

Pinal County - Managing For Results

Annual Report

FY 2010-2011

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

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
90.00%	89.39%	90.00%	82.04%	86.00%	81.85%	86.00%	83.97%	86.00%	83.97%	86.00%

Overall performance for Advance Directives has been a success this year. P/GLTC built upon last year's successes which resulted in a sustained performance ranging between 82-89% throughout the year. This improvement reflects the established process of encouraging the execution of a living will for members who do not currently have one in place. The case management staff routinely addresses this topic with each new member during their intake process. In addition, individual reports are generated for case managers to help them identify which of their members have not executed an Advance Directive. One intervention highlight during this year was the peer-to-peer training during which some of the case managers shared individual best practice approaches to discussing Advance Directives with members in all settings of care.

Although final analysis revealed performance falling 2% below the CYEE estimate, the 2010 AHCCCS remeasurement report revealed that P/GLTC was officially the best program contractor in the state for Advance Directives. A statistically significant improvement in performance of 73.1% was reported which was an 85.4% relative change from baseline performance.

P/GLTC is unable to forecast performance for this measure for next year due to the loss of the ALTCS contract with AHCCCS for Pinal and Gila counties.

Long Term Care Benefits Activity

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

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
76.00%	76.06%	77.00%	76.23%	77.00%	75.97%	77.00%	76.74%	77.00%	76.25%	77.00%

Overall performance in this area exceeded the target of 76%. The Year End Estimate of 77% was not met. The actual for the year was 76.25%. This was a small increase from the last MFR year.

Case Management and Network staff worked hard this year obtaining contracts for Assisted Living Facilities in Gila County which is the area that has most of the member population in Nursing Facilities. By obtaining the contracts for those facilities it was the goal to have more members living in a more Home based setting. Unfortunately Pinal/Gila Long Term Care will not be able to forecast the goal for next year due to the loss of the Arizona Long Term Care contract with Arizona Health Care Cost Containment System for both Pinal and Gila counties.

Education in Gila County by newsletters and Member Council meetings this MFR year discussed the fact that Pinal/Gila Long Term Care is an advocate for members staying in the least restrictive most cost effective placement. Included in the education was contact information if members/representatives wanted care in the home instead of going to a nursing facility as well as information about the new Assisted Living Facilities in the area and what they could bring to members.

Provider Network Management Program

Provider Network Activity

KR % increase in hospitals in the County (from 1 to 2)

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
100.00%	100.00%	100.00%	200.00%	200.00%	200.00%	200.00%	200.00%		200.00%	200.00%

Objective exceeded with opening of Florence Community Hospital in July 2010 and Banner Ironwood Hospital in November 2010.

KR % increase in outpatient clinics in the County (from 46 to 48)

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
5.00%	0.00%	100.00%	10.87%	10.00%	19.57%	30.00%	23.91%		23.91%	30.00%

The number of Outpatient Clinics in Pinal County is 57 which exceeds the goal of 48.

PINAL/GILA LONG TERM CARE

Provider Network Management Program

Provider Network Activity

KR % increase in Primary Care Physicians in the County (from 42 to 43)

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
3.00%	0.00%	3.00%	0.00%	100.00%	26.19%	30.00%	61.90%	30.00%	61.90%	30.00%

The number of PCPs in Pinal County at year end is 68 which exceeds the goal of 43.

KR % increase in Skilled Nursing Facilities in the County (from 1 to 2)

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Objective was met with the addition of Oasis Skilled Nursing Facility in November 2010.

Utilization Management Activity

KR % standard authorization requests processed within 14 days

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
99.00%	99.49%	99.00%	99.29%	99.00%	99.25%	99.00%	99.71%	99.50%	99.40%	99.50%

The 99% annual target was regularly exceeded throughout the year. Standard authorizations were processed within the 14-business day timeframe 99.06% of the time.

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

FY11 Target	Q1		Q2		Q3		Q4		FY11 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
83.00%	88.32%	83.00%	81.95%	83.00%	69.52%	83.00%	71.79%	83.00%	77.66%	83.00%

The annual performance for this measure fell more than 10% below the anticipated CYEE of 83%. HgA1c performance for the final month of MFR was 72.3%. Despite sustained organization-wide focus, staff, provider, and member education, concurrent and retrospective data collection, and implementation of new innovative approaches such as Pay for Performance and an enhanced Disease Management Program for Diabetes, performance for all three diabetic measures decreased over the course of the MFR calendar year. Many of these successful strategies were a carryover from the last year and it was anticipated that they would yield sustained high performance for the diabetic measures. In evaluating possible causes for this decline in overall performance, the loss of the AHCCCS contract is most likely a primary factor and has produced many distractions and barriers during this final quarter of the MFR reporting year. The loss of the AHCCCS contract has also required a revision of organizational priorities as P/GLTC staff focus on transitional planning.

It is important to emphasize that P/GLTC staff remain dedicated to ensuring and collecting evidence that diabetic members are receiving best practice care. AHCCCS benchmarking data for the eight ALTCS plans reported that PGLTC was the top performing plan for annual lipid and retinal exams and had the 2nd highest performance rate for HgA1c tests. This marked the second year in a row for P/GLTC to achieve statistically significant improvement for each of the diabetic clinical measures. The collaborative efforts and hard work across all P/GLTC departments contributed to the demonstrable success achieved on this AHCCCS-mandated performance improvement project. P/GLTC is unable to forecast performance for these measures for next year due to the loss of the ALTCS contract with AHCCCS for Pinal and Gila counties.