

# 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	131,985	178,161	222,328	532,474
Central Region		51,598	83,793	135,391
East Region	28,428		36,936	65,364
North Region	55,956		100,683	156,639
Southeast Region	35,308		65,184	100,492
Southwest Region		79,132	38,302	117,434
Statewide Members	251,677	308,891	560,568	1,107,794

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

## CMO SELF-REPORTED DATA

	AMERIGROUP®	Peach State®	Wellcare®
ER Visits/1000	670.3	635.48	676
C-Section Rate	31.1%	32%	33%
Brand Fill Rates	18.7%	17%	15%
Generic Fill Rates	81.3%	83%	85%

Represents quarterly CMO self-reported utilization measures of quality performance and consistent care delivery across plans. Reflects 3rd Quarter, July - September 2009. Reported to DCH October 2009.

## 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)	\$398.6	\$530.5	\$944.8	\$1,873.9
Total Medical Expense	\$353.0	\$499.1	\$826.9	\$1,679.0
Health Benefit Ratio (Medical Expense/Revenue)	88.6%	94.1%	87.5%	89.6%

Represents total CMO reported cost for medical services expenditure filed with Georgia Department of Insurance. January - September 2009.

## PREMIUM CAPITATION PAYMENTS TO CMOs

	AMERIGROUP®	Peach State®	Wellcare®	Total - All CMOs
Current month	\$41,414,263	\$50,907,810	\$91,347,090	\$183,669,163
Retroactive adjustments (includes OB delivery payments for prior months and retroactive enrollment activity)	\$8,274,788	\$9,873,825	\$16,229,717	\$34,378,330
Quality Assessment Fee Paid to DCH				
Net Payments	\$49,689,051	\$60,781,635	\$107,576,807	\$218,047,493

Represents DCH allocated payments to the CMO for total cost of services for January 2010.



### PRIOR AUTHORIZATION DATA

# Days to PA Completion	AMERIGROUP®	Peach State®	Wellcare®
≤ 14 Days (contract requirement)	100.0%	99.9%	100%
≤10 Days	94.7%	97.5%	97%
≤ 5 Days	71.3%	66.1%	77.9%

Represents monthly CMO self-reported percentage of prior-authorizations completed within the contract required timelines. Reported to DCH December 2009.

### ADDITIONAL PRIOR AUTHORIZATION DATA

Denial Rates	AMERIGROUP®	Peach State®	Wellcare®
DME	18.3%	0.7%	7.3%
Medical Inpatient	5.0%	6.2%	.5%
Medical Outpatient	11.0%	6.5%	.5%
Therapies	23.3%	29.6%	1.6%
Total	14.7%	11.1%	5.5%

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

### TIMELY ACCESS PERFORMANCE REPORT

Provider Type	AMERIGROUP®	Peach State®	Wellcare®
PCPs (routine visits)	100%	95.05%	94%
PCP (adult sick visit)	100%	96.95%	93%
PCP (pediatric sick visit)	100%	100%	96%
Specialist (OBGYN)	100%	100%	95%
Mental Health Providers	100%	99.08%	84%
Urgent Care Providers	100%	99.08%	0%

Represents CMO 4th 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"> <li>▪ Providers burdened with 3 different CMO forms</li> <li>▪ Claims payment delays</li> <li>▪ Inconsistent Policy Guidelines Among CMOs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Common Synagis prior authorization form</li> <li>▪ Provider Resolution Hotline</li> <li>▪ Common prior authorization for therapy requests</li> </ul>
Resolution Status: <span style="color: #e67e22;">■</span> In Progress <span style="color: #27ae60;">■</span> Active <span style="color: #34495e;">■</span> Future	

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