



Managed Long Term Care Plan Member Satisfaction Survey Report

September 2011

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

Table of Contents

Table of Contents	1
Section One: Introduction	2
Section Two: Methodology.....	3
Section Three: Results.....	4
Section Four: Multivariate Regression	25
Section Five: Conclusions and Recommendations	33
APPENDIX A: FREQUENCY TABLES	36
APPENDIX B: SURVEY TOOL.....	55

Section One: Introduction

This study assesses the level of satisfaction of members enrolled in one of New York State's Medicaid Managed Long Term Care (MLTC) plans. The primary purpose of the study is 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 these plans.

A) Background

Satisfaction surveys are a key tool for 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 and experiences to improve the health care quality of the elderly, and in many cases, chronically ill populations.

On a national basis, since 1998, the Centers for Medicare and Medicaid Services (CMS) has collected information pertaining to consumer satisfaction and the health services experiences of Medicare managed care enrollees through the Consumer Assessment of Health Providers and Systems (CAHPS) survey. This survey includes the following domains:

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

This survey has undergone periodic revisions; recently for example, for the 2006 year, 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 which is largely based on CAHPS.

Examples of satisfaction surveys on state and local levels are available as well. Several years ago, Florida PACE engaged a consultant to help design a quality improvement initiative for the PACE centers. Part of the initiative included the development of a satisfaction survey which included questions related to transportation, day center activities, medical care, and overall care. The surveys were implemented several times during the year, telephonically, to all members. The survey results indicated that, while client satisfaction was remarkably high, it became apparent that there were some areas in which improvement was needed, namely, transportation, communication, and meals*.

Another example can be seen in Maine's Elderly and Home Based Care programs. Maximus, a consulting firm, conducted in-home surveys of 100 elderly clients in these two programs as part of an evaluation. The surveys examined satisfaction with care, knowledge of program services, and the quality of interaction between the client and the care manager.

* South Florida Hospital News, September 21, 2007, pages 1-3

IPRO has observed that while all of the NYS MLTC plans conduct internal annual member satisfaction surveys, no standardized surveys exist for these plans; each plan has developed their own individualized surveys. IPRO reviewed a sample of these surveys. Several of them addressed satisfaction with plan services in a general sense, and covered courtesy and sensitivity, but specific questions relating to the quality of plan services, and timeliness and access to services, were often not addressed.

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey in 2007. Survey results were overall positive, with the majority of MLTC respondents very satisfied with their health plan, and most would recommend their plan to others.

The 2007 survey included membership from the MLTC partially capitated and PACE programs. Since 2007, the MLTC program expanded to include the Medicaid Advantage Plus (MAP) product line. It was determined that a follow up survey was appropriate, to compare partially capitated and PACE satisfaction levels with the 2007 survey findings, and to determine satisfaction levels for the MAP members.

B) Objectives

IPRO and the NYSDOH developed a survey to evaluate satisfaction with the services provided by the MLTC plans. Specific objectives were to assess whether:

- MLTC enrollees are satisfied with:
 - quality of health care services
 - access to primary health care services
 - timeliness of primary health care and long term care services
- There are differences in care, and in satisfaction of care, between the three principal MLTC plan models (PACE, partially capitated, and MAP plans) and between different age groups, reported state of health, race/ethnicity, and primary language.
- There has been a change in members' perception of quality of care and overall satisfaction since the last satisfaction survey in 2007.

Section Two: Methodology

To achieve the objectives, a scannable survey instrument was created. The survey contains all of the questions from the 2007 survey, with the addition of four (4) new questions addressing medication management and advance directives. A copy of the survey is included as an attachment. The survey includes three (3) sections. The first section addresses members' general experience with their managed long-term care plan, such as plan of care involvement, courtesy and timeliness of responses with complaints and grievances, and whether or not the managed long term care plan would be recommended to others. The second section deals with the quality of specific health care services, including both primary and long term care services. Members were asked to rate the quality of these services, whether covered by their plan or not. The second section also addresses timeliness of some key long term care services, and access to primary health care services. Respondents were asked to self report on various demographic questions (e.g., age, gender, race, education) in Section 3. Most of the questions in this section were adapted from the Medicaid CAHPS survey. This section also includes 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.

English, Spanish, Russian, and Chinese versions were prepared and distributed based upon the primary language designations provided by the NYSDOH. Surveys were printed with randomly assigned identifiers used solely to track responses. The initial mailing went out in February 2011, with a follow up mailing in April 2011 in an effort to maximize the response rate.

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

- MLTC plan enrollees from 25 plans/product lines. The breakdown by plan is as follows: PACE-7, partially capitated-13, MAP-5.
- Continuously enrolled in an MLTC plan for a minimum of 6 months as of October 31, 2010.

The NYSDOH provided the enrollee sample frame for the survey, which included the primary language for the majority of enrollees. From this file, a sample of 400 enrollees from each plan was selected or the entire membership if the plan's enrollment was less than 400. The final sample, for mailing, was 6,103 enrollees. An English version of the survey was included with every non-English (Spanish, Russian, Chinese) mailing.

Enrollees were told that participation in the survey was voluntary and confidential. A toll free number was provided to them for assistance if necessary.

Section Three: Results

A) Response Rates

Of the 6,103 surveys that were mailed, 361 were returned as undeliverable due to either mailing address issues, the member was no longer in the plan, or the member was deceased. This yielded an adjusted population of 5,742. A total of 1,845 surveys were completed, with an overall response rate of 32.1%.

Tables 1 and 2 display the response rates by plan model and by plan. Response rates differed by plan, ranging from 14.3 to 61.9%.

Table 3 displays survey responses by language. Non-English responses comprised 25% of all responses.

Table 1: Survey Responses by Plan Model

Item	N	%
Partially Capitated		
Surveys mailed	4,510	
Less exclusions:	240	5.3
Address issues	219	4.9
No longer member	7	0.2
Deceased	14	0.3
Adjusted Population	4,270	
Completed	1,307	30.6
PACE		
Surveys mailed	1,178	
Less exclusions:	101	8.6
Address issues	82	7.0
No longer member	1	0.1
Deceased	18	1.5
Adjusted Population	1,077	
Completed	409	38.0
MAP		
Surveys mailed	415	
Less exclusions:	20	4.8
Address issues	19	4.6
No longer member	0	0.0
Deceased	1	0.2
Adjusted Population	395	
Completed	129	32.7
Combined Total		
Surveys mailed (Total Population	6,103	
Less exclusions:	361	5.9
Address issues	320	5.2
No longer member	8	0.1
Deceased	33	0.5
Adjusted Population	5,742	
Completed	1,845	32.1

Table 2: Response Rates by Plan

Item	Adjusted Population	No. of Respondents	Percent
Partially Capitated			
Fidelis Care At Home	266	100	37.6
Senior Network Health	320	115	35.9
Elant Choice	117	38	32.5
Senior Health Partners	388	126	32.5
Home First	384	122	31.8
Independence Care System	383	119	31.1
Wellcare	391	120	30.7
CCM Select	378	111	29.4
Guild Net	377	108	28.6
Amerigroup	384	107	27.9
HHH Choices	380	105	27.6
VNS Choice	379	103	27.2
Total Aging in Place	123	33	26.8
TOTAL	4,270	1,307	30.6
PACE			
Catholic Health Life	21	13	61.9
Total Senior Care	28	15	53.6
ILS Rochester	207	79	38.2
CCM PACE	382	145	38.0
PACE CNY	323	120	37.2
Eddy Senior Care	83	30	36.1
Arch Care	33	7	21.2
TOTAL	1,077	409	38.0
MAP			
Senior Whole Health	149	57	38.3
VNS Choice MAP	33	10	30.3
Guild Net Gold	195	59	30.3
Fidelis MAP	11	2	18.2
Elderplan MAP	7	1	14.3
TOTAL	395	129	32.7

Table 3: Survey Responses by Language

Item	N	%
Partially Capitated		
Adjusted Population	4,270	
Completed	1,307	
English	903	69.1
Chinese	106	8.1
Russian	87	6.7
Spanish	211	16.1
PACE		
Adjusted Population	1,077	
Completed	409	
English	374	91.4
Chinese	7	1.7
Russian	16	3.9
Spanish	12	2.9
MAP		
Adjusted Population	395	
Completed	129	
English	106	82.2
Chinese	0	0.0
Russian	1	0.8
Spanish	22	17.1
Combined Total		
Adjusted Population	5,742	
Completed	1,845	
English	1,383	75.0
Chinese	113	6.1
Russian	104	5.6
Spanish	245	13.3

B) Survey Demographics

The demographic profile of the 2007 and 2011 populations were very similar. Seventy-five percent of respondents in 2011 were female (76% in 2007), and 81% were 65 years of age or older (84% in 2007). Nearly half of respondents (2011: 47%; 2007: 48%) had at least a high school diploma.

English was the primary language for 57% of the 2011 respondents (63% in 2007), with Spanish as the next most common at 21% (19% in 2007), while the rest were Chinese (2011: 12%; 2007: 7%), Russian (2011: 7%; 2007: 5%) and other (2011: 4%; 2007: 5%). Overall, the percentage of respondents that do not speak English as their primary language increased slightly from 2007.

Twenty-nine percent of respondents rated their current state of health as very poor/poor (30% in 2007), 43% rated their health as fair (45% in 2007), and 27% as very good/good (25% in 2007).

The vast majority of respondents live at home (95% in 2011 and 2007), half of whom live alone (2011: 50%; 2007: 49%). Two-thirds of the respondents reported that they received assistance in completing the survey (2011: 66%; 2007: 70%), mostly from family members or friends (2011: 64%; 2007: 72%).

Survey demographic results can be found in Appendix A, Table 29.

C) Plan Evaluation / Rating of Health Plan

Section 1 of the survey consisted of questions concerning members' experience with their MLTC plan. A new question asking whether the plans had asked to see prescriptions and over-the-counter medicines was added to this section, as well as 3 questions relating to advance directives, which were included at the end of Section 3 of the survey. These questions will be analyzed and presented with Section 1 items. Frequency distributions of these questions can be found in Appendix A, Table 24 (Q1-14) and Table 29 (Q66-67).

Table 4 compares responses from each survey year, i.e. 2007 vs. 2011, which shows that the level of satisfaction among 2007 and 2011 respondents was basically the same and remained high between the two survey years, as demonstrated by the non-significant p-values*. Other notable trends were as follows:

- Nine out of every 10 said that they would recommend their plan to others (91%).
- Eighty-five percent rated their plan as excellent/good and 85% reported that their plan always/usually explained services clearly.
- The majority of members reported that the plan helped them to manage their illness (84%), and the majority also reported that they were always/usually involved in decisions about their plan of care (78%). This demonstrates the collaboration between the plan and the member to improve the member's health.
- About nine out of every 10 respondents (87%) reported that someone from the health plan had asked to see all of the prescriptions and over-the-counter medicines they were

* The chance of a spurious statistically significant result increased due to the extensive number of survey items and the many statistical tests performed. To limit the likelihood of reporting significance when it does not exist, the Bonferroni correction for multiple analyses was applied, resulting in an adjusted significance level of $p < 0.001$.

taking, which is a positive indication of the plans' efforts to help the members manage their medications.

- A significantly lower percentage of members reported that they called the plan with questions or for help in 2011 versus 2007 (61% vs. 69%). Of these respondents:
 - 55% said that they always spoke with a person quickly;
 - 61% said their questions were answered quickly;
 - 68% said they were always able to understand the answers provided;
 - 87% said they were always treated with politeness and respect.
- A significantly lower percentage of members called the plan with a complaint or grievance in 2011 versus 2007 (29% vs. 39%). Of these respondents:
 - 53% said that the complaint was responded to in a timely manner;
 - 45% said that they were always satisfied with the response;
 - 77% said that they were always treated with politeness and respect.

Advance directives are considered an important component in the overall care of the long-term care population. About three-fifths (63%) of the respondents reported that their health plan has talked to them about appointing someone and/or having a legal document appointing someone to make health care decisions on their behalf in the event that they are unable to do so (59%). Of the latter, 61% said that their health plan has retained a copy of the document.

Table 4: Plan Evaluation – Comparison by Survey Year

		2007		2011		2007 vs. 2011
Item	Description	Denominator*	Percent	Denominator*	Percent	P
Section 1: MLTC Plan Evaluation						
1	Plan always/usually explained services clearly	1,317	85.2	1,733	84.9	n.s.
2	Always/Usually involved in decisions about plan of care	1,318	76.1	1,738	78.0	n.s.
3	Called plan with question or for help	1,377	69.1	1,769	61.2	0.0001
4t	Always spoke with a person quickly	922	54.4	1,050	55.4	n.s.
5at	Questions always answered quickly	922	59.9	1,052	60.6	n.s.
5bt	Always able to understand the answers	914	67.8	1,044	67.8	n.s.
6t	Always treated with politeness and respect	924	87.9	1,043	86.8	n.s.
7	Called plan with a complaint or grievance	1,360	39.0	1,746	28.7	0.0001
8t	Complaint was always responded to in a timely manner	515	52.8	484	53.1	n.s.
9t	Always satisfied with response	517	43.3	480	44.6	n.s.
10t	Always treated with politeness and respect	521	76.8	485	76.7	n.s.
11++	Plan asked to see prescription/over the counter medicines			1,628	86.5	
12	Plan has helped to manage illness	1,374	83.8	1,806	83.7	n.s.
13	Would recommend the plan	1,366	90.6	1,773	90.8	n.s.
14	Rated plan as good or excellent	1,388	87.0	1,816	85.2	n.s.
65++	Health plan has talked about appointing someone to make health care decisions			1,763	62.5	
66++	Has a legal document appointing someone to make health care decisions			1,802	59.1	
67++t	Health plan has a copy of this legal document			1,045	60.5	

* Denominator excludes not applicable responses.

t Items based on skip pattern

+ Member can check all that apply

++ New question in 2011

'n.s.' means not significant.

D) QUALITY OF CARE

In Section 2A of the survey, members were asked to rate the quality of services and supplies they received. Frequency distributions for the 22 Quality of Care items can be found in Appendix A, Table 25.

Table 5 displays the rank ordered positive (excellent/good) ratings given by members pertaining to quality of care compared by survey year. Members' perception of the quality of the care they received has remained high in 2011. Other notable trends from this section include:

- Fourteen out of the 22 care providers listed had at least 80% of the respondents giving an excellent/good rating for quality in 2011, including highly utilized services such as pharmacy services (90%), regular doctor (89%), care manager (87%), home health aide (87%), medical supplies/equipment (87%), visiting nurse (86%), foot doctor (83%), eye care professional (82%) and social worker (82%).
- Speech therapists were least likely to receive positive ratings with regard to quality of care in 2011 with 65%, but it was also the least utilized.
- Of the highly utilized providers, dentists have the lowest percentage of positive ratings, and there was no improvement seen from the 2007 responses (2007: 71%; 2011: 72%).

Table 5: Quality of Care – Comparison by Survey Year

		2007		2011		2007 vs. 2011
Item	Description	Denominator*	Percent	Denominator*	Percent	P
Section 2A: Quality of Care Providers (Excellent/Good)						
33	Pharmacy Services	1,183	91.6	1,514	89.8	n.s.
15	Regular doctor	1,271	89.0	1,664	88.5	n.s.
20	Care Manager/Case Manager	1,255	88.0	1,612	87.0	n.s.
26	Medical Supplies and Equipment	1,077	88.4	1,373	86.7	n.s.
19a	Home Health Aide, Personal Care Aide	1,213	84.7	1,529	86.7	n.s.
21a	Regular Visiting Nurse/Registered Nurse	1,209	88.3	1,583	85.8	n.s.
18	Foot Doctor	950	82.2	1,248	82.9	n.s.
17	Eye Care	1,050	82.8	1,462	82.4	n.s.
25	Social Worker	965	85.7	1,168	82.3	n.s.
22	Physical Therapist	687	80.8	881	82.0	n.s.
19b	Home Health Agency, Personal Care Agency	1,183	80.3	1,536	81.4	n.s.
31	Transportation Services	1,094	81.3	1,450	80.8	n.s.
21b	Covering/On-call nurse	876	81.1	1,128	80.2	n.s.
30	Day Health Center Activities	455	82.2	599	80.0	n.s.
34	Nutritionist	468	81.2	653	79.3	n.s.
29	Meals served at the Day Health Center	439	77.0	574	78.0	n.s.
23	Occupational Therapist	360	73.9	491	77.0	n.s.
28	Home Delivered Meals/Meals on Wheels	248	79.0	314	72.9	n.s.
16	Dentist	869	71.2	1,148	71.7	n.s.
27	Audiology/Hearing Aids	309	72.5	414	69.8	n.s.
32	Nursing Home	158	74.7	216	67.1	n.s.
24	Speech Therapist	144	63.9	210	65.2	n.s.

* Denominator excludes not applicable responses.

'n.s.' means not significant.

E) 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. Frequency distributions for the 15 items in this section can be found in Appendix A, Table 26.

Table 6 displays the rank ordered positive (always/usually) ratings given by members compared by survey year.

While the majority of members perceived the timeliness of care to be always/usually on time, there was a decrease in the percentage of members giving a positive rating between 2007 and 2011. This trend is especially true for care managers, visiting nurses, medical supplies/equipment and covering nurses, which all yielded statistically significant differences when compared year-to-year. Other notable trends observed were:

- A large majority of respondents reported that the care provided by highly-utilized services such as pharmacy services (80%), home health aides (79%), care managers (73%), visiting nurses (73%), medical supplies (73%) and transportation to the doctor (72%) were always/usually timely.
- Social workers were least likely to receive a high rating for timeliness (64%), out of all the highly utilized services.
- Physical, occupational and speech therapists were also less likely to receive high ratings for timeliness; however, these services are much less utilized by members.

Table 6: Timeliness of Care – Comparison by Survey Year

		2007		2011		2007 vs. 2011
Item	Description	Denominator*	Percent	Denominator*	Percent	P
Section 2B: Timeliness (Always/Usually)						
45	Pharmacy Services	1,128	83.4	1,431	79.8	n.s.
35	Home Health Aide, Personal Care Aide	1,139	83.6	1,383	78.9	n.s.
36	Care Manager/Case Manager	1,133	78.9	1,407	73.0	0.001
37a	Regular Visiting Nurse/Registered Nurse	1,185	78.9	1,493	72.6	0.0001
44	Medical Supplies and Equipment	973	78.9	1,276	72.7	0.001
43c	Transportation: TO the doctor	982	75.3	1,315	71.9	n.s.
43a	Transportation: TO Day Center	429	74.1	691	68.9	n.s.
43d	Transportation: FROM the doctor	960	73.6	1,318	68.6	n.s.
43b	Transportation: FROM Day Center	409	74.3	597	68.5	n.s.
42	Home Delivered Meals/Meals on Wheels	260	66.9	322	66.1	n.s.
37b	Covering/On-call nurse	829	72.6	1,074	65.0	0.0001
41	Social Worker	851	70.1	1,049	64.2	n.s.
38	Physical Therapist	553	69.4	711	62.0	n.s.
39	Occupational Therapist	293	62.2	407	56.0	n.s.
40	Speech Therapist	127	49.6	178	40.5	n.s.

* Denominator excludes not applicable responses.

'n.s.' means not significant.

F) ACCESS TO CARE

In Section 2C of the survey, members were asked to indicate how long they generally had to wait for routine and urgent appointments for frequently utilized providers. Appendix A, Tables 27 and 28 provide frequency distributions for these survey items.

Timely access to routine appointments was defined as obtaining an appointment with a provider within 30 days of contact date. Timely access to urgent appointments was defined as obtaining an appointment on the same day that the member needed care. Tables 7 and 8 display the rank ordered results for timely access to routine and urgent appointments compared by survey year.

Table 7 shows that for routine appointments respondents were more likely to have timely access (less than one month) to routine appointments with regular doctors (59%). Dentists (45%) foot doctors (44%) and eye care (42%) ranked lower in this regard, respectively. For eye care, 42% of 2011 respondents said that they had timely access to eye care compared with 50% of the respondents in 2007, which is a significant decrease.

Table 8 shows that respondents in both survey years gave similar ratings with regard to timely access to urgent (same day) appointments.

Overall, it should be noted that the percentage of members who reported that access to care was timely has remained relatively low in both survey years, regardless of whether it was a routine or urgent appointment.

Table 7: Timely Access to Routine Appointments (Less than 1 month) – Comparison by Survey Year

		2007		2011		2007 vs. 2011
Item	Description	Denominator*	Percent	Denominator*	Percent	P
Section 2C: Access to Care - Routine Appointments (Less than 1 month)						
46	Regular doctor	1,130	64.2	1,483	58.5	n.s.
47	Dentist	684	48.8	916	44.5	n.s.
49	Foot Doctor	798	50.4	1,043	44.1	n.s.
48	Eye Care	880	50.1	1,196	41.8	0.0001

* Denominator excludes not applicable responses.

'n.s.' means not significant.

Table 8: Timely Access to Urgent Appointments (Same day) – Comparison by Survey Year

		2007		2011		2007 vs. 2011
Item	Description	Denominator*	Percent	Denominator*	Percent	P
Section 2D: Access to Care - Urgent Appointments (Same day)						
50	Regular doctor	897	51.1	1,234	51.0	n.s.
51	Dentist	449	22.9	656	25.5	n.s.
52	Eye Care	554	19.7	853	24.2	n.s.
53	Foot Doctor	549	18.6	763	23.1	n.s.

* Denominator excludes not applicable responses.

'n.s.' means not significant.

G) GROUP COMPARISONS

Group comparisons were performed for selected survey items according to plan type, age group, current health status of the member and race/ethnicity. The objective is to determine which subgroups of the long-term care population were most or least satisfied with the quality of service, timeliness of service and access to care for 2011, and whether there were any significant changes from 2007. Survey items were dichotomized and comparisons were performed using chi-square statistics. Only significant comparisons have been noted.

Comparisons by Plan Type

Plan Rating (Table 9)

- PACE plan members were more likely to recommend their plan to others compared to partially capitated plan members (95% vs. 89%).
- A significantly higher proportion of respondents from PACE and MAP plans than from partially capitated plans reported that their health plan had asked to see their prescriptions and over-the-counter medicines (PACE: 92%; MAP: 97% vs. partially capitated: 84%).
- The proportion of partially capitated plan members who called the plan regarding queries (60% vs. 70%) and/or complaints (28% vs. 37%) was significantly lower in 2011 compared to 2007.
- PACE plans were more likely to speak about appointing a healthcare proxy (78%) to their members and it can be inferred that their members are more likely to have advance directive documents (83%), as a result.

Quality of Care (Table 10)

- PACE members responded more favorably than partially capitated members with regard to the quality of: medical supplies/equipment (93% vs. 85%); the service provided by social workers (91% vs. 78%); nutritionists (87% vs. 74%) and occupational therapists (86% vs. 71%).

Timeliness of Care (Table 11)

- Care managers (79% vs. 72%) and visiting nurses (78% vs. 71%) saw a significant decrease in the percentage of partially capitated members who perceived the timeliness of care to be always/usually on time between 2007 and 2011.

- PACE members gave higher ratings than partially capitated members with regard to the timeliness of medical supplies/equipment (81% vs. 70%), transportation to (80 vs. 61%) and from (79% vs. 59%) the day center, and social workers (77% vs. 58%).

Access to Routine Appointments
(Table 12)

- Timely access to routine appointments with regular doctors (54% vs. 75%) and foot doctors (41% vs. 55%) was less likely for partially capitated members than PACE members.
- While roughly 50% of partially capitated members in 2007 said that they had timely access to routine appointments with foot doctors and eye care providers, only about 40% said the same in 2011.

Access to Urgent Appointments
(Table 13)

- A higher percentage of PACE members than partially capitated members responded favorably when asked about timely access to urgent appointments with regular doctors (63% vs. 48%).
- Partially capitated members were more likely to respond favorably regarding urgent appointments with dentists than PACE members (29% vs. 13%).

Comparisons by Age Group*

Quality of Care

- There were no significant differences by age group year-to-year and across all age groups within 2011. This is the same trend seen in 2007.

Timeliness of Care

- Year-to-year comparison by age cohort showed that:
 - For social workers, 18-64 year old members were less likely to respond positively regarding the timeliness of service in 2011 than in 2007 (78% vs. 61%).
 - For visiting nurses, 65+ year old members were less likely to rate the timeliness of service positively in 2011 than in 2007 (80% vs. 74%).

Access to Routine Appointments

- Only 42% of respondents in 2011 who were 65+ years old reported that they had timely access to routine eye care appointments, which is significantly lower than what was observed in 2007 (50%).

Access to Urgent Appointments

- No statistically significant differences emerged between age groups with regard to access to urgent appointments.

Comparisons by Self-Reported Health Status

Quality of Care
(Table 14)

- In 2011, respondents who were in good health rated 14 of the 22 quality of care items higher than those who were in poor health, including the following highly utilized services such as regular doctor (94% vs. 87%), dentist (82% vs. 68%), care manager (92% vs. 85%), visiting nurse (91% vs. 84%), foot doctor (90% vs. 81%), social worker (90% vs. 79%), transportation services (86% vs. 79%) and on-call

* Tables are not presented.

nurse (88% vs. 78%).

Timeliness of Care
(Table 15)

- There was no statistical evidence that the timeliness of care ratings given by members differed by health status in 2011.
- Respondents whose reported health status was good/very good rated the timeliness of care items in 2011 highly, which is similar to ratings of the same cohort in 2007.
- For those members whose health was poor, there was a significant decrease in the percentage of positive ratings for the timeliness of service by visiting nurses (79% to 72%), medical supplies/equipment (80% to 72%) and covering nurses (73% to 63%) from 2007 to 2011.

Access to Routine Appointments
(Table 16)

- Those who were of poor health status in 2011 were significantly less likely to report that they had timely access to routine appointments with regular doctors (57% vs. 66%), foot doctors (42% vs. 51%) and for eye care (41% vs. 52%) than respondents of the same cohort in 2007.

Access to Urgent Appointments*

- There were no significant differences in responses with regard to access to urgent appointments according to health status.

Comparisons by Race/Ethnicity*

Quality of Care

- In 2011, white respondents were more likely than black respondents to give high quality of care ratings with regard to occupational therapists (85% vs. 62%) and the home-delivered meal service (82% vs. 57%).
- White respondents were also more likely to highly rate the quality of care by dentists compared to Asians (76% vs. 60%).

Timeliness of Care

- White respondents in 2011 were significantly less likely to give high ratings for timeliness of care by home health aides (2007: 87%; 2011: 81%), care managers (2007: 82%; 2011: 74%) and covering nurses (2007: 78%; 2011: 68%) than members of the same cohort in 2007.

Access to Routine Appointments

- White respondents were significantly more likely to give more favorable ratings with regard to routine appointments with their regular doctor than any other race group (Whites: 69%; Blacks: 52%; Asians: 47%; other: 55%).
- White respondents were more likely than Asians and others to report that they had timely access to routine appointments with dentists (54% vs. 30% and 35%), foot doctors (50% vs. 31% and 39%) and eye care providers (50% vs. 27% and 35%)

Access to Urgent Appointments

- No statistically significant differences emerged between race/ethnic groups with regard to access to urgent appointments.

* Tables are not presented.

Comparisons by Primary Language*

Quality of Care

- Members whose primary language was English were more likely than Spanish speaking members to give a positive rating with regard to the quality of the following services: medical supplies/equipment (90% vs. 77%), eye care (85% vs. 75%), social worker (87% vs. 71%), physical therapist (84% vs. 71%), nutritionist (84% vs. 65%), dentist (79% vs. 64%) and audiology/hearing aids (78% vs. 52%).
- Members whose primary language was English were also more likely than Chinese-speaking members to rate dentists highly (79% vs. 60%), which is consistent with the race/ethnicity comparison.

Timeliness of Care

- Respondents whose primary language was English were less likely to give positive ratings in 2011 than 2007 for timeliness of care by care managers (2007: 82%; 2011: 72%), visiting nurses (2007: 80%; 2011: 73%), covering nurses (2007: 76%; 2011: 66%) and physical therapists (2007: 74%; 2011: 63%).

Access to Routine Appointments

- English and Russian-speaking respondents were more likely to respond favorably with regard to routine appointments with regular doctors and eye care providers than Spanish and Chinese-speaking respondents.
- English-speaking respondents were more likely to respond favorably than Spanish and Chinese-speaking respondents with regard to routine appointments with dentists.

Access to Urgent Appointments

- There were no significant differences in responses by language spoken regarding access to urgent appointments.

Table 9: Plan Evaluation – Comparison by Plan Type

		2007 vs. 2011						2011	2007	2011	
		Partial Cap	Partial Cap	P	PACE 2007	PACE 2011	P	MAP 2011	PACE vs. Partial Cap vs. MAP [@]		
Item	Description	(N=889*)	(N=1,307*)		(N=216*)	(N=409*)		(N=129*)		P	P
Section 1: MLTC Plan Evaluation		%	%	%	%	%	%				
1	Plan always/usually explained services clearly	85.8	83.5	n.s.	81.3	87.6	n.s.	90.2	n.s.	n.s.	
2	Always/Usually involved in decisions about plan of care	76.6	76.4	n.s.	75.9	81.4	n.s.	83.2	n.s.	n.s.	
3	Called plan with question or for help	69.8	60.0	0.0001	68.9	64.4	n.s.	62.4	n.s.	n.s.	
4t	Always spoke with a person quickly	55.6	52.8	n.s.	51.8	61.1	n.s.	62.5	n.s.	n.s.	
5at	Questions always answered quickly	60.1	58.4	n.s.	58.7	66.1	n.s.	63.9	n.s.	n.s.	
5bt	Always able to understand the answers	68.6	65.0	n.s.	65.7	76.7	n.s.	65.8	n.s.	n.s.	
6t	Always treated with politeness and respect	87.5	85.4	n.s.	88.1	88.6	n.s.	94.4	n.s.	n.s.	
7	Called plan with a complaint or grievance	37.3	28.2	0.0001	43.1	32.3	n.s.	21.5	n.s.	n.s.	
8t	Complaint was always responded to in a timely manner	51.3	50.0	n.s.	62.4	58.9	n.s.	64.0	n.s.	n.s.	
9t	Always satisfied with response	41.5	40.5	n.s.	48.8	52.3	n.s.	57.7	n.s.	n.s.	
10t	Always treated with politeness and respect	76.7	74.6	n.s.	80.5	79.7	n.s.	88.5	n.s.	n.s.	
11++	Plan asked to see prescription/over the counter medicines		83.8			91.5		96.6		0.0001	PACE,MAP> Partial Cap
12	Plan has helped to manage illness	83.7	81.2	n.s.	83.6	90.8	n.s.	86.4	n.s.	0.0001	PACE>Partial Cap
13	Would recommend the plan	90.6	89.1	n.s.	88.7	94.9	n.s.	94.4	n.s.	0.001	PACE>Partial Cap
14	Rated plan as good or excellent	86.5	83.7	n.s.	91.1	89.9	n.s.	85.8	n.s.	n.s.	
65++	Health plan has talked about appointing someone to make health care decisions		57.3			77.9		65.0		0.0001	PACE>Partial Cap
66++	Has a legal document appointing someone to make health care decisions		50.6			83.1		68.8		0.0001	PACE>MAP>Partial Cap
67++t	Health plan has a copy of this legal document		55.0			76.9		38.4		0.0001	PACE>Partial Cap,MAP

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.

t Items based on skip pattern

+ Member can check all that apply

++ New question in 2011

@ MAP plans were not included in 2007

'n.s.' means not significant.

Table 10: Quality of Care – Comparison by Plan Type

		2007 vs. 2011						2011	2007	2011	
		Partial Cap 2007	Partial Cap 2011	P	PACE 2007	PACE 2011	P	MAP 2011	PACE vs. Partial Cap vs. MAP®		
Item	Description	(N=889*)	(N=1,307*)		(N=216*)	(N=409*)		(N=129*)		P	P
Section 2A: Quality of Care Providers (Excellent/Good)		%	%		%	%	%				
33	Pharmacy Services	92.3	88.5	n.s.	92.4	93.6	n.s.	89.2	n.s.	n.s.	
15	Regular doctor	89.6	88.5	n.s.	89.9	88.7	n.s.	88.5	n.s.	n.s.	
20	Care Manager/Case Manager	87.9	85.8	n.s.	88.1	90.1	n.s.	89.6	n.s.	n.s.	
19a	Home Health Aide, Personal Care Aide	86.6	87.0	n.s.	76.5	86.6	n.s.	83.1	0.001	n.s.	
26	Medical Supplies and Equipment	87.2	84.5	n.s.	90.5	93.0	n.s.	85.6	n.s.	0.0001	PACE>Partial Cap
21a	Regular Visiting Nurse/Registered Nurse	87.9	84.4	n.s.	88.9	91.2	n.s.	83.5	n.s.	n.s.	
18	Foot Doctor	83.5	81.6	n.s.	77.8	85.8	n.s.	85.9	n.s.	n.s.	
17	Eye Care	82.3	81.9	n.s.	80.2	83.4	n.s.	82.7	n.s.	n.s.	
25	Social Worker	83.8	78.0	n.s.	88.5	91.3	n.s.	83.6	n.s.	0.0001	PACE>Partial Cap
22	Physical Therapist	79.2	79.5	n.s.	84.3	87.2	n.s.	82.7	n.s.	n.s.	
19b	Home Health Agency, Personal Care Agency	80.5	81.0	n.s.	79.6	84.4	n.s.	77.5	n.s.	n.s.	
31	Transportation Services	78.9	78.7	n.s.	89.8	86.2	n.s.	81.6	0.001	n.s.	
21b	Covering/On-call nurse	79.3	78.0	n.s.	83.3	86.2	n.s.	82.0	n.s.	n.s.	
30	Day Health Center Activities	81.0	75.8	n.s.	81.7	84.1	n.s.	70.0	n.s.	n.s.	
34	Nutritionist	76.2	74.0	n.s.	83.9	86.8	n.s.	84.2	n.s.	0.0001	PACE>Partial Cap
29	Meals served at the Day Health Center	76.3	71.7	n.s.	78.0	83.4	n.s.	68.4	n.s.	n.s.	
23	Occupational Therapist	70.0	70.8	n.s.	81.7	85.9	n.s.	84.7	n.s.	0.0001	PACE>Partial Cap
28	Home Delivered Meals/Meals on Wheels	81.9	70.8	n.s.	76.1	82.2	n.s.	65.5	n.s.	n.s.	
16	Dentist	71.5	70.6	n.s.	65.4	76.8	n.s.	65.0	n.s.	n.s.	
27	Audiology/Hearing Aids	75.4	67.9	n.s.	66.2	70.6	n.s.	83.3	n.s.	n.s.	
32	Nursing Home	75.0	65.6	n.s.	69.0	75.5	n.s.	53.9	n.s.	n.s.	
24	Speech Therapist	67.4	58.7	n.s.	62.0	81.7	n.s.	N/A	n.s.	n.s.	

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.

@ MAP plans were not included in 2007

'n.s.' means not significant.

Table 11: Timeliness of Care – Comparison by Plan Type

		2007 vs. 2011						2011	2007	2011	
		Partial Cap 2007	Partial Cap 2011	P	PACE 2007	PACE 2011	P	MAP 2011	PACE vs. Partial Cap vs. MAP [@]		
Item	Description	(N=889*)	(N=1,307*)		(N=216*)	(N=409*)		(N=129*)	P	P	COMPARISON
Section 2B: Timeliness (Always/Usually)		%	%		%	%		%			
45	Pharmacy Services	84.1	78.8	n.s.	85.3	82.5	n.s.	80.0	n.s.	n.s.	
35	Home Health Aide, Personal Care Aide	84.9	79.5	n.s.	82.2	78.7	n.s.	73.0	n.s.	n.s.	
36	Care Manager/Case Manager	79.0	71.9	0.001	76.9	76.8	n.s.	71.3	n.s.	n.s.	
37a	Regular Visiting Nurse/Registered Nurse	78.4	71.4	0.001	80.1	77.5	n.s.	69.9	n.s.	n.s.	
44	Medical Supplies and Equipment	77.4	70.0	n.s.	83.6	80.7	n.s.	70.7	n.s.	0.001	PACE>Partial Cap
43c	Transportation: TO the doctor	73.4	70.0	n.s.	81.7	77.4	n.s.	67.6	n.s.	n.s.	
43a	Transportation: TO Day Center	67.4	61.0	n.s.	80.8	79.9	n.s.	60.7	n.s.	0.0001	PACE>Partial Cap
43d	Transportation: FROM the doctor	72.5	66.0	n.s.	81.8	76.3	n.s.	64.0	n.s.	n.s.	
43b	Transportation: FROM Day Center	67.8	58.8	n.s.	81.0	78.8	n.s.	60.0	n.s.	0.0001	PACE>Partial Cap
42	Home Delivered Meals/Meals on Wheels	62.0	68.0	n.s.	68.1	59.7	n.s.	67.8	n.s.	n.s.	
37b	Covering/On-call nurse	70.8	63.6	n.s.	74.1	71.3	n.s.	56.2	n.s.	n.s.	
41	Social Worker	66.5	58.1	n.s.	76.9	76.7	n.s.	63.5	n.s.	0.0001	PACE>Partial Cap
38	Physical Therapist	65.3	59.5	n.s.	77.3	69.5	n.s.	46.9	n.s.	n.s.	
39	Occupational Therapist	57.1	51.9	n.s.	74.4	63.9	n.s.	N/A	n.s.	n.s.	
40	Speech Therapist	48.7	44.0	n.s.	57.1	27.3	n.s.	N/A	n.s.	n.s.	

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.

@ MAP plans were not included in 2007

'n.s.' means not significant.

Table 12: Timely Access to Routine Appointments (within 1 month) – Comparison by Plan Type

		2007 vs. 2011						2011	2007	2011	
		Partial Cap 2007	Partial Cap 2011	P	PACE 2007	PACE 2011	P	MAP 2011	PACE vs. Partial Cap vs. MAP [@]		
Item	Description	(N=889*)	(N=1,307*)		(N=216*)	(N=409*)		(N=129*)	P	P	COMPARISON
Section 2C: Access to Care - Routine Appointments (Less than 1 month)		%	%		%	%		%			
46	Regular Doctor	60.8	53.8	n.s.	72.5	74.6	n.s.	58.5	n.s.	0.0001	PACE>Partial Cap
47	Dentist	46.5	41.3	n.s.	51.3	49.3	n.s.	60.3	n.s.	n.s.	
49	Foot Doctor	49.9	40.8	0.001	48.0	54.8	n.s.	47.6	n.s.	0.001	PACE>Partial Cap
48	Eye Care	48.3	39.4	0.001	49.7	48.4	n.s.	46.0	n.s.	n.s.	

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.

@ MAP plans were not included in 2007

'n.s.' means not significant.

Table 13: Timely Access to Urgent Appointments (Same Day) – Comparison by Plan Type

		2007 vs. 2011						2011	2007	2011	
		Partial Cap 2007	Partial Cap 2011	P	PACE 2007	PACE 2011	P	MAP 2011	PACE vs. Partial Cap vs. MAP [@]		
Item	Description	(N=889*)	(N=1,307*)		(N=216*)	(N=409*)		(N=129*)	P	P	COMPARISON
Section 2D: Access to Care - Urgent Appointments (Same day)		%	%		%	%		%			
50	Regular Doctor	46.1	47.7	n.s.	66.2	62.6	n.s.	44.3	0.0001	0.0001	PACE>Partial Cap
51	Dentist	24.9	28.5	n.s.	22.0	13.3	n.s.	37.8	n.s.	0.001	Partial Cap>PACE
52	Eye Care	19.6	25.9	n.s.	25.6	16.9	n.s.	27.9	n.s.	n.s.	
53	Foot Doctor	18.4	24.4	n.s.	20.0	16.3	n.s.	28.2	n.s.	n.s.	

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.

@ MAP plans were not included in 2007

'n.s.' means not significant.

Table 14: Quality of Care – Comparison by Current Health Status

		2007 vs. 2011						2007	2011
		Good/Very Good 2007 (N =343*)	Good/Very Good 2011 (N=494*)	P	Very Poor/Poor/ Fair 2007 (N =1,032*)	Very Poor/Poor/ Fair 2011 (N=1,304*)	P	Good/Very Good vs. Very Poor/Poor/Fair	
Item	Description								
Section 2A: Quality of Care Providers (Excellent/Good)		%	%		%	%		P	P
33	Pharmacy Services	93.0	95.2	n.s.	91.2	87.8	n.s.	n.s.	0.0001
15	Regular doctor	93.6	94.0	n.s.	87.6	86.5	n.s.	n.s.	0.0001
20	Care Manager/Case Manager	92.3	92.2	n.s.	86.6	84.9	n.s.	n.s.	0.0001
19a	Home Health Aide, Personal Care Aide	90.5	87.6	n.s.	82.6	86.0	n.s.	0.001	n.s.
26	Medical Supplies and Equipment	93.2	91.7	n.s.	86.9	84.6	n.s.	n.s.	0.001
21a	Regular Visiting Nurse/Registered Nurse	92.0	90.8	n.s.	87.1	83.7	n.s.	n.s.	0.0001
18	Foot Doctor	87.1	89.6	n.s.	80.6	80.5	n.s.	n.s.	0.0001
17	Eye Care	89.6	87.1	n.s.	80.3	80.8	n.s.	0.001	n.s.
25	Social Worker	92.2	89.9	n.s.	83.7	79.0	n.s.	0.001	0.0001
22	Physical Therapist	87.8	89.1	n.s.	78.4	78.9	n.s.	n.s.	0.001
19b	Home Health Agency, Personal Care Agency	84.5	84.6	n.s.	78.9	80.3	n.s.	n.s.	n.s.
31	Transportation Services	88.3	86.4	n.s.	78.6	78.8	n.s.	0.0001	0.001
21b	Covering/On-call nurse	88.6	87.7	n.s.	78.5	77.5	n.s.	0.001	0.0001
30	Day Health Center Activities	88.6	85.8	n.s.	79.2	76.4	n.s.	n.s.	n.s.
34	Nutritionist	90.1	87.9	n.s.	77.7	75.6	n.s.	n.s.	0.0001
29	Meals served at the Day Health Center	83.2	86.3	n.s.	74.3	73.4	n.s.	n.s.	0.0001
23	Occupational Therapist	83.3	87.2	n.s.	70.7	71.9	n.s.	n.s.	0.0001
28	Home Delivered Meals/Meals on Wheels	89.2	79.8	n.s.	75.1	69.7	n.s.	n.s.	n.s.
16	Dentist	79.1	81.8	n.s.	68.5	67.9	n.s.	n.s.	0.0001
27	Audiology/Hearing Aids	82.1	79.5	n.s.	69.5	65.1	n.s.	n.s.	n.s.
32	Nursing Home	86.5	77.4	n.s.	71.2	62.4	n.s.	n.s.	n.s.
24	Speech Therapist	79.5	78.8	n.s.	57.8	60.3	n.s.	n.s.	n.s.

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.
 'n.s.' means not significant.

Table 15: Timeliness of Care – Comparison by Current Health Status

Item		2007 vs. 2011						2007	2011
		Good/Very Good 2007	Good/Very Good 2011	P	Very Poor/Poor/Fair 2007	Very Poor/Poor/Fair 2011	P	Good/Very Good vs. Very Poor/Poor/Fair	
		(N =343*)	(N=494*)		(N =1,032*)	(N=1,304*)		P	P
Section 2B: Timeliness (Always/Usually)		%	%		%	%			
45	Pharmacy Services	83.9	81.5	n.s.	83.5	79.1	n.s.	n.s.	n.s.
35	Home Health Aide, Personal Care Aide	81.3	77.3	n.s.	84.3	79.3	n.s.	n.s.	n.s.
36	Care Manager/Case Manager	80.9	73.3	n.s.	78.5	72.7	n.s.	n.s.	n.s.
37a	Regular Visiting Nurse/Registered Nurse	79.1	74.9	n.s.	79.1	71.9	0.0001	n.s.	n.s.
44	Medical Supplies and Equipment	76.8	74.8	n.s.	79.7	71.8	0.0001	n.s.	n.s.
43c	Transportation: TO the doctor	75.0	73.3	n.s.	75.2	71.4	n.s.	n.s.	n.s.
43a	Transportation: TO Day Center	76.1	69.5	n.s.	73.9	68.2	n.s.	n.s.	n.s.
43d	Transportation: FROM the doctor	73.4	70.8	n.s.	73.4	68.0	n.s.	n.s.	n.s.
43b	Transportation: FROM Day Center	75.5	67.3	n.s.	74.3	68.9	n.s.	n.s.	n.s.
42	Home Delivered Meals/Meals on Wheels	61.8	68.2	n.s.	69.7	65.6	n.s.	n.s.	n.s.
37b	Covering/On-call nurse	73.1	70.0	n.s.	72.6	63.0	0.0001	n.s.	n.s.
41	Social Worker	70.6	67.4	n.s.	70.3	62.6	n.s.	n.s.	n.s.
38	Physical Therapist	66.4	64.9	n.s.	70.8	60.7	n.s.	n.s.	n.s.
39	Occupational Therapist	57.9	58.7	n.s.	63.8	54.0	n.s.	n.s.	n.s.
40	Speech Therapist	52.9	43.6	n.s.	49.4	39.2	n.s.	n.s.	n.s.

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.
 'n.s.' means not significant.

Table 16: Timely Access to Routine Appointments (within 1 month) – Comparison by Current Health Status

		2007 vs. 2011						2007	2011
		Good/Very Good 2007 (N=343*)	Good/Very Good 2011 (N=494*)	P	Very Poor/Poor/ Fair 2007 (N=1,032*)	Very Poor/Poor/ Fair 2011 (N=1,304*)	P	Good/Very Good vs. Very Poor/Poor/Fair	
Item	Description	%	%		%	%		P	P
Section 2C: Access to Care - Routine Appointments (Less than 1 month)									
46	Regular Doctor	58.2	62.1	n.s.	66.4	57.2	0.0001	n.s.	n.s.
47	Dentist	43.5	46.9	n.s.	51.1	43.6	n.s.	n.s.	n.s.
49	Foot Doctor	47.7	49.5	n.s.	51.3	42.2	0.001	n.s.	n.s.
48	Eye Care	44.4	44.3	n.s.	52.2	40.6	0.0001	n.s.	n.s.

* n reflects the total number of members who completed the survey. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude not applicable responses.
 'n.s.' means not significant.

Section Four: Multivariate Regression

In advance of performing multivariate regression analyses, the survey items were split into domains to determine which member characteristics had an effect on the most important survey questions. The domains are described in Table 17.

The following 7 independent variables (member characteristics) were used in the regressions:

- Plan type (Partially Capitated, PACE; MAP)
- Race/Ethnicity (White, Black, Hispanic, Asian, Other)
- Gender (Male, Female)
- Education (Up to some High School, High School +)
- Health Status (Very Good/Good, Very Poor/Poor/Fair)
- Living Situation (at home, alone; at home, with others; nursing home)
- Age (18-64, 65+)

Primary language spoken was excluded as an independent variable from the regression analyses because of its correlation with the race/ethnicity variable.

The first domain is composed of only one item: MLTC plan rating (1=Excellent/Good; 0=Poor/Fair). A logistic regression was conducted to assess whether the independent variables were associated with members' perception of their plan.

For Domains 2 to 5, linear regressions were used to assess the relationship between the dependent variables (domains) and the independent variables. The dependent variable is a mean composite score, which is the average of all non-missing ratings/responses to each item in the domain. The scales for each domain are indicated in Table 17.

For Domain 6, logistic regression was conducted to determine which subgroups are more/less likely to have advance directives in place. The dependent variable is coded 1 if the members responded "yes" to at least one of the following items from the survey (0 otherwise):

- a) Q65 - someone from the health plan has talked to you about appointing someone to make decisions about your health if you are unable to do so,
- b) Q66 - you have a legal document appointing someone to make decisions about your health if you are unable to do so, and
- c) Q67 - the health plan has a copy of this document.

Significant results from the regression analyses are detailed in Table 17.

Table 17: Results of the Regression Analyses on the Domains

Domains	Regression Results
<p><u>Domain 1: MLTC Plan Rating</u> [Q14] Rating: 0=Poor/Fair; 1=Excellent/Good</p>	<p>Table 18 shows that the odds of a high plan rating are higher for those who are in good health.</p>
<p><u>Domain 2: Quality of Care</u> [mean composite of: Q15, Q16, Q17, Q18, Q19a, Q20, Q21a, Q21b, Q22, Q25, Q26, Q31, Q33] Rating: 1=Poor; 2=Fair; 3=Good; 4=Excellent</p>	<p>Table 19 shows that race/ethnicity and health status had a significant effect on the quality of care score, after adjusting for all the independent variables:</p> <ul style="list-style-type: none"> ○ Hispanics and Asians gave lower ratings for quality of care than White respondents. ○ Current health status is positively associated with quality of care rating.
<p><u>Domain 3: Timeliness of Care</u> [mean composite of: Q35, Q36, Q37a, Q37b, Q38, Q41, Q43a, Q43b, Q43c, Q43d, Q44, Q45] Rating: 1=Never; 2=Sometimes; 3=Usually; 4=Always</p>	<p>Table 20 shows that plan type is the only factor that had a significant effect on the timeliness scores, after adjusting for all the independent variables:</p> <ul style="list-style-type: none"> ○ Timeliness ratings were significantly higher for PACE members than partially capitated members.
<p><u>Domain 4: Access to Routine Appointments</u> [mean composite of: Q46, Q47, Q48, Q49] Rating: 1=Less than 1 month; 2=1-3 months; 3=Longer than 3 months</p>	<p>Table 21 shows that plan type and race/ethnicity were associated with access to routine appointment scores, after adjusting for all the independent variables:</p> <ul style="list-style-type: none"> ○ PACE members were more likely to report that they had timely access to routine appointments than partially capitated members. ○ Asian respondents were less likely to report that they had timely access to routine appointments than white respondents.
<p><u>Domain 5: Access to Urgent Appointments</u> [mean composite of: Q50, Q51, Q52, Q53] Rating: 1=Same day; 2=1-3 days; 3=4 days or longer</p>	<p>Table 22 shows that access to urgent appointments is <u>not</u> dependent on plan type, race/ethnicity, gender, education, health status, living situation or age.</p>
<p><u>Domain 6: Advance Directives</u> Rating: 1=At least 1 of Q65, Q66, Q67; 0=Otherwise</p>	<p>Table 23 displays the odds ratios, which indicate that advance directives are more likely to be in place for members in PACE plans (than partially capitated plans) and for members who are White (not Asian).</p>

Table 18: Logistic Regression on Domain 1 – Plan Rating: Excellent/Good (N=1,598)

Variables		Odds Ratio	P	Reference
Plan Type	Partially Capitated			
	PACE	1.48	n.s.	Partially Capitated
	MAP	1.10	n.s.	Partially Capitated
Race/ Ethnicity	White			
	Black	1.31	n.s.	White
	Hispanic	0.94	n.s.	White
	Asian	1.16	n.s.	White
	Other	1.75	n.s.	White
Gender	Male			
	Female	1.42	n.s.	Male
Education	Up to some High School			
	High School+	0.79	n.s.	Up to some High School
Health Status	Very poor/Poor/Fair			
	Good/Very good	2.69	0.0001	Very poor/Poor/Fair
Living Situation	At home, alone			
	At home, with others	1.16	n.s.	At home, alone
	Nursing home	1.50	n.s.	At home, alone
Age	18-64 yrs old			
	65+ yrs old	1.11	n.s.	18-64 yrs old
Constant		2.77	0.0001	

C-statistic = 0.640

Plan rating: 1=Poor, 2=Fair, 3=Good, 4=Excellent

Table 19: Linear Regression on Domain 2 – Quality of Care: Scale 1-4 (N=1,576)

Variables		Mean Score	Std. Deviation	B	P	Reference
Plan Type	Partially Capitated	3.22	0.59			
	PACE	3.32	0.54	0.072	n.s.	Partially Capitated
	MAP	3.32	0.54	0.076	n.s.	Partially Capitated
Race/ Ethnicity	White	3.33	0.54			
	Black	3.23	0.59	-0.105	n.s.	White
	Hispanic	3.11	0.67	-0.190	0.001	White
	Asian	3.11	0.56	-0.171	0.0001	White
	Other	3.26	0.61	-0.046	n.s.	White
Gender	Male	3.20	0.59			
	Female	3.27	0.57	0.039	n.s.	Male
Education	Up to some High School	3.20	0.62			
	High School+	3.31	0.53	0.049	n.s.	Up to some High School
Health Status	Very poor/Poor/Fair	3.19	0.59			
	Good/Very good	3.41	0.52	0.205	0.0001	Very poor/Poor/Fair
Living Situation	At home, alone	3.26	0.60			
	At home, with others	3.23	0.56	-0.011	n.s.	At home, alone
	Nursing home	3.27	0.58	-0.049	n.s.	At home, alone
Age	18-64 yrs old	3.27	0.60			
	65+ yrs old	3.25	0.58	-0.018	n.s.	18-64 yrs old

Adjusted R²=0.049

'B' coefficients represent the independent relationship of each independent variable to the prediction of the domain (dependent variable).

Quality of Care ratings: 1=Poor, 2=Fair, 3=Good, 4=Excellent

Table 20: Linear Regression on Domain 3 – Timeliness of Care: Scale 1-4 (N=1,542)

Variables		Mean Score	Std. Deviation	B	P	Reference
Plan Type	Partially Capitated	3.03	0.85			
	PACE	3.18	0.79	0.187	0.0001	Partially Capitated
	MAP	3.03	0.91	-0.008	n.s.	Partially Capitated
Race/ Ethnicity	White	3.09	0.87			
	Black	3.13	0.81	0.068	n.s.	White
	Hispanic	3.07	0.81	-0.079	n.s.	White
	Asian	2.96	0.74	-0.167	n.s.	White
	Other	3.01	0.89	-0.076	n.s.	White
Gender	Male	3.07	0.80			
	Female	3.07	0.85	-0.014	n.s.	Male
Education	Up to some High School	3.07	0.82			
	High School+	3.06	0.86	-0.039	n.s.	Up to some High School
Health Status	Very poor/Poor/Fair	3.05	0.82			
	Good/Very good	3.10	0.90	0.027	n.s.	Very poor/Poor/Fair
Living Situation	At home, alone	3.09	0.86			
	At home, with others	3.05	0.83	-0.016	n.s.	At home, alone
	Nursing home	2.93	0.89	-0.223	n.s.	At home, alone
Age	18-64 yrs old	3.01	0.86			
	65+ yrs old	3.08	0.84	0.035	n.s.	18-64 yrs old

Adjusted R²=0.010

'B' coefficients represent the independent relationship of each independent variable to the prediction of the domain (dependent variable).

Timeliness ratings: 1=Never, 2=Sometimes, 3=Usually, 4=Always

Table 21: Linear Regression on Domain 4 – Access to Routine Appointments: Scale 1-3 (N=1,406)

Variables		Mean Score	Std. Deviation	B	P	Reference
Plan Type	Partially Capitated	1.79	0.69			
	PACE	1.55	0.63	-0.218	0.0001	Partially Capitated
	MAP	1.66	0.65	-0.099	n.s.	Partially Capitated
Race/ Ethnicity	White	1.60	0.67			
	Black	1.78	0.65	0.139	n.s.	White
	Hispanic	1.86	0.70	0.214	n.s.	White
	Asian	1.87	0.69	0.234	0.0001	White
	Other	1.85	0.67	0.188	0.001	White
Gender	Male	1.78	0.70			
	Female	1.71	0.67	-0.072	n.s.	Male
Education	Up to some High School	1.80	0.69			
	High School+	1.64	0.66	-0.096	n.s.	Up to some High School
Health Status	Very poor/Poor/Fair	1.74	0.67			
	Good/Very good	1.69	0.70	-0.035	n.s.	Very poor/Poor/Fair
Living Situation	At home, alone	1.72	0.68			
	At home, with others	1.73	0.67	-0.023	n.s.	At home, alone
	Nursing home	1.69	0.71	0.052	n.s.	At home, alone
Age	18-64 yrs old	1.81	0.70			
	65+ yrs old	1.71	0.67	-0.066	n.s.	18-64 yrs old

Adjusted R²=0.052

'B' coefficients represent the independent relationship of each independent variable to the prediction of the domain (dependent variable).

Access to Routine Appointment ratings: 1=Less than 1 month, 2=1-3 months, 3=Longer than 3 months

Table 22: Linear Regression on Domain 5 – Access to Urgent Appointments: Scale 1-3 (N=1,184)

Variables		Mean Score	Std. Deviation	B	P	Reference
Plan Type	Partially Capitated	2.08	0.68			
	PACE	2.19	0.62	0.116	n.s.	Partially Capitated
	MAP	2.18	0.62	0.045	n.s.	Partially Capitated
Race/ Ethnicity	White	2.14	0.64			
	Black	2.09	0.69	-0.037	n.s.	White
	Hispanic	2.13	0.68	0.007	n.s.	White
	Asian	2.10	0.69	-0.050	n.s.	White
	Other	2.11	0.68	-0.014	n.s.	White
Gender	Male	2.08	0.70			
	Female	2.13	0.66	0.042	n.s.	Male
Education	Up to some High School	2.12	0.66			
	High School+	2.11	0.68	-0.002	n.s.	Up to some High School
Health Status	Very poor/Poor/Fair	2.10	0.66			
	Good/Very good	2.15	0.69	0.066	n.s.	Very poor/Poor/Fair
Living Situation	At home, alone	2.15	0.66			
	At home, with others	2.10	0.67	-0.046	n.s.	At home, alone
	Nursing home	3.01	0.67	-0.148	n.s.	At home, alone
Age	18-64 yrs old	2.05	0.70			
	65+ yrs old	2.13	0.65	0.071	n.s.	18-64 yrs old

Adjusted R²=0.005

'B' coefficients represent the independent relationship of each independent variable to the prediction of the domain (dependent variable).

Access to Urgent Appointment Ratings: 1=Same day, 2=1-3 days, 3=4 days or longer

Table 23: Logistic Regression on Domain 6 - Advance Directives: Yes/No (N=1,615)

Variables		Odds Ratio	P	Reference
Plan Type	Partially Capitated			
	PACE	3.65	0.0001	Partially Capitated
	MAP	1.52	n.s.	Partially Capitated
Race/ Ethnicity	White			
	Black	0.91	n.s.	White
	Hispanic	0.81	n.s.	White
	Asian	0.40	0.0001	White
	Other	0.89	n.s.	White
Gender	Male			
	Female	1.23	n.s.	Male
Education	Up to some High School			
	High school+	1.36	n.s.	Up to some High School
Health Status	Very poor/Poor/Fair			
	Good/Very good	1.33	n.s.	Very poor/Poor/Fair
Living Situation	At home, alone			
	At home, with others	1.01	n.s.	At home, alone
	Nursing home	1.77	n.s.	At home, alone
Age	18-64 yrs old			
	65+ yrs old	1.05	n.s.	18-64 yrs old
Constant		1.88	n.s.	

C-statistic =0.678

Section Five: Conclusions and Recommendations

Overall survey findings were very favorable. As Tables 24-26 indicate, the majority of MLTC respondents are evidently satisfied with their health plan, and most would recommend their plan to others, whether it be a partially capitated, PACE, or MAP plan. The majority of members rated the quality of MLTC services to be good or excellent, and the majority indicated providers and services are always or usually on time. It was encouraging to see continued high satisfaction rates for quality and timeliness for such critical long-term care services as visiting nurses, home health aides, and physical therapists.

The percentage of members that reported calling the plan with questions or for help, and/or with complaints or grievances, dropped notably in the 2011 survey, with statistically significant differences between 2007 and 2011. These findings may be indicative of some or all of the following:

- a) enhanced member services functions
- b) improvements in comprehensive education of plan services at enrollment
- c) more frequent care manager interaction with plan members
- d) additional language specific educational materials.

However, IPRO has observations for specific survey results, such as dental care, advance directives, medication management, and access to routine and urgent provider visits.

Some observations to be considered by the MLTC plans for improvement are as follows:

- 1) Respondents continue to rate the quality of dental services lower than other highly utilized services (Tables 5, 25).

Plans may want to review dental services, in general, for how accessible dentists are and if members have enough dentists to choose from. Plans may want to focus on satisfaction levels for black and Asian members, as survey results indicate that these members appear to be more negative on dental care quality and access.

A point of note here is that several plans have been undertaking performance improvement projects over the past two years, with dental service utilization as the focus. Project interventions have included language and cultural initiatives, such as language specific newsletter articles. Another noteworthy intervention is the identification of dental providers upfront for new members and scheduling appointments within 30 days of enrollment. Two of these plans have seen improvement in annual dental visit rates, and have made progress in increasing dental provider accessibility. A third plan has selected dental utilization as their performance improvement project for 2011 and is in process of implementing similar interventions. IPRO recommends that these efforts continue across plans wherever applicable.

- 2) A significantly higher proportion of PACE and MAP members compared to partially capitated members reported that their health plan had seen their prescriptions and over-the-counter medicines. These efforts are indicative of a focus on medication management. To a certain extent, these findings are understandable as prescriptions are a covered service for PACE and MAP plans but not for partially capitated plans (Tables 9,24).

As care management is a primary goal across all plans, it is strongly recommended that all plan types maintain as much of a medication management focus as possible. In this regard, a recommendation to plans would be to investigate the need to conduct medication compliance projects. These projects require a basic understanding of members' medications as an important step in effective care management. Such projects may also serve to enhance care management by identifying possible adverse reaction and poly-pharmacy concerns.

- 3) Advance directive discussions, and advance directive procurement, are more prevalent with PACE and MAP than with partially capitated members. In general, IPRO has seen increases in advance directive rates over the years, based upon performance improvement project results. However, advance directive rates for the partially capitated plans lag behind the other plan types (Tables 9, 29).

A number of partially capitated plans have been addressing this issue over the years by undertaking performance improvement projects focusing on advance directive education and procurement. Notable project interventions include:

- a) *Increased social worker involvement (language and culture specific where applicable)*
- b) *Language and culture specific member education materials*
- c) *Advance directive discussions during SAAM assessment visits.*
- d) *Increased staff education (e.g. care management, interdisciplinary team)*

Advance directive procurement rates have improved with these interventions. IPRO recommends continued efforts in this area.

- 4) A significant percentage of respondents (across all plan types) reported that they are unable to schedule appointments with their regular doctor or PCP in a timely manner (within 30 days), and even lower percentages were reported for dentists, eye care, and foot doctors. Moreover, IPRO noted a declining trend in these percentages since 2007 (Tables 7, 12, 27). Percentages were somewhat higher for PACE and MAP respondents, but all three plan types reflect room for improvement. Also, respondents who were of poor health status in 2011 were significantly less likely to report that they had timely access to routine appointments with providers, than the same cohort in 2007 (Table 16). Another finding was that white respondents were significantly more likely to report more favorably with regard to routine appointments than any other race group.

For urgent needs, a significant number of respondents indicated that same day appointments are not possible with any of these providers (Tables 8, 28).

IPRO notes that outpatient services are not in the benefit package of the partially capitated plans. However, all plans may wish to investigate access issues through possibly interviewing providers to determine exactly how routine and urgent visits are handled. Plans may also choose to interview samples of members, including members with higher SAAM scores indicating higher levels of acuity, to obtain time intervals for routine and urgent appointments in an effort to provide outreach to certain providers.

- 5) PACE members responded more favorably than partially capitated members with regard to the quality of certain services, such as medical supplies/equipment, social workers,

nutritionists, and occupational therapists (Tables 10, 25). PACE members were also more likely to rate the timeliness of certain services, such as medical supplies/equipment, social workers, transportation to/from day center more positively than partially capitated members (Tables 11,26). This could be attributed in some instances to PACE plans providing these services directly, or through a closely affiliated company, and therefore may be in a better position to provide oversight of the quality of these services.

Partially capitated plans may subcontract to outside vendors for these services more often; therefore, providing quality and timeliness oversight may be more of a challenge. It is recommended that plans evaluate these services to see if any issues or problems exist with specific vendors, by possibly reviewing incidence reports and complaint /grievance logs to target specific issues.

- 6) A significantly lower percentage of partially capitated respondents rated care manager and visiting nurse services as always /usually on time in 2011 than in 2007 (Tables 11, 26).

Plans may wish to investigate this, possibly through evaluating attendance and tardiness issues directly within their staff or by determining if any issues exist where these services may be subcontracted. A review of incidence reports and complaint and grievance logs (at plan and vendor levels) may be warranted.

- 7) There were some observed language differences for some of the ratings, as discussed in the Comparisons by Primary Language section of the report. English speaking members were more likely than non-English speaking members (i.e. Spanish, Chinese) to give a positive rating with regard to the quality of certain services, such as medical supplies/equipment, eye care, social workers, dentists, physical therapists. English speaking members were also more likely to respond more favorably with regard to access to routine appointments with regular doctors, eye care providers, and dentists than non-English speaking members (i.e. Spanish, Chinese). It would appear that language barriers may be playing a role in not being satisfied with some services, and with timely access to them.

This may be another area for plans to explore, to determine if there is limited access to multilingual providers of these services.

APPENDIX A: FREQUENCY TABLES

Table 24: MLTC Plan Evaluation

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
1	MLTC plan explains services clearly																		
	Always	444	53.3	633	51.7	114	56.2	213	55.2	135	48.0	80	65.0	693	52.6	926	53.4		
	Usually	271	32.5	389	31.8	51	25.1	125	32.4	107	38.1	31	25.2	429	32.6	545	31.4		
	Sometimes	103	12.4	179	14.6	32	15.8	41	10.6	31	11.0	12	9.8	166	12.6	232	13.4		
	Never	15	1.8	23	1.9	6	3.0	7	1.8	8	2.8	0	0.0	29	2.2	30	1.7		
	TOTAL	833		1,224		203		386		281		123		1,317		1,733			
	<i>Don't know or not sure</i>	39		54		10		17		13		5		62		76			
2	Involved in making decisions about plan of care																		
	Always	430	51.9	626	51.3	94	46.3	212	54.1	138	48.3	75	60.0	662	50.2	913	52.5		
	Usually	205	24.7	306	25.1	60	29.6	107	27.3	77	26.9	29	23.2	342	25.9	442	25.4		
	Sometimes	130	15.7	213	17.4	36	17.7	55	14.0	46	16.1	19	15.2	212	16.1	287	16.5		
	Never	64	7.7	76	6.2	13	6.4	18	4.6	25	8.7	2	1.6	102	7.7	96	5.5		
	TOTAL	829		1,221		203		392		286		125		1,318		1,738			
	<i>Don't know or not sure</i>	35		52		10		12		6		3		51		67			
3	Called the plan with questions or help																		
	Yes	605	69.8	750	60.0	146	68.9	259	64.4	200	67.1	73	62.4	951	69.1	1082	61.2		
	No	262	30.2	500	40.0	66	31.1	143	35.6	98	32.9	44	37.6	426	30.9	687	38.8		
	TOTAL	867		1,250		212		402		298		117		1,377		1,769			
4t	Speak with a person quickly																		
	Always	326	55.6	383	52.8	73	51.8	154	61.1	103	52.8	45	62.5	502	54.4	582	55.4		
	Sometimes	240	41.0	322	44.4	64	45.4	91	36.1	83	42.6	26	36.1	387	42.0	439	41.8		
	Never	20	3.4	21	2.9	4	2.8	7	2.8	9	4.6	1	1.4	33	3.6	29	2.8		
	TOTAL	586		726		141		252		195		72		922		1,050			
5at	Were questions answered quickly																		
	Always	350	60.1	424	58.4	84	58.7	168	66.1	118	59.9	46	63.9	552	59.9	638	60.6		
	Sometimes	212	36.4	283	39.0	57	39.9	82	32.3	75	38.1	26	36.1	344	37.3	391	37.2		
	Never	20	3.4	19	2.6	2	1.4	4	1.6	4	2.0	0	0.0	26	2.8	23	2.2		
	TOTAL	582		726		143		254		197		72		922		1,052			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

t Items based on skip pattern

+ Member can check all that apply

++ New question in 2011

Table 24: MLTC Plan Evaluation (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
5b	Were you able to understand the answers																		
	Always	397	68.6	469	65.0	92	65.7	191	76.7	131	67.2	48	65.8	620	67.8	708	67.8		
	Sometimes	172	29.7	243	33.7	46	32.9	56	22.5	60	30.8	25	34.2	278	30.4	324	31.0		
	Never	10	1.7	10	1.4	2	1.4	2	0.8	4	2.1	0	0.0	16	1.8	12	1.1		
	TOTAL	579		722		140		249		195		73		914		1,044			
6	Were you treated with politeness and respect																		
	Always	513	87.5	612	85.4	126	88.1	225	88.6	173	88.7	68	94.4	812	87.9	905	86.8		
	Sometimes	67	11.4	95	13.2	16	11.2	26	10.2	21	10.8	4	5.6	104	11.3	125	12.0		
	Never	6	1.0	10	1.4	1	0.7	3	1.2	1	0.5	0	0.0	8	0.9	13	1.2		
	TOTAL	586		717		143		254		195		72		924		1,043			
7	Called the plan with a complaint/grievance																		
	Yes	321	37.3	346	28.2	90	43.1	129	32.3	119	40.9	26	21.5	530	39.0	501	28.7		
	No	539	62.7	879	71.8	119	56.9	271	67.8	172	59.1	95	78.5	830	61.0	1245	71.3		
	TOTAL	860		1,225		209		400		291		121		1,360		1,746			
8	Responded to in a timely manner																		
	Always	160	51.3	165	50.0	53	62.4	76	58.9	59	50.0	16	64.0	272	52.8	257	53.1		
	Sometimes	124	39.7	139	42.1	26	30.6	44	34.1	50	42.4	7	28.0	200	38.8	190	39.3		
	Never	28	9.0	26	7.9	6	7.1	9	7.0	9	7.6	2	8.0	43	8.3	37	7.6		
	TOTAL	312		330		85		129		118		25		515		484			
9	Were you satisfied with the response																		
	Always	130	41.5	132	40.5	42	48.8	67	52.3	52	44.1	15	57.7	224	43.3	214	44.6		
	Sometimes	160	51.1	161	49.4	38	44.2	52	40.6	53	44.9	10	38.5	251	48.5	223	46.5		
	Never	23	7.3	33	10.1	6	7.0	9	7.0	13	11.0	1	3.8	42	8.1	43	9.0		
	TOTAL	313		326		86		128		118		26		517		480			
10	Were you treated with politeness and respect																		
	Always	243	76.7	247	74.6	70	80.5	102	79.7	87	74.4	23	88.5	400	76.8	372	76.7		
	Sometimes	67	21.1	77	23.3	17	19.5	24	18.8	29	24.8	3	11.5	113	21.7	104	21.4		
	Never	7	2.2	7	2.1	0	0.0	2	1.6	1	0.9	0	0.0	8	1.5	9	1.9		
	TOTAL	317		331		87		128		117		26		521		485			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

t Items based on skip pattern

+ Member can check all that apply

++ New question in 2011

Table 24: MLTC Plan Evaluation (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
11++	Has asked to see all of the prescriptions/over the counter medicines																		
	Yes			960	83.8			333	91.5					115	96.6			1408	86.5
	No			185	16.2			31	8.5					4	3.4			220	13.5
	TOTAL			1,145				364						119				1,628	
	<i>Not sure</i>			125				30						6				161	
12	Has helped to manage illness																		
	Yes	726	83.7	1,038	81.2	179	83.6	365	90.8	247	84.3	108	86.4	1,152	83.8	1,511	83.7		
	No	36	4.2	70	5.5	5	2.3	4	1.0	15	5.1	3	2.4	56	4.1	77	4.3		
	Same	105	12.1	171	13.4	30	14.0	33	8.2	31	10.6	14	11.2	166	12.1	218	12.1		
	TOTAL	867		1,279		214		402		293		125		1,374		1,806			
13	Would you recommend plan to others																		
	Yes	777	90.6	1,117	89.1	189	88.7	373	94.9	271	91.9	119	94.4	1,237	90.6	1,609	90.8		
	No	81	9.4	137	10.9	24	11.3	20	5.1	24	8.1	7	5.6	129	9.4	164	9.2		
	TOTAL	858		1,254		213		393		295		126		1,366		1,773			
14	How would you rate your plan																		
	Excellent	370	42.2	494	38.4	97	45.3	178	44.2	127	42.6	62	48.8	594	42.8	734	40.4		
	Good	388	44.3	583	45.3	98	45.8	184	45.7	128	43.0	47	37.0	614	44.2	814	44.8		
	Fair	97	11.1	184	14.3	16	7.5	36	8.9	34	11.4	15	11.8	147	10.6	235	12.9		
	Poor	21	2.4	25	1.9	3	1.4	5	1.2	9	3.0	3	2.4	33	2.4	33	1.8		
	TOTAL	876		1,286		214		403		298		127		1,388		1,816			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

t Items based on skip pattern

+ Member can check all that apply

++ New question in 2011

Table 25: Quality of Care

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
15	Regular Doctor																		
	Poor	13	1.6	30	2.6	2	1.0	10	2.6	2	0.8	5	4.4	17	1.3	45	2.7		
	Fair	71	8.8	104	8.9	18	9.1	33	8.7	34	12.8	8	7.1	123	9.7	145	8.7		
	Good	302	37.4	418	35.7	76	38.4	149	39.1	84	31.6	36	31.9	462	36.3	603	36.2		
	Excellent	421	52.2	618	52.8	102	51.5	189	49.6	146	54.9	64	56.6	669	52.6	871	52.3		
	TOTAL	807		1,170		198		381		266		113		1,271		1,664			
	<i>Not Applicable</i>	49		59		7		7		18		4		74		70			
16	Dentist																		
	Poor	47	8.7	92	11.7	13	8.8	22	7.9	13	7.2	12	15.0	73	8.4	126	11.0		
	Fair	107	19.7	140	17.8	38	25.9	43	15.4	32	17.8	16	20.0	177	20.4	199	17.3		
	Good	223	41.1	326	41.4	53	36.1	136	48.6	84	46.7	26	32.5	360	41.4	488	42.5		
	Excellent	165	30.4	230	29.2	43	29.3	79	28.2	51	28.3	26	32.5	259	29.8	335	29.2		
	TOTAL	542		788		147		280		180		80		869		1,148			
	<i>Not Applicable</i>	259		365		53		103		91		30		403		498			
17	Eye Care																		
	Poor	30	4.6	49	4.8	11	6.2	12	3.6	8	3.6	6	5.8	49	4.7	67	4.6		
	Fair	85	13.1	135	13.2	24	13.6	44	13.0	23	10.2	12	11.5	132	12.6	191	13.1		
	Good	289	44.6	398	39.0	70	39.5	148	43.8	98	43.6	36	34.6	457	43.5	582	39.8		
	Excellent	244	37.7	438	42.9	72	40.7	134	39.6	96	42.7	50	48.1	412	39.2	622	42.5		
	TOTAL	648		1,020		177		338		225		104		1,050		1,462			
	<i>Not Applicable</i>	175		185		28		56		57		14		260		255			
18	Foot Doctor																		
	Poor	30	4.9	49	5.6	8	6.3	14	5.1	5	2.3	4	4.3	43	4.5	67	5.4		
	Fair	70	11.5	113	12.8	20	15.9	25	9.1	36	16.7	9	9.8	126	13.3	147	11.8		
	Good	241	39.6	372	42.2	53	42.1	135	49.1	89	41.2	33	35.9	383	40.3	540	43.3		
	Excellent	267	43.9	347	39.4	45	35.7	101	36.7	86	39.8	46	50.0	398	41.9	494	39.6		
	TOTAL	608		881		126		275		216		92		950		1,248			
	<i>Not Applicable</i>	198		287		72		114		63		26		333		427			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 25: Quality of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
19a	Home Health Aide																		
	Poor	22	2.8	42	3.8	6	3.4	12	3.8	11	4.3	2	1.9	39	3.2	56	3.7		
	Fair	83	10.6	102	9.2	35	20.0	30	9.6	28	11.0	16	15.0	146	12.0	148	9.7		
	Good	231	29.5	361	32.6	65	37.1	127	40.6	91	35.8	27	25.2	387	31.9	515	33.7		
	Excellent	448	57.1	604	54.5	69	39.4	144	46.0	124	48.8	62	57.9	641	52.8	810	53.0		
	TOTAL	784		1,109		175		313		254		107		1,213		1,529			
	<i>Not Applicable</i>	55		107		32		77		28		13		115		197			
19b	Home Health Agency																		
	Poor	35	4.5	62	5.6	7	4.5	17	5.5	18	7.5	5	4.5	60	5.1	84	5.5		
	Fair	118	15.0	151	13.5	25	15.9	31	10.1	30	12.4	20	18.0	173	14.6	202	13.2		
	Good	326	41.5	423	37.9	68	43.3	148	48.1	94	39.0	33	29.7	488	41.3	604	39.3		
	Excellent	306	39.0	481	43.1	57	36.3	112	36.4	99	41.1	53	47.7	462	39.1	646	42.1		
	TOTAL	785		1,117		157		308		241		111		1,183		1,536			
	<i>Not Applicable</i>	62		100		47		83		45		9		154		192			
20	Care Manager																		
	Poor	22	2.8	49	4.3	2	1.0	12	3.3	6	2.2	0	0.0	30	2.4	61	3.8		
	Fair	74	9.4	112	9.9	21	10.9	24	6.6	25	9.2	12	10.4	120	9.6	148	9.2		
	Good	282	35.7	418	36.9	69	35.8	148	40.5	92	33.9	34	29.6	443	35.3	600	37.2		
	Excellent	413	52.2	553	48.9	101	52.3	181	49.6	148	54.6	69	60.0	662	52.7	803	49.8		
	TOTAL	791		1,132		193		365		271		115		1,255		1,612			
	<i>Not Applicable</i>	45		85		12		24		15		3		72		112			
21a	Regular Visiting Nurse																		
	Poor	27	3.5	45	4.0	7	3.7	12	3.5	6	2.5	5	4.3	40	3.3	62	3.9		
	Fair	67	8.6	131	11.6	14	7.4	18	5.3	21	8.6	14	12.2	102	8.4	163	10.3		
	Good	278	35.8	445	39.4	65	34.4	126	37.2	86	35.4	31	27.0	429	35.5	602	38.0		
	Excellent	405	52.1	508	45.0	103	54.5	183	54.0	130	53.5	65	56.5	638	52.8	756	47.8		
	TOTAL	777		1,129		189		339		243		115		1,209		1,583			
	<i>Not Applicable</i>	64		101		16		55		41		8		121		164			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 25: Quality of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
21b	Covering/On Call Nurse																		
	Poor	37	7.0	52	6.7	6	3.8	7	2.6	7	3.7	5	6.0	50	5.7	64	5.7		
	Fair	73	13.7	119	15.3	20	12.8	30	11.2	23	12.2	10	12.0	116	13.2	159	14.1		
	Good	231	43.4	345	44.5	67	42.9	119	44.2	78	41.5	35	42.2	376	42.9	499	44.2		
	Excellent	191	35.9	260	33.5	63	40.4	113	42.0	80	42.6	33	39.8	334	38.1	406	36.0		
	TOTAL	532		776		156		269		188		83		876		1,128			
	<i>Not Applicable</i>	273		387		45		117		86		34		404		538			
22	Physical Therapist																		
	Poor	24	6.2	40	7.1	7	4.8	10	3.8	7	4.6	4	7.7	38	5.5	54	6.1		
	Fair	57	14.7	76	13.5	16	10.9	24	9.1	21	13.9	5	9.6	94	13.7	105	11.9		
	Good	163	41.9	226	40.1	59	40.1	111	41.9	68	45.0	19	36.5	290	42.2	356	40.4		
	Excellent	145	37.3	222	39.4	65	44.2	120	45.3	55	36.4	24	46.2	265	38.6	366	41.5		
	TOTAL	389		564		147		265		151		52		687		881			
	<i>Not Applicable</i>	406		577		52		121		130		57		588		755			
23	Occupational Therapist																		
	Poor	22	11.6	44	15.3	5	5.4	9	5.1	7	9.1	2	7.7	34	9.4	55	11.2		
	Fair	35	18.4	40	13.9	12	12.9	16	9.0	13	16.9	2	7.7	60	16.7	58	11.8		
	Good	75	39.5	117	40.6	32	34.4	71	40.1	29	37.7	10	38.5	136	37.8	198	40.3		
	Excellent	58	30.5	87	30.2	44	47.3	81	45.8	28	36.4	12	46.2	130	36.1	180	36.7		
	TOTAL	190		288		93		177		77		26		360		491			
	<i>Not Applicable</i>	581		799		101		198		192		78		874		1075			
24	Speech Therapist																		
	Poor	19	20.0	39	26.4	3	10.3	6	12.2	5	25.0	2	15.4	27	18.8	47	22.4		
	Fair	12	12.6	22	14.9	8	27.6	3	6.1	5	25.0	1	7.7	25	17.4	26	12.4		
	Good	41	43.2	56	37.8	13	44.8	21	42.9	5	25.0	3	23.1	59	41.0	80	38.1		
	Excellent	23	24.2	31	20.9	5	17.2	19	38.8	5	25.0	7	53.8	33	22.9	57	27.1		
	TOTAL	95		148		29		49		20		13		144		210			
	<i>Not Applicable</i>	665		939		159		319		242		88		1066		1346			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 25: Quality of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
25	Social Worker																		
	Poor	29	5.2	55	7.3	5	2.6	11	3.2	4	1.9	5	6.8	38	3.9	71	6.1		
	Fair	62	11.0	110	14.7	17	8.9	19	5.5	21	10.0	7	9.6	100	10.4	136	11.6		
	Good	210	37.3	294	39.3	58	30.4	118	34.1	85	40.3	17	23.3	353	36.6	429	36.7		
	Excellent	262	46.5	290	38.7	111	58.1	198	57.2	101	47.9	44	60.3	474	49.1	532	45.5		
	TOTAL	563		749		191		346		211		73		965		1,168			
	<i>Not Applicable</i>	230		384		12		39		66		37		308		460			
26	Medical Supplies and Equipment																		
	Poor	28	4.2	43	4.6	5	3.0	7	2.0	5	2.1	7	7.2	38	3.5	57	4.2		
	Fair	58	8.6	102	10.9	11	6.5	17	5.0	18	7.6	7	7.2	87	8.1	126	9.2		
	Good	255	38.0	347	37.2	58	34.5	137	39.9	90	37.8	29	29.9	403	37.4	513	37.4		
	Excellent	330	49.2	441	47.3	94	56.0	182	53.1	125	52.5	54	55.7	549	51.0	677	49.3		
	TOTAL	671		933		168		343		238		97		1,077		1,373			
	<i>Not Applicable</i>	148		231		35		43		40		22		223		296			
27	Audiology / Hearing Aids																		
	Poor	23	12.8	48	18.1	10	14.7	12	10.1	7	11.3	4	13.3	40	12.9	64	15.5		
	Fair	21	11.7	37	14.0	13	19.1	23	19.3	11	17.7	1	3.3	45	14.6	61	14.7		
	Good	78	43.6	111	41.9	25	36.8	43	36.1	26	41.9	11	36.7	129	41.7	165	39.9		
	Excellent	57	31.8	69	26.0	20	29.4	41	34.5	18	29.0	14	46.7	95	30.7	124	30.0		
	TOTAL	179		265		68		119		62		30		309		414			
	<i>Not Applicable</i>	599		853		123		256		204		75		926		1,184			
28	Home Delivered Meals / Meals on Wheels																		
	Poor	16	12.0	35	16.5	2	4.3	6	8.2	7	10.1	8	27.6	25	10.1	49	15.6		
	Fair	8	6.0	27	12.7	9	19.6	7	9.6	10	14.5	2	6.9	27	10.9	36	11.5		
	Good	53	39.8	60	28.3	18	39.1	37	50.7	27	39.1	5	17.2	98	39.5	102	32.5		
	Excellent	56	42.1	90	42.5	17	37.0	23	31.5	25	36.2	14	48.3	98	39.5	127	40.4		
	TOTAL	133		212		46		73		69		29		248		314			
	<i>Not Applicable</i>	635		911		145		299		201		79		981		1,289			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 25: Quality of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
29	Meals served at Day Health Center																		
	Poor	16	10.0	31	13.1	5	3.0	15	4.7	11	9.9	5	26.3	32	7.3	51	8.9		
	Fair	22	13.8	36	15.2	32	19.0	38	11.9	15	13.5	1	5.3	69	15.7	75	13.1		
	Good	63	39.4	88	37.1	70	41.7	171	53.8	49	44.1	7	36.8	182	41.5	266	46.3		
	Excellent	59	36.9	82	34.6	61	36.3	94	29.6	36	32.4	6	31.6	156	35.5	182	31.7		
	TOTAL	160		237		168		318		111		19		439		574			
	<i>Not Applicable</i>	605		881		43		69		163		86		811		1,036			
30	Day Health Center Activities																		
	Poor	18	9.8	23	8.7	4	2.5	12	3.8	5	4.5	3	15.0	27	5.9	38	6.3		
	Fair	17	9.2	41	15.5	25	15.7	38	12.1	12	10.7	3	15.0	54	11.9	82	13.7		
	Good	87	47.3	104	39.2	53	33.3	145	46.2	56	50.0	5	25.0	196	43.1	254	42.4		
	Excellent	62	33.7	97	36.6	77	48.4	119	37.9	39	34.8	9	45.0	178	39.1	225	37.6		
	TOTAL	184		265		159		314		112		20		455		599			
	<i>Not Applicable</i>	588		853		48		69		161		84		797		1,006			
31	Transportation Services																		
	Poor	37	5.5	70	7.1	12	6.1	18	4.9	17	7.4	7	7.6	66	6.0	95	6.6		
	Fair	104	15.6	141	14.3	8	4.1	33	8.9	27	11.7	10	10.9	139	12.7	184	12.7		
	Good	254	38.0	353	35.8	78	39.8	140	37.7	92	40.0	26	28.3	424	38.8	519	35.8		
	Excellent	273	40.9	423	42.9	98	50.0	180	48.5	94	40.9	49	53.3	465	42.5	652	45.0		
	TOTAL	668		987		196		371		230		92		1,094		1,450			
	<i>Not Applicable</i>	153		210		14		23		53		28		220		261			
32	Nursing Home																		
	Poor	11	13.8	28	18.2	3	10.3	7	14.3	6	12.2	5	38.5	20	12.7	40	18.5		
	Fair	9	11.3	25	16.2	6	20.7	5	10.2	5	10.2	1	7.7	20	12.7	31	14.4		
	Good	35	43.8	53	34.4	8	27.6	17	34.7	19	38.8	1	7.7	62	39.2	71	32.9		
	Excellent	25	31.3	48	31.2	12	41.4	20	40.8	19	38.8	6	46.2	56	35.4	74	34.3		
	TOTAL	80		154		29		49		49		13		158		216			
	<i>Not Applicable</i>	672		935		158		316		210		88		1040		1339			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 25: Quality of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown*		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
33	Pharmacy Services																		
	Poor	14	1.9	21	2.0	3	1.5	8	2.2	4	1.6	2	1.8	21	1.8	31	2.0		
	Fair	43	5.8	99	9.5	12	6.1	15	4.1	23	9.2	10	9.0	78	6.6	124	8.2		
	Good	277	37.6	376	36.2	73	37.1	141	38.8	91	36.5	28	25.2	441	37.3	545	36.0		
	Excellent	403	54.7	544	52.3	109	55.3	199	54.8	131	52.6	71	64.0	643	54.4	814	53.8		
	TOTAL	737		1,040		197		363		249		111		1,183		1,514			
	<i>Not Applicable</i>	90		158		10		27		32		7		132		192			
34	Nutritionist																		
	Poor	20	8.7	32	8.6	4	3.4	13	5.4	3	2.5	1	2.6	27	5.8	46	7.0		
	Fair	35	15.2	65	17.4	15	12.7	19	7.9	11	9.2	5	13.2	61	13.0	89	13.6		
	Good	103	44.6	161	43.2	54	45.8	113	46.7	57	47.9	16	42.1	214	45.7	290	44.4		
	Excellent	73	31.6	115	30.8	45	38.1	97	40.1	48	40.3	16	42.1	166	35.5	228	34.9		
	TOTAL	231		373		118		242		119		38		468		653			
	<i>Not Applicable</i>	544		757		78		144		150		66		772		967			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 26: Timeliness of Care

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
35	Home Health Aide																		
	Always	469	64.3	585	60.1	73	44.8	142	45.8	124	50.2	50	50.0	666	58.5	777	56.2		
	Usually	150	20.6	189	19.4	61	37.4	102	32.9	75	30.4	23	23.0	286	25.1	314	22.7		
	Sometimes	62	8.5	117	12.0	22	13.5	47	15.2	35	14.2	15	15.0	119	10.4	179	12.9		
	Never	48	6.6	82	8.4	7	4.3	19	6.1	13	5.3	12	12.0	68	6.0	113	8.2		
	TOTAL	729		973		163		310		247		100		1,139		1,383			
	<i>Not Applicable</i>	86		175		35		79		33		18		154		272			
36	Care Manager / Case Manager																		
	Always	391	54.5	455	46.1	86	49.7	152	46.5	122	50.4	48	51.1	599	52.9	655	46.6		
	Usually	176	24.5	254	25.8	47	27.2	99	30.3	72	29.8	19	20.2	295	26.0	372	26.4		
	Sometimes	92	12.8	167	16.9	30	17.3	45	13.8	28	11.6	10	10.6	150	13.2	222	15.8		
	Never	59	8.2	110	11.2	10	5.8	31	9.5	20	8.3	17	18.1	89	7.9	158	11.2		
	TOTAL	718		986		173		327		242		94		1,133		1,407			
	<i>Not Applicable</i>	88		167		21		51		30		14		139		232			
37a	Regular Visiting Nurse																		
	Always	433	57.4	520	48.8	98	51.3	171	52.6	133	55.4	59	57.3	664	56.0	750	50.2		
	Usually	158	21.0	241	22.6	55	28.8	81	24.9	58	24.2	13	12.6	271	22.9	335	22.4		
	Sometimes	108	14.3	208	19.5	24	12.6	40	12.3	35	14.6	17	16.5	167	14.1	265	17.7		
	Never	55	7.3	96	9.0	14	7.3	33	10.2	14	5.8	14	13.6	83	7.0	143	9.6		
	TOTAL	754		1,065		191		325		240		103		1,185		1,493			
	<i>Not Applicable</i>	85		135		17		66		43		14		145		215			
37b	Covering/On Call Nurse																		
	Always	216	43.2	302	41.0	72	46.8	115	43.4	78	44.6	27	37.0	366	44.1	444	41.3		
	Usually	138	27.6	166	22.6	42	27.3	74	27.9	56	32.0	14	19.2	236	28.5	254	23.6		
	Sometimes	86	17.2	164	22.3	27	17.5	46	17.4	29	16.6	22	30.1	142	17.1	232	21.6		
	Never	60	12.0	104	14.1	13	8.4	30	11.3	12	6.9	10	13.7	85	10.3	144	13.4		
	TOTAL	500		736		154		265		175		73		829		1,074			
	<i>Not Applicable</i>	306		425		42		119		100		35		448		579			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 26: Timeliness of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
38	Physical Therapist																		
	Always	124	40.7	171	37.3	52	43.7	92	41.8	60	46.5	13	40.6	236	42.7	276	38.8		
	Usually	75	24.6	102	22.2	40	33.6	61	27.7	33	25.6	2	6.3	148	26.8	165	23.2		
	Sometimes	60	19.7	98	21.4	16	13.4	39	17.7	22	17.1	10	31.3	98	17.7	147	20.7		
	Never	46	15.1	88	19.2	11	9.2	28	12.7	14	10.9	7	21.9	71	12.8	123	17.3		
	TOTAL	305		459		119		220		129		32		553		711			
	<i>Not Applicable</i>	480		656		75		163		143		72		698		891			
39	Occupational Therapist																		
	Always	46	30.9	81	33.1	35	44.9	52	36.1	22	33.3	8	44.4	103	35.2	141	34.6		
	Usually	39	26.2	46	18.8	23	29.5	40	27.8	17	25.8	1	5.6	79	27.0	87	21.4		
	Sometimes	27	18.1	42	17.1	12	15.4	23	16.0	13	19.7	6	33.3	52	17.7	71	17.4		
	Never	37	24.8	76	31.0	8	10.3	29	20.1	14	21.2	3	16.7	59	20.1	108	26.5		
	TOTAL	149		245		78		144		66		18		293		407			
	<i>Not Applicable</i>	626		848		111		230		199		82		936		1,160			
40	Speech Therapist																		
	Always	21	27.6	41	30.6	9	32.1	6	18.2	7	30.4	4	36.4	37	29.1	51	28.7		
	Usually	16	21.1	18	13.4	7	25.0	3	9.1	3	13.0	0	0.0	26	20.5	21	11.8		
	Sometimes	9	11.8	19	14.2	7	25.0	4	12.1	6	26.1	4	36.4	22	17.3	27	15.2		
	Never	30	39.5	56	41.8	5	17.9	20	60.6	7	30.4	3	27.3	42	33.1	79	44.4		
	TOTAL	76		134		28		33		23		11		127		178			
	<i>Not Applicable</i>	685		954		158		337		238		90		1081		1,381			
41	Social Worker																		
	Always	214	43.0	248	37.3	95	53.7	178	55.3	82	46.6	30	47.6	391	45.9	456	43.5		
	Usually	117	23.5	138	20.8	41	23.2	69	21.4	48	27.3	10	15.9	206	24.2	217	20.7		
	Sometimes	107	21.5	181	27.3	26	14.7	42	13.0	32	18.2	10	15.9	165	19.4	233	22.2		
	Never	60	12.0	97	14.6	15	8.5	33	10.2	14	8.0	13	20.6	89	10.5	143	13.6		
	TOTAL	498		664		177		322		176		63		851		1,049			
	<i>Not Applicable</i>	284		464		23		63		100		40		407		567			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 26: Timeliness of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
42	Home Delivered Meals / Meals on Wheels																		
	Always	68	44.4	99	44.6	24	54.5	29	40.3	30	47.6	17	60.7	122	46.9	145	45.0		
	Usually	27	17.6	52	23.4	6	13.6	14	19.4	19	30.2	2	7.1	52	20.0	68	21.1		
	Sometimes	19	12.4	21	9.5	7	15.9	12	16.7	6	9.5	4	14.3	32	12.3	37	11.5		
	Never	39	25.5	50	22.5	7	15.9	17	23.6	8	12.7	5	17.9	54	20.8	72	22.4		
	TOTAL	153		222		44		72		63		28		260		322			
	<i>Not Applicable</i>	621		878		149		304		202		78		972		1,260			
43a	Transportation TO Day Center																		
	Always	98	50.8	164	43.9	74	52.9	151	52.2	48	50.0	14	50.0	220	51.3	329	47.6		
	Usually	32	16.6	64	17.1	39	27.9	80	27.7	27	28.1	3	10.7	98	22.8	147	21.3		
	Sometimes	26	13.5	74	19.8	15	10.7	33	11.4	14	14.6	7	25.0	55	12.8	114	16.5		
	Never	37	19.2	72	19.3	12	8.6	25	8.7	7	7.3	4	14.3	56	13.1	101	14.6		
	TOTAL	193		374		140		289		96		28		429		691			
	<i>Not Applicable</i>	477		657		47		98		143		63		667		818			
43b	Transportation FROM Day Center																		
	Always	89	50.3	122	42.2	71	51.8	145	50.3	51	53.7	10	50.0	211	51.6	277	46.4		
	Usually	31	17.5	48	16.6	40	29.2	82	28.5	22	23.2	2	10.0	93	22.7	132	22.1		
	Sometimes	26	14.7	57	19.7	13	9.5	34	11.8	15	15.8	6	30.0	54	13.2	97	16.2		
	Never	31	17.5	62	21.5	13	9.5	27	9.4	7	7.4	2	10.0	51	12.5	91	15.2		
	TOTAL	177		289		137		288		95		20		409		597			
	<i>Not Applicable</i>	462		698		42		96		140		69		644		863			
43c	Transportation TO the doctor																		
	Always	316	52.1	425	47.6	93	53.1	178	51.4	99	49.3	38	49.4	508	51.7	641	48.7		
	Usually	129	21.3	200	22.4	50	28.6	90	26.0	52	25.9	14	18.2	231	23.5	304	23.1		
	Sometimes	113	18.6	150	16.8	23	13.1	49	14.2	31	15.4	15	19.5	167	17.0	214	16.3		
	Never	48	7.9	117	13.1	9	5.1	29	8.4	19	9.5	10	13.0	76	7.7	156	11.9		
	TOTAL	606		892		175		346		201		77		982		1,315			
	<i>Not Applicable</i>	164		253		17		43		67		35		248		331			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 26: Timeliness of Care (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
43d	Transportation FROM the doctor																		
	Always	292	49.2	400	44.5	93	54.7	170	49.3	91	46.2	34	45.3	476	49.6	604	45.8		
	Usually	138	23.3	193	21.5	46	27.1	93	27.0	46	23.4	14	18.7	230	24.0	300	22.8		
	Sometimes	107	18.0	177	19.7	20	11.8	50	14.5	40	20.3	17	22.7	167	17.4	244	18.5		
	Never	56	9.4	128	14.3	11	6.5	32	9.3	20	10.2	10	13.3	87	9.1	170	12.9		
	TOTAL	593		898		170		345		197		75		960		1,318			
	<i>Not Applicable</i>	162		243		16		41		68		33		246		317			
44	Medical Supplies and Equipment																		
	Always	315	52.2	431	48.8	81	53.3	170	54.7	113	52.1	47	57.3	509	52.3	648	50.8		
	Usually	152	25.2	187	21.2	46	30.3	81	26.0	61	28.1	11	13.4	259	26.6	279	21.9		
	Sometimes	76	12.6	152	17.2	18	11.8	30	9.6	26	12.0	13	15.9	120	12.3	195	15.3		
	Never	61	10.1	113	12.8	7	4.6	30	9.6	17	7.8	11	13.4	85	8.7	154	12.1		
	TOTAL	604		883		152		311		217		82		973		1,276			
	<i>Not Applicable</i>	195		271		44		71		58		31		297		373			
45	Pharmacy Services																		
	Always	449	64.2	562	57.5	121	63.7	202	57.1	139	58.2	64	64.0	709	62.9	828	57.9		
	Usually	139	19.9	208	21.3	41	21.6	90	25.4	52	21.8	16	16.0	232	20.6	314	21.9		
	Sometimes	55	7.9	100	10.2	18	9.5	31	8.8	26	10.9	10	10.0	99	8.8	141	9.9		
	Never	56	8.0	107	11.0	10	5.3	31	8.8	22	9.2	10	10.0	88	7.8	148	10.3		
	TOTAL	699		977		190		354		239		100		1,128		1,431			
	<i>Not Applicable</i>	115		199		9		26		38		15		162		240			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 27: Access to Care (Routine Appointments)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2C: Access to Care - Routine Appointment																			
46	Regular Doctor																		
	Less than 1 month	454	60.8	571	53.8	111	72.5	235	74.6	160	69.6	62	58.5	725	64.2	868	58.5		
	1 to 3 months	240	32.1	376	35.4	34	22.2	64	20.3	56	24.3	34	32.1	330	29.2	474	32.0		
	Longer than 3 months	53	7.1	115	10.8	8	5.2	16	5.1	14	6.1	10	9.4	75	6.6	141	9.5		
	TOTAL	747		1,062		153		315		230		106		1,130		1,483			
	<i>Not Applicable</i>	92		116		43		73		55		9		190		198			
47	Dentist																		
	Less than 1 month	200	46.5	261	41.3	58	51.3	109	49.3	76	53.9	38	60.3	334	48.8	408	44.5		
	1 to 3 months	108	25.1	151	23.9	33	29.2	63	28.5	41	29.1	10	15.9	182	26.6	224	24.5		
	Longer than 3 months	122	28.4	220	34.8	22	19.5	49	22.2	24	17.0	15	23.8	168	24.6	284	31.0		
	TOTAL	430		632		113		221		141		63		684		916			
	<i>Not Applicable</i>	359		502		76		162		128		45		563		709			
48	Eye Care																		
	Less than 1 month	267	48.3	337	39.4	72	49.7	123	48.4	102	56.0	40	46.0	441	50.1	500	41.8		
	1 to 3 months	114	20.6	209	24.4	36	24.8	72	28.3	45	24.7	25	28.7	195	22.2	306	25.6		
	Longer than 3 months	172	31.1	309	36.1	37	25.5	59	23.2	35	19.2	22	25.3	244	27.7	390	32.6		
	TOTAL	553		855		145		254		182		87		880		1,196			
	<i>Not Applicable</i>	269		316		55		130		94		28		418		474			
49	Foot Doctor																		
	Less than 1 month	261	49.9	307	40.8	49	48.0	114	54.8	92	53.2	39	47.6	402	50.4	460	44.1		
	1 to 3 months	174	33.3	265	35.2	34	33.3	59	28.4	69	39.9	26	31.7	277	34.7	350	33.6		
	Longer than 3 months	88	16.8	181	24.0	19	18.6	35	16.8	12	6.9	17	20.7	119	14.9	233	22.3		
	TOTAL	523		753		102		208		173		82		798		1,043			
	<i>Not Applicable</i>	290		399		90		179		101		36		481		614			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 28: Access to Care (Urgent Appointments)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2D: Access to Care - Urgent Appointment																			
50	Regular Doctor																		
	Same day	263	46.1	409	47.7	90	66.2	181	62.6	105	55.0	39	44.3	458	51.1	629	51.0		
	1 to 3 days	214	37.5	311	36.3	39	28.7	92	31.8	67	35.1	39	44.3	320	35.7	442	35.8		
	4 days or longer	93	16.3	137	16.0	7	5.1	16	5.5	19	9.9	10	11.4	119	13.3	163	13.2		
	TOTAL	570		857		136		289		191		88		897		1,234			
	<i>Not Applicable</i>	249		324		64		97		87		29		400		450			
51	Dentist																		
	Same day	69	24.9	129	28.5	18	22.0	21	13.3	16	17.8	17	37.8	103	22.9	167	25.5		
	1 to 3 days	106	38.3	157	34.7	36	43.9	78	49.4	35	38.9	22	48.9	177	39.4	257	39.2		
	4 days or longer	102	36.8	167	36.9	28	34.1	59	37.3	39	43.3	6	13.3	169	37.6	232	35.4		
	TOTAL	277		453		82		158		90		45		449		656			
	<i>Not Applicable</i>	512		691		110		218		172		65		794		974			
52	Eye Care																		
	Same day	68	19.6	157	25.9	23	25.6	30	16.9	18	15.4	19	27.9	109	19.7	206	24.2		
	1 to 3 days	126	36.3	206	33.9	31	34.4	82	46.1	43	36.8	27	39.7	200	36.1	315	36.9		
	4 days or longer	153	44.1	244	40.2	36	40.0	66	37.1	56	47.9	22	32.4	245	44.2	332	38.9		
	TOTAL	347		607		90		178		117		68		554		853			
	<i>Not Applicable</i>	449		559		105		201		154		47		708		807			
53	Foot Doctor																		
	Same day	66	18.4	130	24.4	14	20.0	26	16.3	22	18.3	20	28.2	102	18.6	176	23.1		
	1 to 3 days	148	41.2	198	37.2	28	40.0	77	48.1	45	37.5	31	43.7	221	40.3	306	40.1		
	4 days or longer	145	40.4	204	38.3	28	40.0	57	35.6	53	44.2	20	28.2	226	41.2	281	36.8		
	TOTAL	359		532		70		160		120		71		549		763			
	<i>Not Applicable</i>	444		618		122		222		155		42		721		882			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 29: About You

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																			
54	Rate your current state of health																		
	Very poor	50	5.7	101	8.0	11	5.2	15	3.7	19	6.5	5	3.9	80	5.8	121	6.7		
	Poor	230	26.4	302	23.8	47	22.3	76	18.9	56	19.0	29	22.8	333	24.2	407	22.6		
	Fair	380	43.7	558	44.0	95	45.0	160	39.8	144	49.0	58	45.7	619	45.0	776	43.2		
	Good	186	21.4	263	20.7	51	24.2	130	32.3	62	21.1	23	18.1	299	21.7	416	23.1		
	Very good	24	2.8	45	3.5	7	3.3	21	5.2	13	4.4	12	9.4	44	3.2	78	4.3		
	TOTAL	870		1,269		211		402		294		127		1,375		1,798			
55	What is your gender																		
	Male	232	26.1	332	26.1	55	25.5	89	22.2	49	16.8	31	24.8	336	24.1	452	25.1		
	Female	657	73.9	940	73.9	161	74.5	312	77.8	243	83.2	94	75.2	1,061	75.9	1,346	74.9		
	TOTAL	889		1,272		216		401		292		125		1,397		1,798			
56	What is your age																		
	18-44	33	3.7	40	3.1	0	0.0	0	0.0	7	2.4	3	2.4	40	2.9	43	2.4		
	45-64	131	14.7	260	20.4	11	5.1	26	6.5	37	12.5	14	11.2	179	12.8	300	16.7		
	65-74	173	19.5	245	19.2	54	25.0	87	21.7	50	16.9	48	38.4	277	19.8	380	21.1		
	75-84	289	32.5	413	32.4	70	32.4	139	34.7	96	32.5	34	27.2	455	32.5	586	32.6		
	over 85	263	29.6	316	24.8	81	37.5	149	37.2	105	35.6	26	20.8	449	32.1	491	27.3		
	TOTAL	889		1,274		216		401		295		125		1,400		1,800			
57a	Are you Hispanic/Latino origin																		
	Yes	268	31.9	390	32.2	36	18.1	34	8.7	23	8.1	40	33.9	327	24.8	464	26.9		
	No	571	68.1	822	67.8	163	81.9	359	91.3	260	91.9	78	66.1	994	75.2	1,259	73.1		
	TOTAL	839		1,212		199		393		283		118		1,321		1,723			
57b+	What is your race																		
	American Indian or Alaskan Native	12	1.7	38	3.3	2	1.0	8	2.0	6	2.1	9	7.9	20	1.7	55	3.4		
	Asian	67	9.3	176	15.5	52	26.5	70	17.9	8	2.8	1	0.9	127	10.6	247	15.1		
	Black or African American	146	20.4	266	23.4	16	8.2	61	15.6	66	23.3	29	25.4	228	19.1	356	21.7		
	Native Hawaiian or Pacific Islander	1	0.1	7	0.6	2	1.0	1	0.3	2	0.7	1	0.9	5	0.4	9	0.5		
	White	450	62.8	541	47.7	119	60.7	250	63.9	192	67.8	71	62.3	761	63.6	862	52.6		
	Other	55	7.7	156	13.7	6	3.1	16	4.1	13	4.6	13	11.4	74	6.2	185	11.3		
	TOTAL	717		1,135		196		391		283		114		1,196		1,640			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

+ Member can check all that apply

Table 29: About You (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown*		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																			
58	Primary language spoken at home																		
	English	498	57.0	636	51.1	113	54.3	287	71.2	262	88.5	86	68.8	873	63.4	1009	56.9		
	Spanish	221	25.3	307	24.7	33	15.9	29	7.2	13	4.4	33	26.4	267	19.4	369	20.8		
	Russian	58	6.6	102	8.2	10	4.8	17	4.2	0	0.0	1	0.8	68	4.9	120	6.8		
	Chinese	54	6.2	147	11.8	41	19.7	57	14.1	4	1.4	0	0.0	99	7.2	204	11.5		
	Other	43	4.9	53	4.3	11	5.3	13	3.2	17	5.7	5	4.0	71	5.2	71	4.0		
	TOTAL	874		1,245		208		403		296		125		1,378		1,773			
59	Education level completed																		
	8th grade or less	276	32.8	442	36.0	78	38.2	119	30.3	83	28.9	43	35.2	437	32.8	604	34.7		
	Some high school, did not graduate	170	20.2	221	18.0	36	17.6	75	19.1	45	15.7	27	22.1	251	18.8	323	18.5		
	High school graduate or GED	224	26.6	286	23.3	55	27.0	121	30.8	98	34.1	31	25.4	377	28.3	438	25.1		
	Some college or 2 year degree	94	11.2	156	12.7	18	8.8	39	9.9	34	11.8	14	11.5	146	11.0	209	12.0		
	4 year college graduate	47	5.6	74	6.0	7	3.4	22	5.6	19	6.6	4	3.3	73	5.5	100	5.7		
	More than 4 year college degree	31	3.7	48	3.9	10	4.9	17	4.3	8	2.8	3	2.5	49	3.7	68	3.9		
	TOTAL	842		1,227		204		393		287		122		1,333		1,742			
60	Where do you live																		
	At home	844	96.9	1,239	96.5	196	92.9	359	90.0	265	90.1	123	98.4	1,305	94.8	1,721	95.2		
	Nursing home	27	3.1	45	3.5	15	7.1	40	10.0	29	9.9	2	1.6	71	5.2	87	4.8		
	TOTAL	871		1,284		211		399		294		125		1,376		1,808			
61 t	Do you live																		
	Alone	385	46.2	584	48.1	88	45.8	189	53.7	151	58.5	73	60.3	624	48.6	846	50.1		
	With a family member or friend	411	49.3	582	47.9	98	51.0	148	42.0	89	34.5	44	36.4	598	46.6	774	45.9		
	With other than a family member or friend	37	4.4	49	4.0	6	3.1	15	4.3	18	7.0	4	3.3	61	4.8	68	4.0		
	TOTAL	833		1,215		192		352		258		121		1,283		1,688			
62	Did someone help you complete this survey																		
	Yes	604	69.1	832	65.4	144	67.9	283	69.7	213	72.0	75	60.0	961	69.5	1,190	66.0		
	No	270	30.9	441	34.6	68	32.1	123	30.3	83	28.0	50	40.0	421	30.5	614	34.0		
	TOTAL	874		1,273		212		406		296		125		1,382		1,804			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

Table 29: About You (continued)

Item	Description	All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown* 2007		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																			
63t+	Who helped you																		
	Family member	384	65.8	485	60.0	106	74.6	169	62.1	125	60.4	41	56.2	615	65.9	695	60.3		
	Friend	35	6.0	102	12.6	7	4.9	39	14.3	13	6.3	2	2.7	55	5.9	143	12.4		
	Home Care Aide	102	17.5	155	19.2	1	0.7	9	3.3	18	8.7	19	26.0	121	13.0	183	15.9		
	Care Manager or Visiting Nurse	22	3.8	56	6.9	5	3.5	24	8.8	35	16.9	4	5.5	62	6.6	84	7.3		
	Other	41	7.0	119	14.7	23	16.2	62	22.8	16	7.7	12	16.4	80	8.6	193	16.7		
	TOTAL	584		808		142		272		207		73		933		1,153			
64t+	How did this person help you																		
	Read the questions to me	305	51.5	502	62.4	76	53.1	154	55.8	107	50.7	47	64.4	488	51.6	703	61.0		
	Wrote down the answers that I gave	275	46.5	391	48.6	60	42.0	129	46.7	108	51.2	36	49.3	443	46.8	556	48.2		
	Answered the questions for me	199	33.6	201	25.0	50	35.0	102	37.0	80	37.9	16	21.9	329	34.8	319	27.7		
	Translated into my language	83	14.0	121	15.0	21	14.7	45	16.3	19	9.0	7	9.6	123	13.0	173	15.0		
	Helped in some other way	37	6.3	79	9.8	6	4.2	18	6.5	12	5.7	4	5.5	55	5.8	101	8.8		
	TOTAL	592		804		143		276		211		73		946		1,153			
65++	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so																		
	Yes			712	57.3			310	77.9			80	65.0			1,102	62.5		
	No			361	29.1			58	14.6			33	26.8			452	25.6		
	Not sure			169	13.6			30	7.5			10	8.1			209	11.9		
	TOTAL			1,242				398				123				1,763			
66++	Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so																		
	Yes			645	50.6			334	83.1			86	68.8			1,065	59.1		
	No			444	34.8			39	9.7			32	25.6			515	28.6		
	Not sure			186	14.6			29	7.2			7	5.6			222	12.3		
	TOTAL			1,275				402				125				1,802			

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

t Items based on skip pattern

+ Member can check all that apply

++ New question in 2011

Table 29: About You (continued)

All respondents		Partial Cap 2007		Partial Cap 2011		PACE 2007		PACE 2011		Unknown*		MAP 2011		Statewide 2007		Statewide 2011	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																	
67 ^{t++}	Does the health plan have a copy of this document																
	Yes			349	55.0			250	76.9			33	38.4			632	60.5
	No			133	21.0			22	6.8			20	23.3			175	16.7
	Not sure			152	24.0			53	16.3			33	38.4			238	22.8
	TOTAL			634				325				86				1,045	

* 'Unknown' plan includes members with incorrect/unknown identifiers in 2007 survey

^t Items based on skip pattern

⁺ Member can check all that apply

⁺⁺ New question in 2011

APPENDIX B: SURVEY TOOL

Office use only

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

NYS DOH / IPRO Managed Long-Term Care Member Satisfaction Survey

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ☒ ☓ ☹ ☺

1. Your Managed Long Term Care Plan

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

1. 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

2. Are you involved in making decisions about your plan of care?

- ① Always
② Usually
③ Sometimes
④ Never
⑤ Don't know or not sure

3. Have you, a family member, or your caregiver ever called the plan with questions or for help?

- ① Yes ② No (Skip to #7)

4. Were you able to speak with a person quickly?

- ① Always ② Sometimes ③ Never

5a. Were your questions answered quickly?

- ① Always ② Sometimes ③ Never

5b. Were you able to understand the answers?

- ① Always ② Sometimes ③ Never

6. Were you treated with politeness and respect?

- ① Always ② Sometimes ③ Never

7. Have you, a family member, or your caregiver ever called the plan with a complaint or grievance?

- ① Yes ② No (Skip to #11)

8. Was the complaint or grievance responded to in a timely manner?

- ① Always ② Sometimes ③ Never

9. Were you satisfied with the response?

- ① Always ② Sometimes ③ Never

10. Were you treated with politeness and respect?

- ① Always ② Sometimes ③ Never

11. 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 Not sure

12. Do you feel that your plan has helped you or your family to better manage your illnesses?

- ① Yes ② No ③ Same

13. Would you recommend your plan to others?

- ① Yes ② No

14. Overall, how would you rate your managed long-term care plan?

- ① Excellent ③ Fair
② Good ④ Poor

53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4

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 (20) and the visiting nurse (21a) 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.

	1	2	3	4	5
15. Your regular doctor					
16. Dentist					
17. Eye Care (Having your eyes checked and getting glasses or contact lenses)					
18. Foot Doctor					
19a. Home Health AIDE, Personal Care AIDE (aide that comes to your house to take care of you)					
19b. Home Health AGENCY, Personal Care AGENCY (company that your home health aide works for)					
20. Care Manager / Case Manager (person who prepares your plan of care)					

	1	2	3	4	5
21a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)					
21b. Covering / On Call Nurse (comes to your house when regular nurse can't come)					
22. Physical Therapist					
23. Occupational Therapist					
24. Speech Therapist					
25. Social Worker					
26. Medical Supplies and Equipment (Wheelchairs, Diapers etc.)					
27. Audiology / Hearing Aids					
28. Home Delivered Meals / Meals on Wheels					
29. Meals served at the Day Health Center					
30. Day Health Center Activities					
31. Transportation Services					
32. Nursing Home					
33. Pharmacy Services					
34. Nutritionist					

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 (36) and the visiting nurse (37a) 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
35. Home Health Aide, Personal Care Aide	1 2 3 4 5				
36. Care Manager / Case Manager (person who prepares your plan of care)	1 2 3 4 5				
37a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1 2 3 4 5				
37b. Covering / On Call Nurse (comes to your house when your regular nurse can't)	1 2 3 4 5				
38. Physical Therapist	1 2 3 4 5				
39. Occupational Therapist	1 2 3 4 5				
40. Speech Therapist	1 2 3 4 5				
41. Social Worker	1 2 3 4 5				
42. Home Delivered Meals / Meals on Wheels	1 2 3 4 5				
43. Transportation:					
a. TO Day Center	1 2 3 4 5				
b. FROM Day Center	1 2 3 4 5				
c. TO the doctor	1 2 3 4 5				
d. FROM the doctor	1 2 3 4 5				
44. Medical Supplies and Equipment (Wheelchairs, Diapers etc.)	1 2 3 4 5				
45. Pharmacy Services	1 2 3 4 5				

C) Access

In the last 6 months, when you called for a REGULAR APPOINTMENT, how long did you generally have to wait between making an appointment and seeing providers?

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.

	LESS THAN 1 MONTH	1 TO 3 MONTHS	LONGER THAN 3 MONTHS	NOT APPLICABLE
46. Your regular doctor	1 2 3 4			
47. Dentist	1 2 3 4			
48. Eye Care (Having your eyes checked and getting glasses or contact lenses)	1 2 3 4			
49. Foot Doctor	1 2 3 4			

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

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

	SAME DAY	1 TO 3 DAYS	4 DAYS OR LONGER	NOT APPLICABLE
50. Your regular doctor	1 2 3 4			
51. Dentist	1 2 3 4			
52. Eye Care (Having your eyes checked and getting glasses or contact lenses)	1 2 3 4			
53. Foot Doctor	1 2 3 4			

53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4

3. About You

54. How would you rate your current state of health?
 ① Very poor ④ Good
 ② Poor ⑤ Very good
 ③ Fair
55. What is your gender?
 ① Male ② Female
56. What is your age?
 ① 18 - 44 ④ 75 - 84
 ② 45 - 64 ⑤ over 85
 ③ 65 - 74
- 57a. Are you of Hispanic or Latino origin or descent?
 ① Yes ② No
- 57b. 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 _____
58. Primary language spoken at home? (CHOOSE ONLY ONE)
 ① English ④ Chinese
 ② Spanish ⑤ Other
 ③ Russian _____
59. Education level 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

60. Where do you live?
 ① At home
 ② Nursing home (skip to #62)
61. Do you live?
 ① Alone
 ② With a family member or friend
 ③ With other than a family member or friend
62. Did someone help you to complete this survey?
 ① Yes ② No (skip to #65)
63. Who helped you (MARK ALL THAT APPLY)
 ① Family member
 ② Friend
 ③ Home Care Aide
 ④ Care Manager or Visiting Nurse
 ⑤ Other _____
64. 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
65. 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
66. Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?
 ① Yes
 ② No ==> End
 ③ Not sure ==> End
67. Does the health plan have a copy of this 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