

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

**PLAN – Technical REPORT
FOR
GUILDNET**

Reporting Year 2012

February 2015

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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

GuildNet is a regional Managed Long Term Care (MLTC) plan, servicing both partially capitated and Medicaid Advantage Plus (MAP) products. The MAP product is serviced under the name GuildNet Gold. GuildNet is a subsidiary of the Jewish Guild for the Blind in New York City. The following report presents plan-specific information for both MLTC product lines.

- Partially Capitated Plan ID: 01827572
- MAP Plan ID: 02942923
- Managed Long-term Care Start Date: July 1, 2000 (Partially Capitated) and 2008 (MAP)
- Product Line(s): Partially Capitated and MAP
- MLTC Age Requirement: 18 and older
- Contact Information: 15 West 65th Street
4th Floor
New York, NY 10023
(800) 284-4422

Participating Counties and Programs

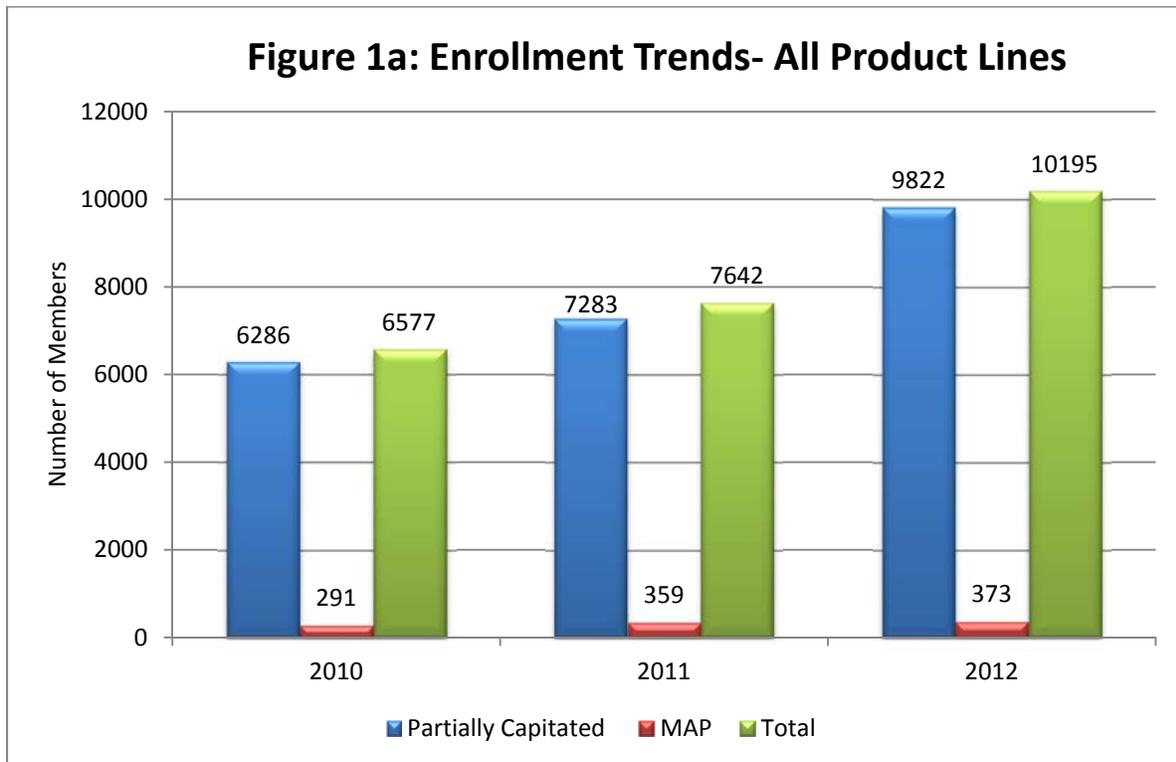
Bronx	Partial Cap	MAP	Kings	Partial Cap	MAP	Nassau	Partial Cap	MAP
New York	Partial Cap	MAP	Queens	Partial Cap	MAP	Suffolk	Partial Cap	MAP
Richmond	Partial Cap		Westchester	Partial Cap				

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. Partially capitated membership grew by 15.9% from 2010 to 2011 and by 34.9% between 2011 and 2012. MAP membership increased by 23.4% from 2010 to 2011 and by 3.9% from 2011 to 2012. Figure 1a trends partially capitated and MAP product line enrollment from 2010 to 2012.

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

	2010	2011	2012
Partially Capitated			
Number of Members	6,286	7,283	9,822
% Change From Previous Year	-1.6%	15.9%	34.9%
MAP			
Number of Members	291	359	373
% Change From Previous Year	83.0%	23.4%	3.9%



Section Four: Utilization

Figure 2 represents GuildNet’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 MEDS III program.

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

Partially Capitated MLTC Services	2011 Averages			2012 Averages		
	GuildNet Part Cap	Partially Capitate d	Statewid e	GuildNet Part Cap	Partially Capitate d	Statewid e
Home Health Care – Nursing (visits)	2.40↓	8.80	12.13	2.69↓	4.96	7.16
Home Health Care- Physical Therapy (visits)	0.57↓	1.22	1.63	0.52	0.78	0.91
Personal Care (hours)	51.10↓	135.49	132.80	23.80↓	90.31	90.64
Transportation (one-way trips)	23.60	21.31	23.73	17.88	14.68	15.65
Nursing Home (days)	0.10↓	0.36	0.40	0.04	0.10	0.11
Dental (visits)	0.72	0.79	0.73	1.07	0.52	0.52
Optometry (visits)	0.82	0.46	0.45	0.47	0.26	0.25
Podiatry (visits)	0.50	0.41	0.80	0.30	0.35	0.45
MAP MLTC Services						
MAP MLTC Services	2011 Averages			2012 Averages		
	GuildNet Gold	MAP	Statewid e	GuildNet Gold	MAP	Statewid e
Home Health Care- Nursing (visits)	2.80↓	9.30	12.13	N/A*	4.68	7.16
Home Health Care- Physical Therapy (visits)	0.02↓	1.00	1.63	0.03↓	0.31	0.91
Personal Care (hours)	62.00↓	106.90	132.8	25.49↓	92.16	90.64
Transportation (one-way trips)	22.30	14.47	23.73	14.43	11.32	15.65
Nursing Home (days)	0.17	0.20	0.40	0.11	0.15	0.11
Dental (visits)	0.58	0.77	0.73	1.23	0.69	0.52
Optometry (visits)	0.19	0.38	0.45	0.23	0.38	0.25
Podiatry (visits)	2.70	2.71	0.80	2.34	1.95	0.45
Primary Care (PCP) (visits)	6.30↓	12.17	10.98	5.54	9.43	5.80
Physician Specialist (visits)	7.50	12.09	10.98	6.29	9.00	5.70
Emergency Room (discharges)	0.01↓	1.20	0.56	0.01↓	0.95	0.46

Hospitalizations (days)	4.40	3.56	3.21	3.06↑	1.90	1.18
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↓ Indicates MEDS encounter data results below partially capitated/MAP and/or statewide averages

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

* Data not reported/not available

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

MEDS 2012 encounter data submissions indicate that there were lower levels of personal care and home nursing services being utilized for GuildNet's partially capitated product line. For the MAP product line, there were also fewer personal care hours reported, in addition to less home physical therapy visits and ER discharges per member per year. In contrast, there were more days of hospitalization per member per year reported.

GuildNet 2011 vs. GuildNet 2012:

Personal care utilization had decreased by 27.3 hours for partially capitated members and by 36.5 hours for MAP members from 2011 to 2012. There was also a decline in transportation utilization for members of each product line; there were about 6 less one-way trips PMPY in 2012 for members belonging to the partially capitated line, and about 8 less one-way trips PMPY in 2012 for members belonging to the MAP line.

Section Five: Member Satisfaction

I PRO, in conjunction with the NYSDOH, conducted a member satisfaction survey at the end of 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 GuildNet's partially capitated product line was 22.2% (125 out of 562 members in the sample). GuildNet's MAP product line had a response rate of 29.0% (91 out of 314 sampled members).

I PRO had conducted a similar survey in 2011. Figure 3a represents data from the 2011 and 2012 satisfaction survey results from GuildNet's partially capitated 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 GuildNet's partially capitated 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 4a represents data from the 2011 and 2012 satisfaction survey results from GuildNet's MAP product line and all other MAP 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 data from the 2011 and 2012 satisfaction survey results from GuildNet's MAP product line and all other 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 3a: 2011/2012 Satisfaction Survey Results GuildNet and Partially Capitated Plans	GuildNet 2011 (N=108)		Overall Partial Cap 2011 (N=1,307)		GuildNet 2012 (N=125)		Overall Partial Cap 2012 (N=1,662)	
	Denom inator	%	Denom inator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	107	83.2%	1,286	83.7%	124	84.7%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	74	74.3%	788	70.6%	80	72.5%	1,009	71.3%
Eye Care-Optometry	86	84.9%	1,020	82.0%	98	88.8%	1,279	82.4%
Foot Care	80	86.3%	881	81.6%	83	83.1%	1,087	81.7%
Home Health Aide	92	89.1%	1,109	87.0%	106	90.6%	1,358	88.0%
Care Manager	94	85.1%	1,132	85.8%	104	90.4%	1,389	83.7%
Regular Visiting Nurse	93	87.1%	1,129	84.4%	104	88.5%	1,420	84.0%
Medical Supplies	77	89.6%	933	84.5%	84	94.1%	1,185	85.3%
Transportation Services	74	81.1%	987	78.6%	91	76.9%	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	81	80.2%	973	79.5%	99	76.8%	1,258	78.7%
Care Manager	77	67.5%	986	71.9%	90	71.1%	1,225	70.1%
Regular Visiting Nurse	87	62.1%	1,065	71.5%	101	60.4%	1,351	69.9%
Transportation TO the Doctor	71	59.2%	892	70.1%	89	61.8%	1,147	68.1%
Transportation FROM the Doctor	72	58.3%	898	66.0%	91	60.4%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	56	35.7%	632	41.3%	64	56.3%	832	47.4%
Eye Care/Optometry	73	47.9%	855	39.4%	81	46.9%	1,093	43.2%
Foot Care/Podiatry	61	52.5%	753	40.8%	68	57.4%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	47	29.8%	453	28.5%	50	32.0%	612	28.3%
Eye Care/Optometry	56	19.6%	607	25.9%	61	18.0%	788	24.9%
Foot Care/Podiatry	52	19.2%	532	24.4%	52	23.1%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	100	61.0%	1,242	57.3%	104	64.4%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	104	50.0%	1,275	50.6%	105	57.1%	1,387	54.7%
Health plan has copy of this document ♦ ++	50	62.0%	634	55.0%	40	82.5%	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.

♦ Item based on a skip pattern

++ Represents new question in 2011

Figure 3b: 2011/2012 Satisfaction Survey Results GuildNet and MLTC Plans Statewide	GuildNet 2011 (N=108)		Statewide 2011 (N=1,845)		GuildNet 2012 (N=125)		Statewide 2012 (N=2,522)	
	Denom inator	%	Denom inator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	107	83.2%	1,816	85.2%	124	84.7%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	74	74.3%	1,148	71.7%	80	72.5%	1,530	70.2%
Eye Care-Optometry	86	84.9%	1,462	82.4%	98	88.8%	1,951	81.3%
Foot Care	80	86.3%	1,248	82.9%	83	83.1%	1,640	80.2%
Home Health Aide	92	89.1%	1,529	86.7%	106	90.6%	2,056	87.1%
Care Manager	94	85.1%	1,612	87.0%	104	90.4%	2,108	84.3%
Regular Visiting Nurse	93	87.1%	1,583	85.8%	104	88.5%	2,132	83.7%
Medical Supplies	77	89.6%	1,373	86.7%	84	94.1%	1,844	85.9%
Transportation Services	74	81.1%	1,450	80.8%	91	76.9%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	81	80.2%	1,383	78.9%	99	76.8%	1,897	78.2%
Care Manager	77	67.5%	1,407	73.0%	90	71.1%	1,876	69.3%
Regular Visiting Nurse	87	62.1%	1,493	72.7%	101	60.4%	2,027	69.1%
Transportation TO the Doctor	71	59.2%	1,315	71.9%	89	61.8%	1,766	68.5%
Transportation FROM the Doctor	72	58.3%	1,318	68.6%	91	60.4%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	56	35.7%	916	44.5%	64	56.3%	1,234	46.2%
Eye Care/Optometry	73	47.9%	1,196	41.8%	81	46.9%	1,647	42.9%
Foot Care/Podiatry	61	52.5%	1,043	44.1%	68	57.4%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	47	29.8%	656	25.5%	50	32.0%	920	25.8%
Eye Care/Optometry	56	19.6%	853	24.2%	61	18.0%	1,195	22.3%
Foot Care/Podiatry	52	19.2%	763	23.1%	52	23.1%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	100	61.0%	1,763	62.5%	104	64.4%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	104	50.0%	1,802	59.1%	105	57.1%	2,145	61.1%
Health plan has copy of this document ♦ ++	50	62.0%	1,045	60.5%	40	82.5%	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.

♦ Item based on a skip pattern

++ Represents new question in 2011

GuildNet Part Cap 2012 vs. Partially Capitated and Statewide Survey Results:

Figures 3a and 3b illustrate the MLTC Member Satisfaction Survey results for GuildNet's partially capitated product, indicating that there were not any statistically significant differences when compared to other plans in New York State. However, there are notable deviations from the average in terms of timeliness of services, especially involving visiting nurse services and transportation to and from the doctor:

- 60.4% of respondents indicated that visiting nurse services were always or usually on time, compared to 69.9% of respondents enrolled in similar plans in the state and 69.1% of respondents in all plans statewide.
- Similarly, timeliness of transportation both to and from the doctor (61.8% and 60.4%, respectively) was rated lower than similar plans in the state (68.1% and 67.4%) and all plans statewide (68.5% and 66.9%). It should be noted that although these ratings were lower than those in similar plans and others statewide, they were an improvement over the 2011 survey results (59.2% timeliness to the doctor and 58.3% from the doctor).

In contrast to these lower levels of satisfaction:

- 94.1% of respondents rated the quality of medical supplies as good/excellent, compared with similar plans (85.3%) and all plans statewide (85.9%).
- Additionally, respondents indicated that they had timely access to care more often than those in other plans (specifically to dentists and podiatrists for routine care).

GuildNet 2011 vs. GuildNet 2012 Partially Capitated Survey Results:

Many of the percentages remained relatively constant from 2011 to 2012, with a couple of notable exceptions:

- There was a 20.6 percentage point increase in the number of respondents who indicated they could get an appointment with their dentist for routine care within 1 month.
- There was a 20.5 percentage point increase in the number of respondents who indicated that their health plan had a copy of their advance directive on file.

Figure 4a: 2011/2012 Satisfaction Survey Results GuildNet Gold and MAP Plans	GuildNet Gold 2011 (N=59)		Overall MAP 2011 (N=129)		GuildNet Gold 2012 (N=91)		Overall MAP 2012 (N=414)	
	Denomi nator	%	Denomi nator	%	Denomi nator	%	Denomi nator	%
Plan Rated as Good or Excellent	59	83.1%	127	85.8%	88	85.2%	403	85.2%
Quality of Care Rated as Good or Excellent								
Regular Doctor	55	85.5%	113	88.5%	84	94.1%	375	88.3%
Dentist	50	62.0%	80	65.0%	60	63.3%	230	61.7%
Eye Care-Optometry	53	81.1%	104	82.7%	72	83.3%	317	78.2%
Foot Care	53	83.0%	92	85.9%	65	84.6%	275	77.1%
Home Health Aide	55	74.5%	107	83.2%	78	84.6%	361	85.3%
Care Manager	57	86.0%	115	89.6%	83	86.8%	353	84.2%
Regular Visiting Nurse	55	76.4%	115	83.5%	75	82.7%	352	79.0%
Medical Supplies	48	85.4%	97	85.6%	64	84.4%	304	81.9%
Transportation Services	48	70.8%	92	81.5%	72	73.6%	287	69.0%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	50	72.0%	100	73.0%	68	85.3%	320	77.9%
Care Manager	49	69.4%	94	71.3%	69	76.8%	310	67.1%
Regular Visiting Nurse	48	60.4%	103	69.9%	73	64.4%	336	64.2%
Transportation TO the Doctor	38	71.1%	77	67.5%	63	69.8%	249	66.3%
Transportation FROM the Doctor	38	68.4%	75	64.0%	66	68.2%	252	63.1%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	53	41.5%	106	58.5%	79	49.4%	358	58.4%
Dentist	42	54.8%	63	60.3%	44	38.6%	173	45.7%
Eye Care/Optometry	49	44.9%	87	46.0%	68	32.4%	272	40.1%
Foot Care/Podiatry	48	41.7%	82	47.6%	58	34.5%	235	40.4%
Access to Urgent Care (Same Day)								
Regular Doctor	46	34.8%	88	44.3%	65	35.4%	307	38.4%
Dentist	31	35.5%	45	37.8%	33	30.3%	135	28.9%
Eye Care/Optometry	43	30.2%	68	27.9%	55	27.3%	207	21.3%
Foot Care/Podiatry	45	24.4%	71	28.2%	42	28.6%	184	24.5%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	56	57.1%	123	65.0%	77	80.5%	352	69.6%
Member has legal document appointing someone to make decisions ++	57	63.2%	125	68.8%	75	73.3%	363	62.3%
Health plan has copy of this document ♦ ++	36	38.9%	86	38.4%	32	59.4%	154	64.9%

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

++ Represents new question in 2011

Figure 4b: 2011/2012 Satisfaction Survey Results GuildNet Gold and MLTC Plans Statewide	GuildNet Gold 2011 (N=59)		Statewide 2011 (N=1,845)		GuildNet Gold 2012 (N=91)		Statewide 2012 (N=2,522)	
	Denomi nator	%	Denomi nator	%	Denomi nator	%	Denomi nator	%
Plan Rated as Good or Excellent	59	83.1%	1,816	85.2%	88	85.2%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Regular Doctor	55	85.5%	1,664	88.6%	84	94.1%	2,247	88.9%
Dentist	50	62.0%	1,148	71.7%	60	63.3%	1,530	70.2%
Eye Care-Optometry	53	81.1%	1,462	82.4%	72	83.3%	1,951	81.3%
Foot Care	53	83.0%	1,248	82.9%	65	84.6%	1,640	80.2%
Home Health Aide	55	74.5%	1,529	86.7%	78	84.6%	2,056	87.1%
Care Manager	57	86.0%	1,612	87.0%	83	86.8%	2,108	84.3%
Regular Visiting Nurse	55	76.4%	1,583	85.8%	75	82.7%	2,132	83.7%
Medical Supplies	48	85.4%	1,373	86.7%	64	84.4%	1,844	85.9%
Transportation Services	48	70.8%	1,450	80.8%	72	73.6%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	50	72.0%	1,383	78.9%	68	85.3%	1,897	78.2%
Care Manager	49	69.4%	1,407	73.0%	69	76.8%	1,876	69.3%
Regular Visiting Nurse	48	60.4%	1,493	72.7%	73	64.4%	2,027	69.1%
Transportation TO the Doctor	38	71.1%	1,315	71.9%	63	69.8%	1,766	68.5%
Transportation FROM the Doctor	38	68.4%	1,318	68.6%	66	68.2%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	53	41.5%	1,483	58.5%	79	49.4%	2,104	58.7%
Dentist	42	54.8%	916	44.5%	44	38.6%	1,234	46.2%
Eye Care/Optometry	49	44.9%	1,196	41.8%	68	32.4%	1,647	42.9%
Foot Care/Podiatry	48	41.7%	1,043	44.1%	58	34.5%	1,390	44.9%
Access to Urgent Care (Same Day)								
Regular Doctor	46	34.8%	1,234	51.0%	65	35.4%	1,755	45.4%
Dentist	31	35.5%	656	25.5%	33	30.3%	920	25.8%
Eye Care/Optometry	43	30.2%	853	24.2%	55	27.3%	1,195	22.3%
Foot Care/Podiatry	45	24.4%	763	23.1%	42	28.6%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	56	57.1%	1,763	62.5%	77	80.5%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	57	63.2%	1,802	59.1%	75	73.3%	2,145	61.1%
Health plan has copy of this document ♦ ++	36	38.9%	1,045	60.5%	32	59.4%	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.

♦ Item based on a skip pattern ++ Represents new question in 2011

GuildNet Gold 2012 vs. MAP and Statewide Survey Results:

Figures 4a and 4b detail the MLTC Member Satisfaction Survey for GuildNet's MAP product. Although the sample size (n=91) of responding members was too small to yield significant results when compared to other health plans, access to care seems to be an area of concern. Timely access to routine care was lacking, as compared with other MAP plans and all plans statewide.

- There was about a 9 percentage point difference between GuildNet's MAP respondents and those belonging to other MAP and statewide plans for timely access to a regular doctor for routine care (49.4% compared to 58.4% and 58.7%, respectively). There was an even lower rate of respondents who indicated that they had timely access to a regular doctor for *urgent* care (35.4% compared to 38.4% and 45.4% for other MAP plans and statewide plans, respectively).
- 38.6% of respondents indicated that they were readily able to see a dentist for a routine visit, as compared with those in other MAP and state plans, whose response rates were 45.7% and 46.2%, respectively.
- 32.4% of respondents indicated that they had access to an optometrist for a routine visit within 30 days, compared to MAP and statewide averages of 40.1% and 42.9%, respectively.
- 34.5% of respondents indicated that they had access to a podiatrist for a routine visit within 30 days, compared to MAP and statewide averages of 40.4% and 44.9%, respectively.
- It should be noted that there was an improvement in advance directives since 2011, where respondents had a conversation with the plan about appointing someone to make decisions (80.5% versus 57.1%), and where the member had an advance directive (73.3% versus 63.2%). Both of these rates are also higher than other MAP and statewide plans.

GuildNet Gold 2011 vs. GuildNet Gold 2012:

There were several notable changes in the rates from 2011 to 2012:

- There was a 16.2 percentage point decrease in the percent of respondents who indicated they had access to their dentist for routine care. Similarly, there was a 12.5 percentage point decline in the percent of members who indicated they had routine access to their optometrists.
- Survey questions pertaining to advance directives saw more favorable outcomes in 2012:
 - There was a 23.4 percentage point increase in the percent of members who indicated the plan had discussed appointing a healthcare proxy.
 - The percent of members who indicated they had an advance directive increased by 10.1 percentage points.
 - The percentage of members who reported their health plan having a copy of their advance directive rose by 20.5 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 5a contains GuildNet's partially capitated January 2013 summary SAAM assessment results, and figure 5b contains SAAM assessment 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 GuildNet Gold's January 2013 summary SAAM assessment results, and figure 6b contains SAAM assessment 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: GuildNet Partially Capitated and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012	Statewide Mean July 2012	Plan Mean January 2013	Statewide Mean January 2013
	8,844	50,034	10,546	67,723
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	2.7	2.5	2.7	2.4
Transferring - Average score on a scale of 0-6, 0 highest level	1.7	1.4	1.8	1.5
Upper Body Dressing - Average score on a scale of 0-3, 0 highest level	1.8	1.6	1.8	1.5
Lower Body Dressing - Average score on a scale of 0-3, 0 highest level	2.0	1.9	2.0	1.9
Toileting - Average score on a scale of 0-4, 0 highest level	1.0	0.7	1.1	0.7
Feeding/Eating - Average score on a scale of 0-5, 0 highest level	1.0	0.6	1.0	0.7
Urinary Incontinence Frequency - % incontinent more than once/week	91.2%	86.4%	92.9%↑	86.0%
Bowel Incontinence Frequency - % with any bowel incontinence	20.5%	19.9%	20.4%	21.0%
Cognitive Functioning - % with any degree of cognitive impairment	61.2%	59.3%	59.0%	57.8%
When Confused - % with any level of confusion	60.8%	62.8%	58.7%	63.3%
When Anxious - % with any level of anxiety	81.0%↑	57.8%	83.2%↑	58.3%
Frequency of Pain - % experiencing pain at least daily	59.3%↑	52.0%	58.7%↑	53.5%
Falls Resulting in Medical Intervention - % of members experiencing at least one fall	50.9%	48.3%	55.0%↑	45.7%

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 point to a significantly higher rate of anxiety amongst GuildNet's partially capitated plan members when compared to the statewide average for both January 2013 and July 2012 submission periods. It should be noted that the SAAM question pertaining to anxiety is 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.

It was also noted that a higher percentage of GuildNet's partially capitated members experienced some level of pain on at least a daily basis (for both reporting periods), in addition to falls resulting in medical intervention (for both submission periods, with the July 2012 submission only marginally higher).

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

SAAM Item	Plan Mean July 2011 N= 6,983	Plan Mean Jan 2012 N= 7,941	Plan Mean July 2012 N= 8,844	Plan Mean Jan 2013 N= 10,546
Ambulation – Average score on a scale of 0-6, 0 highest level	2.5	2.5	2.5	2.5
Bathing – Average score on a scale of 0-5, 0 highest level	2.7	2.7	2.7	2.7
Transferring – Average score on a scale of 0-6, 0 highest level	1.6	1.7	1.7	1.8
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.8	1.8	1.8	1.8
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.0	2.0	2.0	2.0
Toileting – Average score on a scale of 0-4, 0 highest level	1.0	1.0	1.0	1.1
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	1.0	1.0	1.0	1.0
Urinary Incontinence Frequency – % incontinent more than once/week	88.4%	90.9%	91.2%	92.9%
Bowel Incontinence Frequency – % with any bowel incontinence	19.3%	20.4%	20.5%	20.4%
Cognitive Functioning – % with any degree of cognitive impairment	57.7%	59.7%	61.2%	59.0%
When Confused – % with any level of confusion	57.4%	59.3%	60.8%	58.7%
When Anxious – % with any level of anxiety	79.9%	78.9%	81.0%	83.2%
Frequency of Pain – % experiencing pain at least daily	55.2%	57.7%	59.3%	58.7%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	45.8%	50.2%	50.9%	55.0%

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

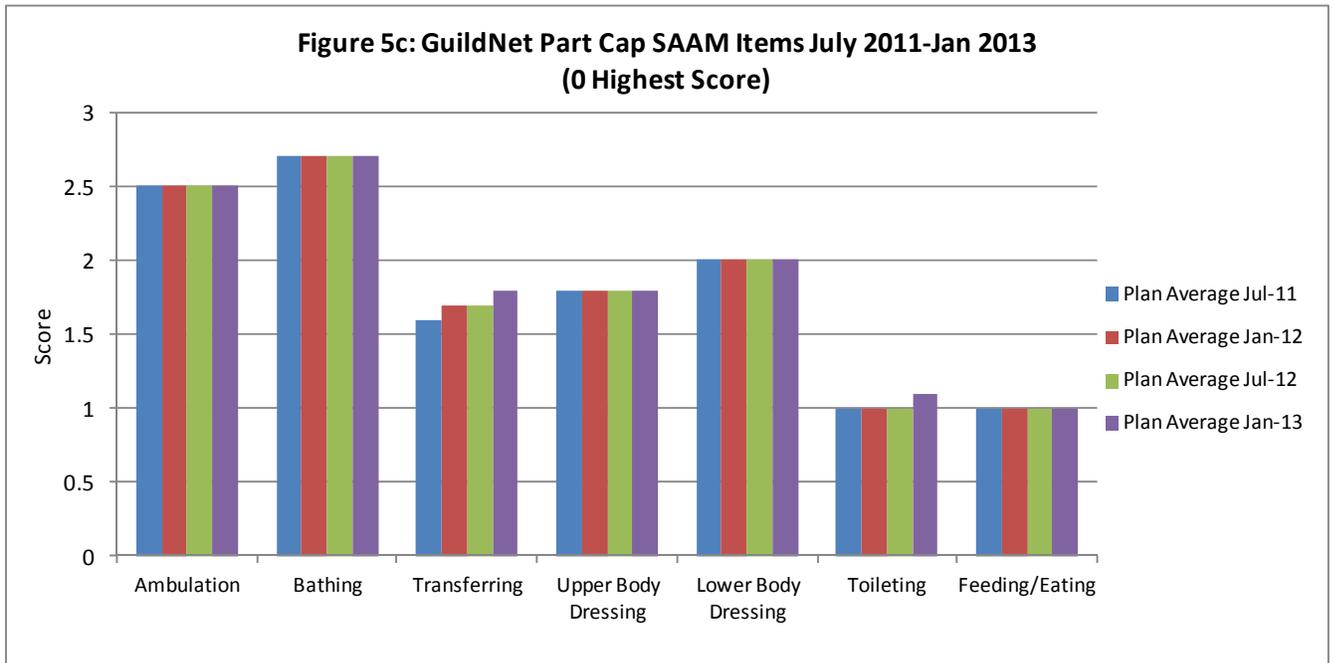


Figure 5c: Many of the ADL measures remained constant over the 2011/2012 reporting periods (including ambulation, bathing, upper/lower body dressing and feeding/eating). Toileting was constant for the July 2011-July 2012 reporting periods, but rose slightly in the January 2013 period. Transferring had an overall increase in score.

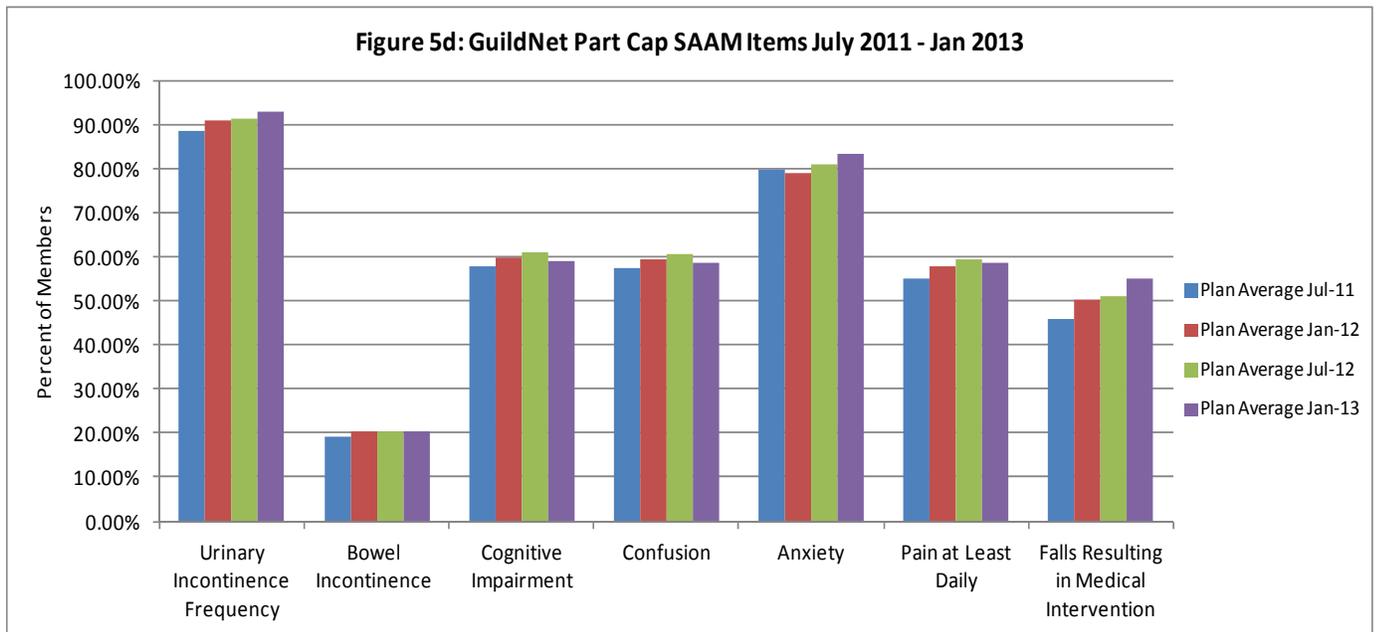


Figure 5d: There was an overall increase in a few of the physical health measures between the July 2011 and January 2013 reporting periods; urinary incontinence, frequency of pain and falls resulting in medical intervention seem to have become more prevalent over time in this member population. The prevalence of cognitive impairment and confusion increased slightly from July 2011-July 2012, and then decreased in the January 2013 reporting period.

Figure 6a: GuildNet Gold and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012	Statewide Mean July 2012	Plan Mean January 2013	Statewide Mean January 2013
	N= 415	N= 58,463	N= 418	N= 77,851
Ambulation - Average score on a scale of 0-6, 0 highest level	2.4	2.3	2.3	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	1.4	1.5	1.4	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	1.8	1.9	1.8	1.9
Toileting - Average score on a scale of 0-4, 0 highest level	0.8	0.8	0.7	0.8
Feeding/Eating - Average score on a scale of 0-5, 0 highest level	1.0	0.7	1.0	0.7
Urinary Incontinence Frequency - % incontinent more than once/week	91.3%	87.0%	95.5%↑	86.8%
Bowel Incontinence Frequency - % with any bowel incontinence	10.7%↓	19.9%	10.7%↓	20.9%
Cognitive Functioning- % with any degree of cognitive impairment	53.0%↓	59.6%	47.3%↓	58.0%
When Confused - % with any level of confusion	52.9%↓	62.6%	47.4%↓	62.8%
When Anxious - % with any level of anxiety	83.2%↑	61.0%	86.2%↑	61.4%
Frequency of Pain - % experiencing pain at least daily	51.9%	53.0%	47.4%↓	54.1%
Falls Resulting in Medical Intervention - % of members experiencing at least one fall	36.6%↓	48.7%	53.2%↑	46.8%

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				

It should be noted that the MAP population through 2012 was relatively small, possibly limiting the significance of the comparison to statewide averages. According to the submission data provided above:

- MAP members suffered from bowel incontinence less frequently than other MLTC plan members in the state. This held true for both the January 2013 and July 2012 reporting periods.
- MAP members appear to have experienced urinary incontinence more frequently than their statewide plan counterparts for both the January 2013 and July 2012 reporting periods.
- MAP members experienced cognitive impairment and confusion less frequently when compared with other MLTC plan members in the state.
- MAP members appear to have experienced anxiety more frequently than their statewide plan counterparts for both the January 2013 and July 2012 reporting periods.

The questions pertaining to cognitive impairment, confusion and anxiety are prone to 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.

Figure 6b: GuildNet Gold SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011	Plan Mean Jan 2012	Plan Mean July 2012	Plan Mean Jan 2013
	N= 377	N= 390	N= 415	N= 418
Ambulation – Average score on a scale of 0-6, 0 highest level	2.3	2.3	2.4	2.3
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	1.3	1.4	1.4	1.4
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	1.7	1.7	1.8	1.8
Toileting – Average score on a scale of 0-4, 0 highest level	0.7	0.7	0.8	0.7
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	1.0	1.0	1.0	1.0
Urinary Incontinence Frequency – % incontinent more than once/week	87.4%	91.5%	91.3%	95.5%
Bowel Incontinence Frequency – % with any bowel incontinence	8.6%	10.8%	10.7%	10.7%
Cognitive Functioning – % with any degree of cognitive impairment	42.0%	48.3%	53.0%	47.3%
When Confused – % with any level of confusion	42.0%	48.5%	52.9%	47.4%
When Anxious – % with any level of anxiety	75.8%	78.6%	83.2%	86.2%
Frequency of Pain – % experiencing pain at least daily	40.1%	46.9%	51.9%	47.4%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	39.0%	47.5%	36.6%	53.2%

Figures 6c and 6d: GuildNet Gold SAAM Data 2011-2012

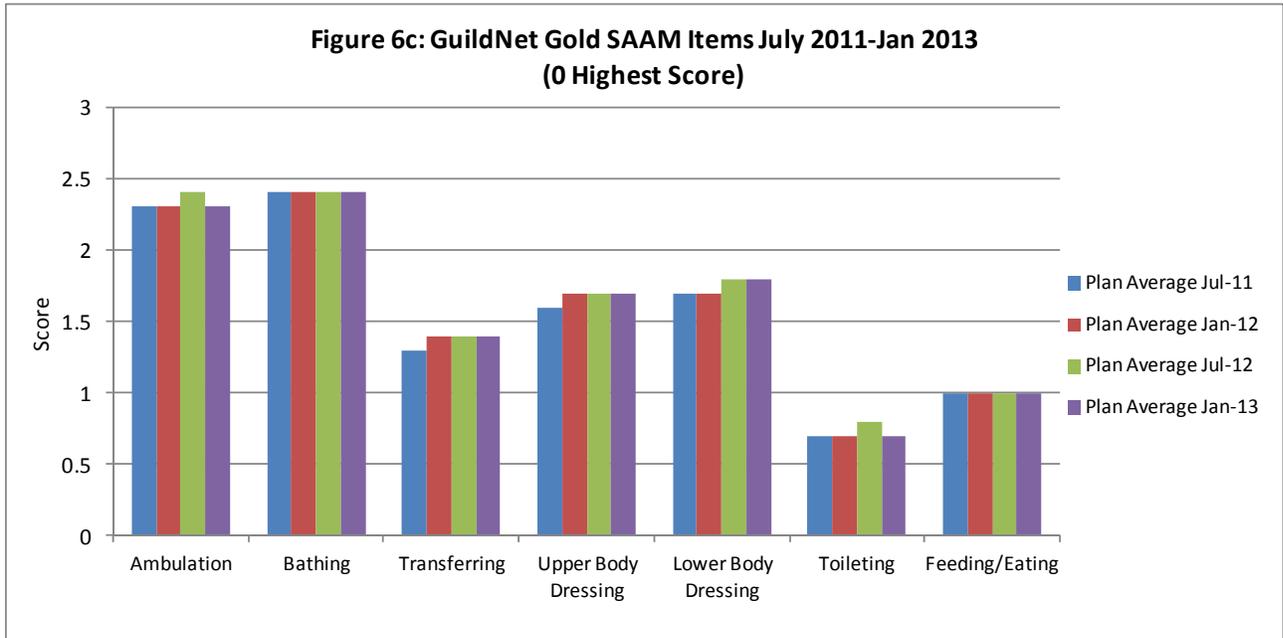


Figure 6c: There were no substantial changes in scores during the reporting periods from July 2011 through January 2013. There was a slightly higher score for ambulation and toileting in the July 2012 reporting period, relative to all other periods displayed in the above figure, indicating a lower level of ability to perform these tasks.

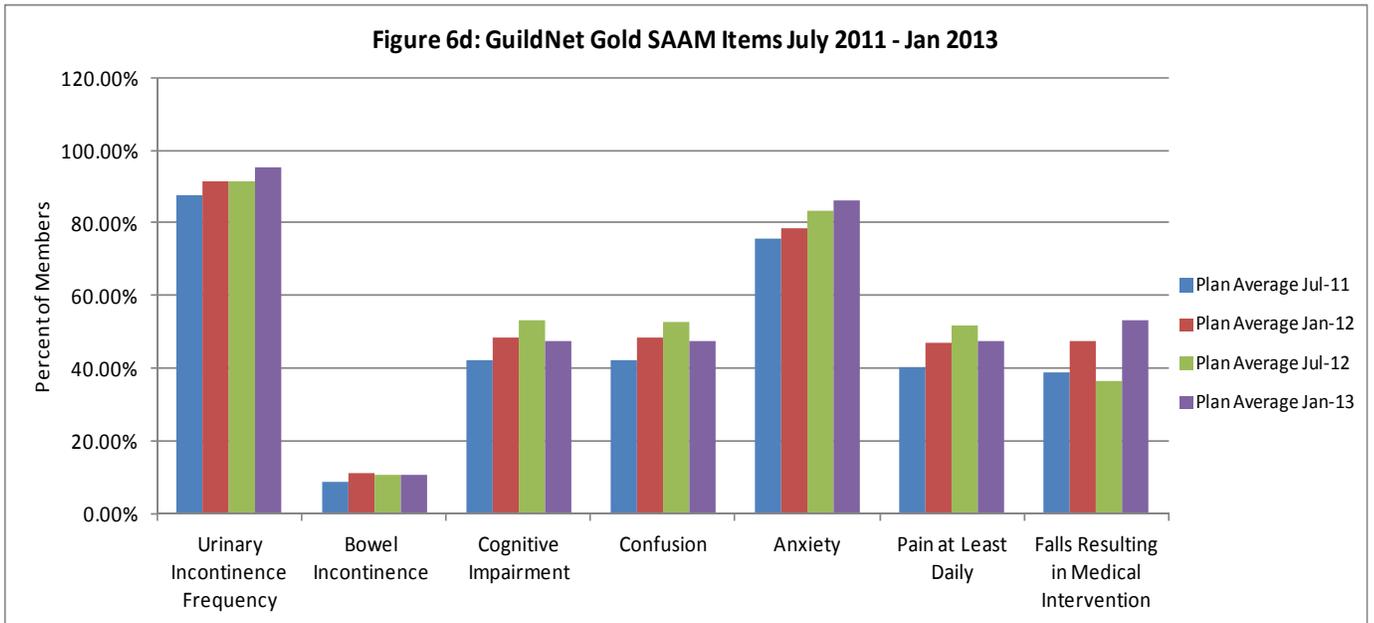


Figure 6d: Cognitive impairment, confusion and frequency of pain increased in prevalence from July 2011 through July 2012, and then decreased in the January 2013 reporting period. Anxiety increased over each period, while urinary incontinence had an overall upward trend.

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 GuildNet’s PIP for 2012:

GuildNet’s MLTC Plan Performance Improvement Project (PIP) was entitled “Improving Outcomes for GuildNet Members with Cardiovascular Disease”. The objective of this project was to reduce the preventable/unplanned hospital admissions/readmissions for members with CVD (both with cardiac diagnoses and all other hospital admissions) by 10% each. CVD diagnoses include: congestive heart failure, acute myocardial infarction and ischemia. Additionally, this project sought to improve member self-health management skills concerning CVD by 5% each through two SAAM indicators (“adherence to medication regime” and “adherence to therapy/medical interventions”).

GuildNet members were enrolled in several campaigns throughout 2012 that served as interventions to prevent subsequent heart-related medical episodes from occurring. These included the “Heart Healthy Living”, “Visit Your Doctor Regularly” and “Know Your ABCs- Preventing Heart Attacks and Strokes” campaigns. Additional interventions included the education of the GuildNet care management staff regarding wellness initiatives and member education scripts, and wellness initiatives that were conducted quarterly (consisting of staff training and education as well as member education).

The study group was first evaluated in December of 2011 and then reassessed in December of 2012 for the number of hospitalizations/readmissions and medical adherence in those respective years (i.e. January 2011-December 2011 and January 2012-December 2012). The following are the results from these initiatives:

Hospitalization Rate – All Dx Goal – decrease by 10%	Numerator: # of Hospital Admissions for CVD Members	Denominator: Members with CVD	%	% Change
Baseline (1/1/2011-12/31/2011)	796	1517	52.0%	---
Re-measure #1 (1/1/2012-12/31/2012)	834	1517	55.0%	6%
Hospitalization Rate – Cardiac Dx Goal – decrease by 10%	Numerator: # of Hospital Admissions for Cardiac Diagnoses for CVD Members	Denominator: Members with CVD	%	% Change
Baseline (1/1/2011 – 12/31/2011)	360	1517	24%	---
Re-measure #1 (1/1/2012-12/31/2012)	322	1517	21%	-13%
Readmission Rate – All Dx Goal – decrease by 10%	Numerator: # of Unplanned Re- admissions Within 30 Days for CVD Members	Denominator: # of Hospital Admissions for CVD Members	%	% Change
Baseline (1/1/2011-12/31/2011)	144	796	18%	---

Re-measure #1 (1/1/2012-12/31/2012)	153	834	18%	0%
Readmission Rate – Cardiac Dx Goal – decrease by 10%	Numerator: # of Unplanned Re- admissions Within 30 Days for Cardiac Diagnosis for CVD Members	Denominator: # of Hospital Admissions for Cardiac Diagnoses for CVD Members	%	% Change
Baseline (1/1/2011-12/31/2011)	54	360	15.0%	---
Re-measure #1 (1/1/2012-12/31/2012)	44	322	13.7%	-9%
Medication Adherence Goal – increase by 5%	Numerator: # of Members with CVD Adherent to Medication Regime	Denominator: CVD Members	%	% Change
Baseline (1/1/2011- 2/31/2011)	1359	1501	90.5%	---
Re-measure #1 (1/1/2012-12/31/2012)	1363	1503	90.6%	0%
Medical Treatment Adherence Goal – increase by 5%	Numerator: # of Members with CVD Adherent to Therapy/Medical Interventions	Denominator: CVD Members	%	% Change
Baseline (1/1/2011-12/31/2011)	1080	1239	87.2%	---
Re-measure #1 (1/1/2012-12/31/2012)	1191	1324	90.0%	3%

The results of GuildNet’s Performance Improvement Project were varied. GuildNet met only one of their five pre-defined goals (lowering hospitalization rates for members diagnosed with CVD by 10%). The plan surpassed this goal by 3%, with an overall reduction of 13%. Medical treatment adherence also improved by 3%, short of their 5% goal. Readmission rates for study members with CVD dropped by 9%, just shy of their 10% goal. Two indicators remained virtually unchanged; the readmission rate for those with all diagnoses and medication adherence. There was an adverse outcome in the hospitalization rate for those with all diagnoses, which saw a 6% increase over the year-long project, in contrast to the goal of a 10% decrease that was established at the outset.

GuildNet stated that they do not believe one year is long enough a timeframe to affect change in member health habits, and so they have developed a multi-year project to follow cohorts of members. The next phase of this project consists of promoting annual wellness visits amongst GuildNet’s members, by scheduling appointments and making the appropriate transportation arrangements. Annual screenings will be reinforced by these visits, in addition to case manager interventions as previously discussed.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Quality of Care Ratings (Partially Capitated)

2012 survey data show that a larger proportion of partially capitated GuildNet members rated the quality of the majority of medical services as good/excellent, compared with similar plans and other plans in the state. This was especially notable for medical supplies (94.1% of GuildNet members rated these supplies as good or excellent, compared with 85.3% of other partially capitated plan members and 85.9% of all plan members statewide). Care managers and eye care services also reflected above average percentages of respondents indicating that care quality was good or excellent.

Access to Routine Care (Partially Capitated)

Respondents indicated that they had timely access to care more often than their similar plan and statewide counterparts (specifically for dentists). In comparison to the 2011 survey results, there was a 20.6 percentage point increase in the number of respondents who indicated they could get an appointment with their dentist for routine care within 30 days.

Bowel Incontinence (MAP)

SAAM data indicate that a lower percentage of GuildNet Gold members suffered from bowel incontinence when compared with members in other plans statewide for both the January 2013 and July 2012 submission periods.

Behavioral Health (MAP)

SAAM data indicate that a lower percentage of GuildNet Gold members suffered from cognitive impairment and confusion than those in other plans statewide. This was true for both the January 2013 and July 2012 submission periods. It should be noted, however, that 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.

Advance Directives (MAP)

Survey results pertaining to advance directives saw more favorable outcomes in 2012 when compared with 2011 results:

- There was a 23.4 percentage point increase in the percent of members who indicated the plan had discussed appointing a health care proxy.
- The percent of members who indicated they had an advance directive increased by 10.1 percentage points.
- The percentage of members who reported that their health plan had a copy of their advance directive rose by 20.5 percentage points.

Performance Improvement Project (Partially Capitated)

GuildNet's PIP focused on lowering hospital admission/readmission rates for members with CVD by 10%, in addition to improving member self-health management skills by 5% each through the incorporation of two questions into their SAAM process ("adherence to medication regime" and "Adherence to therapy/medical interventions").

Although they did not achieve every goal set forth, GuildNet was able to lower hospitalization rates for members diagnosed with CVD by 13%, as well as decrease readmission rates of all cardiac diagnoses by 9%.

Opportunities

Behavioral Health (Partially Capitated and MAP)

According to SAAM data from both the January 2013 and July 2012 measurement periods, members of GuildNet's partially capitated and MAP plans suffered from higher rates of anxiety, when compared with the statewide mean. For members of the partially capitated product, the prevalence of anxiety was at least 23 percentage points higher in both submissions, while for MAP members it was at least 22 percentage points higher for both submissions. In contrast, SAAM data for MAP members reflected levels of cognitive impairment and confusion that were substantially *lower* than members of other plans statewide.

The scores for these questions (anxiety, confusion, 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 GuildNet 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. Two assessors could independently conduct the same assessments on a sample of members, to test the validity of responses.

Falls (Partially Capitated and MAP)

It should also be noted that a higher percentage of GuildNet members enrolled in both plans experienced more falls that led to medical intervention than those members enrolled in other plans statewide for the January 2013 submission period. Furthermore, when comparing SAAM data from July 2011 through January 2013, the partially capitated plan had an overall increase in the percent of members experiencing falls that had required medical intervention. It is recommended that the plan's fall mitigation program be reviewed, to consider the possibility of introducing more physical therapy or exercise program interventions, and/or possibly necessary home environmental modifications, to reduce fall risk.

Service Timeliness (Visiting Nurse Services, Transportation-Partially Capitated)

In the 2012 MLTC Satisfaction Survey, partially capitated plan members rated the punctuality of their visiting nurse service and transportation to and from the doctor notably lower than other plan and statewide averages. The visiting nurse services were less punctual by about 9 percentage points, according to survey respondents, when compared to other partially capitated plans and all MLTC plans throughout the state. The timeliness of their transportation services to and from the doctor were approximately 7 percentage points below both averages.

It is recommended that GuildNet's partially capitated product line conduct a focused member survey, addressing these providers specifically, to determine the nature of these timeliness issues.

Routine and Emergency Access to Physicians (MAP)

MAP members responding to the 2012 survey indicated that they had poor access to their regular doctor for routine care within 30 days (49.4% of respondents had access to timely care) compared to the MAP and statewide averages (58.4% and 58.7%, respectively).

MAP survey respondents reported that they had only been able to access their regular doctor for same day urgent care at a rate of 35.4%. This was marginally less than the average for similar plans, at 38.4%, and below the statewide average of 45.4%. Similarly, of the members who responded, they were less likely to be able to see their dentist, optometrist or podiatrist for *routine* care, compared with other MAP and statewide plan members.

In comparison to the 2011 survey, there was a 16.2 percentage point decrease in the number of respondents who indicated they had access to their dentist for routine care. Similarly, there was a 12.5 percentage point decline in the number of members who indicated they had routine access to their optometrists.

Small numbers may be impacting the significance of these results, but it is recommended that a focused member survey be conducted, to determine if access issues exist with these providers.

Encounter Data (Partially Capitated and MAP)

MEDS submissions reflected lower levels of personal care and home nursing visits for the partially capitated product, and lower levels of personal care hours, physical therapy visits, and ER utilization for the MAP line. Also, home nursing visits did not appear to be available for reporting for the MAP line.

It is recommended that GuildNet consider a data validation study, by comparing internal plan care manager records/vendor records/claims and encounters to the MEDS submissions to determine if under-reporting issues exist or if there is any inability to capture data for these services.