Amerigroup Provider
Louisiana

December 2012

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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 2008 a committee was formed to redesign the Provider Satisfaction Survey, and the updated version was used for the first time in 2009.
- In 2010, questionnaire changes were limited to only those necessary to address state requirements, in order to allow for as much trending from 2009 as possible.
- In 2011, a few minor additions were made to the survey.
- In 2012 a committee was formed to redesign the Provider Satisfaction Survey, as had been done three years prior. The major changes to the survey are as follows:
  - Revamped communications section.
  - Added website questions including an open end for provider suggestions.
  - Revamped claims processing and utilization management sections using a satisfaction scale (vs. "Excellent/Very Good," etc. scale).
  - Added questions to technology, pharmacy, and DMCCU sections.
  - Revamped open ended questions which probe on how Amerigroup can improve.
  - Reworded various questions throughout the survey tool.
- The methodology for conducting the survey continues to incorporate the same mail and phone methods for reaching providers, however the sample preparation was altered in 2012:
  - In years past those providers with the most members or visits were targeted to receive a survey.
  - In 2012 the process was altered to target those with 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.

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
  - 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

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Methodology

- In the Louisiana market, 1,000 contracting providers were targeted to participate in the Amerigroup Provider Survey. Survey results are based on 91 completed surveys – 9.8% response rate. Data was collected through mail, fax, and computer-assisted telephone interviewing.

- A three-wave mail methodology was used: questionnaires were mailed to selected providers, followed by a reminder postcard, then a second questionnaire.

- In order to encourage participation, the Provider Services Representatives were given lists of non-responding providers. As they visited these offices, Provider Services Representatives left additional questionnaires and return envelopes and encouraged the providers to complete and return the survey. These surveys could also be faxed directly to Morpace.

- Three weeks after the mailing of the second questionnaire, Morpace telephone interviewers called the provider offices from which a survey had not been received and asked the Office Manager to complete the questionnaire over the phone.

- Data collection was conducted late August through early November 2012.

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Sampling and Response Rate

- Amerigroup targeted 1,000 providers per market.

- In nearly all markets, sample was proportioned: 50% PCPs (500 providers), 30% Specialists, (300 providers), 10% OB/GYNs (100 providers), and 10% Behavioral Health (100 providers). However, as Louisiana does not have Behavioral Health providers, an additional 100 Specialists were targeted.

- 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. (Note, in the Louisiana market, all providers are included in claims tier four.)

- 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 obtain a total of 1,000 providers.

- *Note: As Louisiana is a new market, no trending is available for 2010 or 2011.*

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

	PCPs (Target 500) Specialists (Target 400) OB/GYNs (Target 100)				
Louisiana	Tier 1	Tier 2	Tier 3	Tier 4	Total
PCPs				500	500
Specialists				400	400
OBGYN				100	100

RESPONSE RATE

The following method was used in calculating the response rate:

91 Completed Surveys

-- = 9.8%

Total Mailed (1,000) – Undeliverable (66) – Unusable (2)

Sample size and sampling error: A sample of 91 providers yields a sampling error of +/- 10.3%, 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 +/- 10.3% in 95% of repeated waves.

Note: Small sample sizes of 30 or less are noted throughout the report if applicable.

Executive Summary

Executive Summary

- The "Overall Satisfaction" of providers with Amerigroup in Louisiana is 79%.

- Nearly nine in ten providers (86%) will "Recommend Amerigroup to Other Providers."

- Providers are more satisfied with the following areas in comparison to other areas assessed: Technology, Claims Processing/Provider Reimbursement, Network, and Utilization Management.

- The lowest rated composite area is Quality Management.

- Providers compared Amerigroup to other Medicaid plans. Local Health Plan Provider Services and Disease Management Centralized Care Unit are rated most favorably, with 55% and 46% Top 2 Box scores, respectively.

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Composite Summary Page

Composite Summary (Top 2 Box)			
	2012	**2011**	**2010**
Customer Service at Call Center	23% · 31% · 54%	NA	NA
Local Health Plan Provider Services	29% · 27% · 56%	NA	NA
Communication	23% · 25% · 48%	NA	NA
## Technology	59% · 27% · 86%	NA	NA
## Claims Processing and Provider Reimbursement	56% · 26% · 81%	NA	NA
## Network	37% · 33% · 71%	NA	NA
## Utilization Management	34% · 37% · 70%	NA	NA
Quality Management	12% · 14% · 26%	NA	NA
Pharmacy and Drug Benefits	NA	NA	NA
Disease Management Centralized Care Unit	32% · 21% · 53%	NA	NA
Continuity and Coordination of Care	17% · 24% · 41%	NA	NA

■ Excellent   ▨ Very Good

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

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Comparison to Other Medicaid Plans

Comparison to Other Medicaid Plans			
	2012	**2012 (Top 2 Box)**	**2011 (Top 2 Box)**	**2010 (Top 2 Box)**
Customer Service at Call Center	10% 20% 51% 14% 5%	31%	NA	NA
Local Health Plan Provider Services	14% 41% 31% 7% 7%	55%	NA	NA
Communication and Technology	10% 23% 52% 10% 5%	33%	NA	NA
Claims Processing	13% 26% 49% 6% 6%	39%	NA	NA
Network	12% 15% 61% 7% 5%	27%	NA	NA
Utilization Management	16% 19% 60% 3% 3%	35%	NA	NA
Quality Management	10% 18% 66% 4% 1%	28%	NA	NA
Pharmacy and Drug Benefits	NA	NA	NA	NA
Disease Management Centralized Care Unit	14% 31% 51% 3%	46%	NA	NA
Continuity and Coordination of Care	14% 17% 65% 3% 1%	31%	NA	NA

Sample Size: (35-82) *(NA)* *(NA)*

■ **Much Better** ■ **Better** □ **Same As** ■ **Worse** ■ **Much Worse**

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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 51 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/ **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.
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/ **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.

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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 prioritized room for improvement. 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)
Efficiency of Utilization Managment process	Utilization Management	0.80	15
Reimbursement policies	Technology	0.78	17
Responsiveness during claims payment dispute process	Claims Processing & Provider Reimbursement	0.76	21
Effectiveness of provider rep visits/phone contacts	Provider Services	0.74	18
Website tutorials/user guides	Communication	0.74	13
Obtaining precertification/authorization	Utilization Management	0.73	22
Responsiveness during medical necessity appeals process	Quality Management	0.73	45
Provider updates	Communication	0.72	12
Timeliness of Medical Director's response to concerns	Utilization Management	0.72	11
Provided info regarding members' benefits	Customer Service	0.71	13
Quick reference guides	Communication	0.69	12
Knowledge and information about claims: resolve issues	Customer Service	0.68	34
Demonstrated understanding of the reason for call	Customer Service	0.68	24
Frequency of provider rep visits/phone contacts	Provider Services	0.68	23

■	Call to action
■	Improve performance
■	Maintain and market

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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.

Obtaining precertification/authorization:

1. Review the current process for obtaining precertification/authorization. Are there any areas in which the process breaks down?
2. Compare to other markets with a more favorable rating in this area. Are there any best practices that can be learned?

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 medical necessity appeals process:

1. Review medical necessity appeals process.
2. Obtain feedback from provider office staff as well as internal staff (staff that handles appeals 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. The process should be monitored to ensure that it is being followed.

Call Center Representative exhibited knowledge and information about claims and provided information to resolve issues:

1. Review information about claims processing with the call center representatives.
2. Develop a script of scenarios that representatives often deal with; have representatives role play scenarios.
3. Develop a manual on how typical claims processing issues are solved.
4. Ensure that call center representatives know when and how to move issues up the chain of command.
5. Conduct a short survey via IVR to pinpoint the deficiency(ies) in knowledge of the call center

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).

Demonstrated understanding of the reason for the call:
1. Monitor call center to assess where understanding of the reason for the call breaks down.
2. Develop a script of scenarios that representatives often deal with; have representatives role play scenarios.
3. Continue to monitor and train representatives in this area on a regular basis.

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.

Key Driver Analysis

	Correlation to Overall Satisfaction	Room for Improvement
Efficiency of Utilization Management process	0.80	15%
Reimbursement policies	0.78	17%
Responsiveness during claims payment dispute process	0.76	21%
Effectiveness of Provider Rep visits/phone contacts	0.74	18%
Website tutorials/user guides	0.74	13%
Responsiveness during medical necessity appeals process	0.73	45%
Obtaining precertification/authorization	0.73	22%
Provider Updates	0.72	12%
Timeliness of Medical Director's response to concerns	0.72	11%
Provided info regarding members' benefits	0.71	13%
Usefulness of program for written program materials	0.71	6%
Quick reference guides	0.69	12%
Usefulness of program for material timing of distribution	0.69	6%
Usefulness of program for material mode of delivery	0.69	6%
Usefulness of program for DMCCU Care Manager Communication	0.69	0%
Knowledge and information about claims: resolve issues	0.68	34%
Demonstrated understanding of the reason for call	0.68	24%
Frequency of provider rep visits/phone contacts	0.68	23%
Overall website content	0.66	17%
Provider Newsletters	0.66	12%
Precertification lookup	0.66	10%
Ease of reaching on the phone	0.65	29%
Quality of case management services	0.65	15%
Usefulness of program for material frequency of delivery	0.65	6%
EPSDT member outreach activities	0.64	33%
Timeliness to answer questions/resolve problems	0.63	18%
Provider manuals	0.63	13%
Members' understanding of their benefits	0.62	50%

Blue highlight indicates the attribute is not reflected in Key Driver analysis/recommendations due to small sample size of 25 or less.

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Key Driver Analysis (cont'd)

	Correlation to Overall Satisfaction	Room for Improvement
Clinical Practice Guidelines (Quality Management)	0.62	44%
Usefulness of program for staff telephonic assistance	0.62	10%
Provider orientation program	0.61	19%
Panel listing	0.61	12%
Claims payment accuracy	0.60	12%
Claims payment timeliness	0.60	9%
Members' understanding of preventive care/wellness program	0.58	48%
Demonstrated professional skills	0.58	12%
Satisfaction with helpfulness of staff providing DMCCU services	0.58	12%
Courtesy of Provider Relations rep	0.58	8%
Helpfulness of Clinical Practice Guidelines in managing patients	0.57	19%
Usefulness of program for staff member interventions	0.55	11%
Specialists	0.54	18%
Ancillary providers	0.54	10%
Clinical practice guidelines (Technology)	0.54	8%
Precertification submission	0.51	9%
Claims status	0.50	11%
Ability to accept EDI transactions	0.50	5%
Claims submission	0.49	11%
Hospitals	0.48	9%
EFT/ERA	0.40	8%
Urgent Care	0.37	9%
Eligibility check	0.34	7%

Blue highlight indicates the attribute is not reflected in Key Driver analysis/recommendations due to small sample size of 25 or less.

Results

Respondent Profile

Amerigroup Percent of Practice

- 0% — 0%
- 1% - 24% — 59%
- 25% - 49% — 32%
- 50% - 74% — 7%
- 75% - 100% — 1%

Sample Size: (69)

Provider Type

- PCP 68%
- Specialist 19%
- OBGYN 13%

Sample Size: (91)
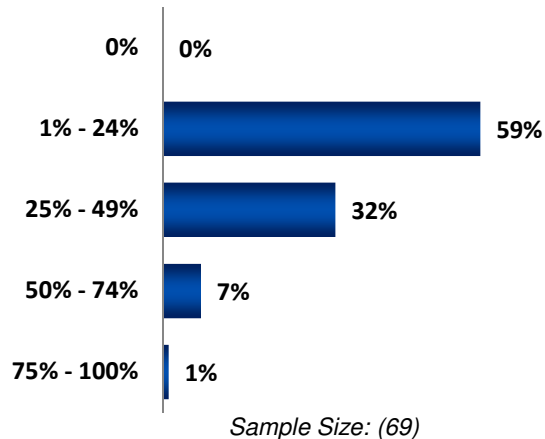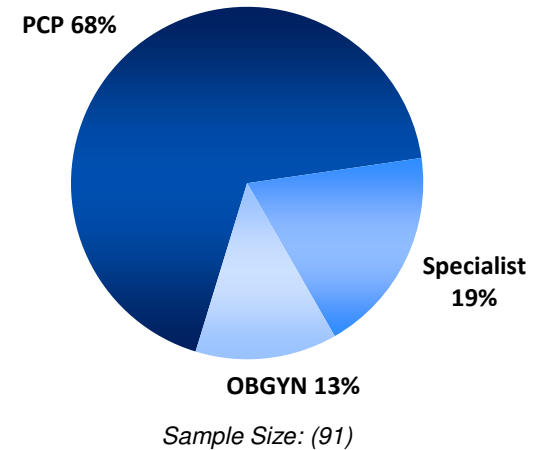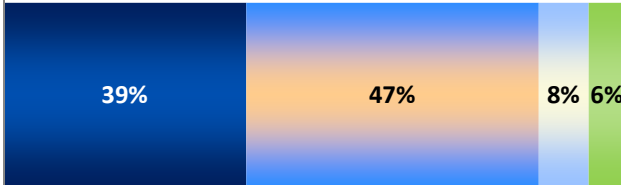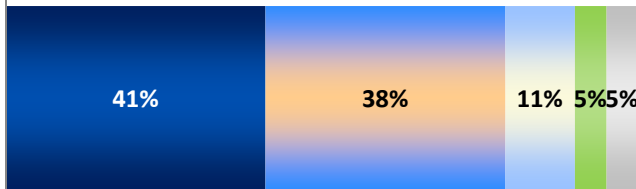
Provider Participates in Other Medicaid Plans
(Top 5 Mentions)

- L.A. Care — 43%
- Americhoice/United Healthcare (UHC) — 37%
- Louisiana Healthcare Connections (LA HCC) — 36%
- Community Health Solutions (CHS) — 26%
- Molina — 4%

Sample Size: (84)

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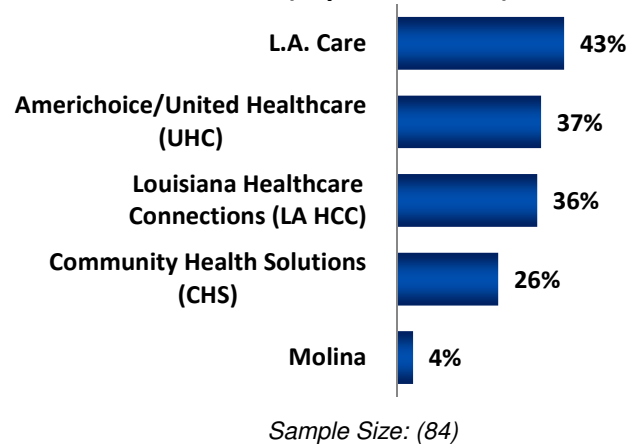
Overall Satisfaction

Loyalty and Satisfaction

	Overall Loyalty and Satisfaction with Amerigroup					
	2012			2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
Recommend to Other Providers	39% 47% 8% 6%			**86%**	**NA**	**NA**
	Sample Size: (79)				*(NA)*	*(NA)*
	■ Definitely Yes ■ Probably Yes ▫ Probably Not ■ Definitely Not					
Overall Satisfaction	41% 38% 11% 5% 5%			**79%**	**NA**	**NA**
	Sample Size: (80)				*(NA)*	*(NA)*
	■ Very Satisfied ■ Somewhat Satisfied ▫ Neither ■ Somewhat Dissatisfied ▫ Very Dissatisfied					

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Loyalty and Satisfaction
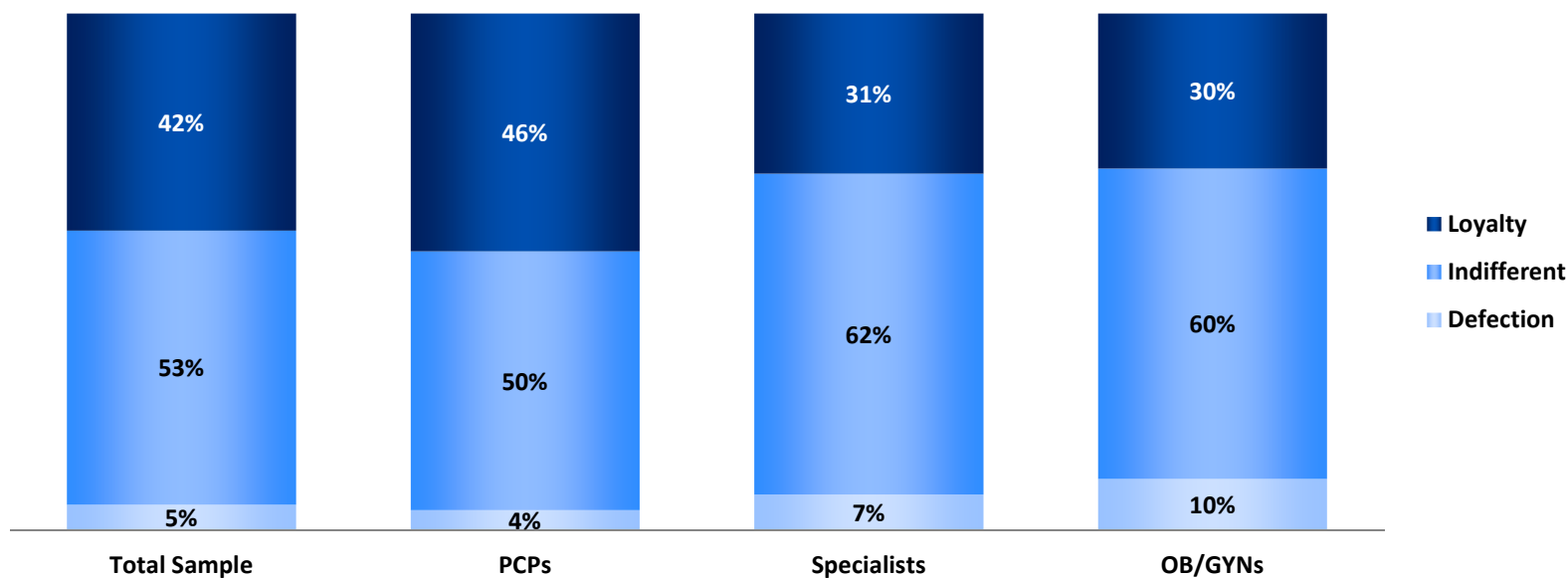
Sample Size: (79)   (56)   (13*)   (10*)

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

Amerigroup Interactions				
	2012		**2012** **(Top 2 Box)**	**2011** **(Top 2 Box)**
Amerigroup effective at meeting needs	37% 27% 21% 13% 1%		64% *Sample Size: (75)*	NA *(NA)*
Easy to work with Amerigroup	39% 25% 19% 10% 6%		65% *Sample Size: (79)*	NA *(NA)*
Interactions with Amerigroup enjoyable	35% 23% 29% 8% 5%		58% *Sample Size: (77)*	NA *(NA)*

Legend:
- Met all needs | 4 | 3 | 2 | Didn't meet any needs
- Very easy | 4 | 3 | 2 | Very difficult
- Very enjoyable | 4 | 3 | 2 | Not at all enjoyable

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Amerigroup Interactions

	Chose 4 or 5	Chose 1 or 2	Net
Amerigroup effective at meeting needs	64%	15%	49%
Easy to work with Amerigroup	65%	17%	48%
Interactions with Amerigroup enjoyable	58%	13%	46%
Average of Net Scores: 48			

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
2012

CLAIMS PROCESSING & PROVIDER REIMBURSEMENT (NET) 16%

CUSTOMER SERVICE AT CALL CENTER (NET) 31%

LOCAL HEALTH PLAN PROVIDER SERVICE (NET) 35%

Sample Size: (49)

What Liked Best (Top Mentions from Top 3 Nets)		2012
Representative is helpful		12%
Rep. is knowledgeable/Answers questions		8%
Good customer service/Polite/Quick response to our needs		14%
Good phone service/Easy access to reps		12%
Good claims processing/Quick processing/Timely payments		14%
Ease of referral process/No referrals/Prompt referrals		2%

Sample Size: (49)

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Actions to Improve Amerigroup for Providers

Top 3 Net Suggestions for Improvement

2012

CONTINUITY &
COORDINATION
OF CARE (NET)
12%

MEMBER
DRIVEN (NET)
14%

NETWORK (NET)
14%

Sample Size: (42)

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

	2012
More specialists/providers/sub-specialists	12%
Increase reimbursements/rates/capitation	2%
Educate patients regarding benefits/coverage	10%
Better coverage/More benefits	5%
Improve/Eliminate pre-authorizations/pre-certifications	12%

Sample Size: (42)

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Actions to Help Providers
Serve Amerigroup Members

Suggestions to Serve Members	
	2012 (Top 5 Mentions)
Educate patients/Better explanation of benefits/Better communication with patients	30%
More specialists/providers	11%
Better/Faster referral/authorization/pre-cert. process	7%
Pay claims/Better claims service	5%
Increase capitation/rates/reimbursement	5%

Sample Size: (44)

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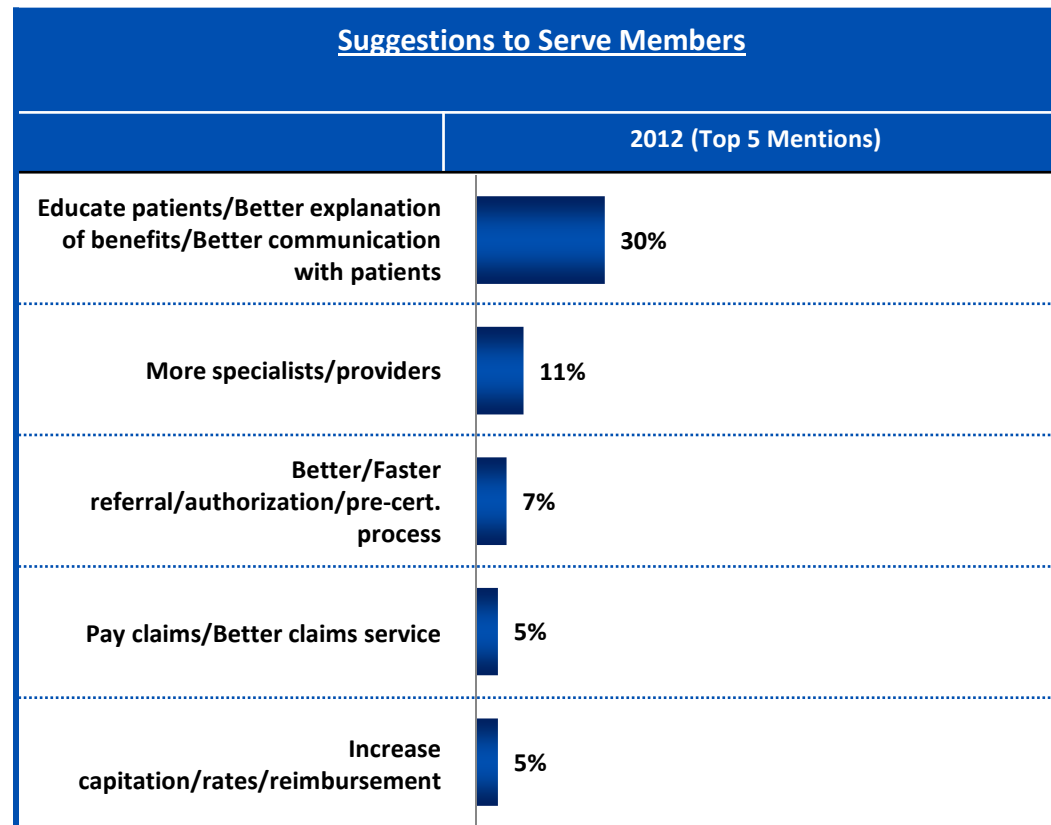
Customer Service

Called Provider Services Line

Contacted Provider Services In Past 12 Months				
	2012		2011 (% Yes)	2010 (% Yes)
	65% 35%		NA	NA

Sample Size: (91) ■ **Yes** ■ **No**   *(NA)*   *(NA)*

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Call Center Experience

Experience with Call Center (Top 2 Box)			
	2012	**2011**	**2010**
CUSTOMER SERVICE COMPOSITE	23% 31% 54%	NA	NA
Demonstrated professional skills	25% 39% 64%	NA	NA
Provided info regarding members' benefits	28% 32% 59%	NA	NA
Demonstrated understanding of the reason for call	27% 27% 54%	NA	NA
Knowledge and information about claims; resolve issues	20% 29% 48%	NA	NA
Ease of reaching on the phone	15% 31% 46%	NA	NA

■ Excellent ■ Very Good

Sample Size: (54-59)   (NA)   (NA)

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How Call Center Compares

How Call Center Compares to…					
	2012		**2012 (Top 2 Box)**	**2011 (Top 2 Box)**	**2010 (Top 2 Box)**
Other Medicaid Plans	10% 20% 51% 14% 5%		31%	NA	NA

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

Sample Size: (59)   *(NA)*   *(NA)*

Local Health Plan Provider Services

Provider Relations Representative

Local Health Plan Provider Relations Representative				
	2012		**2011 (% Yes)**	**2010 (% Yes)**
Know how to contact representative	76%	24%	NA	NA
Know representative	56%	44%	NA	NA
Had contact with representative in past 12 months	47%	53%	NA	NA

■ Yes   ■ No

Sample Size: (87-90)   (NA)   (NA)

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Local Health Plan Provider Services Experience

Experience with Local Health Plan Provider Services (Top 2 Box)			
	2012	**2011**	**2010**
LOCAL HEALTH PLAN PROVIDER SERVICES COMPOSITE	29% 27% 56%	NA	NA
Courtesy of provider relations rep	33% 38% 70%	NA	NA
Frequency of provider rep visits/phone contacts	30% 23% 53%	NA	NA
Timeliness to answer questions/resolve problems	25% 28% 53%	NA	NA
Effectiveness of provider rep visits/phone contacts	30% 20% 50%	NA	NA

■ **Excellent**   □ **Very Good**

Sample Size: (40)   *(NA)*   *(NA)*

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How Local Health Plan Provider Services Compares

	2012				2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
How Local Health Plan Provider Services Compares to…							
Other Medicaid Plans	14%	41%	31%	7% 7%	55%	NA	NA

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

Sample Size: (42)   (NA)   (NA)
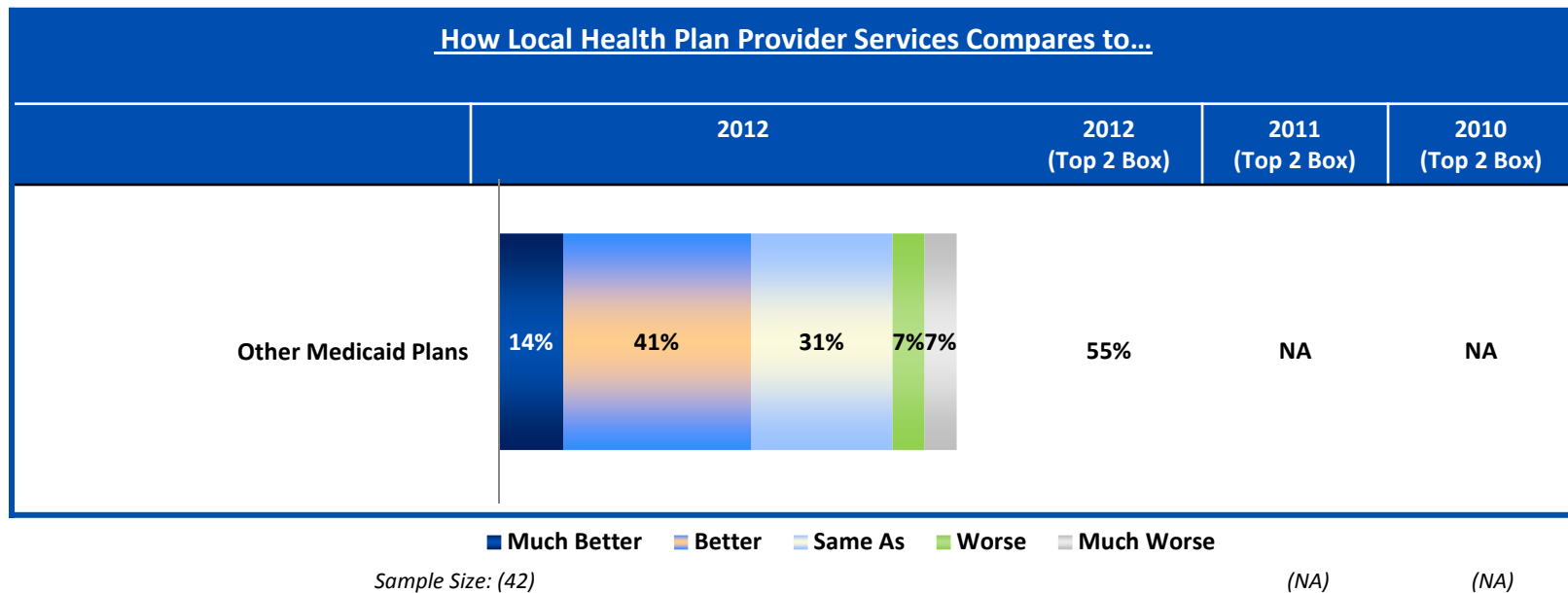
Communication

Communication and Technology Experience

Experience with Communication and Technology, Quality and Effectiveness (Top 2 Box)			
	2012	2011	2010
COMMUNICATION COMPOSITE	23% 25% 48%	NA	NA
Overall content on our website	23% 29% 52%	NA	NA
Website tutorials/user guides	25% 25% 51%	NA	NA
Provider updates	26% 23% 49%	NA	NA
Provider manuals	23% 24% 47%	NA	NA
Provider newsletters	21% 25% 46%	NA	NA
Quick reference guides	23% 22% 45%	NA	NA
Provider orientation program	18% 24% 42%	NA	NA

Sample Size: (63-70) (NA) (NA)

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How Communication & Technology Compares

	How Communication and Technology Compares to…			
	2012	**2012** **(Top 2 Box)**	**2011** **(Top 2 Box)**	**2010** **(Top 2 Box)**
Other Medicaid Plans	10% 23% 52% 10% 5%	33%	NA	NA
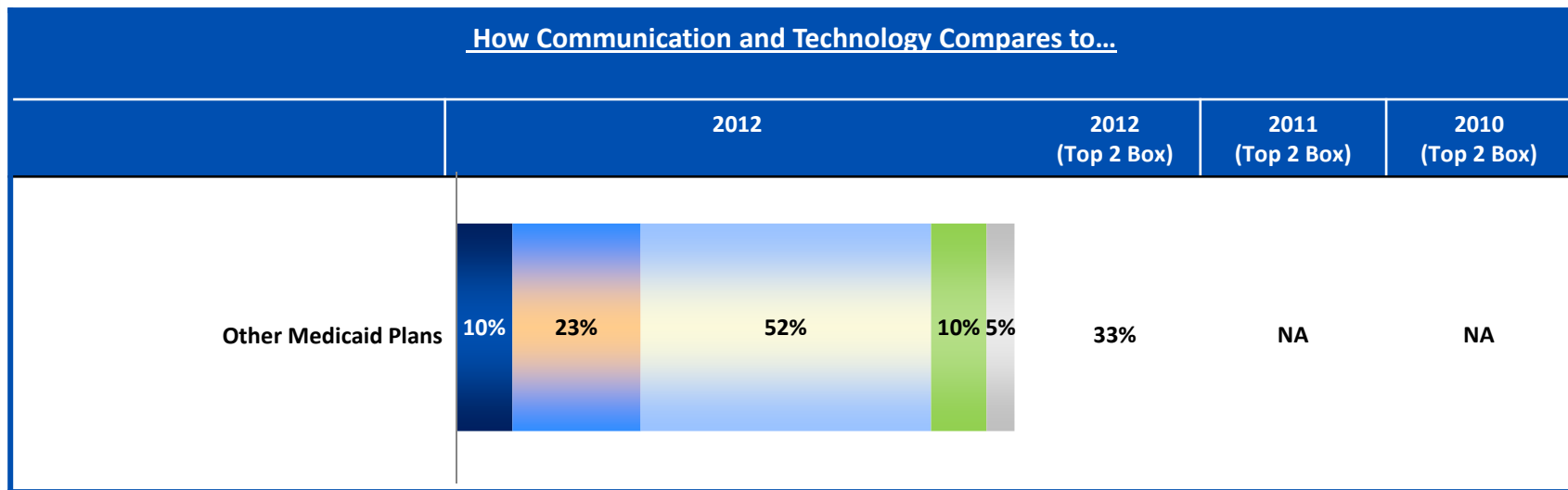
■ Much Better ■ Better ▢ Same As ■ Worse ▢ Much Worse

Sample Size: (82)   *(NA)*   *(NA)*

Technology

Staff Use of Amerigroup Website

Staff Uses Website			
	2012	2011	2010
Yes	78%	NA	NA
No	22%	NA	NA

Sample Size: (88)   (NA)   (NA)

* Small sample size

Why Not Use Website			
	2012	2011	2010
Unsure how to register/use	83%	NA	NA
Site not user-friendly	17%	NA	NA
No Internet access	0%	NA	NA
No computer	0%	NA	NA

Sample Size: (12*)   (NA)   (NA)

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Amerigroup Online Tools

	2012			**2011**	**2010**
Satisfaction with Amerigroup Online Tools **(Top 2 Box)**					
TECHNOLOGY COMPOSITE	59%	27%	86%	NA	NA
Eligibility check	74%	18%	92%	NA	NA
EFT/ERA	66%	26%	92%	NA	NA
Panel listing	55%	33%	88%	NA	NA
Claims submission	60%	27%	87%	NA	NA
Claims status	49%	38%	87%	NA	NA
Precertification submission	67%	17%	85%	NA	NA
Precertification lookup	60%	23%	83%	NA	NA
Clinical practice guidelines	49%	33%	82%	NA	NA
Reimbursement policies	50%	27%	77%	NA	NA
Pharmacy formularies/policies	NA			NA	NA

■ Very Satisfied   ▨ Somewhat Satisfied

Sample Size: (37-62)   *(NA)*   *(NA)*

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Would Use if Available on Website

	Would Use if Available on Amerigroup Website		
	2012	**2011** **(% Yes)**	**2010** **(% Yes)**
Credentialing/recredentialing application	72% 8% 20%	NA	NA
Electronic medical records	67% 14% 20%	NA	NA
Payment dispute options	63% 13% 24%	NA	NA
Online chat for technical assistance	63% 18% 18%	NA	NA
eSignature for accepting provider contract	62% 17% 21%	NA	NA
Online communities or forums	61% 21% 18%	NA	NA

■ Yes   ■ No   ■ Not Sure

Sample Size: (87-89)   *(NA)*   *(NA)*

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Suggestions for Self-Service Features on the Web

	2012 (Top 5 Mentions)
Referrals/Authorizations/Precertification	8%
Provide forms/Provide forms on line	5%
List/Updated list of physicians	5%
Increase time before logged off	5%
More options for searching for members/Member eligibility	3%
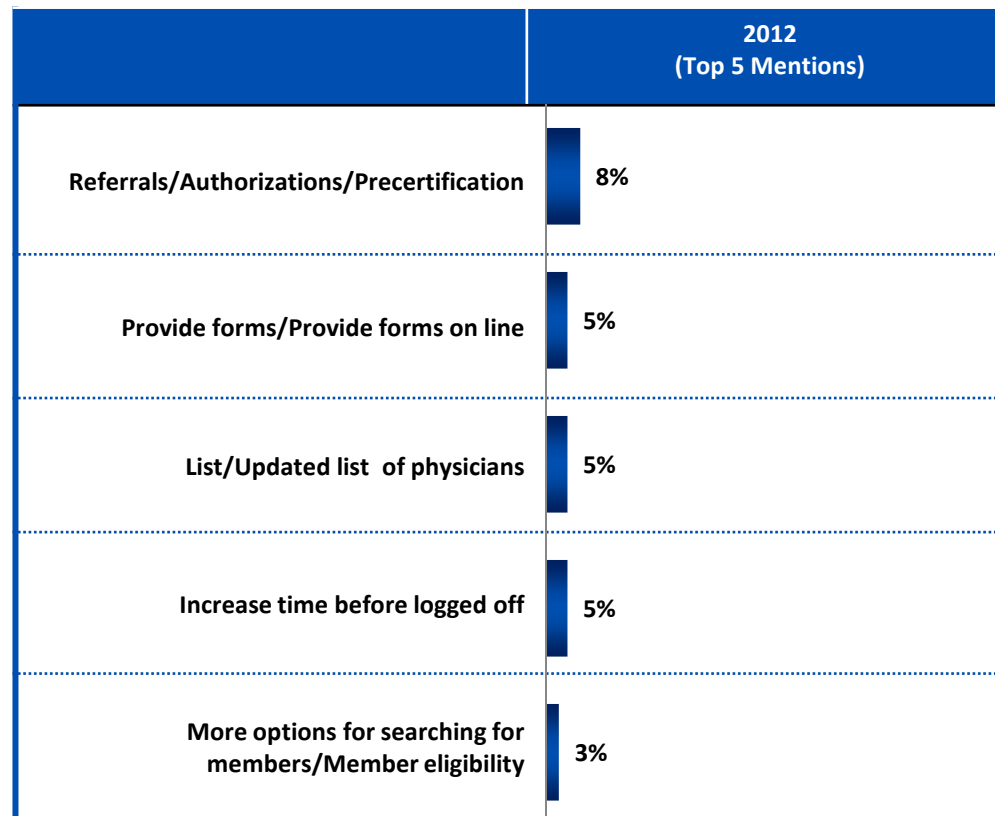
Sample Size: (40)

How Communication & Technology Compares

How Communication and Technology Compares to…				
	2012	2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
Other Medicaid Plans	10%　23%　52%　10%5%	33%	NA	NA

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

Sample Size: (82)　　　　　　　　　　　　　　　　　*(NA)*　　*(NA)*

48
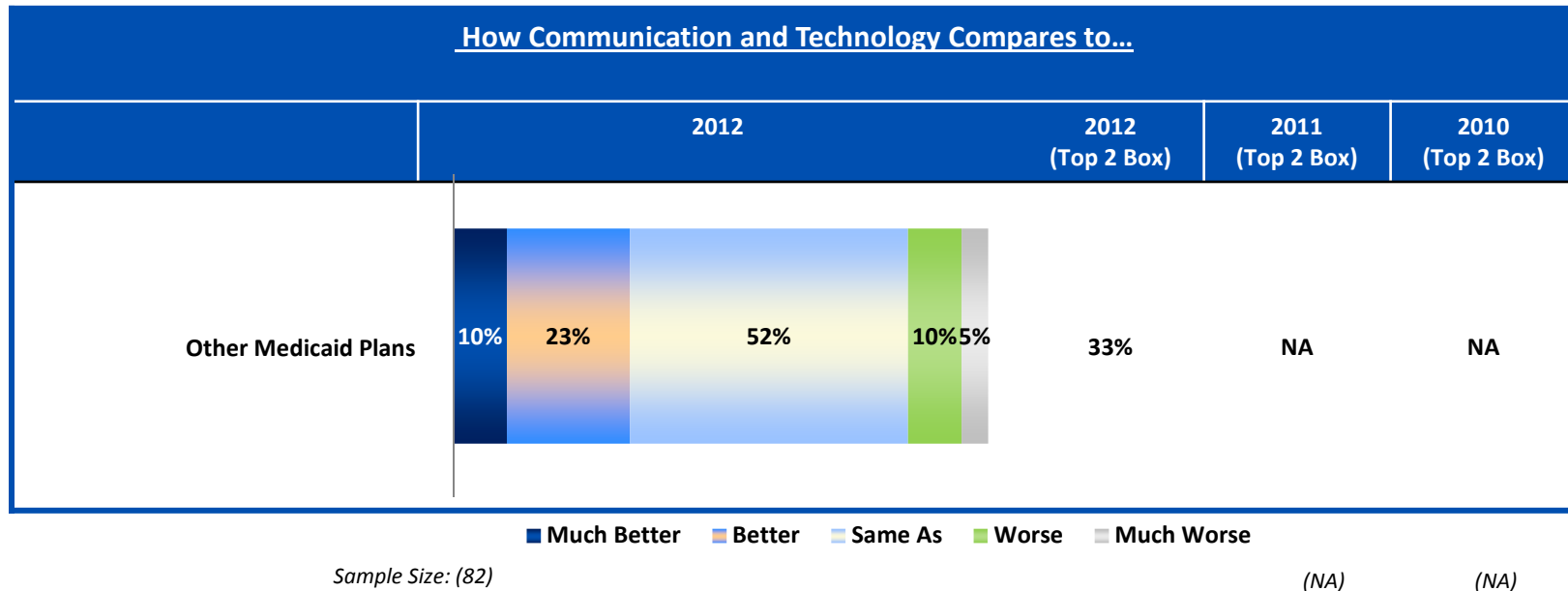
Claims Processing

Billing

	2012		2011 (% Yes)	2010 (% Yes)
Billing				
Able to get answers on billing questions	76%	24%	NA	NA

■ Yes   ■ No

Sample Size: (72)   *(NA)*   *(NA)*

50
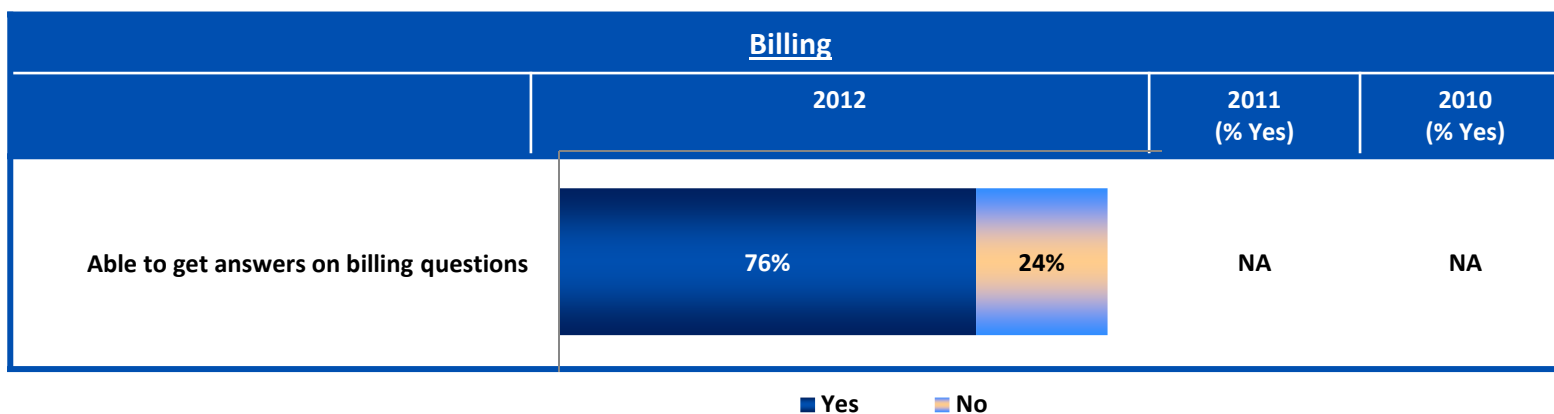
Claims Processing Services Experience

Satisfaction with Claims Processing Services (Top 2 Box)			2011	2010
	2012			
CLAIMS PROCESSING SERVICES COMPOSITE	56% / 26%	81%	NA	NA
Timeliness of claims payment	61% / 24%	85%	NA	NA
Accuracy of claims payment	56% / 29%	85%	NA	NA
Ability to accept EDI transactions	61% / 23%	84%	NA	NA
Responsiveness during claims payment dispute process	44% / 26%	71%	NA	NA

■ Very Satisfied   ▨ Somewhat Satisfied

Sample Size: (61-67)   *(NA)*   *(NA)*

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Quality Incentive Program

Participate in Program?

2012

Yes 21%

No 80%
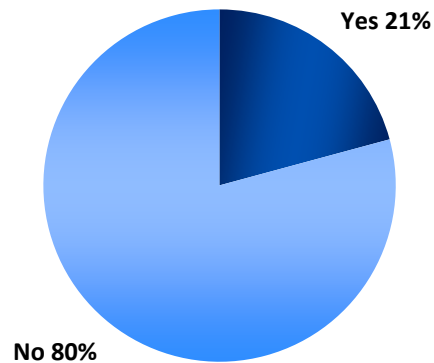
Sample Size: (73)

Satisfaction with Quality Incentive Program

	2012	(Top 2 Box)

| 39% | 11% | 39% | 6% | 6% | 50% |
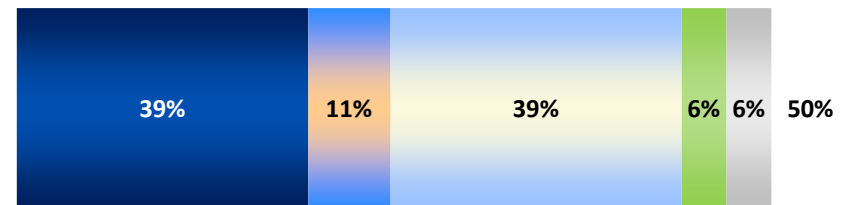
Sample Size: (18*)

■ Very Satisfied   ■ Somewhat Satisfied
■ Neither   ■ Somewhat Dissatisfied
■ Very Dissatisfied

Small sample size

How Claims Processing Compares

	How Claims Processing Compares to…					
	2012				**2012** **(Top 2 Box)**	**2011** **(Top 2 Box)**	**2010** **(Top 2 Box)**
Other Medicaid Plans	13%	26%	49%	6% 6%	39%	NA	NA

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

Sample Size: (69)   *(NA)*   *(NA)*

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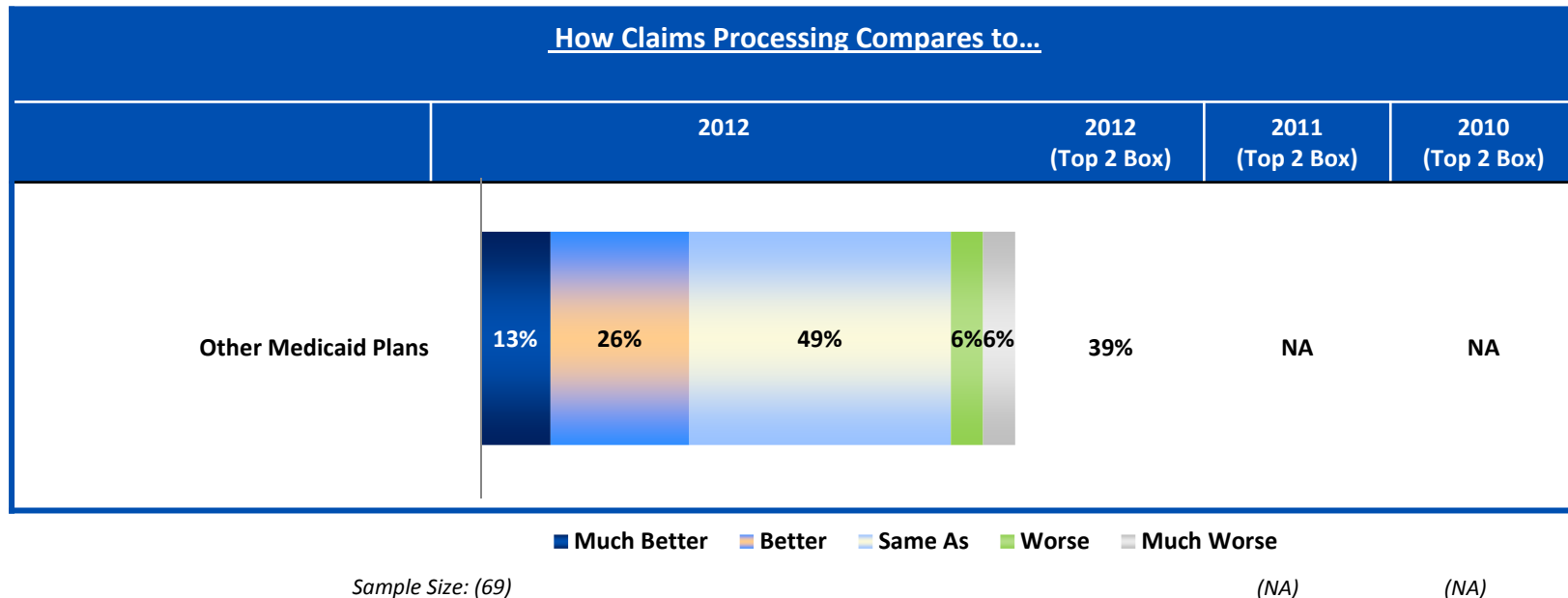
Network

Availability

Satisfaction with Availability of: (Top 2 Box)				2011	2010
	2012				
NETWORK COMPOSITE	37%	33%	71%	NA	NA
Urgent Care	41%	33%	74%	NA	NA
Ancillary Providers	35%	37%	72%	NA	NA
Hospitals	40%	30%	70%	NA	NA
Specialists	34%	32%	66%	NA	NA
Behavioral Health Practitioners	NA			NA	NA

■ Very Satisfied　■ Somewhat Satisfied

Sample Size: (54-70)　　*(NA)*　*(NA)*

Additional Providers Desired

Providers (e.g., specialty, facility and/or ancillary) **Would Like Added** (Top 5 Mentions)	
	2012
Psychiatrist/Psychologist/Mental/Behavioral health practitioners	15%
Orthopedics/Orthopedic surgeon	13%
Pediatrics/Pediatric specialists (various)	9%
Dermatology	7%
Ear, nose & throat/ENT	4%

Sample Size: (46)

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How Network Compares

	2012		2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
How Network Compares to…					
Other Medicaid Plans	12% 15% 61% 7% 5%		27%	NA	NA

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

Sample Size: (82) (NA) (NA)

Utilization Management

Utilization Management Experience

Satisfaction with Utilization Management (Top 2 Box)			
	2012	**2011**	**2010**
UTILIZATION MANAGEMENT COMPOSITE	34% 37% 70%	NA	NA
Timeliness of Medical Director's response to concerns	37% 37% 74%	NA	NA
Efficiency of Utilization Management process	32% 38% 70%	NA	NA
Obtaining precertification/ authorization	32% 35% 67%	NA	NA

■ **Very Satisfied**   ■ **Somewhat Satisfied**

Sample Size: (62-74)   *(NA)*   *(NA)*

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How Utilization Management Compares

	2012		2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
How Utilization Management Compares to…					
Other Medicaid Plans	16% 19% 60% 3% 3%		35%	NA	NA
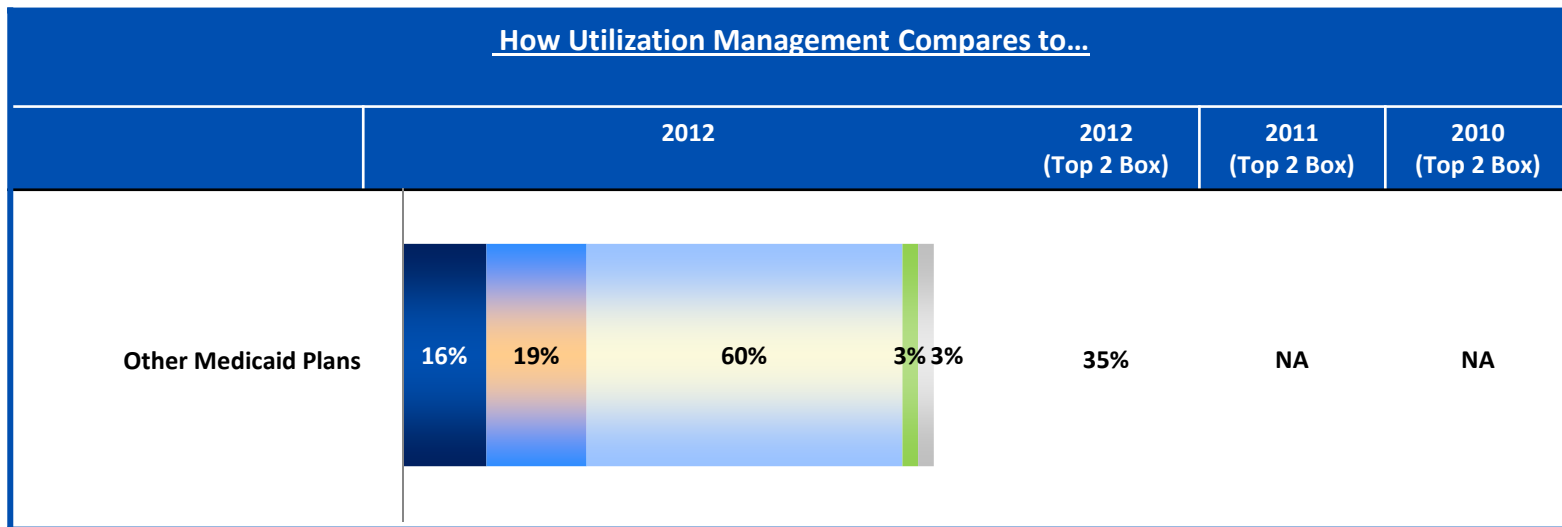
■ Much Better ■ Better ☐ Same As ■ Worse ☐ Much Worse

Sample Size: (74)   *(NA)*   *(NA)*

Quality Management

Quality Management Experience

Experience with Quality Management (Top 2 Box)		2011	2010
	2012		
QUALITY MANAGEMENT COMPOSITE	12% 14% 26%	NA	NA
EPSDT member outreach activities	15% 22% 36%	NA	NA
Responsiveness during medical necessity appeals process	14% 14% 28%	NA	NA
Clinical Practice Guidelines	13% 11% 24%	NA	NA
Members' understanding of their benefits	10% 14% 24%	NA	NA
Members' understanding of preventive care/ wellness programs	9% 11% 20%	NA	NA

■ Excellent ■ Very Good

Sample Size: (51-78) (NA) (NA)

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How Quality Management Compares

	2012				2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
How Quality Management Compares to…							
Other Medicaid Plans	10%	18%	66%	4% 1%	28%	NA	NA

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

Sample Size: (71)   *(NA)*   *(NA)*

How EPSDT Overdue Services Are Used

How EPSDT Overdue Services Are Used (Multiple Mention)			
	2012	2011	2010
Perform member outreach	36%	NA	NA
To reconcile information against claims/encounters	9%	NA	NA
Return list to Amerigroup with date(s) of service completed	3%	NA	NA
Do not use	58%	NA	NA
Sample Size: (77)		*(NA)*	*(NA)*

HEDIS Quality Metrics & Services

HEDIS Quality Metrics/Services			
	2012	**2012 (Top 2 Box)**	**2011 (Top 2 Box)**
Familiarity with HEDIS quality metrics	10% / 21% / 28% / 21% / 21%	31%	NA
	Sample Size: (39)		*(NA)*
Education provided to you by Amerigroup on data collection and reporting to maximize your HEDIS performance	14% / 12% / 36% / 21% / 17%	26%	NA
	Sample Size: (42)		*(NA)*

■ **Excellent**   ■ **Very Good**   ■ **Good**   ■ **Fair**   ■ **Poor**

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Disease Management Centralized Care Unit (DMCCU)

Disease Management Centralized Care Unit (DMCCU) Experience

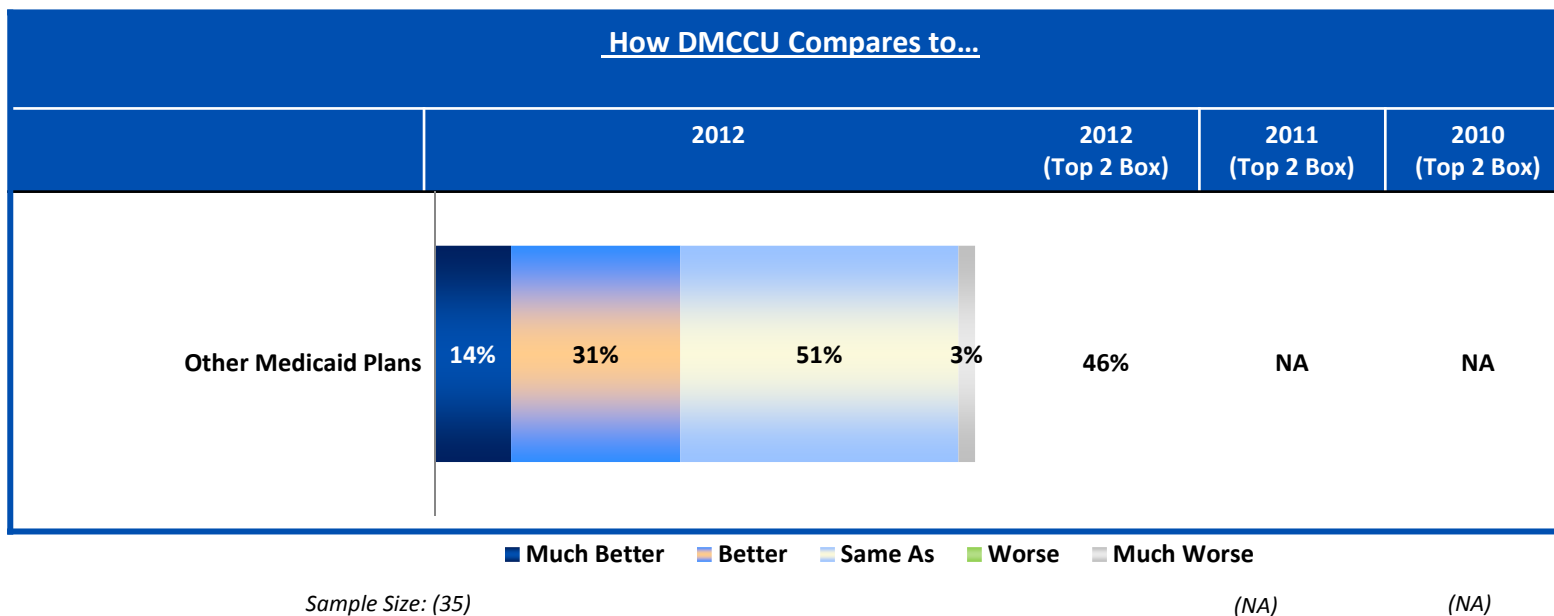| Experience with Disease Management Centralized Care Unit (Top 2 Box)				2011	2010
	2012				
DISEASE MANAGEMENT CENTRALIZED CARE UNIT COMPOSITE	32%	21%	53%	NA	NA
Usefulness of program for staff member interventions	37%	21%	58%	NA	NA
Usefulness of program for written program materials	33%	22%	56%	NA	NA
Usefulness of program for material timing of distribution	28%	28%	56%	NA	NA
Usefulness of program for material mode of delivery	28%	28%	56%	NA	NA
Usefulness of program for staff telephonic assistance	40%	15%	55%	NA	NA
Usefulness of program for DMCCU Care Manager Communication	33%	20%	53%	NA	NA
Satisfaction with helpfulness of staff providing DMCCU services	29%	24%	53%	NA	NA
Usefulness of program for material frequency of delivery	22%	22%	44%	NA	NA
Helpfulness of Clinical Practice Guidelines in managing patients	33%	10%	43%	NA	NA

■ Excellent   ■ Very Good

Sample Size: (15-21*)   (NA)   (NA)

Small sample size

67

How DMCCU Compares

How DMCCU Compares to…					
	2012			2012 (Top 2 Box)	2011 (Top 2 Box)	2010 (Top 2 Box)
Other Medicaid Plans	14%	31%	51%	3%	46%	NA	NA

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

Sample Size: (35)　　　　　　　　　　　　　　　　　　　　*(NA)*　　*(NA)*

Program Enrollment

Programs Patients Enrolled In (Multiple Mention)			
	2012	**2011**	**2010**
Asthma	18%	NA	NA
Diabetes	15%	NA	NA
COPD	9%	NA	NA
CHF	8%	NA	NA
CAD	6%	NA	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	80%	NA	NA

Sample Size: (78) (NA) (NA)

Patients' Quality of Life Since Enrolling in DMCCU

Change in Patient Quality of Life Since Enrolling in DMCCU			
	2012	**2011**	**2010**
Improved greatly	10%	NA	NA
Improved some	20%	NA	NA
Remained the same	17%	NA	NA
Declined some	0%	NA	NA
Declined greatly	0%	NA	NA
Not long enough to measure	53%	NA	NA
Sample Size: (30)*		*(NA)*	*(NA)*

* Small sample size

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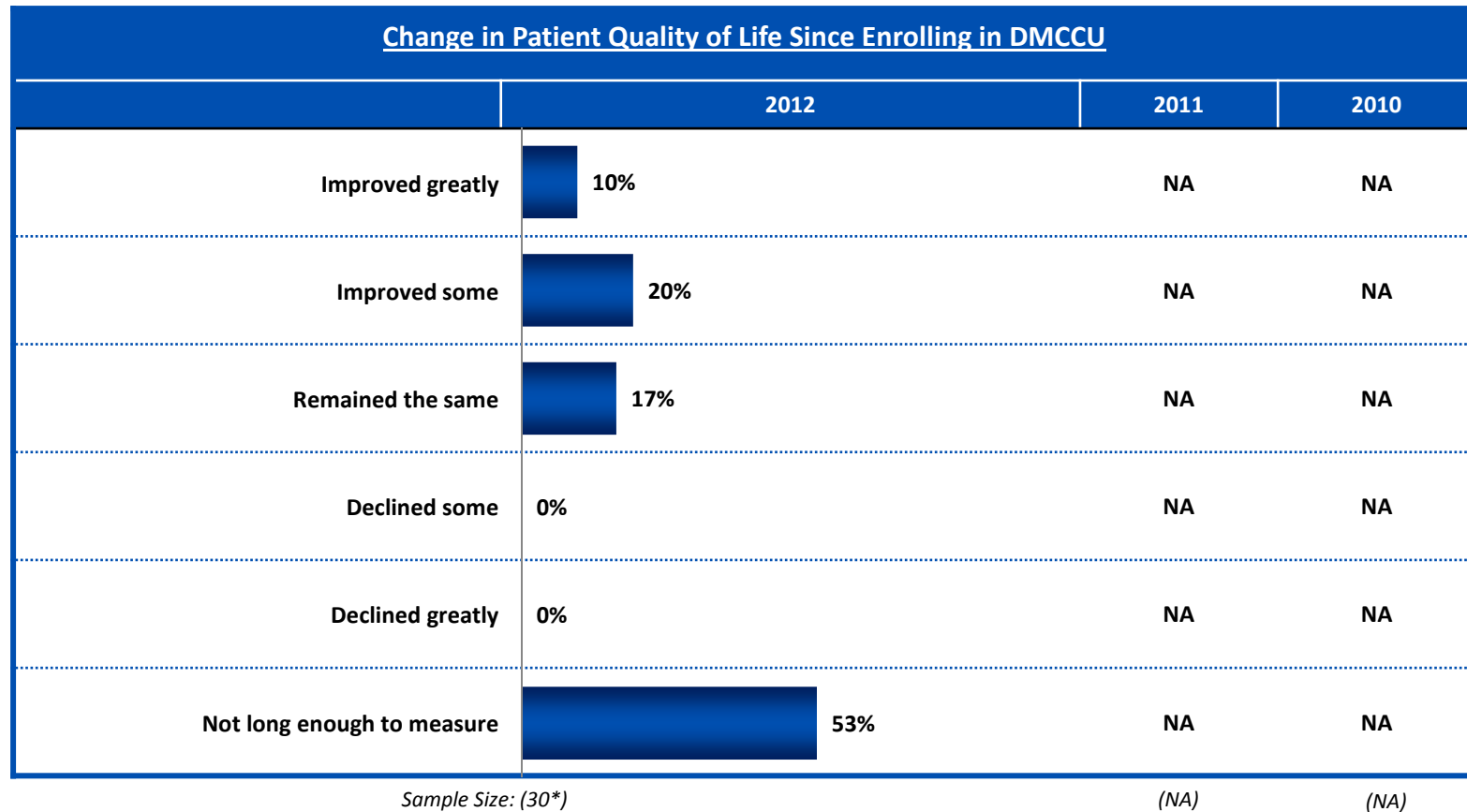
DMCCU Program

Recommend DMCCU Program to Other Providers

	2012	2011	2010
Yes	88%	NA	NA
No	12%	NA	NA

Sample Size: (33)   (NA)   (NA)

Programs Would Like More Information For (Multiple Mention)

	2012	2011	2010
Diabetes	33%	NA	NA
Asthma	27%	NA	NA
COPD	16%	NA	NA
CHF	13%	NA	NA
CAD	12%	NA	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	57%	NA	NA

Sample Size: (83)   (NA)   (NA)

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DMCCU Impact

Patients Using More/Less Services as a Result of Participations	
	2012
More	16%
Less	16%
No Change	68%

Sample Size: (31)

Perceive Disease Management Programs Having Positive/Negative Impact on Patient Health Status	
	2012
Positive	100%
Negative	0%
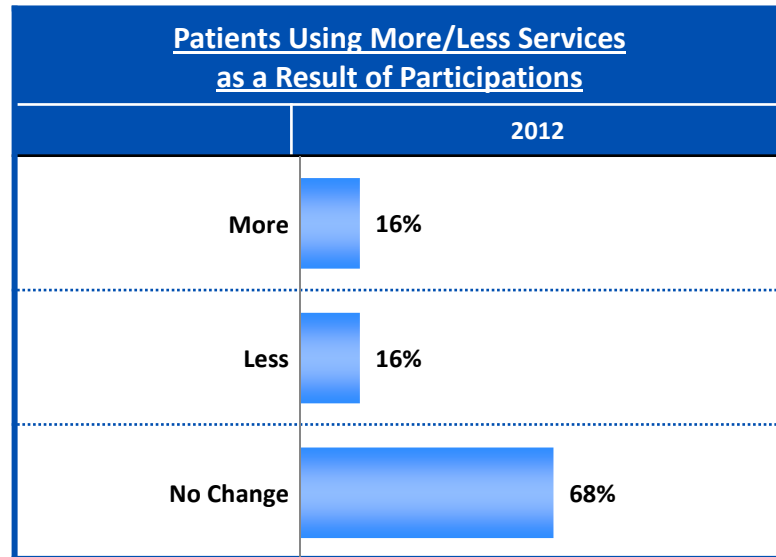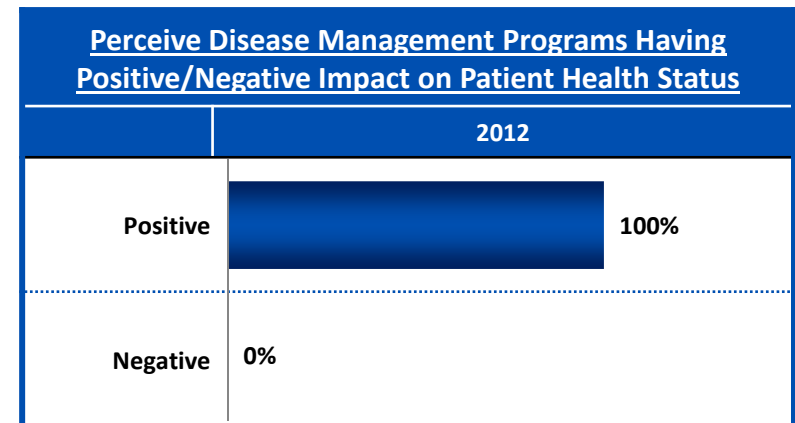
Sample Size: (24*)

* Small sample size

Continuity and Coordination of Care

Continuity and Coordination of Care Experience

Experience with Continuity and Coordination of Care (Top 2 Box)				
	2012		**2011**	**2010**
CONTINUITY AND COORDINATION OF CARE COMPOSITE	17% 24% 41%		NA	NA
Quality of case management services	17% 24% 41%		NA	NA
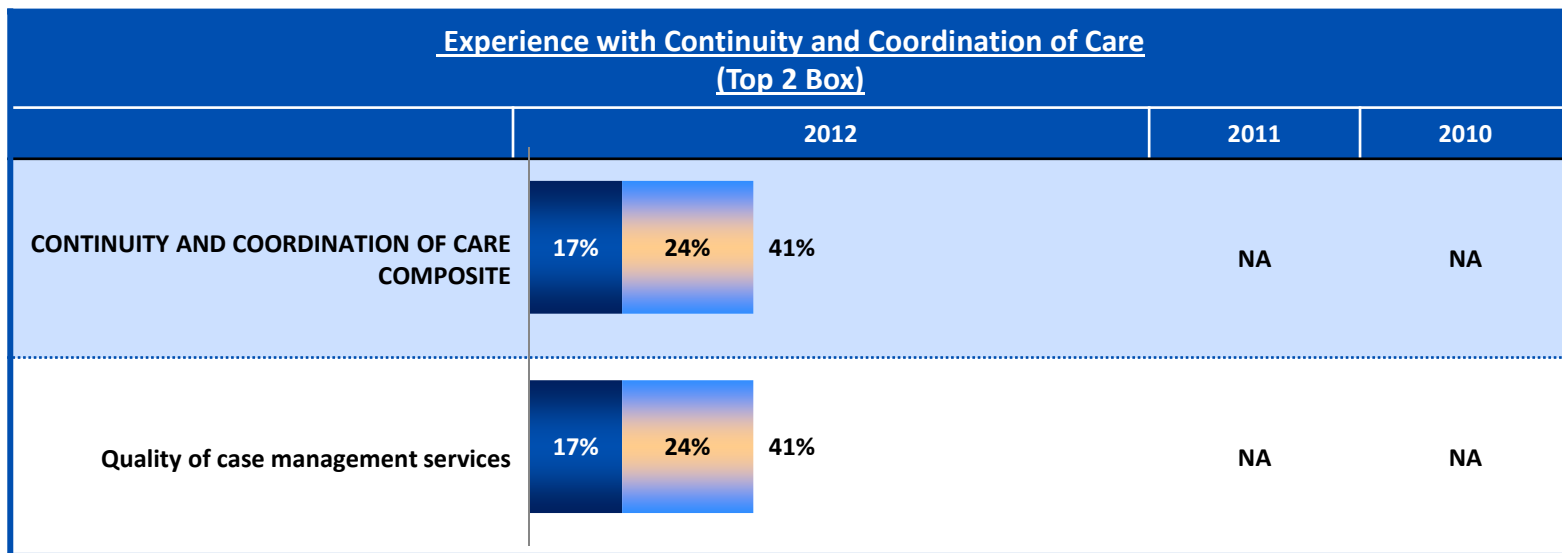
■ Excellent ■ Very Good

Sample Size: (66) (NA) (NA)

How Continuity and Coordination of Care Compares

How Continuity and Coordination of Care Compares to…				
	2012	**2012 (Top 2 Box)**	**2011 (Top 2 Box)**	**2010 (Top 2 Box)**
Other Medicaid Plans	14% 17% 65% 3% 1%	31%	NA	NA

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

Sample Size: (72)   *(NA)*   *(NA)*
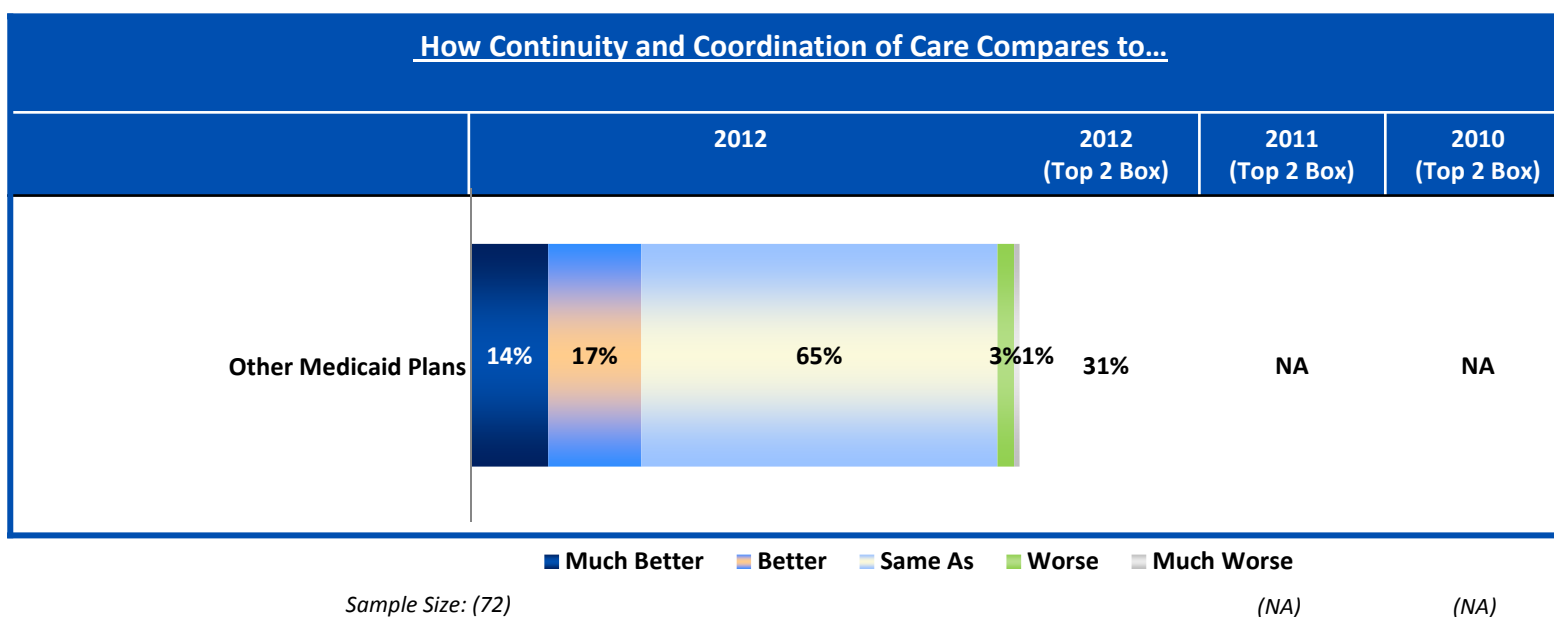
Frequency of Communication – PCPs

Frequency of Communication from Other Providers (Top 2 Box)			
	2012	**2011**	**2010**
Hospitals	46% — 21% — 68%	NA	NA
Home health agencies	45% — 22% — 67%	NA	NA
Specialty care practitioners (not including behavioral health)	42% — 26% — 67%	NA	NA
Outpatient therapy providers	35% — 25% — 60%	NA	NA
Skilled nursing facilities	40% — 18% — 58%	NA	NA
Rehabilitation facilities	36% — 18% — 55%	NA	NA
PCPs	37% — 14% — 51%	NA	NA
Behavioral health practitioners	NA	NA	NA
Behavioral health facilities	NA	NA	NA

■ **Always**　▨ **Usually**

Sample Size: (40-56)　　　　　　　　*(NA)*　　*(NA)*

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Frequency of Communication – Specialists

Frequency of Communication from Other Providers (Top 2 Box)			
	2012	**2011**	**2010**
Specialty care practitioners (not including behavioral health)	25% 33% 58%	NA	NA
PCPs	36% 21% 57%	NA	NA
Hospitals	15% 31% 46%	NA	NA
Home health agencies	18% 18% 36%	NA	NA
Skilled nursing facilities	10% 10%	NA	NA
Rehabilitation facilities	10% 10%	NA	NA
Outpatient therapy providers	10% 10%	NA	NA
Behavioral health practitioners	NA	NA	NA
Behavioral health facilities	NA	NA	NA

■ **Always**   ■ **Usually**

* Small sample size

Sample Size: (10-14*)   (NA)   (NA)

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Frequency of Communication – OB/GYNs

Frequency of Communication from Other Providers (Top 2 Box)			
	2012	**2011**	**2010**
Hospitals	30% 20% 50%	NA	NA
PCPs	11% 22% 33%	NA	NA
Specialty care practitioners (not including behavioral health)	10% 20% 30%	NA	NA
Home health agencies	13% 13% 25%	NA	NA
Outpatient therapy providers	22% 22%	NA	NA
Skilled nursing facilities	13% 13%	NA	NA
Rehabilitation facilities	13% 13%	NA	NA
Behavioral health practitioners	NA	NA	NA
Behavioral health facilities	NA	NA	NA

■ **Always**   ■ **Usually**

* Small sample size   *Sample Size: (8-10*)*   *(NA)*   *(NA)*

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24-Hour Availability

How Provide 24-Hour Availability (Multiple Mention)			
	2012	**2011**	**2010**
Forward calls to answering service	54%	NA	NA
Always on-call	50%	NA	NA
Walk-in appointments	35%	NA	NA
Arrange for covering physician	27%	NA	NA
Evening and weekend appointments	14%	NA	NA
Do not provide 24-hour availability	7%	NA	NA
Sample Size: (86)		*(NA)*	*(NA)*

Providers Requesting Contact

Contact About

Would Like to be Contacted About…	
	2012
Provider Quality Incentive Program	16%
Clinical quality profiles of my practice	12%
Amerigroup case management programs	12%
How to become a patient-centered medical home	9%
After-hours primary care	5%
Electronic claims submission and payment	3%
Other Issues	14%

Sample Size: (58)