



Quality Health Care in Action — Meet the Leaders Who Carry Out Our Mission

Rolling Out Our Mission in New States

Are you one of the 11,000+ providers who joined our network last year? In 2012, we have even more expansions in the works. Our stickpins might be all over the map, but our Network Development team is in place to make sure our vision and values stay consistent regardless of our location.

How we do it

- **Knowing the business:** When we move into a new state, we offer more than new jobs and our high-quality service. We also bring a level of expertise that commercial health insurance companies just can't offer. "We specialize in Medicaid," vice president of Network Development, John McGuinness, points out. "Because this is our main focus, we are the subject matter experts."
- **Knowing who you are:** Our Network Development team's first priority is to be experts on the various challenges health care providers in each of our service areas face. Right now, we operate in 13 different states

See "Rolling Out Our Mission in New States" inside >



John McGuinness
Vice President of
Network Development

McGuinness joined our Provider Services Organization in 2011 and brings more than 17 years of experience in network development, strategic network planning, provider contracting and implementations. He's putting those skills to work by leading new market development initiatives and supports our existing health plans with potential expansions.

You Spoke, We Listened

We used your feedback to improve our customer service. You may recall receiving a provider satisfaction survey from us last September that asked you to rate many aspects of our service. We conduct these surveys every year to find out what you want us to do better and build an action plan based on your feedback. Our 2011 results show 78.4 percent of you are satisfied with our customer service — a 1.3 percent increase over results from 2010!

Your satisfaction is inherent to our mission and vision

"While conducting provider satisfaction surveys meets NCQA and contract requirements (in several of the states we serve), it is also an essential business tool to help determine what is important for our providers," says Cherry Wittelsberger, vice president of the Amerigroup Provider Services Organization. "We use this feedback to continually improve our operations and strengthen our relationship with our providers," which ultimately helps our plan members.

See "You Spoke, We Listened" inside >

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— Cherry Wittelsberger, Vice President,
Amerigroup Provider Services Organization



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With a Holistic Approach to Disease Management

For the chronically ill who face food shortages, lack of transportation or other challenges, health maintenance may not be a top priority. Our Disease Management Centralized Care Unit's (DMCCU) goal is to support your treatment plans to help keep patients healthy through:

- Connections with community assistance and other resources
- Education about making healthy decisions
- Encouragement to take more active roles in their own disease management

"Our goal is to empower people to take accountability for their own health," says DMCCU director, Trink Dahl-Prince. "We help people understand that they have the ability to make better choices." Dahl-Prince recalls a member with asthma who needed help to quit a cigarette smoking habit that sometimes reached four to five packs a day. Our DMCCU case manager supplied this member with cessation information, worked with her primary care physician to enroll her in cessation classes and followed up with her regularly. After 10 weeks, the member reported she didn't have a desire to smoke and attributed her success to her case manager's assistance.

Call 1-888-830-4300 to get help for a member with one of eight disease management programs accredited by the National Committee for Quality Assurance (NCQA), including asthma, diabetes and HIV.



Make the Most of Your Time

When you call our Provider Services team, we try to answer as quickly as possible. No one likes to wait. But, when you are waiting for an answer or placed on hold, we'll make it worth your while. We now provide important, seasonal, and state-specific news, reminders, and tips for providers and members to hear while they wait. Who knows? A 10-second wait could make a lifetime's worth of difference for a patient you can better serve because of news you'll hear.

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— Texas is very different than New York, which is very different than Ohio, and so on. How do we make our system work for providers and members in all these regions? According to McGuinness, it's all about outreach. "We research the needs of the population and visit with members and providers. And, we have to make sure members receive the right care when they need it." We also make every attempt to staff our individual health plans with local residents who are embedded in the culture of these service areas. We rely on their valuable, unique perspectives to provide the right kind of support for you, our providers who serve those specific populations.

- **Knowing what you need:** Our Network Development team starts their research long before submission of an Amerigroup proposal to a state. Based on their findings, we determine:
 - **The kinds of access members need.** Do many of our potential members live with mental illness? Need long-term care? Get care from federally qualified or rural health centers? The team seeks to find providers who will form the most robust, comprehensive network for your state.
 - **Your willingness to engage with us.** We send a letter of intent to all potential providers — no rates, no contracts, just an icebreaker to help you learn more about us and ask whether our partnership makes sense for you.
 - **How we'll best work with you.** We get to know you by discussing ways we can support you while caring for patients in your area.
- **Knowing we can always do better:** Our learning process never stops. From the moment you join our network, we look to you for suggestions on how we can improve. As we grow — both in our service areas as well as benefits offerings in current states — our Network Development team sets the foundations for successful partnerships between providers, our local health plans and our organization.

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You Spoke, We Listened continued from Page 1

What we learned from 2010

Using your comments from the 2010 surveys, we developed our 2011 action plan that included the following focus areas:

- **First-call resolution:** You may have noticed, when you call Provider Services, you are now connected with representatives specially trained to resolve your issues the first time you call — the main goal of our Provider Experience Program. If your problem can't be solved right away, it's passed to a dedicated team tasked with researching your issue, creating a plan to resolve it and getting back to you with timely progress updates. In 2011, our first-call resolution rate was 75.2 percent — well over our initial projected estimations.
- **Effectiveness of provider orientations:** We revamped our provider orientation to make it clearer and more succinct. Knowing you have busy schedules, we now offer orientations by webinar and teleconference as well as in-person to get you the information you need.
- **More user-friendly website:** We took a critical eye to our website and now update content daily. We offer an array of tools to help you with precertifications, member eligibility lookup and claims processing, and we've created tutorials to help you register and use these features.



Cherry Wittelsberger Vice President of Provider Services

Wittelsberger joined Amerigroup in August of 2000. She heads up our National Provider Relations program, where she directs a team of associates that act as liaisons between our corporate Provider Services and local Provider Relations teams at our health plan offices across the country. She is also active in various

professional associations and charitable organizations, and holds a master's degree in business administration from the University of Baltimore and bachelor's degree in psychology from Loyola College.

Doing better in 2012

Soon, we'll ask you for your suggestions again. You may notice a few changes to our survey process based on your feedback:

- A redesigned format
- Shorter, more concise questions
- Distribution to half of our network in the spring and the other half in the fall, rather than all at once; this gives us a continuous stream of your input so we can react quickly

Share your ideas

You don't have to wait for your survey to come in the mail. If you have a suggestion for us, email customerexperience@amerigroup.com, call Provider Services or let your local Provider Relations representative know. We want to hear from you!

Here we grow again!

Amerigroup New York, LLC is purchasing the Medicaid and Medicare business of Health Plus, a 300,000+ members-strong managed care organization based in Brooklyn. Sometime in the first half of 2012, Amerigroup will serve Health Plus members and providers under the name HealthPlus Amerigroup. The new name incorporates the Health Plus brand and reflects the combined strengths and commitments of our two organizations. We'll share more news with you about this exciting announcement in the coming months.





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Questions?

Medicaid providers call 1-800-454-3730
Medicare providers call 1-866-805-4589

Utilization Management Notice

Amerigroup models our Utilization Management (UM) program after NCQA standards. Appropriate practitioners are involved in the careful development, review and approval of our UM decision-making criteria. UM decision-making criteria are objective, based on medical evidence and applied according to the individual needs of the member and local delivery system. If a medical-necessity decision results in a denial decision, a practitioner can discuss the decision with an Amerigroup medical director. In compliance with NCQA standards, we notify network practitioners and providers of our affirmative statement concerning UM decisions annually.

UM decision-making is based only on appropriateness of care and service, and existence of benefits coverage. Amerigroup does not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization. **If you have questions, want additional information or want to speak to a medical director, please call our Provider Services team and ask for the Health Care Management Services department.**

In 2011, our **Maryland health plan's emergency room utilization rate was the lowest of all health plans** in the state.

How did we do it? Enhanced quality and case management, more options for urgent and after-hours care, and collaboration with you — our valued providers.

If your address, phone or fax numbers have changed,

sign in at providers.amerigroup.com to update your contact information. You can also contact your local Provider Relations representative or call Provider Services at the numbers listed above.

Check your member panel listings online —

they are updated daily so you get current eligibility information. Log in to our provider website and select PCP Member Listing from our tools menu to download by date range into a spreadsheet.

Your patients can get help at home and on-the-go with our new member Web features like:

- Symptom checker
- Health A to Z
- Provider directories