

# Managed Care Program Annual Report (MCPAR) for New York: 2023-24 Medicaid Advantage Plus (MAP)

Due date	Last edited	Edited by	Status
09/27/2024	10/01/2024	Anesa Brkanovic	Submitted

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

## Section A: Program Information

### Point of Contact

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	New York
A2a	<b>Contact name</b> First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	NYSDOH- OHIP: Division of Health Plan Contacting and Oversight (DHPCO)
A2b	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	bmcfhhelp@health.ny.gov
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Anesa Brkanovic
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	anesa.brkanovic@health.ny.gov
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	10/01/2024

## Reporting Period

Number	Indicator	Response
<b>A5a</b>	<b>Reporting period start date</b> Auto-populated from report dashboard.	04/01/2023
<b>A5b</b>	<b>Reporting period end date</b> Auto-populated from report dashboard.	03/31/2024
<b>A6</b>	<b>Program name</b> Auto-populated from report dashboard.	2023-24 Medicaid Advantage Plus (MAP)

## Add plans (A.7)

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

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

## Add BSS entities (A.8)

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

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

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

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

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

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

Indicator	Response
ILOS name	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	<b>Statewide Medicaid enrollment</b>  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	<b>Statewide Medicaid managed care enrollment</b>  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	<b>Data validation entity</b>	State Medicaid agency staff
	Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.	Other state agency staff
	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 actuaries
		EQRO
		Proprietary system(s)
BIII.2	<b>HIPAA compliance of proprietary system(s) for encounter data validation</b>	Yes
	Were the system(s) utilized fully HIPAA compliant? Select one.	

## Topic X: Program Integrity

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



<p><b>BX.4</b></p>	<p><b>Description of overpayment contract standard</b></p> <p>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.</p>	<p>22.7 Recovery of Overpayments to Providers</p> <p>Consistent with the exception language in Section 3324-b of the Insurance Law, the Contractor shall have and retain the right to audit participating providers' claims for a six year period from the date the care, services or supplies were provided or billed, whichever is later, and to recoup any overpayments discovered as a result of the audit. This six year limitation does not apply to situations in which fraud may be involved or in which the provider or an agent of the provider prevents or obstructs the Contractor's auditing.</p>
<p><b>BX.5</b></p>	<p><b>State overpayment reporting monitoring</b></p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?</p> <p>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.</p>	<p>The Office of the Medicaid Inspector General (OMIG) can perform audits of financial reports filed by Contractors after SDOH reviews and accepts the Contractor's report. If the audit determines that the Contractor's filed report contained misstatements of fact, causing the Contractor and/or other Contractors to receive an inappropriate capitation rate, the OMIG will recover any and all overpayments. The Contractor will be entitled to the audit rights afforded to providers in Section 517.5 and Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York. Nothing in this section shall limit SDOH, OMIG, or any other auditing entity from the development of alternative audit and/or recovery rights for time periods prior to the contract period, during the contract period, or subsequent to the contract period, or limit other remedies or rights available to SDOH, OMIG, or any other auditing entity relating to the timeliness, completeness and/or accuracy of the Contractor's reporting submission.</p>
<p><b>BX.6</b></p>	<p><b>Changes in beneficiary circumstances</b></p> <p>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).</p>	<p>Upon processing an enrollment or disenrollment, Plans are notified via an 834 Client Enrollment file from the State. This file indicates a change, addition, or removal of a member. Plans can also request this file to audit their records. Plans also receive transactions files from the State's BSS entity Maximus of enrollments and terminations. If an inappropriate payment for an enrollee is identified by the Department, the Plan is notified to correct any errors/self-report the error to the Office of the Medicaid Inspector</p>

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

<b>BX.7a</b>	<b>Changes in provider circumstances: Monitoring plans</b>  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
<b>BX.7b</b>	<b>Changes in provider circumstances: Metrics</b>  Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
<b>BX.8a</b>	<b>Federal database checks: Excluded person or entities</b>  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
<b>BX.9a</b>	<b>Website posting of 5 percent or more ownership control</b>  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
<b>BX.10</b>	<b>Periodic audits</b>  If the state conducted any audits during the contract year to determine the accuracy,	<a href="https://www.health.ny.gov/health_care/manage_d_care/reports/docs/cy2021_encounter_data_audit.pdf">https://www.health.ny.gov/health_care/manage_d_care/reports/docs/cy2021_encounter_data_audit.pdf</a>

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

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## **Section C: Program-Level Indicators**

### **Topic I: Program Characteristics**

Number	Indicator	Response
C11.1	<b>Program contract</b> Enter the title of the contract between the state and plans participating in the managed care program.	MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP) Model Contract, 2022-2026 contract years
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2022
C11.2	<b>Contract URL</b> Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf">https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf</a>
C11.3	<b>Program type</b> 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)
C11.4a	<b>Special program benefits</b> 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
C11.4b	<b>Variation in special benefits</b> 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
C11.5	<b>Program enrollment</b> Enter the average number of individuals enrolled in this managed care program per	41,013

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

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**C11.6**

**Changes to enrollment or benefits**

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

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

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## Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<b>Uses of encounter data</b>  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	<b>Criteria/measures to evaluate MCP performance</b>  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	<b>Encounter data performance criteria contract language</b>  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-- Encounter Data

<b>C1III.4</b>	<b>Financial penalties contract language</b>  Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	State's Social Services Law Sec. 364 j(32)
<b>C1III.5</b>	<b>Incentives for encounter data quality</b>  Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	N/A
<b>C1III.6</b>	<b>Barriers to collecting/validating encounter data</b>  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.	NYS implemented the OSDS encounter submission format during the reporting period and instructed plans to pause encounter data submissions during OSDS implementation (April 2023) until the 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	<p><b>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</b></p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	<p>The Contractor must have policies and procedures for identifying, addressing and seeking to prevent critical incidents, which include instances of abuse, neglect and exploitation of its Enrollees, on a continuous basis. The Contractor is required to provide critical incident monitoring and investigations of critical incidents including but not limited to: wrongful death; use of restraints; medication errors that resulted in injury; and any other incidents as determined by the Department.</p>
C1IV.2	<p><b>State definition of "timely" resolution for standard appeals</b></p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>The Contractor will resolve Appeals as fast as the Enrollee's condition requires, and no later than thirty (30) days from the date of the receipt of the Appeal.</p>
C1IV.3	<p><b>State definition of "timely" resolution for expedited appeals</b></p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>The Contractor will resolve expedited Appeals as fast as the Enrollee's condition requires, within two (2) business days of receipt of necessary information and no later than seventy-two (72) hours of the date of the receipt of the Appeal.</p>



**C1IV.4****State definition of "timely" resolution for grievances**

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

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

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

### **Network Adequacy**

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	<p>The diverse geography of New York (rural versus urban) presents challenges in areas of the state where there are 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.</p>
C1V.2	<p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>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.</p>

## 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.



Complete

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

1 / 14

**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**LTSS-personal care  
assistant**C2.V.5 Region**Certified Service  
Area-county**C2.V.6 Population**

MLTSS

**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**

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**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**LTSS-personal care  
assistant**C2.V.5 Region**Certified Service  
Area- county**C2.V.6 Population**

MLTSS

**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**

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#### **C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

#### **C2.V.3 Standard type**

Minimum number of network providers

#### **C2.V.4 Provider**

LTSS-SNF

#### **C2.V.5 Region**

Certified Service  
Area-county

#### **C2.V.6 Population**

MLTSS

#### **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**

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#### **C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

LTSS-SNF

#### **C2.V.5 Region**

Certified Service  
Area-county

#### **C2.V.6 Population**

MLTSS

#### **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**

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#### **C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

#### **C2.V.3 Standard type**

Minimum number of network providers

##### **C2.V.4 Provider**

LTSS-adult day care

##### **C2.V.5 Region**

Certified Service  
Area-county

##### **C2.V.6 Population**

MLTSS

#### **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**

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#### **C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

#### **C2.V.3 Standard type**

Maximum time or distance

##### **C2.V.4 Provider**

LTSS-adult day care

##### **C2.V.5 Region**

Certified Service  
Area-county

##### **C2.V.6 Population**

MLTSS

#### **C2.V.7 Monitoring Methods**

Plan provider roster review

#### **C2.V.8 Frequency of oversight methods**



Complete

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

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**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

DME, OT, PT, private duty nursing, dentistry, etc. as contractually obligated.

**C2.V.5 Region**

Certified Service Area-county

**C2.V.6 Population**

Adult

**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**

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**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

DME, OT, PT, private duty nursing, podiatry, dentistry,

**C2.V.5 Region**

Certified Service Area-county

**C2.V.6 Population**

Adult

etc. as contractually obligated.

**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**

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**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Certified Service  
Area-county

**C2.V.6 Population**

Adult

**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**

10 / 14

**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

**C2.V.5 Region**

**C2.V.6 Population**



Behavioral health	Certified Service	Adult
	Area-county	

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



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

11 / 14

**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Certified Service  
Area- county

**C2.V.6 Population**

Adult

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



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

12 / 14

**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

**C2.V.5 Region**

**C2.V.6 Population**

Primary care	Certified Service	Adult
	Area- county	

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



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

13 / 14

**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Hospital

**C2.V.5 Region**

Certified Service  
Area- county

**C2.V.6 Population**

Adult

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



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

14 / 14

**C2.V.2 Measure standard**

MEDICAID MANAGED CARE Medicaid Advantage Plus (MAP)  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/docs/2022-2026-map\\_model\\_contract.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2022-2026-map_model_contract.pdf)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

**C2.V.5 Region**

**C2.V.6 Population**

Hospital

Certified Service  
Area-county

Adult

**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	<b>BSS website</b>  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.	1.) <a href="https://icannys.org">https://icannys.org</a> , 2.) <a href="https://www.nymedicaidchoice.com">https://www.nymedicaidchoice.com</a> , 3.) TAC :Phone: (866) 712-7197 Fax:(518) 474-6961 mltctac@health.ny.gov
C1IX.2	<b>BSS auxiliary aids and services</b>  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)? 42 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, in-person, auxiliary aids (such as brochures & lists), translation and interpretation services available when requested.
C1IX.3	<b>BSS LTSS program data</b>  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).	n/a
C1IX.4	<b>State evaluation of BSS entity performance</b>  What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	n/a

## Topic X: Program Integrity

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

## 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	<b>Does this program include MCOs?</b>  If "Yes", please complete the following questions.	No

## Section D: Plan-Level Indicators

### Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	<b>Plan enrollment</b>  Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<b>Centers Plan for Healthy Living, LLC</b>
		2,197
		<b>Elderplan, Inc.</b>
		3,990
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		232
		<b>Hamaspik Inc.</b>
		858
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		29,416
		<b>Anthem HP, LLC</b>
		124
		<b>MetroPlus Health Plan Inc.</b>
		177
		<b>NY Quality Healthcare Corp (Centene)</b>
		1,080
		<b>Senior Whole Health of NY Inc.</b>
		286
		<b>Village Senior Services Corp (VillageCare Max)</b>
		2,952
		<b>VNS Choice</b>
		4,380
D1I.2	Plan share of Medicaid	Centers Plan for Healthy Living, LLC

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?	0.029%
<ul style="list-style-type: none"> <li>Numerator: Plan enrollment (D1.I.1)</li> <li>Denominator: Statewide Medicaid enrollment (B.I.1)</li> </ul>	<b>Elderplan, Inc.</b> 0.052%
	<b>Elderserve Health, Inc., dba RiverSpring at Home</b> 0.003%
	<b>Hamaspik Inc.</b> 0.011%
	<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b> 0.385%
	<b>Anthem HP, LLC</b> 0.002%
	<b>MetroPlus Health Plan Inc.</b> 0.002%
	<b>NY Quality Healthcare Corp (Centene)</b> 0.014%
	<b>Senior Whole Health of NY Inc.</b> 0.004%
	<b>Village Senior Services Corp (VillageCare Max)</b> 0.039%
	<b>VNS Choice</b> 0.057%

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**D1I.3**
**Plan share of any Medicaid managed care**

What is the plan enrollment (regardless of program) as a percentage of total Medicaid

**Centers Plan for Healthy Living, LLC**

0.038%

**Elderplan, Inc.**

enrollment in any type of managed care?	0.069%
<ul style="list-style-type: none"> <li>• Numerator: Plan enrollment (D1.I.1)</li> <li>• Denominator: Statewide Medicaid managed care enrollment (B.I.2)</li> </ul>	<b>Elderserve Health, Inc., dba RiverSpring at Home</b> 0.004%
	<b>Hamaspik Inc.</b> 0.015%
	<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b> 0.51%
	<b>Anthem HP, LLC</b> 0.002%
	<b>MetroPlus Health Plan Inc.</b> 0.003%
	<b>NY Quality Healthcare Corp (Centene)</b> 0.019%
	<b>Senior Whole Health of NY Inc.</b> 0.005%
	<b>Village Senior Services Corp (VillageCare Max)</b> 0.051%
	<b>VNS Choice</b> 0.076%

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## Topic II. Financial Performance



Number	Indicator	Response
D1II.1a	<b>Medical Loss Ratio (MLR)</b>  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.	<b>Centers Plan for Healthy Living, LLC</b>
		90.26%
		<b>Elderplan, Inc.</b>
		87%
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		112%
		<b>Hamaspik Inc.</b>
		90.48%
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		92%
		<b>Anthem HP, LLC</b>
		120%
		<b>MetroPlus Health Plan Inc.</b>
		90%
		<b>NY Quality Healthcare Corp (Centene)</b>
		100.37%
		<b>Senior Whole Health of NY Inc.</b>
		91.64%
		<b>Village Senior Services Corp (VillageCare Max)</b>
		94.61%
		<b>VNS Choice</b>
		90%
D1II.1b	Level of aggregation	Centers Plan for Healthy Living, LLC

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.

Program-specific statewide

**Elderplan, Inc.**

Program-specific statewide

**Elderserve Health, Inc., dba RiverSpring at Home**

Program-specific statewide

**Hamaspik Inc.**

Program-specific statewide

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

Program-specific statewide

**Anthem HP, LLC**

Program-specific statewide

**MetroPlus Health Plan Inc.**

Program-specific statewide

**NY Quality Healthcare Corp (Centene)**

Program-specific statewide

**Senior Whole Health of NY Inc.**

Program-specific statewide

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

Program-specific statewide

**VNS Choice**

Program-specific statewide

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**D1II.2**

**Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS

**Centers Plan for Healthy Living, LLC**

n/a

**Elderplan, Inc.**

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.

n/a

**Elderserve Health, Inc., dba RiverSpring at Home**

n/a

**Hamaspik Inc.**

n/a

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

n/a

**Anthem HP, LLC**

N/A

**MetroPlus Health Plan Inc.**

n/a

**NY Quality Healthcare Corp (Centene)**

n/a

**Senior Whole Health of NY Inc.**

n/a

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

n/a

**VNS Choice**

n/a

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**D1II.3**

**MLR reporting period discrepancies**

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

**Centers Plan for Healthy Living, LLC**

Yes

**Elderplan, Inc.**

Yes

**Elderserve Health, Inc., dba RiverSpring at Home**

Yes

**Hamaspik Inc.**

Yes

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

Yes

**Anthem HP, LLC**

Yes

**MetroPlus Health Plan Inc.**

Yes

**NY Quality Healthcare Corp (Centene)**

Yes

**Senior Whole Health of NY Inc.**

Yes

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

Yes

**VNS Choice**

Yes

---

**N/A**

Enter the start date.

**Centers Plan for Healthy Living, LLC**

04/01/2022

**Elderplan, Inc.**

04/01/2022

**Elderserve Health, Inc., dba RiverSpring at Home**

04/01/2022

**Hamaspik Inc.**

04/01/2022

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

04/01/2022

**Anthem HP, LLC**

04/01/2022

**MetroPlus Health Plan Inc.**

04/01/2022

**NY Quality Healthcare Corp (Centene)**

04/01/2022

**Senior Whole Health of NY Inc.**

04/01/2022

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

04/01/2022

**VNS Choice**

04/01/2022

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**N/A**

Enter the end date.

**Centers Plan for Healthy Living, LLC**

03/31/2023

**Elderplan, Inc.**

03/31/2023

**Elderserve Health, Inc., dba RiverSpring at Home**

03/31/2023

**Hamaspik Inc.**

03/31/2023

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

03/31/2023

**Anthem HP, LLC**

03/31/2023

**MetroPlus Health Plan Inc.**

03/31/2023

**NY Quality Healthcare Corp (Centene)**

03/31/2023

**Senior Whole Health of NY Inc.**

03/31/2023

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

03/31/2023

**VNS Choice**

03/31/2023

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## **Topic III. Encounter Data**

Number	Indicator	Response
D1III.1	<p><b>Definition of timely encounter data submissions</b></p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p><b>Centers Plan for Healthy Living, LLC</b></p> <p>Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p><b>Elderplan, Inc.</b></p> <p>Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p><b>Elderserve Health, Inc., dba RiverSpring at Home</b></p> <p>Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p> <p><b>Hamaspik Inc.</b></p> <p>Section 18.5 (ii) of the Model Contract page 93: The Contractor shall prepare and submit encounter data twice a month, as specified by SDOH, to SDOH through SDOH's designated Fiscal Agent. Unless otherwise directed by SDOH, encounter data be not be submitted to the SDOH, or its designee, more than 15 days from the date of adjudication of the corresponding claim.</p>

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

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

**Anthem HP, LLC**

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

**MetroPlus Health Plan Inc.**

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

**NY Quality Healthcare Corp (Centene)**

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

**Senior Whole Health of NY Inc.**

Section 18.5 (ii) of the Model Contract page 93:  
The Contractor shall prepare and submit



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

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

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

**VNS Choice**

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

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**D1III.2**

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

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

**Centers Plan for Healthy Living, LLC**

32%

**Elderplan, Inc.**

99%

**Elderserve Health, Inc., dba RiverSpring at Home**

98%

**Hamaspik Inc.**

89.1%

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

99%

**Anthem HP, LLC**

95%

**MetroPlus Health Plan Inc.**

100%

**NY Quality Healthcare Corp (Centene)**

98.7%

**Senior Whole Health of NY Inc.**

98%

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

94.15%

**VNS Choice**

93%

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**D1III.3**

**Share of encounter data submissions that were HIPAA compliant**

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?

If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

**Centers Plan for Healthy Living, LLC**

100%

**Elderplan, Inc.**

100%

**Elderserve Health, Inc., dba RiverSpring at Home**

100%

**Hamaspik Inc.**

100%

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

100%

**Anthem HP, LLC**

95%

**MetroPlus Health Plan Inc.**

100%

**NY Quality Healthcare Corp (Centene)**

99.8%

**Senior Whole Health of NY Inc.**

100%

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


100%

**VNS Choice**

100%

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## 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	<b>Appeals resolved (at the plan level)</b>  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.	<b>Centers Plan for Healthy Living, LLC</b>  455
		<b>Elderplan, Inc.</b>  654
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>  11
		<b>Hamaspik Inc.</b>  93
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>  7,211
		<b>Anthem HP, LLC</b>  0
		<b>MetroPlus Health Plan Inc.</b>  49
		<b>NY Quality Healthcare Corp (Centene)</b>  209
		<b>Senior Whole Health of NY Inc.</b>  903
		<b>Village Senior Services Corp (VillageCare Max)</b>  405
		<b>VNS Choice</b>  750
D1IV.1a	Appeals denied	Centers Plan for Healthy Living, LLC

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".

N/A

**Elderplan, Inc.**

N/A

**Elderserve Health, Inc., dba RiverSpring at Home**

N/A

**Hamaspik Inc.**

N/A

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

N/A

**Anthem HP, LLC**

N/A

**MetroPlus Health Plan Inc.**

N/A

**NY Quality Healthcare Corp (Centene)**

N/A

**Senior Whole Health of NY Inc.**

N/A

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

N/A

**VNS Choice**

N/A

**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

**Centers Plan for Healthy Living, LLC**

N/A

**Elderplan, Inc.**

you choose not to respond prior to June 2025, enter "N/A".

N/A

**Elderserve Health, Inc., dba RiverSpring at Home**

N/A

**Hamaspik Inc.**

N/A

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

N/A

**Anthem HP, LLC**

N/A

**MetroPlus Health Plan Inc.**

N/A

**NY Quality Healthcare Corp (Centene)**

N/A

**Senior Whole Health of NY Inc.**

N/A

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

N/A

**VNS Choice**

N/A

**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".

**Centers Plan for Healthy Living, LLC**

N/A

**Elderplan, Inc.**

N/A

**Elderserve Health, Inc., dba RiverSpring at Home**

N/A

**Hamaspik Inc.**

N/A

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

N/A

**Anthem HP, LLC**

N/A

**MetroPlus Health Plan Inc.**

N/A

**NY Quality Healthcare Corp (Centene)**

N/A

**Senior Whole Health of NY Inc.**

N/A

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

N/A

**VNS Choice**

N/A

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**D1IV.2**

**Active appeals**

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

**Centers Plan for Healthy Living, LLC**

37

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

5

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

101

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

5

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

1

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

9

**VNS Choice**

17

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**D1IV.3**

**Appeals filed on behalf of LTSS users**

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

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

**Centers Plan for Healthy Living, LLC**

856

**Elderplan, Inc.**

654

**Elderserve Health, Inc., dba RiverSpring at Home**

11

**Hamaspik Inc.**

94

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



8,443

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

18

**NY Quality Healthcare Corp (Centene)**

68

**Senior Whole Health of NY Inc.**

903

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

359

**VNS Choice**

752

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**D1IV.4**

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

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".  
Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".  
The appeal and critical incident do not have to have been

**Centers Plan for Healthy Living, LLC**

36

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

12

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

0

**Anthem HP, LLC**

"related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

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

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

22

**VNS Choice**

24

**D1IV.5a**

**Standard appeals for which timely resolution was provided**

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

**Centers Plan for Healthy Living, LLC**

209

**Elderplan, Inc.**

319

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

11

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

897

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

**NY Quality Healthcare Corp (Centene)**

158

**Senior Whole Health of NY Inc.**

80

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

100

**VNS Choice**

67

**D1IV.5b****Expedited appeals for which timely resolution was provided**

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

**Centers Plan for Healthy Living, LLC**

232

**Elderplan, Inc.**

335

**Elderserve Health, Inc., dba RiverSpring at Home**

11

**Hamaspik Inc.**

81

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

6,280

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp (Centene)**

**Senior Whole Health of NY Inc.**

740

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

305

**VNS Choice**

609

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

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.  
(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

**Centers Plan for Healthy Living, LLC**

337

**Elderplan, Inc.**

645

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

92

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

6,119

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

42

**NY Quality Healthcare Corp (Centene)**

208

**Senior Whole Health of NY Inc.**

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

384

**VNS Choice**

782

**D1IV.6b****Resolved appeals related to reduction, suspension, or termination of a previously authorized service**

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

**Centers Plan for Healthy Living, LLC**

2

**Elderplan, Inc.**

9

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

1

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

749

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

24

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

818

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

**VNS Choice**

24

**D1IV.6c****Resolved appeals related to payment denial**

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

**Centers Plan for Healthy Living, LLC**

113

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

337

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

7

**NY Quality Healthcare Corp (Centene)**

5,118

**Senior Whole Health of NY Inc.**

0

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

19

**VNS Choice**

**D1IV.6d****Resolved appeals related to service timeliness**

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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

**D1IV.6e****Resolved appeals related to lack of timely plan response****Centers Plan for Healthy Living, LLC**

**to an appeal or grievance**

3

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.

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

6

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

3

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

**D1IV.6f**

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

Enter the total number of appeals resolved by the plan

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**



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

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

N/A

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp (Centene)**

10

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

10

**D1IV.6g**

**Resolved appeals related to denial of an enrollee's request to dispute financial liability**

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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

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## **Appeals by Service**

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

Number	Indicator	Response
D1IV.7a	<b>Resolved appeals related to general inpatient services</b>  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".	<b>Centers Plan for Healthy Living, LLC</b>  77
		<b>Elderplan, Inc.</b>  15
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>  0
		<b>Hamaspik Inc.</b>  N/A
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>  0
		<b>Anthem HP, LLC</b>  0
		<b>MetroPlus Health Plan Inc.</b>  11
		<b>NY Quality Healthcare Corp (Centene)</b>  11
		<b>Senior Whole Health of NY Inc.</b>  0
		<b>Village Senior Services Corp (VillageCare Max)</b>  0
		<b>VNS Choice</b>  8
D1IV.7b	<b>Resolved appeals related to general outpatient services</b>	<b>Centers Plan for Healthy Living, LLC</b>

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".

378

**Elderplan, Inc.**

69

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

590

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

76

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

7

**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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

N/A

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

N/A

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

0

**VNS Choice**

0

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<b>D1IV.7d</b>	<b>Resolved appeals related to outpatient behavioral health services</b>	<b>Centers Plan for Healthy Living, LLC</b>
	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".	0
		<b>Elderplan, Inc.</b>
		0
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		0
		<b>Hamaspik Inc.</b>
		0
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		0
		<b>Anthem HP, LLC</b>
		0
		<b>MetroPlus Health Plan Inc.</b>
		2
		<b>NY Quality Healthcare Corp (Centene)</b>
		0
		<b>Senior Whole Health of NY Inc.</b>
		N/A
		<b>Village Senior Services Corp (VillageCare Max)</b>
		1
		<b>VNS Choice</b>
		0
<hr/>		
<b>D1IV.7e</b>	<b>Resolved appeals related to covered outpatient prescription drugs</b>	<b>Centers Plan for Healthy Living, LLC</b>
		43

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".

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

N/A

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

3

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

29

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

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<b>D1IV.7f</b>	<b>Resolved appeals related to skilled nursing facility (SNF) services</b>	<b>Centers Plan for Healthy Living, LLC</b>
	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".	49
		<b>Elderplan, Inc.</b>
		32
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		0
		<b>Hamaspik Inc.</b>
		0
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		108
		<b>Anthem HP, LLC</b>
		0
		<b>MetroPlus Health Plan Inc.</b>
		5
		<b>NY Quality Healthcare Corp (Centene)</b>
		5
		<b>Senior Whole Health of NY Inc.</b>
		0
		<b>Village Senior Services Corp (VillageCare Max)</b>
		0
		<b>VNS Choice</b>
		23

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<b>D1IV.7g</b>	<b>Resolved appeals related to long-term services and supports (LTSS)</b>	<b>Centers Plan for Healthy Living, LLC</b>
		188



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".

**Elderplan, Inc.**

299

**Elderserve Health, Inc., dba RiverSpring at Home**

11

**Hamaspik Inc.**

89

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

6,152

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

17

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

264

**VNS Choice**

687

**D1IV.7h**

**Resolved appeals related to dental services**

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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

1

**Elderserve Health, Inc., dba RiverSpring at Home**

N/A

**Hamaspik Inc.**

4

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

278

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

5

**NY Quality Healthcare Corp (Centene)**

16

**Senior Whole Health of NY Inc.**

1

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

47

**VNS Choice**

33

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**D1IV.7i**

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

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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

1

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

1

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

9

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

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**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".

**Centers Plan for Healthy Living, LLC**

N/A

**Elderplan, Inc.**

228

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

71

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

16

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

75

**VNS Choice**

9

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**State Fair Hearings**

Number	Indicator	Response
D1IV.8a	<b>State Fair Hearing requests</b>  Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	<b>Centers Plan for Healthy Living, LLC</b>
		383
		<b>Elderplan, Inc.</b>
		428
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		3
		<b>Hamaspik Inc.</b>
		127
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		6,731
		<b>Anthem HP, LLC</b>
		0
		<b>MetroPlus Health Plan Inc.</b>
		17
		<b>NY Quality Healthcare Corp (Centene)</b>
		0
		<b>Senior Whole Health of NY Inc.</b>
		0
		<b>Village Senior Services Corp (VillageCare Max)</b>
		241
		<b>VNS Choice</b>
		0
D1IV.8b	<b>State Fair Hearings resulting in a favorable decision for</b>	<b>Centers Plan for Healthy Living, LLC</b>

**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.

70

**Elderplan, Inc.**

47

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

11

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

998

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

2

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

35

**VNS Choice**

0

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<b>D1IV.8c</b>	<b>State Fair Hearings resulting in an adverse decision for the enrollee</b>  Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	<b>Centers Plan for Healthy Living, LLC</b>
		51
		<b>Elderplan, Inc.</b>
		91
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		0
		<b>Hamaspik Inc.</b>
		16
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		1,928
		<b>Anthem HP, LLC</b>
		0
		<b>MetroPlus Health Plan Inc.</b>
		2
		<b>NY Quality Healthcare Corp (Centene)</b>
		0
		<b>Senior Whole Health of NY Inc.</b>
		0
		<b>Village Senior Services Corp (VillageCare Max)</b>
		75
		<b>VNS Choice</b>
		0

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<b>D1IV.8d</b>	<b>State Fair Hearings retracted prior to reaching a decision</b>  Enter the total number of State Fair Hearing decisions retracted	<b>Centers Plan for Healthy Living, LLC</b>
		66

(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.

**Elderplan, Inc.**

89

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

23

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

1,251

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

5

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

99

**VNS Choice**

0

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**D1IV.9a**

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

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to

**Centers Plan for Healthy Living, LLC**

7

**Elderplan, Inc.**

7



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).

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

1

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

34

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

1

**VNS Choice**

5

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**D1IV.9b**

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

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

**Centers Plan for Healthy Living, LLC**

6

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

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

**Hamaspik Inc.**

0

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

18

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

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## Grievances Overview

Number	Indicator	Response
D1IV.10	<b>Grievances resolved</b>  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.	<b>Centers Plan for Healthy Living, LLC</b>
		198
		<b>Elderplan, Inc.</b>
		965
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		86
		<b>Hamaspik Inc.</b>
		17
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		7,275
D1IV.11	<b>Active grievances</b>  Enter the total number of active grievances by the plan during the reporting year. A grievance is "active" when it has not reached completion and has not been closed by the plan.	<b>Anthem HP, LLC</b>
		0
		<b>MetroPlus Health Plan Inc.</b>
		87
		<b>NY Quality Healthcare Corp (Centene)</b>
		10
		<b>Senior Whole Health of NY Inc.</b>
		0
		<b>Village Senior Services Corp (VillageCare Max)</b>
		493
D1IV.12	<b>Unresolved grievances</b>  Enter the total number of unresolved grievances by the plan during the reporting year. A grievance is "unresolved" when it has not reached completion and has not been closed by the plan.	<b>VNS Choice</b>
		437
D1IV.13	<b>Unresolved grievances</b>	<b>Centers Plan for Healthy Living, LLC</b>

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

9

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

1

**Hamaspik Inc.**

1

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

397

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

7

**Senior Whole Health of NY Inc.**

0

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

13

**VNS Choice**

69

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**D1IV.12**

**Grievances filed on behalf of LTSS users**

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

**Centers Plan for Healthy Living, LLC**

212

**Elderplan, Inc.**

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.

965

**Elderserve Health, Inc., dba RiverSpring at Home**

86

**Hamaspik Inc.**

17

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

7,951

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

85

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

458

**VNS Choice**

488

**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

**Centers Plan for Healthy Living, LLC**

6

**Elderplan, Inc.**

1

**Elderserve Health, Inc., dba RiverSpring at Home**

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.	4	
If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.		<b>Hamaspik Inc.</b>
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.	2	
To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
	0	
		<b>Anthem HP, LLC</b>
	0	
		<b>MetroPlus Health Plan Inc.</b>
	4	
		<b>NY Quality Healthcare Corp (Centene)</b>
	0	
		<b>Senior Whole Health of NY Inc.</b>
	0	
		<b>Village Senior Services Corp (VillageCare Max)</b>
	22	
		<b>VNS Choice</b>
	11	

#### 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

#### **Centers Plan for Healthy Living, LLC**

192

#### **Elderplan, Inc.**

965

timely resolution of grievances.

**Elderserve Health, Inc., dba RiverSpring at Home**

86

**Hamaspik Inc.**

17

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

7,244

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

86

**NY Quality Healthcare Corp (Centene)**

9

**Senior Whole Health of NY Inc.**

8

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

493

**VNS Choice**

418

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## Grievances by Service

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

Number	Indicator	Response
D1IV.15a	<b>Resolved grievances related to general inpatient services</b>  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".	<b>Centers Plan for Healthy Living, LLC</b> 1
		<b>Elderplan, Inc.</b> 0
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b> 0
		<b>Hamaspik Inc.</b> N/A
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b> 0
		<b>Anthem HP, LLC</b> 0
		<b>MetroPlus Health Plan Inc.</b> 0
		<b>NY Quality Healthcare Corp (Centene)</b> 0
		<b>Senior Whole Health of NY Inc.</b> 0
		<b>Village Senior Services Corp (VillageCare Max)</b> 0
		<b>VNS Choice</b> 4
D1IV.15b	<b>Resolved grievances related to general outpatient</b>	<b>Centers Plan for Healthy Living, LLC</b>



**services**

197

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".

**Elderplan, Inc.**

24

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

4

**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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

N/A

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

N/A

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

0

**VNS Choice**

1

---

<b>D1IV.15d</b>	<b>Resolved grievances related to outpatient behavioral health services</b>  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".	<b>Centers Plan for Healthy Living, LLC</b>
		0
		<b>Elderplan, Inc.</b>
		0
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		0
		<b>Hamaspik Inc.</b>
		0
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		9
		<b>Anthem HP, LLC</b>
		0
		<b>MetroPlus Health Plan Inc.</b>
		0
		<b>NY Quality Healthcare Corp (Centene)</b>
		0
		<b>Senior Whole Health of NY Inc.</b>
		N/A
		<b>Village Senior Services Corp (VillageCare Max)</b>
		0
		<b>VNS Choice</b>
		3
<hr/>		
<b>D1IV.15e</b>	<b>Resolved grievances related to coverage of outpatient prescription drugs</b>	<b>Centers Plan for Healthy Living, LLC</b>
		14

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".

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

N/A

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

12

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

43

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D1IV.15f	<b>Resolved grievances related to skilled nursing facility (SNF) services</b>	<b>Centers Plan for Healthy Living, LLC</b>
	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".	0
		<b>Elderplan, Inc.</b>
		0
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		0
		<b>Hamaspik Inc.</b>
		0
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		0
<b>Anthem HP, LLC</b>		
0		
<b>MetroPlus Health Plan Inc.</b>		
0		
<b>NY Quality Healthcare Corp (Centene)</b>		
0		
<b>Senior Whole Health of NY Inc.</b>		
0		
<b>Village Senior Services Corp (VillageCare Max)</b>		
1		
<b>VNS Choice</b>		
6		
D1IV.15g	<b>Resolved grievances related to long-term services and supports (LTSS)</b>	<b>Centers Plan for Healthy Living, LLC</b>
		15

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".

**Elderplan, Inc.**

159

**Elderserve Health, Inc., dba RiverSpring at Home**

17

**Hamaspik Inc.**

4

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

2,682

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

63

**VNS Choice**

81

**D1IV.15h**

**Resolved grievances related to dental services**

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

**Centers Plan for Healthy Living, LLC**

3

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

2

**Hamaspik Inc.**

1

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

232

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp (Centene)**

3

**Senior Whole Health of NY Inc.**

2

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

13

**VNS Choice**

18

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**D1IV.15i**

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

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

**Centers Plan for Healthy Living, LLC**

54

**Elderplan, Inc.**

266

**Elderserve Health, Inc., dba RiverSpring at Home**

19

**Hamaspik Inc.**

6

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

2,039

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

51

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

8

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

283

**VNS Choice**

85

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**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".

**Centers Plan for Healthy Living, LLC**

N/A

**Elderplan, Inc.**

516

**Elderserve Health, Inc., dba RiverSpring at Home**

30

**Hamaspik Inc.**

0



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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

37

**NY Quality Healthcare Corp (Centene)**

7

**Senior Whole Health of NY Inc.**

0

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

133

**VNS Choice**

192

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## Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	<b>Resolved grievances related to plan or provider customer service</b>  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.	<b>Centers Plan for Healthy Living, LLC</b> 21
		<b>Elderplan, Inc.</b> 95
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b> 0
		<b>Hamaspik Inc.</b> 0
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b> 1,512
		<b>Anthem HP, LLC</b> 0
		<b>MetroPlus Health Plan Inc.</b> 5
		<b>NY Quality Healthcare Corp (Centene)</b> 0
		<b>Senior Whole Health of NY Inc.</b> 8
		<b>Village Senior Services Corp (VillageCare Max)</b> 1
		<b>VNS Choice</b> 44
D1IV.16b	<b>Resolved grievances related to plan or provider care</b>	<b>Centers Plan for Healthy Living, LLC</b>

<b>management/case management</b>	12
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.	<b>Elderplan, Inc.</b>
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.	56
	<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
	4
	<b>Hamaspik Inc.</b>
	2
	<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
	155
	<b>Anthem HP, LLC</b>
	0
	<b>MetroPlus Health Plan Inc.</b>
	0
	<b>NY Quality Healthcare Corp (Centene)</b>
	3
	<b>Senior Whole Health of NY Inc.</b>
	0
	<b>Village Senior Services Corp (VillageCare Max)</b>
	45
	<b>VNS Choice</b>
	12

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<b>D1IV.16c</b>	<b>Resolved grievances related to access to care/services from plan or provider</b>	<b>Centers Plan for Healthy Living, LLC</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.	121
		<b>Elderplan, Inc.</b>

Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

18

**Elderserve Health, Inc., dba RiverSpring at Home**

1

**Hamaspik Inc.**

3

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

76

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

7

**NY Quality Healthcare Corp (Centene)**

3

**Senior Whole Health of NY Inc.**

0

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

37

**VNS Choice**

232

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**D1IV.16d**

**Resolved grievances related to quality of care**

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

**Centers Plan for Healthy Living, LLC**

18

**Elderplan, Inc.**

56

**Elderserve Health, Inc., dba RiverSpring at Home**

provided by a provider or the plan.

9

**Hamaspik Inc.**

0

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

187

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

1

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

21

**VNS Choice**

18

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**D1IV.16e**

**Resolved grievances related to plan communications**

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

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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

materials or plan communications.

0

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

19

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

11

**VNS Choice**

4

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**D1IV.16f**

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

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

**Centers Plan for Healthy Living, LLC**

25

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

2

**NY Quality Healthcare Corp (Centene)**

4

**Senior Whole Health of NY Inc.**

0

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

7

**VNS Choice**

14

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

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

Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

**Centers Plan for Healthy Living, LLC**

1

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

27

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

2

**VNS Choice**

4

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**D1IV.16h**

**Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.  
Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

**Centers Plan for Healthy Living, LLC**

1

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

32

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**



0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

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**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).

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

1

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

2

**VNS Choice**

1

**D1IV.16j****Resolved grievances related to plan denial of expedited appeal**

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

**Centers Plan for Healthy Living, LLC**

0

**Elderplan, Inc.**

0

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

0

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

0

**VNS Choice**

0

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**D1IV.16k**

**Resolved grievances filed for other reasons**

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

**Centers Plan for Healthy Living, LLC**

3

**Elderplan, Inc.**

740

**Elderserve Health, Inc., dba RiverSpring at Home**

30

**Hamaspik Inc.**

0

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

43

**Anthem HP, LLC**

0

**MetroPlus Health Plan Inc.**

72

**NY Quality Healthcare Corp (Centene)**

0

**Senior Whole Health of NY Inc.**

0

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

## **Topic VII: Quality & Performance Measures**

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



Complete

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

1 / 32

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

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

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

92

**Elderplan, Inc.**

78

**Elderserve Health, Inc., dba RiverSpring at Home**

Sample size too small.

**Hamaspik Inc.**

Sample size too small

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

76

**Anthem HP, LLC**

61

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

70

**Senior Whole Health of NY Inc.**

Sample size too small.

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

77

**VNS Choice**

73



Complete

## **D2.VII.1 Measure Name: Eye exam**

2 / 32

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

Primary care access and preventative care

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

### **D2.VII.8 Measure Description**

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

### **Measure results**

**Centers Plan for Healthy Living, LLC**

69

**Elderplan, Inc.**

72

**Elderserve Health, Inc., dba RiverSpring at Home**

82

**Hamaspik Inc.**

85

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

67

**Anthem HP, LLC**

66

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

73

**Senior Whole Health of NY Inc.**

65

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

81

**VNS Choice**

82



Complete

## **D2.VII.1 Measure Name: Flu vaccination**

3 / 32

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

Primary care access and preventative care

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

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

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

77

**Elderplan, Inc.**

76

**Elderserve Health, Inc., dba RiverSpring at Home**

80

**Hamaspik Inc.**

81

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

73

**Anthem HP, LLC**

70

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

65

**Senior Whole Health of NY Inc.**

84



Village Senior Services Corp (VillageCare Max)

82

VNS Choice

81



Complete

## D2.VII.1 Measure Name: Hearing exam

4 / 32

### D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

### D2.VII.8 Measure Description

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

### Measure results

**Centers Plan for Healthy Living, LLC**

42

**Elderplan, Inc.**

31

**Elderserve Health, Inc., dba RiverSpring at Home**

51

**Hamaspik Inc.**

77

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

26

**Anthem HP, LLC**

44

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

31

**Senior Whole Health of NY Inc.**

50

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

64

**VNS Choice**

55



Complete

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

5 / 32

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

92

**Elderplan, Inc.**

95

**Elderserve Health, Inc., dba RiverSpring at Home**

98

**Hamaspik Inc.**

95

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

92

**Anthem HP, LLC**

95

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

93

**Senior Whole Health of NY Inc.**

91

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

95

**VNS Choice**

93

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

State-specific

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

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

D2.VII.8 Measure Description

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

Measure results

Centers Plan for Healthy Living, LLC

89

Elderplan, Inc.

83

Elderserve Health, Inc., dba RiverSpring at Home

71

Hamaspik Inc.

77

HealthFirst Health Plan Inc. (Senior Health Partners)

71

Anthem HP, LLC

71

MetroPlus Health Plan Inc.

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

58

**Senior Whole Health of NY Inc.**

83

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

81

**VNS Choice**

86



Complete

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

7 / 32

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

88

**Elderplan, Inc.**

100

**Elderserve Health, Inc., dba RiverSpring at Home**

100

**Hamaspik Inc.**

98

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

99

**Anthem HP, LLC**

100

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

95

**Senior Whole Health of NY Inc.**

100

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

100

**VNS Choice**

100



Complete

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

8 / 32

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

Percentage of members who did not experience shortness of breath.

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

51

**Elderplan, Inc.**

43

**Elderserve Health, Inc., dba RiverSpring at Home**

48

**Hamaspik Inc.**

85

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

87

**Anthem HP, LLC**

93

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

74

**Senior Whole Health of NY Inc.**

81

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

## VNS Choice

91



Complete

**D2.VII.1 Measure Name: Pain Controlled**

9 / 32

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

Percentage of members who did not experience uncontrolled pain.

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

99

**Elderplan, Inc.**

99

**Elderserve Health, Inc., dba RiverSpring at Home**

89

**Hamaspik Inc.**

98

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

96

**Anthem HP, LLC**



**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

97

**Senior Whole Health of NY Inc.**

98

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

99

**VNS Choice**

98



Complete

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

10 / 32

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

n/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

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

Sample size too small.

**Elderplan, Inc.**

99

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed.

**Hamaspik Inc.**

Not surveyed.

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

96

**Anthem HP, LLC**

Not surveyed.

**MetroPlus Health Plan Inc.**

Not surveyed.

**NY Quality Healthcare Corp (Centene)**

Sample size too small.

**Senior Whole Health of NY Inc.**

Sample size too small.

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

92

**VNS Choice**

94



Complete

**D2.VII.1 Measure Name: Cognitive Functioning**

11 / 32

**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**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

39

**Elderplan, Inc.**

12

**Elderserve Health, Inc., dba RiverSpring at Home**

23

**Hamaspik Inc.**

31

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

29

**Anthem HP, LLC**

46

**MetroPlus Health Plan Inc.**

41

**NY Quality Healthcare Corp (Centene)**

56

**Senior Whole Health of NY Inc.**

30

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

47

**VNS Choice**

23



Complete

**D2.VII.1 Measure Name: No Behavioral Problems**

12 / 32

**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**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

93

**Elderplan, Inc.**

88

**Elderserve Health, Inc., dba RiverSpring at Home**

85

**Hamaspik Inc.**

82

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

92

**Anthem HP, LLC**

86

**MetroPlus Health Plan Inc.**

84

**NY Quality Healthcare Corp (Centene)**

89

**Senior Whole Health of NY Inc.**

75

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

95

**VNS Choice**

75



Complete

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

13 / 32

**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**

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

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

59

**Elderplan, Inc.**

75

**Elderserve Health, Inc., dba RiverSpring at Home**

69

**Hamaspik Inc.**

77

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

71

**Anthem HP, LLC**

77

**MetroPlus Health Plan Inc.**

80

**NY Quality Healthcare Corp (Centene)**

84

**Senior Whole Health of NY Inc.**

82

Village Senior Services Corp (VillageCare Max)

79

VNS Choice

91



Complete

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

14 / 32

### 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

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

### Measure results

**Centers Plan for Healthy Living, LLC**

85

**Elderplan, Inc.**

88

**Elderserve Health, Inc., dba RiverSpring at Home**

86

**Hamaspik Inc.**

88

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

84

**Anthem HP, LLC**

89

**MetroPlus Health Plan Inc.**

88

**NY Quality Healthcare Corp (Centene)**

86

**Senior Whole Health of NY Inc.**

90

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

91

**VNS Choice**

95



Complete

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

15 / 32

#### **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**

percentage of members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during



the day, major life stressors, self-reported depression, or withdrawal from activities.

#### **Measure results**

**Centers Plan for Healthy Living, LLC**

95

**Elderplan, Inc.**

100

**Elderserve Health, Inc., dba RiverSpring at Home**

98

**Hamaspik Inc.**

98

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

96

**Anthem HP, LLC**

100

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

99

**Senior Whole Health of NY Inc.**

100

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

99

**VNS Choice**



Complete

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

16 / 32

**D2.VII.2 Measure Domain**

Dental and oral health services

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

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

Sample size too small.

**Elderplan, Inc.**

50

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

34

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small.

**Senior Whole Health of NY Inc.**

Sample size too small.

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

28

**VNS Choice**

29



Complete

**D2.VII.1 Measure Name: Dental exam**

17 / 32

**D2.VII.2 Measure Domain**

Dental and oral health services

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

48

**Elderplan, Inc.**

44

**Elderserve Health, Inc., dba RiverSpring at Home**

52

**Hamaspik Inc.**

63

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

48

**Anthem HP, LLC**

49

**MetroPlus Health Plan Inc.**

Sample size too small.

**NY Quality Healthcare Corp (Centene)**

48

**Senior Whole Health of NY Inc.**

46

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

57

**VNS Choice**

51



Complete

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

18 / 32

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

Dental and oral health services

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

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

Sample size too small.

**Elderplan, Inc.**

40

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

31

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small.

**Senior Whole Health of NY Inc.**

Sample size too small.



Complete

## D2.VII.1 Measure Name: Involved in Decisions

19 / 32

### D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

n/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

### D2.VII.8 Measure Description

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

### Measure results

**Centers Plan for Healthy Living, LLC**

Sample size too small.

**Elderplan, Inc.**

83

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

87

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

85

**VNS Choice**

70



Complete

**D2.VII.1 Measure Name: Manage Illness**

20 / 32

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

## Measure results

### **Centers Plan for Healthy Living, LLC**

Sample size too small

### **Elderplan, Inc.**

87

### **Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

### **Hamaspik Inc.**

Not surveyed

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

82

### **Anthem HP, LLC**

Not surveyed

### **MetroPlus Health Plan Inc.**

Not surveyed

### **NY Quality Healthcare Corp (Centene)**

Sample size too small

### **Senior Whole Health of NY Inc.**

Sample size too small

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

91

### **VNS Choice**

90



**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

Sample size too small

**Elderplan, Inc.**

91

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

90

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

Sample size too small

**VNS Choice**

86



Complete

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

22 / 32

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

Sample size too small.

**Elderplan, Inc.**

93

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

80

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

86

**VNS Choice**

85



Complete

## **D2.VII.1 Measure Name: Rating of Dentist**

23 / 32

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

Health plan enrollee experience of care

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

N/a

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

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

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

Sample size too small

**Elderplan, Inc.**

75

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

74

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

Village Senior Services Corp (VillageCare Max)

65

VNS Choice

69



Complete

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

24 / 32

### D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

### D2.VII.8 Measure Description

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

#### Measure results

**Centers Plan for Healthy Living, LLC**

Sample size too small

**Elderplan, Inc.**

93

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

88

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

91

**VNS Choice**

95



Complete

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

25 / 32

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

## Measure results

### **Centers Plan for Healthy Living, LLC**

Sample size too small

### **Elderplan, Inc.**

97

### **Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

### **Hamaspik Inc.**

Not surveyed

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

98

### **Anthem HP, LLC**

Not surveyed

### **MetroPlus Health Plan Inc.**

Not surveyed

### **NY Quality Healthcare Corp (Centene)**

Sample size too small

### **Senior Whole Health of NY Inc.**

Sample size too small

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

94

### **VNS Choice**

93

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

n/a

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

Program-specific rate

D2.VII.6 Measure Set

State-specific

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

No, 12/01/2020 - 05/31/2021

D2.VII.8 Measure Description

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

Measure results

**Centers Plan for Healthy Living, LLC**

Sample size too small

**Elderplan, Inc.**

91

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

80

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed



**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

77

**VNS Choice**

83



Complete

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

27 / 32

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

Sample size too small

**Elderplan, Inc.**

71

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

79

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

69

**VNS Choice**

71



Complete

**D2.VII.1 Measure Name: Talked About Appointing for Health Decisions**<sup>28 / 32</sup>

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

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

Sample size too small

**Elderplan, Inc.**

88

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

86

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small



Complete

## D2.VII.1 Measure Name: Timeliness Composite

29 / 32

### D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

### D2.VII.8 Measure Description

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

### Measure results

**Centers Plan for Healthy Living, LLC**

Sample size too small

**Elderplan, Inc.**

91

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

78

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

83

**VNS Choice**

81



Complete

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

30 / 32

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

## Measure results

### **Centers Plan for Healthy Living, LLC**

Sample size too small

### **Elderplan, Inc.**

97

### **Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

### **Hamaspik Inc.**

Not surveyed

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

93

### **Anthem HP, LLC**

Not surveyed

### **MetroPlus Health Plan Inc.**

Not surveyed

### **NY Quality Healthcare Corp (Centene)**

Sample size too small

### **Senior Whole Health of NY Inc.**

Sample size too small

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

97

### **VNS Choice**

95

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

No, 12/01/2020 - 05/31/2021

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

Sample size too small

**Elderplan, Inc.**

78

**Elderserve Health, Inc., dba RiverSpring at Home**

Not surveyed

**Hamaspik Inc.**

Not surveyed

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

65

**Anthem HP, LLC**

Not surveyed

**MetroPlus Health Plan Inc.**

Not surveyed

**NY Quality Healthcare Corp (Centene)**

Sample size too small

**Senior Whole Health of NY Inc.**

Sample size too small

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

57

**VNS Choice**

66



Complete

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

32 / 32

**D2.VII.2 Measure Domain**

Long-term services and supports

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

N/a

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

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

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

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

**D2.VII.8 Measure Description**

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

**Measure results**

**Centers Plan for Healthy Living, LLC**

93

**Elderplan, Inc.**

94



**Elderserve Health, Inc., dba RiverSpring at Home**

96

**Hamaspik Inc.**

96

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

91

**Anthem HP, LLC**

99

**MetroPlus Health Plan Inc.**

Sample size too small

**NY Quality Healthcare Corp (Centene)**

91

**Senior Whole Health of NY Inc.**

95

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

94

**VNS Choice**

93

## **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.



Complete

**D3.VIII.1 Intervention type: Fine**

1 / 6

**D3.VIII.2 Plan performance issue**Encounter Data  
Submission**D3.VIII.3 Plan name**

Village Senior Services Corp (VillageCare Max)

**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**

1

**D3.VIII.6 Sanction amount**

\$15,177.02

**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**

2 / 6

**D3.VIII.2 Plan performance issue**Encounter Data  
Submission**D3.VIII.3 Plan name**

Hamaspik 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**

1

**D3.VIII.6 Sanction amount**

\$4,020.99

**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**

3 / 6

**D3.VIII.2 Plan performance issue**

Encounter Data  
Submission

**D3.VIII.3 Plan name**

Village Senior Services Corp (VillageCare Max)

**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**

\$33,348.12

**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**

4 / 6

**D3.VIII.2 Plan performance issue**

Encounter Data  
Submission

**D3.VIII.3 Plan name**

VNS Choice

**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**

\$30,525.74

**D3.VIII.7 Date assessed**

10/01/2024

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

No, no remediation

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Fine**

5 / 6

**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 timely encounter data pursuant to SSL 364(j)

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

2

**D3.VIII.6 Sanction amount**

\$7,735.46

**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**

6 / 6

**D3.VIII.2 Plan performance issue**Encounter Data  
submission**D3.VIII.3 Plan name**

Anthem HP, LLC

**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**

2

**D3.VIII.7 Date assessed**

04/01/2023

**D3.VIII.9 Corrective action plan**

No

**D3.VIII.6 Sanction amount**

\$3,139.83

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

No, no remediation

## Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<b>Dedicated program integrity staff</b>  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).	<b>Centers Plan for Healthy Living, LLC</b>
		4
		<b>Elderplan, Inc.</b>
		8
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		5
		<b>Hamaspik Inc.</b>
		2
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		90
		<b>Anthem HP, LLC</b>
		9
		<b>MetroPlus Health Plan Inc.</b>
		40
		<b>NY Quality Healthcare Corp (Centene)</b>
		27
		<b>Senior Whole Health of NY Inc.</b>
		4.5
		<b>Village Senior Services Corp (VillageCare Max)</b>
		4
		<b>VNS Choice</b>
		2
D1X.2	<b>Count of opened program integrity investigations</b>	<b>Centers Plan for Healthy Living, LLC</b>

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

21

**Elderplan, Inc.**

97

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

1

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

77

**Anthem HP, LLC**

3

**MetroPlus Health Plan Inc.**

19

**NY Quality Healthcare Corp (Centene)**

4

**Senior Whole Health of NY Inc.**

84

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

26

**VNS Choice**

81

---

**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

**Centers Plan for Healthy Living, LLC**

9.56:1,000

**Elderplan, Inc.**



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.

24.31:1,000

**Elderserve Health, Inc., dba RiverSpring at Home**

0:0

**Hamaspik Inc.**

1:1,000

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

2.82:1,000

**Anthem HP, LLC**

1:43

**MetroPlus Health Plan Inc.**

0:0

**NY Quality Healthcare Corp (Centene)**

1.27:1,000

**Senior Whole Health of NY Inc.**

4:1,000

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

9.7:1,000

**VNS Choice**

1.9:1,000

---

**D1X.4**

**Count of resolved program integrity investigations**

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

**Centers Plan for Healthy Living, LLC**

17

**Elderplan, Inc.**

71

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

1

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

190

**Anthem HP, LLC**

5

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

5

**Senior Whole Health of NY Inc.**

23

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

8

**VNS Choice**

50

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**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.

**Centers Plan for Healthy Living, LLC**

7.73:1,000

**Elderplan, Inc.**

17.79:1,000

**Elderserve Health, Inc., dba RiverSpring at Home**

0:0

**Hamaspik Inc.**

1:1,000

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

6.96:1,000

**Anthem HP, LLC**

2.9:1,000

**MetroPlus Health Plan Inc.**

0:0

**NY Quality Healthcare Corp (Centene)**

3.18:1,000

**Senior Whole Health of NY Inc.**

1.1:1,000

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

2.9:1,000

**VNS Choice**

1.1:1,000

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**D1X.6**

**Referral path for program integrity referrals to the state**

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

**Centers Plan for Healthy Living, LLC**

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

**Elderplan, Inc.**

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

**Elderserve Health, Inc., dba RiverSpring at Home**

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

**Hamaspik Inc.**

Makes some referrals to the SMA and others

directly to the MFCU

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

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

**Anthem HP, LLC**

Makes referrals to the State Medicaid Agency (SMA) only

**MetroPlus Health Plan Inc.**

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

**NY Quality Healthcare Corp (Centene)**

Makes referrals to the SMA and MFCU concurrently

**Senior Whole Health of NY Inc.**

Makes referrals to the SMA and MFCU concurrently

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

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

**VNS Choice**

Makes referrals to the SMA and MFCU concurrently

---

**D1X.7**

**Count of program integrity referrals to the state**

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

**Centers Plan for Healthy Living, LLC**

Not applicable

**Elderplan, Inc.**

Not applicable

**Elderserve Health, Inc., dba RiverSpring at Home**

Not applicable

**Hamaspik Inc.**

Not applicable

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

Not applicable

**Anthem HP, LLC**

Not applicable

**MetroPlus Health Plan Inc.**

0

**NY Quality Healthcare Corp (Centene)**

Not applicable

**Senior Whole Health of NY Inc.**

Not applicable

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

Not applicable

**VNS Choice**

Not applicable

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**D1X.7**

**Count of program integrity referrals to the state**

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

**Centers Plan for Healthy Living, LLC**

Not applicable

**Elderplan, Inc.**

Not applicable

**Elderserve Health, Inc., dba RiverSpring at Home**

Not applicable

**Hamaspik Inc.**

Not applicable

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

Not applicable

**Anthem HP, LLC**

2

**MetroPlus Health Plan Inc.**

Not applicable

**NY Quality Healthcare Corp (Centene)**

Not applicable

**Senior Whole Health of NY Inc.**

Not applicable

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

Not applicable

**VNS Choice**

Not applicable

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**D1X.7**

**Count of program integrity referrals to the state**

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

**Centers Plan for Healthy Living, LLC**

Not applicable

**Elderplan, Inc.**

Not applicable

**Elderserve Health, Inc., dba RiverSpring at Home**

Not applicable

**Hamaspik Inc.**

Not applicable

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

Not applicable

**Anthem HP, LLC**

Not applicable

**MetroPlus Health Plan Inc.**

Not applicable

**NY Quality Healthcare Corp (Centene)**

5

**Senior Whole Health of NY Inc.**

7

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

Not applicable

**VNS Choice**

8

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**D1X.7**

**Count of program integrity referrals to the state**

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

**Centers Plan for Healthy Living, LLC**

10

**Elderplan, Inc.**

1

**Elderserve Health, Inc., dba RiverSpring at Home**

0

**Hamaspik Inc.**

0

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

55

**Anthem HP, LLC**

Not applicable

**MetroPlus Health Plan Inc.**

Not applicable

**NY Quality Healthcare Corp (Centene)**

Not applicable

**Senior Whole Health of NY Inc.**

Not applicable

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

8

**VNS Choice**

Not applicable

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**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.

**Centers Plan for Healthy Living, LLC**

4.55:1,000

**Elderplan, Inc.**

0.25:1,000

**Elderserve Health, Inc., dba RiverSpring at Home**

0:0

**Hamaspik Inc.**

0:0

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

2.02:1,000

**Anthem HP, LLC**

1.7:1,000

**MetroPlus Health Plan Inc.**

0:0

**NY Quality Healthcare Corp (Centene)**



3.18:1,000

**Senior Whole Health of NY Inc.**

3.3:1,000

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

2.9:1,000

**VNS Choice**

0.2:1,000

---

**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?

**Centers Plan for Healthy Living, LLC**

04/01/2023

**Elderplan, Inc.**

01/01/2023

**Elderserve Health, Inc., dba RiverSpring at Home**

04/01/2023

**Hamaspik Inc.**

04/01/2023

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

04/01/2023

**Anthem HP, LLC**

01/01/2022

**MetroPlus Health Plan Inc.**

01/01/2023

**NY Quality Healthcare Corp (Centene)**

04/01/2023

**Senior Whole Health of NY Inc.**

04/01/2023

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

04/01/2023

**VNS Choice**

04/01/2023

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**D1X.9b:**

**Plan overpayment reporting to the state: End Date**

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

**Centers Plan for Healthy Living, LLC**

03/31/2024

**Elderplan, Inc.**

12/31/2023

**Elderserve Health, Inc., dba RiverSpring at Home**

03/31/2024

**Hamaspik Inc.**

03/31/2024

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

03/31/2024

**Anthem HP, LLC**

12/31/2022

**MetroPlus Health Plan Inc.**

12/31/2023

**NY Quality Healthcare Corp (Centene)**

03/31/2024

**Senior Whole Health of NY Inc.**

03/31/2024

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

03/31/2024

**VNS Choice**

03/31/2024

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<b>D1X.9c:</b>	<b>Plan overpayment reporting to the state: Dollar amount</b>	<b>Centers Plan for Healthy Living, LLC</b>
	From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?	N/a
		<b>Elderplan, Inc.</b>
		\$125,071.65
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		N/a
		<b>Hamaspik Inc.</b>
		\$244,271
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		n/a
		<b>Anthem HP, LLC</b>
		n/a
		<b>MetroPlus Health Plan Inc.</b>
		\$1,196.54
		<b>NY Quality Healthcare Corp (Centene)</b>
		\$9,398.68
		<b>Senior Whole Health of NY Inc.</b>
		\$932,594
		<b>Village Senior Services Corp (VillageCare Max)</b>
		\$144,683.77
		<b>VNS Choice</b>

D1X.9d:	<b>Plan overpayment reporting to the state: Corresponding premium revenue</b>	<b>Centers Plan for Healthy Living, LLC</b>
	What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))	N/a
		<b>Elderplan, Inc.</b>
		n/a
		<b>Elderserve Health, Inc., dba RiverSpring at Home</b>
		N/a
		<b>Hamaspik Inc.</b>
		N/a
		<b>HealthFirst Health Plan Inc. (Senior Health Partners)</b>
		n/a
		<b>Anthem HP, LLC</b>
		n/a
		<b>MetroPlus Health Plan Inc.</b>
		n/a
		<b>NY Quality Healthcare Corp (Centene)</b>
		N/a
		<b>Senior Whole Health of NY Inc.</b>
		n/a
		<b>Village Senior Services Corp (VillageCare Max)</b>
		N/a
		<b>VNS Choice</b>
		\$469,244,239
D1X.10	<b>Changes in beneficiary circumstances</b>	<b>Centers Plan for Healthy Living, LLC</b>

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

Daily

**Elderplan, Inc.**

Promptly when plan receives information about the change

**Elderserve Health, Inc., dba RiverSpring at Home**

Promptly when plan receives information about the change

**Hamaspik Inc.**

Daily

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

Daily

**Anthem HP, LLC**

Daily

**MetroPlus Health Plan Inc.**

Promptly when plan receives information about the change

**NY Quality Healthcare Corp (Centene)**

Weekly

**Senior Whole Health of NY Inc.**

Daily

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

Promptly when plan receives information about the change

**VNS Choice**

Weekly

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## 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
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**D4XI.1**

**ILOSs offered by plan**

Indicate whether this plan offered any ILOS to their enrollees.

**Centers Plan for Healthy Living, LLC**

No ILOSs were offered by this plan

**Elderplan, Inc.**

No ILOSs were offered by this plan

**Elderserve Health, Inc., dba RiverSpring at Home**

No ILOSs were offered by this plan

**Hamaspik Inc.**

No ILOSs were offered by this plan

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

No ILOSs were offered by this plan

**Anthem HP, LLC**

No ILOSs were offered by this plan

**MetroPlus Health Plan Inc.**

No ILOSs were offered by this plan

**NY Quality Healthcare Corp (Centene)**

No ILOSs were offered by this plan

**Senior Whole Health of NY Inc.**

No ILOSs were offered by this plan

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

No ILOSs were offered by this plan

**VNS Choice**

No ILOSs were offered by this plan

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# Section E: BSS Entity Indicators

## Topic IX. Beneficiary Support System (BSS) Entities

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

Number	Indicator	Response
EIX.1	<b>BSS entity type</b> What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Ombudsman Program</b>
		Other, specify – contracted entity
		<b>Enrollment Broker (NY Medicaid Choice)</b> Enrollment Broker
EIX.2	<b>BSS entity role</b> What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Technical Assistance Center (TAC)</b> State Government Entity
		<b>Ombudsman Program</b>
		Enrollment Broker/Choice Counseling Beneficiary Outreach LTSS Complaint Access Point LTSS Grievance/Appeals Education LTSS Grievance/Appeals Assistance Review/Oversight of LTSS Data
EIX.2	<b>BSS entity role</b> What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Enrollment Broker (NY Medicaid Choice)</b> Enrollment Broker/Choice Counseling
		<b>Technical Assistance Center (TAC)</b> Beneficiary Outreach LTSS Complaint Access Point