

CMO Monthly Flash Report - December 2012

Enrollment						
Regions	Amerigroup	Peachstate	Wellcare	Region Totals		
Atlanta	153,755	171,895	231,891	557,541		
Central	1,217	51,050	82,032	134,299		
East	27,460	1,065	37,565	66,090		
North	55,856	2,887	99,655	158,398		
Southeast	33,503	1,622	66,231	101,388		
Southwest	693	75,385	38,316	114,394		
Statewide	272,484	303,904	555,672	1,132,060		

GF Month-end Adjusted Process Results Summary -December 2012 Source: Fiscal Agent, ACS

Provider Call Center Statistics						
	Amerigroup Peachstate Wellcare					
Avg Speed of Answering	86.5%	82.02%	83.5%			
Abandonment Rate	0.5%	1.62%	2.1%			
Blocked Calls	0.0%	0.0%	0.0%			

Represents December 2012 call center performance totals (including subcontracted vendors). Eighty percent (80%) of calls must be answered by a person within thirty (30) seconds, the Blocked Call rate must not exceed one percent (1%), and the rate of Abandoned Calls must not exceed five precent (5%). Source: CMO Self-Reported data.

CMO Payments to Providers					
Month	Amerigroup (\$ Millions)	Peachstate (\$ Millions)	Wellcare (\$ Millions)		
January 2012	\$37,019,737	\$44,448,447	\$88,869,602		
February 2012	\$44,943,222	\$55,499,962	\$108,058,571		
March 2012	\$56,510,706	\$54,374,899	\$111,401,645		
April 2012	\$44,731,367	\$54,137,307	\$108,932,204		
May 2012	\$46,225,265	\$54,220,371	\$109,518,215		
June 2012	\$49,724,999	\$48,538,896	\$112,525,909		
July 2012	\$42,968,874	\$49,458,165	\$96,415,476		
August 2012	\$54,352,244	\$52,844,135	\$112,885,046		
September 2012	\$48,097,178	\$47,584,807	\$108,801,980		
October 2012	\$52,795,431	\$61,771,226	\$116,036,742		
November 2012	\$44,408,936	\$47,927,725	\$106,753,300		
December 2012	\$52,389,408	\$52,863,457	\$111,590,226		
Benrecents CMO payments to all provider types for December 2012					

Represents CMO payments to all provider types for December 2012. Source: CMO "Claims Processing Report"

Emergency Room Claims Payment						
	Amerigroup	Peachstate	Wellcare	Totals		
# of ER Claims Submitted	17,601	17,127	36,515	71,243		
ER Claims Paid at a Reduced amount (such as the Triage Rate)	4,518	7,523	18,701	30,742		
# of Appeals	233	234	46	513		
# of Appeals over- turned where the Reduced rate is paid at a higher rate	34	84	46	164		
Source: CMO Monthly CMO self-reported number of Emergency Room claims submitted, claims paid, the number of appeals and the number of appeals overturned. Period - December 2012						

Corrective Action/Preventative Action Plans					
	Amerigroup	Peachstate	Wellcare	Total	
2005	0	0	0	0	
2006	0	0	0	0	
2007	9	13	9	31	
2008	2	8	5	15	
2009	5	5	1	11	
2010	12	8	11	31	
2011	8	9	8	25	
2012	4	5	5	14	
TOTAL	40	48	39	127	
Note: For 2012, the numbers reflect CADA plans from the period of January December.					

Note: For 2012, the numbers reflect CAPA plans from the period of January-December Source: DCH Medicaid Division

Prior Authorization Data						
# Days to PA Completion	Amerigroup Peachstate Wellcare					
≤ 14 Days						
≤ 10 Days						
≤ 5 Days						
Represents quarterly CMO self-reported percentage of prior-authorizations completed within the contract required timelines. Reported to DCH Source: Quarterly CMO "Prior Authorization Report" Based on the posting of the Quarterly Reports						

CMO Financial Filings						
	Amerigroup (\$ Millions)	Peachstate (\$ Millions)	Wellcare (\$ Millions)	Total - All CMOs (\$ Millions)		
Total Medical Expense	\$592.41	\$679.11	\$1,165.71	\$2,437.23		
Health Benefit Ratio (Medical Expense/ Revenue)	dical Expense/ 80.66% 88.87% 88.77% 86.68					
Represents total CMO reported cost for medical services expenditure filed with Georgia Department of Insurance (DOI). Reported to DOI Source: Quarterly filings with Georgia DOI						

QUARTERLY REPORTING:

1Q12 (Jan-Mar) will be posted in the April 2012 Flash Report

2Q12 (Apr-Jun) will be posted in the July 2012 Flash Report

3Q12 (Jul-Sept) will be posted in the October 2012 Flash Report

4Q12 (Oct-Dec) will be posted in the January 2013 Flash Report

Prior Authorization Requests Denied					
	Amerigroup	Peachstate	Wellcare		
Medical Inpatient					
Medical Outpatient					
Therapies					
Behavioral Health					
Vision					
Dental					
Total					
Represents quarterly CMO self-reported percentage of standard prior-authorization requests that were determined to be not medically necessary. Reported to DCH Source: Quarterly CMO "Prior Authorization Report"					