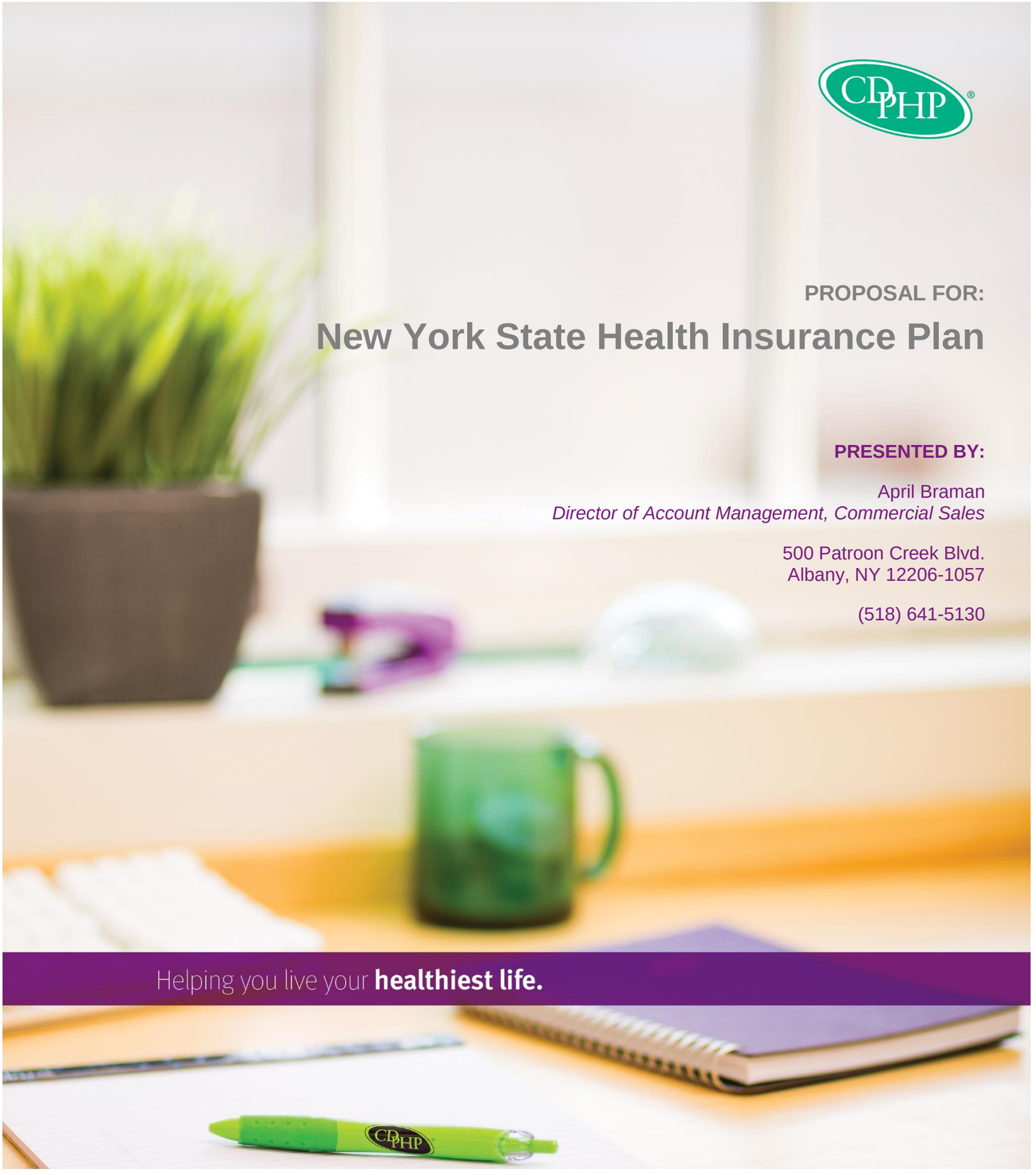

PROPOSAL FOR:

New York State Health Insurance Plan

PRESENTED BY:

April Braman
Director of Account Management, Commercial Sales

500 Patroon Creek Blvd.
Albany, NY 12206-1057

(518) 641-5130

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Albany, NY 12206-1057
www.cdphp.com

July 22, 2020

Brian Bopp
New York State Department of Civil Service
Attn: Office of Financial Administration, Floor 17
Agency Building 1, Empire State Plaza
Albany, New York 12239

Re: 2021 Submission Package for the Health Maintenance Organizations
New York State Health Insurance Program

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to submit the Technical Proposal for review and consideration for our continued participation in the next five years of the New York State Health Insurance Program (NYSHIP). Our response includes a proposal for both the CDPHP HMO Commercial Plan and the CDPHP HMO Medicare Advantage Plan.

We look forward to working with you and the JLMC in our continued participation in NYSHIP Health Benefits. Please do not hesitate to contact me directly at (518) 641-5130 or April.Braman@cdphp.com should you have any questions or need additional information.

Sincerely,

[redacted]

April Braman
Dir. Account Management, Commercial Sales
Capital District Physicians' Health Plan, Inc.

cc: Joint Labor Management Committees on Health Benefits

SECTION 5: TECHNICAL PROPOSAL REQUIREMENTS

The purpose of Section 5 of the Specifications is to set forth the submissions required of the Offeror. The Offeror's Technical Proposal must contain responses to all required submissions from the Offeror in the format requested. Each Offeror's Technical Proposal will be evaluated based on the responses to the required submissions contained in Section 5 of these Specifications.

5.1 Plan Requirements

The Offeror must provide a copy of their current DOH Certificate of Authority to operate an HMO.

Please refer to Exhibit I DOH Certificate of Authority.

In addition, the Offeror must:

1. Submit a copy of the draft NYSHIP Dependent Eligibility Rider that the organization will file with the DFS. A draft *2020 NYSHIP Dependent Eligibility Rider* (Attachment 19) provides the NYSHIP dependent eligibility requirements. The HMO must include this Rider, approved by the DFS, as part of its proposed benefit package.

   Please refer to Exhibit II 2021 NYSHIP Eligibility Rider Draft.

2. Indicate whether or not the HMO will be proposing a Medicare Advantage offering.

   Capital District Physicians' Health Plan, Inc. will be offering a NYSHIP Medicare Advantage Plan in addition to the Commercial Plan.

3. Provide a list of Counties and associated rating region configuration for the HMO's proposed 2021 NYSHIP Service Area. Counties must be contiguous and listed for both Commercial Plan and Medicare Advantage Plan, if offered through NYSHIP. The Medicare Advantage Plan Service Area must be identical to the Commercial Plan and all counties must be CMS approved. However, additional participation in underserved counties is permissible during the term of the Contract. As of January 1, 2020, the Department, in consultation with the JLMC, considers Chemung, Schuyler, Rockland, Bronx, New York, Richmond, Queens, Kings, Nassau, and Suffolk counties in New York State to be underserved. The Department, in consultation with the JLMC currently defines an "underserved county" as a county in which, in addition to the Empire Plan, only one (1) NYSHIP HMO is offered. The definition of an "underserved county" is subject to change for any given plan year by the Department in consultation with the JLMC.

   CDPHP has enclosed rating region maps by county. Please refer to Exhibit III 2021 Commercial Service Area Map for the current map of counties and rating region configuration for the 2021 NYSHIP Commercial Service Area. Please refer to Exhibit IV 2021 Medicare Group MA Service Area Map for the current

map of the counties for the Medicare Advantage Plan Service Area. CDPHP expanded its service area to Franklin and Clinton counties in New York State in 2019 and is proposing these new counties to NYSHIP for 2021 effective dates in order to better align our general commercial and Medicare group service areas with the NYSHIP service area.

Additionally, CDPHP is in the process of filing with NYSOH/DOH, DFS, and CMS additional service area counties to extend our service areas in the North Country to St. Lawrence, Jefferson, and Lewis Counties for 2021 effective dates. CDPHP also plans to file to offer commercial and Medicare products for 2022 effective dates in Richmond County – an underserved county for many product lines, and are currently entering for some of our government program lines. Additionally, in 2022, CDPHP plans to offer in the following counties for Medicare and commercial products, as allowable: Oswego County, Onondaga County, Sullivan County, Putnam County, Rockland County, and Westchester County. In subsequent years, CDPHP would like to extend our NYSHIP agreement in these listed counties to increase competition and add our high quality plans to some of the more rural and/or underserved areas of New York State, in addition to making our service area contiguous.

4. Provide a copy of your organization's most recent annual filing of Schedule M (Complaints).

   Please refer to Exhibit V Schedule M.

5. Describe the method that the Offeror uses to determine that all Members have reasonable access to Network Providers. For example, access to primary care physicians (PCP) should be within a five-mile radius in an urban setting and 15 miles in a rural area. Provide the minimum standards that the Offeror uses to measure access. Submit a measurement of network access based on a "snapshot" of the network taken on March 31, 2020.

   Capital District Physicians' Health Plan, Inc. follows the access and availability standards developed by New York State Department of Health. NYSDOH reviews the CDPHP network compared to these minimum standards. More information on the NYSDOH standards can be found in the attached Exhibit VI on Network Access Requirements. Please refer to Exhibit VII NYSHIP County Access 2019 to view both the commercial and Medicare Advantage snapshots measuring network adequacy.

6. Describe how the Offeror monitors if Network Providers are accepting new patients into their practices. Indicate whether the Offeror's proposed access standards take into account Provider availability. If yes, describe how.

   Providers advise us of changes, including information regarding the acceptance of new patients, via fax, phone, and on-site visits.

   Additionally, the Council for Affordable Quality Healthcare (CAQH) is utilized to determine if Network Providers are accepting new patients

into their practices. The information indicated in CAQH for each line of business is updated in our system when creating or modifying provider records.

Provider availability is also determined by review of information stored in CAQH. The total number of hours worked per week by primary care providers at each location indicated in CAQH are updated in our system when creating or modifying provider records.

7. Describe the Offeror's approach for credentialing Network Providers; specify if the Offeror utilizes an external credentialing verification organization. When was this process last completed? What is the Offeror's process for confirming continuing compliance with credentialing standards? How often does the Offeror conduct a complete review? Include a description of how the Offeror monitors disciplinary actions by licensing agencies.

CDPHP is a physician-governed and sponsored plan that includes practicing providers who can meet the plan's credentialing requirements.

Credentialing criteria are developed for organizational provider participants by the Credentials Committee, reviewed by the Quality Management Committee, and recommended to the CDPHP Board of Directors for final approval. Prior to initial credentialing, the organizational provider updates CAQH ProView with the required documentation to support compliance with the established criteria. Extensive verification is conducted in conjunction with the initial credentialing process. In addition, each practitioner is re-credentialed at least once every three years in accordance with the CDPHP credentialing program and NCQA standards.

Information verified during the credentialing/re-credentialing process:

- **State license**
- **Drug Enforcement Administration (DEA) certification**
- **Malpractice liability insurance**
- **Work history (at initial credentialing only)**
- **Hospital privileges and board certification status**
- **Verification of highest degree and/or post graduate residency records (initial credentialing only)**
- **Records from the National Practitioner Data Bank (NPDB) and state licensing boards are obtained, as well as any follow-up information necessary based on search results**

Sanction information is obtained as the result of primary source verification conducted during the initial credentialing or the regularly scheduled re-credentialing cycle for all practitioner/provider types according to CDPHP credentialing. In addition, ongoing sanction monitoring is conducted on a monthly basis to determine if any participating physicians or organizational providers have been excluded from or opted out of Medicare or excluded from Medicaid and/or any other

federal and/or state health care program.

8. Explain the Offeror's approach to Network Provider fee schedules, including a description of the type(s) of financial arrangements that the Offeror has with each type of Provider (e.g., per diems, case rates, hourly rates, all-inclusive per diems covering Facility and Practitioner fees, etc.).

   Physician fees in our core market are established by the Physician Compensation Committee. The committee determines the conversion factors that establish the fee schedule rates at a percentage of CMS Medicare for in-network physicians

   CDPHP strategically recruits and maintains the most cost-effective and high-quality relationships with hospitals and providers. All ancillary and hospital contracts are individually negotiated using a variety of methodologies, including per diem, case rates, discount off charges, and fee-for-service.

   Inpatient facility contracts are paid by CDPHP in a variety of ways, most commonly APR-DRG (All Patient Refined Diagnostic Related Groups) base rate multiplied by SIW (Service Intensity Weights). Outliers are accounted for in payment calculations, including but not limited to transfers, high-cost drugs, and length of stay.

   The majority of CDPHP outpatient facility contracts are allowed at a Medicare-based fee schedule or a case rate. A small number of contracts are paid at a discount-off-of-charge methodology with facilities where both volume and membership are low.

9. Indicate whether the Offeror ever incorporates pay-for-performance, shared savings, risk pools, risk sharing, and/or withholds into the payment methodologies for Network Providers. If yes, describe.

   CDPHP incorporates a variety of incentives into payment methodologies for Network Providers. Most notable is our Enhanced Primary Care (EPC) program. Launched in 2008 it now includes more than 820 clinicians and more than 225,000 CDPHP members. The model is a risk-adjusted prospective payment with a quality and efficiency bonus opportunity for participating practices.

10. Describe any potential future plans to develop any of these care delivery models, including a timeline for implementation.

    CDPHP made a significant program updates to the EPC program in 2020. CDPHP will offer additional bonus potential for providers who maintain or exceed previous quality scores while lowering the medical cost ratio. The program will have a specific focus on medical cost ratio and improvement of risk coding. Additionally, the program will allow for a three tier bonus

structure that is measured and paid out to providers quarterly which is an enhancement compared to the prior program's annual payout. Following 2020, results will be evaluated so that new goals can be established for 2021.

11. Provide an electronic copy of the most recent Health Plan Network (HPN) report submitted to the DOH indicating the HMO provider network in place at the time of submission. This electronic report must be provided for both the Commercial Plan and Medicare Advantage Plan, if offered through NYSHIP.

Please refer to Exhibit VIII HPN Practitioner Submission 2020 on the USB.

12. Describe the utilization review procedures used when determining if care is medically necessary.

As part of the Utilization Management Program, CDPHP uses industry-standard clinically based medical necessity criteria and develops internal criteria based on current industry standards. The information sources used to determine benefit coverage and medical necessity include industry-standard criteria such as MCG®; LOCADTR 3; Hayes: Medical Technology Directory, Health Technology Brief Service, Genetic Test Evaluation Program, and Technology Prognosis; Care Advance Enterprise Standard Clinical Package; or internally developed CDPHP resource coordination policies. When the utilization management department receives a request for authorization, eligibility and benefit packages are verified. Staff with the appropriate licensure and/or credentials review the request, required clinical information and medical reports, the member's individual needs, and the services available through the local delivery system, and the appropriate medical necessity criteria are applied. The member's age, co-morbidities, complications, treatment progress, psychosocial situation, and home environment are considered when applying criteria to an individual case. When clinical criteria are clearly met, the nurse issues the authorization and completes the appropriate notifications and documentation within the required time frames. If the request does not meet the applicable criteria, questionably meets criteria, or the clinical reviewer is unable to determine if criteria are met based on the individual case specifics, the request is referred to a medical director for evaluation and decision. The medical director may seek further evaluation by a specialty clinical peer reviewer if additional clinical expertise is required. Medical director decisions are returned to clinical review staff for documentation and notification within defined turnaround times.

13. If the Offeror previously participated in NYSHIP, provide the total appeals filed by, or on behalf of NYSHIP Members for the previous plan year. Please provide the number of upheld, denied, and modified internal and external appeals. For internal appeals, HMOs must provide a breakdown of appeals by administrative and clinical categories.

Please refer to Exhibit IX NYSHIP Appeals Report for 2019 Cases.

14. State if the Offeror requires referrals to network specialists. If referrals are required, describe the procedure enrollees must follow for referrals to network specialists. This information should be provided for both the Commercial Plan and Medicare Advantage Plan, if one is proposed to be offered through NYSHIP.

    The procedure for referrals to non-network providers is the same for both the commercial HMO product and the Medicare Advantage Plan. Each primary care provider (PCP) will work with the member to determine when it is appropriate for the member to seek the services of a specialist. While CDPHP requires a referral for such services, it is a verbal referral through the member's PCP. CDPHP offers a wide choice of participating specialists. Specialists are listed in the online Find-A-Doc tool and in the Directory of Participating Practitioners and Providers by county and by specialty. Together, the member and the PCP will select a specialist. The member may change specialists at any time by contacting their PCP for a new referral. Members do not need to notify CDPHP when they select or change specialists, as long as the specialist participates in the CDPHP network. Once the PCP has referred the member, the member may contact the specialist's office to schedule an appointment. At the time of the visit, the member should present the CDPHP ID card and provide the name of the referring PCP.

15. Describe the procedure Enrollees must follow for referrals to non-network providers. This information must be provided for both the Commercial Plan and Medicare Advantage Plan, if one is proposed to be offered through NYSHIP.

    The procedure for referrals to non-network providers is the same for both the commercial HMO product and the Medicare Advantage Plan. Each PCP will work with the member to determine when it is appropriate for the member to seek the services of a specialist out-of-network. An out-of-network referral will require a prior authorization through the CDPHP Utilization Review Department. CDPHP offers a wide choice of participating specialists, if a specialist is not available in network the PCP and the member will work together to request prior authorization for the out-of-network specialist.

16. For HMOs proposing to offer both a Commercial Plan and a Medicare Advantage Plan (MAP) through NYSHIP, state if the provider networks for both plans are identical. If there are differences in the networks, describe any differences among the networks relative to provider type. For example, 95% of the primary care physicians in the Commercial Plan also participate in the Medicare Advantage Plan and 40% of the Specialty providers (HMO must define "Specialty providers") in the Commercial Plan also participate in the Medicare Advantage Plan.

    Overall, approximately 95.12% of primary care physicians and specialty

providers who participate with the commercial HMO provider network also participate with the Medicare Advantage Plan provider network (up from last year's number: 93.73%). Approximately 92.7% of the primary care providers in the commercial plan also participate in the Medicare Advantage Plan (last year: 92.46%). Lastly, approximately 94.6% of specialists in the commercial plan also participate in the Medicare Advantage Plan.

17. For HMOs proposing to offer a Medicare Advantage Plan through NYSHIP, provide the last three (3) years of CMS Star Ratings for the Medicare Advantage Plan that will be offered through NYSHIP. Indicate whether CMS has frozen enrollment any time during the last three (3) years.

CDPHP Medicare Advantage HMO plans received a CMS Star Rating of 4.5 for 2020, a CMS Star Rating of 4.5 for 2019, and a CMS Star Rating of 4.5 for 2018. CMS has not frozen enrollment at any time during the last three years.

18. Describe the Offeror's Medicare Enrollment reporting process. This description must include how changes to Medicare eligibility and enrollment/ disenrollment is identified and the proposed frequency and method these enrollment changes will be provided to the Department. Additionally, an Offeror is encouraged to suggest/identify a methodology of preference that will facilitate the most accurate and frequent sharing of information.

CDPHP maintains a process to reconcile NYSHIP membership in its core system to NYSHIP's eligibility in the NYBEAS system to explain any variances. Currently, CDPHP completes the Medicare Enrollment Report and submits it to NYSHIP on a monthly basis.

Each month, comparison reports are generated and used to reconcile NYSHIP membership; identifying instances where NYBEAS does not match the CDPHP core system and where the CDPHP core system does not match NYBEAS. These reports are available on the first Friday of every month.

Discrepancies include members' social security numbers, dates of birth and/or eligibility dates. Any members identified in the comparison reports are reviewed in NYBEAS. If there are any discrepancies, an email is sent to the NYS designated Civil Service representatives for clarification. If a member is active in the CDPHP core system, but not active in NYBEAS the member's eligibility is updated to terminate the member according to the date indicated in NYBEAS.

Once the reports have been reviewed and worked utilizing the reconciliation reporting format directed by NYSHIP, the reconciliation is sent via email to the CDPHP Marketing Account Manager who disseminates it to the NYSHIP team. This is currently completed by no later than the end of each month.

CDPHP is in favor of moving to a weekly submission as indicated in section 3.7 Reporting, 1. Duties and Responsibilities.

19. Describe the Offeror's process for Enrolling Members into their Medicare Advantage that conforms to the requirements set forth in Chapter 2 of the MMCM.

    CDPHP typically receives daily enrollment files from NYSHIP. Any Medicare enrollments from these files are isolated and prioritized for review. CDPHP processes these enrollments in the order in which they are received. Enrollment must be processed within seven calendar days as directed by CMS.

    CDPHP determines the appropriate election period and outreach is made to all NYSHIP members regarding ESRD status and other insurance for Coordination of Benefits purposes, as directed by CMS in Chapter 2 of the MMCM. The transactions are sent to a vendor (Infocrossing) who compares our transactions to the CMS system. Updates are made for any discrepancies on a daily basis. Infocrossing then sends the transactions to CMS. If a member cannot be enrolled at the time of receipt of the enrollment file (due to no Part B, physical address as required by CMS, missing MBI, etc.) outreach to the member is attempted at that time.

    If the member cannot be reached, a letter is sent to the member advising of the information needed to complete the enrollment. If the member does not provide the plan with the information necessary to complete the enrollment within the allotted time frame, the enrollment is denied. If the enrollment is denied, an email is sent to the appropriate NYS Civil Service representatives and a denial letter is sent to the member.

20. Provide current status of the NCQA or URAC rating. Please provide the 5-point NCQA rating scale or the applicable URAC rating. The JLMC encourages an HMO to seek accreditation by nationally recognized organizations such as NCQA or URAC. If not currently accredited by NCQA or URAC, provide a detailed explanation why accreditation was not obtained.

    Please refer to Exhibit X NCQA Rating Commercial HMO and Exhibit XI NCQA Rating Medicare HMO.

21. HMOs (charitable organizations) that are not for profit entities must provide a statement that the organization is exempt pursuant to one of the categories indicated on the Office of Attorney General's Request for Registration Exemption (Schedule E). The statement must identify the specific category under which the charitable organization is exempt.

    CDPHP is a tax exempt organization under Internal Revenue Code Section 501(c)(4) and files annually with the NYS Charities Bureau.

22. Outline what, if any, coverage is available to both Commercial and Medicare Members travelling outside of the United States. Please provide an overview for both Commercial and Medicare coverage as well as emergent, non-emergent and prescription drug services.

The CDPHP commercial HMO plan offered to NYSHIP members does not cover care or treatment provided outside of the United States, its possessions, Canada or Mexico except for Emergency Services, Pre-Hospital Emergency Medical Services and ambulance services to treat your emergency condition. Drugs obtained while in the ER or at an urgent care center would be inclusive of the facility visit and covered. If the member needs a drug and can't get it at a participating pharmacy, with CDPHP prior written approval, a non-participating pharmacy can be used when outside the United States for emergent and non-emergent situations.

The CDPHP Medicare Advantage HMO plan offered to NYSHIP members does not cover care or treatment provided outside of the United States, its possessions, Canada or Mexico except for Emergency Services, Pre-Hospital Emergency Medical Services and ambulance services to treat your emergency condition. Medications administered as part of an urgent/emergency care visit are coverable (i.e. billed by the facility). However, we are not allowed to provide coverage or reimbursement for any Part D prescription filled at a retail (or mail order) setting outside of the US or US territories. This would include any prescriptions written by an urgent care / emergency provider that the member would need to fill at a retail pharmacy.

23. Provide an overview of the current telemedicine/telehealth program available to NYSHIP Members in the HMO. Explain if there is an out-of-pocket cost to Members for these services and what the cost would be. Indicate if the program is administered in house or if the HMO uses a subcontractor. Describe when Members have access to telemedicine/telehealth services.

CDPHP partners with Doctor On Demand to offer a telemedicine program included in each enrollee's benefit package. The cost share is the same as the member's primary care cost share (in this case, $20 copayment). The services through this vendor currently include urgent care and primary care-like services via live video doctor visits through a member's smartphone, tablet, or video-capable computer. Members have access to this service 24/7/365. There is also 24/7/365 customer service support through email, the application, or over the phone. Additionally, members can schedule mental health service appointments at the primary care cost share, providing digital access to psychiatrists and psychologists. All visit information is passed to HIXNY, the regional health information exchange, for patients' other physicians to access the visit information for coordination of care.

We view this area as a great opportunity to offer additional value to members, so CDPHP is in the process of exploring and contracting additional telemedicine services that may include nutritional counseling, digital health apps, access to local providers, and more.

CDPHP also covers telehealth as outlined in accordance with the NYS mandate and our comprehensive medical policy.

24. Provide confirmation that the HMO will cover the diagnosis and treatment of Gender Dysphoria. Please also provide any Member cost-sharing or prior authorizations that may apply.

CDPHP covers the diagnosis and treatment of gender dysphoria. Member cost share would be based on the type of service being performed. There are no prior authorization requirements specific to the diagnosis and treatment of gender dysphoria.

25. Complete the charts and answer the narrative questions as they appear on the *Prescription Drug Benefit Form* (Attachment 14).

Please refer to Exhibit XII for the Prescription Drug Benefit Form - Commercial.

26. Certificate of Coverage (for Commercial Plan) and coverage riders. The proposed standard contract and riders should be available with prescription drug coverage and without prescription drug coverage. If the Certificate of Coverage is the same but for the prescription drug coverage, please submit only one copy of the Certificate and separate out the prescription drug coverage provisions.

Please refer to Exhibits XIII 2021 Large Group HMO Certificate Draft and Exhibit XIV 2021 Large Group HMO RX Rider Draft.

27. Evidence of Coverage (for Medicare Advantage plan) and coverage riders, if offering a Medicare Advantage Plan. The proposed Medicare standard contract and riders should be available with prescription drug coverage and without prescription drug coverage. If the Evidence of Coverage is the same but for the prescription drug coverage, please submit only one copy of the Evidence of Coverage and separate out the prescription drug coverage provisions.

Included as part of the NYSHIP RFP are the draft CDPHP NYSHIP MA and MAPD Evidence of Coverage documents. As CMS has not released final updates or the CMS benchmark values for 2021, we are unable to include the final versions at this point. The 2020 versions were used as a template for the 2021 updates. References to the pharmacy benefit are included throughout the Evidence of Coverage so CDPHP has included both documents in our response.

Please refer to Exhibit XV 2021 NYSHIP HMO MA EOC for the draft Evidence of Coverage for Medicare Advantage plan without prescription drug coverage. Please refer to Exhibit XVI 2021 NYSHIP HMO MAPD EOC for the draft Evidence of Coverage for Medicare Advantage plan with prescription drug coverage.

28. A completed *Commercial Benefits Chart* (Attachment 35) and *Medicare Benefits Chart* (Attachment 36) for both Commercial and Medicare Advantage plan, as applicable, citing where each of the named benefits proposed for 2021 can be found in Contract or rider language. All Contracts and/or riders relating to the 2021 benefit offering must be listed. If there is no additional cost, indicate N/C in Projected

Monthly Premium column. List the cost of the standard contract and riders for each rating region once, reference the citation in all other appropriate areas.

Please refer to Exhibit XVII for the Commercial Benefits Chart and Exhibit XVIII for the Medicare Benefits Chart.

5.2 Member Communication Material Requirements

The Offeror must:

1. Submit drafts of the Cover Letter for the Member communications materials mailing to HMO Members, federally mandated Summary of Benefits and Coverage (SBC) and Schedule of Benefits, in both hard copies and PDF with their Proposals. In addition, those HMOs that participated in NYSHIP in 2020 are required to submit drafts of the Side by Side Comparison of Benefits in both hard copies and PDF with their Proposals. HMOs that did not participate in NYSHIP in 2020 will not be required to furnish the Side by Side Comparison with their Proposals.

   Please refer to Exhibits XIX NYSHIP 2021 Member Letter – Commercial with NO Rx, Exhibit XX NYSHIP 2021 Member Letter – Commercial with Rx, Exhibit XXI NYSHIP 2021 Member Letter – Medicare Advantage No Rx, Exhibit XXII NYSHIP 2021 Member Letter – Medicare Advantage with with Rx, Exhibit XXIII NYSHIP Commercial Benefit Summary No RX, Exhibit XXIV 2021 NYSHIP Commercial Benefit Summary with Rx, Exhibit XXV Medicare Benefit Summary No Rx, Exhibit XXVI 2020 Medicare Benefit Summary with Rx, Exhibit XXVII Commercial HMO RX Side by Side Changes, Exhibit XXVIII Commercial HMO Side by Side Changes, and Exhibit XXIX Medicare MA MAPD Side by Side Changes 2020-2021.

2. The Offeror must provide a list of wellness programs/activities held or scheduled for 2020 and a summary of planned activities for 2021 using the Wellness Programs/Activities chart (Attachment 15).

   Please refer to Exhibit XXX for the 2019 Health Fairs and Events form and Exhibit XXXI for the Wellness Programs/Activities chart.

3. The Offeror must provide a list of its current five largest employer groups in descending order by number of contracts using the *Current Five Largest Employer Groups* chart (Attachment 16).

   Please refer to Exhibit XXXII for the Current Five HMO Largest Employer Groups chart.

4. Federally required Summary of Benefits and Coverage (SBC) for the proposed benefit package offered through NYSHIP. If the final 2021 SBC is not available for inclusion with this submission, please submit a draft version and advise when it is expected to be finalized. A finalized SBC must be submitted as soon as it is

available, but no later than October 1, 2020.

Please refer to Exhibit XXXIII NYSHIP SBC Draft and Exhibit XXXIV NYSHIP SBC Draft No Rx.

5. Additional Member Communication Materials to Members for 2021 – Cover Letters, Marketing Materials. Refer to Section 3.6 of these Specifications for specific details. To ensure all Members have plan information prior to the NYSHIP Option Transfer Period, HMOs must submit confirmation to the Department that all Required Communications Materials have been mailed to Members by October 21, 2020.

   Please refer to Exhibit XXXV 2020 Medicare Group NYSHIP Pre-Enrollment Letter (MA) and Exhibit XXXVI 2020 Medicare Group NYSHIP Pre-Enrollment Letter (MAPD Only).

6. Choices Page, for both Commercial and Medicare Advantage plan, as applicable. HMOs will have ten business days to complete their HMO e-page(s), after which time, access will be denied. All HMOs submitting Proposals will be required to access a Department online data interface (HMO ePage) through which plan benefit details will be electronically submitted to the Department. Additionally, HMOs are required to print a hard copy of their Choices page information from the database and submit it with their Proposal. This process will enable the Department to implement their online health benefit plan comparison tool. [**Note:** HMOs will ONLY be granted access to the Department's online data interface with their ePage if they have completed and submitted an affirmative *Notice of Intent* (Attachment 28) to participate in the 2021 NYSHIP plan year. The *Notice of Intent* will only be considered valid if it is sent to both the Department and the *JLMC Contact Members* (Attachment 13).]

   HMOs that participate in NYSHIP during 2020 will be able to edit selected fields of their 2021 Choices page content in the electronic templates to accurately describe plan benefits for the 2021 Plan Year. HMOs that did not participate in NYSHIP during 2020 will access blank electronic templates to electronically submit their Choices page information.

   The Department's Communications Unit will use the electronic information submitted by each HMO to format a version of their pages for the Choices guide. HMOs will receive copies of their final Choices pages for sign off for accuracy via e-mail from the Communications Unit. Benefits described on an HMO's Choices pages will be binding upon such HMO, even in the event of erroneous oversight during such review.

   Please refer to Exhibit XXXVII HMO ePage Commercial and Exhibit XXXVIII HMO ePage Medicare.

7. Schedule of Benefits required for Commercial Plan and Medicare Advantage Plan enrollees, if applicable. [**Note**: If this is part of the Offeror's Certificate of Coverage and/or Evidence of Coverage, indicate page numbers where this

information can be found].

Please refer to Exhibit XXIIII 2021 NYSHIP Commercial Benefit Summary No Rx, Exhibit XXIV 2021 NYSHIP Commercial Benefit Summary with Rx, Exhibit XXV 2021 NYSHIP Medicare Benefit Summary No Rx, and Exhibit XXVI 2021 NYSHIP Medicare Benefit Summary with Rx.

8. Side by Side Comparison of Benefit Changes 2020 to 2021 (document must be titled as such) identifying changes from 2020 (current year) to 2021 (upcoming year) for Commercial Plan and Medicare Advantage Plan Enrollees, if applicable. In the event there are no changes in the benefits offered, the HMO is required to mail an affirmative statement to Members confirming that there are no changes from the previous year; a copy of the statement of "no change" should be included in this submission, if applicable. This requirement is only for HMOs that participated in NYSHIP in 2020. See *SAMPLE Side-by-Side Comparison* (Attachment 25).

   Please refer to Exhibit XXVII for Commercial HMO RX Side by Side Changes, Exhibit XXVIII Commercial HMO Side by Side Changes, and Exhibit XXIX Medicare MA MAPD Side by Side Benefit Changes 2020-2021.

9. Listing of Certificate/Group Contract, Riders and/or Amendments (see *SAMPLE Contract and Rider* Summary (Attachment 30)). Include both Commercial HMO and Medicare Advantage Plan documents.

   Please refer to Exhibit XXXIX Contract and Rider Summary.

5.3 Website Access

1. In accordance with Section 3.9 of these Specifications, the Offeror must provide the following:

   a. The website address to the online prescription drug formulary that the Offeror proposes for the NYSHIP plan;

   Please see the following website addresses for the online prescription drug formulary offerings for NYSHIP Plans:
   Formulary:
   1. https://www.cdphp.com/-/media/files/pharmacy/formulary-1.pdf?la=en
   with **updates**:
   2. https://www.cdphp.com/-/media/files/pharmacy/formulary-1-updates.pdf?la=en

   b. The process by which JLMC Members obtain the user IDs and passwords necessary to access the HMO website to view applications available to Members other than protected health information.

   JLMC members may enter the HMO website without additional

credentials by going to https://www.cdphp.com/members/health-plan/nys-federal-government/nys-employee-health-plans/active-employees. JLMC members will be able to view all of the applications available to members, with the exception of protected health information, such as wellness programs, provider directories, common health topics, important notices and out of network coverage.

JLMC can also access our secure member website here https://member.cdphp.com/login with both a dummy id & password. To acquire that account information please reach out to April Braman the account director at April.Braman@cdphp.com).

c. For the Provider search, provide a copy of the message that would be returned if a Member entered a zip code outside of the HMOs approved NYSHIP service area.
Please refer to Exhibit XL Provider Search.

New York State Department of Health
Division of Health Plan Contracting and Oversight

Health Maintenance Organization Certificate of Authority

Capital District Physician's Health Plan, Inc.
500 Patroon Creek Blvd.
Albany, NY 12206

Has been granted this certificate of authority to operate
Pursuant to Article 44 of the New York State Public Health Law

Issued:
April 30, 1984
Reissued:
August 1, 1987
October 24, 1990
May 15, 1993
November 30, 1993
August 1, 1994
June 30, 1995
November 15, 1999
August 2, 2001
April 15, 2002
February 22, 2016
April 15, 2016
June 15, 2018

LIMITATIONS AND CONDITIONS

- The service area of the Capital District Physician's Health Plan, Inc. for Commercial members will consist of Albany, Broome, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Oneida, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington Counties.
- The service area of the Capital District Physician's Health Plan, Inc. for Child Health Plus members will consist of Albany, Broome, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Herkimer, Madison, Montgomery, Oneida, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington Counties.
- The Article 44 service area of the Capital District Physician's Health Plan, Inc. for Medicaid members will consist of Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington Counties. The continuation of the provision of health care services in this service area remains contingent upon the execution of the Medicaid contract.
- The counties of Albany, Broome, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Oneida, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington are designated for Medicare Advantage. Such designation is based upon the understanding that Capital District Physician's Health Plan, Inc. will operate in accordance with all applicable State and Federal requirements. A comprehensive review of the plan's policies and procedures associated with the operation in the Medicare Advantage Program was not conducted by the Department. All aspects of operation in the Medicare only counties will be governed primarily by the Centers for Medicare and Medicaid Services (CMS), and implementation is contingent upon securing a Medicare contract with the Federal government.
- Capital District Physician's Health Plan, Inc. is approved as a Health and Recovery Plan (HARP) serving the HARP eligible **Medicaid** population in the counties of Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington. The provision of HARP services in these counties is contingent upon execution of the Medicaid contract with New York State.

[redacted]
Jonathan Bick
Director
Division of Health Plan
Contracting and Oversight

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
500 Patroon Creek Boulevard
Albany, NY 12206-1057

NYSHIP Dependent Eligibility Rider

The following dependents are eligible for NYSHIP coverage:

1. Your spouse, including a legally separated spouse, is eligible. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.

2. Your Domestic Partner. You may cover your same or opposite sex domestic partner as your dependent under NYSHIP. A domestic partnership, for eligibility under NYSHIP, is one in which you and your partner are 18 years of age or older, unmarried and not related in a way that would bar marriage, living together, involved in an exclusive mutually committed relationship and financially interdependent. To enroll a domestic partner, you must have been in the partnership for six months and be able to provide proof of 6 months of cohabitation and 6 months of financial interdependence. There is a one year waiting period from the termination date of your previous partner's coverage before you may again enroll a domestic partner.

3. Your children under 26 years of age are eligible. This includes your natural children, legally adopted children, children in a waiting period prior to finalization of adoption, your stepchildren and children of your domestic partner who are covered without regard to financial dependence, residency with you, student status or employment. Other children who reside permanently with you in your household, who are chiefly dependent on you and for whom you have assumed legal responsibility, in place of the parent, also are eligible; you must verify eligibility and provide documentation to your Employer upon enrollment and every two years thereafter. For “other children,” legal responsibility by you must have commenced before the child reached 19.

4. For purposes of eligibility for health insurance coverage as a dependent you may deduct from your dependent’s age up to four years for service in a branch of the U.S. Military between the age of 19 and 25 for those dependents that return to school on a full time basis, are unmarried and are otherwise not eligible for employer group coverage. You must be able to provide written documentation from the U.S. Military. Proof of full-time student status at an accredited secondary or preparatory school, college or other educational institution will be required by the HMO for verification.

5. Your unmarried dependent children 26 or over who are incapable of self- sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical handicap who became so incapable prior to attainment of the age at which dependent coverage would otherwise be terminated are eligible.

   The HMO will accept determinations of total disability under the above standards made by other group health plans provided that there has not been a break in coverage between plans.

6. Your unmarried children, including adopted and stepchildren through age twenty-nine ("Young Adult"), who live, work, or reside in New York State or the service area of the HMO's network-based NYSHIP policy and who:

   a. are not insured by or eligible for coverage through the Young Adult's own employer-sponsored health plan, whether insured or self-funded, provided that the health plan includes both hospital and medical benefits, and

   b. are not covered under Medicare;

   are eligible for coverage under the Young Adult Option. In

   addition:

   c. the Young Adult need not live with the parent, be financially dependent upon the parent, or be a student;

   d. the Young Adult's eligibility for health insurance coverage through a former employer under federal COBRA or State continuation coverage does not disqualify the Young Adult from electing the young adult option under NYSHIP;

   e. the Young Adult's children are not eligible for coverage under the Young Adult Option, but may be eligible for health insurance coverage under other programs, such as the Child Health Plus program;

   f. the parent need not have family coverage for the young adult to enroll in the Young Adult Option; and

g. the Young Adult need not have been previously covered under the parent's NYSHIP coverage.

The HMO must accept all NYSHIP determinations of eligibility for enrollment in this coverage. Coverage of a Young Adult as described in this paragraph shall consist of coverage which is identical to the coverage provided to a NYSHIP enrollee. If the parent is enrolled in the HMO, coverage is available for the Young Adult who lives, works or resides outside of the parent's HMO service area but within New York State. However, the parent of the Young Adult need not be enrolled in the HMO in order for the Young Adult to have NYSHIP coverage through the plan in which he/she is enrolling as long as the Young Adult lives, works or resides in that HMO's service area. The parent must only be a NYSHIP enrollee (including under COBRA).

Coverage shall terminate on the first of the following to occur:

a. the Young Adult voluntarily terminates coverage;

b. the Young Adult's parent no longer is enrolled in NYSHIP;

c the Young Adult no longer meets the eligibility requirements for the Young Adult Option as outlined above;

c. the NYSHIP premium for the Young Adult is not paid in full within the 30-day grace period; or

e. the group contract is terminated and not replaced.

The dependent child does not have a separate federal COBRA or New York State continuation right at the time coverage through this option terminates.

A Young Adult and his/her parent have the following opportunities to enroll in the Young Adult Option:

1. When the Young Adult Would Otherwise Lose Coverage Due to Age

   Coverage may be elected within 60 days of the date that the Young Adult otherwise would lose eligibility for coverage as his/her parent's dependent due to age. Coverage is retroactive to the date that the Young Adult otherwise would have lost coverage due to age. This is the only circumstance in which the Young Adult Option will be effective on a retroactive basis.

2. When the Young Adult is Newly Qualified Due to a Change in Circumstances

   Coverage may be elected within 60 days of the date that the Young Adult newly meets the eligibility requirements for the Young Adult Option, such as due to loss of coverage through his/her employer; moves his/her residence into New York State; or gets divorced. It is possible for a Young Adult to elect coverage under this option on multiple occasions due to changes in the young adult's eligibility over time. Coverage will be effective prospectively, no later than 30 days after NYSHIP receives written notice of the election and payment of the first premium.

3. During the Young Adult Option Annual 30-Day Open Enrollment Period
   Coverage may be elected during the Young Adult Option's annual 30- day open enrollment period which is expected to coincide with NYSHIP's Annual Option Transfer Period. Coverage under this option will be effective prospectively.

Controlling Certificate.
All of the terms, conditions, limitations, and exclusions of Your Certificate to which this Rider is attached shall also apply to this Rider except where specifically changed by this Rider.

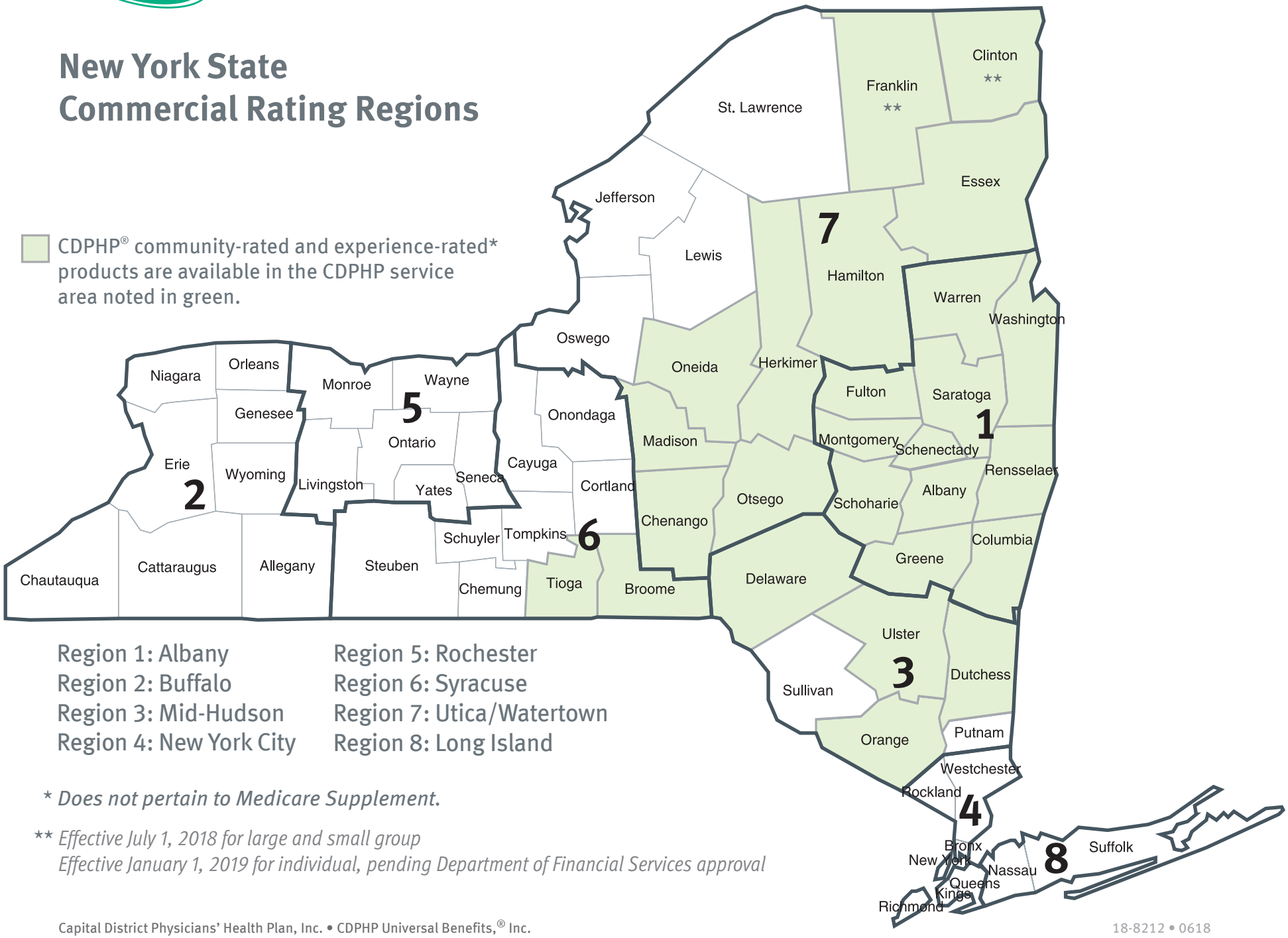
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

By:

John D. Bennett, MD, FACC
President and CEO

New York State Commercial Rating Regions

CDPHP® community-rated and experience-rated* products are available in the CDPHP service area noted in green.



Region 1: Albany
Region 2: Buffalo
Region 3: Mid-Hudson
Region 4: New York City
Region 5: Rochester
Region 6: Syracuse
Region 7: Utica/Watertown
Region 8: Long Island

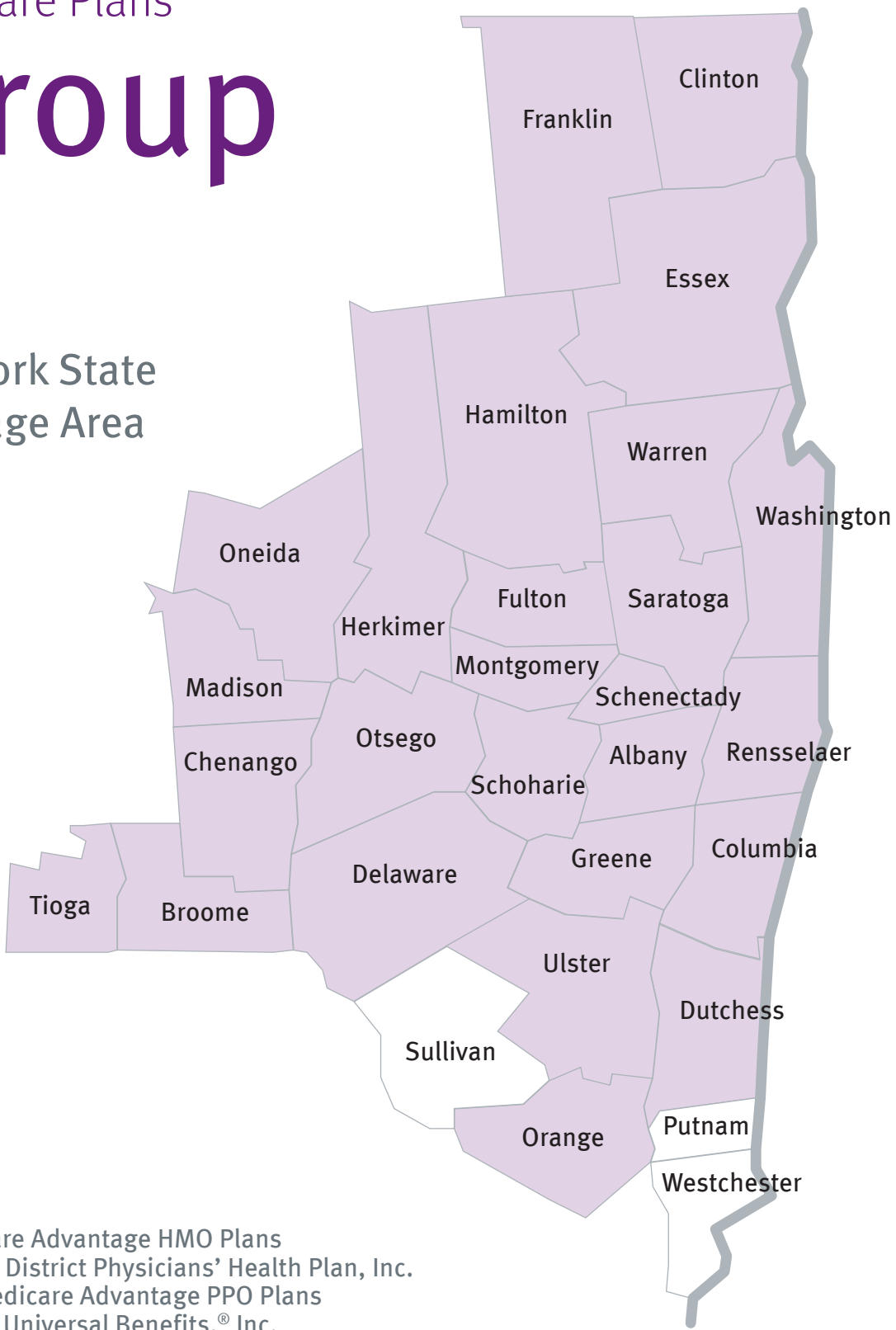
** Does not pertain to Medicare Supplement.*

*** Effective July 1, 2018 for large and small group*
Effective January 1, 2019 for individual, pending Department of Financial Services approval

Medicare Plans

Group

2021
New York State
Coverage Area



KEY

Medicare Advantage HMO Plans
Capital District Physicians' Health Plan, Inc.
and Medicare Advantage PPO Plans
CDPHP Universal Benefits,® Inc.

CDPHP®

A plan for life.

NEW YORK SUPPLEMENT FOR THE YEAR **2019** OF THE **CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.**

N.Y. SCHEDULE M

Section 4408-a of the Public Health Law requires all health maintenance organizations to establish and maintain a grievance procedure. Article 49 of the Public Health Law requires HMOs to establish a utilization review procedure to evaluate whether a health care treatment is medically necessary. Article 49 also allows for enrollees to have external appeals under certain circumstances.

Tables 1, 2 and 3 should not include grievances under Medicare Cost Contracts, Medicare Risk Contracts, Medicare Plus Choice Contracts or Medicaid Contracts.

Table 1: Section 4408-a Grievances

	1 Pending as of 12/31/2018	2 Filed in 2019	3 Closed in 2019 (Whether filed in 2019 or earlier). Col. 4 + Col. 5	4 Closed in 2019 resulting in a reversal (in whole or in part) of the HMO's original determination	5 Closed in 2019 in which the HMO's original determination was upheld	6 Pending on 12/31/2019 Cols 1 + 2 - 3
1. Actual Number	7	230	224	135	89	13
2. Number per 1,000 members (a)	0.1	2.6	2.6	1.5	1.0	0.1

(a) For all tables the number per 1,000 members, excluding Medicare and Medicaid members, should be based on the number of members as of June 30, 2019. The number per 1,000 members should be carried to one decimal point, e.g. "3.6".

(1) State the number of members at June 30, 2019 , as shown in the June 2019 Supplement, excluding Medicare and Medicaid members. 87,640

Table 1a. Appeals of grievances closed in 2018 (These should NOT be reported in Table 1 above.)

	1 Amount
1. Please state the number of grievances reported as closed in 2018 schedule M which were appealed in a timely manner in 2019	0
Of the above, please state:	
2. The number reversed in 2019	0
3. The number upheld in 2019	0
4. The number still pending at 12/31/2019	0

NY64

Exhibit A

Capital District Physicians' Health Plan, Inc. (CDPHP®) Access and Availability Standards

Distance To:	**Miles / Minutes**
3 Internal Medicine	30 miles / 30 minutes
3 Family/General Medicine	30 miles / 30 minutes
3 Pediatricians	30 miles / 30 minutes
2 OB/GYNs	30 miles / 30 minutes
2 Specialist from each of the types designated as high -volume	30 miles / 30 minutes
1 Mental Health / Substance Abuse Treatment Provider	30 miles / 30 minutes
2 Social Workers	30 miles / 30 minutes
2 Psychiatrists	30 miles / 30 minutes
2 Psychologists	30 miles / 30 minutes
1 Pharmacy - urban	3 miles / 10 minutes
1 Pharmacy - rural/suburban	10 miles / 20 minutes
1 24-hour Pharmacy (where available)	15 miles / 25 minutes
1 Hospital, x-ray, MRI, optometrist, inpatient psychiatric, inpatinet medical rehabilitation, skilled nursing facility, home health agency, and ambulatory surgery clinic	30 miles/30 minutes
1 Laboratory - urban	20 miles / 30 minutes
1 Laboratory - rural, suburban	40 miles / 60 minutes
1 Cardiac Catheterization, kidney transplant, major trauma treatment, neonatal intensive care and open heart surgery	60 miles / 90 minutes
Type of Visit (see attached scenarios)	**Time to an Appointment**
Urgent Care	Within 24 hours
Non-urgent "sick" visit	Within 48 hours
Emergency Care	Immediately
Routine Primary Care; Preventive Care Appointments	Within 4 weeks
Initial Prenatal within first trimester	Within 3 weeks
Initial Prenatal within 2nd and 3rd trimester	Within 1 week
Initial Family Planning	Within 2 weeks
Initial Newborn	Within 2 weeks of hospital discharge

In-plan mental health or substance abuse follow-up visits (pursuant to an emergency or hospital discharge)	Within 7 calendar days of request, or as clinically indicated
In-plan, non-urgent routine mental health visits	Within 10 business days
Urgent Care (Mental Health)	Within 48 hours
Care for non-life threatening emergency (Mental Health)	**Within 6 hours**
Emergency (Mental Health)	Immediately
In-plan, non-urgent routine chemical dependency visits	Within 10 business days
Urgent Care (Chemical Dependency)	Within 48 hours
Care for non-life threatening emergency (Chemical Dependency)	Within 6 hours
Emergency (Chemical Dependency)	Immediately
After hours access	Telephone response, within 1 hour

	Albany	Broome	Chenango	Clinton	Columbia	Delaware	Dutchess	Essex	Franklin	Fulton	Greene
Primary Care Physicians: 3 in 30 miles											
Family Practice	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
General Practice	99.8%	0%	0%	0%	79.7%	0%	79.7%	79.4%	0%	78.6%	58.7%
Internal Medicine	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Pediatrics	100%	100%	0%	100%	100%	100%	100%	100%	0%	100%	100%
Provider Specialties: 2 in 30 miles											
Allergy	99.9%	100%	100%	100%	100%	0%	99.9%	10.3%	0%	98.4%	93.2%
Cardiology	100%	100%	42.3%	100%	100%	100%	100%	100%	100%	100%	100%
Dermatology	99.9%	100%	100%	100%	100%	57.7%	100%	39.7%	0%	88.6%	93.1%
Endocrinology	99.9%	100%	42.3%	100%	100%	96.9%	100%	10.3%	40%	95.3%	99.6%
ENT	99.9%	100%	100%	100%	100%	32%	100%	98.5%	100%	100%	93.8%
Gastroenterology	100%	100%	100%	100%	100%	95.9%	100%	10.3%	40%	100%	100%
General Surgery	99.9%	100%	84.6%	100%	100%	100%	100%	64.7%	100%	100%	100%
Hematology	99.9%	100%	100%	100%	100%	82.5%	100%	100%	100%	99.4%	97.7%
Neurology	99.9%	100%	100%	100%	100%	100%	100%	14.7%	40%	100%	100%
Oncology	99.9%	100%	100%	100%	100%	53.6%	100%	100%	100%	99.5%	97.7%
Ophthalmology	100%	100%	100%	100%	100%	87.6%	100%	52.9%	100%	100%	99.6%
Optometry	100%	100%	100%	100%	100%	100%	100%	72.1%	100%	100%	100%
Orthopedics	100%	100%	84.6%	100%	100%	100%	100%	100%	100%	100%	100%
Plastic Surgery	99.9%	100%	100%	100%	100%	66%	100%	8.8%	0%	99.9%	94.1%
Podiatry	100%	100%	42.3%	100%	100%	100%	100%	100%	100%	100%	100%
Psychiatry	100%	100%	34.6%	100%	100%	84.5%	100%	83.8%	60%	100%	100%
Psychology	99.9%	100%	84.6%	75%	83.2%	0%	98%	10.3%	0%	27.4%	81.6%
Pulmonary Disease	100%	100%	42.3%	100%	100%	71.1%	100%	70.6%	60%	100%	99.7%
Rheumatology	99.9%	100%	100%	65%	100%	32%	100%	64.7%	60%	84.7%	97.7%
Social Work	100%	100%	100%	100%	100%	100%	100%	100%	60%	100%	100%
Urology	99.9%	100%	0%	100%	100%	92.8%	100%	69.1%	100%	100%	99.7%
Facilities:											
Hospitals	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Clinical Laboratory: urban standard: 1:20 miles Suburban/Rural standard: 1:40 miles	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Radiology Facilities	100%	100%	80.8%	100%	100%	79.4%	100%	72.1%	100%	100%	99.7%
Participating Pharmacies: Urban standard: 1:3 miles Suburban/Rural standard: 1:10 miles	99.1%	96.2%	99.1%%	90%	96.7%	81.4%	100%	85.3%	60%	96%	99.3%

	Hamilton	Herkimer	Madison	Montgomery	Oneida	Orange	Otsego	Rensselaer
Primary Care Physicians: 3 in 30 miles								
Family Practice	100%	100%	100%	100%	100%	100%	100%	100%
General Practice	12.5%	98.4%	9.1%	80.7%	99%	100%	30.7%	100%
Internal Medicine	100%	98.2%	100%	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	100%	100%	100%	100%	100%
Pediatrics	100%	100%	0%	100%	100%	100%	100%	100%
Provider Specialties: 2 in 30 miles								
Allergy	25%	62%	90.9%	99.9%	10.8%	100%	4.9%	100%
Cardiology	66.7%	98.4%	100%	100%	99%	100%	100%	100%
Dermatology	12.5%	98.4%	90.9%	98.5%	99%	100%	95.6%	100%
Endocrinology	12.5%	98.4%	100%	100%	99%	100%	100%	100%
ENT	66.7%	98.4%	100%	100%	99%	100%	92.4%	100%
Gastroenterology	50%	98.4%	100%	100%	99%	100%	100%	100%
General Surgery	50%	98.4%	100%	100%	100%	100%	100%	100%
Hematology	25%	98.4%	100%	100%	99%	100%	100%	100%
Neurology	66.7%	98.4%	100%	100%	99%	100%	100%	100%
Oncology	25%	98.4%	100%	100%	99%	100%	100%	100%
Ophthalmology	50%	98.4%	100%	100%	99%	100%	100%	100%
Optometry	66.7%	98.4%	100%	100%	100%	100%	100%	100%
Orthopedics	50%	98.4%	100%	100%	99%	100%	100%	100%
Plastic Surgery	12.5%	98.4%	100%	100%	99%	100%	95.6%	100%
Podiatry	83.3%	98.4%	100%	100%	100%	100%	100%	100%
Psychiatry	50%	98.4%	90.9%	100%	99%	100%	92.4%	100%
Psychology	12.5%	93%	90.9%	81.9%	99%	96.8%	3.1%	100%
Pulmonary Disease	66.7%	98.4%	100%	100%	99%	100%	92.4%	100%
Rheumatology	12.5%	98.4%	90.9%	94.1%	99%	100%	92.4%	100%
Social Work	100%	98.4%	100%	100%	99%	100%	100%	100%
Urology	58.3%	98.4%	100%	100%	99%	100%	100%	100%
Facilities:								
Hospitals	50%	98.4%	100%	100%	99%	100%	100%	100%
Clinical Laboratory: urban standard: 1:20 miles Suburban/Rural standard: 1:40 miles	100%	100%	100%	100%	100%	100%	100%	100%
Radiology Facilities	50%	98.4%	100%	100%	99%	100%	97.3%	100%
Participating Pharmacies: Urban standard: 1:3 miles Suburban/Rural standard: 1:10 miles	20.8%	95.3%	100%	98.3%	96.1%	100%	72%	97.8%

	Saratoga	Schenectady	Schoharie	Tioga	Ulster	Warren	Washington
Primary Care Physicians: 3 in 30 miles							
Family Practice	100%	100%	100%	100%	100%	100%	100%
General Practice	99.9%	99.9%	28.2%	28.2%	100%	98.7%	99.5%
Internal Medicine	100%	100%	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	100%	100%	100%	100%
Pediatrics	100%	100%	100%	100%	100%	100%	100%
Provider Specialties: 2 in 30 miles							
Allergy	100%	100%	55.6%	55.6%	99.9%	96.8%	99.6%
Cardiology	100%	100%	97.5%	97.5%	100%	100%	100%
Dermatology	100%	100%	92.9%	92.9%	99.9%	96.6%	99.5%
Endocrinology	100%	100%	100%	100%	100%	91%	84.3%
ENT	100%	100%	89.2%	89.2%	99.9%	100%	100%
Gastroenterology	100%	100%	97.5%	97.5%	100%	96.6%	99.5%
General Surgery	100%	100%	100%	100%	100%	97.1%	100%
Hematology	100%	100%	91%	91%	99.9%	98.6%	100%
Neurology	100%	100%	100%	100%	100%	98.9%	99.6%
Oncology	100%	100%	89.4%	89.4%	99.9%	98.6%	100%
Ophthalmology	100%	100%	100%	100%	99.9%	97.1%	99.8%
Optometry	100%	100%	100%	100%	100%	100%	100%
Orthopedics	100%	100%	100%	100%	100%	98.8%	100%
Plastic Surgery	100%	100%	100%	100%	99.9%	96.6%	99.9%
Podiatry	100%	100%	100%	100%	100%	100%	100%
Psychiatry	100%	100%	96.2%	96.2%	100%	97%	100%
Psychology	100%	100%	63.8%	63.8%	92.8%	96.7%	98.9%
Pulmonary Disease	100%	100%	95.2%	95.2%	99.9%	96.6%	99.6%
Rheumatology	100%	100%	89.2%	89.2%	99.9%	96.7%	99.8%
Social Work	100%	100%	100%	100%	100%	100%	100%
Urology	100%	100%	100%	100%	99.9%	97.6%	100%
Facilities:							
Hospitals	100%	100%	100%	100%	100%	98.6%	100%
Clinical Laboratory: urban standard: 1:20 miles Suburban/Rural standard: 1:40 miles	100%	100%	100%	100%	100%	100%	100%
Radiology Facilities	100%	100%	78.6%	78.6%	99.9%	100%	99.9%
Participating Pharmacies: Urban standard: 1:3 miles Suburban/Rural standard: 1:10 miles	99%	100%	89.9%	89.9%	99.8%	98.2%	92.6%

Category	County							
	Albany	Broome	Chenango	Columbia	Dutchess	Essex	Fulton	Greene
Primary Care Physicians: 3 in 30 miles								
Family Practice	100%	100%	100%	100%	100%	100%	100%	100%
General Practice	99.9%	0%	0%	88.7%	76.5%	100%	100%	86.1%
Internal Medicine	100%	100%	100%	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	100%	100%	100%	100%	100%
Provider Specialties: 2 in 30 miles								
Allergy	100%	100%	50%	100%	100%	20%	100%	100%
Cardiology	100%	100%	100%	100%	100%	100%	100%	100%
Dermatology	99.9%	100%	50%	100%	100%	80%	92%	100%
Endocrinology	100%	100%	100%	100%	100%	20%	84%	100%
ENT	100%	100%	100%	100%	100%	80%	100%	100%
Gastroenterology	100%	100%	100%	100%	100%	20%	100%	100%
General Surgery	100%	100%	100%	100%	100%	80%	100%	100%
Hematology	99.9%	100%	100%	100%	100%	100%	100%	100%
Neurology	100%	100%	100%	100%	100%	20%	100%	100%
Oncology	99.9%	100%	100%	100%	100%	100%	100%	100%
Ophthalmology	100%	100%	100%	100%	100%	100%	100%	100%
Optometry	100%	100%	100%	100%	100%	40%	100%	100%
Orthopedics	100%	100%	100%	100%	100%	100%	100%	100%
Plastic Surgery	100%	100%	100%	100%	100%	0%	100%	100%
Podiatry	100%	100%	100%	100%	100%	100%	100%	100%
Psychiatry	100%	100%	50%	100%	100%	100%	100%	100%
Psychology	99.9%	100%	50%	90%	100%	20%	36%	96.5%
Pulmonary Disease	99.9%	100%	100%	100%	100%	100%	100%	100%
Rheumatology	99.9%	100%	50%	100%	100%	20%	88%	100%
Social Work	100%	100%	100%	100%	100%	100%	100%	100%
Urology	100%	100%	100%	100%	100%	80%	100%	100%
Facilities:								
Hospitals	100%	100%	100%	100%	100%	100%	100%	100%
Clinical Laboratory: urban standard: 1:20 miles Suburban/Rural standard: 1:40 miles	100%	100%	100%	100%	100%	100%	100%	100%
Radiology Facilities	99.9%	100%	50%	100%	100%	40%	100%	100%
Participating Pharmacies: Urban standard: 1:3 miles Suburban/Rural standard: 1:10 miles	98.9%	95.7%	100%	99.3%	100%	80%	90%	100%

Category	County							
	Hamilton	Herkimer	Madison	Montgomery	Oneida	Orange	Otsego	Rensselaer
Primary Care Physicians: 3 in 30 miles								
Family Practice	100%	100%	100%	100%	100%	100%	100%	100%
General Practice	0%	100%	0%	79.6%	100%	100%	30.8%	100%
Internal Medicine	100%	100%	100%	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	100%	100%	0%	100%	100%
Provider Specialties: 2 in 30 miles								
Allergy	50%	100%	0%	100%	0%	100%	0%	100%
Cardiology	100%	100%	100%	100%	100%	100%	100%	100%
Dermatology	0%	100%	100%	95.9%	88.9%	100%	84.6%	100%
Endocrinology	0%	100%	100%	100%	100%	100%	100%	100%
ENT	75%	100%	100%	100%	100%	100%	84.6%	100%
Gastroenterology	100%	100%	100%	100%	100%	100%	100%	100%
General Surgery	100%	100%	100%	100%	100%	100%	100%	100%
Hematology	50%	100%	100%	100%	100%	100%	100%	100%
Neurology	100%	100%	100%	100%	100%	100%	100%	100%
Oncology	50%	100%	100%	100%	100%	100%	100%	100%
Ophthalmology	75%	100%	100%	100%	100%	100%	100%	100%
Optometry	75%	100%	100%	100%	100%	100%	100%	100%
Orthopedics	75%	100%	100%	100%	100%	100%	100%	100%
Plastic Surgery	0%	100%	100%	100%	88.9%	100%	84.6%	100%
Podiatry	75%	100%	100%	100%	100%	100%	100%	100%
Psychiatry	75%	100%	100%	100%	100%	100%	84.6%	100%
Psychology	0%	100%	100%	83.7%	88.9%	100%	0%	100%
Pulmonary Disease	100%	100%	100%	100%	100%	100%	84.6%	100%
Rheumatology	0%	100%	100%	95.9%	88.9%	100%	84.6%	100%
Social Work	100%	100%	100%	100%	100%	100%	100%	100%
Urology	100%	100%	100%	100%	100%	100%	100%	100%
Facilities:								
Hospitals	100%	100%	100%	100%	100%	100%	100%	100%
Clinical Laboratory: urban standard: 1:20 miles Suburban/Rural standard: 1:40 miles	100%	100%	100%	100%	100%	100%	100%	100%
Radiology Facilities	75%	100%	100%	100%	100%	100%	100%	100%
Participating Pharmacies: Urban standard: 1:3 miles Suburban/Rural standard: 1:10 miles	0%	100%	100%	95.9%	100%	100%	84.6%	98.5%

Category	County						
	Saratoga	Schenectady	Schoharie	Tioga	Ulster	Warren	Washington
Primary Care Physicians: 3 in 30 miles							
Family Practice	100%	100%	100%	100%	100%	100%	100%
General Practice	100%	99.8%	42.2%	0%	100%	90.2%	100%
Internal Medicine	100%	100%	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	0%	100%	100%	100%
Provider Specialties: 2 in 30 miles							
Allergy	100%	100%	68.8%	100%	100%	88.5%	100%
Cardiology	100%	100%	96.9%	100%	100%	100%	100%
Dermatology	100%	100%	93.8%	100%	100%	88.5%	100%
Endocrinology	100%	100%	100%	100%	100%	70.5%	89.8%
ENT	100%	100%	92.2%	100%	100%	100%	100%
Gastroenterology	100%	100%	95.3%	100%	100%	88.5%	100%
General Surgery	100%	100%	100%	100%	100%	88.5%	100%
Hematology	100%	100%	92.2%	100%	100%	90.2%	100%
Neurology	100%	100%	100%	100%	100%	98.4%	100%
Oncology	100%	100%	92.2%	100%	100%	90.2%	100%
Ophthalmology	100%	100%	100%	100%	100%	88.5%	100%
Optometry	100%	100%	100%	100%	100%	100%	100%
Orthopedics	100%	100%	100%	100%	100%	90.2%	100%
Plastic Surgery	100%	100%	100%	100%	100%	88.5%	100%
Podiatry	100%	100%	100%	100%	100%	100%	100%
Psychiatry	100%	100%	98.4%	100%	100%	88.5%	100%
Psychology	100%	100%	78.1%	100%	100%	88.5%	100%
Pulmonary Disease	100%	100%	98.4%	100%	100%	88.5%	100%
Rheumatology	100%	100%	92.2%	100%	100%	88.5%	100%
Social Work	100%	100%	100%	100%	100%	100%	100%
Urology	100%	100%	100%	100%	100%	88.5%	100%
Facilities:							
Hospitals	100%	100%	100%	100%	100%	90.2%	100%
Clinical Laboratory: urban standard: 1:20 miles Suburban/Rural standard: 1:40 miles	100%	100%	100%	100%	100%	100%	100%
Radiology Facilities	100%	100%	87.5%	100%	100%	100%	100%
Participating Pharmacies: Urban standard: 1:3 miles Suburban/Rural standard: 1:10 miles	99.4%	100%	93.8%	100%	100%	100%	85.7%