2015 Managed Long-Term Care Report

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Executive Summary

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

The Managed Long-Term Care Program

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

- Enrollment in the MLTC plans has been steadily increasing with current enrollment of 153,191 individuals as of November 2015.
- Eighty-two percent of the membership was in New York City.
- Eighty-five percent of the MLTC enrollees were over the age of 64.
- Ninety percent were dually enrolled in Medicare and Medicaid.
- Eighty-one percent have been enrolled in the MLTC program for one year or more.
- Four percent of enrollees were admitted to a nursing home and of that group, 17 percent were admitted for long-term placement.
- Fourteen percent of enrollees were admitted to the hospital. The most common reason for admission was: respiratory problems.
- Ten percent of enrollees visited an emergency room. The most common reason for admission was: respiratory problems.

Enrollee Attributes

- Eighty-six percent were able to move locations on the same floor with little to no help.
- Ninety percent had no behavioral problems.
- Forty-four percent were living alone.

Plan Performance

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

- Seventy-seven percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 67 to 98 percent.
- Ninety-four percent of enrollees had no falls that resulted in medical intervention in the past 90 days.
- Seventy-eight percent of enrollees remained stable or demonstrated improvement in the activities of daily living function.
- Seventy-three percent of enrollees remained stable or demonstrated improvement in urinary continence.
- The statewide rate of PAH was 3.91 and plan results ranged from 1 to 6 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

Member Satisfaction

In the spring of 2015, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2014. The overall response rate was 26 percent. The following are highlights:

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

Introduction

The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In November 2015, there were 38 MLTC organizations certified to enroll members in four plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 69 plans. The tables in this report present information about the 38 MLTC organizations and 69 plans that were enrolling members during the data collection period.

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

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The Managed Long-Term Care Program

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

Types of Managed Long-Term Care Plans

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

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

Program of All-inclusive Care for the Elderly Organizations

Program of All-inclusive Care for the Elderly (PACE) organizations provide a comprehensive system

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

Medicaid Advantage Plus

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

Fully Integrated Duals Advantage

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

Eligibility

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

- 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/.)

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 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 transition to MLTC was implemented in five phases ending in 2014. The following groups were excluded from this transition to MLTC:

- 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.

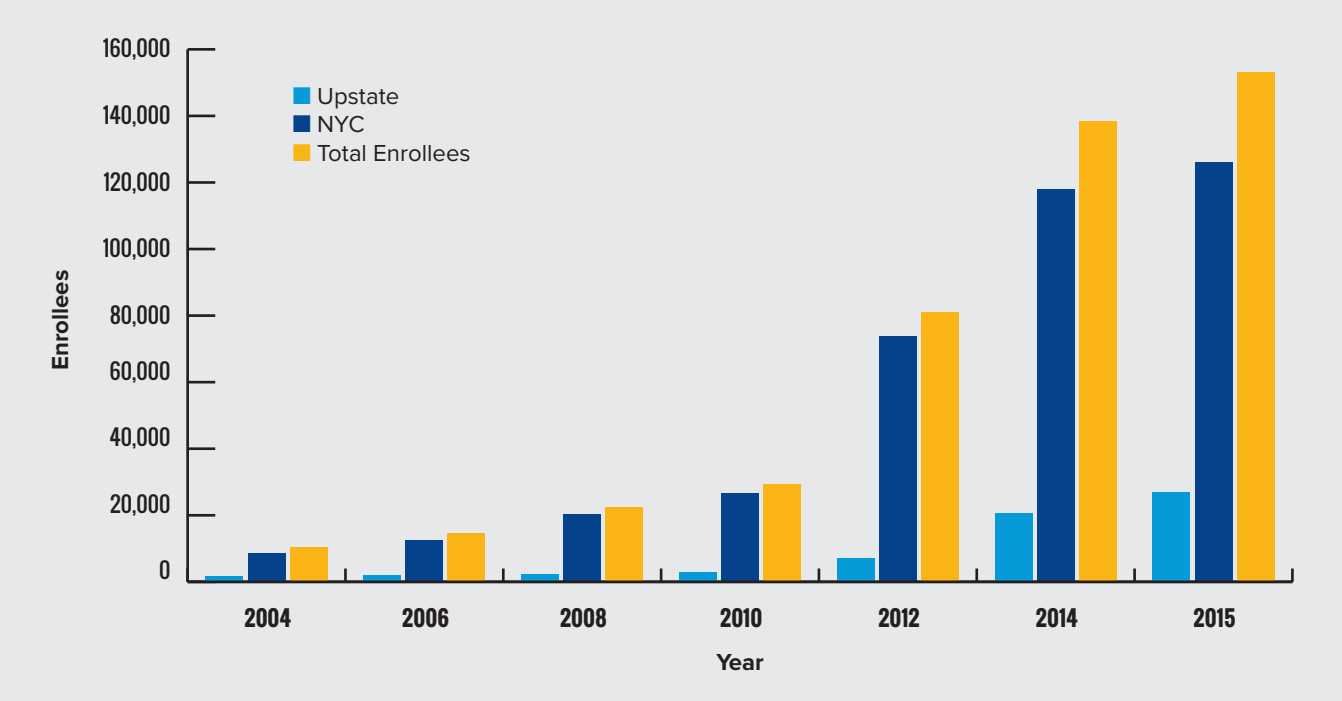
In 2015, New York State in partnership with the CMS began a MLTC FIDA demonstration project in the New York City area. FIDA plans provide a comprehensive benefit package to MLTC enrollees including Medicare covered services, Medicaid covered services, and some additional services and benefits. Opt-in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

Enrollment and Availability

Figure 1 shows that MLTC enrollment has steadily increased over the past eleven years from approximately 10,000 in 2004 to over 150,000 as of November 2015 with the number of plans growing from 16 plans to 69 plans. Eighty-seven percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 82 percent of current MLTC enrollment. Enrollment in MAP, PACE, and FIDA plans is four percent each. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT #90.

Every county in New York State has at least one MLTC plan authorized to operate. As of November 2015, MLTC has members enrolled in every county.

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



Uniform Assessment System for New York

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

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

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

Level of Care Score

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

The current statewide average UAS-NY NFLOC score is 17.9. Some measures in this report are based on the NFLOC score and its components allowing for a comparison of case mix among the plans.

Demographic Profile of MLTC Enrollees

The data in Table 1 are based on assessment data for the January through June 2015 enrollment period and therefore reflect the characteristics of the enrollees during that time frame. As shown, 85 percent of members are over the age of 64. Over two-thirds of the enrollees are nonwhite (67 percent) and two percent were in a nursing home at the time of the assessment. Eighty-two percent have been continuously enrolled in MLTC for 12 months or more.

Table 1
Demographic Profile

Measure	Percent
Age Groupings	
Age < 21	0.0
Age 21-54	6.2
Age 55-64	9.3
Age 65-74	22.1
Age 75-84	34.3
Age 85+	28.1
Gender	
Male	29.1
Female	70.9
Race	
White Non-Hispanic	33.2
Black Non-Hispanic	18.3
Hispanic	24.7
Race Other	23.8
Primary Language	
English	41.3
Spanish	20.7
Chinese	13.2
Russian	15.0
Other	6.7
Missing	3.1
Enrollment	
Continuously Enrolled 12+ Months	81.8
Continuously Enrolled <12 Months	18.2

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	90.1
Medicaid Only	9.9
Current Location	
Community	95.6
Nursing Home	2.2
Hospital	0.4
Other	1.0
Missing	0.8
Living Situation	
Alone	43.8
With Family/Relative	50.1
With Other	6.1
Most Frequent Diagnoses Statewide (Percent of All Members)	
Essential Hypertension	76.9
Osteoarthritis	57.7
Disorders of Lipid Metabolism	51.9
Coronary Atherosclerosis	41.3
Other Nervous System Disorder	40.9
Diabetes without Complications	40.9
Genitourinary Symptoms	40.4
Esophageal Disorder	35.7
Depressive Disorders	32.5
Other GI Disorder	31.2

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC UAS-NY assessments conducted for the January 1, 2015 through June 30, 2015 time period. Table 2 shows the statewide percentage of members that within the last 90 days had a nursing home admission and reasons for nursing home admissions; had at least one, or two or more hospitalizations and reasons for hospital admissions; and had at least one, or two or more emergency room (ER) visits and reasons for ER visits. For nursing home, up to four reasons for admission may be selected. Table 2 shows nursing home admissions stratified by those for therapy services, long-term placement, unsafe for care at home, respite care, and end of life care. Up to four of 16 given reasons for hospital admission may be selected. Table 2 highlights categories that represent the more common clinical reasons for hospital admission: respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); falls (injury caused by fall or accident at home); congestive heart failure (CHF) (exacerbation of CHF, fluid overload, heart failure); scheduled surgical procedure; and urinary tract infection. Likewise, up to four of nine given reasons for ER visits may be selected. Table 2 highlights the most common clinical reasons for ER visits: respiratory (respiratory problems, shortness of breath, respiratory infection, tracheobronchial obstruction), cardiac (cardiac problems, fluid overload, exacerbation of CHF, chest pain), nausea (nausea, dehydration, malnutrition, constipation, impactions), hypo/hyperglycemia and wound problems (infection, deteriorating wound status, new lesion/ulcer). Please note that Table 2 is based on events and not members, and not all admission or visit reasons are presented; therefore, the total percent may not equal 100 percent.

The table below shows that four percent of the population was admitted to a nursing home with the majority admitted for therapy services followed by long-term placement. Fourteen percent of enrollees were admitted to the hospital with 22 percent admitted for respiratory problems and 12 percent for falls. Ten percent of enrollees had an ER visit with 15 percent for respiratory problems and eight percent for cardiac problems.

Table 2
Utilization and Patient Safety

	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More											
Facility Type	N	%	N	%	Reason 1	%	Reason 2	%	Reason 3	%	Reason 4	%	Reason 5	%
Nursing Home Admissions	5,713	4	*	*	Therapy Services	66	Long-Term Placement	17	Unsafe at Home	10	Respite Care	2	End of Life Care	1
Hospital Admissions	19,493	14	3,414	2	Respiratory	22	Falls	12	Congestive Heart Failure	8	Scheduled Procedure	7	Urinary Tract Infection	7
Emergency Room Visits	13,431	10	2,136	2	Respiratory	15	Cardiac	8	Nausea	4	Hypo/Hyper-glycemia	3	Wound	2

**No data to report*

Plan Profiles

Table 3 summarizes the MLTC plans certified as of November 2015 by the NYSDOH to enroll Medicaid recipients. Regions of enrollment and enrollment counts as of November 2015 are presented. Please refer to Appendix B for a listing of counties within each region. Plans may not be enrolling in every county in a region. Please verify availability with the plan.

Table 3
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2015)
Partial Capitation Plans		
1. Aetna Better Health *www.aetnabetterhealth.com*	Long Island, New York City	3,303
2. AgeWell New York *www.agewellnewyork.com*	Hudson Valley, Long Island, New York City	5,471
3. AlphaCare of New York *www.alphacare.com*	Hudson Valley, New York City	2,082
4. ArchCare Community Life *www.archcare.org*	Hudson Valley, New York City	1,943
5. CenterLight Select *www.centerlighthealthcare.org*	Hudson Valley, Long Island, New York City	5,745
6. Centers Plan for Healthy Living *www.centersplan.com*	Hudson Valley, New York City, Western	3,881
7. Elant Choice *www.elant.org*	Hudson Valley	868
8. Elderserve dba RiverSpring *www.elderservehealth.org*	Hudson Valley, Long Island, New York City	10,678
9. Elderplan dba Homefirst *www.homefirst.org*	Central, Hudson Valley, Long Island, New York City, Northeast, Western	10,666
10. Extended MLTC *www.extendedmltc.org*	Long Island, New York City	821
11. Fallon Health Weinberg *www.fallonweinberg.org*	Western	206
12. Fidelis Care at Home *www.fideliscare.org*	Central, Hudson Valley, Long Island, New York City, Northeast, Western	10,747
13. GuildNet *www.guildnetny.org*	Hudson Valley, Long Island, New York City	14,557
14. HIP MLTC *www.emblemhealth.com*	Hudson Valley, Long Island, New York City	1,303
15. Hamaspik Choice *www.hamaspikchoice.org*	Hudson Valley	1,275
16. HealthPlus MLTC *www.myamerigroup.com*	New York City	2,669
17. Independence Care System *www.icsny.org*	New York City	5,647

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2015)
Partial Capitation Plans (Continued)		
18. Integra MLTC *www.integraplan.org*	Hudson Valley, Long Island, New York City	2,769
19. Kalos Health *www.kaloshealth.org*	Western	498
20. MetroPlus MLTC *www.metroplus.org*	New York City	923
21. Montefiore MLTC *www.montefiore.org*	Hudson Valley, New York City	658
22. North Shore-LIJ Health Plan *www.nslijhealthplans.com*	Long Island, New York City	2,479
23. Prime Health Choice *www.primechoicehealth.com*	Hudson Valley, Northeast	99
24. Senior Health Partners *www.shpny.org*	Hudson Valley, Long Island, New York City	12,761
25. Senior Network Health *www.faxtonstlukes.com*	Central	490
26. Senior Whole Health Partial *www.seniorwholehealth.com*	New York City	3,418
27. United Health Personal Assist *www.uhccommunityplan.com*	Central, Hudson Valley, New York City, Northeast, Western	1,524
28. VNA Homecare Options *www.vnahomecareoptions.org*	Central, Northeast, Western	1,212
29. VNS Choice Partial *www.vnsnychoice.org*	Central, Hudson Valley, Long Island, New York City, Northeast, Western	13,418
30. Village Care MAX *www.villagecaremax.org*	New York City	4,732
31. WellCare Advocate Partial *www.wellcare.com*	Hudson Valley, Long Island, New York City, Northeast, Western	7,201
32. iCircle *www.icirclecny.org*	Central, Northeast, Western	803
Program of All-Inclusive Care for the Elderly (PACE)		
33. ArchCare Senior Life *www.archcare.org*	New York City	439
34. Catholic Health – LIFE *www.chsbuffalo.org*	Western	199
35. CenterLight PACE *www.centerlighthealthcare.org*	Hudson Valley, Long Island, New York City	3,281

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2015)
36. Complete Senior Care *www.hanci.com*	Western	127
37. Eddy Senior Care *www.nehealth.com*	Northeast	168
38. ElderOne *www.rochestergeneral.org*	Western	669
39. PACE CNY *www.pacecny.org*	Central	493
40. Total Senior Care *www.totalseniorcare.org*	Western	105
Medicaid Advantage Plus (MAP)		
41. Elderplan *www.elderplan.org*	Hudson Valley, Long Island, New York City	870
42. Fidelis Medicaid Advantage Plus *www.fideliscare.org*	New York City, Northeast	151
43. GuildNet Medicaid Advantage Plus *www.guildnetny.org*	Long Island, New York City	664
44. Health Insurance Plan *www.emblemhealth.com*	Hudson Valley, Long Island, New York City	575
45. HealthPlus Amerigroup MAP *www.myamerigroup.com*	New York City	2
46. MHI Healthfirst Complete Care *www.healthfirstny.org*	Long Island, New York City	3,789
47. Senior Whole Health *www.seniorwholehealth.com*	New York City	99
48. VNS Choice Plus MAP *www.vnsnychoice.org*	New York City	81
Fully Integrated Duals Advantage (FIDA)		
49. Aetna Better Health FIDA *www.aetnabetterhealth.com*	Long Island, New York City	65
50. AgeWell New York FIDA *www.agewellnewyork.com*	Long Island, New York City	57
51. AlphaCare Signature FIDA *www.alphacare.com*	New York City	45
52. Archcare Community Advantage FIDA *www.archcare.org*		0
53. CenterLight Healthcare FIDA *www.centerlighthealthcare.org*	Long Island, New York City	230

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2015)
54. Elderplan FIDA Total Care *www.elderplanfida.org*	Long Island, New York City	311
55. EmblemHealth Dual Assurance FIDA *www.emblemhealth.com/fida*	Long Island, New York City	4
56. FIDA Care Complete *www.centersplan.com*	New York City	39
57. Fidelis Care FIDA *www.fideliscare.org*	Long Island, New York City	417
58. GuildNet Gold Plus FIDA *www.guildnetny.org*	Long Island, New York City	949
59. Healthfirst AbsoluteCare FIDA *www.healthfirst.org*	Long Island, New York City	1,321
60. HealthPlus Amerigroup FIDA *www.healthplus.amerigroup.com*	New York City	5
61. ICS Community Care Plus FIDA MMP *www.icsny.org*	New York City	202
62. Integra FIDA *www.integraplan.org*	Long Island, New York City	2
63. MetroPlus FIDA *www.metroplus.org*	Long Island, New York City	202
64. North Shore-LIJ FIDA LiveWell *www.nslijhealthplans.com*	Long Island, New York City	27
65. RiverSpring FIDA *www.riverspringfida.org*	Long Island, New York City	23
66. SWH Whole Health FIDA *www.seniorwholehealth.com*	New York City	64
67. VNSNY Choice FIDA Complete *www.vnsnychoice.org*	Long Island, New York City	2,411
68. VillageCareMax Full Advantage FIDA *www.villagecaremax.org*	New York City	40
69. WellCare Advocate Complete FIDA *fida.wellcareny.com*	Long Island, New York City	218

Enrollee Attributes

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

Measures are based on the January 1, 2015 through June 30, 2015 enrollment period. Assessments conducted for any reason other than "first assessment" must occur within the enrollment period. Assessments specified as first assessments may occur up to 42 days prior to the start of plan enrollment. Assessments conducted by Adult Day Health Care were excluded from all measures. Some members may have had multiple assessments during the enrollment period, therefore only the most recent assessment related to a plan enrollment is included in the measures.

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

Overall Functioning and Activities of Daily Living

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

Table 4
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation Plans				
Aetna Better Health	18.9	46	5	42
AgeWell New York	16.2	56	12	62
AlphaCare of New York	14.2	61	17	67
ArchCare Community Life	15.9	63	16	68
CenterLight Select	19.2	42	11	43
Centers Plan for Healthy Living	19.0	16	4	10
Elant Choice	15.4	72	28	73
ElderServe dba RiverSpring	17.5	46	17	51
Elderplan dba Homefirst	18.4	57	5	58
Extended MLTC	12.5	87	31	86
Fallon Health Weinberg	11.9	82	28	79
Fidelis Care at Home	18.7	44	8	50
GuildNet	19.3	40	15	58
HIP MLTC	20.8	41	10	46
Hamaspik Choice	14.0	78	40	79
HealthPlus MLTC	17.4	51	17	57
Independence Care System	20.1	42	14	50
Integra MLTC	17.7	42	12	54
Kalos Health	13.7	78	29	81
MetroPlus MLTC	14.4	66	25	76
Montefiore MLTC	17.3	43	17	52
North Shore-LIJ Health Plan	17.1	54	16	61
Prime Health Choice	14.3	66	15	76
Senior Health Partners	18.1	44	14	51
Senior Network Health	10.1	92	38	92
Senior Whole Health Partial	14.8	65	15	73
United Health Personal Assist	18.2	56	9	60
VNA Homecare Options	11.9	84	29	86
VNS Choice Partial	18.5	46	7	54
VillageCareMAX	18.5	37	12	47

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

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation Plans (Continued)				
WellCare Advocate Partial	14.7	68	27	73
iCircle	12.7	88	20	84
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	17.5	57	28	61
Catholic Health – LIFE	17.5	71	29	68
CenterLight PACE	18.5	53	16	61
Complete Senior Care	15.6	77	24	72
Eddy Senior Care	16.1	73	23	79
ElderOne	15.2	80	42	79
PACE CNY	17.7	66	20	71
Total Senior Care	15.1	79	30	75
Medicaid Advantage Plus (MAP)				
Elderplan	19.0	61	4	60
Fidelis Medicaid Advantage Plus	18.9	51	14	47
GuildNet Medicaid Advantage Plus	19.2	40	16	56
Health Insurance Plan	17.9	54	12	59
HealthPlus Amerigroup MAP	SS	SS	SS	SS
MHI Healthfirst Complete Care	16.8	49	17	53
Senior Whole Health	19.2	50	7	56
VNS Choice Plus MAP	19.5	36	5	47
Fully Integrated Duals Advantage (FIDA)				
Aetna Better Health FIDA	20.2	43	6	39
AgeWell New York FIDA	19.4	43	11	40
AlphaCare Signature FIDA	13.9	61	17	67
ArchCare Community Advantage FIDA	SS	SS	SS	SS
CenterLight Healthcare FIDA	21.0	36	10	39
Elderplan FIDA Total Care	20.2	51	4	50
EmblemHealth Dual Assurance FIDA	SS	SS	SS	SS
FIDA Care Complete	21.6	10	5	7
Fidelis Care FIDA	20.5	37	3	41

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

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Fully Integrated Duals Advantage (FIDA) (Continued)				
GuildNet Gold Plus FIDA	21.5	32	10	43
HealthPlus Amerigroup FIDA	18.0	50	14	59
Healthfirst AbsoluteCare FIDA	19.2	38	12	46
ICS Community Care Plus FIDA	20.1	46	16	51
Integra FIDA	19.2	36	5	45
MetroPlus FIDA	15.3	53	17	71
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS
RiverSpring FIDA	21.4	SS	13	SS
SWH Whole Health FIDA	19.6	40	13	54
VNSNY CHOICE FIDA Complete	19.2	39	7	49
VillageCareMAX Full Advantage FIDA	21.2	36	15	36
WellCare Advocate Complete FIDA	16.4	60	16	66
STATEWIDE	**17.9**	**49**	**13**	**55**

SS = Sample size too small to report

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

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation Plans					
Aetna Better Health	20	6	42	69	12
AgeWell New York	37	21	66	79	21
AlphaCare of New York	36	20	74	87	19
ArchCare Community Life	31	13	69	83	20
CenterLight Select	21	11	43	72	9
Centers Plan for Healthy Living	8	5	10	73	18
Elant Choice	49	38	69	83	13
ElderServe dba RiverSpring	24	16	49	76	10
Elderplan dba Homefirst	24	7	40	32	2
Extended MLTC	53	22	83	91	32
Fallon Health Weinberg	59	45	75	88	23
Fidelis Care at Home	21	11	45	65	13
GuildNet	29	13	54	73	12
HIP MLTC	19	10	41	57	9
Hamaspik Choice	50	41	76	84	16
HealthPlus MLTC	30	13	59	81	38
Independence Care System	21	9	52	71	25
Integra MLTC	24	11	52	79	10
Kalos Health	64	53	78	89	27
MetroPlus MLTC	44	27	77	86	20
Montefiore MLTC	21	10	53	86	14
North Shore-LIJ Health Plan	28	15	58	78	15
Prime Health Choice	31	15	73	88	20
Senior Health Partners	25	12	27	77	11
Senior Network Health	76	63	90	90	27
Senior Whole Health Partial	37	13	73	87	17
United Health Personal Assist	21	11	56	68	12
VNA Homecare Options	63	44	84	92	27
VNS Choice Partial	22	8	54	76	10
VillageCareMAX	30	13	51	74	14

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

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation Plans (Continued)					
WellCare Advocate Partial	40	20	76	86	23
iCircle	48	30	81	91	32
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	40	31	59	77	5
Catholic Health – LIFE	54	40	67	72	9
CenterLight PACE	31	20	59	76	18
Complete Senior Care	54	43	73	81	15
Eddy Senior Care	39	21	72	91	12
ElderOne	63	51	76	83	9
PACE CNY	50	42	65	83	15
Total Senior Care	60	47	71	90	20
Medicaid Advantage Plus (MAP)					
Elderplan	23	5	41	28	2
Fidelis Medicaid Advantage Plus	31	16	47	66	11
GuildNet Medicaid Advantage Plus	25	14	55	73	16
Health Insurance Plan	26	10	53	73	13
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	28	12	23	84	14
Senior Whole Health	19	9	56	72	15
VNS Choice Plus MAP	13	4	48	69	8
Fully Integrated Duals Advantage (FIDA)					
Aetna Better Health FIDA	9	8	28	64	6
AgeWell New York FIDA	20	5	55	64	9
AlphaCare Signature FIDA	35	13	67	91	30
ArchCare Community Advantage FIDA	SS	SS	SS	SS	SS
CenterLight Healthcare FIDA	12	6	36	67	6
Elderplan FIDA Total Care	17	4	34	21	2
EmblemHealth Dual Assurance FIDA	SS	SS	SS	SS	SS
FIDA Care Complete	8	5	8	63	10
Fidelis Care FIDA	12	3	31	54	8

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

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Fully Integrated Duals Advantage (FIDA) (Continued)					
GuildNet Gold Plus FIDA	18	9	42	65	10
HealthPlus Amerigroup FIDA	24	8	55	79	32
Healthfirst AbsoluteCare FIDA	22	8	21	73	8
ICS Community Care Plus FIDA	18	9	53	72	26
Integra FIDA	21	9	48	75	4
MetroPlus FIDA	43	21	77	86	11
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS
RiverSpring FIDA	20	17	SS	53	0
SWH Whole Health FIDA	16	8	54	68	10
VNSNY CHOICE FIDA Complete	15	7	49	75	13
VillageCareMAX Full Advantage FIDA	21	10	33	56	8
WellCare Advocate Complete FIDA	26	9	68	84	20
STATEWIDE	**27**	**13**	**50**	**72**	**13**

SS = Sample size too small to report

Continence, Neurological, and Behavioral Status

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

Table 5
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation Plans				
Aetna Better Health	36	87	42	93
AgeWell New York	37	91	45	95
AlphaCare of New York	63	92	52	89
ArchCare Community Life	44	84	54	90
CenterLight Select	29	81	36	90
Centers Plan for Healthy Living	44	90	62	91
Elant Choice	42	75	34	77
ElderServe dba RiverSpring	25	87	36	87
Elderplan dba Homefirst	34	83	35	92
Extended MLTC	42	91	52	96
Fallon Health Weinberg	32	79	58	82
Fidelis Care at Home	40	81	48	93
GuildNet	33	80	41	87
HIP MLTC	31	72	45	84
Hamaspik Choice	53	82	38	74
HealthPlus MLTC	43	86	58	94
Independence Care System	33	69	56	92
Integra MLTC	40	87	38	92
Kalos Health	38	71	39	84
MetroPlus MLTC	52	88	62	96
Montefiore MLTC	45	85	45	89
North Shore-LIJ Health Plan	39	84	47	90
Prime Health Choice	60	93	46	81
Senior Health Partners	35	85	35	92
Senior Network Health	43	89	45	86
Senior Whole Health Partial	48	89	53	92
United Health Personal Assist	44	80	49	88
VNA Homecare Options	48	81	58	86
VNS Choice Partial	32	77	55	91
VillageCareMAX	47	87	43	90

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

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation Plans (Continued)				
WellCare Advocate Partial	45	89	58	94
iCircle	41	79	70	96
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	56	80	40	80
Catholic Health – LIFE	24	65	22	69
CenterLight PACE	23	78	36	86
Complete Senior Care	52	90	24	60
Eddy Senior Care	30	77	39	77
ElderOne	27	72	16	59
PACE CNY	20	66	25	73
Total Senior Care	26	68	33	64
Medicaid Advantage Plus (MAP)				
Elderplan	27	80	37	90
Fidelis Medicaid Advantage Plus	29	78	28	89
GuildNet Medicaid Advantage Plus	37	80	48	91
Health Insurance Plan	35	85	60	90
HealthPlus Amerigroup MAP	SS	SS	SS	SS
MHI Healthfirst Complete Care	40	90	42	95
Senior Whole Health	39	78	41	89
VNS Choice Plus MAP	28	79	52	95
Fully Integrated Duals Advantage (FIDA)				
Aetna Better Health FIDA	38	81	23	89
AgeWell New York FIDA	41	84	36	95
AlphaCare Signature FIDA	72	96	65	96
ArchCare Community Advantage FIDA	SS	SS	SS	SS
CenterLight Healthcare FIDA	27	71	25	87
Elderplan FIDA Total Care	33	77	32	90
EmblemHealth Dual Assurance FIDA	SS	SS	SS	SS
FIDA Care Complete	48	87	48	87
Fidelis Care FIDA	31	80	40	92

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

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Fully Integrated Duals Advantage (FIDA) (Continued)				
GuildNet Gold Plus FIDA	31	71	32	82
HealthPlus Amerigroup FIDA	40	83	51	93
Healthfirst AbsoluteCare FIDA	38	82	27	90
ICS Community Care Plus FIDA	33	67	60	94
Integra FIDA	33	84	35	91
MetroPlus FIDA	41	85	57	100
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS
RiverSpring FIDA	20	67	23	83
SWH Whole Health FIDA	34	74	32	84
VNSNY CHOICE FIDA Complete	29	76	56	89
VillageCareMAX Full Advantage FIDA	38	77	26	92
WellCare Advocate Complete FIDA	42	86	55	95
STATEWIDE	**36**	**83**	**44**	**90**

SS = Sample size too small to report

Living Arrangement and Emotional Status

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

Table 6
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation Plans			
Aetna Better Health	33	86	80
AgeWell New York	40	75	62
AlphaCare of New York	34	79	73
ArchCare Community Life	45	72	67
CenterLight Select	43	72	62
Centers Plan for Healthy Living	35	76	63
Elant Choice	34	67	75
ElderServe dba RiverSpring	42	75	73
Elderplan dba Homefirst	44	84	75
Extended MLTC	34	81	70
Fallon Health Weinberg	81	65	75
Fidelis Care at Home	50	80	72
GuildNet	48	66	62
HIP MLTC	52	81	70
Hamaspik Choice	37	57	64
HealthPlus MLTC	47	81	72
Independence Care System	51	79	70
Integra MLTC	44	68	49
Kalos Health	51	66	67
MetroPlus MLTC	45	78	67
Montefiore MLTC	44	72	63
North Shore-LIJ Health Plan	32	73	61
Prime Health Choice	58	62	66
Senior Health Partners	46	80	68
Senior Network Health	56	62	77
Senior Whole Health Partial	34	74	62
United Health Personal Assist	48	75	63
VNA Homecare Options	58	60	65
VNS Choice Partial	44	86	76
VillageCareMAX	43	77	68

Table 6 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation Plans (Continued)			
WellCare Advocate Partial	35	86	77
iCircle	54	52	52
Program of All-Inclusive Care for the Elderly (PACE)			
ArchCare Senior Life	41	80	85
Catholic Health – LIFE	22	60	70
CenterLight PACE	36	80	78
Complete Senior Care	38	55	62
Eddy Senior Care	53	54	63
ElderOne	44	61	72
PACE CNY	59	66	72
Total Senior Care	48	30	33
Medicaid Advantage Plus (MAP)			
Elderplan	48	86	77
Fidelis Medicaid Advantage Plus	59	74	68
GuildNet Medicaid Advantage Plus	48	77	72
Health Insurance Plan	49	81	70
HealthPlus Amerigroup MAP	SS	SS	SS
MHI Healthfirst Complete Care	50	80	67
Senior Whole Health	39	79	64
VNS Choice Plus MAP	41	84	69
Fully Integrated Duals Advantage (FIDA)			
Aetna Better Health FIDA	38	85	85
AgeWell New York FIDA	50	71	68
AlphaCare Signature FIDA	48	93	76
ArchCare Community Advantage FIDA	SS	SS	SS
CenterLight Healthcare FIDA	49	82	72
Elderplan FIDA Total Care	50	88	79
EmblemHealth Dual Assurance FIDA	SS	SS	SS
FIDA Care Complete	43	79	77
Fidelis Care FIDA	60	87	76

Table 6 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Fully Integrated Duals Advantage (FIDA) (Continued)			
GuildNet Gold Plus FIDA	49	70	66
HealthPlus Amerigroup FIDA	50	78	68
Healthfirst AbsoluteCare FIDA	52	88	78
ICS Community Care Plus FIDA	57	75	72
Integra FIDA	40	74	55
MetroPlus FIDA	60	84	71
North Shore-LIJ FIDA LiveWell	SS	SS	SS
RiverSpring FIDA	47	SS	SS
SWH Whole Health FIDA	48	68	55
VNSNY CHOICE FIDA Complete	47	85	75
VillageCareMAX Full Advantage FIDA	49	89	89
WellCare Advocate Complete FIDA	38	86	67
STATEWIDE	**44**	**78**	**70**

SS = Sample size too small to report

Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into three sections: 1) Current plan performance rates, 2) Performance Over Time which reflects changes in the functional status of the MLTC population over a six to twelve month period, and 3) Potentially Avoidable Hospitalizations (PAH). For 2015, over-time measures could not be calculated for FIDA plans because there is not yet enough data.

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members or for Potentially Avoidable Hospitalizations (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. 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, some measures are risk-adjusted; risk-adjustment is indicated in the measure descriptions. Risk adjustment takes into account the effect of members' characteristics (case-mix) on plan rates and reduces the differences in plan rates that are attributable to case-mix and therefore not within the plans' control. Information about the methods used to risk-adjust is included in the Technical Notes (Appendix D) of this report.

Tables 7, 9, and 10 are based on UAS-NY assessments conducted on MLTC members enrolled from January 1, 2015 through June 30, 2015 as described in the Enrollee Attributes section of this report. To allow MLTC plans to impact measures and represent the community-based MLTC population, Table 7 performance measures exclude assessments specified as first assessments and nursing home residents. Table 8 is based on the 2015 MLTC member satisfaction survey and presents measures on Access and Experience of Care. Please see the section titled Member Satisfaction for more information about the MLTC satisfaction survey.

Current Plan Performance

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

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

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

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely and Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Partial Capitation Plans						
Aetna Better Health	32▼	94	62▼	89	83▲	64▲
AgeWell New York	30▼	96▲	77▼	82▼	79▲	66▲
AlphaCare of New York	40	95	85	86	73	61
ArchCare Community Life	43▲	87▼	76▼	84▼	78	66▲
CenterLight Select	27▼	95	82	87	74▼	56▼
Centers Plan for Healthy Living	43▲	90▼	85	86▼	78	57
Elant Choice	60▲	92	83	89	79	53
ElderServe dba RiverSpring	28▼	97▲	89▲	93▲	74▼	51▼
Elderplan dba Homefirst	25▼	95	90▲	91▲	77	52▼
Extended MLTC	54▲	96	97▲	94	81	73▲
Fallon Health Weinberg	69▲	98	96▲	76▼	80	62
Fidelis Care at Home	33▼	93▼	81	88	67▼	52▼
GuildNet	40▲	96▲	85▲	87▼	71▼	48▼
HIP MLTC	30▼	92▼	80	87	77	69▲
Hamaspik Choice	53▲	89▼	81	78▼	79	57
HealthPlus MLTC	46▲	93	88▲	91▲	79	57
Independence Care System	60▲	95	78▼	87	68▼	53▼
Integra MLTC	21▼	92▼	81	78▼	74	55▼
Kalos Health	50▲	92	83	74▼	80	72
MetroPlus MLTC	39	95	76▼	86	71▼	59
Montefiore MLTC	44▲	94	85	83	77	70▲
North Shore-LIJ Health Plan	37	91▼	83	84▼	78	66▲
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	38	98▲	92▲	89▲	82▲	74▲
Senior Network Health	44	94	81	84	84▲	72▲
Senior Whole Health Partial	28▼	89▼	72▼	73▼	75	61
United Health Personal Assist	33	92	77▼	85	72	56
VNA Homecare Options	39	79▼	81	74▼	77	70▲
VNS Choice Partial	29▼	93▼	70▼	88	82▲	71▲
VillageCareMAX	42▲	97▲	77▼	88	76	57

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely and Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Partial Capitation Plans (Continued)						
WellCare Advocate Partial	45▲	92▼	82	91▲	81▲	60
iCircle	26	77▼	76	62▼	83	82
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	73▲	96	83	85	88▲	72▲
Catholic Health – LIFE	45	91	80	90	98▲	79▲
CenterLight PACE	57▲	94	80▼	86	84▲	64▲
Complete Senior Care	55▲	96	85	71▼	76	78▲
Eddy Senior Care	56▲	90	69▼	83	74	70
ElderOne	54▲	94	83	87	92▲	76▲
PACE CNY	58▲	98	87	86	92▲	75▲
Total Senior Care	37	65▼	80	49▼	84	75
Medicaid Advantage Plus (MAP)						
Elderplan	30▼	94	90▲	92	73	49▼
Fidelis Medicaid Advantage Plus	33	89	87	96	73	62
GuildNet Medicaid Advantage Plus	47▲	95	84	90	77	62
Health Insurance Plan	25▼	88▼	69▼	90	74	73▲
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	35	98▲	93▲	90	80▲	74▲
Senior Whole Health	30	87	77	64▼	76	54
VNS Choice Plus MAP	22▼	90	71▼	83	83	71
Fully Integrated Duals Advantage (FIDA)						
Aetna Better Health FIDA	SS	SS	SS	SS	SS	SS
AgeWell New York FIDA	SS	SS	SS	SS	SS	SS
AlphaCare Signature FIDA	SS	SS	SS	SS	SS	SS
ArchCare Community Advantage FIDA	SS	SS	SS	SS	SS	SS
CenterLight Healthcare FIDA	31	99	96	100	82	71
Elderplan FIDA Total Care	SS	SS	SS	SS	SS	SS
EmblemHealth Dual Assurance FIDA	SS	SS	SS	SS	SS	SS
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	38	95	86	96	68	42

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely and Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Fully Integrated Duals Advantage (FIDA) (Continued)						
GuildNet Gold Plus FIDA	47▲	98▲	88	94▲	78	60
HealthPlus Amerigroup FIDA	39	96	84	93	79	49
Healthfirst AbsoluteCare FIDA	39	100	98▲	97▲	80	69
ICS Community Care Plus FIDA	49	100▲	75	87	78	59
Integra FIDA	20	91	89	87	70	SS
MetroPlus FIDA	SS	SS	SS	SS	SS	SS
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	32	95	71▼	92▲	80	67▲
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
WellCare Advocate Complete FIDA	SS	SS	SS	SS	SS	SS
STATEWIDE	**36**	**94**	**82**	**88**	**77**	**60**

**Risk-adjusted, see Appendix D for more detail.*
SS = Sample size too small to report
▲ *Significantly higher (better) than statewide average*
▼ *Significantly lower (worse) than statewide average*

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

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Partial Capitation Plans						
Aetna Better Health	53	75	38▲	62	95	93▲
AgeWell New York	57▲	78▲	42▲	68	94	92
AlphaCare of New York	53	69	41▲	66	95	91
ArchCare Community Life	44▼	72	33	68	92▼	86▼
CenterLight Select	50	75	36	66	94	92
Centers Plan for Healthy Living	41▼	67▼	27▼	69	95	89
Elant Choice	47	61▼	18▼	50▼	95	90
ElderServe dba RiverSpring	68▲	83▲	53▲	70	96▲	93▲
Elderplan dba Homefirst	45▼	72▼	24▼	65	94	92▲
Extended MLTC	55	79	30	79	94	94
Fallon Health Weinberg	41	58▼	34	29▼	94	87
Fidelis Care at Home	48▼	68▼	33	57▼	92▼	90
GuildNet	46▼	71▼	33	60▼	94	90▼
HIP MLTC	41▼	70	34	64	93	87▼
Hamaspik Choice	47	59▼	24▼	53	93	86▼
HealthPlus MLTC	49	75	32	74▲	95	90
Independence Care System	52	66▼	31▼	67	94	87▼
Integra MLTC	63▲	79▲	38▲	67	91▼	87▼
Kalos Health	48	67	19▼	51	90	83▼
MetroPlus MLTC	55	74	41▲	75	92	85▼
Montefiore MLTC	36▼	67	28	65	96	86▼
North Shore-LIJ Health Plan	47	71	34	68	94	90
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	51	74	37▲	75▲	95▲	93▲
Senior Network Health	50	79	27	66	92	81▼
Senior Whole Health Partial	53	76	35	64	94	90
United Health Personal Assist	49	69	33	67	94	88
VNA Homecare Options	37▼	65▼	24▼	50▼	93	82▼
VNS Choice Partial	44▼	77▲	26▼	67	94	91

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

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Partial Capitation Plans (Continued)						
VillageCareMAX	48	70▼	31▼	68	95	91
WellCare Advocate Partial	46▼	69▼	33	70	95	94▲
iCircle	41	63	20	SS	77▼	96
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	83▲	85▲	59▲	57	91	89
Catholic Health – LIFE	67▲	74	30	39	82▼	98
CenterLight PACE	56▲	78▲	38▲	73	93	90
Complete Senior Care	75▲	67	34	SS	92	90
Eddy Senior Care	78▲	78	29	38▼	81▼	79▼
ElderOne	74▲	80▲	46▲	60	91▼	88
PACE CNY	75▲	86▲	43▲	55	90▼	91
Total Senior Care	42	81	29	SS	75▼	77▼
Medicaid Advantage Plus (MAP)						
Elderplan	35▼	68▼	22▼	57	94	91
Fidelis Medicaid Advantage Plus	42	71	33	SS	97	87
GuildNet Medicaid Advantage Plus	42▼	69	28	59	96	91
Health Insurance Plan	42▼	79	35	70	93	87
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	54▲	81▲	38▲	83▲	95	90
Senior Whole Health	43	62	32	SS	95	91
VNS Choice Plus MAP	44	83	36	SS	91	86
Fully Integrated Duals Advantage (FIDA)						
Aetna Better Health FIDA	SS	SS	SS	SS	SS	SS
AgeWell New York FIDA	SS	SS	SS	SS	SS	SS
AlphaCare Signature FIDA	SS	SS	SS	SS	SS	SS
ArchCare Community Advantage FIDA	SS	SS	SS	SS	SS	SS
CenterLight Healthcare FIDA	47	73	60▲	SS	97	91
Elderplan FIDA Total Care	SS	SS	SS	SS	SS	SS
EmblemHealth Dual Assurance FIDA	SS	SS	SS	SS	SS	SS

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

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Fully Integrated Duals Advantage (FIDA) (Continued)						
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	38	65	32	SS	98	99
GuildNet Gold Plus FIDA	43	68	31	50	94	93
HealthPlus Amerigroup FIDA	43	72	33	SS	96	85
Healthfirst AbsoluteCare FIDA	45	70	43	77	98	96
ICS Community Care Plus FIDA	41	61	29	SS	95	83
Integra FIDA	53	73	33	SS	91	89
MetroPlus FIDA	SS	SS	SS	SS	SS	SS
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	41▼	77	27▼	67	94	92
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
WellCare Advocate Complete FIDA	SS	SS	SS	SS	SS	SS
STATEWIDE	**50**	**74**	**34**	**67**	**94**	**91**

**Risk-adjusted, see Appendix D for more detail.*
SS = Sample size too small to report
▲ *Significantly higher (better) than statewide average*
▼ *Significantly lower (worse) than statewide average*

Access and Experience of Care

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

Table 8
Access and Experience of Care

Health Plan	Access to Routine Dental Care	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions	Plan Asked to See Medicines
Partial Capitation Plans						
Aetna Better Health	25▼	27	57	48	68	95
AgeWell New York	34	28	46▼	40▼	70	96
AlphaCare of New York	SS	SS	42▼	41	SS	89
ArchCare Community Life	33	33	72	70▲	75	95
CenterLight Select	31	29	54	39▼	SS	91
Centers Plan for Healthy Living	35	27	61	45	77	96
Elant Choice	39	24	75▲	79▲	90▲	94
ElderServe dba RiverSpring	53	48▲	52▼	23▼	SS	94
Elderplan dba Homefirst	48	33	65	52	77	90
Extended MLTC	SS	SS	79▲	53	SS	94
Fallon Health Weinberg	SS	SS	SS	SS	SS	SS
Fidelis Care at Home	61▲	39	53▼	52	71	92
GuildNet	44	28	61	56	71	97▲
HIP MLTC	SS	SS	54▼	60	74	95
Hamaspik Choice	SS	SS	SS	SS	SS	SS
HealthPlus MLTC	38	21	70	55	78	94
Independence Care System	39	28	71	57	80	92
Integra MLTC	45	27	51▼	33▼	63	94
Kalos Health	NS	NS	NS	NS	NS	NS
MetroPlus MLTC	35	14▼	70	51	70	93
Montefiore MLTC	SS	SS	75	61	SS	97
North Shore-LIJ Health Plan	42	24	77▲	68▲	85▲	96
Prime Health Choice	NS	NS	NS	NS	NS	NS
Senior Health Partners	35	27	78▲	59	60	95
Senior Network Health	49	28	79▲	82▲	86▲	96
Senior Whole Health Partial	62▲	43	59	45	SS	98▲
United Health Personal Assist	50	35	56	47	SS	93
VNA Homecare Options	SS	SS	67	63	SS	94
VNS Choice Partial	42	25	76▲	61	74	93

Table 8 (Continued)
Access and Experience of Care

Health Plan	Access to Routine Dental Care	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions	Plan Asked to See Medicines
Partial Capitation Plans (Continued)						
VillageCareMAX	36	46	63	47	66	94
WellCare Advocate Partial	39	36	60	43	71	91
iCircle	NS	NS	NS	NS	NS	NS
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	SS	SS	70	77▲	SS	89
Catholic Health – LIFE	48	SS	93▲	98▲	98▲	92
CenterLight PACE	32	22	69	68▲	90▲	94
Complete Senior Care	SS	SS	90▲	95▲	94▲	100▲
Eddy Senior Care	SS	SS	SS	SS	SS	SS
ElderOne	31	17▼	70	81▲	92▲	84
PACE CNY	46	21	81▲	94▲	97▲	93
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
Elderplan	46	38	74▲	55	73	97▲
Fidelis Medicaid Advantage Plus	SS	SS	76	58	SS	SS
GuildNet Medicaid Advantage Plus	35	27	77▲	68▲	72	96
Health Insurance Plan	34	29	70	59	77	96
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	38	42	77▲	59	66	93
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS Choice Plus MAP	SS	SS	79▲	72▲	SS	98▲
STATEWIDE	**42**	**31**	**65**	**52**	**71**	**94**

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

Performance Over Time

Overview

Twice each year, the NYSDOH creates summary reports containing descriptive information about members' status based on January through June and July through December MLTC assessments. While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. This performance over time analysis examined Functioning and Activities of Daily Living, and Quality of Life and Effectiveness of Care, for MLTC plan members based on UAS-NY assessments completed for the included enrollment periods. For 2015, over-time measures could not be calculated for FIDA plans because there is not yet enough data.

Outcome Definition

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

Cohort Definition

To evaluate member level changes over a 12 month period, three UAS-NY datasets were matched at the member level. These three matched datasets were assessments conducted for: 1) The *current-year* (January through June 2015 enrollment period); 2) The *mid-year* (July through December 2014 enrollment period); and 3) The *base-year* (January through June 2014 enrollment period). A two-round matching algorithm was implemented to match members in the current-year dataset to either the base or mid-year dataset using two unique identifiers: the member's Medicaid identification number and the plan identification number. Nursing home assessments and initial assessments were excluded from the current-year dataset.

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

Outcome Measurement

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

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

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

Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in NFLOC score. An increase of up to four, the same, or a decrease in NFLOC from the previous to the most recent assessment is considered stable or improved.
- **Activities of Daily Living (ADL):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in ADL function. An increase of up to two, the same, or a decrease in the ADL composite from the previous to the most recent assessment is considered stable or improved.
- **Instrumental Activities of Daily Living (IADL):** Percentage of member who remained stable or demonstrated improvement in IADL. An increase of up to three, the same, or a decrease in the IADL composite from the previous to the most recent assessment is considered stable or improved.
- **Locomotion:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in locomotion.
- **Bathing:** Percentage of members who remained stable or demonstrated improvement in bathing.
- **Toilet Transfer:** Percentage of members who remained stable or demonstrated improvement in toilet transfer.
- **Dressing Upper Body:** Percentage of members who remained stable or demonstrated improvement in dressing upper body.
- **Dressing Lower Body:** Percentage of members who remained stable or demonstrated improvement in dressing lower body.

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

Table 9
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco-motion*	Bathing	Toilet Transfer
Partial Capitation Plans						
Aetna Better Health	83▲	76	80	64	67	65
AgeWell New York	82▲	82▲	85▲	60▼	69▲	59▼
AlphaCare of New York	90▲	85▲	84	81▲	76▲	81▲
ArchCare Community Life	85▲	83▲	82	71▲	65	70▲
CenterLight Select	73▼	72▼	73▼	57▼	58▼	53▼
Centers Plan for Healthy Living	50▼	49▼	61▼	36▼	51▼	37▼
Elant Choice	82	86▲	75	77▲	69	84▲
ElderServe dba RiverSpring	83▲	81▲	87▲	67▲	75▲	66▲
Elderplan dba Homefirst	72▼	82▲	87▲	63	73▲	65▲
Extended MLTC	93▲	97▲	90	81▲	81▲	83▲
Fallon Health Weinberg	94▲	93▲	SS	85▲	79	85▲
Fidelis Care at Home	71▼	70▼	79	54▼	56▼	52▼
GuildNet	87▲	84▲	83▲	69▲	68▲	73▲
HIP MLTC	78	72▼	78	63	55▼	61
Hamaspik Choice	88▲	92▲	81	81▲	77▲	89▲
HealthPlus MLTC	88▲	81▲	83	67	63	59
Independence Care System	87▲	84▲	83▲	72▲	66	71▲
Integra MLTC	75▼	72▼	80	53▼	62	49▼
Kalos Health	85	87	72	79▲	67	85▲
MetroPlus MLTC	89▲	85▲	80	73▲	69	80▲
Montefiore MLTC	86▲	82	85	72	77▲	80▲
North Shore-LIJ Health Plan	86▲	84▲	81	73▲	71	70▲
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	74▼	70▼	81	58▼	63▼	56▼
Senior Network Health	82	90▲	68▼	75▲	68	83▲
Senior Whole Health Partial	83	80	80	63	69	72▲
United Health Personal Assist	82	86▲	79	68	66	64
VNA Homecare Options	85	85	68▼	75▲	69	84▲
VNS Choice Partial	75▼	71▼	71▼	60▼	58▼	53▼
VillageCareMAX	78	77	84▲	65	67	63

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco-motion*	Bathing	Toilet Transfer
Partial Capitation Plans (Continued)						
WellCare Advocate Partial	85▲	86▲	80	69▲	72▲	68▲
iCircle	SS	SS	SS	SS	SS	SS
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	86	82	73	74	65	71
Catholic Health – LIFE	89	95▲	75	83▲	77	78▲
CenterLight PACE	85▲	83▲	79	73▲	65	72▲
Complete Senior Care	88	100▲	SS	72	82	79
Eddy Senior Care	86	86	70	80	73	82▲
ElderOne	82	90▲	71	80▲	69	83▲
PACE CNY	69▼	86▲	67▼	71	65	65
Total Senior Care	88	97▲	84	79	76	68
Medicaid Advantage Plus (MAP)						
Elderplan	79	85▲	94▲	73▲	72	70▲
Fidelis Medicaid Advantage Plus	69	74	83	53	56	49
GuildNet Medicaid Advantage Plus	86▲	81	89	70	67	70▲
Health Insurance Plan	80	77	80	67	61	65
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	73▼	67▼	80	57▼	63	53▼
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS Choice Plus MAP	75	58▼	73	52	48▼	46▼
STATEWIDE	**79**	**78**	**80**	**64**	**66**	**63**

**Risk-adjusted, see Appendix D for more detail.*
SS = Sample size too small to report
▲ *Significantly higher (better) than statewide average*
▼ *Significantly lower (worse) than statewide average*

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis-tration*
Partial Capitation Plans						
Aetna Better Health	68	64	58	72	70	65▲
AgeWell New York	70	68▲	63▲	75▲	76▲	64▲
AlphaCare of New York	79▲	76▲	81▲	85▲	80▲	72▲
ArchCare Community Life	70	64	70▲	78▲	71	65▲
CenterLight Select	59▼	54▼	49▼	67▼	72	50▼
Centers Plan for Healthy Living	46▼	49▼	36▼	58▼	69▼	48▼
Elant Choice	72	66	80▲	82▲	72	51▼
ElderServe dba RiverSpring	77▲	76▲	63▲	81▲	77▲	67▲
Elderplan dba Homefirst	71▲	70▲	53▼	36▼	75▲	62
Extended MLTC	83▲	82▲	78▲	93▲	75	78▲
Fallon Health Weinberg	71	65	82▲	86	80	72
Fidelis Care at Home	59▼	52▼	49▼	65▼	71	61
GuildNet	73▲	66▲	67▲	83▲	74	62
HIP MLTC	60▼	47▼	48▼	64▼	68▼	56
Hamaspik Choice	79▲	77▲	85▲	84▲	77	63
HealthPlus MLTC	68	62	57	77▲	75	68▲
Independence Care System	69	62	65▲	79▲	74	70▲
Integra MLTC	67	55▼	49▼	78▲	73	53▼
Kalos Health	81	75	85▲	94▲	73	63
MetroPlus MLTC	73	74▲	79▲	83▲	68	67
Montefiore MLTC	74	63	73▲	82▲	77	67
North Shore-LIJ Health Plan	75▲	68	68▲	73	74	68▲
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	64▼	62▼	37▼	72	69▼	55▼
Senior Network Health	82▲	76▲	86▲	90▲	79	64
Senior Whole Health Partial	66	68	69▲	79▲	73	64
United Health Personal Assist	67	60	59	66	67	62
VNA Homecare Options	77▲	70	81▲	92▲	76	66
VNS Choice Partial	63▼	56▼	51▼	70	71▼	49▼
VillageCareMAX	70	65	58	69	73	64▲

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis-tration*
Partial Capitation Plans (Continued)						
WellCare Advocate Partial	74▲	70▲	68▲	73	73	63▲
iCircle	SS	SS	SS	SS	SS	SS
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	70	67	68	86▲	77	58
Catholic Health – LIFE	74	66	79▲	81	74	46
CenterLight PACE	69	64	70▲	80▲	76▲	69▲
Complete Senior Care	88▲	82▲	80▲	76	81	74
Eddy Senior Care	74	69	82▲	95▲	73	67
ElderOne	75	70	81▲	88▲	77	58
PACE CNY	65	62	66▲	79	76	61
Total Senior Care	75	75	78▲	91▲	75	57
Medicaid Advantage Plus (MAP)						
Elderplan	71	67	57	34▼	74	69▲
Fidelis Medicaid Advantage Plus	61	54	44	73	70	48
GuildNet Medicaid Advantage Plus	71	66	64	84▲	73	63
Health Insurance Plan	60▼	58	56	73	70	62
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	64▼	64	28▼	76▲	69▼	53▼
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS Choice Plus MAP	56	45▼	43	62	72	44▼
STATEWIDE	**68**	**64**	**57**	**71**	**73**	**60**

**Risk-adjusted, see Appendix D for more detail.*
SS = Sample size too small to report
▲ *Significantly higher (better) than statewide average*
▼ *Significantly lower (worse) than statewide average*

Quality of Life and Effectiveness of Care

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

Table 10
Quality of Life and Effectiveness of Care

Health Plan	Cognition*	Communi-cation	Pain Intensity*	Mood*	Shortness of Breath*
Partial Capitation Plans					
Aetna Better Health	76	79	78▼	87▲	78▼
AgeWell New York	79▲	85▲	87▲	80	85▲
AlphaCare of New York	79▲	86▲	90▲	89▲	85
ArchCare Community Life	82▲	83	80	77	86▲
CenterLight Select	71	79	69▼	71▼	73▼
Centers Plan for Healthy Living	79▲	90▲	75▼	79	82
Elant Choice	73	77	86▲	80	91▲
ElderServe dba RiverSpring	76▲	84▲	89▲	82▲	88▲
Elderplan dba Homefirst	63▼	63▼	80	82▲	85▲
Extended MLTC	83▲	86	86	86	92▲
Fallon Health Weinberg	99▲	82	79	80	96▲
Fidelis Care at Home	74	78	80	79	83▲
GuildNet	75	82▲	82▲	74▼	87▲
HIP MLTC	71	75	75▼	75▼	80
Hamaspik Choice	78	84	86	73▼	84
HealthPlus MLTC	77▲	84▲	84▲	82	84
Independence Care System	81▲	87▲	86▲	83▲	89▲
Integra MLTC	71	75▼	78	75▼	84
Kalos Health	80	82	89	76	91
MetroPlus MLTC	83▲	89▲	88▲	90▲	85
Montefiore MLTC	74	79	84	81	88
North Shore-LIJ Health Plan	85▲	85▲	83	85▲	82
Prime Health Choice	SS	SS	SS	SS	SS
Senior Health Partners	68▼	78	81	83▲	79▼
Senior Network Health	61▼	76	81	75	85
Senior Whole Health Partial	73	84▲	81	82	80
United Health Personal Assist	80▲	79	79	74▼	77
VNA Homecare Options	76	83	77	72▼	85
VNS Choice Partial	71▼	78▼	71▼	81	60▼
VillageCareMAX	73	79	87▲	81	85▲

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

Health Plan	Cognition*	Communi-cation	Pain Intensity*	Mood*	Shortness of Breath*
Partial Capitation Plans (Continued)					
WellCare Advocate Partial	81▲	86▲	83▲	83▲	87▲
iCircle	SS	SS	SS	SS	SS
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	83	83	94▲	85	98▲
Catholic Health – LIFE	77	76	77	74	87
CenterLight PACE	80▲	81	83	80	88▲
Complete Senior Care	82	81	83	81	92
Eddy Senior Care	77	86	74	67	84
ElderOne	77	78	85	74	88
PACE CNY	52▼	68▼	83	69▼	92▲
Total Senior Care	82	83	70	51▼	85
Medicaid Advantage Plus (MAP)					
Elderplan	66▼	66▼	78	84	86
Fidelis Medicaid Advantage Plus	68	61	68	88	85
GuildNet Medicaid Advantage Plus	82▲	85	87	80	89▲
Health Insurance Plan	73	84	74▼	76	77
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	65▼	83▲	83	85▲	82
Senior Whole Health	SS	SS	SS	SS	SS
VNS Choice Plus MAP	60▼	85	73	85	59▼
STATEWIDE	**73**	**80**	**81**	**80**	**82**

**Risk-adjusted, see Appendix D for more detail.*
SS = Sample size too small to report
▲ Significantly higher (better) than statewide average
▼ Significantly lower (worse) than statewide average

Potentially Avoidable Hospitalizations

A potentially avoidable hospitalization (PAH) is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. MLTC enrollment, based on capitation payments, was used to identify eligible enrollees as those with 4 months or greater continuous enrollment periods in a MLTC plan from April through December 2014. July through December 2014 Statewide Planning and Research Cooperative System (SPARCS) data was used to calculate the PAH measure. SPARCS is an all-payer hospital database in New York State. UAS-NY records that matched to SPARCS, and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. Some individuals may have had more than one PAH. All PAH were summed by plan to create the plan numerator and overall to create the statewide numerator. Plan days for members with plan enrollment of greater than 90 days, were summed by plan to create the plan denominator and overall to create the statewide denominator. The PAH measure is a calculation of the number of avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. PAH rates were risk-adjusted. (Please refer to Appendix D for more detailed information on risk-adjustment.) Plans with fewer than 5,400 plan days are reported in the table as SS (Small Sample), but their data are still included in the calculation of the statewide rate. Based on the risk-adjusted model, the rate is the number of potentially avoidable hospitalizations that occur for each 10,000 member days that a plan accumulates.

Table 11
Potentially Avoidable Hospitalizations

Health Plan	Risk Adjusted Rate*
Partial Capitation Plans	
Aetna Better Health	3.24▼
AgeWell New York	2.73▼
AlphaCare of New York	3.18
ArchCare Community Life	4.04
CenterLight Select	3.51▼
Centers Plan for Healthy Living	2.62▼
Elant Choice	6.24▲
ElderServe dba RiverSpring	3.39▼
Elderplan dba Homefirst	4.73▲
Extended MLTC	5.64
Fallon Health Weinberg	6.16
Fidelis Care at Home	3.79
GuildNet	3.87
HIP MLTC	5.08▲
Hamaspik Choice	5.92▲
HealthPlus MLTC	4.05
Independence Care System	4.39▲
Integra MLTC	2.81▼
Kalos Health	3.19
MetroPlus MLTC	3.87
Montefiore MLTC	4.25
North Shore-LIJ Health Plan	4.33
Prime Health Choice	SS
Senior Health Partners	3.68
Senior Network Health	5.49▲

Health Plan	Risk Adjusted Rate*
Partial Capitation Plans (Continued)	
Senior Whole Health Partial	2.76▼
United Health Personal Assist	3.91
VNA Homecare Options	5.59▲
VNS Choice Partial	4.62▲
VillageCareMAX	4.40
WellCare Advocate Partial	3.64
iCircle	SS
Program of All-Inclusive Care for the Elderly (PACE)	
ArchCare Senior Life	2.43
Catholic Health – LIFE	1.25▼
CenterLight PACE	3.33▼
Complete Senior Care	2.93
Eddy Senior Care	3.17
ElderOne	3.66
PACE CNY	4.58
Total Senior Care	6.13
Medicaid Advantage Plus (MAP)	
Elderplan	4.35
Fidelis Medicaid Advantage Plus	3.34
GuildNet Medicaid Advantage Plus	3.70
Health Insurance Plan	2.95
HealthPlus Amerigroup MAP	SS
MHI Healthfirst Complete Care	4.18
Senior Whole Health	SS
VNS Choice Plus MAP	4.24
STATEWIDE	**3.91**

**Risk-adjusted plan rate multiplied by 10,000.*
SS = Sample size too small to report
▲ Significantly higher (worse) than statewide average
▼ Significantly lower (better) than statewide average

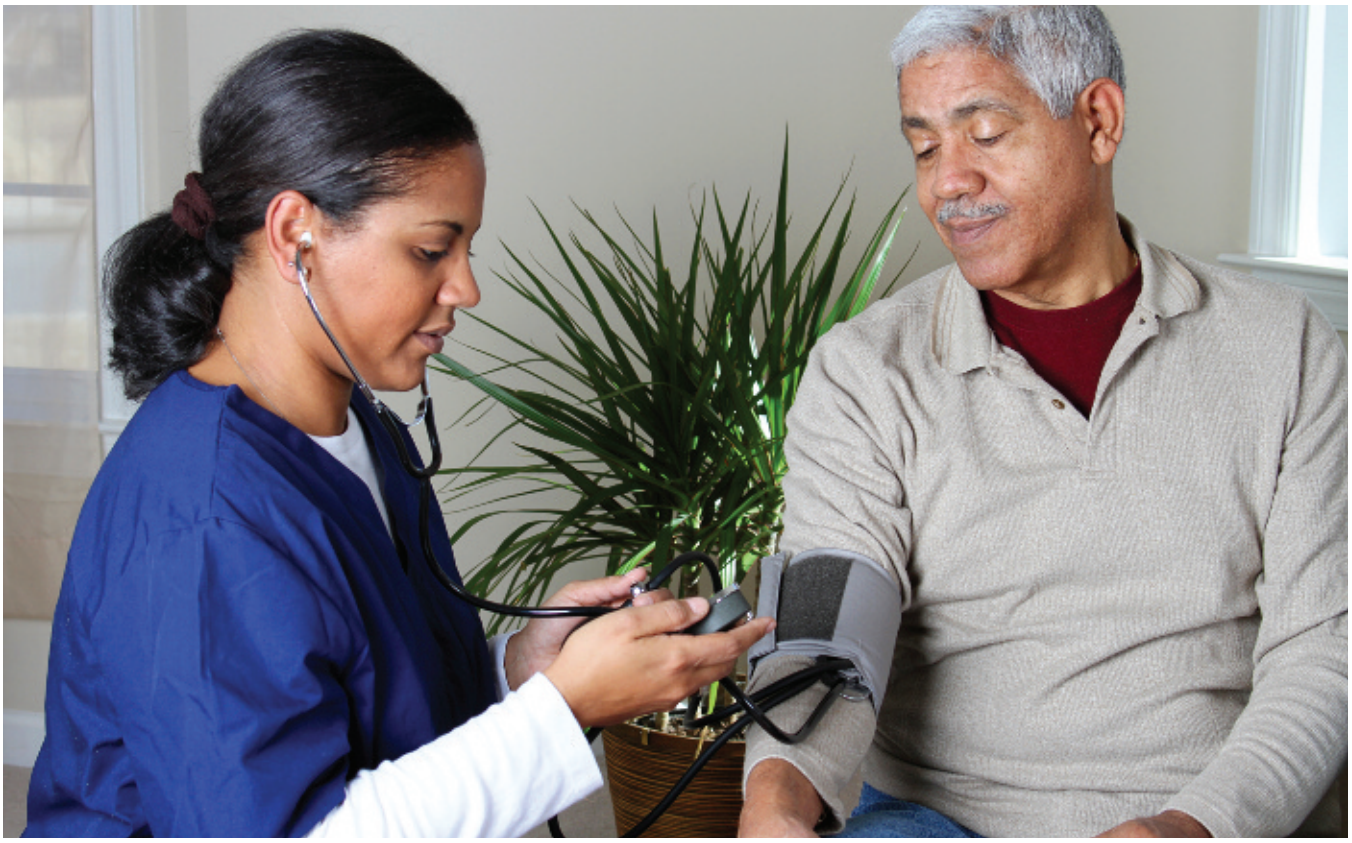
Member Satisfaction

In 2007, the NYSDOH, in consultation with the MLTC plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and then administered by the NYSDOH's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information, which is not shown here. In the 2015 survey, mailed to members in December 2014, five previous questions were replaced by seven new questions focusing on specifying the correct MLTC plan and community or nursing home setting, handling of complaints or grievances, awareness of the Consumer Directed Personal Assistance option, mental or emotional health, and English fluency. Beginning in 2015, all statewide satisfaction survey results are weighted to account for unequal plan sizes. Weighting by plan eligible population allows larger plans to contribute more and smaller plans to contribute less to the statewide average, which yields a more accurate statewide result.

In an effort to obtain the highest possible response rate and more importantly to not disproportionately impact any particular plan's response rate due to the demographic composition of its membership, the survey was conducted in four languages: English, Spanish, Russian and Chinese. Of the 18,909 surveys that were mailed, 1,105 were returned as undeliverable, yielding an adjusted population of 17,804. Of the 17,804 surveys that reached enrollees, a total of 4,592 surveys were completed, with an overall response rate of 26 percent. Response rates for plans ranged from about 13 to 51 percent.

Satisfaction with the Experience of Care

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



Satisfaction with the Experience of Care

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

Table 12
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Trans-portation Services*
Partial Capitation Plans						
Aetna Better Health	89	61	80	83	85	69
AgeWell New York	80	66	79	82	85	69
AlphaCare of New York	73	SS	72	62▼	81	SS
ArchCare Community Life	90	68	87	83	88	77
CenterLight Select	77▼	57▼	59▼	80	96▲	79
Centers Plan for Healthy Living	84	66	79	81	82	77
Elant Choice	83	77	87	89	86	78
ElderServe dba RiverSpring	90	78	86	89	96▲	87▲
Elderplan dba Homefirst	79	70	77	81	85	71
Extended MLTC	71▼	SS	72	82	SS	SS
Fallon Health Weinberg	SS	SS	SS	SS	SS	SS
Fidelis Care at Home	89	77	83	88	89	82
GuildNet	93▲	74	84	89	93	77
HIP MLTC	84	74	78	73▼	90	70
Hamaspik Choice	SS	SS	SS	SS	SS	SS
HealthPlus MLTC	94▲	66	87	86	96▲	64▼
Independence Care System	84	71	77	82	89	73
Integra MLTC	90	69	81	84	90	82
Kalos Health	NS	NS	NS	NS	NS	NS
MetroPlus MLTC	86	72	80	81	89	74
Montefiore MLTC	SS	SS	SS	SS	SS	SS
North Shore-LIJ Health Plan	93▲	75	91▲	86	90	81
Prime Health Choice	NS	NS	NS	NS	NS	NS
Senior Health Partners	76▼	72	75	75	83	80
Senior Network Health	97▲	84▲	90▲	96▲	95▲	91▲
Senior Whole Health Partial	86	76	83	83	91	73
United Health Personal Assist	87	72	88	81	88	62▼
VNA Homecare Options	86	87▲	86	90	80	89▲
VNS Choice Partial	86	64	81	83	95▲	76
VillageCareMAX	85	66	83	84	93	75

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Trans-portation Services*
Partial Capitation Plans (Continued)						
WellCare Advocate Partial	83	70	88▲	88	89	72
iCircle	NS	NS	NS	NS	NS	NS
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	81	56	82	81	88	79
Catholic Health – LIFE	95▲	88▲	91▲	95▲	90	88▲
CenterLight PACE	82	65	80	84	82	86▲
Complete Senior Care	SS	73	SS	SS	SS	SS
Eddy Senior Care	SS	SS	SS	SS	SS	SS
ElderOne	77	80	70	82	79	78
PACE CNY	90	79	84	88	87	91▲
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
Elderplan	86	72	80	80	88	68
Fidelis Medicaid Advantage Plus	93	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	92▲	79	88	87	91	77
Health Insurance Plan	85	70	69▼	77	80▼	63▼
HealthPlus Amerigroup MAP	SS	SS	SS	SS	SS	SS
MHI Healthfirst Complete Care	93▲	68	81	81	92	72
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS Choice Plus MAP	92	71	90▲	93▲	96▲	79
STATEWIDE	**86**	**71**	**81**	**84**	**88**	**77**

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

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
Partial Capitation Plans				
Aetna Better Health	93	83	73	80
AgeWell New York	92	84	74	76▼
AlphaCare of New York	77▼	72▼	77	74
ArchCare Community Life	93	79	79	89
CenterLight Select	87	75▼	66▼	73▼
Centers Plan for Healthy Living	89	79	72	80
Elant Choice	90	88▲	77	90
ElderServe dba RiverSpring	93	88▲	82	88
Elderplan dba Homefirst	90	77▼	77	86
Extended MLTC	92	SS	77	SS
Fallon Health Weinberg	SS	SS	SS	SS
Fidelis Care at Home	92	88▲	74	81
GuildNet	96	87▲	77	87
HIP MLTC	96	79	76	82
Hamaspik Choice	SS	SS	SS	SS
HealthPlus MLTC	99▲	86	77	89
Independence Care System	96	86▲	78	85
Integra MLTC	90	82	84▲	86
Kalos Health	NS	NS	NS	NS
MetroPlus MLTC	95	85	82	87
Montefiore MLTC	SS	SS	SS	SS
North Shore-LIJ Health Plan	98▲	86	71	85
Prime Health Choice	NS	NS	NS	NS
Senior Health Partners	88	77▼	79	83
Senior Network Health	95	95▲	86▲	92▲
Senior Whole Health Partial	96	84	70	85
United Health Personal Assist	90	75▼	71	76
VNA Homecare Options	88	89▲	84	81
VNS Choice Partial	96	80	74	84
VillageCareMAX	90	83	72	87

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
Partial Capitation Plans (Continued)				
WellCare Advocate Partial	91	84	74	86
iCircle	NS	NS	NS	NS
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	96	86	69	86
Catholic Health – LIFE	100▲	94▲	80	89
CenterLight PACE	91	84	78	89
Complete Senior Care	SS	SS	59▼	SS
Eddy Senior Care	SS	SS	SS	SS
ElderOne	91	81	75	85
PACE CNY	83▼	85	80	91▲
Total Senior Care	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)				
Elderplan	97▲	82	72	88
Fidelis Medicaid Advantage Plus	SS	SS	93▲	83
GuildNet Medicaid Advantage Plus	97▲	86	79	92▲
Health Insurance Plan	91	77▼	72	78
HealthPlus Amerigroup MAP	SS	SS	SS	SS
MHI Healthfirst Complete Care	93	81	77	89
Senior Whole Health	SS	SS	SS	SS
VNS Choice Plus MAP	100▲	93▲	75	89
STATEWIDE	**93**	**83**	**76**	**85**

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

Appendix A: Managed Long-Term Care Covered Services

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

●: Covered through Medicaid premium
● – MC: Covered through the Medicare PACE premium
MC: Covered through the Medicare Advantage Plan premium
■: Covered through the blended Medicare-Medicaid premium

Appendix B: Region Definitions

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

Appendix C: UAS-NY Measure Descriptions

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

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

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

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits	Dyspnea (Section I)	Prevalence	Members who did not experience shortness of breath	All members
	Pain frequency and pain intensity (Section I)	Risk-adjusted prevalence	Members who did not experience severe or excruciating pain daily or on 1-2 days over the last 3 days	All members
	Pain frequency and pain control (Section I)	Risk-adjusted prevalence	Members who did not experience uncontrolled pain	All members
	Lonely, social activities, time alone, stressors, self-reported depressed feelings, and withdrawal (Section D & E)	Risk-adjusted prevalence	Members who were not lonely or did not experience any of the following: decline in social activities, 8 or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities	All members
	Influenza vaccine (Section L)	Prevalence	Members who received an influenza vaccine in the last year	All members
	Pneumovax vaccine (Section L)	Prevalence	Members age 65 or older who received a pneumo-coccal vaccine in the last 5 years or after age 65	All members age 65 and over
	Dental exam (Section L)	Prevalence	Members who received a dental exam in the last year	All members
	Eye exam (Section L)	Prevalence	Members who received an eye exam in the last year	All members
	Hearing exam (Section L)	Prevalence	Members who received a hearing exam in the last two years	All members
	Breast exam (Section L)	Prevalence	Female members ages 50-74 who received a mammogram or breast exam in the last two years	All female members ages 50-74

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits (Continued)	Number of falls that result in medical intervention (Section I)	Risk-adjusted prevalence	Members who did not have falls that required medical intervention in the last 90 days	All members
	Emergency room visit (Section L)	Risk-adjusted prevalence	Members who did not have an emergency room visit during the last 90 days (or since last assessment if less than 90 days)	All members
Table 9: Functioning and Activities of Daily Living	Nursing Facility Level of Care Score (Sections B, C, D, F, G, J)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in NFLOC score	All members
	Locomotion, hygiene, and bathing (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in ADL function	All members except those who did not have activity occur over the last three days for any of the three items
	Meal preparation, ordinary housework, managing medications, shopping, and transportation (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in IADL function	All members except those who did not have activity occur over the last three days for any of the five items
	Locomotion (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in moving between locations on same floor	All members except those who did not have activity occur over the last three days
	Bathing (Section F)	Over-time	Members who remained stable or demonstrated improvement in taking a full-body bath/shower	All members except those who did not have activity occur over the last three days
	Toilet transfer (Section F)	Over-time	Members who remained stable or demonstrated improvement in moving on and off the toilet or commode	All members except those who did not have activity occur over the last three days
	Dressing upper body (Section F)	Over-time	Members who remained stable or demonstrated improvement in dressing and undressing their upper body	All members except those who did not have activity occur over the last three days

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

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

Appendix D: Technical Notes

Risk Adjustment

Health care processes of care 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 allow for a fairer comparison among the plans. The risk-adjusted measures in this report were chosen because they are important outcomes representing plan performance. Following is a description of the methodologies.

Observed Rate

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

Expected Rate

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

Risk-adjusted Rate

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

Methodology of 'Current Plan Performance' Measures

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

1. No Severe Daily Pain

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Alzheimer's disease (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- One or more fall in the last 90 days (yes, no)
- Poor self-reported health status (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

2. Pain Controlled

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Alzheimer's disease (yes, no)
- Any dyspnea on prior assessment (yes, no)
- Any sadness present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Made negative statements (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- One or more fall in the last 90 days (yes, no)
- Poor self-reported health status (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

3. Not Lonely and Distressed

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- ADL Scale result of 4 or greater (yes, no)
- Any sadness present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Dizziness present (yes, no)
- Made negative statements (yes, no)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- Not independent in bathing (yes, no)
- One or more fall in the last 90 days (yes, no)
- Pain daily (yes, no)
- Poor self-reported health status (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)

4. No Falls

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- ADL Scale result of 4 or greater (yes, no)
- Any sadness present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Limited assistance through total dependence in managing medications (yes, no)
- Made negative statements (yes, no)
- Pain daily (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

5. No Emergency Room Visits

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Not independent in bathing (yes, no)
- One or more fall in the last 90 days (yes, no)
- Stroke (yes, no)
- Usually through never understood (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Methodology of 'Performance Over Time' Measures

The nine longitudinal outcomes below were risk-adjusted. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome. For all over-time measures, stability or improvement versus a decrease in the rate over the measurement period was used as the outcome of interest. The independent variables included in the models and specified below, were taken from base-line UAS-NY assessments conducted for the January through June 2014 or July through December 2014 enrollment period.

1. Nursing Facility Level of Care (NFLOC)

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Alzheimer's disease or other dementia present (yes, no)
- Any pain (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- Limited assistance through total dependence in managing medications (yes, no)
- One or more fall in the last 90 days (yes, no)
- Poor self-reported health status (yes, no)

2. Activities of Daily Living (ADL)

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea on prior assessment (yes, no)
- Any pain (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Diabetes mellitus present (yes, no)
- Limited assistance through total dependence in managing medications (yes, no)
- Made negative statements (yes, no)
- No days outside in the last 3 days (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Total dependence in ADL locomotion, hygiene, and bathing (yes, no)

3. Locomotion

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Alzheimer's disease or other dementia present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)

- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- No days outside in the last 3 days (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Total dependence in ADL locomotion (yes, no)

4. Urinary Continence

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Any dyspnea on prior assessment (yes, no)
- Any pain (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- No days outside in the last 3 days (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Bladder Continence – Incontinent (yes, no)

5. Medication Administration

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- ADL Scale result of 4 or greater (yes, no)
- Alzheimer's disease (yes, no)
- Any dyspnea on prior assessment (yes, no)
- Any pain (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Dizziness present (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Stroke (yes, no)
- Total dependence in managing medications (yes, no)

6. Cognition

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- ADL Scale result of 4 or greater (yes, no)
- Any pain (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Poor self-reported health status (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Cognitive Performance Scale (CPS) result of 6 (yes, no)

7. Pain Intensity

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Any dyspnea on prior assessment (yes, no)
- Any sadness present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Poor self-reported health status (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Unsteady gait present (yes, no)
- Pain scale result of 4 (yes, no)

8. Mood

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- Any dyspnea on prior assessment (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)

- Dementia other than Alzheimer's disease (yes, no)
- Dizziness present (yes, no)
- Not independent in bathing (yes, no)
- One or more fall in the last 90 days (yes, no)
- Poor self-reported health status (yes, no)
- Socially inappropriate or disruptive behavior (yes, no)
- Stroke (yes, no)
- Mood scale result of 5 (yes, no)

9. Shortness of Breath

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over)
- Gender (male, female)
- ADL Scale result of 2 or greater (yes, no)
- Alzheimer's disease (yes, no)
- Any pain (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Made negative statements (yes, no)
- No days outside in the last 3 days (yes, no)
- Usually through never understood (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)
- Dyspnea present at rest (yes, no)

Methodology of 'Satisfaction' Measures

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

Methodology of 'Potentially Avoidable Hospitalization' Measure

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

- Age (less than 54, 55-64, 65-74, 75-84, 85 and over
- Gender (male, female)
- ADL Bathing (independent with or without setup help, supervision to total dependence)
- ADL Bed mobility (independent with or without setup help, supervision to total dependence)
- ADL Locomotion (independent with or without setup help, supervision to total dependence)
- Ability to manage medications (independent to setup help only, supervision to total dependence)
- Ability to perform ordinary housework (independent to maximal assistance, total dependence)
- Less than 3 hours of exercise or physical activity (yes, no)
- Socially inappropriate or disruptive behavior present (yes, no)
- Physical abuse present (yes, no)
- Resists care present (yes, no)
- Wandering present (yes, no)
- Made negative statements (yes, no)
- Coronary heart disease (yes, no)
- Chronic obstructive pulmonary disease (yes, no)
- Change in decision making as compared to 90 days ago declined (yes, no)
- Shortness of breath present (yes, no)
- Fall(s) that resulted in medical intervention (1 or more falls, no falls)
- Primary mode of locomotion indoors (no assistive device, uses assistive device to bed-bound)
- Hip fracture during last 30 days (yes, no)
- Other fracture during last 30 days (yes, no)
- Alzheimer's disease or Dementia (yes, no)
- Stroke, CVA (yes, no)
- Cancer (yes, no)
- Diabetes mellitus (yes, no)
- Presence of pain (yes, no)
- Poor self-reported health (yes, no)

Limitations of the Risk-Adjusted Data

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

Notes

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