

NEW YORK STATE DEPARTMENT OF HEALTH

# 2013 Managed Long-Term Care Report



[health.ny.gov](http://health.ny.gov)



# Table of Contents

Page

<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	5
<b>Managed Long-Term Care Program</b> .....	6
<b>Types of Managed Long-Term Care Plans</b> .....	7
<b>Eligibility</b> .....	8
Medicaid Redesign Team .....	8
<b>Enrollment</b> .....	9
<b>Managed Long-Term Care Plan Availability</b> .....	10
<b>Semi-Annual Assessment of Members</b> .....	11
<b>SAAM Index</b> .....	12
<b>Demographic Profile of MLTC Enrollees</b> .....	13
<b>Plan Profiles</b> .....	14
<b>Enrollee Attributes</b> .....	17
Overall Functioning and Activities of Daily Living .....	18
Incontinence and Neurological/Emotional/Behavioral Status .....	23
Living Arrangements and Sensory/Emotional Status .....	26
<b>Plan Performance</b> .....	29
Quality of Life/Effectiveness of Care/Hospital Emergent Care .....	30
<b>Performance Over Time</b> .....	33
Activities of Daily Living .....	34
Incontinence .....	39
Quality of Life/Effectiveness of Care .....	42
Risk Adjusted Measures .....	45
<b>Utilization and Patient Safety</b> .....	48
<b>Member Satisfaction</b> .....	49
Satisfaction with the Experience of Care .....	50
<b>Potentially Avoidable Hospitalizations</b> .....	58
<b>Appendix A: Managed Long-Term Care Covered Services</b> .....	60
<b>Appendix B: SAAM Index Scoring Guidelines</b> .....	61
<b>Appendix C: Measure Descriptions</b> .....	65
<b>Appendix D: Technical Notes</b> .....	69



## Executive Summary

The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) of New York State's Public Health Law provides the Commissioner of Health with the authority to certify managed long-term care (MLTC) plans and oversee their operation, including the quality of care. This report describes 38 of New York State's certified MLTC plans and presents information about the quality of care they provide and enrollees' satisfaction with the plans. There are 10 new MLTC plans that are not included in the presented statistics because data are not yet available.

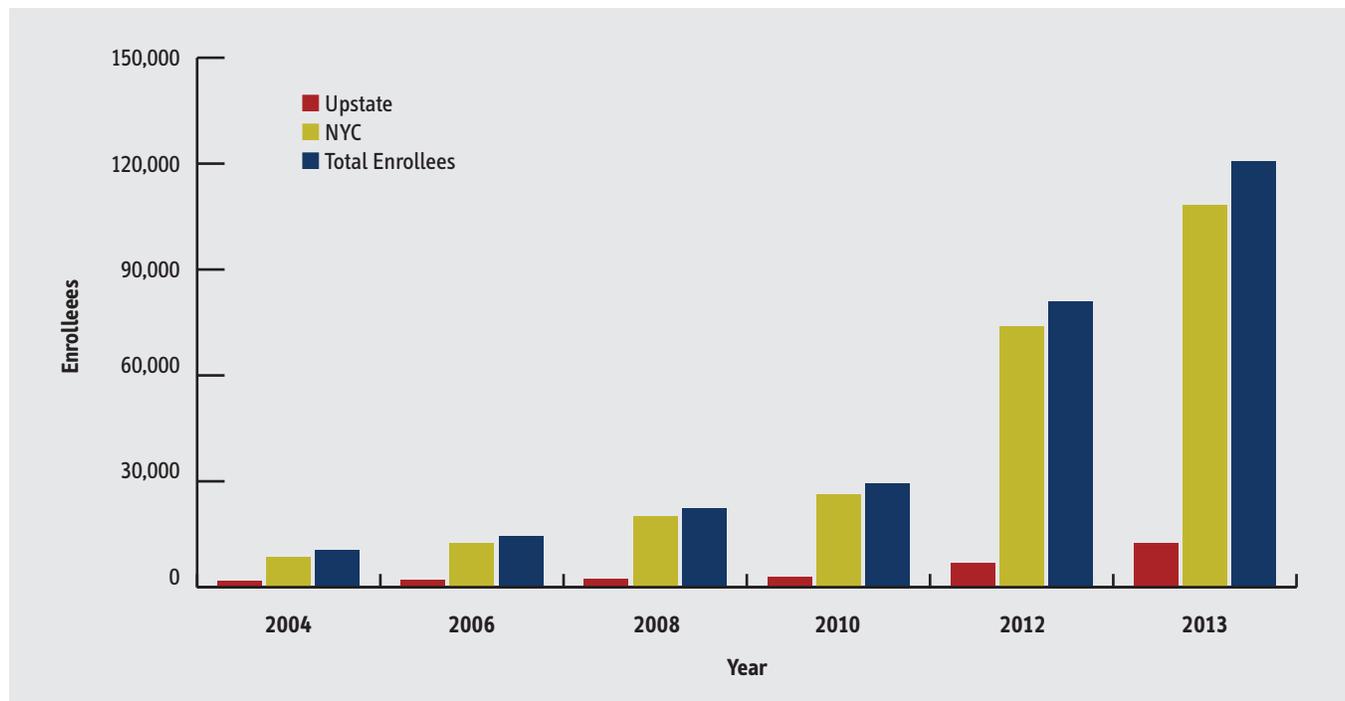
MLTC plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, transportation services, and skilled

nursing facility services (SNF). Including SNF services in the capitation payment provides a financial incentive for the plans to keep their members healthy and living in the community.

### Enrollment

As shown in the chart below, enrollment in the MLTC plans has been steadily increasing with current enrollment of 120,836 individuals as of November 2013. Ninety percent of the membership is in New York City. As of January 2013, 85 percent of the MLTC enrollees are over the age of 64 and 70 percent are female. By race and ethnic group enrollment in MLTC is 27 percent White non-Hispanic, 18 percent Black non-Hispanic, and 26 percent Hispanic. Eighty-seven percent are dually enrolled in Medicare and Medicaid and 66 percent have been enrolled in the program over one year.

### MLTC Enrollment by Location and Year



The report is organized into four sections: 1) Quality of life and care based on the Semi-Annual Assessment of Members (July 1, 2012-December 31, 2012); 2) Quality performance over time (based on changes

seen in assessments throughout 2012); 3) Enrollee satisfaction with care from the 2013 satisfaction survey; and 4) Potentially avoidable hospitalizations (based on inpatient hospitalizations during 2012).

---

## Quality Performance

The two domains of quality performance in this report are based on a semi-annual assessment of the enrollees' health and functional status and include: 1) Performance measures such as the percentage of enrollees who received an annual flu shot; and, 2) Measures that track performance over time such as the percentage of individuals whose overall functioning remained stable or improved over time. The tables include the plan-specific and statewide percentages of enrollees who met the criteria for the measure, e.g., received the flu shot and whether the plan's performance was statistically higher, the same, or lower than the statewide average. The following are highlights:

- Seventy percent of enrollees received the recommended annual flu shot. Plan rates ranged from 46 to 100 percent.
- Eighty-eight percent of enrollees had no reported falls in the past six months.
- Eighty-eight percent of enrollees' overall functional ability (Activities of Daily Living Composite) was stable or improved over a six- or twelve-month period.
- Seventy-seven percent of enrollees were stable or showed improvement in the ability to manage their oral medication over the follow-up period.

## Utilization

This section shows the percentage of enrollees who were admitted to either a nursing home for long-term placement or a hospital one or more times in a six-month period. Highlights include:

- Fewer than 2 percent of enrollees were admitted to a nursing home and of that group, 30 percent were admitted for long-term placement.

- Seven percent of enrollees were admitted to the hospital. Some of the more common clinical categories are: respiratory problems (15 percent), falls (11 percent), urinary tract infection (5 percent), congestive heart failure-CHF (5 percent), and scheduled (5 percent).

## Enrollee Satisfaction

In the spring of 2013, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2012. The overall response rate was 27 percent. The following are highlights:

- Eighty-four percent of respondents rated their health plan as good or excellent.
- Ninety percent would recommend their plan to a friend.
- Eighty-six percent rated their care manager and home health aide/personal care aide as good or excellent.

## Potentially Avoidable Hospitalizations

This measure calculates the number of potentially avoidable hospitalizations (PAH) for an enrollee based on the number of days enrolled in the plan. Highlights include:

- The overall rate of PAH for all MLTC plans was 1.12 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.
- Five plans performed worse than expected after the rates were risk adjusted.
- Two plans performed better than expected after the rates were risk adjusted.

## Introduction



The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In September 2013 there were 35 MLTC organizations certified to enroll members in three plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 45 plans. The tables in this report present information about the 28 MLTC organizations and 38 plans that were operational during the data collection period.

The New York State Department of Health (NYSDOH) has been publishing quality performance and

enrollment data for traditional Medicaid managed care plans since 1994. This is the second public report on MLTC performance. The analyses presented in this report provide the basis for more data-driven improvement initiatives.

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

**Office of Quality and Patient Safety**  
Corning Tower Room 1938, Empire State Plaza  
Albany, New York 12237  
Phone: (518) 486-9012  
Fax: (518) 486-6098  
E-mail: [nysqarr@health.state.ny.us](mailto:nysqarr@health.state.ny.us)

## The Managed Long-Term Care Program



Managed long-term care (MLTC) assists chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, ancillary services, and transportation services. The costs of skilled nursing facility services

are included in the capitation payment thereby providing a financial incentive for the plans to keep their members healthy and living in the community. (The list of all services is included in Appendix A.) Depending on the type of plan, ambulatory care, inpatient, and mental health services may also be included in the benefit package.

## Types of Managed Long-Term Care Plans

Within the MLTC program, there are three models of plans, described below. All plans accept Medicaid. Some plans also accept members who are only eligible for Medicare and private pay.

### Partial Capitation Plans

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

### Program of All-inclusive Care for the Elderly Organizations

Program of All-inclusive Care for the Elderly (PACE) organizations provide a comprehensive system of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for PACE services on a capitated basis. PACE members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides on-going 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 CMS and the NYSDOH.

### Medicaid Advantage Plus

Medicaid Advantage Plus (MAP) plans must be certified by the NYSDOH as MLTC plans and by CMS as 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 services in Appendix A and also covers Medicare co-payments and deductibles. The minimum age requirement is 18 years. All enrollees must be eligible for nursing home placement.

## Eligibility

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

- have a chronic illness or disability that makes an individual eligible for services usually provided in a nursing home;
- are able to stay safely at home at the time when joining the plan;

- are expected to need long-term care services for more than 120 days from the date of enrollment;
- meet the age requirement of program and the plan;
- reside in the area served by the plan.

### Medicaid Redesign Team

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

MRT#90 requires the mandatory transition and enrollment of certain community-based long-term care services recipients into Managed Long-Term Care as a component of a fully integrated care management system. In August 2012, the New York State Department of Health (NYSDOH) received written approval from the Centers for Medicare and Medicaid Services (CMS) to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver requires all dual eligible individuals (persons in receipt of both Medicare and Medicaid benefits) ages 21 or older and in need of community based long-term care services for more than 120 days

to be mandatorily enrolled into Managed Long-Term Care Plans.

The following groups are excluded at this time:

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

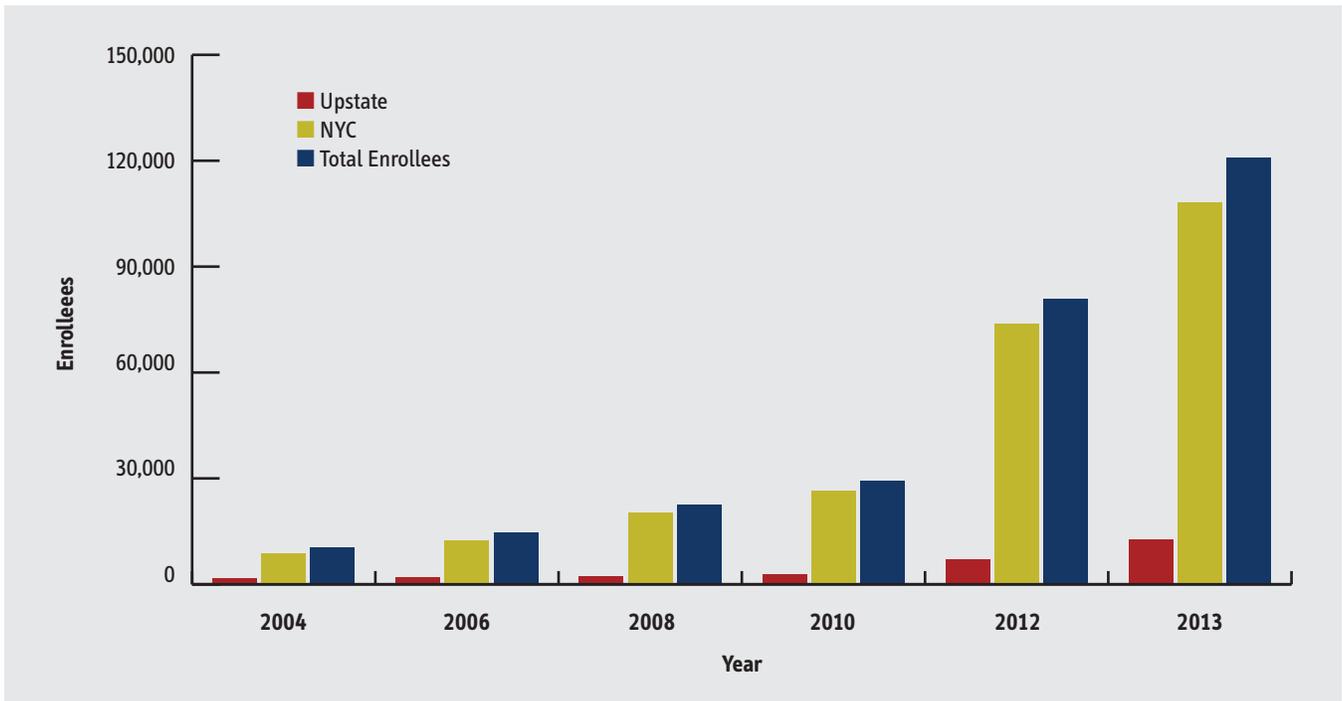
Those currently in receipt of community-based long-term care services or new users requesting the services have the option of enrolling in Partial capitation, PACE, or MAP plans. However, if recipients do not choose a plan, they can only be auto-assigned for the community-based long-term care services capitated by Medicaid (not Medicare). Therefore, auto-assignees are only enrolled into the Partial capitation plans because that benefit package only includes services capitated by Medicaid while the PACE and MAP plans also include benefits covered by Medicare. The transition to MLTC is being implemented in five phases.

# Enrollment

Figure 1 shows that MLTC enrollment has steadily increased over the past nine years from approximately 10,000 in 2004 to over 120,000 as of November 2013 with the number of plans growing from 16 plans to 48 plans. Ninety-two percent of the enrollment is in

partial capitation plans and highly concentrated in New York City, which accounts for 90% of current MLTC enrollment. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT 90.

**Figure 1**  
**MLTC Enrollment by Location and Year**

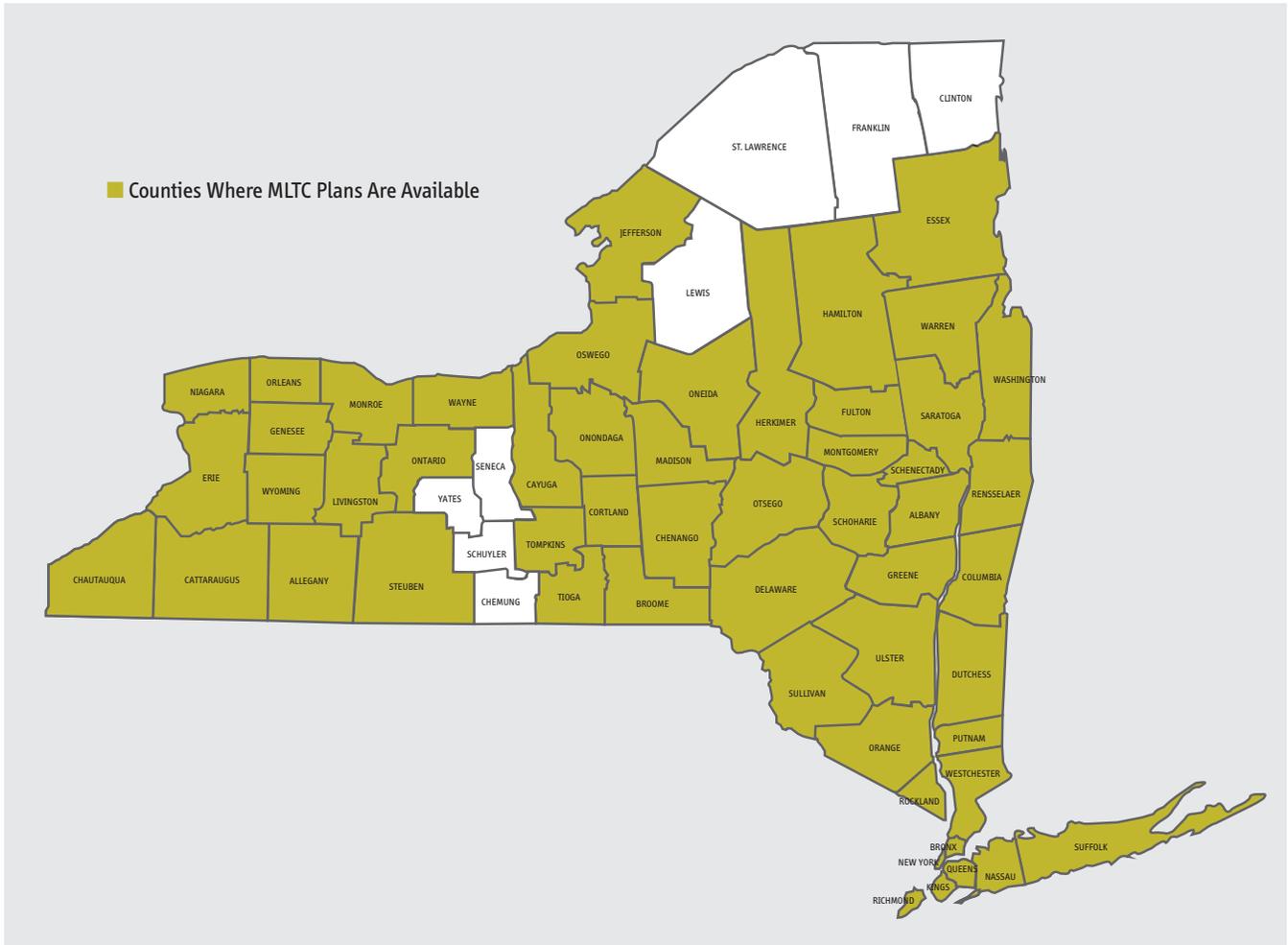


# Managed Long-Term Care Plan Availability

The map below illustrates the availability of MLTC plans across New York State. As indicated in Figure 2,

MLTC covers 54 counties of operation; 8 counties are without an approved MLTC plan.

**Figure 2**  
**Counties Where MLTC Plans Are Available**



## Semi-Annual Assessment of Members

The MLTC plans are required to collect and report to the NYSDOH information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnosis. This information is collected at enrollment and then semi-annually thereafter. Since 2005, these data have been collected using the Semi-Annual Assessment of Members (SAAM) instrument, a modified version of the Federal (Medicare) Outcome and Assessment Information Set (OASIS-B). The SAAM is used to establish clinical eligibility for the MLTC program and assist health providers in care planning and outcome monitoring. The functional status data are critical, since these data are the basis for the MLTC plans' care management planning processes, and facilitate the plan's identification of areas where the patient's status differs from optimal health or functional status.

Plans submit SAAM data in January and July, with each submission including all SAAM assessments completed in the previous six months (assessments completed between July and December are included in the January submission, and assessments completed between January and June are included in the July submission).

The latest version of the SAAM instrument is available on the NYSDOH Website at: [http://www.health.ny.gov/health\\_care/managed\\_care/mltc/pdf/mltc\\_SAAM\\_ver\\_2\\_1\\_5.pdf](http://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_SAAM_ver_2_1_5.pdf)

On October 1, 2013, the SAAM instrument was replaced by the Uniform Assessment System for New York (UAS-NY). The UAS-NY is an electronic system based on a uniform data set and will standardize and automate needs assessments for home and community based programs in New York. The interRAI Suite of assessment instruments is the basis of the tool. interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data. The interRAI organization and its assessment tools are used in many states as well as Canada and other countries. UAS-NY will facilitate access to programs and services, eliminate duplicative assessment data, and improve consistency in the assessment process.

In its development of the UAS-NY, the NYSDOH included all 13 components of the SAAM Index as well as the point assignment and overall algorithm such that the determination of level of care score will remain consistent as much as possible. Questions are slightly different and responses are different, so it is not a 1-to-1 match.

## SAAM Index

In 2007, the NYSDOH developed and implemented a functional assessment scoring system based on the SAAM instrument to establish clinical eligibility for the MLTC program, i.e., determine if the person is nursing home eligible. The SAAM Index is comprised of 13 items from the SAAM instrument. These items include the areas of incontinence, cognitive functioning, and Activities of Daily Living (ADLs). Points are allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. For example, if a potential enrollee is able to walk with a cane or walker, no points are assigned for this level of functioning. If the enrollee needs human

assistance at all times to walk, four points are assigned. One point is awarded if the person experiences incontinence once a week or less. The maximum number of points is 51. SAAM Index of five or more indicates need of services usually provided in a nursing home. A level of care score of five is no longer required for dual-eligible individuals enrolled in partial capitation plans. The current statewide average SAAM Index score is 16. (The questions and point assignment is described in detail in Appendix B.) Several measures in this report are based on the SAAM Index and its components allowing for a comparison of case mix among the plans.

## Demographic Profile of MLTC Enrollees

The data in Table 1 are based on the January 2013 SAAM submission and therefore reflect the characteristics of the enrollees in the program from July through December of 2012. As shown, over 85 percent are over the age of 64. Almost three-quarters

of the enrollees are nonwhite (73 percent) and just over 1 percent were in a nursing home at the time of the assessment. Sixty-six percent have been continuously enrolled in MLTC for 12 months or more.

**Table 1**  
**Demographic Profile**

Measure	Percent
<b>Age Groupings</b>	
Age < 21	0.0
Age 21-54	6.2
Age 55-64	8.7
Age 65-74	22.3
Age 75-84	35.1
Age 85+	27.7
<b>Gender</b>	
Male	29.6
Female	70.4
<b>Race</b>	
White Non-Hispanic	26.7
Black Non-Hispanic	17.9
Hispanic	26.3
Race Other	28.8
<b>Primary Language</b>	
English	38.8
Spanish	24.0
Chinese	15.3
Russian	12.9
Other	9.0
<b>High Risk Factors</b>	
Underweight	2.4
Overweight	16.9
Obese	11.9
<b>Enrollment</b>	
Continuously Enrolled 12+ Months	66.1
Continuously Enrolled <12 Months	33.9

Measure	Percent
<b>Payment Source</b>	
Dually Enrolled in Medicaid and Medicare	86.5
Medicaid (Includes those enrolled in Medicaid only and those dually enrolled)	99.5
Medicare (Includes those enrolled in Medicare only and those dually enrolled)	87.0
Medicaid Only	12.9
Other	1.5
<b>Current Location</b>	
Community	92.9
Nursing Home	1.3
Hospital	0.0
<b>Living Situation</b>	
Alone	39.7
With Family/Friend	49.1
With Other	4.0
<b>Top Statewide Diagnoses (Percent of All Members)</b>	
Hypertension	62.0
Osteoarthritis	43.7
Hyperlipidemia	25.9
Diabetes Without Complications	25.5
Osteoporosis	18.0
Other Genitourinary Conditions	17.8
Coronary Atherosclerosis	17.7
Other Nerve Disorder	16.4
Senility/Organic Mental Disorder	15.9
Other Joint Disorder	13.9

## Plan Profiles

Table 2 summarizes the MLTC plans certified as of November 2013 by the NYSDOH to enroll Medicaid recipients. Counties of operation and enrollment through November 2013 are presented. Plan performance data featured in this report are not

available for all plans in Table 2 because some plans were not operational during the time period these data represent. Plans that were not operational during the time of data collection are noted with an asterisk (\*) in Table 2.

**Table 2**  
**Health Plan Profiles**

Health Plan Name and Website	Counties of Operation	2013 Enrollment (As of Nov. 2013)
<i>Partial Capitation Plans</i>		
1. Aetna Better Health <a href="http://www.aetnabetterhealth.com/ny/">http://www.aetnabetterhealth.com/ny/</a>	Kings, New York, Queens, Nassau, Suffolk	1,951
2. AgeWell New York <a href="http://www.agewellnewyork.com/">http://www.agewellnewyork.com/</a>	Bronx, Kings, New York, Nassau, Queens, Suffolk, Westchester	2,101
3. AlphaCare of New York* <a href="http://www.alphacare.com/">http://www.alphacare.com/</a>	Bronx, Kings, New York, Queens, Richmond, Westchester	263
4. Amerigroup Community Connections <a href="http://www.myamerigroup.com/">http://www.myamerigroup.com/</a>	Bronx, Kings, New York, Queens, Richmond	2,893
5. ArchCare Community Life <a href="http://www.archcare.org/">http://www.archcare.org/</a>	Bronx, Kings, New York, Putnam, Queens, Richmond, Westchester	1,559
6. CenterLight Select <a href="http://www.centerlighthealthcare.org/">http://www.centerlighthealthcare.org/</a>	Bronx, Kings, New York, Nassau, Queens, Rockland, Richmond, Suffolk, Westchester	10,023
7. Centers Plan for Healthy Living* <a href="http://www.centersplan.com/">http://www.centersplan.com/</a>	Bronx, Kings, Erie, New York, Niagara, Queens, Rockland, Richmond	950
8. Elant Choice <a href="http://www.elant.org/">http://www.elant.org/</a>	Dutchess, Orange, Rockland	395
9. Elderplan dba Homefirst <a href="http://homefirst.org/">http://homefirst.org/</a>	Bronx, Kings, New York, Monroe, Nassau, Queens, Rockland, Richmond, Suffolk, Westchester	11,012
10. Elderserve <a href="http://www.elderservehealth.org/">http://www.elderservehealth.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	10,166
11. Extended MLTC* <a href="http://www.extendedmltc.org/">http://www.extendedmltc.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk	132
12. Fidelis Care at Home <a href="http://www.fideliscare.org/">http://www.fideliscare.org/</a>	Albany, Allegany, Bronx, Kings, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Genesee, Greene, Hamilton, Herkimer, Livingston, New York, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Rockland, Schenectady, Schoharie, Richmond, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming	7,466

**Table 2 (Continued)**  
**Health Plan Profiles**

Health Plan Name and Website	Counties of Operation	2013 Enrollment (As of Nov. 2013)
<b>Partial Capitation Plans</b>		
13. GuildNet <a href="http://www.guildnetny.org">http://www.guildnetny.org</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	14,240
14. HamaspiK Choice* <a href="http://www.hamaspiKchoice.org/">http://www.hamaspiKchoice.org/</a>	Orange, Rockland, Sullivan, Ulster	3
15. HHH Choices Health Plan <a href="http://hhhchoices.org/">http://hhhchoices.org/</a>	Bronx, Kings, New York, Queens, Westchester	2,377
16. HIP MLTC <a href="http://www.emblemhealth.com/">http://www.emblemhealth.com/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	1,268
17. Independence Care System <a href="http://www.icsny.org/">http://www.icsny.org/</a>	Bronx, Kings, New York, Queens	5,008
18. Integra MLTC* <a href="http://www.integraplans.org/">http://www.integraplans.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	572
19. MetroPlus MLTC* <a href="http://www.metroplus.org/">http://www.metroplus.org/</a>	Bronx, Kings, New York, Queens	429
20. Montefiore MLTC* <a href="http://www.montefiore.org/healthplans/">http://www.montefiore.org/healthplans/</a>	Bronx, Westchester	4
21. North Shore-LIJ Health Plan* <a href="http://www.nsljhealthplans.com/">http://www.nsljhealthplans.com/</a>	Kings, New York, Nassau, Queens, Richmond, Suffolk	19
22. Senior Health Partners <a href="http://www.shpny.org/">http://www.shpny.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond	10,745
23. Senior Network Health <a href="http://faxtonstlukes.com/senior-network-health">http://faxtonstlukes.com/senior-network-health</a>	Herkimer, Oneida	446
24. Senior Whole Health Partial <a href="http://www.seniorwholehealth.com/">http://www.seniorwholehealth.com/</a>	Bronx, Kings, New York, Queens	523
25. Total Aging In Place Program <a href="http://www.weinbergcampus.org/">http://www.weinbergcampus.org/</a>	Erie	120
26. United Healthcare Personal Assist <a href="http://www.uhcommunityplan.com/">http://www.uhcommunityplan.com/</a>	Albany, Bronx, Kings, Broome, Erie, New York, Monroe, Oneida, Onondaga, Orange, Queens, Rockland, Richmond	507
27. VNA Homecare Options* <a href="http://vnahomecareoptions.org/">http://vnahomecareoptions.org/</a>	Cayuga, Jefferson, Madison, Onondaga, Oswego	156
28. VNS Choice Partial <a href="http://www.vnsnychoice.org/">http://www.vnsnychoice.org/</a>	Albany, Bronx, Kings, Columbia, Delaware, Dutchess, Erie, Fulton, Greene, Herkimer, Madison, New York, Monroe, Montgomery, Nassau, Oneida, Onondaga, Orange, Otsego, Putnam, Queens, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Richmond, Suffolk, Sullivan, Ulster, Warren, Washington, Westchester	17,929
29. Village Care MAX <a href="http://villagecaremax.org/">http://villagecaremax.org/</a>	Bronx, Kings, New York, Queens	2,346
30. Wellcare Advocate Partial <a href="https://www.wellcare.com/">https://www.wellcare.com/</a>	Albany, Bronx, Kings, Erie, New York, Nassau, Orange, Queens, Rockland, Richmond, Suffolk, Ulster, Westchester	5,350

**Table 2 (Continued)**  
**Health Plan Profiles**

Health Plan Name and Website	Counties of Operation	2013 Enrollment (As of Nov. 2013)
<b>PACE Organizations</b>		
31. ArchCare Senior Life <a href="http://www.archcare.org/">http://www.archcare.org/</a>	Bronx, New York	302
32. Catholic Health – LIFE <a href="http://www.chsbuffalo.org/Services/SeniorServices/LIFE">http://www.chsbuffalo.org/Services/SeniorServices/LIFE</a>	Erie	149
33. CenterLight PACE <a href="http://www.centerlighthealthcare.org/">http://www.centerlighthealthcare.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	3,547
34. Complete Senior Care <a href="http://www.hanci.com/services_complete_senior_care.html">http://www.hanci.com/services_complete_senior_care.html</a>	Niagara	84
35. Eddy Senior Care <a href="http://www.nehealth.com/">http://www.nehealth.com/</a>	Albany, Schenectady	144
36. Independent Living For Seniors <a href="http://www.rochestergeneral.org/centers-and-services/senior-services/independent-living-for-seniors/">http://www.rochestergeneral.org/centers-and-services/senior-services/independent-living-for-seniors/</a>	Monroe	461
37. PACE CNY <a href="http://www.pacecny.org/pages/home.html">http://www.pacecny.org/pages/home.html</a>	Onondaga	440
38. Total Senior Care <a href="http://www.totalseniorcare.org/">http://www.totalseniorcare.org/</a>	Allegany, Cattaraugus	91
<b>Medicaid Advantage Plus (MAP)</b>		
39. Amerigroup Medicaid Advantage Plus <a href="https://www.myamerigroup.com/">https://www.myamerigroup.com/</a>	Bronx, Kings, New York, Queens, Richmond	7
40. Elderplan <a href="http://elderplan.org/">http://elderplan.org/</a>	Bronx, Kings, New York, Monroe, Nassau, Queens, Richmond, Westchester	840
41. Fidelis Medicaid Advantage Plus <a href="http://www.fideliscare.org/">http://www.fideliscare.org/</a>	Albany, Bronx, Kings, New York, Montgomery, Queens, Rensselaer, Schenectady, Richmond	205
42. GuildNet Medicaid Advantage Plus <a href="http://www.guildnetny.org/">http://www.guildnetny.org/</a>	Bronx, Kings, New York, Nassau, Queens, Suffolk	524
43. Health Insurance Plan <a href="http://www.emblemhealth.com/">http://www.emblemhealth.com/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	576
44. HHH Choices Gold* <a href="http://hhhchoicesgold.org/">http://hhhchoicesgold.org/</a>	Bronx, Kings, New York, Queens, Westchester	8
45. MHI Healthfirst Complete Care <a href="https://www.healthfirstny.org/">https://www.healthfirstny.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Westchester	2,219
46. Senior Whole Health <a href="http://www.seniorwholehealth.com/">http://www.seniorwholehealth.com/</a>	Bronx, Kings, New York, Queens	22
47. VNS Choice Plus MAP <a href="http://www.vnsnychoice.org/">http://www.vnsnychoice.org/</a>	Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk, Westchester	259
48. Wellcare Advocate Complete MAP <a href="https://newyork.wellcare.com/">https://newyork.wellcare.com/</a>	Bronx, Kings, New York, Queens	5

\*Plan not operational during the time of data collection.

## Enrollee Attributes

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

Measures are reported as percentages of the eligible population. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members or for PAH 5,400 plan days are excluded from the plan-level calculations and reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages.



## Overall Functioning and Activities of Daily Living

- **Overall Functioning:** The SAAM Index is a composite measure of Activities of Daily Living, Incontinence and Cognitive Functioning. Average score on a scale of 0-51. Zero represents the highest level of functioning.
- **Ambulation:** Member's ability to walk on various surfaces. Average score on a scale of 0-6. Zero represents the highest level of functioning.
- **Bathing:** Member's ability to bathe him/herself independently. Average score on a scale of 0-5. Zero represents the highest level of functioning.
- **Transferring:** Member's ability to move from a seated position to another location. Average score on a scale of 0-6. Zero represents the highest level of functioning.
- **Dressing Upper Body/Dressing Lower Body:** Member's ability to dress their upper and lower bodies. Average score on a scale of 0-3. Zero represents the highest level of functioning.
- **Toileting:** Member's ability to use the bathroom or bedside commode. Average score on a scale of 0-4. Zero represents the highest level of functioning.
- **Feeding/Eating:** Member's ability to feed oneself. (Does not include meal preparation.) Average score on a 0-5 scale. Zero represents the highest level of functioning.

**Table 3**  
**Overall Functioning and Activities of Daily Living**

Health Plan	Overall Functioning	Activities of Daily Living		
	SAAM Index	Ambulation (0-6)	Bathing (0-5)	Transferring (0-6)
<i>Partial Capitation Plans</i>				
Aetna Better Health	18.4	2.3	2.7	1.4
AgeWell New York	11.0	1.4	2.2	0.9
Amerigroup Community Connections	17.1	2.3	2.6	1.5
ArchCare Community Life	14.4	2.2	2.1	1.1
CenterLight Select	14.5	1.9	2.2	1.3
Elant Choice	15.0	2.0	2.3	1.0
Elderplan dba Homefirst	16.8	2.5	2.4	1.9
Elderserve	16.9	1.9	2.5	1.5
Fidelis Care at Home	17.0	2.3	2.4	1.6
GuildNet	19.3	2.5	2.7	1.8
HHH Choices Health Plan	14.7	1.9	2.4	1.3
HIP MLTC	18.1	2.7	2.7	1.8
Independence Care System	19.2	3.1	2.9	2.0
Senior Health Partners	16.8	2.1	2.2	1.5
Senior Network Health	14.5	2.1	2.3	1.8
Senior Whole Health Partial	20.1	2.5	2.9	1.9
Total Aging In Place Program	12.9	2.1	2.2	1.4
United Health Personal Assist	SS	SS	SS	SS
VNS Choice Partial	15.5	2.2	2.5	1.4
Village Care MAX	15.5	2.4	2.2	1.7
Wellcare Advocate Partial	13.1	2.1	2.2	1.1

**Table 3 (Continued)**  
**Overall Functioning and Activities of Daily Living**

Health Plan	Overall Functioning	Activities of Daily Living		
	SAAM Index	Ambulation (0-6)	Bathing (0-5)	Transferring (0-6)
<b><i>PACE Organizations</i></b>				
ArchCare Senior Life	16.4	2.3	2.4	1.4
Catholic Health - LIFE	13.6	2.1	2.2	1.1
CenterLight PACE	16.0	2.1	2.5	1.5
Complete Senior Care	14.3	1.3	2.0	0.9
Eddy Senior Care	16.7	2.4	2.8	1.4
Independent Living for Seniors	17.1	2.3	2.5	1.3
PACE CNY	16.2	2.4	2.4	1.6
Total Senior Care	14.6	2.4	2.4	1.1
<b><i>Medicaid Advantage Plus (MAP)</i></b>				
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS
Elderplan	17.5	2.6	2.5	2.0
Fidelis Medicaid Advantage Plus	13.0	1.6	2.2	1.2
GuildNet Medicaid Advantage Plus	16.8	2.3	2.4	1.4
Health Insurance Plan	13.6	2.1	2.5	1.3
MHI Healthfirst Complete Care	15.2	2.0	2.0	1.5
Senior Whole Health	17.7	2.0	2.5	1.5
VNS Choice Plus MAP	16.2	2.2	2.6	1.6
Wellcare Advocate Complete MAP	15.7	2.3	2.4	1.5
<b>STATEWIDE</b>	<b>16.4</b>	<b>2.2</b>	<b>2.5</b>	<b>1.5</b>

SS = Sample size too small to report

**Table 3 (Continued)**  
**Overall Functioning and Activities of Daily Living**

Health Plan	Activities of Daily Living			
	Dress Upper Body (0-3)	Dress Lower Body (0-3)	Toileting (0-4)	Feeding/Eating (0-5)
<i>Partial Capitation Plans</i>				
Aetna Better Health	1.7	2.0	0.8	0.8
AgeWell New York	1.0	1.4	0.4	0.5
Amerigroup Community Connections	1.6	2.0	1.0	0.9
ArchCare Community Life	1.1	1.2	0.8	0.5
CenterLight Select	1.4	1.7	0.7	0.5
Elant Choice	1.0	1.1	0.6	0.6
Elderplan dba Homefirst	1.7	2.1	0.6	0.7
Elderserve	1.6	1.9	0.9	0.6
Fidelis Care at Home	1.5	1.7	0.9	0.8
GuildNet	1.8	2.0	1.1	1.0
HHH Choices Health Plan	1.7	2.0	0.6	0.6
HIP MLTC	1.7	1.9	1.1	0.7
Independence Care System	1.8	2.2	1.3	0.9
Senior Health Partners	1.5	1.8	0.7	0.6
Senior Network Health	0.7	1.1	0.3	0.4
Senior Whole Health Partial	1.7	2.0	1.6	0.9
Total Aging In Place Program	0.9	1.2	0.6	0.4
United Health Personal Assist	SS	SS	SS	SS
VNS Choice Partial	1.6	2.0	0.8	0.7
Village Care MAX	1.4	1.6	0.7	0.6
Wellcare Advocate Partial	1.4	1.9	0.5	0.4

**Table 3 (Continued)**  
**Overall Functioning and Activities of Daily Living**

Health Plan	Activities of Daily Living			
	Dress Upper Body (0-3)	Dress Lower Body (0-3)	Toileting (0-4)	Feeding/Eating (0-5)
<b><i>PACE Organizations</i></b>				
ArchCare Senior Life	1.5	1.7	1.0	0.5
Catholic Health - LIFE	0.8	1.1	0.6	0.4
CenterLight PACE	1.5	1.8	0.8	0.5
Complete Senior Care	1.0	1.1	0.4	0.6
Eddy Senior Care	1.4	1.8	0.7	0.5
Independent Living for Seniors	1.1	1.4	0.8	0.7
PACE CNY	0.9	1.1	0.7	0.5
Total Senior Care	0.9	1.1	0.7	0.5
<b><i>Medicaid Advantage Plus (MAP)</i></b>				
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS
Elderplan	1.7	2.1	0.8	0.8
Fidelis Medicaid Advantage Plus	0.9	1.2	0.6	0.5
GuildNet Medicaid Advantage Plus	1.7	1.8	0.7	1.0
Health Insurance Plan	1.3	1.6	0.7	0.4
MHI Healthfirst Complete Care	1.2	1.7	0.5	0.6
Senior Whole Health	1.3	1.9	1.1	0.7
VNS Choice Plus MAP	1.6	2.0	0.9	0.8
Wellcare Advocate Complete MAP	1.5	1.9	0.6	0.6
<b>STATEWIDE</b>	<b>1.6</b>	<b>1.9</b>	<b>0.8</b>	<b>0.7</b>

SS = Sample size too small to report



## Incontinence and Neurological/Emotional/Behavioral Status

- **Urinary Incontinence Frequency:** Percentage of members who are incontinent more than once a week. A higher percentage indicates greater care needs of the population.
- **Bowel Incontinence Frequency:** Percentage of members who have any bowel incontinence (excluding those that very rarely had bowel incontinence). A higher percentage indicates greater care needs of the population.
- **Cognitive Functioning:** Percentage of members who are not alert, i.e., need prompting or assistance in routine situations, are disoriented, or in a vegetative state. A higher percentage indicates greater care needs of the population.
- **When Confused:** Percentage of members who were confused in new situations or at various times of the day. A higher percentage indicates greater care needs of the population.
- **When Anxious:** Percentage of members who were anxious at least occasionally. A higher percentage indicates greater care needs of the population.

**Table 4**  
**Incontinence and Neurological/Emotional/Behavioral Status**

Health Plan	Incontinence		Neuro/Emotional/Behavioral Status		
	Urinary Incontinence Frequency* (%)	Bowel Incontinence Frequency* (%)	Cognitive Functioning* (%)	When Confused* (%)	When Anxious* (%)
<i>Partial Capitation Plans</i>					
Aetna Better Health	87	34	70	81	84
AgeWell New York	88	6	59	59	54
Amerigroup Community Connections	87	22	52	56	55
ArchCare Community Life	76	30	77	73	68
CenterLight Select	87	19	52	81	73
Elant Choice	87	26	93	95	91
Elderplan dba Homefirst	89	16	55	44	29
Elderserve	96	18	80	79	78
Fidelis Care at Home	81	36	63	74	64
GuildNet	93	20	59	59	84
HHH Choices Health Plan	88	13	46	64	68
HIP MLTC	79	26	63	72	54
Independence Care System	91	31	39	33	42
Senior Health Partners	89	24	82	86	90
Senior Network Health	95	40	93	91	92
Senior Whole Health Partial	91	38	77	73	58
Total Aging In Place Program	96	16	57	93	91
United Health Personal Assist	SS	SS	SS	SS	SS
VNS Choice Partial	78	22	48	55	38
Village Care MAX	79	23	40	47	55
Wellcare Advocate Partial	79	10	39	45	74

**Table 4 (Continued)**  
**Incontinence and Neurological/Emotional/Behavioral Status**

Health Plan	Incontinence		Neuro/Emotional/Behavioral Status		
	Urinary Incontinence Frequency* (%)	Bowel Incontinence Frequency* (%)	Cognitive Functioning* (%)	When Confused* (%)	When Anxious* (%)
<b><i>PACE Organizations</i></b>					
ArchCare Senior Life	87	25	77	86	75
Catholic Health – LIFE	82	34	81	75	82
CenterLight PACE	93	22	60	84	76
Complete Senior Care	98	24	94	94	76
Eddy Senior Care	94	27	81	80	76
Independent Living for Seniors	88	40	83	89	85
PACE CNY	92	34	88	84	80
Total Senior Care	69	24	62	84	84
<b><i>Medicaid Advantage Plus (MAP)</i></b>					
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS
Elderplan	92	20	48	39	23
Fidelis Medicaid Advantage Plus	81	25	68	82	75
GuildNet Medicaid Advantage Plus	95	11	47	47	86
Health Insurance Plan	70	19	46	52	48
MHI Healthfirst Complete Care	83	28	76	74	86
Senior Whole Health	SS	SS	SS	SS	SS
VNS Choice Plus MAP	79	26	38	51	53
Wellcare Advocate Complete MAP	89	17	63	62	81
<b>STATEWIDE</b>	<b>87</b>	<b>21</b>	<b>58</b>	<b>63</b>	<b>62</b>

SS = Sample size too small to report

\*A higher percentage indicates greater care needs of the population.



## Living Arrangements and Sensory/Emotional Status

- **Living Arrangements:** Percentage of members living alone.
- **Frequency of Pain:** Percentage of members who experienced any pain at least daily. A higher percentage indicates greater care needs of the population.
- **Depressive Feelings:** Percentage of members who experienced some depression feelings. A higher percentage indicates greater care needs of the population.

**Table 5**  
**Living Arrangements and Sensory/Emotional Status**

Health Plan	Living Arrangement (%)	Frequency of Pain* (%)	Depressive Feelings* (%)
<i>Partial Capitation Plans</i>			
Aetna Better Health	37	61	54
AgeWell New York	32	61	28
Amerigroup Community Connections	47	56	33
ArchCare Community Life	7	28	26
CenterLight Select	37	47	22
Elant Choice	20	46	33
Elderplan dba Homefirst	45	65	12
Elderserve	40	61	31
Fidelis Care at Home	53	66	50
GuildNet	46	59	29
HHH Choices Health Plan	42	52	27
HIP MLTC	57	60	40
Independence Care System	52	53	33
Senior Health Partners	45	74	32
Senior Network Health	62	59	37
Senior Whole Health Partial	44	56	35
Total Aging In Place Program	98	45	27
United Health Personal Assist	SS	SS	SS
VNS Choice Partial	40	35	14
Village Care MAX	43	65	40
Wellcare Advocate Partial	34	74	15

**Table 5 (Continued)**

**Living Arrangements and Sensory/Emotional Status**

Health Plan	Living Arrangement (%)	Frequency of Pain* (%)	Depressive Feelings* (%)
<b><i>PACE Organizations</i></b>			
ArchCare Senior Life	37	38	16
Catholic Health – LIFE	42	52	50
CenterLight PACE	38	46	18
Complete Senior Care	44	54	37
Eddy Senior Care	64	37	28
Independent Living for Seniors	41	29	20
PACE CNY	62	49	27
Total Senior Care	48	41	40
<b><i>Medicaid Advantage Plus (MAP)</i></b>			
Amerigroup Medicaid Advantage Plus	SS	SS	SS
Elderplan	46	60	8
Fidelis Medicaid Advantage Plus	56	58	36
GuildNet Medicaid Advantage Plus	49	47	15
Health Insurance Plan	44	72	43
MHI Healthfirst Complete Care	59	73	20
Senior Whole Health	SS	SS	SS
VNS Choice Plus MAP	33	38	33
Wellcare Advocate Complete MAP	44	75	17
<b>STATEWIDE</b>	<b>43</b>	<b>54</b>	<b>23</b>

SS = Sample size too small to report

\*A higher percentage indicates greater care needs of the population.

## Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into two sections: 1) Current plan performance – Functional status and rates of performance based on the January 2013 submission of SAAM data and 2) Performance over time – Changes in the functional status of the MLTC population over a 6 to 12 month period.

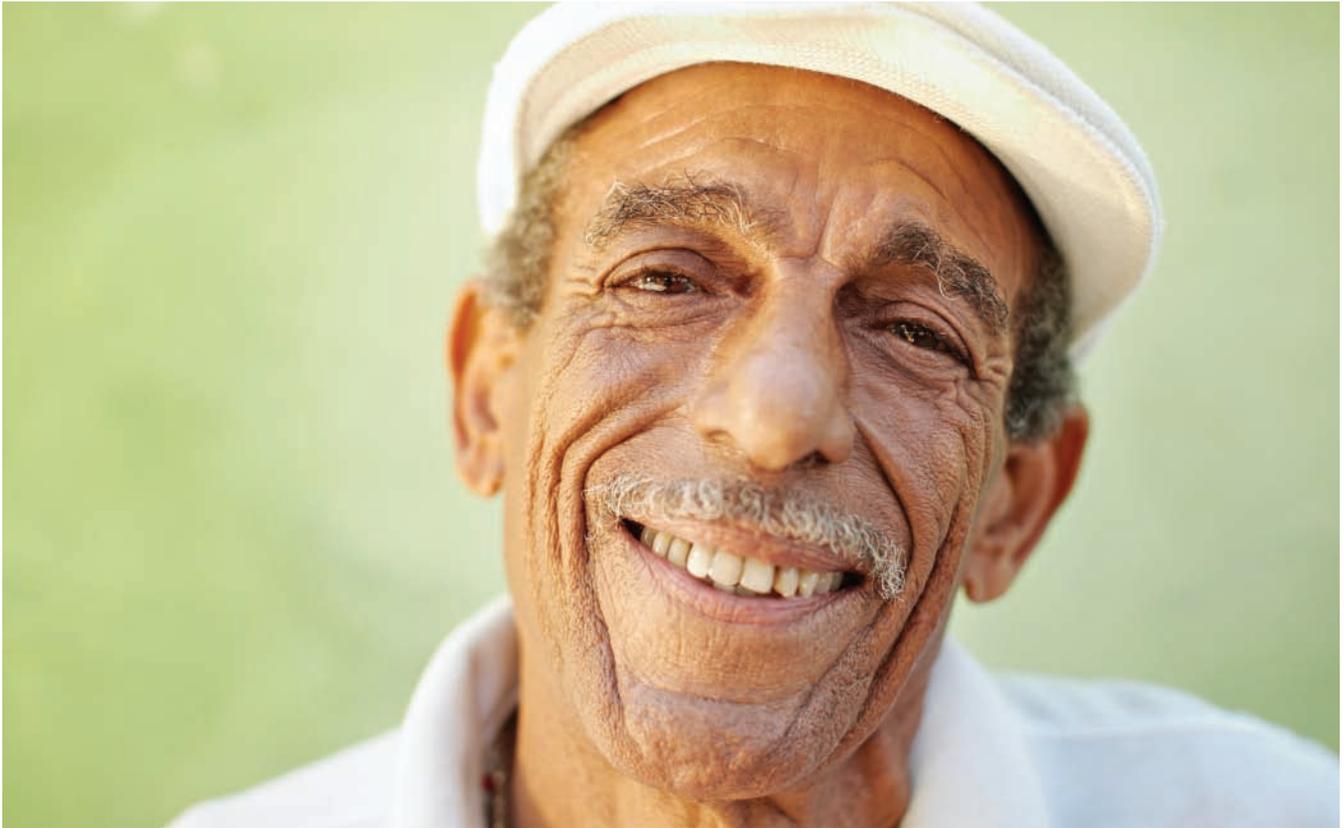
Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Please note that the statistical significance shown in the Performance over time section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

In response to feedback from the MLTC plans on the 2011 draft report, some measures are now risk-adjusted. These measures are reported within a separate domain for each type of analysis (i.e., current plan performance and performance over time). Risk adjustment takes into

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

The following tables are based on the January 2013 SAAM submission. Some measures are reported as an average of scores assigned to the eligible members according to the SAAM Index scoring algorithm described in Appendix B. For example, each member was assigned a score with possible values of 0, 2, 4, 7 or 10 for the ambulation measure. The plan averages, as well as the statewide average, are based on the average of these scores. The remaining measures are expressed as percentages.

The following measures were risk adjusted to reduce the effects of a plan's case mix on its rate: Oral Medication Management, No Falls, Falls Not Resulting in Medical Intervention and Hospital Emergent Care. (Please refer to Appendix D for more detailed information.)



## Quality of Life/Effectiveness of Care/Hospital Emergent Care

- **Flu Immunization Status:** Percentage of members who received an influenza vaccination in the past year.
- **Oral Medication Management:** The risk-adjusted percentage of members who are independently managing oral medication.
- **No Falls:** The risk-adjusted percentage of members who had no falls in the past 6 months.
- **Falls Not Resulting in Medical Intervention:** The risk-adjusted percentage of members who had falls that did not result in medical intervention in the past 6 months.
- **No Hospital Emergent Care:** The risk-adjusted percentage of members who did not receive emergent care in the hospital.

**Table 6**  
**Quality of Life/Effectiveness of Care/Emergent Care\***

Health Plan	Flu Immunization Status	Risk Adjusted			
		Oral Medication Management	No Falls	Falls Not Resulting in Medical Intervention	No Hospital Emergent Care
<i>Partial Capitation Plans</i>					
Aetna Better Health	SS	SS	SS	SS	SS
AgeWell New York	SS	SS	SS	SS	SS
Amerigroup Community Connections	72	33▲	82▼	54	76▼
ArchCare Community Life	SS	SS	SS	SS	SS
CenterLight Select	79▲	26▲	94▲	32▼	88▲
Elant Choice	86▲	16	73▼	57	69▼
Elderplan dba Homefirst	70	5▼	91▲	36▼	82▼
Elderserve	60▼	12▼	94▲	45	89▲
Fidelis Care at Home	68	25	79▼	56	75▼
GuildNet	49▼	15▼	91▲	47	98▲
HHH Choices Health Plan	70	13▼	83▼	57	76▼
HIP MLTC	SS	SS	SS	SS	SS
Independence Care System	53▼	58▲	81▼	64▲	78▼
Senior Health Partners	74▲	15▼	84▼	56	82▼
Senior Network Health	86▲	30▲	69▼	67▲	75▼
Senior Whole Health Partial	SS	SS	SS	SS	SS
Total Aging In Place Program	65	9▼	63▼	66	63▼
United Health Personal Assist	SS	SS	SS	SS	SS
VNS Choice Partial	80▲	32▲	88	48	80▼
Village Care MAX	SS	SS	SS	SS	SS
Wellcare Advocate Partial	82▲	18▼	83▼	54	81▼

**Table 6 (Continued)**  
**Quality of Life/Effectiveness of Care/Emergent Care\***

Health Plan	Risk Adjusted				
	Flu Immunization Status	Oral Medication Management	No Falls	Falls Not Resulting in Medical Intervention	No Hospital Emergent Care
<b><i>PACE Organizations</i></b>					
ArchCare Senior Life	89▲	18	77▼	52	82
Catholic Health – LIFE	91▲	15	50▼	71	76
CenterLight PACE	87▲	32▲	87	47	85
Complete Senior Care	100▲	27	59▼	SS	78
Eddy Senior Care	81	6▼	65▼	78▲	78
Independent Living for Seniors	92▲	4▼	60▼	74▲	89
PACE CNY	95▲	18	62▼	68▲	72▼
Total Senior Care	88▲	17	56▼	23▼	72
<b><i>Medicaid Advantage Plus (MAP)</i></b>					
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS
Elderplan	67	8▼	89	29▼	79▼
Fidelis Medicaid Advantage Plus	55	15	82	SS	64▼
GuildNet Medicaid Advantage Plus	46▼	19	93	SS	91▲
Health Insurance Plan	63	45▲	77▼	49	80
MHI Healthfirst Complete Care	SS	SS	SS	SS	SS
Senior Whole Health	SS	SS	SS	SS	SS
VNS Choice Plus MAP	70	44▲	93	SS	76
Wellcare Advocate Complete MAP	84	14	84	SS	90
<b>STATEWIDE</b>	<b>70</b>	<b>22</b>	<b>88</b>	<b>51</b>	<b>85</b>

\*Excluding start of care assessments

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

## Performance Over Time

**Overview:** Following each bi-annual submission of the SAAM assessment data, the NYSDOH creates summary reports containing descriptive information about members' status based on that submission. While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. For this analysis we examined functional status, along with process and utilization measures, for MLTC plan members based on SAAM assessments completed between July 2011 and December 2012.

**Defining Outcomes:** One of the primary objectives of long-term care is to improve or stabilize functional status, with stabilization being the most likely outcome for this population. For this reason we chose to define a positive outcome for most items as either a member showing improvement over the measurement period *or* maintaining his/her initial level of functioning/ symptoms. For hospital emergent care, a positive outcome was defined as a member having no known hospital emergent care visits during the measurement period.

### Calculating Outcomes

**Cohort Definition:** In order to evaluate individual-level changes over a 12 month period, three SAAM datasets were matched at the member level. These three matched datasets were: 1) The *current-year submission*, representing January 2013 submission of SAAM data; 2) The *midyear submission*, representing the SAAM submission received 6 months prior to the current-year submission (July 2012); and 3) The *base-year submission*, representing the submission received one year prior to the current-year submission (January 2012). A four-round matching algorithm was implemented whereby members were matched based on one of two unique identifiers: the member's Medicaid identification number (if applicable) or the member's plan-assigned identification number.

In the first two rounds, members in the January 2012 file were matched to the January 2013 file resulting in a cohort of members with approximately 12 months of enrollment. In the second two rounds, those members who were not found in the January 2013 file were

matched to the July 2012 file. These members had roughly six months of continuous enrollment. This method resulted in 84 percent of the enrolled members from the January 2012 (base-year) submission being matched to either the January 2013 (current-year) or July 2012 (mid-year) submissions. The base-year submission was matched to subsequent submissions due to the recent rapid growth of the program.

**Outcome Definition:** For all non-emergent items, a change score was calculated with the purpose of comparing the associated base-year value of the member's functional ability to the corresponding matched (or follow-up) value. A change score was calculated by subtracting the follow-up value from the base-year value. If either the base-year or follow-up values were missing then the change score was coded as missing and excluded from the analysis.

For the composite measures (i.e., measures composed of several components such as the SAAM Index and the ADL Composite), members were coded as stable/improved over the time period. However, a small increase or decrease in these scores may not represent a very meaningful change in functioning due to the wide range of possible scores. In order to account for this large variability, a positive outcome for these measures was defined as a change score greater than -4, which counts scores close to zero as stable/improved.

For the non-composite measures (i.e., measures that do not include several components such as Ambulation), a member was coded as stable/improved on a measure if the change score was greater than or equal to zero (i.e., the follow-up value was less than the base-year value indicating that functioning/symptoms improved over the period).

For No Known Hospital Emergent Care, a change score was not calculated. Instead, we examine the proportion of members who did not report any emergent care visits during the follow-up period.

The following three measures were risk adjusted to reduce the effects of a plan's case mix on its rate: SAAM Index, Oral Medication Management, and No Known Hospital Emergent Care. (Please refer to Appendix D for more detailed information.)



## Activities of Daily Living

- **Activities of Daily Living (ADL) Composite:** Percentage of members whose SAAM Index functioning was stable or improved over the follow-up period.
- **Ambulation:** Percentage of members whose ability to safely walk or use a wheelchair on a variety of surfaces was stable or improved over the follow-up period.
- **Bathing:** Percentage of members whose ability to wash their entire body was stable or improved over the follow-up period.
- **Transferring:** Percentage of members whose ability to move from one location to another, such as from a bed to a chair, was stable or improved over the follow-up period.
- **Dressing Upper Body/ Dressing Lower Body:** Percentage of members whose ability to dress their upper and/or lower body was stable or improved over the follow-up period.
- **Toileting:** Percentage of members whose ability to use a toilet or bedside commode was stable or improved over the follow-up period.
- **Feeding/Eating:** Percentage of members whose ability to feed themselves was stable or improved over the follow-up period.

**Table 7**  
**Activities of Daily Living**

Health Plan	Percent Stable or Improved			
	SAAM Index ADL Composite	Ambulation	Bathing	Transferring
<i>Partial Capitation Plans</i>				
Aetna Better Health	SS	SS	SS	SS
AgeWell New York	SS	SS	SS	SS
Amerigroup Community Connections	71▼	71▼	73	60▼
ArchCare Community Life	SS	SS	SS	SS
CenterLight Select	91▲	78▼	74▼	78▲
Elant Choice	86	82	65▼	77
Elderplan dba Homefirst	94▲	88▲	87▲	70▼
Elderserve	78▼	77▼	71▼	65▼
Fidelis Care at Home	88	83	77	80
GuildNet	94▲	86▲	79▲	79▲
HHH Choices Health Plan	87	72▼	75	68▼
HIP MLTC	SS	SS	SS	SS
Independence Care System	87	73▼	66▼	73
Senior Health Partners	91▲	81	81▲	82▲
Senior Network Health	94	92▲	85▲	88▲
Senior Whole Health Partial	SS	SS	SS	SS
Total Aging In Place Program	88	82	79	83
United Health Personal Assist	SS	SS	SS	SS
VNS Choice Partial	86▼	79▼	73▼	71▼
Village Care MAX	SS	SS	SS	SS
Wellcare Advocate Partial	85▼	85▲	82▲	73

**Table 7 (Continued)**  
**Activities of Daily Living**

Health Plan	Percent Stable or Improved			
	SAAM Index ADL Composite	Ambulation	Bathing	Transferring
<b>PACE Organizations</b>				
ArchCare Senior Life	76▼	60▼	56▼	70
Catholic Health – LIFE	77	72	71	70
CenterLight PACE	90	77▼	73▼	78▲
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	89	76	70	78
Independent Living for Seniors	85	79	72	77
PACE CNY	78▼	81	64▼	72
Total Senior Care	75▼	66▼	63	57
<b>Medicaid Advantage Plus (MAP)</b>				
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS
Elderplan	89	84	82	63▼
Fidelis Medicaid Advantage Plus	94	90	74	82
GuildNet Medicaid Advantage Plus	93	86	76	79
Health Insurance Plan	87	84	72	77
MHI Healthfirst Complete Care	SS	SS	SS	SS
Senior Whole Health	92	85	81	75
VNS Choice Plus MAP	98	87	73	78
Wellcare Advocate Complete MAP	83	86	79	74
<b>STATEWIDE</b>	<b>88</b>	<b>81</b>	<b>76</b>	<b>73</b>

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

**Table 7 (Continued)**  
**Activities of Daily Living**

Health Plan	Percent Stable or Improved			
	Dressing Upper Body	Dressing Lower Body	Toileting	Feeding/ Eating
<i>Partial Capitation Plans</i>				
Aetna Better Health	SS	SS	SS	SS
AgeWell New York	SS	SS	SS	SS
Amerigroup Community Connections	62▼	67	63▼	54▼
ArchCare Community Life	SS	SS	SS	SS
CenterLight Select	76▲	75▲	81▲	88▲
Elant Choice	71	65	77	84
Elderplan dba Homefirst	81▲	78▲	86▲	92▲
Elderserve	66▼	69	69▼	67▼
Fidelis Care at Home	76	75	85▲	86
GuildNet	77▲	70	76	93▲
HHH Choices Health Plan	71	66▼	79	78▼
HIP MLTC	SS	SS	SS	SS
Independence Care System	66▼	62▼	70▼	81
Senior Health Partners	74	77▲	80▲	81
Senior Network Health	82▲	81▲	90▲	91▲
Senior Whole Health Partial	SS	SS	SS	SS
Total Aging In Place Program	79	83▲	78	94
United Health Personal Assist	SS	SS	SS	SS
VNS Choice Partial	67▼	62▼	72▼	80▼
Village Care MAX	SS	SS	SS	SS
Wellcare Advocate Partial	70	85▲	78	79▼

**Table 7 (Continued)**  
**Activities of Daily Living**

Health Plan	Percent Stable or Improved			
	Dressing Upper Body	Dressing Lower Body	Toileting	Feeding/ Eating
<b><i>PACE Organizations</i></b>				
ArchCare Senior Life	63	59▼	68	86
Catholic Health – LIFE	68	65	76	80
CenterLight PACE	73	70	77	86▲
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	70	64	74	88
Independent Living for Seniors	73	59▼	72	86
PACE CNY	69	63	71	83
Total Senior Care	73	72	75	78
<b><i>Medicaid Advantage Plus (MAP)</i></b>				
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS
Elderplan	79▲	77▲	78	90▲
Fidelis Medicaid Advantage Plus	82	79	84	82
GuildNet Medicaid Advantage Plus	78	76	78	95▲
Health Insurance Plan	74	72	76	82
MHI Healthfirst Complete Care	SS	SS	SS	SS
Senior Whole Health	87▲	77	93▲	92▲
VNS Choice Plus MAP	71	65	79	85
Wellcare Advocate Complete MAP	67	81	81	83
<b>STATEWIDE</b>	<b>72</b>	<b>70</b>	<b>76</b>	<b>83</b>

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average



## Incontinence

- **Urinary Incontinence/Catheter Presence:** Percentage of members who remained stable or improved in presence of incontinence or catheter need over the follow-up period.
- **Urinary Incontinence Frequency:** Percentage of members who remained stable or improved in frequency of urinary incontinence over the follow-up period.

**Table 8**  
**Incontinence**

Health Plan	Percent Stable or Improved	
	Presence of Incontinence/ Catheter	Frequency of Incontinence
<i>Partial Capitation Plans</i>		
Aetna Better Health	SS	SS
AgeWell New York	SS	SS
Amerigroup Community Connections	80▼	89▼
ArchCare Community Life	SS	SS
CenterLight Select	92▲	92
Elant Choice	92	94
Elderplan dba Homefirst	95▲	96▲
Elderserve	89	89▼
Fidelis Care at Home	92	93
GuildNet	91▲	95▲
HHH Choices Health Plan	79▼	95
HIP MLTC	SS	SS
Independence Care System	76▼	94
Senior Health Partners	88	92
Senior Network Health	94	98▲
Senior Whole Health Partial	SS	SS
Total Aging In Place Program	90	97
United Health Personal Assist	SS	SS
VNS Choice Partial	90	89▼
Village Care MAX	SS	SS
Wellcare Advocate Partial	84▼	93

**Table 8 (Continued)**  
**Incontinence**

Health Plan	Percent Stable or Improved	
	Presence of Incontinence/ Catheter	Frequency of Incontinence
<b><i>PACE Organizations</i></b>		
ArchCare Senior Life	78▼	90
Catholic Health – LIFE	92	86
CenterLight PACE	93▲	96▲
Complete Senior Care	SS	SS
Eddy Senior Care	83	96
Independent Living for Seniors	93	97
PACE CNY	92	98▲
Total Senior Care	88	96
<b><i>Medicaid Advantage Plus (MAP)</i></b>		
Amerigroup Medicaid Advantage Plus	SS	SS
Elderplan	95▲	98▲
Fidelis Medicaid Advantage Plus	87	SS
GuildNet Medicaid Advantage Plus	89	95
Health Insurance Plan	86	95
MHI Healthfirst Complete Care	SS	SS
Senior Whole Health	91	96
VNS Choice Plus MAP	83	90
Wellcare Advocate Complete MAP	83	SS
<b>STATEWIDE</b>	<b>90</b>	<b>93</b>

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average



## Quality of Life/Effectiveness of Care

- **Frequency of Pain:** Percentage of members who remained stable or improved in frequency of pain.
- **Shortness of Breath:** Percentage of members who remained stable or improved in experiencing shortness of breath over the follow-up period.
- **Depressive Feelings:** Percentage of members who remained stable or improved in experiencing depressive feelings over the follow-up period.

**Table 9**  
**Quality of Life/Effectiveness of Care**

Health Plan	Percent Stable or Improved		
	Frequency of Pain	Shortness of Breath	Depressive Feelings
<i>Partial Capitation Plans</i>			
Aetna Better Health	SS	SS	SS
AgeWell New York	SS	SS	SS
Amerigroup Community Connections	69▼	79	84▼
ArchCare Community Life	SS	SS	SS
CenterLight Select	84▲	84▲	93▲
Elant Choice	70	82	84
Elderplan dba Homefirst	89▲	90▲	95▲
Elderserve	82▲	77▼	84▼
Fidelis Care at Home	77	84	86
GuildNet	76▼	75▼	89
HHH Choices Health Plan	78	74▼	89
HIP MLTC	SS	SS	SS
Independence Care System	68▼	76▼	85▼
Senior Health Partners	78	79	81▼
Senior Network Health	78	84	87
Senior Whole Health Partial	SS	SS	SS
Total Aging In Place Program	84	81	90
United Health Personal Assist	SS	SS	SS
VNS Choice Partial	76▼	79	91▲
Village Care MAX	SS	SS	SS
Wellcare Advocate Partial	73▼	77	83▼

**Table 9 (Continued)**  
**Quality of Life/Effectiveness of Care**

Health Plan	Percent Stable or Improved		
	Frequency of Pain	Shortness of Breath	Depressive Feelings
<b><i>PACE Organizations</i></b>			
ArchCare Senior Life	70	75	89
Catholic Health – LIFE	85	82	88
CenterLight PACE	85▲	81	92▲
Complete Senior Care	SS	SS	SS
Eddy Senior Care	80	78	82
Independent Living for Seniors	86	87	90
PACE CNY	72	81	85
Total Senior Care	66	76	79
<b><i>Medicaid Advantage Plus (MAP)</i></b>			
Amerigroup Medicaid Advantage Plus	SS	SS	SS
Elderplan	94▲	88▲	97▲
Fidelis Medicaid Advantage Plus	61▼	81	95
GuildNet Medicaid Advantage Plus	70▼	75	90
Health Insurance Plan	59▼	79	81▼
MHI Healthfirst Complete Care	SS	SS	SS
Senior Whole Health	72	74	82▼
VNS Choice Plus MAP	82	89	82
Wellcare Advocate Complete MAP	67	69	90
<b>STATEWIDE</b>	<b>79</b>	<b>80</b>	<b>89</b>

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average



## Risk Adjusted Measures

- **SAAM Index:** The risk-adjusted percentage of members whose overall functioning, as defined by the SAAM Index, remained stable or improved over the follow-up period.
- **Oral Medication Management:** The risk-adjusted percentage of members whose ability to manage oral medications remained stable or improved over the follow-up period.
- **No Known Hospital Emergent Care:** The risk-adjusted percentage of members for whom no emergent care was reported during the follow-up period.

**Table 10**  
**Risk-Adjusted Measures\***

Health Plan	Percent Stable or Improved		
	SAAM Index (Overall Functioning)	Oral Medication Management	No Known Hospital Emergent Care
<i>Partial Capitation Plans</i>			
Aetna Better Health	SS	SS	SS
AgeWell New York	SS	SS	SS
Amerigroup Community Connections	66▼	73▼	65▼
ArchCare Community Life	SS	SS	SS
CenterLight Select	89▲	82▲	80▲
Elant Choice	87	64▼	63▼
Elderplan dba Homefirst	88▲	78	75▼
Elderserve	78▼	71▼	81▲
Fidelis Care at Home	87	78	68▼
GuildNet	86▲	74▼	87▲
HHH Choices Health Plan	82	73	72▼
HIP MLTC	SS	SS	SS
Independence Care System	81▼	87▲	71▼
Senior Health Partners	88▲	75	74
Senior Network Health	92▲	81	71
Senior Whole Health Partial	SS	SS	SS
Total Aging In Place Program	90	79	47▼
United Health Personal Assist	SS	SS	SS
VNS Choice Partial	83▼	76	72▼
Village Care MAX	SS	SS	SS
Wellcare Advocate Partial	82	68▼	72▼

**Table 10 (Continued)**  
**Risk-Adjusted Measures\***

Health Plan	Percent Stable or Improved		
	SAAM Index (Overall Functioning)	Oral Medication Management	No Known Hospital Emergent Care
<b><i>PACE Organizations</i></b>			
ArchCare Senior Life	75▼	71	84
Catholic Health – LIFE	87	73	70
CenterLight PACE	89▲	87▲	80▲
Complete Senior Care	SS	SS	SS
Eddy Senior Care	94	62	86
Independent Living for Seniors	85	76	91▲
PACE CNY	78▼	67▼	65▼
Total Senior Care	73	66	63
<b><i>Medicaid Advantage Plus (MAP)</i></b>			
Amerigroup Medicaid Advantage Plus	SS	SS	SS
Elderplan	88	79	72
Fidelis Medicaid Advantage Plus	89	82	69
GuildNet Medicaid Advantage Plus	83	75	78
Health Insurance Plan	87	88▲	67▼
MHI Healthfirst Complete Care	SS	SS	SS
Senior Whole Health	94▲	80	55▼
VNS Choice Plus MAP	92	85	70
Wellcare Advocate Complete MAP	82	71	79
<b>STATEWIDE</b>	<b>85</b>	<b>77</b>	<b>77</b>

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

## Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from the January 2013 SAAM submission. Table 11 shows the statewide percentage of members that had a nursing home admission within the last six months and the reason for the admission, as well as the percentage of members that had one or two hospitalizations within the last six months, and the reason for those hospital admissions. Nursing home admissions are stratified by those for therapy services, respite care, end of life care, long-term placement, unsafe care at home, other reasons, and unknown reasons. Hospital admissions include those that are emergent (unscheduled), urgent (scheduled within 24 hours of admission), elective (scheduled more than 24 hours of admission) and unknown admissions. While assessors can select one of 16 clinical reasons for the first hospitalization on the assessment tool, Table 11 highlights five overall categories that represent the

more common diagnoses: Respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); Falls (injury caused by fall or accident at home); urinary tract infection; congestive heart failure (CHF) (exacerbation of CHF, fluid overload, heart failure); and scheduled surgical procedure. Please note that these tables are based on events and not members; therefore, the total percent may not equal 100 percent.

The table shows that less than two percent of the population was admitted to a nursing home during the six month period between July and December 2012 with the majority admitted for therapy services followed by long-term placement. Just over 7 percent of enrollees were admitted to the hospital during the six month period with over 15 percent admitted for respiratory problems and over 10 percent for falls.

**Table 11**  
**Utilization and Patient Safety**

Nursing Home								
One Nursing Home Admission		Reason (%)						
N	%	Therapy Services	Respite Care	Hospice Care	Long-Term Placement	Unsafe at Home	Other	Unknown
1,227	1.6	61.7	3.7	0.4	30.1	6.4	3.0	1.0

Hospital Care								
One Hospital Admission		Two Hospital Admissions		Reason for the Initial Hospital Admission (%)				
N	%	N	%	Respiratory	Falls	Urinary Tract Infection	Congestive Heart Failure	Scheduled
5,649	7.2	1,220	1.6	15.2	10.7	5.4	5.0	5.0

## Member Satisfaction

In 2007, the NYSDOH, in consultation with the plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and then administered by the NYSDOH's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information, which is not shown here. The 2013 survey, mailed to members in February 2013, included seven new questions focusing on plan helpfulness, timeliness of/access to care, and quality of life.

In an effort to obtain the highest possible response rate and more importantly to not disproportionately impact any particular plan's response rate due to the demographic composition of its membership, the survey was conducted in four languages: English, Spanish, Russian and Chinese. Of the 9,959 surveys that were mailed, 613 were returned as undeliverable, yielding an adjusted population of 9,346. Of the 9,346 surveys that reached enrollees, a total of 2,522 surveys were completed, with an overall response rate of 27 percent. Response rates for plans ranged from 18.5 to 44.8 percent.



## Satisfaction with the Experience of Care

The following table presents rates of satisfaction with providers and services compared to the statewide rate. Satisfaction measures that were risk adjusted to reduce the effect of a plan's case mix on its rate are marked with an asterisk (\*) in the following list and in Table 12. (Please refer to Appendix D for more detailed information on risk adjustment.) It should be noted that several plans were not operational at the time of survey sample selection or did not have enrollees eligible for the survey. Accordingly, several plans included in the table are marked as "NS" (Not Surveyed). This year Table 12 features four additional measures: Timeliness of Home Health Aide, Involved in Decisions, Plan Asked to See Medicines, and Manage Illness.

---

## Satisfaction Measures

- **Rating of Health Plan\*:** Percentage of members who rated their managed long-term care plan as good or excellent.
- **Recommend Plan\*:** Percentage of members who would recommend their plan to others.
- **Rating of Dentist\*:** Percentage of members who rated the quality of dental services or supplies within the last 6 months as good or excellent.
- **Rating of Care Manager\*:** Percentage of members who rated the quality of care manager/case manager services or supplies within the last 6 months as good or excellent.
- **Rating of Regular Visiting Nurse\*:** Percentage of members who rated the quality of regular visiting nurse services or supplies within the last 6 months as good or excellent.
- **Rating of Home Health Aide\*:** Percentage of members who rated the quality of home health aide/personal care aide services or supplies within the last 6 months as good or excellent.
- **Rating of Transportation Services\*:** Percentage of members who rated the quality of transportation services or supplies within the last 6 months as good or excellent.
- **Timeliness of Home Health Aide\*:** Percentage of members who reported that within the last 6 months the home health aide/personal care aide services were always or usually on time.
- **Wait for Routine Dental Care (<1 month):** Percentage of members who reported that within the last 6 months they waited less than 1 month for access to routine dental care.
- **Same Day Urgent Dental Care** Percentage of members who reported that within the last 6 months they had same day access to urgent dental care.
- **Talked About Appointing for Health Decisions:** Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so.
- **Document Appointing for Health Decisions:** Percentage of members who responded that they have a legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan has Document Appointing for Health Decisions:** Percentage of members who responded that their health plan has a copy of their legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Involved in Decisions\*:** Percentage of members who responded that they are usually or always involved in making decisions about their plan of care.
- **Plan Asked to See Medicines:** Percentage of members who responded that since they joined this health plan, someone from the health plan asked to see all of the prescriptions and over the counter medicines they've been taking.
- **Manage Illness\*:** Percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent.

**Table 12**  
**Satisfaction with the Experience of Care**

Health Plan	Rating of Health Plan*	Recommend Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*	Timeliness of Home Health Aide*
<i>Partial Capitation Plans</i>								
Aetna Better Health	NS	NS	NS	NS	NS	NS	NS	NS
AgeWell New York	NS	NS	NS	NS	NS	NS	NS	NS
Amerigroup Community Connections	85	87	66	84	77	84	65▼	80
ArchCare Community Life	NS	NS	NS	NS	NS	NS	NS	NS
CenterLight Select	83	91	65	77▼	84	87	72	73
Elant Choice	94▲	94	86▲	93▲	90	97▲	96▲	87
Elderplan dba Homefirst	71▼	84	65	74▼	77	84	62▼	76
Elderserve	84	84	59	86	87	97▲	78	88▲
Fidelis Care at Home	87	93	75	89	92▲	85	88▲	84
GuildNet	85	90	70	92▲	88	90	77	77
HHH Choices Health Plan	81	90	69	86	82	86	79	77
HIP MLTC	NS	NS	NS	NS	NS	NS	NS	NS
Independence Care System	81	87	73	85	79	81	76	81
Senior Health Partners	82	87	79▲	92▲	86	88	85▲	76
Senior Network Health	90▲	94	71	95▲	92▲	94▲	89▲	80
Senior Whole Health Partial	NS	NS	NS	NS	NS	NS	NS	NS
Total Aging In Place Program	SS	SS	SS	SS	SS	SS	SS	SS
United Health Personal Assist	NS	NS	NS	NS	NS	NS	NS	NS
VNS Choice Partial	90▲	94▲	60	89	86	89	77	77
Village Care MAX	NS	NS	NS	NS	NS	NS	NS	NS
Wellcare Advocate Partial	87	88	63	79	81	88	72	83

**Table 12 (Continued)**  
**Satisfaction with the Experience of Care**

Health Plan	Rating of Health Plan*	Recommend Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*	Timeliness of Home Health Aide*
<b><i>PACE Organizations</i></b>								
ArchCare Senior Life	76	86	SS	SS	SS	SS	74	SS
Catholic Health – LIFE	SS	SS	SS	SS	SS	SS	SS	SS
CenterLight PACE	81	87	54▼	88	86	83	79	77
Complete Senior Care	SS	SS	SS	SS	SS	SS	SS	SS
Eddy Senior Care	80	79	SS	SS	SS	SS	92▲	76
Independent Living for Seniors	88	89	74	89	87	83	80	68
PACE CNY	89	92	80▲	87	87	86	94▲	81
Total Senior Care	SS	SS	SS	SS	SS	SS	SS	SS
<b><i>Medicaid Advantage Plus (MAP)</i></b>								
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS	SS	SS
Elderplan	86	94▲	68	83	73▼	88	67▼	80
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	85	94	62	89	83	84	75	86
Health Insurance Plan	85	91	54▼	85	88	81	67	75
MHI Healthfirst Complete Care	NS	NS	NS	NS	NS	NS	NS	NS
Senior Whole Health	NS	NS	NS	NS	NS	NS	NS	NS
VNS Choice Plus MAP	SS	SS	SS	SS	SS	SS	SS	SS
Wellcare Advocate Complete MAP	SS	SS	SS	SS	SS	SS	SS	SS
<b>STATEWIDE</b>	<b>84</b>	<b>90</b>	<b>68</b>	<b>86</b>	<b>83</b>	<b>86</b>	<b>77</b>	<b>79</b>

\*Risk adjusted for age, education and self-reported health status

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

**Table 12 (Continued)**  
**Satisfaction with the Experience of Care**

Health Plan	Access to Care		Advanced Directives		
	Wait for Routine Dental Care (<1 Month)	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions
<b>Partial Capitation Plans</b>					
Aetna Better Health	NS	NS	NS	NS	NS
AgeWell New York	NS	NS	NS	NS	NS
Amerigroup Community Connections	58	35	60▼	46▼	SS
ArchCare Community Life	NS	NS	NS	NS	NS
CenterLight Select	33▼	19	50▼	40▼	63
Elant Choice	68▲	43▲	75	87▲	87
Elderplan dba Homefirst	44	27	62	56▼	68
Elderserve	46	36	45▼	31▼	SS
Fidelis Care at Home	72▲	18	86▲	70	88▲
GuildNet	56	32	64	57	83
HHH Choices Health Plan	26▼	28	57▼	41▼	70
HIP MLTC	NS	NS	NS	NS	NS
Independence Care System	47	25	64	55▼	81
Senior Health Partners	40	27	69	56▼	69
Senior Network Health	54	SS	73	86▲	84
Senior Whole Health Partial	NS	NS	NS	NS	NS
Total Aging In Place Program	SS	SS	SS	SS	SS
United Health Personal Assist	NS	NS	NS	NS	NS
VNS Choice Partial	40	35	78	64	67
Village Care MAX	NS	NS	NS	NS	NS
Wellcare Advocate Partial	56	28	61	44▼	70

**Table 12 (Continued)**  
**Satisfaction with the Experience of Care**

Health Plan	Access to Care		Advanced Directives		
	Wait for Routine Dental Care (<1 Month)	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions
<b>PACE Organizations</b>					
ArchCare Senior Life	SS	SS	67	SS	SS
Catholic Health – LIFE	SS	SS	SS	SS	SS
CenterLight PACE	43	15	83▲	71	87▲
Complete Senior Care	SS	SS	SS	SS	SS
Eddy Senior Care	SS	SS	81	SS	SS
Independent Living for Seniors	38	SS	84▲	87▲	100
PACE CNY	48	22	80▲	92▲	88▲
Total Senior Care	SS	SS	SS	SS	SS
<b>Medicaid Advantage Plus (MAP)</b>					
Amerigroup Medicaid Advantage Plus	SS	SS	SS	SS	SS
Elderplan	46	24	65	65	64▼
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	39	30	81▲	73	59▼
Health Insurance Plan	53	31	72	54▼	72
MHI Healthfirst Complete Care	NS	NS	NS	NS	NS
Senior Whole Health	NS	NS	NS	NS	NS
VNS Choice Plus MAP	SS	SS	SS	SS	SS
Wellcare Advocate Complete MAP	SS	SS	SS	SS	SS
<b>STATEWIDE</b>	<b>46</b>	<b>24</b>	<b>70</b>	<b>66</b>	<b>77</b>

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

**Table 12 (Continued)**  
**Satisfaction with the Experience of Care**

Health Plan	Managed Long-Term Care Plan		
	Involved in Decisions*	Plan Asked to See Medicines	Manage Illness*
<i>Partial Capitation Plans</i>			
Aetna Better Health	NS	NS	NS
AgeWell New York	NS	NS	NS
Amerigroup Community Connections	71	89	81
ArchCare Community Life	NS	NS	NS
CenterLight Select	71	88	80
Elant Choice	85▲	97▲	94▲
Elderplan dba Homefirst	69	88	81
Elderserve	62▼	85	88
Fidelis Care at Home	78	91	87
GuildNet	74	80▼	80
HHH Choices Health Plan	73	88	85
HIP MLTC	NS	NS	NS
Independence Care System	78	76▼	86
Senior Health Partners	71	86	83
Senior Network Health	80	94▲	87
Senior Whole Health Partial	NS	NS	NS
Total Aging In Place Program	SS	SS	SS
United Health Personal Assist	NS	NS	NS
VNS Choice Partial	67	93	79
Village Care MAX	NS	NS	NS
Wellcare Advocate Partial	67	90	79

**Table 12 (Continued)**  
**Satisfaction with the Experience of Care**

Health Plan	Managed Long-Term Care Plan		
	Involved in Decisions*	Plan Asked to See Medicines	Manage Illness*
<b>PACE Organizations</b>			
ArchCare Senior Life	70	SS	SS
Catholic Health – LIFE	SS	SS	SS
CenterLight PACE	76	87	85
Complete Senior Care	SS	SS	SS
Eddy Senior Care	74	SS	SS
Independent Living for Seniors	70	93	91
PACE CNY	89▲	94▲	89
Total Senior Care	SS	SS	SS
<b>Medicaid Advantage Plus (MAP)</b>			
Amerigroup Medicaid Advantage Plus	SS	SS	SS
Elderplan	70	90	80
Fidelis Medicaid Advantage Plus	SS	SS	SS
GuildNet Medicaid Advantage Plus	75	96▲	84
Health Insurance Plan	71	94▲	85
MHI Healthfirst Complete Care	NS	NS	NS
Senior Whole Health	NS	NS	NS
VNS Choice Plus MAP	SS	SS	SS
Wellcare Advocate Complete MAP	SS	SS	SS
<b>STATEWIDE</b>	<b>73</b>	<b>89</b>	<b>84</b>

\*Risk adjusted for age, education and self-reported health status

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher than statewide average

▼ Significantly lower than statewide average

## Potentially Avoidable Hospitalizations

A potentially avoidable hospitalization (PAH) is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. Data from the January 2013 and July 2012 SAAM submissions, matched to the 2012 Statewide Planning and Research Cooperative System (SPARCS) data was used to calculate the PAH measure. SPARCS is an all-payor hospital data base in New York State. SAAM records that matched to SPARCS, and had a SPARCS admitting diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. SAAM records that did not match to SPARCS were dropped from the PAH analysis. Some individuals may have had more than one PAH. All PAH were summed by plan to create the plan numerator and over all to create the statewide numerator. Excluding SAAM records that did not

match to SPARCS, the number of member days in the January 2013 and July 2012 SAAM submissions was summed by plan to create the plan denominator and over all to create the statewide denominator. The PAH measure is a calculation of the number of avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. Risk adjusted PAH rates were calculated for members who were enrolled in a plan for at least 3 months prior to a 2012 hospitalization. (Please refer to Appendix D for more detailed information on risk adjustment.) Plans with fewer than 5,400 plan days are reported in the table as SS (Small Sample), but their data are still included in the calculation of the statewide rate. Based on the risk adjusted model, the rate is the number of potentially avoidable hospitalizations that occur for each 10,000 member days that a plan accumulates.

**Table 13**  
**Potentially Avoidable Hospitalizations**

Health Plan	Risk Adjusted Rate*
<b>Partial Capitation Plans</b>	
Aetna Better Health	SS
AgeWell New York	SS
Amerigroup Community Connections	1.12
ArchCare Community Life	SS
CenterLight Select	1.12
Elant Choice	3.07▲
Elderplan dba Homefirst	1.10
Elderserve	0.88▼
Fidelis Care at Home	2.20▲
GuildNet	1.50▲
HHH Choices Health Plan	0.70
HIP MLTC	0.30
Independence Care System	0.68▼
Senior Health Partners	1.00
Senior Network Health	3.01▲
Senior Whole Health Partial	SS
Total Aging In Place Program	4.09▲
United Health Personal Assist	SS
VNS Choice Partial	1.07
Village Care MAX	0.10
Wellcare Advocate Partial	1.05

Health Plan	Risk Adjusted Rate*
<b>PACE Organizations</b>	
ArchCare Senior Life	0.46
Catholic Health – LIFE	1.46
CenterLight PACE	0.92
Complete Senior Care	1.92
Eddy Senior Care	1.61
Independent Living for Seniors	0.57
PACE CNY	0.86
Total Senior Care	0.88
<b>Medicaid Advantage Plus (MAP)</b>	
Amerigroup Medicaid Advantage Plus	SS
Elderplan	0.97
Fidelis Medicaid Advantage Plus	1.23
GuildNet Medicaid Advantage Plus	0.89
Health Insurance Plan	1.04
MHI Healthfirst Complete Care	0.12
Senior Whole Health	1.13
VNS Choice Plus MAP	0.88
Wellcare Advocate Complete MAP	0.00
<b>STATEWIDE</b>	<b>1.12</b>

\*Risk Adjusted Plan Rate multiplied by 10,000.  
 SS = Sample size too small to report  
 ▲ Significantly higher than statewide average  
 ▼ Significantly lower than statewide average

## Appendix A: Managed Long-Term Care Covered Services

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

●: Covered through Medicaid premium

● - MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium

## Appendix B: SAAM Index Scoring Guideline

### (ML0520a) Urinary Incontinence or Urinary Catheter Presence

- 0 – No incontinence or catheter  
[ If No, go to ML0540b ]
- 1 – Member is incontinent
- 2 – Member has a urinary ostomy or requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) *SAAM Index: Add 2 points*  
[ Go to ML0540b ]

### (L0535) How Often Does Urinary Incontinence Occur?

- 0 – Once a week or less *SAAM Index: Add 1 point*
- 1 – More than once a week *SAAM Index: Add 2 points*

### (ML0540b) Bowel Incontinence Frequency

- 0 – Very rarely or never has bowel incontinence
- 1 – Less than once weekly *SAAM Index: Add 2 points*
- 2 – One to three times weekly *SAAM Index: Add 2 points*
- 3 – Four to six times weekly *SAAM Index: Add 4 points*
- 4 – On a daily basis *SAAM Index: Add 4 points*
- 5 – More often than once daily *SAAM Index: Add 4 points*
- 6 – Member has an ostomy for bowel elimination with which member needs assistance from the MLTC plan *SAAM Index: Add 2 points*
- 7 – Member has an ostomy for bowel elimination
- UK – Unknown

### (ML0560) Cognitive Functioning (Member's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- 0 – Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- 1 – Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. *SAAM Index: Add 1 point*
- 2 – Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. *SAAM Index: Add 2 points*
- 3 – Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. *SAAM Index: Add 2 points*
- 4 – Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium. *SAAM Index: Add 4 points*

---

**(ML0570) When Confused (Reported or Observed)**

- 0 – Never
- 1 – In new or complex situations only *SAAM Index: Add 1 point*
- 2 – On awakening or at night only *SAAM Index: Add 2 points*
- 3 – During the day and evening, but not constantly *SAAM Index: Add 2 points*
- 4 – Constantly *SAAM Index: Add 3 points*
- NA – Member non-responsive

**(ML0580) When Anxious (Reported or Observed)**

- 0 – None of the time
- 1 – Less often than daily *SAAM Index: Add 1 point*
- 2 – Daily, but not constantly *SAAM Index: Add 1 point*
- 3 – All of the time *SAAM Index: Add 2 points*
- NA – Member non-responsive

**(ML0650) Ability to Dress Upper Body (With or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps**

- 0 – Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- 1 – Able to dress upper body without assistance if clothing is laid out or handed to the member. *SAAM Index: Add 2 points*
- 2 – Someone must help the member put on upper body clothing. *SAAM Index: Add 2 points*
- 3 – Member depends entirely upon another person to dress the upper body. *SAAM Index: Add 4 points*
- UK – Unknown

**(ML0660) Ability to Dress Lower Body (With or without dressing aids) including undergarments, slacks, socks or nylons, shoes**

- 0 – Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 – Able to dress lower body without assistance if clothing and shoes are laid out or handed to the member. *SAAM Index: Add 2 points*
- 2 – Someone must help the member put on undergarments, slacks, socks or nylons, and shoes. *SAAM Index: Add 2 points*
- 3 – Member depends entirely upon another person to dress lower body. *SAAM Index: Add 4 points*
- UK – Unknown

---

**(ML0670) Bathing** Ability to wash entire body. Excludes grooming (washing face and hands only).

- 0 – Able to bathe self in shower or tub independently.
- 1 – With the use of devices, is able to bathe self in shower or tub independently.
- 2 – Able to bathe in shower or tub with the assistance of another person:
  - (a) for intermittent supervision or encouragement or reminders, OR
  - (b) To get in and out of the shower or tub, OR
  - (c) for washing difficult to reach areas.*SAAM Index: Add 2 points*
- 3 – Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. *SAAM Index: Add 2 points*
- 4 – Unable to use the shower or tub and is bathed in bed or bedside chair. *SAAM Index: Add 3 points*
- 5 – Unable to effectively participate in bathing and is totally bathed by another person.  
*SAAM Index: Add 3 points*
- UK – Unknown

**(ML0680) Toileting** Ability to get to and from the toilet or bedside commode.

- 0 – Able to get to and from the toilet independently with or without a device.
- 1 – When reminded, assisted, or supervised by another person, able to get to and from the toilet.  
*SAAM Index: Add 2 points*
- 2 – Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). *SAAM Index: Add 2 points*
- 3 – Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. *SAAM Index: Add 3 points*
- 4 – Is totally dependent in toileting. *SAAM Index: Add 4 points*
- UK – Unknown

**(ML0690a) Transferring** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if member is bedfast.

- 0 – Able to independently transfer.
- 1 – Transfers with use of an assistive device.
- 2 – Transfers with minimal human assistance. *SAAM Index: Add 1 point*
- 3 – Unable to transfer self but is able to bear weight and pivot during the transfer process. *SAAM Index: Add 1 point*
- 4 – Unable to transfer self and is unable to bear weight or pivot when transferred by another person. *SAAM Index: Add 2 points*
- 5 – Bedfast, unable to transfer but is able to turn and position self in bed. *SAAM Index: Add 3 points*
- 6 – Bedfast, unable to transfer and is unable to turn and position self. *SAAM Index: Add 3 points*
- UK – Unknown

---

**(ML0700a) Ambulation/Locomotion** Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

- 0 – Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).
- 1 – Requires use of a device (e.g., cane, walker) to walk alone.
- 2 – Requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.  
*SAAM Index: Add 2 points*
- 3 – Able to walk only with the supervision or assistance of another person at all times.  
*SAAM Index: Add 4 points*
- 4 – Chairfast, unable to ambulate but is able to wheel self independently. *SAAM Index: Add 4 points*
- 5 – Chairfast, unable to ambulate and is unable to wheel self. *SAAM Index: Add 7 points*
- 6 – Bedfast, unable to ambulate or be up in a chair. *SAAM Index: Add 10 points*
- UK – Unknown

**(ML0710) Feeding or Eating** Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

- 0 – Able to independently feed self.
- 1 – Able to feed self independently but requires:
  - (a) meal set-up; OR
  - (b) intermittent assistance or supervision from another person; OR
  - (c) a liquid, pureed or ground meat diet.*SAAM Index: Add 3 points*
- 2 – Unable to feed self and must be assisted or supervised throughout the meal/snack.  
*SAAM Index: Add 3 points*
- 3 – Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. *SAAM Index: Add 3 points*
- 4 – Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. *SAAM Index: Add 6 points*
- 5 – Unable to take in nutrients orally or by tube feeding. *SAAM Index: Add 6 points*
- UK – Unknown

## Appendix C: Measure Descriptions

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
<b>Overall Functioning</b>	SAAM-Index (Calculated from ML0520a, L0535, ML0540b, ML0560, ML0570, ML0580, ML0650, ML0660, ML0670, ML0680, ML0690a, ML0700a, ML0710)	Composite measure of Activities of Daily Living, Incontinence and Cognitive Functioning.	Percentage of members whose SAAM Index was stable or improved over the follow-up period.
<b>Activities of Daily Living</b>  (Included in SAAM Index)	Activities of Daily Living (ADL) Composite		Percentage of members whose SAAM Index ADL functioning composite was stable or improved over the follow-up period.
	Ambulation (ML0700a)	Member's ability to walk on various surfaces. Average score on a scale of 0-6.	Percentage of members whose ability to safely walk or use a wheelchair on a variety of surfaces was stable or improved over the follow-up period.
	Bathing (ML0670)	Member's ability to bathe him/herself. Average score on a scale of 0-6.	Percentage of members whose ability to wash their entire body was stable or improved over the follow-up period.
	Transferring (ML0690a)	Member's ability to move from a seated position to another location. Average score on a scale of 0-6.	Percentage of members whose ability to move from one location to another, such as from a bed to a chair, was stable or improved over the follow-up period.
	Dressing Upper Body (ML0650) Dressing Lower Body (ML0660)	Member's ability to dress their upper and lower bodies with or without dressing aids. Average score on a scale of 0-3.	Percentage of members whose ability to dress their upper and/or lower body was stable or improved over the follow-up period.
	Toileting (ML0680)	Member's ability to use the bathroom or bedside commode. Average score on a scale of 0-4.	Percentage of members whose ability to use a toilet or bedside commode was stable or improved over the follow-up period.
	Feeding/Eating (ML0710)	Member's ability to feed oneself. (Does not include meal preparation.) Average score on a 0-5 scale.	Percentage of members whose ability to feed themselves was stable or improved over the follow-up period.

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
<b>Incontinence</b> (Included in SAAM Index)	Urinary Incontinence/ Catheter Presence (ML0520a)		Percentage of members who remained stable or improved in presence of incontinence or catheter need over the follow-up period.
	Urinary Incontinence Frequency (L0535)	Percentage of members who are incontinent more than once a week.	Percentage of members who remained stable or improved in frequency of urinary incontinence over the follow-up period.
	Bowel Incontinence Frequency (ML0540b)	Percentage of members who had any bowel incontinence, including those with bowel incontinence less than once a week (excluding those who very rarely or never had bowel incontinence).	
<b>Neurological/ Emotional/ Behavioral Status</b> (Included in SAAM Index)	Cognitive Functioning (ML0560)	Percentage of members who are not alert, i.e., need prompting or assistance in routine situations, are disoriented or in a vegetative state.	
	When Confused (ML0570)	Percentage of members who were confused in new situations or at various times of the day.	
	When Anxious (ML0580)	Percentage of members who were anxious at least occasionally.	

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
<b>Living Arrangements and Sensory/Emotional Status</b>	Living Arrangements (ML0340)	Percentage of members living alone.	
	Frequency of Pain (ML0420)	Percentage of members who experienced any pain at least daily.	Percentage of members who remained stable or improved in frequency of pain.
	Depressive Feelings (ML0590)	Percentage of members who experienced some depression feelings.	Percentage of members who remained stable or improved in experiencing depressive feelings over the follow-up period.
<b>Quality of Life Effectiveness of Care Emergent Care</b>	Flu Immunization Status (L0300)	Percentage of members who received an influenza vaccination in the past year.	
	Oral Medication Management (ML0780)	Percentage of members who are independently managing oral medication.	Percentage of members whose ability to independently manage oral medications remained stable or improved over the follow-up period.
	Number of Falls (L0550)	Percentage of members who had one or more falls.	
	Falls Not Resulting in Medical Intervention (L0550)	Percentage of members who had falls that did not result in medical intervention.	
	No Known Hospital Emergent Care (ML0830)		Percentage of members for whom no hospital emergent care was reported during the follow-up period.
	Shortness of Breath (ML0490)		Percentage of members who remained stable or improved in experiencing shortness of breath over the follow-up period.

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
<b>Utilization and Patient Safety</b>  <b>(Nursing Home Care and Hospital Care)</b>	Nursing Home Admissions (ML0900)	Percentage of members who had a nursing home admission.	
	Reason for Nursing Home Admission (ML0900)	Percentage of members who had a nursing home admission for either therapy service, respite care, end of life care, permanent placement, unsafe for care at home, other, or unknown reasons.	
	Hospital Admissions (ML0890)	Percentage of members that had one hospital admission (emergent, urgent, or elective).	
	Two Hospital Admissions (ML0890)	Percentage of members that have two hospital admissions (emergent, urgent, or elective).	

## Appendix D: Technical Notes

### Risk Adjustment

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

### Observed Rate

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

### Expected Rate

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

### Risk-adjusted Rate

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

### Methodology of 'Current Plan Performance' Measures

Three current status and performance outcomes were risk-adjusted: 1) Oral Medication Management, 2) Falls Not Resulting in Medical Intervention, and 3) No Known Hospital Emergent Care. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome: 1) Oral Medication Management independently managing oral medication yes/no, 2) Falls Not Resulting in Medical Intervention yes/no, and 3) No Known Hospital Emergency Care yes/no. The independent variables included in the final models are listed below.

#### 1. Oral Medication Management

- SAAM Index value (0-10, 11-20, 21-30, 31 and over)
- Living alone (Yes, no)

#### 2. Falls Not Resulting in Medical Intervention

- SAAM Index value (0-10, 11-20, 21-30, 31 and over)
- Living alone (Yes, no)
- Age (Less than 56, 56-75, 76-85, 86 and over)

#### 3. No Known Hospital Emergent Care

- SAAM Index value (0-10, 11-20, 21-30, 31 and over)
- Age (Less than 56, 56-75, 76-85, 86 and over)

---

## Methodology for 'Performance Over Time' Measures

Three longitudinal outcomes were risk-adjusted: 1) SAAM Index, 2) Oral Medication Management, and 3) No Known Hospital Emergent Care. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome; for the SAAM Index and Oral Medication Management this was stability/improvement within the measure over the 12month period versus a decrease in the rate, and for Hospital Emergent Care this was no known hospital emergent care versus receipt of hospital emergent care at any point during the period. Assessments performed in nursing homes were removed from these models since a full assessment is not completed when the member is in this location. The independent variables were taken from the assessment reported in the January 2013 SAAM submission (i.e., they are the baseline values). The independent variables included in the models are specified below.

### 1. SAAM-Index

- Member's age (Less than 70, 70-79, 80-85, 86 and over)
- Member's gender (Male, female)
- Member's race/ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other)
- SAAM Index value (0-10, 11-15, 16-20, 21-30, 31 and over)
- Caregiver present (Yes, no)
- Shortness of breath (Yes, no)
- Interfering pain (Yes, no)
- Behavioral problems (One or more, none)
- Memory deficit (Yes, no)
- Urinary incontinence both day and night (Yes, no)
- Respiratory treatments (One or more, none)
- Nursing therapies (One or more, none)
- Length of enrollment (Less than 1 year, 1-3 years, 3 or more years)
- Nervous system primary diagnosis (Yes, no)
- Musculoskeletal primary diagnosis (Yes, no)
- Ability to use the toilet independently (Yes, no)
- Ability to feed self independently (Yes, no)
- Ability to prepare light meals independently (Yes, no)
- Ability to do own laundry independently (Yes, no)
- Ability to use the telephone independently (Yes, no)
- Ability to manage oral medications independently (Yes, no)

---

## **2. Oral Medication Management**

- Member's age (Less than 70, 70-79, 80-85, 86 and over)
- Member's gender (Male, female)
- Member's race/Ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other)
- Management of Oral Medication (Independent, with help, dependent on others)
- SAAM Index value (0-10, 11-15, 16-20, 21-30, 31 and over)
- Living alone (Yes, no)
- Caregiver present (Yes, no)
- Shortness of breath (Yes, no)
- Sensory impairments (One or more, none)
- Interfering pain (Yes, no)
- Cognitive functioning (Low, moderate/high)
- Anxiety (Yes, no)
- Behavioral problems (One or more, none)
- Memory deficit (Yes, no)
- Urinary incontinence (Yes, no)
- Respiratory treatments (One or more, none)
- Nursing therapies (One or more, none)
- Length of enrollment (Less than 1 year, 1-3 years, 3 or more years)
- Circulatory disease primary diagnosis (Yes, no)
- Musculoskeletal disease primary diagnosis (Yes, no)
- Ability to attend personal hygiene (groom) independently (Yes, no)
- Ability to walk (ambulate) independently (Yes, no)
- Ability to prepare light meals independently (Yes, no)
- Ability to use transportation independently (Yes, no)
- Ability to use the telephone independently (Yes, no)

## **3. No Known Hospital Emergent Care**

- Member's age (Less than 70, 70-79, 80-85, 86 and over)
- Member's gender (Male, female)
- Member's race/Ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other)

- 
- SAAM Index value (0-10, 11-15, 16-20, 21-30, 31 and over)
  - Living alone (Yes, no)
  - Caregiver present (Yes, no)
  - Daily assistance (Yes, no)
  - Overall prognosis (Poor, fair/good)
  - High risk factors (One or more, none)
  - Shortness of breath (Yes, no)
  - Cognitive functioning (Low, moderate/high)
  - Behavioral problems (One or more, none)
  - Treatment for a urinary tract infection (Yes, no)
  - Bowel incontinence (Yes, no)
  - Respiratory treatments (One or more, none)
  - Nursing therapies (One or more, none)
  - Rehabilitation therapies (One or more, none)
  - Length of enrollment (Less than 1 year, 1-3 years, 3 or more years)
  - Nervous system disease primary diagnosis (Yes, no)
  - Musculoskeletal disease primary diagnosis (Yes, no)
  - Ability to attend personal hygiene (groom) independently (Yes, no)
  - Ability to dress lower body independently (Yes, no)
  - Ability to transfer self independently (Yes, no)
  - Ability to feed self independently (Yes, no)
  - Ability to manage oral medications independently (Yes, no)

### **Methodology of ‘Satisfaction’ Measures**

Satisfaction ratings that are based on the respondent’s perception may differ by respondent attributes which may vary across plans and are beyond the plans’ control. To reduce the effect of these differences, these measures were adjusted for age (18-44, 45-64, 65-74, 75-84, 85 and over), education (0-8, 9-11, 12, 13-15, 16, 17 and over), and self-reported health status (very poor, poor, fair, good, very good). Age, education, and self-reported health status have been found to be important satisfaction survey control variables that are widely accepted and used in satisfaction survey analysis.

---

## Methodology of 'Potentially Avoidable Hospitalization' Measure

Risk adjusted rates were calculated by developing a Poisson model to predict the number of potentially avoidable hospitalizations. The independent variables included in the final model are listed below. To determine whether the risk adjusted plan rate is significantly above or below the statewide rate, confidence intervals were calculated using analysis of proportions.

- Ability to walk independently (Low, moderate, high)
- Ability to transfer self independently (Low, moderate, high)
- Urinary status (Infrequent incontinence, moderate incontinence, use of catheter)
- Confusion (Not confused, confused moderately, confused frequently)
- Cognitive functioning (Low, moderate, high)
- Ability to speak (Low, moderate, high)
- Ability to dress upper body independently (Yes, no)
- Ability to dress lower body independently (Yes, no)
- Bowel incontinence (Yes, no)
- Person has fallen (Yes, no)
- Smoker (Yes, no)
- Aggressive behavior (Yes, no)
- Presence of skin lesions (Yes, no)
- Use of oxygen (Yes, no)
- Verbal Disruption (Yes, no)
- Person wanders (Yes, no)
- Chronic renal failure (Yes, no)
- Diabetes (Yes, no)
- Neurological degeneration (Yes, no)
- Use of continuous positive airway pressure (CPAP) (Yes, no)
- Cerebrovascular disease (Yes, no)
- Age (Less than 41, 41-64, 65-74, 75-79, 80-84, 85 and over)

## Limitations of the Risk-Adjusted Data

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

Follow us on:  
[health.ny.gov](http://health.ny.gov)  
[facebook.com/NYSDOH](https://facebook.com/NYSDOH)  
[twitter.com/HealthNYGov](https://twitter.com/HealthNYGov)  
[youtube.com/NYSDOH](https://youtube.com/NYSDOH)

