

Thank you for choosing Amerigroup Community Care!

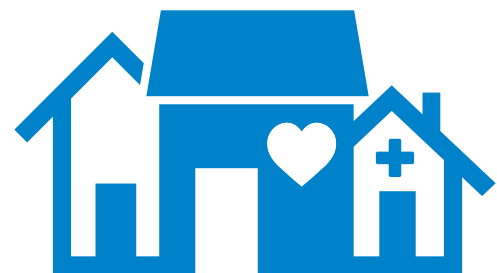


www.myamerigroup.com/GA

Your health is our priority

Your health is important to us. We work hard to make sure you have access to great care. We do this by:

- Having programs and services to help improve the quality of health care you get
- Providing learning tools on pregnancy and newborn care for all pregnant members and new moms
- Finding local programs in your community that help you get services you need
- Hosting learning events to answer your questions and concerns and help you make the most of your health care
- Following state and federal guidelines
- Looking at our quality results to find new ways to provide better care



We value you as a member.

We look at how well we're serving you every year to find ways we can do better. We want to share some important information about:

- How we measure quality of care
- What services and programs you can get through your health plan
- How to use your member handbook



We want to hear from you. We're holding Health Advisory Committee meetings with our members and doctors around the state to listen to ways we can make things better. If you'd like to come to one of our meetings, please call Health Promotion at **678-587-4868**.

We accomplished a lot in 2016

Here are a few highlights:



- Achieved National Committee for Quality Assurance (NCQA) Multicultural Health Plan Distinction
- Maintained NCQA accreditation at the Commendable level
- Demonstrated improvement in 37 performance measures that shows the quality of care and services provided to our members
- Met EPSDT screening ratio and maintained Early and Periodic Screening, Diagnostic and Treatment (EPSDT) compliance on medical record audit of > 90%
- Achieved high rating on Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction surveys
- Improved member outreach rates and appointment scheduling
- Improved compliance with evidence-based practices based on Clinical Practice Guideline monitoring
- Monitored patient safety through review of potential adverse events and quality of care/quality of service member reports to address concerns that may impact our members

Additional Quality Management priorities for 2017 include:

- Refining the performance improvement strategic plan
- Increasing focus on OB/GYN improvement outcomes
- Assessing performance at the provider level
- Incorporating the Plan Do Study Act (PDSA) into quality improvement initiatives
- Refining processes to monitor effectiveness of interventions



Making decisions on care and services

Sometimes, we need to make decisions about how we cover care and services. This is called Utilization Management (UM). Our UM process is based on the standards of the National



Committee for Quality Assurance (NCQA). All UM decisions are based on medical needs and current benefits only. We do this for the best possible health outcomes for our members. We also don't tell or encourage providers to underuse services or create barriers to getting health care. Providers don't get any reward for limiting or denying care. And when we decide to hire, promote or fire providers or staff, we don't base it on whether they might, or we think they might, deny or would be likely to deny benefits.

Want to know more about our Quality Management program — like how it works and how we're doing?

Call the Health Promotion department at 678-587-4868 and ask us to mail you a copy of our program. We can also tell you more about the ways Amerigroup makes sure you get quality health care services and extra benefits offered to our members.

We measure the quality of your care

How does Amerigroup know if you're receiving quality services?

Each year, our Quality Management department measures the care and services you get. They do this through a set of standard performance measures called the Health Care Effectiveness Data and Information Set® (HEDIS).

Some of the measures include things like:

- Immunizations
- Diabetes care
- Well-child checkups
- Lead screenings
- High blood pressure
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Mammograms and Pap smears
- Pregnancy care
- Asthma care



We are always looking to improve care.

Some current Amerigroup interventions include:

- Outreach and education efforts to help remind you when you're due or past due for services
- Community events and Amerigroup Clinic Days as a way to encourage you to see your doctor
- Meeting with doctors to help them improve their ability to serve you
- Incentives for completing preventive screenings to stay healthy

What can you do about your own health?

First, get the health care you need. Help your doctor know what kind of care is right for you.

Follow these important steps:

- Get tests and health care services on time
- Keep appointments for routine doctor checkups
- Read and follow the instructions on any reminders you get from Amerigroup or your doctor

It starts with listening to you

Our people are here to listen. We want to understand what's important to you and how we can do better. How are we doing? How can we improve? What can we do to help you?

One way we find out how we're doing is through asking members. We do this by sending surveys about different topics. The results help us see what you like about Amerigroup and also what we need to work on.

Last year, we mailed out a survey about child health care. You said there may be a problem with how easy it is to get an appointment and the care you need. We know sometimes the perception is that doctors are too busy. Here are some tips to help you get the appointment and care you need.

- **Ask for a spot on the waiting list.** If your doctor can't see you right away for a routine appointment, schedule an appointment, but ask the receptionist to call you if there are any cancellations between now and then. Then follow up. Openings often pop up when you call a few times.
- **Ask your doctor to schedule a specialist appointment.** If your doctor refers you to a specialist, ask your doctor if they can call and make the appointment. If the doctor's office calls, you might get in a whole lot sooner.
- **Carefully pick the day and time of your appointment.** To avoid spending a lot of time in the waiting room, ask for the first appointment of the day. With no other patients scheduled before you, the doctor shouldn't be backed up at 8 a.m. Also, try to avoid Mondays and Fridays, which tend to be the busiest.
- **Learn how to reconnect after the appointment.** Near the end of the appointment, ask the doctor: "I know I'll have questions when I get home. What's the best way to reach you?" The doctor may have certain hours they take calls, the nurse may take questions instead or they may be receptive to email. Knowing these communication preferences in advance will make it easier to follow up with important questions. These simple tips for a smooth doctor's visit can help you feel confident and help you and your doctor make sure you can access the care you need.

Member benefits and access to medical care

Your member handbook and the member website, www.myamerigroup.com/GA, can help you learn about Amerigroup services, benefits and more:

- **Preventive health care:** Learn about ways to help prevent certain health conditions and how to live a healthier life.
- **Benefits and access to care:** Find out more about your benefits and how to get medical care.
- **Pharmacy:** Find the list of approved drugs and limits, more information about your benefits and how to get the medicines you need.
- **Case management:** Explore ways to understand and care for your health condition with our case management program.
- **Disease management:** Find out about the programs we offer. Learn how we can work with you to manage chronic health problems like asthma and diabetes.
- **Member rights and responsibilities:** Read about the rights and responsibilities you have as an Amerigroup member.
- **Notice of Privacy Practices:** Learn more about our privacy policies.
- **Medical necessity:** Find out how we decide if care is needed based on the right coverage and levels of care and service.
- **New medical advances:** Understand how our medical directors and network providers look at new medical advances and studies. They decide if:
 - These advances should be covered benefits.
 - The government has agreed the treatment is safe and effective.
 - The results are as good as or better than covered treatments in effect now.
- **Advance directives:** Learn about your right to sign an advance directive (living will). You can have one on file or on hand if you can't share what care you would like to prolong your life. Amerigroup members may request an advance directive form and education from their medical home or from their doctor.

- **Provider directory:** Find helpful tools like your provider directory and health tips on the website, www.myamerigroup.com/GA. You can also call Member Services toll free at 1-800-600-4441 (TTY 711) to get a copy mailed to you.
- **Member Services:** Find helpful information about your benefits online at www.myamerigroup.com/GA or in your member handbook. Both have information about:
 - Copayments
 - Language assistance
 - How to submit a complaint
 - How to get care after normal business hours and/or when you're out of the service area

You can also call Member Services toll free at 1-800-600-4441 (TTY 711).



Access to Utilization Management staff

Some Amerigroup services and benefits need preapproval. This means that your doctor must ask Amerigroup to approve them. Services that don't need approval include:

- Emergency care
- Post-stabilization care
- Urgent care



Amerigroup has a Utilization Review team that looks at approval requests. The team will decide if:

- The service is needed
- The service is covered by Amerigroup

You or your doctor can ask for a review if Amerigroup says it won't pay for the care. Amerigroup will let you and your doctor know after we get the request. The request can be for services that:

- Aren't approved
- Have been changed in the amount, length or scope that is less than requested

If you have questions about an approval request or a denial you received, call Member Services at 1-800-600-4441 (TTY 711). A member of our Utilization Review team can speak to you.



Access to case management

We have case managers to help you understand and care for your health conditions. While your doctor helps you with your care, it's important you learn to care for yourself. During our welcome call, we'll find out if you or your child needs case management services and if you do we'll refer you to a case manager. Plus, you can also ask for help transitioning from a pediatrician to a provider who sees adults. Your case manager will work with you and your PCP to set up a plan of care. If you think you need case management services or have questions about our Case Management program, please call 1-800-454-3730.

Our case managers may also call you if:

- Your PCP thinks you would benefit from the program.
- You're let out of the hospital and need some follow-up coordination of care.
- You're going to the emergency room (ER) often for nonurgent care that can be managed by your PCP.
- You call our 24-hour Nurse Helpline and need more follow up for ongoing care.

Your case manager can help with:

- Setting up health care services
- Referrals and preapprovals
- Reviewing your plan of care as needed



We use data to find out which members qualify for our complex Case Management program. We may call you to take part in this program. The complex Case Management program is for members with:

- Serious physical problems that need more help
- Mental health conditions that need more care coordination

If you're called about this program, a nurse or social worker will:

- Ask you if you'd like to take part in case management
- Educate you about what we can offer in the program
- Talk to you about your health and how you're managing other aspects of your life



Transitioning from a pediatrician to an adult provider

What do you do when your teen has outgrown pediatric care? It may be time for a new primary care provider (PCP).

As your child reaches adulthood, his or her health care needs start to change. By age 18, your young adult may want to find a PCP who treats adults.

Adult PCP offices include:

- Family practice
- Internal medicine
- Gynecology

Start by asking your child's current PCP for a recommendation for a new adult PCP. Amerigroup is here to help too. You can change your teen's PCP at any time. It's easy.

1. Visit <https://www.myamerigroup.com/ga/your-health/find-doctors-locations.html>
2. Select *Find a Doctor*
3. Choose a provider

OR

1. Scan the Quick Response (QR) code with your smartphone
2. Access the provider directory
3. Choose a provider



Your child will get an updated ID card within seven to 10 days. If you don't receive it or the PCP listed isn't right, call Member Services at 1-800-600-4441 (TTY 711).



This notice explains how health data about you may be used and disclosed by Amerigroup. It also tells you how to get this data. The notice follows the Privacy Rule set by the Health Insurance Portability and Accountability Act (HIPAA). Our Notice of Privacy Practices is in your handbook and was sent to you in your new member welcome packet. You can also read it online at www.myamerigroup.com/GA. Call Member Services at 1-800-600-4441 (TTY 711) to ask for a hard copy.

We hope you find this information helpful. Please keep it with your member handbook. To find out more about programs or services, go to our website at www.myamerigroup.com/GA. Have questions? Call Member Services toll free at 1-800-600-4441 (TTY 711).

Again, thank you for being an Amerigroup member! We're here to help you get the care you need when you need it.

Member rights and responsibilities

Your rights and responsibilities as an Amerigroup member are in your member handbook. You can view a copy of your member handbook online at www.myamerigroup.com/GA. If you'd like us to send you a hard copy, call Member Services at 1-800-600-4441 (TTY 711).

