



Quality Management Works for You

Our Amerigroup Community Care Quality Management (QM) Program is committed to excellence in the quality of service and care provided to our members and the satisfaction of our network providers.

Our mission is to offer our members a continuum of education, access to care and positive outcomes, resulting in improved quality and better health status. We achieve this mission with comprehensive processes that implement, monitor, evaluate and improve the care and services we provide.

Our QM Program reports through committee structures composed of internal departmental leaders and network providers who oversee and participate in our activities. An annual evaluation of our QM Program reports the results and effects of our activities and identifies opportunities for improvement.

Amerigroup's QM accomplishments in 2012:

- Received an overall "met" on our 2012 compliance audit
- Submitted both our member satisfaction scores and our Calendar Year (CY) 2011 Healthcare Effectiveness Data and Information Set (HEDIS) rates to the National Committee for Quality Assurance (NCQA) accreditation review, resulting in an Excellent rating of our health plan. We are the only Medicaid plan in Georgia currently accredited at this level!
- Initiated activities in 2011 to increase HEDIS rates from the previous year, resulting in improved rates for measurement year 2011 for several measures, including well-child visits in the first 15 months of life, well-child visits for children between the ages of 3 and 6, lead screening, immunizations, appropriate testing for pharyngitis, chlamydia and breast cancer screening
- Improved our NCQA accreditation status from Commendable to Excellent
- Expanded and improved provider practice reporting
- Distributed HEDIS report cards to our providers showing their performance as compared to DCH targets and Amerigroup Georgia aggregate

- Increased provider engagement activities, including assisting with 13 practices with NCQA patient-centered medical home designation
- Increased our community Health Promotions activities in 2012, resulting in arranging over 2000 well-child visits
- Provided oversight of delegated vendor activities
- Performed member and provider education and outreach activities to increase preventive health care rates
- Submitted the required 2012 performance improvement projects to DCH

In 2013, We Aim to Improve

Amerigroup's QM direction for 2013:

- Ongoing analysis of utilization and quality data to identify areas of focus and measurement of effectiveness of interventions
- Continued collaboration with DCH on quality improvement initiatives
- Increase provider and member involvement on our Health Advisory Committees
- Increase interventions to continue to improve overall performance measures
- Continue preparation for a successful NCQA reaccreditation in 2013
- Complete a successful 2013 EQR audit
- Continue medical record reviews in Primary Care Provider (PCP) offices to monitor Health Check compliance to improve Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program screening rates
- Continue to focus on health promotion and education
- Increase collaboration with physicians on quality improvements
- Monitor health care disparities

If you would like more information about our QM Program, data results and progress toward meeting our goals, please call our office at 678-587-4840 and ask for Charmaine Bartholomew. You may also request a copy of our program documents when you call.



Medicaid providers • 1-800-454-3730

Medicare providers • 1-866-805-4589

www.providers.amerigroup.com/GA

Clinical Practice Guidelines

Amerigroup provides clinical care and preventive health guidelines to our network physicians. These guidelines are available on our website. The guidelines are based on current research and national standards and include the following topics:

- Asthma
- Diabetes
- ADHD
- Chronic kidney disease
- Congestive heart failure
- Coronary artery disease
- Depression
- Schizophrenia
- HIV
- Obesity
- Obstetrical care
- Adult and child preventive health
- Bipolar disorder
- Hypertension
- COPD

We recommend you refer to the American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care guidelines for children up to age 21 and the Bright Futures Periodicity schedule at www.aap.org.

You can find Immunization Schedules at www2.aap.org/immunization/IZSchedule.html.

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

If you would like to request a hard copy of the guidelines, **call Provider Services at 1-800-454-3730**, and we'll mail it to you.

Medical Record Review

The QM department conducts medical record reviews for Health Check services for randomly selected PCPs. We use the standards based on the Georgia Department of Community Health's Health Check/EPSTD Medical Record review policy. In addition, we require medical records to be maintained in a manner that is current, detailed and organized for effective and confidential patient care and quality review. We then review the files to ensure compliance with both Health Check and Amerigroup standards. The minimum performance goal is that 80 percent of the records reviewed comply with each of the required components of the Health Check visit as identified in the 2008 Bright Futures periodicity schedule.

Our most recent audit shows that Use of Standardized Developmental and Autism Screening, documentation of BMI percentile, and Blood and Tuberculin Risk Assessments do not consistently meet the 80% component compliance rate. Corrective action plans will be instituted when standards are not met.

Your Amerigroup provider manual furnishes information on medical record audit goals, requirements and documentation standards and the audit tool used by our nurses. You may request a copy by calling Provider Services at 1-800-454-3730.

Performance Measures

The Georgia Department of Community Health sets performance targets for a predefined set of measures that the CMOs report to DCH on an annual basis. DCH uses performance measures and targets to compare the performance of its three contracted managed health care plans. These measures include HEDIS, AHRQ and CHIPRA measures and 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 our results to identify areas of strength and areas for improvement, measure results against our goals, and measure the effectiveness of actions we implemented to improve our results.

Some of the performance measures we focus on are related to health issues such as immunizations, pregnancy, diabetes, asthma, well-child visits and adult access to care. With your help, we saw improvement in some of our 2011 scores, but we still have work to do!

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

- Improving provider and member outreach efforts and education for those members due or past due for preventive care services
- Community events and Amerigroup Clinic Days with our provider practices to get members in for care
- Consultation services with our Quality Management staff to identify ways to help your practice improve performance

We thank those of you who participated in our past HEDIS projects! As part of our activities for 2013, we may ask for your participation during the medical record chart abstraction process. You may receive a list of randomly selected patient medical records members that will require onsite chart abstraction. You will be contacted to set up appointments for these chart abstractions. We thank you in advance for your cooperation.

Provider Satisfaction

Every year, we conduct a satisfaction survey of providers. Analysis of survey responses helps us identify aspects of performance that do not meet provider expectations and initiate actions to improve performance. A positive working relationship with 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 and 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
- Utilization management
- Quality management
- Pharmacy and drug benefits
- Disease Management Centralized Care Unit
- Continuity and coordination of care

We distributed our latest survey in the fall of 2012. Overall satisfaction with Amerigroup was 80 percent. Eight out of 10 providers will recommend us to other physicians. The survey revealed opportunities to improve our responsiveness during the claims payment dispute process and an opportunity to review our Clinical Practice Guidelines. In 2010, we created the Provider Services Unit and Internal Resolution Unit in our Claims department and locally at the health plan. 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

Through these efforts, we moved toward first-call resolution and improved provider satisfaction; however, we are continuing to monitor our performance for opportunities to improve. We will continue to work with our Medical Advisory Committee to identify what works and what we can do to improve our Clinical Practice Guidelines. If you have feedback on what we can do to improve these or any other areas that impact you, please contact the Quality Management department or your Provider Services representative.

Member Satisfaction

We measure member satisfaction with an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Analysis of the survey results helps us identify areas that do not meet member expectations. The areas analyzed are grouped into five composites:

- Getting Care Quickly
- Shared Decision-Making
- How Well Doctors Communicate
- Getting Needed Care
- Customer Service

For the child member satisfaction survey conducted in CY 2012, results showed a key driver of overall satisfaction was how physicians explain things in a way that the patient can understand, which rated below the mean based on 2011 child Medicaid global comparisons.

Doctor explained things in a way that was easy to understand is an area of opportunity to improve member satisfaction.

- Amerigroup’s member website includes Healthwise, a powerful interactive resource that gives members access to health content. We created and distributed a

primary care appointment prep checklist to help our members better prepare for their appointments. We also distribute health information to our members quarterly by mail and at our community events. We can provide your practice with easy-to-read health information — just ask your Provider Relations representative or call the Quality Management department. Understand that informed members are very important to improved health care outcomes and discuss with them the best options for their treatment.

- You can also refer your patients to any one of our disease management programs, which will provide health education materials, and you can have patients talk to one of our professional staff.
- Recognize diversity in race, ethnic origin, culture, language, age and gender and utilize Amerigroup interpreter services for those members with limited English proficiency; this service can be arranged by calling Member Services at 1-800-600-4441.

We are addressing these issues by providing members with education on effectively communicating with doctors. This helps members be better prepared at the time of their doctor visits.

Meeting Our Members' Needs

Complex Case Management

Did you know that in addition to our disease management programs, we offer a complex case management program for our high-risk members? Using claims and utilization data, we can identify members who are most susceptible to certain diseases and get them the individual attention they need.

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 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.

Medical Management

Criteria Availability

We use nationally recognized InterQual criteria, approved local and national Amerigroup criteria. And as of 5/1/13, WellPoint's Unicare 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

If an Amerigroup medical director denies a service request, we send a proposed action letter to the member and requesting physician. This letter includes the reason for denial, references the criteria/guidelines used for the decision and provides an explanation of appeal rights. Our medical directors are available to speak with requesting physicians regarding service request denials. To speak with a medical director or a behavioral health medical director or to request a copy of the specific criteria/guidelines used in a medical necessity decision, please **call Provider Services at 1-800-454-3730** or the local health plan at 678-587-4840.

Providers can also submit their requests in writing to:
 Amerigroup Community Care
 Attn: Medical Management
 303 Perimeter Center North, Suite 400
 Atlanta, GA 30346

Pharmacy

Providers can access the Amerigroup formulary and prior authorization form, as well as the preferred drug list, on our website at providers.amerigroup.com. If you have any questions regarding the formulary or need to obtain a paper copy, please call our Pharmacy department at 1-800-454-3730. Pharmacy technicians are available Monday through Friday from 8:00 a.m. to 7:00 p.m. Eastern time and Saturday from 10:00 a.m. to 2:00 p.m. Eastern time.

Member Rights and Responsibilities

Members of Amerigroup have defined rights and responsibilities. Please refer to your provider manual or our website at providers.amerigroup.com for specifics on this issue. You can receive a copy of these documents by mail upon request by calling Provider Services at 1-800-454-3730.

Medical Management Issues

A member of our clinical team can assist you with any questions you may have regarding a utilization decision or if you have questions regarding the utilization management process in general. You can reach our Medical Management representatives at 1-800-454-3730 Monday through Friday from 8:30 a.m. to 5:30 p.m.

Financial Incentives

Amerigroup makes medically necessary decisions based on the appropriateness of care, service and benefit coverage. We do not provide financial incentives to providers to deny services or benefit coverage.

You can get more information about anything in this newsletter by calling our Quality Management department at 678-587-4840 or asking your local Provider Relations representative.