

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

**PLAN – Technical REPORT
FOR
SENIOR HEALTH PARTNERS**

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

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

There are three (3) MLTC plan types:

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

A description of each of the plan types follows:

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

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

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

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

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for Reporting Year 2012.

Section Two: Plan Profile

Senior Health Partners is a regional partially capitated Managed Long Term Care (MLTC) plan. The plan is owned by Healthfirst, a larger managed care organization servicing Medicare, Medicaid, Family Health Plus and Child Health Plus members in New York and New Jersey.

Plan profile information is as follows:

- Plan ID: 02104369
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 21 and older
- Contact Information: 100 Church Street
New York, NY 10007
(800) 633-9717

Participating Counties and Programs

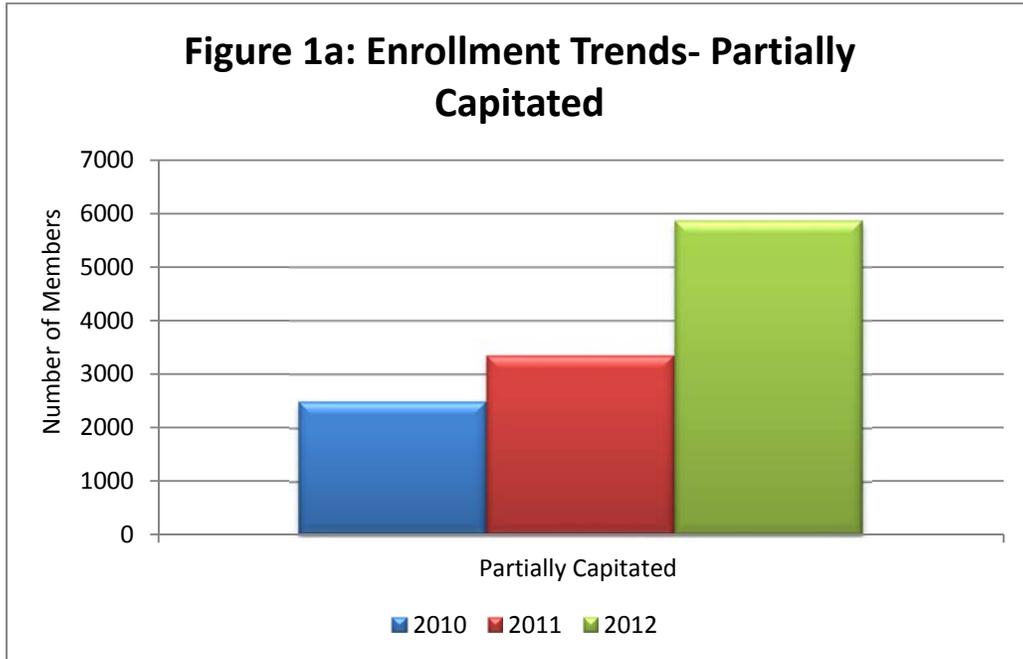
New York	Partial Cap	Queens	Partial Cap	Kings	Partial Cap
Bronx	Partial Cap	Richmond	Partial Cap	Nassau	Partial Cap
Westchester	Partial Cap				

Section Three: Enrollment

Figure 1 depicts membership for the plan's partially capitated product line for calendar years 2010 to 2012, as well as the percent change from the previous year. Membership grew over this period, increasing by 34.2% from 2010 to 2011 and by 75.1% 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	2498	3353	5870
% Change From Previous Year		31.1%	75.1%



Section Four: Utilization

Figure 2 represents Senior Health Partners' 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 Medicaid Encounter Data System (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		
	Senior Health Partners	Partially Capitated	Statewide	Senior Health Partners	Partially Capitated	Statewide
Home Health Care – Nursing (visits)	17.60↑	8.80	12.13	N/A*	4.96	7.16
Home Health Care-Physical Therapy (visits)	2.90↑	1.22	1.630	N/A*	0.78	0.91
Personal Care (hours)	224.60↑	135.49	132.80	200.50↑	90.31	90.64
Transportation (one-way trips)	22.10	21.31	23.73	18.00↑	14.68	15.65
Nursing Home (days)	0.24	0.36	0.40	0.21	0.10	0.11
Dental (visits)	0.73	0.79	0.73	1.04	0.52	0.52
Optometry (visits)	0.37	0.46	0.45	0.28	0.26	0.25
Podiatry (visits)	0.56	0.41	0.80	0.58	0.35	0.45

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

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

* Data not reported/not available

Senior Health Partners 2012 vs. Partially Capitated and Statewide Averages:

Senior Health Partners reported the highest number of personal care hours per member per year of any plan documented in NYSDOH's Medicaid Encounter Data System for 2012. Additionally, there were slightly more one-way trips per member when compared to the partially capitated and statewide averages.

Senior Health Partners 2011 vs. Senior Health Partners 2012:

There were lower levels of utilization for personal care and transportation services in 2012 when compared with 2011 for SHP members. Other reported categories of care/services had not changed significantly.

It should be noted that home nursing visits and physical therapy visits were either not reported or were not available for reporting in 2012.

Section Five: Member Satisfaction

I PRO, in conjunction with the NYSDOH, conducted a member satisfaction survey in 2012. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 9,959 surveys that were mailed, 613 were returned as undeliverable due to either mailing address issues or the member was deceased. This yielded an adjusted population of 9,346. A total of 2,522 surveys were completed, yielding an overall response rate of 27.0%.

The response rate for Senior Health Partners' partially capitated product line was 26.0% (146 respondents out of 562 members in the sample).

I PRO had conducted a similar survey in 2011. Figure 3a represents data from the 2011 and 2012 satisfaction survey results from Senior Health Partners' 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 for Senior Health Partners' 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 Senior Health Partners (SHP) and Partially Capitated Plans	SHP		Overall Partial Cap		SHP		Overall Partial Cap	
	2011 (N=126)		2011 (N=1,307)		2012 (N=146)		2012 (N=1,662)	
Description	Denomi nator	%	Denomi nator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	122	87.7%	1,286	83.7%	143	81.8%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	85	72.9%	788	70.6%	90	78.9%	1,009	71.3%
Eye Care-Optometry	100	71.0%	1,020	82.0%	111	85.6%	1,279	82.4%
Foot Care	89	82.0%	881	81.6%	87	85.1%	1,087	81.7%
Home Health Aide	114	88.6%	1,109	87.0%	116	88.8%	1,358	88.0%
Care Manager	112	86.6%	1,132	85.8%	112	89.3%	1,389	83.7%
Regular Visiting Nurse	112	83.0%	1,129	84.4%	120	85.8%	1,420	84.0%
Medical Supplies	93	78.5%	933	84.5%	105	85.7%	1,185	85.3%
Transportation Services	100	80.0%	987	78.6%	101	84.2%	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	90	81.1%	973	79.5%	105	74.3%	1,258	78.7%
Care Manager	97	68.0%	986	71.9%	95	70.5%	1,225	70.1%
Regular Visiting Nurse	102	73.5%	1,065	71.5%	111	76.6%	1,351	69.9%
Transportation TO the Doctor	89	71.9%	892	70.1%	92	66.3%	1,147	68.1%
Transportation FROM the Doctor	84	75.0%	898	66.0%	91	65.9%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	62	27.4%	632	41.3%	73	39.7%	832	47.4%
Eye Care/Optometry	72	26.4%	855	39.4%	88	33.0%	1,093	43.2%
Foot Care/Podiatry	71	25.4%	753	40.8%	69	33.3%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	38	26.3%	453	28.5%	51	27.5%	612	28.3%
Eye Care/Optometry	52	34.6%	607	25.9%	65	29.2%	788	24.9%
Foot Care/Podiatry	47	25.5%	532	24.4%	50	36.0%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	121	59.5%	1,242	57.3%	114	69.3%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	125	41.6%	1,275	50.6%	114	56.1%	1,387	54.7%
Health plan has a copy of this document ♦ ++	52	38.5%	634	55.0%	45	68.9%	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 Senior Health Partners (SHP) and MLTC Plans Statewide	SHP		Statewide		SHP		Statewide	
	2011 (N=126)		2011 (N=1,845)		2012 (N=146)		2012 (N=2,522)	
Description	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	122	87.7%	1,816	85.2%	143	81.8%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	85	72.9%	1,148	71.7%	90	78.9%	1,530	70.2%
Eye Care-Optometry	100	71.0%	1,462	82.4%	111	85.6%	1,951	81.3%
Foot Care	89	82.0%	1,248	82.9%	87	85.1%	1,640	80.2%
Home Health Aide	114	88.6%	1,529	86.7%	116	88.8%	2,056	87.1%
Care Manager	112	86.6%	1,612	87.0%	112	89.3%	2,108	84.3%
Regular Visiting Nurse	112	83.0%	1,583	85.8%	120	85.8%	2,132	83.7%
Medical Supplies	93	78.5%	1,373	86.7%	105	85.7%	1,844	85.9%
Transportation Services	100	80.0%	1,450	80.8%	101	84.2%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	90	81.1%	1,383	78.9%	105	74.3%	1,897	78.2%
Care Manager	97	68.0%	1,407	73.0%	95	70.5%	1,876	69.3%
Regular Visiting Nurse	102	73.5%	1,493	72.7%	111	76.6%	2,027	69.1%
Transportation TO the Doctor	89	71.9%	1,315	71.9%	92	66.3%	1,766	68.5%
Transportation FROM the Doctor	84	75.0%	1,318	68.6%	91	65.9%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	62	27.4%	916	44.5%	73	39.7%	1,234	46.2%
Eye Care/Optometry	72	26.4%	1,196	41.8%	88	33.0%	1,647	42.9%
Foot Care/Podiatry	71	25.4% ▼	1,043	44.1%	69	33.3%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	38	26.3%	656	25.5%	51	27.5%	920	25.8%
Eye Care/Optometry	52	34.6%	853	24.2%	65	29.2%	1,195	22.3%
Foot Care/Podiatry	47	25.5%	763	23.1%	50	36.0%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	121	59.5%	1,763	62.5%	114	69.3%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	125	41.6% ▼	1,802	59.1%	114	56.1%	2,145	61.1%
Health plan has a copy of this document ♦ ++	52	38.5%	1,045	60.5%	45	68.9%	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.

▼ 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

Senior Health Partners 2012 vs. Partially Capitated and Statewide Survey Results:

The proportion of SHP respondents who rated their quality of care as good or excellent either met or exceeded other MLTC plan respondents in the state. This included the quality of care they received from their regular doctor, dentist, optometrist, podiatrist, home health aide, care manager, visiting nurse service, medical supplies and transportation service.

SHP reported a lower rate of access to routine care for dentists, optometrists and podiatrists (however this rate was better in comparison to SHP rates in 2011 for access to these same providers).

Compared with other MLTC plans, there were fewer members who reported access to urgent care within 24 hours for their regular doctor or dentist, but a larger percentage of members who reported having access to their optometrist or podiatrist.

Senior Health Partners 2011 vs. Senior Health Partners 2012:

There were a few notable differences in how members rated various services/providers in 2012 compared with 2011:

- There was a 14.6 percentage point increase in the number of respondents who indicated that the quality of care provided by their optometrist was good or excellent.
- The percentage of respondents who indicated they had access to their dentist for routine care increased from 27.4% to 39.7%.
- There was a 10.5 percentage point increase in the number of respondents who indicated they had access to a podiatrist for urgent care within 24 hours.
- A higher percentage of members indicated that their health plan had spoken with them about advance directives, and that they and their health plan had this document on file.

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 current 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 Senior Health Partners' 2012 summary SAAM assessment results, and Figure 4b contains Senior Health Partners' SAAM results from July 2011 through January 2013, for the 13 eligibility index items. Included also are the number of falls resulting in medical intervention and frequency of pain.

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

Figure 4a: Senior Health Partners and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012 N=4,426	Statewide Mean July 2012 N=54,452	Plan Mean Jan 2013 N=6,021	Statewide Mean Jan 2013 N=72,248
Ambulation – Average score on a scale of 0-6, 0 highest level	2.1	2.3	2.1	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.3	2.5	2.2	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.6	1.4	1.5	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.5	1.6	1.5	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.9	1.9	1.8	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.6	0.8	0.7	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.6	0.7	0.6	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	89.2%	86.8%	89.4%	86.6%
Bowel Incontinence Frequency – % with any bowel incontinence	21.8%	19.8%	23.6%	20.7%
Cognitive Functioning – % with any degree of cognitive impairment	86.8%↑	57.3%	82.5%↑	55.7%
When Confused – % with any level of confusion	88.2%↑	60.4%	85.7%↑	60.7%
When Anxious – % with any level of anxiety	91.4%↑	58.8%	89.9%↑	59.1%
Frequency of Pain – % experiencing pain at least daily	73.9%↑	51.3%	73.9%↑	52.5%
Falls Resulting in Medical Intervention –	41.0%↓	49.6%	41.2%↓	47.5%

% 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 SHP members displayed much higher levels of cognitive impairment, 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.

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 41.2% compared with 47.5% for the January submission, and 41.0% compared with 49.6% for the July submission.

SAAM data for both submission periods indicate a higher percentage of members than average that are experiencing pain at least daily.

Figure 4b: Senior Health Partners SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011	Plan Mean Jan 2012	Plan Mean July 2012	Plan Mean Jan 2013
	N=3,027	N=3,555	N=4,426	N=6,021
Ambulation – Average score on a scale of 0-6, 0 highest level	2.1	2.1	2.1	2.1
Bathing – Average score on a scale of 0-5, 0 highest level	2.3	2.3	2.3	2.2
Transferring – Average score on a scale of 0-6, 0 highest level	1.6	1.7	1.6	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.5	1.6	1.5	1.5
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.8	1.9	1.9	1.8
Toileting – Average score on a scale of 0-4, 0 highest level	0.6	0.6	0.6	0.7
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.5	0.5	0.6	0.6
Urinary Incontinence Frequency – % incontinent more than once/week	85.2%	86.9%	89.2%	89.4%
Bowel Incontinence Frequency – % with any bowel incontinence	18.5%	17.9%	21.8%	23.6%
Cognitive Functioning – % with any degree of cognitive impairment	94.3%	91.3%	86.8%	82.5%
When Confused – % with any level of confusion	92.9%	91.3%	88.2%	85.7%
When Anxious – % with any level of anxiety	97.4%	95.5%	91.4%	89.9%
Frequency of Pain – % experiencing pain at least daily	62.5%	68.9%	73.9%	73.9%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	41.0%	38.9%	41.0%	41.2%

Figures 4c and 4d: Senior Health Partners SAAM Data 2011-2012

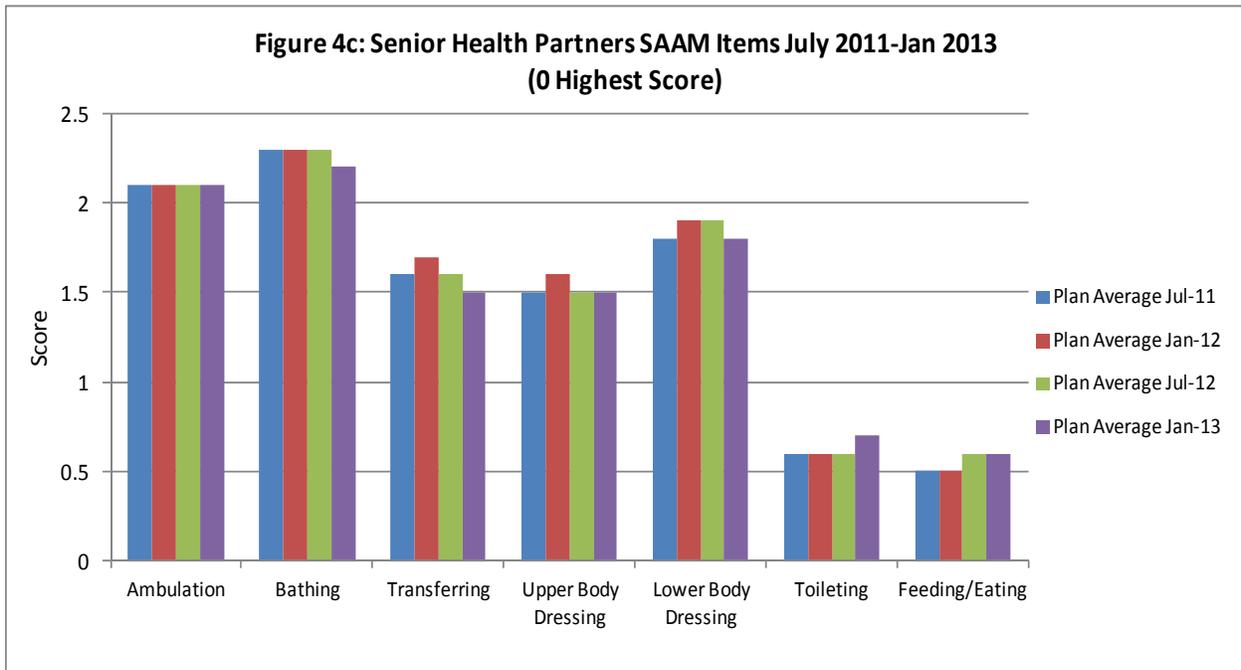


Figure 4c: Many ADL measures remained relatively constant over the 4 reporting periods represented in the above figure, with a slight increase in the scores for transferring and upper/lower body dressing in the January 2012 reporting period.

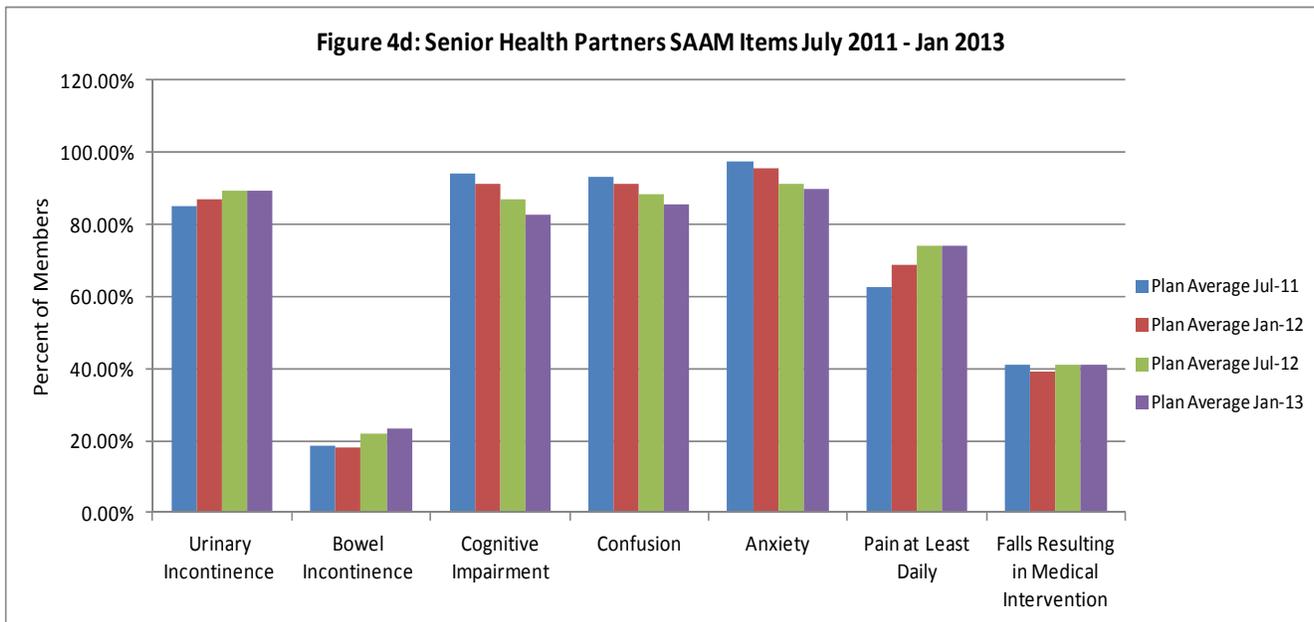


Figure 4d: Behavioral health outcomes improved from July 2011 to January 2013, as seen by the decrease in prevalence of cognitive impairment, confusion and anxiety in the above figure. Adverse physical health outcomes appear to have increased in prevalence during this same time frame, as evidenced by the higher rates of urinary/bowel incontinence and daily pain.

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 Senior Health Partners' (SHP) PIP for 2012:

Senior Health Partners (SHP) sought to address their low levels of advance directive compliance among members (41.6% compared to 50.6% for other partially capitated plans and 59.1% for all MLTC plans statewide). Along with their goal of increasing the rate to 60%, SHP's objectives included:

1. Educating staff regarding the importance of health care proxies (HCPs).
2. Providing members with health care proxy forms (available in multiple languages).
3. Educating members about the importance of choosing a health care proxy.
4. Informing plan members of key topic areas to discuss with their appointed agent, such as artificial hydration and nutrition.
5. Emphasize the importance of taking a copy of the health care proxy to ER visits and/or hospitalizations.
6. Developing a process where the Enrollment, Intake and Care Management Departments can work together seamlessly to monitor health care proxy completion and encourage members to designate a healthcare proxy.
7. Creating an assessment tool, including indicators related to member education and the procurement of the health care proxy forms, for the Care Management Teams (CMTs) to use in their monthly calls to members.

Interventions consisted of:

- The development of a revised, monthly assessment tool to monitor member HCP status, education, record retention and monthly CMT calls to plan members.
- SHP staff members from the Enrollment, Intake, Care Management and Medical Records Departments were educated about HCPs, their clinical implications, form completion and record retention protocols.
- SHP updated their database system to streamline the entry of HCP data and to track the status and completion of HCP forms.
- At key time points (enrollment, intake, welcome team and permanent team), clinical staff would discuss the HCP with members.
- SHP Quality Assurance Staff obtained weekly, monthly and semi-monthly reports from CMS to determine adherence to HCP intra-departmental processes and measure outcomes.

Results are detailed below:

Indicator: HCP Assessment/Discussion	Numerator: Members with an HCP Assessment/Discussion	Denominator: Plan Membership	Rate (%)
Baseline	0	3,448	0
Post Intervention	4,283	5,238	82%

Indicator: HCP Procurement	Numerator: Members with an HCP On File with the Plan	Denominator: Members Assessed, and Indicated that an HCP had been Completed	Rate (%)
Baseline (based upon MLTC satisfaction survey)	52	125	41.6%
Post Intervention	396	725	55%

Although Senior Health Partners did not meet their goal of having 60% of their members with HCPs, there was significant improvement to 55% from the survey baseline of 41.6%. The plan was also able to contact and assess 82% of their members via telephone. They reported a fair amount of non-compliance and resistance to appointing a proxy and completing these forms. SHP should attempt to gain a better understanding of these barriers and look for new ways to break down these impediments and further educate their member population about the importance of appointing a health care proxy.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Quality of Care

According to the 2012 MLTC survey, the proportion of SHP respondents who rated their quality of care as good or excellent either met or exceeded other MLTC plans in the state. This included the quality of care they received from their dentist, optometrist, podiatrist, home health aide, care manager, visiting nurse service, medical supplies and transportation service. Furthermore, when compared with the 2011 MLTC survey results, all providers/services had an increase in the percent of respondents who indicated the quality of care was good or excellent, with an especially notable increase in optometrists (14.6 percentage points).

Access to Urgent Care (Optometrist/Podiatrist)

In terms of access to urgent care, SHP respondents rated their access to eye care and foot care higher than similar plans and all other MLTC plans throughout the state. When compared to the 2011 survey results, the percentage of respondents who indicated they had access to a podiatrist for urgent care within 24 hours increased by 10.5 percentage points.

Access to Routine Care (Dentist)

The percentage of respondents who indicated they had access to their dentist for routine care increased from 27.4% in 2011 to 39.7% in 2012, representing an overall increase of 12.3 percentage points.

Fall Prevention/Mitigation

SAAM data show that SHP members reported lower rates of falls that had resulted in medical intervention compared with the statewide average for both submission periods (41.2% compared with 47.5%, respectively, for the January submission, and 41.0% compared with 49.6% for the July submission).

Performance Improvement Project (Advance Directives)

Senior Health Partners sought to address advance directive compliance among their member population, based on 2011 satisfaction survey results (which indicated that only 41.6% of members had an advance directive, compared with 50.6% for other partially capitated plans and 59.1% for all MLTC plans statewide). Although they did not meet their goal of 60%, there was a notable improvement in advance directive compliance when considering the 2012 survey results; 56.1% of members now indicated having an advance directive on file, while there was also a 9.8 percentage point increase in the number of respondents who indicated the plan had spoken with them about these documents, and a 30.4 percentage point increase in the number of members who had a copy of an advance directive on file with the plan.

Behavioral Health

Behavioral health outcomes improved over the SAAM submission periods (from July 2011 to January 2013), evidenced by the decrease in prevalence of cognitive impairment, confusion and anxiety. 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 over these multiple SAAM assessments.

Opportunities

Access to Routine Care

A lower percentage of SHP members reported having access to routine care within 30 days for their dentist, optometrist or podiatrist, when compared to members of other partially capitated MLTC plans and other plans statewide. It is recommended that the plan conduct a follow up survey, to assist in determining if routine access to care for these providers is a significant issue.

Behavioral Health

The July 2012 and January 2013 SAAM data reflected a higher than average number of SHP members exhibiting cognitive impairment, as well as a higher than average number of SHP members exhibiting any level of confusion and anxiety (when compared with the statewide results). It should also be noted, however, that these same behavioral health outcomes decreased in prevalence among SHP members over the course of the 4 SAAM reporting period (from July 2011 to January 2013).

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

Pain Frequency

SAAM data for both submission periods indicate a higher percentage of members than average that experience pain daily.

It is recommended that SHP consider conducting a Performance Improvement Project, to determine if:

- a) The members are prescribed pain medication where appropriate
- b) Members that are prescribed pain medication are taking the medication as prescribed

Study results may warrant recommendations to PCPs to either prescribe medication or change existing medication. Possibly other modifications / interventions to a pain management program may be warranted.

MEDS Data

Personal care hours reflected notably higher utilization levels than average in 2012. It should be noted also that home nursing visits and physical therapy visits were either not reported or not available for reporting in 2012. It is recommended that SHP conduct a data validation study, through a review of member records and care manager correspondence in comparison to MEDS submissions, to assist in determining if there are any encounter data under or over reporting issues, or inability to capture accurate data for these services.