



Managed Long-Term Care

2019 Member Satisfaction Survey Summary Report

December 2020



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Executive Summary

Introduction

The Managed Long-Term Care (MLTC) member satisfaction survey assessed the level of satisfaction among members enrolled in New York State's Medicaid MLTC plans. The primary purpose of the study was to provide the New York State Department of Health (NYSDOH) with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans.

At the time of the initiation of the survey in early 2019, within New York Medicaid, there were four models of MLTC plans: 1) Partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, 3) Medicaid Advantage Plus (MAP) plans, and 4) Fully Integrated Duals Advantage (FIDA) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE, MAP, and FIDA benefit packages also include inpatient and outpatient care. The FIDA plan population was not included in the survey, as this population had been surveyed separately and the FIDA model was in process of being discontinued. Results from the 2017 satisfaction survey are cited throughout this report for comparative purposes.

Methodology

The first section of the survey addressed members' general experience with their MLTC plan. The second section dealt with the quality of specific health care services; in this section, members were asked to rate the quality of these services, whether covered by their plan or not. This section also addressed timeliness of some key long-term care services and access to primary health care services. The third section contained general demographic questions (e.g., age, gender, race, education), living arrangements, whether assistance was provided to complete the survey, and questions regarding the status of members' advance directives.

The survey was made available in English, Spanish, Russian, and Chinese and was mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English survey upon each mailing. The initial mailing was distributed in late February 2019 with a follow-up mailing in late May 2019, as an effort to maximize the response rates.

Inclusion criteria for the eligible population were as follows:

- Continuously enrolled in an MLTC plan for a minimum of 6 months from June through November 2018
- MLTC plan enrollees from 43 plans/product lines
 - The breakdown by plan type is as follows: PACE – 9, Partially Capitated – 28, MAP – 6

A sample of 600 enrollees from each plan was selected; the entire membership was selected if the plan's enrollment was less than 600. The final sample, for mailing, was 21,415 enrollees. Exclusions from mailing (e.g., address issues, deceased members) totaled 1,338, yielding an adjusted sample of 20,077 enrollees. Completed and returned surveys totaled 4,639, representing a response rate of 23%. Seventy-nine percent (79%) of the responses were returned in English; 57% of the survey responders consider English to be their primary language.

Key Findings

MLTC Plan Evaluation: Approximately 89% of survey responders rated their plan as good/excellent. The same percentage of members (89%) reported that their plan always/usually explained services clearly. Compared to 2017 survey results, an increased percentage of responders reported the plan explained the Consumer-Directed Personal Assistance (CDPA) option, and/or spoke with them about appointing someone to make health care decisions if they are unable to do so. Additionally, of the members who reported having a legal document or advance directive, a larger percentage of 2019 survey responders reported that the plan has a copy of the advance directive on file, when compared to 2017 survey results.

Quality of Care: Members' perception of the quality of care received has remained positive. Eighty-four percent (84%) of responders for long-term care providers and services (i.e., regular doctor, dentist, eye doctor) rated the quality of these services as good/excellent.

Timeliness of Care: Timeliness of care provided by long-term care providers/services was found to be favorable, with medical supplies and equipment improving the most between 2017 and 2019. Eighty-five percent (85%) of responders for long-term care providers and services rated these services to be always/usually timely.

Access to Care: Thirty-six percent (36%) of responders indicated that they are usually/always able to get same-day urgent appointments with providers, a slight decrease compared to 2017 results (37%). Eighty-two percent (82%) of responders indicated that they are able to usually/always get timely regular appointments with providers.

Recommendations

IPRO identified various opportunities for improvement that the health plans should consider, based upon survey outcomes. Recommendations based on these findings are as follows:

- Though somewhat better for the MAP product than for partially capitated or PACE, timely access to urgent appointments remained low for all provider types. Recommendations were made to contact providers directly to determine office policies on how urgent appointments are handled.
- The percentage of responders indicating that they have an advance directive in place has been improving steadily over each survey period. However, the survey responses continue to indicate some challenges related to advance care planning. Findings show a significantly lower percentage of men with advance directives than women, a significantly lower percentage of Asian members with an advance directive than other races and ethnicities, and a significantly lower percentage of non-English speaking members with advance directives. Also, partially capitated plans continue to exhibit lower rates of advance directive discussions than other plan types. Continued efforts to intervene in advance directive procurement are warranted, based upon survey findings.
- The quality of care received from speech therapists and audiology/hearing aids had the lowest excellent/good ratings among provider types. IPRO recommends that health plans consider conducting reviews of complaints and grievances involving these services to assist in determining root causes of plan members' service dissatisfaction.
- Discussions pertaining to plans of care, advance directives, and the CDPA option appear to be occurring more often among members with lower education levels than with members with at least a high school education. Plans should ensure that discussions for these important concepts are occurring across all membership groups, regardless of education level.
- There were some observed differences in certain ratings when accounting for self-reported health status. Survey responders rating their health as excellent or very good tended to respond more favorably regarding service quality and timeliness, as well as indicating that they are more involved in plan of care decisions. Plans may need to stratify by acuity level to ensure that the needs of members who require more intensive care are being met.
- As noted in prior survey findings, there were some observed differences in certain ratings when accounting for the race of the responders and language spoken. These findings may indicate that cultural barriers associated with race and language barriers may be playing a role in dissatisfaction with the quality of some services and not having timely access to some services. It may be appropriate for plans to explore whether or not there is limited access to services across certain groups.
- Survey response rates have continued to decline in each survey period. IPRO strongly recommends that plans continue to emphasize the importance of the survey during discussions with members. However, plan staff must not provide members with any individual assistance in survey completion. It may be worthwhile for the NYSDOH and IPRO to consider, as a supplement to the survey, conducting a subset of survey items with focus groups of members across a sample of plans. Focus group responses can be compared to the traditional survey responses to identify any potential differences in satisfaction and to delve more deeply into survey topic domains.

Introduction

Background

Managed Long-Term Care (MLTC) is a system that streamlines the delivery of long-term care services to people who are chronically ill or disabled and who wish to stay in their homes and communities. These services, such as home care or adult day care, are provided through MLTC plans that are approved by the New York State Department of Health (NYSDOH). The entire array of services to which an enrolled member is entitled can be received through the MLTC plan the member has chosen. Enrollment in an MLTC plan may be mandatory or voluntary, depending on individual circumstances.

Enrollment in an MLTC plan is mandatory for those who are:

- dual eligible (eligible for both Medicaid and Medicare) and equal to or over 21 years of age, and need community-based long-term care services for more than 120 days.

Enrollment in an MLTC plan is voluntary for those who are:

- dual eligible and are 18 through 20 years of age and need nursing home level of care and community-based long-term care services for more than 120 days;
- non-dual eligible and over 18 years of age, are assessed as nursing home eligible, and require community-based long-term care services for more than 120 days; or
- dual eligible and are 18 years of age and over and were previously determined as permanent placements in a nursing home.

Within New York Medicaid, at the time of survey initiation, there were four models of MLTC plans: 1) partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, 3) Medicaid Advantage Plus (MAP) plans, and 4) Fully Integrated Duals Advantage (FIDA) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE, MAP, and FIDA benefit packages also include inpatient and outpatient care. The satisfaction survey addressed only the partially capitated, PACE, and MAP plan models. The FIDA population has been surveyed separately and this product is in process of being discontinued.

This study assesses the level of satisfaction of members enrolled in New York State's Medicaid MLTC plans. The primary purpose of the study is to provide the NYSDOH with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans.

Satisfaction surveys are a key tool for understanding patient perception of care and improving the delivery of long-term care services, and such surveys are integral to ongoing quality improvement efforts. On both federal and state levels, programs continue to utilize and expand the use of consumer-driven data, based on consumer experiences, to improve the quality of health care delivered to the elderly and, in many cases, chronically ill populations.

At the national level, the Centers for Medicare and Medicaid Services (CMS) has collected information on Medicare managed care enrollee consumer satisfaction and experience with health services through the Consumer Assessment of Health Providers and Systems (CAHPS®) survey since 1998. This survey includes the following domains:

- Getting Needed Care
- Getting Care Quickly
- Doctors Who Communicate Well
- Flu Shot Rate
- Overall Ratings of: Health Care, Health Plan, Doctor, and Specialist

This survey has undergone periodic revisions. In the 2006 survey year, for example, data collection was expanded to include satisfaction and experience of members enrolled in a Medicare Advantage Prescription Drug plan. CAHPS surveys are also collected for commercial and Medicaid managed care populations (the NYSDOH administers a biennial Medicaid managed care survey that is largely based on CAHPS).

IPRO observed that, although all NYS MLTC plans conduct internal annual member satisfaction surveys, each plan has developed its own individualized survey. IPRO reviewed a sample of these surveys. Several of them addressed general satisfaction with plan services and covered courtesy and sensitivity, but specific questions relating to the quality of plan services, timeliness, and access to services were often not addressed. Therefore, IPRO, in conjunction with the NYSDOH, conducted the first member satisfaction survey of New York's MLTC population in 2007, and again in 2011 and on a biennial basis thereafter. Survey results have been positive, with the majority of MLTC responders satisfied with their health plan. It is anticipated that this survey will continue to be administered every other year going forward.

Objectives

Specific survey objectives were to assess whether:

- MLTC enrollees are satisfied with:
 - quality of health care services;
 - access to primary health care services; and
 - timeliness of primary health care and long-term care services;
- there are differences in care and in satisfaction of care between three principal MLTC plan models (PACE, partially capitated, and MAP plans) and between different age groups, reported state of health, gender, level of education, race and primary language; and
- there has been a change in members' perception of quality of care and overall satisfaction since the last satisfaction survey in 2017.

Methodology

Survey Instrument

A scannable survey instrument was created to evaluate MLTC member satisfaction with the services provided by members' plans. To facilitate comparisons to the 2017 survey, the 2019 survey contained all of the questions from the 2017 survey with additional clarification in question and/or response wording. An additional response option was added for questions 2a (Assisted Living Facility) and 67 (Nursing Home). Question 63 was also reworded to clarify the term "Hispanic/Latino origin" by asking, "What is your ethnicity?" and with the response options of "Hispanic" or "Non-Hispanic."

The survey was composed of three sections. The first section addressed members' general experience with their MLTC plan, which included questions on plan of care involvement, courtesy of plan representatives, and timeliness of responses to complaints and grievances. The second section addressed the quality of 22 long-term care providers and services (regular doctor, dentist, eye care, foot doctor, home health aide, home health agency, care manager, visiting nurse, covering/on-call nurse, physical therapist, occupational therapist, speech therapist, social worker, medical supplies/equipment, audiology/hearing aids, home delivered meals, meals at day health center, day health center activities, transportation services, nursing home, pharmacy services, and nutritionist); these items asked members to rate the quality of these providers and services, whether covered by the members' plan or not. This section also addressed timeliness of some key long-term care services and access to primary health care services. The third section contained general demographic questions (e.g., age, gender, race, and educational attainment). This section also included questions pertaining to living arrangements and whether assistance was provided in completing the survey, as well as questions regarding the status of members' advance directives.

An English version was prepared and translated into Spanish, Russian, and Chinese, and mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English (i.e., Spanish, Russian, Chinese) survey for each mailing. The initial mailing was distributed in late February 2019 with a follow-up mailing in late May 2019.

Survey Sample

To identify the eligible population for the survey, inclusion criteria were as follows:

- continuously enrolled in an MLTC plan for a minimum of 6 months from June through November 2018; and
- MLTC plan enrollees from 43 plans/product lines. The breakdown by type of MLTC plan is as follows: PACE – 9, partially capitated – 28, MAP – 6.

The NYSDOH provided IPRO with the enrollee file for the survey after sampling. A sample of 600 enrollees from each plan had been selected. The entire eligible membership was included for plans with an enrollment of less than 600. The 600-member sample size had been utilized in prior survey years. The final sample for mailing was 21,415 enrollees.

Composite Measures

Composite measures of survey items were computed to obtain a meaningful summary of member responses in each of six domains, which include: MLTC Plan Evaluation, Quality of Providers and Long-Term Care Services, Timeliness of Providers and Long-Term Care Services, Access to Care for Urgent Appointments, Access to Care for Regular Appointments, and Advance Directives. Each domain is composed of individual survey items, composite measures, or a combination of both. Composite measures were created by combining survey items that measure the same dimension of the health care plans.¹

Using the proportional scoring method, composite scores were computed, representing the average proportion of members responding to the most positive category, or top-box category, for the survey items included in the composite, excluding missing data. For example, for survey items requiring the responder to answer "Always," "Usually," "Sometimes," or "Never," the calculated score reflects the average proportion of responders who answered "Always/Usually." For survey items requiring the responder to answer "Excellent," "Good," "Fair," or "Poor," the

¹ The CAHPS[®] proportional scoring method for creating and scoring composite measures was used.

calculated score reflects the average proportion of responders who answered “Excellent/Good.” The z test was used to compare proportions for single survey items year-to-year, and t tests were used to compare average proportions for composite measures year-to-year. When comparing within subgroups (i.e., plan type, race, gender, educational attainment), chi-square tests were utilized to compare proportions of single survey items, and Student’s t tests were utilized to compare average proportions for composite measures.

The six domains are defined as follows in **Table1**:

Table 1: MLTC Domain Definitions

Domain 1 – MLTC Plan Evaluation	
Item	Question/Statement
Individual item	Q3. The plan always/usually explains all of their services clearly.
Composite	<p>My family member (or caregiver) and I are always/usually involved in making decisions about my plan of care.</p> <ul style="list-style-type: none"> Q4. I am always/usually involved in decisions about plan of care. Q5. Family member or caregiver always/usually involved in making decisions about plan of care.
Composite	<p>The plan always/usually provided helpful, timely, and courteous customer service when I (or my caregiver or family members) have called with a question, needed help, or had a complaint or grievance.</p> <ul style="list-style-type: none"> Q7. I always/usually spoke with a person quickly when I called the plan with a question or for help or with a complaint or grievance. Q8. My questions were always/usually answered quickly. Q9. I was always/usually able to understand the answers. Q10. I was always/usually treated with politeness and respect. Q11. I (or my caregiver or family members) called the plan with a complaint or grievance and it was always/usually handled to my satisfaction.
Individual item	Q12. Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I’ve been taking.
Individual item	Q13. Since joining the health plan, someone from the plan has explained the Consumer-Directed Personal Assistance option.
Composite	<p>The plan is excellent/good in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home.</p> <ul style="list-style-type: none"> Q14a. The plan is excellent/good in assisting my family to ensure that I take my medications the way my doctor wants me to. Q14b. The plan is excellent/good in assisting my family and I to manage my illness, such as high blood pressure or diabetes. Q14c. The plan is excellent/good in assisting my family and I when I am feeling sad and lonely. Q14d. The plan is excellent/good in assisting my family and I so that I can stay at home and not have to live in a nursing home.
Individual item	Q15. Overall, my MLTC plan is excellent/good.
Domain 2 – Quality of Providers and Long-Term Care Services	
	<p>Excellent/good quality of care provided by long-term care providers and services.</p> <ul style="list-style-type: none"> Q16. Regular Doctor Q17. Dentist Q18. Eye Care Q19. Foot Doctor

Composite	<ul style="list-style-type: none"> • Q20a. Home Health Aide, Personal Care Aide • Q20b. Home Health Agency, Personal Care Agency • Q21. Care Manager/Case Manager • Q22a. Regular Visiting Nurse/Registered Nurse • Q22b. Covering/On-Call Nurse • Q23. Physical Therapist • Q24. Occupational Therapist • Q25. Speech Therapist • Q26. Social Worker • Q27. Medical Supplies And Equipment • Q28. Audiology/Hearing Aids • Q29. Home Delivered Meals/Meals On Wheels • Q30. Meals Served At The Day Health Center • Q31. Day Health Center Activities • Q32. Transportation Services • Q33. Nursing Home • Q34. Pharmacy Services • Q35. Nutritionist
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Domain 3 – Timeliness of Providers and Long-Term Care Services

Composite	<p>Timely care always/usually provided by long-term care providers and services.</p> <ul style="list-style-type: none"> • Q36. Home Health Aide, Personal Care Aide • Q37. Care Manager/Case Manager • Q38a. Regular Visiting Nurse/Registered Nurse • Q38b. Covering/On-Call Nurse • Q39. Physical Therapist • Q40. Occupational Therapist • Q41. Speech Therapist • Q42. Social Worker • Q43. Home Delivered Meals/Meals On Wheels • Q44a. Transportation: To Day Center • Q44b. Transportation: From Day Center • Q44c. Transportation: To The Doctor • Q44d. Transportation: From The Doctor • Q45. Medical Supplies And Equipment • Q46. Pharmacy Services • Q47. Audiology/Hearing Aids
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Domain 4 – Access to Care for Urgent Appointments

Composite	<p>I was able to get an appointment within the same day to see my provider when I needed care right away in the past 6 months.</p> <ul style="list-style-type: none"> • Q48. Regular Doctor • Q49. Dentist • Q50. Eye Care • Q51. Foot Doctor • Q52. Audiology/Hearing Aids
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Domain 5 – Access to Care for Regular Appointments

Composite	<p>I was always/usually able to get a regular appointment as soon as I thought I needed one.</p> <ul style="list-style-type: none"> • Q53. Regular Doctor • Q54. Dentist • Q55. Eye Care
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	<ul style="list-style-type: none"> • Q56. Foot Doctor • Q57. Audiology/Hearing Aids
Domain 6 – Advance Directives	
Individual item	<ul style="list-style-type: none"> • Q71. The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so.
Individual item	<ul style="list-style-type: none"> • Q72. I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so.
Individual item	<ul style="list-style-type: none"> • Q73. The health plan has a copy of this advance directive document.

Results

Response Rates

Of the 21,415 surveys that were mailed, 1,338 were returned as undeliverable. This yielded an adjusted population of 20,077. A total of 4,639 surveys were completed, with an overall response rate of 23%. In 2017, 5,559 surveys were completed, yielding a response rate of 28%.

Table 2 displays the response rates by plan type. The response rates were as follows: PACE (29 %), MAP (25%), and partially capitated (22%), with an average response rate of 23%.

Table 2: Survey Responses by Plan Type

	Partially Capitated		PACE		MAP		TOTAL	
	N	%	N	%	N	%	N	%
Surveys mailed	16,047		2,998		2,370		21,415	
Less exclusions:	959	5.98	261	8.71	118	4.98	1,338	6.25
Address issues	897	5.59	234	7.81	114	4.81	1,245	5.81
Deceased	52	0.32	25	0.83	3	0.13	80	0.37
Other reason	10	0.06	2	0.07	1	0.04	13	0.06
Adjusted Population	15,088		2,737		2,252		20,077	
Total # Surveys Completed	3,279	21.7	802	29.3	558	24.8	4,639	23.1

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N: number.

Table 3a shows the response rates by language. Non-English responses comprised 22% of total responses.

Table 3a: Language Responses by Plan Type

	Partially Capitated		PACE		MAP		TOTAL	
	N	%	N	%	N	%	N	%
Completed in English	2,505	76.4	730	91.0	407	72.9	3,642	78.5
Completed in a Language Other Than English	774	23.6	72	9.0	151	27.1	997	21.5
Spanish	249	32.2	42	58.3	135	89.4	426	42.7
Chinese	274	35.4	24	33.3	14	9.3	312	31.3
Russian	251	32.4	6	8.3	2	1.3	259	26.0
Total # Surveys Completed	3,279		802		558		4,639	

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N: number.

Table 3b provides a summary of all responses per primary language.

Table 3b: Survey Response Rates by Primary Language Spoken

	English ¹		Spanish ²		Russian ³		Chinese ⁴	
	N	%	N	%	N	%	N	%
Surveys Mailed	14,549		3,860		1,281		1,725	
Less exclusions ¹	1,026	7.1	209	5.4	37	2.9	66	3.8
Adjusted Population	13,523		3,651		1,244		1,659	
Completed Surveys	3,162	23.4	734	20.1	320	25.7	423	25.5

N: number.

¹ English exclusions due to address issues (943), and all other issues (83)

² Spanish exclusions due to address issues (203), and all other issues (6)

³ Russian exclusions due to address issues (37).

⁴ Chinese exclusions due to address issues (62), and all other issues (4)

Table 4 displays survey responses by individual plan. Response rates differed by plan, ranging from 14% to 45%.

Table 4: Survey Responses by Plan

Health Plan	Adjusted Population	No. of Responders	%
Partially Capitated			
AETNA BETTER HEALTH	580	133	23
AGEWELL NEW YORK	583	132	23
ARCHCARE COMMUNITY LIFE	574	100	17
CENTERS PLAN FOR HEALTHY LIVING	577	132	23
ELDERPLAN dba HOMEFIRST	566	166	29
ELDERSERVE dba RIVERSPRING	581	125	22
ELDERWOOD HEALTH PLAN	219	50	23
EMPIRE BCBS HEALTHPLUS MLTC	563	104	18
EVERCARE CHOICE	555	153	28
EXTENDED MLTC	581	131	23
FALLON HEALTH WEINBERG	535	145	27
FIDELIS CARE	560	109	19
HAMASPIK CHOICE	559	165	30
ICIRCLE	536	138	26
INDEPENDENCE CARE SYSTEM	554	95	17
INTEGRA MLTC	583	100	17
KALOS HEALTH	541	143	26
METROPLUS MLTC	552	108	20
MONTEFIORE MLTC	580	119	21
NASCENTIA HEALTH OPTIONS	537	114	21
PRIME HEALTH CHOICE	298	50	17
SENIOR HEALTH PARTNERS	571	111	19
SENIOR NETWORK HEALTH	450	112	25
SENIOR WHOLE HEALTH Partial	569	117	21
UNITED HEALTHCARE PERSONAL ASSIST	577	92	16
VILLAGECAREMAX	563	98	17
VNS CHOICE MLTC	576	132	23
WELLCARE ADVOCATE PARTIAL	568	105	18
TOTAL	15,088	3,279	22
PACE			
ARCHCARE SENIOR LIFE	552	124	22
CATHOLIC HEALTH-LIFE	190	78	41
CENTERLIGHT PACE	568	155	27
COMPLETE SENIOR CARE	96	43	45
EDDY SENIOR CARE	157	30	19
ELDERONE	536	169	32
FALLON HEALTH WEINBERG - PACE	90	27	30
PACE CNY	457	143	31
TOTAL SENIOR CARE	91	33	36
TOTAL	2,737	802	29
MAP			
ELDERPLAN MAP	567	190	34
FIDELIS LEGACY PLAN	81	11	14
MHI HEALTHFIRST COMPLETE CARE	578	107	19
SENIOR WHOLE HEALTH	69	19	28
VILLAGECAREMAX TOTAL ADVANTAGE	386	75	19
VNS CHOICE TOTAL	571	156	27

TOTAL	2,252	558	25
GRAND TOTAL	20,077	4,639	23

DBA: doing business as; BCBS: Blue Cross Blue Shield; VNS: Visiting Nurse Service.

Responder Demographics

Unless otherwise indicated, survey demographic results can be found in **Appendix A, Table A6**.

The demographic profiles of the 2017 and 2019 populations were very similar. About 74% of responders in 2019 were female (73% in 2017), and 86% were 65 years of age or older (85% in 2017). Approximately half of responders (2017: 54%, 2019: 57%) had at least a high school diploma. Ethnicity responses in 2019 mirrored 2017 results, with 24% of responders identifying as Hispanic and 76% as Non-Hispanic.

English was the primary language for 57% of the 2019 responders (53% in 2017), with Spanish as the next most common language for 18% of the 2019 responders (19% in 2017). Chinese was the primary language for 10% of the 2019 responders, (11% in 2017), Russian was the primary language for 8% of the 2019 responders (9% in 2017), and Other was reported as the primary language for 8% of the 2019 and 2017 responders.

Forty-two percent (42%) of the 2019 responders rated their overall mental/emotional health as poor/fair (45% in 2017), 31% rated their health as good (30% in 2017), and 27% as very good/excellent (25% in 2017). Sixty-three percent (63%) of the 2019 responders were very much/quite a bit content with their quality of life (60% in 2017).

The vast majority of responders resided at home or in an assisted living facility and not in a nursing home, when compared with 2017 rates (93% in 2019 vs. 95% in 2017); see **Appendix B, Table B1**. As indicated in **Appendix A, Table A6**, in 2019, 42% of responders lived alone, a decrease of approximately five percentage points from 2017 (47%). Approximately two-thirds of responders reported that they received assistance in completing the survey (2017: 65%, 2019: 65%), mostly from family members (2017: 64%, 2019: 65%).

Plan Evaluation/Rating of Health Plan

Section 1 of the survey consisted of questions concerning members' experience with their MLTC plan.

Full frequency distribution tables can be found in **Appendix A (Tables A1–A6)**, while aggregate tables can be found in **Appendix B (Tables B1–B9)**.

Table B1 compares responses from both survey years, which shows that the level of satisfaction among 2017 and 2019 responders remained high. Notable findings from this section were as follows:

- In 2019, 82% of responders reported always/usually being involved in decisions about their plan of care, vs. 79% of responders in 2017.
- Additionally, an increase was shown in the percentage of responders who reported a family member or caregiver always/usually being involved in making decisions about their plan of care (70% in 2019 vs. 66% in 2017).
- Ninety-four percent (94%) of responders rated their plan as excellent/good at helping them stay at home and not at a nursing home.
- Seventy-four percent (74%) of responders reported complaints/grievances as always/usually handled to their satisfaction. This figure is a significant increase from 67% in 2017.
- Eighty-nine percent (89%) of responders reported that their plan has been excellent/good at helping them to take medications the way their doctor wants them to, and 76% reported that their plan has been excellent/good at helping when they were feeling sad and lonely. This finding would appear to demonstrate that the plans have been effective in providing members with self-management support and collaborating with members and their families to improve members' health.
- Eighty-nine percent (89%) of responders rated their plan as excellent/good.
- Eighty-four percent (84%) of responders reported that the health plan explained the Consumer-Directed Personal Assistance (CDPA) option. This figure is a significant increase from 79% in 2017.

Quality of Care

In **Section 2A** of the survey, members were asked to rate the quality of services and supplies they received in the last 6 months. Frequency distributions for the 22 Quality of Care items can be found in **Table A2**.

Table B1- Section 2A displays the members' excellent/good ratings pertaining to quality of care compared by survey year. Members' perception of the quality of the care they received has remained high in 2019. Notable findings from this section include the following:

- For 17 out of the 22 care providers, at least 80% of the responders gave an excellent/good rating for quality in 2019 (compared to 12 out of 22 in 2017), including long-term care providers and services such as regular doctor (92%); pharmacy services (91%); home health aide (90%); visiting nurse (88%); care manager (87%); eye care professional (85%); and foot doctor (85%).
- In the 2019 survey, home health agency, personal care agency were rated excellent/good by a significantly higher percentage of members (84%) than in the 2017 survey (81%).
- Medical supplies and equipment were rated excellent/good by a significantly higher percentage of members (84%) in the 2019 survey than in the 2017 survey (80%).

Timeliness of Care

In **Section 2B** of the survey, members were asked to rate how often the services were on time or if they were able to see the provider at the scheduled time in the last 6 months. Frequency distributions for the 16 items in this section are shown in **Table A3**.

Table B1- Section 2B displays the members' always/usually ratings compared by survey year. Notable findings from this section include the following:

- Similar to 2017, the majority of members perceived the timeliness of care to be always/usually on time. All care provider types were identified as always/usually on time by at least 62% of participants (63% in 2017). Also consistent with the 2017 survey, nine (9) of the 16 provider types were identified as always/usually on time by at least 80% of responders in 2019.
- Of the long-term care providers and services, speech therapists were least likely to be rated as always/usually on time, at 62% for 2019. In contrast, pharmacy services, Home Health Aide, and Personal Care Aides were the most likely of the long-term care providers and services to be rated as always/usually on time, at 94% for 2019.

Access to Care

In **Section 2C** of the survey, members were asked to indicate how long they generally had to wait for urgent and regular appointments for long-term care providers and services in the last 6 months. **Tables A4** and **A5** provide frequency distributions for these survey items.

Timely access to regular appointments was defined as obtaining an appointment with a provider as soon as a member felt the member needed an appointment. Timely access to urgent appointments was defined as obtaining an appointment on the same day that the member needed care. **Table B1 - Section 2C & 2D** displays the results for timely access to urgent and regular appointments compared by survey year.

Access to urgent and regular appointments was similar in 2019 compared to 2017.

- For urgent appointments, nearly half of the responders were able to obtain a same-day urgent appointment with their regular doctor (2019: 48%, 2017: 49%).
- Timely access to urgent appointments was even less likely for foot doctors (2019: 30%, 2017: 32%), eye care (2019: 29%, 2017: 31%), audiologists (2019: 28%, 2017: 32%), and dentists (2019: 28%, 2017: 29%).
- A similar percentage of participants in 2019 compared to 2017 reported that they always/usually have timely access to regular appointments as soon as the member felt the member needed one: regular doctor (2019: 89%, 2017: 89%), foot doctors (2019: 81%, 2017: 78%), eye care (2019: 81%, 2017: 79%), dentists (2019: 74%, 2017: 75%), and audiologists (2019: 70%, 2017: 70%).

Analysis of Composite Measures and Individual Survey items within Domains

Composite measures of survey items were computed, in addition to individual survey items, to obtain a meaningful summary of member responses in each of the following six domains:

- **Domain 1 – MLTC Plan Evaluation:** Consists of a combination of four individual survey items and three composite measures, encompassing Questions 3–5 and 7–15. Questions 4 and 5 were combined to create a composite measure (**Composite 1a**), as were Questions 7–11 (**Composite 1b**) and Questions 14a–14d (**Composite 1c**). All other questions

in this group were reported as individual survey items. Collectively, these composite measures, as well as the individual survey items, assess the members' general experience with the care plan, including plan of care involvement, and courtesy and timeliness of responses of plan representatives when members called the plan. For **Composite 1a** and **Composite 1b**, the score represents the average proportion of responders who answered "Always/Usually" and, for **Composite 1c**, the score represents the average proportion of responders who answered "Excellent/Good."

- **Domain 2 – Quality of Providers and Long-Term Care Services:** Consists of one composite measure and includes Questions 16–35. This domain evaluates the quality of care provided by long-term care providers and services, and consists of 22 provider and service types. The composite score for this domain reflects the average proportion of responders who rated the quality of long-term care providers and services as excellent/good.
- **Domain 3 – Timeliness of Providers and Long-Term Care Services:** Consists of one composite measure including Questions 36–47, and evaluates the timeliness of care provided by long-term care providers and services. This composite consists of 16 provider and service types. The composite score for this domain reflects the average proportion of responders who rated the timeliness of the providers and services as always/usually timely.
- **Domain 4 – Access to Care for Urgent Appointments:** Consists of one composite measure, which assesses the responders' ability to get an appointment within the same day when care was needed right away. There are five measures within the composite representing five provider types: regular doctor, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of responders who reported that they always/usually could get an appointment within the same day.
- **Domain 5 – Access to Care for Regular Appointments:** Consists of one composite measure assessing the ability of responders to get a regular appointment as soon as they thought they needed one. There are five measures included in the composite, which represents five provider types: regular doctor, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of responders who reported that they always/usually were able to get a regular appointment as soon as they thought they needed one.
- **Domain 6 – Advance Directives:** Consists of three single survey items, which includes Questions 71–73. This domain evaluates whether or not members have appointed someone to make decisions about their health if they are unable to do so, if they have a legal document or advance directive in place, and if the MLTC plan has a copy of that advance directive document on file.

Domain 1: Measures Related to MLTC Plan Evaluation (Table B2)

- In 2019, 89% of members reported that the plan always/usually explained services clearly, a one percentage point increase from 2017 (88%). It should be noted that in 2019 76% of responders said they, along with family members or caregivers, were always/usually involved in making decisions about their plan of care, a significant increase from 2017 (72%).
- Eighty-two percent (82%) of responders in 2019 reported that they always/usually received helpful, timely, and courteous customer assistance when they called the plan with a question or complaint compared to 79% in 2017.
- Ninety five percent (95%) of responders in 2019 said that the plan had asked to see all prescriptions and medications, a one percentage point increase from 2017 (94%).
- In 2019, 84% of responders said that the plan had explained the Consumer Directed Personal Assistance (CDPA) option, a significantly higher rate than 2017 (79%).
- Eighty-six percent (86%) of responders in 2019 reported that the plan was excellent/good in helping members with managing medications and illnesses, as well as feeling sad or lonely and helping members remain in their homes as opposed to a nursing home, compared to 85% in 2017.
- Overall, 89% rated the health plan as excellent/good in 2019, a one percentage point increase from 2017 (88%).

On average, a higher percentage of survey responses rated Domain 1 items favorably in 2019 than in 2017.

Domains 2–5: Measures Related to Quality, Timeliness, and Access to Care (Table B2)

- 84% of responders rated the quality of providers and services as excellent/good, a two percentage point increase from 2017.
- 85% of responders rated the overall timeliness of care as always/usually timely, a two percentage point increase from 2017.
- 36% of responders reported that they were always/usually able to get an urgent appointment within the same day in 2019, which decreased slightly from 2017 (37%).
- Additionally, 82% of responders were always/usually able to get a regular appointment with their doctor, unchanged from 2017.

On average, survey responses to Domain 2 and Domain 3 items were more positive in 2019 than in 2017. Survey responses to Domain 4 were less positive in 2019 than in 2017. Survey responses to Domain 5 were unchanged between 2019 and 2017.

Domain 6: Advance Directives (Table B2)

- A significantly greater number of members in 2019 (79%) reported that their health plan has talked to them about appointing someone to make health care decisions for them if they are unable to do so, compared to 2017 (75%).
- In 2019, 76% of members reported having a legal document or advance directive appointing someone to make health care decisions on their behalf in the event that they are unable to do so, a significant increase from 2017 (68%).
- Of individuals with an advance directive, 88% of members in 2019 said that their health plan has retained a copy of the document, a significantly higher rate than 2017 (84%).

On average, survey responses to Domain 6 items were more positive in 2019 than in 2017.

Analysis of Composite Measures and Individual Survey Items by Subgroup

Comparisons between subgroups were also performed on the individual survey items and composite measures that comprise each domain to determine which subgroups of the MLTC population were most or least satisfied with the quality, timeliness, and access to care in 2019. The subgroups included plan type, gender, race, educational attainment, age, primary language spoken, and self-reported health status.

Comparison tables are included in **Appendix B, Tables B3–B9**. Statistically significant differences in each subgroup are noted as follows:

Comparison by Plan Type (Table B3)

- Partially capitated and MAP members were more likely to report that someone at the plan had explained the Consumer-Directed Personal Assistance (CDPA) option to them since joining the plan, as compared to PACE members (partially capitated: 86%, MAP: 90% vs. PACE: 70%).
- MAP members were more likely to report that the plan had talked to them about appointing someone to make decisions about their health care if they are unable to compared to PACE and partially capitated members (MAP: 86% vs. PACE: 80%, partially capitated: 77%).
- PACE plan members were more likely to report having a legal document or advance directive appointing someone to make health care decisions for them, compared to MAP and partially capitated members (PACE: 88% vs. MAP: 71%, partially capitated: 74%).
- PACE members were more likely to report that the health plan had a copy of the legal document or advance directive (PACE: 97% vs. partially capitated: 85% vs. MAP: 85%).

Comparison by Gender (Table B4)

- Male responders were less likely than female responders to report having a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (71% vs. 78%).

Comparison by Race (Table B5)

- Overall, 86% of white responders rated the quality of care they received from long-term care providers and services as excellent/good, a rate significantly higher than black and Asian responders (82% and 82%, respectively).
- Eighty-seven percent (87%) of white responders rated the timeliness of care as always/usually on time, while 82% of black responders and 85% of Asian responders rated the timeliness of care as always/usually on time. The rate for white responders was significantly higher than the rates for black responders.
- Eighty-six percent (86%) of white responders reported that they were always/usually able to get a regular appointment with their doctors as soon as they thought they needed one. This rate is significantly higher than that reported by both black and Asian responders (81% and 76%, respectively).
- Of Asian responders, 65% reported that they had legal documentation or advance directive appointing someone to make health care decisions if they are unable to, significantly lower than the percentage of white responders (83%).

Comparison by Education (Table B6)

- Responders with less than a high school degree were more likely to report that a family member (or caregiver) are involved in making decisions about their plan of care, compared to responders with at least a high school diploma (78% vs. 74%, respectively).
- Responders with a level of education less than high school were more likely to report that the plan had explained the CDPA option than responders with at least a high school diploma (88% vs. 81%, respectively).
- Responders with an education level of less than high school were less likely to indicate they always/usually get timely regular appointments with long-term care providers, compared to responders with at least a high school diploma (80% vs. 84%, respectively).
- Eighty-two percent (82%) of responders with a level of education less than high school reported that the plan had talked to them about appointing someone to make health care decisions if they are unable to do so, significantly higher than responders with at least a high school diploma (76%).

Comparison by Age (Table B7)

- Responders aged 18–64 were less likely to report that their family members or caregivers were involved in making decisions about their health care, compared to responders over the age of 65 (67% vs. 77%, respectively).
- Responders aged 18–64 were less likely to have a legal document or advance directive appointing someone to make health care decisions if they are unable to do so, compared to responders aged 65 years and older (65% vs. 78%, respectively).

Comparison by Primary Language (Table B8)

- English-speaking responders were less likely to report that the health plan had explained the CDPA option, compared to non-English speaking responders (80% vs. 88%, respectively).
- Thirty-three percent (33%) of English-speaking responders reported that they could get urgent appointments with their doctors the same day, significantly lower than non-English speaking responders (41%).
- When asked if members had a legal document or advance directive appointing someone to make health care decisions for them, 82% of English-speaking responders reported they have an advance directive, while 67% of non-English speaking responders reported they have an advance directive. The rate for English-speaking responders was significantly higher than for non-English speaking responders.

Comparison by Self-Reported Health Status (Table B9)

- Eighty-seven percent (87%) of responders who rated their current state of health as good/fair/poor reported that the health plan always/usually explained all of their services clearly, significantly lower than responders who rated their current state of health as excellent/very good (92%).
- When asked if their family members, caregivers, or they were involved in making health care decisions, responders who rated their current state of health as good/fair/poor were less likely to respond positively (always/usually) than responders who rated their current state of health as excellent/very good (73% vs. 78%, respectively).

- In regard to receiving helpful, timely, and courteous customer service when members called the plan with a question, complaint, or grievance, 79% of responders who rated their current state of health as good/fair/poor reported they always/usually received helpful, timely, and courteous customer service, while 86% of responders who rated their current state of health as excellent/very good reported the same. The rate for responders with good/fair/poor health was significantly lower.
- Eighty-two percent (82%) of responders who rated their current state of health as good/fair/poor reported the plan was excellent/good at helping them with medication management, managing illnesses, feeling sad and lonely, and staying in their own home as opposed to a nursing home. This was significantly lower than the 91% of responders who reported their health status as excellent/very good and responded to these survey items with an excellent/good rating.
- Responders who rated their current state of health as good/fair/poor were less likely to rate their health plan as excellent/very good compared to responders who rated their state of health as excellent/very good (85% versus 94%). The difference was statistically significant.
- In regard to quality of care provided by long-term care providers and services, 81% of responders who rated their current state of health as good/fair/poor rated quality as excellent/good, significantly lower than responders who rated their current state of health as excellent/very good (88%).
- Eighty-four percent (84%) of responders who rated their current state of health as good/fair/poor reported that long-term care providers and services were always/usually on time, significantly lower than responders who rated their current state of health as excellent/very good (87%).
- Responders who rated their current state of health as good/fair/poor were less likely to report always/usually being able to get regular appointments with long-term care providers and services as soon as they thought they needed it, compared with responders who rate their current state of health as excellent/very good (80% vs. 85%, respectively).

Discussion

Limitations

As with any survey relying on self-reported responses, there is the possibility of recall bias because some survey components require the member to answer questions based on a time period within 6 months.

One of the MLTC plans, Independence Care Systems (ICS), closed operations in March 2019. The members affected by this closure were transferred to VNS Choice unless they had enrolled in a different plan. The ICS member sample was included in the first mailing of the 2019 MLTC member satisfaction survey, prior to the plan closure. Members may have already changed plans when the survey was received and answered questions based on the new plan experiences. Also, participants may have rated their plan differently after being moved to a new MLTC plan.

Conclusions and Recommendations

The overall survey findings were favorable. A large percentage of members rated the quality of MLTC services to be good or excellent, and the majority of members indicated that providers and services were always or usually on time. The quality of care provided by the most utilized providers/services increased from 82% in 2017 to 84% in 2019. There was a notable increase in results regarding the quality of care and the timeliness of receiving medical supplies and equipment. Survey results also indicated a significant improvement in the quality of care provided by home health and personal care agencies.

The health plans have demonstrated notable improvements in customer service, leading to a positive member experience. This change is reflected in the significant increase in the health plans effectively resolving member complaints and grievances. Also, this change is reflected in the larger percentage of responders reporting that their plan communicated the Consumer-Directed Personal Assistance program option to them.

Significant improvements have been made in advance care planning from 2017 to 2019. A greater percentage of members indicated that the health plans spoke to them about advanced directives. Furthermore, a greater percentage of members indicated that they have a legal document or advance directive appointing someone to make decisions if they are unable to do so. Members also indicated that the plan has a copy of these legal documents, which highlights the increased efforts made by plans to ensure members are effectively being educated about advance care planning.

There were notable increases in the percentage of members who are involved in making decisions about their plan of care with a family member.

Specific observations and recommendations were as follows:

- 1) Although the percentage of members rating the timely access to urgent appointments as good/excellent remained the same from 2017 to 2019, the rates remain low for all provider types. Timely access to urgent audiology and dentist appointments had the lowest rates at 28% (**Table B1**).

IPRO continues to acknowledge that outpatient services are not in the benefit package of the partially capitated plans. However, all plans may wish to investigate access issues by contacting providers directly to determine office policies on how urgent appointments are handled.

Plans may also choose to evaluate the network adequacy of audiologists and dentists. This evaluation will assist in determining if there are a sufficient number of providers within the networks. Audiology and dental services are within the benefit packages of all MLTC plan types and it is therefore hopeful that some positive impact can be achieved in each type.

- 2) Advance directives are considered an important component in the overall care of the MLTC population. The percentage of responders indicating that they have an advance directive has improved significantly from 2017 to 2019 (**Table B1**). However, there was a significantly greater percentage of women who reported having an advance directive than men (**Table B4**). There was also a significantly lower percentage of Asian responders who reported having an advance directive than other races (**Table B5**). PACE and MAP plans continue to exhibit higher rates of

advance directive discussions than partially capitated plans (**Table A6** and **Table B3**). Additionally, a significantly higher percentage of English-speaking responders reported having these documents in place, as compared to non-English speaking responders (**Table B8**).

As noted in prior survey findings, a number of partially capitated plans have addressed advance directives over the years, by way of performance improvement projects (PIPs) addressing advance directive discussion, as well as procurement. Project interventions have included the following:

- a) increased social worker and care management involvement (language- and culture-specific, where applicable);*
- b) language- and culture-specific member education materials;*
- c) advance directive discussions at start of enrollment processes;*
- d) advance directive discussions during clinical re-assessment visits; and*
- e) increased telephone follow-up initiatives.*

Survey responses indicate that these interventions have been successful, to some extent. IPRO recommends continued efforts in these areas, especially for the partially capitated plans. Language and culture-specific interventions appear to be a key to these undertakings.

*To address the difference in responses between men and women having advance directives, possibly closer follow-up with male members **after** initial discussions is warranted, to ensure that advance directive procurement occurs. Male members may not perceive the importance of these discussions as seriously as female members.*

- 3) Although rates remained roughly the same from 2017 to 2019, the quality of care received from speech therapists and audiology/hearing aids had the lowest excellent/good ratings, at 75% and 74%, respectively (**Table B1**).

The health plans should consider conducting reviews of complaints and grievances involving speech therapy and audiology services to assist in determining if outreach to these providers is necessary.

- 4) Responders with a level of education less than high school were more likely to report that they, a family member, or caregiver is involved in making decisions about their plan of care, which was significantly higher than responders with at least a high school diploma (78% vs. 74%, respectively). Additionally, 88% of responders with a level of education less than high school reported that the health plan explained the CDPA option, significantly higher than the 81% of responders with at least a high school diploma. Furthermore, 82% of responders with a level of education less than high school reported that the plan spoke to them about appointing someone to make health care decisions if they are unable to do so, which was significantly higher than the 76% of responders with at least a high school diploma (**Table B6**).

*These results may be indicative of efforts being limited to members with a perceived inability to understand these concepts. It is encouraging that discussions are taking place with these members; however, plans must ensure that these critical discussions are occurring across **all** membership groups. Members with at least a high school level of education may also need direction in understanding these concepts and should not be overlooked.*

- 5) There were some self-reported health status differences in some ratings. Members who reported their health status as either excellent or very good indicated that the plan explains services more clearly, were more involved in plan of care decisions, received more helpful customer service, and reported higher quality and timeliness ratings than did members who reported health status as either good/fair/poor. These differences were statistically significant (**Table B9**).

These results may indicate the possibility that plans may be somewhat challenged in servicing some of the sicker membership that may need more in-depth counseling, guidance, and possibly more clinical services. If not already in place, the plans should consider stratifying members by level of acuity to identify those with more significant care needs to assist in focusing on whether all of their care needs are being met on an individual basis, and if any care management concerns exist for the more seriously ill and needy members.

- 6) Similar to past survey results, there were some racial differences in some ratings. White responders were more likely to report their quality of care as good/excellent, and were more likely to rate that they were always/usually able to get a regular appointment in a timely manner with their doctors, as compared to other race/ethnicity groups. As stated previously, there was also a significantly lower percentage of Asian responders reporting having an advance directive than other races. A significantly higher percentage of English-speaking responders reported having advance directive documents in place, as compared to non-English speaking responders (**Table B5** and **Table B8**, respectively).

These results may indicate that cultural barriers associated with race and language may be playing a role in members not being satisfied with certain services and with timely access to them.

There may be limited access to services across certain groups. IPRO continues to note that cultural competency training for plan staff may be warranted, and a review of all member materials is also recommended to determine if they are culturally competent. Plans may need to consider increased use of language line services if it is determined that language barriers exist.

- 7) Survey response rates have continued to decline in each survey period (28% in 2017 vs. 23% in 2019).

The NYSDOH and IPRO have continually stressed the need for plans to reach out to members to emphasize the importance of the survey findings in addressing quality, access, and timeliness of care concerns. IPRO strongly recommends that plans continue to emphasize the importance of this survey and its completion to their memberships. However, plan staff should refrain from providing members with any individual assistance in survey completion. Going forward, it may be worthwhile for the NYSDOH and IPRO to consider, as a supplement to the survey responses, conducting a subset of survey items with focus groups of members across a sample of plans. Focus group responses can be compared to the traditional survey responses to identify any potential differences in satisfaction and to delve more deeply into survey topic domains. PACE day centers and centers utilized by partially capitated members would likely serve as good settings in which to conduct focus groups.

Appendix A: Frequency Tables

Table A1: MLTC Plan Evaluation

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
1a	Our records indicate that you are a member of [HEALTH PLAN]. Is this correct?																
	Yes	725	99.0	763	99.9	3,685	95.8	2991	97.0	482	96.0	506	96.75	4,892	96.3	4,260	97.4
	No	7	1.0	1	0.1	160	4.2	94	3.0	20	4.0	17	3.25	187	3.7	112	2.6
	TOTAL	732		764		3,845		3085		502		523		5,079		4,372	
2a^	Where do you live																
	At home	657	93.1	634	84.0	3,580	94.5	2699	88.6	486	98.4	456	94.6	4,723	94.7	3,789	88.5
	Nursing home	49	6.9	36	4.8	209	5.5	265	8.7	8	1.6	13	2.7	266	5.3	314	7.3
	Assisted Living Facility^			85	11.3			81	2.7			13	2.7			179	4.2
	TOTAL	706		755		3,789		3045		494		482		4,989		4,282	
3	MLTC plan explains services clearly?																
	Always	307	51.0	379	55.9	1,831	55.5	1608	61.3	289	64.4	316	70.9	2,427	55.8	2,303	61.4
	Usually	211	35.1	215	31.71	1,061	32.1	745	28.4	112	24.9	86	19.3	1,384	31.8	1,046	27.9
	Sometimes	73	12.1	74	10.91	342	10.4	226	8.6	42	9.4	42	9.4	457	10.5	342	9.1
	Never	11	1.8	10	1.475	67	2.0	46	1.8	6	1.3	2	0.4	84	1.9	58	1.5
	TOTAL	602		678		3,301		2625		449		446		4,352		3,749	
	<i>Don't know or not sure</i>	27		23		154		89		17		13		198		125	
4	Are you involved in making decisions about plan of care?																
	Always	286	48.1	344	50.7	1,793	54.7	1601	61.1	236	52.1	300	67.7	2,315	53.5	2,245	60.0
	Usually	160	26.9	174	25.6	828	25.2	583	22.3	98	21.6	75	16.9	1,086	25.1	832	22.2
	Sometimes	111	18.7	103	15.2	408	12.4	277	10.6	79	17.4	37	8.4	598	13.8	417	11.1
	Never	38	6.4	58	8.5	252	7.7	158	6.0	40	8.8	31	7.0	330	7.6	247	6.6
	TOTAL	595		679		3,281		2619		453		443		4,329		3,741	
	<i>Don't know or not sure</i>	33		23		163		93		19		12		215		128	

Table A1: MLTC Plan Evaluation (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
5	Is your family/caregiver involved in making decisions about plan of care?																
	Always	311	50.6	381	56.5	1,529	45.9	1334	50.4	213	46.6	231	51.3	2,053	46.6	1,946	51.6
	Usually	109	17.7	114	16.9	662	19.9	497	18.78	71	15.5	65	14.4	842	19.1	676	17.9
	Sometimes	99	16.1	92	13.6	573	17.2	428	16.17	89	19.5	78	17.3	761	17.3	598	15.9
	Never	96	15.6	87	12.9	565	17.0	388	14.66	84	18.4	76	16.9	745	16.9	551	14.6
	TOTAL	615		674		3,329		2647		457		450		4,401		3,771	
	<i>Don't know or not sure</i>	14		25		115		73		13		7		142		105	
6	Called the plan for help or a complaint/grievance?																
	Yes	343	55.6	425	61.8	1,675	49.7	1304	49.2	232	50.8	207	47.4	2,250	50.6	1,936	51.3
	No	274	44.4	263	38.2	1,697	50.3	1347	50.8	225	49.2	230	52.6	2,196	49.4	1,840	48.7
	TOTAL	617		688		3,372		2651		457		437		4,446		3,776	
7t	Speak with a person quickly?																
	Always	112	33.4	163	39.1	587	35.9	497	39.3	82	36.0	95	46.8	781	35.5	755	40.1
	Usually	127	37.9	156	37.4	610	37.3	457	36.1	90	39.5	60	29.6	827	37.6	673	35.7
	Sometimes	88	26.3	90	21.6	366	22.4	247	19.5	48	21.1	35	17.2	502	22.8	372	19.7
	Never	8	2.4	8	1.9	71	4.4	64	5.1	8	3.5	13	6.4	87	4.0	85	4.5
	TOTAL	335		417		1,634		1265		228		203		2,197		1,885	
	<i>Don't know or not sure</i>	3		3		16		12		1		0		20		15	
8t	Were questions answered quickly?																
	Always	102	30.5	144	34.9	636	38.8	511	40.4	88	38.4	92	45.1	826	37.5	747	39.7
	Usually	131	39.2	172	41.6	604	36.9	468	37.0	79	34.5	67	32.8	814	37.0	707	37.6
	Sometimes	87	26.1	88	21.3	337	20.6	236	18.7	58	25.3	34	16.7	482	21.9	358	19.0
	Never	14	4.2	9	2.2	62	3.8	49	3.9	4	1.8	11	5.4	80	3.6	69	3.7
	TOTAL	334		413		1,639		1264		229		204		2,202		1,881	
	<i>Don't know or not sure</i>	6		3		18		18		0		0		24		21	
9t	Were you able to understand the answers?																
	Always	158	47.5	218	52.5	805	49.4	676	53.2	112	49.8	114	56.4	1,075	49.1	1,008	53.4
	Usually	126	37.8	141	34.0	552	33.9	402	31.6	74	32.9	58	28.7	752	34.4	601	31.8
	Sometimes	45	13.5	51	12.3	245	15.0	171	13.5	37	16.4	26	12.9	327	14.9	248	13.1
	Never	4	1.2	5	1.2	28	1.7	22	1.7	2	0.9	4	2.0	34	1.6	31	1.6
	TOTAL	333		415		1,630		1271		225		202		2,188		1,888	
	<i>Don't know or not sure</i>	6		4		20		12		3		2		29		18	

Table A1: MLTC Plan Evaluation (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
10t	Were you treated with politeness and respect?																
	Always	232	69.1	314	74.9	1,136	69.5	947	74.0	164	71.6	167	83.1	1,532	69.7	1,428	75.2
	Usually	79	23.5	81	19.3	380	23.3	262	20.5	48	21.0	27	13.4	507	23.1	370	19.5
	Sometimes	24	7.1	22	5.3	102	6.2	65	5.1	16	7.0	7	3.5	142	6.5	94	4.9
	Never	1	0.3	2	0.5	16	1.0	5	0.4	1	0.4	0	0.0	18	0.8	7	0.4
	TOTAL	336		419		1,634		1,279		229		201		2,199		1,899	
	<i>Don't know or not sure</i>	1		0		12		7		0		2		13		9	
11t	Complaint or grievance handled to satisfaction?																
	Always	87	31.0	141	40.4	460	35.9	440	44.9	80	40.8	93	51.7	627	35.7	674	44.7
	Usually	92	32.7	123	35.2	410	32.0	280	28.6	50	25.5	44	24.4	552	31.4	447	29.6
	Sometimes	87	31.0	66	18.9	273	21.3	180	18.4	43	21.9	31	17.2	403	22.9	277	18.4
	Never	15	5.3	19	5.4	138	10.8	80	8.2	23	11.7	12	6.7	176	10.0	111	7.4
	TOTAL	281		349		1,281		980		196		180		1,758		1,509	
	<i>I did not call the plan with a complaint</i>	57		71		367		295		34		24		458		390	
12	Has asked to see all of the prescriptions/over the counter medicines?																
	Yes	549	93.1	613	95.5	3,101	94.6	2,416	95.2	434	94.6	423	96.4	4,084	94.4	3,452	95.4
	No	41	7.0	29	4.5	176	5.4	123	4.8	25	5.5	16	3.6	242	5.6	168	4.6
	TOTAL	590		642		3,277		2,539		459		439		4,326		3,620	
	<i>Don't know or not sure</i>	35		46		179		167		17		11		231		224	
13	Explain the CDPA option?																
	Yes	222	61.3	272	70.3	1,920	81.4	1,605	85.9	264	83.5	297	89.7	2,406	79.2	2,174	84.0
	No	140	38.7	115	29.7	439	18.6	264	14.1	52	16.5	34	10.3	631	20.8	413	16.0
	TOTAL	362		387		2,359		1,869		316		331		3,037		2,587	
	<i>Don't know or not sure</i>	257		278		1,061		775		151		119		1,469		1,172	
14a	Take meds the way your doctor wants you to																
	Excellent	324	58.1	366	58.7	1,414	52.7	1,064	50.5	205	53.3	202	51.5	1,943	53.6	1,632	52.3
	Good	187	33.5	215	34.5	970	36.1	785	37.3	141	36.6	148	37.8	1,298	35.8	1,148	36.8
	Fair	35	6.3	34	5.4	204	7.6	190	9.0	24	6.2	35	8.9	263	7.3	259	8.3
	Poor	12	2.2	9	1.4	96	3.6	66	3.1	15	3.9	7	1.8	123	3.4	82	2.6
	TOTAL	558		624		2,684		2,105		385		392		3,627		3,121	
	<i>Not Applicable</i>	51		41		620		442		71		41		742		524	

Table A1: MLTC Plan Evaluation (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
14b	Manage your illness																
	Excellent	286	51.9	342	58.3	1,159	45.7	871	44.6	180	47.9	174	49.3	1,625	46.9	1,387	47.9
	Good	206	37.4	194	33.0	1,005	39.6	821	42.0	138	36.7	128	36.3	1,349	38.9	1,143	39.5
	Fair	48	8.7	38	6.5	258	10.2	195	10.0	44	11.7	36	10.2	350	10.1	269	9.3
	Poor	11	2.0	13	2.2	115	4.5	67	3.4	14	3.7	15	4.2	140	4.0	95	3.3
	TOTAL	551		587		2,537		1,954		376		353		3,464		2,894	
	<i>Not Applicable</i>	51		65		730		504		71		57		852		626	
14c	Help when feeling sad and lonely																
	Excellent	176	38.2	194	38.4	879	38.3	623	36.8	114	37.4	103	38.1	1,169	38.2	920	37.3
	Good	166	36.0	186	36.8	821	35.8	671	39.7	106	34.8	95	35.2	1,093	35.7	952	38.6
	Fair	87	18.9	75	14.9	375	16.4	251	14.8	60	19.7	49	18.1	522	17.1	375	15.2
	Poor	32	6.9	50	9.9	219	9.6	147	8.7	25	8.2	23	8.5	276	9.0	220	8.9
	TOTAL	461		505		2,294		1,692		305		270		3,060		2,467	
	<i>Not Applicable</i>	136		138		952		750		144		127		1,232		1,015	
14d	Allow to stay in home and not in nursing home																
	Excellent	384	71.6	403	72.7	1,706	65.0	1331	65.4	218	63.4	206	65.2	2,308	65.9	1,940	66.8
	Good	130	24.3	121	21.8	730	27.8	583	28.7	99	28.8	91	28.8	959	27.4	795	27.4
	Fair	11	2.1	19	3.4	129	4.9	84	4.1	20	5.8	15	4.7	160	4.6	118	4.1
	Poor	11	2.1	11	2.0	58	2.2	36	1.8	7	2.0	4	1.3	76	2.2	51	1.8
	TOTAL	536		554		2,623		2,034		344		316		3,503		2,904	
	<i>Not Applicable</i>	69		104		632		460		108		99		809		663	
15	Overall, how would you rate your plan?																
	Excellent	257	42.5	298	44.9	1,430	43.7	1,225	47.8	203	44.9	231	52.3	1,890	43.6	1,754	47.8
	Good	270	44.6	285	43.0	1,438	43.9	1,076	42.0	196	43.4	165	37.3	1,904	44.0	1,526	41.6
	Fair	71	11.7	66	10.0	340	10.4	217	8.5	48	10.6	38	8.6	459	10.6	321	8.7
	Poor	7	1.2	14	2.1	66	2.0	46	1.8	5	1.1	8	1.8	78	1.8	68	1.9
	TOTAL	605		663		3,274		2,564		452		442		4,331		3,669	

Note: Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; MLTC: managed long-term care; N*: Represents the denominator, which is the number of valid responses.

Table A2: Quality of Care

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
16	Regular Doctor																
	Excellent	309	53.0	344	53.3	1,790	57.6	1468	59.2	235	53.7	251	60.0	2,334	56.5	2,063	58.2
	Good	209	35.8	233	36.1	1,062	34.1	840	33.9	160	36.5	132	31.6	1,431	34.6	1,205	34.0
	Fair	48	8.2	45	7.0	190	6.1	127	5.1	30	6.8	29	6.9	268	6.5	201	5.7
	Poor	17	2.9	23	3.6	68	2.2	45	1.8	13	3.0	6	1.4	98	2.4	74	2.1
	TOTAL	583		645		3,110		2,480		438		418		4,131		3,543	
	<i>Not Applicable</i>	21		24		226		109		23		14		270		147	
17	Dentist																
	Excellent	159	36.1	183	37.1	710	33.2	600	35.5	86	30.6	104	36.0	955	33.4	887	35.9
	Good	184	41.8	210	42.6	874	40.8	713	42.2	122	43.4	112	38.8	1,180	41.2	1,035	41.9
	Fair	56	12.7	54	11.0	340	15.9	240	14.2	47	16.7	47	16.3	443	15.5	341	13.8
	Poor	41	9.3	46	9.3	216	10.1	135	8.0	26	9.3	26	9.0	283	9.9	207	8.4
	TOTAL	440		493		2,140		1,688		281		289		2,861		2,470	
	<i>Not Applicable</i>	158		167		1,067		777		155		110		1,380		1,054	
18	Eye Care																
	Excellent	203	38.9	242	42.2	1,127	42.1	937	44.8	156	40.0	162	43.3	1,486	41.4	1,341	44.1
	Good	231	44.3	245	42.7	1,095	40.9	844	40.3	161	41.3	154	41.2	1,487	41.4	1,243	40.9
	Fair	57	10.9	67	11.7	292	10.9	214	10.2	50	12.8	43	11.5	399	11.1	324	10.7
	Poor	31	5.9	20	3.5	162	6.1	97	4.6	23	5.9	15	4.0	216	6.0	132	4.3
	TOTAL	522		574		2,676		2,092		390		374		3,588		3,040	
	<i>Not Applicable</i>	88		96		623		464		62		51		773		611	
19	Foot Doctor																
	Excellent	171	39.4	194	39.3	946	44.0	794	46.7	141	42.6	157	49.1	1,258	43.2	1,145	45.6
	Good	169	38.9	209	42.3	832	38.7	655	38.6	129	39.0	116	36.3	1,130	38.8	980	39.0
	Fair	69	15.9	58	11.7	251	11.7	180	10.6	42	12.7	28	8.8	362	12.4	266	10.6
	Poor	25	5.8	33	6.7	120	5.6	70	4.1	19	5.7	19	5.9	164	5.6	122	4.9
	TOTAL	434		494		2,149		1,699		331		320		2,914		2,513	
	<i>Not Applicable</i>	150		165		1,017		771		102		89		1,269		1,025	
20a	Home Health Aide																
	Excellent	223	46.0	298	52.0	1,788	59.4	1523	62.6	240	56.9	285	68.7	2,251	57.5	2,106	61.5
	Good	172	35.5	203	35.4	921	30.6	685	28.1	130	30.8	101	24.3	1,223	31.2	989	28.9
	Fair	70	14.4	44	7.7	212	7.0	151	6.2	36	8.5	15	3.6	318	8.1	210	6.1
	Poor	20	4.1	28	4.9	90	3.0	75	3.1	16	3.8	14	3.4	126	3.2	117	3.4
	TOTAL	485		573		3,011		2,434		422		415		3,918		3,422	
	<i>Not Applicable</i>	97		102		189		129		25		13		311		244	

Table A2: Quality of Care (continued)

Item	Description	All responders		PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019			
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%		
20b	Home Health Agency																		
	Excellent	159	35.2	219	39.0	1,358	43.9	1154	47.7	172	39.6	209	49.9	1,689	42.4	1,582	46.5		
	Good	180	39.8	243	43.2	1,184	38.3	891	36.8	164	37.8	152	36.3	1,528	38.4	1,286	37.8		
	Fair	86	19.0	68	12.1	386	12.5	271	11.2	66	15.2	43	10.3	538	13.5	382	11.2		
	Poor	27	6.0	32	5.7	167	5.4	102	4.2	32	7.4	15	3.6	226	5.7	149	4.4		
	TOTAL	452		562		3,095		2,418		434		419		3,981		3,399			
	<i>Not Applicable</i>	142		97		194		136		20		7		356		240			
21	Care Manager																		
	Excellent	255	46.3	283	45.9	1,421	45.9	1231	50.2	193	44.9	199	48.9	1,869	45.9	1,713	49.3		
	Good	194	35.2	249	40.4	1,216	39.3	895	36.5	168	39.1	154	37.8	1,578	38.7	1,298	37.4		
	Fair	85	15.4	64	10.4	322	10.4	237	9.7	45	10.5	34	8.4	452	11.1	335	9.6		
	Poor	17	3.1	21	3.4	134	4.3	87	3.6	24	5.6	20	4.9	175	4.3	128	3.7		
	TOTAL	551		617		3,093		2,450		430		407		4,074		3,474			
	<i>Not Applicable</i>	47		39		201		111		21		16		269		166			
22a	Regular Visiting Nurse																		
	Excellent	273	50.6	331	56.9	1,396	47.6	1106	49.7	151	37.5	186	46.9	1,840	47.2	1,623	50.6		
	Good	200	37.0	188	32.3	1,125	38.3	848	38.1	166	41.2	149	37.5	1,491	38.3	1,185	37.0		
	Fair	49	9.1	48	8.2	296	10.1	192	8.6	61	15.1	46	11.6	406	10.4	286	8.9		
	Poor	18	3.3	15	2.6	118	4.0	81	3.6	25	6.2	16	4.0	161	4.1	112	3.5		
	TOTAL	540		582		2,935		2,227		403		397		3,898		3,206			
	<i>Not Applicable</i>	70		87		393		352		36		30		499		469			
22b	Covering/On Call Nurse																		
	Excellent	157	39.0	182	40.0	735	39.3	559	41.2	94	33.3	96	35.0	986	38.6	837	40.1		
	Good	160	39.7	198	43.5	773	41.3	553	40.8	126	44.7	126	46.0	1,059	41.4	877	42.0		
	Fair	64	15.9	52	11.4	227	12.1	165	12.2	40	14.2	37	13.5	331	12.9	254	12.2		
	Poor	22	5.5	23	5.1	136	7.3	80	5.9	22	7.8	15	5.5	180	7.0	118	5.7		
	TOTAL	403		455		1,871		1,357		282		274		2,556		2,086			
	<i>Not Applicable</i>	201		209		1,303		1,134		159		131		1,663		1,474			
23	Physical Therapist																		
	Excellent	168	43.2	235	49.3	550	41.0	444	41.8	56	32.0	68	39.1	774	40.6	747	43.6		
	Good	154	39.6	167	35.0	501	37.4	420	39.6	67	38.3	72	41.4	722	37.9	659	38.5		
	Fair	54	13.9	56	11.7	182	13.6	128	12.1	30	17.1	27	15.5	266	14.0	211	12.3		
	Poor	13	3.3	19	4.0	108	8.1	69	6.5	22	12.6	7	4.0	143	7.5	95	5.5		
	TOTAL	389		477		1,341		1,061		175		174		1,905		1,712			
	<i>Not Applicable</i>	205		189		1,804		1,408		253		222		2,262		1,819			

Table A2: Quality of Care (continued)

Item	Description	All responders		PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019			
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%		
24	Occupational Therapist																		
	Excellent	136	44.6	175	48.1	305	39.7	234	38.0	33	33.7	32	36.4	474	40.4	441	41.3		
	Good	114	37.4	134	36.8	278	36.2	248	40.3	40	40.8	38	43.2	432	36.9	420	39.4		
	Fair	42	13.8	41	11.3	98	12.7	84	13.7	10	10.2	10	11.4	150	12.8	135	12.7		
	Poor	13	4.3	14	3.8	88	11.4	49	8.0	15	15.3	8	9.1	116	9.9	71	6.7		
	TOTAL	305		364		769		615		98		88		1,172		1,067			
	<i>Not Applicable</i>	276		283		2,279		1801		311		289		2,866		2,373			
25	Speech Therapist																		
	Excellent	43	46.2	44	38.9	167	40.5	124	37.9	23	41.1	15	32.6	233	41.5	183	37.7		
	Good	28	30.1	43	38.1	140	34.0	119	36.4	17	30.4	19	41.3	185	33.0	181	37.2		
	Fair	15	16.1	18	15.9	57	13.8	38	11.6	7	12.5	6	13.0	79	14.1	62	12.8		
	Poor	7	7.5	8	7.1	48	11.7	46	14.1	9	16.1	6	13.0	64	11.4	60	12.3		
	TOTAL	93		113		412		327		56		46		561		486			
	<i>Not Applicable</i>	484		529		2,595		2053		344		328		3,423		2,910			
26	Social Worker																		
	Excellent	267	51.1	299	49.5	644	39.7	494	43.0	84	36.4	77	41.2	995	41.8	870	44.8		
	Good	166	31.7	218	36.1	644	39.7	420	36.5	85	36.8	68	36.4	895	37.6	706	36.4		
	Fair	64	12.2	55	9.1	210	12.9	133	11.6	42	18.2	27	14.4	316	13.3	215	11.1		
	Poor	26	5.0	32	5.3	126	7.8	103	9.0	20	8.7	15	8.0	172	7.2	150	7.7		
	TOTAL	523		604		1,624		1,150		231		187		2,378		1,941			
	<i>Not Applicable</i>	66		57		1,478		1,241		190		201		1,734		1,499			
27	Medical Supplies and Equipment																		
	Excellent	272	49.4	350	56.8	1,092	41.6	919	44.3	163	43.9	160	45.6	1,527	43.1	1,429	47.0		
	Good	200	36.3	194	31.5	982	37.4	799	38.5	127	34.2	131	37.3	1,309	36.9	1,124	36.9		
	Fair	52	9.4	51	8.3	363	13.8	209	10.1	52	14.0	38	10.8	467	13.2	298	9.8		
	Poor	27	4.9	21	3.4	188	7.2	148	7.1	29	7.8	22	6.3	244	6.9	191	6.3		
	TOTAL	551		616		2,625		2,075		371		351		3,547		3,042			
	<i>Not Applicable</i>	59		56		607		452		81		70		747		578			
28	Audiology / Hearing Aids																		
	Excellent	72	35.8	89	39.0	291	37.6	218	33.2	37	33.3	37	33.3	400	36.8	344	34.5		
	Good	77	38.3	89	39.0	277	35.8	261	39.7	33	29.7	39	35.1	387	35.6	389	39.1		
	Fair	30	14.9	28	12.3	115	14.9	92	14.0	18	16.2	14	12.6	163	15.0	134	13.5		
	Poor	22	10.9	22	9.6	91	11.8	86	13.1	23	20.7	21	18.9	136	12.5	129	13.0		
	TOTAL	201		228		774		657		111		111		1,086		996			
	<i>Not Applicable</i>	381		417		2,299		1,765		300		275		2,980		2,457			

Table A2: Quality of Care (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
29	Home Delivered Meals / Meals on Wheels																
	Excellent	52	47.3	68	46.6	346	50.4	261	51.4	38	60.3	27	48.2	436	50.7	356	50.1
	Good	36	32.7	56	38.4	220	32.0	160	31.5	18	28.6	20	35.7	274	31.9	236	33.2
	Fair	13	11.8	17	11.6	76	11.1	46	9.1	2	3.2	5	8.9	91	10.6	68	9.6
	Poor	9	8.2	5	3.4	45	6.6	41	8.1	5	7.9	4	7.1	59	6.9	50	7.0
	TOTAL	110		146		687		508		63		56		860		710	
	<i>Not Applicable</i>	476		503		2,380		1887		352		325		3,208		2,715	
30	Meals served at Day Health Center																
	Excellent	158	35.6	161	46.6	295	42.6	244	44.1	43	51.8	31	50.8	496	40.7	436	41.0
	Good	180	40.5	174	38.4	249	35.9	204	36.9	24	28.9	18	29.5	453	37.1	396	37.3
	Fair	77	17.3	87	11.6	109	15.7	68	12.3	7	8.4	7	11.5	193	15.8	162	15.2
	Poor	29	6.5	27	3.4	40	5.8	37	6.7	9	10.8	5	8.2	78	6.4	69	6.5
	TOTAL	444		449		693		553		83		61		1,220		1,063	
	<i>Not Applicable</i>	156		211		2,386		1871		331		327		2,873		2,409	
31	Day Health Center Activities																
	Excellent	150	33.3	162	35.4	345	43.2	296	47.1	41	44.1	36	47.4	536	40.0	494	42.5
	Good	180	40.0	191	41.7	305	38.2	234	37.3	31	33.3	22	28.9	516	38.5	447	38.5
	Fair	96	21.3	73	15.9	101	12.7	68	10.8	11	11.8	15	19.7	208	15.5	156	13.4
	Poor	24	5.3	32	7.0	47	5.9	30	4.8	10	10.8	3	3.9	81	6.0	65	5.6
	TOTAL	450		458		798		628		93		76		1,341		1,162	
	<i>Not Applicable</i>	152		198		2,292		1799		319		307		2,763		2,304	
32	Transportation Services																
	Excellent	204	37.0	223	37.2	971	40.6	844	46.2	137	40.1	137	42.4	1,312	40.0	1,204	43.8
	Good	234	42.5	239	39.8	888	37.2	617	33.8	112	32.7	113	35.0	1,234	37.6	969	35.3
	Fair	81	14.7	90	15.0	333	13.9	242	13.3	56	16.4	47	14.6	470	14.3	379	13.8
	Poor	32	5.8	48	8.0	197	8.2	122	6.7	37	10.8	26	8.0	266	8.1	196	7.1
	TOTAL	551		600		2,389		1,825		342		323		3,282		2,748	
	<i>Not Applicable</i>	55		64		880		719		105		93		1,040		876	
33	Nursing Home																
	Excellent	21	39.6	33	45.2	127	43.2	135	46.9	21	53.8	19	51.4	169	43.8	187	47.0
	Good	17	32.1	24	32.9	100	34.0	99	34.4	8	20.5	12	32.4	125	32.4	135	33.9
	Fair	6	11.3	9	12.3	36	12.2	26	9.0	5	12.8	3	8.1	47	12.2	38	9.5
	Poor	9	17.0	7	9.6	31	10.5	28	9.7	5	12.8	3	8.1	45	11.7	38	9.5
	TOTAL	53		73		294		288		39		37		386		398	
	<i>Not Applicable</i>	515		544		2,694		2,060		362		330		3,571		2,934	

Table A2: Quality of Care (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
34	Pharmacy Services																
	Excellent	282	49.6	337	53.1	1,417	50.5	1,181	54.8	200	48.3	205	53.5	1,899	50.1	1,723	54.3
	Good	233	41.0	239	37.6	1,074	38.3	787	36.5	160	38.6	136	35.5	1,467	38.7	1,162	36.6
	Fair	42	7.4	49	7.7	240	8.6	155	7.2	45	10.9	26	6.8	327	8.6	230	7.2
	Poor	11	1.9	10	1.6	75	2.7	34	1.6	9	2.2	16	4.2	95	2.5	60	1.9
	TOTAL	568		635		2,806		2,157		414		383		3,788		3,175	
	<i>Not Applicable</i>	41		32		490		392		42		43		573		467	
35	Nutritionist																
	Excellent	173	40.2	217	41.4	286	35.7	257	39.7	48	40.3	48	38.4	507	37.6	522	40.2
	Good	180	41.9	225	42.9	306	38.2	255	39.4	41	34.5	47	37.6	527	39.0	527	40.6
	Fair	60	14.0	56	10.7	144	18.0	77	11.9	21	17.6	21	16.8	225	16.7	154	11.9
	Poor	17	4.0	26	5.0	65	8.1	59	9.1	9	7.6	9	7.2	91	6.7	94	7.2
	TOTAL	430		524		801		648		119		125		1,350		1,297	
	<i>Not Applicable</i>	163		137		2,267		1,780		306		263		2,736		2,180	

Note: Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.

Table A3: Timeliness of Care

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
36	Home Health Aide																
	Always	271	54.7	335	60.8	2,187	72.5	1761	74.6	288	68.9	329	81.0	2,746	69.9	2,425	73.1
	Usually	147	29.7	152	27.6	618	20.5	470	19.9	91	21.8	57	14.0	856	21.8	679	20.5
	Sometimes	74	14.9	60	10.9	156	5.2	105	4.4	31	7.4	16	3.9	261	6.6	181	5.5
	Never	3	0.6	4	0.7	57	1.9	24	1.0	8	1.9	4	1.0	68	1.7	32	1.0
	TOTAL	495		551		3,018		2,360		418		406		3,931		3,317	
	<i>Not Applicable</i>	105		121		216		163		31		18		352		302	
37	Care Manager / Case Manager																
	Always	272	51.4	313	53.2	1,552	54.6	1292	57.1	191	50.4	203	55.2	2,015	53.8	1,808	56.2
	Usually	166	31.4	194	33.0	876	30.8	679	30.0	132	34.8	117	31.8	1,174	31.3	990	30.8
	Sometimes	73	13.8	65	11.1	296	10.4	219	9.7	41	10.8	37	10.1	410	10.9	321	10.0
	Never	18	3.4	16	2.7	116	4.1	73	3.2	15	4.0	11	3.0	149	4.0	100	3.1
	TOTAL	529		588		2,840		2,263		379		368		3,748		3,219	
	<i>Not Applicable</i>	58		64		360		232		64		47		482		343	
38a	Regular Visiting Nurse																
	Always	295	56.8	346	62.1	1,463	53.1	1107	53.9	189	47.0	197	54.0	1,947	52.9	1,650	55.5
	Usually	145	27.9	137	24.6	820	29.7	638	31.1	125	31.1	103	28.2	1,090	29.6	878	29.5
	Sometimes	64	12.3	58	10.4	368	13.3	228	11.1	72	17.9	46	12.6	504	13.7	332	11.2
	Never	15	2.9	16	2.9	106	3.8	80	3.9	16	4.0	19	5.2	137	3.7	115	3.9
	TOTAL	519		557		2,757		2,053		402		365		3,678		2,975	
	<i>Not Applicable</i>	80		109		474		474		50		46		604		629	
38b	Covering/On Call Nurse																
	Always	182	47.9	199	45.7	756	43.8	596	47.6	97	36.9	111	43.5	1,035	43.7	906	46.6
	Usually	120	31.6	151	34.7	546	31.6	375	29.9	82	31.2	82	32.2	748	31.5	608	31.3
	Sometimes	57	15.0	58	13.3	265	15.3	160	12.8	54	20.5	35	13.7	376	15.9	253	13.0
	Never	21	5.5	27	6.2	161	9.3	122	9.7	30	11.4	27	10.6	212	8.9	176	9.1
	TOTAL	380		435		1,728		1,253		263		255		2,371		1,943	
	<i>Not Applicable</i>	208		227		1,371		1,188		166		143		1,745		1,558	

Table A3: Timeliness of Care (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
39	Physical Therapist																
	Always	171	51.4	223	53.9	533	48.2	422	46.8	47	33.6	60	46.2	751	47.6	705	48.8
	Usually	95	28.5	125	30.2	307	27.8	262	29.0	38	27.1	35	26.9	440	27.9	422	29.2
	Sometimes	47	14.1	41	9.9	146	13.2	119	13.2	30	21.4	18	13.8	223	14.1	178	12.3
	Never	20	6.0	25	6.0	119	10.8	99	11.0	25	17.9	17	13.1	164	10.4	141	9.8
	TOTAL	333		414		1,105		902		140		130		1,578		1,446	
	<i>Not Applicable</i>	243		240		1,947		1495		280		254		2,470		1,989	
40	Occupational Therapist																
	Always	128	51.0	164	52.1	301	47.4	218	41.8	26	29.5	22	31.9	455	46.7	404	44.6
	Usually	71	28.3	97	30.8	144	22.7	137	26.3	20	22.7	17	24.6	235	24.1	251	27.7
	Sometimes	33	13.1	30	9.5	79	12.4	68	13.1	13	14.8	10	14.5	125	12.8	108	11.9
	Never	19	7.6	24	7.6	111	17.5	98	18.8	29	33.0	20	29.0	159	16.3	142	15.7
	TOTAL	251		315		635		521		88		69		974		905	
	<i>Not Applicable</i>	319		322		2,356		1837		319		310		2,994		2,469	
41	Speech Therapist																
	Always	38	51.4	40	52.1	161	45.1	110	37.8	17	31.5	17	36.2	216	44.5	167	37.8
	Usually	16	21.6	26	30.8	65	18.2	72	24.7	9	16.7	10	21.3	90	18.6	108	24.4
	Sometimes	6	8.1	16	9.5	27	7.6	23	7.9	3	5.6	4	8.5	36	7.4	43	9.7
	Never	14	18.9	22	7.6	104	29.1	86	29.6	25	46.3	16	34.0	143	29.5	124	28.1
	TOTAL	74		104		357		291		54		47		485		442	
	<i>Not Applicable</i>	489		522		2,626		2048		352		324		3,467		2,894	
42	Social Worker																
	Always	271	55.9	308	55.2	632	45.4	462	47.6	74	36.6	68	44.4	977	47.0	838	49.8
	Usually	122	25.2	171	30.6	416	29.9	276	28.4	66	32.7	39	25.5	604	29.1	486	28.9
	Sometimes	70	14.4	53	9.5	206	14.8	133	13.7	36	17.8	27	17.6	312	15.0	213	12.7
	Never	22	4.5	26	4.7	138	9.9	100	10.3	26	12.9	19	12.4	186	8.9	145	8.6
	TOTAL	485		558		1,392		971		202		153		2,079		1,682	
	<i>Not Applicable</i>	94		93		1,652		1394		219		224		1,965		1,711	

Table A3: Timeliness of Care (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
43	Home Delivered Meals / Meals on Wheels																
	Always	67	63.2	88	61.1	388	59.0	268	53.8	32	45.7	24	42.1	487	58.4	380	54.4
	Usually	25	23.6	33	22.9	132	20.1	121	24.3	14	20.0	10	17.5	171	20.5	164	23.5
	Sometimes	6	5.7	11	7.6	38	5.8	30	6.0	5	7.1	4	7.0	49	5.9	45	6.4
	Never	8	7.5	12	8.3	100	15.2	79	15.9	19	27.1	19	33.3	127	15.2	110	15.7
	TOTAL	106		144		658		498		70		57		834		699	
	<i>Not Applicable</i>	468		496		2,339		1855		344		315		3,151		2,666	
44a	Transportation TO Day Center																
	Always	227	52.3	221	49.0	452	55.7	353	55.3	54	50.9	46	50.0	733	54.2	620	52.5
	Usually	141	32.5	149	33.0	224	27.6	167	26.2	22	20.8	17	18.5	387	28.6	333	28.2
	Sometimes	60	13.8	59	13.1	60	7.4	45	7.1	11	10.4	10	10.9	131	9.7	114	9.7
	Never	6	1.4	22	4.9	76	9.4	73	11.4	19	17.9	19	20.7	101	7.5	114	9.7
	TOTAL	434		451		812		638		106		92		1,352		1,181	
	<i>Not Applicable</i>	142		204		1,860		1,732		249		285		2,251		2,221	
44b	Transportation FROM Day Center																
	Always	222	52.4	228	51.4	402	55.8	332	55.5	49	53.8	42	51.2	673	54.4	602	53.6
	Usually	134	31.6	147	33.1	192	26.6	149	24.9	17	18.7	11	13.4	343	27.8	307	27.3
	Sometimes	58	13.7	47	10.6	58	8.0	37	6.2	8	8.8	7	8.5	124	10.0	91	8.1
	Never	10	2.4	22	5.0	69	9.6	80	13.4	17	18.7	22	26.8	96	7.8	124	11.0
	TOTAL	424		444		721		598		91		82		1,236		1,124	
	<i>Not Applicable</i>	143		208		1,855		1,765		244		289		2,242		2,262	
44c	Transportation TO the doctor																
	Always	264	53.3	275	50.9	1,106	53.5	925	56.3	166	53.7	163	56.2	1,536	53.5	1,363	55.1
	Usually	167	33.7	186	34.4	620	30.0	465	28.3	75	24.3	83	28.6	862	30.0	734	29.7
	Sometimes	51	10.3	62	11.5	220	10.6	154	9.4	46	14.9	35	12.1	317	11.0	251	10.2
	Never	13	2.6	17	3.1	122	5.9	98	6.0	22	7.1	9	3.1	157	5.5	124	5.0
	TOTAL	495		540		2,068		1,642		309		290		2,872		2,472	
	<i>Not Applicable</i>	82		115		957		831		104		110		1,143		1,056	

Table A3: Timeliness of Care (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
44d	Transportation FROM the doctor																
	Always	246	50.5	257	47.6	1,040	51.1	876	53.4	160	51.8	164	55.2	1,446	51.0	1,297	52.3
	Usually	153	31.4	170	31.5	589	28.9	461	28.1	69	22.3	81	27.3	811	28.6	712	28.7
	Sometimes	67	13.8	81	15.0	266	13.1	200	12.2	56	18.1	39	13.1	389	13.7	320	12.9
	Never	21	4.3	32	5.9	142	7.0	104	6.3	24	7.8	13	4.4	187	6.6	149	6.0
	TOTAL	487		540		2,037		1,641		309		297		2,833		2,478	
	<i>Not Applicable</i>	83		119		956		821		108		105		1,147		1,045	
45	Medical Supplies and Equipment																
	Always	291	58.4	359	62.7	1,203	51.1	1,061	53.9	187	54.5	182	54.3	1,681	52.6	1,602	55.7
	Usually	150	30.1	156	27.2	719	30.6	608	30.9	96	28.0	106	31.6	965	30.2	870	30.3
	Sometimes	47	9.4	45	7.9	295	12.5	206	10.5	46	13.4	27	8.1	388	12.2	278	9.7
	Never	10	2.0	13	2.3	135	5.7	93	4.7	14	4.1	20	6.0	159	5.0	126	4.4
	TOTAL	498		573		2,352		1,968		343		335		3,193		2,876	
	<i>Not Applicable</i>	82		86		714		517		88		74		884		677	
46	Pharmacy Services																
	Always	356	64.0	418	66.7	1,707	63.2	1,373	66.0	255	63.6	252	67.4	2,318	63.4	2,043	66.3
	Usually	163	29.3	171	27.3	765	28.3	577	27.8	112	27.9	99	26.5	1,040	28.4	847	27.5
	Sometimes	28	5.0	28	4.5	158	5.9	97	4.7	23	5.7	18	4.8	209	5.7	143	4.6
	Never	9	1.6	10	1.6	70	2.6	32	1.5	11	2.7	5	1.3	90	2.5	47	1.5
	TOTAL	556		627		2,700		2,079		401		374		3,657		3,080	
	<i>Not Applicable</i>	38		32		509		421		49		38		596		491	
47	Audiology/Hearing Aids																
	Always	66	40.0	96	44.7	292	43.8	242	42.6	40	38.8	33	37.5	398	42.6	371	42.6
	Usually	56	33.9	66	30.7	173	25.9	166	29.2	28	27.2	26	29.5	257	27.5	258	29.6
	Sometimes	25	15.2	26	12.1	97	14.5	69	12.1	15	14.6	8	9.1	137	14.7	103	11.8
	Never	18	10.9	27	12.6	105	15.7	91	16.0	20	19.4	21	23.9	143	15.3	139	16.0
	TOTAL	165		215		667		568		103		88		935		871	
	<i>Not Applicable</i>	414		428		2,339		1,779		315		276		3,068		2,483	

Note: Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.

Table A4: Access to Care (Urgent Appointments)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
48	Regular Doctor																
	Same day	224	46.9	271	52.5	1,246	49.3	895	45.6	171	49.0	172	51.8	1,641	49.0	1,338	47.6
	1 to 3 days	203	42.5	180	34.9	894	35.4	723	36.9	109	31.2	97	29.2	1,206	36.0	1,000	35.6
	4 days or longer	51	10.7	65	12.6	385	15.2	343	17.5	69	19.8	63	19.0	505	15.1	471	16.8
	TOTAL	478		516		2,525		1,961		349		332		3,352		2,809	
	<i>Not Applicable</i>	112		138		706		519		96		78		914		735	
49	Dentist																
	Same day	280	55.8	64	20.8	428	29.8	304	28.3	65	34.4	65	34.4	551	28.9	433	27.5
	1 to 3 days	104	20.7	130	42.3	531	37.0	397	36.9	63	33.3	62	32.8	698	36.6	589	37.5
	4 days or longer	118	23.5	113	36.8	477	33.2	375	34.9	61	32.3	62	32.8	656	34.4	550	35.0
	TOTAL	502		307		1,436		1,076		189		189		1,905		1,572	
	<i>Not Applicable</i>	302		334		1,666		1,311		233		199		2,201		1,844	
50	Eye Care																
	Same day	79	21.9	89	25.7	586	31.4	403	28.3	104	35.5	97	38.6	769	30.6	589	29.2
	1 to 3 days	139	38.6	132	38.2	643	34.5	529	37.2	92	31.4	86	34.3	874	34.7	747	37.0
	4 days or longer	142	39.4	125	36.1	635	34.1	491	34.5	97	33.1	68	27.1	874	34.7	684	33.9
	TOTAL	360		346		1,864		1,423		293		251		2,517		2,020	
	<i>Not Applicable</i>	223		297		1,289		1,021		147		143		1,659		1,461	
51	Foot Doctor																
	Same day	85	27.7	86	24.9	481	31.7	352	30.4	95	37.5	85	36.5	661	31.8	523	30.1
	1 to 3 days	96	31.3	138	39.9	570	37.5	455	39.4	79	31.2	85	36.5	745	35.8	678	39.1
	4 days or longer	126	41.0	122	35.3	468	30.8	349	30.2	79	31.2	63	27.0	673	32.4	534	30.8
	TOTAL	307		346		1,519		1,156		253		233		2,079		1,735	
	<i>Not Applicable</i>	272		301		1,597		1,255		180		169		2,049		1,725	
52	Audiology/Hearing Aids																
	Same day	32	22.5	40	26.3	179	34.2	114	27.1	22	30.6	28	36.8	233	31.6	182	28.1
	1 to 3 days	41	28.9	54	35.5	169	32.3	153	36.4	27	37.5	21	27.6	237	32.2	228	35.2
	4 days or longer	69	48.6	58	38.2	175	33.5	153	36.4	23	31.9	27	35.5	267	36.2	238	36.7
	TOTAL	142		152		523		420		72		76		737		648	
	<i>Not Applicable</i>	430		491		2,508		1,933		339		300		3,277		2,724	

Note: Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.

Table A5: Access to Care (Regular Appointments)

Item	Description	All responders				PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
53	Regular Doctor																				
	Always	287	58.3	330	60.8	1,867	63.0	1,455	62.9	256	62.0	271	68.3	2,410	62.3	2,056	63.2				
	Usually	144	29.3	142	26.2	780	26.3	610	26.4	92	22.3	83	20.9	1,016	26.3	835	25.7				
	Sometimes	54	11.0	51	9.4	237	8.0	197	8.5	47	11.4	33	8.3	338	8.7	281	8.6				
	Never	7	1.4	20	3.7	81	2.7	51	2.2	18	4.4	10	2.5	106	2.7	81	2.5				
	TOTAL	492		543		2,965		2,313		413		397		3,870		3,253					
	<i>Not Applicable</i>	100		121		302		201		41		25		443		347					
54	Dentist																				
	Always	124	38.4	143	41.3	699	40.6	557	41.5	98	43.6	111	48.3	921	40.6	811	42.3				
	Usually	109	33.7	112	32.4	610	35.4	443	33.0	61	27.1	58	25.2	780	34.3	613	32.0				
	Sometimes	61	18.9	61	17.6	287	16.7	248	18.5	42	18.7	41	17.8	390	17.2	350	18.3				
	Never	29	9.0	30	8.7	127	7.4	93	6.9	24	10.7	20	8.7	180	7.9	143	7.5				
	TOTAL	323		346		1,723		1,341		225		230		2,271		1,917					
	<i>Not Applicable</i>	255		297		1,391		1,101		203		162		1,849		1,560					
55	Eye Care																				
	Always	160	40.9	187	46.8	987	45.3	796	46.9	155	48.9	162	54.4	1,302	45.1	1,145	47.8				
	Usually	141	36.1	140	35.0	738	33.9	573	33.7	92	29.0	84	28.2	971	33.6	797	33.3				
	Sometimes	68	17.4	52	13.0	349	16.0	263	15.5	51	16.1	40	13.4	468	16.2	355	14.8				
	Never	22	5.6	21	5.3	105	4.8	66	3.9	19	6.0	12	4.0	146	5.1	99	4.1				
	TOTAL	391		400		2,179		1,698		317		298		2,887		2,396					
	<i>Not Applicable</i>	192		257		987		777		118		107		1,297		1,141					
56	Foot Doctor																				
	Always	139	42.2	160	43.0	804	45.4	684	49.6	143	51.8	147	57.2	1,086	45.7	991	49.4				
	Usually	100	30.4	130	34.9	597	33.7	433	31.4	74	26.8	74	28.8	771	32.4	637	31.7				
	Sometimes	66	20.1	55	14.8	265	15.0	195	14.2	45	16.3	22	8.6	376	15.8	272	13.6				
	Never	24	7.3	27	7.3	105	5.9	66	4.8	14	5.1	14	5.4	143	6.0	107	5.3				
	TOTAL	329		372		1,771		1,378		276		257		2,376		2,007					
	<i>Not Applicable</i>	256		283		1,354		1,056		159		148		1,769		1,487					
57	Audiology/Hearing Aids																				
	Always	60	39.0	73	42.7	273	42.1	211	38.7	40	40.0	46	46.5	373	41.4	330	40.5				
	Usually	42	27.3	43	25.1	194	29.9	172	31.6	25	25.0	23	23.2	261	28.9	238	29.2				
	Sometimes	35	22.7	31	18.1	108	16.7	83	15.2	21	21.0	13	13.1	164	18.2	127	15.6				
	Never	17	11.0	24	14.0	73	11.3	79	14.5	14	14.0	17	17.2	104	11.5	120	14.7				
	TOTAL	154		171		648		545		100		99		902		815					
	<i>Not Applicable</i>	422		469		2,377		1,812		316		269		3,115		2,550					

Note: Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.

Table A6: About You

Item	Description	All responders		PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019			
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%		
58	Content with Quality of Life																		
	Very much	243	32.0	273	36.3	1,235	30.7	1,019	33.5	195	35.5	231	44.2	1,673	31.4	1,523	35.3		
	Quite a bit	228	30.0	208	27.7	1,158	28.8	858	28.2	134	24.4	122	23.3	1,520	28.5	1,188	27.5		
	Somewhat	193	25.4	187	24.9	1,030	25.6	763	25.1	112	20.4	112	21.4	1,335	25.0	1,062	24.6		
	A little bit	59	7.8	53	7.0	388	9.6	277	9.1	64	11.6	39	7.5	511	9.6	369	8.5		
	Not at all	37	4.9	31	4.1	212	5.3	127	4.2	45	8.2	19	3.6	294	5.5	177	4.1		
	TOTAL	760		752		4,023		3,044		550		523		5,333		4,319			
59	Rate your current state of health																		
	Excellent	47	6.2	30	3.9	149	3.7	123	3.9	30	5.4	32	5.9	226	4.2	185	4.2		
	Very good	133	17.6	147	19.2	432	10.6	359	11.4	70	12.6	66	12.2	635	11.8	572	12.8		
	Good	246	32.5	278	36.2	998	24.6	890	28.3	104	18.7	144	26.7	1,348	25.1	1,312	29.5		
	Fair	259	34.3	247	32.2	1,870	46.1	1,333	42.4	265	47.7	218	40.4	2,394	44.6	1,798	40.4		
	Poor	71	9.4	65	8.5	611	15.0	442	14.0	86	15.5	79	14.7	768	14.3	586	13.2		
	TOTAL	756		767		4,060		3,147		555		539		5,371		4,453			
60	Rating of overall mental/emotional health																		
	Excellent	89	11.7	87	11.3	338	8.4	297	9.4	58	10.5	75	13.9	535	10.0	459	10.3		
	Very Good	152	20.0	147	19.2	574	14.3	496	15.7	81	14.7	96	17.7	807	15.0	739	16.6		
	Good	241	31.7	260	33.9	1,177	29.4	969	30.8	174	31.5	161	29.8	1,592	29.7	1,390	31.2		
	Fair	223	29.3	214	27.9	1,512	37.8	1,043	33.1	179	32.4	151	27.9	1,914	35.7	1,408	31.6		
	Poor	55	7.2	59	7.7	403	10.1	345	11.0	60	10.9	58	10.7	518	9.7	462	10.4		
	TOTAL	760		767		4,004		3,150		552		541		5,366		4,458			
61	What is your gender?																		
	Male	191	25.2	181	23.8	1,135	28.0	833	27.0	129	23.4	133	25.0	1,455	27.1	1,147	26.2		
	Female	567	74.8	579	76.2	2,925	72.0	2,250	73.0	423	76.6	400	75.0	3,915	72.9	3,229	73.8		
	TOTAL	758		760		4,060		3,083		552		533		5,370		4,376			
62	What is your age?																		
	18-44	1	0.1	0	0.0	64	1.6	57	1.8	4	0.7	2	0.4	69	1.3	59	1.3		
	45-64	66	8.6	71	9.2	594	14.6	441	14.0	69	12.4	62	11.4	729	13.5	574	12.8		
	65-74	165	21.6	167	21.6	976	24.0	764	24.3	133	23.9	124	22.8	1,274	23.6	1,055	23.6		
	75-84	232	30.4	203	26.2	1,247	30.6	924	29.3	178	32.0	194	35.7	1,657	30.7	1,321	29.6		
	over 85	300	39.3	333	43.0	1,191	29.2	963	30.6	173	31.1	162	29.8	1,664	30.9	1,458	32.6		
	TOTAL	764		774		4,072		3,149		557		544		5,393		4,467			

Table A6: About You (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
63a^	What is your ethnicity?^																
	Hispanic^	135	18.0	108	15.1	848	21.4	599	20.9	269	50.5	257	52.7	1,252	23.9	964	23.7
	Non-Hispanic^	613	82.0	606	84.9	3,115	78.6	2,272	79.1	264	49.5	231	47.3	3,992	76.1	3,109	76.3
	TOTAL	748		714		3,963		2,871		533		488		5,244		4,073	
63b+	What is your race?																
	American Indian or Alaskan Native	20	2.9	18	2.5	76	2.2	53	1.9	6	1.6	8	2.2	102	2.2	79	2.1
	Asian	57	8.3	41	5.7	692	19.6	525	19.1	39	10.1	52	14.4	788	17.2	618	16.1
	Black or African American	117	17.1	111	15.4	723	20.5	540	19.6	173	44.9	184	50.8	1,013	22.1	835	21.8
	Native Hawaiian or Pacific Islander	1	0.1	1	0.1	13	0.4	16	0.6	1	0.3	5	1.4	15	0.3	22	0.6
	White	485	70.9	550	76.2	1,989	56.5	1,611	58.6	162	42.1	110	30.4	2,636	57.4	2,271	59.2
	Other	4	0.6	1	0.1	30	0.9	6	0.2	4	1.0	3	0.8	38	0.8	10	0.3
	TOTAL	684		722		3,523		2,751		385		362		4,592		3,835	
64	How well do you speak English?																
	Very well	477	63.8	533	69.3	1,714	42.8	1,429	45.8	197	35.6	203	37.9	2,388	45.0	2,165	48.9
	Well	96	12.8	99	12.9	515	12.8	409	13.1	98	17.7	78	14.6	709	13.3	586	13.2
	Not well	79	10.6	57	7.4	785	19.6	589	18.9	141	25.5	122	22.8	1,005	18.9	768	17.4
	Not at all	96	12.8	80	10.4	995	24.8	694	22.2	118	21.3	133	24.8	1,209	22.8	907	20.5
	TOTAL	748		769		4,009		3,121		554		536		5,311		4,426	
65	Primary language spoken at home																
	English	553	73.6	573	79.3	2,008	50.4	1,560	52.9	253	46.2	225	45.2	2,814	53.3	2,358	56.5
	Spanish	110	14.6	81	11.2	645	16.2	443	15.0	229	41.8	205	41.2	984	18.6	729	17.5
	Russian	13	1.7	8	1.1	473	11.9	308	10.4	4	0.7	2	0.4	490	9.3	318	7.6
	Chinese	37	4.9	31	4.3	534	13.4	366	12.4	12	2.2	26	5.2	583	11.0	423	10.1
	Other	38	5.1	30	4.1	324	8.1	273	9.3	50	9.1	40	8.0	412	7.8	343	8.2
	TOTAL	751		723		3,984		2,950		548		498		5,283		4,171	
66	Education level completed																
	8th grade or less	181	24.6	157	20.9	1,197	30.3	873	28.7	240	44.9	240	46.0	1,618	31.0	1,270	29.4
	Some high school, did not graduate	111	15.1	99	13.2	588	14.9	431	14.1	91	17.0	81	15.5	790	15.1	611	14.1
	High school graduate or GED	205	27.9	207	27.6	1,004	25.4	808	26.5	107	20.0	116	22.2	1,316	25.2	1,131	26.2
	Some college or 2 year degree	106	14.4	125	16.6	531	13.4	439	14.4	56	10.5	55	10.5	693	13.3	619	14.3
	4 year college graduate	64	8.7	64	8.5	337	8.5	298	9.8	26	4.9	23	4.4	427	8.2	385	8.9
	More than 4 year college degree	68	9.3	99	13.2	296	7.5	197	6.5	14	2.6	7	1.3	378	7.2	303	7.0
	TOTAL	735		751		3,953		3,046		534		522		5,222		4,319	

Table A6: About You (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
67^	Do you live																
	Alone	370	49.7	341	44.8	1,854	46.2	1,267	40.3	292	52.3	254	47.3	2,516	47.4	1,862	41.9
	With a family member, spouse or friend	295	39.7	279	36.7	1,865	46.5	1,481	47.1	251	45.0	263	49.0	2,411	45.4	2,023	45.5
	With other than a family member or friend	79	10.6	83	10.9	290	7.2	138	4.4	15	2.7	16	3.0	384	7.2	237	5.3
	Nursing Home^			58	7.6			258	8.2			4	0.7			320	7.2
	TOTAL	744		761		4,009		3,144		558		537		5,311		4,442	
68	Did someone help you complete this survey																
	Yes	517	68.5	470	63.3	2,550	64.0	2,000	65.8	358	65.8	325	63.4	3,425	64.8	2,795	65.0
	No	238	31.5	273	36.7	1,433	36.0	1,041	34.2	186	34.2	188	36.6	1,857	35.2	1,502	35.0
	TOTAL	755		743		3,983		3,041		544		513		5,282		4,297	
69♦+	Who helped you																
	Family member or Spouse	325	63.7	296	63.0	1,648	63.9	1,318	65.9	228	62.5	191	58.1	2,201	63.7	1,805	64.5
	Friend	31	6.1	36	7.7	215	8.3	157	7.8	18	4.9	21	6.4	264	7.6	214	7.6
	Home Care Aide	32	6.3	35	7.4	440	17.1	346	17.3	89	24.4	88	26.7	561	16.2	469	16.8
	Care Manager or Visiting Nurse	25	4.9	14	3.0	96	3.7	49	2.4	11	3.0	5	1.5	132	3.8	68	2.4
	Other	97	19.0	89	18.9	180	7.0	131	6.5	19	5.2	24	7.3	296	8.6	244	8.7
	TOTAL	510		470		2,579		2,001		365		329		3,454		2,800	
70♦+	How did this person help you																
	Read the questions to me	281	35.8	225	35.2	1,460	37.5	1,058	36.6	230	42.7	222	42.4	1,971	37.8	1,505	37.1
	Wrote down the answers that I gave	256	32.6	178	27.8	1,194	30.7	832	28.7	161	29.9	143	27.3	1,611	30.9	1,153	28.4
	Answered the questions for me	178	22.7	203	31.7	687	17.7	600	20.7	75	13.9	66	12.6	940	18.0	869	21.4
	Translated into my language	43	5.5	21	3.3	399	10.3	292	10.1	53	9.8	68	13.0	495	9.5	381	9.4
	Helped in some other way	27	3.4	13	2.0	149	3.8	112	3.9	20	3.7	24	4.6	196	3.8	149	3.7
	TOTAL	785		640		3,889		2,894		539		523		5,213		4,057	
71^	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?																
	Yes	566	82.3	538	79.8	2,532	72.8	2,084	77.0	407	80.4	417	85.8	3,505	75.0	3,039	78.6
	No	122	17.7	136	20.2	946	27.2	622	23.0	99	19.6	69	14.2	1,167	25.0	827	21.4
	TOTAL	688		674		3,478		2,706		506		486		4,672		3,866	
	<i>Not sure</i>	69		70		541		359		43		41		653		470	

Table A6: About You (continued)

Item	Description	All responders		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2017		2019		2017		2019		2017		2019		2017		2019	
		N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%	N*	%
72^	Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?																
	Yes	571	84.8	607	88.1	2,198	65.0	1,960	73.8	320	68.5	318	71.3	3,089	68.3	2,885	76.1
	No	102	15.2	82	11.9	1,186	35.0	697	26.2	147	31.5	128	28.7	1,435	31.7	907	23.9
	TOTAL	673		689		3,384		2,657		467		446		4,524		3,792	
	<i>Not sure</i>	71		67		543		382		61		61		675		510	
73^◆	Does the health plan have a copy of this document?																
	Yes	480	96.6	479	96.8	1,209	79.7	1,151	85.2	204	83.3	205	84.7	1,893	83.8	1,835	87.9
	No	17	3.4	16	3.2	308	20.3	200	14.8	41	16.7	37	15.3	366	16.2	253	12.1
	TOTAL	497		495		1,517		1,351		245		242		2,259		2,088	
	<i>Not sure</i>	70		90		647		550		69		65		786		705	

Note: Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.

◆ Items based on skip pattern.

+ Member can check all that apply.

^ Question and/or responses have been reworded since 2017.

Appendix B: Aggregate Tables

Table B1: MLTC Satisfaction Survey – Comparison by Survey Year

		2017		2019		2017 v. 2019 (▼, ▲ or -)
Item	Description	N*	%	N*	%	
Section 1: MLTC Plan Evaluation						
1a	Member of a [health plan]	5079	96	4372	97	–
2a	Live at home/community/assisted living	4989	95	4282	93	–
3	Plan always/usually explained services clearly	4352	88	3749	89	–
4	Always/Usually involved in decisions about plan of care	4329	79	3741	82	▲
5	Family member or caregiver always/usually involved in making decisions about plan of care	4401	66	3771	70	▲
6	Called plan with question or for help or complaint/grievance	4446	51	3776	51	–
7♦	Always/Usually spoke with a person quickly	2197	73	1885	76	–
8♦	Questions always/usually answered quickly	2202	75	1881	77	–
9♦	Always/Usually able to understand the answers	2188	84	1888	85	–
10♦	Always/Usually treated with politeness and respect	2199	93	1899	95	–
11♦	Complaint/grievance always/usually handled to satisfaction	1758	67	1509	74	▲
12	Plan asked to see prescription/over the counter medicines	4326	94	3620	95	–
13	Health plan explain Consumer Directed Personal Assistance	3037	79	2587	84	▲
14a	Plan has been excellent/good at helping me to take my medications the way my doctor wants me to	3627	89	3121	89	–
14b	Plan has been excellent/good at helping me to manage my illnesses	3464	86	2894	87	–
14c	Plan has been excellent/good at helping me when I'm feeling sad and lonely	3060	74	2467	76	–
14d	Plan has been excellent/good at helping to allow me to stay in my home	3503	93	2904	94	–
15	Rated plan as good or excellent	4331	88	3669	89	–
71	Health plan has talked about appointing someone to make health care decisions	4672	75	3866	79	▲
72	Has a legal document appointing someone to make health care decisions	4524	68	3792	76	▲
73	Health plan has a copy of this legal document	2259	84	2088	88	▲
Section 2A: Quality of Care Providers (Excellent/Good)						
16	Regular doctor	4131	91	3543	92	-
34	Pharmacy Services	3788	89	3175	91	-
20a	Home Health Aide, Personal Care Aide	3918	89	3422	90	-
22a	Regular Visiting Nurse/Registered Nurse	3898	86	3206	88	-
21	Care Manager/Case Manager	4074	85	3474	87	-

19	Foot Doctor	2914	82	2513	85	-
27	Medical Supplies and Equipment	3547	80	3042	84	▲
18	Eye Care	3588	83	3040	85	-
31	Day Health Center Activities	1341	78	1162	81	-
30	Meals served at the Day Health Center	1220	78	1063	78	-
22b	Covering/On-call nurse	2556	80	2086	82	-
26	Social Worker	2378	80	1941	81	-
23	Physical Therapist	1905	79	1712	82	-
32	Transportation Services	3282	78	2748	79	-
29	Home Delivered Meals/Meals on Wheels	860	83	710	83	-
33	Nursing Home	386	76	398	81	-
20b	Home Health Agency, Personal Care Agency	3981	81	3399	84	▲
35	Nutritionist	1350	77	1297	81	-
24	Occupational Therapist	1172	77	1067	81	-
17	Dentist	2861	75	2470	78	-
25	Speech Therapist	561	75	486	75	-
28	Audiology/Hearing Aids	1086	73	996	74	-
Section 2B: Timeliness (Always/Usually)						
46	Pharmacy Services	3657	92	3080	94	-
36	Home Health Aide, Personal Care Aide	3931	92	3317	94	-
44a	Transportation: TO Day Center	1352	83	1181	81	-
45	Medical Supplies and Equipment	3193	83	2876	86	▲
44b	Transportation: FROM Day Center	1236	82	1124	81	-
37	Care Manager/Case Manager	3748	85	3219	87	-
38a	Regular Visiting Nurse/Registered Nurse	3678	83	2975	85	-
44c	Transportation: TO the doctor	2872	84	2472	85	-
44d	Transportation: FROM the doctor	2833	80	2478	81	-
38b	Covering/On-call nurse	2371	75	1943	78	-
39	Physical Therapist	1578	76	1446	78	-
42	Social Worker	2079	76	1682	79	-
43	Home Delivered Meals/Meals on Wheels	834	79	699	78	-
47	Audiology/Hearing Aids	935	70	871	72	-
40	Occupational Therapist	974	71	905	72	-
41	Speech Therapist	485	63	442	62	-
Section 2C: Access to Care - Routine Appointments (Always/Usually)						
53	Regular doctor	3870	89	3253	89	-
56	Foot Doctor	2376	78	2007	81	-
55	Eye Care	2887	79	2396	81	-
54	Dentist	2271	75	1917	74	-
57	Audiology/Hearing Aids	902	70	815	70	-
Section 2D: Access to Care - Urgent Appointments (Same day)						
48	Regular doctor	3352	49	2809	48	-
51	Foot Doctor	2079	32	1735	30	-
50	Eye Care	2517	31	2020	29	-

52	Audiology/Hearing Aids	737	32	648	28	-
49	Dentist	1905	29	1572	28	-

Note: routine appointments are regular appointments made as soon as member thought appointment was needed.

* Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.

◆ Items based on skip pattern.

▲/▼ Indicates a significantly higher/lower rate than 2017 (p < .001).

- Not statistically significant.

^ Questions and/or responses have been reworded since 2017.

Table B2: Plan Evaluation – Analysis of Composite Measures by Survey Year

Item	Description	2017		2019		2017 vs. 2019
		N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	4,352	88	3749	89	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	4,529	72	3896	76	▲
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	2,241	79	1932	82	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	4,326	94	3620	95	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	3,037	79	2587	84	▲
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	4,149	85	3629	86	–
Q15	Overall MLTC plan rating (Excellent/Good)	4,331	88	3669	89	–
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	4,502	82	3841	84	▲
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	4,370	83	3724	85	–
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	3,676	37	3078	36	–
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	4,030	82	3407	82	–
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	4,672	75	3866	79	▲
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	4,524	68	3792	76	▲
Q73	The health plan has a copy of this document	2,259	84	2088	88	▲

N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.

^ Indicates a composite measure.

▲ Indicates a significantly higher rate than 2017 ($p < .001$).

- Not statistically significant.

Table B3: Analysis of Composite Measures – Comparison by Plan Type

		2019		2019		2019		Partial Cap vs. PACE vs. MAP
		Partial Cap		PACE		MAP		
Item	Description	N*	%	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation								
Q3	The plan explains all of their services clearly (Always/Usually)	2625	90	678	88	446	90	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2728	76	707	75	461	75	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1301	82	424	82	207	82	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2539	95	642	96	439	96	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1869	86	387	70	331	90	MAP, Partial Cap > PACE
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	2505	86	693	89	431	85	–
Q15	Overall MLTC plan rating (Excellent/Good)	2564	90	663	88	442	90	–
Domain 2: Quality of Providers and Long-Term Care Services								
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	2690	84	697	84	454	83	–
Domain 3: Timeliness of Providers and Long-Term Care Services								
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2608	85	681	85	435	83	–
Domain 4: Access to Care for Urgent Appointments								
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	2137	35	573	36	368	43	–
Domain 5: Access to Care for Regular Appointments								
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	2408	82	584	81	415	84	–
Domain 6: Advance Directives								
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2706	77	674	80	486	86	MAP > Partial Cap
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2657	74	689	88	446	71	PACE > MAP, Partial Cap
Q73	The health plan has a copy of this document	1351	85	495	97	242	85	PACE > MAP, Partial Cap

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ▲ Indicates a significantly higher rate than 2017 ($p < .001$).
- Not statistically significant.

Table B4: Analysis of Composite Measures – Comparison by Gender

Item		Description		Gender				Male vs. Female
				Male		Female		
				N*	%	N*	%	
Domain 1: MLTC Plan Evaluation								
Q3	The plan explains all of their services clearly (Always/Usually)		935	90	2615	89	–	
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)		976	76	2711	75	–	
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)		472	82	1361	82	–	
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking		909	95	2523	96	–	
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option		691	86	1754	83	–	
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)		917	86	2516	86	–	
Q15	Overall MLTC plan rating (Excellent/Good)		922	90	2568	89	–	
Domain 2: Quality of Providers and Long-Term Care Services								
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)		964	85	2675	84	–	
Domain 3: Timeliness of Providers and Long-Term Care Services								
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)		946	85	2599	85	–	
Domain 4: Access to Care for Urgent Appointments								
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)		788	39	2152	36	–	
Domain 5: Access to Care for Regular Appointments								
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)		880	82	2373	83	–	
Domain 6: Advance Directives								
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so		979	78	2744	79	–	
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so		934	71	2732	78	▼	
Q73	The health plan has a copy of this document		487	88	2018	88	–	

N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.

^ Indicates a composite measure.

+ Questions and/or responses have been reworded since 2017.

▼ Indicates the rate for Male responders significantly lower than Female responders.

- Not statistically significant.

Table B5: Analysis of Composite Measures – Comparison by Race

		Race								White v. Black v. Asian v. Other
		White		Black		Asian		Other		
Item	Description	N*	%	N*	%	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation										
Q3	The plan explains all of their services clearly (Always/Usually)	1,774	90	663	89	522	90	49	78	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,845	77	691	73	537	77	51	62	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,026	84	323	79	249	80	27	74	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,698	96	662	95	492	95	46	98	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,173	81	452	87	361	88	33	79	–
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,691	87	651	84	529	87	47	85	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,728	89	659	89	526	91	50	86	–
Domain 2: Quality of Providers and Long-Term Care Services										
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,817	86	0.8178	82	543	82	49	80	White > Black, Asian
Domain 3: Timeliness of Providers and Long-Term Care Services										
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,783	87	661	82	536	85	51	82	White > Black
Domain 4: Access to Care for Urgent Appointments										
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,479	36	560	33	408	39	43	43	–
Domain 5: Access to Care for Regular Appointments										
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,627	86	625	81	466	76	46	84	White > Black, Asian
Domain 6: Advance Directives										
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,916	77	692	82	472	77	51	80	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,973	83	669	70	424	65	51	84	White > Asian
Q73	The health plan has a copy of this document	1,191	91	338	86	195	87	33	82	–

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2017.
- Not statistically significant.

Table B6: Analysis of Composite Measures – Comparison by Level of Education

		Level of Education				Less than High School v. At least High School
		Less than High School		At least High School		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,520	90	1,981	89	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,575	78	2,067	74	▲
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	741	80	1,083	83	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,471	96	1,921	95	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,061	88	1,362	81	▲
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,496	86	1,912	86	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,489	90	1,952	90	–
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,560	84	2,038	85	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,521	84	1,991	86	–
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,270	39	1,641	35	–
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,384	80	1,838	84	▼
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,571	82	2,094	76	▲
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,519	74	2,087	78	–
Q73	The health plan has a copy of this document	822	86	1,180	90	–

N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.

^ Indicates a composite measure.

+ Questions and/or responses have been reworded since 2017.

▲/▼ Indicates rate for Less Than High School responders is significantly higher/lower than At Least High School responders.

- Not statistically significant.

Table B7: Analysis of Composite Measures – Comparison by Age Group

		Age				18-64 Years v. 65+ Years
		18-64 Years		65+ Years		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	527	86	3,099	90	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	547	67	3,219	77	▼
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	289	79	1,588	83	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	518	94	2,982	96	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	385	84	2,110	84	–
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	511	85	3,006	87	–
Q15	Overall MLTC plan rating (Excellent/Good)	517	87	3,041	90	–
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	538	82	3,179	85	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	526	83	3,096	85	–
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	462	35	2,530	37	–
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	507	80	2,815	83	–
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	544	76	3,246	79	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	526	65	3,200	78	▼
Q73	The health plan has a copy of this document	253	82	1,803	89	–

N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.

^ Indicates a composite measure.

+ Questions and/or responses have been reworded since 2017.

▼ Indicates rate for the 18-64 age group is significantly lower than the 65+ age group.

- Not statistically significant.

Table B8: Analysis of Composite Measures – Comparison by Primary Language Spoken

		Primary Language				English v. Non- English
		English		Non-English		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,868	88	1,516	91	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,957	75	1,560	78	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,094	82	620	82	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,823	96	1,446	95	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,209	80	1,133	88	▼
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,838	86	1,447	87	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,846	88	1,471	92	–
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,931	84	1,540	85	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,882	84	1,484	86	–
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,568	33	1,206	41	▼
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,727	83	1,346	81	–
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,978	77	1,495	80	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,014	82	1,379	67	▲
Q73	The health plan has a copy of this document	1,210	90	655	84	–

N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.

^ Indicates a composite measure.

+ Questions and/or responses have been reworded since 2017.

▲/▼ Indicates rate for English speaking responders is significantly higher/lower than Non-English speaking responders.

- Not statistically significant.

Table B9: Analysis of Composite Measures – Comparison by Self-Reported Health Status

		Self-Reported Health Status				Good/Fair/Poor vs. Excellent/Very Good
		Good/Fair/Poor		Excellent/Very Good		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,905	87	1,707	92	▼
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,989	73	1,764	78	▼
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,007	79	857	86	▼
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,850	95	1,641	96	-
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,344	82	1,148	87	-
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,847	82	1,653	91	▼
Q15	Overall MLTC plan rating (Excellent/Good)	1,883	85	1,661	94	▼
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,972	81	1,731	88	▼
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,915	84	1,697	87	▼
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,591	34	1,392	39	-
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,757	80	1,560	85	▼
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,011	78	1,773	80	-
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,976	75	1,735	78	-
Q73	The health plan has a copy of this document	1,034	86	1,010	90	-

N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.

^ Indicates a composite measure.

+ Questions and/or responses have been reworded since 2017.

▼ Indicates rate for responders reporting good/fair/poor health status is significantly lower than responders reporting excellent/very good health status.

- Not statistically significant.

ID Number

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

NYSDOH / IPRO
Community-Based
Managed Long-Term
Care Member
Satisfaction Survey
2019

Important Marking Instructions

- Make marks that fill bubbles completely.
- Erase unwanted marks cleanly.
- Example: ① ② ● ④ ⑤
- Make no stray marks on this form.

1. Your Managed Long-Term Care Plan

The following questions ask about your experience with your managed long-term care plan:

1a. Our records indicate that you are a member of [HEALTH_PLAN]. Is that correct?
 ① Yes (Skip to #2a) ② No (Go to #1b)

1b. What is the name of your Managed Long-Term Care plan?

2a. Where do you live?
 ① At home or in a community (Skip to #3)
 ② Assisted living facility (Skip to #3)
 ③ Nursing home (Go to #2b)

2b. What is the name of the nursing home? (Skip to #58)

3. Does the health plan explain all of their services to you clearly?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

4. Are you involved in making decisions about your plan of care?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

5. Is a family member or your caregiver involved in making decisions about your plan of care?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

6. Have you, a family member, or your caregiver ever called the plan with questions or for help, or with a complaint or grievance?
 ① Yes ② No (Skip to #12)

7. Were you able to speak with a person quickly?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

8. Were your questions answered quickly?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

9. Were you able to understand the answers?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

10. Were you treated with politeness and respect?
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes

11. If you, a family member, or your caregiver have called the plan with a complaint or grievance, was it handled to your satisfaction?
 ① Always ④ Never
 ② Usually ⑤ I did not call the plan with a complaint
 ③ Sometimes

12. Since you joined this health plan, did someone from the health plan ask to see all of the prescriptions and over the counter medicines you've been taking?
 ① Yes ② No ③ Don't know or not sure

13. Since you joined this health plan, did someone from the health plan explain the Consumer Directed Personal Assistance option?
 ① Yes ② No ③ Don't know or not sure

Please rate how helpful your plan has been in assisting you and your family with the following:

Please mark "Not Applicable" if your plan has not helped you with any of the following:

14a. Take your medications the way your doctor wants you to

	Not Applicable				
	Poor				
	Fair				
	Good				
	Excellent				
14b. Manage your illness, such as high blood pressure or diabetes	1	2	3	4	5
14c. Help you when you're feeling sad and lonely	1	2	3	4	5
14d. Allow you to stay in your home and not have to live in a nursing home	1	2	3	4	5
15. Overall, how would you rate your managed long-term care plan?					
① Excellent				③ Fair	
② Good				④ Poor	

2. Your Care Providers

A) Quality of Your Care Providers

Please rate the providers and services you receive or have received within the last 6 months - even if the service is not covered, or paid for, by your health plan.

Note that we are asking you to rate the quality of these services or supplies. Timeliness questions (how quickly you receive these services) follow.

In some plans, the care manager (#21) and the visiting nurse (#22a) may be the same person. If they are, rate the person under BOTH Care Manager and Visiting Nurse.

Please mark "Not Applicable" if you've never used the provider or service.

	Not Applicable				
	Poor				
	Fair				
	Good				
	Excellent				
16. Your Regular Doctor	1	2	3	4	5
17. Dentist	1	2	3	4	5
18. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4	5
19. Foot Doctor	1	2	3	4	5
20a. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)	1	2	3	4	5

	Not Applicable				
	Poor				
	Fair				
	Good				
	Excellent				
20b. Home Health AGENCY, Personal Care AGENCY (company that your home health aide works for)	1	2	3	4	5
21. Care Manager/Case Manager (person who prepares your plan of care)	1	2	3	4	5
22a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1	2	3	4	5
22b. Covering / On-call Nurse (comes to your house when regular nurse can't come)	1	2	3	4	5
23. Physical Therapist	1	2	3	4	5
24. Occupational Therapist	1	2	3	4	5
25. Speech Therapist	1	2	3	4	5
26. Social Worker	1	2	3	4	5
27. Medical Supplies and Equipment (wheelchairs, diapers, etc.)	1	2	3	4	5
28. Audiology / Hearing Aids	1	2	3	4	5
29. Home Delivered Meals/ Meals on Wheels	1	2	3	4	5
30. Meals served at the Day Health Center	1	2	3	4	5
31. Day Health Center activities	1	2	3	4	5
32. Transportation Services	1	2	3	4	5
33. Nursing Home	1	2	3	4	5
34. Pharmacy Services	1	2	3	4	5
35. Nutritionist	1	2	3	4	5

B) Timeliness

In the last 6 months, please rate how often the following services were on time or if you were able to see the provider at the scheduled time. In some plans, the care manager (#37) and the visiting nurse (#38a) may be the same person. If they are, rate the person under BOTH Care Manager and Visiting Nurse.

Please mark "Not Applicable" if you have not used the service or seen the provider in the last 6 months.

	Always	Usually	Sometimes	Never	Not Applicable
36. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)	1	2	3	4	5
37. Care Manager/Case Manager (person who prepares your plan of care)	1	2	3	4	5
38a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1	2	3	4	5
38b. Covering / On-call Nurse (comes to your house when regular nurse can't come)	1	2	3	4	5
39. Physical Therapist	1	2	3	4	5
40. Occupational Therapist	1	2	3	4	5
41. Speech Therapist	1	2	3	4	5
42. Social Worker	1	2	3	4	5
43. Home Delivered Meals/Meals on Wheels	1	2	3	4	5
44a. Transportation TO Day Center:	1	2	3	4	5
44b. Transportation FROM Day Center:	1	2	3	4	5
44c. Transportation TO your Doctor:	1	2	3	4	5
44d. Transportation FROM your Doctor:	1	2	3	4	5
45. Medical Supplies and Equipment (wheelchairs, diapers, etc.)	1	2	3	4	5
46. Pharmacy Services	1	2	3	4	5
47. Audiology / Hearing Aids	1	2	3	4	5

C) Access

In the past 6 months, when you needed care **RIGHT AWAY**, how long did you usually have to wait between trying to get care and actually seeing a provider?

Please mark "Not Applicable" if you have not required urgent care in the last 6 months.

	Same Day	1-3 Days	4 Days or Longer	Not Applicable
48. Your Regular Doctor	1	2	3	4
49. Dentist	1	2	3	4
50. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4
51. Foot Doctor	1	2	3	4
52. Audiology / Hearing Aids	1	2	3	4

In the past 6 months, when you called for a **REGULAR APPOINTMENT**, how often did you get an appointment as soon as you thought you needed?

Please mark "Not Applicable" if you have not scheduled an appointment in the last 6 months with any of the providers or if your plan schedules regular appointments for you.

	Always	Usually	Sometimes	Never	Not Applicable
53. Your Regular Doctor	1	2	3	4	5
54. Dentist	1	2	3	4	5
55. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4	5
56. Foot Doctor	1	2	3	4	5
57. Audiology / Hearing Aids	1	2	3	4	5

3. About You

58. I am content with the quality of my life right now.

1 Very much	4 A little bit
2 Quite a bit	5 Not at all
3 Somewhat	

- 59. In general, how would you rate your current state of health?
 - ① Excellent
 - ② Very Good
 - ③ Good
 - ④ Fair
 - ⑤ Poor
- 60. In general, how would you rate your overall mental or emotional health?
 - ① Excellent
 - ② Very Good
 - ③ Good
 - ④ Fair
 - ⑤ Poor
- 61. What is your gender?
 - ① Male
 - ② Female
- 62. What is your age?
 - ① 18-44
 - ② 45-64
 - ③ 65-74
 - ④ 75-84
 - ⑤ 85 and over
- 63a. What is your ethnicity?
 - ① Hispanic
 - ② Non-Hispanic
- 63b. What is your race? (MARK ALL THAT APPLY)
 - ① American Indian or Alaska Native
 - ② Asian
 - ③ Black or African American
 - ④ Native Hawaiian or Pacific Islander
 - ⑤ White
 - ⑥ Other _____
- 64. How well do you speak English?
 - ① Very well
 - ② Well
 - ③ Not well
 - ④ Not at all
- 65. What is your primary language spoken at home? (CHOOSE ONLY ONE)
 - ① English
 - ② Spanish
 - ③ Russian
 - ④ Chinese
 - ⑤ Other _____
- 66. What is the highest grade or level of education that you have completed?
 - ① 8th grade or less
 - ② Some high school, but did not graduate
 - ③ High school graduate or GED
 - ④ Some college or 2 year degree
 - ⑤ 4-year college graduate
 - ⑥ More than 4 year college degree
- 67. Do you live:
 - ① Alone
 - ② With a family member, spouse, or friend
 - ③ With someone other than a family member or friend
 - ④ Nursing home
- 68. Did someone help you to complete this survey?
 - ① Yes
 - ② No (Skip to #71)

- 69. Who helped you? (MARK ALL THAT APPLY)
 - ① Family Member or Spouse
 - ② Friend
 - ③ Home Care Aide
 - ④ Care Manager or Visiting Nurse
 - ⑤ Other _____
- 70. How did this person help you? (MARK ALL THAT APPLY)
 - ① Read the questions to me
 - ② Wrote down the answers that I gave
 - ③ Answered the questions for me
 - ④ Translated into my language
 - ⑤ Helped in some other way
- 71. Has anyone from the health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?
 - ① Yes
 - ② No
 - ③ Not Sure
- 72. Do you have a legal document or advance directive appointing someone to make decisions about your health care if you are unable to do so?
 - ① Yes (Go to #73)
 - ② No (END SURVEY)
 - ③ Not sure (END SURVEY)
- 73. Does the health plan have a copy of this advance directive document?
 - ① Yes
 - ② No
 - ③ Not Sure

Thank you for participating in this survey
 Please return the survey to IPRO in the enclosed
 postage-paid envelope at your earliest convenience.