



## Managed Long-Term Care

### 2017 Member Satisfaction Survey Summary Report

April 2018



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## Executive Summary

### Introduction

The Managed Long-Term Care (MLTC) member satisfaction survey assesses the level of satisfaction of members enrolled in New York State's Medicaid MLTC plans. The primary purpose of the study is to provide the New York State Department of Health (NYSDOH) with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans.

At the time of the initiation of the survey in early 2017, within New York Medicaid, there were four models of MLTC plans: 1) Partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, 3) Medicaid Advantage Plus (MAP) plans, and 4) Fully Integrated Duals Advantage (FIDA) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE, MAP, and FIDA benefit packages also include inpatient and outpatient care. The FIDA plan population was not included in the survey this year, as this population is surveyed separately. In view of the continued growth of the MLTC program, the NYSDOH and Island Peer Review Organization (IPRO) considered a satisfaction survey to be warranted. Similar surveys had been conducted in previous years. Results from the 2015 satisfaction survey are cited throughout this report for comparative purposes.

### Methodology

The first section of the survey addressed members' general experience with their MLTC plan. The second section dealt with the quality of specific health care services, where members were asked to rate the quality of these services, whether covered by their plan or not. This section also addressed timeliness of some key long-term care services and access to primary health care services. The third section contained general demographic questions (e.g., age, gender, race, education), living arrangements, whether assistance was provided to complete the survey, and questions regarding the status of members' advance directives.

The survey was made available in English, Spanish, Russian, and Chinese and was mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English survey upon each mailing. The initial mailing was distributed in April 2017, with a follow up mailing in late June 2017.

Inclusion criteria for the eligible population were as follows:

- Continuously enrolled in an MLTC plan for a minimum of 6 months prior to November 30, 2016
- MLTC plan enrollees from 45 plans/product lines
  - The breakdown by plan type is as follows: PACE-8, Partially Capitated-31, MAP-6

A sample of 600 enrollees from each plan was selected; the entire membership was selected if the plan's enrollment was less than 600. The final sample was 22,188 enrollees. Exclusions from mailing (e.g., address issues, deceased members) totaled 2,141, yielding an adjusted sample of 20,047 enrollees. Completed and returned surveys totaled 5,559; representing a response rate of 28%. Nearly seventy-three percent (73%) of the responses were returned in English; 53% of the respondents consider English to be their primary language.

## Key Findings

**MLTC Plan Evaluation:** Approximately 88% of respondents rated their plan as good/excellent. The same percentage of members (88%) reported that their plan always/usually explained services clearly. Compared to 2015 survey results, an increased percentage of respondents reported the plan spoke to them about appointing someone to make health care decisions if they are unable to do so. Additionally, of the members who reported having a legal document or advance directive, a larger percentage reported that the plan has a copy of the advance directive on file, when compared to 2015.

**Quality of Care:** Members' perception of the quality of care received has remained positive. Eighty-two percent (82%) of respondents for long-term care providers and services (i.e. regular doctor, dentist, eye doctor) rated their quality as good/excellent.

**Timeliness of Care:** Timeliness of care provided by long-term care providers/services was found to be favorable, with meals on wheels and home delivered meals having the most improvement over 2015. Eighty-two percent (82%) of respondents for long-term care providers and services rated these services to be always/usually timely.

**Access to Care:** Thirty-seven (37%) of respondents indicated that they are able to get same day urgent appointments with providers, a slight decrease compared to 2015 results (39%). This demonstrates a need for improvement in this area. Nearly 82% of respondents indicated that they are able to get timely regular appointments with providers.

## Recommendations

IPRO identified various opportunities for improvement that the health plans should consider, based upon survey outcomes. Recommendations based on these findings are as follows:

- The percentage of members rating the quality of medical supplies and equipment as good/excellent, while still high, declined from the 2015 survey. Similarly, declines were also observed with the quality of foot doctors and pharmacy services. It is recommended that plans conduct more in-depth member surveys focused on these services to determine if, in fact, quality issues exist and to determine the nature of these issues. Reviews of complaint and grievance logs may be considered as well, as a means of identifying quality of care issues.
- The percentage of respondents rating the quality of dental services as good/excellent, while slightly improved from 2015, continues to be among the lowest of the long-term care services. Member surveys focused on the quality of dental care, and review of dental related complaints and grievances may be warranted.
- The percentage of respondents indicating that advance directive discussions have taken place, and the percentage of respondents indicating that they had an advance directive, significantly increased when compared to 2015 results. IPRO recommends continued efforts to conduct advance directive performance improvement projects (PIPs), with interventions focused on language and cultural barriers wherever appropriate.
- The percentage of respondents indicating that they had same day urgent access to providers slightly declined when compared to the 2015 results. Plans may wish to investigate access issues through possibly interviewing providers to determine exactly how requests for urgent visits are handled. Plans may also choose to interview a sample of members to obtain more specific information pertaining to how long it takes them to secure an appointment, and who their providers are, in order to conduct targeted outreach to under-performing providers.
- The percentage of respondents indicating that family members or caregivers are involved in care planning, while improved over 2015 results, continues to be somewhat low. Family involvement is the member's choice.

However, plans should investigate whether members would like additional family and/or caregiver participation in care planning. Plans may need to consider doing more to foster member and caregiver involvement in care planning. Plans should ensure that, where appropriate and necessary, PIP interventions involve family members and caregivers.

- Discussions pertaining to the Consumer Directed Assistance Option, and to Advance Directives, appear to be occurring more often among members with lower education levels than with members with at least a high school education. Plans should ensure that discussions for these important concepts are taking place across all membership groups, regardless of education level.
- There were some observed differences in certain ratings when accounting for race/ethnicity of the respondents. These findings may indicate that cultural barriers associated with race, and language barriers, may be playing a role in dissatisfaction with the quality of certain services and with timely access to them. Plans may consider exploring whether or not there is limited access to services across certain ethnic groups.

## Section 1: Introduction

### Background

Managed long-term care (MLTC) is a system that streamlines the delivery of long-term care services to people who are chronically ill or disabled and who wish to stay in their homes and communities. These services, such as home care or adult day care, are provided through managed long-term care plans that are approved by the New York State Department of Health (NYSDOH). The entire array of services to which an enrolled member is entitled can be received through the MLTC plan the member has chosen. Enrollment in an MLTC plan may be mandatory or voluntary, depending on individual circumstances.

Enrollment in an MLTC plan is mandatory for those who:

- Are dual eligible (eligible for both Medicaid and Medicare) and equal to or over 21 years of age, and need community-based long-term care services for more than 120 days.

Enrollment in an MLTC plan is voluntary for those who:

- Are dual eligible and are 18 through 20 years of age, and need nursing home level of care and community-based long-term care services for more than 120 days.
- Are non-dual eligible and over 18 years of age, are assessed as nursing home eligible and require community based long term care services for more than 120 days.
- Are dual eligible and are 18 years of age and over and were previously determined as permanent placements in a nursing home

Within New York Medicaid, at the time of survey initiation, there were four models of MLTC plans: 1) partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, 3) Medicaid Advantage Plus (MAP) plans, and 4) Fully Integrated Duals Advantage (FIDA) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE, MAP, and FIDA benefit packages also include inpatient and outpatient care. The satisfaction survey addressed only the partially capitated, PACE and MAP plan models, as the FIDA population is surveyed separately.

This study assesses the level of satisfaction of members enrolled in New York State's Medicaid MLTC plans. The primary purpose of the study is to provide the NYSDOH with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans.

Satisfaction surveys are a key tool for understanding patient perception of care and improving the delivery of long-term care services, and such surveys are integral to ongoing quality improvement efforts. On both federal and state levels, programs continue to utilize and expand the use of consumer-driven data, based on consumer experiences, to improve the quality of health care delivered to the elderly and, in many cases, chronically ill populations.

At the national level, the Centers for Medicare and Medicaid Services (CMS) has collected information on Medicare managed care enrollee consumer satisfaction and experience with health services through the Consumer Assessment of Health Providers and Systems (CAHPS) survey since 1998. This survey includes the following domains:

- Getting Needed Care
- Getting Care Quickly
- Doctors Who Communicate Well
- Flu Shot Rate
- Overall Ratings of: Health Care, Health Plan, Doctor, and Specialist

This survey has undergone periodic revisions; in the 2006 survey year for example, data collection was expanded to include satisfaction and experience of members enrolled in a Medicare Advantage Prescription Drug plan. CAHPS surveys are also collected for commercial and Medicaid managed care populations (the NYSDOH administers a biennial Medicaid managed care survey which is largely based on CAHPS).

IPRO observed that while all NYS MLTC plans conduct internal annual member satisfaction surveys, each plan has developed their own individualized surveys. IPRO reviewed a sample of these surveys. Several of them addressed general satisfaction with plan services and covered courtesy and sensitivity, but specific questions relating to the quality of plan services, timeliness, and access to services were often not addressed. Therefore, IPRO, in conjunction with the NYSDOH, conducted the first member satisfaction survey of New York's MLTC population in 2007, and again in 2011 and on a biennial basis thereafter. Survey results have been positive, with the majority of MLTC respondents satisfied with their health plan. It is anticipated that this survey will continue to be administered every other year going forward.

## Objectives

In early 2017, IPRO and the NYSDOH developed a plan to evaluate MLTC member satisfaction with the services provided by their MLTC plan. Specific objectives were to assess whether:

- MLTC enrollees are satisfied with:
  - quality of health care services;
  - access to primary health care services; and
  - timeliness of primary health care and long-term care services.
- there are differences in care and in satisfaction of care, between three principal MLTC plan models (PACE, partially capitated and MAP plans) and between different age groups, reported state of health, race/ethnicity and primary language;
- there has been a change in members' perception of quality of care and overall satisfaction since the last satisfaction survey in 2015.



## Section 2: Methodology

### Survey Instrument

A scannable survey instrument was created to evaluate MLTC member satisfaction with the services provided by their plan. To facilitate comparisons to the 2015 survey, the 2017 survey contained all of the questions from the 2015 survey, with additional verbiage for questions 72 and 73, to clarify the term “legal document” by also including “advance directive.”

The survey was comprised of three sections. The first section addressed members’ general experience with their MLTC plan, which included questions on plan of care involvement, courtesy of plan representatives, and timeliness of responses with complaints and grievances. The second section addressed the quality of twenty-two long-term care providers and services (primary care physician, dentist, eye care, foot doctor, home health aide, home health agency, care manager, visiting nurse, covering/on-call nurse, physical therapist, occupational therapist, speech therapist, social worker, medical supplies/equipment, audiology/hearing aids, home delivered meals, meals at Day Health Center, Day Health Center activities, transportation services, nursing home, pharmacy services, and nutritionist), where members were asked to rate the quality of these providers and services, whether covered by their plan or not. This section also addressed timeliness of some key long-term care services and access to primary health care services. The third section contained general demographic questions (e.g., age, gender, race, and educational attainment). This section also included questions pertaining to living arrangements and whether assistance was provided in completing the survey, as well as questions regarding the status of members’ advance directives.

An English version was prepared and translated into Spanish, Russian, and Chinese, and mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English (Spanish, Russian, Chinese) survey upon each mailing. The initial mailing was distributed in April 2017, with a follow-up mailing in late June 2017.

### Survey Sample

To identify the eligible population for the survey, inclusion criteria were as follows:

- Continuously enrolled in a MLTC plan for a minimum of 6 months prior to November 30, 2016.
- MLTC plan enrollees from 45 plans/product lines. The breakdown by type of MLTC plan is as follows: PACE – 8, Partially Capitated – 31, MAP – 6.

The NYSDOH provided IPRO with the enrollee file for the survey after sampling. A sample of 600 enrollees from each plan had been selected. The entire eligible membership was included for plans with an enrollment of less than 600. The 600 member sample size had been utilized in prior survey years. The final sample for mailing was 22,188 enrollees.

### Composite Measures

Composite measures of survey items were computed to obtain a meaningful summary of member responses in each of six domains, which include: MLTC Plan Evaluation, Quality of Providers and Long-Term Care Services, Timeliness of Providers and Long-Term Care Services, Access to Care for Urgent Appointments, Access to Care for Regular Appointments, and Advance Directives. Each domain is comprised of individual survey items, composite measures, or a

combination of both. Composite measures were created by combining survey items that measure the same dimension of the health care plans<sup>1</sup>.

Using the proportional scoring method, composite scores were computed, representing the average proportion of members responding to the most positive category, or top-box category, for the survey items included in the composite, excluding missing data. For example, for survey items requiring the respondent to answer “Always,” “Usually,” “Sometimes,” or “Never,” the calculated score reflects the average proportion of respondents who answered “Always/Usually.” For survey items requiring the respondent to answer “Excellent,” “Good,” “Fair,” or “Poor,” the calculated score reflects the average proportion of respondents who answered “Excellent/Good.” The z-test was used to compare proportions for single survey items year-to-year, and t-tests were used to compare average proportions for composite measures year-to-year. When comparing within subgroups (i.e., plan type, race, gender, educational attainment), chi-square was utilized to compare proportions of single survey items, and the student’s t-test was utilized to compare average proportions for composite measures.

The six domains are defined as follows:

**Domain 1: MLTC Plan Evaluation**

<b>Individual item</b>	Q3. The plan always/usually explains all of their services clearly
<b>Composite</b>	<p><b>My family member (or caregiver) and I are always/usually involved in making decisions about my plan of care</b></p> <ul style="list-style-type: none"> <li>○ Q4. I am always/usually involved in decisions about plan of care</li> <li>○ Q5. Family member or caregiver always/usually involved in making decisions about plan of care</li> </ul>
<b>Composite</b>	<p><b>The plan always/usually provided helpful, timely, and courteous customer service when I (or my caregiver or family members) have called with a question, needed help, or had a complaint or grievance</b></p> <ul style="list-style-type: none"> <li>○ Q7. I always/usually spoke with a person quickly when I called the plan with a question or for help or with a complaint or grievance</li> <li>○ Q8. My questions were always/usually answered quickly</li> <li>○ Q9. I was always/usually able to understand the answers</li> <li>○ Q10. I was always/usually treated with politeness and respect</li> <li>○ Q11. I (or my caregiver or family members) called the plan with a complaint or grievance and it was always/usually handled to my satisfaction</li> </ul>
<b>Individual item</b>	Q12. Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I’ve been taking
<b>Individual item</b>	Q13. Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option
<b>Composite</b>	<b>The plan is excellent/good in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of</b>

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<sup>1</sup> The CAHPS® proportional scoring method for creating and scoring composite measures was used.

	<p><b>a nursing home</b></p> <ul style="list-style-type: none"> <li>○ Q14a. The plan is excellent/good in assisting my family to ensure that I take my medications the way my doctor wants me to</li> <li>○ Q14b. The plan is excellent/good in assisting my family and I to manage my illness, such as high blood pressure or diabetes</li> <li>○ Q14c. The plan is excellent/good in assisting my family and I when I am feeling sad and lonely</li> <li>○ Q14d. The plan is excellent/good in assisting my family and I so that I can stay at home and not have to live in a nursing home</li> </ul>
<b>Individual item</b>	Q15. Overall, my MLTC plan is excellent/good

### Domain 2: Quality of Providers and Long-Term Care Services

<b>Composite</b>	<p><b>Excellent/good quality of care provided by long-term care providers and services</b></p> <ul style="list-style-type: none"> <li>○ Q16. Regular doctor</li> <li>○ Q17. Dentist</li> <li>○ Q18. Eye Care</li> <li>○ Q19. Foot Doctor</li> <li>○ Q20a. Home Health Aide, Personal Care Aide</li> <li>○ Q20b. Home Health Agency, Personal Care Agency</li> <li>○ Q21. Care Manager/Case Manager</li> <li>○ Q22a. Regular Visiting Nurse/Registered Nurse</li> <li>○ Q22b. Covering/On-call nurse</li> <li>○ Q23. Physical Therapist</li> <li>○ Q24. Occupational Therapist</li> <li>○ Q25. Speech Therapist</li> <li>○ Q26. Social Worker</li> <li>○ Q27. Medical Supplies and Equipment</li> <li>○ Q28. Audiology/Hearing Aids</li> <li>○ Q29. Home Delivered Meals/Meals on Wheels</li> <li>○ Q30. Meals served at the Day Health Center</li> <li>○ Q31. Day Health Center Activities</li> <li>○ Q32. Transportation Services</li> <li>○ Q33. Nursing Home</li> <li>○ Q34. Pharmacy Services</li> <li>○ Q35. Nutritionist</li> </ul>
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### Domain 3: Timeliness of Providers and Long-Term Care Services

<b>Composite</b>	<p><b>Timely care always/usually provided by long-term care providers and services</b></p> <ul style="list-style-type: none"> <li>○ Q36. Home Health Aide, Personal Care Aide</li> <li>○ Q37. Care Manager/Case Manager</li> <li>○ Q38a. Regular Visiting Nurse/Registered Nurse</li> <li>○ Q38b. Covering/On-call nurse</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Q39. Physical Therapist</li> <li>○ Q40. Occupational Therapist</li> <li>○ Q41. Speech Therapist</li> <li>○ Q42. Social Worker</li> <li>○ Q43. Home Delivered Meals/Meals on Wheels</li> <li>○ Q44a. Transportation: TO Day Center</li> <li>○ Q44b. Transportation: FROM Day Center</li> <li>○ Q44c. Transportation: TO the doctor</li> <li>○ Q44d. Transportation: FROM the doctor</li> <li>○ Q45. Medical Supplies and Equipment</li> <li>○ Q46. Pharmacy Services</li> <li>○ Q47. Audiology/Hearing Aids</li> </ul>
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**Domain 4: Access to Care for Urgent Appointments**

<b>Composite</b>	<p><b>I was able to get an appointment within the same day to see my provider when I needed care right away in the past 6 months</b></p> <ul style="list-style-type: none"> <li>○ Q48. Regular doctor</li> <li>○ Q49. Dentist</li> <li>○ Q50. Eye Care</li> <li>○ Q51. Foot Doctor</li> <li>○ Q52. Audiology/Hearing Aids</li> </ul>
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**Domain 5: Access to Care for Regular Appointments**

<b>Composite</b>	<p><b>I was always/usually able to get a regular appointment as soon as I thought I needed one</b></p> <ul style="list-style-type: none"> <li>○ Q53. Regular doctor</li> <li>○ Q54. Dentist</li> <li>○ Q55. Eye Care</li> <li>○ Q56. Foot Doctor</li> <li>○ Q57. Audiology/Hearing Aids</li> </ul>
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**Domain 6: Advance Directives**

<b>Individual item</b>	Q71. The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so
<b>Individual item</b>	Q72. I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so
<b>Individual item</b>	Q73. The health plan has a copy of this advance directive document

## Section 3: Results

### Response Rates

Of the 22,188 surveys that were mailed, 2,141 were returned as undeliverable due to either mailing address issues or death of the member. This yielded an adjusted population of 20,047. A total of 5,559 surveys were completed, with an overall response rate of 28%. In 2015, 4,592 surveys were completed yielding a response rate of 26%.

**Table 1** displays the response rates by plan type. The response rates were as follows: PACE (33%), MAP (34%), and Partially Capitated (26%), with an average response rate of 28%. **Table 2a** shows the response rates by language. Non-English responses comprised 27% of total responses.

**Table 2b** provides a summary of all responses per primary language.

**Table 3** displays survey responses by individual plan. Response rates differed by plan, ranging from 17% to 50%. Please note that the latter response rate is due to Empire BCBS HealthPlus MAP having one survey respondent from an adjusted population of two members.

Table 1: Survey Responses by Plan Type

	Partially Capitated		PACE		MAP		TOTAL	
	N	Percent	N	Percent	N	Percent	N	Percent
Surveys mailed	17,663		2,697		1,828		22,188	
Less exclusions:	1,665	9%	339	13%	137	7%	2,141	10%
Address issues	1,555	9%	301	11%	121	7%	1,977	9%
Deceased	82	0.5%	33	1%	8	0.4%	123	0.6%
Other reason	28	0.2%	5	0.2%	8	0.4%	41	0.2%
<b>Adjusted Population</b>	<b>15,998</b>		<b>2,358</b>		<b>1,691</b>		<b>20,047</b>	
<b>Total # Surveys Completed</b>	<b>4,203</b>	<b>26%</b>	<b>785</b>	<b>33%</b>	<b>571</b>	<b>34%</b>	<b>5,559</b>	<b>28%</b>

Table 2a: Language Responses by Plan Type

	Partially Capitated		PACE		MAP		TOTAL	
	N	Percent	N	Percent	N	Percent	N	Percent
<b>Completed in English</b>	<b>2,971</b>	<b>70.7%</b>	<b>682</b>	<b>86.9%</b>	<b>404</b>	<b>70.8%</b>	<b>4,057</b>	<b>73.0%</b>
<b>Completed in a Language Other Than English</b>	<b>1,232</b>	<b>29.3%</b>	<b>103</b>	<b>13.1%</b>	<b>167</b>	<b>29.2%</b>	<b>1,502</b>	<b>27.0%</b>
Chinese	434	35.2%	26	25.2%	8	4.8%	468	31.2%
Russian	396	32.1%	14	13.6%	3	1.8%	413	27.5%
Spanish	402	32.6%	63	61.2%	156	93.4%	621	41.3%
<b>Total # Surveys Completed</b>	<b>4,203</b>		<b>785</b>		<b>571</b>		<b>5,559</b>	

Table 2b: Survey Response Rates by Language

	N	Percent
<b>ENGLISH</b>		
English Surveys Mailed	13,948	
Less exclusions <sup>1</sup>	1,518	11%
Adjusted English Survey Population	12,430	
Completed English Surveys	4,057	33%
<b>SPANISH</b>		
Spanish Surveys Mailed	4,068	
Less exclusions <sup>2</sup>	330	8%
Adjusted Spanish Survey Population	3,738	
Completed Spanish Surveys	621	17%
<b>RUSSIAN</b>		
Russian Surveys Mailed	1,778	
Less exclusions <sup>3</sup>	132	7%
Adjusted Russian Survey Population	1,646	
Completed Russian Surveys	413	25%
<b>CHINESE</b>		
Chinese Surveys Mailed	2,394	
Less exclusions <sup>4</sup>	161	7%
Adjusted Chinese Survey Population	2,233	
Completed Chinese Surveys	468	21%

<sup>1</sup>English exclusions due to address issues (1,381), member deceased (113), member no longer enrolled (4), and other reason (20).

<sup>2</sup>Spanish exclusions due to address issues (318), member deceased (4), and other reason (8).

<sup>3</sup>Russian exclusions due to address issues (120), member deceased (5), and other reason (7).

<sup>4</sup>Chinese exclusions due to address issues (158), member deceased (1), and other reason (2).

Table 3: Survey Responses by Plan

Health Plan	Adjusted Population	No. of Respondents	Percent
<b>Partially Capitated</b>			
AETNA BETTER HEALTH	562	137	24%
AGEWELL NEW YORK	548	159	29%
ALPHACARE	536	107	20%
ARCHCARE COMMUNITY LIFE	525	147	28%
CENTERLIGHT SELECT	550	94	17%
CENTERS PLAN FOR HEALTHY LIVING	555	152	27%
ELDERPLAN dba HOMEFIRST	566	197	35%
ELDERSERVE dba RIVERSPRING	528	136	26%
EMPIRE BCBS HEALTHPLUS MLTC	545	116	21%
EVERCARE CHOICE	543	163	30%
EXTENDED MLTC	563	138	25%
FALLON HEALTH WEINBERG	214	60	28%
FIDELIS CARE AT HOME	542	151	28%
GUILDNET	551	112	20%
HAMASPIK CHOICE	539	187	35%
ICIRCLE	536	157	29%
INDEPENDENCE CARE SYSTEM	553	145	26%
INTEGRA	545	143	26%
KALOS HEALTH	530	169	32%
METROPLUS MLTC	534	136	25%
MONTEFIORE MLTC	557	128	23%
NORTH SHORE-LIJ HEALTH PLAN	547	155	28%
PRIME HEALTH CHOICE	135	30	22%
SENIOR HEALTH PARTNERS	554	128	23%
SENIOR NETWORK HEALTH	395	125	32%
SENIOR WHOLE HEALTH	550	148	27%
UNITED HEALTHCARE PERSONAL ASSIST	537	131	24%
VILLAGECAREMAX	547	121	22%
VNA HOMECARE OPTIONS	519	158	30%
VNS CHOICE MLTC	544	139	26%
WELLCARE ADVOCATE PARTIAL	548	134	24%
<b>TOTAL</b>	<b>15,998</b>	<b>4,203</b>	<b>26%</b>
<b>PACE</b>			
ARCHCARE SENIOR LIFE	396	113	29%
CATHOLIC HEALTH-LIFE	173	71	41%
CENTERLIGHT PACE	561	176	31%
COMPLETE SENIOR CARE	103	34	33%
EDDY SENIOR CARE	140	56	40%
ELDERONE	515	147	29%
PACE CNY	374	154	41%
TOTAL SENIOR CARE	96	34	35%
<b>TOTAL</b>	<b>2,358</b>	<b>785</b>	<b>33%</b>
<b>MAP</b>			
ELDERPLAN MAP	555	230	41%
EMPIRE BCBS HEALTHPLUS MAP	2	1	50%
FIDELIS MAP	104	24	23%
GUILDNET MAP	394	114	29%
MHI HEALTHFIRST COMPLETE CARE	564	174	31%
VNS CHOICE PLUS MAP	72	28	39%
<b>TOTAL</b>	<b>1,691</b>	<b>571</b>	<b>34%</b>
<b>GRAND TOTAL</b>	<b>20,047</b>	<b>5,559</b>	<b>28%</b>

## Respondent Demographics

Unless otherwise indicated, survey demographic results can be found in **Appendix A, Table A6**.

The demographic profiles of the 2015 and 2017 populations were very similar. About 73% of respondents in 2017 were female (75% in 2015), and 85% were 65 years of age or older (86% in 2015). Approximately half of respondents (2015: 52%, 2017: 53%) had at least a high school diploma.

English was the primary language for 53% of the 2017 respondents (57% in 2015), with Spanish as the next most common language for 19% of the 2017 respondents (18% in 2015). Chinese was the primary language for 11% of the 2017 respondents, (9% in 2015) Russian was the primary language for 9% of the 2017 respondents (11% in 2015) and other languages was reported as the primary language for 8% of the 2017 respondents (6% in 2015). Overall, the percentage of respondents that do not speak English as their primary language was higher in 2017 than in 2015 (47% vs. 43%).

Fifty-nine percent of respondents rated their current state of health as poor/fair (60% in 2015), 25% rated their health as good (25% in 2015), and 16% as very good/excellent (15% in 2015). Sixty percent of the respondents were very much/quite a bit content with their quality of life (62% in 2015).

The vast majority of respondents still live at home, and not in a nursing home, when compared with 2015 rates (95% in 2017 vs. 97% in 2015). This demographic result can be found in **Appendix A, Table A1**. However the difference between these rates is statistically significant (see **Appendix B, Table B1**). Approximately half of respondents live alone (2015: 48%, 2017: 47%). Approximately two-thirds of respondents reported that they received assistance in completing the survey (2015: 65%, 2017: 65%), mostly from family members (2015: 65%, 2017: 64%).

## Plan Evaluation/Rating of Health Plan

Section 1 of the survey consisted of questions concerning members' experience with their MLTC plan.

Full frequency distribution tables can be found in **Appendix A (Tables A1-A6)**, while aggregate tables can be found in **Appendix B (Tables B1-B13)**.

**Table B1** compares responses from both survey years, which shows that the level of satisfaction among 2015 and 2017 respondents remained high. Other notable findings from 2017 were as follows:

- Ninety-three (93%) of respondents rated their plan as excellent/good at helping them stay at home and not at a nursing home.
- Eighty-nine percent (89%) of respondents reported that their plan has been excellent/good at helping them to take medications the way their doctor wants them to, and 74% reported that their plan has been excellent/good at helping when they were feeling sad and lonely. This would appear to demonstrate that the plans have been effective in providing members with self-management support and collaborating with members and their families to improve members' health.
- Eighty-eight percent (88%) of respondents rated their plan as excellent/good.
- Seventy-nine percent (79%) of respondents reported that the health plan explained the Consumer Directed Personal Assistance (CDPA) option. This is a significant increase from 75% in 2015.



## Quality of Care

In **Section 2A** of the survey, members were asked to rate the quality of services and supplies they received in the last 6 months. Frequency distributions for the 22 Quality of Care items can be found in **Table A2**.

**Table B2** displays the rank ordered positive (excellent/good) ratings given by members pertaining to quality of care compared by survey year. Members' perception of the quality of the care they received has remained high in 2017. Other notable findings from this section include:

- Overall, the percentage of members who rated the quality of care of the 22 providers as excellent/good increased from the last survey year.
- Twelve (12) out of the 22 care providers listed had at least 80% of the respondents giving an excellent/good rating for quality in 2017 (compared to 8 out of 22 in 2015), long-term care providers and services such as primary care physicians (PCPs) (91%); pharmacy services (89%); home health aide (89%); visiting nurse (86%); care manager (85%); eye care professional (83%); foot doctor (82%); and medical supplies/equipment (80%).
- In the 2017 survey, Home Health Agency, Personal Care Agency were rated excellent/good by a significantly higher percentage of members (81%) than in the 2015 survey (76%).
- Audiology and hearing aids received the lowest quality of care rating in 2017 (73%) and 2015 (68%). Although not statistically significant, the percentage of participants who rated the quality of audiology/hearing aids as excellent/good increased 5 percentage points from 2015 (68%) to 2017 (73%).

## Timeliness of Care

In **Section 2B** of the survey, members were asked to rate how often the services were on time or if they were able to see the provider at the scheduled time in the last six months. Frequency distributions for the 16 items in this section can be found in **Table A3**. **Table B3** displays the rank ordered positive (always/usually) ratings given by members compared by survey year. Other notable findings from this section include:

- The percentage of participants rating Home Delivered Meals/Meals on Wheels as always/usually on time was significantly higher in 2017 (79%) than in 2015 (71%).
- The majority of members perceived the timeliness of care to be always/usually on time. All care provider types were identified as always/usually on time by at least 63% of participants. Nine (9) of the 16 provider types had at least 80% of respondents giving an always/usually rating for timeliness.
- Of the long-term care providers and services, speech therapists were least likely to be rated as always/usually on time, at 63% for 2017. In contrast, pharmacy services were the most likely of the long-term care providers and services to be rated as always/usually on time, at 92% for 2017.

## Access to Care

In **Section 2C** of the survey, members were asked to indicate how long they generally had to wait for urgent and regular appointments for long-term care providers and services in the last 6 months. **Tables A4** and **A5** provide frequency distributions for these survey items.

Timely access to regular appointments was defined as obtaining an appointment with a provider as soon as a member felt they needed an appointment. Timely access to urgent appointments was defined as obtaining an appointment on

the same day that the member needed care. **Tables B4** and **B5** display the rank ordered results for timely access to urgent and regular appointments compared by survey year.

Access to urgent and regular appointments was similar in 2017 and 2015.

- **Table B4** shows that for urgent appointments, nearly half of the respondents were able to obtain a same day appointment with their primary care physician (PCP) (2017: 49%, 2015: 50%).
- Timely access to urgent appointments was even less likely than primary care physicians for foot doctors (2017: 32%, 2015: 34%), audiologists (2017: 32%, 2015: 32%), eye care (2017: 31%, 2015: 33%), and dentists (2017: 29%, 2015: 29%).
- As demonstrated in **Table B5**, a similar percentage of participants in 2017 and 2015 reported that they always/usually have timely access to regular appointments as soon as the member felt they needed one: PCPs (2017: 89%, 2015: 88%), eye care (2017: 79%, 2015: 79%), foot doctors (2017: 78%, 2015: 80%), dentists (2017: 75%, 2015: 73%), and audiologists (2017: 70%, 2015: 68%).

## Analysis of Composite Measures and Individual Survey items within Domains

Composite measures of survey items were computed, in addition to individual survey items, to obtain a meaningful summary of member responses in each of the following six domains:

- Domain 1 – MLTC Plan Evaluation: Consists of a combination of four (4) individual survey items and three (3) composite measures, and includes questions 3-5 and 7-15. Questions 4 and 5 were combined to create a composite measure (**Composite 1a**), as were Questions 7-11 (**Composite 1b**) and Questions 14a-14d (**Composite 1c**). All other questions in this group were reported as individual survey items. Collectively, these composite measures, as well as the individual survey items, assess the members' general experience with the care plan, including plan of care involvement, and courtesy and timeliness of responses of plan representatives when members called the plan. For **Composite 1a** and **Composite 1b**, the score represents the average proportion of respondents who answered "Always/Usually", and for **Composite 1c**, the score represents the average proportion of respondents who answered "Excellent/Good."
- Domain 2 – Quality of Providers and Long-Term Care Services: Consists of one composite measure and includes questions 16-35. This domain evaluates the quality of care provided by long-term care providers and services, and consists of 22 provider and service types. The composite score for this domain reflects the average proportion of respondents who rated the quality of long-term care providers and services and services as excellent/good.
- Domain 3 – Timeliness of Providers and Long-Term Care Services: Consists of one composite measure including questions 36-47, and evaluates the timeliness of care provided by long-term care providers and services. This composite consists of 16 provider and service types. The composite score for this domain reflects the average proportion of respondents who rated the timeliness of the providers and services as always/usually timely.
- Domain 4 – Access to Care for Urgent Appointments: Consists of one composite measure, which assesses the respondents' ability to get an appointment within the same day when care was needed right away. There are

five (5) measures within the composite representing five (5) provider types: PCP, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of respondents who reported that they always/usually could get an appointment within the same day.

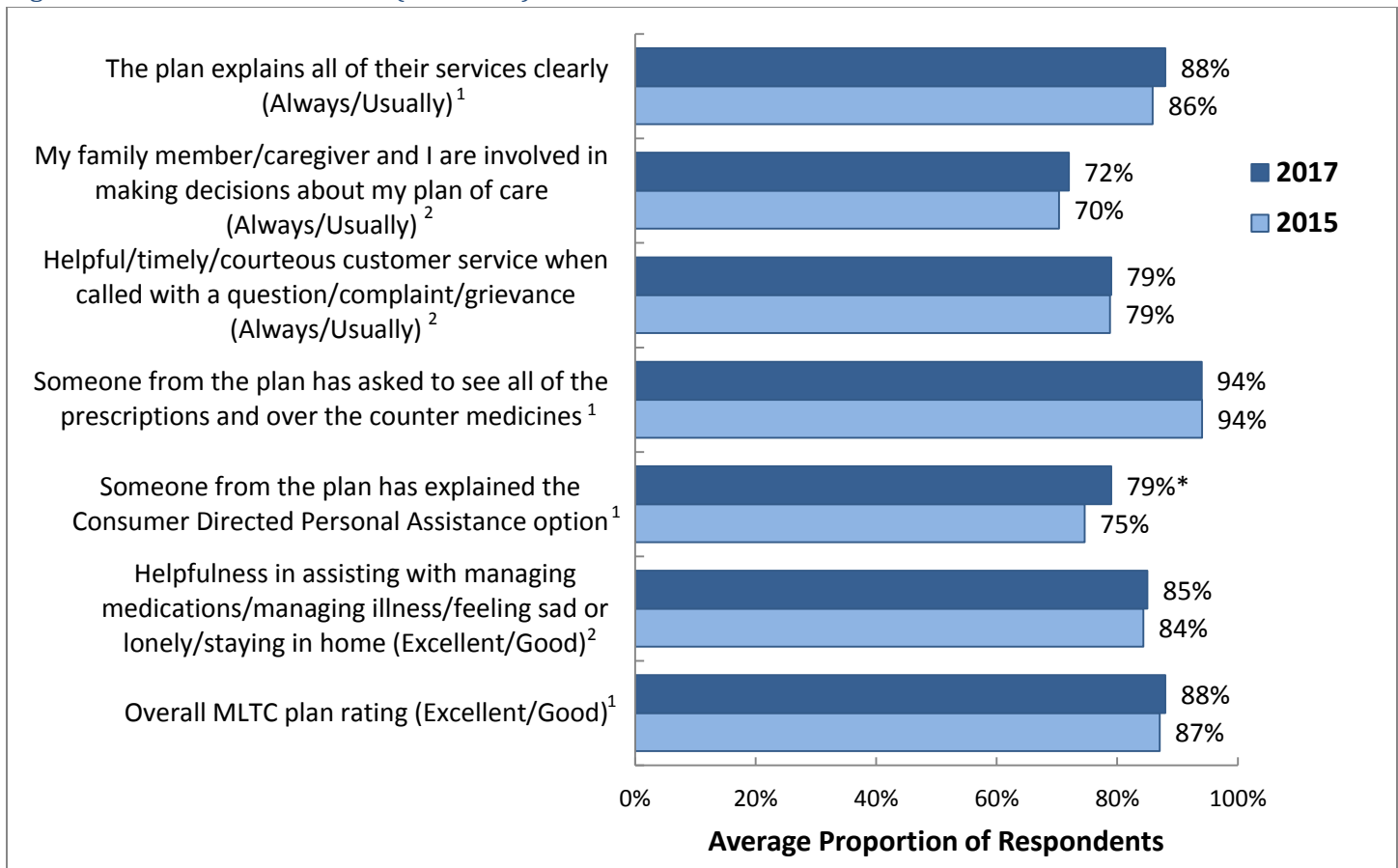
- **Domain 5 – Access to Care for Regular Appointments:** Consists of one composite measure assessing the ability of respondents to get a regular appointment as soon as they thought they needed one. There are five (5) measures included in the composite which represent five (5) provider types: PCP, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of respondents who reported that they always/usually were able to get a regular appointment as soon as they thought they needed one.
- **Domain 6 —Advance Directives:** Consists of three single survey items, which includes questions 71-73. This domain evaluates whether or not members have appointed someone to make decisions about their health if they are unable to do so, if they have a legal document or advance directive in place, and if the MLTC plan has a copy of that advance directive document on file.

### **Domain 1: Measures Related to MLTC Plan Evaluation (Table B6)**

- Eighty-eight percent of members reported that the plan always/usually explained services clearly and 94% said the plan had asked to see all prescriptions and medications.
- In 2017, 72% of respondents said they, along with family members or caregivers, were always/usually involved in making decisions about their plan of care, a slight increase from 2015 (70%).
- Seventy-nine percent (79%) reported that they always/usually received helpful, timely, and courteous customer assistance when they called the plan with a question or complaint, unchanged compared to 2015.
- Seventy-nine percent of members (79%) said the plan had explained the Consumer Directed Personal Assistance (CDPA) option, a significantly higher rate than in 2015 (75%).
- Eighty-five percent (85%) reported that the plan was excellent/good in helping members with managing medications and illnesses, as well as feeling sad or lonely and helping members remain in their homes as opposed to a nursing home.
- Overall, 88% rated the health plan as excellent/good in 2017, a one percentage point increase from 2015 (87%).

**Figure 1** displays the rates for each measure as compared to 2015.

Figure 1: MLTC Plan Evaluation (Domain 1)



\* Indicates a rate significantly higher than 2015. p<.001.

<sup>1</sup> Indicates a single survey item. Significance testing for single items was done using a z-test.

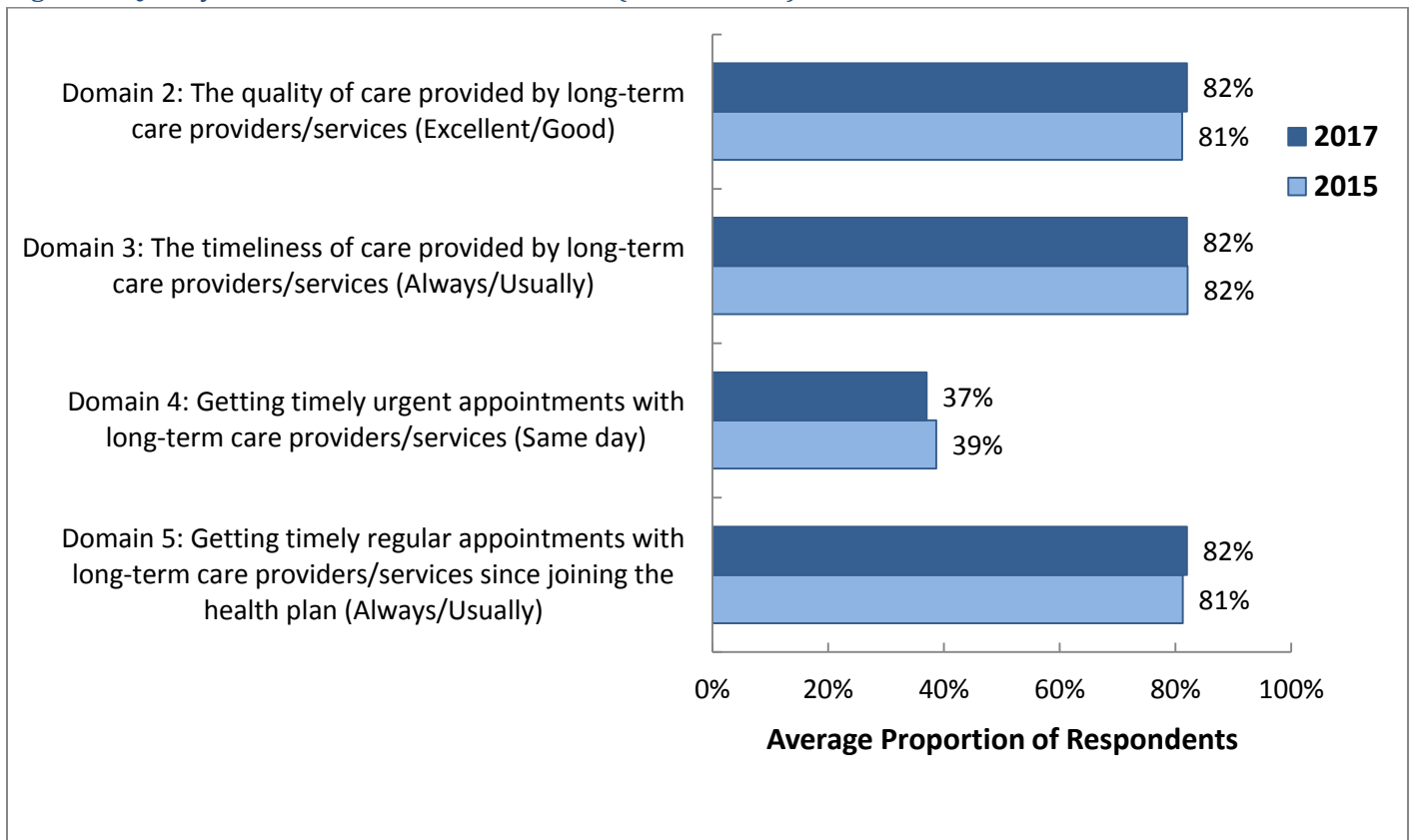
<sup>2</sup> Indicates a composite measure. Significance testing for composite measures was done using the Student's t-test.

### Domains 2-5: Measures Related to Quality, Timeliness, and Access to Care (Table B6)

- About 82% of respondents rated the quality of providers and services as excellent/good, a one percentage point increase from 2015.
- About 82% of respondents rated the overall timeliness of care as always/usually timely, unchanged from 2015.
- About 37% of respondents reported that they were always/usually able to get an appointment within the same day in 2017, which decreased slightly from 2015 (39%).
- Additionally, 82% of respondents were always/usually able to get a regular appointment with their doctor, representing a slight increase from 2015 (81%).

Figure 2 displays the rates for Domains 2-5 as compared to 2015.

Figure 2: Quality, Timeliness, and Access to Care (Domains 2-5)

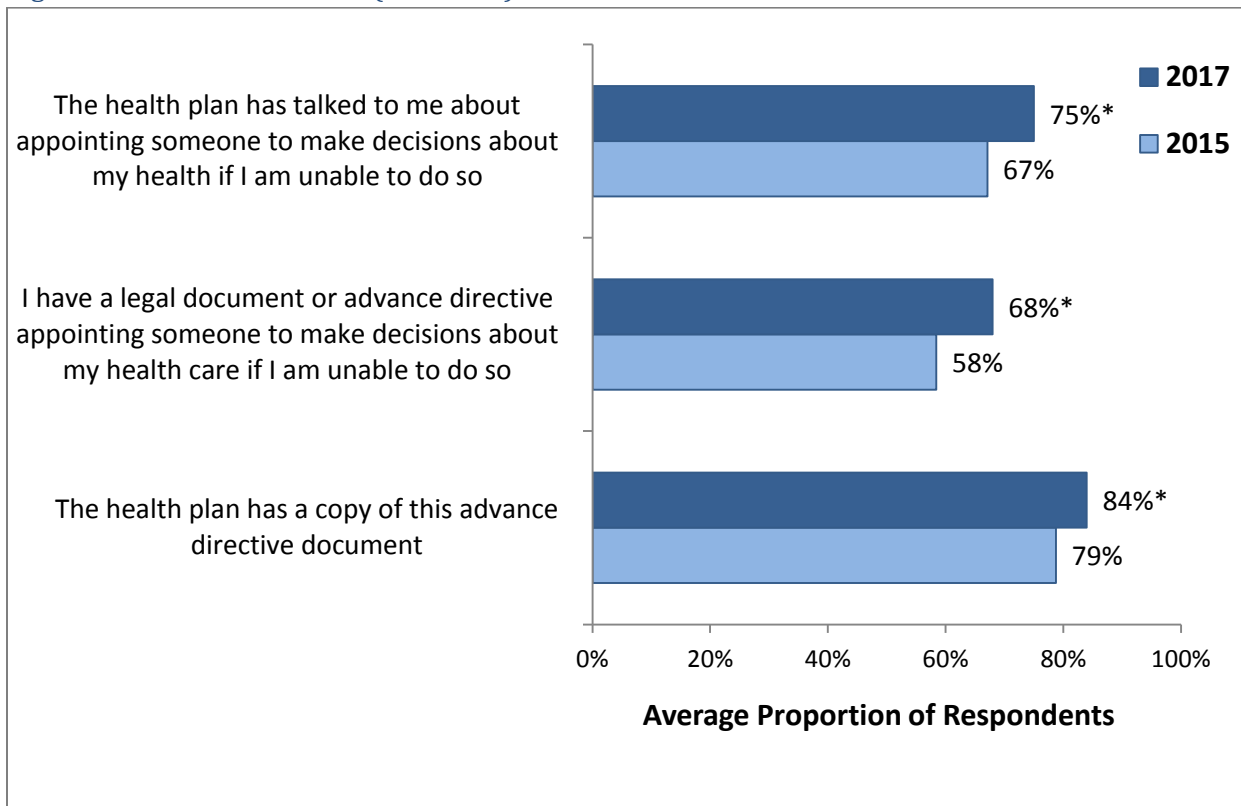


## Domain 6: Advance Directives (Table B6)

- Advance directives are considered an important component in the overall care of the managed long-term care population.
- Significantly more members in 2017 (75%) reported that their health plan has talked to them about appointing someone to make health care decisions for them if they are unable to do so, compared to 2015 (67%).
- Sixty-eight (68%) percent of members reported having a legal document or advance directive appointing someone to make health care decisions on their behalf in the event that they are unable to do so, a significant increase from 2015 (58%).
- Of individuals with an advanced directive, 84% of members said that their health plan has retained a copy of the document, a significantly higher rate than 2015 (79%).
- It should be noted that the questions on advance directives were re-worded in 2017 to include the word “advance directive.” Participants may have responded differently to these items in 2017 due to this clarification, and thus may explain the significant increase of positive responses.

Figure 3 displays the rates for each measure as compared to 2015.

Figure 3: Advance Directives (Domain 6)



\* Indicates a rate significantly higher than 2015.  $p < .001$ .

## Analysis of Composite Measures and Individual Survey Items by Subgroup

Comparisons between subgroups were also performed on the individual survey items and composite measures that comprise each domain to determine which subgroups of the managed long-term care population were most or least satisfied with the quality, timeliness, and access to care in 2017. The subgroups included: plan type, gender, race/ethnicity, educational attainment, age, primary language spoken, and self-reported health status.

Comparison tables can be found in **Appendix B, Tables B7-B13**. Statistically significant differences in each subgroup are noted as follows:

### Comparison by Plan Type (Table B7)

- Partially Capitated and MAP members were more likely to report that someone at the plan had explained the Consumer Directed Personal Assistance (CDPA) option to them since joining the plan compared to PACE members (Partially Capitated: 81%, MAP: 84% vs. PACE: 61%).
- PACE and MAP members were more likely to report that the plan had talked to them about appointing someone to make decisions about their health care if they are unable to compared to Partially Capitated members (PACE: 82%, MAP: 80% vs. Partially Capitated: 73%).
- PACE plan members were more likely to report having a legal document or advance directive appointing someone to make health care decisions for them, compared to MAP and Partially Capitated members (PACE: 85% vs. MAP: 69%, Partially Capitated: 65%).
- PACE members were more likely to report that the health plan had a copy of the legal document or advance directive (PACE: 97% vs. Partially Capitated: 80%, MAP: 83%).

### Comparison by Gender (Table B8)

- Seventy-one percent (71%) of male respondents reported that someone from the health plan had talked to them about appointing someone to make health care decisions for them if they are unable to do so, significantly lower than female respondents (77%).
- In addition, male respondents were less likely than female respondents to report having a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (64% vs. 70%).

### Comparison by Race/Ethnicity (Table B9)

- Eighty-five percent (85%) of Asian respondents indicated someone from the plan explained the CDPA Option, significantly higher than any other race category (White: 76%, Black: 80%, Other: 70%).
- Overall, 85% of white respondents rated the quality of care they received from long-term care providers and services as excellent/good, a rate significantly higher than black and Asian respondents (78% and 80%, respectively).
- In addition, 86% of white respondents rated the timeliness of care as excellent/good, while 79% of black respondents and 82% of Asian respondents rated the timeliness as excellent/good. The rate for white respondents was significantly higher than the rates for black and Asian respondents.
- Eighty-six percent (86%) of white respondents reported that they were always/usually able to get a regular appointment with their doctors as soon as they thought they needed one. This rate is significantly higher than both black and Asian respondents (79% and 77%, respectively).
- Of Asian respondents, 51% reported that they had legal documentation or advance directive appointing someone to make health care decisions if they are unable to, significantly lower than any other race category (White: 73%, Black: 71%, Other: 79%).

### Comparison by Education (Table B10)

- Respondents with a level of education less than high school were more likely to report that the plan had explained the CDPA option than respondents with at least a high school diploma (83% vs. 76%).
- Respondents with an education level of less than high school were less likely to indicate they always/usually get timely regular appointments with long-term care providers (80% vs. 84%).
- Additionally, 78% of respondents with a level of education less than high school reported that the plan had talked to them about appointing someone to make health care decisions if they are unable to do so, significantly higher than respondents with at least a high school diploma (73%).

### Comparison by Age (Table B11)

- Respondents ages 18-64 were less likely to report that their family members or caregivers were involved in making decisions about their health care than respondents over the age of 65 (67% vs. 73%).
- Additionally, respondents ages 18-64 were less likely to have a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (62% vs. 69%).

### Comparison by Primary Language (Table B12)

- English speaking respondents were less likely to report that the health plan had explained the CDPA option as compared to non-English speaking respondents (73% vs. 85%).
- Thirty-three percent (33%) of English speaking respondents reported that they could get urgent appointments with their doctors the same day, significantly lower than non-English speaking respondents (43%).
- When asked if members had a legal document or advance directive appointing someone to make health care decisions for them, 78% of English speaking respondents reported they did have an advance directive, while 56% of non-English speaking respondents reported they had an advance directive. The rate for English speaking respondents was significantly higher than non-English respondents.

### Comparison by Self-Reported Health Status (Table B13)

- Eighty-four percent (84%) of respondents who rated their current state of health as good/fair/poor reported that the health plan always/usually explained all of their services clearly, significantly lower than respondents who rated their current state of health as excellent/very good (92%).
- When asked if their family members, caregivers, or they were involved in making health care decisions, respondents who rated their current state of health as good/fair/poor were less likely to respond positively (always/usually) than respondents who rated their current state of health as excellent/very good (70% vs. 75%).
- In regard to receiving helpful, timely, and courteous customer service when members called the plan with a question, complaint, or grievance, 75% of respondents who rated their current state of health as good/fair/poor reported they always/usually received helpful, timely, and courteous customer service while 84% of respondents who rated their current state of health as excellent/very good reported the same. The rate for respondents with good/fair/poor health was significantly lower.
- Eighty-one percent (81%) of respondents who rated their current state of health as good/fair/poor reported the plan was excellent/good at helping them with medication management, managing illnesses, feeling sad and lonely, and staying in their own home as opposed to a nursing home. Comparatively, 91% of respondents who reported their health status as excellent/very good responded to these survey items with an excellent/good rating. The rate for respondents who rated their health as good/fair/poor was significantly lower.
- Overall, 84% of respondents who rated their current state of health as good/fair/poor rated their MLTC plan as excellent/good while 93% of respondents who rated their current state of health as excellent/very good rated



their MLTC plan as excellent/very good. The rate for respondents who rated their current state of health as good/fair/poor was significantly lower than the rate for respondents who rated their current state of health as excellent/very good.

- In regard to quality of care provided by long-term care providers and services, 79% of respondents who rated their current state of health as good/fair/poor rated quality as excellent/good, significantly lower than respondents who rated their current state of health as excellent/very good (87%).
- Eighty percent (80%) of respondents who rated their current state of health as good/fair/poor reported that long-term care providers and services were always/usually on time, significantly lower than respondents who rated their current state of health as excellent/very good (87%).
- Respondents who rated their current state of health as good/fair/poor were less likely to report always/usually being able to get regular appointments with long-term care providers and services as soon as they thought they needed it (80% vs. 84%).
- Respondents who rated their current state of health as good/fair/poor were less likely than respondents who rated their current state of health as excellent/very good to report that they had a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (64% vs. 74%).

## Section 4: Limitations

As with any survey that relies on self-reported responses, there is the possibility of recall bias, since some questions require the member to answer questions based on a time period within six months. Limitations that may affect response rates of plans were most notable. Throughout the year that the survey was conducted, a few MLTC plans have ceased operations and/or sold their product line(s) to existing MLTC plans. For example, GuildNet MLTC plan ceased operations in Nassau, Suffolk and Westchester Counties. The members affected by this change were absorbed by other MLTC plans. In another instance, CenterLight Select eliminated its MLTC product line. The majority of these members were transitioned to Centers Plan for Healthy Living. As a result of this change, the response rate for CenterLight Select decreased and the response rate for Centers Plan for Healthy Living increased. It should also be noted that participants may have rated their plan unfavorably after being moved to a new MLTC plan.

IPRO was made aware that a few MLTC plans had communicated with members via postcards, calls or other means to encourage members to complete the survey, which could have affected response rates. Other limitations observed by IPRO included the Medicare member satisfaction survey, which was being conducted in the same general timeframe as the IPRO/NYSDOH member satisfaction survey. Some members in MLTC plans that are also Medicare beneficiaries may have received this survey, which may have caused confusion among those members, given the similarity of the items on both surveys.

## Section 5: Supplemental Phone Survey

IPRO conducted an abbreviated phone survey in follow up to the mailed survey. The purpose of the phone survey was to investigate possible bias that may have occurred due to MLTC care managers assisting members in completing the mailed survey, specifically with regard to care manager and plan-related survey items. In light of this potential issue, IPRO and the NYSDOH thought it necessary to conduct a study to compare responses between members completing the phone survey and members who completed the mailed survey. During the course of the survey response period, IPRO became aware of the possibility that care managers from several plans had intervened with members in completing the survey. Therefore there was added interest in learning whether or not responses among members from these plans differed from other plans. An abbreviated phone survey consisting of 16 questions from the original survey was crafted and was conducted across a random sample of members from all of the MLTC plans, with an oversample of members drawn from selected plans with a notably higher level of care manager assistance in completing the survey (Question 69). The random sample for the phone survey consisted of 1,150 members. IPRO was successful in completing the phone survey with 112 members in the sample. In every instance, IPRO completed the survey with the members directly, or with a family member, to eliminate the possibility of health aides and care managers answering questions on the members' behalf.

Responses to both versions of the survey (phone and mail) indicated that members are satisfied with the services they receive from their care manager, health aide, and health plan. There were no significant differences between the two survey groups with regard to questions related to plan rating and quality of services provided by care managers. IPRO's phone survey results therefore support the credibility of the mail survey responses.

## Section 6: Conclusions and Recommendations

Overall survey findings were favorable. The tables presented in this report indicate that the majority of MLTC respondents are satisfied with their MLTC plan. The majority of members rated the quality of MLTC services to be good or excellent, and the majority of members indicated that providers and services are always or usually on time. It is encouraging to see continued high satisfaction rates for such critical long-term care services as visiting nurses and care managers. Survey results also indicate that certain services reflected notable quality improvement ratings as compared to the 2015 survey, among these were home delivered meals and home health and personal care agencies.

Significant improvements have been made in advance care planning from the last survey year to the current survey year. A larger percentage of members indicated that someone from the plan spoke to them about appointing someone to make decisions about their plan of care if they are unable to do so. Further, a larger percentage of members indicated that they have a legal document or advance directive appointing someone to make decisions if they are unable to do so. Members also indicated that the plan has a copy of the legal document or advance directive, which underscores the increased efforts made by plans to ensure members are thinking about advance care planning through the performance improvement projects (PIPs) being conducted.

Specific observations and recommendations were as follows:

- 1) IPRO observed that the percentage of members rating the quality of medical supplies and equipment as good/excellent, while still high, declined slightly from the 2015 survey (82% to 80% - **Table B2**).

*Plans may choose to conduct more in depth member surveys focused on this service to determine if, in fact, quality issues exist and to determine the nature of these issues. These surveys can be used as baseline data to determine if PIPs focusing on this service are warranted. Reviews of complaint and grievance logs may be considered as well, as a means of identifying quality of care issues.*

- 2) The percentage of respondents rating the quality of dental services as good/excellent, while slightly improved from 2015 (73% to 75%), continues to be among the lowest of the long-term care providers and services (**Table B2**).

*Member surveys focused on the quality of dental care may be warranted, to identify issues, and to determine if there are access issues with these providers as well. Reviews of complaint and grievance logs may also be considered as a means of identifying problems with dental networks. Plans conducting dental preventive screening PIPs may wish to include this as part of their interventions and process measures, as issues with access to dental services may yield lower dental exam rates.*

- 3) Audiology/hearing aids, while improved from the 2015 survey, had the lowest good/excellent quality of care ratings, at 73%, versus 68% in 2015 (**Table B2**).

*As with dental services, member surveys focused on the quality of these services may be warranted, as are reviews of complaints and grievances involving audiology services, to assist in determining if outreach to these*

*providers is necessary. Plans pursuing hearing exams as a topic for their preventive screening PIP should consider interventions that address these survey results, as well as any findings from complaint/grievance logs pertaining to dissatisfaction with audiology services.*

- 4) The percentage of respondents indicating that the health plan spoke to them about appointing someone to make decisions about their health if they are unable to do so, and the percentage of respondents indicating that they have a legal document or advance directive in place, significantly increased from 2015 to 2017 (**Table B1**). PACE and MAP plans continue to exhibit higher rates of these discussions and advance directive procurement than partially capitated plans (**Tables A6, B7**). Whites, blacks, and respondents who identified as “other” reported higher rates of advance directives in place than Asians (**Table B9**).

*As noted in prior survey findings, a number of partially capitated plans have been addressing advance directives over the years by undertaking PIPs which focus on advance directive discussion as well as procurement. Project interventions have included:*

- a) *Increased social worker and care management involvement (language and culture specific where applicable)*
- b) *Language and culture specific member education materials*
- c) *Advance directive discussions at start of enrollment processes*
- d) *Advance directive discussions during clinical re-assessment visits*
- e) *Increased telephone follow-up initiatives*

*Some improvement in advance directive procurement rates have been observed with these interventions. IPRO recommends continued efforts in these areas, and recommended advance directives as a PIP topic option for the 2017-2018 year PIPs. This will benefit partially capitated plans in particular, due to the continued lower rates of advance directive discussion and procurement of partially capitated plans compared to MAP and PACE plans. Language and culture-specific interventions, wherever possible and applicable, would appear to be a key to this undertaking.*

- 5) The percentage of respondents indicating that they had same day urgent access to providers has declined since the last survey year and continues to be low. The highest percentage was reported for PCPs (49%), with same day urgent access for foot doctors, eye care, audiology, and dentists notably lower (**Table B4**).

*IPRO continues to acknowledge that outpatient services are not in the benefit package of the partially capitated plans. However, all plans may wish to investigate access issues through possibly interviewing providers to determine exactly how urgent visits are handled. Plans may also choose to interview samples of members to obtain time intervals for urgent appointments, in order to provide outreach to certain providers.*

- 6) The percentage of respondents indicating that family members or caregivers are involved in care planning, while slightly improved over 2015 results, still indicates room for improvement (**Table B1**, 66%).

*Family involvement is the member’s choice; therefore plans should investigate whether members would like additional family and/or caregiver participation in care planning. Plans may need to possibly consider doing*

*more to foster member and caregiver involvement in care planning, either through care manager education (e.g. in service training) or through outreach to vendors involved in care planning. An initial step might be a survey to a sample of members addressing whether these members would like to see family members involved in care planning or service determination discussions, and if members want family members/caregivers to receive copies of their care plans. These surveys should also address if members and/ or caregivers are not satisfied with their care plans because they do not include all of the relevant issues that they perceive to be important.*

- 7) Respondents with a level of education less than high school were more likely to report that the plan had explained the CDPA option than respondents with at least a high school diploma (83% vs. 76%) (**Table B10**). It should be noted that this difference is statistically significant. Additionally, 78% of respondents with a level of education less than high school reported that the plan had talked to them about appointing someone to make health care decisions if they are unable to do so, which was significantly higher than respondents with at least a high school diploma (73%) (**Table B10**).

*These results may be indicating that verbal discussions may be limited to members with an obvious inability to understand these concepts. While it is encouraging to see that discussions are taking place with these members, plans should take steps to ensure that discussions are occurring across all membership groups. Members with a high school education or better may also have difficulty understanding these concepts and should not be overlooked.*

- 8) Similar to last year, there were some observed race/ethnicity differences with some ratings. White respondents were more likely to report that their family members or caregivers were always/usually involved in making decisions about health care, and were more likely to report always/usually receiving helpful, timely and courteous service when calling the plan. White respondents were also more likely to rate their quality of care as good/excellent, and were more likely to rate that they were always/usually able to get a regular appointment with their doctors as soon as they thought they needed one. A significantly lower rate of Asian respondents reported having advance directives in place than all other respondents. Also, a significantly higher percentage of English speaking respondents reported having these documents in place, as compared to non-English speaking respondents (**Tables B9, B12**).

These results may indicate that cultural barriers associated with race, and language barriers, may be playing a role in members not being satisfied with certain services and with timely access to them.

*This may be another area for plans to explore, if there is limited access to services across certain ethnic groups. Cultural competency training for plan staff may also be warranted, as well as increased use of language line services if a language barrier exists.*

# Appendix A. Frequency Tables

Table A1: MLTC Plan Evaluation

Item	Description	All respondents		Partial Cap 2015		Partial CAP 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 1: MLTC Plan Evaluation</b>																			
1a	Our records indicate that you are a member of [HEALTH PLAN]. Is this correct?																		
	Yes	2,965	96	3,685	96	542	98	725	99	632	98	482	96	4,139	97	4,892	96		
	No	112	4	160	4	9	2	7	1	16	2	20	4	137	3	187	4		
	<b>TOTAL</b>	<b>3,077</b>		<b>3,845</b>		<b>551</b>		<b>732</b>		<b>648</b>		<b>502</b>		<b>4,276</b>		<b>5,079</b>			
2a	Where do you live																		
	At home	2,964	98	3,580	94	493	93	657	93	637	99	486	98	4,094	97	4,723	95		
	Nursing home	68	2	209	6	37	7	49	7	8	1	8	2	113	3	266	5		
	<b>TOTAL</b>	<b>3,032</b>		<b>3,789</b>		<b>530</b>		<b>706</b>		<b>645</b>		<b>494</b>		<b>4,207</b>		<b>4,989</b>			
3	MLTC plan explains services clearly?																		
	Always	1,507	56	1,831	55	222	51	307	51	353	60	289	64	2,082	56	2,427	56		
	Usually	823	30	1,061	32	150	34	211	35	155	26	112	25	1,128	30	1,384	32		
	Sometimes	318	12	342	10	56	13	73	12	70	12	42	9	444	12	457	11		
	Never	61	2	67	2	10	2	11	2	13	2	6	1	84	2	84	2		
	<b>TOTAL</b>	<b>2,709</b>		<b>3,301</b>		<b>438</b>		<b>602</b>		<b>591</b>		<b>449</b>		<b>3,738</b>		<b>4,352</b>			
	<i>Don't know or not sure</i>	134		154		31		27		28		17		193		198			
4	Are you involved in making decisions about plan of care?																		
	Always	1,394	52	1,793	55	207	46	286	48	321	54	236	52	1,922	52	2,315	53		
	Usually	659	25	828	25	144	32	160	27	127	21	98	22	930	25	1,086	25		
	Sometimes	392	15	408	12	64	14	111	19	95	16	79	17	551	15	598	14		
	Never	223	8	252	8	33	7	38	6	51	9	40	9	307	8	330	8		
	<b>TOTAL</b>	<b>2,668</b>		<b>3,281</b>		<b>448</b>		<b>595</b>		<b>594</b>		<b>453</b>		<b>3,710</b>		<b>4,329</b>			
	<i>Don't know or not sure</i>	168		163		25		33		26		19		219		215			
5	Is your family/caregiver involved in making decisions about plan of care?																		
	Always	1,247	46	1,529	46	226	48	311	51	308	51	213	47	1,781	47	2,053	47		
	Usually	478	18	662	20	101	22	109	18	70	12	71	16	649	17	842	19		
	Sometimes	494	18	573	17	77	16	99	16	108	18	89	19	679	18	761	17		
	Never	467	17	565	17	65	14	96	16	117	19	84	18	649	17	745	17		
	<b>TOTAL</b>	<b>2,686</b>		<b>3,329</b>		<b>469</b>		<b>615</b>		<b>603</b>		<b>457</b>		<b>3,758</b>		<b>4,401</b>			
	<i>Don't know or not sure</i>	142		115		10		14		17		13		169		142			

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



Item	Description	All respondents		Partial Cap 2015		Partial CAP 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 1: MLTC Plan Evaluation</b>																			
6	Called the plan for help or a complaint/grievance?																		
	Yes	1,312	47	1,675	50	246	54	343	56	290	48	232	51	1,848	48	2,250	51		
	No	1,451	53	1,697	50	211	46	274	44	315	52	225	49	1,977	52	2,196	49		
	<b>TOTAL</b>	<b>2,763</b>		<b>3,372</b>		<b>457</b>		<b>617</b>		<b>605</b>		<b>457</b>		<b>3,825</b>		<b>4,446</b>			
7♦	Speak with a person quickly?																		
	Always	479	38	587	36	80	33	112	33	92	32	82	36	651	36	781	36		
	Usually	482	38	610	37	108	45	127	38	93	33	90	39	683	38	827	38		
	Sometimes	255	20	366	22	50	21	88	26	82	29	48	21	387	22	502	23		
	Never	57	4	71	4	3	1	8	2	19	7	8	4	79	4	87	4		
	<b>TOTAL</b>	<b>1,273</b>		<b>1,634</b>		<b>241</b>		<b>335</b>		<b>286</b>		<b>228</b>		<b>1,800</b>		<b>2,197</b>			
	<i>Don't know or not sure</i>	11		16		0		3		0		1		11		20			
8♦	Were questions answered quickly?																		
	Always	501	39	636	39	80	33	102	31	100	35	88	38	681	38	826	38		
	Usually	470	37	604	37	99	41	131	39	97	34	79	35	666	37	814	37		
	Sometimes	246	19	337	21	56	23	87	26	74	26	58	25	376	21	482	22		
	Never	60	5	62	4	5	2	14	4	13	5	4	2	78	4	80	4		
	<b>TOTAL</b>	<b>1,277</b>		<b>1,639</b>		<b>240</b>		<b>334</b>		<b>284</b>		<b>229</b>		<b>1,801</b>		<b>2,202</b>			
	<i>Don't know or not sure</i>	11		18		1		6		3		0		15		24			
9♦	Were you able to understand the answers?																		
	Always	664	52	805	49	114	48	158	47	122	43	112	50	900	50	1,075	49		
	Usually	379	30	552	34	92	38	126	38	92	32	74	33	563	31	752	34		
	Sometimes	202	16	245	15	29	12	45	14	64	22	37	16	295	16	327	15		
	Never	20	2	28	2	5	2	4	1	8	3	2	1	33	2	34	2		
	<b>TOTAL</b>	<b>1,265</b>		<b>1,630</b>		<b>240</b>		<b>333</b>		<b>286</b>		<b>225</b>		<b>1,791</b>		<b>2,188</b>			
	<i>Don't know or not sure</i>	18		20		2		6		1		3		21		29			
10♦	Were you treated with politeness and respect?																		
	Always	919	72	1,136	70	164	68	232	69	200	70	164	72	1,283	71	1,532	70		
	Usually	274	21	380	23	58	24	79	24	55	19	48	21	387	21	507	23		
	Sometimes	75	6	102	6	17	7	24	7	28	10	16	7	120	7	142	6		
	Never	16	1	16	1	1	0	1	0	2	1	1	0	19	1	18	1		
	<b>TOTAL</b>	<b>1,284</b>		<b>1,634</b>		<b>240</b>		<b>336</b>		<b>285</b>		<b>229</b>		<b>1,809</b>		<b>2,199</b>			
	<i>Don't know or not sure</i>	2		12		2		1		2		0		6		13			

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

Item	Description	All respondents		Partial Cap 2015		Partial CAP 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 1: MLTC Plan Evaluation</b>																			
11♦	Complaint or grievance handled to satisfaction?																		
	Always	378	39	460	36	58	31	87	31	75	33	80	41	511	37	627	36		
	Usually	292	30	410	32	72	38	92	33	70	31	50	26	434	31	552	31		
	Sometimes	205	21	273	21	48	25	87	31	63	28	43	22	316	23	403	23		
	Never	104	11	138	11	12	6	15	5	20	9	23	12	136	10	176	10		
	<b>TOTAL</b>	<b>979</b>		<b>1,281</b>		<b>190</b>		<b>281</b>		<b>228</b>		<b>196</b>		<b>1,397</b>		<b>1,758</b>			
	<i>I did not call the plan with a complaint</i>	307		367		53		57		53		34		413		458			
12	Has asked to see all of the prescriptions/over the counter medicines?																		
	Yes	2,520	94	3,101	95	397	92	549	93	566	95	434	95	3,483	94	4,084	94		
	No	157	6	176	5	35	8	41	7	27	5	25	5	219	6	242	6		
	<b>TOTAL</b>	<b>2,677</b>		<b>3,277</b>		<b>432</b>		<b>590</b>		<b>593</b>		<b>459</b>		<b>3,702</b>		<b>4,326</b>			
	<i>Don't know or not sure</i>	174		179		41		35		26		17		241		231			
13	Explain the CDPA option?																		
	Yes	1,413	77	1,920	81	156	58	222	61	292	74	264	84	1,861	75	2,406	79		
	No	418	23	439	19	111	42	140	39	105	26	52	16	634	25	631	21		
	<b>TOTAL</b>	<b>1,831</b>		<b>2,359</b>		<b>267</b>		<b>362</b>		<b>397</b>		<b>316</b>		<b>2,495</b>		<b>3,037</b>			
	<i>Don't know or not sure</i>	1,002		1,061		201		257		211		151		1,414		1,469			
14a	Take meds the way your doctor wants you to																		
	Excellent	1,114	51	1,414	53	236	55	324	58	273	53	205	53	1,623	52	1,943	54		
	Good	817	37	970	36	156	36	187	34	185	36	141	37	1,158	37	1,298	36		
	Fair	189	9	204	8	28	7	35	6	36	7	24	6	253	8	263	7		
	Poor	74	3	96	4	10	2	12	2	20	4	15	4	104	3	123	3		
	<b>TOTAL</b>	<b>2,194</b>		<b>2,684</b>		<b>430</b>		<b>558</b>		<b>514</b>		<b>385</b>		<b>3,138</b>		<b>3,627</b>			
	<i>Not Applicable</i>	529		620		38		51		85		71		652		742			

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

Item	Description	All respondents		Partial Cap 2015		Partial CAP 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 1: MLTC Plan Evaluation</b>																			
14b	Manage your illness																		
	Excellent	913	44	1,159	46	205	50	286	52	239	47	180	48	1,357	46	1,625	47		
	Good	823	40	1,005	40	167	40	206	37	197	39	138	37	1,187	40	1,349	39		
	Fair	236	11	258	10	32	8	48	9	47	9	44	12	315	11	350	10		
	Poor	89	4	115	5	10	2	11	2	23	5	14	4	122	4	140	4		
	<b>TOTAL</b>	<b>2,061</b>		<b>2,537</b>		<b>414</b>		<b>551</b>		<b>506</b>		<b>376</b>		<b>2,981</b>		<b>3,464</b>			
	<i>Not Applicable</i>	604		730		48		51		88		71		740		852			
14c	Help when feeling sad and lonely																		
	Excellent	653	36	879	38	115	33	176	38	133	33	114	37	901	35	1,169	38		
	Good	655	36	821	36	139	39	166	36	153	38	106	35	947	37	1,093	36		
	Fair	320	18	375	16	66	19	87	19	70	17	60	20	456	18	522	17		
	Poor	168	9	219	10	32	9	32	7	45	11	25	8	245	10	276	9		
	<b>TOTAL</b>	<b>1,796</b>		<b>2,294</b>		<b>352</b>		<b>461</b>		<b>401</b>		<b>305</b>		<b>2,549</b>		<b>3,060</b>			
	<i>Not Applicable</i>	848		952		109		136		189		144		1,146		1,232			
14d	Allow to stay in home and not in nursing home																		
	Excellent	1,331	64	1,706	65	272	68	384	72	328	69	218	63	1,931	66	2,308	66		
	Good	586	28	730	28	100	25	130	24	118	25	99	29	804	27	959	27		
	Fair	109	5	129	5	17	4	11	2	16	3	20	6	142	5	160	5		
	Poor	43	2	58	2	9	2	11	2	10	2	7	2	62	2	76	2		
	<b>TOTAL</b>	<b>2,069</b>		<b>2,623</b>		<b>398</b>		<b>536</b>		<b>472</b>		<b>344</b>		<b>2,939</b>		<b>3,503</b>			
	<i>Not Applicable</i>	560		632		63		69		126		108		749		809			
15	How would you rate your plan?																		
	Excellent	1,095	41	1,430	44	202	45	257	42	286	48	203	45	1,583	42	1,890	44		
	Good	1,230	46	1,438	44	189	42	270	45	253	42	196	43	1,672	45	1,904	44		
	Fair	301	11	340	10	54	12	71	12	46	8	48	11	401	11	459	11		
	Poor	62	2	66	2	8	2	7	1	13	2	5	1	83	2	78	2		
	<b>TOTAL</b>	<b>2,688</b>		<b>3,274</b>		<b>453</b>		<b>605</b>		<b>598</b>		<b>452</b>		<b>3,739</b>		<b>4,331</b>			

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

Table A2: Quality of Care

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2A: Quality of Care Providers</b>																			
16	Regular Doctor																		
	Excellent	1,424	56	1,790	58	228	51	309	53	319	55	235	54	1,971	55	2,334	56		
	Good	907	36	1,062	34	171	38	209	36	208	36	160	37	1,286	36	1,431	35		
	Fair	163	6	190	6	35	8	48	8	41	7	30	7	239	7	268	6		
	Poor	49	2	68	2	12	3	17	3	15	3	13	3	76	2	98	2		
	<b>TOTAL</b>	<b>2,543</b>		<b>3,110</b>		<b>446</b>		<b>583</b>		<b>583</b>		<b>438</b>		<b>3,572</b>		<b>4,131</b>			
	<i>Not Applicable</i>	170		226		17		21		23		23		210		270			
17	Dentist																		
	Excellent	536	32	710	33	120	36	159	36	95	25	86	31	751	32	955	33		
	Good	678	41	874	41	139	41	184	42	175	47	122	43	992	42	1,180	41		
	Fair	293	18	340	16	50	15	56	13	67	18	47	17	410	17	443	15		
	Poor	162	10	216	10	28	8	41	9	39	10	26	9	229	10	283	10		
	<b>TOTAL</b>	<b>1,669</b>		<b>2,140</b>		<b>337</b>		<b>440</b>		<b>376</b>		<b>281</b>		<b>2,382</b>		<b>2,861</b>			
	<i>Not Applicable</i>	918		1,067		119		158		207		155		1,244		1,380			
18	Eye Care																		
	Excellent	906	42	1,127	42	160	41	203	39	231	44	156	40	1,297	42	1,486	41		
	Good	855	39	1,095	41	145	37	231	44	215	41	161	41	1,215	39	1,487	41		
	Fair	288	13	292	11	57	15	57	11	48	9	50	13	393	13	399	11		
	Poor	118	5	162	6	29	7	31	6	27	5	23	6	174	6	216	6		
	<b>TOTAL</b>	<b>2,167</b>		<b>2,676</b>		<b>391</b>		<b>522</b>		<b>521</b>		<b>390</b>		<b>3,079</b>		<b>3,588</b>			
	<i>Not Applicable</i>	500		623		71		88		79		62		650		773			
19	Foot Doctor																		
	Excellent	840	44	946	44	118	37	171	39	171	42	141	43	1,129	43	1,258	43		
	Good	747	39	832	39	143	44	169	39	160	39	129	39	1,050	40	1,130	39		
	Fair	217	11	251	12	42	13	69	16	54	13	42	13	313	12	362	12		
	Poor	99	5	120	6	19	6	25	6	27	7	19	6	145	5	164	6		
	<b>TOTAL</b>	<b>1,903</b>		<b>2,149</b>		<b>322</b>		<b>434</b>		<b>412</b>		<b>331</b>		<b>2,637</b>		<b>2,914</b>			
	<i>Not Applicable</i>	679		1,017		125		150		166		102		970		1,269			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2A: Quality of Care Providers</b>																			
20a	Home Health Aide																		
	Excellent	1,361	56	1,788	59	187	50	223	46	314	58	240	57	1,862	56	2,251	57		
	Good	762	31	921	31	127	34	172	35	150	28	130	31	1,039	31	1,223	31		
	Fair	229	9	212	7	40	11	70	14	50	9	36	9	319	10	318	8		
	Poor	85	3	90	3	19	5	20	4	27	5	16	4	131	4	126	3		
	<b>TOTAL</b>	<b>2,437</b>		<b>3,011</b>		<b>373</b>		<b>485</b>		<b>541</b>		<b>422</b>		<b>3,351</b>		<b>3,918</b>			
	<i>Not Applicable</i>	154		189		70		97		29		25		253		311			
20b	Home Health Agency																		
	Excellent	1,059	42	1,358	44	154	43	159	35	210	37	172	40	1,423	41	1,689	42		
	Good	947	38	1,184	38	138	38	180	40	220	39	164	38	1,305	38	1,528	38		
	Fair	354	14	386	12	50	14	86	19	111	19	66	15	515	15	538	14		
	Poor	151	6	167	5	19	5	27	6	29	5	32	7	199	6	226	6		
	<b>TOTAL</b>	<b>2,511</b>		<b>3,095</b>		<b>361</b>		<b>452</b>		<b>570</b>		<b>434</b>		<b>3,442</b>		<b>3,981</b>			
	<i>Not Applicable</i>	155		194		84		142		26		20		265		356			
21	Care Manager																		
	Excellent	1,057	43	1,421	46	182	44	255	46	213	39	193	45	1,452	42	1,869	46		
	Good	998	40	1,216	39	168	41	194	35	232	42	168	39	1,398	41	1,578	39		
	Fair	303	12	322	10	44	11	85	15	69	13	45	10	416	12	452	11		
	Poor	121	5	134	4	20	5	17	3	38	7	24	6	179	5	175	4		
	<b>TOTAL</b>	<b>2,479</b>		<b>3,093</b>		<b>414</b>		<b>551</b>		<b>552</b>		<b>430</b>		<b>3,445</b>		<b>4,074</b>			
	<i>Not Applicable</i>	173		201		37		47		37		21		247		269			
22a	Regular Visiting Nurse																		
	Excellent	1,058	44	1,396	48	207	52	273	51	226	42	151	37	1,491	44	1,840	47		
	Good	949	39	1,125	38	144	36	200	37	215	40	166	41	1,308	39	1,491	38		
	Fair	292	12	296	10	35	9	49	9	62	11	61	15	389	12	406	10		
	Poor	113	5	118	4	15	4	18	3	39	7	25	6	167	5	161	4		
	<b>TOTAL</b>	<b>2,412</b>		<b>2,935</b>		<b>401</b>		<b>540</b>		<b>542</b>		<b>403</b>		<b>3,355</b>		<b>3,898</b>			
	<i>Not Applicable</i>	286		393		63		70		54		36		403		499			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2A: Quality of Care Providers</b>																			
22b	Covering/On Call Nurse																		
	Excellent	543	35	735	39	121	38	157	39	129	37	94	33	793	36	986	39		
	Good	651	42	773	41	148	46	160	40	137	39	126	45	936	42	1,059	41		
	Fair	247	16	227	12	43	13	64	16	50	14	40	14	340	15	331	13		
	Poor	118	8	136	7	10	3	22	5	36	10	22	8	164	7	180	7		
	<b>TOTAL</b>	<b>1,559</b>		<b>1,871</b>		<b>322</b>		<b>403</b>		<b>352</b>		<b>282</b>		<b>2,233</b>		<b>2,556</b>			
	<i>Not Applicable</i>	<i>1,017</i>		<i>1,303</i>		<i>135</i>		<i>201</i>		<i>218</i>		<i>159</i>		<i>1,370</i>		<i>1,663</i>			
23	Physical Therapist																		
	Excellent	401	36	550	41	128	43	168	43	64	30	56	32	593	37	774	41		
	Good	451	41	501	37	120	41	154	40	88	42	67	38	659	41	722	38		
	Fair	156	14	182	14	31	11	54	14	37	17	30	17	224	14	266	14		
	Poor	105	9	108	8	16	5	13	3	23	11	22	13	144	9	143	8		
	<b>TOTAL</b>	<b>1,113</b>		<b>1,341</b>		<b>295</b>		<b>389</b>		<b>212</b>		<b>175</b>		<b>1,620</b>		<b>1,905</b>			
	<i>Not Applicable</i>	<i>1,413</i>		<i>1,804</i>		<i>157</i>		<i>205</i>		<i>355</i>		<i>253</i>		<i>1,925</i>		<i>2,262</i>			
24	Occupational Therapist																		
	Excellent	226	36	305	40	94	43	136	45	40	31	33	34	360	37	474	40		
	Good	231	37	278	36	94	43	114	37	57	45	40	41	382	39	432	37		
	Fair	95	15	98	13	18	8	42	14	17	13	10	10	130	13	150	13		
	Poor	79	13	88	11	15	7	13	4	13	10	15	15	107	11	116	10		
	<b>TOTAL</b>	<b>631</b>		<b>769</b>		<b>221</b>		<b>305</b>		<b>127</b>		<b>98</b>		<b>979</b>		<b>1,172</b>			
	<i>Not Applicable</i>	<i>1,811</i>		<i>2,279</i>		<i>222</i>		<i>276</i>		<i>423</i>		<i>311</i>		<i>2,456</i>		<i>2,866</i>			
25	Speech Therapist																		
	Excellent	130	40	167	41	33	49	43	46	21	36	23	41	184	41	233	42		
	Good	97	30	140	34	20	29	28	30	22	37	17	30	139	31	185	33		
	Fair	53	16	57	14	8	12	15	16	7	12	7	13	68	15	79	14		
	Poor	44	14	48	12	7	10	7	8	9	15	9	16	60	13	64	11		
	<b>TOTAL</b>	<b>324</b>		<b>412</b>		<b>68</b>		<b>93</b>		<b>59</b>		<b>56</b>		<b>451</b>		<b>561</b>			
	<i>Not Applicable</i>	<i>2,072</i>		<i>2,595</i>		<i>364</i>		<i>484</i>		<i>485</i>		<i>344</i>		<i>2,921</i>		<i>3,423</i>			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2A: Quality of Care Providers</b>																			
26	Social Worker																		
	Excellent	535	38	644	40	185	48	267	51	99	32	84	36	819	39	995	42		
	Good	543	39	644	40	135	35	166	32	127	41	85	37	805	38	895	38		
	Fair	203	14	210	13	54	14	64	12	48	16	42	18	305	15	316	13		
	Poor	125	9	126	8	11	3	26	5	35	11	20	9	171	8	172	7		
	<b>TOTAL</b>	<b>1,406</b>		<b>1,624</b>		<b>385</b>		<b>523</b>		<b>309</b>		<b>231</b>		<b>2,100</b>		<b>2,378</b>			
	<i>Not Applicable</i>	1,112		1,478		71		66		245		190		1,428		1,734			
27	Medical Supplies and Equipment																		
	Excellent	873	42	1,092	42	195	49	272	49	209	44	163	44	1,277	43	1,527	43		
	Good	810	39	982	37	154	39	200	36	170	36	127	34	1,134	39	1,309	37		
	Fair	257	12	363	14	33	8	52	9	67	14	52	14	357	12	467	13		
	Poor	126	6	188	7	18	5	27	5	25	5	29	8	169	6	244	7		
	<b>TOTAL</b>	<b>2,066</b>		<b>2,625</b>		<b>400</b>		<b>551</b>		<b>471</b>		<b>371</b>		<b>2,937</b>		<b>3,547</b>			
	<i>Not Applicable</i>	550		607		57		59		109		81		716		747			
28	Audiology / Hearing Aids																		
	Excellent	185	32	291	38	60	39	72	36	46	33	37	33	291	34	400	37		
	Good	197	34	277	36	48	31	77	38	53	38	33	30	298	34	387	36		
	Fair	106	18	115	15	24	16	30	15	24	17	18	16	154	18	163	15		
	Poor	85	15	91	12	22	14	22	11	16	12	23	21	123	14	136	13		
	<b>TOTAL</b>	<b>573</b>		<b>774</b>		<b>154</b>		<b>201</b>		<b>139</b>		<b>111</b>		<b>866</b>		<b>1,086</b>			
	<i>Not Applicable</i>	1,886		2,299		287		381		414		300		2,587		2,980			
29	Home Delivered Meals / Meals on Wheels																		
	Excellent	197	47	346	50	35	44	52	47	38	55	38	60	270	48	436	51		
	Good	120	29	220	32	27	34	36	33	17	25	18	29	164	29	274	32		
	Fair	60	14	76	11	13	16	13	12	3	4	2	3	76	13	91	11		
	Poor	38	9	45	7	4	5	9	8	11	16	5	8	53	9	59	7		
	<b>TOTAL</b>	<b>415</b>		<b>687</b>		<b>79</b>		<b>110</b>		<b>69</b>		<b>63</b>		<b>563</b>		<b>860</b>			
	<i>Not Applicable</i>	2,033		2,380		353		476		481		352		2,867		3,208			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2A: Quality of Care Providers</b>																			
30	Meals served at Day Health Center																		
	Excellent	234	39	295	43	114	33	158	36	40	52	43	52	388	38	496	41		
	Good	221	37	249	36	163	47	180	41	19	25	24	29	403	40	453	37		
	Fair	87	15	109	16	53	15	77	17	12	16	7	8	152	15	193	16		
	Poor	51	9	40	6	14	4	29	7	6	8	9	11	71	7	78	6		
	<b>TOTAL</b>	<b>593</b>		<b>693</b>		<b>344</b>		<b>444</b>		<b>77</b>		<b>83</b>		<b>1,014</b>		<b>1,220</b>			
	<i>Not Applicable</i>	1,875		2,386		114		156		469		331		2,458		2,873			
31	Day Health Center Activities																		
	Excellent	282	43	345	43	115	33	150	33	45	48	41	44	442	40	536	40		
	Good	250	38	305	38	154	44	180	40	28	30	31	33	432	39	516	38		
	Fair	96	15	101	13	61	17	96	21	14	15	11	12	171	16	208	16		
	Poor	31	5	47	6	20	6	24	5	6	6	10	11	57	5	81	6		
	<b>TOTAL</b>	<b>659</b>		<b>798</b>		<b>350</b>		<b>450</b>		<b>93</b>		<b>93</b>		<b>1,102</b>		<b>1,341</b>			
	<i>Not Applicable</i>	1,798		2,292		110		152		456		319		2,364		2,763			
32	Transportation Services																		
	Excellent	765	38	971	41	187	44	204	37	158	37	137	40	1,110	39	1,312	40		
	Good	764	38	888	37	178	42	234	42	151	35	112	33	1,093	38	1,234	38		
	Fair	312	16	333	14	41	10	81	15	72	17	56	16	425	15	470	14		
	Poor	159	8	197	8	15	4	32	6	51	12	37	11	225	8	266	8		
	<b>TOTAL</b>	<b>2,000</b>		<b>2,389</b>		<b>421</b>		<b>551</b>		<b>432</b>		<b>342</b>		<b>2,853</b>		<b>3,282</b>			
	<i>Not Applicable</i>	649		880		41		55		148		105		838		1,040			

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



Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2A: Quality of Care Providers</b>																			
33	Nursing Home																		
	Excellent	119	41	127	43	23	44	21	40	22	61	21	54	164	44	169	44		
	Good	101	35	100	34	15	29	17	32	9	25	8	21	125	33	125	32		
	Fair	45	16	36	12	10	19	6	11	3	8	5	13	58	15	47	12		
	Poor	24	8	31	11	4	8	9	17	2	6	5	13	30	8	45	12		
	<b>TOTAL</b>	<b>289</b>		<b>294</b>		<b>52</b>		<b>53</b>		<b>36</b>		<b>39</b>		<b>377</b>		<b>386</b>			
	<i>Not Applicable</i>	2,095		2,694		373		515		502		362		2,970		3,571			
34	Pharmacy Services																		
	Excellent	1,160	51	1,417	50	194	46	282	50	267	49	200	48	1,621	50	1,899	50		
	Good	924	41	1,074	38	196	46	233	41	204	37	160	39	1,324	41	1,467	39		
	Fair	153	7	240	9	28	7	42	7	57	10	45	11	238	7	327	9		
	Poor	44	2	75	3	5	1	11	2	20	4	9	2	69	2	95	3		
	<b>TOTAL</b>	<b>2,281</b>		<b>2,806</b>		<b>423</b>		<b>568</b>		<b>548</b>		<b>414</b>		<b>3,252</b>		<b>3,788</b>			
	<i>Not Applicable</i>	388		490		32		41		48		42		468		573			
35	Nutritionist																		
	Excellent	211	33	286	36	108	34	173	40	50	34	48	40	369	33	507	38		
	Good	254	40	306	38	157	50	180	42	60	41	41	34	471	43	527	39		
	Fair	108	17	144	18	39	12	60	14	17	12	21	18	164	15	225	17		
	Poor	69	11	65	8	10	3	17	4	19	13	9	8	98	9	91	7		
	<b>TOTAL</b>	<b>642</b>		<b>801</b>		<b>314</b>		<b>430</b>		<b>146</b>		<b>119</b>		<b>1,102</b>		<b>1,350</b>			
	<i>Not Applicable</i>	1,820		2,267		137		163		407		306		2,364		2,736			

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

Table A3: Timeliness of Care

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2B: Timeliness</b>																			
36	Home Health Aide																		
	Always	1,781	72	2,187	72	229	61	271	55	403	75	288	69	2,413	71	2,746	70		
	Usually	501	20	618	20	108	29	147	30	109	20	91	22	718	21	856	22		
	Sometimes	147	6	156	5	31	8	74	15	20	4	31	7	198	6	261	7		
	Never	42	2	57	2	6	2	3	1	8	1	8	2	56	2	68	2		
	<b>TOTAL</b>	<b>2,471</b>		<b>3,018</b>		<b>374</b>		<b>495</b>		<b>540</b>		<b>418</b>		<b>3,385</b>		<b>3,931</b>			
	<i>Not Applicable</i>	185		216		73		105		41		31		299		352			
37	Care Manager / Case Manager																		
	Always	1,149	51	1,552	55	200	53	272	51	241	49	191	50	1,590	51	2,015	54		
	Usually	728	32	876	31	127	33	166	31	160	32	132	35	1,015	32	1,174	31		
	Sometimes	289	13	296	10	38	10	73	14	66	13	41	11	393	13	410	11		
	Never	104	5	116	4	15	4	18	3	27	5	15	4	146	5	149	4		
	<b>TOTAL</b>	<b>2,270</b>		<b>2,840</b>		<b>380</b>		<b>529</b>		<b>494</b>		<b>379</b>		<b>3,144</b>		<b>3,748</b>			
	<i>Not Applicable</i>	324		360		63		58		72		64		459		482			
38a	Regular Visiting Nurse																		
	Always	1,168	51	1,463	53	227	62	295	57	236	46	189	47	1,631	51	1,947	53		
	Usually	699	30	820	30	89	24	145	28	163	32	125	31	951	30	1,090	30		
	Sometimes	336	15	368	13	41	11	64	12	93	18	72	18	470	15	504	14		
	Never	94	4	106	4	11	3	15	3	20	4	16	4	125	4	137	4		
	<b>TOTAL</b>	<b>2,297</b>		<b>2,757</b>		<b>368</b>		<b>519</b>		<b>512</b>		<b>402</b>		<b>3,177</b>		<b>3,678</b>			
	<i>Not Applicable</i>	360		474		80		80		69		50		509		604			
38b	Covering/On Call Nurse																		
	Always	643	44	756	44	145	48	182	48	136	41	97	37	924	44	1,035	44		
	Usually	431	30	546	32	99	33	120	32	106	32	82	31	636	30	748	32		
	Sometimes	250	17	265	15	42	14	57	15	52	16	54	21	344	16	376	16		
	Never	135	9	161	9	15	5	21	6	38	11	30	11	188	9	212	9		
	<b>TOTAL</b>	<b>1,459</b>		<b>1,728</b>		<b>301</b>		<b>380</b>		<b>332</b>		<b>263</b>		<b>2,092</b>		<b>2,371</b>			
	<i>Not Applicable</i>	1,080		1,371		148		208		227		166		1,455		1,745			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2B: Timeliness</b>																			
39	Physical Therapist																		
	Always	368	43	533	48	120	49	171	51	64	38	47	34	552	43	751	48		
	Usually	268	31	307	28	77	31	95	29	43	25	38	27	388	31	440	28		
	Sometimes	114	13	146	13	31	13	47	14	27	16	30	21	172	14	223	14		
	Never	106	12	119	11	17	7	20	6	35	21	25	18	158	12	164	10		
	<b>TOTAL</b>	<b>856</b>		<b>1,105</b>		<b>245</b>		<b>333</b>		<b>169</b>		<b>140</b>		<b>1,270</b>		<b>1,578</b>			
	<i>Not Applicable</i>	<i>1,629</i>		<i>1,947</i>		<i>198</i>		<i>243</i>		<i>376</i>		<i>280</i>		<i>2,203</i>		<i>2,470</i>			
40	Occupational Therapist																		
	Always	205	41	301	47	92	52	128	51	40	39	26	30	337	43	455	47		
	Usually	128	26	144	23	55	31	71	28	21	21	20	23	204	26	235	24		
	Sometimes	72	14	79	12	19	11	33	13	9	9	13	15	100	13	125	13		
	Never	92	19	111	17	12	7	19	8	32	31	29	33	136	18	159	16		
	<b>TOTAL</b>	<b>497</b>		<b>635</b>		<b>178</b>		<b>251</b>		<b>102</b>		<b>88</b>		<b>777</b>		<b>974</b>			
	<i>Not Applicable</i>	<i>1,934</i>		<i>2,356</i>		<i>262</i>		<i>319</i>		<i>423</i>		<i>319</i>		<i>2,619</i>		<i>2,994</i>			
41	Speech Therapist																		
	Always	113	40	161	45	30	50	38	51	18	30	17	31	161	40	216	45		
	Usually	61	21	65	18	13	22	16	22	8	13	9	17	82	20	90	19		
	Sometimes	37	13	27	8	5	8	6	8	5	8	3	6	47	12	36	7		
	Never	74	26	104	29	12	20	14	19	30	49	25	46	116	29	143	29		
	<b>TOTAL</b>	<b>285</b>		<b>357</b>		<b>60</b>		<b>74</b>		<b>61</b>		<b>54</b>		<b>406</b>		<b>485</b>			
	<i>Not Applicable</i>	<i>2,134</i>		<i>2,626</i>		<i>373</i>		<i>489</i>		<i>459</i>		<i>352</i>		<i>2,966</i>		<i>3,467</i>			
42	Social Worker																		
	Always	507	43	632	45	192	56	271	56	109	41	74	37	808	45	977	47		
	Usually	352	30	416	30	86	25	122	25	75	28	66	33	513	28	604	29		
	Sometimes	211	18	206	15	45	13	70	14	47	18	36	18	303	17	312	15		
	Never	121	10	138	10	22	6	22	5	35	13	26	13	178	10	186	9		
	<b>TOTAL</b>	<b>1,191</b>		<b>1,392</b>		<b>345</b>		<b>485</b>		<b>266</b>		<b>202</b>		<b>1,802</b>		<b>2,079</b>			
	<i>Not Applicable</i>	<i>1,256</i>		<i>1,652</i>		<i>97</i>		<i>94</i>				<i>219</i>		<i>1,353</i>		<i>1,965</i>			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2B: Timeliness</b>																			
43	Home Delivered Meals / Meals on Wheels																		
	Always	206	48	388	59	53	62	67	63	31	38	32	46	290	49	487	58		
	Usually	99	23	132	20	18	21	25	24	17	21	14	20	134	22	171	21		
	Sometimes	45	10	38	6	3	3	6	6	5	6	5	7	53	9	49	6		
	Never	80	19	100	15	12	14	8	8	28	35	19	27	120	20	127	15		
	<b>TOTAL</b>	<b>430</b>		<b>658</b>		<b>86</b>		<b>106</b>		<b>81</b>		<b>70</b>		<b>597</b>		<b>834</b>			
	<i>Not Applicable</i>	<i>1,985</i>		<i>2,339</i>		<i>345</i>		<i>468</i>		<i>442</i>		<i>344</i>		<i>2,772</i>		<i>3,151</i>			
44a	Transportation TO Day Center																		
	Always	387	57	452	56	200	61	227	52	57	56	54	51	644	58	733	54		
	Usually	176	26	224	28	96	29	141	32	21	21	22	21	293	26	387	29		
	Sometimes	59	9	60	7	24	7	60	14	10	10	11	10	93	8	131	10		
	Never	59	9	76	9	8	2	6	1	13	13	19	18	80	7	101	7		
	<b>TOTAL</b>	<b>681</b>		<b>812</b>		<b>328</b>		<b>434</b>		<b>101</b>		<b>106</b>		<b>1,110</b>		<b>1,352</b>			
	<i>Not Applicable</i>	<i>1,450</i>		<i>1,860</i>		<i>120</i>		<i>142</i>		<i>354</i>		<i>249</i>		<i>1,924</i>		<i>2,251</i>			
44b	Transportation FROM Day Center																		
	Always	341	55	402	56	183	59	222	52	44	52	49	54	568	56	673	54		
	Usually	161	26	192	27	95	31	134	32	16	19	17	19	272	27	343	28		
	Sometimes	62	10	58	8	19	6	58	14	9	11	8	9	90	9	124	10		
	Never	52	8	69	10	13	4	10	2	15	18	17	19	80	8	96	8		
	<b>TOTAL</b>	<b>616</b>		<b>721</b>		<b>310</b>		<b>424</b>		<b>84</b>		<b>91</b>		<b>1,010</b>		<b>1,236</b>			
	<i>Not Applicable</i>	<i>1,446</i>		<i>1,855</i>		<i>122</i>		<i>143</i>		<i>357</i>		<i>244</i>		<i>1,925</i>		<i>2,242</i>			
44c	Transportation TO the doctor																		
	Always	953	54	1,106	53	225	61	264	53	198	52	166	54	1,376	55	1,536	53		
	Usually	467	26	620	30	109	29	167	34	88	23	75	24	664	26	862	30		
	Sometimes	237	13	220	11	32	9	51	10	64	17	46	15	333	13	317	11		
	Never	106	6	122	6	4	1	13	3	32	8	22	7	142	6	157	5		
	<b>TOTAL</b>	<b>1,763</b>		<b>2,068</b>		<b>370</b>		<b>495</b>		<b>382</b>		<b>309</b>		<b>2,515</b>		<b>2,872</b>			
	<i>Not Applicable</i>	<i>721</i>		<i>957</i>		<i>66</i>		<i>82</i>		<i>155</i>		<i>104</i>		<i>942</i>		<i>1,143</i>			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2B: Timeliness</b>																			
44d	Transportation FROM the doctor																		
	Always	908	52	1,040	51	208	56	246	51	191	50	160	52	1,307	52	1,446	51		
	Usually	454	26	589	29	103	28	153	31	87	23	69	22	644	26	811	29		
	Sometimes	261	15	266	13	48	13	67	14	72	19	56	18	381	15	389	14		
	Never	130	7	142	7	11	3	21	4	32	8	24	8	173	7	187	7		
	<b>TOTAL</b>	<b>1,753</b>		<b>2,037</b>		<b>370</b>		<b>487</b>		<b>382</b>		<b>309</b>		<b>2,505</b>		<b>2,833</b>			
	<i>Not Applicable</i>	725		956		66		83		153		108		944		1,147			
45	Medical Supplies and Equipment																		
	Always	982	53	1,203	51	219	57	291	58	247	58	187	55	1,448	54	1,681	53		
	Usually	551	30	719	31	117	30	150	30	114	27	96	28	782	29	965	30		
	Sometimes	220	12	295	13	37	10	47	9	51	12	46	13	308	12	388	12		
	Never	108	6	135	6	14	4	10	2	14	3	14	4	136	5	159	5		
	<b>TOTAL</b>	<b>1,861</b>		<b>2,352</b>		<b>387</b>		<b>498</b>		<b>426</b>		<b>343</b>		<b>2,674</b>		<b>3,193</b>			
	<i>Not Applicable</i>	613		714		60		82		122		88		795		884			
46	Pharmacy Services																		
	Always	1,429	65	1,707	63	255	61	356	64	332	65	255	64	2,016	64	2,318	63		
	Usually	617	28	765	28	136	32	163	29	128	25	112	28	881	28	1,040	28		
	Sometimes	110	5	158	6	19	5	28	5	35	7	23	6	164	5	209	6		
	Never	46	2	70	3	9	2	9	2	14	3	11	3	69	2	90	2		
	<b>TOTAL</b>	<b>2,202</b>		<b>2,700</b>		<b>419</b>		<b>556</b>		<b>509</b>		<b>401</b>		<b>3,130</b>		<b>3,657</b>			
	<i>Not Applicable</i>	416		509		35		38		58		49		509		596			
47	Audiology/Hearing Aids																		
	Always	191	39	292	44	66	50	66	40	43	39	40	39	300	41	398	43		
	Usually	150	30	173	26	37	28	56	34	29	26	28	27	216	29	257	27		
	Sometimes	66	13	97	15	10	8	25	15	14	13	15	15	90	12	137	15		
	Never	88	18	105	16	18	14	18	11	25	23	20	19	131	18	143	15		
	<b>TOTAL</b>	<b>495</b>		<b>667</b>		<b>131</b>		<b>165</b>		<b>111</b>		<b>103</b>		<b>737</b>		<b>935</b>			
	<i>Not Applicable</i>	1,951		2,339		307		414		413		315		2,671		3,068			

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

Table A4: Access to Care (Urgent Appointments)

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2C: Access to Care - Urgent Appointment</b>																			
48	Regular Doctor																		
	Same day	1,033	50	1,246	49	185	50	224	47	224	49	171	49	1,442	50	1,641	49		
	1 to 3 days	695	34	894	35	140	38	203	42	140	30	109	31	975	34	1,206	36		
	4 days or longer	329	16	385	15	43	12	51	11	96	21	69	20	468	16	505	15		
	<b>TOTAL</b>	<b>2,057</b>		<b>2,525</b>		<b>368</b>		<b>478</b>		<b>460</b>		<b>349</b>		<b>2,885</b>		<b>3,352</b>			
	<i>Not Applicable</i>	575		706		84		112		114		96		773		914			
49	Dentist																		
	Same day	324	31	428	30	45	20	280	56	78	32	65	34	447	29	551	29		
	1 to 3 days	439	41	531	37	81	37	104	21	83	34	63	33	603	40	698	37		
	4 days or longer	299	28	477	33	95	43	118	24	82	34	61	32	476	31	656	34		
	<b>TOTAL</b>	<b>1,062</b>		<b>1,436</b>		<b>221</b>		<b>502</b>		<b>243</b>		<b>189</b>		<b>1,526</b>		<b>1,905</b>			
	<i>Not Applicable</i>	1,449		1,666		228		302		310		233		1,987		2,201			
50	Eye Care																		
	Same day	502	34	586	31	76	27	79	22	129	33	104	35	707	33	769	31		
	1 to 3 days	546	36	643	34	92	33	139	39	143	37	92	31	781	36	874	35		
	4 days or longer	449	30	635	34	110	40	142	39	118	30	97	33	677	31	874	35		
	<b>TOTAL</b>	<b>1,497</b>		<b>1,864</b>		<b>278</b>		<b>360</b>		<b>390</b>		<b>293</b>		<b>2,165</b>		<b>2,517</b>			
	<i>Not Applicable</i>	1,057		1,289		173		223		183		147		1,413		1,659			
51	Foot Doctor																		
	Same day	476	35	481	32	71	30	85	28	99	32	95	38	646	34	661	32		
	1 to 3 days	525	38	570	38	82	35	96	31	110	36	79	31	717	38	745	36		
	4 days or longer	367	27	468	31	82	35	126	41	100	32	79	31	549	29	673	32		
	<b>TOTAL</b>	<b>1,368</b>		<b>1,519</b>		<b>235</b>		<b>307</b>		<b>309</b>		<b>253</b>		<b>1,912</b>		<b>2,079</b>			
	<i>Not Applicable</i>	1,192		1,597		217		272		247		180		1,656		2,049			
52	Audiology/Hearing Aids																		
	Same day	128	34	179	34	32	30	32	23	31	28	22	31	191	32	233	32		
	1 to 3 days	118	31	169	32	31	30	41	29	41	37	27	38	190	32	237	32		
	4 days or longer	132	35	175	33	42	40	69	49	38	35	23	32	212	36	267	36		
	<b>TOTAL</b>	<b>378</b>		<b>523</b>		<b>105</b>		<b>142</b>		<b>110</b>		<b>72</b>		<b>593</b>		<b>737</b>			
	<i>Not Applicable</i>	2,048		2,508		337		430		428		339		2,813		3,277			

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

Table A5: Access to Care (Regular Appointments)

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 2D: Access to Care - Regular Appointment</b>																			
53	Regular Doctor																		
	Always	1,518	63	1,867	63	203	53	287	58	339	64	256	62	2,060	62	2,410	62		
	Usually	618	26	780	26	126	33	144	29	119	22	92	22	863	26	1,016	26		
	Sometimes	209	9	237	8	41	11	54	11	56	11	47	11	306	9	338	9		
	Never	67	3	81	3	13	3	7	1	19	4	18	4	99	3	106	3		
	<b>TOTAL</b>	<b>2,412</b>		<b>2,965</b>		<b>383</b>		<b>492</b>		<b>533</b>		<b>413</b>		<b>3,328</b>		<b>3,870</b>			
	<i>Not Applicable</i>	245		302		75		100		48		41		368		443			
54	Dentist																		
	Always	558	42	699	41	93	37	124	38	113	38	98	44	764	41	921	41		
	Usually	438	33	610	35	85	34	109	34	85	29	61	27	608	32	780	34		
	Sometimes	221	17	287	17	51	20	61	19	65	22	42	19	337	18	390	17		
	Never	106	8	127	7	24	9	29	9	34	11	24	11	164	9	180	8		
	<b>TOTAL</b>	<b>1,323</b>		<b>1,723</b>		<b>253</b>		<b>323</b>		<b>297</b>		<b>225</b>		<b>1,873</b>		<b>2,271</b>			
	<i>Not Applicable</i>	1,195		1,391		194		255		272		203		1,661		1,849			
55	Eye Care																		
	Always	826	47	987	45	116	39	160	41	203	48	155	49	1,145	46	1,302	45		
	Usually	580	33	738	34	107	36	141	36	129	31	92	29	816	33	971	34		
	Sometimes	266	15	349	16	62	21	68	17	69	16	51	16	397	16	468	16		
	Never	95	5	105	5	15	5	22	6	18	4	19	6	128	5	146	5		
	<b>TOTAL</b>	<b>1,767</b>		<b>2,179</b>		<b>300</b>		<b>391</b>		<b>419</b>		<b>317</b>		<b>2,486</b>		<b>2,887</b>			
	<i>Not Applicable</i>	806		987		151		192		155		118		1,112		1,297			
56	Foot Doctor																		
	Always	814	51	804	45	102	40	139	42	171	48	143	52	1,087	49	1,086	46		
	Usually	505	31	597	34	85	33	100	30	100	28	74	27	690	31	771	32		
	Sometimes	198	12	265	15	48	19	66	20	59	17	45	16	305	14	376	16		
	Never	91	6	105	6	20	8	24	7	27	8	14	5	138	6	143	6		
	<b>TOTAL</b>	<b>1,608</b>		<b>1,771</b>		<b>255</b>		<b>329</b>		<b>357</b>		<b>276</b>		<b>2,220</b>		<b>2,376</b>			
	<i>Not Applicable</i>	979		1,354		194		256		209		159		1,382		1,769			
57	Audiology/Hearing Aids																		
	Always	201	41	273	42	42	35	60	39	44	38	40	40	287	40	373	41		
	Usually	135	28	194	30	38	31	42	27	33	28	25	25	206	28	261	29		
	Sometimes	74	15	108	17	22	18	35	23	14	12	21	21	110	15	164	18		
	Never	76	16	73	11	19	16	17	11	25	22	14	14	120	17	104	12		
	<b>TOTAL</b>	<b>486</b>		<b>648</b>		<b>121</b>		<b>154</b>		<b>116</b>		<b>100</b>		<b>723</b>		<b>902</b>			
	<i>Not Applicable</i>	1,979		2,377		317		422		425		316		2,721		3,115			

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

Table A6: About You

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 3: About You</b>																			
58	Content with Quality of Life																		
	Very much	992	32	1,235	31	207	37	243	32	276	41	195	35	1,475	34	1,673	31		
	Quite a bit	934	30	1,158	29	166	30	228	30	135	20	134	24	1,235	28	1,520	29		
	Somewhat	755	24	1,030	26	134	24	193	25	163	24	112	20	1,052	24	1,335	25		
	A little bit	325	10	388	10	28	5	59	8	68	10	64	12	421	10	511	10		
	Not at all	141	4	212	5	21	4	37	5	33	5	45	8	195	4	294	6		
	<b>TOTAL</b>	<b>3,147</b>		<b>4,023</b>		<b>556</b>		<b>760</b>		<b>675</b>		<b>550</b>		<b>4,378</b>		<b>5,333</b>			
59	Rate your current state of health																		
	Excellent	122	4	149	4	24	4	47	6	39	6	30	5	185	4	226	4		
	Very good	287	9	432	11	116	21	133	18	92	13	70	13	495	11	635	12		
	Good	776	24	998	25	178	32	246	33	149	22	104	19	1,103	25	1,348	25		
	Fair	1,515	48	1,870	46	176	32	259	34	317	46	265	48	2,008	46	2,394	45		
	Poor	474	15	611	15	61	11	71	9	87	13	86	15	622	14	768	14		
	<b>TOTAL</b>	<b>3,174</b>		<b>4,060</b>		<b>555</b>		<b>756</b>		<b>684</b>		<b>555</b>		<b>4,413</b>		<b>5,371</b>			
60	Rating of overall mental/emotional health																		
	Excellent	283	9	338	8	59	11	89	12	73	11	58	11	415	9	535	10		
	Very Good	421	13	574	14	109	20	152	20	108	16	81	15	638	14	807	15		
	Good	930	29	1,177	29	187	34	241	32	207	30	174	32	1,324	30	1,592	30		
	Fair	1,217	38	1,512	38	159	29	223	29	230	34	179	32	1,606	36	1,914	36		
	Poor	323	10	403	10	40	7	55	7	68	10	60	11	431	10	518	10		
	<b>TOTAL</b>	<b>3,174</b>		<b>4,004</b>		<b>554</b>		<b>760</b>		<b>686</b>		<b>552</b>		<b>4,414</b>		<b>5,366</b>			
61	What is your gender?																		
	Male	848	27	1,135	28	144	26	191	25	130	19	129	23	1,122	26	1,455	27		
	Female	2,310	73	2,925	72	410	74	567	75	558	81	423	77	3,278	75	3,915	73		
	<b>TOTAL</b>	<b>3,158</b>		<b>4,060</b>		<b>554</b>		<b>758</b>		<b>688</b>		<b>552</b>		<b>4,400</b>		<b>5,370</b>			

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



Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 3: About You</b>																			
62	What is your age?																		
	18-44	50	2	64	2	1	0	1	0	8	1	4	1	59	1	69	1		
	45-64	432	14	594	15	45	8	66	9	85	12	69	12	562	13	729	14		
	65-74	692	22	976	24	131	24	165	22	144	21	133	24	967	22	1,274	24		
	75-84	1,045	33	1,247	31	171	31	232	30	233	34	178	32	1,449	33	1,657	31		
	over 85	969	30	1,191	29	207	37	300	39	218	32	173	31	1,394	31	1,664	31		
	<b>TOTAL</b>	<b>3,188</b>		<b>4,072</b>		<b>555</b>		<b>764</b>		<b>688</b>		<b>557</b>		<b>4,431</b>		<b>5,393</b>			
63a	Are you Hispanic/Latino origin?																		
	Yes	772	25	848	21	91	17	135	18	293	44	269	50	1,156	27	1,252	24		
	No	2,321	75	3,115	79	456	83	613	82	379	56	264	50	3,156	73	3,992	76		
	<b>TOTAL</b>	<b>3,093</b>		<b>3,963</b>		<b>547</b>		<b>748</b>		<b>672</b>		<b>533</b>		<b>4,312</b>		<b>5,244</b>			
63b+	What is your race?																		
	American Indian or Alaskan Native	56	2	76	2	11	2	20	3	16	3	6	2	83	2	102	2		
	Asian	525	20	692	20	53	10	57	8	43	9	39	10	621	17	788	17		
	Black or African American	639	24	723	21	95	19	117	17	250	50	173	45	984	27	1,013	22		
	Native Hawaiian or Pacific Islander	10	0	13	0	1	0	1	0	2	0	1	0	13	0	15	0		
	White	1,482	55	1,989	56	353	69	485	71	192	39	162	42	2,027	55	2,636	57		
	Other	4	0	30	1	0	0	4	1	1	0	4	1	5	0	38	1		
	<b>TOTAL</b>	<b>2,675</b>		<b>3,523</b>		<b>509</b>		<b>684</b>		<b>496</b>		<b>385</b>		<b>3,680</b>		<b>4,592</b>			
64	How well do you speak English?																		
	Very well	1,200	38	1,714	43	359	65	477	64	312	46	197	36	1,871	43	2,388	45		
	Well	392	12	515	13	76	14	96	13	108	16	98	18	576	13	709	13		
	Not well	692	22	785	20	56	10	79	11	138	20	141	25	886	20	1,005	19		
	Not at all	876	28	995	25	62	11	96	13	122	18	118	21	1,060	24	1,209	23		
	<b>TOTAL</b>	<b>3,160</b>		<b>4,009</b>		<b>553</b>		<b>748</b>		<b>680</b>		<b>554</b>		<b>4,393</b>		<b>5,311</b>			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 3: About You</b>																			
65	Primary language spoken at home																		
	English	1,729	52	2,008	50	450	78	553	74	417	59	253	46	2,596	57	2,814	53		
	Spanish	520	16	645	16	54	9	110	15	232	33	229	42	806	18	984	19		
	Russian	472	14	473	12	9	2	13	2	6	1	4	1	487	11	490	9		
	Chinese	371	11	534	13	34	6	37	5	15	2	12	2	420	9	583	11		
	Other	214	6	324	8	27	5	38	5	42	6	50	9	283	6	412	8		
	<b>TOTAL</b>	<b>3,306</b>		<b>3,984</b>		<b>574</b>		<b>751</b>		<b>712</b>		<b>548</b>		<b>4,592</b>		<b>5,283</b>			
66	Education level completed																		
	8th grade or less	982	32	1,197	30	135	25	181	25	273	41	240	45	1,390	32	1,618	31		
	Some high school, did not graduate	471	15	588	15	68	13	111	15	141	21	91	17	680	16	790	15		
	High school graduate or GED	703	23	1,004	25	148	28	205	28	134	20	107	20	985	23	1,316	25		
	Some college or 2 year degree	391	13	531	13	76	14	106	14	82	12	56	10	549	13	693	13		
	4 year college graduate	288	9	337	9	55	10	64	9	19	3	26	5	362	8	427	8		
	More than 4 year college degree	261	8	296	7	53	10	68	9	19	3	14	3	333	8	378	7		
	<b>TOTAL</b>	<b>3,096</b>		<b>3,953</b>		<b>535</b>		<b>735</b>		<b>668</b>		<b>534</b>		<b>4,299</b>		<b>5,222</b>			
67	Do you live																		
	Alone	1,471	46	1,854	46	255	47	370	50	370	53	292	52	2,096	48	2,516	47		
	With a family member or friend	1,514	48	1,865	47	212	39	295	40	295	43	251	45	2,021	46	2,411	45		
	With other than a family member or friend	185	6	290	7	74	14	79	11	27	4	15	3	286	6	384	7		
	<b>TOTAL</b>	<b>3,170</b>		<b>4,009</b>		<b>541</b>		<b>744</b>		<b>692</b>		<b>558</b>		<b>4,403</b>		<b>5,311</b>			
68	Did someone help you complete this survey																		
	Yes	1,985	64	2,550	64	389	71	517	68	468	70	358	66	2,842	65	3,425	65		
	No	1,132	36	1,433	36	161	29	238	32	205	30	186	34	1,498	35	1,857	35		
	<b>TOTAL</b>	<b>3,117</b>		<b>3,983</b>		<b>550</b>		<b>755</b>		<b>673</b>		<b>544</b>		<b>4,340</b>		<b>5,282</b>			

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

Item	Description	All respondents		Partial Cap 2015		Partial Cap 2017		PACE 2015		PACE 2017		MAP 2015		MAP 2017		Statewide 2015		Statewide 2017	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Section 3: About You</b>																			
69◆+	Who helped you																		
	Family member	1,295	65	1,648	64	234	60	325	64	321	69	228	62	1,850	65	2,201	64		
	Friend	185	9	215	8	46	12	31	6	24	5	18	5	255	9	264	8		
	Home Care Aide	344	17	440	17	33	8	32	6	107	23	89	24	484	17	561	16		
	Care Manager or Visiting Nurse	69	3	96	4	29	7	25	5	12	3	11	3	110	4	132	4		
	Other	97	5	180	7	48	12	97	19	11	2	19	5	156	5	296	9		
	<b>TOTAL</b>	<b>1,985</b>		<b>2,579</b>		<b>389</b>		<b>510</b>		<b>468</b>		<b>365</b>		<b>2,842</b>		<b>3,454</b>			
70◆+	How did this person help you																		
	Read the questions to me	1,090	55	1,460	38	219	56	281	36	288	62	230	43	1,597	56	1,971	38		
	Wrote down the answers that I gave	897	45	1,194	31	194	50	256	33	189	40	161	30	1,280	45	1,611	31		
	Answered the questions for me	515	26	687	18	134	34	178	23	105	22	75	14	754	27	940	18		
	Translated into my language	328	17	399	10	24	6	43	5	64	14	53	10	416	15	495	9		
	Helped in some other way	119	6	149	4	12	3	27	3	31	7	20	4	162	6	196	4		
	<b>TOTAL</b>	<b>1,985</b>		<b>3,889</b>		<b>389</b>		<b>785</b>		<b>468</b>		<b>539</b>		<b>2,842</b>		<b>5,213</b>			
71	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?																		
	Yes	1,689	63	2,532	73	385	77	566	82	447	75	407	80	2,521	67	3,505	75		
	No	971	37	946	27	112	23	122	18	153	26	99	20	1,236	33	1,167	25		
	<b>TOTAL</b>	<b>2,660</b>		<b>3,478</b>		<b>497</b>		<b>688</b>		<b>600</b>		<b>506</b>		<b>3,757</b>		<b>4,672</b>			
	<i>Not sure</i>	471		541		54		69		80		43		605		653			
72^	Do you have a legal document or advance directive appointing someone to make decisions about your health care if you are unable to do so?																		
	Yes	1,402	53	2,198	65	415	84	571	85	357	61	320	69	2,174	58	3,089	68		
	No	1,243	47	1,186	35	79	16	102	15	226	39	147	31	1,548	42	1,435	32		
	<b>TOTAL</b>	<b>2,645</b>		<b>3,384</b>		<b>494</b>		<b>673</b>		<b>583</b>		<b>467</b>		<b>3,722</b>		<b>4,524</b>			
	<i>Not sure</i>	459		543		65		71		101		61		625		675			
73^◆	Does the health plan have a copy of this advance directive document?																		
	Yes	684	75	1,209	80	327	94	480	97	175	71	204	83	1,186	79	1,893	84		
	No	229	25	308	20	21	6	17	3	70	29	41	17	320	21	366	16		
	<b>TOTAL</b>	<b>913</b>		<b>1,517</b>		<b>348</b>		<b>497</b>		<b>245</b>		<b>245</b>		<b>1,506</b>		<b>2,259</b>			
	<i>Not sure</i>	459		647		65		70		101		69		625		786			

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

- ◆ Items based on skip pattern.
- + Member can check all that apply.
- ^ Question and/or responses have been re-worded since 2015.

# Appendix B. Aggregate Tables

Table B1: Plan Evaluation – Comparison by Survey Year

Item	Description	2017		2015		2017 v. 2015 (▼,▲ or -)
		Denom*	Percent	Denom*	Percent	
<b>Section 1: MLTC Plan Evaluation</b>						
1a	Member of a [health plan]	5,079	96	4,276	97	–
2a	Live at home/community	4,989	95	4,207	97	▼
12	Plan asked to see prescription/over the counter medicines	4,326	94	3,702	94	–
14d	Plan has been excellent/good at helping to allow me to stay in my home	3,503	93	2,939	93	–
10♦	Always treated with politeness and respect	2,199	93	1,809	92	–
14a	Plan has been excellent/good at helping me to take my medications the way my doctor wants me to	3,627	89	3,138	89	–
3	Plan always/usually explained services clearly	4,352	88	3,738	86	–
15	Rated plan as good or excellent	4,331	88	3,739	87	–
14b	Plan has been excellent/good at helping me to manage my illnesses	3,464	86	2,981	85	–
73^	Health plan has a copy of this advance directive document	2,259	84	1,506	79	▲
9♦	Always able to understand the answers	2,188	84	1,791	82	–
13	Health plan explain Consumer Directed Personal Assistance	3,037	79	2,495	75	▲
4	Always/Usually involved in decisions about plan of care	4,329	79	3,710	77	–
71	Health plan has talked about appointing someone to make health care decisions	4,672	75	3,757	67	▲
8♦	Questions always answered quickly	2,202	75	1,801	75	–
14c	Plan has been excellent/good at helping me when I'm feeling sad and lonely	3,060	74	2,549	73	–
7♦	Always spoke with a person quickly	2,197	73	1,800	74	–
72^	Has a legal document or advance directive appointing someone to make health care decisions	4,524	68	3,722	58	▲
11♦	Complaint/grievance always/usually handled to satisfaction	1,758	67	1,397	68	–
5	Family member or caregiver always/usually involved in making decisions about plan of care	4,401	66	3,758	65	–
6	Called plan with question or for help or complaint/grievance	4,446	51	3,825	48	–

\* Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.

♦ Items based on skip pattern.

▲/▼ Indicates a significantly higher/lower rate than 2015 (p < .001).

- Not statistically significant.

^ Questions and/or responses have been reworded since 2015.

Table B2: Quality of Care – Comparison by Survey Year

Item	Description	2017		2015		2017 v. 2015 (▼,▲ or -)
		Denom*	Percent	Denom*	Percent	
<b>Section 2A: Quality of Care Providers (Excellent/Good)</b>						
16	Regular doctor	4,131	91	3,572	91	-
34	Pharmacy Services	3,788	89	3,252	91	-
20a	Home Health Aide, Personal Care Aide	3,918	89	3,351	87	-
22a	Regular Visiting Nurse/Registered Nurse	3,898	86	3,355	83	-
21	Care Manager/Case Manager	4,074	85	3,445	83	-
18	Eye Care	3,588	83	3,079	82	-
29	Home Delivered Meals/Meals on Wheels	860	83	563	77	-
19	Foot Doctor	2,914	82	2,637	83	-
20b	Home Health Agency, Personal Care Agency	3,981	81	3,442	76	▲
27	Medical Supplies and Equipment	3,547	80	2,937	82	-
22b	Covering/On-call nurse	2,556	80	2,233	77	-
26	Social Worker	2,378	80	2,100	77	-
23	Physical Therapist	1,905	79	1,620	77	-
31	Day Health Center Activities	1,341	78	1,102	79	-
30	Meals served at the Day Health Center	1,220	78	1,014	78	-
32	Transportation Services	3,282	78	2,853	77	-
24	Occupational Therapist	1,172	77	979	76	-
35	Nutritionist	1,350	77	1,102	76	-
33	Nursing Home	386	76	377	77	-
17	Dentist	2,861	75	2,382	73	-
25	Speech Therapist	561	75	451	72	-
28	Audiology/Hearing Aids	1,086	73	866	68	-

\* Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.

▲ Indicates a significantly higher rate than 2015 (p < .001)

- Not statistically significant

Table B3: Timeliness of Care – Comparison by Survey Year

Item	Description	2017		2015		2017 v. 2015 (▼,▲ or -)
		Denom*	Percent	Denom*	Percent	
<b>Section 2B: Timeliness (Always/Usually)</b>						
46	Pharmacy Services	3,657	92	3,130	93	-
36	Home Health Aide, Personal Care Aide	3,931	92	3,385	93	-
37	Care Manager/Case Manager	3,748	85	3,144	83	-
44c	Transportation: TO the doctor	2,872	84	2,515	81	-
45	Medical Supplies and Equipment	3,193	83	2,674	83	-
44a	Transportation: TO Day Center	1,352	83	1,110	84	-
38a	Regular Visiting Nurse/Registered Nurse	3,678	83	3,177	81	-
44b	Transportation: FROM Day Center	1,236	82	1,010	83	-
44d	Transportation: FROM the doctor	2,833	80	2,505	78	-
43	Home Delivered Meals/Meals on Wheels	834	79	597	71	▲
42	Social Worker	2,079	76	1,802	73	-
39	Physical Therapist	1,578	76	1,270	74	-
38b	Covering/On-call nurse	2,371	75	2,092	75	-
40	Occupational Therapist	974	71	777	70	-
47	Audiology/Hearing Aids	935	70	737	70	-
41	Speech Therapist	485	63	406	60	-

\* Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.

▲ Indicates a rate significantly higher than 2015 (p < .001)

- Not statistically significant



Table B4: Timely Access to Urgent Appointments (Same Day) – Comparison by Survey Year

		2017		2015		2017 v. 2015 (▼,▲ or -)
Item	Description	Denom*	Percent	Denom*	Percent	
<b>Section 2D: Access to Care - Urgent Appointments (Same day)</b>						
48	Regular doctor	3,352	49	2,885	50	-
51	Foot Doctor	2,079	32	1,912	34	-
52	Audiology/Hearing Aids	737	32	593	32	-
50	Eye Care	2,517	31	2,165	33	-
49	Dentist	1,905	29	1,526	29	-

- \* Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.
- Not statistically significant

Table B5: Timely Access to Regular Appointments (As Soon As Member Thought Appointment Needed) – Comparison by Survey Year

		2017		2015		2017 v. 2015 (▼,▲ or -)
Item	Description	Denom*	Percent	Denom*	Percent	
<b>Section 2C: Access to Care - Regular Appointments (Always/Usually)</b>						
53	Regular doctor	3,870	89	3,328	88	-
55	Eye Care	2,887	79	2,486	79	-
56	Foot Doctor	2,376	78	2,220	80	-
54	Dentist	2,271	75	1,873	73	-
57	Audiology/Hearing Aids	902	70	723	68	-

\* Denominator excludes *Not Applicable* responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item, and exclude *Not Applicable* responses.

- Not statistically significant.

Table B6: Plan Evaluation – Analysis of Composite Measures by Survey Year

Item	Description	2017		2015		2017 vs. 2015
		N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>						
Q3	The plan explains all of their services clearly (Always/Usually)	4,352	88%	3,738	86%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	4,529	72%	3,896	70%	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	2,241	79%	1,832	79%	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	4,326	94%	3,702	94%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	3,037	79%	2,495	75%	▲
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	4,149	85%	3,593	84%	–
Q15	Overall MLTC plan rating (Excellent/Good)	4,331	88%	3,739	87%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>						
Q16 – Q35^	The quality of care provided by long-term care provider/services (Excellent/Good)	4,502	82%	3,884	81%	–
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>						
Q36 - Q47^	The timeliness of care provided by long-term care provider/services (Always/Usually)	4,370	82%	3,774	82%	–
<b>Domain 4: Access to Care for Urgent Appointments</b>						
Q48 – Q52^	Getting timely urgent appointments with long-term care provider/services (Same day)	3,676	37%	3,166	39%	–
<b>Domain 5: Access to Care for Regular Appointments</b>						
Q53 – Q57^	Getting timely regular appointments with long-term care provider/services since joining the health plan (Always/Usually)	4,030	82%	3,476	81%	–
<b>Domain 6: Advance Directives</b>						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	4,672	75%	3,757	67%	▲
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	4,524	68%	3,722	58%	▲
Q73+	The health plan has a copy of this advance directive document	2,259	84%	1,506	79%	▲

- N\* Represents the denominator. For individual items, N\* is the number of valid responses. For composite measures, N\* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- ▲ Indicates a significantly higher rate than 2015 ( $p < .001$ ).
- Not statistically significant.
- + Questions and/or responses have been reworded since 2015.

Table B7: Analysis of Composite Measures – Comparison by Plan Type

Item		Description	Plan Type						Partial Cap vs. PACE vs. MAP
			Partial Cap		PACE		MAP		
			N*	%	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>									
Q3		The plan explains all of their services clearly (Always/Usually)	3,301	88%	602	86%	449	89%	–
Q4-Q5^		My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	3,423	73%	632	71%	474	68%	–
Q7-Q11^		The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,668	79%	342	77%	231	78%	–
Q12		Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	3,277	95%	590	93%	459	95%	–
Q13		Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	2,359	81%	362	61%	316	84%	MAP, Partial Cap>PACE
Q14a-d^		The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	3,109	85%	605	88%	435	84%	–
Q15		Overall MLTC plan rating (Excellent/Good)	3,274	88%	605	87%	452	88%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>									
Q16 – Q35^		The quality of care provided by long-term care providers/services (Excellent/Good)	3,412	82%	620	81%	470	80%	–
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>									
Q36 - Q47^		The timeliness of care provided by long-term care providers/services (Always/Usually)	3,305	83%	607	84%	458	80%	–
<b>Domain 4: Access to Care for Urgent Appointments</b>									
Q48 – Q52^		Getting timely urgent appointments with long-term care providers/services (Same day)	2,757	38%	523	34%	396	39%	–
<b>Domain 5: Access to Care for Regular Appointments</b>									
Q53 – Q57^		Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	3,080	83%	521	79%	429	80%	–
<b>Domain 6: Advance Directives</b>									
Q71		The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	3,478	73%	668	82%	506	80%	PACE, MAP>Partial Cap
Q72+		I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	3,384	65%	673	85%	467	69%	PACE>MAP, Partial Cap
Q73+		The health plan has a copy of this advance directive document	1,517	80%	497	97%	245	83%	PACE>MAP, Partial Cap

- N\* Represents the denominator. For individual items, N\* is the number of valid responses. For composite measures, N\* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- Not statistically significant.
- + Questions and/or responses have been reworded since 2015.

Table B8: Analysis of Composite Measures – Comparison by Gender

		Gender				Male vs. Female
		Male		Female		
Item	Description	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>						
Q3	The plan explains all of their services clearly (Always/Usually)	1157	89%	3,064	87%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1200	72%	3,189	72%	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	560	80%	1,622	79%	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1151	94%	3,043	95%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	840	80%	2,099	79%	–
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1090	84%	2,947	85%	–
Q15	Overall MLTC plan rating (Excellent/Good)	1154	88%	3,059	88%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>						
Q16 – Q35^	The quality of care provided by long-term care providers/services (Excellent/Good)	1187	81%	3,188	82%	–
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>						
Q36 - Q47^	The timeliness of care provided by long-term care providers/services (Always/Usually)	1147	82%	3,109	83%	–
<b>Domain 4: Access to Care for Urgent Appointments</b>						
Q48 – Q52^	Getting timely urgent appointments with long-term care providers/services (Same day)	972	38%	2,612	37%	–
<b>Domain 5: Access to Care for Regular Appointments</b>						
Q53 – Q57^	Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	1061	82%	2,867	82%	–
<b>Domain 6: Advance Directives</b>						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1219	71%	3,372	77%	▼
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	1152	64%	3,302	70%	▼
Q73+	The health plan has a copy of this advance directive document	537	84%	1,678	84%	–

- N\* Represents the denominator. For individual items, N\* is the number of valid responses. For composite measures, N\* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2015.
- ▼ Indicates the rate for Male respondents significantly lower than Female respondents.
- Not statistically significant.



Table B9: Analysis of Composite Measures – Comparison by Race

Item	Description	Race								White vs. Black vs. Asian vs. Other
		White		Black		Asian		Other		
		N*	%	N*	%	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>										
Q3	The plan explains all of their services clearly (Always/Usually)	2,016	88%	757	86%	667	88%	57	84%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,090	73%	800	70%	673	70%	57	64%	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,152	80%	406	75%	290	80%	38	75%	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2,000	95%	781	95%	632	93%	55	96%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,397	76%	530	80%	447	85%	37	70%	Asian>Black, White, Other
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,920	87%	736	85%	634	82%	54	85%	–
Q15	Overall MLTC plan rating (Excellent/Good)	2,019	88%	773	88%	638	86%	59	81%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>										
Q16 – Q35^	The quality of care provided by long-term care providers/services (Excellent/Good)	2,093	85%	800	78%	671	80%	60	79%	White>Black, Asian
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>										
Q36 - Q47^	The timeliness of care provided by long-term care providers/services (Always/Usually)	2,033	86%	775	79%	656	82%	59	81%	White>Black, Asian
<b>Domain 4: Access to Care for Urgent Appointments</b>										
Q48 – Q52^	Getting timely urgent appointments with long-term care providers/services (Same day)	1,712	37%	669	35%	515	41%	51	37%	–
<b>Domain 5: Access to Care for Regular Appointments</b>										
Q53 – Q57^	Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	1,887	86%	722	79%	574	77%	55	80%	White>Black, Asian
<b>Domain 6: Advance Directives</b>										
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,236	73%	860	76%	591	72%	67	72%	–
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	2,261	73%	819	71%	549	51%	68	79%	White, Black, Other>Asian
Q73+	The health plan has a copy of this advance directive document	1,228	86%	428	83%	193	79%	31	81%	–

- N\* Represents the denominator. For individual items, N\* is the number of valid responses. For composite measures, N\* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2015.
- Not statistically significant.

Table B10: Analysis of Composite Measures – Comparison by Level of Education

		Level of Education				Less than High School vs. At least High School
		Less than High School		At least High School		
Item	Description	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>						
Q3	The plan explains all of their services clearly (Always/Usually)	1,878	88%	2,243	88%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,963	73%	2,313	71%	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	921	79%	1,203	79%	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	1,872	94%	2,215	95%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,310	83%	1,547	76%	▲
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	1,804	84%	2,132	86%	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,859	87%	2,242	88%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>						
Q16 – Q35^	The quality of care provided by long-term care providers/services (Excellent/Good)	1,945	81%	2,319	83%	–
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>						
Q36 - Q47^	The timeliness of care provided by long-term care providers/services (Always/Usually)	1,902	82%	2,254	84%	–
<b>Domain 4: Access to Care for Urgent Appointments</b>						
Q48 – Q52^	Getting timely urgent appointments with long-term care providers/services (Same day)	1,605	39%	1,901	35%	–
<b>Domain 5: Access to Care for Regular Appointments</b>						
Q53 – Q57^	Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	1,747	80%	2,096	84%	▼
<b>Domain 6: Advance Directives</b>						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,003	78%	2,467	73%	▲
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	1,911	66%	2,447	70%	–
Q73+	The health plan has a copy of this advance directive document	930	84%	1,235	84%	–

- N\* Represents the denominator. For individual items, N\* is the number of valid responses. For composite measures, N\* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2015.
- ▲/▼ Indicates rate for Less Than High School respondents is significantly higher/lower than At Least High School respondents.
- Not statistically significant.

Table B11: Analysis of Composite Measures – Comparison by Age Group

		Age				18-64 Years vs. 65+ Years
		18-64 Years		65+ Years		
Item	Description	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>						
Q3	The plan explains all of their services clearly (Always/Usually)	639	85%	3,594	88%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	664	67%	3,735	73%	▼
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	333	74%	1,856	80%	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	643	95%	3,560	94%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	468	77%	2,480	80%	–
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	615	84%	3,432	85%	–
Q15	Overall MLTC plan rating (Excellent/Good)	644	85%	3,575	88%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>						
Q16 – Q35^	The quality of care provided by long-term care providers/services (Excellent/Good)	669	81%	3,719	82%	–
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>						
Q36 - Q47^	The timeliness of care provided by long-term care providers/services (Always/Usually)	647	82%	3,622	83%	–
<b>Domain 4: Access to Care for Urgent Appointments</b>						
Q48 – Q52^	Getting timely urgent appointments with long-term care providers/services (Same day)	572	37%	3,026	37%	–
<b>Domain 5: Access to Care for Regular Appointments</b>						
Q53 – Q57^	Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	626	79%	3,320	82%	–
<b>Domain 6: Advance Directives</b>						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	705	73%	3,906	76%	–
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	674	62%	3,801	69%	▼
Q73+	The health plan has a copy of this advance directive document	313	81%	1,923	84%	–

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- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2015.
- ▼ Indicates rate for the 18-64 age group is significantly lower than the 65+ age group.
- Not statistically significant.

Table B12: Analysis of Composite Measures – Comparison by Primary Language Spoken

		Primary Language				English vs. Non-English
		English		Non-English		
Item	Description	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>						
Q3	The plan explains all of their services clearly (Always/Usually)	2,159	86%	1,982	89%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,261	71%	2,045	73%	–
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,284	78%	842	80%	–
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2,155	95%	1,958	94%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,418	73%	1,476	85%	▼
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	2,077	86%	1,882	84%	–
Q15	Overall MLTC plan rating (Excellent/Good)	2,196	88%	1,923	87%	–
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>						
Q16 – Q35^	The quality of care provided by long-term care providers/services (Excellent/Good)	2,247	82%	2,038	82%	–
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>						
Q36 - Q47^	The timeliness of care provided by long-term care providers/services (Always/Usually)	2,179	83%	1,981	83%	–
<b>Domain 4: Access to Care for Urgent Appointments</b>						
Q48 – Q52^	Getting timely urgent appointments with long-term care providers/services (Same day)	1,842	33%	1,657	43%	▼
<b>Domain 5: Access to Care for Regular Appointments</b>						
Q53 – Q57^	Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	2,010	82%	1,827	82%	–
<b>Domain 6: Advance Directives</b>						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,446	74%	2,004	76%	–
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	2,450	78%	1,845	56%	▲
Q73+	The health plan has a copy of this advance directive document	1,402	86%	749	81%	–

- N\* Represents the denominator. For individual items, N\* is the number of valid responses. For composite measures, N\* is the number of members with at least one valid response to any question in the composite.
- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2015.
- ▲/▼ Indicates rate for English speaking respondents is significantly higher/lower than Non-English speaking respondents.
- Not statistically significant.



Table B13: Analysis of Composite Measures – Comparison by Self-Reported Health Status

		Self-Reported Health Status				Good/Fair/Poor vs. Excellent/Very Good
		Good/Fair/Poor		Excellent/Very Good		
Item	Description	N*	%	N*	%	
<b>Domain 1: MLTC Plan Evaluation</b>						
Q3	The plan explains all of their services clearly (Always/Usually)	2,466	84%	1,794	92%	▼
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,565	70%	1,831	75%	▼
Q7-Q11^	The plan provided helpful, timely, and courteous customer service when I or my caregiver or family members have called with a question, needed help, or had a complaint or grievance (Always/Usually)	1,292	75%	891	84%	▼
Q12	Since joining the health plan, someone from the plan has asked to see all of the prescriptions and over the counter medicines I've been taking	2,449	94%	1,756	95%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,727	78%	1,215	81%	–
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	2,372	81%	1,671	91%	▼
Q15	Overall MLTC plan rating (Excellent/Good)	2,457	84%	1,761	93%	▼
<b>Domain 2: Quality of Providers and Long-Term Care Services</b>						
Q16 – Q35^	The quality of care provided by long-term care providers/services (Excellent/Good)	2,565	79%	1,815	87%	▼
<b>Domain 3: Timeliness of Providers and Long-Term Care Services</b>						
Q36 - Q47^	The timeliness of care provided by long-term care providers/services (Always/Usually)	2,503	80%	1,761	87%	▼
<b>Domain 4: Access to Care for Urgent Appointments</b>						
Q48 – Q52^	Getting timely urgent appointments with long-term care providers/services (Same day)	2,097	36%	1,497	39%	–
<b>Domain 5: Access to Care for Regular Appointments</b>						
Q53 – Q57^	Getting timely regular appointments with long-term care providers/services since joining the health plan (Always/Usually)	2,318	80%	1,620	84%	▼
<b>Domain 6: Advance Directives</b>						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,669	74%	1,923	76%	–
Q72+	I have a legal document or advance directive appointing someone to make decisions about my health care if I am unable to do so	2,598	64%	1,857	74%	▼
Q73+	The health plan has a copy of this advance directive document	1,204	82%	1,015	86%	–

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- ^ Indicates a composite measure.
- + Questions and/or responses have been reworded since 2015.
- ▼ Indicates rate for respondents reporting good/fair/poor health status is significantly lower than respondents reporting excellent/very good health status.
- Not statistically significant.

# Appendix C. Survey Tool

ID Number									
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

**NYSDOH / IPRC  
Community-Based  
Managed  
Long-Term Care  
Member  
Satisfaction Survey  
2017**

002675

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**CORRECT:** ●      **INCORRECT:** ☒ ☓ ☉ ☪

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

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

- ① Yes (Skip to #2a)      ② No (Go to #1b)

**1b. What is the name of your MLTC plan?**  
\_\_\_\_\_

- 2a. Where do you live?**  
 ① At home or in a community (Skip to #3)  
 ② Nursing home (Go to #2b)

**2b. What is the name of the nursing home?**  
\_\_\_\_\_  
 (Skip to # 58)

- 3. Does the health plan explain all of their services to you clearly?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

- 4. Are you involved in making decisions about your plan of care?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

- 5. Is a family member or your caregiver involved in making decisions about your plan of care?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

- 6. Have you, a family member, or your caregiver ever called the plan with questions or for help, or with a complaint or grievance?**
- |       |                    |
|-------|--------------------|
| ① Yes | ② No (Skip to #12) |
|-------|--------------------|

- 7. Were you able to speak with a person quickly?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

- 8. Were your questions answered quickly?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

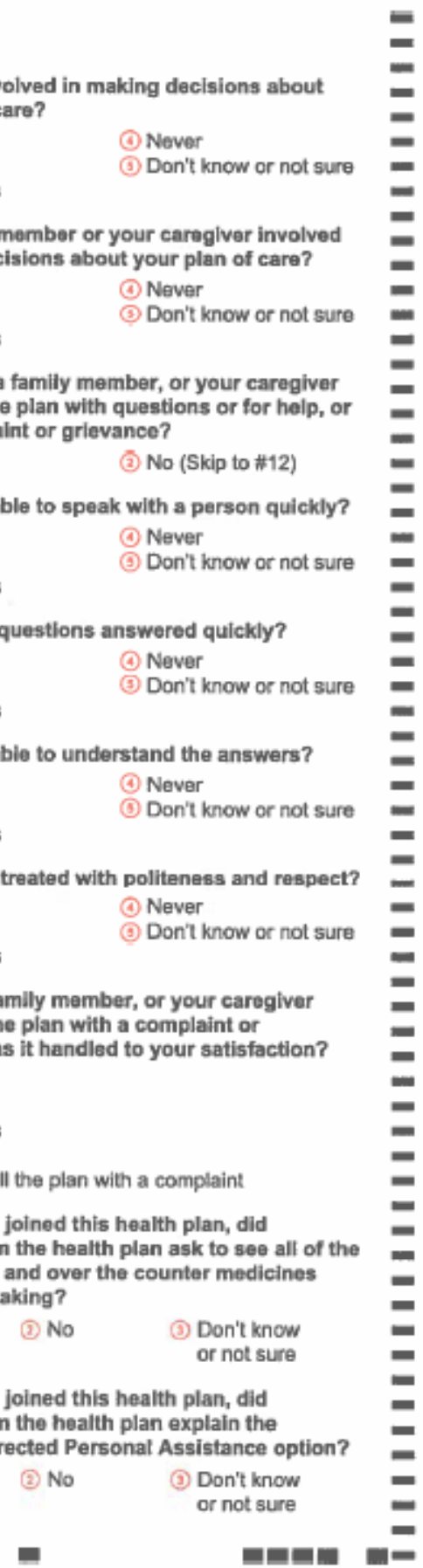
- 9. Were you able to understand the answers?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

- 10. Were you treated with politeness and respect?**
- |             |                          |
|-------------|--------------------------|
| ① Always    | ④ Never                  |
| ② Usually   | ⑤ Don't know or not sure |
| ③ Sometimes |                          |

- 11. If you, a family member, or your caregiver have called the plan with a complaint or grievance, was it handled to your satisfaction?**
- |  |  |
|--|--|
| ① Always                                   |  |
| ② Usually                                  |  |
| ③ Sometimes                                |  |
| ④ Never                                    |  |
| ⑤ I did not call the plan with a complaint |  |

- 12. Since you joined this health plan, did someone from the health plan ask to see all of the prescriptions and over the counter medicines you've been taking?**
- |       |      |                          |
|-------|------|--------------------------|
| ① Yes | ② No | ③ Don't know or not sure |
|-------|------|--------------------------|

- 13. Since you joined this health plan, did someone from the health plan explain the Consumer Directed Personal Assistance option?**
- |       |      |                          |
|-------|------|--------------------------|
| ① Yes | ② No | ③ Don't know or not sure |
|-------|------|--------------------------|



Please rate how helpful your plan has been in assisting you and your family with the following:

Please mark "Not Applicable" if your plan has not helped you with any of the following:

NOT APPLICABLE				
POOR				
FAIR				
GOOD				
EXCELLENT				

- 14a. Take your medications the way your doctor wants you to 1 2 3 4 5
  - 14b. Manage your illness, such as high blood pressure or diabetes 1 2 3 4 5
  - 14c. Help you when you're feeling sad and lonely 1 2 3 4 5
  - 14d. Allow you to stay in your home and not have to live in a nursing home 1 2 3 4 5
  - 15. Overall, how would you rate your managed long-term care plan? 1 2 3 4 5
- 1 Excellent                       3 Fair  
 2 Good                               4 Poor

## 2. Your Care Providers

### A) Quality of Your Care Providers

Please rate the providers and services you receive or have received within the last 6 months - even if the service is not covered, or paid for, by your health plan.

Note that we are asking you to rate the quality of these services or supplies. Timeliness questions (how quickly you receive these services) follow.

In some plans, the care manager (#21) and the visiting nurse (#22a) may be the same person. If they are, rate the person under BOTH Care Manager and Visiting Nurse.

Please mark "Not Applicable" if you've never used the provider or service.

NOT APPLICABLE				
POOR				
FAIR				
GOOD				
EXCELLENT				

- 16. Your Regular Doctor 1 2 3 4 5
- 17. Dentist 1 2 3 4 5
- 18. Eye Care (having your eyes checked and getting glasses or contact lenses) 1 2 3 4 5

NOT APPLICABLE				
POOR				
FAIR				
GOOD				
EXCELLENT				

- 19. Foot Doctor 1 2 3 4 5
- 20a. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you) 1 2 3 4 5
- 20b. Home Health AGENCY, Personal Care AGENCY (company that your home health aide works for) 1 2 3 4 5
- 21. Care Manager/Case Manager (person who prepares your plan of care) 1 2 3 4 5
- 22a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits) 1 2 3 4 5
- 22b. Covering / On-call Nurse (comes to your house when regular nurse can't come) 1 2 3 4 5
- 23. Physical Therapist 1 2 3 4 5
- 24. Occupational Therapist 1 2 3 4 5
- 25. Speech Therapist 1 2 3 4 5
- 26. Social Worker 1 2 3 4 5
- 27. Medical Supplies and Equipment (wheelchairs, diapers, etc.) 1 2 3 4 5
- 28. Audiology / Hearing Aids 1 2 3 4 5
- 29. Home Delivered Meals/ Meals on Wheels 1 2 3 4 5
- 30. Meals served at the Day Health Center 1 2 3 4 5
- 31. Day Health Center activities 1 2 3 4 5
- 32. Transportation Services 1 2 3 4 5
- 33. Nursing Home 1 2 3 4 5
- 34. Pharmacy Services 1 2 3 4 5
- 35. Nutritionist 1 2 3 4 5

## B) Timeliness

In the last 6 months, please rate how often the following services were on time or if you were able to see the provider at the scheduled time.

In some plans, the care manager (#37) and the visiting nurse (#38a) may be the same person. If they are, rate the person under BOTH Care Manager and Visiting Nurse.

Please mark "Not Applicable" if you have not used the service or seen the provider in the last 6 months.

	1	2	3	4	5
36. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)					
37. Care Manager/Case Manager (person who prepares your plan of care)					
38a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)					
38b. Covering / On-call Nurse (comes to your house when regular nurse can't come)					
39. Physical Therapist					
40. Occupational Therapist					
41. Speech Therapist					
42. Social Worker					
43. Home Delivered Meals/Meals on Wheels					
44. Transportation:					
a. TO Day Center					
b. FROM Day Center					
c. TO your Doctor					
d. FROM your Doctor					
45. Medical Supplies and Equipment (wheelchairs, diapers, etc.)					
46. Pharmacy Services					
47. Audiology / Hearing Aids					

## C) Access

In the past 6 months, when you needed care **RIGHT AWAY**, how long did you usually have to wait between trying to get care and actually seeing a provider?

Please mark "Not Applicable" if you have not required urgent care in the last 6 months.

	1	2	3	4
48. Your Regular Doctor				
49. Dentist				
50. Eye Care (having your eyes checked and getting glasses or contact lenses)				
51. Foot Doctor				
52. Audiology / Hearing Aids				

In the past 6 months, when you called for a **REGULAR APPOINTMENT**, how often did you get an appointment as soon as you thought you needed?

Please mark "Not Applicable" if you have not scheduled an appointment in the last 6 months with any of the providers or if your plan schedules regular appointments for you.

	1	2	3	4	5
53. Your Regular Doctor					
54. Dentist					
55. Eye Care (having your eyes checked and getting glasses or contact lenses)					
56. Foot Doctor					
57. Audiology / Hearing Aids					

### 3. About You

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

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

59. In general, how would you rate your current state of health?

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

60. In general, how would you rate your overall mental or emotional health?

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

61. What is your gender?

- 1 Male
- 2 Female

62. What is your age?

- 1 18-44
- 2 45-64
- 3 65-74
- 4 75-84
- 5 85 and over

63a. Are you of Hispanic, Latino or Spanish origin or descent?

- 1 Yes
- 2 No

63b. What is your race? (MARK ALL THAT APPLY)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Pacific Islander
- 5 White
- 6 Other \_\_\_\_\_

64. How well do you speak English?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

65. What is your primary language spoken at home? (CHOOSE ONLY ONE)

- 1 English
- 2 Spanish
- 3 Russian
- 4 Chinese
- 5 Other \_\_\_\_\_

66. What is the highest grade or level of education that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2 year degree
- 5 4-year college graduate
- 6 More than 4 year college degree

67. Do you live:

- 1 Alone
- 2 With a family member or friend
- 3 With someone other than a family member or friend

68. Did someone help you to complete this survey?

- 1 Yes
- 2 No (Skip to #71)

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

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

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

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

71. Has anyone from the health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?

- 1 Yes
- 2 No
- 3 Not sure

72. Do you have a legal document or advance directive appointing someone to make decisions about your health care if you are unable to do so?

- 1 Yes (Go to #73)
- 2 No ( END SURVEY)
- 3 Not sure ( END SURVEY)

73. Does the health plan have a copy of this advance directive document?

- 1 Yes
- 2 No
- 3 Not sure

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**Thank you for participating in this survey**  
Please return the survey to IPRO in the enclosed postage-paid envelope  
at your earliest convenience