

SECTION C: PLANNED APPROACH TO PROJECT

Describe how you will launch a network and set up operations capable of supporting its membership and meeting the requirements of the RFP by January 1, 2012 for GSA “A”, March 1 of 2012 for GSA “B”, and May 1 of 2012 for GSA “C”.

C.1 Discuss your approach for meeting the implementation requirements and include:

- *A detailed description of your project management methodology. The methodology should address, at a minimum, the following:*
 - o *Issue identification, assessment, alternatives analysis and resolution;*
 - o *Resource allocation and deployment;*
 - o *Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and*
 - o *Automated tools, including use of specific software applications.*

Amerigroup’s Best Practices Approach to Implementation

One of our core competencies is our ability to successfully implement new business while seamlessly transitioning new members and providers into our operations. **Amerigroup has never missed a go-live deadline in our experience conducting 82 program implementations throughout more than 15 years of operating Medicaid-specific health plans.** We have a full-time Implementation Management Office (IMO), led by a certified Project Management Professional (PMP) with more than 20 years of Health Insurance Industry experience. Our Implementation Department personnel, with nearly **100 combined years of project management experience**, manage all aspects of the implementation of new markets, new products, acquisitions and service area expansions in accordance with the Project Management Institute’s (PMI) global standards for project management methodology. The team works in close collaboration with all functional areas across the company as well as our local health plan partners to ensure the **smooth integration of new business** across all Amerigroup employees, processes and systems. Our long history of supporting the programs, goals and objectives of our state customers has given Amerigroup a broad understanding and deep knowledge base that enables us to rapidly and successfully transition members and providers into new state programs and services.

Our Implementation Project Management team, with **82 PROGRAM IMPLEMENTATION** experiences, has never missed a go-live deadline.

Amerigroup’s Project Management Methodology

Our formal project management methodology has been in place for more than ten years, and **our “best practices” approach has been extensively tested and refined** through our experience with implementations in all our markets. We rely on a carefully considered, analytical approach based on our formal project management process and documented in Amerigroup’s *Implementation Management Policy and Procedure Manual*. The Manual has been in place since 2003 and is updated annually based on new technologies and lessons learned. The Manual defines the tools, processes and methods we use to analyze requirements, allocate resources, and prepare for and begin operations. The personnel in our Implementation Department are certified PMPs who adhere to the PMI global standards for project management methodology and lifecycle management.

When implementing new contracts, **we employ scalable, replicable processes to ensure consistency and success.** For each implementation project, we tap into the skills and expertise of seasoned Amerigroup employees who are Subject Matter Experts (SMEs) in key areas such as provider relations,

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The same cross functional matrix of subject matter experts who contribute their input during the proposal generation process also serve on the implementation project team ensuring deep familiarity and understanding of the Louisiana CCN program requirements.

member services, medical management, quality management, information technology, regulatory affairs, claims processing, marketing, government relations, legal affairs, finance and communications, and who form a matrix of implementation resources across our organization. These **SMEs are integral members of an Implementation Project Team** led by a professional project manager who guides the entire implementation process, providing support for all operational areas, from development to operational start up and beyond.

The same cross functional matrix of SMEs who contribute their input during the proposal generation process also serve on the **Implementation Project Team ensuring deep familiarity and understanding of the Louisiana CCN program requirements.** Our Implementation Project Team follows a formal project management lifecycle which includes:

- Formal engagement and documentation of resources dedicated to the project
- Kick off meeting and in depth contract review by the entire team
- Cross functional requirements gathering and documentation
- Customized master Microsoft Project® schedule to track more than 3500 distinct deliverables
- Weekly internal project team meetings and ad hoc sub team meetings
- Implementation meetings with the DHH project team and technical liaisons
- Formal communication plan including project SharePoint® site and weekly reporting
- Formal risk management, mitigation and contingency plan
- Internal readiness reviews
- Participation in all state readiness activity
- On site go live support for our local health plan operations
- Post go live support with full engagement of the project team

As noted above we use scalable, replicable processes to ensure consistent success when implementing new contracts. The implementation approach is initiated with a project “kickoff” that informs all Implementation Project Team members on key requirements of the new market, including source

PROJECT MANAGEMENT COMPONENTS

- Certified Project Management Professional (PMP) leadership and Transition Officer
- Microsoft Project Workplan
- Sharepoint
- Daily project status with implementation staff and subject matter experts
- Weekly project status meetings with DHH
- Internal Readiness Review

documentation such as: state contract, RFP response, or other relevant materials that define business requirements. SMEs are then deployed to plan and complete specific operational requirements such as provider network contracting, systems configuration and testing, and staff recruitment, to name a few. Our SMEs use Microsoft Project as the project management software tool to maintain individual project plans that are grouped into a master program implementation schedule with collective project milestones and specific timelines. The Implementation Project Team meets on a weekly basis; keeps time-framed deliverables and minutes to share with the team, the Implementation Project Lead, and Transition Officer.

Details of how implementation of the Amerigroup Louisiana CCN program will be managed and controlled during the implementation phase and our response to items listed in C.1 are provided in the following paragraphs.

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When another HHSC contractor failed its STAR+PLUS Readiness Review in late 2010, Amerigroup stepped up to the plate to offer a Real Solution for all the enrollees left without an MCO.

In 60 days, we hired and trained 19 professionals; staffed a special hotline exclusively to assist enrollees whose assignments were being changed to Amerigroup; and assisted members, some of whom had complex medical needs. Our implementation process: Efficient and scalable.

Issue Identification, Assessment, Alternatives Analysis and Resolution

Amerigroup’s Implementation Lead constantly monitors the project to proactively identify issues throughout the project lifecycle:

- The Implementation Project Lead uses an Issues Log created in an Excel spreadsheet format which is posted on the project’s SharePoint site for ease of **communication across the entire Implementation Project Team**. The spreadsheet allows entry, updating, and inquiry on issues based on issue type and status. Issues are added, updated and closed based on the weekly status meeting and information provided directly to the Implementation Project Lead
- Project issues can be raised in a variety of settings including project status meetings, telephone calls regarding project issues, and status report development. Issues include items identified during the course of work on activities and consist of questions that need to be answered, decisions that must be made regarding implementation choices, or risks (either anticipated or unanticipated) that have become active and must be resolved to avoid jeopardizing the project
- Issues are entered into the Issue Log when they arise and are closed when the question posed by the issue has been satisfactorily answered or when the problem created by the issue has been satisfactorily resolved. The date an issue is closed and the resolution are noted in the appropriate columns along with the names of individuals to be informed of the resolution
- The Regional Chief Executive Officer is directly engaged throughout the implementation process **ensuring continuity across operational areas**, prompt issue resolution, and overall implementation success

An Internal Readiness Review is conducted approximately 45 days prior to DHH External Readiness Review.

Resource Allocation and Deployment

Amerigroup employs a **decentralized implementation model** which taps into a matrix of SMEs embedded within the various business areas across the enterprise. These SMEs reside within their functional areas to ensure they remain close to the daily operational requirements of their respective departments while being designated implementation project team members. The same matrix of SMEs that contributes content to the RFP proposal also participate in the implementation process and is responsible for training new health plan and corporate staff ensuring a seamless transition to daily operations when the new health plan goes live.

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New Health Plan employees are on-boarded as soon as possible after a contract is signed with the state to allow them to participate in the implementation process and increase the seamless transition to daily operations upon go live.

To ensure ease and accuracy of communication with our state partners, experience has proven that our designated single point of contact model brings best results. The regulatory lead, Technology Services lead, and the health plan Transition Officer (TO) are the primary points of intersection for regular communication during the implementation period. Other SMEs may be called upon as necessary or requested by the state. However, Amerigroup relies on easily accessible single points of contact throughout the implementation phase to maintain clear and accurate communication with our state partner.

We document allocation of resources to the project in the Project Team Organization Chart. The Organization Chart is composed of senior leadership across the company to ensure agreement on time and deliverables required of their staff by the project. Additionally, each task in the master Microsoft Project schedule has an assigned single resource that is ultimately accountable for delivering the task on schedule. The Implementation Project Lead monitors progress of the deliverables constantly and has the authority to engage additional resources as necessary to ensure the schedule remains on track.

Reporting of Status and Other Regular Communications with DHH, Including Our Proposed Method for Ensuring Adequate and Timely Reporting of Information to DHH Project Personnel and Executive Management

An ongoing relationship between DHH and our Implementation Project Team is essential for communication and problem-solving. Our **recommended approach to coordinated interactions** between DHH and Amerigroup involves the following steps:

1. **Conducting a kick-off meeting** with key Amerigroup and DHH personnel to introduce key players, discuss major deliverables, discuss timeline for implementation, establish communications and determine immediate next steps
2. **Conducting weekly standing project status meetings** with State representatives and other parties DHH deems appropriate, to discuss requirements, project status, and address emerging issues related to the implementation. This has proven to be essential for both Amerigroup and our state partners. We recently completed similar meetings with our Health and Human Services Commission (HHSC) partners in the state of Texas.
3. **Maintaining open communication** in weekly project status meetings between Amerigroup and DHH personnel through single points of contact in our regulatory, technology and government

relations teams who will in turn engage the appropriate resources on the project team to address any issues, questions, or follow up

4. **Conducting on-site readiness review** at least 30 days prior to operations start date to review key areas of operations including information systems, medical management, and other relevant administrative functions
5. **Conducting a Post Implementation Review** with State representatives and other parties DHH deems appropriate, to discuss post-go live issues. This is an extension of the weekly implementation meetings described in item number two above. At this point, we add key operational leads from Amerigroup Louisiana to address operational issues. Meetings usually continue weekly for the first month following operational start date and may continue during the second month of operations as needed (often decreasing in length and frequency) based on number of issues for discussion.

The most common format we use to keep our customers apprised of project status is a major milestone level view of our master MS Project Schedule provided at intervals determined by the DHH. By presenting the completion percentages across major milestones, we are able to demonstrate progress against the scheduled tasks. We are willing and capable of providing status updates at whatever level of detail and frequency will best meet DHH needs and would determine and document this as part of our formal communication plan upon kick off of the project.

Our comprehensive Work Plan developed for the implementation of the Louisiana CCN Program is provided as supporting documentation as Attachment C.2.a. We will execute and validate all milestones and deliverables documented in this Work Plan. The final Work Plan addresses all performance standards that are defined in both the State contract as well as internal performance standards.

Automated Tools, Including Use of Specific Software Applications

The dominant software application employed to manage new business implementations is **Microsoft Project**. This powerful tool allows us to document every task and resource required to successfully execute all major contract requirements within the prescribed timeline. Our project managers have formal training in this application and our Implementation Project Team has built time tested templates customized to specific types of new business implementations. The use of these templates allows for rapid customization to any new contract requirements and much faster completion of the planning phase and entry into the execution phase of the project.

All internal project communication is accomplished through the use of a **Microsoft SharePoint** project site. Our implementation project SharePoint sites are built with a consistent look and feel to ensure rapid access to critical project information across the project team and the entire organization. The team monitors and updates unified Microsoft Excel spreadsheets housed on the SharePoint site to document and track open and closed issues, key decisions, lessons learned, risk management, mitigation and contingency plans.

Information Technology Implementation Project Management

Amerigroup is experienced in large-scale implementation of new health plans and products, and we have built a methodology, process and team to support these efforts. Implementations are developed with a documented corporate-wide project management philosophy that is based on the PMI's Project Management Book of Knowledge (PMBOK) and integrated with the Software Development Lifecycle (SDLC).

Louisiana CCN will benefit from the best practices Amerigroup has developed while implementing other startup markets.

Our SDLC methodology promotes efficiency by tracking a project through initiation, requirements definition, development, implementation and operations, incorporating detailed testing and documentation prior to release. Our adherence to SDLC and the availability of multiple test environments – development, user acceptance and State readiness – enable us to prepare for systems and operational readiness without compromising performance.

The implementation Work Plan contains all tasks associated with the system modification for Louisiana CCN. The project manager maintains this Work Plan and regularly reviews deliverables and timing with the Technology Services Subject Matter Expert, Kathy Gard, or her designee. Their collaboration and the coordination with the development teams keep the deliverables on schedule and foster early identification and resolution of any potential issues. Our adherence to the SDLC and the availability of multiple test environments – development, user acceptance and state readiness – enable us to prepare for systems and operational readiness without compromising performance. **In Louisiana, we will leverage our extensive experience implementing new managed care program to guide our State counterparts through the systems configuration and testing process and serve as a resource and partner throughout implementation.**

We anticipate that our extensive experience with state Medicaid program requirements will provide the benefit of less administrative time and resources expended by the LA DHH during the Contract implementation phase. The understanding that our Implementation Project Team has gained from serving members, providers and state customers over time translates into higher quality deliverables submitted for DHH review that minimize DHH staff time and resources. Given our broad experience implementing new programs and our ongoing operations in multiple markets, we are confident in our ability to successfully and seamlessly transition members and providers while **maintaining the highest quality of service and ensuring continuity of care.**

104,687

Number of providers
in Amerigroup's
Network Nationally

Drawing upon our experience garnered through 82 distinct and successful new business implementations, we are confident in our ability to partner with the Louisiana DHH to improve the health outcomes of Louisiana program participants and we welcome the opportunity to successfully transition Louisiana members and providers into our current operations.

Provider Network Implementation

For Amerigroup and our 11 existing health plans, network development and maintenance is a continuous, fluid process that begins with new market assessment and continues through quality-ensuring processes carried out by our Provider Relations team. Using this approach to network development that has helped us build and maintain a Network that includes more than 104,000 providers nationwide, Amerigroup has already begun our network development efforts in Louisiana.

Throughout more than 15 years of operating Medicaid-specific health plans, we have conducted 82 program implementations, developing the tools and gaining the experience needed to rapidly build robust and efficient provider networks. Our unique expertise in building Medicaid-specific provider networks will benefit both DHH and eligible members.

We have developed a comprehensive network development plan to ensure we meet the access standards as outlined in the Louisiana CCN Program. However, we are dependant on the responsiveness of providers in these contract negotiations and submission of applications to join our network. To mitigate this, we have begun outreach and initiated strategic introductory meetings with key providers, provider organizations, community-based providers and other healthcare leaders throughout the state to:

- Introduce them to Amerigroup
- Discuss with them how we can work together to improve healthcare delivery to Louisiana CCN Program beneficiaries
- Gain their support for our program

We assure that our experience, comprehensive preventive and disease management approaches, and provider support services, will be well-received by providers in Louisiana as they have been in our other markets. We will deploy a team of experienced network development professionals, in conjunction with local contacts, to develop a contracted, credentialed network that meets or exceeds access requirements. Our contracting approach uses web-based approaches to make the contracting process as quick and efficient as possible, including Coalition for Affordable Quality Healthcare (CAQH) for online application and credentialing documentation retrieval, and direct online application submission to Amerigroup. We use standard contracts and industry-standard contracting methodologies, and are able to delegate credentialing to NCQA-accredited organizations, where appropriate, to increase the speed and efficiency of credentialing large provider organizations.

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C.2 Provide a work plan for the implementation of the Louisiana Medicaid CCN Program. At a minimum the work plan should include the following:

- ***Tasks associated with your establishment of a “project office” or similar organization by which you will manage the implementation of the CCN Program;***
- ***An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the CCN Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables.***
 - o ***All activities to prepare for and participate in the Readiness Review Process; and***
 - o ***All activities necessary to obtain required contracts for mandatory health care providers as specified in this RFP.***
- ***An estimate of person-hours associated with each activity in the Work Plan;***
- ***Identification of interdependencies between activities in the Work Plan; and***
- ***Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the CCN shall understand DHH shall not be obligated to meet the CCN’s expectation.)***

Work Plan

To demonstrate our preparation to implement this Contract, we have developed a comprehensive Work Plan. The Work Plan shows the start and end dates for all tasks and subtasks associated with GSA “A” implementation, indicates the interrelationships of all tasks and subtasks and identifies the critical path. The Work Plan outlines the major deliverables, timeliness and resources needed to successfully implement the Contract by the operations start date of 1/1/12. We began some activities, such as network development, well before the Contract award date to ensure readiness by go-live. We will update and provide the final Work Plan for DHH approval, once requirements review is completed, within 30 days of the Contract effective date or earlier at the request of DHH. The final Work Plan addresses in detail the requirements as identified in the RFP for each of the GSA implementations.

Tasks Associated with Establishment of a “Project Office” for Implementation of the CCN Program

Amerigroup’s philosophy is that the discipline required to implement new business requires our full time dedicated focus. We maintain a full time IMO that manages all enterprise wide new business implementation programs as previously described in section C.1 and therefore, it is not our practice to establish a onetime project office. In doing so, we are readily prepared for the implementation and build on each new implementation experience offering Louisiana a tested and experienced team to launch the CCN program.

An Itemization of All Activities Including the Readiness Review Process and Obtaining Contracts with Mandatory Health Care Providers

An IMO-certified PMP will lead the implementation of the Louisiana Medicaid CCN Program leveraging the seasoned matrix of implementation SMEs from each functional area of the enterprise. **Our detailed Work Plan (MS Project Schedule) found in section C. 4 outlines major deliverables, timelines and resources needed** for fully functional operations on 1/1/12. Also included in section C.4 is our provider network recruiting and contracting plan.

Estimates of Person-Hours and Identification of Interdependencies

The durations listed within the Work Plan are captured in business days and translate to a total of 2,008 person hours associated with the listed tasks. Interdependencies between tasks are captured in the predecessor column, indicating the mandatory sequencing of events to meet specific timelines and deliverables. We will look forward to partnering with DHH in order to meet all requirements and timelines for the program.

We purposely **keep the Implementation Project Team engaged beyond the initial member effective date of service to ensure all deliverables and operations are functioning** as intended in a production environment. We also capture within our Work Plan, certain deliverables that have due dates after the initial member effective date of service. For these reasons, the Work Plan intentionally contains dates extending beyond 1/1/12.

Identification of Expectations Regarding Participation by DHH and/or its Agents and Dependencies in the Work Plan

We form strong working partnerships with our state counterparts during the implementation phase and we would expect to hold regularly scheduled implementation meetings with appropriate DHH

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We are confident that our numerous successful implementations will be an asset to the Louisiana DHH as the CNN program is initiated and we look forward to partnering with and assisting the state in every step of the process.

implementation staff. **In our experience, the more open and forthcoming the communication between Amerigroup and DHH, the more efficient and effective the outcomes will be.** We will provide single points of contact in our regulatory, technology services, and health plan transition offices and recommend that each of these individuals have directly correlating counterparts at DHH. Additionally, we have found it very beneficial when state partners engage an Amerigroup Program Manager with overall responsibility for day-to-day management of the tasks and deliverables during the implementation phase.

We work to ensure artifacts and materials submitted to the State for approval are initially compliant so that the approval process can be swift and all timelines maintained. We depend on our partners at the State to adhere strictly to turn-around times in order to maintain the momentum and critical path of the implementation. We would also expect to have the ability to communicate as frequently as necessary should the need arise for any expedited requests.

C.3 Describe your Risk Management Plan.

- *At a minimum address the following contingency scenarios that could be encountered during implementation of the program:*
 - o *Delays in building the appropriate Provider Network as stipulated in this RFP;*
 - o *Delays in building and/or configuring and testing the information systems within your organization's Span of Control required to implement the CCN program;*
 - o *Delays in hiring and training of the staff required to operate program functions;*
 - o *Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions;*
 - o *Delays in enrollment processing during the implementation of CCN; and*
 - o *Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents.*
- *For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following:*
 - o *Risk identification and mitigation strategies;*
 - o *Risk management implementation plans; and*
 - o *Proposed or recommended monitoring and tracking tools.*

Assessment of Project Risks and Approach to Managing Those Risks

The Risk Management Plan is a critical component of our overall project implementation plan. We employ a formal risk management process in accordance with PMI's global standard for project risk management which includes the following:

- **Identification:** examination of all parts of the project to determine what might not happen as planned. This usually involves a series of brainstorming exercises by various subject matter experts across the implementation team with significant prior experience in implementations who are skilled at anticipating problems and possible issues.
- **Evaluation:** review of each of the identified risks to quantify the likelihood that the risk will occur and the effect that the risk will have on the project; and initiating assessment of likely indicators for risk monitoring and designation of responsibilities for risk handling
- **Mitigation:** planning and assignment of actions to reduce risk probability or impact or to recover from actual occurrence of the risk eventuality
- **Contingency:** formulating a plan of action that will be invoked upon a predetermined trigger event and identifying the person authorized to invoke the contingency plan
- **Communication:** all stakeholders in the risk, mitigation and contingency plan are identified and communicated with at each step of the risk management process via weekly project team meetings, risk management sub team meetings and the project SharePoint site. Coordinated email communications are distributed to all team members and stakeholders whenever action is required in conjunction with the Risk Management process.

Based on past experience and lessons learned in previous new market implementations, we developed a New Business Decision Matrix which details all of the critical decisions which must be made at the onset of an implementation project to avoid and/or mitigate risks. Once we have kicked off the project, conducted the contract review and completed requirements gathering and cross functional dependency review, the project team works to ensure all of the key Decision Matrix items have been decided, documented and communicated to the project team. A formal cross functional risk identification meeting is conducted with the entire team to document any positive or negative risks and formulate mitigation and contingency plans, including documenting trigger events and authority to invoke a particular contingency plan.

The Implementation Project Lead is responsible for working with the Implementation Project Team on developing the initial risk management plan, and continues to monitor and maintain the plan throughout implementation. Our Risk Management Plan contains the following elements for each identified risk:

- **Functional Category** identifies the general category of the risk. Amerigroup categorizes risk by deliverable, by functional department, by project phase, or by other appropriate element.
- **Description of Potential Risk** identifies the actual risk.
- **Deliverables or Operations at Risk** specifies what deliverables or operations will be impacted if the risk becomes reality.
- **Probability of Risk** rates the likelihood that the risk will occur, on a scale from 1 to 3, where 1 is a low probability and 3 is a high probability.
- **Impact of Risk** rates the effect that the risk will have on the project, on a scale from 1 to 3, where 1 has little effect and 3 has a major effect.
- **Total Risk** reflects the product of the probability and impact ratings to yield a total risk rating from 1 to 9, where risks rated 1 are trivial and those rated 9 are very serious.
- **Who monitors** identifies who, within Amerigroup, is responsible for monitoring the risk
- **Indicators to Monitor for Risk** identifies the metrics or signs that the person responsible for monitoring the risk will check
- **Actions to Prevent Risk** are the planned steps or alternative actions to prevent or avoid the risk. The actions may be oriented toward lowering the risk probability, its impact, or both
- **Actions to Recover From Risk** are the planned steps or alternative actions that will be executed if the risk becomes reality, to minimize the risk impact and recover from the effects of the risk
- **Who Activates Recovery Plan** indicates who has authority to activate recovery actions. For serious risks (that is, those risks whose rating trends toward 9), the Implementation Manager may elect to enter the risk prevention actions onto the project Work Plan and assign those tasks to members of the Implementation Project Team. This helps ensure that the effort associated with risk prevention of serious risk is considered directly as part of the overall implementation and not treated as a reactive measure

A template of our Risk Management Plan is provided at the end of our response to C.3. We will use this populated plan to monitor and track risks during the course of the project.

During the course of the project, as any new risks come to light, the same process is followed for documenting the risk, assessing cross functional dependencies, scoring the risk, formulating the mitigation strategy and contingency plan and documenting the trigger event and identified authorizer for invoking the contingency plan. During the lessons learned process, any unique risks realized during the project are evaluated and added to the New Market Decision Matrix in order to inform the process for the next implementation. A description of our risk management strategy for the scenarios described in Question C.3 is provided below.

Table C-1. Risk Management and Implementation Mitigation Overview

Potential Risk to DHH: Delays in Building the appropriate Provider Network as stipulated in the RFP			
Mitigation Strategy	Implementation Plan	Who Monitors	Tracking Tools
Conduct ongoing monitoring against state access requirements	Recruit to meet minimum requirements	- Transition Officer	- Geo Access Reports and Dashboards
Identify potential gaps in coverage	Negotiate acceptable non-standard contract terms in limited situations to meet minimum standards, if necessary	- Transition Officer	- Geo Access Reports and Dashboards
Identify and target available alternative providers	Execute single case agreements with Out of Network providers for necessary services if participating providers are not available.	- Transition Officer	- Geo Access Reports and Dashboards
Potential Risk to DHH: Delays in building and/or configuring and testing the information systems within our organization's Span of Control required to implement the CCN program			
Mitigation Strategy	Implementation Plan	Who Monitors	Tracking Tools
Aggressively seek clarification as needed on state requirements related to member benefit administration	Temporarily pend claims until benefit guidance/contract received	- Technology Services Lead	- Updates from Technology Services Lead
Monitor network contracting to ensure provider configuration	Consider manual pricing, if necessary	- HPS Lead	- MS Project Schedule - GeoAccess Reports and Dashboards

meets network adequacy standards prior to go-live.			
Potential Risk to DHH: Delays in hiring and training the staff required to operate program functions			
Mitigation Strategy	Implementation Plan	Who Monitors	Tracking Tools
Begin advertising and recruiting ahead of contract award	Build recruiting/relocation contingency fund in case higher than normal relocation costs are incurred	- Transition Officer	- MS Project Schedule
Deploy HR resources to Louisiana for local recruiting event	Build recruiting/relocation contingency fund in case higher than normal relocation costs are incurred	- Transition Officer	- MS Project Schedule
Extend contingent offers	Arrange for a contingent workforce from more experienced health plans and engage them at kick off to ensure program familiarity	- Human Resources Lead	- MS Project Schedule
Potential Risk to DHH: Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions			
Mitigation Strategy	Implementation Plan	Who Monitors	Tracking Tools
All existing leases have Force Majeur clauses which allow us to exit a lease due to a disaster	Identify another location and start a new build-out process for a new space while acquiring temporary space for the duration of the build-out.	- Transition Officer - Corporate Real Estate - Infrastructure - Enterprise Services Administration SA - HR - Project Lead	- MS Project Schedule - Enterprise Services Administration/ Corporate Real Estate/ Infrastructure Updates
The structural problems would be prevented by doing a proper assessment of the site. The unknown weather event would be hard to prevent	Identify another location and start a new build-out process for a new space while acquiring temporary space for the duration of the build-out.	- Transition Officer - Corporate Real Estate - Infrastructure - Enterprise Services Administration SA - HR - Project Lead	- MS Project Schedule - Enterprise Services Administration/ Corporate Real Estate/ Infrastructure Updates

Potential Risk to DHH: Delays in enrollment processing during the implementation of CCN			
Mitigation Strategy	Implementation Plan	Who Monitors	Tracking Tools
Louisiana CCN data will adhere to current HIPAA standards	Technology Services, Enrollment Division, and Implementation team members will load enrollment data outside normal system processing environments, and perform necessary Ad Hoc processes to load all enrollment information	<ul style="list-style-type: none"> - Enrollment - HPS - Technology Services - Project Lead 	<ul style="list-style-type: none"> - MS Project Schedule - HPS Updates - Enrollment Updates - Tech Services Updates - DHH Updates
Companion guides will be shared with the technical teams	Technology Services, Enrollment Division, and Implementation team members will load enrollment data outside normal system processing environments, and perform necessary Ad Hoc processes to load all enrollment information	<ul style="list-style-type: none"> - Enrollment - HPS - Technology Services - Project Lead 	<ul style="list-style-type: none"> - MS Project Schedule - HPS Updates - Enrollment Updates - Tech Services Updates - DHH Updates
A Question and Answer vehicle will be established to address concerns in data processing	Technology Services, Enrollment Division, and Implementation team members will load enrollment data outside normal system processing environments, and perform necessary Ad Hoc processes to load all enrollment information	<ul style="list-style-type: none"> - Enrollment - HPS - Technology Services - Project Lead 	<ul style="list-style-type: none"> - MS Project Schedule - HPS Updates - Enrollment Updates - Tech Services Updates - DHH Updates
Test data will be delivered timely to Amerigroup that will allow processing in a development environment, and subsequent review by	Technology Services, Enrollment Division, and Implementation team members will load enrollment data outside normal system processing	<ul style="list-style-type: none"> - Enrollment - HPS - Technology Services - Project Lead 	<ul style="list-style-type: none"> - MS Project Schedule - HPS Updates - Enrollment Updates - Tech Services Updates - DHH Updates

Amerigroup and DHH	environments, and perform necessary Ad Hoc processes to load all enrollment information		
Potential Risk to DHH: Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents			
Mitigation Strategy	Implementation Plan	Who Monitors	Tracking Tools
Work with DHH to obtain preliminary specifications and estimated print volumes	Document requirements and timelines in project plan	- Project Lead	- MS Project Plan
Begin material development in advance of contract award	Implement expedited printing utilizing evening and weekend hours to ensure printing and fulfillment completed in a timely manner Schedule staff to work second and third shifts	- Member and Provider Communications - Document Control Center	- MS Project Plan - Member/Provider Services Updates
Identify freelancers for writing and design	Engage freelancers for writing and design	- Member and Provider Communications - Document Control Center	- Member/Provider Services Updates
Preprint design templates (covers, etc.)	Employ electronic transmission where possible	- Document Control Center	- Member/Provider Services Updates - Document Control Center Updates
Pre-order paper and schedule multiple production houses for printing and fulfillment	Employ electronic transmission where possible	- Document Control Center	- Document Control Center Updates

Table C-2. Risk Management Template

Risk #	Functional Category	Description of Potential Risk	Deliverables or Operations at Risk	Prob Scale 1 (L) 2 (H) 3 (H)	Impact Scale 1 (L) 2 (H) 3 (H)	Total Risk	Who Monitors	Indicators to Monitor for the Risk	Actions to Recover from Risk (Contingency Plan)	Contingency Plan Execution Date	Contingency Plan Authorized By	Who Activates Recovery Plan
1												
2												

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C.4 Provide a copy of the Work Plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with these activities.

Louisiana CCN Work Plan

Our Louisiana specific Work Plan is provided as Attachment C.2.a. A narrative description of the Work Plan is provided in our response to C.2.

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C.5 Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the provider network.

Implementation Team Organizational Chart and Provider Network Team Roster

The ability to rapidly and successfully implement new business while seamlessly transitioning new Members and Providers into our operations is one of our core competencies.

- We employ a full-time Implementation Department led by a certified Project Management Professional (PMP) with more than 20 years of health care experience
- Our Implementation project leads are certified project management professionals and adhere to the Project Management Institute's (PMI) global standards for project management methodology and lifecycle management
- Our Implementation project management team, with nearly 100 combined years of project management experience, manages all aspects of the implementation of new markets, new products, acquisitions and service area expansions
- Our implementation approach and methodology has been tested, verified and strengthened over time
- A long history of supporting the programs, goals and objectives of our state customers has resulted in our broad understanding and deep expertise that enables a consultative approach to your implementation

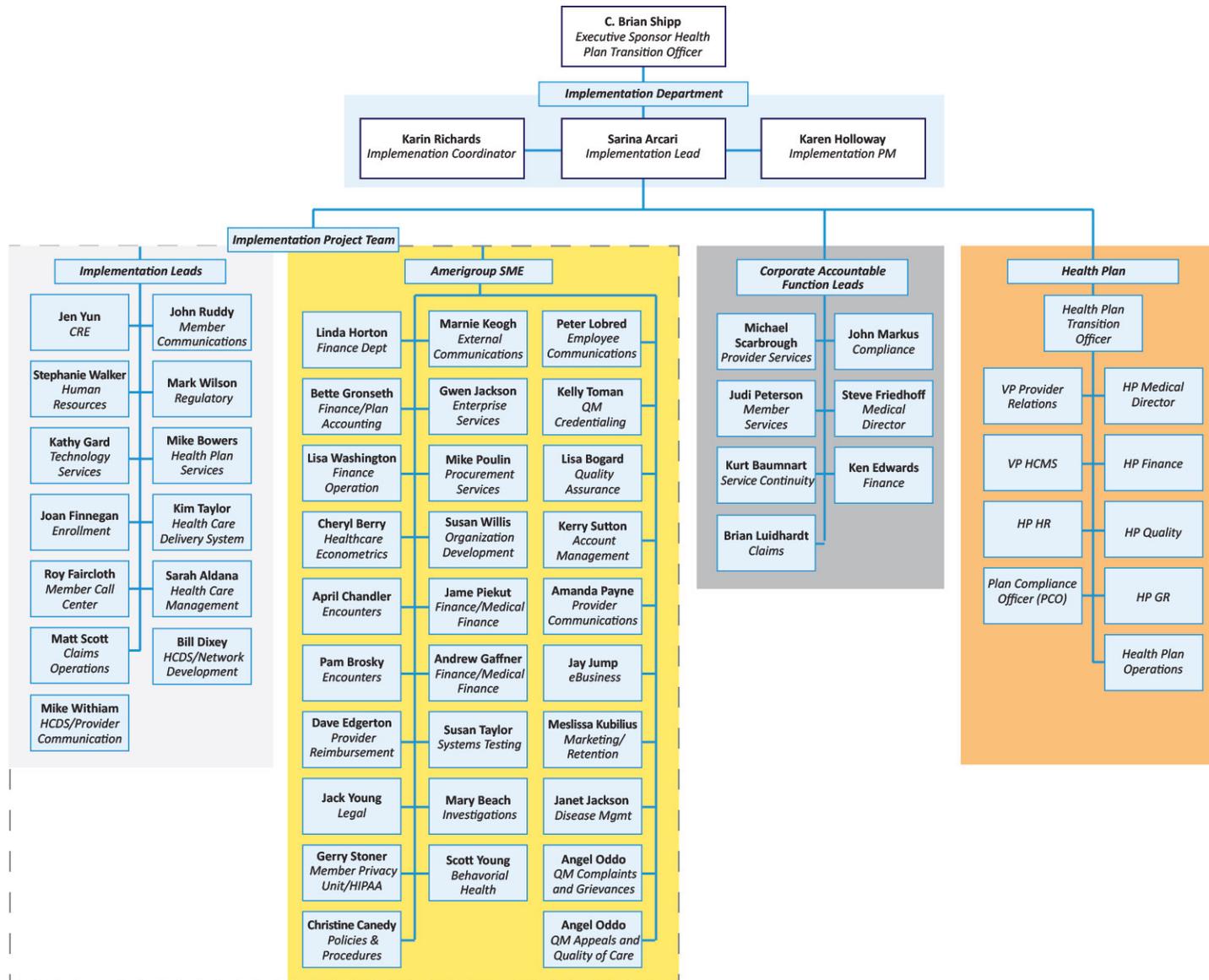
A detailed organizational chart illustrating our entire corporate health plan structure is provided in our response to Section B.8. The roster for our proposed implementation team is provided below.

The Health plan staff become part of the implementation team as soon as they are hired in order to facilitate the transition to daily operations upon go live. As detailed in the roster in Table C-3, corporate subject matter experts and tenured employees from existing health plans represent the interests of the new health plan employees until they are on-boarded and join the implementation team. These members provide post go live onsite support to the new health plan in all functional areas for as long as necessary to ensure smooth transition to daily operations.

Table C-3. The entire proposed Amerigroup Louisiana Implementation Team

Transitional Officer		Implementation Team Cont.	
C. Brian Shipp, CEO	Health Plan Transition Officer	Amanda Payne	Provider Communication
Implementation Team		Jay Jump	eBusiness
Sarina Arcari	Implementation Lead	Melissa Kubilius	Marketing/Retention
Karin Richards	Implementation Coordinator	Marnie Keogh	External Communications
Karen Holloway	Implementation PM	Peter Lobred	Employee Communications
Linda Horton	Finance Development/Strategy/Forecasting	Jack Young	Legal
Bette Gronseth	Finance/Plan Accounting	Mark Wilson	Regulatory
Lisa Washington	Finance Operation/Premium Reconciliation	Gerry Stoner	Member Privacy Unit/HIPAA
Cheryl Berry	Healthcare Econometrics	Christine Canedy	Policies and Procedures
April Chandler and Pam Brosky	EMAX/Encounters	Mary Beach	Investigations
Dave Edgerton	Provider Reimbursement	Mike Bowers	Health Plan Services/Provider Data Management
Jen Yun	CRE	Kim Taylor	Health Care Delivery System (HCDS)/ National Accounts
Gwen Jackson	Enterprise Services	Mike Withiam	HCDS/Provider Communication Strategy
Mike Poulin	Procurement Services	Kelly Toman	QM/Credentialing
Stephanie Walker	Human Resources	Sarah Aldana	Health Care Management Systems
Susan Willis	Organizational Development	Janet Jackson	Disease Management Care Coordination Unit
James Piekut and Andrew Gaffner	Finance/Medical Finance	Scott Young	Behavioral Health
Kathy Gard	Technology Services	Angela Myrick	Pharmacy
Joan Finnegan	Enrollment	Angel Oddo	QM Complaints and Grievances
Susan Taylor	System Testing	Angel Oddo	QM Appeals and Quality of Care
Tracy Lumpkin	Infrastructure Services	Provider Network Team	
Joe Hayes	IT Security	Bill Dixey	HCDS/Network Development
Roy Faircloth	Member Call Center	Darren Morgan	VP Network Development
Lisa Bogard	Quality Assurance	Brad Thornton	Director, Network Development
Matt Scott	Claims Operations	Four External Consultants	Network Development
Kerry Sutton	Account Management	Kent Baker	Business Analyst Principle I
John Ruddy	Member Communication		

Figure C-1. Amerigroup Implementation Team Organizational Chart



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C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).

Sarina Arcari, Amerigroup's VP, Implementation, will lead the execution of the Work Plan created by Amerigroup for the Louisiana DHH. As her resume indicates, she has more than 20 years of health plan implementation experience.

Her resume is located on the following page.

SARINA ARCARI, PMP

Vice President, Implementation and Product Planning, Amerigroup Corporation

Summary of Experience

Ms. Arcari has been responsible for managing the Implementation Management Office, handling all new growth oriented programs for Amerigroup. She has been accountable for delivering enterprise-wide implementations representing multi-million dollar revenues within tight time frames and under stringent government scrutiny.

Experience**Vice President, Implementation and Product Planning, Amerigroup Corporation (2008 – Present)**

- Consistently successful in delivering on time, on budget results utilizing formal project management techniques and employing the highest degree of integrity.
- Personally oversees geographic expansion, new product introduction, new market launch, due diligence, merger, and acquisition growth programs on behalf of the company, ensuring highly maintained confidentiality and security levels.
- Develops and prepares staff to assume mid and senior level leadership positions throughout the company.

Director, National Network Program Optimization, Great-West Healthcare (2006 – 2008)

- Managed implementation and optimization programs related to merger integration.
- Developed, implemented, and managed program optimization projects to insure maximum return on investment related to external vendor contracts as well as the delivery of superior client service.
- Supervised team of Senior Program Development Managers responsible for full spectrum process and program improvement initiatives.
- Oversaw day to day operation as well as ongoing optimization projects for inter/intranet web-based tools related to national provider networks.

Senior Program Development Manager, Great-West Healthcare (2005 – 2006)

- Responsible for development of multi-million dollar healthcare programs for national healthcare insurer.
- Managed teams of project managers at home office and remote locations, as well as external vendor teams.
- Handled all aspects of program development from initial concept through post-implementation support.

Assistant Director, Business Development & Client Strategy Specialist, CIGNA Healthcare (2001 – 2005)

- Handled all aspects of client account management for multi-million dollar book of business.
- Responsible for driving existing business product sales as well as support ancillary product sales in Arizona, Colorado, and Utah by serving as subject matter expert for both internal and external producers.

Regional Sales Support and Training Consultant, Aetna US Healthcare (1998 – 2000)

- Responsible for increasing product quotation and sales activity through sales force training initiatives and direct sales force support.

Regional Operations Manager, Aetna US Healthcare (1996 – 1998)

- Responsible for all aspects of Eastern Region field operations as well as Eastern & Central Region core support operations.
- Assisted with design and implementation of new work flow processes, reporting and analysis tools, computer system enhancements, product development, and budget management.

Academic Background and Professional Certifications

- **Bachelor of Science Degree in Marketing**, University of Connecticut, Storrs, Connecticut
- Certified Project Management Professional (PMP)
- Certified Peak Performance Professional Coach, Robbins Research International
- Certified Event Leader, Robbins Research International

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SECTION D: MEMBER ENROLLMENT AND DISENROLLMENT

D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.

The Enrollment Process Is Key to Quickly Establishing a Patient-Centered Medical Home

Amerigroup has 15 years of experience working with state Medicaid Management Information Systems (MMIS) and enrollment brokers to share member information. Our dedicated **Enrollment Department currently receives transaction-based and full-roster files from 11 state agencies and/or their enrollment brokers.** We can receive data through electronic media and will support transmission of enrollment data utilizing the **HIPAA-compliant ASC X12N 834 transaction format.** We will apply our extensive enrollment experience working with state agencies and their enrollment brokers, to coordinate with DHH and its Agent.

One of Amerigroup's founding principles is to ensure that all Americans have access to a physician through an organized system of care. Throughout our experience in 11 states and 15 years of service, we know that quickly establishing a relationship with a Primary Care Provider (PCP) is one of the most important first steps in improving the health and well-being of our members; therefore, **establishing a patient centered medical home for members is our first priority upon member enrollment.** For the Louisiana CCN program, we will institute our full array of tactics to facilitate each member's right to choose a PCP with whom the member can develop a trusting and productive relationship.

In 2010, we processed
files for approximately
**2 MILLION
MEMBERS**

Amerigroup staff processed more than **6,000 daily files and 564 monthly files in 2010.** The majority of our health plans provide daily, monthly and weekly files (excluding weekends). In 2010, we processed enrollment for approximately 2 million members. Our standard enrollment procedures are compliant with DHH's requirements as detailed in Section 11.0 of the RFP.

Amerigroup Louisiana is committed to ensuring all our members receive quality health care without discrimination. Our enrollment process ensures any mandatory or voluntary CCN eligible who selects or is assigned to Amerigroup Louisiana will be enrolled and that all potential enrollees will be accepted in the order in which they are assigned without restriction. Our provider contract contains a non-discrimination clause which prohibits providers from denying any member "...aid, care, service, or other benefit on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion." The clause cites the Civil Rights Act of 1964, the Americans with Disabilities Act, and the Federal Rehabilitation Act of 1973, in addition to other State and federal statutes. All providers are legally obligated to abide by the terms of the contract and Amerigroup is legally, ethically, and morally bound by the same State and federal statutes.

- Our process begins with receipt of the **enrollment data.** The enrollment update process evaluates each transaction to determine whether it is intended to add, change, or terminate an existing member record.

- New members receive a **unique member identification number** and the record is flagged indicating that a new ID card and welcome packet is required.
- All information related to a member is entered, stored, tracked, and retrieved using this member identification number. We will store the State-generated Medicaid identifier, Medicare information, and other carrier information needed for coordination of other health insurance benefits.
- When a member changes from one product line to another (for example, changing from LaCHIP to FITAP), the information is captured with an effective date span, allowing the member to retain the same identification number. If provided by DHH or its Agent, Amerigroup Louisiana can store the family's case number to group family members together. This information is available to the Medical Management team while assisting a member or provider.

We prefer to handle all enrollment transactions electronically; however, if necessary, an Analyst in the Enrollment Department can add or update a member record manually from information received from various sources such as DHH, the Enrollment Broker, Amerigroup Louisiana employees, our member call center, and directly from the member.

Primary Care Provider Assignment Process

Medicaid recipients may select their preference for a particular PCP during the enrollment process. If so, that information will be transmitted to Amerigroup by the Enrollment Broker.

Amerigroup will assign PCPs to all new members. This will include when the member:

- Does not make a selection of a preferred PCP
- Selects a PCP within Amerigroup's network that has reached his/her maximum physician/patient ratio
- Selects a PCP within the Amerigroup network that has restrictions/limitations (for example, pediatric only practice)

Amerigroup incorporates PCP assignment as part of the enrollment processing so a PCP is assigned upon notice from the Enrollment Broker of a new member. **Our PCP assignment program runs every evening so that every member has a PCP.** The assignment program identifies: 1) newly added members through the Member/Enrollment File received from the Enrollment Broker and 2) members who do not have a PCP assigned. Ensuring members are assigned a PCP benefits the members, enabling them to access services as soon as their enrollment begins. More detail, including a process flow chart describing the PCP assignment process, is provided in our response to question G.7.

Coordinating with the DHH Enrollment Broker

Louisiana's Enrollment Broker will be working directly with CCN enrollees to assist them in plan selection and in choosing a PCP. To support the Enrollment Broker, we plan to establish a productive working relationship to promote:

- Provision of an electronic provider file that reflects all network providers as well as hard copies of the provider directory

- Real-time access to the online provider directory so the Enrollment Broker can match each member with a PCP who best meets their needs and preferences (such as location, gender, or language)
- Delivery of the most up-to-date benefit charts
- Quarterly meetings to review opportunities to review PCP assignment processes and identify opportunities to improve the services delivered on behalf of new members

In compliance with the reporting requirements in section 18.0 of the RFP, we will prepare and submit quarterly updates of the maximum number of members in each GSA and track slot availability in order to notify DHH’s Enrollment Broker when filled slots are within 90 percent of capacity.

Collaborating with DHH and Enrollment Reconciliation

Detailed reports are generated to provide an audit trail of data received from the state Medicaid files and loaded into our Enrollment Subsystem. In our first process to ensure the accuracy of the enrollment database, the Enrollment Analyst completes a member reconciliation, which includes running an extract of the enrollment data and comparing this data to those members on the state enrollment file. All discrepancies are investigated using various tools, including verification through on-line state systems that may be available. The second reconciliation process includes a detailed comparison of the enrollment information to the premium payment.

We ensure the accuracy of the enrollment database by completing two reconciliation processes.

We have developed a sophisticated Premium Reconciliation System capable of reconciling individual member enrollment information to each premium payment received. Rules, based on the state’s payment structure, are configured in the Premium Reconciliation system. Each month, our Premium Reconciliation Analyst will import a copy of the billing file from the enrollment system and the current month’s payment file from DHH. The process identifies any discrepancies between the anticipated payment and actual payment received. All reconciling items are reviewed by the Premium Reconciliation Analysts and brought to resolution.

REAL SOLUTIONS mean REAL RESULTS

As an example of the effectiveness of our process, the Amerigroup Maryland health plan quickly identified \$1.2 million in payment discrepancies upon program implementation.

Through our years of experience, Amerigroup’s detailed reconciliation process has enabled us to identify potential issues within several state enrollment systems and alert the appropriate agency prior to its knowledge of the problem. In Maryland, we uncovered \$1.2 million in discrepancies through our premium reconciliation process. In doing the reconciliation, we were able to assist the state with identifying an underpayment to the health plan in the net amount of \$418,000 as well as an error in the state’s system resulting in an overpayment to

the health plan of \$850,000. Following the initial reconciliation and resolution of the issues, we established a monthly electronic reconciliation between Amerigroup’s and the state’s enrollment files. This has ensured the early detection of any subsequent issues. We have implemented this reconciliation process in all other Amerigroup health plans and it has been successful in identifying related systems issues. In cooperation with DHH, Amerigroup Louisiana will deploy the same tested and proven reconciliation process.

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D.2 Describe your approach to meeting the newborn enrollment requirements, including how you will:

- **Encourage members who are expectant mothers to select a CCN and PCP for their newborns; and**
- **Ensure that newborn notification information is submitted, either by you or the hospital, to DHH or its Agent within twenty-four (24) hours of the birth of the newborn.**

Encouraging Members Who Are Expectant Mothers to Select a CCN and PCP for Their Newborn

Amerigroup Louisiana will identify pregnant members in several ways, including a daily review of internal reports generated from a variety of sources. A Member Call Center Representative then attempts to contact all expectant members and providing the following services:

- Assisting the member with choosing a PCP for her newborn
- Performing a health status assessment; a Case Manager will call the member for further evaluation if the pregnancy is determined to be high risk during the screening
- Encouraging the member to sign up for **Taking Care of Baby and Me®**, an Amerigroup program focused on preventing catastrophic health events and hospital readmissions for pregnant members by employing strategies that target delivery system shortcomings and member challenges to accessing care

REAL SOLUTIONS mean REAL RESULTS

“Taking Care of Baby and Me” has resulted in an overall Amerigroup premature birth rate of **9.4 percent** – much lower than the **15.4 percent** experienced in Louisiana or the **12.3 percent** nationally (2008).



Amerigroup Louisiana will implement **Taking Care of Baby and Me**, our program designed to manage expectant mothers and their pre- and post-natal care. This specialized program provides and standardizes a coordinated, comprehensive prenatal management program to **identify members before an adverse health event occurs** and provide them with education, outreach, and **incentive gift rewards** to promote good health outcomes.

Taking Care of Baby and Me has resulted in an overall Amerigroup premature birth rate of 9.4 percent – much lower than the 15.4 percent experienced in Louisiana or the 12.3 percent nationally (2008).

IDENTIFYING PREGNANT MEMBERS

- OB notice authorizations
- Observation reports
- Pharmacy data
- Utilization reports
- Daily census report
- Welcome Calls
- Member self referrals
- Provider referrals
- State enrollment data
- Member outreach for location of members
- Outpatient, physician office visits, ancillary data
- Early Case Finding/ health risk assessment

The Call Center Representative will provide the Amerigroup Louisiana enrollment team information regarding the pregnant member's identification number and name, the PCP selected for the unborn child and pending delivery date.

Ensuring that Newborn Notification Information Is Submitted to DHH or Its Agent Within Twenty-Four (24) Hours of the Birth of the Newborn

AMERIGROUP INNOVATIONS

Innovations in Customer Service: Improving our Response Time to Members

Problem Member customer service requires a well-trained team of representatives who can access information easily and communicate effectively.

Amerigroup Solution Amerigroup recently implemented a powerful new customer service system that integrates information from multiple back-end systems onto a single screen view for our Member Services Representatives. When a member calls in, for example to request a new ID card, inquire about a benefit or add a new baby to the plan, the integrated desktop eliminates the need for our associates to spend time flipping between screens – while the member is waiting – in search of information during the service call.

Benefits Since we've begun using this system in February 2010, call handling times have consistently been reduced. Average call handle time has been reduced by 42 seconds. This amounted to a 13% reduction for non-clinical calls and a 15% reduction for clinical calls. Average call handle time to register a new baby has dropped from 10 minutes to 2 minutes.

Amerigroup Louisiana will contractually require that our hospital subcontractors report, within 24 hours, notification of birth, via DHH's web-based Request for Newborn Manual system, which generates the request for Medicaid IDs for the newborn. Our hospitals will provide the mother's CCN selection for the newborn (if made). Additionally, we will require our contracted hospital providers to register all births through Louisiana Electronic Event Registration System, in accordance with Section 11.10.4 of the RFP.

If the mother does not choose a PCP for her newborn, **Amerigroup Louisiana will auto-assign the newborn to a PCP as soon as we are notified of the birth.** We will mail notification of the auto-assigned PCP via an ID card to the mother within 24 hours. To ensure appropriate services are provided upon birth, **all newborns are temporarily enrolled in our eligibility system immediately upon notification.**

The temporary record is reconciled when the child's permanent Medicaid ID is

received from DHH on the enrollment file. We have an integrated, standardized process to reconcile temporary records with the permanent Medicaid IDs once received from DHH.

D.3 Describe the types of interventions you will use prior to seeking to disenroll a Member as described in CCN Initiated Member Disenrollment, Section § 11 of this RFP. If applicable, provide an example of a case in which you have successfully intervened to avert requesting the disenrollment of a member.

Amerigroup's Intervention Strategies

Amerigroup Louisiana will assist members who wish to disenroll from our program in accordance with section 11.12.1 of the RFP, understanding that members may disenroll without cause either during the first 90 days of enrollment (as defined in 11.12.1.2 of the RFP) and/or every 12 months thereafter.

Amerigroup Louisiana's goal is to maintain continuity of quality care for its members. Therefore, a Call Center Representative Case Manager or Provider Representative will attempt at least three interventions with a member or provider before requesting disenrollment when we identify non-compliant behavior.

Our multi-step intervention process includes:

1. At least three verbal attempts over a period of 90 calendar days by a Case Manager to consult with the member and reconcile the situation with counseling
2. At least one verbal caution issued to the member
3. At least one written warning sent to the member, certified return receipt requested
4. At least one notification of acceptable reason for Disenrollment to DHH

REAL SOLUTIONS *mean* REAL RESULTS

Motivational Interviewing

Improving or changing health-related behaviors is a decision the member needs to make. When dealing with members who require a change in behavior, Case Managers can use motivational interviewing, a behavioral counseling approach that stresses the importance of internal motivation. The purpose of motivational interviewing is to promote collaboration and to help members resolve ambivalence about change.

The Case Manager conducts the first step in our Disenrollment intervention process by consulting the member and documenting the identified concern. If the concern was identified by another Case Manager or a provider, the consulting Case Manager obtains documentation from the identifying party. **If it is determined from the discussion with the member that an adjustment in, or addition to, treatment (for example, mental health counseling) is needed, the Case Manager will facilitate the change to the treatment plan.** If the member continues to be non-compliant, we issue a verbal caution and subsequent written warning. The written warning is a Notice of Intent to Disenroll sent via certified mail (return receipt requested) with copies sent to Member Services, Compliance, and the member's PCP. The Amerigroup Louisiana Medical Director, or designee, must approve and sign the warning letter. Documentation is also entered into the

online case management record. Members are provided, throughout each intervention, information about counseling services available. This, too, is documented in the online case management record. If a member continues to be non-compliant after all intervention attempts, Amerigroup will submit a

request to DHH for disenrollment and abide by DHH’s determination. If the PCP or ancillary provider wishes to dismiss a member from his/her care or refuses to continue providing care, a Case Manager will notify a Disenrollment Coordinator at the member call center, obtain documentation from the provider, and coordinate the transition of the member to another network provider according to the PCP assignment algorithm.

Amerigroup Louisiana is committed to delivering quality health care to all its members, including those members who may be better served by disenrolling from our program. Amerigroup proactively informs the member, from the beginning of enrollment, via the welcome call and the member handbook, of his/her member rights. Amerigroup Louisiana will reach out to new members via welcome calls in the first ten (10) days of their enrollment and member retention calls prior to the end of the 12-month consecutive enrollment period. During these calls, we:

- Orient members to the health plan
- Verify member information
- Assist with PCP assignments or adjustments
- Address any other issues related to their eligibility

It is our experience that the majority of members’ issues are related to the PCP. These PCP issues are often easily and quickly resolved at this first level of intervention. If a member expresses any concerns about enrolling or remaining with Amerigroup Louisiana, we will make every attempt to resolve the issue.

Amerigroup commits to submitting to DHH a Quarterly CCN Disenrollment Report which summarizes all disenrollments for its members in the format specified by DHH, consistent with RFP section 11.12.

Case Example of a Successful Intervention

Amerigroup Florida received a complaint from a member who was seeking gastric bypass surgery without going through her primary care provider, and as a result was frustrated with the process to the point that she became abusive. The member’s frustrations were directed toward Amerigroup and the PCP in the form of abusive verbal behavior. Under the terms of our Florida Medicaid HMO contract, a member may be disenrolled for “good cause” for this type of behavior. Although involuntary disenrollment of the member for good cause would be reasonable, Amerigroup Grievance and Appeals Manager, with the QM Director, intervened instead and **worked with the member to facilitate case management services and get the medically necessary approval for the surgery.** The Grievance and Appeals Manager also worked with the member’s PCP to assist with the physician/patient relationship. The gastric bypass surgery was successful and the member expressed satisfaction with Amerigroup Florida. The member’s previously impaired health status is now much improved.

D.4 Describe the steps you will take to assign a member to a different provider in the event a PCP requests the Member be assigned elsewhere.

Member Re-assignment at the PCP's Request

Amerigroup wants to provide the right medical home for the member. This involves ensuring the PCP is willing and able to provide the care the members needs. If a PCP requests a member be assigned to another provider, we will first execute our intervention methods in an attempt to resolve the issue(s).

- If a PCP has a non-compliant member, the PCP can engage the Provider Relations representative for assistance. Provider Relations representatives can engage resources, such as:
 - Transportation assistance
 - Behavioral Health care resources
 - Case management, to problem solve with the member and assist the member in being compliant with provider instructions
- If the intervention actions do not remedy the situation, the provider can request that the member be reassigned to an alternative PCP
- The provider must submit a written request with an explanation of the situation and provide 30 days notice to have the member removed from that PCP's panel
- Amerigroup Louisiana will use the PCP assignment algorithm described in Section 11.11 to transition the member to a new PCP
- We also will engage the member's Case Manager who will notify the appropriate Member Call Center Representative, obtain documentation from the provider, and coordinate the member's transition of care to another network provider

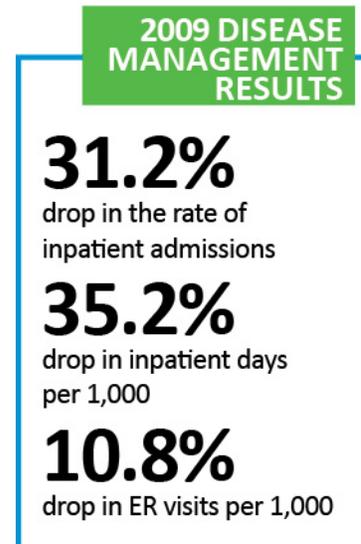
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SECTION E: CHRONIC CARE/DISEASE MANAGEMENT

E.1 Describe existing (other state Medicaid or CHIP contracts) and planned Chronic Care/Disease Management programs for the Louisiana CCN Program that are designed to improve health care outcomes for members with one or more chronic illnesses. Describe how the Chronic Care/Disease Management programs’ data are analyzed and the results utilized by your organization to improve member outcomes.

Amerigroup brings to the State of Louisiana a comprehensive program for improving health outcomes for members with chronic illnesses tested across 11 states over 15 years. Amerigroup will institute a Disease Management (DM) program whose breadth and depth promotes a healthier Louisiana. We regularly assess the impact of our DM efforts and enhance our protocols to foster improved member outcomes. We offer the full array of disease focused programs that affect our members. Our program and our outcome results are summarized below.

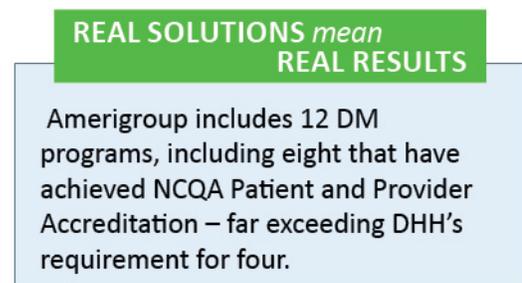
Amerigroup maintains a robust DM program that has been refined over 15 years based on our experience serving Medicaid members. **Our program will be adopted and adapted for our Louisiana members.** Through innovative Disease Management, Amerigroup aims to educate and coach Louisiana Medicaid recipients to take greater responsibility for their personal health status and empower them to adopt improved self-care skills – boosting access to primary and preventive care, enhancing health outcomes and reducing preventable ER visits or inpatient admissions. **Across all Amerigroup DM programs in 2009 (the latest year for which data is available), inpatient admission rates decreased by 31.2 percent, inpatient days per 1,000 fell by 35.2 percent and the rate of ER visits per 1,000 dropped by 10.8 percent.**



Disease Management Program

Amerigroup’s DM Program is tailored to address the unique needs of low-income populations because we serve only members enrolled through publicly funded programs. It also centers on respect for and engagement of each member in accordance with his/her beliefs, values and readiness to change, supporting enhanced and sustained participation towards results.

Amerigroup brings to Louisiana the same robust array of programs that we offer in our 11 other Medicaid health plans, including **eight programs that have earned NCQA Patient and Practitioner Oriented Accreditation**. This is NCQA’s most comprehensive designation because it includes 32 standards related to engaging both members and their providers to improve outcomes. Additionally, we will offer four other programs, three of which will be submitted for NCQA DM accreditation in 2011. The programs are listed in Figure E-1.



The key differentiating feature of Amerigroup’s DM program is our focus on the individual. Members often must make significant changes to their lifestyles and daily living behaviors to achieve sustainable progress in health outcomes related to chronic conditions. Delivering health education always will have a limited impact unless it is framed by the individual’s readiness to make those changes and addresses each individual’s ambivalence about adopting new behaviors. Amerigroup’s DM program promotes optimal outcomes by assessing the member’s readiness to change at the outset and applying motivational interviewing techniques to engage each person by exploring and resolving any barriers to making those lifestyle changes. This highly personalized approach enables Amerigroup to engage members at the highest level and keep them motivated to continue participation in DM and achieve their health care goals.

Supporting this goal, we currently are piloting the use of the Patient Activation Measure (PAM), a structured 13-question tool designed to quantify an individual’s knowledge, skills and confidence in managing the individual’s own health. The responses to the survey drive a PAM score that reflects the member’s level of engagement in managing his or her health and well-being – from being simply passive consumers (the lowest level) to actively participating in maintaining healthy behaviors (the highest level). Using the patient’s PAM score, the Amerigroup Care Manager will access the Coaching for Activation (CFA) tool, which suggests the topics, issues and concerns that are central for each individual at different levels of engagement. Using this approach, the Care Manager’s coaching will encourage behavior change opportunities that are not only realistic and achievable, but will also allow the member to realize success and build confidence throughout the course of his or her participation.

Other features of our DM program are listed below. A further description of DM processes can be found in our response to question E.2.

Holistic Care Planning

Amerigroup is acutely familiar with the increased prevalence of chronic conditions within low-income populations. With our experience serving approximately 2 million members enrolled through publicly funded programs in 11 states, we understand the social and environmental barriers that can compromise adherence to medications or treatment plans. Adding to the complexity, the rate of comorbid physical and behavioral conditions among this population, especially seniors and members with disabilities, requires an approach that considers the whole individual, not just one diagnosis.

Figure E-1. A Broad Array of DM Programs

NCQA Accredited Programs
Asthma
Diabetes
Coronary Artery Disease
Congestive Heart Failure
Chronic Obstructive Pulmonary Disease
HIV/AIDS
Schizophrenia Major Depressive Disorder
Additional Programs (Not Yet Accredited)
Obesity (Children)
Transplant
Hypertension
Bipolar Disorder

REAL STORIES

Antonio, a 43 year old African American male in our Maryland health plan, was referred to DM because he had a history of diabetes, hypertension, obesity, depression and neuropathy of his feet. When Amerigroup's DM Case Manager first contacted him, his blood sugar and blood pressure were uncontrolled, and his depression symptoms were worsening. Antonio did not have a blood glucose meter or test strips and did not know his HbgA1C. Further complicating his situation, he had a poor relationship with the family member with whom he lived, so he spent most of his time outside under a tree in all types of weather. He relied on the ER for care because he did not have a good relationship with his PCP.

Working with him over several months, the Care Manager was able to convince Antonio to engage in DM. Working with him to understand his personal and health care goals (including seeing a behavioral health counselor regularly, getting his blood sugar under control and losing weight) and setting priorities, the DM Care Manager established a manageable care plan for Antonio. First, she coordinated a new PCP whom Antonio liked very much. The DM Care Manager obtained a new meter and strips so he could monitor his blood sugar and arranged for an appointment with a behavioral health clinician to begin treatment for his depression. His mood, blood pressure and A1C all improved. He even began exercising by riding his bike and lost 41 pounds. He started to see a podiatrist for his feet. Eventually Antonio became healthy enough to move to live with his son, a more pleasing home environment. He still participates in DM at a lower intensity level. Not only did his health improve dramatically, Antonio experienced tremendous gains in quality of life through the DM program.

Amerigroup has adopted a holistic care management focus. Rather than simply educating members about a single condition, such as diabetes, **our DM Care Managers coordinate care and educate members on many of their needs** – medical and social support. Our Care Managers are skilled at understanding and coordinating care across diagnoses, driven by our evidence-based clinical practice guidelines described below. In our experience, we achieve the best results when we take a hands-on approach to assess members' understanding of their condition(s), obtain their personal goals and identify gaps in care or knowledge. Then in collaboration with each member, their family and treating providers, we develop a Care Plan that is a road map focusing on improving the member's health status and quality of life. **Exceeding our goal of 80 percent, 95.2 percent of participants were satisfied with the program.**

Amerigroup is committed to understanding and addressing the challenges that face each member and compromise their ability to take charge of their health status to improve outcomes. For many of our members, that goes well beyond telephonic health coaching. **We work to make sure that members have the tools they need to monitor their health** – peak flow meters for asthma, blood glucose meters for diabetes, weight scales for congestive heart failure or blood pressure cuffs for hypertension. We also assess whether their environment is conducive to treatment plan adherence. For example, recently a member told his Care Manager he did not have any water in the house, as it was disconnected because he was unable to pay the utility bill. He missed his weekly medication injection at the doctor's office because he was

embarrassed by the state of his hygiene. Our Care Manager worked with the local public health office to find funding to have the water reinstated and found sources for drinking and cooking water in the meantime. For members with difficulty preparing meals or obtaining groceries, the Care Manager will coordinate with Meals on Wheels or a local food bank to arrange for proper nutrition. Our program design and development is informed by our understanding how these challenges negatively affect

member health outcomes. We develop programs and initiatives to focus our interventions that will address such issues with in our DM program.

Evidence-based Clinical Focus

Every interaction with our members enrolled in DM is grounded by evidence-based Clinical Practice Guidelines (CPGs). Working with the member, his or her PCP and treating providers, our focus remains on coordinating treatment and education around these guidelines. Whether a DM participant has one condition or three, the DM Care Manager develops a care plan that details interventions as recommended in the CPGs for each relevant condition. The Care Manager then works with the member, the member’s family and the treating provider to verify that the member is making and keeping appropriate appointments; obtaining screenings or lab tests; and engaging in self-care activities (such as blood glucose testing, use of a peak flow meter or modifying his or her diet).

For example, Amerigroup adopted the American Diabetes Association (ADA) clinical practice recommendations for treatment of diabetes. We deliver care planning and member education in accordance with these recommendations. We monitor that members with diabetes are receiving examinations, testing and immunizations in accordance with the ADA schedule. Also, other educational efforts flow from these recommendations, focusing on those elements outlined as examples in Table E-1.

Table E-1. Member Education Based on Clinical Practice Guidelines

Asthma	Diabetes	Congestive Heart Failure
Asthma education	Self blood glucose monitoring	Smoking cessation
Self-management of asthma	Diabetic diet plan	Treatment of hypertension
Role of controller medications	Symptoms of high blood sugar	Dietary sodium reduction
Predictors of exacerbation	Necessary annual exams (retinal and foot)	Daily weight monitoring
Allergy avoidance	Exercise	Medication adherence

Table E-2 summarizes Amerigroup’s CPGs for our various DM programs in use throughout the 11 states we currently serve and targeted for Louisiana.

Table E-2. Fostering Clinical Integrity through Clinical Practice Guidelines

Condition	Clinical Practice Guidelines
Asthma	Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health
Diabetes	American Diabetes Association. Clinical Practice Recommendations 2009. Standards of Medical Care in Diabetes – 2009
Major Depressive Disorder	Depression in Primary Care, Volume 2, <i>Treatment of Major Depression. Clinical Practice Guidelines, Number 5</i> , Rockville, MD. US Department of

Condition	Clinical Practice Guidelines
	<p>Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. AHCPR Publication No. 93-0551. April 1993. Last modified: November 18, 1994.</p> <p>Fochtmann IJ, Gelenberg AJ. <i>Guideline Watch: Practice Guideline for the Treatment of Patients with Major Depressive Disorder</i>, 2nd Edition. Arlington, VA: American Psychiatric Association, 2005. http://www.psych.org/psych_pract/greatg/pg/pract_guide.cfm</p> <p>National Committee for Quality Assurance. <i>HEDIS 2006, Volume 2, Technical Specifications</i>, Washington, DC: NCQA 2005</p>
Coronary Artery Disease	ACC/AHA 2002 Guideline Update for the Management of Patients With Chronic Stable Angina (A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines)
Congestive Heart Failure	2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines: Developed in Collaboration With the International Society for Heart and Lung Transplantation
Chronic Obstructive Pulmonary Disease	Global Initiative for Chronic Obstructive Lung Disease Global Strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (updated 2010)
HIV/AIDS	Department of Health and Human Services, Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents
Schizophrenia	Argo, TR.Crisman, ML, Miller, AL, Moore, TA Bendele, SD, Suehs, B. Texas Medication Algorithms Project Procedural Manual: Schizophrenia Algorithm, The Texas Department of State Health Services. 2007.
Hypertension (Childhood and Adolescent, Adult)	The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; Heart, Lung, and Blood Institute
Bipolar Disorder (Adult, Adolescent)	<p>American Psychiatric Association: Practice Guidelines for the Treatment of Psychiatric Disorders Compendium 2006, APA 2006</p> <p>American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. APA 2000</p> <p>Tennessee Department of Mental Health and Developmental Disabilities, July 2002</p> <p>Texas Implementation of Medication Algorithms: Update to the Algorithms for Treatment of Bipolar I Disorder, J Clin Psychiatry 66: 7, July 2005</p>
Obesity (Childhood and Adolescent)	U.S. Preventive Services Task Force; Screening and Interventions for Overweight in Children and Adolescents (July 2005)

Our experienced Care Managers work with members and providers to promote adherence to the CPGs. For providers, we share the CPGs upon member enrollment and incorporate them into the care planning

process to promote a collaborative approach. More detail on our interactions with PCPs and providers can be found in our response to question E.2.

Specialized Care Management Experts

Amerigroup's designated **Integrated DM Center (IDMC)** leads all DM efforts for all Amerigroup health plans, promoting consistency, expert service delivery and quality. Our DM team is supervised by our National Medical Director and is comprised of licensed nurses and social workers assigned to state-specific teams to build familiarity with local programs and resources to incorporate into support for each individual member.

One of the strengths of our DM program is the breadth and depth of training to build the skills necessary to coach members toward achievement of their goals. Because comorbid behavioral and physical health challenges are common within Medicaid populations, Amerigroup developed an innovative integrated case management certification program that ensures that all care management staff are equipped with the core competencies required to address the diverse physical, behavioral and social support needs of each individual. Over a period of several months, Amerigroup conducts formal training and confirms that all Care Managers meet measurable competency standards. The structured course curriculum includes a series of training modules that educate Care Managers across an array of topics, including:

- **Evidence-based best practices** for coordinating care regarding specific disease conditions, both medical (for example, asthma or chronic obstructive pulmonary disease) and behavioral (such as major depressive disorders, anxiety disorders and substance abuse, including identifying and addressing any potential risks for harm)
- **Case management skills**, such as motivational interviewing strategies for engaging members with comorbid conditions or coaching members to build self-care and medication adherence strengths
- **Technology tools and resources** that are available to support the case management process, such as member education materials or structured assessments that are appropriate for each member

REAL SOLUTIONS *mean*
REAL RESULTS

Formal case manager certification program equips our employees with the skills and expertise necessary to manage complex comorbid cases.

All Care Managers are required to demonstrate competence in managing cases with co-occurring physical, behavioral and social issues, and their skills are tested annually. Further, the program encourages overall professional development for our Care Managers as many modules are eligible for continuing education credits. While we recognize that specialized behavioral health services will be delivered through the Coordinated Systems of Care Statewide Management Organization (SMO), our team's skills in integrated care enable them to effectively identify and address behavioral issues that may impede progress toward achievement of a member's goals.

Additionally, Amerigroup's DM team designates key clinical experts for particular conditions that the Care Management team can use as a resource. For example, if a member with comorbid depression and diabetes for whom we are primarily coordinating care for diabetes experiences uncontrolled glucose levels due to their depression, the Care Manager can consult with the designated Behavioral Health Care

Manager to collaboratively develop interventions designed to control the diabetes, including providing guidance on coordinating with DHH's SMO.

Engagement Across Severity Levels and Integration with Case Management

As detailed in our response to question E.2, Amerigroup maintains sophisticated tools to identify and prioritize members for potential DM participation. Regardless of the severity level of the individuals' chronic condition(s), Amerigroup's DM program includes varying levels of support to correlate with the severity level of each member. For example, members who are not identified as high risk receive welcome materials that inform them about the availability of Care Managers to assist them at any time. We also place outbound automated calls in which interactive tutorials educate them about their condition, emphasizing key clinical priorities, such as self-care or regular testing. We also offer to mail additional condition-specific materials to further engage them in self-care. Importantly, at any point in that call, a member can opt to connect directly with a Care Manager to learn more or to engage in the program.

Furthermore, at any time, members with chronic conditions who are not enrolled in DM can access an array of support tools through our member web site. *Health A to Z*, powered by the Healthwise Knowledgebase (available in both English and Spanish), delivers educational and interactive tools to support those managing chronic conditions. The Knowledgebase also includes a **full scope of health content** members may need as they work independently or with their physicians or Care Managers to make wise health decisions. Members can easily find information by selecting from 6,000 topics, including:

- Understanding their symptoms
- Health conditions and diseases
- Health and wellness
- Medical tests
- Surgical and other treatment procedures
- Prescriptions, over-the-counter medications and nutritional supplements
- Complementary and alternative medicine
- Self-help and support group information

Care Managers maintain online access to the same set of tools and often coach participants to visit the web site to learn more. Interactive tools engage participants in better managing their conditions, augmenting and reinforcing Care Manager coaching.

Additionally, DM is fully integrated with case management for members with more acute conditions. DM and Case Management staff meet weekly, led by medical *and* behavioral health Medical Directors for clinical review and discussion of cases, including cases that may require a higher or lower level of support. Cases managed through the DM program in which the member's clinical condition has worsened may be

REAL SOLUTIONS *mean* REAL RESULTS

The clinical teams assess each case to prospectively determine the appropriate level of care and coordinate transitions to promote member stability and satisfaction.

transitioned to complex case management which provides more intensive local assistance and support. Conversely, members whose conditions have stabilized due to complex case management may require less intensive services.

Local case management support may also reinforce DM activities. For example, sometimes members have difficulty communicating with their physicians and need a little help while at the appointment. The Care Manager may arrange for a local Case Manager to accompany the member to the appointment, facilitating communication and verifying the member and provider are clearly understanding each other. In other instances, we may hire a home health agency to be our eyes and ears and conduct a home visit, evaluating the safety of the environment or making sure the member has food in the pantry and refrigerator.

DM Program Data Analysis and Application

To assess the impact of the DM program and to identify opportunities for program improvement, we assess process and outcome measures on a quarterly basis, including member identification, penetration rate, members with whom we have had connected by telephone, prevalence rate and incidence of disease conditions and program clinical measures. Cost and utilization measures include pharmacy, inpatient admissions and ER usage, and physician and outpatient surgery. Our data-driven DM team is fully supported by Amerigroup's Health Care Economics Department, which provides health care analysis, consulting and analytical capabilities to the organization to help optimize business decision making.

Services for our Louisiana members will be evaluated quarterly using the following sources in addition to others:

- Process measures
- Outcome measures
- Cost and utilization outcomes
- Member satisfaction surveys
- Practitioner satisfaction surveys
- Provider adherence to Clinical Practice Guidelines
- Member self-reported adherence to treatment plan
- Community-based condition-specific focus groups
- Community-based voluntary health organization feedback on condition-specific materials
- Quality of life surveys

Amerigroup monitors at least two clinical measures and program activity for each DM program. Examples of clinical measures monitored include the following:

- 1) The use of appropriate medications for people with asthma
- 2) Cholesterol management for patients with cardiovascular conditions
- 3) HgbA1C

Our proactive care coordination activities effectively improve health care for members in our DM programs as demonstrated by the following improvements and benchmarks in condition-specific clinical quality measures from 2008 to 2009:

- 3.4 percent improvement in diabetes HgbA1C testing
- 2.7 percent improvement in and diabetic cholesterol testing
- Scores approaching the NCQA Quality Compass 75th percentile compared to other Managed Care Organizations for Antidepressant Medication Management in both the acute and continuation phases

Reviewing IDMC activities and clinical outcomes allows Amerigroup to continually assess new opportunities to enhance programs for members with chronic illnesses. For example, our New York health plan is piloting a program for members with disproportionately poor access to diabetes care by collaborating with a provider to conduct home-based personalized education and delivery of glucose monitoring tools. During the home visits, the provider trains the member on the proper use and maintenance of a blood glucose meter, and educates or reinforces the importance of proper diabetes self-care management according to ADA guidelines. These include quarterly HbA1C, regular eye and foot care, diet and medications and coaching on improved nutrition and exercise. They also stress the importance of continuing oversight of this chronic condition by the member's PCP. Amerigroup will evaluate the pilot results to assess how such services can be integrated with our DM program to further extend the reach of our Care Managers. We expect the pilot to achieve reduced rates of ER visits and inpatient admissions.

In our most recent measurement year, our DM program delivered results. In addition to the declines in inpatient and ER utilization noted above, the program results include:

- 95.2 percent of member surveys expressed satisfaction with the program, far exceeding our target rate of 80 percent
- 84.2 percent of providers would recommend the program to other providers
- Members enrolled in condition-specific DM programs report that they **gained knowledge** about how to take care of their condition, felt better physically and felt they could better talk with doctors and other members of their health care team about their condition. In addition:
 - 87.9 percent of members reported adherence to their prescribed medication regimen
 - 61 percent of members engaged in DM successfully achieved their care plan goals
- Amerigroup's DM programs use the Short Form 12 (SF-12) to measure changes in participants' Quality of Life (QOL) resulting from our DM interventions. Members managed in six of the eight DM programs reported an improvement in physical QOL. In five of the eight DM programs, members reported an improvement in their emotional quality of life, including:
 - **Asthma DM Program.** Participants reported a 7 percent increase in physical QOL and a 1 percent increase in emotional QOL

- **Schizophrenia DM Program.** One of the highest QOL improvements was in our Schizophrenia program where Schizophrenia DM members reported a 9 percent increase in physical QOL and a 5 percent increase in emotional QOL

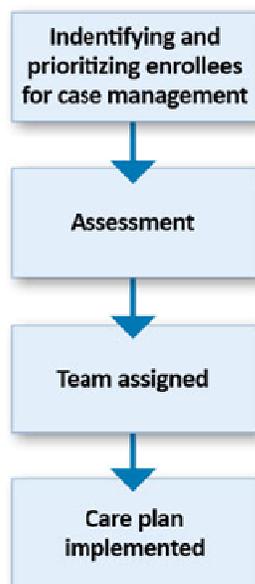
Amerigroup continually monitors our performance to identify opportunities for improvements. Additionally, Amerigroup reviews DM program results as part of the annual Quality Management Work Plan.

E.2 Describe how recipients will be identified for inclusion into the Chronic Care/Disease Management program. Identify which disease states/recipient types will be targeted for the Chronic Care/Disease Management program. Describe how the Chronic Care/Disease Management program will coordinate information and services with the PCP.

Early Identification of Members for Disease Management

One of Amerigroup’s strengths is our *targeted* approach to DM. We use several avenues to identify members for potential DM or case management to ensure the broadest scope of identification. Identification methods include our **proprietary predictive model**, specifically developed for use with low-income populations, supplemented by manual referrals from many potential sources.

Figure E-2. From Identifying Members to Care Planning



Predictive modeling. Amerigroup has a tiered approach to identify and prioritize members who will benefit the most from case management or DM. Our proprietary predictive model, developed based on 15 years of experience with low-income populations, synthesizes member data (for example, diagnoses, hospitalizations, emergency room encounters, expenditures, and demographics) to develop an individualized risk score – our Chronic Illness Intensity Index (CI3) score. Once scored, the members are filtered through clinical criteria that prioritize individuals with clinically manageable conditions. **This includes screening for specific diagnosis codes related to all 12 conditions included in our DM program and outlined in our response to question E.1.**

Lastly, medical management uses an additional predictive tool, the Likelihood of Inpatient Admission (LIPA) index in an effort to refine prioritization for the members most in need. Utilization of hospital services, diagnostic and demographic data are used to predict inpatient admission within 60 days.

Members with the highest risk levels are offered intensive case management services, which will be delivered locally in Louisiana.

Stratification by Risk Level. Following identification, members are stratified into three risk groups, shown in Table E-3, based on their predicted need for case management or DM. This grouping triggers the provision of care management interventions that are commensurate with member risk levels needs, ensuring that those who need immediate interventions receive first priority.

Table E-3. Tailoring Interventions to be Commensurate with Individual Risk Levels

Group	Interventions
Group 1	Members predicted to have low case management service needs. The needs of these members are served by the centralized Integrated Disease Management Center (IDMC). Group 1 members are served through health promotion and DM approaches to assist them in better self-managing their specific conditions.
Group 2	Members predicted to have moderate case management service needs. The needs of these members may be served by the centralized IDMC, using case and DM interventions based on their individual needs or by the local health plan if needs identified are complex in nature
Group 3	Members predicted to have complex case management service needs. The needs of these members are served at the local health plan using case management interventions based on each member’s individual needs.

Alternate Identification. In addition to prospectively identifying members who may benefit from DM based upon their risk scores, alternate sources of referrals include:

- Concurrent review/discharge planning
- Results of Health Risk Appraisals
- Information contained in electronic health records
- Case Management
- Wellness and Health Promotion/Health Coaching
- *Nurse HelpLine*
- Early Case Finding Welcome Call Screening
- PCPs and other treating providers
- Pharmacy
- Member self-referral
- Guardian, caregiver, family member

As noted in our response to question E.1, Amerigroup fully integrates our DM and case management programs to offer maximum flexibility in tailoring the intensity of services for each individual member, and our weekly joint clinical meetings foster assignment of each to a program based on his or her clinical needs. Amerigroup thoroughly trains all operational areas about the availability of DM programs, including criteria for referral for DM screening.

We encourage all members with chronic conditions to take responsibility for their health status, and we provide an array of health promotion tools, such as *Health A to Z*, to support that goal. However, our experience with Medicaid populations across the country tells us that DM programs achieve the *best results* for members who demonstrate they are prepared to make the behavior and lifestyle changes necessary to achieve gains in health outcomes. We assess results according to member participation and retention in DM and the percentage of participants who achieve their DM goals. We know that

members at moderate to high risk for poor health outcomes are most likely to be successful when they are engaged in the behavior changes necessary.

Amerigroup applies the greatest level of support to those who need it the most while directing those with less acute needs to engage in numerous health education activities. We invite those members to call us at any time to discuss their condition or seek assistance. This model fosters cost efficiency for our state customers as we concentrate resources on those with the greatest opportunity for improvement.

Assessment to Target Members for Disease Management

Once a member is identified for potential DM (either through predictive modeling which flags member diagnosis codes for any one of the 12 conditions for which we have a program or through a referral from an alternate source), we perform an initial assessment and assign a risk level used to drive the frequency and intensity of interventions. The clinical assessment gathers information on the member’s physical, behavioral and social needs. It also gathers information on each individual’s readiness to change, a key indication of how well suited a member is for DM interventions.

At the conclusion of the assessment, the Care Manager assigns the member to one of three acuity levels, as illustrated in Table E-4, to further refine the level of DM support:

Table E-4. Defining the Need for DM Based on Member Assessment

Level	Description
1 – Mild	Member’s condition appears to be well-controlled and there are no immediate needs.
2 – Moderate	Member has between one and three needs and is appropriate for DM. An assigned Care Manager contacts these members for initial screening and clinical assessment, and they receive at least bi-weekly telephonic contact for three months or until the goals are met.
3 – High	Member has more than three needs identified and is appropriate for DM. An assigned Care Manager contacts these members for initial screening and clinical assessment, and they receive at least weekly telephonic contact for three months or until the goals are met.

Consistent with our targeted DM approach, we engage members with mild chronic conditions by sending introductory materials to their home describing the DM program and inviting them to call if they need any assistance in managing their care. We then follow up with an automated outreach call in which we deliver educational information about their condition, the availability of resources like *Nurse HelpLine* and a reminder about the importance of maintaining self-care behaviors. At any time during that call, the member can connect directly with a Care Manager for assistance or for assessment. This ability to connect immediately has proven to be an effective way to engage members in participating in an assessment, which may help to identify members whose condition is escalating from mild to moderate status. They can also request additional health education materials to be sent to their home.

Members with Moderate and High risk levels are invited to participate in the DM program, and we work directly with the member to fully assess his or her clinical and social support needs and develop a detailed Care Plan, in collaboration with the member, the member’s family, PCP and other treating providers.

A Personalized Care Plan for Disease Management

To begin, our Care Managers conduct a thorough assessment of each member to understand the member's health status and comorbidities, the member's knowledge about his or her disease(s) and social or functional challenges that may impede the Member's progress. During the assessment, the Care Manager gathers information on:

- Health behaviors (such as nutrition, physical activity, tobacco use, drug or alcohol use)
- Physical and behavioral health
- Medical comorbidities
- Behavioral health comorbidities
- Depression screening
- Substance use and abuse
- Social, economic, emotional and self-care needs
- Ability and desire to adhere to an available medical treatment plan
- Special needs (such as hearing and vision impairment, language, cognitive defects, physical limitation and cultural needs)
- Psychosocial needs:
 - Beliefs and concerns about the condition and treatment
 - Perceived barriers to meeting treatment requirements
 - Access, transportation and barriers to obtaining treatment
 - Cultural, religious and ethnic beliefs
 - Caregiver/Family support

The assessment process also supports our Quality Management efforts. During the assessment process, Care Managers probe for member compliance with HEDIS-measured activities, such as HbA1c testing or adherence to antidepressant medication. **Relevant missing HEDIS activities are then incorporated into the Care Plan.**

A comprehensive clinical assessment drives development of a *personalized* care plan, which outlines the care to be provided to the member. The Care Manager will implement these interventions to resolve or support needs identified during the assessment. These include:

- Resolution of gaps in care compared to the condition-specific clinical practice guidelines
- Schedule for delivery of health care services (appointments, testing) in accordance with CPGs
- Health education, including identification of triggers for calling the PCP
- Member self-care activities, including coaching on use of tools like the peak flow meter for members with asthma

- Identification and coordination of social or environmental support services, such as wraparound service from community-based agencies
- Outcome of interventions to determine level of goal attainment

The Care Manager then works with each member, coaching the member toward achieving his or her individual goals and motivating the member whose progress may have stalled. Amerigroup recognizes that member outcomes are shaped by the individual's readiness to change. **Amerigroup Care Managers are skilled at utilizing motivational interviewing techniques when working with members and their families.** Simply put, rather than developing one-size-fits-all care plans, the Care Manager explores each member's capabilities with respect to the member's readiness to change, the member's values and the member's capacity to take responsibility for change. The Care Manager then collaborates with the member to develop achievable goals that are tailored to the individual's capabilities, promoting a greater rate of engagement in the Care Plan and increased opportunities to succeed. Our experience with this model is that it empowers members to make the changes in the member's life that are necessary to improve the member's health and well-being.

We incorporated extensive member education into the Care Plan. All participants will have extensive resources at their fingertips complementing the one-on-one coaching by the Care Manager. Amerigroup members may access a comprehensive online clearinghouse of health and wellness information: *Health A to Z*. *Health A to Z*, powered by the Healthwise® Knowledgebase, combines a health encyclopedia that is updated quarterly with interactive tools to provide our members with a one-stop resource for many of their health-related questions.

Through *Health A to Z*, members have access to health and wellness calculators (such as BMI or blood pressure), learning centers (for example, living with chronic conditions, weight loss), interactive symptom checkers and a medication guide. They can also use any of more than 150 Decision Points. **Decision Points are interactive tools designed to guide members** through key health decisions by balancing the latest medical information with the member's personal values. Decision Points help members make informed choices about everything from medical tests to surgeries.

Members whose progress is stalled or whose conditions deteriorate are incorporated into weekly clinical meetings, led by the medical and behavioral health Medical Directors, to strategize on solutions for getting members back on track with their Care Plans.

Amerigroup's DM Program Engages the PCP

Amerigroup's DM program fully respects the role of the PCP and other treating providers. The Care Manager actively engages the member's treating providers, delivering relevant clinical practice guidelines, collaborating on development of the member's treatment plan and monitoring each member's progress. Care Managers connect with the member's health care team on an ongoing basis and encourage the member to work with the member's health care team to support the medical

Amerigroup engages all treating providers into the DM planning process, soliciting feedback and sharing information.

treatment plan. In certain cases, the member's team may consist of various types of practitioners including specialists or and social workers. In these cases, the Care Manager tailors program support information to accommodate the different disciplines involved in the treatment plan.

In addition to telephone calls soliciting provider input and feedback during the care planning process, we communicate with all treating providers as appropriate throughout the process – assisting with appointments, addressing questions about the member’s care, monitoring the member’s progress and sharing evidence-based clinical practice guidelines as appropriate. Contacts are primarily telephonic, but we also deliver updated case management plans by mail or fax. Additionally, Amerigroup is exploring opportunities to share data and information electronically with PCPs and other treating providers to further strengthen communication and reinforce a collaborative approach to DM.

For example, the parent of a member with diabetes called the member’s Care Manager indicating that the member’s monthly supply of test strips was insufficient for the member’s testing frequency, creating stress and anxiety as the supply got low each month. The Care Manager contacted the member’s Endocrinologist’s office and requested an authorization for additional test strips so that the parent and child could continue to test at the required frequency without worrying about their supply running out. By reaching out to the provider to come up with a solution, we kept the family on track to remaining compliant with the member’s Care Plan.

For more complex cases, our Care Managers or Medical Director will work more closely with the PCP to identify and overcome potential barriers to success. For example, sometimes after cases that are complex or in which progress has stalled are presented at the weekly clinical team meetings, the Medical Director will call the PCP to learn more about the member and to engage in a collegial dialogue about what steps to take to re-engage the member to get the member’s progress back on track.

Amerigroup advocates for local practitioner involvement in the structure and design of our care management programs, including DM.

The Louisiana Quality Management Committee (QMC) will consist of an array of network providers – PCPs and specialty providers. The QMC oversees the development and monitoring of the DM program and offers an excellent opportunity for local providers to influence how Amerigroup delivers DM services. The QMC receives quarterly updates on the program and also an annual DM program performance review. At every opportunity we invite provider feedback about how we can best collaborate to improve the health and wellbeing of the members we serve.

Detailed in Section G Provider Network, we more actively engage providers participating in our Advanced Medical Home program. Through these sites, not only have we placed Case Managers on-site to work directly with the health care team to facilitate care coordination for our members, we provide practice support tools that strengthen the PCP’s role in coordinating care. Through such programs, PCPs play even more prominent roles in the case management process.

Amerigroup brings to Louisiana a highly refined program, blending a depth of clinical expertise for each chronic condition in the program with an understanding that to achieve improvement in any one (or combination of) condition(s), we must treat each member as an individual and personalize our approach to reflect his or her unique capabilities and gaps in care.

SECTION F: SERVICE COORDINATION

F.1 DHH intends to provide CCNs with two years of historic claims data for members enrolled in the CCN effective the start date of operations. Describe how you will ensure the continuation of medically necessary services for members with special health needs who are enrolled in your CCN effective the start date of operations. The description should include:

- *How you will identify these enrollees, and how you will use this information to identify these enrollees, including enrollees who are receiving regular ongoing services;*
- *What additional information you will request from DHH, if any, to assist you in ensuring continuation of services;*
- *How you will ensure continuation of services, including prior authorization requirements, use of non-contract providers, and transportation;*
- *What information, education, and training you will provide to your providers to ensure continuation of services; and*
- *What information you will provide your members to assist with the transition of care.*

Amerigroup maintains detailed protocols for accepting claims data from DHH, and we are adept at using such data to **facilitate Continuity of Care for members with special health care needs as well as those who may be receiving ongoing services** and require some assistance during the program implementation. Our protocols reflect the unique needs of the population that will be enrolled in Louisiana because we serve only members enrolled in publicly funded programs. We coordinate and deliver seamless service to members through the transition from one program to another using appropriate planning and tracking of services and supports.

Most recently, in February 2011, Amerigroup began serving approximately 29,000 seniors and people with disabilities under the STAR+PLUS program in Fort Worth, Texas. **Each of these members required highly specialized support during the transition into managed care.**

In addition to our members, Amerigroup absorbed all the enrollees from another health plan when enrollment in their plan was suspended temporarily. We performed a thorough analysis of our provider network to ensure its ability to provide continuity. While our network was more than adequate, we took additional steps to ensure member access to health care services. We collaborated with the Texas Medicaid Agency, the Texas Health and Human Services Commission (HHSC), to identify those PCPs that were currently serving members from the other health plan to ensure a seamless transition and continuity of care. We successfully transitioned these members, and we will dedicate similar resources to ensure a smooth transition for members in Louisiana.

REAL SOLUTIONS *mean* REAL RESULTS

Amerigroup health plans have successfully maintained Continuity of Care for more than 1 million members through 82 program implementations, and our team fully understands the need to ensure that medically necessary services for newly enrolled members are not disrupted in any way.

How Amerigroup Will Identify Enrollees Requiring Continuity of Care Assistance and Those Receiving Regular Ongoing Services

Amerigroup casts a wide net to foster identification of members requiring Continuity of Care assistance, combining high-tech tools and high-touch outreach activities. Amerigroup has a tiered approach to identify and prioritize members who will benefit the most from case management or need hands-on assistance for a successful transition.

First, using the retrospective claims data provided by DHH, Amerigroup will identify those members with complex needs or those who require assistance during the transition into the CCN program, including members with special health care needs. We will also work with our network facilities to identify members with inpatient admissions on the program start date so that we can arrange for a smooth transition to outpatient services and screen for the need for case management services. (Our plan for coordinating care for those members is summarized later in this section.) Additionally, blending DHH’s retrospective claims data with data newly gathered by our Louisiana health plan, we will *continually* assess our members to prospectively identify those who may benefit from any of our care management programs.

AMERIGROUP INNOVATIONS

Identifying those in Need of Care Coordination: Predictive Modeling

Problem Medicaid enrollees most in need of care coordination often do not receive it, leading to confusion, duplication of services and delays in receiving covered services.

Amerigroup Solution We identify the members who need care coordination the most through our proprietary predictive modeling techniques:

- *Chronic Illness Intensity Index (CI3)*, which allows us to stratify all members appropriately, thus identifying the sickest and most complex members needing intensive case management.
- *Likelihood of Inpatient Admission (LIPA)*, which ranks members based on their chance of being admitted to the hospital in the next 60 days.

Benefit 95 percent of Amerigroup’s Medicaid members identified for our Complex Case Management program have three or more chronic conditions and 62 percent have five or more physical conditions. In Texas where we coordinate long-term services and supports for seniors and individuals with disabilities, our management led to a *28 percent reduction in the average inpatient length of stay*.

Predictive Modeling

In addition to identifying those members requiring Continuity of Care, **Amerigroup maintains predictive modeling tools to assist in prioritizing outreach to those with the most significant needs upon enrollment.** We will synthesize member data (such as, diagnoses, hospitalizations, emergency room encounters, authorizations, pharmacy (if available) expenditures, and demographics) to develop individualized risk profiles. Members are assigned a **Chronic Illness Intensity Index (CI3)** score, which is calculated using clinical and demographic data. Once scored, the members will then be filtered through clinical criteria that prioritize individuals with clinically manageable conditions. The resulting list represents those members with the most acute and complex illness burden.

Lastly, medical management uses an additional predictive tool, the Likelihood of Inpatient Admission (LIPA) index to refine prioritization for the members most in need. We use measures such as the

utilization of hospital services, diagnostic and demographic data to predict inpatient admission within 60 days. These lists will identify and prioritize those members requiring Continuity of Care assistance.

Amerigroup also will identify those members for whom we will need to coordinate care with an external entity, such as the Coordinated Systems of Care State Management Organization (SMO) for members with specialized behavioral health issues or members receiving Targeted Case Management, as detailed in our answer to F.2. By identifying those individuals up front, we can reach out to those external entities and begin planning collaboration efforts for each affected member.

Referrals

Amerigroup will also encourage referrals for Continuity of Care assistance for members with special health needs from an array of **internal and external stakeholders**. Employees are thoroughly trained to identify members with special health needs that may be identified through:

- Member Services, including the new member Welcome Call
- Utilization Management
- Nurse HelpLine
- Disease Management
- Pharmacy

We educate members and providers about Continuity of Care services through locally-based outreach complemented by various communications vehicles, such as the member and provider handbooks and member and provider web portals, as describe below. We encourage members, their parents and caregivers or providers to contact our Member Services or Provider Services teams if they require any extra assistance seeking services.

Additional Information Requests from DHH for Continuation of Services

Amerigroup’s has developed a list of *optimal* information to promote identification and prioritization of members requiring transition assistance based on our extensive experience with program implementations. The two years of historical data to be provided by DHH will be a good start to understand the prevalence of disease in the population. However, we request additional data assist to Amerigroup in expediting identification of members needing continuity of services. We recognize that some information may be more readily available than others, and we remain flexible in working with DHH to prioritize those elements that will have the greatest impact. A high-level summary of optimal transition information to facilitate Continuity of Care for our new members in Louisiana is included as Table F-1, and we would be happy to provide additional detail to DHH on the specific data elements within each area.

Table F-1. Optimal Member Information for Facilitating Continuity of Care

Information Requested	Detail
Open Authorizations	Details on any service or benefit authorizations for covered services (Including HIPAA compliant 278 Files)
Average Daily Census	Daily (Monday – Friday) summary level statistics of members admitted to each facility
Detail Daily Census	List of inpatient admissions
Pregnant Women Listing	List of pregnant women who are due to deliver
Case Management Listing	List of members who are currently in case management or who have been identified as potential candidates for case

Information Requested	Detail
	management who have not been contacted
Disease Management Listing	List of members who are currently enrolled in any disease management programs
Recent/Planned Transplant Listing	List of members who have had a transplant within the past three months or have a transplant planned for the future
Children with Special Health Care Needs (CSHCN)	List of children with special health care needs
Member PCP Listing	List of members with their current assigned PCPs

Additionally, Amerigroup will be able to best assist members in the hospital on the program start date if we have a hospital census from the current administrator identifying members hospitalized by facility. With this data, we can begin appropriate discharge planning to prevent any lapses in care that may result in an unnecessary readmission. As noted, this list represents **the optimal array of data that would facilitate a smooth transition based on our best practices**, but Amerigroup is fully prepared to implement our CCN with whatever data DHH gives us.

How Amerigroup Ensures Continuation of Services

Our Case Managers and Provider Network Services employees will collaborate to ensure Continuity of Care and services for our members by understanding the care and services members currently receive, knowing the providers of services, and working with them through the transition. Under this Contract, we will coordinate a transition plan for all new members whose health condition has been treated by specialty care providers or whose health and quality of life could be jeopardized if medically necessary covered services are disrupted. We will honor the care plans that new members already have in place when they join Amerigroup until we complete a comprehensive assessment with the member to create a new case management plan. The plan will include appropriate and coordinated physical, basic behavioral, social, functional and

REAL STORIES

At the time of enrollment with Amerigroup in Virginia, Christopher, a 20-year old, was visiting the emergency room every two weeks for months due to complications of his poorly controlled diabetes. His Case Manager, Ellen, immediately reached out to him, his caregiver and providers and quickly learned about Christopher’s complex list of challenges. In addition to having diabetes, he also had schizophrenia and was cognitively impaired, and his mother, was about to leave him behind as their housing arrangement fell apart.

Ellen moved quickly to ensure Christopher received the necessary care, as well as a new place to live. She worked with Christopher and his health providers, including his behavioral health therapist and PCP, to develop a comprehensive care plan. Ellen worked with various agencies to find shelter for Christopher and made arrangements for a Transitional Home, a facility for adults with mental health issues. Ellen coordinated his enrollment in a day program for people with schizophrenia to learn basic skills such as preparing meals, and she also arranged for regular visits from a diabetes home health nurse.

Over a four-month span, Ellen spoke to Christopher every day either in person or by phone. She made sure that he made it to doctor’s appointments by arranging for transportation, showed him how to use his glucometer and provided education on a diabetic diet and proper use of medication. Since Christopher would often misplace his insulin due to his schizophrenia, Ellen would work with the Amerigroup Medical Director to authorize overrides with the pharmacy in order to obtain more medicine.

Today, Christopher’s diabetes is under control. His blood sugar level has drastically been reduced from dangerous conditions to closer to normal levels. Since admission into the Transitional Home, he has not required inpatient care and has only visited the emergency room once. Ellen continues to stay in contact with Christopher on a weekly basis and continues to see improvement.

environmental services as needed. CareCompass, our unique clinical support tool, will facilitate the transition planning process for Case Managers. CareCompass gives Case Managers easy access to new member information, such as prior case plans, information on treating providers, and ancillary and pharmacy data that is stored in a central member database and updated nightly. This tool enhances our Case Managers' ability to work with members during the case planning process because the information drives automated functions such as prioritization of duties, service authorizations and benefits calculations.

Amerigroup will deploy **field-based Case Managers to visit members in their homes** to conduct the assessment and gather information and develop their case management plan for members with complex needs.

Amerigroup will also facilitate Continuity of Care for members with inpatient admissions on the program start date. Our Care Managers will reach out to the facility when we learn of an admission to verify if the member is still hospitalized. If so, the Care Manager initiates concurrent review and discharge planning to enable a safe transition to outpatient care. This includes confirming with the facility that a detailed discharge plan is in place and coordinating any gaps in services or care, such as home care services. Our Care Manager will also screen for the need for more intensive case management services at that time. If the member has already been discharged, the Care Manager will call the member to discuss their post-discharge care, confirming that the member has scheduled or kept an appointment with their PCP or treating providers and that they have filled any prescriptions and are adhering to their medication plan. At that point the Care Manager will identify and resolve any deficits in the post-discharge plan, including coordinating transportation or scheduling any necessary follow-up appointments, and assess the member's needs to determine if case management may be appropriate. The Care Manager also takes the opportunity to welcome the member to the health plan and confirm that they have selected a PCP and are familiar with how to access services in the future.

We will authorize services with the members' current providers for up to 90 days, as required by DHH. If the member's PCP or specialist is not in our network, **we will make every reasonable attempt to contract with that provider**. If we are not able to contract, we will work with the member to choose another provider and transition the member to the preferred in-network provider; or if necessary, we work with the provider to establish a single-case agreement to provide services to this member for a specified payment rate.

We will comply fully with all provisions of Section 6 of the RFP, including:

- Allowing pregnant members in their second or third trimester to remain under the care of the current OB/GYN through the postpartum check-up, even if the provider is out of network and allowing pregnant members in the first trimester to continue until we can reasonably transfer her to a network provider without impeding service delivery
- Extending reimbursement to member's out-of-network providers for up to 90 days after enrollment
- Referring members who require specialized behavioral health care to SMO or other managed care arrangement

In addition to case management activities, with inpatient census information, we will reach out to initiate discharge planning for members who are hospitalized on the program start date, coordinating all necessary follow-up services, such as home care, that may be necessary to facilitate a safe transition from an inpatient to home setting.

Transportation

Amerigroup Case Managers will assess each member’s transportation needs during the Continuity of Care assessment and planning process and, if necessary, coordinate with our non-emergency medical transportation (NEMT) vendor to arrange for transportation to ongoing medical services to encourage a successful transition into the CCN. If, during the assessment, the member requires regularly schedule transportation to appointments, the Case manager will coordinate that with the NEMT.

REAL SOLUTIONS *mean* REAL RESULTS

For members requiring more intensive case management, augmenting member outreach, our Case Managers will contact all treating providers to gather relevant information, educate them about Continuity of Care requirements and answer any questions they may have about the process. Their goal remains a safe and smooth transition for all stakeholders.

Information, Education and Training for Providers on Continuation of Care

Amerigroup will **actively educate and engage our providers about Continuity of Care** to encourage a smooth transition for both members and providers. We alert providers to the availability of Continuity of Care services in the provider handbook. Additionally our Louisiana-based Provider Relations team will incorporate transition and continuity as part of the new provider orientation to be delivered throughout the State, educating all providers on the availability of continuation services and the process

for requesting assistance. We will also deliver information on the Continuity of Care process on our provider Web portal to make sure it is readily available to all Louisiana providers and their office staff.

Amerigroup’s Louisiana team will assist all high volume facilities in developing transition plans for members who may be in the hospital on the program effective date. Working directly with facility staff, including their discharge planning teams, Amerigroup will identify affected members and immediately begin planning for each affected member’s safe transition from inpatient care to their home or other treatment setting.

Information Provided to Members to Assist with the Transition of Care

Amerigroup educates members about Continuity of Care in the member handbook. For members that we identify as requiring Continuity of Care assistance, **our Case Managers reach out directly and assist them, explaining the program requirements one-on-one.** In our experience, this approach promotes member engagement and satisfaction throughout the transition period and sets a strong foundation for a positive member experience with the health plan.

We will make every effort to educate our new members on how to access services, including the role of their PCP, which we believe will be especially important because managed care will be new to many of our Louisiana members. Through print materials, our new member Welcome Call and extensive community-based activities, we **will be actively involved to help those members who may require a little extra help during the implementation** but also make sure that members are warmly welcomed to

the plan and familiar with how to access services or contact us for help. This includes working with DHH’s enrollment broker to make sure information and materials, such as any AMERITIPS handouts about Continuity of Care, are available to members as they consider their options.

As detailed later in this section, Amerigroup develops and maintains strong local presence in the communities we serve. We already have established relationships with **various community agencies that also serve low-income families**, and we will continue to develop ongoing partnerships that enable us to extend the reach of the health plan but also integrate our outreach with those of established and trusted community agencies. At a local level, we will educate our agency partners about how members access service or contact the health plan, and we will also work with them on how to contact us for any members they serve who may need a little extra assistance during the transition.

This broad and locally based approach to member and provider education about the program launch and continuation of services encourages a solid and effective start to DHH’s CCN program.

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F.2 Describe your approach to CCN case management. In particular, describe the following:

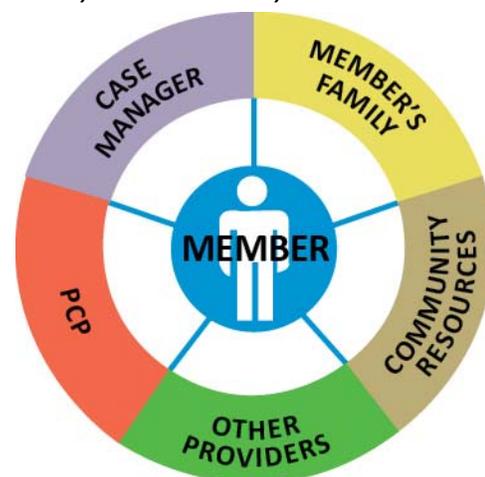
- *Characteristics of members that you will target for CCN case management services;*
- *How you identify these members;*
- *How you encourage member participation;*
- *How you assess member needs;*
- *How you develop and implement individualized plans of care, including coordination with providers and support services;*
- *How you coordinate your disease management and CCN case management programs;*
- *How you will coordinate your case management services with the PCP; and*
- *How you will incorporate provider input into strategies to influence behavior of members.*

Amerigroup’s innovative case management program promotes early identification and prioritization of members with the greatest risk levels helping to improve health outcomes and achieve a key DHH goal. Our model assesses each individual to identify the full range of needs (including physical and behavioral health as well as social support and environmental deficits), engages them in a member-driven case management plan and fully coordinates with all treating providers, including coordination of specialized behavioral health services with the State’s Coordinated Systems of Care Statewide Management Organization (SMO) as appropriate. **In our experience, this model fosters improved care coordination, better health outcomes, increased quality of care metrics, greater emphasis on disease prevention and management of chronic conditions and improved access to specialty services – all DHH priorities for the CCN program.**

The cornerstone of our case management model is to leverage technology and data to *identify* members who will most benefit from case management, *calibrate* the intensity of case management services to each individual’s needs and *establish* a personalized case management plan that *engages* the member to improve their health status and adhere to their treatment plan.

Our program considers the “whole person” while assessing every member’s physical, behavioral, cognitive, functional and social needs. The Case Manager’s role is to engage members within identified risk populations and follow them across health care settings, collaborate with other health care team members to determine goals, provide access to resources and monitor progress. **Case Managers work with members and their parents/guardians to identify specific needs and interface with the member’s providers, all toward the goal of coordinating access to quality, necessary and cost-effective care.**

Figure F-1. Our Care Management Model Includes the Member, Case Manager, PCP, Family and Community



Characteristics of Members Targeted for Case Management

Amerigroup is acutely familiar with the health risks and exacerbating factors that contribute to poor health outcomes through our experience exclusively serving members enrolled through publicly funded programs. We rely on a sophisticated predictive model to help us identify those with the greatest risks for poor outcomes or inpatient admission, stratify members according to their risk levels, prioritize those requiring immediate intervention, and calibrate the level of care management to the individual's risk level. **This model ensures that each individual gets the assistance they need to achieve meaningful gains in their health status while efficiently utilizing the State's funds.**

Our proprietary predictive model synthesizes member data (such as, diagnoses, hospitalizations, emergency room encounters, authorizations, pharmacy (if available) expenditures, and demographics) to develop individualized risk profiles, resulting in a **Chronic Illness Intensity Index (CI3)** score for each member which indicates the severity of each person's disease burden. The CI3 is based on the Chronic Illness and Disability Payment System (CDPS) developed at the University of California-San Diego as an actuarial model specifically for the Medicaid population. Amerigroup has further adapted it to more specifically reflect our own experience. (We provide more detail on the identification process in the following section of this response.)

The characteristics of members targeted for case management are those with the most significant illness burden, reflected in their CI3 score, and whose conditions are *most responsive* to case management intervention. Additionally, the model prioritizes those members who are at the greatest risk of hospitalization within the upcoming 60 days. Our data model calculates risk scores to identify members who in our experience benefit most from case management. The model assigns weights according to:

- The number and severity of any diagnosis within one of 21 disease bands (weighted by severity level for each band), including cardiovascular, diabetes, metabolic, pregnancy or pulmonary disease
- The number and extent of existing co-morbidities (medical and/or behavioral)
- The presence of clinically manageable conditions, such as HIV/AIDS, cardiovascular or pulmonary disease, diabetes or metabolic disorders
- Elevated risk for an inpatient admission within the next 60 days

The predictive model assigns a risk score based on the above characteristics, and the level of care provided is commensurate to the severity of the risk score. The predictive model considers past utilization (claims, authorizations), general demographic information and information on aid categories to hone in on those members who will benefit most from case management. Members enrolled through the Aged Blind and Disabled category are assigned a greater weight than those enrolled through CHIP, for example. The model also supports identification of members who are better served through less intensive care management programs, such as Disease Management, to ensure that we tailor our outreach efforts to each individual's needs.

Table F-2 shows the disease cohorts found through an analysis of data of condition prevalence and utilization history to be the highest predictors of Case Management needs by sub-population.

Table F-2. Disease State Predictors for Case Management by Sub-population

Population Sub-group	Disease Cohorts With Highest Incidence of Need for Case Management	
SSI Adult	Cardiac Psychiatric Pulmonary Diabetes	Sickle Cell AIDS/HIV Chronic kidney disease/End stage renal disease/Dialysis Gastrointestinal
SSI Child	Psychiatric Pulmonary Nervous system Gastrointestinal	Metabolic Sickle Cell AIDS/HIV Chronic kidney disease/End stage renal disease/Dialysis
TANF Adult	Cardiac Psychiatric Pulmonary Diabetes	Gastrointestinal Sickle Cell AIDS/HIV Chronic kidney disease/End stage renal disease/Dialysis
TANF Child	Psychiatric Pulmonary Nervous system Gastrointestinal	Metabolic Sickle Cell AIDS/HIV Chronic kidney disease/End stage renal disease/Dialysis

Identifying Members for Case Management

Amerigroup has a tiered approach to identify and prioritize members who will benefit the most from case management. Our proprietary predictive model, developed based on 15 years of experience with low-income populations, synthesizes member data (for example, diagnoses, hospitalizations, emergency room encounters, expenditures, and demographics) to develop an individualized risk score – our **Chronic Illness Intensity Index (CI3) score**. Once scored, the members are filtered through additional clinical criteria that prioritize individuals with clinically *manageable* conditions.

Lastly, medical management uses an additional predictive tool, the **Likelihood of Inpatient Admission (LIPA) index** in an effort to refine prioritization for the members most in need. The model assesses data related to utilization of hospital services, diagnostic and demographics to predict inpatient admission within 60 days.

Members with the highest risk levels are offered intensive case management services, which will be delivered locally in Louisiana. These services engage members through varied means of communication, primarily telephonic and face-to-face.

Stratification by Risk Level. Following identification, members are stratified into three risk groups based on their predicted need for case management. This grouping triggers the provision of care management interventions that are commensurate with member risk levels needs, ensuring that those who need immediate interventions receive the highest priority, as summarized in Table F-3.

Table F-3. Tailoring Interventions to be Commensurate with Individual Risk Levels

Group	Interventions
Group 1	Members predicted to have low case management service needs. The needs of these members are served by the centralized Integrated Disease Management Center (IDMC). Group 1 members are served through health promotion and disease management approaches to assist them in better self-managing their specific conditions. Our Disease Management Program is detailed in Section E of this proposal.
Group 2	Members predicted to have moderate case management service needs. The needs of these members may be served by the centralized IDMC unit, using case and disease management interventions based on their individual needs or by the local health plan if needs identified are complex in nature
Group 3	Members predicted to have complex case management service needs. The needs of these members are served at the local health plan using case management interventions based on each member’s individual needs.

Demographic and claims data is compiled into a prioritized list of candidates for case management on a monthly basis. A comprehensive array of information valuable in delivering case management services is available to case management staff. This powerful report can be easily navigated, sorted and screened according to selected criteria. For example, if the Case Manager wants to determine which members are identified with comorbidities, such as diabetes and depression, the Case Manager simply clicks on a drop down box for each disease to drill-down and view comprehensive data on members meeting the specified criteria. The point-and-click user interface facilitates dynamic evaluation and identification of patients for intervention. A sample of information contained in the report includes:

- Member Data: name, ID number, phone number, age, gender
- Risk Cohort: risk score, risk group, LIPA score
- Disease Cohort: 13 major disease cohorts; within each one, the specific disease is identified
- Case Management Status: current status, assigned Case Manager, Disease Management status
- Utilization Data: admissions, bed days, readmissions, ER visits

Augmenting the predictive model, referrals for case management or care coordination can originate from:

- Member Services, including the new member Welcome Call
- Nurse HelpLine referral
- Disease Management employees
- Utilization Management employees (including discharge planning)
- Pharmacy employees
- Members, parents/guardians

REAL SOLUTIONS mean REAL RESULTS

The clinical teams assess each case to prospectively determine the appropriate level of care and coordinate transitions to promote member stability and satisfaction.

- Providers
- Community-based organizations
- State or local governmental entities

Additionally, Disease Management (DM) is fully integrated with case management for members with more acute conditions. DM and Case Management staff meet weekly, led by medical *and* behavioral health Medical Directors for clinical review and discussion of cases, including cases that may require a higher or lower level of support. Cases managed through the DM program in which the member's clinical condition has worsened may be transitioned to complex case management which provides more intensive local assistance and support. Conversely, members whose conditions have stabilized due to complex case management may require less intensive services.

Additionally, Amerigroup thoroughly trains all operational areas about the availability of case management programs, including criteria for referral for case management screening.

Encouraging Member Participation

Member participation and engagement throughout the process is vital to achieving program goals.

Amerigroup adopts a broad strategy for engaging not just the member, but those stakeholders who surround and influence them, including family and caregivers, all treating providers, community agencies and organizations providing services to the individual. We include all such stakeholders in the case management process – gathering relevant information and insight to develop a personalized case management plan that will promote member participation. Our

goal is to encourage greater member participation by enveloping a broad team into the case management process and creating a comprehensive plan that aligns all services delivered to each individual member.

Further encouraging participation, Amerigroup's Case Management program focuses squarely on the member. **That is, in a truly member-directed approach, our case management team assesses each individual to gauge their willingness to change and identify their individual preferences and values and tailors a plan that includes achievable goals for that individual.** Further, our Case Managers are fully trained in using motivational interviewing techniques to engage members. Through motivational interviewing, Case Managers establish relationships with members, soliciting their involvement in the case management planning process and keeps them focused on making the changes necessary to achieve sustainable health gains. Motivational interviewing is a member-centered, directive method for facilitating change by helping people to explore and work through ambivalence.

Patient Activation Measure. To promote member participation in the case management plan, Amerigroup is currently piloting the use of the Patient Activation Measure (PAM), a structured 13-question tool designed to quantify an individual's knowledge, skills and confidence in managing their own health. The responses to the survey drive a PAM score that reflects the member's level of engagement in managing his or her health and well-being – from being simply passive consumers (the lowest level) to actively participating in maintaining healthy behaviors (the highest level). The PAM score provides the Case Manager with valuable insight about the individual's abilities, allowing the Case Manager to structure goals that are achievable and meaningful to that individual. This enables Amerigroup to build on the individual's existing strengths and coach him or her to greater levels of

engagement. Additionally, this technology tool provides a measurable point of reference that will enable us to quantify change over time.

Assessing Member Needs

Once a member is identified for potential care coordination, **we conduct an initial assessment and assign a risk level**, which drives the frequency and intensity of interventions. The Case Manager assesses the member’s total health care needs on multiple levels (physical, behavioral, functional, cognitive, social and occupational). Using structured online tools, Case Managers conduct more in-depth clinical assessment in which we gather information on:

- General health (including possible pregnancy)
- ER usage
- Hospital admissions
- Medications
- Health care utilization (physical, behavioral and dental)
- Functional capacity
- Preventive health care history

The assessment **uses branching logic** to enable the clinician to more deeply probe into more than 20 potential clinical areas for risk factors. For example, if during the assessment the member indicates a history of depression or hypertension, the clinician will initiate additional questioning to gather details on the acuity level for that condition. All our assessments are modular and customizable, enabling us to tailor the screening as necessary to meet the needs of each local community we serve.

REAL SOLUTIONS mean REAL RESULTS

Structured questionnaires assess each member’s willingness to engage in managing their health. As a result, we build case management plans that are attainable for each individual, allowing us to continually build on small successes toward achievement long-term of recovery and independence goals.

The results of the assessment serve as the basis for determining the member’s need for case management services based on the complexity severity, intensity and risk, along with gap analysis of service needs.

During this process, the Case Manager also reaches out to the member’s PCP and other treating providers to gather information on the member’s health care status, current treatment plans and health care needs. This information is factored into the development of the personalized case management plan, described below.

At the conclusion of the assessment, the Case Manager assigns the member to one of five acuity levels to further define the level of case management needed, and the **Case Managers assemble a team, including the member, parent/guardian, PCP and other treating providers and community resources.**

Figure F-2. Assessing and Addressing Health Needs

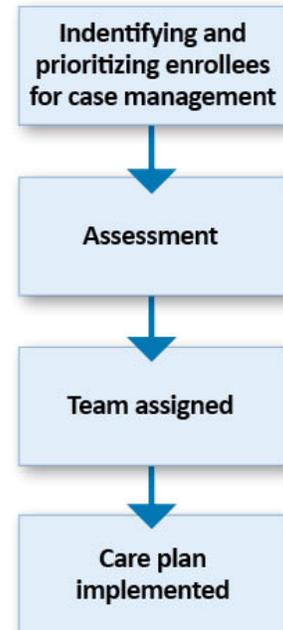
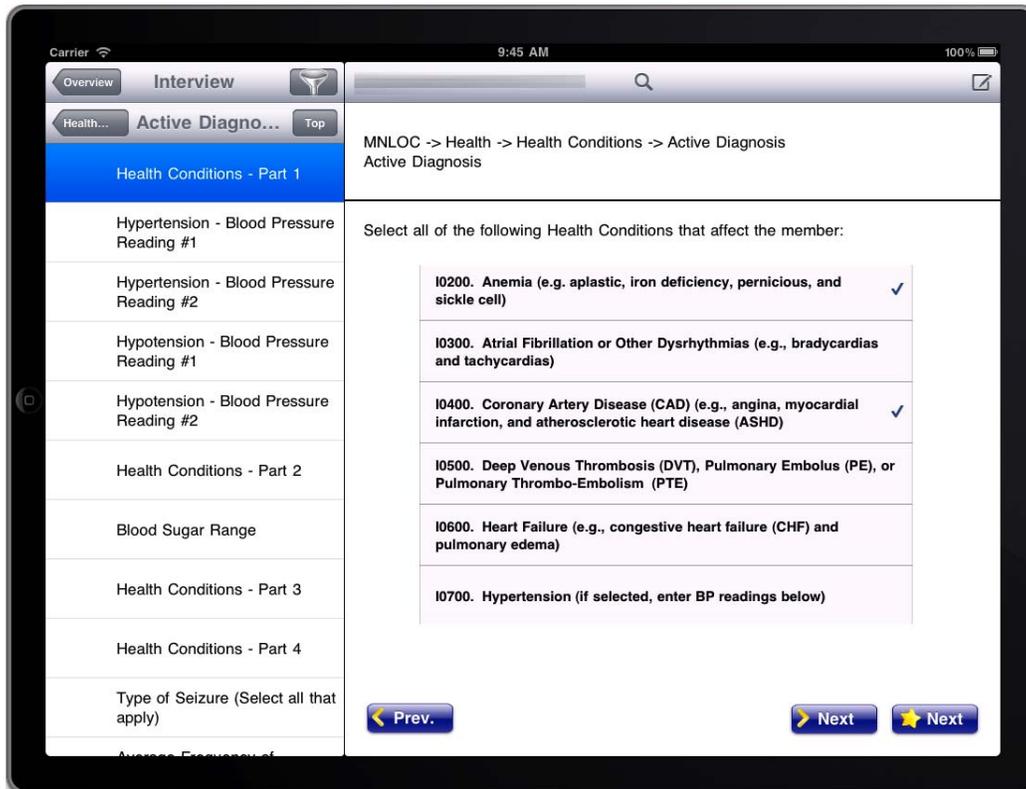


Figure F-3. CareCompass Mobile



For our members with the most complex needs, Amerigroup is pursuing innovative pilot programs to optimize the assessment process as follows.

Field-based Screenings by Case Managers. Amerigroup will visit the member’s home to conduct an initial assessment for members with complex medical needs. Amerigroup’s long history of providing case management/service coordination to members with complex needs establishes our expertise to create **innovative solutions** that will advance us to the next level of service coordination. We are now using enhanced clinical support tools such as CareCompass and our iPad®-based CareCompass Mobile application to optimize the use of Case Managers’ time by reducing unnecessary administrative burden and allowing them to spend more face-to-face time with members. CareCompass stores members’ clinical information including medical lab and ancillary services, which provides the entire clinical team with a full picture of all care and services furnished for each Member. Taking advantage of the system’s smart technology, Case Managers are prompted on critical items and tasks to be addressed during the assessment and Case Management process. For example, in the case of determining whether the member, who is living with diabetes, has had a foot and eye exam within the nationally recognized time parameters, the Case Manager is prompted to ask the member about these exams and results.

As shown in Figure F-3, in our Texas plan we are currently piloting CareCompass Mobile, an **innovative and proprietary technological tool that facilitates person-centric planning**. The CareCompass Mobile tool facilitates more efficient data collection and enhances our ability to track and report on program and individual outcomes. Community-based Case Managers who spend significant time in the community working face-to-face with our members are equipped with CareCompass Mobile to document assessment information. The assessment details are then aggregated with other clinical

information and the member’s historical utilization to give the Case Manager’s the tools and information to efficiently coordinate services leading to improved outcomes for our members. **The technology reduces administrative burden and creates efficiencies by automating transfer of information that, in turn, facilitates Case Managers to directly focus on the needs and concerns of members** by involving members in the service planning process.

AMERIGROUP INNOVATIONS

Medical Homes: Changes in the Delivery of Care to Improve Quality – Amerigroup’s Home Visit Program

Problem The demands on primary care practices are significant, making it challenging for physicians to proactively engage with their patients to improve their quality outcomes.

Amerigroup Solution Amerigroup is committed to proactively reaching out to members in support of primary care practices to improve health care quality.

In 2010, Amerigroup’s New York health plan implemented a practice support to assist our primary care physicians in closing gaps in care and improving health care quality results. This was in response to an analysis where we discovered that 8,500 of our members needed a mammography; however, they were not scheduling visits to receive the service.

Amerigroup first contacted these Members on the telephone to schedule appointments for a mammography. For Members who could not be successfully reached, Amerigroup’s member outreach staff actually visited our Members’ home to close this and other gaps in care.

Benefit When contacted at their home, Amerigroup employees not only scheduled an appointment for the mammography, they also often helped other family members receive necessary health care services.

Home-based Full Clinical Assessments by Physicians.

Amerigroup has piloted an innovative home visit program in Maryland and Tennessee that is demonstrating positive preliminary results. The program provides in-home visits (by a physician or Nurse Practitioner) to members who have complex medical conditions.

The program begins with an in-home, comprehensive assessment of a member’s condition to address their unique physiological, psychosocial, functional and environment needs. The assessment includes a review of the member’s medical history and a full physical. Thereafter, the health care provider remains in regular contact with the member through monthly visits and telephone contact. The provider supports the member and answers any questions the member might have. The provider helps the patient understand how to best manage the condition, such as how to properly take medications, avoid risks, and establish a healthy relationship with their Primary Care Provider (PCP) and other specialty providers – just to name a few.

Developing and Implementing Individualized Case Management Plans

Amerigroup’s Case Managers prepare personalized case management plans which coordinate all services from caregivers and providers aimed at reaching treatment goals and avoiding any barriers to improving members’ quality of life. These plans may include a combination of telephonic and field-based services delivered by a multidisciplinary team to ensure all medical, behavioral and social service needs are addressed. These plans also include member preferences, interventions for each diagnosis, short- and long-term goals, interventions designed to assist members in achieving goals and identifying barriers to meeting goals or complying with the case management plan. The individualized case management plan includes the components outlined in Table F-4.

Table F-4. Components of Amerigroup’s Case Management Plan

Component	Description
Problem Identification	An important aspect of an effective case management plan is addressing problems and barriers that may adversely impact optimal member health and well-being. Assessment information, including feedback from the member, parent/guardian and, in some cases providers, provides the basis for identification of problems, which include loss of functional abilities, comorbid conditions or inadequate social supports.
Interventions	Working with the member, parent/guardian, treating providers and the member’s support team, the Case Manager develops targeted interventions to support achievement of member goals. To meet all the various needs of each individual, we have a full array of potential interventions, including referrals to community resources, ensuring that the member is receiving all medically necessary services and care coordination. Interventions also incorporate community-based services (such as The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or school-based services), and special needs program interventions.
Care Coordination	<p>As an advocate for our members, our model incorporates service coordination and use of community resources to assist members in obtaining the full array of services such as Durable Medical Equipment (DME), transportation, home modifications, housekeeping supports, recreational activities, meal planning, support groups, aspects of community living that enhance quality of life and independence, and services that the CCN program does not cover, including appropriate referrals to:</p> <ul style="list-style-type: none"> • SMO for specialized behavioral health services • Targeted Case Management programs • Dental care • WIC • School health-related special education services • Vocational rehabilitation • Maternal and child health services located at local health departments • Other programs as defined by the State <p>We actively engage community-based social services because often our members simply need a little help navigating the system. Our goal is to promote a comprehensive plan that fosters optimal member outcomes by coordinating the full array of CCN and non-CCN services available to each individual.</p>

Amerigroup will maintain strong relationships with community-based agencies across Louisiana to promote optimal care coordination. Our goal is to **leverage existing community supports that assist members in adhering to their case management plan**, promoting sustained health improvements and maintaining independence. Amerigroup has already reached out to numerous agencies in the State and is developing partnerships in anticipation of participation in the CCN program. For example, we have met with Community Health Charities in Covington to discuss how we coordinate support for members with disabilities, Alzheimer’s Services of the Capital Area, Capital Area United Way, Operation Reach in New Orleans which is dedicated to improve learning services for children and Puentes New Orleans which focuses on outreach to Latino communities.

The case management process involves delivering and monitoring interventions designed to meet the goals of the case management plan, along with ongoing assessment of progress toward achieving those goals. As part of the monitoring process, the Case Manager maintains ongoing contact with the members, their family and caregivers and treating providers to monitor progress and refine the plan as indicated.

Case Management Certification

In our experience, Medicaid beneficiaries have a higher rate of medical and behavioral comorbidities that require a specialized expertise, even when specialized behavioral health is managed by another entity, such as Louisiana’s SMO. For this reason, Amerigroup developed and maintains an **innovative Integrated Case Management Certification program** to ensure that all case management staff is equipped with the core competencies required to address the diverse physical, behavioral and social support needs of each individual. It also enables Case Managers to identify and overcome the often subtle behavioral health issues that can inhibit progress of physical health improvements. Through the program, over a period of several months Amerigroup conducts formal training and confirms that all Case Managers meet measurable standards. The structured course curriculum includes a series of training modules that educate Case Managers across any array of topics, including but not limited to:

- Evidence-based best practices for managing specific disease conditions, both medical (for example, asthma or chronic obstructive pulmonary disease) and behavioral (such as major depressive disorders, anxiety disorders, and substance abuse, including identifying and addressing any potential risks for harm)
- Case management skills, such as motivational interviewing strategies for engaging members with comorbid conditions or coaching members to build self-care and medication adherence strengths
- Technology tools and resources that are available to support the case management process, such as member education materials or structured assessments that are appropriate for each member

REAL SOLUTIONS *mean*
REAL RESULTS

Formal case manager certification program equips our employees with the skills and expertise necessary to manage complex comorbid cases.

All Case Managers are required to demonstrate competence in managing cases with co-occurring physical, behavioral and social issues, including annual testing. Further, the program encourages overall

professional development for our Case Managers as many modules are eligible for continuing education credits.

We offer optional enhanced training for staff members who seek greater proficiency in integrated case management to encourage further employee development. Case managers may choose to undergo additional training to achieve certification at two higher levels – Advanced and Expert. Expert staff members not only handle the most complex cases, they act as coaches to Case Managers at lower levels to encourage continuing growth and development.

Coordinating Disease Management and Case Management Programs

Amerigroup’s care management model fully integrates Disease Management and Case Management while fostering continuity for our members. Rather than enroll members in separate care management programs based on their specific conditions (for example, a separate plan for managing diabetes and depression for a member diagnosed with both conditions), Amerigroup’s integrated program reflects accountability for coordinating care for each member. **Once the member is enrolled in a program (Disease Management or Case Management), his or her assigned Care Manager assumes sole responsibility for coordinating all necessary care across the spectrum of services.** However, in the event a member’s needs change (for example, complications that increase their condition’s acuity level), a member may be transferred to Case Management so that a locally-based Case Manager can provide more hands-on assistance as needed. Conversely, if during the course of case management a member’s condition improves to the point where that level of support is no longer necessary to maintain their health and quality of life, the Case Manager may transfer them to a less acute level of intervention, such as Disease Management, if appropriate. Our goal is to fully coordinate services while maintaining accountability and continuity for our members.

Further supporting integration, joint complex case rounds are held at least weekly in each health plan. Case Managers and IDMC Care Managers collectively meet to review and update individual care plans and to gather collaborative input from multidisciplinary members to enhance the care plan. Complex care rounds are led by the Plan Medical Director, and include experts in medical, behavioral health and social support areas.

Amerigroup has reviewed the Service Coordination reporting requirements and confirms that we are fully prepared to deliver all required reports.

Coordinating Case Management with the PCP

Amerigroup’s case management program reinforces the importance of the PCP as the member’s medical home, and the PCP is actively engaged in case management planning and ongoing monitoring, through telephone calls and periodic written updates to the member’s case management plan.

During the case management planning process, Amerigroup’s Case Manager engages the PCP but also any other treating providers by calling them to gather information on the member’s history and health care needs and to solicit input into the case management plan. PCPs also receive by mail or fax a copy of the case management plan and relevant clinical practice guidelines, and the Case Manager communicates with the PCP in the event of any changes to the plan. On an ongoing basis, the Case Manager contacts the PCP, typically by telephone, mail or fax, to monitor the member’s progress with respect to their care plan, obtain updates from the provider on any changes in the individual’s needs and to solicit feedback on any changes required.

Our case management program respects the role of the PCP, and, for members who may not be progressing, Amerigroup’s Medical Director may **initiate more in-depth discussions with the PCP** to strategize on potential solutions. For example, our New York health plan identified a member with a high risk score due to excessive ER visits who repeatedly (along with his family) refused to engage in case management. The case was discussed by the clinical team during the weekly complex case rounds, and the Medical Director opted to reach out to the PCP to learn more about the member and the potential issues. Working through the PCP, the team was ultimately able to engage the member in case management. The PCP, as a trusted resource to the member, played a key role throughout the case management process, in structuring and managing a case management plan that was ultimately instrumental in establishing a relationship with the member and his family.

Incorporating Provider Input into Strategies to Influence the Behavior of Members

As noted above, Amerigroup engages all treating providers into the case management planning process, soliciting feedback and sharing information. In addition to telephone calls soliciting their input and feedback during the case management planning process, we communicate with all treating providers as appropriate throughout the process – assisting with appointments, addressing questions about the member’s care, monitoring the member’s progress and sharing evidence-based clinical practice guidelines as appropriate. Contacts are primarily telephonic, but we also deliver updated case management plans by mail or fax.

Amerigroup advocates for local practitioner involvement in the structure and design of our case management program.

The Louisiana Quality Management Committee (QMC) will consist of an array of network providers – PCPs and specialty providers. The QMC oversees the development and monitoring of the case management program and offers an excellent opportunity for local providers to influence how Amerigroup delivers case management services. The QMC receives quarterly updates on the program and also an annual case management program performance review. At

every opportunity we invite provider feedback about how we can best collaborate to improve the health and wellbeing of the members we serve.

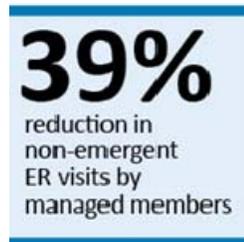
We actively engage providers participating in our Advanced Medical Home program, as is detailed in Section G Provider Network. Through these sites, not only have we placed Case Managers on-site to work directly with the health care team to facilitate care coordination for our members, but we also provide practice support tools that strengthen the PCP’s role in coordinating care. Through such programs, PCPs play even more prominent roles in the case management process.

Conclusion

We understand our members’ challenges. With approximately 2 million members representing low-income families, children, pregnant women, seniors and people with disabilities, our program reflects our knowledge of what works and what matters. We recognize the challenges that low-income and underserved individuals face and design our programs to specifically address them. Our programs address the environmental issues surrounding poverty (for example, housing, nutrition, lifestyle patterns, education) and cultural barriers to positively impact the health and well-being of our members.

For example, of Amerigroup’s Medicaid members identified for our most intensive level of Case Management, **95 percent** have three or more conditions and **62 percent** have five or more conditions. Achieving gains in health outcomes requires a member-centric and integrated approach to care coordination. Members work closely with Amerigroup’s qualified and passionate Case Management staff and receive services at the appropriate level of care through the development and implementation of individualized, innovative case management plans that include coordination of services with community resources.

We have proven success with this model. In a 2010 study of our high-risk members enrolled in Amerigroup’s case management program, we found that after being managed for at least 90 days, members used health care resources more efficiently and required less emergent care, thus reducing costs while improving health outcomes. **One such outcome was a significantly greater reduction in non-emergent emergency room (ER) visits and inpatient admissions through the ER which indicates that members are receiving the right care at the right time.** Overall, managed members demonstrated a **39 percent reduction in non-emergent ER visits.** In Texas where we coordinate long-term services and supports for seniors and individuals with disabilities, our case management led to a **28 percent reduction in the average inpatient length of stay.**



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F.3 Describe your approach for coordinating the following carved out services which will continue to be provided by the Medicaid fee-for-service program:

- ***Dental***
- ***Specialized Behavioral Health***
- ***Personal Care Services***
- ***Targeted Case Management***

Amerigroup will incorporate planning for dental, specialized behavioral health, personal care services and targeted case management benefits into our care management programs. We will promote member awareness of and access to the full spectrum of benefits even those that are carved out so that members know the benefits that are available to them to achieve improved health outcomes.

Serving 11 states, Amerigroup is adept at collaborating with external entities to coordinate carve-out services. We bring to Louisiana established protocols and an approach that supports integration of care for our members, even if that care is delivered outside Amerigroup. Amerigroup's case management model centers on the member – delivering the full array of services that we tailor to each individual's needs, not simply their primary condition.

For each of the carve-out services, Amerigroup's approach to establish coordination protocols will address:

- Identification of members requiring coordination
- Information sharing strategies
- Joint initiatives

Our program coordination efforts encourage optimal outcomes for all members and foster efficient use of DHH resources.

Dental

Amerigroup has identified best practices to promote optimal outcomes for our members in both types of models – those that integrate medical and dental benefits or those that carve them out. We believe coordination and integration is especially important since medical and dental health are often interrelated for key populations served through Medicaid. **Five of the states in which Amerigroup health plans operate have carve-out dental programs, thus we have significant experience with this model.** We have existing relationships with several of the Medicaid dental vendors and are experienced at collaboratively working with them.

Identification of Members Requiring Coordination

In our experience, there are two key populations for whom linkage between medical and dental programs have the most significant impact. First, members who visit the ER for a dental-related condition most likely require follow-up dental care to encourage preventive and primary care services to avoid future ER visits.

Secondly, pregnant women with severe Periodontal Disease (PD) are more than seven times more likely to go into labor prematurely. PD places pregnant women at greater risk for preterm birth than alcohol consumption or smoking.¹ Making sure that pregnant members receive timely and appropriate dental services will promote optimal outcomes for both mom and baby.

Information Sharing Strategies

Amerigroup recommends that we submit monthly (HIPAA-compliant) data reports to DHH's dental program vendor that list our members who visited the ER for a dental condition within the previous month and a list of all newly identified pregnant women enrolled in our health plan. With this data, the dental vendor can conduct targeted outreach to connect these high-risk members with the appropriate dental services, fostering improved overall health outcomes for the members and cost savings to the State.

Joint Initiatives

Advocating for improved general health of children, including oral health, for our carve-in programs Amerigroup recently evaluated delivery of dental care in a hospital operating room setting. Analysis by our Medical and Dental Directors confirmed that children are placed at risk when general anesthesia is utilized unnecessarily. Amerigroup recognized an increased number of children being referred to the hospital for dental services for the use of general anesthesia. In October 2010, Amerigroup initiated prior authorization requirements for all dental procedures performed in a medical facility under general anesthesia, applying clinical criteria established by the American Dental Association and the American Academy of Pediatric Dentists. This criteria takes into account the age of the member, the number of treatments to be performed and any comorbidities that may exist. The goal of the initiative was to enhance patient safety by confirming that the need for general anesthesia is justified.

Validating the efficacy of our child risk-management initiative, in the fourth quarter of 2010, *Amerigroup experienced a 36 percent reduction in use of general anesthesia in an operating room setting over the previous quarter.* Preliminary 2011 data suggest ongoing reductions, further reducing the risk.

We are currently exploring with carve-out vendors in other states how to operationalize such a program. Under this arrangement, the dental vendor manages the preauthorization process and shares daily or weekly authorization files with Amerigroup to support claims adjudication. We believe this initiative may strengthen child patient safety for our members in Louisiana, and we welcome the opportunity to discuss it with DHH and its vendor.

Additionally, we would include educational information for PCPs in our provider handbook which reinforces the importance of timely dental services for children, promoting integration of primary and dental services.

Specialized Behavioral Health

Behavioral health services are carved out (to varying levels) in several states where Amerigroup health plans operate thus we have significant experience with this model. We are adept at coordinating care to bridge the gap between physical and behavioral health for our members. We also

¹Dolapo A. Babalola and Folashade Omole, Periodontal Disease and Pregnancy Outcomes, *Journal of Pregnancy*, Volume 2010 (2010).

recognize the State plans to contract with a managed behavioral health organization to manage the Coordinated Systems of Care Statewide Management Organization (SMO). Amerigroup will actively engage in or lead initiatives, described below, to facilitate coordination with the SMO to foster stability for members and advocates across the State.

Identification of Members Requiring Coordination

The cornerstone of our case management model is prospectively identifying individuals with the greatest risk level, reaching out to engage them in case management and collaborating with the member, their providers and caregivers to develop a case management plan that addresses the physical, behavioral, functional and social service needs of that individual, as is detailed in our answer to question F.2. This process is identical whether a member’s condition is primarily physical or behavioral, and our Case Managers refer all cases in which we have identified issues in areas served outside the CCN to the appropriate vendor or agency, including DHH’s SMO for specialized behavioral health for management or co-management.

Amerigroup continually analyzes our data to search for members who may be appropriate for physical or behavioral care coordination, promoting a strategic approach that supports the State’s SMO efforts by identifying those members, through our innovative predictive model, who may require specialized behavioral health services and initiating a referral to the SMO.

REAL SOLUTIONS *mean* REAL RESULTS

Amerigroup’s predictive model supports the State’s specialized behavioral health program by identifying and referring those members with behavioral health conditions to the SMO for care coordination.

At the outset, our Case Managers screen members using a standardized general assessment that incorporates additional assessments for specific disease groups, including behavioral health. For example, the general assessment includes the CAGE (Cut-down, Annoyed, Guilty, Eye-opener) screening for alcohol abuse. Amerigroup will then refer all cases with complex primary or secondary behavioral health care needs to the SMO.

In addition to assisting in the screening and identification of members with behavioral health needs (such as screening new moms for postpartum depression), because of the enhanced training we deliver, described in F.2 above, our care management team is attuned to the often subtle behavioral health obstacles to successful completion of a case management plan and thus are better prepared to work through such issues with members who may not require referral to DHH or the vendor. In our experience, it is this approach that drives sustainable improvements in health by managing the individual, not just their medical issues.

Information Sharing Strategies

As detailed earlier in this section, our predictive model synthesizes member data (for example, diagnoses, hospitalizations, emergency room encounters, expenditures and demographics) and develops individualized risk profiles. To generate the most comprehensive results, Amerigroup recommends that the State provide, or require their managed behavioral health vendor to provide, the CCNs with monthly claims/encounter and authorization data to incorporate into this process. **Members with comorbid medical and behavioral health disorders generally represent the most complex and**

costly cases, and identifying them as early as possible enables Amerigroup to intervene with appropriate care management strategies.

With the full complement of data, Amerigroup can more precisely screen for members at the greatest risk for poor health outcomes by analyzing inpatient admissions or readmissions, pharmacy data, or trigger diagnoses (including an array of mental health and substance abuse diagnoses).

Joint Initiatives

Well-choreographed interaction with specialized behavioral health services encourages optimal health outcomes for members and cost efficiency for the State. At the outset, Amerigroup recommends that the State mandate the development of definitive protocols between the CCNs and the SMO that bridge that gap for members with comorbid medical and behavioral health conditions. By specifying protocols during program implementation, Amerigroup establishes a methodical approach to handling cases of members with comorbid conditions and sets forth an organized approach to resolving potential disputes between the entities. In doing so, we maximize efficiency and seek to eliminate conflict or fragmentation for members.

For example, in an Amerigroup health plan in which behavioral health services are carved out, a member attempted suicide by jumping from a window and fractured his leg. Once the member was physically stable, **Amerigroup worked with the behavioral health vendor to transition the case** to address his acute psychiatric needs while concurrently ensuring his medical needs were resolved. Written protocols for handling such cases, developed under the leadership of the State, define how Amerigroup and the vendor work together, including responsibility for claims. In another example, we would work closely to map out a case management plan and claims responsibility for a pregnant member diagnosed with an unstable mental health condition to ensure that she receives the appropriate level of care to stabilize her mental illness while also ensuring quality prenatal care.

During program implementation, Amerigroup would work with DHH's Office of Behavioral Health (OBH) and, with leadership from OBH; Amerigroup will meet with the relevant carve-out programs to establish detailed coordination protocols that specify:

- Designation of primary and secondary case management responsibility
- Criteria and processes for referral of cases between organizations
- Claims payment responsibility for shared cases
- Communication and interaction on shared cases, both formal and informal, including each organization's clinical leadership
- Periodic clinical case conferences in which both teams review complex shared cases, including clinical leadership from both organizations
- Process for resolving potential conflicts, including seeking resolution from the State as necessary
- Cross training of respective staffs on referral and coordination procedures

Subsequently, Amerigroup recommends quarterly joint operating meetings that include representation from DHH's Medicaid agency, OBH, the SMO and each of the CCN providers. The joint operating meetings should focus on continually assessing the level of integration among programs and collegially

identifying opportunity for performance improvements across the programs, ultimately benefitting the State, its citizens with comorbid conditions and providers who serve all DHH agencies.

Because the behavioral health program represents the most significant integration opportunity for the carve-out services, Amerigroup will designate a Case Manager/Behavioral Health Specialist who is responsible for monitoring coordination with DHH's SMO on a day-to-day basis. The Specialist:

- Works in conjunction with operations leadership to develop and implement the coordinated medical management programs, including establishing and maintaining relationships with State agencies, behavioral health providers, advocates, and other community stakeholders to promote and ensure the coordination of the physical, behavioral and psychosocial needs of members
- Leads the establishment of indicators for monitoring and evaluating quality of care, appropriateness, continuous improvement, member satisfaction, utilization, and case management across the continuum of care to members with comorbid physical and behavioral health care conditions
- Serves as the health plan's in-house resource for coordinating care with behavioral health providers, educating the health plan about resources and developments within the behavioral health system of care and shall be the liaison with State regulatory agencies

Finally, there are numerous community-based agencies across the state who work with Medicaid populations for both physical and behavioral health services, and Amerigroup will institute a Statewide Advisory Board to work with us to develop solutions on how to mitigate gaps in communication as well as how can we best meet the needs of the community. While still in the conceptual stages, Amerigroup has met with representatives from a number of community-based agencies throughout Louisiana and a number of them have expressed interest in participation, including NAMI Louisiana, the Louisiana Consumer Healthcare Coalition, Puentes, New Horizons and Extra Mile.

Personal Care Services

Identification of Members Requiring Coordination

During program implementation, Amerigroup will work with DHH to specifically define the eligibility criteria for members to receive Personal Care Services and the process for referring eligible members to the appropriate resource. For members receiving case management services, Amerigroup will incorporate into our assessment process a screening to determine if the member is currently receiving or is eligible for DHH's Personal Care Services. For those members, the case management plan will include referral to such services as part of the overall case management plan.

Information Sharing Strategies

To promote access to available services for all recipients, Amerigroup would seek updated lists of members who are eligible for or enrolled in Personal Care Services programs so that we can best identify those members who likely require more hands-on assistance with accessing services. We will also incorporate such agencies into the case management planning process, linking members to the necessary services and verifying that coordination takes place when appropriate.

Joint Initiatives

In our experience serving members in several states through Long Term Care programs, Amerigroup sees opportunities to collaborate with Personal Care Services vendors on quality improvement projects. For example, our Texas health plan is piloting a clinical quality improvement initiative for our STAR+PLUS members for whom we coordinate Long Term Support and Services. Because Personal Care Services providers have daily face-to-face contact with members, they are often the best source for early identification of any potential health complications that, if left unchecked, could compromise health or trigger an escalated level of care, such as inpatient admission. We are training Personal Attendant Service providers to recognize any changes in a member's condition (such as a change in skin tone, thirst or appetite) and to report those to the Amerigroup Service Coordinator so that the Service Coordinator can respond rapidly and avert complications.

Amerigroup would assess with DHH the feasibility of similar initiatives with Personal Care Service vendors in Louisiana to extend the reach of the health plan.

Targeted Case Management**Identification of Members Requiring Coordination**

As with Personal Care Services, during program implementation, Amerigroup will work with DHH to specifically define the eligibility criteria for members to receive Targeted Case Management (TCM) and the process for referring eligible members to the appropriate resource. For members receiving case management services, Amerigroup will incorporate into our assessment process a screening to determine if the member is currently receiving or is eligible for TCM. For those members, the case management plan will include referral to such services as part of the overall case management plan.

Amerigroup currently has similar protocols in place in other states. For example, DHH includes Nurse-Family Partnership services as TCM for first-time moms in several DHH regions. Amerigroup already incorporates assessment and referral of our members to such programs, illustrating our capacity to coordinate services with specialized programs that fall outside the health plan's scope. We will work with DHH to clearly define eligibility and referral criteria as well as Louisiana-specific procedures for initiating referrals.

Information Sharing Strategies

For our current operations, Amerigroup maintains established protocols for information sharing on shared cases to promote optimal care coordination with non-health plan resources that we would adopt for our Louisiana operations.

Joint Initiatives

Amerigroup welcomes the opportunity to work with DHH to identify and implement joint initiatives with the Targeted Case Management vendors to improve the quality of care and services delivered to our members across Louisiana.

Pharmacy

In addition to the carve-out services listed in the question, Amerigroup recommends that DHH also consider coordination activities with the pharmacy program. Amerigroup is interested in exploring with DHH options for facilitating integration to promote improved results for Medicaid and CHIP recipients.

F.4 For members who need home health services upon discharge from an acute care hospital, explain how you will coordinate service planning and delivery among the hospital’s discharge planner(s), your case manager(s), your disease management staff member(s), and the home health agency. Further, explain how you will monitor the post-discharge care of enrollees receiving home health services in remote areas.

Transitional Care Strategies

Amerigroup’s experience validates that **members’ highest risk of readmission is within the first 48 hours** post-hospital. Amerigroup’s Utilization Management Program’s discharge planning process includes coordination of the full array of services that a member may need during the transition to minimize the risk and promote a safe transition from inpatient to outpatient care. We coordinate services such as home care services, transportation to follow up appointments or social services (such as Meals on Wheels if a member is unable to prepare their own meals when they first arrive home). Amerigroup also manages a **Transitional Model of Care program** which was built on our strong discharge planning capabilities that have been refined over 15 years. Under the Transitional Model of Care program, moderate to high-risk members receive more intensive outreach and one-on-one coaching until they are stabilized at home.

Modeled after the transitional care programs that have proven successful in reducing readmission rates and improving overall health outcomes, the goal of Amerigroup’s Transitional Care program is to reduce overall 30-day readmission rates for patients and to facilitate a smooth transition between inpatient settings and the home by providing intensive, but short-term support. The program incorporates strategies for filling the gaps that most often drive readmissions, including inadequate access to follow up care and poor coordination of follow-up services upon discharge and afterwards.

Our member-centric approach fosters a carefully orchestrated transition for members led by Amerigroup’s highly trained clinical staff who engage members and providers to assess each individual’s needs and develop a short-term plan to deliver a safe and successful transition between levels of care.

REAL STORIES

Bob, a member with quadriplegia, who had been in and out of the hospital and skilled nursing facilities for more than two years, was being discharged to his family’s home in rural New Mexico. To promote a safe transition, Bob’s Amerigroup Service Coordinator met with the family and the hospital Social Worker prior to discharge to assess his needs for home care services (including a hospital bed, lift equipment, oxygen, a feeding pump, supplies and skilled nursing). The hospital Social Worker had already identified and was collaborating with an alternate payor source since many of the services fell outside the scope of Bob’s benefits. Due to the complexity of his condition and the rural location of his parents’ home, the Service Coordinator had difficulty but located skilled nursing and home care providers who could accommodate Bob’s needs.

Throughout the discharge process, the New Mexico health plan clinical team, led by the Medical Director, contributed ideas and strategies for encouraging a positive outcome through the health plan’s Complex Case Management. The Service Coordinator also expedited all the required assessments and authorizations through the UM department.

Upon discharge, the Service Coordinator visited Bob in his parent’s home to confirm that all equipment, supplies and services were in place as requested, and the Service Coordinator has planned quarterly home visits (in addition to ongoing telephonic support and assistance), but she will visit more frequently if Bob’s needs change. The Service Coordinator’s efforts to link Bob, his parents, the hospital’s Social Workers, Amerigroup’s complex case management team, home health agencies and UM resulted in a safe and efficient discharge for this member.

For moderate to high risk members, a Transitional Care Coach collaborates with our Concurrent Review nurse (and other care management staff if necessary, such as our Disease Management Care Managers) to work with the member and/or their caregivers (and when appropriate the hospital’s discharge planning staff) to coordinate all necessary follow-up care, including home care. The Transitional Care Coach then works directly with the member, either telephonically or face-to-face (depending on the risk level), to educate them about the transition and to verify that their recovery remains on track, as follows.

Follow up Care. The Transitional Care Coach verifies that the member schedules and attends all follow-up appointments, including making sure they have a follow-up appointment with their PCP during the transition. They provide all necessary support, such as arranging for transportation when necessary to keep appointments.

Medication reconciliation. Too often members are discharged without medications that were prescribed to them pre-admission exacerbating their condition and delaying the recovery process. To address this gap, the Transitional Care Coach obtains the hospital discharge medication list from the Concurrent Review Nurse, Hospital Discharge Planner or the member and compares prescriptions to the list of medications previously prescribed. We resolve any discrepancies by reviewing the discharge medication with the outpatient provider. We then monitor to verify that the member is adhering to their medication plans.

“Red Flag” Education. Transitional Care Coaches create a potential problem list, or list of “red flags,” and educate members and caregivers about condition changes that may trigger a call to their PCP or about how to address any potential complications.

Disease Specific Interventions. Transitional Care Coaches work with members and caregivers to build their knowledge about their specific condition and boost their ability to take care of themselves, empowering individuals to take charge of their health and promote optimal recovery. Coaching may be complemented by, for example, information found in our online health library, *Health A to Z*.

Identifying and Addressing Barriers to Care. Throughout the program, the Transitional Care Coach works with members and their families to identify and address any barriers to continued recovery, such as transportation, environmental or social support gaps. We remain fully focused on empowering each member and caregiver to achieve recovery goals and prevent readmissions.

Once the member is stabilized at home, the Transitional Care Coach will facilitate the member to any necessary care management programs, such as Disease Management. This ensures that the member only has one primary point of contact at all times.

Results

In Nevada, Amerigroup has reduced readmission rates for its 75,000 TANF members, illustrated in Figure F-4. **Readmission rates for like conditions from 2009 to 2010 decreased by 35 percent.** Readmission rates for any condition in this last year decreased by nearly 20 percent.

Figure F-4. We Reduced Readmission Rates Among TANF Members in Nevada.

Nevada Readmission Rates			
Readmission Type	2009	2010	% Change
Like Condition	1.25%	0.81%	-35.2%
Any Condition	4.19%	3.37%	-19.7%

Promoting Care in Rural Areas

Transition Care Coaching continues until the member has stabilized and follow-up care is in process, generally between 30 and 45 days. Regardless of the member's location (urban or rural), Amerigroup will deploy the necessary intensity of interventions to promote positive outcomes. Developing linkages with service providers in the local community is the critical component of success. Our experience in this area will benefit our rural Louisiana members. In many of our health plans we serve rural communities. For example, in New Mexico not only are many members in rural locations, they sometimes lack telephones. To deliver case management, we rely on field-based Case Managers who know the communities they serve and are skilled at locating hard-to-reach members by visiting them in their homes whenever they need to check in on them. We will bring similar protocols and creativity to Louisiana.

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F.5 Aside from transportation, what specific measures will you take to ensure that members in rural parishes are able to access specialty care? Also address specifically how will you ensure members with disabilities have access?

Rural Access to Specialty Care

Amerigroup recognizes that access to specialty care is limited in many rural parishes in Louisiana, and we will make every effort to enable access to specialty care providers throughout the State, including in rural parishes. When developing our provider network as detailed in Section G Provider Network, Amerigroup will:

- Identify and contract with safety net providers, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and other significant traditional providers (STP)
- Identify and contract with tertiary providers with rural outreach capabilities
- Monitor/enhance, on an ongoing basis, network access and adequacy through network assessments and claims reviews

Amerigroup operates health plans in many states with rural populations, and we bring to Louisiana an array of strategies to promote improved access to specialty care in rural areas, highlighted below. We will continue to collaborate with the Louisiana Rural Health Association and the Louisiana Rural Health Coalition to identify and assess opportunities for boosting access to specialty services throughout Louisiana's rural parishes. Amerigroup will also synchronize our efforts with DHH's Bureau of Primary Care and Rural Health to ensure that our efforts build upon and do not duplicate existing initiatives within the State.

Telemedicine Blends High Tech and High Touch to Reach Members in Rural Areas

Telemedicine is a rapidly developing application of clinical medicine where medical information is transferred through interactive audiovisual media for consulting, remote medical procedures or examinations. Although it can be used anywhere, Telemedicine is perhaps most beneficial for people living in isolated communities or rural parishes of Louisiana. Access to care can increase when a doctor or specialist can provide an accurate and complete examination virtually for patients who live in such areas. The patient may not have to travel distances to interact with a PCP or specialist.

Telemedicine has been growing rapidly because it offers three fundamental benefits:

- **Improved Access.** For more than 40 years, telemedicine has been bringing health care services to patients in distant locations. Not only does telemedicine improve access to patients but it also allows physicians and health facilities to expand their reach beyond their own offices
- **Cost Efficiencies.** Reducing or containing the cost of health care is one of the most important reasons for funding and adopting telemedicine technologies. Telemedicine has been shown to reduce the cost of health care and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times and fewer or shorter hospital stays

- Patient Demand.** Consumers want telemedicine. The greatest impact of telemedicine is on patients, their families and their communities. Using telemedicine technologies reduces travel time and related stresses to patients. Over the past 15 years, study after study has documented patient satisfaction and support for telemedical services. Such services offer patients access to providers that might not be available otherwise as well as the convenience of medical services without the need to travel long distances

Amerigroup Experience with Telemedicine in Other Markets. The Amerigroup Georgia health plan currently collaborates with the Georgia Partnership for TeleHealth, Inc. Through active engagement, the state has seen a more than 200 percent increase in Telemedicine encounters between 2008 and 2010.

During that time, the State of Georgia, through its telemedicine program, has:

- Improved availability and provision of specialized health care services in rural and underserved parts of Georgia
- Educated and provided training and technical assistance to hospitals, clinics and Primary Care Physicians to implement and achieve exchange of health information
- Reduced the service barriers that exist for patients who live in rural parts of the state – at a distance from hospitals and other medical facilities

AMERIGROUP INNOVATIONS

Promoting Wellness, Healthy Lifestyles, and Emergency Preparedness through eHealth

Problem Many Medicaid enrollees don't have the information and resources they need to understand their health or manage their condition.

Amerigroup Solution Amerigroup is engaging members as active participants in their own health by giving them the tools and information they need in a usable, actionable and accessible format.

- Health Encyclopedia and Tools.** The Amerigroup member website offers members access to Health A to Z (powered by the Healthwise® KnowledgeBase). Health A to Z includes a variety of tools including an award-winning Symptom Checker. Members can easily find information by selecting from 6,000 topics, in English and Spanish, including understanding their symptoms, health conditions and diseases and medical tests.
- Helping Members Quit Smoking.** We are offering our members an online smoking cessation program that includes both nicotine replacement therapies as well as coaching and support to continue on the path to quitting smoking.
- Supporting Members in Times of Need.** Amerigroup will provide a link to a free, personal and private website that connects people experiencing significant health challenges to family and friends making each health journey easier. Members will link to the site directly from our member website giving them an opportunity to easily share information with family and friends.
- Personal Health Record with Personal Disaster Plan.** Amerigroup seeks to empower our members to make responsible decisions about their health and well-being. One way we do this is by offering Personal Health Records, including an integrated and critical Personal Disaster Plan.

Benefits eHealth provides members enhanced access to information about their health and gives them the tools to manage their condition(s), supports and enhances member/provider relationships, and improves the health delivery experience for members.

In Georgia, the top 10 specialized health care telemedicine encounters in 2010 were for

- Wound Care
- Adult Psychiatry
- Gerontology Psychiatry
- Neurology
- Child Psychiatry
- Endocrinology
- Pediatric Endocrinology
- Rheumatology
- Dermatology
- Child Protection Service

Amerigroup is committed to seeing the same growth in telemedicine encounters in the rural and underserved portions of Louisiana.

Enhancing Services Available through FQHCs and RHCs

Amerigroup cultivates deep roots in the communities we serve, and we seek long-term solutions to health care challenges, including the lack of access to specialty care in rural areas. One strategy that has been effective in other states is collaboration with FQHCs and RHCs to expand their scope of specialty services. These providers have established operations in rural communities, including relationships with recipients, community agencies and other stakeholders. In other states, we have worked with FQHCs and RHCs to add specialty services not currently available locally. For example, in one area, access to behavioral health services was restricted, so Amerigroup worked with the local primary care providers to add a behavioral health specialist to the practice, enabling access to specialty services that had been severely limited to improve health outcomes in the community. Amerigroup will actively explore similar options for other specialty services that can be built into the existing infrastructure of rural Louisiana safety net providers.

Enabling Tele-consults and Electronic Consultations

Technology innovations continue to expand the range of possible supports that can be made available in rural Louisiana parishes. Amerigroup is currently piloting in Maryland and Tennessee a program called Amerigroup On Call, which enhances access to physicians after-hours through telephonic consultation. For callers to our *Nurse HelpLine*, when the clinical evidence suggests a condition that can be appropriately addressed over the telephone (for example, an upper respiratory infection), the nurse arranges to have a credentialed and state licensed medical doctor call the member for a consultation within three hours. Our pilot results indicate that most follow-up calls actually occur within 30 minutes. During the call, the physician conducts a brief assessment and provides recommendations and guidance, including issuing prescriptions such as antibiotics, when indicated. This intervention generally resolves the member's issue, and no visit follows.

Amerigroup will continue to hone the program and adopt best practices from other health plans in Louisiana. We believe that this model may be particularly successful in rural areas in Louisiana where a limited health care delivery system restricts access to ER alternatives. Amerigroup On Call, particularly the telephonic consultations by Louisiana-licensed physicians, fills gaps in the local health care infrastructure.

Amerigroup will continue to investigate how newly evolving telephonic and online consultations could augment the local health care delivery system in rural parishes.

Facilitating a Visiting Specialist Model

In addition to establishing permanent specialty services at FQHCs and RHCs, we will also explore the potential to build Visiting Specialist programs in key areas. Through such arrangements, we will seek to partner with existing specialty provider practices in our network in urban or suburban communities to expand into secondary markets, through regular rotations at FQHCs and RHCs or through other local provider sites in underserved areas. By having the most in demand specialties available on a regularly scheduled basis, we would increase access for our members and the community as a whole. Similar programs in rural parts of the country have proven effective, and we are committed to working with DHH to explore all viable options.

Authorizing Access to Non-Network Providers

Additionally, throughout the care management process, we will monitor access to care and collaborate with our Network Development team should we identify trends that suggest restricted access in parts of the State.

In all cases, we focus on ensuring that our members have access to the full array of services available to them. When an in-network provider is not available to meet a member's non-emergency needs, Amerigroup will refer that member to an out-of-network provider. In this instance, a Care Manager monitors the case from the point of a request for an out-of-network authorization, verifying that treatment is available and delivered. Upon receipt of an authorization request from the PCP, once our Utilization Management staff verifies member eligibility, they ascertain the reason that the service is requested of an out-of-network practitioner or facility. The Utilization Management staff performing the assessment of the member's health needs forwards cases requiring Continuity of Care coordination to the Care Manager for review and discussion with the our Medical Director. If the Medical Director deems providing services by the out-of-network practitioner is medically necessary, the following actions are taken:

- Our Utilization Management Department approves the authorization for services by a non-participating provider
- Our Provider Relations department negotiates a single case agreement with the provider which sets forth provider payment (a comparable in-state/network rate, the State Medicaid fee-for-service rate, State-approved out-of-network provider payment methodology or a negotiated fee schedule) as well as prior authorization and care management requirements
- During its initial contact with an out-of-network provider, our Provider Relations department may encourage that provider to join the network
- Our Utilization Management Department develops a strategy to coordinate a member's transition to an in-plan provider once the member is stable or the care requires long-term treatment that is available from a participating practitioner
- We check to verify provider licensure and no licensure sanctions, including confirmation that the provider does not appear on any exclusion lists, at a minimum when we authorize care to a nonparticipating provider

Access for Members with Disabilities

It is a requirement of participation in the Amerigroup provider network that all providers comply with requirements of the Americans with Disabilities Act (ADA). Additionally, we recognize that members often have unique needs beyond physical access to a provider's office. Amerigroup requires providers to complete an assessment upon enrollment to identify any specialized services offered to understand the range of providers who are capable of meeting the needs of our members with specialized service needs. Providers may have specially trained staff, accessible DME such as wheelchair accessible dental chairs, mammography, or other unique capabilities to serve members with specialized service needs. We capture and make this information readily accessible to our Member Call Center and care management representatives to facilitate specialized service needs for our members who need them.

Amerigroup will establish a Louisiana Statewide Advisory Board comprised of relevant advocacy groups and community partners Augmenting our National Advisory Board (NAB) on Improving Health Care Services for Seniors and People with Disabilities. The Louisiana Board will provide, among an array of guidance, input on providers and provider offices to ensure that we tap into the knowledge and history that Stakeholders and consumers have within the State. We engage those Stakeholders and providers who have been working with our members and their families; have committed to the identification of specialized services (DME, People First Language, interpreters); and, understand our members and their preferences, to ensure the accessibility and relevance of our service delivery system. We have already been working within Louisiana to identify potential board participants so that we expedite implementation upon contract award.

Additionally, as part of the initial credentialing of PCPs, obstetricians and gynecologists, an Amerigroup representative completes an onsite visit to determine compliance with standards for physical accessibility, physical appearance of the office environment, adequacy of waiting and examining rooms, adequacy of medical recordkeeping practices, appointment availability, and office operations.

This site review includes ensuring, at a minimum, that these providers have the appropriate height examining tables for members with disabilities and that they meet all the requirements for accessible services.

Ensuring Network Adequacy

To ensure all members, including those with special needs, have access to health care services, we measure and verify access to care including:

- Quarterly assessment of the network access with respect to state standards
- Review of GeoAccess reports to determine any network gaps
- Ongoing monitoring of network access, appointment availability, and provider compliance with after-hours coverage through surveys and member complaints
- Verification of meeting/exceeding Americans with Disabilities Act requirements

Amerigroup will generate and review GeoAccess reports for members who are identified as having special needs compared to our provider Network. We will also generate and review GeoAccess reports on access to our special services including physical therapists, occupational therapists, speech therapists, durable medical equipment providers and audiologists.

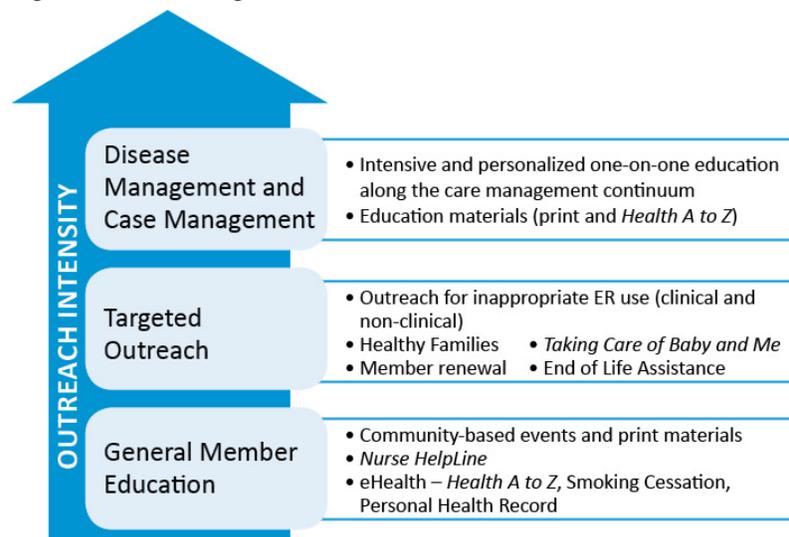
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F.6 Detail the strategies you will use to influence the behavior of members to access health care resources appropriately and adapt healthier lifestyles. Include examples from your other Medicaid/CHIP managed care contracts as well as your plan for Louisiana Medicaid CCN members.

Amerigroup proposes a comprehensive and thoroughly vetted strategy for influencing member health behaviors building on our success in 11 states. Medicaid recipients must understand how to access appropriate health care services and become engaged to take responsibility for their health status if they are to achieve sustainable gains in health outcomes. Accomplishing this goal requires a culturally-sensitive and high touch member education plan.

Our efforts range from general member education strategies that seek to build health literacy and empower members to take responsibility for their health status to increasingly high-touch solutions in which we conduct highly targeted outreach and education for individual members, all of which will be adapted for our Louisiana health plan, as illustrated in Figure F-5. Additionally, Amerigroup’s newest strategy to reduce inappropriate use of hospital ERs blends the full spectrum of education to influence member behaviors. Our most intensive approach to changing member behaviors and boosting self-care skills are reflected in our Case Management and Disease Management programs, described in Section F Service Coordination and Section E Chronic Care/Disease Management, respectively. **Our plan is to adopt all of these programs, developed specifically for Medicaid and CHIP recipients, for our Louisiana CCN members.**

Figure F-5. Tailoring Outreach to Member Needs



Our response addresses:

- General member education efforts
- Targeted member outreach
- Multi-layered strategy for reducing inappropriate use of the ER

General Health Education Helps Members Achieve Healthier Lifestyle

While the initial orientation and welcome outreach starts the process of educating our members as soon as they are enrolled with Amerigroup, we continue to educate members about developments or changes in the program or benefits through the member education approaches described in this section. Ultimately, **our goal is to provide age- and culturally-appropriate information** that enables members to make informed choices and promotes awareness of health conditions such as asthma, influenza and

obesity. In collaboration with community organizations (detailed in our response to question F.7), we deliver our messages through health fairs and special events at which educational materials are readily available. Additionally, the events often include free health screenings and immunizations that not only benefit our members individually but also the communities where our members reside. Many supporting member materials may be downloaded from our Web site at any time or can be mailed upon member request. We have also begun to use email to efficiently increase our member touches while providing important health and health plan information.

Many Medicaid enrollees don't have the information and resources they need to understand their health or manage their condition. A lack of health literacy is prevalent among this population and compounded by economic, cultural, geographic and other barriers.

Amerigroup is engaging members as active participants in their own health by giving them the tools and information they need in a usable, actionable and accessible format. We use online and mobile technologies to enhance access to information and resources, empower members to make informed health care decisions and improve quality, value and member satisfaction. Our members need and want information that is credible and reliable, as well as convenient, accessible and protected.

Our wellness outreach and member programs are designed to impact those health issues most prevalent to our membership to encourage members to adopt healthy behaviors and maintain good health.

- **Annual Physicals.** We educate members and their parents/guardians about the importance of getting back-to-school physicals and annual physicals
- **Bullying and Cyber-Bullying.** Cyber-bullying, online harassment or threatening is a prevalent form of bullying today and is on the rise. Amerigroup's Cyber-Bullying program provides information about the dangers of cyber-bullying for parents/guardians and teens. We work to expand parent awareness of cyber-slang, red flags and key indicators. Supporting this effort, Amerigroup provided a grant to Families Helping Families of Southeast Louisiana to help support their anti-bullying campaign against kids with developmental disabilities, who experience an elevated rate of bullying
- **Daily Fitness and a Nutritional Diet.** Amerigroup has several fitness and nutrition programs, ranging from interactive demonstrations such as cooking and exercise, to lectures and the use of entertainment devices such as the Wii Fit to support the integration of fitness into daily lifestyle. In New Jersey, we send field-based educators into the schools to teach kids about the dangers of "drinking their calories" and eating foods filled with processed sugar. The kids are astonished at the mound of sugar in a single can of soda
- **Hand-Washing and Minimizing the Spread of Germs.** We target children with messages on the importance of washing hands to prevent the spread of germs and use physical demonstrations to show proper techniques
- **Immunizations.** Amerigroup makes an immunization schedule available to parents so they can be sure their children receive all appropriate immunizations. We also send birthday card reminders for members to keep current with their immunizations. For example in June our Georgia health plan will host a Birthday Celebration in which participants will learn about immunizations, well child check ups and also receive important benefit information, give aways, pizza and much more



- **Nurse HelpLine.** Access to our *Nurse HelpLine* enhances access to care while also encouraging appropriate use of health care services 24 hours a day, seven days a week (24/7). A *Nurse HelpLine* registered nurse, guided by sophisticated decision tree software, assesses the caller's needs and provides recommendations for seeking treatment, which may include self-care, an appointment with the caller's PCP, or immediate referral to the emergency room, based on the nature and severity of the symptoms. The toll-free *Nurse HelpLine* is staffed by licensed nurses who are able to address our members' clinical questions and help members make informed decisions telephonically 24/7. The *Nurse HelpLine* also provides members with an automated audio library that provides information on various health topics



- **SafeLink.** Pending DHH approval as added value, Amerigroup will inform Amerigroup members about SafeLink. SafeLink Wireless is a U.S. government program that ensures telephone service is available for eligible households. Members and their parents/guardians who are income eligible can receive a free cell phone. Additionally, Amerigroup members who are not existing SafeLink subscribers can also receive a one-time 100-minute bonus (all minutes can be rolled over). The program is convenient for members because they never receive a bill. When their monthly minutes run out, the phone is deactivated except for 911 and Amerigroup texts. They can purchase more minutes at a local retail store or wait until minutes are replenished the next month. SafeLink is available to members at no cost, and all members with SafeLink phones will be eligible for the following benefits:
 - Renewal reminders for the member and family
 - Up to six text messages per year from Amerigroup, providing valuable health education and Continuity of Care information — for example, checkup reminders for moms-to-be and new moms, flu shot reminders and weight management support
 - Automatically-updated contact information to provide Amerigroup Case Managers real-time access to members enrolled in case management programs. This will enable our staff to ensure appointments are made and kept, prescriptions are taken and refilled and transportation arrangements have been made
- **Summer Safety.** This program educates families on pool and swimming safety tips for drowning prevention, applying sunscreen and keeping cool in the hot weather

Promoting Wellness, Healthy Lifestyles, and Emergency Preparedness through eHealth

Amerigroup is committed to taking advantage of evolving technologies to improve the accessibility, efficiency, effectiveness and quality of information and tools to help empower members to take control of their health care and outcomes, including eHealth initiatives.

The benefits of eHealth stretch across various populations and domains. Benefits are both clinical and financial. For the member, these tools:

- Enhance access to information about their health and gives them the tools to manage their condition(s)
- Support and enhance member-provider communication by giving members information to share with their provider when they visit, increasing their ability to knowledgeably consider treatment options and plans
- Improve the health delivery experience for members by identifying, developing and promoting projects to establish eSupport at different points of health delivery
- Additionally, eHealth tools offer an efficient cost-effective way to deliver timely and credible information and support to members. The tools offer a private and low-cost delivery mechanism for a wide range of information to help members achieve their health objectives

We will use evolving technologies to improve the accessibility, efficiency, effectiveness and quality of information and tools to help empower members to take control of their health care and outcomes.

- **Health Encyclopedia and Tools.** The Amerigroup member Web site offers members access to *Health A to Z* (powered by the Healthwise[®] KnowledgeBase). *Health A to Z* includes a variety of tools including an award-winning Symptom Checker. An industry-leading tool used by health plans, hundreds of hospitals and other organizations, Healthwise can help consumers make better health decisions by providing them with accessible and easy-to-use online content. Resources like the Healthwise KnowledgeBase empower members to take preventive and proactive steps to managing their own health

The Healthwise Knowledgebase (English and Spanish) meets the needs of our members, from those managing chronic conditions to those seeking better ways to maintain good health. The Knowledgebase includes the breadth and depth of health content people need as they work independently or with their physicians to make wise health decisions. Members can easily find information by selecting from 6,000 topics, including:

- Understanding their symptoms
- Health conditions and diseases
- Health and wellness
- Medical tests
- Surgical and other treatment procedures
- Prescriptions, and over-the-counter medications and nutritional supplements
- Complementary and alternative medicine
- Self-help and support group information



- **Helping Members Quit Smoking.** As an added value benefit with DHH approval, Amerigroup is offering our members an online smoking cessation program that includes both nicotine replacement therapies as well as coaching and support to continue on the path to quitting

smoking. Making the program more accessible via online support tools enhances the likelihood that our members will be successful



- **Personal Health Record with Personal Disaster Plan.** Amerigroup seeks to empower our members to make responsible decisions about their health and well-being. One way we do this is by offering Personal Health Records, including an integrated and critical Personal Disaster Plan

We are working with partners like Microsoft to implement new technologies and extend capabilities to allow members to store health information from multiple sources in a single online location. These Personal Health Records are automatically organized and always available. Members can choose to share this data with caregivers, family members and medical professionals, making it a vital part of a personal preparedness plan in case of emergency or relocation.

Targeted Member Outreach

Augmenting general member education, **Amerigroup will bring to Louisiana targeted outreach program to engage members more personally in health education**, inform members about appropriate use of health care services and encourage healthy behaviors. Escalating our interventions to adopt more high-touch tactics, Amerigroup’s outreach is generally triggered by either inappropriate use of services (such as the ER) or identification of a condition for which Amerigroup has a specialized health education initiative.

Asthma Management Support

Amerigroup Outreach employees contact the parent/guardian of all children who have had Emergency Room (ER) visits with asthma issues. Our employees work with the adults to gauge the parent/guardian’s comfort level in dealing with asthma, make sure the child has appropriate medication, provide information on the 24-hour Nurse HelpLine and even provide a referral to an Amerigroup Case Manager if necessary. We also provide members with “My Asthma Action Plan,” a guide to understanding the severity of different asthma symptoms and when to contact the doctor or ER. Additionally, AMERITIPS handouts are provided to educate members on asthma triggers and how to avoid them.



Healthy Families Program

Addressing the trend of rising obesity rates for children, Healthy Families is a pilot program for families with adolescent children between the ages of 7 and 13 who are interested in learning about making healthier food choices and improving their activity

Our Healthy Families program connects mind and body, parents and children, to focus on healthy lifestyle choices:

- Uses a family centric approach
- Engages multiple levels of support via the family and community
- Provides tangible materials for participants
- Connects participants to web-based component for further resources

level for a healthier lifestyle. Designed specifically for Medicaid and CHIP recipients, Healthy Families emphasizes strategies to overcome the barriers and challenges they face in leading healthy and active lifestyles. Through one-on-one coaching, user friendly materials, and key services such as nutritional counseling and exercise, we have positively improved the health and well-being of our members in pilots of the program.

We have also convened a work team to develop and assess wellness materials and their relevance to the community relating to healthy eating and exercise. We are approaching this from a Universal Design perspective to ensure that it is applicable to all youth and their families, regardless of their ability, physical movement; intellectual and developmental capabilities; side effects from medications; or access to gym and fitness equipment.

Using our Case Management registry, Amerigroup places outbound calls to parents of children in the identified age range. Those who indicate their children may be overweight, obese, or have a personal or family history of co-morbid conditions will be invited to enroll in our Healthy Families program designed to educate and encourage participants on leading a healthier lifestyle.

As the name suggests, Healthy Families is a six-month program that includes a ten-week, family-centric program that meets twice weekly, including Saturday mornings for member convenience. Healthy Families recognizes that children in identified age range are not in control of all factors – such as cooking and grocery shopping – that influence their lifestyle, so parental involvement is a key factor to include. Together, children and their parents attend classes that focus on healthy lifestyle choices such as nutrition, physical activity, behavior change and parenting skills. While the children may be exercising and playing team based games their parents remain in the classroom, learning about behavior change and discussing parenting techniques for their children. By the end of the course, parents will have learned how to eat and cook healthier and also how to use their parenting skills to promote a healthier lifestyle for their children. Families will also receive Case Management coaching support for a total of six months to assist with goal setting and overcoming barriers. Healthwise, an online clearinghouse of health and wellness information provides a variety of URAC-accredited, easy-to-use interactive tools, education and planning resources.



Taking Care of Baby and Me Program

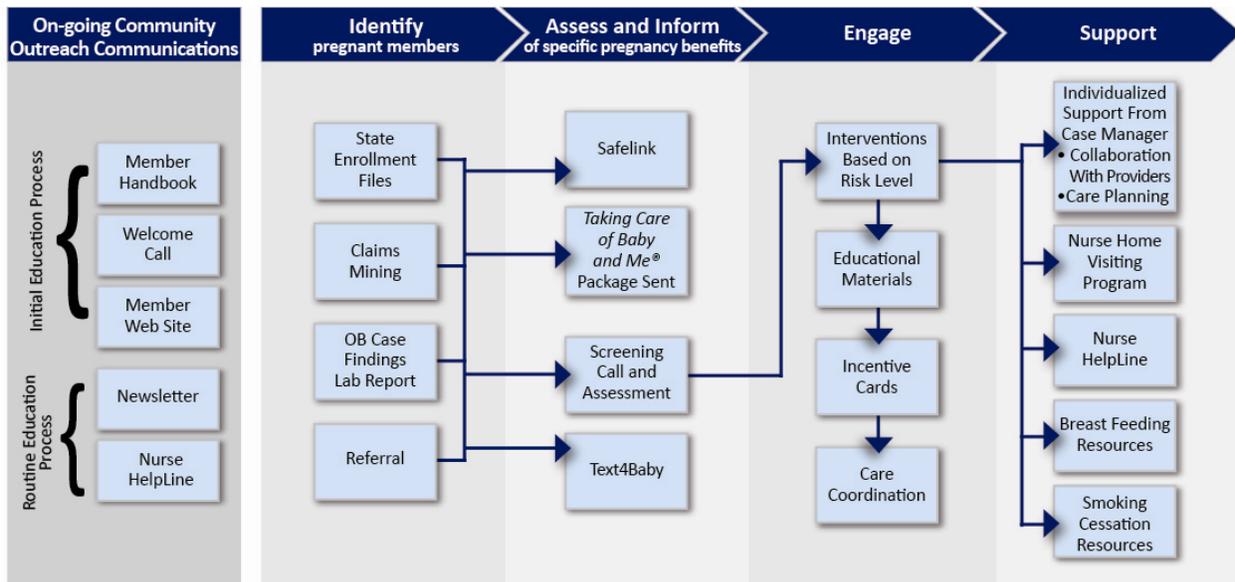
Our *Taking Care of Baby and Me*[®] program builds an array of services around the pregnant woman and her newborn to provide the best opportunity to have a healthy baby and to be a successful mom. From

REAL SOLUTIONS *mean* REAL RESULTS

Amerigroup covers 65,200 births annually, so we recognize the high cost of preterm births – measured in both dollars and the impact on moms and babies.

the time we know she is pregnant through the birth of the child and the postpartum period, Amerigroup supports the woman in each major stage, helping her achieve a healthy outcome. For Amerigroup, this objective is not about the business of health care or managed care, but about our passion for helping people – it is personal. **We address each case individually, one mom at a time, using innovative and proven strategies to identify, assess, inform, engage and support our members – a key DHH objective.**

Figure F-6. Amerigroup Supports our Moms Throughout Pregnancy and Beyond



In 2010, the National Minority Quality Forum (NMQF) awarded Amerigroup Corporation the first Health Promotion and Disease Awareness award, which recognizes an individual or organization making an outstanding contribution to the promotion of wellness in minority communities, for its efforts to help moms enrolled with Medicaid have healthy babies.

Through *Taking Care of Baby and Me*, Amerigroup identifies our members who are pregnant as early as possible, conducts a thorough clinical assessment to assess each individual’s risk, then develops individualized case management plans that are commensurate with each woman’s risk level.

- **Low:** Women with the lowest risk level are provided educational materials, contact information for questions, incentive cards for seeking prenatal care. We also place ongoing outbound calls to check on them throughout their pregnancy in case their health condition changes.
- **Moderate or High:** Women with moderate or high risk and monitored more closely. For high-risk members, Amerigroup monitors their health more often, and also coordinates all necessary services, including, for example, WIC.

Care coordination includes a full array of support tools that foster close communication between the health plan and the member, but also promote a health pregnancy and baby, including:

- **Prenatal Incentive Packet.** All Amerigroup members receive a prenatal packet that includes information and incentives designed to encourage our pregnant members to attend the pregnancy and post-partum office visits. Information in the packet includes a *Taking Care of Baby and Me* program welcome flier and a Planning a Healthy Pregnancy booklet. Two incentive signature cards are included—one for the second trimester and one for the third trimester of pregnancy. Once her physician signs a signature card at a prenatal care office visit, the woman can send it to Amerigroup to receive an incentive card valued at \$20, a value-added benefit with DHH approval.

- **SafeLink phones.** In cooperation with SafeLink Wireless, a U.S. government program that ensures telephone service is available to eligible Medicaid recipients who lack another communication source, qualified Amerigroup members receive a free cell phone. Members who are income eligible can receive a free cell phone and up to 250 free minutes a month depending on the plan they choose. Additionally, Amerigroup members who are not existing SafeLink subscribers can also receive a one-time 100-minute bonus (as added value with DHH approval) Amerigroup facilitates the SafeLink Wireless process by helping pregnant members get the phone. These additional minutes give Amerigroup Case Managers real-time access to members to ensure appointments are made and kept, prescriptions are filled and taken and transportation arrangements are made. It gives the pregnant woman an easy way to contact her obstetrician, Case Manager and other essential service providers through numbers programmed into the phones. In addition, our pregnant members receive a series of messages developed by our maternal health and pediatric specialists. These Amerigroup-specific pregnancy messages assist our members throughout their pregnancy, and infant-care messages continue after their child is born. The program is convenient for members because they will never receive a bill. When their monthly minutes run out, the phone is deactivated except for 911 and Amerigroup texts. They can purchase more minutes at a local retail store or wait until minutes are replenished the next month.
- **Text4baby.** As a designated outreach partner, Amerigroup has joined with the text4baby program to promote this free text message information service. Once pregnant members enroll, they receive educational messages and helpful reminders tailored to their particular weeks of pregnancy and through their baby's first year.

REAL STORIES**Outreach Helps Mothers and Infants**

Both of Katoria's daughters had been born prematurely and struggled with health problems from birth. Katoria, pregnant with her third child, was concerned, as any mother would be, and pleased to discover that with Amerigroup's help, things could be different. Early in her third pregnancy, Katoria picked up the phone and Amerigroup was on the line. "It's a nurse calling from Amerigroup and she's my case manager, wanting to know everything," Katoria says. "Am I getting to my doctor's appointments? Do I need a ride to the doctor? Am I having any symptoms? She would regularly call and ask me certain questions that might not have dawned on me." Katoria also discovered that getting health care services through Amerigroup was simple. "If you're sick, you want someone who can give you exactly what you need," Katoria says. "Amerigroup has that." And with Amerigroup's support, Katoria delivered her son, Reggie, after a full nine months of pregnancy. "What I feel with Amerigroup is relief," Katoria says. "It's a relief to know that my health insurance will take care of my children. I know they'll get what they need."

Amerigroup understands that our members face an array of economic, cultural and practical barriers that make it difficult for them to get basic health care or attain positive health outcomes for themselves and their babies. The *Taking Care of Baby and Me* program offers pregnant women a comprehensive care management program to ensure that they receive appropriate obstetrical, medical and behavioral health care services. ***Taking Care of Baby and Me engages members as advocates for their own health care by helping them understand the essential elements of assuring a healthy pregnancy and baby.*** The program provides incentives to encourage members to make their prenatal and postpartum visits, a value-added benefit with DHH approval.

Under *Taking Care of Baby and Me*, members receive services and interventions according to their identified level of risk. Those members at greater risk are paired with an obstetric Case Manager who works with them directly to understand their individual barriers to getting the right care. For example, a Case Manager may arrange transportation for a woman needing help getting to her prenatal appointments or may establish a referral for counseling or other specialists.

During the case management process, our Case Managers continue to look for opportunities to improve a member's outcome and experience by working with members and providers to deploy optimal evidence-based practices.



- **Smoking Cessation.** The Centers for Disease Control and Prevention (CDC) and the March of Dimes maintain active and ongoing campaigns to educate women on the dangers of smoking in pregnancy. Amerigroup wants to carry their messages to our members and offer support and assistance. Through the one-on-one relationship established by the Case Manager with every high-risk pregnant woman, we urge our members to take advantage of the smoking cessation benefits available to them. Emphasizing that pregnancy is an ideal time to stop smoking, all our Case Managers are trained in coaching techniques on how to approach the topic of quitting. Additionally, **as an added value benefit we provide members with a Stop Smoking Quit line and a variety of resources and tools to help her to stop smoking.** Amerigroup has developed a report to identify and track smoking in pregnancy identification, and referrals to Quitlines and/or services. This value added benefit (with DHH approval) is of particular importance since the Agenda for Children in Louisiana indicates that more than 10 percent of women in Louisiana smoke during pregnancy. The rate exceeds 20 percent in six parishes².
- **17P.** For some members with significant risks of delivering a premature baby or having an adverse outcome, we go further by engaging them and their provider in a discussion of appropriate interventions such as 17 α Hydroxyprogesterone Capoate (17P). Studies reported in the *New England Journal of Medicine* in 2003 and the *American Journal of Obstetrics and Gynecology* in 2007 showed that 17P helped to **prevent preterm contractions and premature delivery** in women who have a history of preterm births. In 2008, the American College of Obstetrics and Gynecologists (ACOG) issued ACOG Committee Opinion No. 419. *Use of Progesterone to Reduce Preterm Birth* as a recommendation to include the use of 17P in the provision of care for patients identified at risk.

Amerigroup works with the mother and provider to expedite access to this medication and covers the medication and the services to administer it. This is just one example of our tailored interventions to keep women and their providers informed about current best practices and to support providers in delivering services effectively.

² Kids Count Data Center, <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=LA&ind=4634>.

- **CenteringPregnancy[®]**. Amerigroup is launching a small group intervention model of care that supports information sharing and promotes understanding through shared experience. CenteringPregnancy is a multifaceted model of group care that integrates the three major components of care: health assessment, education and support. The model uses a group setting to maximize the opportunity to educate women and to help them learn from each other and their shared experience. Small groups of eight to twelve women with similar gestational ages meet with the provider, learning care skills and participating in facilitated discussions. The group learning facilitates not only broader learning opportunities but also creates a support network for the woman with other group members. Each group meets for 10 sessions throughout pregnancy and early postpartum periods.

Amerigroup is the only managed care company working with the Centering Healthcare Institute to promote the centering model of care. Amerigroup identifies existing CenteringPregnancy sites in network and provides education to patients of their availability. Additionally, we will be working to provide assistance through funding for the start-up of additional sites in our markets and to recruit providers that offer CenteringPregnancy into our network.

- **Nurse-Family Partnership[®]**. Amerigroup recognizes that DHH fully supports the Nurse-Family Partnership Program, and in all states we actively collaborate with the Partnership to offer our members additional support through pregnancy and the infant years. Through the Nurse-Family Partnership, public health nurses visit low-income pregnant women at risk during their pregnancy and until the baby is two years old. The program offers additional support and resources for the new mom and helps her transition to the community after having a baby. The nurses teach parenting and life skills and help new moms gain access to job training and education programs. The nurse becomes an essential resource for the woman by offering her knowledgeable guidance and resources to assist her in the community.

We will invite Louisiana's public health departments to participate in our provider network. We will promote use of public and community-based programs such as Women, Infants and Children (WIC) and *The Gift* program in Louisiana. Amerigroup promotes the use of support services which include community-based home visiting programs such as the Nurse-Family Partnership and Louisiana's Partners for Healthy Babies. As a part of our community collaboration strategy, we support and encourage the development of partnerships and collaborative relationships with those programs and services available to members in their communities and use these services to further support the members.

Postpartum Support

After the delivery a postpartum packet is sent to moms whose babies are enrolled in Amerigroup. This packet again provides some educational information on self-care for the mother and care of her newborn. Additionally it contains an incentive redemption card (a value-added benefit with DHH approval) to encourage postpartum moms get the care they need by returning for a postpartum visit and to help their babies have a healthy start as well.

Advanced Communication Technology. Amerigroup will use communications technology from a partner to make postpartum telephone calls to mothers in our *Taking Care of Baby and Me* program. This innovative, outbound, two-way phone and web interaction technology will extend the reach of our Case

Managers to improve member outcomes, and to facilitate connections between the member and Case Manager.

Responding to today's technology-driven society, we communicate with members using various channels — web, text and phone — to deliver educational content and identify members in need of support. The messages motivate positive behavior and generate higher rates of adherence.

The postpartum call topics include:

- Holding and gentle caring of new baby
- Care and cleaning of baby's umbilical cord
- Caring for baby's skin and scalp
- First month baby check up and mother's postpartum checkup
- Breast milk benefits
- Baby's safe sleeping tips
- Formula feeding and safety tips
- Lead poisoning awareness
- Diaper rash
- Making the home safe for baby, including water safety
- Monitoring baby's colds and other symptoms of mild illness
- Possible dangers for baby: awareness and tips

Based on the member's response to questions during the call, an "alert" comes to Amerigroup through technology that allows the Case Manager to quickly and personally reach out and help members in need easily and effectively. **The technology helps members learn to identify health problems and triggers before they become serious, avoiding unnecessary disruptions in their lives, primary care and emergency room visits, and to take a more active role in working in partnership with a physician.**

When members are not doing well, they are far more likely to miss or skip appointments. Knowing this in advance, the technology-generated alerts will allow a Case Manager to step in and work with a member to help get him or her to needed appointments.

Throughout her pregnancy and after the birth of her child, each Amerigroup member receives support from dedicated groups of employees and providers every step of the way. We collaborate with community agencies and programs to extend the reach of our case management program and to connect members with programs and services to assist them with other social and economic needs. Some of these programs include WIC, Social Services, public housing agencies, childcare agencies, local court systems, advocacy programs, workforce education and training programs, and home visiting programs.

By applying a predictive model to better target outbound OB risk screening calls, Amerigroup's screening rate has increased by

45%.

Delivering Results

Amerigroup measures the number of premature births resulting in a NICU admission for participants in our *Taking Care of Baby and Me* to assess the program’s effectiveness. While our mothers’ clinical risk was relatively comparable from 2009 to 2010, Amerigroup’s outreach efforts and clinical programs contributed to a **3.4 percent decrease** in the percentage of deliveries that resulted in a NICU admission.

Early identification is an essential element of being able to impact positive outcomes. We identify pregnant members through analysis of enrollment files, claims data, laboratory reports, hospital census reports, provider referrals and self-referrals. Currently, 57 percent of our pregnant members are identified upon enrollment.

Once pregnant members are identified and enrolled in our *Taking Care of Baby and Me* program, we move quickly to assess the member’s risk and ensure that she has the appropriate level of care to mitigate identified risks. We initiate an Obstetrician (OB) risk screening call which verifies the pregnancy and assesses the level of perinatal risk. From 2009 to 2010, by applying a predictive model to better target these outbound risk screening calls, Amerigroup’s screening rate has increased by 45 percent.

Over 31 percent of our identified pregnant women complete the screening within the first 45 days of enrollment, at an average gestational period of 19 weeks. This signifies an increase from 24 percent in 2009. Of those screened, 70 percent are identified as eligible for high risk OB case management.

As the Louisiana rate of preterm births in 2008 (15.4 percent) exceeded the national average by 25 percent, we believe that a results-focused program like *Taking Care of Baby and Me* can have a significant impact, resulting in savings to the State but also improved quality of life for Louisiana citizens.

Supporting Members with End-of-Life Issues

Patients do not necessarily recognize the need, have the knowledge or possess the confidence to proactively participate in care decision making in order to effectuate their preferences and remain in control. When seriously ill patients are nearing the end of their lives, they and their families sometimes find it difficult to decide on whether to continue medical treatment and, if so, how much treatment is wanted and for how long. Too often non-beneficial overtreatment occurs with no benefit to patient longevity. This approach causes unnecessary physical and emotional pain and suffering for patients at end of life.

Amerigroup is piloting a new, voluntary program in two markets (New Jersey and Texas) that supports members in end of life issues. The program offers specialized patient counseling to support members in taking a more active and

REAL STORIES

Supporting our Members with End-of-Life Issues

Amerigroup’s members is a 60-year-old woman with COPD, CHF, and numerous other medical conditions resulting in frequent hospitalizations. During the member’s first counseling session, the family stated that they had not given any thought to the future and felt there is a lack of information from doctors as to what to expect going forward. The family ended the first counseling session by stating, “We just handle what’s in front of us.” After the first session, the husband called back the counselor the same afternoon, and shared that one of his fears was that his own medical condition would prevent him from being able to help his wife as her condition further deteriorated. With help from the counselor, the husband and wife began exploring assisted living options to enable them to reach their goals of remaining together, being as independent as possible, and ensuring their medical needs are met. The husband and wife are now looking past the current situation and discussing future healthcare priorities and preferences. Moreover, the counselor is continuing to work with the family to remove barriers and talk with doctor to understand future medical issues so they can begin planning for needs.

participatory role in the health care decisions that occur at the end of life. Creating an informed and activated member results in care decisions which more fully reflect informed consent. With our help, our members are experiencing greater independence and comfort in the final stages of their life. By giving them the tools and supports to remain independent they are able to approach end of life issues more confidently and to effectively involve their family in their decisions.

Our program:

- Involves a series of telephone counseling sessions with an individual counselor
- Enables patients to become more active participants in health care decision making
- Helps patients identify, communicate, and incorporate their personal preferences and priorities into current and future decisions about their care

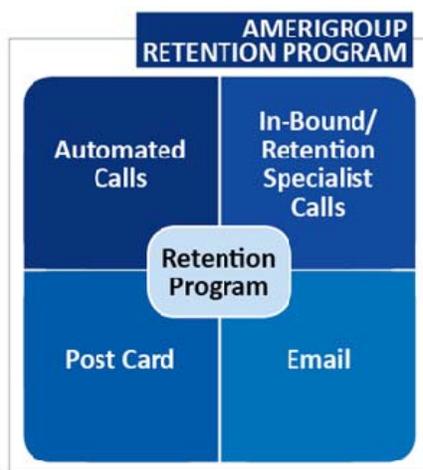
We have received positive feedback from members, and their families/caregivers, who have participated in the program. The program supports members and their families by helping them:

- Transition from immediate need management to future planning with their caregivers
- Identify goals and end of life priorities
- Gain support in identifying critical information and resources

While participation is voluntary, 40 percent of Amerigroup members near the end of their life accept the invitation to participate in the program. Of the members who have engaged in the program, 80 percent reach the stage of active participation including ongoing dialogue about end-of-life preferences with their families and physicians.

Targeted Outreach Efforts Also Support Member Renewal

Wellness outreach can only be effective when eligible members are able to maintain continuous coverage. Amerigroup is experienced in addressing a population that may be susceptible to a “churn” in enrollment because they did not complete renewal requirements or did not do so in a timely manner. Such gaps in coverage can result in adverse health consequences, particularly for members with chronic conditions. Therefore, **we established specific outreach initiatives to help our members maintain continuity of coverage and continued access to their health benefits.**



To remind and educate members about the need to renew their coverage, we developed a Continuity of Care Outreach program. Our experience is that multi-faceted communication and repeated messaging have resulted in higher renewal rates and enhanced member loyalty, which provides for continuity of coverage. Our program includes several member “touches” using various media to maximize our effectiveness in communicating the importance of renewal.

- **Initial Outreach Call.** Approximately 30 to 60 days prior to redetermination of eligibility, we contact members using the innovative industry leading automated voice response system. This technology enables a computer to actually carry on a telephone conversation with a

member based on a predetermined script. Depending on a member's answer, the automated voice which sounds like a live person will respond by choosing from a selection of prerecorded messages. The message provides a reminder about the need to recertify and reviews renewal requirements specific to members' states. The member can also choose a transfer to speak to a plan-based Retention Specialist. If the member is not available, the voice leaves a brief message that indicates Amerigroup called with important information about his or her health coverage and provides a callback number, which is available 24/7, enhancing our member contact rate by 10 percent.

- **Direct Mail.** After the initial outreach call, we mail a postcard to remind members about the need to renew, with appropriate instructions.
- **E-mail.** Many of our members are regular users of the Internet. In light of the value of this form of communication, when e-mail addresses are available, Amerigroup may also use e-mail reminders 60 days prior to the renewal date.
- **Text Messaging.** We are currently conducting a pilot project in Georgia to determine the effectiveness of text messaging as an outreach tool, especially for our young adults and teens that use cell phones and text messaging as their primary mode of communication.
- **Final Outreach Call.** Approximately 30 days prior to the redetermination date, we make one additional attempt to contact any members not previously reached by the initial call.

Retention Results. In 2010, we called 981,729 households for retention outreach and mailed 752,425 retention postcards across Medicaid and CHIP populations in eight Amerigroup states resulting in an average 67 percent retention rate for members contacted through this program. For those members actually engaged via telephone, we saw a 4.5 percent increase in retention rates over those that we could not reach. And for those members who spoke to a Retention Representative after getting an automated call or a postcard, we saw a 10 percent increase in retention over those we were not able to reach. Our renewal efforts continue with the expansion of a specialized center within our Designated Service Unit (DSU) focusing on renewal initiatives for seniors and people with disabilities. We include the renewal messaging at our community outreach events and continue to work with our state partners to better define disenrollment reasons to enhance our understanding of this multifaceted issue.

OUTREACH**Amerigroup Outreach Helps Members Understand**

"I had no idea I needed to renew, this is very nice of Amerigroup reaching out to the families for assistance."

That's exactly what one mother recently told us. It was the family's first year with Amerigroup and she was unaware of the renewal process. After our Outreach Associate spoke to her, she felt comfortable with the process and thanked us for the assistance.

AMERIGROUP INNOVATIONS

Reducing Inappropriate Use of Emergency Departments

Problem Overuse and misuse of hospital Emergency Rooms (ER) for non-emergent needs

Amerigroup Solution Amerigroup has taken a multi-pronged data-driven approach to defining the root causes underlying excessive ER utilization and developed a comprehensive set of Real Solutions to reduce reliance on ERs. Very simply, our goal is to increase access to primary care by promoting alternatives to non-emergent ER visits.

- *Interventions for Frequent ER Visitors.* We identify members who appear to be at risk for becoming a frequent visitor for lower-level conditions. We then initiate automated outreach calls through which members can opt to participate in an educational tutorial on appropriate use of the ER, connect with a Member Services Representative or talk with a Care Manager who helps the caller with their short-term needs.
- *Quick Follow up with Members Who Visits an ER.* In some health plans, Case Managers are notified of a member’s visit to the ER at the point of emergency care. In addition to reconnecting the member with the PCP to ensure the member understands after-care instructions, it also provides an opportunity to educate the member on appropriate ER use and participation in disease management, wellness programs, or preventive care services. In 2010, we initiated more than 75,000 calls to members who recently visited an ER.
- *Pursuing Alternate Settings.* In Maryland and Tennessee, we are piloting Amerigroup On Call, a comprehensive strategy for delivering non-emergent care in alternate settings. The foundation of the program is an innovative urgent care services network, including PCPs who have extended hours, urgent care centers, limited services clinics and physician telephonic consults, which broaden member access to ER alternatives, especially after hours.
- *Redirecting Members to their Medical Home.* Amerigroup is also piloting a partnership with a hospital ER redirect members who present with non-emergent conditions back to their medical home. When Amerigroup members present at the ER for a non-emergent condition, hospital staff deploy a web-based software tool to schedule primary care appointments.

Benefit Among the seven plans that adopted member education and outreach efforts for Members who frequently visited the ER, we achieved an overall 39.5 percent decrease in ER visits within the targeted population.

Reducing Inappropriate Use of Emergency Rooms

Throughout our history, our health plans have actively pursued various strategies to reduce reliance on ERs. We achieved an overall 39.5 percent decrease in ER visits among targeted members who were designated as frequent visitors due to our member education and outreach efforts. We draw on this experience to continually re-engineer new strategies for reducing inappropriate ER visits. Our strategy blends both general member education with more intensive member support, including case management for our members who utilize the ER most frequently.

Understanding the Drivers of Inappropriate ER Utilization Leads to Real Solutions

Overuse of ERs continues to be one of the top drivers of costs in Medicaid programs today. In fact, in analyzing two years of data, Amerigroup’s experience indicates that costs related to ER use are roughly equal to the costs for primary care. To achieve meaningful and long-term improvements, Amerigroup has taken a data-driven approach to defining the root causes underlying excessive ER utilization and developed a comprehensive **Real Solution** that has already had a significant impact in its pilot stage.

Amerigroup first invested in gaining a detailed understanding of the nature and scope of inappropriate ER visits. In 2010, we analyzed more than 190,000 ER



visits in our health plans in Maryland and Tennessee. Using an algorithm to classify ER utilization (developed by the New York University Center for Health and Public Service Research with input from ER and primary care physicians), Amerigroup grouped ER visits into four categories:

- ER Diversion Opportunity:
 - Non-emergent
 - Emergent, Primary Care Provider (PCP) treatable
- No immediate ER diversion opportunity:
 - Emergent, preventable
 - Emergent, non-preventable

The analysis concluded that, for **75 percent of ER visits, the member’s condition could have been treated more effectively in an alternative setting.**

Amerigroup then analyzed ER utilization patterns to understand which members are most likely to visit the ER. Using the results of this analysis, we created a proprietary predictive model that accounts for non-emergent and preventable ER use. The model is driven by an individual’s clinical profile, including conditions that are preferably treated outside the ER, such as upper respiratory or urinary tract infections. Amerigroup’s experience is that these “Ambulatory Care Sensitive Conditions” account for more than 40 percent of our members’ visits to the ER.

The predictive model then examined member data such as demographic and geographic characteristics, prior ER utilization and internally developed metrics to assign each member a relative risk score for future, multiple, low-level ER visits. This score, called the TRIAGE Score, allows us to stratify members into meaningful intervention groups. These focused interventions are most likely to divert care for Ambulatory Care Sensitive Conditions to more appropriate care settings than the ER.

While frequent ER visitors experience the highest rate of repeated use of ERs, they represent a very small share (4.3 percent) of the overall number of lower-level ER visits and a very small percentage of Amerigroup members (0.4 percent). The vast majority of ER visits for lower-level conditions (95.7 percent) are driven by the rest of the population, who use the ER infrequently.

Targeted and Multi-Layered Inventory of ER Solutions

Supported by our long experience in Medicaid programs and recent, updated data analysis, Amerigroup has developed an inventory of solutions that address the fundamental challenges of reducing non-emergent and preventable ER visits in these two population segments, outlined in Table F-5.

Table F-5. Tailoring Interventions for Each Population

Population	Challenges
Frequent ER Visitors	<ul style="list-style-type: none"> Actively coordinate care through intensive case management Manage transitions of care Meet special needs of unique subpopulations
Balance of Population	<ul style="list-style-type: none"> Develop and promote primary care alternatives to ER visits Conduct targeted member outreach Reconnect members to their Medical Home

Targeted Interventions for Frequent ER Visitors. Representing only about 4 percent of all lower-level ER visits (and 0.4 percent of our members); these individuals tend to visit the ER for true emergencies and have a high likelihood of visiting the ER in the next 60 days. However, data tells us that the emergent conditions driving the ER visit are often preventable.

For this population, we will initiate intensive case management. After a thorough assessment of the individual’s medical, behavioral, social and functional support status, a Case Manager will develop a personalized case management plan designed to fill any gaps in care or services. Our goal is to stabilize and improve the individual’s health outcomes through care coordination, eliminating the gaps in care that have historically led to emergent situations.

In a 2010 study of our high-risk members enrolled in Amerigroup’s case management program, we found that after being managed for at least 90 days, members used health care resources more efficiently and required less emergent care, thus reducing costs while improving health outcomes. One such outcome was a significantly greater reduction in non-emergent ER visits and inpatient admissions through the ER, which indicates that members are receiving the right care at the right time. **Overall, managed members demonstrated a 39 percent reduction in non-emergent ER visits.**

For members at risk of an ER visit after a hospitalization, Amerigroup adopts a transitional model of care in which we deliver intensive short-term support to ensure that the individual successfully shifts from inpatient to outpatient care.

REAL STORIES

Coordinating the Services That Keep People Out of the Emergency Room

Vivian, a 49-year-old member visited the ER 78 times in 2009 alone for a variety of physical health complaints. Yet Vivian repeatedly refused to participate in our case management program. After further research by the case management team, it became clear that Vivian’s physical complaints were primarily due to reactions to medications for behavioral health conditions, including depression and schizoaffective disorder.

A team of Amerigroup case managers (representing expertise in ER diversion and physical and behavioral health) was finally able to gain her trust by visiting her in person. She then agreed to participate in case management, and the team was able to organize a comprehensive case management plan to connect her to the right team of practitioners, including a mental health center and a PCP who would visit her in her home. These efforts reduced her frequent ER visits (only one since July 2010) and they improved her overall quality of life by addressing the root causes of her ER visits. She is now fully participating in managing her health, seeing both primary care and behavioral health specialty providers and even acting as a peer counselor for other behavioral health patients.

Recognizing that members with special needs require tailored interventions, we will adopt specialized protocols for those with chemical dependency, asthma and behavioral health conditions, as well as those living in nursing homes or assisted living facilities. For example, we will identify frequent ER visitors with chemical dependency issues and work with the SMO to encourage narcotics contracts for members in a current comprehensive treatment plan, which details the specific responsibilities and obligations of a patient who is prescribed narcotic medications to avoid abuse.

Broad and Targeted Strategies for Members with Lower Risk Scores. Approximately 96 percent of lower-level ER visits are by members who do not go frequently but tend to go for conditions, such as upper respiratory or viral infections, that can generally be managed successfully in an ambulatory setting. For these individuals, we apply broad and targeted interventions summarized in Table F-6.

Table F-6. Broad and Targeted Interventions

Strategy	Interventions
Developing and promoting alternatives to the ER, enhancing access to primary care services	<p>A comprehensive urgent care services network which broadens member access to ER alternatives, especially after hours:</p> <ul style="list-style-type: none"> • PCPs with extended hours • Urgent care centers • Retail clinics • Physician telephonic consults
Targeted member outreach	<p>When members do visit the ER for lower level visits, Amerigroup conducts targeted member outreach, using multiple data sources to identify those individuals and various outreach tools to reconnect the members to a medical home.</p> <ul style="list-style-type: none"> • Outreach calls (clinical and non-clinical) to educate about appropriate use of ER • Automated educational calls • Print materials
Reconnecting members to their Medical Home	<p>Complementary efforts to boost the role of the Medical Home include:</p> <ul style="list-style-type: none"> • Establishment of Advanced Medical Homes • Provider profiling which educates PCPs about their members’ use of the ER for low level visits • PCP outreach after an ER visit • Reimbursing PCPs for tele-consults (pilot) • Convenient real time online appointment scheduling for Medical Home sites (pilot) • Partnering with hospitals to provide software that enable immediate scheduling of ER visitors with low level conditions to alternate sites, such as PCP offices (pilot)

In Maryland, we established a Network with 24 urgent care centers (and added 10 additional centers in 2010), retail clinics and more than 300 PCP locations with extended office hours (offering financial

incentives for participation). We also launched a partnership with TelaDoc, a national telehealth Network of U.S. board-certified, licensed doctors who conduct telephone consultations to diagnose; recommend treatment; and write short-term, non-DEA-controlled prescriptions, when appropriate.

Our Amerigroup On Call program in Maryland complements the urgent care services network, offering an additional opportunity to avoid an inappropriate ER visit. For callers to our *Nurse HelpLine*, when the clinical evidence suggests a condition that can be appropriately addressed over the telephone (for example, an upper respiratory infection), the nurse arranges to have a credentialed and state licensed medical doctor call the member for a consultation within three hours. Our pilot results indicate that most follow-up calls actually occur within 30 minutes. During the call, the physician conducts a brief assessment and provides recommendations and guidance, including issuing prescriptions such as antibiotics, when indicated. This intervention generally resolves the member’s issue, and no visit follows.

Our Maryland health plan’s strategic approach to ER alternatives – a well-promoted and accessible urgent care services Network coupled with Amerigroup On Call – has shown significant gains. First, Amerigroup is seeing a dramatic increase in utilization of alternatives to ER, including a rise in use of PCPs after-hour appointments, urgent care facilities and physician tele-consults. Second, in a period in which trends for ER services continued to be elevated, our Maryland health plan experienced a 14 percent drop in ER utilization rates, as shown in Table F-7.

REAL STORIES

Reducing ER Visits and Improving Quality of Life

Letitia, a new member of Amerigroup’s Texas health plan, was identified through an ER census as having visited the ER and was referred for outreach by a Care Manager. She had a history of anxiety, panic disorder and osteoporosis. Letitia went to the ER because of intense hip pain, but in talking with her Care Manager, she indicated that she usually went to the ER to have her anxiety prescription refilled. The Care Manager first helped her connect with her PCP by calling and arranging for a prescription refill and scheduling a follow-up office visit so that the PCP could manage her hip pain and also regularly refill her prescriptions. She also arranged transportation so that Letitia could keep her appointment. Since her initial visit, she has not revisited the ER.

Table F-7. Driving Care to the Right Setting

Type of Office Visit	2009	2010	% Change
Urgent care (\$140 per visit)	24.2	48.1	99%
PCP after-hours (\$87 per visit)	3.2	25.3	701%
Emergency room (\$355 per visit)	532.1	455.7	-14%

This evolving model synthesizes lessons learned from various member and provider outreach and Network development efforts that have been introduced across Amerigroup health plans over the past 15 years. In Louisiana, we will adopt our proven best practices and implement solutions to promote appropriate ER utilization.

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F.7 Many faith based, social and civic groups, resident associations, and other community-based organizations now feature health education and outreach activities, incorporate health education in their events, and provide direct medical services (e.g., through visiting nurses, etc.). Describe what specific ways would you leverage these resources to support the health and wellness of your members.

In all the communities we serve, Amerigroup advocates a community approach to health education and outreach activities and has a proven record of collaborating with community-based organizations, advocacy groups, faith-based organizations and other community resources. ***Our relationships have allowed us to effectively provide education and outreach activities through health fairs, community events and free health screenings.*** We emphasize substantial, long-term investment in the Louisiana communities we serve.

Our philosophy is not just to operate locally, but to be a neighbor and a partner within the community.

Broad-based Community Outreach Connects Amerigroup to the Communities We Serve

Building on the existing infrastructure in Louisiana today, Amerigroup will partner with health resource hubs throughout each GSA and integrate our health education outreach efforts into those in place today. We have already initiated contacts with many organizations (listed later in this response), and we will continue to extend the depth and breadth of community activities to help our members adopt healthy lifestyles. Through sole and joint sponsorship of community events by locally-based agencies, **we accomplish dual goals of promoting health lifestyles for our members and enabling community agencies to further advance their mission, extending the reach of both Amerigroup and our community agency partners,** while efficiently using all available resources.

Amerigroup recognizes the immense value that these organizations offer – especially to people with disabilities in helping them live healthier, more independent lives. In fact, our approach to any new or expansion market includes a formal, five-step process for coordination with community and social services. Our approach is to identify local resources, assess their capabilities, educate our employees about them and how to access their services, build mutually beneficial relationships and incorporate them into our service coordination model.

Amerigroup sponsors and promotes events that offer free health screenings at health fairs, community events, and in some states through our Community Outreach Vehicle (COV), a large recreational vehicle that enables traveling events across the communities we serve from the most rural to urban communities. Our events enhance access and educate both Amerigroup members and the general community at large on a variety of available services. Events include screenings for blood pressure, body mass index, body fat measurement, dental checkups, hearing test, and child immunization and flu vaccine programs. These screenings provide valuable health checks to both Amerigroup members and the broader community.

Initiatives with Local Community-based Organizations. Amerigroup recognizes the critical role that community resources play in addressing all aspects of care. We establish strategic partnerships with agencies that educate, advocate and serve children and families – **agencies that community members already trust and respect.** Through these partnerships, we are able to conduct outreach activities such

as health fairs, church fairs and back-to-school events. Our goal is to increase public awareness of Louisiana’s CCN Program, assist in the growth of the program and promote healthy behaviors through health education. We also work to build trust within the communities we serve.

We collaborate with and support community-based agencies to extend the reach of the health plan.

Such entities can be a valuable source of referrals for members in need of Disease Management or Case Management services. By educating our service partners about the health plan and the resources available to our members, we promote true integration throughout the community. Further, our case management staff are fully educated about local resources. As part of the case management planning process described in our response to question F.2, our Case Managers incorporate relevant community services into our members’ case management plans. For example, often adherence to treatment plans for our most acutely ill members requires coordination with community agencies, such as arranging nutrition through Meals on Wheels. In addition, our local outreach team in Louisiana will be an important asset for our case management team when a gap in local community resources may be identified. With a detailed knowledge of the community, the team can quickly reach out to our community partners and locate any services that may support the case management program.

Some of our community partners include: Healthy Start Coalitions, PTA/PTOs, School Nurses Associations, YMCAs, and local schools, churches and hospitals. We also work with local health educators, schools and state programs such as Women, Infants and Children Special Supplemental Nutrition Program (WIC), and we include health screenings, education on health topics and education on access to care. Examples of some recent outreach activities in our current health plans include:

- **Carrie Meek Foundation & Hip Hop 4 Health.** In Florida, as an initiator, sponsor and co-leader with the Carrie Meek Foundation, we collaborated with more than 30 organizations to launch Hip Hop 4 Health several years ago. We identified a need for community education and forums to support physical fitness. We continue to support and sustain the Program which has grown to an event attended by over 2,000 people each year. Hip Hop 4 Health supports healthy behaviors using dance and music to engage children. We continue to support fitness initiatives using the Wii Fit exercise video game to encourage exercise in our Community Outreach Vehicle.
- **Mission of Mercy.** Throughout the year, Amerigroup works with this non-profit organization to provide free basic medical care to patients in the rural service areas who are uninsured or underinsured. We participate in their outreach efforts by providing health information and CHIP/Medicaid program information .
- **Vietnamese New Year Celebration.** This family health fair delivers a variety of free sporting activities and over 30 vendors, including Amerigroup, distributing access to care, Medicaid, and healthy lifestyles resources. There are translators on site to help deliver messages and communicate services in Vietnamese.
- **Weed & Seed Back to School Festival.** Designed to improve all aspects of the quality of life in the city of Corpus Christi, this event allows Amerigroup and other vendors to provide 500 backpacks with school supplies given to local needy children, along with information on available health-related community resources.
- **Baby Shower Celebrations.** In Georgia we invite expectant mothers from our plan – and the community at large – to participate in Baby Showers designed to both educate and celebrate soon-to-be moms. Games, prizes and even a fashion show are combined with

health screenings and important prenatal information for the expectant moms. Our “Ultimate” Baby Showers, held four times a year, serve 100 to 300 attendees; we also conduct smaller, more personalized showers throughout the state three to four times a month.

- **Boo the Flu!** In Texas, Amerigroup recently celebrated our 7th Annual Boo the Flu Event, a day of fun, seasonal treats and health promotion, with support from the City of Austin Health Department, Dell Children’s Medical Center and many other local community and health organizations. Free flu vaccines were administered to children along with a variety of other health screenings. Participants enjoyed a costume contest with prizes, treats and live music.

To illustrate the breadth and depth of our community engagement, our health plan in Georgia currently works with more than 1,000 community partners statewide, both national and local agencies and attends more than 400 community events each year, ranging from one-on-one meetings to large health fairs. The outreach team has designated Community Champions throughout the state. These Community Champions are generally respected advocates in the community who understand and share Amerigroup’s mission and act as an extension of the health plan, educating the community about the program and promoting healthy lifestyles to our members. In each service area, Amerigroup sponsors an annual community breakfast and invites representatives from all of our community partner agencies. Acting as a connector among organizations who do not regularly interact, we facilitate networking among community partners to assist each of them to connect agencies with complementary missions. We plan to adopt similar programs in Louisiana to link often disparate community service agencies through the regions.

Community Partners. We work with a number of community-based and faith-based organizations to sponsor community events and develop initiatives to benefit our members. Table F-8 represents a sample listing of community-based and faith-based organizations with which we have established relationships in Louisiana in preparation for the CCN Program launch.

Table F-8. Partnering with Community Organizations

Community Organization	Focus	Activity
Baton Rouge		
Alzheimer’s Services of the Capital Area	Education and day care facility for persons with Alzheimer’s, including early onset Alzheimer’s	Met on 4/8 and toured facilities on 5/12. Discussed potential collaboration on activities around early onset Alzheimer’s
Capital Area United Way	Connects major disease organizations together such as Epilepsy, Crohns, Brain Injuries	Discussed conducting foundation breakfasts with community partners through United Way to build collaboration among community organizations
NAMI Louisiana	Behavioral Health	Will work with NAMI to help coordinate transition of behavioral care. Discussed inclusion on AGP state advisory board. Donated \$5,000 to support their Family-to-Family learning program

Community Organization	Focus	Activity
NHP Foundation	Empower low income families to break the cycle of poverty- Programs in the Forest Park, Walnut Square and Tanglewood Community Centers in NO	Donated \$5,000 for after school programs and fitness equipment for low income children living in NHP housing. Will work to bring Health Education resources to their programs and coordinate community events
Resources for Independent Living	Independent living center	Discussed basics of Medicaid Reform and the potential of future collaboration and contracting
Covington		
Community Health Charities	Empower families with disabilities through an effective support network	Introduced to Community Health Charities board. Will continue to work with member organizations
Hammond		
Options-Tangipahoa Parish	Offers services to individuals with developmental disabilities, with a strong focus on vocational training and job placement	Donated \$3,500 to support programs. Will work with them on education for transition into managed care and various events for their community
Harahan		
Families Helping Families of Southeast Louisiana	Empower families with disabilities through an effective support network	Donated \$5,000 to help support anti-bullying campaign against kids with developmental disabilities. Will also work to coordinate care coverage between behavioral and physical health
Kenner		
Resources for Independent Living	Independent living center	Discussed basics of Medicaid Reform and the potential of future collaboration and contracting
Lafayette		
Louisiana Consumer HealthCare Coalition	Health care advocates for Louisiana residents	Discussed several Managed Care transition issues including how to educate the consumer. Discussed inclusion on AGP state advisory board
The Family Tree	Education, including healthy start for pregnant women	Discussed partnership opportunities on providing health education to pregnancy women and parents with limited income resources. Donated \$3,500 to support their parent education and counseling classes

Community Organization	Focus	Activity
The Woman's Foundation Inc	Women's and parents Health Education Center	Perform similar operations as AGP. Discussed potential collaboration of resources for community education
New Orleans		
Advocacy Center	Advocates for the elderly and disabled	Provided \$7,500 in donations and sponsorships
Beacon of Hope Resource Center	Help design models and work with community on rebuilding from Katrina	Discussed corporate volunteer opportunities
Extra Mile	Fill in gaps for persons with disabilities or behavioral needs	Discussed challenges connecting behavioral and physical health and how we can work together to bridge gaps. Discussed inclusion on state advisory board
Families Helping Families of Southeast Louisiana	Empower families with disabilities through an effective support network	Discussed providing services for persons with disabilities and coordinating care programs
Greater New Orleans Disaster Recovery Partnership	9 member parishes (Jefferson, Orleans, Plaquemines, St. Bernard, St. Tammany, Tangipahoa, Washington & the River Parishes: St. John the Baptist and St. Charles) addressing multiple facets of the recovery process. These include but are not limited to rebuilding and repairing homes, case management, advocacy, emotional and spiritual care, donations collection and distribution, preparedness and volunteer coordination	Discussed collaboration of health education events for the underserved populations
Hands on New Orleans	Coordinate volunteers for various projects in the community	Donated \$5,000 to support tool lending library for rebuilding New Orleans. Will coordinate events to bring health education to community and will also coordinate emergency relief through Louisiana Voluntary Organizations Active in Disasters (LAVOAD) from Amerigroup's Emergency Disaster Relief Team as needed

Community Organization	Focus	Activity
Katrina Corps	Over 5,000 volunteers. 2010 goals will focus on schools, community centers and rebuilding homes	Discussed corporate volunteer opportunities
Louisiana-Mississippi Hospice and Palliative Care Organization	Hospice Care	Hospice is currently carved out of the contract but will keep communication open for potential future work together
lowernine.org	Rebuilding the lower ninth ward, connecting people to services	Donated \$2,000 to support education and volunteers to help rebuild homes in the lower 9th ward. Will partner for new home celebrations and community picnics
National Kidney FDN at Louisiana	Work with kidney related issues	Explained the Managed Care initiative and opened lines of communication. Donated \$1,500 towards their annual walk to supplies free kidney screenings to those at risk
Operation Reach	Improving learning opportunities for low income children	Explained managed care initiative and discussed health education event opportunities
Puentes New Orleans	Latino Advocacy Group	Discussed coordination of events and spread of health education to Latino community. Discussed inclusion on AGP state advisory board. Donated \$2,500 to support their youth leadership development program
REACH NOLA	Develop Community Health	Will work together on providing health education outreach in the community. Provided \$5,000 grant to support language access symposium for providers, interpreters and members
Shreveport		
Community Renewal International	Build community of understanding by recreating impoverished neighborhoods one block at a time. Have demonstrated a 50% reduction in crime in areas they work	Met and discussed how to bring health education to communities they serve. Will collaborate on events. Donated \$5,000 to organization to promote promotion of community acceptance throughout Shreveport
First United Methodist Church	Large Church in Shreveport with strong outreach component	Met and discussed how to bring health education to communities they serve. Will collaborate on events

Community Organization	Focus	Activity
HUB Ministry	Outreach with the homeless	Discussed homelessness in Shreveport and how health education resources would benefit community. Also discussed foundation grants
New Horizons	Independent living center	Discussed managed care initiative and inclusion on AGP state advisory board
Statewide		
ALS Association - LA-MS Chapter	Works with persons with ALS	Explained the Managed Care initiative and opened lines of communication
Arthritis Assoc	Work with persons with Arthritis	Donated \$3,500 to support juvenile arthritis summer camp
CARSA	Provide support to persons with disabilities	Discussed communication of managed care initiative to members and participation in association meetings to improve education. Also discussed coordination of resources to minimize gaps
Cystic Fibrosis FDN	Work with persons with Cystic Fibrosis	Donated \$5,000 to support drug development pipeline and care center
Epilepsy Foundation of Louisiana	Advocacy and Education for community, civil service, providers and members with Epilepsy	Discussed challenges and opportunities in providing education for persons with epilepsy and their providers
Juvenile Diabetes Research FDN	Research for Juvenile Diabetes	Explained the Managed Care initiative and opened lines of communication
LA Medical Association	Medical Association for LA	Donated \$1,500 to support organization
LA Primary Care Association	Primary Care Association for LA	Donated \$2,500 to support organization
Louisiana Rural Health Association	Rural Health Association for LA	Donated \$5,000 to support organization

As noted earlier in this section, there are numerous community-based agencies across the state who work with Medicaid populations for both physical and behavioral health services, and Amerigroup will institute a Statewide Advisory Board to work with us to develop solutions on how to mitigate gaps in communication as well as how can we best meet the needs of the community. Amerigroup has met with representatives from a number of community-based agencies throughout Louisiana and a number of them have expressed interest in participation, including NAMI Louisiana, the Louisiana Consumer Healthcare Coalition, Puentes, New Horizons and Extra Mile.

Investing in the Community

Amerigroup remains committed to Corporate Social Responsibility and is a visible leader in our communities. Our view is that communities are not just *where* you are, they are part of *who* you are. That is why we value our role as a good corporate citizen and give back to our communities. We plan to continue this tradition in Louisiana.

Through corporate and Amerigroup Foundation grants totaling more than \$50,000, Amerigroup has invested in numerous Louisiana agencies to date:

- REACH NOLA
- Louisiana Advocacy Center
- Louisiana Primary Care Association
- Louisiana Rural Health Association
- Louisiana Medical Association
- Cystic Fibrosis Foundation
- lowernine.org
- NHP Foundation
- Hands on New Orleans
- Families Helping Families of Jefferson County
- Options(Tangipahoa Parish)
- Arthritis Association of Louisiana

The Amerigroup Foundation

The Amerigroup Foundation, the company's philanthropic arm, was founded in 2000 to create healthy communities by fostering access to health care, encouraging safe and healthy children and families and promoting community improvement and healthy neighborhoods. Since its inception, the Amerigroup Foundation has awarded grants to vital community organizations, including community health centers, service organizations, and local programs. Since 2007, the **Amerigroup Foundation has contributed \$5.4 million nationwide to charitable organizations** in support of the goal of improving access to quality care for those in need. With a growing number of programs and awards throughout the country, the Amerigroup Foundation is dedicated to promoting community improvement and encouraging safe and healthy children, families and individuals of all ages.

To illustrate the depth of our commitment, the Amerigroup Foundation has awarded more than \$824,000 to 300 Georgia organizations and programs and more than \$2 million to Texas community organizations and programs since 2004.

We understand the challenges communities face in the aftermath of natural disasters. That's why the Amerigroup Foundation developed the Disaster Response Team – a group of passionate associates ready to serve when disaster strikes. These dedicated volunteers travel to damaged communities across the country and help provide shelter, administration and food to members who have disabilities or special needs.

The Disaster Response Team works in conjunction with the American Red Cross in its temporary shelters to serve those who need it most. **Amerigroup has been in contact with the Louisiana Voluntary Organizations Active in Disasters (LAVOAD) about providing emergency response in Louisiana as a result of the recent devastating flooding.**

Six members of our Disaster Response Team recently returned home after a weeklong volunteer effort assisting residents in flood ravaged Kentucky. The Disaster Response Team assisted families reeling from one of the worst floods to hit the region in decades. Amerigroup volunteers were on the ground providing comfort and support from recovering personal belongings to finding temporary housing, tearing down drywall, assisting with paperwork, and connecting individuals with the appropriate agencies.

Amerigroup Community Volunteers

Since our founding in 1994, Amerigroup's community- and member-based focus has not changed. In a recent companywide survey, more than 90 percent of Amerigroup employees expressed a personal connection to the mission of the company. For Amerigroup, everything returns to the company's employees and the genuine desire – in fact, passion – to serve those who need a little help.

Amerigroup was named 2010 Overall Leader in Corporate Social Responsibility (CSR) Practices by PR News for its companywide volunteer and campaign initiatives. The award was presented at PR News' annual CSR & Legal Awards luncheon, Feb. 24, 2010 at the National Press Club in Washington, D.C., which recognizes corporations and their partners for outstanding CSR campaigns in 30 different categories.

The mission of our Amerigroup Community Volunteers program is to actively engage employees in improving the communities in which we live and assisting the members whom we serve, providing the time, energy, expertise and resources needed to have a measurable impact. Just as Amerigroup strives to be innovative in its care for members, our employees also seek out unique ways to assist the communities where we serve. *In fact, over the last two years, Amerigroup employees contributed an average of more than 7,600 volunteer hours annually in our communities. For 2011, we are trending toward more than 12,000 volunteer hours.* With our formal Amerigroup Community Volunteers initiative, we have expanded our efforts with greater opportunities for our employees to be involved in the company and their communities. A quick look at some recent efforts:

- **Georgia Employees Renovate for Seniors.** Earlier this year in Atlanta, 17 associates participated in the first Amerigroup Community Volunteers project of the year, providing about 200 hours of volunteer service through working with the Home Owner Maintenance and Enhancement for Seniors (HOMES) Project. The HOMES Project is a leg of the nonprofit agency Senior Citizen Services of Metro Atlanta. The program was established in 2007, and more than 1,000 homes have been renovated through the program for seniors since its inception. Associates performed minor renovations, such as painting, gutter cleaning and lawn maintenance. The homeowners were grateful to the Amerigroup volunteers for their hard work and commitment to the community.
- **Tennessee Employees Clean out Their Closets.** Clothing Drive: Amerigroup Tennessee began the year with a "Clean Out Your Closet" clothing drive. The health plan asked associates to bring in new or gently used toys and items of clothing, which, in turn, were donated to area domestic violence shelters.

- **Virginia Beach Employees Mentor Foster Teens.** The Together We Can (TWC) Foundation was founded to help create positive outcomes for children aging out of foster care. TWC believes that, by partnering with community foundations and civic organizations, human services, juvenile and domestic relations courts, compassionate area businesses, and caring individuals, we can make a lasting difference. Amerigroup has 23 Virginia Beach employees participating in this yearlong program as life coaches.
- **Partnership with Nonprofit Organizations:** To help volunteer organizations build the capacity to better serve their constituents, Amerigroup continued offering management expertise and technical support to targeted groups in the area. We encourage employees to actively participate as board members for organizations who share our mission.

F.8 Submit a statement of any moral and religious objections to providing any services covered under Section §6 of RFP. If moral and religious objections are identified describe, in as much detail as possible, all direct and related services that are objectionable. Provide a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc. If none, so state. Describe your plans to provide these services (e.g. birth control) to members who are entitled to such services.

Amerigroup is dedicated to offering **Real Solutions** that improve health care access and quality for our members and accepts all eligible people regardless of religion, age, sex, race or disability.

Amerigroup has reviewed the provisions related to Core Benefits and Services in Section 6 of the RFP and does not have an objection to providing, reimbursing for, or providing coverage of, a counseling or referral service for a covered service based on moral or religious grounds.

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