



# **Managed Long Term Care Plan (MLTC) New Enrollee Survey 2013/2014**

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# Table of Contents

|  |    |
|--|----|
| Executive Summary.....   | 1  |
| Section One: Introduction.....                                 | 3  |
| Section Two: Methodology .....                                 | 5  |
| Section Three: Results.....                                    | 8  |
| Section Four: Summarizing Survey Domains .....                 | 19 |
| Section Five: Subgroup Analyses .....                          | 23 |
| Section Six: Conclusions and Recommendations.....              | 25 |
| APPENDIX A: FREQUENCY DISTRIBUTION TABLES .....                | 27 |
| APPENDIX B: BINARY AND ORDINAL LOGISTIC REGRESSION TABLES..... | 53 |
| APPENDIX C: SURVEY INSTRUMENT .....                            | 60 |

# Executive Summary

## Introduction

The Managed Long Term Care (MLTC) New Enrollee Survey is conducted to assess the level of satisfaction of members newly and mandatorily enrolled in MLTC plans. The primary purpose of the study is to provide the New York State Department of Health (NYSDOH) with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans as compared to services received through Medicaid fee-for-service (FFS).

At the time of survey initiation in 2013, there were three models of MLTC plans: 1) Partially capitated MLTC plans, 2) Program of All Inclusive Care for the Elderly (PACE) plans, and 3) Medicaid Advantage Plus (MAP) plans. Partial MLTC plans are capitated for providing care management, community-based long term care services, and nursing home care. The PACE and MAP benefit packages include Medicare benefits. The MLTC program has continued to expand, and new plan types have either recently formed, or are in process, for dual eligible and enrollees with special needs.

The 2013/2014 survey asked members about their experience with their current MLTC plan to compare the quality and timeliness of providers and long-term care services with the quality and timeliness of providers/service since/before joining the health plan. Specific objectives were to determine whether:

- 1) MLTC enrollees are satisfied with the quality of service provided by their current MLTC plan.
- 2) The quality of health care and long-term care services received is better (or worse).
- 3) The timeliness of health care and long-term care services is better (or worse).
- 4) Access to providers (appointment availability) is better (or worse) for both routine and urgent visits.

## Methodology

The survey mailing was conducted in two phases, the first in December 2013 and the second in March 2014. There was a continuous enrollment requirement for each of these phases, and if members met this requirement, they were eligible for inclusion in the sample. The survey sample consisted of 3,008 members that were randomly selected from the 24,535 eligible new enrollees in the three MLTC plan types in operation in 2013.

English, Spanish, Russian and Chinese versions were made available as applicable. Eighty-eight percent (88%) of the survey respondents were from NYC, and 63% of responses were returned in English. It should be noted that approximately 53% of the respondents consider English as their primary language, based upon SAAM data. Response rates varied by plan type (23% for partially capitated, 16% for PACE, and 29% for MAP).

## Key Findings

### MLTC Plan Evaluation

Approximately 95% of respondents felt that the health services they received have been at least the same or better since joining the MLTC plan. Approximately the same percentage (95%) of respondents felt that plan interventions to improve health outcomes (have fewer falls, assistance with medication, avoid a nursing home, manage illness) were at least the same or better since joining the plan.

### Quality of Health Care and Long-Term Care Services

Members were asked to rate the quality of specific health care services, including both primary and long term care services, in comparison to the quality of these services before joining the health plan. Twenty four (24) providers of services were included; fourteen (14) of these services were considered to be highly utilized, with 200 or more respondents for each service. Approximately 91% of these respondents felt that the quality of the providers of these services was at least the same or better since joining the plan.

### Timeliness of Health Care and Long-Term Care Services

Members were asked to compare how often the MLTC services were on time for selected providers and services with the timeliness of providers and services before joining the health plan. Eighteen services were included; nine (9) of these services were considered to be highly utilized, with 200 or more respondents for each service. Approximately 91% of these respondents felt that the timeliness of these services was at least the same or better since joining the plan.

### Access to Providers

Approximately 96% of respondents felt that access to regular appointments with their Primary Care Provider (PCP) was at least the same or better since joining the plan (it should be noted that “Regular Doctor” was used in place of “PCP” in the survey that was sent to members). The same percentage (96%) felt that access to urgent PCP appointments was at least the same or better since joining the plan. Access to routine care for podiatrists and eye doctors was considered to be the same or better by approximately 93% of respondents, the same percentage of respondents considered access to urgent visits for these providers to be the same or better.

## **Recommendations**

IPRO identified various opportunities based on survey outcomes, and has made recommendations as discussed below:

- a) Seventy-nine percent (79%) of respondents said questions were usually or always answered quickly. A total of 64% of respondents indicated that a care manager contacted them within one week of enrollment to explain plan services, and 8% of respondents indicated that a care manager never contacted them (Appendix, Table A1). Plans are required to identify a reasonable minimum required response time to enrollee/member contacts based on needs and request types.
- b) Eighty-six percent (86%) of respondents felt that access to a dentist and the ability to make routine or urgent appointments was at least the same or better since joining the plan. Thus, 14% of respondents indicated that access to regular and urgent appointments had worsened, with 17% indicating that the quality of their dental provider had also worsened. Dental networks should be reviewed closely by the MLTC plans for quality and access issues, based upon this survey as well as prior survey results.
- c) Managed Care Organization (MCO) contracts require that complaints/grievances are acknowledged within 15 days of notification. Of the respondents who reported a complaint or grievance, 43% indicated they had received a letter of acknowledgement within 15 days. These findings should be reviewed by plans to determine if any enhancements to complaint/grievance processes need to be made.
- d) Forty-three percent (43%) of respondents indicated that their level of involvement in care planning is better than it had been prior to enrollment, and 46% indicate that family and caregiver involvement is better. Family and/or caregiver involvement is the choice of the enrollee. Nevertheless, investigation into whether enrollees would like additional member, family and/or caregiver participation in care planning would appear to be warranted, based upon survey results.

## Section One: Introduction

### A) Background

Managed long-term care (MLTC) is a program that coordinates the delivery of long-term services to people who are chronically ill or disabled and who wish to stay in their homes and communities. These services, such as home care and adult day health care, are provided through managed long-term care plans that are certified by the New York State Department of Health (NYSDOH). The community-based long-term care services to which an enrolled member is entitled can be received through the MLTC plan the member has chosen. As New York transforms its long-term care system to one that ensures care management for all, enrollment in a MLTC plan may be mandatory or voluntary, depending on individual circumstances.

At the time of survey initiation in 2013, enrollment in an MLTC plan was mandatory for those who:

- Are dual eligible (eligible for both Medicaid and Medicare) and 21 years or older and need community based long-term care services for more than 120 days, and
- Reside in NYC or the counties of Nassau, Suffolk or Westchester.

Subsequent to the survey period, the number of counties with mandatory enrollment has increased.

Enrollment in an MLTC plan is voluntary for those who:

- Are dual eligible and are 18 through 20 years of age and need community based long term care services for more than 120 days and assessed as nursing home eligible.
- Are non-dual eligible and over 18 years of age and are assessed as nursing home eligible.

At the time of survey initiation there were three models of MLTC plans: 1) Partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans and 3) Medicaid Advantage Plus (MAP) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE and MAP benefit packages include Medicare benefits.

The MLTC program has continued to expand and new plan types have either formed or are in process, for dual eligible and enrollees with special needs. Effective in 2015, Fully Integrated Duals Advantage (FIDA) plans have formed. These plans serve dually eligible individuals in need of 120 days of community based long term care services. The FIDA benefit package includes State plan Medicaid services, Medicare services, home and community based waiver services and behavioral health services.

This study assesses the level of satisfaction of members newly enrolled in MLTC plans from mandatory areas of New York State. While it was not possible to determine what percentage of enrollees was mandatorily enrolled, the sample consisted of enrollees who had not been in a MLTC plan any time between January 1, 2011 and September 1, 2012. The primary purpose of the study is to provide the NYSDOH with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans as compared to services received through Medicaid fee-for-service (FFS).

Satisfaction surveys are a key tool for understanding patient perception and improving the delivery of long term care services, and are integral to ongoing quality improvement efforts. On both federal and state levels,

programs continue to utilize and expand the use of consumer-driven data, based on consumer experiences, to improve the quality of health care delivered to the elderly and in many cases, chronically ill populations.

The MLTC program has expanded steadily since 2011 due to mandatory enrollment for certain Medicaid enrollees as described above. The NYSDOH has a history of conducting new enrollee surveys following expansions of mandatory Medicaid managed care and sought to continue this policy for the mandatory MLTC program. The major intent of this survey is to determine if the enrollees' perception of quality, timeliness and access to services has changed since joining their MLTC plan.

## **B) Objectives**

The survey asked members about their experience with the quality and timeliness of providers and long-term care services with their current managed long-term care (MLTC) plan as compared to the quality and timeliness of providers/service since/before joining the health plan. The survey sample consisted of members residing in mandatory areas of New York State that were newly enrolled in these plans.

Specific objectives were to determine whether:

- 1) MLTC enrollees are satisfied with the quality of service provided by their current MLTC plan.
- 2) The quality of health care and long-term care services received is better (or worse) since joining their current MLTC plan.
- 3) The timeliness of health care and long-term care services is better (or worse) since joining their current MLTC plan.
- 4) Access to providers (appointment availability) is better (or worse) since joining their current health plan, for both routine and urgent visits.

## **Section Two: Methodology**

### **A) Member Sample**

The survey mailing was split into two phases, with a follow-up mailing for each. The inclusion criteria for each phase are as follows:

- Phase 1 – Members enrolled in an MLTC plan between 9/1/12 and 5/1/13, as well as continuously enrolled through 10/13. There were 13,214 members who met these criteria, of which 1,528 were sampled (11.6%).
- Phase 2 – Members enrolled in an MLTC plan between 6/1/13 and 8/1/13, as well as continuously enrolled through 12/13. There were 11,321 members who met these criteria, of which 1,480 were sampled (13.1%).
- Members were not enrolled in an MLTC plan between 1/1/11 and 9/1/12.

The NYSDOH provided a random sample for the survey, which consisted of 1,528 members from the entire Phase 1 eligible population and 1,480 members from the entire Phase 2 eligible population, totaling 3,008 members. These 3,008 members represent 12.3% of the total eligible population of 24,535. A file was provided to IPRO after sampling, and included the primary language for the enrollees based upon the primary language designations reported on the most recent SAAM submission. If the member's primary language was Spanish, Russian or Chinese, a survey was sent both in their primary language and in English. It should be noted that although 53% of members indicated a language other than English as their primary language (as per SAAM data), 63% of members returned a survey in English.

The Phase 1 mailing was conducted in December 2013, with a follow-up mailing in late February 2014, while the Phase 2 mailing took place in March 2014, with a follow-up mailing in May 2014. The survey was closed on June 27, 2014.

### **B) Data Collection Tool**

The scannable survey instrument contained three (3) sections. The first section addressed members' general experience with their MLTC plan, which included questions on members' involvement (or their family members' involvement) in their plan of care, the courtesy and timeliness of the health plan when members called to ask a question(s) or to file a complaint or grievance. The second section included questions about the quality of specific health care and long-term care services, including both primary and long-term care services (whether covered by their plan or not). Members were asked to compare the quality of the services since joining the health plan with the quality of the services prior to joining the health plan. The second section also addressed members' perception of the timeliness of care provided by some key services, as well as timely access to regular and urgent appointments with providers since joining their health plan. The third section contained general questions about the members' physical and emotional status, e.g. contentment with quality of life, current state of health, and whether the member needed assistance in completing the survey.

English, Spanish, Russian, and Chinese versions of the survey were prepared and distributed. An English version of the survey was included with every non-English mailing. A copy of the English version of the survey can be found in Appendix C.

## C) Composite Measures

Results are presented within the following domains:

- MLTC Plan Evaluation
- Quality of Health Care and Long Term Care Services
- Timeliness of Health Care and Long Term Care Services
- Access to Providers - Making Regular and Urgent Appointments

Closely-related survey items were grouped together into composites to obtain a meaningful summary of member responses in each of the surveyed domains. The CAHPS®-accepted proportional scoring method<sup>1</sup> was applied resulting in the calculation of an average proportion of responses for each response category across all the questions that comprise a composite, excluding any missing data.

For ease of interpretation, some response categories were dichotomized. For example, the scores for the *Customer Service* composite, which is comprised of four (4) questions, is the proportion of members who responded “Always/Usually” and “Sometimes/Never”, averaged across the 4 questions in the composite.

The following seven (7) composite measures were developed: *Customer Service, Complaints and Grievances, Improving Health Outcomes, Quality of Providers/Services, Timeliness of Providers/Services, Timely Access to Regular Appointments* and *Timely Access to Urgent Appointments*.

Section 4 provides a detailed description of each composite measure.

## D) Subgroup Analyses

To understand how subsets of respondents may differ in their responses, bivariate tests of association were conducted between the key survey items (dependent variables) and demographic variables (independent variables). These were followed by binary or ordinal logistic regressions to measure the magnitude and the direction of the independent variables’ association to each dependent variable.

## E) Statistical Testing

Response categories such as “Not Applicable” and “Don’t Know/Not Sure” were excluded from the denominator of each question. For statistical purposes and for ease of interpretation, survey items that contained several response options were re-coded into fewer categories when appropriate, for example, survey items that use the four-point scale “Always” “Usually” “Sometimes” and “Never” were re-coded to “Always/Usually” and “Sometimes/Never.”

Pearson's chi-square test was employed to establish any bivariate associations between each dependent and the independent variables. For any significant associations observed, binary (for binary response variables) or ordinal (for ordinal response variables) logistic regressions were conducted, but including only associated independent variables in the model.

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<sup>1</sup> Patient Experience Measures from the CAHPS® Clinician & Group Surveys, Appendix F: Applying the Proportional Scoring Method to Clinician & Group Survey Composites ([https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/1309\\_CG\\_Measures.pdf](https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/1309_CG_Measures.pdf)), 2012.



The chance of a spurious statistically significant result increased due to the extensive number of survey items and the many statistical tests performed. To limit the likelihood of reporting significance when it does not exist, the Bonferroni correction for multiple analyses was applied, resulting in an adjusted significance level of  $p < 0.001$ .

## Section Three: Results

### A) Response Rates

Of the 3,008 surveys that were mailed, 177 were returned as undeliverable due to either mailing address issues, the member was deceased or the member had dis-enrolled from MLTC. This yielded an adjusted population of 2,831. A total of 644 surveys were completed, yielding an overall response rate of 23%.

Tables 1, 1a and 2 provide a breakdown of the response rates for Phase 1 and Phase 2, as well as a summary of completed surveys by language. Response rates varied by language; English and Russian had the highest response rates (26%; 405/1,535 and 26%; 122/471, respectively), while Spanish and Chinese had the lowest (14%; 87/605 and 14%; 30/220, respectively) (Table 1a). Non-English responses comprised 37% (239/644) of all responses, the majority of which were Russian (19%; 122/644), followed by Spanish (14%; 87/644) and Chinese (5%; 30/644) (Table 2).

Table 3 displays survey response rates by plan type. The partially capitated product line comprised the largest component of the sample (94%; 2,659/2,831). Response rates varied by plan type, with MAP having the highest response rate (29%; 34/116), followed by partially capitated (23%; 601/2,659) and PACE (16%; 9/56).

**Table 1: Survey Response Rate**

|                                   | Phase 1      |            | Phase 2      |            | TOTAL        |            |
|-----------------------------------|--------------|------------|--------------|------------|--------------|------------|
|                                   | N            | %          | N            | %          | N            | %          |
| Surveys mailed                    | 1,528        |            | 1,480        |            | 3,008        |            |
| Less exclusions:                  | 96           | 6.3%       | 81           | 5.5%       | 177          | 5.9%       |
| <i>Address issues</i>             | 89           | 5.8%       | 73           | 4.9%       | 162          | 5.4%       |
| <i>Deceased</i>                   | 7            | 0.5%       | 7            | 0.5%       | 14           | 0.5%       |
| <i>No longer enrolled in MLTC</i> | 0            | 0.0%       | 1            | 0.1%       | 1            | 0.0%       |
| <b>Adjusted Population</b>        | <b>1,432</b> |            | <b>1,399</b> |            | <b>2,831</b> |            |
| <b>Completed surveys*</b>         | <b>319</b>   | <b>22%</b> | <b>325</b>   | <b>23%</b> | <b>644</b>   | <b>23%</b> |

\*Note that Response Rates = (# of completed surveys)/(# of survey mailed - # of exclusions).

**Table 1a: Survey Response Rate by Language**

|                              | Phase 1 |      | Phase 2 |      | Total |      |
|------------------------------|---------|------|---------|------|-------|------|
|                              | N       | %    | N       | %    | N     | %    |
| <b>ENGLISH</b>               |         |      |         |      |       |      |
| English Surveys Mailed       | 709     |      | 931     |      | 1640  |      |
| Less exclusions <sup>1</sup> | 56      | 7.9% | 49      | 5.3% | 105   | 6.4% |
| Adjusted English Population  | 653     |      | 882     |      | 1535  |      |
| Completed English Surveys    | 177     | 27%  | 228     | 26%  | 405   | 26%  |
| <b>SPANISH</b>               |         |      |         |      |       |      |
| Spanish Surveys Mailed       | 351     |      | 299     |      | 650   |      |
| Less exclusions <sup>2</sup> | 23      | 6.6% | 22      | 7.4% | 45    | 6.9% |
| Adjusted Spanish Population  | 328     |      | 277     |      | 605   |      |
| Completed Spanish Surveys    | 46      | 14%  | 41      | 15%  | 87    | 14%  |
| <b>RUSSIAN</b>               |         |      |         |      |       |      |
| Russian Surveys Mailed       | 279     |      | 213     |      | 492   |      |
| Less exclusions <sup>3</sup> | 12      | 4.3% | 9       | 4.2% | 21    | 4.3% |
| Adjusted Russian Population  | 267     |      | 204     |      | 471   |      |
| Completed Russian Surveys    | 73      | 27%  | 49      | 24%  | 122   | 26%  |
| <b>CHINESE</b>               |         |      |         |      |       |      |
| Chinese Surveys Mailed       | 189     |      | 37      |      | 226   |      |
| Less exclusions <sup>4</sup> | 5       | 2.6% | 1       | 2.7% | 6     | 2.7% |
| Adjusted Chinese Population  | 184     |      | 36      |      | 220   |      |
| Completed Chinese Surveys    | 23      | 13%  | 7       | 19%  | 30    | 14%  |

<sup>1</sup> Phase 1 and 2 English exclusions due to address issues (50 and 46, respectively) and members deceased (6 and 3, respectively).

<sup>2</sup> Phase 1 and 2 Spanish exclusions due to address issues (23 and 21, respectively) and member deceased (1 in Phase 2).

<sup>3</sup> Phase 1 and 2 Russian exclusions due to address issues (11 and 9, respectively) and member deceased (1 in Phase 1).

<sup>4</sup> Phase 1 and 2 Chinese exclusions due to address issues (5 and 1, respectively).

**Table 2: Response Breakdown by Language**

|                                     | Phase 1      |       | Phase 2      |       | TOTAL        |       |
|-------------------------------------|--------------|-------|--------------|-------|--------------|-------|
|                                     | N            | %     | N            | %     | N            | %     |
| <b>Adjusted Population</b>          | <b>1,432</b> |       | <b>1,399</b> |       | <b>2,831</b> |       |
| <b>Completed surveys received</b>   | <b>319</b>   |       | <b>325</b>   |       | <b>644</b>   |       |
| of which: English surveys received* | 177          | 55.5% | 228          | 70.2% | 405          | 62.9% |
| Non-English surveys received        | 142          | 44.5% | 97           | 29.8% | 239          | 37.1% |
| <i>of which: Chinese</i>            | 23           | 7.2%  | 7            | 2.2%  | 30           | 4.7%  |
| <i>Russian</i>                      | 73           | 22.9% | 49           | 15.1% | 122          | 18.9% |
| <i>Spanish</i>                      | 46           | 14.4% | 41           | 12.6% | 87           | 13.5% |

\*It should be noted that the English responses include a portion of the members with a non-English primary language.

**Table 3: Survey Responses by Plan Type**

| Plan Type           | Adjusted Population | No. of Respondents | Response Rate |
|---------------------|---------------------|--------------------|---------------|
| Partially Capitated | 2,659               | 601                | 23%           |
| MAP                 | 116                 | 34                 | 29%           |
| PACE                | 56                  | 9                  | 16%           |
| <b>TOTAL</b>        | <b>2,831</b>        | <b>644</b>         | <b>23%</b>    |

## B) Demographics of Survey Respondents

Two-thirds (67%) of the respondents were very much/quite a bit content with their quality of life. Twenty percent (20%) of respondents rated their current state of health as very poor/poor, 48% rated their health as fair, and 32% as very good/good.

Sixty percent of respondents indicated that they received help in completing the survey, the majority of whom received help from a family member (62%) or home care aide (22%).

Over half (55%) of the respondents had at least a high school diploma.

The members' region of residence and primary language were obtained from the enrollee file provided by NYSDOH. Eighty-eight percent of respondents were from NYC, while only 12% were from Rest of State (ROS). English was the primary language for 53% of the respondents, while the rest were Russian (21%), Spanish (20%) and Chinese (7%), respectively.

Respondent demographic tables can be found in Appendix A, Table A6-A7.

## C) Domain 1: MLTC Plan Evaluation

Section 1 of the survey consisted of questions concerning new enrollees' experience since joining their MLTC plan.

Table 4 shows a summary of survey responses to MLTC Plan Evaluation questions. It should be noted that only the "top-box" or the most positive response categories are presented. Full frequency distribution tables can be found in Appendix A, Table A1. Results are as follows:

- Overall, a very high percentage of new enrollees felt that the health care services they received have been better (47%) or about the same (48%) since joining the health plan.
- Nine out of ten new enrollees that responded to the survey reported that their plan explained all of their services clearly (89%) and reported that their health plan asked to see all of their prescriptions and over-the-counter medicines (88%).
- Nearly two-thirds of these new enrollees (or their family member/caregiver) have called the plan with questions or for help (65%), the majority of whom were always/usually able to speak with a person quickly (75%), reported that the plan always/usually answered their questions quickly (79%), that they

were always/usually able to understand the answers (85%), and a large majority (93%) reported that they were always/usually treated with politeness and respect.

- Thirty-eight percent of the new enrollees (or their family member/caregiver) have called the plan with a complaint or grievance, of whom 43% received a letter of acknowledgement from the plan within 15 days, 62% were always/usually satisfied with the response, and a high percentage (87%) reported that they were always/usually treated with politeness and respect. A total of 89% of members indicated that the plan explained all of their services clearly. Furthermore, 85% were able to understand the answers that were provided to them when calling the plan with questions or for help.

**Table 4: MLTC Plan Evaluation**

| Item | MLTC Plan Evaluation   | N   | %     |
|------|--|-----|-------|
|      | <i>Since joining the health plan...</i>  |     |       |
| 4    | The plan has explained all of their services clearly   | 475 | 89.1% |
| 5    | The health plan care manager contacted me within 1 week to help me get the services I need                                   | 385 | 64.1% |
| 7    | I or my family member/caregiver has called the plan with questions or for help   | 390 | 64.8% |
| 8♦   | I was/we were always/usually able to speak with a person quickly   | 288 | 76.4% |
| 9a♦  | The plan always/usually answered questions quickly   | 294 | 78.6% |
| 9b♦  | I was/we were always/usually able to understand the answers  | 318 | 84.8% |
| 10♦  | I was/we were always/usually treated with politeness and respect   | 358 | 93.0% |
| 11   | I or my family member/caregiver has called the plan with a complaint or grievance  | 224 | 37.8% |
| 12♦  | I/we received a letter from the health plan acknowledging the complaint or grievance within 15 days                          | 71  | 42.8% |
| 13♦  | I was/we were always/usually satisfied with the response   | 111 | 62.4% |
| 14♦  | I was/we were always/usually treated with politeness and respect   | 175 | 86.6% |
| 15   | Someone from the health plan has asked to see all of my prescriptions and over-the-counter medicines that I have been taking | 495 | 88.4% |
| 17   | My health care services have been better compared to the health care services before joining the plan                        | 245 | 47.2% |

♦ Items based on skip pattern

Member and/or caregiver involvement in care planning is essential, to ensure that the care plan is specific to members' needs. Member and caregiver involvement in care planning fosters self care. The more that members participate in their care and have an understanding of their morbidities and needed services, the more they will be able to help themselves and work toward a common goal.

Table 5 shows that about 43% reported that their involvement in making decisions about their plan has been better since joining the health plan, while half (50%) of the new enrollees felt that their involvement in their plan of care has been about the same. Approximately 46% of the respondents also reported that their family members' and/or caregivers' involvement in their plan of care has been better since joining the health plan, while slightly over half (51%) of the new enrollees felt that their family members' and/or caregivers' involvement has been about the same.

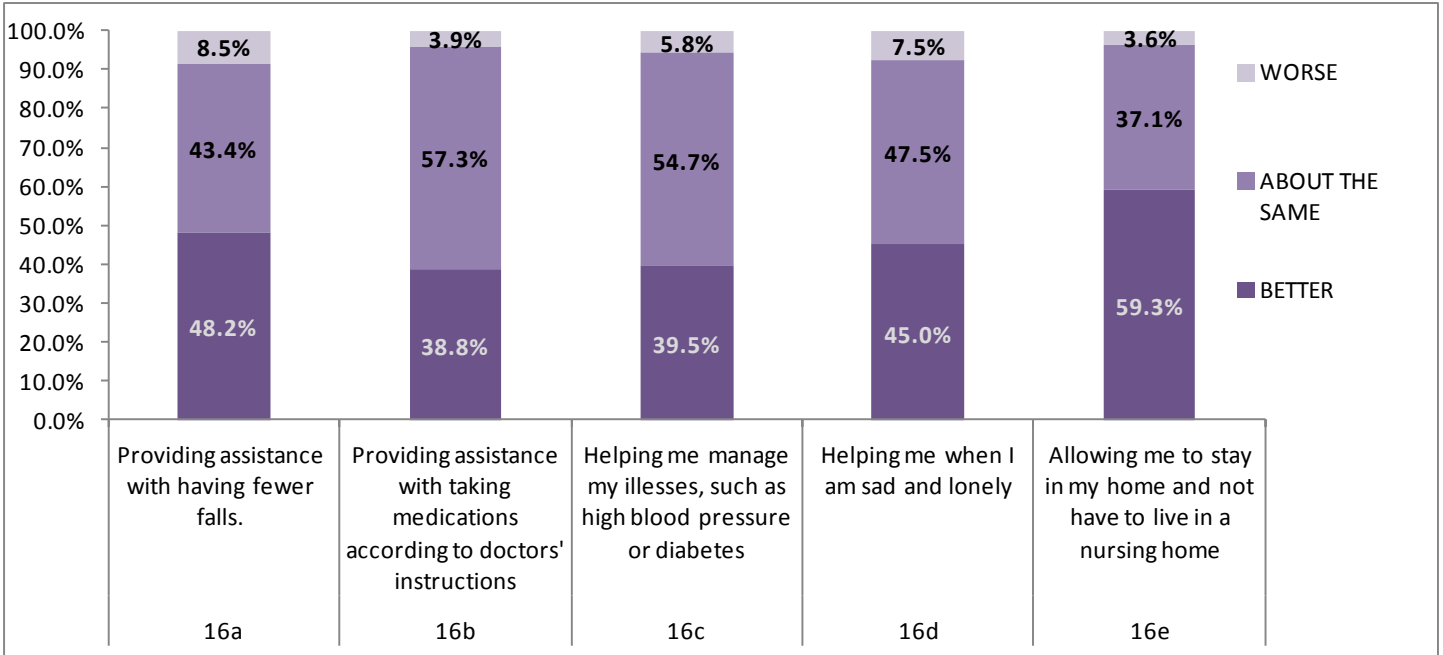
**Table 5: Involvement in Plan of Care**

| Item | Involvement in Plan of Care   | RESPONSE CATEGORIES |       |                |       |       |      | TOTAL |
|------|---|---------------------|-------|----------------|-------|-------|------|-------|
|      |   | BETTER              |       | ABOUT THE SAME |       | WORSE |      |       |
|      | <i>Comparison of experience (before/since joining the health plan):</i>                   | N                   | %     | N              | %     | N     | %    |       |
| 6a   | I have been involved in making decisions about my plan of care                            | 222                 | 43.0% | 258            | 50.0% | 36    | 7.0% | 516   |
| 6b   | My family member(s)/caregiver has been involved in making decisions about my plan of care | 237                 | 46.3% | 260            | 50.8% | 15    | 2.9% | 512   |

Section 1 of the survey also contained a set of questions, which asked members about plan interventions to help improve health outcomes such as fall prevention, medication management, self-management of chronic illnesses, management of depression, and services to support members so that they can maintain independent living for as long as possible (Questions 16a-e).

Figure 1 illustrates how a large majority of respondents indicated that assistance to improve health outcomes has been better or about the same since joining the health plan. A significant percentage of respondents felt that healthy plan assistance related to fall prevention (91%), medication management (96%), self-management of chronic illness (94%), management of depressive symptoms (92%), and maintaining independent living (96%) has been at least the same or better since joining the health plan.

**Figure 1: Plan Interventions to Improve Health Outcomes**



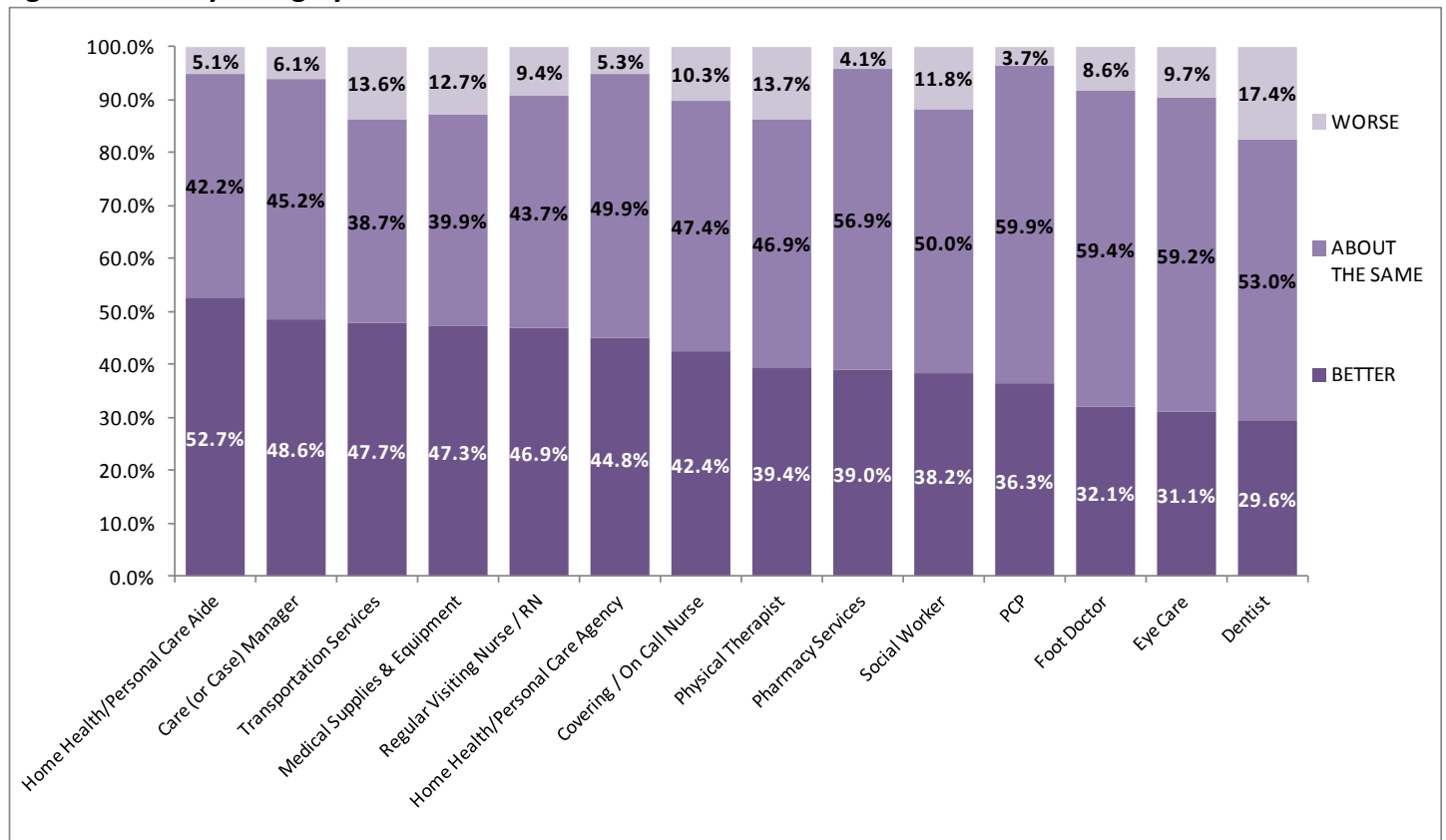
## D) Domain 2: Quality of Health Care and Long-Term Care Services

In Section 2A of the survey (Questions 18-39), members were asked about the quality of specific health care and long-term care services, including both primary and long-term care services (whether covered by their plan or not). Members were asked to compare the quality of the services they received with the quality of the services before joining the health plan. Twenty-four providers and services relevant to managed long-term care members were included in this section of the survey; however, only the responses for the most utilized providers and services are presented in Figure 2 below. Frequency distributions for all items can be found in Appendix A, Table A2. Results are as follows:

- Approximately 95% of the respondents felt that the quality of service provided by Home Health Aides/Personal Care Aides and Home Health agencies, Care Managers/Case Managers (94%), Transportation Services (87%), Medical Supplies & Equipment (88%) and Regular Visiting Nurse/Registered Nurse (91%) has been the same or better since joining their health plan.
- The percentage of respondents who reported that the quality of services was the same or better than before joining the plan was also high for their: PCP (96%), pharmacy services (96%), foot doctor (92%), eye care (90%), dentists (83%), and social workers (88%). It should be noted, though, that the following provider types had the lowest percentages of respondents indicating that quality is better since joining:
  - Foot doctor (32%)
  - Eye care (31%)
  - Dentist (30%)
- The percentage of new enrollees who felt that the quality of providers and services has been worse since joining their health plan ranged from a low of 4% (PCP) to a high of 17% (Dentist); therefore, the majority of new enrollees felt that the quality of providers or services has been better or about the same since joining the health plan.



**Figure 2: Quality of Highly-Utilized\* Providers and Services**



\* Highly-utilized providers and services are defined as those with >200 valid responses. Frequency distributions for all providers and services in this section such as Consumer Directed Personal Assistance Services, Nutritionists, Occupational Therapists, Day Health Center Activities, Audiology/ Hearing Aids, Meals served at the Day Health Center, Private Duty Nursing, Home Delivered Meals/Meals on Wheels, Speech Therapists and Nursing Homes are in Appendix A, Table A2.

### E) Domain 3: Timeliness of Health Care and Long Term Care Services

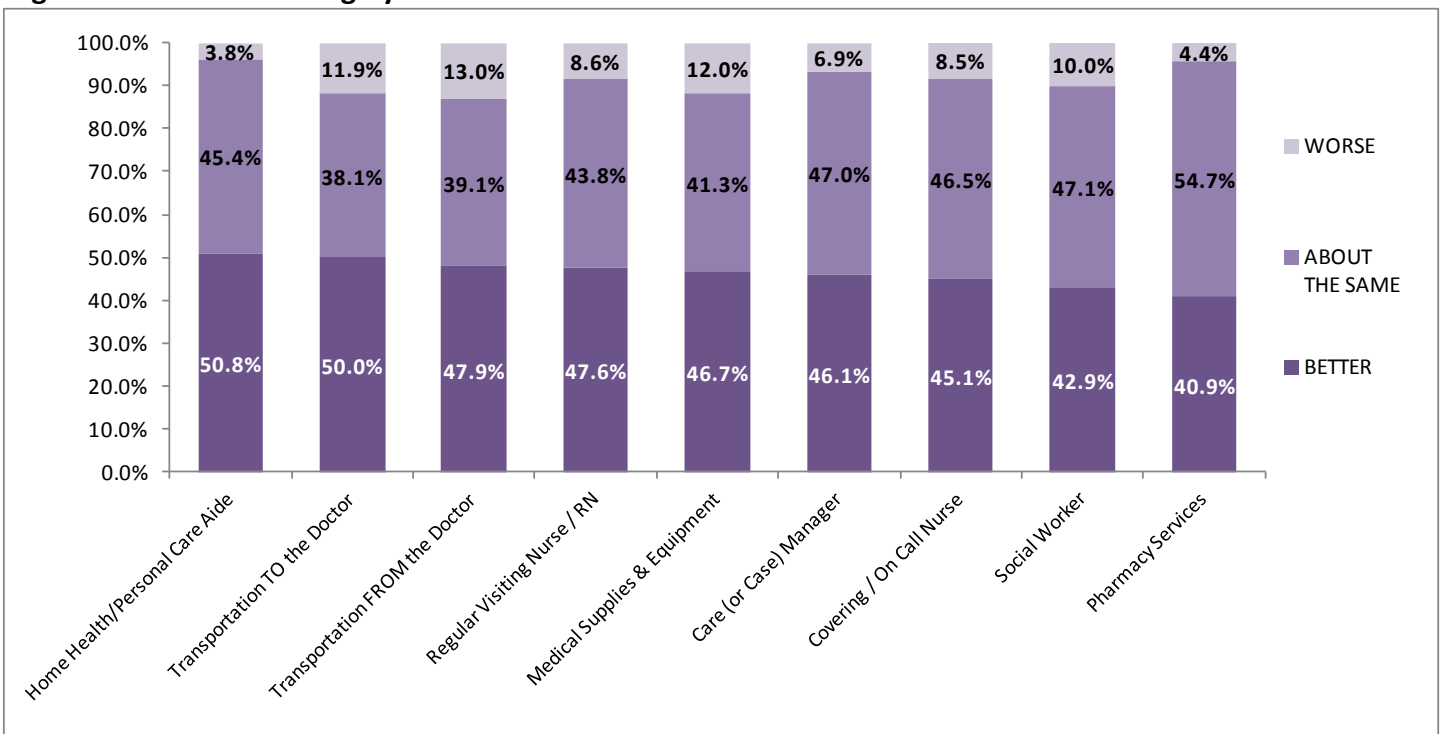
In Section 2B of the survey (Questions 40-53), respondents were asked to compare how often the MLTC services were on time for selected providers and services with the timeliness of providers and services before joining the health plan. Only the responses for the most utilized providers and services are presented in Figure 3 below. Frequency distributions for all items from this section of the survey can be found in Appendix A, Table A3.

Similar to the Quality section, a large majority of new enrollees indicated that the timeliness of service has been better or about the same since joining their health plan, as demonstrated by the low percentage of new enrollees who responded that the timeliness of providers and services has been worse, which ranged from a low of 4% (Home Health/Personal Care Aides) to a high of 17% (Transportation from the Doctor). Other notable trends are as follows:

- Out of all the highly-utilized providers, Home Health/Personal Care Aides (96%), Pharmacy Services (96%) and Care/Case Managers (93%) had the highest percentage of members who reported that the timeliness of service has been the same or better since joining the health plan.

- For those that utilized the following providers/services, the percentages indicating same or better were as follows:
  - Covering/On Call Nurse (92%)
  - Regular Visiting Nurse (91%)
  - Social Worker (90%)
  - Medical Supplies and Equipment (88%)
  - Transportation to the Doctor (88%)
  - Transportation from the Doctor (87%)
  
- Out of all the highly-utilized providers, Pharmacy Services had the highest percentage of members indicating that the timeliness of service has been about the same since joining the health plan (55%). It should be noted that within the sample, a smaller percentage of PACE and MAP respondents (39%) felt that timeliness was the same; with a larger percentage (57%) indicating that timeliness had improved (data not shown). Note that only PACE and MAP plans include pharmacy in their benefit packages. Pharmacy benefits for the partially capitated plans are provided through fee for service Medicaid, or through Medicare for dually eligible members.

**Figure 3: Timeliness of Highly-Utilized\* Providers and Services**



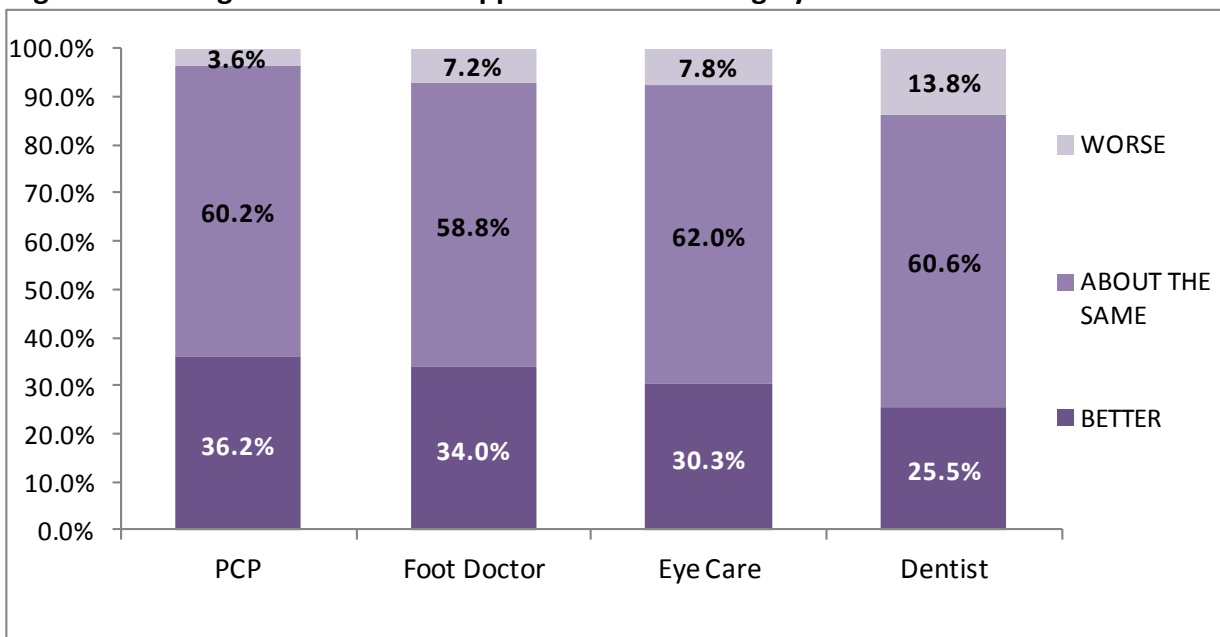
\* Highly-utilized providers and services are defined as those with >200 valid responses. Frequency distributions for all providers and services in this section such as Physical Therapists, Consumer Directed Personal Assistance Services, Transportation TO Day Center, Transportation FROM Day Center, Occupational Therapists, Audiology/Hearing Aids, Private Duty Nursing, Home Delivered Meals/Meals on Wheels, Speech Therapists are in Appendix A, Table A3.

## F) Domain 4: Access to Providers

In Section 2C of the survey (Questions 54-64), members were asked to compare the waiting time between making office appointments (regular and urgent) and seeing a provider since joining the health plan. Frequency distributions for items from this section of the survey can be found in Appendix A, Table A4.

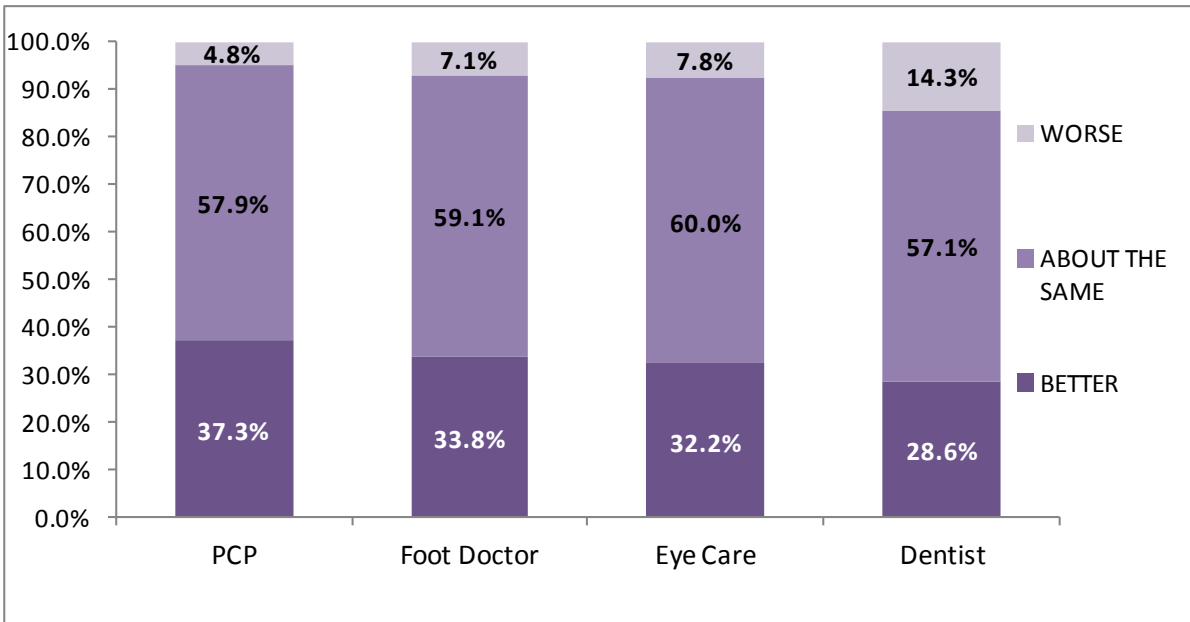
A large majority, roughly 60% of new enrollees indicated that the waiting time between making a regular appointment and actually seeing the provider has been about the same for these highly-utilized providers (Figure 4). A very similar trend was observed with regard to the waiting time for urgent appointments (Figure 5). Note that only MAP and PACE plans include PCPs in their benefit packages. About one-third of new enrollees felt that the waiting time for regular appointments with PCPs (36%), Foot Doctors (34%) and Eye Care providers (30%) has been better since joining the health plan, while only a quarter of new enrollees felt that the waiting time for regular appointments with Dentists (26%) was better since joining the health plan.

**Figure 4: Making REGULAR Office Appointments with Highly-Utilized\* Providers and Services**



\* Highly-utilized providers and services are defined as those with >200 valid responses. Frequency distributions for all providers and services in this section such as Audiology/Hearing Aids and Outpatient Rehabilitation are in Appendix A, Table A4.

**Figure 5: Making URGENT Office Appointments with Highly-Utilized\* Providers and Services**



\* Highly-utilized providers and services are defined as those with >200 valid responses. Frequency distributions for all providers and services in this section such as Audiology/Hearing Aids are in Appendix A, Table A5.

## Section Four: Summarizing Survey Domains

To help summarize the findings for each of the surveyed domains, seven (7) composite measures were developed. It should be noted that only those members that responded to all the questions in the composite are included. The measures are defined as follows:

### DOMAIN 1

- Composite 1: Customer Service (4 questions)** - Helpful, timely, and respectful customer service provided by MLTC plan when members had a question or needed help.
- *Q8. The member or their family member was able to speak with a person quickly when they called the plan with a question or needed help.*
  - *Q9a. The member or family member's questions were answered quickly when they called the plan with a question or needed help.*
  - *Q9b. The member or family member was able to understand the answers when they called the plan with a question or needed help.*
  - *Q10. The member or their family member was treated with politeness and respect when they called the plan with a question or needed help.*
- Composite 2: Complaints and Grievances (2 questions)** - Helpful, timely, and respectful customer service provided by current MLTC plan when members had a complaint or grievance.
- *Q13. The member or their family member was satisfied with the response to their complaint or grievance.*
  - *Q14. The member or their family member was treated with politeness and respect when they had a complaint or grievance.*
- Composite 3: Improving Health Outcomes (5 questions)** - Health plan assistance to improve health outcomes.  
The health plan has been helpful in assisting the member with the following:
- *Q16a. Having fewer falls.*
  - *Q16b. Taking medications as prescribed by their doctor.*
  - *Q16c. Managing their illness, such as high blood pressure or diabetes.*
  - *Q16d. Helping them when they are feeling sad and lonely.*
  - *Q16e. Allowing them to stay in their home and not have to live in a nursing home*

DOMAIN 2

**Composite 4: Quality of Providers/Services (14 questions)** - The quality of highly-utilized providers and services since joining the health plan.

- Q1. PCP
- Q19. Dentist
- Q20. Eye Care
- Q21. Foot Doctor
- Q22a. Home Health AIDE, Personal Care AIDE
- Q22b. Home Health AGENCY, Personal Care AGENCY
- Q23. Care Manager / Case Manager
- Q24a. Regular Visiting Nurse / Registered Nurse
- Q24b. Covering / On Call Nurse
- Q25. Physical Therapist
- Q28. Social Worker
- Q29. Medical Supplies & Equipment
- Q34. Transportation Services
- Q36. Pharmacy Services

DOMAIN 3

**Composite 5: Timeliness of Providers/Services (9 questions)** - The timeliness of highly-utilized providers and services since joining the health plan.

- Q40. Home Health Aide / Personal Care Aide
- Q41. Care Manager / Case Manager
- Q42a. Regular Visiting Nurse / Registered Nurse
- Q42b. Covering / On Call Nurse
- Q46. Social Worker
- Q49. Medical Supplies & Equipment
- Q50. Pharmacy Services
- Q48c. Transportation TO the Doctor
- Q48d. Transportation FROM the Doctor

DOMAIN 4

**Composite 6: Timely Access to Regular Appointments (4 questions)** - Getting timely regular appointments with highly-utilized providers since joining the health plan.

- Q54. PCP
- Q55. Dentist
- Q56. Eye Care
- Q57. Foot Doctor

**Composite 7: Timely Access to Urgent Appointments (4 questions)** - Getting timely urgent appointments with highly-utilized providers since joining the health plan.

- Q60. PCP
- Q61. Dentist
- Q62. Eye Care
- Q63. Foot Doctor

Table 6 shows the computed composite rates that summarize each domain.

An average of 83% of new enrollees reported that the health plan's customer service was always/usually helpful, timely, and respectful when they called with a question or needed help (Composite 1), while an average of 75% of new enrollees reported that the health plan was always/usually helpful, timely, and respectful when they called the plan with a complaint or grievance (Composite 2). A large majority of new enrollees reported that plan interventions to improve health outcomes has been better (46%) or about the same (48%) since joining the health plan (Composite 3).

A total of 41% felt that the overall quality of providers and services has been better since joining the health plan. On average, about half of the new enrollees felt that the overall quality of providers and services has been about the same since joining the health plan (Composite 4).

A similar percentage of new enrollees felt that the overall timeliness of providers and services has been better (46%) or about the same (45%) since joining the health plan (Composite 5).

About 60% of new enrollees felt that timely access to regular and urgent appointments has been about the same since joining the health plan (60% and 59%, respectively). One-third of new enrollees felt that access to timely regular or urgent appointments with providers has been better (32% and 33%, respectively) since joining the health plan (Composites 6 and 7).

**Table 6: Composite Rates Summarizing Surveyed Domains**

| <b>Composite 1</b>  | <b>Always/Usually</b> | <b>Sometimes/Never</b> |              |
|---|-----------------------|------------------------|--------------|
| Customer Service<br>[Q8, Q9a, Q9b, Q10]   | 83.2%                 | 16.8%                  |              |
| <b>Composite 2</b>  | <b>Always/Usually</b> | <b>Sometimes/Never</b> |              |
| Complaints and Grievances<br>[Q13, Q14]   | 74.5%                 | 25.5%                  |              |
| <b>Composite 3</b>  | <b>Better</b>         | <b>About the Same</b>  | <b>Worse</b> |
| Improving Health Outcomes<br>[Q16a-e]   | 46.2%                 | 48.0%                  | 5.8%         |
| <b>Composite 4</b>  | <b>Better</b>         | <b>About the Same</b>  | <b>Worse</b> |
| Quality of Providers/Services<br>[Q18, Q19, Q20, Q21, Q22a, Q22b, Q23, Q24a, Q24b, Q25, Q28, Q29, Q34, Q36] | 41.2%                 | 49.5%                  | 9.3%         |
| <b>Composite 5</b>  | <b>Better</b>         | <b>About the Same</b>  | <b>Worse</b> |
| Timeliness of Providers/Services<br>[Q40, Q41, Q42a, Q42b, Q46, Q48c, Q48d, Q49, Q50]                       | 46.4%                 | 44.8%                  | 8.8%         |
| <b>Composite 6</b>  | <b>Better</b>         | <b>About the Same</b>  | <b>Worse</b> |
| Timely Access to Regular Appointments<br>[Q54, Q55, Q56, Q57]   | 31.5%                 | 60.4%                  | 8.1%         |
| <b>Composite 7</b>  | <b>Better</b>         | <b>About the Same</b>  | <b>Worse</b> |
| Timely Access to Urgent Appointments<br>[Q60, Q61, Q62, Q63]  | 33.0%                 | 58.5%                  | 8.5%         |



## Section Five: Subgroup Analyses

To understand how subsets of respondents may differ in their responses, bivariate tests of association were first conducted between key survey items and the member characteristic variables, which were followed by binary or ordinal logistic regressions to measure the magnitude and the direction of any statistically significant associations observed.

The dependent variables used in the analyses were the survey items that comprise the 7 composite measures, as well as Question 17, which asked members to compare health care services overall since joining the health plan.

The following member characteristic variables were used as the independent variables:

- Q65a. Level of contentment with quality of life (1=Very much/Quite a bit; 0=Somewhat/A little bit/Not at all)
- Q67. Highest level of education achieved (1=At least high school; 0=Less than high school)
- Primary Language (1=English; 0=Non-English)
- Region of residence (1=NYC; 0=ROS)

Please note that members' self-reported health status (Q66) was initially included as one of the independent variables; however, due to its collinearity with level of contentment with quality of life (Q65a), it could not be included in the analyses (Pearson correlation coefficient=0.49; P-value < 0.001).

The results from the tests for association and the logistic regressions can be found in Appendix B, Tables B1-B8. The following are significant trends observed from the analyses:

- The odds of reporting that the healthcare services received were better since joining the plan is 2.4 times greater for those who reported that they were very much/quite a bit content with their quality of life than those who were somewhat/a little bit/not at all content with their quality of life (Table B1).
- It could be inferred that *Customer Service* ratings are not dependent on member characteristics since none of the member characteristics variables were observed to be associated with the items in this composite (Table B2).
- The odds of reporting that they were always/usually satisfied with the response when they called the plan with a complaint or grievance is 2.9 times greater for those who were very much/quite a bit content with their quality of life than those who were somewhat/a little bit/not at all content with their quality of life (Table B3).
- The odds of reporting that they were always/usually satisfied with the response when they called the plan with a complaint or grievance is 3.3 times greater for those whose primary language is not English than those whose primary language is English. In addition, the odds of reporting that they were always/usually treated with politeness and respect when they called the plan for a complaint or grievance is 4.3 times greater for those whose primary language is not English than those whose primary language is English (Table B3).
- Level of contentment with quality of life was the only dependent variable that was found to be associated with any of the survey items included in the composites *Quality of Providers/Services*, *Timeliness of Providers/Services*, *Timely Access to Regular Appointments* and *Timely Access to Urgent Appointments*. Level of contentment with quality of life is positively associated with the majority of survey items in these composite measures, which implies that members whose quality of life is better

are more likely to respond more positively (“better”) when asked to compare the *Quality of Providers/Services, Timeliness of Providers/Services, Timely Access to Regular Appointments* and *Timely Access to Urgent Appointments* since joining the plan.

## Section Six: Conclusions and Recommendations

Overall survey findings were favorable. Over 95% of respondents said that, overall, the quality of their health care services is either the same or better since joining the plan. Over 89 % of respondents indicated that their plan explained services to them clearly. For a number of services (e.g. home health aides, personal care aides, care managers, transportation services, medical supplies, visiting nurses), approximately half of the respondents felt that the quality of these services has improved since joining the plan. At least 85% of respondents indicated that access to routine and urgent appointments was at least the same or better since joining the plan. The majority of respondents (at least 80%) indicated that the timeliness of key services (e.g. PT, OT, Social Workers, Meals, Transportation) was at least the same or better since joining the plan.

It was encouraging to note that these relatively new members had positive experiences when contacting the plan with questions or concerns. Almost 65% of the survey sample reported contacting the plans with either questions or needed assistance. Over 76% of these respondents were able to speak with a person quickly and a slightly higher percentage had their questions answered quickly. Nearly 85% of these respondents were always or usually able to understand the answers.

Another positive finding was observed with medication management. Nearly 89% of respondents indicated that since joining the health plan, they were asked to provide their prescriptions and over the counter medications for review.

Specific observations and recommendations are as follows:

- 1) As these members are relatively new to managed long term care, guidance and education from the plans at start of enrollment is a key to building up a comfort level with managed long term care. Sixty-four percent (64%) of respondents indicated that a care manager contacted them within one week after joining the plan to assist them in obtaining services, and 8% indicated that a care manager did not contact them at all. Plans are required to identify a reasonable minimum required response time to enrollee/member contacts. This should be based upon a hierarchy of need triage principle, that taking into consideration the enrollee's needs and types of request.

*Concerted efforts should be made to monitor care manager to member relations. There may also be some care manager training issues associated with timely contact to new members, which should be investigated.*

- 2) Dentists had the highest percentage of respondents (17%) indicating that quality has worsened since joining the health plan, and the highest percentage of respondents (14%) indicating that access to regular and urgent appointments has worsened since joining the health plan.

*Plans may want to consider more in depth member surveys, focused on these services to determine, if, in fact, quality issues exist and to determine the nature of these issues. Possibly such surveys can form the basis for baseline data to determine if performance improvement projects focusing on these services are warranted.*

*The new enrollee survey results appear to warrant a review of dental networks in general, from quality and access standpoints.*

- 3) Nearly 38% of respondents reported contacting the plan with a complaint or grievance. Forty three per cent (43%) of them received a letter of acknowledgement within 15 days.

*While it is unclear as to how many of these grievances were resolved within the 15 day period, possibly eliminating the need for this acknowledgement, these findings should be reviewed by plans to determine if any enhancements to complaint/grievance processes need to be made, including staff education where applicable.*

- 4) Forty three percent (43%) of respondents indicated that their level of involvement in care planning is better than prior to enrollment, and 46% of respondents indicate that family and caregiver involvement is better than prior to enrollment.

*Because family involvement is the enrollee's choice, plans should investigate whether enrollees would like additional family and/or caregiver participation in care planning. Plans may need to possibly consider doing more to foster member and caregiver involvement in care planning, either through care manager education (e.g. in service training) or through outreach to vendor agencies involved in care planning. An initial step might be a survey to a sample of members addressing whether these members would like to see family members involved in care planning or service determination discussions, and if members want family members/ caregivers to receive copies of the care plans. These surveys should also address if members and/or caregivers are not satisfied with their care plans because they did not include all of the relevant issues that they perceive to be important.*

## **APPENDIX A: FREQUENCY DISTRIBUTION TABLES**

**Table A1: MLTC Plan Evaluation**

|  | Survey Item   | N          | %     |
|--|---|------------|-------|
| <b>Section 1: MLTC Plan Evaluation</b> |   |            |       |
| 1                                      | Our records show that you are a member of [ <i>Health Plan</i> ]. Is that correct?              |            |       |
|  | Yes   | 553        | 94.9% |
|  | No  | 30         | 5.2%  |
|  | <b>TOTAL</b>  | <b>583</b> |       |
| 3+                                     | What information did you use to help you choose a health plan?                                  |            |       |
|  | Materials from the Dept. of Health / Maximus  | 50         | 8.6%  |
|  | A Consumer's Guide to Managed Long Term Care  | 101        | 17.3% |
|  | Advice from family and friends  | 159        | 27.2% |
|  | Advice from providers   | 157        | 26.9% |
|  | Other   | 66         | 11.3% |
|  | None  | 30         | 5.1%  |
|  | Did not choose plan   | 48         | 8.2%  |
|  | <b>TOTAL</b>  | <b>584</b> |       |
| 4                                      | Since you joined your health plan, has the plan explained all of their services to you clearly? |            |       |
|  | Yes   | 475        | 89.1% |
|  | No  | 58         | 10.9% |
|  | <b>TOTAL</b>  | <b>533</b> |       |
|  | <i>Don't know or not sure</i>   | 79         |       |

Note: Percentages have been rounded and may not total to 100%.

◆ Items based on skip pattern

+ Member can check all that apply

**Table A1: MLTC Plan Evaluation (continued)**

|    | Survey Item  | N          | %     |
|----|--|------------|-------|
| 5  | Since you joined your health plan, you should have a care manager helping you get the services you need. How soon after you joined your health plan did your health plan care manager contact you? |            |       |
|    | Less than one day  | 58         | 9.7%  |
|    | 1-2 days   | 181        | 30.1% |
|    | 3-6 days   | 146        | 24.3% |
|    | One week or longer   | 168        | 28.0% |
|    | I was not contacted by a Care Manager  | 48         | 8.0%  |
|    | <b>TOTAL</b>   | <b>601</b> |       |
| 6a | Since you joined your health plan, how involved have you been in making decisions about your plan of care? Compare your involvement to the time BEFORE you joined.                                 |            |       |
|    | Better   | 222        | 43.0% |
|    | About the same   | 258        | 50.0% |
|    | Worse  | 36         | 7.0%  |
|    | <b>TOTAL</b>   | <b>516</b> |       |
|    | <i>Don't know or not sure</i>  | 58         |       |
|    | <i>Not applicable</i>  | 32         |       |
| 6b | Since you joined your health plan, how involved has a family member or your caregiver been in making decisions about your plan of care? Compare to BEFORE you joined your health plan.             |            |       |
|    | Better   | 237        | 46.3% |
|    | About the same   | 260        | 50.8% |
|    | Worse  | 15         | 2.9%  |
|    | <b>TOTAL</b>   | <b>512</b> |       |
|    | <i>Don't know or not sure</i>  | 42         |       |
|    | <i>Not applicable</i>  | 60         |       |

Note: Percentages have been rounded and may not total to 100%.

◆ Items based on skip pattern

**Table A1: MLTC Plan Evaluation (continued)**

|     | Survey Item  | N          | %     |
|-----|--|------------|-------|
| 7   | Since you joined your health plan, have you, a family member, or your caregiver ever called the plan with questions or for help? |            |       |
|     | Yes  | 390        | 64.8% |
|     | No (Skip to Question 11)   | 212        | 35.2% |
|     | <b>TOTAL</b>   | <b>602</b> |       |
| 8♦  | Were you able to speak with a person quickly?  |            |       |
|     | Always   | 152        | 40.3% |
|     | Usually  | 136        | 36.1% |
|     | Sometimes  | 75         | 19.9% |
|     | Never  | 14         | 3.7%  |
|     | <b>TOTAL</b>   | <b>377</b> |       |
|     | <i>Don't know or not sure</i>  | 4          |       |
| 9a♦ | Were your questions answered quickly?  |            |       |
|     | Always   | 149        | 39.8% |
|     | Usually  | 145        | 38.8% |
|     | Sometimes  | 68         | 18.2% |
|     | Never  | 12         | 3.2%  |
|     | <b>TOTAL</b>   | <b>374</b> |       |
|     | <i>Don't know or not sure</i>  | 6          |       |
| 9b♦ | Were you able to understand the answers?   |            |       |
|     | Always   | 200        | 53.3% |
|     | Usually  | 118        | 31.5% |
|     | Sometimes  | 49         | 13.1% |
|     | Never  | 8          | 2.1%  |
|     | <b>TOTAL</b>   | <b>375</b> |       |
|     | <i>Don't know or not sure</i>  | 5          |       |

Note: Percentages have been rounded and may not total to 100%.  
 ♦ Items based on skip pattern



**Table A1: MLTC Plan Evaluation (continued)**

|     | Survey Item   | N          | %     |
|-----|---|------------|-------|
| 10  | Were you treated with politeness and respect?   |            |       |
|     | Always  | 278        | 72.2% |
|     | Usually   | 80         | 20.8% |
|     | Sometimes   | 23         | 6.0%  |
|     | Never   | 4          | 1.0%  |
|     | <b>TOTAL</b>  | <b>385</b> |       |
|     | <i>Don't know or not sure</i>   | 2          |       |
| 11  | Since you joined your health plan, have you, a family member, or your caregiver ever called the plan with a complaint or grievance? |            |       |
|     | Yes   | 224        | 37.8% |
|     | No (Skip to Question 15)  | 368        | 62.2% |
|     | <b>TOTAL</b>  | <b>592</b> |       |
| 12♦ | Did you receive a letter from your health plan acknowledging your complaint or grievance within 15 days?                            |            |       |
|     | Yes   | 71         | 42.8% |
|     | No  | 95         | 57.2% |
|     | <b>TOTAL</b>  | <b>166</b> |       |
|     | <i>Don't know or not sure</i>   | 38         |       |
| 13♦ | Were you satisfied with the response?   |            |       |
|     | Always  | 55         | 30.9% |
|     | Usually   | 56         | 31.5% |
|     | Sometimes   | 45         | 25.3% |
|     | Never   | 22         | 12.4% |
|     | <b>TOTAL</b>  | <b>178</b> |       |
|     | <i>Don't know or not sure</i>   | 24         |       |

Note: Percentages have been rounded and may not total to 100%.

♦ Items based on skip pattern

**Table A1: MLTC Plan Evaluation (continued)**

|     | Survey Item   | N          | %     |
|-----|---|------------|-------|
| 14◆ | Were you treated with politeness and respect?   |            |       |
|     | Always  | 123        | 60.9% |
|     | Usually   | 52         | 25.7% |
|     | Sometimes   | 27         | 13.4% |
|     | Never   | 0          | 0.0%  |
|     | <b>TOTAL</b>  | <b>202</b> |       |
|     | <i>Don't know or not sure</i>   | 4          |       |
| 15  | Since you joined this health plan, did someone from the plan ask to see all of the prescriptions and over the counter medicines you've been taking? |            |       |
|     | Yes   | 495        | 88.4% |
|     | No  | 65         | 11.6% |
|     | <b>TOTAL</b>  | <b>560</b> |       |
|     | <i>Don't know or not sure</i>   | 31         |       |
| 16  | Since you joined your health plan, please rate how helpful your plan has been in assisting you and your family with the following:                  |            |       |
|     | a. Have fewer falls   |            |       |
|     | Better  | 171        | 48.2% |
|     | About the same  | 154        | 43.4% |
|     | Worse   | 30         | 8.5%  |
|     | <b>TOTAL</b>  | <b>355</b> |       |
|     | <i>Not applicable</i>   | 186        |       |

Note: Percentages have been rounded and may not total to 100%.

◆ Items based on skip pattern

**Table A1: MLTC Plan Evaluation (continued)**

|  | Survey Item  | N          | %     |
|--|--|------------|-------|
|  | b. Take your medications the way your doctor wants you to                |            |       |
|  | Better   | 197        | 38.8% |
|  | About the same   | 291        | 57.3% |
|  | Worse  | 20         | 3.9%  |
|  | <b>TOTAL</b>   | <b>508</b> |       |
|  | <i>Not applicable</i>  | <i>60</i>  |       |
|  |  |            |       |
|  | c. Manage your illnesses, such as high blood pressure or diabetes        |            |       |
|  | Better   | 190        | 39.5% |
|  | About the same   | 263        | 54.7% |
|  | Worse  | 28         | 5.8%  |
|  | <b>TOTAL</b>   | <b>481</b> |       |
|  | <i>Not applicable</i>  | <i>83</i>  |       |
|  |  |            |       |
|  | d. Help you when you're feeling sad and lonely                           |            |       |
|  | Better   | 186        | 45.0% |
|  | About the same   | 196        | 47.5% |
|  | Worse  | 31         | 7.5%  |
|  | <b>TOTAL</b>   | <b>413</b> |       |
|  | <i>Not applicable</i>  | <i>143</i> |       |
|  |  |            |       |
|  | e. Allow you to stay in your home and not have to live in a nursing home |            |       |
|  | Better   | 248        | 59.3% |
|  | About the same   | 155        | 37.1% |
|  | Worse  | 15         | 3.6%  |
|  | <b>TOTAL</b>   | <b>418</b> |       |
|  | <i>Not applicable</i>  | <i>135</i> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A1: MLTC Plan Evaluation (continued)**

|    | Survey Item  | N          | %     |
|----|--|------------|-------|
| 17 | How would you compare your health care services since joining your health plan with the the health care services you received BEFORE joining the plan? |            |       |
|    | Better   | 245        | 47.2% |
|    | About the same   | 250        | 48.2% |
|    | Worse  | 24         | 4.6%  |
|    | <b>TOTAL</b>   | <b>519</b> |       |
|    | <i>Don't know or not sure</i>  | 27         |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A2: Quality of Providers and Frequency of Services**

|   | Survey Item   | N          | %     |
|---|---|------------|-------|
| <b>Section 2A: Quality of Providers</b> |   |            |       |
| 18                                      | Regular Doctor  |            |       |
|   | Better  | 185        | 36.3% |
|   | About the same  | 305        | 59.9% |
|   | Worse   | 19         | 3.7%  |
|   | <b>TOTAL</b>  | <b>509</b> |       |
|   | <i>Not applicable</i>   | 65         |       |
| 19                                      | Dentist   |            |       |
|   | Better  | 102        | 29.6% |
|   | About the same  | 183        | 53.0% |
|   | Worse   | 60         | 17.4% |
|   | <b>TOTAL</b>  | <b>345</b> |       |
|   | <i>Not applicable</i>   | 179        |       |
| 20                                      | Eye Care (Having your eyes checked and getting glasses or contact lenses) |            |       |
|   | Better  | 132        | 31.1% |
|   | About the same  | 251        | 59.2% |
|   | Worse   | 41         | 9.7%  |
|   | <b>TOTAL</b>  | <b>424</b> |       |
|   | <i>Not applicable</i>   | 127        |       |
| 21                                      | Foot Doctor   |            |       |
|   | Better  | 120        | 32.1% |
|   | About the same  | 222        | 59.4% |
|   | Worse   | 32         | 8.6%  |
|   | <b>TOTAL</b>  | <b>374</b> |       |
|   | <i>Not applicable</i>   | 151        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A2: Quality of Providers and Frequency of Services (continued)**

|     | Survey Item  | N          | %     |
|-----|--|------------|-------|
| 22a | Home Health AIDE, Personal Care AIDE (aide that comes to your house to take care of you) |            |       |
|     | Better   | 247        | 52.7% |
|     | About the same   | 198        | 42.2% |
|     | Worse  | 24         | 5.1%  |
|     | <b>TOTAL</b>   | <b>469</b> |       |
|     | <i>Not applicable</i>  | 76         |       |
| 22b | Home Health AGENCY, Personal Care AGENCY (company that your home health aide works for)  |            |       |
|     | Better   | 222        | 44.8% |
|     | About the same   | 247        | 49.9% |
|     | Worse  | 26         | 5.3%  |
|     | <b>TOTAL</b>   | <b>495</b> |       |
|     | <i>Not applicable</i>  | 64         |       |
| 23  | Care Manager / Case Manager (person who prepares your plan of care)                      |            |       |
|     | Better   | 230        | 48.6% |
|     | About the same   | 214        | 45.2% |
|     | Worse  | 29         | 6.1%  |
|     | <b>TOTAL</b>   | <b>473</b> |       |
|     | <i>Not applicable</i>  | 78         |       |
| 24a | Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)       |            |       |
|     | Better   | 234        | 46.9% |
|     | About the same   | 218        | 43.7% |
|     | Worse  | 47         | 9.4%  |
|     | <b>TOTAL</b>   | <b>499</b> |       |
|     | <i>Not applicable</i>  | 74         |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A2: Quality of Providers and Frequency of Services (continued)**

|     | Survey Item  | N          | %     |
|-----|--|------------|-------|
| 24b | Covering / On Call Nurse (comes to your house when regular nurse can't come) |            |       |
|     | Better   | 136        | 42.4% |
|     | About the same   | 152        | 47.4% |
|     | Worse  | 33         | 10.3% |
|     | <b>TOTAL</b>   | <b>321</b> |       |
|     | <i>Not applicable</i>  | 218        |       |
| 25  | Physical Therapist   |            |       |
|     | Better   | 95         | 39.4% |
|     | About the same   | 113        | 46.9% |
|     | Worse  | 33         | 13.7% |
|     | <b>TOTAL</b>   | <b>241</b> |       |
|     | <i>Not applicable</i>  | 292        |       |
| 26  | Occupational Therapist   |            |       |
|     | Better   | 51         | 40.5% |
|     | About the same   | 49         | 38.9% |
|     | Worse  | 26         | 20.6% |
|     | <b>TOTAL</b>   | <b>126</b> |       |
|     | <i>Not applicable</i>  | 387        |       |
| 27  | Speech Therapist   |            |       |
|     | Better   | 33         | 46.5% |
|     | About the same   | 25         | 35.2% |
|     | Worse  | 13         | 18.3% |
|     | <b>TOTAL</b>   | <b>71</b>  |       |
|     | <i>Not applicable</i>  | 437        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A2: Quality of Providers and Frequency of Services (continued)**

|    | Survey Item  | N          | %     |
|----|--|------------|-------|
| 28 | Social Worker  |            |       |
|    | Better   | 113        | 38.2% |
|    | About the same   | 148        | 50.0% |
|    | Worse  | 35         | 11.8% |
|    | <b>TOTAL</b>   | <b>296</b> |       |
|    | <i>Not applicable</i>                                    | 229        |       |
| 29 | Medical Supplies & Equipment (wheelchairs, diapers etc.) |            |       |
|    | Better   | 186        | 47.3% |
|    | About the same   | 157        | 39.9% |
|    | Worse  | 50         | 12.7% |
|    | <b>TOTAL</b>   | <b>393</b> |       |
|    | <i>Not applicable</i>                                    | 156        |       |
| 30 | Audiology / Hearing Aids                                 |            |       |
|    | Better   | 39         | 36.1% |
|    | About the same   | 51         | 47.2% |
|    | Worse  | 18         | 16.7% |
|    | <b>TOTAL</b>   | <b>108</b> |       |
|    | <i>Not applicable</i>                                    | 410        |       |
| 31 | Home Delivered Meals / Meals on Wheels                   |            |       |
|    | Better   | 42         | 56.0% |
|    | About the same   | 26         | 34.7% |
|    | Worse  | 7          | 9.3%  |
|    | <b>TOTAL</b>   | <b>75</b>  |       |
|    | <i>Not applicable</i>                                    | 448        |       |

Note: Percentages have been rounded and may not total to 100%.



**Table A2: Quality of Providers and Frequency of Services (continued)**

|    | Survey Item                           | N          | %     |
|----|---------------------------------------|------------|-------|
| 32 | Meals served at the Day Health Center |            |       |
|    | Better                                | 43         | 39.8% |
|    | About the same                        | 58         | 53.7% |
|    | Worse                                 | 7          | 6.5%  |
|    | <b>TOTAL</b>                          | <b>108</b> |       |
|    | <i>Not applicable</i>                 | <i>407</i> |       |
| 33 | Day Health Center Activities          |            |       |
|    | Better                                | 57         | 46.7% |
|    | About the same                        | 56         | 45.9% |
|    | Worse                                 | 9          | 7.4%  |
|    | <b>TOTAL</b>                          | <b>122</b> |       |
|    | <i>Not applicable</i>                 | <i>392</i> |       |
| 34 | Transportation Services               |            |       |
|    | Better                                | 196        | 47.7% |
|    | About the same                        | 159        | 38.7% |
|    | Worse                                 | 56         | 13.6% |
|    | <b>TOTAL</b>                          | <b>411</b> |       |
|    | <i>Not applicable</i>                 | <i>148</i> |       |
| 35 | Nursing Home                          |            |       |
|    | Better                                | 39         | 68.4% |
|    | About the same                        | 13         | 22.8% |
|    | Worse                                 | 5          | 8.8%  |
|    | <b>TOTAL</b>                          | <b>57</b>  |       |
|    | <i>Not applicable</i>                 | <i>454</i> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A2: Quality of Providers and Frequency of Services (continued)**

|    | Survey Item                                    | N          | %     |
|----|--|------------|-------|
| 36 | Pharmacy Services                              |            |       |
|    | Better   | 171        | 39.0% |
|    | About the same                                 | 250        | 56.9% |
|    | Worse  | 18         | 4.1%  |
|    | <b>TOTAL</b>                                   | <b>439</b> |       |
|    | <i>Not applicable</i>                          | <i>123</i> |       |
| 37 | Nutritionist                                   |            |       |
|    | Better   | 54         | 40.0% |
|    | About the same                                 | 64         | 47.4% |
|    | Worse  | 17         | 12.6% |
|    | <b>TOTAL</b>                                   | <b>135</b> |       |
|    | <i>Not applicable</i>                          | <i>379</i> |       |
| 38 | Private Duty Nursing                           |            |       |
|    | Better   | 54         | 52.9% |
|    | About the same                                 | 38         | 37.3% |
|    | Worse  | 10         | 9.8%  |
|    | <b>TOTAL</b>                                   | <b>102</b> |       |
|    | <i>Not applicable</i>                          | <i>413</i> |       |
| 39 | Consumer Directed Personal Assistance Services |            |       |
|    | Better   | 66         | 47.1% |
|    | About the same                                 | 66         | 47.1% |
|    | Worse  | 8          | 5.7%  |
|    | <b>TOTAL</b>                                   | <b>140</b> |       |
|    | <i>Not applicable</i>                          | <i>367</i> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A3: Timeliness of Providers/Services**

|  | Survey Item  | N          | %     |
|--|--|------------|-------|
| <b>Section 2B: Timeliness of Service</b> |  |            |       |
| 40                                       | Home Health Aide / Personal Care Aide  |            |       |
|  | Better   | 226        | 50.8% |
|  | About the same   | 202        | 45.4% |
|  | Worse  | 17         | 3.8%  |
|  | <b>TOTAL</b>   | <b>445</b> |       |
|  | <i>Not applicable</i>  | <i>114</i> |       |
| 41                                       | Care Manager / Case Manager (person who prepares your plan of care)                |            |       |
|  | Better   | 201        | 46.1% |
|  | About the same   | 205        | 47.0% |
|  | Worse  | 30         | 6.9%  |
|  | <b>TOTAL</b>   | <b>436</b> |       |
|  | <i>Not applicable</i>  | <i>112</i> |       |
| 42a                                      | Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits) |            |       |
|  | Better   | 215        | 47.6% |
|  | About the same   | 198        | 43.8% |
|  | Worse  | 39         | 8.6%  |
|  | <b>TOTAL</b>   | <b>452</b> |       |
|  | <i>Not applicable</i>  | <i>113</i> |       |
| 42b                                      | Covering / On Call Nurse (comes to your house when regular nurse can't come)       |            |       |
|  | Better   | 128        | 45.1% |
|  | About the same   | 132        | 46.5% |
|  | Worse  | 24         | 8.5%  |
|  | <b>TOTAL</b>   | <b>284</b> |       |
|  | <i>Not applicable</i>  | <i>251</i> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A3: Timeliness of Providers/Services (continued)**

|  | Survey Item            | N          | %     |
|--|------------------------|------------|-------|
| <b>Section 2B: Timeliness of Service</b> |                        |            |       |
| 43                                       | Physical Therapist     |            |       |
|  | Better                 | 70         | 38.5% |
|  | About the same         | 90         | 49.5% |
|  | Worse                  | 22         | 12.1% |
|  | <b>TOTAL</b>           | <b>182</b> |       |
|  | <i>Not applicable</i>  | 330        |       |
| 44                                       | Occupational Therapist |            |       |
|  | Better                 | 41         | 45.6% |
|  | About the same         | 31         | 34.4% |
|  | Worse                  | 18         | 20.0% |
|  | <b>TOTAL</b>           | <b>90</b>  |       |
|  | <i>Not applicable</i>  | 414        |       |
| 45                                       | Speech Therapist       |            |       |
|  | Better                 | 28         | 56.0% |
|  | About the same         | 13         | 26.0% |
|  | Worse                  | 9          | 18.0% |
|  | <b>TOTAL</b>           | <b>50</b>  |       |
|  | <i>Not applicable</i>  | 449        |       |
| 46                                       | Social Worker          |            |       |
|  | Better                 | 112        | 42.9% |
|  | About the same         | 123        | 47.1% |
|  | Worse                  | 26         | 10.0% |
|  | <b>TOTAL</b>           | <b>261</b> |       |
|  | <i>Not applicable</i>  | 250        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A3: Timeliness of Providers/Services (continued)**

|  | Survey Item                            | N          | %     |
|--|--|------------|-------|
| <b>Section 2B: Timeliness of Service</b> |  |            |       |
| 47                                       | Home Delivered Meals / Meals on Wheels |            |       |
|  | Better                                 | 34         | 50.0% |
|  | About the same                         | 27         | 39.7% |
|  | Worse                                  | 7          | 10.3% |
|  | <b>TOTAL</b>                           | <b>68</b>  |       |
|  | <i>Not applicable</i>                  | 436        |       |
| 48a                                      | Transportation TO Day Center           |            |       |
|  | Better                                 | 68         | 50.4% |
|  | About the same                         | 54         | 40.0% |
|  | Worse                                  | 13         | 9.6%  |
|  | <b>TOTAL</b>                           | <b>135</b> |       |
|  | <i>Not applicable</i>                  | 280        |       |
| 48b                                      | Transportation FROM Day Center         |            |       |
|  | Better                                 | 55         | 52.4% |
|  | About the same                         | 40         | 38.1% |
|  | Worse                                  | 10         | 9.5%  |
|  | <b>TOTAL</b>                           | <b>105</b> |       |
|  | <i>Not applicable</i>                  | 278        |       |
| 48c                                      | Transportation TO the Doctor           |            |       |
|  | Better                                 | 180        | 50.0% |
|  | About the same                         | 137        | 38.1% |
|  | Worse                                  | 43         | 11.9% |
|  | <b>TOTAL</b>                           | <b>360</b> |       |
|  | <i>Not applicable</i>                  | 156        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A3: Timeliness of Providers/Services (continued)**

|  | Survey Item  | N          | %     |
|--|--|------------|-------|
| <b>Section 2B: Timeliness of Service</b> |  |            |       |
| 48d                                      | Transportation FROM the Doctor                           |            |       |
|  | Better   | 169        | 47.9% |
|  | About the same   | 138        | 39.1% |
|  | Worse  | 46         | 13.0% |
|  | <b>TOTAL</b>   | <b>353</b> |       |
|  | <i>Not applicable</i>                                    | <i>157</i> |       |
| 49                                       | Medical Supplies & Equipment (wheelchairs, diapers etc.) |            |       |
|  | Better   | 155        | 46.7% |
|  | About the same   | 137        | 41.3% |
|  | Worse  | 40         | 12.0% |
|  | <b>TOTAL</b>   | <b>332</b> |       |
|  | <i>Not applicable</i>                                    | <i>181</i> |       |
| 50                                       | Pharmacy Services  |            |       |
|  | Better   | 176        | 40.9% |
|  | About the same   | 235        | 54.7% |
|  | Worse  | 19         | 4.4%  |
|  | <b>TOTAL</b>   | <b>430</b> |       |
|  | <i>Not applicable</i>                                    | <i>119</i> |       |
| 51                                       | Audiology / Hearing Aids                                 |            |       |
|  | Better   | 38         | 43.2% |
|  | About the same   | 35         | 39.8% |
|  | Worse  | 15         | 17.0% |
|  | <b>TOTAL</b>   | <b>88</b>  |       |
|  | <i>Not applicable</i>                                    | <i>417</i> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A3: Timeliness of Providers/Services (continued)**

|  | Survey Item                                    | N          | %     |
|--|--|------------|-------|
| <b>Section 2B: Timeliness of Service</b> |  |            |       |
| 52                                       | Private Duty Nursing                           |            |       |
|  | Better   | 44         | 51.2% |
|  | About the same                                 | 33         | 38.4% |
|  | Worse  | 9          | 10.5% |
|  | <b>TOTAL</b>                                   | <b>86</b>  |       |
|  | <i>Not applicable</i>                          | 413        |       |
| 53                                       | Consumer Directed Personal Assistance Services |            |       |
|  | Better   | 67         | 42.4% |
|  | About the same                                 | 77         | 48.7% |
|  | Worse  | 14         | 8.9%  |
|  | <b>TOTAL</b>                                   | <b>158</b> |       |
|  | <i>Not applicable</i>                          | 346        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A4: Making Routine Appointments**

|  | Survey Item   | N          | %     |
|--|---|------------|-------|
| <b>Section 2C: Making Routine Appointments</b> |   |            |       |
| 54   | Your regular doctor   |            |       |
|  | Better  | 179        | 36.2% |
|  | About the same  | 298        | 60.2% |
|  | Worse   | 18         | 3.6%  |
|  | <b>TOTAL</b>  | <b>495</b> |       |
|  | <i>Not applicable</i>   | 93         |       |
| 55   | Dentist   |            |       |
|  | Better  | 83         | 25.5% |
|  | About the same  | 197        | 60.6% |
|  | Worse   | 45         | 13.8% |
|  | <b>TOTAL</b>  | <b>325</b> |       |
|  | <i>Not applicable</i>   | 207        |       |
| 56   | Eye Care (Having your eyes checked and getting glasses or contact lenses) |            |       |
|  | Better  | 121        | 30.3% |
|  | About the same  | 248        | 62.0% |
|  | Worse   | 31         | 7.8%  |
|  | <b>TOTAL</b>  | <b>400</b> |       |
|  | <i>Not applicable</i>   | 150        |       |
| 57   | Foot Doctor   |            |       |
|  | Better  | 114        | 34.0% |
|  | About the same  | 197        | 58.8% |
|  | Worse   | 24         | 7.2%  |
|  | <b>TOTAL</b>  | <b>335</b> |       |
|  | <i>Not applicable</i>   | 201        |       |

Note: Percentages have been rounded and may not total to 100%.



**Table A4: Making Routine Appointments (continued)**

|  | Survey Item               | N          | %     |
|--|---------------------------|------------|-------|
| <b>Section 2C: Making Routine Appointments</b> |                           |            |       |
| 58   | Audiology / Hearing Aids  |            |       |
|  | Better                    | 41         | 33.9% |
|  | About the same            | 64         | 52.9% |
|  | Worse                     | 16         | 13.2% |
|  | <b>TOTAL</b>              | <b>121</b> |       |
|  | <i>Not applicable</i>     | 386        |       |
| 59   | Outpatient Rehabilitation |            |       |
|  | Better                    | 50         | 42.7% |
|  | About the same            | 56         | 47.9% |
|  | Worse                     | 11         | 9.4%  |
|  | <b>TOTAL</b>              | <b>117</b> |       |
|  | <i>Not applicable</i>     | 389        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A5: Making Urgent Appointments**

| Item  | Survey Item   | N          | %     |
|---|---|------------|-------|
| <b>Section 2D: Making Urgent Appointments</b> |   |            |       |
| 60  | Your regular doctor   |            |       |
|   | Better  | 163        | 37.3% |
|   | About the same  | 253        | 57.9% |
|   | Worse   | 21         | 4.8%  |
|   | <b>TOTAL</b>  | <b>437</b> |       |
|   | <i>Not applicable</i>   | <i>137</i> |       |
| 61  | Dentist   |            |       |
|   | Better  | 78         | 28.6% |
|   | About the same  | 156        | 57.1% |
|   | Worse   | 39         | 14.3% |
|   | <b>TOTAL</b>  | <b>273</b> |       |
|   | <i>Not applicable</i>   | <i>257</i> |       |
| 62  | Eye Care (Having your eyes checked and getting glasses or contact lenses) |            |       |
|   | Better  | 108        | 32.2% |
|   | About the same  | 201        | 60.0% |
|   | Worse   | 26         | 7.8%  |
|   | <b>TOTAL</b>  | <b>335</b> |       |
|   | <i>Not applicable</i>   | <i>205</i> |       |
| 63  | Foot Doctor   |            |       |
|   | Better  | 95         | 33.8% |
|   | About the same  | 166        | 59.1% |
|   | Worse   | 20         | 7.1%  |
|   | <b>TOTAL</b>  | <b>281</b> |       |
|   | <i>Not applicable</i>   | <i>248</i> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A5: Making Urgent Appointments**

| Item  | Survey Item              | N          | %     |
|---|--------------------------|------------|-------|
| <b>Section 2D: Making Urgent Appointments</b> |                          |            |       |
| 64  | Audiology / Hearing Aids |            |       |
|   | Better                   | 45         | 39.1% |
|   | About the same           | 54         | 47.0% |
|   | Worse                    | 16         | 13.9% |
|   | <b>TOTAL</b>             | <b>115</b> |       |
|   | <i>Not applicable</i>    | 395        |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A6: About You**

|                             | Survey Item   | N          | %     |
|-----------------------------|---|------------|-------|
| <b>Section 3: About You</b> |   |            |       |
| 65a                         | I am content with the quality of my life right now  |            |       |
|                             | Very much   | 208        | 34.3% |
|                             | Quite a bit   | 196        | 32.3% |
|                             | Somewhat  | 136        | 22.4% |
|                             | A little bit  | 49         | 8.1%  |
|                             | Not at all  | 17         | 2.8%  |
|                             | <b>TOTAL</b>  | <b>606</b> |       |
| 65b                         | I feel safe and secure                              |            |       |
|                             | Very much   | 247        | 40.8% |
|                             | Quite a bit   | 214        | 35.4% |
|                             | Somewhat  | 101        | 16.7% |
|                             | A little bit  | 31         | 5.1%  |
|                             | Not at all  | 12         | 2.0%  |
|                             | <b>TOTAL</b>  | <b>605</b> |       |
| 65c                         | I have relationships with friends that I care about |            |       |
|                             | Very much   | 256        | 42.7% |
|                             | Quite a bit   | 153        | 25.5% |
|                             | Somewhat  | 94         | 15.7% |
|                             | A little bit  | 60         | 10.0% |
|                             | Not at all  | 36         | 6.0%  |
|                             | <b>TOTAL</b>  | <b>599</b> |       |

Note: Percentages have been rounded and may not total to 100%.

**Table A6: About You (continued)**

|      | Survey Item                                      | N          | %     |
|------|--|------------|-------|
| 66   | How would you rate your current state of health? |            |       |
|      | Very good  | 51         | 8.3%  |
|      | Good   | 148        | 24.0% |
|      | Fair   | 294        | 47.6% |
|      | Poor   | 95         | 15.4% |
|      | Very poor  | 29         | 4.7%  |
|      | <b>TOTAL</b>                                     | <b>617</b> |       |
| 67   | Highest level of education level completed       |            |       |
|      | 8th grade or less                                | 178        | 30.1% |
|      | Some High School, but did not graduate           | 87         | 14.7% |
|      | High School Diploma / GED                        | 121        | 20.5% |
|      | Some College                                     | 108        | 18.3% |
|      | 4-year degree                                    | 44         | 7.4%  |
|      | More than 4-year College Degree                  | 53         | 9.0%  |
|      | <b>TOTAL</b>                                     | <b>591</b> |       |
| 68   | Did someone help you to complete this survey?    |            |       |
|      | Yes (Go to Question 69)                          | 354        | 59.8% |
|      | No (End of survey)                               | 238        | 40.2% |
|      | <b>TOTAL</b>                                     | <b>592</b> |       |
| 69♦+ | Who helped you complete this survey?             |            |       |
|      | Family Member                                    | 218        | 61.6% |
|      | Friend   | 31         | 8.8%  |
|      | Home Care Aide                                   | 76         | 21.5% |
|      | Care Manager / Visiting Nurse                    | 5          | 1.4%  |
|      | Other  | 28         | 7.9%  |
|      | <b>TOTAL</b>                                     | <b>354</b> |       |

Note: Percentages have been rounded and may not total to 100%.

+ Member can check all that apply

♦ Items based on skip pattern

**Table A6: About You (continued)**

|      | Survey Item                        | N          | %     |
|------|------------------------------------|------------|-------|
| 70◆+ | How did this person help you?      |            |       |
|      | Read the questions to me           | 207        | 58.5% |
|      | Wrote down the answers that I gave | 179        | 50.6% |
|      | Answered the questions for me      | 88         | 24.9% |
|      | Translated into my language        | 66         | 18.6% |
|      | Helped in some other way           | 16         | 4.5%  |
|      | <b>TOTAL</b>                       | <b>354</b> |       |

Note: Percentages have been rounded and may not total to 100%.

+ Member can check all that apply

◆ Items based on skip pattern

**Table A7: Additional Demographic Information Obtained from the Enrollee File**

|  | Demographic Information Obtained from Enrollee File | N          | %     |
|--|---|------------|-------|
|  | Region  |            |       |
|  | NYC   | 564        | 87.6% |
|  | ROS   | 80         | 12.4% |
|  | <b>TOTAL</b>  | <b>644</b> |       |
|  | Primary Language (based on SAAM submission)         |            |       |
|  | English   | 339        | 52.6% |
|  | Chinese   | 43         | 6.7%  |
|  | Russian   | 133        | 20.7% |
|  | Spanish   | 129        | 20.0% |
|  | <b>TOTAL</b>  | <b>644</b> |       |

Note: Percentages have been rounded and may not total to 100%.

**APPENDIX B: BINARY AND ORDINAL LOGISTIC REGRESSION TABLES**

**Table B1: Ordinal Logistic Regression on Question 17 (Overall service comparison before/since enrollment in MLTC plan)**

|                              |  | Dependent Variable  |
|------------------------------|--|---|
|                              |  | <b>Q17</b><br><i>Overall service comparison before/since enrollment in MLTC plan</i><br>3=Better; 2=About the same; 1=Never |
| <b>Independent Variables</b> | <b>Q65a. Quality of Life</b><br>1=Very much/Quite a bit;<br>0=Somewhat/A little bit/Not at all (Ref) | <b>OR=2.43</b>  |
|                              | <b>Q67. Education</b>  | n.s.  |
|                              | <b>Language</b>  | n.s.  |
|                              | <b>Region</b>  | n.s.  |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value >= 0.001). These variables were excluded from the logistic regression model.  
 'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

**Table B2: Binary Logistic Regression on Survey Items in Composite 1 (Customer Service)**

|                              |  | Survey Items included in Composite 1 - Customer Service           |  |   |  |      |
|------------------------------|--|---|--|---|--|------|
|                              |  | Dependent Variable  |  |   |  |      |
| <b>Independent Variables</b> |  | <b>Q8</b><br><i>Were you able to speak with a person quickly?</i> | <b>Q9a</b><br><i>Were your questions answered quickly?</i> | <b>Q9b</b><br><i>Were you able to understand the answers?</i> | <b>Q10</b><br><i>Were you treated with politeness and respect?</i> |      |
|                              |  | 1=Always/Usually; 0=Sometimes/Never                               |  |   |  |      |
|                              |  | <b>Q65a. Quality of Life</b>                                      | n.s.   | n.s.  | n.s.   | n.s. |
|                              |  | <b>Q66. Health Status</b>   | n.s.   | n.s.  | n.s.   | n.s. |
|                              |  | <b>Q67. Education</b>   | n.s.   | n.s.  | n.s.   | n.s. |
|                              |  | <b>Language</b>   | n.s.   | n.s.  | n.s.   | n.s. |
|                              |  | <b>Region</b>   | n.s.   | n.s.  | n.s.   | n.s. |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value >= 0.001). These variables were excluded from the logistic regression model.  
 'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.



**Table B3: Binary Logistic Regression on Survey Items in Composite 2 (*Complaints and Grievance*)**

| Survey Items included in Composite 2 -<br>Complaints and Grievances                                     |   |   |
|---|---|---|
|   | Dependent Variable                                      |   |
|   | Q13<br><i>Were you satisfied<br/>with the response?</i> | Q14<br><i>Were you treated<br/>with politeness<br/>and respect?</i> |
|   | 1=Always/Usually;                                       |   |
| <b>Q65a. Quality of Life</b><br>1=Very much/Quite a bit;<br>0=Somewhat/A little<br>bit/Not at all (Ref) | <b>OR=2.86</b>  | n.s.  |
| <b>Q67. Education</b>   | n.s.  | n.s.  |
| <b>Language</b><br>1=English(Ref);<br>0=Non-English   | <b>OR=3.28</b>  | <b>OR=4.32</b>  |
| <b>Region</b>   | n.s.  | n.s.  |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value  $\geq 0.001$ ). These variables were excluded from the logistic regression model.

'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

**Table B4: Ordinal Logistic Regression on Survey Items in Composite 3 (*Intervention to Improve Health Outcomes*)**

|                       |  | Survey Items included in Composite 3 - Interventions to Improve Health Outcomes |                                      |   |   |  |
|-----------------------|--|---|--------------------------------------|---|---|--|
| Independent Variables |  | Dependent Variable  |                                      |   |   |  |
|                       |  | Q16a<br><i>Fall prevention</i>  | Q16b<br><i>Medication management</i> | Q16c<br><i>Self-management of chronic illnesses</i> | Q16d<br><i>Management of depression</i> | Q16e<br><i>Maintain independent living</i> |
|                       |  | 3=Better; 2=About the same; 1=Never   |                                      |   |   |  |
|                       | <b>Q65a. Quality of Life</b><br>1=Very much/Quite a bit;<br>0=Somewhat/A little bit/Not at all (Ref) | <b>OR=3.10</b>  | <b>OR=2.10</b>                       | <b>OR=3.05</b>                                      | <b>OR=3.25</b>                          | n.s.                                       |
|                       | <b>Q67. Education</b>  | n.s.  | n.s.                                 | n.s.  | n.s.                                    | n.s.                                       |
|                       | <b>Language</b>  | n.s.  | n.s.                                 | n.s.  | n.s.                                    | n.s.                                       |
| <b>Region</b>         | n.s.   | n.s.  | n.s.                                 | n.s.  | n.s.                                    |  |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value >= 0.001). These variables were excluded from the logistic regression model.

'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

**Table B5: Ordinal Logistic Regression on Survey Items in Composite 4 (*Quality of Providers/Services*)**

|                       |  | Survey Items included in Composite 4 - Quality of Providers/Services |   |                                  |                             |   |   |   |
|-----------------------|--|--|---|----------------------------------|-----------------------------|---|---|---|
|                       |  | Dependent Variable   |   |                                  |                             |   |   |   |
| Independent Variables |  | Q18<br><i>Regular Doctor</i>   | Q19<br><i>Dentist</i>                       | Q20<br><i>Eye Care</i>           | Q21<br><i>Foot Doctor</i>   | Q22a<br><i>Home Health AIDE,<br/>Personal Care AIDE</i> | Q22b<br><i>Home Health<br/>AGENCY, Personal<br/>Care AGENCY</i> | Q23<br><i>Care Manager /<br/>Case Manager</i> |
|                       |  | 3=Better; 2=About the same; 1=Never                                  |   |                                  |                             |   |   |   |
|                       | Q65a. Quality of Life<br>1=Very much/Quite a bit;<br>0=Somewhat/A little<br>bit/Not at all (Ref) | <b>OR=2.45</b>   | <b>OR=3.20</b>                              | <b>OR=3.12</b>                   | <b>OR=2.68</b>              | <b>OR=2.18</b>  | <b>OR=1.98</b>  | <b>OR=1.91</b>                                |
|                       | Q67. Education   | n.s.   | n.s.  | n.s.                             | n.s.                        | n.s.  | n.s.  | n.s.  |
|                       | Language   | n.s.   | n.s.  | n.s.                             | n.s.                        | n.s.  | n.s.  | n.s.  |
| Region                | n.s.   | n.s.   | n.s.  | n.s.                             | n.s.                        | n.s.  | n.s.  |   |
| Independent Variables |  | Q24a<br><i>Regular Visiting<br/>Nurse / Registered<br/>Nurse</i>     | Q24b<br><i>Covering / On Call<br/>Nurse</i> | Q25<br><i>Physical Therapist</i> | Q28<br><i>Social Worker</i> | Q29<br><i>Medical Supplies &amp;<br/>Equipment</i>      | Q34<br><i>Transportation<br/>Services</i>                       | Q36<br><i>Pharmacy Services</i>               |
|                       |  | 3=Better; 2=About the same; 1=Never                                  |   |                                  |                             |   |   |   |
|                       | Q65a. Quality of Life<br>1=Very much/Quite a bit;<br>0=Somewhat/A little<br>bit/Not at all (Ref) | <b>OR=2.84</b>   | <b>OR=3.33</b>                              | <b>OR=3.93</b>                   | <b>OR=2.51</b>              | <b>OR=2.06</b>  | <b>OR=1.72</b>  | <b>OR=2.35</b>                                |
|                       | Q67. Education   | n.s.   | n.s.  | n.s.                             | n.s.                        | n.s.  | n.s.  | n.s.  |
|                       | Language   | n.s.   | n.s.  | n.s.                             | n.s.                        | n.s.  | n.s.  | n.s.  |
| Region                | n.s.   | n.s.   | n.s.  | n.s.                             | n.s.                        | n.s.  | n.s.  |   |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value >= 0.001). These variables were excluded from the logistic regression model. 'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

**Table B6: Ordinal Logistic Regression on Survey Items in Composite 5 (*Timeliness of Providers/Services*)**

|                       |   | Survey Items included in Composite 5 - Timeliness of Providers/Services |   |  |   |                             |   |   |  |                                 |
|-----------------------|---|---|---|--|---|-----------------------------|---|---|--|---------------------------------|
| Independent Variables |   | Dependent Variable  |   |  |   |                             |   |   |  |                                 |
|                       |   | Q40<br><i>Home Health Aide / Personal Care Aide</i>                     | Q41<br><i>Care Manager / Case Manager</i> | Q42a<br><i>Regular Visiting Nurse / Registered Nurse</i> | Q42b<br><i>Covering / On Call Nurse</i> | Q46<br><i>Social Worker</i> | Q48c<br><i>Transportation TO the Doctor</i> | Q48d<br><i>Transportation FROM the Doctor</i> | Q49<br><i>Medical Supplies &amp; Equipment</i> | Q50<br><i>Pharmacy Services</i> |
|                       |   | 3=Better; 2=About the same; 1=Never                                     |   |  |   |                             |   |   |  |                                 |
|                       | Q65a. Quality of Life<br>1=Very much/Quite a bit;<br>0=Somewhat/A little bit/Not at all (Ref) | n.s.  | n.s.                                      | <b>OR=2.14</b>   | n.s.                                    | <b>OR=2.58</b>              | <b>OR=1.97</b>                              | <b>OR=2.16</b>                                | n.s.   | <b>OR=2.37</b>                  |
|                       | Q67. Education  | n.s.  | n.s.                                      | n.s.   | n.s.                                    | n.s.                        | n.s.  | n.s.  | n.s.   | n.s.                            |
| Language              | n.s.  | n.s.  | n.s.                                      | n.s.   | n.s.                                    | n.s.                        | n.s.  | n.s.  | n.s.   |                                 |
| Region                | n.s.  | n.s.  | n.s.                                      | n.s.   | n.s.                                    | n.s.                        | n.s.  | n.s.  | n.s.   |                                 |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value >= 0.001). These variables were excluded from the logistic regression model. 'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

**Table B7: Ordinal Logistic Regression on Survey Items in Composite 6 (*Timely Access to Regular Appointments*)**

|                       | Survey Items included in Composite 6 - Timely Access to Regular Appointments |                       |                        |                           |
|-----------------------|--|-----------------------|------------------------|---------------------------|
|                       | Dependent Variable   |                       |                        |                           |
|                       | Q54<br><i>Regular Doctor</i>   | Q55<br><i>Dentist</i> | Q56<br><i>Eye Care</i> | Q57<br><i>Foot Doctor</i> |
|                       | 3=Better; 2=About the same; 1=Never  |                       |                        |                           |
| Q65a. Quality of Life | n.s.   | <b>OR=3.73</b>        | <b>OR=2.57</b>         | <b>OR=2.89</b>            |
| Q66. Health Status    | n.s.   | n.s.                  | n.s.                   | n.s.                      |
| Q67. Education        | n.s.   | n.s.                  | n.s.                   | n.s.                      |
| Language              | n.s.   | n.s.                  | n.s.                   | n.s.                      |
| Region                | n.s.   | n.s.                  | n.s.                   | n.s.                      |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value  $\geq$  0.001).

These variables were excluded from the logistic regression model.

'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

**Table B8: Ordinal Logistic Regression on Survey Items in Composite 7 (*Timely Access to Urgent Appointments*)**

|                       | Survey Items included in Composite 7 - Timely Access to Urgent Appointments |                       |                        |                           |
|-----------------------|---|-----------------------|------------------------|---------------------------|
|                       | Dependent Variable  |                       |                        |                           |
|                       | Q60<br><i>Regular Doctor</i>  | Q61<br><i>Dentist</i> | Q62<br><i>Eye Care</i> | Q63<br><i>Foot Doctor</i> |
|                       | 3=Better; 2=About the same; 1=Never   |                       |                        |                           |
| Q65a. Quality of Life | n.s.  | <b>OR=3.26</b>        | n.s.                   | <b>OR=2.88</b>            |
| Q67. Education        | n.s.  | n.s.                  | n.s.                   | n.s.                      |
| Language              | n.s.  | n.s.                  | n.s.                   | n.s.                      |
| Region                | n.s.  | n.s.                  | n.s.                   | n.s.                      |

'n.s.' indicates that the p-value from Pearson's chi-square test for independence is not significant (P-value  $\geq$  0.001).

These variables were excluded from the logistic regression model.

'OR' is the odds ratio quantifying the statistically significant (P < 0.001) association between the independent variable and the dependent variable resulting from the logistic regression.

## **APPENDIX C: SURVEY INSTRUMENT**

| ID NUMBER |   |   |   |   |   |   |   |   |   |
|-----------|---|---|---|---|---|---|---|---|---|
|           |   |   |   |   |   |   |   |   |   |
| 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1         | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2         | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3         | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4         | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5         | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6         | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7         | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8         | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9         | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

**NYSDOH / IPRO  
Managed  
Long-Term Care  
New Enrollee  
Satisfaction Survey  
2013**

| MARKING INSTRUCTIONS  |
|---|
| <ul style="list-style-type: none"> <li>• Use a No. 2 pencil or a blue or black ink pen only.</li> <li>• Do not use pens with ink that soaks through the paper.</li> <li>• Make solid marks that fill the response completely.</li> <li>• Make no stray marks on this form.</li> </ul> |
| <p><b>CORRECT:</b> ●      <b>INCORRECT:</b> ☒ ☓ ☉ ☚</p>   |

**1. Your Managed Long Term Care Plan**

The following questions ask about your experience with your managed long-term care plan:

**1. Our records indicate that you are a member of [HEALTH PLAN]. Is that correct?**

- 1 Yes (Skip to #3)     
  2 No (Skip to #2)

**2. What is the name of your health plan? When answering the questions, think about this plan.**

---

**3. What information did you use to help you choose a health plan?**

- 1 Materials from the Dept. of Health / Maximus  
 2 A Consumer's Guide to Managed Long Term Care  
 3 Advice from family and friends  
 4 Advice from providers  
 5 Other  
 6 None  
 7 Did not choose plan

**4. Since you joined your health plan, has the plan explained all of their services to you clearly?**

- 1 Yes     
  2 No     
  3 Don't know / not sure

**5. Since you joined your health plan, you should have a care manager helping you get the services you need. How soon after you joined your health plan did your health plan care manager contact you?**

- 1 Less than one day  
 2 1-2 days  
 3 3-6 days  
 4 One week or longer  
 5 I was not contacted by a Care Manager

**6a. Since you joined your health plan, how involved have you been in making decisions about your plan of care? Compare your involvement to the time BEFORE you joined.**

- 1 Better     
  4 Don't know / not sure  
 2 About the same     
  5 Not applicable  
 3 Worse

**6b. Since you joined your health plan, how involved has a family member or your caregiver been in making decisions about your plan of care? Compare to BEFORE you joined your health plan.**

- 1 Better     
  4 Don't know / not sure  
 2 About the same     
  5 Not applicable  
 3 Worse

**7. Since you joined your health plan, have you, a family member, or your caregiver ever called the plan with questions or for help?**

- 1 Yes     
  2 No (Skip to #11)

**8. Were you able to speak with a person quickly?**

- 1 Always     
  4 Never  
 2 Usually     
  5 Don't know / not sure  
 3 Sometimes

**9a. Were your questions answered quickly?**

- 1 Always     
  4 Never  
 2 Usually     
  5 Don't know / not sure  
 3 Sometimes

**9b. Were you able to understand the answers?**

- 1 Always     
  4 Never  
 2 Usually     
  5 Don't know / not sure  
 3 Sometimes

**10. Were you treated with politeness and respect?**

- 1 Always     
  4 Never  
 2 Usually     
  5 Don't know / not sure  
 3 Sometimes

**11. Since you joined your health plan, have you, a family member, or your caregiver ever called the plan with a complaint or grievance?**

- 1 Yes     
  2 No (Skip to #15)



12. Did you receive a letter from your health plan acknowledging your complaint or grievance within 15 days?

- ① Yes      ② No      ③ Don't know / not sure

13. Were you satisfied with the response?

- ① Always                      ④ Never  
 ② Usually                    ⑤ Don't know / not sure  
 ③ Sometimes

14. Were you treated with politeness and respect?

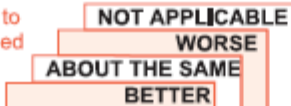
- ① Always                      ④ Never  
 ② Usually                    ⑤ Don't know / not sure  
 ③ Sometimes

15. Since you joined this health plan, did someone from the plan ask to see all of the prescriptions and over the counter medicines you've been taking?

- ① Yes      ② No      ③ Don't know / not sure

16. Since you joined your health plan, please rate how helpful your plan has been in assisting you and your family with the following:

Compare your experience to the time BEFORE you joined your health plan.



a. Have fewer falls

① ② ③ ④

b. Take your medications the way your doctor wants you to

① ② ③ ④

c. Manage your illnesses, such as high blood pressure or diabetes

① ② ③ ④

d. Help you when you're feeling sad and lonely

① ② ③ ④

e. Allow you to stay in your home and not have to live in a nursing home

① ② ③ ④

17. How would you compare your health care services since joining your health plan with the health care services you received BEFORE joining the plan?

- ① Better  
 ② About the Same  
 ③ Worse  
 ④ Don't know / not sure

## 2. Your Care Providers

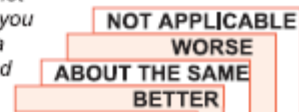
### A) Quality of Providers and Frequency of Services

How would you compare the quality of providers and frequency of services you have received since joining your health plan with the providers and services you received BEFORE you joined your health plan? Please think about all the providers and services you receive, even if the service is not covered, or paid for by your health plan.

In some plans, the Care Manager and the Visiting Nurse may be the same person. If they are, please rate the person under BOTH Care Manager and Visiting Nurse.

Compare the services you receive now to the services you received BEFORE you joined your health plan.

Please mark, "Not Applicable," if you did not receive a service, or if you only started receiving a service since you joined your plan.



18. Your regular doctor

① ② ③ ④

19. Dentist

① ② ③ ④

20. Eye Care (Having your eyes checked and getting glasses or contact lenses)

① ② ③ ④

21. Foot Doctor

① ② ③ ④

22a. Home Health AIDE, Personal Care AIDE (aide that comes to your house to take care of you)

① ② ③ ④

22b. Home Health AGENCY, Personal Care AGENCY (company that your home health aide works for)

① ② ③ ④

23. Care Manager / Case Manager (person who prepares your plan of care)

① ② ③ ④



|   | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 24a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits) |   |   |   |   |
| 24b. Covering / On Call Nurse (comes to your house when regular nurse can't come)       |   |   |   |   |
| 25. Physical Therapist  |   |   |   |   |
| 26. Occupational Therapist  |   |   |   |   |
| 27. Speech Therapist  |   |   |   |   |
| 28. Social Worker   |   |   |   |   |
| 29. Medical Supplies & Equipment (wheelchairs, diapers etc.)                            |   |   |   |   |
| 30. Audiology / Hearing Aids  |   |   |   |   |
| 31. Home Delivered Meals / Meals on Wheels  |   |   |   |   |
| 32. Meals served at the Day Health Center   |   |   |   |   |
| 33. Day Health Center Activities  |   |   |   |   |
| 34. Transportation Services   |   |   |   |   |
| 35. Nursing Home  |   |   |   |   |
| 36. Pharmacy Services   |   |   |   |   |
| 37. Nutritionist  |   |   |   |   |
| 38. Private Duty Nursing  |   |   |   |   |
| 39. Consumer Directed Personal Assistance Services                                      |   |   |   |   |

## B) Timeliness

Since joining your health plan, please compare how often the following services were on time, compared to BEFORE you joined your health plan. In some plans the Care Manager and Visiting Nurse may be the same person. If they are, please rate the person under BOTH Care Manager and Visiting Nurse.

Compare the services you receive now to the services you received BEFORE you joined your health plan.

Please mark, "Not Applicable," if you did not receive a service, or if you only started receiving a service since you joined your plan.

|  | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| 40. Home Health Aide / Personal Care Aide  |   |   |   |   |
| 41. Care Manager / Case Manager (person who prepares your plan of care)                                |   |   |   |   |
| 42a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)                |   |   |   |   |
| 42b. Covering / On Call Nurse (comes to your house when regular nurse can't come)                      |   |   |   |   |
| 43. Physical Therapist   |   |   |   |   |
| 44. Occupational Therapist   |   |   |   |   |
| 45. Speech Therapist   |   |   |   |   |
| 46. Social Worker  |   |   |   |   |
| 47. Home Delivered Meals / Meals on Wheels   |   |   |   |   |
| 48. Transportation<br>a. TO Day Center<br>b. FROM Day Center<br>c. TO the doctor<br>d. FROM the doctor |   |   |   |   |
| 49. Medical Supplies & Equipment (wheelchairs, diapers etc.)   |   |   |   |   |
| 50. Pharmacy Services  |   |   |   |   |
| 51. Audiology / Hearing Aids   |   |   |   |   |
| 52. Private Duty Nursing   |   |   |   |   |
| 53. Consumer Directed Personal Assistance Services   |   |   |   |   |

### C) Making Office Appointments

Since joining your health plan, how would you compare the time you have to wait between making a REGULAR APPOINTMENT and seeing a provider with the time you had to wait BEFORE you joined your health plan?

Please mark "Not Applicable" if you have not scheduled an appointment with any of the providers since joining your health plan, or if your plan schedules regular appointments for you.

54. Your regular doctor

55. Dentist

56. Eye Care (Having your eyes checked and getting glasses or contact lenses)

57. Foot Doctor

58. Audiology / Hearing Aids

59. Outpatient Rehabilitation

Since joining your health plan, when you need care RIGHT AWAY, how would you compare the time you have to wait between making an appointment and seeing a provider with the time that you had to wait BEFORE you joined your health plan?

Please mark "Not Applicable" if you have not required urgent care since you joined the plan.

60. Your Regular Doctor

61. Dentist

62. Eye Care (Having your eyes checked and getting glasses or contact lenses)

63. Foot Doctor

64. Audiology / Hearing Aids

|  |                |   |   |   |
|--|----------------|---|---|---|
|  | NOT APPLICABLE |   |   |   |
|  | WORSE          |   |   |   |
|  | ABOUT THE SAME |   |   |   |
|  | BETTER         |   |   |   |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |

|  |                |   |   |   |
|--|----------------|---|---|---|
|  | NOT APPLICABLE |   |   |   |
|  | WORSE          |   |   |   |
|  | ABOUT THE SAME |   |   |   |
|  | BETTER         |   |   |   |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |
|  |                | 1 | 2 | 3 |

### 3. About You

65a. I am content with the quality of my life right now.

- 1 Very Much
- 2 Quite a bit
- 3 Somewhat
- 4 A little bit
- 5 Not at all

65b. I feel safe and secure.

- 1 Very Much
- 2 Quite a bit
- 3 Somewhat
- 4 A little bit
- 5 Not at all

65c. I have relationships with friends that I care about.

- 1 Very Much
- 2 Quite a bit
- 3 Somewhat
- 4 A little bit
- 5 Not at all

66. How would you rate your current state of health?

- 1 Very Good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very Poor

67. What is the highest level of education you have completed?

- 1 8th grade or less
- 2 Some High School, but did not graduate
- 3 High School Diploma / GED
- 4 Some College
- 5 4-year degree
- 6 More than 4-year College Degree

68. Did someone help you to complete this survey?

- 1 Yes (Go to #69)
- 2 No ( END OF SURVEY)

69. Who helped you? (MARK ALL THAT APPLY)

- 1 Family Member
- 2 Friend
- 3 Home Care Aide
- 4 Care Manager / Visiting Nurse
- 5 Other \_\_\_\_\_

70. How did this person help you? (MARK ALL THAT APPLY)

- 1 Read the questions to me
- 2 Wrote down the answers that I gave
- 3 Answered the questions for me
- 4 Translated into my language
- 5 Helped in some other way

**Thank you for participating in this survey**

Please return the survey to IPRO in the enclosed postage-paid envelope at your earliest convenience