

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	109,758	168,473	206,640	484,871
Central Region		49,704	78,248	127,952
East Region	26,362		36,727	63,089
North Region	50,412		93,806	144,218
Southeast Region	32,809		61,511	94,320
Southwest Region		76,777	33,438	110,215
Statewide Members	219,341	294,954	510,370	1,024,665

Represents total number of eligible managed care members that have been enrolled into the CMO plans as of March 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)	\$463.8	\$690.0	\$1,164.7	\$2,318.5
Total Medical Expense	\$401.5	\$616.6	\$994.0	\$2,012.1
Health Benefit Ratio (Medical Expense/Revenue)	86.6%	89.4%	85.4%	86.8%

Represents total CMO reported cost for medical services expenditure filed with Georgia Department of Insurance January-December 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)	99.9%	98.4%	99.9%
≤10 Days	98.0%	84.5%	97.9%
≤ 5 Days	73.8%	52.3%	75.3%

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

ADDITIONAL PRIOR AUTHORIZATION DATA

Denial Rates	AMERIGROUP®	Peach State®	Wellcare®
DME	5.5%	1.7%	11.3%
Medical Inpatient	5.2%	15.0%	1.3%
Medical Outpatient	5.2%	8.1%	1.2%
Therapies	7.5%	10.2%	1.1%
Total	11.3%	8.4%	6.4%

Represents monthly CMO self-reported percentage of standard prior-authorization requests that were determined to be not medically necessary. Reported to DCH March 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
<p>Resolution Status: ■ In Progress ■ Active ■ Future</p>	

Represents the quarterly action items of opportunities and solutions for the Managed Care and Quality Division for areas of improvement.