YAVAPAI COUNTY LONG TERM CARE

PROPOSAL

YCLTC RESPONSE TO RFP YH12-0001

Arizona Health Care Cost Containment System
Arizona Long Term Care System
Elderly / Physically Disabled Program

A. GENERAL MATTERS - OFFEROR'S SIGNATURE PAGE

AHCCCS	Notice of Request for Proposal		AHCCCS Arizona Health Care Cost Containment System
	SOLICITATION NO.: **YH12-0001**	PAGE 1	701 East Jefferson, MD 5700
		OF 160	Phoenix, Arizona 85034

Solicitation Contact Person:
Jamey Schultz
Contracts and Purchasing Section
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

Telephone: (602) 417-4629
Telefax: (602) 417-5957
E-Mail: Jamey.Schultz@azahcccs.gov
Issue Date: January 31, 2011

LOCATION: **ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)**
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

DESCRIPTION: **ARIZONA LONG TERM CARE SYSTEM (ALTCS) ELDERLY & PHYSICALLY DISABLED (E/PD) CONTRACT FOR CONTRACTORS**

PROPOSAL DUE DATE: **April 1, 2011** **AT 3:00 P.M. MST**

Pre-Proposal Conference:

A Pre-Proposal Offeror's Conference has been scheduled for **Wednesday, February 9, 2011** from **8:30 AM to 4:30 PM, MST**. The Conference will be held in the following location:
Gold Room, Third Floor
701 E. Jefferson Street
Phoenix, Arizona

QUESTIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED TO THE SOLICITATION CONTACT PERSON NAMED ABOVE, IN WRITING VIA E-MAIL BY MARCH 4, 2011, AT THE LATEST. SEE SECTION I, PARAGRAPH 11, FOR TIMELINES REGARDING SUBMISSION AND RESPONSE TO QUESTIONS.

In accordance with A.R.S. § 41-2501 (G.), which is incorporated herein by reference, competitive sealed proposals will be received at the above specified location, until the time and date cited. Proposals received by the correct time and date will be opened and the name of each Offeror will be publicly read.

Proposals must be in the actual possession of AHCCCS on or prior to the time and date and at the location indicated above.
Late proposals shall not be considered.

Proposals must be submitted in a sealed envelope or package with the Solicitation Number and the Offeror's name and address clearly indicated on the envelope or package. All proposals must be typewritten. Additional instructions for preparing a proposal are included in this solicitation document.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the solicitation contact person responsible for this procurement as identified above.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION.

A. GENERAL MATTERS - OFFEROR'S SIGNATURE PAGE

AHCCCS	Notice of Request for Proposal		AHCCCS Arizona Health Care Cost Containment System
	SOLICITATION NO.: **YH12-0001**	PAGE 2	701 East Jefferson, MD 5700
		OF 160	Phoenix, Arizona 85034

OFFER

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and best-and-final offers (if any). Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Arizona Transaction (Sales) Privilege Tax License No.: N/A

Federal Employer Identification No.: 86-6000561

E-Mail Address: jesse.eller@co.yavapai.az.us

Yavapai County Long Term Care
Company Name

6717 E Second Street, Suite D
Address

Prescott Valley (City) AZ (State) 86314 (Zip)

For clarification of this offer, contact:

Name: Jesse Eller

Phone: 928-771-3559

Fax: 928-771-3542

Signature of Person Authorized to Sign Offer

Carol Springer
Printed Name

Chairman, Board of Supervisors
Title

CERTIFICATION

By signature in the Offer section above, the bidder certifies:

The submission of the offer did not involve collusion or other anti-competitive practices.
The bidder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 99-4 or A.R.S. §§ 41-1461 through 1465.
The bidder has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

The bidder certifies that the above referenced organization ___ is/ X is not a small business with less than 100 employees or has gross revenues of $4 million or less.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)

Your offer, including all exhibits, amendments and best-and-final offer (if any), contained herein, is accepted.

The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

This contract shall henceforth be referred to as Contract No. YH12-0001-.

Awarded this _____ **day of** _____ **2011**

Michael Veit, as AHCCCS Contracting Officer and not personally

YCLTC'S CHECKLIST

Offerors must submit all items below, unless otherwise noted. In the column titled "Offeror's Page #," the Offeror must enter the appropriate page number(s) from its proposal where the AHCCCS Evaluation Panel may find the Offeror's response to the specified requirement. AHCCCS will only consider the information provided within the allotted page limit and permitted attachments, if any, in response to a specific submission requirement when evaluating the Offeror's proposal. At no time will AHCCCS consider information outside the allotted page limit and permitted attachments, or any other information provided elsewhere in the proposal when reviewing a specific response to an individual submission requirement.

A. GENERAL MATTERS

Subject	*Reference*	*Offeror's Page #*
Offeror's signature page	(Front Page)	N/A
Offeror's Checklist (this attachment)	N/A	N/A
Completion of all items in Section G of the RFP	Section G	N/A

B. CAPITATION

Subject	*Reqmt. #*	*Offeror's Page #*
Capitation Rate Bid (via EFT/SFTP and hard copy)	1	19

C. ORGANIZATION

Subject	*Reqmt. #*	*Offeror's Page #*
Moral and Religious Objection	2	24
Organization and Staffing	3	25
	4	52
	5	53
Sanctions	6	55
Claims	7	57
	8	68
	9	69
Encounters	10	72
Information Systems	11	79
	12	103
	13	105
	14	106
Grievance System	15	109
Corporate Compliance	16	116

C. ORGANIZATION - CONTINUED

Finance and Liability Management	17	120
	18	121
	19	123

D. PROGRAM

Subject	*Reqmt. #*	*Offeror's Page #*
Case Management	20	125
	21	128
	22	131
	23	134
	24-A	137
	24-B	140
	24-C	143
	24-D	146
Medical Management	25	149
	26	155
	27	156
	28	159
Quality Management	29	161
	30	163
	31-A	165
	31-B	168
	32	171
	33	174
	34	176
Oral Presentation	35	The Offeror shall submit the names and resumes of the participating individuals via the EFT/SFTP server by 3 p.m. on April 8.

E. PROVIDER NETWORK

Subject	*Reqmt. #*	*Offeror's Page #*
Provider Network	36	181
	37	242
	38	243
	39	246
	40	249
	41	252
	42	255
	43	258

	44	261
[redacted]		
Network Summary via EFT/SFTP	45	N/A

AHCCCS	**SOLICITATION AMENDMENT** Solicitation Number: RFP YH12-0001 Amendment Number 1 (One) Solicitation Due Date: April 1, 2011 3:00 PM (MST)	Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034 Contract Management Specialist: Jamey Schultz, CMS E-mail: Jamey.Schultz@azahcccs.gov

A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.	This Solicitation Amendment is hereby executed this the 24th day of February, 2011, in Phoenix, Arizona.
Signature / Date 3-1-11	
JESSE ELLER, DIRECTOR	
Typed Name and Title	Michael Veit
YAVAPAI COUNTY LONG TERM CARE	Contracts and Purchasing Administrator
Name of Company	

AHCCCS	**SOLICITATION AMENDMENT** Solicitation Number: RFP YH12-0001 Amendment Number 2 (Two) Solicitation Due Date: April 1, 2011 3:00 PM (MST)	Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034 Contract Management Specialist: Jamey Schultz, CMS E-mail: Jamey.Schultz@azahcccs.gov

A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this the 11th day of March, 2011, in Phoenix, Arizona.
Signature	Date 3-14-11	
JESSE ELLER, DIRECTOR		
Typed Name and Title		Michael Veit
YAVAPAI COUNTY LONG TERM CARE		Contracts and Purchasing Administrator
Name of Company		

SECTION G. REPRESENTATIONS AND CERTIFICATIONS OF OFFEROR

The Offeror must complete all information requested below.

1. CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED

By signing this offer the Offeror certifies, under penalty of law, that the information provided herein is true, correct and complete to the best of Offeror's knowledge and belief. Offeror also acknowledges that should investigation at any time disclose any misrepresentation or falsification, any subsequent contract may be terminated by AHCCCS without penalty to or further obligation by AHCCCS.

2. CERTIFICATION OF NON-COERCION

By signing this offer the Offeror certifies, under penalty of law, that it has not made to any provider any requests or inducements not to contract with another potential Contractor in relation to this solicitation.

3. CERTIFICATION OF COMPLIANCE - ANTI-KICKBACK / LABORATORY TESTING

By signing this offer, the Offeror certifies that it has not engaged and will not engage in any violation of the Medicare Anti-Kickback or the "Stark I" and "Stark II" laws governing related-entity and compensation there- from. If the Offeror provides laboratory testing, it certifies that it has complied with and has sent to AHCCCS simultaneous copies of the information required to be sent to the Centers for Medicare and Medicaid Services. (See 42 USC §1320a-7b, PL 101-239, PL 101-432, and 42 CFR §411.361.)

4. AUTHORIZED SIGNATORY

Authorized Signatory for Yavapai County Long Term Care
[OFFEROR'S Name]

Carol Springer — Chairman, Board of Supervisors
[INDIVIDUAL'S Name] [Title]
is the person authorized to sign this contract on behalf of Offeror.

5. OFFEROR'S MAILING ADDRESS

AHCCCS should address all notices relative to this offer to the attention of:

Jesse Eller		Director
Name		Title
6717 E. 2nd St. Suite D		(928) 771-3559
Address		Telephone Number
Prescott Valley	AZ	86314
City	State	ZIP

6. OFFEROR GENERAL INFORMATION

a. If other than a government agency, when was your organization formed? N/A

b. License/Certification: Attach a list of all licenses and certification (e.g. federal HMO status or State certifications) your organization maintains. Use a separate sheet of paper listing the license requirements and the renewal dates.

A. GENERAL MATTERS – REPRESENTATIONS AND CERTIFICATIONS

Have any licenses been denied, revoked or suspended within the past 10 years? Yes _☐_ No _☒_
If yes, please explain.
N/A

c. Civil Rights Compliance Data: Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to your program? Yes _☐_ No _☒_ If yes, please explain.
N/A

d. Accessibility Assurance: Does your organization provide assurance that no qualified person with a disability will be denied benefits of or excluded from participation in a program or activity because the Offeror's facilities (including subcontractors) are inaccessible to or unusable by persons with disabilities? (Note: Check local zoning ordinances for accessibility requirements). Yes_☒_ No _☐_ If yes, describe how such assurance is provided or how your organization is taking affirmative steps to provide assurance.
YCLTC's contracts require that all providers comply with applicable sections of the American's with Disabilities Act (ADA) and local ordinances relative to accessibility. All provider facilities are monitored in person by Provider Relations staff and are screened for accessibility.

e. Prior Convictions: List all felony convictions within the past 15 years of any key personnel (i.e., Administrator, Medical Director, financial officers, major stockholders or those with controlling interest, etc.). Failure to make full and complete disclosure shall result in the rejection of your proposal.
N/A

f. Federal Government Suspension/Exclusion: Has Offeror been suspended or excluded from any federal government programs for any reason? Yes_☐_ No _☒_ If yes, please explain.
N/A

g. Provide the name(s) of the in-house or independent actuary, or actuarial firm used to assist in developing capitation rates and / or reviewing published capitation rate information.
Milliman USA – Thomas D. Snook, Principle and Consulting Actuary
Name

15333 N. Pima Rd. Suite 375 Scottsdale AZ
Address City State

h. Did any other firm or organization provide the Offeror with any assistance in making this offer (to include developing capitation rates or providing any other technical assistance and/or reviewing published capitation rates)? Yes_☐_ No _☒_ If yes, what is the name of this firm or organization?
N/A
Name

Address City
State

i. Has the Offeror contracted or arranged for Management Information Systems, software or hardware, for the term of the contract? Yes_☒_ No _☐_ If yes, is the Management Information System being obtained from a vendor? Yes _☒_ No _☐_ If yes, please provide the vendor's name, the vendor's background with AHCCCS, the vendor's background with other HMOs or managed care entities, and the vendor's background with other Medicaid programs.

Yes, YCLTC has been contracted with Plexis Healthcare Systems (claims healthcare information system) for the past eleven years. Plexis has experience with AHCCCS through their contracts, not only with YCLTC, but also with Pinal/Gila Long Term Care and Children's Clinic for Rehabilitative Services. They support nearly 100 clients by administering benefits for over 60 million individuals on three different software platforms. Plexis started as a managed care focused organization with their first customer being a managed services organization based in Phoenix, Arizona. Since then, Plexis has continued to branch out into other areas of managed care as well as fee for service environments. Currently Plexis supports managed care clients with PPO's, PHO's, HMO's including PACE, and Medicare Advantage Health Plans. Medicaid Health Plans include Arizona, Oregon, Michigan, California, New York, Maryland and the District of Columbia; Managed Services Organizations including managed care carve outs (behavioral health, vision, radiology, oncology). Independent Provider Associations; Medical Groups, and Safety net programs for those who do not qualify for Medicare and Medicaid are also supported.

Yes, YCLTC has been contracted with CH Mack, Inc. (case management software program) for the past three years. They have several years experience with AHCCCS through their contracts with YCLTC and Pinal/Gila Long Term Care. Other experience with managed care entities include United Healthcare of Nevada. Out of state Medicaid contracts include Wellcare, Tennessee Blue Cross Blue Shield LTC program, Council on Aging in Ohio, Erie County & Wetchester County Department of Social Service in New York, Neighborly Care Network and American Eldercare in Florida, and Council on Aging in California and Texas.

7. FINANCIAL DISCLOSURE STATEMENT

The Offeror must provide the following information as required by 42 CFR 455.103. This Financial Disclosure Statement shall be prepared as of December 31, 2010. However, continuing Offerors who have filed the required Financial Disclosure Statement to AHCCCS within the last 12 months need not complete this section if no significant changes have occurred since the last filing.

a. Ownership: List the name and address of each person with an ownership or controlling interest, as defined by 42 CFR 455.101, in the entity submitting this offer:

Name	Address	Percent of Ownership or Control
None		

b. Subcontractor Ownership: List the name and address of each person with an ownership or control interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more:

Name	Address	Percent of Ownership or Control
None		

Names of above persons who are related to one another as spouse, parent, child or sibling:
None

c. Ownership in Other Entities: List the name of any other entity in which a person with an ownership or control interest in the Offeror entity also has an ownership or control interest:
None

d. Long-Term Business Transactions: List any significant business transactions, as defined in 42 CFR 455.101, between the Offeror and any wholly-owned supplier or between the Offeror and any subcontractor during the five-year period ending on the Contractor's most recent fiscal year end:

Describe Ownership of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction
AAA MedEx	Non-Emergency Transportation	$224,311
Abe-L-Travel / Kaylowell, Inc	Non-Emergency Transportation	$303,916
AccentCare at Home, Inc.	Homemaking, Attendant Care, Personal Care	$152,426
Acumen Fiscal Agent LLC	Attendant Care	$157,416
Adam's House	Assisted Living Home	$759,910
ADL Solutions, Inc.	DME, Home Modifications	$29,751
Affordable Oxygen & Medical Supply LLC	DME	$131,777
A Little Bit of Heaven	Assisted Living Home	$82,917
Alliance Home Care	DME	$1,560,688
Altius Healthcare (Option Care of YC)	Infusion	$369,941
Amberg, Jonathan DMD (High Valley Dental)	Dentist	$147,735
Ameri-Fab	Environmental Modifications	$300,295
Angels on Duty	Homemaking, Respite, Attendant Care, Personal Care	$7,307,277
Apria Healthcare	DME	$66,891
Austin House, Inc.	Adult Day Care, Assisted Living Facility	$1,823,907
Autumn Season ALH	Assisted Living Home	$55,193
AZ Grand Med Ctr	Specialty	$89,994
AZ Integrated Rsd & Edu	Attendant Care, Homemaking, Respite	$183,168
AZ Kidney Dis & Hyp Ctr	Ambulatory Surgery Center	$132,219
AZ Oncology Assoc	Specialty	$361,363
*AZ Senior Care Pharmacy	Pharmacy	$171,909
Banner Good Samaritan MC	Inpatient Hospital	$416,428
Best of Europe ACH LLC	Assisted Living Home	$101,302
BFb Assisted Living Home LLC	Assisted Living Home	$199,218
BJ Group Home	Behavioral Health	$47,625
Carefree Assisted Living Center	Assisted Living Center, Respite	$70,130
Casa De Capri Enterprises	Nursing Facility	$62,529
CASA Senior Care	Home Delivered Meals	$40,012
Center Adult Day Care	Adult Day Health	$737,879
Cottonwood Terrace	Assisted Living Center	$140,616
Country Care	Assisted Living Home	$220,522
*Curascript Pharmacy Inc	Pharmacy	$121,095
*CVS Pharmacy	Pharmacy	$180,302

Desert Haven	Nursing Facility	$867,052
Dignity First Inc dba Home Sweet Home	Assisted Living Home	$83,116
Eastman Assisted Living	Assisted Living Home	$48,168
El Dorado Residential Care Home	Assisted Living Home	$229,753
Encanto Palms Assisted Living	Assisted Living Center	$212,090
Flagstaff Medical Center	Inpatient Hospital	$231,386
FMC BMA Dialysis Prescott Valley	Outpatient Dialysis	$164,189
*Fry's	Pharmacy	$428,564
FSL Programs	Attendant Care, Homemaking, Respite	$79,938
Gentle Care Transport, Inc	Non-Emergency Transportation	$66,406
*Goot Pharmacy	Pharmacy	$110,393
Granite Mountain Home Care	Therapy, Homemaking, Home Health Aide, Home Health Nurse, Personal Care	$310,410
Grayson House (Assisted Living Concepts)	Assisted Living Center	$453,820
Green, Ralph, DDS PC	Dentist	$75,626
H & M Rogers Transportation	Non-Emergency Transportation	$1,201,556
Hacienda, Inc.	Nursing Facility	$134,124
Hanger Prosthetics & Orthopedics	DME	$192,438
Helen Peter dba A Little Bit of Heaven	Assisted Living Home	$82,917
Highland Manor	Nursing Facility	$214,260
Home Instead Senior Care	Homemaking, Respite, Attendant Care, Personal Care	$2,347,907
Hospice Family Care	Hospice	$158,661
Infinia at Camp Verde	Nursing Facility, Non-Emergency Transportation	$7,480,738
Infinia at Cottonwood	Nursing Facility, Therapy, Respite	$7,122,623
John C. Lincoln Deer Vly	Hospital	$59,935
Kachina Point Health Care	Nursing Facility, Therapy, Non-Emergency Transportation	$12,316,301
Kindred Hospital - Phoenix	Inpatient Hospital	$262,106
Kuhns, Philip A.	Dentist	$64,034
Lab Corp of America	Lab	$45,516
Las Fuentes Care Center	Nursing Facility, Respite, Therapy, Non-Emergency Transportation	$12,448,594
Life Line Ambulance	Emergency Transportation, Non-Emergency Transportation	$597,555
Lingenfelter Ctr LTD	Nursing Facility	$179,774
Marc Center of Mesa, Inc.	Homemaking, Attendant Care, Personal Care	$74,550
Margaret T. Morris Center	Assisted Living Center	$587,659
Maricopa County Health System	Inpatient Hospital	$677,113
Maryland Gardens ALC	Assisted Living Center	$154,023
Maryland Gardens Care Center (Senior Living Options)	Nursing Facility	$61,623
Mayer Nutrition	Home Delivered Meals	$146,772
Meadow Park Care Center	Nursing Facility, Respite, Therapy,	$11,290,566

Meadow Park Care Center	Non-Emergency Transportation	
Medical Svcs of Prescott	Primary Care Physician, Specialty	$130,250
Meditrans	Non-Emergency Transportation	$421,016
Medpro	Primary Care Provider	$77,612
Melvin Adult Foster Care	Adult Foster Care	$90,298
Mingus Center	Behavioral Health	$116,125
Mountain Transportation Specialists	Non-Emergency Transportation	$624,090
Mountain Vly Reg Rehab	Hospital	$522,105
Mountain View Manor	Nursing Facility, Therapy, Non-Emergency Transportation, DME	$14,272,104
NAZ Hospitalist	Specialty	$158,395
New Horizons Independent Living	Non-Emergency Transportation	$189,276
NRI, Inc.	Dialysis	$162,498
Northern Arizona Homecare	Therapy, Infusion, Homemaking, Home Health Aide, Home Health Nurse, Personal Care	$596,713
Northern Arizona Tumor Institute	Specialty	$114,100
Nurses Network, Inc.	Therapy, Homemaking, Home Health Aide, Home Health Nurse, Respite, Personal Care	$1,671,706
*Osco Pharmacy	Pharmacy	$474,823
Palm Valley Rehabilitaion (Senior Living Options LLC)	Nursing Facility	$111,366
Pathways Care Home	Assisted Living Home	$48,452
Payson Care Center	Nursing Facility	$184,484
Payson Hospital Corporation	Hospital	$66,360
People First	Homemaking, Respite, Attendant Care	$308,690
Peppertree Square	Assisted Living Center	$1,994,854
Phoenix Childrens	Inpatient Hospital	$592,673
Phoenix Children's Medical Group	Pediatric Specialties	$86,660
Plaza Healthcare, Inc.	Nursing Facility	$773,267
Prescott IntervRadiology	Specialty	$40,295
Prescott Meals on Wheels	Home Delivered Meals	$220,418
Prescott Samaritan	Nursing Facility, Respite, Non-Emergency Transportation, Homemaking, Home Delivered Meals, Attendant Care, Personal Care	$10,008,449
Prescott Radiologists	Lab, Radiology	$108,837
Prescott Valley Samaritan Center	Nursing Facility, Therapy, Non-Emergency Transportation	$11,135,964
Prescott Valley Senior Nutrition	Home Delivered Meals	$172,992
QLP, LLC / ResponseLink of Maricopa	DME	$172,375
Renal Care Group AZ	Outpatient Hospital	$54,978
ResCare HomeCare (Formerly Creative Networks)	Attendant Care, Homemaking, Respite	$3,960,631
Ridgecrest Hlthcr LLC	Nursing Facility	$1,076,085
Rim Country Health Care	Nursing Facility	$1,542,036

Ruby Jewel's Boardin' Home	Assisted Living Home	$130,052
*Safeway Pharmacy	Pharmacy	$845,829
Safe Ride Services	Non-Emergency Transportation	$69,154
Santa Fe House	Assisted Living Home	$40,483
Santa Rosa Healthcare	Nursing Facility	$40,103
Scottsdale Healthcare	Inpatient Hospital, Emergency Services, Outpatient Facility	$79,639
Sedona Winds (Kachina Pt Assisted Living)	Assisted Living Center	$49,621
SequelCare	Behavioral Health	$50,906
*Southern Desert Pharmacy	Pharmacy, DME, Infusion	$1,909,652
*Spring Valley Pharmacy	Pharmacy, DME	$141,035
St Josephs Medical Ctr	Inpatient Hospital, Outpatient Facility	$243,522
St Lukes Medical Center	Hospital	$45,408
Tempe St Luke's Hospital	Inpatient Hospital	$41,839
Tender Hearts Senior Care	Homemaking, Respite, Attendant Care, Personal Care	$1,236,702
The Caring Presence	Homemaking, Respite, Attendant Care, Personal Care	$3,445,298
United Youth & Family Services	Behavioral Health	$171,290
Verde Valley Guidance Clinic	Behavioral Health	$199,539
Verde Valley Medical Center	Therapy, Inpatient Hospital, ER, Outpatient Hospital, Lab, X-ray, Pathology	$1,397,059
Verde Valley Senior Citizens	Home Delivered Meals	$284,916
Victorian Gardens	Assisted Living Home	$181,571
*Walgreens	Pharmacy	$784,723
Western Medical	DME	$64,745
Westervelt, Kirk	Dentist	$119,470
Westfield Assisted Living LLC	Assisted Living Home	$324,477
Yavapai Care Services	Homemaking, Respite, Attendant Care, Personal Care	$10,255,686
Yavapai County Attendant Care	Homemaking, Respite, Attendant Care	$3,844,878
Yavapai County Personal Care	Homemaking, Attendant Care, Personal Care	$395,815
YRMC - Home Health	Therapy, Home Health Aide, Home Health Nurse, Hospice	$568,043
YRMC - Hospital	Therapy, Inpatient Hospital, ER, Outpatient Hospital, Lab, X-ray, Pathology	$3,188,163

*Pharmacy Benefits Manager directly contracts with these agencies

A. GENERAL MATTERS – REPRESENTATIONS AND CERTIFICATIONS

e. Criminal Offenses: List the name of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs:

Name	Address	Title
None		

f. Creditors: List name and address of each creditor whose loans or mortgages exceed 5% of total Offeror equity and are secured by assets of the Offeror's company.

Name	Address	Description of Debt	Amount of Security
None			

g. Outstanding Legal Actions:

1. Are there any lawsuits, judgments, tax deficiencies or claims pending against your organization? Yes _☐_ No _☒_ If yes, provide details including the dollar amount.

2. Has your organization ever gone through bankruptcy? Yes _☐_ No _☒_ If yes, provide the year.

N/A

8. RELATED PARTY TRANSACTIONS

a. Board of Directors: List the names and addresses of the Board of Directors of the Offeror.

Name/Title	Address
Carol Springer, Chair	1015 Fair St. Prescott, AZ 86305
Thomas Thurman, Vice Chair	1015 Fair St. Prescott, AZ 86305
Chip Davis, Member	1015 Fair St. Prescott, AZ 86305

b. Related Party Transactions: Describe transactions between the Offeror and any related party in which a transaction or series of transactions during any one fiscal year exceeds 2% of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting the dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to (1) the reasonableness of the transaction, (2) its potential adverse impact on the fiscal soundness of the disclosing entity, and (3) that the transaction is without conflict of interest:

i) Describe all transactions between Offeror and any related party which includes the lending of money, extensions of credit or any investment in a related party. This type of transaction requires review and approval in advance by the Office of the Director:

Description of Transaction	Name of Related Party and Relationship	Dollar Amount for Reporting Period
None		

Justification:
N/A

ii) List the name and address of any individual who owns or controls more than 10% of stock or that has a controlling interest (i.e. formulates, determines or vetoes business policy decisions):

Controlling Name	Address	Owner Or Controller	Has Interest? Yes / No
None			

9. OFFEROR'S OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. **Offerors shall declare all anticipated offshore services in the proposal.**

None

END OF SECTION

B. CAPITATION – CAPITATION BID SUBMISSION Q.1

YCLTC has submitted a completed template for our capitation rate bid on the EFT/SFTP server. Please see attached a paper copy of the capitation rate bid and the actuary's attestation statement.

Service Category	Yavapai County Long Term Care GSA 48		
	Gross	MIX	Net
Nursing Facility	$ 5,365.12		
Share of Cost			$ (379.10)
Net Nursing Facility			
HCBS Home and Community	$ 1,561.88	62.96%	
Net HCBS			
Acute Care Prior to Reinsurance			$ 469.88
Reinsurance Offset			$ (124.59)
Net Acute Care			
Medical Component [2]			
Case Management [3]			$ 96.32
Administration [4]		7.35%	
Sub-Total of Scored Components			
Risk/Contingency at 1%			
Net Capitation			
Premium Tax (98% of Final Cap)			
Net Cap w/ Premium Tax			

Key
user input
user input using AHCCCS provided numbers

Notes

1) Numbers are fictional for example purposes and are on a Per Member Per Month (PMPM) basis.
2) Scored component, must be within the range provided by AHCCCS or will not be accepted.
3) Scored component (no max, no range supplied).
4) Scored component. Bidder must enter admin as a %. Admin dollars will be a calculation. Max admin accepted for bid is 8%. If bidders bid admin % above the max will not be accepted. Admin % is calculated as: Admin / (Net NF + Net HCBS + Acute Care Prior to RI + Case Management)
5) The above template must be provided for each GSA bid.
6) With bid submission bidder must submit an actuarial certification signed by a qualified actuary.
7) Bidder must use AHCCCS provided numbers for SOC, HCBS Mix % and Reinsurance Offsets when submitting their bid.

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USA

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milliman.com

March 21, 2011

Actuarial Certification
Yavapai County Long Term Care
ALTCS Elderly & Physically Disabled Capitation Bids: GSA 48
October 1, 2011 – September 30, 2012

I, Thomas D. Snook, am a Consulting Actuary with Milliman, Inc. I am a Fellow of the Society of Actuaries. I am also a Member of the American Academy of Actuaries and meet its Qualification Standards for Prescribed Statements of Actuarial Opinion. I have been retained by Yavapai County Long Term Care to provide a certification of the actuarial soundness of its proposed capitation rate for Elderly & Physically Disabled Services in GSA 48 under the Arizona Long Term Care System (ALTCS).

The purpose of this certification is to comply with the Instructions to Offerors contained in the Request for Proposal (including amendments through the date of this certification) issued by Arizona Health Care Cost Containment System Administration (AHCCCS). This certification may not be appropriate for other purposes.

The capitation rate to which this certification applies is shown in the table below. The rate applies to the period October 1, 2011 through September 30, 2012. This rate is inclusive of Case Management, Administration, Risk/Contingency and Premium Tax, and net of Reinsurance and Share of Cost. The bid reflects the ALTCS-provided HCBS Mix, Share of Cost, and Reinsurance Offset values.

Yavapai County Long Term Care
Proposed Capitation Rate for GSA 48

Net Capitation with Premium Tax
$3,366.43

It is my opinion that the above rate is adequate to fund claims and administrative expenses for an average elderly & physically disabled population for GSA 48 during the time period for which it are intended.

My determination is based on a review of the claim experience and other information provided by ALTCS, experience data and descriptions of provider contracts provided by Yavapai County Long Term Care, and my judgment. In performing my analysis, I relied on data and other information provided by ALTCS and by Yavapai County Long Term Care. I have not audited or

Milliman

verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

The costs which underlie the capitation bid are estimates only and include assumptions regarding future experience. In my opinion, the assumptions used are applicable for the purpose of this certification and are reasonably related to the experience of Yavapai County Long Term Care and/or experience provided by ALTCS and to reasonable expectations. Actual results will differ from the figures indicated in the final offered rates to the extent that future plan experience differs from the assumptions used to develop the figures.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, whose standards form the basis of this statement of opinion.

Thomas D. Snook, FSA, MAAA
Milliman, Inc.
15333 N. Pima Road, Suite 375
Scottsdale, AZ 85260

March 21, 2011

C. ORGANIZATION – MORAL AND RELIGIOUS OBJECTIONS Q.2

Yavapai County Long Term Care has no moral or religious objections to providing any of the services covered under Section D, Program Requirements of the ALTCS RFP.

C. ORGANIZATION – ORGANIZATION AND STAFFING Q.3

Table C3.1 below indicates the names of persons filling the required key positions as detailed in Section D, Paragraph 25, Staff Requirements and Support Services. Resumes, attached, include how long the personnel have been in these positions and any long term care experience. YCLTC does not have any vacant key personnel positions as of bid submittal date.

Position	**Name**	**Date in this Position**
Administrator/CEO/COO	Jesse Eller	January 2008
Medical Director/CMO	Ferenc Nagy, M.D.	September 2004
Chief Financial Officer/CFO	Becky Ducharme	July 1993
Pharmacy Coordinator/Director	Darla Bodnar, R.Ph.	November 2008
Dental Director/Coordinator	Mark Curtis, DDS	October 2008
Compliance Officer	Leona Brown *	July 2004
Dispute and Appeal Manager	Leona Brown *	July 2004
Business Continuity Planning and Recovery Coordinator	Mary Kingston	September 2004
Contract Compliance Officer	Vicki Mastriani	January 2011
Quality Management Coordinator	Marilyn Journell, RN	November 2009
Performance/Quality Improvement Coordinator	Patricia Karalow, RN	November 2008
Maternal Health/EPSDT Coordinator	Marilyn Journell, RN	November 2009
Medical Management Coordinator	Patricia Karalow, RN	November 2008
Behavioral Health Coordinator	Lisa Temple	November 2010
Provider Services Manager	Leona Brown *	July 2004
Claims Administrator	Becky Ducharme	July 1993
Provider Claims Education	John Gesell	August 2002
Case Management Administrator/Manager	Jennifer Nelson	December 2010

Table C3.1

*Leona Brown is currently responsible for more than two key positions as noted above. YCLTC will ask for an exception to this limitation upon contract award.

YCLTC has processed 72 claim disputes and 29 member appeals since October 1, 2006. Awareness and detection of fraud and abuse is a strong component of YCLTC's corporate culture. Due to strong internal support, adequate resources to help providers, and a relatively small number of members, one person is able to devote sufficient time to fulfill the responsibilities of these three key positions. If program requirements expand, YCLTC may reassign the Dispute and Appeal Manager responsibility.

JESSE ELLER

6717 E. 2nd Street Suite D Prescott Valley, AZ 86314 928-771-3560 ext 3559

EDUCATION

- Master of Business Administration, University of Phoenix, AZ - 2006
- Bachelor of Science of Business Management and Marketing, University of Phoenix, AZ - 2004

EXPERIENCE

Yavapai County Government Prescott, Arizona (January 2008 – present)

Director – Long Term Care

- Appointed by the Yavapai County Board of Supervisors to direct operations and administration of the Department of Long Term Care. Responsible for planning, monitoring and directing operations of the Long Term Care Health Plan for the elderly and physically disabled.
- Prepare and monitor $45 million dollar budget.
- Full responsibility for agency Profit and Loss.
- Lead the formulation of short and long term plans for department; evaluate effectiveness of programs and make recommendations; lead delivery of services to eligible clients.
- Provide oversight and direction for all hiring, termination and personnel actions for the Department.
- Prepare written and verbal presentations to the County Board of Supervisors, community organizations and the local press.
- Interpret impact of legal requirements and legislative changes to Departmental programs.
- Maintain accountability and compliance with Arizona Health Care Cost Containment System (AHCCCS) contractual obligations.
- Member/Vice Chair – Northern Arizona Coalition of Governments (NACOG) Community Action Board
- Member – NACOG Area Agency on Aging Regional Advisory Council.
- Associate Member – Arizona City/County Management Association.
- Member – Yavapai County Trust.
- Board Member – Prescott Area Leadership.
- Founding Board Member/Vice Chair 2009/2011 – The Mountain Institute Joint Technical Education District.

A New Leaf, formerly PREHAB of Arizona Mesa, Arizona (June 1998 – December 2007)

Executive Director – Mesa Community Action Network (September 2006 – December 2007)

- Led the successful merger of MesaCAN with A New Leaf.
- Secured $450,000 grant for capital improvements.
- Completed build out and lease agreement with a financial institution to create additional revenue stream and service option for clients and agency.
- Negotiated agreement with Maricopa County Health Department to pay for leasehold improvements and lease agency facility to provide WIC and Immunization services; develop eastern Maricopa County Vital Records Office.
- Negotiate and manage contracts with Arizona Department of Economic Security.
- Developed management services agreement with two separate non-profit agencies.
- Member, Governor's Earned Income Tax Credit Task Force.
- Member, Maximus Community Council.
- Member, Board of Directors Arizona Community Action Association.
- Member, Maricopa County Emergency Food and Shelter Program Board of Directors.
- Member Mesa United Way 85204 Committee.

Vice President (January 2005 – December 2007)

- Direct the management of all operations of assigned programs which include: Detention Alternative Program, Therapeutic Foster Care, Crisis Intervention Program, Out Patient Counseling Clinic, Three Residential Treatment Centers, North Central Association Accredited Private School.
- Negotiate and manage contracts with AHCCCS; Arizona Administrative Office of the Courts; various Arizona County Probation Departments; All Arizona Regional Behavioral Health Authorities; private insurance carriers.
- Managed and designed construction of new school campus.
- Centralized in-patient services from three campus' to one campus.
- Wrote/developed agency code of conduct.
- Agency representative for the Arizona Council of Human Service Providers.
- Agency representative for the Children's Action Alliance Juvenile Justice Commission.
- Chairperson – Environment of Care Committee, 2005 – 2006.
- Member, Quality Management Committee, 2005 – 2007.
- Director, Camp A New Leaf (cultural diversity camp for at-risk youth), 2000-2006.
- Member Executive Committee, 2002-2003, 2005 – 2007.
- Certified Senior Associate Crisis Prevention Instructor.

Program Manager (June 1998 – January 2005)

- Direct the management of all operations of assigned programs which include: two residential treatment centers; foster care program.
- Ensure assigned programs remain compliant with all contracted payer sources including; AHCCCS; Arizona Administrative Office of the Courts; various Arizona County Probation Departments; All Arizona Regional Behavioral Health Authorities; private insurance carriers.
- Guided the two treatment centers to become highest profit programs within agency; 21 total programs.
- Expanded foster care program from one part-time staff and one foster family to specialized foster care program with four full time staff and 20 licensed foster care families.
- University of Oklahoma Certified Trainer for RTC Client Care Workers.
- Certified leader for PS-MAPP curriculum (State mandated foster parent training).
- Chairperson, Training Committee, 2002-2003.
- Agency team leader of the year 2002.

Frontier Solutions, Inc. Prescott, Arizona (1996 – 1998)

- Assisted President in day-to-day operations.
- Co-Directed development of multi-million dollar estate.
- Co-Developed security, electrical, entertainment, communication systems for custom home.

PREHAB of Arizona Mesa, Arizona (1990 – 1996)

Shift Director

- First line supervisor of a residential treatment center, specializing in the treatment of male adolescents with dual diagnosis' and criminal behaviors.
- Acting Director in absence of Program Director.
- Developed client handbook for agency use.

FERENC NAGY, MD, CMD - CURRICULUM VITAE

Board Certified Family Practice
PO Box 10973, Prescott, AZ 86394

Phone (928) 775-9740
Fax (928) 775-9743

PRÉCIS of CURRENT PRACTICE

Board Certified Family Practice clinically active physician with an avid interest in treatment of the geriatric population with a focus in hospice, Alzheimer's and administrative work for the elderly and physically disabled population.

Ongoing active clinical work in the urgent care, hospice and clinic settings; house visits are provided when required; Medical Director of the Yavapai County elderly and physically disabled population.

Extensive studies and attendance at conferences, conventions and workshops through AZ Geriatric Medical Association and the American Medical Directors Association, for studies in the areas of geriatric cognition, behavioral health and treatment of dementia related psychoses.

MEDICAL DIRECTOR

Yavapai County Long Term Care, Prescott Valley, Arizona (September 2004 – present)
As the Medical Director of YCLTC responsibilities include actively providing professional medical direction regarding development, implementation, refining and interpretation of YCLTC policies and procedures and ensure compliance with AHCCCS, ALTCS, Medicaid and Medicare regulations, including but not limited to:

- Utilization, Quality and Medical management.
- Peer Review.
- Network development within local and regional markets.
- Prior authorization processes.
- Concurrent review.
- Discharge planning.
- Medical claims with regard to medical necessity and appropriateness of charges.
- Credentialing review.
- Medical review in the grievance, appeal and state fair hearing processes.

General Duties:

- Provide medical expertise regarding administrative goals and policies to improve all medical management activities of all units within the YCLTC.
- Collaborate with YCLTC management to develop, implement and improve continuing education of providers and staff.
- Availability to present educational materials to YCLTC staff, providers and members.
- Assure long term care services are accessible, available, coordinated, and continuous to meet needs of members.
- Assure, in conjunction with the Director, that adequate staff and resources are available for the provision of quality medical care to members.
- Devote sufficient time to ensure timely medical decisions, including after-hours consultation as needed.
- Transitional clinical intervention for continuity of care when patient has sudden unforeseen loss of PCP coverage.
- Participate in all major clinical and Quality Management/Utilization Management program components.
- Research pertinent medical issues relating to program needs.

- Provide quality medical direction and support to the YCLTC management team and units to ensure that the delivery of services is based on managed care principles of medical necessity, cost-effectiveness and quality care.

CLINICAL PRACTICE and EDUCATION

- 2010 – Present Prescott Urgent Care.
- September 1998 – 2009 Urgent Care Physician, Prescott Valley Urgent Care, Prescott Valley, Arizona.
- May 1984- April 2004 Medical Director and Clinician at Kachina Point Nursing and Rehab Center, Sedona, Arizona.
- July 1999 – 2001 Urgent Care Physician, Sedona Urgent Care, Sedona, Arizona.
- February 1998 – April 1999 Medical Director, Atria Assisted Living, Sedona, Arizona.
- May 1980 – November 1994 Private Practice, Sedona, Arizona. Then continued in same practice until September 1998 in the new clinical setting of Sedona Medical Center, Sedona, Arizona.
- September 1986- 1988 Medical Director and Clinician, The Villa, Drug Rehab, Sedona, Arizona.
- February 1972 – May 1980 Practice, Duncan, B.C., Canada.
- July 1971 – February 1972 Practice, Chemainus, B.C., Canada.
- June 1970 – June 1971 First Year Surgical Residency, St. Paul's Hospital, Vancouver, Canada.
- June 1969 – June 1970 Rotating Internship, Montreal General Hospital, Montreal, Canada.
- May 1969 MD degree, McGill University, Montreal, Canada.
- May 1965 BSC degree, McGill University, Montreal, Canada.

HOSPITAL AFFILIATIONS

- 1984 – 2000 Courtesy staff, Verde Valley Medical Center, Cottonwood, Arizona.
- 1985 – 1998 Courtesy staff, Flagstaff Medical Center, Flagstaff, Arizona.
- 1980 – 1984 Active Staff Verde Valley Medical Center, Cottonwood, Arizona.
- Resigned both affiliations as no longer doing any hospital based work. New clinical work is entirely outpatient, urgent care and Nursing home practice.

PROFESSIONAL MEMBERSHIPS

- 1980 – present Arizona Medical Association & Arizona Academy of Family Practice.
- 1980 – present American Academy of Family Practice.
- 1990 – present American Medical Director's Association, Certified Medical Director.
- 1991 – present Arizona Geriatric Society.

MILITARY MEDICAL SERVICE – 24 years

- 2004 United States Army Reserves, Colonel, Retired.
- 1982 – 2004 Medical Officer, US Army Reserve, Grade Col.
- 2003 February – June Operation Enduring Freedom, Iraq * Ft. Lewis, WA.
- 1996 Veteran OPFOR Bosnia/Germany.

PRESENTATIONS

- 2005 – Present
    - Southwest Education, Prescott VAH.
    - Advisory member and speaker in Flagstaff and Sedona for Northern AZ Alzheimer's Association.
    - Presentations on "The prevention of Alzheimer's" and "Alzheimer's is a Terminal Illness".

BECKY J. DUCHARME Page 1 of 2
6717 East Second Street Suite D, Prescott Valley, Arizona 86314 (928) 771-3560

EDUCATION

Principles of Accounting
Yavapai College, Prescott, Arizona; 1994

Office Accounting
Yavapai College, Prescott, Arizona; 1979

Business & Office Administration
Budget Developing & Administrating
Leadership & Management Training
Team Building
Essentials of Credibility, Composure & Confidence
Supervision Management
Selection Interviewing
Seminars/Training Course Work; 1981-Present

QUALIFICATIONS

- Twenty nine years experience with Arizona Medicaid Programs.
- Expert oversight of YCLTC budget, accounting systems and financial reports.
- Researched and initiated implementation of Medicare cross over claims.
- Project manager for HIPAA 5010 and ICD10 conversions.
- Consult with Program Contractors and other health care entities who utilize Plexis Claims Manager.
- Manage and monitor encounter contractual requirements.
- Manage and monitor claims processing to meet contractual, state, and federal requirements.
- Skilled in management, decision-making, communication and flexibility.
- Experienced in evaluating operating expenses and providing budget planning, analysis and oversight.
- Highly organized, effectively supervise employees with team emphasis.
- Dedicated professional attitude, independent worker.
- Computer literate on a variety of software programs with project management in system conversion.

EXPERIENCE

BUSINESS OFFICE MANAGER, Yavapai County Long Term Care, Prescott Valley, Arizona
(July 1993 - Present)

- Develop accounting systems and claims unit for Medicaid Managed Care long term care program contractor.
- Implement electronic claims.
- Implement Paper-to-EDI claims.
- Prepare and analyze financial statements and supplemental data reports.
- Supervise claims/encounter unit including processing of medical claims, computer operations, reporting requirements, prior authorization of services and problem solving.
- Supervise financial and data analysts, ensuring AHCCCS mandated reports are completed accurately and timely.
- Supervise EDI Analyst, ensuring YCLTC meets or exceeds AHCCCS encounter reporting requirements.
- Supervised Provider Relations (contract) unit including procurement, RFPs, contractual compliance/monitoring, provider relations and network development/analysis.
- Develop, implement and revise policies and procedures for cost avoidance.
- Ensure prompt and accurate payment of claims that meet mandated timelines and minimize claim recoupments.

BECKY DUCHARME

- Monitor claims processing systems and intervene as needed so claims are paid in accordance with state and federal requirements.
- Reconcile accounts payable, receivables and cash.
- Recruit, interview and hire staff. Complete employee performance appraisals, recommend merit increases and termination.
- Analyze service trends and financial information to determine operational viability, financial impacts, and rate increase recommendations.
- Prepare and monitor budget. Assist in developing annual budget.
- Represent organization as part of a team in negotiating rates and legal issues, which impact the agency financially.
- Determine resolution to provider disputes. Represent Business Office and Provider Relations (contracts) unit in hearings.
- Provide presentations to physicians, other health care professionals, and contracted providers relating to financial position of organization and claim/authorization/contractual issues.
- Ensure compliance with cost/encounter reporting and audit requirements.
- Participate in biweekly management meetings; problem solving and decision making.
- Liaison with Management Information Systems (MIS), AHCCCS Administration, and Vendor for HIPAA EDI compliance.

ADMINISTRATIVE AIDE, Yavapai County Medical Assistance, Prescott, Arizona (June 1981 – June 1993)

- Supervised budget expenditures and assisted in developing budget.
- Administrative support to Director including composing correspondence, maintaining confidential employee records, constructing management tracking reports, meeting minutes, vehicle maintenance scheduling.
- Processed physician, hospital, nursing facility, and pharmacy medical claims for eligible clients including determination of financial responsibility.
- Interviewed clients, investigated personal finances and determined eligibility of indigent burials.
- Implemented, recorded, maintained, and purged eligibility records on data base system.
- Supervised payroll, petty cash, office supplies, travel arrangements.
- Initiated placement of nursing facility clients and attended facility care conferences.
- Established effective working relations with medical providers and other agencies.

COMPUTER SOFTWARE

Microsoft Windows, Word, Excel, Outlook, Access, QuickBooks, Quattro Pro, WordPerfect 5.1, 5.2, FoxPro Database, Plexis Claims Manager Management Information System, DOS.

DARLA BODNAR, R.Ph. **Arizona Pharmacy Board License No. S010106** Page 1 of 2
Email: dbodnar@uniteddrugs.com (602) 648-6252

EDUCATION

B.S. Pharmacy
University of Oklahoma 1989-1992
Northeastern State Univ., Tahlequah, OK 1986-1989

QUALIFICATIONS

- B.S. Pharmacy degree with over 18 years experience in the pharmaceutical industry including consulting, managed care, Long Term Care, hospital pharmacy and retail.
- Clinical Director for United Drugs Pharmacy Benefit Management (PBM) since 2004.

PHARMACY DIRECTOR Yavapai County Long Term Care, Prescott Valley, Arizona
(October 2008 – present)

- Oversee and administer prescription drug and pharmacy benefits of YCLTC members.
- Monitor and audit participating pharmacies.
- Monitor and audit prescribing patterns of prescribers.
- Develop and implement formularies for prescription and over-the –counter pharmaceuticals.
- Devlop protocols for prior authorization of non-formulary and other selected prescriptions to ensure appropriate pharmaceutical therapies are provided and to manage pharmaceutical costs.
- Provide concurrent and retrospective drug utilization review.
- Provide clinical programs, including disease management and step therapy.
- Provide educational programs to prescribers and participating pharmacies.
- Participate in YCLTC's Pharmacy and Therapeutics Committee.
- Develop and implement cost savings measures specific to YCLTC.
- Investigate ane respond to pharmacy service irregularities, complaints and concerns.
- Write and discuss standard reports.

PROFESSIONAL EXPERIENCE

CLINICAL DIRECTOR, United Drugs, Phoenix, AZ (2004-present)

- Provide pharmacy consulting services to 4 Medicaid PBM clients, including YCLTC, covering 9500 lives and over $7.6 million annual revenue.
- Provide consulting services to PBM clients including the evaluation, assessment and reporting of interventions based on data.
- Participate in Pharmaceutical and Therapeutic Committees including drug utilization review (DUR), report on formulary adherence, suggest formulary changes and cost containment strategies. Also oversee many commercial PBM contracts with varied levels of complexity.
- Oversee the clinical department of United Drugs PBM, including:
    - Develop and manage formularies, develop and institute client cost saving programs, manage the prior authorization department, manage system edits for DUR, quantity limits, Step Therapies, and other system requirements that relate to claims processing.

PHARMACIST, Pharmerica Long Term Care Pharmacy/Chief Pharmacist, Goot United Drug, Glendale, AZ (2003-2004)

- Chief pharmacist in a long-term care/retail/compounding pharmacy located in a medical building which provides close contact with patients and physicians.
- Responsible for servicing individuals, group homes, and other long-term care facilities where major emphasis is on customer care.
- Supervisor of 3 employees and Midwestern Univ. College of Pharmacy student preceptor.

- Staff pharmacist for Pharmerica Long Term Care—responsible for filling prescriptions, I.V. preparation, and general oversight for daily pharmacy functions in a busy long term care setting.

PHARMACIST, WalMart Pharmacy, Phoenix, AZ (2001-2003)
- Retail pharmacist excelling in customer service and patient counseling.
- Responsible for filling medications, narcotic inventory, supervising 4 technicians.
- Daily contact with physicians regarding third party formularies.
- Trained multiple store locations on new pharmacy input software.

LIEUTENANT COMMANDER—USPHS, Phoenix Indian Medical Center, Phoenix, AZ (1997-2001)
- Clinical pharmacist in 180-bed facility responsible for extensive patient counseling, filling prescriptions, IV's, chart reviews, checking blood pressure/blood sugar, and working in conjunction with physicians regarding patient's drug therapy.
- Gained knowledge of government hospital formulary with face-to-face interactions with physicians regarding formulary-based med changes.
- Heavy emphasis on patient counseling.

PHARMACIST, K-Mart Pharmacy, Nashville, TN (1995-1997)
- Retail pharmacist responsible for daily retail pharmacy operations excelling in customer care.

PHARMACIST, Safeway Pharmacy, Honolulu, HI (1994-1995)
- Retail pharmacist in a multi-cultural setting responsible for daily retail operations and again excelling in customer service.
- Received numerous awards for customer care.

PHARMACIST, Osco Pharmacy, Phoenix, AZ (1992-1994)
- Retail pharmacist responsible for daily retail pharmacy operations.

AWARDS/ORGANIZATIONS

Pharmacy Communications Award—University of OK College of Pharmacy – 1992.1993
Member—AMCP, AZPIN, CHADD.

MARK R. CURTIS, DDS, MPH Arizona State Board of Dental Examiners License No. D01459

146 Thoroughbred Drive, Prescott, AZ 928-778-3326

CURRICULUM VITAE

- Weber State College – Ogden, Utah 1962-1964
- Case Western Reserve University School of Dentistry 1964-1968
    - DDS Degree
- University of Arizona 1994-1996
    - Master of Public Health Degree
- Current active Dental License in Arizona, Utah and Illinois

DENTAL COORDINATOR Yavapai County Long Term Care, Prescott Valley, Arizona
(October 2008 – present)
The Dental Consultant shall ensure that YCLTC's Dental program provides clinically appropriate, safe and cost effective services for eligible members and meets federal, state and AHCCCS requirements. As Dental Consultant, he shall:

- Comply with all applicable provisions of law and other rules and regulations of any and all governmental, accrediting, and regulatory authorities relating to licensure and regulations.
- Possess applicable current valid professional licenses, not less than one of which must be licensed by the Arizona Board of Dental Examiners as a dentist.
- Have knowledge of:
    - AHCCCS, ALTCS, and Medicare.
    - YCLTC clinical authorization protocols.
    - YCLTC formulary.
    - Special needs of geriatric and long term care clients.
- Comply with applicable Medicare, Medicaid, and Arizona Department of Health Services rules and regulations regarding the provision of dental services.
- Provide general dental consultation upon request to maintain and continually evaluate the effectiveness of dental services.
- Assist with the oversight of YCLTC's contracted dentists to ensure the provision of quality and cost effective dental services to Agency members:
    - Assess services authorizations/denials to determine YCLTC decision is consistent with YCLTC policy and AHCCCS regulations.
    - Provide YCLTC with written recommendation for appropriate authorization/denial based on YCLTC policy and AHCCCS regulations.
- Provide training upon request to YCLTC staff and provider network to support the effectiveness of dental services.
- Coordinate YCLTC dental activities.
- Provide required communication between YCLTC and AHCCCS.

REACHOUT HEALTHCARE AMERICA – Currently contracted.

- Dental care in Phoenix, AZ schools – not active at this time.

COMBATREADINESS HEALTHCARE – Currently contracted.

- Dental care for Illinois National Guard.
    - Primarily weekend duty with additional travel time required, 2-3 weekends a month.

@ HOME DENTAL CARE - Currently contracted.

- Dental care in nursing homes through a mobile unit, currently 3-9 days a month.

MARK R. CURTIS, DDS, MPH Arizona State Board of Dental Examiners License No. D01459

DENTAL CONSULTANT – Currently contracted with Cochise County Health Systems, as needed.

PRIVATE DENTAL PRACTICE – Mesa, Arizona, 1970 - 2008

OTHER

- MILITARY SERVICE
    - USAF Dental Corp 1968 – 1970.

LEONA M. BROWN Page 1 of 2
6717 East Second Street Suite D, Prescott Valley, Arizona 86314 (928) 771-3560

EDUCATION

Master of Social Work
Arizona State University, Tempe, Arizona

Bachelor of Science, Human Services and Sociology/ Speech, with Highest Honors.
Western New Mexico University, Silver City, New Mexico

QUALIFICATIONS

- Evidenced expertise in operational and procedural policy development with knowledge of government regulations and mandates, including AHCCCS/ALTCS rules, regulations, policies and procedures, within the Long Term Care field.
- Ability to coordinate and integrate complicated projects, from development and facilitation of long range plans to completion, through individual effort and interdisciplinary collaboration.
- Over 14 years experience with the ALTCS program at Yavapai County Long Term Care.
- Four years experience as an AHCCCS, YCLTC or Area Agency on Aging service provider.
- Over 20 years experience in working with elderly and physically disabled people through compliance activities, program development, provider services and care management functions.
- Extensive knowledge of human behavior, family and group dynamics, and social and cultural factors effectively applied in relationships with clients, providers, and peers.
- Ability to analyze and implement complex written and verbal instructions.
- Proficiency in creative problem solving.
- Knowledge of contracts, contract negotiations and fiscal responsibility.
- Extensive experience developing and presenting training to staff, providers, and peers through verbal, interactive and written communication.
- Numerous years developing leadership, building teams, supervising employees, equipping employees to excel and enhance professional skills.
- Resource to other States (HI, FL) and a national organization (Center for Health Care Strategies)

EXPERIENCE

PROGRAM DEVELOPMENT COORDINATOR, Yavapai County Long Term Care, Prescott Valley, Arizona (July 2004 - Present)

- Responsible for development and expansion of sufficient provider network for program serving elderly and disabled of Yavapai County.
- Supervises Provider Relations Coordinators, Member Services Coordinator and Behavioral Health Coordinator.
- Coordinates communication between contracted providers and YCLTC, ensuring prompt resolution to problems and inquiries and education about the AHCCCS program and YCLTC.
- Coordinates community efforts to address caregiver shortage in Yavapai County.
- Serves as YCLTC Dispute and Appeals Manager, managing and adjudicating member and provider disputes including member grievances, appeals and requests for hearing and provider claim disputes.
- Serves as YCLTC Compliance Officer, implementing and overseeing YCLTC's Compliance Program; available to all YCLTC staff; authorized to access records and make independent referrals.
- Serves as YCLTC Contract Compliance Officer, being primary point of contact for AHCCCS.
- Orients new staff to and trains all staff on fraud and abuse prevention, grievance and appeal processes, Federal False Claims Act, Citizenship and Immigration.

- Advocates for members in respectful manner, while respecting member values, lifestyle, and culture.
- Identifies, facilitates, evaluates process improvements within Yavapai County Long Term Care.

CARE MANAGEMENT SUPERVISOR, (July 2002 – July 2004), CARE MANAGEMENT SUPERVISOR/TRAINER, (August 2000 – June 2002) CARE MANAGER TRAINER, (June 1998 - August 2000; CARE MANAGER, Yavapai County Long Term Care, Cottonwood, Arizona (May 1997 - June 1998).

- Supervised care management staff in satellite office, completed internal care management records audits for compliance with AHCCCS and YCLTC policies and procedures, developed and executed corrective plans of action, designed training program for new care managers, presented on-going training to current care managers, developed career ladder for care management advancement.
- Developed new policies and procedures, consolidated and updated current policies and procedures for Care Management.
- Conducted comprehensive assessments of members, identifying service needs and barriers to services; arranged cost-effective services per member's direction, utilizing formal and informal support systems.
- Managed satellite YCLTC office (September 2000 – July 2004).

SOCIAL SERVICE DIRECTOR AND ADMISSIONS COORDINATOR, Rio Verde Health Care Center, Cottonwood, Arizona (August 1995 - May 1997).

- Prescreened all potential admissions for medical, equipment, rehabilitative, financial needs.
- Coordinated admissions and discharges, assessed residents initially and quarterly for psycho-social-behavioral needs and wrote/updated plans of care.
- Oriented new employees to resident rights and abuse and neglect regulations.
- Conducted family surveys to assess satisfaction with care.
- Trained social service directors for sister facilities.

MASTER'S LEVEL SOCIAL WORK INTERN, Catholic Social Service, Cottonwood, AZ (January 1994 - July 1994) and Dr. Daniel Bright School, Cottonwood, Arizona (September 1994 – May 1995).

- Assessed elderly and physically disabled in their homes, arranged services to meet needs utilizing formal and informal support systems.
- Counseled children, participated in MDT meetings, organized community events, presented to over 400 parents in community meeting.
- Developed workshops for depressed elderly, grandparents raising grandchildren, dual-career families.

CASE MANAGER of elderly and physically disabled in nursing facility, Fort Bayard Medical Center, Fort Bayard, New Mexico (January 1991 - May 1993).

- Wrote social histories, resolved problems, communicated with families outside area.
- Assessed culturally diverse population with numerous behavioral problems and wrote care plans to meet member needs.
- Represented facility in public meetings, advocated for member rights, supervised social service aide, oriented new employees to empathic care of residents, member rights, fraud and abuse issues.

MARY L. KINGSTON Page 1 of 2
6717 East Second Street Suite D, Prescott Valley, Arizona 86314 (928) 771-3560

EDUCATION AND TRAINING SEMINARS

Bachelor of Science in Business Administration
University of Phoenix, 1995

Certificate for 650 Hours of Computer Programmin
Control Data Institute, 1980

Leadership/Management Training
Care Management Trainings
How to Handle a Difficult Customer
How to Build a Help Desk
White House Interfaith Conference
Management Problems of the Technical Person in a Leadership Role
Command Spanish for the Physician's Office

Disaster Recovery (Business Continuity)
FEMA Incident Command Training
Positive Passages – Finding Hope, Meaning and Value as We Age
Elder Issue Conference – The Changing Faces of Aging: Culture, Ethics and Care
Elder Issue Conference – Creating Caring Communities For Seniors – *Aging Well*

QUALIFICATIONS

- Ten Years experience with the ALTCS program at Yavapai County Long Term Care (YCLTC).
- Over six years experience as YCLTC's Business Continuity Planning and Recovery Coordinator.
- Wrote Disaster Recovery Plan for Y2K for seven management system applications.
- Ten years experience working with city government regulations (1989 – 1998).
- Four years experience selling pharmaceuticals (1977 – 1980) Company governed by Federal regulations.
- Personal: took care of elderly parents (*mom died in 1986 after fighting cancer for 2 ½ yrs at age 72, dad died in 1995 at age 91).*

PROFESSIONAL EXPERIENCE

BUSINESS CONTINUITY PLANNING and RECOVERY COORDINATOR/MEMBER SERVICES,
Administrative Support Records Technician, Assisted Living Facilities Records Clerk; Yavapai County Long Term Care, Prescott Valley, Arizona (April 2001 – Present).

- Business Continuity Planning and Recovery Coordinator since Sept. 2004.
- Evaluate, review and update YCLTC's Business Continuity and Recovery Plan (BCRP) annually and as needed, ensuring the Plan references AHCCCS and includes local operations.
- Ensure the BCRP includes a list of key customer priorities, key factors that could cause disruptions and timelines for resumption of critical customer service.
- Implement the BCRP as needed and serve as the Business Continuity Coordinator (BCC).
- Conduct annual testing of the BCRP documenting results.
- Conduct trainings on components of the BCRP at General Staff, Member/Provider Council (MPC), Assisted Living Facility (ALF), Provider meetings, employee orientation and by e-mail.
- Track and trend actual and potential disruptions to business, ensuring BCRP is implemented as needed.
- Ensure Yavapai County's Department of Emergency Management has current list of at risk YCLTC members.
- Establish, revise, and maintain Member Services, Business Continuity, and Marketing policies and procedures.
- Compile, analyze, and disseminate information from member grievance database on a monthly basis.
- Coordinate, develop, revise and publish the Member Handbook including the large-print edition.
- Conduct member satisfaction surveys as required by AHCCCS or requested by YCLTC. Help with the quarterly "Verification of Receipt of Services" survey as requested.
- Create and submit deliverables to AHCCCS (Business Continuity, Marketing, Member/Provider Council).
- Create and distribute the bi-annual Member Newsletter (Summer/Winter).
- Organize, coordinate, facilitate and chair the quarterly Member/Provider Council meetings.

- Serve as the official liaison for AHCCCS approval of YCLTC information that is sent to members including tracking that all information is approved every two years.
- Serve as a liaison for members and care managers regarding problems and informal services.
- Create and maintain processes for: 1) Reminding members when it is time to receive Medicare Part A and/or B, 2) Billing members who have an IOT for their share of cost, 3) Notifying new enrollees living in a non-contracted facility that they will have to move, 4) Notifying members when their Primary Care Physician (PCP) has termed his contract, and 5) Notifying members when a major provider effecting a significant population has termed his contract.
- Oversee Administrative Support Staff in billing members who have an Income Only Trust (IOT).
- Expedite SSI, Social Security, and Medicare Part A, B, & D eligibility and enrollment.
- Assist with PCP assignments by contacting new HCBS members who have a non-contracted PCP and making follow-up calls to ensure initial appointments have been made.
- Represent YCLTC in local interagency meetings including Prevention of Elder Abuse Coalition (PEAC), Pandemic Influenza County Committee/Special Needs Population, back-up as needed for other meetings.
- Interim Compliance Officer (Fraud and Abuse) for ten (10) months.
- Write reference manuals, and handle on-call issues per rotation schedule.
- Was the Transition Coordinator for five years and continues to serve as a resource for PCCR procedures.
- Serve as a resource to members, other departments and outside agencies.

CUSTOMER SERVICE CENTER (CSC), Call Center (24/7), Production Quality Analyst/System Administration (1997-2001), Information Systems Department: Senior Programmer Analyst; Southern California Water Company (SCWC), San Dimas, California (1982-1997).

- Worked closely with CSC manager and supervisors by reporting statistics on staff (26 customer service representatives) using management computer application packages. The workforce scheduling system told us staff needed in any given time frame (using historical data). The call management system told us statistics on each representative such as call handling time, hold time, abandonment time, etc. A digital recording system taped each call and was used for training, kudos, and correction of employees. With a routing system, calls were re-routed to outside offices when the main office was short-staffed. Used a tracking application to trace calls (including threatening calls).
- All systems required database management and data entry.
- Created statistical reports for management using MS Office Excel and query tools for each system.
- Wrote and maintained procedure manuals for each system using MS Office Word and Infomapping.
- Trained management in making the most efficient use of systems software.
- Interfaced with hardware and software vendors regarding technical support issues.
- Analyzed and made independent decisions regarding resolving problems associated with each system.
- Monitored the systems for optimal performance, security, and integrity.
- Performed backups, restores, and recovery of assigned systems.
- Wrote the Department's Disaster Recovery Plan for all above applications (Y2K). Management was able to test this without my help.
- Worked with management and users to perform systems analysis, design, development and implementation of service requests. Provided assistance and training on the user interfaces, programs, and applications. Wrote detailed program specifications (set the documentation standards). Designed reports to user's requirements using AS/400 Query, SQL, Excel and Word.
- Interfaced with cities (1989-1998) included reviewing contracts, writing procedures, negotiating our terms, and all correspondence between SCWC and the cities (written and phones).
- Set up a task force to take an employee attitude survey measuring the Quality of Work Life for the purpose of improving employee morale. Was the team leader of this task force in 1995 and 1996.

VICKI C. MASTRIANI
6717 East Second Street Suite D, Prescott Valley, Arizona 86314

(928) 771-3560

EDUCATION

- Certification in Business Administration – National Association of Church Business Administrators & Southwestern Theological Seminary, Ft. Worth, Texas – 2000.
- El Paso Community College, El Paso, Texas – Accounting coursework – 1988-1990.
- Mesa Community College, Mesa, Arizona – Accounting related courses – 1973-1975.
- Columbia Christian College, Portland, Oregon – Liberal Arts coursework – 1968-1970.

QUALIFICATIONS

- Over 5 years experience with the AHCCCS/ALTCS program.
- Over 7 years experience with developing and implementing health maintenance program and provider agreements, and monitoring compliance with Federal and State regulations.
- 35 years accounting experience at various levels of responsibility in retail, manufacturing, government, and non-profit industries.
- 25 years experience in supervision, training, personnel management and risk management.
- Possesses effective communication, leadership, and team building skills that consistently generate optimum productivity and performance.
- Confident with a variety of computer applications and experienced working with MIS personnel.
- A well rounded, motivated professional with exemplary problem solving and organizational skills.

PROFESSIONAL EXPERIENCE

OFFICE MANAGER, Yavapai County Long Term Care, Prescott Valley, Arizona (May 2005 -Present)

- Plans, delegates, evaluates, and supervises work of administrative support technicians providing a variety of services related to managed care program activities; establishes criteria for acceptable work behavior and performance.
- Manages departmental administrative services as related to the County; assists department managers with fiscal, human resource, information systems, and other inter-departmental relations issues; serves as point of contact/liaison.
- Compiles budget data and assists in the formulation of budget plans, equipment/personnel needs analysis, and estimates; monitors expenses to assure conformance with fiscal policies and procedures and budget guidelines.
- Negotiates maintenance and custodial contracts and monitors for compliance; arranges leases, agreements, contracts and payments to include annual budget accruals/encumbrances.
- Maintains and processes renewals for departmental liability insurance policies; monitors risk management needs and implements appropriate accommodations.
- Participates in departmental policies and procedures revisions and updates in compliance with County and AHCCCS/ALTCS; analyzes and develops processes for more efficiency and productivity; confers with department director and managers to determine plans and programs; serves as department on call as assigned.
- Serves as AHCCCS contract compliance officer and primary point of contact regarding operational issues; coordinates tracking and submission of contract deliverables; fields and coordinates responses to AHCCCS inquiries; coordinates preparation and execution of contract requirements such as OFRs, periodic audits and ad hoc visits.
- Ensures agency compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Performs other job related duties as assigned.

VICKI C. MASTRIANI

MINISTER OF BUSINESS ADMINISTRATION, First Baptist Church of El Paso, El Paso, Texas
(March 1994 – May 2005)

- Responsible for all business related, accounting functions and financial reporting of large church, day care center, and up to four mission churches.
- Prepared, compiled, presented and implemented annual budgets.
- Provided direct supervision to six office support staff and eight full-time food service personnel.
- Managed Human Resources and payroll function for staff of 80.
- Coordinated Risk Management for all paid and volunteer staff, to include criminal/sex offender background screening, reference checks, safety training and employee/volunteer orientation.
- Supervised and monitored compliance with health insurance/benefit programs. Received, distributed and explained CHIP/Medicaid program information.
- Wrote policy and procedure manual for the business office function.
- Co-wrote, compiled and implemented safety training manual, thereby reducing Worker's Compensation premium by 55% in three years.
- Coordinated and implemented various hardware/software conversions and upgrades.
- Coordinated initial website design and updates, and researched and implemented on-line giving and event registration and payments.
- Screened applicants and determined need for benevolent services provided through the church.
- Established internal controls and maintained compliance with all State and Federal regulations.
- Served in leadership role on various committees through the church, its foundation, and outside agencies.

CORPORATE CONTROLLER, Champion Cooler Corporation, El Paso, Texas
(November 1990 – February 1994)

- Responsible for all accounting functions, budgeting, cash management, inventory cost and control and general corporate office administration.
- Supervised customer service, accounting and secretarial personnel.
- Assisted with customer programs, new product-line pricing and brochure publications.
- Wrote, coordinated and supervised in-house, self-funded health plan administration and funding distribution.
- Successfully negotiated health maintenance program with local doctors' group.
- Administered all electronic information systems and equipment needs.
- Responsible for risk management, benefits administration, financial reporting, and forecasting.
- Co-wrote, published and implemented employee personnel manual.
- Established internal controls and procedures, and maintained compliance with all State and Federal reporting regulations.
- Coordinated transition during corporate sale and move, and managed processing of all severance packages and agreements.

JUNIOR ACCOUNTANT, Septor Electronics Corporation, El Paso, Texas (November 1987 – November 1990)

- General accounting and full-charge bookkeeping duties, to include $3 million payroll for 100 employees locally, nationally and in Europe.
- Supervised and trained accounting personnel.
- Researched, invoiced and collected over $300,000 in previously unaccounted shipments.
- Participated in conversion of computer information network, set up and implemented accounting functions on upgraded software system.
- Assisted in down-sizing of operations and resulting transition of corporate offices out-of-state, coordinated exit training, severance packages and agreements.

MARILYN JOURNELL Page 1 of 2
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EDUCATION:

Northern Arizona University, Flagstaff, AZ
BSN – May 2009

Orange Memorial Hospital School of Nursing, Orange, NJ
Diploma RN – May 1975

BCLS Certification – 2008
Current Arizona RN license

QUALIFICATIONS

- Experienced in data and outcomes measurement.
- Experienced in patient assessment and patient teaching.
- Experienced in telephone triage in a variety of fast paced settings.
- Experienced in medication management for a variety of medications.
- Able to be flexible in task assignment and can work with a team or alone.
- Able to provide education/training to providers and caregivers.
- Basic computer skills.

WORK EXPERIENCE

QUALITY MANAGEMENT /MATERNAL HEALTH/ EPSDT COORDINATOR, Yavapai County Long Term Care, Prescott Valley, Arizona (November 2009 – present)

- Perform as team member in Medical Services Department activities.
- Perform on-call duties after hours and on weekends as scheduled. Orient new YCLTC staff.
- Interface with all YCLTC staff/departments to promote optimal quality of care to members.
- Develop and implement performance improvement projects; utilize data to develop intervention strategies to improve outcomes.
- Assist with responses to AHCCCS operational review deficiencies and develop plans of correction as appropriate. Assist with required AHCCCS/ALTCS reporting.
- Coordinate and implement annual flu and pneumonia immunization program for all YCLTC members.
- Perform member mortality reviews and initiate second level review if appropriate.
- Perform on-site visits to program providers, agencies, and members throughout Yavapai County.
- Assists with development, implementation, and continuance of YCLTC QM Plan, Maternity Plan and EPSDT Plan.
- Participate in and present quality management data at quarterly Quality Management and Performance Improvement (QMPI) meetings.
- Review, identify, investigate, and process Problem Identification Records (complaints) initiated by members, providers, YCLTC staff, and other agencies or individuals that involve Quality of Care (QOC) issues.
- Review, identify, investigate, and process potential QOCs initiated by Utilization Management or other sources.
- Prepare QOC reports. Maintain QOC and Immunization databases. Resolve, track and tend QOC grievances.
- Ensure individual and systemic quality of care and integrate quality throughout the Department.
- Perform tri-annual chart reviews of PCPs and High Volume Specialists.

CLINICAL CASE COORDINATOR RN, Yavapai County Long Term Care, Prescott Valley, Arizona

MARILYN JOURNELL

(April 2009 – November 2009)

- Provides skilled nursing assessments of members' health management needs.
- Assesses and evaluates need for Disease Management and health related services for members through collaboration with Care Managers, Quality Management and other health professionals.
- Acts as resource for Care Managers in determining urgent/emergent medical needs of members.
- Conducts health management and disease management education for staff, providers, members and caregivers.
- Develops and/or assists with development of care plans for members and updates as necessary.
- Monitors and evaluates need for preventative interventions, such as immunizations.
- Participates in development, implementation, evaluation and improvement of Disease Management Program and other studies and projects as assigned, including preparation of the Annual Plan and Evaluation.
- Assists with development, review, revision and monitoring of Medical Management Policies and Procedures.
- Maintains documentation in member's chart of all skilled nursing services provided.
- Utilizes clinical practice guidelines to support preventative health and self-management practices and recommendations to members and physicians.
- Collects, organizes, and reports quality and utilization management data to measure effectiveness of the Disease Management Program.
- Collaborates with YCLTC staff, providers, members and other program contractors.
- Demonstrates knowledge of applicable statutes, standards and regulations pertaining to health care and job related areas.
- Works under the direction of the Medical Services Manager and the YCLTC Medical Director for coordination of medical services.

CARE MANAGER, Yavapai County Long Term Care, Prescott Valley, Arizona (October 2008 – April 2009)

- Conducts comprehensive, member-centered initial assessments and reassessments through face to face contact in the member's natural environment as needed and within AHCCCS mandated timeframes.
- Completes required written documentation, develops comprehensive mutually agreed upon appropriate cost effective service plans, and maintains accurate case records.
- Provides a continuum of services that support the expectation and agreements established through the care plans process while providing flexible and creative service delivery options.
- Provides coordination across all facets of the service system in order to maximize the efficient use of resources and minimize any negative impact to the member; advocates for the member as needed.
- Reports statistical information, corrects record deficiencies, participates in meetings and performs other related duties to meet contractual requirements.

STAFF RN, Cedars Cardiovascular, Prescott, Arizona (June 2006 – August 2008)

- Responsible for a high volume of telephone triage which required assessment, teaching and lab evaluation skills.
- Investigated alternatives for patients in the Medicare Part D gap; researched AHCCCS covered services and pharmaceutical options to meet patient needs.

STAFF RN, Various clinical and office settings (June 1975 – December 1988)

- Worked in a variety of critical care hospital settings including ER, ICU and PACU.
- Worked as a prior authorization nurse and performed insurance audits to include understanding of AHCCCS covered services.

PATRICIA A. KARALOW Page 1 of 2
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EDUCATION

Licensure:
Currently licensed as a Registered Nurse with the Arizona State Board of Nursing.
Previously licensed in IL and WA – inactive status.

Western International University, Phoenix, AZ, Bachelor of Arts Degree
General Studies - *Cum Laude*, October. 1997.

University of Phoenix, Phoenix, AZ. Nursing Management, Organizational Behavior, Research, Communications, and Assessment, November 1994.

Little Company of Mary Hospital School of Nursing, Evergreen Park, IL., Diploma Graduate of Registered Nursing Program, May 1982.

PUBLICATIONS

Chapter author, "Use of Technology for the LNC Practice", *Business Principles for Legal Nurse Consultants*, Publication Spring, *2005 – CRC Press,* American Association of Legal Nurse Consultants.

Chapter co-author "Use of Technology in Demonstrative Evidence", *Principles and Practice of Legal Nurse Consulting – 2003 - 2nd Edition, CRC Press,* American Association of Legal Nurse Consultants. Published date: November 2002.

QUALIFICATIONS

RN since 1982

- 10 years providing Technical Litigation and Legal Nurse Consultant services.
- 4 years with CIGNA HMO performing acute care case management, utilization review and discharge planning serving commercial, Medicare and Medicaid population in acute care settings. Coordination of referral of members to ALTCS as appropriate.
- 12 years of acute clinical care in the following settings: Intensive Care nursing of neonates, children and adults in Neonatal ICU, Pediatric ICU and Adults in Cardiovascular and Surgical ICU.

EXPERIENCE

MEDICAL SERVICES MANAGER, Yavapai County Long Term Care, Prescott Valley, Arizona
(November 2008 – present)

- Provides organizational coordination of Quality Management and Medical/Utilization Management services, direct supervision of Quality/Medical/Utilization Management staff as determined by the Director.
- The position is responsible for communication with AHCCCS, development and implementation of Quality Management and Medical/Utilization Management policies and procedures, Quality Management Plan, EPSDT Plan, Maternity Plan, Quality Standards for Skilled Nursing Facilities and HCBS Standards, Monitoring and Evaluation of all sites and services, Utilization standards, Pharmacy Program, Peer Review process, and other Quality/Utilization Management administrative and organizational functions.
- Supervises and over sees the activities of the Quality, Medical Management, Utilization Management and Disease Management RNs, Physical Therapist and Utilization/Medical Management technician positions.
- Recruits Quality/Medical/Utilization Management staff, ensures performance evaluations are completed timely and according to YCLTC requirements and guidelines.

- Serves as a resource to other departments and outside agencies regarding Quality/Medical/Utilization Management.
- Participates in the development of work statements and evaluation of contract proposals. Represents Quality/Medical/Utilization Management in interdepartmental and interagency meetings.
- Develops criteria and monitoring of specialty, high dollar equipment and supplies.
- Assists and directs Quality/Medical/Utilization Management Staff in performing individual QM and UM reviews.
- Assists and directs focus reviews for Skilled Nursing Facilities, Assisted Living Facilities and HCBS settings and services.
- Continuously evaluates, revises and maintains Quality/Medical/Utilization Management Policies and Procedures in an up-to-date and compliant status.
- Ensures compliance of County, State and Federal requirements through gathering, monitoring and compiling data and statistics and reviewing case records.
- Establishes annual Quality/Medical/Utilization Management goals and objectives and provides quarterly updates and progress to Director.
- Ensures Quality/Medical/Utilization Management coverage during regular work hours.
- Responds to AHCCCS operational review deficiencies and/or develops plan of corrections as needed.

LEGAL NURSE CONSULTANT - Certified, (January 1998 - November 2008)
Independent legal nurse consulting practice – Prescott, AZ
- Nurse Consulting, Litigation Support, and Technical Support – Plaintiff and Defense.

CASE MANAGEMENT and UTLIZATION MANAGEMENT, CIGNA Healthcare of AZ – Phoenix, AZ. (August 1993 - January 1998)
- Case Management and Utilization review for eligibility, interpretation of covered benefits, evaluate medical necessity through application of intensity of service and severity of illness criteria using Milliman and Robertson criteria and/or discussion with medical director; evaluation of appropriateness and effectiveness of delivered healthcare in compliance with Federal and State guidelines; discharge planning of commercial, Medicare and Medicaid members from acute care settings to HCBS or facility based settings.

RN STAFF POSITIONS, (1982 – 1993)
- Ten years full time work as staff RN in various Chicago and Phoenix area neonatal, pediatric and adult surgical and cardiac ICUs.

TECHNICAL SKILLS

Expertise with, and ability to teach, the following software:

- Acrobat®
- Excel® Word® Outlook® PowerPoint®
- In Data Director Suite® (Trial Director)
- Summation® Pro-Law® Time Matters
- Windows XP® | Vista® | Mac OS X
- WordPress® Blog Setup
- Scanning | OCR
- Case Map® | Time Map®

LISA TEMPLE Page 1 of 2
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EDUCATION AND CERTIFICATIONS

B.S. - Computer Information Systems
DeVry Institute of Technology
Phoenix, AZ (1986)

M.A. – Professional Counseling
Ottawa University
Phoenix, AZ (2005)

Licensed Professional Counselor - May 2009 - Current
Licensed Associate Counselor – October 2006 – May 2009

QUALIFICATIONS

- Proficient in all aspects of mental health assessment and treatment of individual assessments.
- Experienced in the design, implementation and delivery of trainings and workshops at both the state and federal level.
- Proficient in conducting in-school and community health programs.
- Culturally competent and experienced in working with a wide variety of populations, ages, ethnicities, and cultures.
- Capable in investigative research, report writing, and defense necessary for court procedure.
- Seasoned in the ability to administer and coordinate various behavioral health programs while developing curriculum applications and wrap around services to direct populations.
- Experienced in the development, oversight, supervision, and implementation of managed health care contracted treatment and prevention programs.
- Effectively able to communicate with behavioral health networks and funders to ensure quality behavioral health service delivery.

EXPERIENCE

BEHAVIORAL HEALTH COORDINATOR, Yavapai County Long Term Care, Prescott Valley, Arizona
(November 2010 - Present)

- Promote compliance of AHCCCS requirements and agency goals for the behavioral health program through coordination, evaluation, and quality of care monitoring of program facilities, independent providers, systems of delivery; and, in the development of program policy and procedures.
- Ensure timely application and reapplication for AHCCCS TBI/BH reinsurance for members placed in eligible settings; write reports; develop program policies and procedures; track and coordinate court order treatments.
- Ensure the on-going evaluation and monitoring of processes for timely identification and referral, evaluation and treatment planning for behavioral health services through needs assessment, triage, and treatment planning oversight.
- Work in collaboration with YCLTC management to ensure YCLTC meets AHCCCS requirements for the behavioral health program.
- Ensure good communication and care coordination between members, internal staff, PCP, family members, behavioral health providers, and ancillary agencies related to member care, program requirements and compliance.
- Participate in program expansion through communication with providers and community resources. Recruitment of new providers, development of work statements and evaluation of contract proposals to ensure behavioral health network sufficiency and cost effectiveness.

- Provide consultation and training to YCLTC staff and providers regarding behavioral health care for members and related behavioral health issues.

PRIVATE PRACTICE, Phoenix, AZ (2009-current)

- Counseling services provided to include stress management, anxiety, depression, anger issues, grief, family, marriage/couples issues, anger, abuse, and general mental health services. Contracted as a provider with BCBS, Cigna, Aetna, MHNet, and Magellan.

PAC/PEACE MANAGER, Chrysalis, Phoenix, AZ (2005-2010)

Chrysalis is a non-profit organization that has been in the Phoenix area for over 27 years. The agency provides services for victims of domestic violence as well as a court ordered offender treatment program. The PAC/PEACE program is the offender treatment program.

- Facilitated three groups per week; ensured clients met treatment plan goals, performed intakes, assessments, and wrote progress notes and monthly reports.
- Communicated client status/issues with courts and probation officers.
- Coordinated services with other community agencies on behalf of assigned clients.
- Staffed client's progress weekly at Maricopa Domestic Violence Superior Court.
- Referred individuals to other services as needed if deemed inappropriate for the offender program.
- Designed and presented offender treatment program presentation/training to ASU Social Work Program, high school students, domestic violence seminars and at various Chrysalis functions.
- Facilitated internal CEU trainings to staff.

LEVEL II FACILITATOR, Dynamic Living, Phoenix, AZ - Contract and substitute, part-time position (2007-2010)

This is a State-licensed outpatient counseling agency specializing in DUI screening, substance abuse education and treatment, and domestic violence programs for both men and women.

- Facilitated Level II Substance Abuse Education to satisfy the Level II State requirement of 16 hours of education.
- Facilitated Level I Substance Abuse Outpatient Treatment – weekly group counseling.
- Facilitated Level I Intensive Outpatient Treatment –group counseling and education.

TECHNICAL & BUSINESS ANALYST, QCSI/Trizetto, Phoenix, AZ (2000-2005)

- Provide technical and business analysis for implementations of new clients for QNXT medical and dental claims processing software, and support for current clients.

SOFTWARE QUALITY ENGINEER, CalComp, Scottsdale, AZ (1993-1999)

- Review software function specifications, customer requirements, design documents.
- Test and validate software to ensure functionality and design meet specifications.
- Report test results and approve/deny release of software.
- Designed and implemented customer satisfaction database using Microsoft Access.

JOHN GESELL Page 1 of 2
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QUALIFICATIONS and EXPERIENCE

PROVIDER RELATIONS COORDINATOR, Yavapai County Long Term Care, Prescott Valley, Arizona
(August 2002 – Present)

- Over eight years experience with the ALTCS program at Yavapai County Long Term Care (YCLTC).
- Nine years experience as an YCLTC and AHCCCS service provider, with five years of supervisory responsibilities.
- Function as Provider Claims Educator, educate contracted and non-contracted providers regarding appropriate claims submission requirements, coding updates, electronic claims transactions, electronic fund transfer, and available resources.
- Compile, analyze, and disseminate information from provider calls, member grievance database, and provider tracking database to identify trends and guide the development, implementation and evaluation of strategies to improve provider satisfaction.
- Communicate with providers to assure the effective exchange of information and gain feedback regarding the extent to which providers are informed about appropriate claims submission practices.
- Write and disseminate training materials, including provider newsletters, PowerPoint presentations, interactive exercises, and memos and letters that can be presented in person, via the website, in writing, or on a CD.
- Recruit providers for the provision of medically necessary services, home and community based services, equipment, and other special services for YCLTC program members.
- Provide training on claims processes and provider requirements to Provider Relations Coordinators, other YCLTC staff, and providers.
- Prepare, write, and develop contract documents for YCLTC Director approval, including issuing amendments, writing and evaluating appropriate work statements for assigned service categories, and conducting research as necessary.
- Negotiate and evaluate compensation for services provided; interface with YCLTC Director, management, appropriate YCLTC units, and providers to establish appropriate rates.
- Review and evaluate proposals and quotations, making recommendations to YCLTC Director and management as necessary.
- Coordinate RFP and RFQ processes, ensuring requests and submittals are in accordance with YCLTC policy and procedure and Yavapai County Purchasing Policy.
- Monitor contracts established on an on-going basis, on-site, for compliance with contractual conditions and requirements.
- Conduct on-site provider visits, as necessary, to improve relations with contracted providers.
- Act as liaison between providers and agency; identify, investigate, and resolve any contractual issues providers or agency may have related to contractual provisions.
- Coordinate and facilitate provider-focused meetings, as necessary.
- Design and develop appropriate monitoring tools for determining provider contractual compliance.
- Develop and prepare detailed reports on provider census and contractual compliance.
- Develop, update, and implement policy and procedure pertaining to contract administration and provider relations, conforming to the requisites of laws, regulations, and Yavapai County policy and procedure.
- Manage, develop, and maintain current and accurate provider network in database and contract files.
- Serve as the Assistant Business Continuity Planning and Recovery Coordinator.
- Consult with Yavapai County Board of Supervisors, Yavapai County Sheriffs Office and Yavapai County Superior Court regarding behavioral health services.

GENERAL MANGER, Medi-Cab, Inc., Prescott, Arizona
(July 1997 – July 2002)

- Assumed management of non-emergency transportation company.

- Increased sales from $48K to $244K.
- Wrote proposals for, procure and manage Federal, State and County contracts.
- Generated and processed claims to AHCCCS, ALTCS and insurance payers.
- Proposed and managed budget.
- Managed customer billing and collections, all aspects of employee relations.
- Managed and marketed Lifeline Personal Help and Response Service.
- Supervised drivers, installers and clerical staff.

COMMUNITY TRAINING CENTER COORDINATOR, Life Line Ambulance Service, Inc., Prescott, Arizona (June 1993 – July 2002)

- Concurrent with employment at Med-Cab, Inc. above.
- Designed, implemented and managed Community CPR and First Aid Program.
- Trained and supervised instructors and trainers.

EXECUTIVE ASSISTANT TO THE PRESIDENT/CEO, Life Line Ambulance Service, Inc., Prescott, Arizona (1996 - 1997)

- Reported directly to and worked closely with, the CEO.
- Managed development of Employee and Operations Manuals.

PUBLIC EDUCATION DIRECTOR, Life Line Ambulance Service, Inc., Prescott, Arizona (1990 – 1991)

- Designed, implemented and managed Community Education Programs.
- Managed and supervised marketing of Life Care Ambulance Subscription program.

EMERGENCY AMBULANCE DISPATCHER, Life Line Ambulance Service, Inc., Prescott, Arizona (1989 – 2002)

- Concurrent with other positions above.
- Designed and implemented Communications Center staff training program.
- Dispatched multi-station emergency ambulance service.

EMERGENCY MEDICAL TECHNICIAN, Life Line Ambulance Service, Inc., Prescott, Arizona (1988 – 2002)

- Concurrent with other positions above.
- Driver and attendant on emergency and interfacility ambulance transports.

CERTIFICATIONS, ASSOCIATIONS AND MEMBERSHIPS

- FEMA Incident Command Training.
- FEMA Radiological Response Management Training.
- Past American Heart Association Regional Faculty, Instructor Trainer and Instructor.
- Past Arizona Department of Health Services Certified Emergency Medical Technician.
- Past Chairman Yavapai County Long Term Care Member/Provider Council.
- Past Member Yavapai County Long Term Care Association.
- Past Member Yavapai County Long Term Care Quality Assurance/Utilization Management Committee.

JENNIFER R. NELSON Page 1 of 2
6717 East Second Street Suite D, Prescott Valley, Arizona 86314 (928) 771-3560

EDUCATION

Bachelor of Science in Exercise Science (Pre Physical Therapy emphasis) with Minor in Physical Science
Northern Arizona University, Flagstaff, AZ

Member Golden Key National Honor Society

QUALIFICATIONS

- Strong working knowledge of the AHCCCS/ALTCS system.
- Over 12 years of professional and educational experience in the health care field.
- Over five years of supervisory experience in the health care field, including three at YCLTC.

EXPERIENCE

CARE MANAGEMENT MANAGER, Yavapai County Long Term Care, Prescott Valley, Arizona
(December 2010 – present).

- Recruit, hire and train Care Management (CM) staff.
- Manage the overall functions of the Care Management Unit.
- Provide direct supervision of Care Management Supervisors and Transition Coordinator through daily contact, regularly scheduled meetings, trainings and coordinating work assignments.
- Conduct performance evaluations and ensure all Care Management staff evaluations are completed timely.
- Represent Care Management in interdepartmental, interagency and AHCCCS meetings.
- Evaluate, revise, and maintain Care Management Policies and Procedures in an up-to-date and compliant status.
- Establish annual Care Management goals and objectives and provide updates and progress to YCLTC Director.
- Ensure compliance of County, State and Federal requirements through gathering, monitoring and compiling statistics and reviewing case records.
- Respond to AHCCCS operational review deficiencies and develop plan of correction as needed.
- Review department funds and participate in budget development.

CARE MANAGEMENT SUPERVISOR, Yavapai County Long Term Care, Prescott Valley, Arizona
(November 2007 – December 2010).

- Provide direct supervision, technical assistance, problem solving, procedure clarification and review of duties and activities completed by Care Managers through daily contact.
- Monitors case loads and directs Care Managers in the successful management of individual members in compliance with AHCCCS mandates.
- Evaluate, revise and maintain Care Management policies and procedures in an up-to-date and compliance status.
- Promotes compliance of AHCCCS requirements through gathering, monitoring and compiling informational data from routine and systematic case record audits.
- Conduct Care management staff meetings and trainings to communicate information regarding policies and procedures, upcoming program changes, and software updates.
- Hires, evaluates employee performance and recommends salary adjustments of Care Management staff.
- Reviews case records for accuracy, completeness and continuity of services, communicates deficiencies to the Care Management Manager, Trainer and Care Manager to ensure timely correction.
- Ensures Care Management coverage for assigned staff during regular work hours and may perform direct Care Manager duties as needed.

- Other related duties or special projects as assigned by the Care Management Manager and Director; ability to work on-call as necessary.
- Serves as System Administrator for CH Mack Q Continuum, a comprehensive CM software program.

CARE MANAGER, Yavapai County Long Term Care, Prescott Valley, Arizona
(October 2005 – November 2007)

- Identify, plan, implement and monitor all service provisions.
- Conduct comprehensive member centered assessments and reassessments.
- Develop culturally competent service plans, and provide resolutions to barriers in service plans.
- Advocate for member and family and provide them with other community resources when needed.
- Develop care plans with member and family, monitor and discuss at each assessment and maintain documentation in case file.
- Provide crisis intervention when necessary.
- Plan and Coordinate the most cost effective and most integrated placement setting for members.
- Work to assist facilities (Assisted Living and Skilled Nursing Facilities) in the care and coordination of benefits for the member.
- Other: Have assisted other YCLTC units with help and training as needed. Assisted in the interview process for hiring of new employees. Participated in process improvement teams.

PRIOR AUTHORIZATION COORDINATOR, Yavapai County Long Term Care, Prescott Valley, AZ
(July 2004 – October 2005)

- Review written authorizations and determines compliance pursuant to AHCCCS and Medicare guidelines.
- Recommend changes in coding as necessary.
- Maintain medical management inpatient hospital admission and emergency room database.
- Attend committee meetings.
- Contribute to changes in policies and procedures.
- Update department manuals.
- Interpret and analyze current methods and forms utilizing graphic visual aids resulting in the implementation of more appropriate and accurate reporting of provider information.
- Maintains records as required.

ST. JOSEPHS'S HOSPITAL OUTPATIENT ORTHO/NEURO REHAB, PHOENIX, AZ (2000-2003)
PHYSICAL THERAPY TECHNICIAN (1999-2000)

- Observed, monitored and reviewed patient therapy sessions.
- Supervised and assisted with updating of patients' plans of care and reported to therapists any necessary changes required to better serve the needs of the patient.
- Maintained compliance with prescribed operating and safety standards.
- Used clinical equipment on patients as required.
- Maintained records and monitored equipment to comply with Occupational Safety and Health Organization (OSHA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and Comprehensive Outpatient Rehabilitation Facility (CORF) standards.
- Assisted in the training and supervision of PT Assistants and PT students.

COMMUNITY SERVICE

- Volunteer at Flagstaff Medical Center 1996-1997.
- Volunteer at Borden Physical Therapy Clinic 1997-1998.
- Prescott Area Leadership Class XX – 2009-2010; Prescott Area Leadership Board of Directors – 2010-2012.
- Parent Volunteer for Cub Scout Pack 7617 Chino Valley, Arizona.

There are three key positions which are not full time. These are contracted positions which must meet certain minimum standards and conditions according to individual provider contracts.

Medical Director/CMO:
The Medical Director's contract requires a minimum of 6 office hours per week. Dr. Frank Nagy, YCLTC's Medical Director, often spends more than 6 hours per week when he attends staff, provider, Member Council, and AHCCCS meetings. He attends seminars and researches current medical practices outside his office hours. He is available via fax, e-mail, telephone, and/or in person 24 hours a day, seven days a week. The Medical Director is able to provide oversight and fulfill his job duties in the allotted time.

YCLTC's Medical Director is a Board Certified Family Physician and has a varied background in medicine, spanning 35 years. He has worked in long term care and urgent care facilities and served more than 25 years as Medical Director of a local nursing facility. He brings a wealth of geriatric clinical experience and is a certified Medical Director. The balance of his time, about 85% is spent as follows:

- Hospice – 15%
- Urgent Care Center – 25%
- PCP - 45%

Pharmacy Coordinator/Director:
Darla Bodnar, R.Ph, is the Clinical Director for United Drugs, which is the contracted Pharmacy Benefit Manager (PBM) for YCLTC. It is the Pharmacy Coordinator's responsibility to ensure PBM services are provided according to the terms of United Drug's contract with YCLTC. These services include clinical expertise and efficient support to improve coordination and management of pharmacy benefits provided while controlling pharmaceutical expenditures. Ms. Bodnar attends quarterly Pharmacy & Therapeutic (P&T) meetings and is available by telephone and email daily as needed. Ms. Bodnar consults with Mary Ellen Day, R.N., who is on Medical Management staff at YCLTC.

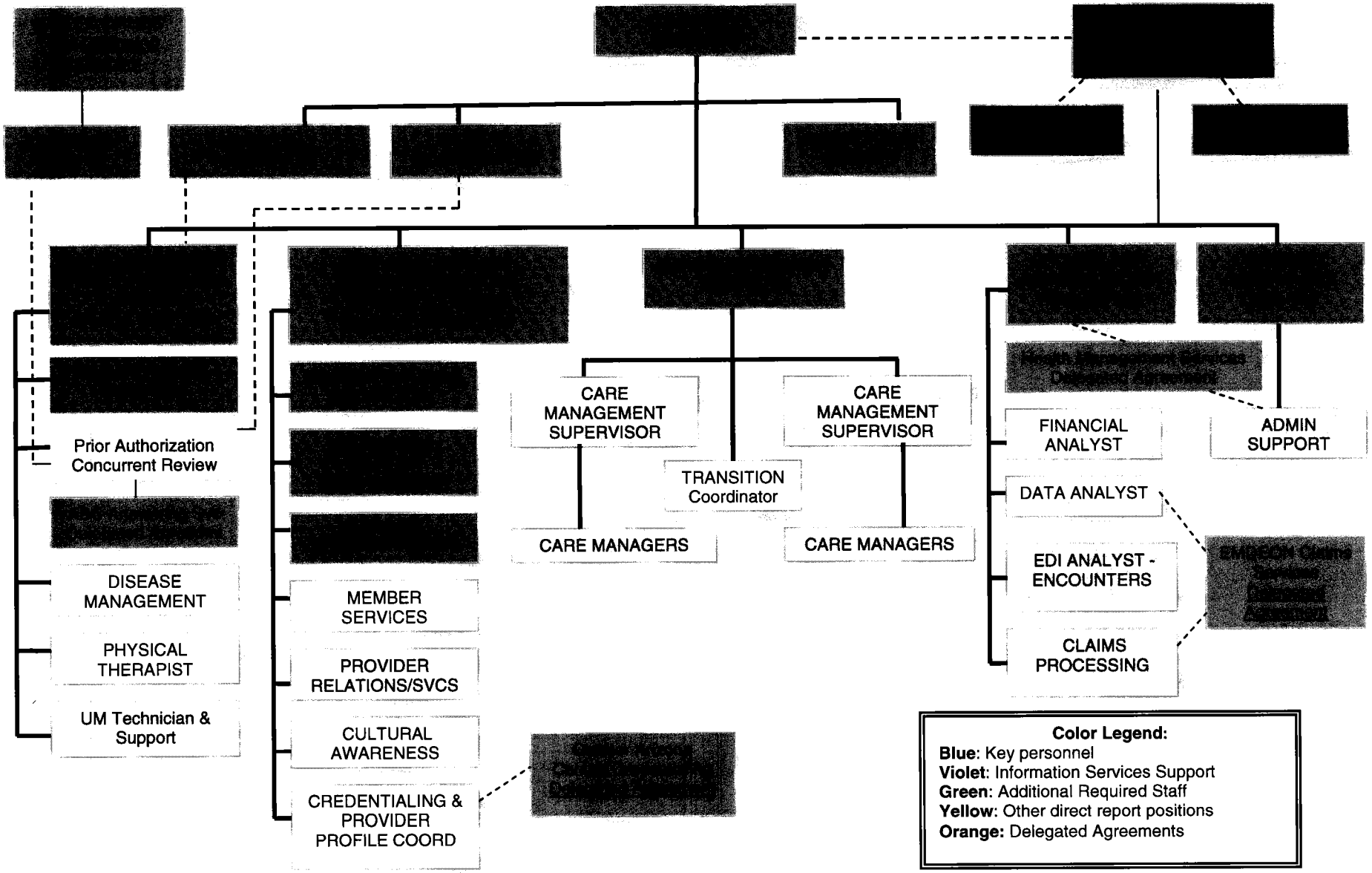
While Darla Bodnar is available full-time to service the pharmacy needs of ALTCS members, it is estimated that 25% of her time is allocated to YCLTC matters. The balance of her time is allocated to similar duties as provided through other United Drug PBM contracts and services. Through the relationship with its PBM and Ms. Bodnar, YCLTC is able to access a higher level of expertise and greater resources than is independently available.

Dental Director/Coordinator:
The Dental Director is a contracted position that requires availability on call as needed. YCLTC's need for dental evaluation and oversight has been infrequent during the current contract period. It is the expectation that dental evaluation for medical necessity under current ALTCS covered service limitations will not increase in the coming contract period.

Dr. Mark Curtis currently allocates 11-22 days per month to non YCLTC dental care duties as detailed below. However, he is readily available by email or telephone daily as needed.

- Illinois National Guard dental care: 2-3 weekends a month plus 2 travel days each.
- Mobile dental unit providing care in Arizona nursing facilities: 3-9 days per month
- Dental consultant for Cochise County Health Systems: As needed with minimum of 10 minutes to evaluate case and respond.

The functional organizational chart is found on the following page.


Prior Authorization
Concurrent Review
DISEASE
MANAGEMENT
PHYSICAL
THERAPIST
UM Technician &
Support
MEMBER
SERVICES
PROVIDER
RELATIONS/SVCS
CULTURAL
AWARENESS
CREDENTIALING &
PROVIDER
PROFILE COORD
CARE
MANAGEMENT
SUPERVISOR
CARE
MANAGEMENT
SUPERVISOR
TRANSITION
Coordinator
CARE MANAGERS
CARE MANAGERS
FINANCIAL
ANALYST
ADMIN
SUPPORT
DATA ANALYST
EDI ANALYST -
ENCOUNTERS
CLAIMS
PROCESSING
Color Legend:
Blue: Key personnel
Violet: Information Services Support
Green: Additional Required Staff
Yellow: Other direct report positions
Orange: Delegated Agreements

Pended Encounters

AHCCCS Administration imposed the following sanctions on Yavapai County Long Term Care for unresolved pended encounters that exceeded 120 calendar days. These sanctions were suspended by AHCCCS Administration.

Quarter Ending	Number of Encounters	Sanction Amount
March 2008	105	$1,245
June 2008	14	$105
September 2008	0	0
December 2008	2	$35
March 2009	0	0
June 2009	4	$20
September 2009	15	$80
December 2009	44	$240
March 2010	115	$1,155
June 2010	89	$635
September 2010	55	$355
December 2010	76	$580

Table 6.1, Summary of Sanctions by Quarter

The top reasons for these pended encounters are listed below. These six reasons account for 76% of all sanctions.

Description	Number of Encounter Sanctions
N027 DRUG NOT ELIGIBLE FOR MEDICAID COVERAGE	103
R500 CLAIM PLAN ID DOES NOT MATCH ENROLLMENT	91
R600 MEDICARE COVERAGE INDICATED BUT NOT BILLED	71
N020 NDC NOT COVERED ON DOS	75
N025 DRUG NOT AVAILABLE ON DOS	28
R290 MEDICARE COVERAGE INDICATED BUT NOT PAID ON OUT-PATIENT UB92	25

Table 6.2, Summary of Reasons for Sanction

N027 Drug Not Eligible For Medicaid Coverage

The following three issues are related to this edit:

1. Forty percent (40%) related to the N027 edit indicate that drugs are covered under Medicare D. Although there are excluded drugs not covered by AHCCCS, YCLTC provides some of these if determined a safe and more cost effective alternative. An example of this is select DESI drugs and prescription vitamins.

2. Twenty-six percent (26%) related to the N027 edit indicate that drugs are not eligible for Medicare coverage but the drugs in question are Medicare B covered, in which we pay coinsurance. These are transplant drugs and YCLTC Utilization Management staff work with Pharmacy Services & Encounter unit to resolve the issue.

3. Thirty four percent (34%) related to the N027 edit was caused by retroactive Medicare and TPL eligibility. In some cases, YCLTC became aware of Medicare benefits after drugs were filled. In other cases, the PBM eligibility member classification was incorrect. This issue was resolved in December

2008. YCLTC attempts to update PBM eligibility by confirming COB benefits immediately upon notification.

R500 Claim Plan ID Does Not Match Enrollment
When a member is reassigned from one Program Contractor to another, the relinquishing Program Contractor is responsible for medication and transportation during a Program Contractor Change. The eligibility term date is often the day this occurs which causes a pended encounter. YCLTC contacts AHCCCS Administration for a manual override.

R600 Medicare Coverage Indicated But Not Billed
The following issues are related to this edit:

1. Fifty-one percent (51%) of these claims were related to retroactive Medicare eligibility for which YCLTC requested providers to bill Medicare and submit corrected claim to YCLTC for proper recoupment.

2. Forty-six percent (46%) of these claims were related to new CPT/HCPC codes that were not entered into a table until after the claim was adjudicated, thereby the Medicare data did not export properly. YCLTC created a Microsoft access database to query claims on a weekly basis to find claims with missing COB data on Medicare covered codes.

3. Three percent (3%) or two claims were related to prior period coverage claims that did not capture Medicare as the primary payor.

N020 NDC Not Covered On DOS
YCLTC identified the drugs as valid NDC numbers in accordance to our Pharmacy Benefit Manager, and requested AHCCCS to update their edits.

N025 Drug Not Available On DOS
Medicare B covered drugs for which YCLTC requested AHCCCS to update their edits.

R290 Medicare Coverage Indicated But Not Paid On Out-Patient UB92
The Plexis EDI export tool requires the COB data to be on the first service line of the claim in order to export successfully. YCLTC identified that the COB data was displaying on a claim line other than the first line. Training was provided to claims processors. In addition, YCLTC created a Microsoft Access database to query claims on a weekly basis prior to finalizing payment and exporting encounter data. The query identifies UB claims that require COB data to be moved to the first service line.

For the past ten years, Yavapai County Long Term Care (YCLTC) has partnered with Plexis Healthcare Systems and Plexis Claims Manager (PCM) software, a claims healthcare information system that supports CMS 1500, UB04, and ADA Dental claim types with full claims processing, benefit administration, EDI, and encounter functionality for managed care entities. Pharmacy claims are processed electronically through United Drugs, our contracted pharmacy benefit manager.

Electronic Claims (Chart 1) YCLTC contracts with Emdeon Business Services as our clearinghouse for primary and secondary electronic claims. The process allows providers to submit electronic claims from their billing office using their internal practice management software and Emdeon's web based Emdeon Office product. The provider is electronically sent a report that the claim(s) has been received and/or rejected. The claim data is HIPAA compliant and providers are able to track claims submission through a web based Emdeon Vision application. Emdeon encrypts and uploads files to Yavapai County secure FTP site daily. A Plexis EDIWorks import tool electronically uploads the data to the appropriate PCM claim fields. Rules files are then selected depending on the type of claim. Upon completion of import, the number of claims and claim numbers are displayed for imported and rejected claims. Rejected claims are researched to identify the cause and providers are either notified of the reject or if the claim can be manually entered, it is processed as a denial. Electronic claims are logged in a database and the claims are distributed to claims processors the same day as received. Claims processors track the claims through completion. YCLTC encourages providers to submit claims electronically to improve accuracy, facilitate faster payment, and to optimize security. We are currently processing 49% of claims electronically. **(Chart 2)**

Paper Claims Providers are required to submit clean claims on the service-appropriate standard UB04, CMS 1500, or the ADA Dental claim form. Paper claims that are not suitable for scanning (currently 23%) such as mis-aligned claims are date stamped upon receipt and kept in chronological order to ensure daily entry. They are secured in a locked file cabinet by order of received date.

Paper-To-EDI Claims (Chart 1) In December 2009, YCLTC began utilizing a paper-to-EDI service offered by our claims clearinghouse, Emdeon. As an alternative to manual data entry, this is a faster, more efficient process that results in improved data accuracy. Emdeon performs frequent internal audits to ensure a data accuracy statistic that meets or exceeds 99%. This service allows most paper claims to be scanned (currently 77%) and processed electronically. On a daily basis, paper claims are received and sorted according to whether the claim is eligible for scanning. These claims are scanned to generate image files and an index file is created for each batch of images. Individual batches of claims images and corresponding index files are sent to Emdeon via a secure FTP protocol. Emdeon uses advanced OCR technology to capture individual data elements from the images. Once the data has been captured, the clearinghouse applies numerous data edits and validation protocols, rejecting claims that fail to conform to the validation rules. Captured data is then returned to YCLTC electronically via a standard 837 file within two business days. Claims are loaded using a Plexis EDI tool. Rejected claims are directed for hand entry. A database tool developed by program staff is used to cross-check the claims that are received in the 837 file against a catalog of all scanned claims sent to Emdeon. This tool ensures that all scanned claims are accounted for. Paper-to-EDI claims are identified in Plexis by a unique claim number which is different than a manually entered claim or an electronic claim. After the claims are loaded, claim receipt dates are entered, coordination of benefits information is entered as needed, and claims are adjudicated as usual.

Medicare Crossover YCLTC is currently in the implementation phase of accepting Medicare crossover claims with CMS. We have secured a Coordination of Benefit Agreement with CMS and are in the testing phase. We believe this will increase our electronic claims submissions to 80%, eliminate providers submitting secondary claims on paper, and reduce the number of scanned claims due to the high volume of Medicare primary claims. Providers will be aware that a crossover claim occurred by reviewing their Medicare Remittance as well as communication through provider newsletters and notation on our Explanation of Payment Remittance.

Adjudication (Chart 3) Adjudication through PCM is automated based on user-defined rules that allow YCLTC to set up the adjudication system based on specific business rules that pertain to individual provider contracts.

PCM adjudication process performs an extensive list of edits for both paper and electronic claims to ensure accuracy in billing, payment, cost avoiding, and to prevent fraud and abuse. Multiple steps to the adjudication process include:

Claim Review **(Chart 4 -contract assignment)** PCM review process consists of several edit checks including NCCI rules, eligibility, benefit coverage, PCP, duplicate charges, professional/technical component conflicts, locates payment contract and verifies coverage, locates fee schedule and fee schedule modifier, valid diagnosis, existence of valid referral, multiple procedures, coordination of benefits, fee for service equivalent fee schedule.

Pricing The pricing step of adjudication computes the amounts payable to the Provider based on the Provider's contract and on the Fee Schedule specified in that contract. There are multiple payment methods available within PCM but the most common that YCLTC utilizes is flat contracted rate (procedure based), Medicare coinsurance/deductible/copay based on Medicare Remittance, and a default to AHCCCS Fee Schedule rates. Procedures performed during global periods post surgery receive no additional payment.

Accumulators Review This process checks the limits specified for the benefit coverage in effect for the Member to ensure that the total outlay to the Provider is within the specified plan limits. Checking accumulators involves searching for prior claims to ensure that claims do not exceed plan limits. PCM reviews and updates the following Accumulator Types after completing the pricing stage. Examples of this are member's share of cost and room and board contributions.

Compute Claim Amount Fee Schedule Modifiers defined in PCM compute against the contract amount to increase or decrease the amount of payment. Once PCM approves a Claim for payment, it computes the following Claim amounts: Contracted Amount, Write Off, Withhold, Management Fee, Deductible, Copayment and Coinsurance, COB Deducted, COB Added, FFS Equivalent Net, Net Pay Due.

EOB Code Assignment PCM has an unlimited amount of EOB codes and corresponding descriptions that can be utilized. YCLTC can create new EOB codes as necessary, although the preference is to use the recognized national standard codes (ANSI) whenever possible. Once the above procedures are completed, each claim item updates with the appropriate EOB code(s). All denied claim procedure lines display at least one EOB code.

Claims Status Adjudication of claims occurs with either a single claim or batch(s) of claims. Claims can be grouped under a single adjudication run. When the adjudication process completes, each claim, which may include multiple procedure lines, updates with an appropriate status relevant to the outcome of each step in the adjudication process. When the adjudication run status displays *ADJUDICATED,* PCM assigns an overall Claims Status of Pending or Approved.

Claim Procedure Status When the adjudication process completes, each claim procedure line item updates with an appropriate status relevant to the outcome of each step in the adjudication process. When the adjudication run status displays *ADJUDICATED,* PCM assigns each procedure line a status of Adjustment, Approved, Capitated, Denied, or Pend.

Adjudication Run Status Once an adjudication run adjudicates, the results are reviewed to ensure that the status of all procedures for all claims has been resolved. The pended or denied status claims are investigated and re-adjudicated if necessary. Adjudication runs are attached to a payable batch, which corresponds to the date electronic funds are deposited or a check will be written.

Access Queries In addition to the PCM edits and validations, Access database queries were developed internally as a second confirmation to ensure accuracy and capture missing data that may need corrected prior to finalizing payment. Examples of these include missing data such as admit hour & discharge hour on UB claim, NPI's on professional claims, tax id number, account profile, TPL payment for recipient with TPL for further research of benefits, and missing Medicare payment on Medicare covered code for further research. Claims will display if payment date exceeds 30 days from receipt for possible interest; physical therapy visits exceed 15 for further

research; DME procedures contain modifiers; procedures exceed maximum daily units to AHCCCS standards for further research. A balancing query also displays claims if each payer loop (YCLTC, Medicare, TPL) is out of balance, which is critical in preventing encounter file failures.

Pre-Close Balancing A pre-close procedure is followed by claims processors to balance claims with PCM Explanation of Payment/remittance advice reports. An Access database 'Daily Balance Report' is generated for each batch of claims to ensure billed charges and net payments for each provider is balanced. Necessary corrections are made to claims and validated prior to final approval for accounting.

Post Adjudication Process Account Profiles within PCM are driven primarily by the claim type of service, e.g. inpatient hospital, durable medical equipment, transportation, etc. The account profiles play a major part in the post-adjudication process by mapping the necessary components, e.g. type of service, net payment, cost estimate, expense account number, offset account number, etc., of a claim or referral to the appropriate accounts via exporting to Access, and then importing into QuickBooks accounting software. The data that is exported to Access and QuickBooks are used not only to produce financial statements, but also for in-depth trend and analysis purposes as well as other ad hoc reporting.

Explanation Of Payment/Benefits/Remittance The EOP's are printed if provider receives a check or payment is electronically transferred (EFT). The electronic EOP's are encrypted and require a password to view the data. On a weekly basis, Claims Processors rotate the responsibility of generating the Explanation of Payment (EOP)/remittance reports, submitting the payable batch of claims to the Yavapai County Finance Department electronically, and closing the payable batches.

Submitting Payable Batch to Finance The Financial LTC Payments Extraction (FLoPE) application is web based through the Yavapai County intranet and enables YCLTC to electronically submit payments to the Yavapai County Finance Department. This application requires authorized access by designated staff or administrators of the application. Payment records are generated by the assigned processor choosing a single or multiple payable batch(s). Each cycle is detailed displaying claim number, dates of service, type of service, vendor id, vendor name, and the payment amount. A vendor summary is then generated and displays the total dollar amount for all cycles that will be submitted to Finance along with an invoice number. Claims Processors ensure this reconciles with the PCM Pre-Close report and subsequently submit the records to Finance. The affected claim procedures in PCM are assigned an invoice number and the date when the payments were submitted. An automated e-mail is sent to the appropriate Finance personnel to continue processing of the payments. Finance creates the appropriate checks or EFT transfers based on the vendor information specified. An automated process runs nightly to capture any checks or EFT transfers that have been processed for the day that were submitted electronically.

Closing Payable Batch The assigned processor ensures payable batch is closed for final distribution of funds and accounting allocation. Each claim within the batch reflects a closed status and cannot be edited.

Cost Avoidance/TPL To effectively cost avoid, YCLTC contacts individual carriers to verify type of coverage and detailed information related to a TPL, such as deductibles, extent of coverage, exceptions, etc. PCM tracks coordination of benefits by member with effective and term dates of the policy, policy number, policy holder, company contact information and other related information for claims processing. One of the edits within PCM adjudication checks for coordination of benefits (COB) including Medicare A and B, Medicare Advantage Plans, Medicare covered procedures, and/or other TPL. During claim adjudication, a claim will *pend* if the COB information is not entered. If a Claims Processor does not have a remittance from a COB entity, the claim will deny for lack of COB. If a claim is denied for non-covered service, the claim is forwarded to Medical Management for clinical review.

Post Payment Recovery If YCLTC becomes aware of COB post claim payment, either a recoupment is immediately generated on a subsequent payment or a letter is sent to provider requesting a refund within 30 days. Recoupments queued for payments are tracked in a database and a report is run at the end of each weekly cycle to

ensure the recoupment is deducted from any payment to that provider. Once the recoupment is resolved, a payable batch is added to the database and the outstanding recoupment no longer displays on the report. In addition, claim payment reports are generated to locate prior payments that may have been made that require recoupment. YCLTC notifies AHCCCS and Health Management Systems (HMS) contracted recovery agency if a member drops a TPL or obtains health insurance with a previously unknown TPL, potential liability of uninsured and under insured motorist insurance, first and third party liability or COB, and other potential recoveries such as claims with trauma diagnostic codes.

Timely Claim Adjudication (Chart 5) Claims are processed according to YCLTC's policies and procedures, desk reference manual, and a claims processing training manual. Each quarter, processors rotate provider groups as to ensure familiarity with different types of claims. YCLTC has an experienced, dedicated staff of 5 claims processors who have been working for YCLTC's claims unit for an average of 9 years each. They each process an average of over 1,400 claims per month, and currently process 99.5% of claims within 30 days, and 100% within 60 days. The average turnaround time from claim receipt to payment is 16 days, and the 12 most recent monthly internal claims audits result in an average 99.3% compliance rate.

Resubmitted/Adjusted Claims A CMS 1500 claim with an original claim number in box 22 or a UB04 claim with a bill type xx7 in box 4 designates that the claim as a resubmission. A resubmitted paper claim may be flagged as resubmit, corrected, reprocess or it may accompany an explanation and/or a check. The claim is researched by a Claims Processor or Claims Specialist depending on the complexity and entered/adjudicated regardless of the outcome (payment or denial) and an EOB code is used to identify the claim as a resubmitted/adjusted claim. Reasons for an adjustment may include issues with COB, incorrect billed units/procedure codes, underpayment or overpayment. A claim that is recouped in full is identified with an EOB code 'CRNVOID' and an overpayment or underpayment is identified with an EOB code 'CRNRPLC'. Void and Replace claims include corrections as a result of cost avoidance, inaccuracies identified by fraud and abuse audits or investigations. Adjusted claims are tracked in an Access database. If a claim is entered, adjudicated and paid and a subsequent duplicate claim is received *without* being identified as a resubmitted claim, PCM denies the claim for 'charge previously submitted' because of an overlap with same member, provider, service dates, and procedure code.

Claim Inquiries Providers have access to on-line web based program to inquire about claims status, prior authorizations, and eligibility/enrollment. The system allows for expedient and password protected search and retrieval of provider claim information, including claim number, date of service, procedure code, payment date, billed charges, and status of claims for the prior 12 months. The enrollment member information includes effective and term dates, allowing search by name, AHCCCS ID number, or date of birth. The prior authorization information includes the authorization number, procedure code, modifier, estimate cost, units, effective and expiration date of the authorization, and status of the authorization. An automated program updates the web based data daily to display the most recent activity including a check number and check date for claim data.

Telephone claim inquiries are handled either by the claims processors, Business Office Manager, or Provider Relations Coordinators. In our rural community, providers often request a specific person within the agency with whom they are familiar. Regardless of who receives the inquiry, the issue is researched and generally resolved the same day. Providers have the option of submitting informal claim reconsiderations which are routed to our Financial Analyst with approval by the Business Office Manager for written response generally within two weeks.

Providers may use the formal claim dispute process related to claims denial or reimbursement as outlined in our Provider Manual or as clarified in the Explanation of Payment report.

Chart 1 - Electronic and Scanned Claims

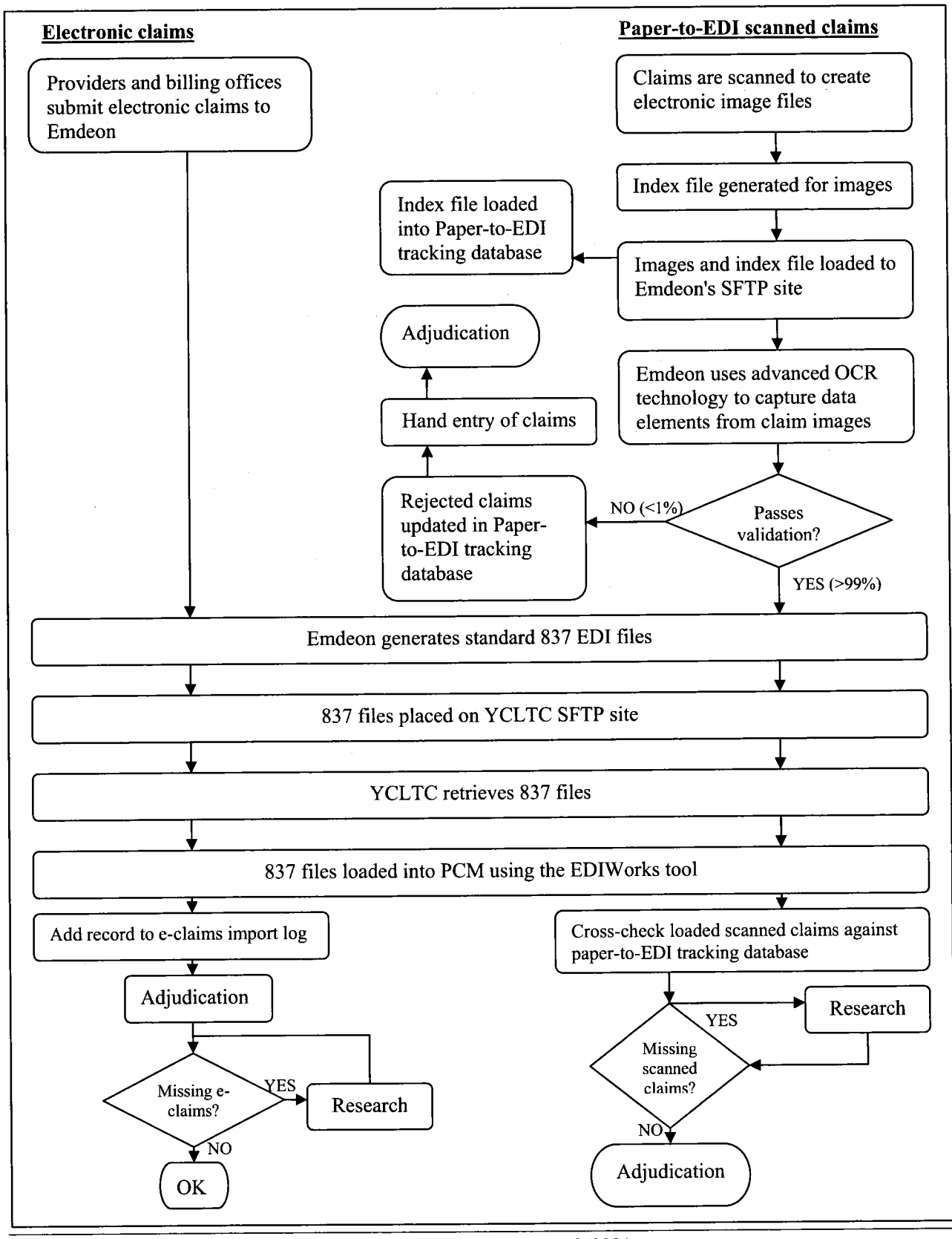
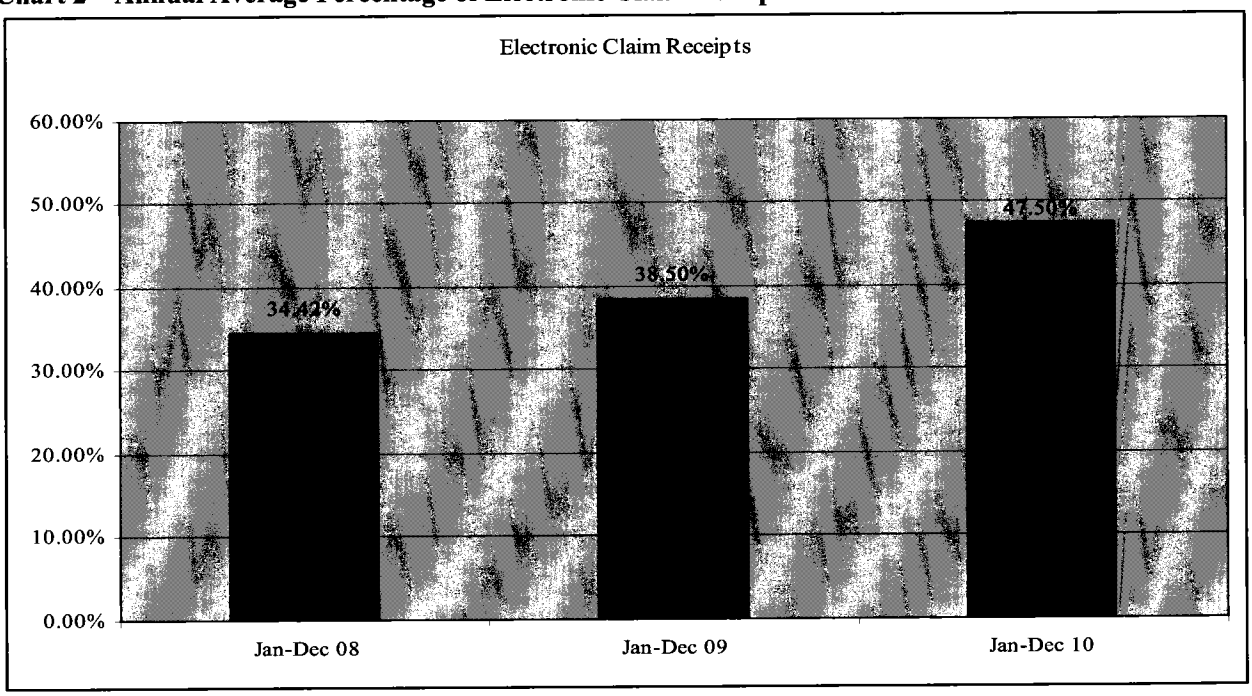


Chart 2 – Annual Average Percentage of Electronic Claim Receipts



2010 Quarterly Average Percentage of Electronic Claim Receipts

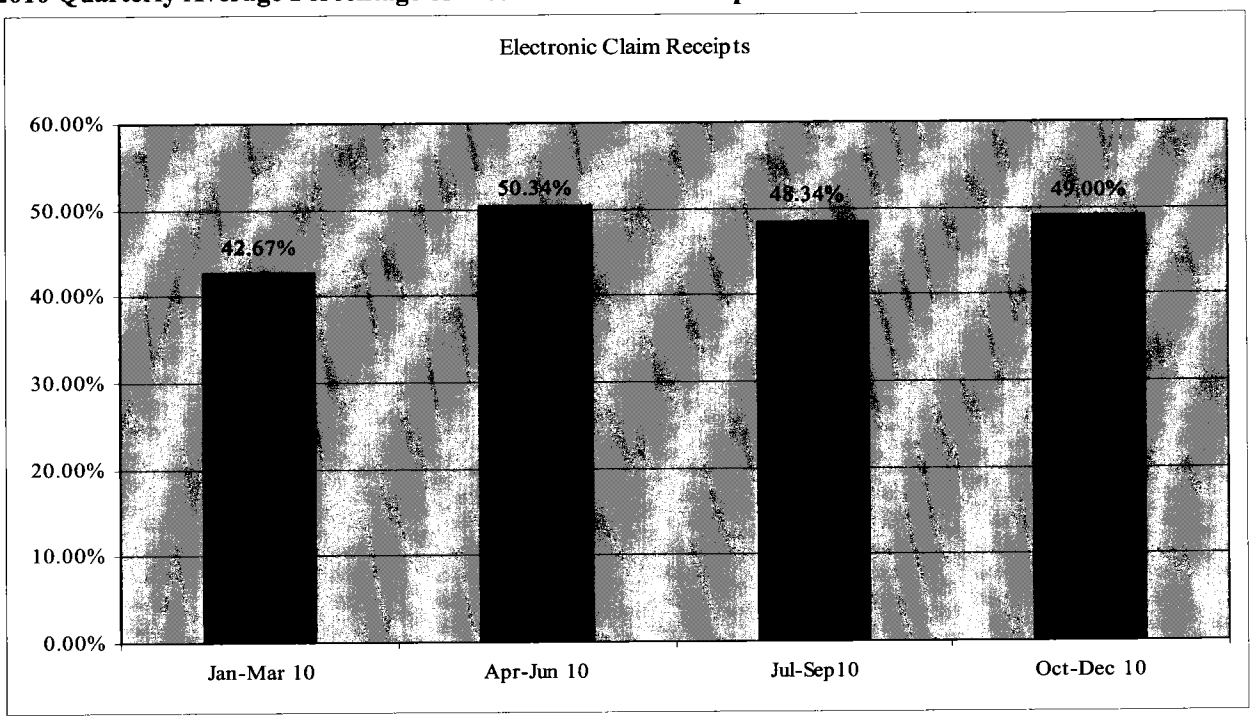


Chart 3. Adjudication

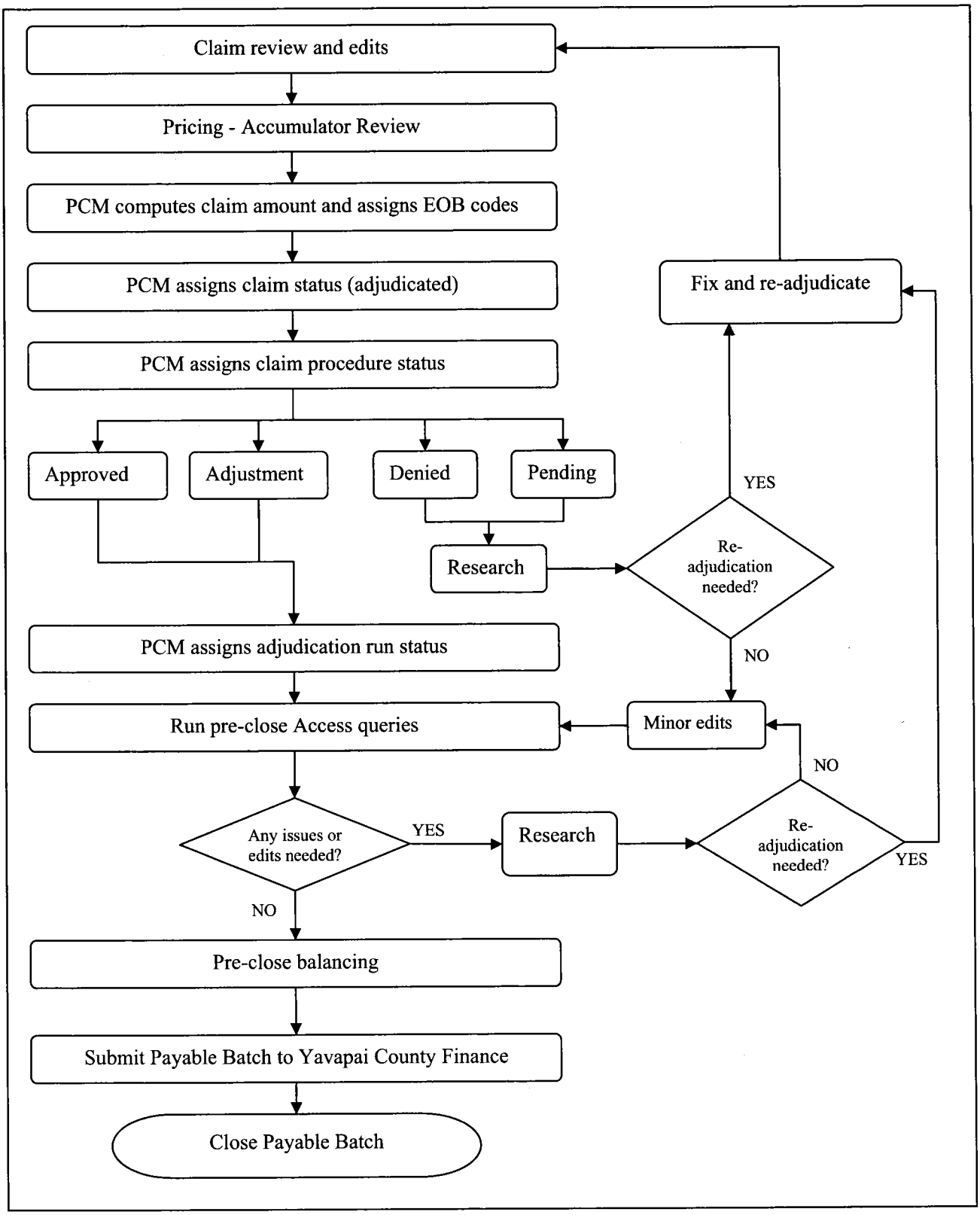


Chart 4 - Payment Contract Assignment (during claim adjudication)

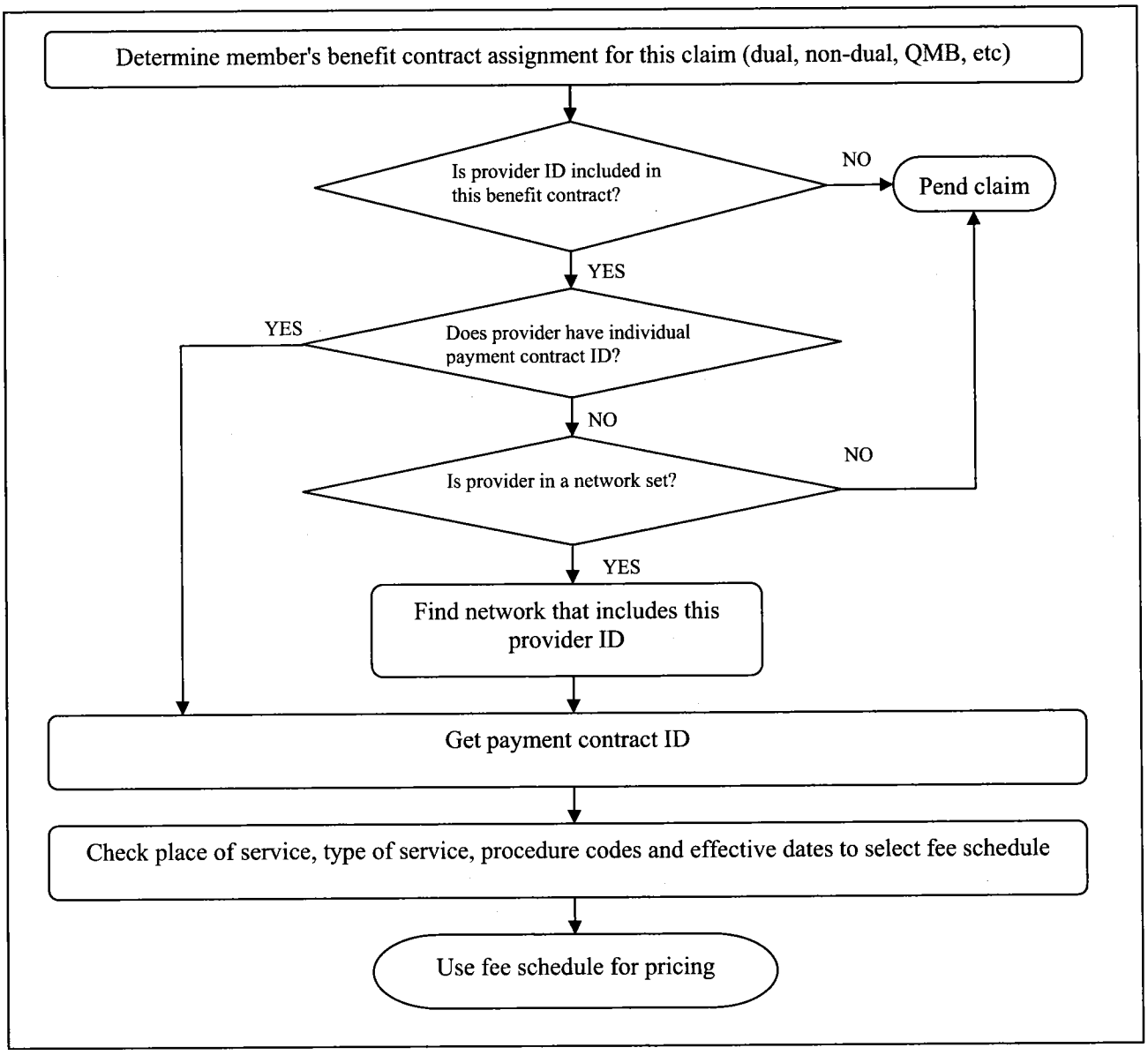
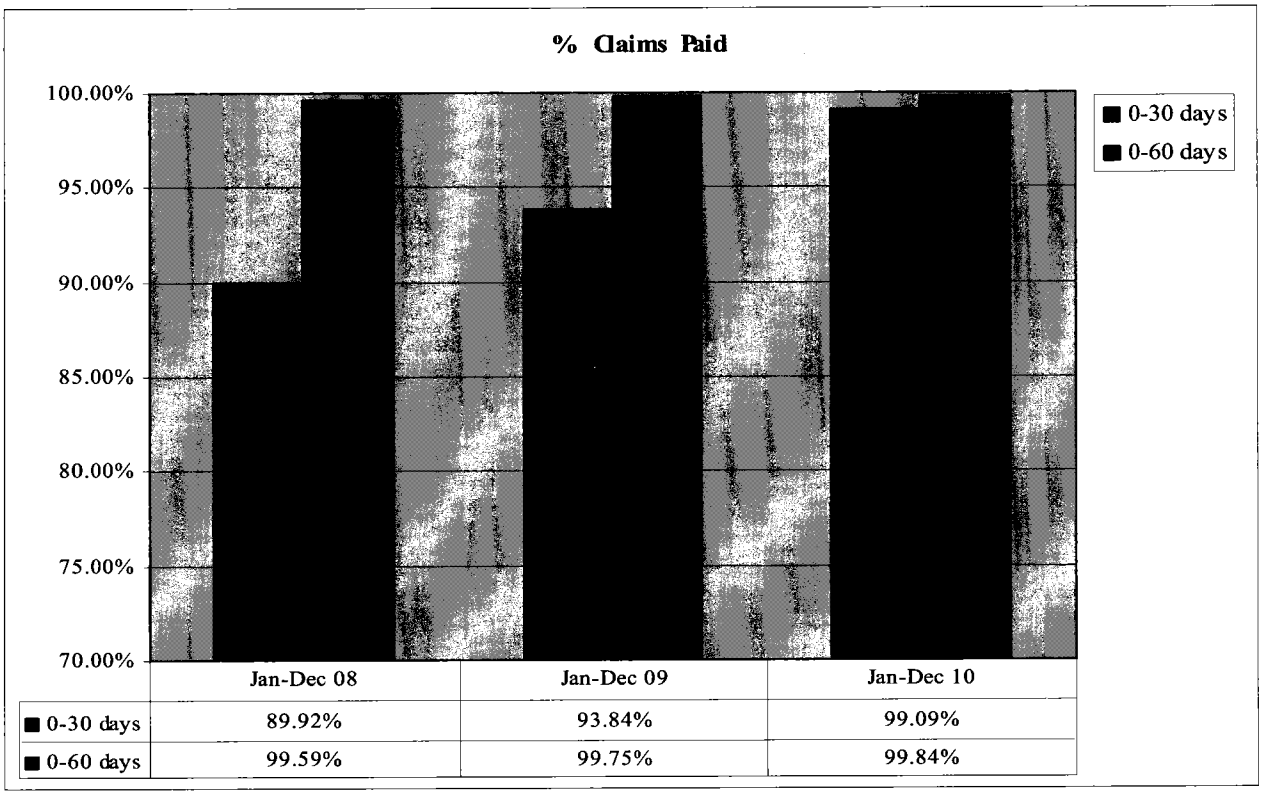
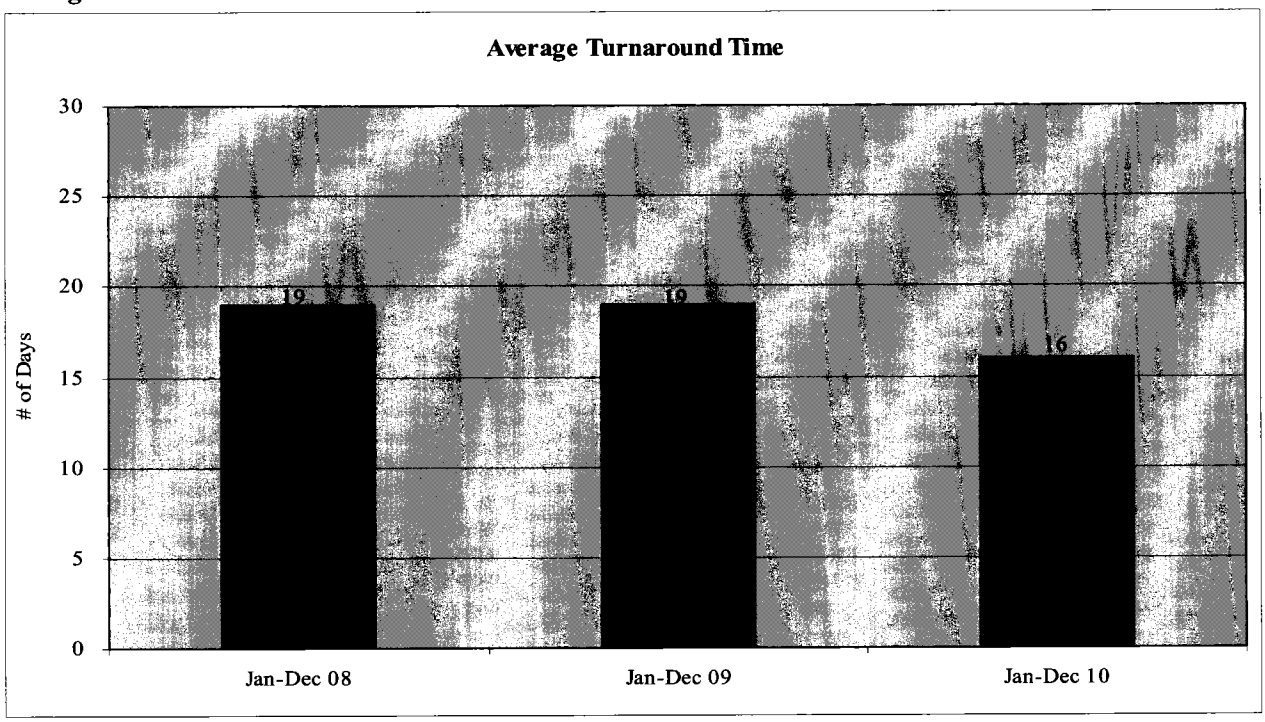


Chart 5 – Average Percent of Claims Processed 0-30 Days and 0-60 Days for the Past Three Years



	Jan-Dec 08	Jan-Dec 09	Jan-Dec 10
0-30 days	89.92%	93.84%	99.09%
0-60 days	99.59%	99.75%	99.84%

Average Claim Turnaround Time



Yavapai County Long Term Care

Explanation of Payments

Payment Date: March 4, 2011

Vendor: 259679EFT Tax ID: 51· 522

Date of Service	Proc. Code	Description	Mod	Units	Billed Charges	Payment Method	Amount Paid	EOB
Services rendered by:								
Payable to:								
Claim ID: 02182011zzI0125		Member Name:		Patient #: 0125			Invoice #: 1104601000189	
1/17/2011	90806	PSYTX, OFF, 45-50 MIN		1.00	$88.62	FFS	$67.85	772
			Claim Total:	1.00	88.62		67.85	
Claim ID: 02182011zzI0124		Member Name:		Patient #: 203			Invoice #: 1104601000187	
1/14/2011	90847	FAMILY PSYTX W/PATIENT		1.00	$109.30	Denied	$0.00	1010 1013
1/27/2011	90847	FAMILY PSYTX W/PATIENT		1.00	$104.29	FFS	$78.22	772
			Claim Total:	2.00	213.59		78.22	
Claim ID: 02182011zzI0123		Member Name:		Patient #: 0079			Invoice #: 1104601000002	
2/1/2011	H0004	BEHAVIORAL HEALTH CNSL&TX-15 MIN		3.00	$96.15	Denied	$0.00	506 1001
			Claim Total:	3.00	96.15		0.00	
			Provider Totals:	6.00	398.36		146.07	

Yavapai County Long Term Care

Explanation of Payments

Payment Date: March 4, 2011

Vendor 259679EFT Totals	Cap Amount	FFS Amount	Adjustments	Total Payment
	$0.00	$146.07	$0.00	146.07

Explanation of Payment Summary Page

Please access Yavapai County Long Term Care's (YCLTC) website for claim status at:
http://apps.co.yavapai.az.us/MedWebOpenBali/frmIntroduction.aspx?SubTitleParam=Claims%20Online%20Login
or contact the claims processing unit at (928) 771-3560 for questions regarding the payment/denial of medical claims.

If you disagree with YCLTC's denial of payment, you may either request an informal reconsideration or file a written claim dispute. The claim dispute must be filed in writing, be labeled as a claim dispute, and be submitted within twelve (12) months of the service date, twelve (12) months after the date of eligibility posting, or within 60 days after the denial of a timely claim submission, whichever is later.

Claim reconsiderations will be accepted if the written request is received no later than twelve (12) months from the date of service or for an inpatient hospital claim, twelve months from the date of discharge; or twelve months from the date of eligibility posting, or within sixty (60) days after the payment denial or recoupment of a timely claim submission, whichever is later.

Please refer to your contract for more details or contact Yavapai County Long Term Care at (928) 771-3560 or 6717 E. Second Street, Suite D, Prescott Valley, AZ 86314.

EOB Descriptions

1001	ITEMS BILLED DO NOT MATCH ITEMS AUTHORIZED
1010	See Notes
1013	Invalid EOB
506	Invalid place of service.
772	COB Received - Internal use only

Electronic Claims

YCLTC currently receives 49% of claims electronically in HIPAA compliant formats through our claims clearinghouse, Emdeon Business Services. This is an increase of 26% within the past year. This excludes pharmacy claims which are handled by a Pharmacy Benefit Manager.

YCLTC provider contracts specify that "all providers must be capable of submitting an invoice or claim for payment electronically or on an original scannable claim form." Although YCLTC has strongly encouraged all providers to submit electronically, we find that many rural providers do not have the technology or resources to file claims electronically, particularly secondary claims.

As a result, we are currently in the implementation phase of accepting Medicare crossover claims with CMS. We have received a Coordination of Benefit Agreement with CMS and an ID number to begin testing. We believe this will increase our electronic claims submissions to 80% as well as eliminate providers submitting secondary claims on paper. Providers will be aware that a crossover claim occurred by reviewing their Medicare Remittance as well as communication through provider newsletters and notation on our Explanation of Payment Remittance.

Paper-To-EDI Claims

In December 2009, YCLTC began utilizing a paper-to-EDI service offered by our claims clearinghouse, Emdeon Business Services. This service allows most paper claims to be scanned and processed electronically. As an alternative to manual data entry, this is a faster, more efficient process that results in improved data accuracy. Emdeon performs frequent internal audits to ensure a data accuracy statistic that meets or exceeds 99%.

We currently scan 77% of our paper claims which leaves only 23% of paper claims that require manual data entry. Paper claims are scanned daily and electronically submitted to Emdeon, with a receipt of a HIPAA compliant EDI electronic claim within two business days.

We anticipate the number of scanned claims to decrease once we are in production with Medicare crossover due to the high volume of Medicare primary claims.

Electronic Fund Transfers (EFT)

YCLTC has been offering EFT for the past 4 ½ years. We currently process 89% of payments by EFT. Providers are encouraged to complete a one page form to initiate the process. Our County Finance Department performs a pre-notification with the banking institution to verify the transaction is successful prior to release of funds. YCLTC staff provide prompt attention to EFT issues including changes in email addresses, difficulties with receipt of explanation of payments, and need for additional information.

In CYE 2010, YCLTC Provider Relations Coordinators (PRCs) personally contacted contracted providers who were not receiving payments by EFT to explain the benefit and process. The number of providers receiving payment by EFT significantly increased due to this focused effort. In October 2007, YCLTC had 32 providers receiving payments by EFT, and by February 2011, that number increased to 310 providers.

YCLTC continues to educate providers about EFTs. Provider contracts include language that emphasizes that providers are expected to be paid electronically. PRCs include information for newly contracted providers in orientation packets, as well as during provider monitoring visits. PRCs continue to stress electronic payments with providers, emphasizing increased efficiency in receiving payments for services rendered. EFT is promoted during conversations with providers, in quarterly provider newsletters, at annual provider meetings, at new provider orientation, and during contract negotiations. YCLTC's emphasis on maintaining positive relationships with providers and assisting providers whenever needed contributes significantly to provider compliance with this requirement.

C. ORGANIZATION – CLAIMS Q.9

The claims software used by Yavapai County Long Term Care (YCLTC) is Plexis Claims Manager (PCM), which contains a number of clinical and data related edits that are applied during the adjudication process.

Claims that require additional medical/retrospective review are emailed by the Claims Processor to Medical Management for payment determination. Examples of these claims are claims denied by Medicare for inappropriate utilization and claims with units that exceed the AHCCCS maximum allowable. The Claims Processor requests a return date to ensure payment within 30 days of receipt. The Claims Processor also tracks the claims to ensure a response is received and follows up as necessary. When reviewing claims retrospectively, Medical Management utilizes the following clinical criteria including but not limited to:

- AHCCCS Medical Policy Manual
- Medicare National & Local Coverage Determinations
- Clinical Practice Guidelines from the US Dept of Health & Human Services' Agency for Healthcare Research & Quality (AHRQ)
- US Preventative Services Task Force Recommendations
- InterQual Decision Support Criteria
- CPT & HCPCS Guides

The review process of PCM verifies the following items for each adjudicated claim. If a procedure line does not pass these edits, the claim will *Pend* or *Deny* with appropriate Explanation of Benefit (EOB) code. Data related edits that are inclusive of PCM adjudication include:

Correct Coding Initiative (CCI Edits) PCM checks the procedure code against the National Correct Coding Initiative (NCCI) rules prior to all other adjudication edits. There are two sets of Correct Coding Initiative edit tables: Column One/Column Two Correct Coding Edit Table and Mutually Exclusive Edit Table. Each edit table contains edits which are pairs of HCPCS/CPT codes that in general should not be reported together. If a provider reports the two codes of an edit pair, the column two code is denied, and the column one code is eligible for payment. However, if it is clinically appropriate to utilize an NCCI associated modifier, both the column one and column two codes are eligible for payment. An example of this is a lab test that is repeated on the same day as a disease specific panel (multi channel lab testing) that included the lab test. Plexis provides an NCCI Code Loader application to upload NCCI codes from Ingenix files to PCM for adjudication based rules. The codes are purchased from Ingenix and updated quarterly.

Global Period/Bundling Global periods are the amount of time after the surgery where standard medical practice considers other services as included in the original procedure's period of care. PCM assigns a global period to performed surgeries based on the Complete RBRVS table for the surgical code and procedures performed during global periods receive no additional payments. Evaluation & Management (E&M) codes are denied by PCM if performed during the global period unless an appropriate modifier overwrites the global period rule. Bundled codes are also established within PCM to prevent separate payments. RBRVS tables are purchased from Ingenix and updated annually.

Establish Eligibility/ Benefit Coverage Standard adjudication rules check the member's effective and term dates to ensure that coverage exists for the date(s) of service on the claim. PCM evaluates the member's benefit plan to determine the coverage for each service on the claim. Benefit Contracts are created to match AHCCCS Contract Types (ALTCS, PPC, Acute). Benefit Classes define covered and non-covered services, procedure code and/or procedure code groups. Benefit Classes may also be defined by diagnosis, place of service, type of service, minimum and maximum age, and authorization requirements. PCM adjudication finds the Benefit Contract and Benefit Class that match the date of eligibility/date of service using valid procedure and diagnostic codes to determine coverage.

Primary Care Provider (PCP) PCM verifies if the PCP is contracted and paid on a capitated fee schedule, and checks procedures for capitation to ensure proper payment and reporting. A call-back medical group or on-call

group can be established when the PCP has assigned another PCP or group to cover for them. Claims submitted by the call-back provider will be calculated at the same rate as the assigned PCP, which could be either fee for service or capitated.

Duplicate Charge Edits PCM checks existing approved claims procedure lines with dates of service that overlap the current procedure for any lines showing the same member, provider, procedure code, and modifier, but a different claim number than the current charge. If a duplicate charge exists on a separate claim, PCM sets the line status to *Pend* with an EOB code of "possible duplicate" and reflects the initial claim number. At that time, the Claims Processor reviews the initial submission to determine if the current claim is a resubmission of a previous unclean claim or a true duplicate. The claim is then paid or denied as appropriate.

Provider Contract Assignment/Fee Schedule & Pricing
AHCCCS Provider Reference Files and the AHCCCS PMMIS system are utilized to update provider profiles within PCM. PCM locates the contract for the provider listed on the claim by matching the provider AHCCCS ID number, procedure effective dates, service dates, and the effective and termination dates on the contract assignment, as well as network assignment. An example of a network assignment is a non-medicare non-contracted network containing providers who are not contracted and are then attached to a specific fee schedule. PCM verifies that the claim was filed in a timely manner by calculating the number of days between date of service and received claim date, as specified in the parameters of the contract definitions.

A contractual agreement between YCLTC and a provider determines how a fee schedule is built within PCM. Examples include facility/non-facility for Inpatient Hospital and Outpatient Hospital by Facility Peer Groups. Fee schedules vary by different provider types such as Physician, Nurse Practitioner, Physicians Assistant, and DME. There are a number of payment methods that PCM handles, including flat rate, Medicare with geographic practice cost indexes (GPCI), Medicare with GPCI for anesthesia codes, percent billed, and Usual, Customary, and Reasonable payments. Fee schedules can be further defined by place of service or type of service. Pricing for *By Report* procedure codes are determined by YCLTC and follow AHCCCS Fee For Service percentages. If Medicare is primary payor, coinsurance and deductible amount is calculated. If PCM finds the payment type in the fee schedule to indicate the service is capitated, it does not pay, but captures fee-for-service equivalents from the contract covering the claim for reporting purposes.

Once PCM finds the fee schedule, it checks to see if the procedure on the procedure detail line of the claim is listed as one of the procedures covered in the fee schedule. If it is included in the fee schedule then the procedure is covered and adjudication on the item continues. If it is not included in a range of procedures on the fee schedule the procedure line status sets to *Deny.* Individual procedure codes in any given fee schedule can be designated "pend for review" and forwarded for medical review before final processing.

Diagnosis Code PCM verifies that the ICD-9 diagnosis codes are valid for the claim date(s) of service and covered by AHCCCS. Invalid or incomplete diagnosis codes have been set to *Deny* in PCM. The codes are purchased from Ingenix and updated in PCM annually. ICD-10 diagnosis codes will be used when introduced in 2012.

Referral/Prior Authorization Prior authorization requirements are set in the Benefit Classes at the procedure code level. PCM searches for a valid authorization if it is required per the set-up of code groups within the Benefit Classes established by YCLTC. Once it is determined that an authorization is required, a search for an authorization that matches the information on the claim line is executed and the claim will adjudicate with an *Approved* status. If an authorization is required for a claim, but no authorization is found, PCM assigns the corresponding procedures *EOB 009 (No valid Referral on file for this service)* and sets the claim status to *Denied.* Authorizations are required for services performed by non-contracted providers with the exception of QMB eligible recipients.

Multiple Surgery Codes PCM contains multiple surgery (depreciation) functionality that provides the ability to automatically depreciate the amount paid for the performance of multiple surgeries during the adjudication process. Depreciation schedules are set up with codes that will be subject to depreciation and with the order and amount to depreciate. YCLTC follows AHCCCS methodology and reimburses the principal procedure at 100% and each secondary procedure at 50% of the provider's contracted rate. Add-on codes are performed in addition to the primary service and are exempt from the multiple procedure reimbursement.

Coordination of Benefits (COB) PCM adjudication checks for Medicare A and B coverage as well as Medicare covered services and/or other TPL. To cost-avoid a claim with third party liability, PCM tracks coordination of benefits by member with effective and termination dates of a policy. YCLTC contacts the carrier to retrieve additional information on the specific type of coverage. This includes specific coverage such as pharmacy only, Medicare benefits, and supplemental benefits. The grid allows YCLTC to record policy number, policy holder, company name, address, phone number; an open field is used to record detailed information related to a TPL, such as deductibles, extent of coverage, exceptions, etc. During claim adjudication, a claim will *Pend* if the COB information is not entered. Claims Processors research and account for all COB prior to payment. COB is also factored in the authorization process, including estimating the primary payer's responsibility and the resulting YCLTC liability. The provider is notified of the primary payer on the Referral/Prior Authorization approval form to allow the provider to bill the COB carrier(s) prior to billing YCLTC.

YCLTC contracts with Health Management Systems (HMS) to retroactively recover paid claims and reduce future payments. If YCLTC becomes aware of TPL post claim payment, HMS is notified via the web-referral page specifically for AHCCCS recipients. AHCCCS is also notified as required on a Member Change Report.

Modifiers PCM provides pre-defined fee schedule modifiers for each code year, which include all valid CPT modifiers with their respective Medicare payments as defined in the Complete RBRVS. If a procedure line indicates a modifier, PCM notes the value (percentage) from the fee schedule modifier table and applies it toward the previously computed contract amount to get the new contract amount. When multiple modifiers exist for a procedure, PCM continues calculating the contract amount as above.

Accumulators Review Process This process checks the limits specified for the benefit coverage in effect for the member to ensure that the total outlay to the provider is within the specified plan limits as defined by procedure code groups. Checking accumulators involves searching for prior claims to ensure that claims do not exceed plan limits. PCM reviews and updates the Accumulator Types after completing the pricing stage.

Compute Claim Amounts The following claim amounts are computed if PCM approves a claim for payment:

- Contracted Amount – the amount payable to the provider based upon the contract's fee schedule
- Write Off – the difference between the provider's billed amount and the contracted amount
- Withhold – deducted amount from the contracted amount if a value exists in the withhold percent field on the provider's contract
- Deductible – the deductible amount from a Medicare or COB Remittance (YCLTC's responsibility)
- Copayment and Coinsurance – as displayed by Medicare or COB Remittance (YCLTC's responsibility)
- COB Deducted – the payment amount from Medicare which is deducted from net pay
- COB Added – the payment amount from COB which is deducted from net pay
- FFS Equivalent Net – the amount captured from the fee-for-service equivalent for a capitated service
- Net Pay Due – the payment amount after all above calculations are computed

Additional Access Databases An Access database tool is used specifically to review non-Medicare outpatient institutional claims ("Non-Medicare Outpatient Tool"). This tool combines information from the state PMMIS system, reference files needed for this process as periodically retrieved from the AHCCCS SFTP site, and data queries based on claims data in PCM. The tool ensures appropriate use of bundled drivers, maximum unit limitations, NCCI edits, surgery code edits, modifiers that do not pay at 100%, and prior authorization requirements by procedure code.

Yavapai County Long Term Care (YCLTC) has efficiently, accurately and securely exchanged encounter information with AHCCCS Administration since 1993. YCLTC utilizes an electronic data interchange (EDI) system through Plexis Claims Manager (PCM) EDI Works, which supports the HIPAA X12 national industry standard claims formats and provides error validation functionality for 837 Professional, 837 Institutional, and 837 Dental formats.

YCLTC has consistently maintained below average omission error rates, as evidenced by the AHCCCS Encounter Data Validation studies which score rate factors of completeness, accuracy, and timeliness. For CYE 06 (the most recent final results), YCLTC's omission error rate was .02% and .05%, well below the overall statewide weighted rates of 4.03% and 1.85%. For CYE 05, YCLTC's omission error rate was 0.00% and 0.13%, again well below the overall statewide weighted rates of 2.40% and 1.29%.

Pharmacy Encounters

YCLTC contracts with United Drugs as a pharmacy benefit manager, which supports the National Council for Prescription Drug Programs (NCPDP) HIPAA standard format. YCLTC receives a NCPDP 3.2 format file directly from United Drugs, and consequently submits the information to AHCCCS in accordance with the AHCCCS NCPDP Transaction Companion Documents. The pharmacy data is also imported into PCM holding tables for reporting utilization purposes. If a pharmacy claim requires a void or replace action, YCLTC adds the Control Reference Number (CRN) to the file and the file is sent via AHCCCS Secure File Transfer Protocol (SFTP) server. To support Federal Drug Rebate processing, pharmacy related encounter data will be submitted to AHCCCS no later than 30 days after the end of the quarter in which the pharmaceutical item was dispensed.

Accuracy

In addition to PCM's validation functionality outlined below, Access database queries listed below were developed internally to minimize pended encounters and to ensure claim processing integrity. These queries/edits are run against our weekly claim cycles to capture and validate data that may need corrected prior to finalizing payment and submission of encounter data.

- Technical Component vs. Professional Component - TC or 26 modifier present if same procedure code
- Hospital admit date present for POS 21 on professional claims
- Discharge hour present on bill type 214 (nursing facility)
- Modifier 76 or 77 present if duplicate claim previously paid
- Duplicate or near duplicate of provider, procedure and service date for further research
- Displays maximum daily units to AHCCCS standards for further research
- Required modifiers present for DME procedures
- Missing admit hour & discharge hour on UB claim
- Missing Tax ID on claim
- Missing NPI's on professional claims
- Missing Medicare info. for Medicare covered codes for further research
- Displays claims that exceed 15 billed or paid physical therapy visits for further research
- Missing TPL payment for recipient with TPL for further research of benefits
- Displays claim if diagnosis codes with no related pointer is invalid
- Displays claim if each payer loop (YCLTC, Medicare, TPL) is out of balance
- Displays claim if Medicare payment info is not on line one for UB export

Timeliness

***Exporting Data* (Chart 1)**

On a monthly basis and in accordance with the AHCCCS Encounter Processing Schedule, claim data is exported through PCM EDI Works by a claim type for Professional, Institutional, or Dental. If the need for submitting the data is time sensitive, such as outlier reinsurance cases, encounters can be exported and submitted at will intervals. A search criteria grid indicates what parameters are required to run the export, what fields are required, their mapping format, and what stored procedures to use upon selecting the appropriate data. Each claim type has

unique procedures/rules associated. The selection of all paid or denied claims for the previous month is placed in an export file and reconciled with a report 'HCFA Total & UB Total for Export' of all claims paid or denied for the same period of time. The two sources must balance in claim count and billed charges prior to submission of encounter data. If they do not balance, the detailed report is researched to resolve discrepancies. The New Day encounter file contains encounters that have not previously been processed through AHCCCS encounter adjudication edits and audits. It includes encounters submitted to AHCCCS for the first time, encounters resubmitted after being rejected by validation, translation or mainframe, and replacements and voids.

Completeness

File Validation

Exported claim data files are submitted to the AHCCCS Test Transaction Insight environment to confirm validity of the file prior to submitting to the production environment. Once a file has successfully passed by receipt of a 997 transaction, files are sent to the production environment. The export files are sent to AHCCCS in accordance with the exchange procedures outlined in the Encounter Reporting User Manual via secured VPN and the AHCCCS SFTP server.

Monitoring

The PCM export file also creates a log file, created in the same directory as the output file which contains pertinent information to identify the reason a file fails.

AHCCCS informs YCLTC of failed files. Transaction Insight User Guide is utilized as a reference to determine cause of failure, resolve errors and, if necessary, resend the file. Access to the ADOA-PMMIS Daily FTP Transmission Log (EC552) includes the status of the file as Pass, Fail, Unprocessed, or Loaded. Staff monitors the status daily until files are all loaded.

Adjudicated Encounter **(Chart 2)**

At the conclusion of each encounter processing cycle, YCLTC receives an Adjudicated Encounter File (U277 Supplemental file) from AHCCCS that identifies and provides a record to YCLTC of all encounters that were successfully adjudicated. The file also identifies pended encounters from the current and prior cycles, as well as any deleted encounters. The data is imported into an Access database and stores the CRN, PCM Claim Number, Claim Procedure ID, Claim Status and claim type as identification that the encounter was reported and accepted by AHCCCS. Detailed instructions are located in: F:\Med Asst\bofc\Word\Supplemental files Match CRN to PCM Claim Number.doc

Pended Encounters

YCLTC has avoided pended encounter sanctions by staying current with the monthly cycles of reporting, ensuring the number of claims processed match the encounter reporting process, and actively pursing correction of pended encounters, as demonstrated by our history of resolving pended encounters in less than 120 calendar days of the processing date.

YCLTC receives a Detailed Aging Report from AHCCCS, which includes encounters that failed the edit or audit process by AHCCCS and error codes indicating the reason(s) a record was rejected. These encounters will continue to age and appear on this report until they are resolved. Additional reports from AHCCCS are utilized to track top error types, aging pended encounters, and overall percentage of adjudicated errors.

Pended encounters are researched by claims processors to identify the cause of the error and determine the best resolution. Reference material including a list of edit codes, descriptions, and the Encounter Edit Resolution chart are available to the processors from the AHCCCS website under AHCCCS Encounter Resources. The AHCCCS Encounter Reporting User Manual is also used as a guide for the submission of corrected encounters. YCLTC maintains an internal desk reference containing beneficial information to assist processors with each edit code. As necessary, providers are contacted and requested to submit updated profile information through AHCCCS provider registration.

Correcting Pended Encounters **(Chart 3)**
An Access database is utilized to track and maintain a record of all pended encounters. Detailed claim data includes the CRN, Pending Reason, Form Type, Action Taken (void, replace, delete, override), Reason for Action, the original Processor who adjudicated the claim and the Processor who completed the Action.

There are three methods to correct pended encounters:

- online through the Arizona Department of Administration (ADOA) connection (PMMIS database)
- a void or replace action in the PCM claim which is then exported back to AHCCCS
- correcting a field within the Pended Encounter Correction File

ADOA-PMMIS
Each Claims Processor and our Claims EDI Analyst has a log on and password to access the Encounter Maintenance Menu. The CRN assigned by AHCCCS is entered and the appropriate change or void is made. The function to adjudicate the encounter is then selected. A correction or override action indicates that YCLTC has reviewed the encounter and determined the data is correct prior to performing this action. A report of CRN's with override edit Z305 (near duplicate) is submitted to AHCCCS monthly.

Void/Replace
PCM EDI Works contains logic to allow the user to export a specific claim or a batch of claims to void an encounter or void and replace a previously submitted encounter. There are two Explanation of Benefit codes used by the processor (CRNVOID and CRNRPLC) to identify the proper value for the modified encounter. CRNVOID is used when a claim is recouped in full. CRNRPLC is used for an overpayment or underpayment adjustment. Void and Replace encounters include corrections as a result of cost avoidance, inaccuracies identified by fraud and abuse audits or investigations. The process as described above in *Exporting Data* is repeated to submit the Void and Replace encounter data to AHCCCS.

Pended Encounter Correction File
Editing data in this file is limited and this process is used infrequently. The data is transmitted electronically to the AHCCCS SFTP server with a unique file name as stipulated in the AHCCCS Encounter Manual.

Deleting Pended Encounters
Encounters are deleted after exhausting all other efforts to correct the encounter, including consulting with the AHCCCS encounter unit and as approved by the Business Office Manager. Documentation is secured for future reference or auditing purposes.

Encounter Submission and Revision Tracking Report (ESTR)
YCLTC maintains an ESTR for the purpose of reporting the number of claims and claim paid amounts subsequently submitted as encounters to AHCCCS, validator encounter submissions and success rates, monthly mainframe processing statistics/results, and the number of aged pended encounters by days pended, error code, and form type. Detailed instructions are located at: F:\Med Asst\bofc\Word\ESTR Instructions

Remediation Process/Process Improvement
YCLTC's dedicated staff has on average over 10 years of experience reporting encounters with AHCCCS. We are committed to continually look for process improvement with the encounter reporting process which we believe has been demonstrated historically by the low volume of assessed sanctions. Accuracy, timeliness, and completeness of this process include:

- Working with Plexis engineers to interpret the standard transaction code sets and comply with federal and state requirements
- Utilizing the AHCCCS Encounter Reporting Manual, Transaction Companion documents & Trading Partner Agreements as reference guides

- Utilizing the AHCCCS Reference Files to actively update fee-for-service and outpatient rate schedules, procedure code updates, and provider data in several databases
- Reviewing and working the Pended Encounter and Aging reports to stay current with pended encounters
- The Business Office Manager conducts bi-weekly staff meetings that often include training on new encounter edits and claim issues
- Utilizing the AHCCCS PMMIS system to confirm accuracy of provider information and appropriate billing profiles
- Requesting assistance from AHCCCS Administration encounter staff and pharmacy services to assist in resolving encounter errors
- Continued training with all claims processors to work pended encounters which enhances their ability and knowledge during claim adjudication on how to avoid pended encounters at the front end processing.

Chart 1. Exporting Encounters

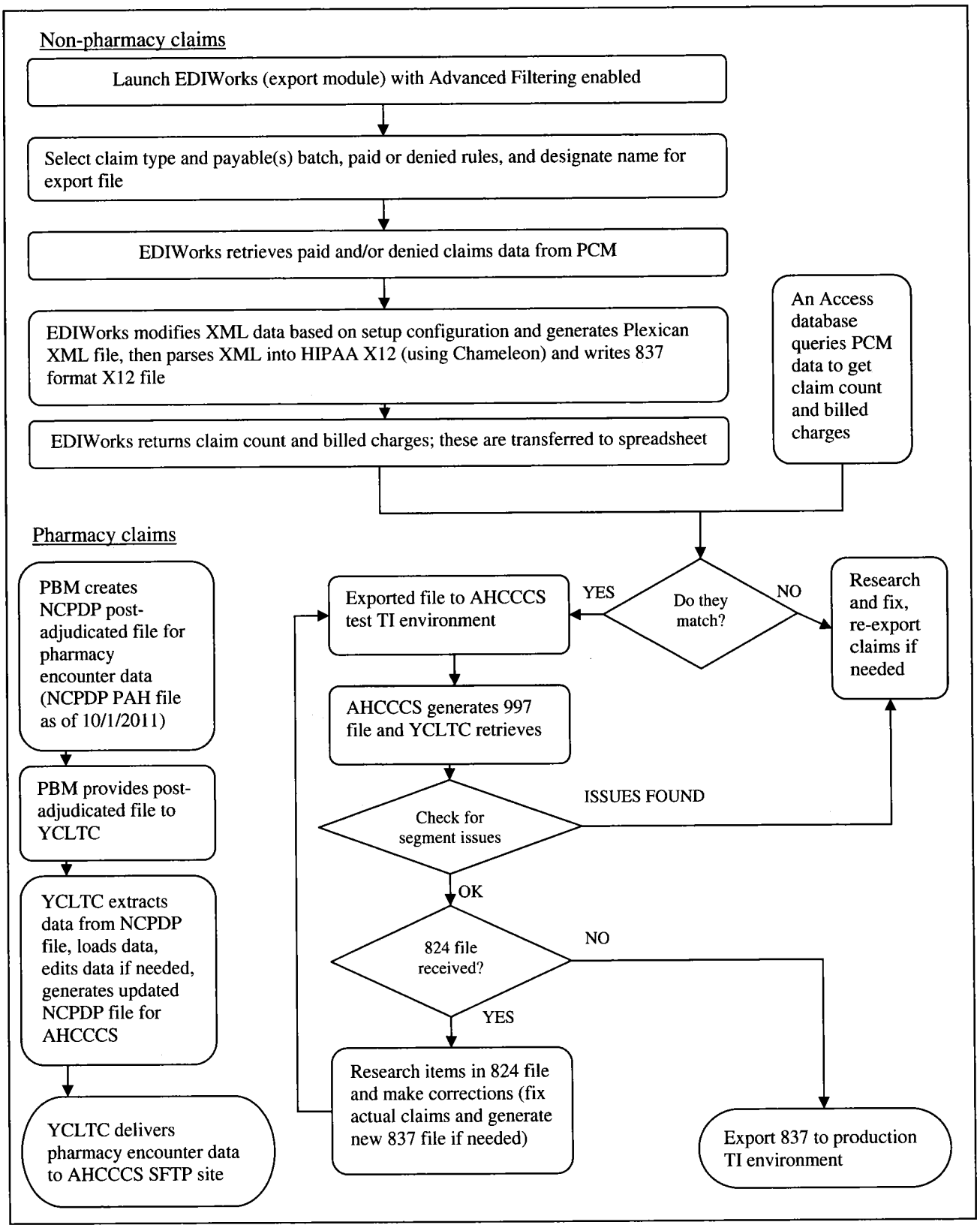


Chart 2. Adjudicated Encounters

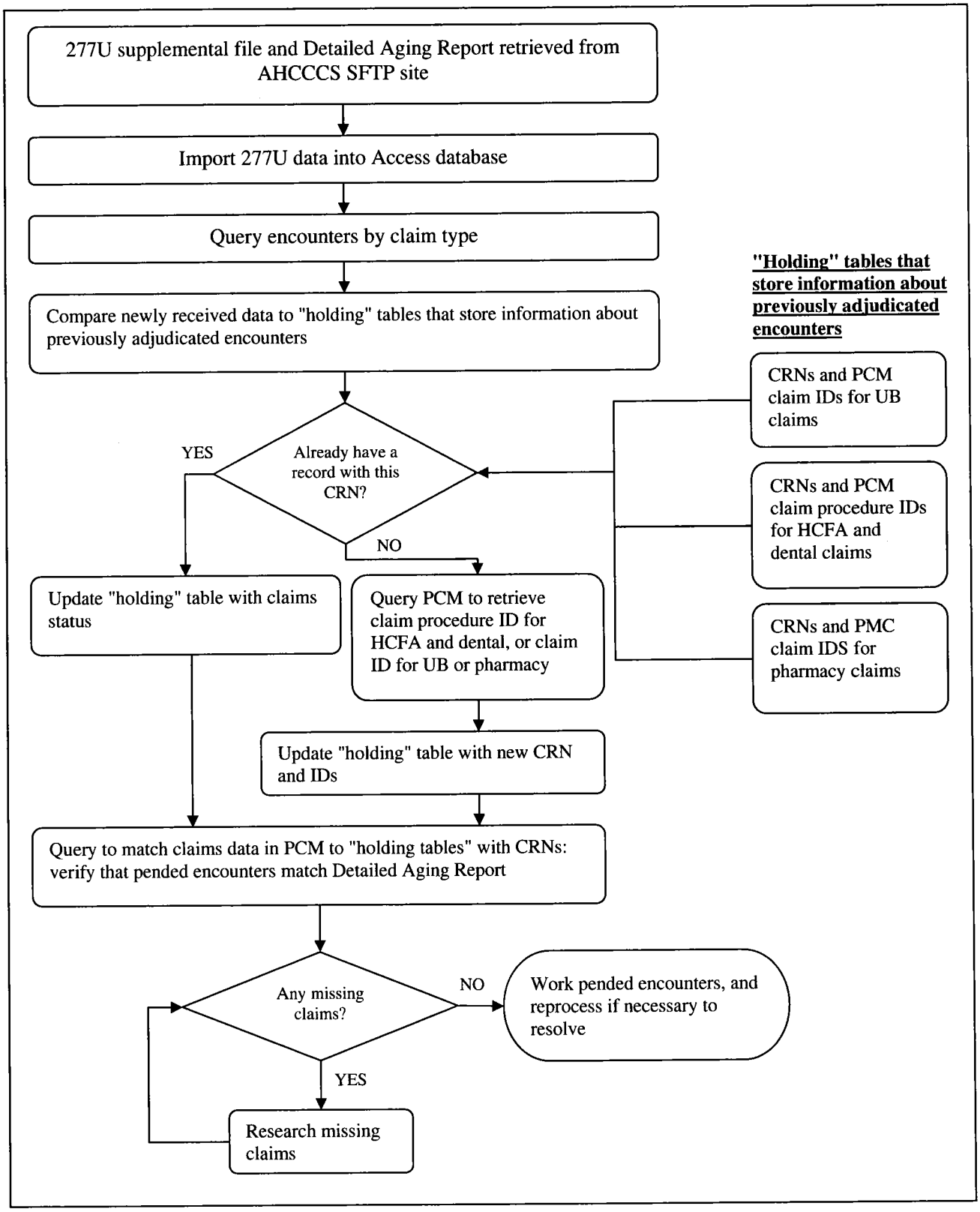
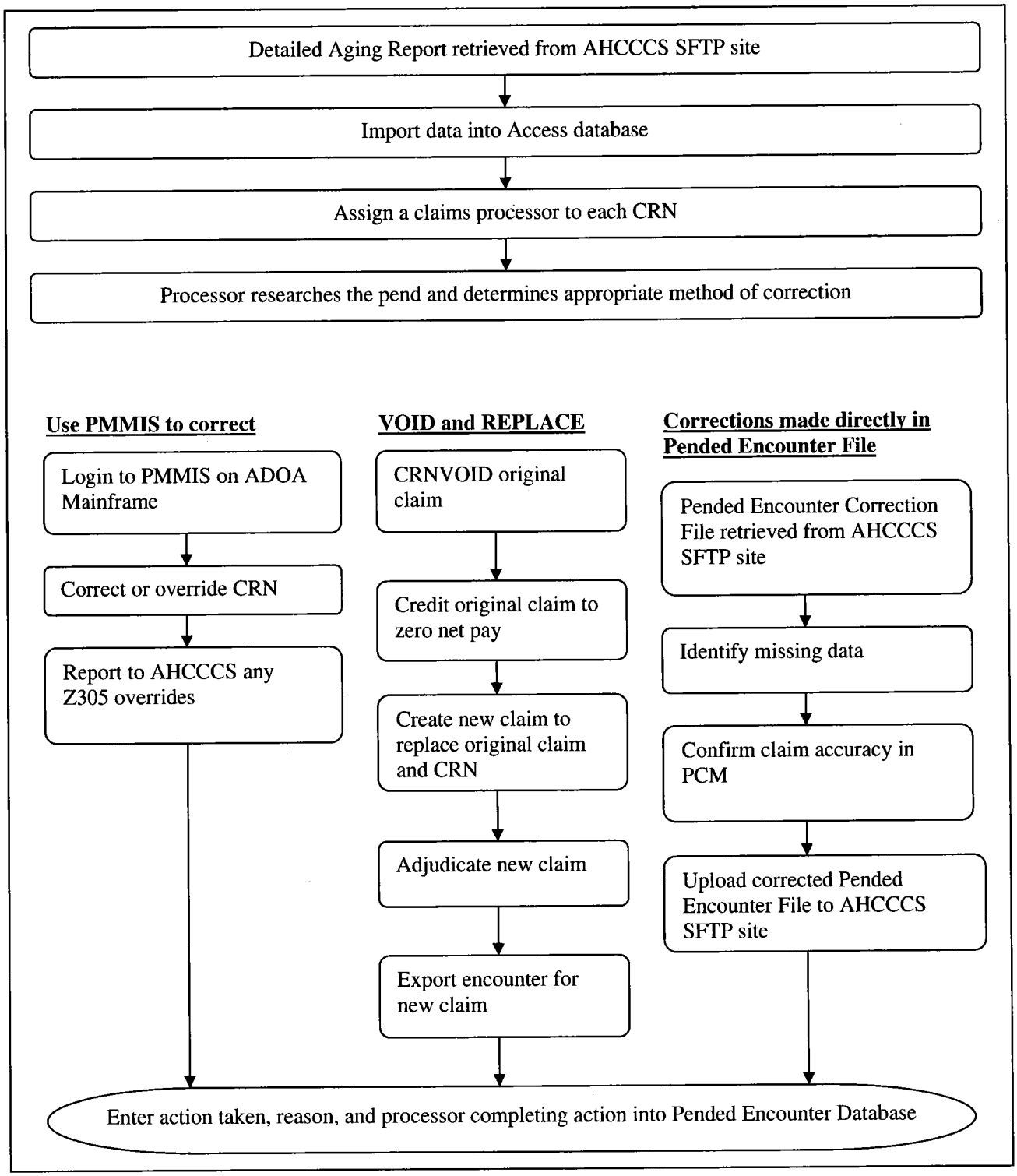


Chart 3. Correcting Pended Encounters



Yavapai County Long Term Care (YCLTC) utilizes a diverse combination of information systems to support ALTCS-related business processes. The vast majority of data collection and processing is computer-based. Paper-based systems are minimized as much as possible and only used in rare cases where functional electronic alternatives are unavailable or impractical.

Network infrastructure (see Overview Diagram)

Personal Computers (PCs)

Each individual YCLTC staff member has either a desktop or laptop PC. PCs are replaced periodically to ensure the availability of current hardware technology. All department PCs are Dell computers, with 1 to 2GB of RAM and a hard drive capacity of 80MB or above. These PCs are connected to a network of servers.

Network

Yavapai County's Management Information Systems (MIS) department supports the YCLTC information infrastructure, which is currently running on an application written in the .NET suite with a Microsoft SQL Server backend. This product has proven to be a stable platform for the operation, and part of this stability can be attributed to the County MIS resources available to YCLTC. The MIS staff is composed of dedicated individuals including three Systems Administrators and one Database Administrator. MIS offers a myriad of technical support and networking resources from staff who have a broad degree of experience with both operating systems and database architectures.

In 2009, YCLTC purchased a new state-of-the-art file server from Dell. The unit includes two quad core Intel Xeon processors with a processor speed of 2.5GHz and bus speed of 1333MHz, and with 2X6MB of cache. Memory includes 4GB of 667 MHz speed, fully buffered dual in-line memory modules. The server has four 146GB SCSI hard drives for data storage. An extended warranty and technical support services were also purchased. This server (named NTSQLMEDP) is running Windows Server 2003 Standard Edition and Microsoft SQL Server 2005 Standard Edition. Microsoft Service Packs are applied when needed.

YCLTC's other servers are also running Windows Server 2003 Standard Edition, but with Microsoft SQL Server 2000. One of these servers (NTSQLM) has two Intel Xeon 3.733GHz quad-core processors with 3.25GM of system RAM, and the other (NTSQLM2) has two Xeon 2.00GHz dual-core processors with 2GB of RAM.

All servers have redundant disk drives in a RAID-1 or RAID-5 configuration. They also have redundant power supplies and cooling fans. YCLTC maintains the servers on-site. These servers are monitored daily for proper functionality. The event and SQL server logs are checked daily, and all backups are verified. In addition, data can be copied within one hour to a spare server off site in a secure datacenter with dedicated cooling and redundant power. Network outages are very rare.

Network Security

Each Yavapai County employee is assigned an employee ID number which is used when accessing the County MIS network. Permissions are assigned to individual employee user accounts following department protocols that outline data access needs according to job tasks. When an employee terminates employment from YCLTC (or upon YCLTC's request), the employee ID number is inactivated by the County MIS department, thereby preventing access to any of the County networks. Passwords expire every 45 days.

Network backups

Full daily backups of the database on NTSQLMEDP are performed twice daily by MIS—at the beginning of the workday and at the end of the workday. During the workday, hourly differential backups are performed and copied to an alternate server (NTSQLM2). For NTSQLM, NTSQLM2, and YCLTC user data (NT23 Groups and User directories), MIS runs nightly backups to a dedicated backup server. Full backups are rolled to tape each day and stored offsite, with the previous day's backup stored overnight, and the weekly (Friday) backup stored offsite for one month (a standard GFS rotation schedule).

Basic productivity software

Microsoft software

All PCs and laptops currently run Windows XP. It is expected that the department will migrate to Windows 7 before the end of the year. The Microsoft Office suite of basic productivity tools is installed on each computer. This includes Word, Access, Excel, PowerPoint, Publisher, and Outlook. Machines currently have Office 2003 tools, but migration to Office 2010 is expected later this year. Yavapai County MIS maintains the user license agreement with Microsoft.

Plexis Claims Management software

For the past ten years, YCLTC has partnered with Plexis Healthcare Systems. Plexis Claims Manager (PCM) software is a complete healthcare claims adjudication and managed care system that supports many different payment contracting and fee schedule types to achieve high standard auto-adjudication rates. PCM is used by healthcare organizations throughout the United States as well as in several other countries. Plexis Healthcare Systems has supported the PCM software since 1996, and continues to provide software upgrades in response to changing standards. YCLTC is currently using the 9.2.0 version of PCM. It is anticipated that YCLTC will upgrade to Version 11 in 2011. Version 11 will include minor feature upgrades and will be certified to run under Windows 7. Yavapai County MIS supports the partnership between YCLTC and Plexis Healthcare Systems. Collaborative efforts ensure that YCLTC can continue to meet current and future requirements and objectives.

The PCM technology platform consists of a Microsoft SQL Server RDBMS, and is presented with a graphical Windows interface for ease of user navigation. PCM runs in a Windows Operating System, and the relational database runs on a standard Microsoft SQL Server database. This ODBC-compliant structure allows for easy data transference between various applications, thereby eliminating redundant processes, such as entering the same data on different screens. Virtually any ODBC-compliant application, including Microsoft Office applications such as Access, Word or Excel, can be linked to PCM for routine and ad-hoc report generation, query responses, data manipulation, and other administrative functions. The ODBC-compliant structure is secured through internal PCM design as well as stringent Yavapai County MIS Department security protocols.

PCM uses a rules-based design that makes it possible for users to configure processes without entering complex programming codes. New lines of business can be added or business rules changed when needed. For example, AHCCCS implemented significant benefit changes effective 10/1/2010. By updating procedure code groups and benefit plans within PCM, YCLTC was able to successfully modify auto-adjudication behavior to support the current benefits structure.

Demographic data is stored in the PCM database on all members. Primary diagnosis, coordination of benefits information, share of cost, member's level of care, care manager assignment, and placement/location information is also stored. PCM has the ability to track different coverage types including Medicare dual coverage, Medicare QMB dual coverage, non dual LTC coverage, prior period coverage options, and acute care only LTC programs. The software also maintains eligibility history records which can be used to track changes in member coverage.

PCM Administrator

PCM comes with an Administrator module which allows the user to define drop down menu selections. Information can be quickly updated, such as Care Manager names, levels of care, and types of service. The system allows for easy schedule and benefit maintenance via the use of duplication functions, which in turn reduces the need for data to be re-entered, increasing efficiency. PCM also includes a fee schedule loader tool and in-patient fee schedule generator, which eliminates the need for manual data entry. The PCM Administrator module allows management to establish which users can access PCM and at which levels. For example, claim entry, adjudication, and referrals/authorizations are each unique security levels.

YCLTC has multiple contacts at Plexis Healthcare Systems. Technical support for PCM is available by phone or email Monday through Friday from 6AM to 5PM Pacific Time.

Member eligibility (see Chart 1 and Chart 2)

HIPAA 834 daily enrollment notification file

Member eligibility data is provided to YCLTC from AHCCCS via a standard 834 electronic data interchange (EDI) transaction file. YCLTC retrieves the file from AHCCCS Administration's secure FTP (SFTP) site daily. Additional files are also retrieved, including the Active Care File, the Rate Code Summary File, the Manual Payment File, the Prior Plan File, the Third-Party Liability (TPL) Notification File, the Share of Cost File, and member Pre-Admission Screenings (PAS). Information from these additional files is distributed to specific YCLTC staff members as needed.

Staff members can also utilize the Prepaid Medical Management Information System (PMMIS, available via the AZ State Dept. of Administration mainframe) to view and update eligibility information for specific members, including transitions between health plans, income and share of cost information, Medicare and TPL coverage, and prior period coverage. PMMIS is also used to view and update member level of care, placement, assigned Care Manager, and re-assessment dates.

EDIWorks and Plexis QuantumEDI tools

Once the 834 file has been retrieved, an EDI tool is used to process the file and load eligibility data directly into PCM. EDIWorks is Plexis' current EDI product that includes an X12 (HIPAA standard) to XML parser engine, an XML middle layer, and a business logic layer that controls the inserting of data into the PCM SQL database. Additionally, the EDIWorks product is used for exporting data from PCM to X12 and proprietary formats.

At this time, YCLTC is utilizing the HIPAA 4010 version of the 834 file. However, the transition to the 5010 version will occur by October 1, 2011. Plexis Healthcare Systems is currently working to develop EDI functionality for the 5010 version of the 834 file. All 5010 EDI transactions will use a new EDI tool called QuantumEDI (also developed by Plexis Healthcare Systems). EDIWorks will be phased out once all EDI transactions have been migrated to the 5010 format and QuantumEDI has been fully implemented.

Eligibility exports

YCLTC exports eligibility data to a text file for our pharmacy benefits manager (PBM), United Drugs. This file is formatted according to specifications provided by the PBM. The file is loaded to our secure FTP site, where the PBM retrieves it daily. This process is largely automated, using Access queries designed by YCLTC staff.

Eligibility data files in the E01 format will be generated for Medicare Crossover claims processing. The E01 file is the CMS designated eligibility file format for Medicare crossover. Tools to create the E01 file are being developed by YCLTC staff. Since Medicare crossover claims pass through our claims clearinghouse, Emdeon, the updated E01 files will be delivered to Emdeon's secure FTP server on a bi-weekly basis.

Capitation payments to YCLTC

Beginning April 1, 2011, YCLTC will receive information pertaining to capitation payments via the 5010 version of the 820 EDI transaction. QuantumEDI will interpret the 820 file, then import data elements directly into PCM data tables. Currently, an Access database is used to balance daily eligibility information against a report of capitation payments provided by AHCCCS.

Claims and encounters (see Chart 3 and Chart 4)

Electronic claims

YCLTC contracts with Emdeon Business Services as our claims clearinghouse. Providers and billing offices work directly with Emdeon to establish a claims submission protocol via the Internet. Electronic claims are provided to YCLTC daily. Emdeon generates standard 837 files which YCLTC retrieves from Emdeon's secure FTP site. These files are PGP encrypted. EDIWorks is used to extract the data from the 837 file and load claims directly into PCM. At this time, Emdeon and YCLTC trade the 4010 version of the 837 file. By October 1, 2011, the 5010 file will be traded, and QuantumEDI will be used as the EDI tool.

Scanned claims
In December 2009, YCLTC began utilizing a paper-to-EDI (P2E) service offered by Emdeon. This service allows most paper claims to be scanned and processed electronically. As an alternative to manual data entry, this is a faster, more efficient process that results in improved data accuracy. Emdeon performs frequent internal audits to ensure a data accuracy statistic that meets or exceeds 99%.

Daily paper claims are received and sorted according to whether the claim is eligible for scanning. Currently, 77% of paper claims received by the department are scannable. A Fujitsu model Fi-6140 desktop image scanner is used to generate image files. An index file is created for each batch of images using a tool developed by Yavapai County MIS. Individual batches of claims images and corresponding index files are sent to Emdeon via a secure FTP protocol. Emdeon uses advanced optical character recognition (OCR) technology to capture individual data elements from the images.

Once the data has been captured, the clearinghouse applies numerous data edits and validation protocols, rejecting claims that fail to conform to the validation rules. Captured data is then returned to YCLTC electronically via a standard 837 file within two business days. Claims are loaded into PCM using EDIWorks. An Access database tool developed by YCLTC program staff is used to cross-check the claims that are received in the 837 file against a catalog of all scanned claims sent to Emdeon ("Paper-to-EDI Claim Tracking Database"). This tool ensures that all scanned claims are accounted for.

Claims adjudication in PCM
Professional, institutional and dental claims are processed in PCM according to YCLTC's policies and procedures, desk reference manual, and a claims processing training manual. PCM accommodates data from standard CMS-1500 forms, UB-04 forms, and standard American Dental Association dental claims forms.

PCM is updated annually with the current resource-based relative value scale (RVRVS) Medicare fee schedule and ICD-9-CM diagnosis codes. National Correct Coding Initiative (NCCI) updates are applied to PCM quarterly. Plexis Healthcare Systems provides a code loading tool for each type of update. All YCLTC staff members can review claims history information via an Access database tool ("Claims Inquiry Tool").

Encounter data and reinsurance
Encounter data is exported directly from PCM using EDIWorks. For non-pharmacy data, a HIPAA compliant 837 file is submitted to AHCCCS via SFTP. Pharmacy encounter data is provided to us by our PBM, then submitted to AHCCCS in the designated National Council for Prescription Drug Programs (NCPDP) format (this will be the NCPDP Post Adjudicated History file as of 10/1/2011).

Previously submitted encounter data can be viewed and modified using Transaction Insight on the AHCCCS website. Encounter adjudication results are returned to YCLTC via the 277U file. Implementation of the 5010 version of the 277PSI transaction will occur later this year. The 277PSI file will be used to return encounter pend data to YCLTC. Plexis Healthcare Systems is currently developing tools for importing 277PSI data. Specific details about each pended encounter are stored in an Access database ("Pended Encounters Database"). This database is used by all claims processors when working pended and denied encounters.

The state PMMIS system is also used in conjunction with encounters. For example, PMMIS is used to verify that encounter files have loaded, to retrieve control reference numbers (CRNs) for use with CRN Replace and CRN Void, to delete CRNs if needed, and to perform online correction of certain types of encounters. PMMIS can also be used to check current procedure code coverage and pricing, NCCI edits, and modifiers.

YCLTC has implemented several information technology solutions to reduce the occurrence of pended encounters. For example, the EDI Analyst has designed a sophisticated Access database tool that utilizes a series of complex queries to generate a set of weekly reports ("Daily Balancing Reports Database"). These 35 reports analyze claims adjudication data from the PCM database tables. The reports are reviewed prior to the close of

each accounting cycle. Reports identify numerous potential problems with claims, including untimely claims, incomplete coordination of benefits data, duplicate claims, maximum units, modifiers, and so on, which has increased our efficiency and resulted in a low volume of pended encounters and encounter omission rates.

Another Access database tool is used specifically to review non-Medicare outpatient institutional claims ("Non-Medicare Outpatient Tool"). This tool combines information from the state PMMIS system with data queries based on claims data in PCM. The tool ensures appropriate use of bundled drivers, maximum unit limitations, NCCI edits, surgery code edits, modifiers that do not pay at 100%, and prior auth. requirements by procedure code. Reference files needed for this process are periodically retrieved from the AHCCCS secure FTP site. Reinsurance information is also managed in an Access database ("Reinsurance Database"). In addition, PMMIS is utilized to balance reinsurance totals against an Excel spreadsheet used for tracking reinsurance dollar amounts.

Care Management (see Chart 5, Chart 6, Chart 7, Chart 8, Chart 9 and Chart 10)

Q Continuum software

In April of 2008, YCLTC began utilizing a program called Q Continuum (Q). Q is a product of C.H. Mack Corporation, located in Cincinnati, Ohio. Q is an integrated medical management system designed specifically for managed care organizations. Enhancements to the Q software are provided on an ongoing basis, particularly in response to changes in Medicare and Medicaid guidelines.

Q tracks data that can be used for care management, disease management, and utilization management. In addition to member demographics and eligibility information, Q stores data on medical diagnoses and medications, review of organ systems, activities of daily living (ADL) needs, durable medical equipment (DME) requirements, and psychosocial assessments. Care Managers also enter referrals and service authorizations.

Like PCM, the Q installation is a client/server setup. The SQL database resides on the server, and the individual user workstation clients communicate with the database. The Q software interfaces directly with PCM. Eligibility data and provider data from PCM is imported into Q on a daily basis. When referrals for member services are created in Q, a corresponding authorization is generated in PCM in real time. Information being entered into Q is accessible by other Q users immediately after it is saved to the member record in Q.

Q also supports electronic attachments. For example, member care plans and immunization records can be linked to a member record in Q. Department photocopiers have integrated scanning functions, enabling any paper document to be scanned directly to a PDF file. In addition, staff use a free printing utility program (CutePDF Writer) that will generate electronic PDF documents instead of their printed equivalents. Attaching these types of electronic documents to member records in Q greatly reduces the need for paper-based files.

The Q software includes an ad-hoc reporting tool that can be used to extract data directly from the program. In addition, the SQL database tables can be linked directly to Microsoft Access via an ODBC connection. In this manner, data collected in Q can also be queried from outside of the Q interface. Numerous custom queries and reports that rely on Q data have been designed by YCLTC staff. One example is a report called the member "Face Sheet". An Access database generates a specialized report that combines information from both PCM and Q data tables to create a single sheet of selected summary data.

Care management caseload and CM record audits

The Care Management unit includes all Care Managers (CMs), the Transition Coordinator, Care Management Supervisors (CMS), and the Care Management Manager. In order to provide the highest quality care management services possible, the CM Manager and CMS are responsible for tracking individual CM case loads. This is accomplished using an Access database that queries PCM data ("CM Caseload Tool").

CMS and the CM Manager assess the performance of each CM on a quarterly basis. The information collected in these record audits is also managed using an Access database ("CM Audit Database"). This database collects the audit scores and generates summary reports and trend reports based upon the data.

Other CM data management tools
CMs offer family planning education to members within a specific age range. The "Family Planning Database" is a simple Access tool that is used to track dates when Family Planning education was provided, and dates when re-education is due based on a periodic schedule.

The "Behavioral Health Database" is used by CMs and the Behavioral Health (BH) Coordinator. This Access database collects information about members who are authorized to receive behavioral health services and who require BH consults. Member diagnoses, assigned BH health providers, and BH quarterly consult due dates are all stored here.

The "Wheelchair Tracking Database" collects and stores information about wheelchair purchases and repairs. The CM Manager and YCLTC Physical Therapist review information about approved wheelchair purchases, rentals and repairs, then log the information into this database. The database is used to generate periodic reports as required by AHCCCS.

Referrals and Authorizations (see Chart 11, Chart 12, Chart 13 and Chart 14)
Prior authorization requirements
Medical Management (MM) and Care Management (CM) staff determine prior authorization (PA) requirements for AHCCCS covered services. Information about each covered procedure code is tracked in an Access database ("PA Requirements by CPT Code Database"). Records include PA requirements for both Medicare dual and non-dual member eligibility, as well as the justification for the PA requirement (high cost, high risk, etc). A separate spreadsheet is maintained by Care Management for PA information on durable medical equipment and supplies. CMs and MM staff evaluate service needs, then authorize medically necessary services as appropriate. MM staff consult with the Medical Director as needed.

Referrals created from within Q
CMs can create member referrals from within the Q software for home and community based services. Q interfaces directly with PCM to generate a corresponding authorization record in PCM in real time. Information about provider, services, service dates, and authorized units is automatically populated in a PCM authorization record that is assigned to "entered" status. A complete history of all referrals is available in Q.

Several times each day, administrative staff review all newly generated authorizations in PCM that are in an "entered" status. Required supplemental information is entered into the authorization record, including things like place of service, type of service, and procedure code modifiers. PCM fee schedules automatically provide pricing information in most situations. Otherwise, manual pricing can be determined using PMMIS. The authorization status is changed to "approved" when all steps are completed.

Authorizations created in PCM
New authorizations are also created directly within PCM. Requests to create new authorization are delivered to administrative staff throughout the day using standardized forms. These requests originate from providers, CMs or MM staff. Approval for the authorization occurs at the CM or MM level as appropriate. Occasionally, administrative staff identify authorization requests that need to be routed back to MM or CM to clarify details or approval status. This helps avoid inappropriate authorization of services.

The process for authorizations for services provided by non-contracted providers is similar, but involves more steps. The Credentialing Coordinator works with administrative staff to verify that the provider has adequate credentials to provide services to our members. PMMIS is used to verify that a provider has an active AHCCCS ID number. Credentialing information is also gathered from several websites. An Access database is used to keep track of authorizations for services provided by non-contracted providers ("Non-contracted Database").

When claims are adjudicated for services that require PA, PCM automatically searches all approved authorizations to look for one that matches the billed services. In most cases, the proper authorization is automatically matched to the claim. A complete history of all authorization records is available in PCM.

Amendments and replication
Existing authorizations can also be edited directly in PCM. Modifications may be needed to change the date of service, units, or to cancel the authorization if member eligibility is terminated. A status change from "Approved" to "Approve Amend" occurs to identify an edited authorization.

Another useful tool for authorizations allows replication of referral records from outside the PCM program interface. This Access database tool ("eHCFA Database") is extremely useful when the same service is being authorized for several months (the replicated copies are then edited with correct dates). The PCM program interface does not include a record replication feature for authorizations, so the eHCFA tool adds useful functionality and offers improved efficiency for this task.

Authorizations based on ER and Hospital notifications
When a member is admitted to the hospital, the admitting facility is required to notify YCLTC. These notifications are usually sent to YCLTC via FAX. Once received, the notification is forwarded to MM for review. MM staff provide estimated pricing information according to historical data. They also provide a diagnostic code that represents the admitting diagnosis. This information is returned to administration staff so an authorization can be created in PCM. (The authorization allows the service claims to pay properly after a claim has have been submitted by the provider). A similar process is used for notification of emergency ambulance transportation. Facilities may also notify YCLTC of Emergency room (ER) visits, but this is not required.

For ER visits, hospital admissions, and emergency ambulance transportation, additional data is collected in an Access database ("Hospital, ER, and Ambulance Database"). The database interfaces with PCM data tables to populate basic member information, eliminating the need for manual entry of this information. Data is entered that pertains to facility, admitting diagnosis, dates of admission and discharge, member residence and provider. The information in this database is used primarily by MM staff for analysis of over-utilization and under-utilization (including trends). It is also used for identification of members with falls, and for CMs to track inpatient status for discharge planning.

Once per quarter, hospital admissions authorization data in PCM is cross-checked against the Hospital Database to ensure that utilization data is complete. A quarterly "Admissions and Length of Service Report" is generated using a combination of several Access queries and reports, another report that was developed by Yavapai County MIS that draws data from the PCM database, and a pre-formatted spreadsheet that includes built-in calculations. This important utilization report is reviewed by Medical Services Unit staff as well as the Medical Management Committee.

FAXing prior authorization notifications to providers
At the end of each day, providers receive confirmation of new authorizations via FAX. Administrative staff use PCM in conjunction with a reporting tool developed by Yavapai County MIS to generate individual documents that summarize service authorizations for a specific member. These electronic documents are processed by a ZetaFAX server to generate and send FAXes directly from the computer. ZetaFAX stores a catalog of preloaded provider names and FAX numbers (which are updated as needed). In most cases, no paper copy of the authorization is needed, resulting in decreased costs. The use of ZetaFAX is also much faster than using an actual FAX machine. When existing referrals are amended, provider FAX notification is done immediately from ZetaFAX instead of waiting until the end of the day.

Transportation authorizations
Authorizations for non-emergency medical transportation are handled slightly differently. CMs notify administrative staff of the need for transport. A YCLTC staff member arranges the rides with individual

transportation providers. Once the ride has been scheduled, the ride information is entered into an Access database ("Transportation Database"). The Transportation Database generates electronic ride confirmation reports that are FAXed to providers using ZetaFAX. Claims processors can review the Transportation Database if needed when adjudicating claims for transportation services.

New 278 format EDI transaction
Late in 2011, YCLTC anticipates implementing the HIPAA 5010 compliant version of the 278 EDI transaction. This transaction can be used by providers to initiate a prior authorization request. Providers will have the option of utilizing this method if they have the ability to create a 278 inquiry and interpret a 278 response. At this time, YCLTC is unaware of any contracted providers with that capability. As a result, after we implement support of the 278 transaction, we anticipate continuing to allow providers to use current methods unless or until they are able to utilize the EDI transaction.

Medical Management and Quality Management (see Chart 15 and Chart 16)
YCLTC's Medical Management staff use PCM to review many types of information. This includes verification of enrollment, member's contact information, member's location, Medicare or TPL coverage to estimate cost of services for prior authorization, identifying CM information for coordination of services and to assist in discharge planning, procurement of services, tracking prior authorizations to establish medical history, and determining fee schedule rates by procedure codes when calculating costs.

Reports that relate to numerous medical management functions are available directly from PCM. In addition, Yavapai County MIS has created some custom reports that query the PCM database directly. The Q software also has built-in reporting functionality. When supplemental data must be gathered, Microsoft Access databases are designed to address specific data collection and reporting needs. These databases are designed and maintained primarily by the Data Analyst, but several other YCLTC staff members have significant experience and proficiency with Access.

The "EPSDT Database" retrieves specific data elements from the PCM database and combines them with additional data elements that have been entered directly into the EPSDT database. Custom data entry forms within Access make it easy to capture required data. Reports have been customized to meet the specialized reporting needs for EPSDT services.

The "Quality of Care Database" is another Access database that links PCM data with supplemental data collected using Access. Output from the database enables YCLTC to meet reporting requirements and identify possible Quality of Care trends by facility.

The "Disease Management Program Database" is another Access tool that pulls information from multiple locations. Eligibility data comes from PCM. Flu shot data and medication data come from Q. Diabetes care data such as periodic monitoring of HbA1c, lipids and retinal exams is tracked for all known diabetic members under the age of 76. Scans of actual lab reports and eye exam reports are linked to member records within the Disease Management Program Database. This data can be easily retrieved for active disease management purposes and to document successful achievement of minimum performance standards for diabetes care as required for ALTCS Program Contractors. Reporting tools identify missing data and follow-up dates. Potential diabetics are identified on an ongoing basis according to new member PAS documents. Quarterly queries on PCM and Q data also help identify diabetics. The database also stores disease management program information for members with chronic obstructive pulmonary disease and congestive heart failure.

The "Incident Tracking Database" is used to log all member incidents reported to YCLTC by skilled nursing facilities (SNFs). SNFs are required to submit incident reports for things like acute illnesses, injuries, falls, pressure ulcers, and significant changes in member weight. The collected information can be summarized by facility, type of incident, need for additional follow-up and so forth to identify concerning trends.

The "Pressure Ulcer Database" is used to collect detailed information about all known pressure ulcers. Information about wound staging and wound characteristics is maintained for each individual pressure ulcer. Monthly updates from SNFs allow Medical Management staff to track the status of each wound and identify concerning trends by facility. Identification of home-based members with pressure ulcers can be accomplished by querying diagnosis information from claims data in PCM.

The "Fall Tracking Database" also combines data from multiple sources. Data about fall-related hospital, ER, and ambulance use is extracted from the Hospital Database. This is combined with data from the Incident Tracking database and supplemental data relating to fall education and prevention activities (which are performed by the physical therapist whenever YCLTC learns of a member fall).

Program Development Unit (see Chart 17 and Chart 18)

Provider network

PCM has an innovative approach to managing information and networks that eliminates the need for the creation of "duplicate" entries. Providers can be affiliated with an unlimited number of IDs, practice offices, contacts, medical groups, networks, specialties, contracts, fee schedules, medical call-back groups, vendor assignments, etc. Provider Relations Coordinators (PRCs) maintain the provider network information in PCM, which consists of contracted and non-contracted providers. PRCs also maintain vendor and payable information along with fee schedules in PCM. PMMIS provides extensive data about providers, including AHCCCS IDs, National Provider Identifiers (NPIs), tax numbers, provider types, location codes, vendor numbers, fee schedules, and service codes eligible for reimbursement.

An Access database called the "Provider Network Database" combines information from PCM with supplemental data elements. Demographics, AHCCCS IDs, provider specialties, service addresses, languages, and NPIs come from PCM, while contract information, monitoring visit dates, and service rates are entered from within Access. The database is used to generate several reports, including a report of contracted providers by specialty, and an alphabetic provider listing. Other reports fulfill many AHCCCS reporting requirements.

The Credentialing Coordinator also uses a special Access database. The "Credentialing Database" stores information related to all aspects of provider credentialing, including medical and DEA licensing, professional and general liability insurance, re-credentialing dates, and monitoring dates. The Credentialing Coordinator uses PMMIS and several websites to obtain credentialing and re-credentialing data. PMMIS provides information about AHCCCS IDs, provider types, location codes, vendor numbers, fee schedules, and allowed service codes. The Access database exports data to a Word mail merge document to generate letters for providers based on expiration dates of license and insurance. These electronic documents are FAXed using ZetaFAX.

Fraud & Abuse and Grievances

The Program Development Unit also maintains data about grievances and potential fraud and abuse. The "Member Grievance Database" tracks complaints from members regarding services or providers. The "Grievance Database" tracks provider claims disputes and member appeals. The "Fraud and Abuse Log" maintains data about alleged fraud and abuse. The "Non-Provision of Service Log" tracks services that were not received as scheduled. All databases include resolution information. The Compliance Officer reviews and investigates all grievances. The Dispute and Appeals Manager oversees claim disputes and member appeals. Allegations of fraud or abuse are forwarded to the AHCCCS Office of the Inspector General when appropriate.

Provider Communication

The Program Development Unit maintains data about provider communications. The "Provider Communication Database" tracks inquiries, complaints, and requests for information from providers. Information is used to identify trends, address issues, and evaluate YCLTC performance.

United Drugs (see Chart 19)

YCLTC contracts with United Drugs as a pharmacy benefit manager (PBM). United Drugs supports the National Council for Prescription Drug Programs (NCPDP) standard formats. Point-of-sale (POS) pharmacies that dispense medications to members communicate directly with United Drugs' vendor, SXC Health Solutions. United Drugs is already accepting test POS claims in the 5010 compliant D.0 transaction format, and will be completely transitioned to D.0 by the Federal implementation deadline.

Pharmacy encounter data is currently provided to YCLTC as an NCPDP version 3.2 file. Pharmacy encounter data is submitted to AHCCCS directly from YCLTC. YCLTC is working with United Drugs to implement the 5010 compliant NCPDP Post-Adjudicated History standard file format by October 1, 2011.

SXC Health Solutions maintains a secure website where designated YCLTC staff can check individual pharmacy claims status. The PBM also provides numerous monthly reports, including utilization summary by member and location, prescriptions by therapeutic class, and HIV drug report. Quarterly reports include total prescription dollars, prior authorization detail, benefit summary reports by member type, top 50 drug utilization by therapy class, top 10 drug utilization by number of claims and cost of claims, generic versus brand utilization, provider utilization profiles, chronic disease management drug utilization, and specialty drugs reports. On an ongoing basis, United Drugs also identifies cost savings opportunities when a less expensive but equally effective medication might be a medically appropriate treatment alternative.

Financial management tools

The PCM data tables can be queried to summarize claims payment data. An Access database tool allows export of the claims data detail for paid claims and monthly liabilities (for claims received but not yet paid in a particular time frame). The monthly claims dashboard and financial reporting are based on this data.

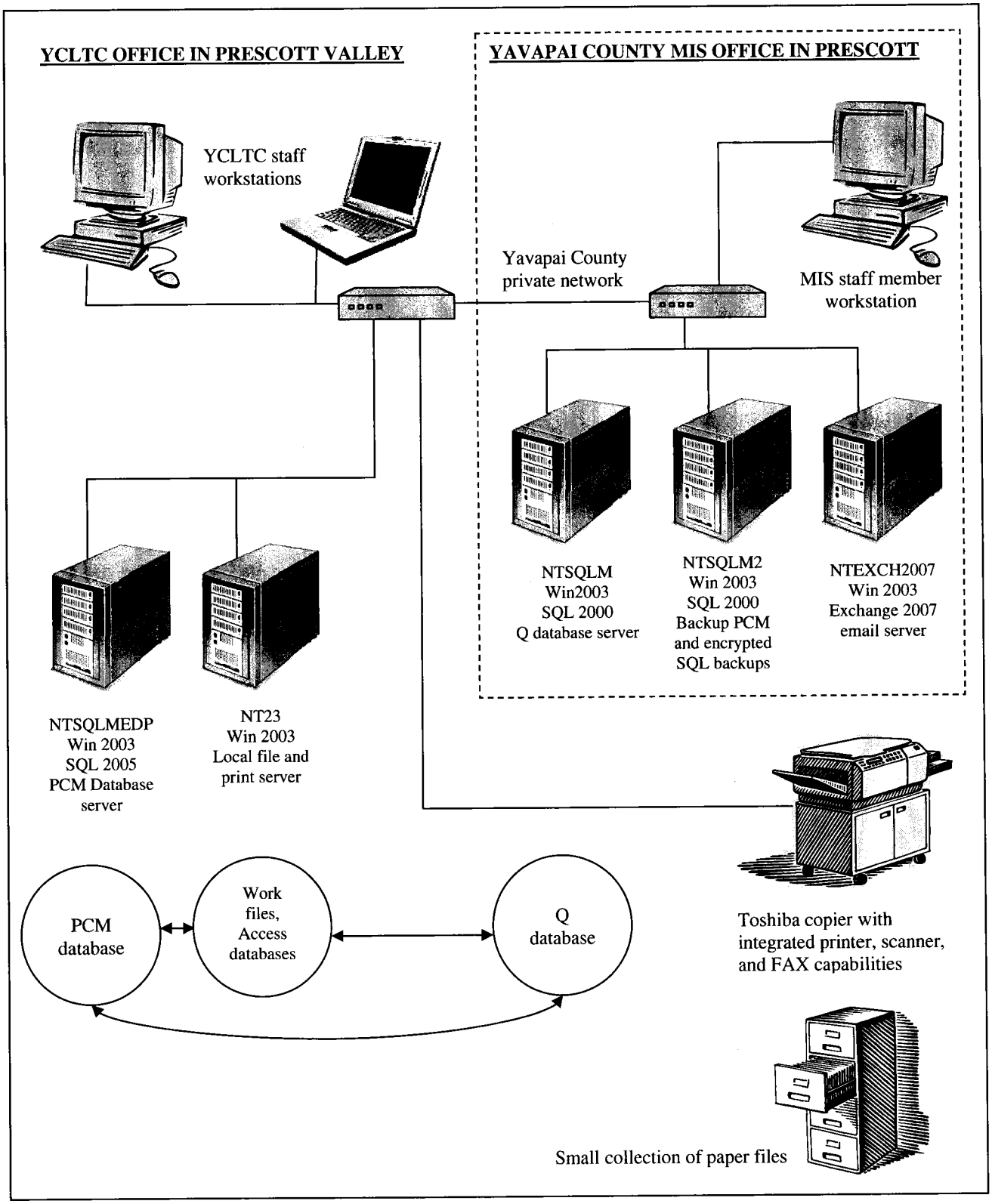
The Yavapai County Finance Department provides banking information listing all transfers into and out of the YCLTC account. Review of these records compared to weekly provider Explanation of Payments reports enables cash balancing. The Yavapai County Finance department also has a County intranet-based data review tool that provides detailed information about all YCLTC finance transactions, including a payroll summary. The Financial Analyst utilizes all of these reports in preparation of financial reporting and analysis. The information is compiled and entered as journal entries into QuickBooks. Several pre-defined QuickBooks reports are run prior to finalizing quarterly reports.

YCLTC Website

The YCLTC website is located at http://www.co.yavapai.az.us/LTC.aspx. The Yavapai County webmaster updates the website content whenever we provide updated documents and links. Numerous member and provider resources are available on the site, including information and links related to the following:

- Medication formulary
- Member Handbook
- Current and past issues of Member Newsletters, and Member/Provider council information
- Member-centric health library and education (diabetes, congestive heart failure, chronic obstructive pulmonary disease, influenza immunization, and tobacco education and prevention)
- Links to www.myazhealthandwellness.com and www.MyAHCCCS.com
- Member and provider survey results, and Performance Measure Results
- Provider listing
- Provider Manual
- Secure web access for providers to check member enrollment and claims status
- Prior Authorization requirements
- Evidence based medicine guidelines for congestive heart failure, chronic obstructive pulmonary disease, diabetes, depression and pressure ulcers, plus Medicare guidelines and InterQual criteria
- Educational materials related to Fraud and Abuse and Cultural Awareness

Overview Diagram



Flowcharts

Chart 1. Eligibility information

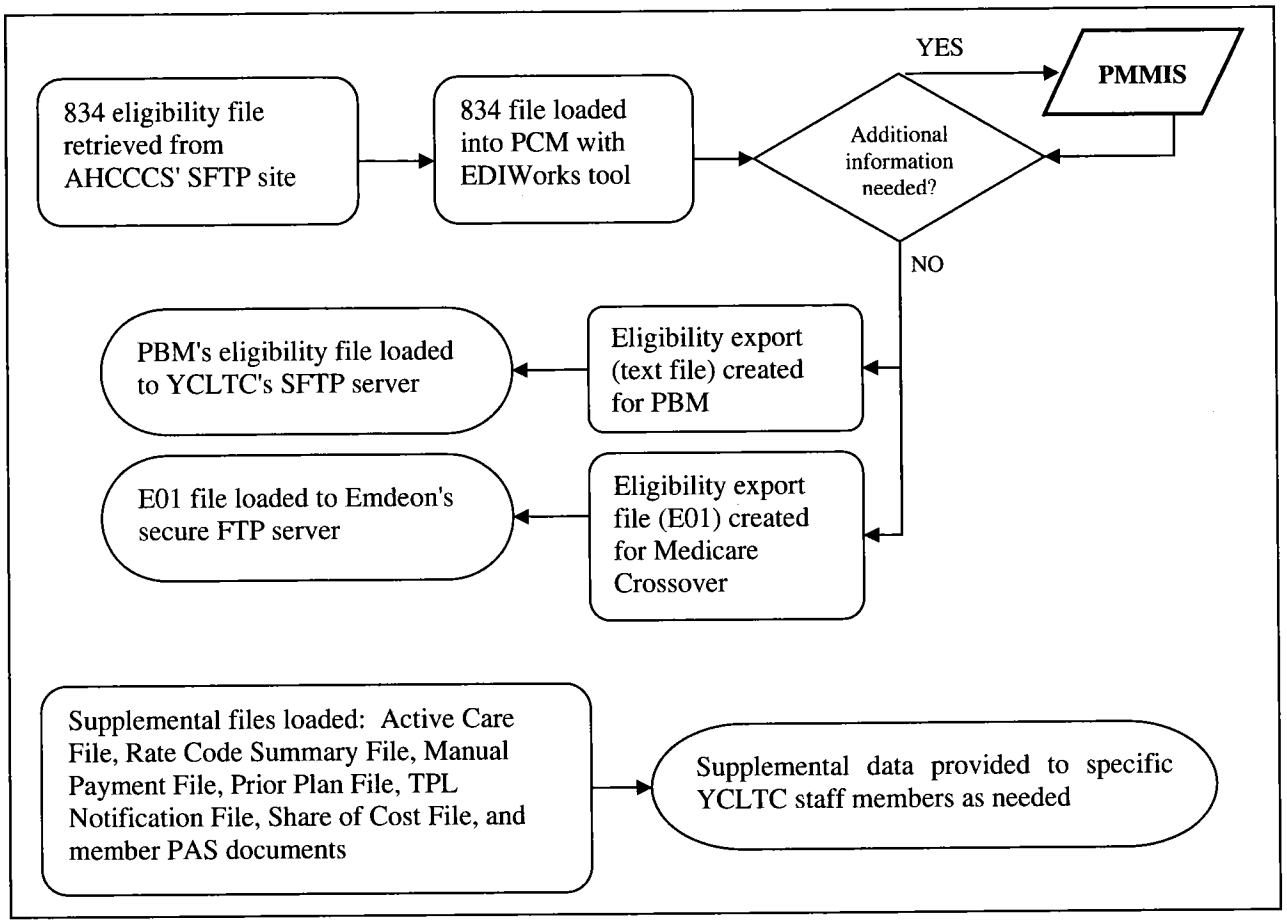


Chart 2. Capitation

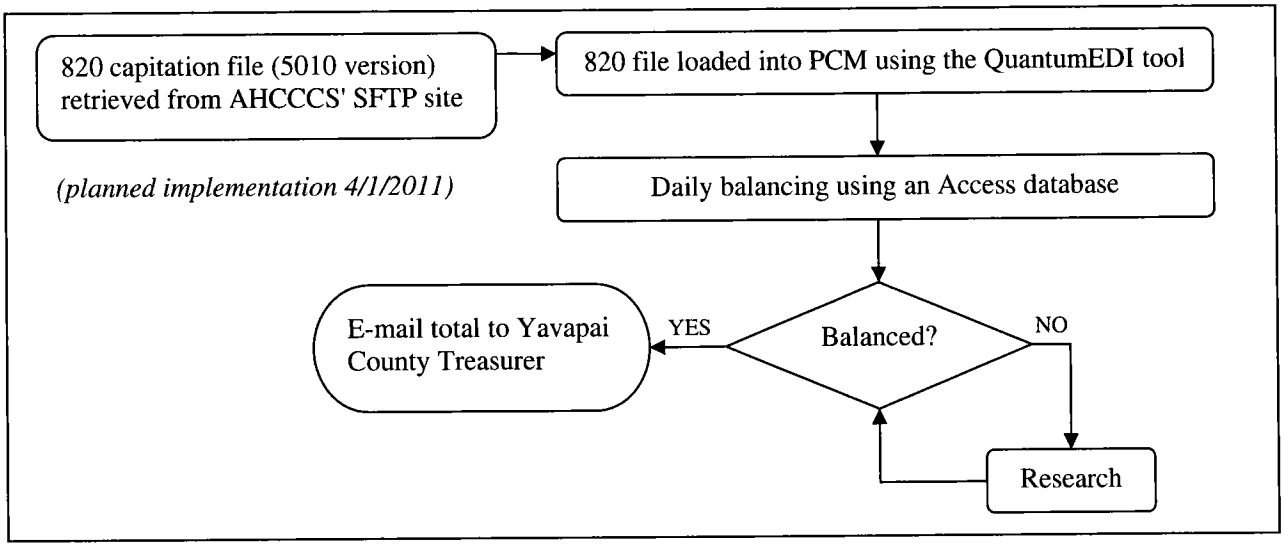


Chart 3. Electronic and scanned claims

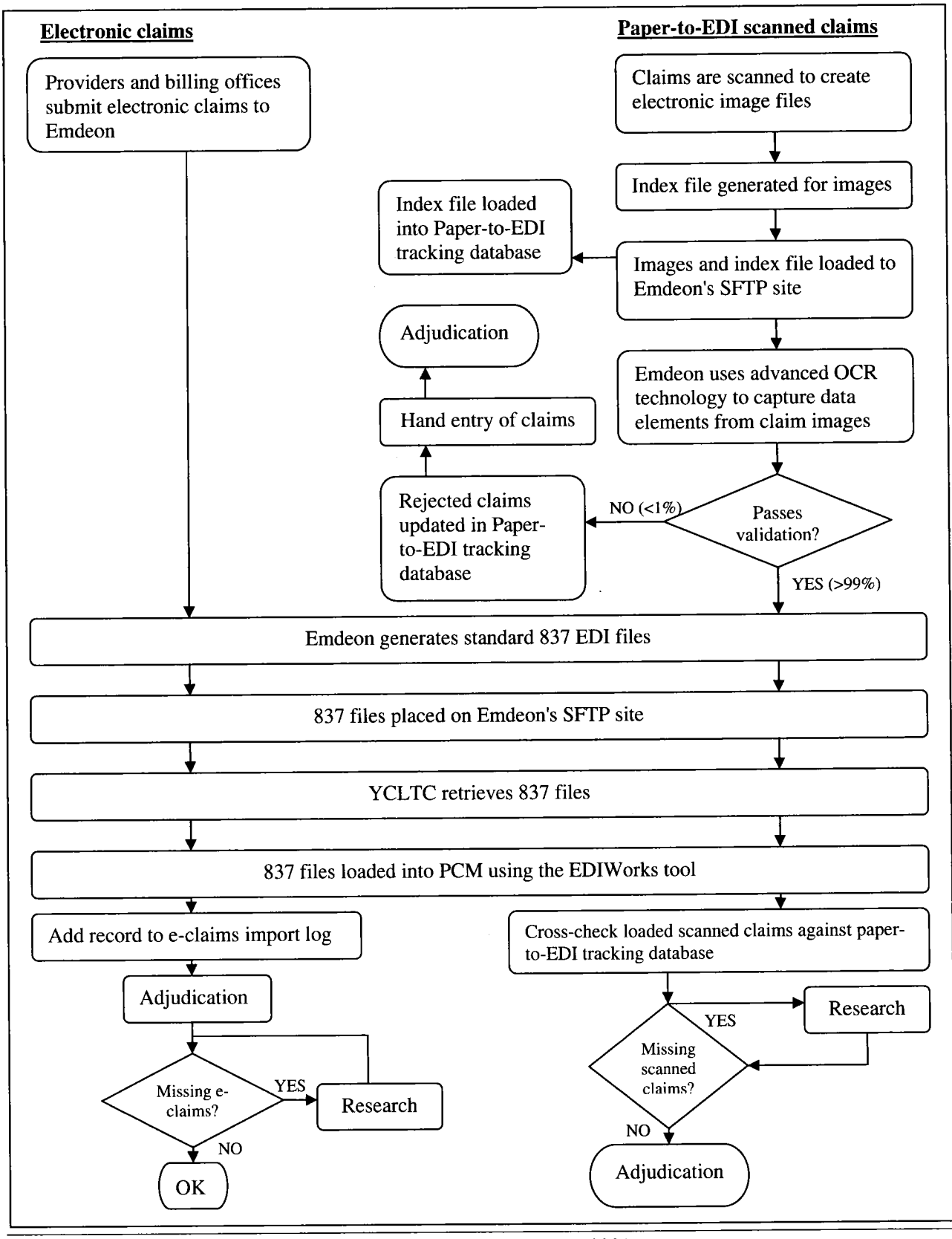


Chart 4. Claims Adjudication and Encounter Data Overview

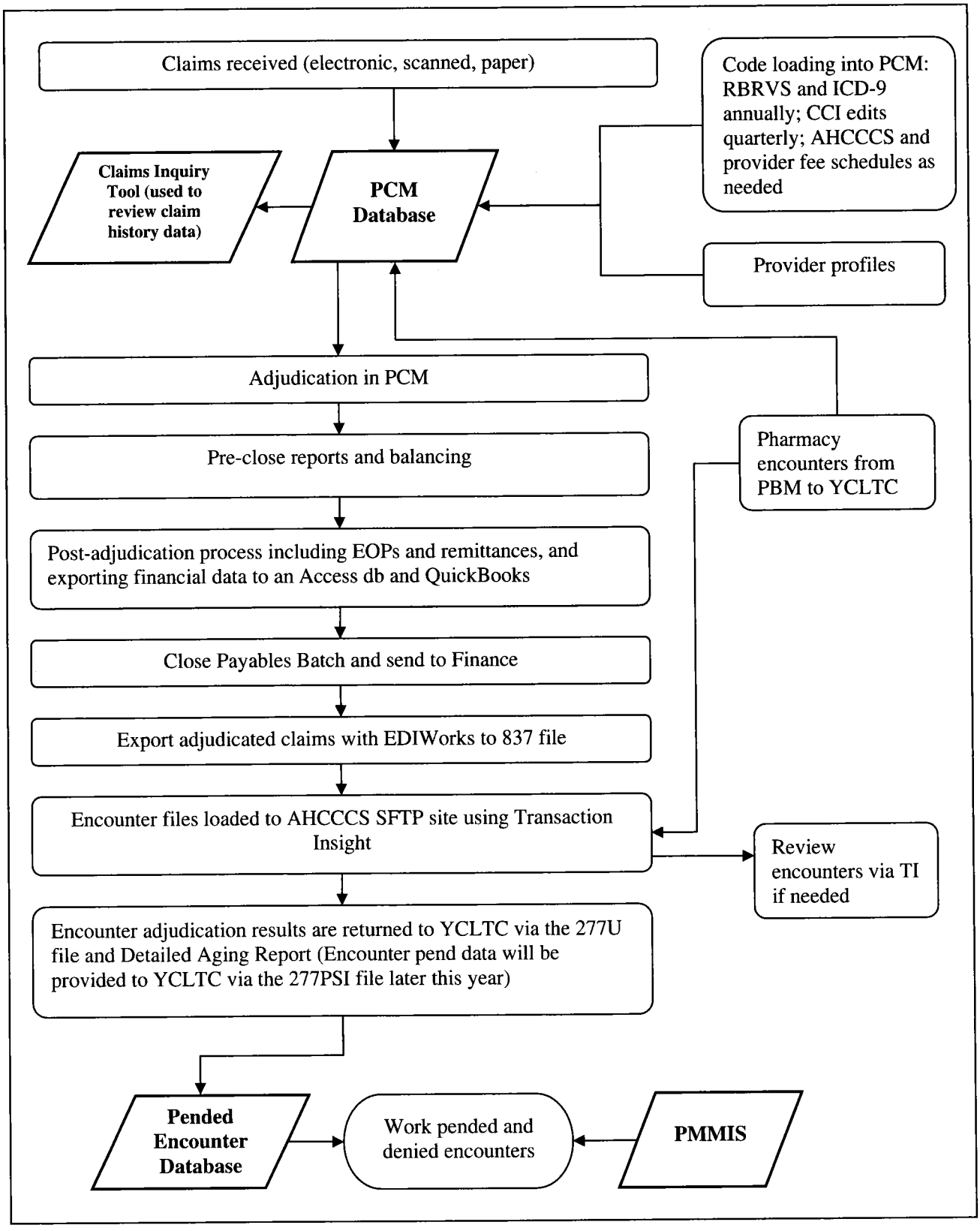


Chart 5. Q software

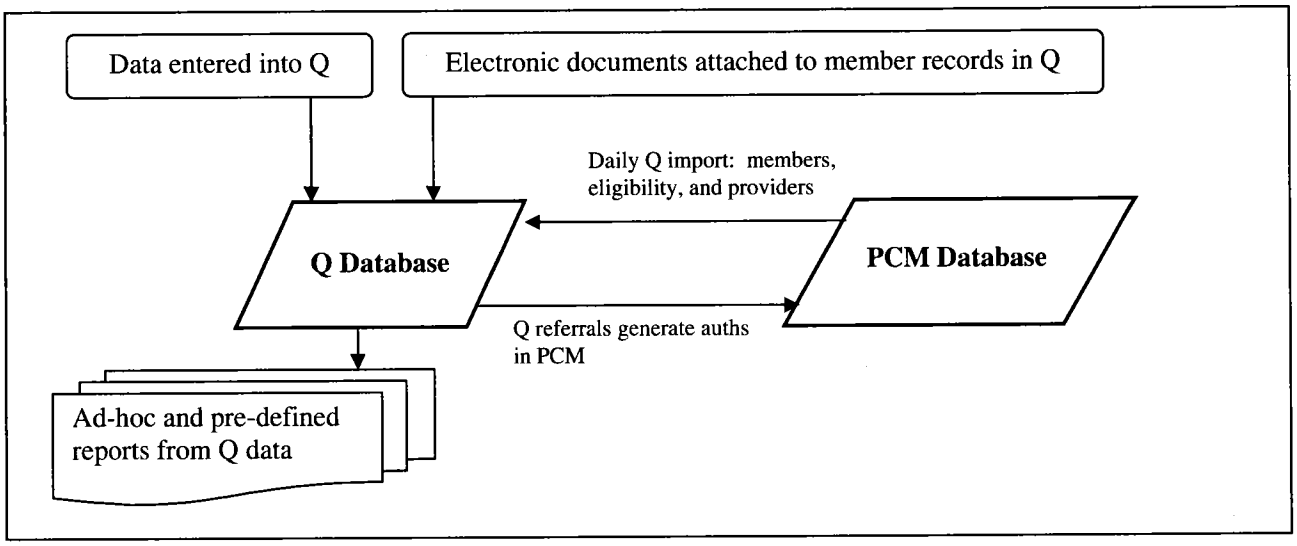


Chart 6. Care Management staff supervision tools

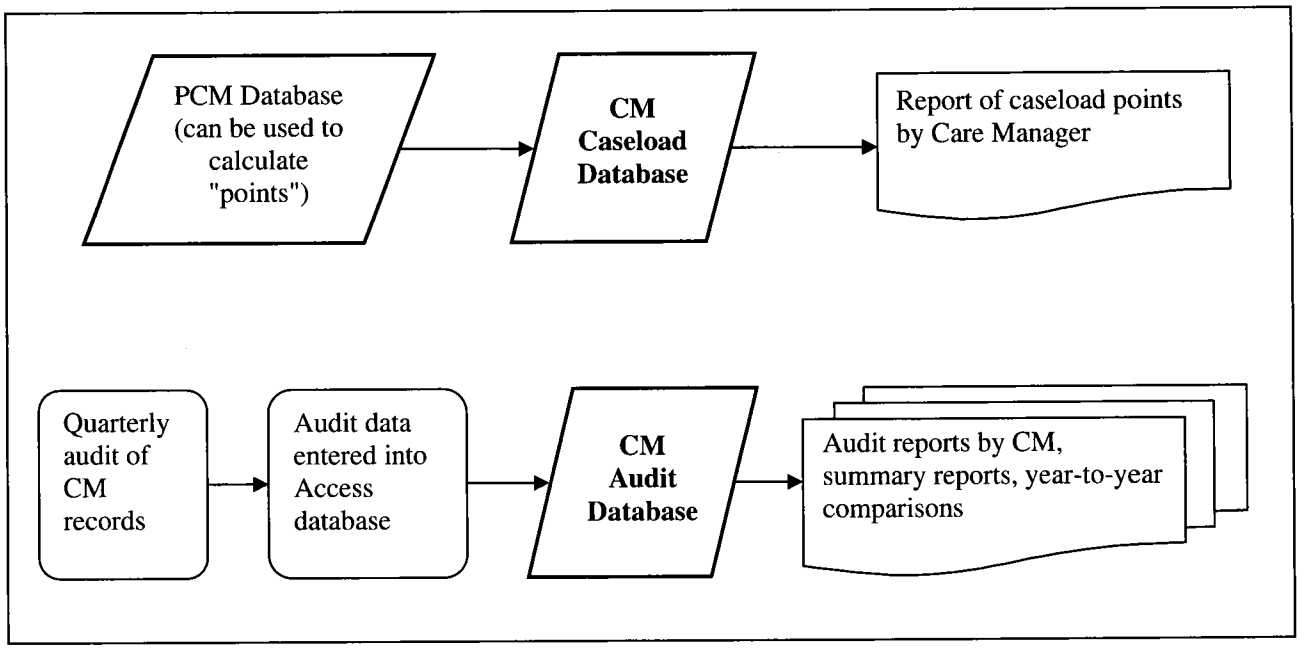


Chart 7. Family Planning Database

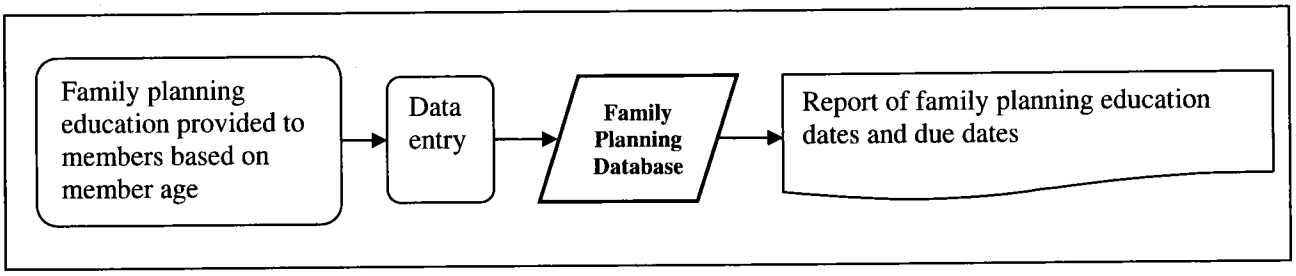


Chart 8. Behavioral Health Database

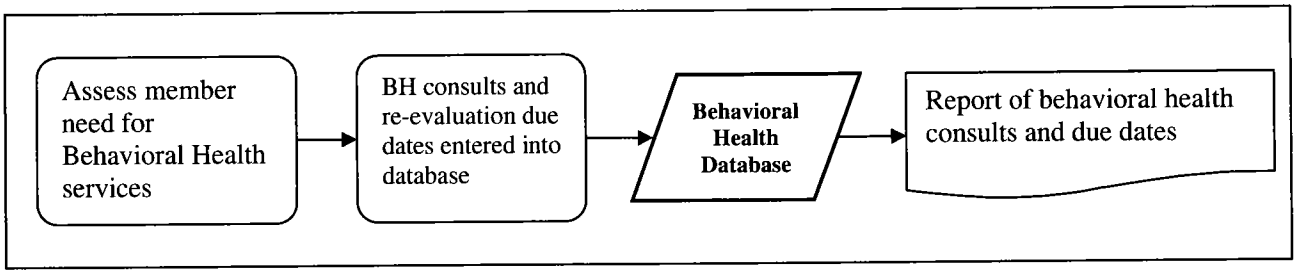


Chart 9. Wheelchair Tracking Database

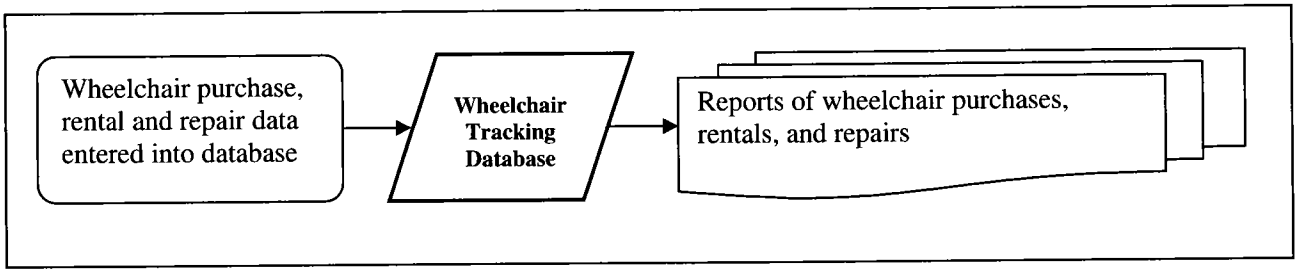


Chart 10. Mortality Database

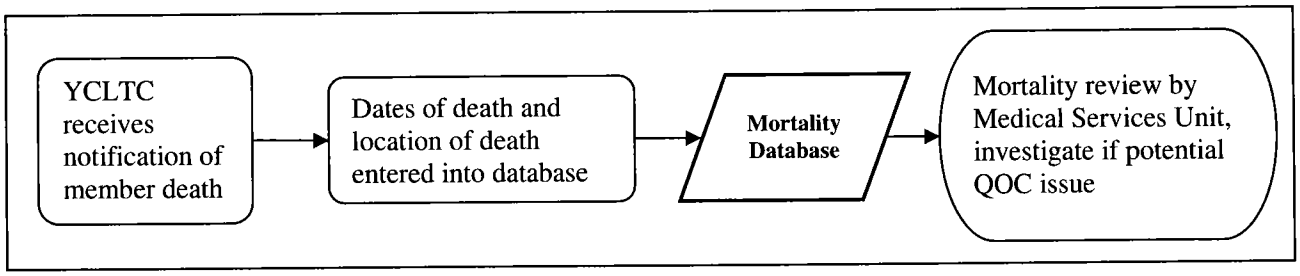


Chart 11. Referrals and authorizations

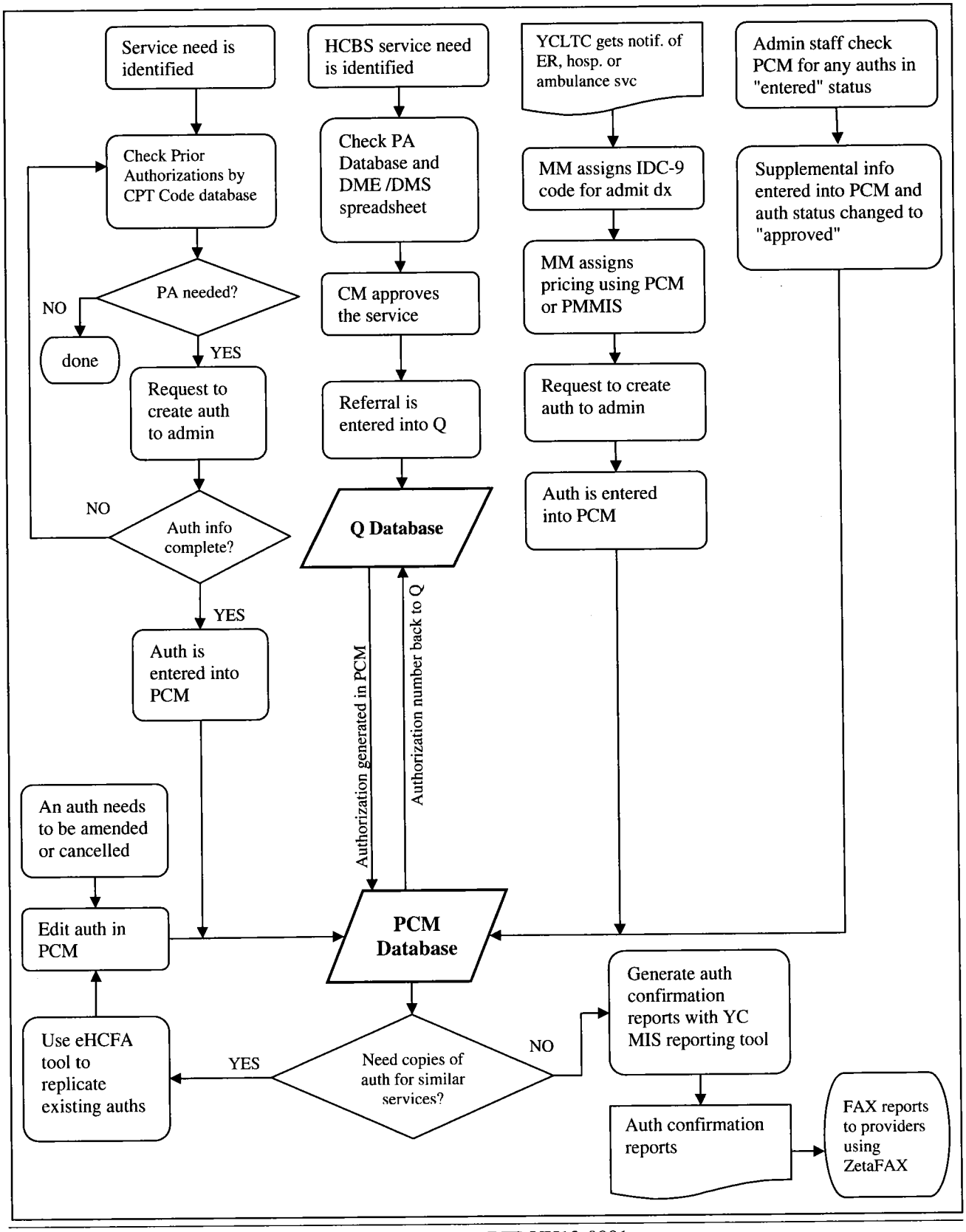


Chart 12. Tracking Prior Authorization Requirements by CPT Code

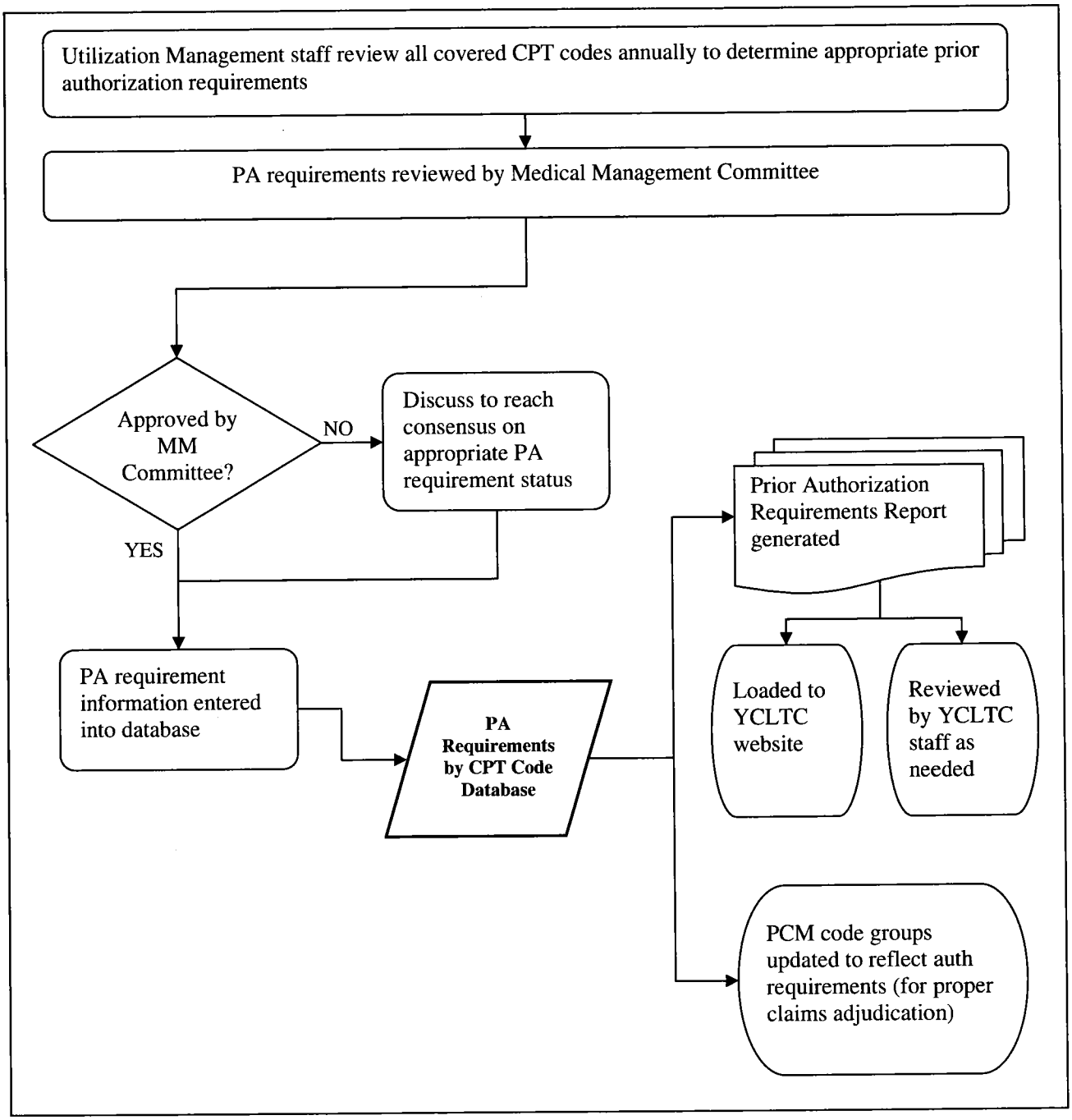


Chart 13. Hospital Admissions and Length of Stay Utilization Data

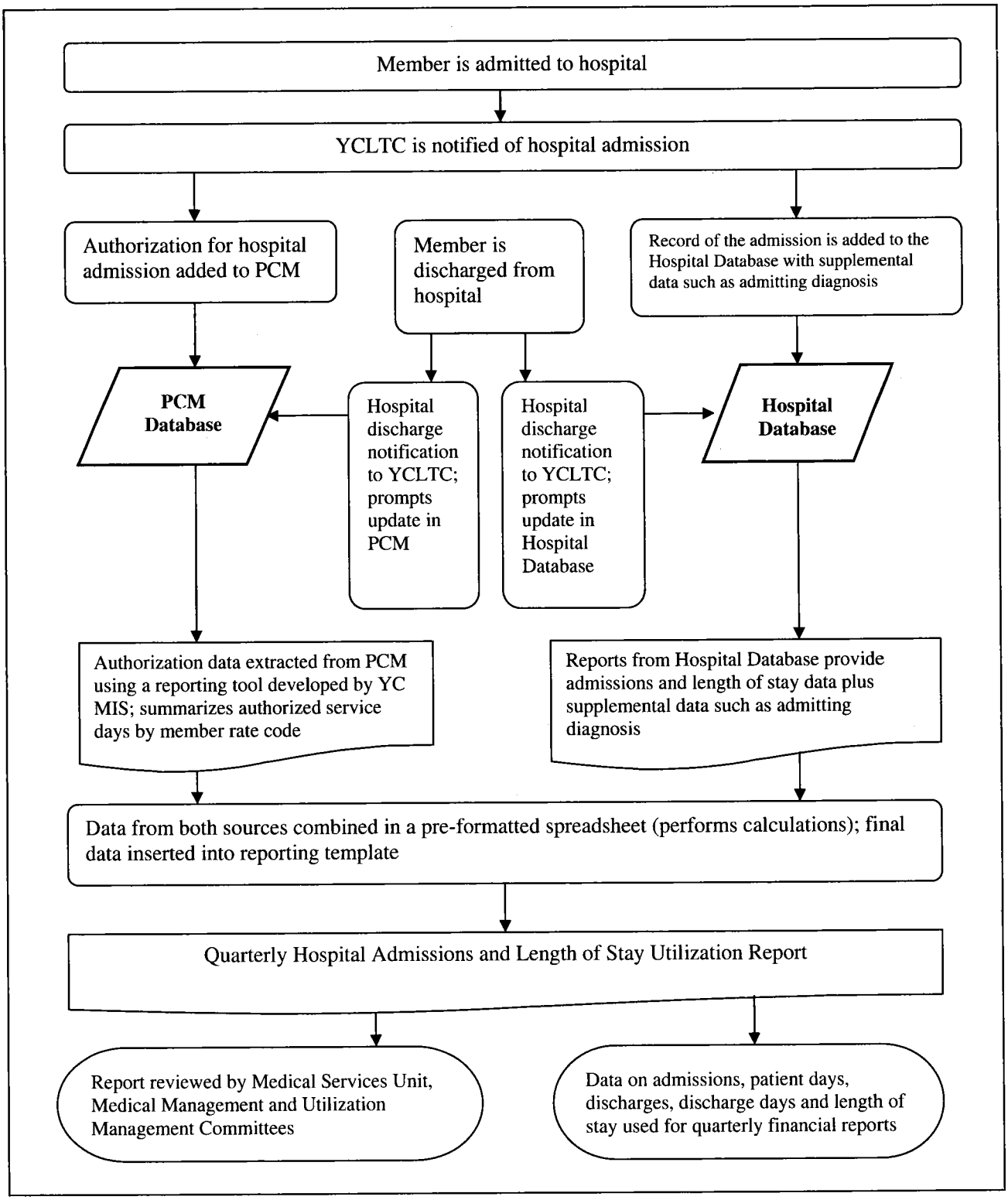


Chart 14. Non-Emergency Transportation Database

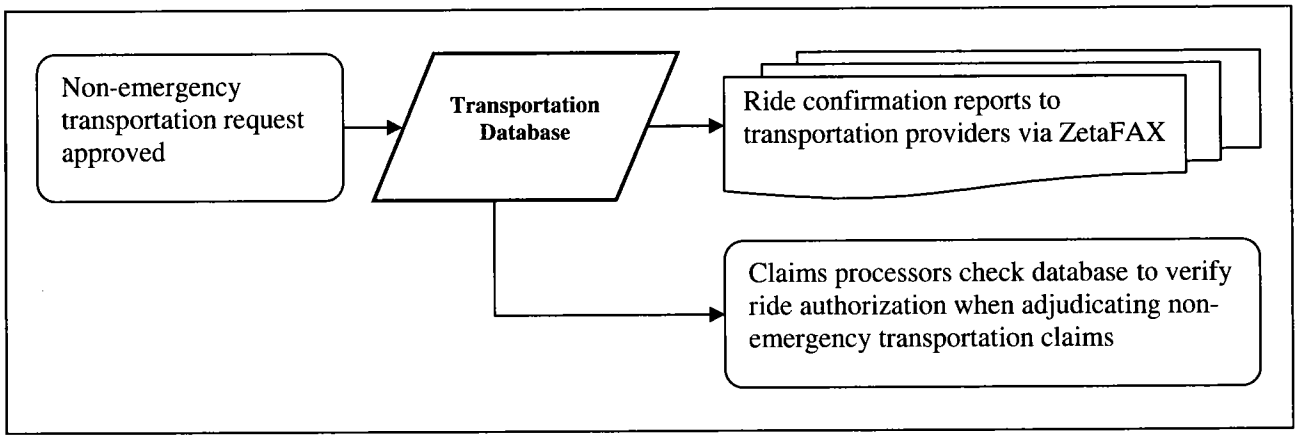


Chart 15. Other member-specific data collection tools (linked databases, 1 of 2)

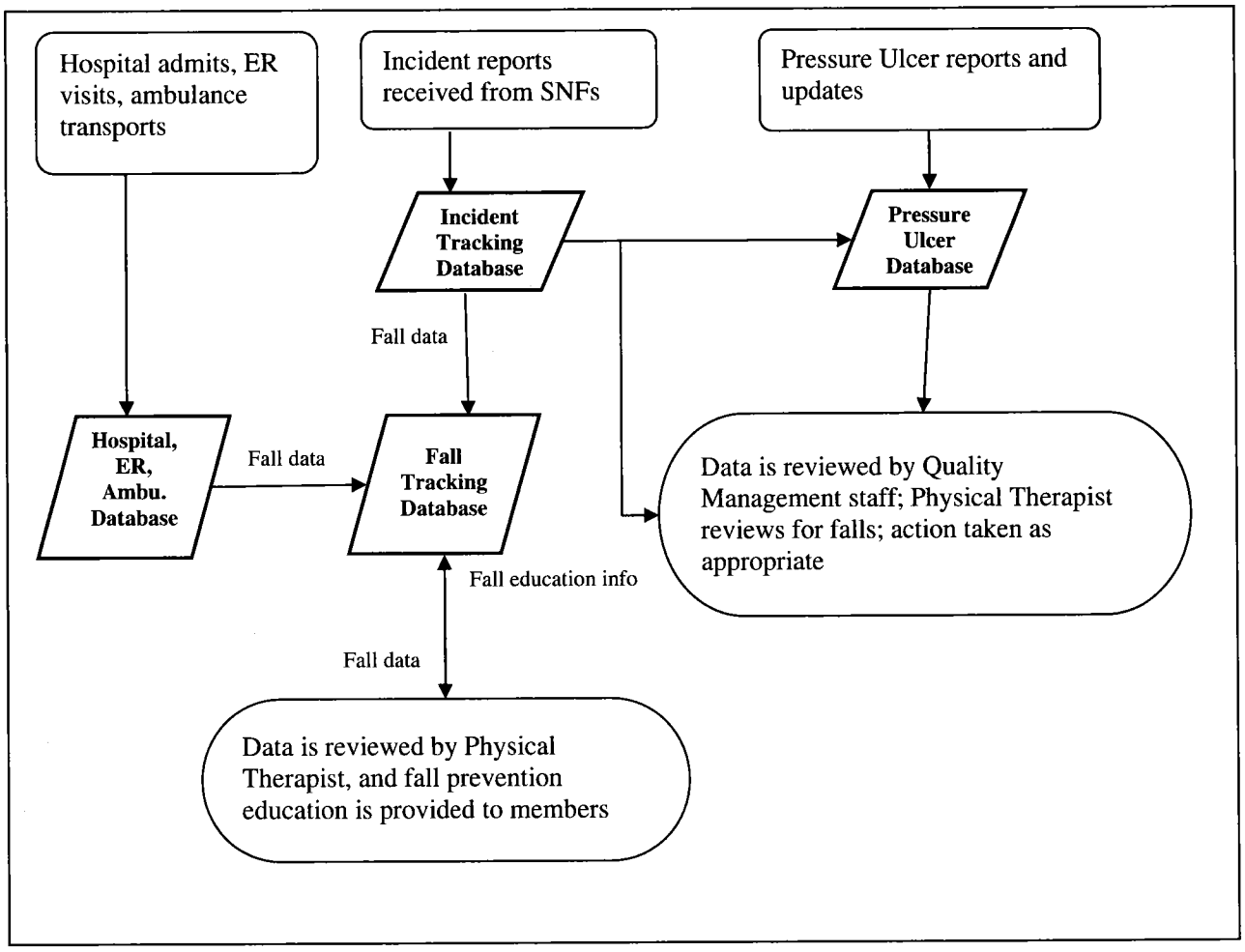


Chart 16. Other member-specific data collection tools (linked databases, 2 of 2)