

Support and Social Services  
Provided by Managed Care Plans in New York  
State

A Study Prepared for the New York State  
Department of Health Office of Managed Care

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by

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## Preface

Support and social services, such as case management, outreach and health education, can promote the timely and appropriate use of medical and other health services. In theory, managed care plans, operating in a competitive marketplace and paid a fixed amount per enrollee, have an incentive to encourage the use of support and social services if they lead to a reduction in the use of more costly services and improve health outcomes. In addition, in the case of Medicaid managed care, some support and social services are part of the basic benefits package.

Despite the theoretical benefits, as of early 1999, very little was known about the provision of support and social services by managed care plans in New York. In order to assess what services were being provided, how they were being provided and to which enrollees under what circumstances, the New York State Office of Managed Care engaged the Center for Health Workforce Studies at the University at Albany School of Public Health to conduct a study of these questions. As part of the study, the Center needed to assess what data were being collected, and by whom, on the provision of support and social services. This report presents the findings and recommendations from that study.

This study explores the provision of support and social services *within* the managed care system. While it would have been useful to also assess the provision of these services under the fee-for-service system, this was beyond the scope of the study. Thus, it is not possible from this study to determine whether more or less support and social services are provided under managed care compared to the fee-for-service reimbursement system.

The Center for Health Workforce Studies conducts research on the education, training, distribution and use of health personnel in order to: 1) inform the development of health policies; 2) assist institutions involved in educating and training health personnel to better target resources; and 3) increase access to and improve the quality, efficiency, and equity of health care.

This report was prepared by Steven Schreiber, Ph.D., Edward Salsberg, M.P.A., and Gaetano Forte, B.A. of the Center staff. The views expressed in this report are those of the Center and do not necessarily reflect the views of the University at Albany or the New York State Department of Health.

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Finally, we wish to thank the managed care organizations for their time and effort in carefully completing the survey questionnaires.

## **Executive Summary**

### ***Introduction***

It is a widely held belief that support and social services can promote the timely and appropriate use of health care and the achievement of good health outcomes. In this study, support and social services include the following:

- *Formal assessment of the need for support and social services;*
- *Phone or written reminders of appointments;*
- *Phone or written follow up on missed appointments;*
- *Formal health education/health promotion classes;*
- *Outreach;*
- *Foreign language interpretation;*
- *Counseling to help enrollees overcome social, economic, and environmental problems which interfere with physical health, mental health, social functioning or needed treatment;*
- *Counseling concerning adjustment to illness or adherence to treatment regimens;*
- *Ongoing implementation and coordination of a plan of care for dealing with emotional/economic/social/environmental-related conditions;*
- *Assistance to enrollees and families to acquire or maintain commercial insurance, Medicaid, or Child Health Plus coverage; and*
- *Assistance to obtain clothing, food, legal, financial, and/or housing services.*

While there is evidence that support and social services are provided in varying degrees by managed care plans in New York State, as of the beginning of 1999, there had been no systematic study of these services.

### ***Goals of the Study***

- To assess the extent to which managed care organizations in New York State are providing support and social services to enrolled members, including Medicaid, commercial and Child Health Plus enrollees.
- To assess how managed care plans are organizing and delivering support and social services and to determine the types and numbers of personnel providing the services.
- To determine the extent to which managed care plans routinely record and track the use of support and social services, and if so, the level of detail maintained by the managed care organizations.

- To develop recommendations regarding monitoring and reporting requirements for managed care organizations in regard to the provision of support and social services.

### *Methods*

In order to assess the nature and extent of support and social services being provided under managed care in New York State, a written survey was prepared and mailed to managed care plans in April 1999. In preparing the survey, the Center consulted with staff from a representative group of four managed care plans to obtain their comments and suggestions. In addition, a study advisory committee was established to assist on the study and to review the content and format of the survey. Senior management at the Office of Managed Care provided final review and approval of the survey instrument.

The survey was mailed to the executive directors of New York State's 49 managed care plans. Two follow up mailings were sent to non-respondents. As a final step, the study director called each of the remaining plans that had not responded to the mailings. A copy of the survey instrument is included in Appendix B.

The study examined the extent to which the provision of support and social services varied by product line (Medicaid, Commercial, Child Health Plus) and enrollee group (pregnant women, children with special needs, the chronically ill, and "other"). The study also sought to assess the professional and educational characteristics of the providers of the services; the organizational arrangements under which the services are provided; the availability of quantified service data; and the views of the respondents with respect to the value of the services and the ways in which the NYS Department of Health could help the plans assure better enrollee access to services. The reader is referred to the survey questionnaire in the Appendix B for a complete listing of the variables that were studied.

In order to determine if respondent plans differed systematically from the universe of plans, as well as to determine if differences in responses were associated with differences in plan characteristics, additional variables were merged with the survey response file as follows:

- total plan enrollment;
- total Medicaid, Medicare, Child Health Plus, and commercial enrollment;
- for-profit/ not-for-profit status;
- prepaid health services plan (PHSP)/non-PHSP status;
- plan location (upstate/downstate);
- plan type (network, IPA, staff model) ; and
- provider sponsored/non-provider sponsored status.

Data were entered in MS Excel 97 and analyzed using SPSS 8.0 for windows. Open-ended responses were summarized separately.

### ***Survey Respondents***

Thirty-five plans responded to the survey, a 71% response rate. These 35 plans have 73% of all Medicaid enrollees, 48% of commercial enrollees; 40% of "other" enrollees (Medicare); and 66% of the Child Health Plus enrollees. Of the 35 plans that responded:

- 17 (49%) served Medicaid enrollees only; 10 (29%) served Medicaid and commercial enrollees, and 8 (23%) served commercial enrollees only;
- 25 (71%) were not-for-profit, 10 (29%) were for-profit;
- 23 (66%) were small plans – 10,000 or fewer enrollees, 12 (34%) were large plans; 17 (49%) plans used a network model, 15 (43%) were an independent practice association (IPA) model, and 3 (9%) were staff model HMOs;
- 15 (43%) plans were provider-sponsored plans; 20 (57%) were not provider-sponsored plans;
- 17 (49%) plans were prepaid health services plans (PHSP), 18 (51%) were not a PHSP; and
- 18 (51%) plans served enrollees primarily from New York City; 17 (49%) served enrollees primarily from outside of New York City (“upstate”).

While respondent plans were generally similar to the universe of all plans, Medicaid-only plans (PHSPs) had a higher response rate than non-PHSPs. There were no other plan characteristics that differentiated respondents from the universe of plans. The report on the study provides a more detailed comparison between responding plans and the universe of all plans.

### ***Factors Affecting the Complexity of the Study***

The analysis of support and social services provided through managed care is a complex task, which should be kept in mind when reviewing the study findings. There is no clear definition of support and social services. There has been no payment category for Medicaid or third party health insurance to give definition to the terms. There is little quantitative data on the use of these services in Medicaid fee-for-service or other third party payer systems. With some specific exceptions for Medicaid managed care, provision of these services for commercial and managed care plans is voluntary. These factors combine to make it difficult to obtain information about these services. Additional factors which contribute to the complexity include:

- differences in the definition of support and social services, including such terms as “counseling”, “assistance” and “outreach”;
- the variety of settings where such services are delivered – at the plan level, health centers, physician offices, and by contract agencies;



- the variety of personnel who may deliver support and social services, including physicians, nurses, social workers and community workers;
- variations among product lines (Medicaid, commercial, Child Health Plus) with respect to the type, scope, intensity, and duration of services provided;
- variations among enrollee groups (pregnant women, children with special health needs and the chronically ill); and
- the lack of specific reimbursement for such services which contributes to a lack of any systematic data collection on the provision of support and social services.

### ***Findings***

- ✓ Support and social services are provided at multiple locations (the plan, the IPA, physician offices, home health agencies, etc.). For almost all support and social services, plan staff were more often reported as providing the services than other organizational units or levels. Because quantitative data were not available, it is not possible to know what percentage of the total support and services provided to enrollees were delivered by plan staff.
- ✓ Some support and social services are widely available to most enrollees, these include: *foreign language interpretation; assistance to enrollees and families to acquire or maintain Medicaid or insurance coverage; and formal health education/health promotion classes*. Of the 35 plans responding to the survey, 100%, 77% and 77% reported that all of their enrollees have access to foreign language interpretation; assistance to enrollees and families to acquire or maintain Medicaid or insurance coverage; and formal health education/health promotion classes, respectively.
- ✓ Other support services are not generally covered or provided under managed care. These include: *phone or written follow-up reminders of appointments; phone or written follow-up on missed appointments; and assistance to obtain clothing, food, legal, financial and/or housing services*. Only 26%, 27% and 31% of the plans reported that all of their enrollees have access to these services, respectively.
- ✓ Very few plans have reporting systems in place to obtain quantitative data on the support and social services provided through plan staff, physician's offices, and contract agencies even though survey respondents reported that these providers and organizations provide support and social services to plan enrollees. For all categories of support and social services, the great majority of plans reported incomplete or no data. The lack of quantitative data prevents comparisons between plans and between provider types.
- ✓ For the most part there were limited differences in the provision of support and social services between the plans based on plan characteristics, such as: type of product line (Medicaid only, commercial, Child Health Plus, mixed populations); plan type (network, staff model, IPA); number of enrollees; for-profit compared to not-for-profit; and provider-sponsored compared to others.

- ✓ Registered nurses with a bachelor or master's degree comprise the clear majority of the plan staff who provide support and social services. Of the total of 638 FTE staff reported by the plans as providing services, 372 (58%) were registered nurses followed by 163 (26%) who were workers with less than a bachelor's degree.
- ✓ Of the plan staff providing support and social services, RNs with bachelor's or master's degrees were the most frequently cited category by the plans (20 plans) followed by staff with less than a bachelor's degree (17 plans), staff with a bachelor's degree in a field other than nursing or social work (13 plans), master's level social workers (4 plans), and bachelor's level social workers (3 plans). As might be expected, professional staff were more likely than non-professional staff to provide clinical services such as assessment and counseling.
- ✓ Several plans reported the need for more systematic information on the availability of support and social services in the communities within which they operate. Several plans also expressed the view that the costs of support and social services should be more adequately covered by the premiums paid by the state.
- ✓ A clear majority of plans stated that support and social services were very important for increasing enrollee access to care, improving patient outcomes, and reducing health care costs. This view was expressed for both Medicaid and commercial product lines.

### ***Conclusions***

- ✓ Plans of all types provide a broad array of support and social services to a number of different target populations, through varied service arrangements.
- ✓ While plans widely report providing support and social services, the absence of information on the type and quantity of services provided prevents an assessment of the amount of services provided and a comparison between plans and provider types.

### ***Recommendations***

This study is a first attempt to learn more about the delivery of support and social services by managed care plans. Many plans report providing these services on a voluntary basis. The majority of the plans believe that support and social services can increase enrollee access to patient care, improve patient outcomes, and reduce health care costs. Plans also clearly want more information on this complex area.

It is therefore recommended that the New York State Department of Health take the following steps to promote better understanding and use of these services.

1. The Department, in consultation with the managed care and research communities, should encourage additional research on services, providers, and service arrangements involved in the delivery of support and social services. Such research will define services and service models, and their relationship to good health outcomes. The research will inform the development of programs, reimbursement options, and workforce training necessary for providing these services. The research agenda should include the following:
  - Surveys of providers in a variety of settings to determine what they believe are the most important support and social services and what they perceive as the greatest need for such services at the present time.
  - Case studies of the provision of case management and other support services being provided as part of the delivery of disease management and preventive services.
  - Case studies of the models being used in the delivery of support and social services to assess what works and why.
  - Case studies of current activities, including what types of professionals are providing what types of services to whom and under what conditions.
  - Surveys, focus groups and/or interviews with patients to assess their perception of their need for and access to support and social services as well as their satisfaction with any of the services that they have used.

To the extent possible, the studies and data gathering should include an assessment of the availability and use of support and social services under both the managed care and fee-for-service systems.

2. The Department, in consultation with the managed care and research communities, should encourage additional research on the costs and benefits of various support and social services. This would involve further analysis of services, providers, and service arrangements.
3. The Department and the managed care community should consider establishing a clearinghouse for sharing best practices among plans regarding arrangements for delivering support and social services.

## Detailed Presentation of Findings

Detailed information on the findings will be found below in the narrative and in the tables that follow. Caution should be exercised in interpreting the results in view of the small numbers that were obtained for the various response categories, the complexity of the definitions of many of the terms used in the survey, and the acknowledged shortage of hard data from the plans.

## Variables Studied

The main focus of the study was on the *support and social services* that are provided to managed care enrollees. In this study, support and social services include the following:

- *Formal assessment of the need for support and social services;*
- *Phone or written reminders of appointments;*
- *Phone or written follow up on missed appointments;*
- *Formal health education/health promotion classes;*
- *Outreach;*
- *Foreign language interpretation;*
- *Counseling to help enrollees overcome social, economic, and environmental problems which interfere with physical health, mental health, social functioning or needed treatment;*
- *Counseling concerning adjustment to illness or adherence to treatment regimens;*
- *Ongoing implementation and coordination of a plan of care for dealing with emotional/economic/social/environmental-related conditions;*
- *Assistance to enrollees and families to acquire or maintain commercial insurance, Medicaid, or Child Health Plus coverage; and*
- *Assistance to obtain clothing, food, legal, financial, and/or housing services.*

For each of the 11 social and support services listed in the survey instrument, respondents were asked to specify through which *product line* the service was provided:

- *commercial*
- *Medicaid*
- *Child Health Plus*

and to which *enrollee subgroup(s)* the service was provided

- *all enrollees*
- *pregnant women*
- *children with special needs*
- *the chronically ill*
- *“other”*

In order to determine if respondent plans differed systematically from the universe of plans, as well as to determine if differences in responses were associated with differences in plan characteristics, *additional variables* were merged with the survey response file as follows:

- *total plan enrollment;*
- *total Medicaid, Medicare, Child Health Plus, and commercial enrollment;*
- *for-profit/ not-for-profit status;*
- *prepaid health service plan (PHSP)/non-PHSP status;*
- *plan location (upstate/downstate);*
- *plan type (network, IPA, staff model) ; and*
- *provider sponsored/non-provider sponsored status.*

The complete list of study variables can be found in the survey questionnaire in Appendix B.

### **General approaches taken in the analysis of data**

Because the number of response categories was very large compared to the number of responses, we found it necessary to present the enrollee group categories in the following manner:

- service provided to two or more subgroups
- service provided to one subgroup
- service not provided.

In examining the factors that influence the provision of support and social services we have, for the purposes of the analysis, considered a plan as providing a service only if it reported that service as provided to two or more subgroups. This is somewhat arbitrary, but not to do so would result in treating a plan that provided a service to one subgroup as equal to a plan providing a service to all subgroups.

Where an item was left blank, the service was counted as not provided. If the plan indicated that all enrollees received a service, the service was also counted for all of the subgroups listed in the survey. As discussed below, there were several inconsistencies among the respondents in the use of the category “all enrollees” which requires that caution be exercised in evaluating the results.

There was also a category of “other” subgroup for which the respondent was asked to write in the name of the population receiving the service. As discussed below, the "other" category of service recipients was found to be largely the enrollees receiving case management services.

For the purpose of presenting findings we decided that a difference of 15% or more between response categories would be a *reportable* difference. A difference of 12%-14% between response categories we defined as a *notable* difference and was reported as such. Because of the small numbers involved in the responses no statistical tests of significance were undertaken on the data.

### **Response Rate and Survey Respondents (Tables #1 and #2)**

Thirty-five plans responded to the survey, a 71% response rate. Fifty-three percent of the commercial only plans responded, 89% of the Medicaid only plans responded, and 67% of the commercial and Medicaid plans responded.

These 35 plans that responded have 73% of all Medicaid enrollees, 48% of commercial enrollees; 40% of "other" enrollees (Medicare); 95% of the PHSP (Prepaid Health Services Plan i.e. Medicaid-only plan) enrollees and 66% of the Child Health Plus enrollees. Of the 35 plans that responded:

- 17 (49%) served Medicaid enrollees only; 10 (29%) served Medicaid and commercial enrollees, and 8 (23%) served commercial enrollees only;
  - 25 (71%) were not-for-profit, 10 (29%) were for-profit;
  - 23 (66%) were small plans – 10,000 or fewer enrollees, 12 (34%) were large plans; 17 (49%) plans used a network model, 15 (43%) were an independent practice association (IPA) model, and 3 (9%) were staff model HMOs;
  - 15 (43%) plans were provider-sponsored plans; 20 (57%) were not provider-sponsored plans;
  - 17 (49%) plans were prepaid health services plans (PHSP), 18 (51%) were not a PHSP; and
  - 18 (51%) plans served enrollees primarily from New York City; 17 (49%) served enrollees primarily from outside of New York City (“upstate”).
- **Comparison of respondent plans to the total group of surveyed plans (Table #2)**

Respondent plans were notably more likely to be Medicaid-only plans (PHSPs). There were no important differences between any of the other categories.

- **Support and social services provided (Tables #3-#11)**

We analyzed the extent to which services varied as a result of differences in enrollee groups, product lines, and plan characteristics. In doing so we posed and examined several working assumptions that are described below.

When reviewing the listing of services provided, it should be remembered that there were 11 service categories listed in the survey instrument. Therefore, for example, where we show 4 or 5 service categories to differ by enrollee group, product line, or plan characteristics that still means that for 6 or 7 service categories there were no differences.

- **Services provided, by plan product line (Table #3)**

Respondents were asked to identify the product lines they served: commercial, Medicaid, and Child Health Plus. Because Child Health Plus recipients all receive their services through a Medicaid or commercial product line, we did not consider the Child Health Plus program separately in the analysis of services by product lines. This approach resulted in the following categories of product lines used in the analysis:

- “commercial only” - those that serve commercial enrollees only
- “Medicaid only” - those that serve Medicaid enrollees only
- “commercial and Medicaid” - those that serve both commercial and Medicaid enrollees.

We examined the assumption that plans that serve the Medicaid product line exclusively or in conjunction with a commercial product line, would be more likely to provide support and social services than plans serving a commercial product line only. The underlying assumption was that plans which have significant numbers of disadvantaged enrollees are more likely to understand the need for and value of support and social services and to use these services with greater frequency than plans with few disadvantaged enrollees. The above assumption was found to be true for *formal assessment of the need for support and social services*, for *phone or written follow up on missed appointments* and for *assistance to enrollees to acquire health insurance coverage*.

Mixed results were found where plans serving both commercial and Medicaid populations were more likely to provide an *ongoing plan to deal with emotional/economic/social/environmental conditions* and *to provide assistance for clothing, food, legal, financial, and/or housing services*, than were commercial-only or Medicaid-only plans.

❑ **Services provided through the Child Health Plus (CHP) Program (Table #4)**

Because there are no subgroups within the CHP enrollee population, it is not possible to compare the CHP services directly to the commercial and Medicaid product lines. In general, however, it appears that the CHP services are similar to those provided by the Medicaid-only plans.

❑ **Services provided to enrollee groups (Table #5)**

In general, there was not a substantial variation between enrollee groups with respect to the types of services received. There was a far greater variation between the plans with respect to the types of services they provided.

Some support and social services are widely available to most enrollees, these include: *foreign language interpretation; assistance to enrollees and families to acquire or maintain Medicaid or insurance coverage; and formal health education/health promotion classes*. Of the 35 plans responding to the survey, 100%, 77% and 77% respectively reported that all of their enrollees have access to these services.

Other support services are not generally covered or provided under managed care. These include: *phone or written follow-up reminders of appointments; phone or written follow-up on missed appointments; and assistance to obtain clothing, food, legal, financial and/or housing services*. Only 26%, 27% and 31% of the plans reported that all of their enrollees have access to these services, respectively.

Both categories of *counseling services* were largely within the 60% range across groups. *Appointment reminders and follow up for missed appointments* were provided in the 26%-46% and 29%-51% ranges, respectively. The rest of the services fell into a general of range of 50%-60% across enrollee groups.

The ranking of the services in terms of the percentage of plans reporting that all enrollees received the service is presented below.

- Foreign language interpretation 100%
- Formal health education/health promotion classes 77%
- Assistance to enrollees and families to acquire or maintain commercial insurance, Medicaid, or Child Health Plus coverage 77%
- Counseling to help enrollees overcome social, economic, and environmental problems which interfere with physical health, mental health, social functioning or needed treatment 60%
- Formal assessment of the need for support and social services 57%
- Outreach 51%
- Counseling concerning adjustment to illness or adherence to treatment regimens 51%



- Phone or written follow up on missed appointments 29%
- Phone or written reminders of appointments 26%

It should be noted that in analysis of services provided to subgroups we do not distinguish between product lines. There could be substantial variations in the level of services provided to different subgroups depending upon their product line (e.g. health and nutrition services provided to pregnant women on Medicaid but not to those in a commercial plan). However, analyzing services provided by product line and enrollee group resulted in numbers that were too small to be interpreted.

□ **Services provided, by plan size (Table #6)**

We grouped plans according to whether they were large or small. A large plan was defined as having more than 10,000 enrollees; a small plan as having 10,000 or fewer enrollees. Although the median size of the plans is 39,458 enrollees, at the suggestion of the study advisory committee a smaller figure was used to define "small" plans. Statewide, 13 plans fell into the "small" category.

Small plans exceeded large plans in the provision of the following services: *appointment reminders, follow up on missed appointments, counseling for social, economic, and environmental problems, and assistance to enrollees to acquire Medicaid, commercial and other insurance coverage.* It is not clear why smaller plans exceeded larger plans in the delivery of these services.

There were no categories in which large plans exceeded small plans in the provision of services.

□ **Services provided, by PHSP status (Table #7)**

While it might be assumed that PHSPs, in serving a Medicaid population exclusively, would be more likely to provide support and social services than other plans, this held true only for *assessment of the need for support and social services* and for *assistance to enrollees to acquire or maintain health insurance.* Contrary to the above assumption, non-PHSPs provided more *services related to obtaining clothing, food, legal, housing, and financial services* than did PHSPs. For all other support and social services there were no differences in the services provided by PHSPs or non-PHSPs.

□ **Services provided by provider-sponsored status (Table #8)**

Provider sponsored plans are plans that have been established by a hospital or community health center, typically with a focus on the service needs of the medically underserved. One assumption was that provider-sponsored plans, given their purpose, would be more likely to provide support and social services. The

data support this assumption to a degree. When compared to non-provider sponsored plans, provider-sponsored plans were more likely to conduct *formal assessments of the need for social and support services; provide follow up on missed appointments; conduct counseling to overcome social, economic, and environmental problems; and provide assistance to families to acquire or maintain health insurance.*

A finding opposite to above assumption was made which showed that non-provider-sponsored plans were more likely than provider-sponsored plans to provide *assistance to enrollees to obtain clothing, food, legal, financial, or housing services.*

□ **Services provided, by profit/non-profit status of plan (Table #9)**

Another assumption that was tested was that not-for-profit plans would be more likely than for-profit plans to provide support and social services. The basis for this assumption was that for-profit plans would be more focused on profitability and be less willing to offer services not directly related to medical care. However, the data did not support this. For-profit plans were more likely than not-for-profit plans to provide *counseling concerning adjustment to illness or adherence to treatment regimens.* There was a notable difference in the case of for-profit plans being more likely than not-for-profit plans to *provide ongoing implementation and coordination of a plan of care.* Perhaps some for-profit plans have made a cost-benefit assessment and concluded that at least some support and social services are a good investment. Not-for-profit plans were more likely to provide *assistance to enrollees to acquire or maintain Medicaid and other health insurance coverage.*

□ **Services provided by plan type (Table #10)**

The NYS Department of Health categorizes plans into three models: 1) the staff model HMO in which the plan owns the participating medical groups or health centers and the providers are typically paid on a salaried basis, 2) the independent practice association (IPA) model in which the plan contracts with organizations representing groups of physicians and, 3) the network model under which the plans contract with individual doctors and IPAs.

Staff model plans, when compared to network and IPA plans, provide a large number of support and social services. However, it should be noted that there were only 3 staff model plans in the respondent group, which requires caution should be exercised in interpreting the results. Staff model plans, when compared to network and IPA plans, were more likely to *conduct formal assessments of the need for support and social services (a notable difference); provide follow up on missed appointments; conduct outreach; provide counseling to overcome social, economic, and environmental problems; conduct counseling concerning adjustments to illness and adherence to treatment regimens; provide ongoing*

*implementation and coordination of a plan of care; provide assistance to families to acquire or maintain health insurance; and provide assistance to enrollees to obtain clothing, food, legal, financial, or housing services.*

□ **Services, by provider arrangement (Table #11)**

In general, plan staff were more frequently mentioned as providers of support and social services although plans also had numerous arrangements in place with network providers or contract agencies to provide such services. Because there are no data on the volume of services provided under the various arrangements, it is not possible to conclude whether it is the plans, the provider networks, or the contract agencies that provide the greatest amount of support and social services.

• **Plan staff providing support and social services (Table #12)**

Of the plan staff providing support and social services, RNs with bachelor's or master's degrees were the most frequently cited category by the plans (20 plans) followed by staff with less than a bachelor's degree (17 plans), staff with a bachelor's degree in a field other than nursing or social work (13 plans), master's level social workers (4 plans), and bachelor's level social workers (3 plans).

In terms of total employment, registered nurses with a bachelor or master's degree comprise the clear majority of the plan staff who provide support and social services. Of the total of 638 FTE staff reported by the plans as providing services, 372 (58%) were registered nurses; 163 (26%) were less than bachelor's degree workers; 59 (9%) were staff with a bachelor's degree in a field other than nursing or social work; 40 (6%) were master's level social workers; and 4 (1%) were bachelor's level social workers.

• **Provision of support and social services, by staff category (Table #13)**

Where a particular support or social service is provided by a plan we present the frequency with which a particular worker category was cited as providing that service. Registered nurses are clearly the most used category of worker for the provision of support and social services. Of the plans providing a particular service, the only worker category besides the nurse that was reported by more than 50% of the plans as providing the service was the less than bachelor's degree worker for *foreign language interpretation and assistance with insurance coverage*.

- **Staff provision of support and social services, by service category (Table #14)**

Consistent with expectations, professional staff were more likely to provide clinical services such as assessment and counseling, than non-professional staff. Among the plans that provide support and social services, services reported by more than 70% of the plans as being provided by a particular worker category include the following:

- *assessment of the need for support and social services* - RN, MSW, and bachelor's degree social worker
- *counseling to help overcome social, economic, and environmental problems* - MSW and bachelor's degree social worker
- *counseling concerning adherence to treatment regimens* - RN, MSW social worker
- *ongoing implementation of a plan of care for dealing with emotional, economic, social and environmental conditions* - RN, MSW social worker
- *assistance to obtain or maintain health insurance* - MSW social worker; less than bachelor's degree worker
- *training of staff concerning support and social services* - RN
- *participation in activities to strengthen community services* – RN; less than bachelor's degree worker

- **Availability of professional/educational data on staff employed by network providers or contract agencies, by service provider (Table #15)**

A few plans reported the availability of data on the professional and educational backgrounds of network or contract agency staff providing support and social services. The category of provider for which data were most often reported to be available was the home health agency (29%). The category of provider for which data were least often reported to be available was the non-FQHC/D&TCs (non-federally qualified health center/diagnostic and treatment center) (5%).

Calls were made to two plans that reported availability of this type of data to better understand their responses. In one case the plan was similar in its operations to a large staff model HMO so professional and background data on staff could be reasonably assumed to be available. In the other case there was a misunderstanding of the questionnaire item. The plan stated that it did not have such data.

- **Availability of quantified service data, by type of service (Table #16)**

The intent of this question was to determine if the plans possessed quantified data such as total visits or occasions of service from all of the providers that serve the plan's enrollees, specifically, plan, network, and/or contract agency staff. Most plans reported data as incomplete or missing. A few plans indicated complete data were available for certain categories of services. The category for which the most plans indicated that complete data were available was foreign language interpretation

(29%). Phone calls were made to two plans that reported complete data, in order to assess their systems for data collection. Both plans indicated they misunderstood the question; they stated that if the provision of a support or social service resulted in a claim to the plan, the plan would have a quantifiable record of the service. Otherwise, the plan had no ability to quantify the support and social services provided by network or contract agency providers.

- **Quantified data on services provided, by plan type (Table #17)**

It might be assumed that, to the extent that plans have quantifiable service data, it would be the staff model HMOs since they tend to operate under a single, integrated, management structure. However, the responses were mixed. Of the plans stating that they had complete or incomplete quantified data on support and social services, staff model HMOs were more likely to report such data for the following services: *health education, outreach, foreign language interpretation, assistance with insurance, and participation in activities to strengthen community services*. IPAs and Network models were more likely to report available data for the following services: *assessments, follow-up on missed appointments, assistance with food, housing, and legal services*. Network models reported greater data availability than IPAs and staff model HMOs *for counseling services to overcome social economic and environmental problems*.

- **Observations on the importance of providing support and social services (Table #18)**

Respondents were asked to rate, by product line, the value of social and support services for increasing access to care, improving health outcomes, and reducing health care costs. Although the intent was for the plans to answer this question for all product lines, regardless of whether the plan served that particular product line, over 90% of the plans responded only for the product lines they served. This accounted for the fairly large number of missing responses. The number of plans that did *not* respond to the questions pertaining to a product line they served was small, ranging from 5% for plans serving commercial enrollees to 25% for plans serving Medicaid enrollees.

- **Responses to open-ended questions**

There were several areas of the survey questionnaire in which plans were allowed or requested to provide written responses.

- The “other “ category of services

Over two thirds of the plans wrote in responses in the “other” category, that is, indicated the names of enrollee subgroups who receive services besides pregnant women, children with special needs, and the chronically ill. A total of 24 plans listed an “other” enrollee category for at least one service and 15 plans listed an “other”

enrollee category for two or more services. Almost all of these responses refer to recipients of case management services. These services are provided selectively to plan members based upon complexity of needs rather than membership in a particular enrollee group. Examples of the “other” responses included various diagnostic categories such as asthma, HIV, high-risk pregnancies, diabetes; catastrophic and difficult cases.

- Open ended questions. Categories of responses were developed, and the number of responses has been listed for each category.

*Responses to the question: “What support and social services most impact the ability of the enrollee to access and appropriately use health care or to maintain good physical and mental health?”*

Twenty plans responded to this question with several plans listing more than one service.

Transportation services – 10

Services responding to problems of general economic/social/environmental conditions/family and social support – 9

Knowledge of benefits/services/community services/ how to navigate the “system” – 8

Outreach/follow up – 2

Interpretation/translation – 2

Housing - 3

*Responses to the question: “Has your organization had any unique experiences in the delivery of support and social services? (e.g., innovative models of service delivery, cost analyses and evaluations of service, etc.)”*

Ten plans responded to this question.

Case management services, including programs to acquire such services from local health departments and community-based organizations – 7

Use of community health outreach workers – 1

Provision of on-site child care –1

Evaluating the cost savings on utilizing health care plan social workers – 1

*Responses to the question: “How could the Department of Health assist your plan to assure enrollees’ access to support and social services?”*

Nineteen plans responded to this question with several plans providing more than one suggestion.

Develop information and educational materials on externally available support and social services/develop services directory/facilitate communication between state and local agencies and clinical case managers – 10

Provide increases in the premiums paid to plans to cover social and support services/include funding for drug abuse, mental health services and after school services – 9

Provide grant and demonstration money especially for rural health -1

Have realistic expectations; the MCO is not a social agency; revisit the model of the caseworker in the former welfare system as a provider of support and social services. -1

Assist in overcoming the resistance of physicians in using the support and social services provided by the plans - 1

## **Discussion and Conclusions**

A study of this kind is subject to limitations that should be considered when interpreting the results.

First, it should be remembered that the study involved a small number of subjects, 49 plans in all, and small numbers of responses to many of the survey categories.

Second, there is variation across regions and plans in the support and social services provided by plans. Because of this variation, respondents were asked to list a service as provided by the plan if it was generally but not necessarily in all cases provided. This approach obviously results in some loss to precision in the answers.

Third, as indicated in the findings section, plans generally do not collect quantifiable data on support and social services provided by the plans directly or through their network and/or contract providers.

Fourth, there was an area in the instrument itself that created some problems in interpretation. In describing which enrollee groups received specific services, several respondents checked “all enrollees” for a particular service but also checked other groups as well. Depending upon the service, 17% to 45% of plans responded in this manner. The intent of the survey was for the term “all enrollees” to include every enrollee

in a given product line which would, of course, include the members of all of the other groups listed. Therefore, if the respondent checked “all enrollees” he/she, was not supposed to check any other group category for that question. The fact that some respondents checked “all enrollees” as well as other groups for the same question may have been due to the fact that the respondent meant all enrollees in the particular checked subgroup received the service in question rather than all enrollees served by the product line.

This study originated with the belief that support and social services provided to managed care enrollees are important for the proper use of the health care system and the achievement of good health outcomes. The responses to the survey suggest that that view is also held widely by the plans.

Support and social services are provided by a wide range of plan staff and external organizations. What cannot be determined from the responses is the quantity of services provided or whether the services vary in complexity or quality based upon organizational arrangements and the professional and educational level of the staff providing the services.

If support and social services are important for managed care enrollees there is no reason to believe they are less important for patients in fee-for-service arrangements. A few of the plans expressed the view that limiting a study of support and social services to managed care plans, directs attention to the possible limitations of the plans without addressing the deficiencies of the fee-for-service system. In their view, a study of support and social services should also include fee-for-service providers. While this approach is reasonable, it was beyond the scope of this study.

From the beginning it was recognized that this study should be seen as a first step in the process of understanding what support and social services are provided, to which populations, by whom, and under what organizational arrangements. While plans widely report providing support and social services, the absence of information on the type and quantity of services provided prevents an assessment of the amount of services provided and a comparison between plans and provider types.



# TABLES

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**1. Survey Results: Response Rate**

Total plans surveyed: 49  
Total plans that responded: 35  
Plans that responded as a percentage of total plans: 71%

Total plan population: 6,437,926

Total Medicaid enrollees: 591,891  
Total Medicaid enrollees in plans that responded: 434,662  
Medicaid enrollees in plans that responded as a percentage of total Medicaid enrollees: 73%

Total PHSP enrollees: 276,439  
Total PHSP enrollees in plans that responded: 262,670  
PHSP enrollees in plans that responded as a percentage of total Medicaid enrollees: 95%

Total commercial enrollees: 5,388,549  
Total commercial enrollees in plans that responded: 2,593,202  
Commercial enrollees in plans that responded as a percentage of total commercial enrollees: 48%

Total CHP enrollees: 349,050  
Total CHP enrollees in plans that responded: 231,617  
CHP enrollees in plans that responded as a percentage of total CHP enrollees: 66%

Total "other" enrollees: 457,480  
Total "other" enrollees in plans that responded: 183,592  
"Other" enrollees in plans that responded as a percentage of total "other" enrollees: 40%

Median Plan Enrollment Figures  
Commercial Only Plan Enrollees: 60,278  
PHSP Enrollees: 7,800  
Commercial and Medicaid Plan Enrollees: 155,961  
Child Health Plus Plan Enrollees: 5,974

**2. Comparison of Respondent Plans to the Total Group of Surveyed Plans**

**Overall**

Respondents		Non-Respondents		Universe	
35	71%	14	29%	49	100%

**Product Line**

	Respondents		Non-Respondents		Universe		Response Rate
Commercial Only	8	23%	7	50%	15	31%	53%
Medicaid Only	17	49%	2	14%	19	39%	89%
Commercial and Medicaid	10	29%	5	36%	15	31%	67%
	35	100%	14	100%	49	100%	

**Profit Status**

	Respondents		Non-Respondents		Universe	
Not for Profit	25	71%	6	43%	31	63%
For Profit	10	29%	8	57%	18	37%
	35	100%	14	100%	49	100%

**Plan Size**

	Respondents		Non-Respondents		Universe	
Large (10,001 or more total enrollees)	23	66%	13	93%	36	73%
Small (10,000 and fewer enrollees)	12	34%	1	7%	13	27%
	35	100%	14	100%	49	100%

**% of Plan Enrollees who are Medicaid Recipients**

	Respondents		Non-Respondents		Universe	
5.6% and Below	14	40%	11	79%	25	51%
More than 5.6%	21	60%	3	21%	24	49%
	35	100%	14	100%	49	100%

Note: 5.6% is the median % of plan enrollees who are Medicaid recipients in the population of plans.

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**Plan Organization**

	Respondents		Non-Respondents		Universe	
Network	17	49%	4	29%	21	43%
IPA	15	43%	9	64%	24	49%
Staff Model HMO	3	9%	1	7%	4	8%
	35	100%	14	100%	49	100%

**Provider Sponsorship Status**

	Respondents		Non-Respondents		Universe	
Provider Sponsored	15	43%	2	14%	17	35%
Not-Provider Sponsored	20	57%	12	86%	32	65%
	35	100%	14	100%	49	100%

**Type of Plan**

	Respondents		Non-Respondents		Universe	
PHSP	17	49%	1	7%	18	37%
Non-PHSP	18	51%	13	93%	31	63%
	35	100%	14	100%	49	100%

**Region Served**

	Respondents		Non-Respondents		Universe	
NYC	18	51%	6	43%	24	49%
Upstate NY	17	49%	8	57%	25	51%
	35	100%	14	100%	49	100%

### 3. Services Provided by Plan Product Lines

#### Formal Assessment of Need for Support and Social Services

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
	Count	Percentage	Count	Percentage	Count	Percentage
Provide service to 2 or more subgroups or all enrollees	6	75%	15	88%	9	90%
Provide service to 1 subgroup	1	13%	2	12%	1	10%
Do not provide service	1	13%	0	0%	0	0%
	8	100%	17	100%	10	100%

#### Phone or Written Reminders of Appointments

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
	Count	Percentage	Count	Percentage	Count	Percentage
Provide service to 2 or more subgroups or all enrollees	3	38%	6	35%	3	30%
Provide service to 1 subgroup	2	25%	1	6%	2	20%
Do not provide service	3	38%	10	59%	5	50%
	8	100%	17	100%	10	100%

#### Phone or Written Follow Up on Missed Appointments

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
	Count	Percentage	Count	Percentage	Count	Percentage
Provide service to 2 or more subgroups or all enrollees	2	25%	7	41%	4	40%
Provide service to 1 subgroup	4	50%	3	18%	2	20%
Do not provide service	2	25%	7	41%	4	40%
	8	100%	17	100%	10	100%

#### Formal Health Education/Health Promotion Classes

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
	Count	Percentage	Count	Percentage	Count	Percentage
Provide service to 2 or more subgroups or all enrollees	7	88%	15	88%	10	100%
Provide service to 1 subgroup	0	0%	1	6%	0	0%
Do not provide service	1	13%	1	6%	0	0%
	8	100%	17	100%	10	100%

#### Outreach

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
	Count	Percentage	Count	Percentage	Count	Percentage
Provide service to 2 or more subgroups or all enrollees	6	75%	13	76%	7	70%
Provide service to 1 subgroup	0	0%	2	12%	2	20%
Do not provide service	2	25%	2	12%	1	10%
	8	100%	17	100%	10	100%

#### Foreign Language Interpretation Capability for Patients

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
	Count	Percentage	Count	Percentage	Count	Percentage
Provide service to 2 or more subgroups or all enrollees	8	100%	17	100%	10	100%
Provide service to 1 subgroup	0	0%	0	0%	0	0%
Do not provide service	0	0%	0	0%	0	0%
	8	100%	17	100%	10	100%

Results of Survey of Support and Social Services at Managed Care Plans in NYS

**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
Provide service to 2 or more subgroups or all enrollees	5	63%	12	71%	6	60%
Provide service to 1 subgroup	1	13%	2	12%	2	20%
Do not provide service	2	25%	3	18%	2	20%
	8	100%	17	100%	10	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
Provide service to 2 or more subgroups or all enrollees	6	75%	11	65%	7	70%
Provide service to 1 subgroup	2	25%	2	12%	2	20%
Do not provide service	0	0%	4	24%	1	10%
	8	100%	17	100%	10	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
Provide service to 2 or more subgroups or all enrollees	4	50%	10	59%	8	80%
Provide service to 1 subgroup	2	25%	3	18%	2	20%
Do not provide service	2	25%	4	24%	0	0%
	8	100%	17	100%	10	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
Provide service to 2 or more subgroups or all enrollees	4	50%	15	88%	9	90%
Provide service to 1 subgroup	1	13%	0	0%	0	0%
Do not provide service	3	38%	2	12%	1	10%
	8	100%	17	100%	10	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

Service Provision	Commercial		Medicaid		Commercial and Medicaid	
Provide service to 2 or more subgroups or all enrollees	3	38%	4	24%	6	60%
Provide service to 1 subgroup	0	0%	3	18%	1	10%
Do not provide service	5	63%	10	59%	3	30%
	8	100%	17	100%	10	100%

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**4. Services Provided Through the Child Health Plus (CHP) Program Plans**

Total CHP Plans

23

**Services**

	Formal Assessment of Need for Support and Social Services	Phone or Written Reminders of Appointments	Phone or Written Follow Up on Missed Appointments	Formal Health Education / Health Promotion Classes	Outreach	Foreign Language Interpretation Capability for Patients	Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems which Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment	Counseling Concerning Adjustment to Illness or Adherence to Treatment Regimens	Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions	Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage	Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services
Provide Service	21 91%	9 39%	10 43%	21 91%	19 83%	23 100%	15 65%	15 65%	16 70%	19 83%	9 39%

# Results of Survey of Support and Social Services in Managed Care Plans in NYS

## 5. Services Provided, by Enrollee Groups

Groups	Services																					
	Formal Assessment of Need for Social Services	Phone or Written Reminders of Appointments	Phone or Written Follow Up on Missed Appointments	Formal Health Education / Promotion Classes	Outreach	Foreign Language Interpretation Capability for Patients	Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems which Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment	Counseling Concerning Adjustment to Illness or Adherence to Treatment Regimens	Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions	Assistance to Enrollees and Families to Acquire or Maintain Commerical Insurance, Medicaid, or Child Health Plus Coverage	Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services											
All Enrollees	20	57%	9	26%	10	29%	27	77%	18	51%	35	100%	21	60%	18	51%	16	46%	27	77%	11	31%
Pregnant Women	30	86%	12	34%	16	46%	31	89%	26	74%	35	100%	23	66%	24	69%	22	63%	28	80%	13	37%
Children with Special Needs	30	86%	10	29%	12	34%	29	83%	22	63%	35	100%	23	66%	21	60%	21	60%	27	77%	11	31%
Chronically Ill	27	77%	10	29%	11	31%	31	89%	23	66%	35	100%	23	66%	24	69%	20	57%	28	80%	13	37%
Other	27	77%	16	46%	18	51%	29	83%	25	71%	35	100%	25	71%	24	69%	24	69%	29	83%	15	43%



**6. Services Provided by Plan Size**

(Note: Small plans are those with 10,000 or fewer total enrollees; Large plans are those with 10,001 or more total enrollees.)

**Formal Assessment of Need for Support and Social Services**

Service Provision	Small		Large	
Provide service to 2 or more subgroups or all enrollees	11	92%	19	83%
Provide service to 1 subgroup	1	8%	3	13%
Do not provide service	0	0%	1	4%
	12	100%	23	100%

**Phone or Written Reminders of Appointments**

Service Provision	Small		Large	
Provide service to 2 or more subgroups or all enrollees	5	42%	7	30%
Provide service to 1 subgroup	2	17%	3	13%
Do not provide service	5	42%	13	57%
	12	100%	23	100%

**Phone or Written Follow Up on Missed Appointments**

Service Provision	Small		Large	
Provide service to 2 or more subgroups or all enrollees	6	50%	7	30%
Provide service to 1 subgroup	2	17%	7	30%
Do not provide service	4	33%	9	39%
	12	100%	23	100%

**Formal Health Education/Health Promotion Classes**

Service Provision	Small		Large	
Provide service to 2 or more subgroups or all enrollees	12	100%	20	87%
Provide service to 1 subgroup	0	0%	1	4%
Do not provide service	0	0%	2	9%
	12	100%	23	100%

**Outreach**

Service Provision	Small		Large	
Provide service to 2 or more subgroups or all enrollees	9	75%	17	74%
Provide service to 1 subgroup	2	17%	2	9%
Do not provide service	1	8%	4	17%
	12	100%	23	100%

**Foreign Language Interpretation Capability for Patients**

Service Provision	Small		Large	
Provide service to 2 or more subgroups or all enrollees	12	100%	23	100%
Provide service to 1 subgroup	0	0%	0	0%
Do not provide service	0	0%	0	0%
	12	100%	23	100%

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

<b>Service Provision</b>	<b>Small</b>		<b>Large</b>	
Provide service to 2 or more subgroups or all enrollees	9	75%	14	61%
Provide service to 1 subgroup	1	8%	4	17%
Do not provide service	2	17%	5	22%
	12	100%	23	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

<b>Service Provision</b>	<b>Small</b>		<b>Large</b>	
Provide service to 2 or more subgroups or all enrollees	8	67%	16	70%
Provide service to 1 subgroup	2	17%	4	17%
Do not provide service	2	17%	3	13%
	12	100%	23	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

<b>Service Provision</b>	<b>Small</b>		<b>Large</b>	
Provide service to 2 or more subgroups or all enrollees	7	58%	15	65%
Provide service to 1 subgroup	3	25%	4	17%
Do not provide service	2	17%	4	17%
	12	100%	23	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

<b>Service Provision</b>	<b>Small</b>		<b>Large</b>	
Provide service to 2 or more subgroups or all enrollees	11	92%	17	74%
Provide service to 1 subgroup	0	0%	1	4%
Do not provide service	1	8%	5	22%
	12	100%	23	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

<b>Service Provision</b>	<b>Small</b>		<b>Large</b>	
Provide service to 2 or more subgroups or all enrollees	4	33%	9	39%
Provide service to 1 subgroup	3	25%	1	4%
Do not provide service	5	42%	13	57%
	12	100%	23	100%

**7. Services Provided by PHSP Status**

**Formal Assessment of Need for Support and Social Services**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	16	94%	14	78%
Provide service to 1 subgroup	1	6%	3	17%
Do not provide service	0	0%	1	6%
	17	100%	18	100%

**Phone or Written Reminders of Appointments**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	6	35%	6	33%
Provide service to 1 subgroup	1	6%	4	22%
Do not provide service	10	59%	8	44%
	17	100%	18	100%

**Phone or Written Follow Up on Missed Appointments**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	7	41%	6	33%
Provide service to 1 subgroup	4	24%	5	28%
Do not provide service	6	35%	7	39%
	17	100%	18	100%

**Formal Health Education/Health Promotion Classes**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	15	88%	17	94%
Provide service to 1 subgroup	1	6%	0	0%
Do not provide service	1	6%	1	6%
	17	100%	18	100%

**Outreach**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	13	76%	13	72%
Provide service to 1 subgroup	2	12%	2	11%
Do not provide service	2	12%	3	17%
	17	100%	18	100%

**Foreign Language Interpretation Capability for Patients**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	17	100%	18	100%
Provide service to 1 subgroup	0	0%	0	0%
Do not provide service	0	0%	0	0%
	17	100%	18	100%

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	12	71%	11	61%
Provide service to 1 subgroup	2	12%	3	17%
Do not provide service	3	18%	4	22%
	17	100%	18	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	11	65%	13	72%
Provide service to 1 subgroup	2	12%	4	22%
Do not provide service	4	24%	1	6%
	17	100%	18	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	11	65%	11	61%
Provide service to 1 subgroup	2	12%	5	28%
Do not provide service	4	24%	2	11%
	17	100%	18	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	15	88%	13	72%
Provide service to 1 subgroup	0	0%	1	6%
Do not provide service	2	12%	4	22%
	17	100%	18	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

Service Provision	PHSP		Non-PHSP	
Provide service to 2 or more subgroups or all enrollees	5	29%	8	44%
Provide service to 1 subgroup	2	12%	2	11%
Do not provide service	10	59%	8	44%
	17	100%	18	100%

**8. Services Provided by Provider Sponsored Status**

**Formal Assessment of Need for Support and Social Services**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	14	93%	16	80%
Provide service to 1 subgroup	1	7%	3	15%
Do not provide service	0	0%	1	5%
	15	100%	20	100%

**Phone or Written Reminders of Appointments**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	6	40%	6	30%
Provide service to 1 subgroup	1	7%	4	20%
Do not provide service	8	53%	10	50%
	15	100%	20	100%

**Phone or Written Follow Up on Missed Appointments**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	7	47%	6	30%
Provide service to 1 subgroup	4	27%	5	25%
Do not provide service	4	27%	9	45%
	15	100%	20	100%

**Formal Health Education/Health Promotion Classes**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	13	87%	19	95%
Provide service to 1 subgroup	1	7%	0	0%
Do not provide service	1	7%	1	5%
	15	100%	20	100%

**Outreach**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	11	73%	15	75%
Provide service to 1 subgroup	2	13%	2	10%
Do not provide service	2	13%	3	15%
	15	100%	20	100%

**Foreign Language Interpretation Capability for Patients**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	15	100%	20	100%
Provide service to 1 subgroup	0	0%	0	0%
Do not provide service	0	0%	0	0%
	15	100%	20	100%

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**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	11	73%	12	60%
Provide service to 1 subgroup	1	7%	4	20%
Do not provide service	3	20%	4	20%
	15	100%	20	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	10	67%	14	70%
Provide service to 1 subgroup	1	7%	5	25%
Do not provide service	4	27%	1	5%
	15	100%	20	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	10	67%	12	60%
Provide service to 1 subgroup	1	7%	6	30%
Do not provide service	4	27%	2	10%
	15	100%	20	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	14	93%	14	70%
Provide service to 1 subgroup	0	0%	1	5%
Do not provide service	1	7%	5	25%
	15	100%	20	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

<b>Service Provision</b>	<b>Provider Sponsored</b>		<b>Non-Provider Sponsored</b>	
Provide service to 2 or more subgroups or all enrollees	4	27%	9	45%
Provide service to 1 subgroup	2	13%	2	10%
Do not provide service	9	60%	9	45%
	15	100%	20	100%

**9. Services Provided by Profit/Non-Profit Status of Plan**

**Formal Assessment of Need for Support and Social Services**

Service Provision	For-Profit		Not-For-Profit	
Provide service to 2 or more subgroups or all enrollees	8	80%	22	88%
Provide service to 1 subgroup	1	10%	3	12%
Do not provide service	1	10%	0	0%
	10	100%	25	100%

**Phone or Written Reminders of Appointments**

Service Provision	For-Profit		Not-For-Profit	
Provide service to 2 or more subgroups or all enrollees	3	30%	9	36%
Provide service to 1 subgroup	3	30%	2	8%
Do not provide service	4	40%	14	56%
	10	100%	25	100%

**Phone or Written Follow Up on Missed Appointments**

Service Provision	For-Profit		Not-For-Profit	
Provide service to 2 or more subgroups or all enrollees	3	30%	10	40%
Provide service to 1 subgroup	3	30%	6	24%
Do not provide service	4	40%	9	36%
	10	100%	25	100%

**Formal Health Education/Health Promotion Classes**

Service Provision	For-Profit		Not-For-Profit	
Provide service to 2 or more subgroups or all enrollees	9	90%	23	92%
Provide service to 1 subgroup	0	0%	1	4%
Do not provide service	1	10%	1	4%
	10	100%	25	100%

**Outreach**

Service Provision	For-Profit		Not-For-Profit	
Provide service to 2 or more subgroups or all enrollees	8	80%	18	72%
Provide service to 1 subgroup	0	0%	4	16%
Do not provide service	2	20%	3	12%
	10	100%	25	100%

**Foreign Language Interpretation Capability for Patients**

Service Provision	For-Profit		Not-For-Profit	
Provide service to 2 or more subgroups or all enrollees	10	100%	25	100%
Provide service to 1 subgroup	0	0%	0	0%
Do not provide service	0	0%	0	0%
	10	100%	25	100%

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**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

<b>Service Provision</b>	<b>For-Profit</b>		<b>Not-For-Profit</b>	
Provide service to 2 or more subgroups or all enrollees	7	70%	16	64%
Provide service to 1 subgroup	2	20%	3	12%
Do not provide service	1	10%	6	24%
	10	100%	25	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

<b>Service Provision</b>	<b>For-Profit</b>		<b>Not-For-Profit</b>	
Provide service to 2 or more subgroups or all enrollees	9	90%	15	60%
Provide service to 1 subgroup	1	10%	5	20%
Do not provide service	0	0%	5	20%
	10	100%	25	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

<b>Service Provision</b>	<b>For-Profit</b>		<b>Not-For-Profit</b>	
Provide service to 2 or more subgroups or all enrollees	6	60%	16	64%
Provide service to 1 subgroup	2	20%	5	20%
Do not provide service	2	20%	4	16%
	10	100%	25	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

<b>Service Provision</b>	<b>For-Profit</b>		<b>Not-For-Profit</b>	
Provide service to 2 or more subgroups or all enrollees	5	50%	23	92%
Provide service to 1 subgroup	1	10%	0	0%
Do not provide service	4	40%	2	8%
	10	100%	25	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

<b>Service Provision</b>	<b>For-Profit</b>		<b>Not-For-Profit</b>	
Provide service to 2 or more subgroups or all enrollees	4	40%	9	36%
Provide service to 1 subgroup	0	0%	4	16%
Do not provide service	6	60%	12	48%
	10	100%	25	100%



**10. Services Provided by Plan Type**

**Formal Assessment of Need for Support and Social Services**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	15	88%	12	80%	3	100%
Provide service to 1 subgroup	2	12%	2	13%	0	0%
Do not provide service	0	0%	1	7%	0	0%
	17	100%	15	100%	3	100%

**Phone or Written Reminders of Appointments**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	7	41%	4	27%	1	33%
Provide service to 1 subgroup	2	12%	4	27%	0	0%
Do not provide service	8	47%	7	47%	2	67%
	17	100%	15	100%	3	100%

**Phone or Written Follow Up on Missed Appointments**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	7	41%	4	27%	2	67%
Provide service to 1 subgroup	5	29%	4	27%	0	0%
Do not provide service	5	29%	7	47%	1	33%
	17	100%	15	100%	3	100%

**Formal Health Education/Health Promotion Classes**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	15	88%	14	93%	3	100%
Provide service to 1 subgroup	1	6%	0	0%	0	0%
Do not provide service	1	6%	1	7%	0	0%
	17	100%	15	100%	3	100%

**Outreach**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	12	71%	11	73%	3	100%
Provide service to 1 subgroup	3	18%	1	7%	0	0%
Do not provide service	2	12%	3	20%	0	0%
	17	100%	15	100%	3	100%

**Foreign Language Interpretation Capability for Patients**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	17	100%	15	100%	3	100%
Provide service to 1 subgroup	0	0%	0	0%	0	0%
Do not provide service	0	0%	0	0%	0	0%
	17	100%	15	100%	3	100%

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**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	11	65%	9	60%	3	100%
Provide service to 1 subgroup	2	12%	3	20%	0	0%
Do not provide service	4	24%	3	20%	0	0%
	17	100%	15	100%	3	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	10	59%	11	73%	3	100%
Provide service to 1 subgroup	3	18%	3	20%	0	0%
Do not provide service	4	24%	1	7%	0	0%
	17	100%	15	100%	3	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	9	53%	10	67%	3	100%
Provide service to 1 subgroup	4	24%	3	20%	0	0%
Do not provide service	4	24%	2	13%	0	0%
	17	100%	15	100%	3	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	15	88%	10	67%	3	100%
Provide service to 1 subgroup	0	0%	1	7%	0	0%
Do not provide service	2	12%	4	27%	0	0%
	17	100%	15	100%	3	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

Service Provision	Network		IPA		Staff Model	
Provide service to 2 or more subgroups or all enrollees	5	29%	6	40%	2	67%
Provide service to 1 subgroup	3	18%	1	7%	0	0%
Do not provide service	9	53%	8	53%	1	33%
	17	100%	15	100%	3	100%

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**11. Services, by Provider Arrangement**

Total Uniquely Identified Plans **Plans**  
35

**Services**

Arrangement	Formal Assessment of Need for Support and Social Services		Phone or Written Reminders of Appointments		Phone or Written Follow Up on Missed Appointments		Formal Health Education / Health Promotion Classes		Outreach		Foreign Language Interpretation Capability for Patients		Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems which Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment		Counseling Concerning Adjustment to Illness or Adherence to Treatment Regimens		Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions		Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage		Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services		Training/Education MCO Administrative Staff, Health Care Staff or Contractors Concerning Support and Social Services		Participation in Activities to Strengthen Community Services		
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count
Plan's Staff	21	60%	10	29%	13	37%	29	83%	26	74%	30	86%	16	46%	20	57%	24	69%	26	74%	13	37%	23	66%	27	77%	
Private Practices	11	31%	12	34%	11	31%	11	31%	6	17%	16	46%	11	31%	13	37%	9	26%	4	11%	4	11%	2	6%	5	14%	
FQHCs	9	26%	8	23%	8	23%	11	31%	5	14%	9	26%	9	26%	10	29%	9	26%	5	14%	5	14%	2	6%	6	17%	
Non-FQHC D&TCs and Hospital Outpatient Depts.	10	29%	10	29%	11	31%	18	51%	3	9%	11	31%	11	31%	14	40%	8	23%	4	11%	5	14%	1	3%	2	6%	
Local Health Depts.	9	26%	3	9%	4	11%	9	26%	8	23%	7	20%	7	20%	7	20%	7	20%	7	20%	9	26%	9	26%	6	17%	
Home Health Agencies	19	54%	3	9%	3	9%	9	26%	3	9%	10	29%	17	49%	17	49%	18	51%	3	9%	7	20%	4	11%	4	11%	
Contractors or Vendors	12	34%	2	6%	2	6%	9	26%	5	14%	18	51%	11	31%	13	37%	12	34%	1	3%	3	9%	5	14%	4	11%	
Community Social Service Agencies	10	29%	5	14%	3	9%	12	34%	4	11%	9	26%	10	29%	8	23%	9	26%	7	20%	12	34%	11	31%	8	23%	
Plan Does Not Cover The Service	2	6%	13	37%	11	31%	1	3%	3	9%	0	0%	5	14%	4	11%	5	14%	6	17%	13	37%	9	26%	6	17%	

**12. Plan Staff Providing Support and Social Services**

<b>Position</b>	<b>Mean FTEs</b>	<b>Median FTEs</b>	<b>Min</b>	<b>Max</b>	<b>Plans Reporting</b>	<b>Total FTEs</b>	<b>Percent of Total FTEs</b>
RN Bachelor's or Master's	18.6	5.5	0.5	120.0	20	372	58%
Social Worker Bachelor's	1.3	1.0	1.0	2.0	3	4	1%
Social Worker, MSW	10.0	5.0	1.0	29.0	4	40	6%
Bachelor's in other field	4.5	2.0	1.0	25.0	13	59	9%
Less than Bachelor's	9.6	5.0	1.0	69.0	17	163	26%
<b>Total</b>						<b>638</b>	<b>100%</b>

**13. Provision of Support and Social Services, by Staff Category**

For plans reporting specific support and social services provided by plan staff, the number and percentage of plans reporting a particular staff category as providing that service:

Staff Category	Services																									
	Formal Assessment of Need for Social Services	Phone or Written Reminders of Appointments	Phone or Written Follow Up on Missed Appointments	Formal Health Education / Health Promotion Classes	Outreach	Foreign Language Interpretation Capability for Patients	Physical Health, Mental Health, Social Functioning or Needed Treatment	Counseling Concerning Illness or Adjustment to Treatment Regimens	Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions	Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage	Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services	Training/Education MCO Administrative Staff, Health Care Staff or Contractors Concerning Support and Social Services	Participation in Activities to Strengthen Community Services													
RN Bachelor's or Master's	16	76%	5	50%	6	46%	15	52%	12	46%	14	47%	14	88%	15	75%	19	79%	13	50%	11	85%	15	65%	17	63%
Social Worker Bachelor's	3	14%	1	10%	1	8%	4	14%	2	8%	1	3%	3	19%	2	10%	2	8%	1	4%	2	15%	2	9%	2	7%
Social Worker, MSW	5	24%	2	20%	3	23%	4	14%	5	19%	2	7%	4	25%	5	25%	6	25%	4	15%	3	23%	4	17%	6	22%
Bachelor's in other field	5	24%	2	20%	3	23%	6	21%	7	27%	6	20%	4	25%	5	25%	6	25%	8	31%	5	38%	5	22%	9	33%
Less than Bachelor's	5	24%	2	20%	5	38%	6	21%	9	35%	16	53%	6	38%	5	25%	5	21%	14	54%	4	31%	7	30%	13	48%
	n=21		n=10		n=13		n=29		n=26		n=30		n=16		n=20		n=24		n=26		n=13		n=23		n=27	

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14. Staff Provision of Support and Social and Social Services, by Service Category

For a category of plan staff reported as providing a specified support and social service, the number and percentage of plans reporting the staff category as providing the service.

Staff Category	Services																									
	Formal Assessment of Need for Social Services	Phone or Reminders of Appointments	Written Phone or Reminders of Missed Appointments	Formal Health Education / Health Promotion Classes	Outreach	Foreign Language Interpretation Capability for Patients	Physical Health, Mental Health, Social Functioning or Needed Treatment	Counseling Concerning Illness or Adjustment to Treatment Regimens	Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions	Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage	Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services	Training/Education MCO Administrative Staff, Health Care Staff or Contractors Concerning Support and Social Services	Participation in Activities to Strengthen Community Services													
RN Bachelor's or Master's (n=20)	16	80%	8	40%	7	35%	11	55%	11	55%	12	60%	13	65%	14	70%	15	75%	12	60%	13	65%	14	70%	17	85%
Social Worker Bachelor's (n=3)	3	100%	1	33%	1	33%	2	67%	2	67%	0	0%	3	100%	2	67%	2	67%	2	67%	2	67%	2	67%	2	67%
Social Worker, MSW (n=4)	3	75%	1	25%	1	25%	2	50%	2	50%	2	50%	4	100%	3	75%	4	100%	3	75%	2	50%	2	50%	2	50%
Bachelor's in other field (n=13)	3	23%	5	38%	4	31%	3	23%	7	54%	5	38%	5	38%	5	38%	5	38%	7	54%	5	38%	4	31%	8	62%
Less than Bachelor's (n=17)	4	24%	5	29%	6	35%	5	29%	10	59%	11	65%	6	35%	5	29%	5	29%	13	76%	5	29%	9	53%	14	82%

**15. Availability of Professional/Educational Data on Staff Employed by Network Providers or Contract Agencies, by Service Provider**

<b>Arrangements</b>	<b>Data Available</b>	<b>% of plans reporting such arrangements</b>
Private Practices	5	19%
FQHCs	2	13%
Non-FQHC D&TCs	1	5%
Local Health Depts.	5	23%
Home Health Agencies	8	29%
Contractors or Vendors	5	19%
Community Social Service Agencies	3	14%

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16. Availability of Quantified Service Data, by Type of Service

Completeness of Data	Services																
	Formal Assessment of Need for Social and Support Services	Phone or Written Reminders of Appointments	Phone or Written Follow Up on Missed Appointments	Formal Health Education / Health Promotion Classes	Outreach	Foreign Language Interpretation Capability for Patients	Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems which Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment	Counseling Concerning Adjustment to Illness or Adherence to Treatment Regimens	Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions	Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage	Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services	Training/Education MCO Administrative Staff, Health Care Staff or Contractors Concerning Support and Social Services	Participation in Activities to Strengthen Community Services				
Complete Data	7 21%	2 9%	2 8%	10 29%	8 25%	10 29%	4 13%	5 16%	7 23%	6 21%	1 5%	5 19%	3 10%				
Incomplete Data	13 39%	7 32%	8 33%	11 32%	9 28%	6 17%	11 37%	12 39%	10 33%	9 31%	7 32%	7 27%	13 45%				
Data Not Available	10 30%	11 50%	13 54%	10 29%	11 34%	16 46%	12 40%	11 35%	10 33%	11 38%	11 50%	9 35%	9 31%				
Missing (Service listed as provided, but no response given)	3 9% (n=33)	2 9% (n=22)	1 4% (n=24)	3 9% (n=34)	4 13% (n=32)	3 9% (n=35)	3 10% (n=30)	3 10% (n=31)	3 10% (n=30)	3 10% (n=29)	3 14% (n=22)	5 19% (n=26)	4 14% (n=29)				



**17. Quantified Data on Services Provided, by Plan Type**

**Formal Assessment of Need for Support and Social Services**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	10	59%	9	69%	1	33%
Data not available	6	35%	2	15%	2	67%
Missing	1	6%	2	15%	0	0%
	17	100%	13	100%	3	100%

**Phone or Written Reminders of Appointments**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	5	50%	3	30%	1	50%
Data not available	5	50%	5	50%	1	50%
Missing	0	0%	2	20%	0	0%
	10	100%	10	100%	2	100%

**Phone or Written Follow Up on Missed Appointments**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	6	50%	4	40%	0	0%
Data not available	6	50%	5	50%	2	100%
Missing	0	0%	1	10%	0	0%
	12	100%	10	100%	2	100%

**Formal Health Education/Health Promotion Classes**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	9	53%	9	64%	3	100%
Data not available	7	41%	3	21%	0	0%
Missing	1	6%	2	14%	0	0%
	17	100%	14	100%	3	100%

**Outreach**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	8	53%	7	50%	2	67%
Data not available	6	40%	4	29%	1	33%
Missing	1	7%	3	21%	0	0%
	15	100%	14	100%	3	100%

**Foreign Language Interpretation Capability for Patients**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	7	41%	7	47%	2	67%
Data not available	9	53%	6	40%	1	33%
Missing	1	6%	2	13%	0	0%
	17	100%	15	100%	3	100%

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**Counseling to Help Enrollees Overcome Social, Economic and Environmental Problems that Interfere with Physical Health, Mental Health, Social Functioning or Needed Treatment**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	8	62%	6	43%	1	33%
Data not available	4	31%	6	43%	2	67%
Missing	1	8%	2	14%	0	0%
	13	100%	14	100%	3	100%

**Counseling Concerning Adjustments to Illness or Adherence to Treatment Regimens**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	8	53%	8	57%	1	50%
Data not available	6	40%	4	29%	1	50%
Missing	1	7%	2	14%	0	0%
	15	100%	14	100%	2	100%

**Ongoing Implementation and Coordination of a Plan of Care for Dealing with Emotional/Economic/Social/Environmental-related Conditions**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	7	50%	9	64%	1	50%
Data not available	6	43%	3	21%	1	50%
Missing	1	7%	2	14%	0	0%
	14	100%	14	100%	2	100%

**Assistance to Enrollees and Families to Acquire or Maintain Commercial Insurance, Medicaid, or Child Health Plus Coverage**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	7	44%	5	50%	3	100%
Data not available	8	50%	3	30%	0	0%
Missing	1	6%	2	20%	0	0%
	16	100%	10	100%	3	100%

**Assistance to Obtain Clothing, Food, Legal, Financial and/or Housing Services**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	5	45%	3	30%	0	0%
Data not available	5	45%	5	50%	1	100%
Missing	1	9%	2	20%	0	0%
	11	100%	10	100%	1	100%

**Training/Education MCO Administrative Staff, Health Care Staff or Contractors Concerning Support and Social Services**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	6	46%	5	45%	1	50%
Data not available	4	31%	4	36%	1	50%
Missing	3	23%	2	18%	0	0%
	13	100%	11	100%	2	100%

**Participation in Activities to Strengthen Community Services**

<b>Data Availability</b>	<b>Network</b>		<b>IPA</b>		<b>Staff Model</b>	
Data available (complete or otherwise)	7	58%	6	43%	3	100%
Data not available	4	33%	5	36%	0	0%
Missing	1	8%	3	21%	0	0%
	12	100%	14	100%	3	100%

Results of Survey of Support and Social Services in Managed Care Plans in NYS

**18. Observations on the Importance of Providing Support and Social Services**

**Increasing access to health care**

<b>Product Lines</b>	<b>Very Important</b>		<b>Moderately Important</b>		<b>Minimally Important</b>		<b>Not Important</b>		<b>% Serving Product Line</b>	<b>Missing</b>	<b>% Serving Product Line</b>
Commercial	13	76%	3	18%	0	0%	1	6%	100%	18	5%
Medicaid	22	81%	4	15%	1	4%	0	0%	93%	8	25%
Child Health Plus	14	64%	5	23%	3	14%	0	0%	96%	13	15%

**Improving health outcomes**

<b>Product Lines</b>	<b>Very Important</b>		<b>Moderately Important</b>		<b>Minimally Important</b>		<b>Not Important</b>		<b>% Serving Product Line</b>	<b>Missing</b>	<b>% Serving Product Line</b>
Commercial	14	82%	2	12%	1	6%	0	0%	100%	18	5%
Medicaid	21	78%	5	19%	1	4%	0	0%	93%	8	25%
Child Health Plus	13	59%	6	27%	3	14%	0	0%	96%	13	15%

**Reducing health care costs**

<b>Product Lines</b>	<b>Very Important</b>		<b>Moderately Important</b>		<b>Minimally Important</b>		<b>Not Important</b>		<b>% Serving Product Line</b>	<b>Missing</b>	<b>% Serving Product Line</b>
Commercial	14	82%	2	12%	0	0%	1	6%	100%	18	5%
Medicaid	19	70%	6	22%	2	7%	0	0%	93%	8	25%
Child Health Plus	12	55%	6	27%	4	18%	0	0%	96%	13	15%

Note: Percentages refer to only those plans with non-missing responses.

## APPENDIX A

### Survey Cover Letter

April 16, 1999

Dear \_\_\_\_\_ :

The Center for Health Workforce Studies has been engaged by the New York State Department of Health - Office of Managed Care to conduct a study of all managed care plans in New York regarding the provision of support and social services. The Center conducts studies at the state and national level on the supply, demand, distribution, and use of the health workforce.

The provision of support and social services can promote the timely and appropriate use of health care and the achievement of good health outcomes. While there is evidence that support and social services are provided in varying degrees by managed care plans in New York State, to date, there has been no systematic study of this question. Information gained from this study will help the NYS Department of Health to better understand the use of the services by the plans, to identify models and best practices, and to develop appropriate managed care policies.

The study will seek to identify what services are provided, by whom, to which populations, and under what arrangements. Based on discussions with several managed care plans, and in consultation with an advisory committee and the New York State Department of Health, the Center has developed the enclosed survey. The enclosed survey will take approximately 20 minutes to finish. Please complete and return it in the enclosed self-addressed envelope by May 3, 1999. Under agreement with the New York State Department of Health - Office of Managed Care, only aggregate results will be provided by the Center to the Office. Responses will not be linked to individual plans.

As defined in this study, support and social services are services “provided to individuals and families to resolve social, economic and environmental problems that affect the course of a physical or mental illness, the ability of an individual to remain well, or the ability to access and appropriately use health services.” Support and social services do not refer to behavioral (mental) health services provided by social workers and other mental health clinicians to an individual with a completed and accepted psychiatric diagnosis.

Your cooperation with this study is greatly appreciated. A copy of the final report will be sent to each of the plans that respond to the survey. If you have any questions, please feel free to call me or Steven Schreiber at the Center for Health Workforce Studies 518/402-0250.

Sincerely,

Edward Salsberg  
Director

**APPENDIX B**

**SURVEY OF SUPPORT AND SOCIAL SERVICES  
PROVIDED THROUGH MANAGED CARE PLANS  
IN NEW YORK STATE, 1999**

Center for Health Workforce Studies  
School of Public Health, University at Albany

*INSTRUCTIONS: Please answer the following questions to the best of your knowledge. A marked circle means that the answer is generally, but not necessarily in all cases, correct. For plans with multi-state operations please respond only for New York State activities.*

*Please note that under agreement with the New York State Department of Health, only aggregate results will be provided to the Office of Managed Care by the Center. Responses will NOT be linked to individual plans.*

**I. SERVICES AND PRODUCT LINES**

**I.A.** The plan serves the following product lines:       Commercial       Medicaid       Child Health Plus

**I.B.** Considering all sources of services (i.e., plan staff, network providers, and contracted agencies), to which groups and through which product lines are the following services provided?

<b>SERVICES</b>	<b>PRODUCT LINES</b>			
	Commercial	Medicaid	Child Health Plus	Service Not Provided
<b>1) Formal assessment of need for social and support services</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2) Phone or written reminders of appointments</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3) Phone or written follow up on missed appointments</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICES	PRODUCT LINES			
	Commercial	Medicaid	Child Health Plus	Service Not Provided
<b>4) Formal health education/health promotion classes</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5) Outreach (see footnote at bottom of the page)</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6) Foreign language interpretation capability for patients</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7) Counseling to help enrollees overcome social, economic and environmental problems which interfere with physical health, mental health, social functioning or needed treatment</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8) Counseling concerning adjustment to illness or adherence to treatment regimens</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9) Ongoing implementation and coordination of a plan of care for dealing with emotional/economic/social/environmental-related conditions</b>				
<i>Groups</i>				
1. All Enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children with Special Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Footnote: For the purposes of this study, outreach does not include enrollment activities, or the use of a regular,











### III.B. STAFF EMPLOYED BY NETWORK PROVIDERS OR CONTRACT AGENCIES

The preceding section asked questions about the professional and educational backgrounds of the staff employed directly by the plan who provide support and social services.

Are similar data available for those providers of support and social services who are employed by network providers or contract agencies?

	Private Practices	Federally Qualified Health Centers (FQHCs)	Non FQHC D&TCs and Hospital Outpatient Depts.	Local Health Depts.	Home Health Agencies	Contractors or Vendors	Community Social Service Agencies or Social Work Group Practices
Data are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data are not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### IV. QUANTIFIED SERVICE DATA

Are quantifiable data such as visits or occasions of service available for the following services provided by plan staff, network providers, and/or contract agencies?

<i>Services</i>	Complete Data (i.e., data describe total services provided from all sources)	Incomplete Data	Data are not available
Formal assessment of need for social and support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone or written reminders of appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone or written follow up on missed appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal health education/health promotion classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach ( <i>refer to footnote p. 2</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreign language interpretation capability for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling to help enrollees overcome social, economic and environmental problems that interfere with physical health, mental health, social functioning or needed treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling concerning adjustments to illness or adherence to treatment regimens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing implementation and coordination of a plan of care for dealing with emotional/economic/social/ environmental-related conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance to enrollees and families to acquire or maintain commercial insurance, Medicaid, or Child Health Plus coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance to obtain clothing, food, legal, financial and/or housing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Services</i>	Complete Data (i.e., data describe total services provided from all sources)	Incomplete Data	Data are not available
Training/Educating MCO administrative staff, health care staff or contractors concerning support and social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in activities to strengthen community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**V. OTHER OBSERVATIONS ON THE PROVISION OF SUPPORT AND SOCIAL SERVICES**

A. In general, how important are support and social services for increasing access to health care, improving health outcomes, and reducing health care costs?

**IMPORTANCE**

Very Important      Moderately Important      Minimally Important      Unimportant

**Increasing access to health care**

*for enrollees served through the following product lines:*

Commercial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Health Plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Improving health outcomes**

*for enrollees served through the following product lines:*

Commercial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Health Plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Reducing health care costs**

*for enrollees served through the following product lines:*

Commercial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Health Plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. What support and social services issues most impact the ability of the enrollee to access and appropriately use health care or to maintain good physical and mental health? Please describe.

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C. Has your organization had any unique experiences in the delivery of support and social services? (e.g., innovative models of service delivery, cost analyses and evaluations of service, etc.) Please describe.

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D. How could the Department of Health assist your plan to assure enrollees' access to support and social services? Please describe.

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**VI. PLAN CONTACT INFORMATION**

Name of Managed Care Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Thank you for your time in completing this survey.*

Please return the completed questionnaire in the enclosed self-addressed, stamped envelope by May 3, 1999 to:

Center for Health Workforce Studies  
School of Public Health, University at Albany  
One University Place, Suite 200  
Rensselaer, NY 12214-3456

If you have questions about the questionnaire or the study, please call the Center at 518-402-0250.