



## Quality Improvement program

The Amerigroup Community Care Quality Improvement (QI) program is committed to excellence in the quality of service and care our members receive and the satisfaction of our network providers.

We are always looking for ways to refine our comprehensive QI program, which includes:

- Adhering to federal, state and Georgia Families program standards
- Objectively monitoring and evaluating the care and services provided to members
- Planning studies across the continuum of care to ensure ongoing, proactive evaluation and refinement of the program
- Reflecting the demographic and epidemiological needs of the population served
- Encouraging both members and providers to weigh in with recommendations for improvement
- Identifying areas where we can promote and improve patient safety
- Measuring our progress to meet annual goals

We would like to share with you our annual QI summary of our goals, processes and outcomes related to clinical performance and service satisfaction.

Throughout the year, we evaluate data trends related to how our members receive health care and preventive care services and then compare our findings to national practice guidelines. You – our network physicians and office staff – are the key to helping us collect this information and improve our quality performance.

Clinical performance and service satisfaction are based upon results from HEDIS® and CAHPS®.

*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.*

HEDIS was developed to measure important dimensions of care and service performance. HEDIS measures evaluate a broad range of important health issues, including immunizations, preventive care and screening, comprehensive diabetes care, asthma medication use, controlling hypertension, and access to care.

CAHPS surveys evaluate member satisfaction related to care and services received over the past six months. Plan members are randomly sampled and answer questions about their doctors and about the health plan.

HEDIS and CAHPS results help us identify areas of strength and areas where we need to focus our improvement efforts. We use the results to measure our performance against our goals and to determine the effectiveness of plans we implemented to improve our results.



# Our Quality Management accomplishments in 2013

- Amerigroup received an overall result of “met” on our 2013 compliance audit.
- We successfully achieved NCQA Health Plan Accreditation in November 2013. Our score for standards as well as HEDIS and CAHPS rates submitted to the NCQA accreditation review resulted in a Commendable rating for our health plan.
- We ensured continuous activities were in place to increase HEDIS rates from the previous year, resulting in improved rates for measurement year 2013 for several measures. These included well-child visits in the first 15 months of life; well-child visits for children between the ages of 3-6; lead screening; immunizations; and appropriate testing for pharyngitis, chlamydia and breast cancer screening.
- We expanded and improved provider practice reporting.
- We distributed three HEDIS report cards to our providers with a panel of 250 members or more, showing their performance as compared to Department of Community Health (DCH) targets and the Amerigroup aggregate.
- We increased provider engagement activities, including helping 13 practices achieve an NCQA Patient Centered Medical Home designation.
- We increased our community Health Promotions activities in 2013, resulting in arranging more than 2,000 well-child visits.
- We provided oversight of delegated vendor activities.
- We performed member and provider education and outreach activities to increase health care rates.
- We submitted the required performance improvement projects to DCH.

## Our QM direction in 2014

- Ongoing utilization and quality data analysis to identify areas of focus and measure for intervention effectiveness
- Continued collaboration with DCH for QI initiatives
- Increase provider and member involvement on our Health Advisory committees
- Increase intervention to continue to improve on our overall performance measure results
- Ensure continuous survey readiness for NCQA reaccreditation in 2016
- Complete a successful 2014 External Quality Review audit
- Continue primary care provider (PCP) medical record reviews, monitoring Health Check compliance for Early and Periodic Screening, Diagnosis and Treatment program screening rates
- Continue to focus on health promotion and education
- Increase collaboration with physicians on quality improvements
- Monitor health care disparities
- Collaborate with the network to confirm member satisfaction

To review or receive a copy of the current QI program documents, or if you would like more information about our Quality Management (QM) program, data results and progress toward meeting our goals, please call our office at **678-587-4840** and ask for Charmaine Bartholomew.

# Distribution of clinical practice and preventive health guidelines



Evidence-based guidelines are clinical practice guidelines (CPGs) known to be effective in improving health outcomes.

Guideline effectiveness is determined through scientific evidence, professional standards or expert opinion. Amerigroup provides clinical care and preventive health guidelines to our network physicians. These guidelines are based on current research and national standards. **The following guidelines are available on our website, [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA):**

- Attention deficit hyperactivity disorder
- Adult preventive health recommendations
- Asthma
- Management of bipolar disorder in adolescents
- Management of bipolar disorder in adults
- Child preventive health recommendations
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes mellitus
- Management of HIV/AIDS
- Childhood and adolescent hypertension
- Management of major depression
- Management of obesity in children and adolescents
- Postpartum care
- Management of schizophrenia
- Adult hypertension
- Congestive heart failure

**We also suggest you refer to the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care guidelines for children up to age 21 at [www.aap.org](http://www.aap.org).**

You can find immunization schedules at [www.aap.org/immunization/izschedule.html](http://www.aap.org/immunization/izschedule.html).

For the Bright Futures Periodicity schedule, visit <http://brightfutures.aap.org>.

If you would like a paper copy of any of the guidelines noted, call Provider Services at 1-800-454-3730.

## Access to case management

In addition to our disease management programs, we also offer a complex case management program for our high-risk members. Using claims and utilization data, we can identify diseases for which members are most at risk and to which they are most susceptible.

Our case managers use evidence-based guidelines to coordinate care with members, their families, physicians and other health care providers. They work with everyone involved in the members' care to help implement a case management plan based on the members' individual needs. We provide education and support to our members and their families to help our members improve their health and quality of life. If you have a high-risk member you would like to refer to this program, please call us at **1-800-454-3730**.



## Availability of **Utilization Management criteria**

We use nationally recognized criteria to assist our Medical Management staff in making decisions concerning the medical necessity of:

- In-hospital level of care and length of stay
- Admissions
- Outpatient services
- Behavioral health services
- Pharmacy services



## **Access to Utilization Management staff**

We are staffed with clinical professionals who coordinate our members' care and who are available 24 hours a day, 7 days a week to accept precertification requests. You can submit precertification requests by:



- Calling us at **1-800-454-3730**
- Faxing to **1-877-842-7187**
- Logging in to [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA) and using the Precertification Lookup tool

### **Have questions about utilization decisions or the Utilization Management process in general?**

Call our clinical team at **1-800-454-3730** Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern time.

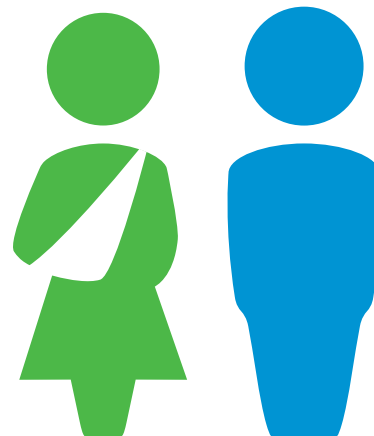
If an Amerigroup medical director denies a service request, both provider and member will receive a Notice of Action letter, which will include the reason for the denial, note the criteria/guidelines used for the decision, and explain the appeal process and provider and member rights. To speak with a medical director about the service request denial, call Provider Services at **1-800-454-3730** or call us locally at **678-587-4840**. To request a copy of the specific criteria/guidelines used for the decision, please call **1-800-600-4441** or write to:

Medical Management  
Amerigroup Community Care  
303 Perimeter Center N., Suite 400  
Atlanta, GA 30346

## **Affirmative statement about incentives**

Amerigroup, as a corporation and as individuals involved in UM decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Amerigroup does not specifically reward practitioners or other individuals for issuing a denial of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.



## Pharmacy management information



For up-to-date pharmacy information, log on to our website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA) and access our formulary, prior authorization form and Preferred Drug List.

If you have questions about the formulary or need a paper copy, call the Pharmacy department at **1-800-454-3730**.

**Pharmacy technicians are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time and Saturday from 10 a.m. to 2 p.m. Eastern time.**

## Performance measures

DCH sets performance targets for a predefined set of measures that Amerigroup must report to them on an annual basis. DCH uses performance measures and targets to compare the performance of its three contracted managed health care plans, of which Amerigroup is one.

These measures include HEDIS, AHRQ and Children's Health Insurance Program Reauthorization Act (CHIPRA). These measures are used to compare how well a health plan performs in areas related to quality of care, access to care and member satisfaction. We use these results to identify areas of strength and areas for improvement. We compare the results against our goals and measure the effectiveness of actions we have implemented to improve our outcomes.

Some of the performance measures we focus on are related to health issues such as immunization, pregnancy, diabetes, asthma, well-child visits and adult access to care. With the help of our provider network, we saw improvements in some of our scores, but we still have work to do.

We are constantly seeking opportunities for improvement. Current Amerigroup interventions include:

- Improving provider and member outreach and education efforts to those members due or past due for preventive care services
- Community events and Amerigroup Clinic Days as a way to encourage members to see their provider for care
- Consultation services with our Quality Management staff to identify ways to help provider practices improve their performance

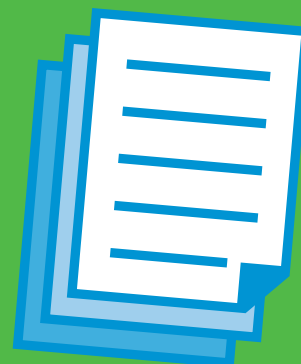
### **We appreciate those providers who participated in our past HEDIS projects!**

As part of our activities for 2014, we may ask you to participate during the medical record chart abstraction process. You may receive a list of randomly selected patient medical records for Amerigroup members that will require onsite chart abstraction. If so, you will be contacted to set up appointments for these chart abstractions. We greatly appreciate your participation.

## Member rights and responsibilities

We want to keep you informed about our members' defined rights and responsibilities. These can be found in your provider manual and on our website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA). To receive a copy in the mail, call Provider Services at **1-800-454-3730**.

**Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4441 (TTY 1-800-855-2880).**



# Provider satisfaction

Every year, we conduct a provider satisfaction survey. Analysis of the survey responses helps us identify aspects of performance that do not meet provider expectations and to initiate an action plan to improve performance.

A positive working relationship with you – our contracted providers – is important to the delivery of health care to our members. The objective of the survey is to measure overall provider satisfaction with and loyalty to Amerigroup, as well as to identify areas of strength and opportunities for improvement. The survey also assesses provider satisfaction in the following categories:

- Customer service at the call center
- Local health plan provider services
- Communication and technology
- Claims processing and provider reimbursement
- Network
- UM
- Quality management
- Pharmacy and drug benefits
- Disease Management Centralized Care Unit
- Continuity and coordination of care

## 2014 provider surveys

Each year, we reach out to providers to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and to strengthen our relationship with you.

Thank you for participating in our network, for providing quality health care to our members and for cooperating in our annual review process.

## We distributed our latest survey in 2013.

The overall Amerigroup satisfaction ranking was 84 percent, which was a slight increase from 80 percent in 2012. Nine out of 10 providers (91 percent) would “Recommend Amerigroup to other providers,” which was a significant increase from 84 percent in 2012.

The survey revealed opportunities for improvements to our reimbursement policies and for a review of our CPGs. We have increased our communication about the CPGs and have created two new units in our Claims department and at the health plan: Provider Services Unit and Internal Resolution Unit. The goals of these two units are to:

- Increase the number of provider issues resolved on initial contact
- Improve turnaround times for calls not resolved on initial contact
- Proactively communicate with providers to reduce the need for follow-up calls

# Member satisfaction

We measure member satisfaction through an annual CAHPS survey.

Analysis of the survey results helps us identify areas where we do not meet member expectations. The areas analyzed are grouped into five areas:

- Getting care quickly
- Shared decision-making
- How well doctors communicate
- Getting needed care
- Customer service

For the child member satisfaction survey conducted in 2013, results showed that key drivers for overall satisfaction were:

- Treating members with courtesy and respect
- Easy-to-get-care believed necessary for child
- Listening carefully to members

Amerigroup supports the use of the Teach-back Method as a double-check for providers to confirm that a member was communicated with clearly and that the information was understood. The Teach-back Method is a way to:

- Introduce and reinforce oral communication strategies
- Suggest ways to increase staff awareness as they interact with members
- Provide staff with examples and helpful advice on performing the Teach-back method

**For more information about the Teach-back method, visit: [www.merckengage.com/hcp/media/pdf/TeachBack.pdf](http://www.merckengage.com/hcp/media/pdf/TeachBack.pdf).**

# Clinical practice guidelines performance

Amerigroup provides clinical care and preventive health guidelines to our network physicians. These clinical practice guidelines are available on our website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA), listed under Provider Resources and Documents > Clinical Practice Guidelines.

We are grateful to the providers who participated in the Medical Record Review project, which monitors providers' CPG compliance in more than 450 ADHD, asthma and diabetes medical records.



## ADHD

The Rating Scale was the only guideline area of decline during this review period. As you work to improve Rating Scale documentation, we request the use of an ADHD Rating Scale when seeing a new member on ADHD medications, even if the member was referred by another provider. Here are two ADHD Rating Scales to use:

- Vanderbilt Assessment Scale at [www.myadhd.com/vanderbiltparent6175.html](http://www.myadhd.com/vanderbiltparent6175.html)
- The Conner's Test at [www.mhs.com](http://www.mhs.com)

**We understand coordination between parents and schools is time consuming and we appreciate the effort put forward in completing these screenings.**

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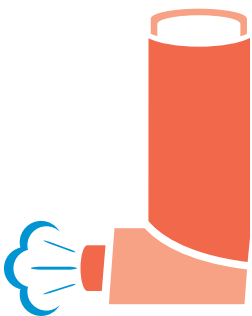


## Diabetes

There was demonstrated improvement in the diabetes guideline; however, providers still need to improve their overall compliance with this CPG. Providers can improve by receiving lab results, documenting medical histories and physicals, and educating patients about the risks and next steps to controlling their diabetes.

**For more information and tools to better educate patients, please visit the American Diabetes Association at [www.diabetes.org](http://www.diabetes.org).**

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## Asthma

Providers improved documentation for asthma guidelines but areas that still need improvement include Patient Education about Risk Factor Assessment, Asthma Action Plan and Appropriate Asthma Medication. Providers can improve by providing enhanced follow-up care.

For an example of an asthma action plan, please visit the Centers for Disease Control website: [www.cdc.gov/asthma/tools\\_for\\_control.htm](http://www.cdc.gov/asthma/tools_for_control.htm).

**Providers should become familiar with these guidelines and can access them on our website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA) > Provider Resources and Documents > Clinical Practice Guidelines.**





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# ProviderNews

## ICD-10 made easy

### Memorization not required!

There is no need to memorize ALL of the new ICD-10 diagnosis and inpatient procedure codes. If you are not an inpatient facility, you only need to be concerned with the most common ICD-10 PCS diagnosis codes your practice uses today. For example:

- If you are a cardiologist and only treat cardiac patients, focus only on those diagnoses related to your specialty during the course of your ICD-10 remediation work.
- If you practice general or pediatric medicine and therefore treat patients with a wide range of medical conditions, use the 80/20 rule to determine which ICD-10 codes are most pertinent.

- If you rarely see a particular ailment, there's no need to memorize it or convert it to the ICD-10 equivalent diagnosis code on your paper super bill or problem list in your electronic medical record.

You just need to have enough clinical detail in your clinical documentation to determine the code in your ICD-10 coding tool, whether it is a book or online. This means you don't have to take on the daunting task of climbing Mt. Everest and memorizing more than 68,000 ICD-10 diagnosis codes.

**For more information, visit our provider self-service website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA).**

The material in this newsletter is intended for educational purposes only and does not constitute a recommendation or endorsement with respect to any company or product. Information contained herein related to treatment or provider practices is not a substitute for the judgment of the individual provider. The unique needs and medical condition of each patient must be taken into account prior to action on the information contained herein.