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- Successful execution of contracts
- Delivery of authorized critical services at least 98% of the time
- Lack of substantiated member grievances related to network gaps or access to care
- Resolution of formal provider complaints within 30 days
- Receipt of positive comments from Member Council participants
- Lack of cancellation of contracts due to poor customer service from or slow payment by YCLTC
- Low utilization of non-contracted providers
- Lack of complaints from providers needing to make referrals or trying to coordinate care.
- Findings from YCLTC's mystery shopping activities and appointment-standard reviews
- Receipt of care by members.

YCLTC understands that the network not only needs to meet general member needs but also be diverse enough to meet specific member needs. YCLTC monitors change of conditions in members through assessments, incident reports, utilization reports including hospitalization and emergency room, and member reports. Evaluation of interventions includes reviewing the impact on individual members and ascertaining if they have adequate access to care.

The evaluation process begins by gathering information from the community, YCLTC staff, providers, and members; review of network sufficiency, changes and needs; analysis of provider communication logs, service gap reports, grievance logs, and reports of potential fraud and abuse. YCLTC routinely monitors providers to ensure compliance with contractual requirements and requires corrective action for identified deficiencies. Care Managers query members about satisfaction with service delivery and either complete reports or inform PRCs of problems. Additionally, YCLTC staff track and trend member grievances and quality of care concern reports.

Interventions to resolve problems are implemented and then evaluated to ensure successful resolution. PRCs review interventions, solicit feedback, and modify solutions as needed until the network needs are resolved. They collaborate with providers, CM, UM, QM, and management in the review of outcome measures and evaluation of interventions.

To evaluate the outcomes of interventions, the Program Development Coordinator (PDC) and PRCs meet at least monthly to review potential or actual network gaps, reports of service delivery issues and network needs, and the status of on-going contract negotiations. Additional meetings are held as necessary to monitor urgent and emergent situations. The PDC and PRCs review the needs of members as identified by reports from YCLTC staff, members or providers, evaluate the effectiveness of interventions enacted to meet those needs, and determine new strategies as necessary. Evaluation tools that are reviewed include: requests for specific non-contracted providers or services; utilization reports for identified services, specific members, specific providers or provider types; service gap logs and reports; provider communication log; grievance log; Quality of Care (QOC) reports that may result in suspension or termination of a contracted provider; and staff-, member- or provider-generated questions and concerns.

YCLTC management team is also involved in reviewing outcome measures and evaluation of interventions. PRCs present changes to the provider network and an evaluation of its sufficiency to managers during the monthly management meeting. Evaluation of YCLTC processes are discussed by managers at the monthly compliance meeting. Questions are raised, needs identified and possible improvements or resolutions discussed. Updates are provided until the desired outcome is achieved or is found to be unrealistic.

Evaluation of interventions is also accomplished by ongoing, open communication with providers, members and YCLTC staff. YCLTC will ask contracted providers to evaluate interventions at QMPI meetings, provider meetings, Member Council meetings, by provider surveys during monitoring and training visits, and during daily interactions, as appropriate. YCLTC staff are asked to evaluate interventions through individual contacts, unit staff meetings and/or written questionnaires. Member satisfaction with interventions will be communicated through member interaction with the Member Services Coordinator and Care Management staff.

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### **6. ONGOING ACTIVITIES FOR NETWORK DEVELOPMENT BASED on IDENTIFIED GAPS and FUTURE NEEDS PROJECTION**

#### **a. Current unmet needs**

YCLTC continues to build its network in Yavapai County to prevent unmet needs. Because of the relatively small health care community, identifying new, potential providers is not expected to be difficult. When needed, YCLTC personally approaches providers to begin the contracting process. When a provider declines to contract, YCLTC identifies their reasons. Previous reasons include the credentialing process, low reimbursement relative to private pay, poor performance of insurance programs related to timely payment or dislike of managed care in general. PRCs use interventions that have proven successful: respectful, personal attention, education, positive recommendations from other providers in the community, and good customer service. These strategies have enhanced YCLTC's ability to obtain contracts with providers who were initially reluctant to do so. YCLTC pays competitive rates to providers, as able.

YCLTC member needs are met through contracted and non-contracted providers, and YCLTC continues to seek providers who will best meet member needs, especially behavioral health and sub-specialty needs. Members with behavioral health needs may need more individual- specific services than other members. Currently, YCLTC is evaluating the need to contract with other providers in the Phoenix area that offer specialized behavioral health services.

YCLTC's network for local gastroenterologists, endocrinologists, otolaryngologists, dermatologists, and neurologists is insufficient to meet member needs. However, specialists contracted for these services are available in other counties. YCLTC does not expect to be able to expand the local provider network for these specialties. No endocrinologists provide care in Yavapai County. The other specialists have limited capacity and state it is simpler to remain non-contracted. Limited capacity is evident by the need for community members to wait four to six months for initial appointments. YCLTC meets member needs for these services through contracted providers in other counties or by using local providers on a non-contracted basis for members unable to travel long distances.

YCLTC has seen an increase in the number of requests for sub-specialty services. YCLTC contracts with DMG in Phoenix to provide most services and authorizes the use of non-contracted providers, as needed. Most non-contracted providers cite low utilization as their reason to decline to contract. YCLTC has been able to meet member's medical needs for sub-specialty services.

YCLTC understands that children have unique medical needs. YCLTC has 21 EPSDT members, most carrying different diagnoses. YCLTC has found it beneficial to contract with the outpatient clinic at Phoenix Children's Hospital and to authorize use of non-contracted providers for other pediatric specialties. YCLTC has been able to meet children's medical needs.

Ongoing activities for ensuring the adequacy of and access to the provider network include:

- Provide prompt, respectful, personal service to providers
- Simplify processes to ease administrative burden and foster contract compliance.
- Attend to the availability of transportation services, necessary in rural areas where few transportation providers are available.
- Involve YCLTC's Medical Director in the health care community and in intervention, education and recruitment efforts.
- Seek contracts with non-contracted providers who provide over 25 services in a contract year on an annual basis; discuss provider reasons for not wanting to contract; internal discussions to identify ways to overcome the reasons.
- Provide accurate information about the ALTCS program, YCLTC systems and members, including use of positive recommendations from contracted providers.

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- Evaluate compensation, including capitation rates for group practices, higher reimbursement for care to members with higher acuity or non-compliance, review of stated compensation needs of providers.
- Review newspaper articles and advertisements, available state licensing databases, other insurance company's provider lists, and the CATS system to identify new providers and providers wanting additional patients.
- Consider the needs of the current member population, utilization capacity of contracted providers, pending contract terminations, facility closures, and the proximity and accessibility of services.
- Identify, evaluate and resolve network issues and strategies to resolve gaps and deficiencies at routine Provider Relations Coordinator, CM, Management, and Compliance Meetings.
- Review each provider service category by the Provider Relations Unit to determine if the number and type of service providers remains adequate to meet member needs; recruit providers or release needed RFPs.
- Project of future needs by member growth and number/type of providers in Yavapai County.
- Facilitate ad hoc internal meetings attended by all YCLTC units to address provider perspectives of barriers to contracting, customer service by YCLTC staff to providers and other issues that impact the negotiation of contracts.
- Discuss efforts and barriers with participants at QMPI and Member Council.
- Evaluate YCLTC resources dedicated to provider relations and network development.
- Review the effectiveness of this plan by YCLTC's management team in 2012.

### **Additional Activities:**

- Advocate on behalf of providers with ADHS and AHCCCS, as needed
- Contact providers in efforts to negotiate contracts, assisting them in obtaining AHCCCS provider registration and NPI numbers as needed.
- Educate current providers on the need to expand services and supporting their expansion efforts.
- Participate in state, national and local efforts to address systemic health care issues.
- Address development of the healthcare community in external committees, groups and organizations, explore alternative models of care such as accountable care organizations and support of hospital and community health recruitment efforts
- Address caregiver shortages through participation in community organizations and support of educational efforts of future healthcare providers

### **Membership Growth/Changes**

Because the composition of YCLTC's membership is dynamic in nature and constantly changing (see Table 2012.2), YCLTC's network will change in the type and number of providers to meet members' changing needs. The changing medical and behavioral needs of members will be identified through review of utilization of providers, contracted and out-of-network; through Care Management assessment; Disease Management referral, and through review of enrollment information for new members. YCLTC will then determine if additional service contracts are necessary to address population changes or if recruiting efforts need to be refocused.

In CYE 11, YCLTC saw stabilization in enrollment. Enrollment showed a downward trend beginning in 2003, stabilized in 2007, increased in CYEs 2008 and 2009 and then declined in CYE 2010. The number of members receiving or needing behavioral services increased from 129 members in October 2008 to 176 members in October 2009 and then declined to about a 100 members by the mid- CYE 11. Contributing factors to a membership growth and changes may include the economic downturn, the closure of the AAA's home based program, SB 1070 and the continued influx of a drug-dependent population to Yavapai County. The economic downturn may increase the number of ALTCS applicants who meet the financial eligibility criteria. Although the closure of AAA's home based program did not immediately impact YCLTC enrollment, it is expected people will decompensate if unable to receive minimal assistance from AAA. Finally, Yavapai County is experiencing growth in the number of people who are substance abusers as their families drop them off at recovery or outreach centers in Yavapai County and then they decompensate. Again, the impact will be long-term. The percent of non-Medicare members in CYE 11 remained stable at approximately 14%. YCLTC is positioned to meet member

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needs, whether enrollment continues to increase, stabilizes or declines. Member needs will continue to change as members age in place, needs become more complex, and the number of younger members increases.

Please see the chart on the next page reflecting data as of 3/1/2011.

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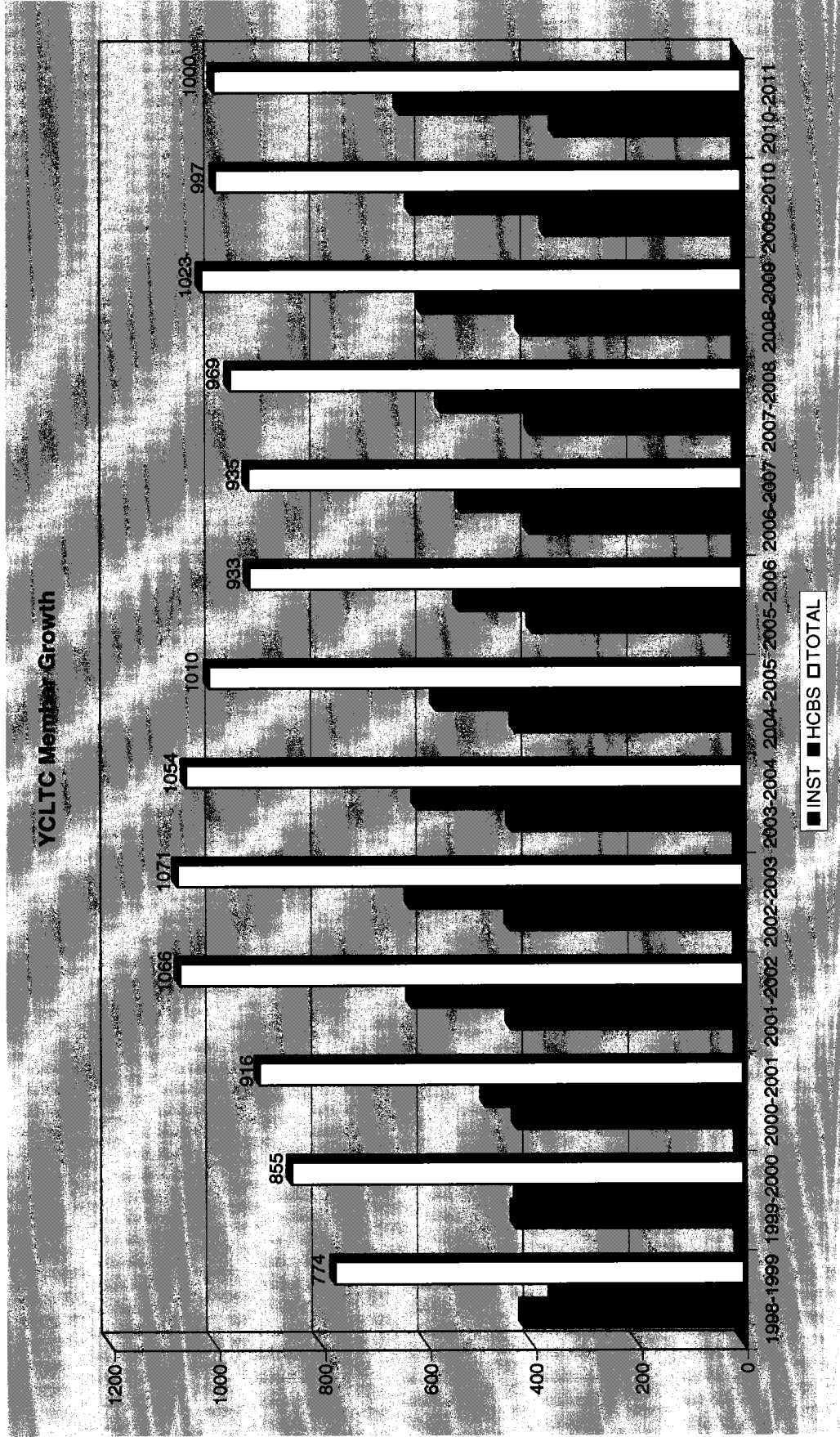


Chart E36.2

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### **b. Future Needs Relating to Membership Growth**

YCLTC expects an increase in utilization of services based upon changing medical and behavioral needs of members, and better member education. Members at home and in nursing facilities often require more complex medical care; and members at home are aging in place, thereby requiring more HCBS hours. YCLTC expects to provide care to more members with diabetes, pain issues, obesity issues, compounded by behavioral health and substance abuse issues. Numerous PCPs defer treatment of pain issues to pain specialists; some will either discharge or not accept members experiencing pain issues, even though they are informed of available specialists.

YCLTC expects community agencies to continue to report difficulties in recruiting caregivers in remote areas. Previous recruiting efforts geared to the general public in remote areas have been non-productive. However, family caregivers are usually available and willing to provide care.

YCLTC expects the number of contracted in-county ALFs to remain at or slightly above 20, with some homes closing and new ones contracting. The most movement is expected in assisted living homes. Most ALFs close for personal reasons. YCLTC will continue to designate significant resources to initiate, maintain and renew ALF contracts but will focus recruitment efforts on centers and established homes.

Services provided by home health nurses will be in more demand as more members choose to receive services through the Self Directed Attendant Care (SDAC) option. YCLTC has addressed this by negotiating contracts with all interested Medicare-certified nursing agencies within Yavapai County. YCLTC is aware of two home health agencies that are Medicare-certified but do not want to contract with Medicaid plans. YCLTC has contacted them and will pursue contracts if either agency desires to do so. Another Medicare-certified home health agency plans to open an office in Yavapai County and has expressed a desire to contract with YCLTC.

YCLTC continues to expand the network for behavioral health services, even without a current need. YCLTC will continue to seek credentialed providers with experience working with populations addicted to drugs and alcohol, and will continue to be involved in community efforts to address issues affecting ALTCS members. Additionally, YCLTC will continue to recruit additional providers for services necessitated by the increased acuity of members. Recruitment efforts include contacting pain specialists, accepting PCPs who will refer members to pain specialists but will not prescribe narcotics, and discussing provision of bariatric DME and transportation with providers. YCLTC interventions may include additional training and increased compensation. They will include support of family caregivers, community transition services and the SDAC program. YCLTC will also partner with the community health center on facilitating Stanford University's Chronic Disease Self-Management Program. It can be reasonably expected that members who participate in self-management of their disease will have better outcomes and lower utilization of medical services.

## **INTERNAL AND EXTERNAL COORDINATION**

### **7. COORDINATION BETWEEN INTERNAL DEPARTMENTS**

YCLTC's director, Medical Director and managers have open-door policies that apply to all staff, not just staff in their unit. If staff is uncomfortable reporting issues, they may provide feedback anonymously in the suggestion box or in an anonymous message. They can also report it to another manager who will then bring it to the management team. Documents and contracts are available for any YCLTC staff to review, as necessary.

YCLTC's five internal departments- business office; administrative support; program development; care management; and medical services units- interact on a daily basis, either formally or informally. Each unit is led by a manager who is integral to the management team. Staff members are encouraged to attend other unit meetings in addition to their own. Minutes to routine meetings are available for review. Care Managers seek to meet member needs through the contracted network by searching the on-line database and discussion with their peers and supervisors, medical services and business office units. Needs that necessitate a change in service delivery or network design is forwarded to provider relations coordinators for intervention.

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The YCLTC director and managers of each unit meet at least once a month and discuss member needs, network capacity and operational issues, compliance and quality issues, enrollment trends and other topics that impact the development or maintenance of the network. They evaluate proposed improvements to processes to see if they meet the needs of all stakeholders, including providers, members, and each YCLTC unit. Improvements are planned and then evaluated. Minutes are documented. Activities are reported to the QMPI and recommendations are solicited.

The internal quality improvement process includes participation by YCLTC staff at every level. The QMPI Committee reviews reports and assesses YCLTC activities. Recommendations are communicated to and from the management team and staff. Providers are able to participate in YCLTC committees upon request and/or invitation. Process Improvement Teams (PIT) evaluate systems and proposed improvements, evaluate options and recommend solutions. Members of PITs are those directly involved in the identified process, members of management and, at times, providers or community members.

Formal coordination is accomplished through referral forms, inter-disciplinary team meetings, quality of care referrals, approval of policies and procedures, and process improvement teams. Units communicate through referral forms. Referral forms are used before contracting with new providers, to complete the credentialing process, to use a non-contracted provider and for some authorizations. Appropriate staff participates in inter-disciplinary team meetings; needed services and providers are identified. QM nurses research quality of care referrals and inform others of the outcome as needed. New policies and procedures are reviewed by all managers and the director before approval. New and revised forms are also reviewed by all managers and the director. This ensures department-wide awareness and implementation of operations. Process improvement teams are developed to address long-term issues, such as authorization processes, and short-term issues, such as accuracy of information on YCLTC's website. Staff with responsibility in an area is authorized to convene meetings.

Other coordination efforts include:

- When inter- and multi-disciplinary meetings are held to discuss member-specific issues, network needs are considered and forwarded to PRCs if needed.
- PRCs attend monthly CM meetings to discuss network needs and issues.
- YCLTC staff report network needs and issues to PRCs as they arise.
- PRCs solicit comments about providers from CMs.
- QM and UM staff discuss contract requirements and network issues as needed.
- YCLTC is required to release RFPs for non-professional services. Representatives from each unit are asked to review RFP packets before release, provider proposals to RFPs, web-page content, requests to contract, the provider newsletter and the provider manual.
- Medical Director, YCLTC Director, QM, CM, and PRCs attend Credentialing Committee Meetings.
- All contracts are signed by the YCLTC Director.
- Rate negotiations are discussed by the YCLTC Director, Business Office Manager, Program Development Coordinator and PRCs.
- YCLTC's Medical Director serves as a resource to internal staff.

These practices are expected to maintain or increase communication between YCLTC units, thereby improving coordination.

### **Comprehensive List of all Committees and Committee Membership**

Explanatory note: The chart lists standing committee members. Meetings are open and frequently attended by other YCLTC staff by invitation or request. Abbreviations are defined as follows:

ADM = office manager oversees supportive prior authorization, CM and claims functions; HIPAA; AHCCCS contract compliance

BC= business continuity

BH= behavioral health

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CA= County Attorney  
 CC= cultural competency  
 CFO= chief financial officer oversees business office functions including claims, finance and some provider education  
 CM= care management manager oversees care management and transition activities  
 CO= compliance officer oversees fraud, abuse, and grievance prevention, detection, reporting, analysis; dispute and appeals  
 DIR=director  
 EX= participants who are not YCLTC staff  
 MD=medical director  
 MH= maternal health  
 MM/UM = medical and utilization management  
 MS= member services  
 PR = provider relations activities including provider network management, provider education and monitoring, contract negotiations, building fee schedules  
 QM= quality management activities

<b>YCLTC COMMITTEE</b>	<b>MEMBERS</b>
AD HOC MEETINGS	AS NEEDED, MANAGEMENT HAS OPEN DOOR POLICY
ADM UNIT MEETINGS	ADM and staff
ALF REVIEW COMMITTEE	DIR, CO, PR, QM/UM, BFO, CM, ADM, MS, BH, CA
ALF TRAINING MEETINGS	PR, MS, QM/UM, CM, BH, EX
BEHAVIORAL HEALTH COMMITTEE	BH, CM (QM, UM)
BUSINESS OFFICE UNIT MEETINGS	CFO and staff
CARE MANAGEMENT UNIT MEETINGS	CM, PR (CO, MS, QM/UM, ADM, CFO, BH, DIR)
CARE MANAGEMENT TRAININGS	CM (PR, BHC, DIR, MS, ADM). EX
CARE-ACTORS	DIR, ADM, PR, QM, CM, BHC
COMPLIANCE	DIR, CFO, CO, MM, QM, ADM
CREDENTIALING	MD, DIR, CO, PR, QM, ADM, MS, UM
GENERAL STAFF MEETINGS	ALL STAFF, EX
INTERDISCIPLINARY MEETINGS	MD, QM/MM, CM, BH, EX
MANAGEMENT	DIR, CFO, PR, CO, CM, QM/MM/MH, PR, ADM, MS, BC, CC, BH
MEDICAL SERVICES UNIT MEETINGS	QM, MM, MCH and staff
MEMBER COUNCIL MEETINGS	MS, DIR, CO, QM/UM, BH, PR, CM, ADM
MM/UM COMMITTEE	MD, DIR, CO, QM/MM
MULTIDISCIPLINARY MEETINGS	MD, DIR, QM/MM, CM, BH, CO, MS, PR, EX
P & T COMMITTEE	MD, DIR, CO, QM/MM, EX
PHARMACY REVIEW COMMITTEE	MD, DIR, CO, PR, MM, EX
PROGRAM DEVELOPMENT UNIT MTGS	PR, MS, BH, BC, CO
PROVIDER MEETINGS	DIR, CFO, CO, PR, QM/UM, BHC, ADM, BH, EX
PROVIDER RELATIONS MEETINGS	PR, CO, ADM, BH
QMPI	MD, DIR, CO, QM/MM, CM, BH, EX
RFP REVIEW COMMITTEE	DIR, PR, CO, CM, QM/MM, ADM, CFO
WORK GROUP – WEB	PR, CFO, ADM
WORK GROUP- AS NEEDED	AS NEEDED

Table E36.3



**8. COORDINATION with OUTSIDE ORGANIZATIONS, INCLUDING MEMBER COUNCIL ACTIVITIES**

YCLTC's unique position as a department of Yavapai County Government provides unparalleled exposure to both community needs and available resources to meet these needs. This exposure allows YCLTC an opportunity to proactively identify and influence positive outcomes and progress toward better meeting member and provider needs. YCLTC has been a consistently active participant in the communities within Yavapai County, and has shared its expertise with other agencies while successfully incorporating available resources into the overall service approach to meet member needs. YCLTC will continue to take a leadership role in addressing topics of concern to both the community and long term care members, such as elder abuse, caregiver issues and electronic health records. This involvement will assist in the identification of community resources to meet member needs outside the scope of the ALTCS program and to address community health care needs.

YCLTC's community outreach is an important component of our Network Development Plan because it demonstrates YCLTC's commitment to developing and maintaining positive relationships with the broader community, impacting our relationships with providers that are willing to contract as part of the YCLTC Provider Network. Additional community activities that positively impact overall community health will also have positive impacts for YCLTC members. Ideally, improved community health will influence the capacity of our members to focus their own efforts on supporting wellness in their lives, which can help save overall health care costs.

YCLTC staff members are active participants in a variety of local and state organizations that impact members and promote resolution of concern to the elderly and disabled populations of northern Arizona. Various YCLTC staff members participate in training seminars and workshops, provide representation during community forums, and conduct presentations about YCLTC programs and services, and how they relate to ALTCS and AHCCCS. Of note is YCLTC's involvement in the Prevention of Elderly Abuse Coalition which consists of representatives from local law enforcement, government, and elder service agencies that dedicate their time and effort to prevent all forms of elder abuse, including financial fraud and abuse; NACOG's Community Action Agency; and inter-related groups such as Verde Valley Seniors in Action Coalition and Yavapai Comprehensive Community Development Initiative.

YCLTC's Member Council is a forum in which members, advocates and providers discuss YCLTC network, processes and issues. The number of participating providers is limited to 49% of the total number of participants. The Council affords YCLTC the valuable opportunity to hear from members, representatives, advocates and providers about their perceptions of YCLTC and their ideas for improvement. The Council, focused on the perspective of advocates, members and family members or representatives, meets quarterly in both the Prescott and Verde Valley areas. The Council is asked to identify network gaps, to discuss member and provider satisfaction with YCLTC, to inform YCLTC of any potential PCPs, providers or assisted living facilities and to talk about and review any other subject. Council members find participation to be valuable and fun. Providers and YCLTC staff are usually able to address member questions and issues during the meetings. Each meeting includes an educational presentation and needed transportation is provided to enable greater member participation.

YCLTC will continue to team with providers and community leaders to address the needs of available caregivers in the Yavapai County area, an issue that threatens service delivery in both nursing facilities and home and community based settings. YCLTC is involved with Northern Arizona Seniors in Action Coalition, facilitates support groups for caregivers, and leads some chronic disease self-management programs.

YCLTC staff will continue to participate in statewide e-health initiatives, recognizing the importance of establishing strong incentives to share costs and provide technical assistance for rural providers that intend to utilize electronic health record systems. YCLTC staff will also continue to participate in a variety of community activities that support improved community health. YCLTC is committed to supporting investments in partnerships, collaborations, coalitions, and networks with a focus on broader community health issues.

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PR staff will conduct research to identify resources and models related to improving health care status and health care systems. YCLTC will continue to disseminate appropriate information about such models through various means including provider meetings and our quarterly provider newsletter. YCLTC will advocate for community and statewide initiatives to apply available information and models where appropriate.

YCLTC will continue to remain involved in a variety of organizations and committees and will seek new opportunities for collaboration that will enhance YCLTC's ability to better serve our members.

The following list identifies YCLTC's planned community participation with long term care and related organizations, many relate directly to seniors, others to poverty, employment and hunger, and still others to involvement with youth. YCLTC participates in organizations that directly impact the lives of seniors and physically disabled members now and in the future. Besides being members, youth are future caregivers and our efforts to positively impact their lives will have a direct impact on future care for elderly and the physically disabled. YCLTC staff members are active in the following organizations:

### Age-Specific Groups

- Area Agency on Aging
- Governor's Council on Aging
- NACOG AAA Advisory Council
- Prescott High School Advisory Council
- Prevention of Elder Abuse Coalition
- Seniors in Action Business Alliance (SABA)
- Northern Arizona Seniors in Action Coalition
- Yavapai County Big Brothers/Big Sisters

### Health Care Related Groups

- Arizona Association for Healthcare Quality
- Arizona Long Term Care Communication Meetings
- Change Begins in Yavapai County (Community Group on Health Care Reform)
- Community Conversation-Prescott College
- Community Group on Health Care Reform
- Family Caregiver Support Group
- Chronic Disease Self-Management Program
- Governor's Advisory Council on Aging
- Governor's Office on Aging, Fall Prevention Coalition (AZFPC)
- Member Council (YCLTC)
- Pandemic /Special Needs Population Coordinating Committee
- Prescott College Ripple Project Forum on Health Care Forum
- Resource Fairs throughout the County
- Senior Safety Day
- Spotlight
- St. Luke's Health Initiative

- Yavapai Comprehensive Community Development Initiative

- YCC Health Team

### Other Community Related Groups

- AmeriCorps
- Arizona City/County Management Assn
- Central Yavapai Metropolitan Planning Organization (CYMPO)
- Cooperation with the Elder Community (CEC)
- COPE
- Faith-based Organizations, several
- Mountain Institute Joint Technological Education District Meetings
- NACOG Community Action Agency
- New Horizons Independent Living Center Board
- Networking for Solutions
- Prescott Area Leadership Class XX
- Prescott Area Leadership Board
- Prescott College Institute for Sustainable Social Change
- Prescott Valley Food Bank
- Prescott Valley Public Library Foundation
- Quad Cities Employment Forum
- Verde Valley Leadership
- Volunteer Income Tax Assistance
- Yavapai Combined Trust
- Yavapai County Department Head Meetings

**NETWORK DESIGN**

**9. NETWORK DESIGN by GSA FOR GENERAL POPULATION, INCLUDING DETAILS REGARDING SPECIAL POPULATIONS**

YCLTC's network is designed to provide service to ALTCS consumers in one geographic service area, Yavapai County, where the majority of members are located. YCLTC's network extends to Coconino, Mohave, Pinal, Pima and Maricopa counties in order to provide services to members residing close to that county or to provide services unavailable in Yavapai County. Some providers with primary practices in Coconino County have offices in Yavapai County. Transportation companies headquartered in Yavapai and Maricopa Counties provide services within Yavapai County. YCLTC contracts with DMG for numerous specialties and contracts with other individual providers in Phoenix, Tucson and Mohave County to meet the needs of YCLTC members.

YCLTC's network is designed to provide access to all services to members residing in Yavapai County and acute and behavioral health services to members living outside Yavapai County. YCLTC's network is able to provide limited home and community based services to members residing outside Yavapai County through its providers who provide HCB services in Yavapai and other counties. YCLTC is able to provide state-wide transportation and durable medical equipment through contracted providers. YCLTC has contracts with SNFs in Phoenix and Tucson that offer specialized services to members with problematic behaviors, high acuity medical needs or who have the potential to be a danger to self or others.

YCLTC will continue to identify specific members who have serious and chronic physical, developmental or behavioral conditions; are children; have limited English proficiency; and who require medically necessary health related services beyond that generally required of members. YCLTC's care managers and inter- and multi-disciplinary teams will recommend services within the network to meet their needs. For example, most PCPs decline to accept members who exhibit numerous problematic behaviors and choose not to comply with their care. The inter- and multi-disciplinary teams will recommend a particular physician; provider relations may offer a higher rate of reimbursement to the provider who accepts these members.

Most members are assigned to PCPs for their primary care needs. Members enrolled in EPSDT are assigned to pediatric PCPs; members with a diagnosis of HIV/AIDS are assigned to PCPs specializing in infectious diseases and some vent-dependent members are assigned to pulmonologists. Members with problematic behaviors may be assigned to a specialist as a PCP as YCLTC has reimbursed PCPs at a higher rate if they accept non-collaborative members. Some specialists agree to be the PCP for established patients when they roll onto YCLTC. However, the request is provider- and not member-driven. Other specialists may be asked to act as a member's PCP when it is reasonable to expect the member would see the specialist at least bi-monthly. Obstetricians/gynecologists are not assigned as PCPs for YCLTC members as they state they only want to act as specialists.

The decision of most specialists to decline the opportunity to act as PCPs for members with specialized needs is not a barrier to care for the members. The PCP coordinates needed care and, after the initial referral by the member's PCP to the specialist, the member is able to set appointments with the specialist as needed. The specialist is able to refer the member to the appropriate sub-specialist as part of treatment of the referred condition. Contracted specialists do not need to obtain prior authorization for consultations and most procedures. Non-contracted specialists must obtain prior authorization for all services rendered.

The diversity of YCLTC's enrollment necessitates diverse contracts to serve members who are ventilator dependent, have behavioral needs, are children or young adults, or have other special needs. YCLTC will continue its comprehensive network for its specialty population by maintaining contracts with large groups of specialists in Maricopa County. This allows members the opportunity to utilize contracted providers for specialties such as endocrinology, hematology and geriatric psychiatry, for placements in behavioral health units outside of Yavapai County, neonatologists and perinatologists for high-risk pregnancies, as well as neurological surgery. One large specialty group bridges the gap in pediatric services, providing services such as pediatric

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hematology, oncology, pulmonology, neurology, nephrology, cardiology, critical care, and gastroenterology, which are not otherwise available in Yavapai County. YCLTC will maintain a network of transportation providers adequate to enable member access to the providers.

When non-network services are needed, YCLTC will utilize specialized providers as non-contracted providers. Most adult members with special needs will be adequately served by the network that YCLTC has in place. Most children have unique needs and will receive specialty services from either the clinic associated with Phoenix Children's Hospital or from non-contracted providers. Members needing specialized behavioral health treatment will be placed in available, contracted facilities. If contracted facilities are unavailable or are unable to meet the member's needs, YCLTC will obtain the necessary agreements to ensure adequate care. YCLTC has experience negotiating with providers to meet a specific member need and to ensure that members have access to the necessary specialized care.

YCLTC will continue to track and trend languages spoken by members. Currently, only less than 1% of YCLTC members have limited English proficiency; all speak Spanish. As it is expected that members will be proficient in other non-English languages, Yavapai County maintains an account with Language Line Service which provides access to interpreters who can translate English into 140 other languages and tracks languages spoken by ALF staff. In most cases, an interpreter will be available within moments. YCLTC and providers will coordinate translation services directly with the Language Line Service center in order to serve these members. YCLTC includes languages spoken by PCPs and specialists on its web page.

YCLTC will evaluate projected needs at quality management and process improvement meetings, multi-and interdisciplinary team meetings, management meetings, compliance meetings, and provider relations meetings. YCLTC will continue to seek credentialed providers with experience working with populations addicted to drugs and alcohol, will educate members and providers on health-related issues. YCLTC will collaborate with providers for services necessitated by the increased acuity of members. Interventions may include additional training and capitated compensation. YCLTC will continue to evaluate its prior authorization processes, implement recommended changes and evaluate the impact of the implemented changes.

### **a. Member access to the system**

YCLTC has protocols in place to ensure that members know how to access the system and information. As CMs develop a plan of care with the member, they respectfully focus on the member. CMs listen to members and collaborate with them to arrange services and community resources that will enable the member to remain at home or in the most integrated setting. CMs explain service provider restrictions, limitations or assignment criteria to the member and family/significant others. Members are made aware that they can access [www.myhealthandwellness](http://www.myhealthandwellness) and [www.myahcccs](http://www.myahcccs) for information.

CMs explain the program to members and give them a handbook and, as needed, an EPSDT brochure, as reference at the time of their initial visit and upon request. Members receive this information in alternate forms upon request. Members have access to a list of pharmacies, specialists and PCPs in their Member Handbook and on YCLTC's web page. This list includes language capabilities of each listed specialist and PCP. Members are able to self-refer and make appointments directly with their PCPs, obstetricians and gynecologists, behavioral health providers, specialists when part of a treatment plan, and with dentists if member is enrolled in the EPSDT plan. PCPs and specialists coordinate needed referrals and medical care. If a member calls a specialist without being referred by a PCP, the specialist coordinates the service with YCLTC and the PCP. Once referred to the specialist, the member and specialist can design a plan of care and schedule subsequent appointments.

YCLTC sends monthly informational mailings to parents of EPSDT members that include reminders about members' eligibility for EPSDT services and dental screenings. YCLTC calls parents and sends them reminders of overdue EPSDT well- and dental-visits. YCLTC mails birthday cards to each child. Included in the mailing is a reminder of eligibility for services and instruction to call their provider to schedule appointments.

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YCLTC refers members with a CRS condition that do not have private insurance or Medicare coverage to CRSA for determination for CRS services. YCLTC requires CRS eligible members, without other primary insurance or Medicare, to receive CRS covered services through the CRS program. However, if CRSA denies a prior authorization request that YCLTC thinks should be paid by CRS, YCLTC will authorize the service so the member's needs are met. Then YCLTC will attempt to recoup the funds from CRSA.

YCLTC does not require prior authorization for routine EPSDT dental services and provides EPSDT members direct access to dental providers who have AHCCCS provider identification numbers. Female members can self-refer to obstetricians and gynecologists for routine but not preventive care. All members can self-refer to behavioral health specialists. Providers will obtain prior authorizations as needed.

YCLTC's network includes contracts with several professional providers to go into the home of house-bound members to provide PCP services, behavioral health services and therapy services. Without professional in-home services, the member would be at a higher risk of nursing home placement. Members in nursing or assisted living facilities may benefit from in-facility optometry or behavioral health services.

YCLTC members who move into an ALF can benefit from the buddy-up system, an informal process wherein a current resident of the facility greets the new resident, shows them around, answers questions and helps them feel welcome and connected. This helps members adjust to their new home and reduces the number of discharges to a higher level of care. Members can also access the Cooperation with the Elder Community program, an outreach of Alcoholics Anonymous in facilities.

YCLTC ensures member access to the network is not limited by health, literacy, language, national origin, culture, race, sex, age, mental or physical disability, sexual orientation, genetic information, ethnic, or religious factors. YCLTC educates providers on the need to be culturally aware, to build a treatment plan that reflects the member's lifestyle and belief system, and to communicate the treatment plan in ways the member can understand. PRCs encourage providers to take into account a member's culture when addressing members and their concerns. They educate providers of the need to make interpreters available to members to ensure appropriate delivery of service. YCLTC educates members and providers on cultural awareness at meetings, in newsletters and in person. YCLTC incorporates information from "Ask Me Three" when addressing health literacy issues. YCLTC's network delivers culturally competent services as evidenced by a lack of grievances and quality of care concerns related to language, culture, race, ethnicity, disability, or religion.

### **b. Relationships between various levels of the system for special populations**

The following information supplements YCLTC's management of relationships between various levels of the system for general populations as explained in Section 2 of this plan.

YCLTC pays all AHCCCS registered Arizona Early Intervention Program providers regardless of their contract status with YCLTC, if the Individual Family Service Plan identifies and meets the requirement for medically necessary EPSDT covered services. YCLTC will inform the providers of these requirements as needed.

YCLTC does not discriminate against providers solely on their type of licensure or certification, provision of service to high risk populations or specialty in conditions requiring costly treatment. Members of the Credentialing Committee are required to sign a statement attesting their non-discrimination. YCLTC notifies providers in writing if their credentialing applications or contract requests are denied. Reasons for the decision are explained.

Providers are encouraged to make referrals as necessary, first to contracted providers and then to non-contracted specialists or sub-specialists. SNF and ALF providers can also make referrals to YCLTC's Triage Program for members with disruptive behaviors. The Triage Program is designed to offer training and support to facility staff that will enable them to manage the member's behaviors, meet the member's needs and allow the member to remain in the most integrated setting.

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YCLTC coordinates an integrated delivery of services to members and ensures medical and behavioral health providers share information. YCLTC requires PCPs to establish a separate record for behavioral health information. YCLTC sends copies of YCLTC’s Behavioral Health Consult form to both the member’s PCP and behavioral health (BH) provider. The Consult Form includes information on member status, medications, hospitalizations and ER visits and BH treatment goals. YCLTC attends care conferences of members residing in BH units to remain informed on a member’s current status.

YCLTC has additional resources to assist providers of services to special populations:

- The Behavioral Health Coordinator conducts annual analyses of efficacy to ensure that members receiving long-term behavioral health services are receiving productive and cost-effective services.
- The Behavioral Health Coordinator accesses YCLTC databases to identify EPSDT members that may be in need of behavioral health services and then follows up if needed.
- Care Management coordinates care and advocates for members. The Disease Management Nurse works with PCPs and specialists as needed to ensure provision of quality care to members with diabetes, COPD and heart disease.
- The Credentialing Coordinator assists providers in the completion of credentialing documents. The Quality Management Nurse helps coordinate and track care to EPSDT members, sends letter requesting copies of tracking forms and calls to facilitate scheduling of EPSDT appointments.
- The Medical Director discusses member needs with providers and helps coordinate care for members with drug-seeking behaviors or who over-utilize emergency department services.
- The Physical Therapist works with the DME provider to ensure timely provision of custom and specialized DME to meet member needs.
- Provider Relations Coordinators negotiate rates with providers as needed, explain the program, and address concerns. They also verify AHCCCS Provider Identification numbers for non-contracted providers and help identify non-contracted specialists and sub-specialists.
- YCLTC Nurses assists EPSDT members and parents with referrals and as necessary to obtain needed services.
- YCLTC Nurses work with CRS-providers to coordinate care.
- YCLTC Nurses complete concurrent and retrospective reviews of hospitalizations, ambulance services and other non-Medicare services.
- YCLTC staff are available to provide training on behavioral health issues, disease management, coordination of care, claims processes.
- YCLTC notifies providers via e-mail or USPS of information related to immunizations
- YCLTC provides EPSDT forms and information about the Vaccine For Children Program to providers upon request. When YCLTC routinely provided the forms and information, providers stated it was not necessary and created more work for them.
- YCLTC’s protocols are reviewed and approved by Quality Management/Performance Improvement Committee and Yavapai County Board of Supervisors.

c. **Network description** – YCLTC’s Network for Services Provided to Special Populations

PROVIDER	SERVICE	CRITERIA	PROJECTED UTILIZATION
Adam’s House – 8 <sup>th</sup> Street Phoenix	ALH-TBI	Brain Injured Men	5 Members
Adam’s House – Nightingale PV		Brain Injured Members	
Adam’s House – Wickieup Phoenix		Brain Injured Women	

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<b>PROVIDER</b>	<b>SERVICE</b>	<b>CRITERIA</b>	<b>PROJECTED UTILIZATION</b>
Desert Haven	SNF-BU	Moderate Tolerance for Difficult Behaviors	5 Members
Encanto Palms Assisted Living	ALC-WD	Step-down from Maryland Gardens/ Troublesome Behaviors	3 Members
Kachina Point Care Center	SNF-WD	Minimal Tolerance for Difficult Behaviors / WD	27 Members
Lingenfelter Center	SNF-BU SNF-WD	Low to High Tolerance for Difficult Behaviors/WD	3 Members
Margaret T. Morris Center	ALC-ALZ	Wandering Dementia – Alzheimer’s	12 Members
Maryland Gardens Assisted Living Center	ALC-BH	Moderate Tolerance for Difficult Behaviors	1 Member
Maryland Gardens Care Center	SNF-BU	Moderate Tolerance for Difficult Behaviors	1 Member
Meadow Park Care Center	SNF-BU	Moderate to Intense [Not Extreme – Aggression] Tolerance	20 Members
Mingus Center	Non-Medicare Inpatient Sub-acute DETOX	Non-Medicare only – Adults	1 Member
Mingus Center	Non-Medicare Inpatient Sub-acute PHF	Non-Medicare only – Adults	2 Members
SLO Austin House	ALC- WD	Wandering Dementia- Alzheimer’s	8 Members
SLO Austin House	ALC- BH	Moderate Tolerance for Difficult Behaviors	8 Members
Palm Valley Rehabilitation and Care Center	SNF-BU	Accepts members with aggressive behaviors	1 Member
Payson Care Center	SNF- WD	Low-moderate tolerance for difficult behaviors	1 Member
GSS Prescott Valley	SNF-WD	Wandering Dementia without Behaviors	27 Members
Ridgecrest Healthcare	SNF-BU	Big Boy Unit – Tolerate [high] Extreme Behaviors	3 Members
Rim Country Health and Retirement Community	SNF BU	Low to High Tolerance for Difficult Behaviors	12 Members
Santa Rosa Care Center	SNF-BU	Moderate Tolerance for Difficult Behaviors	0 Members (back-up only)
SequelCare-Transitions	L 3 BH Residential	Residential Life Skills, Medication Monitoring, BH Counseling	1 Member
SequelCare- Blue Ridge Manor	L 2 BH Residential	Residential Life Skills, Medication Monitoring, BH Counseling	1 Member

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<b>PROVIDER</b>	<b>SERVICE</b>	<b>CRITERIA</b>	<b>PROJECTED UTILIZATION</b>
United Youth and Family Services- Carefree	L 2 BH Residential	BHU Group Home for Adolescent Females, Ages 12-17	0 Members
United Youth and Family Services – Anthem	L 2 BH Residential	BHU Group Home For Adolescent Males, Ages 12-17	1 Pediatric Member
United Youth and Family Services – Apache			
United Youth and Family Services – White Feather			
Unity Group Home	L 3 BH Residential	BHU Group Home For Adolescent Males, Ages 12-17	
Adomeniene, Jurate, M.D.	PCP	Pediatric	25 Members
Baumgartner, Karl	PCP	Pediatric	
Copeland, Michelle, NP	PCP	Pediatric	
Eckman, Ronael, MD	PCP	Pediatric	
Guilonard, Kristin, DO	PCP	Pediatric	
Higgins, Albert, DDS	Dentist	Pediatric	
Hinton, Matthew MD	PCP	Pediatric	
Ho, David, DMD	Dentist	Pediatric	
Howard, E Lee RN	PCP	Pediatric	
Kaldenbaugh, Henry MD	PCP	Pediatric	
Karnitschnig Laura, NP	PCP	Pediatric	
Klein, Shelly	PCP	Pediatric	
Lee, Abraham, MD	PCP	Pediatric	
McCarver, James, MD	PCP	Pediatric	
Mick, James MD	PCP	Pediatric	
Panithi, Ranjani, MD	PCP	Pediatric	
Raber, Bobby DMD	Dentist	Pediatric	
Sanson, Jayne, MD	PCP	Pediatric	
Tuccille, Wendy MD	PCP	Pediatric	
The Guidance Center	BH Clinic	Pediatric and adult BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
NAZCARE	BH CSA	Psychosocial Rehabilitation, Supported Employment	
Elba Healthcare	BH Group • Psychiatrist • Psychologist • Counselor	BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Blackwood, H. Daniel	Psychologist	BH Evaluation, Counseling, Psychosocial Rehabilitation	
Chauhan, Narendra	Psychiatrist	BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Cheeves, Katherine	Psychiatrist	BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	



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<b>PROVIDER</b>	<b>SERVICE</b>	<b>CRITERIA</b>	<b>PROJECTED UTILIZATION</b>
McKinnon, James	Psychiatrist	BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Valle Del Sol	BH Clinic	Pediatric and adult BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Verde Valley Guidance Center	BH Clinic	Pediatric and adult BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Penney, Jeffrey	Psychiatrist	BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Bonacci, Carl PhD.	Psychologist	BH Evaluation, Counseling, Psychosocial Rehabilitation	125 Members
Scott, Andrea	Psychologist		
Gelber, Mitchell	Psychologist		
Stevens, Larry	Psychologist		
Conner, Virginia, Ed.D.	Counselor		
Lee, Aileen, Ph.D.	Psychologist		
Heitzman, A. Lynn, PhD	Psychologist		
Lemberg, Raymond, Ph.D.	Psychologist		
Madden, Roy PhD.	Psychologist		
Swain, Barbara, Ph.D.	Psychologist		
Bissett, Cathy	Psychologist		
Fellows, Laura	LCSW		
Lemberg, Sally	LCSW		
Masten, Stacey	LCSW		
LeBlang, Karen	LCSW		
Woods, Lee	LCSW		
Steele, Robert	LISAC		
Tismeer, Elizabeth	LMFT	Chronic Pain Management, BH Evaluation, Counseling, Psychosocial Rehabilitation	
Mehl, Jeannie	LPC	BH Evaluation, Counseling, Psychosocial Rehabilitation to Pediatric and Adult members	
Curran, Donald	Psychiatrist	BH Evaluation, Counseling, Psychosocial Rehabilitation, Medication Monitoring	
Yavapai Care Services	Habilitation	Supportive Employment	6 Members
ABRIO	Habilitation	Residential	
Marc Center of Mesa	Habilitation	Residential	
ResCare Home Care	Habilitation	Residential	
Backway, Ruth	Physical Therapist	Pediatrics, Adults with visual dysfunction	5 Pediatric Members
Resource Therapy	Physical Therapist	Pediatric and Adult	
Northern Arizona Home Care	Home Health	Pediatric and Adult	

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<b>PROVIDER</b>	<b>SERVICE</b>	<b>CRITERIA</b>	<b>PROJECTED UTILIZATION</b>
Nurses Network	Home Health	Pediatric and Adult	
Acumen	FEA	Self-Directed Attendant Care	20 Members
New Horizons Independent Living Center	Employment Training	Self-Directed Attendant Care	

Table E36.4

**10. ADEQUACY OF GEOGRAPHIC ACCESS TO TERTIARY HOSPITAL SERVICES**

Due to natural barriers, the composition of the professional healthcare network, and the scattered population distribution in Yavapai County, it is not practical for any of the four in-county hospitals to develop and maintain comprehensive tertiary services. Yavapai County facilities coordinate transfer of members needing tertiary hospital services to the Phoenix metropolitan area. YCLTC works with the hospitals and pays for medically necessary air and ground transportation, as well as care at the tertiary site. YCLTC members have the same access to these services as the general population of Yavapai County and receive the tertiary care that they need by qualified practitioners.

**11. METHODOLOGIES TO COLLECT AND ANALYZE MEMBER, PROVIDER, STAFF FEEDBACK ABOUT NETWORK DESIGNS AND PERFORMANCE, PROTOCOLS FOR HANDLING SPECIFIC ISSUES**

Core components of obtaining accurate information in a timely manner are respect, trust, and a realistic understanding of the topic. YCLTC prides itself on its good partnerships with members, providers and our staff. YCLTC respects stakeholders and acts with integrity and honesty, building respect and trust. YCLTC also explains the AHCCCS program and related topics such as budgetary concerns and program changes with staff, providers and members. Feedback is solicited, ideas are discussed and actions are taken as appropriate. Stakeholders are encouraged to contact YCLTC directly and contact information is provided. Care Managers, Supervisors, the Behavioral Health Coordinator and Member Services are available to meet with and talk to members and their representatives. The Director and Program Development Staff regularly meet with providers. Stakeholders also have access to Yavapai County Board of Supervisors and Medical Director.

YCLTC coordinates care for approximately 1,000 members, contracts with a relatively small provider community and employs approximately 55 staff. Four Provider Relations Coordinators, one Behavioral Health Coordinator, one Credentialing Coordinator and one Program Development Coordinator are responsible to develop and maintain a provider network that is accessible to members and expected to provide quality care. YCLTC expects the coordinators to know the providers in their assigned categories, to collaborate with them on issues and needed improvements to YCLTC protocols, to provide education on the claims process, and to report provider issues to YCLTC management. Coordinators facilitate general meetings to give providers a forum for discussion, to educate providers and to address general issues. YCLTC meets with providers to discuss individual concerns. YCLTC staff members initiate conversations whenever YCLTC identifies a problem and works with the provider through resolution. Staff members work with providers to ensure adequate understanding of YCLTC protocols and practices at pre-contracting meetings, new provider orientation meetings, and during daily interactions. Through all the interactions, the coordinators and providers become familiar with each other, usually resulting in a good partnership. Providers feel they will be heard and their concerns addressed; therefore most comfortably provide feedback on issues, including composition of the network and network performance.

YCLTC routinely evaluates its Provider Network and the Network’s performance to ensure member’s have access to quality care. Feedback from multiple perspectives results in a clear understanding of the adequacy of the network design and network performance. Therefore, PRCs solicit feedback from members via Care Managers, providers and internal staff.

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Member concerns about the network design and performance are solicited during conversations, on-site visits, and Member Council Meetings. Most members express their ideas to Care Managers who listen, address the information and then forward grievances, concerns and ideas to their supervisors. Grievance information is entered into a database and analyzed monthly. Member concerns are voiced or repeated during Member Council meetings, Management and Care Management meetings. PRCs or managers receive the information through personal attendance at the meetings or from another attendee.

Provider feedback about the network and its performance is solicited during conversations, monitoring visits, educational and orientation visits, provider meetings, Member Council meetings, and, while maintaining HIPAA compliance, at chance meetings at grocery stores, community meetings and other events. Concerns are discussed and addressed by appropriate YCLTC internal departments. PRCs accept verbal comments about network design and general network performance at any time but require providers to submit their comments about performance of a specific provider in writing.

YCLTC collects information from providers during the contracting process, throughout routine monitoring visits, and during daily interactions via phone, fax, email or in person. YCLTC appreciates its provider network and the quality service each delivers. YCLTC is committed to maintain strong partnerships with each provider and respectfully addresses concerns as they arise. Providers voice appreciation of YCLTC's focus on provider satisfaction and service to members. They are routinely encouraged to call a PRC if they have any questions or concerns.

YCLTC staff members are encouraged to discuss the network design, access to care and other performance issues through conversations, participation in meetings, informal surveys, and completion of quality of care concern forms. The network is discussed monthly at management, credentialing, and care management meetings. Information on new, pending and terminated contracts is provided and the non-contracted provider log is reviewed. Management and Care Management discuss gaps and areas that need strengthening; sometimes offering solutions and alternatives, other times voicing needs. The outcome of some inter- or multi-disciplinary meetings is the identification of a needed or expanded service within the network. PRCs survey care management staff if they want to know if there are any perceived concerns. Talking to care managers either individually or in a group is more effective than asking them to complete a written survey.

YCLTC Provider Relations staff (PRCs) continuously evaluate network design and performance as they interact with providers. They conduct contract monitorings per AHCCCS or YCLTC required frequency and as potential or realized issues arise.

Staff from YCLTC's Medical Services Unit investigate member grievances, quality of care concerns, requests for services and oversee YCLTC's disease management, performance improvement and child and maternal health programs. They also conduct service and site monitors. Medical Services staff include quality management, utilization management, disease management, maternal and child health nurses and a physical therapist.

YCLTC's Business Office staff are also impacted by the network design and performance as they adjudicate claims, process claim resubmissions and requests for reconsideration, create budgets and educate providers. Their evaluation of the network design and performance focuses on performance.

All YCLTC staff communicate critical issues directly with the Director, Medical Director, YCLTC nurses, CFO, provider relations coordinators or their supervisor. Routine feedback is routed through the employee's immediate supervisor and then to the Program Development Coordinator or PRC. PRCs also update management on network design and performance at monthly management meetings.

Ongoing activities for ensuring open communication with members and providers, and collection and analysis of provider feedback include:

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- Analysis of results from surveys, as conducted
- Commitment to return phone calls within the same day, whenever possible
- Encouragement of members and providers to ask questions in person, in telephone conversations, via email or fax, and at meetings
- Identification of issues related to network designs and implementation during pre-contract discussions, new provider orientations, and other interactions
- Inclusion of notice in quarterly Provider Newsletters that PRCs are available to address issues and concerns
- Inclusion of survey questions, “How is YCLTC’s service to you?” or “Would you refer YCLTC to another provider; why or why not?” in monitoring tool
- Involvement of YCLTC providers in improvement of processes
- Discussion with YCLTC providers in QMPI Meetings
- Participation of YCLTC members and providers in Member Council Meetings
- Review of paid claims and prior authorizations by PRCs in an effort to identify billing issues
- Tracking and trending issues identified in fraud and abuse, member grievance, appeal and dispute, provider communication and transportation logs
- Use of personalized voice mail and a back up system for PRCs and Care Managers

### ***Analysis of Feedback***

Issues are addressed at the time of the report at the lowest level possible and then documented in the provider communication log, member grievance log, or meeting minutes. Additional information and perspectives are researched; the contract and program requirements are reviewed. The issue may be simple and resolved at the time of the initial report.

More complex or critical issues are presented to management, the Director and/or an ad hoc team for analysis. Issues are evaluated against standards and protocols such as federal and state regulations, performance measures, common business practices, prior authorization requirements, the AMPM and ACOM.

In addition to analysis of feedback as it is given, YCLTC conducts monthly reviews of information documented in the grievance, fraud and abuse, and provider communication databases. Issues are identified, tracked and trended. Trends and critical network issues are discussed with the Director and management team. Questions are asked; direction given. Strategies for improvement are implemented and evaluated until consistent results are achieved.

### ***Protocols for Addressing Issues***

When a specific provider issue is identified, the PRC addresses it at the lowest possible level, some with a phone call. If the issue is more complex, the coordinator will involve an YCLTC Manager. At different times, the Medical Director, Business Office Manager, Care Management Manager, Medical Services Manager and/or Program Development Coordinator will become involved. If the PRC assesses the issue to be at the Director’s level, the issue is taken immediately to the Director.

Protocols for handling specific issues vary according to the issue. Issues pertaining to potential quality of care, fraud, abuse or exploitation are forwarded to Quality Management and/or the Compliance Officer. Contractual issues that are not claim disputes are first addressed by provider relations coordinators, then management team, YCLTC director, Yavapai County attorney’s office and finally, if needed, by Yavapai County Board of Supervisors. Claim disputes are reviewed by the Financial Analyst, Business Office Manager and Dispute and Appeals Manager. If the provider requests a state fair hearing, the Dispute and Appeals Manager forwards the request to AHCCCS within 5 days of receipt. Reimbursement issues are discussed by the Director, Business Office Manager and Program Development Coordinator.

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PRCs address issues by identifying and recruiting new providers, asking current providers to expand their services, asking non-contracted providers to provide service to members, and convening work groups as needed. PRCs attempt to resolve issues on a case-by-case basis. If a pattern is identified, the intervention becomes more formal through written correspondence or a meeting with the provider.

YCLTC may convene a process improvement team or other group to discuss feedback and to address specific issues. The group will identify the issue, design the team composition, invite staff, members and providers as identified, define criteria, generate solutions, implement and evaluate practices, revising them as necessary. Policies and procedures, manuals and handbooks will be created or updated as needed. Staff will provide or receive needed training and information; management will ensure recommended systemic changes are implemented.

Other interventions may include provider education regarding contractual requirements, written corrective action plans, inclusion in a work group, training at a scheduled provider meeting, creation of a process improvement team, and education to all providers or in the quarterly Provider Newsletter, update of YCLTC's website, member education, or discussion at a special meeting. The interventions are assessed for effectiveness and are revised as needed. Documentation is kept in meeting minutes or by the PRCs.

Resolution of issues may involve a contract amendment, formal written notification, change in YCLTC protocol, corrective action plan from the provider, addition or deletion of providers from the network, advocacy on behalf of the member, or advocacy on behalf of the provider. PRCs facilitate ad hoc or routine meetings with providers in efforts to prevent or address service issues.

YCLTC communicates with others as needed to address issues and the Director notifies Yavapai County Board of Supervisors and AHCCCS if needed.

Interventions are implemented and then evaluated for effectiveness. If ineffective, they are modified until successful.

### **NETWORK MANAGEMENT**

#### **12. LIST OF NON-MEDICARE CERTIFIED HOME HEALTH AGENCIES**

Please see Table E36.5 at the end of the Plan and before the Evaluation of the 2011 Plan.

#### **13. STRATEGIES FOR WORK FORCE DEVELOPMENT**

As one of the largest payers of paraprofessionals in the long term care market, YCLTC is vested in ensuring that adequate resources will be available in the future. YCLTC will continue to participate in efforts to recruit, retain and maintain a long term care work force necessary to meet current and future needs of the ALTCS membership. YCLTC supports the pre-employment training of new caregivers and the continued training of current caregivers. YCLTC staff members provide training upon request and YCLTC's Director is active with Mountain Institute Joint Technical Education District, whose goal is to provide hands-on training in several areas, including health care, to members of the future work force.

Adequate training and professional development are keys to a competent, stable caregiver work force. YCLTC will conduct post-initial reviews and subsequent annual reviews of AHCCCS-approved training and testing programs for direct care workers conducted by contracted providers, as requested by AHCCCS. YCLTC will notify the provider of the outcome of the review, will request needed corrective action plans (CAPs), and will deny the program if the program fails to correct deficiencies identified in the CAP.

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YCLTC supports the Self-Directed Attendant Care (SDAC) program and the use of family and spousal caregivers for members living in their homes as these programs expand the number of available paraprofessionals. Care Managers inform members and their representatives of the member's option to hire caregivers through the SDAC program or to ask their family member(s) to apply at an agency contracted with YCLTC in order to be hired as caregivers. Use of these options increases the number of caregivers available to provide care to YCLTC members, usually results in greater member satisfaction with provided care, and reduces the number of service gaps. Most family caregivers assume caregiver duties and responsibility only for their family member and would not otherwise be considered part of the caregiver work force. Most members are more comfortable with their family members and the family caregivers already understand the member's communication style, desired way of receiving care, and personal preferences. Care Managers support members' decisions, explaining the SDAC program and following up on referrals to contracted agencies. Provider Relations encourages providers to hire family caregivers and reminds providers that back-up requirements for family caregivers are the same as for other caregivers. YCLTC tracks the use of family caregivers through billing code modifiers for attendant care.

YCLTC continues to be actively involved in several community workgroups and organizations that address caregiver issues such as mature work force development, training, compensation and benefits, and caregiver stress. YCLTC partners with the Adult Community Center in the provision of support groups to caregivers working in the community. YCLTC is also involved in community groups that address issues that impact youth, our future caregivers, and mature workers. YCLTC supports efforts of local organizations that support the mature workforce or that introduce youth to employment in the health care field, such as the Joint Technical Educational District (JTED). YCLTC also notifies providers of networking groups that may support their employment efforts.

YCLTC recognizes the challenges service providers in a rural community face with limited available training opportunities and a smaller work force. Therefore, YCLTC continues to:

- Provide at least 12 hours of continuing education credits per year to assisted living facility staff and opens the trainings to contracted home care service providers.
- Offer training on members' behavioral health needs to provider staff at meetings and in facilities.
- Offer training on fall prevention to paraprofessionals working in homes, assisted living and nursing facilities.
- Provide relevant trainings to members and providers at quarterly Member Council Meetings.
- Offer trainings to ALF and SNF staff on how to interact with specific individuals
- Participate in community organizations that support caregiver activities, including caregiver support groups
- Discuss compensation and benefit incentives of caregivers with caregiver employers
- Support job fairs and other recruitment efforts

### **14. STRATEGIES TO PROVIDE MEMBERS IN-HOME SERVICES**

YCLTC places a priority on allowing members to reside or return to their own home versus having to reside in an ALF or SNF. To that end, YCLTC developed an HCBS network that includes provisions for the availability of services on a 7 day a week basis for extended hours, as dictated by member needs.

YCLTC's network has sufficient capacity to meet the needs of members living at home with an adequate number of transportation, adult day health care centers, and home care agencies to meet the current needs of home-based members. Services are available seven (7) days a week for extended hours. Durable medical equipment, disposable medical supplies, home delivered meals and home modifications are available through contracted providers.

YCLTC educates members about available in-home services at assessments, in the Member Handbook, at meetings and during individual interactions. YCLTC makes referrals to community groups for non-covered ALTCS services to assist the member in remaining in their home. YCLTC also discusses issues that may

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jeopardize a member's placement in the home with the member, providers and, as needed, other interested stakeholders. Issues are analyzed, interventions identified and implemented. Interventions may include the execution of a Managed Care Agreement with a member, caregiver training, working with the PCP to obtain needed orders, a home modification or additional medical or behavioral health services.

YCLTC tracks reasons for member admissions into an ALF from home, into a SNF from any setting to identify trends and issues and non-provision of services. YCLTC tracks and trends the information and intervenes as necessary to ensure members remain in their own home if that is their wish.

Through its providers, YCLTC is able to pay spouses and other family members as attendant caregivers and offers self-directed attendant care (SDAC), including training and fiscal services. Utilization of the SDAC service option, skilled services within SDAC, and family caregivers is tracked through attendant care modifiers. YCLTC also helps members who meet criteria transition from a nursing facility into their own home through the community transition program. Although not a component of covered services, members are provided information on housing, education and employment and care managers assist the members access these community services.

To address the expected shortage of home health nurses, YCLTC contacts new home health agencies and attempts to negotiate contracts with them. Recently, YCLTC met with a new home health agency in the Prescott area. Although the agency states they do not plan to work with any Medicaid plans, YCLTC explained ALTCS services and asked them to reconsider. Similar discussions in the past increased network capacity in Black Canyon City and the Prescott areas. YCLTC also works with physicians and clinics in outlying areas to provide nursing care as needed. YCLTC maintains an awareness of a potential shortage and has a process in place to identify independent nurses. To date, no unmet need has been identified.

Historically, obtaining home health orders has been problematic. Home health agencies are unable to accept home health orders from nurse practitioners; some PCPs delay completing necessary paperwork. To address the first barrier, YCLTC encourages NPs to foster relationships with physicians who could write the needed orders or to make referrals to physicians whose orders can be accepted by hospice, infusion and home health agencies. YCLTC works with PCPs to ensure continued service and with the home health agencies to creatively resolve the issue. One agency works with their medical director to obtain necessary orders.

YCLTC maintains a member-centered philosophy and Care Management focuses on enabling members to remain in or return to their own homes if that is their desire. Continued placement for a member in their own home is considered appropriate if the cost does not exceed 100% of the net cost of institutional care and the member needs can safely be met at home. When a member can no longer be served adequately in their own home, other options are evaluated. The Care Manager attempts to identify mutually agreed upon approaches to meet the member's needs and maintain the member in the most integrated setting. CM activities to maintain members safely at home are:

- Assessment to determine appropriate HCBS services, including respite and home modification
- Assessment of members' discharge potential for members placed in SNFs or ALFs
- Training to members living in a SNF or ALF to equip them to be more self-sufficient at home
- Service Unit worksheet for Critical Services
- Referral to Community Resources for non-covered services, including subsidized housing
- Member and family education
- Behavioral Health services to address member concerns, fears, anxiety
- Utilization of CES up to and including 100%
- Process to approve the CES if over 100% if needed
- Contingency/ Service Plan Development
- Assistance in accessing the self directed care service option
- Focus on placement in the home

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- Education to members and families on member's option to request a family member to be a caregiver through a contracted provider and referrals to home care agencies for family-caregivers
- Verification of receipt of in-home services at each assessment
- Discussion of member's medical needs and plan of care with UM/QM nurses and YCLTC Medical Director

### **Strategies to reduce the percentage of HCBS members in Alternative Residential Settings**

YCLTC strives to authorize placement of members in the most integrated setting. If the number of members placed in alternative residential settings increases to 20% or more of YCLTC enrollment, then YCLTC will look for organizational interventions. YCLTC already tracks and trends the circumstances leading to members' placement in ALFs from home and assesses each nursing home resident for potential for discharge. Additional interventions include:

- Assessment of network capacity for home-based services
- Recruitment of additional providers as necessary
- Member education on available formal and informal services
- Education to PCPs on the availability of in-home services
- Availability of HCB services 7 days a week for extended hours

YCLTC monitors the availability of HCB paraprofessionals through monitoring of on-call staff, review of the NPS and gap logs, review of the grievance log and routine monitoring of HCB providers. YCLTC solicits information about hours and days of service from potential providers during the competitive proposal process and awards contracts only to providers offering care 24/7. YCLTC negotiates contracts with more than an adequate number of providers to provide HCB and respite care services. YCLTC Care Managers ask members to evaluate their care at each assessment. Reports of non-delivery of service are addressed so that member needs are met at the time of the report and in the future. Providers who are unable to provide service as scheduled are asked to complete a verbal or written Corrective Action Plan. Issues are tracked, trended and addressed.

Despite the large number of contracts for home care and home health services, there continues to be a workforce shortage in Yavapai County's outlying areas, where it is hard to find qualified staff or where it is not cost effective for providers to send staff from the larger population centers. YCLTC will continue to address this issue by encouraging providers to recruit caregivers in remote areas, recognizing providers who employ caregivers living in remote parts of the county, supporting family attendant care and self-directed attendant care. YCLTC is prepared to discuss issues including reimbursement with providers in order to meet member needs. YCLTC will also continue to address the caregiver shortage on a community level by participating in community meetings and encouraging CNA training through the AAA program, the Margaret T. Morris Center and private agencies. YCLTC also assists with support groups for caregivers.

### **15. ACTION PLAN IF GREATER THAN 25% OF YCLTC MEMBERS RESIDE IN AN ALF**

YCLTC is not required to create an Action Plan as fewer than 25% of YCLTC members reside in an ALF. YCLTC monitors the ALF census on a weekly basis, tracks reasons for admission to and discharge from an ALF every quarter, and tracks ALF openings every day. This oversight is designed to ease ALF placement for members needing the service, to generate a greater understanding of service limitations and to monitor the number of members placed in ALFs. Approximately 12% to 15% of YCLTC members reside in ALFs at any one time.

### **16. ALFS WITH WAIVERS FROM THE SINGLE CHOICE OCCUPANCY REQUIREMENTS**

Margaret T. Morris, part of the Alzheimer's Pilot Program, has a waiver. The waiver was in place when the first YCLTC member was admitted on 2/7/2002. SLO Austin House obtained a waiver from AHCCCS in 12/2010. Please see Table E36.6 at end of Plan and before the Evaluation of the 2011 Plan.



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### **17. NON-MEDICAID SNFS UTILIZED BY YCLTC**

None. Please see Table E36.7 at end of Plan and before the Evaluation of the 2011 Plan.

### **18. LOSS OF MAJOR HEALTHCARE PROVIDER**

YCLTC is well-prepared to respond to a loss of a major healthcare provider as evidenced by our successful navigation through the process in the past, resulting in continued quality care provided to members. When NACOG removed funding from a Senior Center that provided home delivered meals to four different areas in Yavapai County, the Center closed and YCLTC members were at risk of not receiving meals. YCLTC negotiated alternate provision of services to members and members were unaware of the change. Similarly, YCLTC intervened when members in one SNF were at risk due to a loss of heat during the winter.

YCLTC works hard to prevent the loss of a major healthcare provider. YCLTC devotes sufficient personnel and resources to ensure an adequate network of major providers. YCLTC's network is diverse. The network for most service categories has numerous providers, some large, other small; some for-profit, others non-profit; some serve the State of Arizona, others just a small section of Yavapai County. All express commitment to quality service to members. YCLTC provides additional support to single-source providers. YCLTC monitors the licensure, adequacy, accessibility and availability of its network to ensure the need of the members are met during normal operations and in cases of facility closures. Through routine operations, YCLTC is able to identify potential facility closures or licensing issues and contacts the provider in efforts to resolve issues and avoid closure if appropriate. When a facility does close, every effort is made to locate a facility that most closely meets the medical/level of care needs and personal desires of the member including geographic location. If possible, a choice of locations is provided. Members' families and representatives play a key role in assisting members during the transition.

YCLTC has staff available 24 hours a day, seven days a week to work with AHCCCS, other State agencies and providers on urgent issue resolution including immediate jeopardy such as facility closures. The on-call YCLTC staff has access to the list of members who may be at risk, their health status and the services they require. The on-call staff has the authority to initiate transfers including transportation, new placements, new services and monitoring of new placements to ensure members receive covered services.

If the SNF or ALF closure was temporary, YCLTC staff assist members in returning to the facility if that is their choice. Assistance includes obtaining updated admission orders and Tuberculosis clearance from a qualified practitioner if necessary, packing their belongings and medications, relocating their durable medical equipment and disposable supplies (DME), medical records and financial accounts.

The actions taken by YCLTC when a facility closes or the contract is terminated for non-emergency and emergency situations are listed below.

#### **Loss of a Facility—With Notice/Non-Emergency**

YCLTC has contract provisions in place that require a facility to provide notice to YCLTC of closure or contract termination so that it is better able to facilitate organized transfer of residents to appropriate facilities. In the case of closure of a major provider with notice, the YCLTC Emergency Response Team (ERT) is activated and immediate steps are taken to begin the process to transfer members to new providers. Even though a termination with appropriate advance notice is not seen as a true "emergency", the procedure followed is essentially the same as if the facility required immediate closure. The team is comprised of the Agency Director, Medical Director, Provider Services Manager, Care Management Manager and Supervisors, Medical Services and Quality Management staff, Provider Relations Coordinators, Behavioral Health Coordinator, Member Services

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Coordinator and the Business Continuity Planning and Recovery Coordinator. Other staff, such as the physical therapist and care managers, may also be part of the team.

Once the team is activated, YCLTC's Business Continuity Planning and Recovery Coordinator reviews the *Healthcare/Loss of Major Provider Closure Check-Off List* and assigns the following tasks:

- Members are triaged by risk factors as follows, to determine who needs to be moved first and where:
  - High: at significant risk for negative incidents, i.e.: wt loss, pressure ulcers, currently unstable or fragile
  - Moderate: stable but recent issues
  - Low: stable, no recent issues
- ERT staff meets with facility administration to activate the plan for transfer of members.
- PRCs determine space availability in alternate facilities/locations, notify transportation providers to be available on transfer date(s), arrange for DME to be provided in new facilities. They ensure the relinquishing provider duplicates the members' records, completes needed member financial transactions including patient personal fund closures, and packs the members' personal belongings, DME and medications.
- Care Management staff (CM) discuss with members and their families/representatives the best alternate residence with emphasis on member's choice and level of care, finding the most integrated setting possible, based on the circumstances. They offer members a choice of locations if available, coordinate care with the member's PCP or physician of record, and arrange transportation and other member-specific services.
- YCLTC communicates with members, staff, providers and the community as needed. YCLTC's Director or designee sends letters to members/representatives informing of closure/contract termination and plan for transfer; sends a letter to the provider notifying them of the anticipated move date, contract termination date and dispute process. The Member Services Coordinator sends required BBA letters and the Care Management Manager sends NOA letters if needed.
- The Director or YCLTC Attorney notifies the AHCCCS Administration, County Board of Supervisors and if appropriate, the media of the pending closure or contract termination including: Name and location of facility, issue causing loss or closure and any outstanding issues, YCLTC transition plan for members including what steps have been and will be taken and any significant findings from the tracking and trending activities. Medical Services staff notifies AHCCCS CQM, Arizona Department of Health Services (ADHS), Ombudsman, Arizona Adult Protective Services (APS) or other agencies if necessary.
- The Behavioral Health Coordinator meets with members, family and representatives who indicate difficulty with the transition or request support. Administrative staff and Care Management identify and assign new PCPs as needed.
- Members are transitioned to the new service provider(s) according to triage information and input from member, member representative family, and providers. YCLTC assesses each member to ensure access to quality of care and identify issues.
- After the completion of member transfers, the ERT team meets to debrief and identify what went well and what did not. This self-monitoring process allows the member transition plan to be modified based on what went well and what did not.
- PRCs work with the relinquishing and receiving providers to resolve payment issues, and ensure adequacy of staff and provision of care.

### **Loss of a Facility—Without Notice/Emergency**

There may be times when it is crucial to relocate members as soon as possible. Contract provisions state that YCLTC may terminate a contract with a twenty-four (24) hour notice if it is determined that members are at risk or there is a quality of care issue which affects member health and/or safety. When it is determined that members must be moved as quickly as possible, the ERT is immediately activated. This can occur during regular business hours or after hours if necessary. The same procedures described above are followed, but the steps are completed more quickly and with the following adjustments:

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- In an emergency, the availability of bed space in an appropriate facility may be limited and members may not have an immediate choice of locations; however, every effort will be made to avoid multiple transfers.
- YCLTC has arrangements with a mobile x-ray unit provider to provide on-site chest x-rays if necessary in order to facilitate transfer into a new facility.
- The Agency Director may not have time to send a letter of explanation and notification to members and their families until after the transfers are completed, so communication with representatives and/or families may be initiated via telephone.
- CMs will meet with members on-site to discuss the need for immediate transfer, and to answer questions.
- YCLTC staff will assist members in packing belongings if the facility staff is unable.
- YCLTC staff may be used to prepare documents and copy charts for transfer if the facility staff is unable.
- YCLTC staff will remain on site to assist in the transfer and coordinate information between the sending and receiving facilities.

### **Additional Strategies**

YCLTC has some members who reside in facilities outside Yavapai County; other contractors may have a few members living in facilities in Yavapai County. YCLTC will coordinate efforts with other contractors and assist them to ensure access to care for members residing in Yavapai County in the loss of a facility without notice. Hopefully, other contractors will be available to assist YCLTC in a similar situation.

Finally, YCLTC is an advocate for training providers and staff about the importance of emergency preparedness. SNF and ALF providers receive training at provider meetings, through articles in the Provider Newsletter, and through individual meetings with Provider Relations Coordinators during contracting and monitoring.

## **19. SERVICES IN EVENT OF NATURAL DISASTER**

YCLTC is well –situated to respond to a natural disaster as evidenced by previous response to fires and flooding disasters and participation in community workgroups and exercises addressing pandemic and other disasters. YCLTC’s Business Continuity and Recovery Plan (BCRP) addresses natural disasters and has successfully proven to be comprehensive and practical. Some YCLTC staff have expertise in emergency triage and response; others have successfully implemented and then evaluated the BCRP.

During a natural disaster, YCLTC focuses on member care and supporting first responders. YCLTC’s processes for a natural disaster suspend prior authorization requirements if necessary and focus on member receipt of needed care. YCLTC’s processes also place YCLTC staff and providers in a secondary role, following the lead of first responders. YCLTC partners with providers to ensure care, including personal care, is available at alternate sites.

YCLTC works in conjunction with Yavapai County Department of Emergency Management (YCDEM) which is responsible for maintaining essential government functions in case of a disaster. YCDEM has a current list of at risk members and first responders use reverse 911. YCLTC has a Business Continuity and Recovery Plan that includes necessary processes for the safety of its employees and members. In the case of a natural disaster (earthquakes, fire or wildfires, floods, hurricanes, landslides, thunderstorms, tornadoes, winter storms, etc.), YCLTC’s Emergency Response Team (ERT) meets to assess the situation and form an action plan to best serve members. The ERT is created dynamically depending on the emergency. The ERT is made up of the Agency Director, Medical Director, Provider Services Manager, Care Management Manager and Supervisors, Medical Services and Quality Management staff, Provider Relations Coordinators (PRCs), Behavioral Health Coordinator (BHC), Member Services Coordinator and the Business Continuity Planning and Recovery Coordinator (BCC). All members of the ERT are notified of the disaster via email from the YCDEM. In the case that YCDEM does not notify YCLTC of the emergency, the employee that is first notified of the disaster becomes the Incident Commander and is responsible for notifying other ERT members of the incident until the chain of command can be re-established.

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Yavapai County has experienced fires, floods, thunderstorms, tornadoes and power outages caused by a natural disaster. In each case, the ERT has formed an action plan ensuring the safety of its employees and members. Employees that are out in the field are notified. Though YCLTC relies on first responders (law enforcement, fire departments, American Red Cross, etc.) to conduct actual evacuations, we help by calling home based at-risk members and reminding them what to do to get ready in case of evacuation. We also work with assisted living and skilled nursing providers when members need to be evacuated. Providers are required to maintain and test their own business continuity plans. However, we help in any way we can including transportation, finding other facilities, and obtaining doctor orders and TB tests as needed. In fact, we are contracted with a mobile TB testing provider. YCLTC staff (including after hours) may also be assigned to visit the provider and assist with member/family counseling and document duplication, etc. We use our “Healthcare Facility Closure” check-off list to ensure that all aspects of the situation are covered. Each emergency is logged and reported at the monthly management meetings for review. This helps us improve our plan.

YCLTC focuses on member safety during a natural disaster. Prior authorization requirements are suspended, even for non-contracted providers. All providers are instructed to focus on member safety, to provide services in good faith, and to submit claims for provided services. YCLTC modifies its adjudication process for services provided during a natural disaster, reviews each denial, and conducts retrospective reviews if needed. YCLTC assists providers to obtain needed AHCCCS provider registration numbers. After the natural disaster, YCLTC works with members and providers to return members to their preferred service locations, reinstates its prior authorization policies, and reviews its network. YCLTC notifies providers of the suspension of prior authorization requirements on the phone greeting and through the YCLTC website, if available.

Employees are trained during departmental orientation, and at least annually through e-mail or at general staff meetings. In fact, any employee can help train all staff by emailing pertinent emergency information. All employee trainings are logged. When the Business Continuity Plan has been updated, a copy is emailed to all staff and each is required to acknowledge that they have read it. Employees are also encouraged to look at the Federal Emergency Management Agency (FEMA) website for more information on specific disasters ([www.fema.gov](http://www.fema.gov)). Members receive emergency preparedness brochures in the new member packet. Member training is also provided at member council meetings and through the member newsletter. Providers receive business continuity requirements during the contracting process and training at provider meetings and through the provider newsletter.

### **20. IMPLEMENTED INTERVENTIONS TO REDUCE AVOIDABLE/PREVENTABLE ER UTILIZATION**

YCLTC proactively works to reduce avoidable ER utilization by meeting member’s non-emergent needs through network development, member and provider education regarding appropriate utilization of emergency room services including for behavioral health emergencies, and routine reviews of ER utilization. Some members who over utilize the ER feel they have unmet needs in spite of YCLTC’s well-developed network. It includes an adequate number of PCPs, pain specialists, urgent care centers, and behavioral health providers as well as providers of transportation services, home-based services and durable medical equipment. YCLTC encourages members to receive immunizations to keep them well and to avoid ER utilization. Members have the option of increasing their access to medications through the use of a mail-order pharmacy.

YCLTC expects that members will have a lower utilization of ER services when they are able to see their PCP and specialists in a timely manner, receive prescribed medications when needed, and are supported by HCBS and behavioral health services. YCLTC strives to contract with every qualified PCP, specialist and urgent care center in Yavapai County, asks PCPs to accept members rather than just assigning them, monitors appointment standards, contracts with a pharmacy benefit management company that is committed to prompt quality care and has a broad network of pharmacies. YCLTC has an adequate number of contracted home care and transportation and a very broad behavioral health provider network.

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Because a recent study showed that 12.5% of ED visits are for mental health issues and 41% result in an in-patient stay, 2.5 times the rate of in-patient stays for other conditions, YCLTC proactively focuses on meeting members' behavioral health needs. YCLTC identifies and offers behavioral health services to meet members' needs, provides training to providers on behavioral health issues, consistently reviews treatment plans, and recommends needed changes.

Care Managers discuss access to behavioral health services with members. Other YCLTC staff focus on educating providers, especially PCPs and caregivers, on how to assess the need for behavioral health services. PCPs and other providers are informed of the toolkit available on the AHCCCS website through provider newsletters, review of links on the YCLTC website, and individual training upon request. YCLTC offers training on identification of need to assess for behavioral health needs to providers who employ caregivers. Training is provided by YCLTC's Behavioral Health Coordinator in person or via PowerPoint. These interventions are expected to enable members to receive appropriate routine care and to use ER services only in emergencies.

YCLTC also educates members. All members are educated by the CM or via the Member Handbook on when to use emergency services and the availability of same day PCP appointments and after-hour services.

Inappropriate utilization of emergency services by members is identified by Medical Services Management during routine monthly and quarterly reviews of ER utilization. The test for appropriateness of use of emergency services is whether a prudent layperson, similarly situated, would have requested the service; a prudent layperson is someone who possesses an average knowledge of health and medicine.

Interventions are increasingly formal, but begin with the CM explaining options to individual members and increasing member's health literacy. YCLTC implements other interventions as needed, including but not limited to, verbal reminders, evaluation of service hours to determine sufficiency, one-to-one instruction, praise of members who try to reduce their ER use, involvement of the PCP, discussion of alternate plans at inter- and multi-disciplinary team meetings, managed care agreements between the CM and member, disease management interventions, and communication from the YCLTC Medical Director. The managed care agreement for members who appear to be drug-seeking may limit the number of authorized prescribers and pharmacies for the member. The Pharmacy Benefit Manager puts edits in place to enable member compliance with the agreement, and letters are sent to affected prescribers explaining the plan and rationale. Most YCLTC members use emergency services appropriately.

YCLTC is developing outcome measures related to emergency services related to behavioral health diagnoses. Emergency service utilization is reviewed and interventions are implemented as trends are identified. Interventions may focus on systemic changes or be member-specific. Interventions are then evaluated for effectiveness and modified as necessary.

In 2010, YCLTC implemented enhanced concurrent interventions involving QM, Disease Management, Medical Director, Physical Therapy, Behavioral Health Coordinator and Care Management to manage ED utilization. Multi-Disciplinary/Inter-Disciplinary Teams review member-specific utilization and provide intensive collaborative case management to ensure members receive appropriate care. Teams write managed care assignments and collaborate with members and providers. YCLTC also educates members on when to use the ED and how to manage their disease, supports health literacy, PCP interventions, availability of practitioners during normal and extended working hours, review of PCP assignment of members using the ED, and payment of non-emergency medical transportation.

YCLTC reviews ED utilization each quarter in general and by specific members. Reviews show that member's use of emergency room services declines after interventions.

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### **21. ASSIGNMENT OF MEMBERS WITH SPECIAL HEALTH CARE NEEDS TO SPECIALISTS AS PCP**

Most members are assigned to PCPs for their primary care needs. However, members enrolled in EPSDT are assigned to pediatric PCPs; members with a diagnosis of HIV/AIDS are assigned to PCPs specializing in infectious diseases, and some vent-dependent members are assigned to pulmonologists. Some specialists agree to be the PCP for established patients when they roll onto YCLTC. However, the request is provider- and not member-driven. Other specialists may be asked to act as a member's PCP when it is reasonable to expect the member would see the specialist at least bi-monthly. Surprisingly, obstetricians/gynecologists are not assigned as PCPs for YCLTC members. These specialists state they only want to act as specialists.

The decision of most specialists to decline the opportunity to act as PCPs for members with specialized needs is not a barrier to care for the members. The PCP coordinates needed care and, after the initial referral by the member's PCP to the specialist, the member is able to set appointments with the specialist as needed. The specialist is able to refer the member to the appropriate sub-specialist as part of treatment of the referred condition. The specialist is required to submit reports to the PCP to ensure continuity of care. Contracted specialists do not need to obtain prior authorization for consultations and most procedures. Non-contracted specialists must obtain prior authorization for all services rendered.

### **22. SIGNIFICANT BARRIERS TO EFFICIENT NETWORK DEPLOYMENT WITHIN YAVAPAI COUNTY AND AHCCCS SUPPORT**

Significant barriers to efficient network deployment within Yavapai County include:

- Small per capita number of PCPs, specialists and subspecialties in the GSA
- Provider perception of uncertain reimbursement by Medicare and Medicaid
- Provider perception of poor customer service and slow payment by AHCCCS plans
- Higher acuity of YCLTC members than general population
- Lack of centralized credentialing processes at the national or state level
- Provider perception of burdensome federal, state and county requirements
- Lack of electronic health information exchange network in northern Arizona
- Poor provider understanding of the penalties and incentives related to e-script and EHR initiatives
- Lack of incentives to attract practitioners who will provide years of service to residents of Yavapai County. Some contributing factors are
  - lack of a graduate medical educational institution in the area
  - pattern of physician relocation after completing a two-year commitment related to GME incentives
  - changing business models for health care providers
  - uncertain Arizona economy, resulting in reduced rates
- Population distribution, geographic barriers and economic conditions in a large rural county
- Limited accessibility in the more rural regions of the county
- County procurement policy hinders quick negotiation of contracts
- Provider perception of contradictory requirements by various program contractors and health plans
- Difficulty in collecting overdue share of cost amounts
- Poor communication between local providers and their corporate offices or billing companies
- Staff changes and poor staff longevity in provider offices
- Movement of professional providers, especially PCPs, from one practice to another and from one business model to another
- Inability of home health agencies, infusion providers and nursing facilities to accept orders from nurse practitioners even though writing the orders is within the nurse practitioners' scope of practice
- Discrepancies between acceptable Medicare units and modifiers and acceptable AHCCCS units and modifiers

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- Instability of Medicare Advantage- Special Needs Plans in Yavapai County. Most MAPS provide service to Yavapai County for only a year or two.
- Inaccurate coding of TPL information on 834 eligibility file, resulting in cumbersome identification of primary and third party payers.
- Size of providers- Small providers often experience the effects of economic pressures and changes in a more substantial manner than larger entities. There are numerous small providers in Yavapai County.

YCLTC appreciates AHCCCS' work on behalf of YCLTC, members, providers and the Medicaid program. AHCCCS can support YCLTC's efforts to improve its network and the quality of care delivered to members by promptly addressing identified concerns and clarifying expectations, by ensuring accuracy of the AHCCCS fee-for-service schedule on the website, by maintaining realistic expectations of YCLTC's efforts when other agencies and/or members are involved, and by ensuring adequate compensation within budget constraints for services, especially to rural providers. AHCCCS can also ensure its requests for information and reports are reasonable and not burdensome to the providers. The discrepancies between Medicare and AHCCCS units and modifiers hinder successful implementation of cross-over claims. The discrepancies result in manual overrides, corrections made to encounters to change the Medicare monthly rate to the AHCCCS daily rate, and slower claims processing. It would be especially beneficial if AHCCCS would accept Medicare units and modifiers and pattern the AHCCCS fee schedule after Medicare's.

It would be beneficial for AHCCCS to include "Contract Terms and Conditions" as part of the AHCCCS process to issue provider ID numbers, to complete basic credentialing activities even if only at time of initial registration, and to continue to communicate changes in covered services and other information affecting AHCCCS providers throughout Arizona. Provider shortages and administrative burdens are significant barriers to efficient network deployment; any interventions are appreciated. Support for provider education programs (like the NAHEC residency placements in Northern Arizona) is another area where AHCCCS may be able to provide some level of assistance. Support for improved accessibility within Yavapai County to information and technical assistance services through Arizona Health-E Connection's Regional Extension Center would be highly beneficial for local providers. Direct incentives to providers to adopt elements of the e-health initiatives, like e-scripts and electronic health records, would be useful to generate interest from providers in adopting new technologies into their practices.

Finally, YCLTC has two long-range interventions that would be valuable: 1) Transfer responsibility of collection of member's share of cost (SOC) to the state-level and implement member consequences for non-payment of SOC or IOT amounts. 2) Support legislative reform on the federal level that will allow home health agencies, infusion providers and nursing facilities to accept orders from nurse practitioners and continue to educate legislators on AHCCCS and Managed Care principles, mandated services and funding.

### **23. IMPLEMENTED INTERVENTIONS TO ADDRESS AND REDUCE NO-SHOW RATES, INCLUDING HOW INFORMATION IS COLLECTED**

YCLTC collects no-show information from dentists, PCPs and transportation providers. Dentists and PCPs are asked to report no-shows to YCLTC. Transportation providers are able to invoice YCLTC for no-shows if the ride was confirmed within 24 hours prior to pick-up and then was canceled without notice. More no shows occur in this category. Additional information is collected during contract negotiations, discussion with providers on billing issues as no-shows occur, review of non-provision of service and transportation logs, and correspondence with providers. PCPs reported less than five no shows in one year for YCLTC members and state no shows are not an issue.

Information about all no shows is tracked, trended and then reported to YCLTC management every month. Interventions are evaluated and discussed as YCLTC uses non-Medicaid funds to reimburse non-emergency transportation companies for documented no shows.

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Interventions include:

- Call by YCLTC to members using wheelchair or stretcher transportation on the morning of the scheduled ride to confirm member's intent to go to their appointment.
- Member education during conversations, letters as needed, managed care agreements, the member handbook and praise of member efforts to cancel rides if not needed.
- Provider education as needed and through the provider contract, provider manual, other provider contact.
- Payment to transportation companies using non-Medicaid funds for dry runs in limited circumstances.
- Monthly review of no-shows for transportation to identify reasons for no-shows and possible interventions.
- Implementation and evaluation of interventions if expected to decrease the number of no shows
- Required documentation by NEMT providers to confirm member's plan to use the ride prior to arriving for pick-up.
- Authorization of NEMT to enable members to travel to appointments.

### **24. PROCESSES USED TO ENSURE ACCESSIBILITY OF SERVICES**

YCLTC uses different processes to ensure accessibility of services. First and foremost are the preventative measures. YCLTC proactively educates providers on standards and expectations through new provider orientation, the provider manual, information on the YCLTC website, provider newsletters, practice guidelines, written and verbal communication, group meetings, and individual interactions. PRCs encourage open communication with staff and providers who respond by reporting possible events, changes and needs. PRCs assess the information and take action as needed.

YCLTC staff members address informal and formal complaints. Informal issues are addressed informally; formal issues formally. Formal resolution may involve investigation of a member grievance, provider complaint, quality of care concern, corrective action plan, or suspension or termination of the contract. Contrastingly, a phone call may resolve an informal issue. YCLTC conducts routine and ad hoc provider monitoring. Identified issues are discussed and resolved. Care Managers solicit feedback on service delivery during phone calls with members, during assessments and at meetings. Member grievance and provider communication logs are reviewed; identified issues are addressed. YCLTC conducts quarterly surveys to verify receipt of services. A random sample of received services is selected from claims data; any member report of non-receipt of paid services is investigated.

Suitable use of resources and services by members and providers results in member receipt of needed care from the appropriate provider. Underutilization of services can result in avoidable ER and hospital visits and higher use of specialists, labs and other ancillary services. Overutilization can unnecessarily burden the network. YCLTC addresses over- and under-utilization of services with members and providers as needed through structured processes such as managed care agreements and plans of care, letters and mindful conversations, education and praise of efforts.

#### **a. Accessibility in terms of timeliness, amount, duration and scope**

YCLTC works to ensure accessibility to members by giving preference to providers within Yavapai County and providing transportation to members who have no other means of getting to an appointment. YCLTC uses a modified mystery-shopping process to ensure that providers offer hours of operation that are no less than the hours of operation offered to community members. Because Yavapai County has a relatively small provider community, many staff and members receive services from the same providers. YCLTC compares staff's wait time with the members'; to date, there has not been any discrepancy. YCLTC seeks information about difficulties in accessibility at Member Council meetings, discussions with providers and complaints from YCLTC staff. Grievance logs are reviewed for accessibility issues for both the network and individual providers. Grievances are researched and addressed; providers are informed of performance issues and may be asked to complete a CAP.



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### **b. Prompt and reasonably accessible location and hours of operation**

YCLTC seeks information about location, capacity, and hours of operation during the RFP process for non-professional services and prior to executing contracts for professional services. YCLTC attempts to contract with several providers to ensure prompt and reasonably accessible locations and hours of operation are available to members when providers have limited capacity or hours of operation. YCLTC strives to contract with providers located throughout Yavapai County to allow members easy access to providers. PRCs contact providers to confirm changes in business operations. YCLTC intervenes with providers who want to implement different business practices for different payer groups. Common examples are working with PCPs who want to charge private pay patients a “boutique” or “annual administrative” fees. When YCLTC hears rumors of shortened hours of operation or change in location, PRCs confirm the provider’s hours of operation, notify staff of current availability, and address network issues. YCLTC’s current contract requires providers to notify YCLTC of any change in demographic information and to provider back-up coverage. If contact is lost, PRCs use certified, return requested mail to try to locate the provider. YCLTC addresses community issues through community involvement and discussions with hospital administrators and the director of Community Health Services. Improvements to the community provision of care will result in improved provision of care to YCLTC members.

### **c. Sufficient personnel for all covered services, including emergency care 24/7**

YCLTC ensures that sufficient personnel are available to provide all covered services through review of the grievance, quality of care, and provider communication logs. YCLTC reviews Hospital and ER records to ensure members require the higher level of care and that PCPs are not referring to hospitals or ERs inappropriately. Care Managers or other staff members discuss inappropriate use of the hospital or ER with members; YCLTC’s Medical Director facilitates discussions with PCPs. PRCs discuss capacity and staffing issues with providers during routine interactions, during monitoring visits and if issues arise. YCLTC supports direct workforce training at all levels and use of hospitalists. YCLTC contracts with NEMT providers who are available after hours.

## **CONCLUSION**

### **Improvements Included in the CYE 2012 Network Development and Management Plan**

Improvements include:

- Expanded description of YCLTC’s specialist network.
- Included description of how YCLTC responds to loss of a major healthcare provider.
- Included description of how YCLTC ensures YCLTC members receive needed services in the event of a natural disaster.
- Broadened network to include podiatrists, Medicare Advantage Plan interactions, Community Transition Services.

YCLTC’s Network Development and Management Plan CYE 2012 is expected to ensure quality, timely provision of all covered services to meet the needs of its members, including members with special health needs. YCLTC meets AHCCCS’ minimum requirements for all categories. YCLTC’s comprehensive, diverse network provides members access to needed services that is greater than or equal to the community norm. It provides for the same timeliness, amount, duration and scope of services to YCLTC members as to non-ALTCS patients in same service area. When the network is unable to provide medically necessary services as specified under the AHCCCS contract, YCLTC will ensure timely, adequate coverage through out-of-network providers until a network provider is contracted. YCLTC will coordinate authorization of services and address payment issues with non-contracted providers.

YCLTC will continue to employ competent Provider Relations Coordinators who advocate for providers. YCLTC will continue to be diligent in the development, maintenance and monitoring of its provider network and will continue to develop non-financial incentive programs to increase participation in the provider network. YCLTC’s network and interventions are expected to meet member needs.

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**NETWORK DEVELOPMENT AND MANAGEMENT REPORT**

PROGRAM CONTRACTOR Yavapai County Long Term Care DATE: March 15, 2011

Non-Medicare HHA	AHCCCS ID#	Type of Services Provide	Geographic Area Served
NONE			

Table E36.5

*List of Assisted Living Facilities for which the Contractor has already obtained a waiver from the Single Choice Occupancy requirement.*

Assisted Living Center	AHCCCS ID#	City / Area Served	Exception Period
1. Margaret T Morris	059451	Prescott, AZ	Initiation of Alzheimer Pilot Program to current
2. SLO Austin House	580662	Cottonwood, AZ	November 30, 2010 to current

Table E36.6

*List of nursing facilities that have withdrawn from the Medicaid Program but are still being utilized by YCLTC*

Nursing Facility	AHCCCS ID#	City / Area Served	Number of YCLTC residents
None			

Table E36.7

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### **EVALUATION OF YCLTC's CYE 2011 NETWORK PLAN**

The purpose of Yavapai County Long Term Care's (YCLTC) Network Development and Management Plan 2011 was to ensure the adequacy and sufficiency of the network in meeting the needs of its ALTCS population. The plan is evaluated each year to identify accomplishments and areas of needed improvement. It is then modified to reinforce its strengths and address areas of needed improvement.

YCLTC is in the process of completing its 2011 Network Development and Management Plan as written and is finding it effective in meeting the needs of its members. YCLTC's Plan was found to be sufficient in the provision of timely and accessible covered services to ALTCS members. Member needs dictated the amount and schedule of Home and Community Based Services (HCBS); services were provided 7 days a week, at extended hours. Members were able to access the network with the same ease and timeliness as community members and received the same amount and duration of services as non-ALTCS patients. When the network was unable to provide medically necessary services, YCLTC ensured timely, adequate coverage through out of network providers. YCLTC's provider relations coordinators worked closely with providers and advocated on their behalf.

Yavapai County Long Term Care's (YCLTC) Network Development Plan CYE 2011 had 23 sections: Evaluation of the Plan; Current Status of Network by Service Type; Current Network Gaps and the Methodology Used to Identify Them; Immediate Short-Term Interventions When a Gap Occurs Including Expedited or Temporary Credentialing; Interventions to Fill Network Gaps and Barriers to Those Interventions; Outcome Measures/Evaluation of Interventions; Ongoing Activities for Network Development Based on Identified Gaps and Future Needs Projection; Coordination Between Internal Departments; Coordination with Outside Organizations Including Member/Provider Council Activities; Network Design by GSA for the General Population, Including Details regarding Special Populations; Geographic Access to Tertiary Hospital Services; Methodologies to Collect and Analyze Member, Provider, Staff Feedback about Network Designs and Performance; List of Non-Medicare Certified Home Health Agencies; Strategies for Work Force Development; Strategies to Provide Members In-Home Services; Action Plan if Greater Than 25% of YCLTC Members Reside in an ALF; List of ALFs with Waivers from the Single Choice Occupancy Requirements; List of Non-Medicaid SNFs Utilized by YCLTC; Implemented Interventions to Reduce Avoidable/Preventable ER Utilization; Assignment of Members with Special Health Care Needs to Specialists as PCP; Significant Barriers to Efficient Network Deployment within Yavapai County and AHCCCS Support; Implemented Interventions to Address and Reduce No-Show Rates, including how information is collected; Processes Used to Ensure Accessibility of Services. The following discussion highlights progress and accomplishments in the 2011 Plan.

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### **NETWORK ANALYSIS PROCESS**

YCLTC utilized a comprehensive process to analyze its network. It began by ensuring AHCCCS' minimum network standards were met. The Program Development Coordinator reviewed Quality of Care Reports, Grievance Logs, Initiation of Services Audit Reports, Quarterly Care Management Audit Reports, Out-of-Network Provider Reports, Compliance Committee Meeting Minutes, Limited English Proficiency Logs, and Service Gap Logs to identify strengths and weaknesses of the network. Four Provider Relations Coordinators (PRCs) monitored providers for contractual compliance, facilitated mystery shopping using experiences of YCLTC staff, monitored sufficiency of the network for PCP assignments, and discussed issues with providers and other YCLTC staff. Care Managers (CMs) encouraged members to notify them of care issues. Quality Management (QM) nurses investigated potential quality of care concerns, and Administrative and QM staff reviewed reasons for PCP changes. The Medical Director; CMs, Medical Services Department (MSD), Administrative Staff, Member Services; and PRCs identified potential gaps in the network. Participants in the quarterly Quality Management and Performance Improvement (QMPI) meetings included YCLTC's Medical

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Director, community members, contracted providers and other staff. The participants analyzed YCLTC activities, including network development and recommended improvements.

YCLTC involved members in network analysis through member grievances, Member/Provider Council meetings, and conversations with and member assessments by the CMs. Providers were involved through the Member Council, provider newsletter, provider meetings, provider orientation and training, provider monitoring, and daily interactions with YCLTC. YCLTC involved staff in network analysis at monthly Compliance Meetings, monthly Management Meetings, inter-and multi-disciplinary meetings as held, Care Management meetings and ad hoc meetings. PRCs analyzed the network as services or use of a non-contracted provider were requested, as community trends were identified, as member trends were identified, and at routine unit meetings.

The Program Development Unit maintained open communication with members, staff, providers and community participants. YCLTC Nurses and CMs communicated regularly with PRCs, informing them of members with higher acuity or unusual needs and of members moving to remote areas of the County. The Unit proactively sought to contract with every qualified PCP and specialist in Yavapai County. The Unit sought to creatively meet service needs by asking current providers to expand their patient base or service type and offering assistance with denied claims, evaluating requests for increased compensation or capitation, and educating providers on YCLTC's program and commitment to pay timely claims.

YCLTC built upon its strengths to address network deficiencies. PRCs utilized their good relationships with providers and involved them in problem resolution, process improvement projects and community-building efforts. They identified new providers through newspaper ads, yellow page entries, available state licensing databases, the CATS system, referral by a member or provider, and reports by staff. They contacted potential professional providers to begin the contract negotiation process. If a need for a non-professional service or good was identified, PRCs determined if an RFP had to be released. When in doubt, they solicited legal advice from the Yavapai County Attorney's office.

One of YCLTC's strengths was its relationships with providers. Good relationships with providers began during community interactions and continued throughout the contract and credentialing processes. PRCs offered assistance and educated providers on how to file claims and how the system works. Relationships were reinforced during provider orientations, meetings, monitoring visits, and interactions. They were solidified as PRCs promptly and effectively addressed issues.

### ***EVALUATION OF YCLTC'S 2011 PLAN***

YCLTC's Network Development and Management Plan for 2011 was designed to ensure an adequate and sufficient provider network that could meet the needs of its current and projected ALTCS population. YCLTC found the Plan to be effective in meeting most needs of members. The Plan addressed community gaps through use of providers outside Yavapai County. The Plan was effective for members able to travel to Flagstaff or Phoenix. The Plan addressed the provision of critical services from home and community based providers and was found to be effective for Home and Community Based Services (HCBS) members as evidenced by provision of 99.99% of authorized critical services.

Execution of YCLTC's 2011 Plan resulted in a higher number of PCPs and specialists than in the previous year and an expanded behavioral health network. YCLTC added two behavioral health clinics, a behavioral health group practice, a behavioral health community service agency and a psychiatrist to the network.

YCLTC's Plan was found to be sufficient in the provision of timely and accessible covered services to ALTCS members, including HCBS and behavioral health services. Member needs dictated the amount and schedule of HCB services that were available 7 days a week, at extended hours. Members were able to access the network with the same ease and timeliness as community members and received the same amount and duration of quality services as non-ALTCS patients.

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When it was unable to provide medically necessary acute or long term care services, YCLTC ensured timely, adequate coverage through out-of-network providers. YCLTC also coordinated authorizations and addressed payment issues with non-contracted providers. Each Explanation of Payment (EOP) described the claim dispute process and YCLTC's provider relations coordinators worked closely with providers and advocated on their behalf.

In previous years, it was difficult to meet the requirement for the minimum number of contracted, in-county assisted living facilities (ALFs) despite significant allocation of resources. In 2011, YCLTC again exceeded the requirement and maintained over 20 contracts for in-county ALFs. .

The following discussion highlights current progress and accomplishments in the 2011 Plan.

### ***Highlights of Progress and Accomplishments in CYE 2011***

To address the expected shortage of practitioners, YCLTC continued its support of the relocation of new providers to Yavapai County, was willing to contract with newly licensed PCPs who opened new or joined existing practices in Yavapai County and discussed community needs and trends with providers. YCLTC continued its recruitment efforts to office management companies and practitioners in Phoenix, Flagstaff, Kingman and Payson, participated in community efforts to address local and state-wide issues related to health care, evaluated YCLTC's authorization processes, and modified contracts to accommodate differing business models. YCLTC partnered with contracted hospitals as they added PCPs and specialists to their network or contract.

YCLTC addressed provider issues, including compensation and referral processes, and encouraged payment via Electronic Funds Transfer (EFT) to expedite provider payment. YCLTC apprised providers of the impact of the state and county budgets on health care, informed them of AHCCCS Benefit Changes for Adults, and educated them on electronic connectivity.

YCLTC staff routinely met to discuss member needs, network capacity, and requests for services. YCLTC participated in community and state-wide efforts to address local and systemic health care issues. YCLTC also met with members of the community and providers to discuss member needs and perspectives.

### ***Current Status of the Network by Service Types***

- YCLTC experienced some network changes to date in CYE 11. Twenty providers, including 16 PCPs and specialists, were added to the network.
- Other providers expanded their services. One contracted nursing facility added a new acute care unit and another expanded services for members with high respiratory services. An infusion provider added skilled nursing to its profile.
- In CYE 2011, YCLTC secured a contract with a podiatrist, removing the previous network gap.
- YCLTC's network of contracted PCPs continues to be stronger than several years ago due to greater stability in provider location.
- One contracted ALF developed units for members with wandering and problematic behaviors, enabling members enhanced choice to safely transition from a nursing facility to a more home-like setting.
- YCLTC expected the number of in-network allied professionals and dentists would decrease in CYE 2011 due to low utilization; this expectation was not realized.
- Partnership with a Medicare Advantage Plan (MAP) would enhance service to members and YCLTC's network. YCLTC has begun discussions with on MAP and will reach out to other MAPS as needed. YCLTC's 2011 Plan effectively met member needs.

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### **Current Network Gaps**

The CYE 2011 Plan addressed network and community gaps. Some services were not available in parts of the county; others were limited. Some services with limited availability within the county were provided by providers who traveled from other counties; others were provided by specialists in Coconino, Maricopa and Gila counties. The following list highlights some community gaps resulting in in-county network gaps.

- YCLTC has been unable to contract with local ear-nose-and-throat specialists, who state they do not have enough capacity to accept YCLTC members who are not already established patients or who need routine appointments. This community gap results in a network gap. YCLTC is contracted with providers in other counties who can serve YCLTC members.
- YCLTC has been unable to contract with the only gastroenterologists in the Prescott area. This community gap results in a network gap. YCLTC is contracted with gastroenterologists in other parts of Yavapai County and in other counties who can serve YCLTC members.
- YCLTC has not been able to contract with dermatologists in the Prescott area. They state they do not have enough capacity to accept YCLTC members. This community gap results in a network gap. YCLTC is contracted with dermatologists in other counties and other parts of Yavapai County who can serve members.
- YCLTC is contracted with in-county neurologists. However, their practices are closed due to lack of capacity. YCLTC is contracted with neurologists in other counties who can serve members.
- The gaps listed above are reflective of community gaps. That is, the gaps exist because there are gaps in the professional health care community in Yavapai County. Trends continue from last year: providers state practices are too full and place limits on their practices. Some close their practice to new patients; others to Medicare and Medicaid payer sources. Some practitioners close their practices to become employees of larger organizations such as the hospital or VA. Others relocate without advance notice to YCLTC. Newly recruited practitioners choose to close their practice and relocate after a short time in practice. PCPs who are able to provide services due to a J-1 visa waiver normally leave the area after fulfilling their two-year commitment.
- The current network includes contracted providers in Phoenix, Flagstaff, and other parts of Arizona. It is adequate for the provision of services to members who are able to travel to contracted providers in Phoenix or Flagstaff. YCLTC approves use of non-contracted specialists for members who are unable to travel a long distance.

YCLTC's methodologies to identify gaps to date in CYE 11 were effective to identify network gaps. Network adequacy was implied whenever member needs were discussed at Inter- and Multi-Disciplinary Team Meetings. Each month managers and care managers reviewed the network; every quarter members reviewed the network at Member Council. Members identified network deficiencies and adequacies during conversations with CMs as needs were identified and during routine assessments.

### **Interventions**

- YCLTC PRCs listened to providers, attempted to understand their perspective and advocated for them. One provider requested monthly capitation rather than fee for service payments. YCLTC carefully evaluated the request, service utilization, and member needs; and met with the Provider, Director, Business Office Manager, Provider Relations Coordinator, Care Management Manager and Program Development Coordinator before making a decision.
- YCLTC met with the home care providers with one of Yavapai County's Supervisors and Deputy County Attorney to discuss questions about changes in reimbursement and YCLTC's protocols for authorization.
- YCLTC offered to limit the number of referrals per month so that specialists with limited capacity would consider contracting with YCLTC.
- YCLTC discusses and evaluates changes in compensation, prior authorization processes and claims processing upon Provider request and when PR Staff notice a trend or issue.

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- YCLTC reviewed on-line networks of health plans and other insurance carriers serving Yavapai County to identify potential providers.
- Throughout the year, YCLTC communicated information about rates and State budgetary challenges to providers in person, at provider meetings and through provider newsletter; and addressed their concerns. Providers expressed appreciation of the knowledge.
- YCLTC negotiated contracts with providers located in communities adjacent to Yavapai County, increasing network capacity and accessibility to members residing in remote sections of the county.
- YCLTC addressed claims submissions, HIPAA guidelines, business continuity plans, fraud, prior-authorization process and cultural competence in provider newsletters.
- YCLTC contacted new PCP offices and existing specialists in efforts to negotiate contracts. YCLTC also worked with local hospitals to add practitioners to existing contracts.
- The lack of specialists within Yavapai County is a significant barrier to members. To overcome this barrier, YCLTC contracted with several practitioners who provide professional in-home services, continues to negotiate contracts with specialists in neighboring counties, and authorizes the use of non-contracted specialists.
- YCLTC negotiated contracts with Maricopa-, Mohave-, and Coconino-based specialists to provide services in Yavapai County on a scheduled basis.
- YCLTC was available to contract with physicians who were able to locate to Yavapai County, due in part to YCLTC's support of the waiver of J-1 visas. YCLTC did not receive any requests to support the waiver of J-1 visas in CYE 2011.
- YCLTC discussed and addressed barriers to contracting with providers reluctant to join the YCLTC network. YCLTC implemented various levels of interventions to address short and long term needs. YCLTC collaborated with providers, provided group and individual training to providers, made referrals to providers with additional capacity for services, executed additional contracts, and terminated contracts in an effort to address network needs. Providers express appreciation of trainings and customer service.
- YCLTC addressed provider issues at the lowest level possible, progressively becoming more formal and strict when compliance with expectations was not forthcoming.
- YCLTC contacted providers via phone, fax, mail, e-mail, and in person to prevent or fill network gaps.
- YCLTC continued to pay clean claims within 30 days and to focus on prompt responses to provider issues.

### ***Barriers***

- To address barriers to interventions, YCLTC evaluated the possibility of paying capitated rates to PCP groups, communicated barriers to AHCCCS, contracted with out-of-county providers and supported providers in their expansion of service delivery, discussed barriers with staff at all levels of the organization, reviewed prior authorization processes and continued to refine the credentialing process. Interventions will continue.
- Poor communication from providers is a systemic barrier. Interfacing with several levels of an organization or delegated entities can be complex and slow. YCLTC found that we often had a better understanding of a provider's processes and issues than the provider because we communicate with all levels. Often, contracts are held up in providers' legal departments, even if no changes to the document have been made. Frequently, providers leave a practice without notification to YCLTC and then show up in a different practice or town.
- The credentialing process, although important, is burdensome to providers because they must complete the credentialing process for each payer source.
- Yavapai County mandates providers to name the County as an additional insured on their general liability insurance policy. Providers question this process and at times, refuse to add the county to their policy, resulting in the loss of the contract.
- Providers who travel from other GSAs to Yavapai County to provide service rely on nursing and assisted living facilities to provide space and limited staff support. The facilities are not always able to offer the requested level of assistance. YCLTC facilitates conversations between the providers if needed.

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### ***Outcome Measures***

- YCLTC surveyed providers about issues and delivery of YCLTC's customer service during on-site monitoring visits, at provider meetings and at Member/Provider Council meetings.
- YCLTC successfully negotiated contracts for services. However, some specialists refuse to contract stating they do not have capacity for additional patients. This is in spite of concerted efforts by YCLTC staff.
- Providers of critical services provided 99.9% of services as authorized.
- Member grievances indicate that providers are responsive to complaints.
- Member grievances indicate that the number of providers is sufficient.
- Comments at Member/Provider Council indicate member satisfaction with providers and YCLTC.
- Review of the Provider Communication Log confirms that YCLTC's provider network is sufficient in type and diversity to meet member needs.

### ***Ongoing Activities***

- YCLTC monitored the quality of provided services and wrote letters, held meetings, and provided training in efforts to maintain contracts and improve the quality of delivered services.
- YCLTC monitored the provision of services and intervened when the potential for fraud was identified by informing providers of questionable practices, making referrals to AHCCCS' Office of Inspector General, conducting comprehensive review of documentation, and asking providers to conduct self-audits.
- YCLTC maintained and preserved existing contracts through prompt service to providers, assistance with billing issues and resolution of provider concerns. Interventions were effective as evidenced by the sufficient number of contracted providers.
- YCLTC provided training to providers on current topics, such as electronic connectivity, fraud and abuse, fall prevention, claim disputes, electronic billing, electronic fund transfers, the status of the health care community, and contract requirements.
- The Compliance Committee met monthly to address potentially fraudulent and abusive behaviors.
- YCLTC discussed the sufficiency of the network at monthly management meetings, Compliance Committee meetings, at routine provider relations meeting, and at Care Management and other unit meetings as needed.
- Health care leaders from the hospital and community health center collaborated on recruitment efforts to address community needs; YCLTC supported recruiting efforts to staff underserved areas, and both hospitals added primary care providers to its agency.
- YCLTC's continuing commitment to participate in the community of health care and to adapt our systems to more effectively partner with providers motivates us to continue to engage in this broader dialogue about health care in Yavapai County and the state of Arizona.
- YCLTC assessed membership growth and needs at least once a month to ascertain the need for additional providers to meet general network or member-specific needs. The number of members remained around 990 to date in CYE 2011.

### ***Coordination between Internal Units***

- Representatives from each unit attend monthly Management and Compliance Meetings. Network issues are formally addressed at Management Meetings and can be addressed at Compliance Meetings.
- When inter- and multi-disciplinary meetings are held to discuss member-specific issues, network needs are considered and forwarded to PRCs if needed.
- PRCs attend monthly CM meetings to discuss network needs and issues.
- YCLTC staff report network needs and issues to PRCs as they arise.
- PRCs solicit comments about providers from CMs.
- QM and UM staff discuss contract requirements and network issues with PRCs, the Director and management as needed.



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- Representatives from each unit are asked to review the RFP packet before release, provider proposals to RFPs, web-page content, requests to contract, the provider newsletter and the provider manual.
- Medical Director, YCLTC Director, QM, CM, and PRCs attend Credentialing Committee Meetings.
- All contracts are signed by the YCLTC Director.
- Rate negotiations are discussed by the YCLTC Director, Business Office Manager, Program Development Coordinator and PRCs.

### ***Coordination between Outside Organizations Including Member/Provider Council***

- YCLTC forwarded notices about educational opportunities, including e-health, to providers.
- YCLTC solicited recommendations for and comments about the network from members, community members, advocates and providers at quarterly Member/Provider Council Meetings. Recommendations were explored or efforts were explained to members. Each idea was evaluated and implemented if practical.
- YCLTC solicited recommendations for and comments about the network from providers at Provider Meetings, during monitoring visits, and during interactions with others. Each idea was evaluated and implemented if practical.
- YCLTC solicited recommendations for and comments about the network from providers at QMPI. Each idea was evaluated and implemented if practical.
- YCLTC participated in numerous community groups and forums in order to be actively involved in the communities in which we serve, to identify new providers, to discuss community concerns that affect the provision of quality care, to remain current on national programs, to identify demographic trends and to identify possible improvements to YCLTC's program.
- YCLTC Director provided information to State Representatives and others upon request.
- YCLTC organized and facilitated training on documentation given by the Arizona Association of Physical Therapists.
- YCLTC invited ALTCS staff to discuss eligibility criteria with home care providers.
- YCLTC organized and facilitated a meeting with home care providers and Yavapai County Supervisor.
- YCLTC met with individual and groups of providers to discuss YCLTC protocols and network needs.

### ***Network Development for General and Specialty Populations***

- YCLTC, including the Medical Director, met on a routine basis to discuss the needs of members with complex issues.
- YCLTC evaluated a proposal for a wandering/dementia unit at a contracted assisted living center. A contract was successfully negotiated.
- The network for EPSDT continues to be more than sufficient to meet EPSDT needs for PCPs and specialists. Services provided by sub-specialists continue to be provided in Phoenix through Phoenix Children's Medical Group or District Medical Group.
- Non-contracted providers are utilized when the network cannot meet a specific member's needs.

### ***Geographic Access to Tertiary Hospital Services***

- YCLTC members have the same access to these services as the general population of Yavapai County.

### ***Methodologies to Collect and Analyze Feedback***

- YCLTC analyzed provider inquiries and did not identify any performance issues or network needs.
- YCLTC solicited feedback from members, member advocates, providers and staff; and addressed concerns.
- YCLTC reviewed hospitalization and ER logs to identify over-utilization issues and inappropriate discharges. Issues were referred to QM for investigation or to the Medical Director for intervention.

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### ***Strategies for Work Force Development***

- YCLTC offered at least 12 hours of continuing education credits to assisted living staff, provided other caregiver training upon request and coordinated training efforts for caregivers.
- YCLTC participated in community groups that focused on community caregiver support and training. To date, no other group has been identified.
- YCLTC offered training to nursing facility, assisted living facility and home care staff.
- YCLTC participated in community organizations that provide training to current and future caregivers.
- YCLTC facilitated support groups for community and in-home caregivers.

### ***Strategies to Provide Members In-Home Services***

- YCLTC continued a self-directed attendant care program, increasing the number of available caregivers for YCLTC members.
- YCLTC made referrals to home care agencies for members who requested a family member provide their care.
- YCLTC assessed each member living in a facility for discharge potential and transitioned members to a lower level of care, as appropriate.
- YCLTC tracked reasons for entering an ALF from home or a SNF from any setting, and did not identify any issues.
- YCLTC verified receipt of HCB services at each assessment.
- YCLTC tracked non-provision of services and intervened when member service preference levels were not met and when members were not offered a replacement within two hours.

### ***Implemented Interventions to Reduce Avoidable/Preventable ER Utilization***

- Based on the monthly review of the ER database, the number of members with numerous ER visits per month has declined, indicating that planned interventions were successful. An annual review based on claims data for 2010 cannot be completed until July 2011.

### ***No Shows***

- YCLTC surveyed dentists and PCPs about no shows. Providers did not report any trends and were advised to let us know of individual cancellations. Few no shows were reported and no trends were identified.
- YCLTC uses non-Medicaid funds to pay non-emergent transportation providers for member-caused no shows. Data is reviewed monthly and issues addressed as appropriate. Most cancellations are because either the member does not feel well enough to travel at time of pick up or the member had just been hospitalized.

### **Needed Improvements to the CYE 2011 Network Development and Management Plan**

- The CYE 2012 Plan needs to describe how YCLTC will handle the loss of a major healthcare provider.
- The CYE 2012 Plan needs to describe YCLTC's methods to ensure ALTCS members receive needed services in the event of a natural disaster.
- The CYE 2012 Plan needs to include Member Council activities.
- The CYE 2012 Plan needs to expand services to include community transition.
- The CYE 2012 Plan needs to address YCLTC's plan to establish a relationship with a Medicare Advantage Plan.

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As an incumbent Contractor that is currently serving this GSA, YCLTC is exempt from this requirement.

## **E. PROVIDER NETWORK – PROVIDER NETWORK SUBMISSIONS Q.38**

Developing strong partnerships with providers has been core to the successful operation of YCLTC. YCLTC works to maintain professional relationships and frequent communication with providers. This partnership is crucial to ensure consistency of service delivery and accessibility to services for YCLTC members.

The Provider Relations staff is the primary point of contact for network providers. One Credentialing Specialist, the Provider Services Manager, the Director and Medical Director support YCLTC's four Provider Relations Coordinators (PRC). One PRC serves as the Provider Claims Educator. All PRCs carry primary responsibility for keeping providers informed about program standards, contract requirements and changes or updates, legal and regulatory changes, changes in policies and procedures, exclusions from the network, contract terminations and resolution of provider issues. As such, they must remain current on standards and changes in laws, regulations and contract requirements. YCLTC administers an effective training program for new PRCs and has excellent internal communication processes. Management promptly forwards needed information to staff, discusses it in meetings, implements plans for dissemination, and then monitors to ensure effectiveness of the plan. Plans are modified as needed. PRCs are involved in discussions about implementation of the AHCCCS program and benefit changes, write work statements that reflect current program standards, laws and regulations, attend webinars on electronic health, Accountable Care Organizations and other health-related topics. They are expected to become proficient in information contained in the AHCCCS website, ACOM and AMPM as well as in pertinent Arizona Revised Statutes and Arizona Administrative Codes.

PRCs communicate with providers effectively and efficiently through phone calls, e-mails, faxed communications, meetings, letters and newsletters. They are normally available to meet with providers who "drop in". PRCs try to accommodate provider schedules and use the provider's preferred mode of communication for informal issues. For time-critical notifications such as changes in laws, regulations and contracts, PRCs use the latest technology to notify providers, including mass fax, e-mail, and YCLTC's website. YCLTC's preferred mode of communication for formal notification of issues and changes applicable to the general network is email. YCLTC maintains a database with provider contact information, including email addresses. Critical information and changes are repeated in conversations, in quarterly newsletters, during meetings and on YCLTC's website.

**Program Standards** YCLTC routinely communicates program standards. Program standards are discussed during initial contacts with prospective providers, during contract negotiations, at new provider orientation, in provider trainings, and during contract monitoring. Written information about standards is available in the YCLTC Provider Manual, the YCLTC website, references to AHCCCS website information, letters, and newsletters.

**Changes in Laws and Regulations, Subcontract Requirements, and Policies and Procedures** YCLTC communicates changes in laws and regulations, subcontract requirements, and policies and procedures initially via written or electronic communication to affected providers. YCLTC's policy is to give at least 30 days notice of any material change and to notify providers as expeditiously as possible. In addition, YCLTC uses facsimile communications and newsletters. When rapid dissemination of this information is needed, PRCs contact providers via telephone calls and follow-up with written or electronic notification. The written and electronic notifications are formal records that allow providers to have a clear understanding of the information and document that the information was provided.

**Contract Terminations** Notifications of contract termination are sent via certified mail or hand-delivered. Terminations without cause are issued at least 90 days prior to the termination date. Contract terminations with cause require a 24-hour notice. YCLTC may suspend, modify, terminate contracts, or take other appropriate action in regards to the subcontract immediately upon written notice to the Provider in the event of default of contractual obligations.

**Exclusions from the Network** YCLTC provides written notification to providers of the reason for declining any written request for inclusion in the YCLTC network.

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PRCs also communicate standards, regulations, laws, contract requirements and other information throughout interactions with providers. Specifics regarding YCLTC communication modes are explained below:

**Pre-Contract Interactions** PRCs present contract options and educate potential providers about YCLTC, its philosophy, and program standards. A personal meeting and on-site visit is conducted to collect needed information, answer the providers' questions and assist providers with the credentialing process. Contracts for non-professional service categories are obtained through a competitive process. When a Request for Proposal (RFP) is released, prospective offerors are invited to attend meetings conducted by PRCs who explain the RFP process, YCLTC's program, the program standards, pertinent laws, regulations and contractual requirements. Pre-contract site visits and readiness reviews are completed and information is disseminated.

**New Provider Orientation** Providers new to YCLTC receive a personal, on-site orientation from PRCs. Orientation includes a review of YCLTC and AHCCCS philosophy, program standards, legal, regulatory and contract requirements, service expectations, claims and authorization processes, dispute processes, fraud and abuse prevention and reporting, quality of care issues, contract requirements, and a review of Provider Manual and YCLTC website.

**Provider Training** PRCs monitor provider satisfaction through review of the Provider Communications Database, phone conversations and other modes of communication and offer repeated orientation. The refresher session is common when key staff in contracted agencies change. Currently, YCLTC offers provider training in timely provision of critical services, behavioral interventions, documentation, member rights, grievance and appeals, cultural awareness, and fraud and abuse prevention.

When identified as necessary or when requested, YCLTC staff conducts on-site training with providers. PRCs provide information on YCLTC organization and staff responsibilities, electronic connectivity, billing and claims procedures, payment reports, contract compliance, prior authorization procedures, informal resolution, claim dispute and state fair hearing processes, and others. Assisted Living Facilities Unit staff train on ADHS rules and regulations. The Behavioral Health Coordinator offers training on identifying the need for behavioral health (BH) services, how to access BH services, and integration of care to meet physical and behavioral needs. She is available to address most integrated settings, behavior-related conditions, and interventions to use with members who exhibit challenging behaviors. Other staff is available to train on fraud and abuse, cultural awareness, electronic billing, fall prevention, and other health matters and contractual requirements. YCLTC is committed to be an important resource for providers and to develop other training modules as needed.

**Provider Meetings** YCLTC strives to facilitate provider meetings with a frequency and agenda that meet provider needs. Most quarterly meetings are designed for HCB service, ALF, and SNF providers. Meetings for PCP and specialist office staff are conducted at lunchtime once or twice a year. Occasionally, general provider meetings that address common issues are held in both the Prescott and Verde Valley areas. YCLTC and the Yavapai County Board of Supervisors have also met with providers to address various issues.

Provider Meetings are designed to meet training needs of providers. Agendas include providers' suggested topics, contract and regulatory issues, and other topics of interest. The meetings provide a forum to discuss problems and solutions to the issues that are common to providers serving the ALTCS population. In addition, these meetings serve as an excellent way to provide training to providers on a variety of topics, such as Deficit-Reduction Act, Cultural Competence, Behavioral Health needs, and Preventing Fraud and Abuse.

**Provider Satisfaction Surveys** PRCs informally survey providers during conversations and contract monitoring visits to ascertain providers' perceptions of YCLTC performance and identify needed training. They may develop formal provider satisfaction surveys for different service categories in order to analyze issues and address problems providers may be experiencing. PRCs review results of informal and formal surveys, implement needed corrective action plans and then evaluate impact of the plans. They may conduct a second survey to evaluate efficacy of the interventions. Providers are informed of identified problems in Provider Newsletters at Provider

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Meetings and through other modes of communication. Topics previously included in surveys include: Accessibility/responsiveness of YCLTC Management and staff; Care Management responsiveness to member and provider needs; Timeliness of prior authorizations and claims processing; Adequacy of program information provided by YCLTC; Resolution time of Quality/Medical Management issues.

**Provider Manual** The Provider Manual is a comprehensive resource that provides information about program requirements and service standards, YCLTC and provider responsibilities, Member Grievance and Provider Dispute Policies. It discusses provider and member rights, fraud and abuse, billing and authorization procedures, claims processing, covered and non-covered services, medical and concurrent reviews. It includes information on AHCCCS appointment standards, peer review and appeals process, YCLTC protocols and expectations. The manual provides an overview of YCLTC and its Providers Relations, Medical Services, Care Management and Member Services departments. The Manual is available on the YCLTC website and upon request. It is discussed at New Provider Orientations and with providers throughout the year. The Manual is updated at least annually.

**Contract** YCLTC's provider subcontracts include AHCCCS' Attachment A, legal citations, and regulatory provisions. PRCs explain the provisions and expect provider compliance. Changes to provisions are included in contract amendments which must be signed by the provider. Amendment language is clearly identified and explained. YCLTC places a high priority on maintaining contracts that contain current regulations.

**Contract Monitoring** PRCs monitor providers to ensure contract and regulatory compliance. Monitoring tools specific to the service category assess various aspects of contractual and regulatory compliance. PRCs monitor credentialing and insurance information, medical record keeping practices and standards, work statement requirements and service provision, and resident trust funds in SNFs and ALFs. PRCs also monitor ALF-compliance with ADHS regulations. If a provider is noncompliant with contractual or regulatory requirements, a plan of correction is required.

Although most monitoring visits are scheduled in advance, at times it is necessary to complete unscheduled visits to investigate allegations of fraud, abuse, exploitation, discrimination, and other issues of non-compliance. The potential issue and related law, standards, regulation, and/or subcontract requirements are explained at the time of the visit. If further action is required, the pertinent information is confirmed by letter.

**Member Council** YCLTC facilitates Member Council Meetings at two different sites each quarter. Although the Council focuses on member perspective of YCLTC, the AHCCCS program and provider performance, up to half of the participants may be providers. The Council receives information about changes in the AHCCCS program, regulations and standards; discusses impact on members; and suggests improvements. Pertinent information is distributed to providers.

**Provider Newsletter** YCLTC produces a quarterly newsletter designed to inform about what is happening at YCLTC, changes in program standards, laws, regulations and subcontract requirements. Topics such as claims submission, contract compliance and AHCCCS/ALTCS rules and regulations are regularly addressed. Recent articles addressed AHCCCS Benefit Changes, Behavioral Health, Prevention of Fraud and Abuse, HIPAA, and electronic connectivity. The requirement that PCPs maintain a separate section for BH issues in the member chart will be addressed in an upcoming newsletter published prior to October 2011. YCLTC also uses the newsletter to communicate internal information, such as staff and program changes, and to highlight the service contributions of individual providers. Each newsletter emphasizes the availability of PRCs and encourages providers to contact them.

**Website** YCLTC maintains a website that providers can access 24 hours a day, seven (7) days a week. Information available to the public includes the Provider Manual, Provider Directory, medication formulary, Care Management, Cultural Awareness, ALF profiles and virtual tours, FAQs, Performance Measure Results, Medical Determination Criteria and Practice Guidelines, HIPAA, Behavioral Health and links to related websites and information.

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YCLTC integrates information from diverse sources to efficiently manage a provider network that assures our members have access to quality care. Information sources include members, providers, YCLTC staff members, committees, reports and databases. Information is evaluated and analyzed; interventions are designed and implemented; results are monitored and adaptations made. Issues are communicated throughout YCLTC as needed through email, individual conversations, memos and meetings.

Provider Relations Coordinators (PRC) are the primary contacts for resolving network and provider issues. Each PRC has assigned areas of responsibility, is knowledgeable about all provider categories and the network. Communication about provider and network issues funnels through the PR unit. PRCs and YCLTC's management team, Medical Director and Director have open channels of communication and easily exchange information.

**Data and Information Collection** Members communicate their perspective about YCLTC and providers at Member Council meetings and in grievances. The YCLTC Member Services Coordinator reports members' perspectives, comments and concerns directly to PRCs shortly after Council Meetings, at monthly Management Committee and routine Program Development meetings. Information in member grievances is reviewed upon receipt by Care Management (CM) Supervisors and at the end of every month by the Provider Services Staff Manager (PSM). Identified issues are communicated directly to PRCs and Quality Management (QM) staff.

Our partnerships with providers promote open dialogues that enable us to gather information that may not be reported through other means. Providers communicate information in phone calls, emails, letters and meetings. YCLTC initiates conversations about network sufficiency during provider meetings, new provider orientation meetings and monitoring visits. Information about providers from PRCs' monitoring visits, Credentialing Coordinator's activities and QM investigations are forwarded to PRCs.

YCLTC's formal and informal communication channels result in informed PRCs. YCLTC staff members are empowered to bring issues directly to their supervisor or YCLTC's Director, and to communicate with PRCs directly regarding network issues and concerns. While at community group meetings, staff solicits valuable information about community trends and concerns, share information about our network needs and develop partnerships within our community. In addition, YCLTC staff may participate in a 'mystery shopper' program that tracks medical appointment waiting time and customer satisfaction. Staff members can report their experiences at their or their families' personal medical appointments, whether the provider is in our network or not. This data is compiled and the information is used to track community wait times and provider satisfaction, which is used by PRCs to address any concerns that may be identified within our provider network.

YCLTC's organization has five (5) units and all inform PRCs as needed. 1) Administrative staff report potential providers identified in newspapers, flyers and advertisements. 2) CMs relay concerns that members identify during on-site visits, in phone calls or e-mails. 3) Business Office staff are usually the first to notice irregularities in or lack of information about claims submissions. 4) Medical Services staff review utilization data, authorize services, investigate complaints about medical service provision and complete monitoring visits.

The fifth unit, Program Development (PDU) includes PRCs and the Provider Claims Educator (PCE), participates in Compliance, Management and Credentialing Committee meetings. They, along with other unit representatives present and gather information about network status and barriers to providing services. PRCs also attend CM unit meetings. Information is obtained directly from CM staff who are in regular communication with both members and providers, and if additional action is necessary, PRCs can address the matter through established procedures. This is one area where information regarding provider capacity is gathered, based upon member and provider comments, which may trigger a recruitment effort for additional providers.

Multi-Disciplinary Team (MDT) meetings provide a format to adjust the network to meet the needs of special populations. When staff identifies a service needed to meet the special needs of our members, PRCs recruit and secure an agreement or contract with the needed service provider, update the network with provider information, and notify YCLTC staff by e-mail.

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In addition, YCLTC maintains databases gathered from provider communication, incident reports, compliance monitoring, chart reviews, provider claims disputes, member grievances and appeals, and other sources. This information is used to track network performance and identify issues. YCLTC uses information from Quality of Care and Monitoring reports to ensure provider compliance with contractual and best practice standards. The *Ball v Betlach* report ensures not only that members receive needed services, but also allows YCLTC to track provider performance, and identify issues that may need corrective action.

**Network Management** YCLTC has established processes to evaluate information and manage the network to assure its sufficiency and provision of accessible, quality care. PRCs review information, data and reports and determine the need for intervention. If within their realm of responsibility, they resolve the issue. If not, they facilitate actions to manage the network. They frequently communicate with the PSM, CFO, and Director about operational and fiscal matters; with CM, Medical Services and the Medical Director about clinical issues. They chair meetings with YCLTC managers and appropriate staff to discuss specific issues. If a clinical issue, they follow the lead of Medical Services and the Medical Director. The Medical Director provides insight on network and provider issues, and will contact a provider to discuss concerns from a peer's perspective. PRCs ensure issues are resolved and necessary staff are informed.

PRCs act on information about network insufficiency by identifying and contacting potential providers; offering contracts; or asking current providers to expand their scope of service if appropriate. They educate non-contracted providers about ALTCS and YCLTC and demonstrate prompt, efficient customer service. They proactively expand the network if it is expected that member needs might be unmet with current providers.

PRCs use information to improve provider compliance; a frequent first step is to listen to the provider, understand their perception and validate the information. PRCs utilize increasingly formal interventions as issues become more serious. Interventions may include training and education, corrective action plans, and sanctions, limitations or termination. The number of new referrals may be limited.

PRCs analyze data from our Provider Communication Database to determine trends and identify common questions and concerns voiced by providers. Many issues are addressed before formal action is required. The PSM reviews and analyzes information from various databases on a monthly basis to identify realized and potential network needs. She also analyzes information from fee schedule audits, receipt of service surveys, provider termination reports, and credentialing reports. Each issue is evaluated to determine its cause, possible interventions and desired outcome. Staff from Medical Services, Business Office, Care Management, and Program Development Units, and from providers may be involved in the analysis and intervention.

**Communication** YCLTC's internal modes of communication include phone calls, e-mails, direct contacts, unit and other meetings. Anyone can enter data into the Provider Communication Database and anyone can accept a grievance from a member. Official communication with providers is written.

Each staff member has an individual e-mail address to send and receive notices and updates at any time and even off-site. Network additions and deletions are communicated to all staff via email, usually within one business day. When a provider is added to the network, staff is sent an electronic Provider Profile with the provider's demographics, services, and rates. When a provider is removed from the network, the message specifies the reason for the deletion. Information about provider limitations and restrictions is also e-mailed to all staff. Compliance Notifications from AHCCCS are sent to Management, QM and PRCs; needed interventions are also communicated via email.

When PRCs identify an issue, they communicate with providers and facilitate resolutions. YCLTC staff are notified of resolutions through various means. When the concern is seen to affect a specific provider type or the network as a whole, PRCs present information at general staff meetings and unit meetings, and disseminate



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information via e-mails to all staff. If the concern involves quality of care or contract compliance, the details and resolution are only communicated to the appropriate internal area.

YCLTC's physical environment supports face-to-face communications, greatly aiding rapid dissemination of information within the organization. With all units located on the same campus, on-site, informal meetings and group discussions can be arranged quickly, allowing information to be gathered and delivered in a timely manner. Regularly scheduled committee and unit meetings facilitate communication within the organization. Most committees are interdepartmental and include representatives of each unit, including a PRC or PSM. This allows interventions to be designed and implemented by knowledgeable staff who are responsible for the outcomes and for information to be distributed rapidly throughout the organization. Usually the unit manager disseminates the information; however, PRCs or other staff may be asked to send an email to the Long Term Care group.

At times, YCLTC may convene ad-hoc meetings or informal discussion groups. Critical provider or network issues that are assessed to have immediate, significant impact on members are communicated in person to the Emergency Response Team. The team leader makes assignments to ensure issues and plans are communicated throughout YCLTC. Other ad-hoc groups may be formed to discuss less critical issues. They also are tasked with communicating with all affected parties.

Data and information gathered from extensive databases, reports and other sources are analyzed by appropriate staff and the results are presented at regularly scheduled and ad-hoc meetings. The bi-weekly Management Committee considers network status and addresses weaknesses. The Credentialing Committee ensures staff is aware of individual providers credentialing status and suitability for inclusion in the network; the ALF Review Committee looks at applicants for assisted living contracts with a view to strengthening the HCBS Community network. Medical Management and QM/PI meetings address trends and issues that may affect member care or result in service gaps.

**Examples** The first example focuses on providers' issues with YCLTC. Contracted HCBS providers disagreed with YCLTC's contract provisions for rate adjustments and with YCLTC's CM process to refer to the most cost-effective providers. A PRC received the initial complaint from a provider and referred the complaint to the PSM and the Director. The Director, after consulting with the Board of Supervisors and the County Attorney, facilitated a home care provider meeting to explain YCLTC's position and discuss provider concerns. YCLTC's CFO created a report detailing the distribution of home care authorizations. Outcomes of the meeting included development of a contract amendment that clarified the rate adjustment process and a change in the CM process for referral. The providers were informed of the meeting, minutes and amendment in writing. Managers and CMs were informed in meetings; CMs also received written communication.

The second example applies YCLTC's process when a provider's performance is less than expected. Through investigation of a QOC, Medical Services identified a performance issue and notified the provider. When the provider was non-responsive, Medical Services met with the Director and then the PSM and assigned PRC. The PRC determined the original issue was invalid but identified an issue of non-responsiveness. The PRC mailed several letters to the provider, explaining the issue and requesting responses. Each letter was increasingly formal and included more serious interventions. The last was sent certified mail. When over two additional months went by without a provider response, the contract was terminated. Notice of termination was sent electronically to all staff and AHCCCS was notified. The provider was removed from the database.

Another example involves a claims processing issue. Our CFO informed the PSM that a provider was re-submitting an unusually high number of claims. The PSM called the provider and then the CFO, PSM and PCE reviewed the denied claims with the provider and presented data from our claims processing software. The provider acknowledged the need to adjust their procedures. The assigned account clerk was notified and YCLTC monitored the claims until it was determined the issue was resolved. Results were documented in a database. In this case, only a small number of YCLTC staff needed to be aware of the issue and most communication was verbal.

## **E. PROVIDER NETWORK – PROVIDER NETWORK SUBMISSIONS Q.40**

Developing strong partnerships with providers is core to the successful operation of Yavapai County Long Term Care (YCLTC). YCLTC works to develop and maintain personal relationships and frequent communication with providers through a variety of methods, and values providers not just as members of the business community, but as partners and stakeholders in its effort to enhance access to and provide the best possible services to members. YCLTC's strong provider network with numerous long-term contracts of 15 years or more attests to YCLTC's prompt and effective response to providers.

Four Provider Relations Coordinators (PRC), supported by the Director, Medical Director, and Provider Services Manager, are the primary points of contact for communication between YCLTC and the network. An assigned PRC is available to assist each provider with any questions, complaints, comments or requests for information that they may have. Other PRCs will assist the assigned PRC when needed. PRCs encourage providers to present their concerns in order to foster our partnership, but also to avoid escalation to a provider dispute. One PRC is designated the Provider Claims Educator to clearly and consistently communicate claim submission requirements to providers.

PRCs are primarily responsible to respond to provider inquiries, complaints and requests for information. They keep providers informed about program standards and changes, contract issues and regulatory changes. They recruit providers, write and negotiate contracts, conduct ongoing monitors and audits of providers, resolve contractual issues, conduct provider surveys, audit YCLTC fee schedules and provide training to providers. The Provider Claims Educator intervenes as needed.

PRCs' approach to develop and maintain collaborative partnerships is continuous and multifaceted beginning with initial contact with potential providers and throughout the provider's relationship with YCLTC. They strive to support providers through clear communication and education about YCLTC, AHCCCS, members, and the contract. They present orientations to newly contracted providers and continue education efforts through provider meetings, newsletters, pre-proposal conferences, contract monitoring and on-site training. They strive to equip providers with information that will enable them to provide quality, member-centric care. PRCs educate providers about web-based resources available on the YCLTC website. Those resources include the Provider Manual, Provider Listing, and Drug Formulary. A resource that is especially popular with providers is secure access to a web based program to inquire about claims status, prior authorizations, and eligibility/enrollment.

PRCs work closely with other units within YCLTC to address issues and problems identified by providers, and to ensure good customer service. They have easy access to YCLTC management, Director and Medical Director. While various YCLTC staff are frequently in communication with providers on a variety of issues, PRCs remain the primary contact for communication. PRCs maintain open dialogues with all providers, enabling the rapid exchange of information.

**Provider Communication Database** When providers contact PRCs, PRCs listen. PRCs listen to providers at meetings, during monitoring visits and in daily interactions. Being available to address inquiries, complaints and information requests is a high priority. This approach maximizes provider satisfaction by proactively addressing problems through education and excellent customer service. YCLTC has found this results in a network of satisfied providers to meet member needs. YCLTC maintains a Provider Communications Database (PCdb) as a tool to capture, evaluate and self-monitor YCLTC's customer service to providers, provider perceptions, and the status of the YCLTC network.

The PCdb records information about contacts from providers, contracted and non-contracted. The database is accessible to all YCLTC employees who record, at a minimum, the following information: date of inquiry, nature of inquiry, individual's name, agency, contract status of provider, content of inquiry, resolution, and date of resolution. Typical inquiries in the PCdb concern contract interpretation, non-provision of service requirements and electronic connectivity issues. Member-specific information is not included.

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**Provider Inquiries and Complaints** Most providers contact YCLTC via phone or email; some write letters and others come into the office, often without appointments. Generally, written missives require written responses and verbal contacts can be resolved verbally. Contract clarifications, contract amendments and performance-related issues require written responses. PRCs try to accommodate providers who come into the office without an appointment and will convene a team meeting if needed.

The PRC who initially receives communication from a provider acknowledges the contact and attempts to address the stated request immediately. Sometimes the initial response is that more research is required. This, along with a timeline, are communicated to the provider. If the complaint is outside the area of responsibility of the PRC it is referred to the responsible employee(s) for a response. For all contacts, the PRC ensures the provider receives a response and that details of the request and actions taken are entered into the database.

PRCs assess if the complaint will be addressed formally or informally, develop a plan to address the issue and complete needed research. They assess availability of the requested information and whether the information can be shared with the provider. They involve the Director, Medical Director, their supervisor and other YCLTC units as appropriate. They may facilitate team meetings that may include the provider and/or other providers. They communicate with the provider regularly until the issue is resolved.

**Provider Complaints about other Providers** Providers usually appreciate other providers and their service. Occasionally, one will complain about another. PRCs listen and try to identify issues. They then provide general information to address issues. YCLTC takes immediate action if it appears a member could be in immediate jeopardy. If the provider's intent is that YCLTC investigate the complaint, change a protocol or intervene with the other provider, the provider is asked to submit a written complaint and include specificity. Upon receipt, the complaint is reviewed and resolved, or forwarded to Quality Management or the Compliance Officer for action. The Medical Director is involved as needed.

**Provider Complaints about YCLTC** PRCs obtain as much information as they can from the provider about their complaint against YCLTC, including the desired change or outcome, and any ideas for improvement. If needed, they educate providers on program limitations. If the requested change does not conflict with AHCCCS or regulatory requirements, they present the information to YCLTC's Director, an ad hoc committee, or Management Team for discussion. Providers may be invited to meet with a YCLTC team to present their idea or perspective. Dialogue continues until the complaint is resolved or it is determined that it cannot be resolved outside of the formal dispute process.

**Provider Requests for Information** YCLTC is a public agency and therefore must provide public records to requesting providers or individuals in agreement with Arizona Revised Statutes §39-121.03(C). PRCs who receive a request for information from providers must assess whether the requested information is available to the requester; that is, if the requester is a subject of the record, if the information is available in a public record, or if the record is not available and is not a public record. An initial response is provided if the PRC can determine if the requested information is available to the requester. Sometimes the initial response is that more research is required. Otherwise, if the request is outside the area of responsibility of the PRC it is referred to the responsible employee(s) for a response.

**Provider Requests for Payment Adjustments** At times providers contact PRCs about payment concerns. PRCs offer three options: 1) Resubmit a corrected claim with supporting documentation and send to the PRC's attention. 2) Send a letter to YCLTC asking that the claim be reconsidered. The letter needs to include information about extenuating circumstances or other supporting documentation. 3) File a formal claim dispute.

Each inquiry is documented and resolved as expeditiously as possible. YCLTC completes additional research, including conversing with the provider about their perception, and then notifies the provider of the outcome in writing. Providers are referred to the Provider Claims Educator when appropriate. Most providers prefer to use the informal processes.

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**Provider Requests to Contract** When a potential provider requests to contract, a PRC explains the contract process and evaluates network sufficiency. Contract negotiations are begun when the provider will strengthen the network. If YCLTC decides not to contract with a provider, the PRC sends a letter explaining the decision and reason to the provider.

**Provider Requests for Rate Adjustments** PRCs discuss the rate adjustment process as stated in the provider's contract with the provider. They determine the requested rate, analyze industry/community standards, the provider's rationale for the change, and the impact on service delivery and YCLTC's financials. If the rate is evaluated to be inadequate to provide quality care, the PRC discusses YCLTC concerns with the provider. The PRC presents the request and ancillary information to the Director, CFO and Provider Services Manager. Negotiations continue until mutual agreement occurs. Providers are involved in the process and advised of expected decision dates.

**YCLTC Timeliness Standards** PRCs are expected to respond to provider-initiated contacts within three (3) business days of receipt and document the contact in the Provider Communication Database. Resolution is expected to be completed within 30 days of provider contact. When the issues cannot be resolved within 30 days of receipt, they must be resolved within 90 days.

**Provider Communications Database (PCdb) Monitoring** A PRC reviews the PCdb monthly to determine if any issues remain unresolved, ensure that referred items are completed, and identify realized or developing trends that may require further interventions. Each entry is reviewed for timeliness, category and mode of communication, identification of issues and trends, and resolution. Entries are tracked and trended to identify problems, gaps in training or needed improvements. The PCdb review is reported monthly to the YCLTC Compliance Committee. Results are evaluated, interventions are developed and implemented, and then modified if expected outcomes are not realized.

The most recent study found that providers, especially rehabilitative therapists, had questions about YCLTC's requirements for general liability insurance. Two providers had questions about rate adjustments and several reported difficulty receiving or opening their electronic explanations of payment. All contacts were acknowledged within two business days of receipt and most were resolved the day of receipt. One issue was resolved within 10 business days of receipt; all others were resolved within two business days of receipt. The 30-day AHCCCS timeliness standard was met; provider inquiries were answered.

**Examples of YCLTC Responsiveness to Providers Complaint** YCLTC fosters open relationships with its providers and solicits feedback, criticism, and ways to improve. Therefore, communications about YCLTC are evaluated and appropriate improvements are implemented. One provider complained about YCLTC in the last review period- they did not want YCLTC to inform members that their business had been sold. YCLTC evaluated the complaint and found that YCLTC communicated appropriately to members and the provider's specific request was not implemented.

**Information** In June 2010, database information revealed that new providers had questions about how to file claims. To address the trend, PRCs decided they needed to spend more time in new provider orientation explaining the claims process. When the database was next reviewed, there were no questions about claims processing from new providers. The information was evaluated to mean the intervention was effective and needed to be continued.

**Inquiries** A couple of home care providers asked for information about YCLTC's referral and rate adjustment processes. Since the topics were assessed to be emotionally charged and critical, YCLTC's Director facilitated a special meeting with CEOs of each contracted home care provider, YCLTC staff, a Yavapai County Supervisor and County Attorney. Providers voiced their concerns, contract language was clarified and subsequently amended, and the processes were explained. The group designed an action plan that YCLTC then implemented.

## **E. PROVIDER NETWORK – PROVIDER NETWORK SUBMISSIONS Q.41**

### **New Employees**

New employees of YCLTC have an outlined training program to be completed within the first six months of employment. YCLTC requires all new employees to complete a uniform orientation consisting of meeting with individual(s) from each department for training. Each session is documented by the training facilitator(s) to validate the employee completed each section of the orientation within the timeframe allotted. The New Employee Orientation (NEO) is the initial training for the new employee and is integrated with the employee's specialized training for the job position. The NEO is organized into 10 sections; Administration & HIPAA, Care Management, Member Services, Behavioral Health, Medical Services and Physical Therapy, Assisted Living Facility (ALF) Network and Transition, Program Development, Provider Relations, Cultural Competency, and Business Office. Program Development includes training on Fraud and Abuse, Grievance and Appeals, Deficit Reduction Act, Citizenship and Immigration.

This comprehensive orientation is particularly important for Provider Relations Coordinators (PRC), who must be equipped with a comprehensive understanding of YCLTC's program in order to serve the provider network as effectively as possible. PRCs receive training specific to their role in the development and management of contracts with providers, provision of excellent customer service, and establishment and maintenance of strong, effective relationships with providers and the community in general. They learn how to interact and communicate with other units within YCLTC and external entities. They are encouraged to take advantage of YCLTC's open door policy of managers and ask questions, solicit information. They attend routine meetings of other units within YCLTC. This increases their understanding of important work completed by other units and familiarizes them with interpersonal dynamics of staff.

### **Provider Services Staff**

All PRCs carry primary responsibility for informing and updating providers about program standards, contract requirements and changes or updates, legal and regulatory changes, changes in policies and procedures, exclusions from the network, contract terminations and resolution of provider issues. As such, they must remain current on standards and changes in laws, regulations and contract requirements. They are also responsible for recruiting providers, writing and negotiating contracts, conducting ongoing monitoring and auditing of providers, resolving contractual issues, conducting provider surveys, auditing YCLTC fee schedules and providing training to providers. They are well-prepared to respond to provider inquiries, complaints and requests for information.

The training program for new PRCs is comprised of a variety of techniques to provide the employee with a comprehensive approach to obtaining the necessary knowledge and skills to perform the duties required. The comprehensive approaches consist of mentoring, modeling, coaching; individual interactions with various YCLTC employees; attending unit meetings, reviewing YCLTC policy and procedures, provider contracts and work statements, familiarization with computer files and databases; discussion of case studies and hands-on exercises. Training also includes review of AHCCCS documentation including, at a minimum, the AMPM and ACOM, other policy manuals and the ALTCS contract. Related federal and state rules & regulations are also important elements of provider services staff training. Training includes review of related references - Arizona Revised Statutes (ARS), Arizona Administrative Code (AAC), Arizona Department of Health Services (ADHS), and Code of Federal Regulations (CFR). Staff are also directed to familiarize themselves with department policies & procedures and the Network Management and Development Plan. PRCs have developed a unit Desk Manual which is used to help orient provider services staff to the day to day activities of the unit, with a particular focus on management of the contracted provider network.

The Provider Relations Unit includes a Credentialing Specialist and four Provider Relations Coordinators, one of whom is also the Provider Claims Educator. They, along with YCLTC's Behavioral Health Coordinator (BHC) and Member Services/Business Continuity Coordinator (MSC), comprise the Program Development Unit (PDU). They are supervised and supported by the Provider Services Manager (PSM). The mission statement of the Provider Relations Unit (PRU) is "To develop cooperative partnerships with qualified providers through communication, education, mutual support, shared responsibility and understanding in order to provide services to our members that protects and preserves their dignity and improves their quality of life."

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Upon hire, new staff is introduced and job responsibilities are presented. The contract is explained and components of a contract are provided. Provider monitoring, changes in rates and fees, and rules and regulation changes are discussed. The Network Development and Management Plan is reviewed and supplemented by additional information, reading assignments, and discussions. PRCs are expected to review The Plan at least annually and as needed to answer questions about service gaps, provider shortages, and service delivery.

Regular supervision and opportunities for continuing training are part of the ongoing development of provider services staff. The PSM schedules frequent meetings with new PRCs to discuss progress towards training goals, identify training needs, and ensure completion of the comprehensive program. Peer mentoring with other PRCs is a continuing emphasis in management of the Provider Network and assuring new staff are fully engaged in becoming familiar with all facets of the Long Term Care program. Mentoring by current PRCs includes participation in monitoring visits, new provider orientation visits, provider meetings and other outreach activities. Established PRCs explain processes, rationale and expectations; show the new hire how they perform their duties; and then monitor the new employee as he/she completes tasks. This process is repeated until the new employee demonstrates competency and voices understanding. Peer mentoring and coaching also helps provide a positive and supportive environment for new PRCs and incorporates them quickly into the PR team. New PRCs are exposed to requirements about all service categories and asked to complete tasks, such as writing work statements or answering provider questions, related to their assigned categories.

Mentoring, modeling and coaching are substantial components of the provider staff training. The new provider employee will work directly with his/her peers to obtain exposure to the various responsibilities required in their position. This allows the employee to gain an understanding of their job duties, and provides an overview of the interconnectedness of the different units within YCLTC. Effective communication is necessary to fulfill the responsibilities, as the provider staff communicates with providers, co-workers, management, community agencies, AHCCCS representatives, and others. It is crucial the provider staff demonstrates excellent communication skills, and receives the appropriate training to build their skill set to fulfill the duties of their position.

The PSM meets with new provider staff to verify training objectives are being met, and discuss staff's progress. Checklists are used to track the training progress, and ensure the employee has completed the multitude of tasks involved. One-on-one training is scheduled with new staff and the PSM to cover specific training requirements for the provider staff positions. The provider inquiry database is reviewed monthly for complaints and requests by the PSM. The PRCs and Credentialing Coordinator have bi-weekly meeting with the PSM. Training opportunities are offered that are applicable and feasible for provider staff to attend.

### **Continuous Training**

YCLTC provides continuous training through daily email and verbal communications, in semi-monthly PR meetings, at general staff meetings, during PDU meetings and as needed. The PSM facilitates trainings on improved processes, administrative changes, AHCCCS benefit changes and requirements and other critical information. PRCs educate themselves about national initiatives such as electronic connectivity, Accountable Care Organizations, Medical Homes and Integrated Care through webinar attendance, research, and articles. They relay information to their peers formally at PDU meetings or informally through interactions. YCLTC's Director and other managers route information pertinent to the general operation of YCLTC and specific to PDU. YCLTC supports attendance at external trainings when resource allocation and training topics meet YCLTC needs.

YCLTC conducts three General Staff Meetings each year. All staff, including PRCs, receive annual training on topics such as HIPAA, Compliance, Grievance and Appeals, QOCs, and guiding principles. Frequently, PRCs offer the training, researching updates and becoming even more competent with requirements.

The PSM supports PRCs by knowing each person's level of expertise, strengths and weaknesses. She reviews completed work, and entries in the Provider Communication database. She completes fee schedule audits, listens

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to providers and other staff, and discusses progress towards goals. She facilitates annual performance appraisals for each PRC and 6-month evaluations for each new PDU staff member. Staff complete pre-appraisal forms that recognize their accomplishments, suggest goals and outline training needs. During the Performance Appraisal meeting, the PSM listens to the employee, discusses accomplishments and projects a vision for the future. Training needs for the unit and individual are identified; a training program is developed, implemented and evaluated. Continued mentoring and support is provided until expected proficiency is realized.

Staff who do not reach the expected proficiency are required to complete remedial training designed to correct the deficiency. Additional coaching, monitoring and mentoring are provided, and duties may be reassigned. Closer supervision is provided with the expectation that performance will improve. Disciplinary action, up to and including termination, may be taken. Although this process is in place, YCLTC has not needed to implement it with PRCs. This is evidenced by staff's longevity. The average tenure of a PRC with YCLTC is 5.5 years; the newest PRC has served YCLTC for over four years.

YCLTC's commitment to provision of a work environment that promotes growth, offers employees an opportunity to develop their skills and pursues a high level of employee satisfaction fosters competency, accountability and initiative in PRCs. PRCs feel a sense of worth as they partner with providers. They realize members are directly impacted by the composition of the provider network and providers' satisfaction with YCLTC. They realize they are valued and integral to YCLTC.

### **Provider Perspective**

On January 26, 2011, Kathleen Langford, Administrator of Mountain View Manor, wrote:

“Dear Mr. Eller,

I understand that AHCCCS has issued a RFP for ALTCS Program Contractors for the upcoming 5 years.

I would like to request that you pass along, with your proposal, our feelings of appreciation and respect for the professional services Yavapai County Long Term Care has provided to our facility.

I have been the Administrator at Mountain View Manor for over six years now. Our Business Office Manager and Director of Nursing have both been employed at Mountain View close to 15 years. We deal with multiple insurance companies and other AHCCCS contractors. I won't go in to detail, but I have to say we have had MANY negative experiences with some of the other AHCCCS provider companies [deleted specified health plans].

We have enjoyed our working relationship with you. Our appreciation for your professionalism, support services, attention to detail, quick responsiveness and open dialogue goes far beyond any other contractor we work with. We have worked together to maximize services that provide quality care to our frail and elderly population.

As we are all faced with decreased funding, it is our hope that we can work with contractors that are not focused solely on the financial aspect, but on the residents who desperately need our services. We believe YCLTC has proven themselves in this area.

Please share our thoughts with AHCCCS and know you have our support in the upcoming RFP process.

Kathleen Langford, Administrator  
Mountain View Manor, 1045 Sandretto Drive, Prescott, AZ, 86305  
Phone: 928-778-4837 Fax: 928-445-8311”

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### **Network Development and Management Plan**

The process for evaluating provider services staffing levels begins with the Network Development and Management Plan. Assuring a sufficient network to meet member needs and comply with all AHCCCS requirements is the responsibility of the Program Development Unit. YCLTC strives to contract with providers in Yavapai County to assure members can access covered services as efficiently and as near to their place of residence as possible. Providers are available throughout Yavapai County. Effective management of this network requires the assignment of Provider Relations Coordinators (PRC) that can effectively communicate with providers, analyze provider issues, develop and manage initial contracts, renewals, and amendments. PRCs are also responsible for monitoring provider contracts for compliance as well as continuing outreach efforts to recruit new providers as available and appropriate to support the YCLTC network. The Credentialing Coordinator performs routine, provisional and expedited credentialing activities to ensure essential services are available to our members.

### **Contractor Experience**

YCLTC has served as the Contractor for ALTCS since 1993. This experience allows us to apply a long history of understanding the requirements for effective management of our Contracted Network and the staffing levels to support the provider support functions needed for assuring the sufficiency of the network. The Provider Services unit is a strong, stable component of YCLTC. One PRC serves officially as the Provider Claims Educator. At the beginning of the next contract with AHCCCS, it is anticipated the unit will have 41 years of collective YCLTC experience and the least experienced team member will have four (4) years with YCLTC.

YCLTC uses various resources to ensure staffing levels meet network needs including the Provider Communication Log and the ALTCS Satisfaction Survey 2008. Network sufficiency is reviewed during bi-weekly Program Development meetings during which tasks are reviewed for timeliness urgency and assignment.

### **Provider Services Manager**

The Provider Services Manager (PSM) serves as the Manager for the YCLTC Provider Services unit. For the contract year ending 9/30/2011 YCLTC has four (4) Provider Relations Coordinators and one Credentialing Coordinator responsible for coordination of communications between the Contractor and its subcontractors, including outreach, credentialing, contract development and management, monitoring and responding to provider issues. Given the size and scope of the network it is anticipated that we will continue to maintain the same level of staffing for provider services for the new contract period. The total number of enrolled members will be one factor that may impact changes in the number of PRCs needed. The number and types of contracts assigned to each PRC is an additional factor applied to assessment of sufficient staffing for provider services. Facilitation of training for providers will also be considered in planning for sufficient provider services staff.

### **Service Category Assignments**

PRCs are assigned categories of service, yet are cross-trained in order to limit over-reliance on a single individual assigned to essential duties and to provide backup if the primary PRC is not available. Assessment of the experience and qualifications of the Provider Relations Coordinators is ongoing in conjunction with continuing evaluation of the sufficiency of the YCLTC network. Aligning categories to match the qualities of each PRC in relationship to the needs and demands of provider service types has been an important aspect in determining the number of PRCs needed to support the network. Continuity in the retention of PRCs for YCLTC has allowed us to maintain a stable assignment of service categories for each PRC. This stability contributes to maintenance of stable relationships with providers, which helps support the continued participation of providers in our contracted network.

### **Provider Communication**

PRCs receive feedback from providers, YCLTC staff, ALTCS members and community representatives that help in the evaluation of issues and needs for the provider network. PRCs are involved with assuring the AHCCCS requirements for documentation and communication with providers are supported. Prompt feedback and communication are an additional factor in consideration of the number of provider services staff for YCLTC.



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YCLTC maintains a Provider Communication database that captures timeliness of response and resolution of provider-initiated issues. Most provider-initiated inquiries are resolved the day of receipt. The Compliance Committee reviews the YCLTC Communication Log monthly. Part of that review is timeliness and completion of resolutions. Provider meetings are also held at varying times for different service categories. SNF, HCBS, and ALF provider meetings are generally held quarterly by respective staff. PCP's and Specialist provider meetings are generally held annually or bi-annually. Coordinating these information and communication forums also factors into the determination of the number of PRCs needed. YCLTC's Director and Managers have an open door for providers at all times.

YCLTC routinely queries providers about our performance during monitoring visits by asking, "Would you recommend contracting with YCLTC to other providers?" and "Are you satisfied with your experience with YCLTC?" Most providers respond positively; others explain their answers. Frequently providers point to our responsiveness and ability to resolve issues promptly as reasons for satisfaction with us. Provider surveys include questions about provider satisfaction with YCLTC. Provider satisfaction is high. This measure also factors into our assessments of staffing levels for provider services staff.

Other factors considered in evaluating PRC staffing levels include availability of staff to be involved in the local communities within Yavapai County in order to determine community needs and develop relationships to collaboratively meet community needs along with the ability of staff to meet anticipated needs of YCLTC's stakeholders, including AHCCCS, CMS, County Board of Supervisors, community members, YCLTC members and YCLTC network of providers.

### **Performance Review**

Annual individual PRC performance evaluations determine if staff meets YCLTC timelines for new provider orientation, provider meetings, provider newsletters, provider monitoring, provider credentialing, provider recruitment, provider training and support, and other tasks. PRC work-loads are reviewed each month by the PSM, and responsibilities are reassigned either temporarily or permanently as needed. PRC staff usually meets formally twice each month to discuss trends in the unit and suggest ideas to streamline the network management processes. PRC staff can discuss staffing considerations with the PSM at any time.

### **Monthly Review of Network with Management Team**

Provider Relations reports to the YCLTC Management Team on updates to the contracted network on a monthly basis. This regular review also contributes to opportunities to assess possible need for adjustments in the provider support staffing levels.

Staffing issues are discussed at regularly scheduled meetings between the YCLTC Director and the PSM. If additional PR staff is needed, the Director is notified and Department resources are reallocated as needed. If resources cannot be reallocated from existing Department staff, the Director seeks permission from the Yavapai County Board of Supervisors for an additional position.

YCLTC's commitment to provision of a work environment that promotes growth, offers employees an opportunity to develop their skills and pursues a high level of employee satisfaction fosters competency, accountability and initiative in PRCs. PRCs feel a sense of worth as they partner with providers. They realize members are directly impacted by the composition of the provider network and providers' satisfaction with YCLTC. They realize they are valued and integral to YCLTC.

### **Provider Perspective**

Providers voluntarily sent letters of support when they learned we were submitting a bid to continue as the contractor for LTC services in Yavapai County. We have included two:

- 1) An excerpt from a February 12, 2011 letter from our DME provider reads, "Alliance Home Care would like to acknowledge the excellent job that the YCLTC group has done in the last 9 years that we have been a provider for

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your patients. We have worked with many of the AHCCCS provider plans in our area for the last 17 years and YCLTC is by far the most organized and streamlined to work with. We have enjoyed working with you and your staff to develop internal programs that allow us to rectify problems quickly and to make the QI process a joint venture to produce positive results for AHCCCS and your patients... /s/ Larry D. Anderson, Pharm. B. CEO.”

2) Luz Sarmina, President & CEO of Valle del Sol, Inc. writes, “Valle del Sol would like to offer this letter of support for Yavapai County Long Term Care’s bid to continue providing long term care services to the people of Yavapai County. Valle del Sol appreciates and values the working relationship we have with YCLTC. The staff at YCLTC have always been courteous and have gone out to their way to ensure members receive the best possible care. Valle del Sol looks forward to continuing our relationship with YCLTC. We look forward to providing cultural competent behavioral health services to your members for many years to come. Thank you again for the professional and essential services you and your staff provide to the people of Yavapai County. Sincerely, Luz Sarmina”

### **Conclusion**

YCLTC’s process for evaluating provider services staffing levels is effective as evidenced by staff retention and the competent execution of responsibilities resulting in high provider satisfaction.

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Yavapai County Long Term Care (YCLTC) has many safeguards in place to protect members and ensure their receipt of medically necessary services in the event of loss or closure of a Skilled Nursing Facility (SNF) or Assisted Living Facility (ALF). These include contractual provisions, facility monitoring, and the Business Continuity and Recovery Plan. The YCLTC provider network is developed to meet the immediate and long-range needs of YCLTC members. The YCLTC contracted SNFs and ALFs are diverse, flexible and offer a variety of services to meet the needs of the members. YCLTC contracted SNFs and ALFs are required to develop and maintain a contingency plan for providing medically necessary services to YCLTC members in the event of an emergency or disaster, where the usual means for delivery or service provision is unavailable, including facility closures. In addition, YCLTC maintains and periodically reviews and updates its member transition plan for both emergency and non-emergency situations.

It is YCLTC's goal to maintain consistency, availability and accessibility to network services so members have access to care at all times, including times of transition from one residential location to another. To this end, YCLTC staff partners with the providers, members, the members' representatives and families, and other community resources. YCLTC contracts with and maintains relationships with a sufficient number of facilities to meet the needs of members should a contracted facility close. YCLTC currently contracts with eight SNFs and 29 ALFs located in Yavapai County. YCLTC is contracted with SNFs and ALFs in other counties including Maricopa, Mohave, Pima and Pinal Counties. YCLTC can access these facilities if the network was to become temporarily insufficient within the contracted service area.

YCLTC devotes sufficient personnel and resources to ensure an adequate network of SNFs and ALFs, supported by contracts (written agreement), to provide all medically necessary covered services in a timely manner during normal operations and in cases of facility closures. YCLTC monitors the licensure, adequacy, accessibility and availability of its SNF and ALF network to ensure the need of the members are met during normal operations and in cases of facility closures. Due to the frequency of monitors conducted at SNFs and ALFs, YCLTC interdepartmental meetings including QOC and Compliance, and input from Care Managers and Medical Services staff who visit the sites frequently, YCLTC is able to identify potential facility closures or licensing issues prior to closing and contacts the provider in efforts to resolve issues and avoid closure if appropriate. When a facility does close, every effort is made to locate a facility that most closely meets the medical/level of care needs and personal desires of the member including geographic location. If possible, a choice of locations is provided. Members' families and representatives play a key role in assisting members during the transition.

YCLTC has staff available 24 hours a day, seven days a week to work with AHCCCS, other State agencies and providers on urgent issue resolution including immediate jeopardy such as facility closures. The on-call YCLTC staff has access to the list of members who may be at risk, their health status and the services they require. The on-call staff has the authority to initiate transfers including transportation, new placements, new services and monitoring of new placements to ensure members receive covered services.

If the SNF or ALF closure was temporary, YCLTC staff assist members in returning to the facility if that is their choice. Assistance includes obtaining updated admission orders and Tuberculosis clearance from a qualified practitioner if necessary, packing their belongings and medications, relocating their durable medical equipment and disposable supplies (DME), medical records and financial accounts.

The actions taken by YCLTC when a facility closes or the contract is terminated for non-emergency and emergency situations are listed below.

### **Loss of a Facility—With Notice/Non-Emergency**

YCLTC has contract provisions in place that require a facility to provide notice to YCLTC of closure or contract termination so that it is better able to facilitate organized transfer of residents to appropriate facilities. Contract language includes provider requirement to give appropriate notice to terminate their contract and giving notice to YCLTC of a proposed merger, reorganization, or change in ownership. Transfer of the contract to a new owner requires written approval by YCLTC.

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In the case of a SNF or ALF closure with notice, the YCLTC Emergency Response Team (ERT) is activated and immediate steps are taken to begin the process to transfer members to new residences. Even though a termination with appropriate advance notice is not seen as a true “emergency”, the procedure followed is essentially the same as if the facility required immediate closure. The team is made up of the Agency Director, Medical Director, Provider Services Manager, Care Management Manager and Supervisors, Medical Services and Quality Management staff, Provider Relations Coordinators, Behavioral Health Coordinator, Member Services Coordinator and the Business Continuity Planning and Recovery Coordinator. Other staff, such as the physical therapist and care managers, may also be part of the team.

Once the team is activated, YCLTC’s Business Continuity Planning and Recovery Coordinator reviews the *Healthcare/Loss of Major Provider Closure Check-Off List* and assigns the following tasks:

- Members are triaged by risk factors as follows, to determine who needs to be moved first and where:
  - High: at significant risk for negative incidents, i.e.: wt loss, pressure ulcers, currently unstable or fragile
  - Moderate: stable but recent issues
  - Low: stable, no recent issues
- ERT staff to meet with facility administration to activate the plan for transfer of members
- Provider Relations Coordinators to immediately determine space availability in alternate facilities/locations
- Provider Relations Coordinators to notify transportation providers to be available on transfer date(s)
- Provider Relations Coordinators to arrange for DME to be provided in new facilities
- Care Management staff to discuss with members and their families/representatives the best alternate residence with emphasis on member’s choice and level of care, finding the most integrated setting possible, based on the circumstances
- Members are offered a choice of locations if available
- Care Managers (CMs) to contact the current primary care provider (PCP) to request orders for Tuberculosis clearance and request admission orders for new facilities
- CMs to issue updated Share of Cost or Room and Board documents for those going to SNFs or ALFs
- CMs to identify DME needs
- CMs to identify transportation needs for each member
- Agency Director to send letter to members/representatives informing of closure/contract termination and plan for transfer
- The Director, YCLTC Attorney or Medical Director to send letter to the provider notifying provider of anticipated move date and contract termination if appropriate
- Member Services Coordinator to send BBA letters as required
- The Care Management Manager to send NOA letters (for members refusing to leave the facility)
- The Director or YCLTC Attorney to immediately notify the AHCCCS Administration, County Board of Supervisors and if appropriate, the media of the pending closure or contract termination including:
  - Name and location of facility
  - Issue causing loss or closure and any outstanding issues
  - YCLTC transition plan for members including what steps have been and will be taken and
  - Any significant finding from the tracking and trending
- Medical Services staff to notify AHCCCS CQM, Arizona Department of Health Services (ADHS), Ombudsman, Arizona Adult Protective Services (APS) or other agencies if necessary
- The Behavioral Health Coordinator to meet with members, family and representatives who indicate difficulty with the transition or request support
- Administrative staff and Care Management to identify and assign new PCPs as needed
- Provider Relations Coordinators, with assistance as needed from Care Management and Medical Services, to ensure that closing facility completes:

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- Record duplication (if necessary)
- Member financial transactions including, but not limited to patient personal fund closure and refunds
- Medication packaging
- Packing members' personal belongings
- Begin moves according to triage information and input from member, member representative family, and providers
- Maintain current assessment of each member for tracking and trending including QOC concerns
- After incident, ERT team to meet to debrief and identify what went well and what did not
  - This self-monitoring process allows for the member transition plan to be modified based on what went well and what did not

### **Loss of a Facility—Without Notice/Emergency**

With or without notice from the facility, there may be times when it is crucial to relocate members as soon as possible. Contract provisions with SNF and ALF providers state that YCLTC may terminate a contract with a twenty-four (24) hour notice if it is determined that members are at risk or there is a quality of care issue which affects member health and/or safety. When it is determined that members must be moved as quickly as possible, the ERT is immediately activated. This can occur during regular business hours or after hours if necessary. *The same procedures described above (under Non-Emergency) are followed, but the steps are completed more quickly and with the following adjustments:*

- In an emergency, the availability of bed space in an appropriate facility may be limited and members may not have an immediate choice of locations; however, every effort will be made to avoid multiple transfers
- YCLTC has arrangements with a mobile x-ray unit provider to provide on-site chest x-rays if necessary in order to facilitate transfer into a new facility
- The Agency Director may not have time to send a letter of explanation and notification to members and their families until after the transfers are completed, so communication with representatives and/or families may be initiated via telephone
- CMs will meet with members on-site to discuss the need for immediate transfer, and to answer questions
- YCLTC staff will assist members in packing belongings if the facility staff is unable
- YCLTC staff may be used to prepare documents and copy charts for transfer if the facility staff is unable
- YCLTC staff will remain on site at the SNF or ALF to assist in the transfer and coordinate information between the sending and receiving facilities

### **Additional Strategies**

YCLTC has some members who reside in facilities outside Yavapai County; other contractors may have a few members living in facilities in Yavapai County. YCLTC will coordinate efforts with other contractors and assist them to ensure access to care for members residing in Yavapai County in the loss of a facility without notice. Hopefully, other contractors will be available to assist YCLTC in a similar situation.

YCLTC works closely with Yavapai County's Department of Emergency Management (YCDEM). YCDEM is responsible for maintaining essential government functions in case of disaster. YCLTC notifies YCDEM monthly of members living in the community who are high risk and would need help in case of a disaster. YCDEM notifies YCLTC whenever there is even so much as a hazardous weather warning in northern Arizona that could affect the County population. The usual notification is via email to the Agency Director and Business Continuity Planning and Recovery Coordinator. Email received is broadcast to all members of the ERT, who will meet if needed. If email is not functioning, it is the responsibility of YCDEM to inform YCLTC by other means at their disposal. Information received through these channels is relayed to SNFs and ALFs if necessary.

Finally, YCLTC is an advocate for training providers and staff about the importance of emergency preparedness. SNF and ALF providers receive training at provider meetings, through articles in the Provider Newsletter, and through individual meetings with Provider Relations Coordinators during contracting and monitoring.

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### **Proactive Interventions**

The establishment and maintenance of strong relationships with network providers is a core priority of YCLTC Provider Relations staff. This focus drives us to proactively address issues and concerns with providers. Our commitment to responsiveness to our providers results in open communication and the ability to address identified concerns. Collaborative partnering with providers is continuous and multifaceted beginning with initial contact and continuing throughout the provider's relationship with YCLTC. Provider Relations Coordinators (PRC) strive to support providers through clear communication and education about YCLTC, AHCCCS, members, and the contract. They orient newly contracted providers and continue education efforts through provider meetings, newsletters, pre-proposal conferences, contract monitoring and on-site training. They advise providers to familiarize themselves with the Provider Manual, YCLTC website and links contained therein. They strive to equip providers with information that will enable them to provide quality, member-centric care that meets contractual requirements.

As a partner with network providers, we seek to understand the provider's perspective, barriers to provision of care and systems that hinder contract compliance. We meet with providers individually and in groups to discuss issues, initiatives and industry standards pertinent to specific service categories. We solicit feedback on our performance and requirements during routine monitoring visits and daily interactions. We strive to write practical work statements that ensure provider compliance and member access to care and receipt of quality care. When we identify a provider performance issue, we want to be sure we are objective and realistic.

The first step in addressing provider performance issues is to only contract with qualified providers. From the time of the initial contact through the credentialing and contracting processes, provider qualifications, their willingness to comply with YCLTC and AHCCCS standards, and responsiveness are evaluated. On-site visits and Readiness Reviews confirm expectations that the providers are capable of delivering quality care. Providers who are not recommended by the Credentialing Committee or approved by YCLTC's Medical Director, or who prove resistive or non-responsive will not be awarded a contract; rather they will be informed in writing of the reason for exclusion from our network.

Once contracted, and even throughout the contracting process, we educate providers on performance expectations and standards. We advise providers to rely on their contract, the Provider Manual and YCLTC's and AHCCCS' websites for information. We distribute the monitoring tool and set monitoring appointments. We clearly communicate standards. Our open communication and prompt responsiveness encourage providers to freely ask us questions, tell us about mistakes and identify needed improvements. We routinely meet with providers with high utilization or who have sole contracts to undergird good performance, prevent poor performance and collaborate on issues - organizational and member-specific. Our expectation is that partnering with providers will deter performance issues.

### **Identification of Issues**

Potential performance issues may be self-reported by the provider or reported by YCLTC members and their representatives, the community, other providers, AHCCCS or regulatory agency, an advocacy group and YCLTC staff members. Reports from members, representatives and YCLTC staff may be verbal or written. Other reporters may be asked to submit a written account of the issue to ensure accurate information and clear communication. YCLTC's intent is to respond to valid concerns and to have a clear understanding of the facts.

Even though YCLTC may request a written report, intervention will be implemented immediately if member welfare is thought to be at risk. YCLTC makes unannounced visits to investigate some complaints. One example is visiting an ALF, SNF, hospital, ADHC or other institution if there are reports of a shortage of staff or food; lack of utilities; substandard care.

YCLTC's Medical Services Unit is responsible for oversight of the quality of a provider's medical service. The team reviews Member Grievances to identify quality of care issues. Quality Management Nurses complete Quality of Care investigations and report results of on-site visits of providers. Utilization Management Nurses

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may identify provider issues as they complete provider profiles, process prior authorization requests and review utilization statistics. The Unit requests and monitors Corrective Action Plans that address issues at systemic and individual levels. They work with providers in efforts to raise performance to acceptable levels. They involve the Medical Director. If providers are non-responsive or, after much YCLTC intervention, cannot improve their performance, the Unit notifies the Director and PRCs for additional intervention.

Issues are also identified by Care Managers (CM), the Compliance Officer and database reviews. CMs monitor providers through interactions with members on a daily basis and during assessments. The Compliance Officer monitors providers during daily activities regarding fraud and abuse. We maintain databases to track Member Grievances, Provider Communications, ER and hospital utilization, Appeals and Disputes, and Allegations of Fraud/Abuse. Database entries are monitored daily and analyzed at least monthly to identify possible issues.

PRCs interact with providers as issues arise. Numerous small complaints may necessitate a phone call to a provider. Repeated billing issues may result in an on-site visit to correct issues. Additional information, issues, misunderstandings and barriers may be identified during the phone call or site visit.

### **Contract Compliance Monitoring**

Contract compliance monitoring provides an opportunity for both YCLTC and providers to identify and address areas of concern. PRCs monitor providers on an established schedule. SNF and direct-care HCB providers are monitored annually. ALF providers are monitored semi-annually if providing care to YCLTC members. Most skilled providers, such as PCPs and specialists, are monitored every three years, and transportation, DME, and other HCB providers are monitored biennially. PRCs use monitoring tools specific to the provider's category of service. The tool assesses various aspects of contractual compliance, quality of care, and/or contract readiness. PRCs conduct on-site visits and follow up with providers. They monitor credentialing and insurance information, medical record keeping practices and standards, work statement requirements and service provision, evidence of respect for member rights and cultural competence, regulatory compliance and other critical areas.

### **Resolution of Provider Performance Issues**

When providers are found to be out of compliance with contract requirements, they are required to submit a corrective action plan that details their specific actions and timelines to bring them into compliance. PRCs track progress through subsequent oversight to verify implementation is accomplished and meets contractual requirements. Follow-up monitors may be conducted to ensure continued compliance.

Once an issue has been identified, interventions are planned, executed, evaluated and then modified until expected outcomes are realized. Most issues are resolved with provider education, distribution of a policy or form, further discussion or explanation. Throughout the process, PRCs strive to support the provider's efforts by completing research, serving as a resource, offering technical support, suggesting other resources, and answering questions. YCLTC contracted providers are committed to delivery of quality care to members and do not want to have questionable performance.

Language in every contract reflects our emphasis on problem resolution through informal communication and informal reconsideration process whenever possible. Unless contraindicated, issues are addressed informally at the lowest level. A PRC will call a provider and solicit information, explain the situation, and ask for the provider's perspective. Identified issues could simply be a misperception or lack of understanding by the reporting source. If the issue is substantiated but resolved with the phone call, the PRC will send a letter summarizing the events and interventions to the provider.

YCLTC exercises good faith in attempting to resolve performance issues. YCLTC provides formal written notice to the provider that identifies the standard for performance, legal and contractual citations, the facts of the breach, the contact person, and a meeting date to discuss the breach. The meeting may be telephonic and will be scheduled between 14 and 21 days of the notice. YCLTC allows the provider 7 days to respond in writing to explain their disagreement with YCLTC's findings. The provider's notice needs to include standards, legal and

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contractual citations, facts of defense, their contact person, and either agreement to meet or proposal of alternate time and date. The meeting is held; YCLTC writes a summary and a detailed account of the agreed resolution. Both parties sign the agreed resolution and it is promptly implemented. If agreement cannot be reached, either party may terminate the contract according to contractual terms.

As issues continue, interventions become increasingly more formal. Developed interventions attempt to establish systems that will alleviate the deficiency and improve performance. PRCs may request a Corrective Action Plan from the provider; the Medical Director may limit the number or type of referrals; prior authorization requirements may be implemented. The informal dispute process outlined in the contract may be initiated. The process includes a recitation of facts and notice to cure. The Director may suspend, modify or terminate the contract. YCLTC may grant the provider a period of time in which to cure the breach, place restrictions or suspensions on referrals to the provider, or transition at-risk members to another provider. Providers are notified in writing of interventions via certified mail or hand-delivery.

### **Contract Termination**

YCLTC views contract terminations with cause as serious events. Before making the decision to terminate a contract with cause, PRCs, the Medical Director, Director, Provider Services Manager and others evaluate the reason for the termination; the anticipated impact on members, member safety and well-being; and create a transition plan. The County Attorney assigned to YCLTC is notified.

YCLTC terminates contracts with 24 hour notice when members' health and welfare is endangered or in jeopardy, or AHCCCS or another regulatory agency requires contract termination. Member safety and well-being is considered before issuing the notice. If appropriate, YCLTC also calls the provider to advise their contract is being terminated.

For immediate termination with cause, YCLTC delivers written notification to the provider through certified mail or hand-delivery. The notice cites the reason(s) for the termination and includes information about the dispute process. AHCCCS and National Practitioners Database (NPDB) are notified. YCLTC staff are notified of the contract termination and the provider is removed from the YCLTC Provider Network database. All providers and members are notified if the termination meets the definition of a material change. Otherwise, only members and providers assessed as being directly impacted are formally notified.

For all other terminations with cause, YCLTC pursues the termination only as a last resort and hopes the provider will cure the breach or address the cause of the termination before the scheduled termination date.

### **Application**

YCLTC terminated one contract with cause in CYE 2011. The provider was non-responsive to requests for information from the Medical Services Unit. Upon notification of the issue, a PRC called the provider but did not receive a return call. He then sent an informal letter, outlining the facts and asking for the provider to contact us by a specified date. When the provider did not respond, he discussed contract termination with the Director and Medical Director's designee, and ran a utilization report that showed that no members were currently receiving or were scheduled to receive services from the provider. He sent a certified letter to the provider that set the effective date of the contract termination 30 days from the date of letter, stated the facts, offered the provider the opportunity to contact us and thereby nullify the reason for the termination, and included information about the dispute process. When YCLTC did not hear from the provider by the termination effective date, the contract was terminated, staff and AHCCCS were notified.

YCLTC successfully intervened with another provider in CYE 2011 so that a contract did not need to be terminated. Through routine monitoring, a PRC noticed that an ALC did not have a current license. She verified her findings with ADHS, contacted the provider, educated him on how to reapply for a license and stressed the immediacy of the issue. She contacted the provider daily, offering support and monitoring the ALC's plan of action. Within four (4) days the license was reinstated by ADHS.



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YCLTC has uploaded its “Network Summary” and “Network Attestation Statement” to the EFT/SFTP site. YCLTC has contracts or signed Letters of Intent to support the Network Summary submission.