NEW YORK STATE DEPARTMENT OF HEALTH
2012 Managed Long-Term Care Report

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Executive Summary

The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) of New York State's Public Health Law provides the Commissioner of Health with the authority to certify managed long-term care (MLTC) plans and oversee their operation, including the quality of care. This report describes New York's 30 approved MLTC plans at the time of data collection and presents information about the quality of care they provide and enrollees' satisfaction with the plans.

MLTC plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from New York State Medicaid to pay for a range of health and social services. The benefit package includes home care, personal care, transportation services, and skilled nursing facility services (SNF).

Including SNF services in the capitation payment provides a financial incentive for the plans to keep their members healthy and living in the community.

Enrollment

Enrollment in the MLTC plans has been steadily increasing as shown in the chart below with current enrollment of nearly 70,000 individuals in November 2012. Ninety-three percent of the membership is in New York City. Eighty-five percent of the MLTC enrollees are over the age of 64 and 72 percent are female. The largest racial and ethnic group enrolled in MLTC is Hispanic at 29 percent. Eighty-five percent are dually enrolled in Medicare and Medicaid and 77 percent have been enrolled in the program over one year.
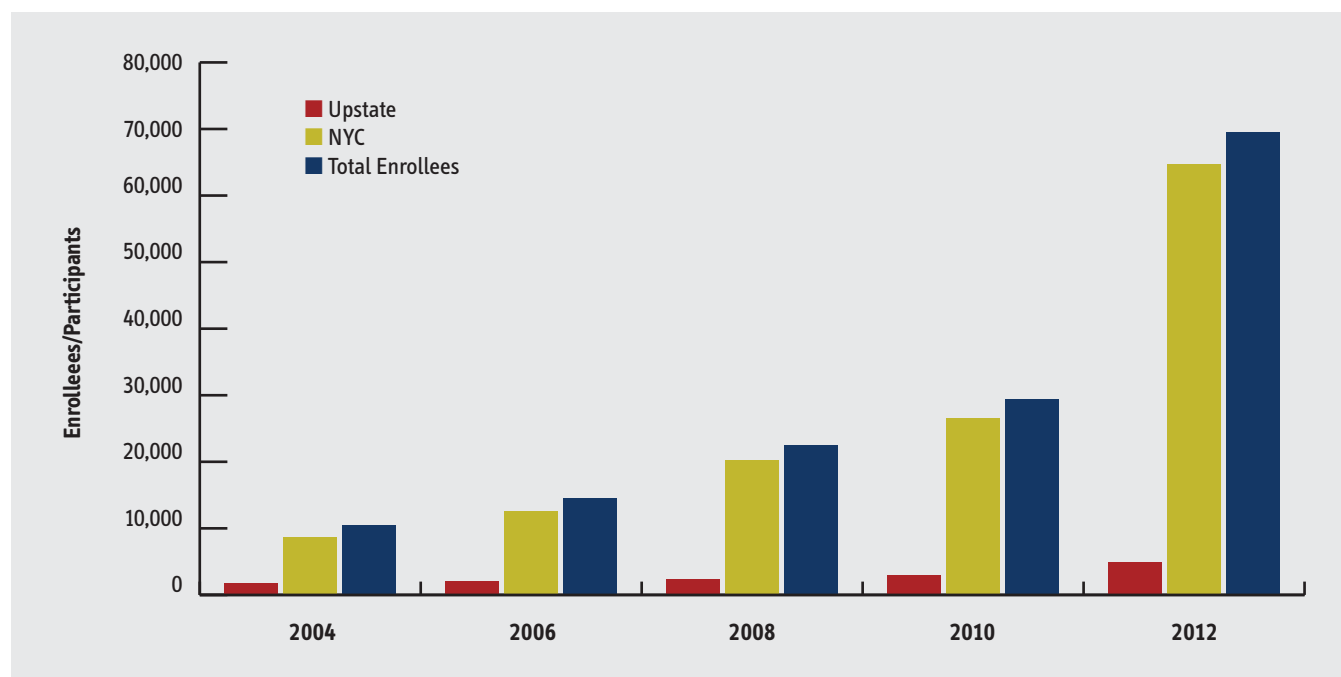
The report is organized into three sections. Each section summarizes an analysis using information collected in 2011, including enrollee experience from the 2011 satisfaction survey, quality of life and care information based on the latest semi-annual assessment of enrollees, and quality performance over time (based on changes seen in assessments across 2011).

Quality Performance

The two domains of quality performance in this report are based on a semi-annual assessment of the enrollees' health and functional status: 1) Measures of performance based on the most recent assessment, such as the percentage of enrollees who received an annual flu shot; and, 2) Measures that track performance over time such as the percentage of individuals whose overall functioning remained stable or improved over time. The tables include the plan-specific and statewide percentages of enrollees who met the criteria for the measure, e.g., received the flu shot and whether the plan's performance was statistically higher, the same, or lower than the statewide average.

- Statewide, seventy-two percent of enrollees received the recommended annual flu shot. Plan rates ranged from 45 to 93 percent.

- The percentage of enrollees throughout the state who had one or more falls in the past six months is 15 percent.

- Ninety percent of statewide enrollees' overall functional ability (Activities of Daily Living Composite) was stable or improved over a six- or twelve-month period.

- Eighty-seven percent of enrollees were stable or showed improvement in the ability to manage their oral medication over the follow-up period.

Utilization

This section shows the percentage of enrollees who were admitted to either a nursing home for permanent placement or a hospital one or more times in a six-month period.

- Just over two percent of enrollees were admitted to a nursing home and of that group, 34 percent were admitted for permanent placement.

- Eight percent of enrollees were admitted to the hospital. Several of the more common clinical categories are: respiratory problems (16 percent), falls (ten percent), congestive heart failure-CHF (five percent), and diabetes (five percent).

Enrollee Satisfaction

In the spring of 2011, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2010. The overall response rate was 32 percent. Following is a summary of significant highlights:

- Eighty-five percent of respondents rated their health plan as good or excellent.

- Ninety-one percent would recommend their plan to a friend.

- Eighty-seven percent rated their care manager and home health aide/personal care aide as good or excellent.

Introduction

The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) of New York State's Public Health Law provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In November 2012 there were 28 MLTC organizations certified to enroll members in three plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 38 plans. The tables in this report present information about the 23 MLTC organizations and 30 plans that were operational during the data collection period.

The New York State Department of Health (NYSDOH) has been publishing quality performance and enrollment data for traditional Medicaid managed care plans since 1994. This report is the first time performance data are publicly reported for MLTC plans. The NYSDOH expects that this report will be published annually and will continue to evolve with input from consumers and the health care industry. Last, the analyses presented in this report provide the basis for more data-driven improvement initiatives.

If you have any questions or comments about this report, please feel free to contact us at:

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The Managed Long-Term Care Program

Managed long-term care (MLTC) assists chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from New York State Medicaid to pay for a range of health and social services. The benefit package includes home care, personal care, social supports, and transportation services. The costs of skilled nursing facility services are included in the capitation payment thereby providing a financial incentive for the plans to keep their members healthy and living in the community. (The list of all services is included in Appendix A.) Depending on the type of plan, ambulatory care, inpatient, and mental health services may also be included in the benefit package.

Types of Managed Long-Term Care Plans

Within the MLTC program, there are three models of plans that are described below. All plans accept Medicaid.

Some plans also accept members who are only eligible for Medicare and private pay.

Partial Capitation Plans

A risk-adjusted Medicaid capitation payment is provided to the plan to cover the costs of the long-term care and select ancillary services described in Appendix A. The recipient's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicaid and Medicare or by the Medicaid program if they are not Medicare eligible. Partial MLTC plans are nevertheless required to coordinate all services for their members, including those that are not in the MLTC benefit package, such as visits to physicians and hospital admissions. For the most part, those who are only eligible for Medicaid, receive non-MLTC program 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. Partial Capitation plans must be approved by the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Health (NYSDOH).

PACE Organizations

A PACE (Program of All-inclusive Care for the Elderly) organization provides a comprehensive system of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for PACE services on a capitated basis. PACE members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides on-going 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 CMS and the NYSDOH.

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 services in Appendix A and also covers Medicare co-payments and deductibles. The minimum age requirement is 18 years.

Eligibility

The data in this report are representative of individuals who have enrolled in one of three types of plans voluntarily and have met the following criteria:

- have a chronic illness or disability that makes an individual eligible for services usually provided in a nursing home;*

- be able to stay safely at home at the time when joining the plan;

- are expected to need long-term care services for at least 120 days from the date of enrollment;

- meet the age requirement of program and the plan;

- live in the area served by the plan.

Nursing home eligibility described in the first bullet is determined through an assessment of each member by a registered nurse. The instrument and scoring algorithm are described in more detail on page 11.

Medicaid Redesign Team

In 2011, Governor Andrew Cuomo convened a task force consisting of policy experts and industry representatives to collaborate on redesigning New York State's Medicaid program. These members of the Medicaid Redesign Team (MRT) evaluated thousands of proposals solicited from experts and the public. Following a series of public meetings, the MRT voted on the proposals and 78 were enacted in the 2011-2012 budget. The majority of these proposals have been implemented by the NYSDOH and its partners at the Offices of Mental Health (OMH), People with Developmental Disabilities (OPWDD) and Alcohol and Substance Abuse Services (OASAS). (More information about the Medicaid Redesign Team is available at: http://www.health.ny.gov/health_care/medicaid/redesign/ .)

One such proposal, Mandatory Enrollment in MLTC Plans (MRT-90), calls for the expansion of MLTC for Medicaid recipients who are also eligible for Medicare (dual eligibles) and currently receiving community-based long-term care services. Those currently in receipt of community based long-term care services (or new users requesting the services) will have the option of enrolling in Partial, PACE, or MAP plans. If recipients do not pick a plan, they will be automatically enrolled in Partial Capitation plans because only the Partial plans' benefit package is solely covered by Medicaid. PACE and MAP plans include benefits covered by Medicare, thereby excluding these plans as options for mandatorily enrolled individuals. The implementation will be done in five phases over the course of at least two years (2012 through 2014) beginning in Manhattan.

Enrollment

Figure 1 shows that MLTC enrollment has steadily increased over the past eight years from approximately 10,000 in 2004 to nearly 70,000 as of November 2012 with the number of plans growing from 16 plans to 38 plans. Eighty-nine percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 93% of current MLTC enrollment. The increase in enrollment in MLTC will accelerate as MRT 90 is implemented with an estimated 24,000 recipients enrolled during the first phase of implementation.

Figure 1
MLTC Enrollment by Location
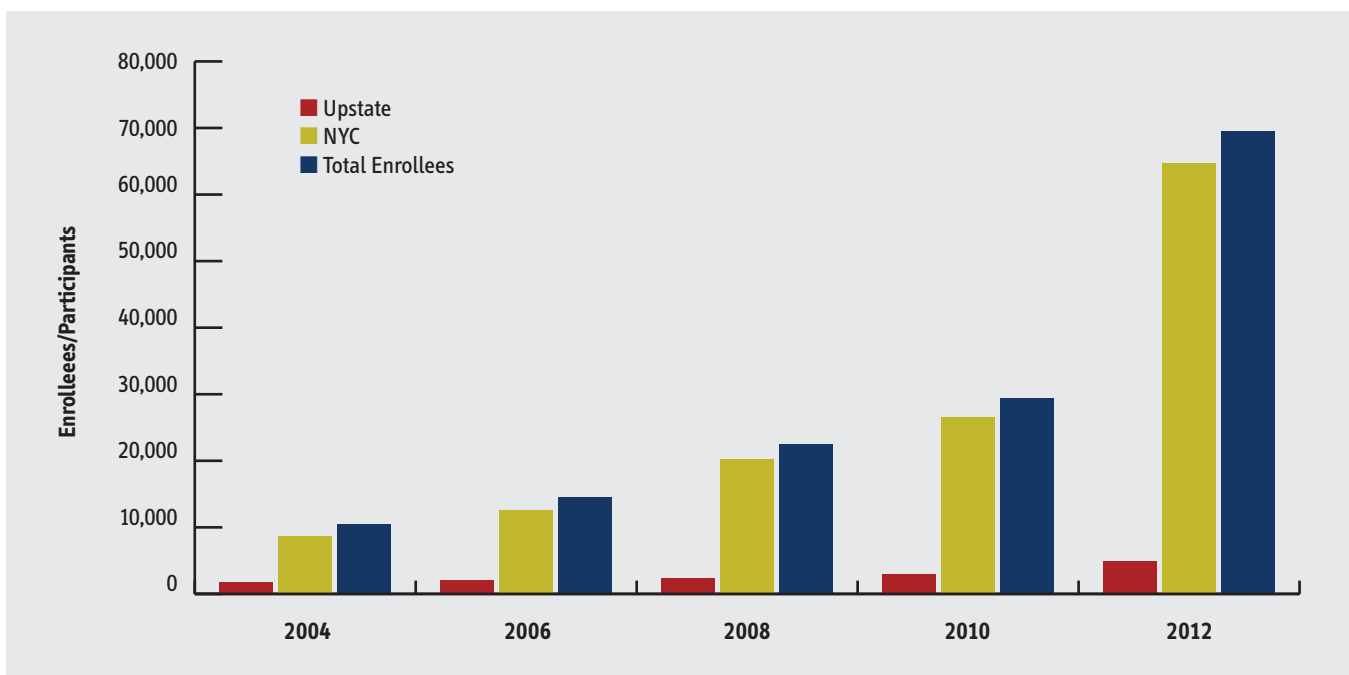
Managed Long-Term Care Plan Availability

The map below illustrates the availability of managed long-term care plans across New York State. As indicated by the shaded counties, the plans are mostly located in more densely populated areas of New York State where the number of recipients eligible for MLTC is large enough to result in plan specific enrollment that allows for financially viable plans.

Figure 2
Counties Where MLTC Plans Are Available
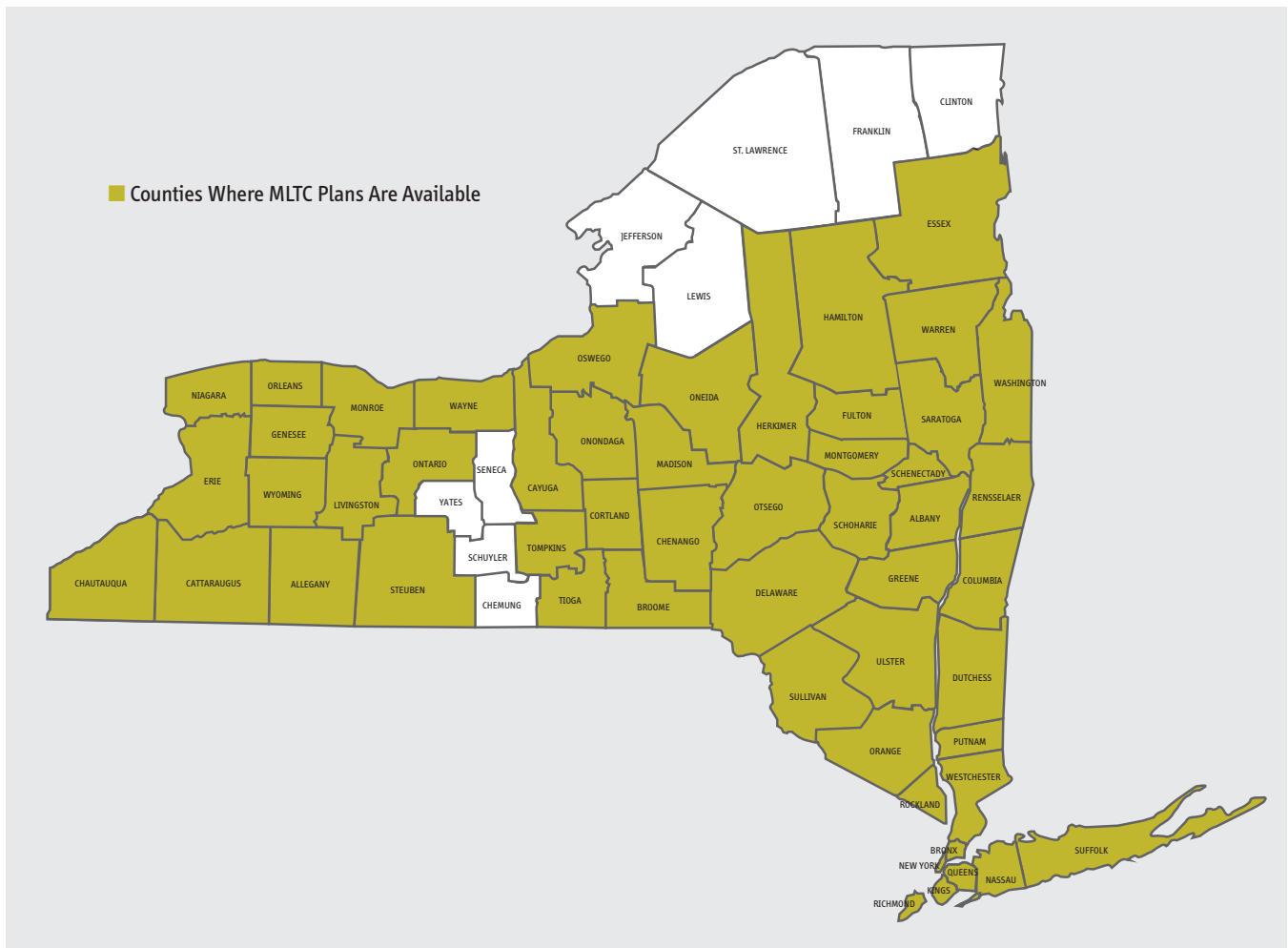
Semi-Annual Assessment of Members

The MLTC plans are required to collect and report to the NYSDOH information on enrollees' levels of functional and cognitive impairment, behaviors and clinical diagnosis. This information is collected at enrollment and then semi-annually thereafter or following any significant event (e.g., hospitalization, a fall, etc.). Since 2005, these data have been collected using the Semi-Annual Assessment of Members (SAAM) instrument, a modified version of the Federal (Medicare) Outcome and Assessment Information Set (OASIS-B), which is used to establish clinical eligibility for the MLTC program and assist health providers in care planning and outcome monitoring. The functional status data are critical, since these data are the basis for the MLTC plans' care management planning processes, and it facilitates the plan's identification of areas where the patient's status differs from optimal health or functional status.

Plans submit SAAM data to the NYSDOH twice a year, both in January and July, with each submission including all SAAM assessments completed in the previous six months (assessments completed between July and December are included in the January submission and assessments completed between January and June are included in the July submission).

The latest version of the SAAM instrument is available on the NYSDOH Website at: http://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_SAAM_ver_2_1_5.pdf

SAAM Index

In 2007, the NYSDOH developed and implemented a functional assessment scoring system based on the SAAM instrument to establish clinical eligibility for the MLTC program, i.e., determine if the person is nursing home eligible. The SAAM Index is comprised of thirteen items from the SAAM instrument. These items include the areas of incontinence, cognitive functioning and Activities of Daily Living (ADLs). Points are allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. For example, if a potential enrollee is able to walk with a cane or walker, no points are assigned for this level of functioning. If the enrollee needs human assistance at all times to walk, four points are assigned. One point is awarded if the person experiences incontinence once a week or less. The maximum number of points is 51. If a potential enrollee's total score on the thirteen items in SAAM Index is five or more, he/she is eligible for the MLTC program. The current statewide average SAAM Index score is 16. (The questions and point assignment is described in detail in Appendix B.) Several measures in this report are based on the SAAM Index and its components allowing for a comparison of case mix among the plans.

In 2013, the SAAM instrument will be replaced by the Uniform Assessment System for New York (UAS-NY). In its development of the UAS-NY, the NYSDOH will include all thirteen components of the SAAM Index as well as the point assignment and overall algorithm such that the determination of eligibility will remain consistent as much as possible. Questions are slightly different and responses are different, so it is not a 1-to-1 match.

Demographic Profile of MLTC Enrollees

The data in the following table are based on the January 2012 SAAM submission and therefore reflects the characteristics of the enrollees in the program from July through December of 2011. As shown, over 85 percent are over the age of 64. Almost three quarters of the enrollees are non-white (73 percent) and just over 2 percent were in a nursing home at the time of the assessment. Seventy-seven percent have been continuously enrolled in MLT C for 12 months.

Table 1
Demographics Profile

Measure	Percent
Age Groupings	
Age < 21	0.0
Age 21-54	6.2
Age 55-64	8.3
Age 65-74	21.6
Age 75-84	35.9
Age 85+	28.0
Gender	
Female	71.6
Male	28.4
Race	
White	26.2
Black	19.7
Hispanic	28.5
Race Other	25.2
Primary Language	
English	40.8
Spanish	25.8
Chinese	14.3
Russian	11.2
Other	7.9
High Risk Factors	
Underweight	2.9
Overweight	17.5
Obese	12.3
Enrollment	
Continuously Enrolled 12+ months	76.8
Continuously Enrolled <12 months	23.2

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	85.4
Medicaid (Includes those enrolled in Medicaid only and those dually enrolled)	99.7
Medicare (Includes those enrolled in Medicare only and those dually enrolled)	87.2
Medicaid Only	12.6
Other	2.0
Current Location	
Community	97.8
Nursing Home	2.2
Hospital	0.0
Living Situation	
Alone	41.6
With Family/Friend	54.7
With Other	3.5
Top Statewide Diagnoses (Percent of All Members)	
Hypertension	64.7
Osteoarthritis	42.7
Diabetes Without Complications	29.8
Hyperlipidemia	24.8
Coronary Atherosclerosis	18.2
Senility/Organic Mental Disorder	17.4
Other Genitourinary Conditions	16.8
Osteoporosis	16.6
Other Nerve Disorder	15.2
Other Mental Condition	14.4

Plan Profiles

The table below summarizes the MLTC plans certified by the NYSDOH to enroll Medicaid recipients and their enrollment as of November 2012.

Table 2
Health Plan Profiles

Health Plan Name and Website	Counties of Operation	2012 Enrollment (as of Nov. 2012)
Partial Capitation Plans		
1. Aetna Better Health _www.aetnabetterhealth.com/ny/_	Kings, New York, Queens, Nassau, Suffolk	0
2. AgeWell _www.agewellnewyork.com_	Bronx, Kings, New York, Queens, Nassau, Suffolk, Westchester	2
3. ArchCare Community Life _www.archcare.org_	Bronx, New York, Richmond, Westchester	30
4. CenterLight Healthcare Select MLTC _www.centerlighthealthcare.org_	New York City, Nassau, Rockland, Suffolk, Westchester	5,881
5. Elant Choice _www.elant.org_	Dutchess, Orange, Rockland	256
6. ElderServe Health, Inc. _www.elderservehealth.org_	New York City, Nassau, Suffolk, Westchester	6,513
7. Fidelis Care at Home _www.fideliscare.org_	New York City, Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Genesee, Greene, Hamilton, Herkimer, Livingston, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Rensselaer, Rockland, Schenectady, Schoharie, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming	1,303
8. GuildNet _www.guildnetny.org_	New York City, Nassau, Suffolk, Westchester	9,337
9. HHH Choices Health Plan, LLC _www.HHHChoices.org_	Bronx, Kings, New York, Queens, Westchester	1,623
10. HealthPlus, An Amerigroup Company MLTC _www.myamerigroup.com_	New York City	1,964
11. HIP MLTC _www.emblemhealth.com_	New York City, Nassau, Suffolk, Westchester	305
12. HomeFirst, a product of Elderplan, Inc. _www.homefirst.org_	New York City, Monroe, Nassau, Westchester	6,465
13. Independence Care System _www.icsny.org_	Bronx, Kings, New York, Queens	3,303

Table 2 (Continued)
Health Plan Profiles

Health Plan Name and Website	Counties of Operation	2012 Enrollment (as of Nov. 2012)
Partial Capitation Plans (Continued)		
14. Senior Health Partners A Healthfirst Company *www.shpny.org*	New York City, Nassau	5,475
15. Senior Network Health, LLC *www.faxtonstlukes.com/clinical-services/ home-care-services/senior-network-health*	Oneida, Herkimer	390
16. Senior Whole Health of New York MLTC *www.seniorwholehealth.com*	Bronx, Kings, New York, Queens	59
17. Total Aging In Place Program *www.totalaginginplaceprogram.com*	Erie	127
18. UnitedHealthcare Personal Assist *www.uhccommunityplan.com*	New York City	0
19. VillageCareMAX *http://villagecaremax.org/*	Bronx, Kings, New York, Queens	742
20. VNSNY CHOICE Managed Long Term Care *www.vnsnychoice.org*	New York City, Albany, Columbia, Delaware, Dutchess, Fulton, Greene, Herkimer, Madison, Monroe, Montgomery, Nassau, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, Westchester	14,989
21. Wellcare Advocate MLTC *www.newyork.wellcare.com*	Bronx, Kings, New York, Queens, Albany, Erie, Orange, Rockland, Ulster	3,412
PACE Organizations		
22. ArchCare Senior Life *www.archcare.org*	Bronx, New York	222
23. Catholic Health – LIFE *www.chsbuffalo.org/services/seniorservices/LIFE*	Erie	106
24. CenterLight Healthcare PACE *www.centerlighthealthcare.org*	New York City, Nassau, Suffolk, Westchester	3,126
25. Complete Senior Care *www.hanci.com/services_complete_senior_care.html*	Niagara	57
26. Eddy Senior Care *www.nehealth.com* *Click on "Seniors." Select "Senior Care" (PACE).*	Albany (Not in all of county), Schenectady (Not in all of county)	126
27. Independent Living for Seniors *www.independentlivingforseniors.org*	Monroe (Not entire county)	373
28. PACE CNY *www.pacecny.org*	Onondaga	422
29. Total Senior Care, Inc. *www.totalseniorcare.org*	Cattaraugus, Allegany (Only in certain townships)	88

Table 2 (Continued)
Health Plan Profiles

Health Plan Name and Website	Counties of Operation	2012 Enrollment (as of Nov. 2012)
Medicaid Advantage Plus (MAP)		
30. Elderplan, Inc. MAP *www.elderplan.org*	New York City	749
31. Fidelis Medicaid Advantage Plus *www.fideliscare.org*	New York City, Albany, Montgomery, Rensselaer, Schenectady	127
32. GuildNet Gold *www.guildnetny.org*	Bronx, Kings, New York, Queens, Nassau, Suffolk	376
33. Healthfirst CompleteCare *www.healthfirstny.org*	New York City	697
34. HealthPlus, an Amerigroup Company, MAP *www.myamerigroup.com*	New York City	10
35. HIP MAP – MLTC *www.emblemhealth.com*	New York City, Westchester, Nassau, Suffolk	383
36. Senior Whole Health of New York MAP *www.seniorwholehealth.com*	Bronx, Kings, New York, Queens, Albany, Columbia, Dutchess, Greene, Montgomery, Orange, Rensselaer, Saratoga, Schenectady, Ulster, Warren, Washington	323
37. VNSNY Choice Total *www.vnsnychoice.org*	New York City	92
38. Wellcare Advocate Complete *www.newyork.wellcare.com*	Bronx, Kings, New York, Queens	42

Plans with coverage area "New York City" provide service in all five boroughs.

Table 2 reflects the plans certified as of November 2012. Plan performance data featured in this report are not available for all plans featured in this table because some plans were not operational during the time period these data represent. These plans include: Aetna Better Health, AgeWell, ArchCare Community Life, Healthfirst CompleteCare, HIP MLTC, Senior Whole Health of New York MLTC, UnitedHealthcare Personal Assist, and VillageCareMAX.

Enrollee Attributes

The tables on the following pages describe the functional and health status of the MLTC population. Within this section, the measures are combined into the following domains of care: 1) Overall Functioning and/or Activities of Daily Living, 2) Incontinence and Neurological/Emotional/Behavioral Status, and 3) Living Arrangements and Sensory/Emotional Status. Appendix C describes the measures used for each type of analysis.

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Significance is based on a 95 percent confidence interval. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members are excluded from the plan-level calculations and reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages.

Overall Functioning and Activities of Daily Living

- **Overall Functioning:** The SAAM Index is a composite measure of Activities of Daily Living, Incontinence and Cognitive Functioning. Average score on a scale of 0-51. Zero represents the highest level of functioning.

- **Ambulation:** Member's ability to walk on various surfaces. Average score on a scale of 0-6. Zero represents the highest level of functioning.

- **Bathing:** Member's ability to bathe him/herself independently. Average score on a scale of 0-5. Zero represents the highest level of functioning.

- **Transferring:** Member's ability to move from a seated position to another location. Average score on a scale of 0-6. Zero represents the highest level of functioning.

- **Dressing Upper Body/Dressing Lower Body:** Member's ability to dress their upper and lower bodies. Average score on a scale of 0-3. Zero represents the highest level of functioning.

- **Toileting:** Member's ability to use the bathroom or bedside commode. Average score on a scale of 0-4. Zero represents the highest level of functioning.

- **Feeding/Eating:** Member's ability to feed oneself. (Does not include meal preparation.) Average score on a 0-5 scale. Zero represents the highest level of functioning.

Table 3
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning SAAM Index	Activities of Daily Living		
		Ambulation (0-6)	Bathing (0-5)	Transferring (0-6)
Partial Capitation Plans				
Centerlight Healthcare Select MLTC	16	2.0	2.3	1.5
Elant Choice	16	2.4	2.4	1.4
ElderServe Health, Inc.	15	1.8	2.4	1.2
Fidelis Care at Home	14	2.0	2.2	0.8
GuildNet	19	2.5	2.7	1.7
HHH Choices Health Plan, LLC	14	1.8	2.4	1.1
HealthPlus, an Amerigroup Company MLTC	16	2.3	2.6	1.4
HomeFirst	17	2.4	2.4	1.7
Independence Care System	17	2.9	2.5	1.9
Senior Health Partners A Healthfirst Company	17	2.1	2.3	1.7
Senior Network Health, LLC	15	2.3	2.4	1.9
Total Aging In Place Program	14	2.2	2.2	1.4
VNSNY CHOICE Managed Long Term Care	16	2.3	2.6	1.4
Wellcare Advocate MLTC	13	2.1	2.1	1.1
PACE Organizations				
ArchCare Senior Life	15	2.1	2.2	1.3
Catholic Health – LIFE	14	2.2	2.2	1.0
Centerlight Healthcare PACE	16	2.1	2.5	1.5
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	19	2.7	3.1	1.7
Independent Living for Seniors	18	2.4	2.7	1.4
PACE CNY	16	2.4	2.3	1.5
Total Senior Care, Inc.	13	1.9	2.4	0.8
Medicaid Advantage Plus (MAP)				
Elderplan, Inc.	17	2.5	2.5	1.7
Fidelis Medicaid Advantage Plus	15	2.1	2.2	1.4
Guildnet Gold	16	2.3	2.4	1.4
HIP MAP – MLTC	13	2.1	2.4	1.1
HealthPlus, an Amerigroup Company MAP	SS	SS	SS	SS
Senior Whole Health of New York MAP	12	2.1	2.0	1.1
VNSNY CHOICE Total	15	2.1	2.5	1.4
Wellcare Advocate Complete	15	2.3	2.3	1.4
STATEWIDE	**16**	**2.3**	**2.5**	**1.5**

SS = Sample size too small to report

Table 3 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living			
	Dress Upper Body (0-3)	Dress Lower Body (0-3)	Toileting (0-4)	Feeding/Eating (0-5)
Partial Capitation Plans				
Centerlight Healthcare Select MLTC	1.6	1.9	0.8	0.7
Elant Choice	1.1	1.3	0.8	0.6
ElderServe Health, Inc.	1.5	1.8	0.7	0.4
Fidelis Care at Home	0.9	1.1	0.4	0.6
GuildNet	1.8	2.0	1.0	1.0
HHH Choices Health Plan, LLC	1.7	2.1	0.6	0.5
HealthPlus, an Amerigroup Company MLTC	1.7	2.0	0.9	0.6
HomeFirst	1.7	2.1	0.7	0.8
Independence Care System	1.7	2.1	1.1	0.7
Senior Health Partners A Healthfirst Company	1.6	1.9	0.6	0.5
Senior Network Health, LLC	0.7	1.1	0.3	0.5
Total Aging In Place Program	1.0	1.4	0.6	0.5
VNSNY CHOICE Managed Long Term Care	1.6	2.1	0.8	0.8
Wellcare Advocate MLTC	1.3	1.9	0.4	0.3
PACE Organizations				
ArchCare Senior Life	1.3	1.5	0.9	0.7
Catholic Health – LIFE	0.8	1.2	0.6	0.4
Centerlight Healthcare PACE	1.6	1.8	0.8	0.5
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	1.6	1.9	1.3	0.6
Independent Living for Seniors	1.2	1.6	0.9	0.7
PACE CNY	1.0	1.1	0.6	0.5
Total Senior Care, Inc.	0.7	1.1	0.7	0.3
Medicaid Advantage Plus (MAP)				
Elderplan, Inc.	1.7	2.1	0.7	0.8
Fidelis Medicaid Advantage Plus	1.2	1.5	0.7	0.6
Guildnet Gold	1.7	1.7	0.7	1.0
HIP MAP – MLTC	1.4	1.8	0.5	0.3
HealthPlus, an Amerigroup Company MAP	SS	SS	SS	SS
Senior Whole Health of New York MAP	0.4	0.6	0.2	0.2
VNSNY CHOICE Total	1.6	2.0	0.8	0.8
Wellcare Advocate Complete	1.4	2.0	0.6	0.6
STATEWIDE	**1.6**	**1.9**	**0.8**	**0.7**

SS = Sample size too small to report

Incontinence and Neurological/Emotional/Behavioral Status

- **Urinary Incontinence Frequency:** Percentage of members who are incontinent more than once a week. A higher percentage indicates greater care needs of the population.

- **Bowel Incontinence Frequency:** Percentage of members who have any bowel incontinence (excluding those that very rarely had bowel incontinence). A higher percentage indicates greater care needs of the population.

- **Cognitive Functioning:** Percentage of members who are not alert, i.e., need prompting or assistance in routine situations, are disoriented or in a vegetative state. A higher percentage indicates greater care needs of the population.

- **When Confused:** Percentage of members who were confused in new situations or at various times of the day. A higher percentage indicates greater care needs of the population.

- **When Anxious:** Percentage of members who were anxious at least occasionally. A higher percentage indicates greater care needs of the population.

Table 4
Incontinence and Neurological/Emotional/Behavioral Status

Health Plan	Incontinence		Neuro/Emotional/Behavioral Status		
	Urinary Incontinence Frequency* (%)	Bowel Incontinence Frequency* (%)	Cognitive Functioning* (%)	When Confused* (%)	When Anxious* (%)
Partial Capitation Plans					
Centerlight Healthcare Select MLTC	85	29▲	59	87▲	72▲
Elant Choice	88	31▲	90▲	95▲	91▲
ElderServe Health, Inc.	83▼	14▼	67▲	76▲	69▲
Fidelis Care at Home	88	18	86▲	85▲	90▲
GuildNet	91▲	20	60	60▼	80▲
HHH Choices Health Plan, LLC	82▼	11▼	48▼	56▼	58
HealthPlus, an Amerigroup Company MLTC	86	18▼	50▼	43▼	55▼
HomeFirst	90▲	14▼	52▼	43▼	29▼
Independence Care System	93▲	27▲	25▼	19▼	37▼
Senior Health Partners A Healthfirst Company	87	18▼	91▲	91▲	96▲
Senior Network Health, LLC	95▲	39▲	91▲	89▲	94▲
Total Aging In Place Program	96▲	18	58	83▲	83▲
VNSNY CHOICE Managed Long Term Care	78▼	21▲	57▼	57▼	35▼
Wellcare Advocate MLTC	80▼	14▼	48▼	46▼	78▲
PACE Organizations					
ArchCare Senior Life	84	19	70▲	84▲	65
Catholic Health – LIFE	85	24	78▲	75▲	80▲
Centerlight Healthcare PACE	93▲	24▲	61▲	81▲	76▲
Complete Senior Care	SS	SS	SS	SS	SS
Eddy Senior Care	94▲	34▲	78▲	83▲	79▲
Independent Living for Seniors	93▲	43▲	83▲	89▲	86▲
PACE CNY	89	34▲	82▲	81▲	83▲
Total Senior Care, Inc.	85	32▲	57	80▲	71▲
Medicaid Advantage Plus (MAP)					
Elderplan, Inc.	93▲	18	44▼	40▼	23▼
Fidelis Medicaid Advantage Plus	95▲	33▲	58	67	62
Guildnet Gold	92▲	11▼	48▼	49▼	79▲
HIP MAP – MLTC	89	22	45▼	42▼	48▼
HealthPlus, an Amerigroup Company MAP	SS	SS	SS	SS	SS
Senior Whole Health of New York MAP	86	22	91▲	88▲	86▲
VNSNY CHOICE Total	73▼	22	35▼	36▼	49▼
Wellcare Advocate Complete	85	16	57	46▼	63
STATEWIDE	**86**	**20**	**60**	**62**	**60**

SS = Sample size too small to report
▲ Significantly higher than statewide average
▼ Significantly lower than statewide average
*A higher percentage indicates greater care needs of the population

Living Arrangements and Sensory/Emotional Status

- **Living Arrangements:** Percentage of members living alone.

- **Frequency of Pain:** Percentage of members who experienced any pain at least daily. A higher percentage indicates greater care needs of the population.

- **Depressive Feelings:** Percentage of members who experienced some depression feelings. A higher percentage indicates greater care needs of the population.

Table 5
Living Arrangements and Sensory/Emotional Status

Health Plan	Living Arrangement (%)	Frequency of Pain* (%)	Depressive Feelings* (%)
Partial Capitation Plans			
Centerlight Healthcare Select MLTC	39▼	55▲	14▼
Elant Choice	37	53	30▲
ElderServe Health, Inc.	36▼	57▲	27▲
Fidelis Care at Home	50▲	51	33▲
GuildNet	43▲	58▲	34▲
HHH Choices Health Plan, LLC	45▲	57▲	23
HealthPlus, an Amerigroup Company MLTC	41	56▲	38▲
HomeFirst	41	58▲	16▼
Independence Care System	50▲	50▼	29▲
Senior Health Partners A Healthfirst Company	42	69▲	33▲
Senior Network Health, LLC	60▲	64▲	36▲
Total Aging In Place Program	97▲	45	23
VNSNY CHOICE Managed Long Term Care	40▼	33▼	14▼
Wellcare Advocate MLTC	33▼	73▲	18▼
PACE Organizations			
ArchCare Senior Life	45	37▼	22
Catholic Health — LIFE	36	59	48▲
Centerlight Healthcare PACE	37▼	53	21▼
Complete Senior Care	SS	SS	SS
Eddy Senior Care	66▲	42▼	27
Independent Living for Seniors	58▲	41▼	21
PACE CNY	59▲	45▼	27
Total Senior Care, Inc.	54▲	40▼	23
Medicaid Advantage Plus (MAP)			
Elderplan, Inc.	44	60▲	10▼
Fidelis Medicaid Advantage Plus	46	55	48▲
Guildnet Gold	50▲	47▼	20
HIP MAP — MLTC	44	75▲	43▲
HealthPlus, an Amerigroup Company MAP	SS	SS	SS
Senior Whole Health of New York MAP	64▲	55	41▲
VNSNY CHOICE Total	32▼	48	30
Wellcare Advocate Complete	46	68▲	14
STATEWIDE	**42**	**52**	**23**

SS = Sample size too small to report
▲ Significantly higher than statewide average
▼ Significantly lower than statewide average
*A higher percentage indicates greater care needs of the population

Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into two sections: **1)** CURRENT PLAN PERFORMANCE – Functional status and rates of performance based on the January 2012 submission of SAAM data and **2)** PERFORMANCE OVER TIME – Changes in the functional status of the MLTC population over a 6 to 12 month period.

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Please note that the statistical significance shown in the PERFORMANCE OVER TIME section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

In response to feedback from the MLTC plans on the 2011 draft report, three measures are now risk-adjusted. These measures are reported within a separate domain for each type of analysis (i.e., CURRENT PLAN PERFORMANCE and PERFORMANCE OVER TIME). Risk adjustment takes into account the effect of members' characteristics (case mix) on plan rates and reduces the differences in plan rates that are attributable to case mix and therefore not within the plans' control. Information about the methods used to risk adjust is included in the Technical Notes (Appendix D) of this report.

The following tables are based on the January 2012 SAAM submission. Some measures are reported as an average of scores that had been assigned to the eligible members according to the SAAM Index scoring algorithm described in Appendix B. For example, each member was assigned a score with possible values of 0, 2, 4, 7 or 10 for the ambulation measure. The plan averages, as well as the statewide average, are based on the average of these scores. The remaining measures are expressed as percentages.

The following three measures were risk adjusted to reduce the effects of a plan's case mix on its rate: Oral Medication Management, Falls and Hospital Emergent Care. (Please refer to Appendix D for more detailed information.)

Quality of Life/Effectiveness of Care/Hospital Emergent Care

- **Flu Immunization Status:** Percentage of members who received an influenza vaccination in the past year.

- **Oral Medication Management:** The risk-adjusted percentage of members who are independently managing oral medication.

- **Falls:** The risk-adjusted percentage of members who had one or more falls in the past 6 months. A higher percentage indicates greater care needs of the population.

- **Hospital Emergent Care:** The risk-adjusted percentage of members who received emergent care in the hospital. A higher percentage indicates greater care needs of the population.

Table 6
Quality of Life/Effectiveness of Care/Emergent Care

Health Plan	Flu Immunization Status	Risk-adjusted Oral Medication Management	Falls*	Hospital Emergent Care*
Partial Capitation Plans				
Centerlight Healthcare Select MLTC	78▲	31▲	10▼	13▼
Elant Choice	85▲	35	26▲	28▲
ElderServe Health, Inc.	61▼	22▼	13▼	8▼
Fidelis Care at Home	71	45▲	23▲	27▲
GuildNet	49▼	29	14▼	6▼
HHH Choices Health Plan, LLC	71	17▼	20▲	26▲
HealthPlus, an Amerigroup Company MLTC	71	23▼	21▲	26▲
HomeFirst	70▼	7▼	12▼	17
Independence Care System	55▼	34▲	19▲	21▲
Senior Health Partners A Healthfirst Company	73	29	18▲	20▲
Senior Network Health, LLC	86▲	52▲	38▲	29▲
Total Aging In Place Program	67	20	36▲	39▲
VNSNY CHOICE Managed Long Term Care	83▲	33▲	12▼	19▲
Wellcare Advocate MLTC	76▲	32▲	21▲	22▲
PACE Organizations				
ArchCare Senior Life	86▲	40▲	15	7▼
Catholic Health – LIFE	93▲	27	58▲	34▲
Centerlight Healthcare PACE	89▲	42▲	13▼	13▼
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	75	4▼	28▲	17
Independent Living for Seniors	90▲	8▼	40▲	15
PACE CNY	91▲	38▲	44▲	23▲
Total Senior Care, Inc.	83▲	29	55▲	37▲
Medicaid Advantage Plus (MAP)				
Elderplan, Inc.	67	9▼	10▼	20
Fidelis Medicaid Advantage Plus	57	32	24	31
Guildnet Gold	45▼	28	10▼	12
HIP MAP – MLTC	62▼	46▲	35▲	33▲
HealthPlus, an Amerigroup Company MAP	SS	SS	SS	SS
Senior Whole Health of New York MAP	81▲	41▲	37▲	43▲
VNSNY CHOICE Total	75	30	11	21
Wellcare Advocate Complete	59	24	22	24
STATEWIDE	**72**	**28**	**15**	**17**

SS = Sample size too small to report
▲ *Significantly higher than statewide average*
▼ *Significantly lower than statewide average*
*A higher percentage indicates greater care needs of the population

Performance Over Time

Overview: Following each bi-annual submission of the SAAM assessment data, the NYSDOH creates summary reports containing descriptive information about members' status based on that submission. While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. For this analysis we examined functional status, along with process and utilization measures, for MLTC plan members based on SAAM assessments completed between July 2010 and December 2011.

Defining Outcomes: One of the primary objectives of long-term care is to improve or stabilize functional status, with stabilization being the most likely outcome for this population. For this reason we chose to define a positive outcome for most items as either a member showing improvement over the measurement period *or* maintaining his/her initial level of functioning/ symptoms. For hospital emergent care, a positive outcome was defined as a member having no known hospital emergent care visits during the measurement period.

Calculating Outcomes

Cohort Definition: In order to evaluate individual-level changes over a 12 month period, three SAAM datasets were matched at the member level. These three matched datasets were: **1)** The *current-year submission*, representing January 2012 submission of SAAM data; **2)** The *mid-year submission*, representing the SAAM submission received 6 months prior to the current-year submission (July 2011); and **3)** The *base-year submission*, representing the submission received one year prior to the current-year submission (January 2011). A four-round matching algorithm was implemented whereby members were matched based on one of two unique identifiers: the member's Medicaid identification number (if applicable) or the member's plan-assigned identification number.

In the first two rounds, members in the January 2011 file were matched to the January 2012 file resulting in a cohort of members with approximately 12 months of enrollment. In the second two rounds, those members who were not found in the January 2012 file were matched to the July 2011 file. These members had

roughly six months of continuous enrollment. This method resulted in 92 percent of the enrolled members from the January 2011 (base-year) submission being matched to either the January 2012 (current-year) or July 2011 (mid-year) submissions. The base-year submission was matched to subsequent submissions due to the recent rapid growth of the program.

Outcome Definition: For all non-emergent items, a change score was calculated with the purpose of comparing the associated base-year value of the member's functional ability to the corresponding matched (or follow-up) value. A change score was calculated by subtracting the follow-up value from the base-year value. If either the base-year or follow-up values were missing then the change score was coded as missing and excluded from the analysis.

For the composite measures (i.e., measures composed of several components such as the SAAM Index and the ADL Composite), members were coded as stable/ improved over the time period. However, a small increase or decrease in these scores may not represent a very meaningful change in functioning due to the wide range of possible scores. In order to account for this large variability, a positive outcome for these measures was defined as a change score greater than -4, which counts scores close to zero as stable/improved.

For the non-composite measures (i.e., measures that do not include several components such as Ambulation), a member was coded as stable/improved on a measure if the change score was greater than or equal to zero (i.e., the follow-up value was less than the base-year value indicating that functioning/ symptoms improved over the period).

For No Known Hospital Emergent Care, a change score was not calculated. Instead, we examine the proportion of members who did not report any emergent care visits during the follow-up period.

The following three measures were risk adjusted to reduce the effects of a plan's case mix on its rate: SAAM Index, Oral Medication Management, and No Known Hospital Emergent Care. (Please refer to Appendix D for more detailed information.)

Activities of Daily Living

- **Activities of Daily Living (ADL) Composite:** Percentage of members whose SAAM Index functioning was stable or improved over the follow-up period.

- **Ambulation:** Percentage of members whose ability to safely walk or use a wheelchair on a variety of surfaces was stable or improved over the follow-up period.

- **Bathing:** Percentage of members whose ability to wash their entire body was stable or improved over the follow-up period.

- **Transferring:** Percentage of members whose ability to move from one location to another, such as from a bed to a chair, was stable or improved over the follow-up period.

- **Dressing Upper Body/ Dressing Lower Body:** Percentage of members whose ability to dress their upper and/or lower body was stable or improved over the follow-up period.

- **Toileting:** Percentage of members whose ability to use a toilet or bedside commode was stable or improved over the follow-up period.

- **Feeding/Eating:** Percentage of members whose ability to feed themselves was stable or improved over the follow-up period.

Table 7
Activities of Daily Living

Health Plan	Percent Stable or Improved			
	SAAM Index ADL Composite	Ambulation	Bathing	Transferring
Partial Capitation Plans				
Centerlight Healthcare Select MLTC	92▲	79▼	80	77
Elant Choice	88	85	85	80
ElderServe Health, Inc.	94▲	86	77	82
Fidelis Care at Home	87	84	78	81▲
GuildNet	91▲	84▲	83▲	74▼
HHH Choices Health Plan, LLC	86▼	79▼	83	76
HealthPlus, an Amerigroup Company MLTC	89	79▼	77▼	75
HomeFirst	95▲	91▲	91▲	80▲
Independence Care System	91	82	82	77
Senior Health Partners A Healthfirst Company	89	83	77▼	84▲
Senior Network Health, LLC	88	87▲	79	82▲
Total Aging In Place Program	80▼	77	83	77
VNSNY CHOICE Managed Long Term Care	88▼	79▼	78▼	75▼
Wellcare Advocate MLTC	92▲	85▲	89▲	85▲
PACE Organizations				
ArchCare Senior Life	75▼	55▼	67▼	63▼
Catholic Health – LIFE	73▼	68▼	57▼	45▼
Centerlight Healthcare PACE	89	78▼	80▼	77
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	82▼	65▼	69▼	68
Independent Living for Seniors	84▼	83	75▼	76
PACE CNY	82▼	82	73▼	75
Total Senior Care, Inc.	81	37▼	78	78
Medicaid Advantage Plus (MAP)				
Elderplan, Inc.	87	85	84	62▼
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS
Guildnet Gold	88	84	84	73
HIP MAP – MLTC	90	86	76	82
HealthPlus, an Amerigroup Company MAP	SS	SS	SS	SS
Senior Whole Health of New York MAP	89	77	66▼	63▼
VNSNY CHOICE Total	90	84	84	69
Wellcare Advocate Complete	98▲	86	92▲	80
STATEWIDE	**90**	**82**	**81**	**77**

SS = Sample size too small to report
▲ Significantly higher than statewide average
▼ Significantly lower than statewide average

Table 7 *(Continued)*
Activities of Daily Living

Health Plan	Percent Stable or Improved			
	Dressing Upper Body	Dressing Lower Body	Toileting	Feeding/ Eating
Partial Capitation Plans				
Centerlight Healthcare Select MLTC	84▲	84	85	92▲
Elant Choice	85	84	89	89
ElderServe Health, Inc.	79	84	87	94▲
Fidelis Care at Home	82	80▼	92▲	82▼
GuildNet	82	88▲	82▼	88▲
HHH Choices Health Plan, LLC	74▼	81▼	83	75▼
HealthPlus, an Amerigroup Company MLTC	73▼	78▼	82	85
HomeFirst	89▲	93▲	90▲	94▲
Independence Care System	84▲	89▲	85	82▼
Senior Health Partners A Healthfirst Company	76▼	80▼	82▼	81▼
Senior Network Health, LLC	84	78▼	92▲	84
Total Aging In Place Program	84	85	87	71▼
VNSNY CHOICE Managed Long Term Care	79▼	82▼	81▼	86▼
Wellcare Advocate MLTC	75▼	86	85	89▲
PACE Organizations				
ArchCare Senior Life	61▼	70▼	74▼	74▼
Catholic Health – LIFE	66▼	61▼	73	80
Centerlight Healthcare PACE	82	83	85	88▲
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	72	85	83	87
Independent Living for Seniors	80	80	83	86
PACE CNY	81	81▼	84	84
Total Senior Care, Inc.	80	81	80	85
Medicaid Advantage Plus (MAP)				
Elderplan, Inc.	87▲	93▲	82	83▼
Fidelis Medicaid Advantage Plus	SS	SS	SS	SS
Guildnet Gold	78	82	79	85
HIP MAP – MLTC	81	78	86	88
HealthPlus, an Amerigroup Company MAP	SS	SS	SS	SS
Senior Whole Health of New York MAP	88▲	89	94▲	88
VNSNY CHOICE Total	73	88	76	88
Wellcare Advocate Complete	84	92	90	98▲
STATEWIDE	**90**	**82**	**81**	**77**

SS = *Sample size too small to report*
▲ *Significantly higher than statewide average*
▼ *Significantly lower than statewide average*

Incontinence

- **Urinary Incontinence/Catheter Presence:** Percentage of members who remained stable or improved in presence of incontinence or catheter need over the follow-up period.

- **Urinary Incontinence Frequency:** Percentage of members who remained stable or improved in frequency of urinary incontinence over the follow-up period.

Table 8
Incontinence

Health Plan	Percent Stable or Improved	
	Presence of Incontinence/ Catheter	Frequency of Incontinence
Partial Capitation Plans		
Centerlight Healthcare Select MLTC	91	92
Elant Choice	88	99▲
ElderServe Health, Inc.	86	91
Fidelis Care at Home	92	91
GuildNet	91	92
HHH Choices Health Plan, LLC	79▼	92
HealthPlus, an Amerigroup Company MLTC	88▼	94
HomeFirst	96▲	95▲
Independence Care System	92	92
Senior Health Partners A Healthfirst Company	87▼	90
Senior Network Health, LLC	94▲	98▲
Total Aging In Place Program	94	98▲
VNSNY CHOICE Managed Long Term Care	90	88▼
Wellcare Advocate MLTC	82▼	88▼
PACE Organizations		
ArchCare Senior Life	83▼	95
Catholic Health – LIFE	89	93
Centerlight Healthcare PACE	93▲	95▲
Complete Senior Care	SS	SS
Eddy Senior Care	90	91
Independent Living for Seniors	92	94
PACE CNY	94▲	96▲
Total Senior Care, Inc.	87	83
Medicaid Advantage Plus (MAP)		
Elderplan, Inc.	95▲	97▲
Fidelis Medicaid Advantage Plus	SS	SS
Guildnet Gold	91	94
HIP MAP – MLTC	89	98▲
HealthPlus, an Amerigroup Company MAP	SS	SS
Senior Whole Health of New York MAP	90	96▲
VNSNY CHOICE Total	90	80
Wellcare Advocate Complete	88	SS
STATEWIDE	**91**	**92**

SS = Sample size too small to report
▲ Significantly higher than statewide average
▼ Significantly lower than statewide average

Quality of Life/Effectiveness of Care

- **Frequency of Pain:** Percentage of members who remained stable or improved in frequency of pain.

- **Shortness of Breath:** Percentage of members who remained stable or improved in experiencing shortness of breath over the follow-up period.

- **Depressive Feelings:** Percentage of members who remained stable or improved in experiencing depressive feelings over the follow-up period.

Table 9
Quality of Life/Effectiveness of Care

Health Plan	Percent Stable or Improved		
	Frequency of Pain	Shortness of Breath	Depressive Feelings
Partial Capitation Plans			
Centerlight Healthcare Select MLTC	80	83▲	94▲
Elant Choice	80	80	87
ElderServe Health, Inc.	89▲	74▼	87
Fidelis Care at Home	77	81	76▼
GuildNet	79▼	77▼	89▼
HHH Choices Health Plan, LLC	76▼	80	85▼
HealthPlus, an Amerigroup Company MLTC	74▼	73▼	81▼
HomeFirst	91▲	92▲	97▲
Independence Care System	72▼	80	87▼
Senior Health Partners A Healthfirst Company	81	74▼	81▼
Senior Network Health, LLC	79	77	87
Total Aging In Place Program	80	83	86
VNSNY CHOICE Managed Long Term Care	79▼	81	92▲
Wellcare Advocate MLTC	80	82	88
PACE Organizations			
ArchCare Senior Life	77	79	83
Catholic Health – LIFE	84	80	84
Centerlight Healthcare PACE	85▲	85▲	91
Complete Senior Care	SS	SS	SS
Eddy Senior Care	80	86	76▼
Independent Living for Seniors	79	84	86
PACE CNY	80	80	86▼
Total Senior Care, Inc.	83	80	87
Medicaid Advantage Plus (MAP)			
Elderplan, Inc.	91▲	85	95▲
Fidelis Medicaid Advantage Plus	SS	SS	SS
Guildnet Gold	75▼	74▼	89
HIP MAP – MLTC	75	83	90
HealthPlus, an Amerigroup Company MAP	SS	SS	SS
Senior Whole Health of New York MAP	70▼	83	80▼
VNSNY CHOICE Total	78	88	88
Wellcare Advocate Complete	78	80	92
STATEWIDE	**81**	**81**	**90**

SS = Sample size too small to report
▲ Significantly higher than statewide average
▼ Significantly lower than statewide average

Risk Adjusted Measures

- **SAAM Index:** The risk-adjusted percentage of members whose overall functioning, as defined by the SAAM Index, remained stable or improved over the follow-up period.

- **Oral Medication Management:** The risk-adjusted percentage of members whose ability to manage oral medications remained stable or improved over the follow-up period.

- **No Known Hospital Emergent Care:** The risk-adjusted percentage of members for whom no emergent care was reported during the follow-up period.

Table 10
Risk-Adjusted Measures*

Health Plan	Percent Stable or Improved		Percent with No Known Hospital Emergent Care During Period**
	SAAM Index (Overall Functioning)	Oral Medication Management	
Partial Capitation Plans			
Centerlight Healthcare Select MLTC	88	90▲	79▲
Elant Choice	89	83	64▼
ElderServe Health, Inc.	94▲	86	93▲
Fidelis Care at Home	86	88	66▼
GuildNet	86	87	86▲
HealthPlus, an Amerigroup Company MLTC	89	79▼	60▼
HHH Choices Health Plan, LLC	83▼	77▼	73
HomeFirst	92▲	89▲	74
Independence Care System	85▼	90▲	73
Senior Health Partners A Healthfirst Company	86	81▼	73
Senior Network Health, LLC	86	93▲	65▼
Total Aging In Place Program	88	86	52▼
VNSNY CHOICE Managed Long Term Care	86▼	87	72▼
Wellcare Advocate MLTC	88	82▼	66▼
PACE Organizations			
ArchCare Senior Life	81	86	85▲
Catholic Health – LIFE	89	71▼	61
Centerlight Healthcare PACE	89▲	91▲	79▲
Complete Senior Care	SS	SS	SS
Eddy Senior Care	83	42▼	82
Independent Living for Seniors	88	83	82▲
PACE CNY	85	82	67▼
Total Senior Care, Inc.	90	69▼	64
Medicaid Advantage Plus (MAP)			
Elderplan, Inc.	87	85	78
Fidelis Medicaid Advantage Plus	SS	SS	SS
Guildnet Gold	86	91▲	80
HealthPlus, an Amerigroup Company MAP	SS	SS	SS
HIP MAP – MLTC	91	93	75
Senior Whole Health of New York MAP	94▲	90	69
VNSNY CHOICE Total	80	76	83
Wellcare Advocate Complete	94	78	67
STATEWIDE	**87**	**87**	**75**

SS = Sample size too small to report
▲ *Significantly higher than statewide average*
▼ *Significantly lower than statewide average*
  **Methods for calculating, and measures used in, risk-adjusted models described in the Technical Notes.*
***"Unknown" emergent care status was counted as "none" for this report; this is consistent with reporting
  for this measure elsewhere.*

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from the January 2012 SAAM submission. Table 11 shows the statewide percentage of members that had a nursing home admission within the last six months and the reason for the admission, as well as the percentage of members that had one or two hospitalizations within the last six months, and the reason for those hospital admissions. Nursing home admissions are stratified by those for therapy services, respite care, end of life care, permanent placement, unsafe care at home, other reasons, and unknown reasons. Hospital admissions include those that are emergent (unscheduled), urgent (scheduled within 24 hours of admission), elective (scheduled more than 24 hours of admission) and unknown admissions. While assessors can select one of 16 clinical reasons for the first hospitalization on the assessment tool, Table 11 highlights four overall categories that represent the more common diagnoses: Respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); Falls (injury caused by fall or accident at home); Diabetes (hypo/hyperglycemia, diabetes out of control); and CHF (exacerbation of CHF, fluid overload, heart failure). Please note that these tables are based on events and not members; therefore, the total percent may not equal 100 percent.

The table shows that just two percent of the population was admitted to a nursing home during the six-month period between July and December 2011 with the majority admitted for therapy services followed by permanent placement. Just over 8 percent of enrollees were admitted to the hospital during the six-month period with over 15 percent admitted for respiratory problems and over 9 percent for falls.

Table 11
Utilization and Patient Safety

Nursing Home							
One Nursing Home Admission		Reason (%)					
n	%	Therapy Services	Respite Care	Hospice Care	Permanent Placement	Unsafe at Home	Other	Unknown
1081	2.2	58.3	4.3	0.6	34.3	4.6	1.9	0.4

Hospital Care							
One Hospital Admission		Two Hospital Admissions		Reason for the Initial Hospital Admission (%)			
n	%	n	%	Respiratory	Falls	Diabetes	CHF
4032	8.3	957	2.0	15.5	9.7	5.4	5.2

Member Satisfaction

In 2007, the NYSDOH developed a satisfaction survey of MLTC enrollees in consultation with the plans. The survey was field tested and then administered by the NYSDOH's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction, satisfaction with select providers and services in the MLTC and PACE benefit packages, including timeliness of care and access, and self-reported demographic information, which is not shown here. The 2011 survey, which included four new questions focusing on medication management and advanced directives, was mailed to members in February 2011.

In an effort to obtain the highest possible response rate and more importantly to not disproportionately impact any particular plan's response rate due to the demographic composition of its membership, the survey was conducted in four languages: English, Spanish, Russian and Chinese. Of the 6,103 surveys that were mailed, 361 were returned as undeliverable, yielding an adjusted population of 5,742. Of the 5,742 surveys that reached enrollees, 1,845 completed surveys, yielding a response rate of 32.1 percent. Response rates differed by plans, ranging from 14.3 percent to 61.9 percent.

Satisfaction with the Experience of Care

The following table presents rates of satisfaction (defined as good or excellent) with providers and services. It should be noted that several plans were not operational at the time the survey was conducted in early 2011. Accordingly, several plans included in the table are marked as "NS" (Not Surveyed). The continuation of Table 12 features two measures on access to care for dentists, as well as three new measures focused on advanced directives, which were added to the MLTC Plan Member Satisfaction Survey in 2011.

Table 12
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan	Would You Recommend This Plan?	Rating of Dentist	Rating of Care Manager	Rating of Regular Visiting Nurse	Rating of Home Health Aide	Rating of Trans-portation Services
Partial Capitation Plans							
Centerlight Healthcare Select MLTC	77	82	53	83	89	89	77
Elant Choice	95	97	SS	97	94	SS	97
ElderServe Health, Inc.	NS	NS	NS	NS	NS	NS	NS
Fidelis Care at Home	91	94	83	92	93	93	81
GuildNet	83	90	74	85	87	89	81
HHH Choices Health Plan, LLC	89	95	68	85	83	86	74
HealthPlus, an Amerigroup Company MLTC	80	89	57	80	77	82	59
HomeFirst	74	79	60	82	79	86	77
Independence Care System	87	96	76	89	82	90	83
Senior Health Partners A Healthfirst Company	88	89	73	87	83	89	80
Senior Network Health, LLC	94	96	79	93	94	93	91
Total Aging In Place Program	72	75	SS	74	SS	SS	SS
VNSNY CHOICE Managed Long Term Care	82	92	67	83	86	84	81
WellCare Advocate MLTC	78	82	65	84	76	80	66
PACE Organizations							
ArchCare Senior Life	SS	SS	SS	SS	SS	SS	SS
Catholic Health – LIFE	SS	SS	SS	SS	SS	SS	SS
Centerlight Healthcare PACE	91	94	65	92	92	85	76
Complete Senior Care	NS	NS	NS	NS	NS	NS	NS
Eddy Senior Care	70	SS	SS	73	SS	SS	SS
Independent Living for Seniors	90	96	85	88	88	87	83
PACE CNY	96	98	83	93	92	95	97
Total Senior Care, Inc.	SS	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)							
Elderplan, Inc.	NS	NS	NS	NS	NS	NS	NS
Fidelis Medicaid Advantage Plus	NS	NS	NS	NS	NS	NS	NS
Guildnet Gold	83	95	62	86	76	75	71
HealthPlus, an Amerigroup Company MAP	NS	NS	NS	NS	NS	NS	NS
HIP MAP – MLTC	NS	NS	NS	NS	NS	NS	NS
Senior Whole Health of New York MAP	93	96	SS	98	92	93	97
VNSNY CHOICE Total	SS	SS	SS	SS	SS	SS	SS
Wellcare Advocate Complete	NS	NS	NS	NS	NS	NS	NS
STATEWIDE	**85**	**91**	**72**	**87**	**86**	**87**	**81**

SS = Sample size too small to report
NS = Not surveyed

Table 12 *(Continued)*
Satisfaction with the Experience of Care

Health Plan	Access to Care		Advanced Directives		
	Length of wait for access to routine care with a dentist (<1 month)	Had same day access to urgent care with a dentist	Did health plan talk to you about appointing someone to make health decisions if you are unable to do so?	Do you have a legal document appointing someone to make health decisions if you are unable to do so?	Does your health plan have a copy of this document?
Partial Capitation Plans					
Centerlight Healthcare Select MLTC	47	24	46	38	48
Elant Choice	SS	SS	47	70	SS
ElderServe Health, Inc.	NS	NS	NS	NS	NS
Fidelis Care at Home	63	35	81	68	69
GuildNet	36	30	61	50	62
HHH Choices Health Plan, LLC	30	32	52	39	43
HealthPlus, an Amerigroup Company MLTC	44	SS	41	39	44
HomeFirst	35	28	40	41	52
Independence Care System	42	26	64	48	63
Senior Health Partners A Healthfirst Company	27	26	60	42	39
Senior Network Health, LLC	42	17	72	80	69
Total Aging In Place Program	SS	SS	87	91	SS
VNSNY CHOICE Managed Long Term Care	32	SS	63	55	46
WellCare Advocate MLTC	51	35	48	40	36
PACE Organizations					
ArchCare Senior Life	SS	SS	SS	SS	SS
Catholic Health − LIFE	SS	SS	SS	SS	SS
Centerlight Healthcare PACE	41	9	72	66	81
Complete Senior Care	NS	NS	NS	NS	NS
Eddy Senior Care	SS	SS	80	83	SS
Independent Living for Seniors	55	18	79	95	78
PACE CNY	55	21	82	93	68
Total Senior Care, Inc.	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)					
Elderplan, Inc.	NS	NS	NS	NS	NS
Fidelis Medicaid Advantage Plus	NS	NS	NS	NS	NS
Guildnet Gold	55	36	57	63	39
HealthPlus, an Amerigroup Company MAP	NS	NS	NS	NS	NS
HIP MAP − MLTC	NS	NS	NS	NS	NS
Senior Whole Health of New York MAP	SS	SS	72	75	34
VNSNY CHOICE Total	SS	SS	SS	SS	SS
Wellcare Advocate Complete	NS	NS	NS	NS	NS
STATEWIDE	45	26	63	59	61

SS = Sample size too small to report
NS = Not surveyed

Appendix A: Managed Long-Term Care Covered Services

List of Services	Partial MLTC	PACE	MAP
Care Management	●	●	●
Home Care (Nursing, home health aide, occupational, physical and speech therapies)	●	●	●
Optometry/Eyeglasses	●	●	●
Dental Services	●	●	●
Rehabilitation Therapies	●	●	●
Audiology/Hearing Aids	●	●	●
Respiratory Therapy	●	●	●
Nutrition	●	●	●
Medical Social Services	●	●	●
Personal Care (Assistance with bathing, eating, dressing, etc.)	●	●	●
Podiatry (Foot care)	●	●	●
Non-emergency Transportation to Receive Medically Necessary Services	●	●	●
Home Delivered and/or Meals in a Group Setting (Such as a day center)	●	●	●
Medical Equipment	●	●	●
Social Day Care	●	●	●
Prostheses and Orthotics	●	●	●
Social/Environmental Supports (Such as chore services or home modifications)	●	●	●
Personal Emergency Response System	●	●	●
Adult Day Health Care	●	●	●
Nursing Home Care	●	●	●
Inpatient Hospital Services		● - MC	MC
Primary Care and Specialty Doctor Services		● - MC	MC
Outpatient Hospital/Clinic Services		● - MC	MC
Laboratory Services		● - MC	MC
Prescription and Non-prescription Drugs		● - MC	MC
Chronic Renal Dialysis		● - MC	MC
Emergency Transportation		● - MC	MC
Mental Health & Substance Abuse		● - MC	MC
X-Ray and Other Radiology Services		● - MC	MC

●: *Covered through Medicaid premium*
● - MC: *Covered through the Medicare PACE premium*
MC: *Covered through the Medicare Advantage Plan premium*

Appendix B: SAAM Index Scoring Guideline

(ML0520a) Urinary Incontinence or Urinary Catheter Presence

0 – No incontinence or catheter
[If No, go to ML0540b]

1 – Member is incontinent

2 – Member has a urinary ostomy or requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) *SAAM Index: Add 2 points*
[Go to ML0540b]

(L0535) How Often Does Urinary Incontinence Occur?

0 – Once a week or less *SAAM Index: Add 1 point*

1 – More than once a week *SAAM Index: Add 2 points*

(ML0540b) Bowel Incontinence Frequency

0 – Very rarely or never has bowel incontinence

1 – Less than once weekly *SAAM Index: Add 2 points*

2 – One to three times weekly *SAAM Index: Add 2 points*

3 – Four to six times weekly *SAAM Index: Add 4 points*

4 – On a daily basis *SAAM Index: Add 4 points*

5 – More often than once daily *SAAM Index: Add 4 points*

6 – Member has an ostomy for bowel elimination with which member needs assistance from the MLTC plan *SAAM Index: Add 2 points*

7 – Member has an ostomy for bowel elimination

UK – Unknown

(ML0560) Cognitive Functioning (Member's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

0 – Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.

1 – Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. *SAAM Index: Add 1 point*

2 – Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. *SAAM Index: Add 2 points*

3 – Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. *SAAM Index: Add 2 points*

4 – Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium. *SAAM Index: Add 4 points*

(ML0570) When Confused (Reported or Observed)

0 – Never

1 – In new or complex situations only *SAAM Index: Add 1 point*

2 – On awakening or at night only *SAAM Index: Add 2 points*

3 – During the day and evening, but not constantly *SAAM Index: Add 2 points*

4 – Constantly *SAAM Index: Add 3 points*

NA – Member non-responsive

(ML0580) When Anxious (Reported or Observed)

0 – None of the time

1 – Less often than daily *SAAM Index: Add 1 point*

2 – Daily, but not constantly *SAAM Index: Add 1 point*

3 – All of the time *SAAM Index: Add 2 points*

NA – Member non-responsive

(ML0650) Ability to Dress <u>Upper</u> Body (With or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps

0 – Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.

1 – Able to dress upper body without assistance if clothing is laid out or handed to the member. *SAAM Index: Add 2 points*

2 – Someone must help the member put on upper body clothing. *SAAM Index: Add 2 points*

3 – Member depends entirely upon another person to dress the upper body. *SAAM Index: Add 4 points*

UK – Unknown

(ML0660) Ability to Dress <u>Lower</u> Body (With or without dressing aids) including undergarments, slacks, socks or nylons, shoes

0 – Able to obtain, put on, and remove clothing and shoes without assistance.

1 – Able to dress lower body without assistance if clothing and shoes are laid out or handed to the member. *SAAM Index: Add 2 points*

2 – Someone must help the member put on undergarments, slacks, socks or nylons, and shoes. *SAAM Index: Add 2 points*

3 – Member depends entirely upon another person to dress lower body. *SAAM Index: Add 4 points*

UK – Unknown

(ML0670) Bathing Ability to wash entire body. Excludes grooming (washing face and hands only).

0 – Able to bathe self in <u>shower or tub</u> independently.

1 – With the use of devices, is able to bathe self in shower or tub independently.

2 – Able to bathe in shower or tub with the assistance of another person:
   (a) for intermittent supervision or encouragement or reminders, <u>OR</u>
   (b) To get in and out of the shower or tub, <u>OR</u>
   (c) for washing difficult to reach areas.
   SAAM Index: Add 2 points

3 – Participates in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision. *SAAM Index: Add 2 points*

4 – <u>Unable</u> to use the shower or tub and is bathed in <u>bed or bedside chair</u>. *SAAM Index: Add 3 points*

5 – Unable to effectively participate in bathing and is totally bathed by another person.
   SAAM Index: Add 3 points

UK – Unknown

(ML0680) Toileting Ability to get to and from the toilet or bedside commode.

0 – Able to get to and from the toilet independently with or without a device.

1 – When reminded, assisted, or supervised by another person, able to get to and from the toilet.
   SAAM Index: Add 2 points

2 – <u>Unable</u> to get to and from the toilet but is able to use a bedside commode
   (with or without assistance). *SAAM Index: Add 2 points*

3 – <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal
   independently. *SAAM Index: Add 3 points*

4 – Is totally dependent in toileting. *SAAM Index: Add 4 points*

UK – Unknown

(ML0690a) Transferring Ability to move from bed to chair, on and off toilet or commode,
into and out of tub or shower, and ability to turn and position self in bed if member is bedfast.

0 – Able to independently transfer.

1 – Transfers with use of an assistive device.

2 – Transfers with minimal human assistance. *SAAM Index: Add 1 point*

3 – <u>Unable</u> to transfer self but is able to bear weight and pivot during the transfer
   process. *SAAM Index: Add 1 point*

4 – Unable to transfer self and is <u>unable</u> to bear weight or pivot when transferred
   by another person. *SAAM Index: Add 2 points*

5 – Bedfast, unable to transfer but is able to turn and position self in bed. *SAAM Index: Add 3 points*

6 – Bedfast, unable to transfer and is <u>unable</u> to turn and position self. *SAAM Index: Add 3 points*

UK – Unknown

(ML0700a) Ambulation/Locomotion   Ability to <u>SAFELY</u> walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

    0 —   Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).

    1 —   Requires use of a device (e.g., cane, walker) to walk alone.

    2 —   Requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
            SAAM Index: Add 2 points

    3 —   Able to walk only with the supervision or assistance of another person at all times.
            SAAM Index: Add 4 points

    4 —   Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. *SAAM Index: Add 4 points*

    5 —   Chairfast, unable to ambulate and is <u>unable</u> to wheel self. *SAAM Index: Add 7 points*

    6 —   Bedfast, unable to ambulate or be up in a chair. *SAAM Index: Add 10 points*

   UK —   Unknown

(ML0710) Feeding or Eating   Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

    0 —   Able to independently feed self.

    1 —   Able to feed self independently but requires:
            (a) meal set-up; <u>OR</u>
            (b) intermittent assistance or supervision from another person; <u>OR</u>
            (c) a liquid, pureed or ground meat diet.
            SAAM Index: Add 3 points

    2 —   <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.
            SAAM Index: Add 3 points

    3 —   Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy. *SAAM Index: Add 3 points*

    4 —   <u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. *SAAM Index: Add 6 points*

    5 —   Unable to take in nutrients orally or by tube feeding. *SAAM Index: Add 6 points*

   UK —   Unknown

Appendix C: Measure Descriptions

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
Overall Functioning	SAAM-Index (Calculated from ML0520a, L0535, ML0540b, ML0560, ML0570, ML0580, ML0650, ML0660, ML0670, ML0680, ML0690a, ML0700a, ML0710)	Composite measure of Activities of Daily Living, Incontinence and Cognitive Functioning.	Percentage of members whose SAAM Index was stable or improved over the follow-up period.
Activities of Daily Living (Included in SAAM Index)	Activities of Daily Living (ADL) Composite		Percentage of members whose SAAM Index ADL functioning composite was stable or improved over the follow-up period.
	Ambulation (ML0700a)	Member's ability to walk on various surfaces. Average score on a scale of 0-6.	Percentage of members whose ability to safely walk or use a wheelchair on a variety of surfaces was stable or improved over the follow-up period.
	Bathing (ML0670)	Member's ability to bathe him/herself. Average score on a scale of 0-5.	Percentage of members whose ability to wash their entire body was stable or improved over the follow-up period.
	Transferring (ML0690a)	Member's ability to move from a seated position to another location. Average score on a scale of 0-6.	Percentage of members whose ability to move from one location to another, such as from a bed to a chair, was stable or improved over the follow-up period.
	Dressing Upper Body (ML0650) Dressing Lower Body (ML0660)	Member's ability to dress their upper and lower bodies with or without dressing aids. Average score on a scale of 0-3.	Percentage of members whose ability to dress their upper and/or lower body was stable or improved over the follow-up period.
	Toileting (ML0680)	Member's ability to use the bathroom or bedside commode. Average score on a scale of 0-4.	Percentage of members whose ability to use a toilet or bedside commode was stable or improved over the follow-up period.
	Feeding/Eating (ML0710)	Member's ability to feed oneself. (Does not include meal preparation.) Average score on a 0-5 scale.	Percentage of members whose ability to feed themselves was stable or improved over the follow-up period.

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
Incontinence (Included in SAAM Index)	Urinary Incontinence/ Catheter Presence (ML0520a)		Percentage of members who remained stable or improved in presence of incontinence or catheter need over the follow-up period.
	Urinary Incontinence Frequency (L0535)	Percentage of members who are incontinent more than once a week.	Percentage of members who remained stable or improved in frequency of urinary incontinence over the follow-up period.
	Bowel Incontinence Frequency (ML0540b)	Percentage of members who had any bowel incontinence, including those with bowel incontinence less than once a week (excluding those who very rarely or never had bowel incontinence).	
Neurological/ Emotional/ Behavioral Status (Included in SAAM Index)	Cognitive Functioning (ML0560)	Percentage of members who are not alert, i.e., need prompting or assistance in routine situations, are disoriented or in a vegetative state.	
	When Confused (ML0570)	Percentage of members who were confused in new situations or at various times of the day.	
	When Anxious (ML0580)	Percentage of members who were anxious at least occasionally.	

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
Living Arrangements and Sensory/ Emotional Status **Quality of Life** **Effectiveness of Care** **Hospital Emergent Care**	Oral Medication Management (ML0780)	Percentage of members who are independently managing oral medication.	Percentage of members whose ability to independently manage oral medications remained stable or improved over the follow-up period.
	Flu Immunization Status (L0300)	Percentage of members who received an influenza vaccination in the past year.	
	Living Arrangements (ML0340)	Percentage of members living alone.	
	Number of Falls (L0550)	Percentage of members who had one or more falls.	
	Frequency of Pain (ML0420)	Percentage of members who experienced any pain at least daily.	Percentage of members who remained stable or improved in frequency of pain.
	Shortness of Breath (ML0490)		Percentage of members who remained stable or improved in experiencing shortness of breath over the follow-up period.
	Depressive Feelings (ML0590)	Percentage of members who experienced some depression feelings.	Percentage of members who remained stable or improved in experiencing depressive feelings over the follow-up period.
	Hospital Emergent Care (ML0890)	Percentage of members who received emergent (unscheduled) hospital care.	
Emergent Care	No Known Hospital Emergent Care (ML0830)		Percentage of members for whom no hospital emergent care was reported during the follow-up period.

Domain	Variable Name (SAAM Item Number)	Current Status and Performance	Trended Status and Performance
Utilization and Patient Safety **(Nursing Home Care and Hospital Care)**	Nursing Home Admissions (ML0900)	Percentage of members who had a nursing home admission.	
	Reason for Nursing Home Admission (ML0900)	Percentage of members who had a nursing home admission for either therapy service, respite care, end of life care, permanent placement, unsafe for care at home, other, or unknown reasons.	
	Hospital Admissions (ML0890)	Percentage of members that had one hospital admission (emergent, urgent, or elective).	
	Two Hospital Admissions (ML0890)	Percentage of members that have two hospital admissions (emergent, urgent, or elective).	
	Clinical Reason for Hospitalization (ML0895)	Percentage of members that were hospitalized for either injuries caused by falls/accidents at home, hypoglycemia/hyperglycemia/ diabetes out of control, exacerbation of CHF/fluid overload/ heart failure, or respiratory problems.	

Risk Adjustment

Health care processes of care and outcomes, as well as, patient attributes do not always occur randomly across all plans. For example, certain risk factors, such as age or level of functioning, may be disproportionate across plans and beyond the plans' control. Risk adjustment is used to account for and reduce the effects of these confounding factors that may influence a plan's rate. Therefore, risk-adjusted rates allows for a fairer comparison among the plans. The six risk-adjusted measures in this report were chosen because they are important outcomes representing plan performance. Following is a description of the methodologies.

Observed Rate

The observed rate is the plan's numerator divided by the plan's denominator for each measure.

Expected Rate

The expected measure rate is the rate a plan would have if the plan's patient mix were identical to the patient mix of the state.

Risk-adjusted Rate

The plan-specific, risk-adjusted rate is the ratio of observed to expected measure rates multiplied by the overall statewide measure rate.

Methodology of 'Current Plan Performance' Measures

Three current status and performance outcomes were risk-adjusted: 1) Oral Medication Management, 2) Falls, and 3) Hospital Emergent Care. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome: 1) Oral Medication Management - independently managing oral medication yes/no, 2) Falls – one or more falls yes/no, and 3) Hospital Emergency Care this – hospital emergency care yes/no. The independent variables included in the final models are listed below.

1. Oral Medication Management
- Cognitive functioning (alert, not alert)
- Confused (yes, never)
- Anxious (yes, never)
- Living alone (yes, no)
- Age (less than 56, 56-75, 76-85, 86 and over)

2. Falls
- SAAM-Index value (0-10, 11-20, 21-30, 31 and over)
- Living alone (yes, no)
- Age (less than 56, 56-75, 76-85, 86 and over)

3. Hospital Emergent Care
- SAAM-Index value (0-10, 11-20, 21-30, 31 and over)
- Prognosis (poor, fair, good)

Methodology for 'Performance Over Time' Measures

Three longitudinal outcomes were risk-adjusted: 1) SAAM-Index, 2) Oral Medication Management, and 3) No Known Hospital Emergent Care. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome; for the SAAM-Index and Oral Medication Management this was stability/improvement within the measure over the 12-month period versus a decrease in the rate, and for Hospital Emergent Care this was no known hospital emergent care versus receipt of hospital emergent care at any point during the period. Assessments performed in nursing homes were removed from these models since a full assessment is not completed when the member is in this location. The independent variables were taken from the assessment reported in the January 2011 SAAM submission (i.e., they are the baseline values). The independent variables included in the models are specified below.

1. SAAM-Index

- Member's age (Less than 70, 70-79, 80-85, 86 and over)

- Member's gender (Male, female)

- Member's race/Ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other)

- SAAM-Index value (0-10, 11-15, 16-20, 21-30, 31 and over)

- Caregiver present (Yes, no)

- Daily assistance (Yes, no)

- Overall prognosis (Poor, fair/good)

- Shortness of breath (Yes, no)

- Sensory impairments (One or more, none)

- Interfering pain (Yes, no)

- Cognitive functioning (Low, moderate/high)

- Anxiety (Yes, no)

- Behavior problems (One or more, none)

- Memory deficit (Yes, no)

- Respiratory treatments (One or more, none)

- Nursing therapies (One or more, none)

- Length of enrollment (Less than 1 year, 1-3 years, 3 or more years)

- Nervous system primary diagnosis (Yes, no)

- Musculoskeletal primary diagnosis (Yes, no)

- Ability to dress upper body independently (Yes, no)

- Ability to feed self independently (Yes, no)

- Ability to prepare light meals independently (Yes, no)

- Ability to perform light housekeeping independently (Yes, no)

- Ability to use the telephone independently (Yes, no)

- Ability to manage oral medications independently (Yes, no)

2. Oral Medication Management

- Member's age (Less than 70, 70-79, 80-85, 86 and over)

- Member's gender (Male, female)

- Member's race/Ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other)

- Management of Oral Medication (Independent, with help, dependent on others)

- SAAM-Index value (0-10, 11-15, 16-20, 21-30, 31 and over)

- Living along (Yes, no)

- Daily assistance (Yes, no)

- Sensory impairments (One or more, none)

- Interfering pain (Yes, no)

- Cognitive functioning (Low, moderate/high)

- Depressed feelings (One or more, none)

- Memory deficit (Yes, no)

- Length of enrollment (Less than 1 year, 1-3 years, 3 or more years)

- Nervous system primary diagnosis (Yes, no)

- Ability to dress lower body independently (Yes, no)

- Ability to use toilet independently (Yes, no)

- Ability to walk safely independently (Yes, no)

- Ability to use the telephone independently (Yes, no)

3. No Known Hospital Emergent Care

- Member's age (Less than 70, 70-79, 80-85, 86 and over)

- Member's gender (Male, female)

- Member's race/Ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other)

- SAAM-Index value (0-10, 11-15, 16-20, 21-30, 31 and over)

- Living along (Yes, no)

- Caregiver present (Yes, no)

- Overall prognosis (Poor, fair/good)

- High risk factors (One or more, none)

- Shortness of breath (Yes, no)

- Cognitive functioning (Low, moderate/high)

- Confusion (Yes, no)

- Behavior problems (One or more, none)

- Treatment for a urinary tract infection (Yes, no)

- Bowel incontinence (Yes, no)

- Respiratory treatments (One or more, none)

- Nursing therapies (One or more, none)

- Rehabilitation therapies (One or more, none)

- Nervous system primary diagnosis (Yes, no)

- Musculoskeletal primary diagnosis (Yes, no)

- Ability to dress lower body independently (Yes, no)

- Ability to transfer self independently (Yes, no)

- Ability to feed self independently (Yes, no)

- Ability to manage oral medications independently (Yes, no)

Limitations of the Risk-Adjusted Data

The risk-adjusted methodology allows for more accurate comparisons among plans. Nevertheless, it has some limitations. If important risk factors are not included in the model as independent variables, the model can potentially overestimate or underestimate a plan's risk-adjusted rate. Although the limitations presented here are an important consideration in interpreting the risk-adjusted outcomes, comparisons between plans are much more accurate when outcomes are risk adjusted than when they are not.

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