

CMO Monthly Flash Report - October 2013

Enrollment				
Regions	Amerigroup	Peachstate	Wellcare	Region Totals
Atlanta	156,809	172,228	221,192	550,229
Central	2,494	49,847	77,865	130,206
East	26,488	1,661	35,498	63,647
North	54,241	5,000	92,841	152,082
Southeast	32,815	2,889	63,874	99,578
Southwest	1,137	72,615	36,184	109,936
Statewide	273,984	304,240	527,454	1,105,678

GF Month-end Adjusted Process Results Summary - October 2013
Source: Fiscal Agent, ACS

Provider Call Center Statistics			
	Amerigroup	Peachstate	Wellcare
Avg Speed of Answering	93.4%	85.06%	82.6%
Abandonment Rate	0.4%	1.17%	1.8%
Blocked Calls	0.0%	0.0%	0.0%

Represents October 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%).
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			
December 2013			

Represents CMO payments to all provider types for October 2013.
Source: CMO "Claims Processing Report"

CMO Quarterly Flash Report - October 2013

Emergency Room Claims Payment				
	Amerigroup	Peachstate	Wellcare	Totals
# of ER Claims Submitted	16,832	11,767	28,727	57,326
ER Claims Paid at a Reduced amount (such as the Triage Rate)	3,450	5,975	12,142	21,567
# of Appeals	718	96	318	1,132
# of Appeals overturned where the Reduced rate is paid at a higher rate	145	24	318	487

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 - October 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 October
Source: DCH Medicaid Division

Prior Authorization Data			
# Days to PA Completion	Amerigroup	Peachstate	Wellcare
≤ 14 Days (contract)	99.8%	99.5%	98.8%
≤ 10 Days	98.3%	89.4%	68.8%
≤ 5 Days	91.8%	64.8%	62.0%

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	\$438.53	\$499.35	\$890.49	\$1,828.38
Health Benefit Ratio (Medical Expense/Revenue)	77.49%	84.96%	87.15%	84.04%

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 - October 2013

Prior Authorization Requests Denied			
	Amerigroup	Peachstate	Wellcare
Medical Inpatient	1.7%	10.9%	2.1%
Medical Outpatient	6.6%	11%	1.2%
Therapies	12.2%	11.2%	6.9%
Behavioral Health	12.9%	13.6%	7.4%
Vision	19.1%	Not Reported	13.9%
Dental	16.3%	34.4%	27.6%
Total	11.7%	14.9%	13.4%

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"