

2018 Managed Long-Term Care Report



NEW
YORK
STATE

Department
of Health

health.ny.gov

Table of Contents

Page

Executive Summary	3
Introduction	4
The Managed Long-Term Care Program	5
Types of Managed Long-Term Care Plans	5
Eligibility	6
Medicaid Redesign Team	6
Enrollment and Availability	7
Uniform Assessment System for New York	8
Level of Care Score	8
Table 1. Demographic Profile of MLTC Enrollees	9
Table 2. Utilization and Patient Safety	10
Table 3. Plan Profiles	11
Enrollee Attributes	15
Table 4. Overall Functioning and Activities of Daily Living	16
Table 5. Continence, Neurological, and Behavioral Status	21
Table 6. Living Arrangement and Emotional Status	24
Plan Performance	27
Current Plan Performance	27
Table 7. Quality of Life, Effectiveness of Care, and Emergency Room Visits	28
Table 8. Access and Experience of Care	33
Performance Over Time	36
Table 9. Functioning and Activities of Daily Living	37
Table 10. Quality of Life and Effectiveness of Care	43
Potentially Avoidable Hospitalizations	46
Table 11. Potentially Avoidable Hospitalizations	47
Member Satisfaction	48
Satisfaction with the Experience of Care	48
Table 12. Satisfaction with the Experience of Care	49
Appendix A: Managed Long-Term Care Covered Services	54
Appendix B: Region Definitions	55
Appendix C: UAS-NY CHA Measure Descriptions	56
Appendix D: Technical Notes	63

Executive Summary

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

The Managed Long-Term Care Program

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

- Enrollment in the MLTC plans has been steadily increasing with current enrollment of 242,868 individuals as of November 2018.
- Seventy-six percent of the membership was in New York City.
- Eighty-three percent of enrollees were over the age of 64.
- Eighty-seven percent were dually enrolled in Medicare and Medicaid.
- Eighty percent have been enrolled in the MLTC program for one year or more.
- Thirteen percent of enrollees were admitted to a nursing home and of that group, 66 percent were admitted for long-term placement.
- Thirteen percent of enrollees were admitted to the hospital. The most common reason for admission was respiratory problems.
- Seven percent of enrollees visited an emergency room. The most common reason for a visit was respiratory problems.

Enrollee Attributes

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

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

Plan Performance

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

- Seventy-nine percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 70 to 94 percent.
- Ninety-six percent of enrollees had no falls that resulted in major or minor injury in the past 90 days.
- Eighty-seven percent of enrollees remained stable or demonstrated improvement in the activities of daily living function.
- Eighty percent of enrollees remained stable or demonstrated improvement in urinary continence.
- The statewide rate of PAH was 3.40 and plan results ranged from 1.87 to 5.90 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

Member Satisfaction

In the spring of 2017, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2016. The overall response rate was 28 percent. The following are highlights:

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

Introduction



The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In November 2018, there were 36 MLTC organizations certified to enroll members in four plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 56 plans. The tables in this report present information about the MLTC organizations and plans that were enrolling members during the data collection period.

New York State Department of Health (NYSDOH) has been publishing quality performance and enrollment data for MLTC plans since 2012. This is the seventh public report on MLTC performance. The analyses presented in this report provide the basis for more data-driven improvement initiatives.

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

Office of Quality and Patient Safety

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

Phone: (518) 486-9012

Fax: (518) 486-6098

E-mail: nysqarr@health.ny.gov

The Managed Long-Term Care Program



Managed long-term care (MLTC) plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, ancillary services, and transportation services. A list of covered services is included in Appendix A. Depending on the type of plan, ambulatory care, inpatient, and mental health services may also be included in the benefit package.

Types of Managed Long-Term Care Plans

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

Partial Capitation

A risk-adjusted Medicaid capitation payment is provided to the plan to cover the costs of the

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

Program of All-Inclusive Care for the Elderly Organizations

Program of All-Inclusive Care for the Elderly (PACE) organizations provide a comprehensive system of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for

PACE services on a capitated basis. PACE members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital, and long-term care services required by a PACE member. The PACE organization is approved by CMS and the NYSDOH.

Medicaid Advantage Plus

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

Fully Integrated Duals Advantage

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

Eligibility

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

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

and

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

or

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

Medicaid Redesign Team

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

MRT #90 required the mandatory transition and enrollment of certain community-based long-term care services recipients into Managed Long-Term Care as a component of a fully integrated care management system. In August 2012, the NYSDOH received written approval from CMS to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver required all dual-eligible individuals (persons in receipt of both Medicare and Medicaid benefits) ages 21 or older and in need of community-based long-term care services for more than 120 days to be mandatorily enrolled into Managed Long-Term Care Plans. The transition to MLTC was implemented in five phases ending in 2014. The following groups are excluded from transition to MLTC:

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

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

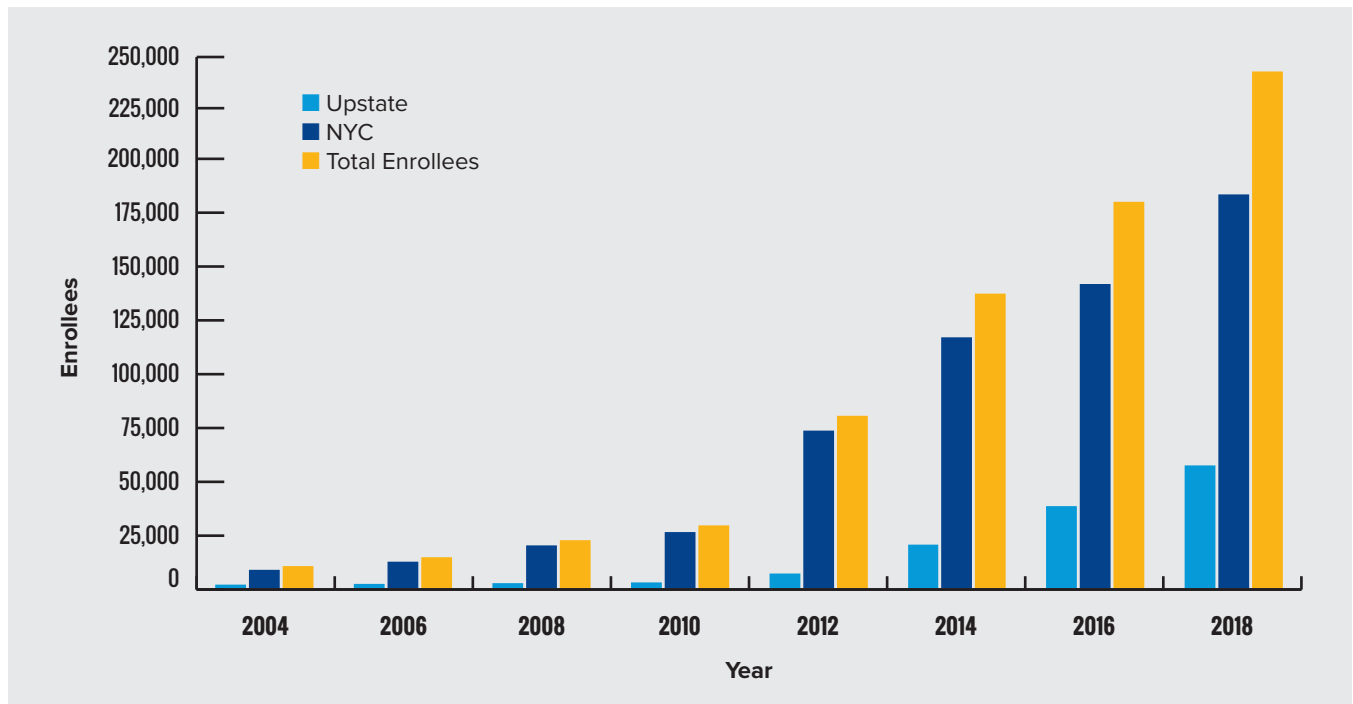
Enrollment and Availability

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

approximately 10,000 in 2004 to over 242,868 as of November 2018 with the number of plans growing from 16 plans to 56 plans. Ninety-one percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 76 percent of current MLTC enrollment. Enrollment in MAP, PACE, and FIDA plans is 5, 2, and 2 percent, respectively. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT #90.

Every county in New York State has at least one MLTC plan authorized to operate. As of November 2018, MLTC has members enrolled in every county.

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



Uniform Assessment System for New York

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

Beginning on October 1, 2013, the SAAM instrument was replaced by the Uniform Assessment System for New York (UAS-NY) Community Health Assessment (CHA) instrument, which may include a Functional Supplement and/or Mental Health Supplement. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data. The interRAI organization and its assessment tools are used in many states as well as Canada and other countries. Using the UAS-NY facilitates access to programs and services, eliminates duplicative assessment data, and improves consistency in the assessment process. Whether using the SAAM instrument or the CHA instrument, functional status data remain critical to

inform eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the patient's status differs from optimal health or functional status.

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

Level of Care Score

The NYSDOH developed a functional assessment scoring system, the Nursing Facility Level of Care (NFLOC) score, based on the CHA instrument. The NFLOC score is comprised of 11 components that are derived from 22 items from the UAS-NY instrument. The items include the areas of incontinence, cognitive performance, Activities of Daily Living (ADLs), and behavior. Points are allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. The maximum number of points is 48. A Level of Care Score of five or more indicates need of services usually provided in a nursing home.

The current statewide average CHA NFLOC score is 19.8. Some measures in this report are based on the NFLOC score and its components allowing for a comparison of case mix among the plans.

Demographic Profile of MLTC Enrollees

The data in Table 1 are based on CHA data for the January through June 2018 enrollment period and therefore reflect the characteristics of the enrollees during that time frame. As shown, 83 percent of

members are over the age of 64. Over two-thirds of the enrollees are nonwhite (68 percent) and eleven percent were in a nursing home at the time of the assessment. Almost 80 percent have been continuously enrolled in MLTC for 12 months or more.

Table 1
Demographic Profile

Measure	Percent
Age Groupings	
Age <21	0.0
Age 21-54	6.4
Age 55-64	10.2
Age 65-74	25.7
Age 75-84	31.2
Age 85+	26.4
Gender	
Male	30.8
Female	69.2
Race	
Black Non-Hispanic	17.1
Hispanic	24.0
Other	27.2
White Non-Hispanic	31.6
Primary Language	
Chinese	12.1
English	42.9
Missing	2.8
Other	10.0
Russian	11.0
Spanish	21.1
Enrollment	
Continuously Enrolled 12+ Months	79.6
Continuously Enrolled <12 Months	20.4

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	86.5
Medicaid Only	13.5
Current Location	
Community	87.8
Hospital	0.4
Missing	0.0
Nursing Home	11.1
Other	0.7
Living Situation	
Alone	35.9
With Family/Relative	48.9
With Other	15.2
Most Frequent Diagnoses Statewide (Percent of All Members)	
Essential Hypertension	77.4
Other Nervous System Disorder	71.9
Genitourinary Symptoms and Ill-Defined Conditions	65.2
Osteoarthritis	64.1
Disorders of Lipid Metabolism	60.1
Other Gastrointestinal Disorder	49.6
Esophageal Disorder	49.5
Coronary Atherosclerosis and Other Heart Disease	47.0
Diabetes Mellitus without Complication	40.9
Nutritional Deficiencies	38.2

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC CHA conducted for the January 1, 2018 through June 30, 2018 time period. Table 2 shows the statewide percentage of members who within the last 90 days or since the last assessment if less than 90 days ago had: 1) a nursing home admission and reasons for nursing home admissions; 2) at least one, or two or more hospitalizations and reasons for hospital admissions; and 3) at least one, or two or more emergency room (ER) visits and reasons for ER visits. For nursing home, up to four reasons for admission may be selected. Table 2 shows nursing home admissions stratified by those for long-term placement, therapy services, unsafe for care at home, end of life care, and respite care. Up to four of 16 given reasons for hospital admission may be selected. Table 2 highlights categories that represent the more common clinical reasons for hospital admission: respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); falls (injury caused by fall or accident at home); scheduled surgical procedure; urinary tract infection;

and congestive heart failure (CHF) (exacerbation of CHF, fluid overload, heart failure). Likewise, up to four of nine given reasons for ER visits may be selected. Table 2 highlights the most common clinical reasons for ER visits: respiratory (respiratory problems, shortness of breath, respiratory infection, tracheobronchial obstruction), cardiac (cardiac problems, fluid overload, exacerbation of CHF, chest pain), nausea (nausea, dehydration, malnutrition, constipation, impactions), wound problems (infection, deteriorating wound status, new lesion/ulcer), and hypo/hyperglycemia. Please note that Table 2 is based on events and not members, and not all admission or visit reasons are presented; therefore, the total percent may not equal 100 percent.

The table below shows that 13 percent of the population was admitted to a nursing home with the majority admitted for long-term placement followed by therapy services. Thirteen percent of enrollees were admitted to the hospital at least once with 21 percent admitted for respiratory problems and 11 percent for falls. Seven percent of enrollees had at least one ER visit with 11 percent for respiratory problems and six percent for cardiac problems.

Table 2
Utilization and Patient Safety

Facility Type	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More		Reason 1	%	Reason 2	%	Reason 3	%	Reason 4	%	Reason 5	%
	N	%	N	%										
Nursing Home Admissions	29,269	13	*	*	Long-Term Placement	66	Therapy Services	30	Unsafe at Home	12	End of Life Care	1	Respite Care	0
Hospital Admissions	30,595	13	4,806	2	Respiratory	21	Falls	11	Scheduled Procedure	8	Urinary Tract Infection	8	Congestive Heart Failure	7
Emergency Room Visits	15,598	7	2,173	1	Respiratory	11	Cardiac	6	Nausea	3	Wound	2	Hypo/Hyperglycemia	2

*No data to report.

Plan Profiles

Table 3 summarizes the MLTC plans certified as of November 2018 by the NYSDOH to enroll Medicaid recipients. Regions of enrollment and enrollment

counts as of November 2018 are presented. Please refer to Appendix B for a listing of counties within each region. Plans may not be enrolling in every county in a region. Please verify availability with the plan.

Table 3
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2018)
Partial Capitation		
1. Aetna Better Health www.aetnabetterhealth.com	Long Island, New York City	6,798
2. AgeWell New York www.agewellnewyork.com	Hudson Valley, Long Island, New York City	10,135
3. ArchCare Community Life www.archcare.org	Hudson Valley, New York City	4,286
4. Centers Plan for Healthy Living www.centersplan.com	Hudson Valley, Long Island, New York City, Western	30,978
5. Elderplan dba Homefirst www.homefirst.org	Hudson Valley, Long Island, New York City	13,504
6. ElderServe dba RiverSpring www.elderservehealth.org	Hudson Valley, Long Island, New York City	13,071
7. Elderwood Health Plan www.elderwoodhealthplan.com	Western	414
8. Empire BCBS HealthPlus MLTC https://mss.empireblue.com/ny	New York City	5,553
9. EverCare Choice www.evercare.org	Hudson Valley	976
10. Extended MLTC www.extendedmltc.org	Long Island, New York City	5,327
11. Fallon Health Weinberg www.fallonweinberg.org	Western	801
12. Fidelis Care www.fideliscare.org	Central, Hudson Valley, Long Island, New York City, Northeast, Western	22,353
13. GuildNet www.guildnetny.org	New York City	5,471
14. Hamaspik Choice www.hamaspikchoice.org	Hudson Valley	2,232
15. iCircle www.icirclecny.org	Central, Northeast, Western	2,981
16. Independence Care System www.icsny.org	New York City	5,894
17. Integra MLTC www.integraplan.org	Hudson Valley, Long Island, New York City	14,444

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2018)
Partial Capitation (Continued)		
18. Kalos Health <i>www.kaloshealth.org</i>	Western	1,350
19. MetroPlus MLTC <i>www.metroplus.org</i>	New York City	1,835
20. Montefiore MLTC <i>www.montefiore.org</i>	Hudson Valley, New York City	1,553
21. Nascentia Health Options <i>www.nascentiahealthoptions.org</i>	Central, Northeast, Western	7,180
22. Prime Health Choice <i>www.primehealthchoice.com</i>	Hudson Valley, Northeast	389
23. Senior Health Partners <i>www.shpny.org</i>	Hudson Valley, Long Island, New York City	14,625
24. Senior Network Health <i>www.mvhealthsystem.org</i>	Central	555
25. Senior Whole Health Partial <i>www.seniorwholehealth.com</i>	Hudson Valley, New York City	14,134
26. United Health Personal Assist <i>www.uhccommunityplan.com</i>	Central, New York City, Northeast, Western	4,119
27. VillageCareMAX <i>www.villagecaremax.org</i>	New York City	11,308
28. VNS CHOICE MLTC <i>www.vnsnychoice.org</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	12,929
29. WellCare Advocate Partial <i>www.wellcare.com</i>	Hudson Valley, Long Island, New York City, Northeast, Western	5,530
Program of All-Inclusive Care for the Elderly (PACE)		
30. ArchCare Senior Life <i>www.archcare.org</i>	New York City	771
31. Catholic Health – LIFE <i>www.chsbuffalo.org</i>	Western	245
32. CenterLight PACE <i>www.centerlighthealthcare.org</i>	Hudson Valley, Long Island, New York City	2,792
33. Complete Senior Care <i>www.hanci.com</i>	Western	132
34. Eddy Senior Care <i>www.nehealth.com</i>	Northeast	216
35. ElderONE <i>www.elderone.org</i>	Western	778

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2018)
Program of All-Inclusive Care for the Elderly (PACE) (Continued)		
36. Fallon Health Weinberg-PACE <i>www.fallonweinberg.org</i>	Western	121
37. PACE CNY <i>www.pacecny.org</i>	Central	601
38. Total Senior Care <i>www.totalseniorcare.org</i>	Western	120
Medicaid Advantage Plus (MAP)		
39. Elderplan <i>www.elderplan.org</i>	Hudson Valley, Long Island, New York City	1,433
40. Empire BCBS HealthPlus MAP <i>https://mss.empireblue.com/ny</i>	New York City	3
41. Fidelis Legacy Plan <i>www.fideliscare.org</i>	New York City, Northeast	94
42. GuildNet Medicaid Advantage Plus <i>www.guildnetny.org</i>	Long Island, New York City	402
43. MHI Healthfirst Complete Care <i>www.healthfirst.org</i>	Long Island, New York City	8,300
44. Senior Whole Health <i>www.seniorwholehealth.com</i>	Hudson Valley, Long Island, New York City	79
45. VillageCareMAX Total Advantage <i>www.villagecaremax.org</i>	New York City	887
46. VNS CHOICE Total <i>www.vnsnychoice.org</i>	Hudson Valley, Long Island, New York City	1,529
Fully Integrated Duals Advantage (FIDA)		
47. AgeWell New York FIDA <i>www.agewellnewyork.com</i>	Hudson Valley, Long Island, New York City	199
48. Elderplan FIDA Total Care <i>www.elderplanfida.org</i>	Long Island, New York City	451
49. FIDA Care Complete <i>www.centersplan.com</i>	New York City	29
50. GuildNet Gold Plus FIDA <i>www.guildnetny.org</i>	New York City	367
51. Healthfirst AbsoluteCare FIDA <i>www.healthfirst.org</i>	Hudson Valley, Long Island, New York City	986
52. MetroPlus FIDA <i>www.metroplus.org</i>	Hudson Valley, New York City	175

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2018)
Fully Integrated Duals Advantage (FIDA) (Continued)		
53. RiverSpring FIDA <i>www.riverspringfida.org</i>	Long Island, New York City	23
54. SWH Whole Health FIDA <i>www.seniorwholehealth.com</i>	New York City	134
55. VillageCareMAX Full Advantage FIDA <i>www.villagecaremax.org</i>	New York City	19
56. VNSNY CHOICE FIDA Complete <i>www.vnsnychoice.org</i>	Long Island, New York City	1,257

Enrollee Attributes

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

Measures are based on the January 1, 2018, through June 30, 2018, enrollment period. Assessments conducted for any reason other than “first assessment” must occur within the enrollment period. Assessments specified as first assessments may occur up to 42 days prior to the start of plan

enrollment. Assessments conducted by Adult Day Health Care were excluded from all measures. Some members may have had multiple assessments during the enrollment period; therefore, only the most recent assessment related to a plan enrollment is included in the measures.

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



Overall Functioning and Activities of Daily Living

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

Table 4
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation				
Aetna Better Health	19.7	34	6	39
AgeWell New York	20.5	22	6	30
ArchCare Community Life	19.6	43	9	48
Centers Plan for Healthy Living	23.0	1	0	1
Elderplan dba Homefirst	20.4	40	3	38
ElderServe dba RiverSpring	20.3	24	8	25
Elderwood Health Plan	23.4	43	6	34
Empire BCBS HealthPlus MLTC	18.9	41	8	47
EverCare Choice	20.6	57	7	56
Extended MLTC	15.9	72	3	49
Fallon Health Weinberg	16.3	68	22	67
Fidelis Care	19.9	41	9	41
GuildNet	18.3	54	7	57
Hamaspik Choice	20.6	44	25	47
iCircle	18.8	62	18	59
Independence Care System	20.1	46	12	45
Integra MLTC	15.4	55	11	51
Kalos Health	18.5	63	20	61
MetroPlus MLTC	19.5	40	6	29
Montefiore MLTC	19.0	35	4	33
Nascentia Health Options	21.0	54	10	45
Prime Health Choice	16.2	64	16	64
Senior Health Partners	19.9	30	4	29
Senior Network Health	17.3	69	24	72
Senior Whole Health Partial	17.7	42	8	44
United Health Personal Assist	18.8	50	3	48
VillageCareMAX	18.1	34	8	34
VNS CHOICE MLTC	22.4	19	1	18
WellCare Advocate Partial	18.9	42	13	45

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

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	19.6	45	20	49
Catholic Health – LIFE	16.2	76	32	73
CenterLight PACE	20.0	44	12	50
Complete Senior Care	15.1	77	47	77
Eddy Senior Care	15.0	78	26	81
ElderONE	17.0	74	39	72
Fallon Health Weinberg-PACE	14.7	87	33	76
PACE CNY	17.2	75	24	79
Total Senior Care	14.3	74	42	76
Medicaid Advantage Plus (MAP)				
Elderplan	19.2	48	3	44
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Legacy Plan	20.0	49	4	47
GuildNet Medicaid Advantage Plus	17.5	59	11	64
MHI Healthfirst Complete Care	18.5	28	5	27
Senior Whole Health	22.2	22	5	28
VillageCareMAX Total Advantage	17.8	31	6	33
VNS CHOICE Total	20.4	16	1	16
Fully Integrated Duals Advantage (FIDA)				
AgeWell New York FIDA	25.7	13	5	15
Elderplan FIDA Total Care	22.5	31	1	31
FIDA Care Complete	29.4	0	0	0
GuildNet Gold Plus FIDA	20.7	48	8	52
Healthfirst AbsoluteCare FIDA	21.2	21	3	22
MetroPlus FIDA	19.4	40	5	27
RiverSpring FIDA	SS	SS	SS	SS
SWH Whole Health FIDA	22.6	18	1	20
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	23.7	12	0	10
STATEWIDE	19.8	35	7	34

SS = Sample size too small to report

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

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation					
Aetna Better Health	21	7	36	68	7
AgeWell New York	29	9	29	69	6
ArchCare Community Life	20	9	37	68	7
Centers Plan for Healthy Living	2	0	5	34	2
Elderplan dba Homefirst	19	3	21	19	0
ElderServe dba RiverSpring	17	10	21	59	4
Elderwood Health Plan	28	18	31	55	12
Empire BCBS HealthPlus MLTC	25	7	39	71	17
EverCare Choice	28	20	40	64	6
Extended MLTC	36	5	33	87	14
Fallon Health Weinberg	48	34	63	77	25
Fidelis Care	28	10	29	59	9
GuildNet	31	13	43	61	12
Hamaspik Choice	32	24	41	59	6
iCircle	35	19	45	70	11
Independence Care System	22	8	44	65	19
Integra MLTC	41	14	45	79	7
Kalos Health	41	28	49	77	16
MetroPlus MLTC	24	8	25	55	8
Montefiore MLTC	19	5	25	71	6
Nascentia Health Options	28	17	36	68	9
Prime Health Choice	51	30	35	72	13
Senior Health Partners	17	6	20	68	5
Senior Network Health	53	39	69	74	20
Senior Whole Health Partial	31	10	41	72	7
United Health Personal Assist	13	5	42	69	7
VillageCareMAX	33	8	25	70	5
VNS CHOICE MLTC	10	2	14	51	3
WellCare Advocate Partial	30	14	50	71	9

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

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	32	24	43	66	3
Catholic Health – LIFE	55	41	70	77	9
CenterLight PACE	25	14	46	68	13
Complete Senior Care	65	57	77	89	23
Eddy Senior Care	50	36	75	89	12
ElderONE	54	43	68	80	9
Fallon Health Weinberg-PACE	56	40	75	89	4
PACE CNY	54	43	71	86	18
Total Senior Care	64	53	73	88	25
Medicaid Advantage Plus (MAP)					
Elderplan	20	3	22	19	1
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Fidelis Legacy Plan	30	6	27	61	5
GuildNet Medicaid Advantage Plus	36	17	50	65	16
MHI Healthfirst Complete Care	15	5	19	80	5
Senior Whole Health	14	2	24	52	6
VillageCareMAX Total Advantage	26	6	23	73	9
VNS CHOICE Total	8	2	13	64	2
Fully Integrated Duals Advantage (FIDA)					
AgeWell New York FIDA	13	6	10	40	5
Elderplan FIDA Total Care	12	2	14	11	1
FIDA Care Complete	0	0	0	14	0
GuildNet Gold Plus FIDA	25	11	34	52	10
Healthfirst AbsoluteCare FIDA	12	4	15	61	3
MetroPlus FIDA	18	7	23	53	9
RiverSpring FIDA	SS	SS	SS	SS	SS
SWH Whole Health FIDA	9	1	11	51	3
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	4	1	7	45	1
STATEWIDE	22	8	28	59	7

SS = Sample size too small to report



Continence, Neurological, and Behavioral Status

- **Urinary Continence:** Percentage of members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine.
- **Bowel Continence:** Percentage of members who were continent, had bowel control with ostomy, or were infrequently incontinent of feces.
- **Cognitive Functioning:** Percentage of members whose Cognitive Performance Scale 2 (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how an individual eats and drinks.
- **Behavior:** Percentage of members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care).

Table 5
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation				
Aetna Better Health	35	80	40	87
AgeWell New York	28	81	41	87
ArchCare Community Life	39	79	33	81
Centers Plan for Healthy Living	21	77	54	94
Elderplan dba Homefirst	32	78	23	82
ElderServe dba RiverSpring	17	83	32	78
Elderwood Health Plan	23	48	33	79
Empire BCBS HealthPlus MLTC	39	83	45	90
EverCare Choice	30	75	17	78
Extended MLTC	20	90	29	96
Fallon Health Weinberg	36	74	41	82
Fidelis Care	45	77	45	81
GuildNet	35	80	43	83
Hamaspik Choice	42	76	24	72
iCircle	37	69	36	86
Independence Care System	29	67	52	90
Integra MLTC	45	91	51	94
Kalos Health	40	64	40	78
MetroPlus MLTC	50	81	42	80
Montefiore MLTC	41	83	52	91
Nascentia Health Options	32	60	32	71
Prime Health Choice	54	91	62	80
Senior Health Partners	35	83	29	89
Senior Network Health	33	74	25	73
Senior Whole Health Partial	41	89	54	92
United Health Personal Assist	44	75	45	85
VillageCareMAX	45	91	59	93
VNS CHOICE MLTC	31	70	31	81
WellCare Advocate Partial	32	81	39	88

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

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	45	76	32	75
Catholic Health – LIFE	28	72	23	74
CenterLight PACE	24	74	32	87
Complete Senior Care	37	76	36	71
Eddy Senior Care	37	79	32	83
ElderONE	23	64	22	63
Fallon Health Weinberg-PACE	33	78	41	76
PACE CNY	21	67	24	71
Total Senior Care	33	81	33	77
Medicaid Advantage Plus (MAP)				
Elderplan	33	84	26	85
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Legacy Plan	38	76	43	82
GuildNet Medicaid Advantage Plus	38	83	52	86
MHI Healthfirst Complete Care	39	91	27	94
Senior Whole Health	21	79	39	86
VillageCareMAX Total Advantage	47	93	67	90
VNS CHOICE Total	31	81	35	88
Fully Integrated Duals Advantage (FIDA)				
AgeWell New York FIDA	20	60	22	73
Elderplan FIDA Total Care	31	70	19	72
FIDA Care Complete	9	49	20	80
GuildNet Gold Plus FIDA	34	74	36	76
Healthfirst AbsoluteCare FIDA	33	82	19	87
MetroPlus FIDA	44	80	43	86
RiverSpring FIDA	SS	SS	SS	SS
SWH Whole Health FIDA	29	81	44	78
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	23	65	25	80
STATEWIDE	34	80	41	86

SS = Sample size too small to report



Living Arrangement and Emotional Status

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

Table 6
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation			
Aetna Better Health	31	87	75
AgeWell New York	35	82	60
ArchCare Community Life	34	74	64
Centers Plan for Healthy Living	32	83	65
Elderplan dba Homefirst	37	83	70
ElderServe dba RiverSpring	39	74	66
Elderwood Health Plan	21	76	75
Empire BCBS HealthPlus MLTC	39	85	78
EverCare Choice	28	74	74
Extended MLTC	25	94	86
Fallon Health Weinberg	46	66	73
Fidelis Care	35	79	75
GuildNet	50	87	79
Hamaspik Choice	36	60	59
iCircle	34	68	65
Independence Care System	50	80	71
Integra MLTC	27	86	69
Kalos Health	29	68	72
MetroPlus MLTC	32	85	79
Montefiore MLTC	43	83	72
Nascentia Health Options	21	66	69
Prime Health Choice	40	79	89
Senior Health Partners	40	83	68
Senior Network Health	44	56	68
Senior Whole Health Partial	32	83	69
United Health Personal Assist	32	77	66
VillageCareMAX	35	84	69
VNS CHOICE MLTC	40	87	80
WellCare Advocate Partial	34	83	71

Table 6 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Program of All-Inclusive Care for the Elderly (PACE)			
ArchCare Senior Life	40	79	85
Catholic Health – LIFE	25	58	73
CenterLight PACE	36	82	78
Complete Senior Care	50	65	80
Eddy Senior Care	55	72	83
ElderONE	39	61	69
Fallon Health Weinberg-PACE	76	67	84
PACE CNY	59	63	73
Total Senior Care	50	38	51
Medicaid Advantage Plus (MAP)			
Elderplan	41	88	75
Empire BCBS HealthPlus MAP	SS	SS	SS
Fidelis Legacy Plan	56	86	86
GuildNet Medicaid Advantage Plus	49	89	83
MHI Healthfirst Complete Care	48	83	67
Senior Whole Health	56	81	63
VillageCareMAX Total Advantage	38	85	71
VNS CHOICE Total	50	90	82
Fully Integrated Duals Advantage (FIDA)			
AgeWell New York FIDA	37	82	73
Elderplan FIDA Total Care	43	87	73
FIDA Care Complete	40	SS	SS
GuildNet Gold Plus FIDA	46	93	87
Healthfirst AbsoluteCare FIDA	45	88	74
MetroPlus FIDA	49	88	90
RiverSpring FIDA	SS	SS	SS
SWH Whole Health FIDA	53	76	62
VillageCareMAX Full Advantage FIDA	SS	SS	SS
VNSNY CHOICE FIDA Complete	48	91	84
STATEWIDE	36	81	70

SS = Sample size too small to report

Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into three sections: 1) Current Plan Performance, 2) Performance Over Time which reflects changes in the functional status of the MLTC population over a six to twelve-month period, and 3) Potentially Avoidable Hospitalizations (PAH).

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plan level results for measures with fewer than 30 eligible members or PAH with fewer than 5,400 plan days are reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages. Please note that the statistical significance shown in the Performance Over Time section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

Some measures are risk-adjusted; risk-adjustment is indicated in the measure descriptions. Risk

adjustment takes into account the effect of members' characteristics (case-mix) on plan rates and reduces the differences in plan rates that are attributable to case-mix and therefore not within the plans' control. Information about the methods used to risk adjust is included in the Technical Notes (Appendix D) of this report.

Tables 7, 9, and 10 are based on CHA conducted on MLTC members enrolled from January 1, 2018, through June 30, 2018, as described in the Enrollee Attributes section of this report. To allow MLTC plans to impact measures and represent the community-based MLTC population, Table 7 performance measures exclude assessments specified as first assessments and nursing home residents. Table 8 is based on the 2017 MLTC member satisfaction survey and presents measures on Access and Experience of Care. Please see the section Member Satisfaction for more information about the MLTC satisfaction survey.

Current Plan Performance

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



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

- **No Shortness of Breath:** Percentage of members who did not experience shortness of breath.
- **No Severe Daily Pain:** Risk-adjusted percentage of members who did not experience severe or more intense pain daily.
- **Pain Controlled:** Risk-adjusted percentage of members who did not experience uncontrolled pain.
- **Not Lonely or Not Distressed:** Risk-adjusted percentage of members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities.
- **Influenza Vaccination:** Percentage of members who received an influenza vaccination in the last year.
- **Pneumococcal Vaccination:** Percentage of members age 65 or older, who received a pneumococcal vaccination in the last five years or after age 65.
- **Dental Exam:** Percentage of members who received a dental exam in the last year.
- **Eye Exam:** Percentage of members who received an eye exam in the last year.
- **Hearing Exam:** Percentage of members who received a hearing exam in the last two years.
- **Mammogram:** Percentage of female members ages 50-74, who received a mammogram or breast exam in the last two years.
- **No Falls with Injury:** Risk-adjusted percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days.
- **No Emergency Room Visits:** Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days.

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Partial Capitation						
Aetna Better Health	53▼	98	88▼	93▼	84▲	77▲
AgeWell New York	37▼	99▲	98▲	96▼	75▼	70▼
ArchCare Community Life	57	97▼	93▼	95▼	77	76
Centers Plan for Healthy Living	36▼	97▼	98▲	99▲	78▼	74
Elderplan dba Homefirst	41▼	99▲	97▲	98▲	79	72▼
ElderServe dba RiverSpring	27▼	99▲	94▼	96▼	71▼	55▼
Elderwood Health Plan	47	75▼	76▼	75▼	79	69
Empire BCBS HealthPlus MLTC	62▲	97	96	98▲	81	74
EverCare Choice	45▼	94▼	89▼	98	79	82▲
Extended MLTC	67▲	100▲	99▲	100▲	84▲	75
Fallon Health Weinberg	35▼	87▼	82▼	86▼	74	72
Fidelis Care	70▲	99▲	97▲	99▲	73▼	72▼
GuildNet	88▲	100▲	100▲	100▲	76▼	68▼
Hamaspik Choice	43▼	99▲	99▲	100▲	79	77
iCircle	27▼	84▼	78▼	76▼	78	81▲
Independence Care System	57	97▼	86▼	93▼	70▼	68▼
Integra MLTC	67▲	100▲	99▲	97	80	77
Kalos Health	48▼	92▼	86▼	90▼	70▼	71
MetroPlus MLTC	69▲	100▲	98▲	99▲	87▲	88▲
Montefiore MLTC	74▲	98	94	94▼	82	83▲
Nascentia Health Options	34▼	86▼	82▼	82▼	76	77
Prime Health Choice	45▼	100▲	100▲	100▲	78	71
Senior Health Partners	79▲	99▲	97▲	97	83▲	84▲
Senior Network Health	38▼	90▼	85▼	83▼	82	75
Senior Whole Health Partial	58▲	99▲	97▲	96	84▲	79▲
United Health Personal Assist	55	97▼	86▼	90▼	74▼	72▼
VillageCareMAX	61▲	99▲	97▲	97	78	76
VNS CHOICE MLTC	76▲	99▲	96	99▲	84▲	88▲
WellCare Advocate Partial	42▼	96▼	91▼	94▼	81▲	73

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	72▲	99	96	99	81	56▼
Catholic Health – LIFE	41▼	96	84▼	88▼	94▲	82
CenterLight PACE	62▲	96▼	83▼	94▼	84▲	73
Complete Senior Care	43	100▲	79▼	86▼	79	77
Eddy Senior Care	50	98	90	100▲	94▲	87▲
ElderONE	48▼	92▼	83▼	90▼	93▲	87▲
Fallon Health Weinberg-PACE	59	97	95	90▼	87	80
PACE CNY	48▼	96	95	93▼	91▲	95▲
Total Senior Care	56	83▼	88	84▼	82	75
Medicaid Advantage Plus (MAP)						
Elderplan	44▼	99	97▲	98	79	74
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Legacy Plan	66	99	98	100▲	76	79
GuildNet Medicaid Advantage Plus	91▲	100	100▲	100▲	87▲	84▲
MHI Healthfirst Complete Care	77▲	99▲	98▲	96	82▲	83▲
Senior Whole Health	52	100	95	96	87	84
VillageCareMAX Total Advantage	50	99	96	97	78	77
VNS CHOICE Total	76▲	100▲	97▲	99▲	86▲	89▲
Fully Integrated Duals Advantage (FIDA)						
AgeWell New York FIDA	41▼	98	98	96	79	75
Elderplan FIDA Total Care	53	100	98	98	75	70
FIDA Care Complete	SS	SS	SS	SS	SS	SS
GuildNet Gold Plus FIDA	92▲	100	99	99	83	82
Healthfirst AbsoluteCare FIDA	81▲	99	98	96	85▲	87▲
MetroPlus FIDA	63	98	97	98	94▲	93▲
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	53	100	97	95	79	79
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	79▲	99	97	98	83▲	88▲
STATEWIDE	56	98	95	97	79	75

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

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

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

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls with Injury*	No Emergency Room Visits*
Partial Capitation						
Aetna Better Health	59	82▼	49▼	62▼	95	95▲
AgeWell New York	54▼	79▼	43▼	66▼	95	95▲
ArchCare Community Life	54▼	77▼	45▼	66▼	94▼	91▼
Centers Plan for Healthy Living	52▼	100▲	99▲	92▲	96	95▲
Elderplan dba Homefirst	54▼	75▼	47▼	79	97▲	95▲
ElderServe dba RiverSpring	66▲	84▼	52▼	76	98▲	95▲
Elderwood Health Plan	41▼	68▼	21▼	SS	86▼	75▼
Empire BCBS HealthPlus MLTC	63	85	63	72▼	96	93
EverCare Choice	59	76▼	38▼	64▼	95	90▼
Extended MLTC	56▼	82▼	76▲	78	96	95
Fallon Health Weinberg	44▼	59▼	22▼	55▼	97	85▼
Fidelis Care	68▲	93▲	90▲	76	94▼	92▼
GuildNet	71▲	93▲	86▲	72▼	96	94▲
Hamaspik Choice	55▼	75▼	30▼	71	95	90▼
iCircle	44▼	66▼	23▼	57▼	88▼	82▼
Independence Care System	50▼	70▼	35▼	70▼	96	94
Integra MLTC	74▲	89▲	68▲	80▲	96	94▲
Kalos Health	45▼	61▼	24▼	53▼	92▼	80▼
MetroPlus MLTC	89▲	98▲	95▲	84▲	98▲	93
Montefiore MLTC	65	86	56▼	77	96	92
Nascentia Health Options	36▼	60▼	17▼	52▼	92▼	87▼
Prime Health Choice	67	81	48▼	77	94	90
Senior Health Partners	64▲	83▼	52▼	82▲	96	92▼
Senior Network Health	49▼	79▼	30▼	68	91▼	85▼
Senior Whole Health Partial	69▲	88▲	57▼	78	96	95▲
United Health Personal Assist	62	79▼	45▼	68▼	97▲	92
VillageCareMAX	66▲	88▲	59▼	79	97▲	93
VNS CHOICE MLTC	70▲	88▲	71▲	71▼	96	93
WellCare Advocate Partial	47▼	78▼	48▼	67▼	94▼	93

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

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls with Injury*	No Emergency Room Visits*
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	58	90	89▲	64	93	96
Catholic Health – LIFE	72	84	26▼	79	92	98
CenterLight PACE	56▼	81▼	46▼	72	96	88▼
Complete Senior Care	66	88	26▼	SS	92	91
Eddy Senior Care	61	73▼	28▼	41▼	92	90
ElderONE	82▲	84	42▼	69	92▼	86▼
Fallon Health Weinberg-PACE	53	61▼	35▼	SS	94	96
PACE CNY	78▲	84	43▼	74	87▼	87▼
Total Senior Care	47	80	25▼	SS	87▼	90
Medicaid Advantage Plus (MAP)						
Elderplan	48▼	73▼	40▼	79	97	93
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Legacy Plan	59	97	98▲	SS	95	90
GuildNet Medicaid Advantage Plus	67	92▲	85▲	84	97	94
MHI Healthfirst Complete Care	63	86	50▼	83▲	97▲	91▼
Senior Whole Health	50	81	43▼	SS	97	94
VillageCareMAX Total Advantage	64	86	58	86	97	93
VNS CHOICE Total	73▲	91▲	73▲	82	97	93
Fully Integrated Duals Advantage (FIDA)						
AgeWell New York FIDA	42▼	58▼	29▼	SS	93	93
Elderplan FIDA Total Care	41▼	64▼	37▼	70	95	93
FIDA Care Complete	SS	SS	SS	SS	SS	SS
GuildNet Gold Plus FIDA	70▲	92▲	87▲	68	96	93
Healthfirst AbsoluteCare FIDA	51▼	78▼	47▼	74	96	92
MetroPlus FIDA	92▲	98▲	95▲	87	100	95
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	37▼	66▼	34▼	SS	98	92
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	69▲	89▲	73▲	68	98	95
STATEWIDE	61	86	64	77	96	93

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

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average



Access and Experience of Care

- **Access to Routine Dental Care:** Percentage of members who reported that within the last six months they always got a routine dental appointment as soon as they thought they needed.
- **Same Day Urgent Dental Care:** Percentage of members who reported that within the last six months they had same day access to urgent dental care.
- **Talked About Appointing for Health Decisions:** Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so.
- **Document Appointing for Health Decisions:** Percentage of members who responded that they have a legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan Has Document Appointing for Health Decisions:** Percentage of members who responded that their health plan has a copy of their legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan Asked to See Medicines:** Percentage of members who responded that since they joined this health plan, someone from the health plan asked to see all of the prescriptions and over the counter medicines they've been taking.

Table 8
Access and Experience of Care

Health Plan	Access to Routine Dental Care	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions	Plan Asked to See Medicines
Partial Capitation						
Aetna Better Health	35	26	74	56	69	95
AgeWell New York	38	36	79	56	77	95
ArchCare Community Life	31	28	77	73▲	78	90
Centers Plan for Healthy Living	39	27	77	61	83	95
Elderplan dba Homefirst	41	36	76	52▼	80	95
ElderServe dba RiverSpring	52	43	59▼	39▼	SS	97
Elderwood Health Plan	NS	NS	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	44	41	72	68	63▼	93
EverCare Choice	53	23	72	78▲	88▲	95
Extended MLTC	33	26	74	55	88	91
Fallon Health Weinberg	SS	SS	76	78▲	SS	94
Fidelis Care	45	31	81	69	85	96
GuildNet	51	27	71	74▲	82	94
Hamaspik Choice	56▲	22▼	65▼	61	71	95
iCircle	54	18▼	67	71▲	69	93
Independence Care System	39	21▼	78	64	83	98
Integra MLTC	46	24	65▼	56	74	95
Kalos Health	47	17▼	78	87▲	81	98
MetroPlus MLTC	37	33	69	60	86	94
Montefiore MLTC	27▼	37	78	72	80	95
Nascentia Health Options	40	21	67	75▲	87	96
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	39	37	78	66	68	95
Senior Network Health	43	27	76	83▲	91▲	98
Senior Whole Health Partial	32▼	36	66▼	45▼	71	91▼
United Health Personal Assist	36	35	70	57	72	92
VillageCareMAX	37	30	80	60	73	91
VNS CHOICE MLTC	37	40	80	80▲	82	96
WellCare Advocate Partial	32	25	68	52▼	83	93

Table 8 (Continued)
Access and Experience of Care

Health Plan	Access to Routine Dental Care	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions	Plan Asked to See Medicines
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	21▼	19▼	78	88▲	97▲	94
Catholic Health – LIFE	SS	SS	94▲	96▲	100▲	97
CenterLight PACE	38	25	78	65	94▲	97
Complete Senior Care	SS	SS	97▲	100▲	100▲	SS
Eddy Senior Care	SS	SS	86▲	83▲	95▲	93
ElderONE	34	10▼	78	87▲	93▲	91
Fallon Health Weinberg-PACE	NS	NS	NS	NS	NS	NS
PACE CNY	41	23	80	91▲	98▲	85▼
Total Senior Care	SS	SS	91▲	91▲	SS	SS
Medicaid Advantage Plus (MAP)						
Elderplan	46	36	79	67	84	97
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Legacy Plan	SS	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	44	26	78	73▲	91▲	98
MHI Healthfirst Complete Care	43	38	85▲	65	79	90▼
Senior Whole Health	NS	NS	NS	NS	NS	NS
VillageCareMAX Total Advantage	NS	NS	NS	NS	NS	NS
VNS CHOICE Total	SS	SS	SS	SS	SS	SS
STATEWIDE	41	32	74	63	79	95

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

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Performance Over Time

Overview

Twice each year, the NYSDOH creates summary reports containing descriptive information about members' status based on January through June and July through December MLTC assessments. While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. This performance over-time analysis examined Functioning and Activities of Daily Living, and Quality of Life and Effectiveness of Care, for MLTC plan members based on CHAs completed for the included enrollment periods.

Outcome Definition

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

Cohort Definition

To evaluate member level changes over a 12-month period, three CHA datasets were matched at the member level. These three matched datasets were assessments conducted for: 1) The *current-year* (January through June 2018 enrollment period); 2) The *mid-year* (July through December 2017 enrollment period); and 3) The *base-year* (January through June 2017 enrollment period). A two-round matching algorithm was implemented to match members in the current-year dataset to either the base or mid-year dataset using two unique identifiers: the member's Medicaid identification number and the plan identification number. Nursing home assessments and initial assessments were excluded from the current-year dataset.

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

Outcome Measurement

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

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

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



Functioning and Activities of Daily Living

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

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

Table 9
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
Partial Capitation						
Aetna Better Health	89	87	92▲	69▼	75▼	76
AgeWell New York	90▲	89▲	94▲	69▼	79	72
ArchCare Community Life	86▼	86	91	69▼	72▼	71
Centers Plan for Healthy Living	90▲	90▲	86▼	70▼	82▲	80▲
Elderplan dba Homefirst	94▲	93▲	97▲	84▲	89▲	85▲
ElderServe dba RiverSpring	92▲	92▲	95▲	82▲	86▲	84▲
Elderwood Health Plan	74	72	SS	62	54▼	57
Empire BCBS HealthPlus MLTC	87	86	90	70▼	73▼	68▼
EverCare Choice	64▼	65▼	60▼	59▼	53▼	51▼
Extended MLTC	90	90	87▼	85▲	80▲	80▲
Fallon Health Weinberg	87	82▼	80▼	87▲	76	83▲
Fidelis Care	86▼	83▼	87▼	66▼	74▼	64▼
GuildNet	88	88	93▲	79▲	72▼	67▼
Hamaspik Choice	83▼	84▼	84▼	68▼	72▼	67▼
iCircle	81▼	81▼	78▼	73	70▼	64▼
Independence Care System	91▲	90▲	92▲	75▲	72▼	73
Integra MLTC	90▲	89	91	74	80▲	78▲
Kalos Health	91	90	86	89▲	76	79
MetroPlus MLTC	85	89	93	72	80	65▼
Montefiore MLTC	88	87	89	72	75	69
Nascentia Health Options	87	84▼	79▼	85▲	69▼	80▲
Prime Health Choice	87	91	82	82▲	75	82
Senior Health Partners	90▲	89▲	93▲	74	78	76▲
Senior Network Health	91	88	87	93▲	78	87▲
Senior Whole Health Partial	79▼	77▼	86▼	56▼	69▼	58▼
United Health Personal Assist	87	85	90	71	78	70▼
VillageCareMAX	90▲	88	93▲	73	77	75
VNS CHOICE MLTC	87▼	88	92▲	67▼	75▼	68▼
WellCare Advocate Partial	89	87	87▼	71	72▼	71▼

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	89	88	85	75	70▼	80
Catholic Health - LIFE	94	91	72▼	95▲	72	80
CenterLight PACE	90	89	87▼	82▲	74▼	75
Complete Senior Care	100▲	100▲	SS	100▲	96▲	96▲
Eddy Senior Care	92	88	77▼	95▲	79	82
ElderONE	89	87	75▼	92▲	76	80
Fallon Health Weinberg-PACE	88	88	70▼	92▲	78	84
PACE CNY	88	87	70▼	91▲	73	80
Total Senior Care	92	91	85	90▲	84	79
Medicaid Advantage Plus (MAP)						
Elderplan	95▲	94▲	98▲	84▲	89▲	86▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Legacy Plan	89	84	SS	73	70	61
GuildNet Medicaid Advantage Plus	91	86	91	82▲	69▼	69
MHI Healthfirst Complete Care	89	88	92▲	71	81▲	75
Senior Whole Health	71▼	62▼	91	42▼	59▼	53▼
VillageCareMAX Total Advantage	95	87	100	71	89	86
VNS CHOICE Total	92▲	91▲	95▲	71	82▲	75
Fully Integrated Duals Advantage (FIDA)						
AgeWell New York FIDA	89	90	89	64	62▼	63
Elderplan FIDA Total Care	95▲	95▲	97	82▲	89▲	84▲
FIDA Care Complete	SS	SS	SS	SS	SS	SS
GuildNet Gold Plus FIDA	87	85	96	76	66▼	62▼
Healthfirst AbsoluteCare FIDA	91	91	94	73	74	76
MetroPlus FIDA	77▼	84	91	63	77	55▼
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	64▼	75▼	92	45▼	56▼	43▼
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	87	88	93	65▼	74	66▼
STATEWIDE	88	87	90	72	77	73

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

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis- tration*
Partial Capitation						
Aetna Better Health	78	73▼	68	83▲	80	71
AgeWell New York	81▲	79▲	72▲	87▲	79	73▲
ArchCare Community Life	74▼	71▼	59▼	81	80	71
Centers Plan for Healthy Living	83▲	81▲	75▲	76▼	80	63▼
Elderplan dba Homefirst	88▲	88▲	84▲	92▲	84▲	81▲
ElderServe dba RiverSpring	87▲	86▲	84▲	88▲	84▲	83▲
Elderwood Health Plan	67	56▼	63	67	65	46▼
Empire BCBS HealthPlus MLTC	77	74▼	61▼	79	80	66▼
EverCare Choice	49▼	41▼	40▼	56▼	72▼	45▼
Extended MLTC	81▲	79	85▲	62▼	77▼	73
Fallon Health Weinberg	77	77	82▲	88▲	81	72
Fidelis Care	75▼	72▼	57▼	71▼	82▲	67▼
GuildNet	74▼	75	54▼	67▼	82▲	66▼
Hamaspik Choice	71▼	69▼	58▼	75▼	86▲	53▼
iCircle	63▼	63▼	61▼	75	74▼	56▼
Independence Care System	77	69▼	67▼	81▲	80	76▲
Integra MLTC	81▲	79▲	75▲	86▲	78▼	69
Kalos Health	79	75	74	87▲	80	68
MetroPlus MLTC	80	85▲	59▼	72▼	83	74
Montefiore MLTC	77	75	67	79	80	75▲
Nascentia Health Options	71▼	68▼	74▲	86▲	78	70
Prime Health Choice	75	75	64	76	84	72
Senior Health Partners	80	78	71▲	82▲	78▼	71
Senior Network Health	78	78	85▲	88▲	83	72
Senior Whole Health Partial	68▼	69▼	56▼	74▼	74▼	61▼
United Health Personal Assist	78	75	59▼	74▼	78	73
VillageCareMAX	79	79▲	76▲	83▲	83▲	70
VNS CHOICE MLTC	76▼	75	63▼	72▼	81	76▲
WellCare Advocate Partial	72▼	73▼	67	82▲	72▼	65▼

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis- tration*
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	73	67▼	71	82	81	74
Catholic Health – LIFE	76	72	76	88	83	60
CenterLight PACE	77	73▼	71	84▲	81	75▲
Complete Senior Care	95▲	96▲	96▲	96▲	78	79
Eddy Senior Care	82	79	84▲	87	87	73
ElderONE	77	72	79▲	87▲	78	65
Fallon Health Weinberg-PACE	82	78	77	84	87	51▼
PACE CNY	75	70▼	76	81	84	59▼
Total Senior Care	78	71	78	88	86	63
Medicaid Advantage Plus (MAP)						
Elderplan	88▲	87▲	82▲	92▲	84	82▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Legacy Plan	79	70	55	70	85	66
GuildNet Medicaid Advantage Plus	75	74	50▼	68▼	78	72
MHI Healthfirst Complete Care	80	78	72▲	85▲	78	68
Senior Whole Health	68	62	40▼	63	81	74
VillageCareMAX Total Advantage	81	84	77	95	91	67
VNS CHOICE Total	83▲	82▲	76▲	80	84	79▲
Fully Integrated Duals Advantage (FIDA)						
AgeWell New York FIDA	70	61▼	53▼	79	66▼	66
Elderplan FIDA Total Care	87▲	86▲	79▲	91▲	82	82▲
FIDA Care Complete	SS	SS	SS	SS	SS	SS
GuildNet Gold Plus FIDA	68▼	68▼	41▼	61▼	84	67
Healthfirst AbsoluteCare FIDA	77	74	71	81	78	69
MetroPlus FIDA	71	79	42▼	64▼	76	63
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	68	72	35▼	65▼	73	74
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	74▼	72▼	63▼	69▼	82	79▲
STATEWIDE	78	77	69	79	80	70

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

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average



Quality of Life and Effectiveness of Care

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

Table 10
Quality of Life and Effectiveness of Care

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
Partial Capitation					
Aetna Better Health	83▲	81	91	86	92
AgeWell New York	82▲	87▲	90	84	93▲
ArchCare Community Life	76	80▼	88▼	84	92
Centers Plan for Healthy Living	67▼	82	90	83▼	92
Elderplan dba Homefirst	86▲	86▲	92▲	87▲	94▲
ElderServe dba RiverSpring	85▲	89▲	94▲	87▲	96▲
Elderwood Health Plan	73	83	83	80	91
Empire BCBS HealthPlus MLTC	79	76▼	85▼	86	89▼
EverCare Choice	41▼	72▼	88	85	81▼
Extended MLTC	78	83	89	89▲	90
Fallon Health Weinberg	83	85	88	76▼	86▼
Fidelis Care	82▲	86▲	90	85	90▼
GuildNet	82▲	76▼	94▲	86	95▲
Hamaspik Choice	72▼	84	92	77▼	93
iCircle	71▼	86	81▼	79▼	77▼
Independence Care System	87▲	84	88▼	84	90▼
Integra MLTC	77	87▲	88▼	86	92
Kalos Health	88▲	86	89	79▼	87▼
MetroPlus MLTC	78	78▼	95▲	86	94
Montefiore MLTC	81	86	90	86	88▼
Nascentia Health Options	81▲	84	83▼	71▼	84▼
Prime Health Choice	84	96▲	94	86	91
Senior Health Partners	76▼	85▲	91▲	85	91
Senior Network Health	86▲	93▲	86	77▼	91
Senior Whole Health Partial	74▼	84	88▼	83▼	87▼
United Health Personal Assist	82▲	84	88	82	84▼
VillageCareMAX	76▼	86▲	92▲	88▲	95▲
VNS CHOICE MLTC	73▼	70▼	92▲	87▲	91
WellCare Advocate Partial	76▼	80▼	88▼	82▼	89▼

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

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	83	86	92	88	96▲
Catholic Health - LIFE	76	72▼	88	75▼	87
CenterLight PACE	87▲	86▲	89	88▲	94▲
Complete Senior Care	97▲	99▲	86	90	92
Eddy Senior Care	92▲	92	94	84	96
ElderONE	84▲	81	89	76▼	92
Fallon Health Weinberg-PACE	83	85	90	71▼	93
PACE CNY	80	81	83▼	68▼	92
Total Senior Care	83	91	75▼	65▼	85
Medicaid Advantage Plus (MAP)					
Elderplan	85▲	85	92	88	95▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Fidelis Legacy Plan	85	85	96	96	94
GuildNet Medicaid Advantage Plus	86	78	90	89	96
MHI Healthfirst Complete Care	74▼	86▲	90	84	90
Senior Whole Health	68	75	87	81	92
VillageCareMAX Total Advantage	76	86	90	85	91
VNS CHOICE Total	77	80	92	89▲	92
Fully Integrated Duals Advantage (FIDA)					
AgeWell New York FIDA	83	77	85	80	87
Elderplan FIDA Total Care	86	83	90	89	94
FIDA Care Complete	SS	SS	SS	SS	SS
GuildNet Gold Plus FIDA	78	67▼	90	87	97▲
Healthfirst AbsoluteCare FIDA	76	82	88	87	90
MetroPlus FIDA	71	65▼	95	86	91
RiverSpring FIDA	SS	SS	SS	SS	SS
SWH Whole Health FIDA	63▼	72	88	82	92
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	72▼	68▼	93	88	91
STATEWIDE	78	83	90	85	91

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

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Potentially Avoidable Hospitalizations

A potentially avoidable hospitalization (PAH) is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. MLTC enrollment, based on capitation payments, was used to identify eligible enrollees as those with four months or greater continuous enrollment periods in a MLTC plan from October 2016 through June 2017.* January through June 2017 Statewide Planning and Research Cooperative System (SPARCS) data was used to calculate the PAH measure. SPARCS is an all-payer hospital database in New York State. CHA records that matched to SPARCS, and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. Some individuals

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

**A change from April through December 2017 to October 2016 through June 2017 dates was necessary due to incompleteness of July through December 2017 SPARCS data.*

Table 11
Potentially Avoidable Hospitalizations

Health Plan	Risk-Adjusted Rate*
Partial Capitation	
Aetna Better Health	3.29
AgeWell New York	2.80▼
ArchCare Community Life	3.40
Centers Plan for Healthy Living	1.87▼
Elderplan dba Homefirst	3.58
ElderServe dba RiverSpring	2.68▼
Elderwood Health Plan	4.52
Empire BCBS HealthPlus MLTC	3.11
EverCare Choice	5.21▲
Extended MLTC	2.78
Fallon Health Weinberg	3.98
Fidelis Care	3.84▲
GuildNet	3.85▲
Hamaspik Choice	4.35▲
iCircle	4.48▲
Independence Care System	3.86▲
Integra MLTC	3.01
Kalos Health	4.36
MetroPlus MLTC	3.77
Montefiore MLTC	4.45▲
Nascentia Health Options	4.69▲
Prime Health Choice	4.64
Senior Health Partners	3.56
Senior Network Health	4.02
Senior Whole Health Partial	2.92▼
United Health Personal Assist	3.17
VillageCareMAX	3.08
VNS CHOICE MLTC	3.82▲
WellCare Advocate Partial	3.26
Program of All-Inclusive Care for the Elderly (PACE)	
ArchCare Senior Life	2.43
Catholic Health – LIFE	2.55

Health Plan	Risk-Adjusted Rate*
Program of All-Inclusive Care for the Elderly (PACE) (Continued)	
CenterLight PACE	3.30
Complete Senior Care	2.76
Eddy Senior Care	5.57▲
ElderONE	3.41
Fallon Health Weinberg-PACE	4.28
PACE CNY	3.53
Total Senior Care	3.93
Medicaid Advantage Plus (MAP)	
Elderplan	3.59
Empire BCBS HealthPlus MAP	SS
Fidelis Legacy Plan	5.90
GuildNet Medicaid Advantage Plus	4.42
MHI Healthfirst Complete Care	3.57
Senior Whole Health	3.22
VillageCareMAX Total Advantage	SS
VNS CHOICE Total	2.41
Fully Integrated Duals Advantage (FIDA)	
AgeWell New York FIDA	4.06
Elderplan FIDA Total Care	3.23
FIDA Care Complete	SS
GuildNet Gold Plus FIDA	3.47
Healthfirst AbsoluteCare FIDA	4.40▲
MetroPlus FIDA	4.05
RiverSpring FIDA	SS
SWH Whole Health FIDA	2.48
VillageCareMAX Full Advantage FIDA	SS
VNSNY CHOICE FIDA Complete	3.17
STATEWIDE	3.40

*Risk-adjusted plan rate multiplied by 10,000 member days.

SS = Sample size too small to report

▲ Significantly higher (worse) than statewide average

▼ Significantly lower (better) than statewide average

Member Satisfaction

In 2007, the NYSDOH, in consultation with the MLTC plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and then administered by the NYSDOH's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information, which is not shown here. The 2017 survey was mailed to members in April 2017 and completed by August 2017. Beginning in 2015, all statewide satisfaction survey results are weighted to account for unequal plan sizes. Weighting by plan eligible population allows larger plans to contribute more and smaller plans to contribute less to the statewide average, which yields a more accurate statewide result.

In an effort to obtain the highest possible response rate and more importantly to not disproportionately impact any particular plan's response rate due to the demographic composition of its membership, the survey was conducted in four languages: English, Spanish, Russian and Chinese. Of the 22,188 surveys that were mailed, 2,141 were returned as undeliverable, yielding an adjusted population of

20,047. Of the 20,047 surveys that reached enrollees, a total of 5,559 surveys were completed, with an overall response rate of 28 percent. Response rates for plans ranged from about 17 to 50 percent.

Satisfaction with the Experience of Care

The following table presents rates of satisfaction with providers and services compared to the statewide rate. Satisfaction measures that were risk-adjusted to reduce the effect of a plan's case mix on its rate are marked with an asterisk (*) in Table 12. (Please refer to Appendix D for more detailed information on risk adjustment.) It should be noted that some plans were not operational at the time of survey sample selection or did not have enrollees eligible for the survey. Accordingly, some plans included in the table are marked as "NS" (Not Surveyed). Beginning in 2015, six measures on Access and Experience of Care from the satisfaction survey have been moved to the plan performance measure area (Table 8). FIDA plans are not part of the NYSDOH sponsored member satisfaction survey. Satisfaction survey data for plans that merged after the survey was administered are analyzed as one plan.



Satisfaction with the Experience of Care

- **Rating of Health Plan:** Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent.
- **Rating of Dentist:** Risk-adjusted percentage of members who rated the quality of dental services within the last six months as good or excellent.
- **Rating of Care Manager:** Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent.
- **Rating of Regular Visiting Nurse:** Risk-adjusted percentage of members who rated the quality of regular visiting nurse/registered nurse services within the last six months as good or excellent.
- **Rating of Home Health Aide:** Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent.
- **Rating of Transportation Services:** Risk-adjusted percentage of members who rated the quality of transportation services within the last six months as good or excellent.
- **Timeliness of Home Health Aide:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time.
- **Timeliness Composite:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse/registered nurse, or covering/on-call nurse services were usually or always on time
- **Involved in Decisions:** Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care.
- **Manage Illness:** Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent.

Table 12
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*
Partial Capitation						
Aetna Better Health	82	74	84	85	89	75
AgeWell New York	89	67	92▲	89	90	84
ArchCare Community Life	83	79	79	79	89	72
Centers Plan for Healthy Living	85	71	77▼	80	86	71
Elderplan dba Homefirst	89	75	88	94▲	96▲	77
ElderServe dba RiverSpring	91	78	87	91▲	91	88▲
Elderwood Health Plan	NS	NS	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	83	69	83	84	89	80
EverCare Choice	88	77	88	88	87	83
Extended MLTC	89	68	85	88	91	68
Fallon Health Weinberg	93	SS	84	71	86	74
Fidelis Care	86	81	84	89	92	80
GuildNet	85	87▲	85	89	91	82
Hamaspik Choice	90	88▲	90▲	86	92	81
iCircle	86	78	88	88	91	84
Independence Care System	90	74	87	84	91	79
Integra MLTC	86	76	84	89	96▲	78
Kalos Health	89	68	87	94▲	89	74
MetroPlus MLTC	88	67	80	80	90	75
Montefiore MLTC	90	72	89	81	95▲	76
Nascentia Health Options	87	84▲	89	93▲	96▲	86▲
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	83	75	79	83	91	85
Senior Network Health	90	81	88	91	98▲	90▲
Senior Whole Health Partial	82	68	85	86	92	82
United Health Personal Assist	89	75	85	88	95▲	80
VillageCareMAX	83	73	86	85	91	68
VNS CHOICE MLTC	88	78	74▼	79	88	69
WellCare Advocate Partial	87	73	81	86	94▲	77

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	81	59▼	79	90	84	77
Catholic Health – LIFE	92	83	88	93▲	90	84
CenterLight PACE	87	72	79	91▲	87	76
Complete Senior Care	SS	SS	SS	SS	SS	SS
Eddy Senior Care	79	84	79	77	64▼	91▲
ElderONE	85	75	77	85	73▼	73
Fallon Health Weinberg-PACE	NS	NS	NS	NS	NS	NS
PACE CNY	81	82	76	79	84	75
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
Elderplan	90	75	83	80	86	69▼
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Legacy Plan	SS	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	80	70	76	72▼	91	67
MHI Healthfirst Complete Care	90	81	88	87	90	77
Senior Whole Health	NS	NS	NS	NS	NS	NS
VillageCareMAX Total Advantage	NS	NS	NS	NS	NS	NS
VNS CHOICE Total	SS	SS	SS	SS	SS	SS
STATEWIDE	87	75	84	86	90	78

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

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

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
Partial Capitation				
Aetna Better Health	95	82	80	82
AgeWell New York	95	89▲	80	86
ArchCare Community Life	90	82	74	86
Centers Plan for Healthy Living	95	83	76	78
Elderplan dba Homefirst	95	88▲	78	87
ElderServe dba RiverSpring	97▲	90▲	74	87
Elderwood Health Plan	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	97	84	76	85
EverCare Choice	90	82	78	84
Extended MLTC	100▲	85	81	79
Fallon Health Weinberg	83	81	86	81
Fidelis Care	98▲	92▲	83	75
GuildNet	94	88	67▼	83
Hamaspik Choice	97▲	91▲	84▲	86
iCircle	93	82	82	85
Independence Care System	98▲	84	80	87
Integra MLTC	97▲	88▲	83	86
Kalos Health	92	89▲	77	83
MetroPlus MLTC	88	77▼	75	83
Montefiore MLTC	98▲	90▲	83	92▲
Nascentia Health Options	94	91▲	85▲	88
Prime Health Choice	SS	SS	SS	SS
Senior Health Partners	93	81	76	77
Senior Network Health	98▲	92▲	83	83
Senior Whole Health Partial	95	85	74	84
United Health Personal Assist	95	88	79	84
VillageCareMAX	93	85	77	82
VNS CHOICE MLTC	97▲	78▼	80	77
WellCare Advocate Partial	97▲	88▲	73	76

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	93	85	59▼	77
Catholic Health – LIFE	92	92▲	80	90
CenterLight PACE	91	85	75	87
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	76▼	71▼	76	78
ElderONE	82▼	86	71	88
Fallon Health Weinberg-PACE	NS	NS	NS	NS
PACE CNY	76▼	75▼	74	84
Total Senior Care	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)				
Elderplan	94	86	73	86
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Legacy Plan	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	88	78▼	70	77
MHI Healthfirst Complete Care	95	84	77	83
Senior Whole Health	NS	NS	NS	NS
VillageCareMAX Total Advantage	NS	NS	NS	NS
VNS CHOICE Total	SS	SS	SS	SS
STATEWIDE	93	85	77	83

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

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

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Appendix A: Managed Long-Term Care Covered Services

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

●: Covered through Medicaid premium

● – MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium

■: Covered through the blended Medicare-Medicaid premium

Appendix B: Region Definitions

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

Appendix C: UAS-NY CHA Measure Descriptions

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 2: Utilization and Patient Safety	Nursing facility use (Section L)	Statewide prevalence	Members who had at least one nursing home admission within the last 90 days (or since last assessment if less than 90 days)	All members
	Reasons for nursing home use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a nursing home admission
	Inpatient acute hospital with overnight stay (Section L)	Statewide prevalence	Members who had at least one hospital admission within the last 90 days (or since last assessment if less than 90 days)	All members
			Members who had two or more hospital admissions within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for hospitalization (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a hospital admission
	Emergency room visit (Section L)	Statewide prevalence	Members who had at least one emergency room visit within the last 90 days (or since last assessment if less than 90 days)	All members
			Members who had two or more emergency room visits within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for emergency room use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had an emergency room visit

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 4: Overall Functioning and Activities of Daily Living	Locomotion (Section F)	Prevalence	Members who moved between locations on same floor independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Bathing (Section F)	Prevalence	Members who took a full-body bath/shower independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Toilet transfer (Section F)	Prevalence	Members who moved on and off the toilet or commode independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Dressing upper body (Section F)	Prevalence	Members who dressed and undressed their upper body independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Dressing lower body (Section F)	Prevalence	Members who dressed and undressed their lower body independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Toilet use (Section F)	Prevalence	Members who used the toilet room (or commode, bedpan, urinal) independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Eating (Section F)	Prevalence	Members who ate and drank (including intake of nutrition by other means) independently or with setup help only	All members except those who did not have activity occur over the last three days
	Managing medications (Section F)	Prevalence	Members who managed their medications independently	All members

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 5: Continence, Neurological and Behavioral Status	Urinary continence (Section G)	Prevalence	Members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine over last 3 days	All members except those who did not have urine output from bladder over the last 3 days
	Bowel continence (Section G)	Prevalence	Members who were continent, had bowel control with ostomy, or infrequently incontinent of feces over last 3 days	All members except those who did not have bowel movement over the last 3 days
	Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and eating (Section B, C & F)	Prevalence	Members whose cognitive performance scale (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how eats and drinks.	All members
	Behavioral symptoms (Section D)	Prevalence	Members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/ disruptive, inappropriate public sexual behavior/ disrobing, or resisting care)	All members
Table 6: Living Arrangement and Emotional Status	Living arrangement (Section A)	Prevalence	Members who lived alone	All members
	Self-reported anxious feelings (Section D)	Prevalence	Members who reported no anxious, restless, or uneasy feelings	All members except those who could not (would not) respond
	Self-reported depressed feelings (Section D)	Prevalence	Members who reported no sad, depressed, or hopeless feelings	All members except those who could not (would not) respond

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits	Dyspnea (Section I)	Prevalence	Members who did not experience shortness of breath	All members
	Pain frequency and pain intensity (Section I)	Risk-adjusted prevalence	Members who did not experience severe or excruciating pain daily or on 1-2 days over the last 3 days	All members
	Pain frequency and pain control (Section I)	Risk-adjusted prevalence	Members who did not experience uncontrolled pain	All members
	Lonely, social activities, time alone, stressors, self-reported depressed feelings, and withdrawal (Section D & E)	Risk-adjusted prevalence	Members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities	All members
	Influenza vaccine (Section L)	Prevalence	Members who received an influenza vaccine in the last year	All members
	Pneumovax vaccine (Section L)	Prevalence	Members age 65 or older who received a pneumococcal vaccine in the last 5 years or after age 65	All members age 65 and over
	Dental exam (Section L)	Prevalence	Members who received a dental exam in the last year	All members
	Eye exam (Section L)	Prevalence	Members who received an eye exam in the last year	All members
	Hearing exam (Section L)	Prevalence	Members who received a hearing exam in the last two years	All members
Breast exam (Section L)	Prevalence	Female members ages 50-74 who received a mammogram or breast exam in the last two years	All female members ages 50-74	

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

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

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

Appendix D: Technical Notes

Risk Adjustment

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

Observed Rate

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

Expected Rate

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

Risk-adjusted Rate

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

Methodology of 'Current Plan Performance' Measures

To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each current plan performance outcome. These models predicted a binary (yes/no) response for each outcome. The independent variables included in the final models are listed below.

1. No Severe Daily Pain

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

2. Pain Controlled

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

3. Not Lonely or Not Distressed

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

4. No Falls with Injury

- ADL Scale result of 4 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Dizziness present (yes, no)
- Gender (male, female)
- Not independent in bathing (yes, no)
- Pain daily (yes, no)
- Self-reported health status poor (yes, no)
- Short-term memory problem (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)

5. No Emergency Room Visits

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Not independent in bathing (yes, no)
- Pain daily (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Methodology of ‘Performance Over Time’ Measures

The nine longitudinal outcomes below were risk-adjusted. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome. For all over-time measures, stability or improvement versus a decrease in the rate over the measurement period was used as the outcome of interest. The independent variables included in the models and specified below were taken from baseline CHA conducted for the January through June 2017 or July through December 2017 enrollment period.

1. Nursing Facility Level of Care (NFLOC)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Nursing Facility Level of Care score of 34 or more (yes, no)
- Stroke (yes, no)

2. Activities of Daily Living (ADL)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Number of months between assessments

-
- Total dependence in ADL locomotion, hygiene, and bathing (yes, no)
 - Unsteady gait present (yes, no)

3. Locomotion

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any pain (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Number of months between assessments
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Total dependence in ADL locomotion (yes, no)
- Unsteady gait present (yes, no)

4. Urinary Continence

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Bladder Continence – Incontinent (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)

5. Medication Administration

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any pain (yes, no)

-
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
 - Coronary heart disease present (yes, no)
 - Falls (yes, no)
 - Number of months between assessments
 - Total dependence in managing medications (yes, no)

6. Cognition

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any pain (yes, no)
- Cognitive Performance Scale (CPS2) result of 5 or more (yes, no)
- Coronary heart disease present (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Diabetes mellitus present (yes, no)
- Extensive assistance through total dependence in locomotion (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Number of months between assessments
- Stroke (yes, no)

7. Pain Intensity

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- Pain scale result of 3 or more (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Supervision through total dependence in managing medications (yes, no)

8. Mood

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)

-
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
 - Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
 - Congestive Heart Failure (CHF) present (yes, no)
 - Depression Rating Scale result of 3 or greater (yes, no)
 - Dizziness present (yes, no)
 - Falls (yes, no)
 - Gender (male, female)
 - Minimally or more impaired in cognitive skills for daily decision making (yes, no)
 - Mood scale result of 4 or more (yes, no)
 - No days outside in the last 3 days (yes, no)
 - Not independent in bathing (yes, no)
 - Number of months between assessments
 - Self-reported health status poor (yes, no)

9. Shortness of Breath

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Dyspnea present at rest or when performed normal day-to-day activities (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Number of months between assessments
- Pain daily (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Unsteady gait present (yes, no)
- Usually through never understands (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Methodology of ‘Satisfaction’ Measures

Satisfaction ratings that are based on the respondent’s perception may differ by respondent attributes, which may vary across plans and are beyond the plans’ control. To reduce the effect of these differences, these measures were adjusted for age (18-44, 45-64, 65-74, 75-84, 85 and over), education (0-8, 9-11, 12, 13-15, 16, 17 and over), and self-reported health status (poor, fair, good, very good, excellent). Age, education, and self-reported health status have been found to be important satisfaction survey control variables that are widely accepted and used in satisfaction survey analysis. Additionally, Rating of Home Health Aide and Timeliness of Home Health Aide were also adjusted for cognition (independent or modified independence, any level of impairment). To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each satisfaction measure. These models predicted a binary (yes/no) response for each outcome.

Methodology of ‘Potentially Avoidable Hospitalization’ Measure

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

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

- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Limitations of the Risk-Adjusted Data

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

Different Significance Results for the Same Measure Result

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

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

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

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

Degrees of Freedom = Statewide Denominator – Plan Denominator

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

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

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

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

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

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

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

Notes

Follow us on:
health.ny.gov
facebook.com/nysdoh
twitter.com/healthnygov
youtube.com/nysdoh

