

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

**PLAN – Technical REPORT
FOR
TOTAL AGING IN PLACE**

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 (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 healthcare 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

Total Aging in Place (TAIP) is a regional, partially capitated Managed Long Term Care (MLTC) plan, and is an affiliate of the Weinberg Campus, an organization providing healthcare and housing programs for the elderly and disabled in the Buffalo, NY area. Plan-specific information is presented below:

- Plan ID: 02188296
- Start Date: 2003
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 55 and older
- Contact Information: 461 John James Audubon Parkway
Amherst, NY 14228
(800) 882-8185
(716) 250-3100

Participating Counties and Programs

Erie

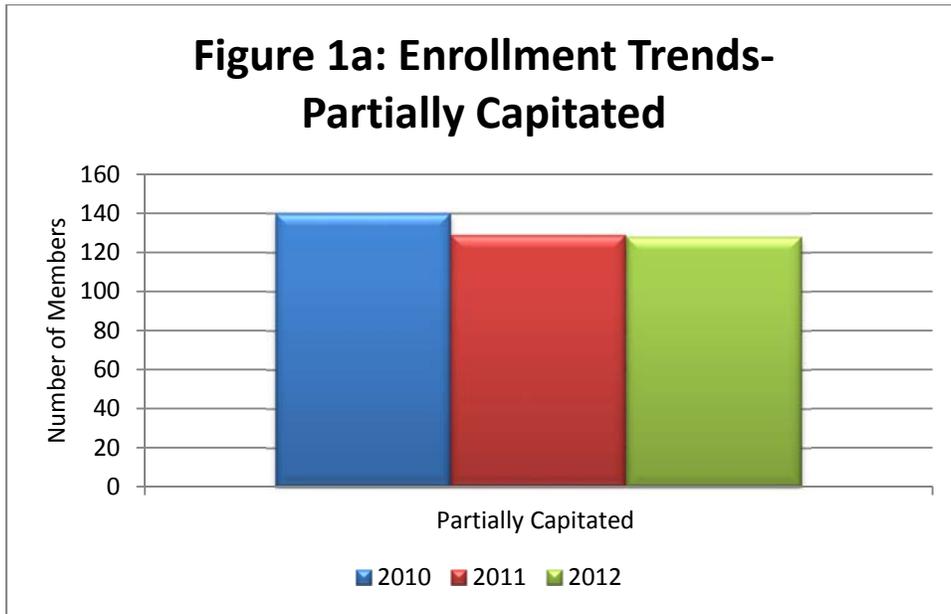
Partial Cap

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 over this period, decreasing by 7.9% from 2010 to 2011 and by 0.8% 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	140	129	128
% Change From Previous Year	-2.8%	-7.9%	-0.8%



Section Four: Utilization

Figure 2 represents TAIP'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		
	TAIP	Partially Capitated	Statewide	TAIP	Partially Capitated	Statewide
Home Healthcare–Nursing (visits)	N/A*	8.8	12.13	2.03↓	4.96	7.16
Home Healthcare-Physical Therapy (visits)	N/A*	1.22	1.63	N/A*	0.78	0.91
Personal Care (hours)	11.30 ↓	135.49	132.8	2.75 ↓	90.31	90.64
Transportation (one-way trips)	14.80 ↓	21.31	23.73	7.39 ↓	14.68	15.65
Nursing Home (days)	0.37	0.36	0.40	0.08	0.10	0.11
Dental (visits)	0.92	0.79	0.73	0.41	0.52	0.52
Optometry (visits)	0.85	0.46	0.45	0.12	0.26	0.25
Podiatry (visits)	3.50↑	0.41	0.80	1.16	0.35	0.45

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

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

* Data not reported/not available

TAIP 2012 vs. Partially Capitated and Statewide Averages:

Among TAIP members, there was a significantly lower rate of utilization for personal care, a lower rate of utilization for home nursing and transportation, and a slightly higher rate of utilization for podiatry visits.

TAIP 2011 vs. TAIP 2012:

There was a notable decline in personal care, transportation and podiatry utilization from 2011 to 2012.

For the 2012 reporting period, physical therapy visit data were either not reported, or were not available for reporting. For 2011, home nursing visits and physical therapy visits were not reported or available.

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 TAIP's product line was 20.6% (21 respondents out of 102 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 TAIP 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 TAIP 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 Total Aging in Place (TAIP) and Partially Capitated Plans	TAIP 2011 (N=33)		Overall Partial Cap 2011 (N=1,307)		TAIP 2012 (N=21)		Overall Partial Cap 2012 (N=1,662)	
	Denom inator	%	Denom inator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	32	71.9%	1,286	83.7%	21	66.7%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	N/A	N/A	788	70.6%	14	57.1%	1,009	71.3%
Eye Care-Optometry	24	87.5%	1,020	82.0%	15	66.7%	1,279	82.4%
Foot Care	30	90.0%	881	81.6%	14	50.0%	1,087	81.7%
Home Health Aide	23	73.9%	1,109	87.0%	14	75.0%	1,358	88.0%
Care Manager	31	74.2%	1,132	85.8%	18	83.3%	1,389	83.7%
Regular Visiting Nurse			1,129	84.4%	10	70.0%	1,420	84.0%
Medical Supplies	27	85.2%	933	84.5%	19	73.7%	1,185	85.3%
Transportation Services	29	82.8%	987	78.6%	18	72.2%	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	28	60.7%	973	79.5%	13	69.2%	1,258	78.7%
Care Manager	27	44.4%	986	71.9%	16	68.8%	1,225	70.1%
Regular Visiting Nurse	20	50.0%	1,065	71.5%	11	63.6%	1,351	69.9%
Transportation TO the Doctor	24	66.7%	892	70.1%	10	70.0%	1,147	68.1%
Transportation FROM the Doctor	23	60.9%	898	66.0%	10	70.0%	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	N/A	N/A	632	41.3%	10	40.0%	832	47.4%
Eye Care/Optometry	21	33.3%	855	39.4%	10	40.0%	1,093	43.2%
Foot Care/Podiatry	23	52.2%	753	40.8%	8	12.5%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	N/A	N/A	453	28.5%	6	0.0%	612	28.3%
Eye Care/Optometry	N/A	N/A	607	25.9%	4	0.0%	788	24.9%
Foot Care/Podiatry	N/A	N/A	532	24.4%	7	0.0%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	31	87.1% ▲	1,242	57.3%	16	68.8%	1,346	64.0%
Member has legal document appointing someone to make decisions ++	33	90.9% ▲	1,275	50.6%	18	100%	1,387	54.7%
Health plan has copy of this document ◆ ++	29	72.4%	634	55.0%	13	100%	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

N/A represents items with fewer than 20 responses.

Figure 3b: 2011/2012 Satisfaction Survey Results Total Aging in Place (TAIP) and MLTC Plans Statewide	TAIP		Statewide		TAIP		Statewide	
	2011 (N=33)		2011 (N=1,845)		2012 (N=21)		2012 (N=2,522)	
Description	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	32	71.9%	1,816	85.2%	21	66.7%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	N/A	N/A	1,148	71.7%	14	57.1%	1,530	70.2%
Eye Care-Optometry	24	87.5%	1,462	82.4%	15	66.7%	1,951	81.3%
Foot Care	30	90.0%	1,248	82.9%	14	50.0%	1,640	80.2%
Home Health Aide	23	73.9%	1,529	86.7%	14	75.0%	2,056	87.1%
Care Manager	31	74.2%	1,612	87.0%	18	83.3%	2,108	84.3%
Regular Visiting Nurse			1,583	85.8%	10	70.0%	2,132	83.7%
Medical Supplies	27	85.2%	1,373	86.7%	19	73.7%	1,844	85.9%
Transportation Services	29	82.8%	1,450	80.8%	18	72.2%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	28	60.7%	1,383	78.9%	13	69.2%	1,897	78.2%
Care Manager	27	44.4%	1,407	73.0%	16	68.8%	1,876	69.3%
Regular Visiting Nurse	20	50.0%	1,493	72.7%	11	63.6%	2,027	69.1%
Transportation TO the Doctor	24	66.7%	1,315	71.9%	10	70.0%	1,766	68.5%
Transportation FROM the Doctor	23	60.9%	1,318	68.6%	10	70.0%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	N/A	N/A	916	44.5%	10	40.0%	1,234	46.2%
Eye Care/Optometry	21	33.3%	1,196	41.8%	10	40.0%	1,647	42.9%
Foot Care/Podiatry	23	52.2%	1,043	44.1%	8	12.5%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	N/A	N/A	656	25.5%	6	0.0%	920	25.8%
Eye Care/Optometry	N/A	N/A	853	24.2%	4	0.0%	1,195	22.3%
Foot Care/Podiatry	N/A	N/A	763	23.1%	7	0.0%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	31	87.1% ▲	1,763	62.5%	16	68.8%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	33	90.9% ▲	1,802	59.1%	18	100%	2,145	61.1%
Health plan has copy of this document ♦ ++	29	72.4%	1,045	60.5%	13	100%	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

N/A represents items with fewer than 20 responses

++Represents new question in 2011

Total Aging in Place 2012 vs. Partially Capitated and Statewide Survey Results:

Although the sample size (n=21) for TAIP was too small to yield statistically significant results when compared with other plans, there were some noteworthy trends:

- 66.7% of respondents rated the plan as good or excellent, compared with the average for partially capitated plans (83.6%) and all plans statewide (84.2%). Quality ratings for each of the services averaged lower than partially capitated or statewide averages.
- The percentage of TAIP members who felt that services were usually or always on time was similar to other partially capitated and statewide members, with the exception of home health aides and visiting nurse services. For these two services, a lower percentage of TAIP members indicated that they were satisfied with their timeliness.
- TAIP members indicated limited access to routine care within 30 days for each provider (including their dentist, optometrist and podiatrist).
- Access to urgent care was a problem for the respondents to this question;
 - All of the 6 respondents to the question of access to urgent care for a dentist indicated they could not see this provider for an appointment within 24 hours.
 - Of the 4 respondents to the question of access to urgent care for an optometrist, none had indicated they could secure an appointment within 24 hours.
 - None of the 7 respondents indicated they could access a podiatrist for urgent care within 24 hours.
- In contrast to the above statistics, TAIP members demonstrated higher rates of compliance for advance directives, with 100% of respondents having a healthcare proxy and a copy of the advance directive on file with their health plan.

Total Aging in Place 2011 vs. Total Aging in Place 2012:

There were several notable differences in how respondents rated various providers/services in 2012 when compared with 2011;

- The ratings associated with quality of eye care and quality of foot care decreased substantially, evidenced by the sharp decline in the number of respondents who rated these services as good or excellent. In 2011, 87.5% of members rated their eye care as good or excellent, whereas in 2012 this percentage dropped to 66.7%. Similarly, there were 90.0% of members who rated their foot care as good or excellent in 2011, but only 50.0% who rated it as such in 2012.
- There was a 39.7 percentage point decrease in the number of members who indicated having access to routine foot care within 30 days.
- In contrast to these results, there were a higher percentage of members who indicated that their home health aide, care manager, visiting nurse service and transportation services were always or usually on time.

As previously noted, the survey sample for both reporting years was small, thereby limiting the significance of results.

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 Total Aging in Place's January 2013 summary SAAM assessment results, and Figure 4b contains Total Aging in Place'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: Total Aging in Place and Statewide SAAM Data 2012

SAAM Item	TAIP Mean July 2012 N=147	Statewide Mean July 2012 N=58,731	TAIP Mean Jan 2013 N=141	Statewide Mean Jan 2013 N=78,128
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	2.2	2.5	2.2	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.4	1.5	1.4	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.0	1.6	0.9	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.3	1.9	1.2	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.6	0.8	0.6	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.4	0.7	0.4	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	98.2%↑	86.9%	96.0%↑	86.8%
Bowel Incontinence Frequency – % with any bowel incontinence	19.5%	19.9%	16.4%↓	20.9%
Cognitive Functioning – % with any degree of cognitive impairment	59.4%	59.6%	56.6%	58.0%
When Confused – % with any level of confusion	92.7%↑	62.5%	93.1%↑	62.6%
When Anxious – % with any level of anxiety	90.7%↑	61.1%	90.7%↑	61.5%
Frequency of Pain – % experiencing pain at least daily	49.3%	53.0%	45.0%↓	54.2%
Falls Resulting in Medical Intervention –	46.2%	48.6%	28.6%↓	46.9%

% 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				

For physical health outcomes, SAAM data suggest that a higher percentage of TAIP members experienced urinary incontinence compared with the statewide average. The percent of members with this condition is especially high, as it approaches nearly 100%. In contrast, data suggest that a lower percentage of TAIP members experienced falls that had resulted in medical intervention for both submission periods, where the January submission was especially low (28.6% compared with 46.9% for TAIP members and statewide members, respectively).

In terms of behavioral health, SAAM data for both submission periods indicate that TAIP members displayed higher levels of 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.

Figure 4b: Total Aging in Place SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011	Plan Mean Jan 2012	Plan Mean July 2012	Plan Mean Jan 2013
	N=159	N=151	N=147	N=141
Ambulation – Average score on a scale of 0-6, 0 highest level	2.1	2.2	2.2	2.1
Bathing – Average score on a scale of 0-5, 0 highest level	2.2	2.2	2.2	2.2
Transferring – Average score on a scale of 0-6, 0 highest level	1.4	1.4	1.4	1.4
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.0	1.0	1.0	0.9
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.4	1.4	1.3	1.2
Toileting – Average score on a scale of 0-4, 0 highest level	0.5	0.6	0.6	0.6
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.3	0.5	0.4	0.4
Urinary Incontinence Frequency – % incontinent more than once/week	93.5%	96.4%	98.2%	96.0%
Bowel Incontinence Frequency – % with any bowel incontinence	20.8%	18.2%	19.5%	16.4%
Cognitive Functioning – % with any degree of cognitive impairment	57.2%	58.4%	59.4%	56.6%
When Confused – % with any level of confusion	80.1%	83.1%	92.7%	93.1%
When Anxious – % with any level of anxiety	84.8%	83.1%	90.7%	90.7%
Frequency of Pain – % experiencing pain at least daily	41.4%	45.1%	49.3%	45.0%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	59.7%	44.5%	46.2%	28.6%

Figures 4c and 4d: Total Aging in Place SAAM Data 2011-2012

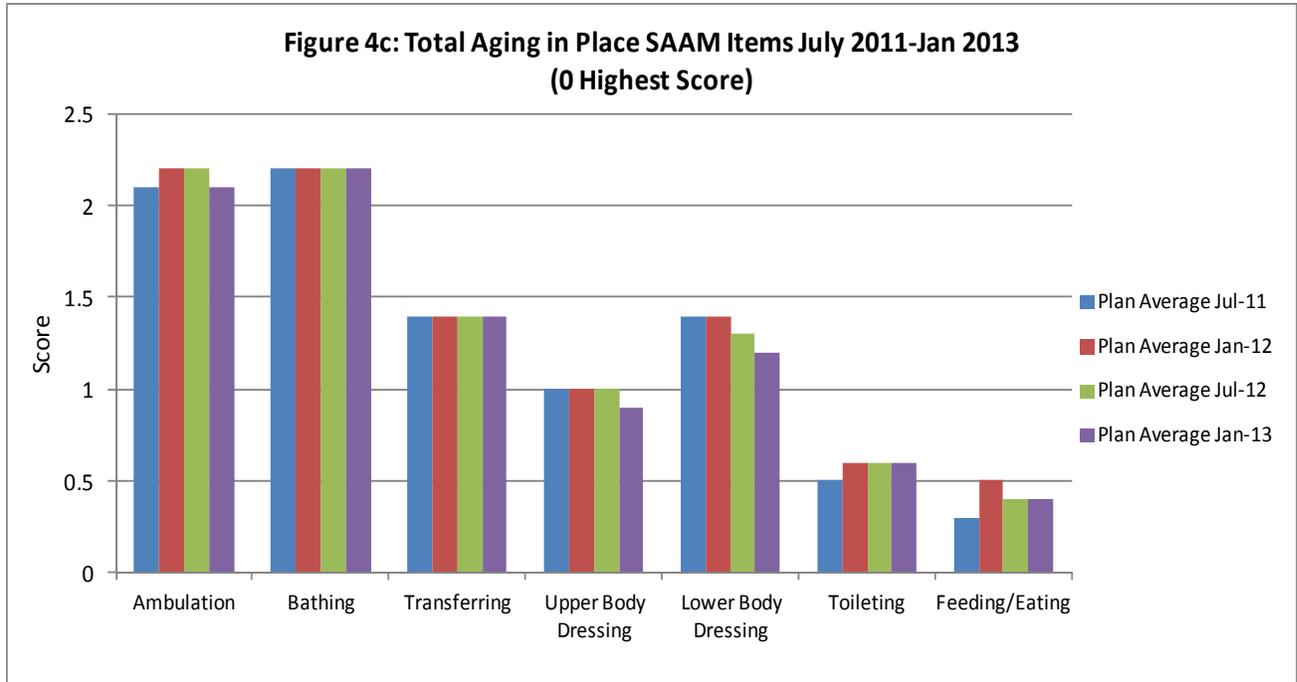


Figure 4c: Bathing and transferring remained constant throughout the 4 reporting periods illustrated above, while lower body dressing decreased in overall score, indicating a higher level of ability in performing this task.

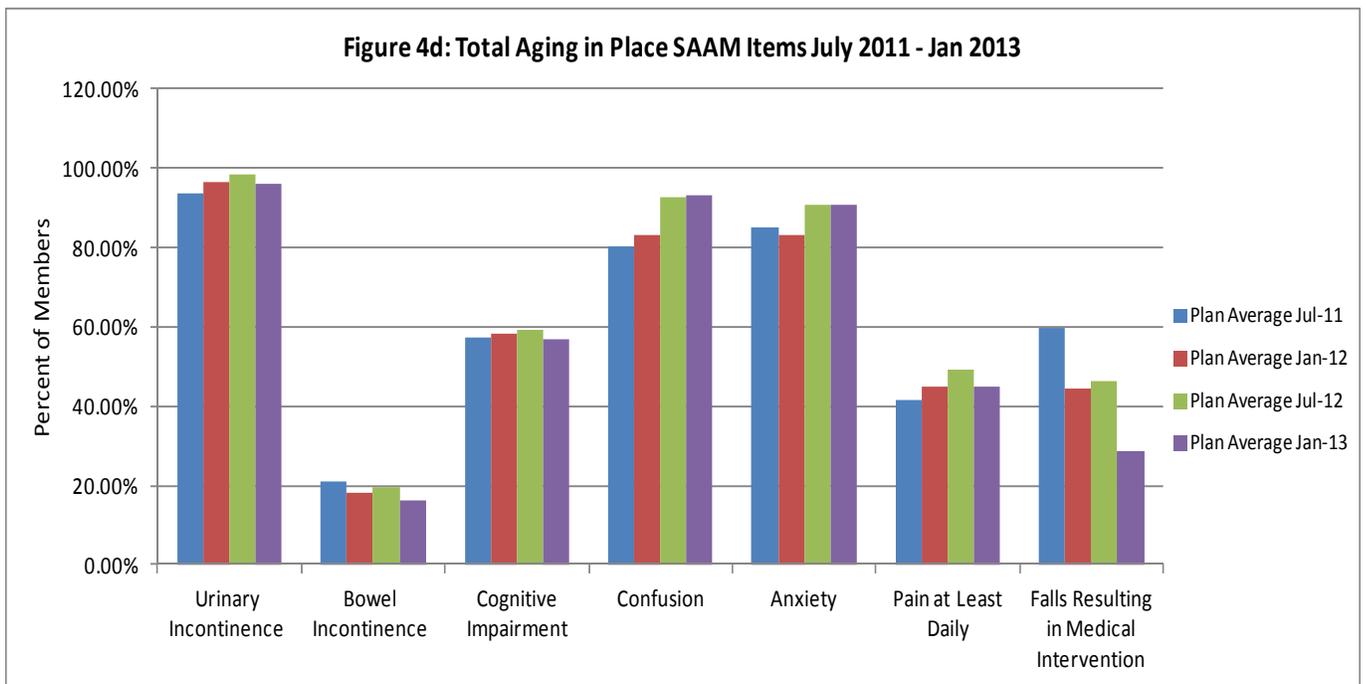


Figure 4d: Confusion and anxiety appeared to increase in prevalence from July 2011 through January 2013, while a couple of the physical health outcomes (bowel incontinence and falls) decreased in prevalence.

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 TAIP's PIP for 2012:

Total Aging in Place's Performance Improvement Project was entitled "Day Center Coordination of Care Assignment Planning". There were a number of project objectives, including:

1. The development of an assessment tool to be used during plan members' biannual SAAM evaluations to determine their care and mobility needs while at the plan's day center. A database was to be developed to compile this information and create a personal day center care fact sheet for each member, which would be tailored for their individual needs (medication reminders, adaptive equipments, baths, toileting, etc.).
2. The creation of a process that would update the personalized care fact sheets as needed.

When combined, these objectives would better cater to the needs of each plan member while at the day center. Staff would also be more prepared to address the needs of members and coordinate care appropriately.

Interventions included the following:

- The development of a new data collection tool to be completed with members' semi-annual SAAM reviews.
- Questions were adjusted, after the sample population was determined, in order to ensure that all member needs were addressed.
- Data were entered into the database system and various schedules, reports, attendance rosters and care information sheets were created and stored there as well.
- A binder was made with the individualized care sheets and provided to day center staff. There was also an educational intervention and an orientation process to familiarize staff with the new processes.

Results are detailed on the following page:

Indicator One: Day Center Attendance	Numerator: Members Attending the Day Center	Denominator: Members Eligible to Attend the Day Center	Rate (%)
Post Intervention	122	134	91%

Indicator Two: Members Requiring Services at the Day Center	Numerator: Members with a Completed Assessment Review , and in Need of Day Center Services	Denominator: Members Attending the Day Center	Rate (%)
Post Intervention	122	122	100%

Indicator Three: Members with Identified Service Needs and Added to Plan of Care Day Center Database	Numerator: Members Added to the Day Center Plan of Care Assignment	Denominator: Members Requiring Personal Care/ADL Assistance While at the Day Center	Rate (%)
Post Intervention	58	58	100%

Total Aging in Place was successful in taking an inventory of their members' health needs during the SAAM evaluations. This, coupled with the additional questions that the plan created, allowed for the implementation of more effective and personalized plans of care for their members at the day center. TAIP also created a database system to log these results. This is a good start, which laid the foundation for the program and its future development. The plan will continue to monitor the project through day center audits and implement changes as necessary.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Fall Prevention/Mitigation

SAAM data show that TAIP members had lower rates of falls requiring medical intervention compared with the statewide average for both the January 2013 and July 2012 submission periods, but most notably in the January submission (28.6% compared with 46.9%, respectively). These results are likely indicative of well focused fall risk determination and fall mitigation programs.

Timeliness of Services

In comparison to the 2011 survey results, there were a higher percentage of members who indicated that their home health aide, care manager, visiting nurse service and transportation services were always or usually on time in 2012.

Advance Directives

According to the 2012 MLTC Satisfaction Survey, TAIP members demonstrated higher rates of compliance with advance directives, with 100% of respondents having a healthcare proxy and a copy of the advance directive on file with their health plan.

Opportunities

Behavioral Health

According to SAAM data from both the January 2013 and July 2012 measurement periods, members of TAIP's partially capitated product line suffered from higher rates of anxiety and confusion when compared to the statewide mean.

The scores for these questions (anxiety and confusion) 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 TAIP 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 beneficial to have two assessors independently conduct the same assessments on a sample of members, to test the validity of responses.

Overall Plan Quality

In 2012, 66.7% of TAIP plan members who responded to the MLTC survey rated their plan as good or excellent. This was below both the overall partially capitated plan average (83.6%) and the statewide average (84.2%). While the survey results are impacted by a small sample size, the plan may want to consider administering a separate survey to a sample of members, as an aid in determining possible quality issues in these key services.

Access to Routine/Urgent Care

A lower percentage of TAIP members reported having access to routine care within 30 days for their dentist, optometrist and podiatrist, when compared to members of other partially capitated plans and other MLTC plans statewide in 2012. Furthermore, when compared to the 2011 survey results, there was a 39.7 percentage point decline in the number of members who indicated they had access to routine foot care. Lastly, access to urgent care was non-existent for the few respondents who replied to

this question (as none had indicated being able to see their dentist, optometrist or podiatrist within 24 hours).

It is recommended that the plan conduct a follow up survey, to assist in determining if access to care for these providers is a significant issue.

Quality of Care (Eye Care/Foot Care)

The ratings associated with quality of eye care and quality of foot care decreased substantially from 2011, evidenced by the sharp decline in the number of respondents who rated these services as good or excellent. In 2011, 87.5% of members rated their eye care as good or excellent, whereas in 2012 this percentage dropped to 66.7%. Similarly, there were 90.0% of members who rated their foot care as good or excellent in 2011, but only 50.0% who rated it as such in 2012.

It is recommended that the plan consider conducting additional focused surveys to a subset of its members, to determine if quality issues do in fact exist with these providers.

Encounter Data

Physical therapy visits were not reported in 2012. Home nursing visits, personal care hours, and one way trips were reported below partially capitated and statewide averages.

It is recommended that TAIP consider conducting a data validation study, through a review of member records and care management correspondence in comparison to MEDS submission data, to determine if there are any under reporting issues, or inability to capture data for these services.