

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	111,826	165,745	205,361	482,932
Central Region		49,253	78,220	127,473
East Region	26,443		36,199	62,642
North Region	51,001		93,916	144,917
Southeast Region	32,986		61,150	94,136
Southwest Region		75,985	33,780	109,765
Statewide Members	222,256	290,983	508,626	1,021,865

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

CMO SELF-REPORTED DATA			
	AMERIGROUP®	Peach State®	Wellcare®
ER Visits/1000	708.1	624.0	687
C-Section Rate	31.5%	30%	32%
Brand Fill Rates	20%	17%	13.84%
Generic Fill Rates	80%	83%	86.16%

Represents quarterly CMO self-reported utilization measures of quality performance and consistent care delivery across plans. Reported to DCH April 2009 for dates of service Oct 1, 2008 through December 31, 2008

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)	100.0%	99.7%	100%
≤10 Days	70.2%	92.0%	82.2%
≤ 5 Days	60.1%	67.6%	74.0%

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

ADDITIONAL PRIOR AUTHORIZATION DATA

Denial Rates	AMERIGROUP®	Peach State®	Wellcare®
DME	5.7%	1.2%	5.4%
Medical Inpatient	7.0%	13.8%	0.0%
Medical Outpatient	7.6%	6.7%	0.8%
Therapies	22.1%	10.8%	2.1%
Total	13.5%	9.0%	6.7%

Represents monthly CMO self-reported percentage of standard prior-authorization requests that were determine to be not medically necessary. Reported to DCH May 2009.

TIMELY ACCESS PERFORMANCE REPORT

Provider Type	AMERIGROUP®	Peach State®	Wellcare®
PCPs (routine visits)	100%	100%	97%
PCP (adult sick visit)	100%	100%	95.36%
PCP (pediatric sick visit)	100%	100%	100%
Specialist (OBGYN)	100%	100%	87.4%
Mental Health Providers	100%	89.47%	100%
Urgent Care Providers	100%	100%	N/A

Represents CMO 1st Quarter 2009 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.