

Notice to Cure Action Plan
Date: March 6, 2017

Background:

A complaint submitted to AHCCCS alleged Cenpatico Integrated Care's (C-IC) lack of responsiveness in addressing serious health and safety concerns for members receiving services from a CIC-contracted provider. As a result of this communication, AHCCCS identified significant concerns related to CIC's actions which are summarized below.

The C-IC Compliance Department:

1. Failed to refer at least four concerns it received about this provider regarding member health and safety and the provision of care and services between December 2016 and January 2017 to its Quality Management Department (QM).
2. Attempted to investigate quality of care allegations for which it lacked authority.
3. Requested the provider, to conduct an internal investigation of one of the allegations for which it lacked authority.
4. Failed to report serious quality of care concerns to its QM Department concerning the CIC contracted provider after having reviewed and substantiated such allegations which include, but are not limited to: "inappropriate seclusion and restraint procedures", termination of an employee and reporting of a licensed staff to the licensing board.

Despite C-IC's knowledge of continuing, serious concerns, regarding the provider, specific to member care and as a result of the Complaints Department's decision to investigate and evaluate these concerns, C-IC failed to:

1. Have its QM staff conduct an onsite investigation in response to concerns of member health and safety
2. Submit Incidents Reports regarding these matters to AHCCCS
3. Submit the quality of care concerns and the CIC investigation to AHCCCS
4. Comply with CIC established policies for referral and investigation of quality of care concerns
5. Comply with required reporting to licensing entities
6. Comply with the process for Peer Review
7. Comply with the requirement to submit to AHCCCS Incident/Accident/ Death (IAD) Reports as evidenced by the fact that no IAD Reports related to this provider have been submitted prior to December 2016.
8. Be able to accurately identify the number of its members in the facility.
9. Ensure that its staff have a thorough understanding of the following:
 - The differences between grievances, complaints and quality of care concerns
 - The authorities, limitations, responsibilities and duties of QM and the Complaints Department as well as the roles and responsibilities of each
 - The critical importance and urgency of referrals of quality of care concerns to QM
 - CIC policies and procedures for referral, evaluation and resolution of grievances/complaints and quality of care concerns.

10. Ensure CIC staff understand and are compliant with their, responsibility to report concerns and/or deficiencies with internal processes and have a thorough understanding of the avenues available for reporting.

Expected Outcome:

C-IC will take immediate actions to address each of these concerns and come into compliance with its Contract and AHCCCS policy related to the process of evaluation and resolution of quality of care concerns.

#	Deficiencies	Action Plan	Responsible Staff	Responsible Leader	Start Date	Target Completion Date	Status Update
1	<p>AHCCCS Required:</p> <p>CI-C will conduct a root cause analysis of the failure of staff to comply with CIC policy regarding evaluation and resolution of quality of care concerns</p>	<p>1.1</p> <p>CI-C will conduct a root cause analysis using the quality management process of “5 Whys”.</p>			2/20/2017	3/2/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> Attachment 3. QM Root Cause Analysis provided to AHCCCS on 3/6/17. <p>COMPLETED</p>
		<p>1.2</p> <p>CI-C will utilize all the deficient areas identified via the 5 Whys process to develop comprehensive actions plans to address each area. Progress towards defined actions through completion will be monitored on a monthly basis via the Quality of Care Committee.</p>			3/2/2017	<p>Action plan completed by 3/5/2017.</p> <p>Monitored via QOC Committee starting 3/23/2017</p>	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> 5 Whys Root Cause provided to AHCCCS on 3/6/17 (Attachment 3. QM Root Cause Analysis). Notice to Cure actions and progress towards actions reviewed in Quality Care Committee on 3/23/2017. <ul style="list-style-type: none"> See Attachments: 16. QC Committee 3.23.2017 17. QMPI Minutes 3.31.2017
2	<p>AHCCCS Required:</p> <p>CI-C will conduct a comprehensive review and analysis of policies related to</p>	<p>2.1</p> <p>CI-C has conducted a comprehensive review and analysis of the QOC Policy, Grievance Policy, Peer Review Policy,</p>			2/20/2017	3/6/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> Attachment 4. Policy Change Summary provided to AHCCCS on 3/6/17.

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	<p>evaluation and resolution of quality of care concerns, tracking and trending and peer review processes to ensure compliance with AHCCCS contract and policy.</p>	<p>Complaints Policy and Immediate Jeopardy Policy to ensure alignment with AHCCCS AMPM and Contract.</p> <p>2.2 The deficiencies will be remedied via policy revisions to ensure that these policies align with AMPM and contract requirements. Policy revisions will be reviewed and approved by Policy Committee</p>			<p>2/20/2017</p>	<p>3/6/2017</p> <ul style="list-style-type: none"> • Quality of Care • Concerns Policy • Grievance & Investigations • Concerning • Persons with SMI • Policy • Member • Grievances & Provider • Complaint Policy • Immediate • Jeopardy Policy <p>3/20/17</p> <ul style="list-style-type: none"> •Peer Review Policy •Customer Service Policies 	<p>COMPLETED</p> <p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • The following attachments were provided to AHCCCS on 3/6/17: <ul style="list-style-type: none"> ○ 5. Quality of Care Concerns Policy ○ 6. Grievance & Investigations Concerning ○ 7. Persons with SMI Policy ○ Member Grievances & Provider Complaint Policy ○ 8. Immediate Jeopardy Policy • Peer Review Policy was revised on 3/6/17 and 3/20/17 to incorporate all of the requirements of AMPM Policy 910.A.3 and references for the appeal and hearing procedures as indicated in Credentialing Policy. <ul style="list-style-type: none"> ○ See Attachment 18. Peer Review Policy • The Customer Service Policies were reviewed, as a result a new policy was developed to address the handling of member grievances and provider complaints, with escalation to QM. <ul style="list-style-type: none"> ○ See Attachment 19. Customer Service Policy

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					2/21/2017	3/6/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • All Staff communication was provided on 3/16/17. <ul style="list-style-type: none"> ○ <i>See Attachment 20. Policy Revisions Notification</i> <p>COMPLETED</p>
					3/3/2017	3/24/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • Policy developed and executed on 4/13/17. <ul style="list-style-type: none"> ○ <i>See Attachment 21. Assessment of Care Concerns Policy</i> <p>COMPLETED</p>
3					2/21/2017	3/6/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • The following attachments were provided to AHCCCS on 3/6/17: <ul style="list-style-type: none"> ○ 9. QM Org Chart Effective and Attachment ○ 10. QOC Workflow <p>COMPLETED</p>
					2/21/2017	3/24/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • A review of the current organizational structure was conducted, as a result opportunities to leverage additional staff resources were identified, including changes in reporting alignment. These changes are reflected in Task 3.3, below.

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							COMPLETED
					3/2/2017	3/24/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • Changes have been made to the organizational alignment of Quality functions. The Quality Department will report directly into the Deputy Medical Director. This will include the functions of QOC, QI, and Credentialing. Grievance Systems will report into the VP of Operations. • In addition to the reporting alignment, additional staffing changes have been added to these areas. Grievance System has acquired 3 Adult Recovery Team Coaches to support member grievances. Quality has elevated the Manager of QOC position to a Senior Manager level position. This will also for a higher level employee to fulfill this role. The QOC team has also added two (2) QOC Specialist and one (1) QOC Coordinator positions. • All changes will be fully executed on 4/24/17 • See the following Attachments: <ul style="list-style-type: none"> ○ 22. QM Org Chart ○ 23. G&A Org Chart

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4					2/22/2017	3/5/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. <p>COMPLETED</p>
					2/22/2017	3/7/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. See Attachment 24. QOC Training <p>COMPLETED</p>
					4/1/2017	Ongoing	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out for New Hire Orientation Training effective, 4/19/17.
					4/1/2017	Ongoing, all employees will take new training before 3/17 and then quarterly thereafter.	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. See Attachment 24. QOC Training

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					4/1/2017	Ongoing, quarterly	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • Training will be reviewed quarterly. Beginning 7/2017.
					2/22/17	2/22/17 and bi-annually	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • Director of QM, [REDACTED], presented at the February 21, 2017 all staff meeting, and will present bi-annually going forward. • See the following Attachments: <ul style="list-style-type: none"> ○ 25. Agenda All Staff 2-21-17 ○ 26. Tempe All Staff Meeting Attendance ○ 27. Tucson All Staff Meeting Attendance
5					3/3/17	3/3/17 and quarterly	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> • Conducted a review of all Compliance Trainings. Each training contains the reporting process outline. This includes, Whistle Blower Protections, the direct contact information for the Chief Compliance Officer of CIC, [REDACTED], as well as hotline reporting for Compliance & Ethics concerns and FWA. • New hire training includes: <ul style="list-style-type: none"> ○ Compliance NEO Presentation – (1st day) ○ FWA – (within 90 days) ○ Centene 101: HIPAA Presentation

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							<p>(within 90 days)</p> <ul style="list-style-type: none"> ○ Centene 101: Ethics and Compliance (within 90 days) ● Annual Training includes: <ul style="list-style-type: none"> ○ FWA ○ Business Ethics and Conduct Policy ○ Centene Annual HIPAA Compliance Training ○ Compliance Email Retention Policy ○ CFR 42, Part 2 ● Communication: <ul style="list-style-type: none"> ○ Monthly compliance updates from the Compliance Officer during mandatory all staff meetings ○ Monthly Email Blast on Compliance topics ○ Annual Compliance Week Campaign – Raising Compliance Awareness with daily events ● March 2017 - The Compliance Department added a designated staff for managing all Compliance Trainings to ensure completion rates and curriculum content. <p>COMPLETED</p>

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6	AHCCCS Required: Conduct refresher Compliance Training addressing communication and reporting for all existing C-IC staff including leadership, management and line staff	6.1 Compliance will conduct all staff training providing a refresher on reporting Ethics and Compliance concerns.			3/3/17	3/31/17	4/17/17 Status Update: <ul style="list-style-type: none"> The following attachments was provided to AHCCCS on 3/6/17: 11. Compliance Training Refresher Training was rolled out to all staff. As of 4/17/17, only 2 staff are outstanding and need of completion. There are an additional 2 staff out on FMLA who will completion upon their return. See Attachment 28. Compliant Training Refresher Completion Report
		6.2 Compliance will partner with Quality Management to conduct a face to face training campaign to provide all staff with a refresher on reporting Compliance and Ethics concerns.			04/1/17	05/1/17 and annually	4/17/17 Status Update: <ul style="list-style-type: none"> Training completed for Medical Management on 3/20/2017. Additional meeting scheduling is in process. See Attachment 29. MM Attendance Roster 3.30.2017
7	Cenpatico Integrated Care (CIC) failed to accurately identify the number of its members in the facility UM Concurrent Review Nurse assigned to [REDACTED] did not call the facilities to confirm the census prior to sending to Quality Management and AHCCCS. Employee was asked to send an accurate census by confirming all members	7.1 Employee was counseled and placed on a performance plan.			2/24/17	3/10/17	4/17/17 Status Update: <ul style="list-style-type: none"> Employee (UM Concurrent Reviewer) was counseled on 2/20/17 and again on 3/31/17. Verbal written warning was completed on 4/7/17.
		7.2 Desktop Procedure developed for "How to Check an Ad Hoc Census"			2/24/17	3/10/17	4/17/17 Status Update: <ul style="list-style-type: none"> The following attachments was provided to AHCCCS on 3/6/17: 12. How to Check an Ad Hoc Census CIC has had 4 Immediate Jeopardies in which "How to confirm an ad hoc census"

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	<p>hospitalized at the facilities. The census sent to AHCCCS indicated there was one member present at the [REDACTED] when in fact AHCCCS confirmed there were 8.</p> <p>Providers are inconsistent in providing admission notification during the COE period and the payor is unclear.</p>						<p>was operationalized. CIC was able to prepare an accurate census using current UM reviewer, Supervisor, and UM Coordinator Supervisor.</p> <p>COMPLETED</p>
		<p>7.3 Provide additional education to provider admission departments when to notify C-IC for members and non-members on court ordered evaluation</p>			4/1/17	5/31/17	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> Finalize presentation materials for provider meetings, to include retraining of “notice of admission” procedures will be completed on 4/25/17 Notice of Admission reeducation and retraining will occur during the May 2017 provider meetings.
		<p>7.4 Centralize a hospital admission desk function that serves only admissions/discharges. The hospital desk will utilize the HIE as a component of admission notification.</p>			4/1/17	5/31/17	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> Currently, the UM reviewers are aware and being directed daily to call and verify discharges. In addition, 50% of our facilities are on telephonic concurrent review twice a week in which they are asked to verify their discharges and new admissions with each call. <p>By 4/30/17</p> <ul style="list-style-type: none"> Finalize a list of key contacts for all inpatient facilities. This will be leveraged to coordinate census information from all

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							<p>facilities by way of their business offices. UM reviewer assignments for each facility will be established.</p> <ul style="list-style-type: none"> UM Admission Coordinator group identified, in which they will call Level one facilities for discharges during hours of operation. After discharge is identified will complete in TruCare and task UM Reviewer to finalize line items and reviews as applicable for medical necessity. <p>By 5/1/17</p> <ul style="list-style-type: none"> Training will be implemented on HIE for this admission group to start to see admissions and discharges sooner than the current fax/portal process. HIE usage will be maximized by 6/1/17 with its current membership. HIE is currently being used by physical health reviewers for some of their initial reviews and discharges. <p>Ongoing development of Admission Desk:</p> <p>UM Coordinator Admission team will be focused on all Inpatient Admissions and discharges.</p> <p>When a member needs to move from a</p>

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							<p>Level 1 to SNF or OOH, the staff will give authorization build information to UM Admission team. A build form has been made for staff to make sure information for building the authorization is consistent.</p> <p>Initiating by 6-1-17:</p> <p>Care Management evaluating daily discharge log and assigning all unassigned SMI Integrated members and GHM-SA for post discharge follow-up.</p>
8	Absence of a standardized process for elevating immediate jeopardy and other urgent member issues to the Quality Management Department	<p>8.1 Cenpatico Integrated Care will revise the internal QOC training to include a review of immediate jeopardy and how to appropriately elevate a potential immediate jeopardy situation to the Quality Management Administrator or designee.</p>			2/22/2017	3/5/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. See Attachment 24. QOC Training <p>COMPLETED</p>
		<p>8.2 All staff will be required to conduct the initial training and then repeat the training quarterly thereafter</p>			Initial training required to be completed by all staff no later than 3/17/2017	Initial completed no later than 3/17/2017 and then quarterly thereafter no later than 6/30, 9/30, 12/31, 3/31 of every quarter	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. See Attachment 24. QOC Training

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		8.3 Revision of the CI-C Immediate Jeopardy Policy to: <ul style="list-style-type: none"> • Include the appropriate process for elevation of potential immediate jeopardy and QOC concerns. • Identify the Director of Quality Management or designee as the lead in immediate jeopardy situations • Clearly define the participants and responsibilities of the “Red Team” to ensure immediate and well-coordinated responses 			2/23/2017	3/5/2017	4/17/17 Status Update: <ul style="list-style-type: none"> • <i>See Attachment 30. Immediate Jeopardy Policy</i> <p>COMPLETED</p>
		8.4 CI-C will develop a desktop procedure and health and safety site visit tool that can be amended as needed depending on the situation and utilized for onsite visits led by the Quality Management Department.			Tool 2/28/17 Desktop 3/6/17	Tool 3/3/17 Desktop 3/24/2017	4/17/17 Status Update: <ul style="list-style-type: none"> • <i>See the following Attachments:</i> <ul style="list-style-type: none"> ○ <i>31. Immediate Jeopardy Desktop Procedure</i> ○ <i>32. Safety Site Visit Tool</i> ○ <i>33. Health and Safety Review</i> <p>COMPLETED</p>

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9	Systemic deficiency in understanding of immediate jeopardy, QOC, complaints, and grievance and the appropriate process and timeliness for handling each	9.1 All CI-C staff will be required to take the revised Quality of Care Training which clearly defines immediate jeopardy, QOC, complaints, and grievance and delineates the appropriate referral process for each			Initial training must be completed by 3/17/2017	Initial completed no later than 3/17/2017 and then quarterly thereafter no later than 6/30, 9/30, 12/31, 3/31 of every quarter	4/17/17 Status Update: <ul style="list-style-type: none"> AHCCCS revisions have been incorporated. Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. See Attachment 24. QOC Training
		9.2 The Quality Management Administrator or designee will provide a reminder update twice annually at the CI-C all staff meeting on how to identify a potential QOC and complete and internal referral to the Quality Management Department			2/21/2017	Ongoing bi-annually	4/17/17 Status Update: <ul style="list-style-type: none"> Director of QM, [REDACTED], presented at the February 21, 2017 all staff meeting, and will present bi-annually going forward. See the following Attachments: <ul style="list-style-type: none"> 25. Agenda All Staff 2-21-17 26. Tempe All Staff Meeting Attendance 27. Tucson All Staff Meeting Attendance

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		9.3 The Quality Management Administrator or designee will attend team meetings annually with all member and provider facing departments to speak on: <ul style="list-style-type: none"> • How to identify a potential quality of care concern • How to complete an internal referral to the Quality Management Department • How to appropriately identify and elevate an immediate jeopardy. 			4/1/2017	Ongoing, annually	4/17/17 Status Update: <ul style="list-style-type: none"> • Training completed for Medical Management on 3/20/2017. Additional meeting scheduling is in process. • See Attachment 29. MM Attendance Roster 3.30.2017
	9.4 Under the direction of the Quality Management Administrator, all QM/Complaints/Grievance and Appeals leaders will meet twice weekly to vet received member issues and ensure that issues are routed through the appropriate resolution channel within the appropriate timeframe	2/27/2017			Ongoing, twice weekly	4/17/17 Status Update: <ul style="list-style-type: none"> • See Attachment 34. QOC Vetting COMPLETED	
	9.5 CI-C will create a new policy which speaks specifically to CI-C process for prompt determination of whether an issue is to be resolved through the established quality management process, grievance and appeals process, complaints process, process for making initial determination of coverage and payment issues, or process	3/3/2017			3/24/2017	4/17/17 Status Update: <ul style="list-style-type: none"> • See Attachment 21. Assessment of Care Concerns Policy COMPLETED	

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		for resolution of disputed initial determination.					
10	Lack of comprehensive desktop procedures related to complaints, QOCs and immediate jeopardy	10.1 CI-C will create a new policy which speaks specifically to CI-C process for prompt determination of whether an issue is to be resolved through: <ul style="list-style-type: none"> • Quality management process • Grievance and Appeals process • Complaint process • Process for making initial determination of coverage and payment issues • Process for resolution of disputed initial determination. 			3/3/2017	3/24/2017	4/17/17 Status Update: <ul style="list-style-type: none"> • See Attachment 21. Assessment of Care Concerns Policy COMPLETED
		10.2 CI-C will ensure that comprehensive desktop procedures are created or updated showing what actions each specific area takes to resolve member issues that are referred to the particular area be it grievance, compliant, or QOC.			2/27/2017	3/24/2017	4/17/17 Status Update: <ul style="list-style-type: none"> • See the following Attachments: <ul style="list-style-type: none"> ○ 35. Grievance (Compliant) Process Desktop ○ 36. Grievance Investigation Desktop COMPLETED
		10.3 CI-C will establish a weekly triage huddle with the Medical Directors and Quality of Care reviewers to staff all new cases and ensure all necessary immediate member action has been taken.			3/13/2017	Ongoing, weekly	4/17/17 Status Update: <ul style="list-style-type: none"> • See Attachment 34. QOC Vetting COMPLETED

#	Deficiencies	Action Plan	Responsible Staff	Responsible Leader	Start Date	Target Completion Date	Status Update
11	Absence of ongoing organization wide training, communication and guidance regarding quality of care concerns and how to refer a QOC to the Quality Management Department	11.1 The Quality Management Administrator or designee will provide a reminder update twice annually at the CI-C all staff meeting on how to identify a potential QOC and complete and internal referral to the Quality Management Department			1. 2/21/2017	Ongoing, bi-annually	4/17/17 Status Update: <ul style="list-style-type: none"> • Director of QM, [REDACTED] presented at the February 21, 2017 all staff meeting, and will present bi-annually going forward. • See the following Attachments: <ul style="list-style-type: none"> ○ 25. Agenda All Staff 2-21-17 ○ 26. Tempe All Staff Meeting Attendance ○ 27. Tucson All Staff Meeting Attendance
		11.2 The Quality Management Administrator or designee will attend team meetings annually with all member and provider facing departments to speak on how to identify a potential quality of care concern and how to complete an internal referral to the Quality Management Department.			4/1/2017	05/1/17 and annually	4/17/17 Status Update: <ul style="list-style-type: none"> • Training completed for Medical Management on 3/20/2017. Additional meeting scheduling is in process. • See Attachment 29. MM Attendance Roster 3.30.2017
		11.3 All staff will be required to take the revised QOC training initially and quarterly thereafter.			Initial completed no later than 3/17/2017	Initial completed no later than 3/17/2017 and then quarterly thereafter no later than 6/30, 9/30, 12/31, 3/31 of every quarter	4/17/17 Status Update: <ul style="list-style-type: none"> • Training is being rolled out to all staff on 4/19/17 with a required completion date of 5/17/17. • See Attachment 24. QOC Training

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12	Lack of Quality Management integration throughout the organization	12.1 The Quality Management Administrator or designee will attend team meetings annually with all member and provider facing departments to speak on how to identify a potential quality of care concern and how to complete an internal referral to the Quality Management Department			4/1/2017	05/1/17 and annually	4/17/17 Status Update: <ul style="list-style-type: none"> • Training completed for Medical Management on 3/20/2017. Additional meeting scheduling is in process. • See Attachment 29. MM Attendance Roster 3.30.2017
		12.2 The Quality Management Department will develop a quarterly Quality Update that will be sent out to all CI-C staff. The Quality Update will provide information to staff on the functions of the Quality Management Department and will describe how other departments can interface with and utilize Quality in order to ensure members are receiving the highest quality care possible.			4/1/2017	Ongoing, quarterly	4/17/17 Status Update: <ul style="list-style-type: none"> • See Attachment 37. Quarterly Quality Update

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		<p>12.3 CI-C will create a revised quality of care workflow which demonstrates how Quality of Care works collaboratively and concurrently with other department such as [REDACTED] and Justice to ensure a member centric approach and resolution to all immediate member issues while Quality is conducting the more thorough quality of care investigation.</p>			2/28/2017	4/1/2017	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> The following attachment was provided to AHCCCS on 3/6/17: 10. QOC Workflow <p>COMPLETED</p>
		<p>12.4 All referrals to other departments during the QOC process will be actively tracked and trended through internal database to ensure proper and timely resolution.</p>			3/24/2017	Ongoing	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> In Progress- SharePoint updated to include ability to refer to other departments via the QOC SP and IS building a reporting feature to that will allow us to report on these referrals. Estimated completion 4/30.
13	Ensure the appropriate level of oversight for compliance concerns.	<p>13.1 Action Plan and related tasks will be monitored within the Quality Management Committee, Compliance Committee, and reported to the Board of Directors.</p>			3/6/17	Quarterly	<p>4/17/17 Status Update:</p> <ul style="list-style-type: none"> Notice to Cure items reviewed in QC Committee on 3/23/2017 and will be monitored in that committee monthly going forward. See Attachment 16. QC Committee 3.23.2017

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15	Complaints Report	15.1 Quarterly Submission of Complaints Report to AHCCCS			6/5/2017	Quarterly	4/17/17 Status Update: <ul style="list-style-type: none"> • First submission will be submitted on 6/5/2017
16	Quality Management Organization Chart	16.1 CI-C will submit a revised Quality Management Organization Chart to AHCCCS			4/13/2017	4/13/2017	4/17/17 Status Update: <ul style="list-style-type: none"> • See the following Attachments: <ul style="list-style-type: none"> ○ 22. QM Org Chart ○ 23. G&A Org Chart
17	QC Committee Minutes	17.1 CI-C will submit a schedule of QC Committee Meetings along with copies of Meeting Minutes with the monthly action plan			4/13/2017	Monthly	4/17/17 Status Update: <ul style="list-style-type: none"> • Please note that the committee that tracks QOC concerns and complaints is the Quality Care (QC) Committee. • See the following Attachment: <ul style="list-style-type: none"> ○ 16. QC Minutes 3.23.2017 ○ 38. Grievance System Quality Care Committee Report