

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 12/31/18.	(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 12/31/19. Col. 1 + Col. 2 – Col. 3
1. Actual Number	15	438	423	123	300	30
2. Number per 1,000 members (a)		4.0	4.3	1.0	3.0	0.3

(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 30, Quarterly Supplement, excluding Medicare and Medicaid members.

98,805

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

1. Please state the number of grievances reported as closed in the 2018 Schedule M which were appealed in a timely manner in 2019

Of the above, please state:

(2) the number reversed in 2019

(3) the number upheld in 2019

(4) the number still pending at 12/31/19

3

1

2

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Table 2: Utilization Review Appeals

	(1) Pending as of 12/31/18.	(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 12/31/19. Col. 1 + Col. 2 – Col. 3
1. Actual Number	37	598	601	202	399	34
2. Number per 1,000 members (a)		6.0	6.1	2.0	4.0	0.3

Table 2a. Appeals of expedited utilization review appeals closed in 2018 (These should not be reported in Table 2 above.)

1. Please state the number of expedited utilization review appeals reported as closed in the 2018 Schedule M which were appealed in a timely manner in 2019

Of the above, please state:

(2) the number reversed in 2019

(3) the number upheld in 2019

(4) the number still pending at 12/31/19

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Table 3: External Appeals

	(1) Pending as of 12/31/18.	(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 12/31/19. Col. 1 + Col. 2 – Col. 3
1. Actual Number		27	25	13	12	2
2. Number per 1,000 members (a)			0.3			0.0

(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, as shown in the June 30, 2019 Quarterly Supplement.

The number per 1,000 members should be carried to one decimal point, e.g. "3.6"

Name Sarah Ramsey and telephone number 716-857-4593 of HMO contact person regarding this schedule.