

Your health comes first

Here are the many ways we're working to ensure the quality of your care

At Amerigroup, our focus is on you. We want to help you get and stay healthy. That's why we have many programs to make sure the quality of your care is top notch. Below is an overview of our Clinical Quality Improvement and Special Needs Plan programs. Please take a look.

Clinical Quality Improvement Program

We work to improve your care in these ways:

1. **Coordination of care** – We help you and your doctors work together as a team. That way everyone is on the same page. And everyone works well to make sure you get the right care at the right time.
2. **Improved access and affordability** – We offer a large network of doctors, hospitals and other health care providers to meet all of your health care needs. We can help you find who and what you need when you need them.
3. **Preventive care** – We tell you about health screenings and services so you can get healthy and stay healthy. We may call you to offer extra help. We can help set up appointments and remind you to get your annual checkup. We may also help you set up screenings for your specific needs, such as a mammogram. Or if you recently broke a bone, you may need a bone density test. We can even send a provider to your home for some routine screenings.
4. **Treatment for chronic conditions** – Our nurses can arrange extra help so you can manage your condition well at home. We have programs to make sure you get support after a hospital stay. So you can recover well at home and not return to the hospital.

Clinical Practice Guidelines (CPGs) and Preventive Health Guidelines (PHGs)

We work with your doctors to make sure they give you the best care possible. We do this with these guidelines. They are recommendations for your doctors. They cover care for specific health conditions. And they cover preventive care. So you can enjoy the best result from the care you get. We have a special committee of board-certified and credentialed doctors who review the guidelines to ensure they are up to date. If you would like a copy of any CPG or PHG, please call Customer Service.

Pharmacy

We have programs to help make sure the drugs you take are working as safely and effectively as possible. So we may call you to talk about why you may not be taking drugs you were prescribed. We may review the drugs with a pharmacist. We may send you a letter to suggest services or topics to talk to your doctor about. And we may reach out to your doctor to talk about possible changes to your drug therapy.

Quality Improvement Projects

We always want to improve. So we have special projects to raise the quality of your care. Some of these are under the guidance of the Centers for Medicare & Medicaid Services (CMS). CMS is the government agency that oversees the Medicare and Medicaid programs. Here are our current programs:

- **Reducing 30-Day Re-admissions**

This program is to reduce the chance that you are admitted to the hospital within 30 days of being discharged from a prior admission. The goal is to educate you about your condition and self-care before you leave the hospital. And to make sure your medications are right. And that you have help at home if you need it.

- **Behavioral Health Quality Improvement Project**

This program aims to coordinate your care across health care settings. It also is to support you in your self-care. The goal is to ensure your doctor, behavioral health provider, hospital and case manager have your Plan of Care.

How well are we doing our job?

We want you to get the best health care possible. So we study your medical care and the programs we offer to measure quality and safety. We also assess your satisfaction with these services. The results tell us what's working best and where we should take action.

We use well-respected tools to measure. These come from CMS and groups of health care experts. Three of the tools we use are HEDIS[®], CAHPS[®] and Stars.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS®

HEDIS stands for Healthcare Effectiveness Data and Information Set. This measures the quality of many factors of care. Almost all American health insurance plans use HEDIS to measure health care and services. You'll find more about our 2017 HEDIS rates for our Medicare and Special Needs Plan members below.

Here are the HEDIS measures we report monthly on our Special Needs Plans (SNP):

- Controlling High Blood Pressure (CBP)
- COA – Advance Care Planning
- COA – Medication Review
- COA – Functional Status
- COA – Pain Screening
- Colorectal Cancer Screening (COL)
- Follow-up after hospitalization for mental illness – 7 days (FUH-7)
- Follow-up after hospitalization for mental illness – 30 days (FUH-30)
- Osteoporosis Management in Women Who had a Fracture (OMW)
- Plan All-Cause Re-admission (PCR)

We improved in the Care of Older Adults (COA) – Medication Review measure. We continue to work on ways to help members improve their high blood pressure control and colorectal cancer screening rates.

Here are the Medicare measures we track:

- CDC – HbA1c testing
- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- High-Risk Medications (HRM)
- Statin Use in Persons with Diabetes (SUPD)
- Medication Adherence for Blood Pressure, Cholesterol and Diabetes
- Plan All-Cause Re-admission (PCR)

Medicare health plans get Stars ratings based on how well they perform on these measures. The number of Stars tell how good a job our plan is doing:

5 stars – Excellent

4 stars – Above average

3 stars – Average

2 stars – Below average

1 star – Poor

This year, more than 60% of our Medicare members are enrolled in health plans that achieved a rating of 4 stars or higher. Our performance on Medicare measures helped us earn our star rating. For example, A1C control improved across all plans.

We check these results often. That helps us improve care throughout the year.

CAHPS®

CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. It's a survey that asks patients how happy they are with their health care, health insurance plan and doctors. The Medicare Program rates the quality and performance of all health insurance and prescription drug plans each year. Here are some of the areas on the survey that Medicare reviews:

- How you rate our plan's services and care
- How well our doctors detect illnesses and keep members healthy
- How well our plan helps you use prescribed medications safely

The Star Ratings also use CAHPS measures

In 2017:

- More members gave their health plan high ratings.
- More members gave their drug plan high ratings.

You can learn more about our plan and how we compare to others at www.medicare.gov.

Quality Improvement Goals

For the coming year, we want to make sure that:

- All our members get quality health care and services.
- We help you see your doctor for prompt follow-up care after being in the hospital.
- We work to help you improve your health.
- We help you stay well and manage your health care needs.

How all this helps you

We care about what you think of the care and services we provide. We want to know how we compare to other health plans. Learning how we measure up helps us improve the quality of your care and serve you better. We focus on helping you because your health comes first.

Special Needs Plan (SNP) program

If you're an SNP member, you get programs designed to meet your unique health care needs. Shortly after you enroll in our SNP and every year after, you'll get a call asking you to do a health risk assessment (HRA). It has questions to help us know your health care needs so we can help you. A nurse will work with you to create a care plan. Then the nurse will discuss it with the team that is managing your care. Why do we do this? Because we care about your health. We want to help you get the care you need to stay healthy.

Case Management is a way we can help you if you:

- Have a serious health problem.
- Go to the emergency room a lot.
- See multiple providers.
- Have to go into the hospital often.

If you feel Case Management could help you, please call us. The number is on the back of your member ID card. Just ask to talk to a case manager. Reminder: You can look at the answers you gave on your HRA and review your care plan on the secure member website.

Evaluation of our program

Each year we review our program and identify ways we can improve. Some of the things we have worked on include:

- Better ways to reach you and do the health risk assessment by phone and mail.
- Helping you get the care you need, including preventive care.
- Contacting you after a hospital stay to help you with follow-up care and ways to stay at home.
- Offering Case Management services and home care providers to help you get the care you need.

We have certain goals for our SNP. We monitor them often to measure how good a job we're doing to improve your care. Our goals measure:

- That we have enough doctors and health care providers to meet your needs.
- How well we reach out to you to complete an annual health risk assessment.
- That we are working with you to create a care plan and have a team meeting to discuss your needs.
- How many of you are getting certain preventive care services and care to manage certain medical conditions.
- That you get follow-up care after you go home from the hospital.
- That you are going to your primary care doctor.

How are we doing?

We have met many of the goals and always work to get even better.

What can you do?

Stay healthy! Here are a few easy things you can do:

- See your primary care doctor (PCP) regularly. Your PCP is your main point of contact to help you. This is even more true if your care is moving between providers or if you have to go into the hospital. (Customer Service can also help you.)
- Do the health risk assessment when you're called by one of our case managers or receive a copy in the mail.
- Take care of yourself and get annual preventive health care. This includes flu and pneumonia shots, mammograms, screenings for colon cancer, diabetic testing and glaucoma tests.
- Keep a health record and take it to your doctor's office each time. Include things such as:
 - Allergies
 - Drugs you are taking
 - Surgeries and illnesses
 - Test results
 - Shots you've had and when
 - Contact information
 - Important family history or illnesses and conditions
 - List of providers treating you
- Take your medicines as your doctor has told you.
- Call the 24/7 Nurse HelpLine if you need medical advice.
- Take a list of your medications with you anytime you see your doctor or if you go into the hospital.
- Exercise at the level your doctor has approved.
- Keep your blood pressure and cholesterol within safe levels.

Have questions? Need help? Call Customer Service toll free at the number on the back of your member ID card.

Amerigroup is a Medicare Advantage Organization with a Medicare contract. For Dual-Eligible Special Needs Plans: Amerigroup is a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Amerigroup depends on contract renewal. In New Jersey: Amerigroup is Amerivantage Dual Coordination (HMO SNP). In New Mexico, Amerigroup is Amerigroup Community Care of New Mexico, Inc.

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