NEW YORK STATE DEPARTMENT OF HEALTH

Office of Quality and Patient Safety

PLAN – Technical REPORT
FOR
Senior Network Health

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 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 (MAP)
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.

MAP- A MAP 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 MAP services on a capitated basis. Members are required to use MAP physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The MAP plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a MAP member. The MAP 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 MAP 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 Network Health (SNH) is an affiliate of the Faxton/St Luke's Healthcare System in central New York. SNH is a partially capitated MLTC plan. Profile details are as follows:

- Plan ID: 01778523
- Managed Long-term Care Start Date: 1998
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 18 and older
- Contact Information: 2521 Sunset Ave
Utica, NY 13502
(315) 624-4663

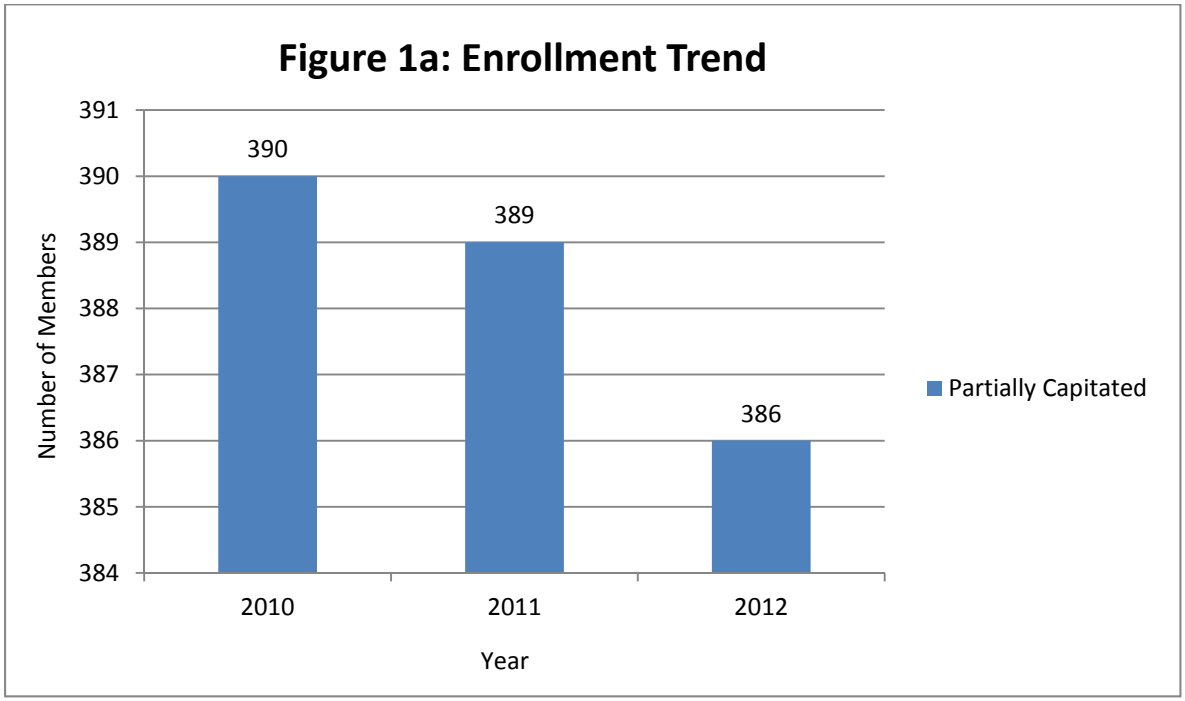
Participating Counties and Programs			
Herkimer	Partial Cap	Oneida	Partial Cap

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 declined slightly over this period, decreasing by 0.3% from 2010 to 2011 and by 0.8% from 2011 to 2012. Figure 1a trends the enrollment for the partially capitated product line.

Figure 1: Membership: Partially Capitated 2010-2012

	2010	2011	2012
Partially Capitated			
Number of Members	390	389	386
% Change From Previous Year	0.0%	-0.3%	-0.8%



Section Four: Utilization

Figure 2 represents Senior Network Health'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		
	SNH	Partially Capitated	Statewide	SNH	Partially Capitated	Statewide
Home Health Care-Nursing (visits)	21.30↑	8.80	12.13	12.51↑	4.96	7.16
Home Health Care-Physical Therapy (visits)	0.08↓	1.22	1.63	0.02	0.78	0.91
Personal Care (hours)	69.70↓	135.49	132.80	38.88↓	90.31	90.64
Transportation (one-way trips)	13.10↓	21.31	23.73	6.76↓	14.68	15.65
Nursing Home (days)	1.00↑	0.36	0.40	0.64	0.10	0.11
Dental (visits)	1.60↑	0.79	0.73	0.80	0.52	0.52
Optometry (visits)	1.80↑	0.46	0.45	1.01↑	0.26	0.25
Podiatry (visits)	2.30↑	0.41	0.80	1.13↑	0.35	0.45

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

SNH 2012 vs. Partially Capitated and Statewide Averages:
SNH members had much lower rates of personal care and transportation service utilization, and slightly higher rates of optometry, podiatry and home nursing visits.

SNH 2011 vs. SNH 2012:
Home nursing and personal care levels declined most notably from 2011 to 2012, while dental, optometry and podiatry utilization declined marginally.

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 Senior Network Health's partially capitated product line was 27.7% (84 respondents out of 303 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 Senior Network Health's partially capitated product line and all other partially capitated product 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 Senior Network Health'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 Senior Network Health (SNH) and Partially Capitated Plans	SNH 2011 (N=115)		Overall Partial Cap 2011 (N=1,307)		SNH 2012 (N=84)		Overall Partial Cap 2012 (N=1,662)	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**
Plan Rated as Good or Excellent	113	93.8%▲	1,286	83.7%	83	91.6%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	67	79.1%	788	70.6%	48	72.9%	1,009	71.3%
Eye Care-Optometry	106	88.7%	1,020	82.0%	71	90.1%	1,279	82.4%
Foot Care	89	88.8%	881	81.6%	53	92.5%	1,087	81.7%
Home Health Aide	91	93.4%	1,109	87.0%	58	94.8%	1,358	88.0%
Care Manager	106	92.5%	1,132	85.8%	76	94.7%▲	1,389	83.7%
Regular Visiting Nurse	96	93.8%▲	1,129	84.4%	70	92.9%	1,420	84.0%
Medical Supplies	90	93.3%	933	84.5%	65	95.4%▲	1,185	85.3%
Transportation Services	97	90.7%▲	987	78.6%	69	89.9%▲	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	79	81.0%	973	79.5%	58	77.6%	1,258	78.7%
Care Manager	99	76.8%	986	71.9%	67	73.1%	1,225	70.1%
Regular Visiting Nurse	92	77.2%	1,065	71.5%	64	75.0%	1,351	69.9%
Transportation TO the Doctor	93	77.4%	892	70.1%	68	75.0%	1,147	68.1%
Transportation FROM the Doctor	97	71.1%	898	66.0%	68	72.1%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	55	41.8%	632	41.3%	35	54.3%	832	47.4%
Eye Care/Optometry	84	41.7%	855	39.4%	55	45.5%	1,093	43.2%
Foot Care/Podiatry	81	37.0%	753	40.8%	51	45.1%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	35	17.1%	453	28.5%	24	20.8%	612	28.3%
Eye Care/Optometry	49	18.4%	607	25.9%	35	22.9%	788	24.9%
Foot Care/Podiatry	50	18.0%	532	24.4%	33	27.3%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	111	72.1%	1,242	57.3%	75	73.3%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	113	79.6%▲	1,275	50.6%	76	85.5%▲	1,387	54.7%
Health plan has copy of this document ♦ ++	89	68.5%	634	55.0%	51	84.3%	533	73.9%

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

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

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

Figure 3b: 2011/2012 Satisfaction Survey Results Senior Network Health (SNH) and MLTC Plans Statewide	**SNH 2011 (N=115)**		**Statewide 2011 (N=1,845)**		**SNH 2012 (N=84)**		**Statewide 2012 (N=2,522)**	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**
Plan Rated as Good or Excellent	113	93.8%▲	1,816	85.2%	83	91.6%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	67	79.1%	1,148	71.7%	48	72.9%	1,530	70.2%
Eye Care-Optometry	106	88.7%	1,462	82.4%	71	90.1%	1,951	81.3%
Foot Care	89	88.8%	1,248	82.9%	53	92.5%	1,640	80.2%
Home Health Aide	91	93.4%	1,529	86.7%	58	94.8%	2,056	87.1%
Care Manager	106	92.5%	1,612	87.0%	76	94.7%▲	2,108	84.3%
Regular Visiting Nurse	96	93.8%	1,583	85.8%	70	92.9%	2,132	83.7%
Medical Supplies	90	93.3%	1,373	86.7%	65	95.4%▲	1,844	85.9%
Transportation Services	97	90.7%	1,450	80.8%	69	89.9%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	79	81.0%	1,383	78.9%	58	77.6%	1,897	78.2%
Care Manager	99	76.8%	1,407	73.0%	67	73.1%	1,876	69.3%
Regular Visiting Nurse	92	77.2%	1,493	72.7%	64	75.0%	2,027	69.1%
Transportation TO the Doctor	93	77.4%	1,315	71.9%	68	75.0%	1,766	68.5%
Transportation FROM the Doctor	97	71.1%	1,318	68.6%	68	72.1%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	55	41.8%	916	44.5%	35	54.3%	1,234	46.2%
Eye Care/Optometry	84	41.7%	1,196	41.8%	55	45.5%	1,647	42.9%
Foot Care/Podiatry	81	37.0%	1,043	44.1%	51	45.1%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	35	17.1%	656	25.5%	24	20.8%	920	25.8%
Eye Care/Optometry	49	18.4%	853	24.2%	35	22.9%	1,195	22.3%
Foot Care/Podiatry	50	18.0%	763	23.1%	33	27.3%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	111	72.1%	1,763	62.5%	75	73.3%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	113	79.6%▲	1,802	59.1%	76	85.5%▲	2,145	61.1%
Health plan has copy of this document ♦ ++	89	68.5%	1,045	60.5%	51	84.3%	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 higher rate for your plan versus the statewide result ($p < .001$)

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

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

Survey data indicated that 91.6% of respondents rated their MLTC plan as good or excellent. This exceeds the percentage of members belonging to similar plans and other plans statewide who rated their plan the same way. Although this rate was not statistically significant when compared with that of other plans, there were several results that were significant, as follows:

- 94.7% of respondents who rated their care manager as good or excellent, compared with similar plan members (83.7%) and other plan members statewide (84.3%).
- 95.4% of respondents rated the quality of medical supplies as good or excellent compared with those in similar plans (85.3%) and other plans statewide (85.9%).
- 89.9% of respondents rated their transportation services as good or excellent compared with 77.1% of other partially capitated members (and 77.7% of statewide members, although this difference was not statistically significant).
- 85.5% of respondents indicated that they had an advance directive, a much larger percentage than those enrolled in other partially capitated plans (54.7%) and all plans statewide (61.1%).

Senior Network Health 2011 vs. Senior Network Health 2012:

Respondents generally rated many of the providers/services the same in 2012, with a few notable exceptions:

- A greater percentage of members indicated that they had access to routine care, especially for dentists and podiatrists (which increased by 12.5 and 8.1 percentage points, respectively).
- There was a 9.3 percentage point increase in the number of members who indicated they had access to a podiatrist for urgent care.
- There was a 15.8 percentage point increase in the number of members who indicated that their health plan had a copy of their advance directive 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
Living arrangements
Supportive assistance
Sensory status
Integumentary status
Respiratory status
Elimination status
Nursing Home Admissions
Falls
Neuro/Emotional Behavioral Status
ADL/IADLs
Medications
Equipment Management
Emergent Care
Hospitalizations

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

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

Figure 4a contains Senior Network Health's partially capitated plan's 2012 summary SAAM assessment results, and Figure 4b contains Senior Network Health's 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 Network Health and Statewide SAAM Data 2012

SAAM Item	SNH Average July 2012	Statewide Average July 2012	SNH Average Jan 2013	Statewide Average Jan 2013
	N=425	N=58,453	N=409	N=77,860
Ambulation – Average score on a scale of 0-6, 0 highest level	2.2	2.3	2.1	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.3	2.5	2.3	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.8	1.5	1.8	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	0.7↑↑	1.6	0.7↑↑	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.1↑↑	1.9	1.1↑↑	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.3	0.8	0.3	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.5	0.7	0.4	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	94.9%↑	86.9%	94.6%↑	86.8%
Bowel Incontinence Frequency – % with any bowel incontinence	40.3%↑	19.8%	40.1%↑	20.8%
Cognitive Functioning – % with any degree of cognitive impairment	92.7%↑	59.4%	92.6%↑	57.8%
When Confused – % with any level of confusion	89.5%↑	62.3%	91.1%↑	62.5%
When Anxious – % with any level of anxiety	94.1%↑	60.9%	91.9%↑	61.4%
Frequency of Pain – % experiencing pain at least daily	62.1%↑	53.0%	59.1%↑	54.1%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	36.6%↓	48.8%	29.3%↓	47.0%

↑ 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 better than the statewide average

According to the 2012 SAAM data, there were several notable trends in both physical and behavioral health for SNH members:

SAAM data for both submission periods indicate that this plan's members displayed 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.

In contrast, fewer members had reported a fall that resulted in medical intervention. Also, members reported a higher level of ability to dress their upper and lower body. This was the case for both submission periods.

A higher percentage of members reported experiencing pain at least daily than statewide averages. Also, a higher percentage of members reported urinary and bowel incontinence.

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

SAAM Item	Plan Mean July 2011	Plan Mean Jan 2012	Plan Mean July 2012	Plan Mean Jan 2013
	N=433	N=419	N=425	N=409
Ambulation – Average score on a scale of 0-6, 0 highest level	2.3	2.3	2.2	2.1
Bathing – Average score on a scale of 0-5, 0 highest level	2.3	2.4	2.3	2.3
Transferring – Average score on a scale of 0-6, 0 highest level	1.8	1.9	1.8	1.8
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	0.7	0.7	0.7	0.7
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.2	1.1	1.1	1.1
Toileting – Average score on a scale of 0-4, 0 highest level	0.3	0.3	0.3	0.3
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.5	0.5	0.5	0.4
Urinary Incontinence Frequency – % incontinent more than once/week	94.1%	94.6%	94.9%	94.6%
Bowel Incontinence Frequency – % with any bowel incontinence	35.9%	39.4%	40.3%	40.1%
Cognitive Functioning – % with any degree of cognitive impairment	89.9%	90.7%	92.7%	92.6%
When Confused – % with any level of confusion	89.9%	89.0%	89.5%	91.1%
When Anxious – % with any level of anxiety	92.6%	94.0%	94.1%	91.9%

Frequency of Pain – % experiencing pain at least daily	59.9%	63.8%	62.1%	59.1%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	37.5%	35.4%	36.6%	29.3%

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

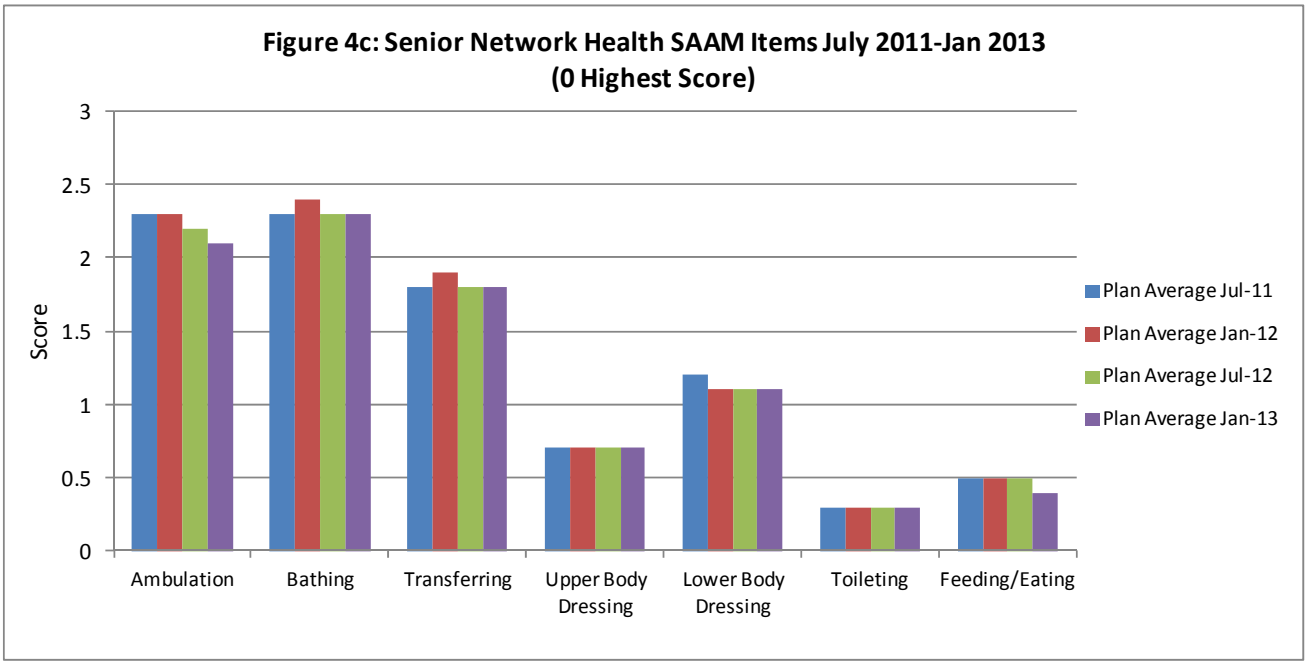


Figure 4c: Scores were relatively consistent throughout each of the reporting periods represented in the above figure, with a slight improvement in ambulation between January 2012 and January 2013.

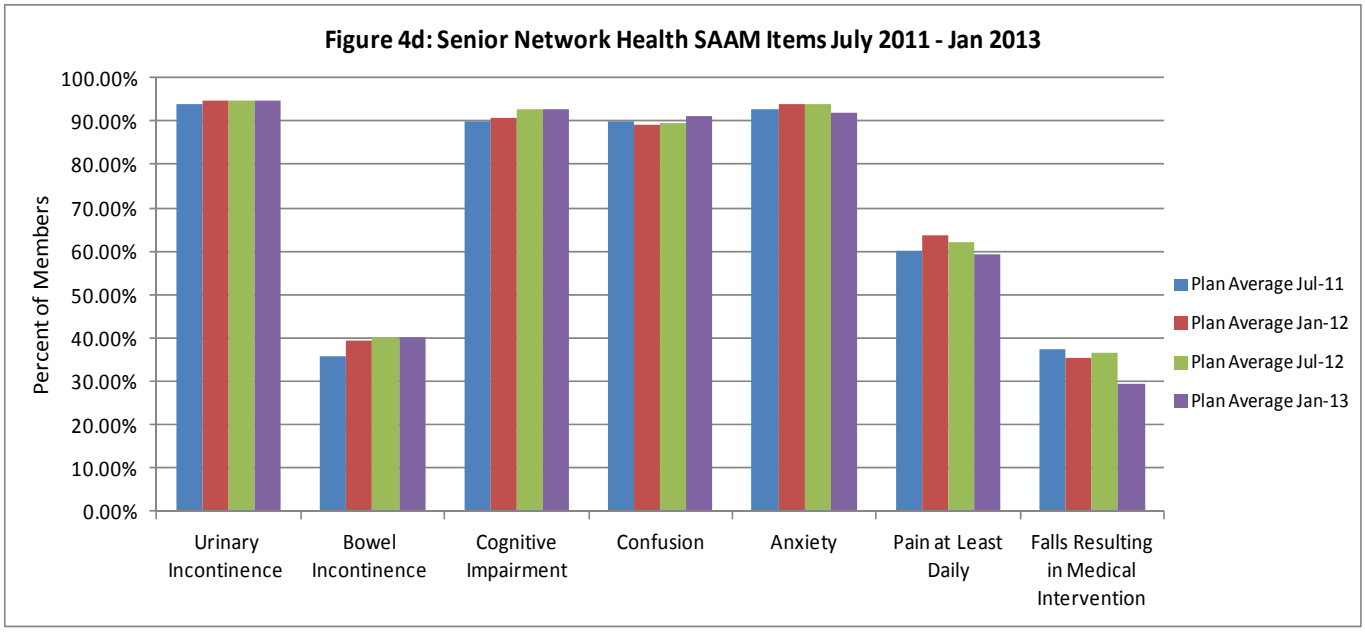


Figure 4d: There was a slight overall increase in the prevalence of bowel incontinence over time, as well as cognitive impairment. Confusion and anxiety were somewhat variable, while frequency of pain and falls resulting in medical intervention had generally decreased over time.

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 Network Health's PIP for 2012:

Senior Network Health's (SNH) Performance Improvement Project, entitled "An Intervention to Identify and Address Adult Mistreatment in a Vulnerable Cohort", had the objectives of identifying and properly addressing elder abuse in a timely manner. The goals were to educate providers in the fundamentals of identifying adult mistreatment, to develop a form to record these findings and the creation of a framework for timely response and follow-up procedures.

Interventions consisted of:

- SNH's staff reviewed literature related to elder abuse and developed a questionnaire that would be reviewed at member visits.
- Staff also participated in a mandatory program designed to familiarize themselves with the problem of elder abuse and the goals of this PIP. Outside experts were brought in to further educate staff members as well.
- Each encounter required the completion of a form related to potential/actual abuse. Care Managers (CMs) gave the questionnaire to members at each home visit. If needed, an interpreter or surrogate assisted to complete the form.
- The Quality Manager reviewed the forms and tabulated the responses. If a problem was identified, staff attempted to resolve directly where possible. All issues/potential issues were

also reviewed by the Senior Network Medical Directors and overall findings were reviewed at quarterly Board of Directors meetings.

- If an issue was unable to be resolved internally, outside assistance was obtained when deemed necessary.

Results are detailed on the following page:

	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Total
Numerator 1: # of staff educated on study	16	16	15	15	14	16	15	15	15	15	15	**167**
Denominator 1: # of staff providing care in homes	16	16	15	15	14	16	14	15	15	15	15	**167**
Numerator 2: # of evaluations completed	414	405	391	393	376	378	384	402	392	416	417	**4368**
Denominator 2: # of visits to eligible members	414	405	391	393	376	378	384	402	392	416	417	**4368**
Numerator 3: # of events of actual/potential abuse	6	2	3	2	1	3	2	2	3	2	1	**27**
Denominator 3: total # of evaluations completed	414	405	391	393	376	378	384	402	392	416	417	**4368**
Numerator 4: # of trauma cases with medical treatment **	1	0	0	0	0	0	0	0	0	0	0	**1**
Denominator 4: # of events of actual/potential abuse	6	2	3	2	1	3	2	2	3	2	1	**27**
Numerator 5: # of cases of abuse resolved in house	5	2	2	1	0	2	1	1	1	2	1	**18**
Denominator 5: # of events of actual/potential abuse	6	2	3	2	1	3	2	2	3	2	1	**27**
Numerator 6: # of cases reported to authorities	1	0	1	1	1	1	1	1	2	0	0	**9**
Denominator 6: # of events of actual/potential abuse	6	2	3	2	1	3	2	2	3	2	1	**27**

** Trauma case was not reported to Adult Protective Services. The abuser (not a member) had a case manager that relocated him to a protective living arrangement.

Of the 27 cases of actual/potential abuse:

- 8 were attributed to verbal abuse, where in some cases this had been a lifelong pattern for the parties, but in others the offender was requested to leave the premises
- 5 were related to financial abuse, where cases were resolved, but usually the alleged losses were unable to be recovered
- 5 were ascribed to home safety issues, relating to cleanliness, mold and infestations
- 4 related to missing medication, all of which were controlled substances where the offender was identified and steps were taken to prevent further episodes
- 3 were linked to physical abuse, where 1 individual required a physician's attention
- 2 were related to property that was either taken or abused.

Senior Network Health achieved its goals of educating all of its staff members, creating a survey to inventory elder abuse/neglect and making it a standard for all of their member encounters. They also created a mechanism to respond to these serious issues in a timely fashion. SNH's mission is laudable and shoulder better identify, prevent and rectify abusive situations.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Fall Prevention/Mitigation
SAAM data showed that SNH members had notably lower rates of falls requiring medical intervention compared with the statewide average for both the January 2013 and July 2012 submission periods. The difference exceeded 12 percentage points for each of these periods.

Upper and Lower Body Dressing
Those enrolled in Senior Network Health reported a higher level of ability to dress their upper and lower body for both the January 2013 and July 2012 submission periods. On a scale from 0-3, where 0 is the highest level, they averaged 0.7 compared with the statewide average of 1.6.

Quality of Care
In all of the areas of care listed in Figures 3a and 3b, SNH surpassed partially capitated and statewide averages. These services include dentistry, eye care, foot care, home health aides, care managers, visiting nurses, medical supplies and transportation services. Care manager and medical supply ratings were statistically significant when compared with both similar and other MLTC plans, and transportation ratings were significant when compared with similar plans.

Access to Routine Care
When compared to the 2011 survey results, a greater percentage of members indicated that they had access to routine care, most notably for dentists and podiatrists (which increased by 12.5 and 8.1 percentage points, respectively).

Performance Improvement Project
Senior Network Health sought to identify and properly address elder abuse in a timely manner within their patient population. Their goals included educating providers on the fundamentals of identifying adult mistreatment, developing a form to record these findings and creating a framework for timely response and follow-up procedures. Senior Network Health achieved its goals of educating all of its staff members, creating a survey to inventory elder abuse/neglect and making it a standard for all of their member encounters. They also created a mechanism to respond to these issues in a timely fashion. This mechanism should better identify, prevent and rectify abusive situations in the future.

Advance Directives
Of 76 MLTC survey respondents, 85.5% indicated that they had completed an advance directive, compared with 54.7% and 61.1% of similar plan members and other members statewide. This difference was deemed statistically significant. There were 73.3% of members who indicated the plan had discussed the importance of having a health care proxy, and 84.3% of members who had filed a copy of their advance directive with their health plan. These results were not significantly different from similar plan and statewide averages, but they were notable.

Opportunities

Access to Urgent Care
22.9% of MLTC survey respondents indicated being able to access their optometrist for same day urgent care in 2012, while an even lower percent reported being able to see a dentist for same day care (20.8%). These rates were lower than similar plan and statewide plan averages, although it should be noted that small numbers may be impacting the significance of these results.

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

Encounter Data
Encounter data submissions for personal care and transportation utilization rates for SNH were much lower than partially capitated and statewide averages. In addition, when compared with the 2011 satisfaction survey results, home nursing and personal care levels declined substantially, while dental, optometry and podiatry utilization declined marginally. This might be indicative of a less acutely ill population, but it is suggested that SNH conduct a data validation study to further investigate this matter. Member records and care manager correspondence, and/or vendor records can be compared to the MEDS submission data, to assist in determining if there are any encounter data under or over reporting issues, or inability to capture accurate data for these services.

Behavioral Health
According to SAAM data from both the January 2013 and July 2012 submission periods, members of SNH's partially capitated plan suffered from higher rates of anxiety, confusion and cognitive impairment when compared to the statewide mean. The difference between SNH members and statewide members for each of these measures was at least 25 percentage points.

The scores for these questions (anxiety, confusion and cognitive impairment) can rely heavily upon assessor observation at the time of the SAAM visit and may be subjectively scored based upon the observations of the same assessor. It is therefore recommended that SNH conduct an inter-rater reliability project for clinical assessments, to aid in determining whether these members do in fact have these significantly higher and/or lower levels of impairment than on a statewide basis, or if there are scoring issues. It may prove advantageous to have two assessors independently conduct the same assessments on a sample of members, to test the validity of responses.

Frequency of Pain
Those enrolled in Senior Network Health reported a higher rate of chronic pain for both the January 2013 and July 2012 submission periods, compared with members of other plans statewide. The number of SNH members reporting pain was 5 percentage points higher than the statewide average for the January submission, and about 9 percentage points higher for the July submission.

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.