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New York State Department of Health Managed Long-Term Care

2025 Member Satisfaction Survey

Summary Report

October 2026

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Executive Summary

Introduction

The Managed Long-Term Care (MLTC) Member Satisfaction Survey's primary purpose is to provide the New York State Department of Health (the Department) with information regarding member satisfaction with the quality, accessibility, and timeliness of services provided by MLTC plans.

During the survey administration period (2025), there were three MLTC plan types: Medicaid Advantage Plus (MAP), Partial Capitation, and Program of All-Inclusive Care of the Elderly (PACE) plans. Partial Capitation plans are capitated for providing care management, community-based long-term care services, and nursing home care. The MAP and PACE 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 assessed 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, Chinese, and Russian and was mailed to members based upon the primary language designations provided by the Department. An English version of the survey was included with every non-English survey mailing. The initial mailing was distributed in May 2025 with a follow-up mailing in August 2025, and a third mailing in October 2025, to maximize the response rates. MLTC plan enrollees from 34 plans/product lines were included. The breakdown by plan type was as follows: MAP: 11, Partial Capitation: 14, PACE: 9.

Inclusion criteria for the eligible population were members continuously enrolled in an MLTC plan for a minimum of 6 months from October 2024 through March 2025.

The final sample, for mailing, was 22,153 enrollees. Exclusions (e.g., address issues, deceased members) totaled 41, yielding an adjusted sample of 22,112 enrollees. Completed and returned surveys totaled 4,311, representing a response rate of 19.5%. Approximately seventy-five percent (74.7%) of the responses were returned in English.

Key Findings

MLTC Plan Evaluation (Appendix B, Table B1): Approximately 87% (86.8%) of survey respondents rated their plan as excellent/good, which demonstrates an increase from 85.3% in 2023. Ninety percent (90.0%) of members reported that their plan always/usually explained services clearly, consistent with the 2023 finding (89.6%). In 2025, 89.5% of survey respondents reported being involved in making decisions about their plan of care, which demonstrates a significant increase from 86.3% in 2023. There was a slight increase in the rate of members reporting that the plan reviewed all prescriptions and over-the-counter medications (2025: 93.7%, 2023: 92.1%). Additionally, there was a significant increase in members reporting that their plan has been excellent/good at helping them to stay in their home (2025: 95.1%, 2023: 93.1%).

In the 2023 version of the survey, two new composite measures were added. One measure assessed whether the respondent's plan of care addressed all their needs. Eighty-eight percent (88.3%) of 2025 respondents replied always/usually to this measure, consistent with the 2023 finding (87.6%). The other

measure addressed if the health plan met all needs outlined in the member's plan of care. Respondents reported a rate of 90.4% for this measure in 2025, a slight increase from 88.7% in 2023.

Quality of Care (Appendix B, Table B1): Members' perception of the quality of care received as excellent or good showed notable improvements across several provider and service types. Ratings improved for regular doctor (2025: 93.2%, 2023: 91.0%), home health aide/personal care aide (2025: 93.2%, 2023: 91.1%), regular visiting nurse/registered nurse (2025: 87.3%, 2023: 83.8%), covering/on-call nurse (2025: 82.9%, 2023: 78.6%), and transportation services (2025: 79.1%, 2023: 73.8%).

Timeliness of Care (Appendix B, Table B1): The survey results demonstrated a significant increase in the timeliness of transportation services both to and from the doctor. Timeliness of transportation to the doctor significantly increased from 78.3% in 2023 to 82.0% in 2025. Timeliness of transportation from the doctor significantly increased from 75.5% in 2023 to 80.3% in 2025.

Access to Care (Appendix B, Table B2): In 2025, thirty-seven percent (36.6%) of respondents indicated that they were able to get same-day urgent appointments with providers, an increase from 2023 (33.4%). Seventy-eight percent (78.3%) of respondents indicated they usually/always received timely regular appointments with providers, consistent with the 2023 survey results (78.4%).

Findings and Recommendations

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

- 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 26.5% an improvement from the 2023 survey (23.3%) (Table B1, Section 2D).

A recommendation is made to evaluate the provider network adequacy and to conduct surveys with providers directly, to determine office policies on how urgent appointments are handled.

- Advance directives are considered an important component in the overall care of the MLTC population. In 2025, there was increase in the percentage of respondents indicating that they have advance directives and that the health plan has a copy of these advance directives (Table B1). However, some discrepancies continue to be observed. There was a greater percentage of women who reported having an advance directive than men (Table B4). There was also a significantly lower percentage of Black, Asian, and other respondents who reported having an advance directive compared to White respondents (Table B5). MAP and PACE plans continue to demonstrate higher rates of advance directive discussions than Partial Capitation plans (Table A6 and Table B3).

Continued efforts to promote advance directive completion and procurement are warranted, based upon survey findings.

- In 2025, male respondents were significantly less likely than female respondents to rate their MLTC plan as excellent/good (85.9% versus 89.3%) (Table B4). This is a repeated finding from the 2023 survey.

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 was observed that the percentage of respondents rating their current state of health and their overall mental/emotional health as poor or fair increased in the 2025 survey (Table A6). There were also 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, found the plan more helpful in medication management, managing illness, helping when members are sad or lonely, and allowing them to stay at home, and reported higher quality, access, and timeliness ratings than did members who reported health status as good/fair/poor (Table B9).

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 addressed.

- The percentage of respondents reporting that they were very much/quite a bit content with their quality of life declined significantly in the 2025 survey (Table A6).

Plans should consider conducting a focused member survey addressing quality of life concerns and if these concerns are attributed to plan services or to the quality of care provided by the plan.

- As with past survey results, in 2025, there were race and language differences in some ratings. White respondents were more likely than Black respondents to report their quality of care as excellent/good respondents (Table B5). A significantly higher percentage of English-speaking respondents reported having advance directive documents in place, as compared to non-primary English-speaking respondents (Table B8).

It may be appropriate for plans to explore whether there is limited access to services across certain groups.

- Survey response rates have 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%. The 2025 survey, with three waves of mailing, had a response rate of 19.5%.

The Department and IPRO will explore methods to improve survey response rates, such as shortening the survey by eliminating questions about infrequently used services (e.g. Speech Therapy)

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 New York State Department of Health (the Department)-approved MLTC plans.

There are three MLTC plan types that participated in the survey: Medicaid Advantage Plus (MAP), Partial Capitation, and Program of All-Inclusive Care for the Elderly (PACE) Plans. Partial Capitation MLTC plans are capitated for providing care management, community-based long-term care services, and nursing home care. The MAP and PACE 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 Department 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 Department, 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 2023 survey, several questions regarding members' plan of care have been revised to gather whether the plan addressed all the members' needs.

Survey results have been positive, with most MLTC respondents 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 (MAP, Partial Capitation, and PACE 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 2023 survey.

Methodology

Survey Instrument

A scannable survey instrument was created and 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, Chinese, and Russian, and mailed to members based upon the primary language designations provided by the Department. 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 May 2025 with a follow-up mailing in August 2025, and a third mailing in October 2025.

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 4,311 returned surveys, 21 were identified with duplicates. This represents less than 0.5% 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 October 2024 through March 2025.

The Department 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 the following six domains: 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 respondents 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 respondents who answered "Excellent/Good." The *z* test was used to compare proportions for single survey items year-to-year, and *t* tests were used to compare average proportions for composite measures year-to-year. When comparing within subgroups (i.e., plan type, race, gender, 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 Table 1.

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	My family member (or caregiver) and I are always/usually involved in making decisions about my plan of care. • 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	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. • 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	The plan is excellent/good in assisting me and my family 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.

Item Type	Question/Statement
	• Q14a. The plan is excellent/good at assisting me and my family to ensure that I take my medications the way my doctor wants me to. • Q14b. The plan is excellent/good at assisting me and my family in managing my illness, such as high blood pressure or diabetes. • Q14c. The plan is excellent/good at assisting me and my family when I am feeling sad and lonely. • Q14d. The plan is excellent/good at assisting me and my family in helping me stay in my home instead of moving to 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.
Domain 2 – Quality of Providers and Long-Term Care Services	
Composite	Excellent/good quality of care provided by long-term care providers and services. • 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	Timely care always/usually provided by long-term care providers and services. • 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

Item Type	Question/Statement
	• 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
Domain 4 – Access to Care for Urgent Appointments	
Composite	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. • Q49. Regular Doctor • Q50. Dentist • Q51. Eye Care • Q52. Foot Doctor • Q53. Audiology/Hearing Aids
Domain 5 – Access to Care for Regular Appointments	
Composite	I was always/usually able to get a regular appointment as soon as I thought I needed one. • Q54. Regular Doctor • Q55. Dentist • Q56. Eye Care • Q57. Foot Doctor • Q58. Audiology/Hearing Aids
Domain 6 – Advance Directives	
Individual item	• 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	• 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	• Q74. The health plan has a copy of this advance directive document.

Survey Modification

Several updates were introduced in the 2025 survey. The demographic gender question was expanded to include an additional response option (“X”), allowing for more inclusive gender identification. Minor revisions to question ordering, formatting, and instructional language were also implemented to improve clarity and respondent comprehension. These changes did not alter the intent or underlying constructs measured by the survey items. Additionally, the 2025 survey included a new item (Q75) capturing the date the survey was completed, which was not present in the 2023 version. Overall, the 2025 survey structure, domains, and core question content remained consistent, supporting longitudinal comparisons.

Results

Response Rates

Of the 22,152 surveys that were mailed, 41 were excluded for various reasons including address issues and being notified that the member was deceased. Other reasons for exclusions included receiving a blank survey, being notified that the member was unable to complete the survey, or receipt of a different survey. This yielded

an adjusted population of 22,112. A total of 4,311 surveys were completed, with an overall response rate of 19.5%. In 2023, 5,258 surveys were completed, yielding a response rate of 20.9%.

Table 2 displays the response rates by plan type. The response rates were as follows: MAP (20.5%), Partial Capitation (18.8%), and PACE (20.5%), with an average response rate of 19.5%.

Table 2: Survey Responses by Plan Type

Surveys	MAP		Partial Capitation		PACE		Total	
	n	%	n	%	n	%	n	%
Surveys mailed	6,040		12,600		3,512		22,152	
Less exclusions:	6	0.10%	16	0.13%	19	0.54%	41	0.19%
Address issues	0	0.00%	1	0.01%	0	0.00%	1	0.00%
Deceased	2	0.03%	3	0.02%	9	0.26%	14	0.06%
Other reason	4	0.07%	12	0.10%	10	0.28%	26	0.12%
Adjusted Population	**6,034**		**12,584**		**3,493**		**22,111**	
Total # Surveys Completed	**1,234**	**20.5%**	**2,360**	**18.8%**	**717**	**20.5%**	**4,311**	**19.5%**

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

Table 3 shows the response rates by language. Non-English responses composed 25.3% of the total responses.

Table 3: Language Responses by Plan Type

Surveys	MAP		Partial Capitation		PACE		Total	
	n	%	n	%	n	%	n	%
Completed in English	**885**	**71.7%**	**1,666**	**70.6%**	**671**	**93.6%**	**3,222**	**74.7%**
Completed in a Language Other Than English	**349**	**28.3%**	**694**	**29.4%**	**46**	**6.4%**	**1,089**	**25.3%**
Spanish	223	63.9%	243	35.0%	29	63.0%	495	45.5%
Chinese	111	31.8%	287	41.4%	14	30.4%	412	37.8%
Russian	15	4.3%	164	23.6%	3	6.5%	182	16.7%
Total # Surveys Completed	**1,234**		**2,360**		**717**		**4,311**	

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

Table 4 provides a summary of all responses by primary language. English responses composed almost seventy-five percent (74.7%) of the total responses.

Table 4: Survey Response Rates by Primary Language Spoken

Surveys	English[1]		Spanish[2]		Chinese[3]		Russian[4]	
	n	%	n	%	n	%	n	%
Surveys Mailed	14,327		4,196		2,487		1,142	
Less exclusions	31	0.22%	2	0.05%	3	0.12%	5	0.44%
Adjusted English Population	14,296		4,194		2,484		1,137	
Completed Surveys	3,222	22.5%	495	11.8%	412	16.6%	182	16.0%

n: number of valid responses.

[1] English exclusions due to member deceased (13) and other reason (18).

[2] Spanish exclusions due to other reason (2).

[3] Chinese exclusions due to other reason (3).
[4] Russian exclusions due to member deceased (1), address issues (1), and other reason (3).

Table 5 displays survey responses by health plan. Response rates differed by health plan, ranging from 12.1% to 34.7%.

Table 5: Survey Responses by Plan

Health Plan	Adjusted Population (N)	Respondents (n)	Response Rate (%)
MAP			
Anthem HP	160	35	21.9%
Centers Plan MAP	600	99	16.5%
Elderplan MAP	800	161	20.1%
Hamaspik MAP	596	186	31.2%
Healthfirst CompleteCare	1,000	185	18.5%
MetroPlus UltraCare	170	38	22.4%
Riverspring MAP	298	60	20.1%
Senior Whole Health	211	26	12.3%
VillageCareMAX Total Advantage	799	161	20.2%
VNS Choice Total	800	151	18.9%
WellCare Fidelis MAP	600	132	22.0%
TOTAL	**6,034**	**1,234**	**20.5%**
Partial Capitation			
Aetna Better Health	800	157	19.6%
Anthem HP	999	146	14.6%
Centers Plan For Healthy Living	999	135	13.5%
Elderplan dba Homefirst	1,000	224	22.4%
Fidelis Care At Home	999	182	18.2%
Hamaspik Choice	799	206	25.8%
Healthfirst Senior Health Partners	800	103	12.9%
ICircle	797	191	24.0%
MetroPlus MLTC	600	104	17.3%
Nascentia Health Options	796	207	26.0%
Riverspring At Home	999	188	18.8%
Senior Whole Health Partial	999	159	15.9%
VillageCareMAX	998	160	16.0%
VNS Choice MLTC	999	198	19.8%
TOTAL	**12,584**	**2,360**	**18.8%**
PACE			
ArchCare Senior Life	598	104	17.4%
Catholic Health-Life	224	66	29.5%
Centerlight PACE	799	97	12.1%
Complete Senior Care	121	42	34.7%
Eddy Senior Care	378	103	27.2%
ElderONE	593	136	22.9%
Fallon Health Weinberg- PACE	157	30	19.1%
PACE CNY	514	104	20.2%

Total Senior Care	109	35	32.1%
Total	**3,493**	**717**	**20.5%**
MLTC Plans Total (MAP, Partial Capitation, PACE)	**22,111**	**4,311**	**19.5%**

dba: doing business as; HP: HealthPlus; 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 2023 and 2025 populations were similar. For example, 70.0% of respondents in 2025 were female (70.8% in 2023), and 85.5% were 65 years of age or older (84.9% in 2023). Approximately one-half of respondents (2025: 56.2%, 2023: 57.5%) had at least a high school diploma. Ethnicity responses in 2025 indicated 27.3% of respondents identifying as Hispanic (2023: 25.1%).

English was the primary language for 53.0% of the 2025 respondents (54.5% in 2023), with Spanish as the next most common language for 19.1% of the 2025 respondents (17.6% in 2023), followed by Chinese (14.5% of the 2025 respondents (11.6% in 2023), Russian (6.2% of the 2025 respondents (6.9% in 2023)), and Other (7.2% of the 2025 respondents (9.5% in 2023)).

Roughly fifty-one percent (51.4%) of the 2025 respondents rated their overall mental/emotional health as poor/fair, a significant increase since the 2023 survey (42.3% in 2023), 36.3% rated it as good (31.0% in 2023), and roughly twelve percent (12.2%) as excellent (9.6% in 2023). Nearly fifty-one percent (50.9%) of the 2025 respondents were very much/quite a bit content with their quality of life, a decrease from the 2023 survey findings (63.7% in 2023).

The proportion of respondents who reported living at home decreased when compared with 2025 rates (93.9% in 2025 versus 95.4% in 2023); see Appendix A, Table A1. As indicated in Appendix A, Table A6, in 2025, 43.2% of respondents lived alone, roughly the same as 2023 (44.8%). Approximately 56% of respondents reported that they received assistance in completing the survey (2025: 56.2% versus 2023: 57.5%), mostly from family members (2025: 63.6% versus 2023: 66%).

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 2025 and 2023 respondents remained high. Notable findings from this section were as follows:

- Ninety-five percent (95.1%) of respondents rated their plan as excellent/good at helping them stay at home and not at a nursing home. This demonstrates a significant increase since the 2023 survey. In 2023, this rate was 93.1%.
- In 2025, 89.5% of respondents reported being involved in decisions about their plan of care, which demonstrates a significant increase since the 2023 survey (2023: 86.3%).
- Seventy-two percent (71.7%) of respondents reported complaints/grievances as always/usually handled to their satisfaction. This represents a slight increase from the 2023 survey result (69.6%).
- Eighty-seven percent (86.8%) of respondents rated their plan as excellent/good. This demonstrates a slight increase since the 2023 survey (2023: 85.3%).

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 demonstrated some significant increases in 2025 since the 2023 survey. Notable findings from this section include:

- For 15 out of 22 provider types, at least 80.0% of respondents gave an excellent/good rating for receiving quality care in 2025 (compared to 11 out of 22 in 2023). This rating includes long-term care providers and services such as regular doctor (93.2%), home health aide/personal care aide (93.2%), pharmacy services (90.4%), care manager (88.4%), home health agency (86.7%), visiting nurse (87.3%), and eye care professional (85.5%).
- In 2025, there were significant increases in the proportion of respondents who rated the quality of their care as excellent/good respondents for several categories including the regular doctor (2025: 93% versus 2023: 91%), home health aide/personal care aide (2025: 93.2% versus 2023: 91.0%), regular visiting nurse/registered nurse (2025: 87.3%, 2023: 83.8%), covering/on call nurse (2025: 82.9%, 2023: 78.%), and transportation services (2025: 79.1%, 2023: 73.8%).

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 2023, the majority of members perceived care to be always/usually on time. Twelve (12) of the 16 provider types were identified as always/usually on time by at least 75% of respondents in 2025. In the previous survey year (2023), ten (10) of the 16 provider types were identified as always/usually on time by at least 75.0% of respondents.
- In 2025, there was a significant increase in members receiving timely transportation to the doctor (2025: 82.0%, 2023: 78.3%) and from the doctor (2025: 80.3%, 2023: 75.5%).
- 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 2025 (92.5% and 94.6%, 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 they 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 2025 compared to 2023.

- The rates for always/usually having access to regular appointments were similar in 2025 compared to 2023 for the following providers: regular doctor (2025: 87.6%, 2023: 86.4%), foot doctor (2025: 75.4%, 2023:

75.0%), eye care (2025: 77.7%, 2023: 78.7%), dentists (2025: 67.2%, 2023: 67.1%), and audiologists (2025: 66.1%, 2023: 62.4%).

- The rate for urgent appointments remained close to the prior survey year's finding for respondents obtaining a same-day urgent appointment with their regular doctor (2025: 45.9%, 2023: 42.7%).
- Rates for timely access to urgent appointments remained low for foot doctors (2025: 33.9%, 2023: 30.9%), eye care (2025: 33.3%, 2023: 30.4%), audiologists (2025: 31.1%, 2023: 29.1%), and dentists (2025: 26.5%, 2023: 23.3%).

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 7–12 (**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 respondents who answered "Always/Usually" and, for **Composite 1c**, the score represents the average proportion of respondents who answered "Excellent/Good."
- Domain 2 – Quality of Providers and Long-Term Care Services: Consists of one composite measure and includes Questions 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 respondents 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 respondents who rated the timeliness of the providers and services as always/usually timely.
- Domain 4 – Access to Care for Urgent Appointments: Consists of one composite measure (Q49 – Q53), which assesses the respondents' 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 respondents who reported that they always/usually could get an appointment within the same day.
- Domain 5 – Access to Care for Regular Appointments: Consists of one composite measure (Q54 – Q58) assessing the ability of respondents 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 respondents who reported that they always/usually were able to get a regular appointment as soon as they thought they needed one.
- Domain 6 – Advance Directives: Consists of three single survey items, which includes Questions 72–74. This domain evaluates whether 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 2025, 90.0% of members reported that the plan always/usually explained services clearly, consistent with the rate from 2023 (89.6%).
- In 2025, 81.4% of members always/usually receiving helpful, timely, and courteous customer assistance when they called the plan with a question or complaint (2023: 80.3%).
- Ninety-four percent (93.7%) of respondents in 2025 said that the plan had asked to see all prescriptions and medications, versus 92.1% in 2023.
- Eighty-eight percent (88.3%) of respondents in 2025 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. This demonstrates a significant increase since the 2023 survey (2023: 86.2%).
- Overall, 86.8% rated their health plan as excellent/good in 2025, an increase from 2023 (85.3%).

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

- Eighty-four percent (84.5%) of respondents rated the quality of providers and services as excellent/good (2023: 82.5%).
- Eighty-four percent (84.3%) of respondents rated the overall timeliness of care as always/usually timely, a slight increase from 2023 (82.7%).
- Thirty-seven percent (36.6%) of respondents reported that they were always/usually able to get an urgent appointment within the same day in 2025, which increased from 2023 (33.4%).
- Seventy-eight percent (78.3%) of respondents were always/usually able to get a regular appointment with their doctor, consistent with 2023 (78.4%).

Domain 6: Advance Directives (Table B2)

- Seventy-four percent (74.4%) of members reported, in 2025, 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, consistent with 2023 (73.8%).
- In 2025, 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 decreased. This demonstrated a continued decrease since the 2021 survey. (2025: 65.7%, 2023: 67.9%, 2021: 70.5%).
- In 2025, there was a significant increase in the rate of respondents indicating that their health plan has a copy of their advance directive (2025: 83.7%, 2023: 79.5%).

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 2025. 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)

- MAP and 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 Partial Capitation members (PACE: 78.5%, MAP: 78.1%, Partial Capitation: 71.1%).

- 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 Partial Capitation members (PACE: 89.7%, MAP: 59.7%, Partial Capitation: 61.3%).
- PACE members were more likely to report that the health plan had a copy of the legal document or advance directive (PACE: 97.0%, Partial Capitation: 79.0%, MAP: 79.0%).

Comparison by Gender (Table B4)

- Male respondents were significantly less likely than female respondents to rate their MLTC plan 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 (85.9% versus 89.3%).
- Male respondents were less likely than female respondents to report having a legal document or advance directive appointing someone to make health care decisions if they are unable to do so (60.4% versus 67.3%).

Comparison by Race (Table B5)

- Eighty-nine percent of White (88.7%) and Black (88.8%) respondents, and 89.9% of Other respondents rated their MLTC plan as excellent or good. These rates are significantly greater than the rate for Asian respondents (77.3%).
- Eighty-six (86.0%) of White respondents rated the quality of care they received from long-term care providers and services as excellent/good, a rate significantly higher than Black respondents (81.8%).
- Seventy-two percent (72.2%) of White respondents 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 respondents (63.2%, 58.7% and 60.1%, respectively).

Comparison by Education (Table B6)

- A statistically significantly greater percentage of respondents with a level of education less than high school reported that the plan had talked to them about appointing someone to make health care decisions if they are unable to do so, compared to respondents with at least a high school diploma (78.4% versus 71.4%, respectively).
- Respondents 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 (61.8% versus 68.1%, respectively).

Comparison by Age (Table B7)

- The rate for respondents aged 18–64 reporting that the plan always/usually explained all their services clearly was significantly lower than the rate for respondents 65 and over (85.3% versus 90.9%, respectively).
- Respondents 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 respondents 65 and over (76.2% versus 80.5%, respectively).
- Respondents 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 respondents 65 and older (53.5% versus 67.6%, respectively).

Comparison by Primary Language Spoken (Table B8)

- Eighty-eight percent (88.1%) of primary English-speaking respondents 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 respondents (91.8%).

- Seventy-eight percent (78.3%) of English-speaking respondents 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 respondents (81.6%).
- Seventy-nine percent (79.1%) of English-speaking respondents reported that the plan provided helpful, timely, and courteous customer service, compared to 83.9% of non-primary English speaking respondents.
- Eighty-nine percent (88.6%) of English-speaking respondents reported that the overall MLTC plan rating was excellent/good; this rate is significantly higher than that reported by non-primary English-speaking respondents (84.3%).
- Eighty-three percent (83.2%) of English-speaking respondents 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 respondents (86.3%).
- Thirty-four percent (33.5%) of English-speaking respondents 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 respondents (40.2%).
- When asked if members had a legal document or advance directive appointing someone to make health care decisions for them, 73.0% of English-speaking respondents reported they have an advance directive, while 56.2% of non-primary English-speaking respondents reported they have an advance directive. The rate for English-speaking respondents was significantly higher than for non-primary English-speaking respondents.
- Eighty-six percent (86.3%) of English-speaking respondents reported that the health plan has a copy of their advance directive. This rate is significantly higher than non-primary English-speaking respondents (79.2%).

Comparison by Self-Reported Health Status (Table B9)

- Eighty-nine percent (88.8%) of respondents who rated their current state of health as fair/poor reported that the health plan always/usually explained all their services clearly, a significantly lower rate than that of respondents who rated their current state of health as excellent/good (92.5%).
- Respondents who rated their current state of health as 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 than that of respondents who rated their current state of health as excellent/good (77.8% versus 83.5%, respectively).
- Respondents who rated their current state of health as fair/poor reported a significantly lower rate for the health plan always/usually providing helpful, timely, and courteous customer service, compared to respondents who rated their current state of health as excellent/good (78.5% versus 86.5%, respectively).
- Eighty-six percent (85.6%) of respondents who rated their current state of health as 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 93.1% of respondents who reported their health status as excellent/good and responded to these survey items with an excellent/good rating.
- Respondents who rated their current state of health as fair/poor were significantly less likely to rate their plan as always/usually meeting all of their needs on their plan of care (87.7% versus 95.7%).
- Respondents who rated their current state of health as fair/poor were less likely to rate their health plan as excellent/good compared to respondents who rated their state of health as excellent/good (82.3% versus 95.0%).
- In regard to quality of care provided by long-term care providers and services, 82.4% of respondents who rated their current state of health as fair/poor rated quality as excellent/good, significantly lower than respondents who rated their current state of health as excellent/good (89.0%).
- Seventy-nine percent (82.7%) of respondents who rated their current state of health as fair/poor reported that long-term care providers and services were always/usually on time, significantly lower than respondents who rated their current state of health as excellent/good (88.0%).

- Thirty-four percent (33.9%) of respondents who rated their current state of health as fair/poor reported they had same-day access to urgent appointments. This rate is significantly worse than the respondents who rated their current state of health as excellent/good (40.2%).
- Seventy-six percent (75.9%) of respondents who rated their current state of health as fair/poor reported they always/usually had access to regular appointments. This rate is significantly lower than respondents who rated their current state of health as excellent/good (83.9%).

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 events or experiences occurring in a six-month period.

Conclusions and Recommendations

The overall survey findings remained favorable in 2025. 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 (90.0%) reported that their plan always or usually explained services clearly, a consistent finding with the 2023 survey. The rate of members and/or their family member or caregiver being involved in decisions about their plan of care was stable (2025: 80.0%, 2023: 79.2%). There was a significant increase in the rate of members who rated the plan's helpfulness in assisting them with medication management, managing their illness, helping them when they are sad and lonely, and allowing them to stay at home instead of a nursing home as excellent or good (2025: 88.3%, 2023: 86.2%). Eighty-seven percent (86.8%) of members rated their MLTC health plan as excellent or good, which demonstrates an increase from the 2023 survey response (85.3%).

There were significant increases in satisfaction with the quality of care from a number of providers and service types including: regular doctor, home health aide/personal care aide, regular visiting nurse/registered nurse, covering/on-call nurse, and transportation services (Table B1, Section 2A). In addition to the rating of quality of transportation services demonstrating a significant increase, the timeliness of transportation services also demonstrated a significant increase (Table B1, Section 2B).

Specific observations and recommendations are as follows:

- The percentage of members rating the access to urgent appointments as good/excellent remained low but showed improvement for all provider types. Timely access to urgent dentist appointments had the lowest rate at 26.5% (Table B1, Section 2D). This is a repeated finding from the 2023 survey (23.3%).

  While IPRO acknowledges that outpatient medical benefits are not in the benefit package of Partial Capitation 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 further evaluate the adequacy of their dentists' networks. This evaluation would 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 2025, there was a slight decrease in the percentage of respondents reporting that they have advance directives; however, there was a significant increase in the percentage indicating that their health plan has a copy on file (Table B1). 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 Black, Asian, and other respondents who reported having an advance directive than White respondents (Table B5). MAP and PACE plans continue to demonstrate higher rates of advance directive discussions than Partial Capitation plans (Table A6 and Table B3).

  As noted in prior survey findings, a number of Partial Capitation 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 demonstrated some success. IPRO recommends continued efforts in these areas, especially for the Partial Capitation plans. It should be noted that a topic choice for 2026-27 PIPs is Advance Directive Completion and the majority of MLTC plans selected this topic (across all plan types).

  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 completion occurs. Male members may not perceive the importance of these discussions as seriously as female members.

- The percentage of respondents reporting that they were very much/quite a bit content with their quality of life declined significantly in the 2025 survey (Table A6).

  Plans should consider surveying a sample of members, along with family and/or caregivers as applicable, to identify how they rate their quality of life and their reasons for the rating. Any negative quality of life ratings, or any reported quality of life concerns, should then be questioned as to whether these are attributable to plan services or to the quality of care provided by the plan.

- It was observed that the percentage of respondents rating their current state of health and their overall mental/emotional health as poor or fair increased in the 2025 survey (Table A6). There were also 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, found the plan more helpful in medication management, managing illness, helping when members are sad or lonely, and allowing them to stay at home, 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 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, 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, and if any care management concerns exist.

- As with past survey results, in 2025, there were race and language differences in some ratings. White respondents were more likely to report their quality of care as excellent/good than Black respondents. A significantly higher percentage of English-speaking respondents reported having advance directive documents in place, as compared to non-primary English-speaking respondents (Table B5 and Table B8, respectively).

  These results may indicate that cultural barriers associated with race and language may play 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 appropriate. Plans can consider the use of community health workers who 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 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%. The 2025 survey, with three waves of mailing, had a response rate of 19.5%.

  The Department 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.

  The Department and IPRO may be able to encourage a higher response rate by reducing the length of the survey, possibly through the elimination of some questions addressing infrequently used services (e.g. Speech Therapy).

Appendix A: Frequency Tables

Table A1: MLTC Plan Evaluation

Item	All Respondents	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2023		2025		2023		2025		2023		2025		2023		2025	
	Description	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	588	98	633	99.1	3,314	97.4	2,083	96.9	864	96.9	1,068	97.8	4,766	97.4	3,784	97.5
	No	12	2	6	0.9	89	2.6	66	3.1	28	3.1	24	2.2	129	2.6	96	2.5
	TOTAL	**600**		**639**		**3,403**		**2,149**		**892**		**1,092**		**4,895**		**3,880**	
2a	Where do you live																
	At home	509	87.8	529	83.2	3,192	96.3	2,025	96.5	839	96.8	1,020	95.2	4,540	95.4	3,574	93.9
	Nursing home	22	3.8	25	3.9	46	1.4	40	1.9	10	1.2	23	2.1	78	1.6	88	2.3
	Assisted Living Facility	49	8.4	82	12.9	76	2.3	34	1.6	18	2.1	28	2.6	143	3	144	3.8
	TOTAL	**580**		**636**		**3,314**		**2,099**		**867**		**1,071**		**4,761**		**3,806**	
3	MLTC plan explains services clearly?																
	Always	308	54	373	60.3	2,121	62.6	1,360	64	676	71.1	774	69.1	3,105	63.2	2,507	64.9
	Usually	195	34.2	167	27	914	27	556	26.2	187	19.7	248	22.1	1,296	26.4	971	25.1
	Sometimes	59	10.4	62	10	278	8.2	175	8.2	73	7.7	93	8.3	410	8.3	330	8.5
	Never	8	1.4	17	2.7	77	2.3	33	1.6	15	1.6	5	0.4	100	2	55	1.4
	TOTAL	**570**		**619**		**3,390**		**2,124**		**951**		**1,120**		**4,911**		**3,863**	
	Don't know or not sure	*27*		*22*		*117*		*91*		*28*		*34*		*172*		*147*	
4	Are you involved in making decisions about plan of care?																
	Yes	426	86.1	488	89.5	2,512	86	1,639	89.3	711	87.7	872	89.9	3,649	86.3	2,999	89.5
	No	69	13.9	57	10.5	408	14	196	10.7	100	12.3	98	10.1	577	13.7	351	10.5
	TOTAL	**495**		**545**		**2,920**		**1,835**		**811**		**970**		**4,226**		**3,350**	
	Don't know or not sure	*92*		*79*		*553*		*350*		*145*		*178*		*790*		*607*	

Item	All Respondents	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2023		2025		2023		2025		2023		2025		2023		2025	
	Description	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	325	52.8	1,791	52	1,166	54.7	585	60.9	707	62.1	2,657	53.3	2,198	56.6
	Usually	215	37	210	34.1	1,220	35.4	707	33.2	276	28.8	316	27.7	1,711	34.3	1,233	31.7
	Sometimes	76	13.1	73	11.9	371	10.8	231	10.8	94	9.8	108	9.5	541	10.8	412	10.6
	Never	9	1.5	8	1.3	65	1.9	27	1.3	5	0.5	8	0.7	79	1.6	43	1.1
	TOTAL	**581**		**616**		**3,447**		**2,131**		**960**		**1,139**		**4,988**		**3,886**	
	Don't know or not sure	*15*		*17*		*83*		*77*		*23*		*21*		*121*		*115*	
6	Is a family member or your caregiver involved in making decisions about your plan of care?																
	Always	288	50.3	289	48.7	1,647	48.6	1,025	48.4	499	52.8	537	48.3	2,434	49.6	1,851	48.4
	Usually	109	19	120	20.2	593	17.5	390	18.4	155	16.4	156	14	857	17.5	666	17.4
	Sometimes	84	14.7	77	13	585	17.3	368	17.4	157	16.6	224	20.1	826	16.8	669	17.5
	Never	92	16.1	108	18.2	562	16.6	336	15.9	134	14.2	195	17.5	788	16.1	639	16.7
	TOTAL	**573**		**594**		**3,387**		**2,119**		**945**		**1,112**		**4,905**		**3,825**	
	Don't know or not sure	*18*		*20*		*125*		*93*		*27*		*36*		*170*		*149*	
7	Called the plan for help or a complaint/grievance?																
	Yes	323	56.4	317	52.9	1,490	43.8	942	44.8	393	42.6	555	50.1	2,206	45	1,814	47.6
	No	250	43.6	282	47.1	1,915	56.2	1,160	55.2	529	57.4	553	49.9	2,694	55	1,995	52.4
	TOTAL	**573**		**599**		**3,405**		**2,102**		**922**		**1,108**		**4,900**		**3,809**	
8♦	Speak with a person quickly?																
	Always	106	34.3	104	36	541	37.2	358	39.6	155	40.9	216	40.8	802	37.4	678	39.3
	Usually	128	41.4	118	40.8	554	38.1	342	37.8	133	35.1	198	37.4	815	38	658	38.2
	Sometimes	70	22.7	60	20.8	283	19.5	176	19.4	80	21.1	104	19.7	433	20.2	340	19.7
	Never	5	1.6	7	2.4	76	5.2	29	3.2	11	2.9	11	2.1	92	4.3	47	2.7
	TOTAL	**309**		**289**		**1,454**		**905**		**379**		**529**		**2,142**		**1,723**	
	Don't know or not sure	*7*		*1*		*7*		*8*		*5*		*3*		*19*		*12*	

Item	All Respondents	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2023		2025		2023		2025		2023		2025		2023		2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
9♦	Were questions answered quickly?																
	Always	115	36.9	100	34	561	38.7	383	42.3	145	37.7	239	44.9	821	38.3	722	41.7
	Usually	126	40.4	127	43.2	533	36.8	339	37.4	152	39.5	174	32.7	811	37.8	640	37
	Sometimes	63	20.2	57	19.4	295	20.4	156	17.2	76	19.7	104	19.5	434	20.2	317	18.3
	Never	8	2.6	10	3.4	59	4.1	28	3.1	12	3.1	15	2.8	79	3.7	53	3.1
	TOTAL	**312**		**294**		**1,448**		**906**		**385**		**532**		**2,145**		**1,732**	
	Don't know or not sure	*5*		*0*		*14*		*5*		*3*		*4*		*22*		*9*	
10♦	Were you able to understand the answers?																
	Always	156	49.2	144	48.8	751	51.7	465	52.8	185	48.1	276	52.4	1,092	50.6	885	52
	Usually	106	33.4	100	33.9	472	32.5	279	31.7	131	34	160	30.4	709	32.9	539	31.7
	Sometimes	53	16.7	47	15.9	199	13.7	127	14.4	66	17.1	86	16.3	318	14.7	260	15.3
	Never	2	0.6	4	1.4	32	2.2	10	1.1	3	0.8	5	0.9	37	1.7	19	1.1
	TOTAL	**317**		**295**		**1,454**		**881**		**385**		**527**		**2,156**		**1,703**	
	Don't know or not sure	*2*		*2*		*12*		*17*		*3*		*5*		*17*		*24*	
11♦	Were you treated with politeness and respect?																
	Always	234	73.6	229	77.9	1,090	75	712	78.2	287	74.7	420	79.1	1,611	74.7	1,361	78.4
	Usually	61	19.2	45	15.3	279	19.2	153	16.8	74	19.3	88	16.6	414	19.2	286	16.5
	Sometimes	20	6.3	18	6.1	73	5	42	4.6	22	5.7	21	4	115	5.3	81	4.7
	Never	3	0.9	2	0.7	12	0.8	3	0.3	1	0.3	2	0.4	16	0.7	7	0.4
	TOTAL	**318**		**294**		**1,454**		**910**		**384**		**531**		**2,156**		**1,735**	
	Don't know or not sure	*1*		*1*		*6*		*1*		*3*		*2*		*10*		*4*	
12♦	Complaint or grievance handled to satisfaction?																
	Always	99	37.2	116	43.9	457	40	326	41	121	37	213	43.3	677		655	42.2
	Usually	91	34.2	84	31.8	340	29.7	253	31.8	101	30.9	121	24.6	532		458	29.5
	Sometimes	58	21.8	45	17	220	19.2	109	13.7	75	22.9	79	16.1	353		233	15
	Never	18	6.8	19	7.2	126	11	108	13.6	30	9.2	79	16.1	174		206	13.3
	TOTAL	**266**		**264**		**1,143**		**796**		**327**		**492**		**1,736**		**1,552**	
	I did not call the plan with a complaint	*50*		*20*		*319*		*61*		*61*		*32*		*430*		*113*	

Item	All Respondents	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2023		2025		2023		2025		2023		2025		2023		2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
13	Has asked to see all of the prescriptions/over the counter medicines?																
	Yes	486	93.8	517	92.7	2,949	91.6	1,866	93.8	854	92.8	994	94.1	4,289	92.1	3,377	93.7
	No	32	6.2	41	7.3	272	8.4	123	6.2	66	7.2	62	5.9	370	7.9	226	6.3
	TOTAL	**518**		**558**		**3,221**		**1,989**		**920**		**1,056**		**4,659**		**3,603**	
	Don't know or not sure	*63*		*46*		*268*		*151*		*49*		*56*		*380*		*253*	
14a	Take medications the way your doctor wants you to																
	Excellent	290	56.5	377	66.4	1,382	52.2	994	56.7	445	56.5	594	60.5	2,117	53.6	1,965	59.5
	Good	176	34.3	155	27.3	1,002	37.9	604	34.5	270	34.3	315	32.1	1,448	36.7	1,074	32.5
	Fair	35	6.8	27	4.8	200	7.6	117	6.7	55	7	51	5.2	290	7.3	195	5.9
	Poor	12	2.3	9	1.6	62	2.3	38	2.2	17	2.2	22	2.2	91	2.3	69	2.1
	TOTAL	**513**		**568**		**2,646**		**1,753**		**787**		**982**		**3,946**		**3,303**	
	Not Applicable	*43*		*40*		*562*		*320*		*107*		*102*		*712*		*462*	
14b	Manage your illness																
	Excellent	246	51.4	328	62	1,089	43.5	804	49.9	370	50.5	513	54.7	1,705	45.9	1,645	53.5
	Good	180	37.6	155	29.3	1,046	41.8	602	37.4	267	36.5	312	33.3	1,493	40.2	1,069	34.8
	Fair	44	9.2	35	6.6	273	10.9	151	9.4	75	10.2	91	9.7	392	10.6	277	9
	Poor	9	1.9	11	2.1	95	3.8	53	3.3	20	2.7	21	2.2	124	3.3	85	2.8
	TOTAL	**479**		**529**		**2,503**		**1,610**		**732**		**937**		**3,714**		**3,076**	
	Not Applicable	*54*		*63*		*622*		*402*		*124*		*113*		*800*		*578*	
14c	Help when feeling sad and lonely																
	Excellent	156	38.4	203	43.3	830	37.8	640	44.6	243	38.8	363	45.7	1,229	38.1	1,206	44.7
	Good	162	39.9	164	35	837	38.1	502	35	224	35.8	274	34.5	1,223	37.9	940	34.8
	Fair	54	13.3	72	15.4	341	15.5	196	13.7	115	18.4	100	12.6	510	15.8	368	13.6
	Poor	34	8.4	30	6.4	187	8.5	97	6.8	44	7	57	7.2	265	8.2	184	6.8
	TOTAL	**406**		**469**		**2,195**		**1,435**		**626**		**794**		**3,227**		**2,698**	
	Not Applicable	*120*		*133*		*889*		*563*		*212*		*245*		*1,221*		*941*	

Item	All Respondents	PACE		PACE		Partial Cap		Partial Cap		MAP		MAP		Statewide		Statewide	
		2023		2025		2023		2025		2023		2025		2023		2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
14d	Allow to stay in home and not in nursing home																
	Excellent	312	66.2	397	77.7	1,612	63.6	1,129	67.6	434	65.8	606	71	2,358	64.3	2,132	70.3
	Good	118	25.1	94	18.4	750	29.6	455	27.3	185	28	202	23.7	1,053	28.7	751	24.8
	Fair	30	6.4	10	2	125	4.9	64	3.8	28	4.2	38	4.5	183	5	112	3.7
	Poor	11	2.3	10	2	47	1.9	21	1.3	13	2	7	0.8	71	1.9	38	1.3
	TOTAL	**471**		**511**		**2,534**		**1,669**		**660**		**853**		**3,665**		**3,033**	
	Not Applicable	*75*		*100*		*637*		*365*		*202*		*188*		914		653	
15	Did the health plan meet all of the needs on your plan of care?																
	Always	301	53.1	334	57.8	1,832	54.6	1,171	56.3	580	62.1	667	60.4	2,713	55.8	2,172	57.7
	Usually	198	34.9	185	32	1,152	34.3	706	33.9	249	26.7	339	30.7	1,599	32.9	1,230	32.7
	Sometimes	62	10.9	53	9.2	318	9.5	184	8.8	93	10	91	8.2	473	9.7	328	8.7
	Never	6	1.1	6	1	56	1.7	20	1	12	1.3	8	0.7	74	1.5	34	0.9
	TOTAL	**567**		**578**		**3,358**		**2,081**		**934**		**1,105**		**4,859**		**3,764**	
	Don't know or not sure	*13*		*17*		*98*		*63*		*18*		*19*		*129*		*99*	
16	Overall, how would you rate your plan?																
	Excellent	255	45.6	296	50.2	1,467	44.1	955	46	453	50.1	543	49.6	2,175	45.4	1,794	47.7
	Good	231	41.3	225	38.1	1,353	40.7	833	40.1	325	36	413	37.8	1,909	39.9	1,471	39.1
	Fair	58	10.4	56	9.5	405	12.2	250	12	112	12.4	119	10.9	575	12	425	11.3
	Poor	15	2.7	13	2.2	100	3	40	1.9	14	1.5	19	1.7	129	2.7	72	1.9
	TOTAL	**559**		**590**		**3,325**		**2,078**		**904**		**1,094**		**4,788**		**3,762**	

PACE: Program of All-Inclusive Care for the Elderly; Partial Cap: Partial Capitation; 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.

Table A2: Quality of Care

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
17	Regular Doctor																
	Excellent	290	54.3	354	59.1	1,724	56.2	1,229	60.8	506	60.2	687	63.5	2,520	56.8	2,270	61.3
	Good	182	34.1	191	31.9	1,082	35.3	675	33.4	255	30.4	315	29.1	1,519	34.2	1,181	31.9
	Fair	49	9.2	37	6.2	214	7.0	95	4.7	60	7.1	59	5.5	323	7.3	191	5.2
	Poor	13	2.4	17	2.8	45	1.5	24	1.2	19	2.3	21	1.9	77	1.7	62	1.7
	TOTAL	**534**		**599**		**3,065**		**2,023**		**840**		**1,082**		**4,439**		**3,704**	
	Not Applicable	*22*		*16*		*142*		*88*		*44*		*37*		*208*		*141*	
18	Dentist																
	Excellent	142	35.0	179	39.4	741	33.2	505	36.1	200	33.4	299	37.5	1,083	33.4	983	37.1
	Good	157	38.7	176	38.8	891	39.9	551	39.4	210	35.1	273	34.2	1,258	38.8	1,000	37.7
	Fair	65	16.0	53	11.7	370	16.6	215	15.4	117	19.5	134	16.8	552	17.0	402	15.2
	Poor	42	10.3	46	10.1	233	10.4	127	9.1	72	12.0	92	11.5	347	10.7	265	10.0
	TOTAL	**406**		**454**		**2,235**		**1,398**		**599**		**798**		**3,240**		**2,650**	
	Not Applicable	*136*		*142*		*877*		*586*		*236*		*250*		*1,249*		*978*	
19	Eye Care																
	Excellent	202	41.6	261	50.6	1,249	45.7	824	47.0	348	45.7	476	49.4	1,799	45.2	1,561	48.3
	Good	203	41.9	176	34.1	1,077	39.4	695	39.6	273	35.9	334	34.6	1,553	39.0	1,205	37.3
	Fair	50	10.3	51	9.9	312	11.4	173	9.9	98	12.9	98	10.2	460	11.6	322	10.0
	Poor	30	6.2	28	5.4	94	3.4	62	3.5	42	5.5	56	5.8	166	4.2	146	4.5
	TOTAL	**485**		**516**		**2,732**		**1,754**		**761**		**964**		**3,978**		**3,234**	
	Not Applicable	*71*		*88*		*512*		*317*		*110*		*122*		*693*		*527*	
20	Foot Doctor																
	Excellent	160	40.1	230	49.5	917	45.2	594	46.5	261	44.0	335	48.4	1,338	44.3	1,159	47.6
	Good	158	39.6	164	35.3	738	36.3	475	37.2	215	36.3	225	32.5	1,111	36.8	864	35.5
	Fair	49	12.3	53	11.4	273	13.4	145	11.4	77	13.0	85	12.3	399	13.2	283	11.6
	Poor	32	8.0	18	3.9	103	5.1	63	4.9	40	6.7	47	6.8	175	5.8	128	5.3
	TOTAL	**399**		**465**		**2,031**		**1,277**		**593**		**692**		**3,023**		**2,434**	
	Not Applicable	*145*		*134*		*1,063*		*688*		*232*		*325*		*1,440*		*1,147*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
21a	Home Health Aide																
	Excellent	241	54.8	292	61.2	1,953	65.4	1,332	70.1	554	69.3	725	71.4	2,748	65.1	2,349	69.3
	Good	141	32.0	134	28.1	782	26.2	457	24.1	176	22.0	222	21.9	1,099	26.0	813	24.0
	Fair	41	9.3	36	7.5	177	5.9	74	3.9	47	5.9	43	4.2	265	6.3	153	4.5
	Poor	17	3.9	15	3.1	73	2.4	36	1.9	22	2.8	26	2.6	112	2.7	77	2.3
	TOTAL	**440**		**477**		**2,985**		**1,899**		**799**		**1,016**		**4,224**		**3,392**	
	Not Applicable	*98*		*137*		*215*		*164*		*60*		*70*		*373*		*371*	
21b	Home Health Agency																
	Excellent	195	44.2	213	46.5	1,504	49.0	964	50.3	461	55.3	520	52.5	2,160	49.7	1,697	50.4
	Good	175	39.7	174	38.0	1,104	35.9	708	36.9	263	31.6	340	34.3	1,542	35.5	1,222	36.3
	Fair	46	10.4	51	11.1	326	10.6	164	8.6	78	9.4	101	10.2	450	10.4	316	9.4
	Poor	25	5.7	20	4.4	138	4.5	82	4.3	31	3.7	29	2.9	194	4.5	131	3.9
	TOTAL	**441**		**458**		**3,072**		**1,918**		**833**		**990**		**4,346**		**3,366**	
	Not Applicable	*109*		*133*		*239*		*153*		*65*		*79*		*413*		*365*	
22	Care Manager																
	Excellent	249	48.5	276	49.6	1,622	51.8	1,013	52.4	441	52.9	537	52.9	2,312	51.6	1,826	52.1
	Good	196	38.2	190	34.2	1,124	35.9	727	37.6	291	34.9	355	34.9	1,611	36.0	1,272	36.3
	Fair	48	9.4	62	11.2	257	8.2	150	7.8	74	8.9	90	8.9	379	8.5	302	8.6
	Poor	20	3.9	28	5.0	129	4.1	44	2.3	28	3.4	34	3.3	177	4.0	106	3.0
	TOTAL	**513**		**556**		**3,132**		**1,934**		**834**		**1,016**		**4,479**		**3,506**	
	Not Applicable	*40*		*40*		*176*		*135*		*54*		*58*		*270*		*233*	
23a	Regular Visiting Nurse																
	Excellent	229	50.6	296	60.3	1,149	46.8	781	48.1	322	45.4	449	50.1	1,700	47.0	1,526	50.7
	Good	159	35.1	148	30.1	917	37.3	631	38.9	255	36.0	324	36.1	1,331	36.8	1,103	36.6
	Fair	48	10.6	31	6.3	242	9.8	155	9.5	98	13.8	85	9.5	388	10.7	271	9.0
	Poor	17	3.8	16	3.3	149	6.1	57	3.5	34	4.8	39	4.3	200	5.5	112	3.7
	TOTAL	**453**		**491**		**2,457**		**1,624**		**709**		**897**		**3,619**		**3,012**	
	Not Applicable	*108*		*116*		*841*		*458*		*176*		*183*		*1,125*		*757*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
23b	Covering/On Call Nurse																
	Excellent	151	44.7	192	50.7	660	41.0	458	43.8	201	40.4	299	45.9	1,012	41.4	949	45.7
	Good	128	37.9	124	32.7	605	37.6	405	38.8	177	35.5	242	37.2	910	37.2	771	37.2
	Fair	40	11.8	37	9.8	198	12.3	122	11.7	78	15.7	76	11.7	316	12.9	235	11.3
	Poor	19	5.6	26	6.9	145	9.0	60	5.7	42	8.4	34	5.2	206	8.4	120	5.8
	TOTAL	**338**		**379**		**1,608**		**1,045**		**498**		**651**		**2,444**		**2,075**	
	Not Applicable	*206*		*222*		*1,572*		*960*		*362*		*400*		*2,140*		*1,582*	
24	Physical Therapist																
	Excellent	151	44.7	192	50.7	660	41.0	458	43.8	201	40.4	299	45.9	1,012	41.4	949	45.7
	Good	128	37.9	124	32.7	605	37.6	405	38.8	177	35.5	242	37.2	910	37.2	771	37.2
	Fair	40	11.8	37	9.8	198	12.3	122	11.7	78	15.7	76	11.7	316	12.9	235	11.3
	Poor	19	5.6	26	6.9	145	9.0	60	5.7	42	8.4	34	5.2	206	8.4	120	5.8
	TOTAL	**338**		**379**		**1,608**		**1,045**		**498**		**651**		**2,444**		**2,075**	
	Not Applicable	*206*		*222*		*1,572*		*960*		*362*		*400*		*2,140*		*1,582*	
25	Occupational Therapist																
	Excellent	134	48.0	171	51.2	332	41.0	199	41.6	89	39.0	137	43.4	555	42.1	507	44.9
	Good	86	30.8	123	36.8	305	37.7	163	34.1	68	29.8	108	34.2	459	34.9	394	34.9
	Fair	41	14.7	30	9.0	97	12.0	71	14.9	37	16.2	38	12.0	175	13.3	139	12.3
	Poor	18	6.5	10	3.0	76	9.4	45	9.4	34	14.9	33	10.4	128	9.7	88	7.8
	TOTAL	**279**		**334**		**810**		**478**		**228**		**316**		**1,317**		**1,128**	
	Not Applicable	*254*		*250*		*2,260*		*1,415*		*572*		*689*		*3,086*		*2,354*	
26	Speech Therapist																
	Excellent	33	31.4	46	38.3	164	37.1	107	38.8	53	39.0	77	41.2	250	36.6	230	39.5
	Good	39	37.1	46	38.3	158	35.7	99	35.9	35	25.7	70	37.4	232	34.0	215	36.9
	Fair	19	18.1	17	14.2	69	15.6	46	16.7	28	20.6	20	10.7	116	17.0	83	14.2
	Poor	14	13.3	11	9.2	51	11.5	24	8.7	20	14.7	20	10.7	85	12.4	55	9.4
	TOTAL	**105**		**120**		**442**		**276**		**136**		**187**		**683**		**583**	
	Not Applicable	*424*		*447*		*2,606*		*1,572*		*653*		*782*		*3,683*		*2,801*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
27	Social Worker																
	Excellent	212	46.3	247	49.3	539	41.4	335	43.8	134	37.7	203	43.3	885	41.8	785	45.3
	Good	161	35.2	169	33.7	473	36.3	274	35.9	128	36.1	167	35.6	762	36.0	610	35.2
	Fair	64	14.0	55	11.0	174	13.4	106	13.9	57	16.1	60	12.8	295	13.9	221	12.7
	Poor	21	4.6	30	6.0	117	9.0	49	6.4	36	10.1	39	8.3	174	8.2	118	6.8
	TOTAL	**458**		**501**		**1,303**		**764**		**355**		**469**		**2,116**		**1,734**	
	Not Applicable	*97*		*82*		*1,780*		*1,127*		*468*		*528*		*2,345*		*1,737*	
28	Medical Supplies and Equipment																
	Excellent	267	53.0	311	57.4	1,206	46.3	748	47.0	311	44.4	437	52.5	1,784	46.8	1,496	50.4
	Good	166	32.9	173	31.9	940	36.1	572	36.0	263	37.5	268	32.2	1,369	35.9	1,013	34.2
	Fair	49	9.7	41	7.6	301	11.6	170	10.7	73	10.4	77	9.2	423	11.1	288	9.7
	Poor	22	4.4	17	3.1	159	6.1	101	6.3	54	7.7	51	6.1	235	6.2	169	5.7
	TOTAL	**504**		**542**		**2,606**		**1,591**		**701**		**833**		**3,811**		**2,966**	
	Not Applicable	*54*		*57*		*647*		*439*		*169*		*216*		*870*		*712*	
29	Audiology / Hearing Aids																
	Excellent	267	53.0	311	57.4	1,206	46.3	748	47.0	311	44.4	437	52.5	1,784	46.8	1,496	50.4
	Good	166	32.9	173	31.9	940	36.1	572	36.0	263	37.5	268	32.2	1,369	35.9	1,013	34.2
	Fair	49	9.7	41	7.6	301	11.6	170	10.7	73	10.4	77	9.2	423	11.1	288	9.7
	Poor	22	4.4	17	3.1	159	6.1	101	6.3	54	7.7	51	6.1	235	6.2	169	5.7
	TOTAL	**504**		**542**		**2,606**		**1,591**		**701**		**833**		**3,811**		**2,966**	
	Not Applicable	*54*		*57*		*647*		*439*		*169*		*216*		*870*		*712*	
30	Home Delivered Meals / Meals on Wheels																
	Excellent	75	49.0	113	58.2	367	49.5	161	45.6	75	44.4	91	48.4	517	48.6	365	49.7
	Good	47	30.7	58	29.9	234	31.6	116	32.9	52	30.8	53	28.2	333	31.3	227	30.9
	Fair	18	11.8	13	6.7	70	9.4	35	9.9	19	11.2	21	11.2	107	10.1	69	9.4
	Poor	13	8.5	10	5.2	70	9.4	41	11.6	23	13.6	23	12.2	106	10.0	74	10.1
	TOTAL	**153**		**194**		**741**		**353**		**169**		**188**		**1,063**		**735**	
	Not Applicable	*381*		*392*		*2,370*		*1,551*		*657*		*809*		*3,408*		*2,752*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
31	Meals served at Day Health Center																
	Excellent	99	36.3	150	44.5	256	41.5	162	38.7	90	44.6	120	48.2	445	40.8	432	43.0
	Good	95	34.8	116	34.4	228	37.0	167	39.9	64	31.7	79	31.7	387	35.4	362	36.0
	Fair	56	20.5	45	13.4	94	15.2	66	15.8	26	12.9	33	13.3	176	16.1	144	14.3
	Poor	23	8.4	26	7.7	39	6.3	24	5.7	22	10.9	17	6.8	84	7.7	67	6.7
	TOTAL	**273**		**337**		**617**		**419**		**202**		**249**		**1,092**		**1,005**	
	Not Applicable	*265*		*259*		*2,472*		*1,524*		*628*		*776*		*3,365*		*2,559*	
32	Day Health Center Activities																
	Excellent	109	38.0	156	45.1	289	42.8	205	44.9	106	48.2	143	52.0	504	42.6	504	46.8
	Good	104	36.2	112	32.4	267	39.5	179	39.2	69	31.4	89	32.4	440	37.2	380	35.3
	Fair	51	17.8	50	14.5	84	12.4	44	9.6	22	10.0	28	10.2	157	13.3	122	11.3
	Poor	23	8.0	28	8.1	36	5.3	29	6.3	23	10.5	15	5.5	82	6.9	72	6.7
	TOTAL	**287**		**346**		**676**		**457**		**220**		**275**		**1,183**		**1,078**	
	Not Applicable	*251*		*251*		*2,396*		*1,459*		*599*		*742*		*3,246*		*2,452*	
33	Transportation Services																
	Excellent	201	41.1	234	46.0	881	40.1	537	44.3	263	41.2	345	48.6	1,345	40.5	1,116	45.9
	Good	161	32.9	176	34.6	764	34.8	419	34.6	182	28.5	213	30.0	1,107	33.3	808	33.2
	Fair	81	16.6	56	11.0	309	14.1	146	12.0	101	15.8	99	13.9	491	14.8	301	12.4
	Poor	46	9.4	43	8.4	243	11.1	110	9.1	92	14.4	53	7.5	381	11.5	206	8.5
	TOTAL	**489**		**509**		**2,197**		**1,212**		**638**		**710**		**3,324**		**2,431**	
	Not Applicable	*70*		*82*		*1,025*		*781*		*237*		*348*		*1,332*		*1,211*	
34	Nursing Home																
	Excellent	22	31.0	34	36.6	141	42.5	80	41.5	44	37.9	70	51.5	207	39.9	184	43.6
	Good	22	31.0	32	34.4	101	30.4	75	38.9	42	36.2	39	28.7	165	31.8	146	34.6
	Fair	17	23.9	16	17.2	59	17.8	21	10.9	17	14.7	11	8.1	93	17.9	48	11.4
	Poor	10	14.1	11	11.8	31	9.3	17	8.8	13	11.2	16	11.8	54	10.4	44	10.4
	TOTAL	**71**		**93**		**332**		**193**		**116**		**136**		**519**		**422**	
	Not Applicable	*449*		*483*		*2,680*		*1,668*		*677*		*853*		*3,806*		*3,004*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
35	Pharmacy Services																
	Excellent	280	54.3	318	56.7	1,466	52.3	931	54.0	426	53.1	552	57.7	2,172	52.7	1,801	55.5
	Good	173	33.5	193	34.4	1,032	36.8	616	35.7	294	36.6	322	33.6	1,499	36.4	1,131	34.9
	Fair	48	9.3	38	6.8	234	8.3	144	8.3	62	7.7	63	6.6	344	8.3	245	7.6
	Poor	15	2.9	12	2.1	72	2.6	34	2.0	21	2.6	20	2.1	108	2.6	66	2.0
	TOTAL	**516**		**561**		**2,804**		**1,725**		**803**		**957**		**4,123**		**3,243**	
	Not Applicable	*47*		*44*		*485*		*317*		*95*		*112*		*627*		*473*	
36	Nutritionist																
	Excellent	149	38.5	218	48.9	314	37.2	182	37.7	94	34.6	136	40.8	557	37.0	536	42.5
	Good	159	41.1	162	36.3	324	38.3	171	35.4	102	37.5	133	39.9	585	38.9	466	36.9
	Fair	52	13.4	40	9.0	119	14.1	80	16.6	45	16.5	40	12.0	216	14.4	160	12.7
	Poor	27	7.0	26	5.8	88	10.4	50	10.4	31	11.4	24	7.2	146	9.7	100	7.9
	TOTAL	**387**		**446**		**845**		**483**		**272**		**333**		**1,504**		**1,262**	
	Not Applicable	*158*		*147*		*2,220*		*1,396*		*539*		*687*		*2,917*		*2,230*	

PACE: Program of All-Inclusive Care for the Elderly; Partial Cap: Partial Capitation; MAP: Medicaid Advantage Plus

n: number of valid responses.

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

Table A3: Timeliness of Care

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
37	Home Health Aide																
	Always	285	64.8	291	65.1	2,301	77.5	1,512	80.6	637	79.0	837	83.3	3,223	76.5	2,640	79.3
	Usually	106	24.1	112	25.1	481	16.2	280	14.9	127	15.8	116	11.5	714	16.9	508	15.3
	Sometimes	37	8.4	34	7.6	142	4.8	70	3.7	28	3.5	39	3.9	207	4.9	143	4.3
	Never	12	2.7	10	2.2	45	1.5	15	0.8	14	1.7	13	1.3	71	1.7	38	1.1
	TOTAL	**440**		**447**		**2,969**		**1,877**		**806**		**1,005**		**4,215**		**3,329**	
	Not Applicable	*116*		*149*		*293*		*207*		*72*		*92*		*481*		*448*	
38	Care Manager / Case Manager																
	Always	267	53.3	261	51.7	1,623	57.8	1,046	59.3	455	58.0	578	60.9	2,345	57.3	1,885	58.6
	Usually	160	31.9	153	30.3	832	29.6	522	29.6	233	29.7	262	27.6	1,225	29.9	937	29.1
	Sometimes	57	11.4	66	13.1	253	9.0	146	8.3	81	10.3	81	8.5	391	9.5	293	9.1
	Never	17	3.4	25	5.0	102	3.6	51	2.9	16	2.0	28	3.0	135	3.3	104	3.2
	TOTAL	**501**		**505**		**2,810**		**1,765**		**785**		**949**		**4,096**		**3,219**	
	Not Applicable	*57*		*82*		*401*		*253*		*86*		*117*		*544*		*452*	
39a	Regular Visiting Nurse																
	Always	252	57.1	296	64.9	1,068	49.6	731	51.3	306	48.3	453	53.0	1,626	50.4	1,480	54.1
	Usually	129	29.3	107	23.5	613	28.5	422	29.6	173	27.3	225	26.3	915	28.3	754	27.6
	Sometimes	52	11.8	37	8.1	311	14.4	202	14.2	109	17.2	138	16.2	472	14.6	377	13.8
	Never	8	1.8	16	3.5	161	7.5	70	4.9	46	7.3	38	4.4	215	6.7	124	4.5
	TOTAL	**441**		**456**		**2,153**		**1,425**		**634**		**854**		**3,228**		**2,735**	
	Not Applicable	*122*		*137*		*1,067*		*603*		*228*		*232*		*1,417*		*972*	
39b	Covering/On Call Nurse																
	Always	159	47.5	189	51.6	586	43.3	415	44.9	184	41.9	281	47.0	929	43.7	885	46.9
	Usually	104	31.0	106	29.0	394	29.1	281	30.4	124	28.2	157	26.3	622	29.2	544	28.8
	Sometimes	47	14.0	41	11.2	191	14.1	125	13.5	70	15.9	95	15.9	308	14.5	261	13.8
	Never	25	7.5	30	8.2	183	13.5	103	11.1	61	13.9	65	10.9	269	12.6	198	10.5
	TOTAL	**335**		**366**		**1,354**		**924**		**439**		**598**		**2,128**		**1,888**	
	Not Applicable	*215*		*224*		*1,764*		*1,050*		*396*		*460*		*2,375*		*1,734*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
40	Physical Therapist																
	Always	172	55.0	187	55.7	526	47.0	328	47.7	136	40.1	219	52.9	834	47.1	734	51.1
	Usually	87	27.8	81	24.1	321	28.7	198	28.8	90	26.5	97	23.4	498	28.1	376	26.2
	Sometimes	36	11.5	38	11.3	150	13.4	84	12.2	58	17.1	53	12.8	244	13.8	175	12.2
	Never	18	5.8	30	8.9	121	10.8	77	11.2	55	16.2	45	10.9	194	11.0	152	10.6
	TOTAL	**313**		**336**		**1,118**		**687**		**339**		**414**		**1,770**		**1,437**	
	Not Applicable	*225*		*214*		*1,979*		*1,227*		*481*		*591*		*2,685*		*2,032*	
41	Occupational Therapist																
	Always	130	57.3	161	54.8	263	40.2	160	42.7	70	35.2	121	49.4	463	42.8	442	48.4
	Usually	63	27.8	74	25.2	181	27.6	93	24.8	44	22.1	46	18.8	288	26.6	213	23.3
	Sometimes	20	8.8	31	10.5	84	12.8	50	13.3	27	13.6	30	12.2	131	12.1	111	12.1
	Never	14	6.2	28	9.5	127	19.4	72	19.2	58	29.1	48	19.6	199	18.4	148	16.2
	TOTAL	**227**		**294**		**655**		**375**		**199**		**245**		**1,081**		**914**	
	Not Applicable	*298*		*281*		*2,379*		*1,509*		*593*		*749*		*3,270*		*2,539*	
42	Speech Therapist																
	Always	33	37.1	45	40.5	124	33.0	91	38.7	38	27.7	75	46.6	195	32.4	211	41.6
	Usually	32	36.0	28	25.2	80	21.3	53	22.6	32	23.4	17	10.6	144	23.9	98	19.3
	Sometimes	13	14.6	12	10.8	53	14.1	22	9.4	14	10.2	19	11.8	80	13.3	53	10.5
	Never	11	12.4	26	23.4	119	31.6	69	29.4	53	38.7	50	31.1	183	30.4	145	28.6
	TOTAL	**89**		**111**		**376**		**235**		**137**		**161**		**602**		**507**	
	Not Applicable	*436*		*452*		*2,648*		*1,649*		*655*		*825*		*3,739*		*2,926*	
43	Social Worker																
	Always	207	50.1	238	55.0	463	41.7	294	47.2	115	38.9	198	48.3	785	43.2	730	49.8
	Usually	130	31.5	116	26.8	318	28.6	165	26.5	77	26.0	99	24.1	525	28.9	380	25.9
	Sometimes	59	14.3	56	12.9	179	16.1	85	13.6	52	17.6	63	15.4	290	15.9	204	13.9
	Never	17	4.1	23	5.3	150	13.5	79	12.7	52	17.6	50	12.2	219	12.0	152	10.4
	TOTAL	**413**		**433**		**1,110**		**623**		**296**		**410**		**1,819**		**1,466**	
	Not Applicable	*130*		*127*		*1,928*		*1,262*		*500*		*580*		*2,558*		*1,969*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
44	Home Delivered Meals / Meals on Wheels																
	Always	83	56.5	121	64.7	345	52.0	184	51.1	71	41.0	93	47.0	499	50.7	398	53.4
	Usually	40	27.2	40	21.4	155	23.3	77	21.4	34	19.7	28	14.1	229	23.3	145	19.5
	Sometimes	11	7.5	7	3.7	47	7.1	28	7.8	8	4.6	15	7.6	66	6.7	50	6.7
	Never	13	8.8	19	10.2	117	17.6	71	19.7	60	34.7	62	31.3	190	19.3	152	20.4
	TOTAL	**147**		**187**		**664**		**360**		**173**		**198**		**984**		**745**	
	Not Applicable	*382*		*380*		*2,379*		*1,536*		*622*		*804*		*3,383*		*2,720*	
45a	Transportation TO Day Center																
	Always	173	58.1	213	62.1	355	49.3	239	51.0	115	49.6	171	56.8	643	51.4	623	56.0
	Usually	89	29.9	79	23.0	196	27.2	124	26.4	57	24.6	57	18.9	342	27.4	260	23.4
	Sometimes	23	7.7	32	9.3	63	8.8	32	6.8	15	6.5	25	8.3	101	8.1	89	8.0
	Never	13	4.4	19	5.5	106	14.7	74	15.8	45	19.4	48	15.9	164	13.1	141	12.7
	TOTAL	**298**		**343**		**720**		**469**		**232**		**301**		**1,250**		**1,113**	
	Not Applicable	*241*		*246*		*2,332*		*1,480*		*572*		*718*		*3,145*		*2,444*	
45b	Transportation FROM Day Center																
	Always	177	59.6	208	61.9	335	49.0	223	51.0	110	50.7	159	57.2	622	52.0	590	56.1
	Usually	83	27.9	85	25.3	180	26.4	112	25.6	50	23.0	51	18.3	313	26.1	248	23.6
	Sometimes	23	7.7	28	8.3	66	9.7	35	8.0	13	6.0	23	8.3	102	8.5	86	8.2
	Never	14	4.7	15	4.5	102	14.9	67	15.3	44	20.3	45	16.2	160	13.4	127	12.1
	TOTAL	**297**		**336**		**683**		**437**		**217**		**278**		**1,197**		**1,051**	
	Not Applicable	*238*		*239*		*2,345*		*1,459*		*579*		*718*		*3,162*		*2,416*	
45c	Transportation TO the Doctor																
	Always	240	53.8	281	61.0	1,092	53.4	640	54.8	277	48.5	394	57.5	1,609	52.5	1,315	56.8
	Usually	131	29.4	116	25.2	515	25.2	310	26.5	143	25.0	156	22.8	789	25.8	582	25.2
	Sometimes	58	13.0	52	11.3	271	13.3	131	11.2	98	17.2	86	12.6	427	13.9	269	11.6
	Never	17	3.8	12	2.6	167	8.2	87	7.4	53	9.3	49	7.2	237	7.7	148	6.4
	TOTAL	**446**		**461**		**2,045**		**1,168**		**571**		**685**		**3,062**		**2,314**	
	Not Applicable	*103*		*122*		*1,128*		*802*		*278*		*362*		*1,509*		*1,286*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
45d	Transportation FROM the Doctor																
	Always	227	50.4	268	58.8	1,051	51.0	641	55.1	281	48.0	381	55.5	1,559	50.4	1,290	55.9
	Usually	133	29.6	116	25.4	502	24.4	291	25.0	144	24.6	155	22.6	779	25.2	562	24.4
	Sometimes	70	15.6	54	11.8	320	15.5	128	11.0	103	17.6	93	13.5	493	15.9	275	11.9
	Never	20	4.4	18	3.9	188	9.1	103	8.9	57	9.7	58	8.4	265	8.6	179	7.8
	TOTAL	**450**		**456**		**2,061**		**1,163**		**585**		**687**		**3,096**		**2,306**	
	Not Applicable	*102*		*126*		*1,101*		*798*		*269*		*352*		*1,472*		*1,276*	
46	Medical Supplies and Equipment																
	Always	286	60.1	317	62.3	1,311	53.7	806	55.7	355	53.1	479	59.7	1,952	54.4	1,602	58.1
	Usually	143	30.0	134	26.3	740	30.3	402	27.8	207	31.0	204	25.4	1,090	30.4	740	26.8
	Sometimes	35	7.4	44	8.6	266	10.9	167	11.5	69	10.3	78	9.7	370	10.3	289	10.5
	Never	12	2.5	14	2.8	124	5.1	72	5.0	37	5.5	41	5.1	173	4.8	127	4.6
	TOTAL	**476**		**509**		**2,441**		**1,447**		**668**		**802**		**3,585**		**2,758**	
	Not Applicable	*80*		*79*		*736*		*526*		*176*		*253*		*992*		*858*	
47	Pharmacy Services																
	Always	330	65.2	369	69.9	1,696	62.9	1,090	65.2	487	61.9	654	69.0	2,513	63.0	2,113	67.1
	Usually	139	27.5	126	23.9	777	28.8	456	27.3	222	28.2	216	22.8	1,138	28.5	798	25.3
	Sometimes	30	5.9	27	5.1	163	6.0	92	5.5	55	7.0	61	6.4	248	6.2	180	5.7
	Never	7	1.4	6	1.1	59	2.2	34	2.0	23	2.9	17	1.8	89	2.2	57	1.8
	TOTAL	**506**		**528**		**2,695**		**1,672**		**787**		**948**		**3,988**		**3,148**	
	Not Applicable	*50*		*43*		*531*		*335*		*80*		*116*		*661*		*494*	
48	Audiology/Hearing Aids																
	Always	78	41.1	101	51.3	298	40.1	228	45.2	96	40.5	143	46.1	472	40.3	472	46.7
	Usually	58	30.5	50	25.4	220	29.6	120	23.8	59	24.9	71	22.9	337	28.8	241	23.8
	Sometimes	29	15.3	22	11.2	102	13.7	67	13.3	28	11.8	42	13.5	159	13.6	131	13.0
	Never	25	13.2	24	12.2	124	16.7	89	17.7	54	22.8	54	17.4	203	17.3	167	16.5
	TOTAL	**190**		**197**		**744**		**504**		**237**		**310**		**1,171**		**1,011**	
	Not Applicable	*336*		*367*		*2,324*		*1,415*		*567*		*697*		*3,227*		*2,479*	

PACE: Program of All-Inclusive Care for the Elderly; Partial Cap: Partial Capitation; 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 Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
49	Regular Doctor																
	Same day	165	39.6	180	41.2	1,077	42.3	751	45.7	319	46.2	431	48.6	1,561	42.7	1,362	45.9
	1 to 3 days	198	47.5	196	44.9	977	38.3	571	34.8	213	30.9	283	31.9	1,388	38.0	1,050	35.4
	4 days or longer	54	12.9	61	14.0	494	19.4	321	19.5	158	22.9	172	19.4	706	19.3	554	18.7
	TOTAL	**417**		**437**		**2,548**		**1,643**		**690**		**886**		**3,655**		**2,966**	
	Not Applicable	*124*		*160*		*647*		*407*		*168*		*190*		*939*		*757*	
50	Dentist																
	Same day	38	15.2	69	24.5	354	23.2	249	25.3	128	28.1	168	29.6	520	23.3	486	26.5
	1 to 3 days	95	38.0	88	31.2	527	34.5	322	32.7	125	27.4	173	30.5	747	33.5	583	31.8
	4 days or longer	117	46.8	125	44.3	646	42.3	415	42.1	203	44.5	226	39.9	966	43.3	766	41.7
	TOTAL	**250**		**282**		**1,527**		**986**		**456**		**567**		**2,233**		**1,835**	
	Not Applicable	*271*		*297*		*1,583*		*965*		*370*		*454*		*2,224*		*1,716*	
51	Eye Care																
	Same day	74	23.9	107	31.5	599	30.2	420	32.7	198	34.6	244	35.3	871	30.4	771	33.3
	1 to 3 days	118	38.1	100	29.4	685	34.5	418	32.6	184	32.2	219	31.6	987	34.4	737	31.8
	4 days or longer	118	38.1	133	39.1	700	35.3	445	34.7	190	33.2	229	33.1	1,008	35.2	807	34.9
	TOTAL	**310**		**340**		**1,984**		**1,283**		**572**		**692**		**2,866**		**2,315**	
	Not Applicable	*224*		*239*		*1,181*		*677*		*271*		*344*		*1,676*		*1,260*	
52	Foot Doctor																
	Same day	62	23.2	92	30.7	446	31.5	303	33.7	144	33.6	178	36.0	652	30.9	573	33.9
	1 to 3 days	107	40.1	97	32.3	490	34.6	297	33.1	144	33.6	159	32.2	741	35.1	553	32.7
	4 days or longer	98	36.7	111	37.0	480	33.9	298	33.2	141	32.9	157	31.8	719	34.0	566	33.5
	TOTAL	**267**		**300**		**1,416**		**898**		**429**		**494**		**2,112**		**1,692**	
	Not Applicable	*275*		*278*		*1,698*		*1,050*		*399*		*519*		*2,372*		*1,847*	
53	Audiology/Hearing Aids																
	Same day	30	22.2	40	27.4	169	28.5	142	32.3	71	35.5	79	31.2	270	29.1	261	31.1
	1 to 3 days	57	42.2	48	32.9	192	32.4	143	32.6	52	26.0	75	29.6	301	32.4	266	31.7
	4 days or longer	48	35.6	58	39.7	232	39.1	154	35.1	77	38.5	99	39.1	357	38.5	311	37.1
	TOTAL	**135**		**146**		**593**		**439**		**200**		**253**		**928**		**838**	
	Not Applicable	*387*		*421*		*2,487*		*1,452*		*609*		*743*		*3,483*		*2,616*	

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

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

Table A5: Access to Care – Regular Appointments

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
	Regular Doctor																
	Always	261	54.6	265	56.4	1,739	59.7	1,193	63.7	500	61.2	659	65.9	2,500	59.4	2,117	63.3
	Usually	154	32.2	146	31.1	779	26.7	451	24.1	205	25.1	214	21.4	1,138	27.0	811	24.3
54	Sometimes	47	9.8	51	10.9	310	10.6	177	9.5	83	10.2	95	9.5	440	10.5	323	9.7
	Never	16	3.3	8	1.7	87	3.0	52	2.8	29	3.5	32	3.2	132	3.1	92	2.8
	TOTAL	**478**		**470**		**2,915**		**1,873**		**817**		**1,000**		**4,210**		**3,343**	
	Not Applicable	*79*		*129*		*310*		*177*		*64*		*85*		*453*		*391*	
	Dentist																
	Always	95	31.3	120	35.5	646	35.9	437	37.7	186	35.1	269	40.7	927	35.2	826	38.3
	Usually	113	37.2	101	29.9	567	31.5	342	29.5	159	30.0	181	27.4	839	31.9	624	28.9
55	Sometimes	60	19.7	77	22.8	409	22.7	246	21.2	122	23.0	144	21.8	591	22.4	467	21.6
	Never	36	11.8	40	11.8	177	9.8	134	11.6	63	11.9	67	10.1	276	10.5	241	11.2
	TOTAL	**304**		**338**		**1,799**		**1,159**		**530**		**661**		**2,633**		**2,158**	
	Not Applicable	*230*		*241*		*1,338*		*775*		*311*		*381*		*1,879*		*1,397*	
	Eye Care																
	Always	154	41.2	177	46.7	983	43.9	672	46.2	294	45.5	393	50.7	1,431	43.9	1,242	47.6
	Usually	146	39.0	113	29.8	783	35.0	456	31.4	206	31.9	215	27.7	1,135	34.8	784	30.1
56	Sometimes	52	13.9	66	17.4	372	16.6	247	17.0	104	16.1	139	17.9	528	16.2	452	17.3
	Never	22	5.9	23	6.1	101	4.5	78	5.4	42	6.5	28	3.6	165	5.1	129	4.9
	TOTAL	**374**		**379**		**2,239**		**1,453**		**646**		**775**		**3,259**		**2,607**	
	Not Applicable	*178*		*197*		*917*		*520*		*211*		*268*		*1,306*		*985*	
	Foot Doctor																
	Always	131	41.7	156	46.6	717	44.4	483	47.6	208	43.1	258	47.5	1,056	43.8	897	47.4
	Usually	109	34.7	100	29.9	502	31.1	271	26.7	142	29.4	160	29.5	753	31.2	531	28.1
57	Sometimes	49	15.6	59	17.6	281	17.4	175	17.2	85	17.6	87	16.0	415	17.2	321	17.0
	Never	25	8.0	20	6.0	116	7.2	86	8.5	48	9.9	38	7.0	189	7.8	144	7.6
	TOTAL	**314**		**335**		**1,616**		**1,015**		**483**		**543**		**2,413**		**1,893**	
	Not Applicable	*232*		*246*		*1,502*		*939*		*350*		*472*		*2,084*		*1,657*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
58	Audiology/Hearing Aids																
	Always	61	36.7	61	37.2	237	34.1	191	36.6	86	34.3	120	39.9	384	34.6	372	37.7
	Usually	53	31.9	53	32.3	192	27.7	149	28.5	64	25.5	78	25.9	309	27.8	280	28.4
	Sometimes	28	16.9	28	17.1	146	21.0	91	17.4	53	21.1	64	21.3	227	20.4	183	18.5
	Never	24	14.5	22	13.4	119	17.1	91	17.4	48	19.1	39	13.0	191	17.2	152	15.4
	TOTAL	**166**		**164**		**694**		**522**		**251**		**301**		**1,111**		**987**	
	Not Applicable	*364*		*407*		*2,345*		*1,386*		*558*		*701*		*3,267*		*2,494*	

PACE: Program of All-Inclusive Care for the Elderly; Partial Cap: Partial Capitation; MAP: Medicaid Advantage Plus

n: number of valid responses.

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

Table A6: About You

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
59^	Rate your current state of health																
	Excellent	33	5.4	53	9.1	154	4.4	123	5.8	63	6.6	69	6.4	250	5.0	245	6.5
	Very good	102	16.8			411	11.8			117	12.2			630	12.5		
	Good	222	36.5	241	41.3	939	27.0	502	23.8	237	24.8	293	27.2	1,398	27.8	1,036	27.5
	Fair	191	31.4	237	40.6	1,462	42.1	1,143	54.1	418	43.7	537	49.9	2,071	41.1	1,917	50.8
	Poor	60	9.9	53	9.1	506	14.6	345	16.3	121	12.7	177	16.4	687	13.6	575	15.2
	TOTAL	**608**		**584**		**3,472**		**2,113**		**956**		**1,076**		**5,036**		**3,773**	
60^	Rating of overall mental/emotional health																
	Excellent	58	9.6	91	15.0	314	9.0	246	11.3	115	11.8	140	12.4	487	9.6	477	12.2
	Very good	135	22.4			584	16.7			147	15.1			866	17.1		
	Good	193	32.0	275	45.5	1,107	31.6	762	35.1	274	28.2	381	33.8	1,574	31.0	1,418	36.3
	Fair	163	27.0	202	33.4	1,205	34.4	947	43.6	329	33.9	495	44.0	1,697	33.4	1,644	42.1
	Poor	54	9.0	37	6.1	294	8.4	218	10.0	106	10.9	110	9.8	454	8.9	365	9.3
	TOTAL	**603**		**605**		**3,504**		**2,173**		**971**		**1,126**		**5,078**		**3,904**	
61	Content with Quality of Life																
	Very much	219	37.9	159	27.4	1,144	33.4	441	20.6	398	42.7	269	24.1	1,761	35.7	869	22.6
	Quite a bit	179	31.0	177	30.5	993	29.0	605	28.3	211	22.6	303	27.1	1,383	28.0	1,085	28.3
	Somewhat	118	20.4	176	30.3	838	24.5	674	31.5	207	22.2	315	28.2	1,163	23.6	1,165	30.4
	A little bit	40	6.9	52	9.0	293	8.6	319	14.9	77	8.3	186	16.7	410	8.3	557	14.5
	Not at all	22	3.8	17	2.9	155	4.5	100	4.7	40	4.3	44	3.9	217	4.4	161	4.2
	TOTAL	**578**		**581**		**3,423**		**2,139**		**933**		**1,117**		**4,934**		**3,837**	
62^	What is your gender?																
	Male	151	25.2	161	27.6	1,035	29.7	639	29.8	282	29.7	344	31.1	1,468	29.2	1,144	29.8
	Female	449	74.8	421	72.1	2,450	70.3	1,503	70.1	666	70.3	759	68.6	3,565	70.8	2,683	70.0
	X			2	0.3			1	0.0			4	0.4			7	0.2
	TOTAL	**600**		**584**		**3,485**		**2,143**		**948**		**1,107**		**5,033**		**3,834**	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
63	What is your age?																
	18-44	3	0.5	1	0.2	62	1.8	46	2.1	7	0.7	14	1.2	72	1.4	61	1.6
	45-64	58	9.6	50	8.2	538	15.3	312	14.4	100	10.3	142	12.7	696	13.7	504	12.9
	65-74	163	27.0	164	26.9	1,040	29.6	677	31.2	302	31.2	397	35.4	1,505	29.6	1,238	31.7
	75-84	187	31.0	196	32.1	1,047	29.8	686	31.6	324	33.4	336	29.9	1,558	30.6	1,218	31.2
	over 85	193	32.0	199	32.6	829	23.6	452	20.8	236	24.4	233	20.8	1,258	24.7	884	22.6
	TOTAL	**604**		**610**		**3,516**		**2,173**		**969**		**1,122**		**5,089**		**3,905**	
64a	What is your ethnicity?																
	Hispanic	83	15.1	66	12.2	696	22.0	473	25.0	369	43.3	393	40.1	1,148	25.1	932	27.3
	Non-Hispanic	468	84.9	476	87.8	2,473	78.0	1,422	75.0	484	56.7	588	59.9	3,425	74.9	2,486	72.7
	TOTAL	**551**		**542**		**3,169**		**1,895**		**853**		**981**		**4,573**		**3,418**	
64b+	What is your race?																
	American Indian or Alaskan Native	17	2.8	8	1.4	70	2.0	45	2.2	10	1.1	27	2.7	97	1.9	80	2.2
	Asian	60	9.8	58	10.0	683	19.6	517	25.1	159	17.7	213	21.5	902	18.0	788	21.7
	Black or African American	101	16.5	68	11.7	684	19.6	365	17.7	310	34.6	331	33.5	1,095	21.9	764	21.1
	Native Hawaiian or Pacific Islander	3	0.5	1	0.2	13	0.4	10	0.5	8	0.9	7	0.7	24	0.5	18	0.5
	White	383	62.6	417	71.9	1,569	44.9	863	41.9	178	19.9	241	24.4	2,130	42.6	1,521	41.9
	Other	48	7.8	28	4.8	473	13.5	258	12.5	231	25.8	170	17.2	752	15.0	456	12.6
	TOTAL	**612**		**580**		**3,492**		**2,058**		**896**		**989**		**5,000**		**3,627**	
65	How well do you speak English?																
	Very well	393	66.1	390	68.2	1,602	45.9	848	40.0	363	37.9	426	39.3	2,358	46.8	1,664	44.1
	Well	75	12.6	82	14.3	436	12.5	266	12.6	142	14.8	166	15.3	653	12.9	514	13.6
	Not well	53	8.9	40	7.0	648	18.6	490	23.1	204	21.3	228	21.0	905	17.9	758	20.1
	Not at all	74	12.4	60	10.5	804	23.0	515	24.3	249	26.0	264	24.4	1,127	22.3	839	22.2
	TOTAL	**595**		**572**		**3,490**		**2,119**		**958**		**1,084**		**5,043**		**3,775**	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
66	Primary language spoken at home																
	English	464	77.6	486	83.9	1,847	52.9	983	46.8	441	45.9	522	48.5	2,752	54.5	1,991	53.0
	Spanish	60	10.0	44	7.6	522	15.0	357	17.0	306	31.8	316	29.4	888	17.6	717	19.1
	Russian	3	0.5	5	0.9	329	9.4	208	9.9	14	1.5	18	1.7	346	6.9	231	6.2
	Chinese	29	4.8	20	3.5	458	13.1	381	18.1	97	10.1	145	13.5	584	11.6	546	14.5
	Other	42	7.0	24	4.1	333	9.5	171	8.1	103	10.7	75	7.0	478	9.5	270	7.2
	TOTAL	**598**		**579**		**3,489**		**2,100**		**961**		**1,076**		**5,048**		**3,755**	
67	Education level completed																
	8th grade or less	114	19.5	83	13.8	884	26.0	629	29.5	349	37.8	391	36.1	1,347	27.5	1,103	28.9
	Some high school, did not graduate	79	13.5	69	11.4	491	14.5	313	14.7	165	17.9	185	17.1	735	15.0	567	14.9
	High school graduate or GED	173	29.6	179	29.7	912	26.8	544	25.5	220	23.8	256	23.6	1,305	26.6	979	25.6
	Some college or 2 year degree	112	19.2	127	21.1	578	17.0	326	15.3	104	11.3	167	15.4	794	16.2	620	16.2
	4 year college graduate	43	7.4	44	7.3	288	8.5	202	9.5	44	4.8	56	5.2	375	7.6	302	7.9
	More than 4 year college degree	63	10.8	101	16.7	244	7.2	117	5.5	42	4.5	29	2.7	349	7.1	247	6.5
	TOTAL	**584**		**603**		**3,397**		**2,131**		**924**		**1,084**		**4,905**		**3,818**	
68	Do you live																
	Alone	264	44.4	236	39.7	1,595	45.6	963	44.6	407	42.2	467	42.2	2,266	44.8	1,666	43.2
	With a family member, spouse or friend	238	40.0	234	39.3	1,738	49.7	1,112	51.5	521	54.0	600	54.2	2,497	49.4	1,946	50.4
	With other than a family member or friend	45	7.6	61	10.3	123	3.5	63	2.9	31	3.2	32	2.9	199	3.9	156	4.0
	Nursing Home	48	8.1	64	10.8	42	1.2	20	0.9	5	0.5	7	0.6	95	1.9	91	2.4
	TOTAL	**595**		**595**		**3,498**		**2,158**		**964**		**1,106**		**5,057**		**3,859**	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
69	Did someone help you complete this survey																
	Yes	363	62.1	309	54.3	1,906	56.1	1,135	55.5	557	59.8	615	58.7	2,826	57.5	2,059	56.2
	No	222	37.9	260	45.7	1,493	43.9	910	44.5	374	40.2	433	41.3	2,089	42.5	1,603	43.8
	TOTAL	**585**		**569**		**3,399**		**2,045**		**931**		**1,048**		**4,915**		**3,662**	
70♦ +	Who helped you																
	Family member or Spouse	257	70.0	192	65.8	1,269	65.6	746	64.5	364	64.7	360	60.7	1,890	66.0	1,298	63.6
	Friend	22	6.0	34	11.6	139	7.2	90	7.8	45	8.0	49	8.3	206	7.2	173	8.5
	Home Care Aide	30	8.2	24	8.2	362	18.7	242	20.9	116	20.6	137	23.1	508	17.7	403	19.7
	Care Manager or Visiting Nurse	4	1.1	8	2.7	24	1.2	22	1.9	4	0.7	15	2.5	32	1.1	45	2.2
	Other	54	14.7	34	11.6	140	7.2	56	4.8	34	6.0	32	5.4	228	8.0	122	6.0
	TOTAL	**367**		**292**		**1,934**		**1,156**		**563**		**593**		**2,864**		**2,041**	
71♦ +	How did this person help you																
	Read the questions to me	189	36.6	160	37.6	1,131	39.6	693	41.1	371	44.6	381	45.4	1,691	40.2	1,234	41.8
	Wrote down the answers that I gave	152	29.4	123	28.9	862	30.2	484	28.7	237	28.5	215	25.6	1,251	29.7	822	27.8
	Answered the questions for me	123	23.8	101	23.7	455	15.9	232	13.8	119	14.3	132	15.7	697	16.6	465	15.8
	Translated into my language	37	7.2	31	7.3	320	11.2	201	11.9	88	10.6	83	9.9	445	10.6	315	10.7
	Helped in some other way	16	3.1	11	2.6	90	3.1	77	4.6	17	2.0	28	3.3	123	2.9	116	3.9
	TOTAL	**517**		**426**		**2,858**		**1,687**		**832**		**839**		**4,207**		**2,952**	
72	Has health plan talked to you about appointing someone to make decisions about your health if you are unable to do so?																
	Yes	414	78.7	427	78.5	2,126	72.0	1,307	71.1	650	76.8	798	78.1	3,190	73.8	2,532	74.4
	No	112	21.3	117	21.5	826	28.0	532	28.9	196	23.2	224	21.9	1,134	26.2	873	25.6
	TOTAL	**526**		**544**		**2,952**		**1,839**		**846**		**1,022**		**4,324**		**3,405**	
	Not sure	*63*		*57*		*451*		*306*		*97*		*116*		*611*		*479*	

Item	All Respondents	PACE 2023		PACE 2025		Partial Cap 2023		Partial Cap 2025		MAP 2023		MAP 2025		Statewide 2023		Statewide 2025	
	Description	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]	n	%[1]
73	Do you have a legal document appointing someone to make decisions about your health care if you are unable to do so?																
	Yes	458	86.4	496	89.7	1,870	65.8	1,076	61.3	499	63.0	567	59.7	2,827	67.9	2,139	65.7
	No	72	13.6	57	10.3	970	34.2	678	38.7	293	37.0	383	40.3	1,335	32.1	1,118	34.3
	TOTAL	**530**		**553**		**2,840**		**1,754**		**792**		**950**		**4,162**		**3,257**	
	Not sure	*57*		*64*		*516*		*311*		*122*		*151*		*695*		*526*	
74♦	Does the health plan have a copy of this document?																
	Yes	**333**	**92.2**	377	96.9	**1,054**	**76.3**	549	79.3	**328**	**79.0**	317	78.5	**1,715**	**79.5**	1,243	83.7
	No	**28**	**7.8**	12	3.1	**328**	**23.7**	143	20.7	**87**	**21.0**	87	21.5	**443**	**20.5**	242	16.3
	TOTAL	**361**		**389**		**1,382**		**692**		**415**		**404**		**2,158**		**1,485**	
	Not sure	*121*		*74*		*758*		*308*		*178*		*130*		*1,057*		*512*	

PACE: Program of All-Inclusive Care for the Elderly; Partial Cap: Partial Capitation, 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 2023.

+ Member can check all that apply.

♦ Items based on skip pattern.

Appendix B: Aggregate Tables

Table B1: MLTC Satisfaction Survey – Comparison by Survey Year

Item	Description	2023		2025		Stat. Sig.
		n*	%	n*	%	
Section 1: MLTC Plan Evaluation						
1a	Member of a [health plan]	4,895	97.4%	3,880	97.5%	-
2a	Live at home/community/assisted living	4,761	98.4%	3,806	97.7%	-
3	Plan always/usually explained services clearly	4,911	89.6%	3,863	90.0%	-
4	Involved in decisions about plan of care	4,226	86.3%	3,350	89.5%	▲
5	Plan of care always/usually addresses all of my needs	4,988	87.6%	3,886	88.3%	-
6	Family member or caregiver always/usually involved in making decisions about plan of care	4,905	67.1%	3,825	65.8%	-
7	Called plan with question or for help or complaint/grievance	4,900	42.0%	3,809	47.6%	▲
8♦	Always/Usually spoke with a person quickly	2,142	74.6%	1,723	77.5%	-
9♦	Questions always/usually answered quickly	2,145	77.1%	1,732	78.6%	-
10♦	Always/Usually able to understand the answers	2,156	82.7%	1,703	83.6%	-
11♦	Always/Usually treated with politeness and respect	2,156	94.2%	1,735	94.9%	-
12♦	Complaint/grievance always/usually handled to satisfaction	2,206	67.4%	1,552	71.7%	-
13	Plan asked to see prescription/over the counter medicines	4,659	92.1%	3,603	93.7%	-
14a	Plan has been excellent/good at helping me to take my medications the way my Doctor wants me to	3,946	90.3%	3,303	92.0%	-
14b	Plan has been excellent/good at helping me to manage my illnesses	3,714	86.1%	3,076	88.2%	-
14c	Plan has been excellent/good at helping me when I'm feeling sad and lonely	3,227	76.0%	2,698	79.5%	-
14d	Plan has been excellent/good at helping to allow me to stay in my home	3,665	93.1%	3,033	95.1%	▲
15	Health plan met all of the needs on my plan of care	4,859	88.7%	3,764	90.4%	-
16	Rated plan as good or excellent	4,788	85.3%	3,762	86.8%	-
72	Health plan has talked about appointing someone to make health care decisions	4,324	73.8%	3,405	74.4%	-
73	Has a legal document appointing someone to make health care decisions	4,162	67.9%	3,257	65.7%	-
74♦	Health plan has a copy of this legal document	2,158	79.5%	1,485	83.7%	-

n* Number of valid responses excludes Not Applicable responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item and exclude Not Applicable responses. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▲/▼ Represents a significantly higher/lower rate in 2025 versus 2023 ($p < .001$). ♦ Items based on skip pattern.

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

Item	Description	2023		2025		Stat. Sig.
		n*	%	n*	%	
Section 2A: Quality of Care Providers (Excellent/Good)						
17	Regular Doctor	4,439	91.0%	3,704	93.2%	▲
18	Dentist	3,240	72.3%	2,650	74.8%	-
19	Eye Care	3,978	84.3%	3,234	85.5%	-
20	Foot Doctor	3,023	81.0%	2,434	83.1%	-
21a	Home Health Aide, Personal Care Aide	4,224	91.1%	3,392	93.2%	▲
21b	Home Health Agency, Personal Care Agency	4,346	85.2%	3,366	86.7%	-
22	Care Manager/Case Manager	4,479	87.6%	3,506	88.4%	-
23a	Regular Visiting Nurse/Registered Nurse	3,619	83.8%	3,012	87.3%	▲
23b	Covering/On-call nurse	2,444	78.6%	2,075	82.9%	▲
24	Physical Therapist	2,173	79.2%	1,732	82.9%	-
25	Occupational Therapist	1,317	77.0%	1,128	79.9%	-
26	Speech Therapist	683	70.6%	583	76.3%	-
27	Social Worker	2,116	77.8%	1,734	80.4%	-
28	Medical Supplies and Equipment	3,811	82.7%	2,966	84.6%	-
29	Audiology/Hearing Aids	1,312	70.6%	1,196	75.5%	-
30	Home Delivered Meals/Meals on Wheels	1,063	80.0%	735	80.5%	-
31	Meals served at the Day Health Center	1,092	76.2%	1,005	79.0%	-
32	Day Health Center Activities	1,183	79.8%	1,078	82.0%	-
33	Transportation Services	3,324	73.8%	2,431	79.1%	▲
34	Nursing Home	519	71.7%	422	78.2%	-
35	Pharmacy Services	4,123	89.0%	3,243	90.4%	-
36	Nutritionist	1,504	75.9%	1,262	79.4%	-
Section 2B: Timeliness (Always/Usually)						
37	Home Health Aide, Personal Care Aide	4,215	93.4%	3,329	94.6%	-
38	Care Manager/Case Manager	4,096	87.2%	3,219	87.7%	-
39a	Regular Visiting Nurse/Registered Nurse	3,228	78.7%	2,735	81.7%	-
39b	Covering/On-call nurse	2,128	72.9%	1,888	75.7%	-
40	Physical Therapist	1,770	75.3%	1,437	77.2%	-

n* Number of valid responses excludes Not Applicable responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item and exclude Not Applicable responses. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▲/▼ Represents a significantly higher/lower rate in 2025 versus 2023 ($p < .001$).

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

Item	Description	2023		2025		Stat. Sig.
		n*	%	n*	%	
Section 2B: Timeliness (Always/Usually) Continued						
41	Occupational Therapist	1,081	69.5%	914	71.7%	-
42	Speech Therapist	602	56.3%	507	60.9%	-
43	Social Worker	1,819	72.0%	1,466	75.7%	-
44	Home Delivered Meals/Meals on Wheels	984	74.0%	745	72.9%	-
45a	Transportation: TO Day Center	1,250	78.8%	1,113	79.3%	-
45b	Transportation: FROM Day Center	1,197	78.1%	1,051	79.7%	-
45c	Transportation: TO the Doctor	3,062	78.3%	2,314	82.0%	▲
45d	Transportation: FROM the Doctor	3,096	75.5%	2,306	80.3%	▲
46	Medical Supplies and Equipment	3,585	84.9%	2,758	84.9%	-
47	Pharmacy Services	3,988	91.5%	3,148	92.5%	-
48	Audiology/Hearing Aids	1,171	69.1%	1,011	70.5%	-
Section 2C: Access to Care – Urgent Appointments (Same day)						
49	Regular Doctor	3,655	42.7%	2,966	45.9%	-
50	Dentist	2,233	23.3%	1,835	26.5%	-
51	Eye Care	2,866	30.4%	2,315	33.3%	-
52	Foot Doctor	2,112	30.9%	1,692	33.9%	-
53	Audiology/Hearing Aids	928	29.1%	838	31.1%	-
Section 2D: Access to Care – Routine Appointments (Always/Usually)[1]						
54	Regular Doctor	4,210	86.4%	3,343	87.6%	-
55	Dentist	2,633	67.1%	2,158	67.2%	-
56	Eye Care	3,259	78.7%	2,607	77.7%	-
57	Foot Doctor	2,413	75.0%	1,893	75.4%	-
58	Audiology/Hearing Aids	1,111	62.4%	987	66.1%	-

n* Number of valid responses excludes Not Applicable responses. Total responses to each survey item varied; percentages were calculated on the number of responses for each item and exclude Not Applicable responses. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▲/▼ Represents a significantly higher/lower rate in 2025 versus 2023 ($p < .001$).

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

Item	Description	2023		2025		Stat. Sig.
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	4,911	89.6%	3,863	90.0%	-
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	5,140	79.3%	4,141	78.8%	-
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)	2,190	80.3%	1,801	81.4%	-
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	4,659	92.1%	3,603	93.7%	-
Q14a-d^	The plan's helpfulness in assisting my family and I with medication management, managing my illness, helping me when I am sad and lonely, and allowing me to stay in my home instead of a nursing home (Excellent/Good)	4,656	86.2%	3,840	88.3%	▲
Q15	The plan aways/usually met all of the needs on my plan of care	4,859	88.7%	3,764	90.4%	-
Q16	Overall MLTC plan rating (Excellent/Good)	4,788	85.3%	3,762	86.8%	-
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)	4,998	82.5%	4,091	84.5%	-
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)	4,830	82.7%	3,926	84.3%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	4,037	33.4%	3,269	36.6%	-
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)	4,455	78.4%	3,551	78.3%	-
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	4,324	73.8%	3,405	74.4%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	4,162	67.9%	3,257	65.7%	-
Q74♦	The health plan has a copy of this document	2,158	79.5%	1,485	83.7%	-

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▲Indicates rate is significantly higher than 2023 ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

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

Item	Description	Partial Capitation		PACE		MAP		Stat. Sig.
		n*	%	n*	%	n*	%	
Domain 1: MLTC Plan Evaluation								
Q3	The plan explains all of their services clearly (Always/Usually)	2,124	90.2%	619	87.2%	1,120	91.3%	_
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,278	79.7%	665	80.9%	1,198	80.0%	_
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)	937	81.9%	310	81.3%	554	80.6%	–
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	1,989	93.8%	558	92.7%	1,056	94.1%	–
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)	2,076	87.8%	648	89.7%	1,116	88.2%	–
Q15	The plan aways/usually met all of the needs on my plan of care	2,081	90.2%	578	89.8%	1,105	91.0%	_
Q16	Overall MLTC plan rating (Excellent/Good)	2,078	86.0%	590	88.3%	1,094	87.4%	_
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)	2,243	84.9%	673	84.5%	1,175	83.8%	_
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)	2,150	84.5%	629	84.9%	1,147	83.5%	_
Domain 4: Access to Care for Urgent Appointments								
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,795	36.5%	506	33.8%	968	38.4%	–
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)	1,963	78.9%	534	77.3%	1,054	77.8%	–
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	1,839	71.1%	544	78.5%	1,022	78.1%	PACE, MAP > Partial Cap
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,754	61.3%	553	89.7%	950	59.7%	PACE > MAP, Partial Cap
Q74♦	The health plan has a copy of this document	692	79.3%	389	96.9%	404	78.5%	PACE> MAP, Partial Cap

PACE: Program of All-Inclusive Care for the Elderly; MAP: Medicaid Advantage Plus. **n*** is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. **>** Indicates a significantly higher rate than the subsequent plan type ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

Table B4: Analysis of Composite Measures – Comparison by Gender

Item	Description	Male		Female		Stat. Sig.
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,042	88.6%	2,428	90.6%	-
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,107	78.4%	2,611	80.5%	-
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)	477	81.7%	1,166	81.2%	-
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	951	93.1%	2,313	93.9%	-
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)	1,038	85.9%	2,400	89.3%	▼
Q15	The plan aways/usually met all of the needs on my plan of care	1,030	89.0%	2,394	90.8%	-
Q16	Overall MLTC plan rating (Excellent/Good)	1,029	83.9%	2,393	88.1%	-
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)	1,091	83.8%	2,561	85.0%	-
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)	1,073	84.0%	2,471	84.6%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	895	38.6%	2,056	35.4%	-
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)	961	77.6%	2,251	78.9%	-
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	907	72.0%	2,226	75.3%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	877	60.4%	2,117	67.3%	▼
Q74♦	The health plan has a copy of this document	354	84.2%	1,003	83.2%	-

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▼Indicates rate is significantly lower than Female respondents ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

Table B5: Analysis of Composite Measures – Comparison by Race

Item	Description	White		Black		Asian		Other		Stat. Sig.
		n*	%	n*	%	n*	%	n*	%	
Domain 1: MLTC Plan Evaluation										
Q3	The plan explains all of their services clearly (Always/Usually)	1,350	88.5%	670	90.7%	724	90.6%	501	91.4%	_
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,449	79.7%	717	79.3%	754	80.9%	540	80.8%	_
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)	663	81.7%	300	77.9%	297	83.5%	262	82.0%	–
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	1,268	93.1%	641	94.7%	634	93.5%	490	93.9%	–
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)	1,339	88.2%	666	88.6%	714	89.4%	495	88.0%	–
Q15	The plan aways/usually met all of the needs on my plan of care	1,328	90.7%	657	89.3%	706	89.2%	485	91.3%	_
Q16	Overall MLTC plan rating (Excellent/Good)	1,322	88.7%	659	88.8%	719	77.3%	486	89.9%	White, Black, Other >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)	1,430	86.0%	700	81.8%	745	85.1%	524	85.5%	White > Black
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)	1,380	86.0%	687	82.5%	729	84.5%	500	83.2%	-
Domain 4: Access to Care for Urgent Appointments										
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,164	35.4%	554	34.0%	616	39.5%	426	36.9%	-
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)	1,258	80.8%	618	75.9%	649	76.2%	468	80.3%	-
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	1,223	72.2%	637	78.3%	575	72.5%	467	77.7%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,224	72.2%	600	63.2%	542	58.7%	436	60.1%	White > Black, Asian, Other
Q74♦	The health plan has a copy of this document	609	88.0%	267	79.8%	220	81.4%	177	80.2%	-

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. **>** Indicates a significantly higher rate than the subsequent race ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

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

Item	Description	Less than High School		At Least High School		Stat. Sig.
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,511	91.3%	1,945	89.0%	-
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,621	81.4%	2,084	78.9%	-
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)	728	82.3%	903	80.5%	-
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	1,425	93.9%	1,826	93.4%	-
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)	1,489	88.8%	1,935	88.0%	-
Q15	The plan aways/usually met all of the needs on my plan of care	1,486	90.6%	1,918	90.4%	-
Q16	Overall MLTC plan rating (Excellent/Good)	1,474	85.3%	1,918	88.1%	-
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)	1,575	85.0%	2,069	84.5%	-
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)	1,523	84.5%	2,002	84.6%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,300	37.0%	1,652	35.4%	-
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)	1,376	77.6%	1,820	79.2%	-
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	1,350	78.4%	1,782	71.4%	▲
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,236	61.8%	1,765	68.1%	▼
Q74♦	The health plan has a copy of this document	531	83.1%	840	84.4%	-

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▲/▼ Indicates rate for Less Than High School respondents is significantly higher/lower than At Least High School respondents ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

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

Item	Description	18–64 Years		65+ Years		Stat. Sig.
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	524	85.3%	3,028	90.9%	▼
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	555	76.2%	3,238	80.5%	▼
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)	232	77.8%	1,449	81.9%	-
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	471	92.1%	2,844	94.2%	-
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)	509	87.5%	2,996	88.5%	-
Q15	The plan aways/usually met all of the needs on my plan of care	512	89.3%	2,974	90.5%	-
Q16	Overall MLTC plan rating (Excellent/Good)	507	87.6%	2,973	86.5%	-
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)	544	83.9%	3,191	84.8%	-
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)	523	84.8%	3,093	84.4%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	469	37.1%	2,544	36.0%	-
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)	493	77.2%	2,779	78.6%	-
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	452	71.5%	2,718	75.1%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	441	53.5%	2,608	67.6%	▼
Q74♦	The health plan has a copy of this document	169	77.5%	1,223	83.9%	-

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▼Indicates the 18-64 year rate is significantly lower than the 65+ year rate ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

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

Item	Description	English		Non-English		Stat. Sig.
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	1,788	88.1%	1,618	91.8%	▼
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	1,924	78.3%	1,720	81.6%	▼
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)	875	79.1%	715	83.9%	▼
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	1,690	93.1%	1,510	94.6%	-
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)	1,796	87.6%	1,569	88.7%	-
Q15	The plan aways/usually met all of the needs on my plan of care	1,747	89.5%	1,581	91.3%	-
Q16	Overall MLTC plan rating (Excellent/Good)	1,742	88.6%	1,597	84.3%	▲
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)	1,897	83.2%	1,688	86.3%	▼
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)	1,831	83.8%	1,636	85.1%	-
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,496	33.5%	1,395	40.2%	▼
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)	1,647	78.0%	1,493	78.5%	-
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	1,666	72.6%	1,402	76.1%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,666	73.0%	1,281	56.2%	▲
Q74♦	The health plan has a copy of this document	840	86.3%	509	79.2%	▲

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▲/▼ Indicates the rate for English-speaking respondents is significantly higher/lower than non-primary English-speaking respondents ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

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

Item	Description	Fair/Poor		Excellent/ Good		Stat. Sig.
		n*	%	n*	%	
Domain 1: MLTC Plan Evaluation						
Q3	The plan explains all of their services clearly (Always/Usually)	2,263	88.8%	1,165	92.5%	▼
Q4-Q6^	My family member (or caregiver) and I are involved in making decisions about my plan of care (Always/Usually)	2,421	77.8%	1,247	83.5%	▼
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)	1,090	78.5%	531	86.5%	▼
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	2,121	94.3%	1,093	92.7%	-
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)	2,252	85.6%	1,150	93.1%	▼
Q15	The plan aways/usually met all of the needs on my plan of care	2,221	87.7%	1,163	95.7%	▼
Q16	Overall MLTC plan rating (Excellent/Good)	2,243	82.3%	1,140	95.0%	▼
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)	2,402	82.4%	1,230	89.0%	▼
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)	2,349	82.7%	1,190	88.0%	▼
Domain 4: Access to Care for Urgent Appointments						
Q49 – Q53^	Getting timely urgent appointments with the most utilized providers/services (Same day)	1,979	33.9%	997	40.2%	▼
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)	2,135	75.9%	1,085	83.9%	▼
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	1,993	73.9%	1,049	75.4%	-
Q73	I have a legal document appointing someone to make decisions about my health care if I am unable to do so	1,911	64.9%	1,010	67.1%	-
Q74♦	The health plan has a copy of this document	833	81.0%	503	87.9%	-

n* is the number of valid responses for each question. For the composite measures, **n*** is the number of members with at least one valid response to the questions in the composite. **'Stat. Sig.'** indicates results of statistical significance testing between comparison group. **'-'** indicates that statistical testing was performed but no significance found. ▼Indicates rates for respondents reporting good/fair/poor health status is significantly lower than respondents reporting excellent/very good health status ($p < .001$). **^** indicates a composite measure, thus, the percentage displayed is the mean percentage across all the questions in the composite.♦ represents composite measure that include questions that are based on a skip pattern.

Appendix C: 2025 Survey Tool

ID_Number

NYSDOH / IPRO
Community-Based
Managed Long-Term
Care Member
Satisfaction Survey
2025

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 ④ Never
② Usually ⑤ Don't know or not sure
③ Sometimes

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 Don't know or not sure
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 ③ Don't know or not sure
② No

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

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

	Not Applicable	Poor	Fair	Good	Excellent
14a. Take your medications the way your doctor wants you to	①	②	③	④	⑤
14b. Manage your illness, such as high blood pressure or diabetes	①	②	③	④	⑤
14c. Help you when you're feeling sad and lonely	①	②	③	④	⑤

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Not Applicable
Poor
Fair
Good
Excellent

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

16. Overall, how would you rate your health plan?
① Excellent
② Good
③ Fair
④ Poor

2. Your Care Providers

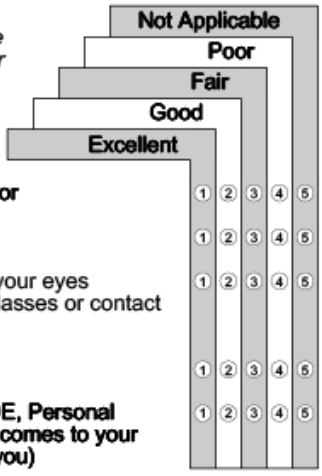
A) Quality of Your Care Providers

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 have not used the service or seen the provider in the last 6 months.



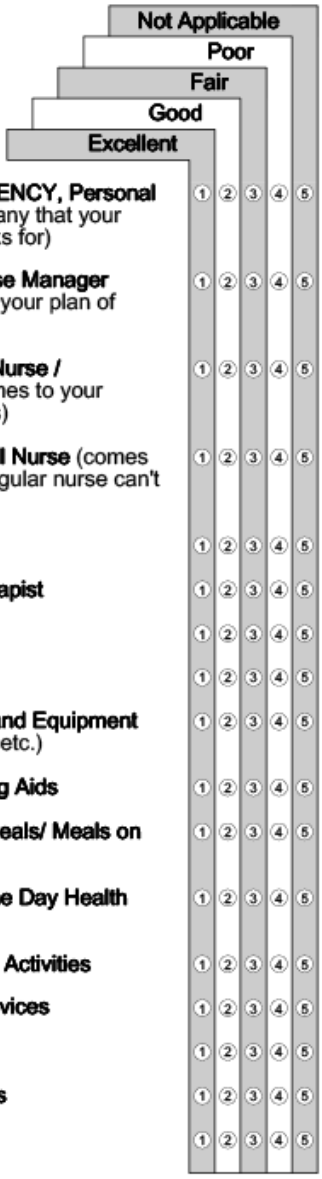
17. Your Regular Doctor ① ② ③ ④ ⑤

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

20. Foot Doctor ① ② ③ ④ ⑤

21a. Home Health AIDE, Personal Care AIDE (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

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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.

	Not Applicable	Never	Sometimes	Usually	Always
37. Home Health AIDE, Personal Care AIDE (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 with any of the providers or if your plan schedules urgent care appointments for you.

	Not Applicable	4 Days or Longer	1-3 Days	Same Day
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.

	Not Applicable	Never	Sometimes	Usually	Always
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. In general, how would you rate your current state of health?

① Excellent
② Good
③ Fair
④ Poor

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60. In general, how would you rate your overall mental or emotional health?
① Excellent ③ Fair
② Good ④ Poor

61. How content are you with the quality of your life right now?
① Very much ④ A little bit
② Quite a bit ⑤ Not at all
③ Somewhat

62. What is your gender?
① Male ③ X
② Female

63. What is your age?
① 18-44 ④ 75-84
② 45-64 ⑤ 85 and over
③ 65-74

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 ③ Not well
② 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 Health AIDE, Personal 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 (Go to #75)
③ Not sure (Go to #75)

74. Does the health plan have a copy of this advance directive document?
① Yes ② No ③ Not Sure

75. Please write the date you completed this survey on the line below.

_____

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

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