



Managed Long-Term Care

2015 Member Satisfaction Survey

Summary Report

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Executive Summary

Introduction

This study assesses the level of satisfaction of members enrolled in New York State's Medicaid Managed Long Term Care (MLTC) plans. The primary purpose of the study is to provide the New York State Department of Health (NYSDOH) with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans.

At the time of the initiation of the survey in late 2014, within New York Medicaid, there were three models of MLTC plans: 1) Partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, and 3) Medicaid Advantage Plus (MAP) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE and MAP benefit packages also include inpatient and outpatient care. In view of the continued growth of the MLTC program, the NYSDOH and Island Peer Review Organization (IPRO) considered a satisfaction survey to be warranted. Similar surveys had been conducted in previous years. Results from the 2013 satisfaction survey are cited throughout this report for comparative purposes. Rates cited in this report from 2013 may differ from prior reports, as these rates were updated to reflect changes in the survey questions and responses.

Methodology

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

The survey was made available in English, Spanish, Russian, and Chinese versions and was mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English mailing. The initial mailing was distributed in December 2014, with a follow up mailing in March 2015.

Inclusion criteria for the eligible population were as follows:

- Continuously enrolled in an MLTC plan for a minimum of 6 months prior to August 31, 2014
- MLTC plan enrollees from 45 plans/product lines
 - The breakdown by plan type is as follows: PACE-8, Partially Capitated-29, MAP-8

A sample of 600 enrollees from each plan was selected, plus the entire membership if the plan's enrollment was less than 600. The final sample was 18,909 enrollees. Exclusions from mailing (e.g. address issues, deceased members) totaled 1,105, leaving a net adjusted population of 17,804 enrollees. Completed and returned surveys totaled 4,592; with a response rate of 26%. Nearly seventy-three percent (73%) of the responses were returned in English; 57% of the respondents consider English to be their primary language.

Key Findings

MLTC Plan Evaluation: Approximately 87% of respondents rated their plan as good/excellent. Nearly the same percentage (86%) reported that their plan always/usually explained services clearly. Compared to 2013 survey results, an increased percentage of respondents reported that their plan answers questions quickly and a larger percentage indicated that they are able to understand the answers.

Quality of Care: Members' perception of the quality of care received has remained high. Eighty-one percent (81%) of respondents for the most highly utilized providers rated their quality as good/excellent.

Timeliness of Care: Timeliness of care provided by the most utilized providers was found to be high, and in every instance, improved over 2013 survey results. Eighty-two percent (82%) of respondents for the most highly utilized providers rated these services to be always/usually timely.

Access to Care: Nearly 39% of respondents indicated that they are able to get same day urgent appointments with providers; this is somewhat improved over 2013 results, but overall still leaving room for improvement. Nearly 81% of respondents indicated that they are able to get timely regular appointments with providers.

Recommendations

IPRO identified various opportunities based upon survey outcomes, and has made recommendations as follows:

- The percentage of members rating the quality of medical supplies and equipment as good/excellent, while still high, declined from the 2013 survey. Similarly, declines were also observed with the quality of home health and personal care agencies. It is recommended that plans conduct more in-depth member surveys focused on these services to determine if, in fact, quality issues exist and to determine the nature of these issues. Reviews of complaint and grievance logs may be considered as well, as a means of identifying quality of care issues.
- The percentage of respondents rating the quality of dental services as good/excellent, while slightly improved from 2013, continues to be among the lowest of the highly utilized services. Member surveys focused on the quality of dental care, and review of dental related complaints and grievances may be warranted.
- The percentage of respondents indicating that advance directive discussions have taken place, and the percentage of respondents indicating that advance directives are in place, declined slightly from 2013 results. IPRO recommends continued efforts to conduct advance directive performance improvement projects (PIPs), with language and cultural focused interventions wherever appropriate.
- The percentage of respondents indicating that they had same day urgent access to providers, while improved over the 2013 results, continues to be low. Plans may wish to investigate access issues through possibly interviewing providers to determine exactly how urgent visits are handled. Plans may also choose to interview samples of members to obtain time intervals for urgent appointments, in order to provide outreach to certain providers.
- The percentage of respondents indicating that family members or caregivers are involved in care planning, while improved over 2013 results, continues to be somewhat low. Family involvement is the member's choice. However, plans should investigate whether members would like additional family and/or caregiver participation in care planning. Plans may need to consider doing more to foster member and caregiver involvement in care planning.
- There were some observed race/ethnicity differences with certain ratings. These results may indicate that cultural barriers associated with race, and language barriers, may be playing a role in not being satisfied with

certain services and with timely access to them. Plans may consider exploring whether or not there is limited access to service across certain ethnic groups.

Section 1: Introduction

Background

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

Enrollment in an MLTC plan is mandatory for those who:

- Are dual eligible (eligible for both Medicaid and Medicare) and over 21 years of age and need community-based long-term care services for more than 120 days; and
- Reside in the counties of NYC, Nassau, Suffolk or Westchester.

Enrollment in a MLTC plan is voluntary for those who:

- Are dual eligible and are 18 through 21 years of age, and need community-based long-term care services for more than 120 days and assessed as nursing home eligible; or
- Are non-dual eligible and over 18 years of age and are assessed as nursing home eligible.

Within New York Medicaid, at the time of survey initiation, there were three models of MLTC plans: 1) partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, and 3) Medicaid Advantage Plus (MAP) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE and MAP benefit packages also include inpatient and outpatient care. The satisfaction survey addressed these three plan models.

The MLTC program has continued to expand, due to mandatory enrollment for certain individuals in need of more than 120 days of community-based long-term care services as described above. Effective in 2015, Fully Integrated Duals Advantage (FIDA) plans have formed. These plans serve dually eligible individuals in need of 120 days of community-based long-term care services. The FIDA benefit package includes State plan Medicaid services, Medicare services, home and community-based waiver services and behavioral health services.

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

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

At the national level, the Centers for Medicare and Medicaid Services (CMS) has collected information on Medicare managed care enrollee consumer satisfaction and experience with health services through the Consumer Assessment of Health Providers and Systems (CAHPS) survey since 1998. This survey includes the following domains:

- Getting Needed Care
- Getting Care Quickly
- Doctors Who Communicate Well
- Flu Shot Rate
- Overall Ratings of: Health Care, Health Plan, Doctor, and Specialist

This survey has undergone periodic revisions; in the 2006 survey year for example, data collection was expanded to include satisfaction and experience of members enrolled in a Medicare Advantage Prescription Drug plan. CAHPS surveys are also collected for commercial and Medicaid managed care populations (The NYSDOH administers a biennial Medicaid managed care survey which is largely based on CAHPS).

I PRO has observed that while all NYS MLTC plans conduct internal annual member satisfaction surveys, each plan has developed their own individualized surveys. I PRO reviewed a sample of these surveys. Several of them addressed general satisfaction with plan services and covered courtesy and sensitivity, but specific questions relating to the quality of plan services, timeliness, and access to services were often not addressed. Therefore, I PRO, in conjunction with the NYSDOH, conducted the first member satisfaction survey of New York's MLTC population in 2007, and again in 2011, 2013, and 2015. Survey results have been positive, with the majority of MLTC respondents satisfied with their health plan. It is anticipated that this survey will be administered every other year going forward.

Objectives

In late 2014, IPRO and the NYSDOH developed a plan to evaluate MLTC member satisfaction with the services provided by their MLTC plan. Specific objectives were to assess whether:

- MLTC enrollees are satisfied with:
 - quality of health care services;
 - access to primary health care services;
 - timeliness of primary health care and long-term care services;
- There are differences in care and in satisfaction of care, between the three principal MLTC plan models (PACE, partially capitated and MAP plans) and between different age groups, reported state of health, race/ethnicity and primary language;
- There has been a change in members' perception of quality of care and overall satisfaction since the last satisfaction survey in 2013.

Section 2: Methodology

Survey Instrument

To achieve the objectives, a scannable survey instrument was created. To facilitate comparisons to the 2013 survey, the 2015 survey contained all of the questions from the 2013 survey, with the addition of three (3) new questions concerning the following: whether the health plan had explained the Consumer Directed Personal Assistance option, quality of mental and emotional health, and how well the members speak English.

The survey was comprised of three sections. The first section addressed members' general experience with their managed long-term care plan, which included questions on plan of care involvement, courtesy, and timeliness of responses with complaints and grievances. The second section dealt with the quality of specific health care services, including both primary and long term care services, where members were asked to rate the quality of these services, whether covered by their plan or not. This section also addressed timeliness of some key long-term care services and access to primary health care services. The third section contained general demographic questions (e.g., age, gender, race, education). This section also included questions pertaining to living arrangements and whether assistance was provided in completing the survey, as well as questions regarding the status of members' advance directives.

An English version was prepared and translated into Spanish, Russian, and Chinese, and mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English (Spanish, Russian, Chinese) mailing. The initial mailing was distributed in December 2014, with a follow-up mailing in March 2015.

Survey Sample

To identify the eligible population for the survey, inclusion criteria were as follows:

- Continuously enrolled in a MLTC plan for a minimum of 6 months prior to August 31, 2014.
- MLTC plan enrollees from 45 plans/product lines. The breakdown by type of MLTC plan is as follows: PACE – 8, Partially Capitated – 29, MAP – 8.

The NYSDOH provided the enrollee file for the survey after sampling. A sample of 600 enrollees from each plan had been selected, plus the entire eligible membership if the plan's enrollment was less than 600. The 600 member sample size had been utilized in the 2013 survey. The final sample for mailing was 18,909 enrollees.

Composite Measures

Composite measures of survey items were computed to obtain a meaningful summary of member responses in each of six domains, which include: MLTC Plan Evaluation, Quality of Providers and Long-Term Care Services, Timeliness of Providers and Long-Term Care Services, Access to Care for Urgent Appointments, Access to Care for Regular Appointments, and Advance Directives. Each domain is comprised of individual survey items, composite measures, or a combination of both. Composite measures were created by combining survey items that measure the same dimension of the health care plans¹.

¹ The CAHPS® proportional scoring method for creating and scoring composite measures was used.

Using the proportional scoring method, composite scores were computed, representing the average proportion of members responding to the most positive category, or top-box, for the survey items included in the composite, excluding missing data. For example, for survey items requiring the respondent to answer “Always,” “Usually,” “Sometimes,” or “Never,” the calculated score reflects the average proportion of respondents who answered “Always/Usually;” and for survey items requiring the respondent to answer “Excellent,” “Good,” “Fair,” or “Poor,” the calculated score reflects the average proportion of respondents who answered “Excellent/Good.” The z-test was used to compare percentages for single survey items, and t-tests were used to compare average proportions for composite measures.

The six domains are defined as follows:

Domain 1: MLTC Plan Evaluation

Individual item	Q3. The plan always/usually explains all of their services clearly
Composite	<p>My family member (or caregiver) and I are always/usually involved in making decisions about my plan of care</p> <ul style="list-style-type: none"> ○ Q4. I am always/usually involved in decisions about plan of care ○ Q5. Family member or caregiver always/usually involved in making decisions about plan of care
Composite	<p>The plan always/usually provided helpful, timely, and courteous customer service when I (or my caregiver or family members) have called with a question, needed help, or had a complaint or grievance</p> <ul style="list-style-type: none"> ○ Q7. I always/usually spoke with a person quickly when I called the plan with a question or for help or with a complaint or grievance ○ Q8. My questions were always/usually answered quickly ○ Q9. I was always/usually able to understand the answers ○ Q10. I was always/usually treated with politeness and respect ○ Q11. I (or my caregiver or family members) called the plan with a complaint or grievance and it was always/usually handled to my satisfaction
Individual item	Q12. Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I’ve been taking
Individual item	Q13. Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option
Composite	<p>The plan is excellent/good in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home</p> <ul style="list-style-type: none"> ○ Q14a. The plan is excellent/good in assisting my family to ensure that I take my medications the way my doctor wants me to ○ Q14b. The plan is excellent/good in assisting my family and I to manage my illness, such as high blood pressure or diabetes ○ Q14c. The plan is excellent/good in assisting my family and I when I am feeling sad and lonely ○ Q14d. The plan is excellent/good in assisting my family and I so that I can stay at home and

	not have to live in a nursing home
Individual item	Q15. Overall, my MLTC plan is excellent/good

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

Composite	Excellent/good quality of care provided by the most utilized² providers/services
	○ Q16. Regular doctor
	○ Q17. Dentist
	○ Q18. Eye Care
	○ Q19. Foot Doctor
	○ Q20a. Home Health Aide, Personal Care Aide
	○ Q20b. Home Health Agency, Personal Care Agency
	○ Q21. Care Manager/Case Manager
	○ Q22a. Regular Visiting Nurse/Registered Nurse
	○ Q22b. Covering/On-call nurse
	○ Q23. Physical Therapist
	○ Q24. Occupational Therapist
	○ Q25. Speech Therapist
	○ Q26. Social Worker
	○ Q27. Medical Supplies and Equipment
	○ Q28. Audiology/Hearing Aids
	○ Q29. Home Delivered Meals/Meals on Wheels
○ Q30. Meals served at the Day Health Center	
○ Q31. Day Health Center Activities	
○ Q32. Transportation Services	
○ Q33. Nursing Home	
○ Q34. Pharmacy Services	
○ Q35. Nutritionist	

Domain 3: Timeliness of Providers and Long-Term Care Services

Composite	Timely care always/usually provided by the most utilized¹ providers/services
	○ Q36. Home Health Aide, Personal Care Aide
	○ Q37. Care Manager/Case Manager
	○ Q38a. Regular Visiting Nurse/Registered Nurse
	○ Q38b. Covering/On-call nurse
	○ Q39. Physical Therapist
	○ Q40. Occupational Therapist
○ Q41. Speech Therapist	

² It is likely that some services, such as home health care and transportation, are utilized far more frequently than other services, such as speech therapy. Inclusion in the composite depended upon the total frequency of responses for each survey item, excluding “Not-applicable” responses.

	<ul style="list-style-type: none"> ○ Q42. Social Worker ○ Q43. Home Delivered Meals/Meals on Wheels ○ Q44a. Transportation: TO Day Center ○ Q44b. Transportation: FROM Day Center ○ Q44c. Transportation: TO the doctor ○ Q44d. Transportation: FROM the doctor ○ Q45. Medical Supplies and Equipment ○ Q46. Pharmacy Services ○ Q47. Audiology/Hearing Aids
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Domain 4: Access to Care for Urgent Appointments

Composite	<p>I was able to get an appointment within the same day to see my provider when I needed care right away in the past 6 months</p> <ul style="list-style-type: none"> ○ Q48. Regular doctor ○ Q49. Dentist ○ Q50. Eye Care ○ Q51. Foot Doctor ○ Q52. Audiology/Hearing Aids
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Domain 5: Access to Care for Regular Appointments

Composite	<p>I was always/usually able to get a regular appointment as soon as I thought I needed one</p> <ul style="list-style-type: none"> ○ Q53. Regular doctor ○ Q54. Dentist ○ Q55. Eye Care ○ Q56. Foot Doctor ○ Q57. Audiology/Hearing Aids
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Domain 6: Advanced Directives

Individual item	Q71. The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so
Individual item	Q72. I have a legal document appointing someone to make decisions about my health care if I am unable to do so
Individual item	Q73. The health plan has a copy of this document

Section 3: Results

Response Rates

Of the 18,909 surveys that were mailed, 1,105 were returned as undeliverable due to either mailing address issues or the member was deceased. This yielded an adjusted population of 17,804. A total of 4,592 surveys were completed, with an overall response rate of 26%. In 2013, 2,522 surveys were completed for a response rate of 27%.

Table 1 displays the response rates by plan type. The response rates were as follows: PACE (30%), MAP (29%), and Partially Capitated (25%), with an average response rate of 26%. **Table 2a** shows the response rates by language. Non-English responses comprised 27% of total responses.

Table 2b provides a summary of all responses per primary language.

Table 3 displays survey responses by individual plan. Response rates differed by plan, ranging from 13% to 51%.

Table 1: Survey Responses by Plan Type

	Partially Capitated		PACE		MAP		TOTAL	
	N	Percent	N	Percent	N	Percent	N	Percent
Surveys mailed	14,162		2,132		2,615		18,909	
Less exclusions:	774	5%	199	9%	132	5%	1,105	6%
Address issues	704	5%	172	8%	122	5%	998	5%
Deceased	50	0.4%	21	1%	7	0.3%	78	0.4%
Other reason	20	0.1%	6	0.3%	3	0.1%	29	0.2%
Adjusted Population	13,388		1,933		2,483		17,804	
Total # Surveys Completed	3,306	25%	574	30%	712	29%	4,592	26%

Table 2a: Language Responses by Plan Type

	Partially Capitated		PACE		MAP		TOTAL	
	N	Percent	N	Percent	N	Percent	N	Percent
Completed in English	2,264	68%	514	90%	565	79%	3,343	73%
Completed in a Language Other Than English	1,042	32%	60	10%	147	21%	1,249	27%
Chinese	305	29%	24	40%	8	5%	337	27%
Russian	419	40%	8	13%	4	3%	431	35%
Spanish	318	31%	28	47%	135	92%	481	39%
Total # Surveys Completed	3,306		574		712		4,592	

Table 2b: Survey Response Rates by Language

	N	Percent
ENGLISH		
English Surveys Mailed	11,791	
Less exclusions ¹	751	6%
Adjusted English Population	11,040	
Completed English Surveys	3,343	30%
SPANISH		
Spanish Surveys Mailed	3,574	
Less exclusions ²	213	6%
Adjusted Spanish Population	3,361	
Completed Spanish Surveys	481	14%
RUSSIAN		
Russian Surveys Mailed	1,877	
Less exclusions ³	77	4%
Adjusted Russian Population	1,800	
Completed Russian Surveys	431	24%
CHINESE		
Chinese Surveys Mailed	1,667	
Less exclusions ⁴	64	4%
Adjusted Chinese Population	1,603	
Completed Chinese Surveys	337	21%

¹English exclusions due to address issues (660), member deceased (68), member no longer enrolled (4), and other reason (19).

²Spanish exclusions due to address issues (205), member deceased (6), and member no longer enrolled (2).

³Russian exclusions due to address issues (73), member deceased (2), and other reason (2).

⁴Chinese exclusions due to address issues (60), member deceased (2), member no longer enrolled (1), and other reason (1).

Table 3: Survey Responses by Plan

Health Plan	Adjusted Population	No. of Respondents	Percent
Partially Capitated			
AETNA BETTER HEALTH	575	163	28%
AGEWELL NEW YORK	567	153	27%
ALPHACARE	229	49	21%
AMERIGROUP	570	128	22%
ARCHCARE COMMUNITY LIFE	562	134	24%
CENTERLIGHT SELECT	561	126	22%
CENTERS PLAN FOR HEALTHY LIVING	562	147	26%
ELANT	405	129	32%
ELDERPLAN	564	136	24%
ELDERSERVE	570	123	22%
EXTENDED MLTC	162	39	24%
FIDELIS CARE AT HOME	573	159	28%
GUILDNET	568	132	23%
HAMASPIK CHOICE	114	26	23%
HIP OF GREATER NEW YORK	566	125	22%
INDEPENDENCE CARE SYSTEMS	578	150	26%
INTEGRA	577	173	30%
METROPLUS	424	117	28%
MONTEFIORE HMO	166	40	24%
NORTH SHORE-LIJ PLAN	468	131	28%
SENIOR HEALTH PARTNERS INC	569	125	22%
SENIOR NETWORK HEALTH	360	94	26%
SENIOR WHOLE HEALTH	559	108	19%
TOTAL AGING IN PLACE PROGRAM	95	27	28%
UNITED HEALTHCARE	534	109	20%
VILLAGE CARE	557	127	23%
VNA HOMECARE OPTIONS	201	61	30%
VNS CHOICE	573	135	24%
WELLCARE	579	140	24%
TOTAL	13,388	3,306	25%
PACE			
ARCHCARE SENIOR LIFE	245	62	25%
CENTERLIGHT PACE	572	163	28%
CHS BUFFALO LIFE	128	60	47%
COMPLETE SENIOR CARE	83	42	51%
EDDY SENIOR CARE	96	30	31%
INDEPENDENT LIVING FOR SENIORS	372	80	22%
PACE CNY	352	113	32%
TOTAL SENIOR CARE	85	24	28%
TOTAL	1,933	574	30%
MAP			
AMERIGROUP MAP	7	1	14%
ELDERPLAN MAP	569	144	25%
FIDELIS MAP	155	40	26%
GUILDNET MAP	452	134	30%
HEALTHFIRST MAP	583	144	25%
HIP OF GREATER NEW YORK MAP	504	186	37%
SENIOR WHOLE HEALTH MAP	16	2	13%
VNS CHOICE PLUS MAP	197	61	31%
TOTAL	2,483	712	29%
GRAND TOTAL	17,804	4,592	26%

Respondent Demographics

Survey demographic results can be found in **Appendix A, Table A6**.

The demographic profiles of the 2013 and 2015 populations were very similar. About 75% of respondents in 2015 were female (75% in 2013), and 86% were 65 years of age or older (83% in 2013). Approximately half of respondents (2013: 47%, 2015: 52%) had at least a high school diploma.

English was the primary language for 57% of the 2015 respondents (51% in 2013), with Spanish as the next most common language at 18% (23% in 2013), while the rest reported a primary language of Chinese (2013: 12%, 2015: 9%), Russian (2013: 8%, 2015: 11%), and other languages (2013: 4%, 2015: 6%). Overall, the percentage of respondents that do not speak English as their primary language decreased from 49% in 2013 to 43% in 2015.

Sixty percent of respondents rated their current state of health as poor/fair (66% in 2013), 25% rated their health as good (27% in 2013), and 15% as very good/excellent (6% in 2013). Sixty-two percent of the respondents were very much/quite a bit content with their quality of life (60% in 2013).

The vast majority of respondents live at home (2013: 97%, 2015: 97%), and approximately half live alone (2013: 49%, 2015: 48%). Approximately two-thirds of respondents reported that they received assistance in completing the survey (2013: 65%, 2015: 65%), mostly from family members (2013: 58%, 2015: 65%).

Plan Evaluation/Rating of Health Plan

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

Full frequency distribution tables can be found in **Appendix A (Tables A1-A6)**, while aggregate tables can be found in **Appendix B (Tables B1-B13)**.

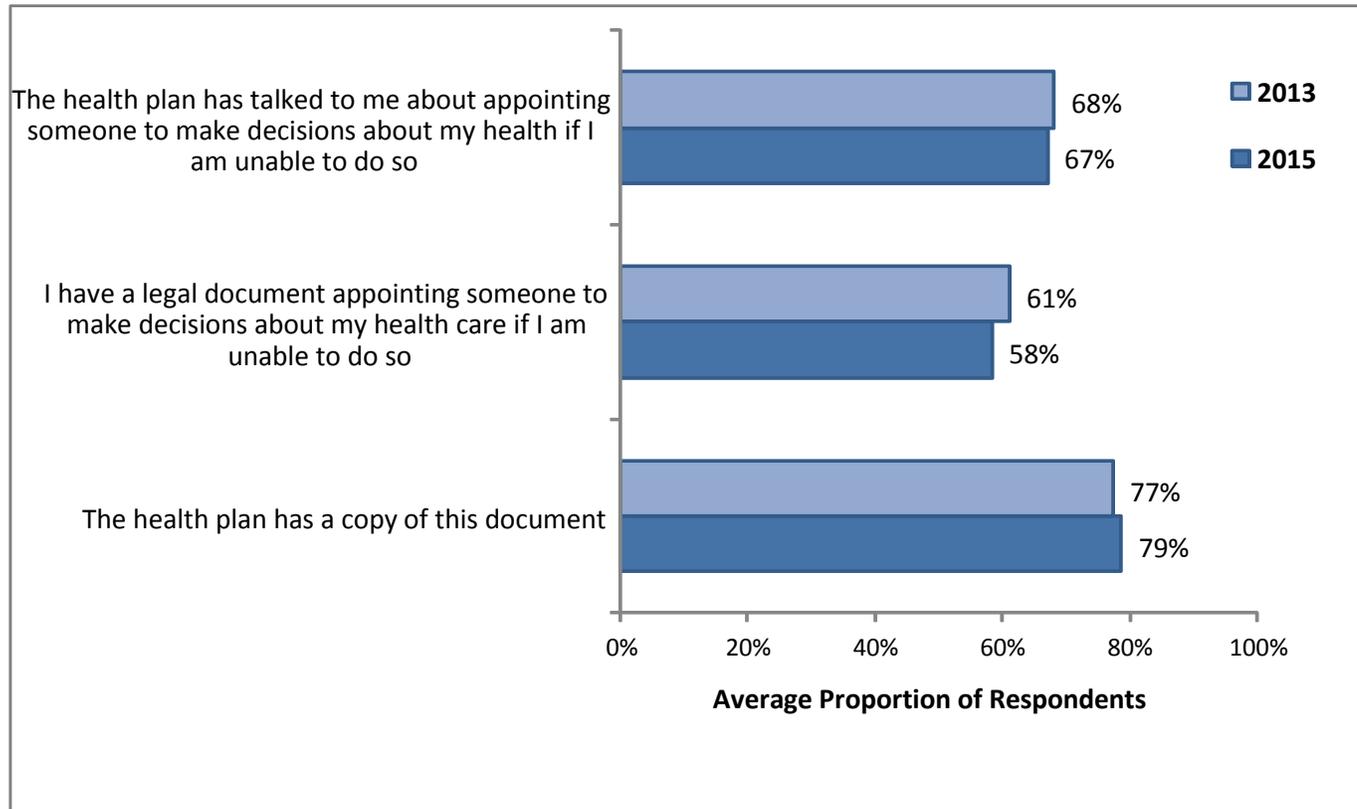
Table B1 compares responses from both survey years, which shows that the level of satisfaction among 2013 and 2015 respondents remained high. Other notable findings were as follows:

- Eighty-seven percent (87%) rated their plan as excellent/good.
- Eighty-six percent (86%) reported that their plan always/usually explained services clearly, a significant improvement from the 2013 rate (81%).
- The majority of members reported that they were always/usually involved in decisions about their plan of care. Compared to 2013, the percentage was significantly higher in 2015 (72% vs. 77%). In addition, 64% of members reported that family members (or caregivers) were always/usually involved in these decisions, which is a significant increase from the 2013 percentage (60%).
- In the 2015 survey, about half of the members (48%) reported that they called the plan with a question or complaint, significantly lower than in 2013 (65%). Of these respondents:
 - 74% said that they always/usually spoke with a person quickly;
 - 75% said their questions were always/usually answered quickly;
 - 81% said they were always/usually able to understand the answers provided;
 - 92% said they were always/usually treated with politeness and respect;

- 68% said their complaints were always/usually handled to their satisfaction;
- All of these rates were significantly higher than in 2013 (49%, 53%, 61%, 84%, and 37% respectively).
- About 9 out of 10 respondents (94%) reported that someone from the health plan had asked to see all of the prescriptions and over-the-counter medicines they were taking, which is a significant percentage increase from 2013 (88%). This would appear to be a positive indication of the plans' efforts to help members manage their medications.
- Eighty-nine percent (89%) reported that their plan has been excellent/good at helping them to take medications the way their doctor wants them to, and 72% reported that their plan has been excellent/good at helping when they were feeling sad and lonely. This would appear to demonstrate that the plans have been effective in providing members with self-management support and collaborating with members and their families to improve members' health.
- In 2015, 93% of respondents rated their plan as excellent/good at helping them stay at home and not at a nursing home.

Advance directives are considered an important component in the overall care of the long-term care population. Sixty-seven percent of the respondents reported that their health plan has talked to them about appointing someone to make health care decisions for them if they are unable to do so, and 58% reported having a legal document appointing someone to make health care decisions on their behalf in the event that they are unable to do so. Of the latter, a large majority (79%) said that their health plan has retained a copy of the document. **Figure 1** displays the rates for each measure as compared to 2013.

Figure 1: Advance Directives



Quality of Care

In **Section 2A** of the survey, members were asked to rate the quality of services and supplies they received. Frequency distributions for the 22 Quality of Care items can be found in **Table A2**.

Table B2 displays the rank ordered positive (excellent/good) ratings given by members pertaining to quality of care compared by survey year. Members' perception of the quality of the care they received has remained high in 2015. Other notable findings from this section include:

- Eight (8) out of the 22 care providers listed had at least 80% of the respondents giving an excellent/good rating for quality in 2015 (compared to 9 out of 22 in 2013), including highly utilized services such as primary care physicians (PCPs) (91%); pharmacy services (91%); home health aide (87%); visiting nurse (83%); care manager (83%); foot doctor (83%); medical supplies/equipment (82%); and eye care professional (81%).
- The following providers and services all received significantly higher quality of care ratings as compared to 2013 results: meals served at the day health center (70% vs. 78%), home delivered meals/Meals on Wheels (66% vs. 77%), nursing home (64% vs. 77%), and speech therapist (56% vs. 72%).
- Medical supplies/equipment (86% vs. 82%) received a significantly lower quality of care rating as compared to 2013.
- Audiology and hearing aids received the lowest quality of care rating at 68%.

Timeliness of Care

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

Table B3 displays the rank ordered positive (always/usually) ratings given by members compared by survey year.

The majority of members perceived the timeliness of care to be always/usually on time. For nearly every type of care provider, with the exception of speech therapists, there was a statistically significant increase in the perception of timeliness of care among members. Every care provider type demonstrated a percentage above 50%. Eight (8) of the 16 provider types had at least 80% of respondents giving an always/usually rating for timeliness as compared to 2013, including: pharmacy services (77% vs. 92%); home health aide (78% vs. 92%); transportation to the day center (63% vs. 84%); medical supplies/equipment (70% vs. 83%); transportation from the day center (65% vs. 83%); care manager (69% vs. 83%); visiting nurse (70% vs. 81%); and transportation to the doctor (69% vs. 81%). Most notably, all the ratings for every type of care provider increased by at least 10 percentage points; the smallest increase was 10 percentage points (Meals on Wheels and covering/on-call nurse) and the largest increase was 21 percentage points (transportation to the day center).

Out of all the highly utilized services, speech therapists were least likely to receive a high rating for timeliness. While speech therapists did not achieve a statistically significant increase in percentage of members who rated them as always/usually on time from 2013 to 2015, there was still a notable increase of 11 percentage points.

Access to Care

In **Section 2C** of the survey, members were asked to indicate how long they generally had to wait for urgent and regular appointments for frequently utilized providers. **Tables A4** and **A5** provide frequency distributions for these survey items.

Timely access to regular appointments was defined as obtaining an appointment with a provider as soon as a member felt they needed an appointment. Timely access to urgent appointments was defined as obtaining an appointment on the same day that the member needed care. **Tables B4** and **B5** display the rank ordered results for timely access to urgent and regular appointments compared by survey year.

Table B4 shows that for urgent appointments, half of the respondents were able to obtain a same day appointment with their primary care physician (PCP) (50%). Timely access to urgent appointments was even less likely for foot doctors (34%), eye care (33%), audiologists (32%), and dentists (29%). Although the ratings remain at or below 50% for all provider types, compared to 2013, foot doctors (26% vs. 34%) and eye care (22% vs. 33%) both demonstrated significantly increased ratings. Overall, respondents gave higher ratings with regard to timely access to urgent appointments compared with the 2013 survey.

Table B5 shows that for regular appointments, respondents were most likely to have timely access to regular appointments with PCPs (88%); foot doctors (80%), eye care (79%), dentists (73%), and audiologists (68%) ranked lower in this regard. It should be noted that for 2015, the questions and responses regarding timely access to regular appointments were changed from the 2013 survey. In 2013, the question asked "In the past 6 months, when you called for a regular appointment, how long did you generally have to wait between making an appointment and seeing provider?" and the responses were "Less Than 1 Month", "1 to 3 Months", and "Longer Than 3 Months". For the 2015 survey, the question asked "In the past 6 months, when you called for a regular appointment, how often did you get an

appointment as soon as you thought you needed?” and responses were “Always”, “Usually”, “Sometimes”, and “Never”. Due to the changes in the questions and responses, a comparison to the 2013 rates cannot be performed.

Analysis of Composite Measures

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

- **Domain 1 – MLTC Plan Evaluation:** Consists of a combination of four (4) individual survey items and three (3) composite measures, and includes Questions 3-5 and 7-15. Questions 4 and 5 were combined to create a composite measure (**Composite 1a**), as were Questions 7-11 (**Composite 1b**) and Questions 14a-14d (**Composite 1c**). All other questions in this group were reported as individual survey items. Collectively, these composites, as well as the individual survey items, assess the members’ general experience with the care plan, including plan of care involvement, and courtesy and timeliness of responses when they called the plan. For **Composite 1a** and **Composite 1b**, the score represents the average proportion of respondents who answered “Always/Usually”, and for **Composite 1c**, the score represents the average proportion of respondents who answered “Excellent/Good.”
- **Domain 2 – Quality of Providers and Long-Term Care Services:** Consists of a single composite measure and includes Questions 16-35. This domain evaluates the quality of care provided by long-term care providers and services, and consists of 22 provider and service types. The composite score for this domain reflects the average proportion of respondents who rated the quality of the most utilized providers and services as excellent/good.
- **Domain 3 – Timeliness of Providers and Long-Term Care Services:** Consists of a single composite measure including Questions 36-47, and evaluates the timeliness of care provided by long-term care providers and services. This composite consists of 16 provider and service types. The composite score for this domain reflects the average proportion of respondents who rated the timeliness of the providers and services as always/usually timely.
- **Domain 4 – Access to Care for Urgent Appointments:** Consists of a single composite measure, which assesses the respondents’ ability to get an appointment within the same day when care was needed right away. There are five (5) measures within the composite representing five (5) provider types: PCP, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of respondents who reported that they always/usually could get an appointment within the same day.
- **Domain 5 – Access to Care for Regular Appointments:** Consists of a single composite measure assessing the ability of respondents to get a regular appointment as soon as they thought they needed one. There are five (5) measures included in the composite which represent five (5) provider types: PCP, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of respondents who reported that they always/usually were able to get a regular appointment as soon as they thought they needed one.

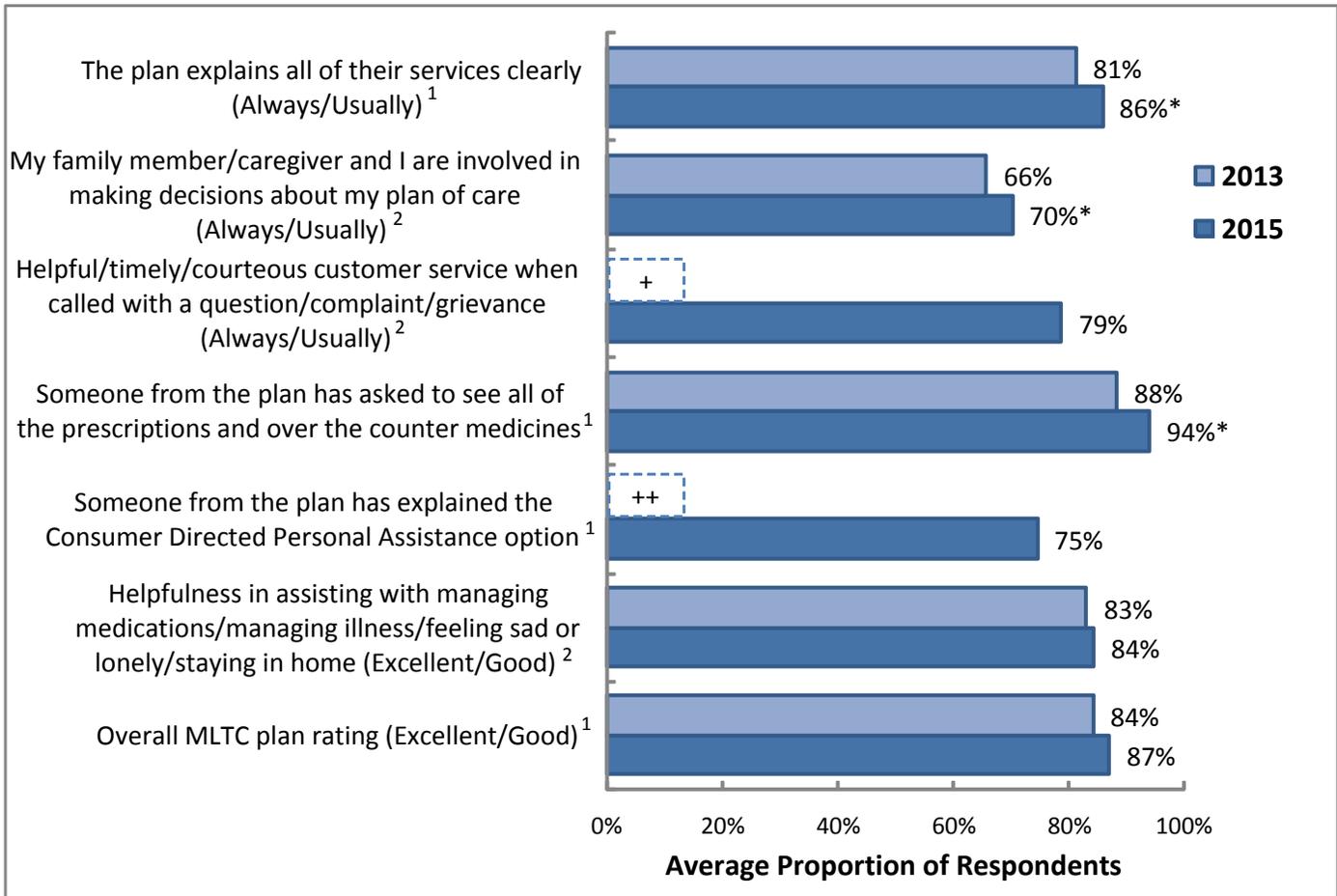
Domain 1: Measures Related to MLTC Plan Evaluation (Table B6)

- In 2015, 70% of respondents said they, along with family members or caregivers, were always/usually involved in making decisions about their plan of care, a significantly higher rate than in 2013 (66%).

- Seventy-nine percent (79%) reported that they always/usually received helpful, timely, and courteous customer assistance when they called the plan with a question or complaint.
- Seventy-five percent (75%) said the plan had explained the Consumer Directed Personal Assistance option.
- Eighty-four percent (84%) reported that the plan was excellent/good in helping members with managing medications and illnesses, as well as feeling sad or lonely and helping members remain in their homes as opposed to a nursing home.
- In 2015, 86% reported that the plan always/usually explained services clearly and 94% said the plan had asked to see all prescriptions and medications. Both these rates demonstrate a significant increase as compared to 2013.
- Overall, 87% rated the health plan as excellent/good.

Figure 1 displays the rates for each measure as compared to 2013.

Figure 1: MLTC Plan Evaluation (Domain 1)



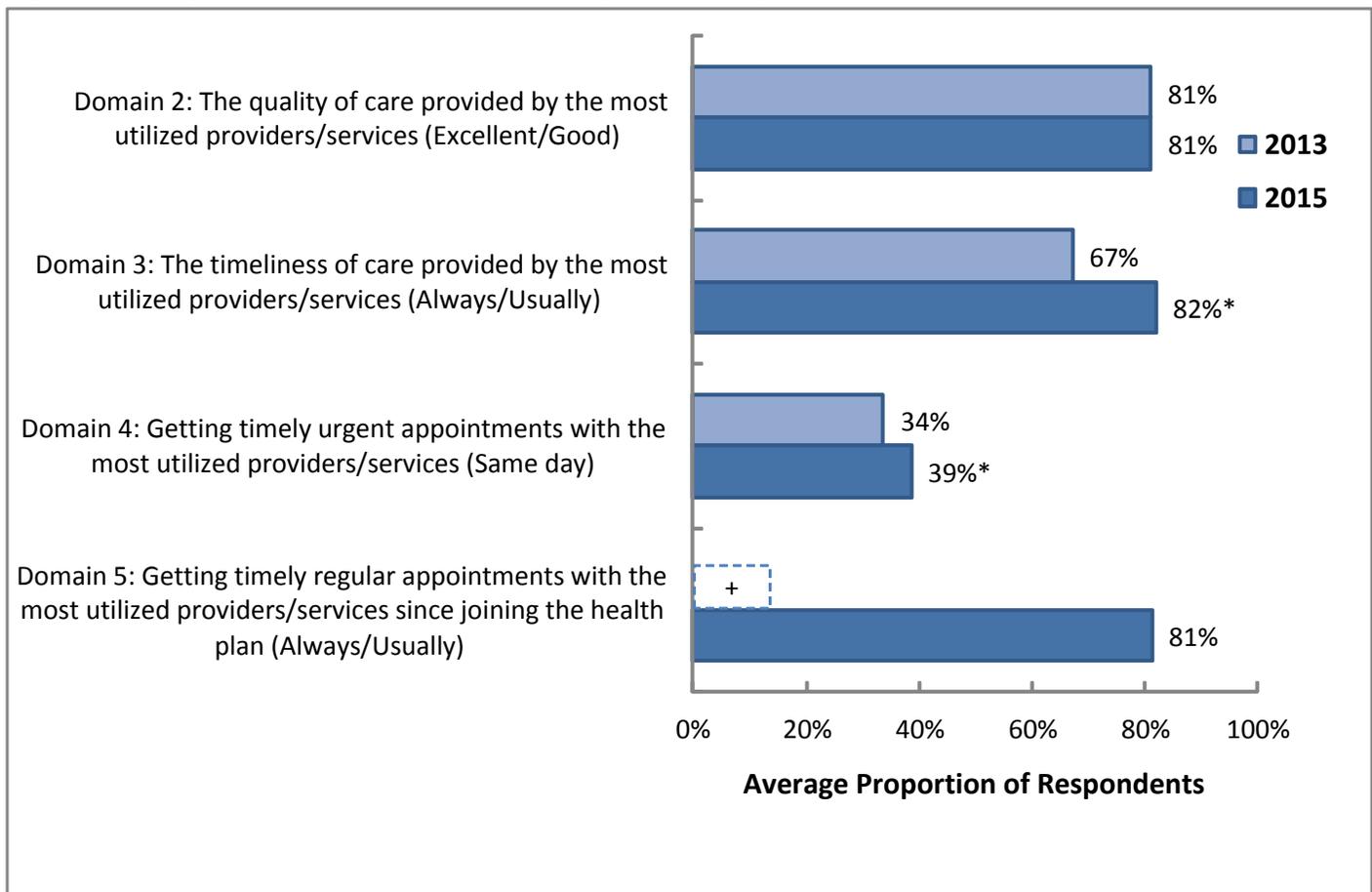
* Indicates a rate significantly higher than 2013. P<.001
 + Questions and/or responses changed for 2015. No comparison can be made.
 ++ New question in 2015.
¹ Indicates a single survey item. Significance testing for single items was done using a z-test.
² Indicates a composite measure. Significance testing for composite measures was done using the Student t-test.

Domains 2-5: Measures Related to Quality, Timeliness, and Access to Care (Table B6)

- About 81% of respondents rated the quality of providers and services as excellent/good, basically unchanged from 2013.
- About 82% of respondents rated the overall timeliness of care as always/usually timely, significantly higher than in 2013 (67%).
- About 39% of respondents reported that they were always/usually able to get an appointment within the same day, significantly higher than in 2013 (34%).
- Additionally, 81% of respondents were always/usually able to get a regular appointment with their doctor.

Figure 2 displays the rates for Domains 2-5 as compared to 2013.

Figure 2: Quality, Timeliness, and Access to Care (Domains 2-5)



* Indicates a rate significantly higher than 2013. P<.001

+ Questions and/or responses changed for 2015. No comparison can be made.

Analysis of Composite Measures by Subgroup

Comparisons between subgroups were also performed on the selected survey items and composites that comprise each domain to determine which subgroups of the managed long-term care population were most or least satisfied with the quality, timeliness, and access to care in 2015. The subgroups included: plan type, gender, race/ethnicity, education level, age, primary language spoken, and self-reported health status.

Comparison tables can be found in **Appendix B**, and significant differences in each subgroup are noted as follows:

Comparison by Plan Type (Table B7)

- On average, Partially Capitated plan members were more likely than MAP plan members to report always/usually receiving helpful, timely, and courteous customer service when they called the plan with a question, complaint, or grievance (80% vs. 73%).
- PACE plan members were less likely to report that someone at the plan had explained the Consumer Directed Personal Assistance option to them since joining the plan compared to Partially Capitated and MAP (PACE: 58% vs. Partially Capitated: 77%, MAP: 74%).
- PACE plan members were more likely to report that providers and long-term care services were always/usually on time (PACE: 86% vs. Partially Capitated: 82%, MAP: 80%).
- Partially Capitated plan members were less likely to report that the plan had talked to them about appointing someone to make decisions about health care if they are unable to (Partially Capitated: 63% vs. PACE: 77%, MAP: 75%).
- PACE plan members were more likely to report having legal documentation appointing someone to make health care decisions for them, while Partially Capitated plan members were least likely (PACE: 84% vs. MAP: 61% vs. Partially Capitated: 53%).
- PACE members were more likely to report that the health plan had a copy of the legal document (PACE: 94% vs. Partially Capitated: 75%, MAP: 71%).

Comparison by Gender (Table B8)

- About 69% of female respondents reported that someone from the health plan had talked to them about appointing someone to make health care decisions for them if they are unable to do so, significantly higher than male respondents (62%).
- In addition, female respondents were more likely than male respondents to report having legal documentation appointing someone to make health care decisions (61% vs. 52%).

Comparison by Race/Ethnicity (Table B9)

- On average, white respondents were more likely than black respondents to report that their family members or care givers were always/usually involved in making decisions about health care (73% vs. 66%).
- Additionally, white respondents were more likely than black respondents to report always/usually receiving helpful, timely, and courteous customer service when they called the plan with a question, complaint, or grievance (82% vs. 74%).
- When asked if the plan was excellent/good at helping members with medication management, managing illness, feeling sad and lonely, and staying in their homes instead of a nursing home, white respondents were more likely to rate the plan as excellent/good, significantly higher than Asian respondents (86% vs. 80%).
- Overall, 85% of white respondents rated the quality of care they received as excellent/good, significantly higher than black and Asian respondents (77% and 75%, respectively).
- In addition, 86% of white respondents rated the timeliness of care as excellent/good, while 78% of black respondents and 77% of Asian respondents rated the timeliness as excellent/good. The rate for white respondents was significantly higher than those for black and Asian respondents.
- Eighty five percent (85%) of white respondents reported that they were always/usually able to get a regular appointment with their doctors as soon as they thought they needed one. This rate is significantly higher than both black and Asian respondents (79% and 74%, respectively).

- Of the Asian respondents, 42% reported that they had legal documentation appointing someone to make health care decisions if they are unable to, significantly lower than any other group (White: 64%, Black: 59%, Other: 65%).
- Additionally, 69% of black respondents reported that their health plan had a copy of their advance directives, representing a significantly lower rate than both white and Asian respondents (85% and 79% respectively).

Comparison by Education (Table B10)

- Respondents with a level of education less than high school were more likely to report that the plan had explained the Consumer Directed Personal Assistance option than respondents with at least a high school diploma. (79% vs. 70%).
- Additionally, 71% of respondents with a level of education less than high school reported that the plan had talked to them about appointing someone to make health care decisions if they are unable to do so, significantly higher than respondents with at least a high school diploma (65%).

Comparison by Age (Table B11)

- Respondents over the age of 65 were more likely to report that their family member or care giver were involved in making decisions about health care, significantly higher than respondents ages 18-64 (72% vs. 63%).
- Additionally, respondents over age 65 were more likely to have legal documentation appointing someone to make health care decisions (60% vs. 50%).

Comparison by Primary Language (Table B12)

- Non-English speaking respondents were more likely to report that the health plan had explained the Consumer Directed Personal Assistance option as compared to respondents whose primary language is English (83% vs. 67%).
- Forty two percent (42%) of Non-English speaking respondents reported that they could get urgent appointments with their doctors the same day, significantly higher than English speaking respondents (36%).
- When asked if members had legal documentation appointing someone to make health care decisions for them, 68% of English speaking respondents reported they did have legal documents, while 44% of Non-English speaking respondents reported they had legal documents. The rate for English speaking respondents was significantly higher.

Comparison by Self-Reported Health Status (Table B13)

- Ninety percent (90%) of respondents who rated their current state of health as excellent/very good reported that the health plan always/usually explained all of their services clearly, significantly higher than respondents who rated their current state of health as good/fair/poor (83%).
- When asked if family members or caregivers were involved in making health care decisions with the members, respondents who rated their current state of health as excellent/very good were more likely to respond positively (always/usually) than respondents who rated their current state of health as good/fair/poor (73% vs. 68%).
- In regard to receiving helpful, timely, and courteous customer service when members called the plan with a question, complaint, or grievance, 85% of respondents who rated their current state of health as excellent/very good reported they always/usually received helpful, timely, and courteous customer service while 74% of respondents who rated their current state of health as good/fair/poor reported the same. The rate for respondents with excellent/very good health was significantly higher.

- Eighty-nine percent (89%) of respondents who rated their current state of health as excellent/very good reported the plan was excellent/good at helping them with medication management, managing illnesses, feeling sad and lonely, and staying in their own home as opposed to a nursing home. Comparatively, only 81% of respondents who reported their health status as good/fair/poor responded to these survey items with an excellent/good rating, a significantly lower rate.
- Overall, 93% of respondents who rated their current state of health as excellent/very good rated their MLTC plan as excellent/good while 83% of respondents who rated their current state of health as good/fair/poor rated their MLTC plan as excellent/very good.
- In regard to quality of care, 78% of respondents who rated their current state of health as good/fair/poor rated quality as excellent/good, significantly lower than respondents who rated their current state of health as excellent/very good (86%).
- Eighty-five percent (85%) of respondents who rated their current state of health as excellent/very good reported that providers and services were always/usually on time, significantly higher than respondents who rated their current state of health as good/fair/poor (80%).
- Respondents who rated their current state of health as excellent/very good were more likely to report always/usually being able to get regular appointments with their doctors as soon as they thought they needed it (84% vs. 80%).
- Respondents who rated their current state of health as excellent/very good were more likely to report that they had legal documentation appointing someone to make health care decisions if they are unable to do so (64% vs. 55%).

Section 4: Conclusions and Recommendations

Overall survey findings were favorable. The tables presented in this report indicate that the majority of MLTC respondents are evidently satisfied with their MLTC plan. The majority of members rated the quality of MLTC services to be good or excellent, and the majority indicated that providers and services are always or usually on time. It is encouraging to see continued high satisfaction rates for such critical long term care services as visiting nurses and care managers. Survey results also indicate that certain services reflected notable quality improvement ratings as compared to the 2013 survey, among these were congregate meals, home delivered meals, and speech therapy.

The percentage of respondents indicating that services were always/usually explained clearly represented a notable increase from 2013. In addition, results indicated that fewer respondents were calling plans with questions or for help, likely because of the improvement in explaining services clearly. Moreover, larger percentages of respondents in the 2015 survey indicated that they were able to speak with a representative quickly, get answers quickly, and understand answers. A larger percentage of respondents indicated that plans are reviewing prescriptions and over the counter medications, likely indicative of improvements in medication management initiatives.

Specific observations and recommendations were as follows:

- 1) IPRO observed that the percentage of members rating the quality of medical supplies and equipment as good/excellent, while still high, declined from the 2013 survey (86% to 82% - **Table B2**).

Plans may choose to conduct more in depth member surveys focused on this service to determine if, in fact, quality issues exist and to determine the nature of these issues. These surveys can be used as baseline data to determine if PIPs focusing on this service is warranted. Reviews of complaint and grievance logs may be considered as well, as a means of identifying quality of care issues.

- 2) The percentage of respondents rating the quality of dental services as good/excellent, while slightly improved from 2013 (71% to 73%), continues to be among the lowest of the highly utilized services (**Table B2**).

Member surveys focused on the quality of dental care may be warranted, to identify issues, and to determine if there are access issues with these providers as well. Reviews of complaint and grievance logs may also be considered as a means of identifying problems with dental networks.

- 3) Audiology / hearing aids had the lowest good/excellent quality of care ratings, at 68%, versus 65% in 2013 (**Table B2**).

As with dental services, member surveys focused on the quality of these services may be warranted, as are reviews of complaints and grievances involving audiology services, to assist in determining if outreach to these providers is necessary.

- 4) The percentage of respondents indicating that the health plan spoke to them about appointing someone to make decisions about their health if they are unable to do so, and the percentage of respondents indicating that they have a legal document (advance directive) in place, declined slightly from 2013 results (**Table B1**). PACE and MAP plans continue to exhibit higher rates of these discussions and advance directive procurement than

partially capitated plans (**Tables A6, B7**). Whites, blacks, and respondents who identified as “other” reported higher rates of advance directives in place than Asians (**Table B9**).

As noted in prior survey findings, a number of partially capitated plans have been addressing advance directives over the years by undertaking PIPs which focus on advance directive discussion as well as procurement. Project interventions have included:

- a) Increased social worker involvement (language and culture specific where applicable)*
- b) Language and culture specific member education materials*
- c) Advance directive discussions at start of enrollment/ intake processes*
- d) Advance directive discussions during clinical re-assessment visits*
- e) Increased telephone follow up initiatives*

Some improvement in advance directive procurement rates have been observed with these interventions. IPRO recommends continued efforts in these areas, and recommended advance directives as a PIP topic option for the 2015 year. Language and culture-specific interventions, wherever possible and applicable, would appear to be a key to this undertaking.

- 5) The percentage of respondents indicating that they had same day urgent access to providers, while improved over the 2013 results, continues to be low. The highest percentage was reported for PCPs (50%), with same day urgent access for foot doctors, eye care, audiology, and dentists notably lower (**Table B4**).

IPRO continues to note that outpatient services are not in the benefit package of the partially capitated plans. However, all plans may wish to investigate access issues through possibly interviewing providers to determine exactly how urgent visits are handled. Plans may also choose to interview samples of members to obtain time intervals for urgent appointments, in order to provide outreach to certain providers.

- 6) The percentage of respondents indicating that family members or caregivers are involved in care planning, while improved over 2013 results, still appear to indicate room for improvement (**Table B1**, 64%).

Family involvement is the member’s choice; therefore plans should investigate whether members would like additional family and/or caregiver participation in care planning. Plans may need to possibly consider doing more to foster member and caregiver involvement in care planning, either through care manager education (e.g. in service training) or through outreach to vendors involved in care planning. An initial step might be a survey to a sample of members addressing whether these members would like to see family members involved in care planning or service determination discussions, and if members want family members/caregivers to receive copies of their care plans. These surveys should also address if members and / or caregivers are not satisfied with their care plans because they do not include all of the relevant issues that they perceive to be important.

- 7) There were some observed race/ethnicity differences with some ratings. White respondents were more likely to report that their family members or caregivers were always/usually involved in making decisions about health care, and were more likely to report always/usually receiving helpful, timely and courteous service when calling the plan. White respondents were also more likely to rate their quality of care as good/excellent, and were more

likely to rate that they were always/usually able to get a regular appointment with their doctors as soon as they thought they needed one. Rates were consistently higher than black respondents, and often higher than Asian respondents. A significantly lower rate of Asian respondents reported having advance directives in place than all other respondents. Also, a significantly higher percentage of English speaking respondents reported having these documents in place, as compared to non-English speaking respondents (**Tables B9, B12**).

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

This may be another area for plans to explore, if there is limited access to services across certain ethnic groups.

Appendix A. Frequency Tables

Table A1: MLTC Plan Evaluation

Item	Description	All respondents		Partial Cap 2013		Partial CAP 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
1a++	Our records indicate that you are a member of [HEALTH PLAN]. Is this correct?																		
	Yes			2,965	96					542	98			632	98			4,139	97
	No			112	4					9	2			16	2			137	3
	TOTAL			3,077						551				648				4,276	
2a	Where do you live?																		
	At home	1,574	98	2,964	98	389	91	493	93	396	98	637	99	2,359	97	4,094	97		
	Nursing home	31	2	68	2	39	9	37	7	7	2	8	1	77	3	113	3		
	TOTAL	1,605		3,032		428		530		403		645		2,436		4,207			
3	Does the health plan explain all of their services to you clearly?																		
	Always	825	53	1,507	56	201	48	222	51	202	52	353	60	1,228	52	2,082	56		
	Usually	448	29	823	30	152	37	150	34	97	25	155	26	697	29	1,128	30		
	Sometimes	236	15	318	12	50	12	56	13	73	19	70	12	359	15	444	12		
	Never	57	4	61	2	12	3	10	2	15	4	13	2	84	4	84	2		
	TOTAL	1,566		2,709		415		438		387		591		2,368		3,738			
	<i>Don't know or not sure</i>	67		134		14		31		20		28		101		193			
4	Are you involved in making decisions about plan of care?																		
	Always	719	47	1,394	52	188	46	207	46	199	51	321	54	1,106	47	1,922	52		
	Usually	382	25	659	25	124	30	144	32	79	20	127	21	585	25	930	25		
	Sometimes	269	17	392	15	70	17	64	14	70	18	95	16	409	17	551	15		
	Never	169	11	223	8	30	7	33	7	39	10	51	9	238	10	307	8		
	TOTAL	1,539		2,668		412		448		387		594		2,338		3,710			
	<i>Don't know or not sure</i>	87		168		21		25		20		26		128		219			
5	Is your family/caregiver involved in making decisions about plan of care?																		
	Always	642	41	1,247	46	199	48	226	48	180	46	308	51	1,021	43	1,781	47		
	Usually	255	16	478	18	91	22	101	22	58	15	70	12	404	17	649	17		
	Sometimes	300	19	494	18	68	16	77	16	74	19	108	18	442	19	679	18		
	Never	356	23	467	17	55	13	65	14	82	21	117	19	493	21	649	17		
	TOTAL	1,553		2,686		413		469		394		603		2,360		3,758			
	<i>Don't know or not sure</i>	72		142		21		10		12		17		105		169			

Item	Description	All respondents		Partial Cap 2013		Partial CAP 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
6	Called the plan for help or a complaint/grievance?																		
	Yes	526	33	1,312	47	180	42	246	54	182	46	290	48	888	37	1,848	48		
	No	1066	67	1,451	53	250	58	211	46	217	54	315	52	1,533	63	1,977	52		
	TOTAL	1,592		2,763		430		457		399		605		2,421		3,825			
7♦^	Speak with a person quickly?																		
	Always	485	50	479	38	143	54	80	33	120	42	92	32	748	49	651	36		
	Usually			482	38			108	45			93	33			683	38		
	Sometimes	423	44	255	20	117	44	50	21	148	52	82	29	688	45	387	22		
	Never	63	6	57	4	7	3	3	1	19	7	19	7	89	6	79	4		
	TOTAL	971		1,273		267		241		287		286		1,525		1,800			
	<i>Don't know or not sure</i>			11				0				0				11			
8♦^	Were questions answered quickly?																		
	Always	537	55	501	39	136	51	80	33	137	48	100	35	810	53	681	38		
	Usually			470	37			99	41			97	34			666	37		
	Sometimes	403	41	246	19	121	45	56	23	136	47	74	26	660	43	376	21		
	Never	43	4	60	5	10	4	5	2	15	5	13	5	68	4	78	4		
	TOTAL	983		1,277		267		240		288		284		1,538		1,801			
	<i>Don't know or not sure</i>			11				1				3				15			
9♦^	Were you able to understand the answers?																		
	Always	617	63	664	52	167	63	114	48	148	52	122	43	932	61	900	50		
	Usually			379	30			92	38			92	32			563	31		
	Sometimes	347	35	202	16	97	36	29	12	127	45	64	22	571	37	295	16		
	Never	15	2	20	2	3	1	5	2	10	4	8	3	28	2	33	2		
	TOTAL	979		1,265		267		240		285		286		1,531		1,791			
	<i>Don't know or not sure</i>			18				2				1				21			
10♦^	Were you treated with politeness and respect?																		
	Always	830	85	919	72	225	83	164	68	232	81	200	70	1,287	84	1,283	71		
	Usually			274	21			58	24			55	19			387	21		
	Sometimes	135	14	75	6	43	16	17	7	51	18	28	10	229	15	120	7		
	Never	17	2	16	1	2	1	1	0	2	1	2	1	21	1	19	1		
	TOTAL	982		1,284		270		240		285		285		1,537		1,809			
	<i>Don't know or not sure</i>			2				2				2				6			

Item	Description	All respondents		Partial Cap 2013		Partial CAP 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
11 ♦ ^	Complaint or grievance handled to satisfaction?																		
	Always			378	39			58	31			75	33					511	37
	Usually			292	30			72	38			70	31					434	31
	Sometimes			205	21			48	25			63	28					316	23
	Never			104	11			12	6			20	9					136	10
	TOTAL			979				190				228						1,397	
	<i>I did not call the plan with a complaint</i>			307				53				53						413	
12	Has asked to see all of the prescriptions/over the counter medicines?																		
	Yes	1256	87	2,520	94	336	88	397	92	349	93	566	95	1,941	88	3,483	94		
	No	183	13	157	6	45	12	35	8	28	7	27	5	256	12	219	6		
	TOTAL	1,439		2,677		381		432		377		593		2,197		3,702			
	<i>Don't know or not sure</i>	176		174		46		41		29		26		251		241			
13++	Explain the CDPA option?																		
	Yes			1,413	77			156	58			292	74					1,861	75
	No			418	23			111	42			105	26					634	25
	TOTAL			1,831				267				397						2,495	
	<i>Don't know or not sure</i>			1,002				201				211						1,414	
14a^	Take meds the way your doctor wants you to																		
	Excellent	706	54	1,114	51	220	56	236	55	179	53	273	53	1,105	54	1,623	52		
	Good	424	32	817	37	140	36	156	36	106	32	185	36	670	33	1,158	37		
	Fair	131	10	189	9	25	6	28	7	36	11	36	7	192	9	253	8		
	Poor	54	4	74	3	9	2	10	2	14	4	20	4	77	4	104	3		
	TOTAL	1,315		2,194		394		430		335		514		2,044		3,138			
	<i>Not Applicable</i>	145		529		26		38		42		85		213		652			

Item	Description	All respondents		Partial Cap 2013		Partial CAP 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 1: MLTC Plan Evaluation																			
14b^	Manage your illness																		
	Excellent	570	46	913	44	204	53	205	50	157	48	239	47	931	48	1,357	46		
	Good	462	37	823	40	140	37	167	40	108	33	197	39	710	36	1,187	40		
	Fair	149	12	236	11	30	8	32	8	45	14	47	9	224	11	315	11		
	Poor	68	5	89	4	8	2	10	2	17	5	23	5	93	5	122	4		
	TOTAL	1,249		2,061		382		414		327		506		1,958		2,981			
	<i>Not Applicable</i>	216		604		37		48		50		88		303		740			
14c^	Help when feeling sad and lonely																		
	Excellent	421	38	653	36	126	37	115	33	91	33	133	33	638	37	901	35		
	Good	394	35	655	36	134	40	139	39	87	32	153	38	615	36	947	37		
	Fair	199	18	320	18	57	17	66	19	54	20	70	17	310	18	456	18		
	Poor	106	9	168	9	21	6	32	9	41	15	45	11	168	10	245	10		
	TOTAL	1,120		1,796		338		352		273		401		1,731		2,549			
	<i>Not Applicable</i>	329		848		79		109		97		189		505		1,146			
14d^	Allow to stay in home and not in nursing home																		
	Excellent	773	67	1,331	64	234	66	272	68	204	69	328	69	1,211	67	1,931	66		
	Good	249	22	586	28	95	27	100	25	59	20	118	25	403	22	804	27		
	Fair	76	7	109	5	13	4	17	4	17	6	16	3	106	6	142	5		
	Poor	59	5	43	2	10	3	9	2	16	5	10	2	85	5	62	2		
	TOTAL	1,157		2,069		352		398		296		472		1,805		2,939			
	<i>Not Applicable</i>	290		560		61		63		77		126		428		749			
15	How would you rate your plan?																		
	Excellent	671	41	1,095	41	176	41	202	45	184	46	286	48	1,031	42	1,583	42		
	Good	688	42	1,230	46	193	45	189	42	159	39	253	42	1,040	42	1,672	45		
	Fair	229	14	301	11	53	12	54	12	54	13	46	8	336	14	401	11		
	Poor	37	2	62	2	8	2	8	2	6	1	13	2	51	2	83	2		
	TOTAL	1,625		2,688		430		453		403		598		2,458		3,739			

Note: Percentages have been rounded and may not total to 100%.

◆ Items based on skip pattern.

++ New question in 2015.

^ Questions and/or responses have changed since 2013.

Table A2: Quality of Care

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
16	Regular Doctor																		
	Excellent	796	54	1,424	56	200	49	228	51	216	58	319	55	1,212	54	1,971	55		
	Good	506	34	907	36	165	41	171	38	115	31	208	36	786	35	1,286	36		
	Fair	132	9	163	6	30	7	35	8	39	10	41	7	201	9	239	7		
	Poor	33	2	49	2	10	2	12	3	5	1	15	3	48	2	76	2		
	TOTAL	1,467		2,543		405		446		375		583		2,247		3,572			
	<i>Not Applicable</i>	72		170		16		17		13		23		101		210			
17	Dentist																		
	Excellent	320	32	536	32	81	28	120	36	69	30	95	25	470	31	751	32		
	Good	400	40	678	41	132	45	139	41	73	32	175	47	605	40	992	42		
	Fair	178	18	293	18	44	15	50	15	57	25	67	18	279	18	410	17		
	Poor	111	11	162	10	34	12	28	8	31	13	39	10	176	12	229	10		
	TOTAL	1,009		1,669		291		337		230		376		1,530		2,382			
	<i>Not Applicable</i>	430		918		123		119		133		207		686		1,244			
18	Eye Care																		
	Excellent	527	41	906	42	141	40	160	41	146	46	231	44	814	42	1,297	42		
	Good	527	41	855	39	143	40	145	37	102	32	215	41	772	40	1,215	39		
	Fair	155	12	288	13	51	14	57	15	50	16	48	9	256	13	393	13		
	Poor	70	5	118	5	20	6	29	7	19	6	27	5	109	6	174	6		
	TOTAL	1,279		2,167		355		391		317		521		1,951		3,079			
	<i>Not Applicable</i>	222		500		66		71		64		79		352		650			
19	Foot Doctor																		
	Excellent	503	46	840	44	109	39	118	37	121	44	171	42	733	45	1,129	43		
	Good	385	35	747	39	106	38	143	44	91	33	160	39	582	35	1,050	40		
	Fair	127	12	217	11	45	16	42	13	28	10	54	13	200	12	313	12		
	Poor	72	7	99	5	18	6	19	6	35	13	27	7	125	8	145	5		
	TOTAL	1,087		1,903		278		322		275		412		1,640		2,637			
	<i>Not Applicable</i>	364		679		127		125		93		166		584		970			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
20a	Home Health Aide																		
	Excellent	814	60	1,361	56	161	48	187	50	204	57	314	58	1,179	57	1,862	56		
	Good	382	28	762	31	125	37	127	34	104	29	150	28	611	30	1,039	31		
	Fair	120	9	229	9	38	11	40	11	38	11	50	9	196	10	319	10		
	Poor	42	3	85	3	13	4	19	5	15	4	27	5	70	3	131	4		
	TOTAL	1,358		2,437		337		373		361		541		2,056		3,351			
	<i>Not Applicable</i>	141		154		78		70		14		29		233		253			
20b	Home Health Agency																		
	Excellent	640	46	1,059	42	123	38	154	43	157	43	210	37	920	44	1,423	41		
	Good	492	35	947	38	146	45	138	38	122	34	220	39	760	37	1,305	38		
	Fair	189	14	354	14	39	12	50	14	60	17	111	19	288	14	515	15		
	Poor	66	5	151	6	17	5	19	5	22	6	29	5	105	5	199	6		
	TOTAL	1,387		2,511		325		361		361		570		2,073		3,442			
	<i>Not Applicable</i>	123		155		87		84		12		26		222		265			
21	Care Manager																		
	Excellent	675	49	1,057	43	159	43	182	44	175	50	213	39	1,009	48	1,452	42		
	Good	488	35	998	40	157	43	168	41	122	35	232	42	767	36	1,398	41		
	Fair	164	12	303	12	36	10	44	11	43	12	69	13	243	12	416	12		
	Poor	62	4	121	5	14	4	20	5	13	4	38	7	89	4	179	5		
	TOTAL	1,389		2,479		366		414		353		552		2,108		3,445			
	<i>Not Applicable</i>	115		173		45		37		18		37		178		247			
22a	Regular Visiting Nurse																		
	Excellent	716	50	1,058	44	194	54	207	52	157	45	226	42	1,067	50	1,491	44		
	Good	477	34	949	39	120	33	144	36	121	34	215	40	718	34	1,308	39		
	Fair	167	12	292	12	34	9	35	9	43	12	62	11	244	11	389	12		
	Poor	60	4	113	5	12	3	15	4	31	9	39	7	103	5	167	5		
	TOTAL	1,420		2,412		360		401		352		542		2,132		3,355			
	<i>Not Applicable</i>	112		286		56		63		25		54		193		403			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
22b	Covering/On Call Nurse																		
	Excellent	340	36	543	35	107	38	121	38	76	33	129	37	523	36	793	36		
	Good	386	41	651	42	128	45	148	46	79	34	137	39	593	41	936	42		
	Fair	140	15	247	16	37	13	43	13	43	19	50	14	220	15	340	15		
	Poor	76	8	118	8	12	4	10	3	32	14	36	10	120	8	164	7		
	TOTAL	942		1,559		284		322		230		352		1,456		2,233			
	<i>Not Applicable</i>	483		1,017		110		135		129		218		722		1,370			
23	Physical Therapist																		
	Excellent	267	38	401	36	113	45	128	43	47	30	64	30	427	39	593	37		
	Good	254	37	451	41	98	39	120	41	50	32	88	42	402	37	659	41		
	Fair	95	14	156	14	30	12	31	11	29	19	37	17	154	14	224	14		
	Poor	78	11	105	9	9	4	16	5	29	19	23	11	116	11	144	9		
	TOTAL	694		1,113		250		295		155		212		1,099		1,620			
	<i>Not Applicable</i>	731		1,413		159		157		214		355		1,104		1,925			
24	Occupational Therapist																		
	Excellent	121	31	226	36	78	42	94	43	23	25	40	31	222	33	360	37		
	Good	152	39	231	37	66	36	94	43	25	27	57	45	243	36	382	39		
	Fair	50	13	95	15	28	15	18	8	16	18	17	13	94	14	130	13		
	Poor	68	17	79	13	12	7	15	7	27	30	13	10	107	16	107	11		
	TOTAL	391		631		184		221		91		127		666		979			
	<i>Not Applicable</i>	980		1,811		220		222		264		423		1,464		2,456			
25	Speech Therapist																		
	Excellent	51	24	130	40	20	31	33	49	10	21	21	36	81	25	184	41		
	Good	72	33	97	30	20	31	20	29	9	19	22	37	101	31	139	31		
	Fair	35	16	53	16	11	17	8	12	5	10	7	12	51	16	68	15		
	Poor	57	27	44	14	14	22	7	10	24	50	9	15	95	29	60	13		
	TOTAL	215		324		65		68		48		59		328		451			
	<i>Not Applicable</i>	1,135		2,072		332		364		301		485		1,768		2,921			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
26	Social Worker																		
	Excellent	356	40	535	38	183	50	185	48	85	37	99	32	624	42	819	39		
	Good	310	35	543	39	114	31	135	35	82	36	127	41	506	34	805	38		
	Fair	146	16	203	14	46	13	54	14	32	14	48	16	224	15	305	15		
	Poor	81	9	125	9	21	6	11	3	30	13	35	11	132	9	171	8		
	TOTAL	893		1,406		364		385		229		309		1,486		2,100			
	<i>Not Applicable</i>	516		1,112		48		71		135		245		699		1,428			
27	Medical Supplies and Equipment																		
	Excellent	592	50	873	42	183	52	195	49	146	48	209	44	921	50	1,277	43		
	Good	418	35	810	39	143	40	154	39	103	34	170	36	664	36	1,134	39		
	Fair	122	10	257	12	20	6	33	8	38	13	67	14	180	10	357	12		
	Poor	53	4	126	6	9	3	18	5	17	6	25	5	79	4	169	6		
	TOTAL	1,185		2,066		355		400		304		471		1,844		2,937			
	<i>Not Applicable</i>	273		550		56		57		67		109		396		716			
28	Audiology / Hearing Aids																		
	Excellent	115	33	185	32	46	37	60	39	21	26	46	33	182	33	291	34		
	Good	110	31	197	34	49	39	48	31	21	26	53	38	180	32	298	34		
	Fair	63	18	106	18	16	13	24	16	12	15	24	17	91	16	154	18		
	Poor	62	18	85	15	15	12	22	14	28	34	16	12	105	19	123	14		
	TOTAL	350		573		126		154		82		139		558		866			
	<i>Not Applicable</i>	1,030		1,886		275		287		274		414		1,579		2,587			
29	Home Delivered Meals / Meals on Wheels																		
	Excellent	110	40	197	47	35	48	35	44	19	32	38	55	164	40	270	48		
	Good	66	24	120	29	21	29	27	34	17	29	17	25	104	26	164	29		
	Fair	27	10	60	14	11	15	13	16	7	12	3	4	45	11	76	13		
	Poor	71	26	38	9	6	8	4	5	16	27	11	16	93	23	53	9		
	TOTAL	274		415		73		79		59		69		406		563			
	<i>Not Applicable</i>	1,093		2,033		328		353		295		481		1,716		2,867			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
30	Meals served at Day Health Center																		
	Excellent	112	36	234	39	116	39	114	33	15	25	40	52	243	36	388	38		
	Good	90	29	221	37	123	41	163	47	17	28	19	25	230	34	403	40		
	Fair	51	16	87	15	46	15	53	15	8	13	12	16	105	16	152	15		
	Poor	60	19	51	9	14	5	14	4	21	34	6	8	95	14	71	7		
	TOTAL	313		593		299		344		61		77		673		1,014			
	<i>Not Applicable</i>	1,069		1,875		110		114		293		469		1,472		2,458			
31	Day Health Center Activities																		
	Excellent	132	37	282	43	123	40	115	33	22	33	45	48	277	38	442	40		
	Good	125	35	250	38	132	43	154	44	15	22	28	30	272	37	432	39		
	Fair	41	11	96	15	36	12	61	17	10	15	14	15	87	12	171	16		
	Poor	60	17	31	5	19	6	20	6	20	30	6	6	99	13	57	5		
	TOTAL	358		659		310		350		67		93		735		1,102			
	<i>Not Applicable</i>	1,028		1,798		99		110		288		456		1,415		2,364			
32	Transportation Services																		
	Excellent	534	43	765	38	186	48	187	44	93	32	158	37	813	42	1,110	39		
	Good	424	34	764	38	147	38	178	42	105	37	151	35	676	35	1,093	38		
	Fair	167	13	312	16	40	10	41	10	49	17	72	17	256	13	425	15		
	Poor	117	9	159	8	14	4	15	4	40	14	51	12	171	9	225	8		
	TOTAL	1,242		2,000		387		421		287		432		1,916		2,853			
	<i>Not Applicable</i>	246		649		31		41		88		148		365		838			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2A: Quality of Care Providers																			
33	Nursing Home																		
	Excellent	62	34	119	41	31	46	23	44	7	18	22	61	100	35	164	44		
	Good	53	29	101	35	21	31	15	29	9	23	9	25	83	29	125	33		
	Fair	23	13	45	16	7	10	10	19	4	10	3	8	34	12	58	15		
	Poor	43	24	24	8	9	13	4	8	20	50	2	6	72	25	30	8		
	TOTAL	181		289		68		52		40		36		289		377			
	<i>Not Applicable</i>	<i>1,167</i>		<i>2,095</i>		<i>324</i>		<i>373</i>		<i>306</i>		<i>502</i>		<i>1,797</i>		<i>2,970</i>			
34	Pharmacy Services																		
	Excellent	753	57	1,160	51	201	52	194	46	180	55	267	49	1,134	56	1,621	50		
	Good	434	33	924	41	152	39	196	46	110	33	204	37	696	34	1,324	41		
	Fair	90	7	153	7	24	6	28	7	33	10	57	10	147	7	238	7		
	Poor	41	3	44	2	10	3	5	1	7	2	20	4	58	3	69	2		
	TOTAL	1,318		2,281		387		423		330		548		2,035		3,252			
	<i>Not Applicable</i>	<i>181</i>		<i>388</i>		<i>30</i>		<i>32</i>		<i>48</i>		<i>48</i>		<i>259</i>		<i>468</i>			
35	Nutritionist																		
	Excellent	170	36	211	33	110	39	108	34	28	27	50	34	308	36	369	33		
	Good	173	37	254	40	130	46	157	50	40	38	60	41	343	40	471	43		
	Fair	63	13	108	17	32	11	39	12	14	13	17	12	109	13	164	15		
	Poor	62	13	69	11	10	4	10	3	23	22	19	13	95	11	98	9		
	TOTAL	468		642		282		314		105		146		855		1,102			
	<i>Not Applicable</i>	<i>925</i>		<i>1,820</i>		<i>123</i>		<i>137</i>		<i>253</i>		<i>407</i>		<i>1,301</i>		<i>2,364</i>			

Note: Percentages have been rounded and may not total to 100%.

Table A3: Timeliness of Care

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
36	Home Health Aide																		
	Always	757	60	1,781	72	140	44	229	61	204	64	403	75	1,101	58	2,413	71		
	Usually	233	19	501	20	106	33	108	29	45	14	109	20	384	20	718	21		
	Sometimes	147	12	147	6	55	17	31	8	33	10	20	4	235	12	198	6		
	Never	121	10	42	2	18	6	6	2	38	12	8	1	177	9	56	2		
	TOTAL	1,258		2,471		319		374		320		540		1,897		3,385			
	<i>Not Applicable</i>	209		185		87		73		47		41		343		299			
37	Care Manager / Case Manager																		
	Always	545	44	1,149	51	136	40	200	53	146	47	241	49	827	44	1,590	51		
	Usually	314	26	728	32	96	28	127	33	62	20	160	32	472	25	1,015	32		
	Sometimes	221	18	289	13	78	23	38	10	57	18	66	13	356	19	393	13		
	Never	145	12	104	5	31	9	15	4	45	15	27	5	221	12	146	5		
	TOTAL	1,225		2,270		341		380		310		494		1,876		3,144			
	<i>Not Applicable</i>	214		324		64		63		56		72		334		459			
38a	Regular Visiting Nurse																		
	Always	635	47	1,168	51	157	46	227	62	151	45	236	46	943	47	1,631	51		
	Usually	309	23	699	30	85	25	89	24	65	19	163	32	459	23	951	30		
	Sometimes	271	20	336	15	64	19	41	11	80	24	93	18	415	20	470	15		
	Never	136	10	94	4	34	10	11	3	40	12	20	4	210	10	125	4		
	TOTAL	1,351		2,297		340		368		336		512		2,027		3,177			
	<i>Not Applicable</i>	141		360		74		80		38		69		253		509			
38b	Covering/On Call Nurse																		
	Always	357	40	643	44	112	38	145	48	83	36	136	41	552	39	924	44		
	Usually	222	25	431	30	93	31	99	33	44	19	106	32	359	25	636	30		
	Sometimes	194	22	250	17	58	19	42	14	50	21	52	16	302	21	344	16		
	Never	126	14	135	9	35	12	15	5	56	24	38	11	217	15	188	9		
	TOTAL	899		1,459		298		301		233		332		1,430		2,092			
	<i>Not Applicable</i>	528		1,080		117		148		130		227		775		1,455			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
39	Physical Therapist																		
	Always	194	34	368	43	89	43	120	49	33	29	64	38	316	36	552	43		
	Usually	115	20	268	31	49	24	77	31	21	18	43	25	185	21	388	31		
	Sometimes	135	24	114	13	36	18	31	13	24	21	27	16	195	22	172	14		
	Never	119	21	106	12	31	15	17	7	37	32	35	21	187	21	158	12		
	TOTAL	563		856		205		245		115		169		883		1,270			
	<i>Not Applicable</i>	828		1,629		202		198		238		376		1,268		2,203			
40	Occupational Therapist																		
	Always	93	28	205	41	70	50	92	52	18	23	40	39	181	33	337	43		
	Usually	74	22	128	26	30	21	55	31	13	16	21	21	117	21	204	26		
	Sometimes	63	19	72	14	20	14	19	11	9	11	9	9	92	17	100	13		
	Never	100	30	92	19	21	15	12	7	39	49	32	31	160	29	136	18		
	TOTAL	330		497		141		178		79		102		550		777			
	<i>Not Applicable</i>	1,042		1,934		263		262		266		423		1,571		2,619			
41	Speech Therapist																		
	Always	59	26	113	40	23	40	30	50	15	26	18	30	97	28	161	40		
	Usually	54	24	61	21	11	19	13	22	5	9	8	13	70	21	82	20		
	Sometimes	26	11	37	13	8	14	5	8	6	11	5	8	40	12	47	12		
	Never	88	39	74	26	15	26	12	20	31	54	30	49	134	39	116	29		
	TOTAL	227		285		57		60		57		61		341		406			
	<i>Not Applicable</i>	1,127		2,134		344		373		291		459		1,762		2,966			
42	Social Worker																		
	Always	281	35	507	43	161	50	192	56	51	28	109	41	493	38	808	45		
	Usually	156	20	352	30	59	18	86	25	31	17	75	28	246	19	513	28		
	Sometimes	204	26	211	18	64	20	45	13	54	30	47	18	322	25	303	17		
	Never	154	19	121	10	40	12	22	6	47	26	35	13	241	19	178	10		
	TOTAL	795		1,191		324		345		183		266		1,302		1,802			
	<i>Not Applicable</i>	608		1,256		82		97		161		265		851		1,618			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
43	Home Delivered Meals / Meals on Wheels																		
	Always	129	42	206	48	44	56	53	62	27	39	31	38	200	44	290	49		
	Usually	57	19	99	23	10	13	18	21	8	11	17	21	75	17	134	22		
	Sometimes	28	9	45	10	8	10	3	3	6	9	5	6	42	9	53	9		
	Never	92	30	80	19	16	21	12	14	29	41	28	35	137	30	120	20		
	TOTAL	306		430		78		86		70		81		454		597			
	<i>Not Applicable</i>	<i>1,065</i>		<i>1,985</i>		<i>327</i>		<i>345</i>		<i>281</i>		<i>442</i>		<i>1,673</i>		<i>2,772</i>			
44a	Transportation TO Day Center																		
	Always	189	43	387	57	148	49	200	61	42	41	57	56	379	45	644	58		
	Usually	82	19	176	26	62	20	96	29	12	12	21	21	156	18	293	26		
	Sometimes	68	15	59	9	55	18	24	7	15	15	10	10	138	16	93	8		
	Never	100	23	59	9	39	13	8	2	33	32	13	13	172	20	80	7		
	TOTAL	439		681		304		328		102		101		845		1,110			
	<i>Not Applicable</i>	<i>932</i>		<i>1,450</i>		<i>105</i>		<i>120</i>		<i>250</i>		<i>354</i>		<i>1,287</i>		<i>1,924</i>			
44b	Transportation FROM Day Center																		
	Always	156	44	341	55	144	48	183	59	32	40	44	52	332	45	568	56		
	Usually	74	21	161	26	71	23	95	31	6	7	16	19	151	20	272	27		
	Sometimes	43	12	62	10	48	16	19	6	11	14	9	11	102	14	90	9		
	Never	85	24	52	8	40	13	13	4	32	40	15	18	157	21	80	8		
	TOTAL	358		616		303		310		81		84		742		1,010			
	<i>Not Applicable</i>	<i>972</i>		<i>1,446</i>		<i>107</i>		<i>122</i>		<i>258</i>		<i>357</i>		<i>1,337</i>		<i>1,925</i>			
44c	Transportation TO the doctor																		
	Always	536	47	953	54	180	49	225	61	114	46	198	52	830	47	1,376	55		
	Usually	246	21	467	26	83	22	109	29	51	20	88	23	380	22	664	26		
	Sometimes	230	20	237	13	73	20	32	9	41	16	64	17	344	19	333	13		
	Never	135	12	106	6	34	9	4	1	43	17	32	8	212	12	142	6		
	TOTAL	1,147		1,763		370		370		249		382		1,766		2,515			
	<i>Not Applicable</i>	<i>306</i>		<i>721</i>		<i>47</i>		<i>66</i>		<i>102</i>		<i>155</i>		<i>455</i>		<i>942</i>			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2B: Timeliness																			
44d	Transportation FROM the doctor																		
	Always	518	46	908	52	170	46	208	56	112	44	191	50	800	46	1,307	52		
	Usually	239	21	454	26	80	22	103	28	47	19	87	23	366	21	644	26		
	Sometimes	235	21	261	15	81	22	48	13	46	18	72	19	362	21	381	15		
	Never	132	12	130	7	35	10	11	3	47	19	32	8	214	12	173	7		
	TOTAL	1,124		1,753		366		370		252		382		1,742		2,505			
	<i>Not Applicable</i>	290		725		47		66		99		153		436		944			
45	Medical Supplies and Equipment																		
	Always	486	46	982	53	157	46	219	57	128	53	247	58	771	47	1,448	54		
	Usually	243	23	551	30	85	25	117	30	45	19	114	27	373	23	782	29		
	Sometimes	200	19	220	12	63	18	37	10	36	15	51	12	299	18	308	12		
	Never	130	12	108	6	40	12	14	4	34	14	14	3	204	12	136	5		
	TOTAL	1,059		1,861		345		387		243		426		1,647		2,674			
	<i>Not Applicable</i>	336		613		63		60		101		122		500		795			
46	Pharmacy Services																		
	Always	713	57	1,429	65	201	53	255	61	192	65	332	65	1,106	57	2,016	64		
	Usually	257	21	617	28	83	22	136	32	39	13	128	25	379	20	881	28		
	Sometimes	126	10	110	5	52	14	19	5	28	9	35	7	206	11	164	5		
	Never	154	12	46	2	44	12	9	2	37	13	14	3	235	12	69	2		
	TOTAL	1,250		2,202		380		419		296		509		1,926		3,130			
	<i>Not Applicable</i>	213		416		32		35		66		58		311		509			
47	Audiology/Hearing Aids																		
	Always	117	35	191	39	44	36	66	50	27	39	43	39	188	36	300	41		
	Usually	76	23	150	30	35	29	37	28	8	11	29	26	119	23	216	29		
	Sometimes	64	19	66	13	24	20	10	8	10	14	14	13	98	19	90	12		
	Never	76	23	88	18	19	16	18	14	25	36	25	23	120	23	131	18		
	TOTAL	333		495		122		131		70		111		525		737			
	<i>Not Applicable</i>	1,040		1,951		279		307		275		413		1,594		2,671			

Note: Percentages have been rounded and may not total to 100%.

Table A4: Access to Care (Urgent Appointments)

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2C: Access to Care - Urgent Appointment																			
48	Regular Doctor																		
	Same day	522	46	1,033	50	157	48	185	50	118	38	224	49	797	45	1,442	50		
	1 to 3 days	389	35	695	34	129	40	140	38	111	36	140	30	629	36	975	34		
	4 days or longer	213	19	329	16	38	12	43	12	78	25	96	21	329	19	468	16		
	TOTAL	1,124		2,057		324		368		307		460		1,755		2,885			
	<i>Not Applicable</i>	374		575		92		84		66		114		532		773			
49	Dentist																		
	Same day	173	28	324	31	25	14	45	20	39	29	78	32	237	26	447	29		
	1 to 3 days	214	35	439	41	77	45	81	37	41	30	83	34	332	36	603	40		
	4 days or longer	225	37	299	28	71	41	95	43	55	41	82	34	351	38	476	31		
	TOTAL	612		1,062		173		221		135		243		920		1,526			
	<i>Not Applicable</i>	796		1,449		230		228		213		310		1,239		1,987			
50	Eye Care																		
	Same day	196	25	502	34	26	13	76	27	44	21	129	33	266	22	707	33		
	1 to 3 days	260	33	546	36	70	35	92	33	62	30	143	37	392	33	781	36		
	4 days or longer	332	42	449	30	104	52	110	40	101	49	118	30	537	45	677	31		
	TOTAL	788		1,497		200		278		207		390		1,195		2,165			
	<i>Not Applicable</i>	664		1,057		207		173		159		183		1,030		1,413			
51	Foot Doctor																		
	Same day	185	27	476	35	37	23	71	30	45	24	99	32	267	26	646	34		
	1 to 3 days	242	35	525	38	44	27	82	35	58	32	110	36	344	33	717	38		
	4 days or longer	265	38	367	27	82	50	82	35	81	44	100	32	428	41	549	29		
	TOTAL	692		1,368		163		235		184		309		1,039		1,912			
	<i>Not Applicable</i>	732		1,192		245		217		179		247		1,156		1,656			
52	Audiology/Hearing Aids																		
	Same day	78	33	128	34	15	19	32	30	18	35	31	28	111	30	191	32		
	1 to 3 days	69	29	118	31	24	31	31	30	12	23	41	37	105	29	190	32		
	4 days or longer	90	38	132	35	38	49	42	40	22	42	38	35	150	41	212	36		
	TOTAL	237		378		77		105		52		110		366		593			
	<i>Not Applicable</i>	1,150		2,048		324		337		299		428		1,773		2,813			

Note: Percentages have been rounded and may not total to 100%.

Table A5: Access to Care (Regular Appointments)

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 2D: Access to Care - Regular Appointment																			
53^	Regular Doctor																		
	Always			1,518	63			203	53			339	64			2,060	62		
	Usually			618	26			126	33			119	22			863	26		
	Sometimes			209	9			41	11			56	11			306	9		
	Never			67	3			13	3			19	4			99	3		
	TOTAL	1,403		2,412		343		383		358		533		2,104		3,328			
	<i>Not Applicable</i>	131		245		74		75		21		48		226		368			
54^	Dentist																		
	Always			558	42			93	37			113	38			764	41		
	Usually			438	33			85	34			85	29			608	32		
	Sometimes			221	17			51	20			65	22			337	18		
	Never			106	8			24	9			34	11			164	9		
	TOTAL	832		1,323		229		253		173		297		1,234		1,873			
	<i>Not Applicable</i>	611		1,195		186		194		183		272		980		1,661			
55^	Eye Care																		
	Always			826	47			116	39			203	48			1,145	46		
	Usually			580	33			107	36			129	31			816	33		
	Sometimes			266	15			62	21			69	16			397	16		
	Never			95	5			15	5			18	4			128	5		
	TOTAL	1,093		1,767		282		300		272		419		1,647		2,486			
	<i>Not Applicable</i>	379		806		133		151		101		155		613		1,112			
56^	Foot Doctor																		
	Always			814	51			102	40			171	48			1,087	49		
	Usually			505	31			85	33			100	28			690	31		
	Sometimes			198	12			48	19			59	17			305	14		
	Never			91	6			20	8			27	8			138	6		
	TOTAL	932		1,608		223		255		235		357		1,390		2,220			
	<i>Not Applicable</i>	524		979		192		194		134		209		850		1,382			
57^	Audiology/Hearing Aids																		
	Always			201	41			42	35			44	38			287	40		
	Usually			135	28			38	31			33	28			206	28		
	Sometimes			74	15			22	18			14	12			110	15		
	Never			76	16			19	16			25	22			120	17		
	TOTAL	289		486		113		121		59		116		461		723			
	<i>Not Applicable</i>	1,098		1,979		288		317		292		425		1,678		2,721			

Note: Percentages have been rounded and may not total to 100%.

^ Questions and/or responses have changed since 2013.

Table A6: About You

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																			
58	Content with Quality of Life																		
	Very much	447	28	992	32	125	29	207	37	127	32	276	41	699	29	1,475	34		
	Quite a bit	502	32	934	30	146	34	166	30	95	24	135	20	743	31	1,235	28		
	Somewhat	410	26	755	24	101	23	134	24	110	28	163	24	621	26	1,052	24		
	A little bit	142	9	325	10	43	10	28	5	40	10	68	10	225	9	421	10		
	Not at all	84	5	141	4	18	4	21	4	28	7	33	5	130	5	195	4		
	TOTAL	1,585		3,147		433		556		400		675		2,418		4,378			
59	Rate your current state of health																		
	Excellent			122	4			24	4			39	6			185	4		
	Very good	84	6	287	9	37	9	116	21	23	6	92	13	144	6	495	11		
	Good	384	25	776	24	157	37	178	32	97	26	149	22	638	27	1,103	25		
	Fair	725	48	1,515	48	166	39	176	32	174	46	317	46	1,065	46	2,008	46		
	Poor	325	21	474	15	66	15	61	11	85	22	87	13	476	20	622	14		
	TOTAL	1,518		3,174		426		555		379		684		2,323		4,413			
60++	Rating of overall mental/emotional health																		
	Excellent			283	9			59	11			73	11			415	9		
	Very Good			421	13			109	20			108	16			638	14		
	Good			930	29			187	34			207	30			1,324	30		
	Fair			1,217	38			159	29			230	34			1,606	36		
	Poor			323	10			40	7			68	10			431	10		
	TOTAL			3,174				554				686				4,414			
61	What is your gender?																		
	Male	423	26	848	27	108	25	144	26	78	19	130	19	609	25	1,122	26		
	Female	1,181	74	2,310	73	328	75	410	74	326	81	558	81	1,835	75	3,278	75		
	TOTAL	1,604		3,158		436		554		404		688		2,444		4,400			

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																			
62	What is your age?																		
	18-44	44	3	50	2	0	0	1	0	9	2	8	1	53	2	59	1		
	45-64	292	18	432	14	21	5	45	8	70	17	85	12	383	16	562	13		
	65-74	333	21	692	22	86	20	131	24	80	20	144	21	499	20	967	22		
	75-84	511	31	1,045	33	154	35	171	31	140	34	233	34	805	33	1,449	33		
	over 85	443	27	969	30	177	40	207	37	110	27	218	32	730	30	1,394	31		
	TOTAL	1,623		3,188		438		555		409		688		2,470		4,431			
63a	Are you Hispanic/Latino origin?																		
	Yes	498	32	772	25	65	15	91	17	132	35	293	44	695	29	1,156	27		
	No	1,058	68	2,321	75	358	85	456	83	250	65	379	56	1,666	71	3,156	73		
	TOTAL	1,556		3,093		423		547		382		672		2,361		4,312			
63b+	What is your race?																		
	American Indian or Alaskan Native	25	2	56	2	6	1	11	2	8	2	16	3	39	2	83	2		
	Asian	283	21	525	19	65	16	53	10	20	6	43	9	368	17	621	17		
	Black or African American	303	22	639	24	69	17	95	19	157	46	250	50	529	25	984	26		
	Native Hawaiian or Pacific Islander	5	0	10	0	0	0	1	0	2	1	2	0	7	0	13	0		
	White	661	49	1,482	55	264	64	353	69	127	37	192	38	1,052	50	2,027	54		
	Other	73	5	4	0	10	2	0	0	28	8	1	0	111	5	5	0		
	TOTAL	1,350		2,716		414		513		342		504		2,106		3,733			
64++	How well do you speak English?																		
	Very well			1,200	38			359	65			312	46			1,871	43		
	Well			392	12			76	14			108	16			576	13		
	Not well			692	22			56	10			138	20			886	20		
	Not at all			876	28			62	11			122	18			1,060	24		
	TOTAL			3,160				553				680				4,393			

Item	All respondents Description	Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																	
65	Primary language spoken at home																
	English	698	43	1,729	52	308	70	450	78	262	65	417	59	1,268	51	2,596	57
	Spanish	411	25	520	16	52	12	54	9	110	27	232	33	573	23	806	18
	Russian	188	12	472	14	14	3	9	2	5	1	6	1	207	8	487	11
	Chinese	239	15	371	11	56	13	34	6	11	3	15	2	306	12	420	9
	Other	84	5	214	6	11	2	27	5	15	4	42	6	110	4	283	6
	TOTAL	1,620		3,306		441		574		403		712		2,464		4,592	
66	Education level completed																
	8th grade or less	537	34	982	32	136	32	135	25	152	38	273	41	825	34	1,390	32
	Some high school, did not graduate	262	17	471	15	67	16	68	13	94	24	141	21	423	18	680	16
	High school graduate or GED	334	21	703	23	117	27	148	28	86	22	134	20	537	22	985	23
	Some college or 2 year degree	196	13	391	13	47	11	76	14	46	12	82	12	289	12	549	13
	4 year college graduate	147	9	288	9	31	7	55	10	14	4	19	3	192	8	362	8
	More than 4 year college degree	92	6	261	8	32	7	53	10	7	2	19	3	131	5	333	8
	TOTAL	1,568		3,096		430		535		399		668		2,397		4,299	
67	Do you live																
	Alone	728	48	1,471	46	197	52	255	47	192	50	370	53	1,117	49	2,096	48
	With a family member or friend	709	47	1,514	48	141	37	212	39	174	46	295	43	1,024	45	2,021	46
	With other than a family member or friend	86	6	185	6	41	11	74	14	16	4	27	4	143	6	286	6
	TOTAL	1,523		3,170		379		541		382		692		2,284		4,403	
68	Did someone help you complete this survey																
	Yes	1,001	63	1,985	64	309	71	389	71	274	69	468	70	1,584	65	2,842	65
	No	592	37	1,132	36	127	29	161	29	122	31	205	30	841	35	1,498	35
	TOTAL	1,593		3,117		436		550		396		673		2,425		4,340	

Item	Description	All respondents		Partial Cap 2013		Partial Cap 2015		PACE 2013		PACE 2015		MAP 2013		MAP 2015		Statewide 2013		Statewide 2015	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Section 3: About You																			
69 ♦+	Who helped you																		
	Family member	564	56	1,295	65	189	61	234	60	173	63	321	69	926	58	1,850	65		
	Friend	86	9	185	9	33	11	46	12	21	8	24	5	140	9	255	9		
	Home Care Aide	217	22	344	17	18	6	33	8	62	23	107	23	297	19	484	17		
	Care Manager or Visiting Nurse	35	3	69	3	10	3	29	7	2	1	12	3	47	3	110	4		
	Other	95	9	97	5	64	21	48	12	17	6	11	2	176	11	156	5		
	TOTAL	1,001		1,985		309		389		274		468		1,584		2,842			
70 ♦+	How did this person help you																		
	Read the questions to me	543	54	1,090	55	185	60	219	56	167	61	288	62	895	57	1,597	56		
	Wrote down the answers that I gave	423	42	897	45	144	47	194	50	123	45	189	40	690	44	1,280	45		
	Answered the questions for me	241	24	515	26	104	34	134	34	58	21	105	22	403	25	754	27		
	Translated into my language	137	14	328	17	25	8	24	6	31	11	64	14	193	12	416	15		
	Helped in some other way	72	7	119	6	13	4	12	3	20	7	31	7	105	7	162	6		
	TOTAL	1,001		1,985		309		389		274		468		1,584		2,842			
71	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?																		
	Yes	861	64	1,689	63	317	81	385	77	245	70	447	75	1,423	68	2,521	67		
	No	485	36	971	37	72	19	112	23	107	30	153	26	664	32	1,236	33		
	TOTAL	1,346		2,660		389		497		352		600		2,087		3,757			
	<i>Not sure</i>	262		471		46		54		49		80		357		605			
72	Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?																		
	Yes	759	55	1,402	53	326	83	415	84	226	62	357	61	1,311	61	2,174	58		
	No	628	45	1,243	47	69	17	79	16	137	38	226	39	834	39	1,548	42		
	TOTAL	1,387		2,645		395		494		363		583		2,145		3,722			
	<i>Not sure</i>	226		459		57		65		72		101		355		625			
73 ♦	Does the health plan have a copy of this document?																		
	Yes	394	74	684	75	246	91	327	94	100	65	175	71	740	77	1,186	79		
	No	139	26	229	25	23	9	21	6	54	35	70	29	216	23	320	21		
	TOTAL	533		913		269		348		154		245		956		1,506			
	<i>Not sure</i>	226		459		57		65		72		101		355		625			

Note: Percentages have been rounded and may not total to 100%.

- ◆ Items based on skip pattern.
- + Member can check all that apply.
- ++ New question in 2015

Appendix B. Aggregate Tables

Table B1: Plan Evaluation – Comparison by Survey Year

		2013		2015		2013 v. 2015
Item	Description	Denom*	Percent	Denom*	Percent	
Section 1: MLTC Plan Evaluation						
1a++	Member of a [health plan]			4,276	97	-
2a	Live at home/nursing home	2,436	97	4,207	97	-
3	Plan always/usually explained services clearly	2,368	81	3,738	86	▲
4	Always/Usually involved in decisions about plan of care	2,338	72	3,710	77	▲
5	Family member or caregiver always/usually involved in making decisions about plan of care	2,360	60	3,758	64	▲
6^	Called plan with question or for help or complaint/grievance	2,442	65	3,825	48	▼
7♦^	Always/usually spoke with a person quickly	1,525	49	1,800	74	▲
8♦^	Questions always/usually answered quickly	1,538	53	1,801	75	▲
9♦^	Always/usually able to understand the answers	1,531	61	1,791	81	▲
10♦^	Always/usually treated with politeness and respect	1,537	84	1,809	92	▲
11♦^	Complaint/grievance always/usually handled to satisfaction	2,421	37	1,397	68	▲
	Complaint was always/usually responded to in a timely manner	840	44			-
	Always/usually satisfied with response	844	39			-
	Always/usually treated with politeness and respect	857	74			-
12	Plan asked to see prescription/over the counter medicines	2,197	88	3,702	94	▲
13++	Health plan explain Consumer Directed Personal Assistance			2,495	75	-
	Plan has been excellent/good at helping me to have fewer falls	1,587	78			-
14a	Plan has been excellent/good at helping me to take my medications the way my doctor wants me to	2,044	87	3,138	89	-
14b	Plan has been excellent/good at helping me to manage my illnesses	1,958	84	2,981	86	-
14c	Plan has been excellent/good at helping me when I'm feeling sad and lonely	1,731	73	2,549	72	-
14d	Plan has been excellent/good at helping to allow me to stay in my home	1,805	89	2,939	93	▲
15	Rated plan as good or excellent	2,458	84	3,739	87	-
	Would recommend the plan	2,397	89			-
71	Health plan has talked about appointing someone to make health care decisions	2,087	68	3,757	67	-
72	Has a legal document appointing someone to make health care decisions	2,145	61	3,722	58	-
73	Health plan has a copy of this legal document	956	77	1,506	79	-

- * Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.
- ◆ Items based on skip pattern.
- ++ New question in 2015.
- ▲/▼ Indicates a significantly higher/lower rate than 2013 ($p < .001$).
- Not statistically significant.
- ^ Questions and/or responses have changed since 2013.

Table B2: Quality of Care – Comparison by Survey Year

Item	Description	2013		2015		2013 v. 2015
		Denom*	Percent	Denom*	Percent	
Section 2A: Quality of Care Providers (Excellent/Good)						
16	Regular doctor	2,247	89	3,572	91	-
34	Pharmacy Services	2,035	90	3,252	91	-
20a	Home Health Aide, Personal Care Aide	2,056	87	3,351	87	-
22a	Regular Visiting Nurse/Registered Nurse	2,132	84	3,355	83	-
21	Care Manager/Case Manager	2,108	84	3,445	83	-
19	Foot Doctor	1,640	80	2,637	83	-
27	Medical Supplies and Equipment	1,844	86	2,937	82	▼
18	Eye Care	1,951	82	3,079	81	-
31	Day Health Center Activities	735	75	1,102	79	-
20b	Home Health Agency, Personal Care Agency	2,073	81	3,442	79	-
30	Meals served at the Day Health Center	673	70	1,014	78	▲
22b	Covering/On-call nurse	1,456	77	2,233	78	-
23	Physical Therapist	1,099	75	1,620	78	-
26	Social Worker	1,486	76	2,100	77	-
32	Transportation Services	1,916	77	2,853	77	-
29	Home Delivered Meals/Meals on Wheels	406	66	563	77	▲
33	Nursing Home	289	64	377	77	▲
35	Nutritionist	855	76	1,102	76	-
24	Occupational Therapist	666	69	979	76	-
17	Dentist	1,530	71	2,382	73	-
25	Speech Therapist	328	56	451	72	▲
28	Audiology/Hearing Aids	558	65	866	68	-

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

▲/▼ Indicates a significantly higher/lower rate than 2013 ($p < .001$)
 - Not statistically significant

Table B3: Timeliness of Care – Comparison by Survey Year

Item	Description	2013		2015		2013 v. 2015
		Denom*	Percent	Denom*	Percent	
Section 2B: Timeliness (Always/Usually)						
46	Pharmacy Services	1,926	77	3,130	92	▲
36	Home Health Aide, Personal Care Aide	1,897	78	3,385	92	▲
44a	Transportation: TO Day Center	845	63	1,110	84	▲
45	Medical Supplies and Equipment	1,647	70	2,674	83	▲
44b	Transportation: FROM Day Center	742	65	1,010	83	▲
37	Care Manager/Case Manager	1,876	69	3,144	83	▲
38a	Regular Visiting Nurse/Registered Nurse	2,027	70	3,177	81	▲
44c	Transportation: TO the doctor	1,766	69	2,515	81	▲
44d	Transportation: FROM the doctor	1,742	67	2,505	78	▲
39	Physical Therapist	883	57	1,270	74	▲
38b	Covering/On-call nurse	1,430	64	2,092	74	▲
42	Social Worker	1,302	57	1,802	73	▲
43	Home Delivered Meals/Meals on Wheels	454	61	597	71	▲
47	Audiology/Hearing Aids	525	59	737	70	▲
40	Occupational Therapist	550	54	777	69	▲
41	Speech Therapist	341	49	406	60	-

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

▲/▼ Indicates a rate significantly higher/lower than 2013 (p < .001)

- Not statistically significant

Table B4: Timely Access to Urgent Appointments (Same Day) – Comparison by Survey Year

		2013		2015		2013 v. 2015
Item	Description	Denom*	Percent	Denom*	Percent	
Section 2C: Access to Care - Urgent Appointments (Same day)						
48	Regular doctor	1,755	45	2,885	50	-
51	Foot Doctor	1,039	26	1,912	34	▲
50	Eye Care	1,195	22	2,165	33	▲
52	Audiology/Hearing Aids	366	30	593	32	-
49	Dentist	920	26	1,526	29	-

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

▲/▼ Indicates a rate significantly higher/lower than 2013 ($p < .001$)

- Not statistically significant

Table B5: Timely Access to Regular Appointments (Less Than 1 Month) – Comparison by Survey Year

		2013		2015		2013 v. 2015
Item	Description	Denom*	Percent	Denom*	Percent	
Section 2D: Access to Care - Regular Appointments (Always/Usually)						
53^	Regular doctor			3,328	88	-
56^	Foot Doctor			2,220	80	-
55^	Eye Care			2,486	79	-
54^	Dentist			1,873	73	-
57^	Audiology/Hearing Aids			723	68	-

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

^ Questions and/or responses have changed since 2013

- 2015 results cannot be compared to 2013 results here, due to changes in responses.

Table B6: Plan Evaluation – Analysis of Composite Measures by Survey Year

Item	Description	2013		2015		2013 vs. 2015
		N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,368	81%	3,738	86%	▲
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,459	66%	3,896	70%	▲
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)			1,832	79%	N/A ¹
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2,197	88%	3,702	94%	▲
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option			2,495	75%	N/A ¹
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	2,231	83%	3,593	84%	-
Q15	Overall MLTC plan rating (Excellent/Good)	2,458	84%	3,739	87%	-
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	2,402	81%	3,884	81%	-
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2,334	67%	3,774	82%	▲
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,891	34%	3,166	39%	▲
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)			3,476	81%	N/A ¹
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,087	68%	3,757	67%	-
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,145	61%	3,722	58%	-
Q73	The health plan has a copy of this document	956	77%	1,506	79%	-

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- ▲/▼ Indicates a significantly higher/lower rate than 2013 ($p < .001$).
- Not statistically significant.
- N/A¹ Questions and/or responses changed in 2015. No comparison is possible.

Table B7: Analysis of Composite Measures – Comparison by Plan Type

Item		Description		Plan Type						
				Partial Cap		PACE		MAP		Partial Cap vs. PACE vs. MAP
				N*	%	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation										
Q3		The plan explains all of their services clearly (Always/Usually)		2,709	86%	438	85%	591	86%	-
Q4-Q5^		My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)		2,800	70%	475	73%	621	69%	-
Q7-Q11^		The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)		1,300	80%	243	80%	289	73%	Partial Cap > MAP
Q12		Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking		2,677	94%	432	92%	593	95%	-
Q13++		Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option		1,831	77%	267	58%	397	74%	Partial Cap, MAP > PACE
Q14a-d^		The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)		2,545	84%	467	86%	581	86%	-
Q15		Overall MLTC plan rating (Excellent/Good)		2,688	86%	453	86%	598	90%	-
Domain 2: Quality of Providers and Long-Term Care Services										
Q16 – Q35^		The quality of care provided by the most utilized providers/services (Excellent/Good)		2,796	81%	474	83%	614	79%	-
Domain 3: Timeliness of Providers and Long-Term Care Services										
Q36 - Q47^		The timeliness of care provided by the most utilized providers/services (Always/Usually)		2,721	82%	465	86%	588	80%	PACE > Partial Cap, MAP
Domain 4: Access to Care for Urgent Appointments										
Q48 – Q52^		Getting timely urgent appointments with the most utilized providers/services (Same day)		2,248	40%	412	36%	506	37%	-
Domain 5: Access to Care for Regular Appointments										
Q53 – Q57^		Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)		2,512	83%	412	77%	552	79%	-
Domain 6: Advance Directives										
Q71		The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so		2,660	63%	497	77%	600	75%	PACE, MAP > Partial Cap
Q72		I have a legal document appointing someone to make decisions about my health care if I am unable to do so		2,645	53%	494	84%	583	61%	PACE > MAP > Partial Cap
Q73		The health plan has a copy of this document		913	75%	348	94%	245	71%	PACE > Partial Cap, MAP

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- Not statistically significant.

Table B8: Analysis of Composite Measures – Comparison by Gender

Item		Description		Gender				Male vs. Female
				Male		Female		
				N*	%	N*	%	
Domain 1: MLTC Plan Evaluation								
Q3	The plan explains all of their services clearly (Always/Usually)		900	88%	2,697	86%	-	
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)		944	70%	2,806	70%	-	
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)		442	78%	1,333	79%	-	
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking		907	93%	2,666	95%	-	
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option		651	76%	1,766	75%	-	
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)		875	84%	2,590	84%	-	
Q15	Overall MLTC plan rating (Excellent/Good)		907	86%	2,704	88%	-	
Domain 2: Quality of Providers and Long-Term Care Services								
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)		943	80%	2,803	82%	-	
Domain 3: Timeliness of Providers and Long-Term Care Services								
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)		924	81%	2,730	82%	-	
Domain 4: Access to Care for Urgent Appointments								
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)		767	40%	2,298	38%	-	
Domain 5: Access to Care for Regular Appointments								
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)		843	80%	2,525	82%	-	
Domain 6: Advance Directives								
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so		940	62%	2,735	69%	▲	
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so		914	52%	2,732	61%	▲	
Q73	The health plan has a copy of this document		328	77%	1,147	80%	-	

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- ▲/▼ Indicates the rate for Female respondents significantly higher/lower than Male respondents.
- Not statistically significant.

Table B9: Analysis of Composite Measures – Comparison by Race

		Race								White v. Black v. Asian v. Other
		White		Black		Asian		Other		
Item	Description	N*	%	N*	%	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation										
Q3	The plan explains all of their services clearly (Always/Usually)	1,645	87%	777	85%	506	84%	44	82%	-
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,719	73%	838	66%	491	66%	44	69%	White > Black
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	889	82%	379	74%	222	77%	SS	N/A	White > Black
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,639	95%	789	95%	471	93%	44	95%	-
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,078	74%	521	74%	315	79%	SS	N/A	-
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,585	86%	767	84%	485	80%	41	85%	White > Asian
Q15	Overall MLTC plan rating (Excellent/Good)	1,666	88%	799	88%	481	83%	43	84%	-
Domain 2: Quality of Providers and Long-Term Care Services										
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,711	85%	822	77%	519	75%	44	76%	White > Black, Asian
Domain 3: Timeliness of Providers and Long-Term Care Services										
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,680	86%	794	78%	507	77%	42	80%	White > Black, Asian
Domain 4: Access to Care for Urgent Appointments										
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,443	40%	661	37%	370	39%	34	40%	-
Domain 5: Access to Care for Regular Appointments										
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,565	86%	732	79%	437	74%	40	81%	White > Black, Asian
Domain 6: Advance Directives										
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,687	67%	809	69%	458	62%	42	69%	-
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,726	64%	800	59%	457	42%	43	65%	White, Black, Other > Asian
Q73	The health plan has a copy of this document	768	85%	314	69%	145	79%	SS	N/A	White, Asian > Black

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- Not statistically significant.
- SS Sample size under 30 responses.
- N/A Not applicable, as sample size is under 30 responses.

Table B10: Analysis of Composite Measures – Comparison by Level of Education

		Level of Education				Less than High School v. At least High School
		Less than High School		At least High School		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,673	87%	1,851	86%	-
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,747	71%	1,923	70%	-
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	784	80%	961	78%	-
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,651	94%	1,845	94%	-
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,144	79%	1,205	70%	▼
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,625	84%	1,771	85%	-
Q15	Overall MLTC plan rating (Excellent/Good)	1,680	87%	1,857	87%	-
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,747	80%	1,920	82%	-
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,700	81%	1,878	83%	-
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,438	39%	1,563	38%	-
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,567	80%	1,730	83%	-
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,732	71%	1,875	65%	▼
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,661	57%	1,924	60%	-
Q73	The health plan has a copy of this document	650	77%	806	80%	-

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- ▲/▼ Indicates rate for At Least High School respondents is significantly higher/lower than Less Than High School respondents.
- Not statistically significant.

Table B11: Analysis of Composite Measures – Comparison by Age Group

		Age				18-64 Years v. 65+ Years
		18-64 Years		65+ Years		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	520	83%	3,110	87%	-
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	542	63%	3,234	72%	▲
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	239	76%	1,545	79%	-
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	511	93%	3,084	94%	-
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	361	70%	2,067	76%	-
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	502	83%	2,989	85%	-
Q15	Overall MLTC plan rating (Excellent/Good)	516	85%	3,117	88%	-
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	538	78%	3,232	82%	-
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	516	78%	3,157	83%	-
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	456	40%	2,619	39%	-
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	486	79%	2,895	82%	-
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	523	64%	3,177	68%	-
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	529	50%	3,138	60%	▲
Q73	The health plan has a copy of this document	174	70%	1,306	80%	-

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- ▲/▼ Indicates rate for the 65+ age group is significantly higher/lower than the 18-64 age group.
- Not statistically significant.

Table B12: Analysis of Composite Measures – Comparison by Primary Language Spoken

		Primary Language				English v. Non-English
		English		Non-English		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,103	85%	1,635	88%	-
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,233	69%	1,663	72%	-
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,171	78%	661	80%	-
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2,086	94%	1,616	94%	-
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,323	67%	1,172	83%	▼
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	2,039	84%	1,554	85%	-
Q15	Overall MLTC plan rating (Excellent/Good)	2,150	87%	1,589	87%	-
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	2,202	81%	1,682	82%	-
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2,137	82%	1,637	83%	-
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,797	36%	1,369	42%	▼
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,960	81%	1,516	81%	-
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,165	69%	1,592	64%	-
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,201	68%	1,521	44%	▲
Q73	The health plan has a copy of this document	1,038	79%	468	78%	-

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- ▲/▼ Indicates rate for English speaking respondents is significantly higher/lower than Non-English speaking respondents.
- Not statistically significant.

Table B13: Analysis of Composite Measures – Comparison by Self-Reported Health Status

		Self-Reported Health Status				Good/Fair/Poor v. Excellent/Very Good
		Good/Fair/Poor		Excellent/Very Good		
Item	Description	N*	%	N*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,133	83%	1,476	90%	▲
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,210	68%	1,546	73%	▲
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,064	74%	711	85%	▲
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2,119	95%	1,458	93%	-
Q13++	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,436	74%	984	75%	-
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	2,067	81%	1,405	89%	▲
Q15	Overall MLTC plan rating (Excellent/Good)	2,145	83%	1,471	93%	▲
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	2,231	78%	1,522	86%	▲
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2,171	80%	1,486	85%	▲
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,820	38%	1,242	41%	-
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	2,015	80%	1,353	84%	▲
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,176	65%	1,506	70%	-
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,166	55%	1,488	64%	▲
Q73	The health plan has a copy of this document	799	78%	680	79%	-

- N* Represents the denominator. For individual items, N* is the number of valid responses. For composite measures, N* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ++ New question in 2015.
- ▲/▼ Indicates rate for respondents reporting excellent/very good health status is significantly higher/lower than respondents reporting good/fair/poor health status.
- Not statistically significant.

Appendix C. Survey Tool

B) Timeliness

In the last 6 months, please rate how often the following services were on time or if you were able to see the provider at the scheduled time.

In some plans, the care manager (#37) and the visiting nurse (#38a) may be the same person. If they are, rate the person under BOTH Care Manager and Visiting Nurse.

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

	1	2	3	4	5
	NOT APPLICABLE NEVER SOMETIMES USUALLY ALWAYS				
36. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)	1	2	3	4	5
37. Care Manager/Case Manager (person who prepares your plan of care)	1	2	3	4	5
38a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1	2	3	4	5
38b. Covering / On-call Nurse (comes to your house when regular nurse can't come)	1	2	3	4	5
39. Physical Therapist	1	2	3	4	5
40. Occupational Therapist	1	2	3	4	5
41. Speech Therapist	1	2	3	4	5
42. Social Worker	1	2	3	4	5
43. Home Delivered Meals/Meals on Wheels	1	2	3	4	5
44. Transportation:					
a. TO Day Center	1	2	3	4	5
b. FROM Day Center	1	2	3	4	5
c. TO your Doctor	1	2	3	4	5
d. FROM your Doctor	1	2	3	4	5
45. Medical Supplies and Equipment (wheelchairs, diapers, etc.)	1	2	3	4	5
46. Pharmacy Services	1	2	3	4	5
47. Audiology / Hearing Aids	1	2	3	4	5

C) Access

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

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

	1	2	3	4
	NOT APPLICABLE 4 DAYS OR LONGER 1-3 DAYS SAME DAY			
48. Your Regular Doctor	1	2	3	4
49. Dentist	1	2	3	4
50. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4
51. Foot Doctor	1	2	3	4
52. Audiology / Hearing Aids	1	2	3	4

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

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

	1	2	3	4	5
	NOT APPLICABLE NEVER SOMETIMES USUALLY ALWAYS				
53. Your Regular Doctor	1	2	3	4	5
54. Dentist	1	2	3	4	5
55. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4	5
56. Foot Doctor	1	2	3	4	5
57. Audiology / Hearing Aids	1	2	3	4	5

3. About You

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

- ① Very much
- ② Quite a bit
- ③ Somewhat
- ④ A little bit
- ⑤ Not at all

59. In general, how would you rate your current state of health?

- ① Excellent
- ② Very good
- ③ Good
- ④ Fair
- ⑤ Poor

60. In general, how would you rate your overall mental or emotional health?

- ① Excellent
- ② Very good
- ③ Good
- ④ Fair
- ⑤ Poor

61. What is your gender?

- ① Male
- ② Female

62. What is your age?

- ① 18-44
- ② 45-64
- ③ 65-74
- ④ 75-84
- ⑤ 85 and over

63a. Are you of Hispanic, Latino or Spanish origin or descent?

- ① Yes
- ② No

63b. What is your race? (MARK ALL THAT APPLY)

- ① American Indian or Alaska Native
- ② Asian
- ③ Black or African American
- ④ Native Hawaiian or Pacific Islander
- ⑤ White
- ⑥ Other _____

64. How well do you speak English?

- ① Very well
- ② Well
- ③ Not well
- ④ Not at all

65. What is your primary language spoken at home? (CHOOSE ONLY ONE)

- ① English
- ② Spanish
- ③ Russian
- ④ Chinese
- ⑤ Other _____

66. What is the highest grade or level of education that you have completed?

- ① 8th grade or less
- ② Some high school, but did not graduate
- ③ High school graduate or GED
- ④ Some college or 2 year degree
- ⑤ 4-year college graduate
- ⑥ More than 4 year college degree

67. Do you live:

- ① Alone
- ② With a family member or friend
- ③ With someone other than a family member or friend

68. Did someone help you to complete this survey?

- ① Yes
- ② No (Skip to #71)

69. Who helped you? (MARK ALL THAT APPLY)

- ① Family Member
- ② Friend
- ③ Home Care Aide
- ④ Care Manager or Visiting Nurse
- ⑤ Other _____

70. How did this person help you? (MARK ALL THAT APPLY)

- ① Read the questions to me
- ② Wrote down the answers that I gave
- ③ Answered the questions for me
- ④ Translated into my language
- ⑤ Helped in some other way

71. Has anyone from the health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?

- ① Yes
- ② No
- ③ Not sure

72. Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?

- ① Yes (Go to #73)
- ② No (END SURVEY)
- ③ Not sure (END SURVEY)

73. Does the health plan have a copy of this document?

- ① Yes
- ② No
- ③ Not sure

Thank you for participating in this survey

Please return the survey to IPRO in the enclosed postage-paid envelope at your earliest convenience