Quality improvement summary — November 2017

Amerigroup Community Care is pleased to present the annual *Quality Improvement (QI) Summary of 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 compare that data to national practice guidelines. We also recognize that collaboration with our network providers, their office staff and managers is the key to quality performance for our health plan. Thank you for participating in our network, for providing quality health care to our members and for your cooperation in our annual review process.

A copy of the QI program evaluation executive summary is available upon request by calling Provider Services at 1-800-454-3730.

Clinical performance and service satisfaction are based upon results from:

- **HEDIS®:** This is a national program developed by the National Committee for Quality Assurance (NCQA) to measure the effectiveness of the health plan and its providers who prescribe preventive care.
- **CAHPS®:** These surveys evaluate member satisfaction with care and services received over the past six months. A random sample of New Jersey health plan members answered questions about their doctors and the health plan.

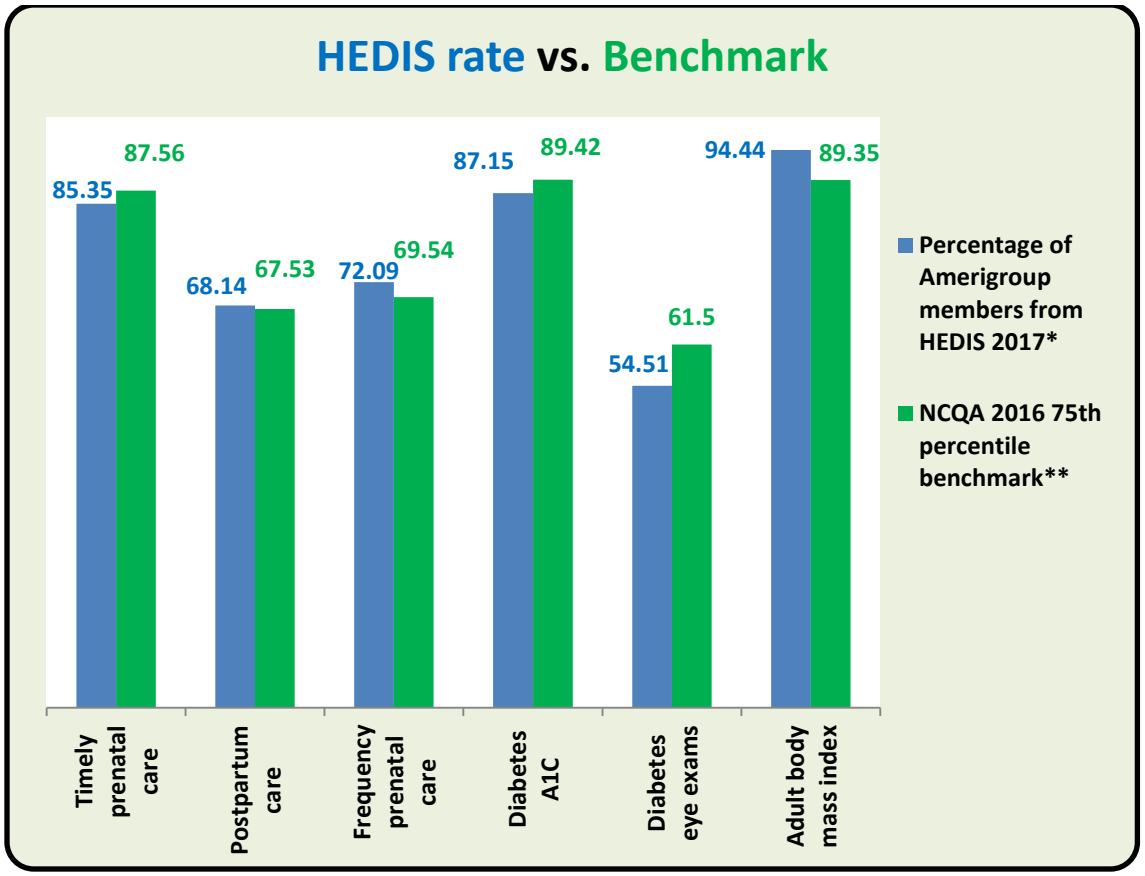
Amerigroup earned NCQA's *Commendable* accreditation status

The NCQA rates health plans on the quality of care members receive, how happy members are with their care and health plan efforts to keep improving. They awarded Amerigroup with *Commendable* status for having strong programs for service and clinical quality that meet strict rules for consumer protection and QI. Amerigroup is currently the only Medicaid plan with *Commendable* status in New Jersey.

Amerigroup HEDIS rates versus HEDIS benchmarks

The HEDIS report is provided as a service and reference for our network providers. HEDIS 2017 measures are calculated based upon 2016 performance data. Amerigroup produces this report to share key findings regarding our QI activities and progress toward meeting our quality goal — to reach the 75th percentile for all measures as defined by the NCQA.

The graph on the following page denotes the rate of our members who received services for the following HEDIS measures in 2016.



Date source: *NCQA 2016 Quality Compass HEDIS Percentiles*

Timeliness and frequency of prenatal care

Timeliness refers to the percentage of deliveries that received prenatal care visits in the first trimester or within 42 days of enrollment in the organization. It is important for our pregnant members to receive the recommended number of prenatal visits during the course of their pregnancy.[1]

Frequency and adequacy of ongoing prenatal visits are important factors in minimizing pregnancy problems. Complications can arise at any time during pregnancy, and continued monitoring throughout pregnancy is necessary.

Amerigroup cares about the health of our pregnant members. We want to encourage all of our pregnant members to obtain care as soon as they discover they are pregnant, ideally during the first trimester. Compliance with prenatal care and regular obstetrical assessments are essential in reducing maternal and fetal complications.

Rationale of importance: Preventive medicine is the basis to prenatal care. Health promotion in the early stages of pregnancy can have an optimal effect on the outcome. Some women enroll in an organization at a later stage of pregnancy. In this case, it is essential for the organization to begin providing prenatal care as quickly as possible.

1 Sources: https://www.qualitymeasures.ahrq.gov/summaries/summary/49779
https://www.qualitymeasures.ahrq.gov/summaries/summary/49818.

Eighty-two percent of our members had timely prenatal care, and 63 percent had frequent prenatal care.

Postpartum care
This refers to women who had a postpartum visit 21-56 days postpartum. Postpartum or interconception care is essential to maintaining a woman's well-being after delivery. Compliance with prenatal care is the best predictor that a woman will keep her postpartum visit.

Reminder: A wound check two weeks after a cesarean section birth does not qualify as a postpartum visit.

Rationale of importance: The American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once during the 4-6 weeks after giving birth. The first postpartum visit should include a physical examination and is an opportunity for the health care provider to answer parents' questions, give family planning guidance and counsel on nutrition.[2]

In 2016, 68 percent of our members had postpartum visits between 21-56 days after delivery.

2 Source: https://www.qualitymeasures.ahrq.gov/summaries/summary/49780.

Did you know?

Amerigroup has a Provider Incentive Program (PIP) focused on strengthening member access to physician services and promoting routine preventive care behavior. Through the PIP, participating providers are eligible for incentive payments in 2017 for:

- Preventive care for adults and children, including immunizations, well visits, BMI screening, and nutrition and physical activity counseling.
- Timely prenatal and postpartum visits.
- Diabetes management (HbA1c testing and control and screening for retinopathy/nephropathy).

Preventive care
Immunizations (all ages)
Child well visits (ages 0-20)
Annual child BMI percentile (ages 3-20)
Annual child nutritional counseling (ages 3-20)
Annual child physical activity (ages 3-20)
Adult well visits (ages 21+)
Annual adult BMI (ages 21+)
Maternal care
Initial prenatal visit
Subsequent prenatal visits
Postpartum visit
Basic diabetes care
HbA1c testing
Annual attention for nephropathy
Annual retinal eye exam

If you have questions about this incentive program, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

Comprehensive Diabetes Care

This category includes members ages 18-75 with diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing, a retinal eye exam, a foot exam during the year and who received screening for nephropathy.

Rationale of importance: Diabetes is one of the most costly and highly prevalent chronic diseases in the United States. Approximately 30.3 million Americans have diabetes, and 23.8 percent of these cases are undiagnosed.[3] Many complications (such as amputation, blindness and kidney failure) can be prevented if detected and addressed in the early stages.

In 2016, 87 percent of our members had an A1C blood test, and 55 percent had a dilated retinal eye exam.

3 Source: Centers for Disease Control and Prevention, 2017
https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf.

Body Mass Index (BMI)
This category measures the percentage of members ages 18-74 who have a BMI documented at least every two years:

- For members 20 years and older on the date of service, documentation in the medical record must indicate the weight and BMI value.
- For members younger than 20 years (18-19) on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile.

Rationale of importance: BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height. Obesity is the second leading cause of preventable death in the United States. It increases both morbidity and mortality rates and the risk of conditions such as diabetes, coronary heart disease and cancer. Being overweight and obesity are also contributing causes to more than 50 percent of all-cause mortality among American adults ages 20-74.[4]

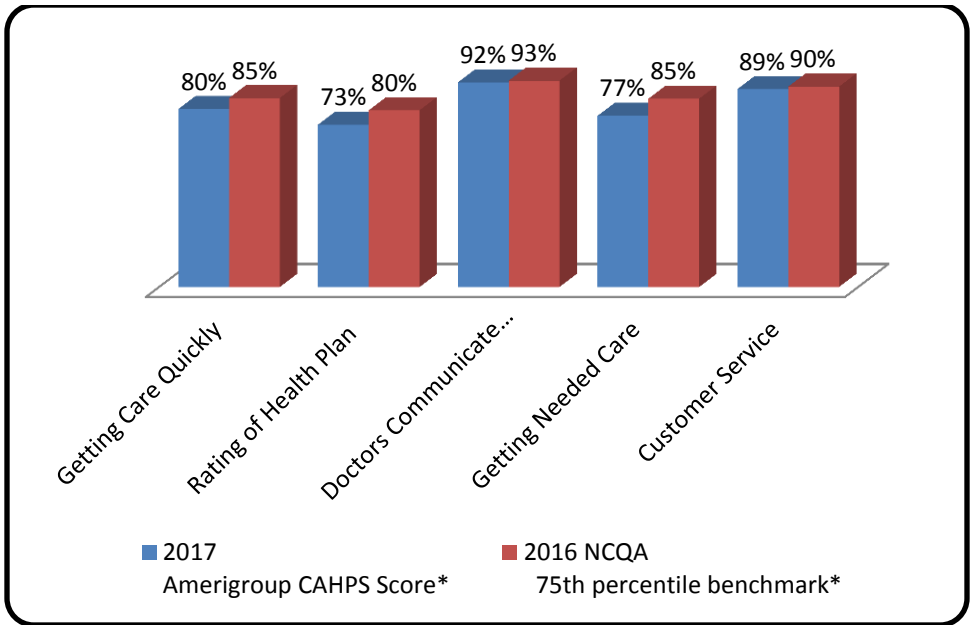
Eighty-seven percent of our adult members had their BMI documented in their medical record.

4 Source: https://www.qualitymeasures.ahrq.gov/summaries/summary/48583.

Conclusion
Amerigroup has a comprehensive plan to improve the above HEDIS measures through member outreach, provider outreach, case management and data collection, but we also need your help. Collaboration with our providers is the key to QI.

Amerigroup CAHPS member satisfaction rate versus CAHPS benchmark

In an effort to serve our members better, Amerigroup conducts a member satisfaction survey each year. The CAHPS tool asks our members to rate their experience with their doctor and/or specialist and with the health plan within the previous six months. Amerigroup rates our CAHPS performance by measuring against benchmarks set by NCQA, as demonstrated in the following chart:



* Data source: *2017 CAHPS 5.0H Member Survey: Adult Medicaid — HMO, 2017 Quality Compass NCQA National Percentiles.*

Member ratings for our customer service reflect a high satisfaction. Overall, our members are satisfied with the care and services they receive from their providers and their health plan. Amerigroup continuously strives to reach the highest percentile benchmark set by the NCQA. Like NCQA, we are dedicated to improving health care quality. The survey results show that we can improve and continue to strive to meet the national benchmarks.

Did you know that we offer providers opportunities to participate on committees aimed at improving services and clinical outcomes for our members? These activities include the review of policies, procedures and clinical practice guidelines, and the ability to advise the health plan administration in any aspect of health plan policy or operation affecting network providers or members. If you would like to participate in the Provider Advisory Committee, please call Provider Services at 1-800-454-3730.

Thank you for your commitment and the care you give to our members — your patients. We hope you find the above reports to be beneficial.

Additional resources

Case management for high-risk members
Did you know that, in addition to our disease management programs, we offer a complex case management program for our high-risk members? Through claims and utilization data, we can identify the 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 the member, his or her family, physicians and other health care providers. They work with everyone involved in the member's care to help implement a case management plan based on the member's needs. We provide education and support to our members and their families to help improve health and quality of life.

If you have a high-risk member you would like to refer to this program, please call us at 1-800-452-6050.

Clinical practice and preventive health guidelines
On our provider self-service site, we offer clinical care and preventive health guidelines based on current research and national standards known to be effective in improving health outcomes. Effectiveness of guidelines is determined by scientific evidence, professional standards or expert opinion.

Need a paper copy of a guideline? Call our Provider Services team at 1-800-454-3730.

Utilization Management criteria
If one of our medical directors denies your service request, we will send you and the member a *Notice of Proposed Action* letter, including the reason for denial, the criteria/guidelines used for the decision, and an explanation of your appeal process and rights. To speak with a medical director about the service request denial, call the number on your letter or our Provider Services team for help. To request a copy of the specific criteria/guidelines used for the decision, call our Provider Services team and ask to speak to a clinical team member.

Access to Utilization Management staff
We are available 24 hours a day, 7 days a week to accept precertification requests. You may submit requests by calling our Provider Services team at 1-800-454-3730, faxing 1-800-964-3627 or logging in to our provider self-service website at https://providers.amerigroup.com/NJ.

Have questions about utilization decisions or the Utilization Management process in general?
Ask to speak to a clinical team member when you call our Provider Services line.

Member rights and responsibilities
Our members' defined rights and responsibilities are in your provider manual on our provider self-service site. If you would like us to mail you a copy, call our Provider Services team.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4441 for Medicaid members or 1-866-805-4589 for Medicare members (TTY: 711 for Medicaid and Medicare).

Pharmacy resources
Need up-to-date pharmacy information? Log in to our provider self-service site to view our *Formulary*, *Prior Authorization* forms, processes and *Preferred Drug Lists*.

If you have questions about the *Formulary* or need a paper copy, ask to speak to a Pharmacy team member when you call our Provider Services line. Pharmacy technicians are available Monday-Friday from 8 a.m.-8 p.m. and Saturday from 10 a.m.-2 p.m. Eastern time.

Affirmative statement about incentives
Amerigroup, as a corporation and as individuals involved in Utilization Management decisions, is governed by the following statements: 1) Utilization Management decision making is based only on appropriateness of care and service and existence of coverage; 2) Amerigroup does not specifically reward practitioners or other individuals for issuing 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; 3) Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

General
The most current provider manual is on the provider website at https://providers.amerigroup.com/NJ.

For more information on any of the topics we have covered, please visit our website at https://providers.amerigroup.com/NJ. Need a paper copy of this information? Call Provider Services at 1-800-454-3730.