

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 | 106,654 | 163,548 | 199,290 | 469,492 |
| Central Region | | 48,739 | 76,051 | 124,790 |
| East Region | 26,069 | | 35,982 | 62,051 |
| North Region | 49,171 | | 91,439 | 140,610 |
| Southeast Region | 32,071 | | 59,857 | 91,928 |
| Southwest Region | | 75,367 | 32,448 | 107,815 |
| Statewide Members | 213,965 | 287,654 | 495,067 | 996,686 |

Represents total number of eligible managed care members that have been enrolled into the CMO plans as of February 2009.

| CMO SELF-REPORTED DATA | | | |
|------------------------|-------------|--------------|-----------|
| | AMERIGROUP® | Peach State® | Wellcare® |
| ER Visits/1000 | 607.9 | 551.35 | 674 |
| C-Section Rate | 29.13% | 32% | 31% |
| Brand Fill Rates | 21.2% | 18.7% | 16.31% |
| Generic Fill Rates | 78.8% | 81.3% | 83.69% |

Represents CMO self-reported utilization measures of quality performance and consistent care delivery across plans. Reported to DCH January 2009

| CMO FINANCIAL FILINGS | | | | |
|--|-------------|--------------|-----------|-----------------|
| | AMERIGROUP® | Peach State® | Wellcare® | Total- All CMOs |
| Total Revenue (less 6 % 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 January-September 2008.

| PREMIUM CAPITATION PAYMENTS TO CMOs | | | | |
|--|---------------|---------------|---------------|------------------|
| | AMERIGROUP® | Peach State® | Wellcare® | Total - All CMOs |
| Current month | \$37,222,567 | \$52,564,189 | \$89,957,599 | \$179,744,356 |
| Retroactive adjustments (includes OB delivery payments for prior months and retroactive enrollment activity) | \$8,210,356 | \$12,913,746 | \$21,866,034 | \$42,990,136 |
| Quality Assessment Fee Paid to DCH | \$(2,498,811) | \$(3,601,286) | \$(6,150,300) | \$(12,250,397) |
| Net Payments | \$42,934,112 | \$61,876,649 | \$105,673,334 | \$210,484,095 |

Represents DCH allocated payments to the CMO for total cost of services for January 2009.



PRIOR AUTHORIZATION DATA

| # Days to PA Completion | AMERIGROUP® | Peach State® | Wellcare® |
|----------------------------------|-------------|--------------|-----------|
| ≤ 14 Days (contract requirement) | 100.0% | 99.3% | 99.9% |
| ≤10 Days | 99.6% | 88.7% | 97.8% |
| ≤ 5 Days | 85.1% | 60.0% | 80.6% |

Represent the percentage of prior-authorization completed within the contract required timelines for February 2009.

ADDITIONAL PRIOR AUTHORIZATION DATA

| Denial Rates | AMERIGROUP® | Peach State® | Wellcare® |
|--------------------|-------------|--------------|-----------|
| DME | 4.1% | 1.6% | 7.4% |
| Medical Inpatient | 6.9% | 8.5% | 1.3% |
| Medical Outpatient | 4.4% | 8.2% | 2.3% |
| Therapies | 4.9% | 11.5% | 0.7% |
| Total | 9.5% | 7.9% | 6.3% |

Represents monthly CMO self-reported percentage of standard prior-authorization requests that were determine to be not medically necessary. Reported to DCH February 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 2008 timely access performance survey results for the network capacity of appointment wait times.

TRENDS 2 WATCH

| Opportunities | Solutions Found |
|---|---|
| <ul style="list-style-type: none"> ▪ Providers burdened with 3 different CMO forms ▪ Claims payment delays ▪ CMO Portal inconsistencies ▪ Inconsistent Policy Guidelines Among CMOs | <ul style="list-style-type: none"> ▪ 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.