under the category of loss of essential provider. The contingency plan was developed with the assumption that licensure would be obtained. The potential of moving member(s) to other residential sites is the last option exercised. Upon notification of the IJ status, the contingency plan is implemented. Assignments are distributed, and the PWC members begin executing the plan.

Urgent Interventions - The P/GLTC CMO, DQMM, and DCM call the other Medicaid Program Contractor (PC) with the two members in the facility to discuss the licensure issue. P/GLTC had been collaborating with the other PC on how to assist the facility in licensure. Both PCs agree that despite both their attempts to assist, the facility failed to comply, and now needs to be on a corrective action plan. The two PCs also agree P/GLTC must complete a Network and Quality audit immediately to ensure no health and safety issues exist and report their findings to the other PC. The tools for the survey are standardized, having been previously agreed upon. Both PCs agree to leave members in the facility with the expectations that licensure will be completed. If the facility fails to resolve its IJ status within 14 days, the PCs meet again.

The local Case Manager (CM) is dispatched to the facility to assess the status of the members and communicate with the facility staff pending the arrival of the QM nurse and Provider Representative. The CM also updates the P/GLTC PWC members regarding the facility's efforts to immediately implement correct actions and expedite licensure. The CM Supervisor is assigned as the liaison to families and representative of the members residing in the facility. (S)he contacts each authorized representative to notify them of the IJ status and of actions being taken to ensure that the members continue to receive quality care and services. The CM Supervisor offers residents alternative placement. If alternative placement in requested, the CM Supervisor or designee arranges transfer to an available, contracted facility with approval of the member.

Upon arrival to the facility, the QM nurse and Provider Representative communicate with the on-site CM for updates. The QM nurse and the Provider Representative contact the facility owner/manager to discuss status and confirm implementation of the corrective action. The QM nurse then assesses the current quality of care, including discussions with and assessment of the residents as indicated. The Provider Representative performs a site survey to ensure the facility continues to meet contracting requirements.

A conference call is held with the PWC members, the P/GLTC staff on-site, and the facility owner/manager to review status, discuss the development of the required action plan, and agree to an aggressive timeline in which to complete licensure and address any other concerns identified by the survey team. In addition, a communication plan is agreed upon, including the requirement for daily updates from the facility owner/manager on the status of the licensure.

Next Steps

P/GLTC is committed to partnering with our providers to ensure consistent, high quality care and services. Based on that commitment, a facility that receives a critical regulatory finding with associated action plans is placed on Provider Watch status. Provider Watch serves to heighten the intensity of surveillance for the provider/facility. For example, QM nurses may perform scheduled and ad hoc chart reviews. In this scenario, Provider Watch related interventions include: 1) required daily reports on licensure status; 2) expectations of expedited CAP implementation; 3) monthly on site audits throughout the period of CAP implementation' and 4) quarterly reviews of contractual elements. The provider is expected to remain on Provider Watch status until successful completion of its next ADHS survey and subsequent Organizational Credentialing approval.

Summary: Resolution Timeline

DATE	ACTION	RESPONSIBILITY
Prior to IJ Notification	• Ongoing collaboration to facilitate licensure	DNDM
	• Referral to Provider Watch Committee due to licensure issue.	DNDM
	• Provider Watch Committee meeting held to discuss immediate and contingency planning	DQMM
	• Quality of Care surveys performed by Quality Management (QM) Nurse	DQMM
Receipt of IJ Notification ["0" Hour and Day "0"]	• Notification of P/GLTC of IJ Status	AHCCCS
Day 0 Within 30 minutes of IJ notification	• Initial notification to Director of CM (DCM) and DNDM of IJ status. Confirmation of notification to CEO and CMO	DQMM
Day 0 Hour +1 s/p Notification	• Provider Watch Committee Convened and Contingency Plan implemented • Local Case Manager is notified arrives on scene at facility	DQMM/CMO DCM
Day 0 Hour +1-2 s/p Notification	• Contact made with other Program Contractor. Plan developed • C M Supervisor begins contacting member representative to communicate finding and plan	DQMM/CMO DCM
Day 0 Hour + 2 - 3 s/p Notification	• Arrival of QM RN and Provider Representative at facility • Discussion of findings with Facility owner/manager • Begin QOC reviews	DQMM PWC QM Nurse
Day 0 Hour + 4 s/p Notification	• Discussion of status and expectations between PWC and Facility owner / manager	CEO/DNDM/DQMM/CMO
Day 1	• Facility owner/manager submits status report re: CAP • PWC meeting to review status and evaluate effectiveness of interventions	Facility owner / manager PWC
Day 2, 3, 4, 5, 6 +	• Facility owner / manager submits status of CAP implementation daily until licensure confirmed	Facility owner / manager DQMM
Day 7	• PWC meeting to review status and evaluate effectiveness of interventions	DQMM, PWC
Day 14	• Completed licensure application submitted? o Yes – continue with monitoring o No – discuss options with other PC, including potential for moving members, develop basic plan if moving required.	PWC
Day 30, 60, 90 6, 12 months s/p	• PWC meeting to review status and evaluate effectiveness of interventions	PWC

31B. The Offeror is notified of an immediate jeopardy at 4:15 P.M., on a Friday, before a holiday weekend, that a nursing facility in the Phoenix area will not have air conditioning/cooling available for approximately four days. Arizona Department of Health Services licensing staff, local city staff, and the Ombudsman are on site. Reporters are on the way. It is July and currently 116 degrees outside. There are 48 Medicaid members in the facility spread out across several AHCCCS Contractors.

As an ALTCS contractor in rural Arizona, we are well versed in addressing and facilitating joint resolution of issues with our individual and organizational providers. P/GLTC remains aware of provider contracting, credentialing, and associated problems through the Organizational Credentialing and Provider Watch Committees. In addition, our business continuity plan is developed and tested at least annually, with one of the scenarios including loss of a facility due to weather conditions. As such, we are able to respond promptly and with adequate human and physical resources when urgent and emergent needs arise. Based on our knowledge of the scenario cited above and considering our existing processes, the following describes our approach.

Notification of Immediate Jeopardy Status

The Director of Quality and Medical Management (DQMM), the Chief Medical Officer (CMO) and Chief Executive Officer (CEO) are identified as recipients of information from AHCCCS. As such, they receive the email from AHCCCS of the notification of Immediate Jeopardy (IJ). Immediately, the DQMM informs the Director of Case Management (DCM) and the Director of Network Management and Development (DNMD) of the notification and status of the facility. An urgent Provider Watch Committee is convened to discuss the issue and develop a plan of action. The PWC consists of the Directors, the Quality Management (QM) Nurse, and the Supervisor of Providers Services. The Case Management Supervisor is included in the meeting to facilitate implementation of the interventions.

Planning and Urgent Interventions

Site-Based Facility Support-P/GLTC considers our responses to this IJ as emergent due to the potential impact of the weather on our vulnerable members. Recognizing the need for staff on site, several Medical Management Nurses, Case Managers, Behavioral Health Coordinators and Network Development staff are dispatched to the facility. The nurses collaborate with the facility staff to provide triage assessments identifying members in need of urgent services. The nurses contact the P/GLTC CMO for support as needed. Urgent and emergent transportation services are secured to transport the members needing a high level of care to treat their reaction to the heat and AC failure. CMs have face-to-face contact with all residents and collaborate with members and the facility staff to implement safety measures, and coordinate members' relocation if needed.

The CM Supervisor is assigned as the liaison with the families and representative of the members residing in the facility. (S)he contacts each authorized representative to notify them of the IJ status and of actions being taken to ensure that the members continued to receive quality care and services.

Behavioral health staff assists members, staff, and others with coping skills training and counseling to optimize effectiveness. Network Development is on-site to facilitate single case agreements if members need to be moved to non-contracted facilities.

P/GLTC Office-Based Operations - The PWC members and core staff remain in the P/GLTC office to facilitate processes from there. Three Case Management Supervisors remain at P/GLTC to act as liaisons to members' families and representatives. Supervisors work with facility-based staff to contact authorized representatives to offer residents and representatives alternative placement. If alternative placement is requested, the CM Supervisor arranges the transfer to an available, contracted facility of the member's or representative's choice.

The Directors establish contact with the other AHCCCS and ALTCS program contractor (PCs) to develop identify a lead PC and establish a

response plan. The CMO directs clinical support and advises level of care placement. The CMO also contacts the CMO of the lead PC to discuss the situation and provides input in the development of the joint PC response. The CMO of the lead PC schedules a teleconference among the PCs to discuss the response. The Chief Executive Officer (CEO) contacts the Pinal County Assistant County Manager to provide a short report on the activities, then notifies the Public Relation Spokesperson to inform him of the situation.

As part of the P/GLTC's business continuity plan, we contract with a company to provide air conditioners and generators on an emergent basis, 24 hours a day, seven days a week. The vendor estimates response to initiate service at urban area facilities in less than two hours. The provider is called immediately to allow him time to collect the equipment needed. Generators and AC units are requested, with the knowledge that the additional generators are needed to supplement electricity needs such as additional loads from mobile equipment.

The P/GLTC Leadership team, the leadership from other involved PCs, and the facility administrator/designee hold a teleconference to discuss the situation, options and potential interventions, and confirm the response plan which reflects a staged response. The ADHS licensing staff, city staff, and ombudsmen are included in the meeting to get input into the plan and ADHS approval of the IJ response.
Noting that the emergent component of the plan is well underway, the plan is to continue to relocate those members requiring an emergent or urgent clinical response to the heat. The PC's and facility administrator agree to the strategy, including use of the mobile AC and generators to limit the disruption to the residents and staff. The PCs agree to pay for the AC units and generators until the facility's AC is functional. Noting that the AC and generators are not routine equipment, ADHS licensing and city fire prevention staff require implementation of a 24-hour fire watch, which the Administrator agrees to provide. To support transparency and ensure consistent messaging, the plan is then communicated to the site-based staff, assignments made, and implementation of the staged response continues. Concurrently, the reporters are informed of the plan and the commitment to the residents is reaffirmed.

Once the ACs and generators are functioning, the facility administrator agrees to provide frequent, scheduled reports to the lead PC staff contact, who then has agreed to follow up with the other PCs as changes occur. Twice daily reports to the PC's are provided throughout the weekend and continue until the AC system is fully functional. They are followed by daily actions followed by confirmation of resolution.

Next Steps
A facility that receives a critical regulatory finding with associated action plans is placed on Provider Watch status. Provider Watch serves to heighten the intensity of surveillance for the provider. Provider Watch related interventions include required daily reports on status related to the air conditioning, expectations of expedited CAP implementation to address the IJ, routine preventive maintenance of the HVAC, annual and ad hoc reviews of contractual and credentialing elements. The provider remains on Provider Watch status until successful installation and full functionality of the electric and air conditioning systems are confirmed.

Summary: Resolution Timeline

DATE	ACTION	RESPONSIBILITY
Prior to IJ Notification	• Business Continuity Planning • Testing of Business Continuity Plan • Organizational Credentialing / Re-Credentialing including medical records, regulatory compliance, quality and site surveys	CEO DQMM CMO

Friday, 1615	• Notification of P/GLTC of IJ Status	AHCCCS
Friday, 1615-1645	• Initial notification to Director of Case Management (DCM) and DNMD of IJ status and confirm notification to CEO and CMO • Notify Provider Watch Committee (PWC) of urgent meeting • Assign applicable staff to respond to NF (RN, CM, BH, NDM) • Initial notification of Mobile Air Conditioning vendor • Contact CMOs of other Program Contractors to discuss situation • CMOs identify lead PC • Collaborate with all PC leadership to schedule urgent multi-plan teleconference to include the facility administrator	DQMM DQMM DQMM, DCM, DNMD MM Admin Asst. CMO CMO CMO and CEO
Friday, 1715	• PWC meeting, Contingency Plan developed and implementation • Notify Assistant County Manager and Public Relations representative of event, status and plan • P/GLTC staff arrive on location of NF and begin assessing situation, triaging and calling back to CMO to update status • Members suffering complications from heat transferred to higher level of care for emergent/urgent evaluation and treatment	DQMM/CMO CEO On site staff CMO/MM RNs (clinical) and NMD staff (contractual as needed)
Friday, 1745	• Multi-plan teleconference held including all Plan CMOs, P/GLTC PWC, NF Administrator, ADHS / regulatory representatives Corrective action plan developed and agreed upon o Decision made to use mobile AC and generators to minimize disruption to stable residents and PCs will split costs. • Mobile AC vendor arrives with AC and generators and sets up • Triage of residents in progress • Contact made with other Program Contractor. Plan developed • Contact member rep. to communicate findings and plan	PWC NDM staff with vendor On site CMs, Nurses, BH Coordinator. CMO CM Supervisors
Friday, 1900-1930	• Mobile ACs working with generator support. Initiate Fire Watch • Immediate triage complete. • Begin site and quality survey • Discussion of status and findings with Facility administrator	DQMM PWC QM Nurse PWC and other PC
Friday, 2030	• Teleconference of Facility administrator, CMOs, PC leadership and regulatory rep. for status updates, intermediate planning/ identification, discussion, and resolution of remaining barriers • On site staff round on members to address any needs then leave the facility after giving contact information to staff and members.	CEO/DNMD/ DQMM /CMO On site staff and associated Directors
Saturday, 0800 & 2000	• Facility administrator submits status report r/t CAP execution • PWC members notified of additional concerns as indicated	Administrator on Call
Sun, Mon, Tues 0800 & 1700	• Facility administrator submits status of CAP implementation to all PCs daily until air conditioning units fully installed /functional	Administrator on Call / PWC
Wednesday Day 5	• PWC meeting, review CAP status and evaluate intervention	DQMM, PWC
Annually/ad hoc	• Progress reports and final completed CAP submitted? ◦ Yes – continue monitoring. ◦ No– discuss options with other PCs including potential for moving members, develop basic plan should moving be required.	DQMM and PWC

Requirement 32: Describe and provide an example of the Offeror's experience and commitment to improving quality of care and performance in specific measures of health care services. Describe how this commitment is spread throughout the Offeror's program.

P/GLTC actively participates in AHCCCS mandated and internally identified initiatives aimed at improving the quality of care and services our members receive. Our participation, commitment, and resulting improvement are achieved through communication and collaboration with our stakeholders. Pinal County's Managing for Results Program (MFR) requires all departments to publicly report key indicators. Our key healthcare indicators are reflected in the MFR findings. For example, P/GLTC's MFR data sets include diabetes care, advance directives, and referral management metrics. Stakeholders include P/GLTC clinical and non-clinical services, members, individual and organizational providers, social and behavioral health service partners, and the communities which we serve.

We participate in formal quality improvement monitoring using the AHCCCS Performance Measures (PMs) and Performance Improvement Projects (PIPs). Evidence-based chronic condition health services, on which the performance measures are based, are an integral part of the Medical Home model. The Medical Home relies on the primary care physician to provide comprehensive, preventive care based on patient needs.

Interventions for improving or sustaining gains in performance measures can also be associated with the Wagner Chronic Care Model. Our health system promotes wellness of patients by reimbursing providers for providing evidenced-based care. The performance measures also promote prevention and early detection, which can prevent complications, ED visits and hospitalizations. Self-Management promotes a better physician/patient relationship, which can lead to better outcomes. P/GLTC case management and medical management staff collaborate with physicians, rural service delivery systems, community services, home health services, and provide outreach to members to encourage preventive services.

Standardized performance improvement metrics and associated interventions benefit members and providers in addition to benefiting AHCCCS and P/GLTC. Our members benefit with improved health outcomes. Providers have better information regarding the member's health which supports continuity of care and ongoing communication between the provider, health plan staff, the member, and family. Evidence-based care is designed to support a population's health status and well being. People who control their chronic conditions, avoid co-morbidity, and receive home-based services in a timely manner are healthier and utilize fewer resources, resulting in long-term cost savings for P/GLTC and AHCCCS.

AHCCCS Performance indicators measure the utilization of standardized health services provided to members enrolled in a long term care plan. There are a total of four measures in two areas of access to care and use of evidence-based disease-specific health services. The performance measure rates are calculated using HEDIS specifications, developed by NCQA. HEDIS is the most widely-used set of performance measures in the managed care industry. Results are compared with standards specified by contract, and trends are identified. Performance improvement projects also are reviewed and analyzed by P/GLTC. Appropriate actions, such as requiring implementation of corrective action plans or technical assistance from AHCCCS, follow findings. P/GTLC has been a top performer among ALTCS health plans over the last two years. AHCCCS reports performance measure data at the aggregate, regional, service area and plan levels, and by ethnicity and urban versus rural.

Organizational Commitment to Quality

P/GLTC strategies for and success in continual improvement in health services delivery as well as PM and PIP performance, rely on our commitment to performance improvement throughout the P/GLTC program. This includes coordination of member's care by an interdisciplinary Care Team. This team approach leads to multi-dimensional problem-solving, member specific interventions, resolution of identified issues, and removal of barriers to care. In addition, P/GLTC is developing an integrated Primary Care and Behavioral Health Services Medical Home with Mountain Health and Wellness to address depression and other mental health issues that often co-exist as chronic conditions. Our second medical home partnership is our Sun Life Family Health Center in Casa Grande. This FQHC Medical Home has a diabetes program that provides a full spectrum of care Diabetic Educators, Self Management Courses, access to a comprehensive set of health promotion resources, Focus Groups, Nurse Case Management and additional Community Case Management services.

P/GLTC CMs evaluate their members' abilities to self-manage and implement interventions aimed at addressing individualized needs, paying particular attention to ensure that members receive behavioral health services as needed to behavior modification. CM or care team nurses follow-up by phone to advise patients that they are due for tests provided as part of a disease management program. Finally, P/GLTC uses culturally relevant patient education materials, such as guides on preparing healthy meals, particularly those that incorporate traditional foods for specific ethnic and racial populations.

The Quality Task Force (QTF) serves as the operational team to improve PM and PIP related performance. The QTF consists of representatives from all the P/GLTC areas. The QTF meets to establish the work plan, including goals, measurable, objective performance indicators, responsible parties, the methodologies used to implement and evaluate the project and timelines. The length of the project is determined, and both one-year and long-term goals are developed. AHCCCS benchmarks are incorporated into the PM or PIP. Many improvement initiatives involve staff from multiple sections of P/GLTC as well as providers so it is vital that everyone has a clear understanding of roles and responsibilities.

In general, CMs, Care Team nurses, the PI nurse and QM staff spearhead interventions. Data Analysts collaborate with the QTF and Quality and Medical Management leadership to develop and produce the reports needed to track performance data. The progress of the QTF is reported and reviewed quarterly by the QM Committee.

Evaluating the Effectiveness of Interventions

The effectiveness of strategies and interventions is evaluated over time. While data are reported to AHCCCS annually, internal reports are generated quarterly to monitor outcomes of interventions more frequently. Initially, data are analyzed to determine baselines. Then results are compared to annual goals, AHCCCS determined benchmarks, or national standards. Each quarter a summary report, including outcome data and progress toward reaching the annual goal, is completed and presented to the QM Committee. The committee analyzes the results, discusses barriers, and makes suggestions for modifications in interventions or approach. We expect that sustained and demonstrated improvement can be shown for at least a year after improvement is first achieved.

Progress in reaching goals for each PM and PIP is reviewed and reported in an annual report. The report identifies trends, suggests changes or modifications to goals, interventions or methodologies, including recommendations whether or not a plan-designated PIP should be continued the next year. This information is reported to the QM Committee at the end of the fourth quarter for review. Once the existing PIPs are accepted for continuation, the modified methodologies and work plans are

developed and approved. P/GLTC continues to measure the Performance Measures using the AHCCCS prescribed process. In addition, the P/GLTC Quality Task Force meets every other week, reviewing internal performance, provider and member specific interventions and issues, and brainstorming additional opportunities for continued improvement.

AHCCCS requires monitoring of PMs for Diabetes, with metrics related to rates for Hemoglobin A1c Testing, Biennial Fasting Lipid Profile, and Biennial Retinal Screening. For the purposes of this response, Performance Measures related to Diabetes Care serves as an example of success in the planning, development, and execution of strategies aimed at improving care to our diabetics, as demonstrated by significant gains in PM results. The gains are reflected in the table below.

performance improvement initiatives, P/GLTC has implemented a pay-for-performance (P4P) program Physician P4P initiatives provide additional compensation for those providers that administer or refer members for evidence-based testing and document the results of the testing in the medical record. P/GLTC improved its diabetes care PM through improving access to care for lab and retinal screenings. For example, home health nurses were able to draw lab samples, and transportation to lab and PCP services were arranged and facilitated. Additional testing and immunizations may be provided at any of the Pinal and Gila Public Health clinics through a collaborative relationship with our sister department. Our gain in retinal screening is in part due to partnerships with traveling ophthalmologic services. The utilization of ophthalmologists who travel throughout the

Performance Measure - CYE 2010	% Receiving HbA1c Blood Tests *MPS 80%*	% Receiving Lipid Screening *MPS 80%*	% Receiving Retinal Exams *MPS 80%*
Pinal / Gila Long Term Care	**91.1%**	**90.4%**	**78.3%**
Bridgeway Health Solutions	83.3%	74.1%	59.9%
Cochise Health Systems	74.5%	65.7%	57.8%
Evercare Select	84.4%	76.9%	57.5%
Mercy Care Plan	90%	88%	75.4%
Pima Health Systems	92.4%	69.7%	61.3%
SCAN Long Term Care	85.6%	75.2%	45.1%
Yavapai County Long Term Care	75.9%	71.3%	67.8%
Overall Average	**86.5%**	**77.9%**	**63.9%**

The object of the Diabetic Performance Measures is to ensure that members receive regular evidence-based services through their PCP. The health plan promotes and encourages the utilization of these services through outreach, targeted interventions and incentives. The end goal is to foster a relationship between patient and provider that supports health maintenance, and early detection of co-morbid conditions that require on-going management.

The interventions to improve diabetic care measures rely on the provider, member, P/GLTC nurses and case management interface. To support the providers' adherence to our counties providing retinal screenings improved access to care to those members with barriers to care in a regular opthamology office. These services have been provided in homes, nursing facilities, and the P/GLTC office complex.

Requirement 33: Describe how feedback (complaints, survey results etc.) from members and providers is or will be used to drive changes and/or improvements to the Offeror's operations. Provide a member and a provider example of how feedback was used by the Offeror to drive change.

Feedback

The feedback P/GLTC receives from its members and providers is an essential element in our ongoing efforts to improve the quality of care and services for our members.

P/GLTC receives formal and informal feedback from members and providers through multiple avenues. These sources include, but are not limited to, member satisfaction surveys, joint operations committee meetings held between P/GLTC and network providers, grievances, appeals, claims disputes, quality of care and service concerns, and outreach activities such as our member / provider council meetings. These processes are tools to gain feedback and assess the quality of services provided by P/GLTC and contracted providers. They provide the data that is then analyzed by the sponsoring department, interpreted by our executive team overseen by Marlene Bluestein, our Chief Medical Officer (CMO) and Donna Beedle our Chief Executive Officer (CEO), and used to drive changes or improvement to P/GLTC operations.

The Quality, Dispute, and Appeals team tracks and trends member and provider issues. Under the leadership of the Director of Quality and Medical Management (DQMM), 2.5 FTEs investigate and analyze quality of care issues, abuse, neglect and unexpected deaths. Lynne Braatz, Dispute and Appeals Coordinator, manages administrative processes, including issue acknowledgement, documentation, data entry and reporting. All implemented corrective action plan(s) or action(s) taken to resolve the concern are documented and analyzed to assess the effectiveness of the interventions taken.

Member Satisfaction Surveys – Members are asked about their satisfaction with all the services they receive. The data is summarized, analyzed, and reported to the P/GLTC Executive Team to be used as an assessment of our care and services. Resulting data and analyses are included as part of the Provider Profiling and re-credentialing processes. In addition, the surveys are used to identify network gaps and evaluate Case Manager effectiveness. Significant trends in member survey responses may suggest the need for a focused study or performance improvement (PI) initiative.

Member Councils - P/GLTC has a Member Council in both Pinal and Gila counties. The two councils are made up of members who are concerned about healthcare and services. These councils advise P/GLTC on issues that are important to members. Providers are welcome to attend meetings. Council members are volunteers. P/GLTC provides training, lunch and transportation to the meetings, scheduled four times a year.

Joint Operations Committees (JOCs) – The Joint Operations Committee meetings serve as a traditional method of reviewing topics of interest to P/GLTC and its vendors. P/GLTC has long hosted JOC's with our high volume providers on a regular basis. Feedback from providers on the value of the JOC venue has led to increase use of the JOC process. Ad hoc, provider type based, issue based, and new contractor JOCs now are used to enhance our communication with providers. Ad hoc JOCs may be held with a provider type when special information or benefit changes needs to be shared or discussed.

Driving Change

A provider type, issue based JOC for all Assisted Living Facilities (ALFs) was held to provide wound care education and allow for discussion of how wound management monitoring could be implemented in the ALF environment. The latest enhancement to the JOC process involves newly contracted organizational providers.

The JOC is held within six months of contact execution. The JOC provides an opportunity to review contractual requirements and clarify expectations for partnering with P/GLTC to provide care to our members. Feedback from these JOCs has been positive and has resulted in improved communication between the provider and P/GLTC, improved quality of care to our members, and support for the new provider for any identified issues.

Member Grievances – P/GLTC's commitment to quality care and service drives its member grievance processes. P/GLTC defines a grievance as an expression of dissatisfaction about any manner other than an action. Examples of a grievance include but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights. The orientation of all P/GLTC staff includes information on the grievance process. Specifically, the new hire and annual orientation programs include what constitutes a grievance, how to report a grievance, and the role of P/GLTC's Quality Management staff in grievance resolution.

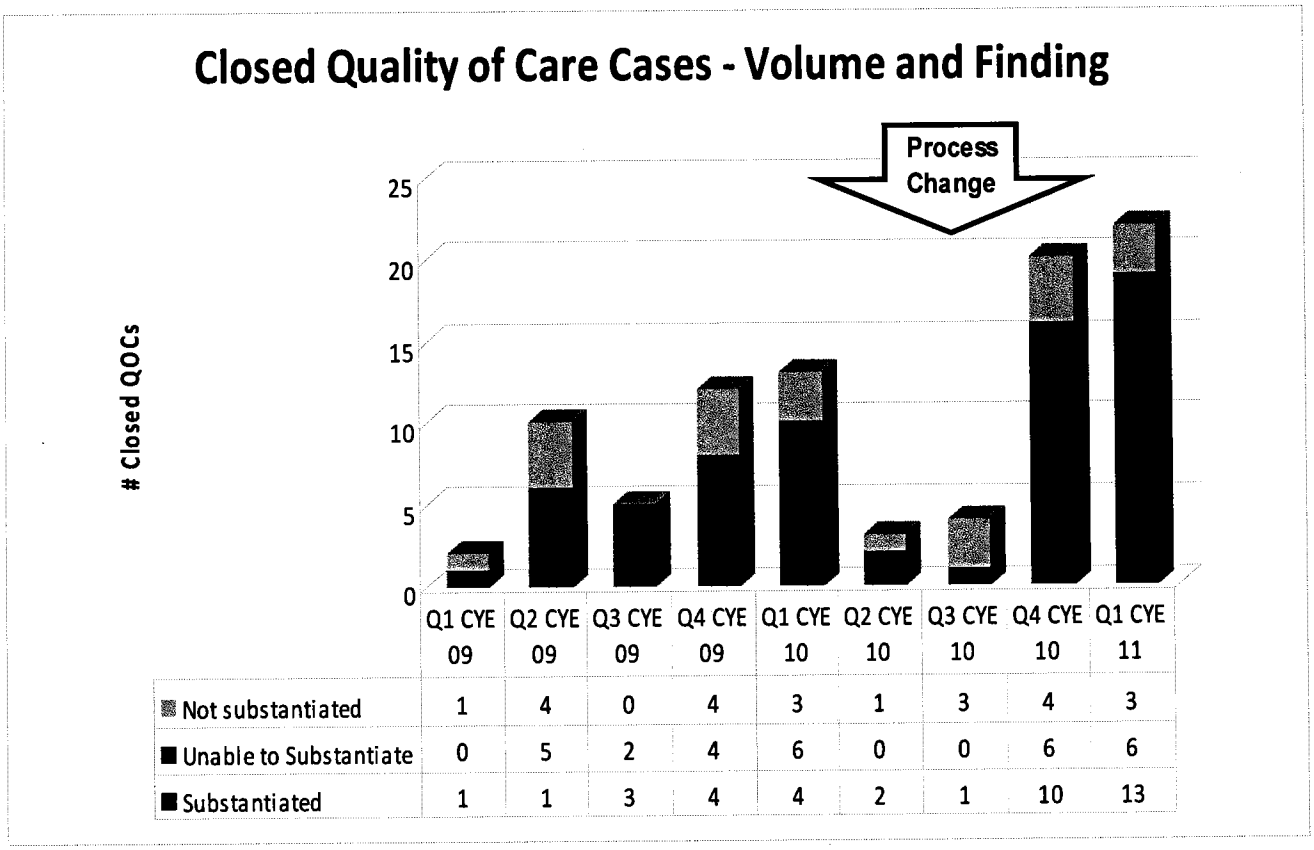
Driving Change
A review of member grievances revealed an increasing trend in gaps in service concerns related to attendant care and transportation. An analysis of root causes identified process barriers related to scheduling and communication. Interventions were implemented that included electronic notification of gaps in service, scheduled back-up providers, and a timeliness standard of two hours for resolution.

Quality of Care and Service (QOC/S) Concerns – Members and their representatives submit grievances that, after review and application of severity criteria, reflect potential Quality of Care issues. In addition, concerns are written when staff is aware of issues with a potential negative impact to the member's health outcomes. Individual QOC/S submissions to the Quality Management Department are assigned an initial severity level, logged in a secure database, acknowledged, investigated, and substantiated as appropriate with corrective action plans required as indicated. Closure letter are sent to those initiating the concerns. Collectively, data from concerns are aggregated, analyzed, tracked, and trended. Quarterly reports for both complaints and concerns are evaluated by the Grievance Committee and reported to the Quality Management Committee on a quarterly basis.

Driving Change
Based on tracking and trending of closed and open QOC case, we noted that the turn-around time from receipt to closure of the potential QOC required process improvement. Trends from quarterly QOC data reported from October 2008–June 2010 indicated significant quarterly variation with an average of seven cases closed per quarter and a range from two to thirteen cases. The number of received cases did not reflect the same degree of variation. Given that the report includes only closed QOC cases, the variation was thought to reflect the QOC review process more than the number of QOC concerns that were submitted. A review of the data from the QOC data base confirmed the hypothesis. An opportunity for improvement was identified in the QOC investigation and case closure aspects of the process.

As part of the QOC process review, quality of care and service concerns and complaints data were reviewed to identify if opportunities for improvement existed. Specifically, the volume of potential QOC concerns received, the throughput time from receipt to resolution, potential barriers to submission and investigation of potential QOC's, potential process variance related to initial leveling, investigation and closure. Findings of the review indicated process improvements could be achieved by reviewing existing policies and procedures and revise as indicated, combining the concerns and complaints form into a single report form, clarifying the submission and review processes, ongoing monitoring of throughput times, aligning QOC, grievance, appeals, and credentialing to improve capture,

review, analysis, trending, and resolution of issues, and designating specific P/GLTC staff and application of the PDSA rapid cycle improvement process in this area. The findings from the review were implemented, resulting in a standardized review process and a decreased throughput time from receipt to substantiation.



	Q1 CYE 09	Q2 CYE 09	Q3 CYE 09	Q4 CYE 09	Q1 CYE 10	Q2 CYE 10	Q3 CYE 10	Q4 CYE 10	Q1 CYE 11
Not substantiated	1	4	0	4	3	1	3	4	3
Unable to Substantiate	0	5	2	4	6	0	0	6	6
Substantiated	1	1	3	4	4	2	1	10	13

Requirement 34: Describe the process that will be utilized by the Offeror to monitor services and service sites of members that reside in their own home. Describe what steps will be utilized if non-compliance is identified.

P/GLTC's success in keeping our members as independent as possible in the least restrictive setting is reflected in the percent of our members living in home and community based settings. We have the highest percent of member receiving HCBS of all ALTCS Program Contractors in Arizona. Our improvement continues with 74.41% of our members receiving HCBS as of January 2011.

In January 2011, almost 75 % of our members received HCBS

The ultimate goal of our HCBS services is to provide high quality care and services while the member remains in his or her own home. With the highest level in the state, we continue to strive to improve our HCBS care through daily communication with our providers and our 24 / 7 availability for our members.

Quality monitoring and evaluation activities are carried out by a variety of P/GLTC staff. Quality review of home based care and services are overseen by the organizational credentialing process. Organizational credentialing applies to those contracted entities providing direct, indirect care, or supervisory services in the home or alternative residential settings. In addition to regulatory requirements, quality and performance measures are included in the organizational credentialing files and considered during the credentialing process. Organizational provider files are kept separately from contract files.

The P/GLTC Organizational Credentialing Committee ensures our members have access to a comprehensive network of qualified organizational healthcare providers by performing credentialing and re-credentialing functions. The Committee consists of the Chief Medical officer, Director of Quality and Medical Management, Director of Network Management and Development, the Chief Executive Officer, and the Credentialing Coordinator. The Committee reviews P/GLTC contracted organizational providers for quality issues, member concerns that include grievances (complaints) and appeals, utilization management information, performance improvement, and results of network management visits and medical record audits.

P/GLTC coordinates with other ALTCS program contractors on mandatory routine quality monitoring and oversight activities for facilities and alternative housing options when they are contracted with more than one plan. Should an immediate jeopardy situation arise, we consult with each involved contractor, identify the lead plan, collectively work to address deficiencies, and if the members must be moved, join forces to minimize the impact on all members.

P/GLTC ensures that the credentialing and re-credentialing process does not discriminate against healthcare professionals based on their license or certification. In addition, it does not discriminate against practitioners who serve high-risk populations or who specialize in the treatment of costly conditions. Finally, we ensure that the process complies with Federal requirements that prohibit employment or contracts with practitioners excluded from participation under Medicare or Medicaid.

P/GLTC utilizes an extensive set of tools to monitor the delivery of care and services in the home setting. They range from experiential satisfaction to objective process and outcome audits. We solicit feedback from surveys, grievances, care team interactions, providers, and caregivers. We review licensure, direct and indirect care provider competency, care planning, integration of services, untoward events, hospitalizations, and provider records. Whenever possible, outcome goals and standards of care are aligned with those of AHCCCS, ADHS and CMS.

Monitoring Frequency
The organizational re-credentialing process may occur on an annual basis, but no less than every three years. For home-based services, P/GLTC provides annual monitoring of attendant care, homemakers services, and personal care service as defined by our policies and procedures. P/GLTC performs monitoring of durable medical equipment (DME), medical supplies, respite care, respiratory therapy, occupational, speech, and physical therapies, transportation, home delivered meals, home health nursing, and hospice services at least once every three years. If deficiencies or potential deficiencies are identified, we address them from a member and system perspective.

For contracted home health agencies, we validate at least every three years that the agency is licensed to operate in the State. In addition, we assure compliance with any other applicable State or Federal requirements, including AHCCCS requirements. If not accredited, CMS certification or State licensure review may substitute for accreditation. If CMS certification or AZ State licensure review is being used as a substitute for accreditation, P/GLTC verifies that compliance was achieved by obtaining a copy of the report. The P/GLTC Organizational Credentialing Committee must review and approve the agency. In addition, P/GLTC must review and monitor additional organizational providers in accordance with their contract.

Data Sources
Organizational Surveys – P/GLTC reviews several types of records from the monitored organization. These include corporate site surveys of human resource files and surveys from regulatory agencies (e.g. ADHS or CMS). Additional monitoring is based on the type of services provided, with randomized sampling methodology used for the selection of documentation and review of workers' files to ensure all provider agencies and direct care workers have an equal opportunity to be included in the samples. For example, attendant care monitoring includes verification of the monitoring and documentation of applicant interviews within 14 days of contacting the agency, annual and ad hoc continuing education and training sessions for certified attendant care workers (ACWs). Personal care monitoring includes but is not limited to the verification of supervisory coverage and visits, competency, and the necessity of duties specified on the member's individualized care plan. Homemaker monitoring includes documentation of successful completion of tasks designated on the member's care plan such as cleaning, laundry, meal planning and preparation, and appropriate supervision.

Member Satisfaction Surveys - Member satisfaction surveys provide subjective data that can be used to evaluate the member's perceptions of their needs and the care delivered to meet those needs. The annual Member Satisfaction Survey explores the member's feelings related to their CM, primary care provider, provider office practices, timeliness of service provision, and transportation services.

Grievances, Claims Disputes, and Incorrect Claims Submission - Grievance or complaints from home based members are received, reviewed, and every effort made to resolve the issue related to the grievance. Grievances are entered into a database as they occur. They are aggregated quarterly and reviewed by the Grievance Committee and reported to the Quality Management (QM) Committee.

Claims disputes are received from organizational providers disagreeing with the amount, timeliness, or level of payment received after their claims have been adjudicated. Organizations that submit claims disputes on a regular basis receive coding and claims submission support from the P/GLTC Claims Staff. If organizations submit claims that include reimbursement for services not rendered, the organization is referred to the Compliance Officer.

Quality Care Concerns - Potential QOC Concerns often involve more serious issues and are

generated by CMs or any person aware of the issue. They are forwarded to the QM staff as problems are identified, investigated, and substantiated as indicated. Corrective action plans may be required from the provider to ensure the causative factors have been addressed.

Disease Management Compliance Reports - This monitoring activity reports on condition-specific or risk-based elements of care. The condition-specific programs monitor comprehensive diabetic care, congestive heart failure treatment, smoking cessation, and weight management. The risk-based programs focus on fall prevention and medication safety.

Performance Improvement Projects (PIPs) - PIPs are designed to address aspects of care that impact entire populations. Currently, PIPs address annual influenza immunization, exploring the motives behind those refusing the vaccine. The Advance Directives PIP focuses on timely completion of documents and explores decisions not to engage in the Advance Directive process. Guideline adherence and timeliness of responses by an organization for information related to these PIPs are included in the organizational review.

Steps to be Taken for Non-Compliance

If problems are identified with the care and services provided to our home-based members, P/GLTC develops work plans and takes appropriate actions to address the issues. The improvement initiatives are the work of P/GLTC QM, NDM, and Case Management sections in collaboration with the involved provider. The investigation process is used to examine the issue from the member and system perspectives, identify causative factors, and identify potential opportunities for improvement. Corrective action plans (CAPs) serve as the map to achieve the improvement.

A full investigation and mandatory CAP are required in cases where significant harm or the risk exists. Examples include abuse, neglect, unexpected death, isolated systemic issues, lack of coordination with special needs population, and inappropriate blanket authorizations for specific ongoing care.

P/GLTC requires that CAPs include the action to be taken, the person responsible, a timeline for achievement, and measures of effectiveness to validate the improvement. All reasonable efforts are made to support successful implementation of the CAP by the organizational provider. For example, we have partnered with our preferred home care provider to insure CAP compliance through bi-weekly communication meetings, monitoring established performance metrics, and audits of provided services. Actions required as part of a CAP include but are not limited to organizational planning, staff training, focused staff remediation, and revisions to processes, structures, or forms. We may terminate our affiliation with a provider. We issue appropriate referrals to regulatory agencies. P/GLTC retains all documentation regarding the evaluation, collaboration, CAP development, and validation of its implementation.

Any contracted organization may be placed on "Provider Watch" for closer monitoring if it determined that members' safety and health are potentially at risk. Provider Watch Committee (PWC) members include the senior Executive Management team representing the CMO, DQMM, Plan Director, Director of Case Management, the Chief Financial Officer, and the Contract Compliance Officer. The PWC meets monthly or ad hoc to address urgent issues. The Committee's purpose is to determine the continued suitability of the service organization for our members through the review and evaluation of all available data from Quality of Care concerns, ADHS licensure reports if appropriate, grievances, appeals, and any information regarding potential financial instability. The review determines whether the organization should be placed on an administrative hold, whether to withhold recredentialing or contract renewal, or whether to immediately terminate a contract. Provider Watch Committee actions are tracked and trended by the DQMM, with results included in the organizations' credentialing files.

Requirement 35: Oral Presentation

P/GLTC shall submit the names and resumes of participating individuals via the EFT/SFTP server by 3pm MST on April 8.