NEW YORK STATE DEPARTMENT OF HEALTH
Office of Quality and Patient Safety

Plan – Technical Report
For
Eddy Senior Care

Reporting Years 2013 and 2014

February 2017

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Section One: About This Report

New York State (NYS) is dedicated to providing and maintaining the highest quality of care for enrollees in managed long term care (MLTC) plans. MLTC enrollees are generally chronically ill, often elderly enrollees and are among the most vulnerable New Yorkers. The New York State Department of Health's (NYSDOH) Office of Quality and Patient Safety (OQPS) employs an ongoing strategy to improve the quality of care provided to plan enrollees, to ensure the accountability of these plans and to maintain the continuity of care to the public.

The MLTC Plan-Technical Reports are individualized reports on the MLTC plans certified to provide Medicaid coverage in NYS. The reports are organized into the following domains: Plan Profile, Enrollment, Member Satisfaction, SAAM and UAS Clinical Assessment Data, and Performance Improvement Projects (PIPs). When available and appropriate, the plans' data in these domains are compared to statewide benchmarks.

The final section of the report provides an assessment of the MLTC plan's strengths and opportunities for improvement in the areas of service quality, accessibility, and timeliness. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

During the review period of this report (2013-14), there were three (3) MLTC plan types:

a) Partially Capitated
b) Program of All-inclusive Care for the Elderly (PACE)
c) Medicaid Advantage Plus (MAP)

A description of each of the plan types follows:

Partially Capitated - A Medicaid capitation payment is provided to the plan to cover the costs of long term care and selected ancillary services. The member's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicare and Medicaid, or by Medicaid if they are not Medicare eligible. For the most part, those who are only eligible for Medicaid receive non-MLTC services through Medicaid fee for service, as members in partially capitated MLTC plans are ineligible to join a traditional Medicaid managed care plan. The minimum age requirement is 18 years.

PACE - A PACE plan provides a comprehensive system of health care services for members 55 and older, who are otherwise eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services on a capitated basis. Members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a PACE member. The PACE is approved by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Advantage Plus (MAP) - MAP plans must be certified by the NYSDOH as MLTC plans and by CMS as a Medicare Advantage plan. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the long term care services and the Medicare benefit package includes the ambulatory care and inpatient services.

An MLTC plan can service more than one of the above products and, where applicable, the report will present data for each product.

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for reporting years 2013 and 2014.

Section Two: Plan Profile

Eddy Senior Care (ESC) is a regional PACE program operating in the capital region of New York State. Eddy is a subsidiary of Northeast Health, which in turn is a subsidiary of St. Peters Health Partners. The following report presents plan-specific information for the PACE product line.

- Plan ID: 01674982
- Start Date: 1999
- Product Line(s): PACE
- Age Requirement: 55 and older
- Contact Information: 504 State St
Schenectady, NY 12305
(518) 382-3209

Participating Counties and Programs			
Albany	PACE	Schenectady	PACE

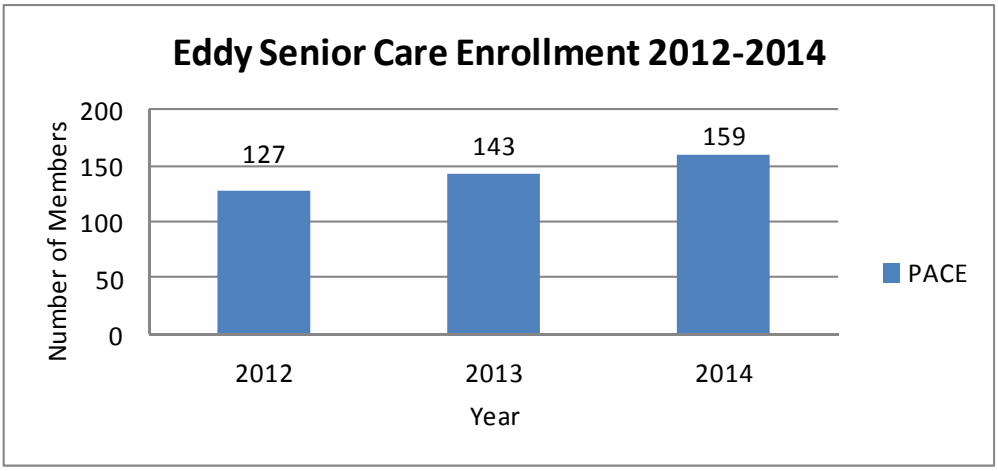
Section Three: Enrollment

Figure 1 depicts membership for Eddy Senior Care's PACE product line for calendar years 2012 to 2014, as well as the percent change from the previous year (the data reported are from December of each of these years). Membership in the PACE plan grew over this period, increasing by 13.0% from 2012 to 2013 and by 11.2% from 2013 to 2014. Figure 1a trends the enrollment for the PACE product line.

Figure 1: Membership: PACE 2012-2014

	2012	2013	2014
PACE			
Number of Members	127	143	159
% Change From Previous Year	13.4%	13.0%	11.2%

Figure 1a: Enrollment Trends 2012-2014



Section Four: Member Satisfaction

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey mailed between December 2014 and May 2015. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 18,909 surveys that were mailed, 1,109 were returned as undeliverable due to either mailing address issues or the member being deceased. This yielded an adjusted population of 17,800. A total of 4,592 surveys were completed, yielding an overall response rate of 25.8%.

The response rate for Eddy Senior Care's PACE product line was 31.3% (30 respondents out of 96 members in the sample).

IPRO had previously conducted a similar satisfaction survey that was mailed between December 2012 and May 2013. Figure 2 represents the results of these two satisfaction surveys for Eddy Senior Care's PACE product line, compared with all other PACE plans throughout the state, as well as all MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 2: Satisfaction Survey Results Eddy Senior Care Compared with all PACE Plans, and all Plans Statewide	Eddy 2012-2013 (N=35)[a]		Overall PACE 2012-2013 (N=446)[a]		Statewide 2012-2013 (N=2,522)[a]		Eddy 2014-2015 (N=30)[a]		Overall PACE 2014-2015 (N=574)[a]		Statewide 2014-2015 (N=4,592)[a]	
Description	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**
Plan requested list of Rx/OTC meds **	26	77%	381	88%	2,197	88%	22	86%	432	92%	3,702	94%
Plan explained the Consumer Directed Personal Assistance option ++	-	-	-	-	-	-	16	38% [c]	267	58%	2,495	75%
Plan Rated as Good or Excellent	32	78%	430	86%	2,458	84%	24	79%	453	86%	3,739	87%
Quality of Care Rated as Good or Excellent												
Regular Doctor (PCP)	31	94%	405	90%	2,247	89%	22	96%	446	90%	3,572	91%
Dentist	21	67%	291	73%	1,530	70%	15	73% [c]	337	77%	2,382	73%
Eye Care-Optometry	27	78%	355	80%	1,951	81%	18	78% [c]	391	78%	3,079	82%
Foot Care	28	75%	278	77%	1,640	80%	23	74%	322	81%	2,637	83%
Home Health Aide	28	82%	337	85%	2,056	87%	22	82%	373	84%	3,351	87%
Care Manager	27	78%	366	86%	2,108	84%	22	77%	414	85%	3,445	83%
Regular Visiting Nurse	28	79%	360	87%	2,132	84%	17	65% [c]	401	88%	3,355	83%
Medical Supplies	29	93%	355	92%	1,844	86%	22	86%	400	87%	2,937	82%
Transportation Services	32	94%▲	387	86%	1,916	78%	24	79%	421	87%	2,853	77%
Timeliness- Always or Usually On Time												
Home Health Aide, Personal Care Aide	31	74%	319	77%	1,897	78%	24	67%	374	90%	3,385	93%
Care Manager	23	61%	341	68%	1,876	69%	20	70%	380	86%	3,144	83%
Regular Visiting Nurse	28	64%	340	71%	2,027	69%	18	67% [c]	368	86%	3,177	81%
Transportation TO the Doctor	29	79%	370	71%	1,766	69%	21	86%	370	90%	2,515	81%
Transportation FROM the Doctor	27	74%	366	68%	1,742	67%	23	70%	370	84%	2,505	78%
Access to Routine Care (<1 Month)												
Regular Doctor (PCP)	26	69%	343	70%	2,104	59%	22	68%	383	86%	3,328	88%
Dentist	15	33%[c]	229	42%	1,234	46%	17	53% [c]	253	70%	1,873	73%
Eye Care/Optometry	19	53%[c]	282	45%	1,647	43%	17	71% [c]	300	74%	2,486	79%
Foot Care/Podiatry	22	46%	223	48%	1,390	45%	20	60%	255	73%	2,220	80%
Access to Urgent Care (Same Day)												
Regular Doctor (PCP)	27	41%	324	49%	1,755	45%	18	44% [c]	368	50%	2,885	50%
Dentist	10	40%[c]	173	15%	920	26%	12	17% [c]	221	20%	1,526	29%
Eye Care/Optometry	14	14% [c]	200	13%	1,195	22%	11	9% [c]	278	27%	2,165	33%
Foot Care/Podiatry	15	40% [c]	163	23%	1,039	26%	14	0% [c]	235	30%	1,912	34%

Figure 2: Satisfaction Survey Results Eddy Senior Care Compared with all PACE Plans, and all Plans Statewide	Eddy 2012-2013 (N=35)[a]		Overall PACE 2012-2013 (N=446)[a]		Statewide 2012-2013 (N=2,522)[a]		Eddy 2014-2015 (N=30)[a]		Overall PACE 2014-2015 (N=574)[a]		Statewide 2014-2015 (N=4,592)[a]	
Advance Directives												
Plan has discussed appointing someone to make decisions	31	81%	389	82%	2,087	68%	29	76%	497	78%	3,757	67%
Member has legal document appointing someone to make decisions	29	86%▲	395	83%	2,145	61%	27	85%▲	494	84%	3,722	58%
Health plan has copy of this document ◊	21	95%▲	269	91%	956	77%	19	100%[c]	348	94%	1,506	79%

LEGEND	
Symbol	**Description**
[a]	N reflects the total number of members who completed the survey
[b]	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
▲	Represents a significantly higher rate versus the PACE/statewide rate ($p < .001$)
▼	Represents a significantly lower rate versus the PACE/statewide rate ($p < .001$)
◊	Item based on a skip pattern
[c]	Significance testing could not be performed due to small sample size

Satisfaction survey results demonstrated that Eddy PACE members rated the majority of services and care similarly to members enrolled in other PACE plans, as well as members in all plans statewide, from 2012/2013 to 2014/2015. However, there were some noticeable differences between years. There was an increase in the amount of Eddy members who reported having access to routine care (<1 month) for dentists, foot care, and eye care. In contrast, there was a decline in Eddy members who rated the quality of transportation services as good or excellent, as well as a decrease in the ratings for access to urgent care (same day).

In the most recent satisfaction survey administered to Eddy's membership, there was a statistically significant difference between the percent of Eddy members who had appointed a healthcare proxy when compared with members statewide (85% vs. 58%, respectively). Additionally, Eddy members had a much lower rate of members who reported access to urgent care (same day) for podiatry compared to members enrolled in other PACE plans and members statewide (0% vs. 30% and 34%, respectively). It should be noted that the sample size for the 2014-2015 satisfaction survey was extremely low, and thus results should be interpreted with caution.

Section Five: SAAM and UAS

The Semi Annual Assessment of Members (SAAM) was the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter, through 2013. There are fifteen (15) care categories, or domains, in SAAM, as follows:

Diagnosis/Prognosis/Surgeries
Living arrangements
Supportive assistance
Sensory status
Integumentary status
Respiratory status
Elimination status
Nursing Home Admissions
Falls
Neuro/Emotional Behavioral Status
ADL/IADLs
Medications
Equipment Management
Emergent Care
Hospitalizations

SAAM data were submitted to the NYSDOH twice annually, in January and July, through July 2013. The January submission consisted of assessments conducted between July and December of the prior year; the July submission consisted of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issued plan-specific reports containing plan mean results and comparisons to statewide averages.

In 2007, the SAAM was expanded beyond its role as a clinical assessment tool, to determine MLTC plan eligibility. An eligibility scoring index was created; the scoring index consisted of 13 items/questions, as follows:

Urinary Incontinence
Bowel incontinence frequency
Cognitive functioning
Confusion
Anxiety
Depression
Ability to dress upper body
Ability to dress lower body
Bathing
Toileting
Transferring
Ambulation/Locomotion
Feeding/Eating

Each item had a point value; a combined total score of 5 or greater constituted MLTC eligibility.

Effective October 2013, the SAAM tool was replaced by the Uniform Assessment System for NY (UAS-NY). The UAS-NY is a web based clinical assessment tool based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York[1]. Data are immediately available to users during and upon completion of the assessment.

Figure 3a contains Eddy Senior Care's July 2013 SAAM results for their PACE line, and Figure 3b contains Eddy Senior Care's January-June and July-December 2014 UAS results.

[1] NYS Department of Health, *2014 Managed Long Term Care Report*. http://health.ny.gov

Figure 3a: Eddy Senior Care PACE and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=162	Statewide SAAM N=111,550
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	88%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	80%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	84%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	77%	79%
Toileting – % of members able to perform task independently, with setup help, or with supervision	81%	91%
Transferring – % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	79%	88%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	100%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	26%	27%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	72%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	20%	40%
When Confused – % with no confusion	15%	34%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	23%	38%
Depressed – % with no feelings of depression	66%	74%

SAAM Items	July 2013	
	Plan SAAM N=162	Statewide SAAM N=111,550
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	56%	44%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	63%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	84%	73%

SAAM July 2013

Eddy Senior Care demonstrated higher rates for health conditions and for the rate of influenza vaccines. Rates were slightly lower for 6 of the 7 ADLs for Eddy Senior Care members compared to members statewide. Eddy PACE members also exhibited lower rates for both cognition measures, and both mood and behavior measures, compared with members statewide. It should be noted that these SAAM questions are prone to a high level of subjectivity on the part of the assessor and may also be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

Figure 3b: Eddy Senior Care PACE and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=106	Statewide UAS N=125,702	Plan UAS N=114	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	74%	56%	72%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	23%	19%	19%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	46%	33%	38%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	28%	19%	26%	16%
Toileting – % of members able to perform task independently, with setup help, or with supervision	67%	63%	64%	57%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	86%	87%	93%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	35%	36%	36%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	83%	83%	77%	83%
Cognition				
Cognitive functioning – % with intact functioning	23%	39%	24%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	53%	76%	55%	75%
Depressed – % with no feelings of depression	73%	71%	69%	68%
Health Conditions				
Frequency of Pain –	45%	26%	37%	22%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=106	Statewide UAS N=125,702	Plan UAS N=114	Statewide UAS N=132,429
% experiencing no severe daily pain				
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	69%	88%	72%	91%
Prevention				
Dental Exam – % who had dental exam in last year	74%	49%	71%	50%
Eye Exam – % who had eye exam in last year	74%	71%	75%	73%
Hearing Exam – % who had hearing exam in last 2 years	28%	33%	28%	33%
Influenza Vaccine – % who had influenza vaccine in last year	81%	75%	75%	76%

UAS January-June 2014

Compared with members statewide, Eddy Senior Care members demonstrated a lower rate for intact cognitive functioning as compared to members statewide. Additionally, the statewide average for no feelings of anxiety was higher than the average for Eddy (76% and 53%, respectively). However, compared to the statewide averages, the percentages of Eddy members who could perform ADLs were higher for many of the tasks listed in the figure above.

UAS July-December 2014

There were a lower percentage of Eddy Senior Care members with intact cognitive functioning, as well as members experiencing no falls resulting in medical intervention. The rates were higher among Eddy members who had a dental exam in the last year and members experiencing no severe daily pain when compared to members statewide.

Section Six: Performance Improvement Projects

MLTC plans conduct performance improvement projects (PIPs) on an annual basis. Proposed project topics are presented to IPRO and to the NYSDOH prior to the PIP period, for approval. Periodic conference calls are conducted during the PIP period to monitor progress.

The following represents a summary of Eddy's PIP for 2013:

Eddy Senior Care respondents noted that 51.4% of the time, medication side effects are explained to them compared to the CHE/PACE average of 62.8%. Eddy Senior Care respondents also noted that 66.7% of the time, staff explains things in a manner that they can understand compared to the 88.4% CHE/PACE average. Therefore, the goal of Eddy Senior Care's project is to, at minimum, achieve the average score of PACE programs for these two indicators by 2013's year-end survey.

Interventions included the following:

- Chronic Disease Self-Management tools were developed by a multidisciplinary project team utilizing the "Zone" format.
- The tools were reviewed by the Medical Director for accuracy, as well as presented to the Participant Council for their comments and suggestions.
- All healthcare disciplines received education on the project and use of the tools.
- RN Care Managers chose the appropriate diagnosis topic to give to and discuss with participants who were due for their annual or semi-annual plan of care review.
- Medication tools were also developed by drug classification with the assistance of a PharmD student.
- A telephone survey was developed to judge the usefulness of the information to the participants.

Results are summarized as follows:
CHE/PACE Survey items – 138 surveys sent out with 45 returned = 32.6% response rate

- "Staff explains things understandably" – November 2013
    - 45.6% positive (CHE/PACE – 61.6%)
- "Explain medication side effects" – November 2013
    - 40.0% positive (CHE/PACE – 52.4%)

The population size and number of cases in the project sample was 145 (average population during project period); 22 participants were in the sample. The telephone survey had an 88% response rate and participants indicated the tool was easy to read and contained information that was helpful to them.

Conclusions:
Although Eddy Senior Care did not meet its anticipated goals, the participants in the project were happy with the tool format and felt that the information was helpful. A few participants told the Director of Participant Services that they continue to review them when they become anxious or unsure of what they should do. One particular participant said, "I feel good when I can decide for myself whether I need to contact my nurse or doctor. It [the tool] reminds me about what I should do. I don't have to have someone else tell me." A family caregiver said, "This helps me be more comfortable in caring for my mother."

The following represents a summary of Eddy's PIP for 2014:

As reported through the 2012 MLTC/PACS Annual Report, the number of participants noted as "independent" with medication management was 4% for Eddy Senior Care compared to the statewide average of 28% for all MLTC/PACE plans. The variance in these two rates caused Eddy Senior Care to explore options and approaches that could be implemented for increased autonomy with medications. A secondary component of this project was to ensure participants were educated about their medications and understanding of side effects. The Plan's targeted goal was to increase participants' level of independence with their medication management based upon the UAS-NY scores, with a secondary goal of improving scores on the CHE/PACE survey.

Interventions included the following:

- A standardized medication management assessment and workflow was developed in the first quarter of 2014 by Eddy Senior Care's nursing staff.
- This workflow was then applied to all community-based participants as their semiannual or annual plans of care assessments were being completed by the RN Case Management staff.

Results are summarized as follows:
Total number of participants reviewed – 134
Number residing in the nursing home – 14
Number found to have limiting cognition issues – 75
Number found to be eligible for trial enhanced independence – 45
UAS-NY score depicted same medication independence – 38
UAS-NY score depicted declined medication independence – 2
UAS-NY score depicted improved medication independence – 5

$$\text{Average Variance} = \frac{\text{Sum of the variance in score over a 6-month period}}{\text{\# Eligible participants}}$$

January 2014 – 102 medisets set-up by nursing staff weekly for 134 community-based participants = 76%
December 2014 – 94 medisets set-up by nursing staff weekly for 149 community-based participants = 63%

Conclusions:
The variance in scores within a six-month time frame demonstrated improvement in independence with medication management. As the data are mined further, findings demonstrate than 10% of the eligible population trialed for this project experienced an increase in independence with their medication management, while two participants declined and the remaining 38 remained constant in scores. This project also had a significant impact on new enrollees during this period. Many of the new enrollees were given education and standardization of assessment of medication management by the Case Management staff and an overall decreased rate of medisets filled on-site, indicating more participants and families are managing their medications independently.

Section Seven: Summary/Overall Strengths and Opportunities

Strengths

Advance Directives
There was a statistically significant difference in the percent of members who indicated that they had an executed advance directive, when compared with members statewide (85% vs. 58%, respectively). Additionally, although not statistically significant, 100% of Eddy Senior Care members indicated that their advance directive was on file with the Plan. This is compared to 94% of other PACE members and 79% of members statewide.

Activities of Daily Living (ADL)
Eddy Senior Care members had higher levels of ability in performing each of the activities of daily living in comparison to members statewide, throughout each of the reporting periods in 2014 (with the exception of feeding/eating in the first half of the year, where the difference was negligible).

Pain/Pain Management
A higher percentage of Eddy Senior Care members reported no severe daily pain when compared with members statewide. Thirty seven percent (37%) of Eddy Senior Care members experienced no pain, compared with only 22% of members statewide. This may be indicative of effective pain management programs and / or higher levels of compliance with pain medication.

Opportunities

Consumer Directed Personal Assistance
A lower percentage of Eddy Senior Care members (38%) indicated that the Plan explained the Consumer Directed Personal Assistance Option compared to other PACE plans (58%) and all plans statewide (75%). It should be noted that the sample size was notably small (n=16) and thus results should be interpreted with caution.

Timeliness
The 2014-2015 satisfaction survey results reveal that a lower percentage of members indicated that their home health aide, care manager, visiting nurse and transportation services were always or usually on time, when compared with members enrolled in other PACE plans, and in all other plans statewide.

It is recommended that Eddy Senior Care conduct a focused member survey, addressing the timeliness of these services, to determine the nature of these issues.

Access to Urgent Care (Same Day) – Optometrists
A lower rate was reported among Eddy Senior Care members for same day access to an optometrist in the 2014-2015 satisfaction survey. Nine percent (9%) of Eddy Senior Care members reported having same day access to an optometrist, compared with members in the other PACE plans, and members statewide (27% and 33%, respectively). It should again be noted that the small number of respondents may be impacting these results, nevertheless it is recommended that Eddy Senior Care consider a focused member survey, to determine if access issues exist with these providers.

Access to Urgent Care (Same Day) – Podiatrists
Of the members who responded to the question of urgent access to a podiatrist on the 2014-2015 satisfaction survey, none indicated that they were able to access a podiatrist on the same day, compared with 30% of members in the other PACE plans, and 34% of members statewide.

It is recommended that Eddy Senior Care consider a focused member survey, to determine if access issues exist with these providers.

Cognitive Functioning, Anxiety
Lower rates were reported for cognitive functioning among Eddy Senior Care members compared to members statewide. Twenty-four percent (24%) of Eddy Senior Care members demonstrated intact cognitive functioning compared with 34% of members statewide. A lower percentage of members reporting **no** feelings of anxiety were evident in the latest UAS data submissions, as compared to statewide averages. The scores for these questions can rely heavily upon assessor observation at the time of the assessment visit and may be subjectively scored based upon these observations. It is therefore recommended that Eddy consider conducting an inter-rater reliability study, to aid in determining whether these members do in fact have lower rates of cognitive functioning, and higher anxiety levels, than on a statewide basis, or if there are scoring issues. It may prove advantageous to have two assessors independently conduct the same assessments on a sample of members, to test the validity of UAS responses.