

CMO Monthly Flash Report - September 2012

Enrollment						
Regions	Amerigroup	Peachstate	Wellcare	Region Totals		
Atlanta	150,662	170,721	231,376	552,759		
Central	1,026	51,314	80,843	133,183		
East	27,192	799	37,321	65,312		
North	55,793	2,136	99,510	157,439		
Southeast	33,582	1,248	65,971	100,801		
Southwest	522	75,336	37,618	113,476		
Statewide	268,777	301,554	552,639	1,122,970		

GF Month-end Adjusted Process Results Summary - September 2012

Source: Fiscal Agent, ACS

Provider Call Center Statistics						
	Amerigroup Peachstate Wellcare					
Avg Speed of Answering	84.2%	82.67%	82.5%			
Abandonment Rate	1.0%	1.21%	1.5%			
Blocked Calls	0.0%	0.0%	0.0%			

Represents September 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						
November 2012						
December 2012						
December 2012	· · · · · · · · · · · · · · · · · · ·		1			

Represents CMO payments to all provider types for September 2012.

Source: CMO "Claims Processing Report"

CMO Quarterly Flash Report - September 2012

Emergency Room Claims Payment					
	Amerigroup	Peachstate	Wellcare	Totals	
# of ER Claims Submitted	13,650	14,066	28,185	55,901	
ER Claims Paid at a Reduced amount (such as the Triage Rate)	3,201	7,194	13,189	23,584	
# of Appeals	170	29	37	236	
# of Appeals over- turned where the Reduced rate is paid at a higher rate	33	12	37	82	

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 - September 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	1	2	2	5	
TOTAL	37	45	36	118	

Note: The numbers reflect CAPA plans from the period of January-September

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) (\$ Millions) (\$ Millions)					
Total Medical Expense					
Health Benefit Ratio (Medical Expense/ Revenue)					

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

CMO Quarterly Flash Report - September 2012

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"