

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	2	3	4	5	6
	Pending as of 12/31/2018	Filed in 2019	Closed in 2019 (Whether filed in 2019 or earlier). Col. 4 + Col. 5	Closed in 2019 resulting in a reversal (in whole or in part) of the HMO's original determination	Closed in 2019 in which the HMO's original determination was upheld	Pending on 12/31/2019 Cols 1 + 2 - 3
1. Actual Number	3	55	57	28	29	1
2. Number per 1,000 members (a)	0.1	1.5	1.6	0.8	0.8	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.35,594

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

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Table 2: Utilization Review Appeals

	1	2	3	4	5	6
	Pending as of 12/31/2018	Filed in 2019	Closed in 2019 (Whether filed in 2019 or earlier). Col. 4 + Col. 5	Closed in 2019 resulting in a reversal (in whole or in part) of the HMO's original determination	Closed in 2019 in which the HMO's original determination was upheld	Pending on 12/31/2019 Cols. 1 + 2 - 3
1. Actual Number	55	239	286	65	221	8
2. Number per 1,000 members(a)	1.8	6.7	8.0	1.8	6.2	0.4

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

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

Table 3: External Appeals

	1	2	3	4	5	6
	Pending as of 12/31/2018	Filed in 2019	Closed in 2019 (Whether filed in 2019 or earlier). Col. 4 + Col. 5	Closed in 2019 resulting in a reversal (in whole or in part) of the HMO's original determination	Closed in 2019 in which the HMO's original determination was upheld	Pending on 12/31/2019 Cols 1 + 2 - 3
1. Actual Number	0	8	8	2	6	0
2. Number per 1,000 members(a)	0.0	0.2	0.2	0.1	0.2	0.0

(a) For all the 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 2019 Quarterly Supplement. The number per 1,000 members should be carried to one decimal point, e.g. "3.6".

Name: Thomas J. Harmon and telephone number (716)887-8646- of HMO contact person regarding this schedule.

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