



New York State Department of Health Managed Long-Term Care 2023 Member Satisfaction Survey Summary Report

FINAL REPORT

June 2024



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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 survey 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.

During the survey administration period (2023), there were three MLTC plan types: 1) Partially capitated (Partial) 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 mailing. The initial mailing was distributed in early March 2023 with a follow-up mailing in mid-June 2023, and a third mailing in late August 2023, in an effort to maximize the response rates. MLTC plan enrollees from the 43 plans/product lines were included. The breakdown by plan type was as follows: PACE: 9, partially capitated: 23, and MAP: 11.

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 2022.

The final sample, for mailing, was 25,192 enrollees. Exclusions (e.g., address issues, deceased members) totaled 39, yielding an adjusted sample of 25,153 enrollees. Completed and returned surveys totaled 5,258, representing a response rate of 20.9%. Approximately seventy-six percent (75.9%) of the responses were returned in English.

Key Findings

MLTC Plan Evaluation: Approximately 85% of survey responders rated their plan as excellent/good, which demonstrates a significant decrease from 88% in 2021. Ninety (90%) of members reported that their plan always/usually explained services clearly, consistent with the 2021 finding. In 2023, 86% of survey responders reported being involved in making decisions about their plan of care, compared to 84% in 2021. There was also an increase in family members and/or caregivers always or usually being involved in making decisions about their plan of care (2023: 67%, 2021: 66%). Additionally, there was a slight decrease in the rate of members reporting that the plan reviewed all of the prescriptions and over-the-counter medications (2023: 92%, 2021: 93%).

Two new composite measures were added to the survey in 2023. A new composite measure was introduced regarding if the respondent's plan of care addressed all their needs. Eighty-eight percent (88%) of respondents replied always/usually to this new composite measure. The other new measure addressed if the health plan met all of the needs on the member's plan of care. Respondents reported a rate of 88.7% for this measure.

Quality of Care: Members' perception of the quality of care received has remained positive. The rate of responders reporting excellent or good quality of care provided by their most utilized provider/services remained 83% in 2023. In

2023, there were significant decreases in the rates of members reporting quality of care of pharmacy services (2023: 89%, 2021: 91%) and transportation services (2023: 74%, 2021: 80%).

Timeliness of Care: Eighty-three percent (83%) of responders for long-term care providers and services rated these services to be always/usually timely, a decrease compared to 84% in 2021. Transportation services had the largest decline between 2021 and 2023. Timeliness of transportation to the doctor significantly decreased from 83% in 2021 to 78% in 2023. Timeliness of transportation from the doctor significantly decreased from 81% in 2021 to 76% in 2023.

Access to Care: Thirty-three percent (33%) of responders indicated that they were able to get same-day urgent appointments with providers, a slight increase from 2021 (32%). Seventy-eight percent (78%) of responders indicated they usually/always received timely regular appointments with providers, a decrease from 80% in 2021.

Recommendations

IPRO identified several opportunities for improvement that the health plans should consider, as follows:

- There was a significant decrease in the rate of members accessing quality pharmacy services. It is recommended that the health plans evaluate the nature of member issues with pharmacy services and assess if they can play a role in resolving them.
- There was also a significant decrease in the rate of members accessing quality transportation services. It should also be noted that there was a significant decrease in satisfaction with timely transportation services, both to and from their doctor. Effective March 1, 2024, Medical Answering Services (MAS) now manages transportation for MLTC members in MAP and Partial Capitation Plans. It is recommended that the health plans consider the members' use of telehealth options for doctor's visits when appropriate or possible.
- Though somewhat better for the MAP product than for PACE, access to urgent appointments for all provider types remained low. A recommendation is made to evaluate the provider network adequacy and to conduct surveys to 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 2023. The rates for MAP and partially capitated plans were significantly lower than the PACE plans. Continued efforts to intervene in advance directive procurement are warranted, based upon survey findings.
- There was an observed difference in rating of the MLTC plan by males versus females. Males were significantly less likely than female responders to rate their MLTC plan as excellent/good. It is recommended that the plans conduct their own focused satisfaction surveys, targeting differences in member satisfaction across genders to determine the possibility of enhancing male member satisfaction with MLTC services. It should be noted that although there was a sufficient number of both male and female responders to this survey, there was a greater rate of response by females (70.8% vs 29.2%, respectively).
- There were several observed differences in 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 and review membership 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 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 and timeliness of some services. It may be appropriate for plans to explore whether there is limited access to services across certain groups.
- The survey response rate increased this year, due to the addition of a third wave of survey mailing. Formerly, survey response rates declined in each subsequent survey period. Response rates, although improved with this survey, continue to be low at 20.9%. It is recommended, in future iterations of this survey, that a third wave continue to be part of the data collection process.

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 NYSDOH-approved MLTC plans. 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 (Partial) 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 survey assesses the level of satisfaction of members enrolled in New York State's Medicaid MLTC plans. The primary purpose of the survey 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, improving the delivery of long-term care services, and informing 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.

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. This survey has undergone periodic revisions. Since the 2021-2022 survey, several questions regarding member's plan of care have been revised to gather whether the plan addressed all the member's needs.

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 by MLTC plan model (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 2021 survey.

Methodology

Survey Instrument

A scannable survey instrument was created and reflected several changes to the questions or response wording from the 2021 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 (age, gender, race, and educational attainment). This section also included questions pertaining to living arrangements and whether assistance was provided in completing the survey, as well as questions regarding the status of members' advance directives.

An English version was prepared and translated into Spanish, Russian, and Chinese, and mailed to members based upon the primary language designations provided by the NYSDOH. An English version of the survey was included with every non-English (Spanish, Russian, and Chinese) survey mailing. The initial mailing was distributed in early March 2023 with a follow-up mailing in mid-June 2023, and a third mailing in late August 2023.

Members were provided with a return envelope addressed to IPRO to mail back their completed surveys. In the event IPRO received two surveys from the same member, either in multiple languages or from different waves of mailing, only one survey per member was included in the survey results. The survey with the later receipt date was included in the survey results. Of the 5,258 returned surveys, 18 were identified as duplicates. This represents less than .5% of returned surveys.

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 2022.

The NYSDOH provided IPRO with the enrollee file for the survey after sampling.

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.

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," "Very Good," "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 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 involved in decisions about my plan of care. • Q5. My plan of care always/usually addresses all my needs. • Q6. A family member (or caregiver) is always/usually involved in 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"> • Q8. 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. • Q9. My questions were always/usually answered quickly. • Q10. I was always/usually able to understand the answers. • Q11. I was always/usually treated with politeness and respect. • Q12. 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	Q13. 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.
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. The plan always/usually met all my needs on my plan of care.
Individual item	Q16. 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"> • Q17. Regular Doctor • Q18. Dentist • Q19. Eye Care • Q20. Foot Doctor • Q21a. Home Health Aide, Personal Care Aide • Q21b. Home Health Agency, Personal Care Agency • Q22. Care Manager/Case Manager • Q23a. Regular Visiting Nurse/Registered Nurse • Q23b. Covering/On-Call Nurse • Q24. Physical Therapist • Q25. Occupational Therapist • Q26. Speech Therapist • Q27. Social Worker • Q28. Medical Supplies and Equipment • Q29. Audiology/Hearing Aids • Q30. Home Delivered Meals/Meals on Wheels • Q31. Meals Served at The Day Health Center • Q32. Day Health Center Activities • Q33. Transportation Services • Q34. Nursing Home • Q35. Pharmacy Services • Q36. 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"> • Q37. Home Health Aide, Personal Care Aide • Q38. Care Manager/Case Manager • Q39a. Regular Visiting Nurse/Registered Nurse • Q39b. Covering/On-Call Nurse • Q40. Physical Therapist • Q41. Occupational Therapist • Q42. Speech Therapist • Q43. Social Worker • Q44. Home Delivered Meals/Meals on Wheels • Q45a. Transportation: To Day Center • Q45b. Transportation: From Day Center • Q45c. Transportation: To the Doctor • Q45d. Transportation: From the Doctor • Q46. Medical Supplies and Equipment • Q47. Pharmacy Services • Q48. 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"> • Q49. Regular Doctor • Q50. Dentist • Q51. Eye Care • Q52. Foot Doctor • Q53. 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"> • Q54. Regular Doctor • Q55. Dentist • Q56. Eye Care • Q57. Foot Doctor • Q58. Audiology/Hearing Aids
Domain 6 – Advance Directives	
Individual item	<ul style="list-style-type: none"> • Q72. 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"> • Q73. 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"> • Q74. The health plan has a copy of this advance directive document.

Results

Response Rates

Of the 25,192 surveys that were mailed, 39 were excluded for various reasons including address issues and being notified that the member was deceased. This yielded an adjusted population of 25,153. A total of 5,258 surveys were completed, with an overall response rate of 20.9%. In 2021, 3,659 surveys were completed, yielding a response rate of 17.8%.

Table 2 displays the response rates by plan type. The response rates were as follows: Partially Capitated (20.6%), PACE (19.8%), and MAP (23.1%), with an average response rate of 20.9%.

Table 2: Survey Responses by Plan Type

Surveys	Partially Capitated		PACE		MAP		Total	
	n	%	n	%	n	%	n	%
Surveys mailed	17,686		3,149		4,357		25,192	
Less exclusions:	30	0.17%	5	0.16%	4	0.09%	39	0.15%
Address issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Deceased	18	0.10%	3	0.10%	3	0.07%	24	0.10%
Other reason	12	0.07%	2	0.06%	1	0.02%	15	0.06%
Adjusted Population	17,656		3,144		4,353		25,153	
Total # Surveys Completed	3,630	20.6%	623	19.8%	1,005	23.1%	5,258	20.9%

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 24.1% of the total responses.

Table 3: Language Responses by Plan Type

Surveys	Partially Capitated		PACE		MAP		Total	
	n	%	n	%	n	%	n	%
Completed in English	2,709	74.6%	572	91.8%	712	70.8%	3,993	75.9%
Completed in a Language Other Than English	921	25.4%	51	8.2%	293	29.2%	1,265	24.1%
Spanish	327	35.5%	28	54.9%	214	73.0%	569	45.0%
Russian	250	27.1%	2	3.9%	10	3.4%	262	20.7%
Chinese	344	37.4%	21	41.2%	69	23.5%	434	34.3%
Total # Surveys Completed	3,630		623		1,005		5,258	

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 by primary language. English responses composed almost seventy-six percent (75.9%) 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	16,376		4,922		1,502		2,392	
Less exclusions ¹	29	0.2%	4	0.1%	5	0.3%	1	0.0%
Adjusted English Population	16,347		4,918		1,497		2,391	
Completed Surveys	3,993	24.4%	569	11.6%	262	17.5%	434	18.2%

n: number of valid responses.

¹ English exclusions due to member deceased (21) and other reason (8).

² Spanish exclusions due to member deceased (2) and other reason (2).

³ Russian exclusions due to member deceased (1) and other reason (4).

⁴ Chinese exclusion due to other reason (1).

Table 5 displays survey responses by health plan. Response rates differed by health plan, ranging from 8% to 33%.

Table 5: Survey Responses by Plan

Health Plan	Adjusted Population (N)	Respondents (n)	Response Rate (%)
Partially capitated			
AETNA BETTER HEALTH	796	158	20%
ARCHCARE COMMUNITY LIFE	799	133	17%
CENTERS PLAN FOR HEALTHY LIVING	999	175	18%
HOMEFIRST MLTC	999	244	24%
ELDERWOOD HEALTH PLAN	597	146	24%
EMPIRE BCBS HEALTHPLUS MLTC	999	143	14%
EVERCARE CHOICE	596	130	22%
EXTENDED MLTC	799	129	16%
FALLON HEALTH WEINBERG	599	118	20%
FIDELIS CARE AT HOME	998	186	19%
HAMASPIK CHOICE	600	198	33%
ICIRCLE	798	172	22%
KALOS HEALTH	484	116	24%
METROPLUS MLTC	599	134	22%
MONTEFIORE DIAMOND CARE MLTC	600	139	23%
NASCENTIA HEALTH OPTIONS	798	200	25%
PRIME HEALTH CHOICE	495	108	22%
RIVERSPRING AT HOME	1,000	210	21%
SENIOR HEALTH PARTNERS	799	131	16%
SENIOR NETWORK HEALTH	305	68	22%
SENIOR WHOLE HEALTH MLTC	1,000	175	18%
VILLAGECAREMAX	999	224	22%
VNS HEALTH MLTC	998	193	19%
TOTAL	17,656	3,630	21%

Table 5: Survey Responses by Plan (continued)

Health Plan	Adjusted Population (N)	Respondents (n)	Response Rate (%)
PACE			
ARCHCARE SENIOR LIFE	583	92	16%
CATHOLIC HEALTH - LIFE	75	23	31%
CENTERLIGHT PACE	800	115	14%
COMPLETE SENIOR CARE	110	27	25%
EDDY SENIOR CARE	283	92	33%
ELDERONE	599	113	19%
FALLON HEALTH WEINBERG - PACE	116	23	20%
PACE CNY	453	107	24%
TOTAL SENIOR CARE	125	31	25%
TOTAL	3,144	623	20%
MAP			
AGEWELL NEW YORK ADVANTAGE PLUS	60	5	8%
CENTERS PLAN MAP	599	140	23%
ELDERPLAN MAP	600	156	26%
EMPIRE BCBS HEALTHPLUS MAP	115	21	18%
HAMASPIK MAP	280	60	21%
HEALTHFIRST COMPLETE CARE	999	198	20%
RIVERSPRING MAP	88	29	33%
SENIOR WHOLE HEALTH	106	22	21%
VILLAGECAREMAX TOTAL ADVANTAGE	600	152	25%
VNS HEALTH TOTAL	598	158	26%
WELLCARE FIDELIS MAP	308	64	21%
TOTAL	4,353	1,005	23%
GRAND TOTAL	25,153	5,258	21%

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 2021 and 2023 populations were similar. For example, 70.8% of responders in 2023 were female (73% in 2021), and 84.9% were 65 years of age or older (84.7% in 2021). Approximately one-half of responders (2023: 57.5%, 2021: 58.8%) had at least a high school diploma. Ethnicity responses in 2023 were also similar to 2021 results, with 25.1% of responders identifying as Hispanic.

English was the primary language for 54.5% of the 2023 responders (58.7% in 2021), with Spanish as the next most common language for 17.6% of the 2023 responders (15.8% in 2021), followed by Chinese (11.6% of the 2023 responders (8.7% in 2021)), Russian (6.9% of the 2023 responders (8% in 2021)), and Other (9.5% of the 2023 responders (8.7% in 2021)).

Roughly forty-two percent (42.3%) of the 2023 responders rated their overall mental/emotional health as poor/fair (41% in 2021), 27.8% rated it as good (29.4% in 2021), and roughly eighteen percent (17.5%) as excellent/very good (17.9% in 2021). Nearly sixty-four percent (63.7%) of the 2023 responders were very much/quite a bit content with their quality of life (64.1% in 2021).

The proportion of responders who reported living at home increased when compared with 2021 rates (95.4% in 2023 versus 94.6% in 2021); see **Appendix A, Table A1**. As indicated in **Appendix A, Table A6**, in 2023, 44.8% of responders lived alone, roughly the same as 2021 (44.9%). Approximately two-thirds of responders reported that they received assistance in completing the survey (2023: 57.5%, almost the same as in 2021: 59.9%), mostly from family members (2023: 61.2% versus 2021: 62%).

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 2023 and 2021 responders remained high. Notable findings from this section were as follows:

- Ninety-three percent (93%) of responders rated their plan as excellent/good at helping them stay at home and not at a nursing home. In 2021, this rate was 94%.
- In 2023, 86% of responders reported being involved in decisions about their plan of care, versus 84% of responders in 2021.
- Sixty-seven percent (67%) of responders reported complaints/grievances as always/usually handled to their satisfaction. This rate demonstrates a decrease in member satisfaction from 2021 (71%).
- Eighty-five percent (85%) of responders rated their plan as excellent/good. There was a statistically significant decrease in this measure from 2021 (88%).

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 six 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 remained high in 2023. Notable findings from this section include:

- For 11 out of 22 provider types, at least 80% of the responders gave an excellent/good rating for receiving quality care in 2023 (compared to 12 out of 22 in 2021). This rating includes long-term care providers and services such as regular doctor (91%), pharmacy services (89%), home health agency (85%), visiting nurse (84%), care manager (88%), eye care professional (84%), and foot doctor (81%).
- In 2023, the quality of care rates for the following providers remained the same as 2021; regular doctor (91%), home health aide/personal care aide (91%), regular visiting nurse/registered nurse (84%), care manager/case manager (88%), foot doctor (81%), eye care (84%), and covering/on call nurse (79%), and home delivered meals (80%).
- In 2023, there was a significant decrease in the responders giving an excellent/good rating for receiving quality care from pharmacy services (2023: 89% versus 2021: 91%) and transportation services (2023: 74% versus 2021: 80%).

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 2021, the majority of members perceived 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 2023. This is consistent with the previous survey year (2021).
- In 2023, there was a significant decrease in members receiving timely transportation to the doctor (2023: 78%, 2021: 83%) and from the doctor (2023: 76%, 2021: 81%).
- 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 2023 (92% and 93%, respectively).

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 regular and urgent appointments was similar in 2023 compared to 2021.

- The rates for always/usually having access to regular appointments were similar in 2023 compared to 2021 for the following providers: regular doctor (2023: 86%, 2021: 87%), foot doctor (2023: 75%, 2021: 76%), eye care (79% in both 2023 and 2021), dentists (2023: 67%, 2021: 71%), and audiologists (2023: 62%, 2021: 68%).
- The rate for urgent appointments remained close to the prior survey year's finding for responders obtaining a same-day urgent appointment with their regular doctor (2023: 43%, 2021: 41%).
- Rates for timely access to urgent appointments remained low for foot doctors (2023: 31%, 2021: 28%), eye care (2023: 30%, 2021: 28%), audiologists (2023: 29%, 2021: 27%), and dentists (2023: 23%, 2021: 25%).

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 8–16. Questions 4-6 were combined to create a composite measure (**Composite 1a**), as were Questions 8–12 (**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 17–36. 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 37–48 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 72–74. 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 2023, 90% of members reported that the plan always/usually explained services clearly, consistent with the rate from 2021.

- The rates decreased in 2023 for members always/usually receiving helpful, timely, and courteous customer assistance when they called the plan with a question or complaint (2023: 80%, 2021: 82%).
- Ninety-two percent (92%) of responders in 2023 said that the plan had asked to see all prescriptions and medications, versus 93% in 2021.
- Eighty-six percent (86%) of responders in 2023 said that the plan was excellent/good at assisting in medication management, managing illness, helping them when they are sad or lonely, and allowing them to stay at home instead of in a nursing home (87% in 2021).
- Overall, 85% rated the health plan as excellent/good in 2023, a statistically significant decrease from 2021 (88%).

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, consistent with the 2021 survey findings.
- Eighty-three percent (83%) of responders rated the overall timeliness of care as always/usually timely, a one percentage point decrease from 2021 (84%).
- Thirty-three percent (33%) of responders reported that they were always/usually able to get an urgent appointment within the same day in 2023, which increased from 2021 (32%).
- Additionally, 78% of responders were always/usually able to get a regular appointment with their doctor, a decrease from 2021 (80%).

On average, survey responses in Domains 2–5 were less positive in 2023 than in 2021.

Domain 6: Advance Directives (Table B2)

- Seventy-four percent (74%) of members reported, in 2023, 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 2021 (75%).
- In 2023, the percentage of members who reported having a legal document appointing someone to make decisions about their health if they are unable to do so slightly decreased (2023: 68%, 2021: 71%).
- Of the individuals with an advance directive, 80% of members in 2023 said that their health plan has retained a copy of the document, a slight improvement from 2021 (77%).

On average, survey responses to Domain 6 items were less positive in 2023 than in 2021.

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 2023. 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)

- PACE 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 (PACE: 79%, MAP: 77%, partially capitated: 72%).
- 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: 86%, MAP: 63%, partially capitated: 66%).
- PACE members were more likely to report that the health plan had a copy of the legal document or advance directive (PACE: 92%, partially capitated: 76%, MAP: 79%).

Comparison by Gender (Table B4)

- Male responders were significantly less likely than female responders to rate their MLTC plan as excellent/good (81% versus 87%).

- 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 (63% versus 70%).

Comparison by Race (Table B5)

- Eighty-three percent (83%) of White responders reported that the plan always/usually provided helpful, timely, and courteous customer service. Eighty-one percent (81%) of Asian responders responded always/usually to this question, a rate slightly higher than Black and Other responders (both 77%).
- 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 74%, respectively).
- Eighty-six percent (86%) of White responders rated the timeliness of care as always/usually on time, while 80% 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-two percent (82%) 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 and Asian responders (76%, and 75% 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 Black, Asian, and Other responders (67%, 56% and 66%, respectively). Additionally, White responders had a significantly higher rate for the health plan having a copy of this document than Asian responders (84% versus 73%, respectively).

Comparison by Education (Table B6)

- Responders with less than a high school degree were statistically significantly less likely to rate their MLTC plan as excellent/good, compared to responders with at least a high school diploma (83% versus 87%, respectively).
- A statistically significantly 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 72%, respectively).
- Responders with less than a high school degree were statistically significantly less likely to have a legal document appointing someone to make decisions about their health care if they are unable to do so (64% versus 71%, 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 slightly worse than the rate for responders 65 and over (86% versus 90%, 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 (75% versus 80%, respectively).
- The rate for responders aged 18–64 reporting that they get timely urgent appointments with the most utilized providers/services (same day) was statistically significantly lower than for responders 65 and older (28% versus 34%, respectively).
- Responders aged 18–64 were statistically significantly less likely to have a legal document appointing someone to make decisions about their health care if they are unable to do so than responders 65 and older (60% versus 69%, respectively).

Comparison by Primary Language Spoken (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-primary English-speaking responders (92%).
- Seventy-seven percent (77%) 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-primary English-speaking responders (82%).
- Eighty-eight percent (88%) of English-speaking responders reported that the overall MLTC plan rating was excellent/good; this rate is significantly higher than that reported by non-primary English-speaking responders (83%).

- Eighty-two percent (82%) of English-speaking responders reported the quality of care provided by their most utilized providers/services was excellent/good; this rate is significantly lower than that reported by non-primary English-speaking responders (84%).
- Twenty-nine percent (29%) 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-primary English-speaking responders (38%).
- When asked if members had a legal document or advance directive appointing someone to make health care decisions for them, 74% of English-speaking responders reported they have an advance directive, while 59% of non-primary English-speaking responders reported they have an advance directive. The rate for English-speaking responders was significantly higher than for non-primary English-speaking responders.
- A significantly lower percentage of English-speaking responders 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 non-primary English-speaking (72% versus 77% respectively).

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, a significantly lower rate than that of responders who rated their current state of health as excellent/very good (94%).
- Responders who rated their current state of health as good/fair/poor reported a significantly lower rate for their and/or family member (or caregiver) being involved in making decisions about their plan of care (78% versus 84%, respectively).
- 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 (79% versus 87%, respectively).
- Eighty-five percent (85%) 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/good compared to responders who rated their state of health as excellent/good (83% versus 96%). The difference was statistically significant.
- In regard to quality of care provided by long-term care providers and services, 81% 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 (89%).
- 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 (87%).
- Thirty-two percent (32%) 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-eight (78%) 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 (83%).

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.

Although the COVID-19 public health emergency was not within the survey period, the effects the members faced during this pandemic could have still impacted 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, and readjustments to the “new normal” 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 2023. 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. A significant percentage of membership (90%) reported that their plan always or usually explained services clearly, a consistent finding with the 2021 survey. An increase was observed in the rate of members involved in decisions about their plan of care (2023: 86%, 2021: 84%). A positive change seen in the 2023 survey results versus the 2021 results was an increased percentage of members reporting that they have a family member or caregiver involved in making decisions about their plan of care (2023: 67%, 2021: 66%). However, eighty-five percent (85%) of members rated their MLTC health plan as excellent or good, which demonstrates a statistically significant decrease from the 2021 survey response (88%).

Specific observations and recommendations are as follows:

- In 2023, there was a significant decrease in satisfaction with the quality of care reported for pharmacy services (2023: 89%, 2021: 91%) (**Table B1, Section 2A**).

While IPRO acknowledges that pharmacy services are not in the benefit package of the partially capitated plans, it may be of interest to all plans to investigate the quality-of-care issues through conducting their own member surveys focused upon pharmacy services, to assist in determining the nature of issues, and if plans can play a role in resolving the issues.

- In 2023, there was a significant decrease in satisfaction with the quality of transportation services (2023: 74%, 2021: 80%) (**Table B1, Section 2A**). It should also be noted that there was a significant decrease in the timely access of transportation to the doctor (2023: 78%, 2021: 83%), and transportation from the doctor (2023: 76%, 2021: 81%) (**Table B1, Section 2B**).

Effective March 1, 2024, Medical Answering Services (MAS) now manages transportation for MLTC members in MAP and Partial Capitation Plans. *The plans should also 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. Timely access to urgent dentist appointments had the lowest rate at 23% (**Table B1, Section 2D**). This is a repeated finding from the 2021 survey.

It would appear that the COVID-19 public health emergency may have had a continued effect on limiting timely access to same-day appointments. While IPRO acknowledges that outpatient medical benefits are not in the benefit package of 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 2023, 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-primary 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.*

Performance Improvement Project results 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 advance directive 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.

- In 2023, male responders were significantly less likely than female responders to rate their MLTC plan as excellent/good (81% versus 87%) (**Table B4**).

It is recommended that the plans conduct their own focused satisfaction surveys, targeting differences in member satisfaction across genders to determine the possibility of enhancing male member satisfaction with MLTC services.

- 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 2023, there were race and language differences in some ratings. White responders were more likely to report their quality of care as excellent/good 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-primary 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 historically declined in each survey period prior to 2023. In the 2023 survey period, a third wave of mailing was introduced, bringing the responses to a final rate of 20.9%. Although this response rate demonstrates improvement since the 2021 survey, the response rate is still considered to be low.

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.

Appendix A: Frequency Tables

Table A1: MLTC Plan Evaluation

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		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	540	98.7	588	98.0	2,364	97.2	3,314	97.4	420	99.1	864	96.9	3,324	97.6	4,766	97.4
	No	7	1.3	12	2.0	69	2.8	89	2.6	4	0.9	28	3.1	80	2.4	129	2.6
	Total	547		600		2,433		3,403		424		892		3,404		4,895	
2a	Where do you live?																
	At home	478	88.2	509	87.8	2,297	96.0	3,192	96.3	384	94.8	839	96.8	3,159	94.6	4,540	95.4
	Nursing home	18	3.3	22	3.8	33	1.4	46	1.4	7	1.7	10	1.2	58	1.7	78	1.6
	Assisted living facility	46	8.5	49	8.4	63	2.6	76	2.3	14	3.5	18	2.1	123	3.7	143	3.0
	Total	542		580		2,393		3,314		405		867		3,340		4,761	
3	MLTC plan explains services clearly?																
	Always	295	54.9	308	54.0	1,531	63.0	2,121	62.6	316	71.2	676	71.1	2,142	62.8	3,105	63.2
	Usually	172	32.0	195	34.2	650	26.7	914	27.0	94	21.2	187	19.7	916	26.8	1,296	26.4
	Sometimes	61	11.4	59	10.4	214	8.8	278	8.2	30	6.8	73	7.7	305	8.9	410	8.3
	Never	9	1.7	8	1.4	37	1.5	77	2.3	4	0.9	15	1.6	50	1.5	100	2.0
	Total	537		570		2,432		3,390		444		951		3,413		4,911	
	Don't know or not sure	21		27		90		117		10		28		121		172	
4^	Are you involved in making decisions about plan of care?																
	Yes	435	81.9	426	86.1	2,041	84.6	2,512	86.0	349	79.9	711	87.7	2,825	83.6	3,649	86.3
	No	96	18.1	69	13.9	372	15.4	408	14.0	88	20.1	100	12.3	556	16.4	577	13.7
	TOTAL	531		495		2,413		2,920		437		811		3,381		4,226	
	Don't know or not sure	23		92		97		553		19		145		139		790	

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

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

^ Question and/or responses have been reworded since 2020-21.

Table A1: MLTC Plan Evaluation (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
5~	Does your plan of care address all of your needs?																
	Always			281	48.4			1,791	52.0			585	60.9			2,657	53.3
	Usually			215	37.0			1,220	35.4			276	28.8			1,711	34.3
	Sometimes			76	13.1			371	10.8			94	9.8			541	10.8
	Never			9	1.5			65	1.9			5	0.5			79	1.6
	TOTAL			581				3,447				960				4,988	
	<i>Don't know or not sure</i>			15				83				23				121	
6	Is a family member or your caregiver involved in making decisions about your plan of care?																
	Always	268	50.3	288	50.3	1,180	48.2	1,647	48.6	239	53.5	499	52.8	1,687	49.2	2,434	49.6
	Usually	95	17.8	109	19.0	418	17.1	593	17.5	67	15.0	155	16.4	580	16.9	857	17.5
	Sometimes	96	18.0	84	14.7	468	19.1	585	17.3	75	16.8	157	16.6	639	18.6	826	16.8
	Never	74	13.9	92	16.1	383	15.6	562	16.6	66	14.8	134	14.2	523	15.3	788	16.1
	TOTAL	533		573		2,449		3,387		447		945		3,429		4,905	
	<i>Don't know or not sure</i>	19		18		82		125		9		27		110		170	
7	Called the plan for help or a complaint/grievance?																
	Yes	304	56.3	323	56.4	1,078	43.9	1,490	43.8	176	40.7	393	42.6	1,558	45.4	2,206	45.0
	No	236	43.7	250	43.6	1,380	56.1	1,915	56.2	256	59.3	529	57.4	1,872	54.6	2,694	55.0
	TOTAL	540		573		2,458		3,405		432		922		3,430		4,900	
8♦	Speak with a person quickly?																
	Always	103	32.7	131	40.2	497	40.7	638	39.4	90	41.5	192	41.6	690	39.4	961	39.9
	Usually	133	42.2	139	42.6	470	38.5	635	39.2	64	29.5	147	31.9	667	38.1	921	38.3
	Sometimes	64	20.3	47	14.4	199	16.3	333	20.6	53	24.4	95	20.6	316	18.0	475	19.7
	Never	15	4.8	9	2.8	54	4.4	14	0.9	10	4.6	27	5.9	79	4.5	50	2.1
	TOTAL	315		326		1,220		1,620		217		461		1,752		2,407	
	<i>Don't know or not sure</i>	2		8		18		27		6		15		26		50	

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

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

♦ Items based on skip pattern.

~ New Question in 2023.

Table A1: MLTC Plan Evaluation (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
9♦	Were questions answered quickly?																
	Always	96	30.5	138	39.2	523	42.6	687	40.5	108	48.9	194	40.8	727	41.2	1,019	40.4
	Usually	144	45.7	139	39.5	474	38.6	614	36.2	64	29.0	175	36.8	682	38.7	928	36.8
	Sometimes	63	20.0	67	19.0	191	15.6	329	19.4	42	19.0	90	18.9	296	16.8	486	19.2
	Never	12	3.8	8	2.3	40	3.3	68	4.0	7	3.2	16	3.4	59	3.3	92	3.6
	TOTAL	315		352		1,228		1,698		221		475		1,764		2,525	
	<i>Don't know or not sure</i>	2		5		16		35		5		7		23		47	
10♦	Were you able to understand the answers?																
	Always	145	46.3	180	50.3	616	50.9	895	52.2	126	57.3	232	49.0	887	50.9	1,307	51.3
	Usually	115	36.7	117	32.7	426	35.2	533	31.1	60	27.3	149	31.5	601	34.5	799	31.4
	Sometimes	51	16.3	59	16.5	151	12.5	250	14.6	32	14.5	87	18.4	234	13.4	396	15.6
	Never	2	0.6	2	0.6	18	1.5	37	2.2	2	0.9	5	1.1	22	1.3	44	1.7
	TOTAL	313		358		1,211		1,715		220		473		1,744		2,546	
	<i>Don't know or not sure</i>	9		2		27		31		3		9		39		42	
11♦	Were you treated with politeness and respect?																
	Always	227	71.2	268	75.1	953	77.2	1,294	74.8	175	77.1	361	75.5	1,355	76.1	1,923	75.0
	Usually	70	21.9	66	18.5	219	17.7	336	19.4	38	16.7	90	18.8	327	18.4	492	19.2
	Sometimes	19	6.0	20	5.6	55	4.5	84	4.9	12	5.3	23	4.8	86	4.8	127	5.0
	Never	3	0.9	3	0.8	7	0.6	16	0.9	2	0.9	4	0.8	12	0.7	23	0.9
	TOTAL	319		357		1,234		1,730		227		478		1,780		2,565	
	<i>Don't know or not sure</i>	2		2		10		12		0		4		12		18	
12♦	Complaint or grievance handled to satisfaction?																
	Always	92	36.2	118	40.4	408	44.3	514	39.0	83	43.0	138	34.8	583	42.6	770	38.3
	Usually	94	37.0	94	32.2	245	26.6	375	28.4	51	26.4	114	28.7	390	28.5	583	29.0
	Sometimes	51	20.1	59	20.2	144	15.6	239	18.1	32	16.6	82	20.7	227	16.6	380	18.9
	Never	17	6.7	21	7.2	125	13.6	191	14.5	27	14.0	63	15.9	169	12.3	275	13.7
	TOTAL	254		292		922		1,319		193		397		1,369		2,008	
	<i>I did not call the plan with a complaint</i>	66		68		329		431		38		88		433		587	
13	Has asked to see all of the prescriptions/over the counter medicines?																
	Yes	474	94.2	486	93.8	2,138	92.6	2,949	91.6	412	95.4	854	92.8	3,024	93.2	4,289	92.1
	No	29	5.8	32	6.2	171	7.4	272	8.4	20	4.6	66	7.2	220	6.8	370	7.9
	TOTAL	503		518		2,309		3,221		432		920		3,244		4,659	
		<i>Don't know or not sure</i>	48		63		200		268		23		49		271		380

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♦ Items based on skip pattern.

Table A1: MLTC Plan Evaluation (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
14a	Take medications the way your doctor wants you to																	
	Excellent	285	58.4	290	56.5	998	51.3	1,382	52.2	199	52.0	445	56.5	1,482	52.6	2,117	53.6	
	Good	164	33.6	176	34.3	745	38.3	1,002	37.9	154	40.2	270	34.3	1,063	37.8	1,448	36.7	
	Fair	29	5.9	35	6.8	142	7.3	200	7.6	24	6.3	55	7.0	195	6.9	290	7.3	
	Poor	10	2.0	12	2.3	59	3.0	62	2.3	6	1.6	17	2.2	75	2.7	91	2.3	
	TOTAL	488		513		1,944		2,646		383		787		2,815		3,946		
	<i>Not Applicable</i>	35		43		418		562		41		107		494		712		
14b	Manage your illness																	
	Excellent	245	54.0	246	51.4	792	45.0	1,089	43.5	165	46.0	370	50.5	1,202	46.7	1,705	45.9	
	Good	161	35.5	180	37.6	726	41.3	1,046	41.8	156	43.5	267	36.5	1,043	40.6	1,493	40.2	
	Fair	37	8.1	44	9.2	159	9.0	273	10.9	28	7.8	75	10.2	224	8.7	392	10.6	
	Poor	11	2.4	9	1.9	82	4.7	95	3.8	10	2.8	20	2.7	103	4.0	124	3.3	
	TOTAL	454		479		1,759		2,503		359		732		2,572		3,714		
	<i>Not Applicable</i>	48		54		500		622		45		124		593		800		
14c	Help when feeling sad and lonely																	
	Excellent	141	36.9	156	38.4	547	35.8	830	37.8	94	31.9	243	38.8	782	35.5	1,229	38.1	
	Good	139	36.4	162	39.9	654	42.8	837	38.1	139	47.1	224	35.8	932	42.3	1,223	37.9	
	Fair	69	18.1	54	13.3	204	13.4	341	15.5	46	15.6	115	18.4	319	14.5	510	15.8	
	Poor	33	8.6	34	8.4	122	8.0	187	8.5	16	5.4	44	7.0	171	7.8	265	8.2	
	TOTAL	382		406		1,527		2,195		295		626		2,204		3,227		
	<i>Not Applicable</i>	115		120		709		889		105		212		929		1,221		
14d	Allow to stay in home and not in nursing home																	
	Excellent	302	69.6	312	66.2	1,210	66.3	1,612	63.6	209	65.7	434	65.8	1,721	66.8	2,358	64.3	
	Good	110	25.3	118	25.1	505	27.7	750	29.6	90	28.3	185	28.0	705	27.4	1,053	28.7	
	Fair	18	4.1	30	6.4	77	4.2	125	4.9	11	3.5	28	4.2	106	4.1	183	5.0	
	Poor	4	0.9	11	2.3	33	1.8	47	1.9	8	2.5	13	2.0	45	1.7	71	1.9	
	TOTAL	434		471		1,825		2,534		318		660		2,577		3,665		
	<i>Not Applicable</i>	84		75		473		637		81		202		638		914		

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Table A1: MLTC Plan Evaluation (continued)

Item	All responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
15~	Did the health plan meet all of the needs on your plan of care?																	
	Always			301	52.5			1,832	54.1			580	61.4			2,713	55.3	
	Usually			198	34.6			1,152	34.0			249	26.3			1,599	32.6	
	Sometimes			62	10.8			318	9.4			93	9.8			473	9.6	
	Never			66	11.5			56	1.7			12	1.3			134	2.7	
	TOTAL			627				3,358				934				4,919		
	<i>Don't know or not sure</i>			13				98				18				129		
16	Overall, how would you rate your plan?																	
	Excellent	260	48.2	255	45.6	1,168	48.4	1,467	44.1	214	50.8	453	50.1	1,642	48.7	2,175	45.4	
	Good	205	38.0	231	41.3	967	40.1	1,353	40.7	172	40.9	325	36.0	1,344	39.8	1,909	39.9	
	Fair	58	10.8	58	10.4	236	9.8	405	12.2	28	6.7	112	12.4	322	9.5	575	12.0	
	Poor	16	3.0	15	2.7	43	1.8	100	3.0	7	1.7	14	1.5	66	2.0	129	2.7	
	TOTAL	539		559		2,414		3,325		421		904		3,374		4,788		

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~ New Question in 2023.

Table A2: Quality of Care

Item	All responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
17	Regular Doctor																
	Excellent	278	56.6	290	54.3	1,323	58.3	1,724	56.2	222	54.4	506	60.2	1,823	57.5	2,520	56.8
	Good	156	31.8	182	34.1	767	33.8	1,082	35.3	147	36.0	255	30.4	1,070	33.8	1,519	34.2
	Fair	41	8.4	49	9.2	137	6.0	214	7.0	29	7.1	60	7.1	207	6.5	323	7.3
	Poor	16	3.3	13	2.4	43	1.9	45	1.5	10	2.5	19	2.3	69	2.2	77	1.7
	TOTAL	491		534		2,270		3,065		408		840		3,169		4,439	
	<i>Not Applicable</i>	32		22		112		142		10		44		154		208	
18	Dentist																
	Excellent	127	34.4	142	35.0	523	34.3	741	33.2	83	28.8	200	33.4	733	33.6	1,083	33.4
	Good	147	39.8	157	38.7	618	40.6	891	39.9	123	42.7	210	35.1	888	40.7	1,258	38.8
	Fair	54	14.6	65	16.0	247	16.2	370	16.6	49	17.0	117	19.5	350	16.0	552	17.0
	Poor	41	11.1	42	10.3	136	8.9	233	10.4	33	11.5	72	12.0	210	9.6	347	10.7
	TOTAL	369		406		1,524		2,235		288		599		2,181		3,240	
	<i>Not Applicable</i>	147		136		755		877		110		236		1,012		1,249	
19	Eye Care																
	Excellent	167	39.2	202	41.6	857	44.5	1,249	45.7	152	41.6	348	45.7	1,176	43.3	1,799	45.2
	Good	175	41.1	203	41.9	791	41.1	1,077	39.4	145	39.7	273	35.9	1,111	40.9	1,553	39.0
	Fair	54	12.7	50	10.3	200	10.4	312	11.4	45	12.3	98	12.9	299	11.0	460	11.6
	Poor	30	7.0	30	6.2	78	4.0	94	3.4	23	6.3	42	5.5	131	4.8	166	4.2
	TOTAL	426		485		1,926		2,732		365		761		2,717		3,978	
	<i>Not Applicable</i>	86		71		432		512		56		110		574		693	
20	Foot Doctor																
	Excellent	147	36.9	160	40.1	632	44.0	917	45.2	124	43.1	261	44.0	903	42.6	1,338	44.3
	Good	155	38.9	158	39.6	539	37.5	738	36.3	117	40.6	215	36.3	811	38.2	1,111	36.8
	Fair	56	14.1	49	12.3	191	13.3	273	13.4	28	9.7	77	13.0	275	13.0	399	13.2
	Poor	40	10.1	32	8.0	74	5.2	103	5.1	19	6.6	40	6.7	133	6.3	175	5.8
	TOTAL	398		399		1,436		2,031		288		593		2,122		3,023	
	<i>Not Applicable</i>	119		145		803		1,063		104		232		1,026		1,440	
21a	Home Health Aide																
	Excellent	202	50.4	241	54.8	1,451	65.0	1,953	65.4	262	66.0	554	69.3	1,915	63.2	2,748	65.1
	Good	139	34.7	141	32.0	593	26.5	782	26.2	108	27.2	176	22.0	840	27.7	1,099	26.0
	Fair	33	8.2	41	9.3	114	5.1	177	5.9	13	3.3	47	5.9	160	5.3	265	6.3
	Poor	27	6.7	17	3.9	76	3.4	73	2.4	14	3.5	22	2.8	117	3.9	112	2.7
	TOTAL	401		440		2,234		2,985		397		799		3,032		4,224	
	<i>Not Applicable</i>	118		98		141		215		19		60		278		373	

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Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
21b	Home Health Agency																	
	Excellent	147	36.6	195	44.2	1,050	47.4	1,504	49.0	193	48.1	461	55.3	1,390	46.0	2,160	49.7	
	Good	164	40.8	175	39.7	827	37.3	1,104	35.9	147	36.7	263	31.6	1,138	37.7	1,542	35.5	
	Fair	60	14.9	46	10.4	236	10.6	326	10.6	43	10.7	78	9.4	339	11.2	450	10.4	
	Poor	31	7.7	25	5.7	104	4.7	138	4.5	18	4.5	31	3.7	153	5.1	194	4.5	
	TOTAL	402		441		2,217		3,072		401		833		3,020		4,346		
	<i>Not Applicable</i>	116		109		147		239		17		65		280		413		
22	Care Manager																	
	Excellent	202	43.6	249	48.5	1,117	50.0	1,622	51.8	173	44.2	441	52.9	1,492	48.3	2,312	51.6	
	Good	181	39.1	196	38.2	847	37.9	1,124	35.9	165	42.2	291	34.9	1,193	38.7	1,611	36.0	
	Fair	60	13.0	48	9.4	188	8.4	257	8.2	37	9.5	74	8.9	285	9.2	379	8.5	
	Poor	20	4.3	20	3.9	80	3.6	129	4.1	16	4.1	28	3.4	116	3.8	177	4.0	
	TOTAL	463		513		2,232		3,132		391		834		3,086		4,479		
	<i>Not Applicable</i>	56		40		128		176		20		54		204		270		
23a	Regular Visiting Nurse																	
	Excellent	239	53.2	229	50.6	778	43.9	1,149	46.8	158	44.0	322	45.4	1,175	45.5	1,700	47.0	
	Good	142	31.6	159	35.1	708	39.9	917	37.3	135	37.6	255	36.0	985	38.2	1,331	36.8	
	Fair	41	9.1	48	10.6	190	10.7	242	9.8	41	11.4	98	13.8	272	10.5	388	10.7	
	Poor	27	6.0	17	3.8	97	5.5	149	6.1	25	7.0	34	4.8	149	5.8	200	5.5	
	TOTAL	449		453		1,773		2,457		359		709		2,581		3,619		
	<i>Not Applicable</i>	78		108		591		841		57		176		726		1,125		
23b	Covering/On Call Nurse																	
	Excellent	139	41.5	151	44.7	347	32.7	660	41.0	92	34.8	201	40.4	578	34.8	1,012	41.4	
	Good	123	36.7	128	37.9	470	44.3	605	37.6	111	42.0	177	35.5	704	42.4	910	37.2	
	Fair	38	11.3	40	11.8	147	13.9	198	12.3	35	13.3	78	15.7	220	13.3	316	12.9	
	Poor	35	10.4	19	5.6	96	9.1	145	9.0	26	9.8	42	8.4	157	9.5	206	8.4	
	TOTAL	335		338		1,060		1,608		264		498		1,659		2,444		
	<i>Not Applicable</i>	182		206		1,126		1,572		134		362		1,442		2,140		
24	Physical Therapist																	
	Excellent	152	46.1	161	44.5	356	40.9	607	43.4	54	31.0	162	39.3	562	40.9	930	42.8	
	Good	106	32.1	122	33.7	332	38.1	523	37.4	68	39.1	147	35.7	506	36.8	792	36.4	
	Fair	45	13.6	55	15.2	117	13.4	172	12.3	28	16.1	60	14.6	190	13.8	287	13.2	
	Poor	27	8.2	24	6.6	66	7.6	97	6.9	24	13.8	43	10.4	117	8.5	164	7.5	
	TOTAL	330		362		871		1,399		174		412		1,375		2,173		
	<i>Not Applicable</i>	184		184		1,384		1,769		206		442		1,774		2,395		

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Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
25	Occupational Therapist																	
	Excellent	123	47.1	134	48.0	181	37.2	332	41.0	22	22.0	89	39.0	326	38.4	555	42.1	
	Good	88	33.7	86	30.8	178	36.6	305	37.7	43	43.0	68	29.8	309	36.4	459	34.9	
	Fair	28	10.7	41	14.7	76	15.6	97	12.0	18	18.0	37	16.2	122	14.4	175	13.3	
	Poor	22	8.4	18	6.5	52	10.7	76	9.4	17	17.0	34	14.9	91	10.7	128	9.7	
	TOTAL	261		279		487		810		100		228		848		1,317		
<i>Not Applicable</i>	248		254		1,700		2,260		265		572		2,213		3,086			
26	Speech Therapist																	
	Excellent	37	44.0	33	31.4	80	31.9	164	37.1	17	26.6	53	39.0	134	33.6	250	36.6	
	Good	20	23.8	39	37.1	96	38.2	158	35.7	24	37.5	35	25.7	140	35.1	232	34.0	
	Fair	12	14.3	19	18.1	42	16.7	69	15.6	10	15.6	28	20.6	64	16.0	116	17.0	
	Poor	15	17.9	14	13.3	33	13.1	51	11.5	13	20.3	20	14.7	61	15.3	85	12.4	
	TOTAL	84		105		251		442		64		136		399		683		
<i>Not Applicable</i>	414		424		1,896		2,606		298		653		2,608		3,683			
27	Social Worker																	
	Excellent	215	49.2	212	46.3	352	39.5	539	41.4	70	38.9	134	37.7	637	42.2	885	41.8	
	Good	145	33.2	161	35.2	353	39.6	473	36.3	69	38.3	128	36.1	567	37.6	762	36.0	
	Fair	46	10.5	64	14.0	110	12.3	174	13.4	31	17.2	57	16.1	187	12.4	295	13.9	
	Poor	31	7.1	21	4.6	76	8.5	117	9.0	10	5.6	36	10.1	117	7.8	174	8.2	
	TOTAL	437		458		891		1,303		180		355		1,508		2,116		
<i>Not Applicable</i>	80		97		1,312		1,780		193		468		1,585		2,345			
28	Medical Supplies and Equipment																	
	Excellent	260	55.3	267	53.0	820	45.6	1,206	46.3	145	43.2	311	44.4	1,225	47.1	1,784	46.8	
	Good	154	32.8	166	32.9	666	37.1	940	36.1	131	39.0	263	37.5	951	36.5	1,369	35.9	
	Fair	38	8.1	49	9.7	196	10.9	301	11.6	40	11.9	73	10.4	274	10.5	423	11.1	
	Poor	18	3.8	22	4.4	115	6.4	159	6.1	20	6.0	54	7.7	153	5.9	235	6.2	
	TOTAL	470		504		1,797		2,606		336		701		2,603		3,811		
<i>Not Applicable</i>	57		54		514		647		59		169		630		870			
29	Audiology / Hearing Aids																	
	Excellent	71	38.2	75	36.4	196	35.1	291	34.0	32	30.5	93	37.1	299	35.2	459	35.0	
	Good	56	30.1	72	35.0	202	36.2	308	36.0	38	36.2	87	34.7	296	34.9	467	35.6	
	Fair	38	20.4	30	14.6	89	15.9	149	17.4	21	20.0	37	14.7	148	17.4	216	16.5	
	Poor	21	11.3	29	14.1	71	12.7	107	12.5	14	13.3	34	13.5	106	12.5	170	13.0	
	TOTAL	186		206		558		855		105		251		849		1,312		
<i>Not Applicable</i>	323		327		1,623		2,253		265		564		2,211		3,144			

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Table A2: Quality of Care (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
30	Home Delivered Meals / Meals on Wheels																
	Excellent	77	51.3	75	49.0	308	45.1	367	58.2	35	37.2	75	44.4	420	45.3	517	54.2
	Good	53	35.3	47	30.7	235	34.4	124	19.7	34	36.2	52	30.8	322	34.7	223	23.4
	Fair	12	8.0	18	11.8	83	12.2	70	11.1	13	13.8	19	11.2	108	11.7	107	11.2
	Poor	8	5.3	13	8.5	57	8.3	70	11.1	12	12.8	23	13.6	77	8.3	106	11.1
	TOTAL	150		153		683		631		94		169		927		953	
	<i>Not Applicable</i>	359		381		1,555		2,370		281		657		2,195		3,408	
31	Meals served at Day Health Center																
	Excellent	99	39.4	99	36.3	138	37.4	256	41.5	19	33.3	90	44.6	256	37.8	445	54.2
	Good	91	36.3	95	34.8	154	41.7	228	37.0	22	38.6	64	31.7	267	39.4	387	23.4
	Fair	44	17.5	56	20.5	48	13.0	94	15.2	7	12.3	26	12.9	99	14.6	176	11.2
	Poor	17	6.8	23	8.4	29	7.9	39	6.3	9	15.8	22	10.9	55	8.1	84	11.1
	TOTAL	251		273		369		617		57		202		677		1,092	
	<i>Not Applicable</i>	261		265		1,835		2,472		313		628		2,409		3,365	
32	Day Health Center Activities																
	Excellent	98	37.4	109	38.0	162	39.6	289	42.8	21	30.4	106	48.2	281	38.0	504	42.6
	Good	99	37.8	104	36.2	165	40.3	267	39.5	29	42.0	69	31.4	293	39.6	440	37.2
	Fair	47	17.9	51	17.8	57	13.9	84	12.4	9	13.0	22	10.0	113	15.3	157	13.3
	Poor	18	6.9	23	8.0	25	6.1	36	5.3	10	14.5	23	10.5	53	7.2	82	6.9
	TOTAL	262		287		409		676		69		220		740		1,183	
	<i>Not Applicable</i>	250		251		1,810		2,396		304		599		2,364		3,246	
33	Transportation Services																
	Excellent	210	47.0	201	41.1	660	43.4	881	40.1	103	33.2	263	41.2	973	42.7	1,345	40.5
	Good	148	33.1	161	32.9	579	38.1	764	34.8	130	41.9	182	28.5	857	37.6	1,107	33.3
	Fair	58	13.0	81	16.6	192	12.6	309	14.1	45	14.5	101	15.8	295	12.9	491	14.8
	Poor	31	6.9	46	9.4	90	5.9	243	11.1	32	10.3	92	14.4	153	6.7	381	11.5
	TOTAL	447		489		1,521		2,197		310		638		2,278		3,324	
	<i>Not Applicable</i>	76		70		795		1,025		93		237		964		1,332	
34	Nursing Home																
	Excellent	34	47.2	22	31.0	79	38.2	141	42.5	14	35.9	44	37.9	127	39.9	207	39.9
	Good	21	29.2	22	31.0	85	41.1	101	30.4	17	43.6	42	36.2	123	38.7	165	31.8
	Fair	14	19.4	17	23.9	23	11.1	59	17.8	4	10.3	17	14.7	41	12.9	93	17.9
	Poor	3	4.2	10	14.1	20	9.7	31	9.3	4	10.3	13	11.2	27	8.5	54	10.4
	TOTAL	72		71		207		332		39		116		318		519	
	<i>Not Applicable</i>	422		449		1,930		2,680		331		677		2,683		3,806	

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Table A2: Quality of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
35	Pharmacy Services																
	Excellent	273	55.4	280	54.3	1,076	55.0	1,466	52.3	182	48.5	426	53.1	1,531	54.2	2,172	52.7
	Good	178	36.1	173	33.5	710	36.3	1,032	36.8	164	43.7	294	36.6	1,052	37.2	1,499	36.4
	Fair	35	7.1	48	9.3	146	7.5	234	8.3	17	4.5	62	7.7	198	7.0	344	8.3
	Poor	7	1.4	15	2.9	26	1.3	72	2.6	12	3.2	21	2.6	45	1.6	108	2.6
	TOTAL	493		516		1,958		2,804		375		803		2,826		4,123	
	<i>Not Applicable</i>	34		47		399		485		34		95		467		627	
36	Nutritionist																
	Excellent	146	40.8	149	38.5	175	35.0	314	37.2	42	35.3	94	34.6	363	37.2	557	37.0
	Good	138	38.5	159	41.1	207	41.4	324	38.3	43	36.1	102	37.5	388	39.7	585	38.9
	Fair	57	15.9	52	13.4	73	14.6	119	14.1	20	16.8	45	16.5	150	15.4	216	14.4
	Poor	17	4.7	27	7.0	45	9.0	88	10.4	14	11.8	31	11.4	76	7.8	146	9.7
	TOTAL	358		387		500		845		119		272		977		1,504	
	<i>Not Applicable</i>	163		158		1,701		2,220		259		539		2,123		2,917	

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Table A3: Timeliness of Care

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
37	Home Health Aide																
	Always	230	64.1	285	64.8	1,642	76.3	2,301	77.5	310	80.9	637	79.0	2,182	75.4	3,223	76.5
	Usually	85	23.7	106	24.1	386	17.9	481	16.2	53	13.8	127	15.8	524	18.1	714	16.9
	Sometimes	36	10.0	37	8.4	91	4.2	142	4.8	14	3.7	28	3.5	141	4.9	207	4.9
	Never	8	2.2	12	2.7	34	1.6	45	1.5	6	1.6	14	1.7	48	1.7	71	1.7
	TOTAL	359		440		2,153		2,969		383		806		2,895		4,215	
	<i>Not Applicable</i>	152		116		198		293		35		72		385		481	
38	Care Manager / Case Manager																
	Always	200	48.9	267	53.3	1,116	56.0	1,623	57.8	191	53.4	455	58.0	1,507	54.6	2,345	57.3
	Usually	144	35.2	160	31.9	590	29.6	832	29.6	115	32.1	233	29.7	849	30.8	1,225	29.9
	Sometimes	52	12.7	57	11.4	198	9.9	253	9.0	34	9.5	81	10.3	284	10.3	391	9.5
	Never	13	3.2	17	3.4	88	4.4	102	3.6	18	5.0	16	2.0	119	4.3	135	3.3
	TOTAL	409		501		1,992		2,810		358		785		2,759		4,096	
	<i>Not Applicable</i>	99		57		317		401		49		86		465		544	
39a	Regular Visiting Nurse																
	Always	237	57.1	252	57.1	735	48.3	1,068	49.6	150	45.3	306	48.3	1,122	49.5	1,626	50.4
	Usually	109	26.3	129	29.3	441	29.0	613	28.5	110	33.2	173	27.3	660	29.1	915	28.3
	Sometimes	52	12.5	52	11.8	229	15.0	311	14.4	50	15.1	109	17.2	331	14.6	472	14.6
	Never	17	4.1	8	1.8	117	7.7	161	7.5	21	6.3	46	7.3	155	6.8	215	6.7
	TOTAL	415		441		1,522		2,153		331		634		2,268		3,228	
	<i>Not Applicable</i>	100		122		804		1,067		85		228		989		1,417	
39b	Covering/On Call Nurse																
	Always	146	48.8	159	47.5	423	41.7	586	43.3	93	38.4	184	41.9	662	42.6	929	43.7
	Usually	80	26.8	104	31.0	295	29.1	394	29.1	77	31.8	124	28.2	452	29.1	622	29.2
	Sometimes	41	13.7	47	14.0	153	15.1	191	14.1	43	17.8	70	15.9	237	15.2	308	14.5
	Never	32	10.7	25	7.5	143	14.1	183	13.5	29	12.0	61	13.9	204	13.1	269	12.6
	TOTAL	299		335		1,014		1,354		242		439		1,555		2,128	
	<i>Not Applicable</i>	207		215		1,218		1,764		154		396		1,579		2,375	

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Table A3: Timeliness of Care (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
40	Physical Therapist																	
	Always	149	51.9	172	55.0	309	44.7	526	47.0	56	37.3	136	40.1	514	45.5	834	47.1	
	Usually	59	20.6	87	27.8	179	25.9	321	28.7	41	27.3	90	26.5	279	24.7	498	28.1	
	Sometimes	43	15.0	36	11.5	104	15.0	150	13.4	29	19.3	58	17.1	176	15.6	244	13.8	
	Never	36	12.5	18	5.8	100	14.5	121	10.8	24	16.0	55	16.2	160	14.2	194	11.0	
	TOTAL	287		313		692		1,118		150		339		1,129		1,770		
<i>Not Applicable</i>	222		225		1,525		1,979		234		481		1,981		2,685			
41	Occupational Therapist																	
	Always	106	47.1	130	57.3	157	39.2	263	40.2	23	28.8	70	35.2	286	40.5	463	42.8	
	Usually	50	22.2	63	27.8	83	20.7	181	27.6	22	27.5	44	22.1	155	22.0	288	26.6	
	Sometimes	37	16.4	20	8.8	62	15.5	84	12.8	11	13.8	27	13.6	110	15.6	131	12.1	
	Never	32	14.2	14	6.2	99	24.7	127	19.4	24	30.0	58	29.1	155	22.0	199	18.4	
	TOTAL	225		227		401		655		80		199		706		1,081		
<i>Not Applicable</i>	277		298		1,774		2,379		308		593		2,359		3,270			
42	Speech Therapist																	
	Always	30	37.5	33	37.1	73	30.4	124	33.0	17	28.8	38	27.7	120	31.7	195	32.4	
	Usually	13	16.3	32	36.0	48	20.0	80	21.3	12	20.3	32	23.4	73	19.3	144	23.9	
	Sometimes	11	13.8	13	14.6	27	11.3	53	14.1	5	8.5	14	10.2	43	11.3	80	13.3	
	Never	26	32.5	11	12.4	92	38.3	119	31.6	25	42.4	53	38.7	143	37.7	183	30.4	
	TOTAL	80		89		240		376		59		137		379		602		
<i>Not Applicable</i>	417		436		1,913		2,648		319		655		2,649		3,739			
43	Social Worker																	
	Always	193	49.9	207	50.1	312	42.9	463	41.7	66	39.8	115	38.9	571	44.6	785	43.2	
	Usually	95	24.5	130	31.5	194	26.6	318	28.6	45	27.1	77	26.0	334	26.1	525	28.9	
	Sometimes	64	16.5	59	14.3	108	14.8	179	16.1	32	19.3	52	17.6	204	15.9	290	15.9	
	Never	35	9.0	17	4.1	114	15.7	150	13.5	23	13.9	52	17.6	172	13.4	219	12.0	
	TOTAL	387		413		728		1,110		166		296		1,281		1,819		
<i>Not Applicable</i>	119		130		1,434		1,928		217		500		1,770		2,558			

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Table A3: Timeliness of Care (continued)

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
44	Home Delivered Meals / Meals on Wheels																
	Always	89	57.4	83	56.5	344	51.8	345	52.0	41	37.6	71	41.0	474	51.1	499	50.7
	Usually	41	26.5	40	27.2	171	25.8	155	23.3	30	27.5	34	19.7	242	26.1	229	23.3
	Sometimes	8	5.2	11	7.5	60	9.0	47	7.1	9	8.3	8	4.6	77	8.3	66	6.7
	Never	17	11.0	13	8.8	89	13.4	117	17.6	29	26.6	60	34.7	135	14.5	190	19.3
	TOTAL	155		147		664		664		109		173		928		984	
<i>Not Applicable</i>	349		382		1,557		2,379		274		622		2,180		3,383		
45a	Transportation TO Day Center																
	Always	145	56.0	173	58.1	192	48.9	355	49.3	38	41.3	115	49.6	375	50.4	643	51.4
	Usually	78	30.1	89	29.9	89	22.6	196	27.2	28	30.4	57	24.6	195	26.2	342	27.4
	Sometimes	28	10.8	23	7.7	40	10.2	63	8.8	7	7.6	15	6.5	75	10.1	101	8.1
	Never	8	3.1	13	4.4	72	18.3	106	14.7	19	20.7	45	19.4	99	13.3	164	13.1
	TOTAL	259		298		393		720		92		232		744		1,250	
<i>Not Applicable</i>	244		241		1,795		2,332		290		572		2,329		3,145		
45b	Transportation FROM Day Center																
	Always	149	58.0	177	59.6	172	47.6	335	49.0	33	40.2	110	50.7	354	50.6	622	52.0
	Usually	72	28.0	83	27.9	84	23.3	180	26.4	25	30.5	50	23.0	181	25.9	313	26.1
	Sometimes	28	10.9	23	7.7	37	10.2	66	9.7	3	3.7	13	6.0	68	9.7	102	8.5
	Never	8	3.1	14	4.7	68	18.8	102	14.9	21	25.6	44	20.3	97	13.9	160	13.4
	TOTAL	257		297		361		683		82		217		700		1,197	
<i>Not Applicable</i>	247		238		1,810		2,345		292		579		2,349		3,162		
45c	Transportation TO the doctor																
	Always	236	59.6	240	53.8	782	55.7	1,092	53.4	148	51.9	277	48.5	1,166	55.9	1,609	52.5
	Usually	108	27.3	131	29.4	382	27.2	515	25.2	78	27.4	143	25.0	568	27.2	789	25.8
	Sometimes	42	10.6	58	13.0	162	11.5	271	13.3	32	11.2	98	17.2	236	11.3	427	13.9
	Never	10	2.5	17	3.8	78	5.6	167	8.2	27	9.5	53	9.3	115	5.5	237	7.7
	TOTAL	396		446		1,404		2,045		285		571		2,085		3,062	
<i>Not Applicable</i>	116		103		872		1,128		114		278		1,102		1,509		

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Table A3: Timeliness of Care (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
45d	Transportation FROM the doctor																	
	Always	234	58.5	227	50.4	760	53.7	1,051	51.0	143	49.3	281	48.0	1,137	54.0	1,559	50.4	
	Usually	104	26.0	133	29.6	379	26.8	502	24.4	81	27.9	144	24.6	564	26.8	779	25.2	
	Sometimes	46	11.5	70	15.6	193	13.6	320	15.5	36	12.4	103	17.6	275	13.1	493	15.9	
	Never	16	4.0	20	4.4	84	5.9	188	9.1	30	10.3	57	9.7	130	6.2	265	8.6	
	TOTAL	400		450		1,416		2,061		290		585		2,106		3,096		
	<i>Not Applicable</i>	114		102		861		1,101		109		269		1,084		1,472		
46	Medical Supplies and Equipment																	
	Always	280	62.9	286	60.1	926	53.8	1,311	53.7	170	53.3	355	53.1	1,376	55.4	1,952	54.4	
	Usually	115	25.8	143	30.0	545	31.7	740	30.3	98	30.7	207	31.0	758	30.5	1,090	30.4	
	Sometimes	41	9.2	35	7.4	168	9.8	266	10.9	36	11.3	69	10.3	245	9.9	370	10.3	
	Never	9	2.0	12	2.5	82	4.8	124	5.1	15	4.7	37	5.5	106	4.3	173	4.8	
	TOTAL	445		476		1,721		2,441		319		668		2,485		3,585		
	<i>Not Applicable</i>	70		80		574		736		82		176		726		992		
47	Pharmacy Services																	
	Always	332	68.9	330	65.2	1,241	64.7	1,696	62.9	236	63.1	487	61.9	1,809	65.2	2,513	63.0	
	Usually	123	25.5	139	27.5	544	28.4	777	28.8	110	29.4	222	28.2	777	28.0	1,138	28.5	
	Sometimes	22	4.6	30	5.9	91	4.7	163	6.0	17	4.5	55	7.0	130	4.7	248	6.2	
	Never	5	1.0	7	1.4	41	2.1	59	2.2	11	2.9	23	2.9	57	2.1	89	2.2	
	TOTAL	482		506		1,917		2,695		374		787		2,773		3,988		
	<i>Not Applicable</i>	34		50		410		531		34		80		478		661		
48	Audiology/Hearing Aids																	
	Always	69	41.8	78	41.1	207	41.4	298	40.1	30	34.5	96	40.5	306	40.7	472	40.3	
	Usually	49	29.7	58	30.5	139	27.8	220	29.6	28	32.2	59	24.9	216	28.7	337	28.8	
	Sometimes	27	16.4	29	15.3	51	10.2	102	13.7	10	11.5	28	11.8	88	11.7	159	13.6	
	Never	20	12.1	25	13.2	103	20.6	124	16.7	19	21.8	54	22.8	142	18.9	203	17.3	
	TOTAL	165		190		500		744		87		237		752		1,171		
	<i>Not Applicable</i>	335		336		1,663		2,324		276		567		2,274		3,227		

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

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

Table A4: Access to Care – Urgent Appointments

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
49	Regular Doctor																
	Same day	143	39.5	165	39.6	724	40.4	1,077	42.3	131	41.9	319	46.2	998	40.5	1,561	42.7
	1 to 3 days	158	43.6	198	47.5	742	41.5	977	38.3	113	36.1	213	30.9	1,013	41.1	1,388	38.0
	4 days or longer	61	16.9	54	12.9	324	18.1	494	19.4	69	22.0	158	22.9	454	18.4	706	19.3
	TOTAL	362		417		1,790		2,548		313		690		2,465		3,655	
	<i>Not Applicable</i>	147		124		505		647		86		168		738		939	
50	Dentist																
	Same day	39	19.4	38	15.2	236	25.0	354	23.2	56	33.9	128	28.1	331	25.3	520	23.3
	1 to 3 days	75	37.3	95	38.0	350	37.1	527	34.5	51	30.9	125	27.4	476	36.3	747	33.5
	4 days or longer	87	43.3	117	46.8	358	37.9	646	42.3	58	35.2	203	44.5	503	38.4	966	43.3
	TOTAL	201		250		944		1,527		165		456		1,310		2,233	
	<i>Not Applicable</i>	296		271		1,285		1,583		221		370		1,802		2,224	
51	Eye Care																
	Same day	64	24.4	74	23.9	363	27.7	599	30.2	82	33.6	198	34.6	509	28.0	871	30.4
	1 to 3 days	96	36.6	118	38.1	493	37.6	685	34.5	89	36.5	184	32.2	678	37.3	987	34.4
	4 days or longer	102	38.9	118	38.1	456	34.8	700	35.3	73	29.9	190	33.2	631	34.7	1,008	35.2
	TOTAL	262		310		1,312		1,984		244		572		1,818		2,866	
	<i>Not Applicable</i>	245		224		960		1,181		141		271		1,346		1,676	
52	Foot Doctor																
	Same day	50	19.4	62	23.2	267	28.3	446	31.5	68	34.3	144	33.6	385	27.5	652	30.9
	1 to 3 days	96	37.2	107	40.1	359	38.0	490	34.6	58	29.3	144	33.6	513	36.6	741	35.1
	4 days or longer	112	43.4	98	36.7	318	33.7	480	33.9	72	36.4	141	32.9	502	35.9	719	34.0
	TOTAL	258		267		944		1,416		198		429		1,400		2,112	
	<i>Not Applicable</i>	247		275		1,290		1,698		190		399		1,727		2,372	
53	Audiology/Hearing Aids																
	Same day	29	25.4	30	22.2	105	26.9	169	28.5	25	33.8	71	35.5	159	27.5	270	29.1
	1 to 3 days	40	35.1	57	42.2	132	33.8	192	32.4	27	36.5	52	26.0	199	34.4	301	32.4
	4 days or longer	45	39.5	48	35.6	154	39.4	232	39.1	22	29.7	77	38.5	221	38.2	357	38.5
	TOTAL	114		135		391		593		74		200		579		928	
	<i>Not Applicable</i>	385		387		1,810		2,487		302		609		2,497		3,483	

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

Table A5: Access to Care – Regular Appointments

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
54	Regular Doctor																
	Always	219	53.4	261	54.6	1,272	60.6	1,739	59.7	201	56.1	500	61.2	1,692	59.0	2,500	59.4
	Usually	124	30.2	154	32.2	565	26.9	779	26.7	101	28.2	205	25.1	790	27.6	1,138	27.0
	Sometimes	50	12.2	47	9.8	204	9.7	310	10.6	45	12.6	83	10.2	299	10.4	440	10.5
	Never	17	4.1	16	3.3	57	2.7	87	3.0	11	3.1	29	3.5	85	3.0	132	3.1
	TOTAL	410		478		2,098		2,915		358		817		2,866		4,210	
	<i>Not Applicable</i>	101		79		226		310		49		64		376		453	
55	Dentist																
	Always	88	36.8	95	31.3	451	39.0	646	35.9	71	36.0	186	35.1	610	38.3	927	35.2
	Usually	75	31.4	113	37.2	371	32.1	567	31.5	69	35.0	159	30.0	515	32.3	839	31.9
	Sometimes	47	19.7	60	19.7	246	21.3	409	22.7	37	18.8	122	23.0	330	20.7	591	22.4
	Never	29	12.1	36	11.8	89	7.7	177	9.8	20	10.2	63	11.9	138	8.7	276	10.5
	TOTAL	239		304		1,157		1,799		197		530		1,593		2,633	
	<i>Not Applicable</i>	263		230		1,079		1,338		187		311		1,529		1,879	
56	Eye Care																
	Always	122	41.8	154	41.2	688	45.6	983	43.9	108	40.3	294	45.5	918	44.4	1,431	43.9
	Usually	103	35.3	146	39.0	493	32.7	783	35.0	109	40.7	206	31.9	705	34.1	1,135	34.8
	Sometimes	47	16.1	52	13.9	257	17.0	372	16.6	35	13.1	104	16.1	339	16.4	528	16.2
	Never	20	6.8	22	5.9	70	4.6	101	4.5	16	6.0	42	6.5	106	5.1	165	5.1
	TOTAL	292		374		1,508		2,239		268		646		2,068		3,259	
	<i>Not Applicable</i>	210		178		778		917		123		211		1,111		1,306	
57	Foot Doctor																
	Always	102	35.1	131	41.7	534	48.0	717	44.4	98	45.0	208	43.1	734	45.3	1,056	43.8
	Usually	96	33.0	109	34.7	327	29.4	502	31.1	67	30.7	142	29.4	490	30.2	753	31.2
	Sometimes	63	21.6	49	15.6	178	16.0	281	17.4	35	16.1	85	17.6	276	17.0	415	17.2
	Never	30	10.3	25	8.0	74	6.6	116	7.2	18	8.3	48	9.9	122	7.5	189	7.8
	TOTAL	291		314		1,113		1,616		218		483		1,622		2,413	
	<i>Not Applicable</i>	215		232		1,130		1,502		173		350		1,518		2,084	
58	Audiology/Hearing Aids																
	Always	41	32.5	61	36.7	177	39.4	237	34.1	30	40.0	86	34.3	248	38.2	384	34.6
	Usually	44	34.9	53	31.9	134	29.8	192	27.7	15	20.0	64	25.5	193	29.7	309	27.8
	Sometimes	22	17.5	28	16.9	67	14.9	146	21.0	12	16.0	53	21.1	101	15.5	227	20.4
	Never	19	15.1	24	14.5	71	15.8	119	17.1	18	24.0	48	19.1	108	16.6	191	17.2
	TOTAL	126		166		449		694		75		251		650		1,111	
	<i>Not Applicable</i>	371		364		1,732		2,345		281		558		2,384		3,267	

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

Table A6: About You

Item	All Responders	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
	Description	2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
59	Content with Quality of Life																
	Very much	221	40.6	219	37.9	831	34.0	1,144	33.4	185	43.2	398	42.7	1,237	36.2	1,761	35.7
	Quite a bit	143	26.2	179	31.0	720	29.4	993	29.0	91	21.3	211	22.6	954	27.9	1,383	28.0
	Somewhat	119	21.8	118	20.4	604	24.7	838	24.5	95	22.2	207	22.2	818	23.9	1,163	23.6
	A little bit	42	7.7	40	6.9	196	8.0	293	8.6	45	10.5	77	8.3	283	8.3	410	8.3
	Not at all	20	3.7	22	3.8	96	3.9	155	4.5	12	2.8	40	4.3	128	3.7	217	4.4
	TOTAL	545		578		2,447		3,423		428		933		3,420		4,934	
60	Rate your current state of health																
	Excellent	29	5.1	33	5.4	104	4.1	154	4.4	29	6.5	63	6.6	162	4.6	250	5.0
	Very good	107	18.8	102	16.8	315	12.5	411	11.8	51	11.4	117	12.2	473	13.3	630	12.5
	Good	193	33.9	222	36.5	724	28.6	939	27.0	127	28.4	237	24.8	1,044	29.4	1,398	27.8
	Fair	187	32.9	191	31.4	1,075	42.5	1,462	42.1	187	41.8	418	43.7	1,449	40.9	2,071	41.1
	Poor	53	9.3	60	9.9	312	12.3	506	14.6	53	11.9	121	12.7	418	11.8	687	13.6
	TOTAL	569		608		2,530		3,472		447		956		3,546		5,036	
61	Rating of overall mental/emotional health																
	Excellent	54	9.6	58	9.6	246	9.7	314	9.0	48	10.5	115	11.8	348	9.8	487	9.6
	Very Good	113	20.1	135	22.4	406	16.1	584	16.7	77	16.8	147	15.1	596	16.8	866	17.1
	Good	198	35.2	193	32.0	820	32.5	1,107	31.6	130	28.4	274	28.2	1,148	32.4	1,574	31.0
	Fair	153	27.2	163	27.0	842	33.4	1,205	34.4	162	35.4	329	33.9	1,157	32.7	1,697	33.4
	Poor	44	7.8	54	9.0	210	8.3	294	8.4	40	8.8	106	10.9	294	8.3	454	8.9
	TOTAL	562		603		2,524		3,504		457		971		3,543		5,078	
62	What is your gender?																
	Male	120	21.7	151	25.2	720	28.8	1,035	29.7	102	23.2	282	29.7	942	27.0	1,468	29.2
	Female	434	78.3	449	74.8	1,780	71.2	2,450	70.3	338	76.8	666	70.3	2,552	73.0	3,565	70.8
	TOTAL	554		600		2,500		3,485		440		948		3,494		5,033	
63	What is your age?																
	18-44	0	0.0	3	0.5	50	2.0	62	1.8	2	0.4	7	0.7	52	1.5	72	1.4
	45-64	54	9.7	58	9.6	386	15.2	538	15.3	48	10.8	100	10.3	488	13.8	696	13.7
	65-74	115	20.6	163	27.0	702	27.7	1,040	29.6	122	27.4	302	31.2	939	26.5	1,505	29.6
	75-84	196	35.2	187	31.0	732	28.9	1,047	29.8	146	32.7	324	33.4	1,074	30.3	1,558	30.6
	over 85	192	34.5	193	32.0	667	26.3	829	23.6	128	28.7	236	24.4	987	27.9	1,258	24.7
	TOTAL	557		604		2,537		3,516		446		969		3,540		5,089	

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

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

Table A6: About You (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
64a^	What is your ethnicity?																	
	Hispanic	71	13.7	83	15.1	448	19.8	696	22.0	191	48.0	369	43.3	710	22.3	1,148	25.1	
	Non-Hispanic	446	86.3	468	84.9	1,814	80.2	2,473	78.0	207	52.0	484	56.7	2,467	77.7	3,425	74.9	
	TOTAL	517		551		2,262		3,169		398		853		3,177		4,573		
64b+	What is your race?																	
	American Indian or Alaskan Native	13	2.3	17	2.8	29	1.2	70	2.0	10	2.3	10	1.1	52	1.5	97	1.9	
	Asian	24	4.2	60	9.8	426	17.0	683	19.6	43	9.7	159	17.7	493	14.0	902	18.0	
	Black or African American	102	18.0	101	16.5	498	19.9	684	19.6	165	37.2	310	34.6	765	21.8	1,095	21.9	
	Native Hawaiian or Pacific Islander	4	0.7	3	0.5	10	0.4	13	0.4	6	1.4	8	0.9	20	0.6	24	0.5	
	White	367	64.8	383	62.6	1,253	50.0	1,569	44.9	104	23.5	178	19.9	1,724	49.0	2,130	42.6	
	Other	56	9.9	48	7.8	292	11.6	473	13.5	115	26.0	231	25.8	463	13.2	752	15.0	
	TOTAL	566		612		2,508		3,492		443		896		3,517		5,000		
65	How well do you speak English?																	
	Very well	382	70.0	393	66.1	1,190	47.5	1,602	45.9	180	40.1	363	37.9	1,752	50.1	2,358	46.8	
	Well	75	13.7	75	12.6	346	13.8	436	12.5	71	15.8	142	14.8	492	14.1	653	12.9	
	Not well	40	7.3	53	8.9	404	16.1	648	18.6	102	22.7	204	21.3	546	15.6	905	17.9	
	Not at all	49	9.0	74	12.4	565	22.6	804	23.0	96	21.4	249	26.0	710	20.3	1,127	22.3	
TOTAL	546		595		2,505		3,490		449		958		3,500		5,043			
66	Primary language spoken at home																	
	English	454	81.4	464	77.6	1,400	55.5	1,847	52.9	220	48.9	441	45.9	2,074	58.7	2,752	54.5	
	Spanish	58	10.4	60	10.0	339	13.4	522	15.0	160	35.6	306	31.8	557	15.8	888	17.6	
	Russian	10	1.8	3	0.5	268	10.6	329	9.4	6	1.3	14	1.5	284	8.0	346	6.9	
	Chinese	14	2.5	29	4.8	268	10.6	458	13.1	27	6.0	97	10.1	309	8.7	584	11.6	
	Other	22	3.9	42	7.0	249	9.9	333	9.5	37	8.2	103	10.7	308	8.7	478	9.5	
TOTAL	558		598		2,524		3,489		450		961		3,532		5,048			

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

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

^ Question and/or responses have been reworded since 2020-21.

+ Member can check all that apply.

Table A6: About You (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide		
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023		
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	
67	Education level completed																	
	8th grade or less	83	15.1	114	19.5	667	26.8	884	26.0	161	37.2	349	37.8	911	26.2	1,347	27.5	
	Some high school, did not graduate	68	12.4	79	13.5	362	14.5	491	14.5	91	21.0	165	17.9	521	15.0	735	15.0	
	High school graduate or GED	158	28.8	173	29.6	638	25.6	912	26.8	103	23.8	220	23.8	899	25.9	1,305	26.6	
	Some college or 2 year degree	115	20.9	112	19.2	462	18.6	578	17.0	36	8.3	104	11.3	613	17.7	794	16.2	
	4 year college graduate	53	9.7	43	7.4	213	8.6	288	8.5	27	6.2	44	4.8	293	8.4	375	7.6	
	More than 4 year college degree	72	13.1	63	10.8	148	5.9	244	7.2	15	3.5	42	4.5	235	6.8	349	7.1	
	TOTAL	549		584		2,490		3,397		433		924		3,472		4,905		
68	Do you live																	
	Alone	248	45.0	264	44.4	1,112	44.0	1,595	45.6	226	49.9	407	42.2	1,586	44.9	2,266	44.8	
	With a family member, spouse or friend	205	37.2	238	40.0	1,287	50.9	1,738	49.7	217	47.9	521	54.0	1,709	48.4	2,497	49.4	
	With other than a family member or friend	61	11.1	45	7.6	96	3.8	123	3.5	6	1.3	31	3.2	163	4.6	199	3.9	
	Nursing Home	37	6.7	48	8.1	35	1.4	42	1.2	4	0.9	5	0.5	76	2.2	95	1.9	
	TOTAL	551		595		2,530		3,498		453		964		3,534		5,057		
69	Did someone help you complete this survey																	
	Yes	324	59.6	363	62.1	1,439	59.3	1,906	56.1	276	63.7	557	59.8	2,039	59.9	2,826	57.5	
	No	220	40.4	222	37.9	987	40.7	1,493	43.9	157	36.3	374	40.2	1,364	40.1	2,089	42.5	
	TOTAL	544		585		2,426		3,399		433		931		3,403		4,915		
70♦+	Who helped you																	
	Family member or Spouse	224	64.6	263	65.6	1,068	62.9	1,337	61.2	187	55.3	383	58.8	1,479	62.0	1,983	61.2	
	Friend	30	8.6	22	5.5	99	5.8	155	7.1	20	5.9	52	8.0	149	6.3	229	7.1	
	Home Care Aide	34	9.8	40	10.0	357	21.0	417	19.1	84	24.9	134	20.6	475	19.9	591	18.3	
	Care Manager or Visiting Nurse	6	1.7	8	2.0	46	2.7	33	1.5	6	1.8	5	0.8	58	2.4	46	1.4	
	Other	53	15.3	68	17.0	129	7.6	244	11.2	41	12.1	77	11.8	223	9.4	389	12.0	
	TOTAL	347		401		1,699		2,186		338		651		2,384		3,238		

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

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

♦ Items based on skip pattern.

+ Member can check all that apply.

Table A6: About You (continued)

Item	All Responders Description	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2020-21		2023		2020-21		2023		2020-21		2023		2020-21		2023	
		n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹	n	% ¹
71♦+	How did this person help you																
	Read the questions to me	170	35.0	195	36.4	870	37.9	1,197	39.3	177	41.5	397	44.8	1,217	37.9	1,789	40.0
	Wrote down the answers that I gave	139	28.6	155	29.0	676	29.5	901	29.6	116	27.2	247	27.8	931	29.0	1,303	29.2
	Answered the questions for me	130	26.7	125	23.4	425	18.5	479	15.7	77	18.0	125	14.1	632	19.7	729	16.3
	Translated into my language	21	4.3	37	6.9	204	8.9	335	11.0	33	7.7	90	10.1	258	8.0	462	10.3
	Helped in some other way	26	5.3	23	4.3	120	5.2	133	4.4	24	5.6	28	3.2	170	5.3	184	4.1
	TOTAL	486		535		2,295		3,045		427		887		3,208		4,467	
72	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?																
	Yes	374	80.1	414	78.7	1,586	73.1	2,126	72.0	331	81.3	650	76.8	2,291	75.3	3,190	73.8
	No	93	19.9	112	21.3	583	26.9	826	28.0	76	18.7	196	23.2	752	24.7	1,134	26.2
	TOTAL	467		526		2,169		2,952		407		846		3,043		4,324	
	<i>Not sure</i>	75		63		313		451		31		97		419		611	
73	Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?																
	Yes	424	88.1	458	86.4	1,405	67.0	1,870	65.8	258	67.5	499	63.0	2,087	70.5	2,827	67.9
	No	57	11.9	72	13.6	691	33.0	970	34.2	124	32.5	293	37.0	872	29.5	1,335	32.1
	TOTAL	481		530		2,096		2,840		382		792		2,959		4,162	
	<i>Not sure</i>	54		57		304		516		48		122		406		695	
74♦	Does the health plan have a copy of this document?																
	Yes	349	90.9	333	92.2	801	72.3	1,054	76.3	169	73.8	328	79.0	1,319	76.6	1,715	79.5
	No	35	9.1	28	7.8	307	27.7	328	23.7	60	26.2	87	21.0	402	23.4	443	20.5
	TOTAL	384		361		1,108		1,382		229		415		1,721		2,158	
	<i>Not sure</i>	84		121		620		758		101		178		805		1,057	

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

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

♦ Items based on skip pattern.

+ Member can check all that apply.

Appendix B: Aggregate Tables

Table B1: MLTC Satisfaction Survey – Comparison by Survey Year

Item	Description	2020-21		2023		2020-21 vs. 2023 (▼,▲ or –)
		Denom*	Percent	Denom*	Percent	
Section 1: MLTC Plan Evaluation						
1a	Member of a [health plan]	3404	98%	4895	97%	-
2a	Live at home/community/assisted living	3340	98%	4761	98%	-
3	Plan always/usually explained services clearly	3413	90%	4911	90%	-
4^	Involved in decisions about plan of care	3381	84%	4226	86%	-
5~	Plan of care always/usually addresses all of my needs			4988	88%	-
6	Family member or caregiver always/usually involved in making decisions about plan of care	3429	66%	4905	67%	-
7	Called plan with question or for help or complaint/grievance	3430	45%	4900	42%	-
8♦	Always/Usually spoke with a person quickly	1752	78%	2524	75%	-
9♦	Questions always/usually answered quickly	1764	80%	2525	77%	-
10♦	Always/Usually able to understand the answers	1744	85%	2546	83%	-
11♦	Always/Usually treated with politeness and respect	1780	95%	2565	94%	-
12♦	Complaint/grievance always/usually handled to satisfaction	1369	71%	2008	67%	-
13	Plan asked to see prescription/over the counter medicines	3244	93%	4659	92%	-
14a	Plan has been excellent/good at helping me to take my medications the way my doctor wants me to	2815	90%	3946	90%	-
14b	Plan has been excellent/good at helping me to manage my illnesses	2572	87%	3714	86%	-
14c	Plan has been excellent/good at helping me when I'm feeling sad and lonely	2204	78%	3227	76%	-
14d	Plan has been excellent/good at helping to allow me to stay in my home	2577	94%	3665	93%	-
15~	Health plan met all of the needs on my plan of care			4859	88.7	-
16	Rated plan as good or excellent	3379	88%	4788	85%	▼
72	Health plan has talked about appointing someone to make health care decisions	3043	75%	4324	74%	-
73	Has a legal document appointing someone to make health care decisions	2959	71%	4162	68%	-
74♦	Health plan has a copy of this legal document	1721	77%	2158	80%	-

* 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.

^ Question and/or responses have been reworded since 2020-21.

~ New Question in 2023.

♦ Items based on skip pattern.

▲/▼ Represents a significantly higher/lower rate in 2023 versus 2020-21 ($p < .001$).

– Not statistically significant.

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

Item	Description	2020-21		2023		2020-21 vs. 2023 (▼,▲ or –)
		Denom*	Percent	Denom*	Percent	
Section 2A: Quality of Care Providers (Excellent/Good)						
17	Regular doctor	3169	91%	4439	91%	-
35	Pharmacy Services	2826	91%	4123	89%	▼
21a	Home Health Aide, Personal Care Aide	3020	91%	4224	91%	-
23a	Regular Visiting Nurse/Registered Nurse	2581	84%	3619	84%	-
22	Care Manager/Case Manager	3086	87%	4479	88%	-
20	Foot Doctor	2122	81%	3023	81%	-
28	Medical Supplies and Equipment	2603	84%	3811	83%	-
19	Eye Care	2717	84%	3978	84%	-
32	Day Health Center Activities	740	78%	1183	80%	-
31	Meals served at the Day Health Center	677	77%	1092	76%	-
23b	Covering/On-call nurse	1749	79%	2444	79%	-
27	Social Worker	1508	80%	2116	78%	-
24	Physical Therapist	1375	78%	2173	79%	-
33	Transportation Services	2278	80%	3324	74%	▼
30	Home Delivered Meals/Meals on Wheels	927	80%	1063	80%	-
34	Nursing Home	318	79%	519	72%	-
21b	Home Health Agency, Personal Care Agency	3020	84%	4346	85%	-
36	Nutritionist	977	77%	1504	76%	-
25	Occupational Therapist	848	75%	1317	77%	-
18	Dentist	2181	74%	3240	72%	-
26	Speech Therapist	399	69%	683	71%	-
29	Audiology/Hearing Aids	849	70%	1312	71%	-
Section 2B: Timeliness (Always/Usually)						
47	Pharmacy Services	2773	93%	3988	92%	-
37	Home Health Aide, Personal Care Aide	2895	94%	4215	93%	-
45a	Transportation: TO Day Center	744	77%	1250	79%	-
46	Medical Supplies and Equipment	2485	86%	3585	85%	-
45b	Transportation: FROM Day Center	700	77%	1197	78%	-
38	Care Manager/Case Manager	2759	85%	4096	87%	-
39a	Regular Visiting Nurse/Registered Nurse	2268	79%	3228	79%	-
45c	Transportation: TO the doctor	2085	83%	3062	78%	▼
45d	Transportation: FROM the doctor	2106	81%	3096	76%	▼
39b	Covering/On-call nurse	1555	72%	2128	73%	-
40	Physical Therapist	1129	70%	1770	75%	-
43	Social Worker	1281	71%	1819	72%	-
44	Home Delivered Meals/Meals on Wheels	928	77%	984	74%	-
48	Audiology/Hearing Aids	752	69%	1171	69%	-

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

* 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.

▲/▼ Represents a significantly higher/lower rate in 2023 versus 2020-21 (p < .001).

– Not statistically significant.

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

Item	Description	2020-21		2023		2020-21 vs. 2023 (▼,▲ or –)
		Denom*	Percent	Denom*	Percent	
Section 2B: Timeliness (Always/Usually) Continued						
41	Occupational Therapist	706	63%	1081	70%	-
42	Speech Therapist	379	51%	602	56%	-
Section 2C: Access to Care – Routine Appointments (Always/Usually)¹						
54	Regular doctor	2866	87%	4210	86%	-
57	Foot Doctor	1622	76%	2413	75%	-
56	Eye Care	2068	79%	3259	79%	-
55	Dentist	1593	71%	2633	67%	-
58	Audiology/Hearing Aids	650	68%	1111	62%	-
Section 2D: Access to Care – Urgent Appointments (Same day)						
49	Regular doctor	2465	41%	3655	43%	-
52	Foot Doctor	1400	28%	2112	31%	-
51	Eye Care	1818	28%	2866	30%	-
53	Audiology/Hearing Aids	579	27%	928	29%	-
50	Dentist	1310	25%	2233	23%	-

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

* 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.

▲/▼ Represents a significantly higher/lower rate in 2023 versus 2020-21 (p < .001).

– Not statistically significant.

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

Item	Description	2020-21		2023		2020-21 vs. 2023
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	3416	90%	4911	90%	-
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	3542	74%	3455	79%	▲
Q7-Q12^	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)	1834	82%	2190	80%	-
Q13	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	3247	93%	4659	92%	-
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)	3241	87%	4656	86%	-
Q15	The plan always/usually met all of the needs on my plan of care	N/A	N/A	4859	89%	-
Q16	Overall MLTC plan rating (Excellent/Good)	3382	88%	4788	85%	▼
Domain 2: Quality of Providers and Long-Term Care Services						
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	3476	83%	4998	83%	-
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	3352	84%	4830	83%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	2713	32%	4037	33%	-
Domain 5: Access to Care for Regular Appointments						
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	3018	80%	4455	78%	-
Domain 6: Advance Directives						
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	3045	75%	4324	74%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2962	71%	4162	68%	-
Q74	The health plan has a copy of this document	1723	77%	2158	80%	-

* 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.

^ Question and/or responses have been reworded since 2020-21.

– Not statistically significant.

▲/▼ Represents a significantly higher/lower rate in 2023 versus 2020-21 (p < .001).

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

Item	Description	Partially Cap		PACE		MAP		Partial Cap vs. PACE vs. MAP
		n*	%	n*	%	n*	%	
Domain 1: MLTC Plan Evaluation								
Q3	The plan explains all of their services clearly (Always/Usually)	3390	90%	570	88%	951	91%	–
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	3549	79%	600	79%	991	81%	–
Q7-Q12^	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)	1481	80%	320	81%	389	80%	–
Q13	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	3221	92%	518	94%	920	93%	–
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)	3195	86%	574	88%	887	86%	-
Q15	The plan always/usually met all of the needs on my plan of care	3358	89%	567	88%	934	89%	–
Q16	Overall MLTC plan rating (Excellent/Good)	3325	85%	559	87%	904	86%	–
Domain 2: Quality of Providers and Long-Term Care Services								
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	3462	83%	583	82%	953	82%	–
Domain 3: Timeliness of Providers and Long-Term Care Services								
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	3345	83%	570	84%	915	81%	–
Domain 4: Access to Care for Urgent Appointments								
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	2788	33%	466	29%	783	37%	–
Domain 5: Access to Care for Regular Appointments								
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	3067	79%	511	79%	877	77%	–
Domain 6: Advance Directives								
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2952	72%	526	79%	846	77%	PACE> Partial Cap
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2840	66%	530	86%	792	63%	PACE>MAP, Partial Cap
Q74	The health plan has a copy of this document	1382	76%	361	92%	415	79%	PACE>MAP, Partial Cap

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

* 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 rate than the subsequent plan type (p < .001).

– Not statistically significant.

Table B4: Analysis of Composite Measures – Comparison by Gender

Item	Description	Male		Female		Male vs. Female
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,376	90%	3,336	89%	–
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,431	79%	3,493	79%	–
Q7-Q12^	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)	586	79%	1,536	81%	–
Q13	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	1,312	90%	3,155	93%	–
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)	1,318	86%	3,150	86%	–
Q15	The plan always/usually met all of the needs on my plan of care	1,369	89%	3,297	89%	–
Q16	Overall MLTC plan rating (Excellent/Good)	1,354	81%	3,255	87%	▼
Domain 2: Quality of Providers and Long-Term Care Services						
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,391	82%	3,410	83%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,353	83%	3,309	83%	–
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,133	36%	2,768	32%	–
Domain 5: Access to Care for Regular Appointments						
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,247	78%	3,057	78%	–
Domain 6: Advance Directives						
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,198	70%	3,013	75%	▼
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,147	63%	2,916	70%	▼
Q74	The health plan has a copy of this document	572	80%	1,528	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 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	White		Black		Asian		Other		White vs. Black vs. Asian vs. Other
		n*	%	n*	%	n*	%	n*	%	
Domain 1: MLTC Plan Evaluation										
Q3	The plan explains all of their services clearly (Always/Usually)	1,932	90%	979	89%	832	91%	156	87%	–
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,005	80%	1025	78%	869	80%	170	73%	–
Q7-Q12^	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)	988	83%	436	77%	333	81%	77	76%	White > Black
Q13	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	1,797	92%	950	93%	783	92%	153	88%	–
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)	1,801	87%	934	86%	823	87%	153	76%	White, Asian >Other
Q15	The plan always/usually met all of the needs on my plan of care	1,912	90%	949	87%	841	88%	158	87%	–
Q16	Overall MLTC plan rating (Excellent/Good)	1,883	90%	949	87%	831	73%	152	82%	White, Black >Asian
Domain 2: Quality of Providers and Long-Term Care Services										
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,975	85%	990	81%	853	82%	162	74%	White > Black, Other Asian>Other
Domain 3: Timeliness of Providers and Long-Term Care Services										
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,916	86%	961	80%	832	83%	158	74%	White > Black, Other Asian>Other
Domain 4: Access to Care for Urgent Appointments										
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,642	33%	809	29%	641	35%	138	26%	–
Domain 5: Access to Care for Regular Appointments										
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,771	82%	894	76%	741	75%	151	74%	White > Black, Asian
Domain 6: Advance Directives										
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,716	73%	901	73%	697	70%	159	68%	–
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,746	75%	873	67%	625	56%	143	66%	White > Black, Asian Black>Asian
Q74	The health plan has a copy of this document	950	84%	450	77%	283	73%	66	68%	White > Asian

* 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.

> Indicates a significantly higher rate than the subsequent race (p < .001).

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

Item	Description	Less than High School		At Least High School		Less than High School vs. at Least High School
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,652	89%	1,949	91%	–
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,041	81%	2,761	79%	–
Q7-Q12^	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)	790	79%	1,286	82%	–
Q13	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	1,851	92%	2,514	92%	–
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)	1,854	86%	2,515	86%	–
Q15	The plan always/usually met all of the needs on my plan of care	1,944	89%	2,614	89%	–
Q16	Overall MLTC plan rating (Excellent/Good)	1,913	83%	2,581	87%	▼
Domain 2: Quality of Providers and Long-Term Care Services						
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	1,987	83%	2,708	83%	–
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	1,929	83%	2,628	83%	–
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,592	35%	2,223	31%	–
Domain 5: Access to Care for Regular Appointments						
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	1,775	77%	2,440	80%	–
Domain 6: Advance Directives						
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	1,751	77%	2,376	72%	▲
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,627	64%	2,352	71%	▼
Q74	The health plan has a copy of this document	808	80%	1,235	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

Item	Description	18–64 Years		65+ Years		18–64 Years vs. 65+ Years
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	727	86%	4,036	90%	-
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	757	75%	4,220	80%	▼
Q7-Q12^	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)	320	77%	1,821	81%	-
Q13	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	691	91%	3,827	92%	-
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)	695	84%	3,819	87%	-
Q15	The plan always/usually met all of the needs on my plan of care	717	86%	4,000	89%	-
Q16	Overall MLTC plan rating (Excellent/Good)	709	86%	3,944	85%	-
Domain 2: Quality of Providers and Long-Term Care Services						
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	744	81%	4,109	83%	-
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	722	80%	3,989	83%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	656	28%	3,287	34%	▼
Domain 5: Access to Care for Regular Appointments						
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	695	77%	3,653	79%	-
Domain 6: Advance Directives						
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	648	71%	3,609	75%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	628	60%	3,480	69%	▼
Q74	The health plan has a copy of this document	277	74%	1,846	80%	-

* 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	English		Non-primary English		English vs. non-primary English
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,558	88%	2,167	92%	▼
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,683	77%	2,252	82%	▼
Q7-Q12^	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)	1,323	80%	790	81%	–
Q13	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	2,438	92%	2,039	93%	–
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)	2,449	85%	2,023	87%	–
Q15	The plan always/usually met all of the needs on my plan of care	2,501	87%	2,175	90%	–
Q16	Overall MLTC plan rating (Excellent/Good)	2,490	88%	2,121	83%	▲
Domain 2: Quality of Providers and Long-Term Care Services						
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	2,619	82%	2,191	84%	▼
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	2,540	82%	2,128	84%	–
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	2,141	29%	1,759	38%	▼
Domain 5: Access to Care for Regular Appointments						
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	2,345	79%	1,964	78%	–
Domain 6: Advance Directives						
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	2,346	72%	1,881	77%	▼
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	2,357	74%	1,721	59%	▲
Q74	The health plan has a copy of this document	1,281	82%	829	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 English-speaking responders is significantly higher/lower than non-primary English-speaking responders.

– Not statistically significant.

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

Item	Description	Good/Fair/Poor		Excellent/ Very Good		Good/Fair/Poor vs. Excellent/ Very Good
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	3,884	89%	835	94%	▼
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	4,061	78%	867	84%	▼
Q7-Q12^	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)	1,763	79%	351	87%	▼
Q13	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	3,690	92%	785	92%	–
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)	3,680	85%	791	93%	▼
Q15	The plan always/usually met all of the needs on my plan of care	3,845	87%	823	96%	▼
Q16	Overall MLTC plan rating (Excellent/Good)	3,805	83%	800	96%	▼
Domain 2: Quality of Providers and Long-Term Care Services						
Q17– Q36^	The quality of care provided by the most utilized providers/services (Excellent/Good)	3,966	81%	838	89%	▼
Domain 3: Timeliness of Providers and Long-Term Care Services						
Q37 - Q48^	The timeliness of care provided by the most utilized providers/services (Always/Usually)	3,856	82%	809	87%	▼
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	3,225	32%	671	42%	▼
Domain 5: Access to Care for Regular Appointments						
Q54 – Q58^	Getting timely regular appointments with the most utilized providers/services since joining the health plan (Always/Usually)	3,550	78%	757	83%	▼
Domain 6: Advance Directives						
Q72	The health plan has talked to me about appointing someone to make decisions about my health if I am unable to do so	3,467	74%	752	73%	–
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	3,356	67%	716	71%	–
Q74	The health plan has a copy of this document	1,690	78%	413	84%	–

* 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.

ID_Number

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

NYSDOH / IPRO
Community-Based
Managed Long-Term
Care Member
Satisfaction Survey
2023

Important Marking Instructions

- Make marks that fill bubbles completely.
- Erase unwanted marks cleanly.
- Example: ① ② ● 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?**

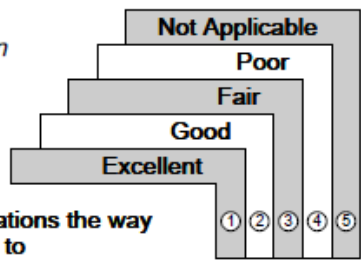
- 2a. Where do you live?**
 ① At home or in a community (Skip to #3)
 ② Assisted living facility (Skip to #3)
 ③ Nursing home (Go to #2b)
- 2b. What is the name of the nursing home? (Skip to #59)**

- 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. Were you involved in making decisions about developing or updating your most recent plan of care?**
 ① Yes ③ Don't know or not sure
 ② No

- 5. Does your plan of care address all of your needs?**
 ① Always
 ② Usually
 ③ Sometimes
 ④ Never
 ⑤ Don't know or not sure
- 6. 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
- 7. Have you, a family member, or your caregiver ever called the plan with questions, for help, or with a complaint or grievance?**
 ① Yes ② No (Skip to #13)
- 8. Were you able to speak with a person quickly?**
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes
- 9. Were your questions answered quickly?**
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes
- 10. Were you able to understand the answers?**
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes
- 11. Were you treated with politeness and respect?**
 ① Always ④ Never
 ② Usually ⑤ Don't know or not sure
 ③ Sometimes
- 12. 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
- 13. 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

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

	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. Did the health plan meet all of the needs on your plan of care?

① Always	④ Never
② Usually	⑤ Don't know or Not sure
③ Sometimes	

16. Overall, how would you rate your health plan?

① Excellent
② Good
③ Fair
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 (#22) and the visiting nurse (#23a) 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				
17. Your Regular Doctor	1	2	3	4	5
18. Dentist	1	2	3	4	5
19. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4	5

	Not Applicable				
	Poor				
	Fair				
	Good				
	Excellent				
20. Foot Doctor	1	2	3	4	5
21a. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)	1	2	3	4	5
21b. Home Health AGENCY, Personal Care AGENCY (company that your home health aide works for)	1	2	3	4	5
22. Care Manager/Case Manager (person who prepares your plan of care)	1	2	3	4	5
23a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1	2	3	4	5
23b. Covering / On-call Nurse (comes to your house when regular nurse can't come)	1	2	3	4	5
24. Physical Therapist	1	2	3	4	5
25. Occupational Therapist	1	2	3	4	5
26. Speech Therapist	1	2	3	4	5
27. Social Worker	1	2	3	4	5
28. Medical Supplies and Equipment (wheelchairs, diapers, etc.)	1	2	3	4	5
29. Audiology / Hearing Aids	1	2	3	4	5
30. Home Delivered Meals/ Meals on Wheels	1	2	3	4	5
31. Meals served at the Day Health Center	1	2	3	4	5
32. Day Health Center activities	1	2	3	4	5
33. Transportation Services	1	2	3	4	5
34. Nursing Home	1	2	3	4	5
35. Pharmacy Services	1	2	3	4	5
36. 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 (#38) and the visiting nurse (#39a) 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
37. Home Health AIDE, Personal Care AIDE, Personal Assistant (aide that comes to your house to take care of you)	1	2	3	4	5
38. Care Manager/Case Manager (person who prepares your plan of care)	1	2	3	4	5
39a. Regular Visiting Nurse / Registered Nurse (comes to your house for regular visits)	1	2	3	4	5
39b. Covering / On-call Nurse (comes to your house when regular nurse can't come)	1	2	3	4	5
40. Physical Therapist	1	2	3	4	5
41. Occupational Therapist	1	2	3	4	5
42. Speech Therapist	1	2	3	4	5
43. Social Worker	1	2	3	4	5
44. Home Delivered Meals/Meals on Wheels	1	2	3	4	5
45a. Transportation TO Day Center	1	2	3	4	5
45b. Transportation FROM Day Center	1	2	3	4	5
45c. Transportation TO your Doctor	1	2	3	4	5
45d. Transportation FROM your Doctor	1	2	3	4	5
46. Medical Supplies and Equipment (wheelchairs, diapers, etc.)	1	2	3	4	5
47. Pharmacy Services	1	2	3	4	5
48. 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
49. Your Regular Doctor	1	2	3	4
50. Dentist	1	2	3	4
51. Eye Care (having your eyes checked and getting glasses or contact lenses)	1	2	3	4
52. Foot Doctor	1	2	3	4
53. 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?

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

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

3. About You

59. 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	

- **60. In general, how would you rate your current state of health?**
- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor
- **61. In general, how would you rate your overall mental or emotional health?**
- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor
- **62. What is your gender?**
- ① Male
- ② Female
- **63. What is your age?**
- ① 18-44
- ② 45-64
- ③ 65-74
- ④ 75-84
- ⑤ 85 and over
- **64a. What is your ethnicity?**
- ① Hispanic
- ② Non-Hispanic
- **64b. 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 _____
- **65. How well do you speak English?**
- ① Very well
- ② Well
- ③ Not well
- ④ Not at all
- **66. What is your primary language spoken at home? (CHOOSE ONLY ONE)**
- ① English
- ② Spanish
- ③ Russian
- ④ Chinese
- ⑤ Other _____
- **67. 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
- **68. 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
- **69. Did someone help you to complete this survey?**
- ① Yes
- ② No (Skip to #72)

- **70. 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 _____

- **71. 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

- **72. 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

- **73. 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 #74)
- ② No (END SURVEY)
- ③ Not sure (END SURVEY)

- **74. 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.