

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

**PLAN – Technical Report
For
Elant Choice**

Reporting Year 2012

December 2014

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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 (PTRs) 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, Utilization, Member Satisfaction, SAAM Quality of Clinical Assessments 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, timeliness, and utilization. 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 Year 2012.

Section Two: Plan Profile

Elant Choice is a regional, partially capitated Managed Long Term Care (MLTC) plan and is a subsidiary of Elant, Inc, a not-for-profit organization providing healthcare and housing programs throughout the Hudson Valley area of New York State.

Plan profile information is as follows:

- Plan ID: 01825947
- Managed Long-Term Care Start Date: August, 1996
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 18 and older
- Contact Information: 46 Harriman Dr
Goshen, NY 10942
(800) 501-3936

Participating Counties and Programs

Orange Partial Cap

Rockland Partial Cap

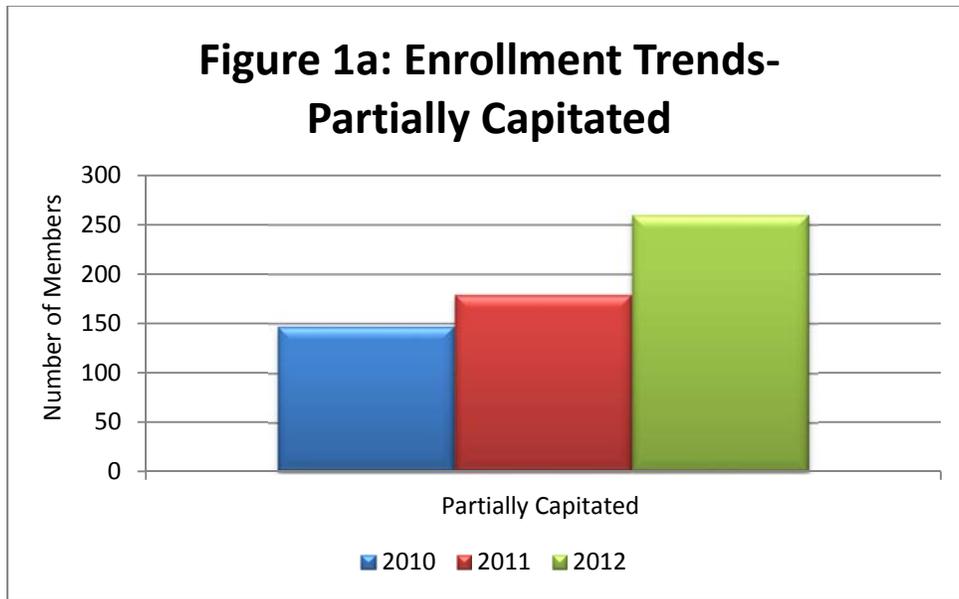
Dutchess Partial Cap

Section Three: Enrollment

Figure 1 depicts membership for the plan's partially capitated product line for calendar years 2010 to 2012, as well as the percent change from the previous year. Membership grew over this period, increasing by 21.8% from 2010 to 2011 and by 45.3% from 2011 to 2012. Figure 1a trends partially capitated product line enrollment.

Figure 1: Membership: Partially Capitated- 2010- 2012

	2010	2011	2012
Number of Members	147	179	260
% Change From Previous Year		21.8%	45.3%



Section Four: Utilization

Figure 2 represents Elant Choice’s utilization of managed long term care services in 2011 and 2012. The services presented are among those covered under the plan’s partially capitated product line. The 2011 data are from the NYSDOH’s Medicaid Encounter Data System (MEDS) II program and the 2012 data are from the NYSDOH’s MEDS III program.

Figure 2: Encounter Data Per Member Per Year (PMPY) 2011-2012

Partially Capitated MLTC Services	2011 Averages			2012 Averages		
	Elant	Partially Capitated	Statewide	Elant	Partially Capitated	Statewide
Home Health Care – Nursing (visits)	7.50	8.80	12.13	0.63↓	4.96	7.16
Home Health Care-Physical Therapy (visits)	2.30	1.22	1.63	0.01↓	0.78	0.91
Personal Care (hours)	N/A*	135.49	132.80	N/A*	90.31	90.64
Transportation (one-way trips)	N/A*	21.31	23.73	N/A*	14.68	15.65
Nursing Home (days)	0.09↓	0.36	0.40	0.10	0.10	0.11
Dental (visits)	2.10↑	0.79	0.73	1.38↑	0.52	0.52
Optometry (visits)	0.14↓	0.46	0.45	N/A*	0.26	0.25
Podiatry (visits)	1.90↑	0.41	0.80	0.02↓	0.35	0.45

↓Indicates MEDS encounter data results below partially capitated and/or statewide averages

↑Indicates MEDS encounter data results above partially capitated and/or statewide averages

* Data not reported/not available

Elant Choice 2012 vs. Partially Capitated and Statewide Averages:

There was a slightly higher utilization rate for dental services, and a slightly lower rate for podiatry services and physical therapy care. There was a much lower rate of utilization for home nursing care.

Elant Choice 2011 vs. Elant Choice 2012:

There were much lower levels of podiatry and home nursing and physical therapy visits in 2012 when compared with 2011.

For both 2011 and 2012, personal care hours and transportation encounters were not reported or were not available. For 2012, optometry visit utilization was not reported or was not available.

Section Five: Member Satisfaction

I PRO, in conjunction with the NYSDOH, conducted a member satisfaction survey in 2012. 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 9,959 surveys that were mailed, 613 were returned as undeliverable due to either mailing address issues or the member was deceased. This yielded an adjusted population of 9,346. A total of 2,522 surveys were completed, yielding an overall response rate of 27.0%.

The response rate for Elant Choice's partially capitated product line was 44.8% (64 respondents out of 143 members in the sample).

I PRO had conducted a similar survey in 2011. Figure 3a represents data from the 2011 and 2012 satisfaction survey results from Elant Choice's partially capitated product line and all other partially capitated plans throughout the state, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 3b represents data from the 2011 and 2012 satisfaction survey results from Elant Choice's partially capitated product line and all other 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.

Figure 3a: 2011/2012 Satisfaction Survey Results Elant Choice and Partially Capitated Plans	Elant Choice		Overall Partially Capitated		Elant Choice		Overall Partially Capitated	
	2011 (N=38)		2011 (N=1,307)		2012 (N=64)		2012 (N=1,662)	
Description	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	38	94.7%	1,286	83.7%	60	95.0%▲	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	22	95.5%▲	788	70.6%	52	96.2%▲	1,009	71.3%
Eye Care-Optometry	32	87.5%	1,020	82.0%	49	95.9%▲	1,279	82.4%
Foot Care	28	78.6%	881	81.6%	54	94.4%▲	1,087	81.7%
Home Health Aide	27	92.6%	1,109	87.0%	49	100%▲	1,358	88.0%
Care Manager	31	96.8%	1,132	85.8%	56	92.9%▲	1,389	83.7%
Regular Visiting Nurse	34	94.1%	1,129	84.4%	56	94.6%▲	1,420	84.0%
Medical Supplies	29	93.1%	933	84.5%	56	98.2%▲	1,185	85.3%
Transportation Services	31	96.8%▲	987	78.6%	55	98.2%▲	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	25	84.0%	973	79.5%	53	90.6%	1,258	78.7%
Care Manager	26	73.1%	986	71.9%	54	88.9%▲	1,225	70.1%
Regular Visiting Nurse	30	80.0%	1,065	71.5%	54	88.9%▲	1,351	69.9%
Transportation TO the Doctor	28	60.7%	892	70.1%	56	85.7%▲	1,147	68.1%
Transportation FROM the Doctor	29	55.2%	898	66.0%	54	77.8%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								

Dentist	N/A	N/A	632	41.3%	50	68.0%	832	47.4%
Eye Care/Optomety	26	38.5%	855	39.4%	44	72.7%▲	1,093	43.2%
Foot Care/Podiatry	25	48.0%	753	40.8%	52	67.3%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	N/A	N/A	453	28.5%	37	43.2%	612	28.3%
Eye Care/Optomety	N/A	N/A	607	25.9%	29	55.2%	788	24.9%
Foot Care/Podiatry	N/A	N/A	532	24.4%	35	51.4%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	36	47.2%	1,242	57.3%	59	74.6%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	37	70.3%	1,275	50.6%	62	87.1%▲	1,387	54.7%
Health plan has copy of this document ♦ ++	25	64.0%	634	55.0%	45	86.7%	533	73.9%

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.

N/A represents items with fewer than 20 responses

▲ Represents a significantly higher rate versus the partially capitated result ($p < .001$)

♦ Item based on skip patten

++ Represents new question in 2011

Description	Elant Choice 2011 (N=38)		Statewide 2011 (N=1,845)		Elant Choice 2012 (N=64)		Statewide 2012 (N=2,522)	
	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	38	94.7%	1,816	85.2%	60	95.0%▲	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	22	95.5%▲	1,148	71.7%	52	96.2%▲	1,530	70.2%
Eye Care-Optometry	32	87.5%	1,462	82.4%	49	95.9%▲	1,951	81.3%
Foot Care	28	78.6%	1,248	82.9%	54	94.4%▲	1,640	80.2%
Home Health Aide	27	92.6%	1,529	86.7%	49	100%▲	2,056	87.1%
Care Manager	31	96.8%	1,612	87.0%	56	92.9%▲	2,108	84.3%
Regular Visiting Nurse	34	94.1%	1,583	85.8%	56	94.6%▲	2,132	83.7%
Medical Supplies	29	93.1%	1,373	86.7%	56	98.2%▲	1,844	85.9%
Transportation Services	31	96.8%▲	1,450	80.8%	55	98.2%▲	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	25	84.0%	1,383	78.9%	53	90.6%	1,897	78.2%
Care Manager	26	73.1%	1,407	73.0%	54	88.9%▲	1,876	69.3%
Regular Visiting Nurse	30	80.0%	1,493	72.7%	54	88.9%▲	2,027	69.1%
Transportation TO the Doctor	28	60.7%	1,315	71.9%	56	85.7%▲	1,766	68.5%
Transportation FROM the Doctor	29	55.2%	1,318	68.6%	54	77.8%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	N/A	N/A	916	44.5%	50	68.0%	1,234	46.2%
Eye Care/Optometry	26	38.5%	1,196	41.8%	44	72.7%▲	1,647	42.9%
Foot Care/Podiatry	25	48.0%	1,043	44.1%	52	67.3%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	N/A	N/A	656	25.5%	37	43.2%	920	25.8%
Eye Care/Optometry	N/A	N/A	853	24.2%	29	55.2%	1,195	22.3%
Foot Care/Podiatry	N/A	N/A	763	23.1%	35	51.4%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	36	47.2%	1,763	62.5%	59	74.6%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	37	70.3%	1,802	59.1%	62	87.1%▲	2,145	61.1%
Health plan has copy of this document ♦ ++	25	64.0%	1,045	60.5%	45	86.7%	956	77.4%

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.

N/A represents items with fewer than 20 responses

▲Represents a significantly higher rate versus the partially capitated result (p < .001)

♦ Item based on skip pattern

++ Represents new question in 2011

Elant Choice 2012 vs. Partially Capitated and Statewide Survey Results:

According to Figures 3a and 3b, 95.0% of question respondents rated the plan as good or excellent, well above the partially capitated and statewide averages of 83.6% and 84.2%, respectively. This could be a reflection of their quality of care ratings, which surpassed partially capitated and statewide averages for all services, reflecting a statistically significant difference between each.

There was also a statistically significant difference in the perceptions of Elant's membership relating to the timeliness of the care manager, visiting nurse service and transportation service *to* the doctor:

- Nearly 89% of question respondents indicated that the care manager and/or visiting nurse service was typically on time, compared with similar plans and other plans statewide.
- The timeliness of transportation provided *to* the doctor was also significantly higher than similar plans and others statewide, with rates of 85.7% compared to 68.1% and 68.5%, respectively.
- The timeliness of transportation *from* the doctor was also rated higher than similar plans as well as other plans across the state, although this difference was not statistically significant.

The survey indicated that a significant percentage of respondents had access to an optometrist for routine care, compared with those enrolled in similar plans and other plans statewide.

- Elant's respondents also had higher rates of timely access to other types of physicians for routine and urgent care.
- It should be noted that the rates for urgent care indicate that approximately only half of members had access to physicians for same-day services. This figure is better than that of similar/statewide plans, where only a quarter of respondents indicated they had access to same-day care.

The survey results also indicated that a significant percentage of respondents had an advance directive in place, when compared with other partially capitated plans and all plans statewide.

Elant Choice 2011 vs. Elant Choice 2012 Survey Results:

There were many notable changes in how respondents rated the various items on the satisfaction survey, from 2011 to 2012. The most notable changes were all favorable:

- The percent of respondents who rated the quality of care of their podiatrist as good or excellent increased by 15.8 percentage points.
- The perceived timeliness of the care manager, transportation *to* the doctor and transportation *from* the doctor increased by 15.8, 25.0 and 22.6 percentage points, respectively.
- Access to routine care for optometrists and podiatrists also appeared to improve from 2011 to 2012:
 - The percentage of members who indicated having access to their optometrist increased by 34.2 percentage points.
 - The percentage of members who indicated having access to their podiatrist increased by 19.3 percentage points.

Section Six: SAAM-Quality of Clinical Assessments

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

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

SAAM data are submitted to the NYSDOH twice annually, in January and July. The January submission consists of assessments conducted between July and December of the prior year, the July submission consists of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issues 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 consists of 13 items /questions, as follows:

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

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

Figure 4a contains Elant Choice's January 2013 summary SAAM assessment results, and Figure 4b contains Elant Choice's summary SAAM results from July 2011 through January 2013, for the 13 eligibility index items. Included also are the number of falls resulting in medical intervention and frequency of pain.

Figures 4c and 4d are graphical representations of the data in Figure 4b.

Figure 4a: Elant Choice and Statewide SAAM Data 2012

SAAM Item	Elant Choice Average July 2012	Statewide Average July 2012	Elant Choice Average Jan 2013	Statewide Average Jan 2013
	N=196	N=58,682	N=278	N=77,991
Ambulation – Average score on a scale of 0-6, 0 highest level	2.5	2.3	2.0	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.5	2.5	2.3	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.4	1.5	1.0	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.2	1.6	1.0	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.4	1.9	1.1	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.8	0.8	0.6	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.6	0.7
Urinary Incontinence Frequency - % incontinent more than once/week	89.2%	87.0%	87.0%	86.8%
Bowel Incontinence Frequency -% with any bowel incontinence	32.7%↑	19.9%	26.0%↑	20.9%
Cognitive Functioning – % with any degree of cognitive impairment	90.3%↑	59.4%	93.3%↑	57.8%
When Confused – % with any level of confusion	94.0%↑	62.3%	94.8%↑	62.6%
When Anxious – % with any level of anxiety	93.6%↑	61.1%	91.5%↑	61.4%
Frequency of Pain – % experiencing pain at least daily	59.4%↑	53.0%	45.7%↓	54.2%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	38.5%↓	48.7%	42.4%	46.9%
↑ indicates a percentage that is 5 or more percentage points greater than the statewide average				
↓ indicates a percentage that is 5 or more percentage points lower than the statewide average				

SAAM assessments appear to reflect a significantly higher percentage of members with behavioral health concerns, as evidenced by cognitive impairment, confusion, and anxiety levels notably higher than statewide averages. This trend was consistent for both the January 2013 and July 2012 submission periods. It should be noted, however, that the SAAM questions pertaining to these conditions contain a high level of subjectivity on the part of the assessor and may be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

SAAM data also indicate that a lower percentage of Elant Choice members experienced at least one fall resulting in medical intervention compared with the statewide average for both submission periods. Data also suggest that a greater percentage of members suffered from bowel incontinence during these same periods.

Figure 4b: Elant Choice SAAM Data 2011-2012

SAAM Item	Elant Choice Average July 2011	Elant Choice Average Jan 2012	Elant Choice Average July 2012	Elant Choice Average Jan 2013
	N=181	N=182	N=196	N=278
Ambulation – Average score on a scale of 0-6, 0 highest level	2.4	2.4	2.5	2.0
Bathing – Average score on a scale of 0-5, 0 highest level	2.5	2.4	2.5	2.3
Transferring – Average score on a scale of 0-6, 0 highest level	1.4	1.4	1.4	1.0
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.1	1.1	1.2	1.0
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.3	1.3	1.4	1.1
Toileting – Average score on a scale of 0-4, 0 highest level	0.9	0.8	0.8	0.6
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.6	0.7	0.6
Urinary Incontinence Frequency – % incontinent more than once/week	88.3%	87.8%	89.2%	87.0%
Bowel Incontinence Frequency – % with any bowel incontinence	34.2%	31.5%	32.7%	26.0%
Cognitive Functioning – % with any degree of cognitive impairment	90.5%	89.9%	90.3%	93.3%
When Confused – % with any level of confusion	93.6%	94.9%	94.0%	94.8%
When Anxious – % with any level of anxiety	89.4%	91.0%	93.6%	91.5%
Frequency of Pain – % experiencing pain at least daily	50.0%	53.3%	59.4%	45.7%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	27.3%	39.6%	38.5%	42.4%

Figures 4c and 4d: Elant Choice SAAM Data 2011-2012

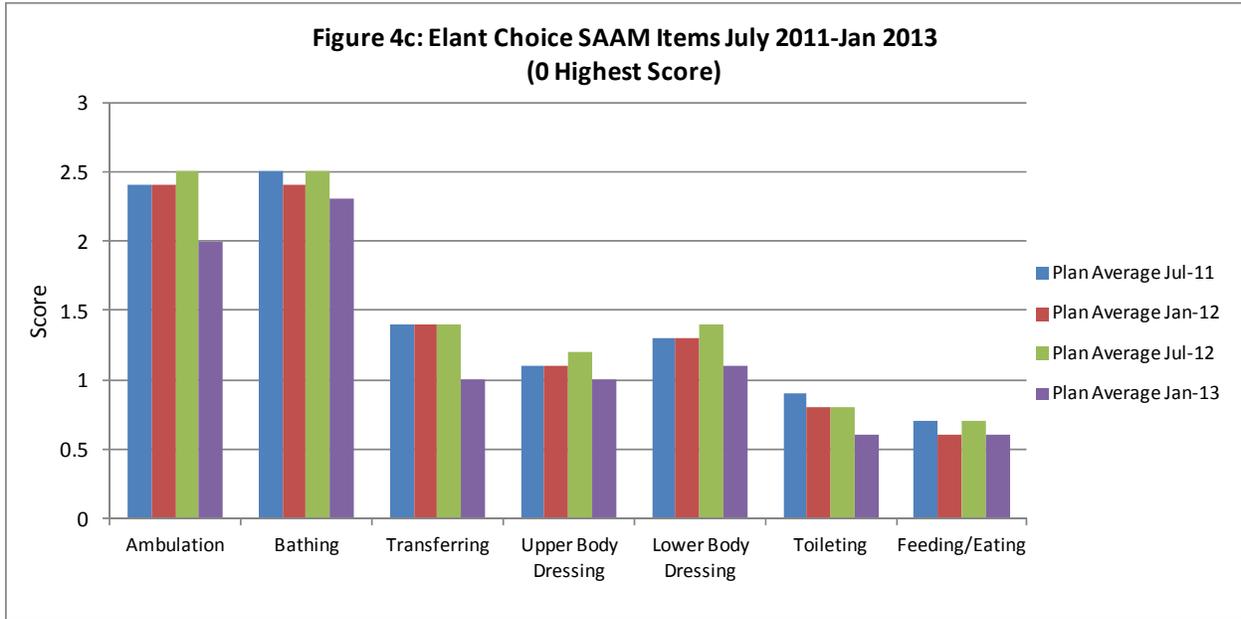


Figure 4c: The lowest overall scores for each activity of daily living were reported in the January 2013 assessment period, indicating a higher level of ability in performing these tasks.

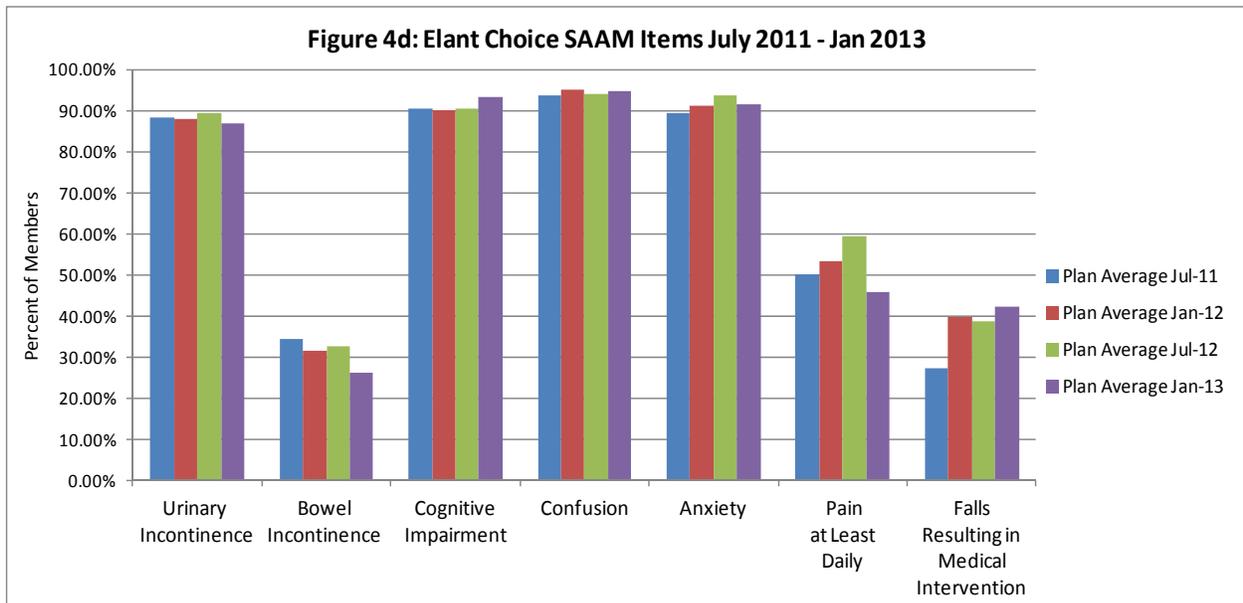


Figure 4d: There were particularly high rates of cognitive impairment, confusion and anxiety among Elant’s member population throughout the 4 reporting periods illustrated above. Frequencies remained relatively consistent across assessment periods for these behavioral health outcomes. The majority of physical health outcomes (bowel incontinence, pain and falls resulting in medical intervention) had variable frequencies across reporting periods.

Section Seven: 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.

Elant Choice sought to improve dental utilization rates amongst its member population for the 2012 calendar year. The plan recognizes that, "Poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life". In 2011, plan members only utilized this service at a rate of 42%. The plan's goal for this project was to increase the annual dental visit rate to 67%.

Interventions Included:

- Interdisciplinary planning and educational meetings related to dental hygiene.
- Monthly and ad-hoc staff meetings allowed for discussion, collaboration, planning and team educational opportunities.

Additionally:

- Elant Choice encouraged new and current members to utilize their dental services through enrollment visits, recertification visits and telephone support calls.
- The initiative was mentioned in their bilingual newsletter to plan members.
- A bilingual social day care presentation was also held by the plan.

The results of this project are below:

	Active Members Per Month (MPM)	# of Members Utilizing Dental Services	%
First quarter 2012	178 active MPM	27	27/178 = 15%
Second quarter 2012	178 active MPM	57	57/178 = 32%
Third quarter 2012	185 active MPM	101	101/185 = 55%
Fourth quarter 2012	200 active MPM	105	105/200 = 53%

The plan points to two barriers that might have hindered their final measurement: poor weather (Hurricane Sandy and a subsequent storm) and membership growth, which left staff with less time initially to interact with each individual member.

Although Elant Choice fell short of their goal of reaching a utilization rate of 67%, the last two quarters saw the rate rise above 50%, which was an improvement from 2011's final measurement of 42%. These results are encouraging and Elant Choice should continue monitoring their member's dental health, and promoting self-care and proper hygiene.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Timeliness of Clinical/Home Care Services

Timeliness ratings (usually or always on time) were high for home health aide/personal care aide services, as well as for care managers, visiting nurse services and transportation services. When compared to the 2011 satisfaction survey results, the perceived timeliness of the care manager, transportation *to* the doctor and transportation *from* the doctor increased by 15.8, 25.0 and 22.6 percentage points, respectively.

Access to Care

Access to both routine and urgent care for covered providers (dentists, optometrists, and podiatrists) scored higher than similar plans and all other plans statewide in 2012. Furthermore, when compared with the 2011 survey results, the percentage of Elant Choice members who indicated having access to their optometrist increased by 34.2 percentage points, while the percentage of members who indicated having access to their podiatrist increased by 19.3 percentage points.

Quality of Care

The plan appears to offer adequate clinical and home care services, as evidenced by high quality of care ratings for all of the services addressed in the satisfaction survey. It should also be noted that when compared to 2011 survey results, many of ratings for these services had improved in 2012 (especially the quality of care rating for podiatrists, as the number of respondents who rated this provider as good or excellent increased 15.8 percentage points).

Advance Directives

Elant appears to be addressing advance directive needs, as evidenced by a significant percentage of question respondents with an advance directive in place in 2012. Additionally, copies of the advance directives are on file with the plan, and discussions about appointing someone to make health care decisions are occurring at a higher rate for Elant Choice members. Rates for these questions surpassed both partially capitated and statewide averages.

Performance Improvement Project

The plan's performance improvement project for 2012 addressed the oral health of its members, in order to positively impact their quality of life. Although the final goal of reaching a 67% utilization rate did not come to fruition, the final project results reflected some improvement in utilization rates. The last two quarters of 2012 saw the rate rise above 50%, which was an improvement over 2011's final measurement of 42%.

Opportunities

Behavioral Health

SAAM data reported in the January 2013 and July 2012 submission periods reflected a higher than average number of members exhibiting cognitive impairment, as well as a higher than average number of members exhibiting any level of confusion and anxiety. The scores for these questions can rely heavily upon assessor observation at the time of the SAAM visit and may be subjectively scored based upon the

observations of the same assessor. It is therefore recommended that Elant conduct an inter-rater reliability project for clinical assessments, to aid in determining whether these members do in fact have higher levels of impairment than on a statewide basis, or if there are scoring issues. Two assessors could independently conduct the same assessments on a sample of members, to test the validity of responses.

Encounter Data

Physical therapy visit utilization and podiatry visit utilization were below the averages for 2012, and for both 2011 and 2012, transportation utilization and personal care hours were not reported or were not available. Optometry utilization for 2012 was not reported. It is recommended that Elant conduct a data validation study, through a review of member records and care manager correspondence, to assist in determining if there are any encounter data under reporting issues, or inability to capture data for these services.