GEORGIA FAMILIES PROGRAM

CMO FLASH REPORT



The Care Management Organization (CMO) Flash Report provides a quick reference to the current status of the Georgia Families program. This report provides an overview of member enrollment, CMO financial filings with the Department of Insurance, CMO self-reported utilization data, premium capitation payments to CMOs, prior authorization performance, timely access performance and trends to watch.

Enrollment				
	AMERIGROUP®	Peach State®	Wellcare®	Region Totals
Atlanta Region	102,565	160,064	191,808	454,437
Central Region		47,495	74,416	121,911
East Region	25,476		35,283	60,759
North Region	47,866		88,692	136,558
Southeast Region	31,197		58,289	89,486
Southwest Region		73,807	31,861	105,668
Statewide Members	207,104	281,366	480,349	968,819
Represents total number of eligible managed care members that have been enrolled into the CMO plans as of January 2009.				

CMO SELF-REPORTED DATA

	AMERIGROUP®	Peach State®	Wellcare®
ER Visits/1000	604	541.97	625
C-Section Rate	29.8%	30%	32%
Brand Fill Rates	21.8%	18.76%	14.47%
Generic Fill Rates	78.2%	81.24%	85.53%

Represents CMO self-reported utilization measures of quality performance and consistent care delivery across plans. Reported to DCH October 2008

CMO FINANCIAL FILINGS				
	AMERIGROUP® (\$ Millions)	Peach State® (\$ Millions)	Wellcare® (\$ Millions)	Total- All CMOs (\$ Millions)
Total Revenue (less 5.5% Quality Assessment Fee paid back to DCH)	\$222.0	\$335.4	\$577.4	\$1,134.8
Total Medical Expense	\$192.5	\$293.2	\$470.8	\$956.5
Health Benefit Ratio (Medical Expense/Revenue)	86.7%	87.4%	81.5%	84.3%
Represents total CMO reported cost for medical services expenditure filed with Georgia Department of Insurance				

Janurary-September 2008.

PREMIUM CAPITATION PAYMENTS TO CMOS				
	AMERIGROUP®	Peach State®	Wellcare®	Total - All CMOs
Current month	\$34,247,883	\$45,826,526	\$77,806,134	\$157,880,542
Retroactive adjustments (includes OB delivery payments for prior months and retroactive enrollment activity)	\$5,245,827	\$7,511,763	\$14,813,486	\$27,571,076
Quality Assessment Fee Paid to DCH	\$(2,198,383)	\$(2,971,165)	\$(5,168,146)	\$(10,337,694)
Net Payments	\$37,295,327	\$50,367,124	\$87,451,473	\$175,113,924
Represents DCH allocated payments to the CMO for total cost of services for January 2008.				





PRIOR AUTHORIZATION DATA				
# Days to PA Completion	AMERIGROUP®	Peach State®	Wellcare®	
< 14 Days (contract requirement)	99.8%	99.7%	99.8%	
<u><</u> 10 Days	85.1%	93.5%	86.0%	
<u>≤</u> 5 Days 63.5% 76.3% 66.3%				
Represent the percentage of prior-authorizations completed within the contract required timelines for January 2009				

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ADDITIONAL PRIOR AUTHORIZATION DATA

Denial Rates	AMERIGROUP®	Peach State®	Wellcare®	
DME	4.6%	0.8%	6.2%	
Medical Inpatient	4.5%	10.0%	0.4%	
Medical Outpatient	3.8%	7.9%	0.7%	
Therapies	3.5%	10.6%	0.7%	
Total	10.3%	6.4%	7.2%	
Represents the percentage of prior-authorization requests that were determined to be not medically necessary. Reported to DCH January 2009				

TIMELY ACCESS PERFORMANCE REPORT				
Provider Type	AMERIGROUP®	Peach State®	Wellcare®	
PCPs (routine visits)	97.7%	98.70%	97.46%	
PCP (adult sick visit)	100%	100%	87.10%	
PCP (pediatric sick visit)	100%	99.25%	93.81%	
Specialist (OBGYN)	100%	100%	89.08%	
Mental Health Providers	100%	83.13%	88.05%	
Urgent Care Providers	100%	100%	100%	
Represents CMO 4th Quarter 2009 timely access performance survey results for the network capacity of appoint- ment wait times.				

TRENDS 2 WATCH				
Opportunites	Solutions Found			
 Providers burdened with 3 different CMO forms Claims payment delays CMO Portal inconsistencies Inconsistent Policy Guidelines Among CMOs 	 Common Synagis prior authorization form Provider Resolution Hotline Exploring implementation of a Super Portal Common prior authorization for therapy requests 			
Resolution Status: 📕 In Progress 📕 Active 📕 Future				
Represents the quarterly action items of opportunities and solutions for the Managed Care and Quality Division for areas of improvement.				



January 2009