

Provider Update

2014 Quality Improvement Program Survey Results

Summary of update:

Quality matters to us because it matters to you. Each year, our Quality Improvement program reaches out to you and our members to get the valuable feedback needed to identify opportunities to better serve you. Thanks to your help, this year we improved in 20 of the 46 quality improvement goals set. We are proud to share our successes and our ongoing efforts to enhance the services we provide for you and the care we give our members.

Provider satisfaction

Your overall satisfaction with our services was 76 percent, 6 percentage points higher than the summary rate of all other HealthChoice Managed Care organizations.

Member satisfaction

Based upon results of the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) child survey, the overall member satisfaction with health plan was reported to be 88 percent. This is a 2 percentage point increase over 2013 and a 3 percentage point increase over the HealthChoice average for health plan overall. Based on results of the annual CAHPS adult survey, members scored satisfaction with our overall health plan at 71 percent. The HealthChoice overall average was 72 percent.

The Healthcare Effectiveness Data and Information Set (HEDIS)

The chart below compares our measurement year 2014 and 2013 scores for several preventive care services that help us measure and monitor the quality of care members receive. This year we identified several opportunities to increase our members' access to and use of these services and improve the overall quality of their care.

Measure	MY 2014	MY 2013
Children & Adolescents		
Access to Primary Care Practitioners	97.52	97.84
12-24 months		
25 months-6 years	92.76	92.58
7-11 years	93.86	94.27
12-19 years	90.49	89.47
Adult Access to Preventive/Ambulatory Health Services		
Total	81.23	81.22



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What if I need more information?

Log onto providers.amerigroup.com/MD for:

- Downloadable copies of the provider manual, quick Reference Card, Medicaid drug formulary and other provider resources
- Our Clinical Practice Guidelines developed using nationally recognized standards of care
- A list of member rights and responsibilities

Call Provider Services at 1-800-454-3730 for:

- Questions about Utilization Management (UM) requests, such as whether services need approval or not, or whether a service has been approved*
- Details about our Case Management program, member eligibility and criteria. Members can self-refer by calling Member Services at 1-800-600-4441
- Hardcopies of our Utilization Management Criteria or other provider resources

*Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. Amerigroup Community Care does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

We want to hear from you

Your feedback is crucial to helping us achieve our quality goals and improving the services we provide for you and the care our members receive. For a complete copy of the Quality Improvement program evaluation or to share your ideas on how we can improve, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

