Managed Long-Term Care

2019 Member Satisfaction Survey
Summary Report

December 2020
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Executive Summary

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

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

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

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

Inclusion criteria for the eligible population were as follows:

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

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

Key Findings

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

Quality of Care: Members’ perception of the quality of care received has remained positive. Eighty-four percent (84%) of responders for long-term care providers and services (i.e., regular doctor, dentist, eye doctor) rated the quality of these services as good/excellent.
Timeliness of Care: Timeliness of care provided by long-term care providers/services was found to be favorable, with medical supplies and equipment improving the most between 2017 and 2019. Eighty-five percent (85%) of responders for long-term care providers and services rated these services to be always/usually timely.

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

Recommendations

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

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

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

Enrollment in an MLTC plan is mandatory for those who are:
- dual eligible (eligible for both Medicaid and Medicare) and equal to or over 21 years of age, and need community-based long-term care services for more than 120 days.

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

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

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

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

At the national level, the Centers for Medicare and Medicaid Services (CMS) has collected information on Medicare managed care enrollee consumer satisfaction and experience with health services through the Consumer Assessment of Health Providers and Systems (CAHPS®) survey since 1998. This survey includes the following domains:
- Getting Needed Care
- Getting Care Quickly
- Doctors Who Communicate Well
- Flu Shot Rate
- Overall Ratings of: Health Care, Health Plan, Doctor, and Specialist

This survey has undergone periodic revisions. In the 2006 survey year, for example, data collection was expanded to include satisfaction and experience of members enrolled in a Medicare Advantage Prescription Drug plan. CAHPS surveys are also collected for commercial and Medicaid managed care populations (the NYSDOH administers a biennial Medicaid managed care survey that is largely based on CAHPS).
IPRO observed that, although all NYS MLTC plans conduct internal annual member satisfaction surveys, each plan has developed its own individualized survey. IPRO reviewed a sample of these surveys. Several of them addressed general satisfaction with plan services and covered courtesy and sensitivity, but specific questions relating to the quality of plan services, timeliness, and access to services were often not addressed. Therefore, IPRO, in conjunction with the NYSDOH, conducted the first member satisfaction survey of New York’s MLTC population in 2007, and again in 2011 and on a biennial basis thereafter. Survey results have been positive, with the majority of MLTC responders satisfied with their health plan. It is anticipated that this survey will continue to be administered every other year going forward.

**Objectives**

Specific survey objectives were to assess whether:

- MLTC enrollees are satisfied with:
  - quality of health care services;
  - access to primary health care services; and
  - timeliness of primary health care and long-term care services;

- there are differences in care and in satisfaction of care between three principal MLTC plan models (PACE, partially capitated, and MAP plans) and between different age groups, reported state of health, gender, level of education, race and primary language; and

- there has been a change in members’ perception of quality of care and overall satisfaction since the last satisfaction survey in 2017.
Methodology

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

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

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

Survey Sample
To identify the eligible population for the survey, inclusion criteria were as follows:
- continuously enrolled in an MLTC plan for a minimum of 6 months from June through November 2018; and
- MLTC plan enrollees from 43 plans/product lines. The breakdown by type of MLTC plan is as follows: PACE – 9, partially capitated – 28, MAP – 6.

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

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

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

¹ The CAHPS® proportional scoring method for creating and scoring composite measures was used.
calculated score reflects the average proportion of responders who answered “Excellent/Good.” The \( z \) test was used to compare proportions for single survey items year-to-year, and \( t \) tests were used to compare average proportions for composite measures year-to-year. When comparing within subgroups (i.e., plan type, race, gender, educational attainment), \( \chi^2 \)-square tests were utilized to compare proportions of single survey items, and Student’s \( t \) tests were utilized to compare average proportions for composite measures.

The six domains are defined as follows in Table1:

Table 1: MLTC Domain Definitions

<table>
<thead>
<tr>
<th>Domain 1 – MLTC Plan Evaluation</th>
<th>Question/Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual item</strong></td>
<td>Q3. The plan always/usually explains all of their services clearly.</td>
</tr>
</tbody>
</table>
| **Composite**                   | **My family member (or caregiver) and I are always/usually involved in making decisions about my plan of care.**  
|                                  | - Q4. I am always/usually involved in decisions about plan of care.  
|                                  | - Q5. Family member or caregiver always/usually involved in making decisions about plan of care. |
| **Composite**                   | **The plan always/usually provided helpful, timely, and courteous customer service when I (or my caregiver or family members) have called with a question, needed help, or had a complaint or grievance.**  
|                                  | - Q7. I always/usually spoke with a person quickly when I called the plan with a question or for help or with a complaint or grievance.  
|                                  | - Q8. My questions were always/usually answered quickly.  
|                                  | - Q9. I was always/usually able to understand the answers.  
|                                  | - Q10. I was always/usually treated with politeness and respect.  
|                                  | - Q11. I (or my caregiver or family members) called the plan with a complaint or grievance and it was always/usually handled to my satisfaction. |
| **Individual item**             | Q12. Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I’ve been taking. |
| **Individual item**             | Q13. Since joining the health plan, someone from the plan has explained the Consumer-Directed Personal Assistance option. |
| **Composite**                   | **The plan is excellent/good in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home.**  
|                                  | - Q14a. The plan is excellent/good in assisting my family to ensure that I take my medications the way my doctor wants me to.  
|                                  | - Q14b. The plan is excellent/good in assisting my family and I to manage my illness, such as high blood pressure or diabetes.  
|                                  | - Q14c. The plan is excellent/good in assisting my family and I when I am feeling sad and lonely.  
|                                  | - Q14d. The plan is excellent/good in assisting my family and I so that I can stay at home and not have to live in a nursing home. |
| **Individual item**             | Q15. Overall, my MLTC plan is excellent/good. |

Domain 2 – Quality of Providers and Long-Term Care Services

| Excellent/good quality of care provided by long-term care providers and services. |
| Q16. Regular Doctor |
| Q17. Dentist |
| Q18. Eye Care |
| Q19. Foot Doctor |
## Domain 3 – Timeliness of Providers and Long-Term Care Services

Timely care always/usually provided by long-term care providers and services.

- Q36. Home Health Aide, Personal Care Aide
- Q37. Care Manager/Case Manager
- Q38a. Regular Visiting Nurse/Registered Nurse
- Q38b. Covering/On-Call Nurse
- Q39. Physical Therapist
- Q40. Occupational Therapist
- Q41. Speech Therapist
- Q42. Social Worker
- Q43. Home Delivered Meals/Meals On Wheels
- Q44a. Transportation: To Day Center
- Q44b. Transportation: From Day Center
- Q44c. Transportation: To The Doctor
- Q44d. Transportation: From The Doctor
- Q45. Medical Supplies And Equipment
- Q46. Pharmacy Services
- Q47. Audiology/Hearing Aids

## Domain 4 – Access to Care for Urgent Appointments

I was able to get an appointment within the same day to see my provider when I needed care right away in the past 6 months.

- Q48. Regular Doctor
- Q49. Dentist
- Q50. Eye Care
- Q51. Foot Doctor
- Q52. Audiology/Hearing Aids

## Domain 5 – Access to Care for Regular Appointments

I was always/usually able to get a regular appointment as soon as I thought I needed one.

- Q53. Regular Doctor
- Q54. Dentist
- Q55. Eye Care
<table>
<thead>
<tr>
<th>Individual item</th>
<th>Q56. Foot Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 6 – Advance Directives</td>
<td>Q57. Audiology/Hearing Aids</td>
</tr>
<tr>
<td>Individual item</td>
<td>Q71. The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so.</td>
</tr>
<tr>
<td>Individual item</td>
<td>Q72. I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so.</td>
</tr>
<tr>
<td>Individual item</td>
<td>Q73. The health plan has a copy of this advance directive document.</td>
</tr>
</tbody>
</table>
Results

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

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

Table 2: Survey Responses by Plan Type

<table>
<thead>
<tr>
<th></th>
<th>Partially Capitated</th>
<th>PACE</th>
<th>MAP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Surveys mailed</td>
<td>16,047</td>
<td>2,998</td>
<td>2,370</td>
<td>21,415</td>
</tr>
<tr>
<td>Less exclusions:</td>
<td>959</td>
<td>5.98</td>
<td>261</td>
<td>8.71</td>
</tr>
<tr>
<td>Address issues</td>
<td>897</td>
<td>5.59</td>
<td>234</td>
<td>7.81</td>
</tr>
<tr>
<td>Deceased</td>
<td>52</td>
<td>0.32</td>
<td>25</td>
<td>0.83</td>
</tr>
<tr>
<td>Other reason</td>
<td>10</td>
<td>0.06</td>
<td>2</td>
<td>0.07</td>
</tr>
<tr>
<td>Adjusted Population</td>
<td>15,088</td>
<td>2,737</td>
<td>2,252</td>
<td>20,077</td>
</tr>
<tr>
<td>Total # Surveys Completed</td>
<td>3,279</td>
<td>21.7</td>
<td>802</td>
<td>29.3</td>
</tr>
</tbody>
</table>

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

Table 3a: Language Responses by Plan Type

<table>
<thead>
<tr>
<th></th>
<th>Partially Capitated</th>
<th>PACE</th>
<th>MAP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Completed in English</td>
<td>2,505</td>
<td>76.4</td>
<td>730</td>
<td>91.0</td>
</tr>
<tr>
<td>Completed in a Language Other Than English</td>
<td>774</td>
<td>23.6</td>
<td>72</td>
<td>9.0</td>
</tr>
<tr>
<td>Spanish</td>
<td>249</td>
<td>32.2</td>
<td>42</td>
<td>58.3</td>
</tr>
<tr>
<td>Chinese</td>
<td>274</td>
<td>35.4</td>
<td>24</td>
<td>33.3</td>
</tr>
<tr>
<td>Russian</td>
<td>251</td>
<td>32.4</td>
<td>6</td>
<td>8.3</td>
</tr>
<tr>
<td>Total # Surveys Completed</td>
<td>3,279</td>
<td>802</td>
<td>558</td>
<td>4,639</td>
</tr>
</tbody>
</table>

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

Table 3b: Survey Response Rates by Primary Language Spoken

<table>
<thead>
<tr>
<th></th>
<th>English¹</th>
<th>Spanish²</th>
<th>Russian³</th>
<th>Chinese⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Surveys Mailed</td>
<td>14,549</td>
<td>3,860</td>
<td>1,281</td>
<td>1,725</td>
</tr>
<tr>
<td>Less exclusions¹</td>
<td>1,026</td>
<td>7.1</td>
<td>209</td>
<td>5.4</td>
</tr>
<tr>
<td>Adjusted Population</td>
<td>13,523</td>
<td>3,651</td>
<td>1,244</td>
<td>1,659</td>
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<tr>
<td>Completed Surveys</td>
<td>3,162</td>
<td>23.4</td>
<td>734</td>
<td>20.1</td>
</tr>
</tbody>
</table>

N: number.
¹ English exclusions due to address issues (943), and all other issues (83)
² Spanish exclusions due to address issues (203), and all other issues (6)
³ Russian exclusions due to address issues (37).
⁴ Chinese exclusions due to address issues (62), and all other issues (4)
Table 4 displays survey responses by individual plan. Response rates differed by plan, ranging from 14% to 45%.

Table 4: Survey Responses by Plan

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Adjusted Population</th>
<th>No. of Responders</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partially Capitated</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AETNA BETTER HEALTH</td>
<td>580</td>
<td>133</td>
<td>23</td>
</tr>
<tr>
<td>AGEWELL NEW YORK</td>
<td>583</td>
<td>132</td>
<td>23</td>
</tr>
<tr>
<td>ARCHCARE COMMUNITY LIFE</td>
<td>574</td>
<td>100</td>
<td>17</td>
</tr>
<tr>
<td>CENTERS PLAN FOR HEALTHY LIVING</td>
<td>577</td>
<td>132</td>
<td>23</td>
</tr>
<tr>
<td>ELDERPLAN dba HOMEFIRST</td>
<td>566</td>
<td>166</td>
<td>29</td>
</tr>
<tr>
<td>ELDERSERVE dba RIVERSPRING</td>
<td>581</td>
<td>125</td>
<td>22</td>
</tr>
<tr>
<td>ELDERWOOD HEALTH PLAN</td>
<td>219</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>EMPIRE BCBS HEALTHPLUS MLTC</td>
<td>563</td>
<td>104</td>
<td>18</td>
</tr>
<tr>
<td>EVERCARE CHOICE</td>
<td>555</td>
<td>153</td>
<td>28</td>
</tr>
<tr>
<td>EXTENDED MLTC</td>
<td>581</td>
<td>131</td>
<td>23</td>
</tr>
<tr>
<td>FALLON HEALTH WEINBERG</td>
<td>535</td>
<td>145</td>
<td>27</td>
</tr>
<tr>
<td>FIDELIS CARE</td>
<td>560</td>
<td>109</td>
<td>19</td>
</tr>
<tr>
<td>HAMASPIK CHOICE</td>
<td>559</td>
<td>165</td>
<td>30</td>
</tr>
<tr>
<td>ICIRCLE</td>
<td>536</td>
<td>138</td>
<td>26</td>
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<tr>
<td>INDEPENDENCE CARE SYSTEM</td>
<td>554</td>
<td>95</td>
<td>17</td>
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<tr>
<td>INTEGRA MLTC</td>
<td>583</td>
<td>100</td>
<td>17</td>
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<tr>
<td>KALOS HEALTH</td>
<td>541</td>
<td>143</td>
<td>26</td>
</tr>
<tr>
<td>METROPLUS MLTC</td>
<td>552</td>
<td>108</td>
<td>20</td>
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<tr>
<td>MONTEFIORE MLTC</td>
<td>580</td>
<td>119</td>
<td>21</td>
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<tr>
<td>NASCENTIA HEALTH OPTIONS</td>
<td>537</td>
<td>114</td>
<td>21</td>
</tr>
<tr>
<td>PRIME HEALTH CHOICE</td>
<td>298</td>
<td>50</td>
<td>17</td>
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<tr>
<td>SENIOR HEALTH PARTNERS</td>
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<tr>
<td>SENIOR NETWORK HEALTH</td>
<td>450</td>
<td>112</td>
<td>25</td>
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<tr>
<td>SENIOR WHOLE HEALTH Partial</td>
<td>569</td>
<td>117</td>
<td>21</td>
</tr>
<tr>
<td>UNITED HEALTHCARE PERSONAL ASSIST</td>
<td>577</td>
<td>92</td>
<td>16</td>
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<tr>
<td>VILLAGECAREMAX</td>
<td>563</td>
<td>98</td>
<td>17</td>
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<tr>
<td>VNS CHOICE MLTC</td>
<td>576</td>
<td>132</td>
<td>23</td>
</tr>
<tr>
<td>WELLCARE ADVOCATE PARTIAL</td>
<td>568</td>
<td>105</td>
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<td><strong>TOTAL</strong></td>
<td><strong>15,088</strong></td>
<td><strong>3,279</strong></td>
<td><strong>22</strong></td>
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<tr>
<td><strong>PACE</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ARCHCARE SENIOR LIFE</td>
<td>552</td>
<td>124</td>
<td>22</td>
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<tr>
<td>CATHOLIC HEALTH-LIFE</td>
<td>190</td>
<td>78</td>
<td>41</td>
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<tr>
<td>CENTERLIGHT PACE</td>
<td>568</td>
<td>155</td>
<td>27</td>
</tr>
<tr>
<td>COMPLETE SENIOR CARE</td>
<td>96</td>
<td>43</td>
<td>45</td>
</tr>
<tr>
<td>EDDY SENIOR CARE</td>
<td>157</td>
<td>30</td>
<td>19</td>
</tr>
<tr>
<td>ELDERONE</td>
<td>536</td>
<td>169</td>
<td>32</td>
</tr>
<tr>
<td>FALLON HEALTH WEINBERG - PACE</td>
<td>90</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>PACE CNY</td>
<td>457</td>
<td>143</td>
<td>31</td>
</tr>
<tr>
<td><strong>TOTAL SENIOR CARE</strong></td>
<td><strong>91</strong></td>
<td><strong>33</strong></td>
<td><strong>36</strong></td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>802</strong></td>
<td><strong>29</strong></td>
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<tr>
<td><strong>MAP</strong></td>
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<td></td>
<td></td>
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<tr>
<td>ELDERPLAN MAP</td>
<td>567</td>
<td>190</td>
<td>34</td>
</tr>
<tr>
<td>FIDELIS LEGACY PLAN</td>
<td>81</td>
<td>11</td>
<td>14</td>
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<tr>
<td>MHI HEALTHFIRST COMPLETE CARE</td>
<td>578</td>
<td>107</td>
<td>19</td>
</tr>
<tr>
<td>SENIOR WHOLE HEALTH</td>
<td>69</td>
<td>19</td>
<td>28</td>
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<tr>
<td>VILLAGECAREMAX TOTAL ADVANTAGE</td>
<td>386</td>
<td>75</td>
<td>19</td>
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<tr>
<td>VNS CHOICE TOTAL</td>
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<td>156</td>
<td>27</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,252</td>
<td>558</td>
<td>25</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-----</td>
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</tr>
<tr>
<td>GRAND TOTAL</td>
<td>20,077</td>
<td>4,639</td>
<td>23</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

Plan Evaluation/Rating of Health Plan

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

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

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

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

Quality of Care

In Section 2A of the survey, members were asked to rate the quality of services and supplies they received in the last 6 months. Frequency distributions for the 22 Quality of Care items can be found in Table A2.
Table B1- Section 2A displays the members’ excellent/good ratings pertaining to quality of care compared by survey year. Members’ perception of the quality of the care they received has remained high in 2019. Notable findings from this section include the following:

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

**Timeliness of Care**

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

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

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

**Access to Care**

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

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

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

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

**Analysis of Composite Measures and Individual Survey items within Domains**

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

- **Domain 1 – MLTC Plan Evaluation**: Consists of a combination of four individual survey items and three composite measures, encompassing Questions 3–5 and 7–15. Questions 4 and 5 were combined to create a composite measure (Composite 1a), as were Questions 7–11 (Composite 1b) and Questions 14a–14d (Composite 1c). All other questions
in this group were reported as individual survey items. Collectively, these composite measures, as well as the individual survey items, assess the members’ general experience with the care plan, including plan of care involvement, and courtesy and timeliness of responses of plan representatives when members called the plan. For **Composite 1a** and **Composite 1b**, the score represents the average proportion of responders who answered “Always/Usually” and, for **Composite 1c**, the score represents the average proportion of responders who answered “Excellent/Good.”

- **Domain 2 – Quality of Providers and Long-Term Care Services:** Consists of one composite measure and includes Questions 16–35. This domain evaluates the quality of care provided by long-term care providers and services, and consists of 22 provider and service types. The composite score for this domain reflects the average proportion of responders who rated the quality of long-term care providers and services as excellent/good.

- **Domain 3 – Timeliness of Providers and Long-Term Care Services:** Consists of one composite measure including Questions 36–47, and evaluates the timeliness of care provided by long-term care providers and services. This composite consists of 16 provider and service types. The composite score for this domain reflects the average proportion of responders who rated the timeliness of the providers and services as always/usually timely.

- **Domain 4 – Access to Care for Urgent Appointments:** Consists of one composite measure, which assesses the responders’ ability to get an appointment within the same day when care was needed right away. There are five measures within the composite representing five provider types: regular doctor, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of responders who reported that they always/usually could get an appointment within the same day.

- **Domain 5 – Access to Care for Regular Appointments:** Consists of one composite measure assessing the ability of responders to get a regular appointment as soon as they thought they needed one. There are five measures included in the composite, which represents five provider types: regular doctor, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of responders who reported that they always/usually were able to get a regular appointment as soon as they thought they needed one.

- **Domain 6 —Advance Directives:** Consists of three single survey items, which includes Questions 71–73. This domain evaluates whether or not members have appointed someone to make decisions about their health if they are unable to do so, if they have a legal document or advance directive in place, and if the MLTC plan has a copy of that advance directive document on file.

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

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

On average, a higher percentage of survey responses rated Domain 1 items favorably in 2019 than in 2017.
Domains 2–5: Measures Related to Quality, Timeliness, and Access to Care (Table B2)

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

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

Domain 6: Advance Directives (Table B2)

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

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

Analysis of Composite Measures and Individual Survey Items by Subgroup

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

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

Comparison by Plan Type (Table B3)

- Partially capitated and MAP members were more likely to report that someone at the plan had explained the Consumer-Directed Personal Assistance (CDPA) option to them since joining the plan, as compared to PACE members (partially capitated: 86%, MAP: 90% vs. PACE: 70%).
- MAP members were more likely to report that the plan had talked to them about appointing someone to make decisions about their health care if they are unable to compared to PACE and partially capitated members (MAP: 86% vs. PACE: 80%, partially capitated: 77%).
- PACE plan members were more likely to report having a legal document or advance directive appointing someone to make health care decisions for them, compared to MAP and partially capitated members (PACE: 88% vs. MAP: 71%, partially capitated: 74%).
- PACE members were more likely to report that the health plan had a copy of the legal document or advance directive (PACE: 97% vs. partially capitated: 85% vs. MAP: 85%).
Comparison by Gender (Table B4)
- Male responders were less likely than female responders to report having a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (71% vs. 78%).

Comparison by Race (Table B5)
- Overall, 86% of white responders rated the quality of care they received from long-term care providers and services as excellent/good, a rate significantly higher than black and Asian responders (82% and 82%, respectively).
- Eighty-seven percent (87%) of white responders rated the timeliness of care as always/usually on time, while 82% of black responders and 85% of Asian responders rated the timeliness of care as always/usually on time. The rate for white responders was significantly higher than the rates for black responders.
- Eighty-six percent (86%) of white responders reported that they were always/usually able to get a regular appointment with their doctors as soon as they thought they needed one. This rate is significantly higher than that reported by both black and Asian responders (81% and 76%, respectively).
- Of Asian responders, 65% reported that they had legal documentation or advance directive appointing someone to make health care decisions if they are unable to, significantly lower than the percentage of white responders (83%).

Comparison by Education (Table B6)
- Responders with less than a high school degree were more likely to report that a family member (or caregiver) are involved in making decisions about their plan of care, compared to responders with at least a high school diploma (78% vs. 74%, respectively).
- Responders with a level of education less than high school were more likely to report that the plan had explained the CDPA option than responders with at least a high school diploma (88% vs. 81%, respectively).
- Responders with an education level of less than high school were less likely to indicate they always/usually get timely regular appointments with long-term care providers, compared to responders with at least a high school diploma (80% vs. 84%, respectively).
- Eighty-two percent (82%) of responders with a level of education less than high school reported that the plan had talked to them about appointing someone to make health care decisions if they are unable to do so, significantly higher than responders with at least a high school diploma (76%).

Comparison by Age (Table B7)
- Responders aged 18–64 were less likely to report that their family members or caregivers were involved in making decisions about their health care, compared to responders over the age of 65 (67% vs. 77%, respectively).
- Responders aged 18–64 were less likely to have a legal document or advance directive appointing someone to make health care decisions if they are unable to do so, compared to responders aged 65 years and older (65% vs. 78%, respectively).

Comparison by Primary Language (Table B8)
- English-speaking responders were less likely to report that the health plan had explained the CDPA option, compared to non-English speaking responders (80% vs. 88%, respectively).
- Thirty-three percent (33%) of English-speaking responders reported that they could get urgent appointments with their doctors the same day, significantly lower than non-English speaking responders (41%).
- When asked if members had a legal document or advance directive appointing someone to make health care decisions for them, 82% of English-speaking responders reported they have an advance directive, while 67% of non-English speaking responders reported they have an advance directive. The rate for English-speaking responders was significantly higher than for non-English speaking responders.

Comparison by Self-Reported Health Status (Table B9)
- Eighty-seven percent (87%) of responders who rated their current state of health as good/fair/poor reported that the health plan always/usually explained all of their services clearly, significantly lower than responders who rated their current state of health as excellent/very good (92%).
- When asked if their family members, caregivers, or they were involved in making health care decisions, responders who rated their current state of health as good/fair/poor were less likely to respond positively (always/usually) than responders who rated their current state of health as excellent/very good (73% vs. 78%, respectively).
• In regard to receiving helpful, timely, and courteous customer service when members called the plan with a question, complaint, or grievance, 79% of responders who rated their current state of health as good/fair/poor reported they always/usually received helpful, timely, and courteous customer service, while 86% of responders who rated their current state of health as excellent/very good reported the same. The rate for responders with good/fair/poor health was significantly lower.

• Eighty-two percent (82%) of responders who rated their current state of health as good/fair/poor reported the plan was excellent/good at helping them with medication management, managing illnesses, feeling sad and lonely, and staying in their own home as opposed to a nursing home. This was significantly lower than the 91% of responders who reported their health status as excellent/very good and responded to these survey items with an excellent/good rating.

• Responders who rated their current state of health as good/fair/poor were less likely to rate their health plan as excellent/very good compared to responders who rated their state of health as excellent/very good (85% versus 94%). The difference was statistically significant.

• In regard to quality of care provided by long-term care providers and services, 81% of responders who rated their current state of health as good/fair/poor rated quality as excellent/good, significantly lower than responders who rated their current state of health as excellent/very good (88%).

• Eighty-four percent (84%) of responders who rated their current state of health as good/fair/poor reported that long-term care providers and services were always/usually on time, significantly lower than responders who rated their current state of health as excellent/very good (87%).

• Responders who rated their current state of health as good/fair/poor were less likely to report always/usually being able to get regular appointments with long-term care providers and services as soon as they thought they needed it, compared with responders who rate their current state of health as excellent/very good (80% vs. 85%, respectively).
Discussion

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

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

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

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

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

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

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

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

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

2) Advance directives are considered an important component in the overall care of the MLTC population. The percentage of responders indicating that they have an advance directive has improved significantly from 2017 to 2019 (Table B1). However, there was a significantly greater percentage of women who reported having an advance directive than men (Table B4). There was also a significantly lower percentage of Asian responders who reported having an advance directive than other races (Table B5). PACE and MAP plans continue to exhibit higher rates of
advance directive discussions than partially capitated plans (Table A6 and Table B3). Additionally, a significantly higher percentage of English-speaking responders reported having these documents in place, as compared to non-English speaking responders (Table B8).

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

a) increased social worker and care management involvement (language- and culture-specific, where applicable);

b) language- and culture-specific member education materials;

c) advance directive discussions at start of enrollment processes;

d) advance directive discussions during clinical re-assessment visits; and

e) increased telephone follow-up initiatives.

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

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

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

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

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

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

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

These results may indicate the possibility that plans may be somewhat challenged in servicing some of the sicker membership that may need more in-depth counseling, guidance, and possibly more clinical services. If not already in place, the plans should consider stratifying members by level of acuity to identify those with more significant care needs to assist in focusing on whether all of their care needs are being met on an individual basis, and if any care management concerns exist for the more seriously ill and needy members.
6) Similar to past survey results, there were some racial differences in some ratings. White responders were more likely to report their quality of care as good/excellent, and were more likely to rate that they were always/usually able to get a regular appointment in a timely manner with their doctors, as compared to other race/ethnicity groups. As stated previously, there was also a significantly lower percentage of Asian responders reporting having an advance directive than other races. A significantly higher percentage of English-speaking responders reporting having advance directive documents in place, as compared to non-English speaking responders (Table B5 and Table B8, respectively).

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

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

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

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

#### Table A1: MLTC Plan Evaluation

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Note: Percentages have been rounded and may not total to 100%.
PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; MLTC: managed long-term care; N*: Represents the denominator, which is the number of valid responses.
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MLTC 2019 Member Satisfaction Survey Report  Page 29 of 59
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Note: Percentages have been rounded and may not total to 100%.
PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.
### Table A3: Timeliness of Care

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Table A3: Timeliness of Care (continued)

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Note: Percentages have been rounded and may not total to 100%.
PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.
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Note: Percentages have been rounded and may not total to 100%. PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.
### Table A5: Access to Care (Regular Appointments)

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Note: Percentages have been rounded and may not total to 100%.
PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.
## Table A6: About You

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<th>PACE</th>
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<th>Partial Cap</th>
<th>MAP</th>
<th>MAP</th>
<th>Statewide</th>
<th>Statewide</th>
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<td>N*  %</td>
<td>N*  %</td>
<td>N*  %</td>
<td>N*  %</td>
<td>N*  %</td>
<td>N*  %</td>
<td>N*  %</td>
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<td></td>
<td></td>
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<td>963    30.6</td>
<td>173  31.1</td>
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<td>557 544</td>
<td>5,393 4,467</td>
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### Table A6: About You (continued)

|------|-------------|----------------|-----------|-----------|------------------|------------------|-----------|-----------|               |               |
|      |             | N* | %     | N* | %     | N* | %     | N* | %     | N* | %     | N* | %     | N* | %     |
| 63a^ | What is your ethnicity?^ |                |           |           |                  |                  |           |           |               |               |
|      | Hispanic^   | 135 | 18.0 | 108 | 15.1 | 848 | 21.4 | 599 | 20.9 | 269 | 50.5 | 257 | 52.7 | 1,252 | 23.9 | 964 | 23.7 |
|      | Non-Hispanic^ | 613 | 82.0 | 606 | 84.9 | 3,115 | 78.6 | 2,272 | 79.1 | 264 | 49.5 | 231 | 47.3 | 3,992 | 76.1 | 3,109 | 76.3 |
| TOTAL |              | 748 | 100  | 714 | 100  | 3,963 | 100  | 2,871 | 100  | 533 | 100  | 488  | 5,244 | 100  | 4,073 | 100  |
| 63b+ | What is your race? |                |           |           |                  |                  |           |           |               |               |
|      | American Indian or Alaskan Native | 20 | 2.9 | 18 | 2.5 | 76 | 2.2 | 53 | 1.9 | 6 | 1.6 | 8 | 2.2 | 102 | 2.2 | 79 | 2.1 |
|      | Asian | 57 | 8.3 | 41 | 5.7 | 692 | 19.6 | 525 | 19.1 | 39 | 10.1 | 52 | 14.4 | 788 | 17.2 | 618 | 16.1 |
|      | Black or African American | 117 | 17.1 | 111 | 15.4 | 723 | 20.5 | 540 | 19.6 | 173 | 44.9 | 184 | 50.8 | 1,013 | 22.1 | 835 | 21.8 |
|      | Native Hawaiian or Pacific Islander | 1 | 0.1 | 1 | 0.1 | 13 | 0.4 | 16 | 0.6 | 1 | 0.3 | 5 | 1.4 | 15 | 0.3 | 22 | 0.6 |
|      | White | 485 | 70.9 | 550 | 76.2 | 1,989 | 56.5 | 1,611 | 58.6 | 162 | 42.1 | 110 | 28.6 | 2,636 | 57.4 | 2,271 | 59.2 |
|      | Other | 4 | 0.6 | 1 | 0.1 | 30 | 0.9 | 6 | 0.2 | 4 | 1.0 | 3 | 0.8 | 38 | 0.8 | 10 | 0.3 |
| TOTAL |              | 684 | 100  | 722 | 100  | 3,523 | 100  | 2,751 | 100  | 385 | 100  | 362  | 4,592 | 100  | 3,835 | 100  |
| 64   | How well do you speak English? |                |           |           |                  |                  |           |           |               |               |
|      | Very well | 477 | 63.8 | 533 | 73.6 | 1,714 | 42.8 | 1,429 | 45.8 | 197 | 35.6 | 203 | 37.9 | 2,388 | 45.0 | 2,165 | 48.9 |
|      | Well | 96 | 12.8 | 99 | 13.2 | 515 | 12.8 | 409 | 13.1 | 98 | 17.7 | 78 | 14.6 | 709 | 13.3 | 586 | 13.2 |
|      | Not well | 79 | 10.6 | 57 | 7.4 | 785 | 19.6 | 589 | 18.9 | 141 | 25.5 | 122 | 22.8 | 1,005 | 18.9 | 768 | 17.4 |
|      | Not at all | 96 | 12.8 | 80 | 10.4 | 995 | 24.8 | 694 | 22.2 | 118 | 21.3 | 133 | 24.8 | 1,209 | 22.8 | 907 | 20.5 |
| TOTAL |              | 748 | 100  | 769 | 100  | 4,009 | 100  | 3,121 | 100  | 554 | 100  | 536  | 5,311 | 100  | 4,426 | 100  |
| 65   | Primary language spoken at home |                |           |           |                  |                  |           |           |               |               |
|      | English | 553 | 73.6 | 573 | 79.3 | 2,008 | 50.4 | 1,560 | 52.9 | 253 | 46.2 | 225 | 45.2 | 2,814 | 53.3 | 2,358 | 56.5 |
|      | Spanish | 110 | 14.6 | 81 | 11.2 | 645 | 16.2 | 443 | 15.0 | 229 | 41.8 | 205 | 41.2 | 984 | 18.6 | 729 | 17.5 |
|      | Russian | 13 | 1.7 | 8 | 1.1 | 473 | 11.9 | 308 | 10.4 | 4 | 0.7 | 2 | 0.4 | 490 | 9.3 | 318 | 7.6 |
|      | Chinese | 37 | 4.9 | 31 | 4.3 | 534 | 13.4 | 366 | 12.4 | 12 | 2.2 | 26 | 5.2 | 583 | 11.0 | 423 | 10.1 |
|      | Other | 38 | 5.1 | 30 | 4.1 | 324 | 8.1 | 273 | 9.3 | 50 | 9.1 | 40 | 8.0 | 412 | 7.8 | 343 | 8.2 |
| TOTAL |              | 751 | 100  | 723 | 100  | 3,984 | 100  | 2,950 | 100  | 548 | 100  | 498  | 5,283 | 100  | 4,171 | 100  |
| 66   | Education level completed |                |           |           |                  |                  |           |           |               |               |
|      | 8th grade or less | 181 | 24.6 | 157 | 20.9 | 1,197 | 30.3 | 873 | 22.7 | 240 | 44.9 | 240 | 46.0 | 1,618 | 31.0 | 1,270 | 29.4 |
|      | Some high school, did not graduate | 111 | 15.1 | 99 | 13.2 | 588 | 14.9 | 431 | 14.1 | 91 | 17.0 | 81 | 15.5 | 790 | 15.1 | 611 | 14.1 |
|      | High school graduate or GED | 205 | 27.9 | 207 | 27.6 | 1,004 | 25.4 | 808 | 26.5 | 107 | 20.0 | 116 | 22.2 | 1,316 | 25.2 | 1,131 | 26.2 |
|      | Some college or 2 year degree | 106 | 14.4 | 125 | 16.6 | 531 | 13.4 | 439 | 14.4 | 56 | 10.5 | 55 | 10.5 | 693 | 13.3 | 619 | 14.3 |
|      | 4 year college graduate | 64 | 8.7 | 64 | 8.5 | 337 | 8.5 | 298 | 9.8 | 26 | 4.9 | 23 | 4.4 | 427 | 8.2 | 385 | 8.9 |
|      | More than 4 year college degree | 68 | 9.3 | 99 | 13.2 | 296 | 7.5 | 197 | 6.5 | 14 | 2.6 | 7 | 1.3 | 378 | 7.2 | 303 | 7.0 |
| TOTAL |              | 735 | 100  | 751 | 100  | 3,953 | 100  | 3,046 | 100  | 534 | 100  | 522  | 5,222 | 100  | 4,319 | 100  |
Table A6: About You (continued)

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<td>2,111</td>
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<td>230</td>
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<td>Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?</td>
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### Table A6: About You (continued)

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<td>Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?</td>
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<td>Does the health plan have a copy of this document?</td>
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<td>69</td>
<td>65</td>
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Note: Percentages have been rounded and may not total to 100%.
PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; N*: Represents the denominator, which is the number of valid responses.

♦ Items based on skip pattern.
+ Member can check all that apply.
^ Question and/or responses have been reworded since 2017.
### Table B1: MLTC Satisfaction Survey – Comparison by Survey Year

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<tr>
<th>Item</th>
<th>Description</th>
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<th>2017 %</th>
<th>2019 N*</th>
<th>2019 %</th>
<th>2017 v. 2019 (▼, ▲ or -)</th>
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<td>Member of a [health plan]</td>
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<td>96</td>
<td>4372</td>
<td>97</td>
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<tr>
<td>2a</td>
<td>Live at home/community/assisted living</td>
<td>4989</td>
<td>95</td>
<td>4282</td>
<td>93</td>
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<td>3</td>
<td>Plan always/usually explained services clearly</td>
<td>4352</td>
<td>88</td>
<td>3749</td>
<td>89</td>
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</tr>
<tr>
<td>4</td>
<td>Always/Usually involved in decisions about plan of care</td>
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<td>79</td>
<td>3741</td>
<td>82</td>
<td>▲</td>
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<td>5</td>
<td>Family member or caregiver always/usually involved in making decisions about plan of care</td>
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<td>66</td>
<td>3771</td>
<td>70</td>
<td>▲</td>
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<td>6</td>
<td>Called plan with question or for help or complaint/grievance</td>
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<td>51</td>
<td>3776</td>
<td>51</td>
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<td>7*</td>
<td>Always/Usually spoke with a person quickly</td>
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<td>1885</td>
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<td>8*</td>
<td>Questions always/usually answered quickly</td>
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<td>75</td>
<td>1881</td>
<td>77</td>
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<td>9*</td>
<td>Always/Usually able to understand the answers</td>
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<td>84</td>
<td>1888</td>
<td>85</td>
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<td>Always/Usually treated with politeness and respect</td>
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<td>93</td>
<td>1899</td>
<td>95</td>
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<td>Complaint/grievance always/usually handled to satisfaction</td>
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<td>67</td>
<td>1509</td>
<td>74</td>
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<td>2587</td>
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<td>2467</td>
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<td>3669</td>
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<td>Health plan has talked about appointing someone to make health care decisions</td>
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<td>79</td>
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### Section 2A: Quality of Care Providers (Excellent/Good)

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<th>2019 N*</th>
<th>2019 %</th>
<th>2017 v. 2019 (▼, ▲ or -)</th>
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<tr>
<td>18</td>
<td>Eye Care</td>
<td>3588</td>
<td>83</td>
<td>3040</td>
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<tr>
<td>31</td>
<td>Day Health Center Activities</td>
<td>1341</td>
<td>78</td>
<td>1162</td>
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<tr>
<td>22b</td>
<td>Covering/On-call nurse</td>
<td>2556</td>
<td>80</td>
<td>2086</td>
<td>82</td>
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</tr>
<tr>
<td>26</td>
<td>Social Worker</td>
<td>2378</td>
<td>80</td>
<td>1941</td>
<td>81</td>
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</tr>
<tr>
<td>23</td>
<td>Physical Therapist</td>
<td>1905</td>
<td>79</td>
<td>1712</td>
<td>82</td>
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<tr>
<td>32</td>
<td>Transportation Services</td>
<td>3282</td>
<td>78</td>
<td>2748</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Home Delivered Meals/Meals on Wheels</td>
<td>860</td>
<td>83</td>
<td>710</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Nursing Home</td>
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<td>76</td>
<td>398</td>
<td>81</td>
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</tr>
<tr>
<td>20b</td>
<td>Home Health Agency, Personal Care Agency</td>
<td>3981</td>
<td>81</td>
<td>3399</td>
<td>84</td>
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</tr>
<tr>
<td>35</td>
<td>Nutritionist</td>
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<td>77</td>
<td>1297</td>
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<tr>
<td>24</td>
<td>Occupational Therapist</td>
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<td>77</td>
<td>1067</td>
<td>81</td>
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<tr>
<td>17</td>
<td>Dentist</td>
<td>2861</td>
<td>75</td>
<td>2470</td>
<td>78</td>
<td></td>
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<tr>
<td>25</td>
<td>Speech Therapist</td>
<td>561</td>
<td>75</td>
<td>486</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Audiology/Hearing Aids</td>
<td>1086</td>
<td>73</td>
<td>996</td>
<td>74</td>
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</table>

**Section 2B: Timeliness (Always/Usually)**

<table>
<thead>
<tr>
<th></th>
<th>Service Description</th>
<th>Average Rating</th>
<th>Standard Deviation</th>
<th>Overall Rating</th>
<th>Score Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Pharmacy Services</td>
<td>3657</td>
<td>92</td>
<td>3080</td>
<td>94</td>
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<tr>
<td>36</td>
<td>Home Health Aide, Personal Care Aide</td>
<td>3931</td>
<td>92</td>
<td>3317</td>
<td>94</td>
</tr>
<tr>
<td>44a</td>
<td>Transportation: TO Day Center</td>
<td>1352</td>
<td>83</td>
<td>1181</td>
<td>81</td>
</tr>
<tr>
<td>45</td>
<td>Medical Supplies and Equipment</td>
<td>3193</td>
<td>83</td>
<td>2876</td>
<td>86</td>
</tr>
<tr>
<td>44b</td>
<td>Transportation: FROM Day Center</td>
<td>1236</td>
<td>82</td>
<td>1124</td>
<td>81</td>
</tr>
<tr>
<td>37</td>
<td>Care Manager/Case Manager</td>
<td>3748</td>
<td>85</td>
<td>3219</td>
<td>87</td>
</tr>
<tr>
<td>38a</td>
<td>Regular Visiting Nurse/Registered Nurse</td>
<td>3678</td>
<td>83</td>
<td>2975</td>
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</tr>
<tr>
<td>44c</td>
<td>Transportation: TO the doctor</td>
<td>2872</td>
<td>84</td>
<td>2472</td>
<td>85</td>
</tr>
<tr>
<td>44d</td>
<td>Transportation: FROM the doctor</td>
<td>2833</td>
<td>80</td>
<td>2478</td>
<td>81</td>
</tr>
<tr>
<td>38b</td>
<td>Covering/On-call nurse</td>
<td>2371</td>
<td>75</td>
<td>1943</td>
<td>78</td>
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<td>39</td>
<td>Physical Therapist</td>
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<td>76</td>
<td>1446</td>
<td>78</td>
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<td>42</td>
<td>Social Worker</td>
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<td>1682</td>
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</tr>
<tr>
<td>43</td>
<td>Home Delivered Meals/Meals on Wheels</td>
<td>834</td>
<td>79</td>
<td>699</td>
<td>78</td>
</tr>
<tr>
<td>47</td>
<td>Audiology/Hearing Aids</td>
<td>935</td>
<td>70</td>
<td>871</td>
<td>72</td>
</tr>
<tr>
<td>40</td>
<td>Occupational Therapist</td>
<td>974</td>
<td>71</td>
<td>905</td>
<td>72</td>
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<tr>
<td>41</td>
<td>Speech Therapist</td>
<td>485</td>
<td>63</td>
<td>442</td>
<td>62</td>
</tr>
</tbody>
</table>

**Section 2C: Access to Care - Routine Appointments (Always/Usually)**

<table>
<thead>
<tr>
<th></th>
<th>Service Description</th>
<th>Average Rating</th>
<th>Standard Deviation</th>
<th>Overall Rating</th>
<th>Score Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Regular doctor</td>
<td>3870</td>
<td>89</td>
<td>3253</td>
<td>89</td>
</tr>
<tr>
<td>56</td>
<td>Foot Doctor</td>
<td>2376</td>
<td>78</td>
<td>2007</td>
<td>81</td>
</tr>
<tr>
<td>55</td>
<td>Eye Care</td>
<td>2887</td>
<td>79</td>
<td>2396</td>
<td>81</td>
</tr>
<tr>
<td>54</td>
<td>Dentist</td>
<td>2271</td>
<td>75</td>
<td>1917</td>
<td>74</td>
</tr>
<tr>
<td>57</td>
<td>Audiology/Hearing Aids</td>
<td>902</td>
<td>70</td>
<td>815</td>
<td>70</td>
</tr>
</tbody>
</table>

**Section 2D: Access to Care - Urgent Appointments (Same day)**

<table>
<thead>
<tr>
<th></th>
<th>Service Description</th>
<th>Average Rating</th>
<th>Standard Deviation</th>
<th>Overall Rating</th>
<th>Score Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Regular doctor</td>
<td>3352</td>
<td>49</td>
<td>2809</td>
<td>48</td>
</tr>
<tr>
<td>51</td>
<td>Foot Doctor</td>
<td>2079</td>
<td>32</td>
<td>1735</td>
<td>30</td>
</tr>
<tr>
<td>50</td>
<td>Eye Care</td>
<td>2517</td>
<td>31</td>
<td>2020</td>
<td>29</td>
</tr>
<tr>
<td>Item</td>
<td>Service Category</td>
<td>Total Responses</td>
<td>% Excellent</td>
<td>% Satisfied</td>
<td>% Neutral</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>52</td>
<td>Audiology/Hearing Aids</td>
<td>737</td>
<td>32</td>
<td>648</td>
<td>28</td>
</tr>
<tr>
<td>49</td>
<td>Dentist</td>
<td>1905</td>
<td>29</td>
<td>1572</td>
<td>28</td>
</tr>
</tbody>
</table>

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

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

♦ Items based on skip pattern.

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

- Not statistically significant.

^ Questions and/or responses have been reworded since 2017.
### Table B2: Plan Evaluation – Analysis of Composite Measures by Survey Year

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

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

^ Indicates a composite measure.

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

- Not statistically significant.
## Table B3: Analysis of Composite Measures – Comparison by Plan Type

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

^  Indicates a composite measure.

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

-  Not statistically significant.
### Table B4: Analysis of Composite Measures – Comparison by Gender

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

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

^ Indicates a composite measure.

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

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

- Not statistically significant.
Table B5: Analysis of Composite Measures – Comparison by Race

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

^ Indicates a composite measure.

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

- Not statistically significant.
## Table B6: Analysis of Composite Measures – Comparison by Level of Education

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

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

^ Indicates a composite measure.

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

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

- Not statistically significant.
### Table B7: Analysis of Composite Measures – Comparison by Age Group

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Age 18-64 Years</th>
<th>65+ Years</th>
<th>18-64 Years v. 65+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>^ Indicates a composite measure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Questions and/or responses have been reworded since 2017.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▼ Indicates rate for the 18-64 age group is significantly lower than the 65+ age group.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Not statistically significant.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 1: MLTC Plan Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>The plan explains all of their services clearly (Always/Usually)</td>
<td>527 86</td>
<td>3,099 90</td>
<td></td>
</tr>
<tr>
<td>Q4-Q5^</td>
<td>My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)</td>
<td>547 67</td>
<td>3,219 77</td>
<td></td>
</tr>
<tr>
<td>Q7-Q11^</td>
<td>The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)</td>
<td>289 79</td>
<td>1,588 83</td>
<td></td>
</tr>
<tr>
<td>Q12</td>
<td>Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I’ve been taking</td>
<td>518 94</td>
<td>2,982 96</td>
<td></td>
</tr>
<tr>
<td>Q13</td>
<td>Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option</td>
<td>385 84</td>
<td>2,110 84</td>
<td></td>
</tr>
<tr>
<td>Q14a-d^</td>
<td>The plan’s helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)</td>
<td>511 85</td>
<td>3,006 87</td>
<td></td>
</tr>
<tr>
<td>Q15</td>
<td>Overall MLTC plan rating (Excellent/Good)</td>
<td>517 87</td>
<td>3,041 90</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 2: Quality of Providers and Long-Term Care Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q16 – Q35^</td>
<td>The quality of care provided by the most utilized providers/services (Excellent/Good)</td>
<td>538 82</td>
<td>3,179 85</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 3: Timeliness of Providers and Long-Term Care Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q36 - Q47^</td>
<td>The timeliness of care provided by the most utilized providers/services (Always/Usually)</td>
<td>526 83</td>
<td>3,096 85</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 4: Access to Care for Urgent Appointments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q48 – Q52^</td>
<td>Getting timely urgent appointments with the most utilized providers/services (Same day)</td>
<td>462 35</td>
<td>2,530 37</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 5: Access to Care for Regular Appointments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q53 – Q57^</td>
<td>Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)</td>
<td>507 80</td>
<td>2,815 83</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 6: Advance Directives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q71</td>
<td>The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so</td>
<td>544 76</td>
<td>3,246 79</td>
<td></td>
</tr>
<tr>
<td>Q72</td>
<td>I have a legal document appointing someone to make decisions about my health care if I am unable to do so</td>
<td>526 65</td>
<td>3,200 78</td>
<td></td>
</tr>
<tr>
<td>Q73</td>
<td>The health plan has a copy of this document</td>
<td>253 82</td>
<td>1,803 89</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Primary Language</td>
<td>English</td>
<td>%</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N*</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 1: MLTC Plan Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>The plan explains all of their services clearly (Always/Usually)</td>
<td>1,868</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Q4-Q5^</td>
<td>My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)</td>
<td>1,957</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Q7-Q11^</td>
<td>The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)</td>
<td>1,094</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Q12</td>
<td>Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I’ve been taking</td>
<td>1,823</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>Q13</td>
<td>Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option</td>
<td>1,209</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Q14a-d^</td>
<td>The plan’s helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)</td>
<td>1,838</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Q15</td>
<td>Overall MLTC plan rating (Excellent/Good)</td>
<td>1,846</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 2: Quality of Providers and Long-Term Care Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q16 – Q35^</td>
<td>The quality of care provided by the most utilized providers/services (Excellent/Good)</td>
<td>1,931</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 3: Timeliness of Providers and Long-Term Care Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q36 - Q47^</td>
<td>The timeliness of care provided by the most utilized providers/services (Always/Usually)</td>
<td>1,882</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 4: Access to Care for Urgent Appointments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q48 – Q52^</td>
<td>Getting timely urgent appointments with the most utilized providers/services (Same day)</td>
<td>1,568</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 5: Access to Care for Regular Appointments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q53 – Q57^</td>
<td>Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usally)</td>
<td>1,727</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 6: Advance Directives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q71</td>
<td>The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so</td>
<td>1,978</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Q72</td>
<td>I have a legal document appointing someone to make decisions about my health care if I am unable to do so</td>
<td>2,014</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Q73</td>
<td>The health plan has a copy of this document</td>
<td>1,210</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

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

^ Indicates a composite measure.

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

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

- Not statistically significant.
Table B9: Analysis of Composite Measures – Comparison by Self-Reported Health Status

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

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

^ Indicates a composite measure.

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

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

- Not statistically significant.
Appendix C: Survey Tool

1. Your Managed Long-Term Care Plan

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

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

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

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

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

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

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

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

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

7. Were you able to speak with a person quickly?
   - Always
   - Usually
   - Sometimes
   - Never
   - Don't know or not sure

8. Were your questions answered quickly?
   - Always
   - Usually
   - Sometimes
   - Never
   - Don't know or not sure

9. Were you able to understand the answers?
   - Always
   - Usually
   - Sometimes
   - Never
   - Don't know or not sure

10. Were you treated with politeness and respect?
    - Always
    - Usually
    - Sometimes
    - Never
    - Don't know or not sure

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

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

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

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

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

- Excellent
- Good
- Fair
- Poor
- Not Applicable

14a. Take your medications the way your doctor wants you to
### B) Timeliness

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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Home Health AIDE, Personal Care AIDE, Personal Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Care Manager/Case Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38a. Regular Visiting Nurse / Registered Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38b. Covering / On-call Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Physical Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Speech Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Home Delivered Meals/Meals on Wheels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44a. Transportation TO Day Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44b. Transportation FROM Day Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44c. Transportation TO your Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44d. Transportation FROM your Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Medical Supplies and Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Pharmacy Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Audiology / Hearing Aids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### C) Access

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

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

<table>
<thead>
<tr>
<th>Duration</th>
<th>4 Days or Longer</th>
<th>1-3 Days</th>
<th>Same Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Your Regular Doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Dentist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Eye Care (having your eyes checked and getting glasses or contact lenses)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Foot Doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Audiology / Hearing Aids</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>53. Your Regular Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Eye Care (having your eyes checked and getting glasses or contact lenses)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Foot Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57. Audiology / Hearing Aids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. About You

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

- [ ] Very much
- [ ] Quite a bit
- [ ] Somewhat
- [x] A little bit
- [ ] Not at all
59. In general, how would you rate your current state of health?
- Excellent
- Very Good
- Good
- Fair
- Poor

60. In general, how would you rate your overall mental or emotional health?
- Excellent
- Very Good
- Good
- Fair
- Poor

61. What is your gender?
- Male
- Female

62. What is your age?
- 18-44
- 45-64
- 65-74
- 75-84
- 85 and over

63a. What is your ethnicity?
- Hispanic
- Non-Hispanic

63b. What is your race? (MARK ALL THAT APPLY)
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

64. How well do you speak English?
- Very well
- Well
- Not well
- Not at all

65. What is your primary language spoken at home? (CHOOSE ONLY ONE)
- English
- Spanish
- Russian
- Chinese
- Other

66. What is the highest grade or level of education that you have completed?
- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2 year degree
- 4-year college graduate
- More than 4 year college degree

67. Do you live:
- Alone
- With a family member, spouse, or friend
- With someone other than a family member or friend
- Nursing home

68. Did someone help you to complete this survey?
- Yes
- No (Skip to #71)

69. Who helped you? (MARK ALL THAT APPLY)
- Family Member or Spouse
- Friend
- Home Care Aide
- Care Manager or Visiting Nurse
- Other

70. How did this person help you? (MARK ALL THAT APPLY)
- Read the questions to me
- Wrote down the answers that I gave
- Answered the questions for me
- Translated into my language
- Helped in some other way

71. Has anyone from the health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?
- Yes
- No
- Not sure

72. Do you have a legal document or advance directive appointing someone to make decisions about your health care if you are unable to do so?
- Yes (Go to #73)
- No (END SURVEY)
- Not sure (END SURVEY)

73. Does the health plan have a copy of this advance directive document?
- Yes
- No
- Not sure

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