

Amerigroup Kansas, Inc. is committed to keeping you updated on certain National Committee for Quality Assurance (NCQA) topics. This guide provides additional information on the following topics, programs and resources available to you:

- The Amerigroup Quality Improvement Program
- Provider survey use
- Access to Case Management
- Distribution of clinical practice and preventive health guidelines
- Availability of utilization management (UM) criteria
- Access to UM staff
- Affirmative statement about incentives
- Pharmacy management information
- Member rights and responsibilities

Quality Improvement Program

The Amerigroup Quality Improvement Program (QIP) is one way we are committed to excellence in the quality of service and care our members receive and the satisfaction of our network providers. Our comprehensive QI program:

- Adheres to the Amerigroup Kansas program standards
- Objectively monitors and evaluates the care and services provided to members
- Helps us plan studies across the continuum of care and service to ensure ongoing, proactive evaluation and refinement of the program
- Reflects the demographic and epidemiological needs of the population served
- Encourages both members and providers to weigh in with recommendations for improvement
- Identifies areas where we can promote and improve patient safety
- Measures our progress to meet annual goals

We'd like to share with you our annual quality improvement 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 compare our findings to national practice guidelines. 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:

- Medicaid HEDIS® – A program developed by NCQA to measure performance on important dimensions of care and service. HEDIS measures address 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.

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

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Surveys evaluating member satisfaction with care and services received over the past six months; a random sample of plan members answered questions about their doctors and 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 determine the effectiveness of actions we implemented to improve our results.

To review the current Quality Improvement Program summary, call our Provider Services team at 1-800-454-3730 and we'll send you a copy. You may also find a copy of this information on our website at providers.amerigroup.com/KS.

Provider surveys

Each year we reach out to you 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 strengthen our relationship with our providers.

Access to 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 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 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.

Distribution of clinical practice and preventive health guidelines

Evidence-based guidelines are clinical practice guidelines known to be effective in improving health outcomes. Effectiveness of guidelines is determined by scientific evidence, professional standards or expert opinion. Amerigroup Kansas provides clinical care and preventive health guidelines to our network physicians. The guidelines are based on current research and national standards and are available on our website at providers.amerigroup.com/KS. If you would like a paper copy of a guideline, call our Provider Services team at 1-800-454-3730.

Availability of utilization management (UM) criteria

If an Amerigroup Kansas medical director denies your service request, both you and the member will receive a notice of action letter that will include the reason for denial, note the criteria/guidelines used for the decision, and explain the appeal process and your rights. If you'd like to speak with a medical director about the service request denial, call our Provider

Services team at 1-800-454-3730 or the local health plan at 913-749-5955. 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 Kansas, Inc.
9225 Indian Creek Parkway, Building 32
Overland Park, KS 66210

Access to UM staff

We are staffed with clinical professionals who coordinate our members' care and 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 1-800-964-3627
- Logging in to providers.amerigroup.com/KS and using the Precertification Lookup tool

Have questions about utilization decisions or the UM process in general? Call our clinical team at 1-800-454-3730 Monday through Friday from 8 a.m. to 5 p.m., Central time.

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 Kansas 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.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization, or create barriers to care and service.

Pharmacy management information

Need up-to-date pharmacy information? Log in to our website at providers.amerigroup.com/KS to access our formulary, prior authorization form, processes and Preferred Drug List. Have questions about the formulary or need a paper copy? Call our Pharmacy department at 1-800-323-4696. Pharmacy technicians are available Monday through Friday from 8 a.m. to 8 p.m., and Saturday from 10 a.m. to 2 p.m., Central time.

Member rights and responsibilities

We want to keep you informed of our members' defined rights and responsibilities. These can be found in your provider manual and on our website at providers.amerigroup.com/KS. If you would like a paper copy mailed to you, call our Provider Services team at 1-800-454-3730.

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