ProviderBulletin

Quality Improvement Summary
October 2015

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 physicians, 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.

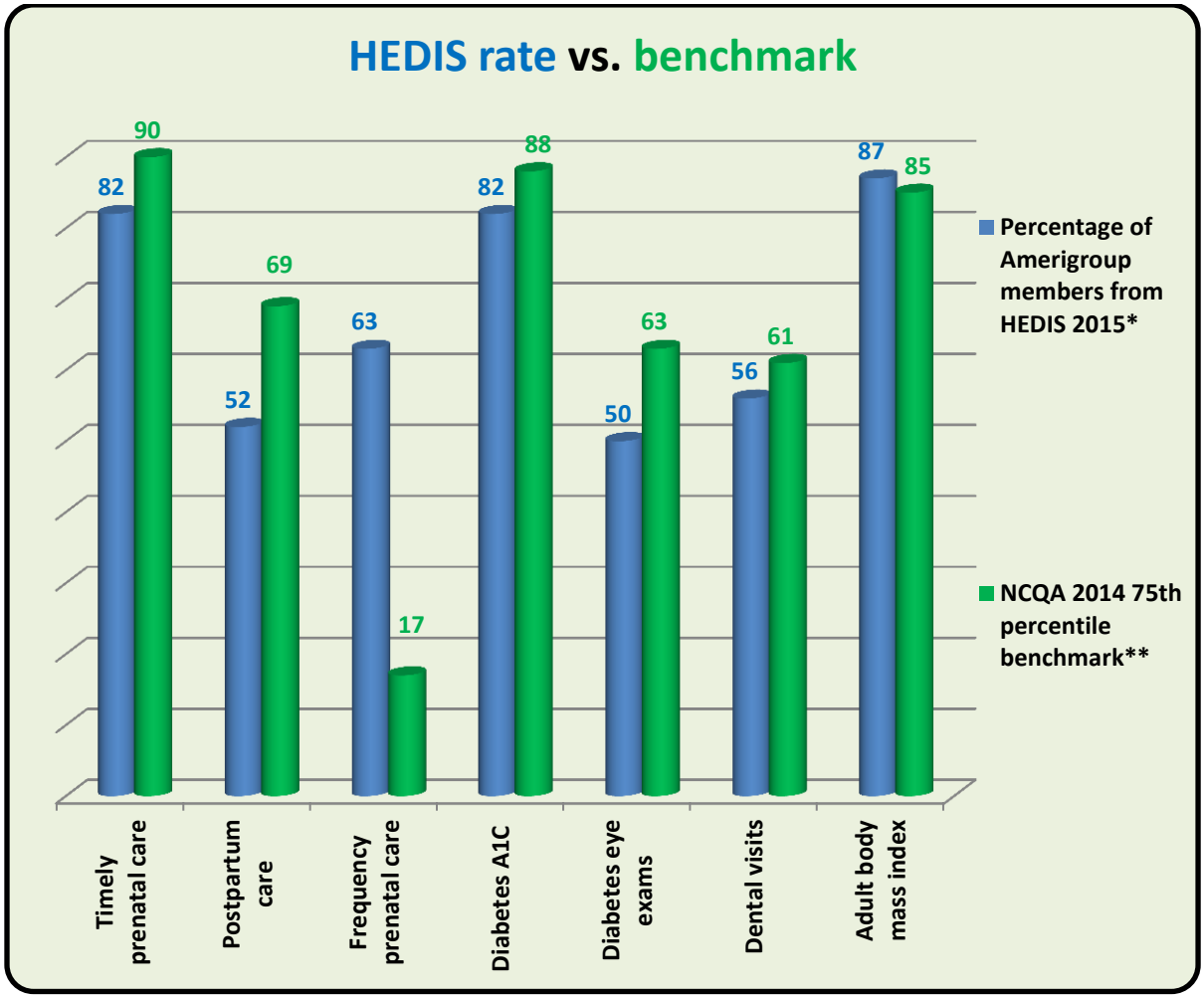
Clinical performance and service satisfaction are based upon results from:

- **HEDIS®**: 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 plan members answered questions about their doctors and the health plan

Amerigroup HEDIS rates vs. HEDIS benchmark

The HEDIS report is provided as a service and reference for Amerigroup network providers. HEDIS 2015 measures are calculated based upon 2014 performance data. This report is produced by Amerigroup for the purpose of sharing key findings regarding our quality improvement 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 Amerigroup members who received services for the following HEDIS measures in 2014:



Data source: *NJ Medicaid Workbook2014, NCQA 2014 Quality Compass HEDIS Percentiles*

Timeliness and frequency of prenatal care

Timeliness refers to the percentage of Amerigroup 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 her pregnancy.*

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.

82 percent of Amerigroup members had timely prenatal care and 63 percent had frequent prenatal care.

*Sources: http://www.qualitymeasures.ahrq.gov/content.aspx?id=47232&search=prenatal+care
http://www.qualitymeasures.ahrq.gov/content.aspx?id=47265&search=postpartum+care

Postpartum care

This refers to women who had a postpartum visit 21 to 56 days postpartum. Postpartum or interconception care is essential to maintaining a women'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 at two weeks after 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 between four and six 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.*

52 percent of Amerigroup members had postpartum visits between 21 and 56 days after delivery.

*Source: http://www.qualitymeasures.ahrq.gov/ content.aspx?id=47234&search=postpartum+care

Did you know?

An expectant mother is enrolled in a special program called Taking Care of Baby and Me.

- Members can get a $10 Babies 'R' Us gift card for going to a prenatal checkup in their second trimester, as well as another card for going to a third trimester visit.
- Members also get a $10 Babies 'R' Us gift card when they go for their postpartum checkup 21 to 56 days after they give birth.

Also available to members:

- Transportation to keep up with prenatal visits: This service requires preregistration and at least two business days advance notice. Please contact LogistiCare at 1-866-527-9933 (TTY 1-866-288-3133) to arrange this service.
- Standard breast pump: This requires a doctor's prescription. No prior authorization is required.
- OB case management and NICU case management services: Participation in case management makes the members aware of benefits, coverage, resources and most importantly prenatal and postpartum education. Providers must submit Perinatal Risk Assessment forms so that we may identify our pregnant members.
- Home skilled nursing visits can be useful postpartum to help manage such conditions as diabetes and hypertension in pregnancy. These visits may also be utilized for well-mother and -baby visits and wound care. To initiate home skilled nursing visits, we require a doctor's prescription.

Comprehensive diabetes care

This category includes members ages 18 to 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 20.8 million Americans have diabetes, and half of these cases are undiagnosed.* Many complications, such as amputation, blindness and kidney failure, can be prevented if detected and addressed in the early stages.

82 percent of members had an A1C blood test.

**Source: Centers for Disease Control and Prevention [CDC], 2005*

Dental visits

Amerigroup encourages all members under 21 years old to have two dental visits per year. A referral to a dentist at one year of age, or soon after the eruption of the first primary tooth, is mandatory. Thereafter there must be, at a minimum, a dental visit twice per year with confirmation by the PCP during well-child visits to ensure that all needed dental preventive and treatment services are provided.

Rationale of importance: Oral health is important to the overall health and well-being of all Americans and dental caries is the most common chronic disease in children in the United States. Poor oral health can significantly affect a child's overall health, growth, development and learning.*

56 percent of Amerigroup members had at least one dental service in 2014.

**Source: http://www.qualitymeasures.ahrq.gov/content.aspx?id=47297&search=dental*

Fluoride Varnish: Effective January 1, 2015, Amerigroup reimburses PCPs for the application of fluoride varnish on children's teeth. Fluoride varnish is typically applied as part of an early and periodic screening, diagnosis and treatment (EPSDT) well-child visit. Children between 6 months and 6 years old can have fluoride varnish put on their teeth to help their teeth stay healthy.

Dental emergencies: Inform your patients that their primary care dentist (available through Healthplex Inc.) can care for all of their dental needs, including emergencies. Examples of emergent/urgent services best treated at their dentist's office include bleeding and/or sore gums, toothache and/or pain, a lost filling and/or crown, a broken tooth, an abscess, an infection and swelling.

You or your patient can learn more about their dental needs by contacting Healthplex Member Services at 1-800-720-5352 Monday through Friday from 8 a.m. to 6 p.m. Eastern time, or calling Amerigroup Member Services at 1-800-600-4441 (TTY: 711).

Body Mass Index (BMI)

This category is the percentage of members 18 years and older who have a BMI documented at least every two years.

- For members 21 years and older on the date of service, documentation in the medical record must indicate the weight and BMI value.
- For members younger than 21 years (18-20) 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 (CHD) and cancer. Being overweight and obesity are also contributing causes to more than 50 percent of all-cause mortality among American adults aged 20–74.*

87 percent of Amerigroup adult members had their BMI documented in their medical record.

**Source: http://www.qualitymeasures.ahrq.gov/content.aspx?id=47123&search=aba*

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 quality improvement.

Did you know?

Amerigroup will send you $10 for every documented encounter record of an EPSDT screening examination you perform!

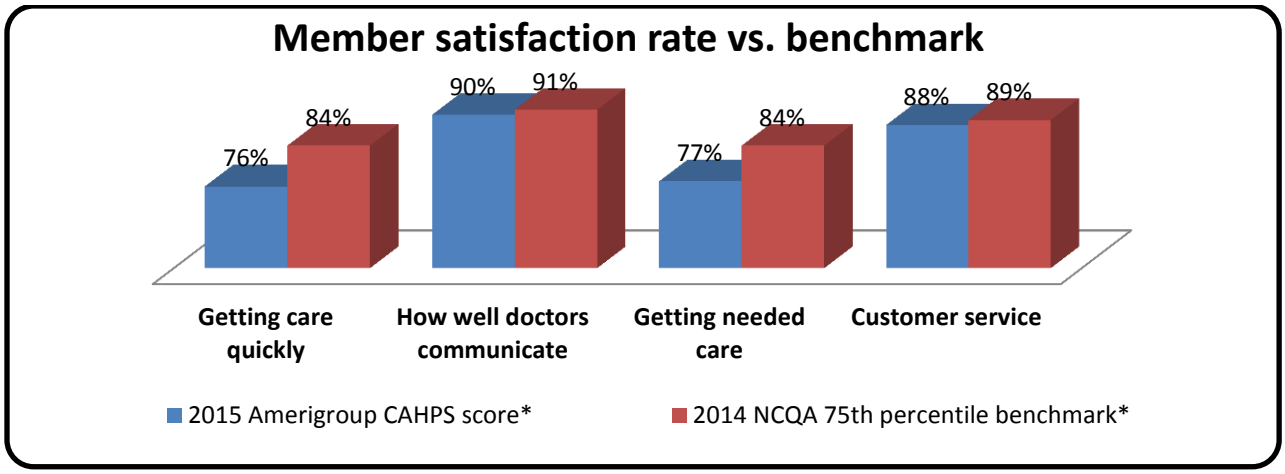
The incentive payment shall be reimbursed only for EPSDT encounter records submitted: with procedure codes specified by Division of Medical Assistance and Health Services (DMAHS), and according to the EPSDT periodicity schedule.

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.

Amerigroup CAHPS member satisfaction rate vs. 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 the National Committee for Quality Assurance (NCQA), as demonstrated in the chart:



*Data source: *2015 CAHPS 5.0H Member Survey: Adult Medicaid –HMO*

Member ratings for our customer service reflect a high satisfaction. Overall, Amerigroup members are satisfied with the care and services they receive from their providers and their health plan. The survey results show that we can improve and continue to strive to exceed the national benchmarks. Amerigroup has 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.

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

We also 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 medical advisory committee or the credentialing subcommittee, 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'll 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're 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 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'd 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 through Friday from 8 a.m. to 8 p.m. and Saturday from 10 a.m. to 2 p.m. Eastern time.

Affirmative statement about incentives

Amerigroup, as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements: 1) UM 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; and 3) Financial incentives for UM 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 providers.amerigroup.com/NJ.

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