

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

Enrollment						
Regions	Amerigroup	Peachstate	Wellcare	Region Totals		
Atlanta	156,447	172,599	223,6216	552,667		
Central	2,439	50,010	78,958	131,407		
East	26,652	1,657	35,912	64,221		
North	54,346	4,845	94,019	153,210		
Southeast	32,903	2,690	63,945	99,538		
Southwest	1,084	72,830	36,734	110,648		
Statewide	273,871	304,631	533,189	1,111,691		

GF Month-end Adjusted Process Results Summary - September 2013

Source: Fiscal Agent, ACS

Provider Call Center Statistics						
	Amerigroup Peachstate Wellcare					
Avg Speed of Answering	91.3%	86.50%	80.3%			
Abandonment Rate	0.5%	1.02%	2.0%			
Blocked Calls	0.0%	0.0%	0.0%			

Represents September 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						
November 2013						
December 2013						

Represents CMO payments to all provider types for September 2013.

Source: CMO "Claims Processing Report"

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

Emergency Room Claims Payment					
	Amerigroup	Peachstate	Wellcare	Totals	
# of ER Claims Submitted	14,351	11,697	22,019	48,067	
ER Claims Paid at a Reduced amount (such as the Triage Rate)	3,005	6,019	10,067	19,091	
# of Appeals	544	71	99	714	
# of Appeals over- turned where the Reduced rate is paid at a higher rate	141	16	99	256	

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 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 for the period of September **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) (\$ 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 - September 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"