g. LTSS)
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
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).	Sections: 19.5; 19.6; 22.7; 23.3
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	Pursuant to 42 CFR 438.608(c)(3), the 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, as reported to SDOH pursuant to Section 18.5(a)(viii)(G) or Section 22.5(b)(ix) of this Agreement, within sixty (60) days of identification, or receipt of notice, of such payments.
BX.5	**State overpayment reporting monitoring**	The Office of the Medicaid Inspector General (OMIG) can perform audits of financial reports

	Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	filed by Contractors after SDOH reviews and accepts the Contractor's report. If the audit determines that the Contractor's filed report contained misstatements of fact, causing the Contractor and/or other Contractors to receive an inappropriate capitation rate, the OMIG will recover any and all overpayments. The Contractor will be entitled to the audit rights afforded to providers in Section 517.5 and Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York. Nothing in this section shall limit SDOH, OMIG, or any other auditing entity from the development of alternative audit and/or recovery rights for time periods prior to the contract period, during the contract period, or subsequent to the contract period, or limit other remedies or rights available to SDOH, OMIG, or any other auditing entity relating to the timeliness, completeness and/or accuracy of the Contractor's reporting submission.
BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	New York State Department of Health (NYSDOH) has taken a proactive approach to improve the quality control of monthly Medicaid enrollments and premium payments. The NY Medicaid program operates through two enrollment systems, the Welfare Management System (WMS) and the New York State of Health (NYSOH), as well as multiple disenrollment channels. With multiple systems, a small percentage of discrepancies can occur, resulting in conflicting enrollments or incorrectly denied payments. To address these issues, NYSDOH has implemented an automated process that identifies discrepancies to produce a password-protected report that is shared with individual health plans. These monthly reports help health plans to promptly review and take corrective actions, ensuring the accuracy of Medicaid enrollment while ensuring that health plans are paid for their services. This proactive approach has been effective in addressing enrollment conflicts and payment disputes in a timely manner, benefiting both health plans and NYSDOH. Additionally, the Office of Medicaid Inspector General does periodic audits to identify improper payments, including if a member was deceased, incarcerated or disenrolled.

BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	**Changes in provider circumstances: Metrics** Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	**Federal database checks: Excluded person or entities** 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.	No
BX.9a	**Website posting of 5 percent or more ownership control** 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 §455.104 and required by 42 CFR 438.602(g)(3).	No
BX.10	**Periodic audits** 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	https://www.health.ny.gov/health_care/managed_care/reports/docs/cy2021_encounter_data_audit.pdf

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.

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** 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
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	03/01/2024
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.health.ny.gov/health_care/managed_care/providers/docs/mmc_fhp_hiv-snp_harp_model_contract.pdf
C1I.3	**Program type** 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)
C1I.4a	**Special program benefits** 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. 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.	Behavioral health Long-term services and supports (LTSS) Dental Transportation
C1I.4b	**Variation in special benefits** 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.	N/A
C1I.5	**Program enrollment** Enter the average number of individuals enrolled in this managed care program per	162,091

	month during the reporting year (i.e., average member months).	
C1I.6	**Changes to enrollment or benefits** Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.	There were no major changes to the population or benefits during the reporting year.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. 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)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
C1III.2	**Criteria/measures to evaluate MCP performance** 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. 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).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	"18.5 (iv) Reporting Requirements"

C1III.4	**Financial penalties contract language** 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 18.5 (iv)G; and State's Social Services Law Sec. 364 j(32)"
C1III.5	**Incentives for encounter data quality** 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
C1III.6	**Barriers to collecting/validating encounter data** 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 NYS implemented the OSDS encounter submission format during the reporting period and instructed plan to hold back encounter data during OSDS implementation (April 2023)until such time new system was ready to collect data (May 2023). This encounter submission hold led to some encounters being submitted outside the 15 day requirement for reporting.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident," as used for reporting purposes in its MLTSS program** 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.	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.
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	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.
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	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 Appendix F.2(4)(a)(ii) and (iii) of the Model Contract

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.	Appendix F.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 reciept of the Action Appeal or, if review has been extended as provided in 4)iii) above, not later than the date the extension expires.

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	**Gaps/challenges in network adequacy** 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.	The diverse geography of New York (rural versus urban) presents challenges in areas of the state where there are insufficient or no providers available to serve the population. Some providers are unwilling to comply with the provisions of the 21st Century Cures Act and enroll with the state's Medicaid program. Providers may be unwilling to accept Medicaid reimbursement rates or to contract with Managed Care plans.
C1V.2	**State response to gaps in network adequacy** How does the state work with MCPs to address gaps in network adequacy?	MCPs submit their provider networks on a quarterly basis. Network adequacy is reviewed at the county level. MCPs receive a report identifying where network inadequacies are identified. Subsequently, MCPs are responsible for providing NYS with a response as to the measures they are employing to help mitigate gaps in their provider networks. NYS will issue Statement of Deficiencies to MCPs in relation to identified gaps and require MCPs to submit Corrective Action Plans to address gaps in network adequacy. Where networks are inadequate, authorizations for out-of-network access are required. Additionally, MCPs work with NYS collaboratively to assess and assure provider market data is accurate.

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.

Access measure total count: 4

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

1 / 4

C2.V.2 Measure standard

See Medicaid Model Contract Section 15 health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv_snp_model_contract.pdf

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	County	Adult and pediatric

C2.V.7 Monitoring Methods

Secret shopper calls

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

2 / 4

C2.V.2 Measure standard

"dictionary.pdf (ny.gov) https://www.health.ny.gov/health_care/managed_care/adequacy_standards.htm"

C2.V.3 Standard type

Network Adequacy

C2.V.4 Provider

(All required provider types specific to approved lines of business in accordance with the applicable data dictionary provide by the Provider Network Data System)

C2.V.5 Region

(Certified Service Area -- County)

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Plan provider roster review

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

3 / 4

C2.V.2 Measure standard

Referral by NYS Bureau of Consumer Services for assessment of specific network providers where questions about adequacy arise.

C2.V.3 Standard type

network adequacy

C2.V.4 Provider

(All required provider types specific to approved lines of business in accordance with the applicable data dictionary provide by the Provider Network Data System)

C2.V.5 Region

(Certified Service Area -- County)

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

(As needed through referral by other state agencies, advocates or complaints field with other Bureaus)

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

4 / 4

C2.V.2 Measure standard

Identification of providers that have been identified on a federal or state exclusion list.

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

(All required provider types specific to approved lines of business in accordance with the applicable data dictionary provide by the Provider Network Data System)

C2.V.5 Region

(Certified Service Area -- County)

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Plan provider roster review

C2.V.8 Frequency of oversight methods

Quarterly

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** 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.	www.nymedicaidchoice.com
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Phone, Internet, Email, TTY, In-Person 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 touch base with the consumer and or their authorized representative to gather details and assess risk; House an effective data reporting system regarding enrollments, dis-enrollements, exemptions, transfers, outreach and education activities and complaints and grievances. Respond to internal research and analysis needs, or research 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.

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.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Beginning December 2024, this section must be completed for programs that include MCOs

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

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Capital District Physicians' Health Plan, Inc** 4,370 **Excellus Health Plan, Inc** 9,952 **Health Insurance Plan of Greater New York** 5,405 **Healthfirst PHSP, Inc.** 32,500 **Highmark Western & Northeastern New York Inc.** 125 **Independent Health Association, Inc.** 2,800 **MetroPlus Health Plan, Inc** 13,002 **Molina Healthcare of New York, Inc.** 9,356 **MVP Health Plan, Inc.** 7,566 **UnitedHealthcare of New York, Inc.** 2,684 **Anthem** 7,903 **New York Quality Health Care Corporation (Fidelis)** 45,025

D1I.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

0.1%

Excellus Health Plan, Inc

0.1%

Health Insurance Plan of Greater New York

0.1%

Healthfirst PHSP, Inc.

0.4%

Highmark Western & Northeastern New York Inc.

0%

Independent Health Association, Inc.

0%

MetroPlus Health Plan, Inc

0.2%

Molina Healthcare of New York, Inc.

0.1%

MVP Health Plan, Inc.

0.1%

UnitedHealthcare of New York, Inc.

0%

Anthem

0.1%

New York Quality Health Care Corporation (Fidelis)

0.6%

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

0.1%

Excellus Health Plan, Inc

0.2%

Health Insurance Plan of Greater New York

0.1%

Healthfirst PHSP, Inc.

0.6%

Highmark Western & Northeastern New York Inc.

0%

Independent Health Association, Inc.

0%

MetroPlus Health Plan, Inc

0.2%

Molina Healthcare of New York, Inc.

0.1%

MVP Health Plan, Inc.

0.1%

UnitedHealthcare of New York, Inc.

0%

Anthem

0.1%

New York Quality Health Care Corporation (Fidelis)

0.8%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	**Medical Loss Ratio (MLR)** What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	**Capital District Physicians' Health Plan, Inc** 95% **Excellus Health Plan, Inc** 90.5% **Health Insurance Plan of Greater New York** 89% **Healthfirst PHSP, Inc.** 93% **Highmark Western & Northeastern New York Inc.** 92% **Independent Health Association, Inc.** 101% **MetroPlus Health Plan, Inc** 93% **Molina Healthcare of New York, Inc.** 90% **MVP Health Plan, Inc.** 101% **UnitedHealthcare of New York, Inc.** 91% **Anthem** 92% **New York Quality Health Care Corporation (Fidelis)** 93%

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 & Northeastern New York Inc.** 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 **UnitedHealthcare of New York, Inc.** Program-specific statewide **Anthem** Program-specific statewide **New York Quality Health Care Corporation (Fidelis)** Program-specific statewide

D1II.2	**Population specific MLR description** Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	**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 & Northeastern New York Inc.** 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 **UnitedHealthcare of New York, Inc.** N/A **Anthem** N/A **New York Quality Health Care Corporation (Fidelis)** N/A

D1II.3	**MLR reporting period discrepancies** Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	**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 & Northeastern New York Inc.** Yes **Independent Health Association, Inc.** Yes **MetroPlus Health Plan, Inc** Yes **Molina Healthcare of New York, Inc.** Yes **MVP Health Plan, Inc.** Yes **UnitedHealthcare of New York, Inc.** Yes **Anthem** Yes **New York Quality Health Care Corporation (Fidelis)** Yes
N/A	Enter the start date.	**Capital District Physicians' Health Plan, Inc**

		04/01/2022
		Excellus Health Plan, Inc 04/01/2022
		Health Insurance Plan of Greater New York 04/01/2022
		Healthfirst PHSP, Inc. 04/01/2022
		Highmark Western & Northeastern New York Inc. 04/01/2022
		Independent Health Association, Inc. 04/01/2022
		MetroPlus Health Plan, Inc 04/01/2022
		Molina Healthcare of New York, Inc. 04/01/2022
		MVP Health Plan, Inc. 04/01/2022
		UnitedHealthcare of New York, Inc. 04/01/2022
		Anthem 04/01/2022
		New York Quality Health Care Corporation (Fidelis) 04/01/2022
N/A	Enter the end date.	**Capital District Physicians' Health Plan, Inc** 03/31/2024

Excellus Health Plan, Inc

03/31/2025

Health Insurance Plan of Greater New York

03/31/2026

Healthfirst PHSP, Inc.

03/31/2027

Highmark Western & Northeastern New York Inc.

03/31/2028

Independent Health Association, Inc.

03/31/2029

MetroPlus Health Plan, Inc

03/31/2030

Molina Healthcare of New York, Inc.

03/31/2031

MVP Health Plan, Inc.

03/31/2032

UnitedHealthcare of New York, Inc.

03/31/2034

Anthem

03/31/2023

New York Quality Health Care Corporation (Fidelis)

03/31/2033

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Capital District Physicians' Health Plan, Inc** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179). **Excellus Health Plan, Inc** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179). **Health Insurance Plan of Greater New York** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179). **Healthfirst PHSP, Inc.** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179). **Highmark Western & Northeastern New York Inc.** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179). **Independent Health Association, Inc.** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179). **MetroPlus Health Plan, Inc** Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179).

Molina Healthcare of New York, Inc.

Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179).

MVP Health Plan, Inc.

Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179).

UnitedHealthcare of New York, Inc.

Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179).

Anthem

Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179).

New York Quality Health Care Corporation (Fidelis)

Per Section 18.5 (a) (iv) of the Model Contract, encounters should not be submitted more than 15 days from the date of adjudication of the corresponding claim (page 179).

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

Capital District Physicians' Health Plan, Inc

100%

Excellus Health Plan, Inc

88%

Health Insurance Plan of Greater New York

76.58%

Healthfirst PHSP, Inc.

99%

from the managed care plan for the reporting year.

Highmark Western & Northeastern New York Inc.

100%

Independent Health Association, Inc.

51%

MetroPlus Health Plan, Inc

99.7%

Molina Healthcare of New York, Inc.

98%

MVP Health Plan, Inc.

99.54%

UnitedHealthcare of New York, Inc.

98%

Anthem

99%

New York Quality Health Care Corporation (Fidelis)

98.9%

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

99.86%

Health Insurance Plan of Greater New York

100%

Healthfirst PHSP, Inc.

100%

Highmark Western & Northeastern New York Inc.

99%

Independent Health Association, Inc.

100%

MetroPlus Health Plan, Inc

100%

Molina Healthcare of New York, Inc.

99%

MVP Health Plan, Inc.

100%

UnitedHealthcare of New York, Inc.

99%

Anthem

98%

New York Quality Health Care Corporation (Fidelis)

99.8%

Topic IV. Appeals, State Fair Hearings & Grievances

> ⚠ **Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".**

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year. 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.	**Capital District Physicians' Health Plan, Inc** 76 **Excellus Health Plan, Inc** 130 **Health Insurance Plan of Greater New York** 25 **Healthfirst PHSP, Inc.** 4,008 **Highmark Western & Northeastern New York Inc.** 1 **Independent Health Association, Inc.** 63 **MetroPlus Health Plan, Inc** 1,264 **Molina Healthcare of New York, Inc.** 32 **MVP Health Plan, Inc.** 72 **UnitedHealthcare of New York, Inc.** 176 **Anthem** 1,499 **New York Quality Health Care Corporation (Fidelis)** 6,272

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. If you choose not to respond prior to June 2025, enter "N/A".	**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 & Northeastern New York Inc.** 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 **UnitedHealthcare of New York, Inc.** N/A **Anthem** N/A **New York Quality Health Care Corporation (Fidelis)** N/A

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. If you choose not to respond prior to June 2025, enter "N/A".	**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 & Northeastern New York Inc.** 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 **UnitedHealthcare of New York, Inc.** N/A **Anthem** N/A **New York Quality Health Care Corporation (Fidelis)** N/A

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. If you choose not to respond prior to June 2025, enter "N/A".	**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 & Northeastern New York Inc.** 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 **UnitedHealthcare of New York, Inc.** N/A **Anthem** N/A **New York Quality Health Care Corporation (Fidelis)** N/A
D1IV.2	**Active appeals**	**Capital District Physicians' Health Plan, Inc**

	Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	17 **Excellus Health Plan, Inc** 1 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 28 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 1 **MetroPlus Health Plan, Inc** 247 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 4 **UnitedHealthcare of New York, Inc.** 4 **Anthem** 111 **New York Quality Health Care Corporation (Fidelis)** 74
D1IV.3	**Appeals filed on behalf of LTSS users**	**Capital District Physicians' Health Plan, Inc** 3

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).

Excellus Health Plan, Inc

19

Health Insurance Plan of Greater New York

5

Healthfirst PHSP, Inc.

1,786

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

24

MetroPlus Health Plan, Inc

31

Molina Healthcare of New York, Inc.

0

MVP Health Plan, Inc.

26

UnitedHealthcare of New York, Inc.

13

Anthem

1

New York Quality Health Care Corporation (Fidelis)

574

D1IV.4

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

Capital District Physicians' Health Plan, Inc

0

Excellus Health Plan, Inc

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".
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

Health Insurance Plan of Greater New York

0

Healthfirst PHSP, Inc.

46

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

0

MetroPlus Health Plan, Inc

0

Molina Healthcare of New York, Inc.

0

MVP Health Plan, Inc.

0

UnitedHealthcare of New York, Inc.

0

Anthem

0

New York Quality Health Care Corporation (Fidelis)

0

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.

Capital District Physicians' Health Plan, Inc

59

Excellus Health Plan, Inc

105

See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Health Insurance Plan of Greater New York

10

Healthfirst PHSP, Inc.

2,046

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

30

MetroPlus Health Plan, Inc

1,169

Molina Healthcare of New York, Inc.

28

MVP Health Plan, Inc.

31

UnitedHealthcare of New York, Inc.

122

Anthem

1,049

New York Quality Health Care Corporation (Fidelis)

3,157

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** 13 **Excellus Health Plan, Inc** 26 **Health Insurance Plan of Greater New York** 13 **Healthfirst PHSP, Inc.** 1,934 **Highmark Western & Northeastern New York Inc.** 1 **Independent Health Association, Inc.** 32 **MetroPlus Health Plan, Inc** 79 **Molina Healthcare of New York, Inc.** 3 **MVP Health Plan, Inc.** 41 **UnitedHealthcare of New York, Inc.** 51 **Anthem** 36 **New York Quality Health Care Corporation (Fidelis)** 937

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** 38 **Excellus Health Plan, Inc** 95 **Health Insurance Plan of Greater New York** 18 **Healthfirst PHSP, Inc.** 2,164 **Highmark Western & Northeastern New York Inc.** 1 **Independent Health Association, Inc.** 60 **MetroPlus Health Plan, Inc** 812 **Molina Healthcare of New York, Inc.** 26 **MVP Health Plan, Inc.** 65 **UnitedHealthcare of New York, Inc.** 163 **Anthem** 1,499 **New York Quality Health Care Corporation (Fidelis)** 4,041

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** 13 **Excellus Health Plan, Inc** 3 **Health Insurance Plan of Greater New York** 4 **Healthfirst PHSP, Inc.** 264 **Highmark Western & Northeastern New York Inc.** 1 **Independent Health Association, Inc.** 17 **MetroPlus Health Plan, Inc** 91 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 7 **UnitedHealthcare of New York, Inc.** 4 **Anthem** 1,231 **New York Quality Health Care Corporation (Fidelis)** 17

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** 57 **Excellus Health Plan, Inc** 29 **Health Insurance Plan of Greater New York** 3 **Healthfirst PHSP, Inc.** 1,568 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 2 **MetroPlus Health Plan, Inc** 441 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 5 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 32,658

D1IV.6d	**Resolved appeals related to service timeliness** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	**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 & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 0

D1IV.6e	**Resolved appeals related to lack of timely plan response to an appeal or grievance** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	**Capital District Physicians' Health Plan, Inc** 4 **Excellus Health Plan, Inc** 3 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 12 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** N/A **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 260 **New York Quality Health Care Corporation (Fidelis)** 200

D1IV.6f	**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	**Capital District Physicians' Health Plan, Inc** 0 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** N/A **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** N/A **MetroPlus Health Plan, Inc** 12 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 1 **New York Quality Health Care Corporation (Fidelis)** 131

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** N/A **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 0 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 4 **Anthem** 0 **New York Quality Health Care Corporation (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	**Resolved appeals related to general inpatient services** 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. 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".	**Capital District Physicians' Health Plan, Inc** 62 **Excellus Health Plan, Inc** 26 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 1,437 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 13 **MetroPlus Health Plan, Inc** 914 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 1 **UnitedHealthcare of New York, Inc.** 3 **Anthem** 1,159 **New York Quality Health Care Corporation (Fidelis)** 3,362

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, including diagnostic and laboratory services. 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

0

Excellus Health Plan, Inc

33

Health Insurance Plan of Greater New York

8

Healthfirst PHSP, Inc.

287

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

49

MetroPlus Health Plan, Inc

0

Molina Healthcare of New York, Inc.

7

MVP Health Plan, Inc.

0

UnitedHealthcare of New York, Inc.

37

Anthem

85

New York Quality Health Care Corporation (Fidelis)

1,844

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** 1 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 20 **Healthfirst PHSP, Inc.** 104 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 1 **MetroPlus Health Plan, Inc** 58 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 4 **Anthem** 10 **New York Quality Health Care Corporation (Fidelis)** 2

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** 0 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 4 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 11 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 1 **UnitedHealthcare of New York, Inc.** 9 **Anthem** 1 **New York Quality Health Care Corporation (Fidelis)** 11

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** 0 **Excellus Health Plan, Inc** 6 **Health Insurance Plan of Greater New York** 5 **Healthfirst PHSP, Inc.** 41 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 5 **MetroPlus Health Plan, Inc** N/A **Molina Healthcare of New York, Inc.** 4 **MVP Health Plan, Inc.** 2 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 21 **New York Quality Health Care Corporation (Fidelis)** 32

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** 3 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 5 **Healthfirst PHSP, Inc.** 73 **Highmark Western & Northeastern New York Inc.** 1 **Independent Health Association, Inc.** 2 **MetroPlus Health Plan, Inc** 44 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 8 **UnitedHealthcare of New York, Inc.** 24 **Anthem** 7 **New York Quality Health Care Corporation (Fidelis)** 50

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** 1 **Excellus Health Plan, Inc** 24 **Health Insurance Plan of Greater New York** 5 **Healthfirst PHSP, Inc.** 1,608 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 10 **MetroPlus Health Plan, Inc** 22 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 26 **UnitedHealthcare of New York, Inc.** 12 **Anthem** 5 **New York Quality Health Care Corporation (Fidelis)** 0

D1IV.7h	**Resolved appeals related to dental services** Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	**Capital District Physicians' Health Plan, Inc** 52 **Excellus Health Plan, Inc** 18 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 449 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 20 **MetroPlus Health Plan, Inc** 62 **Molina Healthcare of New York, Inc.** 44 **MVP Health Plan, Inc.** 16 **UnitedHealthcare of New York, Inc.** 86 **Anthem** 77 **New York Quality Health Care Corporation (Fidelis)** 388

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** N/A **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 0 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** N/A **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 0

D1IV.7j	**Resolved appeals related to other service types** Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".	**Capital District Physicians' Health Plan, Inc** 27 **Excellus Health Plan, Inc** 54 **Health Insurance Plan of Greater New York** 2 **Healthfirst PHSP, Inc.** 6 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 45 **MetroPlus Health Plan, Inc** 215 **Molina Healthcare of New York, Inc.** 71 **MVP Health Plan, Inc.** 20 **UnitedHealthcare of New York, Inc.** 5 **Anthem** 232 **New York Quality Health Care Corporation (Fidelis)** 0

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	**Capital District Physicians' Health Plan, Inc** 0 **Excellus Health Plan, Inc** 22 **Health Insurance Plan of Greater New York** 9 **Healthfirst PHSP, Inc.** 233 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 41 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 26 **Anthem** 20 **New York Quality Health Care Corporation (Fidelis)** 52

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

2

Health Insurance Plan of Greater New York

0

Healthfirst PHSP, Inc.

36

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

0

MetroPlus Health Plan, Inc

9

Molina Healthcare of New York, Inc.

0

MVP Health Plan, Inc.

0

UnitedHealthcare of New York, Inc.

0

Anthem

1

New York Quality Health Care Corporation (Fidelis)

3

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** 6 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 41 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 1 **MetroPlus Health Plan, Inc** 7 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 2 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 12 **New York Quality Health Care Corporation (Fidelis)** 4

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

9

Health Insurance Plan of Greater New York

2

Healthfirst PHSP, Inc.

47

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

0

MetroPlus Health Plan, Inc

8

Molina Healthcare of New York, Inc.

0

MVP Health Plan, Inc.

3

UnitedHealthcare of New York, Inc.

5

Anthem

7

New York Quality Health Care Corporation (Fidelis)

19

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** 2 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 62 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 21 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 2 **UnitedHealthcare of New York, Inc.** 3 **Anthem** 4 **New York Quality Health Care Corporation (Fidelis)** 75

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** 5 **Health Insurance Plan of Greater New York** 4 **Healthfirst PHSP, Inc.** 113 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 14 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 4 **UnitedHealthcare of New York, Inc.** 2 **Anthem** 12 **New York Quality Health Care Corporation (Fidelis)** 113

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** 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.	**Capital District Physicians' Health Plan, Inc** 11 **Excellus Health Plan, Inc** 104 **Health Insurance Plan of Greater New York** 41 **Healthfirst PHSP, Inc.** 1,074 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 10 **MetroPlus Health Plan, Inc** 115 **Molina Healthcare of New York, Inc.** 82 **MVP Health Plan, Inc.** 19 **UnitedHealthcare of New York, Inc.** 158 **Anthem** 88 **New York Quality Health Care Corporation (Fidelis)** 370

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

1

Excellus Health Plan, Inc

3

Health Insurance Plan of Greater New York

0

Healthfirst PHSP, Inc.

72

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

0

MetroPlus Health Plan, Inc

0

Molina Healthcare of New York, Inc.

0

MVP Health Plan, Inc.

0

UnitedHealthcare of New York, Inc.

12

Anthem

10

New York Quality Health Care Corporation (Fidelis)

15

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** 1 **Excellus Health Plan, Inc** 9 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 680 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 4 **MetroPlus Health Plan, Inc** 22 **Molina Healthcare of New York, Inc.** 4 **MVP Health Plan, Inc.** 8 **UnitedHealthcare of New York, Inc.** 6 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 47

D1IV.13	**Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance** For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS 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	**Capital District Physicians' Health Plan, Inc** 0 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 23 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 0

	grievance preceded the filing of the critical incident.

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** 5 **Excellus Health Plan, Inc** 97 **Health Insurance Plan of Greater New York** 40 **Healthfirst PHSP, Inc.** 1,072 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 10 **MetroPlus Health Plan, Inc** 107 **Molina Healthcare of New York, Inc.** 78 **MVP Health Plan, Inc.** 19 **UnitedHealthcare of New York, Inc.** 157 **Anthem** 55 **New York Quality Health Care Corporation (Fidelis)** 310

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** 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".	**Capital District Physicians' Health Plan, Inc** 0 **Excellus Health Plan, Inc** 5 **Health Insurance Plan of Greater New York** 9 **Healthfirst PHSP, Inc.** 0 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 1 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 6 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 8 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 7

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, including diagnostic and laboratory services. 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

1

Excellus Health Plan, Inc

12

Health Insurance Plan of Greater New York

21

Healthfirst PHSP, Inc.

0

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

9

MetroPlus Health Plan, Inc

0

Molina Healthcare of New York, Inc.

N/A

MVP Health Plan, Inc.

0

UnitedHealthcare of New York, Inc.

87

Anthem

0

New York Quality Health Care Corporation (Fidelis)

3

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** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 0 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 3 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 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** 1 **Excellus Health Plan, Inc** 1 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 7 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 4 **Molina Healthcare of New York, Inc.** 4 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 10 **Anthem** 2 **New York Quality Health Care Corporation (Fidelis)** 1

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

0

Health Insurance Plan of Greater New York

0

Healthfirst PHSP, Inc.

29

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

0

MetroPlus Health Plan, Inc

N/A

Molina Healthcare of New York, Inc.

2

MVP Health Plan, Inc.

0

UnitedHealthcare of New York, Inc.

4

Anthem

0

New York Quality Health Care Corporation (Fidelis)

3

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** 0 **Excellus Health Plan, Inc** 1 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 0 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 1 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 3 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 2

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** 0 **Health Insurance Plan of Greater New York** 0 **Healthfirst PHSP, Inc.** 354 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 9 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 1 **UnitedHealthcare of New York, Inc.** 6 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 12

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

32

Excellus Health Plan, Inc

27

Health Insurance Plan of Greater New York

2

Healthfirst PHSP, Inc.

68

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

3

MetroPlus Health Plan, Inc

32

Molina Healthcare of New York, Inc.

20

MVP Health Plan, Inc.

9

UnitedHealthcare of New York, Inc.

33

Anthem

21

New York Quality Health Care Corporation (Fidelis)

187

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** N/A **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 1 **Healthfirst PHSP, Inc.** 3 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** N/A **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 1

D1IV.15j

Resolved grievances related to other service types

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

Capital District Physicians' Health Plan, Inc

8

Excellus Health Plan, Inc

53

Health Insurance Plan of Greater New York

7

Healthfirst PHSP, Inc.

0

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

10

MetroPlus Health Plan, Inc

99

Molina Healthcare of New York, Inc.

70

MVP Health Plan, Inc.

9

UnitedHealthcare of New York, Inc.

4

Anthem

85

New York Quality Health Care Corporation (Fidelis)

154

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** 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.	**Capital District Physicians' Health Plan, Inc** 0 **Excellus Health Plan, Inc** 3 **Health Insurance Plan of Greater New York** 10 **Healthfirst PHSP, Inc.** 382 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 5 **MetroPlus Health Plan, Inc** 10 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 23 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 66

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** 1 **Healthfirst PHSP, Inc.** 25 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 5 **MVP Health Plan, Inc.** 2 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 2 **New York Quality Health Care Corporation (Fidelis)** 21

D1IV.16c	**Resolved grievances related to 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** 0 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 6 **Healthfirst PHSP, Inc.** 14 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 5 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 13 **UnitedHealthcare of New York, Inc.** 21 **Anthem** 6 **New York Quality Health Care Corporation (Fidelis)** 51

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

14

Excellus Health Plan, Inc

0

Health Insurance Plan of Greater New York

6

Healthfirst PHSP, Inc.

97

Highmark Western & Northeastern New York Inc.

0

Independent Health Association, Inc.

5

MetroPlus Health Plan, Inc

6

Molina Healthcare of New York, Inc.

0

MVP Health Plan, Inc.

9

UnitedHealthcare of New York, Inc.

76

Anthem

0

New York Quality Health Care Corporation (Fidelis)

137

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** 0 **Healthfirst PHSP, Inc.** 14 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 1

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** 2 **Health Insurance Plan of Greater New York** 13 **Healthfirst PHSP, Inc.** 71 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 24 **Molina Healthcare of New York, Inc.** 47 **MVP Health Plan, Inc.** 5 **UnitedHealthcare of New York, Inc.** 34 **Anthem** 13 **New York Quality Health Care Corporation (Fidelis)** 51

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 perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	**Capital District Physicians' Health Plan, Inc** 0 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 3 **Healthfirst PHSP, Inc.** 0 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 36 **Molina Healthcare of New York, Inc.** 183 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 0

D1IV.16h	**Resolved grievances related to abuse, neglect or exploitation** Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	**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 & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 3

D1IV.16i	**Resolved grievances related to lack of timely plan response to a 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 & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 0

D1IV.16j	**Resolved grievances related to plan denial of expedited appeal** Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.	**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 & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 0 **Molina Healthcare of New York, Inc.** 0 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 0 **Anthem** 0 **New York Quality Health Care Corporation (Fidelis)** 0

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** 0 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 2 **Healthfirst PHSP, Inc.** 4 **Highmark Western & Northeastern New York Inc.** 0 **Independent Health Association, Inc.** 0 **MetroPlus Health Plan, Inc** 34 **Molina Healthcare of New York, Inc.** 30 **MVP Health Plan, Inc.** 0 **UnitedHealthcare of New York, Inc.** 4 **Anthem** 67 **New York Quality Health Care Corporation (Fidelis)** 4

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.

Quality & performance measure total count: 29

Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

67.82

Excellus Health Plan, Inc

68.48

Health Insurance Plan of Greater New York

67.46

Healthfirst PHSP, Inc.

67.04

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

63.89

MetroPlus Health Plan, Inc

62.07

Molina Healthcare of New York, Inc.

65.93

MVP Health Plan, Inc.

68.01

UnitedHealthcare of New York, Inc.

60.42

Anthem

66.55

New York Quality Health Care Corporation (Fidelis)

67.66

Complete

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

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, 01/01/2022 - 12/31/2022

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

41.37

Excellus Health Plan, Inc

41.82

Health Insurance Plan of Greater New York

51.05

Healthfirst PHSP, Inc.

42.99

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

49.77

MetroPlus Health Plan, Inc

45.54

Molina Healthcare of New York, Inc.

45.12

MVP Health Plan, Inc.

47.10

UnitedHealthcare of New York, Inc.

43.19

Anthem

42.33

New York Quality Health Care Corporation (Fidelis)

47.36

Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (Ages 19-64)

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

The percentage of adults 19–64 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

67.29

Excellus Health Plan, Inc

58.20

Health Insurance Plan of Greater New York

57.30

Healthfirst PHSP, Inc.

66.52

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

65.22

MetroPlus Health Plan, Inc

34.07

Molina Healthcare of New York, Inc.

53.09

MVP Health Plan, Inc.

37.30

UnitedHealthcare of New York, Inc.

45.67

Anthem

50.00

New York Quality Health Care Corporation (Fidelis)

45.67

Complete

D2.VII.1 Measure Name: Breast Cancer Screening

4 / 29

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

51.17

Excellus Health Plan, Inc

57.19

Health Insurance Plan of Greater New York

52.38

Healthfirst PHSP, Inc.

62.07

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

60.70

MetroPlus Health Plan, Inc

47.87

Molina Healthcare of New York, Inc.

54.84

MVP Health Plan, Inc.

47.95

UnitedHealthcare of New York, Inc.

49.75

Anthem

51.76

New York Quality Health Care Corporation (Fidelis)

52.26

Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

5 / 29

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

67.60

Excellus Health Plan, Inc

67.22

Health Insurance Plan of Greater New York

56.61

Healthfirst PHSP, Inc.

70.07

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

70.22

MetroPlus Health Plan, Inc

62.28

Molina Healthcare of New York, Inc.

67.88

MVP Health Plan, Inc.

63.75

UnitedHealthcare of New York, Inc.

55.96

Anthem

63.59

New York Quality Health Care Corporation (Fidelis)

58.88

Complete

D2.VII.1 Measure Name: Chlamydia Screening (Ages 21-24)

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

71.43

Excellus Health Plan, Inc

63.85

Health Insurance Plan of Greater New York

N/A

Healthfirst PHSP, Inc.

82.88

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

N/A

MetroPlus Health Plan, Inc

70.59

Molina Healthcare of New York, Inc.

67.47

MVP Health Plan, Inc.

75.38

UnitedHealthcare of New York, Inc.

74.76

Anthem

80.52

New York Quality Health Care Corporation (Fidelis)

67.32

Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (Ages 50-75)

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

55.33

Excellus Health Plan, Inc

50.83

Health Insurance Plan of Greater New York

43.79

Healthfirst PHSP, Inc.

54.77

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

54.24

MetroPlus Health Plan, Inc

41.51

Molina Healthcare of New York, Inc.

43.93

MVP Health Plan, Inc.

48.05

UnitedHealthcare of New York, Inc.

36.15

Anthem

45.69

New York Quality Health Care Corporation (Fidelis)

44.89

Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (Ages 46-49)

8 / 29

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

22.12

Excellus Health Plan, Inc

25.31

Health Insurance Plan of Greater New York

20.10

Healthfirst PHSP, Inc.

23.13

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

27.10

MetroPlus Health Plan, Inc

19.47

Molina Healthcare of New York, Inc.

15.28

MVP Health Plan, Inc.

22.92

UnitedHealthcare of New York, Inc.

18.45

Anthem

24.54

New York Quality Health Care Corporation (Fidelis)

21.54

Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (Ages 46-75)

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

49.80

Excellus Health Plan, Inc

46.36

Health Insurance Plan of Greater New York

40.18

Healthfirst PHSP, Inc.

50.98

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

50.31

MetroPlus Health Plan, Inc

38.98

Molina Healthcare of New York, Inc.

39.53

MVP Health Plan, Inc.

44.44

UnitedHealthcare of New York, Inc.

33.17

Anthem

42.90

New York Quality Health Care Corporation (Fidelis)

40.96

Complete

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

10 / 29

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

77.13

Excellus Health Plan, Inc

65.82

Health Insurance Plan of Greater New York

64.95

Healthfirst PHSP, Inc.

73.16

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

68.58

MetroPlus Health Plan, Inc

67.82

Molina Healthcare of New York, Inc.

54.50

MVP Health Plan, Inc.

63.50

UnitedHealthcare of New York, Inc.

61.80

Anthem

60.34

New York Quality Health Care Corporation (Fidelis)

63.99

Complete

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

D2.VII.2 Measure Domain

Behavioral health care

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

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

Program-specific rate

0418

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

23.20

Excellus Health Plan, Inc

3.09

Health Insurance Plan of Greater New York

0.90

Healthfirst PHSP, Inc.

3.81

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

6.16

MetroPlus Health Plan, Inc

0.00

Molina Healthcare of New York, Inc.

0.70

MVP Health Plan, Inc.

0.00

UnitedHealthcare of New York, Inc.

0.50

Anthem

0.45

New York Quality Health Care Corporation (Fidelis)

0.00

Complete

D2.VII.1 Measure Name: Depression Screening and Follow-Up for Adolescents and Adults Follow-up on Positive Screen (Total)

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

HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

82.83

Excellus Health Plan, Inc

N/A

Health Insurance Plan of Greater New York

N/A

Healthfirst PHSP, Inc.

84.21

Highmark Western & Northeastern New York Inc.

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

UnitedHealthcare of New York, Inc.

N/A

Anthem

N/A

New York Quality Health Care Corporation (Fidelis)

N/A

Complete

D2.VII.1 Measure Name: Depression Screening and Follow-Up for Adolescents and Adults Follow-up on Positive Screen (Composite)

D2.VII.2 Measure Domain

Behavioral health care

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

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

Program-specific rate

0418

D2.VII.6 Measure Set

State-specific

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

No, 01/01/2022 - 12/31/2022

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

26.37

Excellus Health Plan, Inc

3.40

Health Insurance Plan of Greater New York

1.15

Healthfirst PHSP, Inc.

4.23

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

6.61

MetroPlus Health Plan, Inc

0.00

Molina Healthcare of New York, Inc.

0.77

MVP Health Plan, Inc.

0.00

UnitedHealthcare of New York, Inc.

0.60

Anthem

0.48

New York Quality Health Care Corporation (Fidelis)

0.00

Complete

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

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

80.42

Excellus Health Plan, Inc

79.96

Health Insurance Plan of Greater New York

74.94

Healthfirst PHSP, Inc.

82.73

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

72.47

MetroPlus Health Plan, Inc

82.71

Molina Healthcare of New York, Inc.

77.34

MVP Health Plan, Inc.

78.77

UnitedHealthcare of New York, Inc.

79.14

Anthem

82.27

New York Quality Health Care Corporation (Fidelis)

80.04

Complete

D2.VII.1 Measure Name: Flu Vaccination for Adults Ages 18-64

15 / 29

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0039

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

49.24

Excellus Health Plan, Inc

51.87

Health Insurance Plan of Greater New York

46.59

Healthfirst PHSP, Inc.

48.54

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

50.14

MetroPlus Health Plan, Inc

48.38

Molina Healthcare of New York, Inc.

54.00

MVP Health Plan, Inc.

46.95

UnitedHealthcare of New York, Inc.

40.41

Anthem

45.60

New York Quality Health Care Corporation (Fidelis)

44.00

Complete

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

16 / 29

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

43.76

Excellus Health Plan, Inc

42.49

Health Insurance Plan of Greater New York

36.45

Healthfirst PHSP, Inc.

40.09

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

52.31

MetroPlus Health Plan, Inc

36.60

Molina Healthcare of New York, Inc.

29.17

MVP Health Plan, Inc.

35.28

UnitedHealthcare of New York, Inc.

33.91

Anthem

39.29

New York Quality Health Care Corporation (Fidelis)

44.32

Complete

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

17 / 29

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

54.95

Excellus Health Plan, Inc

52.02

Health Insurance Plan of Greater New York

40.99

Healthfirst PHSP, Inc.

71.92

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

50.31

MetroPlus Health Plan, Inc

44.14

Molina Healthcare of New York, Inc.

36.16

MVP Health Plan, Inc.

63.70

UnitedHealthcare of New York, Inc.

54.79

Anthem

56.13

New York Quality Health Care Corporation (Fidelis)

57.15

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness Within 7 Days (65+)

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

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.

70.00

Highmark Western & Northeastern New York Inc.

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

UnitedHealthcare of New York, Inc.

N/A

Anthem

N/A

New York Quality Health Care Corporation (Fidelis)

29.03

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness Within 7 Days (Ages 18-64)

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

53.93

Excellus Health Plan, Inc

50.37

Health Insurance Plan of Greater New York

39.20

Healthfirst PHSP, Inc.

70.39

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

48.13

MetroPlus Health Plan, Inc

40.83

Molina Healthcare of New York, Inc.

34.00

MVP Health Plan, Inc.

58.51

UnitedHealthcare of New York, Inc.

53.22

Anthem

54.50

New York Quality Health Care Corporation (Fidelis)

55.10

Complete

D2.VII.1 Measure Name: Getting Care Needed

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

88.56

Excellus Health Plan, Inc

76.72

Health Insurance Plan of Greater New York

77.66

Healthfirst PHSP, Inc.

78.98

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

79.90

MetroPlus Health Plan, Inc

72.99

Molina Healthcare of New York, Inc.

76.85

MVP Health Plan, Inc.

81.18

UnitedHealthcare of New York, Inc.

76.02

Anthem

80.20

New York Quality Health Care Corporation (Fidelis)

81.66

Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD - Total - Total

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

HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

19.85

Excellus Health Plan, Inc

21.84

Health Insurance Plan of Greater New York

25.72

Healthfirst PHSP, Inc.

15.00

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

17.76

MetroPlus Health Plan, Inc

18.29

Molina Healthcare of New York, Inc.

20.95

MVP Health Plan, Inc.

23.71

UnitedHealthcare of New York, Inc.

21.86

Anthem

18.03

New York Quality Health Care Corporation (Fidelis)

23.59

Complete

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

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, 01/01/2022 - 12/31/2022

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

50.98

Excellus Health Plan, Inc

53.78

Health Insurance Plan of Greater New York

34.20

Healthfirst PHSP, Inc.

28.22

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

37.42

MetroPlus Health Plan, Inc

39.87

Molina Healthcare of New York, Inc.

39.17

MVP Health Plan, Inc.

50.82

UnitedHealthcare of New York, Inc.

46.19

Anthem

34.33

New York Quality Health Care Corporation (Fidelis)

47.52

Complete

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

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

38.74

Excellus Health Plan, Inc

38.33

Health Insurance Plan of Greater New York

31.26

Healthfirst PHSP, Inc.

32.12

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

37.16

MetroPlus Health Plan, Inc

38.31

Molina Healthcare of New York, Inc.

32.65

MVP Health Plan, Inc.

31.66

UnitedHealthcare of New York, Inc.

24.18

Anthem

29.46

New York Quality Health Care Corporation (Fidelis)

32.43

Complete

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

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

80.83

Excellus Health Plan, Inc

75.47

Health Insurance Plan of Greater New York

69.15

Healthfirst PHSP, Inc.

77.69

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

81.85

MetroPlus Health Plan, Inc

65.82

Molina Healthcare of New York, Inc.

62.50

MVP Health Plan, Inc.

72.88

UnitedHealthcare of New York, Inc.

69.33

Anthem

68.81

New York Quality Health Care Corporation (Fidelis)

69.09

Complete

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

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

69.29

Excellus Health Plan, Inc

70.98

Health Insurance Plan of Greater New York

63.37

Healthfirst PHSP, Inc.

64.21

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

70.59

MetroPlus Health Plan, Inc

63.14

Molina Healthcare of New York, Inc.

64.81

MVP Health Plan, Inc.

62.13

UnitedHealthcare of New York, Inc.

62.90

Anthem

58.80

New York Quality Health Care Corporation (Fidelis)

62.77

Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease - Adherent (F 40-75)

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

76.12

Excellus Health Plan, Inc

73.40

Health Insurance Plan of Greater New York

67.57

Healthfirst PHSP, Inc.

69.21

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

70.97

MetroPlus Health Plan, Inc

71.76

Molina Healthcare of New York, Inc.

64.79

MVP Health Plan, Inc.

65.22

UnitedHealthcare of New York, Inc.

66.18

Anthem

59.18

New York Quality Health Care Corporation (Fidelis)

66.54

Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease - Adherent (M 21-75)

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

63.01

Excellus Health Plan, Inc

69.23

Health Insurance Plan of Greater New York

60.94

Healthfirst PHSP, Inc.

59.24

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

70.27

MetroPlus Health Plan, Inc

58.82

Molina Healthcare of New York, Inc.

64.84

MVP Health Plan, Inc.

58.44

UnitedHealthcare of New York, Inc.

61.02

Anthem

58.47

New York Quality Health Care Corporation (Fidelis)

59.89

Complete

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

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

21.21

Excellus Health Plan, Inc

21.69

Health Insurance Plan of Greater New York

26.04

Healthfirst PHSP, Inc.

27.55

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

19.72

MetroPlus Health Plan, Inc

26.64

Molina Healthcare of New York, Inc.

20.11

MVP Health Plan, Inc.

22.61

UnitedHealthcare of New York, Inc.

27.22

Anthem

30.00

New York Quality Health Care Corporation (Fidelis)

28.26

Complete

D2.VII.1 Measure Name: Viral Load Suppression

29 / 29

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Capital District Physicians' Health Plan, Inc

77.00

Excellus Health Plan, Inc

71.61

Health Insurance Plan of Greater New York

64.91

Healthfirst PHSP, Inc.

64.89

Highmark Western & Northeastern New York Inc.

N/A

Independent Health Association, Inc.

79.31

MetroPlus Health Plan, Inc

54.47

Molina Healthcare of New York, Inc.

71.25

MVP Health Plan, Inc.

76.73

UnitedHealthcare of New York, Inc.

56.32

Anthem

65.49

New York Quality Health Care Corporation (Fidelis)

68.70

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. Include any pending or unresolved actions.

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.

Sanction total count: 34

Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)
Target Survey, Contracts

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 08/23/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)
Target Survey, Member Services, Non- UR

D3.VIII.3 Plan name

New York Quality Health Care Corporation (Fidelis)

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

09/07/2023

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

Yes, remediated 09/23/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Other (free text, specify) Comprehensive Survey, Medicaid Contract, UR, Delegate Oversight

D3.VIII.3 Plan name

Healthfirst PHSP, 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

10/20/2022

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

Yes, remediated 12/01/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Other (free text, specify) Target Survey, UR, QA

D3.VIII.3 Plan name

Independent Health Association, Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

N/A

2

D3.VIII.7 Date assessed

09/07/2023

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

Yes, remediated 12/06/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

5 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)
Target survey, SDED Pharmacy, UR

D3.VIII.3 Plan name

Anthem

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

9

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/07/2023

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

Yes, remediated 12/31/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

6 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)
Comprehensive, BH Claims, BH Case Management, UR, Network, Non-UR

D3.VIII.3 Plan name

Molina Healthcare of New York, Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

17

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

02/15/2023

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

7 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)
Target Survey, Contracts

D3.VIII.3 Plan name

Highmark Western & Northeastern New York Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

12/27/2023

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

No, no remediation

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

8 / 34

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Other (free text, specify) Focus Survey, Complaints

New York Quality Health Care Corporation (Fidelis)

D3.VIII.4 Reason for intervention

Annual Operational Survey

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 11/24/2022

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Other (free text, specify) Focus Survey, Complaints

D3.VIII.3 Plan name

UnitedHealthcare of New York, Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

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 02/14/2024

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Other (free text, specify)
Focus Survey, BH

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

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 04/30/2024

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Other (free text, specify)
Focus Survey, BH

D3.VIII.3 Plan name

Anthem

D3.VIII.4 Reason for intervention

Annual Operational Survey

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 06/15/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

12 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify) Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

Anthem

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 08/31/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

13 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

Excellus Health Plan, Inc

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

N/A

2

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 09/06/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

14 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

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

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 06/14/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

15 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

Highmark Western & Northeastern New York Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 08/22/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

16 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

Independent Health Association, Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 03/22/2024

D3.VIII.9 Corrective action plan

No

D3.VIII.1 Intervention type: Corrective action plan

17 / 34

Complete

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

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

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 05/31/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

Molina Healthcare of New York, Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 06/27/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

19 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

New York Quality Health Care Corporation (Fidelis)

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

Yes, remediated 08/01/2023

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

20 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, SD/ED Supplies and Treatments

D3.VIII.3 Plan name

UnitedHealthcare of New York, Inc.

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/28/2023

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

21 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify) Focus Survey, MHPAEA Compliance

D3.VIII.3 Plan name

New York Quality Health Care Corporation (Fidelis)

D3.VIII.4 Reason for intervention

Annual Operational Survey

Sanction details

D3.VIII.5 Instances of non-compliance

1

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 06/30/2024

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

22 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, MHPAEA Compliance

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

3

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 09/30/2024

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

23 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Focus Survey, MHPAEA Compliance

D3.VIII.3 Plan name

Molina Healthcare of New York, Inc.

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

01/17/2024

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

Yes, remediated 06/01/2024

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

24 / 34

D3.VIII.2 Plan performance issue

"Other (free text, specify) Behavioral Health Parity"

D3.VIII.3 Plan name

Capital District Physicians' Health Plan, Inc

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$41,000

D3.VIII.7 Date assessed

08/17/2023

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: Civil monetary penalty

25 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify) Behavioral Health Parity

D3.VIII.3 Plan name

Anthem

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$142,000

D3.VIII.7 Date assessed

08/17/2023

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: Civil monetary penalty

26 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)
Behavioral Health Parity

D3.VIII.3 Plan name

Excellus Health Plan, Inc

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$23,000

D3.VIII.7 Date assessed

08/14/2023

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: Civil monetary penalty

27 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Behavioral Health Parity

D3.VIII.3 Plan name

Health Insurance Plan of Greater New York

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

$87,000

1

D3.VIII.7 Date assessed

01/19/2024

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: Civil monetary penalty

28 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Behavioral Health Parity

D3.VIII.3 Plan name

Healthfirst PHSP, Inc.

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$121,000

D3.VIII.7 Date assessed

09/21/2023

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: Civil monetary penalty

29 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Behavioral Health Parity

D3.VIII.3 Plan name

Highmark Western & Northeastern New York Inc.

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$61,000

D3.VIII.7 Date assessed

04/01/2023

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: Civil monetary penalty

30 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Behavioral Health Parity

D3.VIII.3 Plan name

MVP Health Plan, Inc.

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$38,000

D3.VIII.7 Date assessed

06/26/2023

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: Civil monetary penalty

31 / 34

D3.VIII.2 Plan performance issue

Other (free text, specify)Behavioral Health Parity

D3.VIII.3 Plan name

UnitedHealthcare of New York, Inc.

D3.VIII.4 Reason for intervention

Repeated violation of Article 44 of the NYS Public Heatlh Law and Part 98 of Title 10 (Health) of the NY Codes, Rules and Regulations.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$66,000

D3.VIII.7 Date assessed

10/18/2023

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Encounter Data Submission

D3.VIII.3 Plan name

MetroPlus Health Plan, Inc

D3.VIII.4 Reason for intervention

Failure to submit complete encounter data pursuant to SSL 364(j)

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$101,908.68

D3.VIII.7 Date assessed

04/01/2023

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

No, no remediation

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Fine

33 / 34

D3.VIII.2 Plan performance issue

Encounter Data Submission

D3.VIII.3 Plan name

Capital District Physicians' Health Plan, Inc

D3.VIII.4 Reason for intervention

Failure to submit timely encounter data pursuant to SSL 364(j)

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$5,523.70

D3.VIII.7 Date assessed

10/01/2023

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

No, no remediation

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Fine

34 / 34

D3.VIII.2 Plan performance issue

Encounter Data Submission

D3.VIII.3 Plan name

Excellus Health Plan, Inc

D3.VIII.4 Reason for intervention

Failure to submit timely encounter data pursuant to 364(j)

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$27,693.48

D3.VIII.7 Date assessed

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

12/01/2023

No, no remediation

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** 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).	**Capital District Physicians' Health Plan, Inc** 7 **Excellus Health Plan, Inc** 0 **Health Insurance Plan of Greater New York** 6 **Healthfirst PHSP, Inc.** 90 **Highmark Western & Northeastern New York Inc.** 4 **Independent Health Association, Inc.** 16 **MetroPlus Health Plan, Inc** 40 **Molina Healthcare of New York, Inc.** 6.5 **MVP Health Plan, Inc.** 23 **UnitedHealthcare of New York, Inc.** 28.37 **Anthem** 9 **New York Quality Health Care Corporation (Fidelis)** 27

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

84

Excellus Health Plan, Inc

29

Health Insurance Plan of Greater New York

21

Healthfirst PHSP, Inc.

3

Highmark Western & Northeastern New York Inc.

3

Independent Health Association, Inc.

53

MetroPlus Health Plan, Inc

97

Molina Healthcare of New York, Inc.

227

MVP Health Plan, Inc.

5

UnitedHealthcare of New York, Inc.

74

Anthem

83

New York Quality Health Care Corporation (Fidelis)

20

D1X.3	**Ratio of opened program integrity investigations to enrollees** What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	**Capital District Physicians' Health Plan, Inc** 19.3:1,000 **Excellus Health Plan, Inc** 2.4633:1,000 **Health Insurance Plan of Greater New York** 0.8:0 **Healthfirst PHSP, Inc.** 0.09:1,000 **Highmark Western & Northeastern New York Inc.** 0.489583333:1,000 **Independent Health Association, Inc.** 0.051:1,000 **MetroPlus Health Plan, Inc** 0:1,000 **Molina Healthcare of New York, Inc.** 23:1,000 **MVP Health Plan, Inc.** 0.67:1,000 **UnitedHealthcare of New York, Inc.** 7.92:1,000 **Anthem** 83:7,795 **New York Quality Health Care Corporation (Fidelis)** 0.31:1,000

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

73

Excellus Health Plan, Inc

29

Health Insurance Plan of Greater New York

29

Healthfirst PHSP, Inc.

3

Highmark Western & Northeastern New York Inc.

1

Independent Health Association, Inc.

32

MetroPlus Health Plan, Inc

8

Molina Healthcare of New York, Inc.

256

MVP Health Plan, Inc.

16

UnitedHealthcare of New York, Inc.

73

Anthem

102

New York Quality Health Care Corporation (Fidelis)

17

D1X.5	**Ratio of resolved program integrity investigations to enrollees** What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	**Capital District Physicians' Health Plan, Inc** 16.77:1,000 **Excellus Health Plan, Inc** 2.4633:1,000 **Health Insurance Plan of Greater New York** 0.96:1,000 **Healthfirst PHSP, Inc.** 0.09:1,000 **Highmark Western & Northeastern New York Inc.** 0.40625:1,000 **Independent Health Association, Inc.** 0.031:1,000 **MetroPlus Health Plan, Inc** 0:1,000 **Molina Healthcare of New York, Inc.** 26:1,000 **MVP Health Plan, Inc.** 2.09:1,000 **UnitedHealthcare of New York, Inc.** 7.81:1,000 **Anthem** 102:7,795 **New York Quality Health Care Corporation (Fidelis)** 0.26:1,000

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 some referrals to the SMA and others directly to the MFCU **Highmark Western & Northeastern New York Inc.** Makes referrals to the State Medicaid Agency (SMA) only **Independent Health Association, Inc.** Makes referrals to the SMA and MFCU concurrently **MetroPlus Health Plan, Inc** Makes referrals to the Medicaid Fraud Control Unit (MFCU) only **Molina Healthcare of New York, Inc.** Makes referrals to the SMA and MFCU concurrently **MVP Health Plan, Inc.** Makes some referrals to the SMA and others directly to the MFCU **UnitedHealthcare of New York, Inc.** Makes referrals to the SMA and MFCU concurrently **Anthem**

Makes referrals to the State Medicaid Agency (SMA) only

New York Quality Health Care Corporation (Fidelis)

Makes referrals to the SMA and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

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

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 & Northeastern New York Inc.

Not applicable

Independent Health Association, Inc.

Not applicable

MetroPlus Health Plan, Inc

5

Molina Healthcare of New York, Inc.

Not applicable

MVP Health Plan, Inc.

Not applicable

UnitedHealthcare of New York, Inc.

Not applicable

Anthem

Not applicable

New York Quality Health Care Corporation (Fidelis)

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

22

Health Insurance Plan of Greater New York

5

Healthfirst PHSP, Inc.

Not applicable

Highmark Western & Northeastern New York Inc.

1

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

UnitedHealthcare of New York, Inc.

Not applicable

Anthem

17

New York Quality Health Care Corporation (Fidelis)

Not applicable

D1X.7

Count of program integrity referrals to the state

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

Capital District Physicians' Health Plan, Inc

11

Excellus Health Plan, Inc

Not applicable

Health Insurance Plan of Greater New York

Not applicable

Healthfirst PHSP, Inc.

Not applicable

Highmark Western & Northeastern New York Inc.

Not applicable

Independent Health Association, Inc.

28

MetroPlus Health Plan, Inc

Not applicable

Molina Healthcare of New York, Inc.

104

MVP Health Plan, Inc.

Not applicable

UnitedHealthcare of New York, Inc.

34

Anthem

Not applicable

New York Quality Health Care Corporation (Fidelis)

D1X.7	**Count of program integrity referrals to the state** Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.	**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.** 69 **Highmark Western & Northeastern New York Inc.** 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.** 7 **UnitedHealthcare of New York, Inc.** Not applicable **Anthem** Not applicable **New York Quality Health Care Corporation (Fidelis)** Not applicable

D1X.8

Ratio of program integrity referral to the state

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Capital District Physicians' Health Plan, Inc

0.11:1,000

Excellus Health Plan, Inc

1.8687:1,000

Health Insurance Plan of Greater New York

0.04:1,000

Healthfirst PHSP, Inc.

2.12:1,000

Highmark Western & Northeastern New York Inc.

0.40625:1,000

Independent Health Association, Inc.

0.37:1,000

MetroPlus Health Plan, Inc

0:1,000

Molina Healthcare of New York, Inc.

10.79:1,000

MVP Health Plan, Inc.

0.92:1,000

UnitedHealthcare of New York, Inc.

3.63:1,000

Anthem

6:121,527,778

New York Quality Health Care Corporation (Fidelis)

0.12:1,000

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** 04/01/2024 **Excellus Health Plan, Inc** 12/31/2023 **Health Insurance Plan of Greater New York** 01/01/2023 **Healthfirst PHSP, Inc.** 12/31/2024 **Highmark Western & Northeastern New York Inc.** 12/31/2024 **Independent Health Association, Inc.** 04/31/2023 **MetroPlus Health Plan, Inc** 01/01/2023 **Molina Healthcare of New York, Inc.** 01/01/2023 **MVP Health Plan, Inc.** 12/31/2024 **UnitedHealthcare of New York, Inc.** 12/31/2024 **Anthem** 12/31/2024 **New York Quality Health Care Corporation (Fidelis)** 12/31/2024

D1X.9b:	**Plan overpayment reporting to the state: End Date** What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	**Capital District Physicians' Health Plan, Inc** 04/01/2024 **Excellus Health Plan, Inc** 12/31/2023 **Health Insurance Plan of Greater New York** 12/31/2023 **Healthfirst PHSP, Inc.** 12/31/2024 **Highmark Western & Northeastern New York Inc.** 12/31/2024 **Independent Health Association, Inc.** 03/31/2024 **MetroPlus Health Plan, Inc** 12/31/2023 **Molina Healthcare of New York, Inc.** 12/31/2023 **MVP Health Plan, Inc.** 12/31/2024 **UnitedHealthcare of New York, Inc.** 12/31/2024 **Anthem** 12/31/2024 **New York Quality Health Care Corporation (Fidelis)** 12/31/2024

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** $42,354 **Excellus Health Plan, Inc** $219,635 **Health Insurance Plan of Greater New York** $1,748,690 **Healthfirst PHSP, Inc.** N/A **Highmark Western & Northeastern New York Inc.** N/A **Independent Health Association, Inc.** $39,668.01 **MetroPlus Health Plan, Inc** $125,569.73 **Molina Healthcare of New York, Inc.** $19,259 **MVP Health Plan, Inc.** $4,856.61 **UnitedHealthcare of New York, Inc.** $34,155,507.47 **Anthem** N/A **New York Quality Health Care Corporation (Fidelis)** $419,478.63

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

N/A

Excellus Health Plan, Inc

N/A

Health Insurance Plan of Greater New York

N/A

Healthfirst PHSP, Inc.

N/A

Highmark Western & Northeastern New York Inc.

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

UnitedHealthcare of New York, Inc.

N/A

Anthem

N/A

New York Quality Health Care Corporation (Fidelis)

N/A

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 & Northeastern New York Inc.** Promptly when plan receives information about the change **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 **UnitedHealthcare of New York, Inc.** Daily **Anthem** Promptly when plan receives information about the change **New York Quality Health Care Corporation (Fidelis)**

Weekly

Topic XI: ILOS

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

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

Number	Indicator	Response
D4XI.1	**ILOSs offered by plan** Indicate whether this plan offered any ILOS to their enrollees.	**Capital District Physicians' Health Plan, Inc** Yes, at least 1 ILOS is offered by this plan **Excellus Health Plan, Inc** No ILOSs were offered by this plan **Health Insurance Plan of Greater New York** No ILOSs were offered by this plan **Healthfirst PHSP, Inc.** No ILOSs were offered by this plan **Highmark Western & Northeastern New York Inc.** No ILOSs were offered by this plan **Independent Health Association, Inc.** No ILOSs were offered by this plan **MetroPlus Health Plan, Inc** No ILOSs were offered by this plan **Molina Healthcare of New York, Inc.** No ILOSs were offered by this plan **MVP Health Plan, Inc.** No ILOSs were offered by this plan **UnitedHealthcare of New York, Inc.** No ILOSs were offered by this plan **Anthem** No ILOSs were offered by this plan **New York Quality Health Care Corporation (Fidelis)** No ILOSs were offered by this plan

D4XI.2a	**ILOSs utilization by plan** Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0".	**Capital District Physicians' Health Plan, Inc** Not applicable: 0 **Excellus Health Plan, Inc** Not applicable **Health Insurance Plan of Greater New York** Not applicable **Healthfirst PHSP, Inc.** Not applicable **Highmark Western & Northeastern New York Inc.** 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 **UnitedHealthcare of New York, Inc.** Not applicable **Anthem** Not applicable **New York Quality Health Care Corporation (Fidelis)** Not applicable

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

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

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**Enrollment Broker (NY Medicaid Choice)** Other, specify – N/A
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**Enrollment Broker (NY Medicaid Choice)** Other, specify – N/A