

## **CMO Monthly Flash Report - November 2013**

Enrollment						
Regions	Amerigroup	Peachstate	Wellcare	Region Totals		
Atlanta	155,055	169,861	215,598	540,514		
Central	2,614	48,138	74,276	125,028		
East	25,291	1,691	33,871	60,853		
North	53,482	5,058	90,217	148,757		
Southeast	32,397	3,124	63,074	98,595		
Southwest	1,233	70,137	35,154	106,524		
Statewide	270,072	298,009	512,190	1,080,271		

GF Month-end Adjusted Process Results Summary -November 2013

Source: Fiscal Agent, ACS

Provider Call Center Statistics						
	Amerigroup Peachstate Wellcare					
Avg Speed of Answering	91.6%	88.73%	83.1%			
Abandonment Rate	0.7%	0.77%	1.7%			
Blocked Calls	0.0%	0.0%	0.0%			

Represents November 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 precent (5%).

Source: CMO Self-Reported data.

CMO Payments to Providers					
Month	Amerigroup (\$ Millions)	Peachstate (\$ Millions)	Wellcare (\$ 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					

Represents CMO payments to all provider types for November 2013.

Source: CMO "Claims Processing Report"

## **CMO Quarterly Flash Report - November 2013**

Emergency Room Claims Payment					
	Amerigroup	Peachstate	Wellcare	Totals	
# of ER Claims Submitted	13,766	11,384	29,521	54,671	
ER Claims Paid at a Reduced amount (such as the Triage Rate)	2,903	5,518	13,429	21,850	
# of Appeals	393	54	51	498	
# of Appeals over- turned where the Reduced rate is paid at a higher rate	75	21	51	147	

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 - November 2013

Corrective Action/Preventative Action Plans					
	Amerigroup	Peachstate	Wellcare	Total	
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	
2013	1	1	1	3	
TOTAL	41	49	40	130	

Note: For 2013, the numbers reflect CAPA plans from the period of November **Source: DCH Medicaid Division** 

Prior Authorization Data					
# Days to PA Completion  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. 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)  CMOs (\$ 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:**

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 2014 Flash Report

## **CMO Quarterly Flash Report - November 2013**

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"