



The results are in...

We'd like to share with you our **annual quality improvement 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 our findings to national practice guidelines. You — our network physicians and their office staff — are the key to helping us collect this information and improve our quality performance. Thank you for participating in our network, for providing quality health care to our members and for cooperating in our annual review process.

To review the complete Quality Improvement Program evaluation, call Provider Services at 1-800-454-3730 - we'll be glad to send you a copy.

Clinical performance and service satisfaction are based upon results from:

- **Medicaid Healthcare Effectiveness Data and Information Set (HEDIS) 2012**— A program developed by the National Committee for Quality Assurance (NCQA) to measure how effectively health plans and providers deliver preventive care
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2012**— Surveys evaluating member satisfaction with care and services received over the past six months; a random sample of New Jersey plan members answered questions about their doctors and the health plan

The National Committee for Quality Assurance (NCQA) is a private, nonprofit group committed to improving health care.

We have achieved Commendable Accreditation status from the NCQA. This status is for health plan: that meet or exceed NCQA's standards for service and quality.



Improving HEDIS scores is a team effort

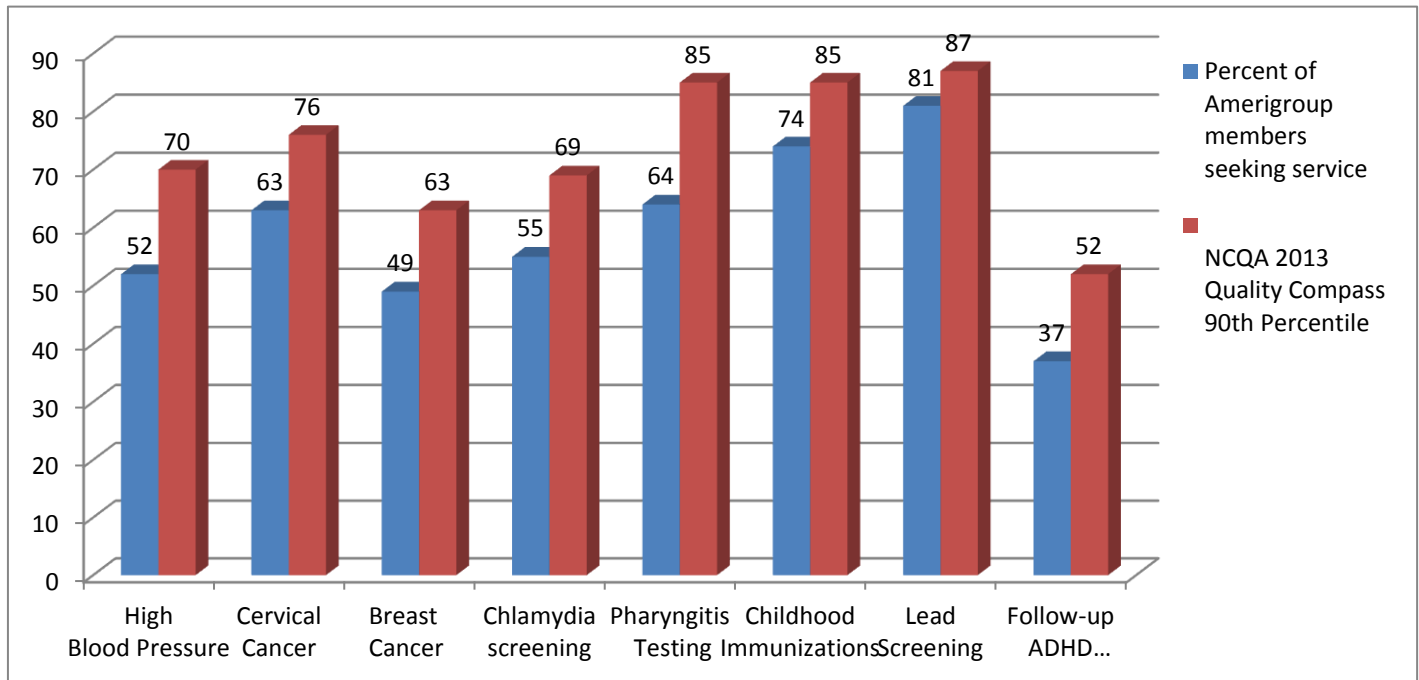
We have a comprehensive plan to improve our HEDIS measures through member outreach, provider outreach, case management and data collection, but we also need your help. Collaboration with our providers is the key to quality improvement.

Thank you for your commitment and the care you give to our members — your patients.

For more information on any of the topics we've covered, please visit our website at providers.amerigroup.com.
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HEDIS[®]

The HEDIS report below is provided as a service and reference for you and the rest of our provider network. HEDIS 2013 measures are calculated based upon 2012 performance data. We produce this report to let you know about our quality improvement activities and progress toward meeting our goal — to reach the 90th percentile for all NCQA measures.



The graph above denotes the rate of our members who received services for the following HEDIS measures:

Controlling high blood pressure: the percentage of Amerigroup members 18-85 years old with a diagnosis of hypertension and whose blood pressure is adequately controlled. Both the systolic and the diastolic pressure have to be < 140/90 to be considered adequately controlled

Rationale of importance: Approximately 50 million Americans have high blood pressure. Numerous clinical trials have shown aggressive treatment of high blood pressure reduces mortality from heart disease, stroke and renal failure. Results are particularly striking in elderly hypertensives, who are more likely to have heart failure. Fifty-two percent of Amerigroup members had controlled blood pressure.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=38869&search=blood+pressure

Cervical cancer screening: Amerigroup women between ages 21-64 were screened for cervical cancer by either a single Pap smear or co-testing with human papilloma virus (HPV)

Rationale of importance: Cervical cancer can be detected in its early stages by regular screening using a Pap test. A number of organizations, including the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA) and the American Cancer Society (ACS), recommend Pap testing every one to three years for all women who have been sexually active or who are over 21. Sixty-three percent of Amerigroup female members were tested last year.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=38851&search=pap+test

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Breast cancer screening: the percentage of Amerigroup women ages 40-69 who had a mammogram to screen for breast cancer

Rationale of importance: Breast cancer is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Mammography screening has been shown to reduce mortality by 20 to 30 percent among women age 40 and older. A mammogram can reveal tumors too small to be felt by hand; it can also show other changes in the breast that may suggest cancer. Forty-nine percent of Amerigroup female members were screened last year.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=38850&search=breast+cancer

Chlamydia Screening: the percentage of Amerigroup sexually active women age 25 years and younger who had screening for chlamydia

Rationale of importance: Chlamydia is the most common bacterial sexually transmitted infection in the United States. An estimated three million new cases occur annually, with the majority being asymptomatic when initially infected. If left untreated, chlamydia infections can lead to serious complications. Fifty-five percent of Amerigroup female members were tested.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=38665&search=chlamydia

Testing for children with pharyngitis: The percentage of Amerigroup members ages 2 to 18 years with pharyngitis who received a group A streptococcus (strep) test before an antibiotic was prescribed is lower than the national Medicaid average

Rationale of importance: Pediatric clinical practice guidelines recommend only children diagnosed with group A streptococcus (strep) pharyngitis, based on appropriate lab tests, be treated with antibiotics. A strep test (rapid assay or throat culture) is the definitive test of group A strep pharyngitis. Sixty-four percent of Amerigroup covered children were appropriated for pharyngitis.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=34645&search=appropriate+testing+for+children+with+pharyngitis

Childhood immunization status: the percentage of Amerigroup members who are children and received the following vaccinations by the age of 2:

- One MMR
- One VZV
- Three IPV
- Four DTaP
- Three Hepatitis B
- Three HiB
- Four Pneumococcal

Rationale of importance: A basic method for prevention of illness is immunization. Childhood immunizations help prevent serious illnesses such as whooping cough, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles. Seventy-four percent of Amerigroup covered children received their appropriate immunizations.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=34627&search=childhood+immunization+status

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Lead screening in children: the percentage of members who are age 2 and had one or more capillary or venous lead blood tests for lead poisoning by their second birthday

Rationale of importance: Children ages 1-5 have the highest prevalence of elevated blood lead levels of any age group in the U.S. Eighty-one percent of Amerigroup covered children were screened last year.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=34638&search=lead+screening+in+children

Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication: assesses the percentage of Amerigroup members ages 6 to 12 with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days with one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase and had at least two follow-up visits with a practitioner within 9 months after the initiation phase ended

Rationale of importance: Medication is used to control symptoms of ADHD in children and must be monitored by a practitioner to ensure the medication is working and to monitor side effects. Thirty-seven percent of Amerigroup covered children had follow-up in the initiation phase for their ADHD medication. Thirty-nine percent of Amerigroup covered children had follow-up in the continuation phase for their ADHD medication.

Source: www.qualitymeasures.ahrq.gov/content.aspx?id=38890&search=adhd+medication

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 quality improvement.

Did you know?

Amerigroup will send you \$10 for every documented encounter record for an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening examination you perform!

The incentive payment shall be reimbursed only for EPSDT encounter records submitted:

1. With procedure codes specified by Division of Medical Assistance and Health Services (DMAHS)
2. According to the EPSDT periodicity schedule

DMAHS sends the payments to us, and then we send it to you.

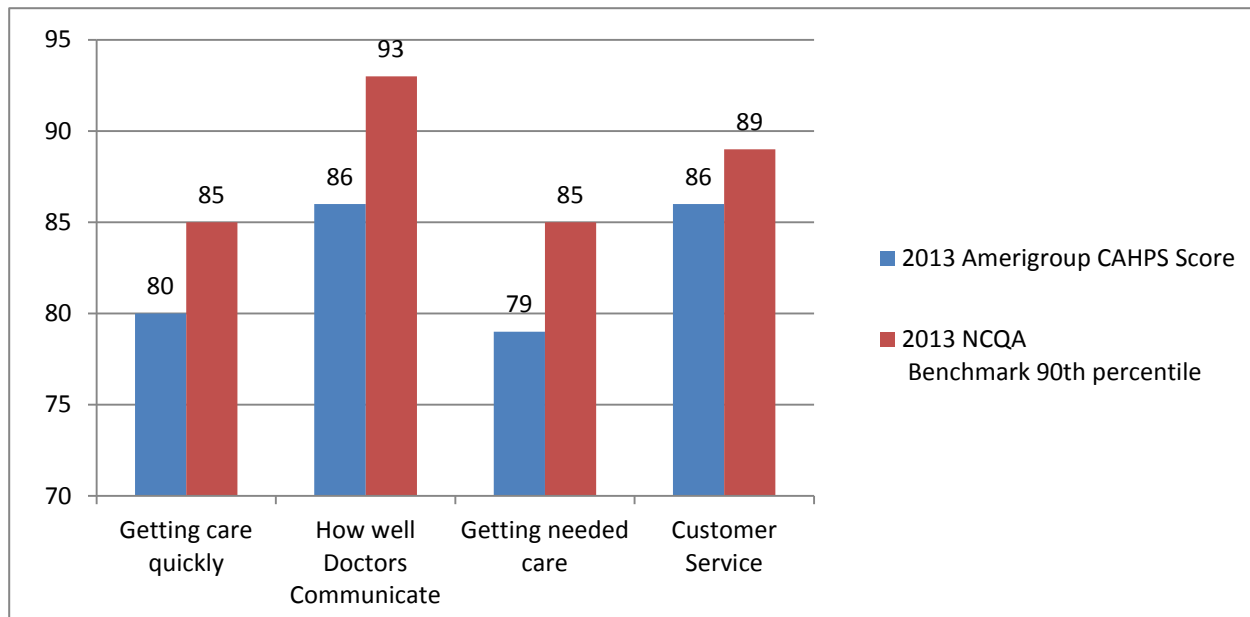
Reimbursement for services will be paid only if encounter records are submitted no later than 12 months from the date of service.

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Consumer Assessment of Healthcare Providers and Systems

In an effort to serve our members better, we conduct a member satisfaction survey each year. The **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** tool asks our members to rate their experiences with their doctors and/or specialists and with the health plan within the previous six months. We rate our CAHPS performance by measuring against benchmarks set by the National Committee for Quality Assurance (NCQA). **This graph denotes a summary of results from the 2013 Amerigroup CAHPS.**



How did we do?

- Member ratings for our customer service reflect a high satisfaction.
- While members are satisfied with the care and services they receive from their providers and their health plan, survey results show we can improve and continue to strive to exceed the national benchmarks.
- We have developed and distributed a Provider Communication Guide to all of our network providers. If you did not receive a copy, please call Provider Services at 1-800-454-3730.

We continuously strive to reach the highest percentile benchmark set by the NCQA. Like NCQA, we are dedicated to improving health care quality.

We also offer providers the opportunity 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 medical advisory committee or the credentialing subcommittee, please call Provider Services at 1-800-454-3730.

We appreciate the quality care you provide our members and look forward to continuing to work with you to improve these measurements. We hope you find the above reports to be beneficial.

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