

2019 Managed Long-Term Care Report



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Table of Contents

Page

| | |
|--|----|
| Executive Summary | 3 |
| Introduction | 4 |
| The Managed Long-Term Care Program | 5 |
| Types of Managed Long-Term Care Plans | 5 |
| Eligibility | 6 |
| Medicaid Redesign Team | 6 |
| Enrollment and Availability | 7 |
| Uniform Assessment System for New York | 8 |
| Level of Care Score | 8 |
| Table 1. Demographic Profile of MLTC Enrollees | 9 |
| Table 2. Utilization and Patient Safety | 10 |
| Table 3. Health Plan Profiles | 11 |
| Enrollee Attributes | 14 |
| Table 4. Overall Functioning and Activities of Daily Living | 15 |
| Table 5. Continence, Neurological, and Behavioral Status | 20 |
| Table 6. Living Arrangement and Emotional Status | 23 |
| Plan Performance | 26 |
| Current Plan Performance | 26 |
| Table 7. Quality of Life, Effectiveness of Care, and Emergency Room Visits | 27 |
| Table 8. Access and Experience of Care | 32 |
| Performance Over Time | 35 |
| Table 9. Functioning and Activities of Daily Living | 36 |
| Table 10. Quality of Life and Effectiveness of Care | 42 |
| Potentially Avoidable Hospitalizations | 45 |
| Table 11. Potentially Avoidable Hospitalizations | 46 |
| Member Satisfaction | 47 |
| Satisfaction with the Experience of Care | 47 |
| Table 12. Satisfaction with the Experience of Care | 48 |
| Appendix A: Managed Long-Term Care Covered Services | 53 |
| Appendix B: Region Definitions | 54 |
| Appendix C: UAS-NY CHA Measure Descriptions | 55 |
| Appendix D: Technical Notes | 62 |

Executive Summary

New York State certifies and oversees the operation of New York State managed long-term care (MLTC) plans. This oversight includes evaluating quality of care delivered by MLTC plans. This report describes New York State's certified MLTC plans and presents information about the quality of care they provide and enrollees' satisfaction with the plans. The report is organized into four sections: 1) MLTC program level information, 2) Plan level enrollee attributes, 3) Plan level performance, and 4) Plan level member satisfaction. Data sources and time frames for the measures are described in the report.

The Managed Long-Term Care Program

To keep chronically ill or disabled individuals healthy and living in the community, MLTC plans assist members who require health and long-term care services. The benefit package includes a range of health and social services, including skilled nursing facility (SNF) services. MLTC program level highlights include:

- Enrollment in the MLTC plans has been steadily increasing, with current enrollment of 274,271 individuals as of November 2019.
- Seventy-six percent of the membership was in New York City.
- Eighty-three percent of enrollees were over the age of 64.
- Eighty-five percent were dually enrolled in Medicare and Medicaid.
- Eighty-one percent have been enrolled in the MLTC program for one year or more.
- Twelve percent of enrollees were admitted to a nursing home, and of that group 66 percent were admitted for long-term placement.
- Twelve percent of enrollees were admitted to the hospital. The most common reason for admission was respiratory problems.
- Six percent of enrollees visited an emergency room. The most common reason for a visit was respiratory problems.

Enrollee Attributes

- Thirty-two percent of enrollees were able to transfer with little to no help.

- Eighty-five percent of enrollees had no behavioral problems.
- Thirty-four percent of enrollees were living alone.

Plan Performance

The domains of quality performance in this report include: 1) Current plan performance rates such as the percentage of enrollees who received an annual flu shot, 2) Plan performance over time such as the percentage of enrollees whose pain intensity remained stable or improved over time, and 3) The rate of potentially avoidable hospitalizations (PAH) per 10,000 days enrolled in the plan. The tables include the plan-specific and statewide results and whether the plan's performance was statistically higher, the same, or lower than the statewide average. The following are highlights:

- Seventy-nine percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 67 to 94 percent.
- Ninety-six percent of enrollees had no falls that resulted in major or minor injury in the past 90 days.
- Ninety percent of enrollees remained stable or demonstrated improvement in the activities of daily living function.
- Eighty-five percent of enrollees remained stable or demonstrated improvement in urinary continence.
- The statewide rate of PAH was 2.76 and plan results ranged from 0 to 4.88 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

Member Satisfaction

In early 2019, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2018. The overall response rate was 23 percent. The following are highlights:

- Eighty-nine percent of respondents rated their health plan as good or excellent.
- Eighty-six percent rated the helpfulness of the plan in managing their illnesses as good or excellent.

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 November 2019, there were 35 MLTC organizations certified to enroll members in four 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 51 plans. The tables in this report present information about the MLTC organizations and plans that were enrolling members during the data collection period.

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

enrollment data for MLTC plans since 2012. This is the eighth 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:

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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. A list of covered 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 four models of plans that are 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

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.

Fully Integrated Duals Advantage

Fully Integrated Duals Advantage (FIDA) plans are approved by CMS and the NYSDOH. The plan receives a capitation payment from both Medicaid and Medicare and provides a comprehensive benefit package. The FIDA benefit package includes all Medicare physical health, behavioral health, and prescription drug services, as well as all Medicaid physical health, behavioral health, and long-term support services. Some additional services and benefits are also included. The minimum age requirement is 21 years.

Eligibility

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

- Are able to stay safely at home at the time when joining the plan;
- Meet the age requirement of the program and the plan;
- Reside in the area served by the plan;

and

- Have a chronic illness or disability required for an individual to be eligible for services usually provided in a nursing home

or

- Are expected to need long-term care services for more than 120 days from the date of enrollment.

Medicaid Redesign Team

In 2011, Governor Andrew Cuomo convened a task force consisting of policy experts and industry representatives to collaborate on redesigning 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 required 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 CMS to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver required 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 transition to MLTC was implemented in five phases ending in 2014. The following groups are excluded from transition to MLTC:

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

In 2015, New York State, in partnership with the CMS, began a MLTC FIDA demonstration project in the New York City area. FIDA plans provide a comprehensive benefit package to MLTC enrollees including Medicare covered services, Medicaid covered services, and some additional services and benefits. Opt-in enrollment began in January and passive enrollment occurred between April and October 2015.

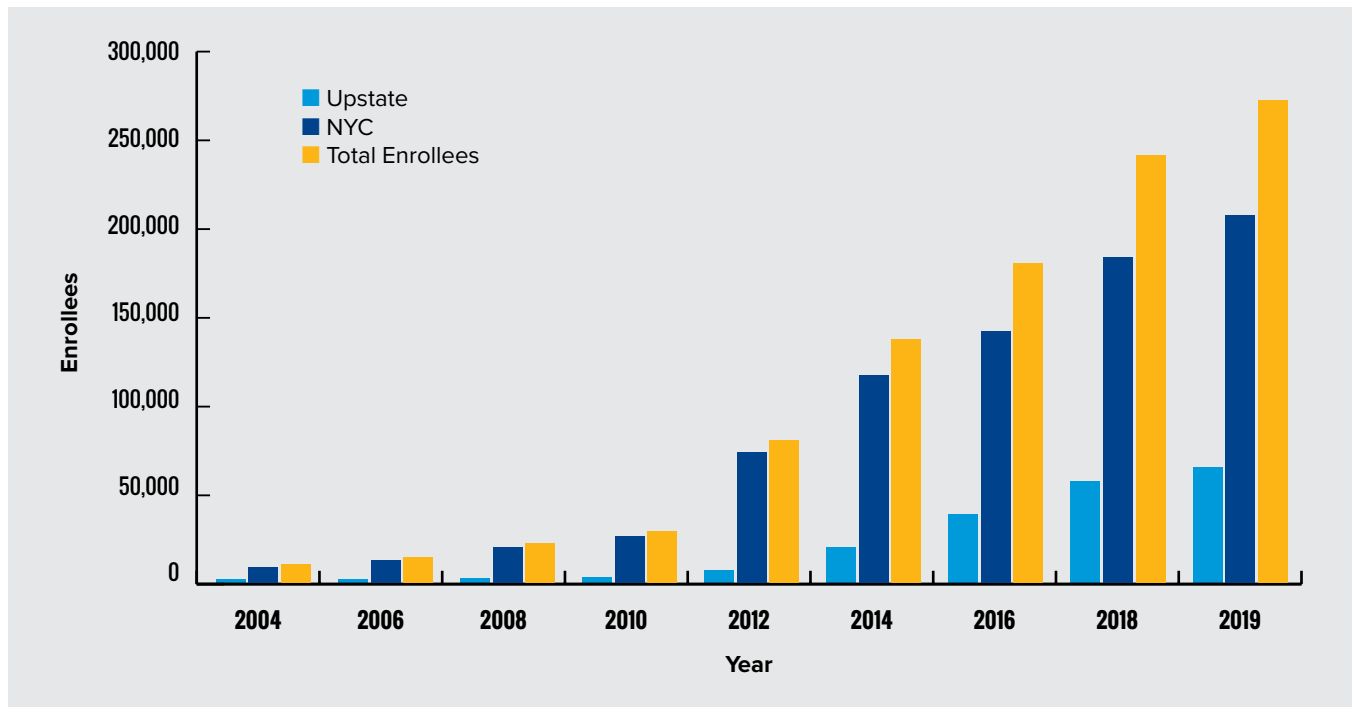
Enrollment and Availability

Figure 1 shows that MLTC enrollment has steadily increased over the past 15 years from approximately

10,000 in 2004 to over 274,271 as of November 2019, with the number of plans growing from 16 plans to 51 plans. Ninety-one percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 76 percent of current MLTC enrollment. Enrollment in MAP, PACE, and FIDA plans is 6, 2, and 1 percent, respectively. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT #90.

Every county in New York State has at least one MLTC plan authorized to operate. As of November 2019, MLTC has members enrolled in every county.

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



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 diagnoses. 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 Uniform Assessment System for New York (UAS-NY) Community Health Assessment (CHA) 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. Using 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 CHA instrument, 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 a plan's identification of areas where the member'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 CHA submissions will be used to create two static assessment files. One contains the most recent assessment for enrollees in each plan from January through June. The second contains 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 CHA instrument. 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.

The current statewide average CHA NFLOC score is 19.5. 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 CHA data for the January through June 2019 enrollment period and therefore reflect the characteristics of the enrollees during that time frame. As shown, 83 percent of

members are over the age of 64. Over two-thirds of the enrollees are nonwhite (71 percent) and 10 percent were in a nursing home at the time of the assessment. Almost 81 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 | 6.7 |
| Age 55-64 | 10.9 |
| Age 65-74 | 27.4 |
| Age 75-84 | 30.2 |
| Age 85+ | 24.9 |
| Gender | |
| Male | 31.4 |
| Female | 68.6 |
| Race | |
| Black Non-Hispanic | 17.1 |
| Hispanic | 24.2 |
| Other | 29.4 |
| White Non-Hispanic | 29.3 |
| Primary Language | |
| Chinese | 12.2 |
| English | 41.8 |
| Missing | 2.4 |
| Other | 11.8 |
| Russian | 10.3 |
| Spanish | 21.5 |
| Enrollment | |
| Continuously Enrolled 12+ Months | 80.5 |
| Continuously Enrolled <12 Months | 19.5 |

| Measure | Percent |
|--|---------|
| Payment Source | |
| Dually Enrolled in Medicaid and Medicare | 85.1 |
| Medicaid Only | 14.9 |
| Current Location | |
| Community | 88.7 |
| Hospital | 0.4 |
| Missing | 0.0 |
| Nursing Home | 10.3 |
| Other | 0.6 |
| Living Situation | |
| Alone | 34.3 |
| With Family/Relative | 51.2 |
| With Other | 14.4 |
| Most Frequent Diagnoses Statewide (Percent of All Members) | |
| Essential Hypertension | 77.3 |
| Other Nervous System Disorder | 74.6 |
| Genitourinary Symptoms and Ill-Defined Conditions | 67.6 |
| Osteoarthritis | 66.8 |
| Disorders of Lipid Metabolism | 61.7 |
| Esophageal Disorders | 51.5 |
| Other Gastrointestinal Disorder | 51.2 |
| Coronary Atherosclerosis and Other Heart Disease | 47.6 |
| Nutritional Deficiencies | 42.9 |
| Diabetes Mellitus without Complications | 41.1 |

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC CHA conducted for the January 1, 2019 through June 30, 2019 time period. Table 2 shows the statewide percentage of members who within the last 90 days or since the last assessment if less than 90 days ago had: 1) a nursing home admission and reasons for nursing home admissions; 2) at least one, or two or more hospitalizations and reasons for hospital admissions; and 3) 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 2 shows nursing home admissions stratified by those for long-term placement, therapy services, unsafe for care at home, end of life care, and respite care. Up to four of 16 given reasons for hospital admission may be selected. Table 2 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); scheduled surgical procedure; urinary tract infection;

and congestive heart failure (CHF) (exacerbation of CHF, fluid overload, heart failure). Likewise, up to four of nine given reasons for ER visits may be selected. Table 2 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 2 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 12 percent of the population was admitted to a nursing home, with the majority admitted for long-term placement followed by therapy services. Twelve percent of enrollees were admitted to the hospital at least once, with 20 percent admitted for respiratory problems and 10 percent for falls. Six percent of enrollees had at least one ER visit, with 10 percent for respiratory problems and five percent for cardiac problems.

Table 2
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 | 31,062 | 12 | * | * | Long-Term Placement | 66 | Therapy Services | 31 | Unsafe at Home | 12 | End of Life Care | 1 | Respite Care | 1 |
| Hospital Admissions | 31,463 | 12 | 4,723 | 2 | Respiratory | 20 | Falls | 10 | Scheduled Procedure | 9 | Urinary Tract Infection | 7 | Congestive Heart Failure | 7 |
| Emergency Room Visits | 16,390 | 6 | 2,282 | 1 | Respiratory | 10 | Cardiac | 5 | Nausea | 3 | Hypo/Hyperglycemia | 2 | Wound | 1 |

*No data to report.

Plan Profiles

Table 3 summarizes the MLTC plans certified as of November 2019 by the NYSDOH to enroll Medicaid recipients. Regions of enrollment and enrollment

counts as of November 2019 are presented. Please refer to Appendix B for a listing of counties within each region. Plans may not be enrolling in every county in a region. Please verify availability with the plan.

Table 3
Health Plan Profiles

| Health Plan Name and Website | Regions of Enrollment | Enrollment (As of Nov. 2019) |
|--|--|---------------------------------|
| Partial Capitation | | |
| 1. Aetna Better Health <i>www.aetnabetterhealth.com</i> | Long Island, New York City | 8,248 |
| 2. AgeWell New York <i>www.agewellnewyork.com</i> | Hudson Valley, Long Island, New York City | 12,348 |
| 3. ArchCare Community Life <i>www.archcare.org</i> | Hudson Valley, New York City | 5,096 |
| 4. Centers Plan for Healthy Living <i>www.centersplan.com</i> | Hudson Valley, Long Island, New York City, Western | 37,985 |
| 5. Elderplan dba Homefirst <i>www.elderplan.org</i> | Hudson Valley, Long Island, New York City | 15,114 |
| 6. ElderServe dba RiverSpring <i>www.riverspringathome.org</i> | Hudson Valley, Long Island, New York City | 15,336 |
| 7. Elderwood Health Plan <i>www.elderwoodhealthplan.com</i> | Western | 935 |
| 8. Empire BCBS HealthPlus MLTC <i>mss.empireblue.com/ny/home.html</i> | New York City | 7,215 |
| 9. EverCare Choice <i>www.evercare.org</i> | Hudson Valley | 1,003 |
| 10. Extended MLTC <i>www.extendedmltc.org</i> | Long Island, New York City | 6,956 |
| 11. Fallon Health Weinberg <i>www.fallonweinberg.org</i> | Western | 968 |
| 12. Fidelis Care <i>www.fideliscare.org</i> | Central, Hudson Valley, Long Island, New York City, Northeast, Western | 23,474 |
| 13. Hamaspik Choice <i>www.hamaspikchoice.org</i> | Hudson Valley | 2,424 |
| 14. iCircle <i>www.icirclecny.org</i> | Central, Northeast, Western | 4,425 |
| 15. Integra MLTC <i>www.integrplan.org</i> | Hudson Valley, Long Island, New York City | 23,985 |
| 16. Kalos Health <i>www.kaloshealth.org</i> | Western | 1,522 |
| 17. MetroPlus MLTC <i>www.metroplus.org</i> | New York City | 2,077 |

Table 3 (Continued)
Health Plan Profiles

| Health Plan Name and Website | Regions of Enrollment | Enrollment (As of Nov. 2019) |
|--|---|---------------------------------|
| Partial Capitation (Continued) | | |
| 18. Montefiore MLTC <i>www.montefiore.org</i> | Hudson Valley, New York City | 1,765 |
| 19. Nascentia Health Options <i>www.nascentiahealthoptions.org</i> | Central, Northeast, Western | 7,986 |
| 20. Prime Health Choice <i>www.primehealthchoice.com</i> | Hudson Valley, Northeast | 548 |
| 21. Senior Health Partners <i>www.shpny.org</i> | Hudson Valley, Long Island, New York City | 15,394 |
| 22. Senior Network Health <i>https://mvhealthsystem.org</i> | Central | 599 |
| 23. Senior Whole Health Partial <i>www.seniorwholehealth.com</i> | Hudson Valley, New York City | 14,969 |
| 24. VillageCareMAX <i>www.villagecaremax.org</i> | New York City | 12,271 |
| 25. VNS CHOICE MLTC <i>www.vnsnychoice.org</i> | Central, Hudson Valley, Long Island, New York City, Northeast, Western | 19,970 |
| 26. WellCare Advocate Partial <i>www.wellcare.com</i> | Hudson Valley, Long Island, New York City, Northeast, Western | 5,834 |
| Program of All-Inclusive Care for the Elderly (PACE) | | |
| 27. ArchCare Senior Life <i>www.archcare.org</i> | Hudson Valley, New York City | 811 |
| 28. Catholic Health – LIFE <i>www.chsbuffalo.org</i> | Western | 260 |
| 29. CenterLight PACE <i>www.centerlighthealthcare.org</i> | Hudson Valley, Long Island, New York City | 2,662 |
| 30. Complete Senior Care <i>www.hanci.com</i> | Western | 125 |
| 31. Eddy Senior Care <i>http://www.sphp.com/managed-long-term-care-plans-cc</i> | Northeast | 213 |
| 32. ElderONE <i>www.elderone.org</i> | Western | 757 |
| 33. Fallon Health Weinberg – PACE <i>www.fallonweinberg.org</i> | Western | 148 |
| 34. PACE CNY <i>www.pacecny.org</i> | Central | 651 |
| 35. Total Senior Care <i>www.totalseniorcare.org</i> | Western | 129 |

Table 3 (Continued)
Health Plan Profiles

| Health Plan Name and Website | Regions of Enrollment | Enrollment (As of Nov. 2019) |
|--|---|---------------------------------|
| Medicaid Advantage Plus (MAP) | | |
| 36. Centers Plan MAP <i>www.centersplan.com</i> | Hudson Valley, Long Island, New York City | 14 |
| 37. Elderplan <i>www.elderplan.org</i> | Hudson Valley, Long Island, New York City | 1,607 |
| 38. Empire BCBS HealthPlus MAP <i>mss.empireblue.com/ny/home.html</i> | New York City | 13 |
| 39. Fidelis Legacy Plan <i>www.fideliscare.org</i> | New York City, Northeast | 75 |
| 40. MHI Healthfirst Complete Care <i>www.healthfirst.org</i> | Hudson Valley, Long Island, New York City | 11,860 |
| 41. RiverSpring MAP* <i>www.riverspringathome.org</i> | Hudson Valley, Long Island, New York City | 0 |
| 42. Senior Whole Health <i>www.seniorwholehealth.com</i> | Long Island, New York City | 93 |
| 43. VillageCareMAX Total Advantage <i>www.villagecaremax.org</i> | New York City | 1,710 |
| 44. VNS CHOICE Total <i>www.vnsnychoice.org</i> | Hudson Valley, Long Island, New York City | 2,328 |
| Fully Integrated Duals Advantage (FIDA) | | |
| 45. Elderplan FIDA Total Care <i>www.elderplan.org</i> | Long Island, New York City | 280 |
| 46. FIDA Care Complete <i>www.centersplan.com</i> | New York City | 12 |
| 47. Healthfirst AbsoluteCare FIDA <i>www.healthfirst.org</i> | Hudson Valley, Long Island, New York City | 937 |
| 48. RiverSpring FIDA <i>www.riverspringathome.org</i> | Hudson Valley, Long Island, New York City | 13 |
| 49. SWH Whole Health FIDA <i>www.seniorwholehealth.com</i> | New York City | 99 |
| 50. VNSNY CHOICE FIDA Complete <i>www.vnsnychoice.org</i> | Hudson Valley, Long Island, New York City | 1,027 |

*Plan not operational during 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 C describes the measures used for each type of analysis.

Measures are based on the January 1, 2019, through June 30, 2019, 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 45 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 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 4
Overall Functioning and Activities of Daily Living

| Health Plan | Overall Functioning NFLOC | Activities of Daily Living | | |
|---------------------------------|---------------------------|----------------------------|---------|--------------|
| | | Locomotion | Bathing | Transferring |
| Partial Capitation | | | | |
| Aetna Better Health | 19.6 | 34 | 4 | 39 |
| AgeWell New York | 20.1 | 19 | 7 | 28 |
| ArchCare Community Life | 19.8 | 43 | 10 | 44 |
| Centers Plan for Healthy Living | 20.9 | 10 | 2 | 9 |
| Elderplan dba Homefirst | 20.2 | 40 | 3 | 37 |
| ElderServe dba RiverSpring | 20.5 | 22 | 6 | 23 |
| Elderwood Health Plan | 19.0 | 58 | 13 | 52 |
| Empire BCBS HealthPlus MLTC | 19.8 | 38 | 5 | 39 |
| EverCare Choice | 19.9 | 56 | 8 | 54 |
| Extended MLTC | 15.1 | 72 | 1 | 59 |
| Fallon Health Weinberg | 19.2 | 47 | 18 | 50 |
| Fidelis Care | 21.1 | 31 | 6 | 30 |
| Hamaspik Choice | 21.0 | 38 | 21 | 40 |
| iCircle | 19.5 | 56 | 15 | 52 |
| Independence Care System | 20.6 | 44 | 9 | 40 |
| Integra MLTC | 14.3 | 64 | 9 | 55 |
| Kalos Health | 18.7 | 63 | 21 | 61 |
| MetroPlus MLTC | 19.6 | 39 | 7 | 26 |
| Montefiore MLTC | 18.8 | 38 | 6 | 35 |
| Nascentia Health Options | 21.8 | 54 | 9 | 42 |
| Prime Health Choice | 16.6 | 66 | 19 | 66 |
| Senior Health Partners | 20.2 | 28 | 2 | 24 |
| Senior Network Health | 17.9 | 70 | 22 | 67 |
| Senior Whole Health Partial | 18.2 | 38 | 4 | 39 |
| United Health Personal Assist | 17.8 | 47 | 2 | 49 |
| VillageCareMAX | 18.9 | 25 | 3 | 22 |
| VNS CHOICE MLTC | 22.0 | 22 | 2 | 20 |
| WellCare Advocate Partial | 18.6 | 49 | 15 | 51 |

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

| Health Plan | Overall Functioning NFLOC | Activities of Daily Living | | |
|---|---------------------------|----------------------------|----------|--------------|
| | | Locomotion | Bathing | Transferring |
| Program of All-Inclusive Care for the Elderly (PACE) | | | | |
| ArchCare Senior Life | 19.1 | 47 | 23 | 49 |
| Catholic Health – LIFE | 16.6 | 74 | 32 | 71 |
| CenterLight PACE | 20.2 | 44 | 10 | 48 |
| Complete Senior Care | 14.0 | 81 | 51 | 80 |
| Eddy Senior Care | 15.5 | 77 | 27 | 79 |
| ElderONE | 17.0 | 75 | 40 | 72 |
| Fallon Health Weinberg – PACE | 15.6 | 81 | 30 | 72 |
| PACE CNY | 16.5 | 78 | 32 | 80 |
| Total Senior Care | 14.3 | 78 | 51 | 77 |
| Medicaid Advantage Plus (MAP) | | | | |
| Centers Plan MAP | SS | SS | SS | SS |
| Elderplan | 19.1 | 44 | 3 | 40 |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS |
| Fidelis Legacy Plan | 22.7 | 29 | 4 | 27 |
| MHI Healthfirst Complete Care | 18.3 | 29 | 3 | 24 |
| Senior Whole Health | 22.5 | 19 | 2 | 21 |
| VillageCareMAX Total Advantage | 20.3 | 21 | 3 | 19 |
| VNS CHOICE Total | 20.3 | 18 | 1 | 16 |
| Fully Integrated Duals Advantage (FIDA) | | | | |
| Elderplan FIDA Total Care | 23.0 | 27 | 2 | 28 |
| FIDA Care Complete | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 22.0 | 19 | 3 | 16 |
| RiverSpring FIDA | 27.8 | SS | 0 | SS |
| SWH Whole Health FIDA | 23.9 | 16 | 2 | 18 |
| VNSNY CHOICE FIDA Complete | 23.6 | 12 | 0 | 10 |
| STATEWIDE | 19.5 | 34 | 6 | 32 |

SS = Sample size too small to report.

Table 4 (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 | | | | | |
| Aetna Better Health | 24 | 6 | 34 | 67 | 6 |
| AgeWell New York | 31 | 8 | 27 | 70 | 5 |
| ArchCare Community Life | 23 | 10 | 33 | 65 | 6 |
| Centers Plan for Healthy Living | 9 | 2 | 28 | 56 | 2 |
| Elderplan dba Homefirst | 21 | 4 | 22 | 23 | 0 |
| ElderServe dba RiverSpring | 16 | 8 | 18 | 58 | 3 |
| Elderwood Health Plan | 41 | 25 | 48 | 70 | 18 |
| Empire BCBS HealthPlus MLTC | 20 | 5 | 27 | 60 | 11 |
| EverCare Choice | 30 | 19 | 37 | 66 | 6 |
| Extended MLTC | 35 | 4 | 40 | 86 | 9 |
| Fallon Health Weinberg | 43 | 26 | 46 | 68 | 20 |
| Fidelis Care | 22 | 6 | 18 | 46 | 7 |
| Hamaspik Choice | 29 | 20 | 33 | 51 | 2 |
| iCircle | 32 | 17 | 42 | 65 | 11 |
| Independence Care System | 18 | 6 | 37 | 61 | 15 |
| Integra MLTC | 46 | 14 | 52 | 84 | 5 |
| Kalos Health | 43 | 29 | 47 | 76 | 15 |
| MetroPlus MLTC | 26 | 11 | 21 | 47 | 7 |
| Montefiore MLTC | 21 | 5 | 33 | 75 | 10 |
| Nascentia Health Options | 25 | 15 | 28 | 55 | 8 |
| Prime Health Choice | 46 | 27 | 36 | 58 | 10 |
| Senior Health Partners | 15 | 4 | 17 | 66 | 3 |
| Senior Network Health | 48 | 32 | 64 | 75 | 18 |
| Senior Whole Health Partial | 30 | 8 | 30 | 69 | 6 |
| United Health Personal Assist | 12 | 3 | 41 | 69 | 6 |
| VillageCareMAX | 24 | 4 | 16 | 65 | 3 |
| VNS CHOICE MLTC | 11 | 3 | 15 | 53 | 4 |
| WellCare Advocate Partial | 36 | 17 | 45 | 69 | 9 |

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

| Health Plan | Activities of Daily Living | | | | |
|---|----------------------------|---------------------|-----------|-----------|---------------------------|
| | Dressing Upper Body | Dressing Lower Body | Toileting | Eating | Medication Administration |
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | |
| ArchCare Senior Life | 33 | 24 | 44 | 67 | 4 |
| Catholic Health – LIFE | 54 | 43 | 68 | 81 | 9 |
| CenterLight PACE | 25 | 12 | 43 | 66 | 11 |
| Complete Senior Care | 64 | 55 | 78 | 90 | 29 |
| Eddy Senior Care | 47 | 39 | 72 | 91 | 12 |
| ElderONE | 57 | 46 | 68 | 81 | 9 |
| Fallon Health Weinberg – PACE | 55 | 40 | 70 | 90 | 9 |
| PACE CNY | 58 | 48 | 74 | 72 | 15 |
| Total Senior Care | 64 | 55 | 76 | 90 | 20 |
| Medicaid Advantage Plus (MAP) | | | | | |
| Centers Plan MAP | SS | SS | SS | SS | SS |
| Elderplan | 19 | 4 | 23 | 21 | 1 |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS | SS |
| Fidelis Legacy Plan | 16 | 5 | 11 | 57 | 4 |
| MHI Healthfirst Complete Care | 15 | 4 | 19 | 83 | 4 |
| Senior Whole Health | 13 | 4 | 21 | 60 | 6 |
| VillageCareMAX Total Advantage | 20 | 3 | 14 | 62 | 4 |
| VNS CHOICE Total | 8 | 1 | 12 | 64 | 2 |
| Fully Integrated Duals Advantage (FIDA) | | | | | |
| Elderplan FIDA Total Care | 10 | 2 | 12 | 10 | 0 |
| FIDA Care Complete | SS | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 11 | 3 | 10 | 59 | 2 |
| RiverSpring FIDA | 3 | 0 | 10 | 29 | 3 |
| SWH Whole Health FIDA | 11 | 3 | 13 | 46 | 4 |
| VNSNY CHOICE FIDA Complete | 5 | 1 | 6 | 45 | 1 |
| STATEWIDE | 23 | 7 | 28 | 61 | 5 |

SS = Sample size too small to report.



Continence, Neurological, and Behavioral Status

- **Urinary Continence:** Percentage of members who were continent, had control with any 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 2 (CPS2) indicated intact functioning. The CPS2 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 any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care).

Table 5
Continence, Neurological, and Behavioral Status

| Health Plan | Urinary Continence | Bowel Continence | Cognitive Functioning | Behavior |
|---------------------------------|--------------------|------------------|-----------------------|----------|
| Partial Capitation | | | | |
| Aetna Better Health | 38 | 82 | 40 | 85 |
| AgeWell New York | 29 | 83 | 47 | 88 |
| ArchCare Community Life | 40 | 80 | 31 | 79 |
| Centers Plan for Healthy Living | 19 | 77 | 56 | 95 |
| Elderplan dba Homefirst | 35 | 80 | 24 | 81 |
| ElderServe dba RiverSpring | 17 | 83 | 33 | 79 |
| Elderwood Health Plan | 33 | 71 | 38 | 85 |
| Empire BCBS HealthPlus MLTC | 39 | 83 | 37 | 84 |
| EverCare Choice | 34 | 78 | 21 | 72 |
| Extended MLTC | 35 | 90 | 22 | 95 |
| Fallon Health Weinberg | 34 | 73 | 37 | 77 |
| Fidelis Care | 45 | 78 | 41 | 69 |
| Hamaspik Choice | 45 | 79 | 22 | 68 |
| iCircle | 38 | 71 | 32 | 82 |
| Independence Care System | 28 | 66 | 50 | 91 |
| Integra MLTC | 53 | 93 | 53 | 94 |
| Kalos Health | 38 | 67 | 43 | 76 |
| MetroPlus MLTC | 55 | 82 | 40 | 76 |
| Montefiore MLTC | 41 | 81 | 50 | 88 |
| Nascentia Health Options | 32 | 62 | 28 | 64 |
| Prime Health Choice | 60 | 93 | 55 | 71 |
| Senior Health Partners | 36 | 83 | 27 | 86 |
| Senior Network Health | 27 | 71 | 27 | 71 |
| Senior Whole Health Partial | 40 | 90 | 54 | 90 |
| United Health Personal Assist | 47 | 81 | 47 | 88 |
| VillageCareMAX | 41 | 90 | 55 | 90 |
| VNS CHOICE MLTC | 32 | 72 | 32 | 78 |
| WellCare Advocate Partial | 36 | 79 | 42 | 84 |

Table 5 (Continued)
Continence, Neurological, and Behavioral Status

| Health Plan | Urinary Continence | Bowel Continence | Cognitive Functioning | Behavior |
|---|--------------------|------------------|-----------------------|-----------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | |
| ArchCare Senior Life | 54 | 80 | 32 | 79 |
| Catholic Health – LIFE | 28 | 68 | 22 | 73 |
| CenterLight PACE | 23 | 73 | 32 | 86 |
| Complete Senior Care | 31 | 75 | 36 | 70 |
| Eddy Senior Care | 38 | 77 | 22 | 81 |
| ElderONE | 24 | 65 | 23 | 61 |
| Fallon Health Weinberg – PACE | 33 | 72 | 36 | 72 |
| PACE CNY | 24 | 72 | 24 | 73 |
| Total Senior Care | 33 | 81 | 34 | 75 |
| Medicaid Advantage Plus (MAP) | | | | |
| Centers Plan MAP | SS | SS | SS | SS |
| Elderplan | 37 | 86 | 25 | 85 |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS |
| Fidelis Legacy Plan | 29 | 76 | 27 | 67 |
| MHI Healthfirst Complete Care | 40 | 91 | 29 | 93 |
| Senior Whole Health | 22 | 78 | 49 | 78 |
| VillageCareMAX Total Advantage | 39 | 84 | 56 | 87 |
| VNS CHOICE Total | 34 | 82 | 33 | 85 |
| Fully Integrated Duals Advantage (FIDA) | | | | |
| Elderplan FIDA Total Care | 30 | 69 | 17 | 70 |
| FIDA Care Complete | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 32 | 79 | 16 | 87 |
| RiverSpring FIDA | 19 | 48 | 19 | 77 |
| SWH Whole Health FIDA | 26 | 77 | 40 | 72 |
| VNSNY CHOICE FIDA Complete | 27 | 68 | 24 | 73 |
| STATEWIDE | 35 | 81 | 41 | 85 |

SS = Sample size too small to report.



Living Arrangement and Emotional Status

- **Living Alone:** Percentage of members who lived 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 6
Living Arrangement and Emotional Status

| Health Plan | Living Alone | No Anxious Feelings | No Depressive Feelings |
|---------------------------------|--------------|---------------------|------------------------|
| Partial Capitation | | | |
| Aetna Better Health | 30 | 90 | 84 |
| AgeWell New York | 34 | 84 | 62 |
| ArchCare Community Life | 35 | 80 | 70 |
| Centers Plan for Healthy Living | 30 | 82 | 61 |
| Elderplan dba Homefirst | 36 | 83 | 71 |
| ElderServe dba RiverSpring | 40 | 75 | 62 |
| Elderwood Health Plan | 27 | 71 | 80 |
| Empire BCBS HealthPlus MLTC | 40 | 85 | 81 |
| EverCare Choice | 34 | 81 | 82 |
| Extended MLTC | 27 | 95 | 90 |
| Fallon Health Weinberg | 41 | 64 | 76 |
| Fidelis Care | 36 | 86 | 85 |
| Hamaspik Choice | 36 | 60 | 62 |
| iCircle | 34 | 68 | 66 |
| Independence Care System | 51 | 85 | 79 |
| Integra MLTC | 24 | 87 | 69 |
| Kalos Health | 30 | 71 | 73 |
| MetroPlus MLTC | 33 | 82 | 80 |
| Montefiore MLTC | 43 | 86 | 71 |
| Nascentia Health Options | 20 | 73 | 79 |
| Prime Health Choice | 34 | 90 | 96 |
| Senior Health Partners | 38 | 83 | 69 |
| Senior Network Health | 43 | 64 | 73 |
| Senior Whole Health Partial | 30 | 87 | 75 |
| United Health Personal Assist | 33 | 83 | 72 |
| VillageCareMAX | 34 | 85 | 71 |
| VNS CHOICE MLTC | 41 | 89 | 84 |
| WellCare Advocate Partial | 33 | 87 | 77 |

Table 6 (Continued)
Living Arrangement and Emotional Status

| Health Plan | Living Alone | No Anxious Feelings | No Depressive Feelings |
|---|--------------|---------------------|------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | |
| ArchCare Senior Life | 39 | 83 | 87 |
| Catholic Health – LIFE | 28 | 63 | 80 |
| CenterLight PACE | 35 | 81 | 79 |
| Complete Senior Care | 57 | 62 | 76 |
| Eddy Senior Care | 55 | 62 | 78 |
| ElderONE | 40 | 65 | 72 |
| Fallon Health Weinberg – PACE | 70 | 71 | 82 |
| PACE CNY | 52 | 66 | 71 |
| Total Senior Care | 49 | 40 | 53 |
| Medicaid Advantage Plus (MAP) | | | |
| Centers Plan MAP | SS | SS | SS |
| Elderplan | 38 | 86 | 75 |
| Empire BCBS HealthPlus MAP | SS | SS | SS |
| Fidelis Legacy Plan | 49 | 92 | 87 |
| MHI Healthfirst Complete Care | 48 | 81 | 65 |
| Senior Whole Health | 62 | 82 | 72 |
| VillageCareMAX Total Advantage | 35 | 87 | 76 |
| VNS CHOICE Total | 48 | 93 | 89 |
| Fully Integrated Duals Advantage (FIDA) | | | |
| Elderplan FIDA Total Care | 40 | 84 | 72 |
| FIDA Care Complete | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 47 | 85 | 73 |
| RiverSpring FIDA | 55 | SS | SS |
| SWH Whole Health FIDA | 46 | 73 | 66 |
| VNSNY CHOICE FIDA Complete | 47 | 93 | 91 |
| STATEWIDE | 34 | 83 | 72 |

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 three sections: 1) Current Plan Performance, 2) Performance Over Time which reflects changes in the functional status of the MLTC population over a six- to twelve-month period, and 3) Potentially Avoidable Hospitalizations (PAH).

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. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plan level results for measures with fewer than 30 eligible members or PAH with fewer than 5,400 plan days are reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages. Please note that the statistical significance 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.

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 D) of this report.

Tables 7, 9, and 10 are based on a CHA conducted on MLTC members enrolled from January 1, 2019, through June 30, 2019, as described in the Enrollee Attributes section of this report. To allow MLTC plans to impact measures and represent the community-based MLTC population, Table 7 performance measures exclude assessments specified as first assessments and nursing home residents. Table 8 is based on the 2019 MLTC member satisfaction survey and presents measures on Access and Experience of Care. Please see the section Member Satisfaction for more information about the MLTC satisfaction survey.

Current Plan Performance

Current plan performance measure rates in Tables 7 and 8 are prevalence (point-in-time) rates which reflect only one measurement period.



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.
- **Pain Controlled:** Risk-adjusted percentage of members who did not experience uncontrolled pain.
- **Not Lonely or Not Distressed:** Risk-adjusted percentage of members who were not lonely or 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 with Injury:** Risk-adjusted percentage of members who did not experience falls that resulted in major or minor injury 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 7
Quality of Life, Effectiveness of Care, and Emergency Room Visits

| Health Plan | No Shortness of Breath | No Severe Daily Pain* | Pain Controlled* | Not Lonely or Not Distressed* | Influenza Vaccination | Pneumo-coccal Vaccination |
|---------------------------------|------------------------|-----------------------|------------------|-------------------------------|-----------------------|---------------------------|
| Partial Capitation | | | | | | |
| Aetna Better Health | 77▲ | 99 | 96▼ | 98 | 86▲ | 84▲ |
| AgeWell New York | 37▼ | 99▲ | 99▲ | 99 | 75▼ | 71▼ |
| ArchCare Community Life | 70▲ | 99 | 97 | 99 | 80 | 78 |
| Centers Plan for Healthy Living | 47▼ | 99▼ | 98▲ | 99▲ | 77▼ | 78 |
| Elderplan dba Homefirst | 52▼ | 100▲ | 98▲ | 99▲ | 79 | 77 |
| ElderServe dba RiverSpring | 30▼ | 99 | 94▼ | 96▼ | 67▼ | 54▼ |
| Elderwood Health Plan | 48▼ | 93▼ | 91▼ | 94▼ | 78 | 75 |
| Empire BCBS HealthPlus MLTC | 83▲ | 99 | 99▲ | 100▲ | 81▲ | 82▲ |
| EverCare Choice | 82▲ | 97▼ | 96▼ | 100 | 81 | 84▲ |
| Extended MLTC | 64 | 100▲ | 99▲ | 100▲ | 83▲ | 78 |
| Fallon Health Weinberg | 39▼ | 96▼ | 92▼ | 99 | 75 | 78 |
| Fidelis Care | 80▲ | 100▲ | 99▲ | 100▲ | 74▼ | 76▼ |
| Hamaspik Choice | 50▼ | 100▲ | 100▲ | 100▲ | 79 | 81 |
| iCircle | 29▼ | 87▼ | 86▼ | 86▼ | 79 | 84▲ |
| Independence Care System | 60▼ | 98▼ | 89▼ | 96▼ | 70▼ | 70▼ |
| Integra MLTC | 76▲ | 100▲ | 100▲ | 99 | 78 | 76▼ |
| Kalos Health | 48▼ | 93▼ | 84▼ | 93▼ | 73▼ | 73 |
| MetroPlus MLTC | 79▲ | 100 | 99▲ | 99 | 86▲ | 89▲ |
| Montefiore MLTC | 64 | 98▼ | 92▼ | 95▼ | 81 | 82▲ |
| Nascentia Health Options | 54▼ | 96▼ | 93▼ | 100▲ | 79 | 81 |
| Prime Health Choice | 57 | 100▲ | 99 | 100▲ | 83 | 79 |
| Senior Health Partners | 85▲ | 99▲ | 98▲ | 98 | 83▲ | 85▲ |
| Senior Network Health | 41▼ | 92▼ | 88▼ | 93▼ | 80 | 82 |
| Senior Whole Health Partial | 81▲ | 100▲ | 99▲ | 99▲ | 89▲ | 85▲ |
| United Health Personal Assist | 54▼ | 99 | 94▼ | 95▼ | 73▼ | 74▼ |
| VillageCareMAX | 75▲ | 100▲ | 98▲ | 99▲ | 78 | 78 |
| VNS CHOICE MLTC | 87▲ | 99▲ | 99▲ | 100▲ | 85▲ | 90▲ |
| WellCare Advocate Partial | 71▲ | 99 | 96▼ | 98 | 80 | 74▼ |

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

| Health Plan | No Shortness of Breath | No Severe Daily Pain* | Pain Controlled* | Not Lonely or Not Distressed* | Influenza Vaccination | Pneumo-coccal Vaccination |
|---|------------------------|-----------------------|------------------|-------------------------------|-----------------------|---------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | | |
| ArchCare Senior Life | 82▲ | 100 | 99 | 100 | 81 | 67▼ |
| Catholic Health – LIFE | 36▼ | 92▼ | 82▼ | 89▼ | 92▲ | 79 |
| CenterLight PACE | 62 | 96▼ | 85▼ | 94▼ | 83▲ | 74▼ |
| Complete Senior Care | 37▼ | 96 | 75▼ | 75▼ | 82 | 81 |
| Eddy Senior Care | 53 | 97 | 93▼ | 93▼ | 94▲ | 90▲ |
| ElderONE | 46▼ | 94▼ | 87▼ | 90▼ | 94▲ | 91▲ |
| Fallon Health Weinberg – PACE | 57 | 96 | 94 | 93▼ | 85 | 82 |
| PACE CNY | 50▼ | 96▼ | 94▼ | 97 | 91▲ | 90▲ |
| Total Senior Care | 48▼ | 85▼ | 92▼ | 75▼ | 81 | 77 |
| Medicaid Advantage Plus (MAP) | | | | | | |
| Centers Plan MAP | SS | SS | SS | SS | SS | SS |
| Elderplan | 53▼ | 100 | 99 | 99 | 80 | 78 |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS | SS | SS |
| Fidelis Legacy Plan | 76 | 100 | 100▲ | 98 | 84 | 88 |
| MHI Healthfirst Complete Care | 83▲ | 99▲ | 98 | 97▼ | 81▲ | 83▲ |
| Senior Whole Health | 70 | 100 | 96 | 97 | 85 | 82 |
| VillageCareMAX Total Advantage | 74▲ | 100 | 99 | 99 | 82 | 80 |
| VNS CHOICE Total | 91▲ | 100▲ | 99▲ | 100▲ | 87▲ | 91▲ |
| Fully Integrated Duals Advantage (FIDA) | | | | | | |
| Elderplan FIDA Total Care | 62 | 100 | 97 | 99 | 76 | 76 |
| FIDA Care Complete | SS | SS | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 84▲ | 99 | 98 | 99 | 84 | 83▲ |
| RiverSpring FIDA | SS | SS | SS | SS | SS | SS |
| SWH Whole Health FIDA | 70 | 100 | 99 | 100 | 83 | 85 |
| VNSNY CHOICE FIDA Complete | 92▲ | 99 | 98 | 99 | 85▲ | 91▲ |
| STATEWIDE | 65 | 99 | 97 | 98 | 79 | 78 |

*Risk-adjusted, see Appendix D for more detail.
SS = Sample size too small to report.
▲ Significantly higher (better) than statewide average.
▼ Significantly lower (worse) than statewide average.

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

| Health Plan | Dental Exam | Eye Exam | Hearing Exam | Mammo-gram | No Falls with Injury* | No Emergency Room Visits* |
|---------------------------------|-------------|----------|--------------|------------|-----------------------|---------------------------|
| Partial Capitation | | | | | | |
| Aetna Better Health | 65▲ | 84▲ | 57 | 72▼ | 95 | 96▲ |
| AgeWell New York | 53▼ | 77▼ | 40▼ | 68▼ | 95▼ | 95▲ |
| ArchCare Community Life | 58▼ | 76▼ | 48▼ | 70▼ | 97▲ | 93 |
| Centers Plan for Healthy Living | 51▼ | 78▼ | 49▼ | 87▲ | 95 | 94▲ |
| Elderplan dba Homefirst | 51▼ | 73▼ | 42▼ | 82▲ | 96 | 96▲ |
| ElderServe dba RiverSpring | 62 | 80 | 48▼ | 75▼ | 97▲ | 95▲ |
| Elderwood Health Plan | 52▼ | 72▼ | 35▼ | 69 | 87▼ | 78▼ |
| Empire BCBS HealthPlus MLTC | 71▲ | 85▲ | 68▲ | 87▲ | 97▲ | 94 |
| EverCare Choice | 60 | 71▼ | 47▼ | 80 | 94 | 86▼ |
| Extended MLTC | 57▼ | 80 | 74▲ | 77 | 97▲ | 94 |
| Fallon Health Weinberg | 59 | 69▼ | 39▼ | 68▼ | 93 | 86▼ |
| Fidelis Care | 78▲ | 93▲ | 88▲ | 82▲ | 94▼ | 93▼ |
| Hamaspik Choice | 56▼ | 73▼ | 35▼ | 75 | 95 | 93 |
| iCircle | 60 | 75▼ | 49▼ | 64▼ | 89▼ | 84▼ |
| Independence Care System | 50▼ | 69▼ | 37▼ | 66▼ | 95 | 95 |
| Integra MLTC | 65▲ | 79▼ | 49▼ | 81 | 96 | 94▲ |
| Kalos Health | 47▼ | 62▼ | 34▼ | 60▼ | 92▼ | 83▼ |
| MetroPlus MLTC | 87▲ | 86▲ | 80▲ | 87▲ | 97▲ | 93 |
| Montefiore MLTC | 58 | 83 | 53 | 77 | 94 | 89▼ |
| Nascentia Health Options | 43▼ | 64▼ | 29▼ | 58▼ | 91▼ | 89▼ |
| Prime Health Choice | 67 | 86 | 81▲ | 83 | 94 | 84▼ |
| Senior Health Partners | 61 | 70▼ | 42▼ | 81 | 96 | 94 |
| Senior Network Health | 42▼ | 70▼ | 23▼ | 75 | 94 | 85▼ |
| Senior Whole Health Partial | 74▲ | 89▲ | 66▲ | 80 | 96▲ | 95▲ |
| United Health Personal Assist | 65▲ | 83▲ | 55 | 78 | 97 | 92 |
| VillageCareMAX | 71▲ | 89▲ | 67▲ | 81 | 96 | 94 |
| VNS CHOICE MLTC | 77▲ | 90▲ | 82▲ | 79 | 96▲ | 94 |
| WellCare Advocate Partial | 45▼ | 76▼ | 53 | 68▼ | 93▼ | 93 |

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

| Health Plan | Dental Exam | Eye Exam | Hearing Exam | Mammo-gram | No Falls with Injury* | No Emergency Room Visits* |
|---|-------------|-----------|--------------|------------|-----------------------|---------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | | |
| ArchCare Senior Life | 61 | 64▼ | 85▲ | 70 | 94 | 97 |
| Catholic Health – LIFE | 66 | 76 | 26▼ | 79 | 92 | 94 |
| CenterLight PACE | 58▼ | 80 | 44▼ | 71▼ | 96 | 91▼ |
| Complete Senior Care | 65 | 80 | 27▼ | SS | 94 | 92 |
| Eddy Senior Care | 66 | 82 | 29▼ | 48▼ | 92 | 87▼ |
| ElderONE | 82▲ | 85▲ | 42▼ | 64▼ | 92▼ | 85▼ |
| Fallon Health Weinberg – PACE | 50 | 57▼ | 33▼ | 31▼ | 92 | 94 |
| PACE CNY | 74▲ | 81 | 40▼ | 66▼ | 89▼ | 88▼ |
| Total Senior Care | 41▼ | 79 | 20▼ | 78 | 90 | 84▼ |
| Medicaid Advantage Plus (MAP) | | | | | | |
| Centers Plan MAP | SS | SS | SS | SS | SS | SS |
| Elderplan | 48▼ | 73▼ | 37▼ | 81 | 96 | 96 |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS | SS | SS |
| Fidelis Legacy Plan | 65 | 87 | 66 | SS | 91 | 90 |
| MHI Healthfirst Complete Care | 59▼ | 76▼ | 40▼ | 84▲ | 95 | 92▼ |
| Senior Whole Health | 46 | 70 | 49 | SS | 96 | 97 |
| VillageCareMAX Total Advantage | 66 | 84 | 67▲ | 80 | 97 | 94 |
| VNS CHOICE Total | 80▲ | 92▲ | 85▲ | 85 | 97 | 94 |
| Fully Integrated Duals Advantage (FIDA) | | | | | | |
| Elderplan FIDA Total Care | 39▼ | 60▼ | 26▼ | 76 | 96 | 93 |
| FIDA Care Complete | SS | SS | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 49▼ | 64▼ | 37▼ | 73 | 95 | 91 |
| RiverSpring FIDA | SS | SS | SS | SS | SS | SS |
| SWH Whole Health FIDA | 33▼ | 72 | 40 | SS | 94 | 90 |
| VNSNY CHOICE FIDA Complete | 75▲ | 91▲ | 85▲ | 72 | 97 | 92 |
| STATEWIDE | 62 | 80 | 55 | 79 | 96 | 94 |

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.



Access and Experience of Care

- **Access to Routine Dental Care:** Percentage of members who reported that within the last six months they always got a routine dental appointment as soon as they thought they needed.
- **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.
- **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.

Table 8
Access and Experience of Care

| Health Plan | Access to Routine Dental Care | Same Day Urgent Dental Care | Talked About Appointing for Health Decisions | Document Appointing for Health Decisions | Plan Has Document Appointing for Health Decisions | Plan Asked to See Medicines |
|---------------------------------|-------------------------------|-----------------------------|--|--|---|-----------------------------|
| Partial Capitation | | | | | | |
| Aetna Better Health | 38 | 23 | 74 | 74 | 94▲ | 92 |
| AgeWell New York | 32 | 14▼ | 70 | 59▼ | 92 | 96 |
| ArchCare Community Life | 47 | SS | 75 | 78 | 91 | 99▲ |
| Centers Plan for Healthy Living | 51 | 41 | 85 | 71 | 88 | 93 |
| Elderplan dba Homefirst | 43 | 28 | 83 | 65 | 95▲ | 97 |
| ElderServe dba RiverSpring | 54 | 42 | 73 | 60▼ | 73 | 97 |
| Elderwood Health Plan | SS | SS | 79 | 86▲ | SS | SS |
| Empire BCBS HealthPlus MLTC | 45 | 36 | 78 | 68 | 92 | 94 |
| EverCare Choice | 44 | 18▼ | 80 | 88▲ | 93▲ | 99▲ |
| Extended MLTC | 29▼ | 24 | 76 | 65 | 62▼ | 97 |
| Fallon Health Weinberg | 50 | 24 | 73 | 79▲ | 81 | 93 |
| Fidelis Care | 49 | 24 | 77 | 81▲ | 87 | 94 |
| Hamaspik Choice | 40 | 24 | 74 | 72 | 70▼ | 96 |
| iCircle | 40 | 24 | 76 | 79▲ | 80 | 94 |
| Independence Care System | 33 | 24 | 71 | 61 | 77 | 95 |
| Integra MLTC | 34 | 28 | 78 | 59▼ | 79 | 93 |
| Kalos Health | 53 | 27 | 78 | 94▲ | 94▲ | 96 |
| MetroPlus MLTC | 39 | 28 | 74 | 65 | 77 | 89 |
| Montefiore MLTC | 43 | 28 | 81 | 76 | 75 | 94 |
| Nascentia Health Options | SS | SS | 70 | 91▲ | 87 | 89 |
| Prime Health Choice | SS | SS | 77 | 67 | SS | 98 |
| Senior Health Partners | 41 | 34 | 87▲ | 78 | 80 | 92 |
| Senior Network Health | 41 | 22 | 81 | 87▲ | 93▲ | 97 |
| Senior Whole Health Partial | 36 | 37 | 74 | 59▼ | 83 | 94 |
| United Health Personal Assist | 46 | 42 | 75 | 62 | 81 | 97 |
| VillageCareMAX | 36 | 34 | 79 | 71 | 95▲ | 94 |
| VNS CHOICE MLTC | 40 | 33 | 84 | 81▲ | 89 | 97 |
| WellCare Advocate Partial | 35 | SS | 69 | 62 | SS | 97 |

Table 8 (Continued)
Access and Experience of Care

| Health Plan | Access to Routine Dental Care | Same Day Urgent Dental Care | Talked About Appointing for Health Decisions | Document Appointing for Health Decisions | Plan Has Document Appointing for Health Decisions | Plan Asked to See Medicines |
|---|-------------------------------|-----------------------------|--|--|---|-----------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | | |
| ArchCare Senior Life | 53 | 22 | 83 | 88▲ | 96▲ | 96 |
| Catholic Health – LIFE | 50 | 24 | 88▲ | 94▲ | 98▲ | 97 |
| CenterLight PACE | 40 | 27 | 80 | 77 | 94▲ | 95 |
| Complete Senior Care | SS | SS | 81 | 92▲ | 100▲ | SS |
| Eddy Senior Care | SS | SS | SS | SS | SS | SS |
| ElderONE | 36 | 16▼ | 77 | 90▲ | 97▲ | 94 |
| Fallon Health Weinberg – PACE | SS | SS | SS | SS | SS | SS |
| PACE CNY | 43 | 24 | 77 | 90▲ | 98▲ | 95 |
| Total Senior Care | SS | SS | SS | 87▲ | SS | 97 |
| Medicaid Advantage Plus (MAP) | | | | | | |
| Centers Plan MAP | NS | NS | NS | NS | NS | NS |
| Elderplan | 51 | 39 | 87▲ | 67 | 78 | 97 |
| Empire BCBS HealthPlus MAP | NS | NS | NS | NS | NS | NS |
| Fidelis Legacy Plan | SS | SS | SS | SS | SS | SS |
| MHI Healthfirst Complete Care | 39 | 34 | 89▲ | 80 | 88 | 96 |
| Senior Whole Health | SS | SS | SS | SS | SS | SS |
| VillageCareMAX Total Advantage | 50 | SS | 84 | 63 | SS | 97 |
| VNS CHOICE Total | 52 | 32 | 81 | 70 | 82 | 96 |
| STATEWIDE | 42 | 31 | 79 | 71 | 86 | 95 |

FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.

NS = Not surveyed.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Performance Over Time

Overview

Twice each year, the NYSDOH creates summary reports containing descriptive information about members' status based on January through June and July through 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. This performance over-time analysis examined Functioning and Activities of Daily Living, and Quality of Life and Effectiveness of Care, for MLTC plan members based on CHAs completed for the included enrollment periods.

Outcome Definition

One of the primary objectives of long-term care is to improve or stabilize functional status, with stabilization being the most likely outcome for this population. For this reason, a positive over-time measure outcome is defined as a member demonstrating either improvement or stability in level of functioning/symptoms over the measurement period.

Cohort Definition

To evaluate member level changes over a 12-month period, three CHA datasets were matched at the member level. These three matched datasets were assessments conducted for: 1) The *current-year* (January through June 2019 enrollment period); 2) The *mid-year* (July through December 2018 enrollment period); and 3) The *base-year* (January through June 2018 enrollment period). A two-round matching algorithm was implemented to match members in the current-year dataset to either the base or mid-year dataset using two unique identifiers: the member's Medicaid identification number and the plan identification number. Nursing home assessments and initial assessments were excluded from the current-year dataset.

In the first round of matching, members in the current-year dataset were matched to the base-year dataset. In the second round, those members who were not found in the base-year dataset were matched to the mid-year dataset. After the two rounds of matching, members were included in the analysis if they had 6 to 13 months between assessments, and were continuously enrolled with the same plan between the matched assessments. Medicaid capitation payments were used to determine continuous enrollment.

Outcome Measurement

For all over-time measures, the mid/base-year value was compared to the corresponding current-year value by calculating a change score (mid/base-year value minus current-year value). If either the mid/base-year or current-year values were missing, the change score was excluded from the analysis.

For measures with a narrow range of possible scores, an increase of one or the same result is considered stable or improved. For measures with a wide range of possible scores, a small increase or decrease in score may not represent a very meaningful change in functioning/symptoms. For the three measures with wide ranges of possible scores, the threshold for stability or improvement is given in the measure descriptions. A maximum level of dependence on both assessments is not considered stable or improved for any over-time measure. For all over-time measures, a higher rate indicates better performance.

As indicated in the measure descriptions, some over-time measures were risk adjusted. 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 D) of this report.



Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in NFLOC score. An increase of up to four, the same, or a decrease in the NFLOC from the previous to the most recent assessment is considered stable or improved. However, a NFLOC score of 48 (maximum) on both assessments is not considered stable or improved.
- **Activities of Daily Living (ADL):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in ADL function. An increase of up to two, the same, or a decrease in the ADL composite from the previous to the most recent assessment is considered stable or improved. However, an ADL composite of 18 (maximum) on both assessments is not considered stable or improved.
- **Instrumental Activities of Daily Living (IADL):** Percentage of members who remained stable or demonstrated improvement in IADL function. An increase of up to three, the same, or a decrease in the IADL composite from the previous to the most recent assessment is considered stable or improved. However, an IADL composite of 30 (maximum) on both assessments is not considered stable or improved.
- **Locomotion:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in locomotion.
- **Bathing:** Percentage of members who remained stable or demonstrated improvement in bathing.
- **Toilet Transfer:** Percentage of members who remained stable or demonstrated improvement in toilet transfer.
- **Dressing Upper Body:** Percentage of members who remained stable or demonstrated improvement in dressing upper body.

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- **Dressing Lower Body:** Percentage of members who remained stable or demonstrated improvement in dressing lower body.
 - **Toileting:** Percentage of members who remained stable or demonstrated improvement in toilet use.
 - **Eating:** Percentage of members who remained stable or demonstrated improvement in eating.
 - **Urinary Continence:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence.
 - **Medication Administration:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in managing medications.

Table 9
Functioning and Activities of Daily Living

| Health Plan | NFLOC* | ADL* | IADL | Loco- motion* | Bathing | Toilet Transfer |
|---------------------------------|--------|------|------|------------------|---------|--------------------|
| Partial Capitation | | | | | | |
| Aetna Better Health | 92 | 90 | 94▲ | 72▼ | 81 | 75▼ |
| AgeWell New York | 92 | 90 | 94▲ | 71▼ | 80▼ | 75▼ |
| ArchCare Community Life | 89▼ | 91 | 92 | 73▼ | 77▼ | 72▼ |
| Centers Plan for Healthy Living | 94▲ | 92▲ | 92 | 79▲ | 89▲ | 88▲ |
| Elderplan dba Homefirst | 94▲ | 94▲ | 98▲ | 84▲ | 88▲ | 85▲ |
| ElderServe dba RiverSpring | 93▲ | 92▲ | 95▲ | 81▲ | 86▲ | 84▲ |
| Elderwood Health Plan | 87 | 93 | 83 | 78 | 75 | 72 |
| Empire BCBS HealthPlus MLTC | 92 | 91 | 89▼ | 75 | 77▼ | 70▼ |
| EverCare Choice | 89 | 93 | 83▼ | 84▲ | 69▼ | 72▼ |
| Extended MLTC | 95▲ | 96▲ | 96▲ | 91▲ | 91▲ | 90▲ |
| Fallon Health Weinberg | 68▼ | 79▼ | 76▼ | 56▼ | 67▼ | 51▼ |
| Fidelis Care | 84▼ | 83▼ | 89▼ | 67▼ | 75▼ | 67▼ |
| Hamaspik Choice | 88▼ | 88 | 91 | 76 | 72▼ | 75▼ |
| iCircle | 81▼ | 84▼ | 80▼ | 71▼ | 73▼ | 68▼ |
| Independence Care System | 92 | 91 | 93 | 77 | 72▼ | 74▼ |
| Integra MLTC | 90▼ | 91 | 87▼ | 80▲ | 79▼ | 77▼ |
| Kalos Health | 91 | 93 | 80▼ | 86▲ | 74▼ | 80 |
| MetroPlus MLTC | 92 | 90 | 94 | 73 | 85 | 75 |
| Montefiore MLTC | 91 | 90 | 94 | 75 | 81 | 75▼ |
| Nascentia Health Options | 88▼ | 90 | 81▼ | 85▲ | 78▼ | 75▼ |
| Prime Health Choice | 95 | 96 | 96 | 86▲ | 85 | 82 |
| Senior Health Partners | 90▼ | 89▼ | 95▲ | 74▼ | 79▼ | 77 |
| Senior Network Health | 93 | 95 | 81▼ | 93▲ | 83 | 87▲ |
| Senior Whole Health Partial | 91 | 88▼ | 91▼ | 70▼ | 79▼ | 73▼ |
| United Health Personal Assist | 89▼ | 91 | 94 | 79 | 82 | 77 |
| VillageCareMAX | 89▼ | 86▼ | 93 | 70▼ | 78▼ | 73▼ |
| VNS CHOICE MLTC | 95▲ | 92▲ | 95▲ | 79▲ | 82 | 81▲ |
| WellCare Advocate Partial | 91 | 88▼ | 90▼ | 76 | 73▼ | 76▼ |

Table 9 (Continued)
Functioning and Activities of Daily Living

| Health Plan | NFLOC* | ADL* | IADL | Loco- motion* | Bathing | Toilet Transfer |
|---|-----------|-----------|-----------|------------------|-----------|--------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | | |
| ArchCare Senior Life | 93 | 92 | 88 | 83▲ | 76▼ | 79 |
| Catholic Health – LIFE | 92 | 100▲ | 72▼ | 97▲ | 75 | 79 |
| CenterLight PACE | 92 | 90 | 86▼ | 84▲ | 76▼ | 79 |
| Complete Senior Care | 93 | 100▲ | SS | 100▲ | 81 | 90 |
| Eddy Senior Care | 83▼ | 82▼ | 67▼ | 88 | 79 | 82 |
| ElderONE | 88 | 93 | 82▼ | 93▲ | 77 | 78 |
| Fallon Health Weinberg – PACE | 92 | 100▲ | 62▼ | 94▲ | 79 | 74 |
| PACE CNY | 93 | 95▲ | 75▼ | 96▲ | 79 | 82 |
| Total Senior Care | 93 | 94 | 70▼ | 100▲ | 82 | 83 |
| Medicaid Advantage Plus (MAP) | | | | | | |
| Centers Plan MAP | SS | SS | SS | SS | SS | SS |
| Elderplan | 94 | 94▲ | 98▲ | 83▲ | 90▲ | 84▲ |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS | SS | SS |
| Fidelis Legacy Plan | 78▼ | 75▼ | SS | 59 | 63▼ | 56▼ |
| MHI Healthfirst Complete Care | 93 | 90 | 95▲ | 76 | 84▲ | 80 |
| Senior Whole Health | 89 | 92 | 93 | 78 | 76 | 73 |
| VillageCareMAX Total Advantage | 92 | 87 | 94 | 73 | 77 | 77 |
| VNS CHOICE Total | 96▲ | 92 | 98▲ | 80 | 86▲ | 82 |
| Fully Integrated Duals Advantage (FIDA) | | | | | | |
| Elderplan FIDA Total Care | 94 | 97▲ | 99 | 81 | 90▲ | 86 |
| FIDA Care Complete | SS | SS | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 89 | 90 | 94 | 73 | 73▼ | 75 |
| RiverSpring FIDA | SS | SS | SS | SS | SS | SS |
| SWH Whole Health FIDA | 90 | 88 | 95 | 72 | 72 | 81 |
| VNSNY CHOICE FIDA Complete | 96▲ | 92 | 96 | 80 | 80 | 83 |
| STATEWIDE | 91 | 90 | 92 | 77 | 82 | 79 |

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Table 9 (Continued)
Functioning and Activities of Daily Living

| Health Plan | Dressing Upper Body | Dressing Lower Body | Toileting | Eating | Urinary Continence* | Medication Adminis- tration* |
|---------------------------------|---------------------------|---------------------------|-----------|--------|------------------------|------------------------------------|
| Partial Capitation | | | | | | |
| Aetna Better Health | 81 | 79 | 71▼ | 85▲ | 85 | 73 |
| AgeWell New York | 80▼ | 78▼ | 72▼ | 87▲ | 84▼ | 75▲ |
| ArchCare Community Life | 80 | 77▼ | 65▼ | 80▼ | 83 | 72 |
| Centers Plan for Healthy Living | 89▲ | 88▲ | 87▲ | 87▲ | 84▼ | 71▼ |
| Elderplan dba Homefirst | 88▲ | 88▲ | 83▲ | 91▲ | 87▲ | 83▲ |
| ElderServe dba RiverSpring | 87▲ | 86▲ | 83▲ | 87▲ | 86 | 82▲ |
| Elderwood Health Plan | 75 | 62▼ | 72 | 78 | 82 | 84 |
| Empire BCBS HealthPlus MLTC | 79▼ | 78▼ | 62▼ | 72▼ | 92▲ | 68▼ |
| EverCare Choice | 73▼ | 63▼ | 63▼ | 77▼ | 86 | 87▲ |
| Extended MLTC | 89▲ | 89▲ | 87▲ | 88▲ | 84 | 83▲ |
| Fallon Health Weinberg | 73▼ | 65▼ | 50▼ | 75▼ | 79▼ | 67▼ |
| Fidelis Care | 73▼ | 74▼ | 62▼ | 69▼ | 85 | 69▼ |
| Hamaspik Choice | 76▼ | 71▼ | 63▼ | 73▼ | 89▲ | 68▼ |
| iCircle | 70▼ | 70▼ | 65▼ | 75▼ | 79▼ | 61▼ |
| Independence Care System | 75▼ | 68▼ | 66▼ | 82 | 81▼ | 74 |
| Integra MLTC | 82 | 79▼ | 75 | 79▼ | 85 | 61▼ |
| Kalos Health | 77▼ | 73▼ | 75 | 85 | 80▼ | 71 |
| MetroPlus MLTC | 85 | 84 | 72 | 78▼ | 89▲ | 79▲ |
| Montefiore MLTC | 81 | 76▼ | 79 | 87▲ | 78▼ | 81▲ |
| Nascentia Health Options | 73▼ | 71▼ | 67▼ | 77▼ | 84 | 70▼ |
| Prime Health Choice | 82 | 81 | 80 | 85 | 88 | 80 |
| Senior Health Partners | 81 | 80 | 74 | 83 | 84▼ | 75 |
| Senior Network Health | 82 | 77 | 84▲ | 93▲ | 82 | 70 |
| Senior Whole Health Partial | 78▼ | 79▼ | 64▼ | 81▼ | 86 | 71▼ |
| United Health Personal Assist | 83 | 81 | 71▼ | 81 | 84 | 77 |
| VillageCareMAX | 79▼ | 80 | 72▼ | 83 | 82▼ | 72▼ |
| VNS CHOICE MLTC | 83 | 79▼ | 76 | 82 | 92▲ | 81▲ |
| WellCare Advocate Partial | 76▼ | 74▼ | 61▼ | 76▼ | 81▼ | 69▼ |

Table 9 (Continued)
Functioning and Activities of Daily Living

| Health Plan | Dressing Upper Body | Dressing Lower Body | Toileting | Eating | Urinary Continence* | Medication Adminis- tration* |
|---|---------------------------|---------------------------|-----------|-----------|------------------------|------------------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | | |
| ArchCare Senior Life | 79 | 77 | 78 | 87 | 87 | 74 |
| Catholic Health – LIFE | 73▼ | 71▼ | 77 | 82 | 82 | 59▼ |
| CenterLight PACE | 78▼ | 74▼ | 74 | 83 | 81▼ | 75 |
| Complete Senior Care | 79 | 78 | 90▲ | 92 | 74 | 84 |
| Eddy Senior Care | 71▼ | 66▼ | 82 | 88 | 73▼ | 65 |
| ElderONE | 78 | 74▼ | 80 | 86 | 82 | 68 |
| Fallon Health Weinberg – PACE | 79 | 75 | 72 | 88 | 87 | 51▼ |
| PACE CNY | 77 | 75 | 77 | 85 | 82 | 63▼ |
| Total Senior Care | 74 | 70 | 82 | 89 | 85 | 66 |
| Medicaid Advantage Plus (MAP) | | | | | | |
| Centers Plan MAP | SS | SS | SS | SS | SS | SS |
| Elderplan | 88▲ | 89▲ | 86▲ | 94▲ | 88 | 82▲ |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS | SS | SS |
| Fidelis Legacy Plan | 59▼ | 63▼ | 48▼ | 69 | 82 | 61 |
| MHI Healthfirst Complete Care | 85▲ | 84▲ | 79▲ | 89▲ | 83▼ | 75 |
| Senior Whole Health | 74 | 81 | 67 | 78 | 91 | 81 |
| VillageCareMAX Total Advantage | 80 | 76 | 71 | 86 | 85 | 76 |
| VNS CHOICE Total | 86 | 84 | 79 | 84 | 91▲ | 81▲ |
| Fully Integrated Duals Advantage (FIDA) | | | | | | |
| Elderplan FIDA Total Care | 87 | 86 | 81 | 92▲ | 84 | 78 |
| FIDA Care Complete | SS | SS | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 78 | 75▼ | 69 | 80 | 78▼ | 78 |
| RiverSpring FIDA | SS | SS | SS | SS | SS | SS |
| SWH Whole Health FIDA | 72 | 70 | 68 | 77 | 77 | 72 |
| VNSNY CHOICE FIDA Complete | 84 | 79 | 75 | 81 | 94▲ | 82▲ |
| STATEWIDE | 82 | 81 | 75 | 83 | 85 | 74 |

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.



Quality of Life and Effectiveness of Care

- **Cognition:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in cognition.
- **Communication:** Percentage of members who remained stable or demonstrated improvement in communication.
- **Pain Intensity:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity.
- **Mood:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in mood.
- **Shortness of Breath:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath.

Table 10
Quality of Life and Effectiveness of Care

| Health Plan | Cognition* | Communi- cation | Pain Intensity* | Mood* | Shortness of Breath* |
|---------------------------------|------------|--------------------|--------------------|-------|-------------------------|
| Partial Capitation | | | | | |
| Aetna Better Health | 83▲ | 83▼ | 90▼ | 89▲ | 93▼ |
| AgeWell New York | 85▲ | 89▲ | 90▼ | 87 | 94 |
| ArchCare Community Life | 75▼ | 79▼ | 93 | 88 | 96 |
| Centers Plan for Healthy Living | 79▼ | 85▲ | 93▲ | 85▼ | 95▲ |
| Elderplan dba Homefirst | 86▲ | 86 | 95▲ | 88▲ | 96▲ |
| ElderServe dba RiverSpring | 85▲ | 88▲ | 93▲ | 84▼ | 95 |
| Elderwood Health Plan | 87 | 88 | 80▼ | 85 | 87▼ |
| Empire BCBS HealthPlus MLTC | 79 | 75▼ | 92 | 88▲ | 96▲ |
| EverCare Choice | 80 | 80 | 91 | 91▲ | 97 |
| Extended MLTC | 86▲ | 89▲ | 92 | 93▲ | 93 |
| Fallon Health Weinberg | 69▼ | 82 | 90 | 78▼ | 88▼ |
| Fidelis Care | 81 | 81▼ | 92 | 86 | 94 |
| Hamaspik Choice | 78 | 82 | 90▼ | 82▼ | 96▲ |
| iCircle | 70▼ | 79▼ | 84▼ | 76▼ | 83▼ |
| Independence Care System | 88▲ | 83 | 85▼ | 88 | 89▼ |
| Integra MLTC | 81 | 89▲ | 92 | 84▼ | 93▼ |
| Kalos Health | 88▲ | 90▲ | 86▼ | 85 | 88▼ |
| MetroPlus MLTC | 82 | 85 | 95▲ | 88 | 93 |
| Montefiore MLTC | 83 | 90▲ | 83▼ | 82▼ | 85▼ |
| Nascentia Health Options | 82 | 81▼ | 90▼ | 83▼ | 88▼ |
| Prime Health Choice | 88 | 95▲ | 95 | 90 | 98 |
| Senior Health Partners | 77▼ | 83 | 92 | 87 | 94 |
| Senior Network Health | 90▲ | 90 | 88 | 81 | 94 |
| Senior Whole Health Partial | 79▼ | 87▲ | 94▲ | 89▲ | 97▲ |
| United Health Personal Assist | 86▲ | 88▲ | 89▼ | 86 | 84▼ |
| VillageCareMAX | 77▼ | 82▼ | 92 | 85 | 95 |
| VNS CHOICE MLTC | 83▲ | 81▼ | 95▲ | 88▲ | 98▲ |
| WellCare Advocate Partial | 79▼ | 78▼ | 92 | 85 | 94 |

Table 10 (Continued)
Quality of Life and Effectiveness of Care

| Health Plan | Cognition* | Communi- cation | Pain Intensity* | Mood* | Shortness of Breath* |
|---|------------|--------------------|--------------------|-----------|-------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | |
| ArchCare Senior Life | 84 | 84 | 98▲ | 90 | 98▲ |
| Catholic Health – LIFE | 86 | 81 | 81▼ | 79 | 82▼ |
| CenterLight PACE | 87▲ | 85 | 90▼ | 87 | 93 |
| Complete Senior Care | 80 | 78 | 87 | 76 | 89 |
| Eddy Senior Care | 67▼ | 66▼ | 93 | 73▼ | 91 |
| ElderONE | 83 | 81 | 88▼ | 67▼ | 92 |
| Fallon Health Weinberg – PACE | 87 | 71▼ | 97 | 81 | 96 |
| PACE CNY | 86 | 84 | 91 | 74▼ | 96 |
| Total Senior Care | 86 | 81 | 83 | 72▼ | 86▼ |
| Medicaid Advantage Plus (MAP) | | | | | |
| Centers Plan MAP | SS | SS | SS | SS | SS |
| Elderplan | 87▲ | 87 | 95▲ | 87 | 97▲ |
| Empire BCBS HealthPlus MAP | SS | SS | SS | SS | SS |
| Fidelis Legacy Plan | 60▼ | 67▼ | 88 | 81 | 87 |
| MHI Healthfirst Complete Care | 77▼ | 88▲ | 91 | 84▼ | 93▼ |
| Senior Whole Health | 86 | 76 | 96 | 93 | 97 |
| VillageCareMAX Total Advantage | 84 | 86 | 91 | 90 | 97 |
| VNS CHOICE Total | 85 | 82 | 96▲ | 90 | 98▲ |
| Fully Integrated Duals Advantage (FIDA) | | | | | |
| Elderplan FIDA Total Care | 91▲ | 85 | 96 | 86 | 95 |
| FIDA Care Complete | SS | SS | SS | SS | SS |
| Healthfirst AbsoluteCare FIDA | 79 | 82 | 91 | 86 | 92 |
| RiverSpring FIDA | SS | SS | SS | SS | SS |
| SWH Whole Health FIDA | 73 | 79 | 93 | 86 | 97 |
| VNSNY CHOICE FIDA Complete | 84 | 80▼ | 95 | 90 | 98▲ |
| STATEWIDE | 81 | 85 | 92 | 86 | 94 |

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) 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. MLTC enrollment, based on capitation payments, was used to identify eligible enrollees as those with four months or greater continuous enrollment periods in a MLTC plan from April through December 2018. July through December 2018 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. CHA 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 PAHs were summed by plan to create the plan numerator and overall to create the statewide numerator. Plan days for members with plan enrollment of greater than 90 days, were 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 potentially avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. PAH rates were risk-adjusted. (Please refer to Appendix D 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 11
Potentially Avoidable Hospitalizations

| Health Plan | Risk-Adjusted Rate* |
|---------------------------------|---------------------|
| Partial Capitation | |
| Aetna Better Health | 2.93 |
| AgeWell New York | 2.48▼ |
| ArchCare Community Life | 2.77 |
| Centers Plan for Healthy Living | 2.44▼ |
| Elderplan dba Homefirst | 2.70 |
| ElderServe dba RiverSpring | 2.52▼ |
| Elderwood Health Plan | 3.13 |
| Empire BCBS HealthPlus MLTC | 2.84 |
| EverCare Choice | 3.39 |
| Extended MLTC | 2.78 |
| Fallon Health Weinberg | 2.31 |
| Fidelis Care | 2.92 |
| Hamaspik Choice | 3.13 |
| iCircle | 3.16 |
| Independence Care System | 3.23▲ |
| Integra MLTC | 2.52▼ |
| Kalos Health | 2.63 |
| MetroPlus MLTC | 2.80 |
| Montefiore MLTC | 3.21 |
| Nascentia Health Options | 3.97▲ |
| Prime Health Choice | 3.89 |
| Senior Health Partners | 2.83 |
| Senior Network Health | 4.88▲ |
| Senior Whole Health Partial | 2.74 |
| United Health Personal Assist | 2.93 |
| VillageCareMAX | 2.23▼ |
| VNS CHOICE MLTC | 3.22▲ |
| WellCare Advocate Partial | 2.93 |

| Health Plan | Risk-Adjusted Rate* |
|---|---------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | |
| ArchCare Senior Life | 2.55 |
| Catholic Health – LIFE | 1.03 |
| CenterLight PACE | 2.78 |
| Complete Senior Care | 3.91 |
| Eddy Senior Care | 3.15 |
| ElderONE | 2.21 |
| Fallon Health Weinberg – PACE | 2.43 |
| PACE CNY | 2.79 |
| Total Senior Care | 0.00▼ |
| Medicaid Advantage Plus (MAP) | |
| Centers Plan MAP | SS |
| Elderplan | 2.99 |
| Empire BCBS HealthPlus MAP | SS |
| Fidelis Legacy Plan | 4.13 |
| MHI Healthfirst Complete Care | 2.52 |
| Senior Whole Health | 1.20 |
| VillageCareMAX Total Advantage | 2.46 |
| VNS CHOICE Total | 2.44 |
| Fully Integrated Duals Advantage (FIDA) | |
| Elderplan FIDA Total Care | 2.87 |
| FIDA Care Complete | SS |
| Healthfirst AbsoluteCare FIDA | 3.05 |
| RiverSpring FIDA | SS |
| SWH Whole Health FIDA | 3.54 |
| VNSNY CHOICE FIDA Complete | 2.90 |
| STATEWIDE | 2.76 |

*Risk-adjusted plan rate multiplied by 10,000 member days.
 SS = Sample size too small to report.
 ▲ Significantly higher (worse) than statewide average.
 ▼ Significantly lower (better) than statewide average.

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 2019 survey was mailed to members in February 2019 and completed by August 2019. Beginning in 2015, all statewide satisfaction survey results are weighted to account for unequal plan sizes. Weighting by plan eligible population allows larger plans to contribute more and smaller plans to contribute less to the statewide average, which yields a more accurate statewide result.

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 21,415 surveys that were mailed, 1,338 were returned as undeliverable, yielding an adjusted population of

20,077. Of the 20,077 surveys that reached enrollees, a total of 4,639 surveys were completed, with an overall response rate of 23 percent. Response rates for plans ranged from about 14 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 12. (Please refer to Appendix D for more detailed information on risk adjustment.) It should be noted that some plans were not operational at the time of survey sample selection or did not have enrollees eligible for the survey. Accordingly, some plans included in the table are marked as "NS" (Not Surveyed). Beginning in 2015, six measures on Access and Experience of Care from the satisfaction survey have been moved to the plan performance measure area (Table 8). FIDA plans are not part of the NYSDOH sponsored member satisfaction survey. Satisfaction survey data for plans that merged after the survey was administered are analyzed as one plan.



Satisfaction with the Experience of Care

- **Rating of Health Plan:** Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent.
- **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/registered 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/personal assistant 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/personal assistant services were usually or always on time.
- **Timeliness Composite:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse/registered nurse, or covering/on-call nurse services were usually or always on time.
- **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.
- **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 12
Satisfaction with the Experience of Care

| Health Plan | Rating of Health Plan* | Rating of Dentist* | Rating of Care Manager* | Rating of Regular Visiting Nurse* | Rating of Home Health Aide* | Rating of Transportation Services* |
|---------------------------------|------------------------|--------------------|-------------------------|-----------------------------------|-----------------------------|------------------------------------|
| Partial Capitation | | | | | | |
| Aetna Better Health | 90 | 75 | 82 | 85 | 91 | 78 |
| AgeWell New York | 90 | 70 | 87 | 91 | 91 | 77 |
| ArchCare Community Life | 87 | 74 | 78 | 82 | 94 | 81 |
| Centers Plan for Healthy Living | 92 | 74 | 89 | 89 | 98▲ | 81 |
| Elderplan dba Homefirst | 94▲ | 79 | 87 | 90 | 93 | 76 |
| ElderServe dba RiverSpring | 94▲ | 77 | 93▲ | 94▲ | 98▲ | 85 |
| Elderwood Health Plan | SS | SS | SS | SS | SS | SS |
| Empire BCBS HealthPlus MLTC | 91 | 82 | 89 | 88 | 94 | 73 |
| EverCare Choice | 92 | 79 | 92▲ | 90 | 92 | 94▲ |
| Extended MLTC | 90 | 69 | 85 | 86 | 93 | 72 |
| Fallon Health Weinberg | 92 | 86▲ | 83 | 85 | 90 | 76 |
| Fidelis Care | 87 | 79 | 82 | 86 | 92 | 74 |
| Hamaspik Choice | 91 | 81 | 93▲ | 95▲ | 91 | 77 |
| iCircle | 92 | 87▲ | 87 | 92 | 90 | 83 |
| Independence Care System | 86 | 70 | 80 | 84 | 93 | 82 |
| Integra MLTC | 88 | 69 | 85 | 85 | 94 | 81 |
| Kalos Health | 89 | 78 | 84 | 86 | 85 | 81 |
| MetroPlus MLTC | 87 | 82 | 84 | 81 | 95 | 80 |
| Montefiore MLTC | 91 | 59▼ | 87 | 86 | 87 | 81 |
| Nascentia Health Options | 82 | 79 | 78 | 85 | 91 | 84 |
| Prime Health Choice | 92 | SS | 90 | 84 | 93 | 83 |
| Senior Health Partners | 88 | 70 | 82 | 87 | 88 | 87 |
| Senior Network Health | 92 | 83 | 89 | 94▲ | 96▲ | 91▲ |
| Senior Whole Health Partial | 88 | 72 | 85 | 89 | 93 | 83 |
| United Health Personal Assist | 89 | 80 | 90 | 82 | 92 | 70 |
| VillageCareMAX | 83 | 70 | 86 | 89 | 95 | 76 |
| VNS CHOICE MLTC | 79▼ | 75 | 75▼ | 80 | 87 | 78 |
| WellCare Advocate Partial | 88 | 67 | 87 | 87 | 88 | 75 |

Table 12 (Continued)
Satisfaction with the Experience of Care

| Health Plan | Rating of Health Plan* | Rating of Dentist* | Rating of Care Manager* | Rating of Regular Visiting Nurse* | Rating of Home Health Aide* | Rating of Transportation Services* |
|---|------------------------|--------------------|-------------------------|-----------------------------------|-----------------------------|------------------------------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | | | |
| ArchCare Senior Life | 86 | 68 | 83 | 87 | 90 | 80 |
| Catholic Health – LIFE | 92 | 81 | 92 | 94▲ | 95 | 70 |
| CenterLight PACE | 90 | 64▼ | 85 | 90 | 95 | 76 |
| Complete Senior Care | SS | SS | SS | SS | SS | SS |
| Eddy Senior Care | SS | SS | SS | SS | SS | SS |
| ElderONE | 80▼ | 80 | 81 | 88 | 84▼ | 68▼ |
| Fallon Health Weinberg – PACE | SS | SS | SS | SS | SS | SS |
| PACE CNY | 88 | 86▲ | 85 | 88 | 84▼ | 84 |
| Total Senior Care | SS | SS | SS | SS | SS | SS |
| Medicaid Advantage Plus (MAP) | | | | | | |
| Centers Plan MAP | NS | NS | NS | NS | NS | NS |
| Elderplan | 93▲ | 73 | 89 | 91 | 93 | 75 |
| Empire BCBS HealthPlus MAP | NS | NS | NS | NS | NS | NS |
| Fidelis Legacy Plan | SS | SS | SS | SS | SS | SS |
| MHI Healthfirst Complete Care | 86 | 77 | 87 | 81 | 95 | 88▲ |
| Senior Whole Health | SS | SS | SS | SS | SS | SS |
| VillageCareMAX Total Advantage | 93 | 72 | 84 | 86 | 93 | 72 |
| VNS CHOICE Total | 86 | 74 | 84 | 75▼ | 97▲ | 79 |
| STATEWIDE | 89 | 76 | 86 | 87 | 92 | 79 |

*Risk-adjusted, see Appendix D for more detail.
 FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.
 NS = Not surveyed.
 SS = Sample size too small to report.
 ▲ Significantly higher (better) than statewide average.
 ▼ Significantly lower (worse) than statewide average.

Table 12 (Continued)
Satisfaction with the Experience of Care

| Health Plan | Timeliness of Home Health Aide* | Timeliness Composite* | Involved in Decisions* | Manage Illness* |
|---------------------------------|---------------------------------|-----------------------|------------------------|-----------------|
| Partial Capitation | | | | |
| Aetna Better Health | 95 | 85 | 82 | 87 |
| AgeWell New York | 98 | 88 | 84 | 83 |
| ArchCare Community Life | 95 | 86 | 85 | 83 |
| Centers Plan for Healthy Living | 100▲ | 90 | 80 | 88 |
| Elderplan dba Homefirst | 97 | 90 | 83 | 83 |
| ElderServe dba RiverSpring | 98 | 90 | 82 | 90 |
| Elderwood Health Plan | SS | SS | 93▲ | SS |
| Empire BCBS HealthPlus MLTC | 99▲ | 90 | 83 | 84 |
| EverCare Choice | 98▲ | 91▲ | 85 | 90 |
| Extended MLTC | 97 | 87 | 82 | 85 |
| Fallon Health Weinberg | 91 | 83 | 89▲ | 86 |
| Fidelis Care | 94 | 85 | 86 | 85 |
| Hamaspik Choice | 97 | 90 | 86 | 87 |
| iCircle | 92 | 87 | 84 | 88 |
| Independence Care System | 100▲ | 87 | 80 | 88 |
| Integra MLTC | 98 | 87 | 84 | 90 |
| Kalos Health | 90 | 85 | 84 | 89 |
| MetroPlus MLTC | 96 | 85 | 77 | 85 |
| Montefiore MLTC | 94 | 87 | 88 | 90 |
| Nascentia Health Options | 91 | 84 | 87 | 74 |
| Prime Health Choice | 98 | 95▲ | 85 | 87 |
| Senior Health Partners | 99▲ | 85 | 78 | 85 |
| Senior Network Health | 99▲ | 91▲ | 89▲ | 89 |
| Senior Whole Health Partial | 99▲ | 90▲ | 87 | 85 |
| United Health Personal Assist | 100▲ | 85 | 78 | 82 |
| VillageCareMAX | 99▲ | 88 | 81 | 74▼ |
| VNS CHOICE MLTC | 98 | 84 | 77 | 75▼ |
| WellCare Advocate Partial | 91 | 78▼ | 78 | 92 |

Table 12 (Continued)
Satisfaction with the Experience of Care

| Health Plan | Timeliness of Home Health Aide* | Timeliness Composite* | Involved in Decisions* | Manage Illness* |
|---|---------------------------------|-----------------------|------------------------|-----------------|
| Program of All-Inclusive Care for the Elderly (PACE) | | | | |
| ArchCare Senior Life | 93 | 85 | 73▼ | 86 |
| Catholic Health – LIFE | 93 | 91 | 88 | 88 |
| CenterLight PACE | 96 | 91▲ | 71▼ | 92▲ |
| Complete Senior Care | SS | SS | 76 | SS |
| Eddy Senior Care | SS | SS | SS | SS |
| ElderONE | 88▼ | 88 | 73▼ | 87 |
| Fallon Health Weinberg – PACE | SS | SS | SS | SS |
| PACE CNY | 87▼ | 82▼ | 79 | 91 |
| Total Senior Care | SS | SS | SS | SS |
| Medicaid Advantage Plus (MAP) | | | | |
| Centers Plan MAP | NS | NS | NS | NS |
| Elderplan | 95 | 90▲ | 87▲ | 85 |
| Empire BCBS HealthPlus MAP | NS | NS | NS | NS |
| Fidelis Legacy Plan | SS | SS | SS | SS |
| MHI Healthfirst Complete Care | 100▲ | 86 | 87 | 88 |
| Senior Whole Health | SS | SS | SS | SS |
| VillageCareMAX Total Advantage | 95 | 88 | 86 | 88 |
| VNS CHOICE Total | 98▲ | 80▼ | 80 | 80 |
| STATEWIDE | 95 | 87 | 82 | 86 |

*Risk-adjusted, see Appendix D for more detail.
 FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.
 NS = Not surveyed.
 SS = Sample size too small to report.
 ▲ Significantly higher (better) than statewide average.
 ▼ Significantly lower (worse) than statewide average.

Appendix A: Managed Long-Term Care Covered Services

| List of Services | Partial Capitation | PACE | MAP | FIDA |
|--|--------------------|--------|-----|------|
| Adult Day Health Care | ● | ● | ● | ■ |
| Audiology/Hearing Aids | ● | ● | ● | ■ |
| Care 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 | ● | ● | ● | ■ |
| 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.

■: Covered through the blended Medicare-Medicaid premium.

Appendix B: Region Definitions

| Region | Counties |
|----------------------|--|
| Central | Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins |
| Hudson Valley | Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester |
| Long Island | Nassau, Suffolk |
| Northeast | Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington |
| New York City | Bronx, Kings, New York, Queens, Richmond |
| Western | Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates |

Appendix C: UAS-NY CHA Measure Descriptions

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|---|--|--------------------------------------|---|--|
| Table 2: 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 |
| | | Statewide prevalence | 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 |
| | | Statewide prevalence | 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 | |

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|--|--------------------------------------|------------|---|---|
| Table 4: 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 over 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 over 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 over 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 over 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 managed their medications independently | All members |

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|---|---|------------|--|--|
| Table 5: Continence, Neurological, and Behavioral Status | Urinary continence (Section G) | Prevalence | Members who were continent, had control with any catheter or ostomy, or were 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 bowel 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 (CPS2) indicated intact functioning. The CPS2 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) | All members |
| Table 6: Living Arrangement and Emotional Status | Living arrangement (Section A) | Prevalence | Members who lived alone | All members |
| | Self-reported anxious feelings (Section D) | Prevalence | Members who reported no anxious, restless, or uneasy feelings | All members except those who could not (would not) respond |
| | Self-reported depressed feelings (Section D) | Prevalence | Members who reported no sad, depressed, or hopeless feelings | All members except those who could not (would not) respond |

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|---|--|---|---|-----------------------------|
| Table 7: 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 |
| | Pain frequency and pain control (Section I) | Risk-adjusted prevalence | Members who did not experience uncontrolled pain | All members |
| | Lonely, social activities, time alone, stressors, self-reported depressed feelings, and withdrawal (Section D & E) | Risk-adjusted prevalence | Members who were not lonely or 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 | All members |
| | Influenza vaccine (Section L) | Prevalence | Members who received an influenza vaccine in the 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 in the last year | All members |
| | Eye exam (Section L) | Prevalence | Members who received an eye exam in the last year | All members |
| | Hearing exam (Section L) | Prevalence | Members who received a hearing exam in the last two years | All members |
| Breast exam (Section L) | Prevalence | Female members ages 50-74 who received a mammogram or breast exam in the last 2 years | All female members ages 50-74 | |

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|---|--|--------------------------|--|--|
| Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits (Continued) | Number of falls in the last 90 days that resulted in major, minor, or no injury. (Section I) | Risk-adjusted prevalence | Members who did not experience falls that resulted in major or minor injury 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 9: Performance Over Time – Functioning and Activities of Daily Living | Nursing Facility Level of Care Score (Sections B, C, D, F, G, J) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in NFLOC score | All members |
| | Locomotion, hygiene, and bathing (Section F) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in ADL function | All members except those who did not have activity occur over the last three days for any of the three items |
| | Meal preparation, ordinary housework, managing medications, shopping, and transportation (Section F) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in IADL function | All members except those who did not have activity occur over the last three days for any of the five items |
| | Locomotion (Section F) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in moving between locations on same floor | All members except those who did not have activity occur over the last three days |
| | Bathing (Section F) | Over-time | Members who remained stable or demonstrated improvement in taking a full-body bath/shower | All members except those who did not have activity occur over the last three days |
| | Toilet transfer (Section F) | Over-time | Members who remained stable or demonstrated improvement in moving on and off the toilet or commode | All members except those who did not have activity occur over the last three days |
| | Dressing upper body (Section F) | Over-time | Members who remained stable or demonstrated improvement in dressing and undressing their upper body | All members except those who did not have activity occur over the last three days |

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|--|---|-------------------------|---|--|
| Table 9: Performance Over Time – Functioning and Activities of Daily Living (Continued) | Dressing lower body (Section F) | Over-time | Members who remained stable or demonstrated improvement in dressing and undressing their lower body | All members except those who did not have activity occur over the last three days |
| | Toilet use (Section F) | Over-time | Members who remained stable or demonstrated improvement in using the toilet room (or commode, bedpan, urinal) | All members except those who did not have activity occur over the last three days |
| | Eating (Section F) | Over-time | Members who remained stable or demonstrated improvement in eating and drinking (including intake of nutrition by other means) | All members except those who did not have activity occur over the last three days |
| | Bladder continence (Section G) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in urinary continence | All members except those who did not have urine output from bladder over the last three days on previous or most recent assessment |
| | Managing medications (Section F) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in managing medications | All members except those who did not have activity occur over the last three days |
| Table 10: Performance Over Time – Quality of Life and Effectiveness of Care | Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and eating (Section B, C & F) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in cognition | All members |
| | Making self understood and ability to understand others (Section C) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in communication | All members |
| | Pain frequency and pain intensity (Section I) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in pain intensity | All members |

| Table | UAS-NY CHA Question (Section on CHA) | Type | Numerator | Denominator |
|---|---|-------------------------|--|-------------|
| Table 10: Performance Over Time – Quality of Life and Effectiveness of Care (Continued) | Made negative statements, persistent anger, unrealistic fears, health complaints, anxious complaints, sad facial expressions, crying, self-reported little interest or pleasure, self-reported anxious, and self-reported sad (Section D) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in mood | All members |
| | Dyspnea (Section I) | Risk-adjusted over-time | Members who remained stable or demonstrated improvement in shortness of breath | All members |

Appendix D: Technical Notes

Risk Adjustment

Health care processes of care, outcomes, and member 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 allow 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 member mix were identical to the member 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.

1. No Severe Daily Pain

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

2. Pain Controlled

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

3. Not Lonely or Not Distressed

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Falls (yes, no)
- Not independent in bathing (yes, no)
- Pain daily (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Supervision through total dependence in managing medications (yes, no)

4. No Falls with Injury

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)

-
- Dizziness present (yes, no)
 - Gender (male, female)
 - Pain daily (yes, no)
 - Sadness reported within the last 3 days (yes, no)
 - Self-reported health status poor (yes, no)
 - Stroke (yes, no)
 - Supervision through total dependence in locomotion (yes, no)
 - Supervision through total dependence in managing medications (yes, no)
 - Unsteady gait present (yes, no)
 - Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

5. No Emergency Room Visits

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Pain daily (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Methodology for “Performance Over Time” Measures

The nine longitudinal outcomes below were risk-adjusted. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome. For all over-time measures, stability or improvement versus a decrease in the rate over the measurement period was used as the outcome of interest. The independent variables included in the models and specified below were taken from baseline CHA conducted for the January through June 2018 or July through December 2018 enrollment period.

1. Nursing Facility Level of Care (NFLOC)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- No days outside in the last 3 days (yes, no)
- Nursing facility level of care score of 34 or more (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Supervision through total dependence in managing medications (yes, no)
- Unsteady gait present (yes, no)

2. Activities of Daily Living (ADL)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- No days outside in the last 3 days (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Supervision through total dependence in managing medications (yes, no)
- Total dependence in ADL locomotion, hygiene, and bathing (yes, no)
- Unsteady gait present (yes, no)

3. Locomotion

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Supervision through total dependence in managing medications (yes, no)
- Unsteady gait present (yes, no)

4. Urinary Continence

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Coronary heart disease present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)

5. Medication Administration

- ADL Scale result of 4 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Coronary heart disease present (yes, no)
- Falls (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)

- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)

6. Cognition

- ADL Scale result of 4 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Cognitive Performance Scale (CPS2) result of 5 or more (yes, no)
- Coronary heart disease present (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Falls (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)

7. Pain Intensity

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes, no)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Unsteady gait present (yes, no)

8. Mood

- ADL Scale result of 4 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)

-
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
 - Congestive heart failure (CHF) present (yes, no)
 - Disruptive behavior present (yes, no)
 - Falls (yes, no)
 - Gender (male, female)
 - Minimally or more impaired in cognitive skills for daily decision making (yes, no)
 - Mood scale result of 4 or more (yes, no)
 - Not independent in bathing (yes, no)
 - Pain daily (yes, no)
 - Self-reported health status poor (yes, no)
 - Supervision through total dependence in managing medications (yes, no)

9. Shortness of Breath

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive heart failure (CHF) present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

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 (poor, fair, good, very good, excellent). 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. Additionally, Rating of Home Health Aide and Timeliness of Home Health Aide were also adjusted for cognition (independent or modified independence, any level of impairment). To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each satisfaction measure. These models predicted a binary (yes/no) response for each outcome.

Methodology of “Potentially Avoidable Hospitalization” Measure

Risk-adjusted rates were calculated by developing a multinomial logistic regression model to predict the number of potentially avoidable hospitalizations. The independent variables included in the final model are listed below. To determine whether the risk-adjusted plan rate is significantly above or below the statewide rate, a z-score was calculated for each plan.

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Bipolar (yes, no)
- Cancer present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Decline in ADL status compared to 90 days ago (yes, no)
- Diabetes mellitus present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Extensive assistance through total dependence in locomotion (yes, no)
- Falls (yes, no)
- Felt need to cut down on drinking or drug use in the last 90 days (yes, no)
- Gender (male, female)
- Hip fracture (yes, no)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- No days outside in the last 3 days (yes, no)
- Other fracture during last 30 days (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Schizophrenia (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in managing medications (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

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.

Different Significance Results for the Same Measure Result

It is possible for plans to have the same measure result with different significance results for the following reasons:

1. Rates are first calculated, then significance tested, and lastly rounded for presentation. A rate before rounding may be slightly higher or slightly lower than the rounded rate presented.
2. Significance testing for population (community health assessment) based measures uses analysis of proportions decision limits (DL) about the statewide rate. DL are influenced by the plan denominator and are specific to each plan. The plan rate is compared to DL about the statewide rate to determine whether there is a significant difference between the statewide and plan rates. Nelson's H statistic and Analysis of Proportions (ANOP) methodology are used in the following formulas.

Halpha = The quantile from the t distribution based on a probability

$$= 1 - \left(\frac{1 - (1 - 0.05)^{\left(\frac{1}{\text{Number of Plans}}\right)}}{2} \right)$$

Degrees of Freedom = Statewide Denominator - Plan Denominator

$$\begin{aligned} \text{Upper DL} &= \text{Statewide Rate} + \text{Halpha} * \sqrt{\text{Statewide Rate} * (1 - \text{Statewide Rate})} \\ &* \sqrt{\frac{\text{Statewide Denominator} - \text{Plan Denominator}}{\text{Statewide Denominator} * \text{Plan Denominator}}} \end{aligned}$$

$$\begin{aligned} \text{Lower DL} &= \text{Statewide Rate} - \text{Halpha} * \sqrt{\text{Statewide Rate} * (1 - \text{Statewide Rate})} \\ &* \sqrt{\frac{\text{Statewide Denominator} - \text{Plan Denominator}}{\text{Statewide Denominator} * \text{Plan Denominator}}} \end{aligned}$$

3. Significance testing for sample (satisfaction survey) based measures uses a 95% confidence interval (CI) about the risk-adjusted plan mean. CI are influenced by the plan denominator and are specific to each plan. The statewide rate is compared to a 95% CI about the plan rate to determine whether there is a significant difference between the statewide and plan rates. A Z statistic is used in the following formulas.

$$\text{Upper CI} = \text{Plan Rate} + 1.96 * \sqrt{\frac{\text{Plan Rate} * (1 - \text{Plan Rate})}{\text{Plan Denominator}}}$$

$$\text{Lower CI} = \text{Plan Rate} - 1.96 * \sqrt{\frac{\text{Plan Rate} * (1 - \text{Plan Rate})}{\text{Plan Denominator}}}$$

4. Significance testing for potentially avoidable hospitalizations (PAH) uses a z-score. The z-score is influenced by plan member days and is specific to each plan. A z-score from -1.96 through $+1.96$ is not significantly different from the statewide rate. A z-score less than -1.96 or greater than $+1.96$ is significantly lower or higher than the statewide rate, respectively. A z-score test statistic is calculated for each plan risk-adjusted rate using the following formula.

$$\text{z-score} = \frac{\text{Plan Risk Adjusted Rate} - \text{Statewide Rate}}{\sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\text{Plan Number of Member Days}}}}$$

Notes

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