

Pinal County - Managing For Results

Annual Report

FY 2009-2010

PINAL/GILA LONG TERM CARE

Healthcare Benefits Management Program

Healthcare Management Activity

KR % of Pinal/Gila Long Term Care members over the age of 18 will have documented advance directives

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
75.00%	68.80%	75.00%	80.06%	75.00%	87.13%	93.00%	89.17%	82.00%	81.26%	82.00%

The annual goal was met and surpassed, with a 32.37% improvement in this measure from July to June. This measure will continue on to the next year, with the goal being to maintain our current rate of documentation at a minimum and perhaps increase our rate. This will be achieved through a continued focus by case management and quality management staff as well as continued member education. At this time, there are no foreseeable barriers as the process has been honed throughout the year and the numbers have continued to rise.

Long Term Care Benefits Activity

KR % of members will continue to remain in the community with supportive services

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
74.00%	76.04%	76.00%	75.38%	76.00%	76.15%	76.00%	76.81%	77.00%	76.10%	77.00%

P/GLTC found that analysis was needed on disenrollments to understand the number differences we were receiving on a monthly basis for members receiving services in their homes. It appeared the membership should have been growing faster. The disenrollment data helped us understand how many members would disenroll for the month. This process started the last quarter of the year so there is only one quarters worth of data. That data, however has told P/GLTC we have had more disenrollment's off of our program than anticipated each month. This is why our enrollment data has not gone up as much as P/GLTC initially thought it would. Throughout the year, the average number of new enrollee's that stayed in their homes equaled 41. P/GLTC continues to support keeping members in the community (in their homes). This measure is subjective as case managers can give opinions on best care practices based on assessment. The case manager cannot make a decision without the consent of the member/representative. Ultimately it is up to the member/representative to make the decision where to live. Disenrollment's for the last quarter of the year averaged 28 members a month disenrolling for various reasons. This data will help in CYEE 2010-2011 to better track the number of members staying in their homes. This data will allow P/GLTC to see trends in reasons members are disenrolling and give a more accurate number of how many members on average are staying in their homes. The goal is to have 77% of members in a home and community based setting. The CYEE will go from 76% to 77% for 2010-2011.

Provider Network Management Program

Provider Network Activity

KR % of services will be delivered by contracted providers

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
88.00%	81.31%	88.00%	79.57%	88.00%	80.74%	78.00%	79.42%	84.00%	80.34%	84.00%

This measure will not continue for the next fiscal year. A more appropriate measure of the provider network has been established and will be utilized in the future.

Utilization Management Activity

KR % standard authorization requests processed within 14 days

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
95.00%	99.30%	95.00%	99.32%	95.00%	99.38%	95.00%	99.56%	95.00%	99.40%	95.00%

We have consistently exceeded our annual target of 95% throughout this year and have processed our standard authorizations (within our 14 day timeframes) on average, 99.39% of the time.

PINAL/GILA LONG TERM CARE

Quality Assurance Program

Continuous Quality Assurance Activity

KR % of Pinal/Gila Long Term Care members with diabetes between the age of 18 and 75 inclusive will have a documented Hemoglobin A1C assessment

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
80.00%	83.63%	80.00%	82.26%	80.00%	73.83%	80.00%	84.14%	80.00%	80.91%	80.00%

The annual performance increase for HgA1c was 11.30%. This significant increase in performance is directly attributable to an increased organization-wide focus and prioritization for this topic. Staff, provider, and member education, concurrent and retrospective data collection, and implementation of multiple interventions all contributed to realizing an effective improvement strategy for this topic. The regular monitoring and lowering of A1c to below or around 7% has been shown to reduce microvascular and neuropathic complications for diabetic patients which will contribute to better outcomes and quality of life for P/GLTC diabetic members. We plan to continue with many of these successful strategies throughout next year. In addition, we will continually work to develop new innovative approaches to overcome identified barriers to regular diabetic screening for our members. Due to this, we anticipate a sustained performance of 80% or better throughout next year. With new QI/UM leadership staff joining the organization shortly, it is anticipated that the CYEE for this measure will be reviewed in the future with the Medical Director and may be adjusted based on their determinations.

Administrative

Department Director

KR % of applicable Key Results achieved

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
100.00%	72.22%	100.00%	66.67%	100.00%	66.67%	89.00%	77.78%	89.00%	70.71%	89.00%

7 of 9 key initiatives have met targets. Due to maintenance issues, 1 vehicle did not meet the 100,000 mile target.

KR % of surveyed customers who say they are satisfied or very satisfied with the services provided by the department

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
75.00%	0.00%	75.00%	96.11%	75.00%	96.11%	96.00%	96.11%	96.00%	96.11%	96.00%

96.1% members responding report overall satisfaction with P/GLTC services which meets the revised annual target. In the reports section, this change is not reflected due to an error in the annual calculation. P/GLTC will strive to continually improve member satisfaction throughout CYEE10/11.

Financial Services

KR % of non-construction payment authorizations (purchase orders) entered into the system within three business days of receipt of goods

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

This measure is met without exception throughout the year. The same level of performance is anticipated throughout CYEE 10/11.

Human Resources

KR % of all annual employee appraisals will be submitted to Human Resources by the end of January due date.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
98.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.59%	100.00%

This measure is complete. Monitoring and formal feedback to staff using the Planning for Results document was completed in April. Achievement/progress was documented and remaining goals reviewed for discussion in July.

PINAL/GILA LONG TERM CARE

Administrative

Records Management

KR % of record series managed in compliance with legal and policy requirements as determined by the Arizona State Library of Archives.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Long Term Care achieved the annual target as records are purged and shredded annually within the legal and policy requirements determined by the Arizona State Library Archives, AHCCCS and HIPPA. It is anticipated that P/GLTC will continue to be in compliance throughout CYEE10/11.

Training

KR % of training dollars spent that directly align to County or Department strategic goals.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
85.00%	0.00%	85.00%	0.00%	85.00%	0.00%	85.00%	0.00%	100.00%	0.00%	100.00%

Long Term care is only allowing staff to attend trainings that directly relate to AHCCCS deliverables requirements or that are necessary for CEU hours for licensure or degrees. Due to budget constraints, it does not appear at this time for CYEE 10/11, there will be funding available for staff training.

Vehicle Management

KR % of department vehicles operated more than 10,000 miles per year

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
95.00%	0.00%	95.00%	60.00%	100.00%	80.00%	100.00%	80.00%	100.00%	80.00%	100.00%

Four of the five vehicles are operated 10,000 miles or more each year. Maintenance issues prevented reaching this measure. Staff recommendation to reduce available cars from 5 to 3 is currently under cost benefit analysis for CYEE10/11.

KR % of department vehicles with preventative maintenance performed as scheduled

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
95.00%	100.00%	95.00%	100.00%	95.00%	86.67%	100.00%	100.00%	100.00%	96.36%	100.00%

All vehicles receive regularly scheduled preventative maintenance. It is anticipated this trend will continue throughout CYEE 10/11 with 3 or 5 vehicles as appropriate.