

NEW YORK STATE DEPARTMENT OF HEALTH
Office of Quality and Patient Safety

**Plan – Technical Report
For
ArchCare**

Reporting Years 2013 and 2014

February 2017

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Section One: About This Report

New York State (NYS) is dedicated to providing and maintaining the highest quality of care for enrollees in managed long term care (MLTC) plans. MLTC enrollees are generally chronically ill, often elderly enrollees and are among the most vulnerable New Yorkers. The New York State Department of Health's (NYSDOH) Office of Quality and Patient Safety (OQPS) employs an ongoing strategy to improve the quality of care provided to plan enrollees, to ensure the accountability of these plans and to maintain the continuity of care to the public.

The MLTC Plan-Technical Reports are individualized reports on the MLTC plans certified to provide Medicaid coverage in NYS. The reports are organized into the following domains: Plan Profile, Enrollment, Member Satisfaction, SAAM and UAS Clinical Assessment Data, and Performance Improvement Projects (PIPs). When available and appropriate, the plans' data in these domains are compared to statewide benchmarks.

The final section of the report provides an assessment of the MLTC plan's strengths and opportunities for improvement in the areas of service quality, accessibility, and timeliness. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

During the review period of this report (2013-14), there were three (3) MLTC plan types:

- a) Partially Capitated
- b) Program of All-inclusive Care for the Elderly (PACE)
- c) Medicaid Advantage Plus (MAP)

A description of each of the plan types follows:

Partially Capitated- A Medicaid capitation payment is provided to the plan to cover the costs of long term care and selected ancillary services. The member's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicare and Medicaid, or by Medicaid if they are not Medicare eligible. For the most part, those who are only eligible for Medicaid receive non MLTC services through Medicaid fee for service, as members in partially capitated MLTC plans are ineligible to join a traditional Medicaid managed care plan. The minimum age requirement is 18 years.

PACE- A PACE plan provides a comprehensive system of health care services for members 55 and older, who are otherwise eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services on a capitated basis. Members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a PACE member. The PACE is approved by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Advantage Plus (MAP)- MAP plans must be certified by the NYSDOH as MLTC plans and by CMS as a Medicare Advantage plan. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the long term care services and the Medicare benefit package includes the ambulatory care and inpatient services.

An MLTC plan can service more than one of the above products and where applicable, the report will present data for each product.

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for reporting years 2013-2014.

Section Two: Plan Profile

ArchCare Senior Life is a regional MLTC plan servicing the Programs of All-Inclusive Care for the Elderly (PACE) , and ArchCare Community Life services the partially capitated population. The plan is an affiliate of ArchCare, a comprehensive geriatric health care organization comprised of skilled nursing and managed care organizations. The following report presents plan-specific information for the PACE and partially capitated product lines.

- Plan ID: 03114514
- Managed Long-term Care Start Date: 2009 (PACE) and 2012 (Partially Capitated)
- Product Line(s): PACE and Partially Capitated
- MLTC Age Requirement: 55 and older (PACE)
21 and older (Partially Capitated)
- Contact Information: 1432 Fifth Avenue
New York, NY 10026
(866)263-9083

Participating Counties and Programs

New York	Partial Cap	PACE	Westchester	Partial Cap
Putnam	Partial Cap			

Section Three: Enrollment

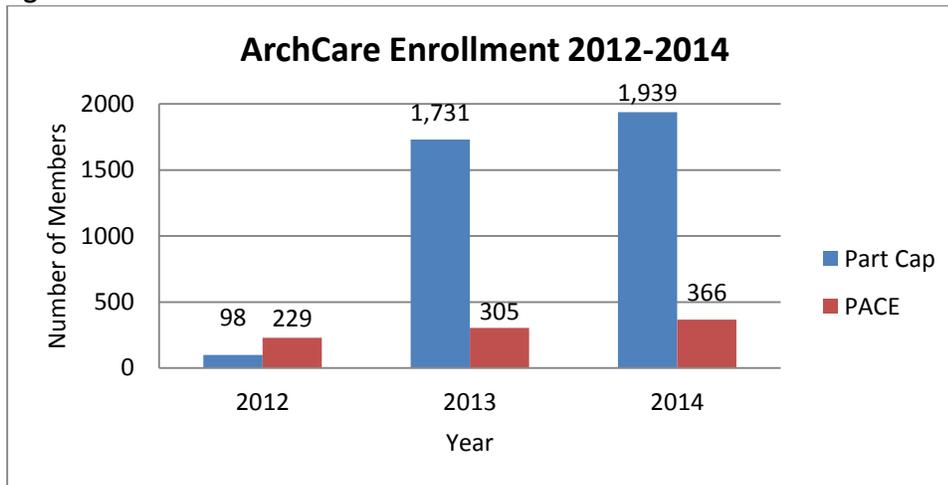
Figure 1 depicts membership for the ArchCare’s partially capitated and PACE product lines for calendar years 2012 to 2014, as well as the percent change from the previous year (the data reported are from December of each of these years). Membership in the partially capitated plan grew over this period increasing by 12% from 2013 to 2014 (enrollment for this product line began in late 2012, and thus the percent change from 2012-2013 is over-inflated). For the PACE line, membership grew by 33% from 2012 to 2013 and by 20% from 2013 to 2014. Figure 1a trends the enrollment for both the partially capitated and PACE product lines.

Figure 1: Membership: Partially Capitated and PACE 2012-2014

	2012	2013	2014
Partially Capitated ^a			
Number of Members	98	1,731	1,939
% Change From Previous Year	N/A	1,666%	12%
PACE			
Number of Members	229	305	366
% Change From Previous Year	21%	33%	20%

^a Enrollment in ArchCare’s partially capitated product line began in November 2012.

Figure 1a: Enrollment Trends 2012-2014



Section Four: Member Satisfaction

I PRO, in conjunction with the NYSDOH, conducted a member satisfaction survey mailed between December 2014 and May 2015. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 18,909 surveys that were mailed, 1,109 were returned as undeliverable due to either mailing address issues or the member being deceased. This yielded an adjusted population of 17,800. A total of 4,592 surveys were completed, yielding an overall response rate of 25.8%.

The response rate for ArchCare's partially capitated product line was 23.8% (134 respondents out of 562 members in the sample). The response rate for ArchCare's PACE product line was 25.3% (62 respondents out of 245 members in the sample).

I PRO had previously conducted a similar satisfaction survey that was mailed between December 2012 and May 2013. Figure 2a represents the 2014-2015 satisfaction survey results from ArchCare's partially capitated product line, compared with all other partially capitated plans throughout the state, as well as all MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives. It should be noted that the 2012-2013 partially capitated survey results are not provided, as the sample size was too small to yield any meaningful comparisons. Figure 2b represents the 2014-2015 and the 2012-2013 survey results from ArchCare's PACE product line, compared with all other PACE plans throughout the state, as well as all MLTC plans statewide, in these same areas.

Figure 2a: Satisfaction Survey Results ArchCare Compared with All Partially Capitated Plans, and All Plans Statewide	ArchCare 2014-2015 (N=134) ^a		Overall Part Cap 2014-2015 (N=3,306) ^a		Statewide 2014-2015 (N=4,592) ^a		Significance		
	Description	n ^b	%	n ^b	%	n ^b	%	Vs. Plan Type	Vs. State
Plan requested list of Rx/OTC meds **	107	95%	2,677	94%	3,702	94%	-	-	
Plan explained the Consumer Directed Personal Assistance option ++	62	74%	1,831	77%	2,495	75%	-	-	
Plan rated as good or excellent	103	90%	2,688	87%	3,739	87%	-	-	
Quality of Care Rated as Good or Excellent									
Dentist	61	71%	1,669	73%	2,382	73%	-	-	
Eye Care-Optometry	84	83%	2,167	81%	3,079	82%	-	-	
Foot Care	78	87%	1,903	83%	2,637	83%	-	-	
Home Health Aide	100	86%	2,437	87%	3,351	87%	-	-	
Care Manager	99	89%	2,479	83%	3,445	83%	-	-	
Regular Visiting Nurse	86	83%	2,412	83%	3,355	83%	-	-	
Medical Supplies	85	77%	2,066	82%	2,937	82%	-	-	
Transportation Services	76	78%	2,000	77%	2,853	77%	-	-	
Timeliness- Always or Usually On Time									
Home Health Aide, Personal Care Aide	101	93%	2,471	92%	3,385	93%	-	-	
Care Manager	93	82%	2,270	83%	3,144	83%	-	-	
Regular Visiting Nurse	84	75%	2,297	81%	3,177	81%	-	-	
Transportation TO the Doctor	62	86%	1,763	81%	2,515	81%	-	-	
Transportation FROM the Doctor	61	77%	1,753	78%	2,505	78%	-	-	
Access to Routine Care (<1 Month)									
Dentist	45	60%	1,323	75%	1,873	73%	-	-	
Eye Care/Optometry	63	83%	1,767	80%	2,486	79%	-	-	
Foot Care/Podiatry	56	86%	1,608	82%	2,220	80%	-	-	
Access to Urgent Care (Same Day)									
Dentist	40	33%	1,062	31%	1,526	29%	-	-	
Eye Care/Optometry	53	32%	1,497	34%	2,165	33%	-	-	
Foot Care/Podiatry	50	36%	1,368	35%	1,912	34%	-	-	
Advance Directives									
Plan has discussed appointing someone to make decisions	115	72%	2,660	64%	3,757	67%	-	-	
Member has legal document appointing someone to make decisions	104	70%	2,645	53%	3,722	58%	▲	-	
Health plan has a copy of this document ♦	36	75%	913	75%	1,506	79%	-	-	

LEGEND	
Symbol	Description
a	N reflects the total number of members who completed the survey
b	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
▲	Represents a significantly higher rate versus the partially capitated/statewide rate (p < .001)
◇	Item based on a skip pattern

Satisfaction survey results demonstrated that ArchCare’s partially capitated members rated the majority of their services and care similar to members enrolled in other partially capitated plans, and in all plans statewide. There are, however, several notable differences. Although not statistically significant, there were a lower percentage of members who indicated they had access to a dentist for routine care within a month, when compared with other partially capitated members and members statewide (60% vs. 75% and 73%, respectively). In contrast, a higher percentage of members indicated they had an advance directive, compared with other partially capitated plan members and members statewide (70% vs. 53% and 58%, respectively). The difference between ArchCare members and other partially capitated plan members was statistically significant.

Figure 2b: Satisfaction Survey Results ArchCare Compared with all PACE Plans, and all Plans Statewide	ArchCare 2012-2013 (N=34) ^a		Overall PACE 2012-2013 (N=446) ^a		Statewide 2012-2013 (N=2,522) ^a		ArchCare 2014-2015 (N=62) ^a		Overall PACE 2014-2015 (N=574) ^a		Statewide 2014-2015 (N=4,592) ^a	
	n ^b	%	n ^b	%	n ^b	%	n ^b	%	n ^b	%	n ^b	%
Plan requested list of Rx/OTC meds **	25 ^c	80%	381	88%	2,197	88%	44	89%	432	92%	3,702	94%
Plan explained the Consumer Directed Personal Assistance option ++	-	-	-	-	-	-	29 ^c	62%	267	58%	2,495	75%
Plan Rated as Good or Excellent	32	78%	430	86%	2,458	84%	48	83%	453	86%	3,739	87%
Quality of Care Rated as Good or Excellent												
Regular Doctor (PCP)	31	87%	405	90%	2,247	89%	48	85%	446	90%	3,572	91%
Dentist	29 ^c	76%	291	73%	1,530	70%	36	58%	337	77%	2,382	73%
Eye Care-Optometry	27 ^c	63%	355	80%	1,951	81%	41	71%	391	78%	3,079	82%
Foot Care	27 ^c	63%	278	77%	1,640	80%	39	80%	322	81%	2,637	83%
Home Health Aide	24 ^c	71%	337	85%	2,056	87%	39	87%	373	84%	3,351	87%
Care Manager	27 ^c	70%	366	86%	2,108	84%	41	85%	414	85%	3,445	83%
Regular Visiting Nurse	29 ^c	72%	360	87%	2,132	84%	40	83%	401	88%	3,355	83%
Medical Supplies	25 ^c	84%	355	92%	1,844	86%	42	83%	400	87%	2,937	82%
Transportation Services	33	76%	387	86%	1,916	78%	45	80%	421	87%	2,853	77%
Timeliness- Always or Usually On Time												
Home Health Aide, Personal Care Aide	22 ^c	86%	319	77%	1,897	78%	38	97%	374	90%	3,385	93%
Care Manager	27 ^c	63%	341	68%	1,876	69%	37	89%	380	86%	3,144	83%
Regular Visiting Nurse	26 ^c	54%	340	71%	2,027	69%	33	88%	368	86%	3,177	81%
Transportation TO the Doctor	30	73%	370	71%	1,766	69%	38	92%	370	90%	2,515	81%
Transportation FROM the Doctor	30	77%	366	68%	1,742	67%	37	81%	370	84%	2,505	78%
Access to Routine Care (<1 Month)												
Regular Doctor (PCP)	26 ^c	65%	343	70%	2,104	59%	38	87%	383	86%	3,328	88%
Dentist	25 ^c	36%	229	42%	1,234	46%	27 ^c	74%	253	70%	1,873	73%
Eye Care/Optometry	23 ^c	44%	282	45%	1,647	43%	34	79%	300	74%	2,486	79%
Foot Care/Podiatry	24 ^c	46%	223	48%	1,390	45%	31	74%	255	73%	2,220	80%
Access to Urgent Care (Same Day)												
Regular Doctor (PCP)	26 ^c	62%	324	49%	1,755	45%	41	54%	368	50%	2,885	50%
Dentist	18 ^c	11%	173	15%	920	26%	25 ^c	24%	221	20%	1,526	29%
Eye Care/Optometry	16 ^c	6%	200	13%	1,195	22%	35	29%	278	27%	2,165	33%

Figure 2b: Satisfaction Survey Results ArchCare Compared with all PACE Plans, and all Plans Statewide	ArchCare 2012-2013 (N=34) ^a		Overall PACE 2012-2013 (N=446) ^a		Statewide 2012-2013 (N=2,522) ^a		ArchCare 2014-2015 (N=62) ^a		Overall PACE 2014-2015 (N=574) ^a		Statewide 2014-2015 (N=4,592) ^a	
	Foot Care/Podiatry	17 ^c	29%	163	23%	1,039	26%	31	23%	235	30%	1,912
Description	n ^b	%	n ^b	%	n ^b	%	n ^b	%	n ^b	%	n ^b	%
Advance Directives												
Plan has discussed appointing someone to make decisions	30	67%	389	82%	2,087	68%	47	70%	497	78%	3,757	67%
Member has legal document appointing someone to make decisions	28 ^c	82%	395	83%	2,145	61%	47	77%	494	84%	3,722	58%
Health plan has copy of this document ◇	17 ^c	100%	269	91%	956	77%	29 ^c	93%	348	94%	1,506	79%

LEGEND	
Symbol	Description
a	N reflects the total number of members who completed the survey
b	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
◇	Item based on a skip pattern
c	Significance testing could not be performed due to small sample size (n<30)

Due to the relatively small sample size of the respondents from ArchCare’s PACE product line, results should be interpreted with caution. For many of the categories of care, significance testing could not be performed, due to this small sample size. For the remaining categories of care, there was no statistically significant difference between ArchCare members and other PACE/statewide members.

Section Five: SAAM and UAS

The Semi Annual Assessment of Members (SAAM) was the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter, through 2013. There are fifteen (15) care categories, or domains in SAAM, as follows:

Diagnosis/Prognosis/Surgeries	Falls
Living arrangements	Neuro/Emotional Behavioral Status
Supportive assistance	ADL/IADLs
Sensory status	Medications
Integumentary status	Equipment Management
Respiratory status	Emergent Care
Elimination status	Hospitalizations
Nursing Home Admissions	

SAAM data were submitted to the NYSDOH twice annually, in January and July, through July 2013. The January submission consisted of assessments conducted between July and December of the prior year, the July submission consisted of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issued plan specific reports containing plan mean results and comparison to statewide averages.

In 2007, the SAAM was expanded beyond its role as a clinical assessment tool, to determine MLTC plan eligibility. An eligibility scoring index was created; the scoring index consisted of 13 items/questions, as follows:

Urinary Incontinence	Ability to dress lower body
Bowel incontinence frequency	Bathing
Cognitive functioning	Toileting
Confusion	Transferring
Anxiety	Ambulation/Locomotion
Ability to dress upper body	Feeding/Eating

Each item had a point value; a combined total score of 5 or greater constituted MLTC eligibility.

Effective October 2013, the SAAM tool was replaced by the Uniform Assessment System for NY (UAS-NY). The UAS-NY is a web based clinical assessment tool based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York¹. Data are immediately available to users during and upon completion of the assessment.

Figure 3a contains ArchCare's July 2013 SAAM results for their partially capitated line, and Figure 3b contains ArchCare's January-June and July-December 2014 UAS results.

Figure 4a contains ArchCare's July 2013 SAAM results for their PACE product line, and Figure 4b contains ArchCare's January-June and July-December 2014 UAS results.

¹ NYS Department of Health, *2014 Managed Long Term Care Report*. <http://health.ny.gov>

Figure 3a: ArchCare Partially Capitated and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=385	Statewide SAAM N=111,327
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	94%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	88%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help or with supervision	87%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help or with supervision	82%	79%
Toileting – % of members able to perform task independently, with setup help or with supervision	90%	91%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	87%	88%
Feeding/Eating – % of members able to eat/drink independently or with setup help only	100%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	36%	27%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	79%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	34%	40%
When Confused – % with no confusion	29%	34%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	38%	38%

SAAM Items	July 2013	
	Plan SAAM N=385	Statewide SAAM N=111,327
Depressed – % with no feelings of depression	62%	74%
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	43%	44%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	60%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	86%	73%

ArchCare Partially Capitated SAAM July 2013

The percent of ArchCare Community Life members that were able to perform the various ADLs represented above in Table 3a was comparable to the percent of members statewide. In contrast, a lower percentage of members indicated having no feelings of depression when compared with the statewide average (62% vs. 74%, respectively), while a higher percentage of members indicating having the influenza vaccine (86% vs. 73%).

Figure 3b: ArchCare Partially Capitated and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=1,733	Statewide UAS N=125,702	Plan UAS N=1,913	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	68%	55%	66%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	23%	19%	20%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help or with supervision	38%	33%	35%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help or with supervision	20%	18%	17%	16%
Toileting – % of members able to perform task independently, with setup help or with supervision	76%	63%	72%	57%
Feeding/Eating – % of members able to eat/drink independently, with setup help or with supervision	92%	87%	91%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	46%	36%	44%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	86%	82%	85%	83%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=1,733	Statewide UAS N=125,702	Plan UAS N=1,913	Statewide UAS N=132,429
Cognition				
Cognitive functioning – % with intact functioning	45%	39%	43%	33%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	74%	76%	72%	75%
Depressed – % with no feelings of depression	70%	71%	68%	68%
Health Conditions				
Frequency of Pain – % experiencing no severe daily pain	25%	22%	25%	26%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	88%	88%	88%	91%
Prevention				
Dental Exam – % who had dental exam in last year	43%	49%	43%	50%
Eye Exam – % who had eye exam in last year	70%	71%	71%	73%
Hearing Exam – % who had hearing exam in last 2 years	28%	33%	30%	33%
Influenza Vaccine – % who had influenza vaccine in last year	78%	75%	78%	76%

ArchCare Partially Capitated UAS January-June 2014

Compared with members statewide, a higher percentage of ArchCare Community Life members could perform the six ADLs independently or with minimal assistance, as represented in Figure 3b above. Also, there were a higher percentage of members with intact cognitive functioning as compared to statewide averages. A higher percentage of members (46%) appeared to exhibit urinary continence when compared with members statewide (36%).

ArchCare Partially Capitated UAS July-December 2014

Similar to the UAS outcomes for ADLs in the first half of the year, there were a higher percentage of ArchCare members who could perform these activities with a higher level of ability, when compared with members statewide. Also consistent with UAS results in the first reporting period, a higher percentage of ArchCare members exhibited urinary continence as well as cognitive functioning.

Figure 4a: ArchCare PACE and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=266	Statewide SAAM N=111,446
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	86%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	80%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help or with supervision	80%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help or with supervision	75%	79%
Toileting – % of members able to perform task independently, with setup help or with supervision	85%	91%
Transferring – % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	78%	88%
Feeding/Eating – % of members able to eat/drink independently or with setup help only	97%	99%
Continence		
Urinary Continence –	41%	27%

SAAM Items	July 2013	
	Plan SAAM N=266	Statewide SAAM N=111,446
% who are continent, have control with catheter/ostomy, or were infrequently incontinent		
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	69%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	24%	40%
When Confused – % with no confusion	13%	34%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	24%	38%
Depressed – % with no feelings of depression	71%	74%
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	59%	44%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	65%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	83%	73%

ArchCare PACE SAAM July 2013

A greater percentage of ArchCare Senior Life members reported urinary continence, no pain, and no falls requiring medical interventions, when compared with members statewide. Similarly, a greater percentage of members received the influenza vaccine. In contrast, a lower percentage of ArchCare Senior Life members had no cognitive impairment, no feelings of anxiety, and no feelings of depression compared with members statewide. It should be noted that these SAAM questions are prone to a high level of subjectivity on the part of the assessor and may also be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

Figure 4b: ArchCare PACE and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=261	Statewide UAS N=125,702	Plan UAS N=300	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	60%	56%	57%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	35%	19%	32%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help or with supervision	42%	33%	38%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help or with supervision	32%	18%	31%	16%
Toileting –	64%	63%	62%	57%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=261	Statewide UAS N=125,702	Plan UAS N=300	Statewide UAS N=132,429
% of members able to perform task independently, with setup help or with supervision				
Feeding/Eating – % of members able to eat/drink independently, with setup help or with supervision	89%	87%	89%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	60%	36%	54%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	81%	83%	80%	83%
Cognition				
Cognitive Functioning – % with intact functioning	28%	39%	21%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	79%	76%	76%	75%
Depressed – % with no feelings of depression	84%	71%	79%	68%
Health Conditions				
Frequency of Pain – % experiencing no severe daily pain	54%	26%	52%	22%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	91%	88%	89%	91%
Prevention				
Dental Exam – % who had dental exam in last year	81%	49%	80%	50%
Eye Exam – % who had eye exam in last year	85%	71%	84%	73%
Hearing Exam – % who had hearing exam in last 2 years	64%	33%	64%	33%
Influenza Vaccine – % who had influenza vaccine in last year	87%	75%	85%	76%

ArchCare PACE UAS January-June 2014

When compared with members statewide, a higher percentage of ArchCare Senior Life members could perform the six ADLs independently or with minimal supervision as represented in Figure 4b above, and also reported higher rates of urinary continence, no anxiety and no depression. In contrast, a lower percentage of ArchCare Senior Life members reported intact cognitive functioning (28% vs. 39% of members statewide).

ArchCare PACE UAS July-December 2014

Compared with members statewide, there were a lower percentage of ArchCare Senior Life members with intact cognitive functioning (21% vs. 34%, respectively). In contrast, a higher percentage of ArchCare Senior Life members demonstrated urinary continence, no feelings of depression or anxiety, no severe daily pain, and were compliant with preventive screenings and the influenza vaccine. In addition, a higher percentage of ArchCare Senior Life members were able to perform the six ADLs represented in Figure 4b above.

Section Six: Performance Improvement Projects

MLTC plans conduct performance improvement projects (PIPs) on an annual basis. Proposed project topics are presented to IPRO and to the NYSDOH prior to the PIP period, for approval. Periodic conference calls are conducted during the PIP period to monitor progress.

The following represents a summary of ArchCare's PIP for 2013 (PACE):

Transitional Care Information (TCI), transferred when a PACE participant moves between settings, is critical to a safe, optimally therapeutic, continuous care plan. The purpose of this PIP was to determine whether ArchCare Senior Life was sending and receiving appropriate TCI when a participant was:

- Sent to a hospital, emergency department or nursing home from either the PACE Center or from home (TOUT); and
- Discharged from a hospital, emergency department or nursing home to the PACE Center or home (TIN).

Goals included the following:

- 25% threshold for completion of check list and 80% of items checked after 2 months.
- 50% threshold for completion of check list and 80% of items checked after 4 months.
- 80% threshold for completion of check list and 80% of items checked after 6 months.

Interventions included the following:

- The medical record technician and the social worker at each PACE site were responsible for completing the TOUT and TIN checklists, respectively.
- Data from these checklists were entered into an Excel spreadsheet and then sent for analysis.

Results are summarized as follows:

TIN: Between 69% and 95% of TCI deemed necessary for a safe, optimally therapeutic transition of a PACE participant; TIN was demonstrated to be successfully transferred. Transitional Care Information that was a written document (e.g., discharge summary) was received and reviewed 74% of the time. Regarding telephonic TIN communication between professionals (e.g., PACE PCP, nurse, social worker and their discharging counterparts), social workers communicated telephonically 95% of the time versus PCPs and nurses who communicated telephonically only 69% of the time. The average for TIN telephonic communication between professions was 78%.

TOUT: Between 57% and 89% of TCI deemed necessary for a safe, optimally therapeutic transition of a PACE participant; TOUT was demonstrated to be successfully transferred. Of TCI that were written documents (e.g., written notes, medication lists, etc.), between 82% and 89% of these were sent either with the participant or faxed. Regarding telephonic TOUT communication, only 57% of the time was a telephonic conversation documented between the PACE PCP/NP and receiving PCP; 73% of the time the participant's family member and/or HCP was contacted. The average telephonic TOUT communication was 65%. Fifty-one percent of the TOUTs occurred during evening (30%) or weekend hours (21%).

Conclusions:

Transitional Care Information documentation was received in writing 74% and telephonically 78% of the time. TOUT documentation was received in writing 86% and telephonically 65% of the time.

Written documentation was more likely than telephonic communication to occur with TOUTs than with TINs. Over 50% of TOUTs occurred during evening hours (30%) or on weekends (21%). The timelines for completion of the check lists at 2, 4 and 6 months and items checked exceeded the thresholds of 25%, 50% and 80% respectively. The check list technology and processes used in this PIP proved to be successful and will be refined and memorialized in the transitional care procedures of ArchCare Senior Life (PACE).

The following represents a summary of ArchCare's PIP for 2014 (Part Cap & PACE):

Partially Capitated

Transportation is especially important to the frail elderly and chronically ill population that ArchCare serves. Therefore, the Plan sought to improve member satisfaction with the non-emergent transportation service as evidenced by a decrease of 3 percentage points in the proportion of members filing transportation related grievances. The Plan also sought to attain an overall decrease of 10 percentage points in the proportion of transportation related grievances of all grievances.

Interventions included the following:

- Telephonic outreach to members during the welcome call to educate on how to access the non-emergent transportation benefit.
- Education of care management teams with respect to the transportation benefit and development and distribution of a job aid describing the steps to arrange/schedule non-emergent transportation.
- Partnering with the transportation vendor (IPA) to collect grievances reported to the vendor and not to the Plan.
- Creation of a dedicated telephone line for ArchCare Community Life members to access the transportation vendor directly to schedule transportation.

Results are summarized as follows:

Baseline rates:

Indicator 1: Percentage of transportation grievances filed by members enrolled in the Plan (25.5%)

Indicator 2: Percentage of members filing transportation grievances (16.04%)

Re-measurement rates:

Indicator 1: Percentage of transportation grievances filed by members enrolled in the Plan (25.2%)

Indicator 2: Percentage of members filing transportation grievances (19.6%)

Conclusions:

The objectives of this improvement project were not met. The Plan did not achieve a reduction of 10 percentage points in the rate of transportation related grievances of all grievances file, nor did the Plan achieve an improvement in the percentage of members filing a grievance of those members who utilized the transportation benefit.

PACE

Depression in the elderly population often goes undiagnosed and untreated because many people think depression is a normal part of aging and a natural reaction to chronic illness, loss and social transition. Therefore, ArchCare Senior Life screened the population without a diagnosis of depression, dementia or who were not prescribed any anti-depressants. The objective of this project was to screen for depression, confirm the diagnosis of depression, reduce symptoms by 50% and to prevent psychiatric hospitalizations.

Interventions included the following:

- If the participant had a score of 10 or more (by using the PHQ-2 and PHQ-9), the participant was referred for a psychiatric evaluation to confirm the diagnosis of major depression.
- If diagnosis was confirmed, the social worker would develop a “Service Plan/Life Plan” with the participant to identify strengths, limitations, coping skills and goals.
- Social workers would increase the frequency of visits and/or telephone calls for once a week, for a total of eight weeks.
- At the end of the eight weeks, the social worker would administer the PHQ-9 to check if the participant’s score decreased by 50%.

Results:

After screening 83 participants, no participants fit the aforementioned criteria. The Plan then broadened its denominator to include participants with the diagnosis of dementia who scored four or below on the SPMSQ (Short Portable Mental Status Questionnaire); eighteen participants were eligible for the screening. None were identified as requiring social work intervention due to their low PHQ-9 scores.

Conclusions:

ArchCare Senior Life did not uncover any newly enrolled or current participants with a diagnosis of depression. The participants may have been through previous depression screenings, allowing for detection and treatment of depression prior to PACE enrollment. The findings suggest that the PACE program is not missing the diagnosis of depression in participants with mild dementia or normal cognition. The Plan will continue to monitor for depression on an ongoing basis and use the PHQ-2 and PHQ-9 tools to identify depression symptoms. The Plan’s Social Work Director will provide education on the signs and symptoms of depression once a year to all staff members.

Section Seven: Summary/Overall Strengths and Opportunities

Strengths

Partially Capitated

Overall Plan Rating

ArchCare Community Life members rated their health plan more favorably than members enrolled in other plans throughout the state. Of the ArchCare Community Life members who responded to this question, 90% rated the plan as good or excellent compared to 87% of other partially capitated plan members and 87% of plan members statewide .

Quality of Care

Satisfaction survey results indicate that a higher percent of ArchCare Community Life members (89%) rated the quality of their care managers as good or excellent compared to members enrolled in other partially capitated plans (83%) and all plans statewide (83%).

Advance Directives

ArchCare Community Life appears to be addressing advance directive needs, as evidenced by a significant percentage of respondents with an advance directive in place. Additionally, discussion about appointing someone to make health care decisions is occurring at a higher rate for ArchCare Community Life members. Rates for these questions surpass both partially capitated and statewide averages.

Activities of Daily Living (ADL)

ArchCare Community Life members had higher rates for performing each ADL, (locomotion, bathing, upper and lower body dressing, toileting and eating) compared with members enrolled in other plans statewide.

Cognition

ArchCare Community Life members with a UAS assessment conducted between July and December 2014 reported a higher percentage of cognitive functioning compared to members enrolled in other plans statewide. Forty three (43) percent of ArchCare Community Life members demonstrated intact functioning, compared with 33% of members statewide.

PACE

Timeliness

Satisfaction survey responses indicate that ArchCare Senior Life members had higher satisfaction with the timeliness of their home health aide/personal care aide when compared with other PACE plans and all plans statewide. ArchCare Senior Life members had a 97% satisfaction rating for the timeliness of their home health/ personal care aide, compared to 90% for other PACE plans and 93% statewide.

Access to Urgent Care (Same Day)

There were higher rates reported among ArchCare Senior Life members for same day access to a regular doctor. Fifty four percent (54%) of ArchCare Senior Life members reported having access to a PCP within this timeframe, compared with members in the other PACE plans (50%), and members statewide (50%).

Activities of Daily Living (ADL)

ArchCare Senior Life members had higher level of ability in performing each ADL (locomotion, bathing, upper and lower body dressing, toileting and eating), compared with members statewide. Rates for bathing for ArchCare Senior Life members were double the statewide rates (32% vs. 16% respectively).

Pain

UAS data indicate substantially higher rates for ArchCare Senior Life members compared to statewide for members experiencing no severe pain daily. Fifty two percent (52%) of ArchCare Senior Life members indicated they had no severe daily pain, compared with 22% of members statewide.

Prevention

A higher percentage of ArchCare Senior Life members were compliant with each of the prevention indicators (dental exam, eye exam, hearing exam and the influenza vaccine). Rates were especially higher for dental exams for ArchCare Senior Life members compared to members statewide (80% vs. 50%, respectively) and for hearing exams (64% vs. 33%, respectively).

Opportunities

Partially Capitated

Timeliness

Seventy five percent (75%) of ArchCare Community Life members indicated their regular visiting nurse is always or usually on time, compared with other partially capitated members (81%) and all other members statewide (81%).

It is recommended that ArchCare Community Life conduct a focused member survey, addressing the visiting nurse services to determine the nature of these timeliness issues.

Access to Urgent Care (<1 month)

There were much lower rates reported among ArchCare Community Life members for access to a routine dental visit. Sixty percent (60%) of ArchCare Community Life members reported having access to a dentist, compared with members in the other partially capitated plans, and members statewide (75% vs. 73%, respectively).

It should be noted that ArchCare made a decision to conduct a PIP in 2015 which addressed access to dental services. It is recommended that focused efforts continue in this area.

Preventive Screenings

ArchCare Community Life members had lower rates for all of the preventive care indicators, with the exception of the Influenza vaccine. Compliance with a dental exam, eye exam and hearing exam was lower among ArchCare members when compared with members statewide.

Based upon these data, an opportunity would appear to exist for improved preventive screening programs.

PACE

Cognition

A lower percentage of ArchCare Senior Life members reported intact cognitive functioning compared with members statewide (21% vs. 34%, respectively).

ArchCare Senior Life is a PACE plan, with membership 55 and older. Cognitive impairment would appear to be of increasing concern with aging and could be impacting the plan's results in comparison to all plan type statewide averages. However, the scores for this question can rely heavily upon assessor observation at the time of the assessment visit and may be subjectively scored based upon these observations. It is therefore recommended that ArchCare Senior Life conduct an inter-rater reliability project for these assessments, to aid in determining whether these members do in fact have higher levels of cognitive impairment than on a statewide basis, or if there are scoring issues. It may prove advantageous to have two assessors independently conduct the same assessments on a sample of members, to test the validity of UAS responses.