

**December 2013 MONTHLY REPORTING:**

| ENROLLMENT   |            |            |          |               |
|--|------------|------------|----------|---------------|
| REGIONS  | AMERIGROUP | PEACHSTATE | WELLCARE | REGION TOTALS |
| Atlanta  | 161,612    | 176,086    | 220,674  | 558,372       |
| Central  | 2,754      | 50,257     | 76,533   | 129,544       |
| East   | 26,364     | 1,833      | 35,116   | 63,313        |
| North  | 55,612     | 5,438      | 93,011   | 154,061       |
| Southeast  | 33,108     | 3,390      | 63,723   | 100,221       |
| Southwest  | 1,369      | 73,509     | 36,329   | 111,207       |
| Statewide  | 280,819    | 310,513    | 525,386  | 1,116,718     |
| GF Month-end Adjusted Process Results Summary - December 2013<br>Source: Fiscal Agent, ACS |            |            |          |               |

| PROVIDER CALL CENTER STATISTICS   |            |            |          |
|---|------------|------------|----------|
|   | AMERIGROUP | PEACHSTATE | WELLCARE |
| Avg Speed of Answering  | 90.9%      | 88.35%     | 85.9%    |
| Abandonment Rate  | 0.4%       | 1.05%      | 1.0%     |
| Blocked Calls   | 0.0%       | 0.0%       | 0.0%     |
| Represents December 2013 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 percent (5%).<br>Source: CMO Self-Reported data. |            |            |          |

| CMO PAYMENTS TO PROVIDERS  |                             |                             |                           |
|--|-----------------------------|-----------------------------|---------------------------|
| MONTH  | AMERIGROUP<br>(\$ Millions) | PEACHSTATE<br>(\$ Millions) | WELLCARE<br>(\$ Millions) |
| January 2013   | \$46,433,684                | \$54,963,535                | \$99,736,911              |
| February 2013  | \$ 47,284,709               | \$ 481,060,308              | \$ 107,247,946            |
| March 2013   | \$ 52,769,247               | \$ 51,648,364               | \$ 119,939,122            |
| April 2013   | \$ 45,525,542               | \$ 47,900,431               | \$ 105,245,134            |
| May 2013   | \$ 48,050,095               | \$ 46,600,030               | \$ 108,605,493            |
| June 2013  | \$ 48,605,669               | \$ 41,990,614               | \$ 121,236,472            |
| July 2013  | \$ 44,740,060               | \$ 52,014,790               | \$ 104,258,498            |
| August 2013  | \$ 54,555,675               | \$ 47,280,267               | \$ 119,336,501            |
| September 2013   | \$ 45,034,656               | \$ 53,450,661               | \$ 102,235,337            |
| October 2013   | \$ 53,079,345               | \$ 54,546,283               | \$ 107,757,450            |
| November 2013  | \$ 53,199,397               | \$ 56,393,965               | \$ 99,485,070             |
| December 2013  | \$ 45,385,118               | \$ 52,601,757               | \$ 97,513,687             |
| Represents CMO payments to all provider types for December 2013.<br>Source: CMO "Claims Processing Report" |                             |                             |                           |

**December 2013 MONTHLY REPORTING:**

| <b>EMERGENCY ROOM CLAIMS PAYMENT</b>  |                   |                   |                 |               |
|---|-------------------|-------------------|-----------------|---------------|
|   | <b>AMERIGROUP</b> | <b>PEACHSTATE</b> | <b>WELLCARE</b> | <b>TOTALS</b> |
| # of ER Claims Submitted  | 16,191            | 11,659            | 31,345          | 59,195        |
| ER Claims Paid at a Reduced amount (such as the Triage Rate)  | 3,538             | 6,073             | 13,728          | 23,339        |
| # of Appeals  | 383               | 43                | 106             | 532           |
| # of Appeals overturned where the Reduced rate is paid at a higher rate   | 109               | 21                | 2               | 132           |
| <p><b>Source: CMO Monthly CMO self-reported number of Emergency Room claims submitted, claims paid, the number of appeals and the number of appeals overturned.</b><br/>                     Period - December 2013</p> |                   |                   |                 |               |

| <b>CORRECTIVE ACTION/PREVENTIVE ACTION PLANS</b>   |                   |                   |                 |              |
|--|-------------------|-------------------|-----------------|--------------|
|  | <b>AMERIGROUP</b> | <b>PEACHSTATE</b> | <b>WELLCARE</b> | <b>TOTAL</b> |
| 2005   | 0                 | 0                 | 0               | <b>0</b>     |
| 2006   | 0                 | 0                 | 0               | <b>0</b>     |
| 2007   | 9                 | 13                | 9               | <b>31</b>    |
| 2008   | 2                 | 8                 | 5               | <b>15</b>    |
| 2009   | 5                 | 5                 | 1               | <b>11</b>    |
| 2010   | 12                | 8                 | 11              | <b>31</b>    |
| 2011   | 8                 | 9                 | 8               | <b>25</b>    |
| 2012   | 4                 | 5                 | 5               | <b>14</b>    |
| 2013   | 1                 | 1                 | 1               | <b>3</b>     |
| <b>TOTAL</b>   | <b>41</b>         | <b>49</b>         | <b>40</b>       | <b>130</b>   |
| <p>Note: For 2013, the numbers reflect CAPA plans for the period of December<br/> <b>Source: DCH Medicaid Division</b></p> |                   |                   |                 |              |

**QUARTERLY REPORTING:**

1Q13 (Jan-Mar) will be posted in the April 2013 Flash Report

2Q13 (Apr-Jun) will be posted in the July 2013 Flash Report

3Q13 (Jul-Sept) will be posted in the October 2013 Flash Report

4Q13 (Oct-Dec) will be posted in the January 2013 Flash Report

| PRIOR AUTHORIZATION DATA  |            |            |          |
|---|------------|------------|----------|
| # Days to PA  | AMERIGROUP | PEACHSTATE | WELLCARE |
| ≤ 14 Days (contract)  |            |            |          |
| ≤ 10 Days   |            |            |          |
| ≤ 5 Days  |            |            |          |
| Represents quarterly CMO self-reported percentage of prior-authorizations completed within the contract required timelines.<br>Reported to DCH<br><b>Source: Quarterly CMO "Prior Authorization Report"</b><br><b>Based on the posting of the Quarterly Reports</b> |            |            |          |

| CMO FINANCIAL FILINGS   |                             |                             |                           |                                     |
|---|-----------------------------|-----------------------------|---------------------------|-------------------------------------|
|   | AMERIGROUP<br>(\$ Millions) | PEACHSTATE<br>(\$ Millions) | WELLCARE<br>(\$ Millions) | Total- All<br>CMOs<br>(\$ 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<br><b>Source: Quarterly filings with Georgia DOI</b> |                             |                             |                           |                                     |

| 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.<br>Reported to DCH<br><b>Source: Quarterly CMO "Prior Authorization Report"</b> |            |            |          |