

Amerigroup Provider

Louisiana

November 2013

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Background

- Amerigroup Corporation, headquartered in Virginia Beach, Virginia, is a multi-state managed healthcare company focused on serving people who receive healthcare benefits through publicly sponsored programs including Medicaid, State Children's Health Insurance Program (SCHIP) and FamilyCare.
- A positive working relationship with Amerigroup's contracting physicians is important to the delivery of health care to its members. To assess the strength of that relationship and to identify areas of improvement, Amerigroup Corporation chose to survey their contracting physicians in Louisiana.

Background (cont'd)

- In 2012 a committee was formed to redesign the Provider Satisfaction Survey, as was done three years prior.
- In 2013 no survey changes were made overall. Minor changes were made as follows:
 - The following markets added the pharmacy section: Louisiana, Austin, Dallas, El Paso, Ft. Worth, Houston, Lubbock, San Antonio
 - The following markets added Medicare questions: New Mexico, El Paso and Lubbock
 - Minor wording changes were made for Louisiana and Kansas surveys.
- The methodology for conducting the survey continues to incorporate the same mail and phone methods for reaching providers
- As in 2012, the sample selection focused on the highest claims “tiers”. Those in tier one were selected before moving on to tiers two or more. Claims tier definitions were crafted by Amerigroup.
- The sample preparation was altered in 2013:
 - Amerigroup cleaned sample in order to target a unique sample record for each group. Mail was addressed to the Practice Administrator/Manager at <GROUP NAME> as long as a group name was available. In cases where a group name was not available, the record was mailed to the physician name.
 - This new sampling method results in less available sample for some markets compared to prior years, however it allows for a more targeted and representative approach.

Objectives

- Measure overall satisfaction and loyalty of providers with Amerigroup
- Assess the satisfaction of physicians in Louisiana's network in the following areas:
 - Customer Service at 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 (DMCCU)
 - Continuity and Coordination of Care
- Identify areas of strength and opportunities for improvement
- Compare Amerigroup's market strength with competitors

Methodology

- In the Louisiana market, 1,000 contracting providers were targeted to participate in the Amerigroup Provider Survey. Survey results are based on 201 completed surveys – 20.5% response rate. Data was collected through mail, fax, and CATI.
- A three-wave mail methodology was used (questionnaires were mailed to the selected providers, followed by a reminder postcard, and a second questionnaire to non-responders).
- In order to encourage participation, the Provider Services Representatives were given lists of non-responding providers. As they visited these offices, Provider Services Representatives would leave additional questionnaires and return envelopes and encourage the providers to complete and return the survey. These surveys could also be faxed back.
- Three weeks after the mailing of the replacement questionnaire, Morpace telephone interviewers called provider offices from which a response had not been received and asked the Office Manager to complete the questionnaire over the phone.
- Data collection was conducted mid July through mid September 2013.

Sampling and Response Rate

- Amerigroup targeted 1,000 providers per market.
- Sample was proportioned: 50% PCPs (500 providers), 30% Specialists, (300 providers), 10% OB/GYNs (100 providers), and 10% Behavioral Health (100 providers).
- Those providers with the highest claims tiers were selected in the sample. Morpace randomly selected providers from claims tier one. If there were fewer than the desired number of providers in the first claims tier, tiers two, three or four were utilized.
- If there was a shortage of PCPs, OBGYN or Behavioral Health providers within a specific market and sample was available among the Specialists, then additional Specialists were pulled for that specific market to achieve a total of 1,000 providers.

Sampling and Response Rate (cont'd)

Amerigroup targeted 1,000 providers per market. The following tables illustrate the sampling plan utilized for the PCPs, Specialists, OB/GYNs and Behavioral Health (mailed sample).

	PCPs (Target 500) Specialists (Target 300) OB/GYNs (Target 100) Behavioral Health (Target 100)				
<u>Louisiana</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>	<u>Total</u>
PCPs	0	0	0	362	362
Specialists	0	0	0	514	514
OBGYN	0	0	0	124	124
Behavioral Health	0	0	0	0	0

Sampling and Response Rate (cont'd)

RESPONSE RATE

The following method was used in calculating the response rate:

201 Completed Surveys

----- = 20.5%

Total Mailed (1,000) – Undeliverable (14) – Unusable (4)

Sample size and sampling error: A sample of 201 providers yields a sampling error of $\pm 6.9\%$, at 95% confidence using the most conservative assumption regarding variance ($p = 0.05$).

This means that if the study was repeated, the results for each question would be $\pm 6.9\%$ in 95% of repeated waves.

Executive Summary

Executive Summary - Louisiana

- The “Overall Satisfaction” of providers with Amerigroup in Louisiana is 66%, significantly lower than 2012 at 79%.
- Seven in ten providers (70%) will “Recommend Amerigroup to Other Providers,” also significantly lower than 2012 at 86%.
- Providers are more satisfied with the following areas in comparison to other areas assessed: Claims Processing/Provider Reimbursement, Technology, Network and Utilization Management.
- Of composite measures and related attributes, several post significant decreases in 2013:
 - Within Customer Service, “demonstrated professional skills”
 - Within Communication, “website tutorials/user guides” and “overall website content”
 - Within Technology, “panel listing”
 - Within Claims Processing/Provider Reimbursement, “claims payment accuracy”
 - Within Utilization Management “timeliness of Medical Director’s response to concerns”
- Providers compared Amerigroup to other Medicaid plans. All Top 2 Box scores decline for all measures evaluated. Local Health Plan Provider Services, Claims Processing, Disease Management Centralized Care Unit, and Utilization Management significantly decrease from 2012 levels.
- Key driver analysis identifies several topics that could be improved in order to increase overall satisfaction with the plan – most notably issues Provider Services and DMCCU.

Composite Summary Page

Composite Summary (Top 2 Box)					
	2013			2012	2011
Customer Service at Call Center	14%	27%	41%	54%	NA
Local Health Plan Provider Services	21%	28%	48%	56%	NA
Communication	8%	28%	36%	48%	NA
## Technology	39%	36%	75%	86%	NA
## Claims Processing and Provider Reimbursement	37%	39%	76%	81%	NA
## Network	23%	46%	69%	71%	NA
## Utilization Management	26%	37%	63%	70%	NA
Quality Management	5%	19%	24%	26%	NA
Pharmacy and Drug Benefits	5%	18%	23%	NA	NA
Disease Management Centralized Care Unit	12%	22%	35%	53%	NA
Continuity and Coordination of Care	5%	24%	29%	41%	NA

■ Excellent ■ Very Good

NA: Not applicable

NT: Not trendable

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

##: Composite uses "Very Satisfied/Somewhat Satisfied" scale



Comparison to Other Medicaid Plans

Comparison to Other Medicaid Plans								
	2013					2013 (Top 2 Box)	2012 (Top 2 Box)	2011 (Top 2 Box)
Customer Service at Call Center	7%	23%	55%	5%	10%	30%	31%	NA
Local Health Plan Provider Services	12%	16%	51%	12%	9%	28% ↓	55%	NA
Communication and Technology	5%	18%	66%	6%	5%	23%	33%	NA
Claims Processing	9%	15%	63%	9%	5%	23% ↓	39%	NA
Network	5%	16%	67%	10%	2%	21%	27%	NA
Utilization Management	8%	13%	62%	13%	5%	21% ↓	35%	NA
Quality Management	6%	15%	73%	3%	3%	21%	28%	NA
Pharmacy and Drug Benefits	5%	10%	66%	10%	9%	15%	NA	NA
Disease Management Centralized Care Unit	7%	17%	65%	5%	7%	23% ↓	46%	NA
Continuity and Coordination of Care	2%	19%	69%	4%	6%	21%	31%	NA

Sample Size: (77 -189)

(35-82)

(NA)

■ Much Better ■ Better ■ Same As ■ Worse ■ Much Worse

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Key Driver Analysis Approach

A Key Driver Analysis was conducted to understand the impact that administrative services have on overall satisfaction with the service provided by the Plan. Two specific scores are assessed both individually, and in relation to each other.

- 1.) The relative importance of the individual issues (Correlation to overall measures).
Pearson correlation scores are calculated for the 58 individual ratings (potential drivers) in relation to rating of overall satisfaction with the service provided by the Plan. The correlation coefficients are then used to establish the relative importance of each driver. The larger the correlation, the more important the driver. For this analysis, correlations of .68 or higher are noted as a high correlation.
- 2.) The current levels of performance on each issue (Percent satisfied or not satisfied).
Those who are currently less than fully satisfied represent the “Room for Improvement,” or those that could be moved toward satisfaction if the performance on the issue was improved. Room for Improvement includes those Providers answering “Fair” or “Poor.” For this analysis, “Fair/Poor” scores of 23% or higher are noted as a high “Room for Improvement.”

Key Driver Analysis Prioritization

- The information from the Key Driver Analysis can be used by the organization to prioritize and focus its efforts on those issues that are of higher importance and have lower performance levels.

High correlation/ Low Room for Improvement	It is critical to MAINTAIN PERFORMANCE in this area. The majority is satisfied with the performance, and the item is clearly related to the overall measure.
High correlation/ Moderate Room for Improvement	The item is a driver of the overall measure and a <u>considerable portion</u> of the population is dissatisfied. Consideration should be taken to IMPROVE PERFORMANCE in these areas.
High correlation/ High Room for Improvement	CALL TO ACTION. The item is a driver of the overall measure and a <u>substantial portion</u> of the population is less than satisfied. If performance can be improved on this measure, more will be satisfied, and overall satisfaction should reflect this.

Key Driver Analysis

- Several primary drivers of satisfaction with the Plan have been identified through a key driver analysis.
- Below is a list of attributes with higher correlations and notable scores. Items are highlighted according to recommendations for next steps (“Call to Action,” “Improve Performance” and “Maintain and Market”)

	Questionnaire Section	Correlation to Overall Satisfaction	Room For Improvement (% Fair/Poor)
Timeliness of Medical Director's response to concerns	Utilization Management	0.75	21
Reimbursement policies	Technology	0.73	13
Frequency of provider rep visits/phone contacts	Provider Services	0.71	39
Effectiveness of provider rep visits/phone contacts	Provider Services	0.71	38
Claims submission	Technology	0.71	8
Responsiveness during claims payment dispute process	Claims Processing & Provider Reimbursement	0.71	25
Usefulness of program for staff member interventions	DMCCU	0.71	32
Usefulness of program for written program materials	DMCCU	0.71	28
Helpfulness of Clinical Practice Guidelines in managing patients	DMCCU	0.71	32
Timeliness to answer questions/resolve problems	Provider Services	0.70	39
Usefulness of program for staff telephonic assistance	DMCCU	0.70	29
Usefulness of program for material timing of distribution	DMCCU	0.70	27
Usefulness of program for material mode of delivery	DMCCU	0.70	27
Usefulness of program for material frequency of delivery	DMCCU	0.70	28
Provider orientation program	Communication	0.69	21
Claims payment accuracy	Claims Processing & Provider Reimbursement	0.68	18
Obtaining precertification/authorization	Utilization Management	0.68	23
Efficiency of Utilization Management process	Utilization Management	0.68	18
Usefulness of program for DMCCU Care Manager Communication	DMCCU	0.68	32

	Call to action
	Improve performance
	Maintain and market

Key Driver Recommendations

RECOMMENDATIONS on KEY DRIVER ANALYSIS: Morpace suggests that these be used by the Plan in the context of their individual Plan's needs. Recommendations are given by order of correlation (highest to lowest).

Frequency of provider rep visits/phone contacts:

1. Review with markets who have more positive scores in this area:
 - The frequency of visits and phone contacts
 - Method(s) for determining the number of visits per time period, i.e. size of panel, desire to increase panel size, need for training of staff in using Amerigroup's tools, etc.
2. Set goal for number of visits/phone contacts and monitor staff on a monthly basis to determine who is reaching the goal, who is not, and reasons why.

Effectiveness of provider rep visits/phone contacts:

1. Review with markets that have more positive scores in this area:
 - Materials covered during visits and phone contacts.
 - Ways to make the visits/contacts more interesting and memorable, such as food, learning techniques when training on new process/tool, remembering both personal and professional information about the staff, etc.
2. Pair provider representatives so that they can learn techniques and methods from one another.

Key Driver Recommendations

RECOMMENDATIONS on KEY DRIVER ANALYSIS: Morpace suggests that these be used by the Plan in the context of their individual Plan's needs. Recommendations are given by order of correlation (highest to lowest).

Responsiveness during claims payment dispute process:

1. Review process used to handle disputes during the claims process.
2. Obtain feedback from provider office staff as well as internal staff (staff that handles dispute and provider relations staff) as to where responsiveness breaks down.
3. Ensure that steps are included in the process to update the provider office at regular intervals. These intervals could be tied to either a specific timeframe (update on a daily/weekly basis as appropriate even if no progress has been made) or to reaching specified milestones in the process.
4. If necessary, train staff on the process.
5. Monitor the process to ensure that it is being followed.

Usefulness of DMCCU program for member interventions by staff:

1. Review what member interventions have been recently implemented. Discuss case-specific examples with providers and review what went well, and what could have been improved.
2. Compile a list of common issues within recent member interventions.
3. Review what other markets are doing with more positive ratings in this area.

Key Driver Recommendations

RECOMMENDATIONS on KEY DRIVER ANALYSIS: Morpace suggests that these be used by the Plan in the context of their individual Plan's needs. Recommendations are given by order of correlation (highest to lowest).

Usefulness of DMCCU program for written program materials:

1. Interview select providers that utilize DMCCU services to ask what information they would like to see in written materials.
2. Review current materials and adapt to desired content.
3. Distribute new materials, and re-assess provider satisfaction with new content.

Helpfulness of Clinical Practice Guidelines in managing patients:

1. Review current Clinical Practice Guidelines. Probe physicians and staff for what guidelines work well, and what guidelines make their job of managing patients more difficult.
2. Consider adjusting guidelines as appropriate.

Key Driver Recommendations

RECOMMENDATIONS on KEY DRIVER ANALYSIS: Morpace suggests that these be used by the Plan in the context of their individual Plan's needs. Recommendations are given by order of correlation (highest to lowest).

Timeliness of local plan provider services staff to answer questions/resolve problems:

1. Review with markets who have more positive scores in this area:
 - The processes and procedures they use to assure timely response to questions
 - Training for and monitoring of provider representatives
2. Have provider representatives share with practice administrators that this is an area in which they are trying to improve and solicit information from them. This could be done in a one-on-one setting or in a group at a breakfast or lunch meeting with several practice administrators. Issues/questions could be identified that consistently are an area of concern and are not resolved on a timely basis. Then, the provider reps could brainstorm ideas to solve the problems that occur consistently and set up a procedure to triage the outliers.

Usefulness of DMCCU program for staff telephonic assistance:

1. Monitor DMCCU staff calls to assess where assistance level breaks down.
2. Develop a script of scenarios that DMCCU staff often deal with; have staff role play scenarios.
3. Continue to monitor and train staff in this area on a regular basis.

Key Driver Recommendations

RECOMMENDATIONS on KEY DRIVER ANALYSIS: Morpace suggests that these be used by the Plan in the context of their individual Plan's needs. Recommendations are given by order of correlation (highest to lowest).

Usefulness of DMCCU program for material timing of distribution:

1. When do providers wish to receive new information about DMCCU programs?
2. Assess the best times for providers to receive new information and adjust the process accordingly.

Usefulness of DMCCU program for material mode of delivery:

1. How do providers wish to receive new information about DMCCU programs?
2. Assess whether providers wish to receive email, mail, web content or other modes of delivery and adjust the process accordingly.

Usefulness of DMCCU program for material frequency of delivery:

1. How often do providers wish to receive new information about DMCCU programs?
2. Assess whether providers wish to receive more frequent or less frequent communication and adjust the process accordingly.

Full Key Driver List

	Correlation to Overall Satisfaction	Room for Improvement
Timeliness of Medical Director's response to concerns	0.75	21%
Reimbursement policies	0.73	13%
Frequency of provider rep visits/phone contacts	0.71	39%
Effectiveness of Provider Rep visits/phone contacts	0.71	38%
Usefulness of program for staff member interventions	0.71	32%
Helpfulness of Clinical Practice Guidelines in managing patients	0.71	32%
Usefulness of program for written program materials	0.71	28%
Responsiveness during claims payment dispute process	0.71	25%
Claims submission	0.71	8%
Timeliness to answer questions/resolve problems	0.70	39%
Usefulness of program for staff telephonic assistance	0.70	29%
Usefulness of program for material frequency of delivery	0.70	28%
Usefulness of program for material timing of distribution	0.70	27%
Usefulness of program for material mode of delivery	0.70	27%
Provider orientation program	0.69	21%
Usefulness of program for DMCCU Care Manager Communication	0.68	32%
Obtaining precertification/authorization	0.68	23%
Claims payment accuracy	0.68	18%
Efficiency of Utilization Management process	0.68	18%
Adequacy of AGP formulary to meet patient's clinical needs	0.67	52%
Knowledge and information about claims: resolve issues	0.67	28%
Demonstrated understanding of the reason for call	0.67	21%
Claims payment timeliness	0.67	10%
Claims status	0.67	6%
Ability to accept EDI transactions	0.67	6%
Timeliness of response to prior authorization of restricted drugs	0.66	44%
Website tutorials/user guides	0.66	26%
Quality of case management services	0.65	31%
Contacting Pharmacy call center	0.64	47%

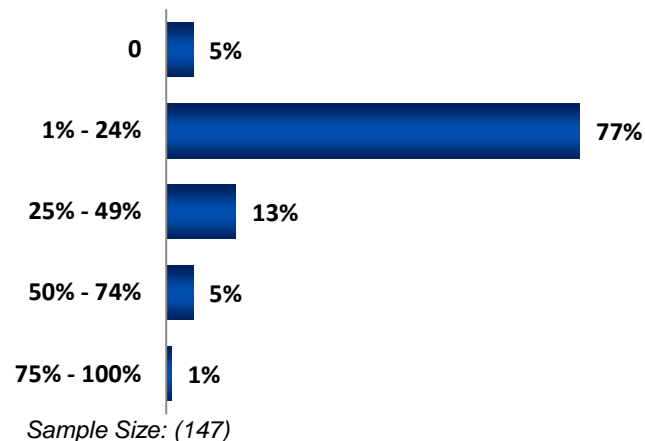
Full Key Driver List (cont'd)

	Correlation to Overall Satisfaction	Room for Improvement
Satisfaction with helpfulness of staff providing DMCCU services	0.64	31%
Provider Updates	0.64	23%
Pharmacy formularies/policies	0.64	23%
Provided info regarding members' benefits	0.64	21%
Responsiveness during medical necessity appeals process	0.63	52%
Provider Newsletters	0.63	23%
Demonstrated professional skills	0.63	19%
Precertification submission	0.63	11%
Clinical practice guidelines (Technology)	0.63	8%
Identifying meds that require prior authorization evaluation	0.62	45%
Provider manuals	0.62	23%
Ease of reaching on the phone	0.62	21%
Courtesy of Provider Relations rep	0.62	17%
EFT/ERA	0.62	11%
Overall website content	0.60	25%
Pharmacy call center demonstration of professional skills	0.59	33%
Quick reference guides	0.58	23%
Ease of obtaining Drug Formulary information	0.57	38%
Precertification lookup	0.57	11%
Panel listing	0.57	7%
Ancillary providers	0.56	12%
Clinical Practice Guidelines (Quality Management)	0.54	44%
Hospitals	0.53	4%
Specialists	0.50	25%
Urgent Care	0.50	6%
Members' understanding of their benefits	0.49	55%
Eligibility check	0.49	6%
Members' understanding of preventive care/wellness program	0.46	56%
EPSDT member outreach activities	0.45	36%

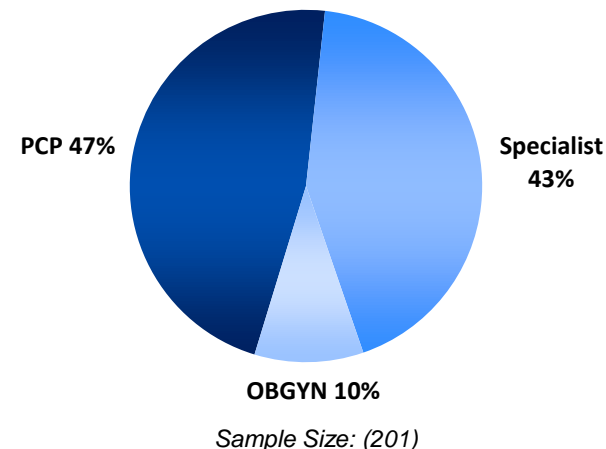
Results

Respondent Profile

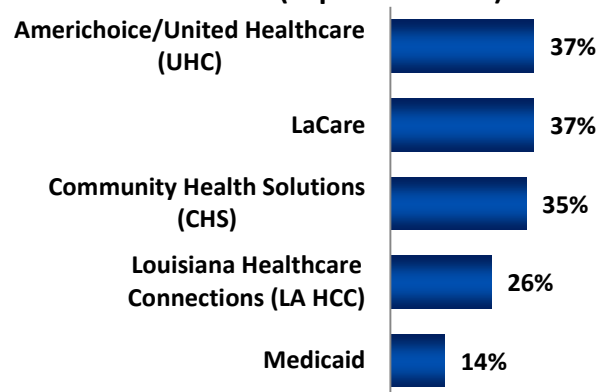
Amerigroup Percent of Practice



Provider Type



Provider Participates in Other Medicaid Plans
(Top 5 Mentions)

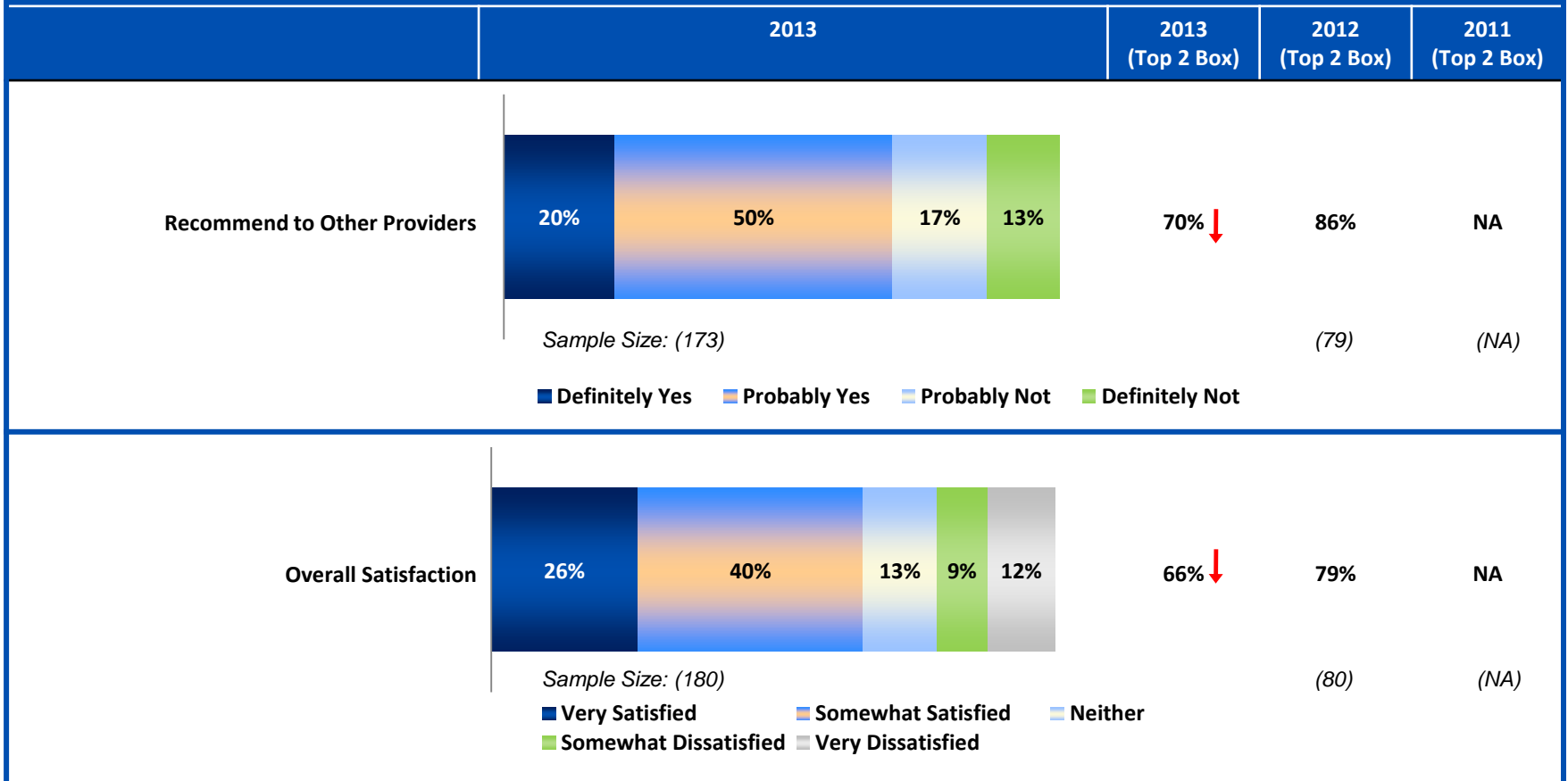


Sample Size: (171)

Overall Satisfaction

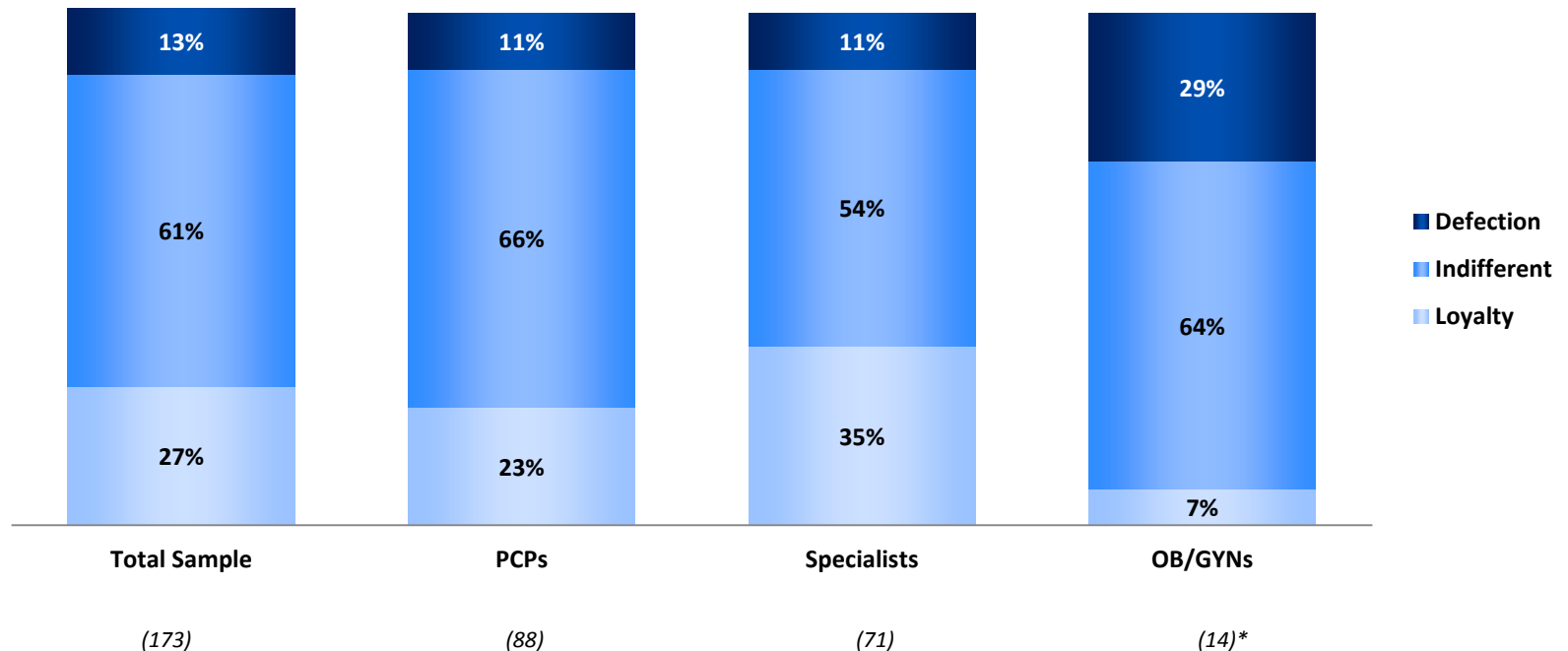
Loyalty and Satisfaction

Overall Loyalty and Satisfaction with Amerigroup



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Loyalty and Satisfaction



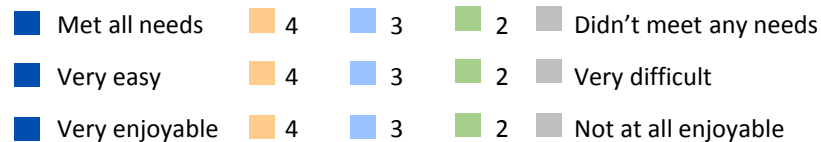
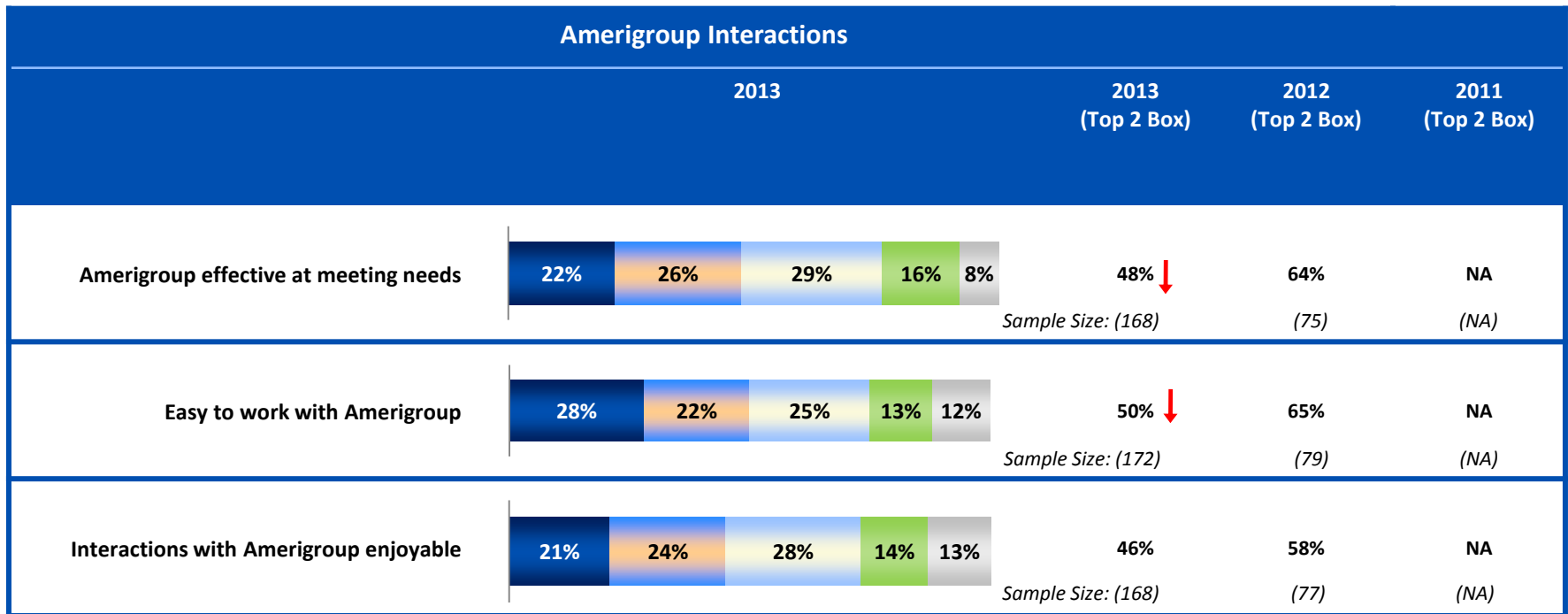
* Small sample size.

Loyalty = Physicians are very satisfied and likely to recommend the plan to other physicians

Indifferent = Physicians are mixed as to whether they are satisfied or whether they would be willing to recommend the plan to other physicians

Defection = Physicians are very dissatisfied and not likely to recommend the plan to other physicians

Amerigroup Interactions



↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Amerigroup Interactions

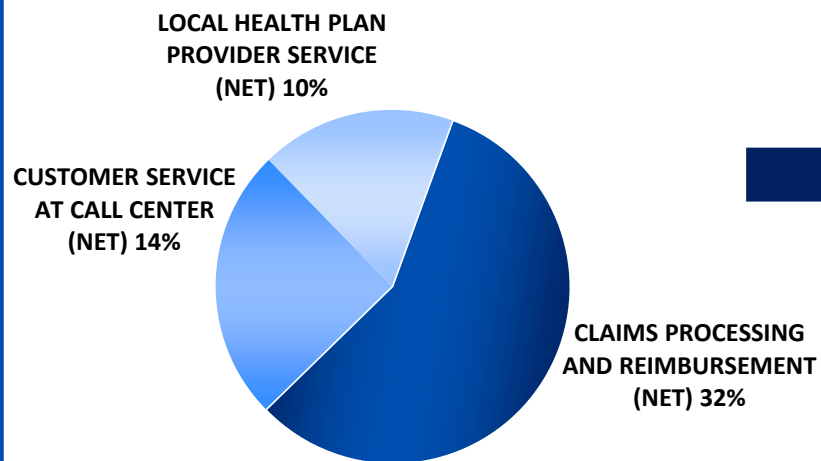
	Chose 4 or 5	Chose 1 or 2	Net
Amerigroup effective at meeting needs	48%	23%	24%
Easy to work with Amerigroup	50%	25%	25%
Interactions with Amerigroup enjoyable	46%	26%	20%
Average of Net Scores: 23			

Note: "Average of Net Scores" is derived by taking the top 2 box score (4 or 5) , subtracting the bottom two box score (1 or 2) and then averaging the "Net" results. This calculation is similar to the Forrester Customer Experience Index score (CxPi) calculation; however, caution should be taken when comparing Amerigroup scores to the official Index, as the Forrester study was conducted online, and other methodology differences may be present which would not allow exact comparisons between studies.

What Like Best

Top 3 Net Things Liked Best

2013



Sample Size: (59)



What Liked Best

(Top Mentions from Top 3 Nets)

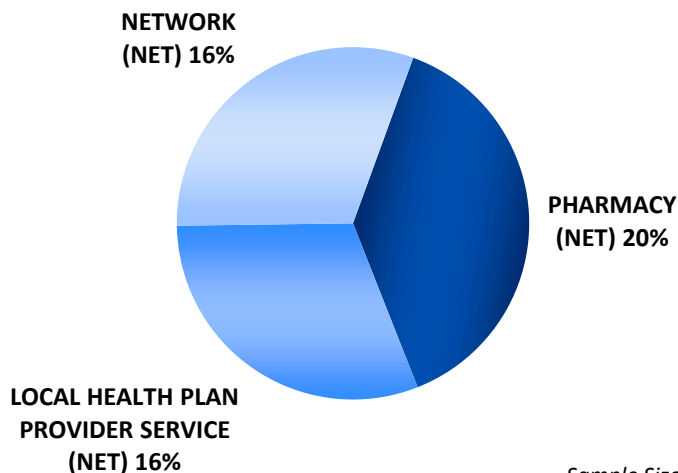
2013

	2013
Good claims processing/Quick processing/Timely payments	27%
Internet claims filing/Status check	3%
Good phone service/Easy access to reps	7%
Call center friendly/People are nice	3%
Call center people are knowledgeable/answer questions	3%
Representatives are easy to work with	2%
(Multiple other representative mentions)	2%

Actions to Improve Amerigroup for Providers

Top 3 Net Suggestions for Improvement

2013

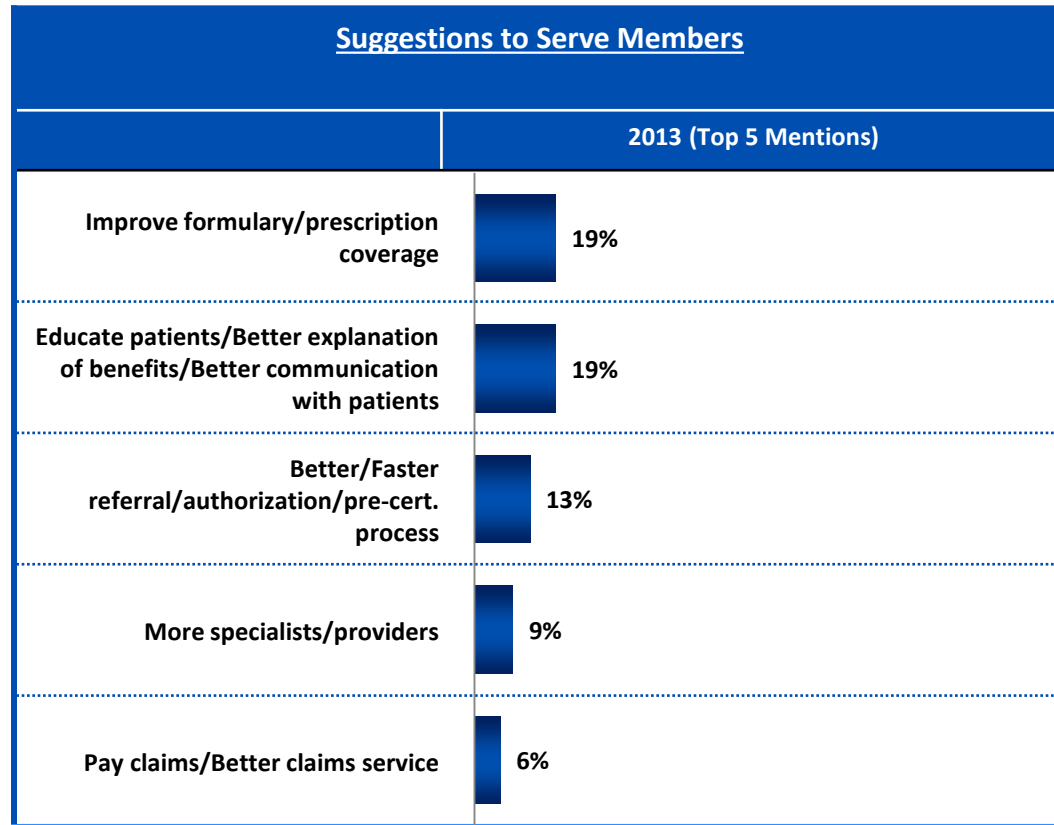


Suggestions to Improve Amerigroup (Top Mentions from Top 3 Nets)

2013

	2013
Improve formulary/ Better coverage for prescription	19%
Send updated formulary list	1%
Educate specialists/ providers/office staff	5%
Provider rep visits/ Make personal visits more often	5%
More specialists/providers/ sub-specialists	9%
Increase reimbursements/ rates/capitation	7%

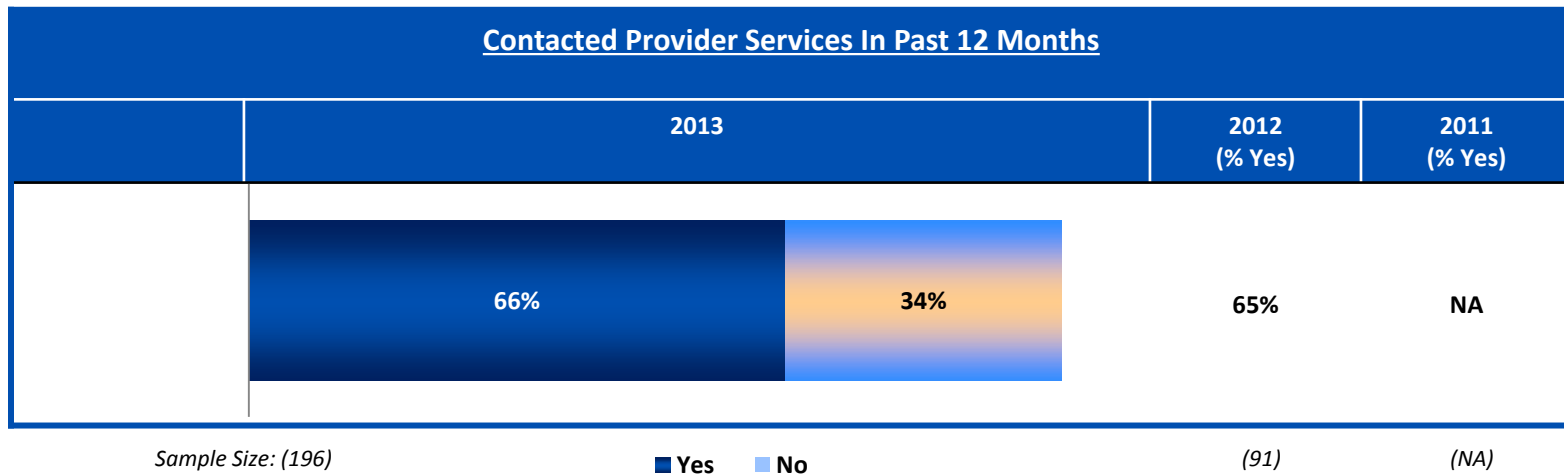
Actions to Help Providers Serve Amerigroup Members



Sample Size: (47)

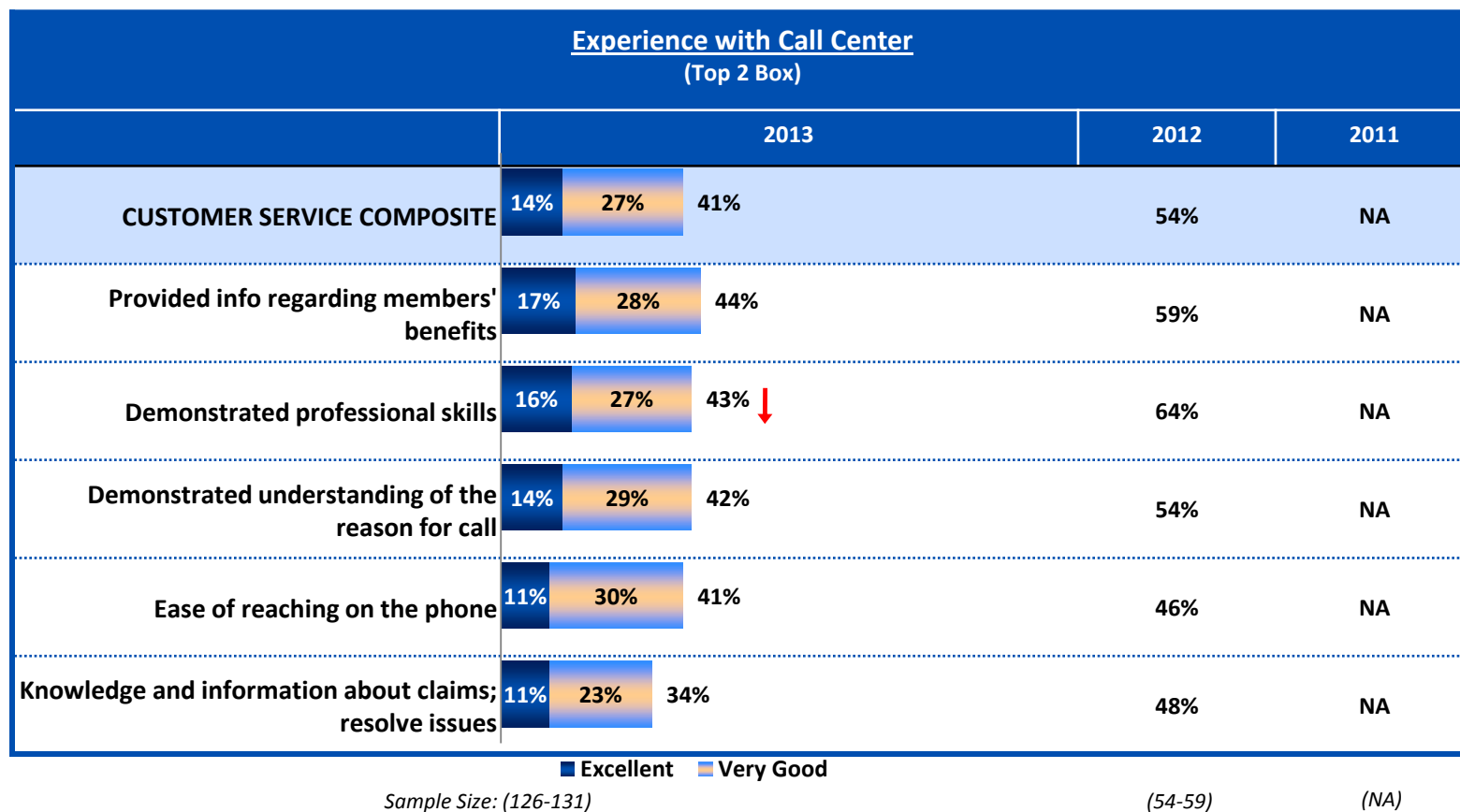
Customer Service

Called Provider Services Line



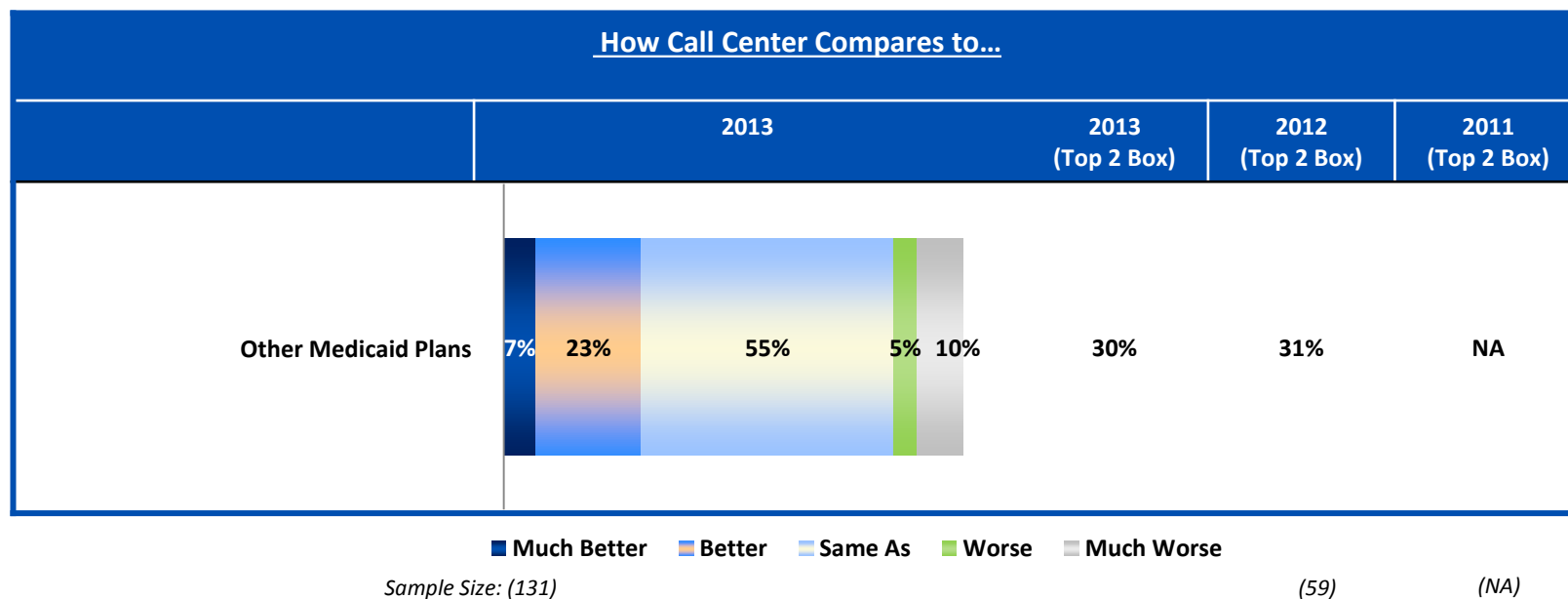
↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Call Center Experience



↑ / ↓ *Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.*

How Call Center Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Local Health Plan Provider Services

Provider Relations Representative

Local Health Plan Provider Relations Representative				
	2013	2012 (% Yes)	2011 (% Yes)	
Know how to contact representative	<div> <div>79%</div> <div>21%</div> </div>	76%	NA	
Know representative	<div> <div>60%</div> <div>41%</div> </div>	56%	NA	
Had contact with representative in past 12 months	<div> <div>46%</div> <div>54%</div> </div>	47%	NA	

■ Yes

■ No

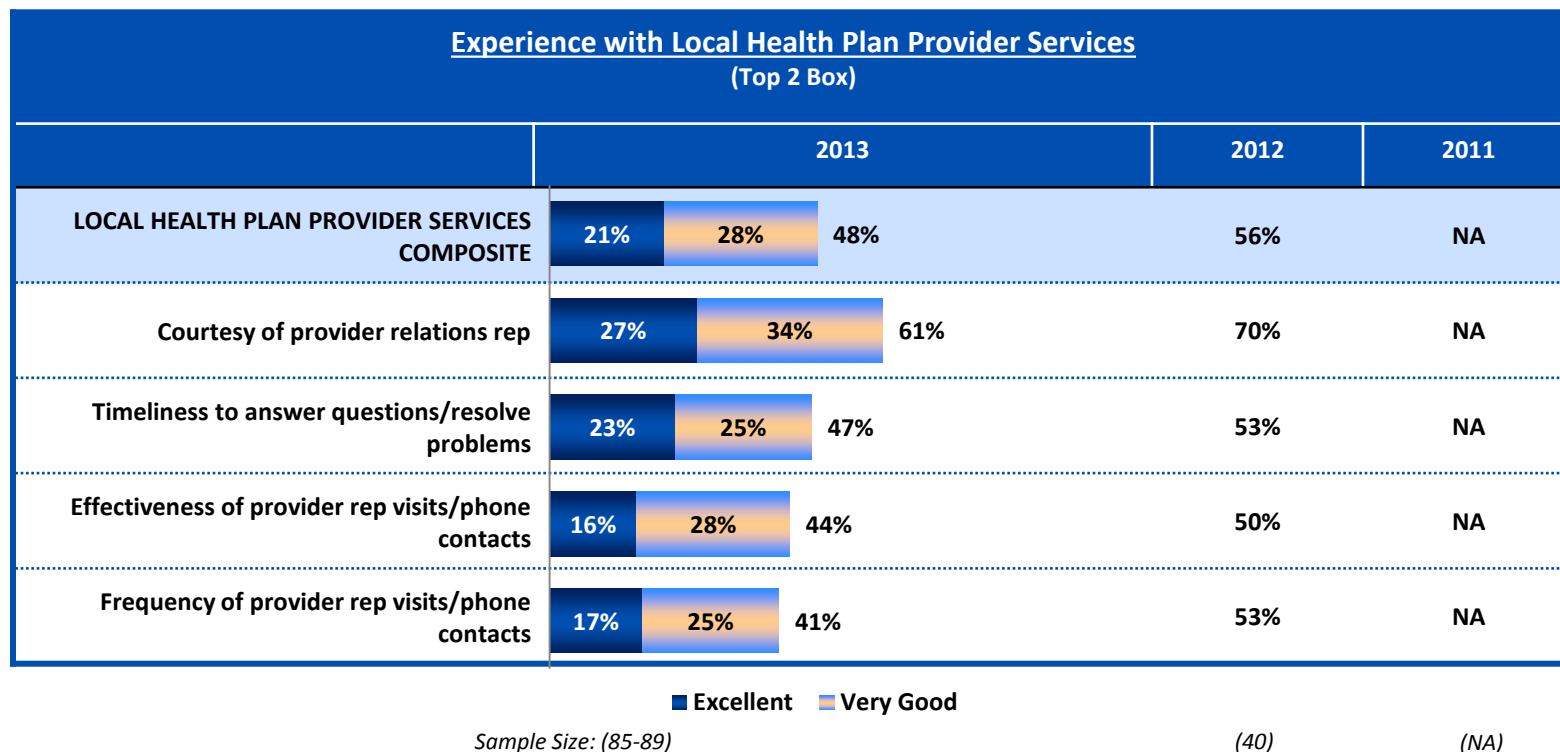
Sample Size: (195-196)

(87-90)

(NA)

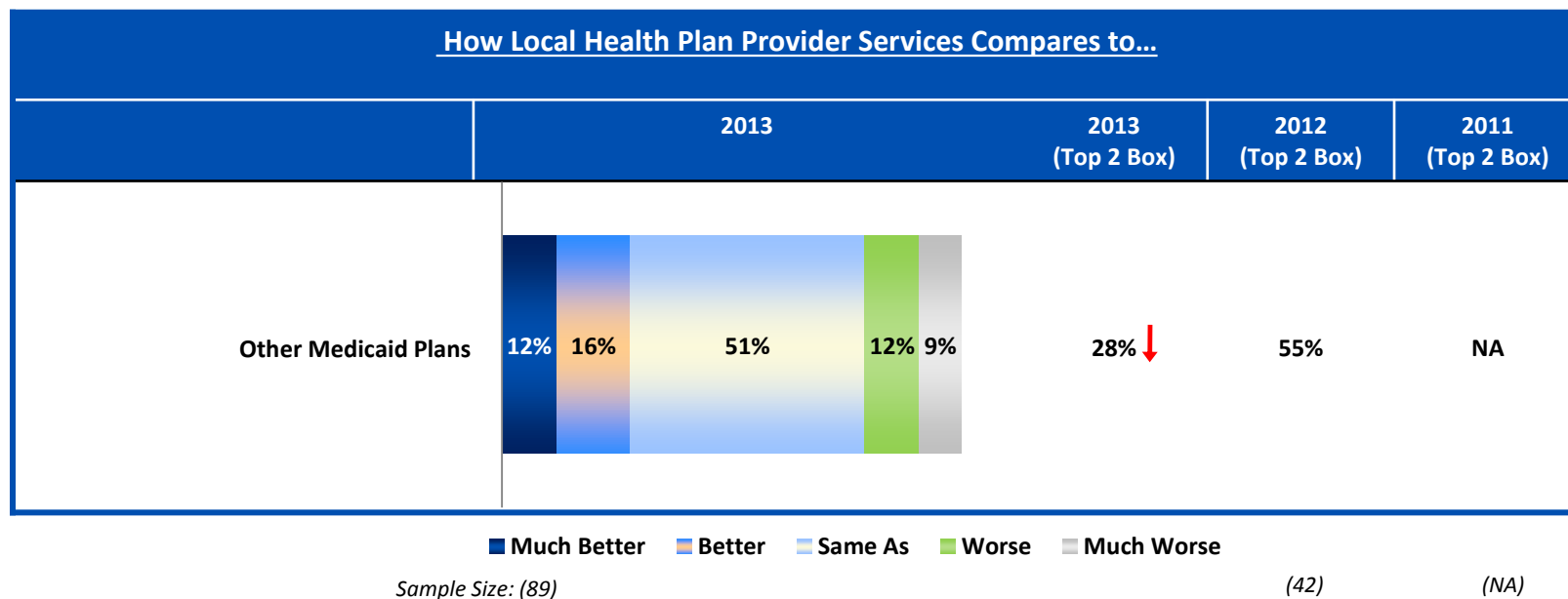
↑ / ↓ *Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.*

Local Health Plan Provider Services Experience



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

How Local Health Plan Provider Services Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Communication

Communication and Technology Experience

Experience with Communication and Technology, Quality and Effectiveness (Top 2 Box)				
	2013		2012	2011
COMMUNICATION COMPOSITE	8%	28%	36%	48%
Provider newsletters	7%	33%	40%	46%
Provider updates	8%	30%	39%	49%
Quick reference guides	9%	27%	35%	45%
Overall content on our website	9%	27%	35%	52%
Website tutorials/user guides	8%	27%	35%	51%
Provider manuals	7%	27%	34%	47%
Provider orientation program	8%	24%	32%	42%

■ Excellent ■ Very Good Top 2 Box

NA: Not applicable; new question in 2012

NT: Not trendable

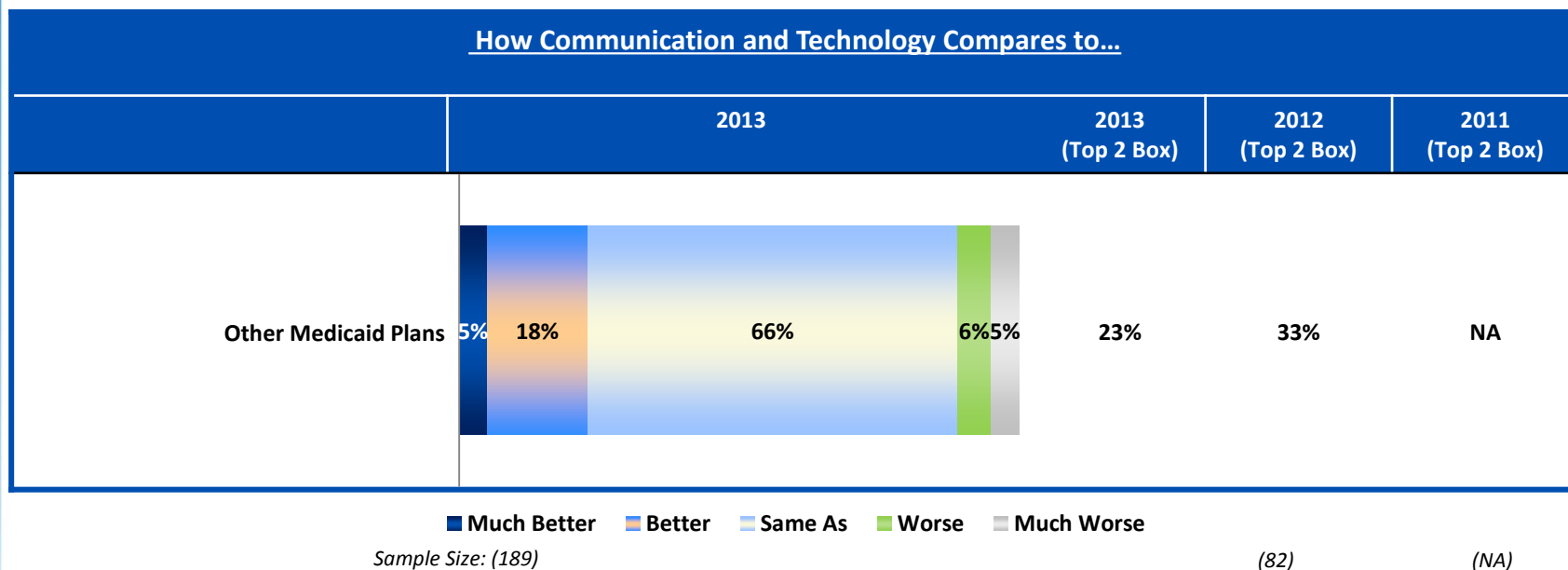
↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Sample Size: (100-156)

(63-70)

(NA)



How Communication & Technology Compares






↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Technology

Staff Use of Amerigroup Website

Staff Uses Website				
	2013	2012	2011	
Yes	 77%	78%	NA	
No	 23%	22%	NA	
Sample Size: (189) (88) (NA)				



Why Not Use Website				
	2013	2012	2011	
Unsure how to register/use	 59%	83%	NA	
Site not user-friendly	 37%	17%	NA	
No computer	 4%	0%	NA	
No Internet access	0%	0%	NA	
Sample Size: (27)* (12)* (NA)				

* Small sample size.

NA: Not applicable; new response choice in 2012.

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Amerigroup Online Tools

Satisfaction with Amerigroup Online Tools (Top 2 Box)					
	2013			2012	2011
TECHNOLOGY COMPOSITE	39%	36%	75%	86%	NT
Eligibility check	57%	31%	89%	92%	NT
EFT/ERA	49%	33%	82%	92%	NT
Claims status	39%	43%	82%	87%	NT
Claims submission	44%	36%	79%	87%	NT
Clinical practice guidelines	33%	41%	74%	82%	NT
Panel listing	44%	29%	73% ↓	88%	NT
Precertification submission	33%	38%	71%	85%	NT
Precertification lookup	33%	37%	70%	83%	NT
Reimbursement policies	33%	38%	70%	77%	NA
Pharmacy formularies/policies	26%	36%	62%	NT	NA

■ Very Satisfied ■ Somewhat Satisfied

NA: Not applicable; new question in 2012

NT: Not trendable

Sample Size: (92-131)

(37-62)

(NA)

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.



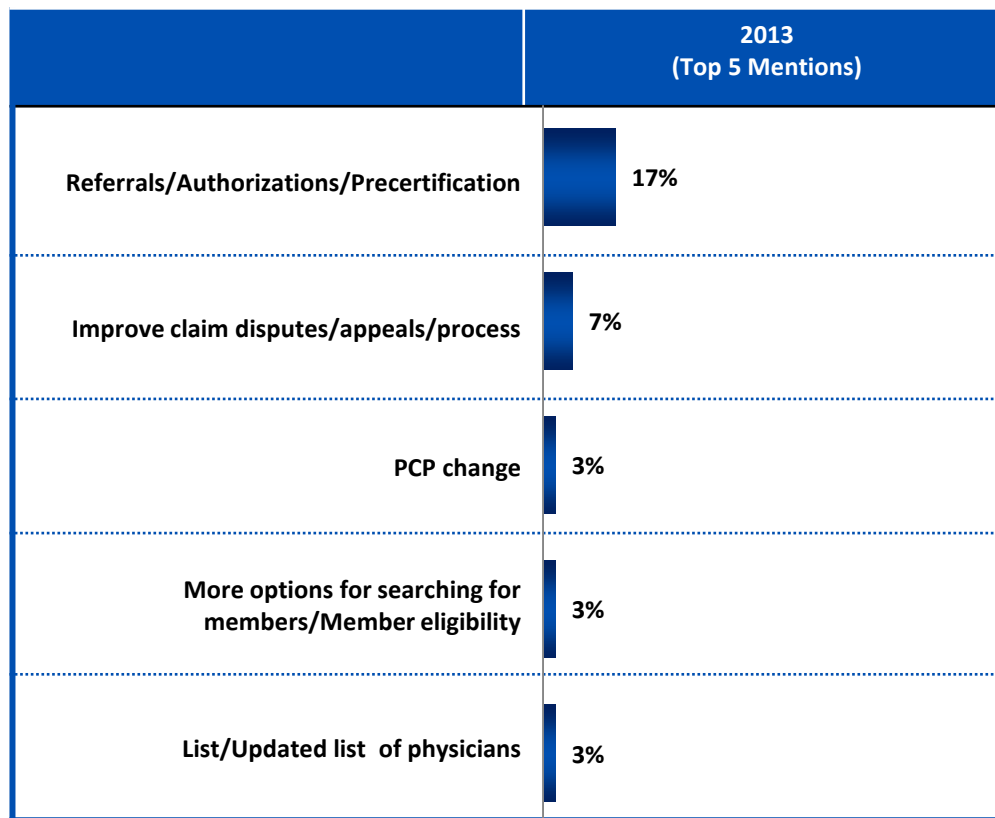
Would Use if Available on Website

Would Use if Available on Amerigroup Website					
	2013			2012 (% Yes)	2011 (% Yes)
Credentialing/recredentialing application	<div><div>69%</div><div>10%</div><div>22%</div></div>			72%	NA
Payment dispute options	<div><div>67%</div><div>12%</div><div>22%</div></div>			63%	NA
eSignature for accepting provider contract	<div><div>60%</div><div>16%</div><div>24%</div></div>			62%	NA
Electronic medical records	<div><div>55%</div><div>17%</div><div>28%</div></div>			67%	NA
Online chat for technical assistance	<div><div>53%</div><div>22%</div><div>24%</div></div>			63%	NA
Online communities or forums	<div><div>47% ↓</div><div>20%</div><div>33%</div></div>			61%	NA
<div><div>Yes</div><div>No</div><div>Not Sure</div></div> <div>Sample Size: (196-197)</div> <div>(87-89)</div> <div>(NA)</div>					

NA: Not applicable; new question in 2012

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

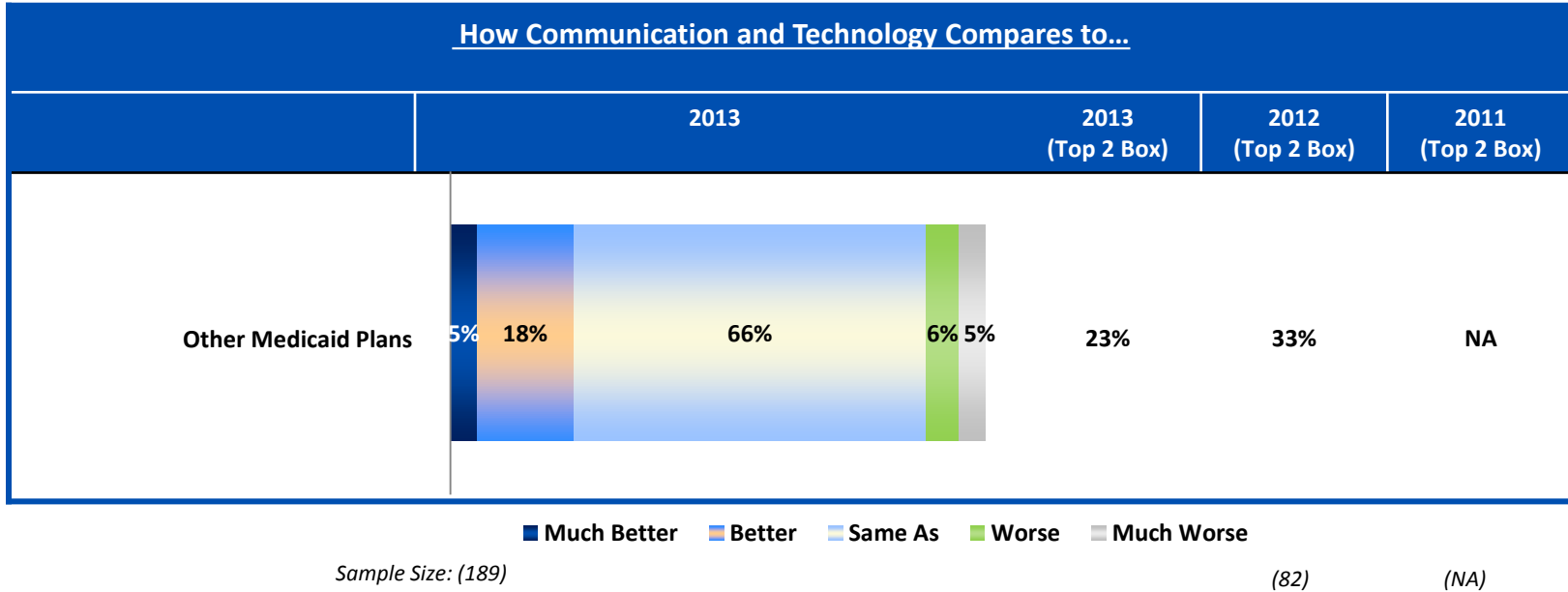
Suggestions for Self-Service Features on the Web



Sample Size: (30)*

* Small sample size.

How Communication & Technology Compares



↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Claims Processing

Billing

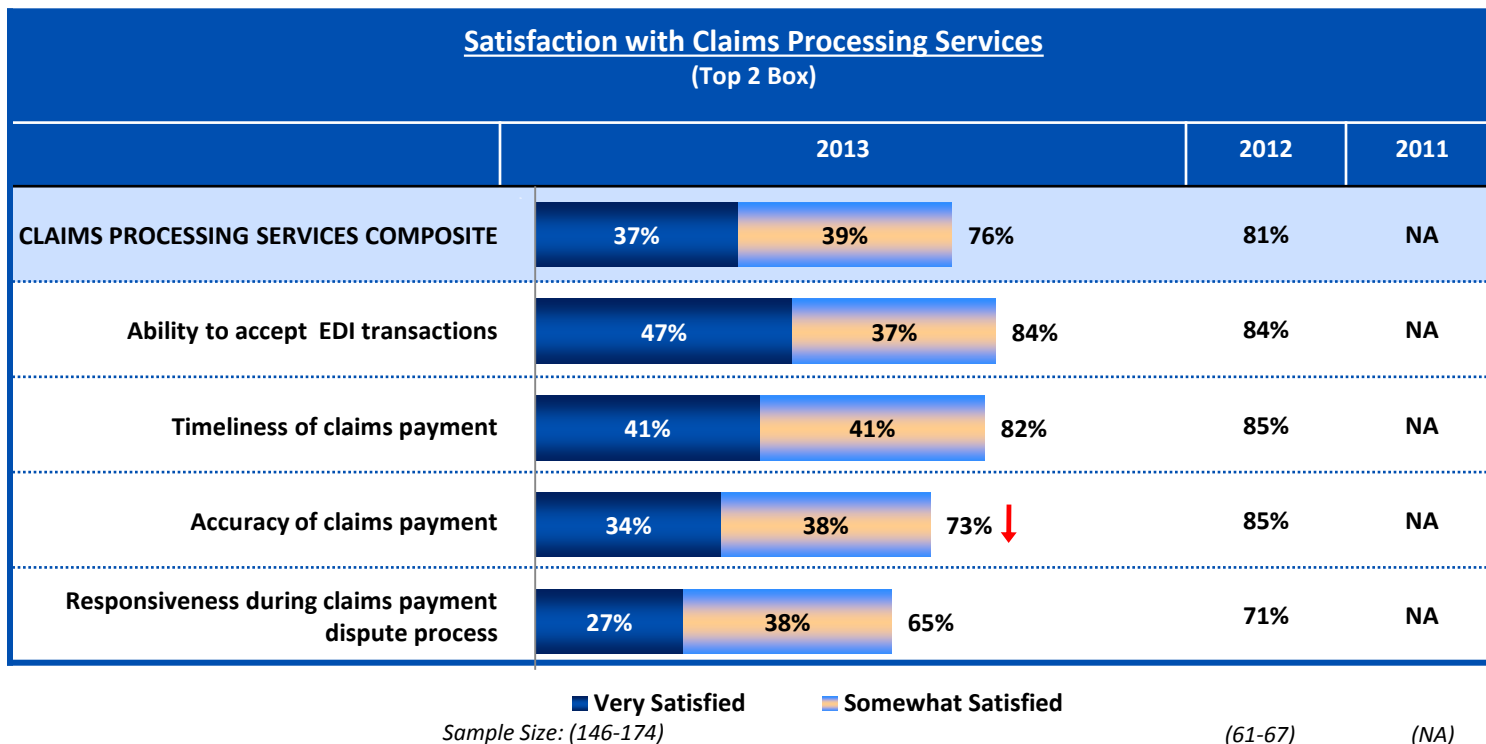
Billing				
	2013		2012 (% Yes)	2011 (% Yes)
Able to get answers on billing questions	<div> <div>78%</div> <div>22%</div> </div>		76%	NA

■ Yes
■ No

Sample Size: (173)
 (72)
 (NA)

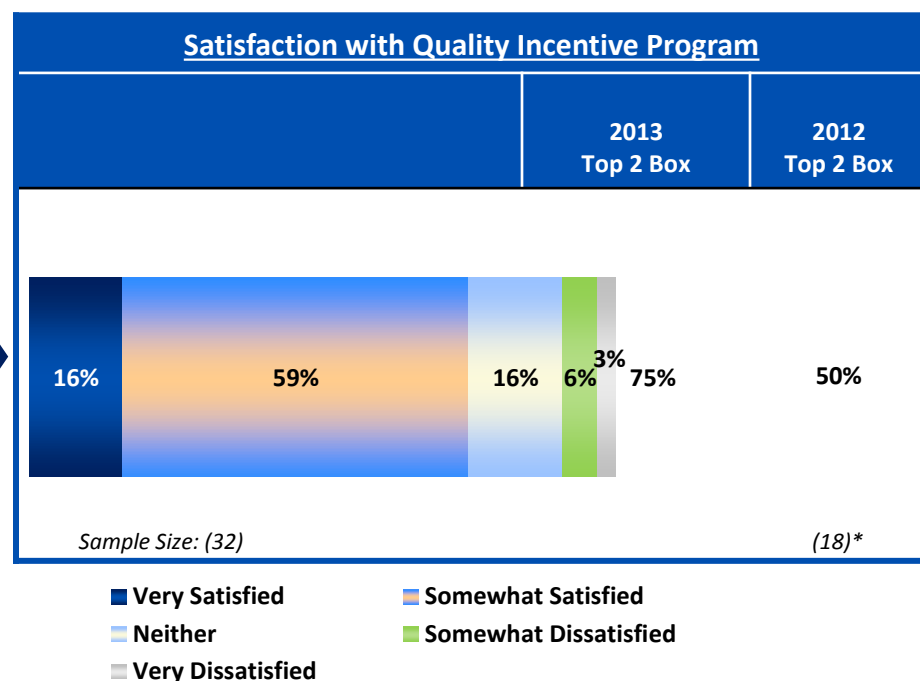
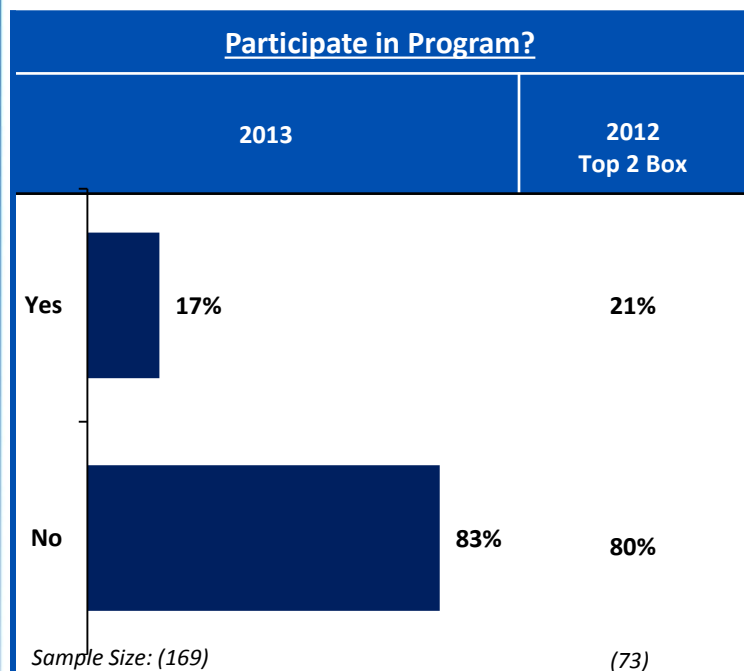
↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Claims Processing Services Experience



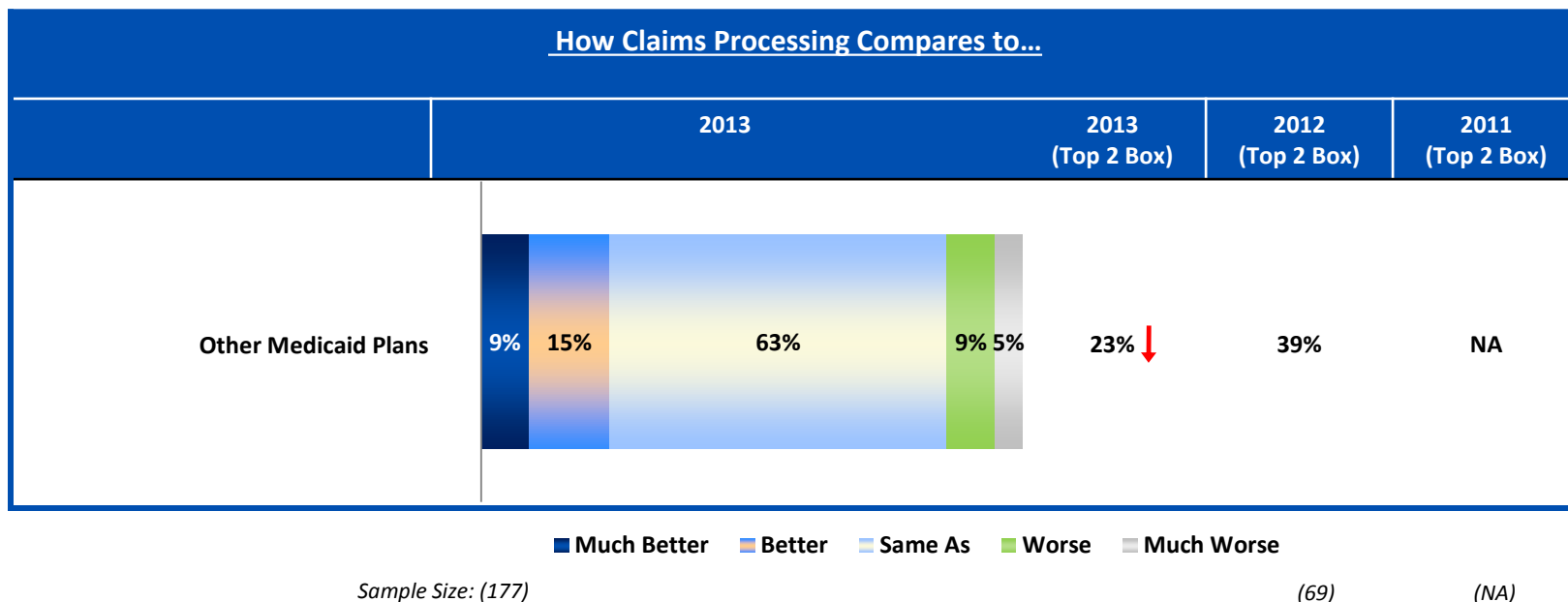
Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Quality Incentive Program



* Small sample size.

How Claims Processing Compares



↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Network

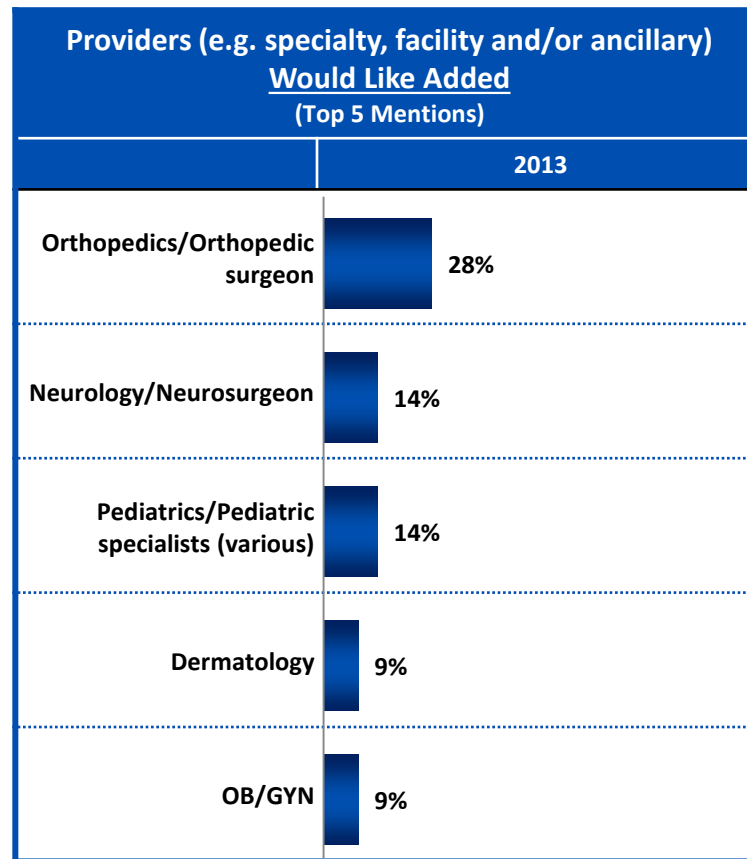
Availability

Satisfaction with Availability of: (Top 2 Box)					
	2013			2012	2011
NETWORK COMPOSITE	23%	46%	69%	71%	NA
Hospitals	28%	50%	78%	70%	NA
Urgent Care	27%	45%	72%	74%	NA
Ancillary Providers	18%	47%	65%	72%	NA
Specialists	19%	42%	61%	66%	NA
Behavioral Health Practitioners	NA			NA	NA
<div><div></div> Very Satisfied<div></div> Somewhat Satisfied</div> <div>Sample Size: (107-132)(54-70)(NA)</div>					



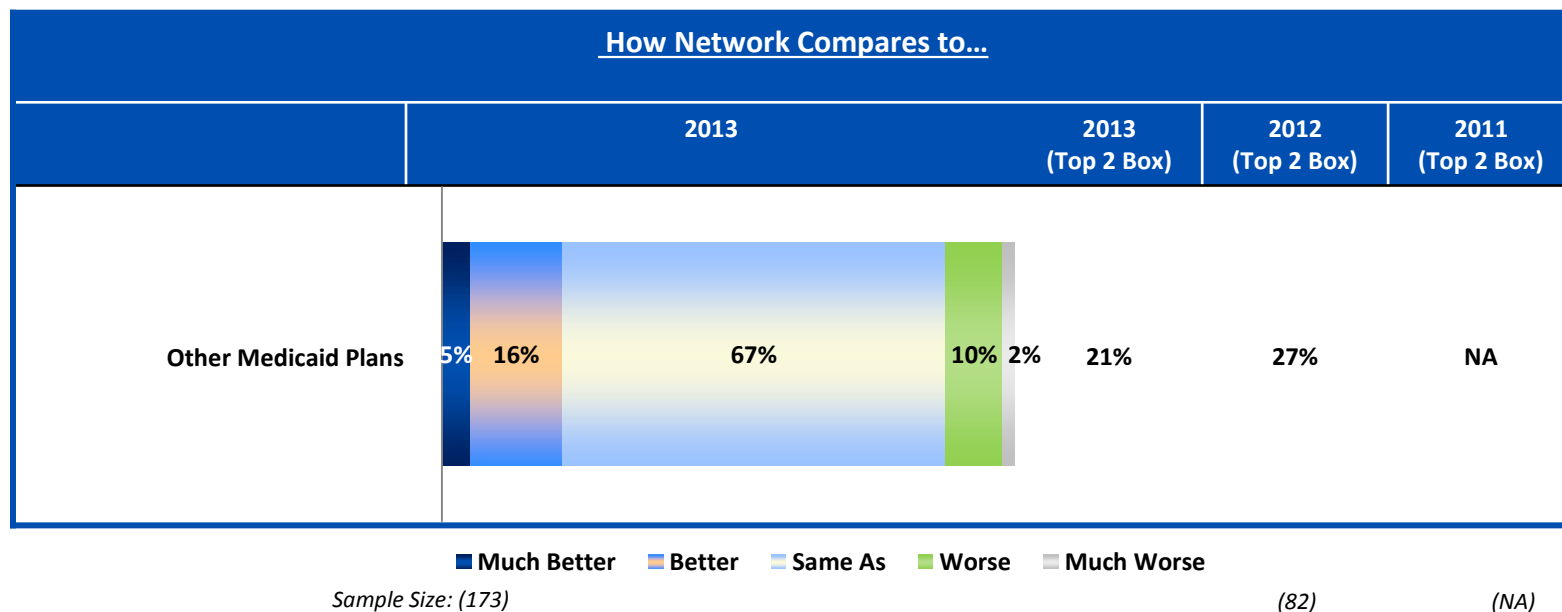
Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Additional Providers Desired



Sample Size: (43)

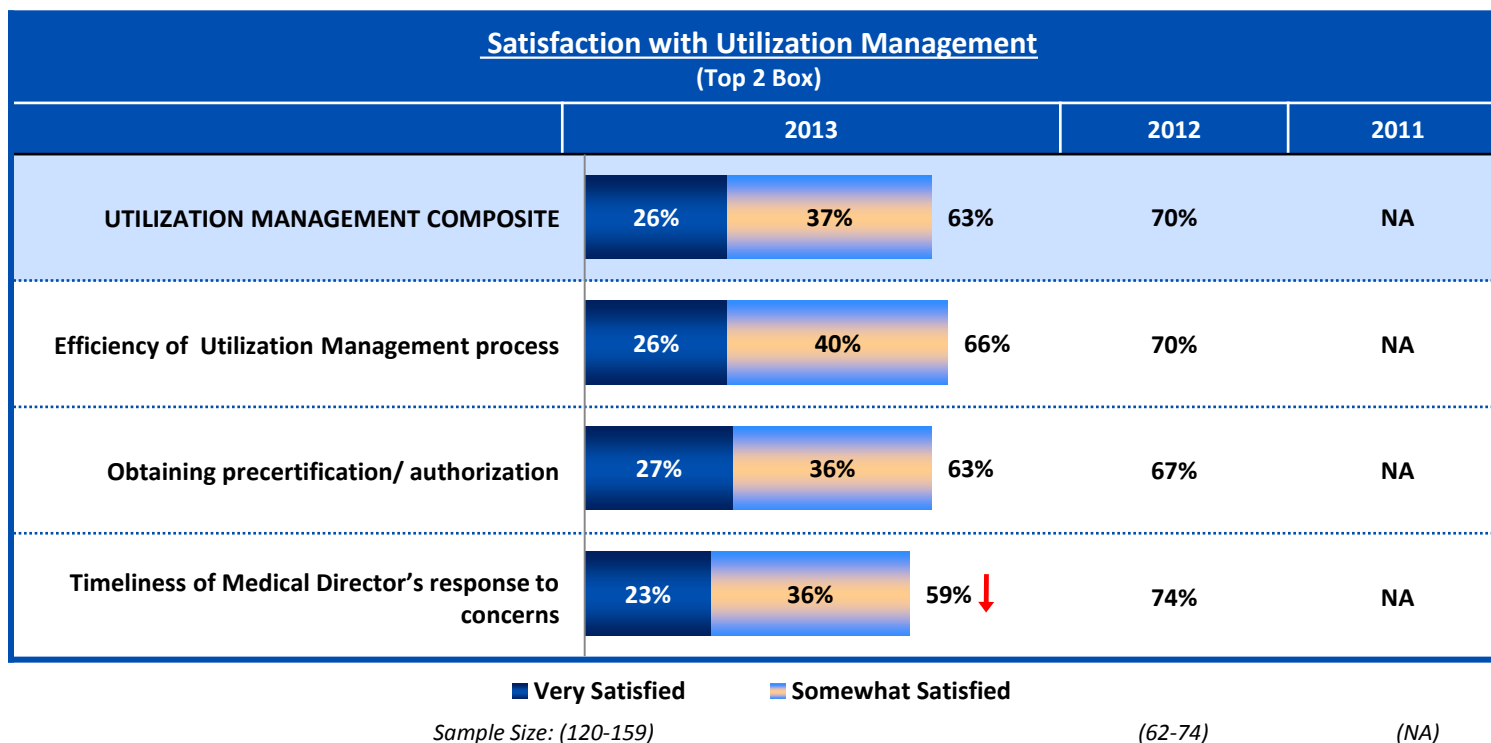
How Network Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Utilization Management

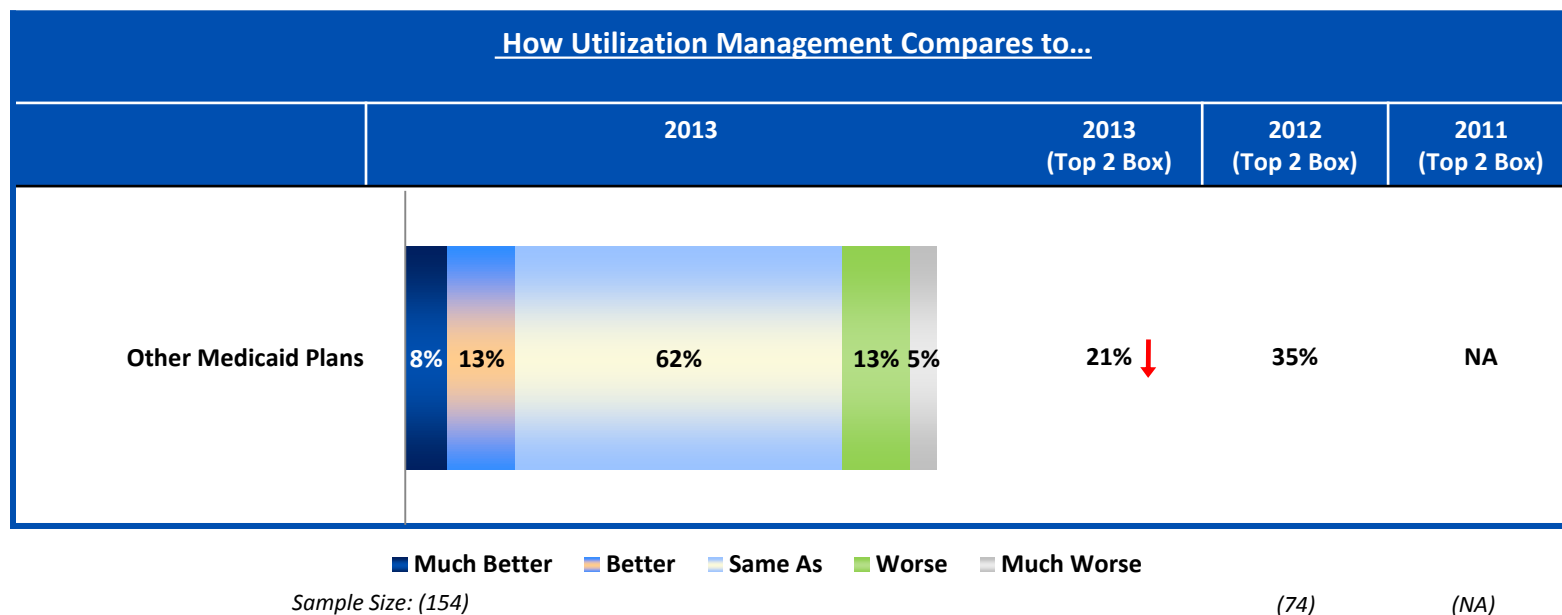
Utilization Management Experience



NT: Not trendable

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.







How Utilization Management Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

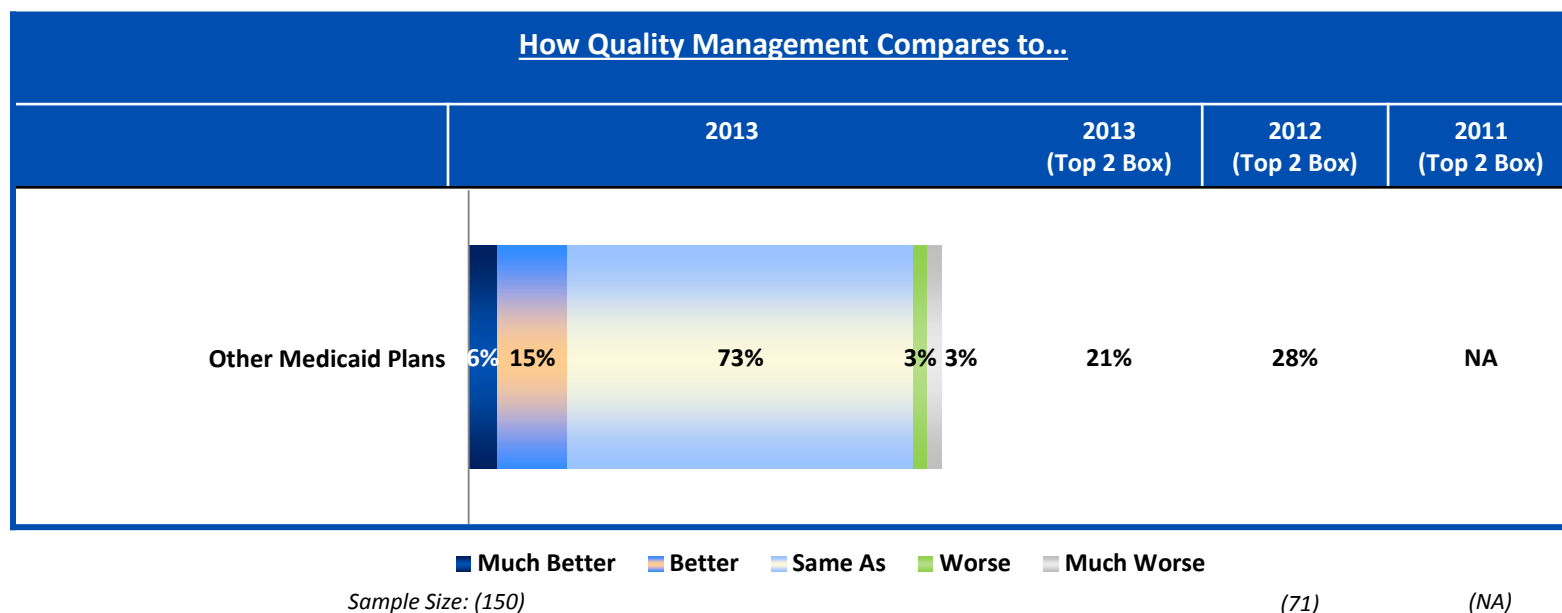
Quality Management

Quality Management Experience

Experience with Quality Management (Top 2 Box)				
	2013		2012	2011
QUALITY MANAGEMENT COMPOSITE		24%	26%	NA
EPSDT member outreach activities		30%	36%	NA
Responsiveness during medical necessity appeals process		23%	28%	NA
Members' understanding of their benefits		22%	24%	NA
Members' understanding of preventive care/wellness programs		22%	20%	NA
Clinical Practice Guidelines		22%	24%	NA
<div><div></div> Excellent <div></div> Very Good</div> <div>Sample Size: (107-165) (51-78) (NA)</div>				

↑ / ↓ *Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.*

How Quality Management Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

How EPSDT Overdue Services Are Used

How EPSDT Overdue Services Are Used (Multiple Mention)			
	2013	2012	2011
Perform member outreach	25%	36%	NA
To reconcile information against claims/encounters	8%	9%	NA
Return list to Amerigroup with date(s) of service completed	5%	3%	NA
Do not use	67%	58%	NA

Sample Size: (169)

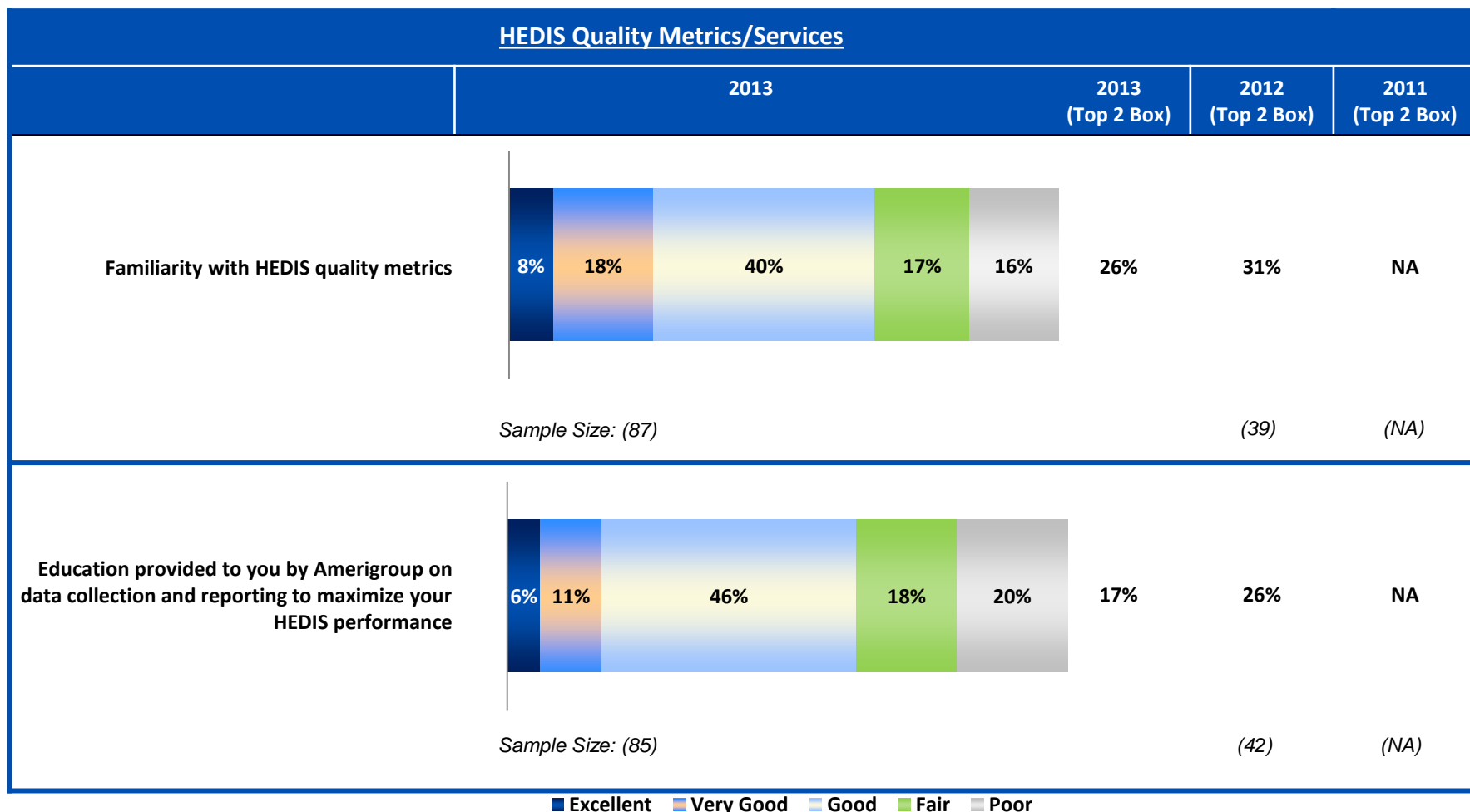
(77)

(NA)



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

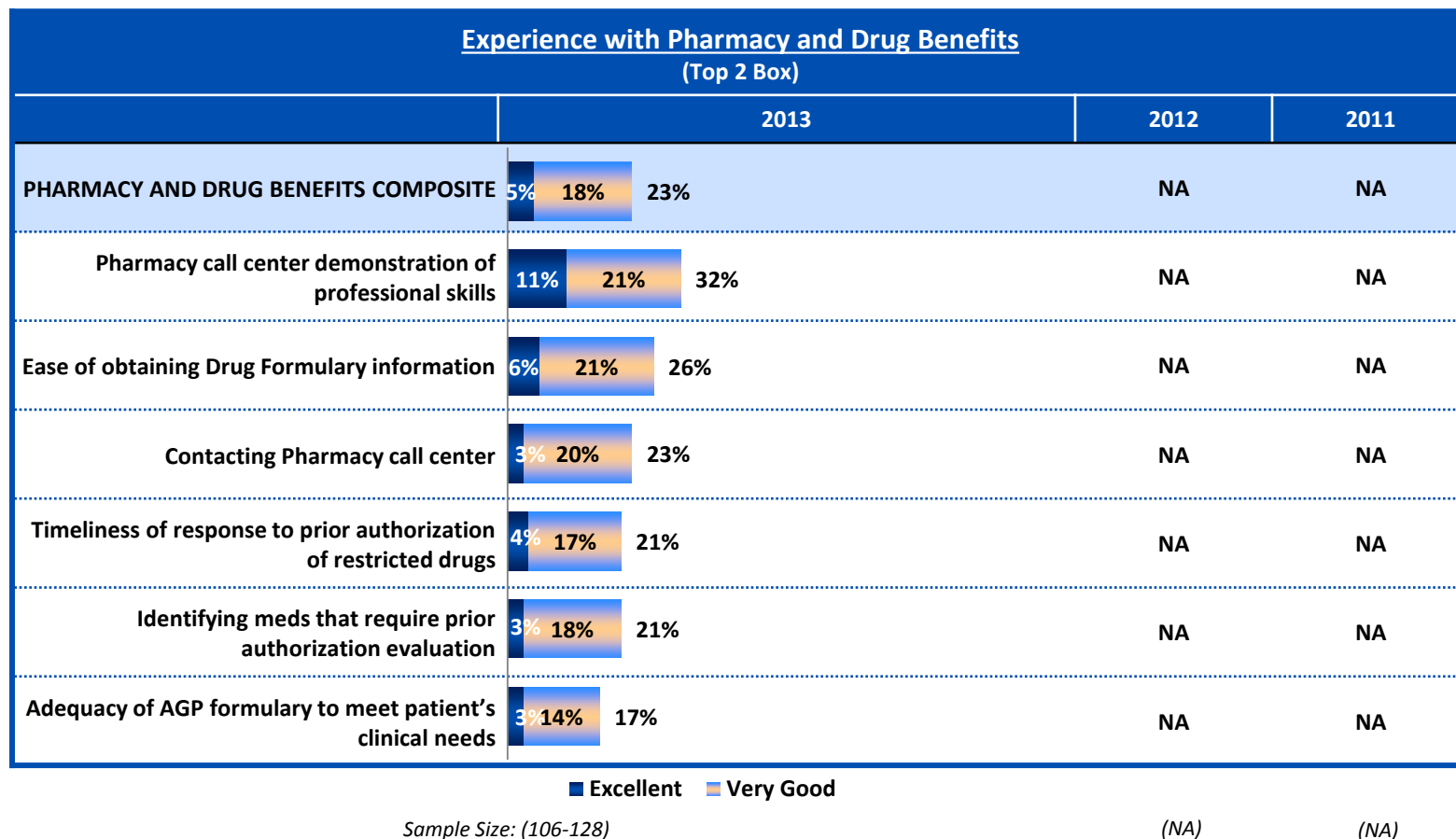
HEDIS Quality Metrics & Services



↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

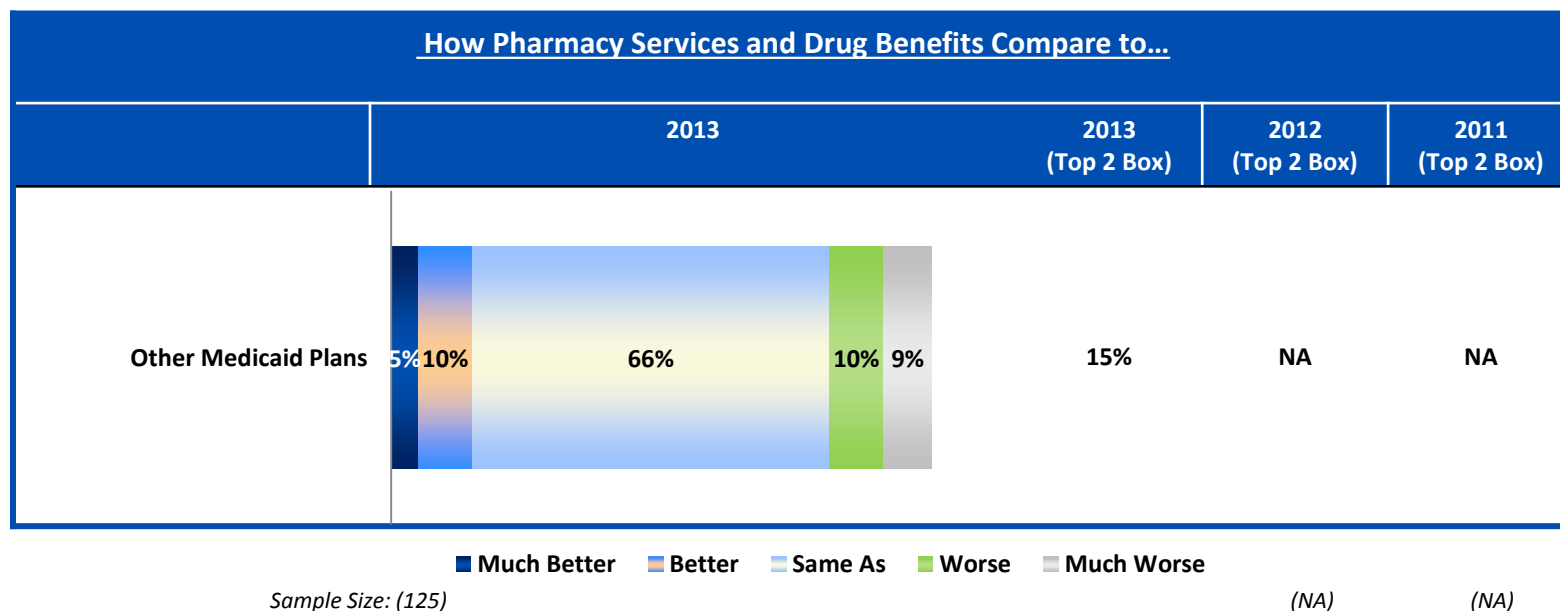
Pharmacy and Drug Benefits

Pharmacy & Drug Benefits Experience



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

How Pharmacy Services & Drug Benefits Compare



↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Disease Management Centralized Care Unit (DMCCU)

Disease Management Centralized Care Unit (DMCCU) Experience

Experience with Disease Management Centralized Care Unit (Top 2 Box)					2013	2012	2011
DISEASE MANAGEMENT CENTRALIZED CARE UNIT COMPOSITE					12% 22% 35%	53%	NA
Usefulness of program for staff telephonic assistance					11% 26% 37%	55%	NA
Usefulness of program for written program materials					14% 21% 35%	56%	NA
Usefulness of program for staff member interventions					11% 25% 35%	58%	NA
Usefulness of program for material frequency of delivery					13% 21% 34%	44%	NA
Usefulness of program for DMCCU Care Manager Communication					13% 21% 34%	53%	NA
Usefulness of program for material timing of distribution					12% 23% 34%	56%	NA
Usefulness of program for material mode of delivery					12% 23% 34%	56%	NA
Satisfaction with helpfulness of staff providing DMCCU services					13% 21% 33%	53%	NA
Helpfulness of Clinical Practice Guidelines in managing patients					12% 22% 33%	43%	NA

■ Excellent ■ Very Good

Sample Size: (72-101)

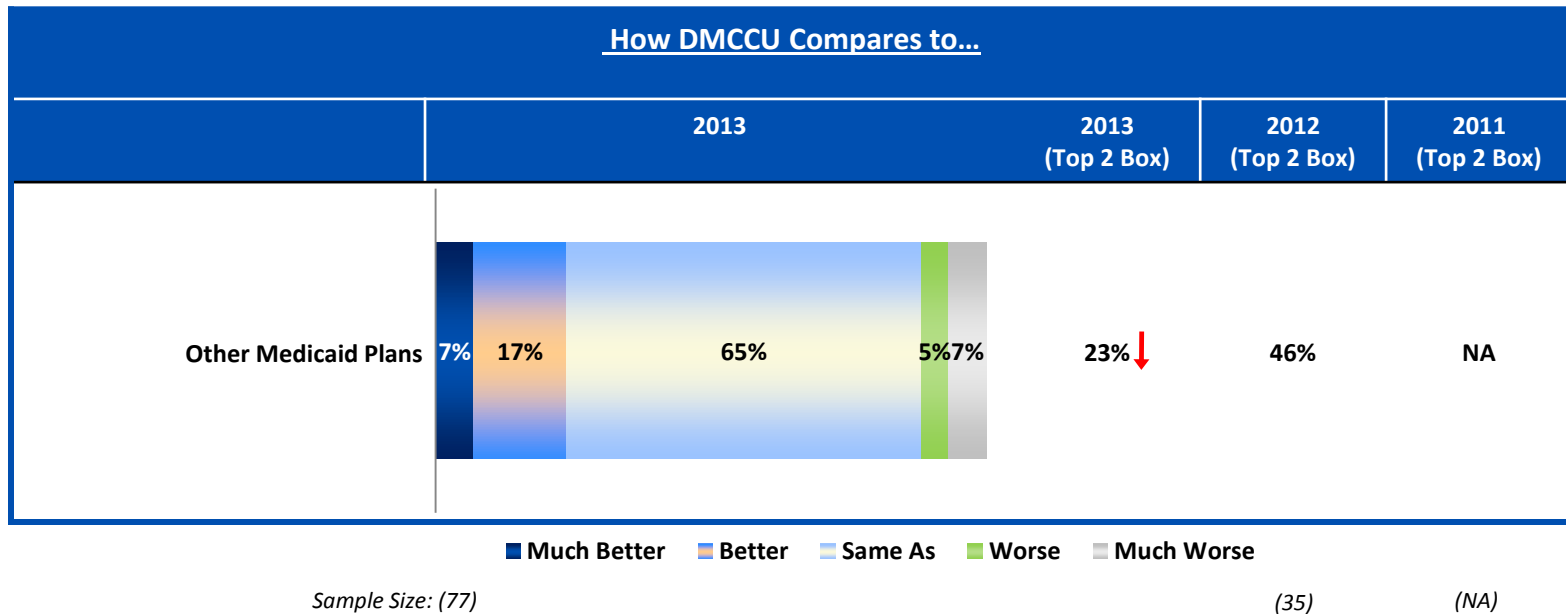
(15-21)*

(NA)

* Small sample size.







↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

How DMCCU Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Program Enrollment

Programs Patients Enrolled In (Multiple Mention)			
	2013	2012	2011
Diabetes	 10%	15%	NA
Asthma	 7% ↓	18%	NA
COPD	 5%	9%	NA
CHF	 3%	8%	NA
CAD	 2%	6%	NA
Transplant	NA	NA	NA
Schizophrenia	NA	NA	NA
Obesity	NA	NA	NA
Major Depressive Disorder	NA	NA	NA
Hypertension	NA	NA	NA
HIV/AIDS	NA	NA	NA
Bipolar Disorder	NA	NA	NA
None	 85%	80%	NA

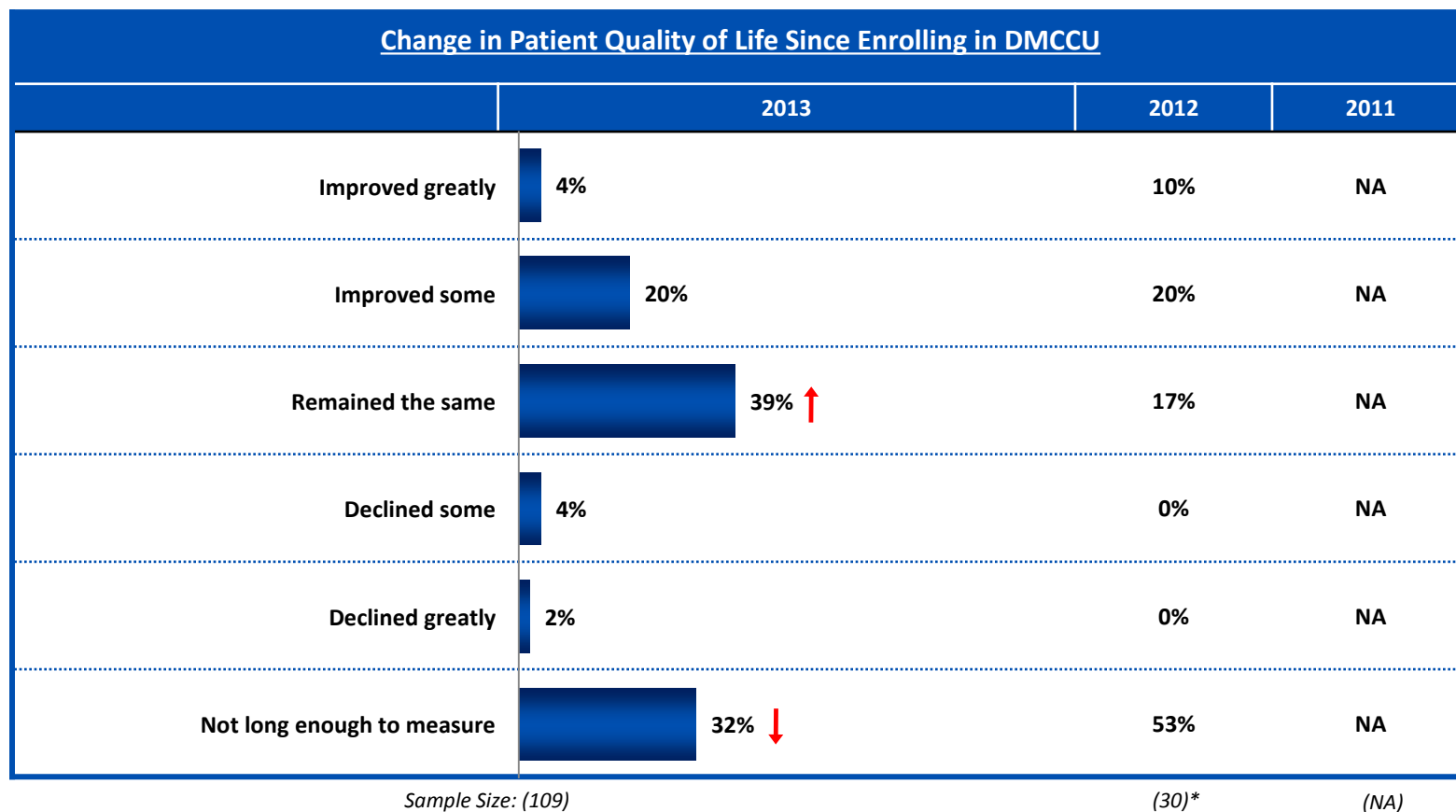
Sample Size: (176)

(78)

(NA)

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Patients' Quality of Life Since Enrolling in DMCCU





* Small sample size.

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

DMCCU Program

Recommend DMCCU Program to Other Providers







	2013	2012	2011
Yes	 67% ↓	88%	NA
No	 33% ↑	12%	NA

Sample Size: (57)

(33)

(NA)

Programs Would Like More Information For (Multiple Mention)

	2013	2012	2011
Diabetes	 26%	33%	NA
Asthma	 15% ↓	27%	NA
CAD	 12%	12%	NA
COPD	 11%	16%	NA
CHF	 11%	13%	NA
Transplant	NA	NA	NA
Schizophrenia	NA	NA	NA
Obesity	NA	NA	NA
Major Depressive Disorder	NA	NA	NA
Hypertension	NA	NA	NA
HIV/AIDS	NA	NA	NA
Bipolar Disorder	NA	NA	NA
None	 67%	57%	NA

Sample Size: (176)

(83)

(NA)

↑ / ↓ Results significantly higher/lower than prior year.
Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

DMCCU Impact

<u>Patients Using More/Less Services as a Result of Participation</u>		
	2013	2012
More	14%	16%
Less	12%	16%
No Change	75%	68%

Sample Size: (51)

(31)

<u>Perceive Disease Management Programs Having Positive/Negative Impact on Patient Health Status</u>		
	2013	2012
Positive	96%	100%
Negative	4%	0%

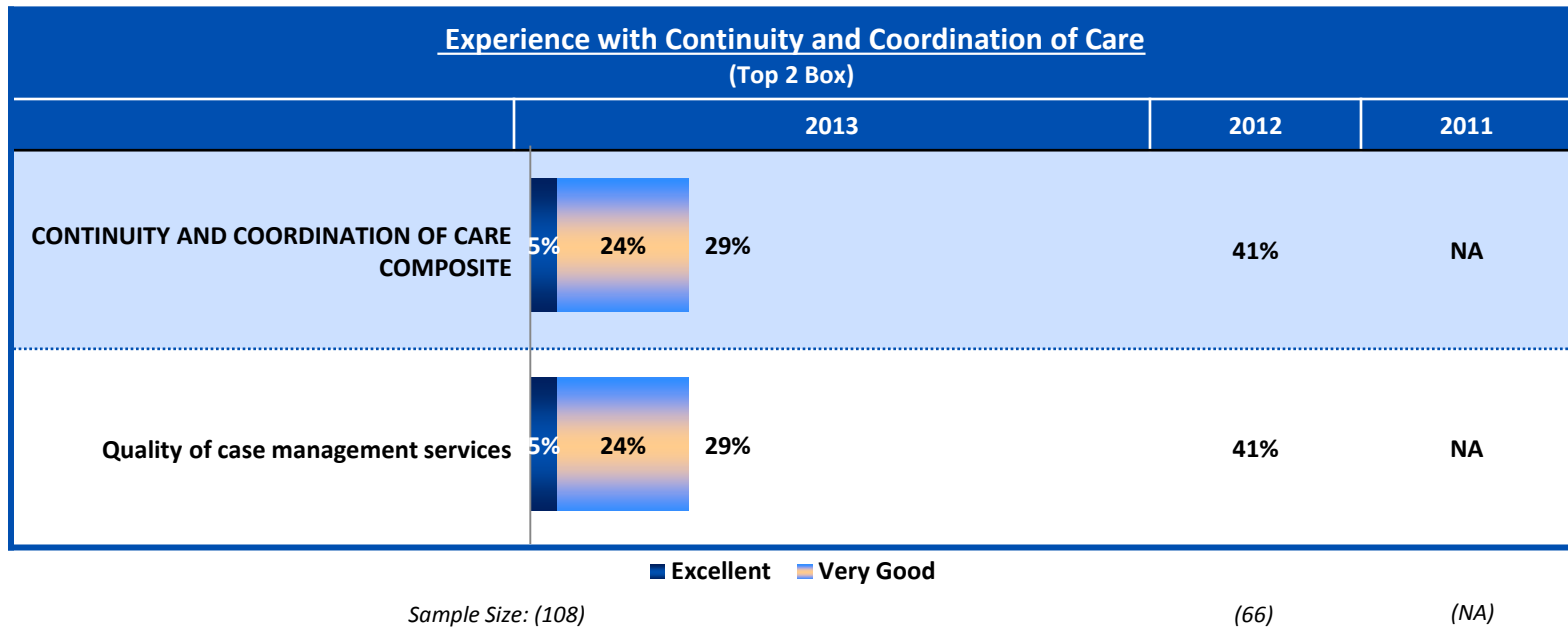
Sample Size: (47)

(24)*

* Small sample size.

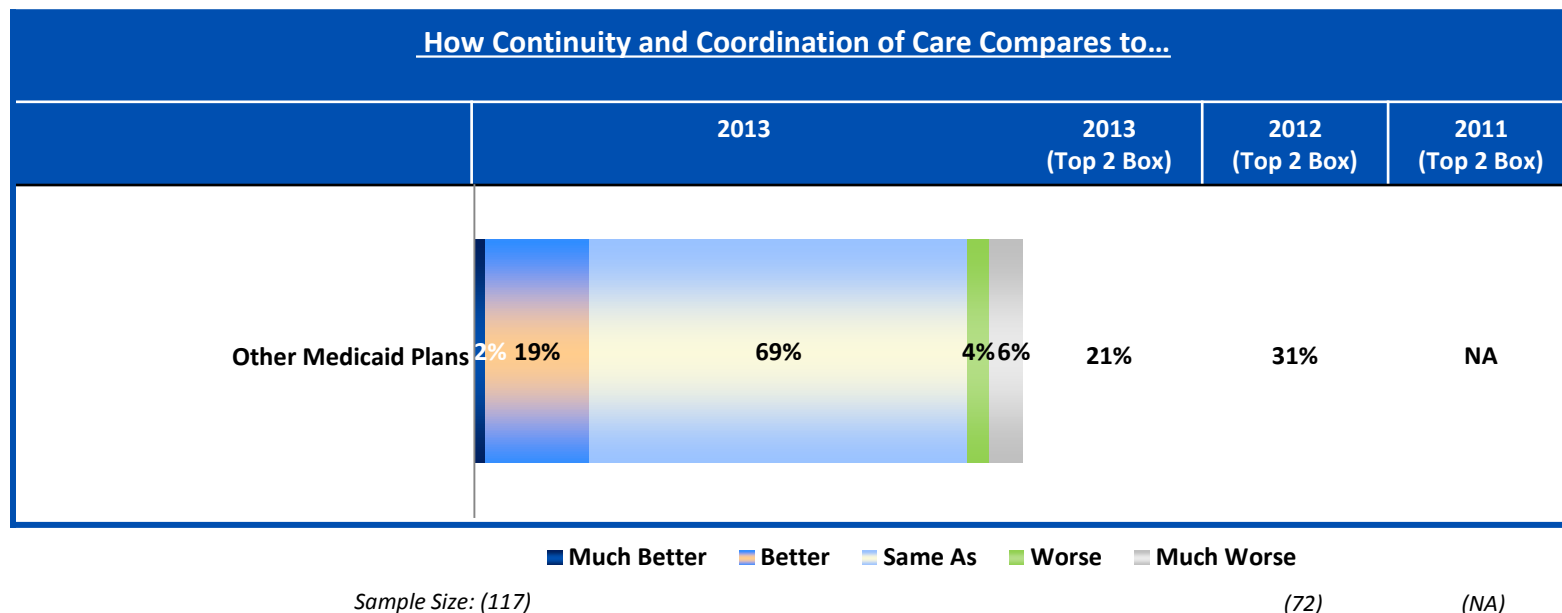
Continuity and Coordination of Care

Continuity and Coordination of Care Experience



↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

How Continuity and Coordination of Care Compares



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Frequency of Communication – PCPs

Frequency of Communication from Other Providers (Top 2 Box)				
	2013		2012	2011
Specialty care practitioners (not including behavioral health)	19%	38%	57%	67%
Hospitals	23%	31%	54%	68%
Home health agencies	23%	31%	54%	67%
Outpatient therapy providers	10%	33%	43%	60%
PCPs	18%	24%	42%	51%
Skilled nursing facilities	13%	27%	40%	58%
Rehabilitation facilities	9%	29%	38%	55%
Behavioral health practitioners	NA		NA	NA
Behavioral health facilities	NA		NA	NA

■ Always ■ Usually

Sample Size: (70-87)

(40-56)

(NA)



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Frequency of Communication – Specialists

Frequency of Communication from Other Providers (Top 2 Box)				
	2013		2012	2011
PCPs	31%	22%	53%	57%
Hospitals	25%	21%	46%	NA
Specialty care practitioners (not including behavioral health)	23%	23%	46%	58%
Home health agencies	20%	15%	35%	36%
Outpatient therapy providers	17%	14%	31%	10%
Rehabilitation facilities	14%	12%	26%	10%
Skilled nursing facilities	14%	10%	23%	10%
Behavioral health practitioners	NA		NA	NA
Behavioral health facilities	NA		NA	NA

* Small sample size.

Sample Size: (51-74) Always Usually

(10-14)*

(NA)

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Frequency of Communication – OB/GYNs

Frequency of Communication from Other Providers (Top 2 Box)				
	2013		2012	2011
Hospitals	31%	25%	56%	50%
Specialty care practitioners (not including behavioral health)	7%	33%	40%	30%
Outpatient therapy providers	8%	23%	31%	22%
PCPs	7%	20%	27%	33%
Skilled nursing facilities	11%	11%	13%	13%
Rehabilitation facilities	10%	10%	13%	13%
Home health agencies	0%		25%	25%
Behavioral health practitioners	NA		NA	NA
Behavioral health facilities	NA		NA	NA

* Small sample size.

Sample Size: (9-16)*

■ Always ■ Usually

(8-10)*

(NA)



Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

24-Hour Availability

How Provide 24-Hour Availability (Multiple Mention)			
	2013	2012	2011
Forward calls to answering service	43%	54%	NA
Arrange for covering physician	36%	27%	NA
Always on-call	30% ↓	50%	NA
Walk-in appointments	17% ↓	35%	NA
Do not provide 24-hour availability	16% ↑	7%	NA
Evening and weekend appointments	13%	14%	NA

Sample Size: (184)

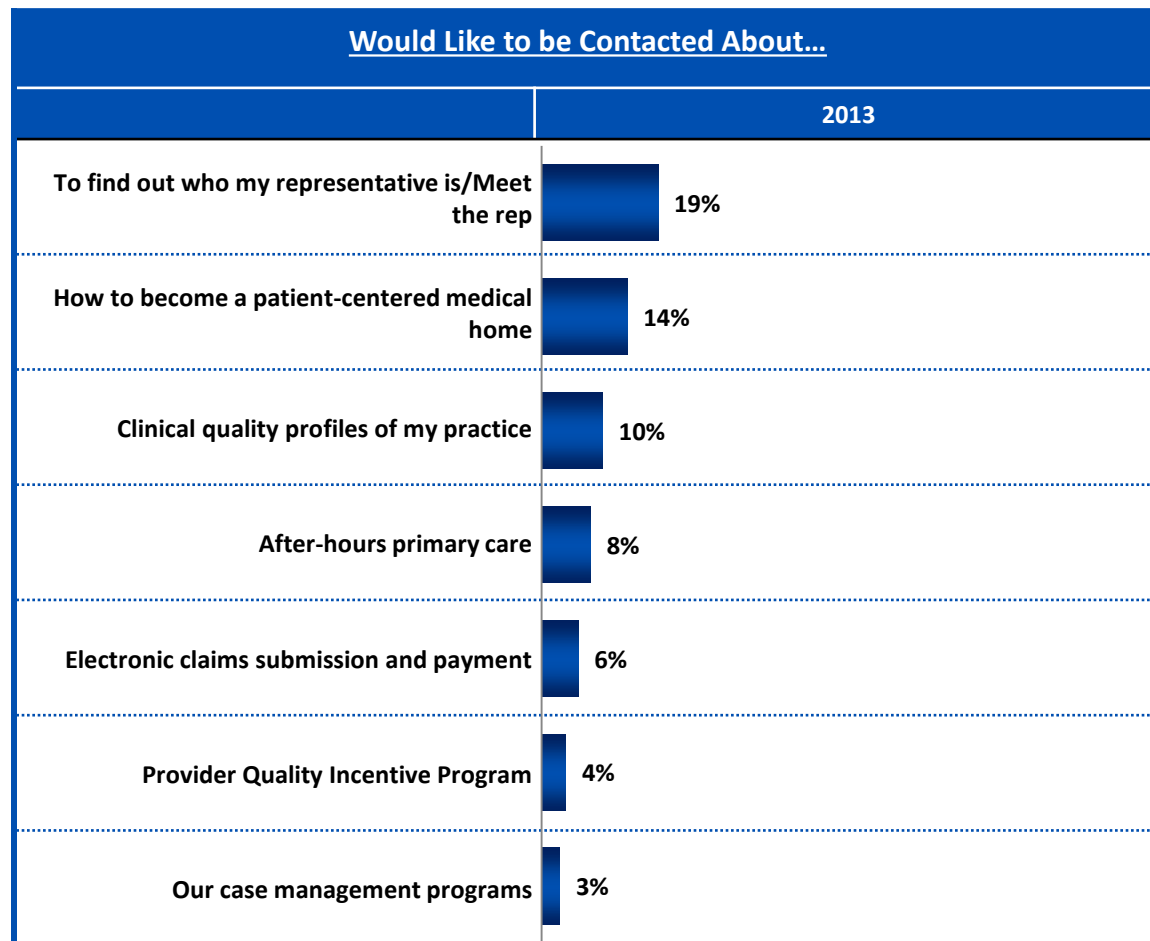
(86)

(NA)

↑ / ↓ Results significantly higher/lower than prior year. Differences between 2012 and 2013 may reflect changes to the 2013 sample pull described in the sampling/response rate overview.

Providers Requesting Contact

Contact About – Top Mentions



Sample Size: (78)