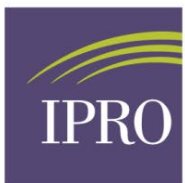




New York State Department of Health Managed Long-Term Care 2021 Member Satisfaction Survey Summary Report

FINAL REPORT

December 2021



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Executive Summary

Introduction

The Managed Long-Term Care (MLTC) member satisfaction survey assessed the level of satisfaction among members enrolled in New York State's Medicaid MLTC plans. The primary purpose of the study was 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.

In 2020, there were three MLTC plan types: 1) Partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, and 3) Medicaid Advantage Plus (MAP) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE and MAP benefit packages also include inpatient and outpatient care. The survey was administered to members in each of these three plan types.

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; in this section, 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 late December 2020 with a follow-up mailing in late March 2021 as an effort to maximize the response rates.

Inclusion criteria for the eligible population were as follows:

- continuously enrolled in an MLTC plan for a minimum of 6 months from March through August 2020; and
- MLTC plan enrollees from 42 plans/product lines:
 - The breakdown by plan type is as follows: PACE: 9, partially capitated: 25, and MAP: 8.

A sample of 600 enrollees from each plan was selected; the entire membership was selected if the plan's enrollment was fewer than 600. The final sample, for mailing, was 20,558 enrollees. Exclusions from mailing (e.g., address issues, deceased members) totaled 56, yielding an adjusted sample of 20,502 enrollees. Completed and returned surveys totaled 3,659, representing a response rate of 17.8%. Seventy-six percent (76%) of the responses were returned in English.

Key Findings

MLTC Plan Evaluation: Approximately 88% of survey responders rated their plan as good/excellent and 90% of members reported that their plan always/usually explained services clearly. Compared to 2019 survey results, an increased percentage of responders reported the plan as good/excellent in helping when they were feeling sad and lonely. In 2021 84% of survey responders reported always/usually being involved in making decisions about their plan of care, compared to 82% in 2019. Additionally, there was a decrease in the rate of members reporting that the plan reviewed all of the prescriptions and over-the-counter medications (2021: 93%, 2019: 95%).

Quality of Care: Members' perception of the quality of care received has remained positive. Eighty-one percent (81%) of responders for long-term care providers and services (i.e., regular doctor, dentist, eye doctor) rated the quality of these services as good/excellent. In 2021, there were significant decreases in the rates of members reporting quality of care services received from regular visiting nurse/registered nurse (2021: 84%, 2019: 88%) and podiatrists (2021: 81%, 2019: 85%).

Timeliness of Care: Eighty-one percent (81%) of responders for long-term care providers and services rated these services to be always/usually timely, a decrease compared to 85% in 2019. Services provided by a speech therapist had the largest decline between 2019 and 2021 (62% and 51%, respectively).

Access to Care: Thirty-one percent (31%) of responders indicated that they were able to get same-day urgent appointments with providers, a decrease from 2019 (36%). Seventy-eight percent (78%) of responders indicated they usually/always received timely regular appointments with providers, a significant decrease from 82% in 2019.

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:

- There are significant decreases in the rates for members accessing services timely from some MLTC providers (e.g. regular visiting nurse, covering/on call nurse, social worker, physical, occupational, and speech therapists). Recommendations were made to evaluate the provider networks and the members' use of telehealth options.
- Though somewhat better for the MAP product than for partially capitated or PACE, access to urgent appointments remained low for all provider types. Recommendations were made to evaluate the provider network adequacy and to survey providers directly to determine office policies on how urgent appointments are handled.
- There remains an opportunity for improvement regarding advance directives. The percentage of responders indicating that they have an advance directive in place decreased in 2021. The rates for MAP and partially capitated plans differed significantly when compared to PACE plans. Partially capitated plans exhibited lower rates of advance directive discussions than other plan types. Continued efforts to intervene in advance directive procurement are warranted, based upon survey findings.
- There were some observed differences in certain ratings when accounting for self-reported health status. Survey responders rating their health as excellent or very good tended to respond more favorably regarding service quality, access, and timeliness. Plans may need to stratify by acuity level to ensure that the needs of members who require more intensive care are being met.
- As noted in prior survey findings, there were some observed differences in certain ratings when accounting for the race of the responders and language spoken. These findings may indicate that cultural barriers associated with race and language spoken continue to play a role in dissatisfaction with the quality of some services and not having timely access to some services. It may be appropriate for plans to explore whether there is limited access to services across certain groups.
- Survey response rates have continued to decline in each survey period. IPRO strongly recommends that plans continue to emphasize the importance of the survey during discussions with members. However, plan staff are instructed to not provide members with any individual assistance in survey completion. It may be worthwhile for the NYSDOH and IPRO to consider, as a supplement to the survey, conducting a subset of survey items with focus groups of members across a sample of plans. Focus group responses can be compared to the traditional survey responses to identify any potential differences in satisfaction and to delve more deeply into survey topic domains. Focus groups conducted via video conferencing may be an alternative to consider as a substitute for in person focus groups. We recognize that video conferencing may not be a feasible alternative for some MLTC members and for these members, in person focus groups may be more meaningful. PACE day centers and other community locations utilized by partially capitated members can potentially provide a meaningful location for such focus groups to take place, especially if COVID-19 considerations change in the future.

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 MLTC 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,
- 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, or
- dual eligible and are 18 years of age and over and were previously determined as permanent placements in a nursing home.

There are three MLTC plan types that participated in the survey: 1) partially capitated MLTC plans, 2) Program of All-Inclusive Care for the Elderly (PACE) plans, and 3) Medicaid Advantage Plus (MAP) plans. Partial MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The PACE and MAP benefit packages also include inpatient and outpatient care.

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 that is largely based on CAHPS).

IPRO observed that, although all NYS MLTC plans conduct internal annual member satisfaction surveys, each plan has developed its own individualized survey. 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 responders satisfied with their health plan. It is anticipated that this survey will continue to be administered every other year going forward.

Objectives

Specific survey 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, gender, level of education, race, and primary language; and
- there has been a change in members' perception of quality of care and overall satisfaction since the last satisfaction survey in 2019.

Methodology

Survey Instrument

A scannable survey instrument was created to evaluate MLTC member satisfaction with the services provided by members' plans. The 2021 survey contained no changes to the questions or response wording from the 2019 survey.

The survey was composed of three sections. The first section addressed members' general experience with their MLTC plan and included questions on plan of care involvement, courtesy of plan representatives, and timeliness of responses to complaints and grievances. The second section addressed the quality of 22 types of long-term care providers and services (regular doctor, 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 center, day center activities, transportation services, nursing home, pharmacy services, and nutritionist); these items asked members to rate the quality of these providers and services, whether covered by the members' 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 (i.e., Spanish, Russian, and Chinese) survey for each mailing. The initial mailing was distributed in late December 2020 with a follow-up mailing in late March 2021.

Survey Sample

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

- continuously enrolled in an MLTC plan for a minimum of 6 months from March through August 2020; and
- MLTC plan enrollees from 42 plans/product lines. The breakdown by type of MLTC plan is as follows: PACE – 9, partially capitated – 25, MAP – 8.

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 20,558 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 composed 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.¹

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 responder to answer "Always," "Usually," "Sometimes," or "Never," the calculated score reflects the average proportion of responders who answered "Always/Usually." For survey items requiring the responder to answer "Excellent," "Good," "Fair," or "Poor," the calculated score reflects the average proportion of responders 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, and educational

¹ The CAHPS® proportional scoring method for creating and scoring composite measures was used.

attainment), *chi*-square tests were utilized to compare proportions of single survey items, and Student’s *t* tests were utilized to compare average proportions for composite measures.

The six domains are defined as follows in **Table1**:

Table 1: MLTC Domain Definitions

Item Type	Question/Statement
Domain 1 – MLTC Plan Evaluation	
Individual item	Q3. The plan always/usually explains all of their services clearly.
Composite	<p>My family member (or caregiver) and I are always/usually involved in making decisions about my plan of care.</p> <ul style="list-style-type: none"> • Q4. I am always/usually involved in decisions about plan of care. • Q5. Family member or caregiver always/usually involved in making decisions about plan of care.
Composite	<p>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.</p> <ul style="list-style-type: none"> • 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. • Q8. My questions were always/usually answered quickly. • Q9. I was always/usually able to understand the answers. • Q10. I was always/usually treated with politeness and respect. • 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.
Individual item	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.
Individual item	Q13. Since joining the health plan, someone from the plan has explained the Consumer-Directed Personal Assistance option.
Composite	<p>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 a nursing home.</p> <ul style="list-style-type: none"> • Q14a. The plan is excellent/good in assisting my family to ensure that I take my medications the way my doctor wants me to. • Q14b. The plan is excellent/good in assisting my family and I to manage my illness, such as high blood pressure or diabetes. • Q14c. The plan is excellent/good in assisting my family and I when I am feeling sad and lonely. • 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.
Individual item	Q15. Overall, my MLTC plan is excellent/good.

Table 1: MLTC Domain Definitions (continued)

Item Type	Question/Statement
Domain 2 – Quality of Providers and Long-Term Care Services	
Composite	<p>Excellent/good quality of care provided by long-term care providers and services.</p> <ul style="list-style-type: none"> • Q16. Regular Doctor • Q17. Dentist • Q18. Eye Care • Q19. Foot Doctor • Q20a. Home Health Aide, Personal Care Aide • Q20b. Home Health Agency, Personal Care Agency • Q21. Care Manager/Case Manager • Q22a. Regular Visiting Nurse/Registered Nurse • Q22b. Covering/On-Call Nurse • Q23. Physical Therapist • Q24. Occupational Therapist • Q25. Speech Therapist • Q26. Social Worker • Q27. Medical Supplies And Equipment • Q28. Audiology/Hearing Aids • Q29. Home Delivered Meals/Meals On Wheels • Q30. Meals Served At The Day Center • Q31. Day Center Activities • Q32. Transportation Services • Q33. Nursing Home • Q34. Pharmacy Services • Q35. Nutritionist
Domain 3 – Timeliness of Providers and Long-Term Care Services	
Composite	<p>Timely care always/usually provided by long-term care providers and services.</p> <ul style="list-style-type: none"> • Q36. Home Health Aide, Personal Care Aide • Q37. Care Manager/Case Manager • Q38a. Regular Visiting Nurse/Registered Nurse • Q38b. Covering/On-Call Nurse • Q39. Physical Therapist • Q40. Occupational Therapist • Q41. Speech Therapist • Q42. Social Worker • Q43. Home Delivered Meals/Meals On Wheels • Q44a. Transportation: To Day Center • Q44b. Transportation: From Day Center • Q44c. Transportation: To The Doctor • Q44d. Transportation: From The Doctor • Q45. Medical Supplies And Equipment • Q46. Pharmacy Services • Q47. Audiology/Hearing Aids

Table 1: MLTC Domain Definitions (continued)

Item Type	Question/Statement
Domain 4 – Access to Care for Urgent Appointments	
Composite	<p>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.</p> <ul style="list-style-type: none"> • Q48. Regular Doctor • Q49. Dentist • Q50. Eye Care • Q51. Foot Doctor • Q52. Audiology/Hearing Aids
Domain 5 – Access to Care for Regular Appointments	
Composite	<p>I was always/usually able to get a regular appointment as soon as I thought I needed one.</p> <ul style="list-style-type: none"> • Q53. Regular Doctor • Q54. Dentist • Q55. Eye Care • Q56. Foot Doctor • Q57. Audiology/Hearing Aids
Domain 6 – Advance Directives	
Individual item	<ul style="list-style-type: none"> • Q71. The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so.
Individual item	<ul style="list-style-type: none"> • 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.
Individual item	<ul style="list-style-type: none"> • Q73. The health plan has a copy of this advance directive document.

Results

Response Rates

Of the 20,558 surveys that were mailed, 56 were excluded for various reasons including address issues and being notified that the member was deceased. This yielded an adjusted population of 20,502. A total of 3,659 surveys were completed, with an overall response rate of 17.8%. In 2019, 4,639 surveys were completed, yielding a response rate of 23%.

Table 2 displays the response rates by plan type. The response rates were as follows: Partially Capitated (17.8%), PACE (18.0%), and MAP (17.9%), with an average response rate of 17.8%.

Table 2: Survey Responses by Plan Type

Surveys	Partially Capitated		PACE		MAP		Total	
	n	%	n	%	n	%	n	%
Surveys mailed	14,699		3,242		2,617		20,558	
Less exclusions	39	0.27%	14	0.43%	3	0.11%	56	0.27%
Address issues	2	0.01%	1	0.03%	0	0.00%	3	0.01%
Deceased	25	0.17%	11	0.34%	3	0.11%	39	0.19%
Other reason	12	0.08%	2	0.06%	0	0.00%	14	0.07%
Adjusted population	14,660		3,228		2,614		20,502	
Total surveys completed	2,609	17.8%	581	18.0%	469	17.9%	3,659	17.8%

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

Table 3 shows the response rates by language. Non-English responses composed 23.6% of the total responses.

Table 3: Language Responses by Plan Type

Surveys	Partially Capitated		PACE		MAP		Total	
	n	%	n	%	n	%	n	%
Completed in English	1,932	74.1%	533	91.7%	332	70.8%	2,797	76.4%
Completed in a language other than English	677	25.9%	48	8.3%	137	29.2%	862	23.6%
Spanish	218	32.2%	30	62.5%	111	81.0%	359	41.6%
Chinese	236	34.9%	10	20.8%	21	15.3%	267	31.0%
Russian	223	32.9%	8	16.7%	5	3.6%	236	27.4%
Total surveys completed	2,609		581		469		3,659	

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

Table 4 provides a summary of all responses per primary language. English responses composed 20.6% of the total responses.

Table 4: Survey Response Rates by Primary Language Spoken

Surveys	English ¹		Spanish ²		Russian ³		Chinese ⁴	
	n	%	n	%	n	%	n	%
Surveys mailed	13,645		4,027		1,185		1,656	
Less exclusions	45	0.3%	7	0.2%	1	0.1%	3	0.2%
Adjusted population	13,600		4,020		1,184		1,653	
Completed surveys	2,797	20.6%	359	8.9%	236	19.9%	267	16.2%

n: number of valid responses.

¹ English exclusions due to address issues (1), member deceased (31), refused (4), and other reason (8).

² Spanish exclusions due to address issues (2) and member deceased (5).

³ Russian exclusions due to member deceased (1).

⁴ Chinese exclusions due to member deceased (2), and other reason (2).

Table 5 displays survey responses by individual plan. Response rates differed by plan, ranging from 5% to 36%.

Table 5: Survey Responses by Plan

Health Plan	Adjusted Population n	Responders n	Responders %
Partially capitated			
Aetna Better Health	599	99	17%
AgeWell New York	600	147	25%
ArchCare Community Life	599	97	16%
Centers Plan For Healthy Living	600	94	16%
Elderplan dba HomeFirst	599	129	22%
Elderwood Health Plan	598	121	20%
Empire BCBS HealthPlus MLTC	600	101	17%
EverCare Choice	596	106	18%
Extended MLTC	598	89	15%
Fallon Health Weinberg	598	110	18%
Fidelis Care	595	98	16%
Hamaspik Choice	599	163	27%
iCircle	599	129	22%
Integra MLTC	599	78	13%
Kalos Health	593	122	21%
MetroPlus MLTC	599	122	20%
Montefiore MLTC	599	101	17%
Nascentia Health Options	597	98	16%
Prime Health Choice	512	77	15%
RiverSpring at Home	600	104	17%
Senior Health Partners	600	79	13%
Senior Network Health	385	70	18%
Senior Whole Health Partial	599	90	15%
VillageCareMax	600	86	14%
VNS Choice MLTC	597	99	17%
Subtotal	14,660	2,609	18%

Table 5: Survey Responses by Plan (continued)

Health Plan	Adjusted Population n	Responders n	Responders %
PACE			
ArchCare Senior Life	599	81	14%
Catholic Health-Life	241	86	36%
CenterLight PACE	600	106	18%
Complete Senior Care	113	32	28%
Eddy Senior Care	249	25	10%
ElderONE	599	91	15%
Fallon Health Weinberg – PACE	132	21	16%
PACE CNY	567	107	19%
Total Senior Care	128	32	25%
Subtotal	3,228	581	18%
MAP			
Centers Plan MAP	21	1	5%
ElderPlan MAP	599	123	21%
Fidelis Legacy Plan	58	9	16%
MHI HealthFirst Complete Care	600	96	16%
RiverSpring MAP	13	0	0%
Senior Whole Health	123	20	16%
VillageCareMax Total Advantage	600	100	17%
VNS Choice Total	600	120	20%
Subtotal	2,614	469	18%
Total	20,502	3,659	18%

n: number of valid responses; dba: doing business as; BCBS: BlueCross BlueShield; VNS: Visiting Nurse Service.

Responder Demographics

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

The demographic profiles of the 2019 and 2021 populations were similar. For example, 73% of responders in 2021 were female (74% in 2019), and 85% were 65 years of age or older (86% in 2019). Approximately one-half of responders (2021: 59%, 2019: 57%) had at least a high school diploma. Ethnicity responses in 2021 were also similar to 2019 results, with 22% of responders identifying as Hispanic and 78% as Non-Hispanic.

English was the primary language for 59% of the 2021 responders (57% in 2019), with Spanish as the next most common language for 16% of the 2021 responders (18% in 2019). Chinese was the primary language for 9% of the 2021 responders (10% in 2019), Russian was the primary language for 8% of the 2021 responders (8% in 2019), and Other was reported as the primary language for 9% of the 2021 responders (8% in 2019).

Forty-one percent (41%) of the 2021 responders rated their overall mental/emotional health as poor/fair (42% in 2019), 32% rated their health as good (31% in 2019), and 27% as very good/excellent (27% in 2019). Sixty-four percent (64%) of the 2021 responders were very much/quite a bit content with their quality of life (63% in 2019).

The rate of responders that reported living at home and not in a nursing home or an assisted living facility, increased when compared with 2019 rates (95% in 2021 vs. 88% in 2019); see **Appendix A, Table A1**. As indicated in **Appendix A, Table A6**, in 2021, 45% of responders lived alone, an increase of approximately three percentage points from 2019 (42%). Approximately two-thirds of responders reported that they received assistance in completing the survey (2021: 60%, 2019: 65%), mostly from family members (2021: 62%, 2019: 65%).

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–B9)**.

Table B1 compares responses from both survey years, which shows that the level of satisfaction among 2021 and 2019 responders remained high. Notable findings from this section were as follows:

- In 2021, 84% of responders reported always/usually being involved in decisions about their plan of care, versus 82% of responders in 2019.
- Sixty-six percent (66%) of responders reported a family member or caregiver always/usually being involved in making decisions about their plan of care in 2021 (70% in 2019).
- Ninety-four percent (94%) of responders rated their plan as excellent/good at helping them stay at home and not at a nursing home.
- Seventy-one percent (71%) of responders reported complaints/grievances as always/usually handled to their satisfaction.
- Ninety percent (90%) of responders reported that their plan has been excellent/good at helping them to take medications the way their doctor wants them to, and 87% reported that their plan has been excellent/good with managing their illness. This finding demonstrates that the plans have been effective in providing members with self-management support and collaborating with members to improve members' health.
- In 2021, 83% of responders reported that the health plan explained the Consumer-Directed Personal Assistance (CDPA) option (84% in 2019).
- Eighty-eight percent (88%) of responders rated their plan as excellent/good.

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 B1 – Section 2A displays the members' excellent/good ratings pertaining to quality of care compared by survey year. Members' perception of the quality of the care they received remained high in 2021. Notable findings from this section include the following:

- For 12 out of 22 provider types, at least 80% of the responders gave an excellent/good rating for receiving quality care in 2021 (compared to 17 out of 22 in 2019). This rating includes long-term care providers and services such as regular doctor (91%); pharmacy services (91%); home health agency (84%); visiting nurse (84%); care manager (87%); eye care professional (84%); and foot doctor (81%).
- In 2021, the quality of care rates for the following providers remained the same from 2019 to 2021; home health agency (84%), care manager (87%), medical supplies and equipment (84%), and pharmacy services (91%).

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 6 months. Frequency distributions for the 16 items in this section are shown in **Table A3**.

Table B1 – Section 2B displays the members' always/usually ratings compared by survey year. Notable findings from this section include the following:

- Similar to 2019, the majority of members perceived the timeliness of care to be always/usually on time. Ten (10) of the 16 provider types were identified as always/usually on time by at least 75% of responders in 2021.
- In 2021, there was a significant decrease in members receiving timely care from the following long-term care providers: regular visiting nurse/registered nurse, cover/on-call nurse, physical therapist, social worker, occupational therapist, and speech therapist. Of these providers, speech therapists were least likely to be rated as always/usually on time, at 51% for 2021.
- Pharmacy services and home health aides remained as the most likely of the long-term care providers and services to be rated as always/usually on time in 2021.

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. **Table A4** and **Table 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 the member needed an appointment. Timely access to urgent appointments was defined as obtaining an appointment on the same day that the member needed care. **Table B1 – Section 2C** and **Section 2D** displays the results for timely access to urgent and regular appointments compared by survey year.

Access to urgent and regular appointments was similar in 2021 compared to 2019.

- The rate for urgent appointments significantly decreased for responders obtaining a same-day urgent appointment with their regular doctor (2021: 41%, 2019: 48%).
- Rates for timely access to urgent appointments remained low for foot doctors (2021: 28%, 2019: 30%), eye care (2021: 28%, 2019: 29%), audiologists (2021: 27%, 2019: 28%), and dentists (2021: 25%, 2019: 28%).
- The rates for always/usually having access to regular appointments were similar in 2021 compared to 2019 for the following providers: regular doctor (2021: 87%, 2019: 89%), eye care (2021: 79%, 2019: 81%), dentists (2021: 71%, 2019: 74%), and audiologists (2021: 68%, 2019: 70%).
- In 2021, rates for timely access to routine appointments with foot doctors significantly decreased (2021: 76%, 2019: 81%).

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 individual survey items and three composite measures, encompassing 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 responders who answered "Always/Usually" and, for **Composite 1c**, the score represents the average proportion of responders 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 responders who rated the quality of long-term care providers 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 responders 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 responders' ability to get an appointment within the same day when care was needed right away. There are five measures within the composite representing five provider types: regular doctor, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of responders 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 responders to get a regular appointment as soon as they thought they needed one. There are five measures included in the composite, which represents five provider types: regular doctor, dentist, eye care, foot doctor, and audiology. The composite score reflects the average proportion of responders 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 B2)

- In 2021, 90% of members reported that the plan always/usually explained services clearly, a one percentage point increase from 2019 (89%).
- The rates remained the same with eighty-seven percent (87%) of responders in 2021 reported that the plan was excellent/good in helping members with managing illnesses.
- The rates remained the same in 2021 for members always/usually receiving helpful, timely, and courteous customer assistance when they called the plan with a question or complaint (82%).
- Ninety-three percent (93%) of responders in 2021 said that the plan had asked to see all prescriptions and medications, a significant decrease from 2019 (95%).
- In 2021, 83% of responders said that the plan had explained the Consumer Directed Personal Assistance (CDPA) option, a one percentage point decrease from 2019 (84%).
- Overall, 88% rated the health plan as excellent/good in 2021, a one percentage point decrease from 2019 (89%).

Domains 2–5: Measures Related to Quality, Timeliness, and Access to Care (Table B2)

- Eighty-three percent (83%) of responders rated the quality of providers and services as excellent/good, a one percentage point decrease from 2019 (82%).
- Eighty-four percent (84%) of responders rated the overall timeliness of care as always/usually timely, a one percentage point decrease from 2019 (85%).
- Thirty-two percent (32%) of responders reported that they were always/usually able to get an urgent appointment within the same day in 2021, which decreased from 2019 (36%).
- Additionally, 79% of responders were always/usually able to get a regular appointment with their doctor, a decrease from 2019 (82%).

On average, survey responses in Domains 2–5 were less positive in 2021 than in 2019.

Domain 6: Advance Directives (Table B2)

- In 2021, there was a significant decrease in the percentage of members that reported having a legal document appointing someone to make decisions about their health if they are unable to do so (2021: 71%, 2019: 76%).
- Of the individuals with an advance directive, 77% of members in 2021 said that their health plan has retained a copy of the document, a significantly lower rate than 2019 (88%).
- Seventy-five percent (75%) of members 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 2019 (79%).

On average, survey responses to Domain 6 items were less positive in 2021 than in 2019.

Analysis of Composite Measures and Individual Survey Items by Subgroup

Comparisons between subgroups were performed on the individual survey items and composite measures that comprise each domain to determine which subgroups of the MLTC population were most or least satisfied with the quality, timeliness, and access to care in 2021. The subgroups included plan type, gender, race, educational attainment, age, primary language spoken, and self-reported health status.

Comparison tables are included in **Appendix B, Tables B3–B9**. Statistically significant differences in each subgroup are noted as follows:

Comparison by Plan Type (Table B3)

- Partially capitated and MAP members were more likely to report that someone at the plan had explained the CDPA option to them since joining the plan, compared to PACE members (partially capitated: 85%, MAP: 86%, PACE: 71%).
- 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 do so compared to partially capitated members (MAP: 82%, 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: 88%, MAP: 67%, partially capitated: 67%).
- PACE members were more likely to report that the health plan had a copy of the legal document or advance directive (PACE: 90%, partially capitated: 72%, MAP: 74%).

Comparison by Gender (Table B4)

- Male responders were less likely than female responders to report having a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (62% versus 74%).

Comparison by Race (Table B5)

- Eighty-five percent (85%) of White responders reported that the plan always/usually provided helpful, timely, and courteous customer service, a rate significantly higher than Black and Other responders (79% and 76%, respectively).
- Overall, 85% of White responders rated the quality of care they received from long-term care providers and services as excellent/good, a rate significantly higher than Black and Other responders (81% and 81%, respectively).
- Eighty-seven percent (87%) of White responders rated the timeliness of care as always/usually on time, while 81% of Black responders and 83% of Asian responders rated the timeliness of care as always/usually on time. The rate for White responders was significantly higher than the rates for Black and Other responders.
- Eighty-four percent (84%) of White responders 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 that reported by Black, Asian, and Other responders (77%, 76%, and 76% respectively).
- Seventy-five percent (75%) of White responders reported that they had legal documentation or advance directive appointing someone to make health care decisions if they are unable to. This rate is significantly higher than the percentage of Asian and Other responders (62% and 66%, respectively). Additionally, White responders had a significantly higher rate for the health plan having a copy of this document than Other responders.

Comparison by Education (Table B6)

- Responders with less than a high school degree were more likely to rate their MLTC plan as excellent/good, compared to responders with at least a high school diploma (90% versus 87%, respectively).
- Responders with a level of education less than high school had significantly better rates with the plan explaining the CDPA option, compared to responders with at least a high school diploma (87% versus 81%, respectively).
- Responders 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, compared to responders with at least a high school diploma (78% versus 81%, respectively).
- A greater percentage of responders 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, compared to responders with at least a high school diploma (77% versus 74%, respectively).

Comparison by Age (Table B7)

- The rate for responders aged 18–64 reporting that the plan always/usually explained all their services clearly was significantly worse than the rate for responders 65 and over (85% versus 91%, respectively).
- Responders aged 18–64 were significantly less likely to report that their family members (or caregivers) and themselves were involved in making decisions about their health care, compared to responders 65 and over (68% versus 76%, respectively).
- The rate for responders aged 18–64 reporting that the plan always/usually provided helpful, timely, and courteous customer service was significantly worse, compared to responders 65 and over (76% versus 83%, respectively).
- Responders aged 18–64 were significantly less likely to report that someone from the plan asked to see all their prescriptions and over the counter medicines, compared to responders 65 and over (90% versus 94%, respectively).
- Responders aged 18–64 were significantly less likely to report that they have a legal document appointing someone to make decisions about their health care if they are unable to do so, compared to responders 65 and over (60% versus 72%, respectively).

Comparison by Primary Language (Table B8)

- Eighty-eight percent (88%) of English-speaking responders reported that the plan always/usually explained all of their services clearly, this rate is significantly lower than the rate reported by non-English speaking responders (92%).
- Seventy-three percent (73%) of English-speaking responders reported that they or a family member are always/usually involved in making decisions about their plan of care; this rate is significantly lower than that reported by non-English-speaking responders (77%).
- English-speaking responders had a significantly worse rate of the health plan explaining the CDPA option, compared to non-English-speaking responders (80% versus 87%, respectively).
- Eighty-seven percent (87%) of English-speaking responders reported that the overall MLTC plan rating was excellent/good; this rate is significantly lower than that reported by non-English-speaking responders (91%).
- Twenty-seven percent (27%) of English-speaking responders reported that they could get urgent appointments with their doctors the same day, which is significantly lower than the rate reported by non-English speaking responders (39%).
- When asked if members had a legal document or advance directive appointing someone to make health care decisions for them, 77% of English-speaking responders reported they have an advance directive, while 60% of non-English-speaking responders reported they have an advance directive. The rate for English-speaking responders was significantly higher than for non-English speaking responders.
- Additionally, the rate of English-speaking responders reporting that the health plan has a copy of their advance directive (81%) was significantly better than the rate for non-English responders (70%).

Comparison by Self-Reported Health Status (Table B9)

- Eighty-seven percent (89%) of responders who rated their current state of health as good/fair/poor reported that the health plan always/usually explained all their services clearly, significantly lower than responders who rated their current state of health as excellent/very good (95%).
- Responders who rated their current state of health as good/fair/poor reported a significantly lower rate for the health plan always/usually providing helpful, timely, and courteous customer service, compared to responders who rated their current state of health as excellent/very good (81% versus 90%, respectively).
- Eighty-six percent (86%) of responders 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. This rate was significantly lower than the 93% of responders who reported their health status as excellent/very good and responded to these survey items with an excellent/good rating.
- Responders who rated their current state of health as good/fair/poor were less likely to rate their health plan as excellent/very good compared to responders who rated their state of health as excellent/very good (87% versus 95%). The difference was statistically significant.
- In regard to quality of care provided by long-term care providers and services, 82% of responders who rated their current state of health as good/fair/poor rated quality as excellent/good, significantly lower than responders who rated their current state of health as excellent/very good (90%).
- Eighty-two percent (82%) of responders 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 responders who rated their current state of health as excellent/very good (89%).
- Thirty percent (30%) of responders who rated their current state of health as good/fair/poor reported they had same-day access to urgent appointments. This rate is significantly worse than the responders who rated their current state of health as excellent/very good (42%).
- Seventy-nine (79%) of responders who rated their current state of health as good/fair/poor reported they always/usually had access to regular appointments. This rate is significantly lower than responders who rated their current state of health as excellent/very good (86%).

Discussion

Limitations

As with any survey relying on self-reported responses, there is the possibility of recall bias because some survey components require the member to answer questions based on a time period within 6 months.

In 2021, COVID-19 had a direct impact on members, health care providers, and health plans. The challenges members faced during this pandemic could have directly affected survey outcomes, including how members rated their current state of health, overall mental/emotional health, and contentment with their quality of life. MLTC health care providers and health plans had to adjust their daily operations to accommodate the new limitations caused by COVID-19. These changes may have affected survey outcomes regarding how members rated timely access to MLTC providers or services.

Conclusions and Recommendations

The overall survey findings remained favorable in 2021. A large percentage of members rated the access and quality of care received from MLTC providers as excellent or good. The health plans also continued to provide quality care in customer service, leading to a positive member experience. Eighty-eight percent (88%) of members rated their MLTC health plan as excellent or good.

Specific observations and recommendations are as follows:

- In 2021, there were significant decreases in the timely access to the following providers: regular visiting nurse (79%), covering/on-call nurse (72%), social worker (71%), physical therapist (70%), occupational therapist (63%) and speech therapist (51%) (**Table B1, Section 2B**).

The significant decreases in rates may be a direct effect of the COVID-19 pandemic. The plans should consider evaluating their provider networks to determine if there are a sufficient number of providers within the networks. The plans should consider recommending that providers offer virtual or at least telephonic appointments where appropriate.

- The percentage of members rating the access to urgent appointments as good/excellent remained low for all provider types. In 2021, there was a significant decrease in rates for access to same-day appointments with a regular doctor (41%) compared to 2019 (48%). Additionally, timely access to urgent dentist appointments had the lowest rate at 25% (**Table B1, Section 2D**).

It would appear that COVID-19 may have had some effect on limiting timely access to same-day appointments. While IPRO acknowledges that outpatient services are not in the benefit package of the partially capitated plans, all plans may wish to investigate access issues by surveying providers directly to determine office policies on how urgent appointments were handled. Plans can also investigate how often telehealth services were offered when in-office same-day visits could not be made.

Plans may also choose to evaluate the network adequacy of dentists. This evaluation may assist in determining if there are a sufficient number of dentists within the networks. Additionally, if not already being done, it is recommended that consideration be given to utilizing providers specializing in providing dental services to long term care populations, with services offered at various centers and sites normally visited or possibly inhabited by MLTC members. Dental services are within the benefit packages of all MLTC plan types, and it may be possible for some positive impact to be achieved.

- Advance directives are considered an important component in the overall care of the MLTC population. In 2021, there was a significant decrease in the percentage of responders indicating that they have advance directives and that the health plan has a copy of these advance directives (**Table B1**). However, there was a significantly greater percentage of women who reported having an advance directive than men (**Table B4**). There was also a significantly lower percentage of Asian responders who reported having an advance directive than other races (**Table B5**). PACE and MAP plans continue to demonstrate higher rates of advance directive discussions than partially capitated plans

(Table A6 and Table B3). Additionally, a significantly higher percentage of English-speaking responders reported having these documents in place, as compared to non-English-speaking responders **(Table B8).**

As noted in prior survey findings, a number of partially capitated plans have addressed advance directives over the years by way of performance improvement projects (PIPs) addressing advance directive discussion, as well as procurement. Project interventions have included the following:

- *increased social worker and care management involvement (language- and culture-specific, where applicable);*
- *language- and culture-specific member education materials;*
- *advance directive discussions at start of enrollment processes;*
- *advance directive discussions during clinical reassessment visits; and*
- *increased telephone follow-up initiatives.*

Survey responses indicate that these interventions have been successful to some extent. IPRO recommends continued efforts in these areas, especially for the partially capitated plans.

To address the difference in responses between men and women having advance directives, possibly closer follow-up with male members after initial discussions is warranted to ensure that advance directive procurement occurs. Male members may not perceive the importance of these discussions as seriously as female members. To address the difference in responses between English-speaking and non-English-speaking members, the plans should conduct a root cause analysis to identify the barriers to non-English-speaking members having advance directives. Language- and culture-specific interventions should be included in future PIPs.

- There were significant differences for some self-reported health status ratings. Members who reported their health status as either excellent or very good indicated that the plan explains services more clearly and members were more involved in plan of care decisions, received more helpful customer service, and reported higher quality, access, and timeliness ratings than did members who reported health status as good/fair/poor **(Table B9).**

These results may indicate the plans are somewhat challenged in servicing some of the sicker member subgroups that may need more in-depth counseling, guidance, and possibly more clinical services. As was recommended in previous survey reports, if not already in place, the plans should consider stratifying members by level of acuity to identify those with more significant care needs to assist in focusing on whether all their care needs are being met on an individual basis, and if any care management concerns exist for the more seriously ill and needy members.

- Similar to past survey results, in 2021, there were race and language differences in some ratings. White responders were more likely to report their quality of care as good/excellent and were more likely to rate that they were always/usually able to get a regular appointment in a timely manner with their doctors, as compared to other race/ethnicity groups. As stated previously, a significantly lower percentage of Asian responders reported having an advance directive than other races. A significantly higher percentage of English-speaking responders reported having advance directive documents in place, as compared to non-English-speaking responders **(Table B5 and Table B8, respectively).**

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

There may be limited access to services across certain groups. IPRO continues to note that cultural competency training for plan staff may be warranted, and a review of all member materials is also recommended to determine if they are culturally competent. Plans can consider the use of community health workers that can provide education and support to members in the community. Plans may also need to consider increased use of language line services if it is determined that language barriers exist.

- Survey response rates have continued to decline in each survey period (18% in 2021, 23% in 2019).

- *The NYSDOH and IPRO have continually stressed the need for plans to conduct outreach to members to emphasize the importance of the survey findings in addressing quality, access, and timeliness of care concerns. IPRO strongly recommends that plans continue to emphasize the importance of this survey and its completion to their members. However, plan staff should refrain from providing members with any individual assistance in survey completion. Going forward, it may be worthwhile for the NYSDOH and IPRO to consider, as a supplement to the survey responses, conducting a subset of survey items with focus groups of members across a sample of plans. Focus group responses can be compared to the traditional survey responses to identify any potential differences in satisfaction and to delve more deeply into survey topic domains. Focus groups conducted via video conferencing may be an alternative to consider as a substitute for in person focus groups. We recognize that video conferencing may not be a feasible alternative for some MLTC members and for these members, in person focus groups may be more meaningful. PACE day centers and other community locations utilized by partially capitated members can potentially provide good settings for such focus groups to take place, especially if COVID-19 considerations change in the future.*

Appendix A: Frequency Tables

Table A1: MLTC Plan Evaluation

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
	Description	2019		2021		2019		2021		2019		2021		2019		2021		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
1a	Our records indicate that you are a member of [HEALTH PLAN]. Is this correct?																	
	Yes	763	99.9	540	98.7	2,991	97.0	2,364	97.2	506	96.7	420	99.1	4,260	97.4	3,324	97.6	
	No	1	0.1	7	1.3	94	3.0	69	2.8	17	3.3	4	0.9	112	2.6	80	2.4	
	Total	764		547		3,085		2,433		523		424		4,372		3,404		
2a^	Where do you live?																	
	At home	634	84.0	478	88.2	2,699	88.6	2,297	96.0	456	94.6	384	94.8	3,789	88.5	3,159	94.6	
	Nursing home	36	4.8	18	3.3	265	8.7	33	1.4	13	2.7	7	1.7	314	7.3	58	1.7	
	Assisted living facility^	85	11.3	46	8.5	81	2.7	63	2.6	13	2.7	14	3.5	179	4.2	123	3.7	
	Total	755		542		3,045		2,393		482		405		4,282		3,340		
3	MLTC plan explains services clearly?																	
	Always	379	55.9	295	54.9	1,608	61.3	1,531	63.0	316	70.9	316	71.2	2,303	61.4	2,142	62.8	
	Usually	215	31.7	172	32.0	745	28.4	650	26.7	86	19.3	94	21.2	1,046	27.9	916	26.8	
	Sometimes	74	10.9	61	11.4	226	8.6	214	8.8	42	9.4	30	6.8	342	9.1	305	8.9	
	Never	10	1.5	9	1.7	46	1.8	37	1.5	2	0.4	4	0.9	58	1.5	50	1.5	
	Total	678		537		2,625		2,432		446		444		3,749		3,413		
	Don't know or not sure	23		21		89		90		13		10		125		121		
4	Are you involved in making decisions about plan of care?																	
	Always	344	50.7	282	53.1	1,601	61.1	1,507	62.5	300	67.7	279	63.8	2,245	60.0	2,068	61.2	
	Usually	174	25.6	153	28.8	583	22.3	534	22.1	75	16.9	70	16.0	832	22.2	757	22.4	
	Sometimes	103	15.2	68	12.8	277	10.6	244	10.1	37	8.4	56	12.8	417	11.1	368	10.9	
	Never	58	8.5	28	5.3	158	6.0	128	5.3	31	7.0	32	7.3	247	6.6	188	5.6	
	Total	679		531		2,619		2,413		443		437		3,741		3,381		
	Don't know or not sure	23		23		93		97		12		19		128		139		

Table A1: MLTC Plan Evaluation (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
5	Is your family/caregiver involved in making decisions about plan of care?																
	Always	381	56.5	268	50.3	1,334	50.4	1,180	48.2	231	51.3	239	53.5	1,946	51.6	1,687	49.2
	Usually	114	16.9	95	17.8	497	18.8	418	17.1	65	14.4	67	15.0	676	17.9	580	16.9
	Sometimes	92	13.6	96	18.0	428	16.2	468	19.1	78	17.3	75	16.8	598	15.9	639	18.6
	Never	87	12.9	74	13.9	388	14.7	383	15.6	76	16.9	66	14.8	551	14.6	523	15.3
	Total	674		533		2,647		2,449		450		447		3,771		3,429	
	Don't know or not sure	25		19		73		82		7		9		105		110	
6	Called the plan for help or a complaint/grievance?																
	Yes	425	61.8	304	56.3	1,304	49.2	1,078	43.9	207	47.4	176	40.7	1,936	51.3	1,558	45.4
	No	263	38.2	236	43.7	1,347	50.8	1,380	56.1	230	52.6	256	59.3	1,840	48.7	1,872	54.6
	Total	688		540		2,651		2,458		437		432		3,776		3,430	
7t	Speak with a person quickly?																
	Always	163	39.1	103	32.7	497	39.3	497	40.7	95	46.8	90	41.5	755	40.1	690	39.4
	Usually	156	37.4	133	42.2	457	36.1	470	38.5	60	29.6	64	29.5	673	35.7	667	38.1
	Sometimes	90	21.6	64	20.3	247	19.5	199	16.3	35	17.2	53	24.4	372	19.7	316	18.0
	Never	8	1.9	15	4.8	64	5.1	54	4.4	13	6.4	10	4.6	85	4.5	79	4.5
	Total	417		315		1,265		1,220		203		217		1,885		1,752	
	Don't know or not sure	3		2		12		18		0		6		15		26	
8t	Were questions answered quickly?																
	Always	144	34.9	96	30.5	511	40.4	523	42.6	92	45.1	108	48.9	747	39.7	727	41.2
	Usually	172	41.6	144	45.7	468	37.0	474	38.6	67	32.8	64	29.0	707	37.6	682	38.7
	Sometimes	88	21.3	63	20.0	236	18.7	191	15.6	34	16.7	42	19.0	358	19.0	296	16.8
	Never	9	2.2	12	3.8	49	3.9	40	3.3	11	5.4	7	3.2	69	3.7	59	3.3
	Total	413		315		1,264		1,228		204		221		1,881		1,764	
	Don't know or not sure	3		2		18		16		0		5		21		23	
9t	Were you able to understand the answers?																
	Always	218	52.5	145	46.3	676	53.2	616	50.9	114	56.4	126	57.3	1,008	53.4	887	50.9
	Usually	141	34.0	115	36.7	402	31.6	426	35.2	58	28.7	60	27.3	601	31.8	601	34.5
	Sometimes	51	12.3	51	16.3	171	13.5	151	12.5	26	12.9	32	14.5	248	13.1	234	13.4
	Never	5	1.2	2	0.6	22	1.7	18	1.5	4	2.0	2	0.9	31	1.6	22	1.3
	Total	415		313		1,271		1,211		202		220		1,888		1,744	
	Don't know or not sure	4		9		12		27		2		3		18		39	

Table A1: MLTC Plan Evaluation (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
10t	Were you treated with politeness and respect?																
	Always	314	74.9	227	71.2	947	74.0	953	77.2	167	83.1	175	77.1	1,428	75.2	1,355	76.1
	Usually	81	19.3	70	21.9	262	20.5	219	17.7	27	13.4	38	16.7	370	19.5	327	18.4
	Sometimes	22	5.3	19	6.0	65	5.1	55	4.5	7	3.5	12	5.3	94	4.9	86	4.8
	Never	2	0.5	3	0.9	5	0.4	7	0.6	0	0.0	2	0.9	7	0.4	12	0.7
	Total	419		319		1,279		1,234		201		227		1,899		1,780	
	Don't know or not sure	0		2		7		10		2		0		9		12	
11t	Complaint or grievance handled to satisfaction?																
	Always	141	40.4	92	36.2	440	44.9	408	44.3	93	51.7	83	43.0	674	44.7	583	42.6
	Usually	123	35.2	94	37.0	280	28.6	245	26.6	44	24.4	51	26.4	447	29.6	390	28.5
	Sometimes	66	18.9	51	20.1	180	18.4	144	15.6	31	17.2	32	16.6	277	18.4	227	16.6
	Never	19	5.4	17	6.7	80	8.2	125	13.6	12	6.7	27	14.0	111	7.4	169	12.3
	Total	349		254		980		922		180		193		1,509		1,369	
	I did not call the plan with a complaint	71		66		295		329		24		38		390		433	
12	Has asked to see all of the prescriptions/over the counter medicines?																
	Yes	613	95.5	474	94.2	2,416	95.2	2,138	92.6	423	96.4	412	95.4	3,452	95.4	3,024	93.2
	No	29	4.5	29	5.8	123	4.8	171	7.4	16	3.6	20	4.6	168	4.6	220	6.8
	Total	642		503		2,539		2,309		439		432		3,620		3,244	
	Don't know or not sure	46		48		167		200		11		23		224		271	
13	Explain the CDPA option?																
	Yes	272	70.3	225	70.3	1,605	85.9	1,497	85.4	297	89.7	258	85.4	2,174	84.0	1,980	83.4
	No	115	29.7	95	29.7	264	14.1	256	14.6	34	10.3	44	14.6	413	16.0	395	16.6
	Total	387		320		1,869		1,753		331		302		2,587		2,375	
	Don't know or not sure	278		225		775		761		119		148		1,172		1,134	
14a	Take meds the way your doctor wants you to.																
	Excellent	366	58.7	285	58.4	1,064	50.5	998	51.3	202	51.5	199	52.0	1,632	52.3	1,482	52.6
	Good	215	34.5	164	33.6	785	37.3	745	38.3	148	37.8	154	40.2	1,148	36.8	1,063	37.8
	Fair	34	5.4	29	5.9	190	9.0	142	7.3	35	8.9	24	6.3	259	8.3	195	6.9
	Poor	9	1.4	10	2.0	66	3.1	59	3.0	7	1.8	6	1.6	82	2.6	75	2.7
	Total	624		488		2,105		1,944		392		383		3,121		2,815	
	Not Applicable	41		35		442		418		41		41		524		494	

Table A1: MLTC Plan Evaluation (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
14b	Manage your illness.																
	Excellent	342	58.3	245	54.0	871	44.6	792	45.0	174	49.3	165	46.0	1,387	47.9	1,202	46.7
	Good	194	33.0	161	35.5	821	42.0	726	41.3	128	36.3	156	43.5	1,143	39.5	1,043	40.6
	Fair	38	6.5	37	8.1	195	10.0	159	9.0	36	10.2	28	7.8	269	9.3	224	8.7
	Poor	13	2.2	11	2.4	67	3.4	82	4.7	15	4.2	10	2.8	95	3.3	103	4.0
	Total	587		454		1,954		1,759		353		359		2,894		2,572	
	Not Applicable	65		48		504		500		57		45		626		593	
14c	Help when feeling sad and lonely.																
	Excellent	194	38.4	141	36.9	623	36.8	547	35.8	103	38.1	94	31.9	920	37.3	782	35.5
	Good	186	36.8	139	36.4	671	39.7	654	42.8	95	35.2	139	47.1	952	38.6	932	42.3
	Fair	75	14.9	69	18.1	251	14.8	204	13.4	49	18.1	46	15.6	375	15.2	319	14.5
	Poor	50	9.9	33	8.6	147	8.7	122	8.0	23	8.5	16	5.4	220	8.9	171	7.8
	Total	505		382		1,692		1,527		270		295		2,467		2,204	
	Not Applicable	138		115		750		709		127		105		1,015		929	
14d	Allow to stay in home and not in nursing home.																
	Excellent	403	72.7	302	69.6	1,331	65.4	1,210	66.3	206	65.2	209	65.7	1,940	66.8	1,721	66.8
	Good	121	21.8	110	25.3	583	28.7	505	27.7	91	28.8	90	28.3	795	27.4	705	27.4
	Fair	19	3.4	18	4.1	84	4.1	77	4.2	15	4.7	11	3.5	118	4.1	106	4.1
	Poor	11	2.0	4	0.9	36	1.8	33	1.8	4	1.3	8	2.5	51	1.8	45	1.7
	Total	554		434		2,034		1,825		316		318		2,904		2,577	
	Not Applicable	104		84		460		473		99		81		663		638	
15	Overall, how would you rate your plan?																
	Excellent	298	44.9	260	48.2	1,225	47.8	1,168	48.4	231	52.3	214	50.8	1,754	47.8	1,642	48.7
	Good	285	43.0	205	38.0	1,076	42.0	967	40.1	165	37.3	172	40.9	1,526	41.6	1,344	39.8
	Fair	66	10.0	58	10.8	217	8.5	236	9.8	38	8.6	28	6.7	321	8.7	322	9.5
	Poor	14	2.1	16	3.0	46	1.8	43	1.8	8	1.8	7	1.7	68	1.9	66	2.0
	Total	663		539		2,564		2,414		442		421		3,669		3,374	

¹ Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses

Table A2: Quality of Care

Item	All responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
16	Regular Doctor																
	Excellent	344	53.3	278	56.6	1,468	59.2	1,323	58.3	251	60.0	222	54.4	2,063	58.2	1,823	57.5
	Good	233	36.1	156	31.8	840	33.9	767	33.8	132	31.6	147	36.0	1,205	34.0	1,070	33.8
	Fair	45	7.0	41	8.4	127	5.1	137	6.0	29	6.9	29	7.1	201	5.7	207	6.5
	Poor	23	3.6	16	3.3	45	1.8	43	1.9	6	1.4	10	2.5	74	2.1	69	2.2
	Total	645		491		2,480		2,270		418		408		3,543		3,169	
	Not Applicable	24		32		109		112		14		10		147		154	
17	Dentist																
	Excellent	183	37.1	127	34.4	600	35.5	523	34.3	104	36.0	83	28.8	887	35.9	733	33.6
	Good	210	42.6	147	39.8	713	42.2	618	40.6	112	38.8	123	42.7	1,035	41.9	888	40.7
	Fair	54	11.0	54	14.6	240	14.2	247	16.2	47	16.3	49	17.0	341	13.8	350	16.0
	Poor	46	9.3	41	11.1	135	8.0	136	8.9	26	9.0	33	11.5	207	8.4	210	9.6
	Total	493		369		1,688		1,524		289		288		2,470		2,181	
	Not Applicable	167		147		777		755		110		110		1,054		1,012	
18	Eye Care																
	Excellent	242	42.2	167	39.2	937	44.8	857	44.5	162	43.3	152	41.6	1,341	44.1	1,176	43.3
	Good	245	42.7	175	41.1	844	40.3	791	41.1	154	41.2	145	39.7	1,243	40.9	1,111	40.9
	Fair	67	11.7	54	12.7	214	10.2	200	10.4	43	11.5	45	12.3	324	10.7	299	11.0
	Poor	20	3.5	30	7.0	97	4.6	78	4.0	15	4.0	23	6.3	132	4.3	131	4.8
	Total	574		426		2,092		1,926		374		365		3,040		2,717	
	Not Applicable	96		86		464		432		51		56		611		574	
19	Foot Doctor																
	Excellent	194	39.3	147	36.9	794	46.7	632	44.0	157	49.1	124	43.1	1,145	45.6	903	42.6
	Good	209	42.3	155	38.9	655	38.6	539	37.5	116	36.3	117	40.6	980	39.0	811	38.2
	Fair	58	11.7	56	14.1	180	10.6	191	13.3	28	8.8	28	9.7	266	10.6	275	13.0
	Poor	33	6.7	40	10.1	70	4.1	74	5.2	19	5.9	19	6.6	122	4.9	133	6.3
	Total	494		398		1,699		1,436		320		288		2,513		2,122	
	Not Applicable	165		119		771		803		89		104		1,025		1,026	
20a	Home Health Aide																
	Excellent	298	52.0	202	50.4	1,523	62.6	1,451	65.0	285	68.7	262	66.0	2,106	61.5	1,915	63.2
	Good	203	35.4	139	34.7	685	28.1	593	26.5	101	24.3	108	27.2	989	28.9	840	27.7
	Fair	44	7.7	33	8.2	151	6.2	114	5.1	15	3.6	13	3.3	210	6.1	160	5.3
	Poor	28	4.9	27	6.7	75	3.1	76	3.4	14	3.4	14	3.5	117	3.4	117	3.9
	Total	573		401		2,434		2,234		415		397		3,422		3,032	
	Not Applicable	102		118		129		141		13		19		244		278	

Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
20b	Home Health Agency																
	Excellent	219	39.0	147	36.6	1,154	47.7	1,050	47.4	209	49.9	193	48.1	1,582	46.5	1,390	46.0
	Good	243	43.2	164	40.8	891	36.8	827	37.3	152	36.3	147	36.7	1,286	37.8	1,138	37.7
	Fair	68	12.1	60	14.9	271	11.2	236	10.6	43	10.3	43	10.7	382	11.2	339	11.2
	Poor	32	5.7	31	7.7	102	4.2	104	4.7	15	3.6	18	4.5	149	4.4	153	5.1
	Total	562		402		2,418		2,217		419		401		3,399		3,020	
	Not Applicable	97		116		136		147		7		17		240		280	
21	Care Manager																
	Excellent	283	45.9	202	43.6	1,231	50.2	1,117	50.0	199	48.9	173	44.2	1,713	49.3	1,492	48.3
	Good	249	40.4	181	39.1	895	36.5	847	37.9	154	37.8	165	42.2	1,298	37.4	1,193	38.7
	Fair	64	10.4	60	13.0	237	9.7	188	8.4	34	8.4	37	9.5	335	9.6	285	9.2
	Poor	21	3.4	20	4.3	87	3.6	80	3.6	20	4.9	16	4.1	128	3.7	116	3.8
	Total	617		463		2,450		2,232		407		391		3,474		3,086	
	Not Applicable	39		56		111		128		16		20		166		204	
22a	Regular Visiting Nurse																
	Excellent	331	56.9	239	53.2	1,106	49.7	778	43.9	186	46.9	158	44.0	1,623	50.6	1,175	45.5
	Good	188	32.3	142	31.6	848	38.1	708	39.9	149	37.5	135	37.6	1,185	37.0	985	38.2
	Fair	48	8.2	41	9.1	192	8.6	190	10.7	46	11.6	41	11.4	286	8.9	272	10.5
	Poor	15	2.6	27	6.0	81	3.6	97	5.5	16	4.0	25	7.0	112	3.5	149	5.8
	Total	582		449		2,227		1,773		397		359		3,206		2,581	
	Not Applicable	87		78		352		591		30		57		469		726	
22b	Covering/On Call Nurse																
	Excellent	182	40.0	139	41.5	559	41.2	347	32.7	96	35.0	92	34.8	837	40.1	578	34.8
	Good	198	43.5	123	36.7	553	40.8	470	44.3	126	46.0	111	42.0	877	42.0	704	42.4
	Fair	52	11.4	38	11.3	165	12.2	147	13.9	37	13.5	35	13.3	254	12.2	220	13.3
	Poor	23	5.1	35	10.4	80	5.9	96	9.1	15	5.5	26	9.8	118	5.7	157	9.5
	Total	455		335		1,357		1,060		274		264		2,086		1,659	
	Not Applicable	209		182		1,134		1,126		131		134		1,474		1,442	
23	Physical Therapist																
	Excellent	235	49.3	152	46.1	444	41.8	356	40.9	68	39.1	54	31.0	747	43.6	562	40.9
	Good	167	35.0	106	32.1	420	39.6	332	38.1	72	41.4	68	39.1	659	38.5	506	36.8
	Fair	56	11.7	45	13.6	128	12.1	117	13.4	27	15.5	28	16.1	211	12.3	190	13.8
	Poor	19	4.0	27	8.2	69	6.5	66	7.6	7	4.0	24	13.8	95	5.5	117	8.5
	Total	477		330		1,061		871		174		174		1,712		1,375	
	Not Applicable	189		184		1,408		1,384		222		206		1,819		1,774	

Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
24	Occupational Therapist																
	Excellent	175	48.1	123	47.1	234	38.0	181	37.2	32	36.4	22	22.0	441	41.3	326	38.4
	Good	134	36.8	88	33.7	248	40.3	178	36.6	38	43.2	43	43.0	420	39.4	309	36.4
	Fair	41	11.3	28	10.7	84	13.7	76	15.6	10	11.4	18	18.0	135	12.7	122	14.4
	Poor	14	3.8	22	8.4	49	8.0	52	10.7	8	9.1	17	17.0	71	6.7	91	10.7
	Total	364		261		615		487		88		100		1,067		848	
	Not Applicable	283		248		1,801		1,700		289		265		2,373		2,213	
25	Speech Therapist																
	Excellent	44	38.9	37	44.0	124	37.9	80	31.9	15	32.6	17	26.6	183	37.7	134	33.6
	Good	43	38.1	20	23.8	119	36.4	96	38.2	19	41.3	24	37.5	181	37.2	140	35.1
	Fair	18	15.9	12	14.3	38	11.6	42	16.7	6	13.0	10	15.6	62	12.8	64	16.0
	Poor	8	7.1	15	17.9	46	14.1	33	13.1	6	13.0	13	20.3	60	12.3	61	15.3
	Total	113		84		327		251		46		64		486		399	
Not Applicable	529		414		2,053		1,896		328		298		2,910		2,608		
26	Social Worker																
	Excellent	299	49.5	215	49.2	494	43.0	352	39.5	77	41.2	70	38.9	870	44.8	637	42.2
	Good	218	36.1	145	33.2	420	36.5	353	39.6	68	36.4	69	38.3	706	36.4	567	37.6
	Fair	55	9.1	46	10.5	133	11.6	110	12.3	27	14.4	31	17.2	215	11.1	187	12.4
	Poor	32	5.3	31	7.1	103	9.0	76	8.5	15	8.0	10	5.6	150	7.7	117	7.8
	Total	604		437		1,150		891		187		180		1,941		1,508	
Not Applicable	57		80		1,241		1,312		201		193		1,499		1,585		
27	Medical Supplies and Equipment																
	Excellent	350	56.8	260	55.3	919	44.3	820	45.6	160	45.6	145	43.2	1,429	47.0	1,225	47.1
	Good	194	31.5	154	32.8	799	38.5	666	37.1	131	37.3	131	39.0	1,124	36.9	951	36.5
	Fair	51	8.3	38	8.1	209	10.1	196	10.9	38	10.8	40	11.9	298	9.8	274	10.5
	Poor	21	3.4	18	3.8	148	7.1	115	6.4	22	6.3	20	6.0	191	6.3	153	5.9
	Total	616		470		2,075		1,797		351		336		3,042		2,603	
Not Applicable	56		57		452		514		70		59		578		630		
28	Audiology / Hearing Aids																
	Excellent	89	39.0	71	38.2	218	33.2	196	35.1	37	33.3	32	30.5	344	34.5	299	35.2
	Good	89	39.0	56	30.1	261	39.7	202	36.2	39	35.1	38	36.2	389	39.1	296	34.9
	Fair	28	12.3	38	20.4	92	14.0	89	15.9	14	12.6	21	20.0	134	13.5	148	17.4
	Poor	22	9.6	21	11.3	86	13.1	71	12.7	21	18.9	14	13.3	129	13.0	106	12.5
	Total	228		186		657		558		111		105		996		849	
Not Applicable	417		323		1,765		1,623		275		265		2,457		2,211		

Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
29	Home Delivered Meals / Meals on Wheels																
	Excellent	68	46.6	77	51.3	261	51.4	308	45.1	27	48.2	35	37.2	356	50.1	420	45.3
	Good	56	38.4	53	35.3	160	31.5	235	34.4	20	35.7	34	36.2	236	33.2	322	34.7
	Fair	17	11.6	12	8.0	46	9.1	83	12.2	5	8.9	13	13.8	68	9.6	108	11.7
	Poor	5	3.4	8	5.3	41	8.1	57	8.3	4	7.1	12	12.8	50	7.0	77	8.3
	Total	146		150		508		683		56		94		710		927	
	Not Applicable	503		359		1,887		1,555		325		281		2,715		2,195	
30	Meals served at Day Health Center																
	Excellent	161	46.6	99	51.3	244	44.1	138	45.1	31	50.8	19	37.2	436	41.0	256	45.3
	Good	174	38.4	91	35.3	204	36.9	154	34.4	18	29.5	22	36.2	396	37.3	267	34.7
	Fair	87	11.6	44	8.0	68	12.3	48	12.2	7	11.5	7	13.8	162	15.2	99	11.7
	Poor	27	3.4	17	5.3	37	6.7	29	8.3	5	8.2	9	12.8	69	6.5	55	8.3
	Total	449		251		553		369		61		57		1,063		677	
Not Applicable	211		261		1,871		1,835		327		313		2,409		2,409		
31	Day Health Center Activities																
	Excellent	162	35.4	98	37.4	296	47.1	162	39.6	36	47.4	21	30.4	494	42.5	281	38.0
	Good	191	41.7	99	37.8	234	37.3	165	40.3	22	28.9	29	42.0	447	38.5	293	39.6
	Fair	73	15.9	47	17.9	68	10.8	57	13.9	15	19.7	9	13.0	156	13.4	113	15.3
	Poor	32	7.0	18	6.9	30	4.8	25	6.1	3	3.9	10	14.5	65	5.6	53	7.2
	Total	458		262		628		409		76		69		1,162		740	
Not Applicable	198		250		1,799		1,810		307		304		2,304		2,364		
32	Transportation Services																
	Excellent	223	37.2	210	47.0	844	46.2	660	43.4	137	42.4	103	33.2	1,204	43.8	973	42.7
	Good	239	39.8	148	33.1	617	33.8	579	38.1	113	35.0	130	41.9	969	35.3	857	37.6
	Fair	90	15.0	58	13.0	242	13.3	192	12.6	47	14.6	45	14.5	379	13.8	295	12.9
	Poor	48	8.0	31	6.9	122	6.7	90	5.9	26	8.0	32	10.3	196	7.1	153	6.7
	Total	600		447		1,825		1,521		323		310		2,748		2,278	
Not Applicable	64		76		719		795		93		93		876		964		
33	Nursing Home																
	Excellent	33	45.2	34	47.2	135	46.9	79	38.2	19	51.4	14	35.9	187	47.0	127	39.9
	Good	24	32.9	21	29.2	99	34.4	85	41.1	12	32.4	17	43.6	135	33.9	123	38.7
	Fair	9	12.3	14	19.4	26	9.0	23	11.1	3	8.1	4	10.3	38	9.5	41	12.9
	Poor	7	9.6	3	4.2	28	9.7	20	9.7	3	8.1	4	10.3	38	9.5	27	8.5
	Total	73		72		288		207		37		39		398		318	
Not Applicable	544		422		2,060		1,930		330		331		2,934		2,683		

Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
34	Pharmacy Services																
	Excellent	337	53.1	273	55.4	1,181	54.8	1,076	55.0	205	53.5	182	48.5	1,723	54.3	1,531	54.2
	Good	239	37.6	178	36.1	787	36.5	710	36.3	136	35.5	164	43.7	1,162	36.6	1,052	37.2
	Fair	49	7.7	35	7.1	155	7.2	146	7.5	26	6.8	17	4.5	230	7.2	198	7.0
	Poor	10	1.6	7	1.4	34	1.6	26	1.3	16	4.2	12	3.2	60	1.9	45	1.6
	Total	635		493		2,157		1,958		383		375		3,175		2,826	
	Not Applicable	32		34		392		399		43		34		467		467	
35	Nutritionist																
	Excellent	217	41.4	146	40.8	257	39.7	175	35.0	48	38.4	42	35.3	522	40.2	363	37.2
	Good	225	42.9	138	38.5	255	39.4	207	41.4	47	37.6	43	36.1	527	40.6	388	39.7
	Fair	56	10.7	57	15.9	77	11.9	73	14.6	21	16.8	20	16.8	154	11.9	150	15.4
	Poor	26	5.0	17	4.7	59	9.1	45	9.0	9	7.2	14	11.8	94	7.2	76	7.8
	Total	524		358		648		500		125		119		1,297		977	
	Not Applicable	137		163		1,780		1,701		263		259		2,180		2,123	

¹ Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

Table A3: Timeliness of Care

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
36	Home Health Aide																
	Always	335	60.8	230	64.1	1,761	74.6	1,642	76.3	329	81.0	310	80.9	2,425	73.1	2,182	75.4
	Usually	152	27.6	85	23.7	470	19.9	386	17.9	57	14.0	53	13.8	679	20.5	524	18.1
	Sometimes	60	10.9	36	10.0	105	4.4	91	4.2	16	3.9	14	3.7	181	5.5	141	4.9
	Never	4	0.7	8	2.2	24	1.0	34	1.6	4	1.0	6	1.6	32	1.0	48	1.7
	Total	551		359		2,360		2,153		406		383		3,317		2,895	
	Not Applicable	121		152		163		198		18		35		302		385	
37	Care Manager / Case Manager																
	Always	313	53.2	200	48.9	1,292	57.1	1,116	56.0	203	55.2	191	53.4	1,808	56.2	1,507	54.6
	Usually	194	33.0	144	35.2	679	30.0	590	29.6	117	31.8	115	32.1	990	30.8	849	30.8
	Sometimes	65	11.1	52	12.7	219	9.7	198	9.9	37	10.1	34	9.5	321	10.0	284	10.3
	Never	16	2.7	13	3.2	73	3.2	88	4.4	11	3.0	18	5.0	100	3.1	119	4.3
	Total	588		409		2,263		1,992		368		358		3,219		2,759	
	Not Applicable	64		99		232		317		47		49		343		465	
38a	Regular Visiting Nurse																
	Always	346	62.1	237	57.1	1,107	53.9	735	48.3	197	54.0	150	45.3	1,650	55.5	1,122	49.5
	Usually	137	24.6	109	26.3	638	31.1	441	29.0	103	28.2	110	33.2	878	29.5	660	29.1
	Sometimes	58	10.4	52	12.5	228	11.1	229	15.0	46	12.6	50	15.1	332	11.2	331	14.6
	Never	16	2.9	17	4.1	80	3.9	117	7.7	19	5.2	21	6.3	115	3.9	155	6.8
	Total	557		415		2,053		1,522		365		331		2,975		2,268	
	Not Applicable	109		100		474		804		46		85		629		989	
38b	Covering/On Call Nurse																
	Always	199	45.7	146	48.8	596	47.6	423	41.7	111	43.5	93	38.4	906	46.6	662	42.6
	Usually	151	34.7	80	26.8	375	29.9	295	29.1	82	32.2	77	31.8	608	31.3	452	29.1
	Sometimes	58	13.3	41	13.7	160	12.8	153	15.1	35	13.7	43	17.8	253	13.0	237	15.2
	Never	27	6.2	32	10.7	122	9.7	143	14.1	27	10.6	29	12.0	176	9.1	204	13.1
	Total	435		299		1,253		1,014		255		242		1,943		1,555	
	Not Applicable	227		207		1,188		1,218		143		154		1,558		1,579	

Table A3: Timeliness of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
39	Physical Therapist																
	Always	223	53.9	149	51.9	422	46.8	309	44.7	60	46.2	56	37.3	705	48.8	514	45.5
	Usually	125	30.2	59	20.6	262	29.0	179	25.9	35	26.9	41	27.3	422	29.2	279	24.7
	Sometimes	41	9.9	43	15.0	119	13.2	104	15.0	18	13.8	29	19.3	178	12.3	176	15.6
	Never	25	6.0	36	12.5	99	11.0	100	14.5	17	13.1	24	16.0	141	9.8	160	14.2
	Total	414		287		902		692		130		150		1,446		1,129	
Not Applicable	240		222		1,495		1,525		254		234		1,989		1,981		
40	Occupational Therapist																
	Always	164	52.1	106	47.1	218	41.8	157	39.2	22	31.9	23	28.8	404	44.6	286	40.5
	Usually	97	30.8	50	22.2	137	26.3	83	20.7	17	24.6	22	27.5	251	27.7	155	22.0
	Sometimes	30	9.5	37	16.4	68	13.1	62	15.5	10	14.5	11	13.8	108	11.9	110	15.6
	Never	24	7.6	32	14.2	98	18.8	99	24.7	20	29.0	24	30.0	142	15.7	155	22.0
	Total	315		225		521		401		69		80		905		706	
Not Applicable	322		277		1,837		1,774		310		308		2,469		2,359		
41	Speech Therapist																
	Always	40	38.5	30	37.5	110	37.8	73	30.4	17	36.2	17	28.8	167	37.8	120	31.7
	Usually	26	25.0	13	16.3	72	24.7	48	20.0	10	21.3	12	20.3	108	24.4	73	19.3
	Sometimes	16	15.4	11	13.8	23	7.9	27	11.3	4	8.5	5	8.5	43	9.7	43	11.3
	Never	22	21.2	26	32.5	86	29.6	92	38.3	16	34.0	25	42.4	124	28.1	143	37.7
	Total	104		80		291		240		47		59		442		379	
Not Applicable	522		417		2,048		1,913		324		319		2,894		2,649		
42	Social Worker																
	Always	308	55.2	193	49.9	462	47.6	312	42.9	68	44.4	66	39.8	838	49.8	571	44.6
	Usually	171	30.6	95	24.5	276	28.4	194	26.6	39	25.5	45	27.1	486	28.9	334	26.1
	Sometimes	53	9.5	64	16.5	133	13.7	108	14.8	27	17.6	32	19.3	213	12.7	204	15.9
	Never	26	4.7	35	9.0	100	10.3	114	15.7	19	12.4	23	13.9	145	8.6	172	13.4
	Total	558		387		971		728		153		166		1,682		1,281	
Not Applicable	93		119		1,394		1,434		224		217		1,711		1,770		

Table A3: Timeliness of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
43	Home Delivered Meals / Meals on Wheels																
	Always	88	61.1	89	57.4	268	53.8	344	51.8	24	42.1	41	37.6	380	54.4	474	51.1
	Usually	33	22.9	41	26.5	121	24.3	171	25.8	10	17.5	30	27.5	164	23.5	242	26.1
	Sometimes	11	7.6	8	5.2	30	6.0	60	9.0	4	7.0	9	8.3	45	6.4	77	8.3
	Never	12	8.3	17	11.0	79	15.9	89	13.4	19	33.3	29	26.6	110	15.7	135	14.5
	Total	144		155		498		664		57		109		699		928	
Not Applicable	496		349		1,855		1,557		315		274		2,666		2,180		
44a	Transportation TO Day Center																
	Always	221	49.0	145	56.0	353	55.3	192	48.9	46	50.0	38	41.3	620	52.5	375	50.4
	Usually	149	33.0	78	30.1	167	26.2	89	22.6	17	18.5	28	30.4	333	28.2	195	26.2
	Sometimes	59	13.1	28	10.8	45	7.1	40	10.2	10	10.9	7	7.6	114	9.7	75	10.1
	Never	22	4.9	8	3.1	73	11.4	72	18.3	19	20.7	19	20.7	114	9.7	99	13.3
	Total	451		259		638		393		92		92		1,181		744	
Not Applicable	204		244		1,732		1,795		285		290		2,221		2,329		
44b	Transportation FROM Day Center																
	Always	228	51.4	149	58.0	332	55.5	172	47.6	42	51.2	33	40.2	602	53.6	354	50.6
	Usually	147	33.1	72	28.0	149	24.9	84	23.3	11	13.4	25	30.5	307	27.3	181	25.9
	Sometimes	47	10.6	28	10.9	37	6.2	37	10.2	7	8.5	3	3.7	91	8.1	68	9.7
	Never	22	5.0	8	3.1	80	13.4	68	18.8	22	26.8	21	25.6	124	11.0	97	13.9
	Total	444		257		598		361		82		82		1,124		700	
Not Applicable	208		247		1,765		1,810		289		292		2,262		2,349		
44c	Transportation TO the doctor																
	Always	275	50.9	236	59.6	925	56.3	782	55.7	163	56.2	148	51.9	1,363	55.1	1,166	55.9
	Usually	186	34.4	108	27.3	465	28.3	382	27.2	83	28.6	78	27.4	734	29.7	568	27.2
	Sometimes	62	11.5	42	10.6	154	9.4	162	11.5	35	12.1	32	11.2	251	10.2	236	11.3
	Never	17	3.1	10	2.5	98	6.0	78	5.6	9	3.1	27	9.5	124	5.0	115	5.5
	Total	540		396		1,642		1,404		290		285		2,472		2,085	
Not Applicable	115		116		831		872		110		114		1,056		1,102		

Table A3: Timeliness of Care (continued)

Item	All Responders		PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
44d	Transportation FROM the doctor																	
	Always	257	47.6	234	58.5	876	53.4	760	53.7	164	55.2	143	49.3	1,297	52.3	1,137	54.0	
	Usually	170	31.5	104	26.0	461	28.1	379	26.8	81	27.3	81	27.9	712	28.7	564	26.8	
	Sometimes	81	15.0	46	11.5	200	12.2	193	13.6	39	13.1	36	12.4	320	12.9	275	13.1	
	Never	32	5.9	16	4.0	104	6.3	84	5.9	13	4.4	30	10.3	149	6.0	130	6.2	
	Total	540		400		1,641		1,416		297		290		2,478		2,106		
	Not Applicable	119		114		821		861		105		109		1,045		1,084		
45	Medical Supplies and Equipment																	
	Always	359	62.7	280	62.9	1,061	53.9	926	53.8	182	54.3	170	53.3	1,602	55.7	1,376	55.4	
	Usually	156	27.2	115	25.8	608	30.9	545	31.7	106	31.6	98	30.7	870	30.3	758	30.5	
	Sometimes	45	7.9	41	9.2	206	10.5	168	9.8	27	8.1	36	11.3	278	9.7	245	9.9	
	Never	13	2.3	9	2.0	93	4.7	82	4.8	20	6.0	15	4.7	126	4.4	106	4.3	
	Total	573		445		1,968		1,721		335		319		2,876		2,485		
	Not Applicable	86		70		517		574		74		82		677		726		
46	Pharmacy Services																	
	Always	418	66.7	332	68.9	1,373	66.0	1,241	64.7	252	67.4	236	63.1	2,043	66.3	1,809	65.2	
	Usually	171	27.3	123	25.5	577	27.8	544	28.4	99	26.5	110	29.4	847	27.5	777	28.0	
	Sometimes	28	4.5	22	4.6	97	4.7	91	4.7	18	4.8	17	4.5	143	4.6	130	4.7	
	Never	10	1.6	5	1.0	32	1.5	41	2.1	5	1.3	11	2.9	47	1.5	57	2.1	
	Total	627		482		2,079		1,917		374		374		3,080		2,773		
	Not Applicable	32		34		421		410		38		34		491		478		
47	Audiology/Hearing Aids																	
	Always	96	44.7	69	41.8	242	42.6	207	41.4	33	37.5	30	34.5	371	42.6	306	40.7	
	Usually	66	30.7	49	29.7	166	29.2	139	27.8	26	29.5	28	32.2	258	29.6	216	28.7	
	Sometimes	26	12.1	27	16.4	69	12.1	51	10.2	8	9.1	10	11.5	103	11.8	88	11.7	
	Never	27	12.6	20	12.1	91	16.0	103	20.6	21	23.9	19	21.8	139	16.0	142	18.9	
	Total	215		165		568		500		88		87		871		752		
	Not Applicable	428		335		1,779		1,663		276		276		2,483		2,274		

¹ Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

Table A4: Access to Care – Urgent Appointments

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
48	Regular Doctor																
	Same day	271	52.5	143	39.5	895	45.6	724	40.4	172	51.8	131	41.9	1,338	47.6	998	40.5
	1 to 3 days	180	34.9	158	43.6	723	36.9	742	41.5	97	29.2	113	36.1	1,000	35.6	1,013	41.1
	4 days or longer	65	12.6	61	16.9	343	17.5	324	18.1	63	19.0	69	22.0	471	16.8	454	18.4
	Total	516		362		1,961		1,790		332		313		2,809		2,465	
	Not Applicable	138		147		519		505		78		86		735		738	
49	Dentist																
	Same day	64	20.8	39	19.4	304	28.3	236	25.0	65	34.4	56	33.9	433	27.5	331	25.3
	1 to 3 days	130	42.3	75	37.3	397	36.9	350	37.1	62	32.8	51	30.9	589	37.5	476	36.3
	4 days or longer	113	36.8	87	43.3	375	34.9	358	37.9	62	32.8	58	35.2	550	35.0	503	38.4
	Total	307		201		1,076		944		189		165		1,572		1,310	
	Not Applicable	334		296		1,311		1,285		199		221		1,844		1,802	
50	Eye Care																
	Same day	89	25.7	64	24.4	403	28.3	363	27.7	97	38.6	82	33.6	589	29.2	509	28.0
	1 to 3 days	132	38.2	96	36.6	529	37.2	493	37.6	86	34.3	89	36.5	747	37.0	678	37.3
	4 days or longer	125	36.1	102	38.9	491	34.5	456	34.8	68	27.1	73	29.9	684	33.9	631	34.7
	Total	346		262		1,423		1,312		251		244		2,020		1,818	
	Not Applicable	297		245		1,021		960		143		141		1,461		1,346	
51	Foot Doctor																
	Same day	86	24.9	50	19.4	352	30.4	267	28.3	85	36.5	68	34.3	523	30.1	385	27.5
	1 to 3 days	138	39.9	96	37.2	455	39.4	359	38.0	85	36.5	58	29.3	678	39.1	513	36.6
	4 days or longer	122	35.3	112	43.4	349	30.2	318	33.7	63	27.0	72	36.4	534	30.8	502	35.9
	Total	346		258		1,156		944		233		198		1,735		1,400	
	Not Applicable	301		247		1,255		1,290		169		190		1,725		1,727	
52	Audiology/Hearing Aids																
	Same day	40	26.3	29	25.4	114	27.1	105	26.9	28	36.8	25	33.8	182	28.1	159	27.5
	1 to 3 days	54	35.5	40	35.1	153	36.4	132	33.8	21	27.6	27	36.5	228	35.2	199	34.4
	4 days or longer	58	38.2	45	39.5	153	36.4	154	39.4	27	35.5	22	29.7	238	36.7	221	38.2
	Total	152		114		420		391		76		74		648		579	
	Not Applicable	491		385		1,933		1,810		300		302		2,724		2,497	

¹ Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

Table A5: Access to Care – Regular Appointments

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
53	Regular Doctor																
	Always	330	60.8	219	53.4	1,455	62.9	1,272	60.6	271	68.3	201	56.1	2,056	63.2	1,692	59.0
	Usually	142	26.2	124	30.2	610	26.4	565	26.9	83	20.9	101	28.2	835	25.7	790	27.6
	Sometimes	51	9.4	50	12.2	197	8.5	204	9.7	33	8.3	45	12.6	281	8.6	299	10.4
	Never	20	3.7	17	4.1	51	2.2	57	2.7	10	2.5	11	3.1	81	2.5	85	3.0
	Total	543		410		2,313		2,098		397		358		3,253		2,866	
	Not Applicable	121		101		201		226		25		49		347		376	
54	Dentist																
	Always	143	41.3	88	36.8	557	41.5	451	39.0	111	48.3	71	36.0	811	42.3	610	38.3
	Usually	112	32.4	75	31.4	443	33.0	371	32.1	58	25.2	69	35.0	613	32.0	515	32.3
	Sometimes	61	17.6	47	19.7	248	18.5	246	21.3	41	17.8	37	18.8	350	18.3	330	20.7
	Never	30	8.7	29	12.1	93	6.9	89	7.7	20	8.7	20	10.2	143	7.5	138	8.7
	Total	346		239		1,341		1,157		230		197		1,917		1,593	
	Not Applicable	297		263		1,101		1,079		162		187		1,560		1,529	
55	Eye Care																
	Always	187	46.8	122	41.8	796	46.9	688	45.6	162	54.4	108	40.3	1,145	47.8	918	44.4
	Usually	140	35.0	103	35.3	573	33.7	493	32.7	84	28.2	109	40.7	797	33.3	705	34.1
	Sometimes	52	13.0	47	16.1	263	15.5	257	17.0	40	13.4	35	13.1	355	14.8	339	16.4
	Never	21	5.3	20	6.8	66	3.9	70	4.6	12	4.0	16	6.0	99	4.1	106	5.1
	Total	400		292		1,698		1,508		298		268		2,396		2,068	
	Not Applicable	257		210		777		778		107		123		1,141		1,111	
56	Foot Doctor																
	Always	160	43.0	102	35.1	684	49.6	534	48.0	147	57.2	98	45.0	991	49.4	734	45.3
	Usually	130	34.9	96	33.0	433	31.4	327	29.4	74	28.8	67	30.7	637	31.7	490	30.2
	Sometimes	55	14.8	63	21.6	195	14.2	178	16.0	22	8.6	35	16.1	272	13.6	276	17.0
	Never	27	7.3	30	10.3	66	4.8	74	6.6	14	5.4	18	8.3	107	5.3	122	7.5
	Total	372		291		1,378		1,113		257		218		2,007		1,622	
	Not Applicable	283		215		1,056		1,130		148		173		1,487		1,518	
57	Audiology/Hearing Aids																
	Always	73	42.7	41	32.5	211	38.7	177	39.4	46	46.5	30	40.0	330	40.5	248	38.2
	Usually	43	25.1	44	34.9	172	31.6	134	29.8	23	23.2	15	20.0	238	29.2	193	29.7
	Sometimes	31	18.1	22	17.5	83	15.2	67	14.9	13	13.1	12	16.0	127	15.6	101	15.5
	Never	24	14.0	19	15.1	79	14.5	71	15.8	17	17.2	18	24.0	120	14.7	108	16.6
	Total	171		126		545		449		99		75		815		650	
	Not Applicable	469		371		1,812		1,732		269		281		2,550		2,384	

¹ Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

Table A6: About You

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
58	Content with Quality of Life																
	Very much	273	36.3	221	40.6	1,019	33.5	831	34.0	231	44.2	185	43.2	1,523	35.3	1,237	36.2
	Quite a bit	208	27.7	143	26.2	858	28.2	720	29.4	122	23.3	91	21.3	1,188	27.5	954	27.9
	Somewhat	187	24.9	119	21.8	763	25.1	604	24.7	112	21.4	95	22.2	1,062	24.6	818	23.9
	A little bit	53	7.0	42	7.7	277	9.1	196	8.0	39	7.5	45	10.5	369	8.5	283	8.3
	Not at all	31	4.1	20	3.7	127	4.2	96	3.9	19	3.6	12	2.8	177	4.1	128	3.7
	Total	752		545		3,044		2,447		523		428		4,319		3,420	
59	Rate your current state of health																
	Excellent	30	3.9	29	5.1	123	3.9	104	4.1	32	5.9	29	6.5	185	4.2	162	4.6
	Very good	147	19.2	107	18.8	359	11.4	315	12.5	66	12.2	51	11.4	572	12.8	473	13.3
	Good	278	36.2	193	33.9	890	28.3	724	28.6	144	26.7	127	28.4	1,312	29.5	1,044	29.4
	Fair	247	32.2	187	32.9	1,333	42.4	1,075	42.5	218	40.4	187	41.8	1,798	40.4	1,449	40.9
	Poor	65	8.5	53	9.3	442	14.0	312	12.3	79	14.7	53	11.9	586	13.2	418	11.8
	Total	767		569		3,147		2,530		539		447		4,453		3,546	
60	Rating of overall mental/emotional health																
	Excellent	87	11.3	54	9.6	297	9.4	246	9.7	75	13.9	48	10.5	459	10.3	348	9.8
	Very Good	147	19.2	113	20.1	496	15.7	406	16.1	96	17.7	77	16.8	739	16.6	596	16.8
	Good	260	33.9	198	35.2	969	30.8	820	32.5	161	29.8	130	28.4	1,390	31.2	1,148	32.4
	Fair	214	27.9	153	27.2	1,043	33.1	842	33.4	151	27.9	162	35.4	1,408	31.6	1,157	32.7
	Poor	59	7.7	44	7.8	345	11.0	210	8.3	58	10.7	40	8.8	462	10.4	294	8.3
	Total	767		562		3,150		2,524		541		457		4,458		3,543	
61	What is your gender?																
	Male	181	23.8	120	21.7	833	27.0	720	28.8	133	25.0	102	23.2	1,147	26.2	942	27.0
	Female	579	76.2	434	78.3	2,250	73.0	1,780	71.2	400	75.0	338	76.8	3,229	73.8	2,552	73.0
	Total	760		554		3,083		2,500		533		440		4,376		3,494	
62	What is your age?																
	18–44	0	0.0	0	0.0	57	1.8	50	2.0	2	0.4	2	0.4	59	1.3	52	1.5
	45–64	71	9.2	54	9.7	441	14.0	386	15.2	62	11.4	48	10.8	574	12.8	488	13.8
	65–74	167	21.6	115	20.6	764	24.3	702	27.7	124	22.8	122	27.4	1,055	23.6	939	26.5
	75–84	203	26.2	196	35.2	924	29.3	732	28.9	194	35.7	146	32.7	1,321	29.6	1,074	30.3
	Over 85	333	43.0	192	34.5	963	30.6	667	26.3	162	29.8	128	28.7	1,458	32.6	987	27.9
	Total	774		557		3,149		2,537		544		446		4,467		3,540	

Table A6: About You (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
63a^	What is your ethnicity?^																
	Hispanic^	108	15.1	71	13.7	599	20.9	448	19.8	257	52.7	191	48.0	964	23.7	710	22.3
	Non-Hispanic^	606	84.9	446	86.3	2,272	79.1	1,814	80.2	231	47.3	207	52.0	3,109	76.3	2,467	77.7
	Total	714		517		2,871		2,262		488		398		4,073		3,177	
63b+	What is your race?																
	American Indian or Alaskan Native	18	2.5	13	2.3	53	1.9	29	1.2	8	2.2	10	2.3	79	2.1	52	1.5
	Asian	41	5.7	24	4.2	525	19.1	426	17.0	52	14.4	43	9.7	618	16.1	493	14.0
	Black or African American	111	15.4	102	18.0	540	19.6	498	19.9	184	50.8	165	37.2	835	21.8	765	21.8
	Native Hawaiian or Pacific Islander	1	0.1	4	0.7	16	0.6	10	0.4	5	1.4	6	1.4	22	0.6	20	0.6
	White	550	76.2	367	64.8	1,611	58.6	1,253	50.0	110	30.4	104	23.5	2,271	59.2	1,724	49.0
	Other	1	0.1	56	9.9	6	0.2	292	11.6	3	0.8	115	26.0	10	0.3	463	13.2
Total	722		566		2,751		2,508		362		443		3,835		3,517		
64	How well do you speak English?																
	Very well	533	69.3	382	70.0	1,429	45.8	1,190	47.5	203	37.9	180	40.1	2,165	48.9	1,752	50.1
	Well	99	12.9	75	13.7	409	13.1	346	13.8	78	14.6	71	15.8	586	13.2	492	14.1
	Not well	57	7.4	40	7.3	589	18.9	404	16.1	122	22.8	102	22.7	768	17.4	546	15.6
	Not at all	80	10.4	49	9.0	694	22.2	565	22.6	133	24.8	96	21.4	907	20.5	710	20.3
Total	769		546		3,121		2,505		536		449		4,426		3,500		
65	Primary language spoken at home																
	English	573	79.3	454	81.4	1,560	52.9	1,400	55.5	225	45.2	220	48.9	2,358	56.5	2,074	58.7
	Spanish	81	11.2	58	10.4	443	15.0	339	13.4	205	41.2	160	35.6	729	17.5	557	15.8
	Russian	8	1.1	10	1.8	308	10.4	268	10.6	2	0.4	6	1.3	318	7.6	284	8.0
	Chinese	31	4.3	14	2.5	366	12.4	268	10.6	26	5.2	27	6.0	423	10.1	309	8.7
	Other	30	4.1	22	3.9	273	9.3	249	9.9	40	8.0	37	8.2	343	8.2	308	8.7
Total	723		558		2,950		2,524		498		450		4,171		3,532		

Table A6: About You (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2019		2021		2019		2021		2019		2021		2019		2021	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
66	Education level completed																
	8th grade or less	157	20.9	83	15.1	873	28.7	667	26.8	240	46.0	161	37.2	1,270	29.4	911	26.2
	Some high school, did not graduate	99	13.2	68	12.4	431	14.1	362	14.5	81	15.5	91	21.0	611	14.1	521	15.0
	High school graduate or GED	207	27.6	158	28.8	808	26.5	638	25.6	116	22.2	103	23.8	1,131	26.2	899	25.9
	Some college or 2 year degree	125	16.6	115	20.9	439	14.4	462	18.6	55	10.5	36	8.3	619	14.3	613	17.7
	4 year college graduate	64	8.5	53	9.7	298	9.8	213	8.6	23	4.4	27	6.2	385	8.9	293	8.4
	More than 4 year college degree	99	13.2	72	13.1	197	6.5	148	5.9	7	1.3	15	3.5	303	7.0	235	6.8
	Total	751		549		3,046		2,490		522		433		4,319		3,472	
67 [^]	Do you live																
	Alone	341	44.8	248	45.0	1,267	40.3	1,112	44.0	254	47.3	226	49.9	1,862	41.9	1,586	44.9
	With a family member, spouse, or friend	279	36.7	205	37.2	1,481	47.1	1,287	50.9	263	49.0	217	47.9	2,023	45.5	1,709	48.4
	With other than a family member or friend	83	10.9	61	11.1	138	4.4	96	3.8	16	3.0	6	1.3	237	5.3	163	4.6
	Nursing Home [^]	58	7.6	37	6.7	258	8.2	35	1.4	4	0.7	4	0.9	320	7.2	76	2.2
Total	761		551		3,144		2,530		537		453		4,442		3,534		
68	Did someone help you complete this survey																
	Yes	470	63.3	324	59.6	2,000	65.8	1,439	59.3	325	63.4	276	63.7	2,795	65.0	2,039	59.9
	No	273	36.7	220	40.4	1,041	34.2	987	40.7	188	36.6	157	36.3	1,502	35.0	1,364	40.1
Total	743		544		3,041		2,426		513		433		4,297		3,403		
69♦+	Who helped you																
	Family member or Spouse	296	63.0	224	64.6	1,318	65.9	1,068	62.9	191	58.1	187	55.3	1,805	64.5	1,479	62.0
	Friend	36	7.7	30	8.6	157	7.8	99	5.8	21	6.4	20	5.9	214	7.6	149	6.3
	Home Care Aide	35	7.4	34	9.8	346	17.3	357	21.0	88	26.7	84	24.9	469	16.8	475	19.9
	Care Manager or Visiting Nurse	14	3.0	6	1.7	49	2.4	46	2.7	5	1.5	6	1.8	68	2.4	58	2.4
	Other	89	18.9	53	15.3	131	6.5	129	7.6	24	7.3	41	12.1	244	8.7	223	9.4
Total	470		347		2,001		1,699		329		338		2,800		2,384		

Table A6: About You (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
	Description	2019		2021		2019		2021		2019		2021		2019		2021		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
70◆+	How did this person help you																	
	Read the questions to me	225	35.2	170	35.0	1,058	36.6	870	37.9	222	42.4	177	41.5	1,505	37.1	1,217	37.9	
	Wrote down the answers that I gave	178	27.8	139	28.6	832	28.7	676	29.5	143	27.3	116	27.2	1,153	28.4	931	29.0	
	Answered the questions for me	203	31.7	130	26.7	600	20.7	425	18.5	66	12.6	77	18.0	869	21.4	632	19.7	
	Translated into my language	21	3.3	21	4.3	292	10.1	204	8.9	68	13.0	33	7.7	381	9.4	258	8.0	
	Helped in some other way	13	2.0	26	5.3	112	3.9	120	5.2	24	4.6	24	5.6	149	3.7	170	5.3	
	Total	640		486		2,894		2,295		523		427		4,057		3,208		
71^	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?																	
	Yes	538	79.8	374	80.1	2,084	77.0	1,586	73.1	417	85.8	331	81.3	3,039	78.6	2,291	75.3	
	No	136	20.2	93	19.9	622	23.0	583	26.9	69	14.2	76	18.7	827	21.4	752	24.7	
	Total	674		467		2,706		2,169		486		407		3,866		3,043		
	Not sure	70		75		359		313		41		31		470		419		
72^	Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?																	
	Yes	607	88.1	424	88.1	1,960	73.8	1,405	67.0	318	71.3	258	67.5	2,885	76.1	2,087	70.5	
	No	82	11.9	57	11.9	697	26.2	691	33.0	128	28.7	124	32.5	907	23.9	872	29.5	
	Total	689		481		2,657		2,096		446		382		3,792		2,959		
	Not sure	67		54		382		304		61		48		510		406		
73^◆	Does the health plan have a copy of this document?																	
	Yes	479	96.8	349	90.9	1,151	85.2	801	72.3	205	84.7	169	73.8	1,835	87.9	1,319	76.6	
	No	16	3.2	35	9.1	200	14.8	307	27.7	37	15.3	60	26.2	253	12.1	402	23.4	
	Total	495		384		1,351		1,108		242		229		2,088		1,721		
	Not sure	90		84		550		620		65		101		705		805		

¹ Percentages have been rounded and may not total to 100%.

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus; n: number of valid responses.

◆ Items based on skip pattern.

+ Member can check all that apply.

^ Question and/or responses have been reworded since 2017.

Appendix B: Aggregate Tables

Table B1: MLTC Satisfaction Survey – Comparison by Survey Year

		2019		2021		2019 vs. 2021 (▼,▲ or –)
		n	%	n	%	
Item	Description					
Section 1: MLTC Plan Evaluation						
1a	Member of a [health plan]	4372	97%	3404	98%	–
2a	Live at home/community/assisted living	4282	93%	3340	98%	▲
3	Plan always/usually explained services clearly	3749	89%	3413	90%	–
4	Always/Usually involved in decisions about plan of care	3741	82%	3381	84%	–
5	Family member or caregiver always/usually involved in making decisions about plan of care	3771	70%	3429	66%	–
6	Called plan with question or for help or complaint/grievance	3776	51%	3430	45%	–
7♦	Always/Usually spoke with a person quickly	1885	76%	1752	78%	–
8♦	Questions always/usually answered quickly	1881	77%	1764	80%	–
9♦	Always/Usually able to understand the answers	1888	85%	1744	85%	–
10♦	Always/Usually treated with politeness and respect	1899	95%	1780	95%	–
11♦	Complaint/grievance always/usually handled to satisfaction	1509	74%	1369	71%	–
12	Plan asked to see prescription/over the counter medicines	3620	95%	3244	93%	▼
13	Health plan explain Consumer Directed Personal Assistance	2587	84%	2375	83%	–
14a	Plan has been excellent/good at helping me to take my medications the way my doctor wants me to	3121	89%	2815	90%	–
14b	Plan has been excellent/good at helping me to manage my illnesses	2894	87%	2572	87%	–
14c	Plan has been excellent/good at helping me when I'm feeling sad and lonely	2467	76%	2204	78%	–
14d	Plan has been excellent/good at helping to allow me to stay in my home	2904	94%	2577	94%	–
15	Rated plan as good or excellent	3669	89%	3379	88%	–
71	Health plan has talked about appointing someone to make health care decisions	3866	79%	3043	75%	–
72	Has a legal document appointing someone to make health care decisions	3792	76%	2959	71%	▼
73	Health plan has a copy of this legal document	2088	88%	1721	77%	▼

Table B1: MLTC Satisfaction Survey – Comparison by Survey Year (continued)

		2019		2021		2019 vs. 2021 (▼,▲ or –)
		n	%	n	%	
Item	Description					
Section 2A: Quality of Care Providers (Excellent/Good)						
16	Regular doctor	3543	92%	3169	91%	–
17	Dentist	2470	78%	2181	74%	–
18	Eye Care	3040	85%	2717	84%	–
19	Foot Doctor	2513	85%	2122	81%	▼
20a	Home Health Aide, Personal Care Aide	3422	90%	3020	91%	–
20b	Home Health Agency, Personal Care Agency	3399	84%	3020	84%	–
21	Care Manager/Case Manager	3474	87%	3086	87%	–
22a	Regular Visiting Nurse/Registered Nurse	3206	88%	2581	84%	▼
22b	Covering/On-call nurse	2086	82%	1749	79%	–
23	Physical Therapist	1712	82%	1375	78%	–
24	Occupational Therapist	1067	81%	848	75%	–
25	Speech Therapist	486	75%	399	69%	–
26	Social Worker	1941	81%	1508	80%	–
27	Medical Supplies and Equipment	3042	84%	2603	84%	–
28	Audiology/Hearing Aids	996	74%	849	70%	–
29	Home Delivered Meals/Meals on Wheels	710	83%	927	80%	–
30	Meals served at the Day Health Center	1063	78%	677	77%	–
31	Day Health Center Activities	1162	81%	740	78%	–
32	Transportation Services	2748	79%	2278	80%	–
33	Nursing Home	398	81%	318	79%	–
34	Pharmacy Services	3175	91%	2826	91%	–
35	Nutritionist	1297	81%	977	77%	–
Section 2B: Timeliness (Always/Usually)						
36	Home Health Aide, Personal Care Aide	3317	94%	2895	94%	–
37	Care Manager/Case Manager	3219	87%	2759	85%	–
38a	Regular Visiting Nursing/Registered Nurse	2975	85%	2268	79%	▼
38b	Covering/On-call nurse	1943	78%	1555	72%	▼
39	Physical Therapist	1446	78%	1129	70%	▼
40	Occupational Therapist	905	72%	706	63%	▼
41	Speech Therapist	442	62%	379	51%	▼
42	Social Worker	1682	79%	1281	71%	▼
43	Home Delivered Meals/Meals on Wheels	699	78%	928	77%	–

		2019		2021		2019 vs. 2021 (▼,▲ or –)
		n	%	n	%	
Item	Description					
44a	Transportation: TO Day Center	1181	81%	744	77%	–
44b	Transportation: FROM Day Center	1124	81%	700	77%	–
44c	Transportation: TO the doctor	2472	85%	2085	83%	–
44d	Transportation: FROM the doctor	2478	81%	2106	81%	–
45	Medical Supplies and Equipment	2876	86%	2485	86%	–
46	Pharmacy Services	3080	94%	2773	93%	–
47	Audiology/Hearing Aids	871	72%	752	69%	–
Section 2C: Access to Care – Routine Appointments (Always/Usually)¹						
53	Regular doctor	3253	89%	2866	87%	–
54	Dentist	1917	74%	1593	71%	–
55	Eye Care	2396	81%	2068	79%	–
56	Foot Doctor	2007	81%	1622	76%	▼
57	Audiology/Hearing Aids	815	70%	650	68%	–

Table B1: MLTC Satisfaction Survey – Comparison by Survey Year (continued)

		2019		2021		2019 vs. 2021 (▼,▲ or –)
		n	%	n	%	
Item	Description					
Section 2D: Access to Care – Urgent Appointments (Same day)						
48	Regular doctor	2809	48%	2465	41%	▼
49	Dentist	1572	28%	1310	25%	–
50	Eye Care	2020	29%	1818	28%	–
51	Foot Doctor	1735	30%	1400	28%	–
52	Audiology/Hearing Aids	648	28%	579	27%	–

¹ Routine appointments are regular appointments made as soon as member thought appointment was needed.

n: Number of valid responses 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 2019 ($p < .001$).

– Not statistically significant.

^ Questions and/or responses have been reworded since 2017.

Table B2: Plan Evaluation – Analysis of Composite Measures by Survey Year

		2019		2021		2019 vs. 2021
		n	%	n	%	
Item	Description					
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	3,749	89%	3,413	90%	–
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	3,896	76%	3,539	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)	1,932	82%	1,832	82%	–
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	3,620	95%	3,244	93%	▼
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	2,587	84%	2,375	83%	–
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)	3,629	86%	3,239	87%	–
Q15	Overall MLTC plan rating (Excellent/Good)	3,669	89%	3,379	88%	–

Table B2: Plan Evaluation – Analysis of Composite Measures by Survey Year (continued)

Item	Description	2019		2021		2019 vs. 2021
		n	%	n	%	
Domain 2: Quality of Providers and Long-Term Care Services						
Q16–Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	3,841	84%	3,474	83%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36–Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	3,724	85%	3,350	84%	–
Domain 4: Access to Care for Urgent Appointments						
Q48–Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	3,078	36%	2,711	32%	–
Domain 5: Access to Care for Regular Appointments						
Q53–Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	3,407	82%	3,016	79%	–
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	3866	79%	3043	75%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	3792	76%	2959	71%	▼
Q73	The health plan has a copy of this document	2088	88%	1721	77%	▼

n: 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/lower rate than 2019 ($p < .001$).

– Not statistically significant.

Table B3: Analysis of Composite Measures – Comparison by Plan Type

Item	Description	2021 Partial Cap		2021 PACE		2021 MAP		Partial Cap vs. PACEvs. MAP
		n	%	n	%	n	%	
Domain 1: MLTC Plan Evaluation								
Q3	The plan explains all of their services clearly (Always/Usually)	2,436	90%	540	87%	440	92%	–
Q4-Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,530	74%	558	75%	454	74%	–
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)	1,267	83%	329	80%	238	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	2,314	92%	505	95%	428	95%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,747	85%	326	71%	303	86%	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)	2,284	87%	545	87%	412	88%	–
Q15	Overall MLTC plan rating (Excellent/Good)	2,425	88%	539	87%	418	92%	–
Domain 2: Quality of Providers and Long-Term Care Services								
Q16–Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	2,481	84%	555	81%	440	82%	–
Domain 3: Timeliness of Providers and Long-Term Care Services								
Q36–Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2,399	84%	530	83%	423	81%	–
Domain 4: Access to Care for Urgent Appointments								
Q48–Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,939	33%	423	27%	351	35%	–
Domain 5: Access to Care for Regular Appointments								
Q53–Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	2,191	80%	446	78%	381	79%	–

Table B3: Analysis of Composite Measures – Comparison by Plan Type (continued)

Item	Description	2021 Partial Cap		2021 PACE		2021 MAP		Partial Cap vs. PACE vs. MAP
		n	%	n	%	n	%	
Domain 6: Advance Directives								
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,163	73%	476	79%	406	82%	MAP > Partial Cap
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,098	67%	486	88%	378	67%	PACE > MAP, Partial Cap
Q73	The health plan has a copy of this document	1,115	72%	379	90%	229	74%	PACE > MAP, Partial Cap

n: 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/lower rate than 2019 (p < .001).

– Not statistically significant.

Table B4: Analysis of Composite Measures – Comparison by Gender

Item	Description	Gender				Male vs. Female
		Male		Female		
		n	%	n	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	898	90%	2,373	90%	–
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	912	73%	2,474	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)	469	83%	1,284	82%	–
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	825	92%	2,289	94%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	634	82%	1,645	84%	–
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)	841	86%	2,267	88%	–
Q15	Overall MLTC plan rating (Excellent/Good)	878	89%	2,373	89%	–

Table B4: Analysis of Composite Measures – Comparison by Gender (continued)

		Gender				Male vs. Female
		Male		Female		
Item	Description	n	%	n	%	
Domain 2: Quality of Providers and Long-Term Care Services						
Q16 – Q35 [^]	The quality of care provided by the most utilized providers/services (Excellent/Good)	898	83%	2,438	84%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36 - Q47 [^]	The timeliness of care provided by the most utilized providers/services (Always/Usually)	869	83%	2,357	84%	–
Domain 4: Access to Care for Urgent Appointments						
Q48 – Q52 [^]	Getting timely urgent appointments with the most utilized providers/services (Same day)	688	34%	1,932	31%	–
Domain 5: Access to Care for Regular Appointments						
Q53 – Q57 [^]	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	799	80%	2,110	80%	–
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	780	72%	2,181	77%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	774	62%	2,110	74%	▼
Q73	The health plan has a copy of this document	411	73%	1,267	78%	–

n: 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 the rate for Male responders significantly lower than for Female responders.

– Not statistically significant.

Table B5: 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	%	
Domain 1: MLTC Plan Evaluation										
Q3	The plan explains all of their services clearly (Always/Usually)	1,579	90%	681	90%	463	91%	499	89%	–
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,641	76%	716	72%	459	75%	519	74%	–
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)	915	85%	363	79%	226	81%	238	76%	White > Black, Other
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	1,489	94%	673	93%	419	93%	480	93%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,096	84%	466	82%	300	82%	368	87%	–
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)	1,492	87%	665	87%	433	87%	470	87%	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,578	89%	672	87%	456	90%	491	90%	–
Domain 2: Quality of Providers and Long-Term Care Services										
Q16–Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,630	85%	697	81%	457	84%	499	81%	White > Black, Other
Domain 3: Timeliness of Providers and Long-Term Care Services										
Q36–Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,582	87%	672	81%	446	83%	472	79%	White > Black, Other
Domain 4: Access to Care for Urgent Appointments										
Q48–Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,302	33%	545	29%	314	33%	413	33%	–

Table B5: Analysis of Composite Measures – Comparison by Race (continued)

		Race								White vs. Black vs. Asian vs. Other
		White		Black		Asian		Other		
Item	Description	n	%	n	%	n	%	n	%	
Domain 5: Access to Care for Regular Appointments										
Q53–Q57 [^]	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,415	84%	618	77%	383	76%	440	76%	White > Black, Asian, Other
Domain 6: Advance Directives										
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,429	75%	648	76%	366	72%	464	78%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,467	75%	621	68%	337	62%	420	66%	White > Other, Asian
Q73	The health plan has a copy of this document	884	80%	346	74%	185	74%	233	70%	White > Other

n: 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.

Table B6: 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*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,347	90%	1,908	89%	–
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,386	77%	1,981	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)	699	81%	1,054	83%	–
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	1,298	94%	1,798	93%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	943	87%	1,319	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)	1,301	87%	1,792	88%	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,321	90%	1,897	87%	–
Domain 2: Quality of Providers and Long-Term Care Services						
Q16–Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,363	83%	1,951	84%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36–Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,309	82%	1,893	85%	–
Domain 4: Access to Care for Urgent Appointments						
Q48–Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,044	33%	1,564	31%	–
Domain 5: Access to Care for Regular Appointments						
Q53–Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,175	78%	1,722	81%	–

Table B6: Analysis of Composite Measures – Comparison by Level of Education (continued)

		Level of Education				Less than High School vs. at Least High School
		Less than High School		At Least High School		
Item	Description	N*	%	N*	%	
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,205	77%	1,734	74%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,133	68%	1,737	72%	–
Q73	The health plan has a copy of this document	659	74%	1,004	79%	–

n: 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 rate for Less Than High School responders is significantly higher/lower than At Least High School responders.

– Not statistically significant.

Table B7: Analysis of Composite Measures – Comparison by Age Group

		Age				18–64 Years vs. 65+ Years
		18–64 Years		65+ Years		
Item	Description	n	%	n	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	514	85%	2,796	91%	▼
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	531	68%	2,897	76%	▼
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)	255	76%	1,527	83%	▼
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	486	90%	2,661	94%	▼
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	383	80%	1,909	84%	–
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)	484	85%	2,664	87%	–
Q15	Overall MLTC plan rating (Excellent/Good)	504	86%	2,778	89%	–

Table B7: Analysis of Composite Measures – Comparison by Age Group (continued)

		Age				18–64 Years vs. 65+ Years
		18–64 Years		65+ Years		
Item	Description	n	%	n	%	
Domain 2: Quality of Providers and Long-Term Care Services						
Q16–Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	522	81%	2,855	84%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36–Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	514	81%	2,748	84%	–
Domain 4: Access to Care for Urgent Appointments						
Q48–Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	458	29%	2,187	33%	–
Domain 5: Access to Care for Regular Appointments						
Q53–Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	489	78%	2,450	80%	–
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	471	71%	2,523	76%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	450	60%	2,463	72%	▼
Q73	The health plan has a copy of this document	210	71%	1,480	77%	–

n: 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 rate for the 18–64 age group is significantly lower than the 65+ age group.

– Not statistically significant.

Table B8: Analysis of Composite Measures – Comparison by Primary Language Spoken

Item	Description	Primary Language				English vs. Non-English
		English		Non-English		
		n	%	n	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,928	88%	1,378	92%	▼
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,014	73%	1,410	77%	▼
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)	1,137	81%	638	83%	–
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	1,834	93%	1,306	94%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,254	80%	1,035	87%	▼
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)	1,860	87%	1,276	88%	–
Q15	Overall MLTC plan rating (Excellent/Good)	1,926	87%	1,348	91%	▼
Domain 2: Quality of Providers and Long-Term Care Services						
Q16–Q35^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,984	82%	1,384	85%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36–Q47^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,916	83%	1,336	84%	–
Domain 4: Access to Care for Urgent Appointments						
Q48–Q52^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,573	27%	1,063	39%	▼
Domain 5: Access to Care for Regular Appointments						
Q53–Q57^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,731	80%	1,199	80%	–

Table B8: Analysis of Composite Measures – Comparison by Primary Language Spoken (continued)

		Primary Language				English vs. Non-English
		English		Non-English		
Item	Description	n	%	n	%	
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,780	74%	1,211	77%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,804	77%	1,109	60%	▲
Q73	The health plan has a copy of this document	1,076	81%	617	70%	▲

n: 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 rate for English speaking responders is significantly higher/lower than non-English speaking responders.

– Not statistically significant.

Table B9: 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	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,708	89%	603	95%	▼
Q4–Q5^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,809	74%	619	78%	–
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)	1,475	81%	297	90%	▼
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	2,574	93%	575	93%	–
Q13	Since joining the health plan, someone from the plan has explained the Consumer Directed Personal Assistance option	1,838	83%	454	87%	–
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)	2,569	86%	577	93%	▼
Q15	Overall MLTC plan rating (Excellent/Good)	2,697	87%	582	95%	▼

Table B9: Analysis of Composite Measures – Comparison by Self-Reported Health Status (continued)

		Self-Reported Health Status				Good/Fair/Poor vs. Excellent/Very Good
		Good/Fair/Poor		Excellent/Very Good		
Item	Description	n	%	n	%	
Domain 2: Quality of Providers and Long-Term Care Services						
Q16–Q35 [^]	The quality of care provided by the most utilized providers/services (Excellent/Good)	2,768	82%	604	90%	▼
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q36–Q47 [^]	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2,683	82%	579	89%	▼
Domain 4: Access to Care for Urgent Appointments						
Q48–Q52 [^]	Getting timely urgent appointments with the most utilized providers/services (Same day)	2,191	30%	456	42%	▼
Domain 5: Access to Care for Regular Appointments						
Q53–Q57 [^]	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	2,429	79%	514	86%	▼
Domain 6: Advance Directives						
Q71	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,437	76%	560	74%	–
Q72	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,368	70%	549	71%	–
Q73	The health plan has a copy of this document	1,368	76%	326	81%	–

n: 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 rate for responders reporting good/fair/poor health status is significantly lower than responders reporting excellent/very good health status.

– Not statistically significant.

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NYSDOH / IPRO
Community-Based
Managed Long-Term
Care Member
Satisfaction Survey
2021

Important Marking Instructions

- Make marks that fill bubbles completely.
- Erase unwanted marks cleanly.
- Example: 1 2 3 4 5
- Make no stray marks on this form.

1. Your Managed Long-Term Care Plan

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

- 1a. Our records indicate that you are a member of [HEALTH PLAN]. Is that correct?**
 1 Yes (Skip to #2a) 2 No (Go to #1b)
- 1b. What is the name of your Managed Long-Term Care plan?**

- 2a. Where do you live?**
 1 At home or in a community (Skip to #3)
 2 Assisted living facility (Skip to #3)
 3 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 4 Never
 2 Usually 5 I did not call the plan with a complaint
 3 Sometimes
- 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:
-
- 14a. Take your medications the way your doctor wants you to** 1 2 3 4 5

	Not Applicable				
	Poor				
	Fair				
	Good				
	Excellent				
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 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
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

	Not Applicable				
	Poor				
	Fair				
	Good				
	Excellent				
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.

	Always	Usually	Sometimes	Never	Not Applicable
36. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)	1	2	3	4	5
37. Care Manager/Case Manager (person who prepares your plan of care)	1	2	3	4	5
38a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1	2	3	4	5
38b. Covering / On-call Nurse (comes to your house when regular nurse can't come)	1	2	3	4	5
39. Physical Therapist	1	2	3	4	5
40. Occupational Therapist	1	2	3	4	5
41. Speech Therapist	1	2	3	4	5
42. Social Worker	1	2	3	4	5
43. Home Delivered Meals/Meals on Wheels	1	2	3	4	5
44a. Transportation TO Day Center:	1	2	3	4	5
44b. Transportation FROM Day Center:	1	2	3	4	5
44c. Transportation TO your Doctor:	1	2	3	4	5
44d. Transportation FROM your Doctor:	1	2	3	4	5
45. Medical Supplies and Equipment (wheelchairs, diapers, etc.)	1	2	3	4	5
46. Pharmacy Services	1	2	3	4	5
47. Audiology / Hearing Aids	1	2	3	4	5

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.

	Same Day	1-3 Days	4 Days or Longer	Not Applicable
48. Your Regular Doctor	1	2	3	4
49. Dentist	1	2	3	4
50. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4
51. Foot Doctor	1	2	3	4
52. Audiology / Hearing Aids	1	2	3	4

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?

	Always	Usually	Sometimes	Never	Not Applicable
53. Your Regular Doctor	1	2	3	4	5
54. Dentist	1	2	3	4	5
55. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4	5
56. Foot Doctor	1	2	3	4	5
57. Audiology / Hearing Aids	1	2	3	4	5

3. About You

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

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

- 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. What is your ethnicity?
 - ① Hispanic
 - ② Non-Hispanic
- 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, spouse, or friend
 - ③ With someone other than a family member or friend
 - ④ Nursing home
- 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 or Spouse
 - 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

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