2022 Managed Long-Term Care Report

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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 300,026 individuals as of December 2022.
- Eighty-one percent of the membership was in New York City.
- Eighty-one percent of enrollees were over the age of 64.
- Eighty-one percent were dually enrolled in Medicare and Medicaid.
- Ninety-two percent have been enrolled in the MLTC program for one year or more.
- Five percent of enrollees were admitted to a nursing home, and of that group 80 percent were admitted for therapy services.
- 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

- Twenty-seven percent of enrollees were able to transfer with little to no help.
- Eighty-nine 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. However, please note, performance over time and PAH cannot be calculated for this measurement period due to the reassessment moratorium that was in place during 2020 and 2021. Where applicable, 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-five percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 55 to 93 percent.
- Ninety-two percent of enrollees had no falls that resulted in major or minor injury in the past 90 days.

Member Satisfaction

In December 2020, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment from March through August 2020. The overall response rate was 18 percent. The following are highlights:

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

Introduction

The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care (MLTC) plans and oversee their operation, including the quality of care. In December 2022, there were 32 MLTC organizations certified to enroll members in three plan types. Many MLTC organizations are certified to enroll in more than one plan type, and these are considered separate plans. The combination of MLTC organizations and plan types results in 47 plans, however three of these plans, AgeWell New York, Integra MLTC, and Integra Synergy merged with other MLTC organizations in 2022 and are not included in Table 3: Health Plan Profiles.

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

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The Managed Long-Term Care Program

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 three 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 NYSDOH.

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 ages 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 Medicare co-payments and deductibles. The minimum age requirement is 18 years. All enrollees must be eligible for nursing home placement.

Eligibility

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

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

and

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

or

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

Medicaid Redesign Team

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

MRT #90 required the mandatory transition and enrollment of certain community-based long-term care services recipients into MLTC 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 individuals dually eligible for Medicaid and Medicare, ages 21 or older, and in need of community-based long-term care services for more than 120 days, to be mandatorily enrolled into MLTC Plans. The transition to MLTC was implemented in five phases ending in 2014. The following groups are excluded from transition to MLTC:

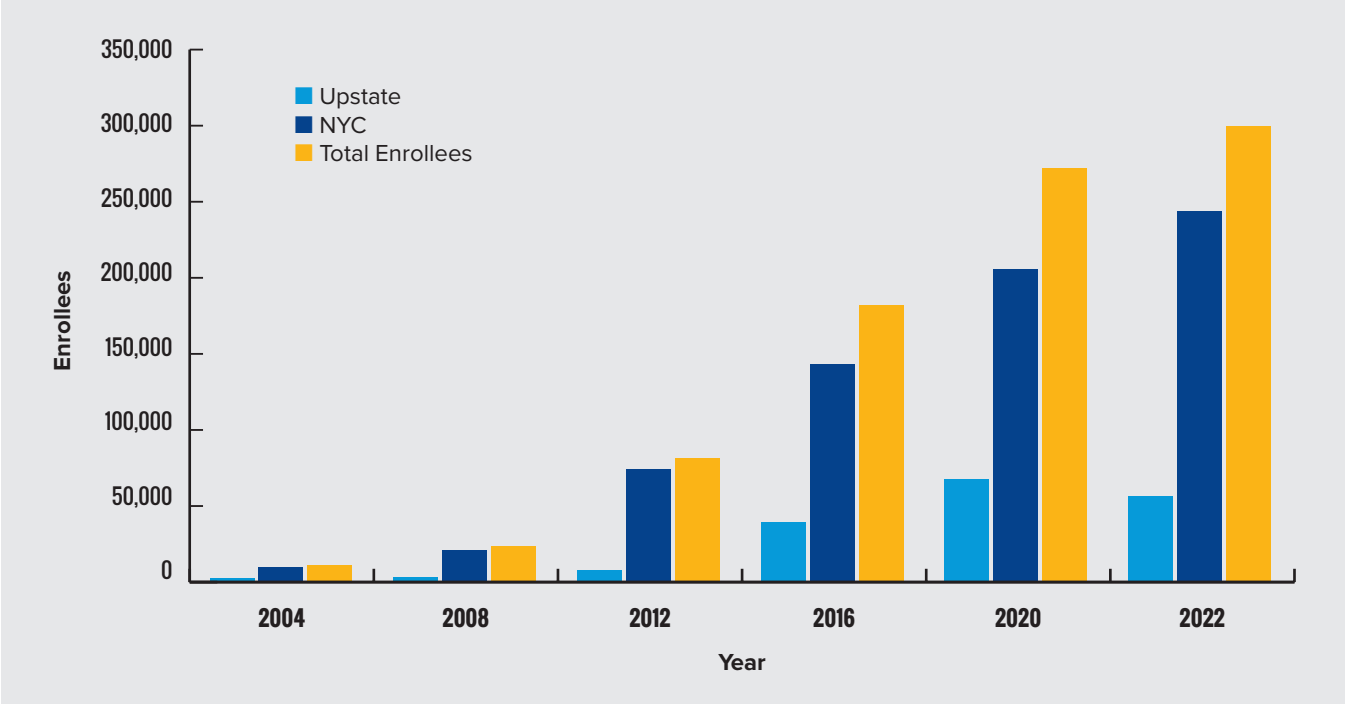
- Nursing Home Transition and Diversion Waiver participants;
- Traumatic Brain Injury Waiver participants;
- Assisted Living Program participants;
- Dual eligible individuals who do not require community-based long-term care services.

Enrollment and Availability

Figure 1 shows that MLTC enrollment has steadily increased over the past 18 years from approximately 10,000 in 2004 to 300,026 as of December 2022, with the number of plans growing from 16 to 44. Eighty-six percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 81 percent of current MLTC enrollment. Enrollment in MAP and PACE plans is 12 and 3 percent, respectively. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT #90 in 2012.

Every county in New York State has at least one MLTC plan authorized to operate. As of December 2022, MLTC has members enrolled in every county.

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



Uniform Assessment System for New York

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 was previously collected at enrollment and then semi-annually thereafter. However, in 2021 the semi-annual assessment requirement was changed to annual. 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 dataset, 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 MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the member's status differs from optimal health or functional status.

Submission of assessment data occurred twice a year with the SAAM instrument. Now, assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted and are added to the database upon submission. Each year beginning in 2022, MLTC UAS-NY CHA submissions will be used to create one static file which contains the most recent assessment for enrollees in each plan from January through December. This file will be used to describe and evaluate 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 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 18.9. Some measures in this report are based on the NFLOC score and its components, allowing for a comparison of member acuity (case-mix) among the plans.

Demographic Profile of MLTC Enrollees

The data in Table 1 are based on CHA data for the January through December 2022 enrollment period, and therefore, reflect the characteristics of the enrollees during that timeframe. As shown, 81 percent of members are over the age of 64.

Over three-fourths of the enrollees are non-white (79 percent) and less than two percent were in a nursing home at the time of the assessment. More than 91 percent have been continuously enrolled in MLTC for 12 months or more.

Table 1
Demographic Profile of MLTC Enrollees

Measure	Percent
Age Groupings	
Age <21	0.0
Age 21-54	7.0
Age 55-64	12.3
Age 65-74	32.4
Age 75-84	28.5
Age 85+	19.7
Gender	
Male	33.3
Female	66.7
Race	
Black Non-Hispanic	15.8
Hispanic	23.2
Other	39.8
White Non-Hispanic	21.2
Primary Language	
Chinese	14.5
English	38.3
Missing	1.0
Other	16.9
Russian	8.5
Spanish	20.8
Enrollment	
Continuously Enrolled 12+ Months	91.5
Continuously Enrolled <12 Months	8.5

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	80.7
Medicaid Only	19.3
Current Location	
Community	97.5
Hospital	0.4
Missing	0.0
Nursing Home	1.7
Other	0.4
Living Situation	
Alone	35.8
With Family/Relative	58.2
With Other	6.0
Most Frequent Diagnoses Statewide (Percent of All Members)	
Essential Hypertension	71.1
Osteoarthritis	66.1
Urinary Incontinence	62.3
Disorders of Lipid Metabolism	60.7
Nervous System Signs and Symptoms	59.0
Esophageal Disorders	48.0
Nutritional Deficiencies	46.8
Coronary Atherosclerosis and Other Heart Disease	46.6
Diabetes Mellitus without Complication	39.0
Sleep Wake Disorders	36.5

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC CHAs conducted for the January through December 2022 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.

As shown in Table 2, five percent of the population was admitted to a nursing home, 13 percent of enrollees were admitted to the hospital at least once, and seven percent of enrollees had at least one ER visit.

Additionally, Table 2 shows leading reasons for nursing home admissions including therapy services, long-term placement, unsafe for care at home, respite care, and end-of-life care. Up to four of 16 given reasons for hospital admission may be selected by the assessor. Table 2 highlights categories that represent 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. Finally, Table 2 highlights the most common clinical reasons for ER visits: respiratory (respiratory problems, shortness of breath, respiratory infection, tracheobronchial obstruction), cardiac (cardiac problems, fluid overload, exacerbation of CHF, chest pain), nausea (nausea, dehydration, malnutrition, constipation, impactions), hypo/hyperglycemia, and wound problems (infection, deteriorating wound status, new lesion/ulcer). Please note that Table 2 is based on events and not members, and not all admission or visit reasons are presented; therefore, the total percent may not equal 100 percent.

Table 2
Utilization and Patient Safety

	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More											
Facility Type	N	%	N	%	Reason 1	%	Reason 2	%	Reason 3	%	Reason 4	%	Reason 5	%
Nursing Home Admissions	14,857	5	*	*	Therapy Services	80	Long-Term Placement	16	Unsafe at Home	4	Respite Care	1	End of Life Care	0
Hospital Admissions	43,833	13	6,962	2	Respiratory	17	Falls	13	Scheduled Procedure	11	Urinary Tract Infection	6	Congestive Heart Failure	6
Emergency Room Visits	22,073	7	2,918	1	Respiratory	9	Cardiac	5	Nausea	3	Hypo/Hyper-glycemia	2	Wound	2

**No data to report.*

Plan Profiles

Table 3 summarizes the MLTC plans certified as of December 2022 by the NYSDOH to enroll Medicaid recipients. Regions of enrollment and enrollment counts as of December 2022 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 Dec. 2022)
Partial Capitation		
1. Aetna Better Health *www.aetnabetterhealth.com*	Long Island, New York City	5,550
2. ArchCare Community Life *www.archcare.org*	Hudson Valley, New York City	5,381
3. Centers Plan for Healthy Living *www.centersplan.com*	Hudson Valley, Long Island, New York City, Western	48,662
4. Elderplan dba Homefirst *www.elderplan.org*	Hudson Valley, Long Island, New York City	16,781
5. Elderwood Health Plan *www.elderwoodhealthplan.com*	Western	1,093
6. Empire BCBS HealthPlus MLTC *https://mss.empireblue.com/ny/home.html*	New York City	50,128
7. EverCare Choice *www.evercare.org*	Hudson Valley	865
8. Extended MLTC *www.extendedmltc.org*	Long Island, New York City	5,657
9. Fallon Health Weinberg *www.fallonweinberg.org*	Western	834
10. Fidelis Care *www.fideliscare.org/*	Central, Hudson Valley, Long Island, New York City, Northeast, Western	17,239
11. Hamaspik Choice *www.hamaspikchoice.org*	Hudson Valley	1,953
12. iCircle *www.icirclecny.org*	Central, Northeast, Western	3,497
13. Kalos Health *www.kaloshealth.org*	Western	543
14. MetroPlus MLTC *www.metroplus.org*	New York City	1,331
15. Montefiore MLTC *www.montefiore.org*	Hudson Valley, New York City	1,370
16. Nascentia Health Options *www.nascentiahealthoptions.org*	Central, Northeast, Western	3,683
17. Prime Health Choice *www.primehealthchoice.com*	Hudson Valley, Northeast	574

Table 3 (Continued)
Health Plan Profiles*

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Dec. 2022)
Partial Capitation (Continued)		
18. RiverSpring at Home *www.riverspringathome.org*	Hudson Valley, Long Island, New York City	15,950
19. Senior Health Partners *www.healthfirst.org/senior-health-partners-plan*	Hudson Valley, Long Island, New York City	9,263
20. Senior Network Health *www.mvhealthsystem.org/snh*	Central	331
21. Senior Whole Health Partial *www.molinahealthcare.com/members/ny/en-us/mem/SWH.aspx*	Hudson Valley, New York City	26,110
22. VillageCareMAX *www.villagecaremax.org*	New York City	16,450
23. VNS Health MLTC *www.vnshealthplans.org*	Central, Hudson Valley, Long Island, New York City, Northeast, Western	23,312
Program of All-Inclusive Care for the Elderly (PACE)		
24. ArchCare Senior Life *www.archcare.org*	Hudson Valley, New York City	670
25. Catholic Health – LIFE *www.chsbuffalo.org*	Western	247
26. CenterLight PACE *www.centerlighthealthcare.org*	Hudson Valley, Long Island, New York City	5,523
27. Complete Senior Care *www.hanci.com*	Western	125
28. Eddy Senior Care *https://www.sphp.com/find-a-service-or-specialty/senior-services/pace/*	Northeast	317
29. ElderONE *www.elderone.org*	Western	734
30. Fallon Health Weinberg – PACE *www.fallonweinberg.org*	Western	137
31. PACE CNY *www.pacecny.org*	Central	523
32. Total Senior Care *www.totalseniorcare.org*	Western	132

Table 3 (Continued)
Health Plan Profiles*

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Dec. 2022)
Medicaid Advantage Plus (MAP)		
33. AgeWell New York Advantage Plus *www.agewellnewyork.com*	Hudson Valley, Long Island, New York City	108
34. Centers Plan MAP *www.centersplan.com*	Hudson Valley, New York City	1,250
35. Elderplan *www.elderplan.org*	Hudson Valley, Long Island, New York City	3,131
36. Empire BCBS HealthPlus MAP *https://mss.empireblue.com/ny/home.html*	Long Island, New York City	206
37. Fidelis Care MAP *www.fideliscare.org*	New York City, Northeast	619
38. Hamaspik MAP *www.hamaspikchoice.org*	Hudson Valley, Long Island, New York City	586
39. MetroPlusHealth Ultracare *www.metroplus.org*	New York City	41
40. MHI Healthfirst Complete Care *www.healthfirst.org*	Hudson Valley, Long Island, New York City	23,265
41. RiverSpring MAP* *www.riverspringathome.org*	Hudson Valley, New York City	152
42. Senior Whole Health *www.molinahealthcare.com/members/ny/en-us/mem/SWH.aspx*	Long Island, New York City	138
43. VillageCareMAX Total Advantage *www.villagecaremax.org*	New York City	2,577
44. VNS Health Total *www.vnshealthplans.org*	Hudson Valley, Long Island, New York City	2,988

**Plans that closed or merged into another plan during 2022 are not included in this table.*

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, 2022, through December 31, 2022, enrollment period. Assessments conducted by Adult Day Health Care were excluded from all measures. Beginning in November 2021, all assessments are valid for one year. This means a plan is no longer required to conduct their own assessment if there was an assessment conducted for the member in the preceding 12 months. Assessments are attributed to plans based on assessment date and capitation payment information for each member. If there is continuous enrollment (based on capitation payments) from the assessment date through the last month in the enrollment period for which capitation was paid to the plan, the assessment reason stands. If enrollment is not continuous, the assessment reason is considered a first assessment for quality measurement purposes. Members may have had multiple assessments that are valid for the enrollment period; therefore, only the most recent assessment related to a plan enrollment is included in the measures.

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

Overall Functioning and Activities of Daily Living

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

Table 4
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning NFLOC Average	Activities of Daily Living		
		Locomotion %	Bathing %	Transferring %
Partial Capitation				
Aetna Better Health	19.9	27	3	28
AgeWell New York	19.3	11	3	18
ArchCare Community Life	18.7	42	11	39
Centers Plan for Healthy Living	18.8	27	6	23
Elderplan dba Homefirst	18.8	35	5	32
Elderwood Health Plan	16.6	57	16	62
Empire BCBS HealthPlus MLTC	17.5	42	8	37
EverCare Choice	20.5	40	10	34
Extended MLTC	14.2	69	4	62
Fallon Health Weinberg	15.3	68	23	70
Fidelis Care	19.7	34	8	30
Hamaspik Choice	20.8	27	12	27
iCircle	16.5	62	23	61
Integra MLTC	17.1	40	4	33
Kalos Health	16.6	61	24	65
MetroPlus MLTC	19.1	27	4	17
Montefiore MLTC	20.2	26	4	25
Nascentia Health Options	17.6	63	14	57
Prime Health Choice	18.1	55	3	53
RiverSpring at Home	20.4	18	4	17
Senior Health Partners	19.8	22	4	19
Senior Network Health	16.0	76	22	75
Senior Whole Health Partial	20.1	16	3	16
VillageCareMAX	17.5	31	6	29
VNS Health MLTC	21.9	20	3	18

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

Health Plan	Overall Functioning NFLOC Average	Activities of Daily Living		
		Locomotion %	Bathing %	Transferring %
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	18.9	48	20	46
Catholic Health – LIFE	16.8	73	36	77
CenterLight PACE	19.0	20	4	17
Complete Senior Care	18.7	53	38	59
Eddy Senior Care	15.6	77	29	76
ElderONE	16.4	78	38	76
Fallon Health Weinberg – PACE	15.6	80	39	72
PACE CNY	17.8	74	30	72
Total Senior Care	14.8	76	43	82
Medicaid Advantage Plus (MAP)				
AgeWell New York Advantage Plus	21.4	7	1	21
Centers Plan MAP	19.3	23	6	19
Elderplan	19.6	27	2	25
Empire BCBS HealthPlus MAP	18.0	40	7	37
Fidelis Care MAP	17.4	37	5	33
Hamaspik MAP	18.3	35	13	32
Integra Synergy	SS	SS	SS	SS
MetroPlusHealth Ultracare	20.3	25	9	21
MHI Healthfirst Complete Care	18.7	21	3	17
RiverSpring MAP	21.7	14	2	14
Senior Whole Health	26.0	4	1	4
VillageCareMAX Total Advantage	18.8	24	3	21
VNS Health Total	22.9	12	1	11
STATEWIDE	**18.9**	**30**	**5**	**27**

SS = Sample size too small to report.

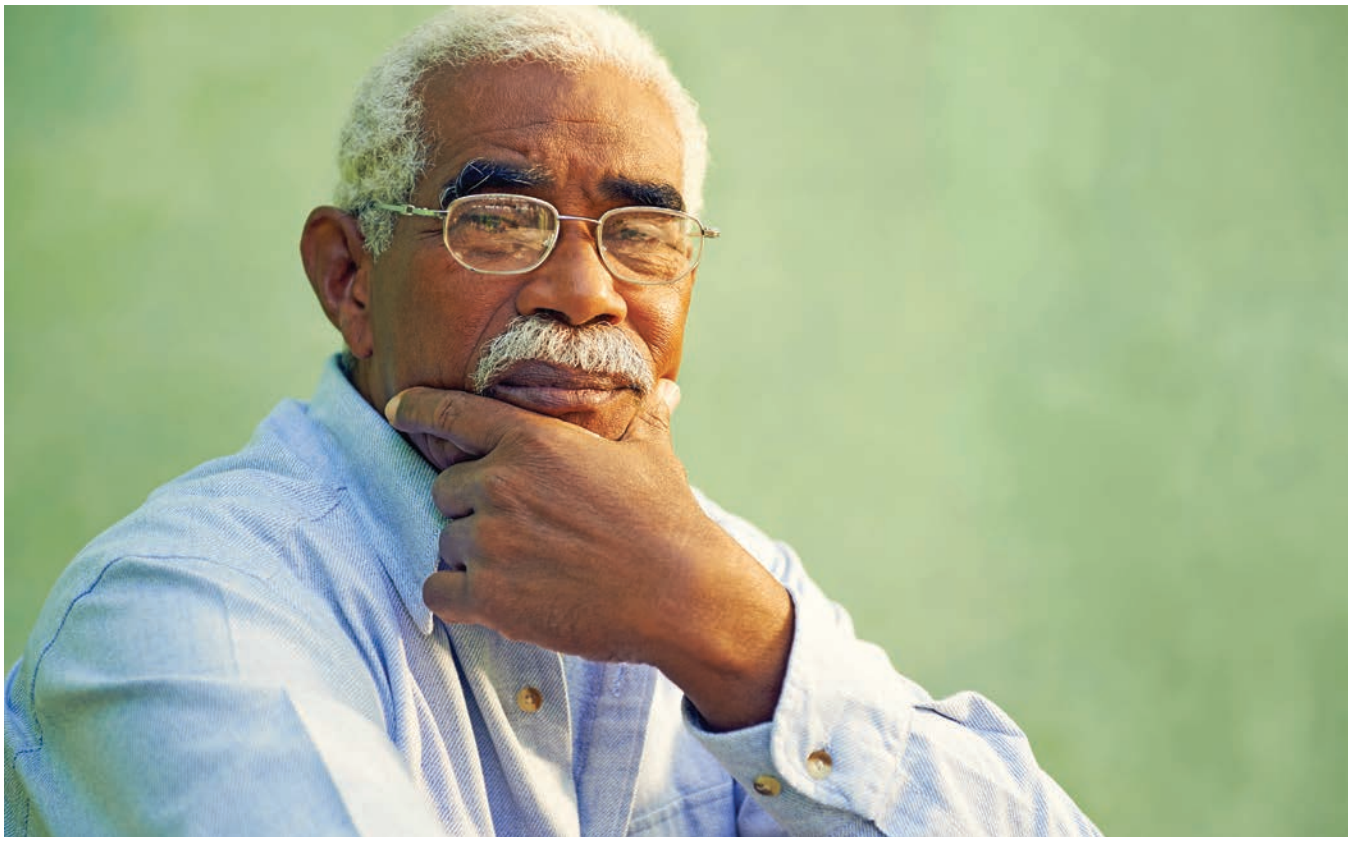
Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body %	Dressing Lower Body %	Toileting %	Eating %	Medication Administration %
Partial Capitation					
Aetna Better Health	21	4	24	65	2
AgeWell New York	36	2	25	74	3
ArchCare Community Life	25	10	32	64	6
Centers Plan for Healthy Living	19	5	36	76	2
Elderplan dba Homefirst	23	6	25	35	2
Elderwood Health Plan	49	11	52	83	21
Empire BCBS HealthPlus MLTC	22	8	33	68	6
EverCare Choice	27	12	29	65	5
Extended MLTC	37	6	52	86	7
Fallon Health Weinberg	55	29	59	83	22
Fidelis Care	24	9	21	55	7
Hamaspik Choice	26	12	20	55	2
iCircle	39	17	50	76	16
Integra MLTC	22	3	34	78	3
Kalos Health	49	20	59	79	11
MetroPlus MLTC	23	4	15	53	4
Montefiore MLTC	15	4	22	68	5
Nascentia Health Options	35	18	40	71	17
Prime Health Choice	20	4	14	41	3
RiverSpring at Home	14	4	14	64	2
Senior Health Partners	12	4	17	64	4
Senior Network Health	46	27	62	84	24
Senior Whole Health Partial	20	3	13	61	2
VillageCareMAX	30	6	27	75	4
VNS Health MLTC	13	3	15	47	4

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	30	19	39	71	2
Catholic Health – LIFE	58	49	70	84	8
CenterLight PACE	26	4	20	58	2
Complete Senior Care	42	30	61	68	5
Eddy Senior Care	49	33	68	87	5
ElderONE	58	47	69	86	7
Fallon Health Weinberg – PACE	56	44	69	91	3
PACE CNY	51	41	63	67	7
Total Senior Care	70	62	64	88	6
Medicaid Advantage Plus (MAP)					
AgeWell New York Advantage Plus	12	2	12	57	5
Centers Plan MAP	19	5	35	75	2
Elderplan	17	3	18	21	1
Empire BCBS HealthPlus MAP	19	7	27	65	17
Fidelis Care MAP	31	7	22	67	5
Hamaspik MAP	29	12	30	68	4
Integra Synergy	SS	SS	SS	SS	SS
MetroPlusHealth Ultracare	14	9	11	50	7
MHI Healthfirst Complete Care	12	3	17	74	4
RiverSpring MAP	12	2	8	58	1
Senior Whole Health	6	1	2	22	1
VillageCareMAX Total Advantage	24	3	18	71	2
VNS Health Total	7	1	8	42	2
STATEWIDE	**21**	**5**	**26**	**66**	**4**

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.
- **No Behavioral Problems:** 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 %	No Behavioral Problems %
Partial Capitation				
Aetna Better Health	35	82	35	85
AgeWell New York	26	89	48	95
ArchCare Community Life	42	81	33	84
Centers Plan for Healthy Living	24	83	32	94
Elderplan dba Homefirst	38	85	20	87
Elderwood Health Plan	37	82	53	83
Empire BCBS HealthPlus MLTC	45	88	34	89
EverCare Choice	34	73	24	80
Extended MLTC	41	92	19	96
Fallon Health Weinberg	41	85	49	87
Fidelis Care	43	81	41	79
Hamaspik Choice	42	80	23	81
iCircle	40	81	41	92
Integra MLTC	45	90	35	94
Kalos Health	46	80	51	87
MetroPlus MLTC	48	88	39	85
Montefiore MLTC	32	79	38	87
Nascentia Health Options	39	74	45	78
Prime Health Choice	47	94	34	66
RiverSpring at Home	17	83	28	86
Senior Health Partners	39	84	26	88
Senior Network Health	37	77	32	81
Senior Whole Health Partial	31	86	43	90
VillageCareMAX	36	91	48	94
VNS Health MLTC	36	75	28	77

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

Health Plan	Urinary Continence %	Bowel Continence %	Cognitive Functioning %	No Behavioral Problems %
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	63	83	31	88
Catholic Health – LIFE	27	71	14	89
CenterLight PACE	46	88	33	90
Complete Senior Care	20	51	10	82
Eddy Senior Care	38	78	32	86
ElderONE	28	66	23	81
Fallon Health Weinberg – PACE	26	79	35	92
PACE CNY	28	63	21	74
Total Senior Care	42	80	27	88
Medicaid Advantage Plus (MAP)				
AgeWell New York Advantage Plus	26	80	41	90
Centers Plan MAP	26	82	39	93
Elderplan	39	86	12	88
Empire BCBS HealthPlus MAP	54	91	46	86
Fidelis Care MAP	54	90	56	89
Hamaspik MAP	47	88	31	82
Integra Synergy	SS	SS	SS	SS
MetroPlusHealth Ultracare	43	86	41	84
MHI Healthfirst Complete Care	41	89	29	92
RiverSpring MAP	18	74	23	85
Senior Whole Health	19	68	30	75
VillageCareMAX Total Advantage	34	88	47	95
VNS Health Total	31	75	23	75
STATEWIDE	**35**	**84**	**34**	**89**

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	36	90	82
AgeWell New York	34	90	72
ArchCare Community Life	43	85	77
Centers Plan for Healthy Living	29	83	54
Elderplan dba Homefirst	35	85	70
Elderwood Health Plan	43	71	63
Empire BCBS HealthPlus MLTC	35	87	73
EverCare Choice	37	79	81
Extended MLTC	26	94	86
Fallon Health Weinberg	56	64	63
Fidelis Care	45	85	81
Hamaspik Choice	40	75	74
iCircle	51	65	59
Integra MLTC	25	86	66
Kalos Health	51	66	72
MetroPlus MLTC	42	81	82
Montefiore MLTC	50	90	78
Nascentia Health Options	48	67	70
Prime Health Choice	36	85	95
RiverSpring at Home	44	79	61
Senior Health Partners	40	83	70
Senior Network Health	57	68	74
Senior Whole Health Partial	34	89	76
VillageCareMAX	34	86	72
VNS Health MLTC	41	89	84

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	41	87	88
Catholic Health – LIFE	27	74	81
CenterLight PACE	17	93	82
Complete Senior Care	56	34	41
Eddy Senior Care	46	75	76
ElderONE	40	69	70
Fallon Health Weinberg – PACE	49	74	77
PACE CNY	52	74	74
Total Senior Care	49	61	64
Medicaid Advantage Plus (MAP)			
AgeWell New York Advantage Plus	42	82	70
Centers Plan MAP	31	85	59
Elderplan	36	88	75
Empire BCBS HealthPlus MAP	29	89	77
Fidelis Care MAP	44	86	84
Hamaspik MAP	26	88	77
Integra Synergy	SS	SS	SS
MetroPlusHealth Ultracare	43	88	80
MHI Healthfirst Complete Care	47	84	71
RiverSpring MAP	47	86	69
Senior Whole Health	47	90	82
VillageCareMAX Total Advantage	34	91	79
VNS Health Total	49	95	91
STATEWIDE	**36**	**85**	**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 12- to 18-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 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.

In the past some measures were risk-adjusted. Risk adjustment takes into account the effect of members' characteristics/acuity (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. **However, due to a reassessment moratorium that was in place from early 2020 through July 2021, risk adjustment cannot be calculated for the 2022 enrollment period.** Information about the methods used to risk-adjust is included in the Technical Notes (Appendix D) of this report.

Table 7 is based on a CHA conducted on MLTC members enrolled from January 1, 2022, through December 31, 2022, 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 first assessments and nursing home residents. Table 8 is based on the 2021 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.

Accounting for Plan Mergers

In the event of a merger before July 1 of the measurement year, only the remaining plan will have quality measure rates reported. When a merger occurs on or after July 1 of the measurement year, quality measure rates will be presented for both plans.

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:** Percentage of members who did not experience severe or more intense pain daily.
- **Pain Controlled:** Percentage of members who did not experience uncontrolled pain.
- **Not Lonely or Not Distressed:** 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:** Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days.
- **No Emergency Room Visits:** 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	87▲	97▲	97	99▲	81▲	82▲
AgeWell New York	45▼	99▲	100▲	100▲	77▲	77
ArchCare Community Life	84▲	99▲	98	99	75	76
Centers Plan for Healthy Living	49▼	87▼	98▲	99▲	78▲	86▲
Elderplan dba Homefirst	48▼	100▲	99▲	99▲	73▼	79▲
Elderwood Health Plan	47▼	96	92▼	88▼	65▼	68▼
Empire BCBS HealthPlus MLTC	88▲	100▲	99▲	100▲	78▲	81▲
EverCare Choice	72	93▼	93▼	97	79	80
Extended MLTC	69	100▲	98▲	100▲	76	77
Fallon Health Weinberg	44▼	94▼	86▼	87▼	55▼	52▼
Fidelis Care	76▲	92▼	97	99▲	67▼	65▼
Hamaspik Choice	59▼	99▲	99▲	99	76	83▲
iCircle	45▼	76▼	80▼	84▼	70▼	77
Integra MLTC	79▲	99▲	98▲	99▲	78▲	74▼
Kalos Health	54▼	97	93▼	90▼	71	84▲
MetroPlus MLTC	90▲	100▲	98	99	83▲	81
Montefiore MLTC	67	96	90▼	90▼	81▲	72▼
Nascentia Health Options	54▼	94▼	93▼	97▼	70▼	75
Prime Health Choice	66	100▲	100	100	84▲	83
RiverSpring at Home	41▼	100▲	91▼	98▼	64▼	59▼
Senior Health Partners	88▲	99▲	97	97▼	70▼	66▼
Senior Network Health	35▼	87▼	88▼	94▼	76	71
Senior Whole Health Partial	86▲	100▲	99▲	99▲	84▲	85▲
VillageCareMAX	85▲	100▲	99▲	99▲	78▲	78▲
VNS Health MLTC	87▲	99▲	97	99▲	75	80▲

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	87▲	100▲	99	99	86▲	88▲
Catholic Health – LIFE	44▼	96	82▼	89▼	93▲	89▲
CenterLight PACE	91▲	100▲	99▲	99▲	85▲	67▼
Complete Senior Care	25▼	91	81▼	55▼	85	84
Eddy Senior Care	50▼	97	86▼	91▼	88▲	88▲
ElderONE	51▼	95	92▼	94▼	84▲	76
Fallon Health Weinberg – PACE	39▼	91	76▼	92▼	72	68
PACE CNY	43▼	97	95▼	88▼	83▲	76
Total Senior Care	52▼	80▼	89▼	69▼	66	65
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	46▼	96	98	100	70	57
Centers Plan MAP	51▼	88▼	99	99	77	89▲
Elderplan	43▼	100▲	99▲	100▲	76	83▲
Empire BCBS HealthPlus MAP	93▲	100	100	100	70	71
Fidelis Care MAP	74	95	97	99	65	58▼
Hamaspik MAP	85▲	98	98	98	81	77
Integra Synergy	SS	SS	SS	SS	SS	SS
MetroPlusHealth Ultracare	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	87▲	99▲	96▼	96▼	73▼	71▼
RiverSpring MAP	48▼	100	89▼	98	80	71
Senior Whole Health	81	100	98	100	84	83
VillageCareMAX Total Advantage	86▲	100▲	99▲	99▲	82▲	81▲
VNS Health Total	91▲	100▲	98▲	100▲	81▲	86▲
STATEWIDE	**69**	**96**	**97**	**98**	**75**	**77**

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	47▼	69▼	43	61▼	91	95▲
AgeWell New York	53▲	72	36▼	57▼	94▲	96▲
ArchCare Community Life	51	68▼	50▲	71	94▲	93
Centers Plan for Healthy Living	53▲	72	46▲	85▲	94▲	94▲
Elderplan dba Homefirst	42▼	65▼	34▼	67▼	91▼	95▲
Elderwood Health Plan	40▼	59▼	22▼	60▼	91	86▼
Empire BCBS HealthPlus MLTC	60▲	79▲	60▲	79▲	95▲	95▲
EverCare Choice	44▼	66▼	31▼	72	91	83▼
Extended MLTC	37▼	60▼	29▼	60▼	97▲	95▲
Fallon Health Weinberg	33▼	50▼	18▼	56▼	90	88▼
Fidelis Care	43▼	63▼	36▼	63▼	90▼	91▼
Hamaspik Choice	70▲	83▲	71▲	77	91	91▼
iCircle	36▼	58▼	39▼	62▼	82▼	83▼
Integra MLTC	58▲	78▲	54▲	74▲	90▼	93
Kalos Health	53	72	47	66	89	84▼
MetroPlus MLTC	69▲	89▲	70▲	73	93	94
Montefiore MLTC	51	66▼	39▼	66	93	92
Nascentia Health Options	33▼	61▼	38▼	51▼	83▼	84▼
Prime Health Choice	48	87▲	70▲	66	90	88▼
RiverSpring at Home	51	76▲	41▼	64▼	96▲	95▲
Senior Health Partners	38▼	58▼	28▼	62▼	91	93
Senior Network Health	31▼	57▼	18▼	57	90	85▼
Senior Whole Health Partial	58▲	77▲	59▲	76▲	94▲	95▲
VillageCareMAX	56▲	78▲	60▲	75▲	93	95▲
VNS Health MLTC	51	70▼	46▲	63▼	91▼	92▼

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	79▲	86▲	90▲	93▲	95	94
Catholic Health – LIFE	77▲	84▲	47	68	89	91
CenterLight PACE	51	75▲	51▲	67▼	97▲	96▲
Complete Senior Care	62	87▲	51	74	88	90
Eddy Senior Care	68▲	77	33▼	70	87	90
ElderONE	67▲	77	42	42▼	91	90▼
Fallon Health Weinberg – PACE	54	61	14▼	SS	84	83▼
PACE CNY	46	59▼	16▼	31▼	86▼	84▼
Total Senior Care	50	76	39	71	91	75▼
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	39	60	25	SS	95	98
Centers Plan MAP	48	69	42	92▲	93	92
Elderplan	44▼	72	31▼	78▲	94	95
Empire BCBS HealthPlus MAP	49	66	44	61	99	95
Fidelis Care MAP	48	73	31▼	70	91	93
Hamaspik MAP	63	85▲	77▲	SS	96	95
Integra Synergy	SS	SS	SS	SS	SS	SS
MetroPlusHealth Ultracare	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	48▼	67▼	26▼	76▲	91▼	92▼
RiverSpring MAP	52	82	51	SS	96	98
Senior Whole Health	46	65	50	SS	95	91
VillageCareMAX Total Advantage	57▲	81▲	64▲	77▲	94	95
VNS Health Total	51	82▲	55▲	73	93	93
STATEWIDE	**51**	**71**	**44**	**71**	**92**	**93**

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 one.
- **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	33	SS	65▼	62	SS	94
AgeWell New York	38	36	67▼	56	87	96▲
ArchCare Community Life	44	23	76	81▲	91	94
Centers Plan for Healthy Living	24	19	79	63	79	90
Elderplan dba Homefirst	38	30	78	55	79	94
Elderwood Health Plan	51▲	23	72	73▲	85	95
Empire BCBS HealthPlus MLTC	46	33	78	66	82	93
EverCare Choice	45	23	78	89▲	92▲	95
Extended MLTC	30	21	55▼	52	SS	88
Fallon Health Weinberg	46	15▼	65▼	60	SS	92
Fidelis Care	33	19	81	69	85	85
Hamaspik Choice	37	22	78	76▲	80	89
iCircle	39	23	64▼	70	75	90
Integra MLTC	36	39	77	47▼	SS	95
Kalos Health	33	14▼	65▼	84▲	87	92
MetroPlus MLTC	32	18	72	59	71	89
Montefiore MLTC	37	19	80	70	91	97▲
Nascentia Health Options	46	38	67▼	76▲	73	93
Prime Health Choice	36	SS	59▼	59	SS	94
RiverSpring at Home	54▲	39	70	43▼	SS	97▲
Senior Health Partners	33	32	84	81▲	82	95
Senior Network Health	SS	SS	67	77▲	87	93
Senior Whole Health Partial	27	21	78	80▲	88	92
VillageCareMAX	52▲	38	83	49▼	SS	93
VNS Health MLTC	26	10▼	82	73▲	79	90

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	43	SS	79	82▲	93▲	93
Catholic Health – LIFE	SS	SS	76	100▲	96▲	94
CenterLight PACE	37	20	76	75▲	93▲	96
Complete Senior Care	SS	SS	SS	SS	SS	SS
Eddy Senior Care	SS	SS	SS	SS	SS	SS
ElderONE	40	29	83	92▲	98▲	90
Fallon Health Weinberg – PACE	SS	SS	SS	SS	SS	SS
PACE CNY	15▼	15	84	87▲	90▲	98▲
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	NS	NS	NS	NS	NS	NS
Centers Plan MAP	SS	SS	SS	SS	SS	SS
Elderplan	50▲	40▲	88▲	78▲	91▲	99▲
Empire BCBS HealthPlus MAP	NS	NS	NS	NS	NS	NS
Fidelis Care MAP	SS	SS	SS	SS	SS	SS
Hamaspik MAP	NS	NS	NS	NS	NS	NS
Integra Synergy	NS	NS	NS	NS	NS	NS
MetroPlusHealth Ultracare	NS	NS	NS	NS	NS	NS
MHI Healthfirst Complete Care	34	31	86▲	65	90	96
RiverSpring MAP	NS	NS	NS	NS	NS	NS
Senior Whole Health	SS	SS	SS	SS	SS	SS
VillageCareMAX Total Advantage	28	26	73	57	SS	92
VNS Health Total	29	39	77	66	86	94
STATEWIDE	**35**	**27**	**77**	**63**	**83**	**93**

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

While point-in-time measures generated by NYSDOH are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. Therefore, performance-over-time measures examine 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. **However, due to a reassessment moratorium that was in place from early 2020 through July 2021, performance-over-time measures cannot be calculated for the 2022 enrollment period. The explanation of the performance-over-time measures remains in this document and the measure results will return for the 2023 enrollment period.**

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 24-month period, two annual CHA datasets were matched at the member level. These two matched datasets were assessments conducted for: 1) The *current year* (January through December 2022 enrollment period); and 2) The *base year* (January through December 2021 enrollment period). Members in the current-year dataset were matched to the base-year dataset using member Medicaid identification number and MLTC plan identification number (MMIS ID). Nursing home assessments and first assessments were excluded from the current-year dataset. After matching, members were included in the analysis if they had 12 to 19 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 base-year value was compared to the corresponding current-year value by calculating a change score (base-year value minus current-year value). If either the 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 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/acuity (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.

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.

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 2020 through December 2021. January through December 2021 Statewide Planning and Research Cooperative System (SPARCS) data were 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 10,950 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.

However, due to a reassessment moratorium that was in place from early 2020 through July 2021, PAH measure cannot be calculated for the 2021 measurement year. The explanation of the PAH measure remains in this document and the measure results will return for the 2022 measurement year in the 2023 MLTC Report.

Member Satisfaction

In 2007, the NYSDOH, in consultation with 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 2021 survey was mailed to members in December 2020, with an additional mailing in March 2021, and completed by July 2021. 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.

To ensure the representation of enrollees whose primary language is not English and obtain the highest possible response rate, the survey was conducted in four languages: English, Spanish, Russian, and Chinese. Of the 20,558 surveys that were mailed, 56 were undeliverable and 3,659 were completed, yielding an overall response rate of 17.8 percent. Response rates for plans ranged from about 0 to 36 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 9. (Please refer to Appendix D for more detailed information on risk adjustment.) It should be noted that some plans may not have been operational at the time of survey sample selection or may not have had enrollees eligible for the survey. Accordingly, some plans included in the table may be marked as "NS" (Not Surveyed). Beginning in 2015, six measures on Access and Experience of Care from the satisfaction survey were moved to the plan performance measure area (Table 8). Satisfaction survey data for plans that merged after the survey was administered were 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 9
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 Trans-portation Services* %
Partial Capitation						
Aetna Better Health	97▲	81	93	84	97▲	88▲
AgeWell New York	95▲	81	95▲	94▲	100▲	85▲
ArchCare Community Life	84	72	88	80	97	78
Centers Plan for Healthy Living	94	71	94▲	91	99▲	61▼
Elderplan dba Homefirst	94	78	93▲	91▲	94	79
Elderwood Health Plan	99▲	81	93▲	91	93	79
Empire BCBS HealthPlus MLTC	88	66	92	85	93	81
EverCare Choice	91	67	89	79	95	83
Extended MLTC	85	79	93	93▲	93	80
Fallon Health Weinberg	89	75	90	86	89	81
Fidelis Care	92	71	85	87	97	82
Hamaspik Choice	88	79	90	86	94	84
iCircle	92	67	92	82	95	87▲
Integra MLTC	93	73	91	93▲	97▲	79
Kalos Health	79▼	72	83	72▼	77▼	75
MetroPlus MLTC	83	75	86	82	93	70
Montefiore MLTC	94	76	92	83	96	80
Nascentia Health Options	91	77	86	79	95	80
Prime Health Choice	84	77	78	70▼	90	81
RiverSpring at Home	94▲	78	98▲	95▲	98▲	82
Senior Health Partners	93	81	86	83	98▲	72
Senior Network Health	88	77	89	95▲	100▲	83
Senior Whole Health Partial	91	62	86	81	96	73
VillageCareMAX	90	69	87	89	91	79
VNS Health MLTC	82	70	85	77	92	77

Table 9 (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 Trans-portation Services* %
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	88	63	75▼	79	97	67
Catholic Health – LIFE	93	81	93	97▲	95	80
CenterLight PACE	84	70	88	87	88	77
Complete Senior Care	77	SS	SS	SS	SS	SS
Eddy Senior Care	SS	SS	SS	SS	SS	SS
ElderONE	81▼	73	74▼	89	84	67
Fallon Health Weinberg – PACE	SS	SS	SS	SS	SS	SS
PACE CNY	87	66	84	83	79▼	84
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	NS	NS	NS	NS	NS	NS
Centers Plan MAP	SS	SS	SS	SS	SS	SS
Elderplan	93	75	93▲	91	97▲	71
Empire BCBS HealthPlus MAP	NS	NS	NS	NS	NS	NS
Fidelis Care MAP	SS	SS	SS	SS	SS	SS
Hamaspik MAP	NS	NS	NS	NS	NS	NS
Integra Synergy	NS	NS	NS	NS	NS	NS
MetroPlusHealth Ultracare	NS	NS	NS	NS	NS	NS
MHI Healthfirst Complete Care	88	74	80	80	98▲	79
RiverSpring MAP	NS	NS	NS	NS	NS	NS
Senior Whole Health	SS	SS	SS	SS	SS	SS
VillageCareMAX Total Advantage	91	65	86	77	94	69
VNS Health Total	95▲	69	85	83	93	71
STATEWIDE	**90**	**73**	**88**	**85**	**94**	**78**

**Risk-adjusted, see Appendix D for more detail.*
NS = Not surveyed.
SS = Sample size too small to report.
▲ Significantly higher (better) than statewide average.
▼ Significantly lower (worse) than statewide average.

Table 9 (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	97	90▲	84	84
AgeWell New York	99▲	91▲	87	88
ArchCare Community Life	94	82	70▼	87
Centers Plan for Healthy Living	96	83	82	83
Elderplan dba Homefirst	95	86	86	86
Elderwood Health Plan	99▲	88	91▲	88
Empire BCBS HealthPlus MLTC	95	80	83	87
EverCare Choice	97	85	91▲	85
Extended MLTC	95	90▲	75	83
Fallon Health Weinberg	93	78▼	86	82
Fidelis Care	96	79▼	87	83
Hamaspik Choice	93	85	88	86
iCircle	92	80	90▲	83
Integra MLTC	99▲	88	87	89
Kalos Health	89	78▼	76	80
MetroPlus MLTC	95	80▼	84	92
Montefiore MLTC	98▲	85	84	91
Nascentia Health Options	98	80	87	91
Prime Health Choice	94	78	87	77
RiverSpring at Home	100▲	95▲	84	83
Senior Health Partners	100▲	81	83	86
Senior Network Health	98	92▲	88	90
Senior Whole Health Partial	95	80	77	80
VillageCareMAX	96	85	85	87
VNS Health MLTC	97	80	85	82

Table 9 (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	96	88▲	72▼	82
Catholic Health – LIFE	96	93▲	84	89
CenterLight PACE	94	85	78	90
Complete Senior Care	SS	SS	75	SS
Eddy Senior Care	SS	SS	SS	SS
ElderONE	91	86	79	86
Fallon Health Weinberg – PACE	SS	SS	SS	SS
PACE CNY	67▼	71▼	90▲	84
Total Senior Care	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)				
AgeWell New York Advantage Plus	NS	NS	NS	NS
Centers Plan MAP	SS	SS	SS	SS
Elderplan	97	91▲	83	87
Empire BCBS HealthPlus MAP	NS	NS	NS	NS
Fidelis Care MAP	SS	SS	SS	SS
Hamaspik MAP	NS	NS	NS	NS
Integra Synergy	NS	NS	NS	NS
MetroPlusHealth Ultracare	NS	NS	NS	NS
MHI Healthfirst Complete Care	93	78▼	87	82
RiverSpring MAP	NS	NS	NS	NS
Senior Whole Health	SS	SS	SS	SS
VillageCareMAX Total Advantage	97	83	85	91
VNS Health Total	95	81	70▼	90
STATEWIDE	**95**	**84**	**83**	**86**

**Risk-adjusted, see Appendix D for more detail.*
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
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
Behavioral Health Services, Mental Health & Substance Abuse		● – MC	●, MC
Outpatient Hospital/Clinic Services		● – MC	MC
Prescription and Nonprescription Drugs		● – MC	MC
Primary and Specialty Doctor Services		● – MC	MC
X-ray and Other Radiology Services		● – MC	MC

●: Covered through Medicaid premium.
● – MC: Covered through the Medicare PACE premium.
MC: Covered through the Medicare Advantage Plan premium.

Appendix B: Region Definitions

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

Appendix C: UAS-NY CHA Measure Descriptions

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

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

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

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

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits (Continued)	Number of falls in the last 90 days that resulted in major, minor, or no injury. (Section I)	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)	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

Appendix D: Technical Notes

Risk Adjustment

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

Observed Rate

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

Expected Rate

The expected measure rate is the rate a plan would have if the plan's case-mix were identical to the case-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. If the 2022 measures had been risk-adjusted, the independent variables included in the final models would be listed below.

Methodology for "Performance Over Time" Measures

"Performance Over Time" measures were not calculated for 2022. If the 2022 measures had been risk-adjusted, the independent variables included in the final models would be listed below.

Methodology of "Potentially Avoidable Hospitalization" Measure

Risk-adjusted rates are calculated by developing a multinomial logistic regression model to predict the number of potentially avoidable hospitalizations. The PAH measure was not calculated for 2022, If the 2022 measure had been risk-adjusted independent variables included in the final model would be listed below

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. 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.

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