

2023 **Managed Long-Term Care** Report



Department
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Executive Summary

New York State certifies and oversees the operation of New York State managed long-term care (MLTC) plans. This oversight includes evaluating quality of care delivered by MLTC plans. This report describes New York State's certified MLTC plans and presents information about the quality of care they provide and enrollees' satisfaction with the plans. The report is organized into four sections: 1) MLTC program-level information, 2) Plan-level enrollee attributes, 3) Plan-level performance, and 4) Plan-level member satisfaction. Data sources and timeframes for the measures are described in the report.

The Managed Long-Term Care Program

To keep chronically ill or disabled individuals healthy and living in the community, MLTC plans assist members who require health and long-term care services. The benefit package includes a range of health and social services, including skilled nursing facility (SNF) services. MLTC program-level highlights include:

- Enrollment in the MLTC plans has been steadily increasing with current enrollment of 333,060 individuals as of December 2023.
- Eighty-one percent of the membership was in New York City.
- Eighty percent of enrollees were over age 64.
- Eighty-six percent have been enrolled in the MLTC program for one year or more.
- Seventy-eight percent were dually enrolled in Medicare and Medicaid.
- Five percent of enrollees were admitted to a nursing home, and of that group, 18 percent were admitted for long-term placement.
- Thirteen percent of enrollees were admitted to the hospital. The most common reason for admission was respiratory problems.
- Seven percent of enrollees visited an emergency room. The most common reason for a visit was respiratory problems.

Enrollee Attributes

- Twenty-six percent of enrollees were able to transfer with little to no help.

- Eighty-nine percent of enrollees had no behavioral problems.
- Thirty-five percent of enrollees were living alone.

Plan Performance

The domains of quality performance in this report include: 1) Current plan performance rates such as the percentage of enrollees who received an annual flu shot, 2) Plan performance over time such as the percentage of enrollees whose pain intensity remained stable or improved over time, and 3) The rate of potentially avoidable hospitalizations (PAH) per 10,000 days enrolled in the plan. The tables include the plan-specific and statewide results and whether the plan's performance was statistically higher, the same, or lower than the statewide average. The following are highlights:

- Seventy-eight percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 45 to 94 percent.
- Ninety-three percent of enrollees had no falls that resulted in major or minor injury in the past 90 days.
- Eighty-three percent of enrollees remained stable or demonstrated improvement in the activities of daily living function.
- Eighty percent of enrollees remained stable or demonstrated improvement in urinary continence.
- The statewide rate of PAH was 3.43 and plan results ranged from 0.63 to 4.86 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

Member Satisfaction

In early 2023, the New York State Department of Health (the Department) sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2022. The overall response rate was 21 percent. The following are highlights:

- Eighty-two percent of respondents rated their health plan as good or excellent.
- Eighty-five percent rated the helpfulness of the plan in managing their illnesses as good or excellent.

Introduction



The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In December 2023, there were 30 MLTC organizations certified to enroll members in three plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 43 plans. The tables in this report present information about the MLTC organizations and plans that were enrolling members during the data collection period.

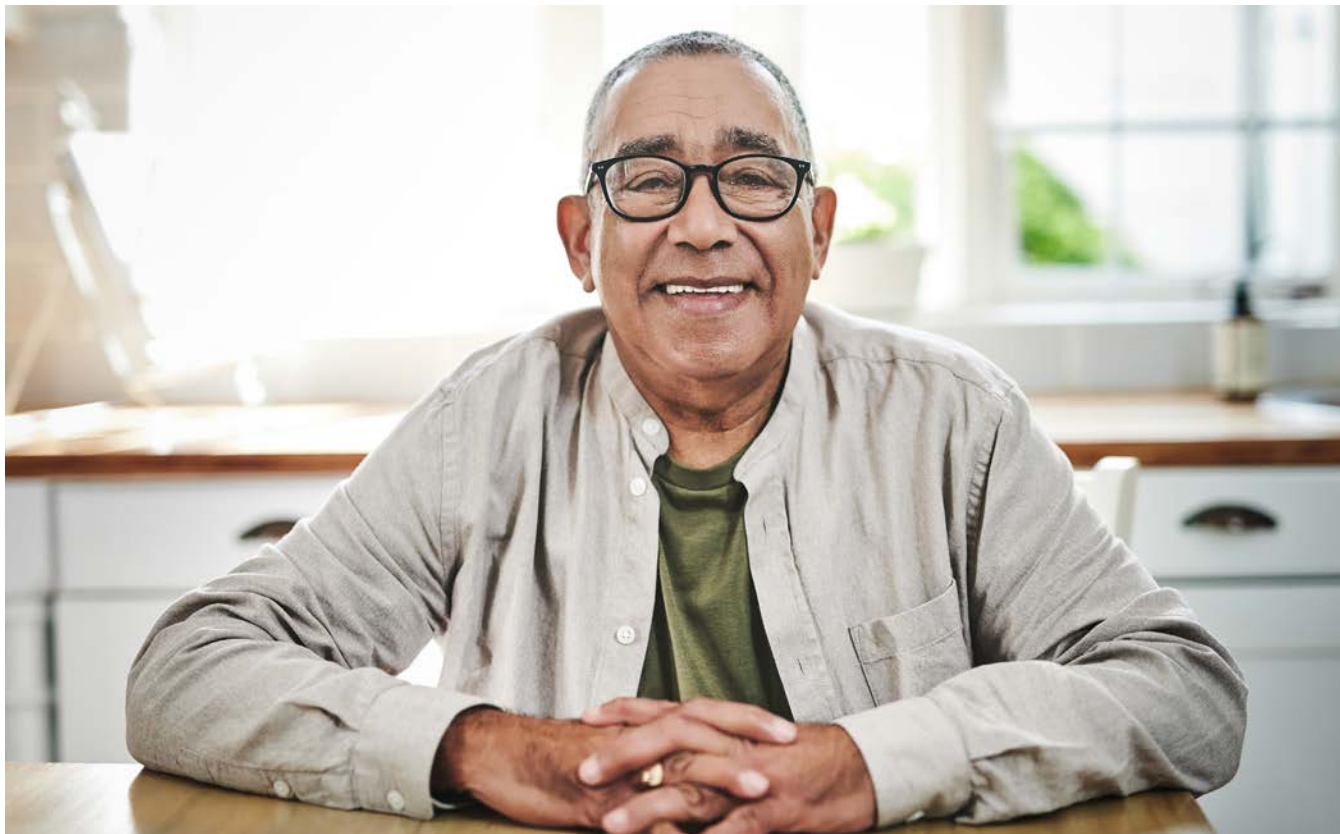
The Department has been publishing quality performance and enrollment data for MLTC plans since 2012. This is the 10th public report on MLTC

performance. The analyses presented in this report provide the basis for more data-driven improvement initiatives.

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

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The Managed Long-Term Care Program



MLTC plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, ancillary services, and transportation services. A list of covered services is included in Appendix A. Depending on the type of plan, ambulatory care, inpatient, and mental health services may also be included in the benefit package.

Types of Managed Long-Term Care Plans

Within the MLTC program, there are three models of plans that are described below. All plans accept Medicaid payment. Some plans also accept Medicare or private payment for members who are not eligible for Medicaid.

Partial Capitation

A risk-adjusted Medicaid capitation payment is provided to the plan to cover the costs of the long-term care and select ancillary services described in

Appendix A. The enrollee's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicaid and Medicare or by the Medicaid program if they are not Medicare eligible. Partial capitation plans are required to coordinate all services for their members, including those that are not in the MLTC benefit package, such as visits to physicians and hospital admissions. The minimum age requirement is 18 years. Partial capitation contracts must be approved by the Centers for Medicare and Medicaid Services (CMS) and the Department. All partial capitation plans operating in New York State receive a Certificate of Authority from the Department.

Program of All-Inclusive Care for the Elderly Organizations

Program of All-Inclusive Care for the Elderly (PACE) organizations provide a comprehensive system of health care services for members 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for PACE services on a capitated basis. PACE members are required

to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital, and long-term care services required by a PACE member. The PACE organization is approved by CMS and the Department.

Medicaid Advantage Plus

Medicaid Advantage Plus (MAP) plans must be certified by the Department as MLTC plans and by CMS as Medicare Advantage Plans. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the services in Appendix A and also covers Medicare co-payments and deductibles. The minimum age requirement is 18 years. All enrollees must be eligible for nursing home placement.

Eligibility

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

- Are able to stay safely at home at the time when joining the plan
- Meet the age requirement of program and the plan
- Reside in the area served by the plan

and

- Have a chronic illness or disability required for an individual to be eligible for services usually provided in a nursing home

or

- Are expected to need long-term care services for more than 120 days from the date of enrollment.

Medicaid Redesign Team

In 2011, Governor Andrew Cuomo convened a task force consisting of policy experts and industry representatives to collaborate on redesigning New York State's Medicaid program. The members of the Medicaid Redesign Team (MRT) evaluated thousands of proposals solicited from experts and the public. Following a series of public meetings, the MRT voted on the proposals and 78 were enacted in the 2011--2012 budget. More information is available at: health.ny.gov/health_care/medicaid/redesign/.

MRT #90 required the mandatory transition and enrollment of certain community-based long-term care services recipients into MLTC as a component of a fully integrated care management system. In August 2012, the Department received written approval from CMS to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration Waiver required all individuals dually eligible for Medicaid and Medicare, 21 or older, and in need of community-based long-term care services for more than 120 days, to be mandatorily enrolled in MLTC Plans. The transition to MLTC was implemented in five phases ending in 2014. The following groups are excluded from transition to MLTC:

- Nursing Home Transition and Diversion Waiver participants
- Traumatic Brain Injury Waiver participants
- Assisted Living Program participants
- Dual-eligible individuals who do not require community-based long-term care services.

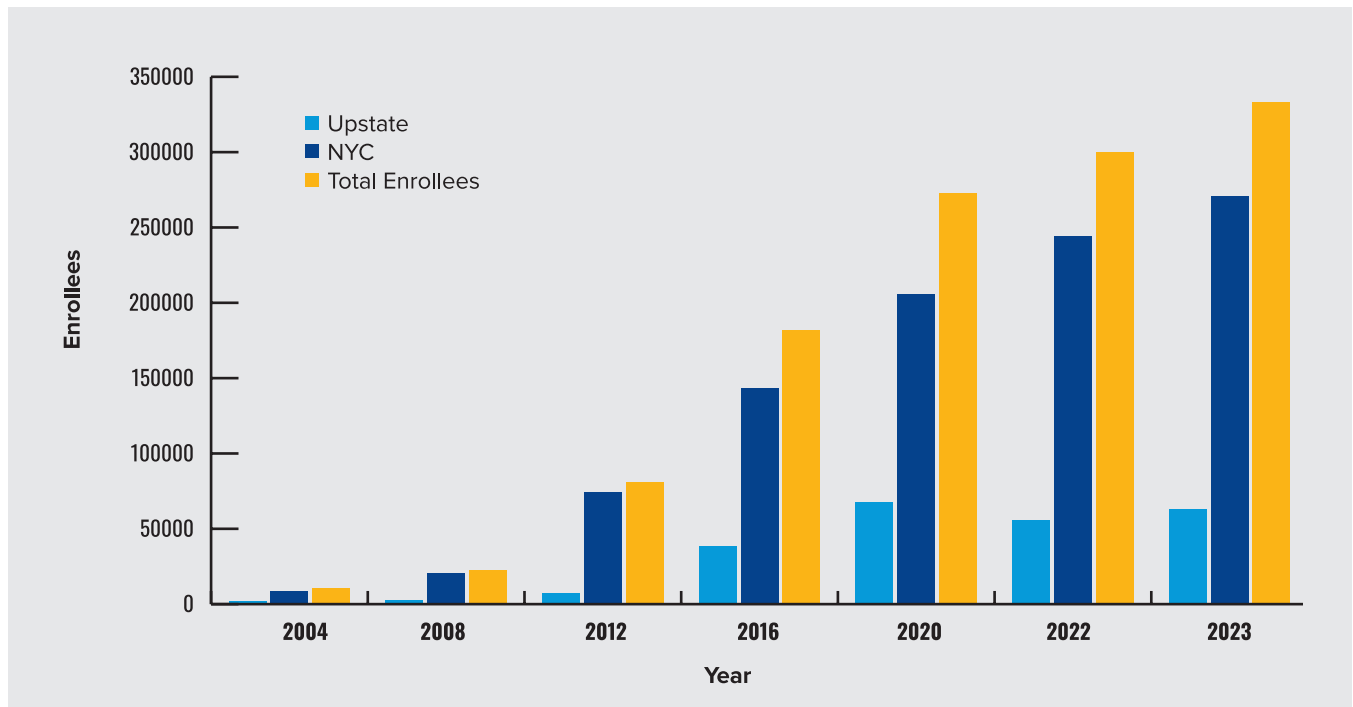
Enrollment and Availability

Figure 1 shows that MLTC enrollment has steadily increased over the past 19 years from approximately 10,000 in 2004 to over 333,000 as of December 2023. The number of MLTC plans has fluctuated since the program began, beginning with 16 in 2012, growing to 65 plans in 2016, and decreasing to 43 plans as of December 2023. Eighty-four percent of the enrollment is in partial capitation plans and

highly concentrated in New York City, which accounts for 81 percent of current MLTC enrollment. Enrollment in MAP and PACE plans is 13 and 3 percent, respectively (data not shown). As shown in Figure 1, enrollment in MLTC accelerated following the implementation of MRT #90 in 2012.

Every county in New York State has at least one MLTC plan authorized to operate. As of December 2023, MLTC has members enrolled in every county.

Figure 1
Managed Long-Term Care Enrollees by Location and Year



Uniform Assessment System for New York

MLTC plans are required to collect and report to the Department information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnoses. This information was previously collected at enrollment and then semiannually thereafter. However, in 2021 the semiannual assessment requirement was changed to annual. From 2005 through September 2013, these data were collected using the Semi-Annual Assessment of Members (SAAM) instrument, a modified version of the federal (Medicare) Outcome and Assessment Information Set (OASIS-B). The SAAM was used to establish clinical eligibility for the MLTC program and assist health providers in care planning and outcome monitoring.

Beginning on October 1, 2013, the SAAM instrument was replaced by the Uniform Assessment System for New York (UAS-NY) Community Health Assessment (CHA) instrument, which may include a Functional Supplement and/or Mental Health Supplement. The UAS-NY is an electronic system based on a uniform dataset, which standardizes and automates needs assessments for home and community-based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data. The interRAI organization and its assessment tools are used in many states as well as Canada and other countries. Using the UAS-NY facilitates access to programs and services, eliminates duplicative assessment data, and improves consistency in the

assessment process. Whether using the SAAM instrument or the CHA instrument, functional status data remain critical to inform eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the member's status differs from optimal health or functional status.

Submission of assessment data occurred twice a year with the SAAM instrument. Now, assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted and are added to the database upon submission. Each year beginning in 2022, MLTC UAS-NY CHA submissions will be used to create one static file which contains the most recent assessment for enrollees in each plan from January through December. This file will be used to describe and evaluate MLTC plan performance.

Level of Care Score

The Department developed a functional assessment scoring system, the Nursing Facility Level of Care (NFLOC) score, based on the CHA instrument. The NFLOC score is comprised of 11 components that are derived from 22 items from the UAS-NY instrument. The items include the areas of incontinence, cognitive performance, Activities of Daily Living (ADLs), and behavior. Points are allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. The maximum number of points is 48. A Level of Care Score of five or more indicates need of services usually provided in a nursing home.

The current statewide average CHA NFLOC score is 19. Some measures in this report are based on the NFLOC score and its components, allowing for a comparison of member acuity (case-mix) among the plans.

Demographic Profile of MLTC Enrollees

The data in Table 1 are based on CHA data for the January through December 2023 enrollment period and therefore reflect the characteristics of the enrollees during that time frame. As shown, 80 percent of members are over 64.

Nearly two-thirds of enrollees are female (66 percent) and almost 86 percent have been continuously enrolled in MLTC for 12 months or more. Almost two percent were in a nursing home at the time of the assessment.

Table 1
Demographic Profile

Measure	Percent
Age Groupings	
Age <21	0.0
Age 21-54	7.2
Age 55-64	12.7
Age 65-74	33.0
Age 75-84	28.3
Age 85+	18.8
Gender	
Male	33.8
Female	66.2
Race	
Black Non-Hispanic	14.9
Hispanic	23.2
Other	43.3
White Non-Hispanic	18.6
Primary Language	
Chinese	14.5
English	38.3
Missing	1.1
Other	13.3
Russian	7.3
Spanish	21.4
Enrollment	
Continuously Enrolled 12+ Months	85.6
Continuously Enrolled <12 Months	14.4

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	78.4
Medicaid Only	21.6
Current Location	
Community	97.3
Hospital	0.4
Missing	0.0
Nursing Home	1.9
Other	0.4
Living Situation	
Alone	35.0
With Family/Relative	59.0
With Other	6.0
Most Frequent Diagnoses Statewide (Percent of All Members)	
Essential Hypertension	71.1
Osteoarthritis	64.8
Disorders of Lipid Metabolism	61.9
Urinary Incontinence	61.3
Nervous System Signs and Symptoms	59.0
Nutritional Deficiencies	48.6
Esophageal Disorders	47.7
Coronary Atherosclerosis and Other Heart Disease	46.5
Diabetes Mellitus without Complication	40.0
General Sensation/Perception Signs and Symptoms	37.4

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC CHAs conducted for the January through December 2023 time period. Table 2 shows the statewide percentage of members who within the last 90 days or since the last assessment if less than 90 days ago had: 1) a nursing home admission and reasons for nursing home admissions; 2) at least one, or two or more hospitalizations and reasons for hospital admissions; and 3) at least one, or two or more emergency room (ER) visits and reasons for ER visits. For nursing home, up to four reasons for admission may be selected.

As shown in Table 2, five percent of the population was admitted to a nursing home, with the majority admitted for therapy services followed by long-term placement. Thirteen percent of enrollees were admitted to the hospital at least once, with 16 percent admitted for respiratory problems and 13 percent for falls. Seven percent of enrollees had at least one ER visit, with nine percent for respiratory problems and six percent for cardiac problems.

Additionally, Table 2 shows nursing home admissions stratified by those for therapy services,

permanent placement, unsafe for care at home, respite care, and end-of-life care. Up to four of 16 given reasons for hospital admission may be selected. Table 2 highlights categories that represent the more common clinical reasons for hospital admission: respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); falls (injury caused by fall or accident at home); scheduled surgical procedure; urinary tract infection; and congestive heart failure (CHF) (exacerbation of CHF, fluid overload, heart failure). Likewise, up to four of nine given reasons for ER visits may be selected. Table 2 highlights the most common clinical reasons for ER visits: respiratory (respiratory problems, shortness of breath, respiratory infection, tracheobronchial obstruction), cardiac (cardiac problems, fluid overload, exacerbation of CHF, chest pain), nausea (nausea, dehydration, malnutrition, constipation, impactions), hypo/hyperglycemia, and wound problems (infection, deteriorating wound status, new lesion/ulcer). Please note that Table 2 is based on events and not members, and not all admission or visit reasons are presented; therefore, the total percent may not equal 100 percent.

Table 2
Utilization and Patient Safety

Facility Type	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More		Reason 1	%	Reason 2	%	Reason 3	%	Reason 4	%	Reason 5	%
	N	%	N	%										
Nursing Home Admissions	17,273	5	*	*	Therapy Services	79	Long-Term Placement	18	Unsafe at Home	4	Respite Care	1	End-of-Life Care	0
Hospital Admissions	50,545	13	7,798	2	Respiratory	16	Falls	13	Scheduled Surgical Procedure	11	Urinary Tract Infection	6	Congestive Heart Failure	6
Emergency Room Visits	27,374	7	3,662	1	Respiratory	9	Cardiac	6	Nausea	3	Hypo-Hyperglycemia	2	Wound	2

*No data to report.

Plan Profiles

Table 3 summarizes the MLTC plans certified as of December 2023 by the Department to enroll Medicaid recipients. Regions of enrollment and enrollment counts as of December 2023 are presented. Please

refer to Appendix B for a listing of counties within each region. Plans may not be enrolling in every county in a region. Please verify availability with the plan.

Table 3
Health Plan Profiles*

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Dec. 2023)
Partial Capitation		
1. Aetna Better Health <i>aetnabetterhealth.com</i>	Long Island, New York City	6,070
2. ArchCare Community Life <i>archcare.org</i>	Hudson Valley, New York City	5,870
3. Centers Plan for Healthy Living <i>centersplan.com</i>	Hudson Valley, Long Island, New York City, Western	52,418
4. Elderwood Health Plan <i>elderwoodhealthplan.com</i>	Western	1,169
5. Empire BCBS HealthPlus MLTC <i>anthebluecross.com/ny/medicaid/ managed-long-term-care</i>	Hudson Valley, Long Island, New York City	56,458
6. EverCare Choice <i>evercare.org</i>	Hudson Valley	767
7. Fallon Health Weinberg <i>fallonweinberg.org</i>	Western	467
8. Fidelis Care at Home <i>fideliscare.org/</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	17,665
9. Hamaspik Choice <i>hamaspikchoice.org</i>	Hudson Valley, Long Island, New York City	7,649
10. Homefirst MLTC <i>elderplan.org</i>	Hudson Valley, Long Island, New York City	21,444
11. iCircle <i>icirclecny.org</i>	Central, Northeast, Western	3,624
12. Kalos Health <i>kaloshealth.org</i>	Western	850
13. MetroPlusHealth MLTC <i>metroplus.org</i>	New York City	1,620
14. Montefiore Diamond Care MLTC <i>montefiore.org</i>	Hudson Valley, New York City	1,235
15. Nascentia Health Options <i>nascentiahealthoptions.org</i>	Central, Northeast, Western	5,026
16. Prime Health Choice <i>primehealthchoice.com</i>	Hudson Valley, Northeast	572

Table 3 (Continued)
Health Plan Profiles*

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Dec. 2023)
Partial Capitation (Continued)		
17. RiverSpring at Home <i>riverspringathome.org</i>	Hudson Valley, Long Island, New York City	17,098
18. Senior Health Partners <i>healthfirst.org/senior-health-partners-plan</i>	Hudson Valley, Long Island, New York City	9,182
19. Senior Network Health <i>mvhealthsystem.org/snh</i>	Central	342
20. Senior Whole Health MLTC <i>molinahealthcare.com/members/ny/mem/SWH.aspx</i>	Hudson Valley, Long Island, New York City	27,410
21. VillageCareMAX <i>villagecaremax.org</i>	New York City	20,608
22. VNS Health MLTC <i>vnshealthplans.org</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	23,759
Program of All-Inclusive Care for the Elderly (PACE)		
23. ArchCare Senior Life <i>archcare.org</i>	Hudson Valley, New York City	799
24. Catholic Health – LIFE <i>chsbuffalo.org/services/life</i>	Western	228
25. CenterLight PACE <i>centerlighthealthcare.org</i>	Hudson Valley, Long Island, New York City	6,379
26. Complete Senior Care <i>hanci.com</i>	Western	133
27. Eddy Senior Care <i>sphp.com/services/senior-services/pace</i>	Northeast	370
28. ElderONE <i>elderone.org</i>	Western	750
29. Fallon Health Weinberg – PACE <i>fallonweinberg.org</i>	Western	161
30. PACE CNY <i>pacecny.org</i>	Central	558
31. Total Senior Care <i>totalseniorcare.org</i>	Western	127

Table 3 (Continued)
Health Plan Profiles*

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Dec. 2023)
Medicaid Advantage Plus (MAP)		
32. AgeWell New York Advantage Plus <i>agewellnewyork.com</i>	Hudson Valley, Long Island, New York City	85
33. Centers Plan MAP <i>centersplan.com</i>	Hudson Valley, Long Island, New York City	1,553
34. Elderplan MAP <i>elderplan.org</i>	Hudson Valley, Long Island, New York City	3,647
35. Empire BCBS HealthPlus MAP <i>anthebluecross.com/ny/medicaid/ managed-long-term-care</i>	Long Island, New York City	116
36. Hamaspik MAP <i>hamaspikchoice.org</i>	Hudson Valley, Long Island, New York City	852
37. Healthfirst CompleteCare <i>healthfirst.org</i>	Hudson Valley, Long Island, New York City	27,649
38. MetroPlusHealth Ultracare <i>metroplus.org</i>	New York City	173
39. RiverSpring MAP <i>riverspringmap.org</i>	Hudson Valley, Long Island, New York City	282
40. Senior Whole Health MAP <i>molinahealthcare.com/members/ ny/mem/SWH.aspx</i>	Hudson Valley, Long Island, New York City	249
41. VillageCareMAX Total Advantage <i>villagecaremax.org</i>	New York City	2,629
42. VNS Health Total <i>vnshealthplans.org</i>	Hudson Valley, Long Island, New York City, Northeast	3,886
43. Wellcare Fidelis MAP <i>fideliscare.org</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	1,131

*Plans that closed, were acquired, or merged into another plan before December 2023 are not included in this table.

Enrollee Attributes

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

Measures are based on the January 1, 2023, through December 31, 2023 enrollment period. Assessments conducted by Adult Day Health Care were excluded from all measures. Beginning in November 2021, all assessments are valid for one year. This means a plan is no longer required to conduct their own assessment if there was an assessment conducted for the member in the preceding 12 months. Assessments are attributed to plans based on assessment date and capitation payment information for each member. If there is

continuous enrollment (based on capitation payments) from the assessment date through the last month in the enrollment period for which capitation was paid to the plan, the assessment reason stands. If enrollment is not continuous, the assessment reason is considered a first assessment for quality measurement purposes. Members may have had multiple assessments that are valid for the enrollment period; therefore, only the most recent assessment related to a plan enrollment is included in the measures.

Measures are reported as percentages of the eligible population. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members are excluded from the plan-level calculations and reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages.



Overall Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** NFLOC scoring index is a composite measure of overall functioning that includes ADL functional status, continence, cognition, and behavior. Average NFLOC score on a scale of 0-48 is presented. Zero represents the highest level of functioning.
- **Locomotion:** Percentage of members who moved between locations on the same floor independently, with setup help, or under supervision.
- **Bathing:** Percentage of members who took a full-body bath/shower independently, with setup help, or under supervision.
- **Transferring:** Percentage of members who moved on and off the toilet or commode independently, with setup help, or under supervision.
- **Dressing Upper Body:** Percentage of members who dressed and undressed their upper body independently, with setup help, or under supervision.
- **Dressing Lower Body:** Percentage of members who dressed and undressed their lower body independently, with setup help, or under supervision.
- **Toileting:** Percentage of members who used the toilet room (or commode, bedpan, urinal) independently, with setup help, or under supervision.
- **Eating:** Percentage of members who ate and drank (including intake of nutrition by other means) independently or with setup help only.
- **Medication Administration:** Percentage of members who managed their medications independently.

Table 4
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning NFLOC Average	Activities of Daily Living		
		Locomotion %	Bathing %	Transferring %
Partial Capitation				
Aetna Better Health	19.8	28	4	29
ArchCare Community Life	18.4	43	13	40
Centers Plan for Healthy Living	18.6	28	6	24
Elderwood Health Plan	17.3	51	16	59
Empire BCBS HealthPlus MLTC	18.4	29	4	25
EverCare Choice	21.0	40	11	34
Extended MLTC	13.8	72	4	65
Fallon Health Weinberg	15.4	65	19	64
Fidelis Care at Home	18.9	37	11	35
Hamaspik Choice	19.3	35	15	33
Homefirst MLTC	18.9	31	5	29
iCircle	16.5	60	24	59
Kalos Health	15.3	61	22	62
MetroPlusHealth MLTC	18.4	32	6	28
Montefiore Diamond Care MLTC	20.7	20	3	24
Nascentia Health Options	17.4	54	13	52
Prime Health Choice	18.1	54	5	51
RiverSpring at Home	20.1	19	5	18
Senior Health Partners	19.4	24	5	22
Senior Network Health	15.3	80	21	79
Senior Whole Health MLTC	20.5	14	3	14
VillageCareMAX	17.3	34	7	33
VNS Health MLTC	22.1	20	4	18

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning NFLOC Average	Activities of Daily Living		
		Locomotion %	Bathing %	Transferring %
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	18.0	52	23	49
Catholic Health - LIFE	16.7	76	38	77
CenterLight PACE	18.6	15	2	14
Complete Senior Care	19.6	49	32	56
Eddy Senior Care	16.6	71	30	76
ElderONE	16.6	78	41	73
Fallon Health Weinberg-PACE	16.0	81	46	73
PACE CNY	17.5	76	31	74
Total Senior Care	14.7	74	47	78
Medicaid Advantage Plus (MAP)				
AgeWell New York Advantage Plus	22.8	13	1	11
Centers Plan MAP	19.5	23	5	18
Elderplan MAP	20.0	21	2	20
Empire BCBS HealthPlus MAP	19.4	30	6	33
Hamaspik MAP	18.8	33	14	33
Healthfirst CompleteCare	18.4	22	5	19
MetroPlusHealth Ultracare	18.3	31	6	29
RiverSpring MAP	21.6	13	1	12
Senior Whole Health MAP	24.5	6	2	5
VillageCareMAX Total Advantage	18.8	27	4	27
VNS Health Total	23.0	12	2	10
Wellcare Fidelis MAP	17.0	40	8	37
STATEWIDE	19.0	28	6	26

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body %	Dressing Lower Body %	Toileting %	Eating %	Medication Administration %
Partial Capitation					
Aetna Better Health	20	5	25	64	4
ArchCare Community Life	27	11	34	68	7
Centers Plan for Healthy Living	19	6	36	78	3
Elderwood Health Plan	43	13	48	81	20
Empire BCBS HealthPlus MLTC	18	4	25	68	3
EverCare Choice	22	11	30	64	5
Extended MLTC	37	7	56	88	7
Fallon Health Weinberg	52	21	55	84	18
Fidelis Care at Home	26	12	27	60	10
Hamaspik Choice	26	15	31	58	6
Homefirst MLTC	22	5	22	38	3
iCircle	39	20	50	76	16
Kalos Health	52	22	57	84	15
MetroPlusHealth MLTC	21	7	24	63	5
Montefiore Diamond Care MLTC	12	4	23	64	5
Nascentia Health Options	33	16	38	71	17
Prime Health Choice	21	6	15	37	4
RiverSpring at Home	16	5	17	64	3
Senior Health Partners	13	6	18	63	5
Senior Network Health	50	33	68	88	26
Senior Whole Health MLTC	19	3	14	56	2
VillageCareMAX	34	7	32	79	5
VNS Health MLTC	13	4	16	46	5

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body %	Dressing Lower Body %	Toileting %	Eating %	Medication Administration %
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	35	19	45	73	2
Catholic Health - LIFE	55	46	71	85	8
CenterLight PACE	28	3	16	54	1
Complete Senior Care	42	26	58	69	3
Eddy Senior Care	51	36	68	84	4
ElderONE	59	47	66	85	7
Fallon Health Weinberg-PACE	56	43	70	89	3
PACE CNY	54	45	63	68	7
Total Senior Care	67	63	76	93	11
Medicaid Advantage Plus (MAP)					
AgeWell New York Advantage Plus	8	0	11	41	3
Centers Plan MAP	18	5	31	75	2
Elderplan MAP	14	2	14	23	1
Empire BCBS HealthPlus MAP	17	6	23	61	14
Hamaspik MAP	29	13	32	62	5
Healthfirst CompleteCare	13	4	19	75	4
MetroPlusHealth Ultracare	21	8	26	61	6
RiverSpring MAP	8	1	12	63	2
Senior Whole Health MAP	6	2	6	28	1
VillageCareMAX Total Advantage	35	3	26	75	1
VNS Health Total	8	2	8	42	2
Wellcare Fidelis MAP	31	10	29	71	7
STATEWIDE	21	6	26	65	4



Continence, Neurological, and Behavioral Status

- **Urinary Continence:** Percentage of members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine.
- **Bowel Continence:** Percentage of members who were continent, had bowel control with ostomy, or were infrequently incontinent of feces.
- **Cognitive Functioning:** Percentage of members whose Cognitive Performance Scale 2 (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and dependence in eating.
- **No Behavioral Problems:** Percentage of members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care).

Table 5
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence %	Bowel Continence %	Cognitive Functioning %	No Behavioral Problems %
Partial Capitation				
Aetna Better Health	32	81	33	85
ArchCare Community Life	39	79	34	86
Centers Plan for Healthy Living	25	83	29	94
Elderwood Health Plan	33	80	52	85
Empire BCBS HealthPlus MLTC	40	88	31	93
EverCare Choice	31	72	21	72
Extended MLTC	40	92	16	97
Fallon Health Weinberg	40	84	54	87
Fidelis Care at Home	43	80	43	81
Hamaspik Choice	40	82	25	80
Homefirst MLTC	34	85	22	88
iCircle	39	78	43	93
Kalos Health	43	81	53	88
MetroPlusHealth MLTC	46	87	37	82
Montefiore Diamond Care MLTC	31	76	33	87
Nascentia Health Options	38	76	45	81
Prime Health Choice	45	92	37	66
RiverSpring at Home	18	83	28	87
Senior Health Partners	39	83	30	88
Senior Network Health	35	77	37	86
Senior Whole Health MLTC	26	85	36	90
VillageCareMAX	34	90	45	95
VNS Health MLTC	34	73	28	76

Table 5 (Continued)
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence %	Bowel Continence %	Cognitive Functioning %	No Behavioral Problems %
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	63	86	34	92
Catholic Health - LIFE	28	71	18	89
CenterLight PACE	42	91	35	91
Complete Senior Care	18	54	8	84
Eddy Senior Care	32	76	27	86
ElderONE	28	66	22	85
Fallon Health Weinberg-PACE	32	72	32	92
PACE CNY	26	65	21	72
Total Senior Care	38	71	28	82
Medicaid Advantage Plus (MAP)				
AgeWell New York Advantage Plus	24	75	31	82
Centers Plan MAP	23	82	28	93
Elderplan MAP	33	85	13	88
Empire BCBS HealthPlus MAP	46	85	50	90
Hamaspik MAP	43	85	27	78
Healthfirst CompleteCare	42	88	29	92
MetroPlusHealth Ultracare	52	85	42	86
RiverSpring MAP	20	75	23	88
Senior Whole Health MAP	15	63	36	86
VillageCareMAX Total Advantage	29	87	44	94
VNS Health Total	30	73	23	73
Wellcare Fidelis MAP	55	90	55	89
STATEWIDE	34	84	32	89



Living Arrangement and Emotional Status

- **Living Alone:** Percentage of members who lived alone.
- **No Anxious Feelings:** Percentage of members who reported no anxious, restless, or uneasy feelings.
- **No Depressive Feelings:** Percentage of members who reported no sad, depressed, or hopeless feelings.

Table 6
Living Arrangement and Emotional Status

Health Plan	Living Alone %	No Anxious Feelings %	No Depressive Feelings %
Partial Capitation			
Aetna Better Health	35	88	80
ArchCare Community Life	44	84	77
Centers Plan for Healthy Living	28	83	54
Elderwood Health Plan	42	70	63
Empire BCBS HealthPlus MLTC	27	86	70
EverCare Choice	36	76	78
Extended MLTC	26	95	88
Fallon Health Weinberg	56	72	70
Fidelis Care at Home	44	82	76
Hamaspik Choice	34	75	66
Homefirst MLTC	33	85	72
iCircle	50	67	60
Kalos Health	51	67	68
MetroPlusHealth MLTC	40	83	82
Montefiore Diamond Care MLTC	47	90	80
Nascentia Health Options	47	68	69
Prime Health Choice	37	80	92
RiverSpring at Home	44	79	60
Senior Health Partners	41	82	70
Senior Network Health	54	72	73
Senior Whole Health MLTC	34	89	73
VillageCareMAX	34	85	71
VNS Health MLTC	41	88	81

Table 6 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone %	No Anxious Feelings %	No Depressive Feelings %
Program of All-Inclusive Care for the Elderly (PACE)			
ArchCare Senior Life	37	89	92
Catholic Health - LIFE	26	80	85
CenterLight PACE	12	93	82
Complete Senior Care	50	44	49
Eddy Senior Care	43	70	70
ElderONE	35	63	58
Fallon Health Weinberg-PACE	31	73	78
PACE CNY	51	68	72
Total Senior Care	52	52	69
Medicaid Advantage Plus (MAP)			
AgeWell New York Advantage Plus	42	82	72
Centers Plan MAP	28	86	58
Elderplan MAP	36	87	75
Empire BCBS HealthPlus MAP	32	94	79
Hamaspik MAP	29	82	69
Healthfirst CompleteCare	46	84	71
MetroPlusHealth Ultracare	34	81	84
RiverSpring MAP	39	83	64
Senior Whole Health MAP	38	92	78
VillageCareMAX Total Advantage	34	90	79
VNS Health Total	47	91	87
Wellcare Fidelis MAP	40	85	81
STATEWIDE	35	84	70

Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into three sections: 1) Current Plan Performance, 2) Performance Over Time which reflects changes in the functional status of the MLTC population over a 12- to 19-month period, and 3) Potentially Avoidable Hospitalizations (PAH).

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plan-level results for measures with fewer than 30 eligible members, or PAH with fewer than 10,950 plan days, are reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages. Please note that the statistical significance shown in the Performance Over Time section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

Some measures are risk-adjusted; risk adjustment is indicated in the measure descriptions. Risk

adjustment considers the effect of members' characteristics/acuity (case-mix) on plan rates and reduces the differences in plan rates that are attributable to case-mix and therefore not within the plans' control. Information about the methods used to risk adjust is included in the Technical Notes (Appendix D) of this report.

Tables 7, 9, and 10 are based on a CHA conducted on MLTC members enrolled from January 1, 2023, through December 31, 2023, as described in the Enrollee Attributes section of this report. To allow MLTC plans to impact measures and represent the community-based MLTC population, Table 7 performance measures exclude assessments specified as first assessments and nursing home residents. Table 8 is based on the 2023 MLTC member satisfaction survey and presents measures on Access and Experience of Care. Please see the section Member Satisfaction for more information about the MLTC satisfaction survey.

Current Plan Performance

Current plan performance measure rates in Tables 7 and 8 are prevalence (point-in-time) rates which reflect only one measurement period.



Quality of Life, Effectiveness of Care, and Emergency Room Visits

- **No Shortness of Breath:** Percentage of members who did not experience shortness of breath.
- **No Severe Daily Pain:** Risk-adjusted percentage of members who did not experience severe or more intense pain daily.
- **Pain Controlled:** Risk-adjusted percentage of members who did not experience uncontrolled pain.
- **Not Lonely or Not Distressed:** Risk-adjusted percentage of members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities.
- **Influenza Vaccination:** Percentage of members who received an influenza vaccination in the last year.
- **COVID-19 Vaccination:** Percentage of members who received a COVID-19 vaccination in the last year or as required.
- **Pneumococcal Vaccination:** Percentage of members age 65 or older, who received a pneumococcal vaccination in the last five years or after age 65.
- **Dental Exam:** Percentage of members who received a dental exam in the last year.
- **Eye Exam:** Percentage of members who received an eye exam in the last year.
- **Hearing Exam:** Percentage of members who received a hearing exam in the last two years.
- **Mammogram:** Percentage of female members ages 50-74, who received a mammogram or breast exam in the last two years.
- **No Falls with Injury:** Risk-adjusted percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days.
- **No Emergency Room Visits:** Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days.

Table 7
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath %	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination %	COVID-19 Vaccination %	Pneumo-coccal Vaccination %
Partial Capitation							
Aetna Better Health	86▲	98▲	98	99▲	82▲	83▲	83▲
ArchCare Community Life	81▲	95▼	97	98▼	72▼	79▲	66▼
Centers Plan for Healthy Living	46▼	86▼	99▲	99▲	79▲	52▼	88▲
Elderwood Health Plan	50▼	95	89▼	89▼	68▼	73	64▼
Empire BCBS HealthPlus MLTC	74▲	100▲	99▲	100▲	83▲	84▲	82▲
EverCare Choice	66	94	91▼	97▼	74	68▼	80
Extended MLTC	71▲	99▲	98▲	100▲	78	83▲	77▼
Fallon Health Weinberg	40▼	95	90▼	88▼	45▼	38▼	46▼
Fidelis Care at Home	73▲	92▼	97▼	99	66▼	75	66▼
Hamaspik Choice	53▼	99▲	99▲	99	75	46▼	85▲
Homefirst MLTC	47▼	99▲	99▲	100▲	78	78▲	81▲
iCircle	43▼	78▼	82▼	86▼	69▼	65▼	76▼
Kalos Health	58▼	100▲	98	96▼	72▼	78	83
MetroPlusHealth MLTC	92▲	98▲	96▼	99	78	84▲	77
Montefiore Diamond Care MLTC	68	97	85▼	92▼	81	83▲	73▼
Nascentia Health Options	50▼	95	93▼	97▼	71▼	76	76▼
Prime Health Choice	66	99▲	99	100	79	87▲	81
RiverSpring at Home	43▼	99▲	90▼	98▼	65▼	70▼	60▼
Senior Health Partners	86▲	98▲	98	98▼	71▼	73▼	68▼
Senior Network Health	39▼	89▼	90▼	93▼	77	73	71▼
Senior Whole Health MLTC	76▲	99▲	99▲	99▲	83▲	89▲	87▲
VillageCareMAX	83▲	99▲	99▲	99	79▲	84▲	80
VNS Health MLTC	84▲	99▲	98	99▲	78	84▲	86▲

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath %	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination %	COVID-19 Vaccination %	Pneumo-coccal Vaccination %
Program of All-Inclusive Care for the Elderly (PACE)							
ArchCare Senior Life	85▲	98	98	99	85▲	83▲	85▲
Catholic Health - LIFE	44▼	96	91▼	94▼	94▲	98▲	87
CenterLight PACE	95▲	99▲	99▲	100▲	89▲	91▲	68▼
Complete Senior Care	23▼	90	84▼	47▼	84	90▲	78
Eddy Senior Care	45▼	93	87▼	91▼	90▲	87▲	91▲
ElderONE	51▼	98	96	96▼	84▲	80	67▼
Fallon Health Weinberg-PACE	51▼	95	93	93▼	80	93▲	68
PACE CNY	48▼	96	95▼	92▼	83	84▲	83
Total Senior Care	51▼	82▼	78▼	75▼	69	83	68
Medicaid Advantage Plus (MAP)							
AgeWell New York Advantage Plus	64	89	100▲	100▲	67	SS	57
Centers Plan MAP	44▼	87▼	99	99	76	45▼	88▲
Elderplan MAP	37▼	99▲	99▲	100▲	78	81▲	85▲
Empire BCBS HealthPlus MAP	89▲	100	100	100	82	81	87
Hamaspik MAP	69	98	98	98	77	67▼	80
Healthfirst CompleteCare	84▲	97▲	96▼	97▼	73▼	73▼	75▼
MetroPlusHealth Ultracare	86▲	100▲	97	100▲	76	89	76
RiverSpring MAP	49▼	96	87▼	97	85	84	79
Senior Whole Health MAP	83▲	99	100	100	88▲	93▲	89
VillageCareMAX Total Advantage	84▲	98▲	99▲	99	80	73	80
VNS Health Total	88▲	98▲	98	99▲	85▲	88▲	91▲
Wellcare Fidelis MAP	73	87▼	96	99	69▼	78	71▼
STATEWIDE	68	96	98	99	78	76	80

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Dental Exam %	Eye Exam %	Hearing Exam %	Mammogram %	No Falls with Injury*	No Emergency Room Visits*
Partial Capitation						
Aetna Better Health	58	76	49▼	72▼	92▼	94
ArchCare Community Life	47▼	62▼	43▼	61▼	93	91▼
Centers Plan for Healthy Living	60	76▼	47▼	85▲	94▲	93
Elderwood Health Plan	37▼	59▼	20▼	61▼	90▼	86▼
Empire BCBS HealthPlus MLTC	68▲	84▲	65▲	81▲	93	94▲
EverCare Choice	40▼	61▼	25▼	77	93	87▼
Extended MLTC	40▼	63▼	27▼	63▼	97▲	96▲
Fallon Health Weinberg	27▼	49▼	14▼	51▼	88▼	87▼
Fidelis Care at Home	48▼	66▼	38▼	67▼	90▼	91▼
Hamaspik Choice	89▲	84▲	77▲	79	92	92
Homefirst MLTC	50▼	73▼	44▼	76	94▲	95▲
iCircle	36▼	58▼	39▼	63▼	84▼	85▼
Kalos Health	46▼	69▼	48	67	88▼	87▼
MetroPlusHealth MLTC	62	87▲	60▲	72	92	91
Montefiore Diamond Care MLTC	56	72▼	45▼	68▼	93	92
Nascentia Health Options	40▼	68▼	43▼	63▼	86▼	88▼
Prime Health Choice	45▼	87▲	65▲	63▼	91	91
RiverSpring at Home	60	83▲	53	72▼	95▲	94▲
Senior Health Partners	46▼	64▼	36▼	66▼	94	93
Senior Network Health	27▼	60▼	18▼	59▼	91	86▼
Senior Whole Health MLTC	63▲	82▲	73▲	78▲	92▼	95▲
VillageCareMAX	63▲	81▲	70▲	80▲	93▼	94▲
VNS Health MLTC	74▲	83▲	71▲	73▼	95▲	95▲

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Dental Exam %	Eye Exam %	Hearing Exam %	Mammogram %	No Falls with Injury %	No Emergency Room Visits %
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	79▲	83▲	90▲	86	95	93
Catholic Health - LIFE	82▲	86▲	55	81	94	91
CenterLight PACE	70▲	85▲	63▲	78	97▲	96▲
Complete Senior Care	55	88	43	58	87	87
Eddy Senior Care	66	83	40▼	74	89	89▼
ElderONE	67▲	76	79▲	33▼	88▼	88▼
Fallon Health Weinberg-PACE	62	79	27▼	50▼	85▼	85▼
PACE CNY	55	65▼	18▼	49▼	87▼	84▼
Total Senior Care	49	76	63	67	89	76▼
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	44	78	31	SS	93	90
Centers Plan MAP	50▼	70▼	44▼	86▲	95	93
Elderplan MAP	50▼	79	47▼	86▲	95▲	94
Empire BCBS HealthPlus MAP	66	74	71	73	98	96
Hamaspik MAP	84▲	86▲	63▲	75	90	92
Healthfirst CompleteCare	54▼	70▼	31▼	76	93	92▼
MetroPlusHealth Ultracare	60	86	47	56	87	88
RiverSpring MAP	54	75	49	SS	94	92
Senior Whole Health MAP	58	76	59	66	95	96
VillageCareMAX Total Advantage	62	77	62▲	81	92	94
VNS Health Total	81▲	91▲	79▲	84▲	96▲	95▲
Wellcare Fidelis MAP	55	71▼	36▼	76	91	92
STATEWIDE	60	77	54	77	93	93

SS = Sample size too small to report.
▲ Significantly higher (better) than statewide average.
▼ Significantly lower (worse) than statewide average.



Access and Experience of Care

- **Access to Routine Dental Care:** Percentage of members who reported that within the last six months they always got a routine dental appointment as soon as they thought they needed.
- **Same Day Urgent Dental Care:** Percentage of members who reported that within the last six months they had same day access to urgent dental care.
- **Talked About Appointing for Health Decisions:** Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so.
- **Document Appointing for Health Decisions:** Percentage of members who responded that they have a legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan has Document Appointing for Health Decisions:** Percentage of members who responded that their health plan has a copy of their legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan Asked to See Medicines:** Percentage of members who responded that since they joined this health plan, someone from the health plan asked to see all of the prescriptions and over the counter medicines they've been taking.

Table 8
Access and Experience of Care

Health Plan	Access to Routine Dental Care %	Same Day Urgent Dental Care %	Talked About Appointing for Health Decisions %	Document Appointing for Health Decisions %	Plan Has Document Appointing for Health Decisions %	Plan Asked to See Medicines %
Partial Capitation						
Aetna Better Health	23▼	16▼	77	70▲	86	96
ArchCare Community Life	39	18	72	64	89	91
Centers Plan for Healthy Living	32	24	74	61	84	97▲
Elderwood Health Plan	40	23	73	74▲	77	92
Empire BCBS HealthPlus MLTC	33	30	76	55	87	93
EverCare Choice	29	21	69	81▲	82	89
Extended MLTC	39	29	70	67	73	92
Fallon Health Weinberg	44	24	60▼	66	70	93
Fidelis Care at Home	36	20	80▲	74▲	91▲	91
Hamaspik Choice	33	24	70	67	77	89
Homefirst MLTC	33	23	79	71▲	87	94
iCircle	27	14▼	68	70▲	68▼	94
Kalos Health	46	25	68	73▲	84	91
MetroPlusHealth MLTC	42	15▼	70	55	81	89
Montefiore Diamond Care MLTC	38	33	75	71▲	89	90
Nascentia Health Options	38	9▼	74	73▲	81	91
Prime Health Choice	38	20	67	62	85	87
RiverSpring at Home	34	30	71	49▼	87	92
Senior Health Partners	25	23	77	60	76	93
Senior Network Health	SS	SS	75	81▲	SS	95
Senior Whole Health MLTC	38	31	63▼	56	83	86▼
VillageCareMAX	47▲	26	65▼	52▼	81	91
VNS Health MLTC	38	24	76	69	83	91

Table 8 (Continued)
Access and Experience of Care

Health Plan	Access to Routine Dental Care %	Same Day Urgent Dental Care %	Talked About Appointing for Health Decisions %	Document Appointing for Health Decisions %	Plan Has Document Appointing for Health Decisions %	Plan Asked to See Medicines %
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	24	27	77	80▲	95▲	96
Catholic Health - LIFE	SS	SS	SS	SS	SS	SS
CenterLight PACE	19▼	8▼	81	77▲	76	94
Complete Senior Care	SS	SS	SS	SS	SS	SS
Eddy Senior Care	48▲	20	84▲	91▲	98▲	100▲
ElderONE	27	8▼	78	95▲	96▲	89
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS	SS
PACE CNY	31	15▼	83▲	91▲	96▲	96
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	SS	SS	SS	SS	SS	SS
Centers Plan MAP	29	27	83▲	62	88	91
Elderplan MAP	40	34	82▲	76▲	88	96
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Hamaspik MAP	SS	SS	59▼	63	SS	88
Healthfirst CompleteCare	39	32	80	58	87	94
MetroPlusHealth Ultracare	NS	NS	NS	NS	NS	NS
RiverSpring MAP	SS	SS	SS	SS	SS	SS
Senior Whole Health MAP	SS	SS	SS	SS	SS	SS
VillageCareMAX Total Advantage	36	29	65▼	45▼	82	91
VNS Health Total	34	31	86▲	80▲	92▲	94
Wellcare Fidelis MAP	26	SS	71	60	SS	91
STATEWIDE	35	26	74	61	85	93

NS = Not surveyed.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Performance Over Time

Overview

While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. Therefore, performance over time measures examine Functioning and Activities of Daily Living, and Quality of Life and Effectiveness of Care for MLTC plan members based on CHAs completed for the included enrollment periods.

Outcome Definition

One of the primary objectives of long-term care is to improve or stabilize functional status, with stabilization being the more likely outcome for this population. For this reason, a positive over time measure outcome is defined as a member demonstrating either improvement or stability in level of functioning/symptoms over the measurement period.

Cohort Definition

To evaluate member level changes over a 24-month period, two CHA datasets were matched at the member level. These two matched datasets were assessments conducted for: 1) The *current-year* (January through December 2023 enrollment period); 2) The *base-year* (January through December 2022 enrollment period). Members in the current-year dataset were matched to the base-year dataset using member Medicaid identification number and MLTC plan identification number (MMIS ID). Nursing home assessments and first assessments were excluded from the current-year dataset. After matching, members were included in the analysis if they had 12 to 19 months between assessments and

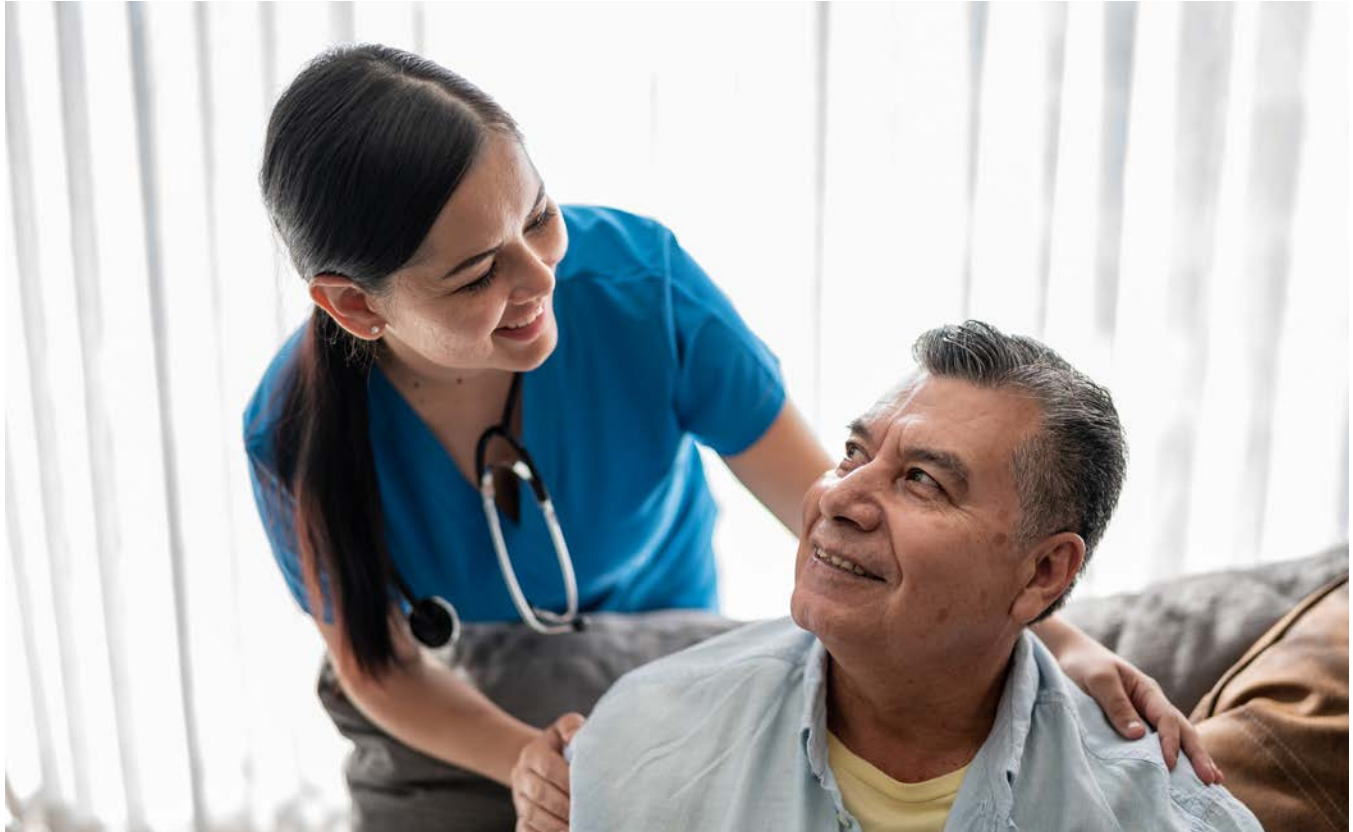
were continuously enrolled with the same plan between the matched assessments. Medicaid capitation payments were used to determine continuous enrollment.

Outcome Measurement

For all over time measures, the base-year value was compared to the corresponding current-year value by calculating a change score (current-year value minus base-year value). If either the base-year or current-year values were missing, the change score was excluded from the analysis.

For measures with a narrow range of possible scores, an increase of one or the same result is considered stable or improved. For measures with a wide range of possible scores, a small increase or decrease in score may not represent a meaningful change in functioning/symptoms. For the three measures with wide ranges of possible scores, the threshold for stability or improvement is given in the Functioning and Activities of Daily Living measure descriptions on the following page. A maximum level of dependence on both assessments is included in the over time measure, however it is not considered stable or improved. For all over time measures, a higher rate indicates better performance.

As indicated in the measure descriptions, some over time measures were risk adjusted. Risk adjustment considers the effect of members' characteristics/acuity (case-mix) on plan rates and reduces the differences in plan rates that are attributable to case-mix and therefore not within the plans' control. Information about the methods used to risk adjust is included in the Technical Notes (Appendix D) of this report.



Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in NFLOC score. An increase of up to four, the same, or a decrease in the NFLOC from the previous to the most recent assessment is considered stable or improved. However, a NFLOC score of 48 (maximum) on both assessments is not considered stable or improved.
- **Activities of Daily Living (ADL):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in ADL function. An increase of up to two, the same, or a decrease in the ADL composite from the previous to the most recent assessment is considered stable or improved. However, an ADL composite of 18 (maximum) on both assessments is not considered stable or improved.
- **Instrumental Activities of Daily Living (IADL):** Percentage of members who remained stable or demonstrated improvement in IADL function. An increase of up to three, the same, or a decrease in the IADL composite from the previous to the most recent assessment is considered stable or improved. However, an IADL composite of 30 (maximum) on both assessments is not considered stable or improved.
- **Locomotion:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in locomotion.
- **Bathing:** Percentage of members who remained stable or demonstrated improvement in bathing.
- **Toilet Transfer:** Percentage of members who remained stable or demonstrated improvement in toilet transfer.
- **Dressing Upper Body:** Percentage of members who remained stable or demonstrated improvement in dressing upper body.

-
- **Dressing Lower Body:** Percentage of members who remained stable or demonstrated improvement in dressing lower body.
 - **Toileting:** Percentage of members who remained stable or demonstrated improvement in toilet use.
 - **Eating:** Percentage of members who remained stable or demonstrated improvement in eating.
 - **Urinary Continence:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence.
 - **Medication Administration:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in managing medications.

Table 9
Functioning and Activities of Daily Living

Health Plan	NFLOC* %	ADL* %	IADL %	Locomotion* %	Bathing %	Toilet Transfer %
Partial Capitation						
Aetna Better Health	89▲	86▲	94	72▲	78	72
ArchCare Community Life	84	88▲	90	74▲	74▼	67▼
Centers Plan for Healthy Living	88▲	86▲	96▲	74▲	87▲	84▲
Elderwood Health Plan	81	84	77▼	68	70▼	65▼
Empire BCBS HealthPlus MLTC	68▼	73▼	87▼	55▼	68▼	54▼
EverCare Choice	80	83	84	73	64▼	64▼
Extended MLTC	89▲	100▲	93	100▲	87▲	85▲
Fallon Health Weinberg	96▲	100▲	85	100▲	70	71
Fidelis Care at Home	89▲	88▲	93	74▲	78	74▲
Hamaspik Choice	77▼	80▼	91	61▼	64▼	61▼
Homefirst MLTC	76▼	84	94▲	73▲	78	68▼
iCircle	89▲	91▲	87▼	82▲	78	76▲
Kalos Health	92▲	93▲	84▼	83▲	72	72
MetroPlusHealth MLTC	92▲	86	93	75▲	82▲	81▲
Montefiore Diamond Care MLTC	76▼	78	82▼	60▼	68▼	61▼
Nascentia Health Options	76▼	89▲	84▼	77▲	72▼	61▼
Prime Health Choice	90▲	90▲	99▲	77▲	86▲	78
RiverSpring at Home	88▲	87▲	94▲	75▲	81▲	78▲
Senior Health Partners	78▼	80▼	89	68	69▼	66▼
Senior Network Health	95▲	100▲	77▼	100▲	72	80
Senior Whole Health MLTC	86▲	80▼	93▲	66▼	76▼	71
VillageCareMAX	86▲	85▲	95▲	70	81▲	73▲
VNS Health MLTC	79▼	79▼	91	60▼	69▼	61▼

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	NFLOC* %	ADL* %	IADL %	Locomotion* %	Bathing %	Toilet Transfer %
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	87	89▲	88	82▲	66▼	69
Catholic Health - LIFE	86	100▲	SS	100▲	57▼	72
CenterLight PACE	80▼	80▼	90	63▼	76	68▼
Complete Senior Care	80	92	SS	83	69	70
Eddy Senior Care	80	100▲	70▼	100▲	69	77
ElderONE	84	100▲	72▼	100▲	70▼	67
Fallon Health Weinberg-PACE	94	100▲	SS	100▲	60▼	57
PACE CNY	88	100▲	76▼	100▲	75	77
Total Senior Care	83	100▲	76▼	100▲	68	76
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	SS	SS	SS	SS	SS	SS
Centers Plan MAP	87	85	98	71	85▲	84▲
Elderplan MAP	73▼	79▼	94	69	72▼	67▼
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Hamaspik MAP	73▼	82	89	69	76	62▼
Healthfirst CompleteCare	78▼	78▼	90	67▼	71▼	66▼
MetroPlusHealth Ultracare	SS	SS	SS	SS	SS	SS
RiverSpring MAP	85	85	88	66	72	76
Senior Whole Health MAP	78	79	SS	56	52▼	64
VillageCareMAX Total Advantage	86	84	94	70	76	78▲
VNS Health Total	82	81	94	60▼	73▼	65▼
Wellcare Fidelis MAP	92▲	90▲	95	73	84	75
STATEWIDE	83	83	92	69	77	71

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body %	Dressing Lower Body %	Toileting %	Eating %	Urinary Continence* %	Medication Administration* %
Partial Capitation						
Aetna Better Health	77	76	66	77	78	71
ArchCare Community Life	75	73▼	63▼	77	80	76
Centers Plan for Healthy Living	87▲	86▲	82▲	84▲	87▲	79▲
Elderwood Health Plan	66▼	71	62	74	79	71
Empire BCBS HealthPlus MLTC	66▼	66▼	51▼	59▼	73▼	70▼
EverCare Choice	57▼	56▼	55▼	73	84	76
Extended MLTC	86▲	86▲	82▲	81▲	80	88▲
Fallon Health Weinberg	79	75	72	78	83	77
Fidelis Care at Home	76	76	70▲	79▲	83▲	74
Hamaspik Choice	67▼	63▼	56▼	63▼	74▼	67▼
Homefirst MLTC	75	75	63▼	73	76▼	71▼
iCircle	77	73	72▲	81▲	75▼	75
Kalos Health	76	66▼	67	87▲	87▲	69
MetroPlusHealth MLTC	77	81▲	72	82▲	77	74
Montefiore Diamond Care MLTC	68▼	67▼	56▼	67▼	75	59▼
Nascentia Health Options	67▼	66▼	57▼	68▼	82	76
Prime Health Choice	86▲	87▲	83▲	80	87▲	84▲
RiverSpring at Home	81▲	80▲	74▲	80▲	83▲	75▲
Senior Health Partners	68▼	67▼	57▼	67▼	77▼	68▼
Senior Network Health	75	72	70	80	79	73
Senior Whole Health MLTC	74▼	77▲	67	72▼	81	68▼
VillageCareMAX	81▲	79▲	70▲	82▲	80	75▲
VNS Health MLTC	69▼	65▼	59▼	68▼	81	72▼

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body %	Dressing Lower Body %	Toileting %	Eating %	Urinary Continence* %	Medication Administration* %
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	66▼	63▼	66	75	83	77
Catholic Health - LIFE	71	67	69	84	78	77
CenterLight PACE	70▼	73▼	55▼	59▼	70▼	68▼
Complete Senior Care	66	66	67	68	76	72
Eddy Senior Care	71	70	72	71	73	48▼
ElderONE	70▼	65▼	63	75	81	74
Fallon Health Weinberg-PACE	77	70	62	75	86	52▼
PACE CNY	76	74	70	78	83	69
Total Senior Care	74	72	77	77	77	72
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	SS	SS	SS	SS	SS	SS
Centers Plan MAP	86▲	83▲	77▲	83▲	87▲	76
Elderplan MAP	70▼	70▼	55▼	72	70▼	66▼
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Hamaspik MAP	68▼	71	63	66▼	79	63▼
Healthfirst CompleteCare	69▼	70▼	64▼	73	76▼	65▼
MetroPlusHealth Ultracare	SS	SS	SS	SS	SS	SS
RiverSpring MAP	79	74	66	70	73	74
Senior Whole Health MAP	66	51▼	46▼	59▼	68	75
VillageCareMAX Total Advantage	78	76	73▲	81▲	71▼	74
VNS Health Total	72▼	69▼	61▼	70▼	83	71
Wellcare Fidelis MAP	82	83▲	78▲	81	84	78
STATEWIDE	76	76	67	75	80	73

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.



Quality of Life and Effectiveness of Care

- **Cognition:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in cognition.
- **Communication:** Percentage of members who remained stable or demonstrated improvement in communication.
- **Pain Intensity:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity.
- **Mood:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in mood.
- **Shortness of Breath:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath.

Table 10
Quality of Life and Effectiveness of Care

Health Plan	Cognition* %	Communication %	Pain Intensity* %	Mood* %	Shortness of Breath* %
Partial Capitation					
Aetna Better Health	81▲	78	89▲	88▲	92▲
ArchCare Community Life	79	80	82	87▲	91▲
Centers Plan for Healthy Living	79▲	90▲	88▲	84	91▲
Elderwood Health Plan	87▲	85▲	83	79▼	81▼
Empire BCBS HealthPlus MLTC	65▼	71▼	77▼	82▼	82▼
EverCare Choice	69▼	75	85	79	84
Extended MLTC	82▲	83▲	92▲	92▲	93▲
Fallon Health Weinberg	88▲	86	77	73▼	82
Fidelis Care at Home	84▲	81▲	79▼	84	88
Hamaspik Choice	60▼	71▼	76▼	74▼	78▼
Homefirst MLTC	82▲	74▼	86▲	84	85▼
iCircle	83▲	82	71▼	74▼	76▼
Kalos Health	88▲	86▲	86	84	88
MetroPlusHealth MLTC	81▲	77	89▲	87	95▲
Montefiore Diamond Care MLTC	66▼	70▼	71▼	77▼	82▼
Nascentia Health Options	80▲	78	82	79▼	83▼
Prime Health Choice	90▲	89▲	98▲	94▲	92
RiverSpring at Home	81▲	82▲	86▲	80▼	88
Senior Health Partners	73	73▼	81▼	84	91
Senior Network Health	90▲	76	85	79	84
Senior Whole Health MLTC	72▼	77▼	85	86▲	90▲
VillageCareMAX	78▲	79	86▲	88▲	92▲
VNS Health MLTC	76	73▼	88▲	85	90▲

Table 10 (Continued)
Quality of Life and Effectiveness of Care

Health Plan	Cognition* %	Communication %	Pain Intensity* %	Mood* %	Shortness of Breath* %
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	84▲	80	97▲	92▲	93▲
Catholic Health - LIFE	79	79	85	81	91
CenterLight PACE	74▼	73▼	78▼	89▲	97▲
Complete Senior Care	67	70	75	54▼	74▼
Eddy Senior Care	75	71	75▼	69▼	80▼
ElderONE	82	77	78▼	72▼	85
Fallon Health Weinberg-PACE	89	72	93	82	85
PACE CNY	91▲	81	86	72▼	92
Total Senior Care	75	61▼	76	66▼	73▼
Medicaid Advantage Plus (MAP)					
AgeWell New York Advantage Plus	SS	SS	SS	SS	SS
Centers Plan MAP	75	89▲	89▲	83	93▲
Elderplan MAP	81▲	74▼	84	79▼	83▼
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Hamaspik MAP	58▼	64▼	76▼	73▼	82▼
Healthfirst CompleteCare	72▼	77▼	75▼	80▼	89
MetroPlusHealth Ultracare	SS	SS	SS	SS	SS
RiverSpring MAP	77	81	81	79	84
Senior Whole Health MAP	79	79	86	93	89
VillageCareMAX Total Advantage	70▼	73▼	72▼	87	89
VNS Health Total	76	74▼	87▲	87▲	92▲
Wellcare Fidelis MAP	86▲	83	79	83	90
STATEWIDE	76	79	84	84	89

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Potentially Avoidable Hospitalizations

A potentially avoidable hospitalization (PAH) is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. MLTC enrollment, based on capitation payments, was used to identify eligible enrollees as those with periods of four or more months of continuous enrollment in a MLTC plan from October 2021 through December 2022. January through December 2022 Statewide Planning and Research Cooperative System (SPARCS) data was used to calculate the PAH measure. SPARCS is an all-payer hospital database in New York State. CHAs that matched to SPARCS, and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. Some individuals may have had more than one PAH. All PAHs were

summed by plan to create the plan numerator and overall to create the statewide numerator. Plan days for members with plan enrollment of greater than 90 days, were summed by plan to create the plan denominator and overall to create the statewide denominator. The PAH measure is a calculation of the number of potentially avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. PAH rates were risk-adjusted. (Please refer to Appendix D for more detailed information on risk adjustment.) Plans with fewer than 10,950 plan days are reported in the table as SS (Small Sample), but their data are still included in the calculation of the statewide rate. Based on the risk-adjusted model, the rate is the number of potentially avoidable hospitalizations that occur for each 10,000 member days that a plan accumulates.

Table 11
Potentially Avoidable Hospitalizations

Health Plan	Risk-Adjusted Rate*	Health Plan	Risk-Adjusted Rate*
Partial Capitation		Program of All-Inclusive Care for the Elderly (PACE)	
Aetna Better Health	3.96▲	ArchCare Senior Life	4.17
ArchCare Community Life	4.77▲	Catholic Health - LIFE	1.48▼
Centers Plan for Healthy Living	3.34	CenterLight PACE	2.70▼
Elderwood Health Plan	3.60	Complete Senior Care	3.05
Empire BCBS HealthPlus MLTC	3.29▼	Eddy Senior Care	2.19
EverCare Choice	3.73	ElderONE	4.57▲
Extended MLTC	3.23	Fallon Health Weinberg-PACE	3.96
Fallon Health Weinberg	3.03	PACE CNY	3.24
Fidelis Care at Home	3.76▲	Total Senior Care	0.63▼
Hamaspik Choice	3.34	Medicaid Advantage Plus (MAP)	
Homefirst MLTC	3.26	AgeWell New York Advantage Plus	1.22
iCircle	4.48▲	Centers Plan MAP	2.46▼
Kalos Health	3.49	Elderplan MAP	2.87▼
MetroPlusHealth MLTC	4.52▲	Empire BCBS HealthPlus MAP	4.63
Montefiore Diamond Care MLTC	4.40▲	Hamaspik MAP	2.22
Nascentia Health Options	3.66	Healthfirst CompleteCare	3.37
Prime Health Choice	4.86▲	MetroPlusHealth Ultracare	SS
RiverSpring at Home	3.32	RiverSpring MAP	1.99
Senior Health Partners	3.56	Senior Whole Health MAP	2.28
Senior Network Health	4.49	VillageCareMAX Total Advantage	3.08
Senior Whole Health MLTC	2.52▼	VNS Health Total	3.30
VillageCareMAX	3.35	Wellcare Fidelis MAP	1.79▼
VNS Health MLTC	4.06▲	Statewide	3.43

*Risk-adjusted plan rate multiplied by 10,000 member days.
 SS = Sample size too small to report
 ▲ Significantly higher (worse) than statewide average.
 ▼ Significantly lower (better) than statewide average.

Member Satisfaction

In 2007, the Department, in consultation with the MLTC plans, developed a satisfaction survey of MLTC enrollees. The survey was field-tested and then administered by the Department's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information, which is not included in this report. The 2023 survey was mailed to members in March 2023 and completed by August 2023.

Beginning in 2015, all statewide satisfaction survey results are weighted to account for unequal plan sizes. Weighting by plan eligible population allows larger plans to contribute more and smaller plans to contribute less to the statewide average, which yields a more accurate statewide result.

To ensure the representation of enrollees whose primary language is not English, and obtain the highest possible response rate, the survey was conducted in four languages: English, Spanish, Russian, and Chinese. Of the 25,192 mailed surveys, 39 were undeliverable, yielding an adjusted population of 25,153. Of the 25,153 surveys that

reached enrollees, a total of 5,258 surveys were completed, with an overall response rate of 20.9 percent. Response rates for plans ranged from about 8 to 33 percent.

Satisfaction with the Experience of Care

The following table presents rates of satisfaction with providers and services compared to the statewide rate. Satisfaction measures that were risk-adjusted to reduce the effect of a plan's case-mix on its rate are marked with an asterisk (*) in Table 12. (Please refer to Appendix D for more detailed information on risk adjustment.) It should be noted that some plans were not operational at the time of survey sample selection or did not have enrollees eligible for the survey. Accordingly, some plans included in the table are marked as "NS" (Not Surveyed). Beginning in 2015, six measures on Access and Experience of Care from the satisfaction survey were moved to the plan performance measure area (Table 8). Satisfaction survey data for plans that merged after the survey was administered were analyzed as one plan.



Satisfaction with the Experience of Care

- **Rating of Health Plan:** Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent.
- **Rating of Dentist:** Risk-adjusted percentage of members who rated the quality of dental services within the last six months as good or excellent.
- **Rating of Care Manager:** Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent.
- **Rating of Regular Visiting Nurse:** Risk-adjusted percentage of members who rated the quality of regular visiting nurse/registered nurse services within the last six months as good or excellent.
- **Rating of Home Health Aide:** Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent.
- **Rating of Transportation Services:** Risk-adjusted percentage of members who rated the quality of transportation services within the last six months as good or excellent.
- **Timeliness of Home Health Aide:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time.
- **Timeliness Composite:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse/registered nurse, or covering/on-call nurse services were usually or always on time.
- **Involved in Decisions:** Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care.
- **Manage Illness:** Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent.

Table 12
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan* %	Rating of Dentist* %	Rating of Care Manager* %	Rating of Regular Visiting Nurse* %	Rating of Home Health Aide* %	Rating of Transportation Services* %
Partial Capitation						
Aetna Better Health	78	69	88	86	92	78
ArchCare Community Life	82	75	80	83	100▲	67
Centers Plan for Healthy Living	74▼	82▲	84	85	94	72
Elderwood Health Plan	88▲	71	90	86	95	78
Empire BCBS HealthPlus MLTC	79	66	92▲	84	96▲	68
EverCare Choice	80	79	88	92▲	88	83▲
Extended MLTC	81	73	90	86	95	66
Fallon Health Weinberg	92▲	81	91	88	94	76
Fidelis Care at Home	80	79	78▼	77	87	65
Hamaspik Choice	81	79	89	86	95	82▲
Homefirst MLTC	82	72	91	84	96▲	71
iCircle	87	62▼	89	82	91	76
Kalos Health	83	77	86	87	86	69
MetroPlusHealth MLTC	83	73	79▼	68▼	90	69
Montefiore Diamond Care MLTC	89▲	69	86	74▼	90	63
Nascentia Health Options	82	71	91	87	92	80▲
Prime Health Choice	83	79	85	82	94	72
RiverSpring at Home	86	73	98▲	95▲	99▲	83▲
Senior Health Partners	84	69	81	80	92	60▼
Senior Network Health	88	72	97▲	93▲	89	80
Senior Whole Health MLTC	74▼	76	87	86	94	73
VillageCareMAX	76▼	74	87	85	94	79▲
VNS Health MLTC	76	71	86	83	92	59▼

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan* %	Rating of Dentist* %	Rating of Care Manager* %	Rating of Regular Visiting Nurse* %	Rating of Home Health Aide* %	Rating of Transportation Services* %
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	79	65	89	82	92	77
Catholic Health - LIFE	SS	SS	SS	SS	SS	SS
CenterLight PACE	76	63	74▼	81	96▲	57▼
Complete Senior Care	SS	SS	SS	SS	SS	SS
Eddy Senior Care	82	81	88	81	88	79
ElderONE	79	71	83	88	80▼	64
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS	SS
PACE CNY	85	76	93	91▲	84▼	87▲
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
AgeWell New York Advantage Plus	SS	SS	SS	SS	SS	SS
Centers Plan MAP	85	71	90	80	93	66
Elderplan MAP	87	58▼	91	84	96	68
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Hamaspik MAP	83	68	80	69	91	72
Healthfirst CompleteCare	87▲	73	84	77	92	69
MetroPlusHealth Ultracare	NS	NS	NS	NS	NS	NS
RiverSpring MAP	SS	SS	SS	SS	SS	SS
Senior Whole Health MAP	SS	SS	SS	SS	SS	SS
VillageCareMAX Total Advantage	74▼	70	92	86	92	80▲
VNS Health Total	87	71	87	85	92	59▼
Wellcare Fidelis MAP	87	73	85	80	94	67
STATEWIDE	82	72	87	84	93	72

*Risk-adjusted, see Appendix D for more detail.

NS = Not surveyed.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide* %	Timeliness Composite* %	Involved in Decisions* %	Manage Illness* %
Partial Capitation				
Aetna Better Health	95	87	88	88
ArchCare Community Life	98▲	81▼	76▼	84
Centers Plan for Healthy Living	95	89▲	80	83
Elderwood Health Plan	97	85	88	83
Empire BCBS HealthPlus MLTC	93	80▼	79	85
EverCare Choice	95	84	80	86
Extended MLTC	97	85	85	87
Fallon Health Weinberg	93	89	87	81
Fidelis Care at Home	95	84	83	83
Hamaspik Choice	92	84	83	85
Homefirst MLTC	98▲	86	87	87
iCircle	88▼	81▼	91▲	87
Kalos Health	89	80▼	83	82
MetroPlusHealth MLTC	92	76▼	82	79
Montefiore Diamond Care MLTC	92	83	84	81
Nascentia Health Options	94	85	92▲	89
Prime Health Choice	91	82	84	82
RiverSpring at Home	99▲	94▲	77▼	95▲
Senior Health Partners	97	83	83	86
Senior Network Health	94	95▲	87	86
Senior Whole Health MLTC	100▲	90▲	77	84
VillageCareMAX	96	86	84	80
VNS Health MLTC	98▲	86	82	83

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide* %	Timeliness Composite* %	Involved in Decisions* %	Manage Illness* %
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	92	87	82	86
Catholic Health - LIFE	SS	SS	SS	SS
CenterLight PACE	95	83	76	85
Complete Senior Care	SS	SS	SS	SS
Eddy Senior Care	93	90▲	93▲	86
ElderONE	78▼	80▼	76	85
Fallon Health Weinberg-PACE	SS	SS	SS	SS
PACE CNY	85▼	87	91▲	90
Total Senior Care	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)				
AgeWell New York Advantage Plus	SS	SS	SS	SS
Centers Plan MAP	96	85	85	86
Elderplan MAP	98▲	89▲	84	88
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Hamaspik MAP	93	81	86	88
Healthfirst CompleteCare	94	83	90▲	86
MetroPlusHealth Ultracare	NS	NS	NS	NS
RiverSpring MAP	SS	SS	SS	SS
Senior Whole Health MAP	SS	SS	SS	SS
VillageCareMAX Total Advantage	95	87	84	85
VNS Health Total	97▲	83	85	86
Wellcare Fidelis MAP	98	85	82	87
STATEWIDE	95	85	84	85

*Risk-adjusted, see Appendix D for more detail.

NS = Not surveyed.

SS = Sample size too small to report.

▲ Significantly higher (better) than statewide average.

▼ Significantly lower (worse) than statewide average.

Appendix A: Managed Long-Term Care Covered Services

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

●: Covered through Medicaid premium

● – MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium

Appendix B: Region Definitions

Region	Counties
Central	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Long Island	Nassau, Suffolk
Northeast	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
New York City	Bronx, Kings, New York, Queens, Richmond
Western	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates

Appendix C: UAS-NY CHA Measure Descriptions

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 2: Utilization and Patient Safety	Nursing facility use (Section L)	Statewide prevalence	Members who had at least one nursing home admission within the last 90 days (or since last assessment if less than 90 days)	All members
	Reasons for nursing home use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a nursing home admission
	Inpatient acute hospital with overnight stay (Section L)	Statewide prevalence	Members who had at least one hospital admission within the last 90 days (or since last assessment if less than 90 days)	All members
		Statewide prevalence	Members who had two or more hospital admissions within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for hospitalization (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a hospital admission
	Emergency room visit (Section L)	Statewide prevalence	Members who had at least one emergency room visit within the last 90 days (or since last assessment if less than 90 days)	All members
		Statewide prevalence	Members who had two or more emergency room visits within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for emergency room use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had an emergency room visit

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 4: Overall Functioning and Activities of Daily Living	Locomotion (Section F)	Prevalence	Members who moved between locations on same floor independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Bathing (Section F)	Prevalence	Members who took a full-body bath/shower independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Toilet transfer (Section F)	Prevalence	Members who moved on and off the toilet or commode independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Dressing upper body (Section F)	Prevalence	Members who dressed and undressed their upper body independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Dressing lower body (Section F)	Prevalence	Members who dressed and undressed their lower body independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Toilet use (Section F)	Prevalence	Members who used the toilet room (or commode, bedpan, or urinal) independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Eating (Section F)	Prevalence	Members who ate and drank (including intake of nutrition by other means) independently or with setup help only	All members except those who did not have activity occur over the last three days
	Managing medications (Section F)	Prevalence	Members who managed their medications independently	All members

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 5: Continence, Neurological, and Behavioral Status	Urinary continence (Section G)	Prevalence	Members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine over the last 3 days	All members except those who did not have urine output from bladder over the last three days
	Bowel continence (Section G)	Prevalence	Members who were continent, had bowel control with ostomy, or were infrequently incontinent of feces over the last 3 days	All members except those who did not have bowel movement over the last three days
	Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and dependence in eating (Section B, C & F)	Prevalence	Members whose cognitive performance scale (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and dependence in eating.	All members
	Behavioral symptoms (Section D)	Prevalence	Members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care)	All members
Table 6: Living Arrangement and Emotional Status	Living arrangement (Section A)	Prevalence	Members who lived alone	All members
	Self-reported anxious feelings (Section D)	Prevalence	Members who reported no anxious, restless, or uneasy feelings	All members except those who could not (would not) respond
	Self-reported depressed feelings (Section D)	Prevalence	Members who reported no sad, depressed, or hopeless feelings	All members except those who could not (would not) respond

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits	Dyspnea (Section I)	Prevalence	Members who did not experience shortness of breath	All members
	Pain frequency and pain intensity (Section I)	Risk-adjusted prevalence	Members who did not experience severe or excruciating pain daily or on 1-2 days over the last 3 days	All members
	Pain frequency and pain control (Section I)	Risk-adjusted prevalence	Members who did not experience uncontrolled pain	All members
	Lonely, social activities, time alone, stressors, self-reported depressed feelings, and withdrawal (Section D & E)	Risk-adjusted prevalence	Members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities	All members
	Influenza vaccine (Section L)	Prevalence	Members who received an influenza vaccine in the last year	All members
	COVID-19 vaccine (Section L)	Prevalence	Members who received a COVID-19 vaccine in the last year or as required	All members
	Pneumovax vaccine (Section L)	Prevalence	Members age 65 or older who received a pneumococcal vaccine in the last 5 years or after age 65	All members age 65 and older
	Dental exam (Section L)	Prevalence	Members who received a dental exam in the last year	All members
	Eye exam (Section L)	Prevalence	Members who received an eye exam in the last year	All members
	Hearing exam (Section L)	Prevalence	Members who received a hearing exam in the last two years	All members
Breast exam (Section L)	Prevalence	Female members ages 50-74 who received a mammogram or breast exam in the last 2 years	All female members ages 50-74	

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits (Continued)	Number of falls in the last 90 days that resulted in major, minor, or no injury. (Section I)	Risk-adjusted prevalence	Members who did not experience falls that resulted in major or minor injury in the last 90 days	All members
	Emergency room visit (Section L)	Risk-adjusted prevalence	Members who did not have an emergency room visit during the last 90 days (or since last assessment if less than 90 days)	All members
Table 9: Performance Over Time –Functioning and Activities of Daily Living	Nursing Facility Level of Care Score (Sections B, C, D, F, G, J)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in NFLOC score	All members
	Locomotion, hygiene, and bathing (Section F)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in ADL function	All members except those who did not have activity occur over the last three days for any of the three items
	Meal preparation, ordinary housework, managing medications, shopping, and transportation (Section F)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in IADL function	All members except those who did not have activity occur over the last three days for any of the five items
	Locomotion (Section F)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in moving between locations on same floor	All members except those who did not have activity occur over the last three days
	Bathing (Section F)	Over time	Members who remained stable or demonstrated improvement in taking a full-body bath/shower	All members except those who did not have activity occur over the last three days
	Toilet transfer (Section F)	Over time	Members who remained stable or demonstrated improvement in moving on and off the toilet or commode	All members except those who did not have activity occur over the last three days

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 9: Performance Over Time –Functioning and Activities of Daily Living (Continued)	Dressing upper body (Section F)	Over time	Members who remained stable or demonstrated improvement in dressing and undressing their upper body	All members except those who did not have activity occur over the last three days
	Dressing lower body (Section F)	Over time	Members who remained stable or demonstrated improvement in dressing and undressing their lower body	All members except those who did not have activity occur over the last three days
	Toilet use (Section F)	Over time	Members who remained stable or demonstrated improvement in using the toilet room (or commode, bedpan, or urinal)	All members except those who did not have activity occur over the last three days
	Eating (Section F)	Over time	Members who remained stable or demonstrated improvement in eating and drinking (including intake of nutrition by other means)	All members except those who did not have activity occur over the last three days
	Bladder continence (Section G)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in urinary continence	All members except those who did not have urine output from bladder over the last three days on previous or most recent assessment
	Managing medications (Section F)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in managing medications	All members except those who did not have activity occur over the last three days

Table	UAS-NY CHA Question (Section on CHA)	Type	Numerator	Denominator
Table 10: Performance Over Time - Quality of Life and Effectiveness of Care	Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and eating (Section B, C & F)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in cognition	All members
	Making self understood and the ability to understand others (Section C)	Over time	Members who remained stable or demonstrated improvement in communication	All members
	Pain frequency and pain intensity (Section I)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in pain intensity	All members
	Made negative statements, persistent anger, unrealistic fears, health complaints, anxious complaints, sad facial expressions, crying, self-reported little interest or pleasure, self-reported anxious, and self-reported sad (Section D)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in mood	All members
	Dyspnea (Section I)	Risk-adjusted over time	Members who remained stable or demonstrated improvement in shortness of breath	All members

Appendix D: Technical Notes

Risk Adjustment

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

Observed Rate

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

Expected Rate

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

Risk-adjusted Rate

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

Methodology of "Current Plan Performance" Measures

To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each current plan performance outcome. These models predicted a binary (yes/no) response for each outcome. The independent variables included in the final models are listed below.

1. No Severe Daily Pain

- ADL Scale result of 3 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes/no)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Diabetes mellitus present (yes/no)
- Disruptive behavior present (yes/no)
- Dizziness present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- Made negative statements within the last 3 days (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Stroke (yes/no)
- Usually through never understood (yes/no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes/no)

2. Pain Controlled

- ADL Scale result of 3 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes/no)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Disruptive behavior present (yes/no)
- Dizziness present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- Made negative statements within the last 3 days (yes/no)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes/no)

3. Not Lonely or Not Distressed

- ADL Scale result of 3 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes/no)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Diabetes mellitus present (yes/no)
- Disruptive behavior present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- Made negative statements within the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Pain daily (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Short-term memory problem (yes/no)
- Stroke (yes/no)

4. No Falls with Injury

- ADL Scale result of 3 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Disruptive behavior present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Gender (male/female)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Pain daily (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Short-term memory problem (yes/no)
- Stroke (yes/no)
- Unsteady gait present (yes/no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes/no)

5. No Emergency Room Visits

- ADL Scale result of 3 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes/no)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Diabetes mellitus present (yes/no)
- Disruptive behavior present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- Made negative statements within the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Pain daily (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Short-term memory problem (yes/no)
- Stroke (yes/no)

Methodology for “Performance Over Time” Measures

The nine longitudinal outcomes below were risk-adjusted. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary (yes/no) response for each outcome. For all over time measures, stability or improvement versus a decrease in the rate over the measurement period was used as the outcome of interest. The independent variables included in the models and specified below were taken from baseline CHA conducted for the June 2021 through December 2022 enrollment period.

1. Nursing Facility Level of Care (NFLOC)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes/no)
- Any dyspnea (yes/no)
- Any pain (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Diabetes mellitus present (yes/no)
- Dizziness present (yes/no)
- Falls (yes/no)
- Made negative statements within the last 3 days (yes/no)
- No days outside in the last 3 days (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Nursing Facility Level of Care score of 34 or more (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)

2. Activities of Daily Living (ADL)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes/no)
- Any dyspnea (yes/no)
- Any pain (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Coronary heart disease present (yes/no)
- Diabetes mellitus present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- No days outside in the last 3 days (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Stroke (yes/no)
- Supervision through total dependence in locomotion (yes/no)
- Total dependence in ADL locomotion, hygiene, and bathing (yes/no)
- Unsteady gait present (yes/no)

3. Locomotion

- ADL Scale result of 4 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes/no)
- Any dyspnea (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Diabetes mellitus present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Stroke (yes/no)
- Supervision through total dependence in locomotion (yes/no)
- Total dependence in ADL locomotion (yes/no)
- Unsteady gait present (yes/no)

4. Urinary Continence

- ADL Scale result of 4 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes/no)
- Any dyspnea (yes/no)
- Any pain (yes/no)
- Bladder Continence - Incontinent (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Diabetes mellitus present (yes/no)
- Dizziness present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Stroke (yes/no)

5. Medication Administration

- ADL Scale result of 4 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes/no)
- Any pain (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Depression Rating Scale result of 3 or greater (yes/no)
- Falls (yes/no)
- Gender (male/female)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Self-reported health status poor (yes/no)
- Supervision through total dependence in locomotion (yes/no)
- Total dependence in managing medications (yes/no)
- Unsteady gait present (yes/no)

6. Cognition

- ADL Scale result of 4 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes/no)
- Any dyspnea (yes/no)
- Cognitive Performance Scale (CPS2) result of 5 or more (yes/no)
- Dizziness present (yes/no)
- Falls (yes/no)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Pain daily (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Short-term memory problem (yes/no)
- Stroke (yes/no)
- Supervision through total dependence in locomotion (yes/no)

7. Pain Intensity

- ADL Scale result of 4 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)

- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Diabetes mellitus present (yes/no)
- Dizziness present (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Gender (male/female)
- No days outside in the last 3 days (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Pain scale result of 3 or more (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Self-reported health status poor (yes/no)
- Short-term memory problem (yes/no)
- Stroke (yes/no)
- Supervision through total dependence in locomotion (yes/no)

8. Mood

- ADL Scale result of 3 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Depression Rating Scale result of 3 or greater (yes/no)
- Disruptive behavior present (yes/no)
- Falls (yes/no)
- Gender (male/female)
- Minimally or more impaired in cognitive skills for daily decision making (yes/no)
- Mood scale result of 4 or more (yes/no)
- Pain daily (yes/no)
- Self-reported health status poor (yes/no)

9. Shortness of Breath

- ADL Scale result of 4 or greater (yes/no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any pain (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Diabetes mellitus present (yes/no)
- Dizziness present (yes/no)

- Dyspnea present at rest or when performing normal day-to-day activities (yes/no)
- End-stage disease, 6 or fewer months to live (yes/no)
- Falls (yes/no)
- Gender (male/female)
- Minimally or more impaired in cognitive skills for daily decision making (yes/no)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Not independent in cognitive skills for daily decision making (yes/no)
- Sadness reported within the last 3 days (yes/no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes/no)

Methodology of “Satisfaction” Measures

Satisfaction ratings that are based on the respondent’s perception may differ by respondent attributes, which may vary across plans and are beyond the plans’ control. To reduce the effect of these differences, these measures were adjusted for age (18-44, 45-64, 65-74, 75-84, 85 and over), education in years (0-8, 9-11, 12, 13-15, 16, 17 and over), and self-reported health status (poor, fair, good, very good, excellent). Age, education, and self-reported health status have been found to be important satisfaction survey control variables that are widely accepted and used in satisfaction survey analysis. Additionally, Rating of Home Health Aide and Timeliness of Home Health Aide were also adjusted for cognition (independent or modified independence, any level of impairment). To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each satisfaction measure. These models predicted a binary (yes/no) response for each outcome.

Methodology of “Potentially Avoidable Hospitalization” Measure

Risk-adjusted rates were calculated by developing a multinomial logistic regression model to predict the number of potentially avoidable hospitalizations. The independent variables included in the final model are listed below. To determine whether the risk-adjusted plan rate is significantly above or below the statewide rate, a z-score was calculated for each plan.

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alcohol consumption in the last 14 days (yes/no)
- Alzheimer’s disease present (yes/no)
- Any dyspnea (yes/no)
- Any pain (yes/no)
- Bipolar (yes/no)
- Cancer present (yes/no)
- Chronic obstructive pulmonary disease (COPD) present (yes/no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes/no)
- Congestive heart failure (CHF) present (yes/no)
- Coronary heart disease present (yes/no)
- Decline in ADL status compared to 90 days ago (yes/no)
- Diabetes mellitus present (yes/no)
- Dizziness present (yes/no)
- Extensive assistance through total dependence in locomotion (yes/no)
- Falls (yes/no)

- Felt need to cut down on drinking or drug use in the last 90 days (yes/no)
- Gender (male/female)
- Hip fracture (yes/no)
- No days outside in the last 3 days (yes/no)
- Not independent in bathing (yes/no)
- Other fracture during last 30 days (yes/no)
- Self-reported health status poor (yes/no)
- Stroke (yes/no)
- Supervision through total dependence in managing medications (yes/no)
- Unsteady gait present (yes/no)
- Usually through never understood (yes/no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes/no)

Limitations of the Risk-Adjusted Data

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

Different Significance Results for the Same Measure Result

It is possible for plans to have the same measure result with different significance results for the following reasons:

1. Rates are first calculated, then significance tested, and lastly, rounded for presentation. A rate before rounding may be slightly higher or slightly lower than the rounded rate presented.
2. Significance testing for population- (community health assessment) based measures uses analysis of proportions decision limits (DL) about the statewide rate. DL are influenced by the plan denominator and are specific to each plan. The plan rate is compared to DL about the statewide rate to determine whether there is a significant difference between the statewide and plan rates. Nelson’s H statistic and Analysis of Proportions (ANOP) methodology are used in the following formulas.

Halpna = The quantile from the t distribution based on a probability

$$= 1 - \left(\frac{1 - (1 - 0.05)^{\left(\frac{1}{\text{Number of Plans}}\right)}}{2} \right)$$

Degrees of Freedom = Statewide Denominator – Plan Denominator

$$\text{Upper DL} = \text{Statewide Rate} + \text{Halphi} * \sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\frac{\text{Statewide Denominator} - \text{Plan Denominator}}{\text{Statewide Denominator} * \text{Plan Denominator}}}}$$

$$\text{Lower DL} = \text{Statewide Rate} - \text{Halphi} * \sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\frac{\text{Statewide Denominator} - \text{Plan Denominator}}{\text{Statewide Denominator} * \text{Plan Denominator}}}}$$

3. Significance testing for sample- (satisfaction survey) based measures uses a 95% confidence interval (CI) about the risk-adjusted plan mean. CI are influenced by the plan denominator and are specific to each plan. The statewide rate is compared to a 95% CI about the plan rate to determine whether there is a significant difference between the statewide and plan rates. A Z statistic is used in the following formulas.

$$\text{Upper CI} = \text{Plan Rate} + 1.96 * \sqrt{\frac{\text{Plan Rate} * (1 - \text{Plan Rate})}{\text{Plan Denominator}}}$$

$$\text{Lower CI} = \text{Plan Rate} - 1.96 * \sqrt{\frac{\text{Plan Rate} * (1 - \text{Plan Rate})}{\text{Plan Denominator}}}$$

4. Significance testing for Potentially Avoidable Hospitalizations (PAH) uses a z-score. The z-score is influenced by plan member days and is specific to each plan. A z-score from -1.96 through +1.96 is not significantly different from the statewide rate. A z-score less than -1.96 or greater than +1.96 is significantly lower or higher than the statewide rate, respectively. A z-score test statistic is calculated for each plan risk-adjusted rate using the following formula.

$$\text{z-score} = \frac{\text{Plan Risk Adjusted Rate} - \text{Statewide Rate}}{\sqrt{\frac{\text{Statewide Rate} * (1 - \text{Statewide Rate})}{\text{Plan Number of Member Days}}}}$$

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