Managed Care Plan Annual Report

to the Office of the Medicaid Inspector General (OMIG)
Plan Name **Senior Care Connection, Inc., d/b/a Eddy SeniorCare**
Plan Contact Name, Email and Phone Number: **Michelle Mazzacco, Executive Vice President; (email): michelle.mazzacco@sphp.com; (cell) 518-669-2694**
Date of Report: **2/2/2025**

Describe the MMCO's experience, performance and cost effectiveness in implementing the fraud, waste and abuse prevention program: **Eddy SeniorCare continues to effectively implement a Fraud, Waste and Abuse Program including as part of the St. Peter's Health Partners as well as the Trinity Health PACE Integrity & Compliance programs. Eddy SeniorCare is a relatively small managed care organization, serving approximately 450 PACE participants. Despite being small, we are able to take advantage of a robust enterprise-wide integrity and compliance program.**

☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

Describe the MMCO's proposals for modifications to its fraud, waste and abuse prevention program and plan, to amend its operations, to improve performance or to remedy observed deficiencies: **Eddy SeniorCare, in conjunction with St. Peter's Health Partners and Trinity Health PACE, review and update (as needed) our fraud, waste, and abuse prevention program and plan.**

☒Check box if additional information is attached and indicate attachment(s) name: FY26 TH PACE Integrity and Compliance Program Description

Provide a summary of the MMCO's SIU staffing including organizational charts: **Not applicable; enrollment for Eddy SeniorCare PACE is under 500.**

☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

Describe how the MMCO determined the staffing levels were sufficient as required in SubPart 521-2.4(b)(1): **Not applicable**.

☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

Summarize the activities of the MMCO's subcontractors or vendors who perform audit, investigation or review functions for the MMCO: **Not applicable**.

☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

Identify the total number of reported cases of potential fraud, waste or abuse identified by the MMCO, its subcontractor(s) or vendor(s): **Zero.**

☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

Insert or attach the MMCO's SIU work plan for the next calendar year: Click or tap here to enter text.

☐Check box if additional information is attached and indicate attachment(s) name: **Not applicable**.

Describe the results of service verification reviews conducted as specified in the MMCO's contract with the department to participate as an MMCO: **Eddy SeniorCare, as a PACE program, has**

internal controls for service/encounter verification. Our model contract with NYSDOH does not reference "service verification reviews". However, Eddy SeniorCare complies with the various reporting requirements referenced in our contract with the department.
☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

Provide any other information or data that OMIG may have required relevant to the requirements of this SubPart, or related requirements under the MMCO's contract with the department.: **None**
☐Check box if additional information is attached and indicate attachment(s) name: Enter text here.

By signature below, I acknowledge this statement together with data, related exhibits and explanations contained in, annexed or referred to in this Report is true and accurate according to the best of the information, knowledge and belief, respectively.

Executive Officer Name: Michelle Mazzacco

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