NEW YORK STATE DEPARTMENT OF HEALTH

Office of Quality and Patient Safety

Plan – Technical Report
For
Healthfirst/Senior Health Partners

Reporting Years 2013 and 2014

February 2017

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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, Member Satisfaction, SAAM and UAS Clinical Assessment Data, 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, and timeliness. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

During the review period of this report (2013-14), there were 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 years 2013 and 2014.

Section Two: Plan Profile

Healthfirst is a regional, partially capitated Managed Long-Term Care (MLTC) plan. The MLTC product is one of a number of products/product lines managed by the parent company Healthfirst, a managed care organization servicing Medicare, Medicaid, Family Health Plus and Child Health Plus members in New York. Senior Health Partners, the partially capitated component of Healthfirst, had previously been a subsidiary of the Jewish Home and Hospital and was acquired by Healthfirst several years ago. The following report presents plan-specific information for the Healthfirst partially capitated and MAP product lines.

- Partially Capitated Plan ID: 02104369
- MAP Plan ID: 03420808
- Product Line(s): Partially Capitated and MAP
- MLTC Start Date(s): Partially Capitated (2001) and MAP (2012)
- MLTC Age Requirement: 21 and older
- Contact Information: 100 Church Street
  New York, NY 10007
  (800) 633-9717

Participating Counties and Programs		
Nassau		MAP
New York	Part Cap	MAP
Westchester	Part Cap	

Section Three: Enrollment

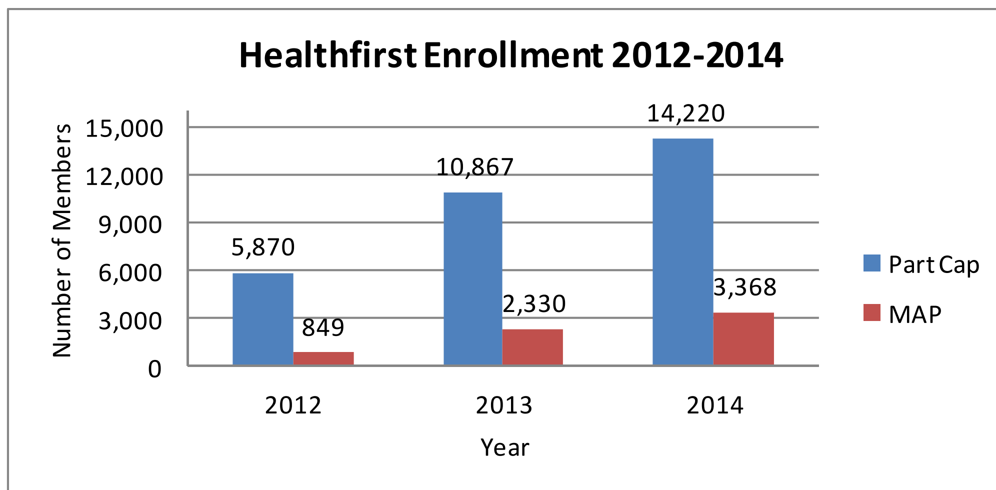
Figure 1 depicts membership for Healthfirst partially capitated and MAP product lines for calendar years 2012 to 2014, as well as the percent change from the previous year (the data reported are from December of each of these years). Membership in the partially capitated plan grew over this period, increasing by 85.1% from 2012 to 2013 and by 30.9% from 2013 to 2014. For the MAP product line, membership grew by 174.4% from 2012 to 2013 and by 44.5% from 2013 to 2014 (note: the percent change from 2012 to 2013 was over-inflated due to the fact that MAP was first introduced to Healthfirst's membership in 2012). Figure 1a trends the enrollment for both the partially capitated and MAP product lines.

Figure 1: Membership: Partially Capitated and MAP 2012-2014

	2012	2013	2014
Partially Capitated			
Number of Members	5,870	10,867	14,220
% Change From Previous Year	75.1%	85.1%	30.9%
MAP			
Number of Members	849	2,330	3,368
% Change From Previous Year	N/A[a]	174.4%	44.5%

[a] Healthfirst's MAP product line was first introduced in 2012, and thus the percent change from the previous year is not applicable.

Figure 1a: Enrollment Trends 2012-2014



Section Four: Member Satisfaction

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey mailed between December 2014 and May 2015. 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 18,909 surveys that were mailed, 1,109 were returned as undeliverable due to either mailing address issues or the member being deceased. This yielded an adjusted population of 17,800. A total of 4,592 surveys were completed, yielding an overall response rate of 25.8%.

The response rate for the partially capitated product line was 22.0% (125 respondents out of 569 members in the sample). The response rate for the MAP product line was 24.7% (144 respondents out of 583 members in the sample).

IPRO had previously conducted a similar satisfaction survey that was mailed between December 2012 and May 2013. Figure 2a represents the results of these two satisfaction surveys for the partially capitated product line, compared with all other partially capitated plans throughout the state, as well as all 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 2b represents the 2014-2015 survey results for the MAP product line, compared with all other MAP plans throughout the state, as well as all MLTC plans statewide, in these same areas. It should be noted that the 2012-2013 MAP survey results are not provided, as the sample size was too small to yield any meaningful comparisons.

Figure 2a: Satisfaction Survey Results Healthfirst Compared with all Partially Capitated Plans, and all Plans Statewide	Healthfirst 2012-2013 (N=146)[a]		Overall Part Cap 2012-2013 (N=1,662)[a]		Statewide 2012-2013 (N=2,522)[a]		Healthfirst 2014-2015 (N=125)[a]		Overall Part Cap 2014-2015 (N=3,306)[a]		Statewide 2014-2015 (N=4,592)[a]	
Description	n[b]	%	n[b]	%	n[b]	%	n[b]	%	n[b]	%	n[b]	%
Plan requested list of Rx/OTC meds **	121	86%	1,439	87%	2,197	88%	97	95%	2,677	94%	3,702	94%
Plan explained the Consumer Directed Personal Assistance option ++	-	-	-	-	-	-	66	77%	1,831	77%	2,495	75%
Plan rated as good or excellent	143	82%	1,625	84%	2,458	84%	99	77%	2,688	87%	3,739	87%
Quality of Care Rated as Good or Excellent												
Dentist	90	79%	1,009	71%	1,530	70%	67	73%	1,669	73%	2,382	73%
Eye Care-Optometry	111	86%	1,279	82%	1,951	81%	87	79%	2,167	81%	3,079	82%
Foot Care	87	85%	1,087	82%	1,640	80%	62	84%	1,903	83%	2,637	83%
Home Health Aide	116	89%	1,358	88%	2,056	87%	89	81%	2,437	87%	3,351	87%
Care Manager	112	89%	1,389	84%	2,108	84%	88	77%	2,479	83%	3,445	83%
Regular Visiting Nurse	120	86%	1,420	84%	2,132	84%	84	75%	2,412	83%	3,355	83%
Medical Supplies	105	86%	1,185	85%	1,844	86%	75	72%	2,066	82%	2,937	82%
Transportation Services	101	84%	1,242	77%	1,916	78%	73	80%	2,000	77%	2,853	77%
Timeliness- Always or Usually On Time												
Home Health Aide, Personal Care Aide	105	74%	1,258	79%	1,897	78%	94	88%	2,471	92%	3,385	93%
Care Manager	95	71%	1,225	70%	1,876	69%	82	74%	2,270	83%	3,144	83%
Regular Visiting Nurse	111	76%	1,351	70%	2,027	69%	78	73%	2,297	81%	3,177	81%
Transportation TO the Doctor	92	66%	1,147	68%	1,766	69%	61	82%	1,763	81%	2,515	81%
Transportation FROM the Doctor	91	66%	1,124	67%	1,742	67%	59	78%	1,753	78%	2,505	78%
Access to Routine Care (<1 Month)												
Dentist	73	40%	832	47%	1,234	46%	54	74%	1,323	75%	1,873	73%
Eye Care/Optometry	88	33%	1,093	43%	1,647	43%	69	73%	1,767	80%	2,486	79%
Foot Care/Podiatry	69	33%	932	45%	1,390	45%	59	75%	1,608	82%	2,220	80%
Access to Urgent Care (Same Day)												
Dentist	51	28%	612	28%	920	26%	49	27%	1,062	31%	1,526	29%
Eye Care/Optometry	65	29%	788	25%	1,195	22%	57	35%	1,497	34%	2,165	33%
Foot Care/Podiatry	50	36%	692	27%	1,039	26%	52	31%	1,368	35%	1,912	34%

Advance Directives												
Plan has discussed appointing someone to make decisions	114	69%	1,346	64%	2,087	68%	98	78%▲	2,660	64%	3,757	67%
Member has legal document appointing someone to make decisions	114	56%	1,387	55%	2,145	61%	99	59%	2,645	53%	3,722	58%
Health plan has a copy of this document ◊	45	69%	533	74%	956	77%	30	60%	913	75%	1,506	79%

	LEGEND
Symbol	**Description**
a	N reflects the total number of members who completed the survey
b	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
▲	Represents a significantly higher rate versus the Partially Capitated/statewide rate ($p < .001$)
◊	Item based on a skip pattern

Healthfirst Partially Capitated Satisfaction Survey Results Summary

Satisfaction survey results demonstrated that partially capitated members rated the majority of their services similarly between 2012/2013 and 2014/2015. There are, however, several noticeable improvements from 2012/2013 to 2014/2015. Members' ratings for timeliness of home health/personal care aide, transportation to the doctor, and transportation from the doctor improved notably from 2012/2013 to 2014/2015. Additionally, there was a great improvement in access to routine care (<1 month) for dentists, eye care, and podiatry services.

In the most recent satisfaction survey administered to Healthfirst membership, there was a decrease in satisfaction in the quality of care for many services, timeliness for regular visiting nurses, and the percentage of members reporting that the health plan has a copy of members' healthcare proxy documentation. In contrast, there was a significant improvement in the percentage of members reporting that the plan discussed appointing someone to make decisions for them for advance directives. The difference between the percentage of members who indicated that the plan had discussed appointing someone as a healthcare proxy was statistically significant, when compared to other partially capitated plans and plans statewide (78% vs. 64% and 67% respectively).

Figure 2b: Satisfaction Survey Results Healthfirst MAP Compared with all MAP Plans, and all Plans Statewide	Healthfirst MAP 2014-2015 (N=144)[a]		Overall MAP 2014-2015 (N=712)[a]		Statewide 2014-2015 (N=4,592)[a]		Significance	
Description	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**Vs. Plan Type**	**Vs. State**
Plan requested list of Rx/OTC meds **	116	93%	593	95%	3,702	94%	-	-
Plan explained the Consumer Directed Personal Assistance option ++	78	85%	397	74%	2,495	75%	-	-
Plan rated as good or excellent	114	94%	598	90%	3,739	87%	-	-
Quality of Care Rated as Good or Excellent								
Regular Doctor (PCP)	113	91%	583	90%	3,572	91%	-	-
Dentist	82	68%	376	72%	2,382	73%	-	-
Eye Care-Optometry	103	92%	521	86%	3,079	82%	-	▲
Foot Care	81	85%	412	80%	2,637	83%	-	-
Home Health Aide	99	90%	541	86%	3,351	87%	-	-
Care Manager	103	83%	552	81%	3,445	83%	-	-
Regular Visiting Nurse	105	80%	542	81%	3,355	83%	-	-
Medical Supplies	92	82%	471	81%	2,937	82%	-	-
Transportation Services	89	72%	432	72%	2,853	77%	-	-
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	104	93%	540	95%	3,385	93%	-	-
Care Manager	98	82%	494	81%	3,144	83%	-	-
Regular Visiting Nurse	102	76%	512	78%	3,177	81%	-	-
Transportation TO the Doctor	74	74%	382	75%	2,515	81%	-	-
Transportation FROM the Doctor	75	73%	382	73%	2,505	78%	-	-
Access to Routine Care (<1 Month)								
Regular Doctor (PCP)	104	85%	533	86%	3,328	88%	-	-
Dentist	68	69%	297	67%	1,873	73%	-	-
Eye Care/Optometry	88	85%	419	79%	2,486	79%	-	-
Foot Care/Podiatry	68	78%	357	76%	2,220	80%	-	-
Access to Urgent Care (Same Day)								
Regular Doctor (PCP)	92	53%	460	49%	2,885	50%	-	-
Dentist	57	42%	243	32%	1,526	29%	-	-
Eye Care/Optometry	82	33%	390	33%	2,165	33%	-	-
Foot Care/Podiatry	61	33%	309	32%	1,912	34%	-	-

Advance Directives								
Plan has discussed appointing someone to make decisions	119	77%	600	75%	3,757	67%	-	-
Member has legal document appointing someone to make decisions	118	59%	583	61%	3,722	58%	-	-
Health plan has a copy of this document ◊	47	66%	245	71%	1,506	79%	-	-

LEGEND	
Symbol	**Description**
[a]	N reflects the total number of members who completed the survey
[b]	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
▲	Represents a significantly higher rate versus the MAP/statewide rate ($p < .001$)
◊	Item based on a skip pattern

Healthfirst MAP Satisfaction Survey Results Summary

Satisfaction survey results demonstrated that Healthfirst MAP members rated the majority of their services and care similar to, or better than, members enrolled in other MAP plans, and members enrolled in all other plans statewide. A higher percentage of members rated the quality of their eye care as good or excellent, compared with other members statewide (92% vs. 82%, respectively). It should be noted that this difference was statistically significant. In addition, although not statistically significant, a higher percentage of Healthfirst members indicated same day access to urgent care for a dentist, compared to other MAP members and all other members statewide (42% vs. 32% and 29%, respectively).

Section Five: SAAM and UAS

The Semi Annual Assessment of Members (SAAM) was the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter, through 2013. 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 were submitted to the NYSDOH twice annually, in January and July, through July 2013. The January submission consisted of assessments conducted between July and December of the prior year; the July submission consisted of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issued 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 consisted of 13 items/questions, as follows:

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

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

Effective October 2013, the SAAM tool was replaced by the Uniform Assessment System for NY (UAS-NY). The UAS-NY is a web based clinical assessment tool based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York[1]. Data are immediately available to users during and upon completion of the assessment.

Figure 3a contains Healthfirst July 2013 SAAM results for their partially capitated line, and Figure 3b contains January-June and July-December 2014 UAS results.

Figure 4a contains the Healthfirst July 2013 SAAM results for their MAP line, and Figure 4b contains Healthfirst January-June and July-December 2014 UAS results.

[1] NYS Department of Health, *2014 Managed Long Term Care Report*. http://health.ny.gov

Figure 3a: Healthfirst Partially Capitated and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=8,919	Statewide SAAM N=102,793
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	95%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	92%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	91%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	86%	78%
Toileting – % of members able to perform task independently, with setup help, or with supervision	94%	90%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	90%	87%
Feeding/Eating – % of members able to eat/drink independently or with setup, or with supervision	99%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	25%	27%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	79%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	18%	42%
When Confused – % with no confusion	15%	36%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	15%	40%
Depressed – % with no feelings of depression	70%	74%

SAAM Items	July 2013	
	Plan SAAM N=8,919	Statewide SAAM N=102,793
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	37%	45%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	64%	54%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	79%	72%

Healthfirst Partially Capitated SAAM July 2013

A larger percentage of partially capitated members could perform the 7 ADL tasks represented in Figure 3a above. In contrast, a lower percentage of members had no cognitive impairment or confusion. Additionally, a lower percentage of members expressed no feelings of anxiety and no pain when compared with members statewide.

Figure 3b: Healthfirst Partially Capitated and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=10,382	Statewide UAS N=125,702	Plan UAS N=12,126	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	52%	56%	50%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	24%	19%	21%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	35%	33%	32%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	19%	18%	17%	16%
Toileting – % of members able to perform task independently, with setup help, or with supervision	62%	63%	46%	58%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	87%	87%	89%	85%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	36%	36%	36%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	84%	82%	85%	83%
Cognition				
Cognitive functioning – % with intact functioning	33%	39%	31%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	74%	76%	73%	75%
Depressed – % with no feelings of depression	63%	72%	61%	69%
Health Conditions				
Frequency of Pain –	20%	27%	17%	22%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=10,382	Statewide UAS N=125,702	Plan UAS N=12,126	Statewide UAS N=132,429
% experiencing no severe daily pain				
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	92%	88%	92%	91%
Prevention				
Dental Exam – % who had dental exam in last year	48%	49%	51%	50%
Eye Exam – % who had eye exam in last year	70%	71%	73%	73%
Hearing Exam – % who had hearing exam in last 2 years	33%	33%	36%	33%
Influenza Vaccine – % who had influenza vaccine in last year	79%	74%	80%	75%

Healthfirst Partially Capitated UAS January-June 2014

Compared with members statewide, a lower percentage of members had no feelings of depression (63% vs. 72% for plan vs. statewide, respectively). In addition, a lower percentage of members were perceived as having intact cognitive functioning (33% vs. 39%), and reported experiencing no pain (20% vs. 27%).

Healthfirst Partially Capitated UAS July-December 2014

Similar to the first half of the year, the plan had a lower percentage of members with no feelings of depression. Rates were similar between Healthfirst members and members statewide for the remaining UAS items.

Figure 4a: Healthfirst MAP and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=1,526	Statewide SAAM N=110,186
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	97%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	94%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	93%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	88%	79%
Toileting – % of members able to perform task independently, with setup help, or with supervision	95%	91%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	93%	87%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	100%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	25%	27%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	78%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	14%	41%
When Confused – % with no confusion	11%	35%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	6%	38%
Depressed – % with no feelings of depression	77%	74%

SAAM Items	July 2013	
	Plan SAAM N=1,526	Statewide SAAM N=110,186
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	28%	45%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	69%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	74%	73%

Healthfirst MAP SAAM July 2013

A greater percentage of MAP members could perform the 7 ADLs independently, with set up help, or with supervision, and reported no falls requiring medical intervention. In contrast, a lower percentage of MAP members had no cognitive impairment or confusion, no feelings of anxiety and no pain.

Figure 4b: Healthfirst MAP and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=2,701	Statewide UAS N=125,702	Plan UAS N=3,199	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	60%	55%	57%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	29%	19%	26%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	38%	33%	36%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	20%	18%	16%	16%
Toileting – % of members able to perform task independently, with setup help, or with supervision	69%	63%	48%	58%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	92%	87%	93%	85%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	43%	36%	42%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	89%	82%	90%	83%
Cognition				
Cognitive functioning – % with intact functioning	41%	39%	38%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	75%	76%	74%	75%
Depressed – % with no feelings of depression	63%	71%	60%	69%
Health Conditions				
Frequency of Pain –	16%	26%	13%	22%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=2,701	**Statewide UAS N=125,702**	**Plan UAS N=3,199**	**Statewide UAS N=132,42 9**
% experiencing no severe daily pain				
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	92%	88%	92%	91%
Prevention				
Dental Exam – % who had dental exam in last year	51%	49%	54%	50%
Eye Exam – % who had eye exam in last year	77%	71%	80%	73%
Hearing Exam – % who had hearing exam in last 2 years	35%	33%	38%	33%
Influenza Vaccine – % who had influenza vaccine in last year	76%	75%	79%	75%

Healthfirst MAP UAS January-June 2014

Compared with members statewide, the plan had a lower percentage of members with no feelings of depression (63% vs. 71% statewide) and a lower percentage of members experiencing no severe daily pain (16% vs. 26% statewide). In contrast, a higher percentage of members could perform bathing tasks independently, with set up help or supervision, compared with members statewide (29% vs. 19%, respectively). A higher percentage of members demonstrated a higher level of ability in performing the other 5 ADLs as well.

Healthfirst MAP UAS July-December 2014

Healthfirst had a lower percentage of members who could perform toileting (48% vs. 58%) compared to members statewide, as well as a lower percentage of members who had no severe daily pain (13% vs. 22%). In contrast, members had better performance in ambulation, bathing and feeding/eating when compared to members statewide.

Section Six: 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 Healthfirst's PIP for 2013:

Healthfirst sought to establish objective guidelines for who should receive home delivered meals, believing that this would greatly assist their organization as well as their members. They believed it would also ensure that the services of home health aides were being utilized appropriately. Their overall goal was to ensure that all members who were in need due to financial, housing or physical limitations would receive nutritious and satisfying meals.

All members assessed were newly enrolled members into Healthfirst. Data were collected from meal access/preparation assessment questions in CCMS, care management records, survey data, and SAAM data.

Nine hundred and twenty (920) members were outreached to be assessed for this project. Of those, 503 members were available for assessments (54.7%). Of those 503 members reached, 20% (n=100) were eligible to receive home delivered meals. Eighty-eight percent (n=85) accepted the home delivered meals. The remaining members (n = 15), while qualified, declined the home delivered meals.

The result of this project indicated that Healthfirst members are satisfied with the quality and access to their meals. Of the members eligible for home delivered meals, most were eligible because they were not able to shop, cook and feed themselves and had no one present to prepare meals for them. Interestingly, some members who were eligible declined home delivered meals because of their desire for ethnically appropriate foods. Therefore, in the future the plan will try to find vendors who might offer a better variety of meals to satisfy the preferences of this ethnically diverse membership.

The following represents a summary of Healthfirst's PIP for 2014:

While Emergency Department (ED) prevention is a standard component of Healthfirst's care management program, the Plan does not provide targeted intervention to members who have recently presented for emergency care. A targeted intervention to prevent avoidable ED care may successfully improve performance, as the vast majority of members are elderly, frail, and underserved, and therefore, likely to face barriers to accessing more appropriate forms of medical care. This project aims to prevent avoidable ED visits among members by coordinating a PCP appointment as a more appropriate form of healthcare management, coordinating transportation to the appointment(s) when needed, and identifying barriers to keeping the PCP appointment.

The project indicators are as follows:

- The percentage of members who received the intervention (a post-ED PCP appointment).
    - *Numerator*: Members with a PCP appointment following an ED visit (Group A).
    - *Denominator*: Members with an ED visit in the past 90 days (Group B).

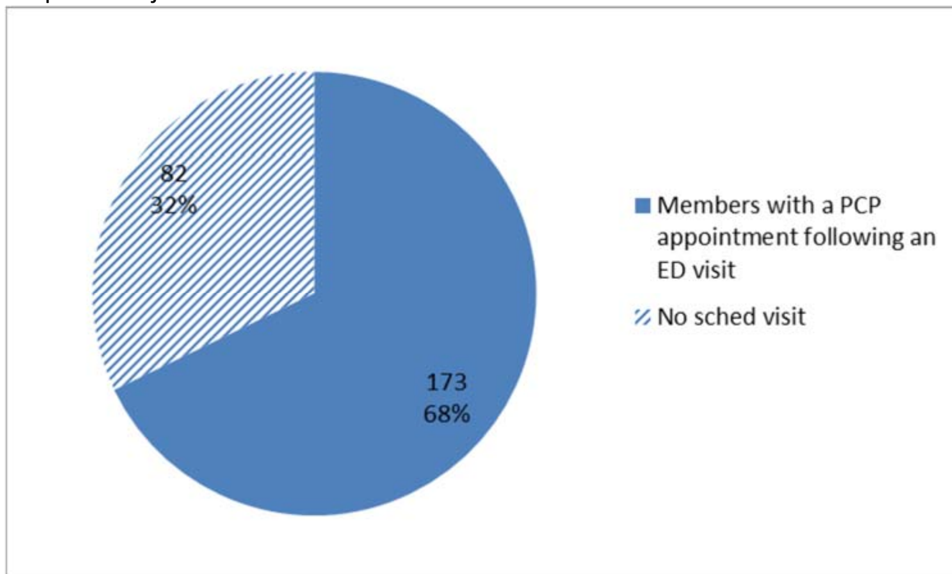
- The percentage of members compliant with the intervention (a kept post-ED PCP appointment).
    - *Numerator*: Members w/another ED visit w/in 90d following the kept PCP appointment (Group C).
    - *Denominator*: Members with a PCP appointment following an ED visit (Group A).

The Project Facilitator performed the following outreach and interventions:

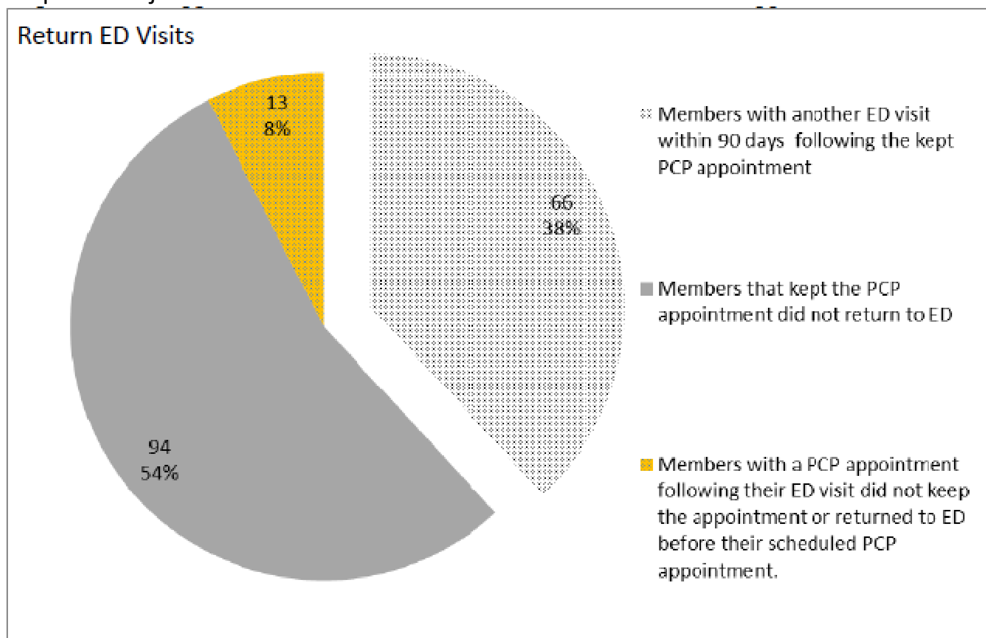
1) Determined eligible members who had an ED visit within the past 90 days based on UAS data.
2) Performed intervention (verify/facilitate a PCP appointment and/or transportation) for eligible members who agree to intervention.
3) Conduct follow up phone call to determine effectiveness of the intervention.

Results are summarized as follows:

Graph 1. Project Indicator 1



Graph 2. Project Indicator 2



The majority of members are elderly with multiple comorbidities. Members contacted ranged from ages 50-102 years old. Even though many members have the assistance of PCA and/or family members, it was difficult to obtain specific details on the nature of their ED visit and PCP information. Most members' reason for the ED visit fell into the "Other" category, followed by cardiac and respiratory issues. Additionally, although appointment and transportation assistance was offered, none of the members accepted. Most (46%) indicated they would make the appointment and/or arrange transportation on their own. One hundred seventy three (173) of the 255 members (68%) with and ED visit indicated they had a post-ED PCP appointment. For those members that kept their post-ED PCP appointment, 54% did not return to the ED (within 90 days). The frail nature of this elderly population was evident during this 1 year project. Of the 82 members who did not have a post ED follow-up visit with their PCP, 25 returned to the ED, 11 expired and 2 were placed in hospice care. The percent of members who kept their PCP appointment and still returned to the ED within 90 days (38%) was similar to the percent of members who did not have a PCP visit and returned to the ED within 90 days (30.5%). Both rates were lower than members who did keep their PCP appointment and did not return to the ED (54%).

Conclusions:

The primary reasons members seek ED care were identified and remained consistent in the baseline proposal, initial and follow-up outreach. The project provided results that confirm the need for Healthfirst members to obtain a post-ED visit with their primary doctor. Since these members are elderly with multiple comorbidities, there is an increased risk of a return to the ED if their health issues are not addressed. Members who keep their post-ED PCP appointment had a higher percentage of not returning to the ED. These reasons were consistent with prior patterns and can be used as the rationale for future performance improvement initiatives.

Section Seven: Summary/Overall Strengths and Opportunities

Strengths

Partially Capitated

Advance Directives
Members appears to be addressing advance directive needs, as evidenced by a significantly higher percentage of question respondents who stated the plan has discussed appointing someone as a healthcare proxy in the most recent satisfaction survey as compared to other partially capitated respondents and respondents statewide (78% vs. 64% and 67%, respectively).

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Eye Care
Satisfaction survey results indicate that a higher percent of members rated the quality of their optometrist as good or excellent compared to statewide (92% vs. 82%, respectively).

Access to Urgent Care (Same Day)
A higher rate was reported among Healthfirst members for access to a dentist same day. Forty-two percent (42%) of members reported having access to a dentist within this timeframe, compared with members in the other MAP plans, and members statewide (32% and 29%, respectively).

Activities of Daily Living (ADL)
Healthfirst members had higher rates for ambulation, bathing and feeding/eating in comparison to members statewide.

2014 PIP
Healthfirst was able to reduce the amount of members who returned to the ED after a visit by scheduling them a follow-up appointment with their PCP. Fifty-four percent (54%) of 173 patients who kept their PCP appointment after their initial ED visit did not return to the ED. This PIP shows the potential to help members with comorbidities manage their conditions and keep them out of the Emergency Department.

Opportunities

Partially Capitated

Quality of Medical Supplies
Healthfirst members did not rate the quality of medical supplies as favorably as members enrolled in other partially capitated plans and members statewide in the most recent satisfaction survey. Healthfirst should consider conducting additional focused surveys to a subset of members, to determine if quality issues do in fact exist.

Depression
A lower percentage of members reported having **no** feelings of depression, when compared with members statewide throughout both reporting periods in 2014. Since UAS questions pertaining to mood and behavior are prone to a high level of subjectivity at the time of the assessment, it is recommended that Healthfirst consider

conducting an inter-rater reliability (IRR) study for clinical assessments. IRR can aid in determining whether members do in fact have higher levels of depression 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.

An additional focused survey among a subset of members can also be distributed, to determine if these rates are reflective of their members' behavioral health statuses, and if so, what might be contributing to their depression.

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Frequency of Pain

A higher percentage of members experienced pain on a daily basis, compared with members statewide throughout both reporting periods in 2014. It is recommended that Healthfirst consider conducting a Performance Improvement Project, to determine if:

a) The members are prescribed pain medication
b) The members are compliant with pain medication

Study results may warrant recommendations to PCPs, to prescribe medication or change existing medication.