

2014 Managed Long-Term Care Report



Department
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Executive Summary

The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) of New York State's Public Health Law provides the Commissioner of Health with the authority to certify managed long-term care (MLTC) plans and oversee their operation, including the quality of care. This report describes 47 of New York State's certified MLTC plans and presents information about the quality of care they provide and enrollees' satisfaction with the plans. There are 10 new MLTC plans that are included in the presented statistics this year.

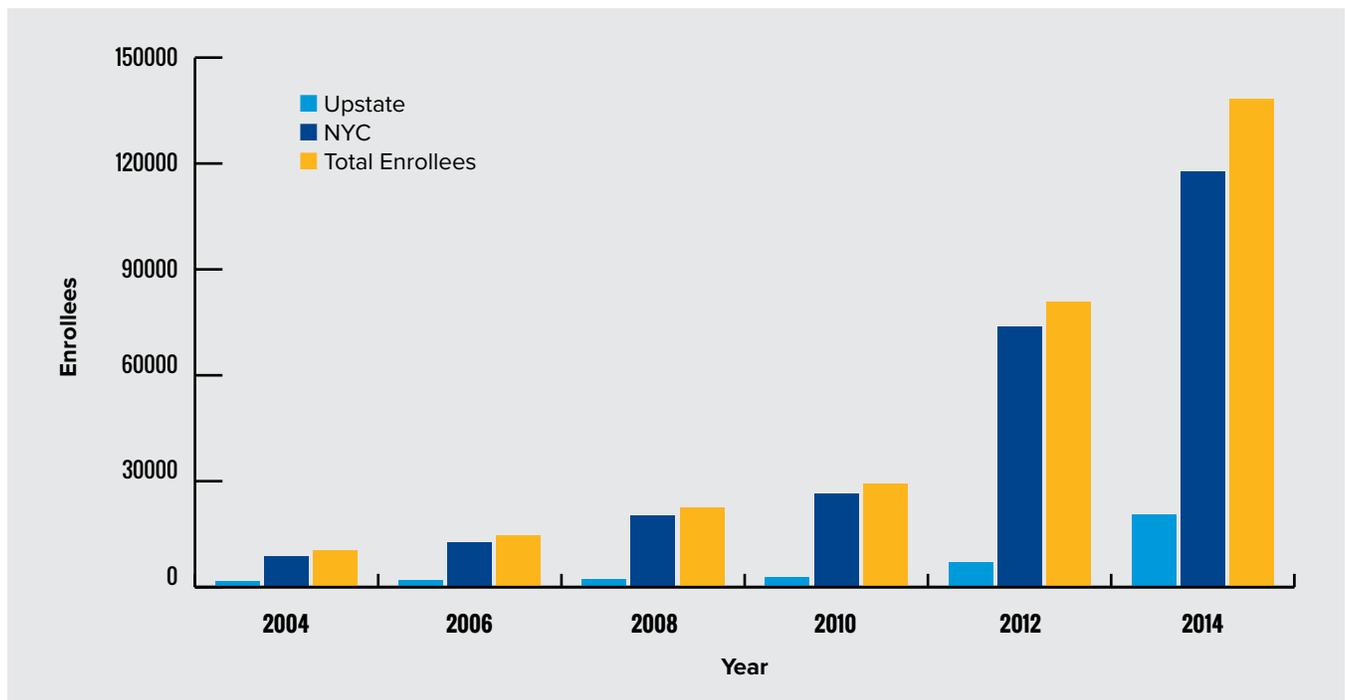
MLTC plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, transportation services, and skilled nursing facility (SNF) services. Including

SNF services in the capitation payment provides a financial incentive for the plans to keep their members healthy and living in the community.

Enrollment

As shown in the chart below, enrollment in the MLTC plans has been steadily increasing with current enrollment of 138,240 individuals as of November 2014. Eighty-six percent of the membership is in New York City. As of June 2014, 85 percent of the MLTC enrollees are over the age of 64 and 71 percent are female. The largest racial and ethnic group enrolled in MLTC is white non-Hispanic at 33 percent, followed by Hispanic and black non-Hispanic at 25 percent and 18 percent, respectively. Ninety-one percent are dually enrolled in Medicare and Medicaid and 71 percent have been enrolled in the program for one year or more.

Managed Long-Term Care Enrollees by Location and Year



The report is organized into four sections: 1) Quality of life and care based on the Uniform Assessment System for New York (UAS-NY) data January 1, 2014-June 30 2014; 2) Quality performance over time;

3) Enrollee satisfaction with care from the 2013 satisfaction survey; and 4) Potentially avoidable hospitalizations (based on inpatient hospitalizations during 2013).

Quality Performance

The domains of quality performance in this report are based on a UAS-NY assessment of the enrollees' health and functional status and include performance measures such as the percentage of enrollees who received an annual flu shot. Measures that evaluate plan performance over time are not presented this year because the UAS-NY was implemented in October 2013 and does not yet hold enough assessments to conduct over time comparisons. The tables include the plan-specific and statewide percentages of enrollees who met the criteria for the measure, e.g., received an influenza vaccination and whether the plan's performance was statistically higher, the same, or lower than the statewide average. The following are highlights:

- Seventy-five percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 65 to 93 percent.
- Fifty-four percent of enrollees age 65 or older received a pneumococcal vaccination in the last five years or after age 65. Plan results ranged from 41 to 85 percent.
- Ninety-five percent of enrollees had no falls that resulted in medical intervention in the past 90 days.
- Ninety-four percent of enrollees did not have severe daily pain.
- Eighty-eight percent of enrollees were not lonely and distressed.

Utilization

This section shows the percentage of enrollees who were admitted to a nursing facility, admitted to a hospital for an overnight stay, or visited an emergency room one or more times. Highlights include:

- Three percent of enrollees were admitted to a nursing home and of that group, 13 percent were admitted for long-term placement.

- Fourteen percent of enrollees were admitted to the hospital. The most common reasons for admission were: respiratory problems (20 percent), falls (12 percent), urinary tract infection (7 percent), congestive heart failure (7 percent), and scheduled surgical procedure (8 percent).
- Ten percent of enrollees visited an emergency room, 15 percent were for respiratory and nine percent were for cardiac problems.

Enrollee Satisfaction

In the spring of 2013, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2012. The overall response rate was 27 percent. The following are highlights:

- Eighty-four percent of respondents rated their health plan as good or excellent.
- Ninety percent would recommend their plan to a friend.
- Eighty-six percent rated their care manager and home health aide/personal care aide as good or excellent.

Potentially Avoidable Hospitalizations

This measure calculates the number of potentially avoidable hospitalizations (PAH) for an enrollee based on the number of days enrolled in the plan. Highlights include:

- The overall rate of PAH for all MLTC plans was 3.66 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.
- Plan results ranged from 0 to 13 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

Introduction



The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In September 2014, there were 38 MLTC organizations certified to enroll members in three plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 48 plans. The tables in this report present information about the 38 MLTC organizations and 47 plans that were enrolling during the data collection period.

The New York State Department of Health (NYSDOH) has been publishing quality performance and

enrollment data for traditional Medicaid managed care plans since 1994. This is the third public report on MLTC performance. The analyses presented in this report provide the basis for more data-driven improvement initiatives.

If you have any questions or comments about this report, please feel free to contact us at:

Office of Quality and Patient Safety

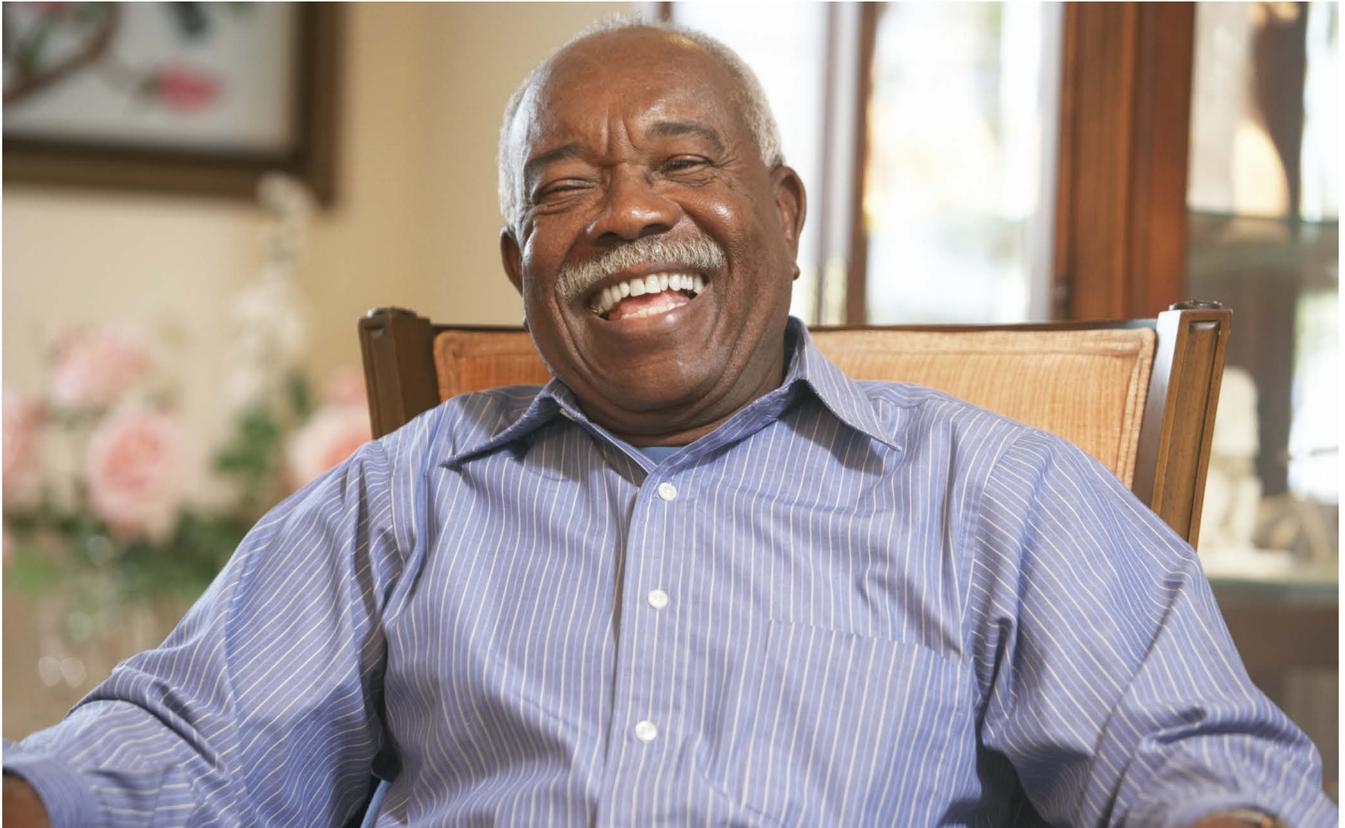
Corning Tower Room 1938, Empire State Plaza
Albany, New York 12237

Phone: (518) 486-9012

Fax: (518) 486-6098

E-mail: nysqarr@health.ny.gov

The Managed Long-Term Care Program



Managed long-term care (MLTC) plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, ancillary services, and transportation services.

The costs of skilled nursing facility services are included in the capitation payment, thereby providing a financial incentive for the plans to keep their members healthy and living in the community. (The list of all services is included in Appendix A.) Depending on the type of plan, ambulatory care, inpatient, and mental health services may also be included in the benefit package.

Types of Managed Long-Term Care Plans

Within the MLTC program, there are three models of plans, described below. All plans accept Medicaid payment. Some plans also accept Medicare or private payment for members who are not eligible for Medicaid.

Partial Capitation Plans

A risk-adjusted Medicaid capitation payment is provided to the plan to cover the costs of the long-term care and select ancillary services described in Appendix A. The enrollee's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicaid and Medicare or by the Medicaid program if they are not Medicare eligible. Partial capitation plans are required to coordinate all services for their members, including those that are not in the MLTC benefit package, such as visits to physicians and hospital admissions. The minimum age requirement is 18 years. Partial capitation contracts must be approved by the Centers for Medicare and Medicaid Services (CMS) and the NYSDOH. All partial capitation plans operating in New York State receive a Certificate of Authority from the Department of Health.

Program of All-inclusive Care for the Elderly Organizations

Program of All-inclusive Care for the Elderly (PACE) organizations provide a comprehensive system

of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for PACE services on a capitated basis. PACE members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long-term care services required by a PACE member. The PACE organization is approved by CMS and the NYSDOH.

Medicaid Advantage Plus

Medicaid Advantage Plus (MAP) plans must be certified by the NYSDOH as MLTC plans and by CMS as Medicare Advantage Plans. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the services in Appendix A and also covers Medicare co-payments and deductibles. The minimum age requirement is 18 years. All enrollees must be eligible for nursing home placement.

Eligibility

The data in this report are representative of individuals who have enrolled in one of the three types of MLTC plans and have met the following criteria:

- have a chronic illness or disability that makes an individual eligible for services usually provided in a nursing home;
- are able to stay safely at home at the time when joining the plan;
- are expected to need long-term care services for more than 120 days from the date of enrollment;
- meet the age requirement of program and the plan;
- reside in the area served by the plan.

Medicaid Redesign Team

In 2011, Governor Andrew Cuomo convened a task force consisting of policy experts and industry representatives to collaborate on re-designing New York State's Medicaid program. The members of the Medicaid Redesign Team (MRT) evaluated thousands of proposals solicited from experts and the public. Following a series of public meetings, the MRT voted on the proposals and 78 were enacted in the 2011-2012 budget. (More information is available at: http://www.health.ny.gov/health_care/medicaid/redesign/.)

MRT #90 requires the mandatory transition and enrollment of certain community-based long-term care services recipients into Managed Long-Term Care as a component of a fully integrated care management system. In August 2012, the NYSDOH received written approval from the Centers for Medicare and Medicaid Services (CMS) to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver requires all dual-eligible individuals (persons in receipt of both Medicare and Medicaid benefits) ages 21 or older and in need of community-based long-term care services for more than 120 days to be mandatorily enrolled into Managed Long-Term Care Plans.

The following groups are excluded at this time:

- Nursing Home Transition and Diversion Waiver participants;
- Traumatic Brain Injury Waiver participants;
- Nursing Home residents;
- Assisted Living Program participants;
- Dual eligible individuals who do not require community-based long-term care services.

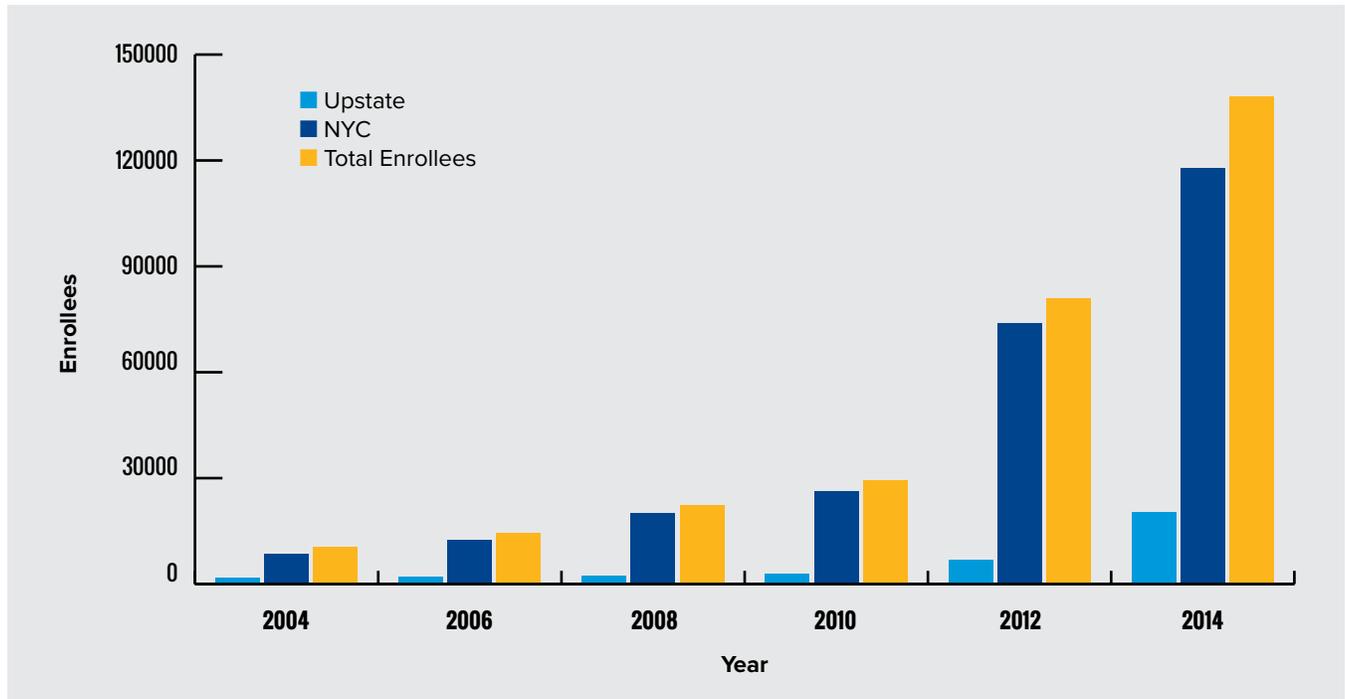
Those currently in receipt of community-based long-term care services or new users requesting the services have the option of enrolling in Partial capitation, PACE, or MAP plans. However, if recipients do not choose a plan, they can only be auto-assigned for the community-based long-term care services capitated by Medicaid (not Medicare). Therefore, auto-assignees are only enrolled into the Partial capitation plans because that benefit package only includes services capitated by Medicaid while the PACE and MAP plans also include benefits covered by Medicare. The transition to MLTC was implemented in five phases.

Enrollment

Figure 1 shows that MLTC enrollment has steadily increased over the past nine years from approximately 10,000 in 2004 to over 138,000 as of November 2014 with the number of plans growing from 16 plans to 48 plans. Ninety-two percent of the enrollment is

in partial capitation plans and highly concentrated in New York City, which accounts for 85 percent of current MLTC enrollment. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT #90.

Figure 1
Managed Long-Term Care Enrollees by Location and Year

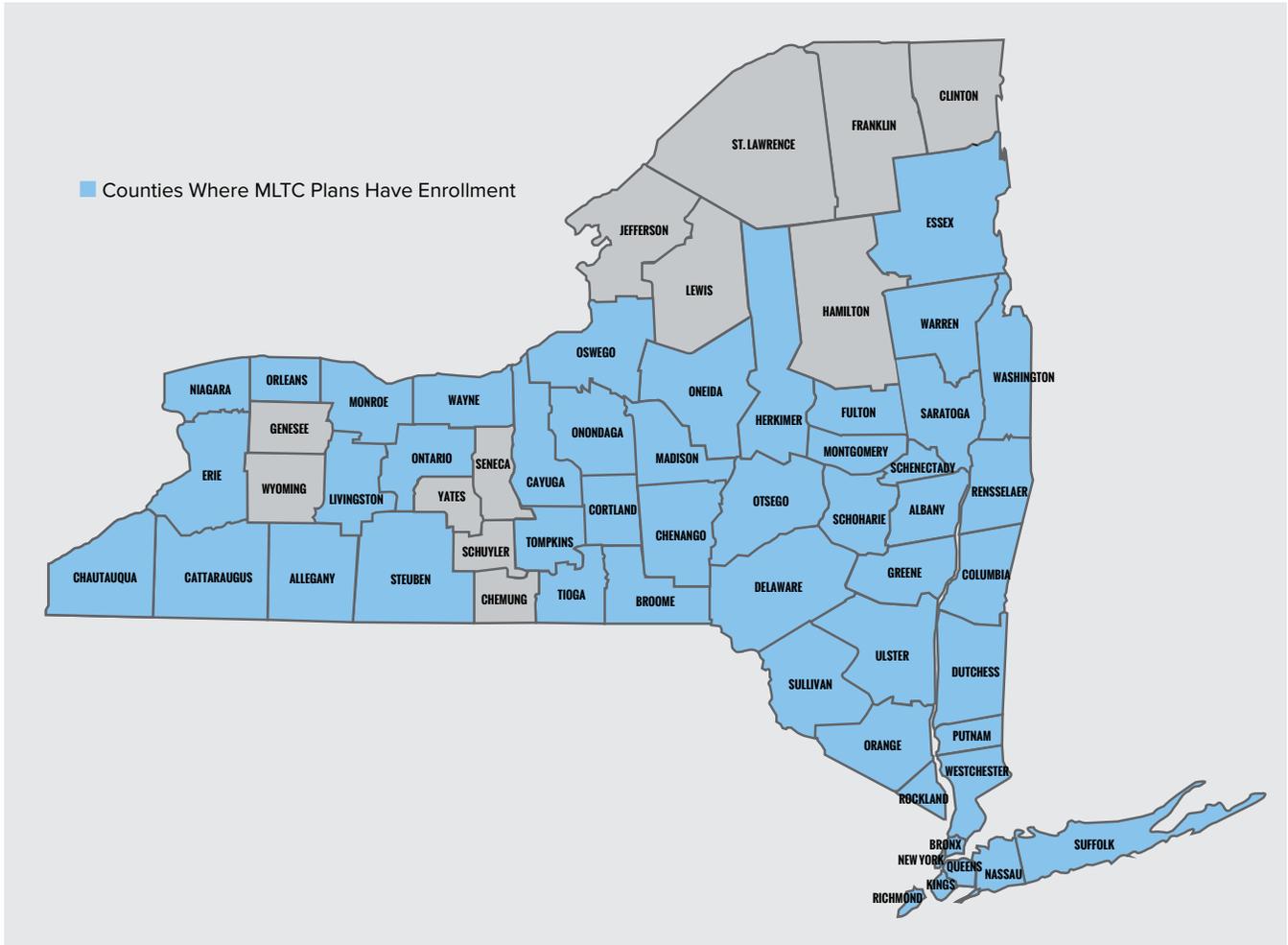


Managed Long-Term Care Plan Availability

The map below illustrates the availability of MLTC plans across New York State. As indicated in Figure 2,

MLTC has enrollees in 50 counties; 12 counties have no enrollment.

Figure 2
Counties Where MLTC Plans Have Enrollment



Uniform Assessment System for New York

The MLTC plans are required to collect and report to the NYSDOH information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnosis. This information is collected at enrollment and then semi-annually thereafter. From 2005 through September 2013, these data were collected using the Semi-Annual Assessment of Members (SAAM) instrument, a modified version of the Federal (Medicare) Outcome and Assessment Information Set (OASIS-B). The SAAM was used to establish clinical eligibility for the MLTC program and assist health providers in care planning and outcome monitoring.

Beginning on October 1, 2013, the SAAM instrument was replaced by the UAS-NY Community Assessment instrument which may include a Functional Supplement and/or Mental Health Supplement. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and

interpretation of high quality data. The interRAI organization and its assessment tools are used in many states, as well as Canada and other countries. The UAS-NY facilitates access to programs and services, eliminates duplicative assessment data, and improves consistency in the assessment process. Whether using the SAAM instrument or the UAS-NY, functional status data remain critical to inform eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate the plan's identification of areas where the patient's status differs from optimal health or functional status.

Submission of assessment data occurred twice a year with the SAAM instrument. Now assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted, and are added to the database upon submission. Each year, MLTC UAS-NY submissions will be used to create two static assessment files. One containing the most recent assessment for enrollees in each plan from January through June. The second containing the most recent assessment for enrollees in each plan from July through December. These two files will be used to describe and evaluate the MLTC plan performance.

Level of Care Score

The NYSDOH developed a functional assessment scoring system, the Nursing Facility Level of Care (NFLOC) score, based on the UAS-NY assessment instrument. The NFLOC score includes all 13 components of the SAAM Index, which was reported in the 2012 and 2013 MLTC Reports, as well as the point assignment and overall algorithm such that the determination of the score will remain consistent as much as possible. Questions are slightly different and responses are different, so it is not a 1-to-1 match with the SAAM index. The NFLOC score is comprised of 11 components that are derived from 22 items from the UAS-NY instrument. The items include the areas of incontinence, cognitive performance, Activities of Daily Living (ADLs), and behavior. Points are allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. The maximum number of points is 48. A Level of Care Score of five or more indicates need of services usually provided in a nursing home. A score of five is no longer required

for dual-eligible individuals enrolled in partial capitation plans.

The NYSDOH had previously used a functional assessment scoring system based on the SAAM instrument to establish clinical eligibility for the MLTC program, i.e., determine if the person is nursing home eligible. The SAAM Index was comprised of 13 items from the SAAM instrument. These items included the areas of incontinence, cognitive functioning, and ADLs. Points were allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. The maximum number of points was 51. SAAM Index of five or more indicated need of services usually provided in a nursing home.

The 2013 statewide average SAAM Index score was 16.4. The current statewide average UAS-NY NFLOC score is 16.6. Some measures in this report are based on the NFLOC score and its components allowing for a comparison of case mix among the plans.

Demographic Profile of MLTC Enrollees

The data in Table 1 are based on the January through June 2014 UAS-NY assessment instrument and therefore reflect the characteristics of the enrollees during that time frame. As shown, 85 percent of members are over the age of 64. Over two-thirds

of the enrollees are nonwhite (67 percent) and just under two percent were in a nursing home at the time of the assessment. Seventy-one percent have been continuously enrolled in MLTC for 12 months or more.

Table 1
Demographic Profile

Measure	Percent
Age Groupings	
Age < 21	0.0
Age 21-54	6.2
Age 55-64	9.0
Age 65-74	22.0
Age 75-84	35.0
Age 85+	27.8
Gender	
Male	28.8
Female	71.2
Race	
White Non-Hispanic	32.9
Black Non-Hispanic	18.0
Hispanic	24.9
Race Other	24.2
Primary Language	
English	42.3
Spanish	20.3
Chinese	12.2
Russian	14.9
Other	6.1
Missing	4.2
Enrollment	
Continuously Enrolled 12+ Months	70.7
Continuously Enrolled <12 Months	29.3

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	91.0
Medicaid Only	9.0
Current Location	
Community	93.0
Nursing Home	1.5
Hospital	0.4
Other	0.9
Missing	4.2
Living Situation	
Alone	44.7
With Family/Friend	49.9
With Other	5.4
Top Statewide Diagnoses (Percent of All Members)	
Hypertension	74.0
Osteoarthritis	49.1
Hyperlipidemia	42.6
Diabetes Without Complications	40.1
Coronary Atherosclerosis	35.2
Other Genitourinary Conditions	32.3
Other Mental Conditions	28.2
Other Nerve Disorder	26.5
Esophageal Disorder	24.9
Senility/Organic Mental Disorder	22.7

Plan Profiles

Table 2 summarizes the MLTC plans certified as of November 2014 by the NYSDOH to enroll Medicaid recipients. Counties of enrollment and enrollment as of November 2014 are presented. Plan performance data featured in this report may not be available

for all plans in Table 2 because some plans were not in operation during the time period these data represent. Plans that were not operational during the time of data collection are noted with an asterisk (*) in Table 2.

Table 2
Health Plan Profiles

Health Plan Name and Website	Counties of Enrollment	Enrollment (As of Nov. 2014)
Partial Capitation Plans		
1. Aetna Better Health <i>www.aetnabetterhealth.com</i>	Kings, Nassau, New York, Queens, Suffolk	2,889
2. AgeWell New York <i>www.agewellnewyork.com</i>	Bronx, Kings, Nassau, New York, Queens, Suffolk, Westchester	3,884
3. AlphaCare of New York <i>www.alphacare.com</i>	Bronx, Kings, New York, Queens, Westchester	1,195
4. Amerigroup Community Connections <i>www.myamerigroup.com</i>	Bronx, Kings, New York, Queens, Richmond	2,899
5. ArchCare Community Life <i>www.archcare.org</i>	Bronx, Kings, New York, Putnam, Queens, Richmond, Westchester	1,940
6. CenterLight Select <i>www.centerlighthealthcare.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester	7,818
7. Centers Plan for Healthy Living <i>www.centersplan.com</i>	Bronx, Erie, Kings, New York, Niagara, Queens, Richmond, Rockland	2,096
8. Elant Choice <i>www.elant.org</i>	Dutchess, Orange, Rockland	764
9. Elderplan dba Homefirst <i>www.homefirst.org</i>	Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Niagara, Onondaga, Orange, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Suffolk, Westchester	10,834
10. Elderserve <i>www.elderservehealth.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester	10,439
11. Extended MLTC <i>www.extendedmltc.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk	345
12. Fidelis Care at Home <i>www.fideliscare.org</i>	Albany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Greene, Herkimer, Kings, Livingston, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Schenectady, Schoharie, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester	9,699
13. First Choice Health <i>www.firstchoicehealth.org</i>	Erie, Niagara	196

Table 2 (Continued)
Health Plan Profiles

Health Plan Name and Website	Counties of Enrollment	Enrollment (As of Nov. 2014)
Partial Capitation Plans (Continued)		
14. GuildNet <i>www.guildnetny.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester	14,570
15. HHH Choices Health Plan <i>www.hhhchoices.org</i>	New York	26
16. HIP MLTC <i>www.emblemhealth.com</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester	1,336
17. Hamaspik Choice <i>www.hamaspikchoice.org</i>	Orange, Rockland, Sullivan, Ulster	567
18. Independence Care System <i>www.icsny.org</i>	Bronx, Kings, New York, Queens	5,290
19. Integra MLTC <i>www.integrplan.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester	2,100
20. MetroPlus MLTC <i>www.metroplus.org</i>	Bronx, Kings, New York, Queens	774
21. Montefiore MLTC <i>www.montefiore.org</i>	Bronx, Westchester	495
22. North Shore-LIJ Health Plan <i>www.nsljhealthplans.com</i>	Kings, Nassau, New York, Queens, Richmond, Suffolk	1,321
23. Prime Health Choice* <i>www.primechoicehealth.com</i>	Dutchess	13
24. Senior Health Partners <i>www.shpny.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Westchester	14,065
25. Senior Network Health <i>www.faxtonstlukes.com</i>	Herkimer, Oneida	486
26. Senior Whole Health Partial <i>www.seniorwholehealth.com</i>	Bronx, Kings, New York, Queens	1,608
27. Total Aging In Place Program <i>www.weinbergcampus.org</i>	Erie	144
28. United Health Personal Assist <i>www.uhccommunityplan.com</i>	Albany, Bronx, Broome, Erie, Kings, Monroe, New York, Oneida, Onondaga, Orange, Queens, Richmond	1,126
29. VNA Homecare Options <i>www.vnahomecareoptions.org</i>	Albany, Cayuga, Madison, Onondaga, Oswego Rensselaer, Saratoga, Schenectady	513
30. VNS Choice Partial <i>www.vnsnychoice.org</i>	Albany, Bronx, Columbia, Dutchess, Erie, Greene, Kings, Monroe, Montgomery, Nassau, New York, Onondaga, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Suffolk, Sullivan, Ulster, Washington, Westchester	16,998
31. Village Care MAX <i>www.villagecaremax.org</i>	Bronx, Kings, New York, Queens	3,401

Table 2 (Continued)
Health Plan Profiles

Health Plan Name and Website	Counties of Enrollment	Enrollment (As of Nov. 2014)
Partial Capitation Plans (Continued)		
32. Wellcare Advocate Partial <i>www.wellcare.com</i>	Albany, Bronx, Erie, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Ulster, Westchester	6,883
PACE Organizations		
33. ArchCare Senior Life <i>www.archcare.org</i>	Bronx, New York, Richmond	352
34. Catholic Health – LIFE <i>www.chsbuffalo.org</i>	Erie	188
35. CenterLight PACE <i>www.centerlighthealthcare.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester	3,587
36. Complete Senior Care <i>www.hanci.com</i>	Niagara	114
37. Eddy Senior Care <i>www.nehealth.com</i>	Albany, Schenectady	156
38. Independent Living For Seniors <i>www.rochestergeneral.org</i>	Monroe	619
39. PACE CNY <i>www.pacecny.org</i>	Onondaga	474
40. Total Senior Care <i>www.totalseniorcare.org</i>	Allegany, Cattaraugus	103
Medicaid Advantage Plus (MAP)		
41. Amerigroup Medicaid Advantage Plus <i>www.myamerigroup.com/</i>	Bronx, Kings, New York, Queens, Richmond	7
42. Elderplan <i>www.elderplan.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Westchester	803
43. Fidelis Medicaid Advantage Plus <i>www.fideliscare.org</i>	Albany, Bronx, Kings, Montgomery, New York, Queens, Rensselaer, Richmond, Schenectady	182
44. GuildNet Medicaid Advantage Plus <i>www.guildnetny.org</i>	Bronx, Kings, Nassau, New York, Queens, Suffolk	709
45. Health Insurance Plan <i>www.emblemhealth.com</i>	Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester	645
46. MHI Healthfirst Complete Care <i>www.healthfirstny.org</i>	Bronx, Kings, Nassau, New York, Queens, Richmond	3,325
47. Senior Whole Health <i>www.seniorwholehealth.com</i>	Bronx, Kings, New York, Queens	46
48. VNS Choice Plus MAP <i>www.vnsnychoice.org</i>	Bronx, Kings, New York, Queens, Richmond	216

*Plan not operational during the time of data collection.

Enrollee Attributes

The tables on the following pages describe the functional and health status of the MLTC population. Within this section, the measures are combined into the following domains of care: 1) Overall Functioning and Activities of Daily Living, 2) Continence, Neurological, and Behavioral Status, and 3) Living Arrangement and Emotional Status. Appendix B describes the measures used for each type of analysis.

Measures are based on the January 1, 2014-June 30, 2014 enrollment period. Assessments conducted for any reason other than “first assessment” must occur within the enrollment period. Assessments specified as first assessments may occur up to 42 days prior to the start of plan enrollment. Assessments conducted by Adult Day Health Care were

excluded from all measures. Some members may have had multiple assessments during the enrollment period, therefore only the most recent assessment related to a plan enrollment is included in the measures.

Measures are reported as percentages of the eligible population. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members or for PAH 5,400 plan days are excluded from the plan-level calculations and reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages.



Overall Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** NFLOC scoring index is a composite measure of overall functioning that includes ADL functional status, continence, cognition, and behavior. Average NFLOC score on a scale of 0-48 is presented. Zero represents the highest level of functioning.
- **Locomotion:** Percentage of members who moved between locations on the same floor independently, with setup help, or under supervision.
- **Bathing:** Percentage of members who took a full-body bath/shower independently, with setup help, or under supervision.
- **Transferring:** Percentage of members who moved on and off the toilet or commode independently, with setup help, or under supervision.
- **Dressing Upper Body:** Percentage of members who dressed and undressed their upper body independently, with setup help, or under supervision.
- **Dressing Lower Body:** Percentage of members who dressed and undressed their lower body independently, with setup help, or under supervision.
- **Toileting:** Percentage of members who used the toilet room (or commode, bedpan, urinal) independently, with setup help, or under supervision.
- **Eating:** Percentage of members who ate and drank (including intake of nutrition by other means) independently or with setup help only.
- **Medication Administration:** Percentage of members who managed their medications independently.

Table 3
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation Plans				
Aetna Better Health	17.8	48	13	50
AgeWell New York	14.4	71	21	78
AlphaCare of New York	14.2	56	23	66
Amerigroup Community Connections	17.1	47	17	58
ArchCare Community Life	14.5	69	23	73
CenterLight Select	16.3	58	24	66
Centers Plan for Healthy Living	10.8	83	47	87
Elant Choice	14.1	75	31	78
Elderplan dba Homefirst	15.8	70	9	71
ElderServe	16.8	54	19	61
Extended MLTC	14.3	75	24	84
Fidelis Care at Home	17.3	58	14	63
First Choice Health	SS	SS	SS	SS
GuildNet	18.6	43	17	59
HHH Choices Health Plan	14.8	70	22	78
HIP MLTC	18.8	45	17	53
Hamaspik Choice	13.0	84	48	82
Independence Care System	19.7	41	15	50
Integra MLTC	16.4	53	12	69
MetroPlus MLTC	14.4	63	26	75
Montefiore MLTC	15.7	58	21	55
North Shore-LIJ Health Plan	18.4	43	11	56
Senior Health Partners	16.9	53	24	63
Senior Network Health	8.0	93	46	94
Senior Whole Health Partial	14.8	63	22	70
Total Aging In Place Program	12.8	79	25	72
United Health Personal Assist	19.3	41	8	55
VNA Homecare Options	9.7	88	44	90
VNS Choice Partial	17.0	54	17	66

Table 3 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation Plans (Continued)				
VillageCareMAX	16.9	43	18	56
Wellcare Advocate Partial	13.9	67	30	77
PACE Organizations				
ArchCare Senior Life	16.3	61	35	69
Catholic Health – LIFE	16.1	75	27	72
CenterLight PACE	16.8	61	26	70
Complete Senior Care	14.6	85	23	78
Eddy Senior Care	15.2	76	24	80
Independent Living for Seniors	14.8	80	42	81
PACE CNY	16.2	74	25	75
Total Senior Care	14.8	80	28	76
Medicaid Advantage Plus (MAP)				
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS
Elderplan	17.1	66	6	69
Fidelis Medicaid Advantage Plus	13.3	75	29	80
GuildNet Medicaid Advantage Plus	17.9	45	18	59
Health Insurance Plan	17.2	46	19	59
MHI Healthfirst Complete Care	14.8	61	29	72
Senior Whole Health	SS	SS	SS	SS
VNS Choice Plus MAP	16.9	55	19	70
STATEWIDE	16.6	57	20	65

SS = Sample size too small to report

Table 3 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation Plans					
Aetna Better Health	25	14	52	75	19
AgeWell New York	45	28	78	86	29
AlphaCare of New York	35	20	73	87	37
Amerigroup Community Connections	27	14	62	83	39
ArchCare Community Life	38	20	76	85	22
CenterLight Select	39	24	64	83	19
Centers Plan for Healthy Living	61	47	86	91	45
Elant Choice	55	45	74	87	16
Elderplan dba Homefirst	34	12	64	80	5
ElderServe	28	17	61	78	17
Extended MLTC	47	19	78	90	35
Fidelis Care at Home	27	18	58	69	24
First Choice Health	SS	SS	SS	SS	SS
GuildNet	29	16	56	75	14
HHH Choices Health Plan	31	10	77	84	22
HIP MLTC	25	14	54	68	17
Hamaspik Choice	58	53	77	87	14
Independence Care System	22	10	54	71	31
Integra MLTC	23	9	69	87	21
MetroPlus MLTC	48	26	74	85	27
Montefiore MLTC	29	13	70	84	14
North Shore-LIJ Health Plan	21	9	55	76	16
Senior Health Partners	35	19	62	80	18
Senior Network Health	79	66	92	91	34
Senior Whole Health Partial	42	16	71	83	27
Total Aging In Place Program	54	37	69	92	19
United Health Personal Assist	20	13	50	69	19
VNA Homecare Options	69	57	90	93	32
VNS Choice Partial	29	15	65	80	28

Table 3 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation Plans (Continued)					
VillageCareMAX	32	17	57	79	20
Wellcare Advocate Partial	40	23	79	88	30
PACE Organizations					
ArchCare Senior Life	42	32	64	75	10
Catholic Health – LIFE	63	43	68	78	9
CenterLight PACE	40	29	68	80	25
Complete Senior Care	49	36	81	85	10
Eddy Senior Care	46	29	69	79	11
Independent Living for Seniors	64	52	76	82	7
PACE CNY	51	43	70	83	16
Total Senior Care	66	54	73	87	21
Medicaid Advantage Plus (MAP)					
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS
Elderplan	27	10	57	77	4
Fidelis Medicaid Advantage Plus	56	44	76	86	22
GuildNet Medicaid Advantage Plus	25	16	60	75	19
Health Insurance Plan	30	13	60	77	21
MHI Healthfirst Complete Care	38	20	69	86	25
Senior Whole Health	SS	SS	SS	SS	SS
VNS Choice Plus MAP	29	16	67	82	25
STATEWIDE	33	18	64	79	21

SS = Sample size too small to report



Continence, Neurological, and Behavioral Status

- **Urinary Continence:** Percentage of members who were continent, had control with a catheter or ostomy, or were infrequently incontinent of urine.
- **Bowel Continence:** Percentage of members who were continent, had bowel control with ostomy, or were infrequently incontinent of feces.
- **Cognitive Functioning:** Percentage of members whose Cognitive Performance Scale (CPS) indicated intact functioning. The CPS 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.
- **Behavior:** Percentage of members who did not have behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care).

Table 4
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation Plans				
Aetna Better Health	44	86	50	91
AgeWell New York	38	90	49	95
AlphaCare of New York	63	88	67	91
Amerigroup Community Connections	44	83	58	94
ArchCare Community Life	46	86	58	93
CenterLight Select	31	83	43	92
Centers Plan for Healthy Living	56	92	74	93
Elant Choice	40	77	35	81
Elderplan dba Homefirst	36	87	50	94
ElderServe	24	84	37	89
Extended MLTC	39	85	47	89
Fidelis Care at Home	38	80	53	94
First Choice Health	SS	SS	SS	SS
GuildNet	34	80	48	91
HHH Choices Health Plan	41	86	61	90
HIP MLTC	36	77	51	92
Hamaspik Choice	62	84	42	75
Independence Care System	37	71	61	93
Integra MLTC	31	90	46	95
MetroPlus MLTC	59	87	61	91
Montefiore MLTC	50	87	45	94
North Shore-LIJ Health Plan	31	79	46	90
Senior Health Partners	36	84	39	91
Senior Network Health	41	88	67	92
Senior Whole Health Partial	47	88	62	91
Total Aging In Place Program	27	78	59	81
United Health Personal Assist	46	78	51	91
VNA Homecare Options	52	84	74	86
VNS Choice Partial	31	78	63	93

Table 4 (Continued)
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation Plans (Continued)				
VillageCareMAX	46	86	52	89
Wellcare Advocate Partial	46	89	64	95
PACE Organizations				
ArchCare Senior Life	60	81	47	80
Catholic Health – LIFE	34	73	26	72
CenterLight PACE	25	80	41	89
Complete Senior Care	73	93	23	54
Eddy Senior Care	35	83	40	79
Independent Living for Seniors	29	76	16	64
PACE CNY	20	68	43	78
Total Senior Care	27	78	29	63
Medicaid Advantage Plus (MAP)				
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS
Elderplan	28	83	50	94
Fidelis Medicaid Advantage Plus	31	82	48	89
GuildNet Medicaid Advantage Plus	39	82	56	93
Health Insurance Plan	42	86	60	94
MHI Healthfirst Complete Care	43	89	49	95
Senior Whole Health	SS	SS	SS	SS
VNS Choice Plus MAP	32	80	63	94
STATEWIDE	36	83	51	92

SS = Sample size too small to report



Living Arrangement and Emotional Status

- **Living Alone:** Percentage of members living alone.
- **No Anxious Feelings:** Percentage of members who reported no anxious, restless, or uneasy feelings.
- **No Depressive Feelings:** Percentage of members who reported no sad, depressed, or hopeless feelings.

Table 5
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation Plans			
Aetna Better Health	34	81	77
AgeWell New York	42	77	69
AlphaCare of New York	43	78	68
Amerigroup Community Connections	50	80	73
ArchCare Community Life	47	77	73
CenterLight Select	39	76	75
Centers Plan for Healthy Living	34	78	71
Elant Choice	28	70	76
Elderplan dba Homefirst	44	88	83
ElderServe	43	79	78
Extended MLTC	41	71	52
Fidelis Care at Home	53	86	82
First Choice Health	SS	SS	SS
GuildNet	48	73	72
HHH Choices Health Plan	44	83	76
HIP MLTC	55	83	78
Hamaspik Choice	36	63	71
Independence Care System	52	81	74
Integra MLTC	42	69	56
MetroPlus MLTC	47	82	66
Montefiore MLTC	45	71	61
North Shore-LIJ Health Plan	31	69	63
Senior Health Partners	48	78	66
Senior Network Health	57	70	79
Senior Whole Health Partial	45	73	58
Total Aging In Place Program	92	75	76
United Health Personal Assist	52	87	82
VNA Homecare Options	57	68	75
VNS Choice Partial	43	87	83

Table 5 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation Plans (Continued)			
VillageCareMAX	47	81	73
Wellcare Advocate Partial	36	87	80
PACE Organizations			
ArchCare Senior Life	50	81	85
Catholic Health – LIFE	34	54	64
CenterLight PACE	34	83	81
Complete Senior Care	38	61	49
Eddy Senior Care	57	55	76
Independent Living for Seniors	45	66	79
PACE CNY	59	70	72
Total Senior Care	46	40	45
Medicaid Advantage Plus (MAP)			
Amerigroup Medicaid Advantage Plus	SS	SS	SS
Elderplan	48	90	83
Fidelis Medicaid Advantage Plus	55	81	67
GuildNet Medicaid Advantage Plus	46	79	77
Health Insurance Plan	50	83	76
MHI Healthfirst Complete Care	52	76	64
Senior Whole Health	SS	SS	SS
VNS Choice Plus MAP	42	88	86
STATEWIDE	45	81	76

SS = Sample size too small to report

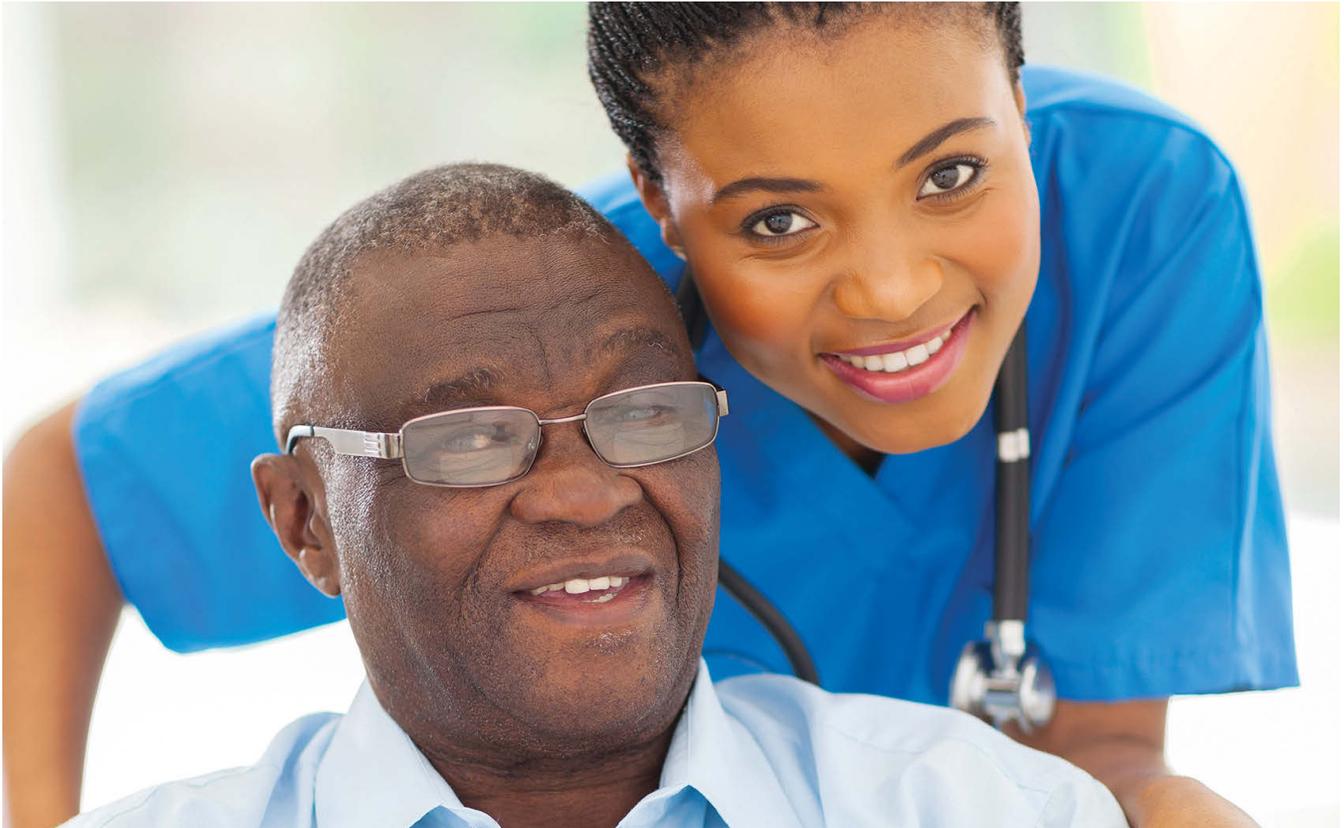
Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into two sections: 1) Current plan performance rates and 2) Performance Over Time which reflects the functional status of the MLTC population over a six to 12 month period. This year, performance over time measures are not presented because the UAS-NY does not yet hold enough assessments to conduct over-time comparisons. However, a description of over-time measures is still presented.

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Please note that the statistical significance that would be shown in the Performance Over Time section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

In response to feedback from the MLTC plans, some measures are risk-adjusted; risk-adjustment is indicated in the measure descriptions. Risk adjustment takes into account the effect of members' characteristics (case mix) on plan rates and reduces the differences in plan rates that are attributable to case mix and therefore not within the plans' control. Information about the methods used to risk-adjust is included in the Technical Notes (Appendix C) of this report.

The following tables are based on UAS-NY assessments conducted on MLTC members enrolled from January 1, 2014-June 30, 2014 as described in the Enrollee Attributes section of this report. To allow MLTC plans to impact measures and represent the community-based MLTC population, performance measures exclude assessments specified as first assessments and nursing home residents.



Quality of Life, Effectiveness of Care, and Emergency Room Visits

- **No Shortness of Breath:** Percentage of members who did not experience shortness of breath.
- **No Severe Daily Pain:** Risk-adjusted percentage of members who did not experience severe or more intense pain daily.
- **Not Lonely and Distressed:** Risk-adjusted percentage of members who were not lonely and 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.
- **Influenza Vaccination:** Percentage of members who received an influenza vaccination in the last year.
- **Pneumococcal Vaccination:** Percentage of members age 65 or older, who received a pneumococcal vaccination in the last five years or after age 65.
- **Dental Exam:** Percentage of members who received a dental exam in the last year.
- **Eye Exam:** Percentage of members who received an eye exam in the last year.
- **Hearing Exam:** Percentage of members who received a hearing exam in the last two years.
- **Mammogram:** Percentage of female members ages 50-74, who received a mammogram or breast exam in the last two years.
- **No Falls:** Risk-adjusted percentage of members who did not have falls that required medical intervention in the last 90 days.
- **No Emergency Room Visits:** Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days.

Table 6
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Not Lonely and Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination	Dental Exam
Partial Capitation Plans						
Aetna Better Health	45	91▼	83▼	79▲	56	50
AgeWell New York	32▼	96	83▼	80▲	66▲	63▲
AlphaCare of New York	40	88▼	73▼	74	56	56
Amerigroup Community Connections	50▲	92▼	88	77	51	46▼
ArchCare Community Life	48	88▼	85▼	79▲	62▲	43▼
CenterLight Select	43▼	97▲	92▲	72▼	49▼	54▲
Centers Plan for Healthy Living	46	94	85	77	53	53
Elant Choice	60▲	90▼	90	80	44	67▲
Elderplan dba Homefirst	28▼	96▲	93▲	75	43▼	36▼
ElderServe	32▼	98▲	94▲	75	48▼	69▲
Extended MLTC	31▼	85▼	69▼	79	63	47
Fidelis Care at Home	40▼	93▼	91▲	65▼	47▼	44▼
First Choice Health	SS	SS	SS	SS	SS	SS
GuildNet	45▼	96▲	89	68▼	41▼	46▼
HHH Choices Health Plan	46	93	90	78	64▲	61▲
HIP MLTC	38▼	94	92▲	73	63▲	49
Hamaspik Choice	59	79▼	82	70	55	51
Independence Care System	67▲	94	89	65▼	46▼	52▲
Integra MLTC	22▼	93	75▼	72	54	69▲
MetroPlus MLTC	64▲	90	88	73	51	47
Montefiore MLTC	37	88	77	75	59	28▼
North Shore-LIJ Health Plan	40	85▼	77▼	76	59	47
Senior Health Partners	48▲	92▼	78▼	79▲	65▲	48
Senior Network Health	45	92	81▼	78	72▲	53
Senior Whole Health Partial	39	93	78▼	70	58	45
Total Aging In Place Program	77▲	96	72▼	77	56	40
United Health Personal Assist	51	95	89	69	44▼	40▼
VNA Homecare Options	41	84▼	73▼	80	71▲	36▼
VNS Choice Partial	65▲	95▲	90▲	80▲	66▲	42▼

Table 6 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Not Lonely and Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination	Dental Exam
Partial Capitation Plans (Continued)						
VillageCareMAX	53▲	93▼	88	72	48▼	49
Wellcare Advocate Partial	46	89▼	90▲	78▲	55	50
PACE Organizations						
ArchCare Senior Life	74▲	97	90	88▲	79▲	84▲
Catholic Health – LIFE	47	94	79	90▲	85▲	63
CenterLight PACE	64▲	96▲	90	84▲	62▲	54▲
Complete Senior Care	54	96	59▼	78	76▲	86▲
Eddy Senior Care	71▲	93	94	84	59	82▲
Independent Living for Seniors	61▲	94	88	93▲	81▲	87▲
PACE CNY	63▲	90▼	71▼	89▲	75▲	72▲
Total Senior Care	45	76▼	47▼	84	60	49
Medicaid Advantage Plus (MAP)						
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS
Elderplan	32▼	97	94▲	74	42▼	24▼
Fidelis Medicaid Advantage Plus	37	87▼	79▼	69	53	38
GuildNet Medicaid Advantage Plus	48	94	88	79	60	43
Health Insurance Plan	38▼	92	89	69	65▲	52
MHI Healthfirst Complete Care	41▼	88▼	75▼	77	68▲	51
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS Choice Plus MAP	66▲	96	93	82	65	42
STATEWIDE	46	94	88	75	54	49

*Risk-adjusted

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

Table 6 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Partial Capitation Plans					
Aetna Better Health	70	38▲	57	94	92
AgeWell New York	81▲	47▲	64	93	88▼
AlphaCare of New York	70	50▲	75	90	87
Amerigroup Community Connections	70	30▼	68	94	90
ArchCare Community Life	70	27▼	61	92▼	86▼
CenterLight Select	73	34	59▼	95▲	91
Centers Plan for Healthy Living	71	30	73▲	93	86▼
Elant Choice	68	27	60	96	88
Elderplan dba Homefirst	63▼	20▼	56▼	94	92▲
ElderServe	81▲	55▲	68▲	97▲	94▲
Extended MLTC	71	39	65	89▼	82▼
Fidelis Care at Home	63▼	33	49▼	95	92
First Choice Health	SS	SS	SS	SS	SS
GuildNet	69▼	32	58▼	94	92▲
HHH Choices Health Plan	80▲	37▲	76▲	94	88▼
HIP MLTC	69	40▲	57	93	88
Hamaspik Choice	72	27	SS	90	86
Independence Care System	64▼	27▼	63	95	88▼
Integra MLTC	82▲	42▲	66	91▼	89
MetroPlus MLTC	71	46	83	91	83
Montefiore MLTC	68	39	SS	88	80
North Shore-LIJ Health Plan	71	35	61	97	92
Senior Health Partners	70	34	72▲	93▼	88▼
Senior Network Health	81	30	64	94	81▼
Senior Whole Health Partial	68	28	58	93	88
Total Aging In Place Program	49▼	32	SS	89	79▼
United Health Personal Assist	55▼	28	57	92	86
VNA Homecare Options	57▼	24	60	94	79▼
VNS Choice Partial	79▲	24▼	64	95▲	92▲

Table 6 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Partial Capitation Plans (Continued)					
VillageCareMAX	69	38▲	59	95	91
Wellcare Advocate Partial	71	36▲	72▲	95	93▲
PACE Organizations					
ArchCare Senior Life	88▲	68▲	62	94	92
Catholic Health – LIFE	69	28	SS	85▼	87
CenterLight PACE	75▲	35	68	94	92
Complete Senior Care	77	27	SS	96	78▼
Eddy Senior Care	77	29	SS	82▼	84
Independent Living for Seniors	90▲	63▲	77	92	89
PACE CNY	82▲	38	58	88▼	86
Total Senior Care	77	36	SS	86	85
Medicaid Advantage Plus (MAP)					
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS
Elderplan	59▼	16▼	42▼	96	91
Fidelis Medicaid Advantage Plus	70	20▼	46	93	83
GuildNet Medicaid Advantage Plus	68	31	61	93	89
Health Insurance Plan	75	41▲	63	92	88
MHI Healthfirst Complete Care	78▲	36	80▲	94	84▼
Senior Whole Health	SS	SS	SS	SS	SS
VNS Choice Plus MAP	88▲	29	64	98	92
STATEWIDE	72	33	64	95	91

*Risk-adjusted

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

Performance Over Time

Twice each year, the NYSDOH creates summary reports containing descriptive information about members' status based on January-June and July-December MLTC assessments. While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership.

In past reports we examined functional status, along with process and utilization measures, for MLTC plan members based on SAAM assessments. For 2014, performance over time measures are not presented because the UAS-NY was implemented in October 2013 and does not yet hold enough assessments to conduct over time comparisons.

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC UAS-NY assessments conducted for the January 1, 2014-June 30, 2014 time period. Table 7 shows the statewide percentage of members that within the last 90 days had a nursing home admission and reasons for nursing home admissions; had at least one, or two or more hospitalizations and reasons for hospital admissions; and had at least one, or two or more emergency room (ER) visits and reasons for ER visits. For nursing home, up to four reasons for admission may be selected. Table 7 shows nursing home admissions stratified by those for therapy services, long-term placement, unsafe for care at home, respite care, and end of life care. Up to four of 16 given reasons for hospital admission may be selected. Table 7 highlights categories that represent the more common clinical reasons for hospital admission: respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); falls (injury caused by fall or accident at home); urinary tract infection; congestive heart failure (CHF) (exacerbation of CHF, fluid overload, heart failure); and scheduled surgical procedure. Likewise, up

to four of nine given reasons for ER visits may be selected. Table 7 highlights the most common clinical reasons for ER visits: respiratory (respiratory problems, shortness of breath, respiratory infection, tracheobronchial obstruction), cardiac (cardiac problems, fluid overload, exacerbation of CHF, chest pain), nausea (nausea, dehydration, malnutrition, constipation, impactions), hypo/hyperglycemia and wound problems (infection, deteriorating wound status, new lesion/ulcer). Please note that Table 7 is based on events and not members, and not all admission or visit reasons are presented; therefore, the total percent may not equal 100 percent.

The table below shows that three percent of the population was admitted to a nursing home with the majority admitted for therapy services followed by long-term placement. Fourteen percent of enrollees were admitted to the hospital with 20 percent admitted for respiratory problems and 12 percent for falls. Ten percent of enrollees had an ER visit with 15 percent for respiratory problems and nine percent for cardiac.

Table 7
Utilization and Patient Safety

Facility Type	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More		Reason 1	%	Reason 2	%	Reason 3	%	Reason 4	%	Reason 5	%
	N	%	N	%										
Nursing Home Admissions	3,740	3	*	*	Therapy Services	63	Long-Term Placement	13	Unsafe at Home	11	Respite Care	2	End of Life Care	1
Hospital Admissions	17,049	14	3,567	3	Respiratory	20	Falls	12	Urinary Tract Infection	7	Congestive Heart Failure	7	Scheduled Procedure	8
Emergency Room Visits	12,445	10	1,992	2	Respiratory	15	Cardiac	9	Nausea	4	Hypo/Hyperglycemia	3	Wound	2

**No data to report*

Member Satisfaction

In 2007, the NYSDOH, in consultation with the MLTC plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and then administered by the NYSDOH's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information, which is not shown here. The 2013 survey, mailed to members in February 2013, included seven new questions focusing on plan helpfulness, timeliness of/access to care, and quality of life.

In an effort to obtain the highest possible response rate and more importantly to not disproportionately impact any particular plan's response rate due to the demographic composition of its membership, the survey was conducted in four languages: English, Spanish, Russian and Chinese. Of the 9,959 surveys that were mailed, 613 were returned as undeliverable, yielding an adjusted population of 9,346. Of the 9,346 surveys that reached enrollees, a total of 2,522 surveys were completed, with an overall response rate of 27 percent. Response rates for plans ranged from 19 to 45 percent.



Satisfaction with the Experience of Care

The following table presents rates of satisfaction with providers and services compared to the statewide rate. Satisfaction measures that were risk-adjusted to reduce the effect of a plan's case mix on its rate are marked with an asterisk (*) in Table 8. (Please refer to Appendix C for more detailed information on risk adjustment.) It should be noted that several plans were not operational at the time of survey sample selection or did not have enrollees eligible for the survey. Accordingly, several plans

included in the table are marked as "NS" (Not Surveyed). Table 8 features four additional measures that were not available in the previous survey: Timeliness of Home Health Aide, Involved in Decisions, Plan Asked to See Medicines, and Manage Illness. For 2014 and in response to a work group suggestion, NYSDOH has developed and included a composite timeliness measure from four satisfaction survey timeliness measures.

Satisfaction Measures

- **Rating of Health Plan:** Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent.
- **Recommend Plan:** Risk-adjusted percentage of members who would recommend their plan to others.
- **Rating of Dentist:** Risk-adjusted percentage of members who rated the quality of dental services within the last six months as good or excellent.
- **Rating of Care Manager:** Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent.
- **Rating of Regular Visiting Nurse:** Risk-adjusted percentage of members who rated the quality of regular visiting nurse services within the last six months as good or excellent.
- **Rating of Home Health Aide:** Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide services within the last six months as good or excellent.
- **Rating of Transportation Services:** Risk-adjusted percentage of members who rated the quality of transportation services within the last six months as good or excellent.
- **Timeliness of Home Health Aide:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide services were always or usually on time.
- **Timeliness Composite:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide, care manager/case manager, regular visiting nurse, or covering/on call nurse services were always or usually on time.
- **Wait for Routine Dental Care (<1 Month):** Percentage of members who reported that within the last six months they waited less than one month for access to routine dental care.
- **Same Day Urgent Dental Care:** Percentage of members who reported that within the last six months they had same day access to urgent dental care.
- **Talked About Appointing for Health Decisions:** 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.
- **Document Appointing for Health Decisions:** 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.
- **Plan has Document Appointing for Health Decisions:** 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.
- **Involved in Decisions:** Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care.
- **Plan Asked to See Medicines:** 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.
- **Manage Illness:** 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.

Table 8
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Recommend Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*	Timeliness of Home Health Aide*	Timeliness Composite*
Partial Capitation Plans									
Aetna Better Health	NS	NS	NS	NS	NS	NS	NS	NS	NS
AgeWell New York	NS	NS	NS	NS	NS	NS	NS	NS	NS
AlphaCare of New York	NS	NS	NS	NS	NS	NS	NS	NS	NS
Amerigroup Community Connections	85	87	66	84	77	84	65▼	80	70
ArchCare Community Life	NS	NS	NS	NS	NS	NS	NS	NS	NS
CenterLight Select	83	91	65	77▼	84	87	72	73	65▼
Centers Plan for Healthy Living	NS	NS	NS	NS	NS	NS	NS	NS	NS
Elant Choice	94▲	94	86▲	93▲	90	97▲	96▲	87	85▲
Elderplan dba Homefirst	71▼	84	65	74▼	77	84	62▼	76	64▼
ElderServe	84	84	59	86	87	97▲	78	88▲	78▲
Extended MLTC	NS	NS	NS	NS	NS	NS	NS	NS	NS
Fidelis Care at Home	87	93	75	89	92▲	85	88▲	84	78▲
First Choice Health	NS	NS	NS	NS	NS	NS	NS	NS	NS
GuildNet	85	90	70	92▲	88	90	77	77	68
HHH Choices Health Plan	81	90	69	86	82	86	79	77	72
HIP MLTC	NS	NS	NS	NS	NS	NS	NS	NS	NS
Hamaspik Choice	NS	NS	NS	NS	NS	NS	NS	NS	NS
Independence Care System	81	87	73	85	79	81	76	81	73
Integra MLTC	NS	NS	NS	NS	NS	NS	NS	NS	NS
MetroPlus MLTC	NS	NS	NS	NS	NS	NS	NS	NS	NS
Montefiore MLTC	NS	NS	NS	NS	NS	NS	NS	NS	NS
North Shore-LIJ Health Plan	NS	NS	NS	NS	NS	NS	NS	NS	NS
Senior Health Partners	82	87	79▲	92▲	86	88	85▲	76	75
Senior Network Health	90▲	94	71	95▲	92▲	94▲	89▲	80	77▲
Senior Whole Health Partial	NS	NS	NS	NS	NS	NS	NS	NS	NS
Total Aging In Place Program	SS	SS	SS	SS	SS	SS	SS	SS	SS
United Health Personal Assist	NS	NS	NS	NS	NS	NS	NS	NS	NS
VNA Homecare Options	NS	NS	NS	NS	NS	NS	NS	NS	NS
VNS Choice Partial	90▲	94▲	60	89	86	89	77	77	74

Table 8 (Continued)
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Recommend Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*	Timeliness of Home Health Aide*	Timeliness Composite*
Partial Capitation Plans (Continued)									
Village Care MAX	NS	NS	NS	NS	NS	NS	NS	NS	NS
Wellcare Advocate Partial	87	88	63	79	81	88	72	83	66▼
PACE Organizations									
ArchCare Senior Life	76	86	SS	SS	SS	SS	74	SS	SS
Catholic Health – LIFE	SS	SS	SS	SS	SS	SS	SS	SS	SS
CenterLight PACE	81	87	54▼	88	86	83	79	77	73
Complete Senior Care	SS	SS	SS	SS	SS	SS	SS	SS	SS
Eddy Senior Care	80	79	SS	SS	SS	SS	92▲	76	SS
Independent Living for Seniors	88	89	74	89	87	83	80	68	67
PACE CNY	89	92	80▲	87	87	86	94▲	81	74
Total Senior Care	SS	SS	SS	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)									
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS	SS	SS	SS
Elderplan	86	94▲	68	83	73▼	88	67▼	80	62▼
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	85	94	62	89	83	84	75	86	74
Health Insurance Plan	85	91	54▼	85	88	81	67	75	68
MHI Healthfirst Complete Care	NS	NS	NS	NS	NS	NS	NS	NS	NS
Senior Whole Health	NS	NS	NS	NS	NS	NS	NS	NS	NS
VNS Choice Plus MAP	SS	SS	SS	SS	SS	SS	SS	SS	SS
STATEWIDE	84	90	68	86	83	86	77	79	71

*Risk adjusted for age, education and self-reported health status

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

Table 8 (Continued)
Satisfaction with the Experience of Care

Health Plan	Access to Care		Advanced Directives		
	Wait for Routine Dental Care (<1 Month)	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions
Partial Capitation Plans					
Aetna Better Health	NS	NS	NS	NS	NS
AgeWell New York	NS	NS	NS	NS	NS
AlphaCare of New York	NS	NS	NS	NS	NS
Amerigroup Community Connections	58	35	60▼	46▼	SS
ArchCare Community Life	NS	NS	NS	NS	NS
CenterLight Select	33▼	19	50▼	40▼	63
Centers Plan for Healthy Living	NS	NS	NS	NS	NS
Elant Choice	68▲	43▲	75	87▲	87
Elderplan dba Homefirst	44	27	62	56▼	68
ElderServe	46	36	45▼	31▼	SS
Extended MLTC	NS	NS	NS	NS	NS
Fidelis Care at Home	72▲	18	86▲	70	88▲
First Choice Health	NS	NS	NS	NS	NS
GuildNet	56	32	64	57	83
HHH Choices Health Plan	26▼	28	57▼	41▼	70
HIP MLTC	NS	NS	NS	NS	NS
Hamaspik Choice	NS	NS	NS	NS	NS
Independence Care System	47	25	64	55▼	81
Integra MLTC	NS	NS	NS	NS	NS
MetroPlus MLTC	NS	NS	NS	NS	NS
Montefiore MLTC	NS	NS	NS	NS	NS
North Shore-LIJ Health Plan	NS	NS	NS	NS	NS
Senior Health Partners	40	27	69	56▼	69
Senior Network Health	54	SS	73	86▲	84
Senior Whole Health Partial	NS	NS	NS	NS	NS
Total Aging In Place Program	SS	SS	SS	SS	SS
United Health Personal Assist	NS	NS	NS	NS	NS
VAN Homecare Options	NS	NS	NS	NS	NS

Table 8 (Continued)
Satisfaction with the Experience of Care

Health Plan	Access to Care		Advanced Directives		
	Wait for Routine Dental Care (<1 Month)	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions
Partial Capitation Plans (Continued)					
VNS Choice Partial	40	35	78	64	67
Village Care MAX	NS	NS	NS	NS	NS
Wellcare Advocate Partial	56	28	61	44▼	70
PACE Organizations					
ArchCare Senior Life	SS	SS	67	SS	SS
Catholic Health – LIFE	SS	SS	SS	SS	SS
CenterLight PACE	43	15	83▲	71	87▲
Complete Senior Care	SS	SS	SS	SS	SS
Eddy Senior Care	SS	SS	81	SS	SS
Independent Living for Seniors	38	SS	84▲	87▲	100▲
PACE CNY	48	22	80▲	92▲	88▲
Total Senior Care	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)					
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS
Elderplan	46	24	65	65	64▼
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	39	30	81▲	73	59▼
Health Insurance Plan	53	31	72	54▼	72
MHI Healthfirst Complete Care	NS	NS	NS	NS	NS
Senior Whole Health	NS	NS	NS	NS	NS
VNS Choice Plus MAP	SS	SS	SS	SS	SS
STATEWIDE	46	24	70	66	77

*Risk-adjusted for age, education and self-reported health status

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

Table 8 (Continued)
Satisfaction with the Experience of Care

Health Plan	Managed Long-Term Care Plan		
	Involved in Decisions*	Plan Asked to See Medicines	Manage Illness*
Partial Capitation Plans			
Aetna Better Health	NS	NS	NS
AgeWell New York	NS	NS	NS
AlphaCare of New York	NS	NS	NS
Amerigroup Community Connections	71	89	81
ArchCare Community Life	NS	NS	NS
CenterLight Select	71	88	80
Centers Plan for Healthy Living	NS	NS	NS
Elant Choice	85▲	97▲	94▲
Elderplan dba Homefirst	69	88	81
ElderServe	62▼	85	88
Extended MLTC	NS	NS	NS
Fidelis Care at Home	78	91	87
First Choice Health	NS	NS	NS
GuildNet	74	80▼	80
HHH Choices Health Plan	73	88	85
HIP MLTC	NS	NS	NS
Hamaspik Choice	NS	NS	NS
Independence Care System	78	76▼	86
Integra MLTC	NS	NS	NS
MetroPlus MLTC	NS	NS	NS
Montefiore MLTC	NS	NS	NS
North Shore-LIJ Health Plan	NS	NS	NS
Senior Health Partners	71	86	83
Senior Network Health	80	94▲	87
Senior Whole Health Partial	NS	NS	NS
Total Aging In Place Program	SS	SS	SS
United Health Personal Assist	NS	NS	NS
VNA Homecare Options	NS	NS	NS
VNS Choice Partial	67	93	79

Table 8 (Continued)
Satisfaction with the Experience of Care

Health Plan	Managed Long-Term Care Plan		
	Involved in Decisions*	Plan Asked to See Medicines	Manage Illness*
Partial Capitation Plans (Continued)			
Village Care MAX	NS	NS	NS
Wellcare Advocate Partial	67	90	79
PACE Organizations			
ArchCare Senior Life	70	SS	SS
Catholic Health – LIFE	SS	SS	SS
CenterLight PACE	76	87	85
Complete Senior Care	SS	SS	SS
Eddy Senior Care	74	SS	SS
Independent Living for Seniors	70	93	91
PACE CNY	89▲	94▲	89
Total Senior Care	SS	SS	SS
Medicaid Advantage Plus (MAP)			
Amerigroup Medicaid Advantage Plus	SS	SS	SS
Elderplan	70	90	80
Fidelis Medicaid Advantage Plus	SS	SS	SS
GuildNet Medicaid Advantage Plus	75	96▲	84
Health Insurance Plan	71	94▲	85
MHI Healthfirst Complete Care	NS	NS	NS
Senior Whole Health	NS	NS	NS
VNS Choice Plus MAP	SS	SS	SS
STATEWIDE	73	89	84

*Risk-adjusted for age, education and self-reported health status

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

Potentially Avoidable Hospitalizations

A potentially avoidable hospitalization (PAH) is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. Data from the January through June 2013 SAAM submissions for members with plan enrollment of 90 days or greater, matched to the 2013 Statewide Planning and Research Cooperative System (SPARCS) data was used to calculate the PAH measure. SPARCS is an all-payer hospital database in New York State. SAAM records that matched to SPARCS, and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. Some individuals may have had more than one PAH. All PAH were summed by plan to create the plan numerator

and overall to create the statewide numerator. Plan days for members with plan enrollment of 90 days or greater, was summed by plan to create the plan denominator and overall to create the statewide denominator. The PAH measure is a calculation of the number of avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. PAH rates were risk-adjusted. (Please refer to Appendix C for more detailed information on risk-adjustment.) Plans with fewer than 5,400 plan days are reported in the table as SS (Small Sample), but their data are still included in the calculation of the statewide rate. Based on the risk-adjusted model, the rate is the number of potentially avoidable hospitalizations that occur for each 10,000 member days that a plan accumulates.

Table 9
Potentially Avoidable Hospitalizations

Health Plan	Risk Adjusted Rate*
Partial Capitation Plans	
Aetna Better Health	0.95
AgeWell New York	1.16
AlphaCare of New York	SS
Amerigroup Community Connections	3.32
ArchCare Community Life	0.76
CenterLight Select	3.41
Centers Plan for Healthy Living	0.00
Elant Choice	8.07
Elderplan dba Homefirst	3.78
ElderServe	3.09
Extended MLTC	SS
Fidelis Care at Home	2.56
First Choice Health	SS
GuildNet	3.61
HHH Choices Health Plan	5.29
HIP MLTC	2.68
Hamaspik Choice	SS
Independence Care System	3.31
Integra MLTC	SS
MetroPlus MLTC	SS
Montefiore MLTC	SS
North Shore-LIJ Health Plan	SS
Senior Health Partners	3.44
Senior Network Health	6.66
Senior Whole Health Partial	1.25

Health Plan	Risk Adjusted Rate*
Partial Capitation Plans (Continued)	
Total Aging In Place Program	9.87
United Health Personal Assist	1.57
VNA Homecare Options	SS
VNS Choice Partial	4.83
VillageCare MAX	2.35
Wellcare Advocate Partial	2.97
PACE Organizations	
ArchCare Senior Life	2.10
Catholic Health – LIFE	2.13
CenterLight PACE	3.27
Complete Senior Care	13.13
Eddy Senior Care	3.62
Independent Living for Seniors	1.15
PACE CNY	3.22
Total Senior Care	1.76
Medicaid Advantage Plus (MAP)	
Amerigroup Medicaid Advantage Plus	SS
Elderplan	4.89
Fidelis Medicaid Advantage Plus	4.02
GuildNet Medicaid Advantage Plus	6.01
Health Insurance Plan	4.50
MHI Healthfirst Complete Care	3.28
Senior Whole Health	SS
VNS Choice Plus MAP	0.89
STATEWIDE	3.66

*Risk Adjusted Plan Rate multiplied by 10,000.
SS = Sample size too small to report

Appendix A: Managed Long-Term Care Covered Services

List of Services	Partial Capitation	PACE	MAP
Adult Day Health Care	●	●	●
Audiology/Hearing Aids	●	●	●
Case Management	●	●	●
Consumer Directed Personal Assistance Services	●	●	●
Dental Services	●	●	●
Home Care (Nursing, home health aide, occupational, physical and speech therapies)	●	●	●
Home Delivered and/or Meals in a Group Setting (Such as a day center)	●	●	●
Durable Medical Equipment	●	●	●
Medical Supplies	●	●	●
Medical Social Services	●	●	●
Non-emergency Transportation to Receive Medically Necessary Services	●	●	●
Nursing Home Care	●	●	●
Nutrition	●	●	●
Optometry/Eyeglasses	●	●	●
Personal Care (assistance with bathing, eating, dressing, etc.)	●	●	●
Personal Emergency Response System	●	●	●
Podiatry (foot care)	●	●	●
Private Duty Nursing	●	●	●
Private Duty Nursing Care	●	●	●
Prostheses and Orthotics	●	●	●
Rehabilitation Therapies, Outpatient	●	●	●
Respiratory Therapies	●	●	●
Social Day Care	●	●	●
Social/Environmental Supports (Such as chore services or home modifications)	●	●	●
Chronic Renal Dialysis		● – MC	MC
Emergency Transportation		● – MC	MC
Inpatient Hospital Services		● – MC	MC
Laboratory Services		● – MC	MC
Mental Health & Substance Abuse		● – MC	MC
Outpatient Hospital/Clinic Services		● – MC	MC
Prescription and Non-prescription Drugs		● – MC	MC
Primary and Specialty Doctor Services		● – MC	MC
X-Ray and Other Radiology Services		● – MC	MC

●: Covered through Medicaid premium

● – MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium

Appendix B: UAS-NY Measure Descriptions

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 3: Overall Functioning and Activities of Daily Living	Locomotion (Section F)	Prevalence	Members who moved between locations on same floor independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Bathing (Section F)	Prevalence	Members who took a full-body bath/shower independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Toilet transfer (Section F)	Prevalence	Members who moved on and off the toilet or commode independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Dressing upper body (Section F)	Prevalence	Members who dressed and undressed their upper body independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Dressing lower body (Section F)	Prevalence	Members who dressed and undressed their lower body independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Toilet use (Section F)	Prevalence	Members who used the toilet room (or commode, bedpan, urinal) independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Eating (Section F)	Prevalence	Members who ate and drank (including intake of nutrition by other means) independently or with setup help only	All members except those who did not have activity occur over the last three days
	Managing medications (Section F)	Prevalence	Members who are independent in managing medications	All members

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 4: Continence, Neurological and Behavioral Status	Urinary continence (Section G)	Prevalence	Members who were continent, had control with any catheter or ostomy, or infrequently incontinent of urine over last 3 days	All members except those who did not have urine output from bladder over the last three days
	Bowel continence (Section G)	Prevalence	Members who were continent, had control with ostomy, or infrequently incontinent of feces over last 3 days	All members except those who did not have bowel movement over the last three days
	Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and eating (Section B, C & F)	Prevalence	Members whose cognitive performance scale (CPS) indicated intact functioning. The CPS is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how eats and drinks.	All members
	Behavioral symptoms (Section D)	Prevalence	Members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/ disruptive, inappropriate public sexual behavior/ disrobing, or resisting care) over the last three days	All members
Table 5: Living Arrangement and Emotional Status	Living arrangement (Section A)	Prevalence	Members who are living alone	All members
	Self-reported anxious feelings (Section D)	Prevalence	Members who reported no anxious, restless, or uneasy feelings over the last 3 days	All members except those who could not respond
	Self-reported depressed feelings (Section D)	Prevalence	Members who reported no sad, depressed, or hopeless feelings over the last 3 days	All members except those who could not respond

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 6: Quality of Life, Effectiveness of Care, and Emergency Room Visits	Dyspnea (Section I)	Prevalence	Members who did not experience shortness of breath	All members
	Pain frequency and Pain intensity (Section I)	Risk-adjusted prevalence	Members who did not experience severe or excruciating pain daily or on 1-2 days over the last 3 days	All members
	Lonely, social activities, time alone, stressors, self-reported depressed feelings, behavior, and withdrawal (Section D & E)	Risk-adjusted prevalence	Members who were not lonely and did not experience any of the following: decline in social activities, 8 or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities.	All members
	Influenza vaccine (Section L)	Prevalence	Members who received an influenza vaccine in last year	All members
	Pneumovax vaccine (Section L)	Prevalence	Members age 65 or older who received a pneumococcal vaccine in the last 5 years or after age 65	All members age 65 and over
	Dental exam (Section L)	Prevalence	Members who received a dental exam the last year	All members
	Eye exam (Section L)	Prevalence	Members who received an eye exam the last year	All members
	Hearing exam (Section L)	Prevalence	Members who received a hearing exam in last two years	All members
	Breast exam (Section L)	Prevalence	Female members ages 50-74 who received a mammogram or breast exam in last 2 years	All female members ages 50-74
	Number of falls that result in medical intervention (Section I)	Risk-adjusted prevalence	Members who did not have falls that required medical intervention in the last 90 days	All members
	Emergency room visit (Section L)	Risk-adjusted prevalence	Members who did not have an emergency room visit during the last 90 days (or since last assessment if less than 90 days)	All members

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 7: Utilization and Patient Safety	Nursing facility use (Section L)	Statewide prevalence	Members who had at least one nursing home admission within the last 90 days (or since last assessment if less than 90 days)	All members
	Reasons for nursing home use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a nursing home admission
	Inpatient acute hospital with overnight stay (Section L)	Statewide prevalence	Members who had at least one hospital admission within the last 90 days (or since last assessment if less than 90 days)	All members
			Members who had two or more hospital admissions within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for hospitalization (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a hospital admission
	Emergency room visit (Section L)	Statewide prevalence	Members who had at least one emergency room visit within the last 90 days (or since last assessment if less than 90 days)	All members
			Members who had two or more emergency room visits within the last 90 days (or since last assessment if less than 90 days)	All members
Clinical reasons for emergency room use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had an emergency room visit	

Appendix C: Technical Notes

Risk Adjustment

Health care processes of care and outcomes, as well as, patient attributes do not always occur randomly across all plans. For example, certain risk factors, such as age or level of functioning, may be disproportionate across plans and beyond the plans' control. Risk adjustment is used to account for and reduce the effects of these confounding factors that may influence a plan's rate. Therefore, risk-adjusted rates allows for a fairer comparison among the plans. The risk-adjusted measures in this report were chosen because they are important outcomes representing plan performance. Following is a description of the methodologies.

Observed Rate

The observed rate is the plan's numerator divided by the plan's denominator for each measure.

Expected Rate

The expected measure rate is the rate a plan would have if the plan's patient mix were identical to the patient mix of the state.

Risk-adjusted Rate

The plan-specific, risk-adjusted rate is the ratio of observed to expected measure rates multiplied by the overall statewide measure rate.

Methodology of 'Current Plan Performance' Measures

To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each current plan performance outcome. These models predicted a binary (yes/no) response for each outcome. The independent variables included in the final models are listed below. Risk-adjustors should, by definition, generally precede the outcome on interest. Because the UAS-NY does not yet hold enough assessments to link previous and current assessments to establish risk-adjustors that precede the outcome, only age and gender are adjusted for in 2014.

1. No Severe Daily Pain

- Age (Less than 21, 21-54, 55-64, 65-74, 75-84, 85 and over)
- Gender (Male, Female)

2. Not Lonely and Distressed

- Age (Less than 21, 21-54, 55-64, 65-74, 75-84, 85 and over)
- Gender (Male, Female)

3. No Falls

- Age (Less than 21, 21-54, 55-64, 65-74, 75-84, 85 and over)
- Gender (Male, Female)

4. No Emergency Room Visits

- Age (Less than 21, 21-54, 55-64, 65-74, 75-84, 85 and over)
- Gender (Male, Female)

Methodology of ‘Satisfaction’ Measures

Satisfaction ratings that are based on the respondent’s perception may differ by respondent attributes which may vary across plans and are beyond the plans’ control. To reduce the effect of these differences, these measures were adjusted for age (18-44, 45-64, 65-74, 75-84, 85 and over), education (0-8, 9-11, 12, 13-15, 16, 17 and over), and self-reported health status (very poor, poor, fair, good, very good). Age, education, and self-reported health status have been found to be important satisfaction survey control variables that are widely accepted and used in satisfaction survey analysis.

Methodology of ‘Potentially Avoidable Hospitalization’ Measures

Risk-adjusted rates were calculated by developing a Poisson model to predict the number of potentially avoidable hospitalizations. The independent variables included in the final model are listed below.

- Age (0-79, 80 and over)
- Gender (Male, Female)
- Ability to walk independently (Low, Moderate, High)
- Ability to transfer self independently (Low, Moderate, High)
- Ability to dress lower or upper body (No to minimal aid, Some assistance to dependent)
- Ability to feed self (Able to feed self independently, Moderate assistance to unable with feeding tube)
- Bowel incontinence (Never to several times a week, Once daily or more)
- Falls (0, 1 or more)
- Obesity (Yes, No)
- Confusion (Not confused, Moderate to frequent)
- Impaired decision making skills (Never demonstrated, Demonstrated minimally to at least daily)
- Use of a respiratory treatment (CPAP, Oxygen, or Ventilator – Yes, No)
- Shortness of breath with no treatment (Yes, No)
- Presence of a skin lesion (Yes, No)
- Urinary status (Continent, Infrequent incontinence to moderate incontinence, Use of catheter)
- Cerebrovascular diseases (Yes, No)
- Chronic renal failure (Yes, No)
- Hip fracture (Yes, No)
- Ability to take medications (Able, Unable)

Limitations of the Risk-Adjusted Data

The risk-adjusted methodology allows for more accurate comparisons among plans. Nevertheless, it has some limitations. If important risk factors are not included in the model as independent variables, the model can potentially overestimate or underestimate a plan’s risk-adjusted rate. Although the limitations presented here are an important consideration in interpreting the risk-adjusted outcomes, comparisons between plans are much more accurate when outcomes are risk-adjusted than when they are not.

Notes

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