

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

**PLAN – Technical Report
For
ELDERPLAN**

Reporting Year 2012

September 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 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

Elderplan is a regional Managed Long-term Care (MLTC) plan with partially capitated (Home First) and MAP product lines. The following report presents plan-specific information for both MLTC product lines. Elderplan is an affiliate of the Metropolitan Jewish Health System, based in Brooklyn, NY.

- Partially Capitated Plan ID: 03253707
- MAP Plan ID: 03173113
- Managed Long-term Care Start Date: July 2000 (HomeFirst partially capitated), 2010 (Elderplan MAP)
- Product Line(s): Partially Capitated, MAP
- MLTC Age Requirement: Home First (partially capitated): 18 years or older
- MLTC Age Requirement: Elderplan (MAP): 18 years or older
- Contact Information: 6323 Seventh Ave.
Brooklyn, NY, 11220
(718) 921-7835

Participating Counties and Programs

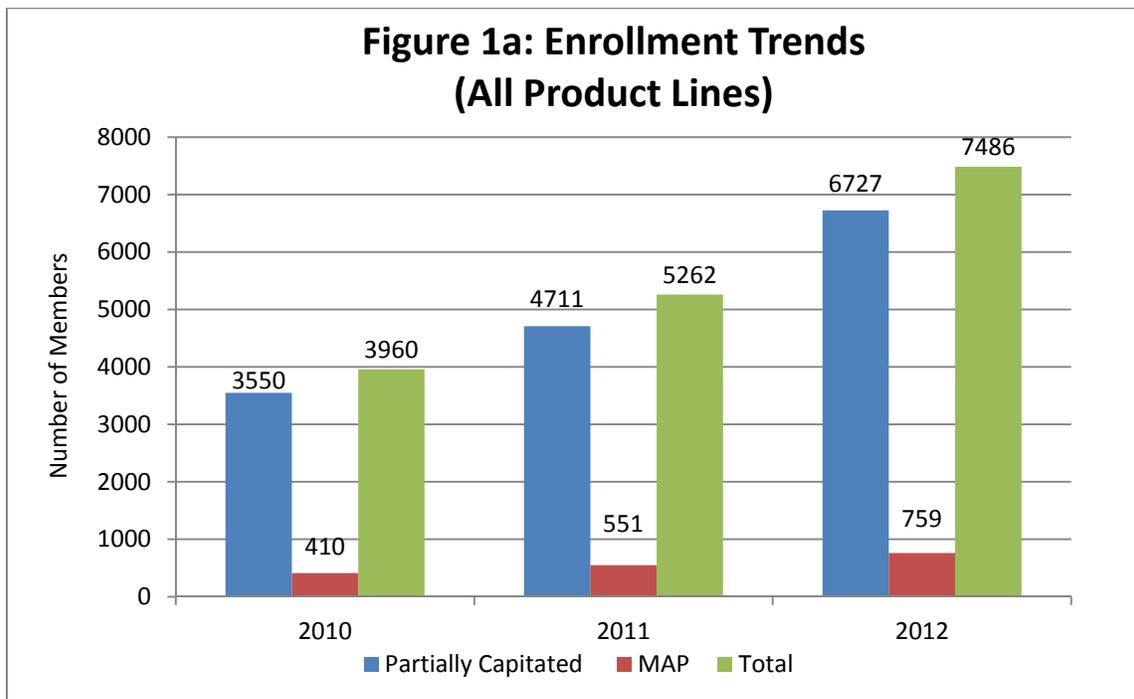
Bronx	Partial Cap	MAP	Kings	Partial Cap	MAP	Richmond	Partial Cap	MAP
New York	Partial Cap	MAP	Queens	Partial Cap	MAP	Nassau		MAP
Westchester		MAP	Monroe		MAP			

Section Three: Enrollment

Figure 1 depicts membership for the plan’s partially capitated and MAP product lines for calendar years 2010 to 2012, as well as the percent change from the previous year. Membership in the partially capitated plan grew over this period, increasing by 32.7% from 2010 to 2011 and 42.8% from 2011 to 2012. For the MAP product line, membership grew by 34.4% from 2010 to 2011 and by 37.7% from 2011 to 2012. Figure 1a trends both the partially capitated and MAP product lines’ enrollment.

Figure 1: Membership: Partially Capitated and MAP 2010-2012

	2010	2011	2012
Partially Capitated			
Number of Members	3,550	4,711	6,727
% Change From Previous Year	2.4%	32.7%	42.8%
MAP			
Number of Members	410	551	759
% Change From Previous Year	N/A	34.4%	37.7%



Section Four: Utilization

Figure 2 represents Elderplan’s utilization of managed long term care services in 2011 and 2012. The services presented are those covered under the plan’s partially capitated and MAP product lines, respectively. The 2011 data are from the NYSDOH’s 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		
	Elderplan Part Cap	Partially Capitated	Statewide	Elderplan Part Cap	Partially Capitated	Statewide
Home Health Care– Nursing (visits)	N/A*	8.8	12.13	1.02↓	4.96	7.16
Home Health Care- Physical Therapy (visits)	N/A*	1.22	1.63	N/A*	0.78	0.91
Personal Care (hours)	244.30 ↑	135.49	132.8	233.90↑	90.31	90.64
Transportation (one-way trips)	15.20↓	21.31	23.73	9.20↓	14.68	15.65
Nursing Home (days)	0.06	0.36	0.40	0.03	0.10	0.11
Dental (visits)	1.40	0.79	0.73	0.36	0.52	0.52
Optometry (visits)	0.20	0.46	0.45	N/A*	0.26	0.25
Podiatry (visits)	0.64	0.41	0.80	0.87	0.35	0.45
MAP MLTC Services	2011 Averages			2012 Averages		
	Elderplan MAP	MAP	Statewide	Elderplan MAP	MAP	Statewide
Home Health Care- Nursing (visits)	8.7	9.3	12.13	7.46	4.68	7.16
Home Health Care- Physical Therapy (visits)	N/A*	1.0	1.63	N/A*	0.31	0.91
Personal Care (hours)	194.80 ↑	106.9	132.8	173.17↑	92.16	90.64
Transportation (one-way trips)	12.10 ↓	14.47	23.73	5.19↓	11.32	15.65
Nursing Home (days)	0.17	0.20	0.40	0.10	0.15	0.11
Dental (visits)	0.91	0.77	0.73	0.17	0.69	0.52
Optometry (visits)	0.28	0.38	0.45	0.38	0.38	0.25
Podiatry (visits)	3.00	2.71	0.80	2.38↑	1.95	0.45
Primary Care (PCP) (visits)	13.90	12.17	10.98	12.51↑	9.43	5.80
Physician Specialist (visits)	12.90	12.09	10.98	12.34↑	9.00	5.70
Emergency Room (discharges)	2.50 ↑	1.20	0.56	2.13↑	0.95	0.46
Hospitalizations (days)	0.68 ↓	3.56	3.21	0.37↓	1.90	1.18

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

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

* Data not available/not reported

Elderplan 2012 vs. Partially Capitated, MAP and Statewide Averages:

Elderplan Partially Capitated: utilization rates were higher for personal care hours, and lower for transportation services and home nursing services when compared to the partially capitated and statewide averages.

Elderplan MAP: according to MAP encounter data from 2012, there were much higher rates of utilization for personal care. There were also higher rates of utilization for podiatrist, PCP and specialist visits, in addition to ER discharges. There were lower utilization rates observed for transportation and days spent in the hospital.

Elderplan 2011 vs. Elderplan 2012:

Utilization of various providers/services in the partially capitated membership remained relatively constant from 2011 to 2012 with the exception of dental visits and transportation one-way trips; there was a decrease in dental utilization of about 1 visit per member per year (0.36 PMPY in 2012 compared with 1.4 PMPY in 2011) and a decrease of 6 one-way trips PMPY.

For the MAP product line, there were a couple of differences in the data from 2011 to 2012:

- Personal care hours had declined by about 20 hours PMPY
- Transportation utilization declined by about 7 one-way trips PMPY

Section Five: Member Satisfaction

IPRO, 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 Elderplan's partially capitated product line was 25.4% (146 respondents out of 575 members in the sample). Elderplan's MAP product line had a response rate of 31.8% (157 respondents out of 494 members in the sample).

IPRO had conducted a similar survey in 2011. Figure 3 represents the 2012 satisfaction survey results from Elderplan's MAP product line, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 4a represents the 2011 and 2012 survey results for Elderplan'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 4b represents the 2011 and 2012 survey results for Elderplan'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.

Please note: the 2012 satisfaction survey results for Elderplan's MAP product line could not be compared to the results of the previous year, due to an insufficient sample size in 2011.

Figure 3: Satisfaction Survey Results (2012)
Elderplan MAP

Description	Elderplan (N=157)		MAP Results (N=414)		Statewide (N=2,522)		Significance	
	Denominator	%	Denominator	%	Denominator	%	Vs Plan Type	Vs State
Plan Rated as Good or Excellent	152	86.8%	403	85.2%	2,458	84.2%	-	-
Quality of Care Rated as Good or Excellent								
Regular Doctor	139	87.1%	375	88.3%	2,247	88.9%	-	-
Dentist	69	69.6%	230	61.7%	1,530	70.2%	-	-
Eye Care-Optometry	114	79.0%	317	78.2%	1,951	81.3%	-	-
Foot Care	98	79.6%	275	77.1%	1,640	80.2%	-	-
Home Health Aide	134	89.6%	361	85.3%	2,056	87.1%	-	-
Care Manager	126	82.5%	353	84.2%	2,108	84.3%	-	-
Regular Visiting Nurse	130	73.1%	352	79.0%	2,132	83.7%	-	-
Medical Supplies	115	83.5%	304	81.9%	1,844	85.9%	-	-
Transportation Services	99	67.7%	287	69.0%	1,916	77.7%	-	-
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	109	78.0%	320	77.9%	1,897	78.2%	-	-
Care Manager	106	60.4%	310	67.1%	1,876	69.3%	-	-
Regular Visiting Nurse	121	56.2%	336	64.2%	2,027	69.1%	-	-
Transportation TO the Doctor	82	63.4%	249	66.3%	1,766	68.5%	-	-
Transportation FROM the Doctor	81	60.5%	252	63.1%	1,742	66.9%	-	-
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	129	58.1%	358	58.4%	2,104	58.7%	-	-
Dentist	50	46.0%	173	45.7%	1,234	46.2%	-	-
Eye Care/Optometry	87	42.5%	272	40.1%	1,647	42.9%	-	-
Foot Care/Podiatry	82	41.5%	235	40.4%	1,390	44.9%	-	-
Access to Urgent Care (Same Day)								
Regular Doctor	111	37.8%	307	38.4%	1,755	45.4%	-	-
Dentist	42	23.8%	135	28.9%	920	25.8%	-	-
Eye Care/Optometry	62	16.1%	207	21.3%	1,195	22.3%	-	-
Foot Care/Podiatry	65	26.2%	184	24.5%	1,039	25.7%	-	-
Advance Directives								
Health plan has discussed appointing someone to make decisions	139	64.8%	352	69.6%	2,087	68.2%	-	-
Member has legal document appointing someone	144	65.3%	363	62.3%	2,145	61.1%	-	-
Health plan has copy of this document ◆	70	64.3%	154	64.9%	956	77.4%	-	-
PLEASE NOTE THAT DUE TO THE SMALL SAMPLE SIZE, STATISTICAL SIGNIFICANCE COULD NOT BE DETERMINED								
N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.								

◆ Item based on a skip pattern

Figure 3 details the results of Elderplan's (MAP) member satisfaction survey. Quality of care ratings were on par with MAP and statewide averages for the most part, with the exception of the regular visiting nurse and transportation services:

- Of the 130 members who responded, 73.1% rated the visiting nurse service as good or excellent, compared with 79.0% of other MAP members and 83.7% of members statewide.
- There were 67.7% of Elderplan members who rated their transportation service as good or excellent, compared with 77.7% of members statewide.

Amongst survey respondents answering the question related to timeliness of services, Elderplan fared worse than other MLTC plans statewide. Most notable was the regular visiting nurse service, which 56.2% of respondents rated as timely, compared with 69.1% of statewide members. The difference was not statistically significant, but it is certainly noteworthy.

Compared to all MAP plans and plans statewide, a lower percentage of MAP respondents reported being able to see their regular doctor, dentist or optometrist for same-day care.

Figure 4a: 2011/2012 Satisfaction Survey Results Elderplan and Partially Capitated Plans	Elderplan Homefirst 2011 (N=122)		Overall Partial Cap 2011 (N=1,307)		Elderplan Homefirst 2012 (N=146)		Overall Partial Cap 2012 (N=1,662)	
	Denomi nator	%	Denom inator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	120	74.2%	1,286	83.7%	144	71.5%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	72	59.7%	788	70.6%	74	66.2%	1,009	71.3%
Eye Care-Optometry	91	87.9%	1,020	82.0%	110	75.5%	1,279	82.4%
Foot Care	81	86.4%	881	81.6%	91	80.2%	1,087	81.7%
Home Health Aide	104	85.6%	1,109	87.0%	121	85.1%	1,358	88.0%
Care Manager	95	82.1%	1,132	85.8%	110	72.7%	1,389	83.7%
Regular Visiting Nurse	116	79.3%	1,129	84.4%	129	77.5%	1,420	84.0%
Medical Supplies	83	81.9%	933	84.5%	97	81.4%	1,185	85.3%
Transportation Services	87	77.0%	987	78.6%	94	62.8%	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	78	82.1%	973	79.5%	103	75.7%	1,258	78.7%
Care Manager	67	65.7%	986	71.9%	92	57.6%	1,225	70.1%
Regular Visiting Nurse	105	69.5%	1,065	71.5%	111	62.2%	1,351	69.9%
Transportation TO the Doctor	80	67.5%	892	70.1%	93	61.3%	1,147	68.1%
Transportation FROM the Doctor	81	64.2%	898	66.0%	87	62.1%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	52	34.6%	632	41.3%	63	44.4%	832	47.4%
Eye Care/Optometry	81	32.1%	855	39.4%	95	44.2%	1,093	43.2%
Foot Care/Podiatry	66	36.4%	753	40.8%	76	46.1%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	36	27.8%	453	28.5%	49	26.5%	612	28.3%
Eye Care/Optometry	56	19.6%	607	25.9%	77	24.7%	788	24.9%
Foot Care/Podiatry	54	25.9%	532	24.4%	60	15.0%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	113	39.8% ▼	1,242	57.3%	113	62.0%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	116	41.4%	1,275	50.6%	123	56.1%	1,387	54.7%
Health plan has copy of this document ♦ ++	48	52.1%	634	55.0%	50	68.0%	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.

▼ Represents a significantly lower rate for your plan versus the partially capitated result ($p < .001$)

◆ Item based on a skip pattern

++ Represents new question in 2011

Figure 4b: 2011/2012 Satisfaction Survey Results Elderplan and MLTC Plans Statewide	Elderplan Homefirst 2011 (N=122)		Statewide 2011 (N=1,845)		Elderplan Homefirst 2012 (N=146)		Statewide 2012 (N=2,522)	
	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	120	74.2%	1,816	85.2%	144	71.5%▼	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	72	59.7%	1,148	71.7%	74	66.2%	1,530	70.2%
Eye Care-Optometry	91	87.9%	1,462	82.4%	110	75.5%	1,951	81.3%
Foot Care	81	86.4%	1,248	82.9%	91	80.2%	1,640	80.2%
Home Health Aide	104	85.6%	1,529	86.7%	121	85.1%	2,056	87.1%
Care Manager	95	82.1%	1,612	87.0%	110	72.7%	2,108	84.3%
Regular Visiting Nurse	116	79.3%	1,583	85.8%	129	77.5%	2,132	83.7%
Medical Supplies	83	81.9%	1,373	86.7%	97	81.4%	1,844	85.9%
Transportation Services	87	77.0%	1,450	80.8%	94	62.8%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	78	82.1%	1,383	78.9%	103	75.7%	1,897	78.2%
Care Manager	67	65.7%	1,407	73.0%	92	57.6%	1,876	69.3%
Regular Visiting Nurse	105	69.5%	1,493	72.7%	111	62.2%	2,027	69.1%
Transportation TO the Doctor	80	67.5%	1,315	71.9%	93	61.3%	1,766	68.5%
Transportation FROM the Doctor	81	64.2%	1,318	68.6%	87	62.1%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	52	34.6%	916	44.5%	63	44.4%	1,234	46.2%
Eye Care/Optometry	81	32.1%	1,196	41.8%	95	44.2%	1,647	42.9%
Foot Care/Podiatry	66	36.4%	1,043	44.1%	76	46.1%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	36	27.8%	656	25.5%	49	26.5%	920	25.8%
Eye Care/Optometry	56	19.6%	853	24.2%	77	24.7%	1,195	22.3%
Foot Care/Podiatry	54	25.9%	763	23.1%	60	15.0%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	113	39.8%▼	1,763	62.5%	113	62.0%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	116	41.4%▼	1,802	59.1%	123	56.1%	2,145	61.1%
Health plan has copy of this document♦ ++	48	52.1%	1,045	60.5%	50	68.0%	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.

▼ Represents a significantly lower rate for your plan versus the statewide result ($p < .001$)

◆ Item based on a skip pattern

++ Represents new question in 2011

Elderplan Homefirst 2012 vs. Partially Capitated and Statewide Survey Results:

Figures 4a and 4b detail the results of Elderplan's (Homefirst) member satisfaction survey. The only statistically significant deviation can be found in the overall plan rating between Elderplan and the statewide average; 71.5% of Elderplan members rated their health plan as good or excellent, compared with 84.2% of statewide members.

Although not statistically significant, there are several notable differences between how Elderplan members rated various providers/services, compared with other partially capitated/statewide members:

- 72.7% rated their care manager as good or excellent compared with members in similar plans (83.7%) and in other plans statewide (84.3%).
- 62.8% rated transportation services as good or excellent compared with members in similar plans (77.1%) and in other plans statewide (77.7%).
- A lower percentage of Homefirst respondents indicated that medical services were always or usually on time, when compared with partially capitated and statewide averages.
- Only 15% of respondents indicated they were able to see a podiatrist for same-day urgent care, compared with 26.7% of similar plan members, and 25.7% of other plan members statewide.

Elderplan Homefirst 2011 vs. Elderplan Homefirst 2012:

- The percent of members who rated the quality of care of providers/services as good or excellent had declined for every category, with the exception of dentists (which saw a 6.5 percentage point increase). The most notable declines were for eye care (by 12.4 percentage points) and transportation services (by 14.2 percentage points).
- Perceived timeliness of services had less favorable results in 2012 for all categories listed in Figures 4a and 4b, as a lower percentage of members rated these services as always or usually on time (these include the home health aide, care manager, regular visiting nurse, and transportation to and from the doctor).
- Compared with 2011, a much higher percentage of members indicated that:
 - The plan had discussed appointing someone as a healthcare proxy
 - They had a legal document appointing someone
 - The plan had a copy of this document/advance directive

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 5a contains Elderplan's partially capitated product's January 2013 summary SAAM assessment results, and Figure 5b contains 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 5c and 5d are graphical representations of the data in Figure 5b.

Figure 6a contains Elderplan's MAP product's January 2013 summary SAAM assessment results, and Figure 6b contains 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 6c and 6d are graphical representations of the data in Figure 6b.

Figure 5a: Elderplan Partially Capitated and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012 N=6,118	Statewide Mean July 2012 N=52,760	Plan Mean Jan 2013 N=7,410	Statewide Mean Jan 2013 N=70,859
Ambulation – Average score on a scale of 0-6, 0 highest level	2.5	2.2	2.5	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.4	2.5	2.4	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.3	1.5	1.9	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.7	1.6	1.7	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.1	1.9	2.1	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.6	0.8	0.6	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.7	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	89.0%	86.7%	89.0%	86.6%
Bowel Incontinence Frequency – % with any bowel incontinence	14.0%↓	20.8%	16.1%↓	21.5%
Cognitive Functioning – % with any degree of cognitive impairment	53.8%↓	60.2%	55.4%	58.1%
When Confused – % with any level of confusion	41.9%↓	64.9%	44.2%↓	64.6%
When Anxious – % with any level of anxiety	26.6%↓	65.1%	28.7%↓	64.8%
Frequency of Pain – % experiencing pain at least daily	61.4%↑	52.0%	64.6%↑	53.1%
Falls Resulting in Medical Intervention –	70.4%↑	46.6%	68.2%↑	45.1%

% of members experiencing at least one fall which required medical intervention				
↑ 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 data for both submission periods indicate that this plan's members display lower levels of cognitive functioning, confusion and anxiety than statewide averages. 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 for both submission periods indicated that partially capitated members have substantially more falls requiring medical intervention and a higher percentage of members experiencing pain on a daily basis, when compared with the statewide average.

Figure 5b: Elderplan Partially Capitated SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011 N=4,359	Plan Mean Jan 2012 N=5,071	Plan Mean July 2012 N=6,118	Plan Mean Jan 2013 N=7,410
Ambulation – Average score on a scale of 0-6, 0 highest level	2.4	2.4	2.5	2.5
Bathing – Average score on a scale of 0-5, 0 highest level	2.4	2.4	2.4	2.4
Transferring – Average score on a scale of 0-6, 0 highest level	1.9	1.7	1.3	1.9
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.6	1.7	1.7	1.7
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.1	2.1	2.1	2.1
Toileting – Average score on a scale of 0-4, 0 highest level	0.7	0.7	0.6	0.6
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.9	0.8	0.7	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	91.0%	89.7%	89.0%	89.0%
Bowel Incontinence Frequency – % with any bowel incontinence	12.0%	13.7%	14.0%	16.1%
Cognitive Functioning – % with any degree of cognitive impairment	50.9%	51.9%	53.8%	55.4%
When Confused – % with any level of confusion	43.5%	42.5%	41.9%	44.2%
When Anxious – % with any level of anxiety	31.6%	28.8%	26.6%	28.7%
Frequency of Pain – % experiencing pain at least daily	59.1%	58.4%	61.4%	64.6%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	74.2%	68.5%	70.4%	68.2%

Figures 5c and 5d: Elderplan Partially Capitated SAAM Data 2011-2012

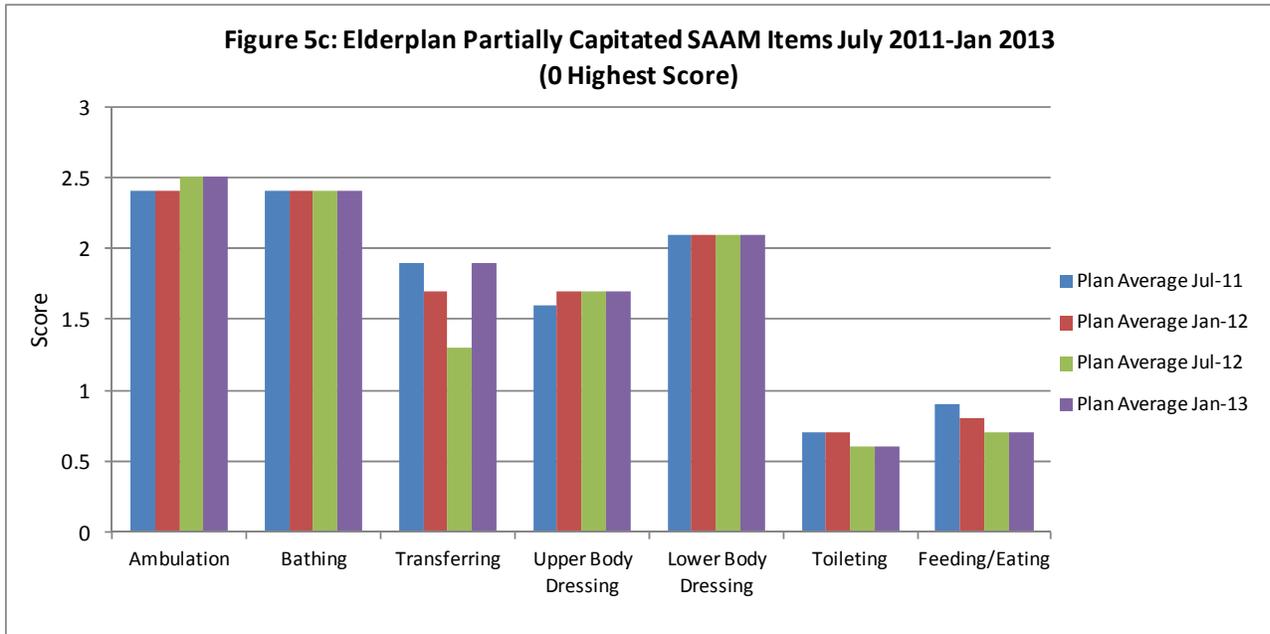


Figure 5c: Scores for bathing and lower body dressing remained constant throughout each assessment period, while upper body dressing and ambulation were relatively constant with a slight increase in scores for the last few reporting periods. Transferring scores declined from July 2011 through July 2012.

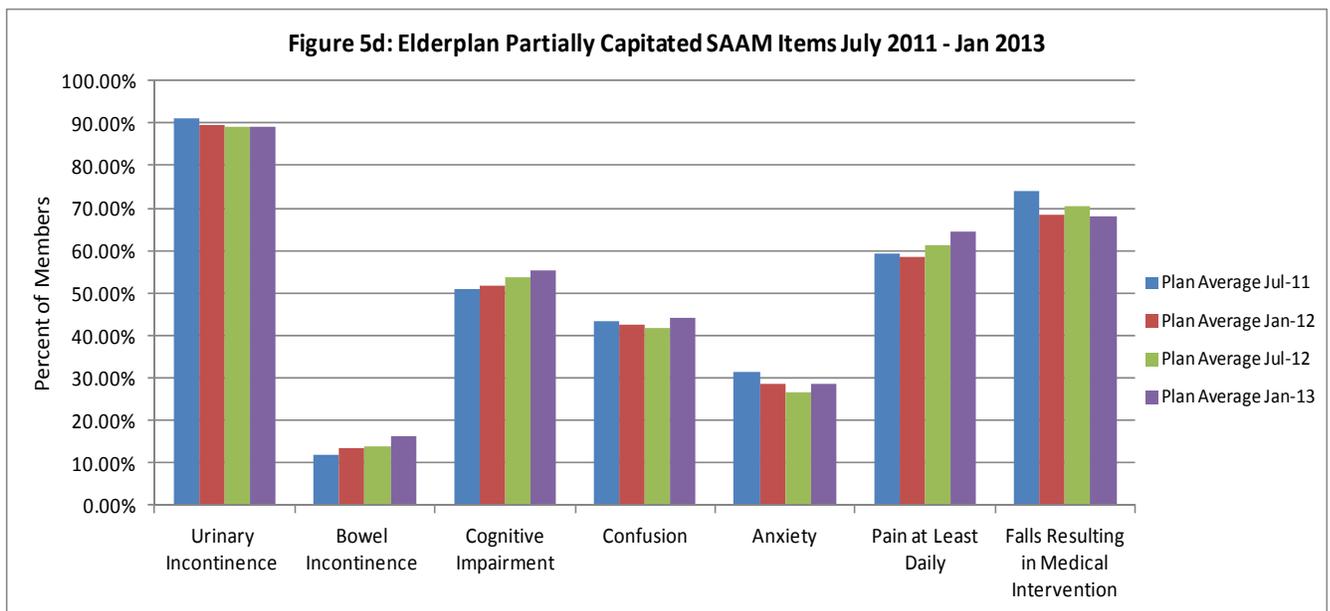


Figure 5d: There was a slight increase in the percent of members suffering from cognitive impairment throughout each assessment period. Frequencies of pain and bowel incontinence were also on an upward trend over the same time-frame. In contrast, urinary incontinence decreased slightly over each assessment from July 2011 to January 2013 time, as did anxiety from July 2011 through July 2012.

Figure 6a: Elderplan MAP and Statewide SAAM Data 2012

SAAM Item	Elderplan MAP Average July 2012 N=731	Statewide Average July 2012 N=58,147	Elderplan MAP Average Jan 2013 N=821	Statewide Average Jan 2013 N=77,448
Ambulation – Average score on a scale of 0-6, 0 highest level	2.5	2.2	2.6	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.5	2.5	2.5	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.4	1.5	2.0	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.7	1.6	1.7	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.1	1.9	2.1	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.7	0.8	0.8	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.8	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	91.6%	86.9%	92.4%↑	86.8%
Bowel Incontinence Frequency – % with any bowel incontinence	17.0%	19.9%	20.2%	20.9%
Cognitive Functioning – % with any degree of cognitive impairment	45.5%↓	59.8%	47.7%↓	58.1%
When Confused – % with any level of confusion	36.8%↓	62.8%	38.8%↓	62.9%
When Anxious – % with any level of anxiety	19.2%↓	61.8%	22.0%↓	62.0%
Frequency of Pain – % experiencing pain at least daily	59.9%↑	53.0%	59.5%↑	54.1%
Falls Resulting in Medical Intervention –	69.6%↑	48.4%	68.7%↑	46.6%

% of members experiencing at least one fall which required medical intervention				
↑ 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				

Similar to the SAAM data for Elderplan’s partially capitated product, the SAAM data for Elderplan’s MAP product indicate that this plan’s members displayed lower levels of cognitive impairment, confusion, and anxiety than statewide averages.

Elderplan’s MAP members had slightly higher rates of pain and significantly higher rates of falls that had resulted in medical intervention, compared with the statewide average for both submission periods.

Figure 6b: Elderplan MAP SAAM Data 2011-2012

SAAM Item	Elderplan MAP Average July 2011	Elderplan MAP Average Jan 2012	Elderplan MAP Average July 2012	Elderplan MAP Average Jan 2013
	N=513	N=603	N=731	N=821
Ambulation – Average score on a scale of 0-6, 0 highest level	2.5	2.5	2.5	2.6
Bathing – Average score on a scale of 0-5, 0 highest level	2.5	2.5	2.5	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.8	1.7	1.4	2.0
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.7	1.7	1.7	1.7
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.1	2.1	2.1	2.1
Toileting – Average score on a scale of 0-4, 0 highest level	0.7	0.7	0.7	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.8	0.8	0.7	0.8
Urinary Incontinence Frequency – % incontinent more than once/week	93.8%	92.8%	91.6%	92.4%
Bowel Incontinence Frequency – % with any bowel incontinence	14.9%	17.8%	17.0%	20.2%
Cognitive Functioning – % with any degree of cognitive impairment	43.0%	44.2%	45.5%	47.7%
When Confused – % with any level of confusion	38.6%	39.0%	36.8%	38.8%
When Anxious – % with any level of anxiety	21.3%	21.8%	19.2%	22.0%
Frequency of Pain – % experiencing pain at least daily	60.2%	59.6%	59.9%	59.5%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	72.0%	63.4%	69.6%	68.7%

Figures 6c and 6d: Elderplan MAP SAAM Data 2011- 2012

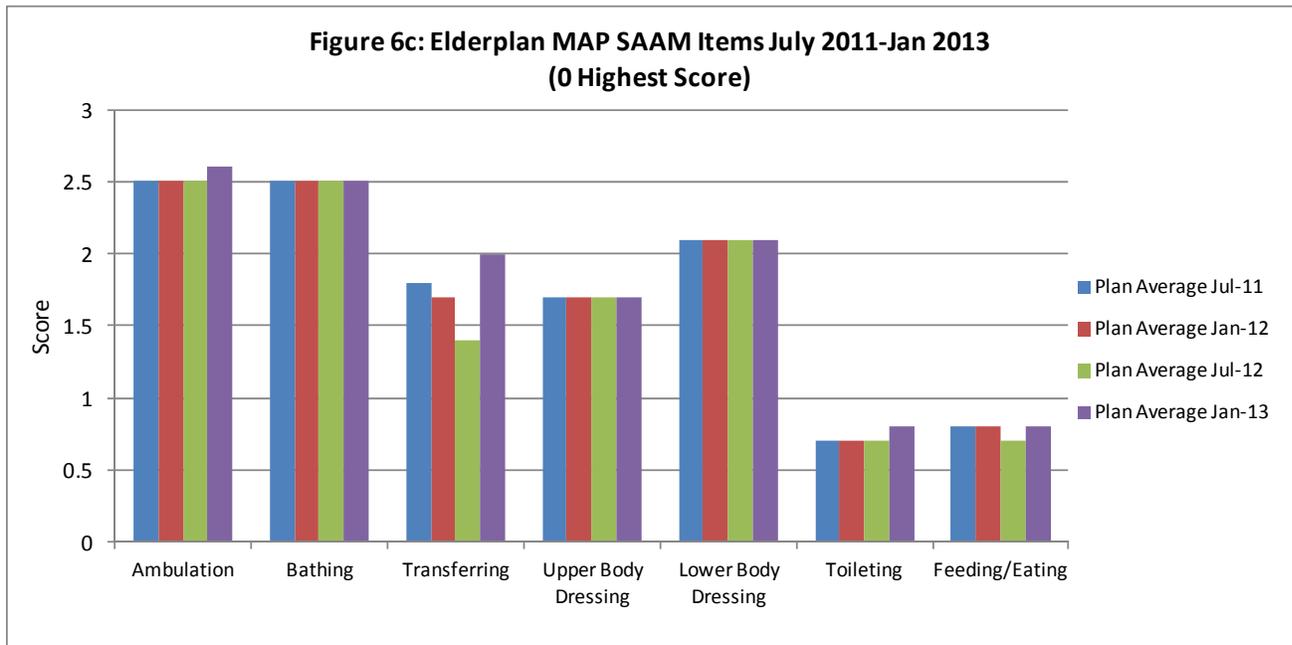


Figure 6c: Upper and lower body dressing remained constant over time, while ambulation and toileting had a slight increase in score in the January 2013 reporting period, indicating a lower level of ability to perform these tasks. Transferring had a decline in average score in each assessment period from July 2011 to July 2012, and then had a sharp increase in January 2013.

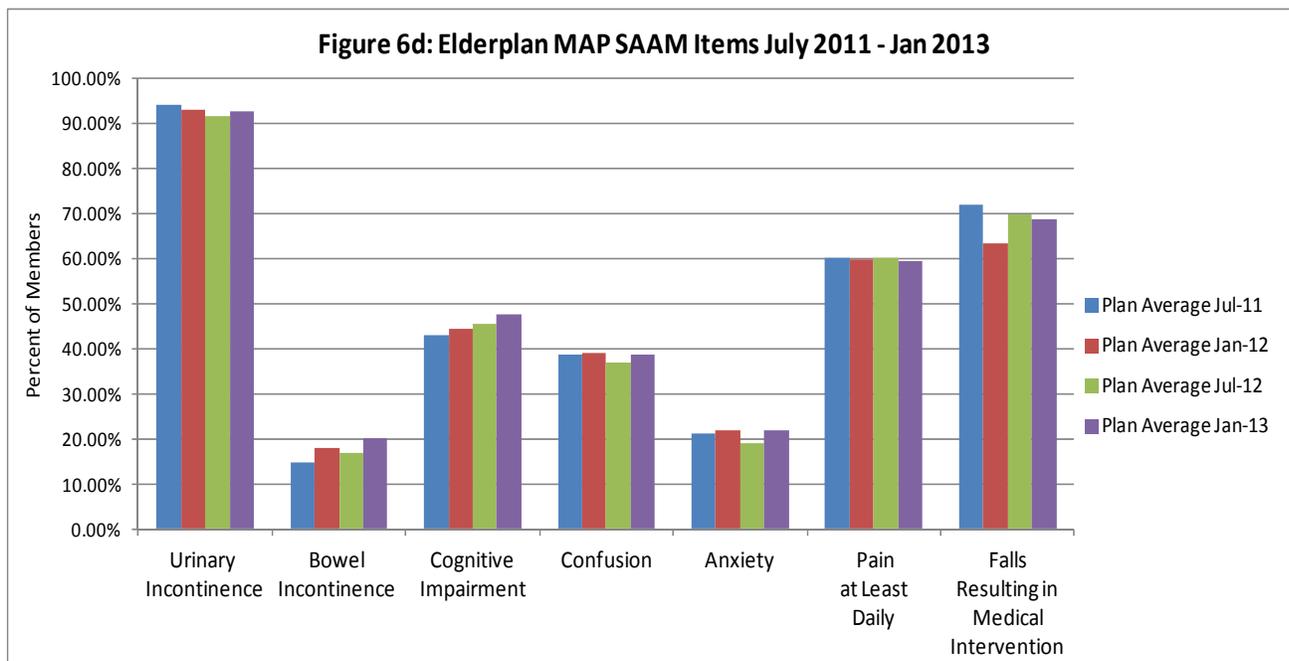


Figure 6d: The rates of the various behavioral and physical health outcomes remained relatively constant over each assessment period, with an overall increase in the percent of members suffering bowel incontinence and cognitive impairment.

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.

The following represents a summary of Elderplan's PIP for 2012:

Elderplan's Performance Improvement Project focused on reducing the 30-day, unplanned readmission rate amongst their MAP member population. The 30-day readmission rate for MAP plan members was 19.6% in 2011. The goal was to reach a rate of $\leq 18\%$ by the end of 2012.

Interventions included the following elements:

- Upon notification of admission to an acute care facility, the member was contacted by a Transitional Care Nurse (TCN) who coordinated the member's care and facilitated communication between the family, PCP and designated representatives.
- Following their discharge, plan members would receive three phone calls over a 30-day period from the TCN that would assess post-acute medical care needs, medications, home care needs and member access to care. These calls were scheduled to occur 3-7 days after discharge, between days 8-14 and between days 15-30.
- Once the phone calls were complete, the TCN determined if all anticipated care needs were met and that the member was stable. If further care coordination was needed, the member was referred to the Nurse Team Leader.

Results are detailed below:

Baseline

Indicator	Denominator	Numerator	%
Readmission Rate (2011)	423	83	19.6

Interim Results

Indicator	Denominator	Numerator	%
First Quarter 2012	111	16	14.4
Second Quarter 2012	149	46	30.9
Third Quarter 2012	168	46	27.4
Fourth Quarter 2012	180	34	18.9

Re-measurement

Indicator	Denominator	Numerator	%
Readmission Rate (2012)	608	142	23.4

As shown in the table on the previous page, readmissions within the 30-day window actually increased 3.8 percentage points from the baseline percentage of 19.6%. However, the plan does report that readmissions in the fourth quarter showed a downward trend. Although the plan was unable to achieve their stated goals, they did implement a follow-up process for members in this critical, transitional period from inpatient to outpatient settings. This should play an important role in reducing avoidable readmissions, as the process is further refined. More input, timely cooperation and interventions from PCPs, case managers, home health aides, family members and other stakeholders should all help to make this project more successful in the future.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Elderplan Homefirst and MAP: Behavioral Health

According to SAAM data from both the January 2013 and July 2012 measurement periods, members of Elderplan's partially capitated and MAP plans had lower rates of cognitive impairment, confusion and anxiety, when compared to the statewide mean.

Most notable were confusion and anxiety:

- The prevalence of confusion was over 24 percentage points lower for the MAP plan over both submission periods, while it was over 20 percentage points lower for the partially capitated plan over this same period.
- The prevalence of anxiety was at least 40 percentage points lower for the MAP plan over both submission periods, and more than 35 percentage points lower for the partially capitated plan during these same periods.

While these results appear favorable, the scores for these questions (anxiety, confusion and cognitive impairment) 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 Elderplan conduct an inter-rater reliability project for clinical assessments, to aid in determining whether these members do in fact have these significantly higher and/or lower levels of impairment than on a statewide basis, or if there are scoring issues. It may prove advantageous to have two assessors independently conduct the same assessments on a sample of members, to test the validity of responses.

Elderplan Homefirst: Bowel Incontinence

SAAM evaluation data from January 2013 and July 2012 show that Elderplan's Homefirst members have lower rates of bowel incontinence when compared to other plan members throughout the state. In both measurement periods, Elderplan's members had a rate of bowel incontinency that was over 5 percentage points lower than the statewide mean.

Elderplan Homefirst: Advance Directives

Compared with results from the 2011 satisfaction survey, there were a much higher percentage of members who indicated that:

- The plan had discussed appointing a healthcare proxy
- They had a legal document appointing someone
- The plan had a copy of this document

Opportunities

Elderplan MAP: Quality of Services (VNS and Transportation)

Elderplan members did not rate the quality of care they received from their visiting nurse and transportation services as favorably as members enrolled in other plans in 2012. For each of these services, Elderplan's members had at least a ten percentage point difference from the statewide average.

It is recommended that Elderplan consider administering additional focused surveys to a subset of members, to determine if quality issues do in fact exist with these providers/vendors.

Elderplan MAP: Access to Urgent Care

A lower percentage of Elderplan MAP members report having access to their regular doctor, dentist and optometrist for same-day urgent care when compared with both similar plan and statewide averages in 2012. A focused member survey should be considered, to determine if access issues exist with these providers.

Elderplan Homefirst: Access to Urgent care (Podiatrist)

Of the 60 members who responded the question of access to a podiatrist for urgent care in 2012, 15% of them indicated they had same-day access. This was more than 10 percentage points below the averages for similar plans and other plans statewide.

Elderplan Homefirst: Overall Plan Rating

71.5% of Elderplan Homefirst members who responded to the 2012 MLTC survey rated their plan as good or excellent. This was below both the overall partially capitated plan average (83.6%) and the statewide average (84.2%). It should be noted that the difference between Elderplan's average and the statewide average is of statistical significance. The plan may want to consider administering a separate survey to a sample of members, as an aid in determining quality issues.

Elderplan Homefirst: Quality of Care (All Services)

A lower percentage of Homefirst members rated their medical services as good or excellent when compared to members of other plans in 2012. It should also be noted that when compared with survey results from 2011, the percent of members who rated the quality of care of services as good or excellent had declined for every category, with the exception of dentists (which saw a 6.5 percentage point increase). The most notable declines were for eye care (by 12.4 percentage points) and transportation services (by 14.2 percentage points).

It is recommended that Elderplan consider administering additional focused surveys to a subset of members, to determine if quality issues do in fact exist with these providers/vendors.

Elderplan Homefirst and MAP: Timeliness of Services

Homefirst members rated every service less favorably in terms of timeliness in 2012. The largest deviation was seen for care manager, where 57.6% of Homefirst members indicated they were usually or always on time, compared with similar plans (70.1%) and other plans statewide (69.3%).

Additionally, MAP members were not as satisfied with the timeliness of services when compared with members of other plans statewide. The largest deviation here was seen in the visiting nurse service; 56.2% of Elderplan members indicated that the visiting nurse service was usually or always on time, compared with 64.2% of similar plan members and 69.1% of other plan members statewide.

It should also be noted that the perceived timeliness of services had less favorable results in 2012 for all categories listed in Figures 4a and 4b, as a lower percentage of Homefirst members rated these services as always or usually on time (these include the home health aide, care manager, regular visiting nurse, and transportation to and from the doctor). Elderplan's 2011 PIP aimed to address transportation grievances among Homefirst members by providing education to transportation providers, stressing the

importance of timeliness. They have been in a transition period since, outsourcing transportation services to a contracted vendor.

It is recommended that Elderplan conduct a focused member survey, addressing the care managers and visiting nurse services in particular, to determine the nature of these timeliness issues.

Elderplan Homefirst and MAP: Falls Resulting in Medical Intervention

SAAM data from January 2013 and July 2012 showed that a much larger percentage of both Homefirst members and MAP members suffered falls that required medical intervention when compared with those in the statewide average. This held true for both submission periods. A review of the plan's fall risk and fall prevention programs appears to be warranted.

Elderplan Homefirst and MAP: Frequency of Pain

SAAM data from January 2013 and July 2012 revealed a larger percent of Elderplan members had experienced pain at least daily, when compared with the statewide averages for both submission periods. It is recommended that Elderplan conduct a focused study to address whether or not the members were prescribed pain medication or if they were compliant with their pain medication regimen.

Study results may warrant recommendations to PCPs, the prescription of medication or a change in existing medication.

Performance Improvement Project

Elderplan sought to reduce the 30-day, unplanned readmission rate amongst their member population from 19.6% to $\leq 18\%$. After multiple interventions (including a transitional care nurse responsible for coordinating care and facilitating communication amongst those involved in member's health), the plan had not been able to meet their goal. They did implement a follow-up process for members in this critical, transitional period from inpatient to outpatient settings. This should play an important role in reducing avoidable readmissions, as the process is further refined. More input, timely cooperation and interventions from PCPs, case managers, home health aides, family members and other stakeholders should all help to make this project more successful in the future.

Encounter Data

For 2012, it was noted that personal care hours for both partially capitated and MAP products were reported as somewhat higher than plan type and statewide averages, and non emergent transportation utilization was reported notably lower than these averages. Elderplan may consider conducting a data completeness study via a review of internal and / or vendor data documenting these services and comparing these to MEDS submissions for the same period, to assist in determining if there are any under or over reporting issues, or inability to capture accurate data for these services.