

E. PROVIDER NETWORK – PROVIDER NETWORK SUBMISSIONS Q.36

- 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.