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

Plan – Technical Report
For
Aetna Better Health

Reporting Years 2013 and 2014

February 2017

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Section One: About This Report

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

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

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

There are three (3) MLTC plan types:

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

A description of each of the plan types follows:

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

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

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

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

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

Section Two: Plan Profile

Aetna Better Health is a new managed long term care plan being offered in New York State. Their parent company, Aetna, serves over 36 million people, 1.2 million of which are Medicaid members. The following report presents plan-specific information for the partially capitated product line.

- Partially Capitated Plan ID: 03522947
- Managed Long-term Care Start Date: November 2012
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 21 and older
- Contact Information: 55 West 125th Street
  Suite 1300
  New York, NY, 10027
  (855) 456-9126

Participating Counties and Programs			
Nassau	Part Cap	NYC	Part Cap
Suffolk	Part Cap		

Section Three: Enrollment

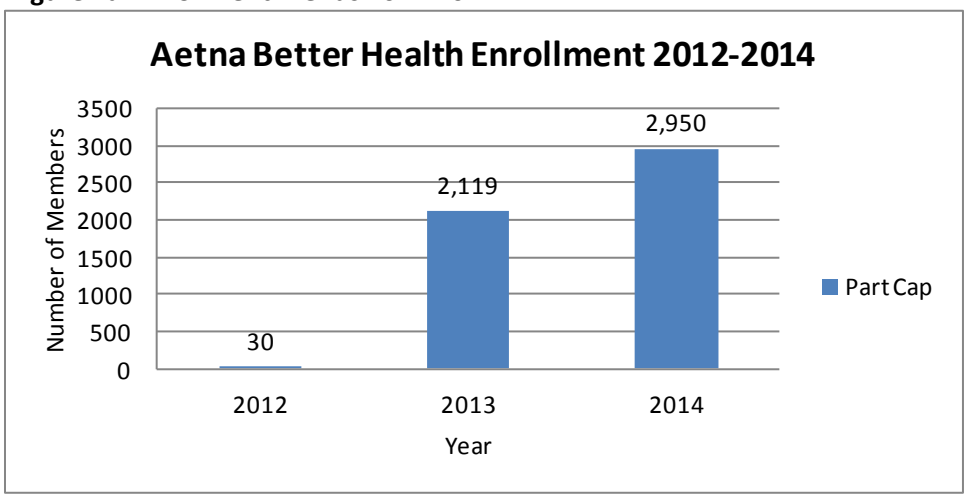
Figure 1 depicts membership for Aetna Better Health's partially capitated product line for calendar years 2012 to 2014, as well as the percent change from the previous year (the data reported are from December of each of these years). Membership in the partially capitated plan grew over this period, increasing substantially from 2012 to 2013 and by 39% from 2013 to 2014. Figure 1a trends the enrollment for the partially capitated product line.

Figure 1: Membership: Partially Capitated 2012-2014

	2012	2013	2014
Partially Capitated			
Number of Members	30	2,119	2,950
% Change From Previous Year	N/A[a]	6,963%	39%

[a] Aetna Better Health's partially capitated product line was first introduced in 2012, thus the percent change from the previous year is not applicable.

Figure 1a: Enrollment Trends 2012-2014



Section Four: Member Satisfaction

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey mailed between December 2014 and May 2015. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 18,909 surveys that were mailed, 1,109 were returned as undeliverable due to either mailing address issues or the member being deceased. This yielded an adjusted population of 17,800. A total of 4,592 surveys were completed, yielding an overall response rate of 26%.

The response rate for Aetna Better Health's partially capitated product line was 28% (163 respondents out of 575 members in the sample).

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

Figure 2: Satisfaction Survey Results Aetna Better Health Compared with all Partially Capitated Plans, and all Plans Statewide	Aetna Better Health 2014-2015 (N=163)[a]		Overall Part Cap 2014-2015 (N=3,306)[a]		Statewide 2014-2015 (N=4,592)[a]		Significance	
Description	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**Vs. Plan Type**	**Vs. State**
Plan requested list of Rx/OTC meds **	129	95%	2,677	94%	3,702	94%	-	-
Plan explained the Consumer Directed Personal Assistance option ++	83	74%	1,831	77%	2,495	75%	-	-
Plan rated as good or excellent	124	90%	2,688	87%	3,739	87%	-	-
Quality of Care Rated as Good or Excellent								
Dentist	68	62%	1,669	73%	2,382	73%	-	-
Eye Care-Optometry	98	75%	2,167	81%	3,079	82%	-	-
Foot Care	92	75%	1,903	83%	2,637	83%	-	-
Home Health Aide	116	84%	2,437	87%	3,351	87%	-	-
Care Manager	121	81%	2,479	83%	3,445	83%	-	-
Regular Visiting Nurse	119	82%	2,412	83%	3,355	83%	-	-
Medical Supplies	99	83%	2,066	82%	2,937	82%	-	-
Transportation Services	92	67%	2,000	77%	2,853	77%	-	-
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	118	94%	2,471	92%	3,385	93%	-	-
Care Manager	110	86%	2,270	83%	3,144	83%	-	-
Regular Visiting Nurse	105	82%	2,297	81%	3,177	81%	-	-
Transportation TO the Doctor	83	61%	1,763	81%	2,515	81%	▼	▼
Transportation FROM the Doctor	81	62%	1,753	78%	2,505	78%	-	-
Access to Routine Care (<1 Month)								
Dentist	55	66%	1,323	75%	1,873	73%	-	-
Eye Care/Optometry	75	68%	1,767	80%	2,486	79%	-	-
Foot Care/Podiatry	71	69%	1,608	82%	2,220	80%	-	-
Access to Urgent Care (Same Day)								
Dentist	44	27%	1,062	31%	1,526	29%	-	-
Eye Care/Optometry	64	25%	1,497	34%	2,165	33%	-	-
Foot Care/Podiatry	58	21%	1,368	35%	1,912	34%	-	-
Advance Directives								

Plan has discussed appointing someone to make decisions	125	57%	2,660	64%	3,757	67%	-	-
Member has legal document appointing someone to make decisions	125	48%	2,645	53%	3,722	58%	-	-
Health plan has a copy of this document ◊	40	68%	913	75%	1,506	79%	-	-

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

Aetna Better Health (ABH) respondents rated their experiences of care less favorably for the majority of providers/services represented in Figure 3, compared with respondents from similar plans, and all plans statewide. The only statistically significant difference, however, was in the timeliness of transportation services to the doctor; 61% of ABH members indicated that transportation services to their doctor were always or usually on time, compared with 81% of partially capitated members, and 81% of members statewide. In contrast, timeliness of the home health aide, care manager and regular visiting nurse were rated slightly higher among ABH respondents.

Section Five: SAAM and UAS

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

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

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

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

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

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

Effective October 2013, the SAAM tool was replaced by the Uniform Assessment System for NY (UAS-NY). The UAS-NY is a web based clinical assessment tool based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York[1]. Data are immediately available to users during and upon completion of the assessment.

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

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

Figure 3a: Aetna Better Health Partially Capitated and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan Mean SAAM N= 871	Statewide Mean SAAM N=110,841
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	92%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	85%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help or with supervision	83%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help or with supervision	75%	79%
Toileting – % of members able to perform task independently, with setup help or with supervision	88%	91%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	87%	87%
Feeding/Eating – % of members able to eat/drink independently or with setup help or supervision	99%	99%
Continence		
Urinary Continence – % who are continent, or have control with catheter/ostomy	31%	27%
Bowel Continence – % who are continent, or have control with ostomy	69%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	26%	40%
When Confused – % with no confusion	18%	35%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	19%	38%
Depressed –	61%	74%

SAAM Items	July 2013	
	Plan Mean SAAM N= 871	Statewide Mean SAAM N=110,841
% with no feelings of depression		
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	48%	44%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	60%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	84%	73%

SAAM July 2013

Aetna MLTC members had a higher level of cognitive impairment, confusion and anxiety when compared with members statewide. It should be noted that these SAAM questions are prone to a high level of subjectivity on the part of the assessor and may also be scored based upon behavior/attitude exhibited solely at the time of the assessment visit. Physical health outcomes varied, as a lower percentage of Aetna members experienced bowel continence, however a higher percentage did not experience a fall that resulted in medical intervention.

Figure 3b: Aetna Better Health's Partially Capitated and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan Mean UAS N=2,428	Statewide Mean UAS N=125,702	Plan Mean UAS N=2,771	Statewide Mean UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	47%	56%	47%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	13%	20%	7%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help or with supervision	25%	33%	22%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help or with supervision	14%	18%	8%	16%
Toileting – % of members able to perform task independently, with setup help or with supervision	52%	63%	46%	57%
Feeding/Eating – % of members able to eat/drink independently, with setup help or with supervision	82%	88%	79%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	44%	36%	38%	36%
Bowel Continence –	87%	82%	86%	83%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan Mean UAS N=2,428	Statewide Mean UAS N=125,702	Plan Mean UAS N=2,771	Statewide Mean UAS N=132,429
% who are continent, have control with ostomy, or were infrequently incontinent				
Cognition				
Cognitive Impairment – % members with no cognitive impairment	39%	39%	33%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	78%	76%	78%	75%
Depressed – % with no feelings of depression	74%	71%	74%	68%
Health Conditions				
Frequency of Pain – % experiencing no pain	23%	26%	14%	22%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	91%	88%	93%	91%
Prevention				
Dental Exam – % who had dental exam in last year	50%	49%	53%	50%
Eye Exam – % who had eye exam in last year	69%	71%	73%	73%
Hearing Exam – % who had hearing exam in last 2 years	37%	33%	39%	33%
Influenza Vaccine – % who had influenza vaccine in last year	78%	75%	80%	75%

UAS January-June 2014

Compared with members statewide, there was a lower percentage of ABH members who could perform the six ADLs represented in Figure 4b, although a higher percentage that had urinary/bowel continence. Rates of anxiety and depression were similar among ABH members and members statewide. The percentage of ABH members experiencing no pain was slightly lower than the statewide average (23% vs. 26%, respectively). Conversely, there were higher rates of hearing exams (37% vs. 33%) and influenza vaccination (78% vs. 75%) among ABH members, compared with members statewide.

UAS July-December 2014

Compared with members statewide, there was a lower percentage of ABH members who could perform the six ADLs represented in Figure 4b, although a higher percentage that had urinary/bowel continence. Rates of anxiety were similar among ABH members and members statewide, while the percentage of members experiencing no feelings of depression was higher than the statewide average (74% vs. 68%, respectively). Rates of frequency of pain and falls resulting in medical intervention were similar among ABH members and members statewide, as well as the rate of dental and eye exams. Additionally, there were higher rates of hearing exams (39% vs. 33%) and influenza vaccinations (80% vs. 75%) among ABH members, compared with members statewide.

Section Six: Performance Improvement Projects

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

Aetna Better Health did not perform a PIP in 2013, due to the newness of the plan. The following represents a summary of the plan's PIP for 2014:

Aetna Better Health developed a flu immunization program to improve vaccination rates among its members, in order to reduce the risk of flu-related complications. The immunization rate, which the Plan sought to improve upon, was 73% in 2013.

Interventions included the following:

Pre-influenza Season (July – September 2014)

- In-service education for the Care Management team on performance improvement plan, flu education, and immunization.
- Identification of data sources for the project and instructions for accurate documentation in Dynamo (care management software) for data extraction to Care Management Team.
- Education materials regarding influenza and immunization mailed to members.

Influenza Season (September 2014 – March 2015)

- Care Managers provided direct contact to member/primary caregiver via telephone calls and mailing of flu information. Telephone calls made on a monthly basis for assessment of immunization status and education (new members) or re-education (existing members).
- Weekly implementation meetings with Case Managers to review member participation in flu vaccine campaign and review plan of action.
- Review CDC websites for the latest flu information and disseminate to Case Managers.
- Review Dynamo Flu Report on a monthly basis and disseminate to Care Managers for follow-up on members with an open flu event throughout the reporting period.

Results are summarized as follows:

The percent of members who received the flu vaccine increased to 75% compared with 73% during the baseline year. Members counseled by Case Managers in regard to influenza and immunization increased to 99% compared with 98% in the previous year. These results are particularly noteworthy since there was a 23% increase in the total number of active members at the end of the 2015 flu season compared with the baseline population.
Aetna Better Health met the objectives of this project by implementing a successful influenza immunization program to increase vaccination rates among its members. Case Managers provided immunization education and counseling to a large number of its members while making recommendations to receive the flu vaccine annually. A correlation can be made between monthly phone calls and targeted education and an increase in both immunization and counseling.
One leading barrier identified was PCP engagement in providing education and immunization during office visits for our members. The plan was able to implement a successful intervention in which the Nurse Care Manager would reach out to the physician by telephone in order to educate the provider about the influenza vaccine, explain the project and request that the provider administer the flu vaccine during the next office visit if indicated.

Section Seven: Overall Strengths and Opportunities

Strengths

Mood and Behavior
A higher percentage of ABH members reported no feelings of anxiety, as well as no feelings of depression, compared with members statewide throughout 2014. The percentage of members with no feelings of anxiety and no feelings of depression, (78% and 74%, respectively) remained constant throughout the two reporting periods in 2014.

2014 PIP- Flu Immunizations
Aetna Better Health successfully increased the rate of flu immunizations among its membership, from 73% to 75%. This increase is especially notable since there was a 23% increase in the total number of active members at the end of the 2015 flu season compared with the baseline population.
The successful outcome of this PIP was likely attributable to the efforts made by Case Managers to contact members and reinforce the importance of flu immunization, in addition to adequate data-tracking technology and a comprehensive barrier analysis. One leading barrier identified was PCP engagement in providing education and immunization during office visits for their members. The plan was able to implement a successful intervention in which the Nurse Care Manager would reach out to the physician by telephone in order to educate the provider about the influenza vaccine, explain the project and request that the provider administer the flu vaccine during the next office visit if indicated.

Opportunities

Quality of Care
Aetna Better Health members did not rate the quality of care they received from providers/services as favorably as members enrolled in other plans in 2014; dentists, optometrists, podiatrists, home health aides, care managers, regular visiting nurses and transportation services all received lower quality of care ratings from ABH members as opposed to members in similar plans and all plans statewide. Aetna Better Health should consider conducting additional focused surveys to a subset of members, to determine if quality issues do in fact exist with these providers / vendors.

Timeliness
Aetna Better Health members rated the timeliness of transportation to the doctor substantially lower than similar plans and all other plans throughout the state; 61% of ABH members felt that transportation services to their doctors' offices were always/usually on time, compared with 81% of partially capitated members statewide, and 81% of all MLTC members statewide. It should be noted that this difference is statistically significant. Additionally, ABH members rated transportation from the doctor much lower than similar plans and all other plans throughout the state, although this difference was not statistically significant. ABH should consider conducting a focused study to determine the cause of transportation grievances/issues, and subsequent interventions to address them.

Access to Care
Aetna Better Health respondents rated routine access to their dentist, optometrist and podiatrist substantially lower than similar plans and all other plans throughout the state in 2014. In terms of access to urgent care, ABH respondents rated access to their optometrist and podiatrist substantially lower than similar plans and all other plans throughout the state in 2014. Aetna Better Health may consider

conducting a PIP to better understand barriers to care, while creating interventions aimed at addressing these barriers.

Advance Directives

With regard to advance directives, a lower percentage of ABH members indicated that the Plan had discussed appointing someone to make decisions, that they had legal documentation appointing someone to make decisions, and that the plan had a copy of this document, when compared to similar plans and all other plans throughout the state. ABH may consider conducting a focus study to determine barriers associated with advance directive completion, and ensure that providers and ABH staff are discussing this topic with their members.

Activities of Daily Living

The percentage of members able to perform the six activities of daily living (ADLs) was lower than members statewide for each of these activities in both UAS assessment periods in 2014. With regard to the most recent UAS reporting period in 2014 (July-December), the largest difference was in toileting (46% vs. 57% for ABH members and members statewide, respectively), whereas the smallest difference was in ambulation/locomotion (47% vs. 53% for ABH members and members statewide, respectively).

Hearing Exam

A higher percentage of ABH members reported having a hearing exam in 2014, compared with members statewide (37% vs. 33% in the first half of the year, and 39% vs. 33% in the second half). It should be noted, however, that although higher than the statewide average, less than half of ABH's membership reported having a hearing exam in the last two years. The plan may want to consider conducting a PIP that focuses on preventive screenings to try and bolster the percent of members who complete a hearing exam, utilizing similar methodologies/procedures from their successful 2014 flu immunization PIP.