

# 2017 Managed Long-Term Care Report



**Department  
of Health**

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



# Table of Contents

Page

<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	4
<b>The Managed Long-Term Care Program</b> .....	5
Types of Managed Long-Term Care Plans .....	5
Eligibility .....	6
Medicaid Redesign Team .....	6
Enrollment and Availability .....	7
Uniform Assessment System for New York .....	8
Level of Care Score .....	8
Table 1. Demographic Profile of MLTC Enrollees .....	9
Table 2. Utilization and Patient Safety .....	10
Table 3. Plan Profiles .....	11
<b>Enrollee Attributes</b> .....	15
Table 4. Overall Functioning and Activities of Daily Living .....	16
Table 5. Continence, Neurological, and Behavioral Status .....	23
Table 6. Living Arrangement and Emotional Status .....	27
<b>Plan Performance</b> .....	31
Current Plan Performance .....	31
Table 7. Quality of Life, Effectiveness of Care, and Emergency Room Visits .....	32
Table 8. Access and Experience of Care .....	39
Performance Over Time .....	42
Table 9. Functioning and Activities of Daily Living .....	43
Table 10. Quality of Life and Effectiveness of Care .....	51
Potentially Avoidable Hospitalizations .....	55
Table 11. Potentially Avoidable Hospitalizations .....	56
<b>Member Satisfaction</b> .....	58
Satisfaction with the Experience of Care .....	58
Table 12. Satisfaction with the Experience of Care .....	59
<b>Appendix A: Managed Long-Term Care Covered Services</b> .....	64
<b>Appendix B: Region Definitions</b> .....	65
<b>Appendix C: UAS-NY Measure Descriptions</b> .....	66
<b>Appendix D: Technical Notes</b> .....	73



# Executive Summary

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

## The Managed Long-Term Care Program

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

- Enrollment in the MLTC plans has been steadily increasing with current enrollment of 213,597 individuals as of November 2017.
- Seventy-seven percent of the membership was in New York City.
- Eighty-four percent of enrollees were over the age of 64.
- Eighty-eight percent were dually enrolled in Medicare and Medicaid.
- Seventy-eight percent have been enrolled in the MLTC program for one year or more.
- Eleven percent of enrollees were admitted to a nursing home and of that group, 60 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.
- Eight percent of enrollees visited an emergency room. The most common reason for a visit was respiratory problems.

## Enrollee Attributes

- Thirty-nine percent of enrollees were able to transfer with little to no help.

- Eighty-eight percent of enrollees had no behavioral problems.
- Thirty-nine percent of enrollees were living alone.

## Plan Performance

The domains of quality performance in this report include: 1) Current plan performance rates such as the percentage of enrollees who received an annual flu shot, 2) Plan performance over time such as the percentage of enrollees whose pain intensity remained stable or improved over time, and 3) The rate of potentially avoidable hospitalizations (PAH) per 10,000 days enrolled in the plan. 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-eight percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 67 to 94 percent.
- Ninety-five percent of enrollees had no falls that resulted in medical intervention in the past 90 days.
- Eighty-seven percent of enrollees remained stable or demonstrated improvement in the activities of daily living function.
- Seventy-seven percent of enrollees remained stable or demonstrated improvement in urinary continence.
- The statewide rate of PAH was 3.57 and plan results ranged from 0.00 to 8.05 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

## Member Satisfaction

In the spring of 2017, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2016. The overall response rate was 28 percent. The following are highlights:

- Eighty-seven percent of respondents rated their health plan as good or excellent.
- Eighty-three 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 2017, 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 62 plans. The tables in this report present information about the 38 MLTC organizations and 62 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 sixth public report on MLTC performance. The analyses presented in this report provide the basis for more data-driven improvement initiatives.

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

**Office of Quality and Patient Safety**

Corning Tower Room 1938, Empire State Plaza  
Albany, New York 12237

Phone: (518) 486-9012

Fax: (518) 486-6098

E-mail: [nysqarr@health.ny.gov](mailto:nysqarr@health.ny.gov)

## 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. 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 that are described below. All plans accept Medicaid payment. Some plans also accept Medicare or private payment for members who are not eligible for Medicaid.

#### ***Partial Capitation***

A risk-adjusted Medicaid capitation payment is provided to the plan to cover the costs of the long-

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

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

Program of All-inclusive Care for the Elderly (PACE) organizations provide a comprehensive system of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for

---

PACE services on a capitated basis. PACE members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides 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 the 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:

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

**and**

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

**or**

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

### **Medicaid Redesign Team**

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

MRT #90 required the mandatory transition and enrollment of certain community-based long-term care services recipients into Managed Long-Term Care as a component of a fully integrated care management system. In August 2012, the NYSDOH received written approval from CMS to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver required all 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 are excluded from transition to MLTC:

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

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 occurred between April and October 2015.

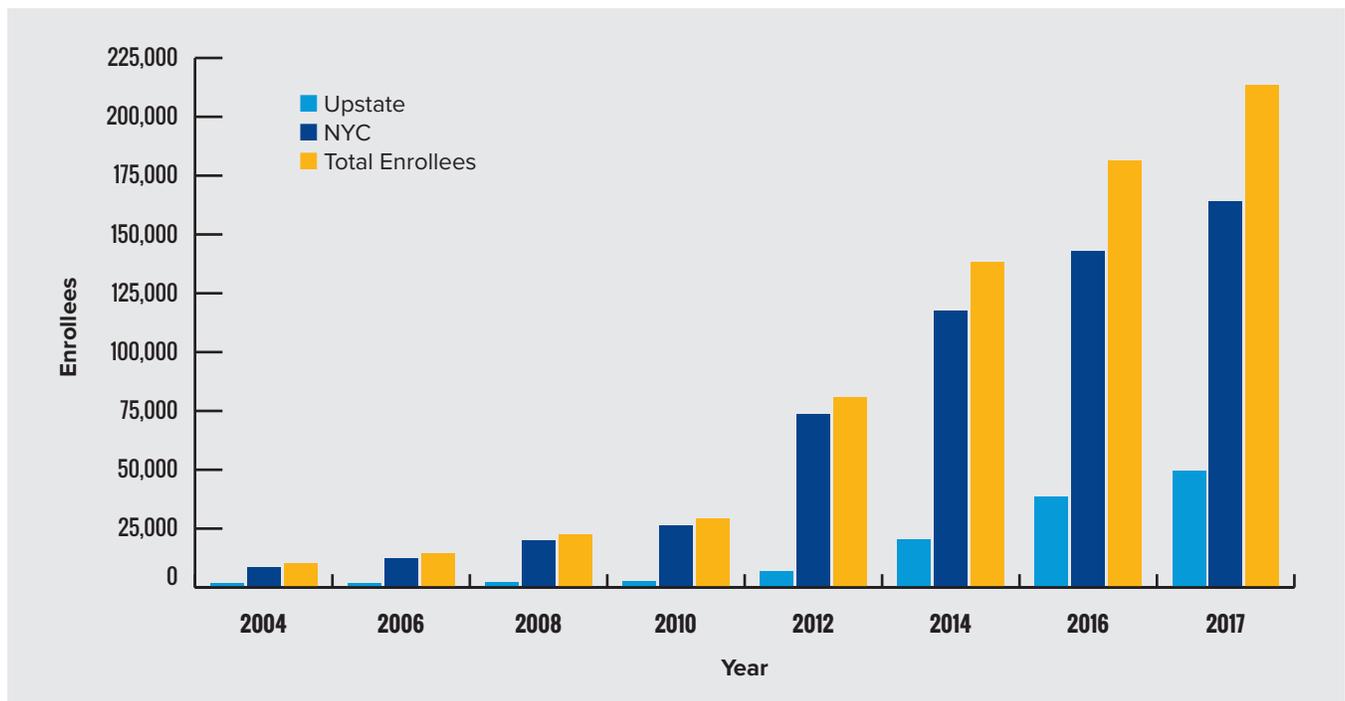
### Enrollment and Availability

Figure 1 shows that MLTC enrollment has steadily increased over the past twelve years from

approximately 10,000 in 2004 to over 213,000 as of November 2017 with the number of plans growing from 16 plans to 62 plans. Ninety-one percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 77 percent of current MLTC enrollment. Enrollment in MAP, PACE, and FIDA plans is 4, 3, and 2 percent, respectively. 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 2017, 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 19.4. 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 2017 enrollment period and therefore reflect the characteristics of the enrollees during that time frame. As shown, 84

percent of members are over the age of 64. Over two-thirds of the enrollees are nonwhite (67 percent) and nine percent were in a nursing home at the time of the assessment. Almost 78 percent have been continuously enrolled in MLTC for 12 months or more.

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

Measure	Percent
<b>Age Groupings</b>	
Age <21	0.0
Age 21-54	6.3
Age 55-64	9.9
Age 65-74	24.4
Age 75-84	32.1
Age 85+	27.4
<b>Gender</b>	
Male	30.4
Female	69.6
<b>Race</b>	
Black Non-Hispanic	17.4
Hispanic	24.0
Race Other	25.5
White Non-Hispanic	33.0
<b>Primary Language</b>	
Chinese	12.7
English	42.9
Missing	2.8
Other	8.7
Russian	12.1
Spanish	20.8
<b>Enrollment</b>	
Continuously Enrolled 12+ Months	77.6
Continuously Enrolled <12 Months	22.4

Measure	Percent
<b>Payment Source</b>	
Dually Enrolled in Medicaid and Medicare	87.6
Medicaid Only	12.4
<b>Current Location</b>	
Community	89.3
Hospital	0.5
Missing	0.0
Nursing Home	9.4
Other	0.9
<b>Living Situation</b>	
Alone	38.7
With Family/Relative	48.0
With Other	13.4
<b>Most Frequent Diagnoses Statewide (Percent of All Members)</b>	
Essential Hypertension	76.5
Other Nervous System Disorder	66.2
Osteoarthritis	61.7
Genitourinary Symptoms and Ill-defined Conditions	58.7
Disorders of Lipid Metabolism	58.1
Coronary Atherosclerosis and Other Heart Disease	45.7
Esophageal Disorder	45.5
Other Gastrointestinal Disorder	43.6
Diabetes Mellitus without Complications	40.5
Depressive Disorders	33.7

## Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC UAS-NY assessments conducted for the January 1, 2017 through June 30, 2017 time period. Table 2 shows the statewide percentage of members who within the last 90 days or since the last assessment if less than 90 days ago had: 1) a nursing home admission and reasons for nursing home admissions; 2) at least one, or two or more hospitalizations and reasons for hospital admissions; and 3) at least one, or two or more emergency room (ER) visits and reasons for ER visits. For nursing home, up to four reasons for admission may be selected. Table 2 shows nursing home admissions stratified by those for long-term placement, therapy services, 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); scheduled surgical procedure; congestive heart failure (CHF) (exacerbation of

CHF, fluid overload, heart failure); 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), wound problems (infection, deteriorating wound status, new lesion/ulcer), and hypo/hyperglycemia. 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 11 percent of the population was admitted to a nursing home with the majority admitted for long-term placement followed by therapy services. Fourteen percent of enrollees were admitted to the hospital at least once with 21 percent admitted for respiratory problems and 12 percent for falls. Eight percent of enrollees had at least one ER visit with 12 percent for respiratory problems and seven percent for cardiac problems.

**Table 2**  
**Utilization and Patient Safety**

Facility Type	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More		Reason 1	%	Reason 2	%	Reason 3	%	Reason 4	%	Reason 5	%
	N	%	N	%										
Nursing Home Admissions	21,390	11	*	*	Long-Term Placement	60	Therapy Services	34	Unsafe at Home	12	Respite Care	1	End of Life Care	1
Hospital Admissions	27,676	14	4,229	2	Respiratory	21	Falls	12	Scheduled Procedure	8	Congestive Heart Failure	7	Urinary Tract Infection	7
Emergency Room Visits	15,111	8	2,399	1	Respiratory	12	Cardiac	7	Nausea	3	Wound	2	Hypo/Hyperglycemia	2

\*No data to report.

## Plan Profiles

Table 3 summarizes the MLTC plans certified as of November 2017 by the NYSDOH to enroll Medicaid recipients. Regions of enrollment and enrollment

counts as of November 2017 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. 2017)
<b>Partial Capitation</b>		
1. Aetna Better Health <i>www.aetnabetterhealth.com</i>	Long Island, New York City	4,897
2. AgeWell New York <i>www.agewellnewyork.com</i>	Hudson Valley, Long Island, New York City	8,868
3. AlphaCare of New York <i>www.alphacare.com</i>	Hudson Valley, New York City	4,775
4. ArchCare Community Life <i>www.archcare.org</i>	Hudson Valley, New York City	3,187
5. Centers Plan for Healthy Living <i>www.centersplan.com</i>	Hudson Valley, Long Island, New York City, Western	20,046
6. Elderplan dba Homefirst <i>www.homefirst.org</i>	Hudson Valley, Long Island, New York City	12,610
7. ElderServe dba RiverSpring <i>www.elderservehealth.org</i>	Hudson Valley, Long Island, New York City	11,390
8. Elderwood Health Plan <i>www.elderwoodhealthplan.com</i>	Western	188
9. Empire BCBS HealthPlus MLTC <i>mss.empireblue.com/ny/pages/mltc.aspx</i>	New York City	4,760
10. EverCare Choice <i>www.evercare.org</i>	Hudson Valley	902
11. Extended MLTC <i>www.extendedmltc.org</i>	Long Island, New York City	3,320
12. Fallon Health Weinberg <i>www.fallonweinberg.org</i>	Western	651
13. Fidelis Care at Home <i>www.fideliscare.org</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	20,126
14. GuildNet <i>www.guildnetny.org</i>	Hudson Valley, Long Island, New York City	9,027
15. Hamaspik Choice <i>www.hamaspikchoice.org</i>	Hudson Valley	2,104
16. iCircle <i>www.icirclecny.org</i>	Central, Northeast, Western	2,212
17. Independence Care System <i>www.icsny.org</i>	New York City	6,602

**Table 3 (Continued)**  
**Health Plan Profiles**

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2017)
<b>Partial Capitation (Continued)</b>		
18. Integra MLTC <i>www.integrplan.org</i>	Hudson Valley, Long Island, New York City	7,949
19. Kalos Health <i>www.kaloshealth.org</i>	Western	1,248
20. MetroPlus MLTC <i>www.metroplus.org</i>	New York City	1,715
21. Montefiore MLTC <i>www.montefiore.org</i>	Hudson Valley, New York City	1,447
22. North Shore-LIJ Health Plan <i>www.nsljhealthplans.com</i>	Long Island, New York City	4,666
23. Prime Health Choice <i>www.primehealthchoice.com</i>	Hudson Valley, Northeast	316
24. Senior Health Partners <i>www.shpny.org</i>	Hudson Valley, Long Island, New York City	14,419
25. Senior Network Health <i>www.mvhealthsystem.org</i>	Central	539
26. Senior Whole Health Partial <i>www.seniorwholehealth.com</i>	New York City	9,440
27. United Health Personal Assist <i>www.uhccommunityplan.com</i>	Central, New York City, Northeast, Western	3,652
28. VillageCareMAX <i>www.villagecaremax.org</i>	New York City	9,105
29. VNA Homecare Options <i>www.vnahomecareoptions.org</i>	Central, Northeast, Western	5,785
30. VNS CHOICE MLTC <i>www.vnsnychoice.org</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	12,756
31. WellCare Advocate Partial <i>www.wellcare.com</i>	Hudson Valley, Long Island, New York City, Northeast, Western	5,753
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>		
32. ArchCare Senior Life <i>www.archcare.org</i>	New York City	653
33. Catholic Health – LIFE <i>www.chsbuffalo.org</i>	Western	243
34. CenterLight PACE <i>www.centerlighthealthcare.org</i>	Hudson Valley, Long Island, New York City	3,018
35. Complete Senior Care <i>www.hanci.com</i>	Western	128

**Table 3 (Continued)**  
**Health Plan Profiles**

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2017)
<b>Program of All-Inclusive Care for the Elderly (PACE) (Continued)</b>		
36. Eddy Senior Care <i>www.nehealth.com</i>	Northeast	209
37. ElderONE <i>www.rochestergeneral.org</i>	Western	706
38. Fallon Health Weinberg-PACE <i>www.fallonweinberg.org</i>	Western	120
39. PACE CNY <i>www.pacecny.org</i>	Central	563
40. Total Senior Care <i>www.totalseniorcare.org</i>	Western	106
<b>Medicaid Advantage Plus (MAP)</b>		
41. Elderplan <i>www.elderplan.org</i>	Hudson Valley, Long Island, New York City	1,310
42. Empire BCBS HealthPlus MAP <i>mss.empireblue.com/ny/pages/mltc.aspx</i>	New York City	2
43. Fidelis Medicaid Advantage Plus <i>www.fideliscare.org</i>	New York City, Northeast	100
44. GuildNet Medicaid Advantage Plus <i>www.guildnetny.org</i>	Long Island, New York City	562
45. MHI Healthfirst Complete Care <i>www.healthfirst.org</i>	Long Island, New York City	5,138
46. Senior Whole Health <i>www.seniorwholehealth.com</i>	Hudson Valley, Long Island, New York City	104
47. VillageCareMAX Total Advantage* <i>www.villagecaremax.org</i>	New York City	132
48. VNS CHOICE Total <i>www.vnsnychoice.org</i>	Hudson Valley, Long Island, New York City	1,580
<b>Fully Integrated Duals Advantage (FIDA)</b>		
49. Aetna Better Health FIDA <i>www.aetnabetterhealth.com</i>	Long Island, New York City	48
50. AgeWell New York FIDA <i>www.agewellnewyork.com</i>	Hudson Valley, Long Island, New York City	183
51. Elderplan FIDA Total Care <i>www.elderplanfida.org</i>	Long Island, New York City	379
52. FIDA Care Complete <i>www.centersplan.com</i>	New York City	25

**Table 3 (Continued)**  
**Health Plan Profiles**

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2017)
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>		
53. Fidelis Care FIDA <i>www.fideliscare.org</i>	Long Island, New York City	303
54. GuildNet Gold Plus FIDA <i>www.guildnetny.org</i>	New York City	606
55. Healthfirst AbsoluteCare FIDA <i>www.healthfirst.org</i>	Long Island, New York City	971
56. ICS Community Care Plus FIDA <i>www.icsny.org</i>	New York City	105
57. MetroPlus FIDA <i>www.metroplus.org</i>	New York City	189
58. North Shore-LIJ FIDA LiveWell <i>www.nsljhealthplans.com</i>	Long Island, New York City	38
59. RiverSpring FIDA <i>www.riverspringfida.org/riverspring</i>	Long Island, New York City	14
60. SWH Whole Health FIDA <i>www.seniorwholehealth.com</i>	New York City	138
61. VillageCareMAX Full Advantage FIDA <i>www.villagecaremax.org</i>	New York City	18
62. VNSNY CHOICE FIDA Complete <i>www.vnsnychoice.org</i>	Long Island, New York City	1,451

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

## Enrollee Attributes

The tables on the following pages describe the functional and health status of the MLTC population. Within this section, the measures are combined into the following domains of care: 1) Overall Functioning and 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, 2017, through June 30, 2017, 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
<b>Partial Capitation</b>				
Aetna Better Health	19.3	34	8	38
AgeWell New York	19.8	30	7	36
AlphaCare of New York	16.8	49	12	48
ArchCare Community Life	19.3	43	7	48
CenterLight Select	21.4	38	7	41
Centers Plan for Healthy Living	22.2	1	0	1
Elderplan dba Homefirst	20.4	43	3	41
ElderServe dba RiverSpring	20.0	26	9	27
Elderwood Health Plan	20.6	47	10	48
Empire BCBS HealthPlus MLTC	17.7	49	12	55
EverCare Choice	17.1	67	8	66
Extended MLTC	14.0	79	11	55
Fallon Health Weinberg	14.7	75	25	75
Fidelis Care at Home	19.3	45	9	46
GuildNet	19.9	37	11	53
Hamaspik Choice	19.7	51	25	54
iCircle	17.5	63	16	63
Independence Care System	20.1	45	13	47
Integra MLTC	17.8	41	8	40
Kalos Health	18.1	64	21	58
MetroPlus MLTC	18.0	44	8	43
Montefiore MLTC	19.4	30	5	35
North Shore-LIJ Health Plan	20.2	43	6	41
Prime Health Choice	15.4	60	27	60
Senior Health Partners	19.5	31	6	33
Senior Network Health	16.0	76	26	78
Senior Whole Health Partial	15.4	64	17	67
United Health Personal Assist	18.6	51	4	50
VillageCareMAX	18.0	35	11	39
VNA Homecare Options	19.8	57	12	51

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

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
<b>Partial Capitation (Continued)</b>				
VNS CHOICE MLTC	21.4	23	2	25
WellCare Advocate Partial	18.3	43	13	46
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>				
ArchCare Senior Life	19.4	47	24	50
Catholic Health – LIFE	16.4	75	31	71
CenterLight PACE	19.8	46	12	52
Complete Senior Care	15.2	80	36	75
Eddy Senior Care	15.8	74	24	77
ElderONE	16.6	76	39	75
Fallon Health Weinberg-PACE	14.7	88	29	71
PACE CNY	17.7	71	20	75
Total Senior Care	16.2	68	32	68
<b>Medicaid Advantage Plus (MAP)</b>				
Elderplan	19.9	49	2	46
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	19.9	45	8	46
GuildNet Medicaid Advantage Plus	18.6	44	16	59
MHI Healthfirst Complete Care	18.5	29	5	31
Senior Whole Health	20.3	44	9	43
VNS CHOICE Total	19.0	26	2	29
<b>Fully Integrated Duals Advantage (FIDA)</b>				
Aetna Better Health FIDA	24.7	4	0	13
AgeWell New York FIDA	24.8	15	2	13
Elderplan FIDA Total Care	21.2	43	4	42
FIDA Care Complete	SS	SS	SS	SS
Fidelis Care FIDA	21.6	29	4	32
GuildNet Gold Plus FIDA	21.9	31	10	48
Healthfirst AbsoluteCare FIDA	21	23	6	28
ICS Community Care Plus FIDA	23.2	28	13	31
MetroPlus FIDA	17.2	43	7	42

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

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>				
North Shore-LIJ FIDA LiveWell	22.8	28	4	40
RiverSpring FIDA	SS	SS	SS	SS
SWH Whole Health FIDA	18.2	55	15	58
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	23.1	14	1	16
<b>STATEWIDE</b>	<b>19.4</b>	<b>37</b>	<b>8</b>	<b>39</b>

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
<b>Partial Capitation</b>					
Aetna Better Health	20	9	40	71	8
AgeWell New York	30	9	33	70	8
AlphaCare of New York	33	15	37	76	10
ArchCare Community Life	17	8	43	69	7
CenterLight Select	22	11	35	51	11
Centers Plan for Healthy Living	4	1	2	52	7
Elderplan dba Homefirst	20	4	21	18	0
ElderServe dba RiverSpring	17	11	23	61	5
Elderwood Health Plan	30	24	39	68	10
Empire BCBS HealthPlus MLTC	29	8	50	76	25
EverCare Choice	40	29	57	80	14
Extended MLTC	42	13	34	92	25
Fallon Health Weinberg	57	41	72	85	28
Fidelis Care at Home	26	10	37	69	10
GuildNet	27	13	44	68	13
Hamaspik Choice	35	26	48	68	10
iCircle	42	26	56	78	17
Independence Care System	23	9	48	67	19
Integra MLTC	30	11	32	69	6
Kalos Health	43	30	55	79	17
MetroPlus MLTC	23	10	42	72	9
Montefiore MLTC	15	5	28	65	7
North Shore-LIJ Health Plan	23	9	38	67	8
Prime Health Choice	59	38	58	77	11
Senior Health Partners	20	8	25	70	7
Senior Network Health	59	42	75	78	20
Senior Whole Health Partial	41	17	66	83	10
United Health Personal Assist	15	6	47	73	8
VillageCareMAX	36	11	28	73	9
VNA Homecare Options	33	21	44	71	13

**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
<b>Partial Capitation (Continued)</b>					
VNS CHOICE MLTC	10	3	21	61	3
WellCare Advocate Partial	31	14	51	72	10
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>					
ArchCare Senior Life	34	28	46	67	4
Catholic Health – LIFE	56	40	70	76	11
CenterLight PACE	26	14	48	69	15
Complete Senior Care	68	52	74	92	17
Eddy Senior Care	48	32	71	85	9
ElderONE	56	45	73	82	6
Fallon Health Weinberg-PACE	60	37	75	90	8
PACE CNY	52	42	71	86	17
Total Senior Care	58	44	65	86	20
<b>Medicaid Advantage Plus (MAP)</b>					
Elderplan	20	3	19	16	1
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	18	9	33	69	6
GuildNet Medicaid Advantage Plus	29	17	51	70	19
MHI Healthfirst Complete Care	17	6	22	79	8
Senior Whole Health	12	4	32	62	9
VNS CHOICE Total	11	3	23	75	4
<b>Fully Integrated Duals Advantage (FIDA)</b>					
Aetna Better Health FIDA	2	2	7	55	0
AgeWell New York FIDA	6	4	10	40	5
Elderplan FIDA Total Care	16	4	20	14	0
FIDA Care Complete	SS	SS	SS	SS	SS
Fidelis Care FIDA	18	4	24	56	2
GuildNet Gold Plus FIDA	21	10	38	61	12
Healthfirst AbsoluteCare FIDA	15	6	17	63	5
ICS Community Care Plus FIDA	21	8	31	55	22
MetroPlus FIDA	22	9	53	80	12

**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
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>					
North Shore-LIJ FIDA LiveWell	15	7	22	52	11
RiverSpring FIDA	SS	SS	SS	SS	SS
SWH Whole Health FIDA	23	9	56	71	6
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	5	1	10	53	1
<b>STATEWIDE</b>	<b>24</b>	<b>10</b>	<b>33</b>	<b>65</b>	<b>9</b>

SS = Sample size too small to report



## Continence, Neurological, and Behavioral Status

- **Urinary Continence:** Percentage of members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine.
- **Bowel Continence:** Percentage of members who were continent, had bowel control with ostomy, or were infrequently incontinent of feces.
- **Cognitive Functioning:** Percentage of members whose Cognitive Performance Scale 2 (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how an individual eats and drinks.
- **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
<b>Partial Capitation</b>				
Aetna Better Health	34	82	42	89
AgeWell New York	30	84	38	90
AlphaCare of New York	51	91	44	87
ArchCare Community Life	36	79	40	86
CenterLight Select	35	73	31	89
Centers Plan for Healthy Living	27	81	55	94
Elderplan dba Homefirst	32	78	24	84
ElderServe dba RiverSpring	18	84	33	80
Elderwood Health Plan	30	56	41	83
Empire BCBS HealthPlus MLTC	42	85	53	93
EverCare Choice	38	77	37	83
Extended MLTC	24	93	47	97
Fallon Health Weinberg	38	80	44	82
Fidelis Care at Home	42	77	45	87
GuildNet	29	74	37	84
Hamaspik Choice	41	76	24	72
iCircle	42	73	44	87
Independence Care System	29	67	53	91
Integra MLTC	42	89	41	93
Kalos Health	41	65	39	82
MetroPlus MLTC	52	82	46	94
Montefiore MLTC	42	79	47	92
North Shore-LIJ Health Plan	35	76	37	86
Prime Health Choice	49	90	54	85
Senior Health Partners	37	84	27	90
Senior Network Health	38	78	26	73
Senior Whole Health Partial	46	91	56	95
United Health Personal Assist	42	77	44	86
VillageCareMAX	45	91	59	93
VNA Homecare Options	34	64	36	76

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

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
<b>Partial Capitation (Continued)</b>				
VNS CHOICE MLTC	29	72	40	87
WellCare Advocate Partial	38	86	44	91
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>				
ArchCare Senior Life	45	79	30	72
Catholic Health – LIFE	24	70	26	76
CenterLight PACE	24	75	34	88
Complete Senior Care	41	85	35	58
Eddy Senior Care	32	76	28	77
ElderONE	27	69	17	61
Fallon Health Weinberg-PACE	27	77	37	76
PACE CNY	22	68	22	70
Total Senior Care	30	77	33	71
<b>Medicaid Advantage Plus (MAP)</b>				
Elderplan	29	81	25	84
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	32	76	39	86
GuildNet Medicaid Advantage Plus	34	76	47	84
MHI Healthfirst Complete Care	39	90	23	93
Senior Whole Health	26	76	47	87
VNS CHOICE Total	33	83	48	93
<b>Fully Integrated Duals Advantage (FIDA)</b>				
Aetna Better Health FIDA	21	68	18	86
AgeWell New York FIDA	17	72	23	78
Elderplan FIDA Total Care	35	75	23	78
FIDA Care Complete	SS	SS	SS	SS
Fidelis Care FIDA	40	72	32	91
GuildNet Gold Plus FIDA	28	68	31	80
Healthfirst AbsoluteCare FIDA	36	82	16	87
ICS Community Care Plus FIDA	29	57	60	91
MetroPlus FIDA	52	85	54	97

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

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>				
North Shore-LIJ FIDA LiveWell	15	61	33	85
RiverSpring FIDA	SS	SS	SS	SS
SWH Whole Health FIDA	40	84	49	89
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	22	67	31	86
<b>STATEWIDE</b>	<b>34</b>	<b>80</b>	<b>41</b>	<b>88</b>

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
<b>Partial Capitation</b>			
Aetna Better Health	32	87	74
AgeWell New York	36	81	59
AlphaCare of New York	29	81	70
ArchCare Community Life	40	74	62
CenterLight Select	36	78	58
Centers Plan for Healthy Living	33	84	68
Elderplan dba Homefirst	39	83	71
ElderServe dba RiverSpring	40	74	68
Elderwood Health Plan	26	81	70
Empire BCBS HealthPlus MLTC	41	82	74
EverCare Choice	31	69	72
Extended MLTC	24	96	87
Fallon Health Weinberg	47	58	68
Fidelis Care at Home	38	76	65
GuildNet	47	73	64
Hamaspik Choice	35	57	58
iCircle	37	64	69
Independence Care System	50	77	66
Integra MLTC	37	81	63
Kalos Health	29	68	72
MetroPlus MLTC	35	86	67
Montefiore MLTC	45	82	72
North Shore-LIJ Health Plan	32	78	66
Prime Health Choice	45	65	67
Senior Health Partners	42	84	68
Senior Network Health	46	56	67
Senior Whole Health Partial	33	82	71
United Health Personal Assist	38	75	62
VillageCareMAX	38	83	69
VNA Homecare Options	28	65	68

**Table 6 (Continued)**  
**Living Arrangement and Emotional Status**

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
<b>Partial Capitation (Continued)</b>			
VNS CHOICE MLTC	43	82	70
WellCare Advocate Partial	35	83	71
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>			
ArchCare Senior Life	34	77	79
Catholic Health – LIFE	27	58	77
CenterLight PACE	36	82	78
Complete Senior Care	48	57	74
Eddy Senior Care	57	57	68
ElderONE	40	59	67
Fallon Health Weinberg-PACE	81	52	75
PACE CNY	61	62	67
Total Senior Care	49	34	48
<b>Medicaid Advantage Plus (MAP)</b>			
Elderplan	42	87	76
Empire BCBS HealthPlus MAP	SS	SS	SS
Fidelis Medicaid Advantage Plus	57	80	71
GuildNet Medicaid Advantage Plus	45	79	73
MHI Healthfirst Complete Care	50	84	69
Senior Whole Health	58	83	75
VNS CHOICE Total	48	86	70
<b>Fully Integrated Duals Advantage (FIDA)</b>			
Aetna Better Health FIDA	30	96	94
AgeWell New York FIDA	45	75	68
Elderplan FIDA Total Care	42	86	79
FIDA Care Complete	SS	SS	SS
Fidelis Care FIDA	45	89	72
GuildNet Gold Plus FIDA	45	81	75
Healthfirst AbsoluteCare FIDA	48	87	74
ICS Community Care Plus FIDA	49	81	78
MetroPlus FIDA	46	91	78

**Table 6 (Continued)**  
**Living Arrangement and Emotional Status**

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>			
North Shore-LIJ FIDA LiveWell	26	74	68
RiverSpring FIDA	SS	SS	SS
SWH Whole Health FIDA	47	75	68
VillageCareMAX Full Advantage FIDA	SS	SS	SS
VNSNY CHOICE FIDA Complete	47	88	74
<b>STATEWIDE</b>	<b>39</b>	<b>79</b>	<b>68</b>

*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).

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plan level results for measures with fewer than 30 eligible members or PAH with fewer than 5,400 plan days are reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages. Please note that the statistical significance shown in the Performance Over Time section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

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, 2017, through June 30, 2017, 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 2017 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 or Not 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 or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
<b>Partial Capitation</b>						
Aetna Better Health	33▼	94▼	72▼	89▼	83▲	72
AgeWell New York	32▼	99▲	97▲	95	77	67▼
AlphaCare of New York	44	98▲	93	96▲	79	72
ArchCare Community Life	42	94▼	88▼	91▼	79	73
CenterLight Select	25	97	100▲	98	89	SS
Centers Plan for Healthy Living	36▼	89▼	97▲	99▲	77	66▼
Elderplan dba Homefirst	36▼	98▲	96▲	97▲	79▲	68▼
ElderServe dba RiverSpring	25▼	98▲	93▲	94	73▼	55▼
Elderwood Health Plan	49	80▼	79	78▼	74	69
Empire BCBS HealthPlus MLTC	51▲	95	93	96▲	77	65▼
EverCare Choice	46	92▼	86▼	87▼	74	72
Extended MLTC	75▲	99▲	98▲	99▲	84▲	69
Fallon Health Weinberg	36▼	87▼	75▼	77▼	71	70
Fidelis Care at Home	49▲	96	94▲	95▲	69▼	62▼
GuildNet	51▲	96	89▼	94	72▼	59▼
Hamaspik Choice	42	97	96▲	97▲	80	76▲
iCircle	28▼	82▼	75▼	71▼	82▲	82▲
Independence Care System	56▲	96	82▼	89▼	70▼	64▼
Integra MLTC	42▼	98▲	95▲	92▼	78	70
Kalos Health	46	89▼	83▼	85▼	72	68
MetroPlus MLTC	39▼	95	85▼	94	78	72
Montefiore MLTC	63▲	95	93	95	78	75▲
North Shore-LIJ Health Plan	41▼	93▼	89▼	93	77	67▼
Prime Health Choice	21▼	95	89	90	74	65
Senior Health Partners	73▲	99▲	97▲	96▲	83▲	84▲
Senior Network Health	36▼	90▼	84▼	83▼	82	75
Senior Whole Health Partial	44	97▲	92	91▼	83▲	70
United Health Personal Assist	41▼	94▼	84▼	87▼	69▼	63▼
VillageCareMAX	49▲	99▲	95▲	95▲	80▲	76▲
VNA Homecare Options	34▼	85▼	80▼	79▼	78	78▲

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
<b>Partial Capitation (Continued)</b>						
VNS CHOICE MLTC	40▼	96	85▼	94	81▲	79▲
WellCare Advocate Partial	38▼	93▼	87▼	93▼	81▲	70
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>						
ArchCare Senior Life	48	97	90	93	80	71
Catholic Health – LIFE	36	91	74▼	85▼	94▲	83▲
CenterLight PACE	62▲	96	82▼	91▼	84▲	73▲
Complete Senior Care	41	98	86	79▼	76	79
Eddy Senior Care	49	93	84	92	91▲	88▲
ElderONE	49	93▼	80▼	88▼	93▲	83▲
Fallon Health Weinberg-PACE	64	98	91	81▼	85	85
PACE CNY	54▲	96	93	92	92▲	96▲
Total Senior Care	52	69▼	83	81▼	79	76
<b>Medicaid Advantage Plus (MAP)</b>						
Elderplan	40▼	98	97▲	97▲	78	70
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	54	90	90	91	73	68
GuildNet Medicaid Advantage Plus	59▲	96	88	94	81	75
MHI Healthfirst Complete Care	77▲	99▲	98▲	95▲	80▲	84▲
Senior Whole Health	39	98	89	86	76	81
VNS CHOICE Total	44	100▲	83▼	96	82	79▲
<b>Fully Integrated Duals Advantage (FIDA)</b>						
Aetna Better Health FIDA	68	95	92	98	77	SS
AgeWell New York FIDA	47	98	98	89	88	77
Elderplan FIDA Total Care	43	99	96	98	79	64
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	57▲	97	96	98	67▼	54▼
GuildNet Gold Plus FIDA	64▲	97	89	96	79	70
Healthfirst AbsoluteCare FIDA	81▲	99▲	97▲	95	83▲	87▲
ICS Community Care Plus FIDA	66▲	97	86	92	74	85
MetroPlus FIDA	36	92	82▼	92	81	75

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

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>						
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	47	99	87	89	75	75
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	46	97	92	95	80	79▲
<b>STATEWIDE</b>	<b>46</b>	<b>96</b>	<b>91</b>	<b>94</b>	<b>78</b>	<b>70</b>

\*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*
<b>Partial Capitation</b>						
Aetna Better Health	54	76	37▼	59▼	95	94▲
AgeWell New York	52▼	78	40▼	67▼	95	95▲
AlphaCare of New York	67▲	85▲	59▲	80▲	94	93
ArchCare Community Life	49▼	74▼	40▼	71	95	89▼
CenterLight Select	44	81	56	SS	95	95
Centers Plan for Healthy Living	48▼	80▲	63▲	74	96▲	96▲
Elderplan dba Homefirst	52▼	74▼	39▼	77▲	95	93▲
ElderServe dba RiverSpring	68▲	84▲	53▲	75▲	96▲	95▲
Elderwood Health Plan	44	51▼	12▼	SS	87	94
Empire BCBS HealthPlus MLTC	54	77	35▼	70	95	92
EverCare Choice	42▼	61▼	17▼	49▼	95	92
Extended MLTC	56	80	76▲	72	97▲	97▲
Fallon Health Weinberg	42▼	60▼	17▼	53▼	92	84▼
Fidelis Care at Home	56	83▲	68▲	67▼	93▼	91▼
GuildNet	48▼	73▼	37▼	60▼	95	92▼
Hamaspik Choice	53	72▼	28▼	62▼	97▲	93
iCircle	41▼	65▼	21▼	57▼	90▼	81▼
Independence Care System	50▼	68▼	32▼	69	95	94
Integra MLTC	71▲	88▲	60▲	76▲	94	93
Kalos Health	46▼	62▼	21▼	48▼	92	81▼
MetroPlus MLTC	60▲	79	48	79▲	95	89▼
Montefiore MLTC	60▲	84▲	43	73	96	92
North Shore-LIJ Health Plan	51▼	71▼	37▼	62▼	94	91▼
Prime Health Choice	57	64▼	18▼	70	94	90
Senior Health Partners	63▲	83▲	49▲	82▲	96▲	93
Senior Network Health	51	81	29▼	69	92	81▼
Senior Whole Health Partial	56	81▲	35▼	75▲	96	94
United Health Personal Assist	52	72▼	33▼	63▼	94	91
VillageCareMAX	63▲	85▲	51▲	79▲	96▲	93

**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*
<b>Partial Capitation (Continued)</b>						
VNA Homecare Options	36▼	63▼	18▼	54▼	92▼	85▼
VNS CHOICE MLTC	51▼	78	37▼	68▼	94	92
WellCare Advocate Partial	45▼	73▼	37▼	68	95	92
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>						
ArchCare Senior Life	56	70▼	46	56	89▼	94
Catholic Health – LIFE	71▲	76	25▼	70	94	97
CenterLight PACE	58	81	48	75	94	88▼
Complete Senior Care	46	77	18▼	56	87▼	85
Eddy Senior Care	65	80	27▼	37▼	88▼	93
ElderONE	81▲	85▲	44	64	90▼	85▼
Fallon Health Weinberg-PACE	67	69	30	SS	94	88
PACE CNY	78▲	84	40	66	88▼	90
Total Senior Care	48	81	31	SS	93	83
<b>Medicaid Advantage Plus (MAP)</b>						
Elderplan	45▼	70▼	35▼	71	95	91
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	44	81	60	56	93	96
GuildNet Medicaid Advantage Plus	42▼	69▼	30▼	66	94	91
MHI Healthfirst Complete Care	63▲	86▲	48▲	85▲	96▲	92
Senior Whole Health	41	66	28	SS	96	89
VNS CHOICE Total	57	83	41	68	96	93
<b>Fully Integrated Duals Advantage (FIDA)</b>						
Aetna Better Health FIDA	42	74	55	SS	93	77
AgeWell New York FIDA	56	56	31	SS	97	93
Elderplan FIDA Total Care	41▼	62▼	34▼	70	94	92
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	50	75	71▲	68	94	93
GuildNet Gold Plus FIDA	39▼	63▼	30▼	57	94	89▼
Healthfirst AbsoluteCare FIDA	53	80	48	78	94	92

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

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>						
ICS Community Care Plus FIDA	43	51▼	17▼	67	93	94
MetroPlus FIDA	68	83	54	75	93	85▼
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	31▼	66	26▼	63	92	88
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	49▼	79	42	62	96	94
<b>STATEWIDE</b>	<b>55</b>	<b>78</b>	<b>45</b>	<b>71</b>	<b>95</b>	<b>93</b>

\*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
<b>Partial Capitation</b>						
Aetna Better Health	35	26	74	56	69	95
AgeWell New York	38	36	79	56	77	95
AlphaCare of New York	26▼	23	75	43▼	SS	92
ArchCare Community Life	31	28	77	73▲	78	90
CenterLight Select	26▼	SS	78	64	82	93
Centers Plan for Healthy Living	47	30	76	59	83	96
Elderplan dba Homefirst	41	36	76	52▼	80	95
ElderServe dba RiverSpring	52	43	59▼	39▼	SS	97
Elderwood Health Plan	NS	NS	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	44	41	72	68	63▼	93
EverCare Choice	53	23	72	78▲	88▲	95
Extended MLTC	33	26	74	55	88	91
Fallon Health Weinberg	SS	SS	76	78▲	SS	94
Fidelis Care at Home	45	31	81	69	85	96
GuildNet	51	27	71	74▲	82	94
Hamaspik Choice	56▲	22▼	65▼	61	71	95
iCircle	54	18▼	67	71▲	69	93
Independence Care System	39	21▼	78	64	83	98
Integra MLTC	46	24	65▼	56	74	95
Kalos Health	47	17▼	78	87▲	81	98
MetroPlus MLTC	37	33	69	60	86	94
Montefiore MLTC	27▼	37	78	72	80	95
North Shore-LIJ Health Plan	35	29	74	84▲	87▲	98▲
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	39	37	78	66	68	95
Senior Network Health	43	27	76	83▲	91▲	98
Senior Whole Health Partial	35	45▲	59▼	47▼	SS	90
United Health Personal Assist	36	35	70	57	72	92
VillageCareMAX	37	30	80	60	73	91

**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
<b>Partial Capitation (Continued)</b>						
VNA Homecare Options	40	21	67	75▲	87	96
VNS CHOICE MLTC	37	40	80	80▲	82	96
WellCare Advocate Partial	32	25	68	52▼	83	93
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>						
ArchCare Senior Life	21▼	19▼	78	88▲	97▲	94
Catholic Health – LIFE	SS	SS	94▲	96▲	100▲	97
CenterLight PACE	38	25	78	65	94▲	97
Complete Senior Care	SS	SS	97▲	100▲	100▲	SS
Eddy Senior Care	SS	SS	86▲	83▲	95▲	93
ElderONE	34	10▼	78	87▲	93▲	91
Fallon Health Weinberg-PACE	NS	NS	NS	NS	NS	NS
PACE CNY	41	23	80	91▲	98▲	85▼
Total Senior Care	SS	SS	91▲	91▲	SS	SS
<b>Medicaid Advantage Plus (MAP)</b>						
Elderplan	46	36	79	67	84	97
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	44	26	78	73▲	91▲	98
MHI Healthfirst Complete Care	43	38	85▲	65	79	90▼
Senior Whole Health	NS	NS	NS	NS	NS	NS
VNS CHOICE Total	SS	SS	SS	SS	SS	SS
<b>STATEWIDE</b>	<b>41</b>	<b>32</b>	<b>74</b>	<b>63</b>	<b>79</b>	<b>95</b>

*FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.*

*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.

### 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 2017 enrollment period); 2) The *mid-year* (July through December 2016 enrollment period); and 3) The *base-year* (January through June 2016 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 dataset 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 the NFLOC from the previous to the most recent assessment is considered stable or improved. However, a NFLOC score of 48 (maximum) on both assessments is not considered stable or improved.
- **Activities of Daily Living (ADL):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in ADL function. An increase of up to two, the same, or a decrease in the ADL composite from the previous to the most recent assessment is considered stable or improved. However, an ADL composite of 18 (maximum) on both assessments is not considered stable or improved.
- **Instrumental Activities of Daily Living (IADL):** Percentage of members who remained stable or demonstrated improvement in IADL function. An increase of up to three, the same, or a decrease in the IADL composite from the previous to the most recent assessment is considered stable or improved. However, an IADL composite of 30 (maximum) on both assessments is not considered stable or improved.
- **Locomotion:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in locomotion.
- **Bathing:** Percentage of members who remained stable or demonstrated improvement in bathing.
- **Toilet Transfer:** Percentage of members who remained stable or demonstrated improvement in toilet transfer.
- **Dressing Upper Body:** Percentage of members who remained stable or demonstrated improvement in dressing upper body.

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

**Table 9**  
**Functioning and Activities of Daily Living**

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
<b>Partial Capitation</b>						
Aetna Better Health	91▲	87	93▲	70	81▲	76▲
AgeWell New York	85▼	83▼	87▼	59▼	75	62▼
AlphaCare of New York	81▼	83▼	79▼	71	75	69
ArchCare Community Life	83▼	80▼	85▼	63▼	73	63▼
CenterLight Select	77	67	SS	48	69	57
Centers Plan for Healthy Living	86▼	84▼	80▼	62▼	78▲	72
Elderplan dba Homefirst	93▲	92▲	96▲	78▲	87▲	79▲
ElderServe dba RiverSpring	91▲	89▲	94▲	78▲	83▲	81▲
Elderwood Health Plan	SS	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	89	87	88	69	74	69▼
EverCare Choice	82▼	79▼	65▼	81▲	55▼	72
Extended MLTC	95▲	93▲	90	85▲	76	78▲
Fallon Health Weinberg	87	93	76▼	87▲	76	82▲
Fidelis Care at Home	89▲	87	90▲	70	75	70
GuildNet	90▲	87	92▲	69	73▼	81▲
Hamaspik Choice	77▼	84	71▼	67	70▼	56▼
iCircle	88	89	84	77▲	73	77▲
Independence Care System	91▲	88	89	74▲	71▼	71
Integra MLTC	84▼	81▼	89	66▼	72▼	66▼
Kalos Health	85	92	78▼	88▲	74	81▲
MetroPlus MLTC	84	84	91	69	72	60▼
Montefiore MLTC	82▼	82▼	87	70	68▼	64▼
North Shore-LIJ Health Plan	80▼	79▼	87	65▼	66▼	62▼
Prime Health Choice	85	91	90	79	84	76
Senior Health Partners	87	85▼	89	67▼	75	69▼
Senior Network Health	82	91	79▼	90▲	69	80
Senior Whole Health Partial	91▲	88▲	90	71	79▲	77▲
United Health Personal Assist	88	88	86	77▲	74	70
VillageCareMAX	87	86	90	66▼	78▲	66▼
VNA Homecare Options	88	91▲	81▼	89▲	75	81▲

**Table 9 (Continued)**  
**Functioning and Activities of Daily Living**

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
<b>Partial Capitation (Continued)</b>						
VNS CHOICE MLTC	84▼	84▼	92▲	66▼	71▼	67▼
WellCare Advocate Partial	82▼	82▼	83▼	64▼	68▼	63▼
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>						
ArchCare Senior Life	85	86	81▼	77	68▼	74
Catholic Health – LIFE	92	98▲	83	96▲	74	82
CenterLight PACE	91▲	88	85▼	79▲	75	75▲
Complete Senior Care	92	100▲	89	93▲	86	81
Eddy Senior Care	93	89	71▼	92▲	74	84
ElderONE	90	87	68▼	91▲	76	82▲
Fallon Health Weinberg-PACE	93	98	SS	98▲	78	77
PACE CNY	81▼	90	66▼	85▲	75	67
Total Senior Care	96	91	88	93▲	74	83
<b>Medicaid Advantage Plus (MAP)</b>						
Elderplan	95▲	94▲	98▲	79▲	87▲	82▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	84	79	88	62	66	66
GuildNet Medicaid Advantage Plus	88	88	92	66	71	78
MHI Healthfirst Complete Care	88	85	90	68	77	71
Senior Whole Health	84	79	75	63	68	58
VNS CHOICE Total	86	85	92	69	71	72
<b>Fully Integrated Duals Advantage (FIDA)</b>						
Aetna Better Health FIDA	SS	SS	SS	SS	SS	SS
AgeWell New York FIDA	SS	SS	SS	SS	SS	SS
Elderplan FIDA Total Care	98▲	95▲	98	74	87▲	78
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	86	92	96	65	75	66
GuildNet Gold Plus FIDA	90	88	86	67	67▼	79
Healthfirst AbsoluteCare FIDA	89	85	91	65	74	69
ICS Community Care Plus FIDA	80	86	87	68	75	59
MetroPlus FIDA	81	78	94	65	69	47▼

**Table 9 (Continued)**  
**Functioning and Activities of Daily Living**

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>						
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	91	88	91	66	76	81
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	82▼	84	94▲	62▼	69▼	60▼
<b>STATEWIDE</b>	<b>88</b>	<b>87</b>	<b>88</b>	<b>70</b>	<b>76</b>	<b>72</b>

\*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*
<b>Partial Capitation</b>						
Aetna Better Health	79	80▲	76▲	88▲	78	73▲
AgeWell New York	76	73	58▼	82	75	61▼
AlphaCare of New York	73▼	75	47▼	75▼	72▼	54▼
ArchCare Community Life	70▼	70▼	57▼	79	74	61▼
CenterLight Select	72	59	53	63	71	72
Centers Plan for Healthy Living	79	76▲	63▼	70▼	74▼	53▼
Elderplan dba Homefirst	86▲	86▲	79▲	89▲	81▲	75▲
ElderServe dba RiverSpring	85▲	83▲	78▲	83▲	81▲	79▲
Elderwood Health Plan	SS	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	77	72	59▼	79	75	65▼
EverCare Choice	64▼	61▼	63	75	75	48▼
Extended MLTC	81	81▲	78▲	92▲	83▲	73▲
Fallon Health Weinberg	78	74	79▲	86	74	69
Fidelis Care at Home	74▼	72▼	65	80	75▼	66▼
GuildNet	78	72▼	68▲	83▲	76	73▲
Hamaspik Choice	67▼	62▼	46▼	68▼	78	47▼
iCircle	75	73	77▲	82	78	70
Independence Care System	76	68▼	66	82	78	76▲
Integra MLTC	75	73	53▼	75▼	73▼	66
Kalos Health	74	68	74▲	82	77	70
MetroPlus MLTC	76	71	59▼	85	76	68
Montefiore MLTC	75	69▼	63	74▼	67▼	68
North Shore-LIJ Health Plan	69▼	65▼	59▼	78	71▼	64▼
Prime Health Choice	83	80	74	85	79	67
Senior Health Partners	77	75	69▲	77▼	77	68
Senior Network Health	71	68	73	87	76	71
Senior Whole Health Partial	79▲	78▲	75▲	85▲	76	70
United Health Personal Assist	75	72	66	78	74	61▼
VillageCareMAX	81▲	76▲	53▼	78▼	73▼	67
VNA Homecare Options	76	71	77▲	87▲	78	71

**Table 9 (Continued)**  
**Functioning and Activities of Daily Living**

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis- tration*
<b>Partial Capitation (Continued)</b>						
VNS CHOICE MLTC	71▼	66▼	59▼	76▼	74▼	71▲
WellCare Advocate Partial	73▼	69▼	58▼	75▼	76	59▼
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>						
ArchCare Senior Life	72	72	68	77	69▼	68
Catholic Health – LIFE	70	73	78	88	77	59
CenterLight PACE	76	71	71▲	82	80▲	75▲
Complete Senior Care	85	82	91▲	95▲	77	76
Eddy Senior Care	80	66	81▲	90	85	64
ElderONE	77	71	83▲	87▲	80	57▼
Fallon Health Weinberg-PACE	88	78	84	86	72	34▼
PACE CNY	73	65▼	72	82	79	59▼
Total Senior Care	76	67	79	90	75	73
<b>Medicaid Advantage Plus (MAP)</b>						
Elderplan	87▲	86▲	78▲	90▲	82▲	77▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	72	57▼	57	78	82	63
GuildNet Medicaid Advantage Plus	75	69	66	82	76	70
MHI Healthfirst Complete Care	77	77▲	73▲	81	78	68
Senior Whole Health	69	65	57	76	71	53
VNS CHOICE Total	74	62▼	61	83	73	72
<b>Fully Integrated Duals Advantage (FIDA)</b>						
Aetna Better Health FIDA	SS	SS	SS	SS	SS	SS
AgeWell New York FIDA	SS	SS	SS	SS	SS	SS
Elderplan FIDA Total Care	87▲	84▲	79▲	91▲	81	78
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	82	74	70	79	71	65
GuildNet Gold Plus FIDA	72	64▼	64	77	75	75
Healthfirst AbsoluteCare FIDA	76	75	70	76	78	68
ICS Community Care Plus FIDA	76	57▼	63	73	77	64
MetroPlus FIDA	68	64	50▼	75	77	71

**Table 9 (Continued)**  
**Functioning and Activities of Daily Living**

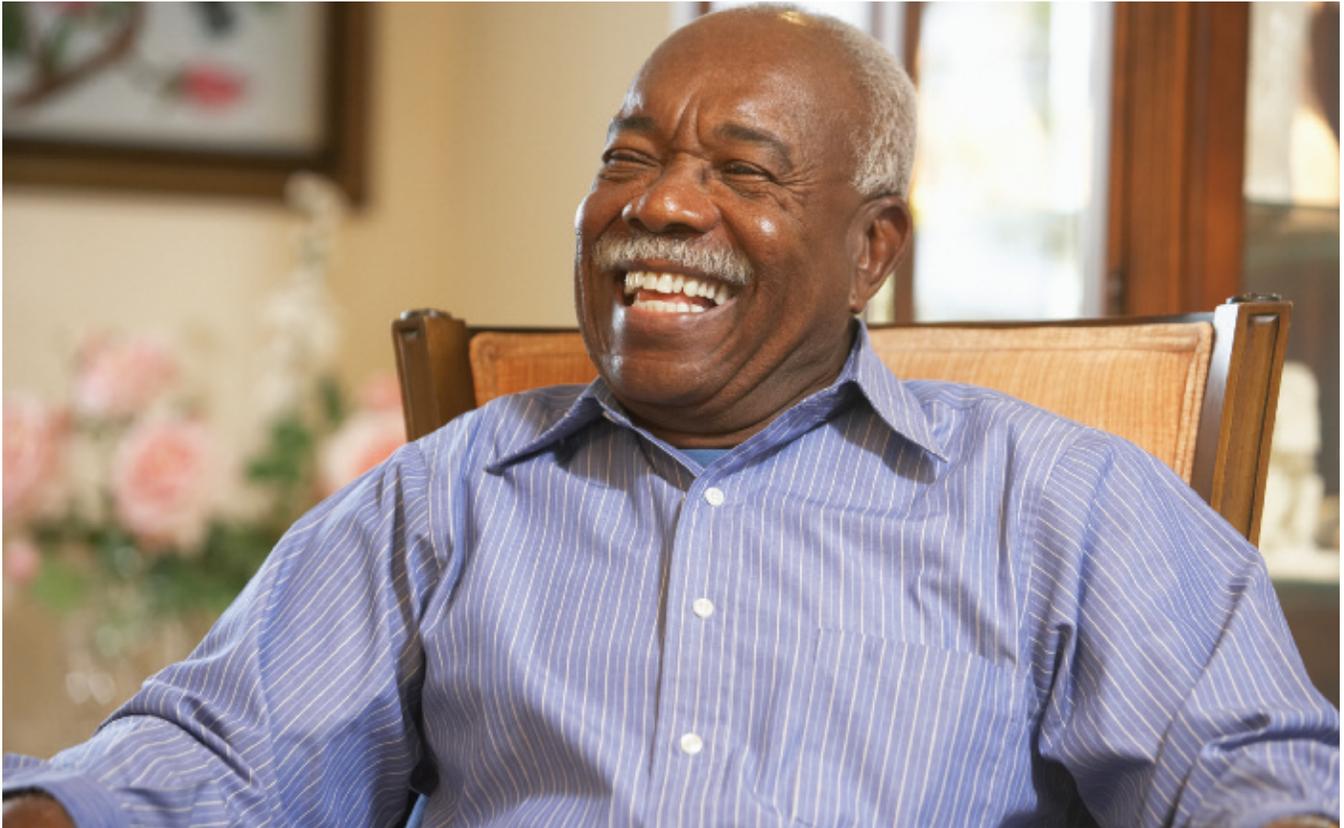
Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Administration*
<b>Fully Integrated Duals Advantage (FIDA) (Continued)</b>						
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	75	75	66	82	78	65
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	71▼	68▼	50▼	68▼	75	76▲
<b>STATEWIDE</b>	<b>77</b>	<b>74</b>	<b>66</b>	<b>80</b>	<b>77</b>	<b>69</b>

\*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*
<b>Partial Capitation</b>					
Aetna Better Health	83▲	85	90▲	85	87▼
AgeWell New York	77	86▲	89▲	84	91
AlphaCare of New York	61▼	76▼	85▼	81	86▼
ArchCare Community Life	74	80	87	83	89
CenterLight Select	54	50▼	92	70	77
Centers Plan for Healthy Living	61▼	83	82▼	84	88▼
Elderplan dba Homefirst	84▲	82▼	90▲	86▲	94▲
ElderServe dba RiverSpring	79▲	87▲	94▲	85▲	94▲
Elderwood Health Plan	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	80▲	82	83▼	85	86▼
EverCare Choice	81	86	90	83	80▼
Extended MLTC	85▲	89▲	90	93▲	92
Fallon Health Weinberg	82	81	86	73▼	85
Fidelis Care at Home	81▲	87▲	85▼	81▼	88▼
GuildNet	81▲	81▼	86▼	81▼	89▼
Hamaspik Choice	59▼	83	86	74▼	89
iCircle	84▲	91▲	83▼	82	82▼
Independence Care System	86▲	87▲	89	83	92▲
Integra MLTC	76	81	88	82	90
Kalos Health	87▲	87	85	75▼	84▼
MetroPlus MLTC	75	81	88	85	89
Montefiore MLTC	79	74▼	79▼	85	87
North Shore-LIJ Health Plan	70▼	79▼	86	82	89
Prime Health Choice	83	86	90	74▼	89
Senior Health Partners	73▼	84	88	87▲	91▲
Senior Network Health	77	77	82	75▼	83▼
Senior Whole Health Partial	84▲	90▲	87	85	89
United Health Personal Assist	82▲	85	87	80▼	89
VillageCareMAX	79	88▲	93▲	90▲	95▲
VNA Homecare Options	83▲	84	84▼	73▼	86▼

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

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
<b>Partial Capitation (Continued)</b>					
VNS CHOICE MLTC	72▼	74▼	88	81▼	86▼
WellCare Advocate Partial	72▼	83	88	83	89
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>					
ArchCare Senior Life	75	80	85	81	69▼
Catholic Health – LIFE	79	79	88	77	81▼
CenterLight PACE	85▲	84	87	85	93▲
Complete Senior Care	92▲	89	98	92	94
Eddy Senior Care	85	84	89	71▼	91
ElderONE	81	80	90	73▼	91
Fallon Health Weinberg-PACE	95	82	89	68	95
PACE CNY	76	78	85	72▼	88
Total Senior Care	88	89	69▼	67▼	90
<b>Medicaid Advantage Plus (MAP)</b>					
Elderplan	83▲	80	88	89▲	93▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	78	80	79	80	86
GuildNet Medicaid Advantage Plus	82	85	87	83	87
MHI Healthfirst Complete Care	72▼	88▲	86	85	91
Senior Whole Health	73	76	86	87	85
VNS CHOICE Total	78	84	90	85	85
<b>Fully Integrated Duals Advantage (FIDA)</b>					
Aetna Better Health FIDA	SS	SS	SS	SS	SS
AgeWell New York FIDA	SS	SS	SS	SS	SS
Elderplan FIDA Total Care	85	80	88	91	97
FIDA Care Complete	SS	SS	SS	SS	SS
Fidelis Care FIDA	76	80	82	90	92
GuildNet Gold Plus FIDA	81	78	86	87	91
Healthfirst AbsoluteCare FIDA	74	83	87	88	91
ICS Community Care Plus FIDA	85	86	88	81	91
MetroPlus FIDA	74	84	77▼	87	90

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

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
<b>Fully Integrated Duals Advantage (FIDA)</b> (Continued)					
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS
SWH Whole Health FIDA	80	84	86	88	96
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	65▼	61▼	89	86	85▼
<b>STATEWIDE</b>	<b>77</b>	<b>83</b>	<b>88</b>	<b>84</b>	<b>90</b>

\*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 four months or greater continuous enrollment periods in a MLTC plan from April through December 2016. July through December 2016 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 potentially avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. PAH rates were risk-adjusted. (Please refer to Appendix D for more detailed information on risk-adjustment.) Plans with fewer than 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*
<b>Partial Capitation</b>	
Aetna Better Health	3.20
AgeWell New York	3.43
AlphaCare of New York	3.20
ArchCare Community Life	4.14
CenterLight Select	3.12▼
Centers Plan for Healthy Living	3.01▼
Elderplan dba Homefirst	3.61
ElderServe dba RiverSpring	2.88▼
Elderwood Health Plan	SS
Empire BCBS HealthPlus MLTC	3.73
EverCare Choice	5.99▲
Extended MLTC	1.88▼
Fallon Health Weinberg	3.18
Fidelis Care at Home	3.85▲
GuildNet	4.16▲
Hamaspik Choice	4.02
iCircle	5.26▲
Independence Care System	3.88
Integra MLTC	3.00▼
Kalos Health	3.11
MetroPlus MLTC	3.88
Montefiore MLTC	4.14
North Shore-LIJ Health Plan	3.78
Prime Health Choice	4.66
Senior Health Partners	3.05▼
Senior Network Health	4.89
Senior Whole Health Partial	2.39▼
United Health Personal Assist	3.20
VillageCareMAX	3.20

Health Plan	Risk-Adjusted Rate*
VNA Homecare Options	4.55▲
VNS CHOICE MLTC	4.16▲
WellCare Advocate Partial	3.22
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	
ArchCare Senior Life	2.61
Catholic Health – LIFE	0.86▼
CenterLight PACE	3.09
Complete Senior Care	2.43
Eddy Senior Care	5.56
ElderONE	3.99
Fallon Health Weinberg-PACE	0.00
PACE CNY	4.22
Total Senior Care	2.46
<b>Medicaid Advantage Plus (MAP)</b>	
Elderplan	4.03
Empire BCBS HealthPlus MAP	SS
Fidelis Medicaid Advantage Plus	4.78
GuildNet Medicaid Advantage Plus	2.74
MHI Healthfirst Complete Care	3.19
Senior Whole Health	3.88
VNS CHOICE Total	3.10
<b>Fully Integrated Duals Advantage (FIDA)</b>	
Aetna Better Health FIDA	2.10
AgeWell New York FIDA	8.05
Elderplan FIDA Total Care	2.58
FIDA Care Complete	SS
Fidelis Care FIDA	4.76
GuildNet Gold Plus FIDA	4.05
Healthfirst AbsoluteCare FIDA	3.13
ICS Community Care Plus FIDA	4.01

**Table 11** (Continued)  
**Potentially Avoidable Hospitalizations**

Health Plan	Risk-Adjusted Rate*
<b>Fully Integrated Duals Advantage (FIDA)</b> (Continued)	
MetroPlus FIDA	5.22
North Shore-LIJ FIDA LiveWell	SS
RiverSpring FIDA	SS

Health Plan	Risk-Adjusted Rate*
SWH Whole Health FIDA	1.36
VillageCareMAX Full Advantage FIDA	SS
VNSNY CHOICE FIDA Complete	3.84
<b>STATEWIDE</b>	<b>3.57</b>

\*Risk-adjusted plan rate multiplied by 10,000 member days.

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. The 2017 survey was mailed to members in April 2017 and completed by August 2017. 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 22,188 surveys that were mailed, 2,141 were returned as undeliverable,

yielding an adjusted population of 20,047. Of the 20,047 surveys that reached enrollees, a total of 5,559 surveys were completed, with an overall response rate of 28 percent. Response rates for plans ranged from about 17 to 50 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). Beginning in 2015, six measures on Access and Experience of Care from the satisfaction survey have been moved to the plan performance measure area (Table 8). FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.



## Satisfaction with the Experience of Care

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

**Table 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 Transportation Services*
<b>Partial Capitation</b>						
Aetna Better Health	82	74	84	85	89	75
AgeWell New York	89	67	92▲	89	90	84
AlphaCare of New York	80	66	87	82	91	73
ArchCare Community Life	83	79	79	79	89	72
CenterLight Select	85	60	71▼	76	88	69
Centers Plan for Healthy Living	86	76	81	83	84	72
Elderplan dba Homefirst	89	75	88	94▲	96▲	77
ElderServe dba RiverSpring	91	78	87	91▲	91	88▲
Elderwood Health Plan	NS	NS	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	83	69	83	84	89	80
EverCare Choice	88	77	88	88	87	83
Extended MLTC	89	68	85	88	91	68
Fallon Health Weinberg	93	SS	84	71	86	74
Fidelis Care at Home	86	81	84	89	92	80
GuildNet	85	87▲	85	89	91	82
Hamaspik Choice	90	88▲	90▲	86	92	81
iCircle	86	78	88	88	91	84
Independence Care System	90	74	87	84	91	79
Integra MLTC	86	76	84	89	96▲	78
Kalos Health	89	68	87	94▲	89	74
MetroPlus MLTC	88	67	80	80	90	75
Montefiore MLTC	90	72	89	81	95▲	76
North Shore-LIJ Health Plan	88	64	79	86	89	65▼
Prime Health Choice	SS	SS	SS	SS	SS	SS
Senior Health Partners	83	75	79	83	91	85
Senior Network Health	90	81	88	91	98▲	90▲
Senior Whole Health Partial	83	70	83	89	92	88▲
United Health Personal Assist	89	75	85	88	95▲	80
VillageCareMAX	83	73	86	85	91	68
VNA Homecare Options	87	84▲	89	93▲	96▲	86▲

**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 Transportation Services*
<b>Partial Capitation (Continued)</b>						
VNS CHOICE MLTC	88	78	74▼	79	88	69
WellCare Advocate Partial	87	73	81	86	94▲	77
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>						
ArchCare Senior Life	81	59▼	79	90	84	77
Catholic Health – LIFE	92	83	88	93▲	90	84
CenterLight PACE	87	72	79	91▲	87	76
Complete Senior Care	SS	SS	SS	SS	SS	SS
Eddy Senior Care	79	84	79	77	64▼	91▲
ElderONE	85	75	77	85	73▼	73
Fallon Health Weinberg-PACE	NS	NS	NS	NS	NS	NS
PACE CNY	81	82	76	79	84	75
Total Senior Care	SS	SS	SS	SS	SS	SS
<b>Medicaid Advantage Plus (MAP)</b>						
Elderplan	90	75	83	80	86	69▼
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	80	70	76	72▼	91	67
MHI Healthfirst Complete Care	90	81	88	87	90	77
Senior Whole Health	NS	NS	NS	NS	NS	NS
VNS CHOICE Total	SS	SS	SS	SS	SS	SS
<b>STATEWIDE</b>	<b>87</b>	<b>75</b>	<b>84</b>	<b>86</b>	<b>90</b>	<b>78</b>

\*Risk-adjusted, see Appendix D for more detail.

FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.

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*
<b>Partial Capitation</b>				
Aetna Better Health	95	82	80	82
AgeWell New York	95	89▲	80	86
AlphaCare of New York	93	84	67▼	84
ArchCare Community Life	90	82	74	86
CenterLight Select	94	75▼	72	70▼
Centers Plan for Healthy Living	96	88	78	82
Elderplan dba Homefirst	95	88▲	78	87
ElderServe dba RiverSpring	97▲	90▲	74	87
Elderwood Health Plan	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	97	84	76	85
EverCare Choice	90	82	78	84
Extended MLTC	100▲	85	81	79
Fallon Health Weinberg	83	81	86	81
Fidelis Care at Home	98▲	92▲	83	75
GuildNet	94	88	67▼	83
Hamaspik Choice	97▲	91▲	84▲	86
iCircle	93	82	82	85
Independence Care System	98▲	84	80	87
Integra MLTC	97▲	88▲	83	86
Kalos Health	92	89▲	77	83
MetroPlus MLTC	88	77▼	75	83
Montefiore MLTC	98▲	90▲	83	92▲
North Shore-LIJ Health Plan	94	83	76	80
Prime Health Choice	SS	SS	SS	SS
Senior Health Partners	93	81	76	77
Senior Network Health	98▲	92▲	83	83
Senior Whole Health Partial	96	86	79	83
United Health Personal Assist	95	88	79	84
VillageCareMAX	93	85	77	82
VNA Homecare Options	94	91▲	85▲	88

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

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
<b>Partial Capitation (Continued)</b>				
VNS CHOICE MLTC	97▲	78▼	80	77
WellCare Advocate Partial	97▲	88▲	73	76
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>				
ArchCare Senior Life	93	85	59▼	77
Catholic Health – LIFE	92	92▲	80	90
CenterLight PACE	91	85	75	87
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	76▼	71▼	76	78
ElderONE	82▼	86	71	88
Fallon Health Weinberg-PACE	NS	NS	NS	NS
PACE CNY	76▼	75▼	74	84
Total Senior Care	SS	SS	SS	SS
<b>Medicaid Advantage Plus (MAP)</b>				
Elderplan	94	86	73	86
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	88	78▼	70	77
MHI Healthfirst Complete Care	95	84	77	83
Senior Whole Health	NS	NS	NS	NS
VNS CHOICE Total	SS	SS	SS	SS
<b>STATEWIDE</b>	<b>93</b>	<b>85</b>	<b>77</b>	<b>83</b>

\*Risk-adjusted, see Appendix D for more detail.

FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.

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
<b>Central</b>	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
<b>Hudson Valley</b>	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>Long Island</b>	Nassau, Suffolk
<b>Northeast</b>	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
<b>New York City</b>	Bronx, Kings, New York, Queens, Richmond
<b>Western</b>	Allegany, Cattaraugus, Chautauqua, Chemung, 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
<b>Table 2: Utilization and Patient Safety</b>	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
<b>Table 4: Overall Functioning and Activities of Daily Living</b>	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
<b>Table 5: Continence, Neurological and Behavioral Status</b>	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 (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how eats and drinks.	All members
	Behavioral symptoms (Section D)	Prevalence	Members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/ disruptive, inappropriate public sexual behavior/ disrobing, or resisting care)	All members
<b>Table 6: Living Arrangement and Emotional Status</b>	Living arrangement (Section A)	Prevalence	Members who lived alone	All members
	Self-reported anxious feelings (Section D)	Prevalence	Members who reported no anxious, restless, or uneasy feelings	All members except those who could not (would not) respond
	Self-reported depressed feelings (Section D)	Prevalence	Members who reported no sad, depressed, or hopeless feelings	All members except those who could not (would not) respond

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
<b>Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits</b>	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 pneumococcal vaccine in the last 5 years or after age 65	All members age 65 and over
	Dental exam (Section L)	Prevalence	Members who received a dental exam in the last year	All members
	Eye exam (Section L)	Prevalence	Members who received an eye exam in the last year	All members
	Hearing exam (Section L)	Prevalence	Members who received a hearing exam in the last two years	All members
Breast exam (Section L)	Prevalence	Female members ages 50-74 who received a mammogram or breast exam in the last two years	All female members ages 50-74	

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
<b>Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits</b> (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
<b>Table 9: Performance Over Time – Functioning and Activities of Daily Living</b>	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
<b>Table 9: Performance Over Time – Functioning and Activities of Daily Living</b> (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
<b>Table 10: Performance Over Time – Quality of Life and Effectiveness of Care</b>	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
<b>Table 10: Performance Over Time – Quality of Life and Effectiveness of Care</b> (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, outcomes, and 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 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (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)
- Disruptive behavior present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (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 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (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)
- Dizziness present (yes, no)
- Extensive assistance through total dependence in locomotion (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (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)
- Not independent in bathing (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

## **3. Not Lonely or Not Distressed**

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any dyspnea (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)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Pain daily (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Supervision through total dependence in managing medications (yes, no)
- Unsteady gait present (yes, no)

---

#### **4. No Falls**

- ADL Scale result of 4 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- 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)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (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 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (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)
- 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)
- Falls (yes, no)
- Gender (male, female)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (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 baseline UAS-NY assessments conducted for the January through June 2016 or July through December 2016 enrollment period.

### 1. Nursing Facility Level of Care (NFLOC)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Nursing Facility Level of Care score of 34 or more (yes, no)
- Pain daily (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)

### 2. Activities of Daily Living (ADL)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Stroke (yes, no)

- 
- Supervision through total dependence in locomotion (yes, no)
  - Total dependence in ADL locomotion, hygiene, and bathing (yes, no)
  - Unsteady gait present (yes, no)

### **3. Locomotion**

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Any pain (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)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Gender (male, female)
- 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)
- Sadness reported within the last 3 days (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Total dependence in ADL locomotion (yes, no)
- Unsteady gait present (yes, no)

### **4. Urinary Continence**

- ADL Scale result of 2 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any pain (yes, no)
- Bladder Continence - Incontinent (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Gender (male, female)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Stroke (yes, no)

---

## 5. Medication Administration

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes, no)
- Any dyspnea (yes, no)
- Any pain (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)
- Falls (yes, no)
- Made negative statements within the last 3 days (yes, no)
- Number of months between assessments
- Short-term memory problem (yes, no)
- Total dependence in managing medications (yes, no)

## 6. Cognition

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Cognitive Performance Scale (CPS2) result of 5 or more (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)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Extensive assistance through total dependence in locomotion (yes, no)
- Falls (yes, no)
- Gender (male, female)
- 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)
- Pain daily (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)

## 7. Pain Intensity

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (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)
  - End-stage disease, 6 or fewer months to live (yes, no)
  - Falls (yes, no)
  - Not independent in cognitive skills for daily decision making (yes, no)
  - Number of months between assessments
  - Pain scale result of 3 or more (yes, no)
  - Self-reported health status poor (yes, no)
  - Stroke (yes, no)
  - Supervision through total dependence in locomotion (yes, no)

#### **8. Mood**

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (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)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- Mood scale result of 4 or more (yes, no)
- Not independent in bathing (yes, no)
- Self-reported health status poor (yes, no)
- Supervision through total dependence in locomotion (yes, no)

#### **9. Shortness of Breath**

- ADL Scale result of 3 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)

- 
- Dizziness present (yes, no)
  - Dyspnea present at rest or when performed normal day-to-day activities (yes, no)
  - End-stage disease, 6 or fewer months to live (yes, no)
  - Falls (yes, no)
  - Gender (male, female)
  - No days outside in the last 3 days (yes, no)
  - Not independent in bathing (yes, no)
  - Sadness reported within the last 3 days (yes, no)
  - Self-reported health status poor (yes, no)
  - Unsteady gait present (yes, no)
  - Usually through never understands (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 55, 55-64, 65-74, 75-84, 85 and over)
- Alcohol consumption in the last 14 days (yes, no)
- Anxiety (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Bipolar (yes, no)
- Cancer present (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)
- Decline in ADL status compared to 90 days ago (yes, no)

- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Extensive assistance through total dependence in locomotion (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Hip fracture (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)
- Other fracture during last 30 days (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Schizophrenia (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Usually through never understands (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (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.

### Different Significance Results for the Same Measure Result

It is possible for plans to have the same measure result with different significance results for the following reasons:

1. Rates are first calculated, then significance tested, and lastly rounded for presentation. A rate before rounding may be slightly higher or slightly lower than the rounded rate presented.
2. Significance testing for population (community health assessment) based measures uses analysis of proportions decision limits (DL) about the statewide rate. DL are influenced by the plan denominator and are specific to each plan. The plan rate is compared to DL about the statewide rate to determine whether there is a significant difference between the statewide and plan rates. Nelson's H statistic and Analysis of Proportions (ANOP) methodology are used in the following formulas.

Halpaha = The quantile from the t distribution based on a probability

$$= 1 - \left( \frac{1 - (1 - 0.05)^{\left(\frac{1}{\text{Number of Plans}}\right)}}{2} \right)$$

Degrees of Freedom = Statewide Denominator – Plan Denominator

$$\text{Upper DL} = \text{Statewide Rate} + \text{Halp} \alpha * \sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\text{Statewide Denominator} * \text{Plan Denominator}}}$$

$$\text{Lower DL} = \text{Statewide Rate} - \text{Halp} \alpha * \sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\text{Statewide Denominator} * \text{Plan Denominator}}}$$

3. Significance testing for sample (satisfaction survey) based measures uses a 95% confidence interval (CI) about the risk-adjusted plan mean. CI are influenced by the plan denominator and are specific to each plan. The statewide rate is compared to a 95% CI about the plan rate to determine whether there is a significant difference between the statewide and plan rates. A Z statistic is used in the following formulas.

$$\text{Upper CI} = \text{Plan Rate} + 1.96 * \sqrt{\frac{\text{Plan Rate} * (1 - \text{Plan Rate})}{\text{Plan Denominator}}}$$

$$\text{Lower CI} = \text{Plan Rate} - 1.96 * \sqrt{\frac{\text{Plan Rate} * (1 - \text{Plan Rate})}{\text{Plan Denominator}}}$$

4. Significance testing for Potentially Avoidable Hospitalizations (PAH) uses a z-score. The z-score is influenced by plan member days and is specific to each plan. A z-score from -1.96 through +1.96 is not significantly different from the statewide rate. A z-score less than -1.96 or greater than +1.96 is significantly lower or higher than the statewide rate, respectively. A z-score test statistic is calculated for each plan risk-adjusted rate using the following formula.

$$\text{z-score} = \frac{\text{Plan Risk Adjusted Rate} - \text{Statewide Rate}}{\sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\text{Plan Number of Member Days}}}}$$

## Notes

## Notes

## Notes

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

