

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

**PLAN – Technical REPORT
FOR
INDEPENDENCE CARE SYSTEM**

Reporting Year 2012

March 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 for 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

Independence Care System (ICS) is a regional partially capitated Managed Long Term Care (MLTC) plan. The following report presents plan-specific information for their partially capitated product line:

- Plan ID: 01865329
- Managed Long-term Care Start Date: April 2000
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 18 and older
- Contact Information: 257 Park Ave South
2nd Floor
New York, NY 10010
(877) 427-2525
(212) 584-2500

Participating Counties and Programs

Bronx	Partial Cap
Queens	Partial Cap

Kings	Partial Cap
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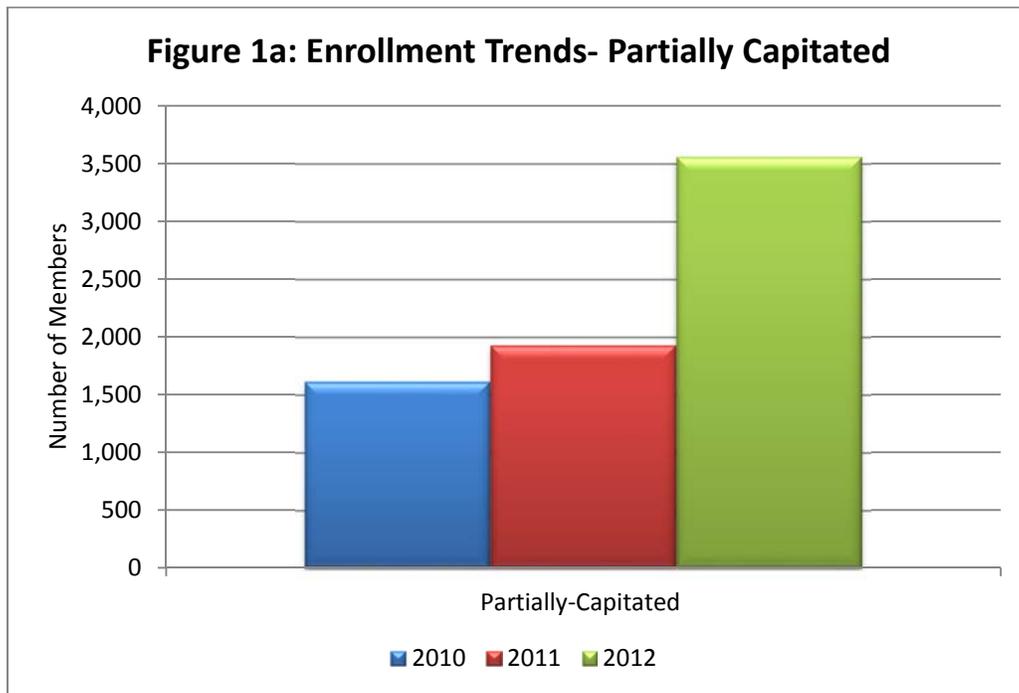
New York	Partial Cap
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Section Three: Enrollment

Figure 1 depicts membership for ICS' partially capitated product line for calendar years 2010 to 2012, as well as the percent change from the previous year. Membership grew over this period, increasing by 19.4% from 2010 to 2011 and by 84.6% from 2011 to 2012. Figure 1a trends partially capitated product line enrollment.

Figure 1: Membership: Partially Capitated- 2010-2012

	2010	2011	2012
Number of Members	1,615	1,929	3,560
% Change From Previous Year	12.9%	19.4%	84.6%



Section Four: Utilization

Figure 2 represents Independence Care System’s utilization of managed long term care services in 2011 and 2012. The services presented are those covered under the plan’s partially capitated product line. 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		
	ICS	Partially Capitated	Statewide	ICS	Partially Capitated	Statewide
Home Health Care – Nursing (visits)	2.20↓	8.80	12.13	2.03↓	4.96	7.16
Home Health Care-Physical Therapy (visits)	0.28↓	1.22	1.63	0.21	0.78	0.91
Personal Care (hours)	52.30↓	135.49	132.80	31.93↓	90.31	90.64
Transportation (one-way trips)	16.40↓	21.31	23.73	5.61↓	14.68	15.65
Nursing Home (days)	0.14↓	0.36	0.40	0.03	0.10	0.11
Dental (visits)	1.41	0.79	0.73	0.21	0.52	0.52
Optometry (visits)	0.30	0.46	0.45	0.11	0.26	0.25
Podiatry (visits)	0.82	0.41	0.80	0.33	0.35	0.45

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

ICS 2012 vs. Partially Capitated and Statewide Averages:

Encounter data reveal a lower level of utilization among ICS MLTC members for each category compared with partially capitated and statewide averages. Most notable are the categories of home nursing visits, personal care and transportation. It should also be noted that ICS membership has tended to be somewhat younger in age than that of the other partially capitated plans. This may account for notably lower personal care and home nursing utilization, since these members might be healthier overall, while also potentially having healthy/younger family members as caregivers.

ICS 2011 vs. ICS 2012:

Utilization was lower for each service in 2012 when compared with 2011, with the most notable differences seen in personal care hours, transportation and dental visits.

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 Independence Care System's partially capitated product line was 27.7% (156 respondents out of 564 members in the sample).

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

Figure 3b represents data from the 2011 and 2012 satisfaction survey results from Independence Care System's partially capitated product line and all other MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 3a: 2011/2012 Satisfaction Survey Results Independence Care System (ICS) and Partially Capitated Plans	ICS 2011 (N=119)		Overall Partial Cap 2011 (N=1,307)		ICS 2012 (N=156)		Overall Partial Cap 2012 (N=1,662)	
	Denom inator	%	Denom inator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	117	87.2%	1,286	83.7%	152	81.6%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	95	75.8%	788	70.6%	107	78.5%	1,009	71.3%
Eye Care-Optometry	96	82.3%	1,020	82.0%	122	81.2%	1,279	82.4%
Foot Care	83	77.1%	881	81.6%	101	82.2%	1,087	81.7%
Home Health Aide	106	89.6%	1,109	87.0%	138	81.2%	1,358	88.0%
Care Manager	108	88.9%	1,132	85.8%	136	83.1%	1,389	83.7%
Regular Visiting Nurse	98	81.6%	1,129	84.4%	126	79.4%	1,420	84.0%
Medical Supplies	104	91.3%	933	84.5%	128	81.3%	1,185	85.3%
Transportation Services	96	83.3%	987	78.6%	128	75.0%	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	103	81.6%	973	79.5%	138	82.6%	1,258	78.7%
Care Manager	104	77.9%	986	71.9%	136	77.9%	1,225	70.1%
Regular Visiting Nurse	88	69.3%	1,065	71.5%	122	68.0%	1,351	69.9%
Transportation TO the Doctor	84	73.8%	892	70.1%	112	68.8%	1,147	68.1%
Transportation FROM the Doctor	84	73.8%	898	66.0%	107	71.0%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	84	41.7%	632	41.3%	96	46.9%	832	47.4%
Eye Care/Optometry	83	34.9%	855	39.4%	115	39.1%	1,093	43.2%
Foot Care/Podiatry	69	42.0%	753	40.8%	88	39.8%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	53	26.4%	453	28.5%	73	24.7%	612	28.3%
Eye Care/Optometry	64	26.6%	607	25.9%	88	14.8%	788	24.9%
Foot Care/Podiatry	49	24.5%	532	24.4%	74	18.9%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	115	63.5%	1,242	57.3%	135	63.7%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	118	48.3%	1,275	50.6%	132	55.3%	1,387	54.7%
Health plan has copy of this document ♦ ++	56	62.5%	634	55.0%	47	80.9%	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 Independence Care System (ICS) and MLTC Plans Statewide	ICS 2011 (N=119)		Statewide 2011 (N=1,845)		ICS 2012 (N=156)		Statewide 2012 (N=2,522)	
	Denomi nator	%	Denomi nator	%	Denomi nator	%	Denomi nator	%
Plan Rated as Good or Excellent	117	87.2%	1,816	85.2%	152	81.6%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	95	75.8%	1,148	71.7%	107	78.5%	1,530	70.2%
Eye Care-Optometry	96	82.3%	1,462	82.4%	122	81.2%	1,951	81.3%
Foot Care	83	77.1%	1,248	82.9%	101	82.2%	1,640	80.2%
Home Health Aide	106	89.6%	1,529	86.7%	138	81.2%	2,056	87.1%
Care Manager	108	88.9%	1,612	87.0%	136	83.1%	2,108	84.3%
Regular Visiting Nurse	98	81.6%	1,583	85.8%	126	79.4%	2,132	83.7%
Medical Supplies	104	91.3%	1,373	86.7%	128	81.3%	1,844	85.9%
Transportation Services	96	83.3%	1,450	80.8%	128	75.0%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	103	81.6%	1,383	78.9%	138	82.6%	1,897	78.2%
Care Manager	104	77.9%	1,407	73.0%	136	77.9%	1,876	69.3%
Regular Visiting Nurse	88	69.3%	1,493	72.7%	122	68.0%	2,027	69.1%
Transportation TO the Doctor	84	73.8%	1,315	71.9%	112	68.8%	1,766	68.5%
Transportation FROM the Doctor	84	73.8%	1,318	68.6%	107	71.0%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	84	41.7%	916	44.5%	96	46.9%	1,234	46.2%
Eye Care/Optometry	83	34.9%	1,196	41.8%	115	39.1%	1,647	42.9%
Foot Care/Podiatry	69	42.0%	1,043	44.1%	88	39.8%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	53	26.4%	656	25.5%	73	24.7%	920	25.8%
Eye Care/Optometry	64	26.6%	853	24.2%	88	14.8%	1,195	22.3%
Foot Care/Podiatry	49	24.5%	763	23.1%	74	18.9%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	115	63.5%	1,763	62.5%	135	63.7%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	118	48.3%	1,802	59.1%	132	55.3%	2,145	61.1%
Health plan has copy of this document ♦ ++	56	62.5%	1,045	60.5%	47	80.9%	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

ICS Satisfaction Survey 2012 vs. Partially Capitated and Statewide Results:

The MLTC member satisfaction survey did not yield any results of statistical significance for ICS. There were notable differences, however, in terms of access to care. ICS members consistently reported poorer access to dentists, eye care specialists, and podiatrists for urgent care, while access to routine care was also below statewide and / or partially capitated averages, especially for eye care and foot care.

ICS Satisfaction Survey 2011 vs. ICS Satisfaction Survey 2012:

There were only a few notable changes in how respondents rated various services/providers in 2012 compared with 2011:

- There were fewer members who felt as though their medical supplies were of excellent or good quality (81.3% compared with 91.3% in 2011).
 - Similarly, the home health aide received lower ratings for quality of care, evidenced by the 8.4 percentage point decrease in a rating of excellent or good, while transportation services had an 8.3 percentage point decrease.
- Members reported inferior access to an eye care specialist for urgent care in 2012, evidenced by the 11.8 percentage point decline in those who indicated that they always or usually had access within 24 hours.
- A greater percentage of members reported that their health plan had a copy of their advance directive on file (80.9% compared with 62.5% in 2011).

Section Six: SAAM-Quality of Clinical Assessments

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

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

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

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

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

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

Figure 4a contains Independence Care System's January 2013 summary SAAM assessment results, for the 13 eligibility index items. Included also are the number of falls resulting in medical intervention and frequency of pain.

Figure 4b contains Independence Care System's summary 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 4c and 4d are graphical representations of the data in Figure 4b.

Figure 4a: Independence Care System and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012 N=2,374	Statewide Mean July 2012 N=56,504	Plan Mean Jan 2013 N=3,228	Statewide Mean Jan 2013 N=75,041
Ambulation – Average score on a scale of 0-6, 0 highest level	3.0↓↓	2.2	3.1↓↓	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.6	2.5	2.9	2.4
Transferring – Average score on a scale of 0-6, 0 highest level	1.9	1.4	2.0	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.7	1.6	1.8	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.1	1.9	2.2	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	1.2	0.8	1.3	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.9	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	91.9%↑	86.8%	91.3%	86.7%
Bowel Incontinence Frequency – % with any bowel incontinence	28.2%↑	19.6%	30.9%↑	20.6%
Cognitive Functioning – % with any degree of cognitive impairment	29.4%↓	60.9%	39.0%↓	58.8%
When Confused – % with any level of confusion	22.3%↓	64.3%	32.7%↓	64.0%
When Anxious – % with any level of anxiety	32.9%↓	62.4%	40.7%↓	62.4%
Frequency of Pain – % experiencing pain at least daily	50.7%	53.1%	52.7%	54.3%
Falls Resulting in Medical Intervention –	29.2%↓	49.9%	26.7%↓	48.1%

% 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				
↓↓ Indicates a score that is worse than the statewide average				

SAAM data for both submission periods indicate that ICS members displayed lower levels of cognitive impairment, confusion, and anxiety than members comprising the 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.

In terms of physical health, ICS members had higher rates of bowel incontinence for both submission periods (exceeding the statewide averages by about 10 percentage points for each submission). Members also had an inferior score for ambulation for both submission periods.

Lastly, members experienced lower rates of falls that resulted in medical intervention for both submission periods. The percent of members experiencing at least one such fall was 26.7% compared with 48.1% for the January submission, and 29.2% compared with 49.9% for the July submission.

Figure 4b: Independence Care System SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011 N=1,674	Plan Mean Jan 2012 N=1,963	Plan Mean July 2012 N=2,374	Plan Mean Jan 2013 N=3,228
Ambulation – Average score on a scale of 0-6, 0 highest level	3.0	2.9	3.0	3.1
Bathing – Average score on a scale of 0-5, 0 highest level	2.5	2.5	2.6	2.9
Transferring – Average score on a scale of 0-6, 0 highest level	1.9	1.9	1.9	2.0
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.7	1.7	1.7	1.8
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	2.1	2.1	2.1	2.2
Toileting – Average score on a scale of 0-4, 0 highest level	1.1	1.1	1.2	1.3
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.7	0.9
Urinary Incontinence Frequency – % incontinent more than once/week	91.7%	93.3%	91.9%	91.3%
Bowel Incontinence Frequency – % with any bowel incontinence	26.9%	26.6%	28.2%	30.9%
Cognitive Functioning – % with any degree of cognitive impairment	22.8%	24.8%	29.4%	39.0%
When Confused – % with any level of confusion	16.0%	19.0%	22.3%	32.7%
When Anxious – % with any level of anxiety	36.4%	35.7%	32.9%	40.7%
Frequency of Pain –	48.5%	49.6%	50.7%	52.7%

% experiencing pain at least daily				
Falls Resulting in Medical Intervention – % of men which rec	26.7%			

Figures 4c and 4d: Independence Care System SAAM Data 2011-2012

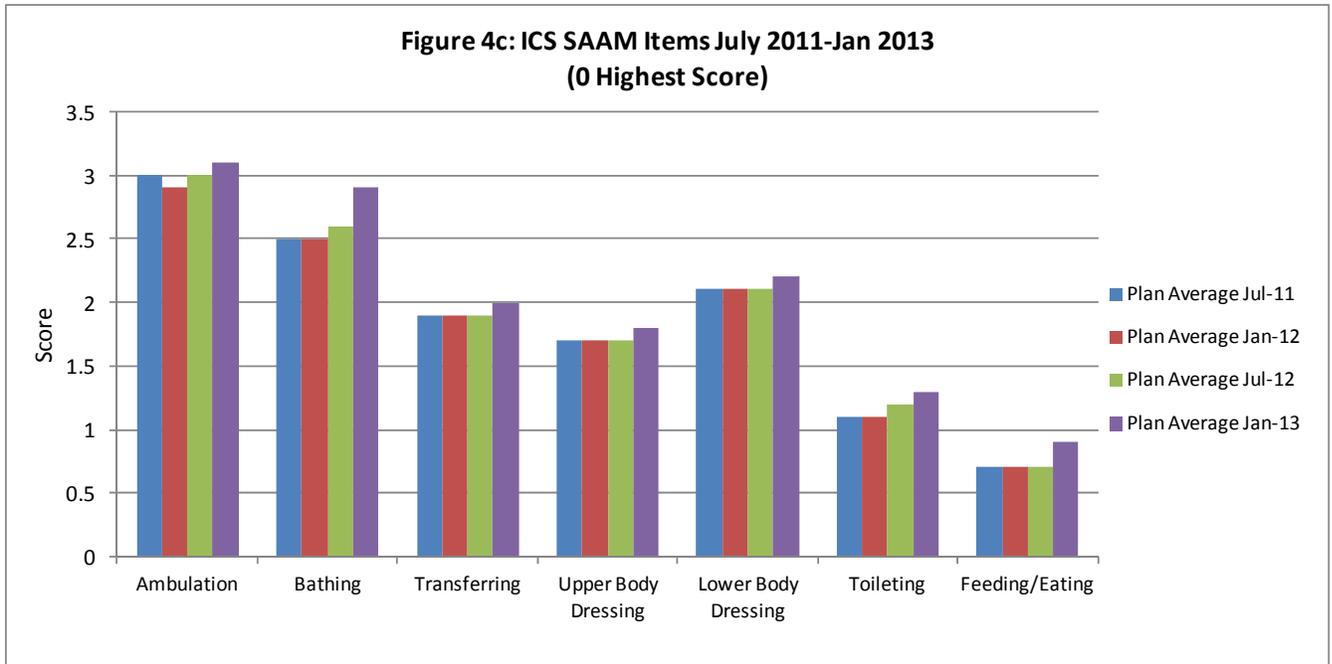


Figure 4c: The January 2013 reporting period had the highest scores in each ADL category, indicating a lower level of ability to perform these tasks. In terms of trending, scores generally remained constant or increased slightly over time from the July 2011 reporting period to the January 2013 reporting period.

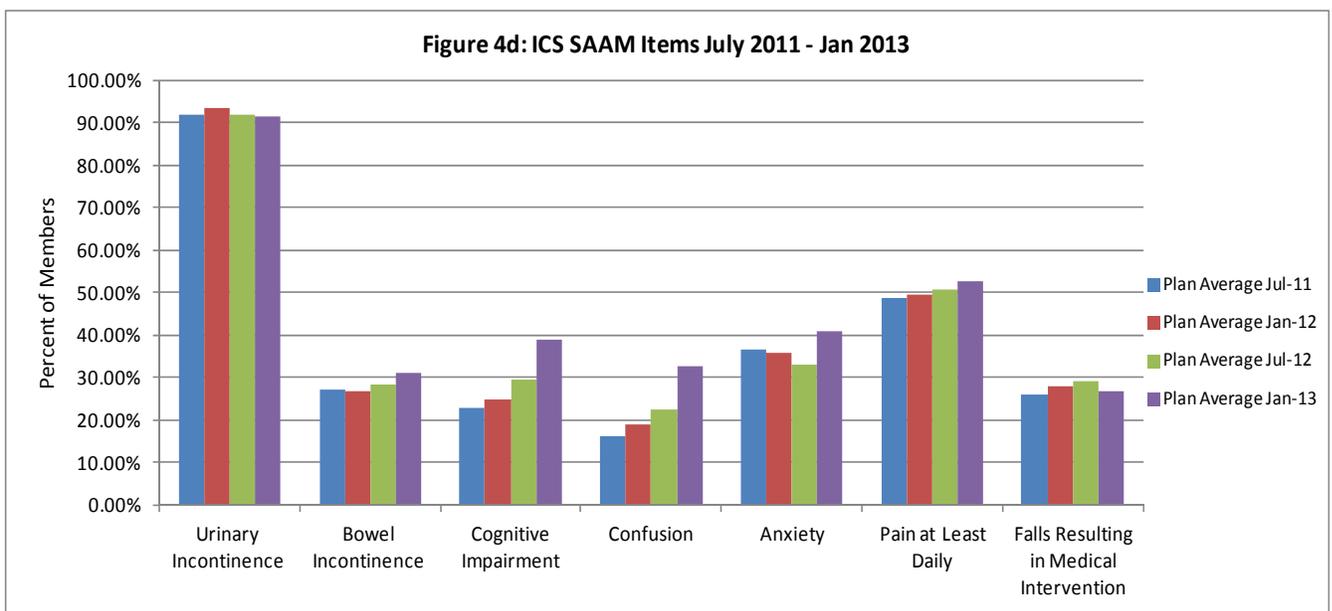


Figure 4d: The percentage of members experiencing bowel incontinence, daily pain, cognitive impairment and confusion increased throughout the 4 reporting periods, while urinary incontinence, falls and anxiety were variable.

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 Independence Care System's PIP for 2012:

Independence Care System's 2012 PIP was entitled "Health Literacy and the Impact of Self Management of Diabetes". Over 33% of ICS' members have a diagnosis of diabetes. The objective of the plan's PIP was to determine the health literacy level of the study group and assess the group members' self-knowledge of diabetes. The plan's diabetic population consisted of 644 members, of which 209 were selected as the study population. These members were selected based upon upcoming scheduled SAAM assessments, in either March or April 2012. Of the 209, 161 were assessed for self knowledge at baseline SAAM assessments, with some opting out. One hundred twenty nine (129) remained in the study and were assessed post intervention.

Interventions included:

- Education and training were provided to ICS Nursing and Social Work Care Management staff on health literature, diabetic self-management and the use and interpretation of the literacy assessment (The Newest Vital Sign). These educational and training programs were also provided to the nursing staff.
- An internally developed pill chart was developed to improve knowledge related to diabetic medications and stickers were used to indicate when the medication should be taken and what its purpose was. Pictures and signs were used to educate plan members about: hyperglycemia and hypoglycemia, dietary suggestions for diabetics, blood sugar testing, eye health and the need for annual eye and foot examinations.
- The need for referrals and recommendations for skilled nursing, nutritionists and other specialists was identified by the RN and followed up with by the Social Worker Care Manager.
- The pictorial educational guides were used at baseline (March and April SAAM assessments) and at re-measure (September and October SAAM data), targeting members with possible or highly likely limited literacy capabilities.

Results are detailed below:

Literacy Level	Average % of Members Demonstrating Diabetes Self Management Knowledge (Baseline) n=161	Average % of Members Demonstrating Diabetes Self Management Knowledge (Post Intervention) n=129
Adequate Literacy	95%	93%
Possibility of Limited Literacy	89%	90%
High Likelihood of Limited Literacy	79%	82%

An unexpected observation was that the baseline measurements for diabetic literacy were quite high. After the interventions were completed, the populations deemed to have high or moderate levels of illiteracy saw a small benefit from the use of ICS' simplified educational materials. The knowledge scores of those thought to be of an adequate literacy level actually fell slightly. The variances from baseline to the final measurements were minimal for all three subgroups in the project.

The interventions appeared to have the most impact for those members with the highest likelihood of limited literacy.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Timeliness of Services

The percent of ICS members who indicated their healthcare services were usually or always on time either met or exceeded the percent of other MLTC plan members in 2012.

Fall Prevention/Mitigation

SAAM data show that Independence Care System had notably lower rates of falls requiring medical intervention compared with the statewide average for both the July 2012 and January 2013 submission periods. This may be indicative of comprehensive falls risk assessment and falls mitigation programs. Also, the younger age of many of the members, coupled with a significant percentage of membership with physical impairment, may be contributors to both lower than average falls and serious falls.

Behavioral Health

SAAM data reflected a lower than average number of members exhibiting cognitive impairment, as well as a lower number of members exhibiting confusion and anxiety. This trend was consistent for both the July 2012 and January 2013 submission periods.

It should be noted 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.

Performance Improvement Project

ICS' Performance Improvement Project focused on diabetes self-management, given each plan members' literacy level. Over 33% of ICS members are diabetic, thus warranting this PIP. Interventions included:

- Education and training for ICS Nursing and Social Work Care Management staff on health literature, diabetic self-management and the use and interpretation of the literary assessment
- An internally developed pill chart to improve knowledge related to diabetic medications, and stickers to indicate when and why the medication should be taken
- RN identification of the need for referrals and recommendations for skilled nursing, nutritionists and other specialists, which was then followed up with by the Social Worker Care Manager

After the interventions were completed, the populations deemed to have high or moderate levels of illiteracy saw a small benefit from the use of ICS' simplified educational materials. The knowledge scores of those thought to be of an adequate literacy level actually fell slightly. Small and uneven sample sizes most likely contributed to the questionable outcomes of these scores. The variances from baseline to the final measurements were minimal for all three subgroups in the project. The interventions appeared to have the most impact for those members with the highest likelihood of limited literacy.

Opportunities

Bowel Incontinence

SAAM evaluation data from January 2013 and July 2012 show that ICS plan members had higher rates of bowel incontinence when compared with other plan members throughout the state. In both measurement periods, ICS members had approximately a 10 percentage point higher rate of bowel incontinence, when compared to the statewide means. Furthermore, the percentage of members experiencing bowel incontinence increased throughout the 4 SAAM reporting periods (from July 2011 to January 2013).

Access to Urgent/Routine Care

Compared with members of other partially capitated plans in 2012, a lower percentage of ICS members indicated that they had access to routine care within 30 days or urgent care within 24 hours for dentists, eye care specialists, and podiatrists.

It should also be noted that when compared to 2011 survey response data, there was an 11.8 percentage point decline in the number of members who indicated that they always or usually had access to an eye care specialist for urgent care within 24 hours.

A focused member survey should be considered, to determine if access issues exist with these providers.

MEDS Data

Several services (personal care hours, transportation services, home nursing visits) reported notably lower utilization than partially capitated and statewide averages. ICS should consider conducting a data validation study, by comparing care manager records, transportation logs, vendor data, etc, to the submitted MEDS data. This can assist in determining if any under reporting issues exist or if there is any inability to capture data for these services.